ALMAS: Alcancemos Las Metas/Let’s Reach Our Goals:  
An English and Health Education Program  
Program Plan and Evaluation

By

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Abstract

The inability to understand English is a major challenge for many United States Hispanic immigrants. Significant associations exist for individuals with limited English proficiency (LEP) including poorer social, economic, and health outcomes\(^1\). Therefore, efforts to promote English acquisition, such as English as a Second Language (ESL) programs, are important community resources. North Carolina’s Hispanic and LEP population continues to steadily rise, increasing the demand for ESL programs.

The program ALMAS, Alacancemos Las Metas (Let’s Reach Our Goals) was created to improve the English language proficiency of Hispanic women in eastern North Carolina. ALMAS is a community-based volunteer program which provides ESL instruction and health education. The program’s main goal is to empower Hispanic women with the skills and resources needed to live a healthier, productive life. ALMAS pairs each community volunteer with a Hispanic woman and together they create a lesson plan based on the woman’s goals. In addition, monthly health education sessions are held which include guest speakers from the community.

An analysis of similar programs and their evaluation strategies was conducted to strengthen the design of ALMAS. This paper will describe the analysis and provide a detailed program and evaluation plan for ALMAS. The program plan will incorporate new effective teaching strategies and expand the services offered by the current program. The program evaluation will address the implementation and outcomes of program activities using both a quantitative and qualitative approach. Overall, the program plan and evaluation will help strengthen and sustain ALMAS. Hopefully, the program design will be disseminated to other high-need areas.
Introduction

According to the 2010 census, the Hispanic population accounted for about 16 percent of the United States population and is expected to increase to a quarter of the US population by 2035. In recent years, there has been a large migration of Hispanics to the United States, particularly North Carolina. In fact, North Carolina’s Hispanic population increased 111% from 2000-2010, ranking the state 11th in the nation for Hispanic residents.

The change in population demographics reflects the increasing number of people with Limited English Proficiency (LEP) in the United States. LEP is a term used to describe individuals above five years old who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English. About a third of the individuals in the United States whose primary language is Spanish reported they spoke English either “not well” or “not at all.”

LEP Hispanic adults are a distinct population subgroup with specific barriers to living a healthy, productive life. Limited English proficiency Hispanic adults are more likely to be poor, less educated, unemployed, uninsured, and lacking a usual source of healthcare than Hispanic adults with English proficiency. In addition, research suggests English proficiency is strongly related to poor health outcomes.

Significant health disparities exist between Hispanics and non-Hispanics in the United States, according to the most recent data from the Office of Minority Health in the United States Department of Health and Human Services (US HHS). Disparities are particularly significant for Hispanic females. According to the US HHS, Hispanic females have almost five times the AIDS rate as non-Hispanic white females. US cervical cancer age-adjusted incidence rates per 100,000 are 7.9 for women of all races but 11.5 for Hispanic women, according to the National
Program for Cancer Registries (NPCR) 2007 data\textsuperscript{8}. In addition, Mexican American mothers were 2.5 times as likely as non-Hispanic white mothers to begin prenatal care in the third trimester, or not receive prenatal care at all\textsuperscript{7,6}.

The increasing LEP population has introduced growing concerns about the nation’s language and health resources. English as a Second Language (ESL) programs have been an integral resource in the LEP community. Steady immigration has created a rising demand for ESL programs. In 2000, 42\% of all participants enrolled in adult education programs were enrolled in ESL classes\textsuperscript{9}. In addition to federal programs, a significant number of adult English language learners seek assistance from community-based organizations and volunteer literacy organizations. Nearly three quarters of members in ProLiteracy, a national literacy organization, receive ESL instruction. These figures reflect the magnitude of English learners in the United States.

The field of adult ESL in the United States faces significant challenges, including limited funding and resources to meet rising enrollment. In addition, many programs experience challenges creating a curriculum to meet the specific needs of their diverse group of learners\textsuperscript{9}.

The use of individualized and small-group ESL instruction by volunteer-based literacy programs is an especially successful approach\textsuperscript{10}. These programs often require less funding and have the flexibility to focus on the individual goals of participants.

States with increasing LEP populations, such as North Carolina, are in particular demand for more language and health resources. Therefore, a fellow student and I created the program ALMAS, which stands for Alcancemos Las Metas (Let’s Reach Our Goals). ALMAS was created in 2009 with the support of the Albert Schweitzer Fellowship and Brody School of Medicine. The Albert Schweitzer Fellowship (ASF) supports graduate students in improving the
health and well-being of underserved communities through a yearlong, mentored service project accompanied by leadership development programming (http://www.schweitzerfellowship.org). ALMAS provides ESL instruction and health education to Hispanic women in Eastern North Carolina. ALMAS is a volunteer-based community program that offers individualized language instruction, providing women the skills and resources they need to live a healthier, productive life.

Overall, ALMAS has the potential to meet the unmet language and health needs of a growing vulnerable population. A program plan and evaluation for ALMAS will be instrumental in sustaining and improving the current program. Hopefully, the program evaluation will generate additional funding to expand the program to other high-need areas.

**Systematic Review**

**Introduction**
A review of literature was conducted to identify programs similar to ALMAS. The main feature of ALMAS is English as a Second Language (ESL) instruction. ESL programs were identified based on features similar to ALMAS which include:

(a) Target population: Adult learners

(b) Target population: Hispanic learners

(c) Intervention: Individual or small group ESL instruction

(d) Intervention: Needs-based ESL curriculum

(e) Intervention: Volunteer ESL teachers

Results of this literature review are formative and will assist in creating a more effective program and evaluation plan for ALMAS.
Methods
Research Question

The literature review was performed with the following main research question: Have there been other programs with a similar design as ALMAS from which we can learn lessons to assist in the program development, implementation, and evaluation of ALMAS?

Search Strategy

My search strategy included a search of social science literature using ERIC. My search terms included: “English (Second Language)” AND “Evaluation or program effectiveness” AND “Spanish speaking” AND “adult programs or adult literacy”. Titles and available abstracts were reviewed for inclusion and exclusion criteria. Additional methods to identify articles included searching the reference lists of included papers and information on national literacy organization including the Center for Adult English Language Acquisition (CAELA) and ProLiteracy. The programs which met this inclusion criterion are summarized and analyzed below (see Table 1).

The ESL literature review included programs that met program features as outlined above and had an evaluation system or outcome measurement. Inclusion criteria to further narrow the search were:

1) The article is in English.
2) The article is available in full text format.
3) The article describes a program that has been, or is currently, implemented and is not solely a case study.
4) The program shares central elements with ALMAS, including elements as optional, as listed above.

Summary of Programs
Project LEAD (Literacy Education and Development)
Project LEAD is a volunteer-based English literacy program for migrant workers who are predominately Spanish-speaking. The program has eight main objectives, which include (1) search for, locate, and encourage participation by functionally illiterate adults; (2) recruit and train volunteers; (3) improve reading and writing skills in functionally illiterate adults; (4) develop a process for phasing participants into existing adult education classes; (5) expand an adult literacy resource center; (6) continue outreach for public awareness of illiteracy and project LEAD; (7) coordinate services with state and local adult education agencies; (8) facilitate formation for new reader support groups to encourage student input and leadership in literacy activities. The specific strategies and design of the program will be discussed in detail.

Objective one, which aims to identify and recruit program participants, used a marketing strategy which relied on word-of-mouth referrals, radio, newspaper and printed material, and referrals through community service agencies and adult education providers. Recognizing key stakeholders in the community was central to their recruitment. Businesses or organizations which served a predominately low-English proficiency population such as migrant farms and industries were valuable venues to recruit.

Objective two involves volunteer recruitment and training. Recruitment was done through venues with members who had high potential to be successful tutors and through a service community awareness program. A selection process was used to identify tutors. Tutors were required to attend a twelve hour basic tutor training workshop led by certified trainers using the Michigan Method. This method was developed by a literacy advocacy group and was widely accepted in the state. In addition, an advanced workshop using the Literacy Volunteers of America methods of teaching ESL was offered. Other resources for tutors included in-service meetings, regional workshops, and a resource person.
The main program design is addressed by objective three, which is to improve the English proficiency of program participants. Each tutor completes a need assessment for the participant. In addition, the level of language proficiency is identified using a Michigan Method assessment tool called “Where to Start”. Tutors are responsible to track the progress of their student with this tool and by periodically keeping writing samples on file. The Adult Placement Indicator (API) is used with advanced students to measure their readiness to attend Adult Education Classes. Tutors are instructed to use the Michigan Method with their student and refer to the resource tutor if further guidance or resources are needed.

Objective four states that program participants phase into other existing adult education classes. Placement was contingent upon the participant’s tutor engaging in the adult education class as requested by the instructor and being available as needed for assistance.

Objective five involves creating an adult literacy resource center. The project coordinator completes a resource needs assessment with tutors/participants. Materials purchased for the program supported various styles of learning including books, video, and audio. A database of resources was also created so program participants can use one another’s sources.

Objective six involves creating a public awareness of the program. Announcements were made by working in conjunction with media resource outlets and stakeholders. In addition, the program used initiatives which raised awareness of illiteracy, such as a corporate spelling bee and workforce literacy conference.

Objective seven involves coordinating services with community education services. Main partnerships include Literacy Volunteers of America, the local public library, and Adult Education Centers.
Objective eight involves efforts to facilitate participant input and leadership in literacy activities. Regular student support group meetings were arranged but were difficult for participants to attend based on schedules and preference for anonymity. Leadership opportunities for participants included mentoring new participants, attending conferences, and participation on the program committee.

Project LEAD’s evaluation involves mainly qualitative data, including personal successes stories and writing samples. In addition, the attendance rate was a main measure of the program’s success. Language proficiency was initially evaluated using the “Where to Start” assessment tool of the Michigan Method. Tutors recorded student’s progress according to the Michigan Method checklist.

Overall, the program served 90 adults and provided 1,860 hours of tutoring during the grant year. Every student improved basic skills to some extent. The program acknowledged their lack of extensive language testing limited their ability to report more definite measures of success. However, the program designed a new interactive model for assessing reading and writing which was planned to be implemented in the future.

The program strengths included engaging key stakeholders, providing professional training for tutors, and using individual instruction and assessment. In addition, the program made efforts to provide for continuing education and leadership opportunities for program participants.

