

A call (again) for health literacy partnerships with adult basic education: In search of 'new oil' and 'new lanterns'

HARC, Bethesda, MD, October 22-23, 2018

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Disclosure Statement

I have no relevant financial interests.

Today's Session

1. Re-kindling **curiosity** about and **commitment** to health literacy partnerships with U.S. adult basic education
2. Re-**conceptualizing** health literacy
3. Re-gaining our footing > **Next steps**



About me

- 25+ years working in U.S. adult education - family literacy, workplace literacy, adult ESL, literacy
- Professor of English, San Francisco State University (MA TESOL Program, Community Service Learning, EdD Educational Leadership)





National Center for the Study
of Adult Learning and Literacy



- Research Infrastructure in Minority Institutions (RIMI) Fellow, National Institute on Minority Health and Health Disparities, 2008-2013



With thanks

**Rima
Rudd**



**Dean
Schillinger**



**Margaret
Handley**



Michael Villaire



**Michael
Paasche-Orlow**

Archie Willard (1930-2017)



- **Adult learner leader**
- **Founder of ValueUSA**
- “The medical field should partner with adult learners to listen to one another and look for answers together.”
- “The doctor’s office is no place for a reading test.”

Singleton (2007)

- Is adult ESL participation a health protective factor?
- How do we harness the potential of the adult basic education system, as an ideal context for health literacy outreach and intervention?
- How do need to invest in ABE teachers and learners as change agents?



“Repackaging” the link between health and education



- “New oil, old lanterns” (Nutbeam, 2000)
- Cautioning against “new wine, old bottles” (Tones, 2002)
- **Oil and water?**

Overview of the U.S. Adult Basic Education (ABE) System (World Ed, 2018)

- **“Basic Skills”** = Basic literacy and numeracy, adult ESOL, to high school diploma equivalency, college and career readiness
- **Capacity:** Serves around 2 million annually
- **Target Need:** 40+ million U.S. adults

<https://www.worlded.org/WEInternet/us/adult-ed-facts.cfm>



Who are adult learners in the ABE system?

- **Working Poor or Those Looking for Work:**
Employed (31%), unemployed (41%), not in workforce (28%)
- **Immigrants**
- **Parents**
- **Youth**

<https://www.worlded.org/WEIInternet/us/adult-ed-facts.cfm>



Less understood populations

- Youth populations = Generation 1.5 who dropped out of school? Former Students with Limited, Interrupted, Formal Education (SLIFE)?
- Low Educated Second Language & Literacy Acquisition (LESLLA)
- “literacy level”
- “zero level” (?)

www.leslla.org

Learning trajectories (Whiteside, 2014)

50 year-old man from El Salvador
(6 years of schooling)

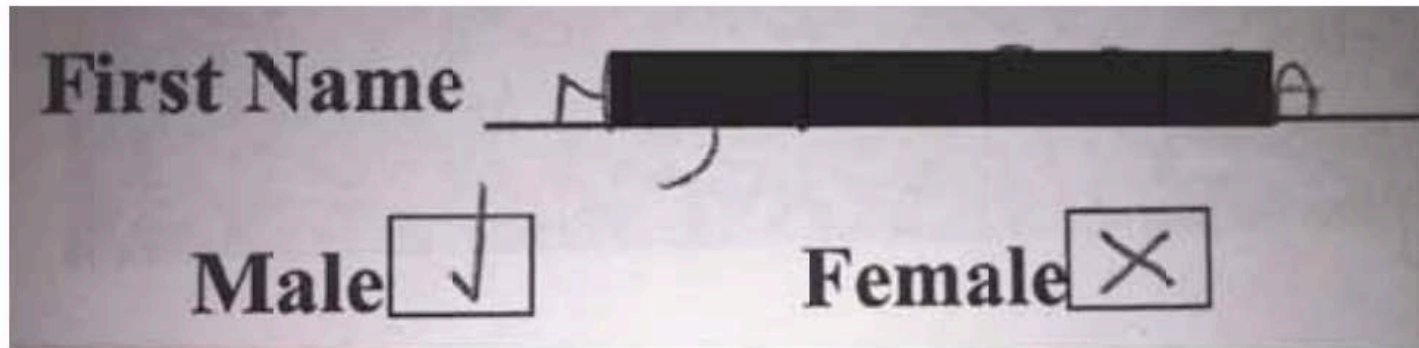
1981	1984	?	?	?	2010
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
arr.	ESL 1-4	dropped out	studied GED in Spanish		ESL 8

Reasons for dropping: to study for GED

Need for English: offered a job as a dispatcher and needed more English. Doesn't want to take credit classes doesn't want credit, too much commitment.



