

3.7 ESOL Health Literacy and Research: An Interview with Maricel Santos



Maricel Santos is Associate Professor of English at San Francisco State University, where she teaches in the M.A. in TESOL Program and the Ed.D. Program in Educational Leadership. She is also a research scholar supported by a Research Infrastructure in Minority Institutions (RIMI) grant from the National Center for Minority Health and Health Disparities, National Institutes of Health. Her health literacy research explores adult ESL participation as a health-protective factor in transnational immigrant communities. She has an Ed.D. in Language and Literacy from the Harvard Graduate School of Education and an M.A. in TESOL from the Monterey Institute of International Studies.

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Dr. Santos, please tell us a little about how you became interested in researching about ESOL and health.

Maricel Santos: I first became interested in the intersection of ESOL and health when working on with Dr. Rima Rudd at the Harvard School of Public Health. We were working on teacher training curricula – working on a way to package health literacy skills that would make sense to the teachers who would work with the curricula.

When I got to San Francisco State, I met scholars in health disparities from a variety of disciplines. I found we had a lot of common interests, in particular an interest in the access and navigation challenges that contribute to health disparities and in the ways these challenges are linked to literacy and English language skills. I wanted to learn more about what unique opportunities we have in adult ESOL instruction that can help learners with these challenges.

In my work, I am frequently struck by what overlap there is between the work of ESOL and the public health field. We are all working in the trenches with marginalized, very vulnerable populations that face considerable barriers in daily life. We are interested in outcomes (for ESOL, language outcomes; for public health, improved wellness) but we're also interested in the engagement processes that yield those outcomes. What motivates an adult to improve their English skills? What motivates an adult to want to assess their own risk status for chronic disease? I think if both fields have



ongoing conversations about core issues, like access and engagement, we could learn a lot and share a lot with each other.

What are some specific issues you have researched in relation to ESOL instruction and health?

MS: At Harvard, we worked on developing the Health Literacy Study Circles, a series of professional development workshops. As I mentioned earlier, we were focused on building teachers' confidence and skill sets so they would feel prepared to integrate a focus on health literacy into their everyday teaching. Since I came to San Francisco State, I've been exploring a central question: What makes the ESOL environment a constructive place for imparting preventive care messages? With colleagues, we've looked at questions like "What do really good materials that build language skills and convey health messages at the same time look like?" and "What makes it possible for learners to feel safe and ask questions about their own health in the classroom environment?" I look at what roles the teacher, the curriculum, and learner-to-learner conversation play in cultivating this safe space. We've looked at these questions in the context of specific health issues, like lead poisoning prevention, family nutrition, and diabetes prevention; we've also focused on a variety of communities, including immigrant parents enrolled in family literacy programs, men in day laborer programs, and learners of a variety of proficiency levels. The overarching question for me is: "Can participation in adult ESOL make a difference in preventive health outcomes for immigrant communities, and what do we need to pay attention in our teaching to work towards these positive outcomes?"

What are some interesting outcomes you have found in your work?

MS: Well, in our recent work on diabetes prevention education, we found that, as we would hope, preventive care messages were in fact getting to high-risk individuals in ESOL classes. About half of the 150 learners told us, at the end of the class, that they were going to change their exercise or eating habits to become healthier. Initially we thought the percentage would be higher, but we also discovered that many learners already felt they had healthy nutrition and exercise habits at baseline, suggesting the teachers' lessons reinforced healthy habits rather than supplanting less healthy ones. Although many immigrant learners may indeed be at-risk, many learners are also quite knowledgeable about preventive care. This is helpful information for health care providers to know.

This is helpful information for health care providers to be aware of. Particularly important to me was that many learners also indicated that they had shared the preventive diabetes information with family, co-workers, or



friends. This leads us to believe that the impact of the ESL lessons likely extends beyond the classroom. For example, in one lesson the learners were rehearsing a dialogue about diabetes prevention with a classmate. In the course of their practice, the learners pushed one another to clarify meaning: pronouncing *carbohydrate* correctly is not sufficient – the learners also wanted to clarify what a carbohydrate was and why foods like potatoes would not be good for people with blood sugar issues. With each repeated rehearsal, learners would ask more clarifying questions of each other.

