GRANT APPLICATION GUIDE

Contents

Goals

Goals and objectives establish standards against which you can determine program performance. Clarity of goals and objectives is at the core of any successful program design and implementation.

What is a goal? A goal is a broad statement about the long-term program expectations or your desired results. Good goals are characterized by the following key qualities:

- **A goal should refer to a specific program issue and have a direct relationship with the problem it aims to address, health equity in our case**. Other examples of program areas are health, social-services, economic, environmental, racial inequity, etc.
- **A goal should think big and be ambitious.**
- **A goal should be adaptable.** We should be able to come back to our goal and redefine it as things change around the subject area/resources/ population we work with.

	Good goals	**Poor goals**
1.	Increase parents' ability to recognize early signs of infection in newborns.	Recognize signs of throat infection.
2.	Improve birth outcomes in the Samish tribal population.	Empower indigenous midwives
3.	Improve the mental health of the Ethiopian community in Seattle.	Improve mental health seeking behavior

Objectives

While goals look at big picture, objectives highlight the tangible results your program aims to achieve in the short term – 1-3 years. Objectives are more short term and answer the questions of "who", "what", "how much" and "when". They are the blocks on which goals are formed. Usually, multiple objectives address a single goal. They should focus on a population or

location (e.g.: autistic children between the age of 3-7 years, homeless adolescents in Pierce County, immigrant families in South king county etc.). Objectives also reflect a change in knowledge, attitude, and behavior in a specified program issue among a specified population or location. A good objective answers the question: What knowledge, attitude, or behavior do you intend to change among a population/location?

Good objectives are SMART:

SPECIFIC: An objective addresses a single concrete idea. It answers the "who", "what" and "where" questions.

MEASURABLE: An objective should focus on "how much" change/result is expected. It quantifies the amount of result to be achieved. It is always a count in numbers or proportion in percent.

ACHIEVABLE: An objective should be achievable given the available resources – financial, human, and time.

REALISTIC (or relevant): An objective should be aligned to the program need and reflect a reasonable outcome.

TIME-BOUND: An objective should not be open-ended. It should specify a time frame for achievement. Time frames for objectives are usually short term (think: months or 1-2 years).

	Good objectives	Poor Objectives
1.	Provide 4 workshops on infection recognition to 50 new parents in a Ballard clinic.	Workshops for 50 new parents.

2.	Train 30 Samish midwives on basic emergency obstetric and neonatal care by December 1, 2020.	Procure handheld scanning machines to tribal clinics.
3.	Increase access to mental health services to members of the Ethiopian community in Seattle by 15% by December 31, 2020,	Increase access to mental health services.

Note: For this guide, we will assume the role of two community-based organizations ("Better Education for Kids" and "Action for Safe Delivery"), define our goals and objectives, come up with interventions and walk-through creating logic models and indicator measures.

Example 1: Educational Project

Background

Better Education for Kids is a community organization that has worked with stakeholders at all levels to assure quality pre-K12 education in Washington State. In recent years, they have worked to provide access to education especially for children from low-income households in a bid to address the disproportionate educational inequity among minority communities. This program will focus on high schools in South King County.

Our goal: Reduce barriers to education for children in the South Seattle public-school system at risk of dropping out.

Eligibility Criteria:

1. Youths enrolled in high schools in South King County.

2. Youths with Grade point average (GPA) below the pass grade (GPA of $\leq 2.8/4.0$ is pass grade)

3. Youths identified by teachers, principals, school counselors as needing help to build resilience and motivation skills.

Our objective:

1. Increase the high-school graduation rate among 5 King County high schools from 62% to 85% by September 2021 (*insert grant period here*) through a mentorship and tutoring program.

2. Encourage students to attend $\geq$7 of 10 mentoring sessions by September 2021 (*insert grant period here*).

3. Increase the GPA of participating students (who attend at least 7 of 10 tutoring sessions) from $\leq$2.8/4.0 to GPA to $\geq$3.0/4.0 by September 2021(*insert grant period here*)

4. Better understand the barriers and facilitators for student drop out from school administrators, parents, and high schoolers using focus group discussion and in-depth interviews.

