

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)																
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/25/11	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11ND122934	4. DATE RECEIVED BY FEDERAL AGENCY: 01/25/11	FEDERAL IDENTIFIER: 09NDHPA002														
<b>5. APPLICATION INFORMATION</b>																
LEGAL NAME: TEMPLE UNIVERSITY DUNS NUMBER: 057123192 ADDRESS (give street address, city, state, zip code and county): 1700 N Broad St Philadelphia PA 19121 - 3429 County: Philadelphia	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Patience Lehrman TELEPHONE NUMBER: (215) 204-3212 FAX NUMBER: INTERNET E-MAIL ADDRESS: patience@temple.edu															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 231365971	7. TYPE OF APPLICANT: 7a. Higher Education Organization - State Controlled 7b. 4-year college															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION        B. BUDGET REVISION C. NO COST EXTENSION    D. OTHER (specify below):	9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:94.006 10b. TITLE: AmeriCorps National	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project SHINE- Temple University															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Philadelphia and communities in 2 additional states.	11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 09/01/11    END DATE: 08/31/12	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="PA 002"/> b.Program <input type="text" value="PA 002"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 247,619.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 81,722.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 329,341.00</td> </tr> </table>	a. FEDERAL	\$ 247,619.00	b. APPLICANT	\$ 81,722.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 329,341.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 247,619.00															
b. APPLICANT	\$ 81,722.00															
c. STATE	\$ 0.00															
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f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 329,341.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Robert Gage	b. TITLE: Director	c. TELEPHONE NUMBER: (215) 204-7454														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 01/25/11														

## Narratives

### Executive Summary

The Project SHINE AmeriCorps Health Literacy program will engage AmeriCorps members consisting of retired health professionals, college students and other older adults to provide health literacy and healthy aging activities to immigrant elders in three diverse communities - Philadelphia, PA, Denver, CO, and Greensboro, NC. Using senior centers, community centers and health clinics as a base, members will implement activities that increase the ability of immigrant/refugee elders to access health resources and services, increase knowledge of health activities and promote well-being and healthy aging.

### Rationale and Approach

Compelling Community Need - Health Literacy of Older Immigrants and Refugees

America is aging and becoming increasingly diverse. By 2050 the ethnic minority elder population is projected to more than double, comprising more than 35% of the elderly population (Federal Interagency Forum on Aging 2000). The Hispanic elderly population is projected to grow from 2 million to 13 million, while the population of Asian elders will expand nearly ten fold from 660,000 to 5.7 million during the same period.

Most immigrant elders do not speak English as their first language and face obstacles in their efforts to access healthcare in the United States. Many experience difficulties understanding and speaking English in healthcare encounters and in reading prescriptions, insurance information, and consent forms. While those who immigrate as children often develop English proficiency and knowledge of the healthcare system by the time they reach old age, immigrants who enter the United States later in life often experience significant challenges in learning English and acculturating to American life. These difficulties may be due to their reluctance to attend classes with younger people who learn more quickly, lack of confidence, or fear about not being able to remember new information.

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The ability to play an active role in one's healthcare depends on a multi-faceted set of skills known as "health literacy." Health literacy is: the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (Ratzan and Parker, 2000). This definition acknowledges that individuals may use oral communication skills as well as print literacy to obtain health information, access health services, and make health-related decisions. In 1999, The Journal of the American Medical Association reported that 46 percent of adults lack the literacy skills necessary to deal with the healthcare system (Gazmararian, Baker, et al., 1999). This is particularly true for limited speaking elders. In a study with public hospital patients, over 60 percent of non-native English-speaking patients lacked the literacy skills adequate to function in healthcare settings (Williams et al., 1998).

The ability to understand and act on health information directly affects a patient's ability to understand disease processes, engage in disease prevention and early detection interventions, and comply with therapeutic routines. Researchers studying patient compliance found that patients with lower levels of health literacy may not fully understand their health problems and, therefore, are less likely to participate with their doctor in making decisions about a course of treatment (Gazmararian, Parker, et al., 1999) Additionally, patients with lower health literacy skills have more health problems and require longer hospitalization times than other patients (Baker et al., 1997; Bennett et al., 1998).

In a study conducted by the Intergenerational Center at Temple University, 101 immigrant elders representing seven major language groups were assessed using both focus groups and interviews conducted in elders' native languages. In addition, 36 professionals in the fields of healthcare, senior services, immigration and ESL provided consultation to SHINE staff. This research, published in a report titled "Patient Listening: Health Communication Needs of Older Immigrants," revealed that just

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making an appointment can become an overwhelming obstacle to seeking treatment. The confidence to ask questions can also be critical in healthcare setting where so much information is transmitted through oral communication. In addition to basic English language proficiency, we learned that components of effective communication include cultural competence ( ability to communicate appropriately depending on setting), strategic competence ( ability to clarify or correct a misunderstanding by restating information or asking for repetition), and discourse competence (an understanding of the structure of healthcare encounters and the healthcare system).The proposed AmeriCorps program will address this critical community need in Philadelphia and three other communities that have large immigrant populations.

