

Integrating Health across the Curriculum:

A Guide for Program Directors in Adult Basic Education

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Introduction

Integrating Health across the Curriculum is a training document to encourage and support the integration of health content and skills development throughout the curriculum of adult learning centers, and connection of health to other initiatives such as family literacy, community planning, and technology. The Northeast Regional Office of the System for Adult Basic Education Support (Northeast SABES) has been promoting materials, teaching practices, and student leadership opportunities for health education for ten years and recently developed this guide as a companion to the ***Orientation for Integrating Health Education into Adult Basic Education*** (<http://www.sabes.org/healor.htm>). The ***Orientation*** is a curriculum development training designed specifically to help teachers to access and develop effective health education curricula for adults. However, Northeast SABES realized that in order for teachers to effectively address health in the classroom, program administrators need to embrace the importance of incorporating health awareness, information, promotion, and advocacy throughout the adult literacy curriculum and so that they can support teachers and students in their health education efforts.

Therefore, the guide serves two purposes: 1) to enhance program directors' own understanding of the connections between literacy and health, and their implications for adult education; and 2) to provide tools for administrators to utilize in the promotion of health integration with their staff.

If you are an ABE administrator in Massachusetts, and you would like to schedule an onsite training of "Integrating Health Across the Curriculum", call [Marcia Hohn](#) at Northeast SABES, 978-738-7301, or email mdrewhohn@aol.com.

We encourage you to contact [Marcia](#) even if you work outside of Massachusetts. She is available to provide technical assistance regarding literacy and health issues in general, and training tips for this guide in particular.

Background Information

There are a number of documents and websites that can help to enhance your knowledge and comfort level with regard to literacy and health issues. We encourage you to investigate these as you consider program and curriculum design decisions, as well as professional development options for your staff.

www.sabes.org - SABES at World Education - the System for Adult Basic Education Support homepage. For links to many national literacy websites, as well as connections to additional resources and libraries.

<http://www.sabes.org/health/index.htm> - This Webpage is located at the SABES Website and is designed to serve as a resource for adult educators who are interested in making connections between health and literacy. The site contains information on making links between the fields of health and adult basic education/English for speakers of other languages (ABE/ESOL) and provides hands-on resources to help strengthen those links through learner-centered work.

This site hosts the *Orientation to Integrating Health Education into Adult Basic Education*, <http://www.sabes.org/healor.htm>, a participatory course for developing teachers' capacity to access, develop and incorporate health content into their literacy instruction while promoting student leadership, critical thinking skills, and a level of confidence in students which transfers directly to their employability, their participation in their communities, and their lifelong learning.

<http://novel.nifl.gov/lincs/> - **LINCS** is the literacy community's gateway to the world of adult education and literacy resources on the Internet. The goal of **LINCS** is to bring adult literacy-related resources and expertise to a single point of access for users throughout the world.

<http://www.nifl.gov/nifl/fellowship/reports/hohn/HOHN.HTM> - **Empowerment Health Education in Adult Literacy: A Guide for Public Health Education in Adult Literacy Practitioners, Policy Makers and Funders**, Vol. 3 No. 4, Part A, 1998, Marcia Drew Hohn, Ed.D. ED Pubs document EX0028P. Available in print and online. An example of how adult learners can be engaged in defining and addressing their own health care needs. The author worked with a group of women at a Massachusetts literacy center to develop student-led approaches to earlier detection of breast, cervical, and testicular cancers and prevention of family violence. Background information about the relationship between literacy and health also is provided.

<http://www.alri.org/> - Adult Literacy Resource Institute (A.L.R.I.): A program and staff development center for adult literacy/basic education and English for speakers of other languages programs in the Greater Boston area- and a

wonderful resource. It is one of five regional support centers of the **Massachusetts System for Adult Basic Education Support, SABES**.

<http://www.nelrc.org/changeagent/> - New England Literacy Resource Center. **The Change Agent** provides in the form of a low-cost newspaper, news, issues, ideas, and other teaching resources, that inspire and enable adult educators and learners to make civic participation and social justice related concerns part of their teaching and learning. Be sure to see the **The Change Agent: Focus on Health and Literacy** at <http://www.nelrc.org/changeagent/pdf/change2.pdf>.

<http://www.state.ma.us/dph/mpc/> - Massachusetts Prevention Centers: The Massachusetts Prevention Center Resource Library Central Catalog contains records for 11 health education libraries belonging to the Massachusetts Prevention Center System and the [Concord-Assabet Family and Adolescent Services Inc.](#) The function of the libraries is to make current prevention and public health resources and information available to all residents, schools, groups and organizations in the Commonwealth of Massachusetts. Resources are culturally competent, multilingual and available in a variety of formats including books, videocassettes, audiocassettes, curricula, and kits. The Resource Libraries are funded by the [Massachusetts Department of Public Health](#) and the [Massachusetts Department of Education](#). Contact your local [Prevention Center Resource Library](#) for more information or to borrow resources.

<http://www.prenataled.com/healthlit/hlt2k/script/index.asp> -Health Literacy Toolbox: This website is part of a larger project called Health Literacy Month. It provides tools to raise people's awareness about the importance of health literacy. All the articles on this site are written by health literacy advocates. Some are clinicians; some are adult educators. Others are consultants, researchers, and administrators. Each contributor brings a special insight to health literacy.

<http://www.pbs.org/teachersource/> - PBS Teacher Source: PBS has a treasure trove of lessons and activities adaptable for any classroom.

What do we mean by “Health”?

Take a few minutes to think about what the word “health” means to you. Jot down every image, concept, and association that “health” brings to mind. If you were to ask several different people to do this very same task, chances are each of your lists would look very different. The reason for this is that each individual’s perceptions and attitudes about health are intertwined with his or her own personal experiences, cultural influences, and values.

Therefore, it is important to explore and acknowledge the collective health perceptions and knowledge of any group before attempting to engage in planning discussions. What follows is a very simple but powerful brainstorming activity to elicit group associations with the concept of Health.

Activity: What is Health?

***Time:* 15 minutes**

Purpose: To expand a shared understanding of the definition of health. This activity also helps to illustrate that health is embedded in many topics we already address in adult education curriculum, such as the environment, work safety, and nutrition.

Materials, Preparation and Handouts:

Newsprint

Markers

Process and Suggestions:

Post a large piece of paper with HEALTH circled in the middle.

Ask people what comes to mind when they hear the word “health”.

Elicit single words and statements from the group and write them around the HEALTH circle.

You will need to write and think fast and begin “mapping” by circling the words and connecting them with lines. In the diagrams that follow, note that the first shows a map derived from a straight brainstorm, while the second diagram illustrates a higher level of mapping where a group has categorized their ideas.

You may need to prompt the group you are working with by adding ideas of your own and repeating group ideas out loud.

