Massachusetts Adult Basic Education

Curriculum Framework

For

Health

Massachusetts Department of Education
Adult and Community Learning Services

October, 2001 Draft

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Health Curriculum Framework Development Team
Practitioners

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Judith Dickerman-Nelson is the director of the Young Parent Program at the Cambodian Mutual Assistance Association in Lowell, Massachusetts where she also teaches GED classes. She has taught poetry and composition at University of Massachusetts at Lowell, Emerson College, and Middlesex Community College. Now, she divides her time between Massachusetts where she works in education and Vermont where she lives with her family. She and her husband run Nelson's Candies of Townshend, Vermont and in her free time she writes, throws pottery and dances.

Dot Gulardo began her career in adult education 18 years ago as an ESOL instructor in Osaka, Japan. Her ongoing interest in health issues informed her many years as an ESOL instructor at Community Action in Haverhill. She has participated in numerous health literacy projects, such as facilitating Department of Education (DOE) student health teams, teaching health careers programs for at-risk teenagers, piloting Project HEAL (a breast and cervical cancer curriculum), and developing and conducting health workshops for Adult Basic Education (ABE) practitioners. She also helped draft the Science and Technology and the Adult ESOL Curriculum Frameworks. She is currently the director of a new workplace ESOL training program at Hogan Regional Center that prepares non-native speakers for a career in direct care.

Beverly Hobbs coordinated a Young Parents Program with teen mothers for over ten years in Southbridge, Massachusetts. Since switching to Adult Basic Education three years ago, she has worked as an ESOL teacher, counselor, and curriculum developer. She is presently the Assistant to the ABE Director at Mount Wachusett Community College.

Kathy Moran Mckee has taught in the ABE class at the Worcester Adult Learning Center (WALC) for more than twenty years. She has experience as a staff and program facilitator, a member of Young Adults with Learning Disabilities (YALD), and as a science curriculum developer for Worcester middle and high schools. She is currently one of two faculty members of the Student Action Health Team at WALC.

Andrea O'Brien is an experienced ESOL teacher and currently holds the position of Staff Developer at the Lawrence Adult Learning Center, where she focuses on curriculum and materials development. She has presented workshops for Northeast SABES (System for Adult Basic Education Support), MATSOL (Massachusetts Association of Teachers of English to Speakers of Other Languages), MCAE (Massachusetts Coalition for Adult

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Education), and TESOL (Teachers of English to Speakers of Other Languages). She was part of the Working Group that developed the ABE ESOL Curriculum Frameworks.

Lynne Paju works for The Literacy Project (TLP) as the Health Education Coordinator. Lynne coordinates an integrated health education program for TLP's six learning centers. With a background in experiential education and group and individual counseling, Lynne also runs several projects that focus on health and behavior change, including a dedicated tobacco intervention program and a student health leadership team. Creating safe learning environments is a fundamental principle of her curriculum development and she promotes further understanding of the links between trauma and learning within ABE programs.

Shameem Selimuddin moved to the United States from Bangladesh 25 years ago. She has been an ABE/GED/Family Literacy instructor for the William F. Goodling Even Start Family Literacy program in North Adams, MA since 1993. Shameem believes in developing curricula for her students that will support them to become productive, confident, and healthy participants of the community they live in as well as in the world around them.

Widi Sumaryono is a native of Jogjakarta, Indonesia. He has taught ESOL since 1984, when he graduated from a teacher training college. He has worked in refugee camps in Indonesia and Thailand and continues to teach, support, and advocate for refugees at Lutheran Social Services, where he has worked since 1991, and is currently the program director. Widi is an avid proponent of health education for adult learners, a social action theatre member, and a Frameworks "veteran".

Contractors

Northeast SABES (System for Adult Basic Education Support) is a team of staff and program developers whose office is located at Northern Essex Community College in Lawrence, Massachusetts. It serves over seventy-five ABE programs and practitioners in Northeastern Massachusetts. The ABE Health Framework members of the Northeast SABES staff include the following:

Marcia Hohn, Ed.D., SABES director, holds a masters in adult learning and a doctorate in human and organizational systems, and she is a nationally recognized leader in literacy and health issues. Her expertise in action research with teachers and learners is evident in the numerous studies she has conducted employing both quantitative and qualitative methodologies. The current focus of Marcia's work, within SABES and nationally, is ABE organizational management and forging health and literacy partnerships.

Jeri Bayer is the curriculum coordinator for Northeast SABES, facilitating the understanding and use of all of the frameworks in ABE programs. Jeri was the lead facilitator and writer for the History and Social Sciences Curriculum Framework. Her teaching experience includes workplace ESOL, basic literacy skills development and GED preparation. Jeri has developed curricula for employability, technology integration, and social studies.

Alisa Povenmire is an experienced group facilitator and associate director for Northeast SABES. She has taught health with "at-risk" teens, and with ESOL and GED students. She has developed numerous workshops and training materials for SABES, and loves to mentor teacher trainers. She has supported the development and promotion of the curriculum frameworks since the initiative began. Alisa's leadership in the field of health and literacy has resulted in health issues becoming an integral piece of ABE curricula throughout Massachusetts.

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Acknowledgements

For over a decade, dedicated and concerned teachers and administrators in Massachusetts have convened to discuss the health education needs of their students and clients, and to strategize the most effective methodology to meet those needs. The ABE Curriculum Framework for Health is the latest in a continuum of efforts in Massachusetts to integrate health education in adult basic education services. This Framework attempts to capture the wisdom gained by adult education practitioners and present it in a way that is crisp and useful to new and experienced teachers alike.

There are many, many people who have contributed their time, expertise, thoughts, and curricula to health and literacy efforts. We would like to acknowledge the Massachusetts Health Team, a fluid body of health and literacy professionals who have met over the past decade to research, dialogue and promote understanding of health and literacy issues and education. We extend special appreciation and gratitude to Loren McGrail and Elizabeth Morrish, facilitators of the Massachusetts Health Team, each of whom pushed the health and literacy fields to collaborate and advance their work together.

Not enough can be said to commend the numerous ABE programs whose students and teachers engaged in participatory health education projects that enhanced our understanding of health education with adults. These student/teacher teams have inspired hundreds of ABE learners and practitioners through their presentations, curriculum materials, and writings.

We extend our respect and appreciation to Bob Bickerton, Marie Narvaez, and the Massachusetts Department of Education for their foresight, faith, and ongoing funding of the progressive health education efforts undertaken at ABE programs.
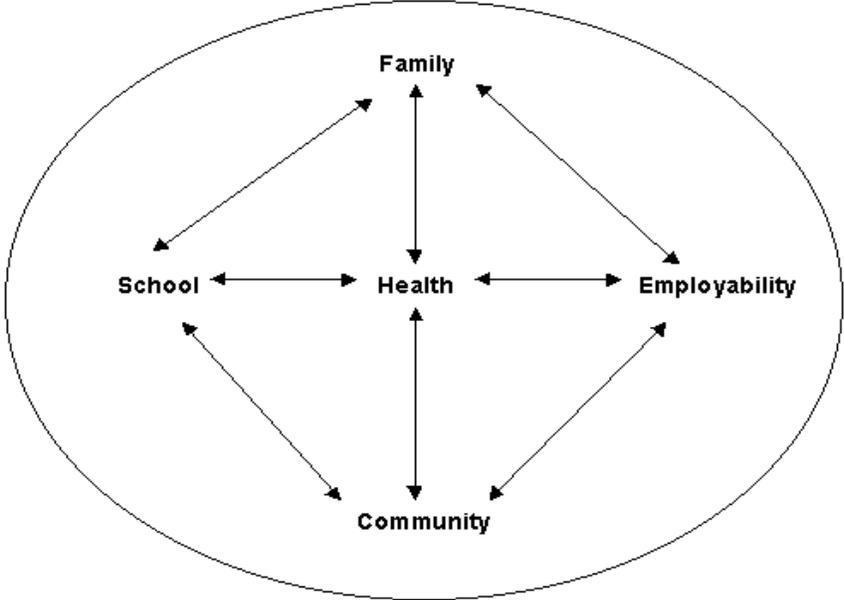
The Department's commitment to integrating health education into the Adult Basic Education system also manifested in the funding of Health Curriculum Framework focus groups coordinated by the System for Adult Basic Education Support (SABES) in 1996. We, therefore, acknowledge the invaluable contributions of the members of these groups: Lavonne Krishnan, Donna Cornellier, Carrie Mitchell, and Robert_____, Eve Anderson, Joan LaMachia, Elizabeth Morrish, and Elaine Nugent. Hartley Ferguson and Charlotte Baer crystallized the efforts of the focus groups into the very accessible and compelling document that is the basis for this draft. It is our hope that this latest draft properly respects and incorporates all of their groundbreaking work.

Also invaluable to the development of this document has been the experience of the Y2K History and Social Sciences Curriculum Framework Development Team. Their research and experimental methods served as a useful model for the Health Framework revision.

Finally, we wish to extend our sincerest appreciation to the former Health and Literacy Technical Assistance Team: Julie Crowley, Annemarie Espindola, Meg Murphy, Elizabeth Morrish, Sherry Russell, Cindy Irvine and Katy Hartnett. This team was

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instrumental in building the willingness and capacity of ABE programs to integrate health content and form community health collaborations. Their insights into how health education can be successfully integrated into ABE programs have informed much of what is in this Framework.

Health is central to our ability to attend effectively to family, school, work, and community needs

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Introduction: Why Teach Health?

As a content area, health intersects with the goals, best practices, and special problems of adult education. Addressing health in the classroom can allow teachers and students to enrich their learning environments and experiences, as well as students' lives outside the classroom. The rationale for integrating health into adult education is highlighted below.