### Description of Activities and Member Roles

The proposed AmeriCorps project will address the English language and health literacy needs of older immigrants by building upon an existing national service learning initiative called Project SHINE (Students Helping in the Naturalization of Elders), developed by Temple University's Intergenerational Center (IGC) in 1996 with funding from CNCS Learn and Serve Higher Education. Project SHINE addresses the language needs of immigrant elders by linking service learning students in colleges/ universities with older immigrants/ refugees who seek to learn English and navigate the complex path to U.S. citizenship. In community centers, temples, churches, senior housing and classrooms, students in service learning classes spend 20 hours per semester tutoring elders in English and teaching them U.S. history and civics needed to pass the citizenship exam. The Center has replicated Project SHINE in 18 other universities and colleges across the nation and formed a national SHINE consortium. Since 1996, approximately 8,212 university / college students have provided 140,157 hours of service to 36,492 immigrant elders through Project SHINE. Over 218 community partners have worked with institutions of higher education in 12 cities to prepare older immigrants for US citizenship

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The overarching goals of this proposed initiative are: 1) expand our focus by utilizing members specifically to help older immigrants/refugees communicate effectively with health care providers and access health services; 2) increase the level of service provision to older immigrants/refugee by using multiple streams of service; 3) strengthen the ability of immigrant-serving organizations to more effectively meet the needs of immigrant/refugee elders; and 4) enhance SHINE's infrastructure for sustainability.

In the first three-year funding cycle, institutions of higher education in four different states will serve as the lead agencies for this initiative. Each will work with 3-5 community partners to implement this program. Each community will form multi-cultural, intergenerational teams of AmeriCorps members and volunteers who will be placed at various community sites (e.g. health centers, senior housing, ethnic-based and religious organizations). EACH institution will: 1) develop authentic partnerships among institutions of higher education, immigrant serving organizations, faith-based institutions, health departments/systems, aging service organizations, and 50+ volunteer organizations; 2) recruit, train, and support 20 minimum time AmeriCorps members per year who are diverse in terms of age and ethnicity; and 3) recruit, train, and support at least 40 leveraged volunteers per year who are culturally diverse. The national office will recruit and support 30 minimum time members and at least 60 leveraged volunteers per year.

This cadre of volunteers will implement the following activities in each community:

### 1. Health Literacy Curriculum.

To address the health communication needs of immigrant elders, AmeriCorps members and volunteers will tutor older immigrants utilizing ESL curricula to improve communication skills of elders. Members will be trained to use an ESL Health Literacy curriculum that was designed by Project SHINE to increase

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the ability of older immigrants to communicate with health care providers and increase their knowledge regarding specific illnesses and effective prevention strategies. This content -based curriculum has five thematic units: The Doctor's Office, The Hospital, Managing Illness, Healthy Aging and Taking Medication. Each unit begins with action- oriented goals and includes lessons that build vocabulary, speaking, reading and writing skills, grammatical structure, and information about the health practices in the United States. The Hospital unit, for example, has two goals: 1) Understand more about what to expect when having surgery, and 2) Prepare a list of personal health information. All lessons are prepared for two levels of learners: Advanced Beginning and Intermediate. These materials are designed to improve communication in healthcare contexts and are not intended to offer medical advice. Members will provide instruction to older immigrants in familiar settings such as community or senior centers, temples, churches, health centers and senior housing. Through one-on-one and small group settings, tutors will be able to provide the individual attention that many elders need to support their learning and tailor their instruction to accommodate the ability and interests of the learners. The intimate setting will also allow tutors and elder learners to build stronger relationships and overcome the debilitating anxiety that many elders have in learning a new language and adopting new ways of taking care of their health.

### 2. Workshops to promote healthy aging

AmeriCorps members will recruit students and retired faculty members in the health professions, retired health professionals, and bi-lingual volunteers to develop and offer health education workshops, special events that promote healthy living and other activities customized to the needs of older immigrants. Service activities will vary according to the academic discipline and the needs of the community. Activities could include health fairs that involve blood pressure screenings, health education workshops focused diabetes prevention or stress reduction, gardening, exercise classes for seniors that demonstrate ways to stay active at any age, sessions that focus on patients' rights to

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bilingual interpretation in healthcare contexts or provide information about Medicare and Medicaid benefits and offer referrals for necessary services. Because many older immigrants may have difficulty understanding the content of the health education workshops in English, interpretation will be provided by bilingual AmeriCorps members or volunteers and/or community providers.

### 3. Support services to facilitate access to health care by older immigrants

In addition to tutoring and coordinating health workshops, members will provide additional assistance to help elders utilize and contextualize their health literacy skills. These support activities may be health fairs that raise immigrant elders' awareness of the range of medical services available through community organizations and medical centers such as exercise classes and language support. Members may also arrange tours of local health centers, pharmacies and hospitals with elders to familiarize them with health care environments and speak with medical health professionals without the stress of a usual medical visit.

AmeriCorps members will engage in a continuum of direct and indirect service roles that are distinct from staff and volunteers. Each member will provide 2-4 hours of ESL/health literacy instruction each week, work with a team to develop and deliver 2-4 health workshops, activities or events that promote healthy living each year per community site and coordinate support services to elders as needed.

Members will also perform a variety of activities that contribute to the overall operation of this Health Literacy project. Their duties will include, but are not limited to the following: recruiting leveraged volunteers, orienting volunteers and elder participants to the program, assessing learners' interests and needs, and developing new partnerships with community and faith-based organizations. Members will be matched to roles based on their interest, skills and talents.

Each member will work approximately 9-10 hours per week over a 9 month period (total 300 hours per MSY) and will receive a stipend and an educational award upon successful completion of the total yearly hours. The 9-month long commitment will allow AmeriCorps members and elders to build trusting

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relationships and will provide continuity across semesters in the delivery of services. This intense model will provide 11,600 classroom instruction hours to 400 elders and their families each year, which will be supplemented by workshops on relevant health topics, events that promote healthy living as well as individual support for elders in real medical situations. This model will help elders put their classroom learning to real life applications.

AmeriCorps members assigned to local community based organizations (CBOs) may take on various leadership roles in addition to their health literacy service roles. Some may be the lead person in planning and coordinating health literacy events while others coordinate learner or leverage volunteer recruitment and schedules. AmeriCorps members, however, will not be directly supervising other AmeriCorps members. Each member will report directly to the staff Program Coordinator.

