

1.1 What Is ESOL Health Literacy, and Why Do I Need to Know About It?

Introduction

One evening Fernando's ESOL class was talking about health care in the U.S. The teacher asked if any students in the class had health insurance. Only two or three students raised their hands. Fernando shared in frustration that for a year he had paid hundreds of dollars from his paycheck for health insurance. He and his wife were healthy so they decided they didn't need it and stopped the health insurance. In their experience, if you don't feel sick, you don't need to go to the doctor, so why keep paying for insurance when there are other important things to use that money for? Now his wife is really sick and needs an expensive operation but they don't have insurance to help with the costs. Even though he and his wife speak to the doctor with the help of a telephone interpreter, he doesn't really understand his wife's illness or whether the operation will completely fix the problem. His wife can't work right now. He is worried about her and about how they will pay for the operation.

As Fernando's story (based on that of a student – name changed – from northern Virginia), illustrates all too painfully, low health literacy prevents individuals from understanding important aspects of their health and health care options in the United States. It also presents significant health and economic challenges to the U.S. health care system, its users, and the nation as a whole ([U.S. Department of Health and Human Services, 2010](#)). Identifying contributing factors and designing effective interventions to mitigate low health literacy's negative impact have proven complex enough tasks when focused on lifelong U.S. residents who are native English speakers ([Berkman, et al., 2011](#)). The complexity multiplies when consideration is given to the additional health literacy hurdles faced by adult English language learners (ELLs) who try to access, understand, and apply health information in a system where the predominant language and culture are not well known to them. In fact, "[r]esearch suggests that adverse events [in health care, and hospitals in particular,] affect LEP patients more frequently, are often caused by communication problems, and are more likely to result in serious harm compared to those that affect English-speaking patients" ([Betancourt, et al., 2012](#)).

ESOL educators may find themselves asking whether health literacy is an issue the ESOL field should really tackle. Teachers *aren't* health care providers, after all, you might say. Unfortunately, the challenges of health literacy and health communication are vast, costly, and beyond the expertise of any one field to fully address. Researchers and care providers from the U.S. public health and medical fields have, in fact, been actively working on improving communication of health information to better meet patient health literacy needs for more than twenty years. With its history of effectively empowering learners with linguistic, civic, and sociocultural skills, it is reasonable to expect that the ESOL field be a significant part of the solution to helping raise the health literacy skills of populations with limited English proficiency (LEP) in the U.S. The ESOL field has served as a cultural informant for newcomers on health care and many other aspects of life in the U.S. for many years,¹ so health literacy is not new terrain for the field. In addition to the valuable role ESOL expertise can play in interdisciplinary health literacy efforts, educating learners on health literacy makes good sense for learners and programs. As teachers well know, the ELL population is a vulnerable one. Helping learners strengthen their language, social, and civic skills for U.S. health care helps them stay healthy or address health concerns, which can help them better care for their families, contribute to society, continue their education, and achieve their goals.

So how *can* ESOL educators target health instruction to better help this population acquire the knowledge and skills to function effectively in today's U.S. health care system? With this question in mind, we will explore health literacy for ESOL learners. A lot of information on complex issues will be presented in this article. Read on, and don't be overwhelmed by the challenges that you and your learners are facing. No one educator can take on all the issues of learner health literacy. This article will hopefully guide you to make informed decisions about what will be most useful for you, your learners, and your program to take on.

¹ Health has been a part of ESOL instruction since the mid-1970s with the adoption of competency-based education by the field ([Crandall & Peyton, 1993](#); [Singleton, 2002](#)). Health has regularly been included in competency-based ESOL curricula and textbooks since the Mainstream English Language Training (MELT) program of 1983 formally recommended health as a standard competency ([Grognet, 1997](#); [Singleton, 2002](#)). ESOL health curricula and textbook content have routinely covered such life skills as making doctor's appointments, naming body parts, and describing symptoms of a health problem. As the national health literacy movement expanded knowledge and created funding and partnering opportunities in the early 2000s, some instructors and programs received training in health literacy and began to diversify health instruction to include more ambitious content on health care communication, system navigation, and specific health topics. Currently in the U.S., there are many local health literacy initiatives targeting ELLs, but no central collection point for ideas, understanding of the issues, and best practices.