Assessment with literacy-level learners (Altherr-Flores, 2017)



First Name [Redacted]

Male ☒

Female ☒

Figure 2: Different Marks in the Boxes to the Right of the Words “Male” and “Female” on p. 1.
Original assessment.

Assessment with literacy-level learners (Altherr-Flores, 2017)

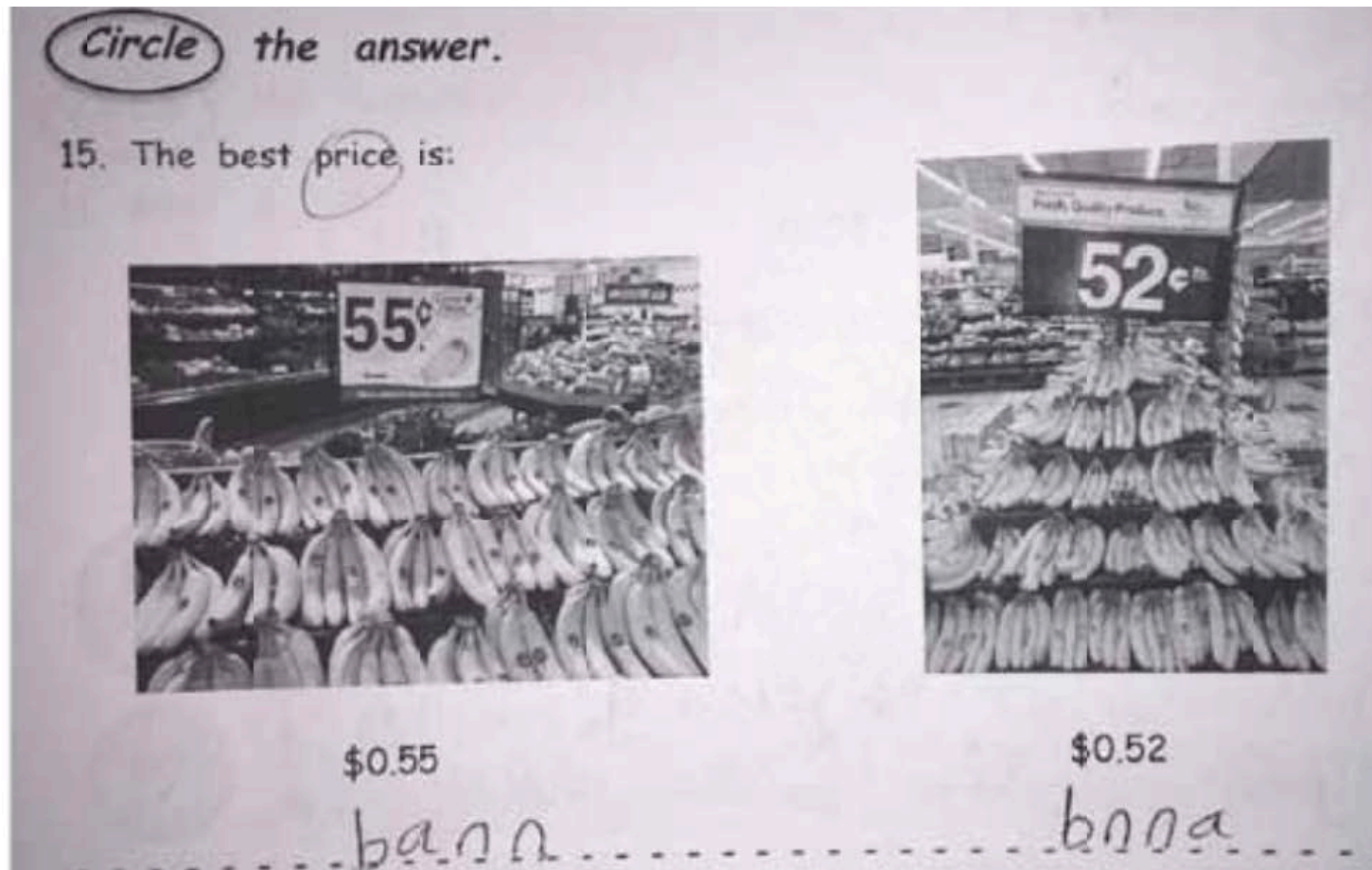


Figure 10: Student Writing on Dividing Lines. First Revised Assessment.

