



Wisconsin Promising Practices Program
English for Health
Program Summary

June 2010

WISCONSIN PROMISING PRACTICES

PROGRAM SUMMARY

ENGLISH FOR HEALTH

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Preface

Wisconsin Promising Practices Program

Program Background. The Wisconsin Promising Practices (WPP) program is one component of the What Works: Reducing Health Disparities in Wisconsin Communities project. “What Works” is a three-year, collaborative project between the Wisconsin Division of Public Health, Minority Health Program and the University of Wisconsin Population Health Institute, funded by the Wisconsin Partnership Program. The overarching goal of the What Works project is to identify and disseminate both evidence-based practices from the research literature and promising practices being implemented in Wisconsin communities that have the potential to improve minority health and reduce racial and ethnic health disparities in our state. This Program Summary provides documentation of a promising Wisconsin program.

Conceptual Framework. We have defined as “**promising**,” a practice, intervention or program that:

1. Focuses on improving health in a racial or ethnic minority population;
2. Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data;
3. Is based to some degree on proven practices from the research literature and/or the experience of community practitioners and leaders; and
4. Is well suited to its context in terms of language, belief systems and other cultural factors.

A promising practice, by our definition, may be an adaptation of an evidence-based practice to a setting or population that differs from the one in which it was originally developed, or a practice which is developed “from the ground up” to fit a particular context.

As shown below, the WPP program distinguishes promising practices from both evidence-based practices and best practices in several ways. The expectations of a program’s ability to demonstrate its effectiveness in a scientifically sound manner are less rigorous for promising practices than for evidence-based or best practices, and promising practices do not need to demonstrate that they are replicable in multiple settings. Nonetheless, documenting and sharing information about promising local strategies is an important step in building the evidence base for effective public health interventions.

**Wisconsin Promising Practices Program
Conceptual Framework for Evidence Categories**

EVIDENCE-BASED PRACTICES (EBP)	BEST PRACTICES	PROMISING PRACTICES
Criteria for Evidence of Effectiveness		
Effectiveness has been confirmed by systematic research or expert consensus. EBP models tend to regard the results of systematic reviews of controlled experimental studies as the highest level of evidence.	Similar evidence requirements as for EBPs, but may rely more heavily on expert consensus rather than reviews of controlled experimental studies than do some EBP models.	Produces at least one positive outcome that can be demonstrated with systematically collected quantitative and/or qualitative data.
Expert review of effectiveness required		
Yes	Yes	No
Proven to be replicable in multiple settings		
Yes	Yes	No
Suitability to a particular context		
Not a consideration	Not a consideration	Highly valued

Program Summary Contents. The information included in this Program Summary is intended to provide a broad understanding of how the program has been planned, implemented and evaluated to date. Included in each Program Summary is information about the theoretical and other frameworks which inform the program’s design, a detailed description of how the program has been implemented, an overview of the resources invested in the program, and a discussion of program evaluation methods and key outcomes. The WPP program also recognizes that understanding the local context in which an intervention has been implemented is critical to making an informed decision about whether it might be appropriate for another community or setting. Therefore, each Program Summary also includes reflections by program staff members on the political, organizational and other contextual factors that have contributed to the program’s success.

Purpose of the Program Summaries. A major objective of the Wisconsin Promising Practices program is to recognize community voices and provide them a systematic means for sharing stories about their own experiences with successful interventions. We hope that by providing a forum for community-based organizations to document and share their promising practices, others might learn from them and consider whether aspects of these programs may be appropriate to implement in their own communities. However, publication of these Program Summaries does not constitute an endorsement by the Wisconsin Division of Public Health, the University of Wisconsin Population Health Institute or the Wisconsin Partnership Fund of any programs or practices described herein.

