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Background

- Individuals with limited English proficiency (such as immigrants and refugees) are more likely to have low health literacy and poor health outcomes compared with native English speakers.
- *Healthy People 2020* and the *2010 National Health Literacy Plan* call for the implementation of health literacy interventions in non-clinical settings.
- Community literacy center-academic medical center partnerships can improve health literacy for vulnerable populations.
- We initiated this pilot project to meet a need for health literacy curriculum for English language learners.

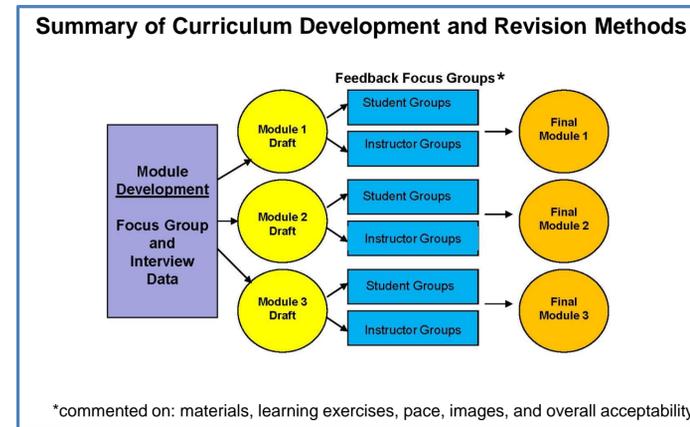
Hypothesis

- In partnership, a community literacy center and academic medical center can develop health literacy curriculum for English language learners.

Methods and Analysis

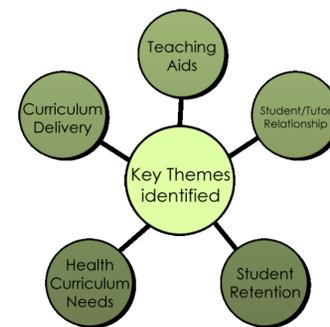
- Literacy center staff identified key stakeholders for recruitment. (individuals working for organizations serving immigrants and refugees, English students, teachers and tutors).
- Data was managed and coded using Atlas.ti software, version 5.5.
- Primary themes were discussed in meetings with literacy center instructors and students to ensure accuracy.
- Materials were drafted using the literacy center's standard lesson planning protocol which integrates auditory, kinesthetic and visual modes of instruction.

- Lessons were taught in regularly scheduled English classes of students not involved in the development process, and immediately following classes, focus groups were conducted to obtain student feedback.



Results

- For the development of the materials, eleven individuals from community organizations participated in individual interviews. Eleven students and nine staff and tutors participated in FGs.
- Of literacy center students, 39% were 25-44 years of age, and 48% were 49-59 years of age. Most student participants were female (10/11) and all were of Mexican descent.



Key Themes Identified in Focus Groups

Key issues instructors stressed about developed curriculum...

- Need for flexible lessons that could fit into existing curriculum
- Lack of desire to teach entire units on health
- Desired lessons that could be adapted for number of sessions they felt appropriate for the needs of their students
- Their challenges in accessing and understanding the health care system led to concerns about their ability to answer student questions

"To Your Health!" Pilot English Lesson Topics

1. Orientation to forms and other important information in healthcare settings (to be incorporated into the unit on "Introductions")
2. Locating health facilities within the community and navigating facilities' property and building interiors (to be incorporated into the unit on "Maps")
3. Physical activity (to be incorporated into the unit on "Going Green")



Sample Curriculum Pages



Conclusions

- Working together, literacy centers and academic medical centers can create health literacy lessons for English language learners.
- Understanding the unique needs of ELL students and their instructors is an important foundation for developing relevant and practical instructional materials.

Implications for Practice

- Assessing and addressing health literacy of instructors is essential for instruction aimed to improve student health literacy.
- This process and product are an important model for other literacy centers and academic medical centers desiring to develop health literacy-focused English language instruction curriculum for their unique student populations.