Seeing the world in print (Bruski, 2013)



U.S. Adult Basic Education System

- “Patchwork of services” (Wrigley, 2008)
- **Providers** – Loosely organized network of school districts, community colleges, municipalities, multi-services centers, libraries, faith-based organizations, housing developments, workplaces, unions, correctional institutions, and many CBOs.
- **Funded** primarily through Title II, Adult and Family Literacy, of the Workforce Innovation and Opportunity Act (WIOA)
- **2017 funding:** Average \$1,021 per adult learner (compared to \$13,814 per K-12 learner)



“Patchwork of Services” (Wrigley, 2008; World Education, 2018)

- **Teacher Workforce:** Largely part-time teachers and volunteer tutors
- **Teacher Preparation:** Most states do not require specific credentials beyond a college degree or a K-12 teaching certificate. Federal funding mandates the provision of professional development.



The ‘messiness’ of adult basic skills classrooms

- Open enrollment > “attendance turbulence” (Strucker, 2006)
- Multi-leveled classrooms
- Reticence/ confusion with research processes, such as consent forms



The 'messiness' of defining literacy

- reading and writing skills
- reading and writing practices
- individual characteristic
- social relationship
- identity work
- social action



4+ decades
of health
literacy
research



The social turn in health literacy research

Traditional cognitive views

- Health literacy viewed as the demonstration of reading and writing skills, in the context of health care tasks
- Health literacy located in the mind (the individual's comprehension of texts)
- Health literacy = risk factor among vulnerable populations

Evolving social perspectives

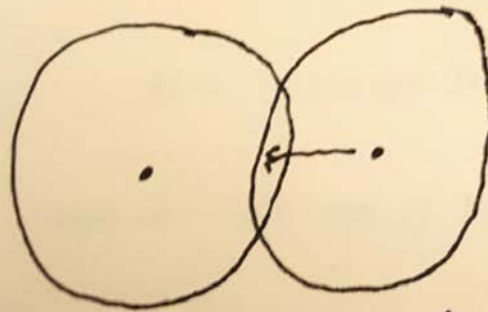
- Health literacy as a socially situated, context-bound
- Health literacy located in social relationships, in social networks
- Health literacy = shared resource, participation

(Papen, 2009; Nutbeam, 2008; Santos, et al, 2014)



