

The Women's Health and English Literacy Program

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Executive Summary

In the United States, healthcare accessibility for refugees is a significant issue. Many factors contribute to this reality, though decreased health literacy plays a major role in impeding refugees from accessing healthcare services. Health literacy is a relevant issue for refugee communities as individuals often come from countries with different healthcare institutions and resources and may not be familiar with the healthcare system in their new country. Language barriers further challenge navigation and awareness of this new healthcare system. Limitations in language can make it more challenging for refugees to access and navigate healthcare, such as making health appointments, communicating with their providers, understanding health information, or navigating healthcare costs. Health equity is often more inadequate for women, especially in the lens of health literacy and language. In many refugee communities, women often assume the role of caretakers for children, older adults, and the home. As a result, women often need more opportunities to engage with external communities to seek out and learn about healthcare information and resources.

As a result, in collaboration with Jewish Family Services and the Albert Schweitzer Fellowship, a Women's Health and English Literacy program has been developed and implemented to target disparities in health literacy and equity among refugee women. The program involved a series of weekly conversation circles on Monday, Tuesday, and Thursday. Individual sessions were one-hour in length and conducted virtually on the Zoom meeting platform for ten weeks. Conversation circles focused on a range of health topics relevant to refugee and migrant women communities, including principles of healthcare navigation, oral health, nutrition, physical exercise, chronic diseases, mental health, and sexual and reproductive health.

Background

Since the passage of the Refugee Act of 1980, more than 3 million refugees have resettled in the United States (1). Refugees, as characterized by the United Nations, are individuals who have crossed international borders to find safety in other countries owing to conflict or persecution (2). In the countries that they migrate and eventually relocate to, refugees face a wide range of challenges, including social, cultural, and economic obstacles (3–6). Specifically, many refugees struggle with a lack of job opportunities, language barriers, inaccessibility to healthcare services, and discrimination (3–6).

In the United States, healthcare accessibility for refugees is a significant issue. In the initial resettlement stage, refugees receive a preliminary health examination that screens for a range of communicable and noncommunicable health conditions (7). The nature of refugees' health care utilization in the post-resettlement stage is less explored. The few studies that have considered this indicate that a majority of refugees in the United States do not regularly access healthcare services (8). Many factors contribute to this reality, though decreased health literacy plays a major role in impeding refugees from accessing healthcare services (9).

Health literacy is defined as the “degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others” (10). Health literacy is a relevant issue for refugee communities as individuals often come from countries with different healthcare institutions and resources and may not be familiar with the healthcare system in their new country. Navigation and awareness of this new healthcare system are further challenged by language barriers (11,12). Refugees often must learn a new language when relocating to a new country. Limitations in language can make it more challenging for refugees to access and navigate healthcare, such as making health

appointments, communicating with their providers, understanding health information, or navigating healthcare costs (11,12).

Initiatives that promote language building can support health literacy among refugee communities (13). Though, many of these programs, known as English-as-Second-Language (ESL) programs, tend to have higher attendance and participation among men relative to women.

Health equity is often more inadequate for women, especially in the lens of health literacy and language. In many refugee communities, women often assume the role of caretakers for children, older adults, and the home. As a result, women often have fewer opportunities to engage with external communities to seek out and learn about healthcare information and resources. Consequently, addressing health inequity in the refugee community is important, especially in minimizing disparities in health literacy among women.

Program Activities

To target disparities in health literacy and equity among refugee women, a women's health and English literacy program has been developed and implemented. The program activities of this initiative were modeled from the activities of a community organization in Canada, the Refugee Women's Network, as well as broader ESL programs.¹

¹ The Refugee Women's Network strives to empower refugee women by offering programs that help them adjust and adapt to life in Canada. Specifically, they offer an annual "Learning Lab" initiative allowing women to practice and develop conversational English-speaking skills. The organization offers health literacy conversation circles during which women discuss different health issues. Based on a personal virtual interview with the organization, the structure of this program obligates women to participate in both programs - the "Learning Lab" and the Conversation Circles. As a result, the Refugee Women's Network engages women in an intensive health and English literacy program five days a week for a period of 9 months (the length of an academic school year).