Staff members of CBOs where AmeriCorps members are placed will verify the service hours that AmeriCorps members perform at their site. The AmeriCorps staff program coordinator will conduct regular site visits to offer additional support to AmeriCorps members in the field.

A Program Coordinator at each sub-grantee site will allocate 20-25 hours per week to provide ongoing supervision of AmeriCorps members and programmatic oversight. The Program Coordinator is a paid staff position with the following responsibilities:

- Recruitment of members, leveraged volunteers and elders
- Supervision of AmeriCorps members
- Coordination of member pre-service orientation and in-service training and support
- Tracking and coordination of members' time and attendance information using the online database
- Frequent meetings with members to provide feedback and address specific concerns.
- Communication with community sites where AmeriCorps members will be placed, including weekly



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check in with community site partners.

- Ensuring program compliance with contractual guidelines

In the second program year, this initiative will involve 90 minimum time AmeriCorps members in four communities providing 27,000 hours of service and a minimum of 180 leveraged volunteers, including service learning and work study students, retired health professionals, and older immigrants providing at least 3600 hours of service to a minimum of 400 older immigrants and their families. Temple University will serve as a national office and will operate one of the projects and provide subgrants to three additional colleges/universities. Each site will be responsible for recruiting, training and supporting students' implementation of Health Literacy curriculum to immigrant elders.

Our plans for member development, training and supervision will greatly enhance the quality of service delivery and improve the existing program infrastructure. The initial pre-service training will orient members to the vision of both AmeriCorps and SHINE's Health Literacy project, begin to build a team identity, and provide basic content information. The member development activities will increase the cultural competence of native-born AmeriCorps members, improve the quality of the relationships formed across generations, and increase the effectiveness of service delivery. (See section on member training).

SHINE staff will ensure that members comply with rules on prohibited service activities by including this information in the initial training as well as in the member handbook that will be given to each member. An AmeriCorps continuation grant will build on the work we've begun in year one of the 3-year grant cycle, deepen our work to address health literacy in immigrant communities, ensuring consistent membership and service provision. This is a significant value add to the program, especially to the

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immigrant elders and refugees who will benefit from sustained service across semesters. This grant will offer SHINE the opportunity to refine existing training and leverage additional resources of retired Health professionals, bilingual students and immigrant elders as members. Support from AmeriCorps will intensify our current health literacy service, support elders in applying health literacy skills in real life settings and improve programming by raising member awareness of the health communication needs of limited English speaking elders.

### Measurable Outputs and Outcomes

#### Annual Outputs

- 90 minimum time AmeriCorps members will be recruited and trained to serve in the community each year.
- 15 community partners will be engaged across 4 cities each year, including ethnic based organizations, religious institutions and medical centers.
- A minimum of 27,000 service hours will be produced by AmeriCorps members.
- A minimum of 180 leveraged volunteers will be recruited each year.
- A minimum of 3,600 hours of service will be contributed by leveraged volunteers, including service learning students, bi-lingual students, retired health professionals and immigrant elders.
- At least 400 immigrants and refugees age 50+ and their families will be served each year.
- 11,600 ESL instructional hours will be provided each year by AmeriCorps members
- 36 workshops and special events that promote health and healthy living will be provided each year by AmeriCorps members and leveraged volunteers
- A total of 53-60 hours of training will be made available to each AmeriCorps member each year, covering content knowledge, leadership skills and program guidelines.
- Program staff will collect promising practices and lessons learned on improving the health literacy skills of immigrant elders and on the management of the AmeriCorps program.

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### Outcomes

#### 1. Older immigrant Learners:

- Increased health literacy skills (e.g. increased vocabulary and grammatical skills for health access and communication; increased cultural competencies such as understanding norms of doctor-patient relationships);
- Increased knowledge (e.g. basic knowledge of US healthcare system, knowledge of local support and services related to healthcare);
- Increased sense of self-confidence.

#### 2. AmeriCorps members

- Increased intercultural and intergenerational communication skills
- Increased teaching and presentation skills- Increased leadership and team building skills- Increased knowledge of local and national issues on health literacy and resources to address health literacy challenges
- Increased sense of civic responsibility to address issues on health literacy and health disparities

#### 3. Community Partners

- Increased organizational capacities in:1)mobilizing untapped human resources such as college students, retired professionals and their older immigrant clients as volunteers; 2) understanding specific needs of 'older' immigrants and providing quality services geared to this population; and 3) building partnerships with local and national agencies working on immigrant health access and health literacy issues.

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SHINE will continue to refine the online database developed in the first program year to track information on outputs by gathering data on:

- Member portfolio (age/ethnicities/native language of members, affiliations such as department/major, etc.)
- Member service hours (both direct and in-direct services)
- Training /TA hours provided for members and leveraged members (both face-to-face, and on-line)
- Planning/Meeting hours spent with host agencies
- Planning/Meeting hours spent with the advisory committee and other agencies.
- Participants' demographics
- Attendance records for elders
- Attendance records of leveraged volunteers recruited through this program and the activities they participated in.

SHINE will develop comprehensive tools to track information on outcomes by conducting:

- pre-post assessment of AmeriCorps members
- pre-post assessment of elder learners at the end of each semester
- pre-post survey of community partners
- documentation, review and analysis of proceedings from AC member training and reflections, community meetings, SHINE annual meeting and site visits, etc

Plan for Self-Assessment and Improvement

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SHINE staff will develop and utilize a variety of tracking tools to evaluate progress towards outcomes. Examples of these tools will include: a.) pre and post service surveys completed by learners, tutors and health professionals; b.) progress reports produced by participating sites; c.) online discussion boards to communicate and share information; d.) telephone interviews conducted with various stakeholders including staff of community organizations.