For more information about the Wisconsin Promising Practices program or the What Works project, please visit our website at <http://dhs.wisconsin.gov/health/MinorityHealth/prompractices/index.htm>

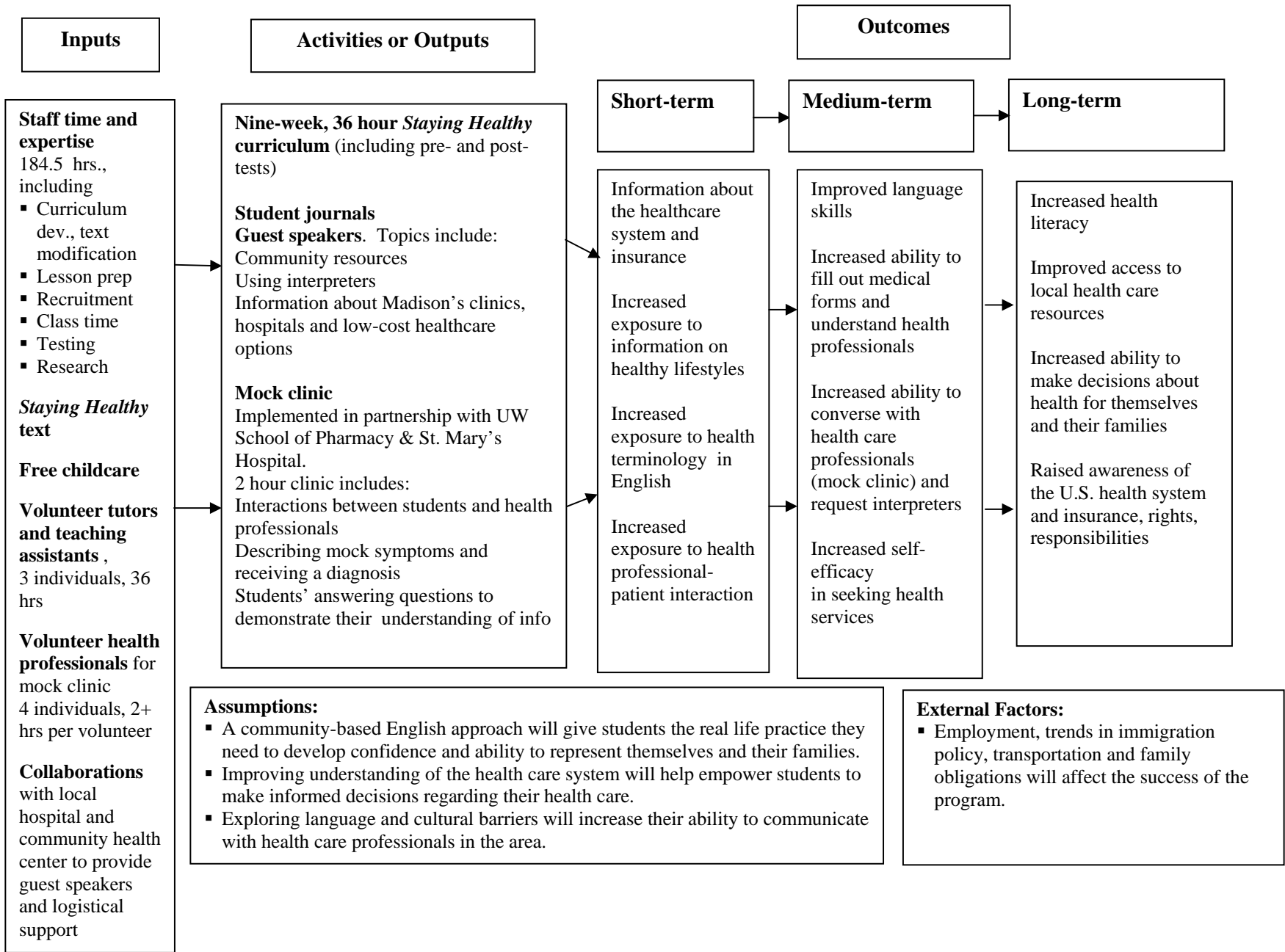
Executive Summary

Limited health literacy is a significant health hazard. Literacy skills are a strong predictor of an individual's health status – more than age, income, education level, employment status or racial or ethnic group.¹ Approximately 36 percent of Americans have poor health literacy skills and cannot use a graph to determine a healthy weight range, or sufficiently read prescription labels.² Patients who do not follow discharge instructions often lack the literacy skills to do so. Providers in Wisconsin lose between **\$3.3 billion and \$7.5 billion** annually due to health literacy problems.³