Program activities took place alongside local community partner, Jewish Family Services.²

The target audience for this program was refugee women. Recruitment efforts were dedicated to individuals with varying levels of comfortability with the English language and interested in participating in a long-term project related to health literacy. Additional demographic characteristics that were considered included age, sex assigned at birth, gender identity, primary language, and country of birth. To ensure comfort and engagement, a single-language cohort with minimal interpretation was involved in the program. The single-language group fostered a sense of community in the program, as women leaned on and learned from one another in moments of doubt or confusion. The cohort involved in the principal iteration of the program included Dari-speaking refugee women from Afghanistan. As clients of Jewish Family Services, all participants had been provided access to the Internet and digital literacy training.

The program involved a series of weekly conversation circles on Monday, Tuesday, and Thursday. Individual sessions were one-hour in length and conducted virtually on the Zoom meeting platform for ten weeks. Conversation circles focused on a range of health topics relevant to refugee and migrant women communities, including principles of healthcare navigation, oral health, nutrition, physical exercise, chronic diseases, mental health, and sexual and reproductive health. Flexibility, adaptability, and adherence to supporting participants' ideas, goals, and interests were a priority of the program. As such, the duration of time spent on health topics was variable and depended on participants' interests.

In each program session, the program facilitator reviewed previously learned material, introduced a relevant area of a health topic, and encouraged practice. At the beginning of

² Jewish Family Services is an organization that works extensively with incoming and resettling refugee communities. In their work, Jewish Family Services have supported refugees through housing, groceries, education, and youth mentorship programs.

individual sessions, the program facilitator supported direct skill-building in English related to health. Specifically, facilitators introduced terminologies or ideas related to a health issue that might be heard in the primary healthcare setting or the media. Facilitators then encouraged participants to explore the health topic by conversing and sharing thoughts, ideas, and experiences with one another. Interactive activities, such as matching, sentence unscramble, or guessing games, were done to review material. Team building activities were implemented to foster engagement and model experiences in primary care settings. Specifically, participants engaged in video-listening, and role-play activities (as patients and/or healthcare practitioners). At the end of discussion of a health topic, the facilitators and conversation circles emphasized healthcare access and navigation by identifying available local, culturally tailored healthcare resources that target the health topic of the week.

Methodology

To evaluate the efficiency of the Women's Health and English Literacy program, a series of quantitative methods were employed both before and after the program implementation, including a general questionnaire, an English literacy assessment, and a health literacy assessment. Consent (i.e., willingness and ability to participate) was obtained before administering evaluations. All evaluations were administered virtually via the Zoom platform.

I. General Questionnaire

A general questionnaire was developed to collect relevant demographic information regarding the participants, their communication proficiencies in their native language and in English, as well as their access to health information (Appendix A).

Prior to the implementation of the program, a more robust general questionnaire was employed. The demographic information collected included the participant's name, age,

nationality, ethnicity, and date of arrival in the United States. The participant's communication proficiencies were assessed by asking them to rate their ability to understand, read, write, and speak in their native language as well as in English. The participant's access to health information was assessed by evaluations considering their source of health information and resources (i.e., asking them where they typically go for health information) (Supplementary Information).

A modified version of the general questionnaire was used for evaluations following the program implementation (Appendix B). Collected data focused on participants' comfort level with English and their sources of health information. Additional questions in the modified post-program questionnaire included information considering challenges or barriers in accessing the program as well as general satisfaction with the program.

Interpretation supported data collection for the general questionnaire at both pre-and post-program implementation.

II. English Literacy Assessment

The English literacy assessment included a series of 14 multiple-choice questions evaluating English proficiency (Appendix C). Questions considered vocabulary, spelling, and grammar. The English Literacy assessment was adapted from of an ESL assessment employed by Jewish Family Services.

In the pre-program general questionnaire, clients were asked to share their comfort and ability to communicate in English. Women who indicated no proficiency or comfort with English (with a response of "Not at all" for English communication and proficiency) were not asked to participate in the ESL assessment. All other clients were asked to participate in the ESL

assessment, with the option to decline participation. All clients were offered the ESL assessment during the post-program evaluation stage as all had been exposed to an ESL-type program.

Interpretation was not offered during the English literacy assessment, though, facilitators offered guidance and clarification when requested.

III. Health literacy Assessment

An evidence-based health literacy assessment of 25 multiple-choice questions was developed to evaluate health literacy among the cohort as well as inform relevant programming (Appendix D). The questions were adapted from various sources and investigations involved in health literacy programming, including the Florida Health Coalition. The questions involved in the health literacy assessment exemplified key topics relevant to refugee women's health, including, healthcare navigation, oral health, nutrition, physical exercise, chronic diseases, mental health, and sexual and reproductive health.