On both the national and local levels, SHINE staff will facilitate problem-solving and reflection sessions to improve services during the monthly member meetings. SHINE staff and community partners will be available for consultation for members encountering challenges. Members can also utilize the newly created SHINE resource library and the on-line discussion board to solicit feedback from other members and SHINE staff nationally and gain valuable information to enhance services and problem solve.

In addition to trouble shooting individual challenges faced by members, SHINE staff will routinely analyze on-going experiences reported by members by reviewing the on-line discussion log and progress reports. The analysis will identify gaps in the training design and the program infrastructure and make mid-course improvement in the overall system. It will be conducted by the research developer as well as by representatives from various stakeholders (SHINE staff, members, community site staff, elder learners, leveraged volunteer, community leaders, and faculty). End of year feedback and analysis will also be carried where all sub-grantees will reflect on the progress and plan for continuous program improvement.

### Community Involvement

Guided by the principles of authentic community-campus partnership, Project SHINE's needs

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assessments, curriculum development and service activities have always included the perspectives and experiences of older immigrants and community leaders. Community --based research conducted by SHINE several years ago involved 103 older immigrant learners from a range of ethnolinguistic backgrounds at eight national SHINE sites. Findings indicated that the ability to access healthcare and communicate effectively with health care professionals were among the top priorities of immigrant elders. This encouraged SHINE to conduct a more in-depth needs assessment on this topic and develop culturally appropriate health literacy materials, geared to the language and literacy abilities of immigrant elders.

Through a grant from MetLife Foundation, an assessment of health literacy needs was conducted in Philadelphia and San Jose, CA with 101 immigrant elders representing seven major language groups. Immigrant elders were interviewed through series of focus groups and interviews. In addition, two community forums involving 36 professionals in the fields of healthcare, senior services, immigrant-serving organizations, community leaders as well as instructors of English as a Second Language were held in Philadelphia to identify gaps in the healthcare and social service systems which contribute elders' challenges. The issues identified included different concepts of health and health care between immigrant communities and the mainstream U.S. healthcare system, cultural and linguistic gaps between providers and patients, lack of interdisciplinary collaboration to address the challenges. Based on this needs assessment, a "participatory curriculum development" approach was utilized to develop the health literacy curriculum.

Through a planning grant from AmeriCorps, a feasibility study was conducted by RMC research to determine if existing SHINE sites and their community partners would be interested in developing a SHINE AmeriCorps program and if older immigrants would be interested in participating as service providers. RMC researchers conducted phone interviews with 9 representatives from 8 community

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organizations which work with older immigrants and refugees to explore their interests in supporting older immigrants' community services through an AmeriCorps grant. 83 elders from 16 different countries in 4 cities participated in focus groups to explore possible AmeriCorps activities and express their interest in volunteering through the SHINE partner community-based organizations. Both community partner staff members and elders expressed enthusiasm about volunteer opportunities to contribute to their community.

In the first program year, SHINE has engaged over a dozen community partners in the health literacy project and will continue to strengthen our partnership to reach more immigrant elders and engage them in the project. Ethnic community based organizations serve as connectors, providing SHINE staff, students and faculty with insights into the assets and needs of immigrant communities and allowing SHINE students to serve immigrant elders in a familiar environment within their own communities. SHINE will continue to build and deepen relationships with public health departments, state health education centers and other healthcare providers, utilizing the resources of SHINE students to support health promotion, prevention and education for older immigrants. Community partners will contribute to student learning by participating in pre-service training, and providing ongoing training and support as new tutors begin their service. They will also serve as members of local advisory groups, attend planning meetings and collaborate on grant proposals.

### Relationship to other National and Community Service Programs

The proposed program will collaborate with other national and community service programs supported by CNCS. RSVP's in each SHINE community will be contacted to help recruit retired health professionals and older immigrants (if appropriate) to the program. SHINE will also collaborate with Jump Start at Temple and other AmeriCorps programs that exist on the campuses of our university

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partners.

### Potential for Replication

As demonstrated over the past few years, Project SHINE is highly replicable in both university and community college systems and with a wide variety of ethnic communities. The proposed AmeriCorps grant will build upon the successful aspects of the original SHINE program as well as expand its scope and focus in health literacy. The national office will collaborate with consortium members to identify promising practices in key areas such as sustainability, student leadership, community partnerships, program implementation and provide funding to experienced sites who have demonstrated success in these areas to develop tools and training to facilitate the replication of their successful strategies.

Developing the expertise of consortium members to mentor new sites and others is a cascading effect that will allow SHINE to reach a wider audience as well as build a cadre of trainers capable of disseminating best practices associated with intergenerational service-learning strategies. The SHINE national office will develop and share program materials (training, instructional materials, list of potential health workshop topics with related resources materials) that are replicable to other universities. Replication sites can adopt these materials and tailor to the needs of their target groups/communities. SHINE will also collaborate with Campus Compact, Campus Community Partnerships for Health, and the American Council on Education to disseminate materials and foster replication.

### Organizational Capability

#### D. Organizational Capability

##### Sound Organizational Structure

The Intergenerational Center at Temple University (IGC) is dedicated to strengthening communities by



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bringing generations together to meet the needs of individuals and families throughout the life cycle. We achieve our mission by developing model intergenerational and civic engagement programs that address critical community needs, providing training and technical assistance related to intergenerational and civic engagement programming, conducting research, and creating written and multi-media materials. The Center has 45 staff members and a budget of \$3.5 million. Over the last twenty nine years, the Center has developed over 30 programs that have mobilized children and youth, college students and older adults to provide a wide range of services to people of all ages. In addition, Center staff has provided training and technical assistance in intergenerational program development and 50+ civic engagement to over 500 organizations in the aging, education and youth fields, both nationally and internationally. We are currently coordinating three national multi-site initiatives.