1. *Poor health interferes with the success of adult learners.*

Teachers have long been aware that the academic success of students relies heavily on their physical, emotional, and family health. Adult education teachers in particular have noted that many adult students often miss school due to personal or family illness, with the result that they cannot make the academic gains they desire. In fact, many students in ABE (Adult Basic Education) and ESOL (English for Speakers of Other Languages) classes have extremely limited access to comprehensible health care information and affordable health care services. This is often due to low literacy or insufficient English language skills, and myriad social and economic circumstances.

2. *Low literacy and poor health are interrelated in a number of ways.*

Adult educators' observations are substantiated by numerous medical studies confirming that adults with less education experience more health problems than adults with higher education levels. For example, medical researchers have found that as less-educated adults age, they are more likely to be depressed than adults with more education (Journal of Health and Social Behavior, 2000). Another study indicates that less-educated individuals show more signs of physiological wear and tear than those who are more educated (Annals of Behavior Medicine, 2000). Research also indicates that people with lower literacy skills are likely to be under more stress, to have less self-confidence, and to feel more vulnerable than better-educated people.

Another factor in the literacy and health connection is poverty. Poverty, low literacy and health problems are interrelated in a number of ways. For example, many babies born into poor families have low birth weight, which increases their risk of developing health and learning problems. Literacy affects people's access to decent jobs and thus to adequate incomes. Poverty affects people's ability to access and use both literacy and health services. Adult educators report that many students are hindered in their learning by problems directly related to living in poverty, such as inadequate nutrition, substandard housing, lack of transportation, crime, unsupportive home lives, and affordable child care.

Language and culture also affect access to health services and information. People with limited literacy skills in English have trouble reading and understanding health information unless it is clearly presented and linked to their realities (although even people with higher literacy skills articulate a need for personalized health information and communication). People with limited literacy tend to have less background health

knowledge and vocabulary and therefore may not understand written or verbal information. They may not know about the services available to them, and may feel powerless and intimidated in relation to health professionals and institutions.

3. Health information and practical skills can be applied directly to adults' lives and incorporated into daily decision-making.

Learning skills, such as how to keep a personal health record, access community health services, and call 911, are not only empowering but also can make critical differences in everyday life. The power of this direct relevance to real life is evidenced in this true account:

> *In an ESOL classroom with most students at the beginner level, the teacher explained about using the Emergency Number 911. The students asked questions and learned the importance of keeping their name, address and telephone numbers by the phone.*

> *A few weeks later, Marly breathlessly told the class about her actual need to call 911. She described exactly what happened to her that week. Her four-year old son choked on a piece of meat and quickly lost consciousness, falling on the floor.*

> *When Marly saw her son, she remembered 911. The EMTs were at her door within two minutes, she reported. She was amazed that she only had to give her phone number; the rest of the information came up on the emergency operator's computer.*

> *"I thank God that I had this information," Marly said.*

4. Adult learners say learning about health is important and improves their literacy skills.

In a landmark participatory action research study, Marcia Hohn (1998) documented adult students' perceptions of health education. Students recognized that health topics facilitate and motivate literacy learning. One student reported that when she realized that <u>what</u> she said was more important than <u>how perfectly</u> she said it, she was "released" from the fear of speaking "not so perfect" English. Teachers reported an intense engagement in conversation about health topics that enhanced speaking, listening, reading and writing activities. The classroom became an "open" space to talk about health, not only for the students but also for the teachers and other staff.

5. Students find ABE and ESOL programs to be good places to learn about health.

ABE and ESOL programs, students said, provide a supportive environment in which to develop understanding of health information, and time to relate the information to everyday life. Students preferred to choose which health areas to explore and perceived health broadly to include such issues as street safety, housing conditions, the stress of immigrant life, as well as diet and exercise and prevention/early detection of disease. They reported enjoying a "learning together" approach with teachers and community educators that eases reliance on "expert knowledge."

Dr. Hohn also documented what students perceive to be the problems with health education among limited literacy individuals and groups. While ABE and ESOL students

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agreed that easy-to-read materials are essential, they said that there is too much reliance on written materials and that difficult materials are only the tip of the iceberg. Much more important is the provision of a psychologically safe environment in which to learn about health – an environment that also helps people connect health education with everyday life. Adult learners want to know: "What does this health information mean for me as an individual, for my family, friends, neighbors, coworkers and people in my other social networks?" The opportunity to consider health information in this context of everyday life is critical, they said, as is a "safe" opportunity to ask questions.

6. *Adult educators are experienced in presenting content to limited literacy groups.*

ABE and ESOL students observed that too many community health educators do not understand how to work with limited literacy groups. Such health educators talk too fast, make too many assumptions about what people know, and use scientific jargon and statistics. Adult learners noted that limited literacy groups, especially those from other countries, cultures and traditions, may not understand concepts of prevention and early detection, and that they may not know that access to community health services is both a right and responsibility in the United States. Such groups may also fear discrimination in accessing community prevention, screening and health services, especially when they do not have health insurance (which is often the case) and/or may be limited in the English they speak. They feel afraid of how they will be treated and insecure about their rights and responsibilities.

7. *Health content is a vehicle for student leadership development.*

Because health is personal and global, and because it is a common denominator of life experience, it is the quintessential motivator for learning, communication, and action. Adult educators report about students who, before studying health, were quiet and reserved in class. But when given the opportunity to learn and teach about health issues they identified as important, these same students became outspoken and eloquent, designing and presenting workshops, skits, brochures, and community meetings. One woman (a Spanish-speaking GED student) exhilarated after teaching her first CPR class (in English!), announced, "I have never done anything like that in my life!"

In addition, we have learned that we teachers do not have to be health experts to teach health. Indeed, our students can take on that role, dramatically changing the dynamics in the classroom. In contrast to preparing a student for a driving test where we teachers are presumably "expert" and our students "novices," when it comes to health we are all "novices" and we are all "expert," depending on the topic. For example, a student infected with HIV can demonstrate expertise and first-hand knowledge that few health care professionals have. Teaching and learning about health is most effective as an interactive process in which all perspectives are valued and everyone in the classroom recognizes that they are learning together.

When adult students and teachers engage with health issues in this equalizing process, they become serious advocates for themselves, their families and their communities. Sharing health information has given scores of ABE students and teachers

the confidence to address personal health situations, to participate in community health efforts, and to begin the process of taking control of their education and their lives.

8. *Literacy and health goals have a better chance for success when pursued together.*

Partnerships between people working in the health and adult education fields have great potential for mutual benefit. From a health standpoint, literacy programs offer ways to reach people who are often most at risk. They are a safe place where health information can be shared, discussed, and analyzed. As members of families and communities, literacy learners can act as a channel for health promotion among low income, immigrant and minority populations.

From a literacy point of view, health issues provide important content around which reading, writing, speaking and math skills can be learned and practiced. Because of their critical importance to adult students, these issues help provide motivation for learning basic skills. Through learning about health issues, students develop skills and knowledge used in making everyday health choices for themselves and their families.

While addressing health in the classroom offers tremendous benefit to teachers and students alike, health as a content area can also present unique problems.

Because health issues can be intensely personal and private, health content may elicit strong emotional reactions in both teachers and learners.   While some students and teachers might be ready and willing to investigate the difficult issues of family violence, cancer, and sexually transmitted diseases, others most certainly will not. Cultural differences can also heighten the volatility of certain health discussions in the classroom. These potential problems, however, should not deter anyone from addressing health. When choosing or creating health curriculum, teachers can take guidance from the class itself to accommodate the emotional and psychological comfort level of themselves and their learners. Focusing on those health issues that everyone feels willing to address allows for many valuable educational experiences that can improve the literacy, leadership and life skills of learners.

Sources:
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____(1997). *Health Impacts of Social and Economic Conditions: Implications for Public Policy,* Canadian Public Health Association.
Hohn, Marcia (1998). *Empowerment Health Education in Adult Literacy.* Washington DC: National Institute for Literacy.

Websites:
Health Education and Adult Literacy (HEAL) at
http://www.worlded.org/projects/HEAL/HEALHOME.htm
Movement for Canadian Literacy at http://www.literacy.ca/litand/health/overview.htm

How to Use This Document: Teaching Health with the Framework

This Framework is designed to promote an understanding of the significance and potential of health education while offering guiding principles, standards, and integration strategies for teaching and developing curricula.

Since health issues often undermine the persistence and success of adult learners, it is in our best interest to integrate health education in the classroom. By integrating health, we are not adding "one more thing" into an already full curriculum, but instead we use health topics as a vehicle for development of social and academic skills.

We suggest consulting the companions to this document--The Common Chapters, and the frameworks for English Language Arts (ELA), English for Speakers of Other Languages (ESOL), Math, History and the Social Sciences, and Science and Technology/Engineering. Utilizing these Frameworks in concert with the health Framework will help you to develop curricula that will facilitate interdisciplinary understanding of health concepts and develop skills in the essential areas of reading, writing, speaking, listening, and numeracy.

To experience greater ease in using this document we suggest the following:

- Become familiar with the contents of each of the key sections of this document (Guiding Principles, Habits of Mind, Content Strands, and Learning Standards). Think about how these different components correspond with the brainstorm activity described above. Does the framework reflect aspects of your practice? Take the time to discuss your understanding of the different components of the framework with your colleagues. Discuss whether you agree or not with the different principles, habits and standards.

- Use the terminology. Seek clarity from others if you are unsure about a word's meaning or use. Vocabulary is important, and we all need to be speaking the same language.

- Think about what the word "health" means to you. Ask your students to brainstorm what "health" means to them. Write down everything you and your students articulate when thinking about health. Be careful to be open to what comes to mind for both you and your students. You will probably find a wide range of words, topics, and concepts that the mention of "health" elicits. Look at the strands and standards in this Framework (pp. 21-30) and think about how they support the topics you and your students have identified.

