Healthcare Enhancement for LEP Populations (HELP)

Program Proposal

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PHED 6316: Advanced Program Design and Evaluation

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Problem Statement

One of the important factors impacting quality of health care is effective communication (Nielsen-Bohlman, Panzer, & Kindig, 2004). Thus, health care communication effectiveness has received increased attention, particularly with the advent of the Affordable Care Act (ACA) which requires that consumers receive clear, consistent and comparable health information from health plans and insurers (Koh, Berwick, Clancy, Baur, Brach, Harris et al., 2012). According to the ACA, health-related information must be presented in “plain language” which can be readily understood and used by an audience including those with limited English proficiency (ACA, 2010). Moreover, the ACA emphasizes patient-centered care using methods to improve patient understanding of complex medical issues (DHHS, 2010).

Health literacy is the ability of the public to obtain, process, and act on health information to optimize and maintain health (Nielsen-Bohlman et al., 2004; Healthy People 2010). A growing body of research indicates that limited health literacy can lead to adverse health outcomes due to patients’ inability to follow instructions on medications, labels and health messages, especially in preventative care (Koh et al., 2012). Research estimates indicate that between one-third and one-half of all adults struggle with health literacy (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). According to the Center for Health Care Strategies (2013), a disproportionate number of minorities and immigrants are estimated to have health literacy problems.

Fifty percent of Hispanics, 40 percent of Blacks and 33 percent of Asians have issues accessing and utilizing credible health information (Center for Health Care Strategies, 2013). This may lead to limited overall health and wellness, increased and longer hospitalizations, trouble managing chronic conditions, and increased use of emergency care and higher mortality rates (Berkman et al., 2011). Health literacy problems may cost the U.S. between $106 and $236 billion annually in unnecessary medical expenditures (USDHHS, 2010).
Health literacy and limited English proficiency are often related. One study found that 44.9% of the limited English proficient (LEP) population reported low health literacy compared to 13.8% of English speakers (Sentell & Braun, 2012). The LEP population as a whole is more likely to be less educated and to live below the federal poverty line (Whatley & Batalova, 2013). A recent community survey in California found that 41.1% - 45.1% of the LEP population surveyed reported poor health, compared to 13.8% - 22.2% among the English proficient population (Sentell & Braun, 2012). Additionally, another study found that only 57.4% of LEP individuals had a consultation with any health professional in the last year, compared to 81.8% of foreign-born individuals who were English proficient (Lebrun, 2012).

Specific health outcomes that have been observed to be poorer among LEP populations include low cancer screening rates (Sentell, Braun, Davis, & Davis, 2013; Lee & Vang, 2010), low asthma self-management (Wisnivesky et al., 2012), and poor glycemic control among diabetic patients (Fernandez et al., 2011; Levine et al, 2009). Poor health literacy has also been linked to higher all-cause mortality rates (Bostock & Steptoe, 2012; Baker et al., 2007). Researchers have found that adults with low health literacy have a hazard ratio of 1.26 for all-cause mortality compared to adults with high health literacy (Bostock & Steptoe, 2012). In addition, LEP patients have been shown to have an average hospital length-of-stay that is 6% longer than English-speaking patients (John-Baptiste, 2004).

From the research above, it is apparent that the LEP population faces health burdens that are different than their English-speaking counterparts. As such, the incorporation of health literacy components into English as a Second Language (ESL) programs have been studied and shown promise (Chervin et al., 2012; Elder et al., 1998; Garcia-Lascurain et al., 2006; Duncan et al., 2013; Soto Mas et al., 2013; Taylor et al., 2011; Taylor et al., 2008). Chervin et al. (2012) evaluated the effectiveness of incorporating health literacy into adult education curricula. Despite having only six classrooms involved, the researchers found participants’ health literacy and self-efficacy were significantly improved (Chervin et al. 2012). While this was
a small sample size and only took place in one state, it suggests that programs incorporating a health literacy component can be successful and warrant further analysis.

A feasibility study of the Healthy Eating for Life program also showed promise. Duncan et al. (2013) developed this program to incorporate health literacy into ESL classes. Unlike previous programs where health literacy was simply added in, this program was designed to teach participants English and health literacy together (2013). Using 227 participants, Duncan et al. (2013) found significant increases in fruit intake, vegetable intake, nutrition knowledge, action planning and coping planning. Furthermore, the researchers analyzed the results of English language testing and found that their program also increased participants’ scores on testing (Duncan et al., 2013). These results suggest this program was successful in furthering health education and literacy as well as understanding of the English language. Although continued testing is needed, the Healthy Eating for Life program could serve as a model for other programs that aim to improve health literacy among the LEP population.

Other research has also found support for the incorporation of health literacy into ESL programs (Elder et al., 1998; Garcia-Lascurain et al., 2006; Soto Mas et al., 2013; Taylor et al., 2011; Taylor et al., 2008). Based on this literature, recommendations have been made for improvement including incorporating flexibility in health literacy instruction, considering varying levels of knowledge, skills, level of English proficiency and experiences between students. Center directors in one study also stated it was important to not make assumptions about students’ understanding of health issues (Chervin et al., 2012). Larger sample sizes, investigation of self-reported need of the targeted population and ability to reinforce lessons were cited as ways to improve the program outcomes and ability to generalize the program to other populations (Chervin et al., 2012).

With a population of 1.9 million, Tarrant County is the third most populous county in Texas (U.S. Census Bureau, 2013; USA.com, 2014). Half of the county’s population is comprised of non-white racial and ethnic minorities, with Hispanics making up the largest
minority group (U.S. Census Bureau, 2013). Tarrant County’s population consists of 15.6% foreign-born persons while 27.6% of households speak a language other than English at home (U.S. Census Bureau, 2013). There are over 84 different languages spoken in Tarrant County households (CDC, 2007). Major languages spoken include Spanish (218,615) and Vietnamese (17,205), followed by French (5,130), German (4,690), Arabic (4,085), Chinese (3,890), and Laotian (3,575) (CDC, 2007). In addition, an estimated 12.2% of Tarrant County’s population (over 230,000 residents) are LEP (Tarrant County Public Health, 2012).

There are at least thirty-three organizations in Tarrant County that offer ESL courses. These are a mixture of private non-profits, faith-based groups, and local independent school districts offering courses for adults. In addition, community groups such as the Tarrant Literacy Coalition actively engage community partners in securing training, volunteers, and curriculum for their programs (2014). However, there is only one program in Tarrant County that offers basic health literacy courses, operated by the Tarrant County Public Health Department. No programs currently provide a combination of ESL and health literacy, despite the need that has been demonstrated in the literature for increased health literacy training within the LEP population (Whatley & Batalova, 2013) and the success of interventions that have been conducted in other communities.

