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Culture Bumps in the Health Care System

by Katy Hartnett

Last year, as a health and literacy liaison funded by Adult and Community Learning Services (ACLS) at the Department of Education, I was responsible for working with programs to assist with integrating and institutionalizing health into their curricula. My work brought me to site visits at Centro Latino, Project Hope and La Alianza Hispana in the Boston region. At a meeting at Centro Latino we were discussing the topic of cross-cultural issues in the health care system, and I mentioned the book *The Spirit Catches You and You Fall Down*, by Anne Fadiman. This true story describes a Hmong child suffering from *gran mal* seizures. The book documents the ongoing communication struggle between American medical doctors and the child's parents. One major conflict in the book centered around the best way to care for the child. The parents and the doctors saw the disease from different cultural standpoints, and eventually they were not able to trust each other or to communicate at all. The child's health was in serious danger, partly because the parties involved perceived her illness and treatment completely differently.

Participants' Stories

At this meeting at Centro Latino, the subject of cultural clashes and barriers in the health care system hit a nerve. Almost all the participants at the meeting had a story to tell of how they felt culturally "out of place" or not respected. One woman mentioned how she and her husband went to a clinic in East Boston because her husband thought he had the symptoms of meningitis. He was a doctor in Venezuela and obviously knew a great deal about this disease. When he mentioned his background and his diagnosis to the nurse and the

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Foreword

Almost 20 years ago I was teaching ESOL to a small group of Cambodian women in the basement of a church in Providence. We started out tentatively with each other, exploring topics like work and education. At that time I knew little of Cambodian culture, the Khmer language, or the trauma and resettlement experiences of Southeast Asian refugees. One day I came across an article in the *Providence Journal* about a Cambodian women's health project that discussed traditional Cambodian childbirth beliefs and practices. I brought the article in to class, and we explored the contents together. Willing teachers, the students explained the role of the *chmob* (Cambodian midwife) and described how the walls of the home are coated with a white paste to keep out evil spirits when a new baby is due. They described the low fire built under the birthing bed and the medicinal wine, both used to promote healing for the new mother. The students defined the Khmer words for me and taught me more about childbirth traditions. Since they were the experts in this topic—they were Cambodian, they were mothers; I was neither—we shifted a balance of authority in the class; they knew more about the subject than I did. I, on the other hand, could offer my skills as a language teacher and participant in a health care system radically different from their own, one they needed to learn to navigate. As they became more trusting of me, they were able to frame other questions about reproductive health: "What do you call it when the baby comes out too soon and dies?" "What is the word for when you don't want to have a baby so someone takes it out right away?" Concepts like miscarriage and abortion rarely find their way into ESOL workbooks, but for this group of childbearing-age women, they were important topics.

Reading, writing, speaking, and listening skills were all enhanced through this extemporaneous "unit." We read a shortened version of the *Journal* article. I found low-level booklets on reproductive health. We rehearsed language for going to the doctor, a common ESOL exercise. As a result of the trust-building, we

were able to discuss western practices such as diagnostic screenings (Pap tests, mammograms) in an investigative rather than judgmental manner. In short, we became a tighter learning community. Students began to open up about their experiences leaving Cambodia, living in refugee camps, and adjusting to life here. Through the powerful issue of health, the students helped me become a more responsive, open, and less ethnocentric teacher. Years later, when I had my own daughter by cesarean birth, I needed a high-tech hospital setting. Still, I remembered vividly the stories of Vanna, Kol, and the others. I wished I had a *chmob* to simmer the medicinal wine for me and keep the coals warm under the birthing bed. I was tempted to coat the walls of my home white to keep out evil—hard to do in a two-family house in Jamaica Plain. I am grateful for that class and for the opportunity to explore the unifying topic of health with these exceptional women.

This issue of *Field Notes* highlights the topic of health in adult basic education. Katy Hartnett focuses on cultural clashes and "bumps" when teaching health—bumps that have significant consequences for many of our students. Marcia Hohn and Alisa Povenmire of Northeast SABES explore the reasons for integrating health in ESOL and ABE in their article "Why Teach Health?" Marcia also provides a historical context for teaching health in Massachusetts in this issue's State of the State. Students from Operation Bootstrap in Lynn discuss their experiences with health education, and practitioners Beverly Hobbs and Susanne Campagna write about the ways in which they have integrated health in their teaching. Finally, Janet Isserlis reports on her National Institute for Literacy (NIFL) fellowship on women and violence and how we can make applications to our work in adult basic education. As always, resource listings and Web sites have been selected to assist you in locating information and support you may need to approach health topics in your classes.

Lenore Balliro, Editor

The Student Action Health Team

by Vanda Ivanenko, Saiyi Diaz, Olivera Tarason, and Marcia Drew Hohn

We are three members of the Student Action Health Team at Operation Bootstrap in Lynn. We all have been students at Bootstrap in the ESOL classes and members of the Health Team for one to four years, working with facilitator Marcia Hohn.

Vanda Ivanenko

I came from Ukraine in 1996. I started ESOL in February 1996 and joined the Health Team in March of 1997. The three hours of meetings per week and presentations we made in classes, at conferences, and at health fairs helped me to improve my English to learn about health and not be afraid to speak. I am now the ESOL counselor at Operation Bootstrap.

Saiyi Diaz

I came from Cuba in 1997 and became a student at Bootstrap in September of 1998 and a Health Team member in January of 1999. The Health Team helped me with my English, increased my vocabulary about health, and helped me get my job at the Lynn Community Health Center as an enrollment coordinator.

Olivera Tarason

I came from Kosovo in March of 1999 and started at Bootstrap in April of the same year. I became a Health Team member in September of 1999. The Health Team helped me communicate better, improve grammar, helped me work with customers at Sir

Speedy Printing, and learn about health in English.

Marcia Drew Hohn

I have worked with the Student Health Team at Bootstrap since 1994. Since 1994, we have learned and taught other students and teachers about many health topics—



Vanda Ivanenko, Saiyi Diaz, Olivera Tarason

cancer, violence, healthy eating, exercise, child street safety, and stress—topics that the Bootstrap students chose each year by a community vote. We would like to tell you about how we did the stress program.

How We Learned About Stress Ourselves

We learned about stress by watching videos about stress, searching the Internet, discussing real-life situations, and from brochures from health centers.

Deciding What and How to Teach

We wanted to show real-life situations that cause stress and then

explain the physical and emotional results. We did this through dramas. For example, we developed a drama called “Busy Mother—Crying Baby” where a mother had everyone and everything demanded of her time: the crying baby, the ringing telephone, the hungry husband, the impatient teenager, and the pot boiling over, causing her great stress. The mother described her stress symptoms: stomach hurts, headaches, blood pressure up, tired, and breathing fast. Then we had the class divide into small groups where each person got to talk about what caused them stress. We used many different dramas about what caused

them stress. We used many different dramas about stress in students’ lives, such as the stress of a new country, a new language, and a new culture, and not having enough money and too many bills. We came back to each class a second time to discuss how to relieve stress. In this session, we went back into small groups and students shared how they relieved their stress. We created “work webs” to share among the small groups. Then we taught them three new ways to relieve stress—acupressure, stretching exercises, and self massage—done with gentle music and scented candlelight.

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Cultural Bumps...

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doctor and suggested that he get an MRI, he was told to go home and take a few aspirins. Late in the evening after waiting in the clinic all day and being told to go home, his symptoms became worse. He returned to the clinic. Finally the doctor gave him a referral to Mass General Hospital (MGH) for an MRI scan. As he expected, the results of the scan came back positive. The doctor at MGH told him that if he had waited much longer he could have died.

Another woman present at the meeting told a story about her Mexican grandmother who was a shaman or medicine woman. As a child she was given various home remedies to use. For example, for the common cold she wore a compress under her clothes. Once her schoolmates noticed the compress and teased her relentlessly. She was ostracized for having different medical/spiritual practices.

Improving Cultural Communication

After hearing these stories, I decided to find out what the hospitals in Boston are doing to improve intercultural communication. I visited MGH's Family Learning Center and I found out they were planning the first hospital-wide training in this area. The director of the center, Taryn Pittman, mentioned that she had just come from a cultural competency training for health care professionals in Seattle. She was modeling the training at

MGH after the Seattle model, called Cross Cultural Health Care Program (CCHCP), Taryn explained that one valuable piece of the training was the sharing of "cultural bumps."

