



Knowledge Builder

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About D.C. LEARNs: The D.C. Literacy Education, Advocacy and Resource Network, Inc. (D.C. LEARNs) is a coalition of literacy providers and stakeholders in the District of Columbia. We are a not-for-profit organization. Our mission is to lead an active coalition of Washington, D.C. literacy programs, learners, and supporters, and work with them to strengthen literacy services and present a strong, unified voice on the importance of literacy as an investment in the community.

Connecting for Literacy: Creating Alliances for Health Information

By Karyn Pomerantz

Literacy classes are ideal environments for teaching about health. Adult education practitioners possess critical skills that are necessary to promote health literacy. Their expertise in assessing the literacy levels of their students, ability to tailor instruction to meet student needs, and capacity to communicate with sensitivity and respect make them key partners in teaching people how to acquire, use, and evaluate health information.

This article discusses perspectives on health literacy, outlines strategies for literacy practitioners to integrate health information into their curricula, and offers ways that health, library, and literacy organizations can work together in the D.C. metropolitan area through a new coalition, Health Information Partners (HIPS).

People of all educational levels face enormous health information challenges when making decisions about healthy living, health care, and health policies. Opportunities for care and healthy living often depend more on insurance and employment status than on health status and needs. The health care system can be very complex and fragmented, making it difficult for people to navigate. When individuals do access care, physician visits are often compressed into ten-minute increments, making it harder for providers to educate patients about complex health issues.

While good information cannot replace quality health services, people do need health information that is easy to understand, while at the same time, has enough depth and substance to allow people to weigh all options for prevention and treatment. Sound scientific information is also necessary, in order to decide what health policies deserve support. In the District of Columbia, where there is a high rate of AIDS cases, in addition to high rates of both diabetes and heart disease, access to sound health information is critical to dispelling myths, promoting personal health, and advocating good health policies.

Individuals are surrounded by health information from many sources with various biases that require the skills to detect and decipher. Health posters and pamphlets decorate most waiting room walls in medical offices. Drug company ads for new drugs and new "diseases" flood the airwaves, and food manufacturers promise quick health benefits from their products. Research studies often contradict the results of earlier

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A Word from the Editor

I am delighted to have had the privilege of launching and editing the *Knowledge Builder* since its inception in the Spring of 2005. My job as editor has been made much easier by the fact that the District hosts a large number of experienced literacy professionals, many of who have shared their knowledge and ideas by writing informed articles for this publication.

This issue is no exception, with health educator Karyn Pomerantz outlining the basics of health literacy and its importance to our learners. She shares her thoughts on why literacy classes are the ideal gateway to teaching about health, and offers suggestions for practitioners to integrate health lessons into their curricula.

Gathering and utilizing feedback is critical to the success of any organization. Allison Kokkoros of Carlos Rosario International School shares best practices that have helped her organization collect and utilize stakeholder feedback. She offers various feedback strategies and describes how each has contributed to their ongoing program improvement.

In this, my last issue as editor, I would like to take the opportunity to say that it has been my great pleasure to be involved in the publication of this professional development journal. It would not be the valuable resource that it is without your contributions. I look forward to reading future issues!



The *Knowledge Builder* is the quarterly journal of D.C. LEARNs, written by and for adult, family, and children's literacy professionals. It highlights best practices, current research, teaching and program management strategies, and lessons from the field. We are dedicated to voicing the experiences and ideas of individuals in the field of literacy.

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studies. Scientists increasingly question the integrity of many governmental public health decisions, such as FDA's handling of emergency contraception and the prescription drug Vioxx, and the Environmental Protection Agency's appointments of industry representatives to its advisory committees (Union of Concerned Scientists, 2006; Markowitz, 2003). This sort of health information environment demands that people sift through conflicting evidence, understand the research process, and determine what is trustworthy and reliable. This is not an easy task for most, but much harder for individuals with literacy challenges.