- Consider a health activity that you have already done with students that has worked well, or try out an activity from one of the resources listed within the section on standards (pp. 26-30). With that sample experience firmly in mind, ask yourself "what understanding did I want my students to come away with as a result of having done this activity?" Check the list of strands and standards and use the charts to identify the connections between your activity and the list (chances are there will be a number).

- Share your findings with colleagues at staff meetings and ask them to do the same. Write down what you have done, citing the frameworks connections. A sample template for documentation is provided in Appendix C (p. 66).

Further steps in curriculum development:

- Incorporate student leadership opportunities at every possible juncture. Allowing your students to guide curriculum development in health will strengthen their commitment to and ownership of their learning. Here are some sample approaches to encouraging student leadership in health education:

    1. Work with your students to identify a health topic that is compelling to them and you.
    2. Discuss with students how they would like to learn about the topic--Through the internet? Guest speakers? Researching community resources?
    3. Urge your students to share what they have learned with their peers, their families, and with the community. Work with them to develop sharing mechanisms such as posters, brochures, and presentations.
    4. Encourage your students to reflect on what personal meaning their health learning holds for them, and how they will apply their new knowledge to their lives.
    5. If your program has a Department of Education-funded Comprehensive Health Grant and/or a Student Health Team, connect with them!

- Look beyond single activities. If time allows, explore multiple topics that could help your students develop a deep understanding of a particular content strand. Plan lessons around those topics, always keeping the strands and standards in mind. Remember that much of what you plan will also address language, literacy, and math skill acquisition and should be considered within the context of the English Language Arts, ESOL and Math frameworks as well.

- Review the section on "Connections to Other Frameworks," to see examples of what some teachers have done to integrate this Framework with others.

- Contact the Curriculum Coordinator at your regional SABES office for guidance and suggestions. S/he is experienced in facilitating an understanding of the frameworks and the ways in which teachers can use them effectively.

Guide to Frameworks Terminology

Frame (fram) n. A skeletal structure designed to give shape or support.

The American Heritage Dictionary, Second College Edition

Frame is a term that can be used in numerous contexts to refer to a variety of things, from buildings to bodies to bowling. The definition quoted above is most appropriate for our purposes, although any of the others citing a rim, border, or outline would suffice.

A curriculum framework offers a basic structure for how and what we teach in adult basic education programs. It does *not* contain lesson plans or scope and sequence charts, but it does describe the components with which each program and teacher can design a curriculum that is relevant to the needs of their particular group of learners.

Some of the terms that are used throughout this document and the other frameworks may be unfamiliar to you, or you may associate them with other meanings than those intended here. Below is a list of essential vocabulary.

Core Concept: an articulation of the importance of the subject of a given framework to the lives of adult learners.

Guiding Principle: an underlying tenet or assumption that describes effective learning, teaching, or assessment in a subject area.

Habit of Mind: a disposition, value, or tendency that supports life-long learning.

Content Strand: a category of knowledge within the study of a given discipline. In this framework, the content strands are concepts.

Learning Standard: a description of an understanding or skill within a strand that a learner needs to be able to demonstrate.

Concept: an idea that is timeless, universal, broad and abstract.

Topic: a subject of study that refers to a specific phenomenon, time, or place.

Core Concept

The importance of health education for the adult learner

In an adult basic education curriculum, the concepts of health can serve as learning catalysts through which the key skills for communicating, accessing information, decision-making, personal care, interpersonal relationships, and participating in health care systems are developed.

Health is a multidimensional field of study that draws upon biology and other natural sciences, sociology, psychology, religion, and cultural studies. The investigation of health topics fulfills the four fundamental needs that adult learners have identified as the reasons that they return to education. These needs are articulated in the January 2000 *Equipped for the Future Content Standards* (Stein, page 6) as the Four Purposes for Learning:

- **Access:** to gain access to information and resources so that adults can orient themselves in the world.
- **Voice:** to give voice to their ideas and opinions with the confidence that they will be heard and taken into account.
- **Action:** to solve problems and make decisions on their own, acting independently, as parents, citizens, and workers, for the good of their families, their communities, and their nation.
- **Bridge to the Future:** To keep on learning in order to keep up with a rapidly changing world.

Health education is unique in its capacity to enhance one's sense of self-awareness, self-authority, and self-management, as well as to one's ability to make informed and reasoned decisions on behalf of the family, the workplace and the community. Engaging with health concepts therefore contributes to one's evolution as an active, compassionate participant in a culturally diverse, complex society in an interdependent world.

In the United States, we believe that everyone is entitled to the circumstances and services that promote good health. This means that adult education providers have a duty to provide the skills and knowledge necessary to understand health care information and to negotiate health care systems.

Guiding Principles

Underlying assumptions about learning, teaching, and assessment in the ABE Health Frameworks

There are certain principles of teaching that are pertinent no matter what the content area. In health education, teachers and students have identified seven principles that promote effective teaching and program practice. We recommend that teachers and program administrators use these principles to guide curriculum and program design, and also to evaluate current practice.

In effective health education:

> 1. Health content serves as a catalyst for literacy learning and is integrated with other content areas.

When health education goals and literacy goals are addressed simultaneously, students engage with information critical to making important life decisions and develop skills that serve their lifelong learning needs.

> 2. Students and teachers are engaged in investigating, learning about, and advocating for health issues that students identify as personally meaningful and important.

When students engage with issues they have identified as important to learn about, they are more likely to carefully consider what the information and learning means for themselves as individuals, their families, and their communities.

> 3. Students and teachers recognize the complexity and variety of experiences, perspectives, and cultural views individuals bring to a health issue.

Each person's relationship to a particular issue is unique. Let us take the issue of heart disease, for example. In any given classroom, one student may have had a heart attack, another student may have had a family member who died of heart disease, and still another may work in a hospital where he sees "heart patients" routinely. Religious or cultural practices of some class members may prohibit their participation in certain conversations or health practices. The instructor may have had a personal experience that makes teaching about heart health particularly painful, or conversely, exhilarating. Each of these possible associations to a particular health topic must be acknowledged and folded into the curriculum development decisions of the class.

> 4. Students and teachers build awareness of the interrelationships between the individual and the social, physical, medical, political, or economic environments in which he or she lives.

There is a tendency to feel that "good health" or "bad health" is something one is blessed or doomed with, depending on how lucky one is. This perception can contribute to the feelings of hopelessness and helplessness that persist among some adult learners. Effective health education must reach beyond the teaching and learning of facts to include investigation of the interconnections between our habits, surroundings, society, and our health. This principle guides teachers and learners to develop a more systemic understanding of health, and a greater sense of community responsibility in health promotion and care.

> 5. Programs provide a physically and psychologically safe learning environment.

This principle is of the utmost importance in health education. The intricate and personal nature of health issues requires that students and staff establish an environment where openness and tolerance is encouraged and judgmental, teasing, harmful, or other disrespectful behavior is not tolerated.

> 6. Programs coordinate access to and collaboration with health care prevention, early detection, and treatment services.

When adult education centers offer relevant health education and connections to local health care services, students and teachers are more likely to translate their health education directly into beneficial health care action. For example, it is more likely that students will utilize the breast health information they gained in class to obtain mammograms if their learning center has an established relationship with a health center that provides mammography services.

Habits of Mind

"Habit is a cable; we weave a thread of it each day, and at last we cannot break it."
~Horace Mann

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hab·it (hab′it) *n.* a. a recurrent, often unconscious pattern of behavior that is acquired through frequent repetition; b. an established disposition of the mind or character.

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Source: *The American Heritage® Dictionary of the English Language, Fourth Edition*
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In the Curriculum Frameworks, when we refer to "Habits of Mind," we mean the dispositions, attributes, tendencies, or characteristics of a lifelong learner that are modeled and supported in effective education. Please refer to the ABE Common Chapters for a full explanation of Habits of Mind and their place in the broad context of adult education. Some helpful ways to think about Habits of Mind are as:

- A pattern of intellectual behaviors that leads to productive actions;
- A resource on which to draw when faced with uncertainties, confused by dilemmas, or experiencing dichotomies; or
- A composite of many skills, attitudes, cues, past experiences, and proclivities.

In health education, we have identified five Habits of Mind that are critical to the teaching and understanding of health content and issues, and that support individuals to successfully negotiate their own health care, maintenance, and the health system at large. It is important for both students and teachers to develop these Habits in health teaching and learning:

- Self-awareness
- Confidence
- Respect
- Objectivity
- Empathy

On the following page, these Habits are paired with corresponding intellectual behaviors that both enhance the Habits and illustrate the Habits "in action." The behaviors are examples of how each Habit might manifest itself in successful negotiation of social and health contexts, whether in the classroom or in the real world of family health care, community clinics, the workplace, hospitals, and insurance coverage.

Habits of Mind: enhanced through teaching and learning about health	Behaviors that demonstrate the Habits of Mind in action
Self-Awareness	Become aware of your behavior and how it affects others; consider choices; assess risk and consequences when making decisions. Apply past knowledge to new situations: utilize past choices to inform current decisions.
Confidence	Appreciate the importance and validity of one's own health experiences and perceptions. Accept communication as a mutual responsibility. Strive to understand others and to be understood.
Respect	Recognize that the concept of health is deeply personal and each person's relationship with health is unique and complex.
Objectivity	Consider the source when evaluating the quality or authority of information. Recognize that health is impacted by social, cultural, political, and economic conditions beyond the individual.
Empathy	View people with consideration of their personal, unique and complex relationship to health. Recognize common humanity through the universality of health issues.

Content Strands

Categories of major concepts within Health

The health concerns of any particular class or program vary widely according to the background, culture, age, and lifestyle of the group. The list of possible health topics of interest is almost limitless. For this reason, the ABE Framework for Health has been organized according to key concepts that lend themselves to exploration of any one of a long list of related health issues and concerns that adult learners have articulated as important to them. It is our conviction that studying health through a conceptual lens results in analytical thinking and transferable understanding, rather than the memorization and surface knowledge of mere facts.

