

Introduction

ReadyToWork® was established in 2006 as a for-profit affiliate of a regional logistics management firm in Dallas.

RTW developed organically:

- First offered training services to address workforce development needs of parent company.
- Next added a college and career readiness program to address needs of a nearby dropout-prevention charter school.
 - Starting with 4 campuses in 2009, program is now delivered to 10 campuses and 2500 students annually.
- From years of work with at-risk urban youth and adults needing skills training, we gained unique experience addressing **work readiness gaps**.
- Having seen first-hand the adverse effect of low health literacy on student performance and worker productivity, we have come to see health literacy as a **key component of work readiness**.

Work Readiness Gaps We Address:

- Technical skills
- Soft skills
- Financial literacy
- Health Literacy

We aim to address the need using **business and marketing principles**.

- This means outlining a **strategy, structure, and measurable goal** for our health literacy training program to ensure it:
 - **empowers participants** to better participate in their own health
 - **results in cost-savings for customers**.

Strategy, Structure, & Goal

Strategy

Develop and deliver a best-in-class scalable, repeatable, and measurable health literacy training program to targeted groups, such as secondary/post-secondary students, corporate employees, and under-served groups in our community.

Structure



Goal

Execute strategy such that program measurably benefits participants and customers and is profitable for RTW.

Segmenting our Target Market

Public Schools

Value Proposition: Customized training delivered to students and/or parents can help **reduce absenteeism** and **improve student performance** and **graduation rates**.

Health Care Providers

Value Proposition: Customized training delivered to populations at risk for low health literacy can help **reduce use of emergency services** and **re-admission rates**.

Corporate Workplaces

Value Proposition: Customized training delivered to employees can help **cut businesses' costs** related to **insurance premiums** as well as **illness-related absenteeism** and **presenteeism**.

Governmental & Quasi-Governmental Agencies & Non-Profits

Value Proposition: Customized training delivered to recipients of government health services can help **cut government expenses** related to **underutilization of preventive services** and **mismanaged care outside the hospital**.

Virginia Waldrop, Health Literacy Training Coordinator at READYTOWORK®

Pilot: Training Out-Sourced Logistics Employees

Pilot with Group of Parent Company's Out-Sourced Employees

Group Demographics: 32 employees— 30 men, 2 women; around 1/4 LEP

When: mid-April thru June during already-scheduled Thursday morning staff meetings

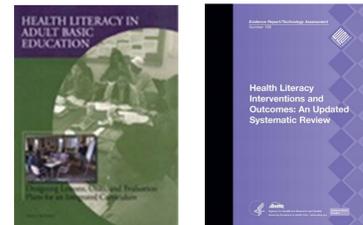
Where: training delivered on-site at Lancaster, TX location

How: first deliver needs assessment with group and conduct anonymous health survey using online surveying tool; then design and deliver 1 of 3 units below based on group needs and survey results



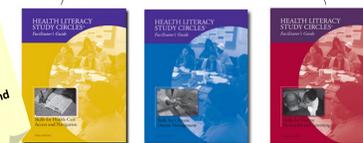
Three of our pilot program participants.

KEY RESOURCES FOR DEVELOPING CURRICULUM



Guides for integrating health literacy into adult education by research at the Harvard School of Public Health.

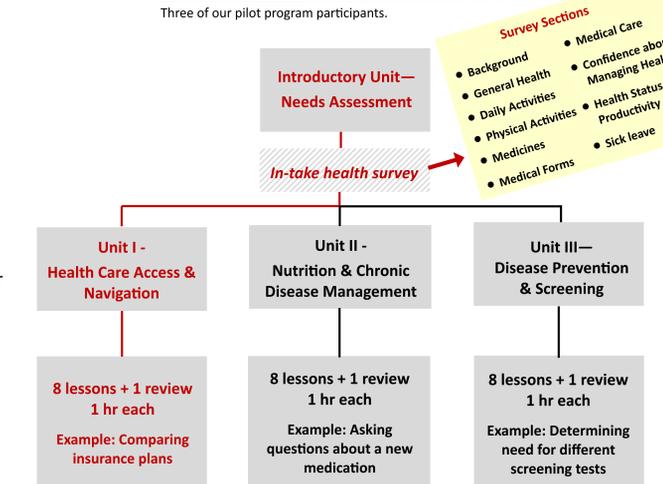
'Health Literacy Interventions and Outcomes: An Updated Systematic Review' by researchers at the Agency for Healthcare Research and Quality



KEY RESOURCE FOR DEVELOPING TEACHING TECHNIQUES

Teach Like a Champion by Doug Lemov

Target audience is teachers in elementary and secondary schools, but the tips and techniques can benefit all educators.