Intervention

The focus of the intervention is on at-risk students identified by teachers, counselor, or administrators. We will be working with students who have been identified by teachers to be at the risk of dropping out due to poor academic performance or lack of motivation. Mentors will provide psychosocial support and tutors will provide academic support to high school students who need help with Math, English, and Science. According to Rumburger, toxic stressors such as is faced by children from poor homes undermines their academic performance and makes them prone to drop out of high school before graduation (Rumburger, R.W. 2015). These stressors include but are not limited to food insecurity, homelessness and high mobility, parents who are absent, domestic violence. These stressors reduce resilience and motivation among youth – skills that are essential for learning and development. Stressors are not fixed traits but are shaped by the environment students find themselves in daily. Students in the pre K12 group

are influenced by what they see, hear, and feel from home, school, and the environment. Therefore, mentors will work with students in the development of perseverance, resilience, motivation, optimism, setting academic goals, social skills, and ability to cooperate and work productively with others. Increase in the above mentioned skills will improve students' self-esteem which is important for learning for children in the pre K12 age group (Farrington, C. E., Roderick, M., Allensworth, E., Ngaoka, J., Keyes, T. S., Johnson, D. W., & Beechum, 2012). Students will also be paired with tutors to improve on reading, math, and science abilities. This intervention is focused on improving student skills via combined efforts of both skilled mentors and effective tutors.

Note: Always make sure your language is clear and objectives are measurable. Reviewers may not be subject matter experts and will not understand the use of industry jargons/buzz words.

Logic Model (program outputs and outcome)

Logic models are diagrams that show the linear relationship(s) between components of a program in order of when events occur. It reflects a causal chain of events where if you do X, then you see Y. These components include: Input, Activities/Process, Output, Outcome, and Impact (see diagram below). Each one is explained below.

Input: These are all resources put into the program. They serve as the program raw materials, including but not limited to human, financial, physical space, time, natural resource, social capital etc. For our educational example, inputs include training materials, buy-in from school administrators, funds to support the logistics of tutoring and mentoring, students enrolled in mentoring and tutoring program etc.

Process: These are the **activities you implement** to produce a desired result. For our education example, the activities we will implement are listed below:

1. Train school mentors to work with students to boost resilience and self-motivation.

2. Students attend sessions with trained mentors.

3. Employ Math, English, and Science tutors to work with students whose performance in these subjects is below pass grade.

4. Students attend tutoring session in Math, English, and science.

Output: This is the direct outcome of the process/activity. Think of them in terms of "if>>>>then" statements: **if** you carry out process/activities, **then** you see outputs. For each process/activity, an output is produced, measured by key indicators that indicate whether the outcome was achieved (discussed below). The activities we carried out will have the following outputs:

1. School mentors trained to coach students on resilience and self-motivation skills.

2. Students trained in resilience and self-motivation skills with trained mentors.

3. Tutors in Math, English, and Science employed.

4. Students tutored in Math, English, and Science.

Outcome: This is the short or medium term change we observe (measured by key indicators) as we make progress towards achieving our set objectives. In the short term, we expect to see the following changes:

1. Improved resilience and motivation among students participating in mentorship program.

2. Improved grades in Math, English and Science for students enrolled in the tutoring program.

Impact: These are big picture, longer term changes. Regardless of the length of our intervention, impact always outlives the lifetime of the intervention. For our project, we expect to see an impact of sustained increase in high school graduation rate among at risk students for the five South King County high schools we will be working with.