The Spirit Catches You
and You Fall Down

For Maricel



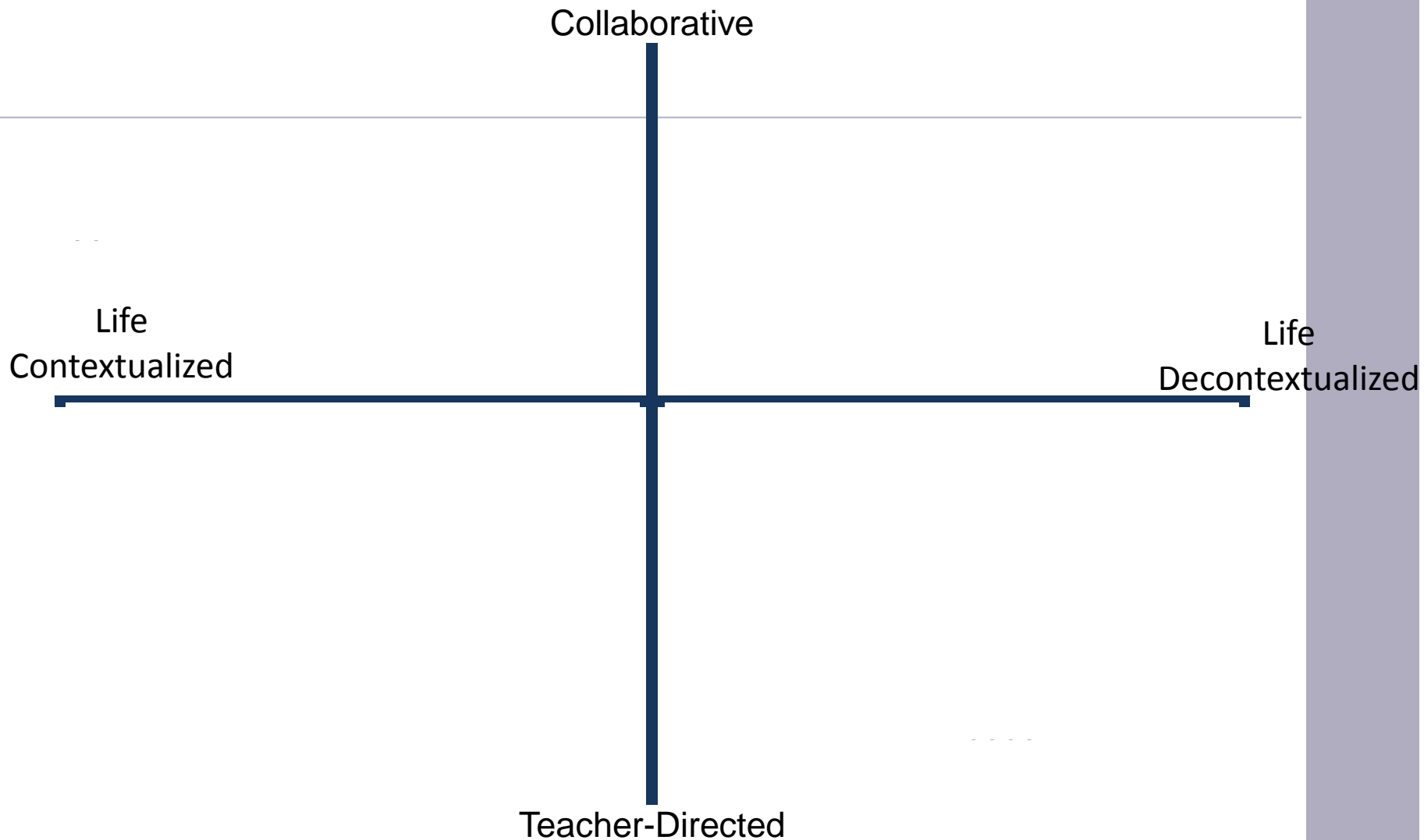
Find The Tune!

Anne Fadiman

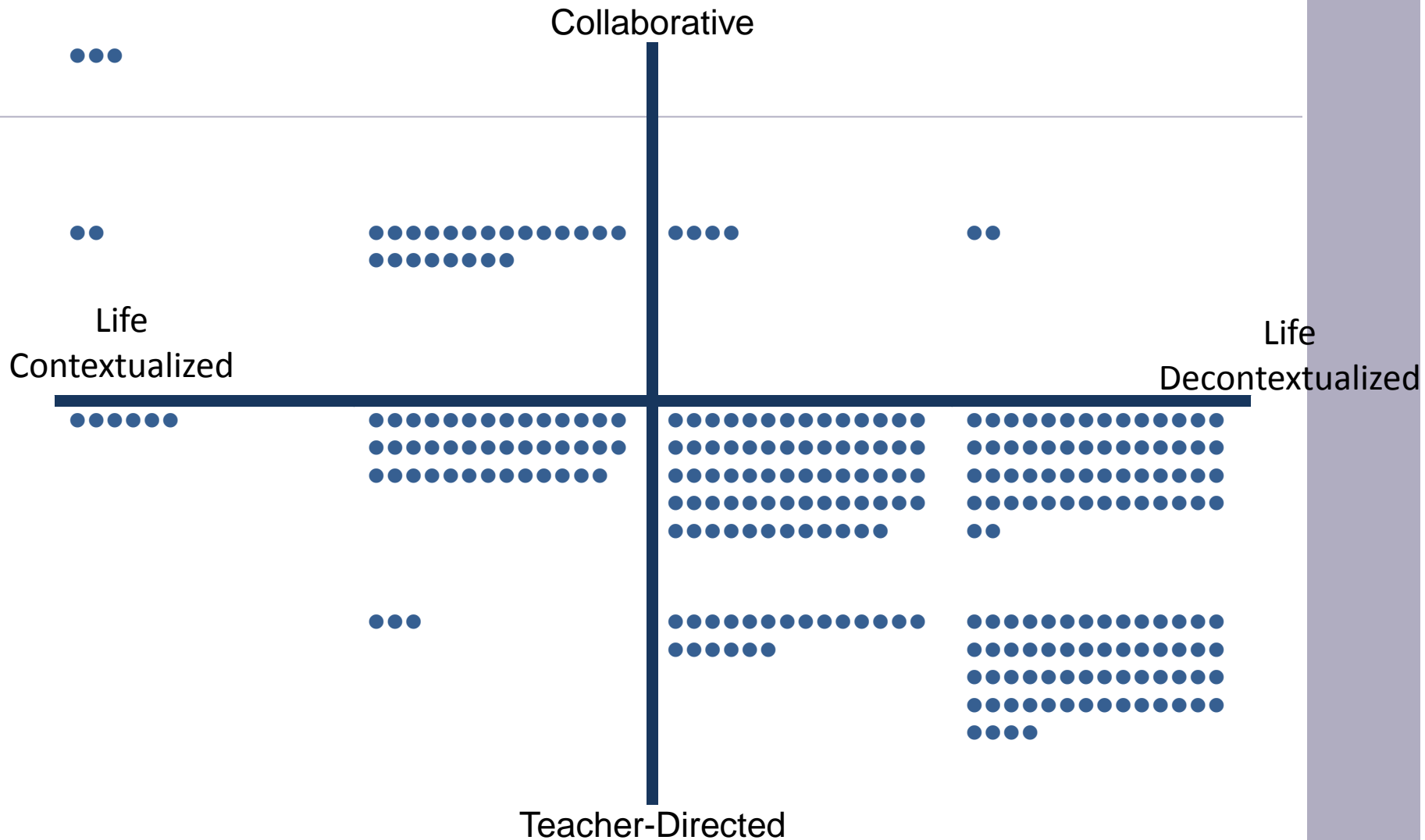
In your L2 teaching, how often are you able to....

