

Strengthening Public Health and the Healthcare Workforce

What U.S. Health Partners and Adult Basic Skills Programs Can Do Together



A Can-Do Guide of the Open Door Collective

September 30, 2019 Edition

What's Inside

This ODC Can-Do Guide presents why and how U.S. adult basic skills programs can collaborate with “health partners” – organizations that in various ways support public health and healthcare career opportunities.

It describes nine types of collaborations, with examples of each and links to corresponding organizations and documents:

1. Health literacy education;
2. Healthcare career preparation;
3. Direct healthcare services to adult learners;
4. Basic skills supports for healthcare providers to help them better work with their clients and employees;
5. Health-friendly adult education facilities;
6. Public health service learning;
7. Advocacy and planning;
8. Health partnerships research.
9. Joint professional development.

At the end, the guide suggests steps that adult education and health partners can take to get started on creating productive collaborations.

Appendices contain an extensive annotated bibliography of relevant resources and links to on-line resources cited in this guide.

The Open Door Collective

ODC is a national network of adult educators and others who promote high-quality adult basic education as a tool for poverty reduction and forward-thinking social and economic development. (Visit www.opendoorcollective.org .) Welcome!

Part 1

Purpose & Audiences

Purpose

This “Can-Do Guide” aims at facilitating collaborations between “health partners” and adult basic skills programs. Such health collaborations can benefit several stakeholder groups in various ways and take multiple forms. Potential stakeholders, benefits, and forms of collaboration are described in these pages.

Audiences

This guide is written for two audiences: “health partners” and adult basic skills programs.

Health partners are defined broadly as organizations and individuals that have as a primary or secondary goal the protection and improvement of public health. These could include governmental and non-governmental bodies that:

- provide health education;
- provide direct healthcare services to individuals;
- provide training and employment in the healthcare industry;
- set, support, monitor, and implement health policies;
- create and distribute health-supporting products.

Health partners can include health advocacy groups, preventive health services (e.g., exercise and healthy eating programs, community gardens, anti-smoking efforts); direct care providers (e.g., Federally Qualified Health Centers, individual healthcare professionals, hospitals and clinics, extended-care providers); environmental health programs; healthcare industry training programs and employers seeking well-trained employees; companies that produce and sell healthy foods, medications, and other products; health insurance providers; labor unions promoting healthy workplaces; and public health researchers and funders.

The term “health partners” should be viewed in a flexible way. They might be organizations that include health activities as part of a larger mission. For example, a primary school might include health education in its curriculum or a youth group might have volunteers do health awareness or food delivery activities as part of its community service program.

Adult basic skills programs are local, state, and national organizations who seek to strengthen the basic skills adults and out-of-school youth need for work, family, and civic roles. These skills include reading, writing, speaking, listening, numeracy, problem solving, digital technology, and other fundamental skills. Providers include public or private agencies in a variety of institutional settings (e.g.,

community-based organizations, public schools, community colleges, libraries, workplaces, labor unions, correctional facilities). They serve diverse populations challenged by basic skills limitations. These can include employed workers and unemployed job seekers, older career-changers, parents who want to support their children’s learning and development, out-of-school youth and adults, people with disabilities, and current and former inmates. Immigrants and refugees (who can have various levels of English fluency and basic skills in their native languages) are a major segment of the adult basic skills student population.

This document is aimed at organizational leaders and others. In particular, we hope to reach health educators, healthcare industry trainers, and Federally-Qualified Health Centers (the last of which serve clients similar to those who enroll in adult basic skills programs). These stakeholders have a natural connection to adult basic education programs.

INFORMATION SOURCES

This document draws on:

- a literature review of sources from the health, workforce development, and adult education fields;
- input from adult educators and health stakeholders. 2

Part 2

Why Collaborate?



How collaborations can benefit multiple stakeholders

The Open Door Collective is a national network of adult educators and other stakeholders whose mission is to help adult basic skills education programs to work with other stakeholder groups to reduce poverty and income inequality in the United States, especially for the estimated 36 million adults who are challenged by basic skills limitations. We see public health and other societal issues (e.g., criminal justice reform, environmental sustainability, improving access to digital literacy and technologies, immigrant integration) as interwoven with employability and jobs that provide family-sustaining wages and benefits and a positive work environment.

This guide promotes collaborations between health partners and adult basic skills programs that have these potential benefits:

For adults and out-of-school youth who have basic skills limitations (and possibly their families and communities):

- Improve the health literacy of those adults and youth, so they can make informed decisions (including health-related financial decisions) and use effective health practices in their family, work, and community roles.

- Strengthen those individuals' access to quality healthcare services, so they can stay healthy and better able to attain, perform, retain, and advance in employment that provides them (and by extension their families) with family-sustaining wages and benefits;
- Improve the access of those individuals to career pathway jobs in the healthcare industry;
- Engage adult learners and others in service learning activities that support public health while helping those learners develop useful basic skills and health-related knowledge.

For adult basic skills programs and healthcare partners:

- Help adult education facilities adopt "health-friendly" practices and procedures that can benefit the health of users;
- Improve education programs' ability to respond to community health needs and thereby strengthen the relationships between the programs and the communities they serve;
- Improve health partners' ability to understand and respond to the needs of clients and employees who have basic skills limitations;
- Increase public awareness and financial and in-kind support for adult basic education, health literacy, healthcare job training, and public health.

Health challenges and opportunities

People who have basic skills limitations face many – if not all – of the same health challenges as the general population does. These challenges include physical and mental health problems exacerbated by poor diet, lack of exercise, risky behaviors, exposure to toxins (including through substance abuse and environmental pollutants), limited access to quality healthcare and affordable medications, unsafe work and living conditions, and excessive stress.

At the same time, there has been a growth in awareness and use of preventive care strategies and new healthcare technologies, procedures, and medications that can counter the above health challenges. There has also been a growth in employment opportunities in the healthcare field, and many of those jobs provide living wages, benefits, and opportunities for training and a career path.

People in the U.S. now have the opportunity to adopt health-sustaining ways of living and working. However, it can be more difficult for people with limited basic skills to do so because:

- Basic skills limitations can reduce adults' ability to learn about health issues that impact them and health-sustaining things they can do in their workplaces, homes, and communities. (Many people with lower levels of basic skills have not had access to education, information, digital technology, and support networks that would help them develop the background knowledge and other skills needed to understand the causes and possible responses to health challenges.)
- Occupational training programs do not always accommodate learners who have lower levels of basic skills. They are thus blocked from learning how to protect their health in their current jobs and/or to move into new jobs in the healthcare industry.
- People with limited basic skills tend to have lower incomes than the general population. Lower-income people are more likely to live and work in communities that are more impacted by health hazards (e.g., pollution, unsafe conditions, lack of access to healthy foods) and less able to afford healthcare, technologies, medications, or other resources or training that

help them avoid and deal with those hazards.

People with basic skills limitations – and their families -- are thus disproportionately negatively impacted by health challenges. This can translate into reduced health, employment options, and ability to make informed decisions as consumers and citizens. Basic skills limitations can also reduce the ability of adults and out-of-school youth to attain and succeed in rewarding jobs in the growing healthcare industry.

To reduce and possibly eliminate these impacts, we propose new partnerships between the health stakeholders described above (who have expertise, resources, networks, and other assets to support public health and healthcare employment), adult basic skills programs, and the adults and communities those education programs serve.

(For further information on the relationship of basic skills to public health and healthcare careers, see the reports cited in the "Type 8: Health partnerships research" section below and the Appendix.)



Part 3

How Health Partners and Adult Basic Skills Programs Can Collaborate

Health literacy education is an important way that health partners can work with adult basic skills programs. But there are others as well. See the summary below:

1. Health literacy education (p.6): Health organizations and adult educators can collaborate to help adult learners to understand health-related challenges they and their families and communities face and strategies and resources they might use in their homes, communities, and current workplaces to ensure their health.
2. Healthcare career preparation (p.8): Healthcare industry employers, labor unions, and trainers can work with adult educators to help adult learners understand healthcare career options and prepare for, access, succeed in, and advance in jobs in this large, diverse, and growing industry.
3. Direct healthcare services to adult learners (p.11): Healthcare providers can help adult learners (and possibly their families) access healthcare services (e.g., health screenings, visual and auditory exams) in the community or at the adult education facility.
4. Basic skills supports for healthcare providers (p.12): Adult basic skills professionals can provide cultural guidance, translation/interpreting, editing, and other services to help healthcare partners to better serve clients and employees who have basic skills limitations.
5. Health-friendly education facilities (p.14): Health organizations can work with adult educators to make adult basic education facilities and procedures more supportive of the health of the facilities' users (e.g., through serving of healthy foods, exercise programs, air quality technologies, good lighting, a psychologically positive study and work environment).
6. Public health service learning (p.15): Involving adult learners (and possibly their families and communities) and adult education staff in health-related service learning activities can support public health while helping learners develop useful skills, knowledge, networks, and behaviors.
7. Advocacy and planning (p.15): Health-supporting organizations and adult educators can conduct joint awareness-raising, planning, advocacy, and/or fundraising activities to support public health and adult basic education.
8. Health partnerships research (p.18) to document and inform the above-described collaborations.
9. Joint professional development for staff of health and adult basic skills organizations (to build trust, expertise, and collaborative relationships).