How Should We Define Health Literacy for ESOL Learners?

A definition of ESOL health literacy can be useful to guide the work of ESOL educators in efforts to meet learner needs. Many definitions exist for health literacy,² but none adequately captures the linguistic and cultural challenges experienced by limited English proficient populations in trying to access and use health information and health care in the U.S. A definition that takes these challenges into account needs to acknowledge that the ability to use health information effectively for one's situation is messily intertwined with the ability to effectively understand, access, and navigate the health care system. To accurately represent the skill load required of ELLs, a health literacy definition would ideally acknowledge the importance of the following: 1) using a second language in which ELLs are not fluent, 2) functioning in a health care culture that is new to ELLs, and 3) the complexity and non-intuitiveness of accessing and navigating the U.S. health care system.

This definition adapts the [Calgary Charter](#) (2008) health literacy definition to define health literacy as it applies to the needs of ELLs:

- **Health literacy** denotes a wide range of skills needed by the public and personnel working in health-related contexts to find, understand, evaluate, communicate, and use health and health care information.
- Applying these skills can improve the ability of people to access and act on information in order to maintain or improve their health.
- **Health literacy skills** include reading, writing, listening, and speaking *in the predominant language of the available health care system*; cultural awareness skills *for that system*; numeracy skills; critical analysis skills; system navigation skills; interpersonal communication skills; self-advocacy skills; and digital literacy skills.

What Health Literacy Skills Do ESOL Learners Need?

The chart on the following pages identifies skills ELLs need for health literacy and examples of the skills found in the U.S. health care system.

² For examples, see the Center for Health Literacy Promotion's collection of health literacy definitions: <http://www.healthliteracypromotion.com/Health-Literacy-Definitions.html>



Health Literacy Skills	Examples
Reading in English	Reading and understanding: <ul style="list-style-type: none"> • Health information on a website or brochure • New patient forms • Clinic registration forms • Insurance forms • HIPAA policies • Releases of information • Informed consent forms • Hospital signs • Medicine labels
Writing in English	Completing: <ul style="list-style-type: none"> • Medical history forms • Insurance claim forms • New patient forms • Release forms • Registration forms • Informed consent forms
Listening in English	<ul style="list-style-type: none"> • Listening to questions and explanations from health care providers • Listening to instructions and directions from health care facility staff • Listening to insurance case managers by phone
Speaking in English	<ul style="list-style-type: none"> • Requesting a medical interpreter when no medical interpreter is present • Describing symptoms and medical history • Expressing needs and preferences for treatment • Requesting clarification • Expressing problems foreseen in following recommended care • Describing means of paying for care • Asking for help in paying bill for care



Health Literacy Skills	Examples
<p>Cultural Awareness (This refers not only to general societal norms in the U.S., or to views on understanding of health in the U.S., but to the culture of the U.S. health care system itself.)</p>	<p>This includes:</p> <ul style="list-style-type: none"> • Roles, rights, and responsibilities of providers and patients • Aspects of the system's: <ul style="list-style-type: none"> • Structure • Communication norms • View of time • Cultural concepts • Preventive care focus • Mixed messages inherent in the system <p>(For examples of features of U.S. health care culture, see the appendix to this article.)</p>
<p>Numeracy</p>	<p>Understanding and performing calculations relating to:</p> <ul style="list-style-type: none"> • Medication doses and instructions • Nutrition labeling and calculations • Treatment costs • Lab results • Risk levels
<p>Critical Analysis</p>	<ul style="list-style-type: none"> • Choosing between different treatment options • Choosing between different care providers • Choosing between different insurance providers • Evaluating risk
<p>System Access and Navigation</p>	<p>Knowing how to:</p> <ul style="list-style-type: none"> • Find a way into the system • Obtain and use insurance or otherwise pay for care • Determine the right part of the system to use • Move between the many parts of the system



Health Literacy Skills	Examples
Communication	<ul style="list-style-type: none"> • Being comfortable asking for clarification and alternatives in relation to care and payment for care • Being able to be assertive when the situation requires it • Being able to ask providers to slow down, re-explain, write something down, or call someone on your behalf when needed
Self-advocacy	<ul style="list-style-type: none"> • Being able to speak up for your own or your family members' needs in a health care situation • Pressing a provider for more time, a clearer explanation, a sooner appointment, a better treatment plan for your situation, an interpreter when one isn't being provided, etc.
Digital Literacy	<ul style="list-style-type: none"> • Locating reliable health information online • Locating provider and insurance information online • Completing medical history and insurance enrollment forms online • Emailing care providers • Accessing electronic medical records

What about the Fear Factor?