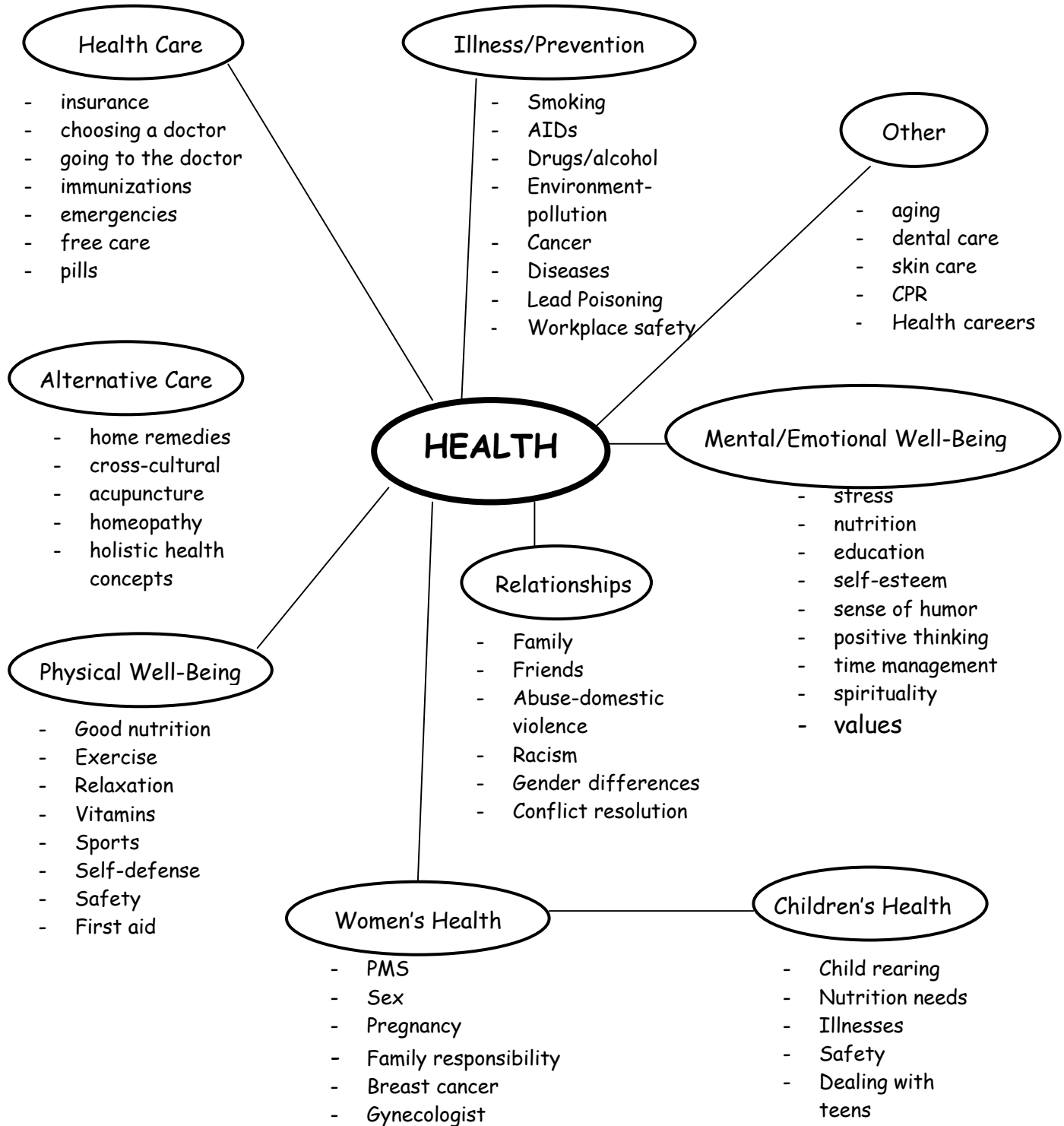
What to consider:

Before doing this activity, think as broadly as you can about your own ideas on what is health. Make sure that the group considers a variety of aspects of health, such as community, family, access to health care, money, spiritual needs, physical well-being, the environment, hospitals and managed care.

Brainstorm- What is Health?

What do you think of when you think of health?

(Sample of advanced stage of mapping, with category headings, adapted from the SCALE Wellness Curriculum, Susan Grace and the Student Health Team, June 1995)



Why teach and learn about health in adult education?

Activity The Big Picture

Time: 10 minutes

Purpose: To provide an overview of the connections between low literacy and poor health. This will help participants to reflect on the adult education population, the barriers they face, and how incorporating health into adult education can begin to encourage positive correlations between health and literacy.

Materials, Preparation and Handouts:

Read one or a few of the articles in the **Background Information** Section and then outline your presentation in any way you feel comfortable. You may want to prepare index cards, overheads, or pages of newsprint.

Optional: Choose articles from the **Background Information** Section (or others that you find) to hand out.

You may wish to use the handouts which follow, or you may wish to create your own based on your own research, and based on the needs of your particular group.

Process and suggestions:

This activity is a basic overview, so prepare your presentation so that it is easy for you to talk about the connections between literacy and health. You may want to facilitate a discussion among your staff about how they see the connections manifesting in their own classrooms and in your program overall.

It will be helpful for your participants if you create a colorful newsprint with your important points on it.

What to Consider:

Don't try to cover too much information in this brief introduction. Use this time to prompt new awareness of the breadth of issues connected to poor health and low literacy.

THE PROBLEM: *Literacy Level and Health Status*

Low Literacy Level and Poor Health are Directly Linked - The Research Base

Health People 2000 & Other Strategic Plans identify educational level as key determinant for access to health education promotion activities and health services.

Studies in non-industrialized nations indicate direct relationship between literacy level and key health indicators.

Studies in Canada by Perrin and in the U.S. by Davis, Weiss & Williams confirm interaction between literacy level and health, linking low reading level and poor health.

90 Million Adults in the U.S. Have Limited Literacy Skills- The National Adult Literacy Survey (NALS)

The NALS Study establishes that 45 % of the U.S. population (90 million) people have extremely limited (20%) or limited (25%) literacy skill concentrated in minority populations.

Health Education-Promotion Relies on Print Materials that Low Literacy Adults Cannot Understand

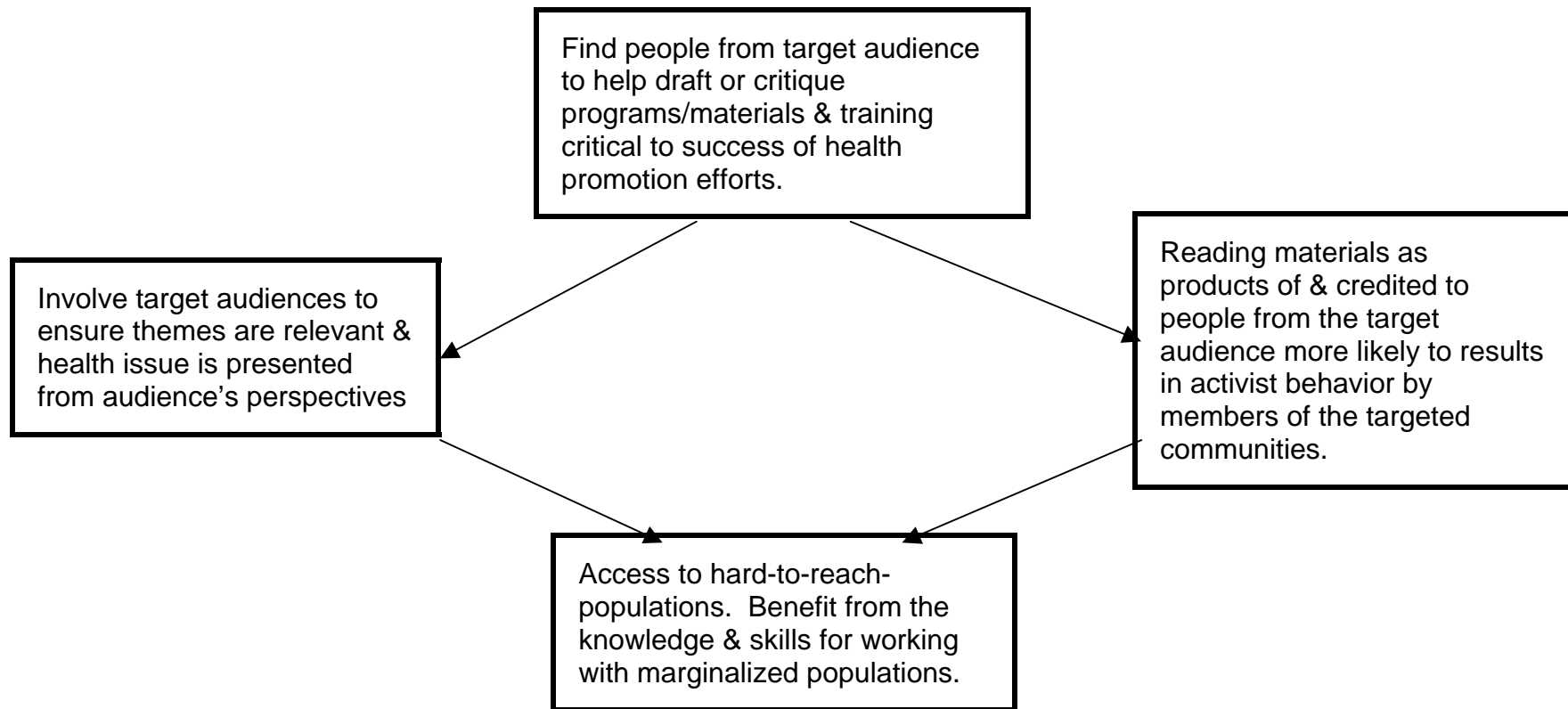
Health education-promotion is a key strategy in today's health care.