In 2004, the Institute of Medicine (IOM) recognized the demands people face in order to understand and apply health information to their personal lives. They published a report called "Health Literacy: A Prescription to End Confusion" that called for policies to improve the public's ability to use health information, ranging from better clinician-patient communication to improvements in K-12 health education. They specifically recommended closer collaborations between health and literacy practitioners (IOM, 2004). In a recent review of health literacy literature, Alexa McCray called for "all to work together to ensure that everyone has an equal opportunity to access, understand, and use health information" (McCray, 2005).

What is health literacy?

Health literacy is defined as the ability to find, process, and apply health information to health decisions. Culture, the health care system, and K-12 education affect the way people comprehend health concepts. Researchers have documented poor health outcomes due to difficulty understanding health information, including:

- Improper understanding of medication regimens
- Poor understanding of treatment options
- Poor understanding of risk avoidance and prevention options
- Increased rates of hospitalization from disease complications. (IOM, 2004).

Health literacy skills extend beyond reading ability. In the clinical setting, people also need the ability to communicate health problems and a medical history, listen to instructions, ask questions, calculate medication doses or insurance coverage, and complete applications and forms.

Public health decisions also pose enormous demands on an individual's ability to access comprehensible information, to evaluate its accuracy and bias, and to support policy positions (Zarcadoolos, 2005; Rudd, 2002). People need to be able to access and evaluate information that affects the health of their community: regulation of environmental hazards such as global warming or pollution; bans on smoking and related advertising; and nutrition, such as product labeling. More informed community members will be more likely to become actively engaged in local and national issues.

Integrating Health into Literacy Programs

Health and literacy practitioners are natural partners to promote health literacy. Literacy experts can teach clinicians and public health workers how to assess literacy levels, evaluate learning, communicate information clearly, and where to refer patients for literacy instruction and GED programs (Parker, 2005; Marcus, 2006).

Health practitioners can, in turn, work with literacy instructors to develop health lessons for adult education curricula. Health science and public librarians can help learners develop the technological and critical thinking competencies to find and filter through the enormous amount of health information online. Clinicians and health educators can present lessons chosen by students on key health concerns, such as child health and development, or diabetes. Adult educators can then make “action” assignments that apply these health lessons through student presentations, health fairs, or role playing (McKinney, 2006; Hohn, 2002, Muro 2006).

Using Online Resources for Health Literacy

The Internet provides a wonderful platform for many health related activities. Although most health information is geared for people with strong reading skills, more organizations are developing multi-media presentations in multiple languages. Many web sites now also offer interactive quizzes and games that help people apply information, such as preventing HIV, reading food labels, and assessing their risk of diabetes.

Health Information Partners

Health Information Partners (HIPS) is a newly formed coalition consisting of clinicians, public health, literacy, and library practitioners. Its goal is to promote the understanding of health issues using the Internet to teach people about health, and by making technology enhanced presentations on health topics. HIPS is committed to improving the health literacy of our communities. This is done by presenting exercises that help people to evaluate the reliability of information sources, search for health topics of personal interest, assess their health using interactive assessment tools, and create their own presentations.

Health Information Partners and health experts also visit adult education classes to teach students about HIV, diabetes, blood pressure, and other health related topics. Our training partner, the Project of Intermediate Advocates (PIA), hosts adult learners at its monthly hands-on computer classes at George Washington University, the Martin Luther King Library, and on board the State Education Agency’s mobile technology van, the Trans.form.er (Downey, 2004).

In the coming year, HIPS will work with the D.C. LEARNs Health Literacy Special Interest Group to develop health and literacy professional development programs for the health and education communities. HIPS welcomes the participation of literacy practitioners and learners to join in this effort, and to share in the opportunity to learn from one another to create better health and educational opportunities for our community. More information about HIPS can be found at www.connectforhealth.gwu.edu

