

Helping instructors address health literacy in adult English classes

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selected lessons learned

- In all programs, ELL instructors' knowledge about elements of the content was sometimes lower than expected by program coordinators and the experts with whom the ELL instructors were collaborating. Resources need to be (re) designed to accommodate key gaps in instructor knowledge.
- In order to position teachers to be able to use video and audio content resources, careful attention needs to be paid to producing media resources that feature slow, clear speech and that include several, very brief segments for classroom use.
- Instructors benefit from clearly articulated health content goals for each health lesson.
- Professionally trained instructors are better equipped for the complicated task of straddling the fields of health education and language instruction. Volunteers are less reliably effective with this "two birds with one stone" model.
- Program planners should look for natural times during the educational term for incorporating health content into existing ELL programs. This will better position the instructors to make connections to previous and subsequent lessons and language learning.
- In adult learning centers, students' first-language diversity is often greater than anticipated.
- English learner groups mixed by culture and gender are surprisingly eager to engage with sensitive health topics. Working with mixed culture groups is natural for students in learning centers and therefore, more comfortable than if students were asked to segregate by first language.
- Given the language diversity in adult ESL classroom, instructors are most likely to use English language content sources during class. First language content sources are more likely to be given to students for independent use.
- In all programs, instructors and students were comfortable taking part in classes that dealt with sensitive subjects.
- Small incentives, like \$10 vouchers, that require multiple steps to collect and use, are not effective motivators for an audience that is often already overwhelmed with health related hoops and costs.
- Adult learning centers are already burdened by many data collection requirements. To encourage use of ELL materials with health content, developers should embed evaluation in lesson activities that collect data related to key content messages. This is most easily done by designing in-class writing activities to address evaluation questions and then arranging to examine those artifacts. Making audio or video recordings of in-class activities would also work.

health education

Goal: promote healthy behaviors through knowledge and skill building related to topics such as:
nutrition
cancer
anatomy
diabetes
physical activity
access to care mental health relationships et cetera.



language education

Goal: adult students acquire, practice, and improve English language skills related to:
listening,
speaking,
reading,
writing, and
applying knowledge.

3 English+health literacy programs

Lincoln Literacy Council
Health Literacy Program (2007-2010)
Combined English language and literacy instruction with basic health education as part of several 12-week adult literacy classes.

Teachers: Volunteer tutors from the literacy council led by a masters-level health educator.

Students: 300+ men and women primarily from Latin America, Afghanistan, Sudan, Burma, Vietnam, and Iraq.

Organization: Students all shared the same first language. Men and women were sometimes segregated.

Content: Nutrition, physical activity, oral health, chronic disease, appropriate use of the health care system, etc. all delivered by experts, with help of bilingual interpreters.

In-class Content Experts: Guest speakers and health educator.

Incentives: Students received in-class health screenings.

Egal Shidad Stories of Somali Health (2008-2010)

Program: Somali language health education media for TV, radio, and website developed with Somali and non-Somali content experts. Primary products were 3 video programs and their corresponding ESL curriculum.

Teachers: Professional teachers from the Minnesota Literacy Council piloted the lessons

Students: 32 Somali men and women
Organization: Men and women studied together. Students all shared the same first language, Somali

Content: ESL lessons based directly on content of the mental health and parent-youth relationships videos.

In-class Content Experts: Corresponding videos in Somali with English subtitles.

www.egalshidad.org

ECHO
BE HEALTHY. BE SAFE. BE READY.
Breast Cancer: Detection, Prevention, and Treatment (2010-2011)

Program: produced and distributed a video in four languages, including identical introductions followed by interviews with breast cancer survivors and health professionals all of whom spoke the language featured on a given production.

Teachers: Professional teachers from the Minnesota Literacy Council piloted the lessons; some with their regular classes, others with groups organized for the pilot.

Students: 118 adults, speaking 21 different first languages. Mostly Somali, Spanish, and Karen.

Organization: Men and women studied together. Grouped according to English skill level.

In-class Content Experts: ECHO-produced video in English with English subtitles.

Incentives: \$10 vouchers for completing clinical breast exam.

www.echominnesota.org/library/breast-cancer-detection-prevention-and-treatment

instructor resource examples

Barriers

Objective: Students list and discuss common barriers to seeking breast care in the U.S. Students suggest solutions to each barrier listed. Students write a letter supporting one solution to one barrier.

Activity Ideas

ACTIVITY 1
Working in one large or several small groups, ask students to brainstorm a list of reasons why someone would avoid going to the doctor.
Play the ESL Instruction Segment 1: Why Some People Do Not Go to The Doctor.
Help students connect what the doctor said in the video with their list of barriers. Refer to barriers included in the transcript on page 33. When discussing cost barriers, project or read on the board for students to copy:
"In Minnesota, if you do not have insurance for mammograms you can call SAGE at 1-888-643-2584. If you are eligible, SAGE can help pay for mammograms. They have interpreters."
If you see implementing these lessons outside of Minnesota, contact your local chapter of the American Cancer Society for information that you can pass on to your students, about screening programs in your area.

PREPARE
For these activities, instructors will need:
1. Worksheet copies of the video for getting to the doctor worksheet (page 10)
2. Large chalkboard, dry erase board, or other writing surface
3. Name tags
4. DVD player for showing the video segment 1 (1) and other segments can also be shown if your site has internet access.