Finally, and this probably won't surprise well-seasoned teachers: We provided the teachers with some sample lesson materials, but their own creativity took over, in response to their specific classroom needs. The five teachers made use of diverse pedagogical tools to integrate diabetes prevention content into their teaching, including role-plays, peer learning activities, and hands-on demonstrations. They facilitated discussions of real-life stories of immigrant adults' attempts to stay healthy and found effective ways to weave in vocabulary/grammar practice with preventive health content.

What kind of partners have you worked with from outside of the ESOL field in your research projects?

MS: I wouldn't have been able to get any of the projects done without partnerships with the health care field. This kind of work requires a dedicated ESOL program and a dedicated healthcare partner organization.

What advice do you have for ESL teachers and programs that are thinking of engaging in interdisciplinary partnerships to help their learners with health literacy issues?

MS: First, there has to be a way to involve teachers from the outset. Also, materials used in the project have to be geared towards ESOL learner needs. Teachers are in the best position to identify what will fit learner needs.

Second, projects have to support teachers to engage in this kind of work! They are an important part of the research team and need to be paid for their participation.

Don't just "parachute" into a project! You need a partnership-building stage where each field learns what the other brings to the table. ESOL participants and health care or public health participants need to sit down together and engage in cross-talk. In this phase, ESOL teachers need to articulate what strengths and skills their learners and classes have and what strengths ESOL



instruction offers that can help in a health literacy project. Be patient in developing relationships with partnering organizations.

What advice do you have for ESOL teachers who might like to engage in action research projects around ESL and health literacy? What kinds of questions could they explore?

MS: To identify questions, they can start simply by asking their learners questions like: “What would you like to know about health care?” Or, have them complete the sentence: “I want to know _____. I need to know _____.” There is good advice for starting these kinds of conversations in adult ed classes in the [Health Literacy Study Circles guides for teachers created by the National Center for the Study of Adult Learning and Literacy \(NCSALL\) and the Harvard School of Public Health.](#)

Shed the idea that you should only use health information in the form of brochures and websites to pass on to your learners. Don’t presume you aren’t qualified to help the health care field in conveying important health information. Breaking health care information down into manageable chunks for learners and getting learners sharing information and talking about preventive care can be very helpful work that ESOL teachers are trained to do.

What kind of data would be helpful for teachers or programs to collect to demonstrate the effectiveness of health literacy instruction in ESOL classes?

MS: It may sound basic, but demographic data is really important. Who do we reach with our public health messages in ESOL classrooms? Are we reaching parents? Kids through their parents? Specific at-risk populations? You can look also at learners’ intention to change before and after their health-related instruction. Do they report being more open to changing behaviors after discussing a preventive health topic in class? Changing orientation to change is an important outcome if we’re concerned about supports to community engagement.

Thank you very much for speaking with us today and for helping to develop this important area of ESOL health literacy knowledge through your research!

Resources

[Language Lessons on Immigrant Identity, Food Culture, and the Search for Home](#)

This article by Maricel G. Santos, Jeff McClelland, and Margaret Handley was published in the *TESOL Journal* in June 2011 (volume 2, issue 2, pages 203-228).

[Reports from the Field: Engaging Learners as Interpreters for Developing Health Messages – Designing the *Familias Sin Plomo* English as a Second Language Curriculum Project](#)

This article by Margaret A. Handley, Maricel G. Santos, and Jeff McClelland was published in the *Global Health Promotion* in 2009 (volume 16, issue 3, pages 53-58).

[Partners in Training: A Cross-disciplinary Approach to Preparing Adult Literacy Practitioners and Health Professionals](#)

This article by Maricel Santos and Lynette Landry was published in *Focus on Basics* in 2008 (volume 9, issue B, pages 21-25).

