



Building the Health Literacy Skills of Learners in Adult Education Settings

Request for Applications

Due Date: July 25, 2007

SUMMARY

The Connecticut Health Foundation (CHF) is pleased to announce the availability of funds and professional development to build the health literacy skills of learners in adult education settings using the “Health Literacy Study Circles” model. This initiative was designed to support the achievement of CHF’s strategic objective to improve patient-provider interactions to forward the goal of eliminating racial and ethnic health disparities in Connecticut.

This *Request for Applications (RFA)* is open to Connecticut providers of adult basic education (ABE) and English for speakers of other languages (ESOL) programs. The Foundation anticipates making 4-8 grants ranging from \$25,000 to \$75,000 for a 15-month grant period.

Applicants must be 501(c)(3) organizations or public entities. Unincorporated organizations submitting an application must identify a 501(c)(3) organization that has agreed to function as its fiscal agent.

Because this is a racial and ethnic health disparities elimination initiative, eligible applicants must serve at least a 2/3 (67%) racial and ethnic minority learner population in the ABE or ESOL program for which they are applying.

All questions regarding this RFA may be directed to Program Officer, Elizabeth Krause (Elizabeth@cthealth.org, 860.224.2200).

Important Dates:

- A bidder’s conference will be held on Tuesday, June 26, 2007 from 1 p.m. – 4 p.m. in Hartford (see text box for details). All organizations that are considering submitting an application are strongly encouraged to attend.
- Applications are due on Wednesday, July 25, 2007 no later than 5 p.m. at the Connecticut Health Foundation office.
- Applicants will be notified about their application status after September 19, 2007.

- All designated instructors from successful grantee organizations will be required to attend a series of nine (9) six-hour-long Health Literacy Study Circles teacher trainings. This significant training commitment should be carefully considered when deciding whether to apply.

The Grant Review Process:

The Connecticut Health Foundation has a multi-step application review process. The review process begins with an internal technical review of the application to ensure that all required documentation is present and that each section of the application is complete. The application is then reviewed by a panel of Foundation staff and external experts to assess responsiveness to the objectives of the initiative and the applicant's capacity to successfully implement the project. The Foundation carefully considers the comments and recommendations of internal and external reviewers and uses this information to make funding recommendations to the Program Committee of the CHF Board. The Program Committee reviews applications and makes its recommendation to the full Board, which votes on applications quarterly.

Criteria for Selecting Successful Applications:

This initiative seeks to partner with the adult education field to increase the health literacy skills of adult learners for more effective interactions with their health care providers in ways that are complimentary to learner educational gains. As a statewide organization, CHF will consider the geographic distribution of grants. Strong applications will demonstrate:

1. ability to reach adult learner populations of color
2. organizational capacity to successfully implement the project
3. achievable strategies for incorporating health literacy into existing programming
4. commitment to institutionalizing health literacy beyond CHF funding

APPLICATION INSTRUCTIONS: Please type all applications using 12-point Times New Roman font, one inch margins, and single-spacing. Write the application sections in the order listed, using the headings provided. Mail or deliver ten (10) copies to **Connecticut Health Foundation, Attn: Grants Manager, 74B Vine Street, New Britain, CT 06052**. Applications must be received by 5 p.m. on Wednesday, July 25, 2007. Late, e-mailed, and faxed applications will not be accepted.

Bidder's Conference: June 26, 2007, 1 p.m. – 4 p.m.

The Lyceum, 227 Lawrence Street, Hartford, CT 06106, www.lyceumcenter.org

Health Literacy Study Circles were developed by Dr. Rima Rudd of the Harvard School of Public Health and were first implemented by the Literacy Assistance Center (LAC) in New York. Dr. Rudd and Dr. Winston Lawrence, of the LAC, will present the Health Literacy Study Circles model. Foundation staff will review the parameters of this RFA, provide tips for writing strong applications, and answer questions. Refreshments will be provided.

We welcome all interested parties to come learn whether this opportunity is a good fit for their organizations. To attend, you must pre-register with Program Coordinator, Madeline Perez (Madeline@cthealth.org), by June 21, 2007.