Cultural Bumps

A cultural bump is an occurrence when an individual finds himself or herself in a situation (that is) different, strange, or uncomfortable when interacting with persons of a different culture. This phenomenon



results from a difference in the way people from one culture behave from people in another culture (Archer, 1986). Taryn shared her own example of a cultural bump when she worked as a naval officer aboard an all-male ship. For several months at sea she was the only woman. She said this was one of the most terrifying tasks she ever had to face in her life. "Cultural Competency involves recognition and respect for differences among patients in terms of their values, expectations, and experiences with healthcare, while at the same time recognizing the culture-based practices and dictates of organized

medicine, and the values, expectations, and experiences of the providers who practice it" (CCHCP's Cultural Competency Curriculum, 1999). Taryn's training was designed to help doctors and other health care professionals become aware of their own cultural identity and then to slowly move toward understanding others. She emphasized that the process of cultural competency starts and navigates from a greater sense of self awareness. After this visit, I understood the stories that I heard at Centro Latino to represent cultural bumps, or in the worst-case scenarios, cultural clashes. At the end of the year, I presented a workshop, "Cultural Clashes in the Health Care System," at the Statewide Health conference. After my workshop ended a woman came up to me and said that her daughter was a 15-year-old nurses' aide in a local hospital outside of Boston. Her daughter was asked to translate, in high school Spanish, the procedure for a kidney

transplant to a young Spanish-speaking woman whose surgery was due the next day. I found it hard to believe that a hospital so near to Boston would not be able to find a qualified Spanish-speaking interpreter at any time of the day. At the same workshop a Chinese woman spoke of the terror and vulnerability she felt when she went to a hospital in Boston not knowing one word of English. These stories call out to our community of ESOL for support and awareness on how destructive cultural incompetence is both on an individual and institu-

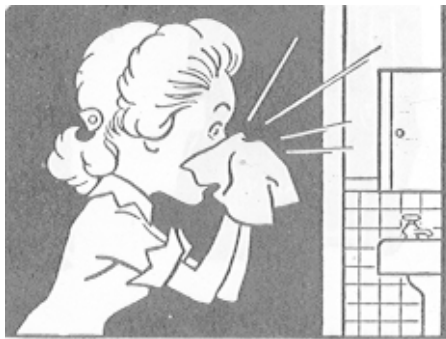
Why Teach Health?

by Alisa Vlahakis Povenmire and Marcia Drew Hohn

Twelve percent of people who participated in the now-famous 1992 National Adult Literacy Survey reported having physical, mental, or other health conditions that kept them from participating fully in work or other activities. Of these individuals, approximately 75 percent scored in the two lowest literacy levels (NALS, 1992). The implications of this finding are staggering. Most of the information we get about health is in written form, and it is written at the 10+ reading level. Therefore, the population that needs health education the most is least likely to benefit from the majority of health education efforts.

Even more dramatic is the increasing evidence that higher education levels lead to longer, healthier lives overall. In one study, researchers found that as less educated adults age, they are increasingly more likely to be depressed than adults with more education—perhaps because adults with lower education have more health problems (Miech and Shanahan, 2000). Another study indicates that less educated people show more signs of physiological wear and tear than those who are more educated. The results of this study suggest a direct relationship among socioeconomic status (as measured by education level), psychological factors, and health (Kubzansky, et al, 1999). Most recently, the National Policy Association and the Academy

for Health Services Research and Health Policy collaborated to produce a book based on its landmark research: *Income, Socioeconomic Status and Health: Exploring the Relationships*. Through this newly published book, researchers intend draw scientific conclusions about the social determinants of health to the attention of U.S. public and pri-



vate policymakers. The book's authors cite income inequality and socioeconomic status as the principal factors affecting health in the United States today (*US Newswire*, 2001).

Students in Adult Basic Education (ABE) and English for Speakers of Other Languages (ESOL) classes have limited access to understandable health information. And it's no secret that adult learners often miss school because of personal and family health problems. Adult education programs can begin to address the health information and communication gap by offering health education that is relevant, understandable, and interactive, in a comfortable and safe environment.

Students Define Problems

A participatory action research study by Hohn (1998) documented what ABE and ESOL students perceive are the problems with health education among limited literacy individuals and groups. While ABE and ESOL students agreed that easy-to-read materials are essential, they said that there is too much reliance on written materials and that difficult materials are only the tip of the iceberg. Much more important is the provision of a psychologically safe environment in which to learn about health—an environment that also helps people connect health education with everyday life. Adult learners want to know: “What does this health information mean for me as an individual, for my family, friends, neighbors, coworkers, and people in my other social networks?”

ABE and ESOL students also observed that too many community health educators do not understand how to work with limited literacy groups. Such health educators talk too fast, make too many assumptions about what people know, and retreat behind scientific jargon and statistics. Adult learners noted that limited literacy groups, especially those from other countries, cultures, and traditions, may not understand concepts of prevention and early detection, and that they may not know that access to community health services is both a right and responsibility in the United States. Such groups may

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Why Teach Health?

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also fear discrimination in accessing community prevention, screening, and health services, especially when they do not have health insurance (which is often the case) or may be limited in the English they speak.

Students Define Benefits

Students in the participatory action research study (Hohn, 1998) affirmed that health is an important topic to them and that ABE and ESOL programs are a good place to learn about health. ABE and ESOL programs, they said, provide a supportive environment to develop understanding of the information and time to relate the information to everyday life so that it is seen as useful and meaningful. Having a choice about the health areas to explore was also very important to students. Students generally perceived health broadly to include such issues as street safety, housing conditions, the stress of immigrant life, as well as diet and exercise and prevention/early detection of disease. They enjoyed a “learning together” approach with teachers and community educators, which eased the burden and oppression of reliance on “expert knowledge.” Students recognized that health topics also facilitate and motivate literacy learning. One student reported that when she realized that *what* she said was more important than *how perfectly* she said it, she was “released” from the fear of speaking “not so perfect” English. Teachers reported an intense engagement in conversation about health topics that enhanced speaking, listening, reading, and writing activities. The classroom became a social “open”

space to talk about health, not only for the students but for the teachers and other staff. Having peers from their program teach about health was especially important to students.

Students also took action. They shared information with families and friends, used community resources for prevention and early detection, and supported each other in accessing health care services. An evaluation study of learners’ perceptions of integrated literacy and health researched by Whiton and Zahner and documented by Rudd (1994) had similar findings but found a number of other vital outcomes. This evaluation study found that students perceived that they had developed skills useful in understanding and communicating in a medical setting, which supported them in making changes in personal health behaviors that promoted a new sense of self.

Student Leadership Development

Time and again we hear the accounts of students who, before studying health, were quiet and reserved in class. But when faced with the opportunity to learn and teach about health, these same students become outspoken and eloquent, designing and presenting workshops, skits, and brochures, and leading community meetings. One woman (a Spanish-speaking GED student) said, exhilarated, after teaching her first CPR class (in English!), “I have never done anything like that in my life!”

Conclusions

Literacy and health integrated education is more than simply an-

other content area for instruction. And health education is more than simply reaching people with a particular health message or fact. Information is only one piece of an education process that needs to include community context, participation, and support. In ABE and ESOL programs, there is time and potential for an environment conducive to participatory process. Learners and staff can work together with community health educators to design and implement health teaching and learning programs. Allied with continuing efforts within public health and health care systems, ABE and ESOL programs can broaden access to health education, promotion, and care, and reduce disparities in the health status of limited literacy groups.

Notes

Hohn, M. (1998). *Empowerment health education in adult literacy*. Washington DC: National Institute for Literacy.

Kubzansky, L., Kawachi, I., Sparrow, D. (1999). “Socioeconomic status, hostility, and risk factor clustering in the Normative Aging Study: Any help from the concept of allostatoic load.” *Annals of Behavioral Medicine*, 21:4.

Miech, R. & Shanahan, M. (2000). “Socioeconomic status and depression over the life course.” *Journal of Health and Social Behavior*, 41:2.

Rudd, R. (1994). *Learners’ perceptions of the benefits of integrated health and literacy*. Unpublished evaluation study for World Education, Boston.