In Tarrant County, Hispanics make up the largest proportion of the LEP population. They encounter significant barriers to health care access such as high rates of uninsured, low rates of access to a usual primary care physician, and low rates of access to ongoing care (CDC, 2013; Hallquist, Garcia, & Keppel, n.d.). Health literacy rates among LEP Hispanics are poor, despite the fact that Hispanics suffer disproportionately from a range of health concerns, including obesity, preventable hospitalizations, tuberculosis, and HIV/AIDS (CDC, 2013; Hallquist, Garcia, & Keppel, n.d.). Thus, LEP Hispanics in Tarrant County is the population of interest for this intervention.
Research indicates that health literacy is not only a health concern nationwide but also in Tarrant County, Texas with the Hispanic population bearing a disproportionate burden. Therefore, by identifying ESL coordinators in Tarrant County to discuss developing or incorporating health literacy and health curriculum into existing ESL programs, HELP aims to improve health literacy and subsequently health care access for participants. Targeting organizations in Tarrant County that offer ESL courses and training the ESL instructors to incorporate a health component into the curriculum based on self-reported needs of the participants will help to increase their health literacy. As a result, overall health and wellness will improve among this at-risk population, while hospitalizations, trouble managing chronic conditions, use of emergency care, and mortality rates will be reduced.
**Enhancing Healthcare for LEP Populations Theory of Change**

**Impact**

- Increased healthcare utilization and access for LEP patients. Better overall health and health outcomes for participants and their families. Reduction of health disparities among population of interest.

  *6 month follow-up survey for actions and behavior change.*

**Assumptions:**
- ESL participants will apply the health literacy knowledge and skills obtained.
  - Health literacy self-efficacy is improved.
- Increased health literacy will remove significant barriers to healthcare access for ESL participants.
- The local health system has the capacity to serve LEP patients who are able to demonstrate health literacy skills.
- Adult ESL students will share the information gained with their families and will use enhanced skills to promote the health of their children as well as their own individual health.

  *Measure knowledge with post-test.*

**Intermediate Outcomes**

- ESL participants will gain knowledge and skills to navigate the healthcare system and better maintain their own health.

  *Measure knowledge with post-test and track numbers tested.*

  *Track percentage of knowledge gained.*

**Assumptions:**
- Instructors will incorporate the health literacy curriculum they are provided and knowledge obtained into their ESL classes.
  - Instructors will feel equipped to direct ESL students to local health resources.
  - ESL students will be receptive and motivated to learn more about health literacy.

  *Measure baseline access and barriers prior to instruction of ESL participants (pre-test).*

**Program Outputs**

- Health literacy instruction will be provided to 80-100 adult Hispanic ESL participants.

  *Track numbers of individuals taught.*

**Interventions**

- Incorporate health literacy instruction into 4-6 pilot ESL sites

**Enhancing Healthcare for LEP Populations**
Program Goals and Objectives

Goal: Use health literacy curriculum to improve the health outcomes and self-management of the population of interest to achieve health equity.

Process Objectives:
Within the first week of intervention,
- Measure baseline health literacy knowledge of 80-100 ESL participants

Within six weeks,
- ESL pilot instructors will complete two one-hour classes using the health literacy curriculum, for a total of 12 classes
- A post-test assessment of health literacy knowledge will be conducted for all ESL participants who attend a minimum of 75% of health literacy sessions

Within six months following the intervention,
- Program staff will administer a six month follow-up survey of at least 50% of ESL participants to measure health behavior change based on health literacy knowledge gained

Outcome Objectives: Short-Term
At the end of the intervention (week 6),
- Participants will demonstrate a 10% increase in health literacy knowledge^
- Participants will demonstrate a 10% increase in awareness of local health resources^
- Participants will demonstrate a 10% increase in recognition of elements of a healthier lifestyle^

Outcome Objectives: Medium-Term
Within six months,
- Participants will demonstrate an 8% increase in having identified a medical home (among participants who did not previously have a medical home)
- Participants will demonstrate an 8% increase in self-reported improved health and wellness
- Participants will demonstrate an 8% increase in self-efficacy in using medical and dental services
- Participants will demonstrate an 8% increase in skills needed to fill a prescription and follow provider instructions

Long Term Impact:
Better overall health and health outcomes for Hispanic adult ESL pilot participants in Tarrant County and their families.

^Based on Healthy People 2020 Objectives: Access to Health Services (AHS-6)
Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
Healthcare Enhancement for LEP Populations (HELP) Logic Model

Program Assumptions:
- Poor health literacy among limited English proficient (LEP) populations has been linked to poor health outcomes, higher mortality rates, and limited utilization of appropriate health care services.
- An estimated 12.2% of Tarrant County’s population (over 230,000 people) are LEP. The largest proportion of this LEP population is Hispanic.
- There is evidence in the literature that initiatives have successfully integrated health literacy instruction into ESL courses and have led to improved health outcomes such as increased self-efficacy and increased health-seeking behavior.

Inputs
- Program Partners:
  - Tarrant Literacy Coalition
  - Participating ESL sites
  - Tarrant County Voices for Health

Meeting Space
(churches, libraries, etc.)

Materials:
- Health Literacy Curriculum
- Short Test of Functional Health Literacy assessment tool

Time (6 week intervention)

Staff:
- Program manager (20%)
- Program coordinator (50%)
- Statistician (5%)
- ESL instructors trained on how to use health literacy curriculum

Funding

Outputs
- Activities
  - Conduct Education:
    - Deliver health literacy curriculum designed for Hispanic adult ESL participants on the topics of healthcare access and navigation, disease prevention, and chronic disease management
    - Conduct two one-hour lessons weekly for six weeks
    - Courses will include audio and visual aids

- Participation
  - 80-100 Hispanic adult ESL participants at 4-6 ESL pilot sites in Tarrant County

Outcomes
- Short
  - At the end of the intervention, ESL pilot participants will demonstrate a 10% increase in:
    - Health literacy knowledge
    - Awareness of local health resources:
      - JPS Health Network
      - Tarrant County Public Health
      - Tarrant Area Food Bank
      - Federally Qualified Health Centers: North Texas Area Community Health Center
    - Recognition of elements of a healthier lifestyle

- Medium
  - At the 6-month follow up, ESL pilot participants will demonstrate an 8% sustained increase in:
    - Having identified a medical home (among participants who did not previously have a medical home)
    - Self-reported improved health and wellness
    - Self-efficacy in utilizing medical and dental services
    - Skills needed to fill a prescription and follow provider instructions

- Long
  - Better overall health and health outcomes for Hispanic adult ESL pilot participants in Tarrant County and their families.

Evaluation
Each step of the implementation process will be monitored to evaluate program outputs. A pre-test and post-test will be conducted using the Short Test of Functional Health Literacy assessment tool to evaluate program outcomes. A 6-month follow up survey of program participants will also be conducted.

External Factors
- Immigration status may make some members of the population of interest ineligible to receive public health insurance coverage
- Transportation, work schedules, child care, and other known factors cause barriers to receipt of appropriate health care services
Methods/Intervention

The Healthcare Enhancement for LEP Populations (HELP) program aims to improve health and reduce health disparities for Hispanic adult ESL pilot participants and their families in Tarrant County. Short-term, program participants will increase their health literacy knowledge, increase their awareness of local health resources, and increase recognition of elements of a healthier lifestyle. This in turn will lead to an increase in the number of participants who identify a medical home, an improvement in skills needed to fill a prescription and follow provider instructions, increased self-efficacy in utilizing medical and dental services, and increased self-reported health and wellness. The overall long-term impact will be improved health outcomes for participants and their families.