As many seasoned ESOL educators can attest, another important consideration when approaching health literacy instruction with ELLs is fear of using health care. A recent [Kaiser Family Foundation report](#) (2012) states that "individuals with LEP are less likely than those who are English proficient to seek medical care, including preventive services, *even when insured.*" While it is of course not true of every ESOL student, many learners carry significant fear about accessing health care in the U.S. This fear may stem from many issues: a belief that accessing health care services will lead to deportation or negatively impact the naturalization process; limited experiences with health care in a learner's native country; rumors (maybe



true or false) within one's cultural community about what U.S. health care is like; perception of bias against people with limited English or people of color within health care ([Blair et al, 2013](#); [Ngo-Metzger et al, 2006](#)); or stress over how to communicate with English-speaking providers or how to pay for care. Whatever the reason or reasons, this fear can be a strong deterrent to accessing or following through with care for many ELLs. ESOL instructors need to be mindful of this when teaching health.

What Does the Research Tell Us?

Most health literacy research done to date in conjunction with the adult education field has targeted native speakers of English. Research and experimental grant projects have been conducted often in the form of descriptive studies in collaboration with the public health field. Models have included participatory action research, study circle implementation, surveys of educators, and piloting of health literacy curricula. Significant findings to date indicate that:

- Health topics are relevant and engaging for adult learners ([Hohn, 1998](#); Kurtz-Rossi, Coyne, & Titzle, 2004; [Rudd, Zacharai, & Daube, 1998](#)).
- The participatory approach works well for engaging learners and assuring relevance ([Hohn, 1998](#); Kurtz-Rossi, Coyne, & Titzle, 2004).
- Teachers have concerns about teaching health ([Rudd & Moeykens, 1999](#)).
- Integrating health into adult education curricula has the potential to produce beneficial health, language learning, critical thinking, problem-solving, skill synthesis, and learner empowerment outcomes ([Hohn, 1998](#); Kurtz-Rossi, Coyne, & Titzle, 2004; [Levy, et al., 2008](#); [Rudd & Moeykens, 1999](#)).
- Health literacy partnerships between adult education and health care can create mutually beneficial learning situations ([McKinney, 2008](#); [Tassi & Ashraf, 2008](#)).
- In an experimental study, after a 42-week practical health curriculum devised by health care and adult education experts, ABE and higher level ESOL learners showed mastery of health and health care knowledge. Piloting teachers had received special training beforehand. Learners in the experimental group made comparable literacy gains to the control group ([Levy, et al., 2008](#)).



The potential of ESOL classrooms as settings for health literacy intervention, for both public health outreach and for provider training, is starting to be acknowledged ([Handley, Santos, & McClelland, 2009](#); [Tassi & Ashraf, 2008](#); [U.S. Department of Health and Human Services, 2010](#); [Soto Mas, et al., 2013](#); [Mein, et al., 2012](#)). However, more work remains to be done to develop materials, methods, and collaborations that reflect the realities of ELLs' lives, ESOL instruction, and ESOL programs.

A Case in Point: Anila's U.S. Health Care Experience

Anila is a 22-year-old immigrant to the U.S. From a rural area in her native country, she has worked hard since childhood and has attended school inconsistently, so her native language literacy skills are weak. In Virginia, she cleans hotel rooms by day and, when energy and family needs allow, she goes to ESOL classes four nights a week for two hours each night. She is in the beginner class and is an eager learner. She is glad for the opportunity to improve her language and literacy skills to help attain her goals of better employment and being able to help her kids with schoolwork when they come to live with her in the U.S. This week Anila's ESOL class has been working on their health unit. Anila has been practicing saying names for parts of the body. She has also been practicing a dialogue for calling a doctor's office to make an appointment.