Web Sources to Enhance Basic Curricula

Skill/Competency	Online Resource
Reading and listening skills:	<ul style="list-style-type: none"> • Animated slide shows in English and Spanish from the National Library of Medicine under ‘Interactive Tutorials’: www.medlineplus.gov • Healthy Roads Media audio and video formats: www.healthyroadsmedia.org
Easy reading for new readers:	<ul style="list-style-type: none"> • National Center for Farm worker health information: www.ncfh.org/00_ns_rc_pateduc.php
Calculation:	<ul style="list-style-type: none"> • FDA’s “Test Your Food Label Knowledge”: www.cfsan.fda.gov/~dms/flquiz1.html • NIH’s Calorie/portion size assessment: “Portion Distortion”: http://hp2010.nhlbi.nih.net/portion/ • Fat/calories in fast food meals, “Smart Mouth: Choose Your Chews” from the Center for Science in the Public Interest: www.smartmouth.org
Communication:	<ul style="list-style-type: none"> • “Talking with Your Doctor”: www.nlm.nih.gov/medlineplus/talkingwithyourdoctor.html • “Following the Clues: A Visit to the Doctor and the Library”: www.unmc.edu/library/clues/
Critical thinking:	<ul style="list-style-type: none"> • “Health Check Tools”: www.nlm.nih.gov/medlineplus/interactivetools/index.html • “Figuring Out Health News”: www.kidshealth.org/teen/safety/safebasics/health_news.html • “Deciphering MedSpeak” from the Medical Library Association at: www.mlanet.org/resources/medspeak/index.html • “Ten Things to Know About Evaluating Medical Resources on the Web”: www.nccam.nih.gov/health/webresources/

Additional Health Literacy Resources

Health Literacy Overviews:

California Health Literacy Resource Center. General Health Literacy Information. http://cahealthliteracy.org/hlrc_generalhlinfo.html

Institute of Medicine. (2004). Health literacy: a prescription to end confusion. Washington, DC: IOM.

McCray, A. T. (2005). "Promoting health literacy." *Journal of the American Medical Informatics Association*. 12:152-163.

Health Curriculum Guides:

Family Health and Literacy by Julie McKinney and Sabrina Kurtz-Rossi, World Education, 2006. www.worlded.org/us/health/docs/family/fhl.pdf

HEAL: BCC (Breast and Cervical Cancer) Web Site from World Education, www.heal.worlded.org/index.htm

Health Literacy Curriculum at Harvard University, NCSALL (Rima Rudd), www.hsph.harvard.edu/healthliteracy/curricula.html

Picture Stories for Adult ESL Health Literacy by Kate Singleton, www.cal.org/caela/esl_resources/Health/. Also see Singleton, K. (2002). ESOL teachers: helpers in health care. *Focus on Basics*. 5(C):26-30.

Virginia Adult Education Health Literacy Toolkit, Section D: Teaching Health Topics, www.aelweb.vcu.edu/publications/healthlit/sections/d/index.shtml

About the Author

Karyn L. Pomerantz works for the George Washington University School of Public Health and Health Services and coordinates Health Information Partners. She is trained as a librarian and health educator. Karyn has taught health information classes to adult learners and welcomes the contributions of literacy practitioners to improve this work.

Bibliography

Downey, S. B., Pomerantz, K.L., Abdullah, M. (Fall 2004). Outreach on wheels. *Literacy Harvest*. 11(1):40-43.

Hohn, M. D. (2002). Literacy, health, and health literacy: state policy considerations. Boston: World Education. Viewed on July 8, 2005 at www.ncsall.net/?id=771&pid=243.

Institute of Medicine. (2004). Health literacy: a prescription to end confusion. Washington, DC: IOM.

Markowitz, G. Rosner, D. (2003). Politicizing science: the case of the Bush administration's influence on the lead advisory panel at the Centers for Disease Control. *Journal of Public Health Policy*. 24(2):105-29.

Marcus, E. N. (2006). The silent epidemic – the health effects of illiteracy. *New England Journal of Medicine*. 355(4):339-41.

McCray, A. T. (2005). Promoting health literacy. *Journal of the American Medical Informatics Association*. 12:152-163.

McKinney, J., Kurtz-Rossi, S. (2006). Family and Health Literacy: a guide to easy-to-read health education materials and web sites for families. Boston: World Education. Viewed on July 31, 2006 at www.worlded.org/us/health/docs/family

Muro, A. What is health literacy? Health and Literacy Special Collections, World Education. Viewed July 2006 at www.lincs.worlded.org/muro.htm

Parker, R. Kreps, G. (2005). Library outreach: overcoming health literacy challenges. *Journal of the Medical Library Association*. 93(4): Supplement: S81-85.