All of the health concepts are interrelated and interdependent, some more closely associated than others. For this reason, the concepts have been paired or grouped into single strands of study. These strands are:

- Perception and Attitude
- Behavior and Change
- Prevention, Early Detection, and Maintenance
- Promotion and Advocacy
- Systems and Interdependence

We encourage teachers to explore the significance of these different concepts with students so that their meanings become internalized. In the United States, we tend to think about health in terms of diseases and body parts. It can be a challenge at first to appreciate the conceptual aspects of health. Teachers and students should work together to explore their health topics of choice, and to delve into both the concrete features (such as anatomy, bodily functions, exercise and symptoms) and the more intangible aspects (social pressures, cultural factors, formation of habits) of health.

Once students and teachers become familiar with the conceptual realms of health, they will find that a discussion of one concept leads to exploration of others. For example, examination of the cultural *perception* of obese people can lead to a discussion of obesity's affect on personal *attitude*, which in turn leads to learning about weight management, *prevention* strategies, and the societal *behavior*s that promote the condition. In this way, students and teachers will find themselves utilizing the concept strands as lenses through which to examine, select and develop health curricula with respect to the needs and interests of any given group of learners.

Perception and Attitude

Many learners come to adult education with a myriad of misperceptions and negative attitudes--about themselves, their families, and the world around them. They often have low self-esteem, poor self-image, and high mistrust of teachers and institutions. Effective health education addresses the issues of perception and attitude by helping students to recognize them and analyze the roots. Health education provides the forum for exploring how the perceptions and attitudes of family members, teachers, health professionals, government and media impact our personal, educational, work, and community lives.

Behavior and Change

In adult education, it is not our responsibility to change the way people behave. Behavior change is often a complex and lengthy process that we in adult education do not have the time or clinical skill to facilitate. However, we can craft educational opportunities that invite students to critically evaluate their own behavior, the behavior of others, and the effects of behavior on health. When we offer relevant health education, we help to lay the foundation for beneficial behavior change.

Prevention, Early Detection, and Maintenance

It seems to be human nature to take our bodies and our health for granted--until something goes wrong. The mission of public health professionals is to consistently reinforce the messages that:

- Good health is a condition to be maintained and nurtured;
- Health issues, disease, and illness are easier to prevent than to treat; and
- Once health problems do arise, they are in general easier to treat successfully if they are detected early.

While the actions these messages promote are fairly easy to understand and do, the reality of our everyday lives, behaviors, self-perceptions, and attitudes can interfere with our best intentions to take care of ourselves and our families. Additionally, students in adult education are often from cultural backgrounds where prevention and early detection services are not readily available and certainly not affordable, so that it is common practice to wait until someone is seriously ill before seeking the services of a doctor or hospital. It is important in adult education to reinforce the universal need for health maintenance practices, and the availability of prevention and early detection services, so that students may recognize, access, and utilize them.

Promotion and Advocacy

From a literacy viewpoint, health promotion is accomplished in two ways: 1) by developing a deep understanding and internalization of health information and concepts, and 2) by advancing and reinforcing positive attitudes, behaviors, and practices.

It is generally recognized in learning theory that while we remember only 5% of what we hear, we retain 90% of what we teach, so that teaching is, in essence, the ultimate learning tool. When students learn to teach and promote health, they take ownership of the information and begin to recognize responsibility for action.

Teaching/promotion is a form of advocacy, and in today's world, people need to know how to advocate for themselves. Even the most knowledgeable and articulate individuals find themselves tongue-tied and nervous when they have to deal with a hurried doctor, an impatient receptionist, a complicated insurance claim, or a busy pharmacy. The automated and impersonal nature of health care institutions and the limited relationships with health care professionals can leave many of us feeling powerless. In order to increase the comfort level of students in advocating for their own health, the health of their families, their communities, and their environment, we need to incorporate student teaching opportunities (i.e., through student health teams and peer education) in the adult education classroom, and to foster communication with health care institutions through adult education programs.

Systems and Interdependence

A system is a perceived "whole" whose elements interact to continually affect each other and operate toward a common purpose. These elements may be a set of ideas, principles, objects, actions, or social practices which, taken together, explain the function of an organism, a group or an institution.

It is daunting to analyze and negotiate our health care system--doctors' offices, laboratories, hospitals, health maintenance organizations, Medicare, insurance, prescriptions and pharmacies can all be extremely confusing. By gaining an understanding of a system's components, rules, operations, and interactions, however, a person becomes a more effective navigator between and from within systems. With regard to health, the systems we are primarily concerned with are bodily, health care, social, and political. By investigating these systems and the interactions of the systems, learners become aware of the consequences of certain actions, can utilize their knowledge to make informed decisions, and may advocate for themselves, their families, their workplaces, and their communities.

For further guidance on this concept, we recommend that teachers and students explore the *Systems* strands of both the ABE Frameworks for History and Social and Science and Science and Technology/Engineering, and the *Environments and Interdependence* strand in the History and Social Sciences Framework.

Learning Standards,
Suggested Topics, and Recommended Resources

In this framework, each content strand contains three **standards** that describe of understanding related to the strand. The learning standards express what learners should understand as a result of study within the content strand. Following the standards are examples of basic "truths," or generalizations, that might be deduced through investigation of topics related to the strand. The value of these "truths" lies both in their depth and in their transferability across topics, time, and cultures.

The learning standards are guides for developing health curricula. They are not absolute or restrictive. They are the distillation of the research and teaching practice of a highly conscientious and experienced group of ABE practitioners. The criteria for selection of these standards include a fundamental connection to the given health concepts and a high degree of relevance for adult education. These standards and insights are indicative of the kinds of understanding that serve adults well in their roles as family members, workers, community members, and lifelong learners. Teachers and learners are encouraged to develop further standards and significant understandings through active engagement with and reflection on any topic. An exploration of health for broad understanding and immediate application to our daily lives is an empowering experience that translates purposeful learning into meaningful living, which is the primary goal of adult education.

The topics suggested at the end of each set of standards represent only a sampling of what might be explored within a particular strand. They are listed because teachers have found them to be effective in engaging learner interest and developing the kind of far-reaching understanding that can be applied to other topics. Teachers should feel free to utilize any topic that inspires teaching and learning.

Finally, this section offers a list of resources that have proven helpful in teaching health concepts in the ABE classroom. Like the list of standards and topics, it is far from definitive, but it does include high quality materials, many of which were developed by ABE practitioners or learners in Massachusetts. Most of these materials can be utilized to explore any of the health strands.

Summarizing Chart
Strands and Standards for the Health Framework

Strands	Standards (Learners will demonstrate an understanding of…)
Perception and Attitude	• The perceptions and attitudes they have of themselves and others • The role of perceptions and attitudes in decision-making • The relationship between perceptions and attitudes and health
Behavior and Change	• The origins and development of behavior • The influence of behavior on health • The difficulty and complexity of behavior change
Prevention, Early Detection, and Maintenance	• The signs, symptoms and causes of health conditions • Prevention, maintenance and early detection strategies • The roles and responsibilities of the individual and health care systems in protecting and maintaining health
Promotion and Advocacy	• The rights of the individual to health care information and services • How to access health care information and services • The power of promotion and advocacy to enhance the health of the individual, family, and community
Systems and Interdependence	• Human body systems (physical, mental, social, and spiritual), their interdependence, and their roles in health protection • Our health care system and how its components interact • Social, cultural, political, economic, and environmental systems, and how they impact health

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Perception and Attitude

Standards

Learners will develop an understanding of…

1. The perceptions and attitudes they have of themselves and others
2. The role of perceptions and attitudes in decision-making
3. The relationship between perceptions and attitudes and health

In doing so they will recognize that…

- Family, culture, media and society influence personal perceptions and attitudes, and vice versa.

- Perceptions and attitudes are an important aspect of health behavior.

- Attitudes and perceptions can influence decision-making positively or negatively.

- Perceptions and attitudes influence health and sense of well-being, and vice versa.

- Perceptions and attitudes affect relationships and opportunities.

Suggested Topics

Conflict Resolution
Mental Health
Mind-Body Connection
Nutrition
Parenting
Personal Hygiene
Racism
Relationships
Self-concept
Self-esteem
Sexuality
Violence

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Behavior and Change

Standards

Learners will develop an understanding of…

1. The origins and development of behavior
2. The influence of behavior on health
3. The difficulty and complexity of behavior change

In doing so they will recognize that…

- It is important to recognize and analyze one's own behavior.

- Family, culture, and society affect one's behavior.

- Perceptions and attitudes directly affect behavior.

- Certain behaviors entail certain risks, positive and negative.

- Individual behavior affects the behavior of others and vice versa.

- Health behaviors develop early in life and can be difficult to change.

- Behavior change is often a complex and lengthy process.

Suggested Topics

Anger Management
Exercise
Family Planning/Birth Control
Interpersonal Violence
Negotiation and Resolution of Conflict
Nutrition
Stress
Safer Sex
Sexually Transmitted Diseases
Violence

Prevention, Early Detection and Maintenance

Standards

Learners will develop an understanding of…

1. The signs, symptoms, and causes of health conditions
2. Prevention, maintenance and early detection strategies
3. The roles and responsibilities of the individual and health care systems in protecting and maintaining health

In doing so they will recognize that…

- Health maintenance can prevent or curtail certain illnesses, diseases, and premature death.

- Prevention and early detection strategies help to maintain safety and well-being.

- People have a personal role and responsibility in their own health maintenance, and in the early detection and treatment of health problems.

- Prevention, early detection, and maintenance strategies change throughout life.

