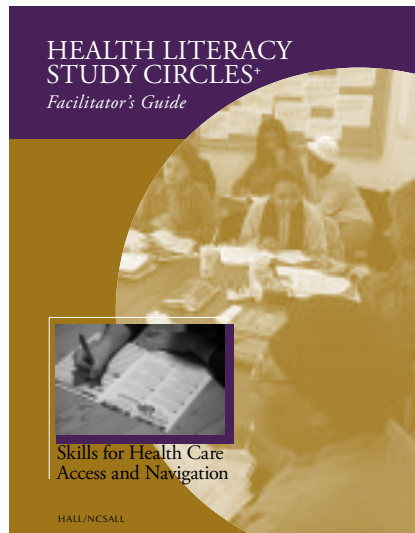


Skills for Health Care Access and Navigation

SESSION ONE: Introduction to Health Literacy

HEALTH LITERACY
STUDY CIRCLES⁺
HALL/NCSALL May 2005

Skills for Health Care Access and Navigation



SESSION ONE: Introduction to Health Literacy

HEALTH LITERACY STUDY CIRCLES⁺
HALL/NCSALL May 2005

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Notes to Facilitator

Each session in this guide begins with notes to you, the facilitator. As we wrote these notes, we tried to imagine a face-to-face conversation with you in preparation for each session. We have tried to anticipate your questions and provide you with a sense of the flow of the session activities.

Every Study Circle⁺ session has four parts: Introductory Activities, Discussion and Analysis Activities, Planning Activities, and Closure Activities. Each of these parts is designed to engage participants in discussions and activities related to health literacy.

The following information will give you a brief description of the session's activities and the different methods you will use to facilitate group discussions.

About This Session

Session One is critical. The activities of the session are intended to introduce “health literacy” and help you establish a welcoming atmosphere that encourages reflection, discussion, and action. This session includes a range of activities designed to engage the group and encourage participation. This session will establish an important backdrop for subsequent sessions.

Introductory Activities

The Introductory Activities of Session One are designed to help participants understand the purpose, structure, and content of the Health Literacy Study Circles⁺. The Introductory Activities provide an opportunity for you to clarify expectations by acknowledging the questions and concerns that the participants expressed in their Participant Expectation Sheets.

Discussion and Analysis Activities

The Discussion and Analysis Activities of Session One focus on the larger context of health literacy and help participants clarify their own definition of health literacy.

- The first activity uses the background readings as the basis for discussion.
- The DVD, *In Plain Language*, features adult learners from an adult education program and illustrates a variety of health literacy issues. It will “trigger” discussion about health literacy, access, and navigation. The DVD is in the front pocket of the notebook.
- After a short break, participants will reflect on their own experiences as they navigated health systems for themselves or loved ones. As they move from small group discussions to the full group discussion, they will identify a range of system demands and barriers that they or those they love have faced.

Planning Activities

The Planning Activities of Session One are designed to give participants an opportunity to review the work they will do in their own classes between Session One and Session Two. These activities will prepare participants to conduct a needs assessment of their own students’ health literacy skills and the difficulties their students encounter in navigating the health care system. In addition, you will ask participants to establish partnerships to help them complete the assignment between sessions.

The needs assessment materials include a short story about one woman’s struggle to navigate the health care system. You will want to point out to participants that the story, entitled “A Simple Test,” should serve as a “trigger” for discussion in the classroom just as the video served as a trigger for discussion in the study circle. The participants will use “A Simple Test” with their students to prompt discussion about their own navigation experiences.

During Session Two, participants will be asked to discuss their classroom work and reflect on both the process of using the needs assessment materials, as well as their students’ responses about their navigation experiences.

Closure Activities

At the end of Session One and all other sessions, you will facilitate the Closure Activities. This is a time for you to summarize the session and review the methods you used to present information and to facilitate discussion.

Closure Activities include the following activities:

- The “Content Review” is used to reinforce and clarify the concepts discussed during Session One.
- The “Methods Review” is designed to help participants identify group discussion methods that they might want to try out with their students.

Finally, a few minutes are allocated for participants to complete and return their session evaluation forms. After the session, review these forms and make use of the feedback as you see fit.

The Group Discussion Methods

Throughout this Study Circle⁺ you will use a variety of discussion methods to present information and facilitate activities. We hope that participants will find these methods helpful and consider using them in their own classrooms. Therefore we ask you to keep in mind that as you facilitate the Study Circle⁺ activities, you will be modeling these discussion methods for participants to use in the future.

We have given names to these discussion methods in order to highlight the variety of methods used in different activities. These names are also helpful during the summary and evaluation activities at the end of each session.

The discussion methods used in Session One include:

- **Presentation:** Although you should try to avoid a lecture-like approach, there are times when a presentation from you is very important. You will open the session with a presentation on the goals and objectives of the study circle.
- **Triads (groups of three):** The triads enable people to work together in very small groups to share reflections on the readings in a format that ensures participation.
- **Expanding Discussion (small group to large group work):** You can use an expanding discussion to encourage comfortable interaction

by participants who may not know one another. This discussion expands by the size of the group (from two to four to whole group) and by the type of content (from personal to more general topics).

The expanding discussion generally begins with small groups of two people who introduce themselves and share an experience. This offers a comfortable starting point for people who are not at ease speaking in a large group. Next, two pairs come together to share findings and discuss similarities. The group of four addresses issues that move beyond their personal experiences. This group then prepares a summary of their discussion to present to the larger group.

When all of the smaller groups come together, they present their summaries to each other. This enables the entire group to share the same knowledge base and prepares them for a facilitated discussion with a focus on broader issues.

Depending on the size and layout of the room, the small group summaries can be presented orally or posted on newsprints so the participants can briefly walk about and see the notes from all groups.

- **Brainstorm:** A brainstorm activity stimulates a group to generate ideas or solutions. As the facilitator, you want to help people feel comfortable stating ideas without inhibition and without feeling judged. Therefore, during a brainstorm, you will ask participants *not* to comment on or evaluate the suggested ideas. All ideas are just listed on the board or on newsprint as they are suggested.

Once the group has listed as many ideas as possible, participants can analyze the list in different ways. For example, they might group similar ideas together under different categories. They can then review the lists and order items in terms of importance, suitability, or difficulty.

During a brainstorm activity, participants are encouraged to generate many ideas and to consider all ideas. Participants should not link specific ideas to the people who suggested them and should not feel that they need to defend any of their own ideas.

- ***A Trigger:*** A trigger may be a film, a story, or a brief presentation. It is so named because it “triggers” discussion. In addition, the use of a trigger enables all participants to have the same starting point for discussion. For example, in this session a video/DVD provides an effective orientation to health literacy issues and is used to trigger discussion about health literacy and navigation. A brief introduction lets viewers know what to look for.
- ***The Dance and the Balcony:*** This activity is a metaphor for analyzing the group discussion methods used during the session. The purpose of this activity is to highlight the different ways you have structured activities and encourage teachers to consider using some of these methods in their own classes.

Participants are asked to think of the activities they just completed as a “dance.” This review activity asks that they stop the dance and move up to the balcony to look down on the dance floor. They stop “dancing” and view the dance from a distance. From the “balcony” participants analyze the dance. They comment on and evaluate the discussion methods. Note that you will be conducting this activity at the end of each session.

**First meetings can be both daunting and exciting.
Be prepared, share your enthusiasm, and enjoy!**

Overview: Session One

Objectives

One of the principal goals for this study circle is to prepare participants to help their students develop basic skills to better access and navigate the health care system.

During Session One, the participants will:

- Develop a shared definition of “health literacy”
- Identify different types of navigation activities
- List literacy-related barriers to successful access of and navigation in health care systems

Time

- 3 hours

Session One Agenda

The time suggested for activities is based on a three-hour session. You can expand any activity if you have more time.

Introductory Activities (40 minutes)

- Welcome and Introductions
- Review Study Circle+ Goals, Objectives, and Agenda
- Overview of the Health Literacy Study Circles+

Discussion & Analysis Activities (1 hour, 30 minutes)

- Reflect on Health Literacy Readings
- – 10-minute break –
- View and Discuss *In Plain Language* (Video or DVD)
- Reflection and Discussion of Our Own Experiences

Planning Activities (30 minutes)

- Prepare for the In-Class Needs Assessment Activity (“A Simple Test”)

Closure Activities (20 minutes)

- Session Review and Evaluation

Materials and Preparation

- DVD: *In Plain Language*
- DVD player
- Newsprint (flip charts) and Markers
- Overhead projector

Newsprints (flip charts) or overhead transparencies (4)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as “newsprints,” but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none"> ■ Study Circle⁺ Graphic ■ Discussion Questions for <i>In Plain Language</i> 	<ul style="list-style-type: none"> ■ Why Health Literacy Is Important for ABE/ESOL Students ■ Our Challenges and Barriers in Health Care Access and Navigation

Handouts (7)

Make copies of the handouts before the session begins. Note that handouts are located in the “Materials” section for Session One.

1. Participant Contact List (ask participants to fill in the information and then copy and distribute the list to everyone)
2. Shared Goals but Different Roles in Health Literacy
3. Session One Objectives and Agenda
4. The In-Class Needs Assessment Packet includes the following materials:
 - Identifying Student Barriers to Health Care Access and Navigation
 - After Conducting the Needs Assessment
 - “A Simple Test”
 - Lesson Companion to “A Simple Test”
 - “A Simple Test” – Questions to think about
 - Alternate Assessment Activity with Photographs
5. Session One Evaluation Form

Sent out before Session One

6. Skills for Health Care Access and Navigation: Goals and Objectives
7. Participants’ Definitions of Health Literacy

Session One: Introduction to Health Literacy



Photo © Jon Crispin

INTRODUCTORY ACTIVITIES (40 minutes total)

Welcome and Introductions (15 minutes)

Discussion Method: Presentation by facilitator

Handout: Participant Contact List

Welcome

Welcome participants to the first meeting of the Health Literacy Study Circle⁺ on Health Care Access and Navigation. Introduce yourself and state your role as facilitator. Explain how you came to facilitate this Study Circle⁺ and who is sponsoring it.

Introductions

Ask participants to introduce themselves briefly by giving their name, role, and program. Also ask them to indicate briefly (½ minute) whether or not they have had any experience teaching health topics or health-related skills in their ABE/ESOL classrooms.

This is a good time to hand out the Participant Contact List (if you had time to assemble one) or pass around the list and ask people to fill in their information. Explain that you will ask participants to keep in touch between sessions for different assignments.

Comment on Participants' Expectations

- Comment on the responses to the Participant Expectations handouts that were returned to you by participants. (If you did not receive any of the completed forms ahead of time, invite participants to briefly share their expectations now.)
- Identify those expectations that will be covered and indicate the points in the study circle when those things will happen.

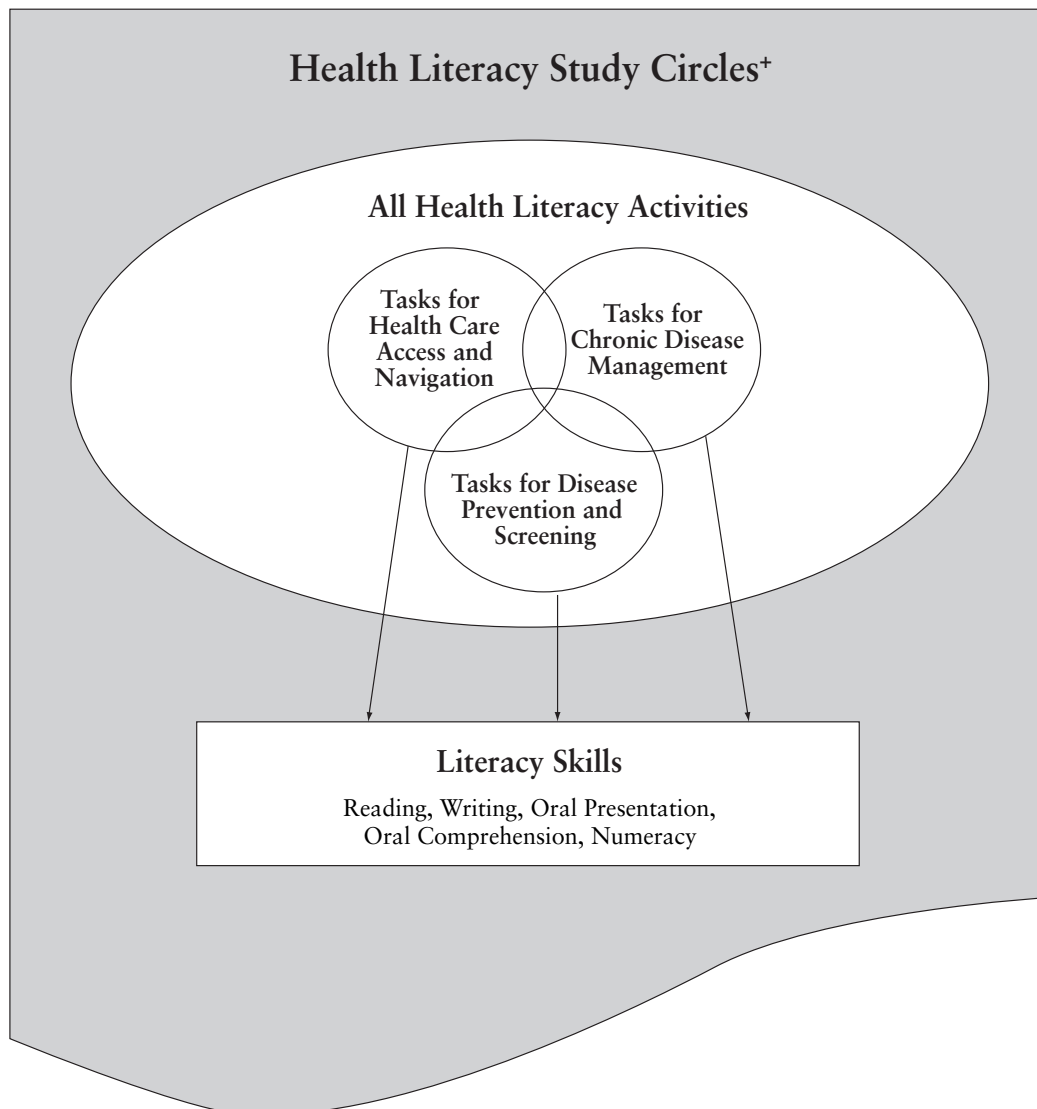
Overview of the Health Literacy Study Circles⁺ (10 minutes)

Discussion Method: Presentation by facilitator

Handout: Shared Goals but Different Roles in Health Literacy

Display the Study Circle Graphic on newsprint or on an overhead

- Take a few minutes to explain the rationale behind the development of the Health Literacy Study Circles⁺.
- Explain to participants that this graphic represents an overview of the Health Literacy Study Circles⁺.
- Briefly describe the parts of this graphic.



- **All Health Literacy Activities:** Point out that the larger oval represents a broad array of health literacy activities that take place at home, at work, in the community, and in health care settings. These activities include tasks and skills related to health promotion, health protection, disease prevention, care and maintenance, and health care systems navigation.
- **The Health Literacy Study Circles⁺** (represented by three smaller circles) cover three areas of critical importance documented in health research:
 1. **Tasks for Health Care Access and Navigation** (with a focus on access to care): Poor people have limited access to health care and minority population groups are more likely to face bias when trying to “navigate” through the health care system.
 2. **Tasks for Chronic Disease Management:** People without a high school diploma are more likely to die from chronic diseases than those with more education.
 3. **Tasks for Disease Prevention and Screening** (with a focus on early detection): Poor people and those from minority groups are less likely to use preventative services and screening programs.

Note that the Health Literacy Study Circles⁺ could have addressed many different groups of health activities and considered a variety of health literacy skills in this series. These three areas were chosen because they have been highlighted as areas of the greatest health disparities in the U.S. Improvement in each of these areas can help reduce existing disparities and improve the health of those who are poor, those without a high school diploma or GED, and those who are from minority populations.

- **Literacy Skills:** Call attention to the literacy skills – reading, writing, oral presentation, oral comprehension, and numeracy. These kinds of skills will be the focus of participants’ work in this and all Health Literacy Study Circles⁺.
- **Adult Educators’ Contributions:** Point out that, to fully address needed improvements in the areas of navigation, chronic disease management, and prevention requires an effort on the part of both health professionals and educators. The Health Literacy Study Circles⁺ are aimed at enabling adult educators to make their contribution to this overall endeavor by focusing on skills that fall within the realm of ABE and ESOL and can be transferred to the three critical health areas.

Discuss the role of the adult educator in health literacy activities

- Distribute the handout titled Shared Goals but Different Roles in Health Literacy
- Review the handout with participants
- Ask for someone to summarize the role of the adult educator
- Ask for comments or questions

Review Study Circle⁺ Goals, Objectives, and Agenda (15 minutes)

Discussion Method: Presentation by facilitator

Handouts: Skills for Health Care Access and Navigation:
Goals and Objectives
Session One Objectives and Agenda

Briefly review the Goals and Objectives for this Study Circle⁺

- Ask participants to look at the handout titled Skills for Health Care Access and Navigation: Goals and Objectives that they received with other materials before Session One as you briefly review it.
- Explain that the Health Literacy Study Circles⁺ differ from traditional study circles because they go beyond discussion to include more practical components. Note that the activities in the Health Literacy Study Circles⁺ are designed to support participants as they explore and develop materials that suit their teaching styles and their students' needs.
- During this study circle, participants will explore their students' needs and interests in relation to health care access and navigation, try out sample lessons, and reflect on this experience with peers. Participants will also develop their own lessons, units, and plans for implementing health literacy activities into their programs.
- Ask if anyone has any comments or questions.

Distribute the Session One Objectives and Agenda

- Review the Objectives and Agenda for Session One.

DISCUSSION & ANALYSIS ACTIVITIES

(1 hour, 30 minutes total including a 10-minute break)

Reflect on Health Literacy Readings (30 minutes)

Discussion Methods: Triads, small groups for initial discussion

Explain that this activity begins with an analysis of the readings in small group discussions. Let the participants know that you are forming small groups to give everyone an opportunity to share their thoughts and insights. Each group will take about 10 minutes to address two questions. Ask for a volunteer in each group to be prepared to report back to the larger group.

Ask participants to form triads – small discussion groups of three (10 minutes)

Each group member should offer a brief introduction, perhaps sharing where and what he or she teaches. Members should share reactions to the readings sent to them and focus on the following two questions:

1. *What, if any, new insights did the readings offer?*
2. *How did the readings change or support your own definition of health literacy?*

Note that participants may want to refer to their Participant Definition of Health Literacy handouts that were included in the background reading packet sent out before Session One.

Groups report back (10 minutes)

Ask a spokesperson from each group to report back to the whole group and share comments on readings and views of health literacy. Any definitions of health literacy that groups care to share can be posted.

Summarize

- You might want to provide a brief summary of the groups' comments after all groups have reported. For example, you might point out that most groups seemed to find new information in "Reading X." Let participants know that many different definitions of health literacy have been suggested in the health field.
- Note too that the Institute of Medicine report on health literacy highlights the fact that health literacy depends on the literacy skills of individuals and on the demands of institutions. It is a shared responsibility.

Facilitate discussion (10 minutes)

Ask the full group of participants to consider the arguments posed in the background readings that support a focus on health literacy in adult education. Pose the following questions:

1. *People in the health field would tend to identify those adults in your classes as members of “at risk” population groups. Do you agree? Are they more “vulnerable” in regard to health than are others in our society?*
2. *What are the health risks people with limited literacy face?*

TAKE A 10-MINUTE BREAK

**View and Discuss *In Plain Language* – DVD
(20 minutes)**

Discussion Method: Use a DVD as a trigger for a large group discussion

Note to Facilitator: The DVD is in the front pocket of the notebook.

Introduce and play the DVD In Plain Language (20 minutes)

- Note that the DVD serves as a vehicle to set the stage for an expanded discussion of health and literacy. The DVD deals with the topic of health literacy from several perspectives.
- Before you view the DVD, post the following questions on a newsprint to guide participants’ viewing.

Discussion Questions for *In Plain Language*

1. What are some of the literacy-related challenges people face in everyday life?
2. What are some of the challenges related to access to care?

Note to Facilitator: The participants in this group may have already taken part in another Health Literacy Study Circle⁺. If this is the case, please substitute the alternative activity described on page 10 of the *Overview and Preparation for Session One* booklet.

Facilitate a very brief whole group discussion

After viewing the video write the following title on newsprint: Why Health Literacy Is Important for ABE/ESOL Students. Pose the following question for discussion and record responses on newsprint:

If a colleague in your program asked, why would you say that health literacy is important for ABE/ESOL students?

Why Health Literacy is Important for ABE/ESOL Students

Reflection and Discussion of Our Own Experiences (30 minutes)

Discussion Methods: An expanding discussion and brainstorm activity

Explain that in this next activity, participants will explore their own experiences with health care systems.

Introduce the Expanding Discussion Method (10 minutes)

The Expanding Discussion activity begins with a 5-minute discussion in pairs, moves to a four-person discussion as two pairs come together (another 5 minutes), and then moves to the larger group. Be sure to offer a 1-minute warning before asking participants to move to the next step.

Participants work in pairs (5 minutes)

Ask participants to assemble in pairs and to choose someone they've not yet worked with. Ask each person to think about an experience of their own when they tried to navigate some aspect of the health care system or when they helped a parent or loved one do so.

- Ask each pair to share a story (allow about 2 minutes for each story).
- After 2 minutes, remind participants to let the second person talk.

Participants work in small groups of four (5 minutes)

- Ask each group of two to join with another to form groups of four.
- Ask each group of four to name and record the navigation issue they shared (for example: filling out forms, finding a location, choosing a benefit package).
- After just a few minutes, ask each group of four to name some barriers and challenges they faced (for example: making sense of the jargon in a benefit package).

Reassemble the full group for a discussion (10 minutes)

- Post newsprint titled Our Challenges and Barriers in Health Care Access and Navigation so that one member can record the contributions of the different groups.
- Ask each group of four to report briefly to the whole group.

Our Challenges and Barriers in Health Care Access and Navigation

Tasks

Challenges and Barriers Faced

- Ask the participants to review the posted list and then brainstorm additions (call out ideas but do not comment on those posted).
- Pose the following questions to the whole group for discussion:
 1. *What other access and navigation tasks could you add to this list?*
 2. *What other challenges and barriers could you add?*

If no one recalls more than one or two tasks, draw examples from this list:

- Find services
- Obtain health insurance coverage and benefits
- Fill out forms for insurance, Medicare, Medicaid, etc.
- Choose from options in benefit packages or health care plans
- Talk to bureaucrats
- Get an answer by phone
- Keep and organize your own records
- Note that this Study Circle⁺ addresses many of these issues.

Introduce the next activity

Note that as participants prepare to work with their students on health care access and navigation issues, they will first need to gain some insight into the interests and challenges experienced by their students. Point out that, in the next part of this session, you will review an activity that facilitates that process.

PLANNING ACTIVITIES (30 minutes total)

Prepare for the In-Class Needs Assessment Activity (“A Simple Test”) (30 minutes)

Discussion Methods: Full group discussion with a presentation, individual reviews, and group analysis

Handout: In-Class Needs Assessment Packet

This work will prepare participants to conduct a needs assessment in their classrooms between Sessions One and Two.

Introduce the assignment

- Explain that participants are being asked to try out an activity in their classrooms before the next session.
- Note that this class activity will serve as a needs assessment.
- Explain that this activity is designed to help them learn more about their students’ abilities to access and navigate health care systems.

Distribute the In-Class Needs Assessment Packet

- Briefly review page 1 of the handout titled Identifying Student Barriers in Navigation
- Explain that you would like participants to use this activity in their classrooms to learn more about their students’ experiences with the health care system and to identify the challenges and barriers their students encounter.

Ask participants to take a few minutes to read the story, “A Simple Test.”

- Tell participants that they can use this story in their classes as a discussion trigger in the same way that the video was used earlier in this session.
- After participants have read the story, pose the following questions:
 1. *Is this story suited to your students’ reading level?*
 2. *If needed, will you be able to adapt this story for your class?*
 3. *How might you modify the story for your class?*

Review the key elements of the lesson in the Lesson Companion to “A Simple Test”

- Pose the following questions to the group:
 1. *Is this activity suited to your students’ reading level, oral language level, or level of comfort?*
 2. *Where might your students have trouble?*
 3. *If needed, how might you modify the lesson for your class?*
 4. *Are there any barriers that would prevent you from trying out this lesson with your students?*

Problem solve

- If a number of participants anticipate difficulties trying out this lesson in class, ask group members to offer suggestions for other ways to conduct the needs assessment on this topic.
- If some participants feel that the story and lesson will be too difficult for their students, suggest that they use the Alternate Assessment Activity with Photographs.

Review the questions on the handout titled Identifying Student Barriers to Health Care Access and Navigation

- Explain to the participants that they should summarize their discussion with students by answering the questions on page 2 of the handout.
- Also ask them to be prepared to share their findings and reflect on this assessment activity during Session Two.

Ask participants to find a partner for this assignment

- Ask participants to find a partner for this assignment (perhaps someone they worked with in an earlier activity).
- Ask the pairs to exchange names and phone numbers so that they can speak with each other before and after completing the needs assessment with their students.
- Encourage them to:
 - Discuss the assignment and any problems they anticipate
 - Discuss how the assessment went
 - Share their findings and observations

CLOSURE ACTIVITIES (20 minutes total)

Session Review and Evaluation (20 minutes)

Discussion Methods: Facilitated full group discussion, The Dance and the Balcony

Handout: Session One Evaluation Form

Content Review (10 minutes)

You may want to ask if anyone in the group is willing to summarize key content areas or make a statement about insights or new information. You or the volunteer will likely highlight the following:

- Definitions of “health literacy.”
- Issues and challenges they have faced as they try to gain access to and navigate within health care systems.
- Assessment activity to identify issues and challenges their students face.

Methods Review – The Dance and the Balcony (10 minutes)

Introduce The Dance and the Balcony metaphor.

- Explain that you would like the group to take a little time to reflect on the discussion methods – the way in which activities were structured during this session.
- Imagine that we have been dancing on a large open dance floor with a balcony above it. It is time to stop “dancing” and move from the dance floor to the balcony to look down and comment on our dancing.
- Then ask participants to identify the discussion methods that they feel would be effective in their own classrooms. Use the table below to help you facilitate this discussion.

- Describe some of the discussion methods used during this session and invite participants to identify the methods that they feel would be effective in their own classrooms. Use the table below to help you facilitate this discussion.

Session One Discussion Methods	Activity Examples
Triads (groups of three people)	Reflect on background readings and on definitions of health literacy
Discussion Trigger	<i>In Plain Language</i> DVD
Facilitated Large Group Discussion	Discuss why health literacy is important for ABE/ESOL students
Expanding Discussion (two people, then four, then larger group)	Identify our own challenges and barriers with health care access and navigation
Review, Analysis, and Group Discussion	Prepare to conduct the in-class needs assessment (“A Simple Test” and the lesson plan)
The Dance and the Balcony	Reflect on the study circle discussion methods and structured activities

Session Evaluation

- Distribute the Session One Evaluation Forms and ask participants to complete them.
- Collect the evaluation forms before the participants leave.

Closing Notes

- Thank the participants for their contributions during this session.
- Address any logistical issues related to Session Two.
- Post the date, time, and place for Session Two.

Notes



National Center for the Study of Adult Learning and Literacy

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Skills for Health Care Access and Navigation

Session One Materials

Materials and Preparation

- The DVD, *In Plain Language*, is located in the front pocket of the study circle binder
- DVD player
- Newsprints (flip charts) and Markers
- Overhead projector (optional)

Newsprints (flip charts) or overhead transparencies (4)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of most newsprints are included in the session booklet.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none">• Study Circle+ Graphic• Discussion Questions for <i>In Plain Language</i>	<ul style="list-style-type: none">• Why Health Literacy Is Important for ABE/ESOL Students• Our Challenges and Barriers in Health Care Access and Navigation

Handouts (7)

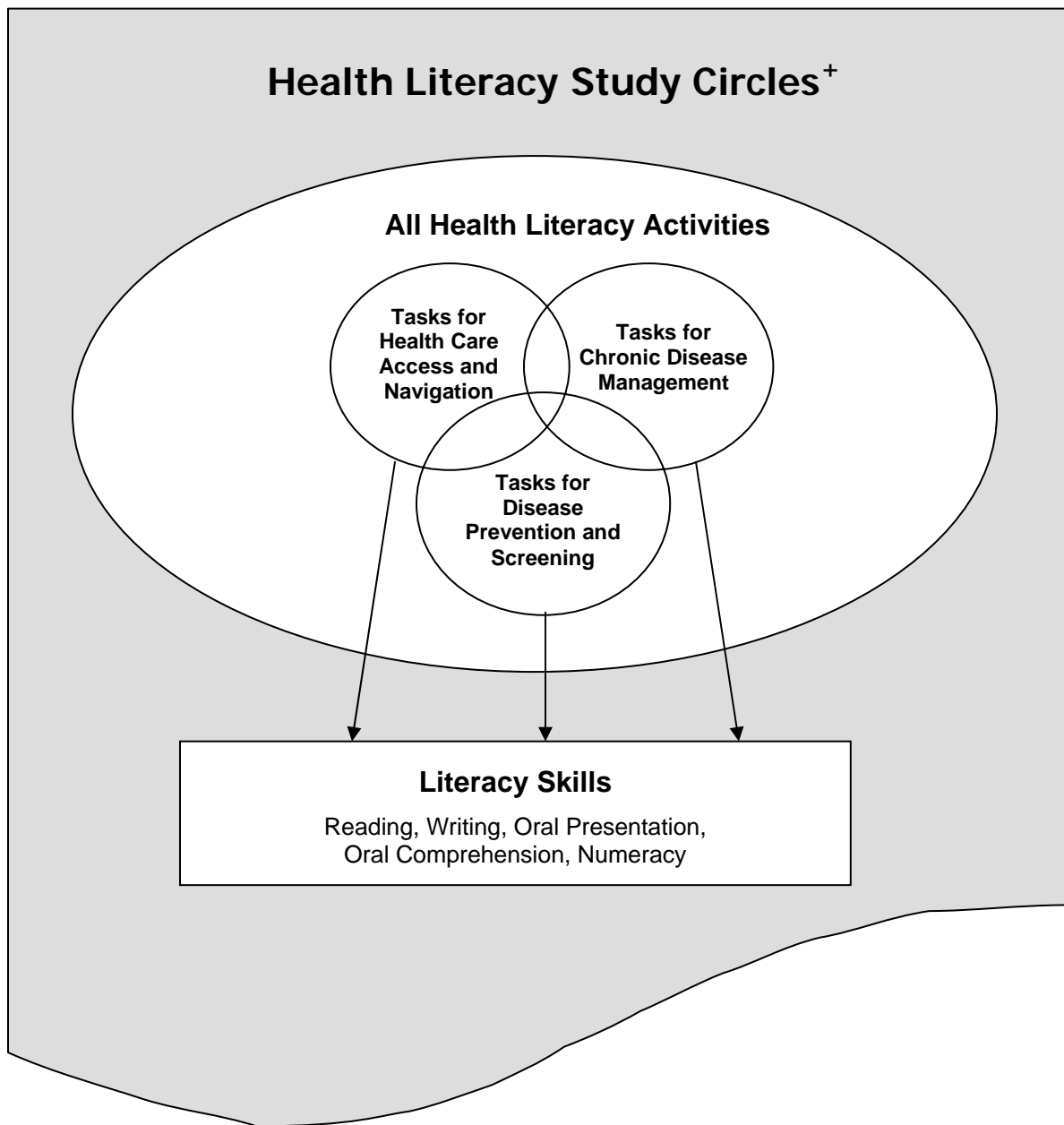
Make copies of all the handouts before the session begins.

1. Participant Contact List (ask participants to fill in the information and then copy and distribute the list to everyone)
2. Shared Goals but Different Roles in Health Literacy
3. Session One Objectives and Agenda
4. The In-Class Needs Assessment Packet includes the following materials:
 - Identifying Student Barriers to Health Care Access and Navigation
 - After Conducting the Needs Assessment
 - Lesson Companion to “A Simple Test”
 - “A Simple Test - A Story”
 - “A Simple Test” - Questions to think about
 - Alternate Assessment Activity with Photographs
5. Session One Evaluation Form

Sent out before Session One:

6. Skills for Health Care Access and Navigation: Goals and Objectives
7. Participants’ Definitions of Health Literacy

Study Circle+ Graphic



Skills for Health Care Access and Navigation Participant Contact List

Your Name	Program	Contact Information Phone # and E-mail address
Facilitator:		

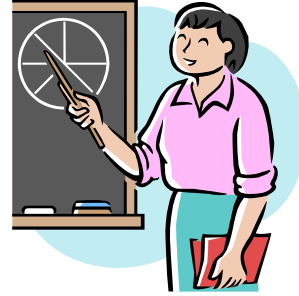
Shared Goals but Different Roles in Health Literacy

What medical professionals should do...



- Make health care services and resources available
- Offer and explain appropriate screening procedures
- Diagnose illnesses and develop a plan for patient care
- Prescribe medicines and explain their purposes and side effects
- Teach patients how to use medical tools, such as inhalers and glucose meters
- Suggest measures to protect individual and family health

What adult educators can do...



- Enhance students' ability to complete forms, make inquiries for information and navigate new environments
- Teach students to ask questions about tests, test procedures, and results
- Develop students' capacity to participate in planning by seeking clarification and offering suggestions
- Teach students how to read medicine labels, calculate amounts and timing of dosages
- Strengthen students' ability to read charts and scales and interpret ranges
- Help students learn to locate information to guide their health-related decisions

Skills for Health Care Access and Navigation

Session One

Objectives

During Session One, participants will:

- Develop a shared definition of “health literacy”
- Identify different types of navigation activities
- List literacy-related barriers to successful access of and navigation in health care systems

Agenda

Introductory Activities (40 minutes)

- Welcome and Introductions
- Review Study Circle+ Goals, Objectives, and Agenda
- Overview of the Health Literacy Study Circles+

Discussion & Analysis Activities (1 hour, 30 minutes)

- Reflect on Health Literacy Readings
- - Take a 10-Minute Break -
- View and Discuss *In Plain Language* (Video or DVD)
- Reflection and Discussion of Our Own Experiences

Planning Activities (30 minutes)

- Prepare for the In-Class Needs Assessment Activity (“A Simple Test”)

Closure Activities (20 minutes)

- Session Review and Evaluation

In-Class Needs Assessment Packet

The In-Class Needs Assessment includes the following materials:

- Identifying Student Barriers to Health Care Access and Navigation
- After Conducting the Needs Assessment
- Lesson Companion to “A Simple Test”
- “A Simple Test” - A Story with a Photograph
- “A Simple Test” - Questions to think about
- Alternate Assessment Activity with Photographs

Assignment

Use this activity in your classroom to learn more about your students' experiences with the health care system and to help you identify the challenges and barriers your students encounter.

Talk with your study circle partner between sessions:

- Discuss the assignment and any problems you anticipate
- Discuss how the assessment went with your students
- Share your findings and observations

Identifying Student Barriers to Health Care Access and Navigation

Note to participant

You are asked to carry out the attached lesson with your students in the time between Session One and Session Two of the Study Circle⁺. The lesson, created as a story-based reading activity, is meant to serve as a needs assessment tool to enable you to learn more about your students' experiences with the health care system, including their challenges and barriers to effective navigation.

What is a needs assessment?

A needs assessment identifies needs in relation to an issue or service. Many assessments identify “felt needs” and pose the question: *What do you need in relation to a particular issue?* Some assessments identify needs as perceived by an outside observer or professional: *Given what I have observed, X is missing in this community or Y is very hard for most people.*

In this case, you are asked to conduct a needs assessment to find out “what’s going on” with your students’ interactions with the health care system, specifically their challenges and barriers accessing and navigating the system. The term “needs assessment” typically implies that we are looking for students’ needs or identifying problems in the students’ experiences. Another way to think about this needs assessment activity is to think of yourself as conducting an “inventory” of your students’ health care experiences to get insights into their strengths and needs in navigating the health care system.

Before conducting the needs assessment

We strongly recommend that you carefully read the story and review the lesson guide. You are encouraged to modify the lesson to suit your classroom needs. The lesson guide features several suggestions for modifying the lessons for students at varying reading levels and English proficiency.

You may also call your study circle partner to discuss the needs assessment and any issues you have with modifying it for your students.

After Conducting the Needs Assessment

~ Please bring your notes to Session Two ~

Please take the time to create the following three lists based on your students' responses to the needs assessment. Also, talk to your partner to discuss how the assessment went and your findings.

1. List the challenges and barriers that students face when they try to get health care and navigate within health care systems and settings.
2. List the strengths, or coping strategies, that students seem to rely upon in order to overcome their challenges and barriers.
3. List some of the skills that students might need to develop.

Identifying Student Barriers to Health Care Access and Navigation: Lesson Companion to “A Simple Test”

Navigation Tasks Addressed in this Lesson

- Learners will identify barriers to health care system navigation, such as problems with physically navigating a hospital or completing health care forms.
- Learners will identify possible strategies in overcoming barriers to health care system navigation.