Goals and Objectives of Intervention

A. The short-term objectives of the HELP program are as follows: At the end of the intervention, participants will demonstrate a 10% increase in
   a. Health literacy knowledge
   b. Awareness of local health resources
   c. Recognition of elements of a healthier lifestyle

B. The medium-term objectives of the HELP program are as follows: At the six-month follow up, participants will demonstrate an 8% increase in
   a. Having identified a medical home (among participants who did not previously have a medical home)
   b. Self-reported improved health and wellness
   c. Self-efficacy in using medical and dental services
   d. Skills needed to fill a prescription and follow provider instructions
Achieving these seven objectives will lead to the overall goal and long-term impact of the program, which is better overall health and health outcomes for Hispanic adult ESL pilot participants in Tarrant County and their families.

Description of Intervention

The HELP program will conduct a six-week long intervention to address the health literacy topics of healthcare access and navigation, disease prevention, and chronic disease management. Two hours of instruction will be conducted every week. The intervention, which will be delivered at no additional cost to the participants, will be incorporated as a specific unit to be covered within the pilot sites’ existing ESL courses, an approach that has previously been shown to be effective in increasing participants’ health literacy knowledge (Chervin et al., 2012). Instructional methods chosen for the intervention will incorporate a variety of learning styles and activities. Using a variety of strategies is recommended in order to meet the needs of students who may have varying learning style preferences in learning a new language (Oxford, 2002). Types of instructional methods may include lecture, audio and visual recordings, worksheets, and other activities that will require students to practice using the health literacy knowledge and terminology in an appropriate context. For example, a lesson on making a doctor’s appointment may involve the instructor teaching the relevant English terms using pictures as guides, listening to a recording of someone making a doctor’s appointment and asking students to answer questions about it, and using worksheets and small group exercises to engage students in verbal practice. Meeting space to deliver the education will take place in the respective pilot sites’ classrooms.
Curriculum

Materials needed to deliver this program include the Health Literacy Curriculum and the Short Test of Functional Health Literacy Assessment Tool (S-TOFHLA). The Health Literacy Curriculum will be provided free-of-charge by the Queens Library Adult Learner Program, however S-TOFHLA will need to be purchased. Although the Queens Library curriculum is available as a standalone course, it is divided into individual lesson plans, allowing program developers the opportunity to identify key lessons that meet program objectives and goals. Specific lessons included in the HELP program curriculum will include: 1) Describing Ailments and Symptoms; 2) Making a Doctor’s Appointment; 3) Health History (part I & II); 4) Medical Screenings and Tests/Talking to the Doctor/Healthcare Worker; 5) Taking Medicine/Reading Medical Labels (part I & II); 6) Health Plans; 7) Healthcare Access; 8) Interacting with the Healthcare Provider; 9) Healthy Goals; and 10) Introduction to Preventive Health. Participants will also increase their awareness of local health resources, such as the JPS Health Network, Tarrant County Public Health, the Tarrant Area Food Bank, and local Federally Qualified Health Centers (i.e. the North Texas Area Community Health Center).

In addition to the written lesson plans provided by Queens Library, some sessions will include audio and visual components. The audio and visual podcasts will be compiled from Queens Library resources and Project Shine’s ESL health literacy library. Project Shine is a program that has been successful helping immigrants and refugees integrate into American society through health literacy and capacity building. Both Queens Library and Project Shine have made their resources open to the public to continually improve health literacy among the LEP population. Additionally, participants will engage in activities to enhance hands-on learning such as worksheets and role-playing. Because delivery of educational material will incorporate a variety of learning styles and activities, audio and
visual equipment, such as a projector, laptop, and speakers, may also be needed if a pilot site does not possess said resources.

Program Participants

The HELP program will target 80-100 LEP adult Hispanics through ESL classes already established at a variety of venues throughout Tarrant County, Texas. Recruitment will occur by identifying ESL programs operating in Tarrant County with a high Hispanic enrollment, contacting program directors, and inviting them to participate as pilot testing sites. Although the program focuses on the Hispanic population, individuals who speak other languages will not be excluded since they are often included in the same ESL classes.

The programs that serve the ESL participants will be recruited rather than individual participants. Among interested ESL programs, four to six will be selected based upon class structure, level of commitment, and willingness to integrate curriculum and follow program instructional methods. Efforts will be made to diversify the pilot testing sites to include various areas of Tarrant County and sites that are operated by public, private, and faith-based entities. It is important to include members of the population of interest who live in different parts of the county in this pilot program to ensure that the health information and resources included in the curriculum may be applied countywide. Similarly, including sites that are operated by public, private, and faith-based entities ensures that the curriculum can be applied in any of the major settings in which ESL classes are provided in Tarrant County. This is an important consideration for the sustainability of the program and long-term impact as well as potential scale-up of the program among other ESL classes in the area.

Timeframe for Intervention

The timeframe for the intervention is six-weeks. During the first class, the baseline assessment of students will be conducted. This assessment will be collected by the
program coordinator and will evaluate current health literacy knowledge among participants. Over the next six weeks, two, one-hour classes using the health literacy curriculum will be administered by ESL instructors. This will total 12 classes that cover the three topic areas. During the instructional portion, the program coordinator will be present to ensure effective implementation and instruction. At the end of the six-week intervention period, the program coordinator will conduct a post-test for all ESL students who have attended a minimum of 75% of the health literacy sessions. Evaluation of the intervention will be analyzed and reports disseminated following the end of the intervention. Finally, there will be a 6-month follow-up evaluation survey that will be collected by the program coordinator. This information will also be analyzed and disseminated.

Recruitment of Program Sites

Recruitment of pilot sites occurs during the pre-planning phase of the program, which has already been completed. Recruitment was conducted by program staff by identifying existing ESL classes in Tarrant County and contacting them to identify their demographics, size, length of classes, and frequency of class meetings. United Way 2-1-1 and word-of-mouth referrals from contacted sites were the primary methods utilized to identify ESL classes. Contacted sites provided responses to a brief survey of questions concerning the incorporation of health literacy into ESL instruction and indicated whether or not they would like to be considered as a pilot-testing site. See Appendix A for a list of sites contacted and their respective responses.

Training of ESL Instructors

ESL instructors will be trained on program delivery by program staff. Each participating site will provide at least one ESL instructor to receive the health literacy curriculum training. Training will include steps to effectively integrate the curriculum in the
classroom setting, types of learning tools and methods that must be utilized in teaching the courses, and the importance of implementing the health curriculum with fidelity to ensure accurate results.

**Key Partners**

Successful implementation of the intervention will require several partners. Tarrant Literacy Coalition will be a major partner that will serve as a resource for curriculum, training, and ESL site coordination needs. Also, they will help to connect local ESL providers to the intervention personnel. Another key partner will be the participating ESL sites. The participating ESL sites will provide ESL instructors to be trained on using the health literacy curriculum, provide class space, and implement program activities. Finally, Tarrant County Voices for Health will serve as the spearhead for the project. They will coordinate with area providers to promote the program.