Weaknesses of the program included the lack of extensive tools to track the language proficiency of program participants. Quantitative data paired with qualitative data would have provided more insight about the changes in language proficiency. In addition, a comparison group would yield more valid results.
Even Start-Padres y Progreso Program

Even Start-Padres Y Progreso Program’s main goal is to prepare young children to enter school by offering early childhood education and by assisting the adults in their family through ESL, parenting skills training, and employment skills training. The main emphasis is on language development for both children and adults. Child language development was developed through school and home-based activities that increase parent/child interaction. Adult language development was achieved through areas of personal need. The four main program interventions included parent/child interaction training, library training, co-op development, and self-help skill training.

The Parent/Child Interaction Training included parent and child time which included hands-on educational activities and reading which encouraged language development and parent/child interaction. In addition, the parent coordinator performed home visits to perform similar activities in the home setting.

Library Training included an 18 hour seminar for parents to learn about selecting appropriate learning materials. Parents also learned about interactive reading activities to do with their child.

The Co-Op Development included a child care for children of parents participating in the adult education courses. Child care was operated by parents trained in early childhood education methods and offered three hours a day, five days a week. Parents with children in the child care were required to volunteer at the co-op. Volunteers learned employment skills while working in childcare.
The Self-Help Skills Training provided parents with a number of training opportunities, particularly adult education. ESL instruction was offered for 8-12 hours per week. The ESL curriculum was based on the specific life goals of the adult. They used a mix of instructional methods to engage all types of learners, including group and individual tutoring. ESL instruction was based on the direct-method and total physical response approach (TPR). The direct-method does not allow the student’s first language to be used during sessions. TPR involves a period of listening and comprehension prior to production of language. Weekly 2 hour parenting classes addressed topics such as discipline management, local resources, preparing healthy meals, etc. Other elements of the program included computer skills training and arts and crafts.

Language proficiency was assessed using the Comprehensive Adult Student Assessment System (CASAS) and Language Assessment Scales (LAS). CSAS is a nationally validated program that provides accurate placing of students in the appropriate language level, monitoring student progress, certifying competencies, and linking assessment to curriculum and instruction. LAS measures language proficiency in terms of a child’s proficiency compared to his/her peers and his/her probable achievement in an English only classroom or setting. The children were also evaluated with the Pre-School Inventory (PSI), Denver Developmental Screening Test (Denver), Peabody Picture Vocabulary Test-Revised (PPVT-R), and the Preschool Language Scale-3 (PLS-3). Other outcome measures included student attendance and language art grades. A comparison group of children consisted of randomly selected students from the same school matched based on gender and grade level. Results from the study indicated that Even Start children had a significantly higher score on the LAS Spanish language portion than the comparison group (65.8 vs. 55.4, p=0.024). Scores from the LAS English portion, however, were not significantly different between the Even Start children and comparison group (10.1 vs. 10.1,
Even Start children who took the PPVT-R showed a statistically significant improvement over six months. They also showed a statistically significant improvement in the auditory comprehension subscale of the PLS-3, but not on the expressive comprehension subscale. Even Start children had a statistically significant school attendance rate compared to the comparison group (97.5, 95.6; p<0.001).

The language arts course grades were not statistically significant between the Even Start and comparison group (85.8, 81.9; p=0.105).

During the 1994-1995 school year, 75 adults participated for an average of 98 hrs in the adult education classes while 66 adults participated in parenting classes/activities for an average of 36.5 hours. Another measure of success was participants’ achievement of personal goals. The following personal goals were attained: 7 parents found a full-time job, 2 parents earned their GED, 18 parents were home room mothers, 10 parents tutored at his/her child’s school, 18 parents completed first aid training, 1 parent received a driver’s license, and 2 parents received medical treatment they would have not sought otherwise.

An evaluation of the outcome measures for the adults did not show a significant improvement in language proficiency based on CASAS pre and post-test scores (211.6, 215.2; p=0.56). However, 16 participants scored higher on the post-test. A subanalysis of the annual data showed the only statistically significant difference on the CASAS was for the 1992-1993 school year.

The strengths of the program include a comprehensive needs-based curriculum. Participants were actively working toward their personal goals and ultimately supporting their child’s success in school. The evaluation plan utilized standardized instruments to measure
language proficiency and achievement. In addition, adding a comparison group strengthens the design of the study. However, the adults did not have a comparison group.

Consideration of other variables including the amount of hours spent with each activity should be considered in the evaluation. Also, data collection beyond the grant period would provide more insight into the long-term effects of the intervention. Outcome measures such as academic performance may take several years to show an appreciable difference.

ProLiteracy Programs

ProLiteracy is a non-profit international literacy organization which sponsors programs to help adults acquire literacy practices they need to function more effectively in their daily life. ProLiteracy programs use individual or small-group instruction led by adult volunteer tutors. Limitations of the programs include high attrition rate and limited volunteer time. Given these realities, ProLiteracy began a 3-year project to identify how ProLiteracy programs could involve volunteers in new ways to increase intensity of learning and improve learning outcomes for students. The underlying theory for the project was based on research that 100 hours of instruction are required for at least one grade-level equivalent increase. Therefore, the project focused on increasing the number of hours of instruction and promoting an active learning environment. The study analyzed strategies to determine which were most successful in improving learning outcomes.

Three pilot sites were selected which included: Cape Fear Literacy Council (CFLC), Greater Pittsburgh Literacy Council (GPLC), and Vision Literacy (VL). The study included 100 volunteers and 197 students. CFLC offers ESL instruction through individual and small groups or software learning tools. Two new learning opportunities included “Learn to Earn”, an
initiative to incorporate job activities with language instruction, and “Exploring the Community”, an initiative which combined language practice with field trips.

GPLC mainly uses one-on-one ESL instruction. A new strategy included an initiative called “Telephone Conversation Partners”, which requires volunteers to speak with their students on the phone several times a month. “Mini-courses” were introduced which provide knowledge on “real-world” topics such as banking, voting, and going to the doctor.

VL offers individual and small-group tutoring that focuses on the needs of the learner. Other opportunities include family literacy and health literacy activities. New initiatives included Project CLEAR (Creative Learners Each Achieving Results), which is a mentoring experience for peer learners to mentor other peers.

Four promising practices were identified which increase hours of instruction. Strategies included offering mini-courses, developing curricula to meet learner needs and interests, developing new volunteer roles, and tracking participation.

Mini-courses offered the opportunity for students to engage in extra language hours and allowed volunteers interested in short-term projects to teach a course. These sessions improved standardized test scores. Several students noted they had “improved” in some way. Examples include the following comments: “I’m happy and proud because I can speak with my doctors myself. I feel independent and proud of myself.”, “I voted for the first time using the absentee ballot.” The most successful programs incorporated the following activities: needs assessment of students, linking mini-courses to language instruction, team-teaching approach, distributed surveys for feedback, and assigning a staff member to oversee mini-courses.

Programs drew on the experiences of the students and volunteers. Students were more satisfied and had a better retention rate when the curricula addressed their needs and interests.
Most successful practices included involving students and volunteers in creation of curricula, collaborating with other organizations and adapting their curricula, partnering with universities, creating a curricula template, and testing the curricula.

Programs increased hours of instruction when they offered a variety of roles to appeal to a wider range of potential volunteers. Types of new roles included field trip guide, mini-course instructor, telephone conversation partner, workshop assistant, student facilitator, etc. Most successful strategies included offering alternative training dates, assessing unmet student needs, and drawing on the experience of volunteers. In addition, successful interventions outlined job descriptions, training requirements, and time commitment. Effective training strategies included an orientation session, online course, or shadowing a volunteer. Successful programs invested time into establishing open communication with volunteers through orientation activities, frequent follow-up, and appreciation events.

Finally, an effective intervention to increase hours of instruction was to track participation and measure learning gains. A successful strategy was having participants set monthly goals including hours and type of instruction. Other effective strategies included weekly or monthly data collection. Various reporting methods were used, including attendance sheets and log sheets. In addition, regular meetings with people involved in instruction provided insight to the successes and challenges of the evaluation system.

Overall, ProLiteracy program’s individual, needs-based design promotes the success of students. Study results showed that 79% of participants had meaningful learning gains. The new interventions also increased the amount of instruction time from 2.5-9 hours to 9.7-14.9 hours. Therefore, strengths of the programs include a curriculum reflective of the needs of the learner
and individual assessment. Other effective strategies included offering mini-courses and developing new roles for volunteers.

**Analysis**

All the programs analyzed in the review shared a similar goal of improving adult literacy skills. The Even-Start program also focused on improving the literacy of children. Targeting parents and children was a unique approach to reinforce how language proficiency can improve outcomes for the entire family. All programs recognized the importance of literacy to empower individuals to achieve their personal goals.

Each program was designed with similar features as ALMAS. The target audience was adult Hispanic learners. The main intervention involved individual or small group ESL instruction with a needs-based curriculum. Each program incorporated paid staff members. Programs also relied on volunteer ESL teachers, except for Even-Start.

Programs provided formal training to their tutors or required certain teaching certification. Tutoring was founded on evidence-based strategies or principles including the Michigan Method, direct-method and total physical response approach (TPR), or software learning tools. All programs incorporate life skill activities in addition to language instruction. Assessing the needs of the participants was important in determining the types of sessions. Activities generally focused on acquiring knowledge or skills for everyday activities. Even-Start offered a childcare service to accommodate busy working parents. All the programs encouraged activities outside the classroom including reading to your child, field trips, or telephone conversations.

Types of evaluation systems varied between programs. Project LEAD had the most informal system, relying heavily on writing samples and attendance rates. Even Start’s evaluation plan involved multiple nationally validated language assessment tools. ProLiteracy America also
used standardized tests, but did not specify which tools were used. All programs used program attendance as a means to measure success. ProLiteracy recognized the importance of relating program outcomes to hours of instruction and therefore kept a log of instruction hours for each participant. The programs also considered student’s achievement of personal goals as a measure of success.

**Conclusion**

The literature review supports ALMAS as a potentially effective language program. ESL programs which provide one-on-one individual or group instruction with a needs-based curriculum are effective at improving language proficiency or empowering individuals to achieve their personal goals.

Important strategies in designing the program include engaging key stakeholders and performing a needs assessment of both students and volunteers. Recruiting volunteer tutors is a cost-effective strategy. However, long-term sustainability of the program may require a paid position. ALMAS is currently supported by minimal grant money but should consider alternative financial support. ALMAS volunteers are required to attend a tutoring training session, which emphasizes needs assessments and ESL activities. Description of evidence-based ESL teaching techniques or strategies should be added in the orientation. Since a ProLiteracy organization is located within Pitt County, ALMAS should partner with them to provide tutor training. In addition, tutors should be able to attend additional workshops to expand tutoring skills throughout the year.