Logic model for a high school program to reduce barriers to education

PROCESS
- Train school mentors to work with students to boost resilience and self-motivation .
- Students attend sessions with trained mentors.
- Employ Math, English and Science tutors to work with students whose performance in these subjects is below pass grade.
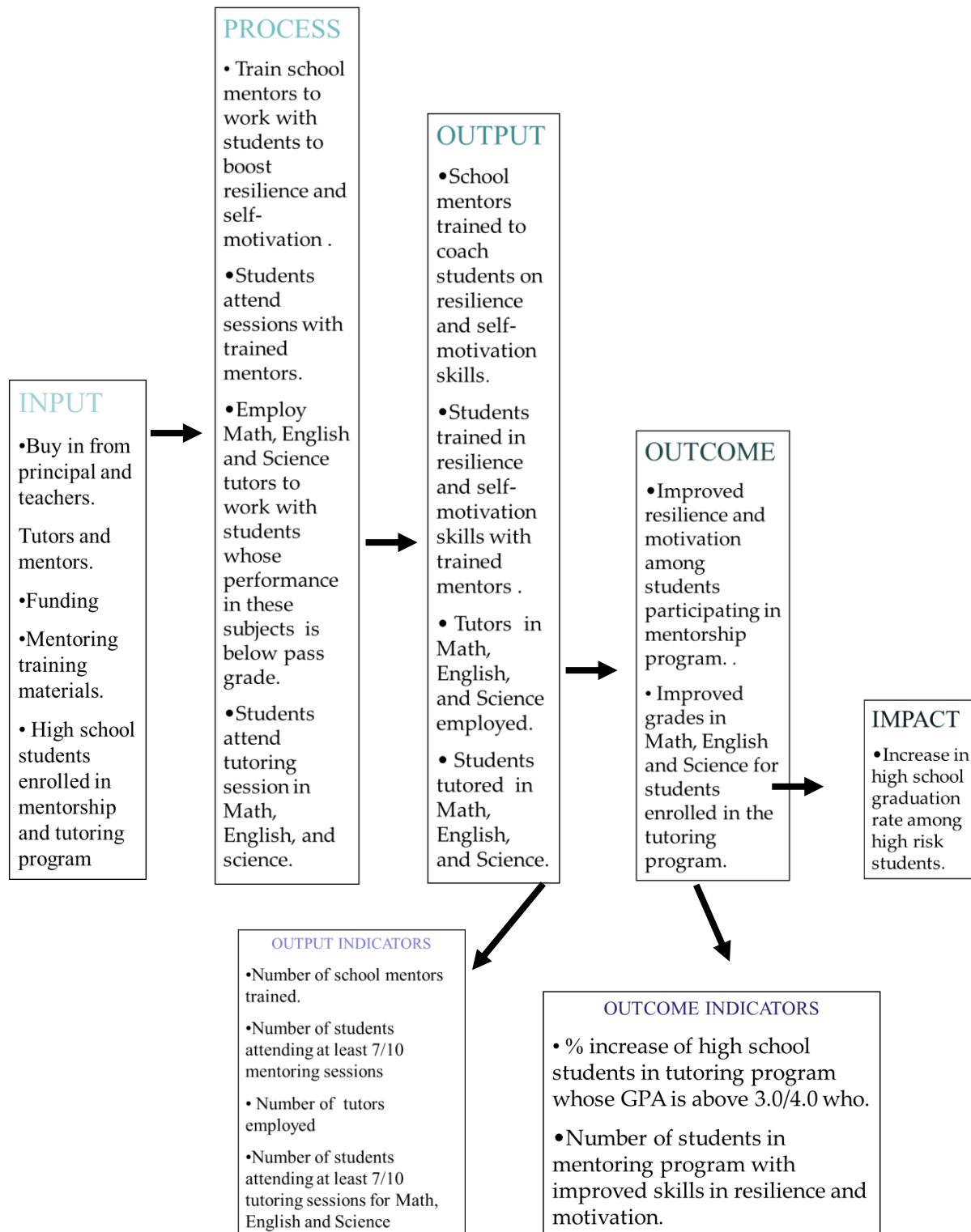- Students attend tutoring session in Math, English, and science.

OUTPUT
- School mentors trained to coach students on resilience and self-motivation skills.
- Students trained in resilience and self-motivation skills with trained mentors .
- Tutors in Math, English, and Science employed.
- Students tutored in Math, English, and Science.

INPUT
- Buy in from principal and teachers.
- Tutors and mentors.
- Funding
- Mentoring training materials.
- High school students enrolled in mentorship and tutoring program

OUTCOME
- Improved resilience and motivation among students participating in mentorship program. .
- Improved grades in Math, English and Science for students enrolled in the tutoring program.

IMPACT
- Increase in high school graduation rate among high risk students.

OUTPUT INDICATORS
- Number of school mentors trained.
- Number of students attending at least 7/10 mentoring sessions
- Number of tutors employed
- Number of students attending at least 7/10 tutoring sessions for Math, English and Science

OUTCOME INDICATORS
- % increase of high school students in tutoring program whose GPA is above 3.0/4.0 who.
- Number of students in mentoring program with improved skills in resilience and motivation.

Background: Black, Hispanic, American, and Alaska Native women are more likely to die of pregnancy related complication than white women (Petersen & Davis, et al., 2019). This racial and ethnic disparity in maternal mortality is further compounded by language barriers, especially for Amharic speaking women of child-bearing age in South Seattle.