Literacy Network's **English for Health** class is intended for high beginning to low-intermediate English as Second Language (ESL) students in our community, many of whom are Latinos. Approximately 66% of Latinos in the US have low health literacy.² The three main goals of this project are: 1.) to teach students basic English skills that will help them connect with the health care system, 2.) to help students find and access affordable health care, and 3.) to encourage students to ask questions and get the answers they need about their health and health care.

The nine-week course utilizes the *Staying Healthy* text, created by the Florida Literacy Coalition⁴, which covers such topics as finding a doctor, basic medical vocabulary, medications and communication with health care professionals. The course culminates in a mock clinic in which students interact with local health care professionals and must fill out a health history form, communicate about a specific health condition and have a prescription filled. Evaluation results show that 78% of students increased their understanding of health related vocabulary and ways to access health care in the United States. Students also report individual accomplishments since attending the class. Myriam has cut her cholesterol in half by improving her diet. Manuela made her own doctor's appointment and asked a pharmacist questions about a cold medicine. Juan Carlos found out how to obtain low-cost health care at a local community health center after being laid-off and losing his job. He learned about this option from our guest speaker.

**Logic Model
Literacy Network's English for Health Class**



Intervention Context

Background. Dr. Paul Smith and nurse Mike Grasmick at the UW Department of Family Medicine conducted six focus groups in Madison, Racine and Oshkosh in 2007, which built on research that found an increased risk for medication errors, chronic disease complications and early death for patients with low literacy skills. Their findings indicate that patients with low literacy skills are reluctant to tell health care providers that they do not understand verbal or written instructions about their health.⁵

Literacy skills are a strong predictor of an individual's health status – more than age, income, education level, employment status or racial or ethnic group.¹ An estimated 36% of Americans have poor health literacy skills and cannot use a graph to determine a healthy weight range, or read labels to identify substances that interact with over-the-counter medications.² Multiple state and national studies link higher health care costs to low literacy skills. Between \$106 and \$238 billion is lost each year in the United States on health care costs due to a problem with communication methods and the ability of adults to obtain, process and understand health information.⁶ Providers in Wisconsin lose between **\$3.3 billion and \$7.5 billion** annually due to health literacy problems. In Dane County alone, lack of health literacy costs the health care system approximately **\$465 million per year**.³

The three main goals of this project are:

1. To teach students basic English skills that will help them connect with the healthcare system;
2. To help students find and access affordable health care;
3. To encourage students to ask questions and get the answers they need about their health and the health care they receive.

Program objectives include:

- Learners will demonstrate improved verbal and written skills to facilitate better advocacy and proficiency in navigating the complex health care system;
- Learners will participate in classroom discussions and the mock health clinic and successfully complete at least 70% of targeted project outcomes.

Target population. The Literacy Network **English for Health** class is intended for high-beginning to low-intermediate ESL students in the Dane County, Wisconsin community. These students typically have had little interaction with the healthcare system. Most of our students are low-income, lack formal education, and do not have employer-sponsored health insurance. The majority of students in our class are Latino, and data shows that Latinos in Wisconsin face a variety of health challenges. Latinos in Wisconsin have a higher rate of death from diabetes, compared to the total Wisconsin population, and nearly two-thirds of Latino adults (65%) were overweight or obese, compared to 60 percent of the total population. Based on Wisconsin Family Health Survey results for 2001-2005⁷, Latinos were less likely than the total population to have health insurance at any given point in time. Seventy-seven percent of Latinos, compared with 93 percent of the total Wisconsin population, reported they had some form of health insurance. Latinos are also less likely than other populations in Wisconsin to report having their cholesterol screened.

