

Section D: Teaching Health Topics

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1. Approaching Health Curriculum Design

Designing a health curriculum can be an exciting, creative process because of its importance and high interest for learners, and also because of the instructional versatility that is possible with a health focus. Health instruction lends itself to a number of rich teaching approaches and beckons learner involvement in the adult classroom. To best serve a program's learners and instructors, certain decisions should be made before embarking on the curriculum writing process. Below are some issues to consider when developing a health curriculum.

- How much time can you realistically give to health in classes in one term and still cover other necessary life skill topics and program requirements? One solid week? Parts of two classes a week for 2 weeks? A month? How might teachers incorporate health into one class period? Would health be the sole focus for the day's learning? Would the class period be divided into sections, with health being covered for part of the time? Knowing the amount of time you have for health content can help you determine content priorities, how much health to include in the curriculum, and recommendations for structuring its presentation and practice.
- Will your health curriculum stand alone, or will you create it as part of a larger life skills curriculum? Will you focus on one health topic in depth, or will you offer a broad selection of health and health care issues in the curriculum? Will all health topics be covered, or will needs assessment be used to target learners' priorities?
- What structure will work best for the curriculum? Would a looser form like a framework be preferable, or a more structured form with detailed lesson plans? Would it be best to specify the language skills and grammar content to integrate with the health lessons or to let instructors decide this?
- Who will write the curriculum? An individual? A team? If a team, how will members' work be divided? How will their interaction be structured throughout the writing process?
- How will curriculum writers get feedback on their work throughout the writing process? What is the best way to pilot the new curriculum in your program? How will feedback from piloting be incorporated into the final product?
- How will learner needs be assessed at the different levels in your program to ensure that the health curriculum is relevant and

- appropriate? Will learners be surveyed? Interviewed? Or will in-class discussions provide enough information? Will community health educators and care providers be consulted?
- If the curriculum is to provide specific health information, how will writers obtain and verify the information? Will they consult with health care professionals? Will they do research on the Internet?
 - What teaching approach best fits your learner population? Is a participatory approach best? Is more teacher guidance preferable? Or would a combined approach be more effective? Is one approach better for higher levels and another better for lower levels?
 - What introduction to health instruction do teachers in your program need? Do you want to design a training to accompany the curriculum? Do you want to write a curriculum introduction to advise teachers about teaching health? Or perhaps a separate training manual on the topic?
 - What other instructional support do you want to provide in the curriculum? Reproducible handouts? Suggestions of realia? Information on conducting class needs assessments about health? A list of community health resources? A list of possible guest speakers? Lists of websites and publications on health topics? Articles with background information on health and health care issues which are likely to be common among learners?
 - For high school continuation and GED preparation curricula, what related content areas do you want to incorporate into the study of health topics? Do you want to include math skills development? If so, what preliminary work on math skills will need to be factored in for learners to have success with the health lessons? Do you want to include science? If so, how?

2. Curriculum Content Ideas

It is important to note that a more prescriptive approach is sometimes beneficial for beginning level English learners and new arrivals to the United States. Such learners might not be able to articulate what it is they need to know because they are not aware of what is available or necessary in the United States. For example, an uninsured, low-income learner might live close to a free clinic, but if he is unaware that such things as free clinics exist, he might not know to ask about local affordable care sources. He might assume that the emergency room is his only option for medical care. Fear of exposing undocumented status also might make some learners hesitant to ask what affordable care they can qualify for. As a rule of thumb, teachers of beginning-level ESOL learners and new arrivals to the United States might want to touch upon the following in health instruction:

- How to access local affordable care.
- What care options exist in addition to emergency rooms.
- Basic information about patients' rights, such as the right to an interpreter, the right to ask the health care provider questions, the right to a second opinion, and the right to *ask* for a reduced hospital bill or payment plan.
- Basic information on patients' responsibilities, such as being on time for appointments, knowing about your family's medical histories, practicing preventive care, and paying for your health care.