Skills Focus

- Learners will also develop vocabulary for describing feelings and for navigating hospitals.
- Learners will practice using comprehension strategies, such as predicting and interpreting.

ABE/ESOL Level

- Pre-GED or advanced ESOL

Duration

- 2 hours

Materials

- “A Simple Test” – A Story
- Guiding Questions
- Newsprint and markers

Key Vocabulary

Appointment
 Barriers
 Cardiovascular
 Coping strategies
 Insurance form
 Main entrance
 Maze
 Magnetic Resonance Imaging (MRI)
 Obstacles
 Overwhelmed
 Radiology
 Resident

Purpose

This story, “A Simple Test,” is to be used as a prompt to facilitate discussion in the ABE/ESOL classroom about the obstacles to successfully navigating health care systems. In this way, the story serves as “a way in” or a “discussion trigger.” By reading about and analyzing one woman’s experiences navigating the health care system, learners will begin to reflect upon and analyze their own navigation experiences. Teachers will be able to identify health literacy issues that learners face as they navigate the health care system. The learner feedback and responses to the reading activity will inform teachers’ subsequent lessons related to this issue.

Steps

1. *Pre-reading Activity.* Write the story title, “A Simple Test,” on the board. Tell the students that the day’s lesson will focus on a short story with the title “A Simple Test.”

Explain to the students:

“This is the title of a short story we’re going to read. The story is about a woman named Mary and her experiences going to a hospital. Can you guess what the story is about based on the title?”

Ask for volunteers to share their ideas. Write all predictions on the board. (See the teaching tips at the end of the guide for more ideas for pre-reading activities.)

2. *Reading the story.* Distribute the story, “A Simple Test,” to each student. Depending on your class, students may be able to read it silently by themselves. If students read individually, be sure to read the story out loud as well. Alternatively, you may wish to do a model reading, or ask the students to take turns reading.

While reading the story aloud, encourage the students to think about their predictions based on the title and the vocabulary they expected to find. Encourage them to read for information that supports or challenges their predictions.

3. After reading the story: Comprehension and Interpretation. Use the following questions to check the students' comprehension and interpretation of the story. These questions are also designed to prompt the students to extend this analysis of Mary's experiences to their own navigation experiences. (Note: These comprehension and interpretation questions are listed on a student handout at the end of the story. If you choose to use the handout, be sure to hand out the questions after the students have finished the pre-reading activities and reading the story.)

- (1) *Why does Mary wake up early?*
- (2) *What kind of test does Mary have to have?*
- (3) *Where does she need to go to have this test?*
- (4) *From reading the story, what kind of feelings do you think Mary has about hospitals? Why?*

You may wish to answer questions 1 through 4 as a whole class. These questions help to clarify the events of the story. By discussing these questions, students begin to deal with issues of navigation. The first question relates to one of Mary's coping strategies for this experience and the fourth question gets into the deeper issue of navigating the feelings (a potential barrier) she has about the institutions even before she gets there.

4. Depending on the size of your class, Questions 5 to 9 can be discussed in small groups of 3 to 4 students. As the students discuss these questions, ask them to think about what Mary does to make going to the hospital easier (coping strategies). Also, they should identify what things are difficult for Mary as she tries to get to her doctor's appointment (barriers and obstacles). After each question, there are notes for teachers in parentheses that will help to anticipate or guide learner responses.

- (5) *Mary goes to the hospital with her friend Ana. Why do you think Mary asked Ana to go with her? (support--emotional and literacy: coping mechanism)*
- (6) *Why is it difficult for Mary and Ana to find their way to the MRI department? Find at least two reasons in the story. (Barriers--obstacles that exist in the hospital setting as they interface with Mary's literacy skills)*
- (7) *Do you think Mary was on time for her appointment? Why or why not? (coping strategies--leaving early--asking for help)*
- (8) *Mary has to fill out two different kinds of forms. What kind of information do you think she needed to give on the first form? How does Ana help her?(barriers--not understanding vocabulary; coping mechanisms--*

asking friend for help. Another barrier perhaps is lack of familiarity with the idea of a family health history)

- (9) *Why is Mary confused when the secretary asked her to fill out the insurance form? (barriers--lack of clear communication between doctor and patient/ schism between health care provider and insurance carrier)*
- (10) *The title of the story is "A Simple Test." Do you have suggestions for a different title? (learners reflect on meaning of story and where it takes them and leaves them)*
- (11) *Have you ever had an experience like Mary's? Have you ever been referred for a "simple test"? What was similar about your experience? What was different?*

Tell students to be prepared to report back to the group in 20-30 minutes. Circulate from group to group listening to student discussion. Note that Question 11 probes the students' own experiences, encouraging them to think about connections between their own experiences and Mary's experiences. Be sure to record all of the students' responses on the board as the groups report.

5. *Post-reading review.* After students have discussed questions 5 to 11, hang three sheets of newsprint with the following titles:

- Difficulties: Barriers
- Making it Easier: Coping Strategies
- What hospitals and doctors could do to make it easier for people to get help

Ask for a volunteer to help record all student responses on the appropriate sheets.

Explain to the students:

- Today we have read a story about one woman's experiences going to the hospital. She faced several difficulties in getting to the hospital, finding the doctor's office, and filling out forms.
- To review, let's list all the difficulties Mary faced and write them on this sheet *Difficulties: Barriers*. Mary also took several steps to try and make her trip easier. She did things on her own that helped her overcome some difficulties. In other words, she was able to deal with (cope with) some of her problems.
- To review, let's list all the things Mary did to help her overcome some difficulties on this sheet, *Coping strategies*.
- Finally, in your opinion, what are some things that the hospital or clinic could change to make it easier for people to get the help that they need? Let's write your ideas on this sheet, *Making it easier*.

Suggestions for additional pre-reading activities

Less proficient readers often need pre-reading activities to help prepare them to read new texts. Typical pre-reading activities include: predicting the content of the text; facilitating a class discussion of the subject of the text; or eliciting what the students know about the subject of the text, what they don't know, and what they would like to know. We offer two additional pre-reading activities.

- *Predicting vocabulary in the story.* Present the students with the following list of words, some of which appear in the story, some of which do not. Ask the students to predict which words will be in the story and read carefully to see if they are right.

appointment	main entrance	radiology
barriers	maze	relieved
cardiovascular	MRI	resident
confident	obstacles	successful
form	overwhelmed	
insurance		

- *Predicting story content.* Ask the students to brainstorm possible characters, actions, and problems that they think may arise in a story and unique solutions to problems. To facilitate this kind of exploratory thinking, write these questions on the board:
 1. Where would you expect this story to take place?
 2. What other characters would you expect to find in this story?
 3. What do you think will happen to Mary?

ESOL Teaching Tips

The pre-reading activity in Step 1 and the additional pre-reading activities described above were designed with beginning ESOL learners and less proficient readers in mind. To facilitate discussion among ESOL learners in particular, the questions were written using clear syntax and familiar vocabulary. Reading the story aloud will provide reinforcement of fluency and pronunciation.

It is important to carefully review the comprehension questions in Steps 3 and 4, especially for ESOL learners. An ESOL teacher who piloted this lesson suggested this approach for facilitating students' comprehension of the story:

Ask students who understood the story well to teach students who had a more difficult time with the story. For example, after the students have read the story, ask them: "Who thinks they understood the article 100%? Who thinks they

understood only about 50-60% of the story? Who thinks they understood less than 20%?” Organize the class into groups, with each group made up of someone who understood the story 100%, 50-60%, and less than 20%. Students complete the discussion questions in these groups.

Consider keeping a running vocabulary list and their meanings on the board so the learners can easily refer to new meanings while they are reading and discussing the story.

Visual prompts can help to reinforce the meanings of new vocabulary and the plot of the story. For this purpose, the story includes a photograph of a person getting an MRI test. You may also want to use some of the photographs in the Alternate Assessment Activity to reinforce new vocabulary.

The story will be challenging for beginning ESOL students. Students with science or health backgrounds may have less difficulty understanding the concept of an MRI. You may wish to break up the story in parts and read it over several class sessions. A good division would be to work on Steps 1-3 in one lesson, Steps 4-5 in a second lesson.

Alternate Activity with Photographs (if the reading activity is too difficult for your students)

If you feel the reading will be overwhelmingly difficult for your students, consider using the Alternate Assessment Activity with Photographs instead of the story to facilitate discussion about students' barriers to navigating the health care system.

You will find photographs and ideas for using them at the back of the In-Class Needs Assessment Packet.

Advanced ABE and GED Teaching Tips

You may wish to ask the students to generate their own comprehension questions and “quiz” each other about the story to make this lesson more challenging for GED students. Students can learn to ask three kinds of questions:

- *Factual* (questions that have one right answer supported by information in the story, *What test does Mary need to have?*)
- *Interpretive* (questions with more than one answer based on information in the story, *Why does Mary bring her friend Ana with her?*)
- *Evaluative* (questions that ask for the reader's personal opinions or beliefs about information in the story, *Why are medical tests often very scary for patients?*).

This framework is based on the Shared Inquiry Framework of the Great Books Foundation, <http://www.greatbooks.org/>.

If you feel this story will be too easy for your students, you may wish to initiate discussion by asking about their own personal experiences with health care system navigation. Ask them, *have you ever had difficulty going to a hospital or making a doctor's appointment?* Use their responses to generate the three lists described in Step 5: *Things people find difficult when going to a hospital, Things people do to solve their problems, and Things that hospitals should do to make it easier for people to get help.*

Follow-up Activities

1. *Writing Activity #1.* Students write in their dialogue journals for eight to ten minutes on the topic of hospital navigation, Mary's experiences, or their own navigation experiences. These journal entries can be shared orally. After your students have written in their journals and shared their thoughts, ask them to develop a question (or questions) based on the topic of navigation for all groups to discuss.

Question starters:

How many ways...

What if...

If you were...

Suppose that...

How is _____ like _____?

2. *Writing Activity #2.* Invite learners to write a narrative about a time that they had to go to the hospital. The teacher should write at this point also. The emphasis in this writing activity should be on content, not spelling and grammar. This can be done as homework if class time is limited. Invite learners to share their stories.

A Simple Test – A Story

By Lee Hewitt

Mary woke up very early Monday morning. It was important to get up early to go to the hospital for an important test. Her doctor wanted her to have something called an MRI. The machines for these MRI tests were only available at the city hospital.

Mary's doctor had explained to her that MRI means Magnetic Resonance Imaging. It is a test that gives a very clear picture of the inside of the body. The doctor had said the machine uses magnets, not x-rays, and was very safe.



Picture: Person getting an MRI test *

Mary had not slept well. Going to the hospital always made her nervous. She thought about sick people. She thought about the time when she and her mother went to the hospital after her father had gotten very sick at work.

Many times she went by the hospital on the bus. Whenever she took the bus to go shopping downtown, she saw it from the window. She heard the ambulances. She saw the hustle and bustle of people

* Photo courtesy of the National Cancer Institute.

coming and going. But she really didn't know which bus stop was the one for the hospital.

Today her friend Ana was going to go with her. That would help. Ana took classes at the community college. She didn't have classes on Monday morning, so it was no problem for Ana to go with her.

Mary's appointment was at 8:30 am. She had to get her four-year-old daughter Rosa ready for the daycare bus, which came at 7:45 am. Sometimes Rosa took a long time to eat her breakfast. Many mornings Mary had a struggle with Rosa about what color socks to wear! Mary hoped that this morning Rosa would get ready quickly.

At 8:00 am, Mary was waiting at the city bus stop. She saw Ana hurrying up the street. At the same time, the #39 Downtown bus was approaching the stop.

"Ana, it's number 39, hurry!" Mary shouted and pointed at the bus.

Ana, her hair flying behind her, ran to catch the bus with Mary.

Mary and Ana found two seats next to each other on the crowded bus. "What test do you need to have this morning?" Ana asked Mary.

"Something called an MRI," Mary replied.

"Did your doctor tell you where to go at the hospital for the test?" asked Ana.

"Not really. She said it was a simple test. She just told me to make an appointment as soon as possible. And I forgot to ask for directions when I called for the appointment. I hope we have time to find it. I really don't want to be late for my appointment," Mary said.

"I'm sure we'll get there on time. We can ask someone for help. We can go to the Information Desk, don't you think? If we can find our way around the grocery store with toddlers hanging off of us and do all our food shopping in a half an hour, this should be easy!" Ana remarked.

Walking down the street toward the hospital, Mary saw an entrance. “Here we go, Ana!”

“I don’t think so, Mary. That says Emergency Entrance. I think we have to find the Main Entrance. I’m pretty sure it’s down one more block.”

Mary looked up at the building overhead and told Ana, “I can’t believe how big this hospital is!”

Mary and Ana entered through the door under the sign that said “Main Entrance.” A map with a big arrow on it greeted them. The arrow said “You are here!” They studied the map carefully.

“I always have a hard time figuring out these maps. I don’t even see MRI anywhere on it, do you?” Mary asked.

“Let’s find the Information Desk,” Ana suggested.

Mary said, “Good idea.”

The man at the Information Desk listened carefully when Mary told him about her MRI appointment.

“Oh,” he said. “You have to go to the Radiology Department for an MRI.” He pointed to the elevators across from his desk and told them to take it down two floors. “When you get off the elevator, take a right and walk to the end of the corridor and then take a left. The Radiology Department is at the far end of that corridor,” he explained.

Mary and Ana took the elevator down. When they got off, they followed the directions the Information Desk man gave them. The corridors seemed dark and very long. They didn’t just go straight but snaked around. The directions seemed simple when the man at the Information Desk gave them, but they still felt lost.

Then Ana saw a young man with a white coat on. She asked him for help, but he said that he was a resident and it was his first day. He wasn’t sure where the Radiology Department was. Then Mary saw a person with a name tag pushing a cart and she asked him where the

Radiology Department was. The person pointed to a door almost at the end of the corridor, “Right there!”

Mary smiled and said, “Thank you!”

When they got to the reception desk in the department, the secretary greeted them. She gave Mary a clipboard with a health history form to fill out.

Mary asked, “Ana, what does *cardiovascular* mean? There is a question here that asks if anyone in my family has had a history of cardiovascular problems?”

Ana replied, “Well I know *cardio* means something to do with the heart, so I bet they are asking if anyone in your family has had heart problems. Didn’t your father have a heart attack?”

Mary nodded her head. She remembered the day of her dad’s heart attack well: the phone call, the rush to the hospital, trying to find her sick father in the maze of the hospital. Mary made a check in the box marked: “Yes.” Mary completed the form, sometimes asking Ana to help her.

When Mary handed in the form, the secretary handed Mary another clipboard with another form.

“Another form??? What is this one about?” Mary asked.

“I need your insurance information. We need to know what coverage you have,” the secretary explained.

Mary asked, “I thought that if my doctor referred me for the test you would already have my insurance information. Doesn’t my insurance cover it?” The secretary shook her head.

Mary sighed. She hadn’t even had the test yet and already she felt overwhelmed!

“A Simple Test” - Questions to think about

1. Why does Mary wake up early?

2. What kind of test does Mary have to have?

3. Where does she need to go to have this test?

4. From reading the story, what kind of feelings do you think Mary has about hospitals? Why?

5. Mary goes to the hospital with her friend Ana. Why do you think Mary asked Ana to go with her?

6. Why is it difficult for Mary and Ana to find their way to the MRI department? Find at least two reasons in the story.

7. Do you think Mary was on time for her appointment? Why or why not?
8. Mary has to fill out two different kinds of forms. What kind of information do you think she needed to give on the first form? How does Ana help her?
9. Why is Mary confused when the secretary asked her to fill out the insurance form?
10. The title of the story is “A Simple Test.” Do you have suggestions for a different title?
11. Have you ever had an experience like Mary’s? Have you ever been referred for a “simple test?” What was similar about your experience? What was different?

Alternate Assessment Activity with Photographs

If you feel the reading will be overwhelmingly difficult for your students, consider using the following photographs instead of the story to facilitate discussion about students' barriers to navigating the health care system. You will still be able to gather valuable assessment information from your students even if they do not read the story.

Use the photographs to generate discussion and record students' responses on newsprint.

Hang three sheets of newsprint with the following titles:

- Difficulties/Barriers
- Coping strategies
- Making it easier

Ask students to look at the photographs and describe what is happening in each one. Then ask students to respond to the questions listed below:

1. *What do people find difficult about going to a hospital?
(Difficulties/Barriers)*
2. *What can people do to solve some of these problems? (Coping strategies)*
3. *What things can the hospital or clinic do to make it easier for people to get help? What can doctors do to make it easier for people to get help?
(Making it easier)*

Ask for a volunteer to help record all students' responses on the appropriate sheets.

1. Health care center sign with department names



Photo © Jon Crispin

2. Woman reading the health care center directory of doctors



Photo © Jon Crispin

3. Pharmacist discussing prescription with an older man



Photo © Jon Crispin

4. Patient in a wheelchair getting directions from hospital staff

Photo © Jon Crispin

5. Patient talking with a doctor



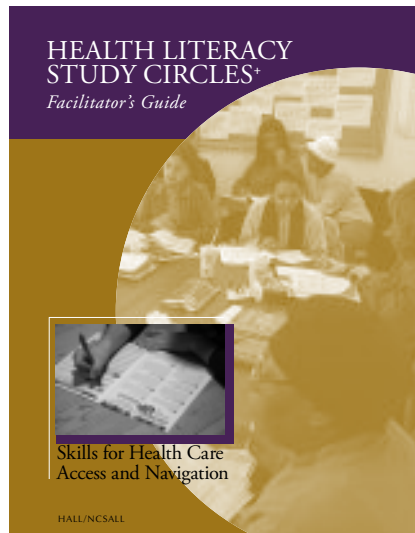
Photo © Jon Crispin

Skills for Health Care Access and Navigation

SESSION TWO: Identifying Access and Navigation Tasks and Underlying Skills

HEALTH LITERACY
STUDY CIRCLES⁺
HALL/NCSALL May 2005

Skills for Health Care Access and Navigation



SESSION TWO: Identifying Access and Navigation Tasks and Underlying Skills

HEALTH LITERACY STUDY CIRCLES⁺
HALL/NCSALL May 2005

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Notes to Facilitator

The following notes provide a brief overview of Session Two and the discussion methods you will use.

About This Session

The activities in Session One offered the study circle participants an opportunity to reflect on their own health care experiences and to expand their understanding of issues particularly relevant to the ABE/ESOL field.

Session Two opens with a discussion of the results from the needs assessment. Participants have an opportunity to share what they learned about their students' experiences navigating the health care system. An understanding of student-identified barriers and coping strategies will help participants make the link between their students' navigation struggles and their health literacy teaching goals.

Session Two will likely be one of the more intensive sessions in this Study Circle⁺. Participants will examine skills needed for navigation activities. At the same time, they will consider the skills that their students need to develop and explore ideas for teaching these skills.

Introductory Activities

The Introductory Activities of Session Two are designed to review the topics discussed in Session One and orient the participants to the goals and activities of Session Two. Your introductory comments can help participants understand the relationship between Session One and Session Two. This will help participants move from an understanding of “health literacy” and “health care system access and navigation” to a more focused examination of the navigation tasks and the underlying skills to be addressed in ABE/ESOL classrooms. Session Two sets in motion the participants' thinking about the classroom application of health literacy.

Discussion and Analysis Activities

The Discussion and Analysis Activities of Session Two familiarize participants with a range of navigation tasks and underlying skills. During this activity participants will work in groups to generate a Table of Access and Navigation Tasks and Underlying Skills. At the end of Session Two, you should save these tables so you can use them in Session Three.

As you facilitate the Discussion and Analysis Activities in Session Two, keep in mind that the participants may be able to identify various navigation tasks, but may not feel confident about identifying the underlying skills needed to carry out these tasks effectively. They may also not feel confident about how to integrate these skills into their own classroom teaching. As the participants work on these activities, encourage them to share their lesson ideas and any concerns or questions they may have.

In the next part of the Discussion and Analysis Activities, participants are given an opportunity to review sample health literacy lessons addressing access and navigation tasks. These lessons do not constitute a curriculum but are provided as examples. The discussion and review will help prepare participants to develop lessons of their own.

Planning Activities

After they have reviewed the set of sample lessons, participants are next asked to try out a sample lesson with their students between Sessions Two and Three. Point out that participants should feel free to modify the sample lessons to suit the skill levels and interests of their students. Here, as in Session One, you will ask participants to find partners and exchange phone numbers so they can discuss this assignment between sessions.

Participants are also asked to complete a Post-Teaching Reflection Sheet. Please encourage the participants to pilot one of the lessons as soon as possible so that they have time to reflect on the experience before Session Three.

Closure Activities

Session Two ends with Closure Activities, which summarize the session as well as provide an opportunity to review both the content of the session and the discussion methods. Remember to leave time at the end of Session Two for participants to complete the session evaluation forms. After Session Two, review these forms and make use of the feedback as necessary.

The Group Discussion Methods

The Group Discussion Methods used in Session Two are designed to familiarize participants with a broad range of navigation tasks and underlying skills. Initial discussions in Session Two will help set the stage for the participants' review of sample lessons and initial thinking about developing their own health literacy lessons. The different discussion methods are:

- ***Pair and small group discussions:*** These kinds of discussions are designed to maximize individual engagement and participation.
- ***Large group discussion:*** A facilitated large group discussion is used so that participants can report on and hear about others' experiences. Discussion questions are posed so that the discussion is focused and moves along a specified path leading to the next activity.
- ***Brainstorm:*** A brainstorm activity helps a group generate ideas or solutions. Participants should be encouraged to offer any and all ideas about navigation tasks no matter how remote an idea may sound. Ideas are recorded on newsprint and evaluated *after* the brainstorming is over. In this session, the brainstorm activity is used to identify access and navigation tasks related to the health care system.
- ***Small Group Project:*** This method is used in Session Two to foster group collaboration in completing a table. Small groups transform complex information into easy to view and understand materials. The completed tables will help all participants understand, at a glance, how a range of navigation tasks can be addressed in their classroom teaching. Groups may be organized at random or based on teaching background (for example ESOL teachers, GED teachers, etc.).
- ***The Dance and the Balcony:*** This activity is a metaphor for analyzing the group discussion methods used during the session. The purpose of this activity is to highlight the different ways you have structured activities and encourage teachers to consider using some of these methods in their own classes.

As in Session One, participants are asked to think of the activities they just completed as a “dance.” This review activity asks that they stop the dance and walk up to the balcony to look down on the dance floor. Thus, they stop “dancing” and view the dance

from a distance. From the “balcony” participants analyze the dance. They comment on and react to the discussion methods used during the session. Note that you will be conducting similar processes at the end of each session.

Overview: Session Two

Objectives

During Session Two, participants will:

- Analyze the results of the needs assessment activity
- Develop a list of specific navigation tasks and underlying skills that can be addressed in ABE/ESOL classes
- Review and modify sample health literacy lessons for adult learners

Time

- 3 hours

Session Two Agenda

The time suggested for activities is based on a three-hour session. You can expand any activity if you have more time.

Introductory Activities (15 minutes)

- Welcome and Review of Session One
- Review Session Two Objectives and Agenda

Discussion & Analysis Activities (2 hours, 10 minutes)

- Review Results of the Student Needs Assessment Activity
- Identify Access and Navigation Tasks
- Identify Skills Needed for Access and Navigation Tasks
- – 10-minute break –
- Review and Discuss the Tasks and Skills Listed by Each Group
- Review the Sample Lessons

Planning Activities (15 minutes)

- Review the Assignments for Session Three

Closure Activities (20 minutes)

- Session Review and Evaluation

Materials and Preparation

- Newsprint (flip charts) and markers
- Overhead projector
- Copies of your state’s adult education curriculum framework (if available)

Newsprints (flip charts) or overhead transparencies (3)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as “newsprints,” but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none"> ■ Our Challenges and Barriers in Navigation (from Session One) 	<ul style="list-style-type: none"> ■ Student-Identified Challenges and Barriers ■ Access and Navigation Tasks

Handouts (6)

Make copies of the following handouts before this session begins. Note that handouts are located in the “Materials” section for Session Two.

1. Session Two Overview: Objectives and Agenda
2. Table of Access and Navigation Tasks and Underlying Skills
3. Reading Guide for the article: “ESOL Participants: Helpers in Health Care” by Kate Singleton
4. Article: “ESOL Participants: Helpers in Health Care” by Kate Singleton
5. Session Two Evaluation Form
6. The Sample Lesson Packet includes the following materials:
 - Lesson Review Sheet (to be completed during Session Two)
 - Post-Teaching Reflection Sheet (to be completed after you have taught a sample lesson and before Session Three)
 - Eight Sample Lessons

Session Two: Identifying Access and Navigation Tasks and Underlying Skills



Photo © Jon Crispin

INTRODUCTORY ACTIVITIES (15 minutes total)

Welcome & Agenda (15 minutes)

Discussion Method: Presentation by facilitator

Handout: Session Two Objectives and Agenda

Welcome the group back and review Session One

Remind the participants that, in Session One, the group focused on the notion of “health literacy” and on one set of health activities with literacy challenges – accessing and navigating health systems and care settings. You may wish to respond to any important issues raised in the Session One evaluations.

Provide an overview of Session Two

Explain that during Session Two, participants will analyze navigation tasks to enable them to identify skills needed to accomplish these tasks and identify those tasks most appropriate for ABE/ESOL instruction. Explain that they will consider barriers to successful navigation and identify some of the skills needed for overcoming those barriers.

Distribute the Session Two Objectives and Agenda

- Review the objectives and agenda and briefly describe the session activities.
- Ask if anyone has additional comments or questions.

DISCUSSION & ANALYSIS ACTIVITIES

(2 hours, 10 minutes total including a 10-minute break)

Review Results of the Student Needs Assessment Activity (30 minutes)

Discussion Method: Facilitated large group discussion with structured questions and postings

Handout: none

Focus on needs assessment activities and solicit reflection and commentary

Explain that this discussion will focus on the lesson conducted in class and the needs assessment findings.

Pose each of the following questions and ask participants to volunteer answers and examples. Use the newsprint to record the participants' responses to question #4.

1. *How did students react to the story "A Simple Test"? Did the story prompt a discussion about navigation and health literacy-related challenges?*
2. *What did you learn from using this activity with your students?*
3. *What suggestions or advice would you give to colleagues who are interested in using the activity "A Simple Test" in their own classrooms? Consider: How the lesson worked and what changes, if any, were needed.*
4. *What kinds of barriers and challenges to successful navigation did your students identify?*

Engage the group in analysis

Student-Identified Challenges/Barriers

- Post the list of Our Challenges and Barriers to Access and Navigation (from Session One) next to the list just generated for question #4 above.

- Ask the participants to compare the two lists and comment on any overlap (or differences) in barriers they identified and those identified by their students. Ask participants to share any new insights they gained from their students' responses.

Identify Access and Navigation Tasks (10 minutes)

Discussion Method: Brainstorm exercise

Generate a list of access and navigation tasks

Explain that this brainstorm activity is used to identify navigation tasks related to the health care system. You might want to remind participants that the purpose of a brainstorm activity is to generate many ideas. Therefore, during a brainstorm, you will ask participants **not** to comment on or evaluate the suggested ideas. All ideas are just listed on the board or on newsprint as they are called out.

Access and Navigation Tasks

- Ask participants to think about and list various tasks involved in navigating within the health care system. Encourage them to draw from the list of student-identified barriers, earlier discussions, and assigned readings. Write all ideas on the board or on newsprint with the title Access and Navigation Tasks.
- If participants are having difficulty generating ideas, suggest some examples from this list:
 - Use an automated phone system
 - Find a particular destination in a hospital or clinic
 - Ask for directions
 - Fill out forms
 - Apply for insurance
 - Determine eligibility
 - Calculate costs of doctor visit vs. emergency room treatment
 - Understand patient's rights and responsibilities
 - Choose a health plan
- Ask the group to review the list and eliminate redundancies. This will make the next activity a bit easier.

Identify Skills Needed for Access and Navigation Tasks (20 minutes)

Discussion Method: Small group project

Handouts: Table of Access and Navigation Tasks and Underlying Skills

Tip: Have copies of your state's adult education curriculum framework on hand to help participants complete this activity.

Prepare for a small group activity – completing a table of navigation tasks and skills (5 minutes)

Explain that this next activity builds on the list of access and navigation tasks generated in the preceding activity. Ask participants to think about the range of skills needed to perform these tasks. Consider language, literacy, and numeracy skills that can be taught in ABE or ESOL classes.

- Offer an example from the story “A Simple Test”:
Task: Mary was asked to fill out a medical history form.
Skills: She needed to read the form and write responses.
- Distribute the handout titled Table of Access and Navigation Tasks and Underlying Skills to each participant.

Participants work in small groups of three to four people (15 minutes)

- Ask participants to form small groups of three to four people.
- Each group should choose a recorder for the group – someone to fill in a copy of the table on the handout or on a newsprint. Note that participants can use the handouts to make notes as they complete the activity, *but only the recorder in each group needs to fill in the table for the group.*
- Ask the groups to select **two tasks** from the list of tasks they just created.
- Ask the groups to discuss each task they selected and fill in the rest of the table by answering the following questions. The recorder should write down the groups' ideas.
 1. *What is the task?*
 2. *What materials or tools might be used to complete the task?*
 3. *What skills (literacy, numeracy, and language) are needed to accomplish the task?*
 4. *How can you help your students develop these skills (lesson ideas)?*
 5. *How do these skills relate to state standards/curriculum frameworks for ABE/ESOL instruction? Think about how these skills relate to skills or topics that you are already teaching in your classes.*

Facilitator's Copy

(Note: The facilitator's copy of this table contains examples to help you with this activity.)

Table of Access and Navigation Tasks and Underlying Skills

General Tasks with Specific Examples	Materials and Tools Adults Are Expected to Use	Skills Adults Need	Lesson Ideas	Related State Standards/ Curriculum Frameworks
Locate appropriate services e.g., find listings of health centers; find services within a hospital	<ul style="list-style-type: none"> • Telephone book • Maps 	<ul style="list-style-type: none"> • Use an index • Use a map • Ask for directions • Use a telephone book • Recognize names of hospital departments 	<ul style="list-style-type: none"> • Groups of students work together with a telephone book to find health centers near their homes 	
Apply for health insurance e.g., identify rights and responsibilities; compare health care plans; compare costs and co-pays	<ul style="list-style-type: none"> • Health Insurance booklet • Application forms 	<ul style="list-style-type: none"> • Complete forms • Read for relevant information • Read and use tables • Calculate and compare costs 	<ul style="list-style-type: none"> • Look at and talk about sample insurance forms to discuss common sections and needed information • Use simple word problems to practice calculations for co-pay 	
Provide information e.g., provide personal health history; describe symptoms	<ul style="list-style-type: none"> • Family history forms • Medical history form 	<ul style="list-style-type: none"> • Ask health providers for clarity • Fill out forms • Use descriptive vocabulary 	<ul style="list-style-type: none"> • Provide generic family history forms for class to analyze • Determine how/why doctors use health history forms 	
Make and keep appointments e.g., schedule an appointment; get directions	<ul style="list-style-type: none"> • Telephone • Map • Bus schedule • Calendar 	<ul style="list-style-type: none"> • Plan • Record • Use reminder cues • Use a calendar 	<ul style="list-style-type: none"> • Role play a patient making an appointment and getting directions to the facility 	

Review and Discuss the Tasks and Skills Listed by Each Group (20 minutes)

Discussion Method: Facilitated large group discussion

Note: At the end of this activity, save a completed table from each group to use during Session Three.

Share ideas

- When each group has completed the table for two different tasks, ask them to prepare to present their results to the whole group.
- Ask each group to identify one task they chose and describe the information they filled in for that task.

Analyze findings

After each group has had an opportunity to share their ideas, ask the whole group the following questions:

1. *How many of the skills are you already teaching in class?*
2. *What skills are not being addressed in your classrooms?*
3. *Given the diverse range and complexity of access and navigation tasks, how will you decide which tasks/skills to focus on in your classroom?*

Save the completed tables

- Ask participants to save their completed tables so they can refer to them in Session Three.
- Collect the completed handouts from each group so you can make copies to give to participants during Session Three.

TAKE A 10-MINUTE BREAK

Review the Sample Lessons (40 minutes)

Discussion Methods: Paired discussions and facilitated large group discussion

Handouts: Sample Lesson Packet (includes the Lesson Review Sheet)

Introduce the Sample Lesson Packet (5 minutes)

- Distribute the Sample Lesson Packet.
- Ask the participants to work in pairs with someone who teaches in the same area (e.g., ESOL, ABE, GED) or with students at a similar learner level (e.g., beginning English proficiency, advanced GED students). This will enable pairs to discuss the appropriateness and applicability of the various lessons within their own teaching context.
- Explain that the goal of this activity is to examine one of the lessons in the Sample Lesson Packet in depth. By the end of this activity, participants will either have identified a lesson (as is or modified) that they will try out in their own classrooms or participants will generate some other ideas for their own lessons.

Review and evaluate one sample lesson (20 minutes)

Ask the pairs to scan the packet and choose one sample lesson to examine in depth. Then ask them to consider the questions on the Lesson Review Sheet.

Optional: If time permits

Ask each pair to find another pair who reviewed the same lesson and discuss their reactions to the lesson. Alternatively, ask each pair to find another pair who teach in the same area/at the same level and discuss their reactions to the lesson they reviewed.

Bring the participants together as a large group (15 minutes)

Facilitate a group discussion with a focus on the sample lessons.

- First, ask each pair to identify the lesson they examined. Then use the following questions to guide the large-group discussion:
 1. *To what extent do various lessons address your students' concerns and issues discovered through the needs assessment activity ("A Simple Test")?*
 2. *What other topics or types of skills are not covered in this packet but would be of interest to you and your students?*
 3. *Which lessons do you anticipate trying out in your classes? Why?*

4. *To what extent will you need to adapt or alter the lesson plans?*

You may wish to record the participants' responses to these questions. This information will be useful during Session Three when participants share their experiences teaching sample health literacy lessons.

PLANNING ACTIVITIES (15 minutes total)

Review the Assignments for Session Three (15 minutes)

Discussion Method: Brief presentation by facilitator

Handouts: Reading Guide and Article: “ESOL Teachers: Helpers in Health Care” by Kate Singleton

Introduce the assignment: To teach a sample lesson before Session Three

- Explain that the lessons in the packet are *sample* lessons and that participants should feel free to modify them for use in their own classrooms or generate their own lesson.
- After they teach a lesson, participants should complete the Post-Teaching Reflection Sheets (located in the Sample Lesson Packet) and bring these back to Session Three.

Distribute the reading assignment: “ESOL Teachers: Helpers in Health Care,” by Kate Singleton and the Reading Guide*

This article highlights the experiences of ABE/ESOL practitioners with health literacy instruction. Note that this article may provide some helpful insights but will not be discussed during Session Three.

Ask participants to find a partner for this assignment

- Ask participants to find a partner for this assignment (perhaps someone they worked with in an earlier activity) so they can talk between sessions about the assignment.
- Ask the pairs to exchange names and phone numbers so that they can speak with each other before and after teaching a sample lesson.
- Encourage them to:
 - Discuss the assignment and any problems they anticipate
 - Discuss how the lessons went
 - Share their findings and observations

*From Focus on Basics, Vol. 5, Issue C, February 2002. World Education/NCSALL.

CLOSURE ACTIVITIES (20 minutes total)

Session Review and Evaluation (20 minutes)

Discussion Methods: Brief presentations with facilitated discussions, The Dance and the Balcony

Handout: Session Two Evaluation Form

Content Review

Briefly remind participants that the purpose of Session Two was to expand our understanding of the range of language, literacy, and numeracy skills that underlie navigation tasks. Note that the session was also designed to prepare participants to try out some lessons focused on navigation skills with their students.

Methods Review

Review the purpose of the Dance and the Balcony activity.

- Explain that you will now take time to reflect on the discussion methods – the way in which activities were structured during this session. Imagine that we have been dancing on a large open dance floor with a balcony above it. It is time to stop “dancing” and move from the dance floor to the balcony to look down and comment on our dancing. From the “balcony” participants can share their comments and reactions to the discussion methods used during the session.
- Describe some of the discussion methods used to facilitate different activities during this session.
- Then ask participants to identify the discussion methods that they feel would be effective in their own classrooms. Use the table below to help you facilitate this discussion.

Session Two Discussion Methods	Activity Examples
Large Group Discussion	Review results of in-class activity; Sample Lesson Review
Brainstorming	Identify access and navigation tasks
Small Group Project	Complete a table to identify skills related to health care access and navigation tasks

Session Evaluation

Distribute the Session Two Evaluation Forms and ask participants to complete them. Collect the evaluation forms before the participants leave.

Closing Notes

- Thank the participants for their contributions during this session.
- Address any logistical issues related to Session Three.
- Post the date, time, and place for Session Three.



National Center for the Study of Adult Learning and Literacy

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Skills for Health Care Access and Navigation

Session Two Materials

Newsprints (flip charts) or overhead transparencies (3)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none">• Our Challenges and Barriers in Health Care Access and Navigation (from Session One)	<ul style="list-style-type: none">• Student-Identified Challenges/Barriers• Access and Navigation Tasks

Handouts (6)

Make copies of the following handouts before this session begins.