ProLiteracy programs have a very similar design as ALMAS. The ProLiteracy study identified inadequate amount of language instruction as the most common limitations of their program’s design. However, the researchers identified four promising practices which increase hours of instruction. Strategies included offering mini-courses, developing curricula to meet
learner needs and interests, developing new volunteer roles, and tracking participation. ALMAS currently offers mini-courses for participants, with a particular emphasis on health topics. Additional efforts to recruit volunteers to lead a mini-course should be considered. ALMAS has multiple administrative roles but should consider volunteers for other ESL based instruction activities including telephone conversations or field trips.

ALMAS provides childcare services during class sessions. The success of the family-oriented approach of Even Start’s program illustrates the potential to expand language services to children. ALMAS should consider linking language activities with the children. A reading initiative may be an effective means to promote child-parent interaction. ALMAS supports language development outside the classroom by encouraging tutors to assign homework. Additional emphasis should be on creating ways to practice language in everyday activities.

ALMAS’s current evaluation system includes attendance sheets and surveys. A more formal language assessment tool should be considered. In addition, a log-sheet to record both hours and type of instruction should be completed by each student. Surveys should be distributed before and after mini-courses to determine both the effectiveness of the intervention and potential modifications for future sessions. Periodic follow-ups should be conducted with both volunteers and students to assess their progress and suggestions.

Finally, ALMAS should make efforts to provide for continuing education and leadership opportunities for program participants. Selecting program participants to be on the administration of ALMAS will encourage equal and active participation of the students.
Program Plan

Overview

Alcancemos Las Metas /Let’s Reach Our Goals (ALMAS) is a community-based volunteer-run program aimed to empower Hispanic women in Eastern North Carolina. The program provides English and health education classes to promote a healthier, productive life. The program serves Hispanic women in Pitt County, North Carolina, and surrounding communities.

The increasing Hispanic population in the United States has raised new areas of concern, particularly involving language and healthcare services. A community assessment conducted with local Hispanic advocacy groups in Pitt County revealed that there are few language or health education programs for Hispanic members in the community.

ALMAS provides weekly individualized English as Second Language (ESL) instruction based on the individual goals of the participant. Each program participant is paired with a volunteer tutor who creates an individual plan based on her goals. Goals may include anything from improving their language proficiency for a job or helping their child with school work.

ALMAS also provides monthly health education sessions. Significant health disparities exist between Hispanics and non-Hispanics in the United States. Health sessions mainly address women’s health issues through multiple health interventions including prevention, access, and treatment. Health sessions emphasize prevention strategies to reduce current health disparities, which are predominately in sexual/reproductive and maternity health topics.

Program Context

Limited English Proficiency (LEP)
Twenty percent of the total United States population (or 57.1 million people) reported speaking a variety of foreign languages. Of them, Spanish was by far the most commonly spoken language (62.1 percent)\(^\text{13}\). The Spanish-speaking population continues to increase, especially in Eastern North Carolina. From 2000-2009 there was a 77% increase in the Hispanic population in Pitt county, North Carolina.

These population demographics reflect the increasing number of people with Limited English Proficiency (LEP). The prevalent and growing LEP population has challenged the structure and function of our healthcare system and introduced growing concerns about our language resources. Programs like ALMAS empower the LEP population by providing the language skills necessary to lead a healthy, productive life.

**Healthcare Barriers for LEP Patients**

Medical care is centered on patient-doctor interactions, which are the main means of obtaining a history, establishing a diagnosis, and creating an effective treatment plan. Interpersonal care is compromised when a physician is unable to effectively communicate with a patient. This is demonstrated by the fact that Spanish-speaking patients had a better understanding when they saw a language-concordant physician than those who saw a language discordant physician\(^\text{14}\).

Research suggests English proficiency is strongly related to health outcomes.\(^\text{6}\). Overall, those with LEP have poorer self-reported health than those who are English Proficient\(^\text{6}\). In the Spanish-speaking population, having a Spanish-speaking physician improves patients’ satisfaction both with physician care and hospital stay and reduces the number of visits patients have after discharge\(^\text{15}\).
ESL programs like ALMAS diminish language barriers and empower women by providing them the skills necessary to effectively communicate with others. Clear communication during daily activities, especially with health professionals, is important for one’s overall well-being.

Political Environment

Various laws and regulations were created to accommodate the challenges LEP patients face in healthcare. On a national level, Title VI of the Civil Rights Act of 1964 prohibits discrimination based on the ground of race, color or national origin under any program or activity receiving federal financial assistance. In 2000, President Clinton issued Executive Order 1316, which stated that federal funding allocated to providers and hospitals be used appropriately for health access and services to LEP patients\(^5\).

More specific standards were created in 2001 by the Department of Health and Human Services (HSS) which created the Standards for Culturally and Linguistically Appropriate Services (CLAS). The CLAS requires language assistance services at no cost, during all operations hours, and in a timely manner. These standards apply to all physicians who receive Medicare Part A patients or are included in federally funded clinical trials.

In 2003, the Centers for Medicare and Medicaid Services released regulations requiring state Medicaid agencies to provide access to language services. States could request federal matching funds for language services in Medicaid and the Children’s Health Insurance Program (CHIP)\(^16\).
Despite regulations which have mandated language access to LEP patients for the past four decades, 2 of 5 LEP individuals report having language access\textsuperscript{17}. These findings are rooted in the vagueness, poor implementation and monitoring, and the limited scope of the policies.

Currently, recipients of federal funds are required to take reasonable steps to provide meaningful access\textsuperscript{4}. The lack of specific criteria in national regulations allows variability in interpretation and implementation of the regulations on the state level.

Although the regulations support using language interpreters, it allows variability in the quality and type of interpreters. Unqualified interpreter services can result in increased medical errors and poor adherence to clinical instructions. Despite the promotion of interpreters, studies indicate clinician’s under-use appropriate interpreters, often attempting to use their own limited language during encounters\textsuperscript{18}. Initiatives should promote awareness of language laws and support language education for health care professionals.

In addition, supporting ESL programs is an effective long-lasting alternative to reduce language barriers and improve the quality of life of LEP patients. This approach empowers patients in a system lacking adequate language services. Federal adult ESL programs developed in 1970 from the expansion of the Adult Basic Education Program. The federal statute authorized instruction “toward elimination of the inability of all adults to read and write English”\textsuperscript{9}. In addition, there are many community volunteer-based literacy organizations.

**Consistency with local, state and national priorities**

In 2011, Pitt County Health Department released a community health assessment which outlined the community’s leading health concerns and barriers. Results, which were based on a qualitative analysis of a diverse group of representatives in the community, showed that chronic
illness and access to care were the leading health problems. Access to care was of main concern to the Hispanic advocacy group representative. This included limited access to language appropriate services and information.

Prominent barriers identified by the community group included lack of resources and financial limitations. The future goals included educating community leaders, increasing the availability of health resources, and increasing the opportunity for parental involvement.

ALMAS addresses these barriers by providing free language and health instruction and resources. Health sessions aim to increase participants’ health knowledge and offer the women an opportunity to engage in health discussions with health professionals.

English instruction equips the women with the skills needed to communicate with health professionals. They can focus on their health and be less reliant on translation services. With improved language proficiency, they are more likely to play an active role in their children’s life, whether it is through improved communication with teachers or pediatricians. In addition, ALMAS’s educates participants about free and low-cost healthcare options in the community.

ALMAS also addresses the goals of the state, as outlined by the objectives of Healthy Carolinians. Objectives include improving maternal and infant health, preventing and manage chronic disease, and encourage proper nutrition and physical activity 19.

The national health goals, outlined in Healthy People 2020, also support efforts to improve maternal, infant, and child health. In addition, they support increasing the number of educational and community-based programs providing population-based primary prevention services in the following areas: injury, violence, mental illness, tobacco use, substance abuse, unintended pregnancy, chronic disease programs, nutrition, and physical activity. Healthy People 2020 objectives also support initiatives to improve the health literacy for the population 20.
Healthy People 2020 objectives emphasize the importance of addressing the social determinants of health; this applies to efforts which create a social or physical environment that promotes good health for all. Examples of social determinants include access to educational, opportunities, access to health care service, quality of education and job training, social support, language/literacy, access to mass media and emerging technologies (e.g., the Internet, and social media). Programs such as ALMAS address many of these social determinants.

An important Healthy People 2020 objective fulfilled by ALMAS is achieving health equity, eliminating disparities, and improving the health of all groups. Extending services to Hispanic women, a traditionally underserved population provides them the knowledge and resources to improve health outcomes.

Acceptability to Providers and Recipients

Understanding the demographics of the target population, Hispanic women, is important in structuring the program. Since transportation was a potential barrier, Bernstein Education Center was selected as a program site because it is located closer to the Hispanic neighborhoods and accessible via the bus line. In addition, Bernstein is a trusted institution in the community which offers medical services to people with minimal or no insurance.

In speaking with Hispanic women in the community, we learned current barriers to learning English included the cost of classes, lack of childcare, and busy work schedules during the day. Therefore, we decided to hold the class in the evening and provide childcare. All services are free to participants.

In addition, a women-only program creates a more comfortable atmosphere to learn and discuss sensitive health issues. We hope the environment will promote friendships and a sense of a shared community.
Volunteers were recruited from the undergraduate and graduate campus at East Carolina University. Volunteers were matched with participants based on language proficiency. We also provide an ESL training session to volunteers to equip them with skills necessary to teach. To encourage participation, we established the program as a service-learning opportunity, which may fulfill a service requirement for undergraduate Spanish classes.

**Stakeholders**

Health professionals in the community, especially those affiliated with the Bernstein Center and the Brody School of Medicine, are important stakeholders. Health professionals are potential guest speakers and advocates for our program. Our services will help eliminate health disparities and address language barriers in clinics.

East Carolina University, especially the Spanish Department, is an important stakeholder and venue for volunteer recruitment. Our program offers an opportunity for students to practice Spanish and learn more about Hispanic culture. In addition, students can earn credit as a service-learning activity.

Institutions which provide services to the Hispanic community are also important stakeholders. This includes Associations of Mexicans in North Carolina (AMEXCAN) and El Pueblo Inc, non-profit NC Hispanic advocacy organizations. They share a similar mission as ALMAS by empowering Hispanic people through educational activities and resources. Partnering with these organizations would be beneficial in extending our community contacts and resources.

In addition, a local church, St. Gabriel’s, provides a unique Spanish mass. Several hundred Spanish-speaking people attend these services. The church is a respected place in the
community and is an ideal space to recruit participants. An obstacle in collaborating with the Catholic church was the pastor’s opposition to discussing sex education. Although we had planned to discuss sexual health in our program, we reached a compromise with him in order to have his support and the ability to recruit at the church.