Other common health topics that may be relevant for your adult education learners:

- Defining health
 - What is the mainstream U.S. medical understanding of health? Of disease?
 - What are understandings and explanations of health and disease in other belief systems and cultures?
- Using medication (over-the-counter and prescription)
 - Asking questions at the doctor's office and pharmacy
 - Reading labels
 - Understanding dosages and frequency, including for different ages
 - Understanding uses and doses of alternative medicines (e.g., vitamins, herbal medicines, homeopathic medicines)
 - Understanding about side effects and drug interactions
- Illnesses which disproportionately affect minorities in the U.S. such as:

- Diabetes
- Breast and cervical cancer
- Cardiovascular disease
- High blood pressure
- HIV/AIDS
- Asthma
- Preventive care in depth
 - What is preventive care?
 - Exercise (What constitutes exercise? How much is beneficial? What can different kinds of exercise address? E.g., strength training, cardiovascular improvement, relaxation, flexibility, energy)
 - Nutrition
 - Preventive medical tests
 - Mind-body connection
 - Emotional health, spiritual health
 - Making a personal preventive care plan
 - Complementary, alternative, and traditional care beliefs and practices
- Communication with health care providers
 - Asking questions about treatment and surgery
 - Clarifying medical information
 - Clarifying medical instructions
 - Asking for treatment alternatives
 - Arranging payment
 - Scheduling appointments
- Navigating managed care
 - What is self-advocacy? How can you be proactive?
 - Health insurance forms
 - Health insurance terms
 - Finding a provider
 - Calling the health insurance company
 - Appealing a decision
 - Pointing out a mistake
- Anatomy
 - Internal organs, body systems
 - External parts
- Finding health information on the Internet and in the media
 - What is good, reliable information? What is not?
 - How do you search for health information on the Internet?

- Conflicting information, e.g., on whether certain foods or medicines are safe or harmful to your body
- Research a health topic and present it to others
- Kids' health and parents' responsibilities
 - Preventive care for kids
 - Dental health for kids
 - Different stages of child's health
 - Childhood obesity, need for physical activity
 - Good nutrition in a new country
 - Talking with kids about sex (especially when kids' parents are from another culture. The kids may be torn between influences from their parents' culture and mainstream American culture).
 - First aid
 - ADD/ADHD
 - Recognizing and treating stress and trauma reactions in children
 - Methods of discipline vs. child abuse
 - Managing intergenerational conflict, including in bicultural families
- Mental health
 - What is mental health?
 - Common conditions, e.g. stress, depression, anxiety
 - Cultural practices (e.g. treatment is acceptable and available in the U.S., whereas in many other countries it is unacceptable and/or unavailable)
 - How to access local mental health care
 - What is self-esteem?
- Dental care
 - What is good dental care?
 - Why is it important?
 - Available affordable services
- Resources for hearing and vision problems
 - Where and how can you get your vision checked?
 - Where and how can you get your hearing checked?
 - What costs are likely to be involved?
- Financial and legal issues in health care
 - Workers' compensation
 - Workplace safety
 - Rights (e.g., to appeal health insurance decisions, to get a second opinion, to have an interpreter)
 - Determining payment options

- Culture and Health
 - Health beliefs in different cultures
 - Health care in different cultures
 - Health beliefs and practices in bicultural families
 - What makes up a good health care system?
- Women's health
 - Reproductive system
 - Prenatal care
 - Menopause
 - Breast exams
 - Safe sex
- Nutrition
 - Vitamins
 - The food guide pyramid
 - Balanced nutrition
 - Prenatal nutrition
- Environmental health
 - Air and water quality
 - What people can do about pollution
- Safety
 - At home
 - At work (including workers' compensation)
 - At night
 - Violence in general
 - Domestic violence
 - Child abuse
 - Emergency preparedness
- Alternative Medicine
 - Chiropractic
 - Acupuncture
 - Homeopathy
 - Hypnotherapy
 - Mind-Body medicine
 - Energy therapies
 - Other forms from students' cultures
 - Assessing safety of alternative medicines (e.g., herbs and vitamins)

Source

Northeast System for Adult Basic Education Support (SABES). (October 2001). *The ABE curriculum framework for health (draft)*. Boston: Massachusetts Department of Education Adult and Community Learning Services.

3. Teaching Approaches

Teaching health lends itself to a variety of widely-used instructional approaches. Health instruction can be infused with varied skills practice, such as critical thinking, personal decision-making and goal-setting, and language and communication development. A needs-based, learner-centered approach is encouraged to maximize learner gains from instruction.

In adult literacy and ESOL instruction, health is often taught via:

- **Life skills, content-based instruction**, with frequent use of dialogue, role play, and realia to support second language learning. Target language skills are integrated into the health topic rather than taught separately.
- **The Language Experience Approach (LEA)**, which allows beginning literacy learners to draw upon their own experiences, interpretations and language as they create and manipulate stories on topics and prompts germane to health education.
- **A problem-solving approach** promoting critical evaluation of the world around the learners, who must use language authentically to communicate and negotiate.
- **A participatory approach (project-based learning)** integrating skills and making students the designers and implementers of their own learning. This promotes a sense of ownership and mastery over target material. Note that this approach is more successful beyond beginning levels.
- **A narrative approach** that lends itself to health education because it facilitates personal connection with learning, self-awareness, and self-development.