Examples of the nine types of collaboration*

Note: No adult education program should feel the need to pursue all of these nine forms of collaboration. As stated in Part 4 on page 20, those interested in trying any of these partnerships need to go through a planning process to choose collaboration strategies that are in sync with the needs and capacities of the stakeholders to be involved. Partners might start with a modest initial joint effort, learn from it, and then possibly expand it and/or add an additional collaboration. Shown below are examples of these eight types of collaboration. We welcome readers to send us more examples to include in future editions.

Type 1: Health literacy education

For several decades, the inter-relationships between health, socio-economic status, education, and basic skills have been cited by researchers, practitioners, policy makers, and advocates for public health and education. (See the sources cited in the "Type 8: Health partnerships research" section below and in Appendix A.)

Building on – and informing -- such research, health organizations and adult educators have collaborated since the 1990s to create health literacy programs for adults with basic skills limitations. These programs use various types of curricula to help learners understand, prevent, and respond to health-related challenges they and their

families, communities, and co-workers might face. At the same time, participants develop various kinds of basic skills (e.g., reading, writing, speaking, listening, math, problem-solving, research), self-confidence, and support systems. Learners are thereby equipped to use strategies and resources in their homes, communities, and current workplaces to ensure their health. These challenges can include environmental health problems (e.g., toxins in water, air, soil, and housing), communicable and non-communicable diseases, and mental health issues.

Here are some examples of health literacy partnerships that use a variety of strategies to help various learner populations deal with a range of health needs:

- **The Chicago Citywide Literacy Coalition** operates an Empowerment-Based Health Literacy Project for students and instructors in programs, with funding from the **Chicago Community Trust**. A participant-centered Healthy Communities Unit provides seven lesson plans on themes like "Talking to a Doctor," "A Tour of a Federally Qualified Healthcare Center (FQHC)," "Heart Disease," "Diabetes," "Mental Health," "Personal Care," and "Obesity/Diet Management." The program helps students and their families connect to a **Federally Qualified Health Center** and adopt and maintain healthy behaviors.
- **ABCD Mattapan (Massachusetts)** used a **First Literacy Lab Grant** to develop a "Teaching ESOL through Community Gardening" curriculum. The students – mostly Haitian immigrants – wanted to learn more about gardening in the U.S. The curriculum developers worked with a local urban gardening program, **City Growers**, to create a curriculum shaped to students' needs.

* Most of the examples presented in this guide are linked to an on-line source for more information. These links are shown in Appendix B. If a link doesn't work, please copy and paste the URL into your web browser.

Type 1: Health literacy education (cont'd.)

- **The Florida Literacy Coalition's Health Literacy Initiative** is a statewide grant program administered by the Florida Literacy Coalition and funded (for ten years) by the **Florida Blue Foundation (of Blue Cross/Blue Shield)**. It provides training, resources, and financial support to assist Florida literacy, ESOL and family literacy programs – including some in harder-to-reach rural areas -- to integrate health education into their curricula. Using a project-based learning approach, learners visit hospitals, grow fresh foods, create cookbooks, and learn from guest speakers and videos to develop health knowledge while practicing authentic language.
- **York Correctional Institute** is a prison for women in Niantic, CT. Its York School helps inmates develop basic skills and occupational skills, prepare for the GED, and access special education and college courses. Staff include teachers, counselors, a librarian, and correctional officers.

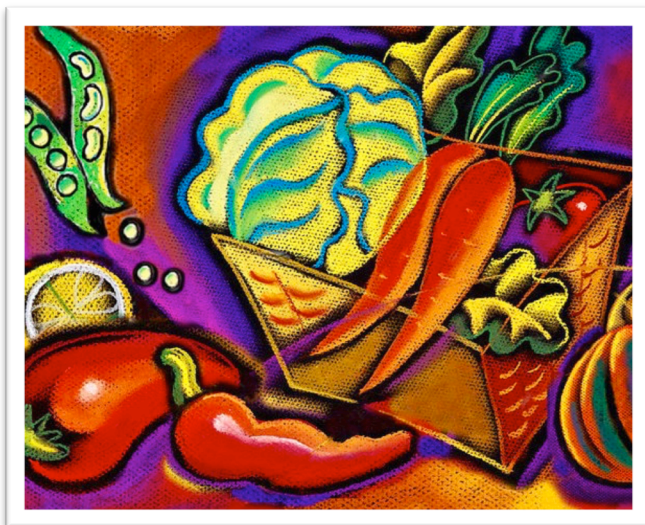
To help inmates deal with trauma and stresses experienced in the prison and prior to incarceration, the education staff began to weave health topics into the education program. Education, health, and custodial staff formed a Women's Health and Healing Committee which set up a new arts program to provide "creative space wherein the students' grief might be expressed safely."

One art program, called "Struggles," is a "healing-through-writing" group co-facilitated by a social worker and an adult education teacher. Writing and reading about personal challenges has led to improvements in participant attitudes and interest in learning, leadership, and literacy skills.
- **The Community Health Network for North Central Massachusetts** awards mini-grants to help community organizations respond to local public health issues. A 2018-2019 grant went to **the Clinton Adult Learning Center** for citizenship classes for immigrant residents. The classes fall under the Network's priorities of "access" and "racial justice."
- **ProLiteracy's New Readers' Press** publishes "Health Stories" (readings, audio recordings, and teacher guides) to help adults navigate the U.S. health system. Topics include "nutrition," "allergies," "injuries," "first aid," and "food safety." ProLiteracy's "News for You" is a clear-language newspaper for adults with basic skills limitations. Health-related articles include "Some Kids Use Too Much Toothpaste," "Doctors Say Don't Spank Kids," "Now Is Time to Get a Flu Shot," and "Final Ban on Trans Fat Goes into Effect in U.S."
- **The Plymouth (Mass.) Public Library** has a Consumer Health Resource Center, connecting health literacy with the library's digital inclusion efforts. With funds from the **National Library of Medicine's** New England Region, the library purchased specifically-engineered laptops and printers to allow residents to search health information on MedlinePlus.gov and related sites through the **National Institute of Health**. Additional funding (for reading materials and other resources) is provided by **South Shore Community Partners in Prevention**.

Type 1: Health literacy education (cont'd.)

- *A Virginia-based ESOL instructor and social work graduate student developed a health curriculum for adult ESOL students that uses picture stories and the language experience approach to engage learners in discussion of common health issues such as "Emergency," "A Doctor's Appointment," and "Stressed Out." It also includes resources for dealing with more sensitive issues, including domestic violence.*
- *The Queens Library is a library system in the Borough of Queens in New York City serving 2.3 million people in 62 locations plus seven Adult Learning Centers and two Family Literacy Centers. It circulates among the highest numbers of books and other library materials in the U.S. Among its services is an "English for Your Health" webpage where English language learners can access health information. The Library also offers a "Health Literacy Curriculum for ESOL Learners."*

To see more examples of health literacy projects and related research and curricula, go to "Type 8: Health partnerships research" and Appendix A later in this



Type 2:

Healthcare career preparation

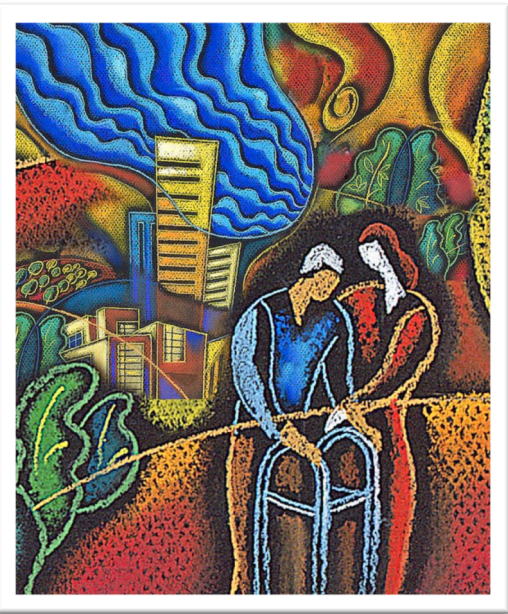
Healthcare industry employers, labor unions, and trainers can work with adult educators to help adult learners understand healthcare career options and prepare for, access, succeed in, and advance in rewarding employment in this growing industry. In addition to patient-care jobs (in various levels of nursing, emergency services, patient transportation, interpreting/translating, and therapeutic and rehabilitation services), the industry offers careers in many technical positions that require knowledge of the installation, maintenance, and use of technologies. Healthcare also has many types of administrative and clerical positions, maintenance and security jobs, and waste management, transportation, and dietary/nutrition employment opportunities. These positions range from entry-level to more-advanced jobs.