CONNECTICUT HEALTH FOUNDATION

Health Literacy Initiative – Request for Applications

BACKGROUND

The Connecticut Health Foundation (CHF):

The Connecticut Health Foundation, which was established in July of 1999, is the state’s largest independent, non-profit grantmaking foundation dedicated to improving the health of the people of Connecticut through systemic change and program innovation. Since it was established, CHF has funded over \$28.7 million in grants. www.cthealth.org

This health literacy initiative represents one of several strategies toward the achievement of CHF’s strategic funding priority to eliminate racial and ethnic health disparities by improving patient-provider interactions.

Health Literacy Disparities:

Health literacy may be defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Institute of Medicine, 2004). Health literacy skills include reading, writing, speaking, listening, comprehending, recalling, computing, analyzing, and decision making. Extensive research has documented that the sophisticated health literacy demands of health care systems exceed the skills of the average person.

While the patient-provider interaction is broader than health literacy, there are significant areas of overlap. For example, patients must navigate payer systems and phone trees to make appointments, follow signs in health care institutions, communicate with desk staff, fill out forms, provide their medical history, ask questions, self-advocate, weigh risks and benefits in treatment decisions, and give informed consent. At home, patients must act on verbal instructions and written materials to manage their health and prevent other problems.

In 2003, the National Assessment of Adult Literacy (NAAL) examined the health literacy of a nationally representative sample of American adults for the first time. The NAAL found that only 12% of all adults are considered to have health literacy skills that are “proficient” to accomplish the spectrum of every day health tasks. The NAAL revealed that all racial and ethnic minority groups exhibit lower health literacy levels than the White population. Most notably, 58% of the African American population and 66% of the Hispanic population score at “basic” or “below basic” health literacy levels compared with 28% of the White population. The NAAL health literacy report may be accessed at: <http://nces.ed.gov/pubs2006/2006483.pdf>

In Connecticut and nationally, racial and ethnic minority groups experience more health problems and die earlier than the majority population. Racial and ethnic health literacy disparities may contribute directly and indirectly to racial and ethnic disparities in health outcomes and health care quality. Low health literacy affects people’s ability to prevent health problems and low health literacy is a barrier for people with existing health problems to getting better. Numerous studies have associated low health literacy with disparities in prevention and

screening behavior, health knowledge, access to care, health service utilization, overall health status, and shame/stigma in the health care setting.

Information about health disparities in Connecticut may be found at:

http://www.dph.state.ct.us/PB/HISR/Hlth_Disparities.htm

Information about national health care disparities may be found at:

<http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

Health Literacy Study Circles:

Adult education settings are ideal for health literacy interventions with populations at risk for health disparities. A national objective of the US Department of Health and Human Services' (DHHS) *Healthy People 2010* report is to "improve the health literacy of persons with inadequate or marginal literacy skills." Moreover, DHHS and the Institute of Medicine have both called for partnerships between public health and adult literacy fields to together help address this daunting challenge.

Dr. Rima Rudd, of the Harvard School of Public Health and the National Center for the Study of Adult Learning and Literacy (NCSALL), designed a successful health literacy intervention in response to research linking low health literacy to health disparities. She developed the Health Literacy Study Circles model to help practicing adult educators integrate health literacy skills into their curriculum. Study circles of up to fifteen instructors, facilitated by a professional development trainer, work together on three themes over the course of several months, meeting to review research and pertinent resources, develop lesson plans, and share their experiences of implementing their lessons in the classroom. The three themes are: navigating health care systems, preventative care, and chronic disease management (the complete chronic disease management facilitator's guide may be browsed at: <http://www.ncsall.net/index.php?id=1058>).

Past efforts to improve people's health literacy tended to focus on diseases and body parts. Instead of building knowledge about specific health issues, Health Literacy Study Circles build the skills of adult education instructors who in turn build the skills of learners necessary to maintain their own health. **Teachers are not expected to become health experts through this model.** Instructors are asked to use their expertise as educators to help students improve reading, writing, math, and communication skills and apply these skills in health contexts. Moreover, teachers are not responsible for creating health literacy curricula from scratch; rather teachers adapt the Study Circles lessons for their own classrooms.

