

1. Questions and Answers on Teachers' Concerns

Teaching health topics in adult education can be tricky. Topics that are important to learners may be outside the realm of teacher expertise, or may be considered sensitive or personal. When a learner mentions a personal health problem to an instructor, it can be difficult for the instructor to know how to respond, or to what degree to get involved. These and other important questions on the challenges of addressing health in adult education are discussed in the questions and answers below. Answers are suggestions and are not exhaustive.

1. Why is teaching health so important in adult education classes?

- Adults with low literacy describe themselves as having poorer overall health than adults with higher literacy skills. They make less use of health screening, seek care in later stages of illness, are more likely to be hospitalized for illness, and have less understanding of treatment and consequent lower adherence to medical regimens (Rudd, 2002). Their health affects everything else in their lives and the lives of their families, including educational outcomes. Adult educators can help learners make a significant improvement to their quality of life through increased awareness of health and health care.
- The U.S. health care system is extremely complex and constantly changing, with a culture unique unto itself. For highly literate people who are native to the United States the system provides significant challenges. For people with low literacy, the health care culture may seem at times exclusionary or impenetrable. Adult education can help empower learners by teaching how the system works and how to advocate for oneself and one's family within it.
- Learners with limited English proficiency have the same problem with accessing care, only more so. They need to learn much linguistic and cultural information before they can function effectively for themselves in the U.S. health care system. This information is not available elsewhere in forms that are easily accessible for people with limited English.
- Extended illness of students or their family members drains physical, emotional, and financial resources, causing students to drop out of classes. Education which helps them maintain their health improves chances of their staying in school longer and reaching goals.

- Adult literacy students frequently have high levels of stress and ongoing health problems that impede their progress in school, and teachers acknowledge benefits to addressing these obstacles in class (Jacobs, 2002; Singleton, 2002).
- Students want to learn about health and health care. (Povenmire and Hohn, 2001; Singleton, 2002)
- There are considerable racial and ethnic health disparities in the U.S. Many groups are not getting the information and care they need. Adult education is a useful conduit for getting vital health information to adults who might not otherwise access the health information they need to know.

2. I'm afraid of getting too involved in my students' lives, or of them becoming too dependent on me. How do I avoid this?

- **It is very important to set yourself boundaries up front.** Make student empowerment your goal. In your relationship with your students you are not their social worker or doctor, nor should you try to be. Do not try to fix personal problems for your student. However, you can provide information on available resources. **See yourself as a conduit to information for students, not the provider of solutions to their problems.** Have information about available local services on hand for situations which might be brought up by students. If learners share a problem with you, refer them to a social worker who is trained to help or an appropriate human service agency, but don't take the problem upon yourself. Taking problems upon yourself will prevent students from learning how to help themselves, will blur the boundaries of the professional relationship you have with your students, and may ultimately burn you out.
- Although we are not qualified to counsel learners, we can help by providing a forum for them to explore their own ideas for solutions to common problems. As they do so, learners develop communication and critical thinking skills and increase their awareness of available community resources. Again, we should not be providing solutions; we should be facilitating learners' problem-solving.

3. What if my students say that studying about health isn't learning literacy or learning to speak English?

- Within the context of health, students can practice reading, grammar, vocabulary, oral and written communication skills, and a variety of language functions, not to mention critical thinking skills. Studying health is a good vehicle for learning literacy and language and developing other important life skills at the same time. (For specific examples, see [Section B, Part 8](#) in this Toolkit, “Examples of Teaching Opportunities by Skill Area for Health Education Instruction,” (pages 32-34) and [Section D, Part 2](#), “Curriculum Content Ideas” (pages 93-97).

4. *I don't want to give my students the impression that I'm a health expert, or that I'm telling them what they should believe or practice. How do I avoid this?*

You are teaching about health to help students develop skills to ask their own questions, look for answers, make educated decisions, and be prepared to manage any unforeseen health crises that may arise. You are not trying to tell students what to believe or practice. Therefore, you should state clearly to students that your goal is to help them use language about health and develop their skills and knowledge to make good health decisions for themselves and their families. Emphasize that any examples you use in class about health care are not expert advice. Make every effort to get accurate health care information when putting together readings, dialogues, etc., but remind students that they need to speak with a real health care provider to get the best information for their health.