Goal: Increase access to prenatal services for Amharic speaking women of child-bearing age in South Seattle.

Objectives: In one year, double the percent of Amharic speaking women of child-bearing age seeking services at a health facility in South Seattle.

Eligibility Criteria:

1. Amharic speaking women of child-bearing age accessing prenatal service at health facility in South Seattle.

Intervention

Lack of communication in English in the US, especially in health care settings, increases difficulty in getting access to preventive health services(Cohen & Christakis, 2006; Weech-Maldonado et al., 2003). Census figures shows that in the next ten years, 40 percent of the US population will be members of a racial or ethnic minority group(Evans & Barron, 2000). It is therefore important that we make the health system accessible for members of the community who have English as a second or third language, so they are not disproportionately impacted anytime they interact with it.

We intend to create an atmosphere where Amharic speaking women of child-bearing age feel heard and understood at every point and by everyone they interact at the clinic during their pregnancy journey. To this end, we will roll out a new Amharic language prenatal class at a

health clinic in South Seattle to cater to the needs of Amharic speaking women and their family members during and after pregnancy. This class intends to attract pregnant Amharic speaking women from surrounding neighborhoods across the city. All prenatal informational, educational, and communication (IEC) signs and materials about resources and services are also translated into Amharic. Health care providers use translation services provided by Amharic translators to deliver services, offer consultation, converse with patients, and give health care advice. This program incorporates the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which intends to advance health equity, improve quality and help eliminate health care disparities (Office of Minority Health, 2001)

Input: Women of child-bearing age who speak Amharic, health care workers, Amharic translators, funds, training materials on culturally appropriate care.

Process:

1. Employ Amharic translators.

2. Provision of Amharic translation services to health care workers.

3. Conduct prenatal class in Amharic.

4. Train health care workers on culturally appropriate care.

Output

1. Amharic translators employed.

2. Health care workers utilize Amharic translation services.

3. Prenatal class in Amharic conducted.

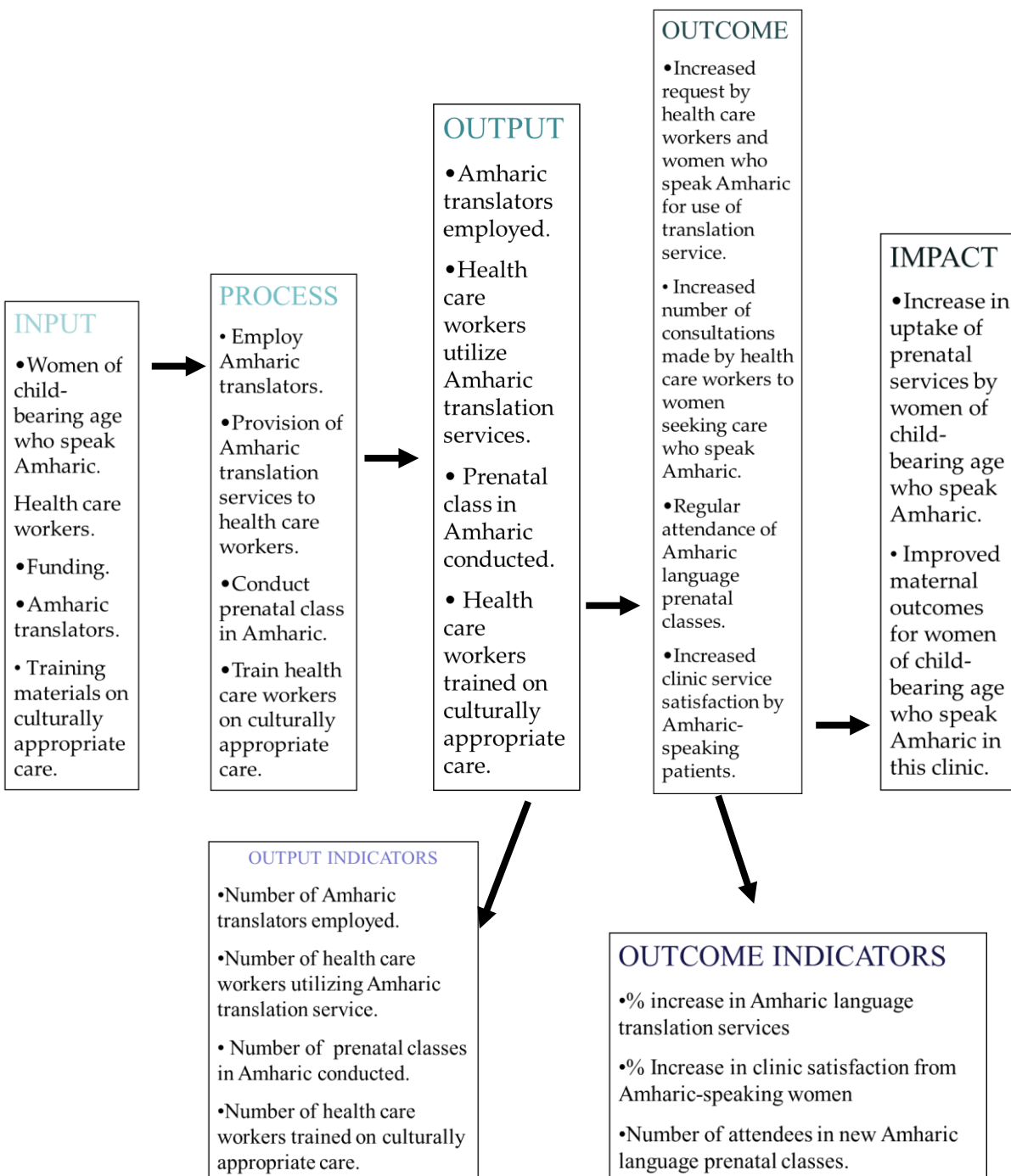4. Health care workers trained on culturally appropriate care