In some cases, these positions are being filled by immigrants with limited English proficiency, some of whom are trained healthcare professionals in their home countries who need to upgrade their English skills and transfer previous certifications to the U.S. Healthcare jobs are growing, in part because of the aging of the U.S. population (with more older people needing health services); the increase in populations with various kinds of disabilities; the retirement of experienced Baby Boomer healthcare employees; and the growth in technologies, procedures, and medicines that can extend and improve the lives of patients. Healthcare jobs are found in many settings (e.g., hospitals, clinics, nursing homes, facilities for veterans, laboratories, educational institutions, workplaces, and correctional facilities) and serve many types of healthcare needs (e.g., emergency care, long-term residential care, mental health, physical rehabilitation,

Type 2: Healthcare career preparation (cont'd.)

substance abuse), and patient populations (e.g., children, seniors, people with disabilities or who have suffered physical trauma).

To fill these jobs, the healthcare industry offers various levels and types of training for job seekers and incumbent workers. These can include healthcare career exploration programs to help job-seekers understand career options they might pursue and how to go about doing so. In some cases, training for job seekers or individuals currently employed in the industry integrates the teaching of job-specific basic skills (e.g., oral and written English, numeracy, computer skills, teamwork) into a larger curriculum that covers technical skills and other knowledge required for particular jobs.



Here are some examples of such integrated basic skills programs for a range of healthcare jobs and worker populations.

- **The Florida Literacy Coalition** has published a clear-language "Health Careers: A Guide to Finding Entry-Level Jobs in Health Care." (Versions are available for both learners and teachers.) Half of the twenty fastest growing jobs in Florida are in healthcare.
- **The Cambridge (Mass.) Community Learning Center** offers a 17-week, 16-hours-per-week CNA Training Program for residents wishing to work as Certified Nursing Assistants and Home Health Aides. The City's Department of Human Services also supports the **Cambridge Biomedical Careers Program**, an intensive 8-month program to help residents (many of whom are immigrants) complete a Certificate in Biomedical Sciences, earn college credits, and move into entry-level jobs at local biotechnology companies, labs, universities, and hospitals. Residents can also take free ESOL, citizenship, GED-prep, job-readiness, and college-prep classes at the Center.
- **Career One Stop** provides on-line resources that can be integrated into career exploration activities for learners with basic skills limitations. By searching for "health" jobs, users are taken to job descriptions, videos, and other resources for healthcare careers.
- **LaGuardia Community College's New York City Welcome Back Center** is a resource for internationally-trained healthcare professionals who would like to enter the healthcare sector in the U.S. Staff guide participants through the New York State licensing process so they can work in their previous healthcare professions again or move to alternative careers in healthcare while pursuing licensure. Members receive case management and support services and referrals to educational (including English for Speakers of Other Languages), community, or professional programs and organizations, as needed. This Center serves individuals in the New York City area and is part of the **National Welcome Back Initiative**, a national network of similar centers.
- **A Day in the Life** is a series of career exploration videos developed by **ConnectED and the National Center for College and Career**. Several of the videos focus on healthcare careers, including health educator, occupational therapist, dietician, and registered nurse. These videos can be used as a resource in a career exploration curriculum for learners with limited basic skills.

Type 2: Healthcare career preparation (cont'd.)

- **Union County (NJ) College (UCC)** established an Eldercare Careers Project for limited-English-proficient women interested in working in home health aide and other patient-care positions. This project was **a partnership of the college's non-credit division, local eldercare agencies, a shopping mall (which provided classroom space), a non-profit agency serving the Haitian community, and the MetLife Foundation and the International Longevity Center** (which provided funding). UCC staff did background research about the English skills needed by eldercare workers, created a job-related ESOL curriculum, recruited students, conducted three pilot classes (for Haitian and Spanish-speaking women), and established working relationships with local nursing industry employers (to inform the program and help graduates connect to jobs). This customized program produced real results for graduates (e.g., skill and knowledge, networks, credentials, jobs) and the project partners (e.g., curricula, expertise, connections, and a career pathway model applicable to other industries, jobs, skills, and worker populations).

- **The National Institute for Literacy and the Center for Literacy, Education, and Employment at the University of Tennessee at Knoxville** created a "Preparing for Careers in Health Care" curriculum to help adult learners develop the basic skills required for a range of healthcare positions. Learners would strengthen their ability to communicate well, read critically, apply math concepts accurately, solve problems, work well with others, and evaluate a variety of job situations. These healthcare skills aligned directly with **the Equipped for the Future (EFF) Content Standards**. The Center hopes to update this curriculum when funding becomes available.
- **The Healthcare Career Advancement Program**, funded by the **U.S. Department of Labor**, supported green jobs development in the healthcare industry. A report states: "Frontline workers have a great deal to contribute to improving environmental sustainability of their employers

and the health of workers and patients . . . Implementation was accomplished through **a labor/management collaboration between union locals and 11 employers** in four regions throughout the United States. The project developed and implemented a model of training and education for environmental service workers and other frontline healthcare workers in hospital settings that supported systems change and built new roles for these workers. It empowered them to contribute to triple bottom line outcomes in support of People (patients, workers, the community), Planet (environmental sustainability and a lower carbon footprint), and Profit (cost savings for the institutions). In the process workers more clearly articulated their important role as a part of the healthcare team and learned how they could contribute to improved patient and worker health and safety."



Type 3: Direct healthcare services to adult learners

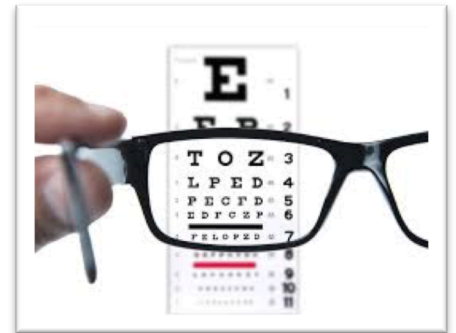
Healthcare providers can help adult learners (and possibly their families) access healthcare services (e.g., health screenings, visual and auditory exams) in the community or at the adult education facility.

- **The Chelsea ((Mass.) Intergenerational Literacy Program (ILP)** is a family English for Speakers of Other Languages (ESOL) program sponsored by the **Chelsea Public Schools**. ILP staff have had a long-term interest in health and health literacy. Students go to a health center operated in Chelsea by **Massachusetts General Hospital**. The ILP is also a member of the **Healthy Chelsea Coalition**. ILP particularly understands the importance of environmental health to guard against diseases affected by the environment such as childhood diabetes, asthma, and cancer. The organization is active in green space and community garden projects.
- **At Azusa City Library** in California, adult literacy staff established Health Literacy Learning, **a partnership of the library, the Azusa Neighborhood Wellness Center, and the Azusa Pacific University TESOL**

(Teaching English to Speakers of Other Languages) Department. The program is grounded in the belief that literacy is "a catalyst to transform lives." In twice-a-week sessions over eight weeks, participants build English language skills while developing knowledge in health-related topics such as nutrition, exercise, and disease prevention. University TESOL undergraduates teach English while nursing students answer participants' health questions, monitor their blood pressure, and track their exercise through pedometers given to all participants.

- **AmeriCorps Volunteers** provide many types of health-related services to at-risk populations across the U.S., including nutrition, exercise, environmental health, substance abuse, and other programs for people of all ages. In one, **Project Health Access in Atlanta** helps "community clinics to increase the health outcomes of the uninsured and underinsured. Volunteers facilitate health education outreach, patient referrals, and benefits enrollment. Members serve in free clinics and various non-profits in the Metro-Atlanta area."