Ironically, Anila has no doctor to call for an appointment. She, like many recent immigrants, does not have health insurance and sees a check-up as an unaffordable luxury. Also like many recent immigrants, she was trying to ignore some physical symptoms she was having because she felt that, without insurance and without English, she would not be able to find affordable care to treat the symptoms. (Anila has no real idea how much a doctor's visit would cost to check out her pain, but she's heard from friends that the doctor is tremendously expensive in the U.S.) She has had some dizziness and some sharp pains in her belly off and on for a while. She tells herself to work through the pain, that it will go away. Sometimes she takes some herbs from her native country which seem to help for a little while.

Today, as she was leaving work, Anila had a sharp pain and passed out. Before she knew it, she was in an ambulance on her way to the hospital. People were asking her things in loud English. She wanted to understand but she couldn't concentrate on what they were saying. She also wanted to ask someone to pick up her child from daycare, but she couldn't get the English words out. She felt scared, alone, powerless, and in a lot of pain. She also felt a crushing panic that whatever they were doing was going to cost her a lot of money that neither she nor her family had.



Once she arrived at the hospital, Anila was put in a room where people in hospital uniforms kept coming and going. No one spoke her native language. They kept talking to her in English. Some spoke slowly and some spoke loudly, but she didn't understand anyone. Someone helped her into a strange gown. Needles were stuck in her and a tube was put in her arm without her knowing what was going on or why. This was nothing like the two or three experiences she'd had with a doctor in her native country. Anila cried quietly to herself, thinking that if she could only remember her cousin's phone number then he could come and translate for her to help her understand what was happening to her, and possibly get her out of there before it cost her family all their money.

Finally, after what seemed like hours, a nurse brought in a strange phone with two handsets. The nurse gave Anila a handset. Anila waited, not knowing what to do with it. Then, at last, a person came on the line and spoke her language. Anila was so relieved. The person explained that they were a medical interpreter and that they would help her understand the nurse and doctor. Anila was so grateful to hear this mysterious person in the phone that could help her figure out what was going on. She had so many questions, about her child's safety, the cost of the ambulance and the hospital, what was wrong with her, what they were doing to her, and whether someone could call her cousin to come be with her and help her.

What Can We Learn From Anila's Experience?

Anila's story is a composite of many issues that ELLs experience in health care. As a low-educated person with low native language literacy, Anila meets the traditional health literacy interpretation of a person who can't read and comprehend health information well. She may well, due to her limited education, not have strong knowledge of body systems and their functioning. She is doing her best to improve that situation by going to ESOL class, but the ESOL health content does not meet the reality of her health status and life situation. As a recently arrived immigrant who has no health insurance and limited financial resources, she has not sought primary care for a persistent health problem and its severity has escalated. She has relied on traditional and over the counter medicines to self-treat her symptoms. Her first encounter with U.S. health care is not calling to make an appointment with a doctor as her ESOL textbook might suggest, but emergency care for something that may have already evolved into a serious chronic or life-threatening condition.



Anila is not connected to factual, reliable information on U.S. health care and relies on hearsay within her community to form her understanding of it. As an ELL she would be categorized for public health purposes as being in an “at-risk,” “vulnerable,” or “hard-to-reach” population.

In the ambulance and hospital, communication is very difficult for Anila. While U.S. law gives Anila the right to ask for a free medical interpreter at this hospital, Anila is not aware of the law, and if she were, she might not know how to ask for an interpreter. It takes time for the hospital personnel to procure an interpreter, time which increases Anila’s anxiety. In the meantime she is left to guess what is being done by the many personnel caring for her in the ER. She has very few prior health care experiences and no hospital experiences on which to rely for understanding what she is undergoing. Until she is able to speak with the interpreter’s help, she feels isolated and scared, and treatment feels strange and invasive.

At the ER, Anila is juggling fear about her health with fear about how she will pay for hospital care. While she wants to get better, she doesn’t want to be the cause of severe financial hardship for her family. She is unaware that later she can request to speak with a financial counselor to try and make paying her bill more manageable.

As ESOL Educators, What Can We Do?