The Albert Schweitzer Fellowship is the primary funder of the program. Engaging the fellowship in the program activities and outcomes is important to maintain financial support. Although the timeframe for financial support through the Schweitzer Fellowship is limited, collaborating with the fellowship offers a rich network of professionals and resources.

Another local partnership is with Literacy Volunteers-Pitt County. This organization supports a similar mission as ALMAS by providing ESL services in the community. Partnering with this organization will allow sharing of resources and teaching strategies.

Financial Resources and Technical Feasibility

The program is funded by a $3000 grant from the Albert Schweitzer Fellowship. In addition, a $1000 sustainability grant was awarded by the Kate B. Reynolds Charitable Trust. The Bernstein Education Center has committed to serving as a program site free of charge. Although the program does not require significant funds, alternative sources of funding should be considered to sustain the program. Funding for maintaining resources and hosting events will be needed. In addition, funding for administrative positions may be considered. The program is run by student volunteers but may require compensation to important stakeholders to sustain the program.
Program Theory

The planning process for ALMAS incorporates various program theories. The ecological model will be used since it addresses multi-level determinants of health. Levels of influence at the individual level, interpersonal level, and community level will be discussed below.

Individual Level

The Health Belief model can be applied in our recruitment and introductory sessions. It is important to understanding the participants’ perceived severity and benefits, barriers, and cues to action and self-efficacy. Severity should be assessed in terms of the consequences of both poor English proficiency and health literacy. In addition, severity of certain health disparities should be discussed. A dialogue about important health topics in the Hispanic community may help dictate the topics of health sessions.

It is very important to discuss current barriers in the community. Understanding barriers may provide insight to effective avenues for recruitment. For example, employed women may not be able to attend daytime classes. Therefore, recruiting at local venues which employ Spanish-speaking populations may be an effective recruitment strategy. In addition, understanding the barriers can guide the design of the program. For example, if lack of transportation or childcare services has prevented women from taking education classes, we may want to consider offering these services.

The Health Belief model can also be applied to the student volunteers. During orientation or training sessions we should hold a discussion about limited English proficiency and poor health outcomes. This would offer an opportunity for volunteers to articulate their perceived
ideas about the severity and risks. We can discuss our program activities and anticipated benefits and barriers. These discussions may facilitate an improved cultural awareness. They will also support the volunteer’s role in helping the community and eliminating linguistic and health disparities.

**Interpersonal Level**

Our program is centered on the relationship between volunteers and Hispanic women. The program is designed to pair each Hispanic woman with a volunteer who will serve as both a teacher and mentor. Each pair develops a close working relationship in which the volunteer helps articulate the participant’s goals and reinforces her positive achievements. The participants improve their language proficiency and master new skills through training with new resources.

Group activities will promote observational learning. Participants in the program will be of various English proficiencies and motivation levels. Interacting and observing the improvement of fellow participants will promote positive behavior change among other participants. In addition, student volunteers will have the opportunity to observe and interact with other volunteers. Sharing positive stories and interactions will promote a sense of community and hopefully reinforce the benefits of volunteering in the community.

**Community Level**

Potential stakeholders for the program include local health agencies, Hispanic advocacy groups, and local churches. A discussion of Hispanic health issues with these stakeholders will help identify common problems, mobilize resources, and develop a strategy to achieve a
common goal. Community participation will encourage more engagement and result in the program priorities reflecting the community needs.

Health professionals will have the opportunity to eliminate Hispanic health disparities by leading health sessions and providing health education or services to the program participants. In addition, the Hispanic advocacy groups can collaborate with our program and share ideas and resources.

**Goals and Objectives**

ALMAS is designed with specific goals for the program participants, volunteers, and children. The main goal of ALMAS is to provide English and health education classes to Spanish-speaking women of Eastern North Carolina to empower them to lead a more healthy, productive life. In addition, ALMAS provides a service-learning experience for students in the community to increase cultural awareness and develop a commitment to service, social justice, and community involvement. ALMAS also provides a comfortable environment for children of Spanish-speaking women to lead a more healthy, productive life. The objectives and activities for these goals are summarized in the logic model in **Figure 1**.

**Language Objectives**

**Short-Term Objectives 1-3 years**

1. Within the first month, participants will have created program goals. This includes any personal or language short and long-term goals. Participants should specify their monthly target hours of language instruction and detail the type of instruction they intend to use to
meet their target hours. (ie class sessions, adult education classes, and work-related or home activities)

2. After one semester, participants will meet their target hours of instruction.

3. After two semesters, program participants will attend at least 70% of class sessions.

4. After one semester, program participants will accomplish their short-term goals.

5. After two semesters, program participants with an attendance rate of at least 70% will report feeling more empowered.

6. After two semesters, program participants with an attendance rate of at least 70% will report accomplishing long-term goals.

Long-Term Objectives 3-5 years

1. Program participants with at least 100 hours of instruction will demonstrate improved English proficiency.

Volunteer Service Learning Objectives

Short-Term Objectives 1-3 years

1. By week two, program leaders will recruit 20 volunteers and 20 participants.

2. By week three, program leaders will provide training to 20 volunteers.

3. By the end of the first month, tutors will have completed a needs assessment with their participant and identified community resources to create a learning plan.

4. After one semester, 75% of volunteers will have a 75% attendance rate.
5. After one month, 100% of volunteers will report confidence in creating weekly lesson plans.

6. After one semester, 100% of volunteers with an attendance rate of at least 75% will report increased cultural awareness.

7. After one semester, 75% of volunteers with an attendance rate of at least 75% will report improved Spanish proficiency.

8. After one semester, 100% of volunteers will be able to list 3 benefits of giving back to the community.

9. Program leaders will communicate weekly with volunteers and monthly with key stakeholders.

10. Program volunteers engaged in multiple roles in the program.

**Long-Term Objectives 3-5 years**

1. By four years, program leaders will develop a plan to implement similar programs at other college universities.

**Adult Health Education Objectives**

**Short-Term Objectives 1-3 years**

1. Monthly mini-courses related to health will be offered to all program participants.

2. During one semester, 75% of program participants will attend at least one health session.

3. After two semesters, 75% of participants will improve their health literacy.
4. After two semesters, 75% of participants will report improved access to health resources.

5. After two semesters, local health professionals will have established a stronger relationship with the Hispanic community.

6. By two years, 75% of participants will report improved communication with health professionals.

7. After one year, 75% of participants will report healthier behaviors.

**Long-term Objectives 3-5 years**

1. By three years, 75% of participants will report better health and well-being.

**Hispanic Youth Objectives**

1. After one semester, 75% of the youth will attend 75% of the sessions.

2. After one semester, 75% of youth who attended at least 75% of the sessions will report greater self-esteem.

3. After one semester, 75% of the school-age youth will have read 10 books.

4. After two semesters, 75% of the youth will report better academic achievement in school.

5. After two semesters, 75% of the youth will report healthier behaviors.

**Long-Term Objectives 3-5 years**
2. By two years, 75% of program participants with an attendance rate of at least 70% will demonstrate improved English proficiency.

**Implementation**

ALMAS will occur during the fall and spring semesters of the ECU academic calendar year. *Table 2* displays a timeline of program activities. Main stages of the project include recruitment, volunteer training, language class activities, childcare activities, and health session activities. Descriptions of the stages are provided below.

**Recruitment**

Volunteer recruitment will occur over the first two weeks of the academic semester. The program leader responsible for recruitment will make arrangements to speak in the ECU Spanish classes (particularly the classes which require a service learning experience), Spanish Club, and Campus Club Fair. Flyers or email announcements will be delivered to the following ECU organizations: Volunteer Service-Learning, Honors Program, Latina Sorority, and Education Department. The medical school program leader will be responsible for speaking at the medical school club fair and distributing flyers to the medical students and pediatric interest group. Each volunteer should complete a volunteer form indicating their language proficiency and availability.

Participant recruitment will occur over the first two weeks of the academic semester. The program leader responsible for recruitment will contact prior participants via phone to remind them of the start of class. They should arrange a recruitment speech at St. Gabriel’s church the weekend before classes start. The program leader will also send a flyer to El Pueblo and Literacy
Volunteers. Additional flyers should be distributed throughout Greenville at popular locations to recruit Hispanic women.

Volunteer Training

Volunteer training will occur within the first month of the academic semester. At least two sessions will be offered at different times/days. The program leader will be provided a training packet which includes the materials needed to lead the training session.

Language Class Activities

Classes will be held weekly at the Bernstein Community Health Education Center from 6:00-7:30pm.

The first session will be conducted within four weeks from the start of the semester. The program director will give a brief introduction/orientation. The program director will review the program goals and expectations. Each student will receive a notebook with course materials. The program director will discuss the resource sheet, which includes other health and literacy resources in the community.

A pre-assessment survey will be administered to all participants. Volunteer tutors will complete a needs assessment sheet with their student, which includes defining the student’s goals and language proficiency.

Tutors will be paired with a student based on their level of language proficiency. They will create an individual lesson plan for their student each week which is tailored to the student’s goals. Tutors will be responsible for keeping a weekly log of the student’s progress and hours of instruction.
Program leaders will facilitate the weekly sessions. A description of the program leadership positions are as follows:

Program Director: This person will facilitating the tutoring sessions by assisting tutors and students and addressing questions and concerns during the session. She is responsible for overseeing the volunteer recruitment and resource materials and will also be trained on other administrative duties including correspondence with community partners.

Resource Coordinator: This person is responsible for updating the resource bin with worksheets and activities. She will have a budget for buying new books, CDs, etc. She will also have the opportunity to participate in online virtual conferences with other literacy groups to learn more about helpful resources and tutor training techniques.

Volunteer/Student Recruitment: This person will be responsible for recruiting both student volunteers and Latina women. Tasks include advertising, recruitment sessions, and corresponding with community partners.

Health Session Director: This person will help organize the monthly health sessions. They will recruit speakers and organize materials and volunteers for the event.

Childcare Director: This person will be responsible for supervising childcare activities. They will be responsible for overseeing the childcare center and updating and maintaining games and
activities. They will be responsible for pairing volunteers with children to tutor and supervising the reading program.

**Childcare Activities**

Activities for the children during the sessions include academic tutoring, physical activities and games, and reading. School-age children will be encouraged to bring their homework to sessions. Volunteers will assist children with their homework.

Each school-age child will create a rewards book for the reading program. Their goal will be to read ten grade-appropriate books during the semester. They can choose books from our program or their school. They will earn points based on the duration of reading time and number of books they read. Parents will sign a form to account for the time they read out loud at home. Extra points can be earned by reading with a volunteer during the sessions. Prizes will be awarded to the children who reach their goals.