Variants of Health Literacy Study Circles have been implemented in New York, Louisiana, and California. The curriculum is compliant with the National Reporting System for Adult Education Programs and has been designed to promote learner educational gains in addition to health literacy gains. An independent evaluation found that a greater percentage of adult learners who received health literacy instruction in New York achieved educational gains than those in a comparison group that did not receive the intervention (MAGI Educational Services, Inc., 2004). Furthermore, the evaluation found that students were deeply interested in topics covered in health literacy instruction and improved their health care knowledge, behaviors, and perceived gains in literacy skills.

INITIATIVE OBJECTIVES

Grants will be awarded through a competitive process and must address the following objectives:

1. Increase the capacity of adult education centers to teach health literacy skills to adult learners from racial and ethnic minority groups
2. Increase the health literacy skills of adult learners necessary to navigate systems, manage chronic diseases, and engage in prevention with emphasis on patient-provider interactions
3. Increase the comfort and self-efficacy of adult learners to apply health literacy skills to health care interactions toward the achievement of their personal health goals

BENEFITS TO GRANTEES

Grant Funds:

Awards will range from \$25,000 to \$75,000 over 15-months depending on the number of designated instructors and the size and reach of the program.

Health Literacy Study Circles: Instructor Training

The New York-based Literacy Assistance Center (LAC), under contract with the Connecticut Health Foundation, will facilitate the Health Literacy Study Circles teacher trainings and provide materials to instructors from grantee organizations. Participants will receive a certificate of completion. At least two and up to four instructors may be trained from each organization to encourage sustainability.

Health Education Support:

A health educator, under contract with the Connecticut Health Foundation, will be available to provide support to grantees. The health educator will be accessible by phone, e-mail, and in-person to provide health resources and information. The health educator will not provide clinical advice.

Ongoing Professional Development:

LAC will be available to provide limited follow-up individual and group technical assistance to grantees.

After the Health Literacy Study Circles teacher training, grantees will be convened by CHF up to three times for lunchtime teacher-to-teacher learning sessions.

Instructors will be encouraged to attend one national health literacy conference.

EXPECTATIONS FOR SUCCESSFUL GRANTEES

The grant period will span 15-months, which will allow for initial instructor training and two semesters, plus the option of one scaled down summer session, of classroom implementation.

Attendance at the full series of nine (three sessions for each of the three themes) Health Literacy Study Circles trainings is mandatory for all designated instructors. Sessions are typically held

once a week for six hours with two week breaks between themes. The training schedule and location will be determined with input from participants and will accommodate holidays. Prospective applicants must seriously consider the feasibility of such an intensive professional development requirement. Grant funds should be budgeted to adequately cover instructor and substitute teacher time for trainings.

Sample Timeline (subject to refinement):

- Grant Period Begins October 1, 2007
- October 2007 – January 2008: Health Literacy Study Circles Teacher Trainings
- January 2008 – May 2008: Semester #1 Classroom Implementation
- June 2008 – August 2008: Optional Summer Session of Scaled Down Implementation
- September 2008 – December 2008: Semester #2 Classroom Implementation
- Grant Period Ends December 31, 2008

Experience from other states suggests that instructors should plan to spend approximately 20% of their time attending trainings, preparing for and implementing lessons, arranging experiential learning opportunities, and participating in evaluation.

An independent evaluation will be commissioned by the Foundation. Grantees will be expected to participate, including collecting student assessments, maintaining logs, and providing qualitative feedback (e.g., focus groups, interviews).

Grantees will receive funding and technical assistance to enhance the classroom learning experiences of students through interactions with health care providers in their communities.

Grantees must submit a written interim and final report to the Foundation.

ELIGIBILITY

Applicants must be 501(c)(3) organizations or public entities. Unincorporated organizations submitting a proposal must identify a 501(c)(3) organization that has agreed to function as its fiscal agent.

Applicants must be Connecticut providers of adult basic education (ABE) or English for speakers of other languages (ESOL).

Applying programs must provide at least five (5) hours of instruction each week (summer hours may vary).

Designated instructors must have at least one year of experience teaching adult education.

Applicants must serve at least a 2/3 (66.7%) racial and ethnic minority (i.e., Black or African American, Hispanic or Latino, Asian American Pacific Islander, and Native American) learner population in the program sites for which they are applying.