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Health Now! Massachusetts – A Campaign for Health Care Coverage

By Catherine Anderson

Who can afford to get sick without health insurance? A doctor's visit can cost as much as \$60, laboratory tests over \$100, and prescription medications can run higher than a month's rent in Boston. Across Massachusetts over 400,000 working adults still do not have health care coverage. Their employers either do not offer health insurance or the premiums are unaffordable. They don't qualify for Medicaid and are dependent on free care, which often doesn't cover many necessary medical expenses. Ironically, many uninsured adults who can't afford care for themselves work in caregiving professions as adult educators, home health aides, foster parents, daycare workers, or in human services.

The majority of uninsured workers are people of color. African Americans are twice as likely to be uninsured and Latinos are three times as likely as white workers. Uninsured people are more than three times as likely to go without needed doctor's visits, without needed prescriptions, and without follow-up care and medical treatments. The following letter addressed to Health Care For All, a statewide health care advocacy organization, tells a sadly familiar story: *I am a single waitress and have been for 19 years. I am not insured... Two years ago I looked into a health plan that sounded good and was one I could afford. But, before I could join, I had to have a physical. I had*

all my tests with good results except my mammogram showed a large mass in my right breast. I needed surgery right away. Thank God, the hospital paid for my stay, but it did not pay for my surgeon or other doctors or prescriptions... All I can hope for now is that a health plan will come through for all working people like myself who work hard



every day just to make ends meet. We seem to be the ones that fall through the system; not quite poor enough yet not wealthy enough either. Staying healthy is our only means to survive and having a health care plan we can afford can keep us that way. B., West Roxbury.

Funding for Health Care

For years, policymakers and political activists have grasped for a solution to the illusive problem of funding universal health care. The ten-pound, 1,000-page Clinton plan of 1993 was doomed from the beginning by its very complexity. Activists who call for a Canadian health care system are correct in theory, but attempts to pass Cana-

dian-style health care in the U.S. have not fared well. The crisis remains: hundreds of thousands of people live in fear of becoming ill; hundreds of thousands who do become ill cannot afford appropriate treatment or medications because they are uninsured. And the looming, ever-present question of *how do we pay for health care* threatens to kill any positive move toward universal coverage. Health Care For All, the American Cancer Society, and the Massachusetts Medical Coalition filed a bill this past December that offers a practical strategy for expanding health care coverage to the uninsured by raising the tobacco excise tax by 50 cents. Revenues from the tax would go to health programs to cover 75,000 of the uninsured; provide new funding for community health outreach workers in low-income communities and smoking cessation treatment programs; and stabilizing the free care pool, the health care provider of last resort. The campaign to pass the bill Health Now! Massachusetts also promotes tobacco cessation, the leading cause of lung cancer and other cancer-related deaths devastating communities across the state. The tobacco tax solution was successful in 1996 when Health Care For All and coalition participants passed the landmark Chapter 203 to expand health access to children and seniors. At that time, a 25 cent increase was passed, making it pos-

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Health Now!...

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sible to pay for health care expansions. Today, a health care program exists for every child in the state, and Massachusetts has the lowest number of uninsured children in the country. Health care advocates realize that ultimately, cigarette taxes are not the best financing source for health care programs. As smoking declines (an outcome all health advocates are striving to accomplish), tax revenues decrease, and new campaigns to pay for health care will have to be designed. The goal of Health Now! Massachusetts is more fundamental and far-reaching; Health Now! Massachusetts develops active participants who have a lifetime stake in guaranteeing the success of health care programs they have worked to create. Monitoring the implementation of legislation, publicizing new health care programs, conducting outreach and enrollment, and offering improvements to programs are all essential to effective public policy advocacy. Health Now! Massachusetts lays the foundation for a permanent solution to the inequities in health care, and takes an important step in the movement for health care justice. Within time, universal health care may be a reality.

Catherine Anderson, who has taught ESOL for many years around Boston, is the deputy director of planning and development at Health Care For All, where she tries to keep the "fun" in fundraising. She can be reached at <canderson@hcfama.org>.

Student Action Health Team

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Why We Do It This Way

Drama is a good way to teach about health because it's easier for ESOL students to understand, it's fun, and it's a safe way to approach hard health topics, like cancer and violence. We use multiple sessions (two-to-three sessions) because there needs to be time to ask questions and discuss information and its relationship to your own life. We use small groups because it gives students a chance to talk; it relates the health topic to students real-life experience; it gives students a chance to practice new vocabulary and participate in discussion. We teach acupressure, stretching, and self massage because it is important to learn something new; it is important to do something physical. We ask the teachers to cooperate by going over new vocabulary words before we come in. (We reinforce this by having each new vocabulary word on brightly colored poster board when we come to each of the classes.) Doing follow-up activities in class about the health topic is important. For example, the ESOL I teachers had the students cut out magazine pictures about stress and create collages.

Reducing Stress

We thought our stress program was very successful because stress is a common health problem; everyone had a stress story and different cultural methods for relieving stress; it is important to know how to relieve stress in simple ways. Also, students asked us to repeat our presentations about stress and how to



relieve it; and students asked about resources for walking, swimming, counseling, mediation, gyms, and yoga classes. Students also asked where they could get information about other health topics. This year we have three new members whom we will be mentoring. The Bootstrap students are in the process of selecting this year's health topic. We look forward to developing a teaching and learning program about this new health topic. We also are looking forward to working with the Bootstrap teachers on "Learning to Learn About Health." Also, we have fun working as a team; we are friends with each other, and we explain words and help each other.

Announcing the Health & Literacy Special Collection

www.worlded.org/us/health/lincs

by Julie McKinney

Welcome to the Health & Literacy Special Collection, a one-stop gateway to health information and resources for adult education practitioners. This Web site is for teachers, tutors, students, and administrators who are interested in using health as a content area for literacy education. From this site you can find:

- Health curricula for literacy and ESOL classes
- Guides for incorporating health into literacy education
- Readers, stories, and brochures that provide basic health information in simple language, or in languages other than English
- Information about the link between literacy and health status
- Links to organizations dedicated to health and literacy education

The Health & Literacy Special Collection is part of the Literacy Information and Communication (LINCS) program of the National Institute for Literacy (NIFL). The LINCS program is a national effort to provide widespread Web-based access to information needed by adult literacy practitioners. The Health & Literacy Special Collection is one of ten collections of resources relating to specific content areas within literacy education.

World Education is maintaining the Health & Literacy Collection, and we are looking for input from the field. This collection is still in a beginning stage, and there is a lot of flexibility in its development. This means that your input will count. The most important goal is that it be easy-to-use and helpful in a practical way for you, the literacy practitioners in the field. So we would very much like to hear your feedback, recommendations, and ideas about the Web site and the materials it includes. Log on to the Health & Literacy Special Collection site <www.worlded.org/us/health/lincs>.

- What do you think about the organization of the site itself?
- How easy is it to use?
- Can you find information quickly?
- Are there high-quality useful materials on the site?
- Could a learner find useful information?
- Could you use this site in a class?
- What changes would make it easier to navigate?
- As an adult literacy practitioner, what are your needs for health information?
- What specific resources do you need in order to address health issues in your classroom?
- Do you know of any exceptional health materials that we could include in the collection?

FREE Gift!

If you contact us with feedback on the Health & Literacy Special Collection, we will send you a copy of our new publication:

Culture, Health and Literacy:
A Guide to Health Education Materials
for Adults with Limited English Literacy
Skills.

This is your chance to recommend materials that make you think "Wow! this is so good, every teacher should know about it!" The materials can be Web sites, curricula, stories, booklets, videos, or any other format. They must be health-related and appropriate for low-literacy adults, or adults whose primary language is not English. We are especially interested in learner-generated materials and curricula developed by adult education programs. Materials from other states are also high priorities. We thank you for any feedback you can provide and sincerely hope that you find the Health & Literacy Special Collection a valuable resource.

Julie McKinney, World Education, (617) 482-9485, <jmckinney@worlded.org>

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tional level. In the U.S. we have medical treatment and preventative care far ahead of most other countries in the world. However, in Massachusetts, many immigrants and refugees are given substandard care because their health care provider is unable to communicate with them. Many times, family members may act as interpreters of highly specialized information and children used as interpreters are thrown into the role of adults way before their time. Cultural values are inherent in our beliefs around health. As adult literacy practitioners, we need to educate ourselves about how different cultures view health and illness and how they practice health care so we can be more empathetic and less judgmental in our discussions with our students. Our ESOL training should prepare us, not only to teach language, but to ask questions and probe these issues without perpetrating stereotypes or creating wider gaps between cultures.