Outcome

1. Increased request by health care workers and women who speak Amharic for use of translation services.

2. Increased number of consultations made by health care workers to women seeking care who speak Amharic.

3. Regular attendance of Amharic language prenatal classes

4. Increased clinic service satisfaction by Amharic-speaking patients.

Impact

1. Increase in uptake of prenatal services by women of child-bearing age who speak Amharic.

2. Improved maternal outcomes for women of child-bearing age who speak Amharic in this clinic.

Logic model for prenatal program among women who speak Amharic

INPUT

- Women of child-bearing age who speak Amharic.
- Health care workers.
- Funding.
- Amharic translators.
- Training materials on culturally appropriate care.

PROCESS

- Employ Amharic translators.
- Provision of Amharic translation services to health care workers.
- Conduct prenatal class in Amharic.
- Train health care workers on culturally appropriate care.

OUTPUT

- Amharic translators employed.
- Health care workers utilize Amharic translation services.
- Prenatal class in Amharic conducted.
- Health care workers trained on culturally appropriate care.

OUTCOME

- Increased request by health care workers and women who speak Amharic for use of translation service.
- Increased number of consultations made by health care workers to women seeking care who speak Amharic.
- Regular attendance of Amharic language prenatal classes.
- Increased clinic service satisfaction by Amharic-speaking patients.

IMPACT

- Increase in uptake of prenatal services by women of child-bearing age who speak Amharic.
- Improved maternal outcomes for women of child-bearing age who speak Amharic in this clinic.

OUTPUT INDICATORS

- Number of Amharic translators employed.
- Number of health care workers utilizing Amharic translation service.
- Number of prenatal classes in Amharic conducted.
- Number of health care workers trained on culturally appropriate care.

OUTCOME INDICATORS

- % increase in Amharic language translation services
- % Increase in clinic satisfaction from Amharic-speaking women
- Number of attendees in new Amharic language prenatal classes.

Ideally, the logic model can allow us to demonstrate how the program's impact, traced backwards through each of the model's steps, successfully addresses one or more characteristics of the underlying problem we are trying to solve. For example, if our problem statement is "Low high school graduation rates are shown to perpetuate economic disparities and disenfranchisement in communities of color," the model shows how our program aims to address that problem in a logical order that moves chronologically in time.

Indicators and how to measure them

Indicators show program progress, or lack thereof**.** An indicator is a specific, observable, and measurable change that represents the achievement of a desired outcome/result. Indicators are signs used to determine if a program is meeting its stated goals and objectives (Centre, 2010). They are important because they help us recognize success or failure of implemented interventions. The best indicators are the ones that measure a direct result of change. However, there are situations where it is not practically possible to get a direct indicator. When that happens, we identify the next best- "proxy" indicator which gives us a very close measurement(idea) of the desired change we hope to see. An example to make this point clear is: If we are interested in household monthly income, a direct indicator could be monthly income of members of the household. If we cannot estimate the monthly income of members of the household, a proxy/ indirect indicator can be education level of members of the household which we will use to estimate the average monthly income for folks with that educational qualification.