For additional information on these approaches, see:

Moss, D., & Van Duzer, C. (1998). *Project-based learning for adult English language learners*. ERIC Digest. Washington, D.C.: National Center for ESL Literacy Education. (ERIC document no. EDO-LE-98-07). Available:

<http://www.cal.org/nclle/digests/ProjBase.htm>

Payne, E. M. (n.d.). The adult learner in a participatory learning environment. Center for Initiatives in Education online new teacher toolkit. Available:

<http://cie.ci.swt.edu/newteacher/section2-2.htm>

- Rossiter, M. (2002). *Narrative and stories in adult teaching and learning*. ERIC Digest. Washington, D.C.: Educational Resources Information Center. (ERIC Digest No. 241). Available: <http://ericacve.org/docgen.asp?tbl=digests&ID=126>
- Sticht, T. (1997). The theory behind content-based instruction. *Focus on Basics, 1(D)*. Available: <http://ncsall.gse.harvard.edu/fob/1997/sticht.htm>
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- Wrigley, H. S. (1998). The promise of project-based learning. *Focus on Basics, 2(D)*. Available: <http://ncsall.gse.harvard.edu/fob/1998/wrigley.htm>

4. Instructional Supports: Resources and Activities for Increasing the Effectiveness of Health Instruction

The following are some resource ideas for increasing the effectiveness of health lessons.

Realia:

- Doctor's kit equipment such as stethoscope, thermometer, blood pressure cuff, tongue depressor, bandages, Band-Aids, etc.
- Empty over-the-counter medicine containers to practice instructions and dosages
- Prescription warning stickers from a pharmacy
- Pharmacy drug information printouts
- Medical history forms (you may need to simplify them for lower levels)
- New patient forms
- Insurance forms
- Food containers with nutritional information
- Children's school immunization/health forms

Printed Information:

- Brochures and Internet websites on health conditions written in SIMPLE, PLAIN ENGLISH. Use these judiciously with lower levels. Many are too difficult or culturally inappropriate.
- Flyers for affordable care clinics or free services (such as a one-day local breast cancer screening event, for example)
- Pharmacy drug information print-outs. Use judiciously as vocabulary is difficult and texts are lengthy. Focus on small sections of text rather than a whole print-out.

Project Ideas:

- Students can prepare a notebook in which they log their personal and family health data (medical history, immunizations, allergies, dates of surgeries, etc.).
- Students can draw up plans for personal or family health maintenance or improvement, incorporating self-selected aspects of health care (e.g., work on nutritional health, spiritual health, stress management, etc.)
- Students can prepare the following to share their new health knowledge with others in their school, family or community:
 - Brochures on a health condition, preventive care, local affordable health care sources, health tips for newcomers, etc.

- Posters for the classroom on similar health topics
- A newsletter on health topics
- Presentations for their own class and/or other classes to peer educate on health topics
- Videos of skits or presentations on health topics and health care encounters

Field Trips:

- Visit a community health fair (or arrange one at your program site).
- See if your students can get a tour of a local hospital or clinic.
- Visit a grocery store in search of foods to meet daily nutritional requirements of the U.S. Food Guide Pyramid
- Arrange a meeting of health professionals and adult learners for an exchange of experiences and perspectives about health and health care. (See the following pages for the *Progress* article “A Healthful Approach: Charlottesville Public Schools,” Debbie Tuler’s account of one program’s meeting with health care providers.)
- Have a scavenger hunt in a drugstore. Have learners search for different kinds of items and then write down specific information about them.

Guest Speakers:

- Invite a local public health nurse to speak about local affordable health care services, refugee health resources, or current community health concerns.
- Invite a health educator to speak about a disease learners may be at increased risk for, such as diabetes, cardiovascular disease, or high blood pressure.
- Invite a health educator to speak about sexually transmitted diseases like HIV/AIDS, and how to teach your children about them.
- Invite a nutritionist to speak about how to eat a healthy diet when you come to the United States.
- Invite medical students to speak with your learners about learner experiences with the US health care system. What is easy about it? What is difficult? What suggestions do learners have for new doctors?

Sources

Furlong, L. (2003). *Charlottesville ESL health curriculum*. Charlottesville, VA: Charlottesville City Schools.

Northeast System for Adult Basic Education Support (SABES). (2001 October). *The ABE curriculum framework for health (draft)*. Boston: Massachusetts Department of Education Adult and Community Learning Services.