- 1) Session Two Objectives and Agenda
- 2) Table of Access and Navigation Tasks and Underlying Skills
- 3) Reading Guide for “ESOL Teachers: Helpers in Health Care” by Kate Singleton
- 4) “ESOL Teachers: Helpers in Health Care” by Kate Singleton
- 5) Session Two Evaluation Form
- 6) The Sample Lesson Packet includes the following materials:
 - Lesson Review Sheet (to be completed during Session Two)
 - Post-Teaching Reflection Sheet (to be completed after you have taught a sample lesson and before Session Three)
 - Eight Sample Lessons

Skills for Health Care Access and Navigation

Session Two

Objectives

During Session Two, participants will:

- Analyze the results of the needs assessment activity
- Develop a list of specific navigation tasks and underlying skills that can be addressed in ABE/ESOL classes
- Review and modify sample health literacy lessons for adult learners

Agenda

Introductory Activities (15 minutes)

- Welcome and Review of Session One
- Review Session Two Objectives and Agenda

Discussion & Analysis Activities (2 hours, 10 minutes)

- Review Results of the Student Needs Assessment Activity
- Identify Access and Navigation Tasks
- Identify Skills Needed for Access and Navigation Tasks
- - Take a 10-Minute Break -
- Review and Discuss the Tasks and Skills Listed by Each Group
- Review the Sample Lessons

Planning Activities (15 minutes)

- Review the Assignments for Session Three

Closure Activities (20 minutes)

- Session Review and Evaluation

Table of Access and Navigation Tasks and Underlying Skills

The first two rows are filled in as examples. Choose two more tasks and complete a row in the table for each one.

General Tasks with Specific Examples	Materials and Tools Adults Are Expected to Use	Skills Adults Need	Lesson Ideas	Related State Standards/ Curriculum Frameworks
Locate appropriate services e.g., find listings of health centers; find services within a hospital	Telephone book Maps	Use an index Use a map Ask for directions Use a telephone book Recognize names of hospital departments	Groups of students work together with a telephone book to find health centers near their homes	
Apply for health insurance e.g., identify rights and responsibilities; compare health care plans; compare costs and co-pays	Health Insurance booklet Application forms	Complete forms Read for relevant information Read and use tables Calculate and compare costs	Look at and talk about sample insurance forms to discuss common sections and needed information Use simple word problems to practice calculations for co-pay	

Reading Guide for *ESOL Teachers: Helpers in Health Care*

by Kate Singleton

“ESOL Teachers: Helpers in Health Care” by Kate Singleton highlights the experiences of ABE/ESOL practitioners with health literacy instruction. Note that this article may provide some helpful insights but will not be discussed during Session Three. This reading guide contains questions that highlight key points.

Consider these questions before and after you read the article but answering these questions is an optional exercise. However, you are encouraged to take notes on your responses (e.g., in a reading journal) as this article is meant to complement the Study Circle+ discussions and activities.

About the article

1. Describe some of the barriers to successful navigation of the health care system that Singleton’s ESOL learners have faced.
2. What challenges did Singleton face when implementing her program’s health curriculum? How are her experiences similar to or different from your own experiences with health curricula?
3. How did Singleton’s training in social work expand her understanding of the problems immigrants face in trying to access quality health care in the U.S.?
4. Identify some action steps Singleton took to help adult educators address the health care needs of their students. Which of these action steps was most compelling to you as an ABE/ESOL educator?
5. If you had a chance to interview any of the adult learners Singleton wrote about in her article, who would you want to talk to and why?

Connections to Health Care System Access and Navigation

1. In what ways did this article remind you of your own ESOL or ABE learners’ difficulties with navigating the health care system in the U.S.?
2. What basic skills could you teach in your own classroom that could help your learners overcome these difficulties with health system navigation?
3. Drawing inspiration from Singleton’s article, brainstorm about the kinds of lessons you might design to address these skills areas.

Note: Questions #2 and #3 above will be addressed in Sessions Two and Three of this Study Circle+ on Health Care Access and Navigation. Please bring your notes in response to these questions to those sessions. They will be very useful!

ESOL Teachers: Helpers in Health Care

by Kate Singleton

Singleton developed methods to help students navigate the health care system¹

Luz, a 36-year-old mother of seven from El Salvador, was in my adult English for speakers of other languages (ESOL) class in Arlington, VA. After three 3-month terms, she was beginning to sight-read when she started experiencing severe abdominal pains. Her attendance dwindled. At school, her pain distracted her. One day she reported that she had been to the emergency room; her children had been told that their uninsured mother needed an operation very soon. As the operation date approached, Luz said she was very nervous.

Never having studied in her native country, Luz knew nothing of internal organs. She did not know what her diagnosis of uterine fibroid meant. I tried to calm her, saying the surgery was done all the time with no problems. But in her case there were problems; a surgeon slipped and accidentally cut into her bladder. The surgery and recovery suddenly became longer, more traumatic, and more costly to Luz and her family. As she recuperated at home she received piles of medical bills in the mail. Her literate children understood little on the bills, but the whole family understood the large numbers of dollars printed at the bottom. Luz, who had been making long-sought gains in her struggle for literacy, dropped out of school.

Jose, a Bolivian man in his early 30s, stayed after class one night so I could help him understand a hospital bill. He had been having bad headaches for some time. Thinking it was his only option for care, he had gone to the emergency room to get treatment. There he was told the headaches would clear up if he got glasses. He was charged \$300 for this diagnosis.

Maria, a Salvadorean woman in her early 40s, came into class pale and panicking. She had gone to the emergency room over the weekend and had had an operation. When asked about the procedure she said hysterically, "Me don't know. They cut me. What they take me don't know!" She had had a hospital interpreter, but she, like Luz, did not have the basic anatomical knowledge to understand what was explained. Unlike Luz, she had no family in the area to intercede for her. I called a social worker, who helped Maria find out that she had had a gallstone removed, and that she needed to follow

¹ *Focus on Basics*, Vol. 5, Issue C • February 2002.

a specific diet and receive follow-up care. The social worker also helped her negotiate a payment plan for her hospital bills.

I taught these three students and many other beginners like them during my nine years in Arlington County. They are hard working and hungry for education. Most often uninsured, they do not seek preventive care. A health problem arises, or a lingering one worsens, and they are in crisis, immersed in a health care system they do not know how to navigate. They have weak support systems in this country, little English to speak, and no idea how to access helpful services. With poor health and the urgent need to pay large medical bills, their attendance in school suffers and they often drop out to work harder and raise money when they should probably be working less.

Curriculum vs. Life

Based on these experiences, I felt a gap between what I have been teaching (my program's health curriculum) and the health-related situations my students actually encounter. I do not dislike the curriculum: I have taught most of my beginner classes for the Arlington Education and Employment Program (REEP), and know how hard the teachers have worked to make the curriculum practical, needs-based, and learner-centered. The content is simple; it presents basic, important vocabulary on body parts and describing symptoms to the doctor. The simplicity of the language structures and the basic life skills are level-appropriate and necessary for beginner students, designed to be pertinent but not overwhelming. In my experience, however, it is precisely the uninsured beginners who find themselves overwhelmed in the most catastrophic, complicated health situations. Beginning-level students need and want to be able to describe basic symptoms (more often than not it was their first or second choice in class needs assessments) but they also need to understand the comparative financial and health costs of opting for emergency care over preventive care. They can similarly benefit from understanding how to advocate for themselves when or if they suddenly find themselves having to navigate the complexities of the US health care system.

Certainly many people, fluent English speakers among them, are overwhelmed when seeking health care in the United States. Language and cultural barriers present additional difficulty. It seems that the less language and cultural skill one has, the less the likelihood of having health insurance, access to preventive care, and an understanding of the US health care system. Research indicates that uninsured people who do not get care tend to have more chronic, difficult to treat conditions (Ayanian et al., 2000). Beginning-level ESOL students need the complex health-related material and concepts that often are only taught in higher level classes. These observations led me to explore the following question: What else can ESOL teachers do to prepare our beginning-level students for encounters with the US health care system, especially those who are uninsured?

Exploration

I started by exploring the question informally, talking with other teachers in my program and finding that many had made the same observations. Many students who had been here for years, I learned, some with high levels of English competency, were unaware of the availability of low-cost clinics for the uninsured. I educated myself more about community services available to immigrants in the community and read about physical and mental health problems common among low-income immigrants (see [Blackboard](http://ncsall.gse.harvard.edu/fob/2002/black_feb.html) at http://ncsall.gse.harvard.edu/fob/2002/black_feb.html for recommended resources). I began reading about health beliefs and practices in other cultures, and how those beliefs blend or clash with mainstream US practices.

I also began a Masters degree in social work. My work in ESOL had made me curious about what immigrants go through when they settle in a new country, and social work has allowed me to explore that in more depth. The coursework has helped me understand how truly difficult it is for care providers with the best intentions to suppress their own cultural beliefs when working with clients or patients from other cultures. If we can introduce ESOL students to just a little of the mainstream US medical culture, then they might have more understanding of what is expected of them as patients. With this awareness, they might be able to be more active in their treatment and better advocate for their own needs.

When I started reading on the subject of health literacy as viewed by literacy professionals within the medical field, I detected a general disregard for contributions of adult educators to the discussion and a preoccupation with semantic issues. While the issues deserve some place in discussion, I saw little analysis of the effects of culture on comprehension, or the effect of the context in which a person was being given information. As a literacy instructor, I know that when people are feeling stress, their comprehension decreases. Imagine the stress an immigrant like Maria feels, with scant English and low literacy, having just had emergency surgery, sedatives still blurring the senses, as follow-up care instructions are presented to her.

One person who helped recharge my optimism was Maria Meuse, RN, a community health nurse in Bailey's Health Center, a county-run, low-cost clinic in Falls Church, VA. She recognized the cultural variation among the clinic's immigrant patients, and the stresses that illness and seeing a US health care provider create for them. In the box below is a listing of several cultural expectations of the US medical system that are problematic for many immigrants, as described by Maria.

With Maria's clarification, I decided to design materials that would help teachers convey to students concepts such as preventive care and the need to ask questions of the doctor. The materials needed to enable but not require

both students and teachers to discuss difficult, potentially personal topics. I would identify questions that are culturally appropriate to ask a doctor about medicines, surgery, and general treatment. In addition, I planned to collect and share information on the low-cost health services available and how to access them. And last, I would develop suggestions on how to pay for emergency medical procedures if the patient is uninsured. The suggestions would not eliminate the financial burden, but they could give the student more control.

Suggestions for low-income students who do not have health insurance

- Find out if there is a low-cost clinic in your area.
- If you must see a regular doctor, say you are uninsured and ask if you can pay a lower rate.
- If you have a big bill, ask for a payment plan so you can pay a little every month.
- Don't wait until the problem is an emergency. If you go to the doctor early, you will probably pay much less.
- See if your children qualify for free health insurance. Ask at their school or at the health department.

Tips for handling sensitive subjects

Many teachers might be uncomfortable taking on health topics in class that have the potential to bring up very personal experiences for students. They might feel that they don't have enough specific knowledge of US health care practices (or the time to acquire it) to be able to handle students' questions. These concerns and others are addressed in a useful Table by J. LaMachia and E. Morrish entitled "Teachers Concerns about Incorporating Health into Adult Education" in the Spring 2001 edition of Field Notes, available on-line at <http://www.sabes.org/f04conc.htm>.

Handling language problems at the doctor

- Bring a friend with you who speaks more English than you do. Sometimes it is not comfortable for children to translate their parents' health problems.
- Write down some questions to take with you. This will help you remember to get all the important information.
- Ask someone who speaks English to call the doctor's office before your appointment to say that you will need an interpreter. The doctor may know someone who can interpret for you.
- If you can pay, see if there is a doctor near you who speaks your language.
- Always ask questions! You are the customer and your health is important. In the United States, it is OK to ask the doctor questions until you understand.

Cultural expectations of the US medical system

- Preventive care is seen as the patient's responsibility. US medical culture emphasizes self-care.
 - Patients have the responsibility to ask questions in a fast-paced doctor's office or clinic.
 - Patients must be clear with their health care provider about any medications they take, even herbs or traditional medicines from another country, to avoid dangerous interactions.
 - Patients are expected to find out which side effects of medications are dangerous and which are benign before leaving the doctor's office, clinic, or pharmacy.
 - Sometimes payment plans or financial assistance are available in hospitals for uninsured patients, but the patient must ask about them specifically.
 - By law (the federal Civil Rights Act of 1964), patients whose first language is not English should be provided with an interpreter. If one is locally unavailable, 24-hour telephonic interpretation services exist for doctors to use (at the doctor's expense). This is not popular among doctors, but it does exist for emergencies.
-

Testing Materials

The materials that evolved included picture stories about preventive care, asking for clarification from the doctor, handling stress, and domestic violence. I also wrote problem-solving stories, for readers at a high beginner level or above, about anxiety and depression. I compiled lists of simple questions to ask the doctor, and a brief list of options for payment after an emergency.

I piloted the picture stories in the Arlington County Community Outreach Program classes held in apartment buildings and community centers around the county: drop-in, multilevel classes that tend toward beginner level but have some higher-level students as well. I started each session with a picture story about a man who ignores pain symptoms until he has to be taken to the emergency room for emergency surgery. In the last frame he is still in bed a month after surgery, looking in terror at a big bill. (See next page.) We analyzed the situation, then wrote a story about it, with the students dictating and me writing. We discussed alternatives the man might have pursued at the beginning to avoid the catastrophic outcome, and talked about preventive practices, low-cost clinics, requesting payment plans, and what happens if you do not pay the medical bills.



The materials that evolved included picture stories about preventive care, asking for clarification from the doctor, handling stress, and domestic violence.

In every group, people had a lot to say or ask. After the first pilot lesson, a young man came up to me and said, “This is my story!” Excited to learn about the clinic, he had thought the emergency room was his only option for treating gastritis, and now was paying the bills. Another man said he had had emergency surgery and had ignored a collection agency’s attempts to reach him. That admission led to discussion about the importance of credit records in the United States and what effect nonpayment of bills can have.

In the first pilot class, after developing the story I talked about asking the doctor questions. I thought that the more advanced students might be able to brainstorm some suggestions that other students could practice. The activity needed more clarification: some students were suggesting questions the doctor would ask a patient rather than the opposite. Others had an idea in

their own language of an appropriate question, but could not find the right English words.

I therefore created a second picture story, in which a man tells the doctor that he understands everything, but in fact understands nothing. When he gets home, he is thoroughly confused as to how to treat his problem. At another center, I did the same story writing with the first picture story, then presented the second picture story as a conversation topic. As the students looked at the story for the first time, I heard laughter and admissions of “This is me!” Discussion brought out many questions from students: “The doctor knows more. Why should I ask questions?” “The doctor speaks too fast. What can I do?” “All my friends are at work. Who can interpret for me?” The topic is hard, but we did generate some worthwhile suggestions and comparisons between health care here and in the students’ native cultures.



I consider the pilot lessons to have been generally successful. Most students, although a little puzzled by the approach to health in the United States, have been inquisitive and enthusiastic. Students occasionally complained that clinics have income restrictions and may charge a small amount to higher income patients, but the complaints were easily handled by asking the class to compare the cost of the emergency room with the inconvenience of the clinic qualification requirements. The questions for the doctor are the hardest part with every group, and much more difficult for the very beginners. I usually try to dissuade translation among students during class, but in these lessons I sometimes encouraged it because I thought that the information was so important. I urged participants to share the information with their families and read the list of questions at home with someone who could explain it in their language.

I was able to share what I had learned from my research and pilot lessons at the Virginia Institute for Lifelong Learning ESOL Conference in Arlington in

July, 2001. Comments from participants indicated that the session was “much needed” and that “curiosity has been sparked.” I hope that ESOL instructors will continue to explore ways to empower the neediest students for inevitable encounters with the complexity of the US health care system.

References

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About the Author

Kate Singleton is an ESOL teacher and curriculum writer for the Fairfax County Adult and Community Education program in Virginia. She has been teaching adult ESOL for 14 years, during which her special interests have been literacy instruction, working with students perceived to have learning disabilities, and health education. She is also pursuing a Masters in Clinical Social Work at Virginia Commonwealth University, for which she works as a case manager of HIV-positive clients at Whitman Walker Clinic of Northern Virginia.

<p>Skills for Health Care Access and Navigation</p> <p>Session Two Evaluation Form</p>
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Please complete the following evaluation and turn it in before you leave today.

1. What was the most valuable insight, practical idea, or specific information that you gained from today's session?

2. How would you improve this session?

Skills for Health Care Access and Navigation

Sample Lesson Packet Overview

This packet includes sample lessons designed to address health literacy skills needed for gaining access to and navigating within health care systems. These sample lessons are meant to jump start your thinking about how to incorporate these kinds of skills into your own classroom curriculum.

Familiarize yourself with the entire packet of lessons before you decide which one to try out in your classroom. This will give you an idea of the range of content and skills addressed in the various lessons. You are encouraged to adapt the lessons to suit the needs of your students or use these lessons to create your own.

The packet includes the following materials:

- 1) Lesson Review Sheet (to be completed during Session Two)
- 2) Post-Teaching Reflection Sheet (to be completed after you have taught a sample lesson and before Session Three)
- 3) Eight Sample Lessons
 - Lesson 1: (ESOL) Examining Language Barriers in Health Care
 - Lesson 2: (ESOL) Exploring Hospital Vocabulary
 - Lesson 3: (ESOL) Filling Out Health Care Forms
 - Lesson 4: (ABE) Determining Income Eligibility
 - Lesson 5: (ABE) Completing Medical History Forms in Health Care Settings
 - Lesson 6: (ABE) Filing a Complaint With OSHA
 - Lesson 7: (ABE) The “Logic” of Hospitals
 - Lesson 8: (ABE) Selecting a Health Plan

Notes to the teacher:

Adapting the lessons for your classroom: As the lesson titles indicate, the sample lessons were designed with a particular student audience (i.e., ABE or ESOL) in mind. At the same time, you are encouraged to adapt ANY of the lessons to your own classroom context. These lesson topics are relevant to all areas of adult education and most of the lessons provide suggestions and tips for adapting them for other adult education contexts.

Opportunities to pursue project-based inquiries: As noted earlier in Session Two, most of the lessons lay the groundwork to pursue project-based learning activities in your classroom. Instead of working on isolated activities that focus on particular skills, students can develop skills in the context of a

project. The follow-up activities to the lessons include suggestions for several projects that students can do such as designing an improved health benefits application form, creating a personal medical log book, or researching workers' rights to file a complaint on workplace hazards.

Lesson Review Sheet

~ To be completed during Session Two ~

Instructions: With your partner, choose one lesson from the Sample Lesson Packet to examine in depth. Complete the following worksheet.

Title of the Lesson: _____

Summary of the lesson: *Briefly describe what this lesson is about.*

Questions to consider

1. Will my students find the lesson topic interesting and useful? (Does this lesson address concerns raised by students in the needs assessment activity?)
2. Is this lesson appropriate for my students' skill level?
3. In what ways does the lesson link to skills and topics I am currently addressing in my classroom?
4. How might I adapt or alter the lesson to better fit the needs of my students?

Post-Teaching Reflection Sheet

~ Please bring this completed worksheet with you to Session Three ~

Instructions: After you have tried out one of the lessons from the Sample Lesson Packet (or perhaps one of your own lessons) with your students, complete the following worksheet. Use the back of this sheet, if necessary.

Title of the Lesson: _____

Date(s) lesson was taught: _____

Class Level: _____

Reflection Questions

1. How successful was the lesson? (Did you meet your teaching goals? What specific features of the lesson went well? What features did the students respond to most positively?)
2. What specific features of the lesson did not go well? (What features did the students have the most difficulty with?)
3. What adaptations (if any) did you make to the lesson for use in your classroom?
4. What might you have done differently to make the lesson more effective?
5. What teaching suggestions and tips would you offer a teacher who is interested in using this lesson?

6. As you answer the following questions, keep in mind the issues raised by your students during the needs assessment and the skills they need to develop. Think about how to build on the lesson you just taught.
- What other related skills might you address through additional lessons?
 - What other lessons could you teach to meet your students' needs?

Lesson 1: (ESOL) Examining Language Barriers in Health Care

Access and Navigation Tasks

Addressed in this Lesson

- Communicating with doctors, nurses, and other hospital staff
- Requesting an interpreter
- Requesting help and information from medical staff

Skills Focus

- Students will strengthen their communication skills in making requests for help and information.
- Students will strengthen their reading comprehension skills in skimming for details.

ABE/ESOL Level

- Intermediate ESOL

Duration

- 2 to 3-day lesson

Materials

Student Handouts (5)

- Warm-Up
- Dictation
- Before You Read
- We're Kids, Not Translators!
- Reading Skills

Group Worksheets (2)

Key Vocabulary and Expressions

translate

terms

condition

verify

shocked

forms

horrible

expect

I would like to request...

I need...

Could you.../Would you...

Can you.../Will you...

Purpose

To address questions and concerns students have about language barriers between patients and health care providers.

Steps

1. Distribute the **Warm-Up** activity to the students. Ask students to read the five statements. Explain that the statements were made by people who are not fluent in English. The people were interviewed about their experiences communicating with medical staff. Depending on your class, you may want to:
 - model the statements by reading each one aloud and asking the students to repeat after you;
 - ask the students to take turns reading each statement aloud;
 - allow some time for silent reading before reading each statement aloud; or
 - allow some time for students to free-write in response to one of the statements.

Be sure to clarify any unfamiliar vocabulary words for the students. Students may work in pairs or small groups to discuss their responses to the Warm-Up prompt, *Talk about the thoughts and feelings of the people who made these statements. Have you had similar thoughts and feelings?* Ask each group to share their ideas. Write all ideas generated by the students on the board.

2. After the warm-up activity, explain to the students that the day's lesson focuses on the challenges of communicating with doctors and nurses when patients do not speak English fluently. Explain that the students will read stories about communication problems. Specifically, the students will read about the problems that families experience when children need to interpret for their parents. Students will also practice requesting help in the event that they need to ask for a medical interpreter.

3. Distribute the **Dictation** handout to students. Depending on your class, you may wish to model the reading first. Allow time for the students to read the paragraph for themselves. The approaches to oral reading described above in the warm-up activity may be used here as well. Before the dictation, be sure to clarify any unknown vocabulary words. Write any unknown vocabulary words along with their definitions on the board. Proceed with the dictation exercise. After the dictation exercise, ask the students to restate in their own words the main idea of the paragraph.
4. Distribute the **Before You Read** handout. Depending on your class, students can work individually, in pairs, or small groups to complete the vocabulary exercise. Be sure to review the correct answers with the entire class.
5. Distribute the handout titled **We're Kids, Not Translators!** Ask the students to guess what the reading will be about based on the title. Write the students' guesses on the board. Explain that the reading is made up of two stories, one told by Grace and one told by Queena. Tell the students that Grace and Queena are teenage daughters of Chinese immigrant parents. Also, explain that in the stories, the daughters talk about their experiences translating for their parents when their parents need to fill out health forms or talk to medical doctors.

Depending on your class, you may wish to choose one or more of the following options:

- Divide the class into two groups. One group reads "Grace's Story." The other group reads "Queena's Story". After each group has a chance to read their assigned story, the students can work in pairs to retell the story they each read. Students can complete the **Reading Skills** exercises pertaining to the story they read.
 - Read the two stories and complete the **Reading Skills** exercises in class over two lesson days.
 - Read one story and complete the relevant **Reading Skills** exercises in class; then assign the other story and exercises for homework.
6. **Note to teacher.** The warm-up, dictation, and reading activities will likely take two lesson days to complete. **Group Worksheets, Parts 1 and 2** are designed as follow-up activities to the readings.
 7. The tasks in **Group Worksheet, Part 2: Making Requests** may be used as a stand-alone speaking lesson. One of the language learning goals of this lesson is for the students to recognize and practice the different levels of politeness in making requests.

Note that teachers (and sociolinguists!) may not agree on the exact rank-ordering of expressions – from *most polite* to *less polite* – presented in this lesson. Here are some thoughts that informed the present ordering:

- The phrase "would you mind" was considered the most polite form because indirectness is a hallmark of politeness.
- Using the words "would" and "could" was considered more polite than "will" and "can," although note that in modern day conversation, the "would/will" and "could/can" distinctions seem to be less strictly regarded.
- The expressions using "can/will" with "please" were ordered after the "could/would" expressions. However, it's possible that the expressions using "please" may be on the same level of politeness as the expressions using "could/would."

Teachers should feel free to change the rank-ordering and explain their changes to the students. It is important that during the lesson, students be encouraged to explore the specific words or combination of words that distinguish very polite requests (e.g. "Would you mind...") and less polite requests (e.g., "Will you...").

Follow-up activities

- A. Survey activity.** Students ask five people outside of class the following questions: Have you ever had problems communicating with your doctor? Did you need a medical interpreter? Did you get one? What happened? Students can share their information in the next class. What is similar about the people's experiences?
- B. Writing activity.** Students imagine they are Grace or Queena and write a letter to their state representative or senator about the need for more medical interpreters in hospitals. The letter should describe the situation and offer solutions.

Acknowledgements

The patient statements presented in the Warm Up activity are drawn from the following articles:

- Andrulis, D., Goodman, N. & Pryor, C. (2002). *What a difference an interpreter can make: Health care experiences of uninsured with Limited English Proficiency*. Boston, MA: The Access Project, Brandeis University. Available at www.accessproject.org
- Robinson, M. & Gilmartin, J. (2002). Barriers to communication between health practitioners and service users who are not fluent in English. *Nurse Education Today*, 22, 457-465.

Grace and Queena's stories are based on true accounts published in a report, *Some views on the use of family, children and friends as interpreters*, published by the Community Legal Services Language Access Project (LAP) and available at http://www.lri.lsc.gov/abstracts/030065/div_030065.htm

The design of the reading activities in this lesson have been adapted from lessons in *Amazing Stories to Tell and Retell*, 3 written by Lynda Berish and Sandra Thibaudeau and published by Houghton Mifflin.

Warm-Up

A. Work in groups. Read the statements below. Talk about the thoughts and feelings of the people who made these statements. Have you had similar thoughts and feelings? Share your ideas with your classmates.

1. “The hospital is very clean but...I saw how people who don’t speak English are treated like they are nothing.”
2. “I told the doctor ‘okay,’ but I really didn’t understand anything about taking my medicines.”
3. “We need good translators at the hospital. It is a problem finding someone to translate. Also, hiring a translator costs a lot of money.”
4. “I didn’t buy the medicines because I didn’t understand the instructions.”
5. “I have to wait for my daughter to come so she could tell the nurse or doctor. There were no interpreters; I did not think you could ask for interpreters. I feel terrible that I could not speak to the nurse, so lonely. There are so many people there, but for me, it like being alone in a crowd.”

Dictation

Read this paragraph. Then turn your paper over and write the paragraph as your teacher dictates it.

Many immigrant adults who do not speak English will have problems talking with doctors and nurses. Sometimes patients need to use family members or friends to interpret for them. Family members and friends can give a patient emotional support, but they often do not understand difficult medical terms. They can only describe the patient's condition in basic terms, which changes the doctor's message. As a result, the patient does not understand the doctor's advice or instructions for taking medicines. How can these serious problems be solved?

Before You Read

For each word in the list below, find two other words in the box that have related meanings. The first one is done for you.

	For each word below...	Find two other words that have related meanings	
Example ->	1. translate	<i>interpret</i>	<i>restate</i>
	2. terms		
	3. condition		
	4. verify		
	5. shocked		
	6. forms		
	7. horrible		
	8. expect		

circumstance	documents	awful
interpret	require	check
restate	applications	expressions
status	ask	confirm
ugly	shaken	surprised

We're Kids, Not Translators!

A. Grace's Story

I am 16 years old. My family came to the U.S. from China about nine years ago. I speak Cantonese at home because my parents still have a lot of difficulty speaking English. I am the oldest child in my family, which means my family expected me to help them translate. Translating is a lot of pressure! Translating from one language to another is very different and difficult.

Every time when I'm translating for my parents, I'm afraid I will translate something wrong. I am also afraid that my mistakes will hurt my family. For example, when I was only about ten years old, my family applied for both health benefits and food stamps because my dad had a low-paying job and my mom didn't work. Although we were assigned to a Chinese-speaking social worker, many of the forms that our family had to fill out were in English. From time to time, the government would send forms to our home to verify our family's income and update information. Because no one else in my family could read the English forms, I had to fill them out. But my English was limited, I was always afraid that I would make a mistake, and my family would either lose our income or health care. I felt that there's a lot of weight on my shoulders, and I'm glad that I don't have to do that anymore.

B. Queena's Story

I don't like sitting in the hospital, and I feel uncomfortable. I want to tell the doctor that I don't want to be here. But since my mom doesn't speak English, my sister Janice and I are the only ones that can help mom. The doctor looks at me and begins to talk about my mom's medical condition. He explains, "I'm sorry to tell you this but your mom has cancer. The hemorrhoid we found turned out to be a tumor. I know that your mom doesn't speak English. Can you please interpret for her?"

He talks to me as simply as possible, so I can understand the situation. He says my mother's cancer would require surgery and probably radiation and chemotherapy treatments afterward.

I am shocked. Surgery. Radiation. Chemotherapy. Side effects. I can't even begin to think of how I'm going to tell my mom. All this information is new to me; all those big words sound horrible. And the doctor is expecting me to tell mom this in Cantonese.

I begin to translate for my mom. She looks back at me with watery eyes. I search for comforting words in Cantonese that would help calm her, but I am lost. It's hard enough to think of the Cantonese terms for various organs, for surgery and chemotherapy. Instead, I describe the situation in basic terms, and leave gaps in my explanation. Since I don't know how to say "surgery," I tell her that there will be needles, knives, tubes, and cuts into her body.

My mom bursts out crying, pushing me away. She doesn't want to see anyone.

Reading Skills - Skimming for details

Answer the following questions with the exact information from the stories. Use the number of words suggested. Write your answers on the lines.

Grace's Story

1. What language does Grace's family speak at home? (1 word)
Her family speaks _____.

2. How does Grace feel about translating for her parents? (4 words)
She thinks that translating _____
_____.

3. When Grace was ten years old, what did her family do? (7 words)
Her family _____

_____.

4. Why did the government send forms to Grace's house? (1 word / 5 words)
It sent forms to her home to _____ her _____
_____.

5. Why did Grace feel afraid when she filled out the forms? (4 words / 3 words)
She was afraid that she _____
and her family would lose their _____
_____.

Reading Skills - Skimming for details

Answer the following questions with the exact information from the stories. Use the number of words suggested. Write your answers on the lines.

Queena's Story

1. What does the doctor say to Queena about her mother's medical condition? (1 word / 4 words)

He tells her that her mother has _____.

He also tells her that the hemorrhoid turned out _____.

2. How does the doctor talk to Queena? (4 words)

He talks to her _____.

3. What kind of advice did the doctor give Queena about her mother's condition? (8 words)

He said that her mother's cancer would require _____.

4. How does Queena explain the situation to her mother? (3 words / 1 word)

She describes the situation _____ and leaves _____ in her explanation.

5. How does Queena explain "surgery" to her mother? (8 words)

She tells her mother that there will be _____.



Group Worksheet, Part One

Retelling the stories

1. Task One. In groups, act out the stories told by Grace or Queena. To act out Grace's story, you will need:

- the daughter, Grace
- her mother and father

To act out Queena's story, you will need:

- the daughter, Queena
- the sister
- the mother
- the doctor

Practice your roles. You can use the exact words in the story. Act out the story for another group or for the whole class.

2. Task Two. Work with a partner. Tell one another the stories of Grace and Queena. One person tells the story of Grace and the other tells the story of Queena. Each person talks about the girls' experiences and their feelings about translating for their parents.



Group Worksheet, Part Two

Communication Skills: Making Requests

Practice: Imagine you are at the hospital and you need a medical interpreter. Here are some expressions you can use in this situation. Repeat the expressions after your teacher.

<p><i>Excuse me, would you arrange to have a medical interpreter here?</i></p> <p><i>Would you mind arranging to have a medical interpreter here?</i></p> <p><i>Could you arrange to have a medical interpreter here?</i></p> <p><i>Can you arrange to have a medical interpreter here, please?</i></p> <p><i>Will you please arrange to have a medical interpreter here?</i></p> <p><i>Will you arrange to have a medical interpreter here?</i></p> <p><i>Can you arrange to have a medical interpreter here?</i></p> <p><i>I want a medical interpreter. = I need a medical interpreter.</i></p> <p><i>Arrange a medical interpreter for me.</i></p>	<p>Most polite</p> <p>↑</p> <p>↓</p> <p>Less polite</p>
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Try this:

- ✓ Are there other expressions you know to request help? Add other expressions to the list.
- ✓ Compare the **most polite** expressions to the **less polite** expressions. How are they different? Study the expressions. With your classmates, try to make a 'rule' which explains the difference between most polite and less polite expressions.
- ✓ Work with a partner. Use these expressions to role-play a conversation between a patient and a doctor or nurse. Switch roles and practice again.
- ✓ In general, it's important to use polite expressions when talking to medical staff. However, are there situations when you would *want* to use a less polite expression? Share your ideas with another classmate.

Lesson 2: (ESOL) Exploring Hospital Vocabulary

<p>Access and Navigation Tasks Addressed in this Lesson</p> <ul style="list-style-type: none"> • Getting around a hospital • Understanding names used for hospital departments • Communicating with hospital staff <p>Skills Focus</p> <ul style="list-style-type: none"> • Students will increase their understanding of the differences between hospital vocabulary and everyday vocabulary. • Students will practice using hospital language, including language for giving directions and names for hospital departments. <p>ABE/ESOL Level</p> <ul style="list-style-type: none"> • Intermediate to advanced ESOL <p>Duration</p> <ul style="list-style-type: none"> • 1 hour 15 minutes <p>Materials Student Handouts (3)</p> <ul style="list-style-type: none"> • Warm-Up • Word Study • Group Worksheet/ Writing Practice <p>Key Vocabulary and Expressions to be admitted (registered) to be discharged main entrance corridor facility to report to (a place) ground floor wing ward</p>	<p>Purpose To address questions and concerns students have about finding their way in a hospital and to familiarize students with the nature of hospital vocabulary.</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Warm-up. Distribute the Warm-Up activity. Ask the students to look at the photograph of the people in the hospital for a few minutes, and to then check all the words provided below that the picture reminds them of. Encourage the students to add three words of their own and write them in the spaces provided. Students can work in pairs to share their lists and explain their choices, or the teacher can facilitate a whole-class discussion of the students' lists. List all new words generated by the students on the board. 2. Discussion. Following this brainstorm about the picture, ask the students: "Have you ever had problems getting around a hospital? What happened? What did you do?" List on the board the problems the students encountered and their solutions. 3. After the warm-up activity, explain to the students that this lesson contains some hospital-related vocabulary which can help them find their way in a hospital. Also, explain that the students will practice asking directions and requesting information. Distribute the Word Study handout. Depending on the proficiency levels of your class, ask students to read the opening paragraph on this worksheet silently, in small groups, or you can read the text aloud to the whole class. 4. Teaching tip. After reading the paragraph, it may help to provide some examples of how similar meanings can be expressed using "everyday language" and "formal language." For example, write "I'm sorry" on the board, and ask the students, "What are more formal ways of saying 'I'm sorry' in English?" (<i>I regret that..., I apologize for...</i>)
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As another example, write down “He *purchased* a new building” and ask the students, “What is a less formal way of saying this sentence?” (He *bought* a new building.) To further scaffold comprehension, you can provide your own examples of formal/everyday expressions, or ask the students to generate their own examples. You might point out that formal language is more commonly found in writing, such as on hospital signs, than in speaking. Formal language is also often found in institutional settings, such as hospitals and government offices.

5. Next, read the sentences in the chart comparing “Everyday Language” and “Hospital Language” on the **Word Study** handout. Depending on the skill level of your class, you may wish to model the sentences, or the students can take turns reading. Discuss the vocabulary used in the sentences by asking: “Which words do you already know?” “Where have you heard them before?” “What do they mean?” It is important for students to recognize that the sentences in the two columns express similar meanings but differ in their use of common and formal language.
6. **Teaching tip.** Depending on your class, students may need to practice the sentences in the chart before working on the group work and writing activities. Students may need help with the pronunciation of new hospital vocabulary and may benefit from listening and repeating after you. A *disappearing cloze activity* is one technique to help students practice using new words in sentences. Write a target sentence on the board and ask the students to say the sentence aloud. Next, erase 2-3 words from the sentence and ask the students to say the whole sentence again. Next, erase 2-3 more words and ask the students to say the whole sentence again. Repeat until the sentence is erased completely from the board. The goal is for students to be able to say the entire sentence without relying on the written text.
7. Once you feel that the students have a working understanding of new vocabulary, ask them to work in pairs to complete the **Group Worksheet**, or you can lead the class in completing this task together. After the students complete the **Writing Practice** activity, ask volunteers to share their sentences with the class, either orally or in written form on the board.

Follow-up activities

- A. **Survey activity.** Students ask five people outside of class the following questions: Have you ever had problems getting around a hospital? What happened? What did you do? Students can share their information in the next class. What problems were mentioned most often? What solutions were the most successful, and which ones were the least successful?
- B. **Writing activity.** Students imagine they are the confused person in the picture on the Warm Up Worksheet, and write a letter to the hospital administrators complaining about the problems people have when trying to find their way around the hospital. The letter should describe the situation and offer solutions.