Through SHINE, IGC has extensive experience working with immigrant communities on literacy issues. Since 1996, SHINE has partnered with 31 colleges and universities and over 200 ethnic, community and faith-based organizations in 18 cities across the country. Faculty have incorporated service-learning through SHINE into more than 1000 courses in a variety of disciplines, connecting community service to course content through critical reflection. Over 9000 students have provided more than 150,000 hours of service to almost 40,000 older immigrants. In addition to serving hundreds of older immigrants in Philadelphia, SHINE staff at Temple University conducts community-based research and evaluation, develops materials, and provides training and technical assistance to institutions in the national network.

As a result of working with SHINE tutors, older immigrant learners improved their confidence and ability to communicate in English. Ninety percent of learners who took the citizenship test passed with help from a SHINE tutor. Ninety six percent of community partners report that SHINE students increased their capacity to serve older immigrants. SHINE service learning students demonstrated

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statistically significant increases in civic skills ( $p = .000$ ) and knowledge of U.S. immigration ( $p = .03$ ) when compared with students who had not participated in SHINE.

IGC has administered federal grants from the Corporation for National and Community Services (Learn and Serve Higher Education (SHINE) and AmeriCorps (Experience Corps), the Center for Substance Abuse Prevention, the Administration for Children, Youth and Families, the Administration on Aging, the National Science Foundation, the U.S. Department of Education, and the Environmental Protection Agency. CIL also served as the Corporation's TA Provider for the Boomer Initiative.

As the national coordinator of the SHINE AmeriCorps program, IGC will draw on procedures already in place to support and provide technical assistance to the three other communities implementing AmeriCorps, including regular communication through conference calls, email, and a "consortium web" (C-Web) designed to streamline reporting and facilitate exchange of information among consortium members. All sites will receive at least one site visit per year by national staff. In addition, SHINE will host an annual meeting for all sites. Temple University's Grant Accounting Office will oversee the expenditure of funds and the preparation of financial status reports, assisting with the establishment of systems and processes for sound fiscal oversight.

RFPs for the Americorps program will be disseminated across the SHINE consortium. Having provided funding and worked closely with all the potential sites through the Learn and Serve grant, we are confident that these sites will meet AmeriCorp regulations. Selection criteria will include: demonstrated need for health literacy within the immigrant and refugee community, capacity for building authentic partnership between institutions of higher learning and other ethnic and community based organizations, interest in expanding streams of service, potential for project sustainability, and level of commitments from community partners.

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SHINE staff will monitor qualitative and quantitative measures of program progress through quarterly reports submitted electronically which will alert national office staff to any problems requiring more intensive technical assistance or intervention. All records will be reviewed during site visits using a monitoring tool prepared by the national office and disseminated throughout the consortium.

Subcontracts, including a detailed budget, statement of work, and grant award provisions, will be issued by the Office of the Vice President for Research after careful review by University Counsel. Sites are required to submit invoices on a quarterly basis. Financial status reports and cost sharing documentation must be submitted every six months. Sites will assist with the documentation of best practices and service models.

### Staffing

The founder and Executive Director of IGC, Dr. Nancy Henkin, will supervise the Project Director and contribute to continued resource development. Dr. Henkin is a recognized expert in the fields of intergenerational programming and civic engagement. The Project Director, Patience Lehrman, will be responsible for fiscal and programmatic oversight of the national program and for communication with the CNCS office. Ms. Lehrman, a first generation immigrant from Cameroon, West Africa who speaks several languages, holds a dual Master's degree in Education and Organizational Development from Temple University. She has ten years of experience in community service, workforce development and outreach to immigrants. The Assistant Director, Lilian Wu, will manage the local operation of the program, including recruitment, training and on-going support of members, data collection and reporting as well as provide TA to other sites. A first generation immigrant from Hong Kong, China, who speaks both Cantonese and Mandarin, she holds a Master's Degree in Elementary Education from the University of Pennsylvania and has over 5 years of experience delivering educational programming and

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services to low-income and immigrant populations. Both Ms. Lehrman and Ms. Wu have served as members through CNCS's AmeriCorps and VISTA programs.

The Research Developer, Hitomi Yoshida, currently serves as a Research Associate at Project SHINE and is one of the authors of the Patient Listening report and Health Literacy curriculum. She will support the training of members in health literacy, develop performance evaluation tools, and document best practices across sites. The Administrative Assistant will support coordination of monitoring visits, on-going communications with local sites and annual meetings. Each local site will have a staff Program Coordinator to recruit, train and support member services and build/maintain relationship with CBOs and faculty members.

### Plan for Self Assessment or Improvement

IGC is currently engaged in a strategic planning process and systems re-engineering effort that will enhance the effectiveness of our infrastructure. Our internal assessments have focused on organizational effectiveness, staff capacity, resource allocation, and organizational climate. We have hired a Deputy Director to oversee these efforts and ensure the implementation of recommendations.

### Plan for Effective Technical Assistance:

Training and technical assistance will focus on building the capacity of SHINE partners to provide sustained, high quality service to older immigrants in community settings and institutionalize the program. Temple staff will provide site-specific technical assistance through 2 site visits per year, quarterly conference sessions/webinars, monthly telephone conferences, and regular e-mail contact to orient and train coordinators in techniques for recruitment, data collection and general operational issues. Temple will facilitate cross-site collaboration through the development of a SHINE blog to disseminate materials and create a forum for members, volunteers, and staff to discuss issues related to

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instruction and program management. IGC staff will help sites strengthen their relationships with the aging, immigration, and adult literacy networks, clarify roles and responsibilities of members and staff, and develop effective strategies for monitoring volunteers. Temple will also identify potential funding sources and assist in the preparation of proposals.