- If you are aware that students practice behaviors that you consider dangerous to their health, it is not your job to try to change the students' beliefs or practices. They are adults, and decisions relating to their health are theirs to make. (Of course, the situation is different if the behavior is disruptive to the class, such as a student coming to class intoxicated. Then it is your job to see that the disruptive behavior is not repeated in the class). However, you can help students develop skills needed to make an informed decision about unhealthy behaviors. For example, if some students in your ABE class smoke and the class is studying about smoking as a public health issue, your job is not to say that it's bad to smoke, but to help students find factual information about smoking so that they can make up their own minds with the new information they have gathered.

- Your students may hold health beliefs that differ significantly from mainstream U.S. health care perspectives or your personal health beliefs. For example, in an ESOL class you might have students who use traditional (sometimes considered “alternative”) therapeutic practices (e.g. acupuncture, healing through prayer, or herbal medicines) and prefer these to seeing a mainstream U.S. health care provider. Tell students clearly that you respect their beliefs and that it is not your job to say who is correct and who is not correct. Remember, though, that it is important to teach students about the U.S. health care system and how to advocate for oneself in it. This does not denigrate students’ personal health beliefs. On the contrary, it is necessary to prepare learners of differing health perspectives for mainstream practices in case they have emergencies in which they find themselves immersed in the U.S. health care system.

5. *What if I don’t know enough about health conditions, access to and payment for care to teach about these topics?*

- Much reliable health information is available on the Internet. Teachers can use dependable websites to increase background information. Examples include:

MedlinePlus <http://medlineplus.gov>

NOAH (New York Online Access to Health) <http://www.noah-health.org>

HealthFinder <http://www.healthfinder.gov>

- Local health departments and social service agencies may be able to provide health educators to speak directly with your students, or to help you make sure teacher-generated materials are accurate.

6. *What if I feel uncomfortable talking about health because it seems too personal for class?*

- You definitely need to be comfortable with talking about a health topic before you present it in class. If you are uncomfortable, your students certainly will be also. Once you understand your anxiety about it, you might feel more comfortable presenting it. La Machia and Morrish (2001) recommend having supports ready not just for learners but for yourself as well to help address difficult topics that might come up. When determining your own comfort level, try to focus on the fact that learners might not feel able to discuss concerns or access information on important health topics elsewhere.

- Sensitive topics do not need to be presented in a way that puts learners or teachers on the spot. To revisit the smoking example cited above, in a lesson on smoking, don't present it as "What's bad about smoking?" Instead, let learners investigate and analyze it for themselves as a health issue and arrive at their own conclusions. Stress up front that this is your goal. The lesson could involve investigating its effects on the body, compiling a survey of student attitudes on smoking, examining the history of the cigarette industry, and examining the economics of smoking in states where tobacco has been grown (Summerfield, 1995). This provides valuable skills development and gives learners more information on which to base their own opinions.
- Speak with other teachers. See how they feel about the topic, and ask if they have any suggestions as to how to present it so you and your students are more comfortable.

7. What if one of my students thinks health is too personal to talk about?

- Students should never feel they have to share about a health topic. Be sure to point this out to your class repeatedly.
- Construct activities that don't have to center on personal sharing. For learners with lower literacy, this could be Language Experience Approach stories based on pictures or general class experiences (a field trip to a clinic; reading information or stories about a health condition, etc.). Learners with higher literacy could read stories about others' health experiences rather than share their own, or they could look at brochures, newspaper and magazine articles, or Internet materials on health topics. Problem-solving can also be done around stories that you have written about a fictitious person with a health dilemma.
- Higher readers can select their own health research topics for learning projects. Since it's their own choice, they will presumably select a topic they feel safe addressing.
- If learners would be more comfortable, explore whether dividing the class into gender groups for health lessons is feasible.