The health literacy assessment was administered both prior to and after program implementation through the assistance of an interpreter.

IV. Attendance

To evaluate participant attendance and program participation, data regarding attendance in program sessions was tracked for all participants across the duration of the program.

Results

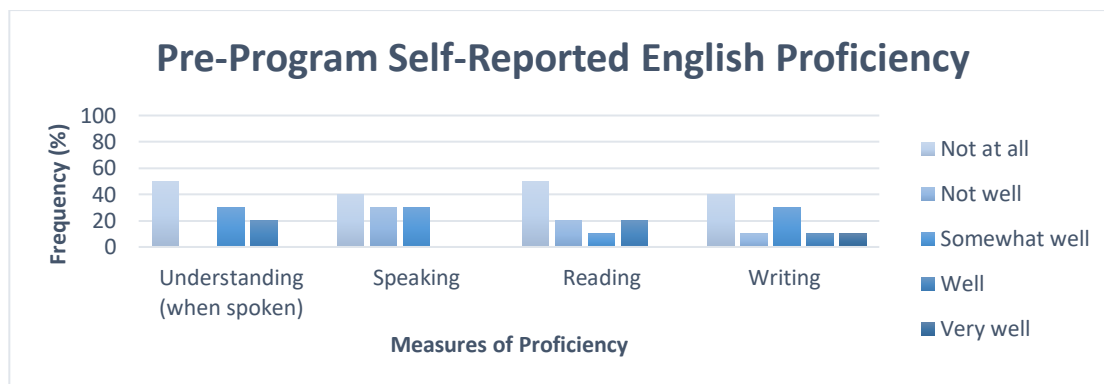
A total of 10 participants enrolled in the Women's Health and English Literacy program. The average age of enrolled participants was 29 years old, with the distribution of ages in the cohort ranging from 21 to 35 years old (Table 1, Supplementary Information). All program participants were born in Afghanistan and primarily spoke Dari at home. 22.22% of participants indicated they could not participate in formal education in Afghanistan, 33.33% of participants

indicated that they completed secondary school, 33.33% indicated completing high school, and 11.11% indicated completing schooling above high school. All participants had moved to the United States in or after August 2021. During their initial resettlement process in the United States, 20% of participants indicated they had not participated in any ESL classes.

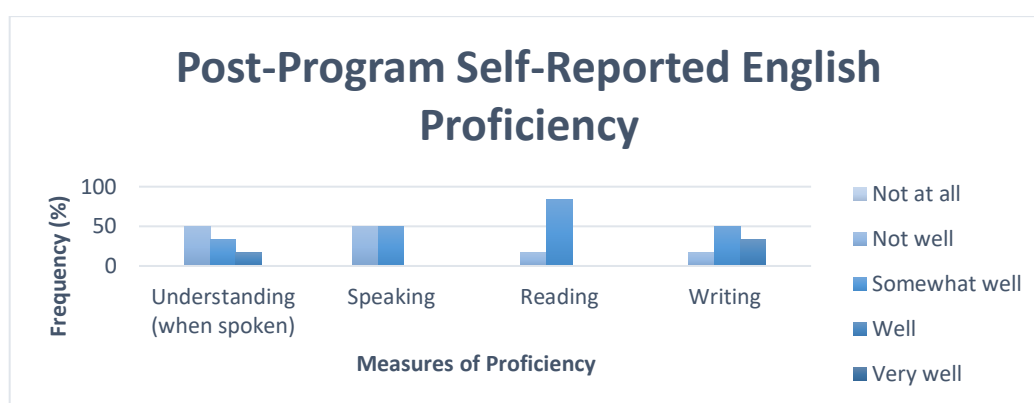
Following program completion, several participants could not be contacted for post-program evaluations. As a result, the following evaluation results indicate only completed evaluations, excluding any missing data.

I. English Literacy

A section within the general questionnaire considered English proficiency among participants. Prior to the implementation of the program, 50% of participants indicated that they did not understand English at all, 30% indicated they somewhat understood English when it was spoken, and 20% indicated they understood English well. Additionally, 40% of participants indicated that they could not speak English at all, 30% indicated they could speak English, though not so well, and the remainder indicated they could speak English somewhat well. 50% of participants indicated they could not read English at all, with the remainder of participants having variable proficiency in reading English. 40% of participants reflected that they could not write in English at all (Table 2, Supplementary Information).