**Program Personnel and Resources**

Personnel needed for this program include one part-time project manager, one part-time project coordinator, and a 5% FTE statistician from UNTHSC to assist with the data analysis and program evaluation. The positions of the project manager and project coordinator will require some traveling to conduct site visits and strong written and verbal communication. The project manager will be responsible for synthesizing and measuring the pre- and post-tests as well as the six-month follow up evaluation results. The position will also require this individual to maintain clear and transparent communication with program partners and stakeholders in the delivery of the assessment results and progress of the program. Overall, the project manager will be responsible for ensuring the program is delivered, implemented, and evaluated within the allocated budget and timeframe. It is recommended this part-time position be filled by a UNTHSC School of Public Health faculty
member at 20% FTE due to the level of knowledge and expertise such staff members have with health program evaluations. As HELP is a pilot program, it is critical to engage someone with an established skill set in the area of evaluation to spearhead the initiative.

The project coordinator, who will report directly to the project manager, may be a doctoral student fulfilling his or her graduate assistantship or residency requirement. At 50% FTE, this individual will be responsible for liaising and building rapport with individual sites and instructors, monitoring program implementation, and conducting the pre- and post-tests and six-month follow up evaluations. In hiring the project coordinator, preference should be given to candidates who are bilingual in English and Spanish in order to enhance the six-month follow up and evaluation process.

With both personnel positions filled by UNTHSC members, the program office space will be housed at the UNTHSC campus in Fort Worth, Texas. Required course materials include the Health Literacy Curriculum and the S-TOFHLA. Other potential expenses include Spanish interpretation/translation services for conducting the six-month follow up of program participants if the coordinator is not bilingual. In addition to the health literacy education, participants will receive health resources, such as informational brochures on local resources, donated by partnering agencies. Participants will be encouraged to use these items as they begin their health journey. Additionally, participants will receive a certificate of achievement and have a post-program celebration of their accomplishments. To incentivize the instructors and show appreciation for the site’s participation and support, each instructor will receive a $50 gift card. In addition, $20 gift card incentives will be provided to participants for completing the 6-month follow up survey. These will be additional expense items or donated by partnering agencies.
Monitoring of Intervention

Program staff will monitor each participating site to ensure effective delivery of the intervention. One test that will be used to monitor effective implementation is the S-TOFHLA. The S-TOFHLA is a tool that has been used in numerous health studies to assess an individual’s health literacy skills in relation to health outcomes (Berkman, Davis, & McCormack, 2010).

The medium-term outcomes will be monitored by program staff six months after the completion of the intervention through a follow-up survey. The survey will be conducted in Spanish either in person, over the telephone, or via a written questionnaire. Program staff will make attempts to contact all participants who participated in the pilot program. Two attempts will be made to contact the participant in person before attempting to contact over the phone. If the participant cannot be reached over the phone after an additional two attempts, he or she will be mailed and asked to complete a written version of the questionnaire.
# Program Activities Table for HELP Intervention

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## Budget Proposal
**HELP Program**

**Budget Period** - September 1, 2015 to August 31, 2016

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| Non-Personnel       |                   |                     |                         |                |                 |                            |
| Educational materials|                   |                     |                         |                |                 | $500.00                    |
| Office supplies     |                   |                     |                         |                |                 | $-                          |
| Computers & Equipment|                   |                     |                         |                |                 | $1,500.00                  |
| Postage             |                   |                     |                         |                |                 | $50.00                     |
| Instructor Gift Cards|                 |                     |                         |                |                 | $600.00                    |
| Copier Costs        |                   |                     |                         |                |                 | $50.00                     |
| Participant incentives|                 |                     |                         |                |                 | $2,000.00                  |
| Software            |                   |                     |                         |                |                 | $200.00                    |
| Travel              |                   |                     |                         |                |                 | $600.00                    |
| **Subtotal - Non-Personnel** |     |                     |                         |                |                 | **$5,500.00**              |

| Total - Direct Costs |                   |                     |                         |                |                 | **$56,750.00**             |
| Indirect Costs (20% of DC) |       |                     |                         |                |                 | $11,350.00                 |

| Total Costs |                   |                     |                         |                |                 | **$68,100.00**             |
Evaluation Plan

The goal of the evaluation is to assess process and outcome objectives as a means of determining program effectiveness in achieving improved health outcomes for participants. This will be conducted through ongoing monitoring of program implementation, a pre- and post-test assessment, and a six-month follow-up survey. With assistance from the statistical consultant to analyze data, the HELP project manager and project coordinator will serve as the program’s evaluators and will disseminate findings to stakeholders and the larger community.

Evaluation findings will be shared with Tarrant County Voices for Health, the Tarrant Literacy Coalition, and other community partners. The results will be used to identify best practices and adjust the program as needed so that it may be replicable at other ESL sites throughout Tarrant County.

Process objectives involve collecting program data and ensuring successful completion of essential program elements. With regard to collecting data, the HELP program aims to secure baseline health literacy knowledge of 80-100 pilot participants at the beginning of the intervention (including conducting a pre-test), conduct a post-test immediately following the intervention for participants who attended at least 75% of health literacy courses, and administer a six-month follow up survey of at least 50% of participants (though attempts will be made to reach all program participants). With regard to completion of essential program elements, program staff will monitor participating ESL sites to ensure that each has completed at least one health literacy course by the second month of the intervention.

The evaluation will assess the intervention’s ability to produce a number of short-term, medium-term, and long-term health improvement outcomes for program participants. Short-term, the intervention aims to increase participants’ health literacy knowledge, ability to recognize the elements of healthier lifestyles, and awareness of local health resources, such as the JPS Health Network, Tarrant County Public Health, the Tarrant Area Food Bank, and local Federally Qualified Health Centers (i.e. the North Texas Area Community Health Center). These
short-term outcomes will be tied directly to course content and will be measured by program staff using a pre- and post-test related to the material covered in the course as well as the S-TOFHLA. The S-TOFHLA will be administered to program participants at the beginning of the first session of the intervention and again at the end of the last session. Overall scores will be compared to assess the level of improvement in achieving these specified outcomes.

Medium-term outcomes for program participants include increased self-reported improved health and wellness, increased self-efficacy in utilizing medical and dental services, improvement in skills needed to fill a prescription and follow provider instructions, as well as an increase in the number of participants who report having identified a medical home. These outcomes will be assessed by program staff six months after the completion of the intervention through a follow-up survey. The survey will be conducted using Spanish interpretation services either in person, over the telephone, or via a written questionnaire. Participant responses will be pooled and compared to baseline data gathered at the outset of the intervention. See accompanying evaluation table for a break down of process objectives and short-term and medium-term outcomes and the evaluation steps involved with each.

The long-term outcome of this intervention is better overall health and health outcomes for pilot program participants in Tarrant County and their families. It is assumed that program participants will reach this outcome by applying the health literacy knowledge and skills obtained and sharing the information gained with their families to promote the health of their children as well as their own individual health. Meeting this objective also requires appropriate capacity of the local healthcare system to properly serve individuals with adequate health literacy skills and the removal of other barriers that may prevent this population from accessing care, such as eligibility for health coverage, transportation, conflicting work schedules, and lack of childcare. While this initiative does not address these particular areas, the literature has shown that increasing health literacy through ESL instruction can be an effective method to improve health
outcomes among this population (Chervin et al., 2012; Duncan et al., 2013), an important step in reducing health disparities.