There is much that ESOL educators can do to help their learners like Anila be better prepared for U.S. health care. First, educators need to decide how much they wish to take on. One concern expressed by several educators at professional trainings on ESOL health literacy in 2011 is the feeling that addressing health literacy problems is the responsibility of the health care system, not the ESOL teacher. While this viewpoint bears consideration, it is important to note that the health care system is making efforts to improve health care communication (for examples, see [Joint Commission \[2010\]](#) and [Institute of Medicine \[2012\]](#) in the references section), with change occurring perhaps not as quickly or universally as patients would like. Another concern is that ESOL programs are already underfunded, under-resourced, and overburdened ([Florez, 1997](#); Sun, 2010), and taking on more or different health instruction may therefore seem overwhelming. Thirdly, teachers express the concern that they are not medically trained (and are often baffled by U.S. health care themselves) and therefore feel unprepared to take on health literacy. If a program or teacher does decide to take on or revamp health literacy instruction for learners, here are some places to start:



1) Update what is taught about health and health care, especially at the lowest levels. Simply put, the health content of popular ESL textbooks is not sufficient to prepare ELLs for what they encounter in U.S. health care. Although it is important to keep target language simple for beginners in health units, it is vital to make content useful in the real world.

Some topics that are highly recommended for **lower level ESOL learners** include:

- Right to an interpreter in U.S. health care; how to ask for one (“I need an interpreter please. I speak Spanish.”)
- Where/how to access affordable care, including medical care, multicultural mental health care providers, vision and hearing care, women’s health care, legal services, and multicultural social services
- The fact that delaying needed care can lead to higher costs and harder-to-treat problems
- The fact that patients have the right *and* responsibility to ask questions and seek clarification of health care providers
- Acknowledging to learners that the U.S. health care system is complex *even for native speakers* – but that it is OK *and important* to ask for help within the system (Normalize the difficulties of working with the system so ELLs don’t think it’s just them.)
- What to do to for a huge hospital bill (“I need to speak with a financial counselor, please.”)

2) Start at the lowest levels. Some teachers erroneously assume that beginning level ESOL learners do not need to tackle complex health care system topics in English class yet. However, as in Anila’s case, an uninsured, low-income, low-educated adult may well delay seeking care until a minor condition becomes chronic or life-threatening ([Ku & Waidmann, 2003](#)). This delay in seeking care may possibly be exacerbated by language barriers. Learners without access to primary care might pursue care in an emergency room. Communication with emergency care providers is likely to be complex, and understanding it critical for the learner’s health. For the beginning level ESOL learner, it is vitally important to know about the right to a free medical interpreter at most hospitals and many clinics, regardless of immigration status (as mandated by Title VI of the U.S. Civil Rights Act of 1964); how to request an interpreter; and how to access local affordable primary care if it is available. These topics are rarely touched upon in ESL textbooks.

Equally important and seldom if ever found in textbooks is knowing how to ask for financial help with hospital bills, as delays in seeking care often result in much larger expense for treating complex health problems in the hospital.

3) Become familiar with local affordable care resources and share information with learners. It is essential to find out what, if any, affordable care or safety net clinics are available for uninsured learners. This information can be surprisingly tricky to compile in some areas as clinics may not widely advertize their services due to a heavy patient load. Calls to a local government health or human services department, a local hospital social work or case management department, or community-based organizations that work with immigrant populations may lead to information on what resources exist. An ESOL program volunteer or intern may be willing to compile and update a list in an easy-to-read format to distribute to learners if another organization cannot provide an existing list or website.

4) Seek out or develop ESOL teaching materials that can convey complex messages on health and health care in simple ways for lowest level learners. Make sure materials promote learner interaction and participation. Many existing curricula for ESOL health literacy are aimed at higher level ESL learners and/or are designed to be covered over a longer period of time than many programs have available for health. One resource for *brief*, low-level instruction on health care is [Picture Stories for Adult ESL Health Literacy](#).

5) Know basic information on important federal and health care policies affecting learners. This will inform educators to better answer student questions as well as help educators understand more about their own health care rights and concerns. (For a summary, see the chart on the following pages.)



Federal and Health Care Actions Related to Health Literacy

Agency	Action	Significance
U.S. Department of Health and Human Services	Adopted <u>National Standards on Culturally and Linguistically Appropriate Services (CLAS Standards) (2001, revised 2013)</u>	These federal standards outline how care providers and organizations should “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” While not mandates in themselves, individual standards are supported by <u>various state legislation</u> and Title VI of the Civil Rights Act of 1964.
U.S. Federal Government	Enacted <i>U.S. Civil Rights Act of 1964, Title VI</i>	According to the <u>U.S. Department of Justice</u> , this law, often informally referred to as “The Interpreter Law,” “prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are limited English proficient (LEP).” The law is further explained by <u>Executive Order 13166</u> .