- Use students' real-life experiences and English needs to design ESL lessons?
- Consult with the students to create the course curriculum?
- Connect English learning with real-life action?





U.S. Adult Literacy Program Practice: A Typology Across Dimensions of Life-Contextualized/Decontextualized and Dialogic/Monologic - Victoria Purcell-Gates, Sophie Degener, and Erik Jacobson (1998)



U.S. Adult Literacy Program Practice: A Typology Across Dimensions of Life-Contextualized/Decontextualized and Dialogic/Monologic - Victoria Purcell-Gates, Sophie Degener, and Erik Jacobson (1998)



A story about *arroz caldo*



Your turn

- **Share a story about food that reminds you of home.**
 - A food that reminds you of your childhood
 - Now, do you still eat it? Does it taste the same?
 - Do you cook it? Do you make it the same way?
 - Do you teach others to make it?



A story about claypots



Original Spanish

Cuando yo estoy platicando con mi esposo, digo que sabes que "no le des comida de esta olla al niño, porque, le hace daño", y el dice "¿que daño? Todo nosotros crecemos comiendo en casuela de barro."

English translation:

...When I talk to my husband, I tell him, "don't give our children food prepared in clay pots, it will harm them" and he says, "what harm? We all grew up eating from clay pots."

Did you know there is lead in some candy from Mexico?



Is this true or are people just picking on Mexico? It is true that lead has been found in some chili and tamarind candy from Mexico.

The lead in the candy can come from many places. It can be in the soil where chillies are grown. It can be in the factories where candy is made. It can even be in the ink on the candy wrappers. People selling these candies may not know there is lead in it. **You can't tell if candy has lead in it just by looking at it or tasting it.**

What is lead poisoning and how does it hurt children?

Lead is a dangerous metal found in nature. It can be found in dirt and dust. It can also get into some things we eat. Even very small amounts of lead are not safe for children. **A child can have lead poisoning and not look or act sick.** Lead hurts a child's brain and causes problems that can't be reversed.



I grew up eating candy made in Mexico and there is nothing wrong with me!

It is only in the last 10 years that candy has been tested for lead. No one is sure if lead in candy from Mexico is a new problem or an old problem. What we are sure of is that lead is dangerous for children.

What is being done about lead in candy?

Some candy has been banned and can't be sold in the U.S. Mexican and American companies in Mexico are being visited to make sure their candy is safe. Candy from different countries is being tested for lead.



What should I do for my children and family?

Check the list for safer candy choices at www.leadinmexicancandy.com. The list will have the most recent information about candies and candy companies that are lead-safe. Ask your health care provider to have your child tested for lead. Most children are tested when they have their regular check-up at 1 and 2 years old.

How can I get more information about lead?