In evaluations considered after the program was implemented, 50% of participants indicated that they could understand English when spoken, although not well, with 33.3% indicating they understood English somewhat well. 50% of participants indicated they could speak English, though not so well, and the remainder of participants, 50%, indicated they could speak English somewhat well. 83.3% of participants indicated they could read English somewhat well. In addition, 50% of participants indicated they could write in English somewhat well, with 33.3% of participants reflecting they could write well in English (Table 2, Supplementary Information).



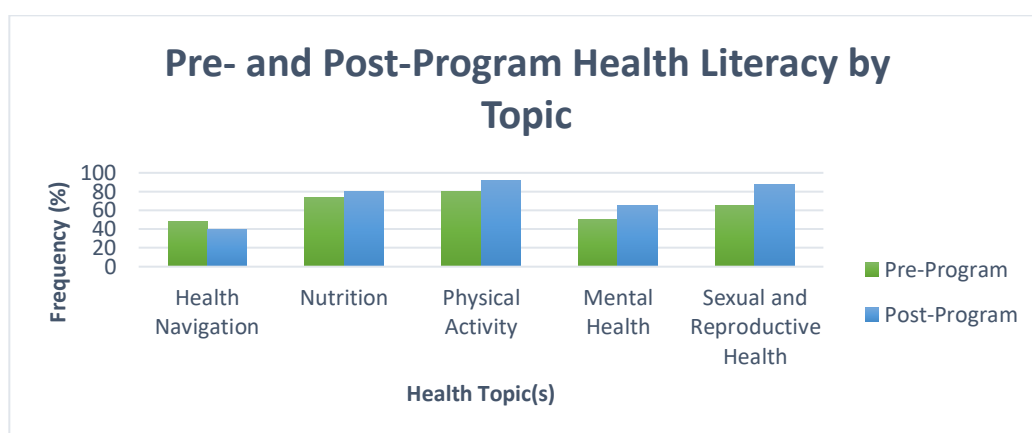
Prior to the implementation of the Women's Health and English Literacy program, 20% of participants were willing and able to complete the English literacy assessment. The average English literacy score for all participants prior to program implementation was 20%. Following the program's implementation, 80% of participants were willing and able to participate in the English literacy assessment. The average English literacy score for all participants after program implementation was 45%. After the implementation of the program, an increase of 300% in participation in the ESL assessment and 125% improvement in average English literacy score was observed.

II. Health Literacy

Participants' health literacy varied among the health topics considered within the Women's Health and English Literacy program. Prior to the implementation of the program, the average

health literacy score by subtopic was 48% for healthcare navigation, 73.33% for nutrition, 80% for physical activity, 50% for mental health, and 65% for sexual and reproductive health (Table 3, Supplementary Information). As a result, during program implementation, program facilitators provided additional support and guidance during the discussion of health topics relevant to the cohort (i.e., healthcare navigation, mental health, and sexual reproductive health).

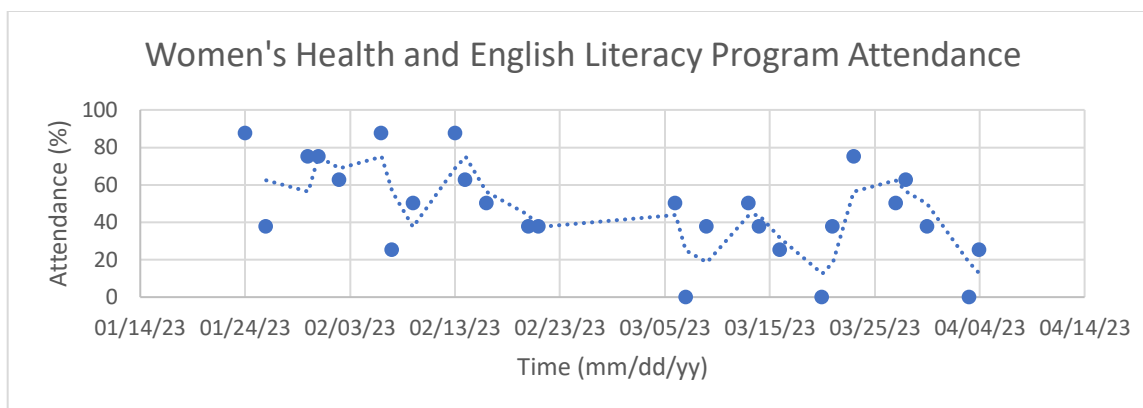
Following the program's implementation, the average health literacy score by subtopic included 40% for healthcare navigation, 80% for nutrition, 92% for physical activity, 65% for mental health, and 87.5% for sexual and reproductive health (Table 3, Supplementary Information).