### Sound Record of Accomplishment as an Organization

In addition to the 800 Volunteers we recruit for specific CIL programs, we also have involved volunteers of all ages in activities that contribute to the overall organizational capacity at IGC. These include assistance with public relations, data base development, outreach to underserved communities, and materials development.

IGC has been recognized by several national organizations for its outstanding accomplishments, including the Points of Light in 2001 and the United Nations in 2002. SHINE was among 12 model programs selected by the Philanthropy for Active Civic Engagement to be included in its report on service programs that have demonstrated civic engagement outcomes. Dr. Henkin, who serves on the Mayor's Commission on Aging and the Editorial Board of the Journal of Intergenerational Relations, has received many awards, including an Ashoka Fellowship for social entrepreneurship.

### Success in Securing Community Support

Most programs at the Center involve extensive collaborations among community organizations, government agencies, institutions of higher education, faith-based organizations, and neighborhood associations. The SHINE program specifically involves a broad range of immigrant and ethnic-run organizations in each community. In Philadelphia, SHINE partners with 19 community sites that serve Hispanic, Asian and African elders. SHINE has also been effective in tapping into the resources of

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partners to make the experience of college students and community members more meaningful. Over the past 29 years, the level of contributions from Philadelphia area individuals, city agencies, corporations and local foundations has significantly increased. For example, IGC is now included as a line item in the budgets of the Area Agency on Aging, the Department of Human Services, and the United Way. Non-financial support from community stakeholders such as older adults, families, and youth and organizations that serve these groups has increased as well. Community partners have contributed a wide range of in-kind services and resources (e.g. advertisements, mailings, space, and educational materials).

### **Cost Effectiveness and Budget Adequacy**

#### E. Cost Effectiveness and Budget Adequacy

##### Cost Effectiveness

Based on SHINE's long history of success in reaching and serving the older immigrant as well as college student population, the SHINE national office is in a strong position to access additional funds for sustainability and expansion. Metlife Foundation is currently providing the matching grant for this project and we are in conversation to discuss match funds for the second program year. Metlife Foundation has supported the community based research that allowed SHINE to document the health needs of the immigrant communities, subsequent material development, and additional research focused on the civic engagement of older immigrants and refugees. SHINE has also received steady funding support from the Bureau of Adult Basic and Literacy Education at the Pennsylvania Department of Education. We expect to receive continued funding from the Bureau of ABLE.

The national office will work with local sites to identify resources within their own states to support their AmeriCorps members. Additional proposals are being prepared for submission to other private foundations, including Cigna Foundation and the John S. and James L. Knight Foundation. The

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national office will help subgrantees to identify local funding opportunities, arrange meetings with potential funders during site visits and act as a consultant on proposals.

### Budget Adequacy

The immigrant and refugee elder communities are difficult to reach populations due to their linguistic and geographic isolation. Minority students have also traditionally participated in service learning activities at lower rates than the general population. Project SHINE will be able to effectively reach out to both populations for \$12,600 per MSY from CNCS because SHINE has an established infrastructure to draw upon and has a track record for obtaining a diverse stream of funding. By leveraging the capacity of existing infrastructures in colleges, communities and the SHINE consortium, this AmeriCorps program will be able to effectively recruit, train and support AmeriCorps members as well as develop and oversee member services in the communities.

The program design is therefore lean on administrative overhead, with the bulk of the funding going toward member support. With this budget, SHINE will be able to offer \$1,500 for the completion of member service year in addition to AmeriCorps' education award.

Many students of immigrant backgrounds do not participate in service activities because they are unaware of the opportunities. Moreover, they often have an obligation to provide for their families and cannot afford to make the sacrifice of time because it will have a negative financial impact. By providing the living stipend and education award, immigrant students will be better able to invest in their personal development while providing much needed services to their communities.

### Evaluation Summary or Plan

N/A

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### Amendment Justification

N/A

### Clarification Summary

Budget Clarification Items:

1. Section C. Staff Travel: Explain what is meant by: "initial set-up visit to 3 sites" and "second trip to 3 sites".

Initial setup visit with all 3 sub sites will be planned for member orientation and training before the beginning of program year and service. A second trip will be the remote monitoring at implementation sites to ensure accurate documentation and compliance with contractual expectations and CNCS requirements.

2. Section G. Member Training: Clarify what is included in the recognition events costs.

Only Space rental @ \$ 250 is included for national site recognition. Other costs for recognition will be picked from other matching grant.

3. Section G. Member Training: You have a daily rate of \$500 listed in the "duplication" line item. Please review this line item. If it is accurate, please explain why a daily rate of \$500 is needed for duplication. If it is not accurate, please correct the line item.

This has been corrected on budget Section-I on e-grants. \$ 500 includes yearly expense for the duplication of training materials. This has been revised to reflect a daily rate of \$ 2 for 250 working days.

4. The Administrative Costs Section III: Budget narrative lists: (\$ 266,643-10000\*3)x26% - 10,875 = 50652". However, our calculation of total costs is \$236,744 (CNCS shares of Section I & II of the budget). Please correct the budget narrative and calculation as needed.

CNCS section calculations were based on CNCS section I + II which was 236,744. The match part as per



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RFP was calculated based on sum of Section I+II of the total project (CNCS + Grantee share) which was \$ 266,643 times 26%, which is our negotiated indirect rate. Previously grantee sub sites were not budgeted for the 5.26% indirect on their side and national was planning to charge indirect on the national budget excluding the 10,000 (total sub site amount is \$ 35,000, temple charges indirect on \$ 25,000). However based Year 1 implementation sites are charging indirect on their budget. To reflect this cost on Year 2 budget, we are requesting to revise Section III.