Warm-Up Activity



Photo © Jon Crispin

A. *Look at the picture for a few minutes, and check (✓) all the words it makes you think of.*

☐ interesting

☐ lonely

☐ confusing

☐ exciting

☐ depressing

☐ strange

☐ frustrating

☐ funny

☐ unusual

☐ angry

☐ kind

☐ anxious

B. *Add three words of your own.*

C. Share your list with a classmate and explain your choices. You can use phrases such as:

- This picture is interesting because...
- I think this picture shows a very confusing situation because...
- This picture makes me sad because...

D. Discuss these questions with your classmates.

1. Have you ever been in a difficult situation when you couldn't understand hospital signs and directions? What happened?
2. What are some problems people have when they try to find their way in a hospital?
3. What are some ways hospitals can help people who do not speak English well?



Word Study

The vocabulary used in hospitals can be hard to understand. One reason is that hospital vocabulary does not usually use common, everyday words. Instead, hospital vocabulary tends to be formal words that are usually not used in everyday conversation.

Look at the chart below. Repeat the sentences after your teacher. Which sentences sound more formal to you? Can you think of more examples that show how hospital language differs from everyday language? Write the examples in the spaces provided.

Comparing everyday language and hospital language

Everyday language	Hospital language
Enter the hospital through the front door .	Enter the facility through the main entrance .
The elevator is down the hallway on your right .	The elevator is down the right-hand corridor .
I am a new patient. Where can I check in ?	I am a new patient. Where can I be admitted ? (Where can I register ?)
Don't smoke here .	Refrain from smoking on the premises .
When will the patient leave the hospital ?	When will the patient be discharged ?
Please come 15 minutes before your scheduled appointment and go to the check-in desk on the first floor of the hospital.	Please arrive 15 minutes prior to your scheduled appointment and report to the registration department located on the ground floor of the hospital.



Group Worksheet

Student A: Pick one of the sentences from the column “Everyday language,” and read it aloud to your partner. Your partner will say the sentence that is similar in meaning from the “Hospital language” column. Give your partner hints if she or he cannot remember the sentence or parts of the sentence.

Student B: Turn your paper over. Listen to the sentence read by your classmate and say the sentence that is similar in meaning but uses hospital vocabulary. Your partner will give you hints if you need help.

Take turns being Student A and Student B.



Writing Practice

Choose three new words from the table and make up new sentences or questions.

Lesson 3: (ESOL) Filling Out Health Care Forms

Access and Navigation Tasks Addressed in this Lesson

- Filling out health-related forms.
- Responding to dependent questions on health-related forms

Skills Focus

- Students will discuss the challenges of filling out health-related forms.
- Students will improve their ability to recognize dependent questions on health care forms.
- Students will practice scanning for specific information in forms.

ABE/ESOL Level

- High beginning to low intermediate ESOL

Duration

- 1 hour 15 minutes

Materials

- Group Worksheet: *General Information Form*
- Sample health benefits forms and applications (see Appendix A)
- *Improving Forms and Applications* Handout (see Appendix B)

Key Vocabulary and Expressions

D.O.B.
next of kin
emergency contact
marital status
primary language
employment status

Purpose

To address questions and concerns students have about difficulties in filling out health care forms. To familiarize students with some of the skills involved in answering questions on health care-related forms, specifically, skills involved in recognizing and responding to questions whose answers depend on answers to previous questions.*

Steps

1. To begin the lesson, write the following question on the board: *What do you find difficult about filling out forms and applications?* Ask the students to share their experiences filling out forms (e.g., health forms, bank forms) and applications (e.g., job applications). Do not worry if discussion is slow at first, as students may need some time to recall the last time they filled out a form/application. Also, keep sample forms and applications (see Appendix A) on hand to show students who do not recognize the words *form* and *application*.

Use these follow-up questions if students seem to need more prompting: *Do you remember the last time you filled out a form or application? What kind of form (or application) did you fill out? What was easy about filling out the form? What was difficult?* List all ideas generated by the students on the board.

2. **Background information for the teacher.** In 1998, the Canadian Public Health Association asked a group of senior citizens to talk about their difficulties filling out forms. Some of the problems that the seniors identified include:

- the large amount of text on forms
- inadequate space for writing their answers
- inconsistencies in the way the same information is asked across forms
- large amount of technical vocabulary
- small font size
- long sentences
- use of acronyms.**

* This lesson builds on findings from a U.K.-based study of form-filling behavior which found that many readers encounter difficulties with dependent questions. Source: Frolich, D. (1986). On the organisation of form-filling behaviour. *Information Design Journal*, 5, 43-59.

** Source: Canadian Public Health Association. (1998). *Creating plain language forms for seniors: A guide for the public, private and not-for-profit sectors*. Ontario, Canada: Author.

After your students share their own ideas, you may wish to present the results of this Canadian study; there may be areas of interesting overlap with the students' and seniors' responses, particularly those difficulties related to language. To present these results, be sure to write the seniors' comments on the board and read them aloud. This will help the students think about the seniors' comments. Also, it will be very important to have some health care forms on hand (see Appendix A) to illustrate the different features identified by the senior citizens.

For example, when you cite the problem of small font sizes, be sure to point to the small fonts on an actual application. You can also ask the students to work in pairs and distribute a sample form to each pair. As you cite a problem, such as small font size, each pair can work together to see if their form illustrates the problem. Ask each pair to report to the whole class.

Note: The results of the Canadian study can be used to jump start a class discussion, if the students are having a hard time generating responses to the initial question, *What do you find difficult about filling out forms and applications?*

3. ***Pair activity.*** Distribute the **Group Worksheet: General Information Form**. This form asks students to fill out general information that is commonly requested on a range of health care forms, from benefits applications to medical history forms. Before the students begin pair work, go over with the class any unfamiliar terms used on the form. Check whether students are familiar with commonly used terms on forms, such as "D.O.B." for "date of birth". It may also be important to point out that date of birth is sometimes expressed as month/day/year and other times day/month/year. Also, be sure to ask students to identify any unknown vocabulary and write these unknown words along with their definitions on the boards. Words such as *widowed*, *retired*, or *next of kin* may not be familiar.
4. ***Teaching tip.*** Language minority adults often rely on the help of neighbors, family members, or adult educators to fill out complex forms and applications. In this way, the pair-work approach to the form-filling task may feel familiar to some of your students. However, also note that depending on your class, students may not feel comfortable disclosing personal information with other students. Students should be told that they are free to make up information to practice filling out the form. Alternatively, students can be given the option to work individually, rather than in pairs.
5. ***Looking at dependent questions.*** After students have had an opportunity to fill out the General Information Forms and talk about any unfamiliar vocabulary, direct their attention to item 10A and 10B. Ask students if they had any trouble with this question, and if so, what gave them trouble? Explain that people often do not respond appropriately to these kinds of questions. These types of questions are sometimes referred to as *dependent questions*, because their answers are dependent on answers to previous questions. Explain that studies have shown that people tend to overlook key instructions which indicate whether a person should complete or skip a question. As

a result, people often end up answering irrelevant questions on forms. This often wastes time and can confuse the person who is filling out the form.

6. **Scanning activity.** Explain that the final part of the lesson will help students learn to recognize dependent questions on forms and applications and also provide the students with practice with scanning, a useful learning strategy. Distribute sample health benefits forms (see Appendix A) to students in the class. Write on the board *Scanning = searching a text for specific information.* Training your students to recognize the different sections of a form provides them with important scanning skills. This kind of preparation shows them how some questions are topically linked to other questions. You may wish to spend a few minutes talking about scanning as a valuable literacy skill when reading for information. Ask the students, in pairs or small groups, to *scan* the forms for examples of dependent questions. Ask volunteers to share any examples they find with the class.
7. After the class has identified a few examples of dependent questions, ask the students: *What patterns do you see in the way these questions are asked? or In what ways are these kinds of questions similar? or Do you see similarities in the way these questions are written on these forms?* Write all ideas generated by the students on the board.

Possible responses:

- *Questions are indented.*
- *Questions are written in italic font.*
- *Questions follow a similar sentence pattern: “If yes, go to ...” or “If yes, explain why” or “If yes, complete section C” or “If so, answer the following questions.”*

Have one student role-play explaining how to fill out these kinds of questions to the teacher or have students role-play with each other. This will help you assess whether students understand the general format of dependent questions. More importantly, this prepares the students for helping family members or friends to fill out forms and applications.

8. To close the lesson, remind your students that (1) filling out forms and applications is a very complex skill; and (2) many forms and applications are very poorly written. For these reasons, it is very important to encourage your students to seek out help from office personnel or medical staff if they do not understand the information on a form. To this end, students can learn and practice the following expressions for requesting help:
 - *Excuse me. Can you help me fill out this form?*
 - *I don’t understand question number 10 on this form. Could you explain the question to me?*
 - *Could you tell me what xxx means?*

Follow-up Activities

- A. Group project.** Ask students to work in groups of 2-3 to complete the **Improving Forms and Applications** handout in Appendix B. Student volunteers can present their ideas to the rest of the class.
- B. Creating a class resource file.** Ask students to visit their local department of human services or doctor's office and pick up copies of health benefits applications or medical forms. If no applications are on display, students should ask the office staff for the applications and forms. Explain to students that these documents will be placed in a class "resource file" available to them and other students. Students can use the forms or get help filling out the forms in class. Make sure there is a designated place in the classroom for this file to be stored.
- C. Writing activity.** Students imagine that they are one of the senior citizens who participated in the Canadian Public Health Association study described previously. Students will write a letter to the editor of the local newspaper complaining about the problems senior citizens have when trying to fill out forms and applications. The letter should describe the sources of difficulty and offer a few solutions.

Group Worksheet: General Information Form

Interview your partner and fill in the application below for him or her.

Example questions: *Where do you live?*

When were you born?

Are you married?

Are you currently working?

What is your first language?

Section I. General Information				
1A. Name (<i>Last, First, MI</i>)		1B. Other names used		
2. Social Security Number		3. Gender (<i>Check one</i>) M <input type="checkbox"/> F <input type="checkbox"/>		4. DOB (<i>mm/dd/yyyy</i>) ____/____/____
5A. Current Mailing Address (<i>Street, PO Box, RR, include apt. number</i>)		5B. City	5C. State	5D. Zip
5E. County	6. Home telephone number ()		7. Work telephone number ()	
8. Current marital status (<i>Check one</i>) <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				
9. If your primary language is not English, please list:				
10A. Employment status (<i>Check one</i>) <i>If employed or retired, complete item 10B.</i> <input type="checkbox"/> Not employed <input type="checkbox"/> Employed <input type="checkbox"/> Retired -- Date of retirement mm/dd/yyyy) ____/____/____		10B. Company name, address, telephone number		
11A. Name, address, and relationship of next of kin		11B. Next of kin's home telephone number ()		
		11C. Next of kin's work telephone number ()		
12A. Name, address, and relationship of emergency contact		12B. Emergency contact's home telephone number ()		
		12C. Emergency contact's work telephone number ()		

APPENDIX A:

Sample Health Benefits Forms and Applications

For your convenience, two sample benefits applications have been included in this lesson plan.

Sample #1: Allied Health Coverage -- Application for Benefits

Sample #2: Application for Children's Medicaid

To add to this collection and make your examples more relevant to community needs and services, you may find additional forms and applications at local offices including the:

- Library
- Department of Health and Human Services
- Head Start Office
- Regional Hospitals and Community Health Centers
- Office of Veterans Affairs
- Women, Infants, and Children (WIC) Center
- Senior Centers

The following web sites may also be helpful resources for gathering health benefits for and applications.

- <http://www.cms.hhs.gov/states/default.asp>
- <http://www.cms.hhs.gov/forms/>
- <http://www.va.gov/onlineapps.htm>

Sample #1:

Allied Health Coverage

Application for Benefits

Part A: PLAN SELECTION

Type of Plan – select a plan type and benefit level

- ☐ Health Maintenance Organization (HMO): ☐ Gold ☐ Silver ☐ Basic
- ☐ Point of Service (POS)
- ☐ Preferred Provider Organization (PPO): ☐ Basic ☐ Expanded

Part B: SUBSCRIBER INFORMATION *(oldest applicant must be the subscriber)*

1. Last Name		2. First Name		3. MI	4. Social Security Number
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth (month/day/year) / /	7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____		8. Type of Coverage Requested <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Other _____	
9. Mailing Address		10. Apt. #	11. City	12. State	13. Zip Code
14. Home Telephone ()	15. Work Telephone ()		16. Primary Language		17. Name of Primary Care Physician
18. Are you a previous Allied Health Coverage member? <input type="checkbox"/> No <input type="checkbox"/> Yes Previous ID #: _____			19. Do you currently have any other health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes:</i> Name of Health Plan: _____ Name of Plan Holder: _____ Health Plan Number: _____		

Part C: DEPENDENT INFORMATION

Full Name (first, middle, last)	Sex (M / F)	Date of Birth (month / day / year)	Social Security Number
Spouse		/ /	
Child/Dependent		/ /	
Child/Dependent		/ /	
Child/Dependent		/ /	

Applicant Signature *(required)*: _____ Date: _____

Sample #2: Application for Children's Medicaid

Free Health Insurance for Children under 19

PART A: Parent's/Guardian's Information

Last Name	First Name	M.I.	Phone Number	
Mailing Address	City	State	Zip Code	County

PART B: Family Information. List the parent shown in Part A on the first line below.

Last Name <i>List parent(s) and children</i>	First Name <i>List parent(s) and children</i>	Middle Initial	Sex	Date of Birth	Social Security #	How is this person related to you?
						Self

PART C: Income Information. Enter gross pay, not take home pay. Enter zero ("0") if you are unemployed.

Your Income from Employment		Other Parent's Income from Employment (if living in the home)	
Employer Name and Phone Number		Employer Name and Phone Number	
Amount you earn each pay period before taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly Hours worked each pay period: _____		Amount you earn each pay period before taxes: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly Hours worked each pay period: _____	
Other Income	Amount	How Often Do You Get This Income?	Which Family Member Gets This Income?
Child Support	\$		
Alimony	\$		
Social Security Payment	\$		
Unemployed Benefits	\$		
Other (Please explain)	\$		

PART D: Attach Proof of Income. Please indicate what you attached.

- ☐ Copies of pay stubs for the last 4 weeks OR a letter from my employer.
- ☐ A copy of a letter indicating the amount of any benefits received (Social Security, Unemployment, VA, Workers Compensation, etc.), or a copy of any checks received.
- ☐ I am self-employed and I have attached a copy of my most recent federal income tax form.
- ☐ Child support check stubs.
- ☐ A statement signed by the person who gives my family child support or cash contributions.
- ☐ My family has no income.

PART E: Primary Language.

☐ English ☐ Spanish ☐ French ☐ Portuguese ☐ Chinese ☐ Vietnamese ☐ Russian ☐ Somali ☐ Other: _____

PART F: Any Health Insurance You Already Have for Your Children. Even if you have health insurance, you can still qualify for Children's Medicaid.

Insurance Company or Employer	Policy Number	Policyholder's Name	Policyholder's SSN

PART G: Signature

I certify that the information I have provided above is true to the best of my knowledge and I give permission for the State to make any necessary contacts to check my statements.

Signature of Applicant: _____ **Date:** _____

APPENDIX B: Improving Forms and Applications

Student handout for follow-up activity

Group work: Work with your classmates and think about the problems that people have when they fill out forms. Suggest possible solutions. Fill in the chart with your ideas. The first one is done for you. After you have completed your chart, compare your list with another group's list.

Problem	What can I do to solve this problem?	What should companies and organizations do to solve this problem?
<i>Too many difficult words</i>	<i>I can use a bilingual dictionary or ask someone for help.</i>	<i>Companies and organizations should use easy English words on their forms.</i>
<i>Not enough space on forms to write answers.</i>		
<i>Print is too small</i>		
<i>Too much information to read</i>		

Lesson 4: (ABE) Determining Income Eligibility

Access and Navigation Tasks Addressed in this Lesson

- Determining income eligibility
- Reading and interpreting income eligibility charts

Skills Focus

- Students will practice reading and using a chart.
- Students will increase their understanding of percentages.
- Students will strengthen their calculation skills using decimals and multi-step math problems.

ABE/ESOL Level

- Intermediate to high ABE

Duration

2 hours

Materials

- Student Worksheets (2)
- Answer Keys for Student Worksheets (2)
- Glossary (see Appendix A)
- Sample Semantic Web (see Appendix B)
- Calculators

Key Vocabulary and Expressions

annual
applicant
benefits
cell
column
documentation
eligibility
federal/state withholding
gross
income
monthly
net
percentage
rate
row
verification

Purpose

To improve students' skills in determining eligibility. To provide students with an opportunity to practice reading and synthesizing information in an eligibility chart. To improve students' basic calculation skills with decimals and multi-step problem solving.

Steps

1. Write the phrase *income eligibility* on the board and ask the students if they have heard of this term.

Teaching tip. Create a semantic web with the students. Ask students to brainstorm words that are related to the term *income eligibility*. All words should be written on the blackboard in the order they are shared. The teacher may add words that need to be learned. Words are defined and discussed during this brainstorm session. After the students run out of ideas, ask them to put the words into categories and label the categories. This step can be done as a class, in small groups or pairs, or individually. Students generate webs for the word and the related categories (For a **Sample Semantic Web**, see Appendix B).

Note to teacher. The concept of *income eligibility* may be quite challenging for students who have not had experience with government subsidized programs in the U.S. or in their home countries. If students are having a hard time comprehending this concept, you may find it useful to focus on the word *eligibility* first. Also note that this lesson contains a **Glossary for Key Vocabulary** (see Appendix A) for terms that are often found on benefit applications (e.g., *verification*, *eligibility*) and paychecks (e.g., *gross*, *net*). Please refer to this glossary as often as necessary. You may wish to make copies of this glossary for the students so they can check their understanding of these words.

2. Explain that the class will learn how to calculate income eligibility using an actual benefit program called the SCHIP program. If students are not familiar with the SCHIP program, explain that SCHIP stands for the State Children's Health Insurance Program, and is a U.S. government program to provide health insurance to children in families who cannot afford private health coverage. The child's household must meet income eligibility criteria in order to receive this health insurance, which is paid for in part -- or subsidized -- by the government.
3. Organize the class into pairs and distribute the **Student Worksheet: SCHIP Income Eligibility Chart**. Ask the students to study the chart and answer the questions at the bottom of the worksheet.

Note to teacher. An answer key for the SCHIP Income Eligibility Chart is provided at the end of this lesson. Depending on the skill level of your class, you may wish to use the questions on this worksheet to focus on important concepts such as *percentage, monthly, annual, and rate*.

Teaching tip: The concept of "200%" will likely be difficult for students with basic math skills, as people tend to think of percent as a number between 0 and 100. The concept of percent as a part of a whole can get in the way of understanding percents greater than 100, so you might want to use the word "base" instead of "whole." Work with students to have them think of percent as a ratio of some number to a base of 100, written as $N / 100$, where N is the percent and can be any number. For example, 200% is $200 / 100$, which reduces to 2. In other words 200% of a base is twice the base.

If your students require more extensive instruction in percent problems, there are a number of good resources. One is McGraw-Hill/Contemporary's *Number Power 6*, p 118-136, which gives instruction and practice in both the proportion method and the percent circle method of solving percent word problems.

4. Distribute calculators and the **Student Worksheet: Determining Applicant Eligibility**. Ask for a volunteer to read problem #1 aloud.

Teaching tip. Note that this problem may contain new vocabulary for students, such as *gross, federal and state withholding, and net*. Be sure to allow time for students to ask questions about unfamiliar vocabulary. Refer to the glossary as much as needed. Make sure that the class understands that the gross income is the total amount earned and net income is the amount of actual take home pay. You can use the information in Problem #1 to teach students how net income is calculated. Ask for volunteers to show how Belquis's net income would be calculated. (*Answer:* To determine net income, subtract federal withholding, state withholding, social security, and Medicare from the gross income.)

5. Ask students, *Is gross income or net income used to determine income eligibility?* (The answer is gross income.) Work together as a class to determine if Belquis

Guerrero is eligible for SCHIP benefits. Ask the class how many people are in Belquis' family and list them on the board. Next ask if Belquis's income should be calculated on a monthly or annual basis. If the class response is "annual," ask what you need to multiply a weekly amount by to get an annual amount. If class has difficulty arriving at the correct response of "52," ask them how many weeks there are in a year.

Note: If class response is "monthly," ask what they need to multiply a weekly amount by to get a monthly amount. The correct response is 4.333 which is $52 \div 12$. This is a more complicated approach to calculate, and you may find it easier to steer students toward the "annual" approach.

Explain to the class that the dollar amounts in Problem #1 typically appear in a paycheck.

- Ask the class which of these numbers are needed to figure out Belquis's gross annual salary? The correct response is \$512.36 gross. Make sure that everyone in the class agrees that the other numbers are not needed in order to figure income eligibility.
 - Now ask for a volunteer to describe what math needs to be done to get Belquis's total income. The correct response is that the weekly gross of \$512.36 needs to be multiplied by the number of weeks in a year, 52.
 - Ask for two volunteers to do the calculation on their calculators. The correct calculation is \$26,642.72.
 - Now ask the class to look at the Income Eligibility Chart. Ask for a volunteer to explain which column and row should be used to find the maximum income Belquis could have and still receive benefits. The correct response should be the row with family size 3 and the annual column. Have the volunteer read out the dollar amount in the cell. The correct response is \$30,520.00.
 - Ask the class if Belquis is eligible for SCHIP. The correct response is "yes". Then ask why she is eligible. The correct response is that she earns less than \$30,520.00.
6. Have everyone in the class work, individually or in pairs, through Problems #2, #3, and #4. Ask the students the following questions to guide their problem-solving processes:
- *Which column will work better for the family, annual or monthly?*
 - *How many people are in the family?*
 - *Which numbers are needed to calculate the gross income of the family?*
 - *What is the math that needs to be done to calculate the gross income of the family?*
 - *What column, row, and cell do they need to use to determine the maximum eligibility level?*
 - *Which number is larger, the calculated gross income or the maximum eligibility amount indicated in the chart?*

7. After students have had an opportunity to work through the problems, ask them, *How confident do you feel in your ability to determine income eligibility? Do you feel completely confident, somewhat confident, or not confident at all?* Based on the students' responses, you may wish to review the chart and the word problems to make sure students understand the procedure for reading the chart.
8. To end the lesson, ask the class where else they might need to apply the skills they worked on during the class. Make a list of some of the possibilities.

Follow-Up Activities

- A. Additional Eligibility Calculations.** To challenge advanced math students, create new examples that include complex situations, such as when a person's income is based on a salary for part of the year and based on unemployment income for part of the year. Another example might feature a restaurant worker who receives a base salary as well as tips. Advanced math students may also be able to create their own sample problems – based on real or fictitious situations – and “quiz” one another.
- B. Research Activity.** If students want to learn more about income eligibility, ask them to use resources on the Internet and at the local library to research eligibility requirements for other benefit programs. Students can then create their own sample problems to practice calculating income eligibility.

ESOL Tips

This lesson contains many new concepts and terms related to health benefits. Students with accounting, tax, or health insurance backgrounds in their first language may have less difficulty with concepts such as *income eligibility*. You may wish to begin this lesson by asking students if they are familiar with government programs in their home country which require income eligibility checks. This could lead to a discussion comparing social services and benefits in the United States and in students various birth countries. This would provide useful background information for the focus on SCHIP in this lesson.

Also, ESOL students often demonstrate a wide range of math abilities. For ESOL students with strong math skills, it will be relatively easy to focus the lesson on the concept of income eligibility and government services.

Finally, note that computation techniques vary around the world so students may go about their computations (especially for division) in different ways. Encourage students to share their thinking processes so that students can appreciate the multiple ways a problem can be solved.

Technology Tips

There are many useful Web sites which provide information about current SCHIP income eligibility criteria in your state. States' income eligibility requirements for SCHIP can vary from the national 200% standard. Please refer to Web sites such as the American Association of Pediatrics (<http://www.aap.org/advocacy/eligibility.pdf>) or The Children's Defense Fund (http://www.childrensdefense.org/hs_chipstu.php) for up to-date-information on eligibility in your state.

Students can use Excel or another spreadsheet program to recreate the SCHIP spreadsheet, and practice using this software to manage and calculate income information. Have the students enter the labels and numbers in the spreadsheet exactly as they appear in the handout. Then, in the cell to the right of the 200% Monthly Column in the Family Size 1 row, enter a formula to express the relationship between the annual and monthly column. For example, in Excel, assuming that column D has been formatted to

display dollar format to two decimal places, if the label Family Size is in cell A1, \$17,960.00 is in cell B3, and \$1,496.67 is in cell C3, then students should enter the formula =B3/12 in cell D3. The number displayed in cell D3 should then be \$1,496.67 which is the same amount as displayed in cell C3.

Student Worksheet: State Children's Health Insurance Program (SCHIP) Income Eligibility Chart

Family Size*	2003 Income Levels for Eligibility	
	200% Annual	200% Monthly
1	17,960.00	1,496.67
2	24,240.00	2,020.00
3	30,520.00	2,543.33
4	36,800.00	3,066.67
5	43,080.00	3,590.00
6	49,360.00	4,133.33
7	55,640.00	4,636.67
8	61,920.00	5,160.00
* For family units of more than 8 members, add \$6,280 to the annual rate for each additional member.		

Notes:

The information in this chart applies to all states except Alaska, Hawaii and the District of Columbia. Percentage refers to the Federal Poverty Level. Since the Federal Poverty Level changes every year, the income eligibility amounts change every year. Other factors go into a child's eligibility, as well.

Instructions. Use the chart above to answer the following questions.

1. There are eight rows and two columns of income information in this chart. How many cells of income information are in the chart?
2. What do the numbers 1 to 8 represent in the first column?
3. What does "200%" refer to?
4. Why is the column labeled "2003 Income Levels for Eligibility" divided into two columns labeled "200% Annual" and "200% Monthly"?
5. What is the relationship between the income amounts listed in the column labeled 200% Annual and the column labeled 200% monthly?

Answer Key: State Children's Health Insurance Program (SCHIP) Income Eligibility Chart

Family Size*		2003 Income Levels for Eligibility	
		200% Annual	200% Monthly
	1	17,960.00	1,496.67
	2	24,240.00	2,020.00
Row	3	30,520.00	2,543.33
	4	36,800.00	3,066.67
Cell	5	43,080.00	3,590.00
	6	49,360.00	4,133.33
Column	7	55,640.00	4,636.67
	8	61,920.00	5,160.00
* For family units of more than 8 members, add \$6,280 to the annual rate for each additional member.			

- There are eight rows and two columns of income information in this chart. How many cells of income information are in the chart?
16 (Note: this question provides you with an opportunity to teach important vocabulary for reading charts such as row, column, and cell.)
- What do the numbers 1 to 8 represent in the first column?
*The numbers refer to **Family Size**. Typically this is the number of family members living in the same household.*
- What does “200%” refer to?
This indicates 200 percent of the federal poverty level. An important follow-up question here would be: *Is the federal poverty level for a single person greater than \$17,960 or less? If the students don't understand that the poverty level is less, then you need to spend time making sure that they understand the concept of a percent greater than 100%.*
- Why is the column labeled “2003 Income Levels for Eligibility” divided into two columns labeled “200% Annual” and “200% Monthly”?
This chart asks people to calculate eligibility for SCHIP based on income and family size. Income can be described in multiple ways: we can talk about people's income on an annual basis (how much they earn per year) or monthly basis (how much they earn each month).

5. What is the relationship between the income amounts listed in the column labeled “200% Annual” and the column labeled “200% Monthly”?

For each row under Family Size, you can divide the Annual income by 12 (since there are 12 months in a year) and this will equal the amount that appears in the Monthly income column. Or, you can multiply the Monthly income by 12 (again, since there 12 months in a year) and this will equal the amount that appears in the Annual income column. Ask the students to “test” this rule for a Family Size of 1.

$$\$17,960 / 12 \text{ months} = \$1,496.67$$

or

$$\$1,496 \times 12 \text{ months} = \$17,960$$

Allow students time to “test” the rule for other Family Sizes to reinforce the relationship between the two columns.

Student Worksheet: Determining Applicant Eligibility

Instructions: Determine the gross income of each family in Problems 1-4. Then, use the SCHIP Income Eligibility Chart to determine whether the family is eligible to receive SCHIP benefits.

1. Belquis Guerrero works full time as a receptionist in an insurance office, and lives with her two children Jorge, age 7, and Luisa, age 5. She receives a weekly paycheck, which lists \$512.36 gross, \$39.17 federal withholding, \$24.11 state withholding, \$43.60 social security, \$18.45 Medicare, and \$387.03 net. Her job is her only source of income, and does not include medical benefits.

Family Size: _____

Is income calculated on an annual basis or monthly basis?

Income: \$ _____

Eligibility Level: _____

Is the family eligible to receive SCHIP benefits? Yes _____ No _____

2. Alice and Bob Pincus live with their children, Nadya, Jeff, and Dax. Alice works in a medical testing lab and receives a monthly check of \$3,658.00 gross, \$387.48 federal withholding, \$165.02 state withholding, \$273.24 social security, \$111.38 Medicare, and \$2,220.88 net. Since January 1, Bob has not received any income because he is a full-time student finishing his bachelor's degree.

Family Size: _____

Is income calculated on an annual basis or monthly basis?

Income: \$ _____

Eligibility Level: _____

Is the family eligible to receive SCHIP benefits? Yes _____ No _____

3. Alisa and Ross Vlahakis both work part time. Ross works at a gas station year round. His weekly paycheck lists \$387.65 gross, \$18.46 federal withholding, \$14.79 state withholding, \$29.18 social security, \$11.48 Medicare, and \$313.94 net. Alisa only works during the 11-week summer season at a pizza shop. Her weekly paycheck lists \$352.22 gross, \$15.39 federal withholding, \$11.13 state withholding, \$24.91 social security, \$9.07 Medicare, and \$291.70 net. They have two children, Ariana and Aaron.

Family Size: _____

Is income calculated on an annual basis or monthly basis?

Income: \$ _____

Eligibility Level: _____

Is the family eligible to receive SCHIP benefits? Yes ____ No ____

4. Lisa and Ed Johnson love children. In addition to their three birth children, Jasmine, Brianna, and Michael, they recently adopted a sibling group of four children, Nicholas, Scarlet, Calvin, and Rochelle. In order to manage their large family, Lisa is currently not working at a wage-paying job. Ed works as a supervisor at an auto assembly plant. His regular weekly paycheck is \$1,158.46 gross, \$68.31 federal withholding, \$43.06 state withholding, \$54.81 social security, \$41.03 Medicare, and \$751.25 net.

Family Size: _____

Is income calculated on an annual basis or monthly basis?

Income: \$ _____

Eligibility Level: _____

Is the family eligible to receive SCHIP benefits? Yes ____ No ____

Answer Key: Determining Applicant Eligibility

Instructions: Determine the gross income of each family in Problems 1-4. Then, use the SCHIP Income Eligibility Chart to determine whether the family is eligible to receive SCHIP benefits.

1. Belquis Guerrero works full time as a receptionist in an insurance office, and lives with her two children Jorge, age 7, and Luisa, age 5. She receives a weekly paycheck, which lists \$512.36 gross, \$39.17 federal withholding, \$24.11 state withholding, \$43.60 social security, \$18.45 Medicare, and \$387.03 net. Her job is her only source of income, and does not include medical benefits.

Family Size: 3

Is income calculated on an annual basis or monthly basis?

annual

Income: $\$512.36 \times 52 = \$26,642.72$

Eligibility Level: \$30,520.00

Is the family eligible to receive SCHIP benefits? Yes X No

2. Alice and Bob Pincus live with their children, Nadya, Jeff, and Dax. Alice works in a medical testing lab and receives a monthly check of \$3,658.00 gross, \$387.48 federal withholding, \$165.02 state withholding, \$273.24 social security, \$111.38 Medicare, and \$2,220.88 net. Since January 1, Bob has not received any income because he is a full-time student finishing his bachelor's degree.

Family Size: 5

Is income calculated on an annual basis or monthly basis?

monthly

Income: \$3658.00

Eligibility Level: \$3,590.00

Is the family eligible to receive SCHIP benefits? Yes No X

3. Alisa and Ross Vlahakis both work part time. Ross works at a gas station year round. His weekly paycheck lists \$387.65 gross, \$18.46 federal withholding, \$14.79 state withholding, \$29.18 social security, \$11.48 Medicare, and \$313.94 net. Alisa only works during the 11-week summer season at a pizza shop. Her weekly paycheck lists \$352.22 gross, \$15.39 federal withholding, \$11.13 state withholding, \$24.91 social security, \$9.07 Medicare, and \$291.70 net. They have two children, Ariana and Aaron.

Family Size: 4

Is income calculated on an annual basis or monthly basis?

annual

Income: \$ $(387.65 \times 52) + (352.22 \times 11) = \$19,957.80 + \$3,874.42$
 $= \$23,832.22$

Eligibility Level: \$36,800.00

Is the family eligible to receive SCHIP benefits? Yes X

No

4. Lisa and Ed Johnson love children. In addition to their three birth children, Jasmine, Brianna, and Michael, they recently adopted a sibling group of four children, Nicholas, Scarlet, Calvin, and Rochelle. In order to manage their large family, Lisa is currently not working at a wage-paying job. Ed works as a supervisor at an auto assembly plant. His regular weekly paycheck is \$1,158.46 gross, \$68.31 federal withholding, \$43.06 state withholding, \$54.81 social security, \$41.03 Medicare, and \$751.25 net.

Family Size: 9

Is income calculated on an annual basis or monthly basis?

annual

Income: \$ $1,158.46 \times 52 = \$60,239.92$

Eligibility Level: $\$61,920.00 + \$6,280.00 = \$68,200.00$

Is the family eligible to receive SCHIP benefits? Yes X No

APPENDIX A

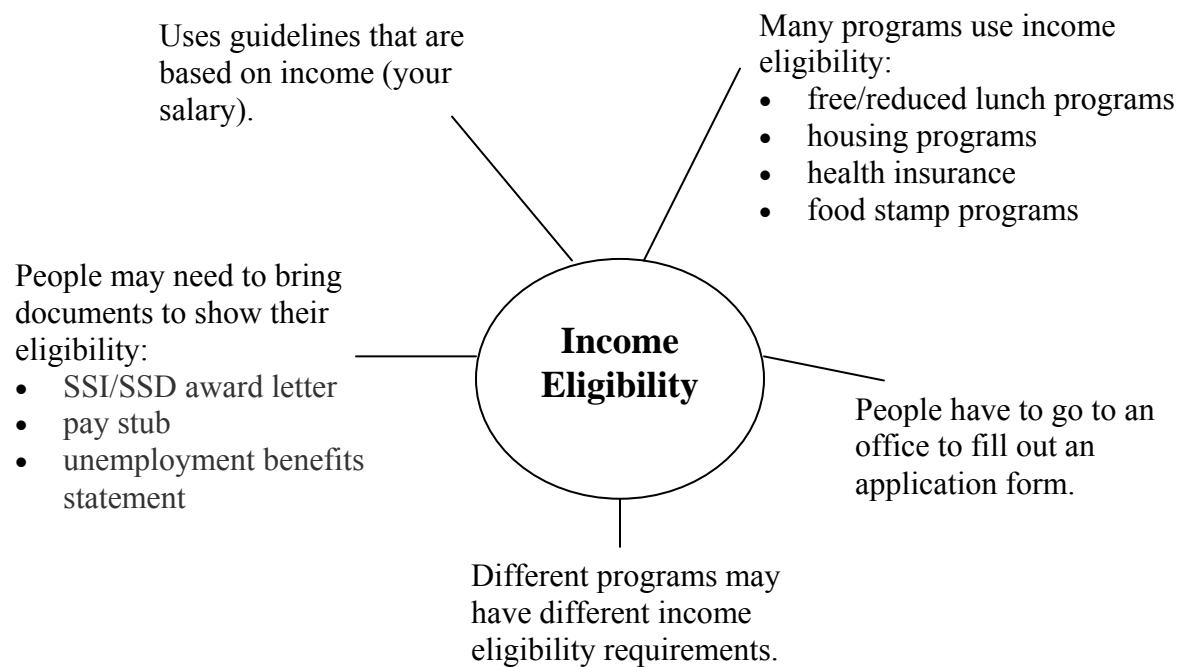
Glossary for Key Vocabulary: Income Eligibility

annual	Every year Gloria's annual salary is the amount of money she earns in one year.
applicant	A person who completes a form The applicant forgot to fill in her birthday on the insurance application.
benefits	The money or services a person can use as part of an insurance plan John's benefits include a yearly physical exam.
cell	The space on a chart or table where you can write in words or numbers Please write your address in the cell labeled "residence."
column	Boxes on a chart or table that are formed by lines that run up and down the page The available health plans are listed in the third column .
documentation	Official papers used for proof You may need documentation for your date of birth.
eligibility	What you must have or be like in order to take part in something Simon's eligibility for some services depends on his income.
entitled	The right to do something or get something As a full-time worker, Marta is entitled to health benefits.
federal/state withholding	Money taken out of a pay check that will be used for local or national income taxes Ten percent of Lily's income goes to federal/state withholding taxes.
gross	Total amount Before taxes are taken out, Sam's gross salary is \$42,000.
income	Money you earn, usually from work or investments Dan was promoted and now receives a higher income .

monthly	Every month You must make a monthly payment for this health insurance coverage.
net	The amount of money in a paycheck after all deductions are taken out To qualify for this program, your net income must be below \$20,000 per year.
percentage	A part of a whole A big percentage of Marie's income goes to child care.
rate	A set number or percentage This program is only for persons whose household income is below the federal poverty rate .
row	The boxes on a table or chart that are formed by lines going across the page. Please print your name on the first row .
verification	Proof The case worker asked Kelly for verification of her residence.

