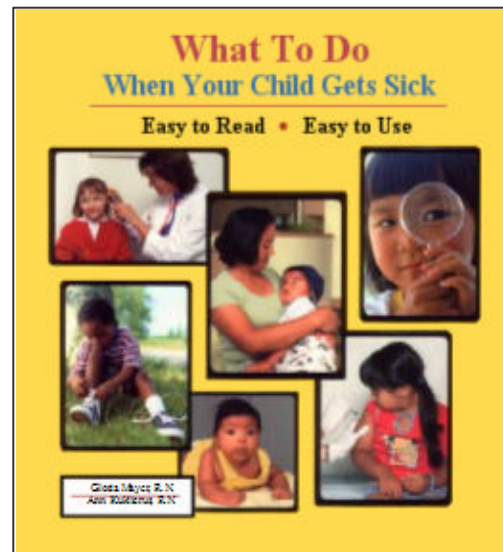


A Matter of Life and Death: ESL Health Literacy

Most Americans tell stories about health care problems, but for those lacking basic English communication skills, such stories become horror stories of decreased health care for themselves and their families that often results in increased costs to public health agencies. Health literacy is the ability to obtain, understand, and use basic health concepts, information and services in functional ways that enhance health (Joint Committee on National Health Education Standards, 1995; U.S. Department of Adult Education, *Health Literacy Fact Sheet*). For some nonnative speakers, health literacy can even be the difference between life and death.

Health literacy is an important topic for ESL classes. In a national survey, adult educators said health education (1) was appropriate for basic education classes, (2) increased communication/critical thinking skills, and (3) contributed to learner interest, participation, and motivation more than other topics. (Rudd, Zahner, & Banh, 1999).

This session describes a project which funded the development of a functionally-contextual assessment and curriculum that accompanies *What To Do When Your Child Gets Sick* (Mayer & Kuklierus, 2000). This project was funded by an adult literacy grant from Louisiana State Department of Education in cooperation with the Institute of Healthcare Advancement, CA, a nonprofit private 501c(3) operating foundation whose mission is to advance healthcare delivery through education and demonstration of innovative healthcare practices.



This curriculum addresses the development of literacy and communications skills in ESL adults by using the health and well being of their children as a motivator. Thus, the increased ability to navigate the intricacies of the healthcare system provides a powerful driving force for the ESL learner to remain the adult education program because the content of this curriculum is personally meaningful and relevant. The readability level of *What To Do When Your Child Gets Sick* more closely parallels the reading abilities of ESL learners. *What To Do When Your Child Gets Sick* is also available in Spanish, which makes it usable by bi-literate learners and learners who are literate in Spanish but not literate in English. The screening inventory developed in this project helps ensure that teachers are more able to meet the communication needs of individual non-native speakers of English by specifically assessing their health literacy in terms of listening, speaking, reading, and writing in English. The visual and text

glossaries of medical terms in the book will help make concepts within the book accessible to those individuals whose reading levels in English are below 2nd grade and to beginning, limited English speakers. Simple, easy-to-use teacher directions accompany each exercise. This allows paraprofessionals and volunteers as well as teachers to effectively use the materials to assist ESL learners.

The design of the materials allows for flexibility of instruction that is unparalleled in ESL education. For example, some learners may have listening comprehension skills that exceed their abilities to read, write, or speak English. Or, you could have a learner that speaks and understands spoken English, but does not read or write English. Thus, you could have a learner who gets the Level 1 scenario and reading and thinking activities, the Level 2 listening and speaking activities, and the Level 2 writing activities. This curriculum enables you to provide parallel instruction to learners at different levels of English understanding and expression. In addition, as learners become more proficient, they can easily move from level to level in subsequent units.

The project was designed to meet the following needs:

- *Need for a functionally contextual curriculum that enhances the learning of health and language by ESL learners through meaningful content.* In a National Survey of State Directors of Adult Education (Source: National Center for the Study of Adult Learning and Literacy Report #9), one of the two most frequently listed barriers to inclusion of health within the context of adult learning was lack of curriculum materials. Specifically, respondents indicated that teachers lack resources to teach appropriate health issues and need a curriculum that also teaches basic education skills, especially one that is multicultural in its approach and meets the needs of ESL learners.
- *Need for a better match between reading level of students and readability level of health-related materials.* Studies found large discrepancies between the readability levels of patient education materials and reading levels of the audience for which they are intended. Most health education print materials are written at or above the 10th grade level. However, the average reading level among all U.S. adults is no higher than an 8th-grade level and only a 5th-grade level for Medicaid enrollees.
- *Need for a functionally contextual screening inventory that assesses different aspects of communication and health knowledge.* Limited literacy affects listening and speaking abilities as well as reading ability. De-contextualized medical language may be difficult for those who are poorly educated and those for whom English is a second language.

- *Need for the development of a visual dictionary of medical terms for ESL populations.* The use of illustrations increases patient comprehension, especially among low-literate populations. This is especially important for non-native speakers who may have a wealth of background knowledge but lack the verbal language to express themselves or make sense of information.
- *Need for a focus on children's health.* Children's health in the U.S. is a priority issue. Parental literacy affects their ability to follow prescribed therapy for their children.
- *Need for the inclusion of health education in adult education programs.* In a national survey of adult basic educators, 93% of the respondents indicated that the adult learning setting was an appropriate setting for teaching and learning about health. Teachers indicated that health lessons increased skills in dialogue and discussion, vocabulary building, reading, language development, and critical thinking—all skills needed by ESL learners. They suggested that health was more advantageous than other topics in terms of contributing to learner interest, participation, and motivation (Rudd, Zahner, & Banh, 1999).

The objectives of the session are to 1) identify the need for health literacy in ESL programs, 2) describe the curriculum development process, 3) identify curriculum components and technical considerations, and 4) provide suggestions for use of the curriculum.

Session participants will receive the products of the grant--a CD-ROM containing text and visual glossaries, an informal screening instrument, and approximately 500 exercises spanning 3 levels of English proficiency and twenty topics in over 1200 pages.

REFERENCES

Joint Committee on National Health Education Standards. (1995). *National health education standards: Achieving health Literacy*. Available from the American School Health Association (P.O. Box 708, 7263 State Route 43, Kent, OH 44240; the Association for the Advancement of Health Education, 1900 Association Drive, Reston, VA 22091; or the American Cancer Society at 1-800-ACS-2345).

Mayer, Gloria & Kuklierus, A. (2000). *What To Do When Your Child Gets Sick*, Institute for Healthcare America: Whittier, CA.

Rudd, R. Zahner, L., & Banh, M. (1999). *Findings from a National Survey of State Directors of Adult Education*. NCSALL Report #9, Harvard School of Public Health, <http://www.gse.harvard.edu/~ncsall/research/rep9.pdf>.

U.S. Department of Adult Education, *Health Literacy Fact Sheet*, <http://www.ed.gov/offices/OVAE/AdultEd/InfoBoard/health1.html>

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Dr. Rhonda Atkinson received her Ph. D. in Education from Louisiana State University and currently teaches at Central Missouri State University. Specializing in curriculum development, she authored seven published texts for college level and created content for several nationally recognized grant projects. Her understanding of distance learning methodologies and the application of the active learning process to content areas contributed significantly to the success of this project.

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