Most Health education-promotion material is in print form written at or above the 10th grade level.

Print materials frequently make cultural assumptions that are misleading or not understandable by different groups.

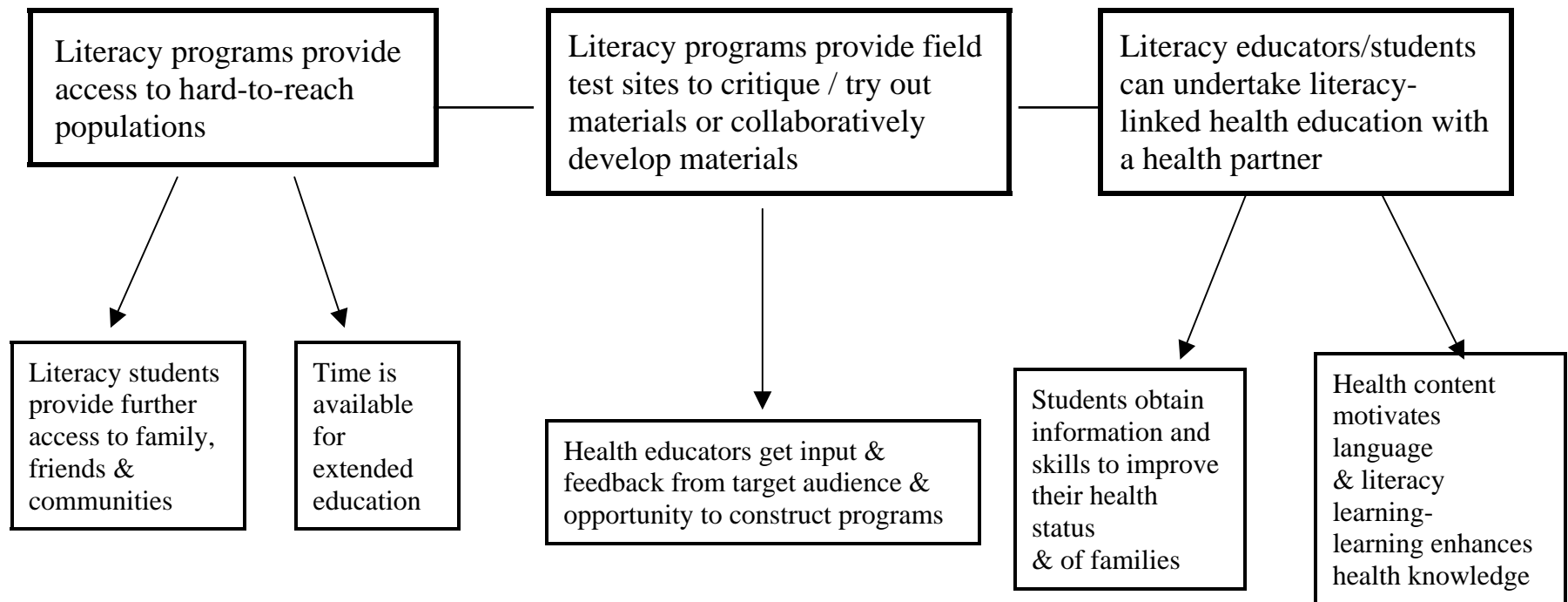
Therefore, the 90 million people who are in greatest need of health education-promotion do not benefit from current health education practice about prevention and early detection.

**SOME SOLUTIONS FOR HEALTH PROMOTION WITH LOW LITERACY GROUPS:
*PREVENTION AND EARLY DETECTION***



**CONNECTING HEALTH PROMOTION WITH ADULT LANGUAGE AND LITERACY EDUCATION:
A KEY STRATEGY**

Benefits of Linking Health and Language-Literacy Education*



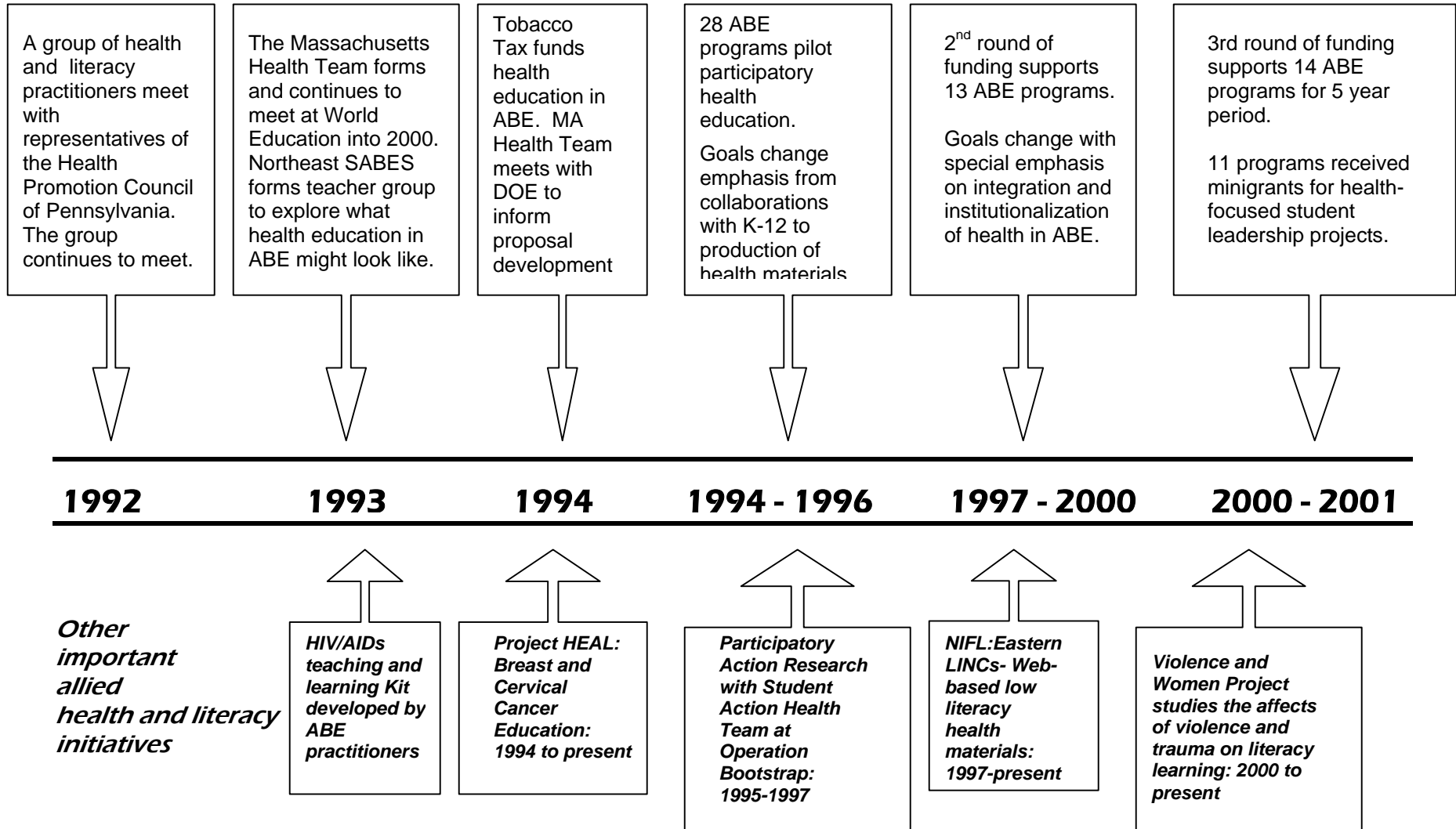
*** includes general Adult Basic Education, English for Speakers of Other Languages, General Education Diploma, Family Literacy, and Workplace Education programs**

The History of Health and Literacy Work in Massachusetts

The following information may or may not be of use to your staff, but it is important for program administrators to understand where and how the health and literacy movement was conceived. Knowing the history of the initiative can help programs and teachers to appreciate the longevity of the issues and how their work is part of long-term systemic solutions to the very persistent problems of poor health and low literacy.