Outdoor physical activities will be planned, weather permitting. Volunteers will encourage children to participate in physical activities.

**Health Sessions Activities**

At least two health sessions will be scheduled each semester. Health sessions plans will be finalized two weeks prior to the event. The pre-assessment survey will be used to determine the health topics of interest. The health session director will schedule community health members to lead the discussion and will plan additional activities to reinforce the concepts. We will allow at least fifteen minutes for a question and answer session at each health session.
Strategies for Sustainability

Internal Systems

Leadership positions will be assigned to former committed program members. We have created the following leadership roles for our program: Program Director, Resource Coordinator, Volunteer/Student Recruitment, Health Session Director, and Childcare Director. Leadership roles will be delegated to active members of our program through an application process. New leaders will be trained in the semester prior to the semester they will lead.

The program director will post monthly updates on our website and Facebook group for the members of our organization. In addition, the program director will be responsible for sending a weekly email update/reminder to program volunteers.

Community Support

We plan to continue our program in collaboration with key stakeholders including ECU’s Spanish Club and Brody School of Medicine. We also plan to establish our program as a Volunteer Service-Learning opportunity for ECU Undergraduates. Therefore, our program will be an approved volunteer opportunity for students who must complete service hours in the community. We have already received support from Spanish professors, many whom require a minimum of 10 hours of service during the semester for their students. We plan to continue to collaborate with the Spanish Department and recruit more students from other departments through our advertisement with ECU’s Volunteer and Service Learning Center.

The Spanish Club faculty advisor and President have agreed to support our program annually. The following are the roles and responsibilities of the club:
**Advertisement:** They will work in conjunction with the Volunteer and Student Recruiters in advertising at the undergraduate campus and surrounding community. They will help promote the program as a service-learning opportunity to Spanish professors by posting flyers or assisting with recruitment presentations in Spanish classes.

**Volunteers:** They will offer our program as a service-learning opportunity in their club and contribute tutors or childcare volunteers. They will also assist program leaders in other tasks, such as health sessions.

**Leadership:** They will discuss program updates at their schedule Spanish Club meetings. They currently hold meetings every Thursday and have agreed to discuss ALMAS every month or more frequently if needed. People in leadership roles will attend these meetings to direct the discussion and introduce ways members can become more involved and support the program.

**Finances**

Current funding for the program is provided through the Schweitzer Fellowship. Start-up costs for the program are the greatest expense and have already been used to establish the program. Maintenance costs are minimal but will require additional funding. Additional funding will be generated from local organizations and fundraisers. Program leaders will be responsible for organizing one fundraiser event during the year. They will also be responsible for distributing donation letters to local businesses and applying for at least 2 grants. **Table 3** displays the program annual budget.
Results Orientation

An evaluation system of the program’s participants and volunteers will guide the development and sustainability of the program. Pre and post assessments will be given to both groups at the beginning and end of each semester to determine if the program objectives have been achieved. Other measurable objectives include attendance, language proficiency and health literacy. An assessment of language proficiency and health literacy will be conducted using a reliable and valid test at the beginning and end of the year. In addition, the program will have a suggestion box open to all volunteers and participants at every session.

Evaluation Plan

Rationale for Evaluation

An evaluation plan would greatly benefit ALMAS. First, it is essential to demonstrate program effectiveness to potential funders. The grant money initially awarded to ALMAS was sufficient to create and sustain ALMAS for two years. ALMAS is currently within the third year of operation and has limited financial support. Therefore, identifying alternative funding sources is a priority. An evaluation plan which can demonstrate the positive impact of ALMAS will likely generate more funding.

In addition, it is important to determine whether the program design and activities are being implemented as described in the objectives. If objectives are successfully met in Pitt County, the evaluation will help to justify continuation of the program in other communities. Alternatively, if the program is not successful, information gained from the evaluation can direct future efforts to improve the program.

Evaluator
I will serve as an internal evaluator of the program. As founder and director of the program, I am familiar with the goals and objectives of the program and the intended activities and outcomes. Because of my close relationship with the program, an external evaluator should be considered to eliminate potential bias.

Since our program serves a vulnerable population, many of whom are undocumented Spanish-speaking women, both cultural and controversial issues may arise. An evaluator should be cross-culturally sensitive and have conflict-resolution skills. The evaluator should be prepared to address varying perspectives and cultural biases. Spanish proficiency is preferred to avoid any miscommunication. In addition, an evaluator should be familiar with strategies to track language and health outcomes. Knowledge about available language assessment or health literacy tools would be beneficial.

**Stakeholders**

Our analysis of ALMAS should engage multiple stakeholders throughout the program year. Key informant interviews should include program leaders, tutors, and students. These groups of people are actively involved in program activities. It is particularly important to discuss the needs and expectations of volunteers and participants. Other key stakeholders include community literacy programs, allied health professionals, Hispanic advocacy groups, East Carolina University, Brody School of Medicine, and the Schweitzer Fellowship. These groups of people are likely to contribute to program activities and have an invested interest in the outcomes of the program.

Community literacy programs may be able to identify community needs, discuss potential barriers, suggest teaching techniques, and provide resources. They will be interested in the expected literacy outcomes and our program’s resources/teaching techniques. Allied health
professionals can discuss barriers working with the Hispanic population in a healthcare setting and offer suggestions for improving the health of Hispanics. They will be most interested in how our program will address the unmet health needs of Hispanics and our strategies to improve the health of the Hispanic community. Hispanic advocacy groups will be important in understanding the needs of the Hispanic population and current barriers. They will be most interested in the types of services offered by our program and outcomes. East Carolina University is an important venue for recruiting volunteers. Since our program is offered to ECU students as part of a service-learning experience, ECU will be interested in the types of activities available and the specific skills and knowledge volunteers could potentially gain from participating. Brody School of Medicine and the Schweitzer Fellowship are program sponsors. They will be interested in the outcome measures of the program, program finances, and efforts to keep the project sustainable.

Members from each of these stakeholder groups should be included in an evaluation task force team that meets periodically throughout the program year. Examining the program from these different perspectives will provide a comprehensive analysis of the program goals, activities, and outcomes. The program should distribute a monthly update to inform all key stakeholders of the program activities and outcomes. In addition, the program website should have a feature to allow for feedback from all members in the community.

There are several limitations in creating an evaluation system. One of the most important factors to consider is the program budget. ALMAS’s limited financial support will influence the type of evaluation design and assessment tools. Assessment strategies which are low-cost and do not require hiring an evaluator should be considered. Examples of these measures may include attendance and hours of instruction. The program budget will also limit the type of language assessment or health literacy tool used. Most nationally validated assessment tools are not free or
readily acceptable. Another limitation of program evaluation is a variable attendance and high attrition rate. With varying levels of participation, it will be challenging to determine the effect of our interventions. Strategies to account for time spent in varying activities will assist in analyzing outcomes. In addition, evaluation methods which elicit feedback from program participants and volunteers about reasons they discontinued the program will provide valuable advice about ways to improve retention.

Specific features of the target population will create challenges in evaluating the program. Many of the participants do not have reliable contact information. Therefore, contacting participants for feedback will be challenging. The main means of measurement should be conducted during program sessions. In addition, many of the participants have poor literacy skills. Therefore, our evaluation design should reflect this limitation by offering oral exams/surveys instead of just written materials.

**Approach to Evaluation**

The main program goal is to empower women with the skills and resources they need to achieve their personal goals. Therefore, a principle focus will be on whether the women accomplished their personal goals. Particular emphasis will be on the implementation and outcomes of the language instruction and health activities.

**Evaluation Study Design**

A quasi-experimental design with a mixed methods approach will be used to evaluate the program’s implementation and outcomes. By using quantitative and qualitative methods, the evaluation will capture both subjective and objective information. Qualitative methods include open-ended interviews, open-ended surveys, and focus groups. Quantitative methods include
knowledge/achievement tests, surveys, and observations/chart reviews. A quasi-experimental design will be used where applicable and feasible according to the program’s time and budget constraints. In instances where a quasi-experimental design is not used, a non-experimental/observational design will be used.

Evaluation Methods

The evaluation of program implementation will be conducted using an observational design with both quantitative and qualitative methods. The evaluation of the program outcomes will be conducted with a quasi-experimental design and observational design using both quantitative and qualitative methods. The following outlines the implementation and outcome evaluations for the four main components of the program: adult language, volunteer service-learning, adult health education, and youth activities.

Adult Language

Quantitative measurements will consist of checklists which will be compiled into a master database for review. A checklist will be provided to each participant and tutor pair to assess the completion of activities. Activities will include performing a needs assessment, creating short and long-term goals, and recording hours and type of instruction. The checklist will reinforce the importance of completing the activities and provide an opportunity for the program to assess activity completion. Volunteers will be responsible for updating the participants file as activities are completed. The program director will be responsible for compiling the information into a central database for analysis. In addition, both participants and volunteers will be responsible to sign the attendance sheet at each session.
Qualitative measurements will include focus groups and open-ended surveys. All participants will be given a survey to assess both activities and outcomes. Outcome measurements, such as language proficiency and personal attributes, will be administered as a pre-post survey. Since many participants have low literacy, participants will have the option for a volunteer to orally administer the survey. Depending on the program budget and time constraints, a comparison group of Hispanic women will be selected to assess on the outcome measures, including language proficiency and achievement of personal goals.

Focus groups will be arranged at the end of each semester with 5-6 individuals in each group. One focus group will be with the program participants and another focus group will be with program volunteers. Focus group questions will target the completion of program activities and achieving desired outcomes. Participants will be encouraged to share their successful strategies or challenges. Key activities include creating monthly goals, identifying resources in the community, attending class, and recording hours of instruction. Key outcomes include achieving short and long term goals and improving language proficiency.

**Volunteer-Service Learning**

Quantitative measures will include a checklist for program leaders and volunteers to fill-out based on completion of activities. The volunteer checklist will be completed with the participant and was described in the previous section. The program leader checklist will include activities involved with recruiting and training volunteers, and communicating with volunteers and stakeholders.
Qualitative measures will include an open-ended survey and focus group. An open-ended survey will be administered to all program volunteers to assess both the implementation and outcomes of activities. A pre-post survey will be administered for outcomes including language proficiency and cultural awareness.

At the end of each semester, there will be a focus group with 5-6 volunteers. Focus group questions will target the completion of program activities and achievement of desired outcomes. Volunteers will be encouraged to share their successful strategies or challenges. Key activities include creating monthly goals, identifying resources in the community, and preparing lesson plans. Key outcomes include increased cultural awareness, improved Spanish proficiency, and an increased appreciation for community service.

