

# Language Access, Using Health Concepts and Health Literacy in the Teaching of English

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March 15, 2017 - Roundtable on Health Literacy



# The posole story

You don't think about vegetables because you never ate enough meat in your country. You think that the best and most delicious thing is to prepare a very delicious posole.



Santos, McClelland, & Handley, 2011



# The “re-storying” approach to collaborative interpretation of texts (Ada, 1991; Beck & McKeown, 2002; Wallace, 2006)

- Describe: The writer, Maria, has many ideas about vegetables. What does she say about vegetables?
- Interpret: Why does Maria talk about *posole*? What is she trying to tell us about meat in these last two sentences?
- Re-story: Does Maria’s story remind you of your own stories? Who should hear this story? How should we share these stories?





“You don’t think about vegetables because you never ate enough meat in your country. You think that the best and most delicious thing is to prepare a very delicious *posole*.”

# Classroom discussion #1 (Santos, McClelland, & Handley, 2011)

702 Clara: the posole has vegetables in  
703 the top...the posole has good  
704 vegetables on the top

705 Teacher: is this a question or-?

706 Clara: no, no, no. No, I say.

...

793 Clara: This is a contradiction  
794 because she said [Mexicans]  
795 no like the vegetables and  
796 the posole has vegetables. No  
understand this point.

**Clara: “the posole has vegetables”**



## Classroom discussion #2 (Santos, McClelland, & Handley, 2011)

814 Alicia: No - eso no es vegetables because  
815 the- is only a little cabbage or  
816 lettuce or the radishes poquito  
817 Clara: pero que son entonces?  
818 *<but then what are those?>*  
819 Alicia: Si, es vegetables - no es same to  
820 eat the broccoli or cauliflower  
821 Clara: Pero es vegetales, what's the  
822 different?  
823 Alicia: espinache es different. Vegetables  
824 for me, it's different. Es - no sé

## Evidence of “translanguaging” (García & Wei, 2013)

- 814 Alicia: No - eso no es vegetables because  
815 the- is only a little cabbage or  
816 lettuce or the radishes poquito  
817 Clara: pero que son entonces?  
818 *<but then what are those?>*  
819 Alicia: Si, es vegetables - no es same to  
820 eat the broccoli or cauliflower  
821 Clara: Pero es vegetales, what's the  
822 different?  
823 Alicia: espinaca es different. Vegetables  
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## Clara: Challenging public health messaging?

814 Alicia: No - eso no es vegetables because  
815 the- is only a little cabbage or  
816 lettuce or the radishes poquito  
817 Clara: **pero que son entonces?**  
818 *<but then what are those?>*  
819 Alicia: Si, es vegetables - no es same to  
820 eat the broccoli or cauliflower  
821 Clara: **Pero es vegetales, what's the**  
822 **different?**  
823 Alicia: espinache es different. Vegetables  
824 for me, it's different. Es - no sé

# Archie Willard (1930-2017)



Photo from Archie Willard's Facebook page

# What adult learners want to tell their doctors (Osborne, 2004)

“We have always been here. We’ve always been the backbone of this country. We need help from doctors now. We need the best explanations about tests, procedures, and prescriptions and their side effects.

We want to tell doctors that we need help to help ourselves and our families. Slow down and take your time. Treat us as you would like to be treated. Simplify your work so that it can be cost-efficient for both patients and doctors.

Once you find out we have reading problems, you should do followups. We are human beings that need to be understood. Make sure that we understand. It’s about human respect. Yes, we lack a skill. But we’re not less than.”



# What adult learners want to tell their doctors (Osborne, 2004)

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“The doctor’s office is no place for a reading test.”



# Lessons learned

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the power of learners' stories  
“the right to impose listening on others” (Norton, 2013)

the opportunity to ask questions  
even risky ones

proficiency in English does not equal success (Gee, 1996)

health literacy as a multilingual, multimodal competence



# Necessary questions

1. How quickly can you learn to be “health literate” in a language that you do not speak or read?
2. Is schooling a necessary condition of health literacy development?
3. Who are adult ESL learners (particularly those with limited schooling/literacy), and what learning supports do they need from us?



# Health literacy in adult ESL classrooms

- Using real-life **stories** to develop language lessons of high interest to learners
- Learner stories as texts
  - **“Talk about text”**
- Classroom talk as **health literacy in action**
- **Health literacy talk as identity work**

Santos, McClelland, & Handley, 2011; Santos, Omark, Handley, Schillinger, 2014



# The social turn in health literacy research (Papen, 2009; Nutbeam, 2008)

## Traditional cognitive views

- Demonstration of reading and writing skills
- 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





# ESL Classrooms: Untapped contexts for promoting health literacy development (Santos, etal, 2014)



- Classrooms viewed as safe places to get advice, ask questions, analyze information
- Access to communities who often are hard to reach
- Links to existing social networks within marginalized communities

# Invisibility of health literacies

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- Over-privileging of health literacy as set of reading and writing skills (in English)
- Under-sampling in studies (consent issues, need for multilingual/multicultural researchers)
- Limitations in measurement tools



# Keys to unlocking the health literacy competencies of adult ESL learners

- 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)



# What adult ESL has to offer health disparities research

- Access to hard-to-reach populations
- Tools for engagement and outreach
- Expertise on the assessment of health literacy as a social practice
- Cross-disciplinary training for practitioners in the field
- Culture of celebration around the achievement of health literacy achievement, regardless of one's starting point



# Resources

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