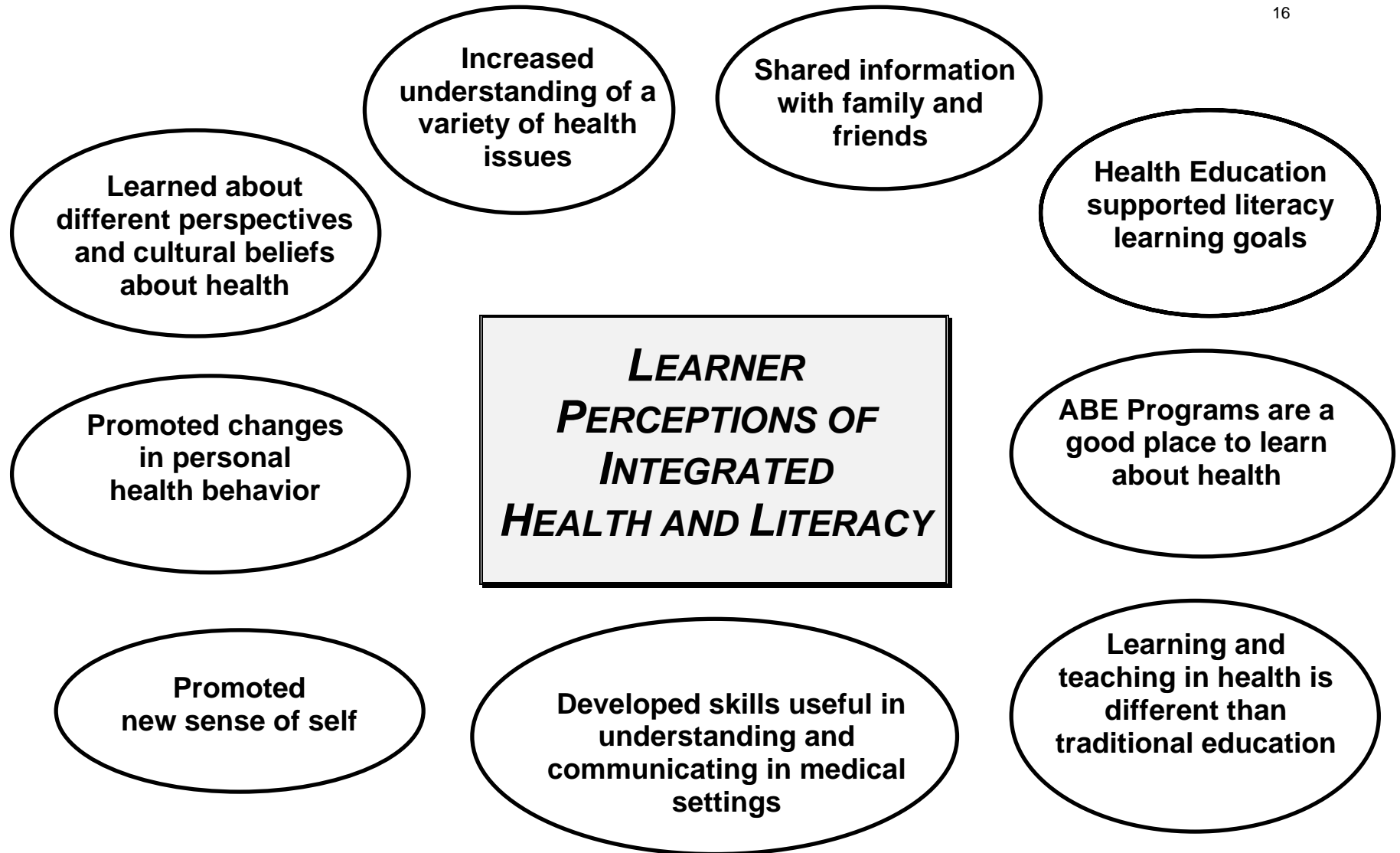
It is important to realize that the call to offer health education in adult learning centers has come from adult education practitioners and students- not the Department of Education. The Department of Education in Massachusetts has responded to the call for integration of literacy and health education through a variety of efforts illustrated on the following page.

THE HISTORY OF HEALTH AND LITERACY WORK IN MASSACHUSETTS



The Results of Integrating Literacy and Health Education

Dr. Rima Rudd at the Harvard School of Public Health conducted a study of adult learners in Massachusetts who participated in health education at their adult learning centers. Dr. Rudd was interested in the benefits of integrated literacy and health education that the learners themselves perceived. The results of her study are illustrated in the diagram on the following page. These results have been supported through a variety of different studies and anecdotes since her initial work.



Qualitative Study of Learners Perceptions of the Benefits of Integrated Health and Literacy (1994). Rima Rudd, Sc. D, Harvard School of Public Health with research assistance from Lindy Whiton, Ph.D. and Lucy Zahner.

Student Participation and Leadership in Health Education

APPROACHES, METHODS AND TECHNIQUES

Effective health education requires more than including health information in instruction. Eight years of research studies and program-based experience with Health and Literacy Projects have shown that student participation and leadership in the health work are vital to the successful integration of health into adult basic education.

The participation and leadership of students ensure that:

- ♥ health topics are “on target” for student needs,
- ♥ the health work is embedded in everyday life, concerns and questions,
- ♥ the education honors different cultural beliefs about health, and
- ♥ the teaching and learning can be approached through creative and involving methods.

What follows are descriptions of highly effective approaches, methods and techniques for integrating health. Curricula based on these methods and approaches can be found in the materials housed at the SABES Regional Offices (see www.sabes.org for resources and regional office information). Each of these methods and techniques provides ample opportunity for skill development in reading, writing, speaking, listening, and math.

Letting Students Choose the Health Topic(s)

An important part of effective health education is student input into the choice of the health topic(s). At Operation Bootstrap, the Student Health Team runs a health fair for the students each fall. At the health fair, a list of possible health topics are posted and each student (and staff member) is given one “dot” to vote for the topic of choice. At Lowell Adult Education, the choice of a health topic evolved out of student engagement with the video series “Crossroads Café”. In the video, one character has a heart attack and students wanted to know more about heart attacks – which led to a wider program including prevention of heart attacks through improved nutrition, exercise and stress reduction. Lowell Adult Education also has a Student Steering Committee with members elected from each classroom. The Steering Committee meets with the directors and various staff members monthly and acts as a conduit for student voices about health topics of concern. Other programs have students vote from a list of possible health topics by class. The more input students have about the health topics, the more likely they are to actively engage with the teaching and learning in that health area.

Student Health Teams

Student Health Teams are one of the primary ways that students have provided leadership in the health work. Some health teams do direct teaching in the classrooms- after they have learned about the health topic themselves and decided how to teach about it. Some health teams coordinate learning activities with local health educators and/or work with the teaching staff at the program to develop health teaching and learning programs. Some teams do research about a health area and develop a report for students and staff. Some develop brochures, informational packets, organize health fairs at the program, organize a “guest speaker” series or conduct health knowledge surveys. Often, the health teams do some combination of the activities. Student team members are paid for their work and can be considered adjunct staff members. \$10 per hour is the recommended rate of pay.

Participatory Curriculum Development

Student choice of the health topic and embedding the education program into everyday life issues, questions and concerns is the start of participatory curriculum development. Some programs have elected to go further into the process by including students in actually developing and/or modifying curriculum. Sometimes, students (or student health teams) have been involved

with Curriculum Frameworks projects, working on integration of health. For example, when Operation Bootstrap studied “Navigating Systems” as part of their ESOL Framework project, the Student Health Team contributed by doing a map of health facilities (with annotations of services) in the city of Lynn to help students “navigate” the health care system. This year they will be advising teachers on how to approach teaching and learning about bodily systems. Another approach used by a variety of programs is to look at an existing health teaching/learning program and simplify it with easier words, break down concepts, and promote sensitivity to different cultural beliefs. Curriculum pieces may be piloted in classrooms for student feedback.