Framework and Rationale

The **English for Health** class focuses heavily on “project-based learning,” which has been described as,

...a collaborative approach to teaching in which learners are placed in situations where they must use authentic language to accomplish whatever is needed to complete the project objectives. The best projects are those which have an impact outside of the classroom so students feel they are part of an effort that will make a difference for others.⁴

According to the Florida Literacy Coalition⁴, project-based learning supports students in learning and practicing skills in problem solving, communication, and self-management. It also creates positive communication and collaborative relationships among diverse groups of students.

This model also allows for a greater number of students to participate in classes, as it is easily adapted to a multi-level group.

Our adult students often have limited time, resources and study habits. To provide meaningful and efficient instruction, the course offered opportunities for students to practice new language skills in authentic situations with health care professionals. To reinforce new health-based English language skills, students engaged in hands-on activities, such as creating posters with nutritional advice. Students also had the opportunity to meet with local health care professionals and increase awareness of various health issues such as blood pressure, nutrition, and appropriate emergency room use. We have found that adult students with limited educational backgrounds respond best to a hands-on approach in which they are learning a new skill or content set, asked to relate it to their personal experiences and situations and then given the chance to use it with native English speakers other than the instructor. Students who are unable to dedicate a lot of time to study or have difficulty focusing during class because of work and family commitments remain engaged when they are physically active during class and use the language in project-based programs in meaningful ways.

Literacy Network instruction is learner-centered and addresses adults’ various learning styles and preferences by incorporating multiple learning styles in lesson activities; visual, spatial, linguistic, musical, kinesthetic and tactile approaches help meet the needs of diverse learner populations. Our English language instruction follows systematic, research-based methods that highlight vocabulary, fluency, comprehension, alphabets and word analysis. A balanced instructional methodology incorporates listening, speaking, reading and writing in communicative learning situations.

Program Implementation

Course Development

Literacy Network staff members participated in the 2009 Health Literacy Summit sponsored by Wisconsin Literacy in Madison, and learned several things that fed directly into the development of the **English for Health** course. At the summit, we were introduced to the Florida Literacy Coalition⁴ and the Literacy Assistance Center⁸ in New York City. The Florida Literacy Council created a text titled *Staying Healthy*, which the **English for Health** course uses as its basic curriculum. The course also utilizes the pre/post test tool included with the text to assess students' changes in understanding of vocabulary and various concepts.

The summit also emphasized the importance of partnership development. In both planning for and implementing the course we have engaged in partnership development based on the ideas and guidelines from the Literacy Assistance Center. During the class, we partnered with community members in the health care field and Latino community to provide expert and usable information to our students. Through our partnerships we were also able to bring in guest speakers. The speakers provided an opportunity for students to practice their English skills with new people, but also provided practical advice and information about how to better advocate for themselves, where they could go for help and the most efficient way to utilize the public services offered in the Madison community.

Good partners are essential, and our partners are many. The Madison Health and Family Center (Harambee) gave a tour to members of the class, and a community outreach specialist from Access Community Health Centers talked to the class about how to receive health care at the clinic. The Catholic Multicultural Center has also been a strong partner with Literacy Network, hosting our first health literacy class, helping recruit eligible program participants and providing space for classroom, tutoring and childcare activities. Guest speakers during the course included interpreting and community relations staff from St. Mary's Hospital and outreach specialists at Access Community Health Clinics. We also partnered with students from the University of Wisconsin School of Pharmacy for class activity materials and the mock clinic. Several nurses from St. Mary's Hospital also volunteered their time and expertise for the mock clinic.

Course Curriculum

As mentioned above, the class utilized the *Staying Healthy* text, with additional material created in collaboration with our local partners. The class began with a general overview of the health care system, with a focus on community facilities and resources. We also discussed patient rights and responsibilities; healthy lifestyle choices; reading prescription labels; and when to use the emergency room and urgent care center. We discussed good nutrition and healthy snacks, and talked about how to provide healthy food to a family on a limited budget.