Calculations: CNCS Indirect:  $\$ 235,245(\text{Sec I} + \text{Sec II}) \times 5.26\% = 12,374$

Match Indirect:  $\$ 266,643(\text{Sec I} + \text{Sec II}) \times 26\% - 12,374 = 56,953$

The increase in cost in Indirect will be compensated by decrease in allocation of Asst. Director on this project. The total grant amount is still \$ 247,619.

5. Has Temple updated its Indirect Cost Rate agreement since the last application submission? If so, please submit a copy of it to your Grants Officer, Heather Wiley.

Sent on 5/3/2010 via email.

Programmatic Clarification Items:

1. Work-study: There are several questions related to Temple's intent to use work-study positions for AmeriCorps members. Specifically: page 37 of the application states "Temple has used funds from PHEAA and the Federal Work Study program to support work study students in the SHINE program. We will continue to use work-study funds to support part of the match required by AmeriCorps."

a. During clarification in year 1 of the grant, you stated that no work-study funds would be used as match. Please verify whether or not you plan to request federal work-study positions. If you do not plan to request federal work-study positions, then delete these references to work-study from page 37 of the application narrative.

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We confirm that no work-study funds were used in Year 1 and will not be used in year 2 operations as either match or part of AmeriCorps grant. Changes are made on e-grants narrative( E. Cost Effectiveness and Budget Adequacy)

b. If you did mean to propose adding a work-study component, then please explain how many slots you intend to make work-study, and indicate this in the narrative and in the budget.

After serious consideration we have decided not to include work-study positions for this grant.

c. If you do propose adding federal work study positions, then please note that there are specific rules related to federal work-study, and that the Serve America Act instituted new rules related to federal work-study. The Serve America Act specified that the CNCS living allowance must be reduced by a student's federalwork-study payments, or our portion of the living allowance must be waived. Additionally, you must investigate Wage and Hour laws which are applicable in this situation because federal work-study participants are treated as employees, while AmeriCorps members are not. You must take all this information into account, and then decide if you still want to include federal work-study positions in your grant. If you do, then you must:

i. Specify how many federal work-study positions you plan to request and why you are requesting this change.

ii. Describe how you comply with the Serve America Act and Wage and Hour laws as described above.

Please see response for a, b above regarding work-study positions.

## Narratives

2. Temple is proposing having 4 sites in the 2010 year. It had originally been approved for 4 sites in its 2009 grant, but 1 site dropped out. Given the challenges Temple has experienced with learning to manage 3 sites, please explain how you will ensure that you have sufficient training, oversight and monitoring systems in place to support this expansion.

Temple has made great strides in launching AmeriCorps National Direct Program. Despite our initial success we have experienced a few challenges with sites dropping out at the last minute. To ensure effective implementation and continuous improvement we intend to maintain 3 implementation sites for the second year of the grant.

3. The cost/MSY for the Year 2 continuation application is \$12,998. This represents an increase from the Year 1 cost/MSY of \$12,600. Please provide an explanation for why this increased cost/MSY is needed. Cost/MSY increase can be justified based on our experience from current year's grant. More staff time has been spent than anticipated. This additional cost/MSY will be allocated towards the additional staff time required to manage the sub sites and this grant.

4. The performance measure screens in eGrants have been updated since you submitted your continuation application. As a result, you will need to complete a couple sections of the performance measure screens before you resubmit your application. The sections you must complete are:

- a. SAA Characteristics: Select one of the listed characteristics or `none of the above?', as appropriate.

Completed on e-grants

- b. Priority Area: Select at least one national priority area that correlates to significant activities of your members and then select edit/view MSY slots. You may select ?other? if none of the listed areas are appropriate for your program. You will complete a MSY chart for each priority area you select. The total of MSYs in all Priority Areas (including Other) should be equal to the total budgeted MSYs. This screen will be

## Narratives

available after April 29, 2010.

Completed on e-grants

c. Select ?not opting in? to the national performance measures.

Completed on e-grants

Application # 11ND122934

Clarification Items

Budget clarification Item # 1. A-Personnel Expense

1.The Program Coordinator position has already been filled

2. Personnel fringe benefit:

Full time staff

Health and Life Insurance

FICA-OASDI

FICA - Medical

Pension

employee/Dependent Tuition

Workers' Compensation

Unemployment compensation

Post-retirement & early retirement benefits

Study Leave

Benefits Management

Part-time employee

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FICA - OASDI

FICA- Medical

Workerss Compensation

3. Source of Match funds: MetLife Foundation cash match at \$81,722

Programmatic Clarification Items

1. Executive Summary : Please see correction in the narrative

2. Project SHINE confirms a grant start date for August 2011 and member enrollment in September 2011

3. Project SHINE reached out to the state commisions in Pennsylvania, Colorado, Texas and North Carolina to notify them about the program. Ongoing contact with state commissions has been carried out by Program Dirctors & Coordinators in each state.

4.a. Project SHINE will conduct a state criminal background check as well as an FBI check for all members, employees or other individuals who receive salary, education award, living allowance, stipend, or similar payment from the grant in the new grant year.

4.b.the criminal checks mentioned above in 4.a. will also include an FBI fingerprint check in addition to the state registry check and the NSOPR for anyone with recurring access to vulnerable population associated with the grant.

Performance Measure Clarification Items

1 & 2: Please see revisions in the application.

### Continuation Changes

1.) The national SHINE office will continue to operate a program in Philadelphia, Pennsylvania and in two other states. In the second program year, our goal is to bring on an additional site selected through

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an RFP process disseminated to the SHINE consortium and other national networks. SHINE plans to operate a total of 4 sites in the second program year.