Components of a good Indicator

1. **Valid**: Accurate measure of a behavior, practice, task that is the expected output or outcome of the intervention.

2. **Reliable**: Consistently measurable over time, in the same way by different observers. This component minimizes error irrespective of who the observer or respondent is.

3. **Precise**: Operationally defined in clear terms. No part of the indicator should be ambiguously stated.

4. **Timely:** Provides a measurement at time intervals, relevant and appropriate in terms of program goals and activities.

5. **Measurable**: Quantifiable using available tools and methods.

6. **Programmatically important**: Linked to the program or to achieving the program objectives (Gage & Dunn, 2010)

7. **Available:** Data to support your indicators should be easily available when you need it at an acceptable cost both in terms of time and money. Available indicators are described by three characteristics (Brocks, Susan; Columbia, 2008):

   • The data can be obtained on a regular and timely basis.

   • Primary data collection, when necessary, is feasible and cost-effective.

   • Quality data are currently available or collectible.

<div align="center">Where to get indicator data</div>

Indicator data is a record of the things you have done so any document that tracks your activities will be a good place to start. However, the type of data you want to collect will determine where you will get it from. I will use the output and outcome indicator for the two programs we have discussed to show examples about where to get the data needed for an indicator. It is important that we capture data at every point an activity is done so that we have data points when we need them to track our progress throughout the intervention and at the end.

Indicators	Source	frequency
Number of Amharic translators employed	Employment record from human resource. Translation service delivery records.	Monthly
Number of healthcare workers trained on cultural sensitivity	Training log capturing attendees. Course completion certificates	Depending on the training calendar and timetable. This could be monthly, quarterly, yearly
% increase in the number of Amharic residents in WA accessing care at healthcare facilities in the state.	Health facility attendance record.	Daily/weekly/monthly
% increase of high school students enrolled in tutoring program whose GPA is above 3.0/4.0	Student transcripts	Every quarter when the quarter grades are released
Number of students who attend mentoring session	Mentoring attendance record	Every time a mentoring session holds

Indicators take the following forms: counts, calculations: percentages/rates/ratios and threshold.

Count:

Number of Amharic translators employed

Number of dental services provided

Number who attend mentoring session

Number of healthcare workers trained on cultural sensitivity

Number of students who attended at least 7/10 mentoring session

Calculations:

Percentages:

% increase in the number of Amharic residents in WA accessing care at healthcare facilities in the state.

% increase of high school students enrolled in tutoring program whose GPA is above 3.0/4.0

% of adolescents aged 12-19 who are experiencing physical abuse at home from a parent or guardian.

% of immigrant families accessing health services at a neighborhood clinic

Rate/Ratio:

King County female school enrollment rate = $\frac{Number\ of\ females\ of\ school\ age\ enrolled\ in\ school}{Total\ number\ of\ females\ of\ school\ age\ in\ king\ county}$

Threshold: Presence/Absence

Prescence of policy to prevent harassment and discriminatory practices based on gender, race, religion, ethnicity in the workplace.

Absence of day-old food in restaurant refrigerators.

Common Challenges in Indicator Selection

- Choosing an indicator that program activities cannot affect

- Choosing an indicator that is too vague or not clearly defined

- Indicators that do not currently exist and cannot realistically be collected

- Selecting an indicator that does not accurately represent the desired outcome

- Too many indicators (Gage & Dunn, 2010)

Constraints, limitations, and contextual factors

Consideration must be given to conditions outside the reach of the intervention that can affect a smooth implementation. Even after careful planning, things may not go as planned during implementation. Examples of contextual factors that may affect implementation include, but are not limited to; drop in funding, political instability, government/ institutional policy change, high personnel turn over, economic recession etc. When these factors hamper our programs, flexibility is key. It is important that you come up with a plan to mitigate constrains/limitations when they happen with specific examples of how to react under each circumstance. I will go ahead and list contextual/limiting factors for the educational programs below.

Constraints, limitations, and contextual factor for educational program

1. Physical mentoring and tutoring sessions may no longer be possible due to the ongoing pandemic. Mentoring and tutoring sessions may need to become virtual through platforms like Zoom and Microsoft Teams which may not be idea but is the safest under the circumstance.