8. What about especially sensitive topics, like domestic violence, mental illness, sexually transmitted diseases (STD's), or other reproductive health concerns?

These topics may be uncomfortable to talk about, but they are extremely common in the United States. Failure to educate people about them leads to fear, stigma, isolation, avoidance of treatment, worse health outcomes and unsafe behaviors which can further spread disease. If parents aren't educated about these topics, they cannot provide good information to their children. If your students need information on sensitive topics, it might be possible to invite a trained health educator or social worker to speak with your class. Here is some information to consider on various sensitive topics:

- RE: Domestic violence. This topic is probably best brought up 1) if a student has asked you a general question about how it is seen in the US, or 2) in October, Domestic Violence Awareness Month. If a student confides in you that she or he is a victim of domestic violence, it is best NOT to bring up with the whole class the topic of domestic violence, as it might generate significant discomfort and shame in the victim. It is best to link that student to a social worker who specializes in domestic violence.

Statistics:

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.
 - Studies show that child abuse occurs in 30-60% of family violence cases that involve families with children, according to the National Domestic Violence Hotline.
- RE: Mental health. While this is a highly stigmatized topic in many cultures, it is important to let students know that treatment is available for many mental health conditions in the United States (it might not be in their native country), and that disorders like depression and anxiety are very common.

Statistics:

- 9 million Americans are believed to have major depression in a given year.
- 19 million are believed to have an anxiety disorder according to the National Association for the Mentally Ill (2003).
- Most cases of depression and anxiety can be managed successfully with counseling and medication.
- There is a high incidence of Post-Traumatic Stress Disorder among refugees, which can be managed with medication and counseling. For more information on mental health of refugees, see the ERIC Digest, *Mental Health and the Adult Refugee: The Role of the ESL Teacher* (Adkins, Sample, & Berman, 1999), at <http://www.cal.org/ncl/digests/mental.htm>.

- RE: STD's. As uncomfortable as STD's are to speak about, raising awareness about them across racial and ethnic groups is very important.

HIV/AIDS statistics:

- African Americans accounted for 50% of reported HIV cases in the US in 2001 and 49% of new AIDS cases, even though African Americans make up only 12% of the U.S. population.
- In 2001, African American men accounted for 43% of reported HIV cases among U.S. males.
- In 2001, African American women accounted for *nearly 64%* of reported HIV cases among U.S. women. (Centers for Disease Control and Prevention [CDC], 2003a)
- In the U.S., HIV is significantly on the rise in the Hispanic population. While Hispanics make up 13% of the U.S. population, in 2000 19% of the newly reported U.S. AIDS cases were in Hispanic people (CDC, 2003b).

Many people across ethnic groups may come to the U.S. with undetected HIV, and it is important for them to know that help is available in the public health arena for HIV and other STDs. (If someone has HIV, then he or she has a great likelihood of having other STDs). HIV medications are provided free to uninsured people with low incomes. In Virginia they are provided by the AIDS Drug Assistance Program (ADAP). Information about ADAP can be obtained from local health departments. While HIV medications cannot cure the disease, they greatly help manage symptoms and add years to life expectancy. Medication can also greatly reduce the risk of HIV being passed from mother to child during pregnancy.

- RE: Reproductive health. There are many important issues in reproductive health. Here are 2 general pieces of information relating to pregnancy that may be helpful for adult educators to know.
 - African American women experience a significantly higher rate of low birth weight, premature births and infant mortality than White and Hispanic women in the U.S.
 - Women who come from a country with little or no formal prenatal care may not be aware of its availability in the U.S. Mentioning prenatal care in class as an available community health service can be helpful for learners in this situation.

9. My lowest level limited English proficient (LEP) learners seem to be the ones with the worst health problems and no health insurance. How can I bring up this complicated information with them so that they will get it, and so they will feel like they can do something about their problems?