APPENDIX B

Sample Semantic Web for “Income Eligibility”



Lesson 5: (ABE) Completing Medical History Forms in Health Care Settings

<p>Access and Navigation Tasks Addressed in this Lesson</p> <ul style="list-style-type: none"> Identifying the various sections of the medical history form and discussing the reasons for each section. Completing a medical history form. <p>Skills Focus</p> <ul style="list-style-type: none"> Students will learn vocabulary related to medical history forms. Students will improve their ability to fill out forms and recognize sections of forms. Students will practice making requests for help. <p>ABE/ESOL Level</p> <ul style="list-style-type: none"> Intermediate ABE <p>Duration</p> <ul style="list-style-type: none"> 1 hour 30 minutes <p>Materials</p> <ul style="list-style-type: none"> Sample Medical History Form Student Worksheet: Examining a Medical History Form <p>Key Vocabulary</p> <p>confidential physician examination operation hospitalized cardiovascular congenital lesions arteriosclerosis seizures</p>	<p>Purpose</p> <p>To address students' questions and concerns regarding the difficulties in completing medical history forms. To familiarize students with the various sections on medical history forms and typical vocabulary found on these forms. To provide students with communication skills so they can request help or clarification when they have questions about information on a form.</p> <p>Steps</p> <ol style="list-style-type: none"> Warm up. Begin to brainstorm with students about why medical history forms are important. Ask, <i>What are some of the reasons that medical history forms are important?</i> List all responses on the board. <p>Possible responses might include:</p> <ul style="list-style-type: none"> <i>The information on the form can help doctors know what I need to do to stay healthy.</i> <i>Doctors can understand health problems that may be common in my family background.</i> <i>Doctors can know what medicines I am allergic to.</i> Explain to the students that people can be confused by medical history forms because they have problems filling them out. Ask, <i>Have you ever had any problems filling out a medical history form?</i> List all responses on the board. <p>Possible responses might include:</p> <ul style="list-style-type: none"> <i>Vocabulary is too hard. I don't know the medical terms so I don't know what the questions mean.</i> <i>I sometimes forget to write down information about my family's medical history. When I'm at the doctor's office, I can't remember everything when I fill out the form.</i> <i>Sometimes I forget how to spell the names of the medicines I take.</i> <i>There is not enough space to write my answers.</i>
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3. Distribute the **Sample Medical History Form**. Ask the students to work in groups of three to four and complete the **Student Worksheet: Examining a Medical History Form**. Tell the students that the purpose of this worksheet is to learn about the many parts of a medical history form.

As the directions indicate, students are to answer the questions about the various sections and rate how easy or difficult it would be for them to fill out this section. Students are also asked to write down a question they have about the section. Some possible questions include: *What is a genetic disease? What does allergic mean? Why do I have to write down how members of my family have died? What should I write down when the form tells me to give the results from my last cholesterol test?*

Information from this activity will familiarize the students with the parts of a medical history form and also will provide the teacher with an idea of those sections that are most difficult for the students. Note that this activity will likely take 30-45 minutes.

4. After the groups have completed the worksheet, ask students to indicate their difficulty ratings for the various sections with a show of hands. For example, ask the students how many think the section labeled “Family History” was VERY DIFFICULT TO COMPLETE? Ask this question of each section and record the number of hands. The section with the most responses should be the first section discussed; the section with the next highest show of hands would be the second section discussed, and so on.
5. Discuss the sections that were identified as VERY DIFFICULT to complete. The teacher should make sure that (1) the students understand the kind of information being requested in the section; (2) unfamiliar vocabulary is highlighted and defined; and (3) the students are given an opportunity to ask any questions they wrote down in reaction to the section. After the class has reviewed the sections that were rated VERY DIFFICULT, be sure to allow time for students to ask any other questions they might have.

Note to teacher. Students may raise questions about medical conditions, medicine names, and surgical procedures with which you may not be familiar. Do not feel compelled to familiarize yourself with every single word, particularly the medical conditions, on the form. It is not your job as the teacher to be a medical expert. However, you may wish to keep a good dictionary on hand to look up any difficult terms. If a computer is available in the classroom, use the Medical Library on the WebMD Web site to look up any difficult terms (http://my.webmd.com/webmd_today/home/default.htm).

6. Ask students to complete the form, either individually or in pairs. Explain to students that adults sometimes rely on the help of neighbors, family members, or their adult educators to fill out complex forms and applications. In this way, the pair-work approach to the form-filling task may feel familiar to some of your students. Note also that students may not feel comfortable disclosing personal information in front of

other students. Students should be told that they are free to make up information to practice filling out the form.

7. Brainstorm with students. *You can see that there is a lot of information to write down on a medical history form. Many people have difficulty remembering all this information in their head. What steps could people take so that they are able to complete the form when they go to the doctor's office?* Write down all responses on the board.

Possible responses may include:

- *Write down the names of the medicines you take regularly and bring the list with you to your doctor appointments.*
- *Make sure your doctor's name and phone number are programmed into your cell phone or written in your address book.*
- *Bring your insurance information.*
- *Ask someone in the doctor's office if you don't understand something on the form.*

Ask students to name one strategy they plan on using the next time they fill out a medical history form.

Follow-Up Activities

- A. Writing activity.** Ask students to free write or write a journal entry about their experiences of filling in a medical history form. Most likely students have filled out such a form before. Some possible prompts include: What difficulties have you had filling out this kind of form? Do you feel different after this lesson, after learning some key vocabulary and discussing the parts of the form? What will you do the next time you have to fill out a medical history form to make the task easier? What should doctors and hospitals do to make filling out medical history forms easier?
- B. Creating a personal medical log book or portfolio.** Ask students to create a personal medical log book for themselves and/or their children. To do this you will need to distribute composition or single subject spiral notebooks to each student (if a student is creating more than one log they can use a multi-subject spiral notebook and have each subject represent a member of their family). The students should then create various columns across the page of their notebook. Some of the column headings could be: name of medicine; what doctor prescribed the medicine; when I take the medicine; what I take the medicine for, etc. This log will then help students with important information when they visit the doctor, and they will not have to rely on memory. The students could also have a separate section in their log book that keeps track of their various visits to the doctor. This way the student will have a record that they can refer to when filling out medical history forms.

ESOL Teaching Tips

This lesson introduces an extensive list of new vocabulary related to medical areas and hospital departments. Students with experience in health-related professions may have less difficulty understanding the names of different areas of a hospital. Native speakers of Latin-based languages may also recognize names of hospital departments based on cognate relationships (e.g., *immunization* in English, *inmunización* in Spanish), so encourage students to make use of their native language vocabulary knowledge and their bilingual dictionaries. Ask students to explain meanings of new vocabulary in their own words and summarize discussions and main points after the lesson. To help less proficient ESOL students, in particular, you may need to use pictures and illustrations to reinforce the meanings of new words. You may wish to display a poster of the human body to help explain the different kinds of medical services provided in a hospital. Also, for beginning ESOL students, it would be useful to follow this lesson with a lesson on making requests (e.g., *Could you explain to me what this means?*) so that students will be able to practice new hospital vocabulary in meaningful contexts.

Technology Tips

If the adult learning center has a Web site, post the journal entries of students' experiences with medical history forms before and after this lesson. This might be a valuable way for students to share their difficulties and coping strategies with other students. This would also be a good way to encourage other teachers to consider making use of this lesson. Students who have created their own personal medical log books and portfolios may want to generate a set of instructions and recommendations to help other students create their own log book or portfolios. These instructions can be featured on the center's Web site.

Student Handout: Sample Medical History Form

Your answers on this form will help your doctor or nurse better understand your medical concerns and conditions. Please skip any question you do not feel comfortable answering. If you cannot remember a specific answer, please give your best estimate. Thank you.

AGE: _____

How would you rate your general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

1. PRESENT HEALTH CONCERNS:

2. MEDICATIONS: This includes prescription and nonprescription medicines, vitamins, home remedies, birth control pills, herbs, etc.

Medication	Dose (e.g. mg/pill)	How many times per day	When started

3. ALLERGIES or REACTIONS TO MEDICINES:

4. When were your most recent IMMUNIZATIONS?

Hepatitis A _____	Hepatitis B _____	Influenza (Flu Shot) _____	Measles _____	Pneumonia _____
Rubella _____	Tetanus _____	Varicella (Chicken Pox) Shot _____	Illness _____	

5. When were your most recent HEALTH MAINTENANCE screening tests?

Test	Date	Results
Cholesterol (Lipid) Screening		
Mammogram		
Pap Smear		
Prostate Cancer Screen		
Stool Test for Blood		

6. PERSONAL MEDICAL HISTORY: Please indicate whether you have or have had any of the following medical problems.

<input type="checkbox"/> Heart Disease <i>specify type:</i> _____	<input type="checkbox"/> Cancer <i>specify type:</i> _____	<input type="checkbox"/> Thyroid Problem <i>specify type:</i> _____
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke	<input type="checkbox"/> Bleeding/Clotting Problem
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Depression	Other Problems: (specify) _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Alcoholism	_____

7. SURGICAL HISTORY: Please list all prior operations (with dates):

8. FAMILY HISTORY: Please indicate the current status of your immediate family members:

		<u>Alive</u>	<u>Deceased</u>	<u>Age (now or at death)</u>	<u>Comments / Cause of Death</u>
Mother:		_____	_____	_____	_____
Father:		_____	_____	_____	_____
Sister(s)	# _____	_____	_____	_____	_____
Brother(s)	# _____	_____	_____	_____	_____
Daughter(s)	# _____	_____	_____	_____	_____
Son(s)	# _____	_____	_____	_____	_____

Please indicate with a check (✓) family members who have had any of the following conditions:

Medical Condition	Mom	Dad	Sister	Brother	Daughter	Son	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
Alcoholism										
Anemia										
Arthritis										
Asthma										
Autoimmune Disorder										
Birth Defects										
Bleeding Problem										
Cancer, Breast										
Cancer, Colon										
Cancer, Melanoma										
Cancer, Ovary										
Cancer, Prostate										
Depression										
Diabetes, Type 1 (childhood onset)										
Diabetes, Type 2 (adult onset)										
Eczema										
Epilepsy (seizure disorder)										
Food Allergies										
Other Genetic Diseases										
Hay Fever										
Hearing Problems										
Heart Attack										
High Cholesterol										
High Blood Pressure										
Immunosuppressive Disorders										
Kidney Disease										
Stroke										
Substance Abuse										
Thyroid Disorders										
Smoking										
Tuberculosis										
Other:										

9. SOCIAL HISTORY: Substance Use and Sexuality**Tobacco Use**

Cigarettes:

☐ Never☐ Quit: Date _____☐ Current Smoker:

Packs/day _____ # of years _____

Other Tobacco:

☐ Pipe ☐ Cigar ☐ Snuff ☐ ChewAre you interested in quitting? ☐ No ☐ Yes**Alcohol Use**

Do you drink alcohol?

☐ No ☐ Yes: # drinks/wk _____

Is alcohol use a concern for you?

☐ No ☐ Yes**Drug Use**

Do you use any recreational drugs?

☐ No ☐ Yes

Have you ever used needles?

☐ No ☐ Yes**Sexual Activity**

Are you sexually active?

☐ Yes ☐ No ☐ Not currently

Birth control method : _____

☐ None needed

Are you interested in being screened for sexually transmitted diseases?

☐ Yes ☐ No**10. OTHER CONCERNS****Caffeine Intake**☐ None☐ Coffee/Tea: _____ cups/day☐ Sodas: _____ /day**Weight**

Are you satisfied with your current weight?

☐ Yes ☐ No**Diet**

How would you rate your current diet?

☐ Good ☐ Fair ☐ PoorDo you take vitamin supplements? ☐ Yes ☐ No**Exercise**Do you exercise regularly? ☐ Yes ☐ No

What kind of exercise? _____

How long (minutes)? _____ How often? _____

If you do not exercise, why not? _____

SafetyDo you use seatbelts consistently? ☐ Yes ☐ NoIs violence at home a concern for you? ☐ Yes ☐ NoDo you use a bike helmet? ☐ Yes ☐ NoDo you have a gun in your home? ☐ Yes ☐ No

11. SOCIOECONOMICS

Occupation: _____

Employer: _____

Years of Education / Highest Degree: _____

Marital Status: ☐ S ☐ M ☐ D ☐ W ☐ Other : _____

Spouse / Partner's Name: _____

Number of children/ages: _____

Who lives at home with you?

12. REVIEW OF SYMPTOMS: Please check (☒) any current problems you have on the list below:

_____ Fevers/chills/sweats

_____ Unexplained weight
loss/gain_____ Change in
energy/weakness

_____ Excessive thirst or urination

_____ Blood in bowel movement

_____ Nausea/vomiting/diarrhea

_____ Change in vision

_____ Difficult hearing/ringing in
ears

_____ Problems with teeth/gums

_____ Hay fever/allergies

_____ Rash/mole change

_____ Headaches

_____ Chest pain/discomfort

_____ Palpitations

_____ Cough/wheeze

_____ Difficulty breathing

_____ Problems with sleep

_____ Other:

Student Worksheet: Examining A Medical History Form

Instructions: Look at the different sections on the Sample Medical History Form and complete the worksheet.

1. **Rate each section.** How easy do you think the section is to fill out? 1=Very easy, 2=Somewhat easy, 3=Somewhat difficult, 4=Very difficult
2. **Write down any questions you have about the section.** For example, you may have questions about:
 - What information you should write in the section. You can write, *What information should I write here?*
 - Difficult vocabulary in the section. *What does “coronary” mean?*
 - Anything! All questions are good questions!

Section on the Medical History Form	1 very easy	2 somewhat easy	3 somewhat difficult	4 very difficult	My questions about this section
1. Present Health Concerns					
2. Medications					
3. Allergies or reactions to medications					
4. Immunizations					

Section on the medical history form	1 very easy	2 somewhat easy	3 somewhat difficult	4 very difficult	My questions about this section
5. Health maintenance					
6. Personal medical history					
7. Surgical history					
8. Family history					
9. Social History					
10. Other concerns					

Section on the Medical History Form	1 very easy	2 somewhat easy	3 somewhat difficult	4 very difficult	My questions about this section
11. Socioeconomics					
12. Review of symptoms					

Lesson 6: (ABE) Filing a Complaint with OSHA

Access and Navigation Tasks

Addressed in this Lesson

- Understanding the role of the Occupational Safety and Health Administration (OSHA)
- Obtaining and filling out complaint forms
- Exercising legal rights as an employee

Skills Focus

- Students will learn how to fill out an OSHA Complaint Form.
- Students will learn vocabulary related to occupational hazards.

ABE/ESOL Level

- Intermediate ABE

Duration

- 1 hour 30 minutes

Materials

- Glossary for Key Vocabulary (see Appendix A)
- Sample OSHA Complaint Form, OSHA Job Safety and Health Fact Sheet, and the OSHA Whistleblower Protections-General Fact Sheet (see Appendix B)
- Telephone Books
- Highlighters
- Markers
- Blackboard or Flip Chart

Key Vocabulary and Expressions

alleged	occupational
complainant	symptom
complaint	violation
confidentiality	
exposure	
hazard	
imminent danger	

Purpose

To familiarize students with the process of filing an occupational hazard complaint form with the Occupational Safety and Health Administration (OSHA). To understand the rights of an employee who files a complaint with OSHA.

Steps

1. **Teacher Preparation.** Familiarize yourself with the background information about OSHA and the terms in the **Glossary for Key Vocabulary** (see Appendix A).
 - Read the **OSHA Complaint Form**, the **OSHA Job Safety and Health Fact Sheet** and the **OSHA Whistleblower Protections-General Fact Sheet** (see Appendix B) that accompany this lesson.
 - Write out terms from the glossary and the *Questions to describe a workplace hazard* on a flipchart or on the board.
 - Make copies of the **OSHA Complaint Form**, the **OSHA Job Safety and Health Fact Sheet**, and the **Glossary for Key Vocabulary** for the students.
 - If you plan on doing the follow-up activity on the rights of complainants, also make copies of the **OSHA Whistleblower Protections-General Fact Sheet**.
2. **Warm-up.** Ask students, *What are common hazards in your workplace? What steps are usually taken to correct these hazards? How are you protected from these hazards? Have you (or someone you know) had a bad experience with hazards in the workplace? Are there ways you think your workplace could be made safer? How?*

Encourage students to share stories from personal experience or the experiences of family members or friends. Possible workplace hazards might include dangerous machinery, intense heat or noise, chemical sprays, extreme stress, or long hours spent in front of a computer.

3. After students have run out of ideas, ask them to organize their responses under the following categories:

- Safety Hazards: hazards that involve equipment and machines
- Biological Hazards: hazards that involve contact with bacteria, viruses, insects, plants, birds, animals, and humans
- Physical Hazards: hazards that may harm your physical safety, such as extreme cold
- Emotional Hazards: hazards that may harm your mental well-being, such as stress

These categories may prompt students to add more examples.

4. In this Warm-up discussion and activity, some points to highlight about workplace hazards include:

- Workplace hazards are situations or things in a workplace that may harm people's health or safety or may cause damage to the workplace. Some students may confuse hazards with the illnesses they cause. In other words, students might list "getting burned in the kitchen" as a hazard when the actual hazard is the hot stove or hot piece of equipment the employee is exposed to on a daily basis. Also, students might think that a particular action that a person is doing when an injury occurs is a hazard. For example, students might say, "I fell while painting so painting is a hazard," when the actual hazard is painting from a height and not the action of painting itself. These distinctions are important so that the students can be as precise as possible on their complaint forms.
- Some hazards can cause immediate harm, such as when someone is burned by a hot machine. Some hazards do not cause harm until later in life, such as when a person develops lung cancer from working with asbestos for many years. All hazards are serious, whether their effects are immediate or are not yet seen.
- Some hazards can cause injuries that last a short time, such as a cut from a knife. Other hazards, however, can result in permanent injuries, such as losing an arm when operating a machine.

5. Write *Occupational Safety and Health Administration (OSHA)* on the board. Ask if anyone is already familiar with OSHA, or with a similar organization in his or her country of origin, and ask them to share what they know with the class. Using students' and teacher's knowledge, be sure to cover the following points about OSHA:

- Definition and purpose of OSHA (*Tip: Find the local regional office in the government pages of the phone book*)
- Worker rights and responsibilities
- The complaint process

After the students have pooled their knowledge of OSHA, distribute the **OSHA Job Safety and Health Fact Sheet** and explain to students that this is a resource sheet. This sheet is not written with ABE/ESOL students in mind so it may contain unfamiliar vocabulary.

6. Display the list of vocabulary words from the **Glossary for Key Vocabulary** (see Appendix A) either on a flipchart or on the blackboard. Depending on the skill level of your class, you may wish to ask students to study the words individually or as a class. Particularly for ESOL students, it will be important to pronounce the words for the students. Distribute the **Sample OSHA Complaint Form** to each student. Ask them to locate and underline the words from the glossary on the form. (If time permits, ask the students to look for these words on the **OSHA Job Safety and Health Fact Sheet** as well.) Organize the class into pairs and ask the students to check their understanding of the words by looking them up in the **Glossary for Key Vocabulary** or in a dictionary. If students keep vocabulary notebooks or journals, be sure that they record any new words and definitions. You may also wish to ask students to work in pairs, small groups, or as a class to construct original sentences using each of these words.

Note to teacher: Please note that although the key word “confidentiality” does not actually appear on the OSHA form, the concept is represented in the option to withhold name from employer. You may wish to indicate this to the students by saying, *The word “confidentiality” is not written on this form, but there are phrases that relate to the meaning of confidentiality. Try and find these phrases.*

7. Ask the class to find the section on the OSHA complaint form which asks for a description of the workplace hazard. Together, as a class, create a “hazard description.” The hazard may be real or fictitious. The following list of questions may help students to create this description. Some or all of these questions may be written on the board or on a flipchart for students to use in class, or the complete list may be typed up and distributed to students as a handout for later reference. Explain that answers to these questions are the kind of information that should be included on a complaint form:

Questions to describe a workplace hazard:

- (1) How many employees work at the site?
- (2) How many are exposed to the hazard?
- (3) How and when are workers exposed? For how long are they exposed?
- (4) What type of work is done in the unsafe area?
- (5) What type of equipment is used? Is it in good condition?
- (6) What materials or chemicals are used?

- (7) Have employees received training about the hazardous conditions?
- (8) What jobs or tasks do employees do under the hazardous conditions?
- (9) How long has this been a problem?
- (10) Has the management tried to fix the problem?
- (11) Does the management require employees to wear protective equipment?
- (12) Do the employees wear protective equipment?
- (13) Has anyone been injured or gotten sick because of this problem?

Teaching tip. You may wish to ask for a volunteer to illustrate the hazard description as the students respond to the various questions. This tip will be particularly useful for working with ESOL students who may need a visual prompt to reinforce their comprehension of a written hazard description.

8. Go through the complaint form as a class, proceeding section by section (either the teacher or the students can read headings). For each section, have students work in pairs to fill out as much of the section as they can, coming together as a class to share responses before proceeding to the next section.
9. **Wrap-up.** After students have had an opportunity to complete the **Sample OSHA Complaint Form**, ask them, *How confident do you feel in your ability to file an OSHA complaint form? Do you feel completely confident, somewhat confident, or not confident at all?* Based on the students' responses, you may wish to review the OSHA form and the filing process to make sure students understand the procedure for filing a complaint. Give students the opportunity to share how they may be planning to take action based on the information they learned about workplace hazards.

Follow-up Activities

A. Explore the rights of “whistleblowers.” Explain that some employees may be afraid to file a form because they are afraid they will be punished or they will lose their job. Point out to students that, on the OSHA Complaint Form, a complainant can choose not to reveal his or her name to the employer. In addition, any employee who files an OSHA complaint form has certain rights. Students can work in groups of three to four and research the rights of whistleblowers. A key OSHA fact sheet is the **Whistleblower Protections-General Fact Sheet** (which you may wish to distribute. Assign different tasks to each group:

- (1) Pick one section on the Fact Sheet and read it with your group. Be able to summarize the information and present this information to the class. The sections on this Fact Sheet will address such issues as an employee's right to refuse to work.
- (2) Find out the origin of the word “whistleblower.” If students need help, suggest going to the **Wordorigins** Web site at <http://www.wordorigins.org/>.

- (3) Write a short play which tells the story of an employee who notices a serious workplace hazard and wants to file a complaint form but is worried about getting fired.

B. Make a flowchart. As a class, create a flowchart for the steps involved in filing a complaint with OSHA. Use one piece of paper per step and tape it up on a wall or blackboard.

For example:

- *Step 1.* Locate the local regional OSHA office in the phone book or on the poster displayed at the worksite.
- *Step 2.* Call the OSHA regional office to discuss complaint and/or to request complaint form.
- *Step 3.* Talk to other workers about the situation. Find out what symptoms and injuries workers are experiencing.
- *Step 4.* Create hazard description.
- *Step 5.* Report hazard to supervisor.
- *Step 6.* File complaint.

C. Writing activity. Ask students to write a memo to a supervisor calling his or her attention to a workplace hazard. The hazard may be real or fictitious.

ESOL Teaching Tips

This lesson will likely contain many new vocabulary words for ESOL students. When working with ESOL students, it will be especially useful to use photographs of safety hazards, safety posters, or brochures while discussing workplace hazards. The OSHA Web site features various posters and brochures that can be downloaded for free. You may want to spend extra time defining the word *hazard* as this may be a new word for students. Create a semantic web with the students. Ask students to brainstorm words that are related to the word *hazard*. All words are written on the blackboard in the order they are shared. The teacher may add words that need to be learned. Words are defined and discussed during this brainstorm session. After the students run out of ideas, ask them to put the words into categories and label the categories. This step can be done as a class, in small groups or pairs, or individually. Students generate maps for the word and the related categories.

Technology Tips

Note that OSHA complaints can be filed on-line at the **OSHA Online Complaint Form** (<http://www.osha.gov/pls/oshaweb/ocForm.html>). You may wish to show your students the on-line form so they can see how the information on the paper form is formatted in the on-line version. Students can practice typing information into the various fields. However, do not tell the students to hit SEND unless the complaint is a genuine one. Hitting SEND will submit the form to OSHA!

Acknowledgements

The OSHA Complaint Form, Job Safety and Health Sheet, and Whistleblower Protections – General Fact Sheet were provided by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). Available at <http://www.osha.gov>.

- The warm-up questions were adapted from “Safety in the Electronics Plant” in Nina Wallerstein’s (1983) *Language and Culture in Conflict: Problem-posing in the ESOL Classroom* published by Prentice-Hall (1983).

APPENDIX A

Glossary for Key Vocabulary: Filing a Complaint Form

alleged	Stated as a fact but without proof Susan had heard about some alleged hazards at her work but was not sure whether to believe them.
complaint	A formal charge against a person or organization The Occupational Safety and Health Act (OSHA) gives workers the right to file a complaint about workplace safety and health hazards.
complainant	A person who files a complaint The complainant reported that she was having bad headaches because of the fumes at her worksite.
confidential	Secret, private If you do not want your employer to know who filed the complaint, OSHA will keep your name confidential .
expose	To leave something unprotected The workers are told to wear gloves so that they do not expose their hands to chemicals.
hazard	A risk or danger Very loud noise is a hazard to your hearing.
imminent	Likely to happen right away or very soon If your job places you in imminent danger, you have the right to refuse to work.
occupational	Relating to a person's job or trade An occupational hazard is a risk or danger that an employee may experience on the job.
symptom	A feeling or physical sign that may be due to an illness or injury Grace's constant headaches were a symptom that she had breathed dangerous chemicals.
violation	Breaking of a law or policy If my employer commits a violation of worker safety standards, I have the right to file a complaint about it.

APPENDIX B

OSHA Forms and Fact Sheets

The three OSHA forms included with this sample lesson (Sample OSHA Complaint Form, OSHA Job Safety and Health Fact Sheet, and OSHA Whistleblower Protections-General Fact Sheet) are available on the OSHA Web site at <http://www.osha.gov/as/opa/worker/index.html>.

Also, note that information about OSHA is available in Spanish on the Web. OSHA published a booklet in Spanish titled *Todo Sobre La OSHA -- All About OSHA*. This booklet is meant to help Spanish-speaking employees understand more about safety and health in the workplace and is available at: <http://www.osha.gov/as/opa/spanish/index.html>.

The following forms are included with this lesson:

1. **OSHA Complaint Form (2 pages)**
from the OSHA Web site: <http://www.osha.gov/oshforms/osha7.pdf>
2. **OSHA Job Safety and Health Fact Sheet (2 pages)**
from the OSHA Web site:
http://www.osha.gov/OshDoc/data_General_Facts/jobsafetyandhealth-factsheet.pdf
3. **OSHA Whistleblower Protections-General Fact Sheet (2 pages)**
from the OSHA Web site:
http://www.osha.gov/OshDoc/data_WhistleblowerFacts/whistleblower-protections-general.pdf

U. S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Federal Employees:

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000. or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.

OMB Approval# 1218-0064; Expires: 12-31-2004

Do not send the completed form to this Office.

U. S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

		Complaint Number			
Establishment Name					
Site Address					
		Site Phone			Site FAX
Mailing Address					
		Mail Phone			Mail FAX
Management Official				Telephone	
Type of Business					
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer			
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)			
Complainant Name				Telephone	
Address(Street,City,State,Zip)					
Signature				Date	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:					
Organization Name: Your Title:					



OSHA FACT Sheet

Why should everyone be concerned about job safety and health?

Each year, approximately 6,000 employees in this country die from workplace injuries while another 50,000 die from illnesses caused by exposure to workplace hazards. In addition, 6 million workers suffer non-fatal workplace injuries at an annual cost to U.S. businesses of more than \$125 billion.

Effective job safety and health add value to the workplace and help reduce worker injuries and illnesses.

How does OSHA contribute to job safety and health?

Congress passed the *Occupational Safety and Health Act of 1970, (OSH Act)*, "to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources." *Title 29 of the Code of Federal Regulations (CFR)*, Parts 1902-1990, contains OSHA regulations and standards.

Some states have enacted occupational safety and health laws and operate federally approved state plans. Such states adopt and enforce state standards and regulations that are at least as effective as those enacted under federal law.

Are all employees covered by the OSH Act?

The *OSH Act* covers all employees except workers who are self-employed and public employees in state and local governments.

In states with OSHA-approved state plans, public employees in state and local governments are covered by their state's OSHA-approved plan. Federal employees are covered under the *OSH Act's* federal employee occupational safety and health programs, see *29 CFR Part 1960*. United States Postal Service employees, however, are subject to the same *OSH Act* coverage provisions as are private sector employers.

The *OSH Act* does not apply to particular working conditions addressed by regulations or standards affecting occupational safety or health that are issued by federal agencies, other than OSHA, or by a state atomic energy agency. Other federal agencies that have issued requirements affecting job safety or health include the Mine Safety and Health Administration and some agencies of the Department of Transportation.

What are your responsibilities as an employer?

If you are an employer covered by the *OSH Act*, you must provide your employees with jobs and a place of employment free from recognized hazards that are causing, or are likely to cause, death or serious physical harm. Among other actions, you must also comply with the OSHA statutory requirements, standards, and regulations that, in part, require you to do the following:

- Provide well-maintained tools and equipment, including appropriate personal protective equipment;
- Provide medical examinations;
- Provide training required by OSHA standards;
- Report to OSHA within 8 hours accidents that result in fatalities;
- Report to OSHA within 8 hours accidents that result in the hospitalization of three or more employees;
- Keep records of work-related accidents, injuries, illnesses—and their causes—and post annual summaries for the required period of time. A number of specific industries in the retail, service, finance, insurance, and real estate sectors that are classified as low-hazard are exempt from most requirements of the regulation, as are small businesses with 10 or fewer employees (see *29 CFR Part 1904*);
- Post prominently the OSHA poster (OSHA 3165) informing employees of their rights and responsibilities;
- Provide employees access to their medical and exposure records;
- Do not discriminate against employees who exercise their rights under the *OSH Act*;
- Post OSHA citations and abatement verification notices at or near the worksite;
- Abate cited violations within the prescribed period; and
- Respond to survey requests for data from the Bureau of Labor Statistics, OSHA, or a designee of either agency.

What are your rights as an employer?

When working with OSHA, you may do the following:

- Request identification from OSHA compliance officers;
- Request an inspection warrant;

- Be advised by compliance officers of the reason for an inspection;
- Have an opening and closing conference with compliance officers;
- Accompany compliance officers on inspections;
- Request an informal conference after an inspection;
- File a Notice of Contest to citations, proposed penalties, or both;
- Apply for a variance from a standard's requirements under certain circumstances;
- Be assured of the confidentiality of trade secrets; and
- Submit a written request to the National Institute for Occupational Safety and Health for information on potentially toxic substances in your workplace.

What are your responsibilities as an employee?

To help prevent exposure to workplace safety and health hazards, you must comply with all OSHA requirements that apply to your actions and conduct.

What are your rights as an employee?

In your associations with OSHA and your employer, you have the right, among other actions, to do the following:

- Review employer-provided OSHA standards, regulations and requirements;
- Request information from your employer on emergency procedures;
- Receive adequate safety and health training when required by OSHA standards related to toxic substances and any such procedures set forth in any emergency action plan required by an OSHA standard;
- Ask the OSHA Area Director to investigate hazardous conditions or violations of standards in your workplace;
- Have your name withheld from your employer if you file a complaint with OSHA;
- Be advised of OSHA actions regarding your complaint, and have an informal review of any decision not to inspect or to issue a citation;
- Have your employee representative accompany the OSHA compliance officer on inspections;
- Observe any monitoring or measuring of toxic substances or harmful physical agents and review any related monitoring or medical records;
- Review at a reasonable time the *Log of Work-Related Injuries and Illnesses* (OSHA 300) if your employer is required to maintain it;
- Request a closing discussion following an inspection;
- Object to the abatement period set in a citation issued to your employer; and
- Seek safe and healthful working conditions without your employer retaliating against you.

How can you get more information on safety and health?

OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. OSHA's *Safety and Health Program Management Guidelines* (*Federal Register* 54:3904-3916, January 26, 1989) detail elements critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

- For one free copy of OSHA publications, send a self-addressed mailing label to OSHA Publications Office, P.O. Box 37535, Washington, DC 20013-7535; or send a request to our fax at (202) 693-2498, or call us at (202) 693-1888.
- To order OSHA publications online at **www.osha.gov**, go to **Publications** and follow the instructions for ordering.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call toll-free at **(800) 321-OSHA (6742)**. The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999. See also OSHA's website at **www.osha.gov**.



OSHA FACT Sheet

What are my rights as a whistleblower?

You may file a complaint with OSHA if your employer discriminates against you because you are involved in legally protected safety and health activities or report any of the following:

- Environmental concerns.
- Potential securities fraud.
- Violations of Department of Transportation rules and regulations pertaining to commercial motor carriers.
- Violations of Federal Aviation Administration rules and regulations.
- Violations of Nuclear Regulatory Commission rules and regulations.

You may file a complaint with OSHA if your employer discriminates against you because you are involved in protected safety or health concerns; you report protected environmental concerns or safety concerns involving the trucking, nuclear power, airline or pipeline industries; or you report potential securities fraud. Specific whistleblower provisions in different laws vary.

What laws with whistleblower protections does OSHA enforce?

OSHA administers the whistleblower provisions of the following laws. Note that complaints must be reported to OSHA within set time periods following the alleged discrimination as prescribed by each law listed below.

- *Asbestos Hazard Emergency Response Act* (90 days)
- *Clean Air Act* (30 days)
- *Comprehensive Environmental Response, Compensation and Liability Act* (30 days)
- *Energy Reorganization Act* (180 days)
- *Federal Water Pollution Control Act* (30 days)
- *International Safety Container Act* (60 days)
- *Pipeline Safety Improvement Act* (180 days)
- *Occupational Safety & Health Act (OSH Act)* (30 days)
- *Safe Drinking Water Act* (30 days)
- *Sarbanes-Oxley Act* (90 days)
- *Solid Waste Disposal Act* (30 days)
- *Surface Transportation Assistance Act (STAA)* (180 days)
- *Toxic Substances Control Act* (30 days)
- *Wendell H. Ford Aviation Investment and Reform Act* (90 days)

What discriminatory actions do the whistleblower provisions prohibit?

Employer retaliation against employees who exercise their legal rights is prohibited. Such discrimination may include the following actions:

- Assigning to undesirable shifts
- Blacklisting
- Damaging financial credit
- Demoting
- Denying overtime or promotion
- Disallowing benefits
- Disciplining
- Evicting from company housing
- Failing to hire or rehire
- Firing or laying off
- Intimidating
- Transferring
- Reassigning work
- Reducing pay or hours

How do I file a complaint?

If you believe your employer discriminated against you because you exercised your legal rights as an employee, contact your local OSHA office *as soon as possible* because you must file your complaint within the legal time limits. You can telephone, or fax, or mail your complaint to the OSHA office listed on the OSHA website at www.osha.gov. OSHA conducts an in-depth interview with each complainant to determine the need for an investigation. If evidence supports the worker's claim of discrimination, OSHA will ask the employer to restore the worker's job, earnings, and benefits.

If only safety or health issues under the *OSH Act* are involved, you also can file a complaint with your state if your state operates an OSHA-approved state plan, and the state will investigate your allegation. In addition, state and local government workers in these states (and states with public-employee-only state plans) may file complaints with the state. For details, see <http://www.osha.gov/fso/osp/index.html>.

Does the OSH Act protect me if I refuse to work?

You should be careful when exercising your limited right to refuse to do a job because conditions are hazardous. You only have legal protection under the *OSH Act* when **all** of the following apply:

- You must believe you face death or serious injury. And the situation must be so clearly hazardous that a reasonable person would agree with your view that the hazard might cause death or serious injury.
- The situation must be so urgent that you don't have time to eliminate the danger through regulatory channels.
- You must have tried, without success, to get your employer to correct the dangerous condition.

Even though your union contract or state law may give the right to refuse work, OSHA cannot enforce your contract or state law. Other laws with whistleblower protection also may protect your refusal to work for safety, health, or other reasons. Regardless of the unsafe condition, the employee should *never* walk off the job. For details see <http://www.osha.gov/as/opa/worker/refuse.html>.

Do I have any protection if I work in the transportation industry?

Drivers of buses and freight trucks involved in the safe operation of commercial motor vehicles are protected against discriminatory actions by their employers if the following apply:

- The commercial motor vehicle has a gross vehicle weight rating of more than 10,001 pounds.
- The vehicle is designed to carry ten or more passengers, including the driver.
- The employee refuses to violate, or reports violations of, Department of Transportation motor carrier safety regulations.