The average total health literacy score of participants before the implementation of the program was 57.6%. After the implementation of the program, the average total health literacy score of participants was 66%. Overall, a net 15% improvement in participants' average health literacy score was observed.

III. Attendance

The average attendance throughout the Women's Health and English literacy program was 52.60% (excluding canceled groups). A slight downward trend is observed in attendance over the course of the program.



Discussion

I. English Literacy

Based on the evaluations conducted for English literacy, participants involved in the Women's Health and English Literacy program demonstrated a significant improvement in English. Results support that comfortability in communicating in English increased over the course of the program as more participants were willing to participate and complete the English literacy assessment. Self-reported proficiency measures indicated that an increased number of participants identified their development in English proficiency. Namely, after the program's implementation, increased participants indicated improvement in understanding, speaking, reading, and writing in English relative to the pre-implementation stage.

II. Health Literacy

Overall health literacy improved over the course of the program. Results derived from health literacy assessments conducted prior to the implementation of the program indicated that relevant health topics to focus on during the program include health navigation, mental health, and sexual and reproductive health. Following the implementation of the program, analyses indicate that the program was effective in improving the participants' understanding of sexual and reproductive health as well as mental health. However, there was a slight decrease in literacy regarding health

navigation. As a result, health navigation as a health topic may require additional time and support in future iterations of the program.

III. Attendance

Over the course of the Women's Health and English Literacy program, a downward trend was observed for attendance. Though, this trend also coincided with disruptions in the program due to inclement weather and scheduled holiday breaks. In addition, during post-program evaluations, attendees indicated that childcare responsibilities and medical appointments often complicated attendance in the program.

IV. The Women's Health and English Literacy Program

The Women's Health and English Literacy program had an effective structure. By having shorter duration (one-hour individual sessions) and high-frequency sessions (multiple sessions in a week), participants were able to engage more meaningfully with this program. If a participant was unable to attend a program session in a week, they still had the opportunity to attend other sessions in that week. Shorter individual sessions also allowed participants to stay energized throughout the session. In addition to the flexibility offered by this program's structure, the nature of the cohort was another strength. All participants were highly proficient and primarily communicated in the same language - Dari. As many of the clients were newly resettling refugee women, many had minimal background or were less comfortable communicating in English. As a result, participants often communicated with one another in their shared language to clarify and learn from one another. Thus, having a single-language cohort enabled community-building in this program.

Limitations

A challenge experienced in the program was the smaller cohort size. Decreased participation on some days resulted in smaller groups. Smaller groups could result in decreased engagement. Though, these smaller groups did also allow program facilitators to spend more time with and support group members. The smaller cohort size may also affect data collection and analysis as it can impact the representativeness and generalizability of the results.

Another challenge encountered in the program was the role of digital literacy. Jewish Family Services did offer digital literacy training to all enrolled clients. Though, digital literacy is an iterative process, and difficulties are still present. The program was conducted virtually via the Zoom platform. While participants appreciated the virtual format for its increased accessibility, it also presented some challenges, as malfunctioning technological devices, and platforms complicated access to the program.

Future Directions and Conclusion

Future iterations of the Women's Health and English Literacy program are being discussed. Current proposals include integrating this programming methodology with other ongoing Jewish Family Services programs. Specifically, this programming could be beneficial for newly resettled refugee women as there is a capacity for community building within the program. Alternative options include integrating the health literacy component of this programming into ESL courses offered by Jewish Family Services.

Overall, the Women's Health and English Literacy program supported the development of health and English skills among Dari-speaking refugee women in Washtenaw County. The results and experiences of this program indicate the continued need for programming and support for refugee women communities, especially related to health.

Acknowledgements

I am grateful for the opportunity to develop and implement the Women's Health and English Literacy program, which targets health inequity among refugee women. Through this experience, I have been able to reconcile both personal and professional passions and apply my academic teachings to real-world contexts. I am incredibly grateful for the experience and insights I gained from this work.

This program was a shared effort and could not have been done without the support of my team at Jewish Family Services, including Shrina Eadeh, Shaylyn Mackinnon, and Marisa Stieber. Thank you for your partnership, facilitation, and inspiration throughout this work! I would also like to indicate my sincere gratitude to those involved in the Albert Schweitzer Fellowship, Dennis Archambault, Shelley Golsky, and Artina Dozier-Gage, as well as my faculty advisor at the University of Michigan, Dr. Alexis Handal. Your support and guidance have been invaluable!

