

Field Report

Beyond Describing Signs and Symptoms: Promoting Health Literacy to the Adult English Language Learner

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The scope and definition of health literacy continues to expand and evolve. In fact, the Centers for Disease Control and Prevention (CDC) identifies two types of health literacy: personal and organizational. Personal health literacy is defined as “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others” (CDC, 2024). This definition places responsibility on the individual to acquire health literacy. Thus, it is different from organizational health literacy where the obligation falls on health providers and health systems to provide information to patients in ways that they can be understood. This article focuses on helping develop personal health literacy for adult English language learners (ELLs) and how adult educators can weave health literacy into their curriculum.

Health literacy is not just being able to read and understand health-related concepts. This understanding suggests that individuals who have appropriate levels of health literacy can make autonomous and sound decisions on their health and well-being. Low health literacy among patients may result in limited participation in disease-prevention and health-promoting activities (Rudd, 2017). Health literacy is a challenge for many individuals because of the medical terminology and technical jargon used. In other words, it is like learning a new language. Even native-born English speakers may have low levels of health literacy for this reason. Thus, minority and immigrant groups who are more at risk due to limited English proficiency (Rudd, 2007; Sepassi et al., 2023) may face greater health disparities and poorer health outcomes (Diehl, 2011; Sarkar et al., 2019; Ugas et al., 2023).

Like me, many English language teachers face challenges adopting health literacy curricula into lesson plans due to lack of medical understanding. To teach health literacy effectively, instructors must acquire new knowledge to be confident in their instruction (Diehl, 2011) and to convey health information accurately. I also struggle with the unfamiliarity of my learners’ cultural beliefs on health. Cultural perceptions of health and medical practices vary widely, influencing how learners interpret and accept health information. Therefore, I must navigate these differences carefully to be mindful of my students’ various backgrounds. It is also inevitable that there will be multiple levels in adult English as a Second Language (ESL) classrooms, and this exacerbates the intricacies of teaching health literacy. In the classes I have taught, there are high school graduates, but there are also students who have advanced degrees and medical practitioners from their countries of origin. Those who may lack prior knowledge about certain health concepts may have a harder time building a new understanding. Therefore, it is a challenge for instructors to level some of these topics.

My purpose in writing this article is to share effective instructional activities that incorporate and promote health literacy in the adult ESL classroom. This by no means is an exhaustive list of activities to teach this topic. Rather, it is what I find to be some of the most effective and meaningful to adult ELLs.

Class Overview

The class that I teach is an intermediate, non-credit ESL class offered through the adult education program at a

community college. It is provided cost free to students. Enrollment in the class is ongoing throughout the year, so the students vary per term, but the class is generally composed of 15–20 adult learners from about 10–12 different countries. They have various lengths of stay in the country and varied ages (early 20s to late 50s). These learners present with various educational attainments, ranging from high school to college graduates; some even hold advanced degrees and professional certifications from their home countries.

Activities Incorporating Health Literacy in the Adult ESL Classroom

Writing Personal Stories When Seeking Health Services

Storytelling remains a powerful approach in language teaching (Nicholas et al., 2011). Through storytelling, adult learners can share their experiences with their classmates and take pride in what they know. They take ownership of these stories, and, in doing so, build confidence in using the target language. This activity helps to introduce health literacy and focuses on the learners' experiences seeking health services in the United States and their challenges using the language. I ask them to think of a time when they had difficulty speaking, reading, or understanding English related to getting health care services. I provide the following prompts:

- What was the situation like?
- Who was involved?
- Where were you?
- When did this happen?
- Why do you think this happened?
- How did you feel in that situation?

I stress the importance of sharing only what they are comfortable to share with their classmates and not to share personal health information.