A Healthful Approach: The Charlottesville Adult ESL Program

by Debbie Tuler

From *Progress Newsletter*, Fall 2002, p. 8-9

I am an ESL teacher, and for me, civic participation means being involved in the community, being able to access community resources, and giving voice to ideas and opinions. English literacy and civics education means providing opportunities for students' civic participation along with helping them develop the language skills necessary to use their voices and gain access to the community organizations and functions they need. The Charlottesville Adult ESL Program supports students' civic participation in a number of ways, but here I will focus on the health component of our 2002 EL/Civics grant project.

As part of our project, we developed and piloted a 10-week health curriculum in four classes, with beginning to advanced level students. Our students include newly arrived refugees, settled immigrants, visitors, and those affiliated in some way with the University of Virginia (UVA). They range from having no or limited literacy skills to being highly educated in their native languages and countries. The goals of the health curriculum are:

- to increase participants' knowledge of and ability to navigate the health care system;
- to enable students to be advocates for their own health and promoters of health for their family and community;
- to promote mutual information sharing among health care providers in Charlottesville and our ESL students.

We believe that limited English speakers will have access to the best possible health care and health care providers can give the best possible care when there is mutual information sharing; when they listen and learn from each other about health- and health- care related experiences, practices, and perspectives.

In an effort to meet the goals of our curriculum, we connected with Dr. Fern Hauck of the Department of Family Medicine at the UVA Medical Center. The Department sponsors weekly Grand Rounds, or educational seminars, for health care practitioners in the community. We arranged with Dr. Hauck to hold a panel presentation entitled Health Care Experiences from a Multi-Cultural Perspective. The program consisted of three student presentations, “Comparisons of Health Care Systems Around the World,” “A Comparison of Japanese and U.S. Health Care Systems,” and “Successes and Challenges in Navigating the U.S. Health Care System” followed by a Q&A period between the students and health care providers.

Sixty-four people attended the May 10th event. Half of the group was health care providers; half was ESL students and instructors. In their evaluations, participants indicated the program was ‘useful’ or ‘very useful’ and they would like to attend additional such presentations and information sharing sessions. Comments from the health care professionals regarding what had been most memorable included:

- “Hearing the ESL students’ voices.”
- “The vignettes [that compared health care systems around the world] were sad and funny. I also learned a lot and was struck by the uniqueness of the differences.”
- “The interchange of opinions between physicians and ESL students.”
- “I was very interested to hear the Japanese woman speak about what ‘surprised’ her. This tells about her expectations of medical care and is very helpful.”

The Q & A period gave our teaching staff ideas for further developing the EL/civics health curriculum. For instance, one student’s question, “Why does a person have to wait so long to get a doctor’s appointment when we’ve been told not to go to the emergency room?” opened up a rich discussion that pointed out several new and critical areas around which we need to plan and implement instructional activities. Everyone involved gained new teaching resources through the two ways we devised to hold onto both the day’s events and the students’ stories.

- First, the text from the presentations and other student writings from the health curriculum have been published in the *Charlottesville Adult ESL Health*

Journal. The *Journal* will be added to the resources in our health curriculum and disseminated to the students and staff in the Charlottesville Adult Education program and health care providers in the Health Department and UVA Medical Center.

- Second, the meeting was videotaped. I envision being able to use the video with future classes to generate discussion and practice listening comprehension skills. Dr. Hauck envisions using it as a resource to help train the residents and faculty in issues related to medical care for people from different cultures, as part of a new curriculum she is planning.

Our collaboration with the UVA Family Medicine Department continues! Under the direction of Dr. Hauck, the department will be opening a new refugee and immigrant clinic to better serve the needs of limited English speakers, and we have been asked to assist her. In fact, she had originally envisioned a health clinic to serve refugees but, after hearing our students speak, Dr. Hauck realized the Charlottesville area is home to a more broadly based ESL population that they should be serving. Additionally, one physician communicated in writing to Dr. Hauck, “If the Refugee and Immigrant Clinic is established, perhaps a ‘get to know us’ document or session could be offered to address how care is delivered and what patients can expect.” We have a meeting scheduled with Dr. Hauck, Peggy Paviour from the Health Department, and student representatives to discuss further action steps.