Rudd, R. E. (2002). A maturing partnership. *Focus on Basics*; 5(C):1-8.

Union of Concerned Scientists (2006). Scientific integrity at risk: the Food and Drug Administration. Viewed August 3, 2006 at www.ucsusa.org/assets/documents/scientific_integrity/Scientific-Integrity-at-Risk-FDA.pdf.

World Education. Teacher/Tutor Resources. Viewed July 2006 at www.lincs.worlded.org/teacher.htm#health

Zarcadoolos, C., Pleasant, A., Greer, D. S. (2006). Advancing Health Literacy: A framework for understanding and action. Jossey-Bass.

Stakeholder Feedback: An Invaluable Resource in Literacy Program Leadership

By Allison Kokkoros

As literacy practitioners, we are constantly reminded of the importance of collecting student feedback to guide us in shaping program improvement. Effective organizations also need feedback from a wide range of stakeholders through a variety of means. Gathering and utilizing this feedback is also necessary to maintain ongoing management best practices and participative leadership. This article provides a brief overview of three key forms of gathering feedback from both internal and external stakeholders, and gives examples of how they have contributed to on-going program development at the Carlos Rosario International Career Center and Public Charter School.

Continuous Improvement and Participative Leadership

Most literacy program leaders seek to improve their programs on an on-going basis. Commonly referred to in management as “continuous improvement,” this concept is derived from the Japanese term “kaizen,” which means the continual and incremental improvement of the critical aspects of the organization by all members of the organization (Marzano, 2005). Specifically, in an education environment, Allison Zmuda identifies continuous improvement as an important mantra, and refers to it as an unwavering commitment to progress (Zmuda, 2004).

Educational leaders also have a responsibility to ensure that teachers and other stakeholders are involved in the design and implementation of important decisions and policies (Marzano, 2005). This responsibility is often referred to as “participative leadership,” in which everyone has the right and the duty to influence decision-making and to understand the results. Participatory leaders ensure that decisions will not be arbitrary, secret, or closed to questioning. Research has shown that the practice of participative leadership reaps multiple rewards for organizations. Benefits include higher decision quality, higher decision acceptance by participants, more satisfaction with the decision process, and development of decision-making skills (Yukl, 2002).

Feedback Strategies

Neither the practice of continuous improvement or participative leadership can completely take place without the guidance of stakeholder feedback. A wealth of feedback strategies can be useful in supporting the continuous improvement and participative leadership efforts in a literacy organization of any size, and serving any community. Feedback (or input) strategies can include student and faculty focus groups, student and faculty paper and web surveys, staff committees, and corporate advisory committees. Some feedback mechanisms such as faculty meetings and satisfaction surveys can be institutionalized and scheduled regularly. Others, such as focus groups or special meetings, can be conducted when the need arises to help determine whether or not a new program component is needed, or to help gather targeted input on a planned or implemented program change.

The Impact of Feedback Strategies

Carlos Rosario gathers feedback from stakeholders throughout the school year to support program planning, decision-making, and evaluation. The three modes of gathering input that they use are: 1) focus groups, 2) corporate advisory committees, and 3) surveys. Following each strategy is a brief example of how it has impacted program design and improvement at Carlos Rosario, and practical suggestions for program implementation.

Focus Groups

Focus groups are comprised of individuals that meet to discuss a particular subject (Barnett, 2002). The goal in organizing focus groups is to gather input on concerns, experiences, or beliefs related to a clearly defined topic. They are often also conducted to assist with continuous improvement or evaluation. Focus group interviews can provide valuable insight into whether a program or service has achieved desired goals.