Guest speakers from St. Mary's Hospital and Access Community Health Center discussed how to request an interpreter and how to access quality health care in the community. Because we were able to offer the class at St. Mary's Hospital, students

were able to practice their skills in an authentic environment, and reported feeling more at ease interacting with a health care professional. The class met for two hours, twice a week for nine weeks for a total of 36 class hours.

Mock Clinic

To prepare for the mock clinic, students focused on communication with doctors and other clinic staff. Students practiced making doctor's appointments, requesting an interpreter, filling out basic forms and describing their health symptoms. Students were encouraged to use the *Ask Me Three* campaign questions developed by the National Patient Safety Foundation (What is my main problem?; What do I need to do?; Why is it important for me to do this?).⁹ Also in preparation for the mock clinic, we studied the role of pharmacists and practiced reading prescription and over-the-counter medication labels. The mock clinic allowed students to use all of the information they had learned in the course in an authentic setting where they communicated with local volunteer health care professionals. After the mock clinic, we focused on the importance of asking for help or clarification before, during and after appointments and of reading mail and responding in a timely manner.

Student Journals

Throughout the program, students corresponded with the teacher through their journals. In their journals they discussed their health habits, concerns and questions. Using the journals allowed students to practice their literacy skills, and also encouraged them to share ideas about how to improve their health in a confidential forum with the instructor. Many students reported that they enjoyed the dialogue with the instructor and found it helped them to use the new vocabulary in a personal context.

Summary of Inputs

EXPENSES		
CATEGORY	DESCRIPTION	AMOUNT
PERSONNEL	184.5 hours of staff instruction and planning time*	\$4,612.50
	54 hours of childcare provider time (Includes one hour per session for educational planning and clean up.)	\$810.00
	Volunteer staff from UW School of Pharmacy and St. Mary's Hospital (Approximately 20 volunteer hours were donated for course development and 10 hours were donated for mock clinic.)	In-kind
	Volunteer tutors and teaching assistants (Estimated 36 total volunteer hours)	In-kind
	Guest speakers (4 speakers)	In-kind
TRAINING COSTS	Staff attendance at conferences on health literacy	\$300.00
TRAVEL	Mileage to and from classes, fieldtrips and meetings with partners, recruitment opportunities, conferences.	\$150.00
SUPPLIES	Whiteboard, copies, certificates of completion, journals and textbook, healthy food for final celebration	\$500.00
TOTAL EXPENSES:		\$ 6,372.50

REVENUE		
CATEGORY	DESCRIPTION	AMOUNT
GOVERNMENT	Grant Funding from the Wisconsin Technical College System	\$3500.00
CORPORATE	St. Mary's assistance with materials and childcare	\$1000.00
FUNDRAISING EVENTS	Literacy Network hosts two annual fundraising events to provide for general support of the organization.	\$1872.50
TOTAL REVENUE:		\$ 6,372.50

* All Literacy Network English Language Learning (ELL) instructors are certified teachers with Bachelor's or Master's degrees in teaching English to non-native Speakers (TESL,TEFL), Applied Linguistics, Bilingual Education, reading instruction and/or related fields. Instructors attend quarterly in-house professional development trainings which feature topics such as Multilevel Strategies, Retention Strategies, Community Resources, Family Literacy for Success, and Phonemic Awareness in the ELL Classroom. These training modules have been presented at the WTCS annual ABE/ESL conference. The Group Instruction Director disseminates Best Practices in Teaching English to Speakers of Other Languages (TESOL) to instructors following the annual national TESOL conference as well.

Program Evaluation

Evaluation of the **English for Health** class includes the following elements: documenting student attendance and participation; reviewing journal entries by students; assessing increases in health-related knowledge; and students' ability to communicate in English in several common health care situations. Because the course is relatively short in duration, and because the population we work with is typically very transient, we have not yet assessed long-term outcomes of the course.