Lastly, I offer my deepest appreciation to the incredible women who participated in this program. I am honored to have worked with and learned from you, and I am grateful for the generosity you showed me throughout this program. Thank you for all of your support and kindness!

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Appendix A Pre-Program General Questionnaire

1. Name
Enter your answer

2. What is your date of birth?
Enter your answer

3. In what country were you born?
Enter your answer

4. When did you move to the United States?
Enter your answer

5. How many years have you lived in the United States?
Enter your answer

6. What was the highest level of education you completed before coming to the United States?
Enter your answer

Communication/Language

7. When you were growing up, what language or languages were usually spoken in your home?
Enter your answer

8. Which language do you usually speak now?
Enter your answer

9. With regard to (non-English language from previous questions), how well do you...

	Very well	Well	Somewhat Well	Not well	Not at all
Understand it when it is spoken to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How often do you read ___ in (non-English language)?

	Daily	A few times a week	Once a week	Never
Newspapers or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters and notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How old were you when you learned to speak English?
Enter your answer

12. Have you ever taken a class in the United States to learn English-as-a-second-language, sometimes called an ESL class?
Enter your answer

13. (IF YES, to above) How long ago did you last take an English-as-a-second-language or ESL class in the United States?
Enter your answer

14. With regard to the English language, how well do you...

	Very well	Well	Somewhat well	Not well	Not at all
Understand it when it is spoken to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How difficult is it for you to ___ in English? [SKIP, if "Not at all" to above question]

	No difficulty	Some difficulty	Moderate difficulty	Great deal of difficulty	NEVER TRIED
Understand people having a conversation with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand television, movies, or videos?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand a telephone conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Now I'd like to talk to you about what you read in English. How often do you read ___ in English?
 [SKIP, if "Not at all" to Q14]

	Daily	A few times a week	Once a week	Never
Newspapers or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters and notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How difficult is it for you to fill out forms in English, such as at the doctor's office or at school? Would you say you have...

- Extremely difficult
- Somewhat difficult
- Neutral
- Somewhat not difficult
- Extremely not difficult
- NEVER TRIED

Source of Information

18. How often do you usually get information about health issues such as diet, exercise, disease prevention, or a specific health condition? How much information do you get from...

	None	A little	Some	A lot
Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio and television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books or brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members or coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to health care professionals, such as doctors, nurses, therapists or psychologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. What types of health topics are you interested in learning/talking about?

Enter your answer

20. Do you have any questions or concerns?

Enter your answer

Appendix B

Post-Program Modified General Questionnaire

5. With regard to the English language, how well do you...

1. Name

Enter your answer

Very well Well Somewhat well Not well Not at all

Understand it when it is spoken to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are you currently taking any ESL classes? (If so, which one and from where)

Enter your answer

3. How (if at all) has this program affected your Dari speaking/understanding abilities?

Enter your answer

4. How (if at all) has this program affected your English speaking/understanding abilities?

Enter your answer

:::

6. How difficult is it for you to _____ in English? [SKIP, if "Not at all" to above question]

	No difficulty	Some difficulty	Moderate difficulty	Great deal of difficulty	NEVER TRIED
Understand people having a conversation with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand television, movies, or videos?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand a telephone conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Now I'd like to talk to you about what you read in English. How often do you read _____ in English? [SKIP, if "Not at all" to Q14]

	Daily	A few times a week	Once a week	Never
Newspapers or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letters and notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How difficult is it for you to fill out forms in English, such as at the doctor's office or at school? Would you say you have...

- Extremely difficult
- Somewhat difficult
- Neutral
- Somewhat not difficult
- Extremely not difficult
- NEVER TRIED

9. Now we'd like to find out how you usually get information about health issues, such as diet, exercise, disease prevention, or a specific disease or health condition. How much information about health issues do you get from...

	A lot	Some	A little	None
Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio and television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Books or brochures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members, friends, or co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking to health care professionals, such as doctors, nurses, therapists, or psychologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What were your general thoughts regarding this program?

Enter your answer

11. What were your thoughts about the Zoom format?

Enter your answer

12. What were some reasons you weren't able to attend our class/sessions?

Enter your answer

13. What changes or additions to the program would have helped make it more helpful for you?

Enter your answer

14. Would you recommend this program to others?

- Yes
- No
- Other

15. Do you have any other comments, questions or concerns?

Enter your answer

Appendix C
Adult English Assessment

Name: _____ Today's Date: _____

Birthday: _____

Part 1: What comes next? (1 point each)

Write the next one in the space to complete the pattern.