REMEMBER!
Be sure you create an opportunity for your students to work on Breast Cancer Detection, Prevention, and Treatment video while working with these lesson materials.

Student Worksheet
Ideas for Getting to The Doctor

1. Use the sheet below to list 3 barriers or reasons it can be hard to see a doctor.
2. Write or draw a possible solution to each barrier.

Barriers	Solutions

Barriers

ACTIVITY 2
Ask students to work individually or in small groups to complete the Ideas for the Getting to the Doctor worksheet on page 12. Have them choose 2 barriers they listed or that they heard the doctors in the video mention. Next to each, write or draw one solution. When all the students have written or drawn their solutions, ask them to share with the group.

ACTIVITY 3—WRITE
Note: This can be done in class as a group dictation activity or as homework for advanced students.
Help students practice writing a letter supporting a solution to one of the barriers discussed. Review letter format. Who will the letter be written to (a friend, a relative, a community leader, a doctor, the President)? What will the body include. How should students end their letter?

ADDITIONAL RESOURCES
In Minnesota, the SAGE Screening Program can help eligible women pay for mammograms. Students can call 1-888-643-2584 for more information.

VOCABULARY
barrier
insurance
denial
transportation
interpreter
recognize
awareness

TAKE HOME MESSAGE
There are barriers to seeing a doctor, but there are ways to overcome some of them.
Women in MN may be eligible for help getting a mammogram.
Call SAGE at 1-888-643-2584.

CHECK THE WEBSITE
Find these lessons and links to all supporting materials at the [ECHO Minnesota website](http://ECHOMinnesota.org).

Transcripts
Why Some People Do Not Go To The Doctor

Well, we've got lack of insurance to start with, we've got lack of knowledge and awareness. People not being, though especially in minority communities and immigrant communities, not understanding the importance of screening. There's fear of diagnosis and fear of not being money for treatment if something happens. There's some denial. There's also a barrier of scheduling, transportation, and child care interpreters, there's a myriad of reasons why it's very particularly difficult to get all women in for breast cancer screening. So job to get education out to the public is a people recognize that it's a real test and that it's a very powerful tool.

We know that going to see a physician is something that some people don't like to do. Other people think it's something important, but we just want to make sure that women understand that they shouldn't have a fear of deciding something out. Well, many women come in and it's absolutely nothing. If they don't feel comfortable seeing a male physician, see a female physician if there's a cultural barrier to seeing a male physician, but just don't be afraid. We as a few patients you with very advanced cancer who just kept putting it off and were able to go in.

FAQs

FREQUENTLY ASKED QUESTIONS:
How can I use these materials when my classes include male and female students?
Breast cancer, like all cancers, affects the patient and their families, friends, and communities. It is also true that men sometimes, though rarely, suffer from breast cancer themselves.
We piloted these materials in adult ESL classrooms of men and women from Latin America, East Africa, the Middle East, and Burma. Women and men found the material engaging and participated with equal comfort and enthusiasm.
Do I know enough about breast cancer to teach a class about it?
The teachers who piloted these lessons consistently commented on how much they learned from the DVD. This is one reason why we encourage all instructors to view the entire program as a first step to preparing for using these materials in classrooms. That said, the DVD will not make you an instant expert.
The DVD teaches about breast cancer, leaving English teachers with the job of teaching English. During our pilot, when one skilled teacher was asked about the causes of different types of cancer, the explanation to her students, "I don't really know a lot about cancer. I am learning too!"
Watching all or at least the introduction the first 5 minutes of the Breast Cancer: Detection, Prevention, and Treatment video with your students will help establish the DVD as the breast cancer expert in the room.

What do all of these medical terms mean?
Check the master vocabulary to clarify some of the terms used in the video and lessons.
What should I do when my students are asking questions about breast cancer that I don't know the answers to?
Remember, you are the English teacher so saying "I don't know" may be the right answer to a student's specific question about breast cancer.
Encourage your students to view the video in their first language, if available.
You can check the [program page](http://program.page) on the ECHO website for links to additional reliable sources of information.
Can I get more DVDs?
Additional DVDs (the version for students with the hour long program in 4 languages and the version for teachers that includes the video segments) are available from ECHO Minnesota. Contact them at echo@minnesota.org or by phone at 651-789-4342.
Why won't the DVD play on my computer?
Some computers with older operating systems are not capable of playing DVDs. You may need to use a different machine.
Remember, that you can also watch the program online at <http://www.echominnesota.org/library/breast-cancer-detection-prevention-and-treatment>.

Key Vocabulary

Term	Definition	Notes
Life Span	maximum length of time a person can be expected to live	
Majority	more than half; a greater part of a whole	
Mortality	death rate; or the number of deaths in a certain group of people in a certain period of time	Mortality may be reported for people in a certain group of disease, live in one area of the country, or who are of a certain gender, age, or ethnic group.
Oncologist	a doctor specializing in the treatment of cancer	
Prognosis	likely outcome or course of a disease; the chance of recovery or recurrence	
Screening	checking for disease when there are no symptoms	Examples include check-ups, clinical breast exam, and mammogram.
Prevention	action taken to decrease the chance of getting a disease or condition	Prevention does not guarantee that someone will not get a disease.
Risk	a person's chance of developing a disease	See this web page from the Komen Foundation for further explanations of risk.