Workers involved in international shipping who report unsafe shipping containers are also protected. Employees of air carriers, their contractors or subcontractors, who raise safety concerns or violations of FAA rules and regulations may also have discrimination protection. In addition, employers, owners, and operators of pipelines, their contractors and subcontractors, who report violations of pipeline safety rules and regulations may also be protected against discriminatory actions.

Do I have any protection if I voice environmental concerns?

Yes, a number of laws protect workers who report violations of environmental laws related to drinking water and water pollution, toxic substances, solid waste disposal, air quality and air pollution, asbestos in schools, and hazardous waste disposal sites. The Energy Reorganization Act protects workers in the nuclear power industry who raise safety concerns.

Do I have any protection if I report that my employer has engaged in corporate fraud?

Employees who work for publicly traded companies are protected from discriminatory acts by their

employers, or any officer, employee, contractor, subcontractor or agent of the company because they provided information, caused information to be provided, or assisted in an investigation by a federal regulatory or law enforcement agency, a Member or committee of Congress or an employee's supervisor, or filed, caused to be filed, participated in or assisted in a proceeding, relating to an alleged violation of mail fraud, wire fraud, bank fraud, or securities fraud; violating Securities and Exchange Commission (SEC) rules or regulations or federal laws relating to fraud against shareholders.

How can I get more information on safety and health?

For more information on whistleblower statutes, please visit the Department of Labor website at <http://0-www.oalj.dol.gov/library.csuhayward.edu/libwhist.htm>. Or go to www.osha.gov, click on **W** in the site index, then click on **Whistleblowers**. In addition, OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. OSHA's *Safety and Health Program Management Guidelines* (Federal Register 54:3904-3916, January 26, 1989) detail elements critical to the development of a successful safety and health management system. This and other information are available on OSHA's website.

- For one free copy of OSHA publications, send a self-addressed mailing label to OSHA Publications Office, 200 Constitution Avenue N.W., N-3101, Washington, DC 20210; or send a request to our fax at (202) 693-2498, or call us toll-free at (800) 321-OSHA.
- To order OSHA publications online, go to www.osha.gov, find **Newsroom** in the side bar on the right, click on **Publications**, and follow the instructions for ordering.
- To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, visit us at www.osha.gov, or contact your nearest OSHA office, or call toll-free at **(800) 321-OSHA (6742)**. The teletypewriter (TTY) number is (877) 889-5627.
- To file a complaint online or obtain more information on OSHA federal and state programs, visit OSHA's website.

This is one in a series of informational fact sheets highlighting OSHA programs, policies, or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to *Title 29 of the Code of Federal Regulations*. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999. See also OSHA's website at www.osha.gov.

Lesson 7: (ABE) The “Logic” of Hospitals

Access and Navigation Tasks

Addressed in this Lesson

- Getting around a hospital
- Identifying names for departments and areas within a hospital

Skills Focus

- Students will increase their vocabulary of terms used to talk about hospital departments

ABE/ESOL Level

- Beginning to intermediate ABE

Duration

- 1 hour 30 minutes

Materials

- Hospital Floor Plan and Map (see Appendix A)
- Poster paper or whiteboard
- Markers

Key Vocabulary and Expressions

ambulatory care
cardiology
emergency care (emergency room)
emergency medicine
gerontology
inpatient
intensive care unit (ICU)
obstetrics/gynecology
outpatient
patient education
pediatrics
pharmacy
radiology
registration

Purpose

To provide students with an opportunity to discuss the challenges of getting around a hospital. To strengthen students' awareness of the “logic” underlying the layout of hospitals.

Steps

1. **Warm-up.** To begin a class discussion about the physical layout of hospitals, ask the students to think about how supermarkets or grocery stores are designed. Use the following questions to guide the students' discussion. Some possible responses are included:
 - a. Why are fresh vegetables and fruits usually found in the front of large supermarkets? (*Fresh produce is attractive and draws people in. This display makes the store feel like an actual market.*)
 - b. Why do you think milk and bread are usually found towards the back, at opposite ends, of the supermarket or grocery store? (*Bread and milk are popular items so grocery stores put these items in the far back corner. This means that a shopper has to walk up and across several aisles and before they find the milk or bread. They are tempted to buy other things.*)
 - c. Why is the meat section usually found along the back wall of a supermarket? (*Meat must be kept cold and is placed in cold lockers every night. In addition, this back wall has a space for the butcher to work.*)
 - d. Why do you think store brand items are usually placed on shelves 5 feet 4 inches from the floor? (*5 feet 4 inches is the average height of an adult woman. Marketing experts know that women usually do the shopping and that people usually pick what is within arm's reach.*)

- e. Why are raw vegetables usually located far away from the meat section? *(Although both of these items need to be kept cold, meat can contaminate raw vegetables, so they are kept separate.)*

Ask students if they can think of more examples which illustrate the “logic” underlying the layout of a supermarket or grocery store. Summarize the warm-up discussion by pointing out that supermarket layouts are primarily planned with one important goal in mind: to make you buy as much as possible.

Teaching tip. If time permits, you may want to extend this discussion by asking students about their experiences in specialty grocery stores, in stores in other countries, or even in different kinds of stores such as hardware stores.

2. After this discussion, explain that you would now like the members of the class to think about the layout of health centers and hospitals. Pose the following question:

We have just talked about the “logic” behind how grocery stores are designed. Do you think there is also a “logic” behind how health care centers and hospitals are designed? If so, provide an example which shows the “logic” behind a design.

To facilitate discussion, use the following questions. Possible responses are provided:

- a. Think about your local health center. Why is there usually a separate place for child patients and adult patients? *(Children usually have colds or other childhood illnesses such as chicken pox that can be serious for adults. Children walk about and touch many things. They can pass on their germs to others.)*
 - b. Think about a hospital. Why is the nursery placed far away from sick adults? *(Newborn babies can be harmed by illnesses that sick adults have.)*
 - c. Where are large machines, such as x-ray machines or magnetic resonance imaging (MRI) machines located? *(Usually the basement because the equipment is so heavy.)*
 - d. Where would you find the emergency room? *(Near the entrance because in emergency situations, people usually need to be helped as soon as they arrive.)*
3. Ask students to think about other hospital departments they know about or have gone to themselves. Some possible responses might include:
- a. *Maternity Ward to have a baby*
 - b. *Intensive Care Unit to visit a relative*
 - c. *A specialty clinic such as an asthma center*

Ask the students to think about where these departments were located in the hospital and whether there is a “logic” to their location. For example, the Maternity Ward is usually not close to the Intensive Care Unit because new babies need to be kept separate from very sick patients.

4. Ask students to examine a Hospital Floor Plan or the Hospital Map (see Appendix A for a **Sample Hospital Floor Plan**). Have students comment on the floor plan. *What benefits do you see in the layout? What might be confusing to a person who comes to this hospital? Do you have any suggestions for improving the layout?*
5. Brainstorm with students. Consider questions like:
 - How do you find your way around health centers and hospitals?
 - Do you find the signs and maps helpful?
 - Have you ever been lost in a hospital?
 - What did you do?

Note to teacher. It is important to bear in mind that the “logic” of hospital design is not readily apparent or intuitive to even the most savvy of consumers. This lesson builds on findings from a study that looked at the literacy environment of hospitals. The Health and Adult Literacy and Learning (HALL) team conducted an exploratory study focusing on those factors that facilitate or hinder people’s ability to make their way to, and around, the hospital. The study indicated that many individuals, from a range of literacy levels and educational backgrounds, reported difficulties finding their way from place to place in the hospital. The study findings draw critical attention to the ways that hospitals, like many social institutions, are shaped by the services provided and by the needs of the people who work in these settings.

The literacy practices in these institutions, as displayed in the signs, postings, and forms, reflect professional and bureaucratic language. This language can be used to welcome, to direct, and sometimes screen visitors. The density and complexity of these materials create a tough literacy environment to “read.” We hope this lesson helps to raise students’ awareness about the “logic” of hospital design. At the same time, we believe that an authentic response to the difficulties of hospital navigation calls upon medical professionals to examine the whole of the hospital context and consider changing it. The failure to do – sadly enough – amounts to placing the burden on patients to figure out the system on their own.

Follow-Up Activities

- A. **Writing Task.** Ask the students to write about a time when they needed to go to the hospital and find a particular department. Was the trip successful? If so, what made it easy to find the department? If the trip was not successful, what made it hard to find the department?
- B. **Field Trip and Writing Task.** Arrange for the students to take a tour of a local hospital or clinic. Give them a list of departments (e.g., pharmacy, the coffee shop,

asthma clinic, radiology) to check off as they identify them on the tour. After the tour, ask the students to prepare a written summary of their visit. Some writing prompts include: *What benefits and drawbacks did you see in the hospital's layout? What suggestions would you give to someone who was coming to this hospital for the first time? If you were lost in this hospital, what could you do to find your way? Did the tour make you feel more confident about getting around a hospital? Why or why not?*

Alternatively, you could organize the class into pairs and assign them a department to locate in the hospital. Give the students 30 minutes to find their destination and tell them to meet back in the hospital lobby. After the trip, ask students to talk about any difficulties they had finding the department and any strategies they used to find their way around the hospital.

ESOL Teaching Tips

This lesson introduces an extensive amount of new vocabulary related to medical areas and hospital departments. Students with experience in health-related professions may have less difficulty understanding the names of different areas of a hospital. Native-speakers of Latin-based languages may also recognize names of hospital departments based on cognate relationships (e.g., *cardiology* in English, *cardiología* in Spanish), so encourage students to make use of their native language vocabulary knowledge and their bilingual dictionaries. To help less proficient ESOL students, in particular, you may need to use pictures and illustrations to reinforce the meanings of new words. For example, you may wish to display a poster of the human body to help explain the different kinds of medical services provided in a hospital. Also, for beginning ESOL students, it would be useful to follow this lesson with a lesson on making requests (e.g., *Could you tell me where radiology is?*) and asking for information (e.g., *Where do new patients register?*) so that students will be able to practice new hospital vocabulary in meaningful contexts.

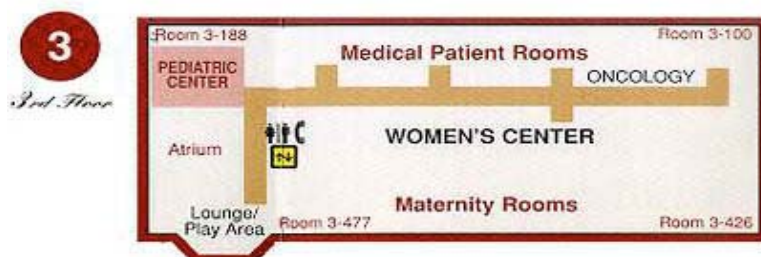
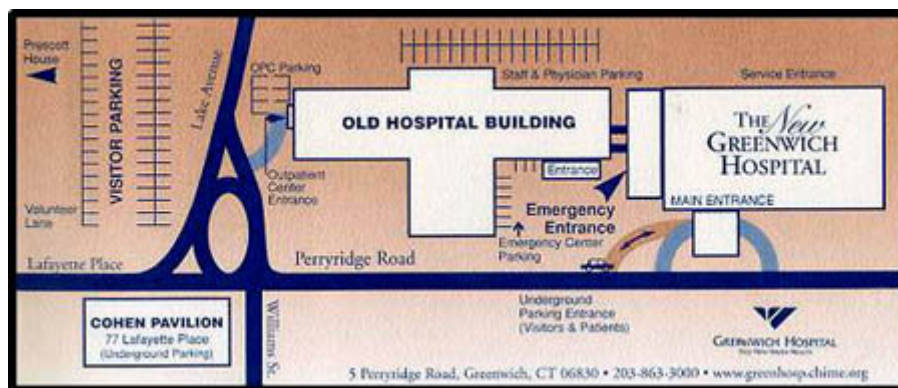
Acknowledgements

Some of the examples in the supermarket layout discussion in Step 1 are drawn from an article “Supermarket Savvy” by Jill Shuman, MS, RD, ELS (available at <http://www.somersetmedicalcenter.com/11307.cfm>).

APPENDIX A

Sample Hospital Floor Plan

The following floor plan from the New Greenwich Hospital Web site (at http://www.greenhosp.org/greenwich/floor_plans.htm) has been provided for your convenience. Please consider using hospital floor plans and maps from local health facilities in your area. They may be more relevant and beneficial to your students.



Lesson 8: (ABE) Selecting a Health Plan

<p>Access and Navigation Tasks Addressed in this Lesson</p> <ul style="list-style-type: none"> Evaluating and selecting health insurance plans <p>Skills Focus</p> <ul style="list-style-type: none"> Students will practice reading and using a chart. Students will become familiar with calculating costs and benefits. Students will practice basic and multi-step calculations of dollar amounts. Students will learn vocabulary related to health insurance plans and forms. <p>ABE/ESOL Level</p> <ul style="list-style-type: none"> Intermediate ABE <p>Duration</p> <ul style="list-style-type: none"> 2 hours <p>Materials</p> <ul style="list-style-type: none"> Student Handouts (2) Student Worksheets (3) Glossary of Key Vocabulary (see Appendix A) <p>Key Vocabulary and Expressions</p> <p>affiliated brand chiropractic contribution co-payment deductible emergency enroll ER fertility full coverage</p>	<p>generic health plan inpatient managed care options out-of-network outpatient pediatric pharmacy physician prescription provider provider network routine surgical vision screening</p> <hr/> <p>Purpose</p> <p>To develop students' skills in evaluating benefits and costs of a health plan.</p> <p>Steps</p> <ol style="list-style-type: none"> Warm-up. Explain to students that the focus of the lesson is on selecting a health insurance plan (also referred to as a health plan). Share with students the following information: <i>A recent survey posted on the Merck Web site indicates that, on average, people spend only about 16 minutes looking over insurance materials before selecting a health plan*</i>. Invite students to react to the survey finding. Pose the following questions: <ul style="list-style-type: none"> <i>How much time did (or would) you spend on selecting plan?</i> <i>How did (or would) you select a health plan?</i> <i>What do you think people need to think about when they select a health plan?</i>
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* Source: Dr. Savard Questions & Answers on the MerckSource Web site:
http://www.mercksource.com/pp/us/cns/cns_patient_resources_savard_archive.jsp

Some possible student responses to the last two questions:

- I just used the plan that my employer offers.
- I wanted to find a plan that included the hospital near my house. People should think about the doctors and hospitals they want to use.
- My son has special medical needs so I needed a plan that covered special services. You should think about what services you and your family need.
- My mother has to take a lot of expensive medicines so she needed a plan that helps pay for them. You might want to check out how much the plan pays for prescriptions.

2. Explain that many employers offer a variety of health plans. Name a few health plans that are prominent in your region. For example, in Massachusetts, Harvard Pilgrim and Tufts Medical are two major health plans. Explain that today's lesson will concentrate on looking at the costs and benefits of various health plans and evaluating which health plan might be best for different people or families.

Note to teacher. Some students may not feel comfortable sharing whether they have health care or not; the question may raise personal questions about their income status and their ability to afford insurance. You may want to allow students to volunteer responses to questions about health insurance, rather than calling on students to respond. Students may prefer to talk about the insurance situation of a friend or a family member.

3. **Vocabulary Work.** Pass out the **Student Worksheet: Health Plan Vocabulary**. In groups of three, students should try to complete as much of the worksheet as they can. Then go over the worksheets as a class, asking each group to give its answers for one of the sentences. Ask if everyone else agrees with the choices to make sure everyone in the class understands the vocabulary. As much as possible, allow students to provide the answers. Pass out the **Glossary of Key Vocabulary** (see Appendix A) and ask students to write a short paragraph about either the health coverage they have or the health coverage they would like to have, using some of the words from the glossary.
4. Distribute the **Student Handout: Summary of Health Plan Benefits, Deductibles, and Co-Payments**. Show the students how to read the chart (i.e., that the chart has a title and is organized by row and column). Alternatively, ask for a volunteer to explain to the rest of the class how to read the chart. Be sure that students can identify a chart's title and know how to read the information in *rows* and *columns*.
5. Ask the class if anyone can explain what the chart says. If discussion is slow, provide the students with some guidance, such as telling the students to read the title and the column headings. This information can help them figure out the topic of the chart. Note: the chart is a comparison of the benefits and co-payments of three different health insurance plans. You may wish to point out to the students that these are not real health insurance plans.

6. **Pair Work.** Organize the class into pairs and assign each pair one of the rows in the chart of health plan benefits and co-payments. Each pair should answer the following questions:
- What type of health care service is described in your row? If you can, think of some services that would be included in this area of health care.
 - How many times have you needed this health service in the past year?
 - What kind of coverage does each of the health plans provide for this kind of health care service? Are there similarities or differences in the kind of coverage across the three plans?
7. **Large group discussion.** After each pair has answered these questions about the health plans, ask each pair to present their answers to the whole group.
8. **Group work.** Distribute **Student Worksheet: Examining Health Plan Benefits, Deductibles, and Co-Payments** to the entire class. Organize the class into groups of three to four. Explain that the worksheet presents several situations of people who need to find a health insurance plan. In their small groups, students must discuss and decide on which of the three health plans – Green, Yellow, or Red – would be the “best” choice for the people described in the five situations.
- Option:* Assign one of the scenarios to each small group. After students have completed the worksheet, ask each group to share their health plan decision and the reason for their choice.
- Note to teacher.* The situations presented on the student worksheet and possible responses are included in an **ANSWER KEY: Examining Health Plan Benefits, Deductibles, and Co-Payments** for your reference. Keep in mind that there are many ways to work out these questions and that there is more than one “correct” answer.
9. **Additional group work.** Pass out the **Student Handout: Looking at Health Plan Options**. Ask the class to explain how the charts are organized. See if they notice that the headings for the plans are now in the rows instead of in the columns. Ask the class which is the most expensive health plan, and which is the least expensive. You should make sure they understand that the chart has two sections, individual coverage and family coverage. Within each section, each plan has a monthly cost based on the salary of the member. They should be able to see that in all cases, the Green Plan is the least expensive and the Yellow Plan is the most expensive.
10. Distribute the **Student Worksheet: Examining Health Plan Costs**. Depending on your class, you may wish to keep the students in the same group. Explain that the worksheet presents several situations of people who need to find a health insurance plan. The students’ task is to decide which of the three health plans – Green, Red, or Yellow – would be the “best” choice based on the cost of the plan, and location of a

person's home (Questions #1 and #2), as well as the co-payments and deductibles of services needed and provided (Question #3). For Question #3, make sure that students refer to the chart of benefits, deductibles, and co-payments as well as the chart of health plan options.

Note to teacher. The situations presented on the student worksheet and possible responses are included in an **ANSWER KEY: Examining Health Plan Costs** for your reference.

11. **Closure.** Ask the class where they might need to apply the skills they worked on during the class. Make a list of some of the suggestions. In addition to their own health plans offered through their employer or the employer of a family member, they might mention Medicare, Medicaid, and Medigap options, auto insurance, or homeowners or renters insurance.

Follow-Up

Divide the class into groups of three. Have each group create a fictitious case of an individual or family needing health care. Circulate around the room to make sure that the cases are all realistic and contain enough information so that it is possible to determine the best medical plan. Once the plans are completed, have groups exchange cases and determine the best medical plan for their case.

ESOL Tips

If you have students from other countries, have the class compare and contrast the choices for paying for medical care in students' home countries with paying for medical care with one of the three offered health plans. Make a chart that lists the ways the countries are alike in how medical care is paid for and how they are different.

Technology Tips

Using the Internet, students can research costs and benefits of locally available health plans. Using a spreadsheet like Excel or a word processor like Word, construct charts of health plan benefits and co-payments and costs of individual and family coverage for these local plans. The Google search engine on the Internet can also be used to find definitions of words or phrases. In the Google search bar, type "define: word," then hit GOOGLE SEARCH. Definitions found on the web will be listed.

Student Worksheet: Health Plan Vocabulary

Instructions: Complete each sentence using one word or phrase from the following list.

affiliated	fertility	pediatric
brand	full coverage	pharmacy
chiropractic	generic	physician
contribution	health plan	prescription
co-payment	inpatient	provider
deductible	managed care	provider network
emergency	options	routine
enroll	out-of-network	surgical
ER	outpatient	vision screening

Now that he is over 50, Jose should see his _____ or doctor for a _____ checkup once a year.

When her five-year-old daughter Catherine developed a fever, Karen made an appointment for her to see her _____ doctor, who specializes in children.

When she started her new job, Kelly was able to select a _____ that provided complete protection or _____ for her family's health needs.

Before they had health insurance, George and Vera had to pay \$80 for a visit to the doctor. Now they have a _____ of \$10 per visit, and their health insurance pays for the rest.

Hilce uses her HMO's _____ to purchase her _____, medicines that she can only buy with a written order from her doctor. To save money, the HMO will provide her with _____ medicines, rather than the more expensive _____ medicines.

The _____ or Emergency Room should only be used for an _____, not for ordinary medical care.

When Ven had back surgery, he needed to stay in the hospital six days, so he was admitted as an _____. When Akira had knee surgery, he was able to go home from the hospital in a few hours, so he was admitted as an _____.

Student Handout: Summary of Health Plan Benefits, Deductibles, and Co-Payments

HEALTH PLAN BENEFITS AND COPAYMENTS			
Health Care Services	Green Health Plan	Red Health Plan	Yellow Health Plan
General Hospital- Outpatient	\$10 per visit	Full coverage	Full coverage
Physician's Services Surgical Fees	Inpatient- \$200 deductible per member per year Outpatient-\$10 per visit	Inpatient- \$200 deductible per family per year Outpatient-\$10 per visit	Full coverage
Routine physical exams	\$10 per visit	\$10 per visit	\$10 per visit \$5 per visit for children under 18
Pediatric care of well children	\$10 per visit	\$10 per visit	\$10 per visit \$5 per visit for children under 18
Vision screening for glasses	\$10 per visit, one visit per member per calendar year	\$10 per visit, one visit per member per calendar year	\$10 per visit
Emergency Care	\$25 per visit at ER, waived if admitted	\$30 per visit at ER, waived if admitted	\$25 per visit at ER, waived if admitted
Prescription Medicines	Per 30-day supply for prescription medicines \$5 generic \$10 preferred brand \$25 non-preferred brand Per 30-day supply for refills obtained through Green Health Plan-affiliated mail order \$3 generic \$8 preferred brand \$23 non-preferred brand	Per 30-day supply for prescription medicines \$5 generic \$10 preferred brand \$25 non-preferred brand Per 90-day supply through mail service pharmacy \$10 generic \$20 preferred brand \$75 non-preferred brand	Per 30-day supply for prescription medicines \$5 generic \$10 preferred brand \$25 non-preferred brand Mail order available
Chiropractic	No	\$200 deductible per member per year	\$200 deductible per family per year
Mental Health	\$200 deductible per member per year	\$200 deductible per family per year	Full coverage for maximum of 10 visits per member per year
Fertility Services	No	\$200 deductible	Full coverage

Student Worksheet: Examining Health Plan Benefits, Deductibles, and Co-Payments

1. Domingo and Elizabeth Torres have two children, Maria (six months) and Daniel (four years). Over the past year, they have needed to go to the hospital for outpatient services three times – once when Daniel fell and broke his arm, once when Elizabeth needed a routine mammogram, and once when Domingo had a mole removed from his arm. What kind of coverage would the Torres family receive under each of the health plans? Maria was also born this past year. What other health services did the Torres family need over the past year? Estimate how much the Torres family spent in co-payments over the past year if they were on the Green Plan.
2. Victor is enrolled in the Green Plan Health Insurance. He suffers from a kidney disease so he needs to go to the hospital twice a week for dialysis. What type of health care service do you think would include dialysis? What is the total amount that Victor spends on co-payments under the Green Plan for this service? Make sure that you can show how you figured out your answer.
3. Fred and Sarah Jackson are an elderly couple in reasonably good health. They rarely need any medical care. Which of the three health plans would be the most ideal for the couple?

4. Felicia needs to buy a 10-day supply of generic penicillin to treat her strep throat. What will she pay in co-payments for this prescription under each of the plans?
5. Marco needs to buy a year's supply of a preferred brand heart medicine. What would the costs be for this prescription under each of the health plans?

ANSWER KEY(with possible responses)
**to Student Worksheet: Examining Health Plan Benefits,
 Deductibles, and Co-Payments**

1. Domingo and Elizabeth Torres have two children, Maria (6 months) and Daniel (4 years). Over the past year, they have needed to go to the hospital for outpatient services 3 times – once when Daniel fell and broke his arm, once when Elizabeth needed a routine mammogram, and once when Domingo had a mole removed from his arm. What kind of coverage would the Torres family receive under each of the health plans? Maria was also born this past year. What other health services did the Torres family need over the past year? Estimate how much the Torres family spent in co-payments over the past year if they were on the Green Plan.

Possible solution:

- For outpatient services, they would receive full coverage with the Yellow Plan. With the Green and Red Plans, the co-payment would be: 3 visits X \$10 per visit = \$30.
 - For possible health services, answers could vary, but might include pre- and post-natal care for Elizabeth, pediatric care, routine physical exams, and vision screenings.
 - For co-payments on the Green Plan, solutions will vary, but one possible scenario is: Outpatient co-pays: 3 visits X \$10 per visit = \$30
 - Parents each had 1 routine physical exam: 2 visits X \$10 per visit = \$20
 - Elizabeth pre- and post-natal: 5 visits X \$10 per visit = \$50
 - Daniel one routine visit and two due to illness: 3 visits X \$10 per visit = \$30
 - Maria pediatrician visits: 2 visits X \$10 per visit = \$20
 - Vision screening for each adult: 2 visits X \$10 per visit = \$20
 - Elizabeth inpatient for baby delivery: \$200 deductible
 - $\$20 + \$50 + \$30 + \$30 + \$20 + \$200 + \$20 = \370
2. Victor is enrolled in the Green Plan Health Insurance. He suffers from a kidney disease so he needs to go to the hospital twice a week for dialysis. What type of health care service do you think would include dialysis? What is the total amount that Victor spends on co-payments under the Green Plan for this service? Make sure that you can show how you figured out your answer.

Possible solution:

Dialysis is usually considered an outpatient service. To figure out the total amount spent on co-payments, students can multiply 2 times a week X 52 weeks in a year = 104 treatments per year, and then multiply the total number of dialysis treatments 104 X \$10 co-payment = \$1040

3. Fred and Sarah Jackson are an elderly couple in reasonably good health. They rarely need any medical care. Which of the three health plans would be the most ideal for the couple?

Possible solution:

There is no significant difference among the plans for an elderly healthy couple. They would not need pediatric care or fertility services. They probably wouldn't use surgical fees, chiropractic, or mental health services.

4. Felicia needs to buy a 10-day supply of generic penicillin to treat her strep throat. What will she pay in co-payments for this prescription under each of the plans?

Possible solution:

Since this is just one prescription, the students should be able to conclude that each plan charges \$5.

5. Marco needs to buy a year's supply of a preferred brand heart medicine. What would the costs be for this prescription under each of the health plans?

Possible solution:

Under all three plans, the co-payment for a preferred brand is \$10 for a 30-day supply from the pharmacy. In addition, the Green and Red Plans each offer a discount for using mail order. For the Green Plan and Yellow Plan, there are twelve 30-day periods in one year or 360 days.

- Under the Yellow Plan, the cost is $\$10 \times 12 \text{ periods} = \120 .
- Under the Green Plan, the cost for mail order is $\$8 \times 12 \text{ periods} = \96 .
- Since there are four 90-day periods in 360 days, under the Red Plan, the cost for mail order is $\$20 \times 4 \text{ periods} = \80 .

Student Handout: Looking at Health Plan Options

HEALTH PLAN OPTIONS- INDIVIDUAL COVERAGE			
	2003 Monthly Contributions- By Salary Level		
	Less than \$55,000	\$55,000-\$80,000	More than \$80,000
Green Health Plan*	\$34	\$45	\$56
Red Health Plan	\$47	\$62	\$78
Yellow Health Plan	\$62	\$77	\$93

HEALTH PLAN OPTIONS- FAMILY COVERAGE			
	2003 Monthly Contributions- By Salary Level		
	Less than \$55,000	\$55,000-\$80,000	More than \$80,000
Green Health Plan*	\$91	\$122	\$152
Red Health Plan	\$127	\$169	\$211
Yellow Health Plan	\$169	\$211	\$253

Rates are based on your full-time salary. If you work part time, your monthly contribution will be based on your full-time equivalent salary.

***Those electing the Green Health Plan should be aware that all of its providers are based in the central part of the state.**

Student Worksheet: Examining Health Plan Costs

Instructions: Read the following situations. Use the **Student Handout: Looking at Health Plan Options** to decide which of the three health plans – Green, Red, or Yellow – would be the “best” choice. For Question #3, you will also need to use the **Student Handout: Summary of Health Plan Benefits, Deductibles, and Co-Payments**.

1. Yao receives a weekly paycheck of \$784 gross and \$552 net. He is a single man. Which chart and which column should he look at which comparing health plans and calculating his cost? Based on cost alone, which plan should he choose? What would be his monthly cost?
2. Samaria receives a weekly paycheck of \$1,550 gross and \$1,234 net. Her husband, Carlos, earns a monthly salary of \$3,420. Samaria’s company offers the better health plan options, the Green, Red, and Yellow Health Plans. They live less than 5 miles from the northern border of the state. Which chart and column should Samaria use to compare health plans and calculate the cost? What will be her monthly cost?
3. Tamara receives a weekly paycheck of \$1,058 gross and \$842 net. Although she is healthy and only has one regular generic medicine, her adopted daughter was born with severe birth defects and will require at least three operations over the next two years. Her daughter also requires four generic medicine prescriptions and two preferred brand medicines. Her husband, Julio, is a diabetic who requires five generic medicines and three preferred brand medicines. He also has a severe back problem and visits a chiropractor at least once a month. Tamara would also like to try one more time to get pregnant and have a baby. Which health plan is the best option for Tamara? How much will she pay a month?

ANSWER KEY (with possible responses) **to Student Worksheet: Examining Health Plan Costs**

1. Yao receives a weekly paycheck of \$784 gross and \$552 net. He is a single man. Which chart and which column should he look at when comparing health plans and calculating his cost? Based on cost alone, which plan should he choose? What would be his monthly cost?

Possible solution: Since yearly salary is the weekly gross times number of weeks in a year, multiply $\$784 \times 52 \text{ weeks} = \$40,768$. Look at the Individual Coverage section, and the Less than \$55,000 column. The Green Plan is the least expensive at \$34 a month.

2. Samaria receives a weekly paycheck of \$1,550 gross and \$1,234 net. Her husband, Carlos, earns a monthly salary of \$3,420. Carlos' company does not provide health coverage, but Samaria's company offers the Green, Red, and Yellow Health Plan options. The couple lives less than five miles from the northern border of the state. Which chart and column should Samaria use to compare health plans and calculate the cost? What will be her monthly cost?

Possible solution: Only Samaria's salary is used in the calculation of salary level: $\$1,550 \times 52 \text{ weeks} = \$80,600$. Look at the Family Coverage section and the More than \$80,000 column. The Green Plan is the least expensive, but only has providers in the central part of the state, not near the northern border. Therefore, the second least expensive plan, the Red Health Plan, will be the best choice for them. Its cost is \$211 a month.

3. Tamara receives a weekly paycheck of \$1,058 gross and \$842 net. Although she is healthy and only has one regular generic medicine, her adopted daughter was born with severe birth defects and will require at least three operations over the next two years. Her daughter also requires four generic medicine prescriptions and two preferred brand medicines. Her husband, Julio, is a diabetic who requires five generic medicines and three preferred brand medicines. He also has a severe back problem and visits a chiropractor at least once a month. Tamara would also like to try one more time to get pregnant and have a baby. Which health plan is the best option for Tamara? How much will she pay a month?

Possible solution: Only Tamara's salary is used in the calculation of salary level: $\$1,052 \times 52 \text{ weeks} = \$55,016$. Look at the Family Coverage and the \$55,000-\$80,000 column.

- The Green Plan is \$122 a month or $\$122 \times 12 \text{ months} = \$1,464$ a year.
- The Red Plan is \$169 a month or $\$169 \times 12 \text{ months} = \$2,028$ a year.
- The Yellow Plan is \$211 a month or $\$211 \times 12 \text{ months} = \$2,532$ a year.

Considerations: While the Green Plan is least expensive, you need to look at the benefits, deductibles, and co-payments to determine whether or not

it is the best buy. While the Green Plan is \$564 a year less (\$2,028 - \$1,464) than the Red Plan, it does not have Chiropractic Services which could cost \$50 a visit or Fertility Services which could cost thousands, so it is not an option for Tamara. The Red Plan is \$404 less (\$2,532 - \$2,028) than the Yellow Plan. The Red Plan has a \$200 deductible for Fertility Services and Surgical Fees, while the Yellow Plan offers Full Coverage, so before looking at medicine costs, the two plans are almost equal. However, the Red Plan offers a deduction for mail order medicines, while the Yellow Plan does not. The total medicine savings of the Red Plan compared to the Yellow Plan is \$20 (\$60 - \$40) for each generic medicine per year and \$40 (\$120 - \$80) for each preferred brand medicine. With nine generic and five preferred brand medicines, the total savings of the Red Plan is $(9 \times \$20) + (5 \times \$40) = \$180 + \$200 = \$380$. She should get the Red Family Plan.

Appendix A

Glossary of Key Vocabulary: Selecting a Health Plan

affiliated	Closely connected You must select a doctor who is affiliated with Central Hospital.
brand	A label for something Shawn was told to buy the generic brand of medicine.
chiropractic	A medical system based on the proper alignment and function of the spine Because of her constant backaches, Bonnie decided to get chiropractic treatment.
contribution	An amount of money paid as part of the total cost of something, such as health care costs The insurance plan's contribution is 75 percent of the total cost for treatment.
co-payment	The part of the medical bill that an insured patient must pay Jan's co-payment is \$10 for an office visit.
deductible	An amount of money an insured person must pay first before a health plan will begin to cover the costs After you pay a \$100 deductible , the insurance company will pay for all other services.
emergency	A sudden crisis that needs immediate action When Evan's baby began to choke, he knew it was an emergency and called 911 right away.
enroll	To join or become a part of Every January, workers can enroll in the company's health plan.
ER	An abbreviation for Emergency Room, a place in a hospital or clinic that provides care to people who have had an accident or need immediate care The man from the car crash was rushed to the ER for treatment.
fertility	The ability to physically have children When Erica could not get pregnant, she asked her doctor about her fertility .

full coverage	Complete health benefits offered by a health insurance plan Antonio was relieved to find out he had full coverage , and would not need to pay for his hospital stay.
generic	Something that does not carry the maker's name Generic medicines usually cost less than other medicines.
health plan	A person's specific health benefits package or the organization that provides such a package Roxanne selected the health plan with the lowest deductible.
inpatient	Referring to treatment at a hospital or clinic for which the person must stay overnight or longer The inpatient surgery required that Kevin spend four nights in the hospital.
managed care	A health care group that brings together doctors, nurses, and other health workers with hospitals in order to manage the cost, quality, and access to health care Your health plan may require you to enroll in a managed care plan.
option	A choice Since the second health plan covered well visits, it was the better option for the Jackson family.
out-of-network	Care given by health workers who are not part of the managed care program Denise had to receive out-of-network care for her son's special needs.
outpatient	Referring to treatment at a hospital or clinic for which the person does not stay overnight You will have an outpatient procedure, and will be able to go home the same day.
pediatric	Medical care of children The pediatric clinic is decorated with cheerful posters.
pharmacy	A shop where medicine and other articles are sold Go to the pharmacy to purchase your medicine.
physician	A doctor You will choose a physician when you sign up for this health plan.

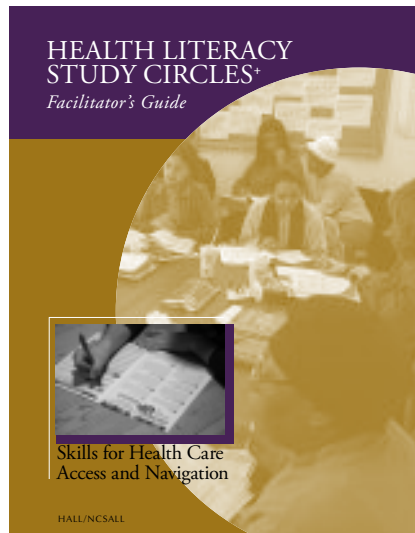
- prescription** A written order made by a doctor or nurse practitioner for medicines that are only available through a pharmacy
Mila's doctor gave her a **prescription** for two medicines.
- provider** A health care place or worker that delivers health care services
It is important to locate a medical **provider** as soon as you move to a new city.
- provider network**
A group of health care professionals or organizations
Your health plan may require that you only see doctors within a specific **provider network**.
- routine** Regular, usual, everyday
Ray brought his daughter to the clinic for a **routine** check-up.
- surgical** Related to surgery; a procedure to remove or repair a part of the body or to find out if disease is present
When Ana had appendicitis, she stayed in the **surgical** unit.
- vision screening**
A test for checking the eyes
The doctor will give you a **vision screening** to see if you need to wear glasses.