Example: 40 41 42 ____ 44 → 40 41 42 __ (43) __ 44

- 14 15 16 ____ 18 19
- a b c d ____ f





Part 2: Which word is different? (1 point each)

One word is not the same. Circle it.

Example:	cat	cat	card	cat
1. write	wrote	write	write	
2. take	take	take	tape	

Part 3: Words and Pictures (1 point each)

Look at the picture. Choose the word that matches the picture and circle it.

	cow dog cat horse		sun moon rain snow
	apple orange lemon banana		sad tired happy bored

Part 4: Missing Word (2 points each)

Circle the best word to complete the sentence.

Example: They _____ to Florida last December.

A.) will go

B.) went

C.) are going

D.) goed

1. Marvin _____ ten hours a day.

A.) doesn't sleep

B.) don't sleep

C.) not sleeping

D.) no sleep

2. I need _____ for a new car.

A.) look

B.) to looks

C.) had looked

D.) to look

Part 5: Reading (2 points each)

Read the information and circle the correct answer.



1. What time does the store open on Wednesday?

- 7:00
- 8:30
- 9:00
- 5:30

2. What time does the store close on Friday?

- 5:00
- 5:30
- 7:00
- 8:30

Part 6: Write a note (2 points each)

You will not be attending class tomorrow and need to write an email to your English teacher explaining why. Choose the best answer to each question and circle it.

1. Which sentence is correct?

A.) Me no attend class today.

B.) I no come to class today.

C.) I can not come to class today.

- 2. Which sentence is correct?
 - A.) Tell what homework I miss.
 - B.) I miss homework what kind.
 - C.) What homework will I miss?

● **Stop. This is the end. Thank you for taking this assessment.** ●



Office Use Only

Name: _____

A-Number: _____

Testing Site: _____

Teacher: _____

Case

Worker: _____ ENT/MID/EXIT: _____

Score: _____/20

Appendix D

Health Literacy Assessment

Participant Name: _____

Date: _____

Case worker/Behavioral Health Provider: _____

Interpreter: _____

Language: _____

- 1. A health history form helps a doctor know about a patient's:**
 - A. health insurance
 - B. you and your family's health problems
 - C. your health questions
 - D. I'm not sure

- 2. What number should you call if there is an emergency?**
 - A. 211
 - B. 411
 - C. 911
 - D. I'm not sure

- 3. When you go to the doctor you pay a set fee, and your insurance pays the rest. This set fee is called:**
 - A. premium
 - B. co-pay
 - C. referral
 - D. I'm not sure

- 4. To buy over-the-counter medicines at a pharmacy you must have a prescription.**
 - A. True
 - B. False
 - C. I'm not sure

- 5. If my medicine expires, I should talk to my pharmacist or doctor.**
 - A. True
 - B. False
 - C. I'm not sure

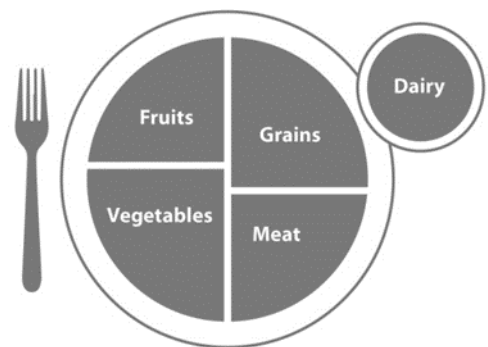
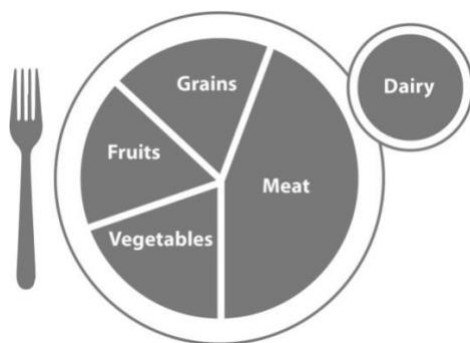
- 6. Obesity means:**

- A. being underweight
- B. being a healthy weight
- C. being very overweight
- D. I'm not sure

7. Vitamins are a nutrient.

- A. True
- B. False
- C. I'm not sure

8. Which picture shows the healthier diet?



9. Being physically active is expensive and you need a lot of money for equipment.

- A. True
- B. False
- C. I'm not sure

10. Daily activities such as vacuuming, mopping, and sweeping can help build up an individual's endurance.

- A. True
- B. False
- C. I'm not sure

11. As we get older, we should limit our physical activities.

- A. True
- B. False
- C. I'm not sure

12. It is important for preschool-aged children (ages 3-5 years) to stay physically active throughout the day for growth and development.