Process Indicators

Student attendance and participation in all classroom activities is tracked and documented in our Matrix database. Because a significant amount of information is covered in each class session, regular student attendance is key to realizing the full potential of the course.

Indicators:

- *Student attendance in **English for Health** course*
- *Student participation in tour of local community health facility*
- *Student exposure to expert speakers on low-cost health care option*

Table 1.
English for Health Process Indicators

Indicator	Value n=12 students
Percent of students attending at least 7 class sessions	83%
Average # of class hours attended by students	17.67 hrs
Exposure to expert speakers on health care options for those with limited incomes and/or no insurance (6 class hours)	
<ul style="list-style-type: none"> • Speaker on BadgerCare Plus (state Medicaid program) • Students participating in tour with outreach specialist at local community health center 	83% 100%

Short-term Outcomes

In general, evaluation activities focus on assessing students' English language skills and vocabulary related to common health care situations. The primary tool used to assess increases in health-related knowledge was a pre/post test that accompanies the *Staying Healthy* text developed by the Florida Literacy Coalition. The pre/post test includes multiple choice and true/false questions about common medical and health insurance terminology, and items that require students to interpret information from a food nutrition label and a prescription label. We have since made some changes to the assessment tool, including clarifying wording and increasing the number of items in which students had to produce information (rather than choose from a list of possible answers).

In addition to the pre/post test, students demonstrate their increased skills through their journal entries, completion of poster projects which focus on health issues of their

choosing and through authentic experiential activities in which participants fill out patient registration and health history forms; make a clinic appointment; discuss a specific health condition; and have a mock prescription filled. Students' skills in these areas are documented by the course instructor, the volunteer health professional or the health professions students with which they interact. Self-reported improvements in health-related knowledge and skills are also gathered from the "health literacy goals report" that students complete at the end of the nine-week course.

Indicators:

- *Increases in health-related knowledge as measured by Staying Healthy pre/post test*
- *Student performance in mock clinic activities*
- *Self-reported increases in health-related knowledge and skills*

Table 2.
English for Health Key Short-term Outcomes

Indicator	Value n=12 students	Data source
% of students showing improvement in scores on pre/post test	78% (7 of 9 students; 3 were unable to be tested)	<i>Staying Healthy</i> pre/post test instrument
% of students documented as performing "adequately" in mock clinic activities: <ul style="list-style-type: none"> • Make a clinic appointment over the phone • Complete a patient registration form • Have a prescription filled • Discuss pre-determined set of health conditions 	100% 100% 100% 100%	Volunteer nurse records Volunteer Rx student records Volunteer nurse records
Examples of self-reported increases in health-related knowledge and skills: <ul style="list-style-type: none"> • Told a teacher their child was sick and would be absent from school • Helped someone in their community access better health care or understand the health care system better 	6 students 10 students	Health Literacy Goals Report Health Literacy Goals Report

Students who have completed the course have also reported other individual accomplishments. Myriam reports that since the class, she has cut her cholesterol in half by improving her diet. Manuela made her own doctor's appointment in front of her son and husband. Both were surprised and proud of the fact that she was able to communicate effectively in English. Manuela also asked a pharmacist questions about a cold medicine and made an appointment at a community clinic at the recommendation of one of our guest speakers. Juan Carlos found out how to become a patient at our local community health center after being laid-off and losing his job. He learned about this option from our guest speaker.