In keeping with the standards for an effective evaluation established by the American Evaluation Association, the evaluation process will incorporate utility, feasibility, propriety, and accuracy. Utility will be ensured through obtaining both quantitative and qualitative data that can be used to modify and improve the intervention. Feasibility will be addressed by keeping the assessments from being too burdensome to administer while still ensuring they capture the data points needed. Program staff will exercise propriety in the evaluation process by ensuring all processes are conducted within legal and ethical guidelines. This will involve training on proper research protocols through successful completion of the “Ethics in Human Research” course through the Collaborative Institutional Training Initiative (CITI). Finally, accuracy will be achieved through the course of evaluation by applying appropriate scientific techniques and scrutiny to every stage of the process. This will be ensured by the oversight of the program manager, ideally a faculty member at the UNTHSC who is trained in evaluation methods.

Knowledge levels of training participants will be measured by the pre-test, post-test, and a follow-up survey consisting of closed-ended scaled items and open-ended items. The follow-up survey will include the same questions as the post-survey, with a cover sheet explaining that the purpose of the follow-up survey is to capture information about knowledge retention of the health literacy concepts taught during the ESL health literacy trainings.

The pre-test, post-test, and follow-up surveys will take approximately 15 minutes to complete. In addition to the standard S-TOHFLA questions, the evaluation instrument will also include general health literacy knowledge questions such as “I know the factors that contribute to low health literacy” and “I understand the outcomes associated with health literacy.”

Quantitative data will be entered into an Excel database. Univariate data analyses will be used to produce descriptive statistics and bivariate analyses will assess the mean score change between pre- and post-test scores on each survey item for comparative statistics. Analyses will
be performed in SAS 12.1 using appropriate statistical tests. The p-value will be significant at the alpha = 0.05 level.

NVivo software will be used for analysis of qualitative data captured in the open-ended survey questions. Open-ended responses will be coded and analyzed for the emergence of themes, sub-themes, and frequency of response.

Evaluation findings will be shared with Tarrant County Voices for Health, the Tarrant Literacy Coalition, the pilot sites, and other community partners. The results will be disseminated through compilation of data and observations into a report outlining assessment of program implementation, lessons learned, participant experience, quality improvements and outcomes of the intervention. The report will be assimilated after the six-month follow-up survey is completed. The findings will be used to determine if continuation of the program and scale-up at other ESL sites throughout the county is feasible. If so, additional funding will be sought and a determination will be made as to which entity in Tarrant County is best suited to have oversight of the expanded program. Further implementation and monitoring would then be housed within that entity or provided through a larger commitment to a permanent UNTHSC faculty oversight and ongoing student graduate position.

If the evaluation reveals concerns with expanding the program beyond the initial pilot sites, a team of stakeholders will be convened by the program staff to address needed improvements. The team’s recommendations will be used to enhance the program and eliminate deficiencies identified during the evaluation process.
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References


proficiency and understanding prescription labels among five ethnic groups in California.


health-related portions of the health care and education reconciliation act of 2010.

suggestions. In Richards, J. C. & Renandya, W. A. (Eds), *Methodology in language

podcasts. Retrieved from
http://www.eslpod.com/website/show_all.php?cat_id=39974&Submit=Go

http://www.queenslibrary.org/services/health-info/english-for-your-health/teacher-
intermediate-level

health literacy and limited English proficiency among Asians and Whites in California.
*Journal of Health Communication, 18*(Suppl 1), 242-255. doi:
10.1080/10810730.2013.825669.


Appendix A: Interviews with Local ESL Providers and Other Stakeholders

1. Tarrant Literacy Coalition

**Contact Information:** (817) 870-0082, Kathryn Thompson

Ms. Thompson explained that her organization works with over 100 GED and ESL sites in the community. They give away thousands of dollars worth of curriculum to sites and provide funding for ESL programs. They also provide monthly trainings called “Fourth Fridays” for ESL volunteers.

Ms. Thompson explained that they are in the middle of moving offices right now and are weighed down with many requests from the community. She did not have much initial information to provide but said she would be more than happy to be a resource as we move along with this project and provide information and expertise in areas that she knows more about (such as curriculum resources).

In the meantime, she recommended we contact the Hispanic Wellness Coalition to gather more information about health literacy specifically. The contact information is listed below.

Hispanic Wellness Coalition: Gloria Martinez (Executive Director): 817-735-2784, info@hispanicwellnesscoalition.org

2. NICA (Northside Inter-Community Agency)

**Contact Information:** 817-626-1102

What are some of the major languages, ethnic groups, age groups, and genders you serve?

Females, Hispanics, in the 20-50 range

Of these, who seems to have the most difficulty accessing health services?

She doesn’t think they do have difficulty accessing health services, although she acknowledge that undocumented immigrants do have a little harder time accessing these services.

Who seems to have the most questions about their health?

Seniors

Who has the greatest challenges when it comes to health literacy?
The greatest challenges she believes her students face is being able to understand applications for assistance for health insurance and food stamps.

3. Euless Public Library

Contact Information: 817-685-1480

What are some of the major languages, ethnic groups, age groups, and genders you serve?

They see both men and women of a variety of languages (10 to 20 different languages and countries—Indian, Nepal, Central America, S. America, African countries, Eastern European, Brazil), with no particular age groups.

Of these, who seems to have the most difficulty accessing health services?

Transportation is major barrier and ensuring there is a translator available. Some can’t find providers who speak their languages because they are uncommon languages.

Who seems to have the most questions about their health?

No groups in particular. No one has seemed to express concerns to the staff.

Who has the greatest challenges when it comes to health literacy?

See above

4. North Richland Hills Baptist Church

Contact Information: Fran Lucas, 817-581-0132

What are some of the major languages, ethnic groups, age groups, and genders you serve?

They just began this year’s classes. So far, they have a large group of Hispanics, ages ranging from 20s to 40s, and more in the younger age group than the older. Their next largest group is Egyptians, mostly extended family members who are related to each other. They also have another good number of Burmese (about 10 students) because there are apartments across from the church that have a large number of refugees.

How many students, on average, do you have in your classes?
Last year they averaged about 60. This year they’ve had about 115 show up so far.

What are the retention rates of your students?

At least 50%.

What level of English proficiency do you offer in your course(s)?

They offer very beginning (no English) through being able to communicate well and just wanting to work on pronunciation and grammar. They have 9 levels and one citizenship class.

Does your site charge a fee for students to attend?

No, but students can buy a workbook at a reduced price for $15.

What kind of curriculum do you use, and where do you get it from?

They use Pearson-Longman’s “Side by Side” books 1-4 and New Readers Press “English No Problem”. Most teachers have had 16 hours of training offered by the Southern Baptist Convention.

Which populations of students seem to have the most difficulty accessing health services?

Not sure

Which populations seem to have the most questions about their health?

They have not had many people mention it to them. In years past they have tried to find out how to help individuals who have these questions. They do have people who have just arrived in the U.S., but a larger number of their students have been here for several years.

Which populations have the greatest challenges when it comes to health literacy?

She doesn’t know. She said her first thought would be the Hispanic population, but she’s not sure because so much is available in Spanish. She thinks perhaps the Burmese would struggle. She commented that the Egyptian family they serve seems to know more regarding health literacy.

Do you currently incorporate any health literacy components into your classes?
Not really, because it’s mostly conversational English that is taught in her classes, though there is vocabulary that is taught on parts of the body and illnesses and how to make a doctor’s appointment.