- A. True
- B. False
- C. I'm not sure

13. Staying active is good for dealing with stress.

- A. True
- B. False
- C. I'm not sure

14. Which of the following are real illnesses?

- A. Diabetes
- B. Anxiety (worrying a lot)
- C. Flu
- D. All of the above
- E. I'm not sure

15. Mental illnesses are

- A. Very Common
- B. Fairly common
- C. Not common
- D. I'm not sure

16. Mental illness

- A. Can be treated
- B. Cannot be treated
- C. I'm not sure

17. Which of these symptoms can happen if you're depressed?

- A. Don't feel hungry
- B. Hungry all the time
- C. Always tired
- D. All of the above
- E. I'm not sure

18. Domestic violence is illegal in the US and can be reported to the police.

- A. True
- B. False
- C. I'm not sure

19. What is an example of domestic abuse?

- A. A wife and husband having an argument
- B. Two children fighting over a toy
- C. A couple fighting physically
- D. I'm not sure

20. What is a symptom of pregnancy?

- A. Missed period
- B. Increased urination
- C. Morning sickness or an upset stomach

- D. Fatigue
- E. All of the above
- F. I'm not sure

21. What should you do during regular checkups for your baby?

- A. Ask if your baby is developing ok
- B. Avoid follow-up questions
- C. Avoid asking any questions about vaccinations
- D. All of the above
- E. I'm not sure

22. Which one is a sign of breast cancer?

- A. Not being able to sleep
- B. A lump in the breast
- C. Being hungry
- D. I'm not sure

23. What is a symptom of reproductive cancer?

- A. Unusual vaginal bleeding
- B. Painful urination
- C. A lump or mass in/on your reproductive organs
- D. All of the above
- E. I'm not sure

24. Which of the following may help regulate menstruation and prevent pregnancy?

- A. Depo-Provera shot (birth control injection)
- B. Birth control pill
- C. Intra-uterine Device (IUD)
- D. Latex condoms
- E. All of the above
- F. I'm not sure

25. What should I do if I think I have a sexually-transmitted infection (STI)?

- A. See a doctor
- B. Stay sexually active
- C. Ignore your symptoms
- D. I'm not sure

Supplementary Information

Table 1. Demographic Characteristics

Characteristics of the cohort, N = 10

Variable	Total N (%)
Age Mean (SD)	29 (4.18)
Language	
Dari	10 (100)
Pashto	999 (52.77)
Education Status	
Low Literacy	2 (22.22)
Primary School	1 (11.11)
Middle School	3 (33.33)
Highschool	3 (33.33)
Above Highschool	1 (11.11)
Prior ESL Participation	
No	2 (20)
Yes	8 (80)

Table 2. English Literacy Assessment

Variable	Total (%)
Before Program Implementation	
Ability to Understand	
Not at all	50
Not well	0
Somewhat well	30
Well	20
Very Well	0
Ability to Speak	
Not at all	40
Not well	30
Somewhat well	30
Well	0
Very Well	0
Ability to Read	
Not at all	50
Not well	20
Somewhat well	10
Well	20
Very Well	0
Ability to Write	
Not at all	40
Not well	10
Somewhat well	30
Well	10
Very Well	10
After Program Implementation	
Ability to Understand	
Not at all	0
Not well	50
Somewhat well	33.3
Well	16.7
Very Well	0
Ability to Speak	
Not at all	0
Not well	50
Somewhat well	50
Well	0
Very Well	0
Ability to Read	
Not at all	0
Not well	16.7
Somewhat well	83.3
Well	0
Very Well	0
Ability to Write	
Not at all	0
Not well	16.7
Somewhat well	50
Well	33.3
Very Well	0

Table 3. Health Literacy Assessment

Variable	Average Score (%)
Before Program Implementation	
Health Navigation	48
Nutrition	73.33
Physical Activity	80
Mental Health	50
Sexual and Reproductive Health	65
After Program Implementation	
Health Navigation	40
Nutrition	80
Physical Activity	92
Mental Health	65
Sexual and Reproductive Health	87.5

Sources of Health Information