**Adult Health Education**

Quantitative measures will include a program log to record the completion of monthly health sessions, specifying the topic and attendance. In addition, volunteers will be responsible for recording the completion of weekly health literacy activities. Monthly, a pre-post survey will be administered to participants to assess their health literacy. Each semester, a pre-post survey will be administered to assess participants’ access to health resources, communication with health providers, and health behaviors.

Qualitative measures will include an open-ended survey to all health session participants for their feedback on the session strengths and weakness. We will also have a survey for health professionals who lead sessions to provide feedback on their experience with the program. Questions regarding participants experience in the health sessions will be incorporated into the focus groups already discussed.
Youth Activities

Quantitative measures will include a log to record youth attendance. In addition, each youth will have a log book to record the books they have read and hours spent reading at home. Parents will be responsible to sign the log books. A pre-post survey will be administered to the youth to assess their self-esteem, academic achievement, and health behaviors. The survey will also assess their satisfaction with the program. Youth may request to have the survey administered orally by a volunteer if they feel their language proficiency is not adequate to complete the survey on their own.

Qualitative measures will include focus groups with the parents. Questions will focus on whether the youth read at home and their academic performance and behavior.

IRB Considerations

IRB approval is needed if the results from the program evaluation will be published or presented outside the program evaluation. The IRB application should be considered for exempt review since the main methods of research include anonymous surveys, interviews, or focus groups which pose minimal risk to human subjects.

There are various considerations when consenting human subjects. Most human subjects will have limited English proficiency and a low literacy level. Therefore, consent materials will need to be provided in their preferred language and written at a lower reading level. In addition, human subjects should be verbally consented to verify appropriate understanding of the consent
materials. This process will be similar for youth participant assent forms. In addition, parents of
the youth will need to be consented.

Since many participants may not have appropriate legal status, there are certain risks for
participants in the study. Disclosure of any personal identifying information could result in
deporation. Participants may feel particularly vulnerable providing any personal information.
Any identifying information including names or addresses will not be requested. Data will be
stored on a secure system and made available only to members on the research team.

**Evaluation Planning Tables**

Key stakeholders will be most interested in knowing the type and quality of services
offered in the program. In addition, they will want to know the effectiveness and satisfaction of
members involved in the program. The following table outlines the program’s goals and
objectives. Each objective is linked with potential implementation and outcome evaluation
questions paired with an evaluation method. The evaluation questions will serve as a guide for
the type of content in the surveys, focus groups, or interviews. The following categories will be
discussed: Adult Language Objectives, Volunteer Service Learning Objectives, Adult Health
Education Objectives, and Youth Objectives.

**Adult Language Objectives**

**Short-Term Objectives 1-3 years**

1. Within the first month, participants will have created program goals. This includes any
   personal or language short and long-term goals. Participants should specify their monthly
target hours of language instruction and detail the type of instruction they intend to use to
meet their target hours. (ie class sessions, adult education classes, and work-related or home activities)

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
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<tbody>
<tr>
<td>Did participants create monthly goals?</td>
<td>Volunteer (1)</td>
<td>1. Survey</td>
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<td></td>
<td>Participant (1)</td>
<td>2. Review check sheets</td>
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<tr>
<td></td>
<td>Program Director (2)</td>
<td></td>
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<tr>
<td>Were participants introduced to potential resources in the community? If so, list the</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>most helpful resources.</td>
<td>Participant (1,2)</td>
<td>2. Focus Group</td>
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<td></td>
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<tr>
<td>If participants did not create goals, why not?</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
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<tr>
<td></td>
<td>Participant (1,2)</td>
<td>2. Focus Group</td>
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<tr>
<td>What suggestions do participants have to improve this process?</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Participant (1,2)</td>
<td>2. Focus group</td>
</tr>
</tbody>
</table>

2. After one semester, participants will meet their target hours of instruction.

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<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
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<tbody>
<tr>
<td>Did participants meet their target hours of instruction?</td>
<td>Program Director (1)</td>
<td>1. Review log books</td>
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<tr>
<td></td>
<td>Participants (2)</td>
<td>2. Survey</td>
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<tr>
<td>Did participants record their hours?</td>
<td>Program Director (1)</td>
<td>1. Review log books</td>
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<tr>
<td></td>
<td>Participant (1)</td>
<td>2. Survey</td>
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<tr>
<td>If participants met their target hours of instruction, what strategies were successful?</td>
<td>Participant (1)</td>
<td>1. Focus Group</td>
</tr>
<tr>
<td>If participants did not meet their target hours of instruction, what barriers did they encounter?</td>
<td>Participant (1)</td>
<td>1. Focus Group</td>
</tr>
</tbody>
</table>

3. After two semesters, program participants will attend at least 70% of class sessions.
<table>
<thead>
<tr>
<th>Did participants attend at least 70% of the class sessions?</th>
<th>Program Director (1)</th>
<th>1. Review attendance sheet</th>
</tr>
</thead>
</table>
| If participants did not meet this attendance level, why were they unable to attend? | Participant (1,2) | 1. Survey  
2. Focus Group |
| What additional time periods would be better for participants? | Participant (1,2) | 1. Survey  
2. Focus Group |

4. After one semester, program participants will accomplish their short-term goals.

<table>
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<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
</table>
| Did participants meet their short-term goals? | Volunteer (1)  
Participant (1) | 1. Survey |
| Did participants meet their target hours of instruction? | Program Director(1)  
Participant (2) | 1. Review log books  
2. Survey |
| What types of short-term goals were achieved? | Participant (1,2) | 1. Survey  
2. Focus Group |
| If participants met their short-term goals, what strategies or resources made them successful? | Volunteer (1,2)  
Participant (1,2) | 1. Survey  
2. Focus Group |
| If participants did not meet their short-term goals, what barriers did they encounter? | Volunteer (1,2)  
Participant (1,2) | 1. Survey  
2. Focus Group |

5. After two semesters, program participants with an attendance rate of at least 70% will report feeling more empowered.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did participants report feeling more empowered?</td>
<td>Participant (1)</td>
<td>1. Pre-Post Survey</td>
</tr>
</tbody>
</table>
| If participants felt more empowered, why? | Participant (1,2) | 1. Survey  
2. Focus Group |
If participants did not feel empowered, why not?  
Participant (1,2)  
1. Survey  
2. Focus Group

What would make the program a more supportive environment?  
Participant (1,2)  
1. Survey  
2. Focus Group

6. After two semesters, program participants with an attendance rate of at least 70% will report accomplishing long-term goals.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did participants meet their long-term goals?</td>
<td>Volunteer (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Participant (1)</td>
<td></td>
</tr>
<tr>
<td>Did participants meet their target hours of instruction?</td>
<td>Program Director (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Participant (1)</td>
<td></td>
</tr>
<tr>
<td>What types of long-term goals were achieved?</td>
<td>Participant (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Focus Group</td>
</tr>
<tr>
<td>If participants met their long-term goals, what strategies or resources made them successful?</td>
<td>Participant (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Focus Group</td>
</tr>
</tbody>
</table>

**Long-Term Objectives 3-5 years**

3. Program participants with at least 100 hours of instruction will demonstrate improved English proficiency.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did participants demonstrate improved language proficiency?</td>
<td>Participant (1)</td>
<td>1. Language proficiency pre and post exam</td>
</tr>
</tbody>
</table>
| If participants improved their language proficiency, what strategies were successful? | Participant (1)                      | 1. Survey  
2. Focus Group |
| If participants did not improve                  | Participant (1)                      | 1. Survey                       |
their language proficiency, what barriers did they encounter?

<table>
<thead>
<tr>
<th>Volunteer Service Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-Term Objectives 1-3 years</strong></td>
</tr>
</tbody>
</table>

11. By week two, program leaders will recruit 20 volunteers and 20 participants.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were 20 volunteers recruited?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td>Were 20 participants recruited?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td>How were volunteers recruited and how did they learn about this volunteer opportunity?</td>
<td>Volunteer Leader (1) Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>How could volunteer recruitment be improved?</td>
<td>Volunteer Leader (1) Volunteer (1,2)</td>
<td>1. Survey 2. Focus Group</td>
</tr>
<tr>
<td>How were participants recruited and how did they learn about the program?</td>
<td>Volunteer Leader (1) Participants (1,2)</td>
<td>1. Survey 2. Focus Group</td>
</tr>
<tr>
<td>How could participant recruitment be improved?</td>
<td>Participants (1,2)</td>
<td>1. Survey 2. Focus Group</td>
</tr>
</tbody>
</table>

12. By week three, program leaders will provide training to 20 volunteers.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were 20 volunteers trained?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td>Did the program leaders provide adequate training?</td>
<td>Volunteers (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>How could the training session be improved?</td>
<td>Volunteers (1,2)</td>
<td>1. Survey 2. Focus Group</td>
</tr>
<tr>
<td>If volunteers did not complete</td>
<td>Volunteers (1,2)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>
### Evaluation Question | Participant | Evaluation Method
--- | --- | ---
Was a needs assessment completed? | Program Director (1) Volunteer (2) Participant (2) | 1. Review checklist 2. Survey
Were community resources identified? | Volunteer (1) Participant (2) | 1. Survey
Did the needs assessment help the volunteer in lesson planning? | Volunteer (1,2) | 1. Survey 2. Focus Group
If volunteers did not complete a needs assessment, why not? | Volunteer (1,2) | 1. Survey 2. Focus Group

13. By the end of the first month, tutors will have completed a needs assessment with their participant and identified community resources to create a learning plan.

14. After one semester, 75% of volunteers will have a 75% attendance rate.
15. After one month, 100% of volunteers will report confidence in creating weekly lesson plans.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are volunteers proficient at making lesson plans?</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>If volunteers are not proficient, why not?</td>
<td>Volunteer (1,2)</td>
<td>2. Focus Group</td>
</tr>
<tr>
<td>Did the program offer adequate teaching support?</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>What can the program provide to improve lesson planning?</td>
<td>Volunteer (1,2)</td>
<td>2. Focus Group</td>
</tr>
</tbody>
</table>

16. After one semester, 100% of volunteers with an attendance rate of at least 75% will report increased cultural awareness.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did volunteers report increased cultural awareness?</td>
<td>Volunteer (1)</td>
<td>1. Pre-Post Survey</td>
</tr>
<tr>
<td>What interactions increased their awareness the most?</td>
<td>Volunteer (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>What activities would increase cultural awareness?</td>
<td>Volunteer (1,2)</td>
<td>2. Focus Groups</td>
</tr>
</tbody>
</table>

17. After one semester, 75% of volunteers with an attendance rate of at least 75% will report improved Spanish proficiency.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did volunteers improve their Spanish proficiency?</td>
<td>Volunteer (1)</td>
<td>1. Pre-Post Survey</td>
</tr>
</tbody>
</table>
In what ways has their Spanish proficiency improved (oral, written, etc.)?