**What suggestions do you have for incorporating health literacy into ESL instruction?**

Not sure. She thinks one of the best things to do would be to educate the teachers on how to help. She will suggest organizations like Catholic Charities and the Muslim Community Center when students have questions about health.

**Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?**

No, because they only meet once per week for an hour and half. If they met more often they would possibly be interested or would be open to inviting guest speakers.

**Are there any other sites you would recommend we contact?**

Grapevine First Baptist and Mission Arlington

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5. **Arlington Reads, Arlington Public Library**

**Contact Information:** Wes Young, Literacy Coordinator, 817-460-2727, Wesley.Young@arlingtontx.gov

**What are some of the major languages, ethnic groups, age groups, and genders you serve?**

The Literacy House is the home base of the Arlington Reads program, which caters to all ages. The Literacy House specifically caters to adults only, ages 18 & up. For ESL classes, the major language group is Spanish, however we have student that hail from French African countries, Vietnamese, Chinese, Tagalog, Arabic, Farsi and more. Students tend to be low income.

**How many students, on average, do you have in your classes?**

Classes run on a semester basis – Fall, Spring, Summer – and start in the 6-10 person range which dwindle as time goes and life happens (job changes, family situations, etc.).

**What are the retention rates of your students?**

Those students which are dedicated tend to stick with the program until completion. Curriculum is in 5 levels. The Coordinator is fairly new and his observation viewing only covers the Summer semester, of which 15 students returned for the Fall.
**What level of English proficiency do you offer in your course(s)?**

They use the Ventures series of books which start at “Basic” and follow levels 1-4. They also have conversation circles which are casual practice environments where students and non-students can speak and converse on current topics, idioms and the like.

**Does your site charge a fee for students to attend?**

Classes are $25 a year, and are essentially a materials fee (student & workbook). For the $25 dollars, students can attend all 3 semesters and, should they finish a level at any time during the year, get the next set of books at no charge. The Conversation Circles are free and open to everyone.

**What kind of curriculum do you use, and where do you get it from?**

Their main curriculum is Ventures which is put out by Cambridge. They have many individual supplemental materials. Students with Arlington Public Library cards also have access and are encouraged to use Mango Languages, an online language-learning database which is immersion-style and level sensitive.

**Which populations of students seem to have the most difficulty accessing health services?**

He is not sure. The largest population they serve is Hispanic at this time, though as they conduct more outreach into the community, they hope to address larger, more diverse populations in south Arlington. Current curricula utilizes real world situations, but the unit on health in each book only addresses basics (things like understanding what pill bottles say, or what doctor addresses what need). There’s no current focus in their program on Health Literacy, and previous programs in the past (TIESL) which only addressed employment in fields like health/medicine were poorly attended and done away with.

**Which populations seem to have the most questions about their health?**

See above

**Which populations have the greatest challenges when it comes to health literacy?**

He speculated that because of the larger Asian population in Arlington, they might have more questions with less resources to refer to. Indian, Arabic, and French African may be an altogether forgotten about population. He said to take this with a grain of salt because he’s not ingratiated enough in that community, but he knows that resources of any type at the APL (Arlington Public Library) are scarce to non-existent.

**Do you currently incorporate any health literacy components into your classes?**
See above; a very broad discussion might occur in conversation circles, but they would be in reference to a newspaper story and only addressed briefly. These circles would be a good place to discuss such topics because it is important knowledge that doesn't necessarily jive with typical class content. He thinks some concern/apprehension in addressing these topics comes from tutors not being that knowledgeable themselves about resources to go to for good information, and being afraid to give bad information and be responsible for something bad happening.

**What suggestions do you have for incorporating health literacy into ESL instruction?**

Training for current teachers/tutors or someone knowledgeable willing to instruct students. Handouts/flyers/quick reference sheets that could be used to draw discussion points from or distributed. He thinks a health literacy ESL program would be very beneficial to this population. He envisions it as its own specific course, to be taught outside the traditional ESL class. It would need to be marketed very well.

**Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?**

Absolutely! They are a completely volunteer-run organization (with the exception of himself and his officemate, the GED coordinator), so some thought/time would need to go into dedicating a specific volunteer to teach such a course as well as training. This is moot though if the teach is coming from our organization.

**Are there any other sites you would recommend we contact?**

They are probably the largest organization teaching ESL in the Arlington area. Most local churches have some sort of ESL class, as does Mission Arlington. AISD and TCC both have classes as well and they partner with them to some extent. Their students come from Arlington and surrounding suburbs (Grand Prairie, Mansfield, Irving, HEB, etc...).

6. **Southwayside Baptist Church**

**Contact Information:** Adlin Cotto, adlincotto1@yahoo.com, 817-690-5466

**What are some of the major languages, ethnic groups, age groups, and genders you serve?**

All of her students are Hispanic. The majority are from Mexico, with some from Honduras and El Salvador. The majority are women, and all are adults in their late 20s and early 30s, with a few who are older. They are Spanish speakers, blue collar workers, they have very low education (6th grade), and all have families.
How many students, on average, do you have in your classes?

Eight women and four men

What are the retention rates of your students?

They have an ongoing course, and don’t have graduation. People come and go; women stop coming when they become pregnant and come back after the baby is born, and men stop coming when they find work and may come back again later on.

What level of English proficiency do you offer in your course(s)?

They have a beginner’s class and an intermediate beginner’s class.

Does your site charge a fee for students to attend?

No.

What kind of curriculum do you use, and where do you get it from?

HOPE Literacy provides the curriculum.

Which populations of students seem to have the most difficulty accessing health services?

Most of their children have access through Medicaid or CHIP, but if the adults get sick, they will only go to the doctor if it’s an emergency. Then they go to the emergency room.

Which populations seem to have the most questions about their health?

None specifically. Her students seem healthy without any chronic conditions, except for one student who has some digestive problems, but he always seems to have access to medication.

Which populations have the greatest challenges when it comes to health literacy?

Most students go to a Spanish-speaking doctor or someone who offers translation services. Sometimes she has gone with them to the hospital to translate for them.

She doesn’t think the ladies in her class get mammograms or go to regular check ups. Most have more than four children and probably don’t have birth control or family planning education. Domestic abuse is also an issue. Additionally, many are taking care of ill elderly parents at home.

Do you currently incorporate any health literacy components into your classes?
Their curriculum has a health unit which provides basic preventive information. It talks about the parts of the body, illnesses like headaches and stomach aches, the pharmacy, the doctor, the nurse, prescriptions, what to do in an emergency (they practice calling 911), how to make an appointment, and describes different doses of medication.

**What suggestions do you have for incorporating health literacy into ESL instruction?**

Providing a list of resources such as mental health providers, pregnancy care, free clinics specific to our area; make sure there are good translations of Spanish for any information provided.

**Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?**

Yes she would be happy to know more and to help out.

**8. Catholic Charities Fort Worth**

**Contact Information:** Amy Snyder, 817-289-0468, asnyder@ccdofw.org

**What are some of the major languages, ethnic groups, age groups, and genders you serve?**

Arabic, Burmese, Karen, Karenni, Nepali, Swahili, and Somali are the major groups. The majority are between ages 20-40, and there is about a 50/50 gender split.

**How many students, on average, do you have in your classes?**

This year, they have enrolled over 350, which averages out to about 100 who come regularly. Class sizes have about 15 students on average.