2. Special accommodation needs to be made for students who may not have access to internet and computers at home to have virtual sessions.

3. Considerations should be given to matching of mentors and tutors to accommodate gender and racial preferences of high schoolers, parents, and school authorities.

Qualitative measures

Concepts cannot be understood by numbers alone. Qualitative measures give us context to the numbers we see. It helps us understand behavior and reason behind practices from

participants. Key informant interviews and focus group discussions are used to extract qualitative data.

Focus group discussion is an interview that happens in a group of ideally 6-8 people bonded by similar experience/location/disease to talk about their shared reality. An example from our prenatal program can be having discussions with 7 pregnant Amharic women accessing care at the facility where prenatal classes hold to find out how they think the program can be improved to better serve them.

Key informant interview, also called in-depth interview, is a situation where a person(s) with expert knowledge about an area is engaged. An example from our education program will be if we decide to interview mentors/tutor to find out what they think is responsible for student low performance or if we interview school administrators to find out what in their opinion are barriers/facilitators to high school graduation for students.

Interview Tips

1. Ask open ended rather than close ended questions. Open ended questions give the participant an opportunity to speak about how they feel without the interviewer consciously or unconsciously projecting their opinions or thoughts to the participant. Close ended questions do not give the participant the latitude to fully express themselves. They are usually Yes/No questions. Examples of open-ended questions from our program can be "Please describe the mentoring/tutoring session you have with your mentor/tutor"; "What do you think about the quality of prenatal services you receive here" Examples of close-ended question "Do you know the mentoring/tutoring program?"; "Is the prenatal service good?"

2. Ask factual questions before asking opinion questions. Using our prenatal program example, it is better to start with "What activities were conducted during your prenatal visit" before asking "What do you think of the services offered during your visit"

3. Use probes as needed to get clarifications, follow-up on something they said that is within your topic range. Examples of probes include: Would you give me an example…, Can you elaborate on that…, Would you explain further…, Is there anything else…

4. Avoid double barreled questions that try to address multiple issues at one time. It makes it difficult to understand what question they are answering. From our prenatal example, a double-barreled question would be: "How often and how much time do you spend during each prenatal visit?" Or, for the students, "Tell me what you like about the math, science and reading tutoring sessions?" Instead, ask: "How often do you attend visits? How long is each visit? Tell me about the math tutoring sessions? What did you learn from your science tutoring sessions?

5. Set clear/appropriate reference period/timeline. For questions about timeline, make sure the interval being referred to is clearly stated and appropriate. See example below to illustrate this point from our educational example. How many times does the mentoring session hold? versus How many times in a week/month does mentoring session hold? The second example puts the timeline in perspective, so it is clearer for the respondent.

The key to collecting good data is asking good question, therefore, it is important to get the questions right.

	Good Question	Poor Question	Issue
1.	How many times do you go grocery shopping in a week?	How many times do you go grocery shopping?	Unclear time reference (*it is unclear If they go grocery shopping daily, weekly, or monthly. It is best to specify)*

2.	What do you think about the cost of food sold in the cafeteria?	What are your thoughts about the quality and cost of food sold in the cafeteria?	Double barreled question (*ask about the quality or cost but not both together*)
3.	In your opinion, how would you describe the lecture by Dr. Peterson?	How would you describe the awesome lecture by Dr Peterson?	Leading question (*responses may be biased as question is already leading them to a particular direction*)
4.	In what ways should the prenatal program be improved?	Should we do anything about the prenatal program?	Open/closed questions (*Open ended questions will give more latitude for the respondent to share their thoughts. Close ended questions produce yes/no responses and is not helpful in this situation where we are trying to hear the respondent's side of the story*)

It is good practice to inform participants that their confidentiality is assured. This is because, sometimes during interviews, personal and confidential information is shared. It is also appropriate to obtain consent before engaging in any interview. They must be made aware who will have access to the information, if it will be recorded, and where it will be used.

Qualitative data can also be captured using surveys and questionnaires. Survey monkey(https://www.surveymonkey.com/mp/take-a-tour/?ut_source=megamenu) and google forms (https://www.google.com/forms/about/) are easy to use online tools that are great for doing this type of work. Note: *It is very important to pretest the tools (survey, questionnaire) with a subset of the population it will be used on to get inputs, help with blind spot areas before deploying them finally.*

Sample survey tool from an education program (Mission College, n.d.)