Doing Research, Surveys and other Classroom Projects

Classrooms can undertake research or survey projects about health to share with other students with the content and method targeted to the interest and instructional level of the students. For example, a class might be interested in learning more about asthma. An ESOL or ABE class might start with defining basic vocabulary and developing a simple health history form to take to the emergency room in case of a sudden asthma attack. They might also want to develop their knowledge and understanding about asthma, current theory about its causes, and treatments. Students might accomplish this through reading, consultation with a health practitioner, or searching the Internet. They might then decide to develop a brochure for other students. There is a lot of opportunity for reading, writing, speaking and listening in all of these activities. A GED class might be more interested in understanding how to read health statistics, graphs, and charts since such skills are directly related to the GED test. Or they might want to practice writing through developing an essay about a particular health area or a particular health-related experience.

Surveys about health topics or related topics are also an excellent way to gain knowledge and skills. Students can survey other students, families, neighbors or friends about health knowledge or behaviors. Topics such as eating and food-buying habits, smoking, and exercise habits work very well here. Developing survey questions, carrying out the survey, tallying results and producing the results in a graphic form encompasses reading, writing, listening, speaking, math, public speaking, and technology skill development.

Any project-based learning approach is appropriate for health. Students could:

- ♥ do a photography project to document unsafe housing, unsanitary conditions or health hazards,
- ♥ create a map of local health care facilities and their services,
- ♥ interview community police about violence in the community and how it is being addressed.

Any health topic or project that interests students can be connected with literacy activities at the appropriate level for the particular class. Classrooms can also teach each other about what they have learned, directly or through the materials they may have developed.

The Importance of Community Collaborations

Effective health integration ABE requires collaborations with community health promotion, prevention and service agencies. You and your staff cannot be expected to be health experts. You never want to be in the position of having to dispense medical advice. You and your teachers can instead teach and learn about health with the support of your local health agencies. Several points are important to keep in mind when developing community collaborations to support health work:

1. Many health (and allied) organizations have outreach to limited literacy and/or limited English populations as their mandate. They will be eager to collaborate.
2. Collaborations are more effective when there are mutual benefits to the partners. In addition to meeting their mandate, organizations will benefit from knowing who provides literacy services and types of instruction. Students will also have an additional benefit of knowing where they can access needed health services and feel more comfortable in doing so.
3. Health is interpreted broadly to include all aspects of people's lives. Therefore, the array of organizations that may be of assistance is also broad. Some examples include:
 - ❖ Local or regional community health centers, hospital etc.
 - ❖ Disease specific organizations or initiatives such as The Breast and Cervical Cancer Initiative, cancer centers, HIV/AIDS treatment or advocacy organizations, asthma or diabetes community information programs
 - ❖ Elder Services – provides services to the general population including blood pressure screenings
 - ❖ Women, Infants and Children (WIC) – nutritional emphasis
 - ❖ UMASS Extension programs in nutrition
 - ❖ Community police – especially good around such issues as violence prevention, street safety, mediation and local fire departments (safety)
 - ❖ K-12 health education department – deal with wide range of topics linked to particular grade levels. – Usually eager to connect with opportunities to reach the parents of children in the K-12 system – especially beneficial for family literacy programs

Your students, your program, your community, your funders, and your partners will benefit from serious and thoughtful consideration and documentation of the needs and assets of each program or agency involved in your collaboration, as well as the desired outcomes for the collaboration. We have included two sample documents that might emerge in the formalization of a collaboration.

Official Agency Stationery

Date

To Whom It May Concern:

We, **your community agency**, would like to express our support for **hardworking adult learning center**. In our community there is a great need for **hardworking adult learning center's** services. Our agency and community benefits you may want to describe these in detail from these services and would like to see the **hardworking adult learning center** and its students continue to flourish and grow. Some benefits we see are:

- Increased sense of community among city/town residents, student population
- Increased understanding of English language among student population
- Increased involvement of ABE students and families within the K-12 school system
- Increased access to and understanding of social services
- Increased access to and understanding of community health services
- Other: _____

Sincerely,

Community Agency Representative
Community Agency Representative and Title

Sample Letter indicating Collaboration Commitment

Official Agency Stationery

Date

To Whom It May Concern:

Let it be known that **your community agency** and **hardworking adult learning center** acknowledge ***(mutual and complimentary needs and assets)***
you may want to describe these in detail

among their client populations. We are committed to working in partnership and collaboration to address these educational and social needs. Partnership and collaboration activities include (or will include):

- Strategic planning sessions which involve representatives from both agencies
- Educational workshops for the adult learning center students
- Educational workshops for the community agency
- Fluid exchange of information critical to partners
- Availability and/or exchange of agency resources
- Other: _____

Sincerely,

Partnership signatures
Partnership Names and Titles

Reflecting, Evaluating, and Planning: Where are you and where do you go from here?

At this point, we have explored what “health” means, the rationale for addressing health education in adult basic education, and effective means of integrating health through promotion of student leadership.

Now it is important to think about what all this information means with respect to your program. Perhaps your program already engages in a number of health-related activities and collaborations. Perhaps your students are active contributors to your curriculum development process. Or, perhaps not.

What follows are a few tools to help you assess your program’s current health integration status, and to plan for more purposeful health education and awareness. The **REFLECTION TOOL** will help you think about how your program currently addresses four criteria for effective health education integration. The **EVALUATION AND PLANNING TOOL** is comprised of a set of questions designed for more in-depth investigation and evaluation of integration of health education, promotion, and advocacy in your program. Embedded in the questions are suggestions for integrating health awareness, information, promotion, and action into your ABE/ESOL program. We recommend that you share these questions with your staff to guide your program planning for health. You may be also be interested to see where your program is situated in the **CONTINUUM FOR PROGRAMMATIC HEALTH INTEGRATION** through a chart which immediately follows the **EVALUATION AND PLANNING TOOL**.

Reflection Tool

CRITERIA FOR EFFECTIVE HEALTH EDUCATION INTEGRATION	PAST AND PRESENT <i>What are you doing now and what has been done?</i>	CHALLENGES <i>What has been challenging? What do you anticipate will be challenging?</i>	FUTURE PLANS <i>What will you do now?</i>
Involvement of students in selection, curricula, exploration, instruction, and promotion of health topics			
Permanent presence of health in program environment, intake and assessment, and staff expectations			
Integration of health into curriculum and classroom instruction			
Foundation of community collaboration with health and related agencies			

EVALUATION AND PLANNING TOOL
FOR EFFECTIVE PROGRAMMATIC HEALTH EDUCATION INTEGRATION IN ADULT BASIC EDUCATION

1. Look for Student Involvement:

Does your program have a Student Advisory Counsel or Steering Committee?

Is there a Student Health Team?

How often do they meet? Who facilitates? How much do team members be paid?

What does the Student Health Team do?

Health Fairs

Research health information

Develop health brochures or information packets

Work with guest speakers

Plan/do programs or projects with health educators and/or teachers

Do surveys or interviews with other students about health

Do special projects

Work with community agencies

Do direct classroom teaching

Other

Are students involved in choosing health topics? How?

Survey

Vote

Health goals

Spontaneous

Other

Are Students involved in creating health curricula? How?

Are Students involved in evaluating health curricula and health education experience?
How?

Are Students involved in a classroom-based health project or program-based health projects? What and how?

What other ways are students involved in health education?

2. Look at your Program's Learning Environment and Extra-Curricular Support of Health Integration

Are health-related materials such as:

- Brochures
- Posters
- Informational pamphlets
- Books

Visible and accessible to students?

Do your vending machines or snack bar provide nutritious snack options?

Are health goals discussed at student intake?

Is the counselor involved with health needs assessment?

Does the exit interview with the student include discussion of health learning and goals?

Does or will staff receive professional development regarding teaching and integrating health and participatory approach?

3. Look at your Curriculum Development and Implementation:

Are health units or themes part of the curriculum?

Are health goals and health curricula discussed and shared in staff meetings?

Are health discussed and taught with respect to the Curriculum Frameworks?

What health materials are used to supplement instruction?

Are the teaching and learning methods engaging and involving?

4. Look at your Community Collaborations:

Have you established collaborative arrangements with local health (and allied) organizations?

Who are the collaborations with?

- Local or regional health centers
- Hospitals
- Disease specific organizations or initiatives
- K-12 Health Education
- Elder Services
- Women, Infants and Children (WIC)
- Community Police
- Fire Department
- Other

What are the activities within the collaboration?

- Information sharing
- Reciprocal referral
- Providing speakers
- Providing materials
- Other

Are there formal letters of cooperation?