Agency	Action	Significance
U.S. Department of Health and Human Services	Issued <u>National Action Plan to Improve Health Literacy</u>	The action plan suggests seven goals for improving health information, access to health information and services, making care more patient-centered, and supporting lifelong learning to improve health literacy. Goal 4 states: "Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community."
U.S. Federal Government	Enacted <u>Plain Writing Act (2010)</u>	This law requires all federal agencies, including those relating to health care (e.g., Center for Medicare and Medicaid Services), to provide written information in clear, simple language that the public can understand.
U.S. Federal Government	Enacted <u>Patient Protection and Affordable Care Act</u>	While health care communication is not this law's main focus, it mandates some changes that are positive steps toward improving patient understanding of health care, e.g., providing health care plan information in simpler formats that are culturally and linguistically appropriate.



Agency	Action	Significance
Joint Commission (the privately run accrediting organization for U.S. hospitals)	Published standards: <u>Advancing Effective Communication, Cultural Competence, and Patient- and Family- Centered Care: A Roadmap for Hospitals</u>	This publication issued new standards stating that U.S. hospitals must assess and provide for patient language, culture, and literacy needs and preferences as of 2012 to be re-accredited.

6) Be familiar with medical field communication strategies in support of health literacy. Create simple lessons to help learners practice these strategies.

Technique	Description	Example
Teach Back	Provider asks patient to repeat back information to check comprehension.	Provider asks: "I want to be sure I did a good job of explaining things to you. Can you tell me what it is I asked you to do?"
Ask Me 3	Provider encourages patient to ask questions about problem and care plan.	Patient asks: 1. What is my main problem? 2. What do I need to do? 3. Why is it important for me to do this?
Plain Language	Health information is written in simple, jargon-free English. Concepts can also be applied to speech.	Writing is jargon-free and uses active voice, short sentences, and personal pronouns.

7) At a program level, partner with other fields and organizations.

There is *much* valuable knowledge that ESOL educators can share with other fields working on health literacy. Educator insight into learners' cultural, linguistic, and social challenges in daily life could greatly inform interdisciplinary health literacy efforts. Many potential partners exist, including clinics, public health departments, health care social workers, community multicultural social service providers, hospitals, medical and nursing schools, churches, parish nurses, pharmacies, libraries (public and



medical), and health insurance companies. Pursue participation in a research study or curriculum development project with a medical or nursing school, insurance company, or other health literacy stakeholder. Advocate to assure that research design is sensitive to learners' needs and life situations. Participate in state or regional health literacy consortia if they exist in your area. For suggestions on how to approach other organizations about a health literacy partnership, see [Section 4: ESOL Health Literacy Partnerships](#) in this toolkit. For a listing of regional health literacy programs in the U.S., see the [CDC webpage on health literacy activities by state](#).

Interdisciplinary partnerships can be challenging due to the sometimes very different perspectives, goals, and cultures of the partnering fields. Other fields that wish to engage ESOL programs as sites for widely replicable health literacy interventions can benefit from knowledge of the realities of ESOL, including chronic funding shortages, teacher workloads, varied instructional settings and resources within the same program, and uneven learner attendance.

Many times teachers invite health care professionals to speak directly to the class. Teachers often share anecdotes about well-intentioned health care guest speakers who came to their ESOL classes and were not able to effectively be understood by or otherwise connect with learners during the presentations. Learners may have lower trust for visitors than they would for ESOL teachers – and difficulty understanding guest speakers who seek to convey important information in English but use jargon, technical terms, too much content, or a rapid speech rate incomprehensible to learners. Difficulties might also stem from cultural differences between health care and ESOL classrooms or the visitor's lack of experience communicating in "ESOL English."

8) Learn what quality health information is available online to make the job easier. Non-commercial websites [MedlinePlus.gov](#), [NIHSeniorHealth.gov](#), and [HealthyRoadsMedia.org](#) provide reliable, plain language English text and videos on many health topics, including medications. MedlinePlus.gov and HealthyRoadsMedia.org also provide health information in many languages. While content on these sites is too challenging for most learners to work with on their own, the websites provide much material that ESOL teachers can adapt (in small amounts) for classroom or computer lab use.