- This is a challenge! Often simplified health education materials are far too difficult for beginning level LEP learners. Using realia, online picture stories (Singleton, 2001), individual pictures (e.g. of a clinic, doctor's office, pharmacy, sick person, etc.), simplified medical forms, and students' own stories (with their permission) are some ways to help learners connect with complex health and health care issues.
- Teach LEP learners helpful strategies like writing questions down in advance of a doctor's appointment, writing down a list of medications they take, and reciting or writing down their own or their child's health history. (These strategies may be helpful for native speakers as well.)
- Help learners simplify things. Language Experience Approach helps literacy learners to master simple language that they themselves have generated to explain health situations. Present dialogues on communication with health care providers in authentic language, but keep them short. Teach things learners need to know before they can speak a lot of English, like how to request an interpreter who speaks their language. Teach them strategies for when an interpreter isn't available, such as getting help to write down questions for the health care provider in English, and to list medications and family medical histories.

10. I don't know anything about my learners' native cultures' health beliefs. I don't want to seem like I don't respect their cultures. How can I avoid this?

Your students can be your best teachers on this topic. Encourage discussion about their health beliefs and practices. Make sure they understand that everyone's beliefs are valid and respected in the classroom. For additional information, websites that describe culturally diverse health care beliefs are available on the Internet.

Examples include:

- Ethnomed, <http://ethnomed.org/>
- Queensland Health's Cultural Diversity: A Guide for Health Professionals, <http://www.health.qld.gov.au/hssb/cultdiv/cultdiv/home.htm>

11. How do I fit health in? We're already teaching so many things and spending a lot of time on paperwork!

Teachers are currently faced with many difficult choices regarding time management. Remember the importance of health information to your learners and their families. Work other things into the health content, like grammar, reading, writing, vocabulary, conversation, math, science and critical thinking development, so that there is a greater return on the time investment. Share ideas for lessons with other teachers so you don't feel like you have to reinvent the wheel when you are planning a health lesson.

12. Once I had a public health educator come in to my class to give a presentation, but he spoke really fast and my LEP students didn't understand much. How can I avoid this problem in the future?

While the public health field is making efforts to simplify their language, these efforts are often suited more to native English speakers or higher level ESOL learners. Sometimes health department or local human service organizations can provide health educators who teach in different languages. If this isn't an available option for you, you can serve as an "interpreter" for health educators. Let them know that after they say something in English, you will "translate" it into simpler English that is suitable for the level of your students. Since you have spent more time with your students, it is only natural that you are more familiar with what kind of language they will understand.

13. Can I just give my LEP students brochures on health topics in their native language? Is that enough?

While this seems like a nice solution, it may not be enough for some students with less education. If students didn't learn basic health and medical knowledge in their native country, the concepts in the brochures might not be comprehensible to them, even written in their native language. Giving them a brochure that they don't understand may make them feel bad and shy away from getting care they need.

14. What if one of my students is really negative about his or her experiences with U.S. health care? I don't want it to keep others from trying to get help.

This is understandable as the health care system is so complicated. Negative comments may come up in regard to things like an underinsured or uninsured person asking for a reduced hospital bill and being refused because their income is considered too high. Let them get it out if they aren't too disruptive – they are in a very frustrating

situation! Remind the class that every situation is different, that they don't know how things will come out unless they try, and that if they don't try, they definitely won't get the help they need. Remind them that you are talking about the subject with them because you want them to be aware of their options in a difficult situation. If the frustrated individual is in need of more help, you can see if there is a social worker in the hospital or local human service agency you can refer the individual to who could revisit the case.

15. *It seems like there is so much for my students to learn about health care. Am I biting off more than I can chew?*

We cannot teach our students everything they need to know to get health care and advocate for themselves in every situation. There isn't time, and the system is complex and constantly changing. However, we can select what we teach and give students a foundation on which to build. Assess your learners' needs through observation and by asking them directly. Teach to their greatest health needs and interests. Encourage them to teach each other as well. Helping students feel that they have more access and voice in the health care system than they previously thought is a significant gain.

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