- In a "**Health Literacy Fellowships**" program sponsored by the **New York City Mayor's Office of Adult Literacy**, medical students were paired with adult basic skills instructors to help adult learners improve their health literacy. In the process, the medical students developed their own understanding of the health literacy challenges their patients might face and strategies for reducing those challenges and improving communication with their patients.



Type 4: Basic skills supports for healthcare providers

Adult basic skills providers can provide cultural guidance, translation/interpreting, editing, staff training, and other services to healthcare providers to help them better serve clients and employees who have basic skills limitations.

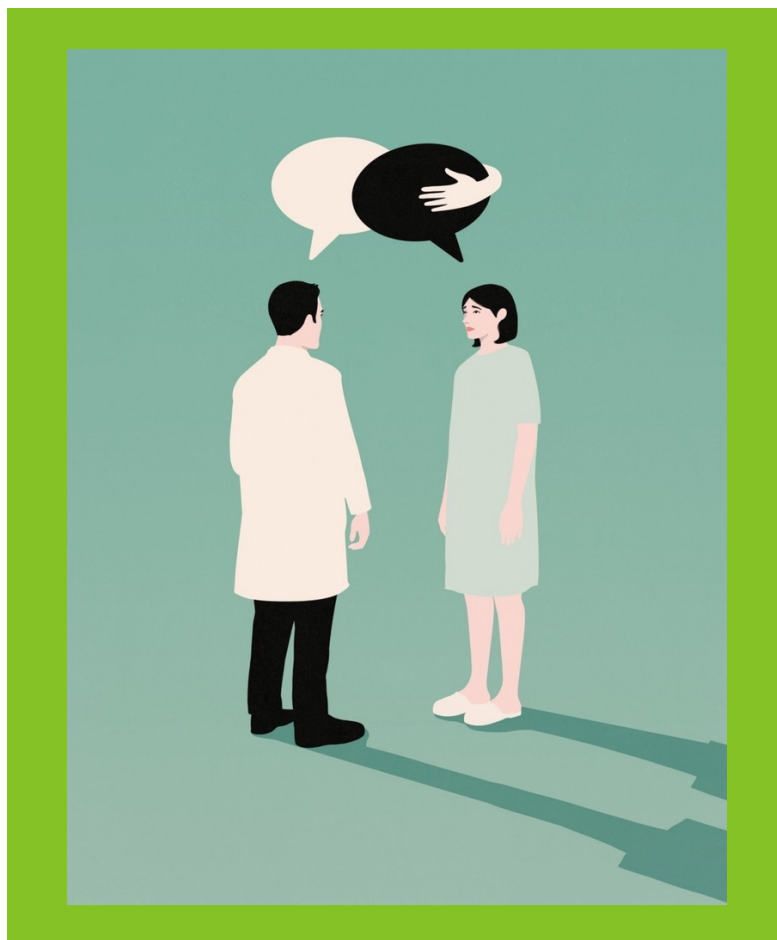
- **Literacy for Life** in Williamsburg, Virginia operates the HEAL (Health Education and Literacy) Program for adults with limited basic skills. HEAL uses a two-pronged approach to (1) help medical providers to understand how they can better serve adults with low basic skills and (2) help three levels of adult learners to understand how they can more effectively navigate the healthcare system. Topics include emergency services, prescription labels and preventive care.


- **Wisconsin Health Literacy** is a division of Wisconsin Literacy, Inc. and works within the state and beyond to raise awareness of health literacy and promote clear communication between those who give and those who receive healthcare services. Programs and services impact health outcomes, patient experience, chronic disease management, transitions of care, access, and cost. WHL provides consultation, training, plain language document review and website testing for hospitals, clinics, public health departments, health insurers, and other organizations.

Special initiatives focus on improving medication compliance, reducing opioid abuse, improving refugee and immigrant health, improving Alzheimer's health outcomes, reducing inappropriate emergency room use, and increasing consumer engagement in their health care, easier-to-read medication labels in pharmacies, and a biennial nationally-recognized Health Literacy Summit (with attendees in 2017 from 29 states and 2 foreign countries. Free copies are available of

"Improving the Health Literacy of Hospitals: A Collaborative Guide for Literacy Organizations."

- **San Francisco State University** has offered a graduate course titled "Seminar in Immigrant Literacies" designed to foster partnerships between front-line healthcare professionals and adult education providers. Participants develop their abilities to work together to help immigrant adults deal with their needs – in personal health and





Type 4: Basic skills services for healthcare providers (cont'd.)

other areas of their lives (e.g., the workplace, the community). In the process, the graduate students have come to see "literacy" not as "reading and writing" in a traditional sense. Rather literacy (or "basic skills") is seen as a mix of skills that immigrants use to navigate the range of challenges and opportunities they face in various contexts they live and work in.

- **The Mayor's Office of Adult Education and the Literacy Assistance Center in New York City** carried out a five-year health literacy initiative in the mid-2000s designed to (1) help adult learners strengthen their abilities to deal with health-related issues and (2) help healthcare providers understand how they can better serve adults who have limited basic skills.

For the healthcare providers, project staff (a) raised their awareness of health literacy, (b) trained medical providers (including medical students) on strategies to use when serving patients with basic skills challenges, and (c) enhanced partnerships between healthcare and adult basic education providers.

- **Visual aides for health communications:** People who grew up in other cultures might have limited exposure to symbols or abstract illustrations that U.S.- born adults are familiar with. Reliance on such visual representations can thus block rather than enhance understanding of the health concepts and information that health professionals want to convey. Conversely, photos of individuals who "look like" the intended audience can help learners to identify and connect with the intended messages.

- **Health Literacy NZ** helps New Zealand healthcare providers to better serve individuals with basic skills limitations. "We help health organizations ... look at health literacy from the perspective of reducing complexity and other barriers to access as well as building workforce capability and improving information to help individuals and families better understand and manage their health. We want to support the growth of a health literate health sector to achieve improved health outcomes for all communities -- where health literacy is central to design and delivery, workforce development, and communication with individuals and families." Projects have included helping public health agencies better communicate with families about rheumatic fever prevention and treatment, preparing a guidebook that shows healthcare organizations how to use a system-wide approach to better serving clients, improving communications with kidney donors and recipients, and helping community pharmacists better communicate with clients.

Type 5: Health-friendly education facilities

Health organizations can work with adult educators to make adult basic education facilities and procedures more supportive of the health of users of those facilities. These supports could include serving of healthy foods, exercise programs, psychologically positive study and work environments, and sanitation and hygiene procedures. So far in our research we have found only a few examples of such concepts being implemented in U.S. adult basic skills programs. (The psychological supports provided to students in the York School described under "health literacy education" above is one example.)

However, there is significant work being done in the U.S. and other countries to promote the "healthy school" concept at the K-12 level. Here are some models for U.S. adult basic education programs to consider:

- **Healthy Schools Network** is a national non-profit organization that fosters schools as healthy environments for learning and working. The organization promotes "collaborative research and policy development and advanced systemic reforms in . . . (1) environmental public health services for children at risk or with suspected exposures at school; (2) child-safe policies for housekeeping and purchasing (targeting indoor air pollutants, mercury, pesticides and other toxics and promoting the use of green and healthy/safer products); and (3) child-safe standards for school design, construction, and siting."
- **The Public Health Law Center at Mitchell Hamline School of Law** provides information on public policy related to "Food at Schools" and other public health issues (e.g., "active living," "tobacco control.")



- **Peace Corps Volunteers** in countries around the world sometimes specialize in promoting "healthy schools." Depending on the needs, resources, and interests at their schools and communities, they might -- with help of teachers, parents, and other community members -- teach health classes and have students carry out health projects; help improve the foods available to children at school (via school gardens, healthy snack and lunch options, cooking classes); improve school sanitation (waste management, hand washing stations, toilets) and water supplies; institute exercise programs; and provide child-protection services).