The following are examples provided by my students. All names used are pseudonyms. Margarita wrote, "Four years ago, I was trying to pick up a prescription from the pharmacy alone. I was sick and needed that medication. I did not know what to tell the people at the pharmacy because I was just learning English. I felt nervous and

frustrated." Alba shared, "When my son was going to enter pre-k, he needed two more vaccinations. So, we went to the pediatrician. The nurse did not speak Spanish. The nurse asked me something in English, but I didn't understand. I felt very embarrassed and sad because in my country, I always asked if I could hug my son during the vaccinations, but I did not know how to say this in English. My son cried a lot because he wasn't near me." Through this activity, learners reflect and share their experiences as we build a community of learners. They can relate to the stories and give advice to each other. Storytelling is cathartic and helps people heal their soul.

Explaining Personal Medical History

Beyond teaching parts of the body and learning how to express signs and symptoms for different illnesses, English language instructors must teach learners how to communicate about their personal medical history. Knowing how to communicate these pieces of information ensures that the learners and their family members receive accurate diagnoses and appropriate treatments. It is important that the instructor clearly differentiate past, family, and social history in the context of health care encounters such as doctor visits. Past medical history refers to previous illnesses, injuries, hospitalizations, medications, allergies, and immunizations. Family history, on the other hand, refers to conditions that may increase one's risk for hereditary diseases like cancer, diabetes, heart disease, dementia, and high blood pressure. Lastly, social history refers to the patient's past and current social behaviors and activities, such as exercise, occupation, and use of alcohol or tobacco products.

An interactive activity that can be used to teach the concept of personal medical history is classifying statements into the three aforementioned categories. Here are a few example statements: "I had my gallbladder removed six months ago," "I recently traveled to several countries in Europe," and "My parents have diabetes and high cholesterol." Students will discuss among themselves to determine the statements' correct classifications. This can be done by sorting the statements on the board for in-person classes or through an online content platform if the class is remote. By learning how to articulate their personal medical history in the target language, learners can communicate with their health care providers more effectively and advocate for their health needs confidently.

Navigating the World of Health Insurance

Health literacy requires an understanding of the health care system, which can be challenging for newcomers who are still adjusting to a new country and how it operates. To many ELLs, especially those who come from countries with a universal health care system, the concept of health insurance is extremely unfamiliar. Thus, navigating the health care system in the United States is a complex endeavor. Learning and teaching vocabulary is key in promoting health literacy. In my classroom, I begin the topic of health insurance by explicitly teaching basic and important health insurance terms: “claim,” “deductible,” “coinsurance,” “co-pay” or “copayment,” “policyholder,” “premium,” “primary care provider (PCP),” and “preventive care.”

Next, I discuss a simple workflow of how the health insurance system works through an interactive activity where the learners must correctly sequence steps of the process. The learners are provided with several statements that describe the steps but are out of order. Some example statements include:

- Enroll in health insurance.
- Pay premium.
- Visit the doctor.
- Doctor sends bill to the health insurance company.
- Health insurance company reviews claim.
- Doctor sends a bill for any amount not paid by the insurance company.
- Send payment to doctor for remaining balance.

These steps oversimplify the health insurance process, but the activity provides the learners an overview of how the system generally works. A best practice is to provide multiple opportunities for exposure using different modalities. For this topic, I created a video that explains what health insurance is, why it is important, and how or where to get it. Additionally, this video provides a recap and a knowledge check on the health insurance concepts. Here is an example question: “The person whose name is on the insurance policy is known as the ____: a) policyholder, b) member, c) officer, or d) dependent.” As the question is displayed on screen, I pause the video and survey the students for the correct answer. In this case, “a) policyholder” is the appropriate answer, and then I

provide a quick explanation before proceeding to the next question. Basic health insurance knowledge allows the learners to understand a concept and a process that may be unfamiliar yet extremely important to them and their families. This type of exercise also prompts questions from the learners and allows the instructor to continue to offer more support.