Notes

Archer, C. (1986). "Culture bump and beyond" in *Culture bound: Bridging the cultural gap in teaching*, Joyce Merrill Valdez, ed. London: Cambridge University Press.

The CCHP curriculum can be found at <www.culture.org/training/overview/cultural/index.html>.

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Health and Literacy Online: A Listserv Worth Visiting

by Lenore Balliro

The health educators who contribute to the NIFL and SABES-sponsored Health and Literacy Listserv are focused on sharing resources, asking relevant questions, and responding to others with similar concerns. ESOL and ABE teachers can benefit from the dialogue that takes place within this varied group of respondents.

When I easily accessed the archives for this listserv, I found postings by health and literacy professionals, public health workers, state health agency representatives, small publishers, for-profit education companies, and ESOL and ABE teachers. Topics were varied and absorbing. For example, a lengthy strand discussed readability of health and literacy materials; this strand led to suggestions for low-level health materials from a wide variety of sources alternative to commercially published books. The Health and Literacy Listserv is the place to hear about special grant-funded projects on health education, what those projects produced, and how to get them (often for free). It's the place to find out about state or federal health materials published in a number of languages. Regular updates on federal health reports, discussions about immunization compliance, and reproductive health issues represent additional topics.

The archives are organized by author, date, or thread (topic). You can also do a search by keyword. So,

To subscribe to the Health and Literacy Listserv, go to www.nifl.gov/lincs/index.html. Click on Discussions on top of the page, choose "subscribe" on the left, and follow the instructions for subscribing to health. To access the archives, go to www.nifl.gov/lincs/discussions/nifl-health/health_literacy.html and click on the year you want.

if you wanted to see if anyone has been discussing, say, lead poisoning, homeopathy, or nutrition, you can type in the topic, see what comes up, and follow the thread. If you don't see your topic represented, you might consider joining this listserv, even if it's only for a limited time. As a subscriber, you can pose your questions to the list and get the benefit of a response. You can always unsubscribe at any time if, like me, you feel overwhelmed by the number of messages coming in on your email every day. If you don't want to subscribe, you can still get to the archives (see instructions above).

Lenore Balliro is the editor of Field Notes. She can be reached at <lballiro@worlded.org>.



The Last Scooter: Handling Holiday Stress

by Susanne Campagna

As this past holiday season approached, the stress level among students and staff at the Read/Write/Now Adult Learning Center in Springfield appeared to be on the rise. Shortly before Thanksgiving, the health team at Read/Write/Now was asked to present some ideas and solutions to handling “holiday stress.” The members of the Health Team were eager to take on the challenge.

Talking About Stress

First, the health team and I talked about stress and the reasons why people felt stressed out during this time of year. Everyone had something to say. Thoughts and ideas ranged from the obvious—financial burden, over-indulgence with food, alcohol, and spending, shopping, crowds, and family pressure—to the more obscure—allergies to pine, cold weather, and transportation problems. We all agreed there were many reasons why people felt stressed out during this “hap-hap-hap happiest season of all.” Next, we talked about what could be done to help ease the pressure and help folks relax a little bit more. Our solution to this problem took on three different forms: we developed and performed a social action theater skit, we conducted a Web

search on ways to relieve holiday stress and presented the results, and we arranged for a yoga instructor to visit the classes to teach some simple breathing and relaxation techniques.

The Last Scooter

Our skit, “The Last Scooter,” revolves around a shopper trying to get to the toy store before all the scooters are sold out. In the skit, the

shopper talks incessantly about getting that scooter at the 50 per cent discount price. She and her friend get stuck in a stalled elevator with a claustrophobic woman. A heated discussion takes place between this woman and the shopper, and the shopper’s friend tries to keep the peace by encouraging the other to breathe deeply and stop arguing. When the elevator begins to move and the doors open, the frantic shopper and her friend head to the toy store. When they approach a rude salesclerk for help, she tells them to wait their turn in line, and they are again delayed. When the salesclerk finally offers her help, the shopper is informed that the last scooter has just been sold. The shopper and her friend turn to see the claustrophobic woman from the elevator walking out of the store with the last scooter. The scene ends and the actors stay in character to answer questions from the audience about the skit. Many of the students could relate to this scene and a good discussion followed.



Marguerite Smith, Susie Adams, Shelda Speights and Sarah Lockett of Read/Write/Now

shopper talks incessantly about getting that scooter at the 50 per cent discount price. She and her friend get stuck in a stalled elevator with a claustrophobic woman. A heated discussion takes place between this woman and the shopper, and the shopper’s friend tries to keep the peace by encouraging the other to breathe deeply and stop arguing.

When the elevator begins to move and the doors open, the frantic shopper and her friend head to the toy store. When they approach a rude salesclerk for help, she tells

Web Search

Our Web search began with a visit to the Web site <www.onhealth.com>. This is a very user-friendly site that provides health information from the key words you type in the search box. We typed in “holiday stress” and found some of the articles useful, especially “Holiday Survival Strategies.”

The Health Team members talked to the classes about ways to make the holidays more enjoyable and less stressful. Their suggestions included:

- ◆ Spending time with people you care most about
- ◆ Exercising to relieve stress
- ◆ Taking a holiday from your routine
- ◆ Avoiding alcohol
- ◆ Cutting out sugar
- ◆ Meditating
- ◆ Limiting gift giving

The Last Scooter...

Continued from page 11

- ◆ Giving thanks for all you do have
- ◆ Starting new traditions
- ◆ Yoga

The last activity on the topic of holiday stress included a presentation by two yoga instructors from the Heartsong Yoga Center in East Longmeadow, Massachusetts. Both students and staff participated in a 45-minute mini-yoga session. We learned some yogic breathing exercises and a few yoga techniques to aid in relaxation and stress reduction. The exercise movements were called the “tree,” “half-moon,” and “mountain.”

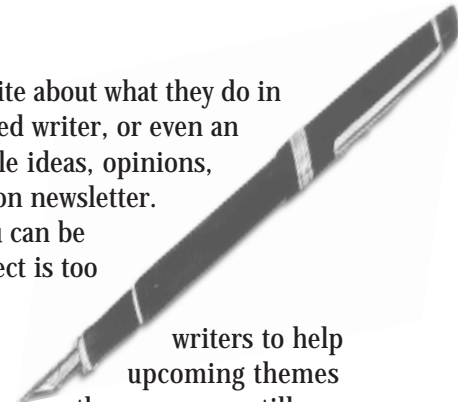
After presentations in both the day and evening classes, the Health Team congratulated themselves on another job well done. If you are interested in seeing some pictures and hearing a clip from the skit, visit our web site at <www.readwritenow.org>, click on class pages, and then click on health team. Best wishes for a happy and “stress-free” new year!

Susanne Campagna has been an adult basic education teacher at the Read/Write/Now program in Springfield, Massachusetts, for the past eight years. She has been the Health Team facilitator for five years, where she has overseen the production of two health video projects and the publication of several health brochures. She can be reached at <susannedc23@yahoo.com>.

Writers Wanted

Field Notes is looking for teachers to write about what they do in the classroom. You don't have to be a published writer, or even an experienced writer, to contribute your valuable ideas, opinions, and skills to the statewide adult basic education newsletter. You can be serious, you can be irreverent, you can be funny. You can write anonymously if the subject is too sensitive to disclose your name in print.

As editor, I am also willing to work with shape and revise a draft. Take a look at the on page 21. If your idea doesn't fit into any consider it for publication. Mail Lenore Balliro with your ideas at <lballiro@worlded.org>.



writers to help
upcoming themes
theme, we can still

Toot Your Own Horn

Do you have an announcement about an upcoming event or a special conference relating to adult basic education? Do you have a gripe, a strong opinion, a response to something you have read in *Field Notes*? Has your program won a special award, published a booklet, or otherwise accomplished something newsworthy? Please send any or all of these things in for publication in *Field Notes*. We want to spread the word.