Teacher and student focus groups can provide invaluable, detailed input into program design and management. An example of such a focus group at Carlos Rosario is with students who were parents of school-aged children. The purpose of the focus group was to 1) identify whether these students had unmet needs related to their role as parents and 2) determine what role, if any, the school should play in addressing these needs. Participant parents described great difficulties in attempting to advocate for their children in District schools and provided examples of how Carlos Rosario could support them in their efforts. This focus group feedback impacted the school's vision for its services. The supportive services team has since included parental counseling and leadership development in their strategic planning. Parent engagement experts were brought in to train various management staff; and the services department is now in the planning phase for the development of a parent center initiative at the school.

Carlos Rosario also conducted a faculty focus group to gather feedback on the student goals-setting process after a one-semester pilot. Through the focus group discussion, the management team gained specific insight into challenges teachers had encountered during the implementation of this new initiative. The focus group participants then brainstormed with management on specific adjustments to improve the process for both teachers and students. Actions that resulted from this focus group include modifying the data collection tool to be more user friendly; relieving teachers from the role of having to set goals for newly enrolled students mid-semester, and supporting the goals-setting of the most basic learners and their teachers by enabling the enrollment process in students' native languages. The feedback from teachers on the piloted goals-setting process immediately resulted in improvements for the following semester. In turn, these process improvements resulted in greater teacher 'buy in' to this new initiative.

Focus Group Recommendations

- A balance must be achieved between the need to have enough people for a lively discussion and the danger of excessive group size. Research points to a recommended group size of between 4 and 12 individuals (Barnett, 2002).
- Though it is important to have a defined purpose for the focus group, the moderator should be non-biased and not have an agenda in the outcome.
- Focus group participants should be informed about the expected duration of the discussion. Telling participants in advance of the ending time is likely to increase commitment and willingness to participate.
- Terms that will be used in the discussion should be mentioned and clarified as needed.
- Participants should be informed that their responses are neither right nor wrong. They should know that it is okay to agree or disagree with others' responses.
- The moderator should ask general, open-ended questions.
- The moderator should wrap up the discussion by summarizing the discussion and interpreting the information.

For more information on the history of focus groups and strategies for more in depth data analysis, please read Jacqueline Barnett's article, "Focus Groups Tips for Beginners" available at the Texas Center for the Advancement of Literacy and Learning (TCALL) Web site at www-tcall.tamu.edu/orp/orp1.htm

Corporate Advisory Committees

Corporate advisory committees comprised of local industry experts in the high-growth areas of culinary arts, information technology, and health care have provided specific input and feedback on Carlos Rosario programs that could not have been obtained otherwise. This input has impacted the school's programs and services in numerous ways, including how students write their resumes, what strategies students use in job interviews, the design and curricula of the workforce literacy programs, and the design of the "For Employers" section of the school's Web site.

Considering the high number of students whose motivation to attend a literacy program is driven by employment goals, corporate advisory committee input can be an exceptional resource. If well chosen, corporate advisory committee members can represent the needs of the industry your students are preparing to enter. Advisory committee meetings thus provide, in effect, the opportunity for literacy program managers to ask questions directly of prospective student employers. Over time, Carlos Rosario advisory committees have transcended the purely advisory role, with committee members hiring or referring students within our programs after coming to know how motivated and well prepared the students are.

The quality of such a committee's work and dialogue is enhanced when its membership represents various niches within their industry. For example, the Carlos Rosario Culinary Arts Committee is comprised of hotel management executives, catering executives, a restaurant HR executive, and a restaurant owner. The recently formed Health Care Advisory Committee is currently providing input on the development of a new Certified Nurse's Aid training program. It is comprised of a long-term care facility executive, an emergency room RN, a representative of the Washington Hospital Association, an LPN instructor, and a health industry consultant.

Advisory Committee Recommendations

- Advisory committees work best with a pre-arranged regular schedule. (Scheduled quarterly meetings have worked well for Carlos Rosario committee members.)
- Meeting duration should be shared in advance with committee attendees and honored. Ideally, meetings should last no longer than two hours.
- Meetings should have a clear and focused agenda.
- Provide opportunities for committee members to see how their input is helping to shape the program, and, ultimately, helping students obtain jobs and achieve their goals.

- Request a one-year commitment, and, at the end of each year, recognize participants for their contributions. Consider giving certificates, a special meal, or honoring them at a special event at your program.