Example lesson topics: 'Completing Medical History Forms,' 'Selecting a Health Plan'

Outcomes Evaluation & Reporting for In-House Pilot

Participants' Outcomes

Anonymous, computer-based surveys conducted before and twice after delivery of unit (8 lessons + 1 review session) will measure changes in:

- Health status, behavior, and knowledge
- Self-efficacy completing health-related tasks
- Presenteeism (Stanford Presenteeism Scale, SP-6)
- Illness-related absenteeism

How confident are you filling out medical forms by yourself?

Extremely

Quite a bit

Somewhat

A little bit

Not at all

Example survey question

Key Resources in Designing Surveys

English and Spanish Patient Evaluation Tools from the Stanford Patient Education Research Center.



Reporting

Results of surveys will be included in report to customer and also available to participants within two weeks of completion of unit.

Customers' Outcomes

In the case of our in-house pilot, the customer is our parent company, and the value they stand to gain is closely tied to the value the participants—their employees—stand to gain. Healthier, more productive employees mean better company performance and (potentially) over time reduced premiums for company-sponsored insurance.

To measure the customer's outcomes, we will focus on the survey responses related to **presenteeism** and **illness-related absenteeism**.

Survey responses will be collected:

- prior to delivery of the unit
- 1 month after delivery
- 3 months after delivery

We will also analyze claims history reports from our company insurance provider for the 6 months prior to and following delivery of the unit, though we realize any changes observed could be due to factors outside our control and the scope of our program.

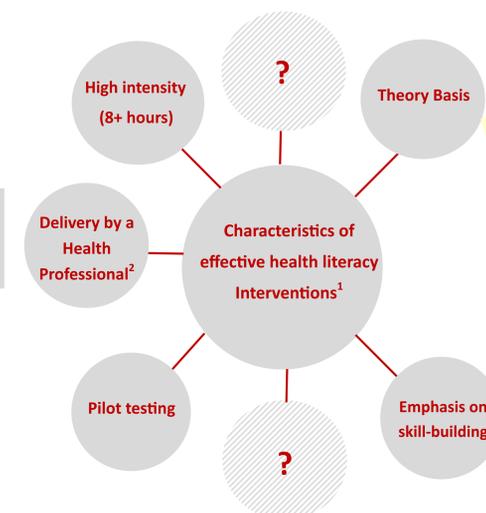
Any cost savings will be monetized and compared with the cost per participant of conducting the pilot.

Ongoing Objectives

1. Make use of public resources and latest health literacy research in fully developing curriculum that is module-based, scalable, repeatable, and customizable to age/audience.
2. Develop and execute sales plan based on market segmentation.
3. Deliver health literacy training program—first in form of pilot delivered to employees of parent company and then in form of full-scale, revenue-generating program to current and new RTW customers.
4. Monitor and evaluate impact of training program.
5. Actively lobby for continued inclusion of health literacy on Texas legislative agenda.
6. In collaboration with partners and potential clients, pursue grants and external funding opportunities.
7. Report to RTW president, top management team, and clients at regular intervals.

Potential Implications for Health Literacy Movement

- This program is an opportunity to test whether health literacy interventions can be **cost-effective** and **compatible with business principles**.
- What we learn could contribute to the growing body of research that identifies characteristics of effective health literacy interventions.



The State of Health Literacy Interventions Research

Though the issue of health literacy is gaining increased mainstream attention, the quantity of research and strength of evidence for particular intervention methods is still limited. Hence, addressing low health literacy will require **creativity** and **attention to business principles** in addition to careful analysis of the best available research.

1. AHRQ, *Health Literacy Interventions and Outcomes: an Update of the Literacy and Health Outcomes Systematic Review of the Literature* (Rockville, MD: HHS, March 2011) ES-7-8, <http://effectivehealthcare.ahrq.gov>.

2. Another systematic review of the literature found that the status of the provider—whether doctor, nurse, educator, or lay health worker—was “confounded by the intensity of the intervention,” and half (3/6) the interventions carried out by lay health workers reported significant outcomes. Citation: Dennis *et al. BMC Family Practice* 2012, 13:44, www.biomedcentral.com/1471-2296/13/44.

- The program could help demonstrate that **'bottom-up,' grassroots** health literacy interventions conducted by organizations responding to local needs can complement the **'top-down'** approach of policymakers and academic researchers.