Tools for the Classroom: Thinking About Health

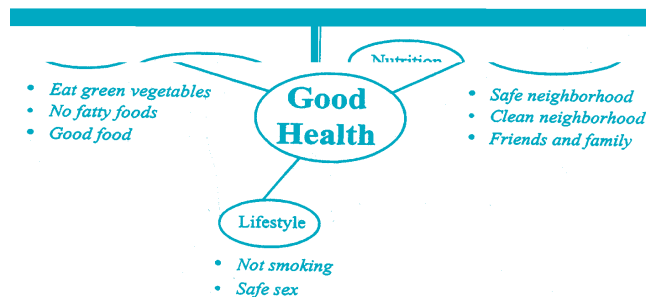
HEAL :BCC Curriculum, World Education, and the Centers for Disease Control and Prevention

Objectives:

1. To explore the ways learners think about health
2. To set a tone of sharing and trust among learners in anticipation of the difficulties in talking about difficult health topics.

Step by Step:

1. Invite your students to think about the following question: What is good health?
2. Ask students to share their answers. Write their responses in a cluster diagram on a large piece of newsprint.



3. Extend the discussion by asking clarifying questions. For example, if someone says good health is eating good foods, ask: What kinds of foods? Why?
4. Cluster similar responses on the diagram to create categories that students can identify at the end of the lesson.
5. Review the diagram. Ask students to talk about what is similar about the ideas in each group. Ex: examples of categories are: personal habits/lifestyle (eating, sleeping, safe sex); nutrition (good food, fruits, vegetables); professional services (visit to the doctor, getting a mammogram); spiritual (go to church, pray); community (clean environment).
6. Follow Up: Students can copy the diagram into a “good health” journal and use the information for future writing assignments.

HEAL:BCC provides adult learning centers and teacher with materials and support to combine health and literacy education in the classroom. The above activity is taken from the *HEAL:BCC Curriculum* and is one of many activities designed to support teachers in their primary goal of helping learners improve their basic skills while exploring the topics of breast and cervical cancer. Over the past three years, World Education has piloted the project with nine adult learning centers in three states. We are now partnering with an additional 16 adult learning centers in four states to replicate and evaluate the model. The evaluation will look at integrating health content into adult education classes and will examine institutional change, classroom activity, learning (learners' knowledge, attitudes, and efficacy), and behavior change, including early detection and screening for breast and cervical cancer.

For more information, contact Sabrina Kurtz-Rossi at (617) 482-9485 or at <skurtz@worlded.org>.

Teachers' Concerns About Incorporating Health into Adult Education

Taken from *Ideas in Action: Discussion Guide for Adult Basic Education and Literacy Instructors, Health Educators, and Others*, by Joan LaMachia and Elizabeth Morrish*

- ◆ How can we feel prepared for the feelings and issues that may come up when addressing difficult and sensitive topics in the classroom?
 - ◆ Need to address own fears and anxieties first.
 - ◆ Identify support for ourselves and learners specific to the topic (e.g., hotlines, community centers, religious organizations, etc.).
 - ◆ Remember as teachers, we are not counselors. It's important to get the support we need.

- ◆ Not having a background in health education, there may be times when we feel unsure, overwhelmed, or not sufficiently informed teaching certain health issues.
 - ◆ Work with health educator/counselor.
 - ◆ Identify and include money in advance for these partnerships with health professionals.
 - ◆ Use students as resources for one another.
 - ◆ Bring in speakers.

- ◆ We don't know enough about our students' cultures and their attitudes to health.
 - ◆ Incorporate learning about one another's culture into lessons (interview one another, write stories).
 - ◆ From valuing a learner's past will come trust and willingness to share information.
 - ◆ Have learners evaluate materials in terms of appropriateness to their cultures.

- ◆ Our students come to learn English, get their GED, for skills training, etc.—they don't want to learn about health.
 - ◆ Learning English can include health topics such as filling in medical forms, talking to doctors, understanding immunizations, etc.
 - ◆ GED tests are primarily based on reading, understanding, and interpreting information; so is negotiating health care.
 - ◆ Skills training can include workplace safety, health insurance, and environmental issues.

- ◆ We don't have enough time.
 - ◆ This teaching does take more time; build in time in scheduling work and writing grant proposals for planning meetings with learners and health educators.
 - ◆ Build in time and money to work in partnership with people from other agencies—speakers, nurses, health educators.

*See Resources on page 22 for full citation.



Crafting a New ABE Curriculum Framework for Health Education

by Alisa Vlahakis Povenmire

In October 2000, the Massachusetts Department of Education granted funds to Northeast SABES to facilitate the revision of the 1995 ABE Health Curriculum Framework.

The Challenge: Revision of the Health Curriculum Framework

Reflections of adults who have participated in health education classes illustrate the power of health content to motivate and energize students. For example, one student, quoted in the 1995 Massachusetts ABE Health Curriculum Framework, stated: *When I wanted to learn and came to school, my mind and body were not ready—I was depressed, I was in an abusive situation—but I was lucky to receive health education at school. My whole life changed. I'm in control now. Also, I want to help other students who are the same as I was before.*

Feedback like this regarding health education is abundant and should be enough to convince any student, teacher, or administrator that health education is vital. But the challenge of crafting a health education program can inhibit the most well-intentioned practitioners. The scope of health topics is overwhelming and oftentimes teachers and students can be intimidated by the personal, sensi-

tive, scientific, and emotional nature of health education. The “depth dilemma” is a familiar one in all aspects of ABE, but this question of how much exploration is enough is particularly poignant in health education. Investigation of ABE curricula across the state of Massachusetts reveals that most teachers include some health education in their classrooms—especially in ESOL classes where teaching vocabulary concerning the human body and doctor’s visits is a common practice. While these lessons are an important beginning, the revised ABE Health Curriculum Framework will provide guidance to programs and teachers in transitioning to more purposeful development of transferable life skills, habits, and conceptual understandings.

Who’s Involved

Marcia Hohn, coordinator of the Northeast SABES region and a nationally-recognized expert in health and literacy issues, has been particularly interested in promoting the ways in which health education galvanizes adult learning and leadership development. In collaboration with Northeast SABES office staff who are experienced in curriculum development and health education, she received the DOE grant to revise the ABE Health Curriculum Framework. Alisa Povenmire and Jeri Bayer of North-

east SABES serve as coordinators for the revision, while Marcia works in an advisory and support role.

The revision began in October 2000 with the recruitment and hiring of a statewide team of ABE practitioners with varying levels of health education and curriculum development experience. Team members include Lynne Paju, Sherry Russell, Shameem Selimuddin, and Widi Sumaryono from Western Massachusetts; Shannon Carroll, Beverly Hobbs, and Kathleen McKee from Central Massachusetts; Judith Dickerman-Nelson, Dot Gulardo, and Andrea O’Brien from Northeastern Massachusetts. The team’s work includes reviewing and analyzing current standards documents, reviewing health curricula, and documenting their own health education practices.

The Making of a Framework

The 1995 draft of the ABE Health Curriculum Framework is a succinct and easy-to-read document. The Health Curriculum Framework Revision Team aims to retain these qualities, while crafting an updated document that will serve as a strong curriculum development

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Crafting...

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guide, aligned with the other content frameworks. The goal of the Revision Team is to produce a document that will

- ◆ be accessible and realistic for teachers;
- ◆ encourage teachers to address health content in the classroom; and
- ◆ illustrate how to address health education goals simultaneously with other language, literacy, or life goals.

EFF and the Health Framework

Equipped for the Future (EFF) is the national adult education standards initiative that organizes its curriculum development guide according to the life roles of adults. The ABE Curriculum Frameworks are designed as a sort of bridge between the role-oriented EFF and the Massachusetts K-12 content-focused Curriculum Frameworks.

The current thinking in the ABE Health Curriculum Framework Revision Team is that adult life roles—family member, community member, worker—might be appropriate organizing strands for health content, with the critical addition of the “self” role. Adult learners express health concerns from each of their roles, regularly placing concern for or interest in the health of family members or friends over concern for themselves. The skills gained through learning about or advocating for health are transferable across roles, and here again is where EFF might come in handy for organizing the Health Framework. EFF identifies learning standards within the skills categories of communication, decision-making, in-

terpersonal learning, and lifelong learning, all of which are critical to health education.