I have been involved with several health projects in ESL classes over the years, but this has been the most exciting. It was inspiring to see ESL students speak in front of native English speakers, to see lay people speak in front of professionals. It takes a lot of courage to do this. Moreover, it was the first time I have seen physicians on the edges of their seats listening to the stories of limited English speakers. This was clearly not a one-shot workshop or isolated event. Rather, it was the beginning of an ongoing dialogue and a relationship that will provide our students with further opportunities to get involved in the community and get others involved. It was exciting to see the medical establishment being more responsive to the culturally diverse population it serves.

Debbie Tuler is an ESL Specialist with the Charlottesville Adult ESL Program. She has over ten years experience working in the field of adult literacy and education.

5. Curriculum Resources

The following is a list of assorted curricula for health. All Virginia examples have been created with partial funding from Virginia state English Literacy/Civics grants.

Arlington Education and Employment Program (REEP) EL/Civics Online Curriculum. Health Units

Approach: Life Skills

URL: <http://www.arlington.k12.va.us/departments/adulted/REEP/>

REEP's health curriculum is part of a larger life skills-based curriculum which focuses on student voice and integration of technology. Some health topics presented include anatomy, reporting symptoms, filling out medical forms, accessing local health care, reporting emergencies to 911, responding to medical instructions, asking and answering questions, making healthy choices, practicing preventive care, and reading and understanding medicine labels. Other curriculum content includes units on personal identification, government, transportation, jobs, consumerism, housing, community, legal information, time and weather, and holidays. Individual classes conduct needs assessments to select which units and topics they will focus on in a term. The curriculum offers detailed information on assessment, goals, lifeskills performance objectives, and language skill integration. For each of the 9 instructional levels, there is a chart of lifeskills performance objectives with corresponding language samples, grammar and instructional resources.

Charlottesville Public Schools ESL Health Curriculum, by Leslie Furlong,

Approach: Participatory

URL: <http://www.charlottesville-esl.org>

The Charlottesville ESL Health Curriculum focuses broadly on developing civics awareness and participation regarding health, illness, and health care in the Charlottesville ESL community. It is committed to being a student-generated curriculum. Students are encouraged to develop competency navigating the U.S. health care system in the broadest sense possible. They look at holistic definitions of health, disease, and illness, as well as the importance of lifestyle choices, prevention, and early detection. They build life skills in accomplishing tasks such as making appointments, describing symptoms, filling out forms, and locating and understanding the different functions of health

care facilities in the local community. Students also learn about their civil rights and responsibilities.

Fairfax County EL/Civics Curriculum: Low Beginning-Low Intermediate ESOL, High Intermediate and Advanced ESOL/Adult High School, and Family Literacy. Health Modules.

Approach: Content-based, problem-solving

High Intermediate and Advanced curriculum URL:

<http://www.aelweb.vcu.edu/publications/ELCivics/index.htm>

Low Beginner Health Curriculum

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lbhealth.pdf>

Low Beginner Health Curriculum Landscape Handouts

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lbhandouts.pdf>

High Beginner Health Curriculum

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/hbhealth.pdf>

High Beginner Health Curriculum Landscape Handouts

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/hbhandouts.pdf>

Low Intermediate Health Curriculum

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/lihealth.pdf>

Family Literacy Health Curriculum

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/familylit.pdf>

The Fairfax curriculum aims to help learners develop language skills while empowering themselves to better maintain their health and access community health care resources. The curriculum espouses learner self-expression, peer interaction, community awareness and participation, personal research, and problem-solving. It engages the adult learner in personal, meaningful English literacy instruction using a non-traditional methodology. Lessons are scripted to guide less-experienced teachers, but may easily be adapted to better meet the needs of a particular group of learners. Health topics presented in the curricula are not those usually covered in traditional health texts. They are topics which have been observed by teachers to be essential for adult learners and their families to function effectively in the U.S. health care system. Technology components are present in lessons at all curriculum levels, but most lessons can be adapted to work without computers. Suggestions for learner projects are included.

Loudoun Literacy Council Health Curriculum by Tina Dickerson.

Approach: Life Skills

<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/loudoun.pdf>

A community-based model for a volunteer program. The Loudoun curriculum is a 3-module, health-centered framework for volunteer-led basic literacy and ESOL instruction. It focuses on community health care resources, dental health, and medication safety. Accompanying the outlines in the curriculum kit are visuals (made from digital photos) and brochures provided by various health care organizations.

Massachusetts Adult Basic Education Curriculum Framework for Health.

Approach: Participatory

URL: <http://www.doe.mass.edu/acls/frameworks/health.pdf>

An inquiry-based approach framework for ABE and ESL programs from the Massachusetts system, which has been a pioneer in participatory health education. May be particularly useful in generating ideas for GED as Project lessons.