Skills for Health Care Access and Navigation

SESSION THREE: **Integrating Health Literacy Skills into Instruction**

**HEALTH LITERACY
STUDY CIRCLES⁺
HALL/NCSALL May 2005**

Skills for Health Care Access and Navigation



SESSION THREE: Integrating Health Literacy Skills into Instruction

HEALTH LITERACY STUDY CIRCLES⁺
HALL/NCSALL May 2005

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Notes to Facilitator

About This Session

The first two sessions of this Study Circle⁺ focused on helping participants enrich their understanding of access and navigation issues in the health care system. During this session, you ask participants to review the sample lessons they taught and consider health literacy lessons and units they can develop to address health literacy skills needed by their students.

Introductory Activities

The introductory activities of Session Three are designed to help participants recap the work done in the previous session and introduce the activities for this session.

Discussion and Analysis Activities

The discussion and analysis activities begin with a review and discussion of the participants' experiences teaching sample lessons. After you introduce the idea of health literacy units, participants begin planning their own health literacy units. Their planning begins with considering the lists of health literacy skills related to access and navigation that they identified during Session Two and the needs of their students.

Planning Activities

The planning activities give participants an opportunity to begin developing their own health literacy lessons. With the whole group, you will ask participants to list the lessons they want to teach and choose one lesson idea. Participants then form partnerships to review a lesson plan template and begin developing their own lessons. As in previous sessions, you should encourage participants to continue their work together between sessions.

Closure Activities

At the end of Session Three, as in previous sessions, you will facilitate a review and evaluation activity. During these Closure Activities, participants will review the discussion methods that were used during this study circle and complete a session evaluation. Be sure to give the participants time to complete the Session Three Evaluation Form and collect these forms before they leave.

The Group Discussion Methods

Throughout the Study Circle⁺ you will use a variety of discussion methods to present information and facilitate activities. We hope that participants will find these methods helpful and consider using them in their own classrooms. Therefore we ask you to keep in mind your role as a model. As you facilitate the Study Circle⁺ activities, you will be modeling these discussion methods for participants to use in the future.

The discussion methods used in Session Three include:

- ***Pair work followed by large group discussion:*** Participants work together in pairs to share details, often about an experience. Mutual sharing enables the pairs to process or analyze their ideas. They then prepare more general statements for presentation to a larger group. The large group sharing activity follows this more intimate work and enables all participants to hear the key issues discussed.
- ***Private reflection:*** Private reflection provides some time for participants to collect their thoughts and generate ideas on paper about a topic before they share their ideas. Knowing that this writing will not be read by anyone helps participants write freely.
- ***Brainstorm:*** A brainstorm activity stimulates a group to generate ideas or solutions. As the facilitator, you want to help people feel comfortable stating ideas without inhibition and without feeling judged. Therefore, during a brainstorm, you should ask participants *not* to comment on or evaluate the suggested ideas.

After you have listed the ideas on the board or on newsprint, you might ask participants to analyze the list in different ways. For example, they may group similar ideas together under different categories. They may then review the lists and order items in terms of importance, suitability, or difficulty.

- ***The Dance and the Balcony:*** This activity is a metaphor for analyzing the group discussion methods used during the session. The purpose of this activity is to highlight the different ways you have structured activities and encourage teachers to consider using some of these methods in their own classes.

Participants are asked to think of the activities they just completed as a “dance.” This review activity asks that they stop the dance and move up to the balcony to look down on the dance floor. They stop “dancing” and view the dance from a distance. From the “balcony” participants analyze the dance. They comment on and evaluate the discussion methods.

Overview: Session Three

Objectives

During this session, participants will:

- Analyze the experience of teaching a sample health literacy lesson
- Delineate key health literacy skills to be addressed in ABE/ESOL programs
- Develop ideas for health literacy units
- Begin to develop original lesson plans focused on health literacy skills

Time

- 3 hours (6 hours including lunch if you have planned for the extended session described on page 11 of the *Overview and Planning for Session One* booklet).

Session Three Agenda

The time suggested for activities is based on a three-hour session. You can expand any activity if you have more time.

Introductory Activities (15 minutes)

- Welcome and Review of Session Two
- Review Session Three Objectives and Agenda

Discussion & Analysis Activities (1 hour, 45 minutes)

- Review and Discuss the Sample Lessons Taught
- Consider Ideas for Health Literacy Units
- – 10-minute break –

Planning Activities (45 minutes)

- Planning to Teach Your Own Lessons

Closure Activities (15 minutes)

- Session Review and Evaluation

Materials and Preparations

- Newsprint (flip charts) and markers
- Overhead projector
- Post-it notes

Newsprints (flip charts) or overhead transparencies (3)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none"> ■ Access and Navigation Tasks (from Session Two) 	<ul style="list-style-type: none"> ■ Lesson Ideas ■ Health Literacy Unit Ideas

Handouts (8, 9 for extended session)

Make copies of the following handouts before this session begins. Note that handouts are located in the “Materials” section for Session Three.

1. Session Three Objectives and Agenda
2. Developing a Health Literacy Unit
3. My Health Literacy Unit Ideas
4. Lesson Plan Template (2 pages)
5. Lesson Reflection Sheet
6. Session Three Evaluation Form

From Session Two:

7. Post-Teaching Reflection Sheets from the Sample Lesson Packet
8. The handouts titled Access and Navigation Tasks and Underlying Skills (tables completed in a small group activity during Session Two)

If an Extended Session is planned:

9. The handout titled Field Trip to a Local Hospital (from page 15 of the *Overview and Planning for Session One* booklet)

Session Three: Integrating Health Literacy Skills into Instruction



Photo © Jon Crispin

INTRODUCTORY ACTIVITIES (15 minutes total)**Welcome, Session Objectives, and Agenda** (15 minutes)

Discussion Method: Presentation by facilitator

Handout: Session Three Objectives and Agenda

Welcome the group back and review Session Two

Remind participants that in Session Two they focused on identifying access and navigation tasks and the specific skills needed to accomplish these tasks. The group determined which of the many skills identified were most appropriate for the ABE/ESOL classroom. In addition, participants had an opportunity to examine lessons that address access and navigation tasks and the underlying skills.

Provide an overview of Session Three

During this session, participants will reflect on their experiences teaching the sample lesson. Next they will consider other lessons that could be grouped together as a health literacy unit. Then they focus on the assignment to develop one lesson and teach that lesson before Session Four.

Distribute the Session Three Objectives and Agenda

- Review the objectives and agenda and briefly describe the session activities.
- Ask if anyone has additional comments or questions.

DISCUSSION & ANALYSIS ACTIVITIES

(1 hour, 45 minutes total including a 10-minute break)

Review and Discuss the Sample Lessons Taught (30 minutes)

Discussion Methods: Pair work and large group discussion

Handout: Post-Teaching Reflection Sheets (from the Sample Lesson Packet)

Work in pairs to review the Post-Teaching Reflection Sheets (15 minutes)

Participants will first work in pairs and then move to a full group discussion to identify insights gained from their teaching experiences.

- Ask participants to take out their completed Post-Teaching Reflection Sheet (found in the Sample Lesson Packet). Allow a few minutes for participants to complete their reflection sheet if they have not done so.
- Ask participants to work with a partner who teaches in the same area (ESOL, ABE, or GED), teachers with the same learner level, or taught the same sample lesson.
- Ask pairs to share and discuss their responses to the questions on the Post-Teaching Reflection Sheet.
- Offer a 5-minute notice and ask pairs to take the last 5 minutes to consider the insights they gained – about teaching health literacy skills and/or about their students' needs – as a result of teaching these lessons.

Bring the full group back together to share highlights of their pair discussions (15 minutes)

- Pose the following question to the full group and ask those who answer to name the lesson they taught.
 - *What did you learn about teaching health literacy skills from this experience?*
 - *What did you learn about your students' needs from this experience?*
- Before you move on to another person, ask for comments from someone else who taught the same lesson.

Consider Ideas for Health Literacy Units (65 minutes)

Discussion Methods: Facilitated presentation, brainstorm, private reflection, small group and large group discussions

Handouts: Developing a Health Literacy Unit

Access and Navigation Tasks and Underlying Skills

(from Session Two)

My Health Literacy Unit Ideas

Provide an overview of the remaining study circle sessions (5 minutes)

Explain that so far during this study circle, participants have had opportunities to define and identify specific health literacy skills – those skills their students need to be more successful with gaining access to and navigating within the health care system.

This session sets the stage for the rest of this study circle. Participants begin to focus on ideas for health literacy units and lessons they can teach. For the rest of this session and the remaining two sessions, participants will begin to develop health literacy lesson and unit plans that they can use in their classrooms to address the needs of their students.

To prepare participants, you will first ask them to consider ideas for health literacy units. Then they will choose a lesson that they want to develop and teach before the next session. This will be one of the lessons in their unit.

Introduce the idea of health literacy units (5 minutes)

- Define a “health literacy unit” as
A set of six to eight separate but related lessons that address a set of skills needed for health care access and/or navigation.
- Distribute the handout titled Developing a Health Literacy Unit. Briefly review the examples of different ways to group lessons and generate unit ideas. Units can focus on:
 - an overall concept
 - a specific health literacy task
 - a specific health literacy skill

Brainstorm ideas for health literacy units (10 minutes)

- Post the newsprint titled Access and Navigation Tasks from Session Two.
- Distribute copies of the handouts titled Access and Navigation Tasks and Underlying Skills that participants completed during Session Two.
- Ask participants to review these lists and brainstorm ideas for units they could develop that focus on these skills.

Provide time for private reflection on health literacy units (10 minutes)

- Distribute the handout titled My Health Literacy Unit Ideas.
- Ask participants to think about the specific health literacy skills their students need to develop and the lessons participants could develop to address those skills.
- Ask participants to work alone and use the next 10 minutes for private reflection and note taking (not to be shared or handed in).
- Note that this activity forms the basis for the group discussion work which will follow.

Ask participants to form small groups of three to four people (20 minutes)

- Participants work in small groups to discuss and develop their health literacy unit ideas. Remind participants that their ideas need not be fully developed in order to be shared; it is fine to share tentative or sketchy ideas.
- After 5 minutes, remind groups to give everyone a chance to speak.
- During this time, you should visit different groups to provide support and suggestions. You may need to help people focus on skills and not on health content in their units.

Bring the whole group together (15 minutes)

Health Literacy Unit Ideas

- Post the newsprint titled Health Literacy Unit Ideas
- Ask for a volunteer recorder to make notes on the newsprint and encourage participants to take notes on those ideas that are most relevant to their students.
- Pose the following question so that each group can report ideas and the recorder can list items:
What are some of your unit ideas related to health care access and navigation?

(For example, ideas might include applying for insurance, finding a doctor, getting prescriptions filled).
- Ask one volunteer to describe his or her unit in more detail by listing the focus of several lessons within the unit.
- Explain that after the break, everyone will choose an idea for a lesson they want to develop and teach in their classroom.

TAKE A 10-MINUTE BREAK

PLANNING ACTIVITIES (45 minutes total)

Planning to Teach Your Own Lesson (45 minutes)

Discussion Methods: Large group work and pair work

Handouts: Lesson Plan Template
Lesson Reflection Sheet

During the rest of this session, you will help participants develop and prepare to teach their own health literacy lessons.

Introduce the assignment (15 minutes)

The assignment for Session Four is to develop and teach a health literacy lesson focused on skills for health care access and/or navigation.

- Ask participants to take a few minutes to look over their list of lesson and unit ideas and choose one lesson that they want to develop and teach after this session and before the next meeting.
- Post the newsprint titled Lesson Ideas and ask for a volunteer to record names and lesson ideas on the newsprint.
- Ask each participant to name the skill they want to focus on in their lessons.
- Ask participants to find partners to discuss this assignment between sessions.

[illegible]

Ask participants to work with their partners (20 minutes)

Explain that during the next 20 minutes, participants will work with a partner to review a lesson plan template and begin developing their lessons.

- Ask the partners to exchange contact information (names, phone numbers, e-mail addresses) and set up a date/time to talk to each other between sessions.
- Distribute the handouts: Lesson Plan Template and the Lesson Reflection Sheets.
- Explain that this template was developed and used to create the sample lessons included in this study circle. Request that participants use the Lesson Plan Template to create their own lessons for consistency in our work and reviews.
- Ask partners to:
 - Review the Lesson Plan Template together to make sure they understand how to use the template to create their own lessons.
 - Review the Lesson Reflection Sheet.
 - Discuss the assignment and any problems they anticipate.
 - Note questions for clarification.
- During this time, you should walk around the room and check in with different pairs to see how they are doing. You should also note questions that come up so you can address them in the large group discussion.
- Give a 5-minute warning before you ask people to come back together as a group.

Ask participants to come together for questions and answers about the assignment (10 minutes)

- Address questions about the assignment and the handouts.
- Remind participants that they need to bring TWO copies of their lesson plans and their completed Lesson Reflection Sheets to Session Four.
- Wish everyone good luck with their lessons and encourage them to work with their partners.

CLOSURE ACTIVITIES (15 minutes total)

Session Review and Evaluation (15 minutes)

Discussion Method: Facilitated full group discussion

Content Review

You may want to ask if anyone in the group is willing to summarize key content areas or make a statement about insights or new information.

Methods Review

- If needed, remind participants of the Dance and the Balcony activity.
- Describe some of the discussion methods used during this session and invite participants to identify the methods that they feel would be effective in their own classrooms. Use the table below to help you facilitate this discussion.

Group Discussion Method	Activity Examples
Pair Work	Discuss and analyze the teaching experience
Private Reflection	Reflect on skills and write down lesson ideas
Partners Work	Review the assignment and the Lesson Plan Template

Session Evaluation

Distribute the Session Three Evaluation Forms and ask participants to complete them. Collect the evaluation forms before the participants leave.

Closing Notes

- Thank the participants for their contributions during this session.
- Address any logistical issues related to Session Four.
- Post the date, time, and place for Session Four.

Note to Facilitator: If you have planned for an expanded session, please refer to page 11 of the *Overview and Planning for Session One* booklet.

Notes



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Skills for Health Care Access and Navigation

Session Three Materials

Newsprints (flip charts) or overhead transparencies (3)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of most newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none">• Access and Navigation Tasks (from Session Two)	<ul style="list-style-type: none">• Lesson Ideas• Health Literacy Unit Ideas

Handouts (8)

Make copies of the following handouts before this session begins.

- 1) Session Three Objectives and Agenda
- 2) Developing a Health Literacy Unit
- 3) My Health Literacy Unit Ideas
- 4) The Lesson Plan Template
- 5) Lesson Reflection Sheet
- 6) Session Three Evaluation Form

From Session Two:

- 7) Post-Teaching Reflection Sheets from the Sample Lesson Packet
- 8) The handouts titled Access and Navigation Tasks and Underlying Skills (tables completed in a small group activity during Session Two)

Skills for Health Care Access and Navigation

Session Three

Objectives

During Session Three, participants will:

- Analyze the experience of teaching a sample health literacy lesson
- Delineate key health literacy skills to be addressed in ABE/ESOL programs
- Develop ideas for health literacy units
- Begin to develop original lesson plans focused on health literacy skills development

Agenda

Introductory Activities (15 minutes)

- Welcome and Review of Session Two
- Review Session Three Objectives and Agenda

Discussion & Analysis Activities (1 hour, 45 minutes)

- Review and Discuss the Sample Lessons Taught
- Consider Ideas for Health Literacy Units
- - Take a 10-Minute Break -

Planning Activities (45 minutes)

- Planning to Teach Your Own Lessons

Closure Activities (15 minutes)

- Session Review and Evaluation

Developing a Health Literacy Unit

During this study circle, you have had opportunities to define and identify specific health literacy skills – those skills your students need to be more successful with gaining access to and navigating within the health care system. You have taught a sample health literacy lesson and will now consider how to develop a health literacy unit.

Think of a health literacy unit as...

A set of six to eight separate but related lessons that address a set of skills needed for health care access and navigation.

Consider some different ways you might group lessons to generate unit ideas. Here are a few examples:

- A unit can focus on an overall concept, such as patient rights and responsibilities. The lessons in the unit can address various health literacy tasks and skills such as reading and understanding consent forms, asking about patient rights, and obtaining second opinions.
- A unit can focus on a specific health literacy task, such as applying for health insurance. The lessons in the unit can address the underlying skills needed to accomplish the task, such as filling out a form, talking to an insurance agent, using the Internet, or describing your medical history.
- A unit can focus on a specific health literacy skill, such as filling out forms in health care. The lessons in the unit can address the range of forms that adults are expected to understand in health care settings, such as informed consent forms, medical history forms, or insurance forms.

My Health Literacy Unit Ideas

This exercise is designed to help you decide which skill areas to focus on in a health literacy unit. Note that your ideas need not be fully developed; it is fine for you to note tentative or sketchy ideas.

- 1) Consider your findings from the needs assessment you completed with your students after Session One and your experience teaching a sample lesson. What are some of the health literacy skills your students need or want to learn?

- 2) Think about how you might create a unit (six to eight related lessons) to address the skills you listed above and list those ideas here.

The Lesson Plan Template *

Introduction

The sample lessons for the Health Literacy Study Circles⁺ follow an organizational format that you are encouraged to use when developing your own health literacy lessons.

Keep in mind that the health literacy lessons are focused on health-related tasks and skills. Each lesson begins with a statement about the purpose of the lesson followed by a step-by-step explanation of the lesson.

As you review the Lesson Plan Template, note that the left-hand column includes a space for you to list specific health literacy tasks and the skills focus of your lesson.

- **Tasks** – Health literacy tasks that people are expected to accomplish include such things as obtaining health insurance or seeking medical care for an illness.
- **Skills** – In order to accomplish health literacy tasks, people need a variety of skills. Lesson plans should focus on reading, writing, speaking, listening, and math skills as well as efficacy and advocacy. Some examples include reading a chart or a map of a hospital, filling out a form, communicating with medical professionals, or determining eligibility for health care coverage.

The left-hand column also includes information about the estimated duration of the lesson, materials needed, and key vocabulary and expressions to be covered.

Finally, the lessons feature additional teaching tools, such as:

Follow-up Activities – Optional follow-up activities that you can use to extend the ideas and skills learned in the lesson.

Technology Tips – Ideas for integrating the use of the Internet into the lesson and descriptions of valuable health-related resources available on the World Wide Web.

ESOL Teaching Tips – Ideas and suggestions for adapting the lessons for teachers working with ESOL learners.

Advanced ABE/GED Teaching Tips – Ideas and suggestions for adapting the lessons for teachers working with advanced ABE or GED learners.

* Adapted from the *HEAL: Breast and Cervical Cancer Curriculum*, developed by World Education in cooperation with the Centers for Disease Control and Prevention, 2002. Used with permission.

Note to the teacher:

Adapting the lessons for your classroom: As the lesson titles indicate, the sample lessons were designed with a particular student audience (e.g., ABE or ESOL) in mind. At the same time, you are encouraged to adapt ANY of the lessons to your own classroom context. These lesson topics are relevant to all areas of adult education and most of the lessons provide suggestions and tips for adapting them for other adult education contexts.

Opportunities to pursue project-based inquiries: As noted earlier in Session Two, most of the lessons lay the groundwork to pursue project-based learning activities in your classroom. Instead of working on isolated activities that focus on particular skills, students can develop skills in the context of a project. The follow-up activities to the lessons include suggestions for several projects that students can do such as designing an improved health benefits application form, creating a personal medical log book, or researching worker's rights to file a complaint on workplace hazards.

LESSON PLAN TEMPLATE *

~ Please bring two copies of your lesson plan to Session Four

Lesson Title: _____

Health Care Access and Navigation Tasks Addressed in this Lesson <ul style="list-style-type: none"> ▪ ▪ ▪ 	Purpose
Skills Focus <ul style="list-style-type: none"> ▪ ▪ ▪ 	Steps <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.
ABE/ESOL Level <ul style="list-style-type: none"> ▪ 	
Duration <ul style="list-style-type: none"> ▪ 	
Materials <ul style="list-style-type: none"> ▪ ▪ ▪ 	Follow-Up Activity
Key Vocabulary and Expressions	ESOL Tips
	Technology Tips

* Reference: The *HEAL: Breast and Cervical Cancer Curriculum*, developed by World Education in cooperation with the Centers for Disease Control and Prevention, 2002. Used with permission.

Lesson Reflection Sheet

Instructions: After you have designed and taught your own lesson, please complete this handout and bring it with you to Session Four. You can use these notes to help you present your lesson to other participants during Session Four.

Your Unit Focus:

Your Lesson Title: _____

Class Level: _____

- 1) Briefly describe your lesson, including its objectives and skill focus.
- 2) Describe how your students responded to your lesson. What aspects of the lesson went well? What aspects did not go as well?
- 3) What other related lessons might you teach to shape a health literacy unit?

Skills for Health Care Access and Navigation

Session Three Evaluation Form

Please complete the following evaluation and turn it in before you leave today.

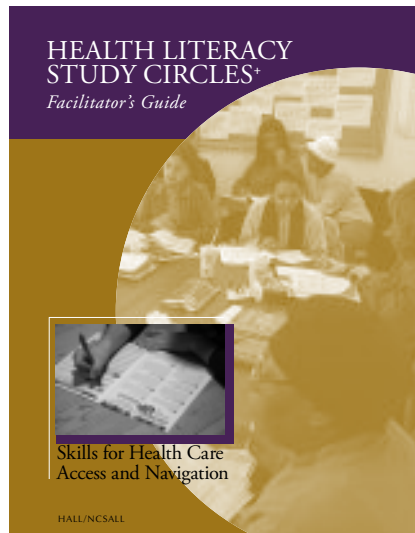
1. What was the most valuable insight, practical idea, or specific information that you gained from today's session?
2. How would you improve this session?

Skills for Health Care Access and Navigation

SESSION FOUR: Planning Lessons, Units, and Evaluations

HEALTH LITERACY
STUDY CIRCLES⁺
HALL/NCSALL May 2005

Skills for Health Care Access and Navigation



SESSION FOUR: Planning Lessons, Units, and Evaluations

HEALTH LITERACY STUDY CIRCLES⁺
HALL/NCSALL May 2005

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Notes to Facilitator

About This Session

In some respects, the study circle process thus far has put the “cart before the horse” by having participants experiment with teaching lessons before developing an overall plan for including health literacy skills into their work.

The activities and follow-up assignment for Session Four will enable participants to move the “cart” back behind the “horse.” You will help them clarify their thinking about a health literacy unit – a set of six to eight lessons focused on a group of related skills needed for health care access and navigation. Participants will also consider a variety of ways to measure and document their students’ success in developing these skills.

Introductory Activities

The introductory activities of Session Four are designed to help participants understand the structure and content of the session. As in previous sessions, you will begin this session with a welcome and presentation of the session agenda. Be sure to allow a few minutes for any questions or comments from the last session.

Discussion and Analysis Activities

The discussion and analysis activities of Session Four provide opportunities for participants to share their teaching experiences and lesson ideas and to consider a health literacy unit plan. Participants then step back from the unit they have outlined to think about the results they hope to achieve. You will help them consider ways to measure success.

Planning Activities

The planning activities prepare participants to outline a unit and evaluation plan. Participants will develop draft plans between Sessions Four and Five and prepare to share their drafts in the final session of the Study Circle⁺. Once again, you will ask participants to form partnerships to discuss the assignment between sessions.

Closure

During the closure activities, as in previous sessions, you will conduct two summaries. One summary is focused on content and the other is focused on discussion methods. You will also ask participants to complete a written evaluation.

The Group Discussion Methods

The discussion methods used in Session Four are designed to establish a relaxed atmosphere for sharing and for discussion. The following discussion methods are included in this session:

- ***Facilitated Small and Large Group Work:*** Participants work in pairs, small groups, and facilitated large groups.
- ***Brainstorm:*** A brainstorm activity stimulates a group to generate ideas or solutions. As the facilitator, you want to help people feel comfortable stating ideas without inhibition and without feeling judged. Therefore, during a brainstorm, you should ask participants not to comment on or evaluate the suggested ideas to encourage participants to examine a broad range of ideas or solutions.
- ***The Dance and the Balcony:*** Participants will review and analyze the discussion methods used during this session.

Overview: Session Four

Objectives

During Session Four, participants will:

- Analyze the experience of teaching new health literacy lessons
- Analyze lesson plans and unit ideas
- Examine and prepare to use a template as a planning tool
- Generate ideas for measuring success
- Prepare for assignment between Sessions Four and Five

Time

- 3 hours

Session Four Agenda

The time suggested for activities is based on a three-hour session. You can expand any activity if you have more time.

Introductory Activities (15 minutes)

- Welcome and Review of Session Three
- Review Session Four Objectives and Agenda

Discussion & Analysis Activities (2 hours 10 minutes)

- Share Teaching Experiences
- Share Unit Ideas
- – 10-minute break –
- Review the Unit Plan Template
- Develop an Evaluation Plan

Planning Activities (20 minutes)

- Review the Assignment: Outline of Unit Design and Evaluation Plan

Closure Activities (15 minutes)

- Session Review and Evaluation

Materials and Preparations

- Newsprints (flipcharts) and markers
- Overhead projector
- Post-it notes

Newsprints (flip charts) or overhead transparencies (2)

Blank sheets will be needed for two activities:

- Generate a list of unit ideas
- Brainstorm evaluation options

Handouts (4)

Make copies of the following handouts before this session begins. Note that handouts are located in the “Materials” section for Session Four.

1. Session Four Objectives and Agenda
2. Unit Plan Packet (12 pages) includes the following:
 - Cover sheet with assignment
 - Unit and Evaluation Plans: Issues to Consider
 - Overview: The Health Literacy Unit Template
 - Health Literacy Unit Template
 - Sample Health Literacy Unit
 - An Evaluation Plan for Your Health Literacy Unit
 - Evaluation Plan Template
 - Sample Evaluation Plan
3. Session Four Evaluation Form

From Session Three

4. Lesson Reflection Sheet (the handout with notes on teaching a new lesson)

Session Four: Planning Lessons, Units, and Evaluations



Photo © Jon Crispin

INTRODUCTORY ACTIVITIES (15 minutes total)

Welcome & Agenda (15 minutes)

Discussion Method: Presentation by facilitator

Handouts: Session Four Objectives and Agenda

Welcome the group back and review Session Three

Remind participants that they shared their experiences teaching a sample health literacy lesson. They identified other skills they could teach in their classroom and considered ways that related lessons could be grouped into health literacy units. Between Sessions Three and Four, participants worked with partners and developed and taught their own health literacy lessons.

Now, participants will again share their teaching experiences. Participants will then shift their attention to the development of a health literacy unit focused on health care access and navigation. They will also consider possible ways to evaluate the effectiveness of their unit.

Distribute the Session Four Objectives and Agenda

- Review the objectives and agenda and briefly describe the session activities.
- Ask if anyone has additional comments or questions.

DISCUSSION & ANALYSIS ACTIVITIES

(2 hours and 10 minutes total including a 10-minute break)

Share Teaching Experiences (30 minutes)

Discussion Methods: Small group work and discussion

Handouts: Lesson Reflection Sheet (handout from Session Three)
Unit Plan Packet

Ask participants to work in small groups to discuss their teaching experiences

- Ask participants to form small groups of two to three people to share experiences teaching their own health literacy lessons. Ask participants to use the questions on their Lesson Reflection Sheets to guide their discussions.
- Ask participants to take about 5 minutes each to give a brief overview of their lessons and allow time for reactions and questions from other group members. Each overview should include:
 - Focus or theme of the lesson
 - Brief description of the lesson (objective, skill and activity)
 - Brief description of their students' reaction to the lesson
- While people are working in small groups, try to sit with each group for a few minutes. Alert the groups when 5 minutes remain.

Share Unit Ideas (30 minutes)

Discussion Method: Facilitated group discussion

Facilitate a full group discussion about unit ideas

- Ask the participants to consider how their teaching experiences might help them design their health literacy unit. You might ask:
How has your teaching experience helped you shape or reshape your ideas about a unit on health care access and navigation skills?
- Tell participants that you would like to create a list of their ideas for health literacy units so that everyone can see the range of ideas.
 - Ask a volunteer to record the list on a newsprint or overhead transparency.
 - Ask each participant to name the focus/theme of the health literacy unit.

- Once the list is complete, ask the participants to focus only on the units that address skills related to health care access and navigation.
- Ask a volunteer to comment on any patterns or areas of overlap on the list. For example, several units may focus on an application process. Some units might focus on finding one's way in a health center or hospital.
- You may want to suggest other ideas for units:
 - *Getting Health Insurance*
 - *Learning about Patient Rights and Responsibilities*
 - *Communicating with Doctors and Nurses*
- Ask one or two volunteers to sketch out the sequence of lessons that constitute his or her unit.

Note to Facilitator: You may want to collect copies of the participants' lessons. If you have the time and resources, consider making copies of these materials to create a lesson packet for each participant that you can hand out during Session Five.

Review the Unit Plan Packet (10 minutes)

Discussion Method: Facilitated presentation

Handout: Unit Plan Packet

Distribute and review Unit Plan Packet

- Explain that these materials were developed as tools to help participants plan and evaluate their units. This packet includes the following materials:
 - Cover sheet with assignment
 - Unit and Evaluation Plans: Issues to Consider
 - Overview: The Health Literacy Unit Template
 - Health Literacy Unit Template
 - Sample Health Literacy Unit
 - An Evaluation Plan for Your Health Literacy Unit
 - Evaluation Plan Template
 - Sample Evaluation Plan

- Explain that participants will be asked to draft a health literacy unit to bring to Session Five using the Health Literacy Unit Template as a guide. Participants should feel free to adapt the template to suit their own teaching needs and styles.
- Allow a few minutes for participants to review the unit template and to ask questions for clarification. If participants need more time to review the template, tell them that you will be available during the break to answer any additional questions.
- Explain that, after the 10-minute break, the group will discuss ways that they can measure their students' success in developing health literacy skills.

TAKE A 10-MINUTE BREAK

Develop an Evaluation Plan (50 minutes)

Discussion Methods: Brainstorming, small group discussions, large group summation

Handouts: Sample Health Literacy Unit
Sample Evaluation Plan

Brainstorm ways to measure success (10 minutes)

Facilitate a brief brainstorming activity focused on evaluation activities.

- Begin by asking the participants to first think about how they generally determine the success of their lessons and units.
- Ask a volunteer to record ideas on a newsprint or overhead transparency.
- Encourage participants to generate ideas and remind them that ideas will be listed without critique or commentary. Remind participants to focus on evaluating skills related to health care access and navigation.
- Anticipate a list that may include the following:
 - Administer a test
 - Provide practice opportunities and observe
 - Ask students to role play
 - Ask students how confident they feel about trying a particular task (such as making an appointment over the phone)
 - Give assignments that require students to apply the new skills
 - Ask students to report back when they have applied new skills

Consider knowledge, perceptions, skills, and actions (5 minutes)

Tell participants that they will now consider additional ways to measure success for their health literacy units by focusing on the Sample Health Literacy Unit. Tell the participants that the unit design focuses on:

- **Knowledge** such as new vocabulary
- **Perceptions** such as increased sense of ability to ask questions
- **Skills** such as the ability to prepare a folder with needed information and evidence
- **Actions** such as completing an application form

Define and measure success (25 minutes)

Introduce small group work focused on the sample unit by asking participants to form working groups of four to five people.

- Ask the groups to read the Sample Health Literacy Unit so that they can all use the same example as they consider evaluations.
- Ask the groups to review the sample unit plan and turn to the Sample Evaluation Plan.
- Suggest that the groups focus on three questions:
 1. *What will the students be able to do after you teach this unit?*
Remind participants to consider the variety of health literacy skills included in the example.
 2. *Does the focus on knowledge, perceptions, skills, and actions cover the kinds of changes they want to consider?*
 3. *What can teachers do to document that these changes have taken place?*
- Give the groups about 20 minutes for discussion. Make yourself available to help groups who need assistance thinking of possible strategies and methods for assessing and documenting changes.

Summarize the work completed (10 minutes)

- After the participants have had an opportunity to share their ideas, offer the following point by way of summary:
Your students might experience a number of changes as they build health literacy skills.
- Ask participants to list examples:
 - One way to measure mastery of a skill
 - One way to measure an action taken outside the classroom

PLANNING ACTIVITIES (20 minutes total)

Review the Assignment: Outline of Unit Design and Evaluation Plan (20 minutes)

Discussion Method: Presentation with questions and answers

Handout: Unit Plan Packet

Briefly list accomplishments to date (5 minutes)

- Note that participants have:
 - Conducted a needs assessment with their students
 - Identified skills their students are interested in developing
 - Tested a skill development activity or two in their classes
 - Considered a unit plan
 - Considered “success” and how to measure it
- Tell the group that they will now bring all of these elements together to develop a health literacy unit and a plan for evaluating success. Note that the health literacy unit will, of course, focus on skills related to health care access and navigation.

Review Assignment (15 minutes)

Remind participants that they are asked to draft a health literacy unit focused on health care access and navigation. Encourage participants to use the Unit Template and the other materials in the packet distributed earlier.

- Ask participants to briefly review the full handout and to ask for clarification or raise any issues or concerns.
- Ask participants to look specifically at the Unit Template. Suggest that participants do their best to use the template and modify it as needed to better suit their individual styles.
- Ask participants to meet or speak by phone with their previous partner over the next week to discuss any problems, review plans, and/or share observations.

Remind participants to bring two copies each of their unit and evaluation plans to the next session.

CLOSURE ACTIVITIES (15 minutes total)

Session Review and Evaluation (15 minutes)

Discussion Methods: Facilitated full group discussion and session evaluations

Handouts: Session Four Evaluation Forms

Content Review

Ask if anyone in the group is willing to summarize key content areas or comment on insights or new information covered during this session. If no one volunteers, you should provide a summary. You or the volunteer will likely highlight the following:

- New lessons and teachers' classroom experiences
- Unit template
- Definitions of "success" and measurement issues

Methods Review

- If needed, remind participants about the Dance and the Balcony activity.
- Refer to the following list to help you facilitate a brief discussion and evaluation of the different discussion methods used during this session.

Group Discussion Method	Activity Examples
Small group work: paired discussions, analysis in groups of three to five	Share teaching experiences, ideas for health literacy units, measurement options
Brainstorming	Consider way to measure success
Presentation with Questions and Answers	Review handout and assignment

Session Evaluation

Distribute the Session Four Evaluation Forms and ask participants to complete them. Collect the evaluation forms before the participants leave.

Closing Notes

- Thank the participants for their contributions during this session.
- Address any logistical issues related to Session Five.
- Post the date, time, and place for Session Five.

Notes



National Center for the Study of Adult Learning and Literacy

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Skills for Health Care Access and Navigation

Session Four Materials

Newsprints (flip charts) or overhead transparencies (2)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of most newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
	<ul style="list-style-type: none">• Unit Ideas• Evaluation Options

Handouts (3)

Make copies of all these handouts before the session begins.

- 1) Session Four Objectives and Agenda
- 2) Unit Plan Packet includes the following:
 - Cover sheet with assignment
 - Unit and Evaluation Plans: Issues to Consider
 - Overview: The Health Literacy Unit Template
 - Health Literacy Unit Template
 - Sample Health Literacy Unit
 - An Evaluation Plan for Your Health Literacy Unit
 - Evaluation Plan Template
 - Sample Evaluation Plan
- 3) Session Four Evaluation Form

From Session Three

- 4) Lesson Reflection Sheet

Skills for Health Care Access and Navigation

Session Four

Objectives

During Session Four, participants will:

- Analyze the experience of teaching new health literacy lessons
- Analyze lesson plans and unit ideas
- Examine and prepare to use a template as a planning tool
- Generate ideas for measuring success
- Prepare for assignment between sessions

Agenda

Introductory Activities (15 minutes)

- Welcome and Review of Session Three
- Review Session Four Objectives and Agenda

Discussion & Analysis Activities (130 minutes)

- Share Teaching Experiences
- Share Unit Ideas
- - Take a 10-Minute Break -
- Review the Unit Plan Template
- Develop an Evaluation Plan

Planning Activities (20 minutes)

- Review the Assignment: Outline of Unit Design and Evaluation Plan

Closure Activities (15 minutes)

- Session Review and Evaluation

Unit Plan Packet Cover Sheet

The materials in this packet were designed to help you create a unit plan and an evaluation plan for that unit. You can use this packet as a guide for the assignment.

This packet includes the following materials:

- 1) Unit and Evaluation Plans: Issues to Consider
- 2) Overview: The Health Literacy Unit Template
- 3) Health Literacy Unit Template
- 4) Sample Health Literacy Unit
- 5) An Evaluation Plan for Your Health Literacy Unit
- 6) Template for Evaluation Plan
- 7) Sample Evaluation Plan

Assignment for Session Five

Use this Unit Plan Packet to help you:

- 1) Create a draft of your health literacy unit plan
- 2) Create an outline for evaluating your health literacy unit

*-- Please bring two copies each of your completed unit
and evaluation plans to Session Five.--*

Unit and Evaluation Plans: Issues to Consider

Feasibility

In addition to determining lesson plans and evaluation means, a number of issues may influence how you choose to design a unit and a plan for evaluation of that unit. The list below is designed to highlight several such issues. Review these items before you complete your assignment for Session Five.