- Prevention of illness and maintenance of health require an understanding of the human body and the influence of environmental factors on the individual.

Suggested Topics

Air pollution
Asthma
Cancer Screenings
Check-ups
Common Cold
Dental Health
Diabetes
Dialoguing with Health Care Providers
Exercise
First Aid
Handwashing
Health Insurance
Health Records-documenting and
    maintenance
Heart Health
Human Body

Immunization
Mammogram
Nutrition
Personal Hygiene
Sexually Transmitted Diseases
Vaccination

Promotion and Advocacy

Standards

Learners will develop an understanding of...

1. The rights of the individual to health care information and services
2. How to access health care information and services
3. The power of promotion and advocacy to enhance the health of the individual, family, and community

In doing so they will recognize that...

- Health information and services are available to everyone.

- People have a right to health care information, treatment, and services.

- Local community resources exist to support individual, family, and community health.

- Promotion of healthy behaviors and health information contributes to the health of self, family, and community.

- It is necessary to advocate for oneself, one's family, and one's community in order to gain proper health information and services.

Suggested Topics

Air and Water Quality
Confidentiality
Doctor's Visit
Environmental Health
Free Clinics
Health Care System
Health Insurance
Managed Care
Media Influence on Health Awareness
Peer and Family Health Education
Police Services
Safety
Web Health Resources

Systems and Interdependence

Standards

Learners will develop an understanding of…

1. Human body systems (physical, mental, social, and spiritual), their interdependence, and their roles in health protection.
2. Our health care system and how its components interact.
3. Social, cultural, political, economic, and environmental systems, and how they impact health.

In doing so they will recognize that…

- The human body is not a machine, but a complex, sensitive, responsive and interactive entity.
- Care for the self requires understanding how the human body works.
- At any given time, one's health is a reflection of the state of one's body, emotions, relationships, and peace of mind.
- The ability of an individual to respond to illness is dependent on many factors outside of the human body.
- Understanding systems is critical to being able to change or influence them.
- Everyone--individuals, families, health care providers, employers, communities, and legislators--shares responsibility for health care and maintenance.

Suggested Topics

Advertising
Anatomy
Alternative Health (yoga, acupuncture)
Bodily Systems
Communication with Health Care Providers
Depression
Environmental factors in diseases
Exercise
Free Care, Health Care for All
Income, Literacy Level and Health Status
Nutrition
Health Insurance
Municipal Services (police, hospital, school)
Patients' Bill of Rights

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Recommended Health Education Resources

There is a wealth of material and information from which to create excellent health curricula. We highly recommend that you consult the World Wide Web, The Massachusetts Prevention Centers, the Health and Literacy Bibliographies listed on page 61, and your local SABES offices.

Below is a selection of resources that can be accessed through your local SABES office. This list is by no means complete, but is offered instead to spark your interest. Many of these resources have been created by teams of students and teachers and are excellent examples of participatory curriculum development (see also the section in this Framework entitled, "Connections to Other Frameworks"). The topics represented are those in which ABE/ESOL students and teachers have expressed interest and personal relevance.

ADVOCACY

The Change Agent; Adult Education for Social Justice: News, Issues, and Ideas. "Focus on Health and Literacy." February 1997, Issue 4. Boston, MA: New England Literacy Resource Center/ World Education. Articles and classroom activities related to literacy and health issues. Also available online at:
http://www.nelrc.org/changeagent/pdf/change2.pdf

Empowerment Health Education in Adult Literacy: A Guide for Public Health and Adult Literacy Practitioners, Policymakers and Funders, 1998.
This report explores one avenue for health education and promotion with low-literacy audiences: embedding health education directly in adult literacy programs. Based in a philosophy of empowerment, a two-year participatory action research project was conducted in partnership with a student action health team. The project's design, methodology, results and conclusions are documented in this report.

Getting Good Health Care. Syracuse, NY: New Readers Press, 1994.

Literacy, Health, and the Law: an Exploration of the Law and the Plight of Marginal Readers Within the Health System: Advocating for Patients and Providers. [Philadelphia, PA]: Health Promotion Council of Southeastern Pennsylvania, Inc., [1996].

Taking Action; Making Change: A Handbook on Health Care Reform. Health Care for All, 30 Winter Street, Suite 1007, Boston, MA 02108.

ANATOMY

The Brain Book: Your Brain and Your Health. American Association for the Advancement of Science, 1995.

ASTHMA

The Asthma Handbook, 26 pp. English and Spanish. American Lung Association, 1992.

CANCER

Breast Cancer and the Environment: A Curriculum Guide. Michel Sedor and Martha Merson. Boston, MA: World Education, 1997.

Breast Cancer as I Lived It. A reproducible true story developed by adult education student Mary Scanlon.

Cancer As a Women's Issue: Scratching the Surface. Chicago, IL: Third Side Press, 1991.

Confronting Cancer, Constructing Change: New Perspectives on Women and Cancer. Chicago, IL: Third Side Press, 1993.

My Life Story with Cancer. Mary Walker. http://www.worlded.org/us/health/docs/Mary/introduction.html

My Mother's Battle with Breast Cancer. A reproducible true story and health care guide developed by Laura Guay, a student at the Adult Education Center, Mount Wachusett Community College, Gardner, MA, 1995.

COMMUNITY HEALTH

Community Organizing and Community Building for Health. M. Minkler, ed. Rutgers Press, 1999.

Homeless Education Kit. A resource collection designed to help ABE students, teachers, and administrators learn about homelessness and to develop effective education programs for homeless students.

DRUG EDUCATION

Brain and Behavior: Mental Disorders and Substance Abuse. American Association for the Advancement of Science, 1995.

How Drugs Affect the Brain: A Toolkit for Literacy Programs. American Association for the Advancement of Science. This curriculum provides easy-to-read information about how the brain works and the biological basis for drug addiction. This curriculum is based on the belief--backed by current research--that people who have a cognitive understanding of how drugs affect the mind and body can use this knowledge to help avoid drug abuse, and confront or deal with addiction, and share the information with others who may need it.

ELDERLY

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Health Care for the Elderly: Moral Dilemmas, Mortal Choices. Dubuque, IA: Kendall/Hunt Pub. Co., 1988.

EXERCISE

Exercise Curriculum. (Volume 4) Wellness Resources and Materials--Scale Health Action Team: A Year in Review. Somerville Center for Adult Learning Experiences (SCALE). Somerville, MA: 1995.

How to Feel Good: Learning to Relax and Exercise, An Invitation. Adult Learning Program, Jamaica Plain Community Centers, Jamaica Plain, MA.
http://www2.wgbh.org/MBCWEIS/LTC/ALRI/feelgood.html

FAMILY HEALTH

What to Do When Your Child Gets Sick. Gloria Mayer, RN and Ann Kuklierus, RN. Whittier, CA: Institute for Healthcare Advancement, 1999. An easy to read, easy to use guide for parents and caregivers.

GENETICS

Your Genes, Your Choices: Exploring the Issues Raised by Genetic Research. Catherine Baker, 1999. American Association for the Advancement of Science.

HEALTH COMMUNICATION

Beyond the Brochure: Alternative Approaches to Effective Health Communication; A Guidebook. Denver, CO: AMC Cancer Research Center, 1994.

HEALTH LESSON COMPILATIONS--MULTIPLE TOPICS

Health Education Teaching Ideas: Elementary, Volume II. Jane Hakala, W.P. Buckner, Jr., and Karen King. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, 1995. (ISBN 0-88314-604-5)

Health Education Teaching Ideas: Secondary, Revised Edition. Richard Loya and Loren B. Bensely, Jr. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, 1992. (ISBN 0-88314-529-4)

What the Health! A Literacy and Health Resource for Youth. Canadian Public Health Association; National Literacy and Health Program, 2000. Developed by health providers, youth workers and literacy practitioners working with youth in health centers, drop-in centers and literacy programs. Produced in a loose-leaf, easily reproduced format.

HEART HEALTH

Caring about Community: A Workbook on Heart Disease and Stroke. Allston, MA: Jackson Mann Community Center, 1996.

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NUTRITION

Bruce's Nutrition Lesson: Literacy Assistance Center Web-based Lesson Plan Gallery.
http://www.lacnyc.org/resources/institute/bruce.htm

NIBBLE: Nutrition Information Bulletin Board and Learning Experience for Adult Basic Education. University of Massachusetts, 1999. This curriculum offers nutrition activities for use with Math, Science, and Language Arts curricula. It includes computer- and internet-based components as well.

Nutrition Curriculum. (Volume 3) Wellness Resources and Materials--Scale Health Action Team: A Year in Review. Somerville Center for Adult Learning Experiences (SCALE). Somerville, MA: 1995.

A Taste of English: Nutrition Workbook for Adult ESL Students. Association of Farmworker Opportunity Programs, 1994.

PEER HEALTH EDUCATION

So You Want to Start Your Own Peer Health Education Program: A How-To Guide. Hampden County Correctional Center.

SAFETY

English Spoken Here, Health and Safety. New York: Cambridge Book Company, 1982.

Exercise Book for English Spoken Here, Health and Safety. New York: Cambridge Book Company, 1982.

STRESS

Diapers, Dishes and Deep Breathing: A Stress Management Workshop for Mothers. Curriculum Outline. The Tobacco Free Greater County Coalition's Stress Management Task Force, 1996.

How to Adjust to Life in America: Maintaining Your Health, Dealing with Stress. June, 1995. This curriculum was designed to address mental health needs of students who are immigrants and refugees from Southern China and Vietnam. It can be used as a 12-workshop series or in six separate sessions based upon broad topic areas: Access to Health Care; Parents and Children; Husbands and Wives; The Elderly; Losses and Gains; and Building a Supportive Community. Each session is divided into two parts to allow follow-up and depth. A variety of resources and worksheets are included in each session.