Conclusion

Research supports the idea that ESOL classrooms are productive environments for health literacy-enhancing instruction, but traditional ESOL health content is insufficient to prepare learners for U.S. health care realities like those experienced by Fernando and Anila in the cases above. Multiple paths forward exist for ESOL programs to better prepare ELLs for U.S. health care. ESOL educators are encouraged to use suggestions and resources in this article to increase their awareness of learner health literacy skill needs and strategies that health care and government are using to improve health care communication. Educated ESOL programs can make choices as to how much health literacy-related instruction to take on, in what form(s), and what external resources to leverage. At a minimum, educators can add significant value to ESOL health instruction by infusing lessons with basic information and language for obtaining a medical interpreter, accessing affordable care, and paying for care in the U.S.

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Appendix I: U.S. Health Care Culture

The following statements reflect generally held beliefs about U.S. health care culture and the U.S. health care system. Becoming familiar with these precepts up front can prepare teachers to understand students' questions and concerns as they arise. Many of the features listed differentiate the U.S. approach to care from approaches used in ELLs' countries of origin. This list draws from literature on culture and health care; observations by participants in health literacy trainings in the medical, social work, and adult education fields; and the author's own experience working in health care social work. These features are seldom overtly taught to health care system users, either by families of origin or in formal educational settings. Nevertheless, understanding them is key to knowing how to communicate in and manage one's own health care.

- U.S. health care follows a biomedical/disease model to understand health.
- It emphasizes technology.
- There is a focus on preventive care.
- The system is a complex bureaucracy.
- Roles, rights, and responsibilities of patients and providers may differ from those in other cultures. (Clarification of all of these can sometimes be hard to find within the U.S. system, even for native speakers of English.)
- There are different levels of care.
- Time is important, and provider time and patient time are valued differently.
- The system is characterized by compartmentalization – of the human body, of information access and sharing, and of the health care system itself.
- Health insurance companies and pharmaceutical companies wield strong influence in the system.
- The system uses a *low context communication* style. The information being conveyed is viewed as more important than the process of communicating it and the relationship between those communicating.
- Health care decisions are ultimately the individual patient's, rather than the result of collective family or community decision-making.
- Costs are high.
- It uses medical, ethical, and legal constructs such as *treatment compliance/adherence*, *informed consent*, and *HIPAA*.
- It is number-intensive.
- There is an increasingly diverse hierarchy of provider types.
- It is OK to question providers and to ask for a second opinion.



- There are confusing mixed messages inherent in the system. For example:
 - While insurance is desirable, going through insurance can sometimes decrease the time and access you have with your care providers and decrease the individual patient's influence and input in health communication and decisions on care options.
 - Providers want patients to ask questions but sufficient time is often not provided for questions.
 - Providers want educated patients but sometimes don't want patients to diagnose themselves or seek information on the Internet.

Resources

Agency for Healthcare Research and Quality: Consumers and Patients

<http://www.ahrq.gov/consumer/index.html>

What Doctors Wish their Patients Knew: Surprising Results from our Survey of 660 Primary-care Physicians

Consumer Reports compiled survey data into this 2011 article.

<http://www.consumerreports.org/cro/2012/04/what-doctors-wish-their-patients-knew/index.htm>

Caring for Patients from Other Cultures

This 2008 book by Geri-Ann Galanti is published by the [University of Pennsylvania Press](#).

Transcultural Nursing: Assessment and Intervention, 5th Edition

This 2008 textbook by Joyce Newman Giger and Ruth Elaine Davidhizer is published by Mosby/[Elsevier](#) of St. Louis.

Your Medical Mind: How to Decide What is Right for You

This 2011 [book](#) by Jerome Groopman and Pamela Hartzband is published by Penguin Press in New York.

Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care

This 2012 [book](#) by [Marty Makary](#) is published by Bloomsbury Press in New York.

Transcultural Health Care: A Culturally Competent Approach

This 2008 textbook by Larry D. Purnell and Betty Paulanka is published by [F.A. Davis](#) in Philadelphia.