Are community health services, screening and treatment programs, and health insurance options advertised at the program?

Do you participate or coordinate a Community Planning Partnership?

Does your Community Planning Partnership support and assist developing health collaborations?

Are health agencies or other allied agencies part of your Community Planning Partnership? (i.e. health centers, hospitals, heart association, diabetes association, k-12 health educators, fire prevention department, police department, cancer prevention associations, etc.)

CONTINUUM FOR PROGRAMMATIC HEALTH INTEGRATION

This is at least a 3-5 year process. A program's readiness to engage and the rate of progress will depend on the degree to which ABE programs have: worked on Curriculum Frameworks, engaged with technology, embraced student leadership and established relationships in the community. Some programs will make rapid progress while others may need more time.

Continuum	NEW / PILOT	INTEGRATED	EXPERIENCED	INSTITUTIONALIZED
Student Involvement	<p>Explores ways to engage students in choice and implementation of health topics</p> <p>Forms a Student Health Team</p>	<p>Student Health Team works directly with teachers and classrooms around health</p>	<p>Student Health Team assumes more responsibility for health activities and direct work with teachers</p>	<p>Students are actively engaged in health work through</p> <p>Student Health Teams Classroom Projects Program-wide projects Curriculum Frameworks</p>
Curriculum Development	<p>Explores connection of health content to ABE curriculum frameworks</p> <p>Begins to produce lesson plans for a few classes</p>	<p>Begins development of curricula with health content</p> <p>Program pilots classroom-based projects on selected health topics</p> <p>Presence and #s of health education materials increased</p>	<p>Curricula and lesson plans using health content increase to include more levels of instruction, including GED</p> <p># of classroom-based and/or program-wide health projects increase</p>	<p>Health content is present in curricula for all levels of instruction</p> <p>Sample lesson plans to actualize curricula are available to staff</p> <p>Health material to support lessons is available</p>
Technology Integration	<p>Begins connection of health education with center use of technology</p>	<p>Technology Coordinators works with Student team and teaching staff to integrate health projects with technology available in center</p>	<p>Use of technology becomes an integral part of how health activities are accomplished</p>	<p>Technology is integral to the development and delivery of health content</p>
Program and Staff Development	<p>Staff attend the "Orientation for Integrating health for Teachers"</p> <p>Engages an experienced program as a mentor</p> <p>Accesses Technical Assistance provided through SABES</p>	<p>Engages more staff and classrooms in health education</p> <p>Staff continues to use SABES and mentor for TA</p>	<p>Health education issues are regularly discussed in staff meetings</p> <p>Health goals are discussed at intake and at exit interview</p>	<p>Health work is an expectation of all staff members and work is shared regularly</p>
Community Involvement	<p>Begins forming community partnerships</p>	<p>Community planning partnership helps to identify community health partners</p>	<p>Involvement of community health partners is increased</p> <p>Community partners actively introduce new possibilities for health and literacy connections</p>	<p>The community planning partnership provides ongoing support for health education work and partnerships.</p> <p>There are multiple partners from the community to assist</p> <p>Partnership relationships are integral to health education efforts.</p>

Integration with Curriculum Frameworks

Technology

Some Ideas for Family Literacy

*Integrating Health across the Curriculum,
July 2001,
Northeast SABES*

SABES is funded by the Massachusetts Department of Education

Curriculum

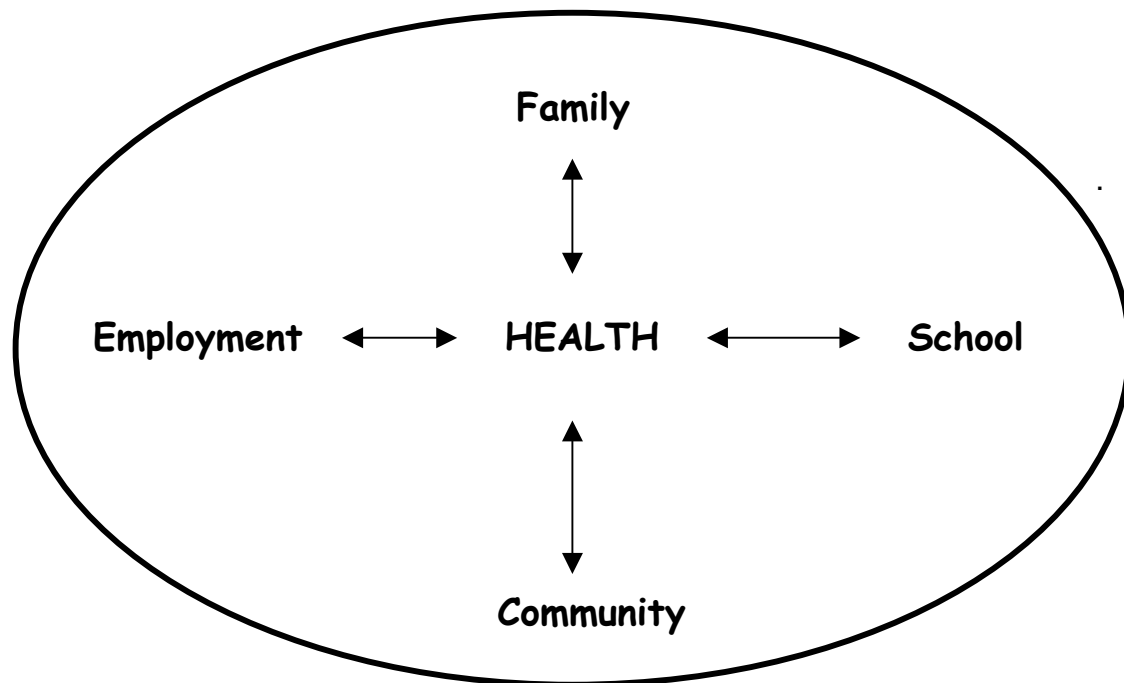
Curriculum is all of the instruction, services and activities provided for students through formal schooling including but not limited to:

- **Content**
- **Teaching methods and practices**
- **Instructional materials and guides**
- **Physical learning environment**
- **Assessment and evaluation**
- **Time organization**
- **Leadership**
- **Controls**

Curriculum includes planned, overt topics of instruction as well as unseen elements such as norms and values taught through classroom interaction between the teacher and learner, hidden social messages imbedded in the curriculum materials themselves, and the material that is not included in the overt or planned curriculum.

*This definition is based on works by several ABE researchers including Connelly and Lantz, 1985; Schiller, 1989; Eisner, 1985; and Apple, 1990. The original definition from which this was adapted was posted on a web site belonging to the Hawaii Department of Education, <http://www.k12.us/notes>.

How Health Connects to Students Lives and the Frameworks



Curriculum Frameworks Mantra



**What do Adults Need to Know and
Be Able to Do to Function Successfully in
their Roles as
Parent/Family Member,
Citizen/Community Member,
Worker,
and Lifelong Learner?**

More Curriculum Frameworks Mantra



Do It “On Purpose”, Consciously

Be Willing to Guide and Support your Staff

*Make Time for the Staff to Talk about Frameworks
Together*

CURRICULUM FRAMEWORKS STRANDS

Oral and Written Communication

Language Structure and Mechanics

Intercultural Knowledge and Skills

Navigating Systems

Strategies and Resources for Learning

Reading

Writing

Critical Thinking

Time, Continuity, and Change

People and Environments

Power and Participation

Production and Distribution

Cultures and Identities

Inquiry

Reasoning

Analysis

Connection

Number Sense

Patterns, Relations, and Functions

Geometry and Measurement

Statistics and Probability

Sorting Out the Facts

Deciding What to Do

Communication and Advocacy

Approaches to Curriculum Development Within the Context of the ABE/ESOL Curriculum Frameworks

1. Back In

Use materials, activities, lessons you know are good. Look at the frameworks (the strands and standards charts are a helpful place to start). Match up what you're doing with what's there in the framework(s). Document.

2. Front On

Start with a framework. Focus on the strands and standards you want to pursue based on student input, program design, etc. Identify materials and develop activities and lessons that address the stated objectives. Document.

3. Thematic

Identify an integrative theme, which is related to a strand within one of the Frameworks. Develop/identify materials and activities that amplify the theme. Match lessons to strands and standards across multiple frameworks. Document.