Managing Stress in Our Personal and Work Lives. October, 1994.
Materials and tools for program directors and others focusing on evaluating your

overall level of stress, identifying the key stressors in both your personal and work lives, and devising strategies for managing stress more effectively.

Stress Curriculum. (Volume 2) Wellness Resources and Materials--Scale Health Action Team: A Year in Review. Somerville, MA: Somerville Center for Adult Learning Experiences (SCALE), 1995.

TOBACCO

Adriana's Story: A Story about Smoking. A play/story written by adult students of the basic ESOL class at the Adult Learning Program of the Jamaica Plain Community Center, Jamaica Plain, MA, 1994.

Juan's First and Last Cigarette. Haverhill, MA: Wellpower Group, Community Action, Inc.

Tobacco, Biology and Politics. Waco, TX: Health Edco, 1992.

VIOLENCE

Question Violence, Love is the Answer. Young Parent Program, Cambodian Mutual Assistance Association, Lowell, MA.
http://www.worlded.org/us/health/docs/healthpatrol/

WELLNESS

Decisions for Health. Austin, TX: Steck-Vaughn, 1993.

Getting Healthy and Staying Healthy. Paramus, NJ: Globe Fearon, 1994.

Health is Life: Educate Yourself. Jamaica Plain, MA: Adult Learning Program at Jamaica Plain Community Center.

Healthy for Life. Pacific Grove: Brooks/Cole, 1995.

In Good Health. Chicago, IL: Contemporary Books, 1991.

An Invitation to Health: The Power of Prevention. Redwood City, CA: Benjamin/Cummings Pub. Co., 1994.

Life Is an Attitude! Staying Positive When the World Seems Against You. Los Altos, CA: Crisp Publications, 1992.

Staying Well. Syracuse, NY: New Readers Press, 1994.

Take Care of Yourself: a Health Care Workbook for Beginning ESL Students. Englewood Cliffs, NJ: Prentice Hall Regents, 1994.

Wellness: Choices for Health and Fitness. Redwood City, CA: Benjamin/Cummings Pub. Co., 1995.

Your Body in Health and Sickness. Glenview, IL: Scott, Foresman, Lifelong Learning Division, 1982.

WOMEN'S HEALTH

The Black Women's Health Book: Speaking for Ourselves. Seattle, WA: Seal, 1994.

Four Modules: An Integrated Approach to Learning in the Adult Learning Program at Project Hope. 1995.
SABES RSC: Boston, Central. File drawer: ABE/Curriculum and materials. Four curriculum modules developed for an ABE class of women at Project Hope: "The Brain;" "My Body, My Self;" "The Planets and the Stars;" and "A Regional Geography of the United States." Each curriculum aims to "develop frameworks within which the women can bring together what they know from their own past formal and informal educational experiences with the basics of a subject so that they develop the vocabulary and concepts needed to successfully complete the GED battery of tests."
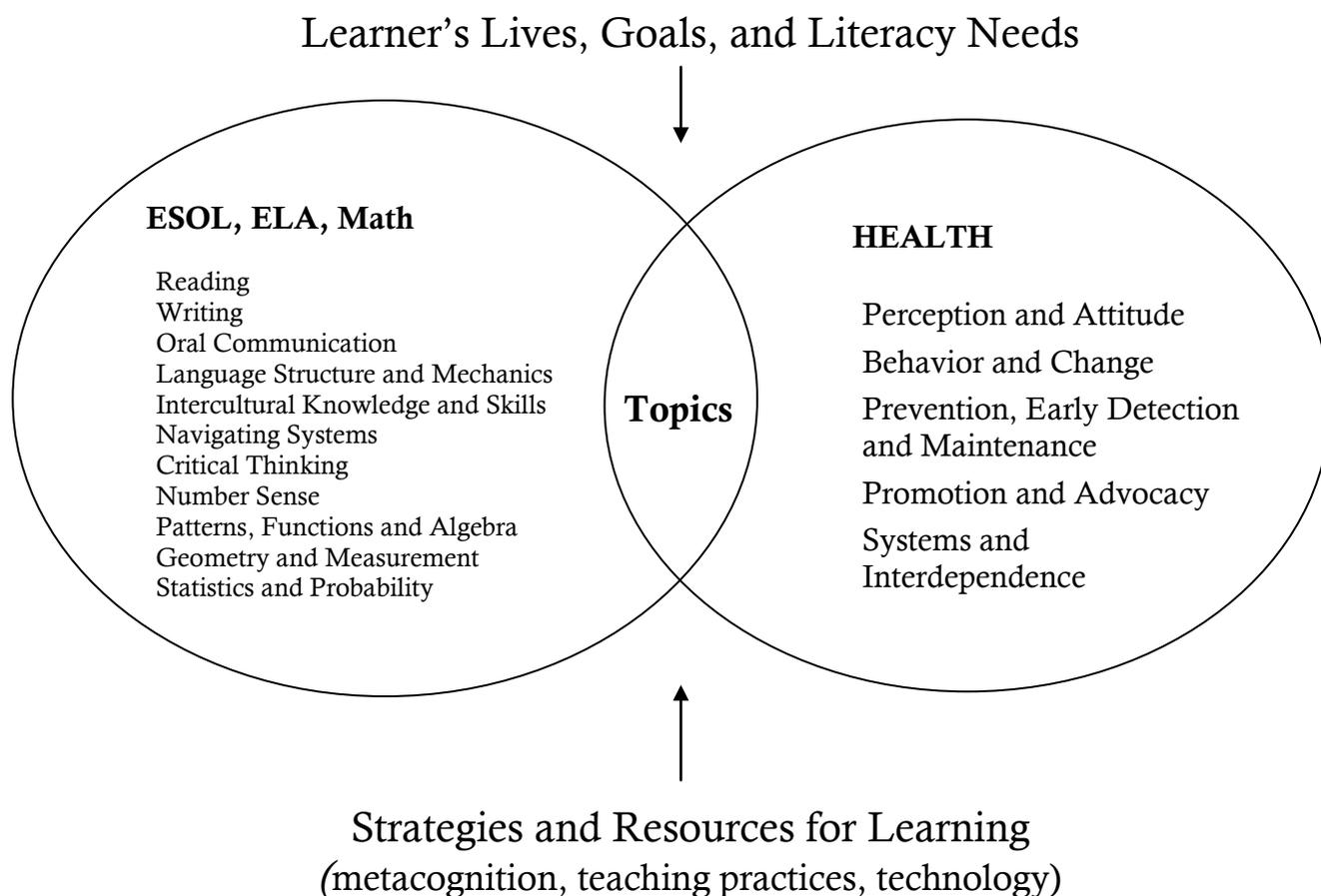
Key Information and Basic Guide to Healthy Breast Care. Laura Guay. Mt. Wachusett Community College. 1995. A reproducible pamphlet for students.

Take Charge of Your Health! Lesson 1: Mammograms, Lesson 2: Pap Tests, and Teacher's Guide. Low Literacy Illustrated Guides. Lexington, KY: Kentucky Cancer Program.

Connections to Other Frameworks

Just as the Health concept strands are interdependent, so too is the Health Framework interdependent with the content and skills in other ABE Curriculum Frameworks. Due to the universality of health issues in people's lives, health provides a fertile context for making literacy, life skills, history, social sciences, science and technology content come alive. Health content and conceptual understanding enriches any curriculum and goal attainment, whether students and teachers are working on English, parenting, citizenship, employability, or GED skills. For this reason, this framework provides illustrative examples of health instruction in action with ESOL, GED and other adult basic education instruction, utilizing the Frameworks as a guide.

The following diagram represents a model for holistic student-centered framework integration that incorporates an understanding of a unique body of learners, effective teaching practices, metacognition (thinking about thinking), and learning tools in the selection and exploration of health topics through pertinent frameworks strands.

Learner's Lives, Goals, and Literacy Needs

ESOL, ELA, Math

Reading
Writing
Oral Communication
Language Structure and Mechanics
Intercultural Knowledge and Skills
Navigating Systems
Critical Thinking
Number Sense
Patterns, Functions and Algebra
Geometry and Measurement
Statistics and Probability

Topics

HEALTH

Perception and Attitude

Behavior and Change

Prevention, Early Detection and Maintenance

Promotion and Advocacy

Systems and Interdependence

Strategies and Resources for Learning
*(*metacognition, teaching practices, technology)

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Strategies and Resources for Teaching and Learning

Programs have piloted health education work in different ways. Any type of health topic and project that interests students can be connected with literacy activities at the appropriate level for the particular class.

Below are examples of highly effective approaches, methods and techniques but many more can be found in the materials housed at the SABES Regional Offices. Each of these methods and techniques provides ample opportunity for skill development in reading, writing, speaking, listening, and math.

You will notice that each of these "tools" involves participation and leadership by students. Engaging students through these methods ensures that:

♦ Health topics are "on target" for student needs,
♦ The health work is embedded in everyday life, concerns and questions,
♦ The education honors different cultural beliefs about health, and
♦ The teaching and learning is approached through creative and involving methods.

Letting Students Choose the Health Topic(s)

An important part of effective health education is student input into the choice of the health topic(s). At Operation Bootstrap, the Student Health Team runs a health fair for the students each fall. At the health fair, a list of possible health topics are posted and each student (and staff member) is given one "dot" to vote for the topic of choice. Other programs have students vote from a list of possible health topics by class. The more input students have about the health topics, the more likely they are to actively engage with the teaching and learning in that health area.

Student Health Teams

Student Health Teams are one of the primary ways that students have provided leadership in the health work. Some health teams do direct teaching in the classrooms, after they have learned about the health topic themselves and decided how to teach about it. Some health teams coordinate learning activities with local health educators and/or work with the teaching staff at the program to develop health teaching and learning programs. Some teams do research about a health area and develop a report for students and staff. Some develop brochures, informational packets, organize health fairs at the program, organize a "guest speaker" series or conduct health knowledge surveys. Often, the health teams do some combination of the activities. Student team members are often paid for their work and can be considered adjunct staff members.