The Big Picture

Another part of the research for the revision is interviewing key people within health education, adult education advocacy, and education standards arenas. It is our hope to incorporate the national, political, and public health perspectives into the Health Framework document so that ABE teachers and administrators will understand the wider implications of their health education efforts.

Big Questions

The Revision Team has identified some key questions to explore during the revision process and to address in the final Health Curriculum Framework document:

1. Does it matter how you teach health? *How you teach is as important as what you teach.* In health education this seems to be particularly true. There is a quantum difference between a health lesson that requires the memorization of body parts and a health lesson that requires students to develop educational brochures, teach their peers, and distribute the brochures in the community. In the first case, the learning, although essential, is passive. In the latter example, the learning becomes holistic, integrating creativity, technology, written and verbal communication, and action. In either case, the information to be learned is crucial to the well-being of the student. The Health Curriculum Framework will illustrate a spectrum of health education integration while highlighting student involvement in the curriculum development process.

2. What does health mean?

What does it mean to be “healthy”? The definitions and perspectives on “health” are diverse and often contradictory. For instance, a person with chronic illness might emotionally and psychologically have a very “healthy” outlook and lifestyle. Another person whose body is “healthy” might have very damaging habits or self-concepts.

3. What is the purpose of health education? Should health education serve to provide knowledge, offer choices, or change behavior? In the current climate of Education Reform, when assessment is of increasing importance, what outcomes should we expect from health education?

4. How much health education is enough? Teachers worry that with the variety of goals expressed by adult learners, there isn’t enough time to address health goals as well. GED, workplace, and English language needs often take precedent over personal health education needs.

Next Steps

If you are interested in any aspect of the ABE Health Curriculum Framework Revision, which involves giving feedback on the current draft and field testing the document, please contact Alisa Vlahakis Povenmire at (978) 738-7304.

Alisa Vlahakis Povenmire has worked in the ABE field as an ABE/ESOL teacher, health educator, trainer/facilitator, and professional development coordinator since 1995. She can be reached at <avlahakis@aol.com>.



State of the State

by Marcia Hohn

Literacy and health work in Massachusetts has a long and varied history. It began formally in 1991 when representatives from the Health Promotion Council in Philadelphia came to the Adult Literacy Resource Institute (ALRI) in Boston to discuss their plans for working with limited literacy adults who had chronic health conditions such as high blood pressure and diabetes. This meeting brought together a group of adult literacy and health education practitioners who were concerned about the mismatch between health education efforts and needs of limited literacy adults. The group formalized itself into the Massachusetts Health Team in 1993. It met regularly at World Education in Boston and worked on the development of a mission and vision for the future. Drawing on the work of such thinkers as Wallerstein and Szudy (1998) in workplace health and safety, Rudd and Comings (1994) in learner-generated health materials, and empowerment advocates Roberston and Minkler (1994), they developed the following mission and vision statement:

Health Team

The Massachusetts Health Education team is a group of health educators and adult literacy practitioners in Massachusetts. Its goal is to promote the health of learners and teachers through health education activities in adult literacy programs. We understand health to include physical, emotional, and

spiritual aspects, and that a healthy life is defined individually and culturally. We intend to support individuals, family, and community/environmental well-being through facilitating ways for learners and teachers to evaluate current health choices, make informed decisions, and create new options. This includes decisions concerning prevention and access to health care. We understand that our goal may also involve advocacy for policy and other social changes at the state, regional, and local levels.

Comprehensive Health Education Projects

This statement of beliefs and purposes has been the touchstone for the literacy and health work throughout the decade. It provided the foundation for the Comprehensive Health Education Projects (CHEP) that began in 1994 under tobacco tax dollars and continue today under general adult basic education funds. The CHEP projects have promoted the participatory approach to health education where the needs and interests of the participating students are paramount and student leadership of the projects is supported and facilitated. The empowerment approach also guided the development of Project HEAL (Health Education in Adult Literacy) that focused on early detection of breast and cervical cancer. HEAL continues today in New England and across the country under funding from the Centers for Disease Control and prevention.

Health Education in ABE: A Short History

Toward the middle of the decade, awareness of literacy problems for many adults in health care settings grew rapidly. Many articles began appearing in health journals about the extent of limited literacy in the United States and the lack of appropriate materials for patient education. An important research study was undertaken at Atlanta General Hospital that measured the extent to which patients understood medication instructions, discharge instructions, forms, appointment schedules, and related materials and found huge gaps in understanding that could cause serious medical consequences.

Health care professionals became increasingly interested in working with adult literacy to begin addressing these problems. The National Institute for Literacy formed the Cancer Working Group, established a national Health and Literacy Listserv, and cosponsored a conference on literacy and health at Tufts University called "Ideas in Action" developed through and with World Education. Pfizer Corporation began sponsoring annual national meetings on Health Literacy—a term that was emerging in the health care world—and provided grants to develop innovative new approaches to developing health literacy. Public health conferences began focusing on literacy in such national and international conferences as "Culture, Cancer and Lit-

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State of the State...

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eracy” and the Canadian “Health and Literacy in the New Millennium.”

Back in Massachusetts, the CHEP projects continued. Most projects formed partnerships with community health agencies but the focus and processes were primarily student identified and led. Innovative programs flourished across the state, using drama, social action theater, art, and student-generated brochures for teaching and learning on a range of health issues. These issues included immigration-related stress, child street safety, disease prevention, and wellness topics like diet and exercise. Health content promoted literacy learning, and students developed as peer teachers and program leaders. SABES/World Education developed several trainings on integrating health that increased program capacity to undertake the work.

Project HEAL continued to work in both Massachusetts and nationally through World Education, who also developed a New England-wide Women and Violence project about the effects of violence on literacy learning. This work was funded by the National Institute for Literacy (NIFL) and the Metropolitan Life Foundation. World Education simultaneously developed a compendium of low literacy materials and developed a health and literacy Web site, both of which could be accessed nationally. All the projects were promoted through conference presentations, articles, and reports. Massachusetts emerged as a national leader in health and literacy education

Toward the end of the decade, Adult and Community Learning Services (ACLS) made a major commitment to literacy and health work by funding health projects under general adult basic education funds. However, other priorities (curriculum frameworks, integrating technology) began to erode the emphasis on the participatory approach, and the curriculum piece became more teacher-centered. Moreover, the refunding in 2000 produced a disappointing 13 final health projects as programs had to make hard choices among competing priorities within the scope of their total funding, and several had to drop their proposed health program.

Looking Ahead

Many challenges face us in the literacy and health work as we begin 2001. We need to find ways to integrate health into programs via the experience of the Comprehensive Health Projects and other literacy and health ventures so that it becomes integral to program development, curriculum development, and technological capacity-building. But we need to do this using the following guidelines:

1. We need to continue with an approach that includes student input and is inclusive of student leaders;
2. We need to continue working with community health resources in meeting common goals for health education;
3. We need to expand the number of ABE programs that are working on integrating health.

To this end, ACLS has agreed to fund ten mini-grants statewide to support the development of special

student-led health projects that relate to curriculum, technology, and/or community planning. These mini-grant projects will be under the joint leadership of SABES and MassAll (the state student leadership organization) who will bring together the mini-grant programs, the CHEP programs, and other student leadership ventures for a joint learning from the work. Simultaneously, the Health Curriculum Framework Team is hard at work on revising the Health Curriculum Framework, drawing on the experience and learning of the last decade. As we move into the new century, we look forward to health as an increasingly permanent presence across programs, to participatory process as the touchstone, and to the continuing development of student leaders who have taught us so well about health.

Notes

Robertson, A., & Minkler, M. (1994). “New health promotion movement: A critical examination.” *Health Education Quarterly*, 21 (3), 296–311.

Rudd, R., & Comings, J. (1994). “Learner developed materials: An empowering product.” *Health Education Quarterly*, 21 (3), 313–327.

Szudy, E., & Arroyo, M. (1994). *The right to understand: Linking literacy to health and safety training*. Berkeley: University of California Press.

Wallerstein, N., & Bernstein, E. (1998). “Empowerment education: Freire’s ideas adapted to health education.” *Health Education Quarterly*, 15 (4), 379–394.