Type 6: **Public health service learning**

Adult learners (and possibly their families and communities) and adult education staff can engage in service learning activities that support public health while helping learners develop useful skills, knowledge, networks, and behaviors. Examples:

- ***The Cambridge (Massachusetts) Community Learning Center has partnered with the Cambridge Health Alliance to train some of CCLC's English for Speakers of Other Languages (ESOL) learners to serve as community health advisors. The students provide meaningful service on an important issue while practicing their English. CHA sees this as an effective way to get health promotion activities to the linguistically diverse communities it serves. Some participants are also interested in working in healthcare and see this as an opportunity to improve both the health knowledge and English they would need. The advisors create health education activities customized to their communities and their own strengths. One advisor (a former nurse in her home country) provided health activities in her church. Another organized health screenings and information-sharing for participants in a "Hoops 'N' Health" men's basketball program.***
- ***The Massachusetts Department of Education's Adult and Community Learning Services for several years supported "community health projects" created and carried out by basic skills programs and their students. MassAAL (Mass. Alliance for Adult Literacy, the statewide adult learner leadership organization) organized an annual health conference where students from the funded programs presented their projects.***

Type 7: **Advocacy and planning**

Health-supporting organizations, adult educators, and adult learners can conduct joint awareness-raising, advocacy, planning, and fundraising activities to support public health and adult basic education. Here are some examples at classroom, city, state, and national levels:

- ***The Change Agent is a biannual magazine for adult educators and learners published by the New England Literacy Resource Center at World Education. This low-cost teaching resource features writings by adult learners that highlight the ways that learners can be agents of change in their own lives and in their communities. Each issue explores a different topic through student writing, news articles, opinion pieces, classroom activities, poems, graphics, and cartoons. Public health is focused on directly in the issues titled "Health: The Big Picture," "All About Food," "Staying Safe in a Toxic World," "Prisons and Justice," and "Health and Literacy." Healthcare careers are discussed in "Career Pathways," "Good Jobs, Not Just Any Jobs," and "Immigration." "Health" is also touched on in articles on "Climate Change," "Hair," "Transportation," "Technology," and "Democracy in Action." Free sample materials are available.***
- ***The San Diego Council on Literacy worked with the Community Health Improvement Partners (a coalition of twelve agencies) to create a community health literacy initiative in the 2000s. Planners began by listening to adult learners in two focus groups. The learners expressed their frustration – and anger and embarrassment – about the experiences they and family members had with the healthcare system. Many learners described healthcare personnel who seemed unwilling or unable to respectfully listen*** 15

Type 7: Advocacy and planning (cont'd.)

and respond to their needs. Healthcare agency documents (e.g., intake forms, consent forms) were indecipherable. But the learners also suggested solutions to these problems, including the use of interpreters in healthcare settings and health-related activities as part of adult basic skills curricula.

Planners also consulted healthcare providers, some of whom were already involved in health literacy activities. They recommended using existing health education materials, curricula, and networks rather than creating something new from scratch. Community health promoters were also interviewed, and they provided insights into the health-related challenges and strategies of the county's Spanish-speaking residents.

This research was fed into a report which led to the creation of a county health literacy initiative with nine components: (1) a health literacy task force to guide the county's efforts; (2) health literacy curricula to be used in health and basic skills programs; (3) a web site making health literacy resources available; (4) training for healthcare providers; (5) awareness-raising activities; (6) a pilot program in which trained volunteers work in healthcare settings as advocates for low-literate patients; (7) marketing efforts to be targeted at audiences

to be identified in the first phase of activities; (8) forums for healthcare professionals, adult learners, and adult educators to share ideas and information; and (9) development of diverse media to support health literacy

- **"The Emergence of Health Literacy as a Public Policy Priority: From Research to Consensus."** This article from the New York City Mayor's Office gives an "... overview of the consensus reached from the research on literacy and health, then goes on to describe the adult education communities' strengths in pedagogy, environment and access to 'a broad cohort of adults with significant health problems and poor access to services.' It explains how this makes adult education programs well-suited to help the public health system to improve the public's health literacy. Though written in 2004, the author's concept of health literacy matches well with the current understanding, and his predictions for what future research may show have proven to be on target... gives a well-rounded

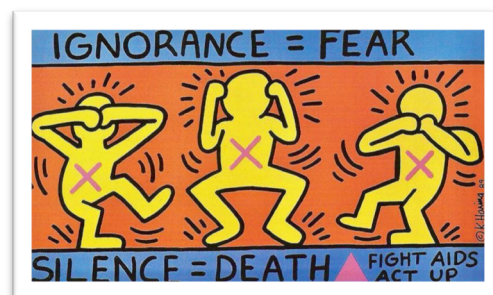
rationale for ...collaboration between the fields of health care and adult education, and ... the value of adult educators' expertise in this collaboration."

- **Interagency bodies in several states have increased support for health literacy services.**

These bodies drew on the interest, expertise, networks, funding, and other resources of their member organizations. New opportunities for cross-agency communication, contextualized curricula, and delivery methods emerged.

In **Massachusetts** Student Health Teams composed of trained adult basic skills students, served as health resources to their communities. They used peer teaching, drama, music and art to help fellow community members to better understand and deal with health issues. Adult learners also identified steps adult education programs can take to make themselves more conducive to learning for students.

In **Georgia**, health literacy teams facilitated activities in health centers and other non-ABE settings, reaching people who might not attend adult basic skills programs.



Type 7: Advocacy and planning (cont'd.)

- **"Wisconsin Promising Practices Program, English for Health: Program Summary"** describes promising health education activities for English-language-learner Wisconsin residents. The report was issued in 2010 by the **Wisconsin Division of Health and the University of Wisconsin Population Health Institute**, with funding from the **Wisconsin Partnership Program**. It was written by the Executive Director of the **Literacy Network of Dane County**.
- **The National Action Plan to Improve Health Literacy** was published in 2010 by the **U.S. Department of Health and Human Services**. It presents two core principles and seven goals for "engaging organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy."



Type 8: Health partnerships research

Beginning here and continuing in the Appendix is a sampling of three decades of research activities related to the practice and policy of health literacy education and healthcare career training. These activities are typically carried out by cross-disciplinary teams from the adult basic education and public health fields.

- ***The Health and Adult Basic Education Issues Group of the Open Door Collective*** issued two "Making the Case" papers in 2017 (for health professionals and adult educators) that present arguments for and examples of partnerships between these two stakeholder groups, to improve the health, educational opportunities, and economic well-being of individuals with lower levels of basic skills. The Group has also developed a list of resources and a fact sheet related to "health literacy and ABE."
- ***"Greening U.S. Adult Basic Skills Efforts: What Eco-Partners and Adult Educators Can Do Together"*** is an Open Door Collective Can-Do Guide that provides examples of environmental education activities for health issues like pollution and nutrition (e.g., community gardens).
- ***"Why Education Matters to Health: Exploring the Causes"*** is a 2015 issue brief from the **Center on Society and Health at Virginia Commonwealth University** describing how education can impact a person's health -- and vice versa. VCU researchers also wrote ***"Understanding the Relationship Between Education and Health,"*** an academic article summarizing findings from a literature review and community health project showing the potential of education as a tool for public health using a "socio-ecological" health model.
- **The Centers for Disease Control and Prevention** has a web page that shows how healthcare providers can build community health improvement partnerships with other stakeholders.
- **Pennsylvania State University's Institute for the Study of Adult Literacy** conducts research on various aspects of adult basic skills education, including health literacy. One 2015 study of data from the Program for the International Assessment of Adult Competencies (PIACC) showed that higher literacy levels correlate strongly with higher levels of self-reported health. To see this and other PSU research related to PIACC, visit the Penn State links in Appendix B. There you can also find a link to "Addressing the Health Literacy Needs of Adult Education Students," a 2013 Practitioner's Guide published by **PSU's Goodling Institute for Research in Family Literacy**.



Type 8: Health partnerships research (cont'd.)

- **"Small Steps to Health and Wealth"** is a 2013 publication of **Rutgers University's New Jersey Agricultural Experiment Station**. "This program is designed to motivate consumers to implement behavior change strategies that simultaneously improve their health and personal finances."
- **"Low Health Literacy and Health Outcomes: An Updated Systematic Review"** is a 2011 review of research on health literacy in the U.S. It found that low health literacy is associated with poorer health outcomes and poorer use of health care services.
- **The National Institutes of Health** operate an on-line PubMed system that houses articles on health literacy for adults with limited basic skills with titles like "ESL Participation as a Mechanism for Advancing Health Literacy in Immigrant Communities."
- **LINCS (Literacy Information and Communication System)** is an on-line professional development service provided by the **U.S. Department of Education's Office of Career, Technical, and Adult Education**. Its searchable resource collections, on-line courses and webinars, and discussion groups provide adult educators, adult learners, and others with opportunities to build expertise and networks on many aspects of adult basic education. Topics include health literacy education and healthcare career training.
- **"Health Information Literacy Outreach: Improving Health Literacy and Access to Reliable Health Information in Rural Oxford County, Maine"**: This 2010 article about a health literacy curriculum developed for a rural New England community was published in **The Journal of Consumer Health on the Internet**.
- **"Let's Smile: A Book about Dental Health"** is a 2009 dental health resource for parents developed by the **Goodling Institute for Family Literacy at Pennsylvania State University**.
- **"Research-Based Health Literacy Materials and Instruction Guide – Beginning and Intermediate ABE and ESL Levels"** is a 2009 joint effort of the **U.S. Department of Education, National Institute for Literacy, and National Institute of Child Health and Human Development**.
- **"Expecting the Best"** is a 2009 health and wellness curriculum for ESOL learners developed by faculty at the **University of North Carolina** and published by the **Center for Literacy Studies at the University of Tennessee at Knoxville**. It focuses on two topics – nutrition and navigating the healthcare system – that were identified as priorities by ESOL learners and healthcare patients with limited English proficiency.