Participatory Curriculum Development

Student choice of the health topic and embedding everyday life issues, questions and concerns in the education program is the start of participatory curriculum development. Some programs have elected to go further into the process by including students in the development and/or modification of curriculum. Students (or student health teams) have

been involved with Curriculum Frameworks projects, working on integration of health. For example, when Operation Bootstrap studied "Navigating Systems" as part of their ESOL Framework project, the Student Health Team contributed by doing a map of health facilities (with annotations of services) in the city of Lynn to help students "navigate" the health care system. They also have worked with teachers to develop curricula on bodily systems.

Doing Research, Surveys and other Classroom Projects

Classrooms can undertake research or survey projects about health to share their findings with other students in a manner complimentary to the interest and abilities of the students. For example, a class might be interested in learning more about asthma. An ESOL or ABE class might start with defining basic vocabulary and developing a simple health history form to take to the emergency room in case of a sudden asthma attack. They might also want to develop their knowledge and understanding about asthma, current theory about its causes, and treatments. Students might accomplish this through reading, consultation with a health practitioner, and searching the Internet. They might then decide to develop a brochure for other students. A GED class might be more interested in understanding how to read health statistics, graphs, and charts since such skills are directly related to the GED test. Or they might want to practice writing through developing an essay about a particular health area or a particular health-related experience.

Surveys about health topics or related topics are also an excellent way to gain knowledge and skills. Students can survey other students, families, neighbors or friends about health knowledge or behaviors. Topics such as eating and food-buying habits, smoking, and exercise habits work very well here. Developing survey questions, carrying out the survey, tallying results and producing the results in a graphic form encompasses reading, writing, listening, speaking, math, public speaking, and technology skill development.

Any project-based learning approach is appropriate for health. For example, students might do a photography project to document unsafe housing, unsanitary conditions or health hazards; create a map of local health care facilities and their services; or interview community police about violence in the community and how it is being addressed. Classes can also teach each other about what they have learned, either directly or through the materials they may have developed.

Technology

Technology tools should be utilized whenever possible in the study of health. Most ABE programs in Massachusetts have access to a wide range of learning tools, including those mentioned below, and a technology coordinator on staff to help learners effectively use them. Additional support can be accessed through the technology coordinators at each of the five regional SABES centers.

Computers

- *Basic office applications* such as word processing and spreadsheets facilitate writing about health, designing tables, charts, and graphs to organize information, and creating informational brochures and curriculum materials.

- *Educational Software* is available through the Internet and your local SABES offices. It seems that the amount of software available has grown substantially in the past few years. Many programs are geared for K-12 situations but can be adapted for use in adult education.
- *The Internet* is a limitless resource for information and communication regarding health issues. Responsible use of the Internet requires that students critically evaluate the validity of the information they find. Please see the Resources section of this document for valuable health education websites.

TV and VCR

- There is a wealth of health education videos available through the Massachusetts Prevention Centers, the Internet, and the regional SABES offices. Many teachers often make effective use of mainstream movies to introduce and explore the depths of different health issues.

Tape Recorder and Video Camera

- Many effective health projects have involved students utilizing tape recorders to capture oral histories, interviews, and curriculum planning and evaluation sessions.
- Many programs have opted to create videos with students as part of their curricula. The intense process of working with students to brainstorm, film (learning how to use equipment!), edit, and utilize the resulting video provides a unique layer of teaching and learning to any curriculum. SABES libraries hosts samples of such video documentation of student health dramas and projects.

Please see the Resources Section in Appendix A of this document for further information on specific books, curricula, software, and websites.

Learning Levels and Assessment (under development)

Technology (under development)

Samples of Frameworks Integration at Work

The next few pages propose a process for attaining framework integration as reflected by the diagram on page 37, by incorporating the strategies and resources for learning outlined beginning on page 38. This process is described first through the curriculum units of Kathy McKee, a Massachusetts teacher (ABE), and second, through the Student Health Team at Operation Bootstrap, Lynn, Massachusetts (ESOL).

Kathy's Unit

Preparation:
Kathy's class is at an adult learning center that is connected to the K-12 system. Kathy's Unit is an example of how the study of a topic of interest to students can be integrative and supportive of multiple literacy objectives.

- *The Learners*

    Level: ABE, English reading levels 0-5
    Learners: 8 Adults, 4 female, 4 male, ages 33-61. All Caucasian, 6 native to Worcester, 2 from West Virginia.

- *Common Goals*

    Kathy's class articulates a desire to learn about "health all around them," while practicing their literacy skills.

- *Common Life Experiences*

    All except one have had difficulties in school as a child: one has been dealing with mental illness since high school age. Most have profound issues with reading and/or math as well as having a lot of gaps in many areas of learning. All live in low income areas of the city, some in public housing. 54 grew up in and round Worcester; the rest have lived here for some time.

- *Complexity*

    Through observation of her class on a number of occasions, Kathy senses that the members of her class have grown up with little understanding of health in general, and little trust in or knowledge of the health system. Kathy wants them to be able to utilize health information to make good decisions and to employ appropriate, effective ways to prevent disease and illness.

- *The Topic*

    At Kathy's prompting, the class began an investigation of health "all around them." She encouraged them to read magazines, watch the news, watch the Health Channel, and to check the newspaper for any kind of health issues. She asked students to bring in articles, stories, and television reports as they discovered information. One small article contained a graph that showed historical trends in the number of AIDS cases. As Kathy helped students to understand how to interpret the graph, the class began to question, "What exactly is AIDS?" Through the discussion, Kathy realizes that while the class has heard of AIDS, no one in the class really could describe what the disease was, its origin or its prevention. Kathy and her class decide this is a topic worthy of more deliberate study.

- *The Habits of Mind*

    Kathy wants to confront the stereotypes and criticism that students have articulated about people with AIDS. She also wants students to think about their own impulsive decisions and the consequences in their lives. She decides to introduce stories, poetry and real life situations to help students develop the following Habits of Mind:

Self-Awareness: As Kathy introduces the stories of people who have contracted HIV, she encourages students to *become aware of their behavior and to consider choices they have made in personal situations.* She discusses the importance of *assessing risk and consequences when making decisions.*

Empathy: Kathy chooses anecdotes that will help students see how different life circumstances lead people to certain life paths. She hopes that her students will be able to *view people with consideration of their personal, unique and complex relationship to health.* She makes the point about how health issues, and particularly viruses, do not discriminate. Disease can strike anyone at any time. She wants her students to *recognize common humanity through the universality of health issues.*

First Steps:
Before Kathy begins any instruction on HIV and AIDS, she wants to find out what her students already know about the topic. She also plans to make the unit as integrative as possible, including the biology of the virus, geographic origins of the virus, and population statistics. So she does some preliminary assessment of student's knowledge to inform her planning.

Initial Assessment	Informed Planning
Learners brainstorm what they know about AIDS.	Compile documents on the AIDS virus. Adapt to appropriate reading level for the class. Use videos, poetry, art, books and articles dealing with AIDS.
Learners will discuss and write (if able) what they know about AIDS prevention.	Research and get recent information on AIDS prevention.
Learners will try to find the continent of Africa on a map or globe.	Have globes, maps, stories, or short video to expose learners to the continent of Africa and its people.
Learners will write or discuss their understanding of viruses in general.	Have lessons on the description of a virus and how it can affect the human body.

Utilizing the Frameworks:

Kathy consults four of the Curriculum Frameworks to strengthen and direct her integrative planning: The ABE Frameworks on Health, English Language Arts, Mathematics, and History and the Social Sciences. The Charts on the following pages document how her various classroom activities are supported by the strands and standards of the different Curriculum Frameworks.

AIDS	
Health Curriculum Framework	
Strands and Standards	**Supportive Activity**
Perception and Attitude The perceptions and attitudes they have of themselves and others: • Perceptions and attitudes can influence health positively or negatively. • Family culture, media, and society influence personal health perception and attitudes and vice versa. • Perceptions and attitudes affect relationships and opportunities.	Students discuss their impressions of people with AIDS, who gets AIDS and why. Students read and discuss various articles, poetry, and videos about different aspects of living with AIDS. They discuss how media and family target certain populations as prime AIDS victims thus giving the illusion "It's not going to happen to me." They discuss how prejudice arises from pinpointing/blaming groups in our society.
Behavior and Change The influence of behavior on health: • Certain behaviors entail risks, positive and negative.	Students research and discuss the behaviors that put one at risk for getting AIDS, no matter what one's lifestyle may be.
Prevention, Early Detection, and Maintenance The signs, symptoms and causes of health conditions: • Prevention of illness and maintenance of health require an understanding of the human body and the influence of environmental factors on the individual. • Prevention and early detection strategies help to maintain safety and well-being. • Prevention and maintenance strategies change throughout life.	Students research virus attributes, special characteristics of HIV, signs and symptoms of AIDS. Students review HIV/AIDS prevention strategies. Students discuss how HIV and AIDS prevention may not concern some students, but that information that does not seem useful to us now may be very useful in the future.
Promotion and Advocacy The power of promotion and advocacy to enhance the health of the individual, family and community: • Promotion of healthy behaviors and health information contributes to the health of self, family, and community.	Students design an AIDS prevention checklist to share with others.

Kathy works a little geography and math into her health unit in order to expand the interdisciplinary understanding of the topic of AIDS.

AIDS	
History and Social Sciences Framework	
Strands and Standards	**Supportive Activity**
Environments and Interdependence Learners' place in relationship to the rest of the world: • The interaction between societies and environments result in change for both. • Geographical features can determine an area's economic health, political stability, and historical significance.	Students learn about Africa through maps, globes, and videos. Students learn how the AIDS virus made its way from Africa to the US through different modes of transportation.