Technology Integration Guidelines

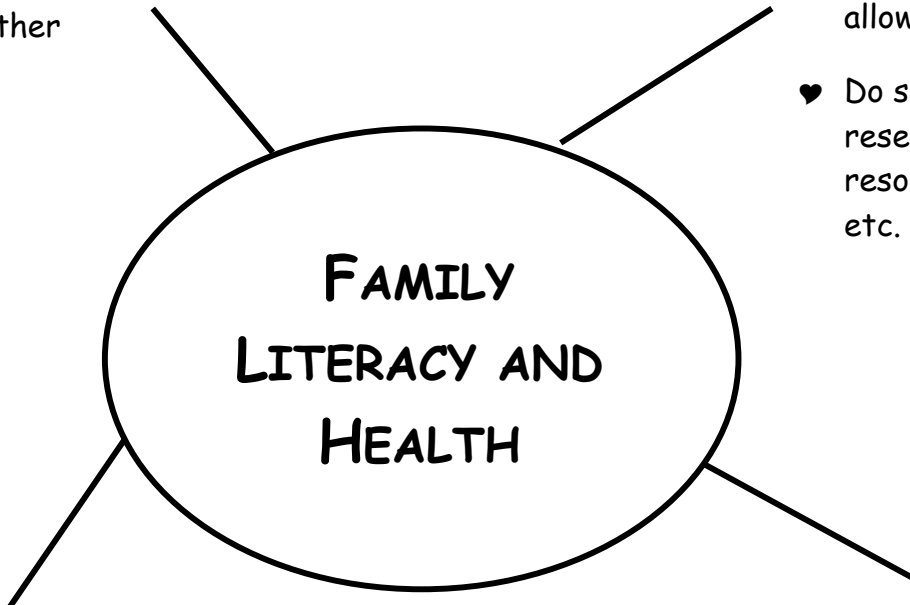
- ✓ Does your program have a computer lab?
- ✓ Does your program have computers in the classroom?
- ✓ Do your teachers actively integrate use of computers into their classroom activities? If so, how?
- ✓ Do students/teachers use the World Wide Web to find information?
- ✓ Do students/teachers belong to listservs or have email?
- ✓ Do students/teachers use health education software? If so, which?
- ✓ Do the students/teachers use health videos?
- ✓ Are other technology vehicles (tape recorders, camera, etc.) used as part of the health work?

PARENT AND CHILD TOGETHER TIME

- ♥ Do age appropriate health activities; i.e., hand-washing to nutrition
- ♥ Healthy eating- recipes, food labels, shopping, cooking together
- ♥ Exercise together

ADULT EDUCATION

- ♥ Health content for reading, writing, speaking, and listening activities per learner choice and interest
- ♥ K-12 explains why, what and how of preK-12 health education program- allow for discussion
- ♥ Do special health projects such as researching community health resources, creating health brochures, etc.



FAMILY LITERACY AND HEALTH

HOME VISITS

- ♥ Have visitors bring backpacks of activities to do as a family on health and related issues such as home safety, street safety, dealing with conflict, etc.

EARLY CHILDHOOD

- ♥ Health issues incorporated per preK-12 health education program

RESOURCES AVAILABLE TO YOUR PROGRAM

Many Health and Literacy Material Resources are available through SABES regional offices and the World Wide Web (please refer to the “Background Information” section on page 3). Of particular note are:

<http://www.sabes.org/health/index.htm>-This Webpage is located at the SABES Website and is designed to serve as a resource for adult educators who are interested in making connections between health and literacy. The site contains information on making links between the fields of health and adult basic education/English for speakers of other languages (ABE/ESOL) and provides hands-on resources to help strengthen those links through learner-centered work.

This site hosts the *Orientation to Integrating Health Education into Adult Basic Education*, <http://www.sabes.org/healor.htm>, a participatory course for developing teachers' capacity to access, develop and incorporate health content into their literacy instruction while promoting student leadership, critical thinking skills, and a level of confidence in students which transfers directly to their employability, their participation in their communities, and their lifelong learning.

Culture, Health and Literacy: A Guide to Health Education Materials for Adults with Limited English Literacy Skills (Julie McKinney and Sabrina Kurtz-Rossi, 2000) Health and Literacy Initiative, World Education, 44 Farnsworth Street, Boston, MA, 02210, 617-482-9485. <http://www.worlded.org/publications.htm>

Health and Literacy Compendium: An annotated bibliography of print and Web-based health materials for use with limited literacy adults (Cindy Irvine, 1999) Health and Literacy Initiative, World Education, 44 Farnsworth Street, Boston, MA, 02210, 617-482-9485. <http://www.worlded.org/publications.htm>

Following is a selection of resources that can be accessed through SABES Regional offices. This list is by no means complete, but is offered instead to spark your interest. Many of these resources have been created by teams of students and teachers and are excellent examples of participatory and contextual curriculum development (designated with a *). The topics represented are those in which ABE/ESOL students and teachers have expressed interest and personal relevance.

ADVOCACY

****The Change Agent; Adult Education for Social Justice: News, Issues, & Ideas***. “Focus on Health and Literacy.” February 1997, Issue 4. Boston, MA: New England Literacy Resource Center/World Education. Articles and classroom activities related to literacy and health issues. Also available online at: <http://www.nelrc.org/changeagent/pdf/change2.pdf>

Getting Good Health Care. Syracuse, NY: New Readers Press, 1994.

Taking Action; Making Change: A Handbook on Health Care Reform. Health Care for All, 30 Winter Street, Suite 1007, Boston, MA 02108.

ANATOMY

The Brain Book: Your Brain and Your Health. American Association for the Advancement of Science: 1995.

ASTHMA

The Asthma Handbook, 26 pp. English and Spanish. American Lung Association, (1992).

CANCER

Breast Cancer and the Environment: A Curriculum Guide. Michel Sedor and Martha Merson, 1997. Boston, MA: World Education.

****Breast Cancer as I lived it.*** A reproducible true story developed by adult education student, Mary Scanlon.

****My Life Story with Cancer,*** by Mary Walker
<http://www.worlded.org/us/health/docs/Mary/introduction.html>

****My Mother's Battle with Breast Cancer.*** A reproducible true story and health care guide developed by Laura Guay, a student at the Adult Education Center, Mount Wachusett Community College, Gardner, MA. 1995.

COMMUNITY HEALTH

Community Organizing & Community Building For Health, Minkler, M. ed., Rutgers Press, 1999

Homeless Education Kit. A resource collection designed to help ABE students, teachers, and administrators learn about homelessness and to develop effective education programs for homeless students.

DRUG EDUCATION

Brain and Behavior: Mental Disorders and Substance Abuse. American Association for the Advancement of Science. 1995.

How Drugs Affect the Brain: A toolkit for literacy programs. American Association for the Advancement of Science. This curriculum provides easy-to-read information about how the brain works and the biological basis for drug addiction. This curriculum is based on the belief- backed by current research- that people who have a cognitive understanding of how drugs affect the mind and body can use this knowledge to help avoid drug abuse, and confront or deal with addiction and share the information with others who may need it.

ELDERLY

Health Care for the Elderly : Moral Dilemmas, Mortal Choices. Dubuque, Iowa: Kendall/Hunt Pub. Co, 1988.

EXERCISE

***Exercise Curriculum. (Volume 4) Wellness Resources and Materials- Scale Health Action Team: A Year in Review.** Somerville Center for Adult Learning Experiences (SCALE). Somerville, MA: 1995.

***How to Feel Good: Learning to Relax and Exercise, An Invitation.** Adult Learning Program, Jamaica Plain Community Centers, Jamaica Plain, MA.
<http://www2.wgbh.org/MBCWEIS/LTC/ALRI/feelgood.html>

FAMILY HEALTH

What to do when your Child gets Sick. Gloria Mayer, RN and Ann Kuklierus, RN., 1999. Whittier, CA: Institute for Healthcare Advancement. An easy to read, easy to use guide for parents and care-givers.

GENETICS

Your Genes, Your Choices: Exploring the Issues Raised by Genetic Research. Catherine Baker, 1999. American Association for the Advancement of Science.