DIRECTIONS FOR COMPLETING THE APPLICATION

1. **Cover Sheet** may be downloaded at www.cthealth.org

2. **Proposal Summary (1 page maximum)**

Identify whether you are applying for your ABE, ESOL, or both programs. Briefly summarize your learner population. Briefly summarize why your program is qualified and would be successful implementing health literacy skill building with its learners.

3. **Project Narrative (6 page maximum)**

A. Organizational Capacity:

- Provide a brief history of the organization and the scope of its current programs. Describe the organization's administrative and staffing structure. How does the organization encourage professional development?
- Describe how the organization strives to ensure its adult education services are effective with culturally diverse students, especially through *organizational* policies, practices, and procedures. Resource: <http://www11.georgetown.edu/research/gucchd/nccc/>
- Indicate whether you are applying for an ABE or ESOL program or both. If the program spans multiple sites, specify the sites for which you are applying. What instructional methods are employed in the program? Give an example of how you have used contextualized curricula in the past. Include the names and biosketches of 2-4 instructors who would participate in Health Literacy Study Circles training and implementation.

B. Learner Population:

- Quantitatively and qualitatively describe a) your learner population across all of the organization's adult education programs and b) your learner population for the specific ABE and/or ESOL sites for which you are applying. Please cite basic National Reporting System for Adult Education Programs data and be sure to include racial and ethnic composition by percentage.
- How many learners do you estimate you could reach with health literacy instruction over a 15-month period (i.e., two semesters and an optional scaled down summer session)?
- Discuss why you believe health literacy instruction will meet the needs and interests of your learner population.

C. Implementation and Sustainability Strategies:

- Discuss why your organization is interested in this Health Literacy Study Circles initiative.
- Administratively, how will the project and its instructors be monitored and supported? How will administrators and teachers work together to ensure health literacy is integrated into the program and not a stand-alone?
- How will you incorporate learner input and feedback?
- Imagine two ideas for how you might enhance student learning through interactions with health care systems in your community.
- What strategies would you use to infuse health literacy throughout the organization over the grant period to institutionalize it as a priority when CHF funding ends?

4. Budget worksheet may be downloaded at www.cthealth.org. Include a line item justification.

Allowable Costs:

- Instructor time. At least two and up to four instructors may participate from each grantee organization. Instructor time should include attending the series of intensive professional development trainings and grantee meetings, planning and implementing health literacy instruction, and evaluation activities. Instructors should be existing staff members.
- Substitute instructor time to cover classroom responsibilities while instructors attend training and technical assistance sessions
- Reasonable administrative time for project monitoring
- Supplementary educational materials
- \$1,500 per instructor for registration and travel to one national health literacy conference
- For programs that provide transportation and childcare assistance to learners, a portion may be included in this grant budget.
- Mileage and transportation for instructors to attend trainings and grantee meetings
- Reasonable equipment and supplies directly related to health literacy instruction
- Each grantee must budget at least \$2,000 for health care learning experiences for students (e.g., honoraria/speakers fees to bring in providers from health care organizations, student projects, field trips to local health care institutions). Technical assistance will be provided on how to use these funds after the Study Circles have been completed.
- Indirect costs may not exceed 15% of the grant budget

Non-Allowable Costs:

- Hiring of new staff/instructors with the exception of substitutes
- Construction, alteration, maintenance of buildings or building space
- Tuition or awards to individuals
- Billable services provided by physicians or other health care providers
- Projects that do not benefit Connecticut residents

5. Attachments

- A. Training Commitment:** Provide a letter from the program manager or director indicating that the applying organization understands and agrees to the training commitment required of designated instructors.
- B. Operating Budget:** Provide a copy of the organization's operating budget including a) the most recent audited financial statement, b) an independent auditor's opinion, and c) any management letter.
- C. Legal Requirements:** CHF funds non-profit organizations and public entities. Non-profit organizations must submit a valid letter of tax exemption status under Section 501(c)(3) of the Internal Revenue Code and be classified as a public charity and not as a "private foundation" under Section 509(a). CHF will consider applicants that do not meet these requirements on an individual basis (please discuss with Elizabeth Krause, Program Officer, at 860.224.2200).

6. Application Check Sheet may be downloaded at www.cthealth.org