2.) Due to a long start-up period, we anticipate filling 100% of slots in the first year. Philadelphia is the largest site with 50 slots and our two sub-grantee sites have 20 slots each. In the second program year, the national SHINE office will reallocate slots across 4 sites.

3.) National SHINE will continue to recruit retired health professionals, college students and other older adults to serve as AmeriCorps members in this program. In addition, we anticipate recruiting work study students in the second program year from area colleges and universities who are eligible and available to serve in this program.

## Performance Measures

### SAA Characteristics

- AmeriCorps Member Population - None       Geographic Focus - Rural  
 Geographic Focus - Urban                       Encore Program

### Priority Areas

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Education                 | <input type="checkbox"/> Selected for National Measure | <input checked="" type="checkbox"/> Healthy Futures     | <input type="checkbox"/> Selected for National Measure |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Selected for National Measure | <input type="checkbox"/> Veterans and Military Families | <input type="checkbox"/> Selected for National Measure |
| <input type="checkbox"/> Economic Opportunity      | <input type="checkbox"/> Selected for National Measure | <input type="checkbox"/> Other                          | <input type="checkbox"/> Selected for National Measure |
| <input type="checkbox"/> Disaster Services         | <input type="checkbox"/> Selected for National Measure |   |  |

Grand Total of all MSYs entered for all Priority Areas      19.05

### Service Categories

- Adult Education and Literacy (including ESL and GED)      Primary       Secondary   
 Health Education      Primary       Secondary

## Health Communications

**Service Category:** Health Education

**Measure Category:** Needs and Service Activities

### Strategy to Achieve Results

**Briefly describe how you will achieve this result (Max 4,000 chars.)**

To address the health communication needs of immigrant elders, AmeriCorps members and volunteers will tutor older immigrants utilizing health-focused ESL curricula and healthy aging practices to improve communication skills of elders. Members will be trained to use an ESL Health Literacy curriculum that was designed by Project SHINE to increase the ability of older immigrants to communicate with health care providers and increase their knowledge regarding specific illnesses and effective prevention strategies. This content-based curriculum has five thematic units: The Doctor's Office, The Hospital, Managing Illness, Healthy Aging and Taking Medication. Each unit begins with action-oriented goals and includes lessons that build vocabulary, speaking, reading and writing skills, grammatical structure, and information about the health practices in the United States. The Hospital

**Briefly describe how you will achieve this result (Max 4,000 chars.)**

unit, for example, has two goals: 1) Understand more about what to expect when having surgery, and 2) Prepare a list of personal health information. All lessons are prepared for two levels of learners: Advanced Beginning and Intermediate. These materials are designed to improve communication in healthcare contexts and are not intended to offer medical advice. Members will provide instruction to older immigrants in familiar settings such as community or senior centers, temples, churches, health centers and senior housing. Through one-on-one and small group settings, tutors will be able to provide the individual attention that many elders need to support their learning and tailor their instruction to accommodate the ability and interests of the learners. The intimate setting will also allow tutors and elder learners to build stronger relationships and overcome the debilitating anxiety that many elders have in learning a new language and adopting new ways of taking care of their health.

**Results**

**Result: Output**

500 immigrant and refugee elders and their families will increase health communication skills through basic ESL and health literacy/healthy aging activities provided by AmeriCorps members and leveraged volunteers each year.

Indicator: participants

Target: # of immigrant and refugee elders and their families who participated in ESL and health activities.

Target Value: 500

Instruments: Learner intake forms, attendance sheets and a retrospective survey will be collected by AmeriCorps members. Intake and attendance data will be entered and tracked through an on-line database while results of the retrospective survey will be analysed and provided in the yearly report.

PM Statement: 500 immigrant and refugee elders and their families will increase health communication skills through basic ESL and health literacy/healthy aging activities provided by AmeriCorps members and leveraged volunteers each year.

Prev. Yrs. Data

**Result: End Outcome**

Through one-on-one and small group settings, immigrant and refugee elders will learn the knowledge and skills required to access health resources and health settings.

Indicator: Increase in knowledge or skills

Target: Immigrants and refugees age 50+ and their families.

Target Value: 50%

Instruments: learner surveys

PM Statement: 50% of elders and their families will report increased ability to access health resources and health settings (doctor's offices, pharmacies, emergency rooms).



**Result: End Outcome**

Prev. Yrs. Data

**Result: Intermediate Outcome**

Learners (immigrant and refugee elders and their families) will gain confidence speaking English through individual and small group ESL sessions.

Indicator: Increase in knowledge or skills

Target: Through this program, immigrant/refugee elders will develop the confidence they need to speak English (make medical appointments and request interpreters).

Target Value: 65%

Instruments: Qualitative assessment of learners using questionnaire and survey tools administered by AmeriCorps members.

PM Statement: 65% of the people tutored will demonstrate increased confidence in speaking English.

Prev. Yrs. Data

**Result: Intermediate Outcome**

Learners will have increased knowledge about healthy aging practices (exercise, healthy eating, gardening etc.)

Indicator: Increase in knowledge or skills

Target: Learners will be immigrants/refugees elders and their families. In immigrant communities where family members often care for by the elderly in their own homes, knowledge of healthy aging practices benefits the whole family.

Target Value: 70

Instruments: Qualitative assessment of learners using retrospective survey tool.

PM Statement: 70% of the elders will demonstrate increased knowledge of healthy aging practices.

Prev. Yrs. Data



## Required Documents

**Document Name**

**Status**

Evaluation

Sent

Federally Approved Indirect Cost Agreement

Already on File at CNCS

Labor Union Concurrence

Not Applicable