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
</table>
| In what ways has their Spanish proficiency improved (oral, written, etc.)? | Volunteer (1) | 1. Survey  
2. Focus Groups |
| If participants did not feel their Spanish proficiency improved, why not? | Volunteer (1) | 1. Survey  
2. Focus Groups |

18. After one semester, 100% of volunteers will be able to list 3 benefits of giving back to the community.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were volunteers able to list 3 benefits of giving back to the community?</td>
<td>Volunteer (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>What benefits were listed?</td>
<td>Volunteer (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>

19. Program leaders will communicate weekly with volunteers and monthly with key stakeholders.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did program leaders contact volunteers weekly?</td>
<td>Program Director (1)</td>
<td>1. Review program check sheet</td>
</tr>
<tr>
<td>Did program leaders contact key stakeholders monthly?</td>
<td>Program Director (1)</td>
<td>1. Review program check sheet</td>
</tr>
</tbody>
</table>
| What was volunteer or stakeholder feedback? | Program Leaders (1,2) | 1. Survey  
2. Focus Group |

20. Program volunteers engaged in multiple roles in the program.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
</table>
| Did program leaders offer volunteers different program roles? | Program Leaders (1)  
Volunteers (1) | 1. Survey |
| What types of roles were | Program Leaders (1) | 1. Survey |
How many volunteers were in each role?
Volunteers (1)

What new roles should be offered?
Program Leaders (1)
Volunteers (1,2)
Participants (1,2)

Long-Term Objectives 3-5 years

2. By four years, program leaders will develop a plan to implement similar programs at other college universities.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did leaders create a program plan?</td>
<td>Program Leaders (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>Did leaders apply for funding? If so, where?</td>
<td>Program Leaders (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>If leaders did not create a program plan, why not?</td>
<td>Program Leaders (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>

Adult Health Education Objectives

Short-Term Objectives 1-3 years

8. Monthly mini-courses related to health will be offered to all program participants.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were monthly mini-courses offered?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td>What were the topics of the mini-courses offered?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td>If mini-courses were not offered monthly, why not?</td>
<td>Program Leader (1,2)</td>
<td>1. Survey 2. Focus Group</td>
</tr>
</tbody>
</table>

9. During one semester, 75% of program participants will attend at least one health session.
<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of program participants attend at least one health session?</td>
<td>Program Director (1)</td>
<td>1. Review program log</td>
</tr>
</tbody>
</table>
| If participants did not attend, why not? | Participant (1,2) | 1. Survey  
2. Focus Group |
| What can the program do to improve attendance at health sessions? | Participant (1,2) | 1. Survey  
2. Focus Group |

10. After two semesters, 75% of participants will improve their health literacy.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of program participants improve their health literacy?</td>
<td>Participant (1)</td>
<td>1. Pre-Post Health Literacy Exam</td>
</tr>
</tbody>
</table>
| Did program participants receive a weekly health literacy activity? | Participant (1,2)  
Volunteer (1,2) | 1. Survey  
2. Focus Group |
| If program participants did not receive a weekly health activity, why not? | Program Leader (1,2) | 1. Survey  
2. Focus Group |

11. After two semesters, 75% of participants will report improved access to health resources.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of program participants report improved access to health resources?</td>
<td>Participant (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>
| Which resources did participants use? | Participant (1) | 1. Survey  
2. Focus Group |
| What can the program offer to improve access to health resources? | Program Director (1)  
Participant (1,2) | 1. Survey  
2. Focus Group |
12. After two semesters, local health professionals will have established a stronger relationship with the Hispanic community.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did health professionals report a stronger relationship with the Hispanic community?</td>
<td>Health Professional (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>What activities were the health professionals involved with in the program?</td>
<td>Health Professional (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>Was the health professional satisfied with the experience with the program? If not, why not?</td>
<td>Health Professional (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>

13. By two years, 75% of participants will report improved communication with health professionals.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of participants report improved communication with health professionals?</td>
<td>Participants (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>How was communication improved with health professionals?</td>
<td>Participants (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>If participants did not improve communication with health professionals, why not?</td>
<td>Participant (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Focus Group</td>
</tr>
</tbody>
</table>

14. After one year, 75% of participants will report healthier behaviors.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of participants report healthier behaviors?</td>
<td>Participant (1)</td>
<td>1. Pre-Post Survey</td>
</tr>
<tr>
<td>What were the types of positive behavior change?</td>
<td>Participant (1,2)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Focus Group</td>
</tr>
</tbody>
</table>
How can the program promote positive behavior change?

Participant (1,2)  
1. Survey  
2. Focus Group

Long-term Objectives 3-5 years

2. By three years, 75% of participants will report better health and well-being.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did 75% of participants report better health and well-being?</td>
<td>Participant (1)</td>
<td>1. Pre-Post Survey</td>
</tr>
</tbody>
</table>
| What were the types of positive health change?                                       | Participant (1,2)    | 1. Survey  
2. Focus Group                                                                      |
| How can the program promote better health?                                          | Participant (1,2)    | 1. Survey  
2. Focus Group                                                                      |

Hispanic Youth Objectives

6. After one semester, 75% of the youth will attend 75% of the sessions.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did youth attend 75% of the sessions?</td>
<td>Program Director (1)</td>
<td>1. Review program attendance sheet</td>
</tr>
<tr>
<td>What were the reasons youth were absent?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>How can the program promote better attendance?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>

7. After one semester, 75% of youth who attended at least 75% of the sessions will report greater self-esteem.
8. After one semester, 75% of the school-age youth will have read 10 books.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the youth read 10 books?</td>
<td>Youth (1)</td>
<td>1. Review program log</td>
</tr>
<tr>
<td></td>
<td>Program Director (1)</td>
<td></td>
</tr>
<tr>
<td>Did the youth read at home with their parents?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Participants (1)</td>
<td></td>
</tr>
<tr>
<td>If youth did not read 10 books, why not?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>How can the program promote reading?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
</tbody>
</table>

9. After two semesters, 75% of the youth will report better academic achievement in school.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the youth demonstrate better academic achievement in school?</td>
<td>Parents (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td>Did the youth participate in tutoring activities?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Volunteers (1)</td>
<td></td>
</tr>
<tr>
<td>Was tutoring consistently provided at sessions?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Program Leaders (1)</td>
<td></td>
</tr>
<tr>
<td>How can the program help promote academic success?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Parents (1,2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Focus Group</td>
<td></td>
</tr>
</tbody>
</table>
10. After two semesters, 75% of the youth will report healthier behaviors.

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Participant</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the youth report healthier behaviors?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>What were the types of positive behavior change?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Parents (1,2)</td>
<td>2. Focus group</td>
</tr>
<tr>
<td>How can the program promote healthier behavior with youth?</td>
<td>Youth (1)</td>
<td>1. Survey</td>
</tr>
<tr>
<td></td>
<td>Parents (1,2)</td>
<td>2. Focus group</td>
</tr>
</tbody>
</table>

**Dissemination Plan**

Various key stakeholders, including program volunteers, participants, and community partners, will be considered when disseminating the program evaluation results. Program volunteers and leaders will receive a weekly email update. The volunteer email will contain attendance rates and highlight success stories. In addition, the email will serve as a reminder for upcoming program events and provide a link for volunteer feedback. The leadership email will contain similar statistics and also include a section to address current program problems. This will provide an opportunity for leaders to recognize and address problems. A monthly leadership email will include an update of the implementation and outcomes results. This will be important for program leaders to track and adjust program resources, activities, and budget if needed.

In addition to weekly updates, a mid-semester executive summary will be distributed to all program volunteers and participants. The summary will highlight key program statistics including participant progress regarding both achievement of goals and improved language proficiency. In addition, a summary of the health or information sessions will be included.
A mid-semester executive summary will also be provided to key community partner stakeholders including ECU’s Spanish Department, St. Gabriel’s church, guest speakers, literacy agencies, and health professionals. These reports will include basic program statistics and highlight aspects of the program evaluation most pertinent to the community partner.

In addition to reports, community presentations will be completed biannually. Each semester, a presentation will be held at ECU’s undergraduate campus in the Spanish Department and Volunteer Fair and at ECU’s medical school. Program leaders will be responsible for arranging these sessions. Presentations will highlight the program design and evaluation results. In addition, these presentations will be integral in the recruitment of new volunteers.

An annual presentation will be given at St. Gabriel’s church. The presentation will describe the program and evaluation results and encourage enrollment of new participants. The church has been an important community partner and venue for recruitment. Therefore, sharing our findings with the church will be important in maintaining their support.

A summary of the evaluation results will also be submitted to East Carolina University and local paper. This will be a means to communicate results to community partners as well as attract new partners or volunteers.

Discussion

ALMAS offers integral services to address many of the unmet language and health needs of Hispanic women in Eastern North Carolina. The program provides a comfortable environment for women to learn English and health education, promoting a healthier more productive life. The overall goal is to improve Hispanic women’s English proficiency. In addition, the program provides a safe environment for youth, encouraging better academic performance and healthier
behaviors. Finally, ALMAS is a service-learning opportunity for community members and health professionals to contribute to their community while improving their Spanish and cultural competency.

The program is particularly needed in eastern North Carolina, where the population of Hispanics and LEP individuals continues to increase. ALMAS recognizes the significant barriers these individuals experience in the community and empowers them with the skills and resources they need to lead a better life.

Efforts to sustain ALMAS are particularly important as the program’s funding comes to an end. A revised program plan, incorporating effective education strategies, will promote better outcomes. A summative and formative evaluation will be important to improve and continue the program. ALMAS already has baseline outcome measurements, which were recorded during grant years. A new evaluation plan will include these measures, as well as additional new measures to evaluate the program implementation and outcomes.

Based on the literature review, various successful strategies were identified and incorporated into the program plan. First, emphasis was placed on engaging key stakeholders throughout the program year. Also, volunteers will be provided a more formal training on evidence-based ESL teaching techniques, which can be achieved by partnering with a local literacy organization. The program will continue to focus on assessing the needs of the participants and incorporating life skills sessions into the curriculum. In addition, more initiatives, such as the youth reading program, were added to increase the interaction between youth and their parents.

Minimal instruction time is a major program limitation. Therefore, additional changes in the program plan support increasing the intensity of instruction. Main strategies included
offering more mini-courses, developing new volunteer roles, and tracking participation and achievements. Participants will keep a log book to record their hours of instruction. They will be responsible for arranging language activities to meet their target hours.