**What are the retention rates of your students?**

49% completion rate.

**What level of English proficiency do you offer in your course(s)?**

They use the BEST Plus test to evaluate English proficiency before enrolling students. If they test too high on the pre-test they aren’t enrolled in the class due to limited funding at this time. Their classes start with beginning English and go through low intermediate English.

**Does your site charge a fee for students to attend?**
No fees.

**What kind of curriculum do you use, and where do you get it from?**

It is an integrated curriculum which teaches all skill areas—listening, reading, writing, and speaking. Their curriculum is called “Foundations,” “Futures,” and “Literacy Plus A & B” and it is all through Pearson-Longman.

**Which populations of students seem to have the most difficulty accessing health services?**

The populations they serve are so low in English that they can’t really communicate with their teachers about what their health needs are.

**Which populations seem to have the most questions about their health?**

See above

**Which populations have the greatest challenges when it comes to health literacy?**

See above

**Do you currently incorporate any health literacy components into your classes?**

They emphasize survival English. They are currently not able to enroll anyone who has been in the U.S. for more than one year, so they are working with the newest refugee arrivals. Their health curriculum is very basic like how to call 911, teaching about basic health problems (headaches, stomach aches), teaching body parts, and how to call and make a doctor’s appointment.

**What suggestions do you have for incorporating health literacy into ESL instruction?**

She doesn’t have any because for so long she’s had to only focus on survival English for those who have just arrived to the U.S.

**Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?**

It would depend on what is involved in the health literacy curriculum, because she has to cram in so much already. It would also depend on how high the level of English is required to use the curriculum.

**Are there any other sites you would recommend we contact?**
Gambrell Street Baptist Church (Bilingual Pastor Xergio Chacin, program led by Joanne Gable). She (Amy Snyder) got a grant to help start this program a few years’ back. She views it as a real high quality program.

9. Texas Christian University Intensive English Program

Contact Information: Zanya, 817-257-7485

What are some of the major languages, ethnic groups, age groups, and genders you serve?

Arabic, Japanese, Russian, Turkish, Chinese, Korean, Spanish, Thai, Hebrew, French, Portuguese, Indonesian, Vietnamese.

How many students, on average, do you have in your classes?

“Classes are organized into teams of 15 or fewer students. Students meet 1-on-1 with conversation partners (native English speaking students, staff, or faculty who speak with the IEP students in English and sometimes in another language known by the IEP student and being studied by the partner.” - website

On average classes are 10-12
What are the retention rates of your students?

High completion rate, not many dropouts

What level of English proficiency do you offer in your course(s)?

Students begin at their own levels. Program has three levels: beginner, intermediate, and advanced.

Does your site charge a fee for students to attend?

4 wk summer session: $1110 + $390 non-tuition required fee + $124 medical fee
8 week session: $1985 (summer I) or $2000 (fall/spring) + $390 non-tuition fee + 248 med
16 week session: $3645 + $390 + $496

Students can sign up with them for 8 weeks class or stay with them for up to 1.5 years - it all depends on the student’s availability and intentions

What kind of curriculum do you use, and where do you get it from?

They create their own.

Which populations of students seem to have the most difficulty accessing health services?

They don’t think any have that issue because all students are required to have health insurance through school and there is a health clinic on campus. Health insurance is a requirement of student visas.

Which populations seem to have the most questions about their health?

No specifics

Which populations have the greatest challenges when it comes to health literacy?

No specifics

Do you currently incorporate any health literacy components into your classes?

They cannot guarantee or confirm if health discussed during classes. However, during orientation they show students the insurance card, show them the health insurance website that was created for their program, show them how to find a doctor or 24-hour online nurse available, talk about how to visit health clinic (walk them there), and fill out initial paperwork
there. Staff is always available to help students, and sometimes staff help students set up appointments or find specialist.

What suggestions do you have for incorporating health literacy into ESL instruction?

Let students know how expensive healthcare is here, and make sure students aren't stuck with a huge bill. Know what is covered before you agree to anything. “Don't be afraid to ask any questions” - Zanya

Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?

She will need to check with director and instructors. Their next orientation is on October 17 if we want to watch.

Are there any other sites you would recommend we contact?

UTA

10. Fort Worth Public Library

Contact Information: Peter 817-392-6621 or 817-338-1467

What are some of the major languages, ethnic groups, age groups, and genders you serve?

Men and women who speak a variety of languages. Nineteen of 20 in this class speak Spanish (90%). (French and Vietnamese are other potential languages.)

Age range is 30-40. They mainly come for a competitive edge in the workforce and for a better job. Sixty to 75% are women.

Of these, who seems to have the most difficulty accessing health services?

Health services don't come up. The students don't really have insurance. JPS clinics and the ER are what they have heard quite a bit about (these are sources of primary care to them). They are not accessing information on-line because they do not have strong computer skills. They rarely ask about healthcare.

Who seems to have the most questions about their health?

No groups in particular have seemed to express health-related concerns.
They rarely get questions but if so, they are specific disease questions. They used to keep a collection of websites - 10 Spanish websites and books that are popular - and they keep many health related books in Spanish to check out. Barriers occur if the websites are in English.

Culturally, they are not comfortable asking a person rather than checking out book to find out health information.

The demand for beginning English is high. It offers twice a week classes for 3 months. It fills up every time.

**Who has the greatest challenges when it comes to health literacy?**

Currently, they are using a curriculum that includes a health related chapter. It is about being sick and related vocabulary. He is more concerned with teaching the students how to communicate, so there is not really a focus on health. Grammar and vocabulary are more important due to a limited time frame. He only has 3 hours a week. He suggested that we contact school district as they have more time to incorporate innovative instruction, such as FWISD.

### 11. Agape Baptist Educational Outreach Ministry

**Contact Information:** Tommy (volunteers to teach conversational level) 817-923-6800.  
Director: Richard

**What are some of the major languages, ethnic groups, age groups, and genders you serve?**

90+% Spanish but sometimes they have people from Korea, Nigeria, and Venezuela. The director speaks with students first and then puts them in levels.

**How many students, on average, do you have in your classes?**

~85 for last quarter

**What are the retention rates of your students?**

They don’t meet on a set schedule so they don’t measure retention. Dropout rates are high in the summer.

**What level of English proficiency do you offer in your course(s)?**

Beginning (ppl who don't know any English), Basic English (little knowledge of English), Intermediate (progressing in their use of the Eng. language), and Advanced & Conversational
(ppl who “want to use their Eng in a conversation group, understand idioms, understand better the culture of our country, and share about their country”).

Meeting times: Tuesdays 10-11:30am; Wednesdays 6:30-8pm; Sundays 9:45-10:45am
Tuesday and Wednesdays are repeats

**Does your site charge a fee for students to attend?**

There is no fee and they offer childcare services.

**What kind of curriculum do you use, and where do you get it from?**

They have a book for each level but not all teachers use the book. They use it as a guide. Teachers direct the curriculum and application.

12. University Baptist Church ESL Classes

**Contact Information:** Director Dorothy Parker, deprn@swbell.net

**What are some of the major languages, ethnic groups, age groups, and genders you serve?**

Spanish is the most common, but they have also seen people from Russia, Armenia, China, Vietnam, Cambodia, Chile, Peru, Central America, and Honduras. Mostly women attend the classes but the evening classes have more men.