Marcia Drew Hohn, Ed.D., is director of Northeast SABES at Northern Essex Community College. She has been a practitioner, researcher, and advocate for literacy and health work since 1990. She can be reached at <MDREWHOHN@aol.com>.

On the Screen: Women and Violence

by Janet Isserlis

On the Screen is the title of a recently completed fellowship project, sponsored by the National Institute for Literacy (NIFL). Anson Green of San Antonio, Texas, and Janet Isserlis of Literacy Resources, Providence, RI., both worked to address the impacts of violence on adult learning. (An overview of their work appears at <<http://members.aol.com/ansongreen/overview.htm>>. While Janet and Anson approached the same issue, Janet named these specific objectives:

- To provide adult literacy workers and learners opportunities to link research and practice in a study of the prevalence and effects of violence in the lives of adult learners and educators;
- To bridge gaps in understandings between adult education and human services providers;
- To build leadership amongst adult educators and learners in recognizing and building effective strategies to address education related needs and strengths of survivors and victims of violence;
- To place the effects of trauma on learning on the screen of adult literacy learners and teachers so that trauma itself as a barrier to learning can be addressed in ways that lead to improved learning opportunities for women. Key research points include the following:

Learning: Adults must feel safe in their learning environments. Those who teach adults must be fully aware of the reasons adult learners come to learning contexts and of factors impeding or assisting learning (e.g. prior educational experiences, work history, immigration and first language literacy, experiences of trauma).

Practice: We need to assist one another in dealing with issues of trauma in the classroom, and in our own lives. This could include giving one another support and finding the means to cope with disclosures of violence made by learners and colleagues so that barriers to learning related to experiences of trauma can be understood, addressed, and reduced.

Policy: We need a systemic change approach to understanding societal impacts of trauma in order to build systemic responses within adult education, based on the research of Jenny Horsman (see <www.jennyhorsman.com>) to improve practice, and to build real and enduring supports in programs and communities.

Janet's work, in draft form, is online at <www.brown.edu/Department/Swearer_Center/Literacy_Resources/screenpdf.html>. The full report should be available from NIFL within the coming months.

Women, Violence, and Adult Education Resources at World Education

These resources, among many others, are in the traveling library at World Education, 44 Farnsworth Street, Boston, MA 02210. Call Elizabeth Morrish at (617)482-9485 for more information.

Agger, I. (1992). *The Blue Room: Trauma and Testimony Among Refugee Women, a Psycho-social Exploration*. Atlantic Highlands, NJ: Zed Books.

Brandwein, R. ed.(1999). *Battered Women, Children, and Welfare Reform: The Ties That Bind*. Thousand Oaks, CA: Sage Publications.

Copeland, M. & Harris, M.(2000). *Healing the Trauma of Abuse: A Women's Workbook*. Oakland, CA: New Harbinger Publications, Inc.

Herman, J.(1992).*Trauma and recovery*. New York: Basic Books.

Louden, J.(1992).*The Woman's Comfort Book: A Self-nurturing Guide for Restoring Balance in Your Life*. New York: Harper Collins.

Saakvitne, K., & Pearlman, L.A. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: Norton and Co.

Terr, L. (1990). *Too Scared to Cry: Psychic Trauma in Childhood*. New York: Basic Books.

Van der Kolk, B., McFarlane, A., & Weisaeth, L., eds.(1996). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.

Janet Isserlis is project director of Literacy Resources/RI. She's worked with adult learners in the U.S. and Canada since 1980 and has also worked as a teacher educator for the past 10 years. She can be reached at <janet_isslerlis@brown.edu>.

Teaching About Alcoholism in an ABE Class

by Beverly Hobbs

The health educator often walks a tightrope trying to balance her role as educator, nurturer, and professional. When I started working with adults, I began to examine the role of the adult basic education teacher in helping students handle addictions that might affect them or family members.

Thelma Barer-Stein and Carmen Connolly have developed a five-step learning process for adults (Barer-Stein & Connolly, in Barer-Stein & Draper, 1993). I have found the process useful as a structure in developing a curriculum about alcoholism. I have gained my insight about teaching students with addictions through direct experience. I worked as a coordinator of a young parents program for over 10 years and often had to help the teen moms deal with addictions—their own or those of their partners or parents. The teens were usually reluctant to handle the problem or they were in denial about it. When I started working in ABE with adults who were so motivated about the academic side of their lives, I began to do more research on alcoholism and to think about a process for helping someone handle alcohol-related problems.

Step 1: Being Aware

In our health conscious society, we are bombarded with messages to “Just say no.” Kids bring home information from school from anti-drug programs like DARE. These messages may help us develop awareness of health problems, but it is only when these mes-

sages jog something in our comfort zone that the information becomes relevant and motivates us to learn more. At this stage of teaching, health educators might begin by presenting physical evidence of substance abuse through a biology lesson. Examining the function of the liver, for example, could lead to a discussion of cirrhosis and suppression of the immune system. Students are safely distanced emotionally by a biology lesson.

Step 2: Observing

The health educator at this stage wants to keep the learner comfortable enough to progress further. This might be the time for the teacher to present more statistics that lead to further discussions. In an advanced ESOL class, for example, a lively discussion about alcohol in foreign countries ensued after an explanation about Mothers Against Drunk Driving (MADD) and Students Against Destructive Decisions (SADD). GED students can research and write an essay on the effects of alcohol and drug consumption on the unborn child. Teachers can seek out informative videos on the dangers of drinking and driving if they want to discuss these topics.

Step 3: Shall I Try It Out?

At this stage, the learner either claims ownership of the subject or declines that ownership. This is where the health educator’s role becomes less teaching-oriented and more “responsive, supportive, and interacting” (Barer-Stein & Draper, p. 94). This is where a learner who

has a problem with alcohol himself or experiences it in his family must make a decision to deal with this new knowledge in a personal, positive way. He may also remain in denial but still see the problem in the abstract. The student who doesn’t have a problem with alcohol can move forward by using the stimulating data, discussions, and videos from previous classes to research information on the Internet. The person with problems relating to alcohol who does not disclose problems may either cover up the problems and join the group or may be unable to continue.

Step 4: Confronting

At this stage students can perceive the risks and be ready to face the challenges of dealing with such addictions. Those with problems might take a much longer time to internalize the issues or might never leave stage three. At stage four, students are ready for discussions on heavier topics that lead to complex discussions. For example, how do you handle a coworker who creates more work for you while trying to hide his alcohol problem? How does alcohol consumption by parents affect the lives of children? Should package stores and pubs be less visible in a community? What do you think about parents who let their teens have drinking parties at home?

Step Five: Reflective Internalizing

Reflective internalizing involves deliberate effort and com-

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Alcoholism...

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mitment to change. This stage can occur after a person confronts a problem, contradiction, or decision suddenly, but sees the problem as a challenge rather than an obstacle. Not all students reach this step when the topic under discussion is alcohol education. That's OK. The role of the health educator is to impart information in a comfortable, nurturing environment and make the students realize that they are ultimately responsible for the care of their own bodies and commitment to their own health and that of their families.

Student Disclosure

What does a health educator do when a student discloses that he, or a family member, has problems with alcohol, and as a result of what he's learned in ABE class about the topic, is now ready to deal with those problems? The student has obviously made a decision of great personal importance, but most ABE health educators aren't equipped to handle something like this alone. When a health educator introduces potentially difficult subjects in the classroom, she needs strategies for dealing with student responses.

□ Be prepared for disclosure. When you present information on sensitive subjects, it may initiate soul searching and start to make students see themselves or family members in more realistic ways. They feel comfortable with you. Be prepared to have long honest conversations about the possibility of alcohol-related physical and emo-

tional abuse in the home, work-related problems, relationship problems with other family members. If you don't know the answer to questions they ask, try to find out by checking with health professionals or by doing research.

□ Know the names of appropriate counselors in the community you can refer students to. If necessary, try to find a counselor that speaks the same native language as your student.

□ Tell students about Alcoholics Anonymous (AA) and any other support groups in your area. Often students from other countries are unaware of what's available locally and they don't realize that it's often free.