Surveys

Surveys are a traditional mechanism for gathering data, which can be quantified and aggregated to form general ideas about program operations. These ideas, in turn, can support the management and decision making processes.

Carlos Rosario employs the use of surveys with students, faculty, and staff at regular intervals throughout the school year (each semester for students, and annually for staff and faculty). At the end of each semester, students complete a short, five-question survey which rates student satisfaction with the textbook, instructional effectiveness, and the general climate of the school. As the purpose of this activity is not to assess English language proficiency, but to gather authentic, unrestricted feedback from students, these surveys are conducted in students' native languages. Additionally, all Carlos Rosario staff and faculty complete an annual satisfaction survey which gathers overall feedback on the support and resources they receive at the school.

In addition to these regular surveys, the school conducts special surveys when needed. For example, when faculty members indicated an interest in professional development on instructional technologies, the management team needed assistance in selecting specific topics for workshops. After an overview of multiple instructional technologies at a faculty meeting, faculty completed a written survey to identify their preferences for more in-depth training. Based on the aggregated survey responses, the school provided technology workshops (on wikis, blogs, and internet searching) that were of most interest to the greatest number of teachers.

Survey Use Recommendations

- Concepts addressed in a survey should be clearly defined and questions clearly phrased.
- If the survey topic is potentially sensitive, consider making the survey anonymous and ensure that your collection method protects confidentiality.
- Avoid negatively phrased questions.
- Paper surveys work best for respondents who may lack the computer fluency necessary to complete an online survey. As paper surveys can be time consuming to tabulate, consider gathering survey responses on scantron cards.
- Online surveys, on the other hand, are much more efficient. Tools such as Survey Monkey or Zoomerang are both easy to use and are free for surveys of no more than 100 respondents.
- For more information on issues related to crafting effective surveys such as response bias and commonly used response scales, see Cari Brito's excellent power point resource entitled, "Developing Survey Items," located on the Eastern Illinois University accreditation preparation Web site at www.eiu.edu/~acaffair/NCA/SurveyDevel.ppt

Effective program leaders naturally seek to ensure the continual improvement of the critical aspects of their programs, and to achieve stakeholder involvement in the design and implementation of important decisions and policies. As illustrated, the practice of actively gathering stakeholder feedback through strategies including focus groups, advisory committees, and surveys has enabled Carlos Rosario to uphold the principles of continuous improvement and participative leadership and, more importantly, to most effectively serve its adult learners.

About the Author

Allison R. Kokkoros is the Deputy Director of the Carlos Rosario International Career Center and Public Charter School. She earned her MBA from George Washington University and holds a BA in English and Education from Eastern Mennonite University. She has worked in the field of adult education for over 13 years.

Bibliography

- American Association for Public Opinion Research.(2005). Standards and Best Practices. AAPOR.org: Kansas.
- Barnett, J. (2002) Focus Groups Tips for Beginners. Texas Center for the Advancement of Literacy and Learning: Texas.
- Brito, C. (2003) Developing Survey Items. Eastern Illinois University: Illinois.
- Marzano, R., Waters, T., & McNulty, B. (2005). School Leadership That Works, From Research to Results. Association for Supervision and Curriculum Development: Virginia.
- Yukl, G. (2002). Leadership in Organizations. Prentice Hall: New Jersey.
- Zmuda, A., Kuklis, R., and Kline, E. (2004). Transforming Schools, Creating a Culture of Continuous Improvement. Association for Supervision and Curriculum Development: Virginia.

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Article guidelines

- All articles should be between 1,200 and 2,000 words.
- Submissions should be typed double-spaced, in Times New Roman, including quotations and at least 5 references.
- Follow the Publication Manual of the American Psychological Association (APA), Fifth Edition for reference style guidelines. Present important information in the text and do not use footnotes or extensive endnotes.
- Include a biography of the author (50 words maximum).
- Please include a cover sheet with the author's name, address, phone number and email address.
- Compensation is in the amount of \$200 for each article that is published and follows the above guidelines.

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