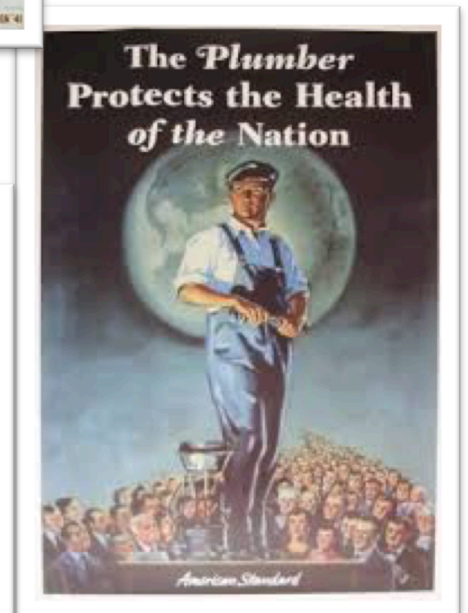
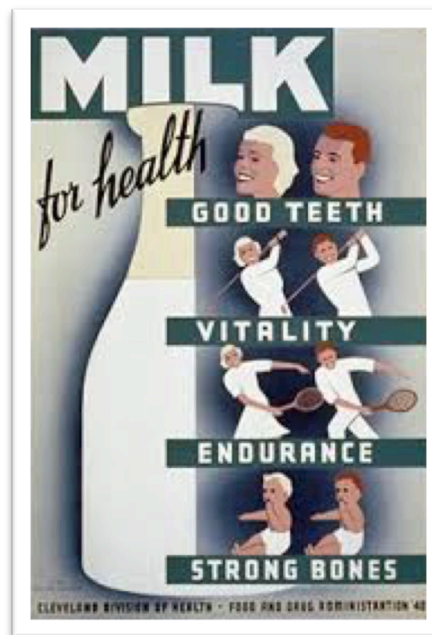
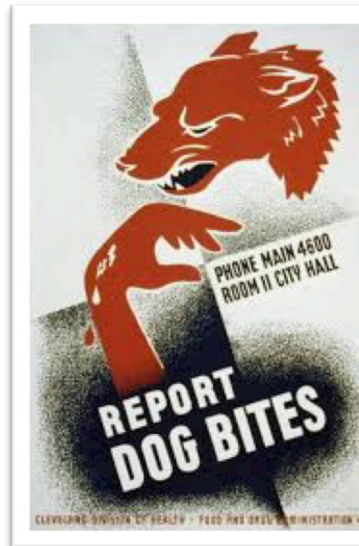
See Appendix A for additional research-related resources. Appendix B contains links related to the examples in Part 3 of this Guide.

Type 9

Joint professional development

To foster the above-described collaborations, partners will need to build trust, expertise, and communication channels. One very good way to do this is through various kinds of cross-training activities.

These can include formal training sessions, sharing of information in digital and print forms, project-based learning activities in which partners carry out meaningful tasks (e.g., developing of project plans, carrying out educational and health activities together) while reflecting on what they learn in the process, internships and site visits, and mentoring relationships. Such joint professional development can occur at the start of a partnership as well as periodically after the partnership is underway.



Part 4

How to Get Started

You have now seen some ways that adult basic education and health organizations can work together. But now what? How do you decide whether and how to pursue one or more of these options? Here are some suggestions.

How adult basic education organizations can get started

a. Review your options.

With input (where feasible) from other adult education providers and health organizations at state or national levels, identify which of the above collaborations with health organizations might be a good match and priority for you.

b. Draft some initial goals and plans.

Assess your adult education organization's strengths and limitations and the health needs of your adult learners and their communities. Set some primary and secondary (short- and longer-term) goals and develop an initial draft plan for how you and your partners might meet those goals.

For example, if you would like to introduce or expand health education activities for your adult learners, clarify:

- How many learners might participate.
- The types of health issues the learners are dealing with and have an interest in learning about.
- The types of instructional activities that would be a good match for your learners and staff (e.g., computer-based activities, project-based learning, guest presentations, videos, site visits).

- Where such activities might fit into your current program's larger curriculum, schedule, facilities, instructor team . . .
- How you would integrate basic skills development with the proposed health topics and activities.
- Potential health partners you might work with and questions you'd like to ask them.

c. Identify and reach out to appropriate health organizations to explore whether and how you might form a short-term and/or longer-term partnership. Consult state-level and local-level health agencies and networks and university-based health programs to . . .

- Review options for collaboration described earlier in this guide and the draft plans you've come up with so far.
- Ask for feedback from those health organizations about your draft plan and appropriate health partners you might work with (i.e., those whose missions, expertise, and other resources match your interests).
- Clarify how your adult education organization might benefit the health organizations you are considering (e.g., by helping them serve an important segment of the community or workforce).
- Identify potential next steps, responsibilities, and questions to consider as you move forward.

Part 4: How to Get Started *(cont'd.)*

How health organizations can get started

- a. Review your options.

With input from other health organizations at state or national levels, as feasible, identify which of the above-described collaborations with adult education organizations might be a good match and a priority for you.
- b. Draft some initial goals and plans.

Considering your health organization's strengths and limitations and the health needs of the communities you currently work with, set some primary and secondary (short- and longer-term) goals for collaborations with adult education organizations. Develop an initial draft plan for how you and adult education partners might meet those goals.

For example if you would like to introduce or expand health education and/or healthcare career exploration activities for adult education students, clarify:

 - How many learners you might be able to serve.
 - The type of instruction you might provide.
 - What you'd need to know from potential adult education partners about where such educational activities might fit into their current program's larger curriculum, schedule, facilities, instructor team . . .
- c. Identify and reach out to appropriate adult education organizations (See the National Literacy Directory at <https://www.nld.org> .) to explore whether and how you might form a short-term and/or longer-term partnership. Consult state-level and local-level adult education agencies and networks and university-based adult education programs to . . .
 - Review the options for collaboration described earlier in this guide and the draft plans you've come up with so far.
 - Ask for feedback from those adult education organizations about your draft plan and appropriate adult education organizations you might work with (i.e., organizations whose missions, expertise, and other resources match your interests).
 - Clarify how your health organization might benefit the adult education organizations you are considering (e.g., by helping them respond to the health needs of an important segment of the community or workforce).
 - Identify potential next steps, responsibilities, and questions to consider as you move forward.

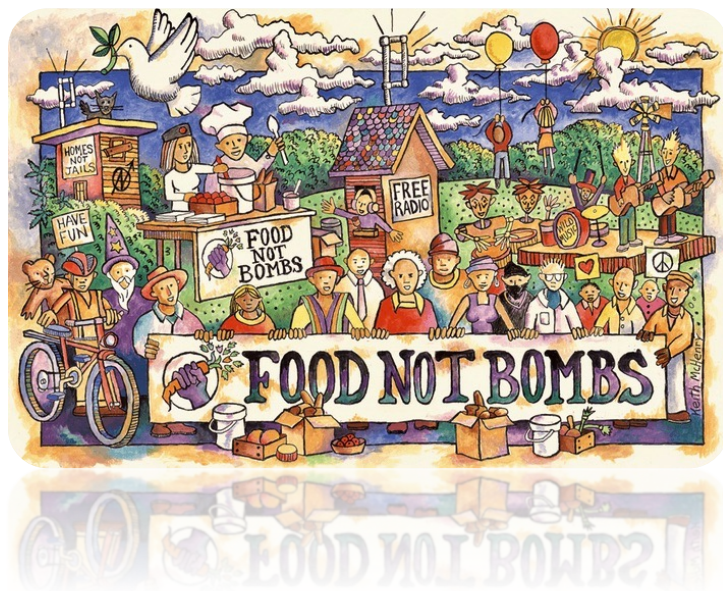
In conclusion . . .

We thank and salute the many people responsible for the innovative health activities described in this guide. We've learned a lot from your work and been inspired by it.