Notes:

Barer-Stein, T. & Draper, J. (1993). *The Craft of Teaching Adults*. Melbourne, FL: Robert E. Krieger Publishing Company

Videos on alcohol abuse:

Drunk and Deadly: A Day on America's Highways (1987). Produced by Niemack Hassett Productions, Pyramid Media <www.pyramidmedia.com>

For other videos on drunk driving, like *Fatal Vision* and *Under the influence: Kids, Ads and Alcohol*, check with your local police station for lending copies.

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Upcoming Issues of Field Notes

We welcome submissions on the topics listed below. Also, if you have anything to highlight: a new book or resource, an upcoming event, or other newsworthy bits, please call Lenore Balliro, editor, or email her at <lballiro@worlded.org>.

Summer 2001 Summer Reading

Share the books you love. Submit a short review on any title that relates to adult basic education. Poetry, history, politics, the sciences "count."

Call or email by: April 1
Submit by: April 15

Fall 2001 Teaching Math & Science

This issue will be practical and as hands on as possible, presenting math and science activities within the latest theoretical frameworks.

Call or email by: June 1
Submit by: June 15

Winter 2002 Managing ABE Programs

This issue will focus on program administration. If you are a program coordinator or teacher and want to share ideas, or if you are a teacher who wants to talk about what makes a good supervisor, now's the time.

Call or email by: Sept. 3
Submit by: Sept. 17

Resources for Teaching Health and Literacy

In Plain Language **and Other Good Resources**

www.hsph.harvard.edu/healthliteracy

This Web site includes an introduction to health literacy studies at the Harvard School of Public Health/NCSALL, a *Powerpoint* overview, an annotated bibliography, a review of the literature, as well as several reports. You will also find innovative materials for low-literacy audiences, curricula, and an annotated link page to other related sites. Additional materials will be put on the Web over time.

In addition, the site offers a preview of a new video, *In Plain Language*. This 15-minute video was developed to promote increased awareness of health literacy issues among researchers and practitioners in medicine and public health. The video can be ordered from the National Center for the Study of Adult Learning and Literacy (NCSALL) for a small mailing fee.

To order the video, contact NCSALL through email at [<ncsall@worlded.org>](mailto:ncsall@worlded.org).

Healthy Workplaces: Massachusetts Coalition for Occupational Safety and Health

MassCOSH, the Massachusetts Coalition for Occupational Safety and Health, offers interactive workshops for a wide range of groups, including adult education programs, ESOL classes, and unions. Topics include worker health and safety rights; what to do about toxic chemicals; indoor air pollution; repetitive strain injuries; other ergonomic problems; and blood-borne pathogens. MassCOSH can help answer your health and safety questions, develop strategies for addressing unsafe work conditions, and link you with medical, legal, technical, and other resources.

MassCOSH also has a library of health and safety curricula, fact sheets, and videos, some for Spanish speakers and some designed with beginning readers in mind.

You can reach the MassCOSH hotline at (617)825-7233.



Books

Beyond the Brochure: Alternative Approaches to Effective Health Communication

AMC Cancer Research Center, 1994
1600 Pierce Street, Denver, CO 80214

Domestic Violence: An ESL Curriculum

International Institute of Boston, 1993. International Institute of Boston, 1 Milk Street, Boston, MA 02109

Ideas in Action: Participatory Health and Literacy Education with Adults

LaMachia, J, & Morrish, E. World Education, 44 Farnsworth Street, Boston, MA 02110, 1996

Distributed by: Mass Interaction (formerly MCET) (617) 252-5700

The Right to Understand: Linking Literacy to Health and Safety Training

Elizabeth Szudy & Michelle Gonzalez Arroyo

Labor Occupational Health Program, 1994
Publication Orders, UC Berkeley, 2515 Channing Way, Berkeley, CA 94720

Learning for Our Health: A Resource for Participatory Literacy and Health Education

Mary & Pat Campbell, Edmonton Learning Centre Literacy Association, 1998
Edmonton, Alberta, Canada

Taking Action, Making Change: A Handbook on Health Care Reform

Health Care for All, 1993
30 Winter Street, 10th Floor, Boston, MA 02108. www.hcfama.org/.
Tel: (617)350-7279

Taking Care: A Handbook About Women's Health

Mary J. Breen
McGraw Hill Reyerson Limited, 1991

Mark Your Calendar

April 10—14, 2001

American Educational Research Association (AERA), 82nd Annual Meeting: *What We Know and How We Know It*. Location: Seattle, WA
Contact: AERA, 202-223-9485
Web: <www.aera.net/meeting/am2001>.

April 17—19, 2001

6th Annual Teaching in the Community Colleges Online Conference: *The Internet and Learning: What Have We Discovered and Where Are We Headed?* Location: Online. Contact: Bert Kimura at <bert@hawaii.edu>
Web: <http://leahi.kcc.hawaii.edu/org/tcon2001>.

April 29—May 4, 2001

International Reading Association (IRA), 46th Annual Convention: *For the Love of Reading and All That Jazz*. Location: New Orleans, LA
Contact: IRA, (302)731-1600, ext. 216
Web: <www.reading.org/2001>.

June 1—3, 2001

Adult Education Research Conference (AERC), Annual Conference: *Investigating the World of Adult Education* Location: Lansing, MI
Contact: Merry Malfroid, (616)458-6805 Web: <www.edst.educ.ubc.ca/aerc>.

June 9—14, 2001

Special Libraries Association (SLA), 92nd Annual Conference: *An Information Odyssey: Seizing the Competitive Advantage*
Location: San Antonio, TX
Contact: SLA, (202) 234-4700
Web: <www.sla.org/content/Events/conference/2001conf/>.

June 14—20, 2001

American Library Association (ALA), Annual Conference
Location: San Francisco, CA
Contact: ALA, (800)545-2433
Web: <www.ala.org/events>.

June 25—27, 2001

National Educational Computing Conference (NECC), Annual Conference: *NECC 2001*
Location: Chicago, IL
Contact: NECC, (541) 349-7571
Web: <www.neccsite.org>.

June 29—July 1, 2001

Teachers of English to Speakers of Other Languages (TESOL), Northeast Academy
Location: Boston, MA
Contact: Srisucha McCabe, TESOL, (703)836-0774
Web: <www.tesol.org/edprg>.

Special thanks to Marcia Drew Hohn and Alisa Vlahakis Povenmire for their substantial contributions to this issue of *Field Notes*.

Field Notes is a quarterly newsletter that provides a place to share innovative practices, new resources, and information within the field of adult basic education. It is published by SABES, the System for Adult Basic Education Support, and funded by Adult and Community Learning Services (ACLS), Massachusetts Department of Education.

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Submissions are welcome. If you have an idea for an article or wish to submit a letter to the editor, call Lenore Balliro at (617) 482-9485.

We do reserve the right to decline publication.

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2001: Bruce Dahlquist, Lee Haller, Marilyn Monteiro, Bonniebelle O'Neal, Susan Peltier, Nancy Tariot

Click here: Web Sites for Health and Literacy

www.sccd.ctc.edu/~ssesl/

Visiting the Doctor: Lessons in Language and Culture. Dialogues, readings, puzzles, and poems to help new arrivals to the U.S. navigate the health care system.

www.state.ma.us/dph/aids/hiv aids.htm

Massachusetts Health Promotion Clearinghouse. You can order HIV/AIDS informational pamphlets available in English, Spanish, Portuguese, Haitian Creole, and Khmer.

www.state.ma.us/dph/clppp/clppp.htm

Welcome to The Childhood Lead Poisoning Prevention Program, Department of Public Health. This site offers a Q & A on lead poisoning and other helpful information you can also request in other languages.

yourchildshealth.echn.ca/

Your Child's Health—Child Health Network, Toronto, Ontario. Child safety, nutrition, breast-feeding, poisoning, and more.

www.sabes.org/health/jmannbk.html

Caring About Community: A Workbook on Health Disease and Stroke by the Health Team at Jackson Mann Community Center, Allston/Brighton, MA.

www.prenataled.com/healthlit/hlt2k/script/index.asp

Health Literacy Toolbox 2000. Here you can find a health and literacy class on-line, ideas for simplifying the written word, resources for health and literacy.

www.noah-health.org/

NOAH: New York Online Access to Health. Lots of topics in Spanish and English.

www.healthtrans.org/cgi-bin/doc_user.exe

Multilingual Health Education Network. Provides information in a variety of languages. Search by topic: click English first, then see what other languages are available.



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