The evaluation plan includes analyzing the implementation and outcomes of activities using both a quantitative and qualitative approach. The evaluation plan will focus on four main components of the program: adult language, volunteer service-learning, adult health education, and youth activities. Checklists and logbooks will be used to assess the implementation of activities. Outcomes will be measured with logbooks, surveys, interviews, and focus groups. The proposed evaluation questions will ask the most important questions which reflect the goals and objectives of the program. Adding interviews and focus groups to the original evaluation design will provide rich context to the participants’ performance and behavior. Focus groups may be a more financially feasible and time-saving approach.

Overall, the proposed evaluation plan will provide insight into ways to support and sustain a meaningful program dedicated to improve the lives of Hispanic women and youth in eastern North Carolina.
Acknowledgements

This paper was written based on a program created by myself and Reema Padia through the Schweitzer Fellowship. I want to thank Reema for her dedication and commitment to creating and sustaining ALMAS. I also wish to thank the Schweitzer Fellowship and Brody School of Medicine for their guidance and support. A special thank you to my mentors Diane Calleson, Dr. Tom Irons, and Barbara Heffner for their guidance and support with the program and writing this paper. Finally, I want to thank my family for their love and support. The creation of the program would not have been possible without everyone’s contributions.
References


3. Ostendorff J. Jobs, climate help north carolina's 18.5% census jump. *USA Today*. 2011;Nation.


12. Stevens CJ. Evaluation of the fourth and final year of the even start--padres y progreso program. 1996.


# Appendix

## Table 1: ESL Programs Similar to ALMAS

<table>
<thead>
<tr>
<th>Program</th>
<th>Year</th>
<th>Goal</th>
<th>Similar Elements</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project LEAD</td>
<td>1986</td>
<td>1) Improve English reading and writing in illiterate adults</td>
<td>a,b,c,d,e</td>
<td><strong>Design:</strong> n=90 adults</td>
<td><strong>Language Proficiency</strong></td>
<td><strong>Language Proficiency</strong></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Individual tutoring for each participant</td>
<td>• Writing Samples</td>
<td>• Everyone improved language proficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Instruction based on Michigan Method</td>
<td>• Michigan Method Assessment</td>
<td><strong>Program Success Measures</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Program Success Measures</strong></td>
<td>• Attendance rates</td>
<td>• 90 adults and provided 1,860 hours of tutoring during the grant year</td>
</tr>
<tr>
<td>Even Start-Padres y Progreso Program</td>
<td>1992-1993</td>
<td>1) Prepare young children for success in school through language activities with parents</td>
<td>a,b,c,d</td>
<td><strong>Design:</strong> n=50 parents and their children</td>
<td><strong>Language Proficiency</strong></td>
<td><strong>Children’s language proficiency compared to comparison group</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Promote improvement in parents’ literacy level based on areas of personal need</td>
<td></td>
<td>• Parent/Child Interaction Training</td>
<td>• Increased language proficiency on LAS Spanish portion (65.8, 55.4; p=0.024)</td>
<td><strong>Children’s academics/development compared to comparison group</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Library Training</td>
<td>• Increase language proficiency on PPVT-R score after 6 months</td>
<td>• Increased school attendance rate (97.5, 95.6; p&lt;0.001)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>• Co-op Development</td>
<td>• Increased language proficiency on PLS-3 auditory comprehension</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>• Self-Help Training: Focus was on ESL education which was an individual /small group needs-based curriculum</td>
<td>• Preschool Language Scale-3 (PLS-3)</td>
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<tr>
<td></td>
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<td><strong>Academics/Development</strong></td>
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<td>• Pre-School Inventory (PSI)</td>
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<td></td>
<td>• Denver Development</td>
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<tr>
<td>Program</td>
<td>Years</td>
<td>Goals</td>
<td>Design</td>
<td>Outcomes</td>
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<tr>
<td>ProLiteracy America</td>
<td>2003-2006</td>
<td>1) Improve adult literacy skills</td>
<td>n=100 volunteers, 197 participants</td>
<td>Language Proficiency: 79% made meaningful learning gains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Cape Fear Literacy Council</td>
<td></td>
<td>2) Empower adults to live a better life</td>
<td>Individual or small group ESL instruction</td>
<td>Program Implementation: Increase in hours of instruction from 2.5-9 hrs to 9.7-14.9 hrs</td>
<td></td>
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<tr>
<td>(CFLC)</td>
<td></td>
<td>3) Goal of study: increase</td>
<td>Software learning tools</td>
<td>Participant Success: Increased satisfaction and attainment of personal goals</td>
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<tr>
<td>B. Greater Pittsburg</td>
<td></td>
<td></td>
<td>Learn to Earn-job focused language activities</td>
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<tr>
<td>Even Start-Padres y Progreso Program</td>
<td></td>
<td>Screening Test (Denver)</td>
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<tr>
<td></td>
<td></td>
<td>• School attendance</td>
<td>Adult Outcomes: No improvement in language proficiency on CASAS pre and post-test scores (211.6, 215.2; p=0.56)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Language arts course grades</td>
<td>7 parents found a full-time job</td>
<td>2 parents earned their GED</td>
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<td></td>
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<td>• Employment status</td>
<td>18 Home room mothers</td>
<td>10 parent tutors at child’s school</td>
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<td>• Academic achievements</td>
<td>18 parents completed first aid training</td>
<td>1 parent received a driver’s license</td>
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<td></td>
<td></td>
<td>• Attainment of personal goals</td>
<td>2 parents received medical treatment they would have not sought otherwise</td>
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<tr>
<td>C. Vision Literacy (VL)</td>
<td>intensity of learning</td>
<td>community- field trips</td>
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<td>• One-on-one ESL</td>
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<td>• Mini-courses</td>
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<td>• Individual and</td>
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<td>• Family literacy</td>
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<td>• Project CLEAR</td>
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</table>

a) population is adult learners  
b) Target population is Hispanic learners  
c) Individual or small group ESL instruction  
d) Needs-based ESL curriculum  
e) Volunteer ESL teachers
<table>
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<tr>
<th>Activity</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
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<td>Purchase new materials</td>
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<tr>
<td>Create community partners</td>
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### Table 3: Program Annual Budget

#### Personnel

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<thead>
<tr>
<th>Name/Position</th>
<th>Salary</th>
<th>Subtotal</th>
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<tbody>
<tr>
<td>Program Director</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>Program Leaders</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>Tutors</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>Community Health Leaders</td>
<td>Volunteer</td>
<td>0</td>
</tr>
<tr>
<td>Translator (if needed)</td>
<td>Volunteer or $15/hr</td>
<td>$15-$120</td>
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#### Travel

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Subtotal</th>
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</thead>
<tbody>
<tr>
<td>Carpool Van</td>
<td>Volunteer</td>
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#### Supplies

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Cost</th>
<th>Start-up Subtotal</th>
<th>Maintenance Subtotal</th>
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<tbody>
<tr>
<td>ESL Books</td>
<td>20</td>
<td>$15-$30</td>
<td>$500</td>
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<tr>
<td>Notebooks</td>
<td>30</td>
<td>$1</td>
<td>$30</td>
<td>$30</td>
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<tr>
<td>Binder</td>
<td>30</td>
<td>$1</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Class supplies (Paper, pencils, etc.)</td>
<td>1</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
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<tr>
<td>Childcare Toys</td>
<td>10</td>
<td>$10</td>
<td>$100</td>
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<tr>
<td>Food</td>
<td>2 events /semester</td>
<td>$40</td>
<td>$160</td>
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#### Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Start-up Subtotal</th>
<th>Maintenance Subtotal</th>
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<tbody>
<tr>
<td>Printing</td>
<td>$20/semester</td>
<td>$40</td>
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<td>Room rent</td>
<td>Free</td>
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#### Total Cost

<table>
<thead>
<tr>
<th>Total Cost</th>
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</thead>
<tbody>
<tr>
<td>Start-up Cost</td>
</tr>
<tr>
<td>Maintenance Cost</td>
</tr>
</tbody>
</table>
**Assumptions**

- From 2000-2009 there was a 77% increase in the Hispanic population in Pitt County.
- English proficiency is strongly related to health outcomes.
- Significant health disparities exist between Hispanic and non-Hispanic women.
- Local, state, and national guidelines support efforts to teach English and health education to Hispanic women.

**Inputs**

- People:
  - Program Leaders
  - Volunteers for tutoring and childcare
  - Program participants
  - Community Health Leaders
- Organizational:
  - ECU Spanish Dept.
  - ECU Volunteer Service-Learning
  - Literacy Volunteers Pitt County
  - El Pueblo Inc.
  - AMEXCAN
  - Brody School of Medicine
  - St. Gabriel’s Church
  - Pitt County Health Dept.
- Financial:
  - Schweitzer grant money
  - Local donations
- Infrastructure:
  - Bernstein Community Education Center
- Materials:
  - ESL Books
  - Paper
  - Pencils
  - Food

**Activities**

- Recruit volunteers and participants
- Train volunteers
- Teach English
- Provide mentoring and resources to participants
- Childcare services: academic tutoring, physical activities and reading program
- Active participation in weekly classes
- Lead at least two health sessions each semester
- Provide a health literacy activity each month

**Outputs**

- Increased cultural knowledge
- Practice learning a foreign language
- Greater access to community resources
- Increased health knowledge
- Develop a support system
- Create new friendships

**Outcomes and Impact**

**Short Term (1-3yrs)**
- Volunteers
  - More culturally sensitive
  - Improved Spanish proficiency
  - Heightened sense of community
  - Increased volunterism in the community
- Participants
  - Improved English proficiency
  - New opportunities
  - Improved health literacy
  - Improved communication with health professionals
  - Healthier behaviors
  - More empowered
- Children
  - Improved English proficiency
  - Greater sense of community
  - Greater self-esteem
  - Healthier behaviors
  - Improved academic performance
  - Improved health status and quality of life
- Health Professionals
  - Stronger relationship with community
  - Promote healthy behaviors
  - Reduce health inequalities between Hispanics and non-Hispanics

**Long Term (3-5yrs)**

- Volunteers
  - More culturally sensitive
  - Improved Spanish proficiency
  - Heightened sense of community
- Participants
  - Improved English proficiency
  - New opportunities
  - Improved health literacy
  - Improved communication with health professionals
  - Healthier behaviors
  - More empowered
- Children
  - Improved English proficiency
  - Greater sense of community
  - Greater self-esteem
  - Healthier behaviors
  - Improved academic performance
  - Improved health status and quality of life
- Health Professionals
  - Stronger relationship with community
  - Promote healthy behaviors
  - Reduce health inequalities between Hispanics and non-Hispanics