- Ask a health care provider and find a Childhood Lead Prevention Program near you. They can give you information about lead and help get your child tested.
- See a list of safe candy at www.leadinmexicancandy.com



**Is your
candy
safe?**

Funding is provided by the Public Health Trust, a program of the Public Health Institute, through a defendant's settlement of a complaint brought by the State of California.



SF STATE

Read and react

- "Can I do a lead test at home?"
- "But isn't there danger in plates and toys from China, too?"
- "Why do they sell these pots if there is lead?"
- "My child's health is more important than tradition"
- "We [mothers] are the ones we cook, we have the responsible"
- "But when I was pregnant, I ate mud and from clay pots, and look, I am fine"



Master the language of the story

3. Language Play.

Listen to your teacher read Ana's story.
Listen again and fill in the words.

a. Write the verbs.

In Mexico I _____ *chirmolera* to grind *chile*, seeds, and spices. But now I _____ *chirmolera* for decoration only. If I _____ *chile*, the chips of clay _____ in the food. The food _____ lead!

b. Write the nouns.

I tell my _____, "Don't give our _____ that is made in these _____. It will harm them." And he says, "What _____? We grew up eating from _____."



Generate new language to tell new stories

7. Talk and write.

What did you cook or eat before in your home country?

What do you cook or eat in the U.S. now?

Talk to your partner. Use English or your native language.
Use your ideas to write new sentences.

Before in your country	Now in the U.S.
1. I used to	But now I
2. I used to	But now I
3. I used to	But now I
4. I used to	But now I

Comparing experiences for reflection and action

1. **Share resources.** Where can **you find information** about lead?
2. **Role-play** the conversation between the wife and the husband about the use of *chirmolera* and possible lead dangers.
3. **Expert Presentations.** Ask the learners to bring in an object from their country that they use to cook or eat (a utensil, a pot, a tool). How do you use it? Do you teach your children to use it?



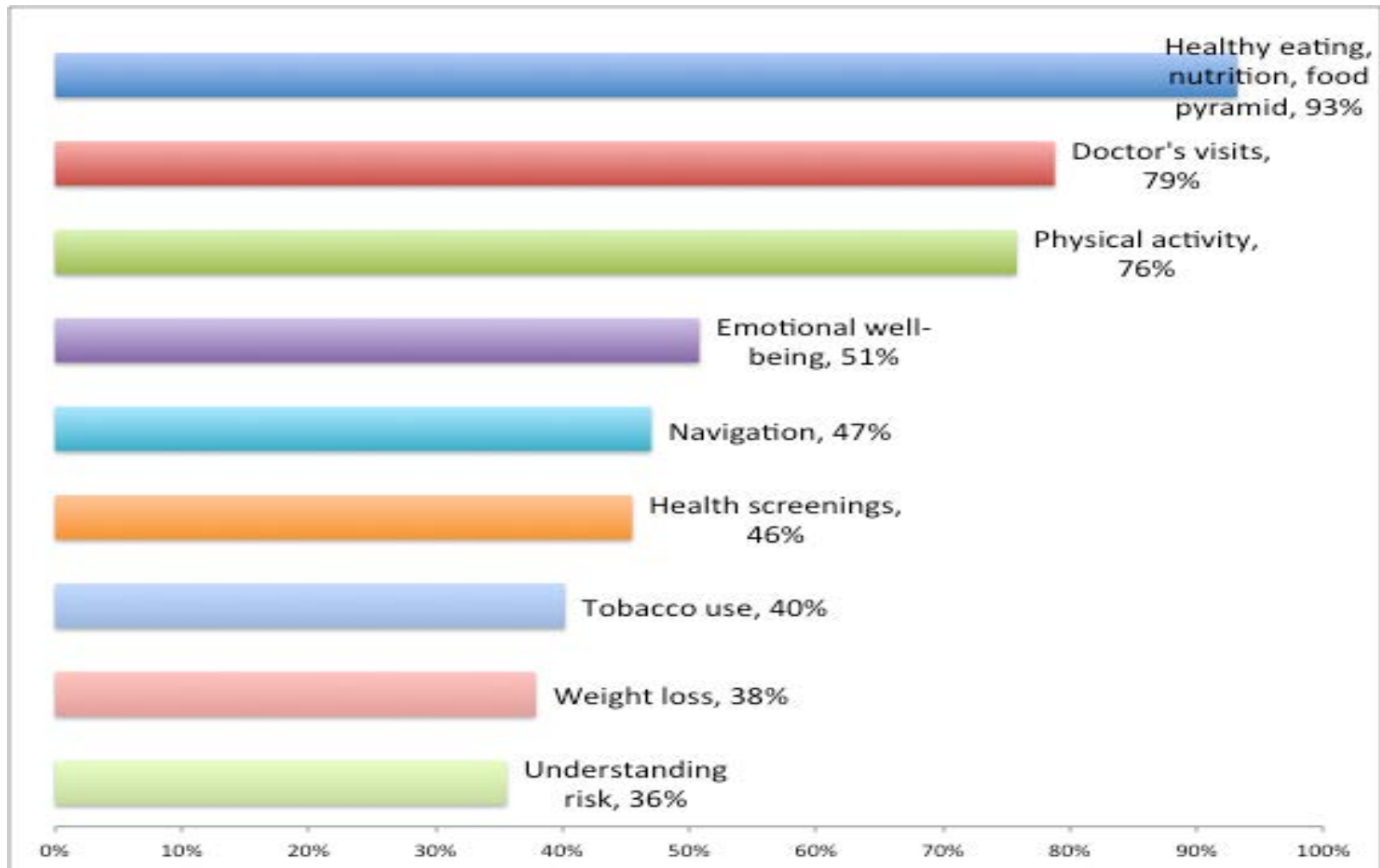
Re-framing Public Health Messages about Immigrant Health