1. **Time:** Think about how much time you can realistically devote to health systems access and navigation skills in your classes. You might have time for only a few lessons; you may want to carve out a lesson a week; you may have a full week or a month.
2. **Integration:** Review other lessons you currently use or might develop that would provide some context or support for your plan. For example:
 - You may already have a lesson on asking for clarification at work or at children's school and you could build on this lesson as you translate the same skills into medical or social service settings.
 - You might currently do a life skills lesson on finding desired items in a grocery store and you might follow up with a lesson that looks at the organizational logic used to shape health centers.
 - You may find that you do lessons on percentages or fractions and only need to use the example of benefits calculation.
3. **Resources:** You will want to consider the resources you have available or might locate to help you develop and carry out your plans. For example, you might already have or easily find authentic materials, community health resources, possible guest speakers, Web sites and publications on specific topics, and articles with background information on health.
4. **Challenges:** You will need to anticipate problems you might encounter in carrying out your plans and think about how to overcome them. You may face issues such as having relatively little discretionary time because you must prepare students for GED tests; you may find that other program staff do not understand the point of health literacy skill development and are therefore not supportive.

Process

Developing a plan is an iterative process. First you develop goals and then devise plans based on those goals. However some goals are not easily achievable. Therefore, we suggest once you have drafted your unit and evaluation plans you cycle back and review the goals and objectives. You may have to modify your goals and/or your objectives based on the time you have. You might have to increase time for the unit by building in practice time between lessons. Provide time to review and revise.

Review and assess the goals and objectives you have set and the lessons or activities you've designed to achieve them. Be sure that they are logically connected. Consider the following questions:

1. Is the goal achievable within the time available?
2. Will the objectives listed lead to the goals you've defined?
3. Will the lessons and activities help accomplish those objectives?
4. Will you be able to determine if the unit has been successful with the evaluation plans you've outlined?

Overview: The Health Literacy Unit Template

The *Health Literacy Unit Template* is adapted from an organizational format developed by John Dirkx and Suzanne Prenger (1997).^{*} The template features the following components:

Thematic focus and/or title – The thematic focus is the grouping of health literacy tasks addressed in the unit. The focus will be a subset of one of the three critical areas addressed in the Health Literacy Study Circle⁺ Series: Health Care Access and Navigation; Chronic Disease Management; and Disease Prevention and Screening. For example, if you are working with Access and Navigation, you might consider a thematic focus on the forms that are common in health care settings, such as insurance applications or medical history forms. As another option, you might prefer to focus on vocabulary that is used in health care settings.

Student population – Identify the student population (e.g., beginning ESOL, pre-GED, parents in a family literacy program) and the skill level (e.g., beginning literacy, advanced math) so that others will know for whom the health literacy unit was designed.

Major tasks addressed in this unit – Identify the various tasks related to access and navigation that are addressed in the six to eight lessons. Health literacy tasks are those activities that people are expected to accomplish such as obtaining health insurance or seeking medical care for an illness. These tasks may come from the discussions you had and the tables you helped generate in Session 2 of this Study Circle (see table titled Access and Navigation Tasks and Underlying Skills).

Inspiration for unit – Write down your students' words or describe one of their experiences that prompted you to think about the need for this health literacy unit. This will help you focus on students' concerns and needs as you plan the health literacy lessons.

Unit objectives – State the learning objectives that guide your decisions about which six to eight lessons will make up this unit. Objectives should be specific, achievable, and measurable. One such objective might be: students will be able to fill out a medical history form. Another might focus on efficacy building: students will indicate that they feel more confident about being able to ask questions for clarification.

^{*} Reference: Dirkx, J. M., & Prenger, S. M. (1997). *A Guide for planning and implementing instruction for adults: A theme-based approach*. San Francisco: Jossey-Bass Publishers. Used with permission.

Lesson ideas – Identify six to eight lesson topics that will help you achieve your unit objectives. You may want to create all of your own lessons or you may wish to include lessons developed by others. You may wish to consider how the lessons are sequenced. Ask yourself, how do my lessons build on each other? Should certain lessons come before others?

One effective way to help learners acquire complex health literacy skills is to identify the prerequisite skills needed for a particular task and determine whether your learners have mastered them. For example, if you want to teach an ESOL lesson on how to make and keep a doctor's appointment, you may first want to teach a lesson on how to use a calendar and how to tell time. A lesson on vocabulary on hospital signs might be preceded by a vocabulary lesson about body parts and then followed by a lesson on locating medical services in a hospital. A math lesson on how to determine income eligibility may need to be preceded by a math lesson on percents and then followed by a lesson on filling out an eligibility application.

Skills to be addressed – In order to accomplish health literacy tasks, people need a variety of skills. Lesson plans should focus on reading, writing, speaking, listening, and math skills as well as efficacy and advocacy. Some examples include reading a chart or a map of a hospital, filling out a form, communicating with medical professionals, or determining eligibility for health care coverage.

Group discussion methods – Identify the discussion method or methods you might want to use with each lesson. Various methods might include pair work, individual reflection and writing, small group discussions, and brainstorming. You will then be able to review the list of discussion methods in the unit to determine if you have used a variety of instructional formats to address various learning styles.

Health Literacy Unit Template **

Thematic focus and/or title of unit:	
Student population and level:	Major tasks addressed in this unit:
Inspiration for unit:	
Unit objectives: <ul style="list-style-type: none"> • Learners will ... • • • • 	Lesson ideas (6-8): <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8.
Skills to be addressed (<i>e.g., reading, writing, math, oral communication, self-efficacy, self-advocacy</i>)	Group Discussion Methods (<i>e.g., pair-work, brainstorming, small group discussion, individual presentations, role play</i>)

** Adapted from Dirkx, J. M., & Prenger, S. M. (1997). *A Guide for planning and implementing instruction for adults: A theme-based approach*. San Francisco: Jossey-Bass Publishers. Used with permission.

Sample Health Literacy Unit

Thematic focus and/or title of unit: Health care access and navigation	
Student population and level: Beginning to intermediate ESOL	Major tasks addressed in this unit: <ul style="list-style-type: none"> • Find your way around a hospital • Locate medical services in your community • Read a hospital map • Communicate with medical professionals
Inspiration for unit: <i>I brainstormed with my beginning ESOL students one day about the problems that often overwhelm them when they have to go to the hospital or see a doctor. I asked the learners to name three things they would like to learn how to do in order to avoid these problems. They identified: reading a map, learning more hospital words, and feeling more confident when speaking to a doctor.</i>	
Unit objectives: <ul style="list-style-type: none"> • Learners will be able to identify five common medical departments and offices in a hospital (e.g., pediatrics, ambulatory care...). • Learners will be able to list medical services available in their local community. • Learners will be able to locate a medical service on a hospital map. • Learners will be able to state three expressions to be used to ask for directions and for clarification. • Learners will be able to describe two differences in doctor-patient communication in the U.S. and home countries. 	Lesson ideas (between 6-8): <ol style="list-style-type: none"> 1. Arrange a hospital tour for the students to familiarize them with local services. 2. Groups of students work together with a telephone book to find health centers near their homes. 3. Teach the lesson <i>Exploring Hospital Vocabulary</i>. 4. Ask students to collect maps of local hospitals and clinics. Have students practice locating departments. 5. Have students create skits that help them practice expressions for asking questions about directions and clarification. 6. Ask students to discuss differences and similarities in doctor-patient communication in the U.S. and home countries. Students can prepare a short essay or presentation to share their ideas with classmates.
Skills to be addressed: Oral communication <ul style="list-style-type: none"> • Follow directions • Make requests • Request clarification Reading <ul style="list-style-type: none"> • Read signs • Read a map • Read an index Self-efficacy	Group Discussion Methods: pair work brainstorming small group discussion individual presentations role play

An Evaluation Plan for Your Health Literacy Unit

Many evaluators suggest that we focus on two levels of evaluation: process evaluation and outcome evaluation.

Process Evaluation

Carol H. Weiss, a well-known expert on evaluation, defines process evaluation as “a study of what goes on while a program is in progress.”* The purpose of this evaluation will be to understand whether the teaching process is going as planned, whether the students are as engaged as anticipated, whether activities you designed to build skills are indeed accomplishing what you had hoped they would. Process evaluations enable us to pause and redesign our plans as needed.

Outcome Evaluation

As Weiss notes, outcome evaluation looks at “whether or not the program produced the intended program effects.”** In this instance, an outcome evaluation will determine whether or not your unit has achieved what you had hoped it would. In your outcome evaluation, you will want to consider the effect of the unit on students’ skills, knowledge, attitudes/beliefs, and actions.

How to Draft an Evaluation Plan

The attached two-page template provides one way of organizing your plans for evaluating your unit. Ultimately you may prefer to use a different format. The purpose of this exercise is to allow you the opportunity to think through what you want to evaluate for your unit and how you might go about doing it. The partially filled in template is provided as an example.

Notes on Process Evaluation

We rarely have the time and luxury to evaluate everything. You will need to determine when feedback is most useful. Consider those aspects of your lessons, such as planned activities or time for practicing a new skill, which you will want to most closely examine. Consider how you might get feedback from students as well as peers. For instance, you might have an informal discussion with your students after a lesson. Ask them “what did they learn” or “did they have enough time?” or “what did they value most/least.” You might also ask a colleague to observe a lesson and students’ reaction to it to be able to share insights with you.

* *Evaluation: Methods for Studying Programs and Policies* by Carol H. Weiss. Prentice Hall, 1998, p. 335.

** Ibid, p.334.

Notes on Outcome Evaluation

Outcome evaluations help you determine whether a lesson or a full unit achieved the results you had hoped it would. Many evaluators urge us to focus on proximal and distal outcomes. Proximal outcomes are those close at hand that can be evaluated immediately such as increased knowledge, perceptions, and skills. Distal outcomes are those that come a bit later and that generally focus on results when new knowledge, perceptions, and skills are applied to real life circumstances. The Study Circle⁺ authors have proposed a framework for capturing these different outcomes as a way of organizing your evaluation plan. Again, this is one of many ways to organize evaluation plans.

Evaluation Plan Template

Unit Focus/Theme: _____ Goal: _____ Major Objectives: Students will be able to do the following: _____ _____ _____		Sequence of lesson topics: 1. 2. 3. 4. 5. 6. 7. 8.
Level of Evaluation	Possible Evaluation Questions	Evaluation Measures [How I will get feedback]
Process Evaluation	Do the lessons address student needs? Are students engaged in lessons? Do the activities help students increase their knowledge? Do the activities help students change their perceptions? Do the activities help students develop new skills?	

Level of Evaluation	Possible Evaluation Questions	Evaluation Measures [How I will get feedback]
Outcome Evaluation	<p><i>Proximal Outcomes:</i> Have students acquired new knowledge, perceptions/attitudes, skills?</p> <ul style="list-style-type: none"> • Did students increase knowledge? (e.g., vocabulary) • Did students change perceptions? (e.g., increased self efficacy for interacting with social service staff) • Did students develop new skills? (e.g., fill out family health history form) <p><i>Distal Outcomes:</i> When, where, and under what circumstances have students applied new knowledge and new skills?</p> <ul style="list-style-type: none"> • What actions have students taken outside the class? • Have students taught or helped others? • What benefits have students reported? 	

Sample Evaluation Plan

Unit Focus/Theme: Health Insurance for My Children Goal: Build skills needed to obtain and apply for an entitlement program such as health insurance for children under 18 Objectives: Students will be able to locate program, request information and forms, prepare for and complete application process		Sequence of lessons 1. Needs assessment: Barriers we've faced getting insurance for our children 2. How to use a telephone book 3. How to manage phone trees 4. How to be an advocate: Strategies for talking with staff of social service agencies 5. How to assemble a family folder of important documents 6. How to use open entry forms 7. Vocabulary building: Words we find on application forms 8. Student Reports: What I've learned about getting insurance in our state
Level of Evaluation	Evaluation Question	Evaluation Measures
Process Evaluation	Do the lessons address student needs? Are students engaged in lessons? Is there sufficient time for students to practice and build skills?	1. Observation: Match unit goal with findings from needs assessment 2. Class activity: Ask students
Outcome Evaluation	Proximal: Did the students increase their knowledge? Did the students change their perceptions? Did the students increase skills?	1. Vocabulary test [10 key words] 2. Class activity: ask students to use a scale to rate level of confidence for each of the skills listed in unit objectives 3. Observation: ask students to role play an applicant asking a staff person questions for clarification 4. Problem solving test: ask students to read the eligibility requirements in an application and list out needed documents.
	Distal: Have students applied new skills?	1. Ask students to keep a journal about their actions taken over two to three months 2. Ask students to write a story 3. Ask class to tally action taken by members of the class

Skills for Health Care Access and Navigation

Session Four Evaluation Form

Please complete the following evaluation and turn it in before you leave today.

1. What was the most valuable insight, practical idea, or specific information that you gained from today's session?

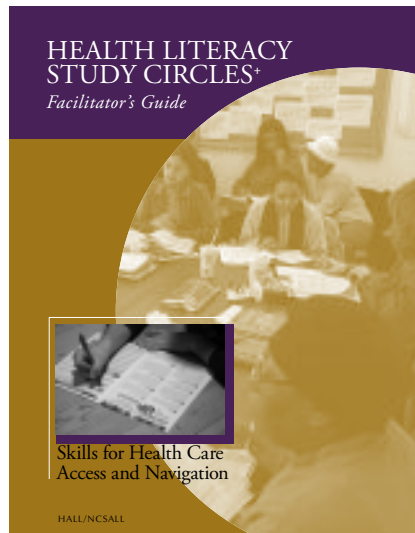
2. How would you improve this session?

Skills for Health Care Access and Navigation

SESSION FIVE: Developing Strategies for Success

HEALTH LITERACY
STUDY CIRCLES⁺
HALL/NCSALL May 2005

Skills for Health Care Access and Navigation



SESSION FIVE: Developing Strategies for Success

HEALTH LITERACY STUDY CIRCLES⁺
HALL/NCSALL May 2005

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Notes to Facilitator

About This Session

This closing session of the Health Care Access and Navigation Study Circle⁺ provides an opportunity for participants to review drafts of their health literacy units and evaluation plans. This session also devotes time towards the end to helping participants to stay in touch and continue the work they have started in this study circle.

Introductory Activities

The introductory activities are designed to help participants understand the structure and content of the session. It is especially important at this time to address any remaining questions or comments from the prior sessions.

Discussion and Analysis Activities

The discussion and analysis activities enable participants to share their health literacy units and evaluation plans for integrating health literacy skill development into their programs. Participants offer and receive a peer review of their health literacy units and evaluation plans during this first activity. Participants then analyze the barriers and supports to the integration of health literacy skill development.

Planning Activities

These brief activities focus on how participants can keep in touch with each other.

You also have the opportunity to help participants establish connections with each other beyond the study circle.

Closure

The closure activities are critically important for several reasons. These activities give participants time to reflect on the study circle experience as a whole, and to recognize what they have achieved and what the experience has meant to them.

For this final session you will lead an expanded set of closing activities:

- Ask participants to review the Study Circle⁺ objectives and main ideas presented during this study circle.
- Conduct an evaluation by leading participants in an exercise called Head, Heart, Hands, & Feet.

The Group Discussion Methods

The Discussion Methods used in Session Five are designed to let participants share their draft plans for including health literacy skill development in their programs, and to stimulate participants' thinking about the context in which they will be carrying out these plans.

The discussion methods used in Session Five include:

- ***Pair work:*** Participants work in pairs so that each member can offer a peer review in a comfortable and relatively private discussion.
- ***“Corners” discussion:*** Each participant moves to a corner of the room that represents a facilitator-determined focus or perspective. Participants have a discussion with others in their corner and then come back together as a group to share ideas from the different perspectives. This format is useful when the activity requires participants to consider multiple viewpoints.
- ***Brainstorm:*** Participants generate solutions and ideas.
- ***Walk-about:*** Participants post their ideas and circulate to review the ideas of other groups. The group is then brought together to analyze the range of ideas.

- ***Head, Heart, Hands, & Feet:*** This exercise uses the metaphor of the human body as a framework for responding to a set of evaluation questions. Participants first respond to the questions on post-it notes. Then they place their post-it notes on specific parts of a stick-figure diagram to indicate insights gained (head), skills developed (hands), what they liked (heart), what they would like to discard (feet), and useful ideas they will take with them from the study circle (basket). This exercise is designed to encourage participants to talk about the range of positive and negative elements of their Study Circle⁺ experience.

Overview: Session Five

Objectives

During Session Five, participants will:

- Share and critique unit and evaluation plans
- Identify supports and barriers to the integration of health literacy skill development into instruction
- Develop strategies for staying in touch and supporting one another's work in health literacy

Time

- 3 hours

Session Five Agenda

The time suggested for activities is based on a three-hour session. You can expand any activity if you have more time.

Introductory Activities (10 minutes)

- Welcome and Review of Session Four
- Review Session Five Objectives and Agenda

Discussion & Analysis Activities (2 hours)

- Share Plans and Strategies (Peer Review)
- – 10-minute break –
- Identify Barriers and Supports
- Develop a Strategy for Action

Planning Activities (10 minutes)

- Discuss How to Keep in Touch with Each Other

Closure Activities (40 minutes)

- Study Circle⁺ Summary
- Final Evaluation

Materials and Preparation

- Newsprints (flip charts) and Markers
- Overhead projector
- Dot stickers
- “Post-it Notes” (10 per person)

Newsprints (flip charts) or overhead transparencies (2)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as “newsprints,” but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none"> ■ Head, Heart, Hands, & Feet Diagram 	<ul style="list-style-type: none"> ■ Identify Barriers and Supports

Handouts (5)

Make copies of the handouts before the session begins. Note that handouts are located in the “Materials” section for Session Five.

1. Session Five Objectives and Agenda
2. Health Care Access and Navigation – Goals and Objectives
3. Study Circle⁺ Discussion Methods
4. Head, Heart, Hands, & Feet

From Session One:

5. Study Circle⁺ – List of Participants

Optional from Session Four:

6. Copies of health literacy lessons written by participants (one complete packet for each participant)

Session Five: Developing Strategies for Success



Photo © Jon Crispin

INTRODUCTORY ACTIVITIES (10 minutes total)

Welcome, Session Objectives, and Agenda (10 minutes)

Discussion Method: Presentation by facilitator

Welcome the group back and briefly review Session Four

Remind participants that they shared their experiences creating and teaching new lessons during the last session and discussed health literacy units and ways to measure success. Between Sessions Four and Five, participants were asked to outline their own health literacy unit and draft an evaluation plan.

Distribute the Session Five Objectives and Agenda

- Review the objectives and agenda and briefly describe the session activities.
- Ask if anyone has additional comments or questions.

DISCUSSION & ANALYSIS ACTIVITIES

(2 hours total including a 10-minute break)

Share Plans and Strategies (Peer Review) (50 minutes)

Discussion Methods: Pair work and facilitated full group discussion

Ask participants to share challenges faced as they drafted a unit (15 minutes)

Encourage participants to take notes on this discussion and write down any ideas that are particularly helpful with respect to their own teaching situation.

Use the following questions to guide this discussion:

1. *What challenges did you face with this assignment?*
For example, my class is open enrollment and meets fewer than 10 hours a week because most of students work full time and can't commit more time to going to school. It's hard for me to imagine how I might carry out a unit, when students don't come regularly and new students drop in all the time.
2. *Did any one else face this same issue?*

Introduce the Peer Review Method (5 minutes)

- Explain that participants will now have a chance to see how others developed a unit and share thoughts, questions, and suggestions.
- Propose the following guidelines for giving feedback and then ask participants if they would like to add anything else to the list.
 - *Ask questions for clarity before you offer suggestions for change*
 - *Offer ideas and suggestions but not criticism*
 - *Share what has worked for you in similar situations, as appropriate*
 - *Tell the author what you like about the unit and plan*

Ask participants to work in pairs (30 minutes)

- Ask participants to pair up to discuss their health literacy units and evaluation plans.
- Ask participants to take about 10 minutes to read their partner's units and then devote 10 minutes to discussing each plan.

- Suggest the following questions for consideration:
 1. *What are the strengths of the unit and evaluation plan?*
 2. *Is there anything you would like clarified in the unit and evaluation plan?*
 3. *What other skills might be included as part of this unit?*
 4. *What additional activities can you suggest for teaching the skills included in this unit?*
 5. *What other ways of evaluating the effectiveness of this unit can you suggest?*
- Tell participants that after the break, they will focus on identifying supports for and barriers to their work.

TAKE A 10-MINUTE BREAK

Identify Barriers and Supports (30 minutes)

Discussion Method: “Corners” Discussion with a focus on a Force Field Analysis

Introduce the Force Field Analysis and “Corners” Discussion Format (10 minutes)

Describe the Force Field Analysis by sharing the following information with the group.

- This exercise draws from Kurt Lewin’s work in the 1940s. Lewin is often called the “grandfather of behavioral sciences” for his research on and insights about change.
- Lewin determined that an effective action plan most easily comes out of this group method if the group focuses on removing barriers before they consider added supports.
- This method will be used to help participants understand the range of barriers and supports that affect the ability to integrate and sustain a focus on health literacy skill development in ABE/ESOL programs.

A “force-field analysis” is a method based on a theory of change. Sociologist Kurt Lewin was interested in how people make changes in their lives. Lewin recognized that most people are uncomfortable with change. He envisioned individuals functioning within a “force field” that is full of both negative and positive forces. Some of these forces are pressures for change and some of these forces support keeping things just the way they are.

The (positive) forces for change support new action.

The (negative) forces for staying the same are barriers to change.

Lewin suggests that we can support change best if we focus on removing barriers.

Note: This theory is discussed in NCSALL Report 12, *Persistence Among Adult Basic Education Students in Pre-GED Classes* by J. Comings, A. Parrella, and L. Soricone.

- Next, explain that participants will now conduct a force-field analysis in order to identify the range of barriers and supports to the integration of health literacy skill development in their own programs.
- Assign participants to one of four levels of analysis – individual, classroom, program, or community – and ask each group to generate a list of those factors *specific to that level* that either support or hinder the integration of health literacy skill development into instruction.
 - *Individual:* How do your individual limitations or strengths hinder or support the integration of health literacy into instruction?
 - *Classroom:* How does the classroom setting hinder or support the integration of health literacy into instruction?
 - *Program:* How do program structures hinder or support the integration of health literacy into instruction?
 - *Community:* How does the community hinder or support the integration of health literacy into instruction?

Participants work in their “Corners” (20 minutes)

- Give each group a blank piece of newsprint and post the sample newsprint so each group can make a copy.

Identify Barriers and Supports	
Level: _____ (Indicate level of focus: Individual, Classroom, Program, or Community)	
Barriers	Supports

- Ask participants to focus on their assigned level and generate as many supports and barriers as they can.
- Each group should ask for a volunteer to serve as a facilitator and another as recorder. The facilitator should help the group to brainstorm about the range of barriers and supports specific to the assigned level. The recorder should record the group’s ideas on a page of newsprint titled Identify Barriers and Supports.
- While the four groups are discussing barriers and supports, circulate around the room so that you can observe the activity.
- Provide a 5-minute warning so that the groups can prepare their newsprint. Ask the groups to post their newsprint on the wall once they are finished.

Develop a Strategy for Action (30 minutes)

Discussion Methods: Walk-about followed by large group discussion

Introduce the activity (5 minutes)

Explain to the participants that they will now have an opportunity to review other groups' ideas and begin to highlight those barriers that are of immediate concern and those supports that are essential to the integration of health literacy into instruction.

- Ask the groups to walk about the room and read the lists of barriers and supports generated by the other groups.
- Give each participant four dot stickers. As participants walk about and read the responses, ask them to place dots next to TWO BARRIERS that they consider to be of immediate concern and TWO SUPPORTS that they feel are essential to successful integration.
- Participants can also add new barriers and/or supports to the list .

Walk-about (10 minutes)

Remind the participants to read through all the newsprints before deciding what to highlight. As the walk-about is wrapping up and the participants are settling back into their seats, the facilitator (or a volunteer) should do a quick tally of the stickers to determine the barriers and supports that were identified as most important by the group.

Facilitate a full group discussion: Analysis of priorities (15 minutes)

- Ask for volunteers to comment on the barriers and supports that received the most number of stickers. You (the facilitator) may wish to note whether the highlighted items were concentrated in one particular level, such as the classroom level, or whether they were distributed across the levels.
- You might want to pose the following questions to start discussion:
 1. *Look at the barriers we have identified as most important.
What could you do to address these barriers – as an individual?
As a work group?*
 2. *Look at the supports we have identified as most important.
What could you do to strengthen these supports – as an individual? As a work group?*

PLANNING ACTIVITIES (10 minutes total)

Discuss How to Keep in Touch with Each Other (10 minutes)

Discussion Method: Full group discussion

Handouts: List of Participants

Discuss opportunities for keeping in touch

Discuss some of the ways that participants can keep in touch. Suggest that participants form partnerships or groups to continue their health literacy work.

- Ask if everyone has the List of Participants. If not, provide copies.
- Read some of the following suggestions and ask participants what they would like to set up now.
 1. *Set up a listserv so that participants can e-mail one another about their ideas and questions. (Ask who in this group would like to set this up.)*
 2. *Post lesson ideas on a listserv.*
- Note that the Study Circle⁺ was also designed to foster a community of practitioners who are interested in integrating health literacy skills in the ABE/ESOL field. Read the following list and ask the participants to consider working together:
 1. *Arrange to meet at adult education conferences to exchange lesson ideas.*
 2. *Collaborate to develop a presentation at an adult education conference.*
 3. *Set up meetings to determine how to offer workshops to other teachers in their programs.*

CLOSURE ACTIVITIES (30 minutes total)

This closing activity offers a brief overview of the entire Study Circle⁺ and introduces a new evaluation exercise.

Study Circle Summary (10 minutes)

Discussion Method: Full group discussion

Handouts: Health Care Access and Navigation – Goals and Objectives
Study Circle⁺ Discussion Methods

Distribute two handouts

- Distribute the handout titled Health Care Access and Navigation – Goals and Objectives.
- Distribute the handout titled Study Circle⁺ Discussion Methods. Point out that participants may want to refer to it for the next activity and keep it as a reference for their own teaching.

Pose the following questions to review accomplishments and activities

1. *What have you learned about health literacy skills?*
2. *What can you do now to continue this work?*

Final Evaluation (20 minutes)

Discussion Method: Head, Heart, Hands, & Feet exercise

Handouts: Head, Heart, Hands, & Feet

Conduct the Head, Heart, Hands, & Feet Activity (15 minutes)

Explain that this evaluation activity gives participants an opportunity to reflect on their Study Circle⁺ experience. This activity also serves as a summary evaluation of the study circle for you, the facilitator.

- Post the Head, Heart, Hands, & Feet newsprint (see the handout). You might want to note the fitting use of a body for this evaluation of health-related activities.
- Distribute the handout titled Head, Heart, Hands, & Feet and read each question to the group.
- Give participants 10 post-it notes each and ask them to write at least one post-it for each part of the diagram.
- Ask the participants to stick their notes on the newsprint diagram.

Review the post-it notes (5 minutes)

- When all notes are posted, ask a volunteer to read the notes for each part to the whole group.
- Suggest that participants may want to use this kind of activity in their classes when appropriate.

Closing notes

- Thank group members for their participation, hard work, and interest in health literacy education.
- Encourage the participants to stay in touch with each other and continue sharing their ideas and experiences with health literacy.

Notes



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Skills for Health Care Access and Navigation

Session Five Materials

Newsprints (flip charts) or overhead transparencies (2)

The following pages should be prepared on newsprint (flip charts) or copied on overhead transparencies. In the session notes we typically refer to these materials as newsprints but feel free to use overhead transparencies instead. Examples of newsprints are included within the session notes.

To be prepared ahead	To be completed during the session
<ul style="list-style-type: none">• Head, Heart, Hands, & Feet Diagram	<ul style="list-style-type: none">• Identify Barriers and Supports

Handouts (5)

Make copies of the handouts before the session begins.

- 1) Session Five Objectives and Agenda
- 2) Skills for Health Care Access and Navigation – Goals and Objectives
- 3) Study Circle+ Group Discussion Methods
- 4) Head, Heart, Hands, & Feet

From Session One:

- 5) Study Circle - List of Participants

Optional from Session Four:

- 6) Copies of health literacy lessons written by participants (one complete packet for each participant)

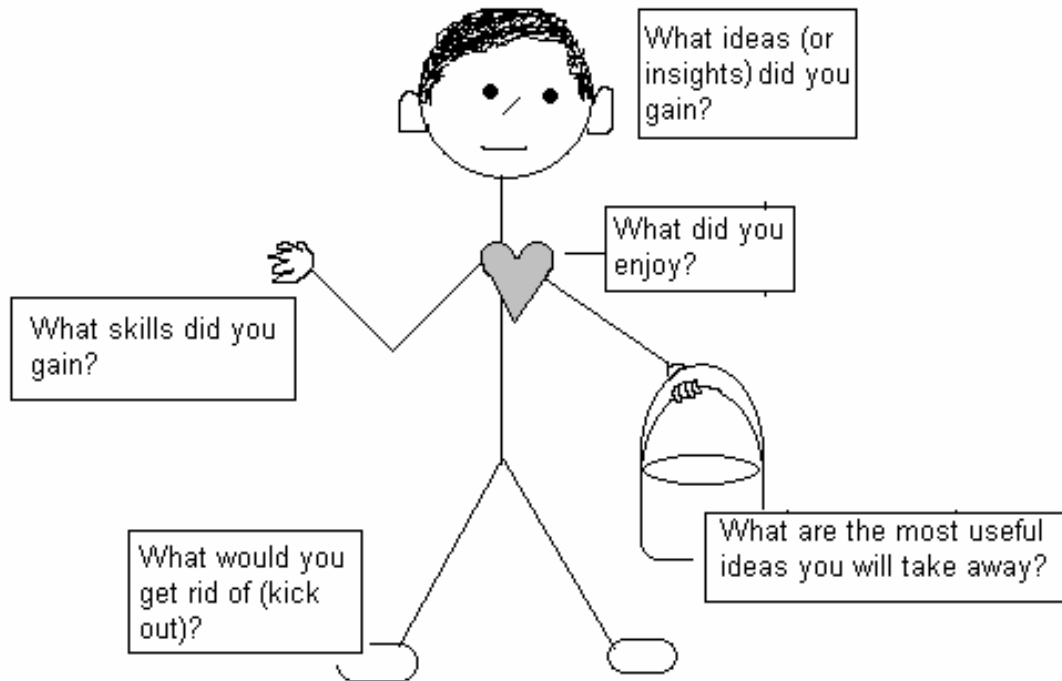
**Identify Barriers and Supports to Integration of
Health Literacy into ABE/ESOL Instruction**

Level of Focus: Individual (or Classroom, Program, Community)

Barriers

Supports

~ Draw this diagram on newsprint ~



Skills for Health Care Access and Navigation

Session Five

Objectives

During Session Five, participants will:

- Share and critique unit and evaluation plans
- Identify supports and barriers to the integration of health literacy skill development into instruction
- Develop strategies for staying in touch and supporting one another's work in health literacy

Agenda

Introductory Activities (10 minutes)

- Welcome and Review of Session Four
- Review Session Five Objectives and Agenda

Discussion & Analysis Activities (2 hours)

- Share Plans and Strategies (Peer Review)
- - Take a 10-Minute Break -
- Identify Barriers and Supports
- Develop a Strategy for Action

Planning Activities (10 minutes)

- Discuss How to Keep in Touch with Each Other

Closure Activities (40 minutes)

- Study Circle Summary
- Final Evaluation

Skills for Health Care Access and Navigation

Goals and Objectives

Study Circle+ Goals:

The overall goal of the Health Literacy Study Circle+ is to build the capacity of adult education instructors to incorporate health literacy skills into their curriculum and instruction.

The goal for the Health Care Access and Navigation Study Circle+ is to prepare participants to help their students develop basic skills needed for accessing health-related services and for navigating health care systems. These skills include filling out forms, reading signs, and interpreting rights and responsibilities.

Study Circle+ Objectives:

Participants in the Health Care Access and Navigation Study Circle+ will:

- 1) Develop a shared definition of “health literacy.”
- 2) Identify the activities people engage in when seeking health care services.
- 3) Identify literacy-related barriers and issues faced by people seeking health care services.
- 4) Identify health literacy skills needed for health care access and navigation.
- 5) Teach, modify, and critique sample lessons designed to build students’ literacy and numeracy skills related to health care access and navigation.
- 6) Create and pilot a lesson based on students’ needs.
- 7) Outline a sequence of lessons for a health literacy unit and an evaluation plan.
- 8) Develop strategies for incorporating health literacy skills into classroom activities.

Study Circle+ Group Discussion Methods

This handout summarizes the different discussion methods used during this Health Literacy Study Circle+. You may want to keep this list as a reference and use or adapt any methods that are appropriate for your own teaching.

Session One Group Discussion Methods	Activity Examples
TRIADS (group of three people)	Reflect on background readings and on definitions of health literacy
DISCUSSION TRIGGER	<i>In Plain Language</i> video
FACILITATED LARGE GROUP DISCUSSION	Discuss why health literacy is important for ABE/ESOL students
EXPANDING DISCUSSION (two people, then four, then larger group)	Identify our own challenges and barriers with health care access and navigation
REVIEW, ANALYSIS, AND GROUP DISCUSSION	Prepare to conduct the in-class needs assessment ("A Simple Test" and the lesson plan)
DANCE and the BALCONY	Reflect on the study circle discussion methods

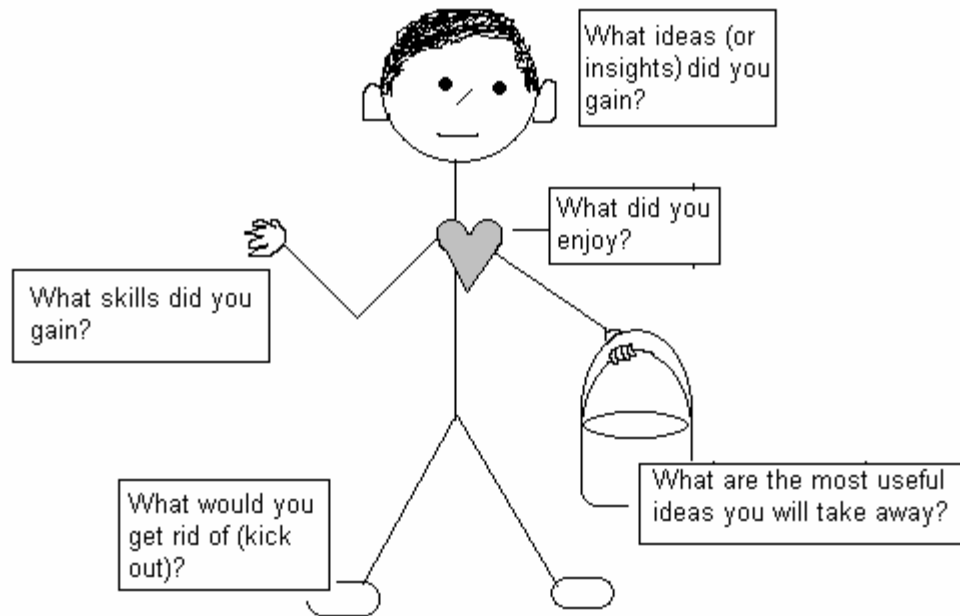
Session Two Group Discussion Methods	Activity Examples
LARGE GROUP DISCUSSION	Review results of in-class activity; Sample Lesson Review
BRAINSTORMING	Identify access and navigation tasks
SMALL GROUP PROJECT	Complete a table to identify skills related to health care access and navigation tasks
DANCE and the BALCONY	Reflect on the study circle discussion methods

Session Three Group Discussion Methods	Activity Examples
PAIR WORK	Discuss and analyze the teaching experience
PRIVATE REFLECTION	Reflect on skills and write down lesson ideas
PARTNERS FOR THE ASSIGNMENT	Review the assignment and the Lesson Plan Template

Session Four Group Discussion Methods	Activity Examples
SMALL GROUP WORK: PAIRED DISCUSSIONS, ANALYSIS IN GROUPS OF 3 TO 5	Share teaching experiences, ideas for health literacy units, measurement options
BRAINSTORMING	Consider way to measure success
PRESENTATION WITH QUESTIONS AND ANSWERS	Review handout and assignment
DANCE and the BALCONY	Reflect on the study circle discussion methods

Session Five Group Discussion Methods	Activity Examples
PEER REVIEW and FULL GROUP DISCUSSION	Share health literacy units and evaluation plans
'CORNERS' DISCUSSION FOCUSED ON A FORCE-FIELD ANALYSIS	Identify barriers and supports
WALK-ABOUT	Review of group's ideas and prioritization of barriers and supports
HEAD, HEART, HANDS & FEET	Give Study Circle feedback

Head, Heart, Hands, & Feet



Posting Place	Questions
Head	What information did you learn or insights did you gain during this Study Circle+? (e.g., new knowledge, ideas, concepts)
Heart	What about the Study Circle+ made you feel good? What did you enjoy?
Hands	What skills did you gain?
Feet	What activities or materials would you like to “kick out” (leave out) or change? Note that suggestions here may be related to discussion methods and/or content (e.g., readings, hand-outs, topics).
Basket	What is the most useful idea or concept that you will take away from this Study Circle+?