Filling Out Intake Forms

“Teacher, can you show us how to complete a form in the doctor’s office? I get very confused when filling them out.” Erline, from Haiti, requested this as I was discussing medical history. She explained that she often asks her husband and other people when completing medical intake forms at the doctor’s office. The challenge is that there is no universal intake form. Every specialty and practice will have different health forms and requirements. In addition, many medical offices have shifted from paper forms to electronic intake forms. One time, I took my 78-year-old mother to a doctor’s appointment. As a new patient at the specialist’s office, she had to fill out an intake form through a wireless tablet. My mother is an immigrant who has lived in the United States for almost 40 years. English is not her first language, but she speaks, reads, and writes English fluently. However, she had difficulty completing the electronic questionnaire because there were a multitude of questions that used medical and insurance jargon. She is also not well versed with using technological devices, so I assisted her in the process. I acknowledge this is not an easy task for ESL instructors; however, they can start the conversation with learners in class and make it a continual practice.

Once the concepts of medical history and health insurance have been introduced to the students, the next step is to teach them how to complete intake forms. Provide learners with different templates of patient intake forms. Then, review a simple form starting with the patient demographic section. Here are some of the important terms that may appear in this section: “primary/preferred language,” “race,” “ethnicity,” “referring doctor,” and “marital status.” Next, focus on terms and phrases commonly found on medical forms, such as “allergies,” “medications,” “medical history,” and “insurance information.” It is important to break down the form into manageable sections and provide step-by-step instructions for each part. Practice filling out intake forms

in class regularly to build familiarity and confidence. It is important that instructors provide immediate feedback and corrections to the learners so that they understand and can correct their mistakes. Instructors can also build on this activity by creating role-playing scenarios where students play different roles (e.g., patient, doctor, receptionist) in a medical office setting, and completing an intake form will be one of the tasks. Teaching these processes in a step-by-step manner can help learners feel less overwhelmed.

Introducing Idioms About Health

Health-related idioms are common in everyday conversation, and learning about them can be useful when discussing health concerns with medical professionals. Understanding and using idioms can help ELLs build authentic language, communicate more effectively, and understand native speakers better. Also, idioms are a key aspect that can help ELLs gain insight to cultural attitudes and expressions related to health. Idioms are necessary to navigate social interactions in various settings.

To introduce this topic, it is important to break down what an idiom is and provide examples so that your learners understand the concept. A classic example that I provide is the idiom “raining cats and dogs.” The goal is to make sure that the learners understand that idioms express an idea or a shared sentiment with culturally embedded meaning but not the literal meaning of the words themselves. To activate background knowledge, I ask the learners to share examples of idioms from their home countries. Once the class establishes a solid understanding of idioms, I introduce about 10–15 health-related idioms that they may often hear from native English speakers. Here are some examples: “as fit as a fiddle,” “alive and kicking,” “green around the gills,” “under the knife,” “under the weather,” “back on one’s feet,” “skin and bones,” “bundle of nerves,” “out of shape,” and “turns my stomach.” In my experience,

learners respond well when we first discuss what the words in the idiom mean literally, and then the students attempt to decipher the idiom’s figurative meaning. For example, in the idiom “as fit as a fiddle,” I explain what the words “fit” and “fiddle” mean first. Then, I give the learners an opportunity to figure out what the meaning is before I provide the correct answer and give an example sentence on how to use the idiom properly. A practical knowledge check is given at the end of the session to assess the learners’ understanding of the new knowledge.

Conclusion

The activities here point to several best practices in the adult language classroom. First, instructors must cultivate a safe learning environment. For learners to share their health care experiences, they must feel safe in the classroom, regardless of whether they are in an in-person or remote setting. Thus, it is critical to establish confidentiality when initiating conversations and implementing health-related activities. It is imperative for educators to tell students not to share any personal health information from themselves or from others. Next, instructors must listen to and reflect on learners’ stories, especially about their cultural beliefs about health. Learners’ experiences in health care vary, so it is important to ask them to share only what they are comfortable sharing. Lastly, teaching health-related concepts is like teaching a new language altogether, so be patient with your learners. All in all, health literacy is not a one-time transaction. It is deeply rooted in lifelong learning. That is, learning about health and well-being trails individuals throughout their life. Health literacy leads to empowerment and fosters better health care outcomes, with ELLs having a greater sense of control of their own health. Thus, it is imperative for adult educators to facilitate and promote health literacy in their teaching settings.

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