Staff Reflections on Project

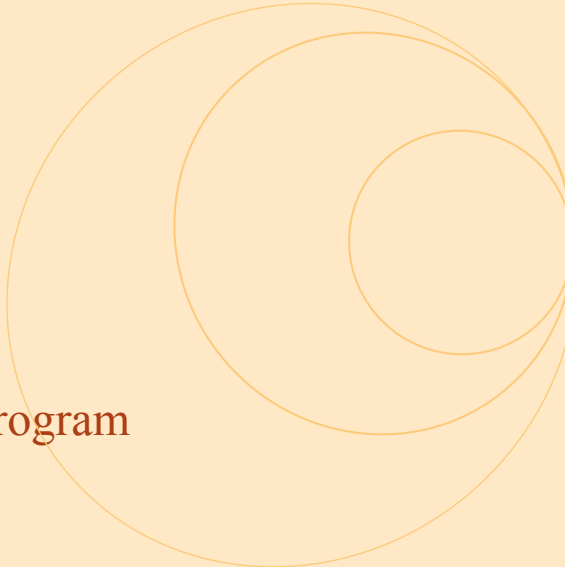
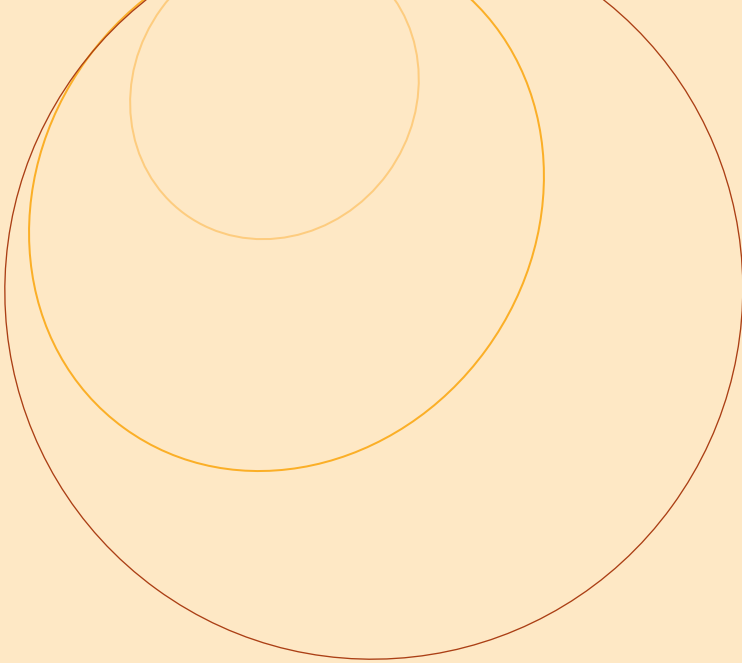
Partnerships, particularly those with health care providers in our community, have been the most important element of our program's success. Development of these partnerships has enabled students in the programs to interact with health care providers in a safe environment, and to ask questions about their health that they may not have had other opportunities to ask. Learners reported feeling more comfortable interacting with health care professionals than they did before the course. Eight health care professionals also made an immense contribution to the class by creating sample scenarios for the mock clinic. Our positive partnerships with community health care facilities and our good reputation as a grassroots community organization also helped to create a positive learning environment for the learners in our program.

Partnerships between the course instructor and health care professionals and educational institutions were also very valuable. The class was facilitated by a trained, certified Literacy Network teacher with a great deal of experience in adult education and literacy education. The instructor worked with program partners from St. Mary's Hospital and volunteers from the UW-Madison School of Pharmacy. The community partnership was an important aspect of the program – working to bridge the trust that is built between students and the literacy provider with the knowledge of the health care provider. Having an instructor who managed the class and developed a rapport with the students was essential to trust building and enabled the classes to focus on specific learning objectives. It also helped the health care providers reach out to the community and make contact with students who might otherwise be intimidated by the health care system. This partnership also opened doors for the students to help them advocate for the health of their families.

In the future, we would like both to lengthen the class and add a number of elements to meet additional needs we have identified. We would like to lengthen the class in order to give enough time to thoroughly work through the text and incorporate more nutrition education. We would also like to invite a guest nutritionist to talk about low-cost, healthy cooking. We would also like to offer incentives to encourage regular attendance. For future classes, we plan to have a solid referral plan in place to assist students in accessing health care services when real-life health issues arise during the class. For example, we found that there were some students who appeared to be struggling with depression, and we would like to build in an option to connect learners with mental health services. Finally, we would like to continue to improve our program evaluation activities. We have revised our main health literacy assessment tool, and continue to work to develop ways to capture the impact of the class.

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