Building on these examples, forward-thinking supporters of public health, healthcare careers, and adult basic education now have opportunities to make a difference on the vitally-important, overlapping issues of public health, workforce and economic development, adult basic education, and social justice.

By collaborating in well-planned, meaningful ways, health and adult education partners can target their resources to common goals while also building trusting relationships for the future.

We welcome your thoughtful, informed, and patient leadership at this time of challenge -- and opportunity.



Written and designed by Paul Jurmo (www.pauljurmo.info) with research and editing help from Marcia Hohn, David Rosen, Julie McKinney, Janet Isserlis, Barbara Krol-Sinclair, Dena Giacometti, Jose Cruz, Susan Reid, Rob Sheppard, Greg Smith, Aaron Kohring, Cynthia Peters, Jennifer Thompson, Emma Broderick, Samantha Bailo, and Eric Jurmo. And thanks to the Literacy Information and Communication System (www.lincs.ed.gov) and [Focus on Basics](#) for providing access to some of the documents cited here.

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More Examples of Health Partnerships Research

- **The Bigelow (Mass.) Public Library** has offered health and wellness classes under a Health Literacy Grant from **Community Health Network Area 9**. The Library's web site provides links to on-line resources related to quitting tobacco use, active living, mental health, accessing and using health records, healthy behaviors for kids, and resources available from the **National Institutes of Health and National Library of Medicine**.
- **"Testing the Impact of Health Literacy in Adult Literacy and Family Integrated Family Approach Programs"** (a 2008 study by the Institute for Health Research and Policy at the University of Illinois at Chicago) compares the impacts on learners' literacy skills of "integrated family literacy" and "traditional" (non-integrated) literacy and ESOL instruction.
- **Union County (New Jersey) College** developed a number of career preparation programs for various industries (e.g., retail, home health care, transportation/logistics/distribution), jobs, and worker populations from 2005 to 2010. Each program integrated development of basic skills (as defined by **Equipped for the Future initiative of the National Institute for Literacy**) with development of technical knowledge and skills. Several of the curricula included exploration of workplace health issues faced by particular workers, using on-line sources and other information. (For example, truck drivers are at risk of poor diet, reliance on stimulants, exposure to hazardous materials, repetitive stress syndrome, sleep deprivation, traffic accidents, and improper lifting of heavy objects. And home health aides are prone to injuring themselves from improper lifting techniques.) (See truck driver examples at UCC link below.)
- **Taking Charge of Your Health** was a maternity and child health program developed in Philadelphia in the 2000s by the **University of Pennsylvania School of Medicine and the Center for Literacy**. The project took a learner-centered, problem-solving approach to help low-income women who were both challenged by limited literacy skills and at risk of poor maternity health to identify and deal with potential health problems for themselves and their children during pregnancy and afterward. The research team monitored activities and revised the model to focus on individualized, home-based instruction rather than on a more traditional classroom-based model. The instructors

Sources

Bigelow: <http://bigelowlibrary.org/health/resources/>

Testing the Impact: <https://www.ihrp.uic.edu/study/testing-impact-health-literacy-adult-literacy-and-integrated-family-approach-programs>

Union County College: http://www.pauljurmo.info/pauljurmo/Writings_files/TLD%20Ready%2010-4-09.pdf

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learned about the many obstacles these new mothers faced in caring for themselves and their families. This provided insight about why many adult learners find it difficult to persist in classroom-based education programs. The program also demonstrated the challenges (e.g., the extra time required to prepare individualized lessons and to travel to students' homes, the stress of witnessing and trying to respond to the many difficulties that the vulnerable students faced) that a home-based, individualized program presented to adult education teachers.

And see a related 2008 webcast, **"Advancing Health Literacy: Meeting the Needs of Adult Learners,"** organized by the **National Institute for Literacy and researchers at the University of Pennsylvania, University of Illinois at Chicago, and Rutgers University.**

Panelists discuss the definition of health literacy, statistics and research on the growing need for health literacy, as well as models and strategies for increasing health literacy among adult learners.

- **"LINCS Regional Health Summits"** is a collection of PowerPoints presented by speakers at three health literacy summits sponsored by the National Institute for Literacy in 2008.

- **The Literacy Assistance Center of New York City operated a citywide health literacy initiative from 2003 to 2010.** This was a partnership between 75 adult basic education programs and 35 community health centers, with funding from **private foundations and the New York State Department of Education.** Its goal was to increase the health knowledge of ABE/ESOL students, promote learner involvement with health issues, and connect them to health services. Activities included development of a health literacy curriculum, network-building and resource-sharing across organizations, program evaluation research, and student tours of health centers.

Sources

Taking Charge: Read "Take Charge of Your Health" at http://ncsall.net/fileadmin/resources/fob/2008/fob_gb.pdf

Advancing Health Literacy: <https://lincs.ed.gov/webcasts/healtho8/webcasto916.html>

LINCS: <https://lincs.ed.gov/professional-development/resource-collections/profile-320>

Literacy Assistance Center: https://issuu.com/hice_newsletters/docs/literacyharvest

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- **The National Center for the Study of Adult Learning and Literacy** issued "Health Literacy in Adult Basic Education: Designing Lessons, Units, and Evaluation Plans for an Integrated Curriculum." Developed in 2007 in partnership with the **Health and Adult Literacy and Learning Initiative at Harvard University and New York City's Literacy Assistance Center**, the document shows teachers how to assess learner health literacy needs and develop and evaluate relevant activities to help adults who have basic skills limitations to navigate health systems to ensure good health. Also available are descriptions of three "health literacy study circles" designed to enable adult education teachers help their learners deal with specific health challenges.
- **"Family Health and Literacy: A Guide to Easy-to-Read Materials and Web Sites for Families"** was produced by **World Education** in collaboration with the **National Institute for Literacy** with support from the **MetLife Foundation**.
- **The Massachusetts Worker Education Roundtable**, a statewide network of union-affiliated training programs, published a "Workplace Health and Safety ESOL Curriculum" in 2005. It ". . . is designed to help ESOL students (English for Speakers of Other Languages) learn about and exercise their workplace health and safety rights. The curriculum uses learner-centered activities that engage students in discussion, elicit and build on their experiences and encourage critical analysis and strategies. Teachers can use these lessons to create a participatory curriculum with students, in which teachers and students analyze issues that they have identified together, and develop strategies to address them."
- **"Bringing Health Literacy Research to Practice"**: This 2005 article "explores how research informs practice and what constitutes evidence when looking for evidence-based materials in a new field such as health literacy." The article defines some basic

Sources

National Center: <https://www.hsph.harvard.edu/healthliteracy/practice/training/>

Family Health:

http://www.ruralfinanceandinvestment.org/sites/default/files/1170175024376_family_health_literacy_manual.pdf

Mass Worker Ed: <https://www.umass.edu/roundtable/projects/Health-Safety-ESOL.pdf>

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types of research that have been done and adult literacy practices that are being used or considered. Such bibliographies could also be used in study circles for adult literacy practitioners. This could be a good starting point to explore what constitutes evidence-based health literacy practices.

- **"The National Assessment of Adult Literacy"** was conducted by the **National Center for Educational Statistics** in the early 2000s. It included 28 questions that focused on "health literacy." These questions looked at the ability of participants to apply basic skills to particular health problems, preventing those problems, and

navigating healthcare systems. The results of this study were subsequently disseminated widely and fueled interest and action in health literacy education for adults with limited basic skills. (Read the 2008 article "A Second Look at the Health Literacy of American Adults and the National Assessment of Adult Literacy.") **"Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy"** is a 2007 webinar by the **National Institute for Literacy** in which a medical professional and an adult learner leader share their insights about the health literacy needs of U.S. adults who have basic skills challenges. Also see the report with the same title issued by the **National Center for Educational Statistics** in 2006.

- **Healthcare professionals, adult educators, and adult learners in Illinois** collaborated in the 2000's on a project which developed and field-tested new health literacy resources for use in adult basic skills programs. The team started by creating a new curriculum that was more systematic in the content and instructional methodology than the loose collection of health-related lessons that most adult education programs had been using until then. Adult learners were asked for input as the curricula were rolled out. The contextualized lessons merged the learning of personal health-related skills and

Sources

Bringing Health Literacy: <https://docplayer.net/2019948-Bringing-health-literacy-research-to-practice.html>

National Assessment: <https://nces.ed.gov/naal/>

A Second Look ... http://ncsall.net/fileadmin/resources/fob/2008/fob_9b.pdf

Health Literacy of America's Adults webinar: <https://lincs.ed.gov/webcasts/NAALhealth/webcasto829.html>

National Center for Educational Statistics: <https://nces.ed.gov/pubs2006/2006483.pdf>

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knowledge with the development of various basic skills.