ESL Themes	Public Health Impact
<p>LEAD: What is a poison? Is this a household poison? Is it a poison you can see or is it unseen?</p> <p>Vocabulary - lead, paint chips, screening, poison, contamination, pipes</p>	<p>Redefining lead as a 'household' poison and an 'unseen' poison is concrete and may have more meaning than does 'environmental contaminant'</p> <p>Linking lead to household poisons reduces belief that culture is criticized when lead is also in food.</p>

Re-framing Public Health Messages about Immigrant Health

ESL Themes	Public Health Impact
<p>Role plays- “How do I get my child tested?”, “How do I call for information? “Does this store sell lead-free candy?” “How do I get other health tests”?</p> <p>Sharing stories about poisons they have encountered</p>	<p>Improving self-efficacy may result in preventive behavior in other areas (e.g., calling for a mammogram)</p> <p>Discussing culture and foods as a group enables positive shared aspects to outweigh contamination concerns and may help create an advocacy identity</p>

Frequency of health topics in adult ESL (n=144 teachers)



(Santos, etal, 2014)



Why HL curricular discussions matter

- Tools for learning, engagement and outreach
- Inter-disciplinary training for practitioners
- Shared understanding of what health literacy is
- Shared understanding of what becoming 'health literate' looks like
- “Digging with a spoon” (Auerbach, 1992)
- Professional culture that celebrates the achievement of health literacy achievement, regardless of one's starting point



HL learning as a dynamic system



Unlocking HL competencies

- Focus on message abundance (Gibbons, 2003)
- Scaffolding (Walqui, 2006)
- Emphasis oral interaction around texts (Bigelow & Tarone, 2004)
- Harness the power of embodied language (Whiteside, 2008)
- Emphasize interaction and transaction (Whiteside, 2008)
- Honor the lived experience in classroom learning (Weinstein, 1999)



Measuring situated health literacy

- Need for “ecologically sensitive indicators” (Purcell-Gates, etal, 2012) of health literacy growth and outcomes
 - Changes in participation patterns
 - Changes in social networks
 - Role of literacy sponsors (Brandt, 1998)
 - HL as a multilingual, multimodal competence
 - HL as a transnational, transcultural resource



Next steps – “Low hanging fruit”

- Map your ABE network.
- “Brown bag” with ABE practitioners
- Involve ABE teachers and learners in your research planning and dissemination efforts
- Invite “ABE Ambassadors” to IHA, HARC
- Exchange syllabi and guest-lecturers, across disciplines



Next steps – New oil, new lanterns

1. New funding
2. Coordinated research agenda (e.g., HL Toolshed)
 - Promote the role of ABE teachers and learners as problem-solvers
 - Provide direction to funding agencies
 - Steer research in graduate training programs
 - Institutionalize interdisciplinary networking



ABE/ESL health literacy curriculum development as interdisciplinary 'watering holes'



Resources - 1

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