Ages: 20-50ish

**How many students, on average, do you have in your classes?**

Most classes have about 18 students.

**What are the retention rates of your students?**

There is no fee so retention is not high.

**What level of English proficiency do you offer in your course(s)?**

Tuesdays 10-noon / Sept.16 - Dec.16
Wednesdays 6:30-8:30pm / Sept.17 - Dec.10
They offer childcare.
There are 4 levels but this depends on who comes in and what they need.
Does your site charge a fee for students to attend?

There is no charge, and they offer daycare services.

What kind of curriculum do you use, and where do you get it from?

The curriculum is from Essential Grammar and it has a life skills section which talks about health. In the past they have had someone from the Public Health Department present to the students. Dorothy will be mailing some of the resources they use.

Which populations of students seem to have the most difficulty accessing health services?

Their mission house may get questions about health services.

Which populations seem to have the most questions about their health?

N/A

Which populations have the greatest challenges when it comes to health literacy?

N/A

Do you currently incorporate any health literacy components into your classes?

See above

Would you be open to serving as a pilot testing site for a health literacy ESL curriculum?

Yes

13. Hispanic Wellness Coalition

Contact Information: Gloria Martinez, 817-735-2784, info@hispanicwellnesscoalition.org

Ms. Martinez shared the results of a recent survey conducted among the Hispanic population that attended the recent Hispanic Wellness Fair on August 2nd, 2014. The fair had 4,000 attendees, and a total of 107 surveys were completed by fair participants. 85% of survey respondents stated that they were from Tarrant County. Diabetes was the #1 health reason they gave for attending the fair, and cholesterol was #2. Adults aged 35-54 were the most common age group in attendance (56%), while 78% of survey respondents were female. Twenty-five percent had only an elementary level education, 20% were high school graduates, and 15.2% had some college. Sixty-four percent of survey respondents were uninsured. Twenty-three
percent stated that time was an obstacle to getting health care. Ms. Martinez explained that members of this population are often working 2 jobs and can’t make it to the doctor’s office during the hours when they are typically open for appointments. Transportation and cost were listed as additional major barriers to healthcare. The majority of survey respondents had their last check up at JPS Health Network. Cook Children’s was the second highest location for check ups.

Other points from conversation with Ms. Martinez:

Relationship building is important for sharing information within the Hispanic LEP community because they are often afraid of divulging information.

Major health needs are diabetes, immunizations, high blood pressure, and eye health/vision care for children. There is a big need for caregiver education. Immunizations is also a big issue—a lot of people know they should have them but still don’t get them.

She said to make sure we include foods from the culture if we are doing any healthy eating and nutrition demonstrations.

She also said to include components that teach about domestic violence, especially among the younger generation. Also mental health information, ADHD, etc, and resources for assistive equipment (i.e. wheelchairs) would be beneficial.

Children’s safety issues to consider include drownings and car seat education.

We could include information from their resource page on their website: hispanicwellnesscoalition.org. She said to put everything in both English and Spanish.

Other sites to contact: North Texas Community Center and All Saints Catholic Church in Fort Worth

14. Genesis United Methodist Church

Contact Information: Troy (817) 292-4551, troy-chapman@sbcglobal.net

What are some of the major languages, ethnic groups, age groups, and genders you serve?

They serve Spanish-speakers and Middle Eastern students. Middle age is the most prominent age group.

How many students, on average, do you have in your classes?

Average 20-25 class size. They had 152 total this spring.
What are the retention rates of your students?
Drop out is minimal. They add more students to replace those who drop out.

What level of English proficiency do you offer in your course(s)?
Advanced to no English.

Does your site charge a fee for students to attend?
There is no charge. They also offer a free meal prior to the class.

What kind of curriculum do you use, and where do you get it from?
It is from a former FWISD teacher. They have tutors at a 2:1 ratio.

Which populations of students seem to have the most difficulty accessing health services?
They refer students to different agencies and resources.

Do you currently incorporate any health literacy components into your classes?
Information about health fairs and the flu shot clinic.

Would you be open to serving as a pilot-testing site for a health literacy ESL curriculum?
They might be interested. They would like to set up a meeting to discuss.

Are there any other sites you would recommend we contact?
Crowley House of Hope – Free Medical Clinic – Dr. Elvin Adams. They see 600 people a year, mostly Hispanics.
Appendix B: Health Literacy Curriculum Resources

Queens NY English for Speakers of Other Languages (ESOL) Program:

Judy Trupin, ESOL Professional Developer at the ESOL Health Literacy Center.

What did the process look like when you first introduced the health component into your ESL program?

The health literacy program started in 2005. They applied for several grants to write the curriculum. The first grant was used to write a curriculum for beginning learners. Due to a need for the service at a more advanced level, they applied for another grant to write an intermediate level curriculum. Most of the evaluation was done during the grant periods.

- The program was primarily offered as a stand alone course but students were expected to be enrolled in a regular ESOL class as well.
  - Example: A student can take ESOL in Fall and do an intensive health literacy course between sessions.
- Teachers could draw from the curriculum and incorporate sections into the ESOL classes - teacher’s discretion on how they want to incorporate health literacy curriculum.
- They are no longer offering it as a stand alone class because of funding issues.

Evaluation: The Test of Functional Health Literacy in Adults (TOFHLA) was used as an evaluation tool. TOFHLA was not felt to correlate with the program. Many of the questions “just didn’t make sense.”

- Short quizzes were administered after each section of the curriculum.
- Pre- and post-tests were used to evaluate knowledge. The questions were taken from the section quizzes.
- Focus groups were conducted soon after class ended (right after or a few weeks later).

What challenges did you encounter along the way?

Some of the instructors felt uneasy about teaching the curriculum because of their own perceived lack of knowledge. The program held a training session to address this challenge and included a “Teacher’s Notes” section for every topic in the curriculum.

What sort of training do your instructors/staff go through?

They conducted a 3-hour introductory session on how to teach the curriculum. Each topic has a “Teacher’s Notes” section which provides the instructor with some background.

What sort of impact have you noticed since the program started?
Students who have completed the program have felt more confident in speaking to providers and managing their health care in the United States.

Would you be open to sharing your curriculum? If so, is there a fee to purchase it?

One of the goals when applying for grants for the program was to create a curriculum that is shared widely. Therefore, the curriculum is online and accessible. Any edits require (curriculum, worksheets, etc.) permission from Queens Library.

Any other suggestions or advice to help us implement a successful program like yours?

- Have someone with an ESOL background assist with the program.
- Keep goals smaller.
- Do needs assessment of the population of interest.
- Talk to health care providers - find out what they wish their patients knew or think they should know.
- An additional listening component is available online, which was found based on focus group feedback to be very popular and preferred as a teaching/learning tool by students and instructors.

Beginning curriculum: [http://www.queenslibrary.org/services/health-info/english-for-your-health/teacher-beginner-level](http://www.queenslibrary.org/services/health-info/english-for-your-health/teacher-beginner-level)


**Project SHINE Webcasts:**

A library of ESL health literacy podcasts available for supplemental lessons and reinforcement of lessons. Instructors could also use available companion pieces to help improve English while teaching the courses on health related topics such as medication, finding a doctor, sports injuries, donating an organ and many others.