The resulting 42-hour curriculum was then field-tested in more than 50 adult basic skills programs around the state. All participating teachers were given an orientation to the purposes of the project, while some received additional training in the uses of the pilot curriculum and others were trained in a non-health-related curriculum. The two different curricula were then field-tested with learners from various literacy skill levels in randomly-selected sites.

Student health knowledge and literacy abilities were

assessed at the beginning and end of the classes. The research indicated that students in the integrated health-literacy classes tended to increase their health knowledge significantly and their literacy skills somewhat significantly as a result of participation. Neither the health nor literacy skills of the control group showed as much gain.

The researchers concluded that carefully-organized curricula focusing on clear and relevant, contextualized learning objectives (on health and other topics of interest to learners) are more likely to produce gains in student literacy skills and content knowledge than less-focused curricula. This is especially true for learners with higher levels of basic skills. Gains were lowest for learners with low levels of fluency in English who tended to have less familiarity and

comfort with the U.S. health system. The researchers recommended strategies that adult education policy makers might take to help adult educators customize services to the varying needs of different learner groups (e.g., those with various levels of literacy and English fluency, those motivated by particular learning objectives, those with more or less exposure to the U.S. healthcare systems.)

- **"Literacy and Health in America":** This 2004 report "... explores the relationship between literacy and health by re-examining data from two large-scale surveys of adult literacy conducted by the **Educational Testing Service (ETS)** for the U.S.

Source

Healthcare Professionals (from previous page): Read "Health Literacy Curriculum Works for Adult Basic Education Students" at http://ncsall.net/fileadmin/resources/fob/2008/fob_9b.pdf

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Department of Education: the National Adult Literacy Survey (NALS) and the International Adult Literacy Survey (IALS). Respondents in the large-scale assessments were asked to perform different literacy tasks based on a variety of health-related materials. Researchers analyzed performance results for these specific health-information-related tasks, and used the information to create a new Health Activities Literacy Scale (HALS), which was then linked to the NALS database. The assessment surveys also gathered extensive background information about respondents' demographic and socioeconomic characteristics, as well as their health status, literacy practices, and civic participation. Using this information along with the new HALS scale, the authors estimate the distribution of literacy on health-related tasks among U.S. adults . . . describe the health

literacy skills of at-risk or vulnerable population groups, and demonstrate how health-related literacy is connected to health status, wealth, and civic engagement."

Project SHINE ESL Health Units ". . . are designed to improve the ESL student's capacity to interact in different health-related environments. The units employ role-playing, speaking practice, and written exercises along with real-world examples." Topics include communications used in a doctor's office; in an emergency room; when dealing with high blood pressure, diabetes, and heart disease; to use appropriate exercise, nutrition, and stress management; and to understand proper uses of medicines. Developed in 2008 by the **Intergenerational Center at Temple University**.

- **"Literacy, Learning, and Health: Research Report:"** This 2008 study from the United Kingdom examines (1) the literacy, language and numeracy demands placed upon people in healthcare settings; (2) the difficulties adult basic skills students experience when accessing health-related information and when dealing with healthcare documents; (3) strategies they use to overcome these challenges; (4) how and where adult learners access relevant health information; and (5) teachers' and students' perceptions of and experiences with health as a topic for adult basic skills education.

Sources

Literacy and Health in America (from previous page): <http://www.ets.org/Media/Research/pdf/PICHEATH.pdf>

Project SHINE: <http://springinstituteeslstudents.pbworks.com/f/Beg+Talk+to+Doctor+-+Unit+1.pdf>

Literacy, Learning, and Health: <http://www.nrdc.org.uk/?p=278>

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- ***To Reach the First Rung and Higher: Building Healthcare Career Ladder Opportunities for Low-Skilled Disadvantaged Adults:*** This 2005 report by the Council for Advancement of Adult Literacy draws on an in-depth review of six exemplary career ladder programs offered in various institutional settings: a union, a hospital, a community-based organization (CBO), and three community colleges in partnership with an array of medical centers. The programs are profiled in depth and the paper contains ideas and suggestions for institutions that may want to either create a new healthcare career program for low-skilled, disadvantaged workers or improve existing programs.
- ***In "A Maturing Partnership"*** in 2002, Rima Rudd cites one report, issued to Congress in 1998, which . . . "focused specifically on socioeconomic status and health . . . This report offered evidence from accumulated studies that health, morbidity — the rate of incidence of a disease — and mortality are related to socioeconomic factors. For example, life expectancy is related to family income. So, too, are death rates from cancer and heart disease, incidences of diabetes and hypertension, and use of health services. Furthermore, death rates for chronic disease, communicable diseases, and injuries are inversely related to education: those with lower education achievement are more likely to die of a chronic disease than are those with higher education achievement. In addition, those with less than a high school education have higher rates of suicide, homicide, cigarette smoking, and heavy alcohol use than do those with higher education. The lower your income or educational achievement, the poorer your health. Thus, links between critical health outcomes and income/education are well established."

Sources

To Reach the First Rung: <http://www.caalusa.org/publications.html#health>

A Maturing Partnership: http://ncsall.net/fileadmin/resources/fob/2002/fob_5c.pdf

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- **"Integrating Health and Literacy: Adult Educators' Experience"** summarized an exploratory study on the topic of health literacy education for U.S. adults with basic skills limitations. Written by researchers at the Harvard School of Public Health and published in 1998 by the National Center for the Study of Adult Learning and Literacy, it examined "the experience of adult educators in Massachusetts who integrated a health unit into adult education classes that focused on reading, writing, and communication skill development."

The researchers found that, while health can be a motivating theme to focus basic skills development on, this topic had not yet been systematically studied. The report summarized what

teachers said about the potential outcomes of integrated health literacy instruction, the types and skill needs of learners they worked with, and why and how the teachers incorporated health lessons into their curricula. Instructional activities tended to emphasize active learning through project-based activities (e.g., writing of cookbooks, presentations by learners on health topics to various audiences), discussion, and role plays.

Teachers said that students developed multiple types of basic skills through these activities, including critical thinking reading, listening and speaking, research, note taking and essay writing. Teachers also saw this experience as useful ways for them to develop their own teaching skills (especially

in participatory practices) and to create a library of teaching and learning materials they and others could use. About one quarter of teachers also said that the activities helped them develop more trusting relationships with their students. Many instructors also found that students developed positive relationships with other students, teamwork, other social skills, and an interest in continuing their learning that they could use in work and other roles. And many students also enhanced their understanding of and ability to deal with health issues.

Source

Integrating Health and Literacy: <http://ncsall.net/fileadmin/resources/research/rep5.pdf>

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- **"Empowerment Health Education in Adult Literacy: A Guide for Public Health and Adult Literacy Practitioners, Policy Makers and Funders."**
This 1997 Literacy Leaders Fellowship Program Report (written by Marcia Drew Hohn for the National Institute for Literacy (1) describes the problem of health literacy for populations with low literacy levels; (2) summarizes a participatory action research project in which student health teams helped fellow adult learners; (3) presents lessons learned and guidelines for an empowerment model of health literacy education; and (4) provides recommendations for policy makers and funders.
- **The Massachusetts Department of Education's Adult and Community Learning Services developed a "Curriculum Framework for Health"** in 1991. *It guided the integration of health education with adult basic skills in this early period of the health literacy field.*
- **The Highlander Research and Education Center in Tennessee** conducted a participatory action research project with members of two communities impacted by environmental hazards. *Residents learned how to collect and assess information and then take legal action to solve problems that had major implications for their health.)*
- **The Adult Performance Level Study** (carried out by the University of Texas at Austin in 1977) was one of the first attempts to define adult literacy performance levels, develop assessment instruments to measure them, and to use those instruments to assess the functional competence of a representative sample of the U.S. adult population. 1500 subjects were tested for their ability to perform basic skills tasks in five areas: (1) occupation-related knowledge, (2) consumer economics, (3) government and law, (4) health, and (5) community resources. *Results were reported for the five areas for the over-all measure of competence and also for the skill areas of reading, writing, computation, and problem solving.*

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Mass Dept. of Education: <http://www.doe.mass.edu/acls/frameworks/health.pdf>

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- p.7: Florida Literacy Coalition:
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pp.15-16: San Diego: Read "Collaborating for the Health of San Diego County" at http://ncsall.net/fileadmin/resources/fob/2008/fob_gb.pdf

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