HEALTH COMMUNICATION

Beyond the Brochure : Alternative Approaches to Effective Health Communication; a Guidebook. Denver, CO: AMC Cancer Research Center, 1994.

HEALTH LESSON COMPILATIONS- MULTIPLE TOPICS

Health Education Teaching Ideas: Elementary, Volume II. Hakala, Jane; Buckner, Jr., W.P.; and King, Karen. (1995). Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance. ISBN 0-88314-604-5

Health Education Teaching Ideas: Secondary, Revised Edition. Loya, Richard, and Bensely, Jr., Loren B. (1992). Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance. ISBN 0-88314-529-4

What the Health! A Literacy and Health Resource for Youth. Canadian Public Health Association; National Literacy and Health Program: 2000. Developed by health providers, youth workers and literacy practitioners working with youth in health centers, drop-in centers and literacy programs. Produced in a loose-leaf, easily reproduced format.

HEART HEALTH

Caring about Community: A Workbook on Heart Disease and Stroke. Jackson Mann Community Center. Allston, MA: 1996.

NUTRITION

NIBBLE: Nutrition Information Bulletin Board & Learning Experience for Adult Basic Education. University of Massachusetts: 1999. This curriculum offers nutrition activities for use with Math, Science, and Language Arts curricula. It includes computer- and internet-based components as well.

***Nutrition Curriculum. (Volume 3) Wellness Resources and Materials- Scale Health Action Team: A Year in Review.** Somerville Center for Adult Learning Experiences (SCALE). Somerville, MA: 1995.

A Taste of English: Nutrition Workbook for Adult ESL Students. Association of Farmworker Opportunity Programs. 1994.

PEER HEALTH EDUCATION

***A Guide for Health Education; How to Do: Health Fairs, Surveys, Health Teaching/Learning in the Classroom.** Tips and Materials Prepared by the Student Action Health Team at Operation Bootstrap for the Health Mentoring Program.

***So You Want to Start Your Own Peer Health Education Program: A How-To Guide.** Hampden County Correctional Center.

SAFETY

English Spoken Here, Health and Safety. New York: Cambridge Book Company, 1982.

Exercise Book for English Spoken Here, Health and Safety. New York: Cambridge Book Company, 1982.

STRESS

***Diapers, Dishes and Deep Breathing: A stress management workshop for mothers. Curriculum outline.** The Tobacco Free Greater County Coalition's Stress Management Task Force. 1996.

***How to Adjust to Life in America: Maintaining Your Health, Dealing with Stress.** June 1995. This curriculum was designed to address mental health needs of students who are immigrants and refugees from Southern China and Vietnam. It can be used as a 12-workshop series or in six separate sessions based upon broad topic areas: Access to Health Care; Parents and Children; Husbands and Wives; The Elderly; Losses and Gains; and Building a Supportive Community. Each session is divided into two parts to allow follow-up and depth. A variety of resources and worksheets are included in each session.

Managing Stress in Our Personal and Work Lives. October 1994. Materials and tools for program directors and others focusing on evaluating your overall level of stress, identifying the key stressors in both your personal and work lives, and devising strategies for managing stress more effectively.

***Stress Curriculum. (Volume 2) Wellness Resources and Materials- Scale Health Action Team: A Year in Review.** Somerville Center for Adult Learning Experiences (SCALE). Somerville, MA: 1995.

TOBACCO

***Adriana's Story: A Story about Smoking.** 1994. A play/story written by adult students of the basic ESOL class at the Adult Learning Program of the Jamaica Plain community Center, Jamaica Plain, MA.

***Juan's First and Last Cigarette.** Wellpower Group, Community Action, Inc. Haverhill, MA.

VIOLENCE

***Question Violence, Love is the Answer.** Young Parent Program, Cambodian Mutual Assistance Association, Lowell, MA. <http://www.worlded.org/us/health/docs/healthpatrol/>

WELLNESS

Decisions for Health. Austin, TX: Steck-Vaughn, 1993.

Getting Healthy and Staying Healthy. Paramus, N.J.: Globe Fearon, 1994.

***Health is Life: Educate Yourself.** Adult Learning Program at Jamaica Plain Community Center, Jamaica Plain, MA.

An Invitation to Health : the Power of Prevention. Redwood City, Calif: Benjamin/Cummings Pub. Co, 1994.

Life Is an Attitude! : Staying Positive When the World Seems Against You. Los Altos, CA: Crisp Publications, 1992.

Staying Well. Syracuse, NY: New Readers Press, 1994.

Take Care of Yourself : a Health Care Workbook for Beginning ESL Students. Englewood Cliffs, NJ: Prentice Hall Regents, 1994.

Wellness : Choices for Health & Fitness. Redwood City, Calif: Benjamin/Cummings Pub. Co, 1995.

WOMEN'S HEALTH

The Black Women's Health Book : Speaking for Ourselves. Seattle, Wash: Seal, 1994.

***Four Modules: An Integrated Approach to Learning in the Adult Learning Program at Project Hope.** 1995. SABES RSC: Boston, Central. File drawer: ABE/Curriculum and materials. Four curriculum modules developed for an ABE class of women at Project Hope: "The Brain;" "My Body, My Self;" "The Planets and the Stars;" and "A Regional Geography of the United States." Each curriculum aims to "develop frameworks within which the women can bring together what they know from their own past formal and informal educational experiences with the basics of a subject so that they develop the vocabulary and concepts needed to successfully complete the GED battery of tests."

***Key Information and Basic Guide to Healthy Breast Care.** A reproducible pamphlet for students. Mt. Wachusett Community College. 1995 by Laura Guay.

Take Charge of Your Health! Lesson 1: Mammograms, Lesson 2: Pap Tests, and Teacher's Guide. Low literacy illustrated guides. By Kentucky Cancer Program, Lexington, KY.

PROTOTYPE DESIGN AND SUPPORTING BUDGET FOR AN INTEGRATED HEALTH PROJECT

The prototype budget below was developed to support integration of health at a community-based organization, new to doing integration of health. The program design called for:

1. A 5 member student Health Team that will have the responsibility of doing a health fair for students at the program, facilitating the process of choosing two health topics for the year, gathering information and resources about the selected health topics from the library, community health centers, the internet etc., and collaborating with selected staff in developing teaching/learning programs for the chosen health topics. The student team will also assist with developing collaborations with local health and allied organizations, and will be expected to develop and deliver a presentation at the final conference.
2. A health facilitator who will facilitate health team meetings and work with the team to carry out their responsibilities named above – with special emphasis on facilitating the collaboration with teachers and local health (and allied) organizations. The health facilitator will also coordinate with staff involved in the program’s curriculum Frameworks project and the two teachers designated to do curriculum development to support the teaching/learning programs on the chosen health topics.
3. Two teachers who will work collaboratively with the student team to develop curriculum to support the teaching/learning programs on the chosen health topics. These health topics will be related to the Curriculum Frameworks project. The resulting curriculum will be piloted in two classrooms for student reaction/feedback and revision.
4. Additionally, the health facilitator will coordinate with the mentor program* for areas needing technical assistance, determine who should participate and document/share information from the meeting as appropriate.

*Mentor relationships with programs experienced in health are encouraged, although not required, for programs new to integrating health.

This budget is based on a 42-week year and uses a non-rates based staff salary of \$25 per hour to include fringe. The budget is also based on having a student team and using an experienced program as a mentor, both of which are optional approaches.

**PROTOTYPE DESIGN AND SUPPORTING BUDGET FOR AN
INTEGRATED HEALTH PROJECT**

Health Facilitator 5 hrs p/w X 42 wks X \$25 p/h	\$5250
Health Team 4 hrs p/w X 42 wks X 5 members X \$10 p/h	\$8400
*Supplies including health materials & software	\$2000
*Travel for kick-off & final conferences (1200 miles @ .25 p/m – three vehicles_	\$ 300
**Curriculum Development 2 hrs p/w X 42 wks X 2 teachers X \$25 p/h	\$4200
TOTAL	\$20,150
Mentor Program (for new programs only) 5 mtgs. @ \$250 per meeting	\$1250
	\$21,400

*Supplies and travel (also copying/printing and childcare) costs can also be integrated with overall rates based budget

**Curriculum Development piece could also be placed under the Curriculum Frameworks grant.