

## **4.6 A Partnership that Works: The Charlottesville Adult Learning Center/ University of Virginia Health Sciences Library Partnership**

Health Sciences Outreach Librarian Kelly Near, MSN, WHNP-BC, MLS, and ESOL educator Leslie Furlong, Ph.D., brought together their two very different professional worlds to produce an [ESOL health literacy curriculum](#) and a lasting interdisciplinary health literacy partnership. Now in its third year of implementation at the Charlottesville Adult Learning Center (ALC), the curriculum is used each spring by ESOL classes and incorporates a field trip to the University of Virginia Medical Center where Near works at the Claude Moore Health Sciences Library.

### **The Partnering Process**

Each partner brought a wealth of expertise to the project. Furlong, formerly a professor of cultural anthropology, brought many years' experience teaching medical anthropology and adult ESOL. Near brought clinical nursing and health education experience and abundant knowledge on finding reliable, clear health information. In speaking with Furlong and Near, one gets the impression that the two genuinely enjoyed their collaboration and grew from it. Furlong describes it as one of the best collaborative experiences she's ever had, a "stimulating exchange of ideas." At the start, says Near, "there was some 'you're not listening to me' from both sides, but it evolved very well. It was so rewarding and so much fun." In fact, Near reports that working with the ESOL program has changed the way she looks at health literacy altogether. She states:

"It has helped me to crystalize what I think is important in health literacy ... I've changed my view of how health literacy should be addressed and taught. I have learned a lot of humility in the process. I have a different view now of what I need to get across to learners and what I need to pare back. Advanced directives and disease specifics are important, but we have to prioritize what to convey in the time we have. You can talk about complex things in simple ways."



## **Health Literacy is Civics**

Furlong with Near's support completed their curriculum with EL/Civics funding, and both are quick to emphasize how well health literacy instruction fits with civics principles. They explain that their project has been about active civic participation and growth by both ESOL learners and health care agencies based on mutual collaboration. The curriculum goal of promoting learner self-advocacy in health care helps the learner become a more responsible, higher functioning civic participant by strengthening the learner's understanding and navigation of a vital and very complex system in U.S. society. The medical system is able to share what it wants the public (specifically, the traditionally hard-to-reach LEP population) to know and has the opportunity at the same time to learn from this target population to influence improvements to the system.

## **Administrative Support is Key**

Furlong and Near attribute a large part of their project's success to the strong administrative backing of Susan Erno, director of the Charlottesville Adult Learning Center. Erno has long been tuned in to the importance of health literacy for her program's learners and to the health care resources in the Charlottesville area. When she introduced the two in 2009, Erno encouraged them to collaborate on an update to an earlier ALC health literacy curriculum. Erno has since instructed all ESOL, from high beginner up, and GED<sup>®</sup> classes to cover the first two units, two additional elective units, and the field trip in the spring terms.

## **Curriculum Content**

The health literacy curriculum content centers on several goals. 1) It needs to incorporate the voice of students while emphasizing mutually beneficial collaboration between health care and adult education. 2) It needs to provide and show learners how to find reliable information on navigating health care, and 3) it needs to help learners develop skills to advocate for themselves in the health care system (moving beyond a traditional tendency in health education to promote the concept of patient "compliance" with health care provider instructions). The curriculum achieves this in a simple, flexible online format which other communities can borrow from or replicate. The curriculum's 8 units include:

1. Healthy Living
2. Good Mental Health: Stress, Culture Shock, and Developing Cultural Awareness
3. The Body: Ailments and Symptoms
4. Self-Medication: Home/Natural Remedies and Over-the-Counter Medicine



5. Health Care Facilities
6. Field Trip to UVA Medical Center and/or Guest Speaker
7. The Visit: Making an Appointment and Filling Out a Medical History Form
8. Becoming Your Own Advocate

The units build on each other but can also stand alone. Specific simpler activities in each unit are indicated for lower level classes to focus on. Each unit incorporates opportunities for speaking, listening, reading, vocabulary, and grammar activities; health education publications; web links for learners to access; and student writing in the form of a health journal. An important source of reading materials is the ALC's student newspaper *The Multi-Cultural Brief*, which contains learners' accounts of their experiences with physical and emotional health and health care in the U.S. One health unit typically takes from 2-4 hours of class time over one week.

### **Covering Mental Health**

Mental health (Unit 2) is new in this revision of the ALC health literacy curriculum. Omitted from the first version to avoid teacher discomfort at covering the topic, Furlong and Erno felt it was an important enough issue in learners' lives that it should be covered in some way in the revision. Furlong found a creative avenue to do so, centering discussion of mental health on the stresses experienced in the immigration process. Learners discuss a student story entitled "Culture Shock" from the October 2000 [Multi-Cultural Brief](#) as a springboard for sharing their own experiences, strategies for coping with stress, and resources for improving mental health.

### **The Field Trip**

The field trip to the UVA Medical Center is a cornerstone of the curriculum. Learners take public transportation to the hospital so that they will know how to do so if they ever need to later. Once at the hospital, they start at the Health Sciences Library, where they are welcomed by a librarian and receive training on hospital language assistance services, the [Ask Me 3](#) technique, and the importance of [medication cards](#). Sometimes they meet with a human resources representative who tells them about positions they might qualify for at the hospital. Then they complete a hospital scavenger hunt in small groups, each with a hospital staff member as a guide. The scavenger hunt helps learners increase confidence to navigate the hospital, and it also helps the hospital by providing learner [feedback](#) on the effectiveness of hospital signage. (See page 20 of the June 2012 [Multi-Cultural Brief](#) for a report and pictures from the 2012 field trip.) The field trips have led to the formation of a Patient and Family Communication committee at UVA that is looking at issues like clarity of signs, cultural competence, and language assistance services.

## **Learner Feedback**

Per Furlong, students report that they are learning a lot from the health curriculum and they love the field trip because it builds their confidence to seek out health care when they need it. They also love reading the health-related stories from other students in the *Multi-Cultural Brief* because they recognize themselves in others' stories.

## **Instructor Feedback**

Based on teacher feedback on the earlier Charlottesville health literacy framework-style curriculum, Furlong aimed to make this version more structured and offer teachers more guidance while still allowing them to present topics and activities in their own creative styles. Teachers have responded well to the added guidance. Teachers are eager and animated when talking about the curriculum now. They call it "teacher-friendly" and find it easily adaptable, and they like that it is interactive and highly engaging for learners. Challenges reported by teachers include 1) deciding how to limit units, because health care can be such a complex topic to cover, 2) differing views among teachers on how to implement the student health journal component, and 3) differing views among teachers on what units should be mandatory.

## **Advice for Others**

Furlong and Near have advice for others who are interested in trying an ESOL/health care partnership: Strong support of the ESOL program administration is imperative. Take time to develop your partnership. Make sure each partner articulates what they bring to the partnership and what they hope to take away from it. And don't be afraid to try something new outside of your professional comfort zone.