1. Please indicate how much you agree or disagree with the following:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/Not Applicable
Tutoring helped me improve my overall scores and/or course grade	○	○	○	○	○
Tutoring contributed to my academic success	○	○	○	○	○
The tutors were knowledgeable about the topic I needed help with	○	○	○	○	○
The tutors' method of assistance was effective	○	○	○	○	○
The quality of tutoring met my needs	○	○	○	○	○
The system/organization of tutoring (drop-in, appointment, and group) met my needs	○	○	○	○	○
The Tutoring Center was available at times that I needed	○	○	○	○	○

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2. What type of assistance did you receive this semester in the Tutoring Center (Check all that apply):

☐ Homework/assignments/problems

☐ Reading/comprehending course material

☐ Preparing for a quiz/exam

☐ Understanding terms/concepts

☐ Improving study skills/problem solving skills

☐ Learning to use computer software/websites required for my homework

3. How often did you use the Tutoring Center during the past semester:

○ Frequently (at least every week)

○ Occasionally (at least several times a semester)

○ Rarely (one or two times a semester)

○ Never

4. How did you learn about the Tutoring Center:

○ Instructor

○ Advisor/Counselor

○ Advertisement

○ E-mail

○ Other

[   ]

5. Will you return to the Tutoring Center:

○ Yes

○ No

6. Please list one or two things that could be done to improve the Tutoring Center:

[   ]

Logic model:

https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide

https://www.usaid.gov/project-starter/program-cycle/project-design/logical-framework

https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-logic-models#how-to-create-a-useful-logic-model

Indicators and developing evaluation questions:

https://iris.paho.org/handle/10665.2/49056

https://usaidlearninglab.org/library/tips-developing-good-evaluation-questions-0

Goals and Objectives:

https://www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf

Theory of change:

https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf

https://www.aecf.org/resources/theory-of-change/

Conducting in depth interviews:

http://www2.pathfinder.org/site/DocServer/m_e_tool_series_indepth_interviews.pdf

Example survey tools:

http://www.massmed.org/physicians/practice-management/patient-satisfaction-surveys-(pdf)/

https://assessment.provost.wisc.edu/best-practices-and-sample-questions-for-course-evaluation-surveys/

https://www.surveymonkey.com/mp/education-surveys

References

Brocks, Susan; Columbia, R. (2008). *Project Design & Proposal Writing: A Guide to Mainstreaming Reproductive Health into Youth Development Programs.* http://docplayer.net/7193708-Integrating-reproductive-health-and-family-planning.html

Centre, U. G. V. K. (2010). *Indicators: Programming Essentials, Monitoring & Evaluation.* https://www.endvawnow.org/en/articles/336-indicators.html. accessed Aug 13

Cohen, A. L., & Christakis, D. A. (2006). Primary language of parent is associated with disparities in pediatric preventive care. *Journal of Pediatrics, 148*(2), 254–258. https://doi.org/10.1016/j.jpeds.2005.10.046

Evans, D. L., & Barron, W. G. (2000). *Profiles of General Demographic Characteristics 2000 Census of Population and Housing.* www.census.gov.

Farrington, C. E., Roderick, M., Allensworth, E., Ngaoka, J., Keyes, T. S., Johnson, D. W., & Beechum, N. O. (2012). *Teaching Adolescents to Become Learners | UChicago Consortium on School Research.* https://consortium.uchicago.edu/publications/teaching-adolescents-become-learners-role-noncognitive-factors-shaping-school

Gage, A. J., & Dunn, M. (2010). *Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs A Facilitator's Training Guide MEASURE Evaluation 2 Acknowledgements.* http://www.cpc.unc.edu/measure/publications.

Mission College, S. C. (n.d.). *Tutoring Center Survey.* Retrieved October 26, 2020, from https://www.surveymonkey.com/r/MCTutoringCenter

Office of Minority Health, U. (2001). *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Engagement, Continuous*

Improvement, and Accountability.

http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf

Weech-Maldonado, R., Morales, L. S., Elliott, M., Spritzer, K., Marshall, G., & Hays, R. D.

(2003). Race/ethnicity, language, and patients' assessments of care in medicaid managed

care. *Health Services Research, 38*(3), 789–808. https://doi.org/10.1111/1475-6773.00147