AIDS	
Math and Numeracy Framework	
Strands and Standards	**Supportive Activity**
Statistics and Probability • Read and interpret data representations **Patterns, Functions and Algebra** • Articulate and represent number and data relationships, using words, tables, graphs, rules and equations	Students learn about graphs and charts and review those which represent the numbers and locations of AIDS cases in the world.
Number Sense • Represent and use numbers in a variety of equivalent forms in contextual situations	Learners read aloud, write, and interpret the meaning of the number of AIDS cases in different parts of the world.

The standards of the English Language Arts Framework are invaluable in guiding the development of clear, open and sensitive communication that is essential to effective teaching and learning about health.

AIDS	
English Language Arts Framework	
Strands and Standards	**Supportive Activity**
Reading • Recognize visual-cue words • Develop vocabulary • Use increased decoding skills to learn more complex new words **Oral Communication** • Speak using a basic command of English • Speak so others can understand • Use new vocabulary • Participate effectively in class discussions **Critical Thinking** Recognize a speaker's point of view	Students read and discuss various articles, poetry, and videos about different aspects of living with AIDS. Kathy highlights important vocabulary, concepts and expressions. She also emphasizes sensitivity and respect for the topic and fellow students' ideas.
Reading • Interpret charts and graphs **Critical Thinking** • Describe when/how medium affects message	Students learn about graphs and charts and review those which represent the numbers and locations of AIDS cases in the world. They discuss how the different graphic representations affect their perceptions of AIDS.
Critical Thinking • Distinguish between fact and opinion • Use appropriate tools for gathering information • Recognize situations when there is not a "right" answer **Oral Communication** • Speak so that others can understand • Participate effectively in class discussions • Recognize the role of tone and body language and use appropriately • Address intellectual, moral and emotional attitudes appropriately	Students research and discuss the behaviors that put one at risk for getting AIDS, no matter what one's lifestyle may be. Students research virus attributes, special characteristics of HIV, signs and symptoms of AIDS. Students review HIV/AIDS prevention strategies.
Writing • Learn and use strategies for organization • Express thoughts in writing **Oral Communication** • Speak so that others can understand • Communicate complex ideas clearly • Restate ideas to clarify meaning	Students design an AIDS prevention checklist to share with others. Students share HIV/AIDS information and prevention checklist with other classes.

Assessment:
Kathy evaluates progress in her students' health knowledge, English and math skills, and geographic understanding through the following activities:

- Students write a paragraph or two on "The Life of the AIDS Virus," describing what it is, how it can be contracted and what it does to the body. (Because the reading/writing level of the students is 0-5, writing may not be possible. In these cases, students may dictate or use a tape recorder.)

- Kathy compares "pre" and "post" discussions of the AIDS virus and notes where progress was made or more information is needed.

- Students communicate in any way they choose (story, poem, picture) how they feel about AIDS.

- Kathy devises a fictional story of a person living a risky lifestyle, and asks learners to tell how they would counsel that person. Students can choose to role-play instead of write.

- Students work in groups to develop an informational paper on AIDS virus that serves as a resource for Student Health Team education workshops.

- Kathy uses graphs as references for questions to assess graph reading and interpretation skills. (She uses simple graphs for low-level readers and ones with more print for more advanced readers.)

- Kathy asks students to point out Africa on a map or globe and to describe its significance in the AIDS epidemic.

**Teaching and Learning about Depression at Operation Bootstrap
A Cooperative Venture of a Student Health Team, Adult Education Teachers,
And the Curriculum Frameworks**

Introduction

Adult Education Programs in Massachusetts are encouraged to carry out health education through the vehicle of student leadership. Often, the students become peer leaders through participating in a Student Health Team. In the unit described here, teachers and students utilize the Curriculum Frameworks and work together to enhance their leadership skills, literacy and curriculum development, and health knowledge at the same time.

In this particular program, the Student Health Team is made up of six women who currently are or have been students at the program. They come from a variety of linguistic and cultural backgrounds. The Team members work cooperatively with a facilitator and program teachers to provide education about health topics which students identify as important. The Team works with the facilitator to learn about, develop and provide education about the chosen health topic, and works with teachers to develop activities to support and enhance both literacy skills and health knowledge. The team and the teachers consult the Curriculum Frameworks help to guide the work and integrate it to the overall program curricula.

Multi-level Teaching and Learning

When a Student Health Team works cooperatively with teachers to learn and teach about health, the resulting curriculum is student-centered, multi-faceted, and multi-leveled. The Student Team learns about the chosen health topic through initial research, but engages in more complex learning through designing interactive classroom presentations, working with teachers, teaching and discussing health with classroom students, and hearing the perspectives of a diverse body of adult students. Teachers learn about the health topic through team presentations in their classrooms and working collaboratively with the SHT to connect the health area to literacy development activities (vocabulary building, reading, writing, speaking and listening activities). Classroom students also learn through the team presentations, listening to each other, and engaging in readings, discussions and writing about the health topic--and they have the benefit of observing peer leaders in action.

Common goals

Student Health Team members join the Team in order to improve their English, advocacy, and leadership skills. All have a strong interest in teaching and health. Students who participate in ESOL classes want to learn English, to become familiar with American culture and systems, and to receive help in adjusting to life in America.

The Topic

In order to select an appropriate topic to study and teach, the Student Health Team visited all the ESOL classes and performed a series of short skits to introduce four possible health topics (nutrition, smoking, stress or depression). The Health Team worked hard to

ensure that students understood the choices, checking frequently for understanding. By the end of the presentations, the ESOL students in each classroom voted to learn about depression.

Unique Circumstances

ESOL Students often experience depression in making the transition to life in the United States. They articulate a myriad of causes including past trauma, loss of culture and language, being overwhelmed by the many necessary cultural and social adjustments, feeling powerless, and difficult life circumstances. Most often, the depression is a result of combined factors.

Complexity

A layer of complexity surrounds depression. The concept of "mental illness" in general and depression in particular is subject to a variety of deeply embedded cultural beliefs and societal perspectives. Some cultures do not acknowledge mental health issues, nor do they pursue drug or therapy interventions. Others consider depressed people to be lazy or unmotivated. Frequently, ESOL students have little familiarity with community health resources for screening and/or treatment.

Habits of Mind

The Student Health Team develops and demonstrates the following Habits of Mind as they carry out their unit:

Confidence: In order to teach about depression, the Health Team must be confident that they will be able to convey the necessary information. They will need to check for understanding among the classroom members and listen to questions and input. *They must strive to understand the ESOL students and to be understood by them.* The ESOL students in turn develop confidence through taking risks with their expression of questions and comments in English.

Respect: The Health Team realizes that the subject of depression might be difficult for students to hear and talk about. Therefore, they will need to respect the perspectives of the ESOL students. *They must recognize that each person's relationship to the topic of depression will be personal, unique and complex.* The ESOL students also will learn to respect experiences and viewpoints that might differ from their own.

Objectivity: It is a difficult task to reserve judgment, but in health education it is essential. *Recognizing that people and their health perspectives are impacted by the social, cultural, political, and economic factors* in their lives helps the team to more fully appreciate the views and questions of the ESOL students.

First Steps: The Student Team Learns about Depression

The Student Health Team researched depression through a number of avenues in order to develop their presentations. The Team decided that it was important to ascertain

the validity and the relevance of the information they found before they disseminated the information to students. Only when numerous resources confirmed the same details about depression was the information considered true. Also, in order to emphasize that health information and services are available to everyone, they made a conscious attempt to explicitly name their resources and strategies for learning about depression on a poster displayed at the program. The Team accessed the following sources for learning about depression:

- Internet (determining validity was especially important here)
- Videos from Prevention Centers
- Brochures from the National Mental Health Association
- Brochures from the Lynn Community Health Center
- First-Hand Account: A woman who had been moderately to severely depressed throughout her life shared her experiences and perceptions with the team.
- Interviews with a doctor and a psychologist
- "Depression Stories" developed by a Health Literacy Center

Then the Team contemplated which information was relevant to the ESOL students' needs and circumstances. They decided that students needed to know certain facts and that the team needed to convey certain critical messages:

DEPRESSION	
Facts	Critical Messages
• Depression is defined at three levels – mild, moderate or severe. • There are many routes to depression. Sometimes it is triggered by life circumstances; sometimes it has no apparent cause. • Depression can be treated through anti-depressant drugs, therapy and/or support groups. Exercise and diet are also found to be important. • Depression is caused by, or causes, chemical imbalances in the brain. Many doctors believe it is important to intervene aggressively with drugs to break the cycle.	• It happens to a lot of people • There are many routes to depression • You are not alone • Depression can be treated

Creating the Teaching Program--Connecting to the Curriculum Frameworks

The ESOL level of the particular class determined the levels of discussion and writing. In Level 1, the team emphasized understanding of the basic information through dramas and simple words. In Levels 2 and 3, group discussions and writing were possible.

Before the Student Team conducted their presentation in a class, the teacher did some initial preparation and assessment with the class in order to inform her curriculum planning and to help the Student Team make their presentation most effectively.

Initial Assessment	Informed Planning
Learners brainstorm what comes to mind when they hear the word "depression."	The teacher takes note of perceptions, comfort level, and language abilities of learners.
Learners read a story about a man who is depressed.	The teacher checks for challenge words, pronunciation, and general comprehension.
Learners discuss why they think the story is important and what the initial reading of the story teaches them.	The teacher listens for themes and interests that are articulated by the students. She is careful to note the reactions of the class to the subject matter and the characters in the story. She wants incorporate these observations into her lesson planning for follow up to the Student Health Team presentation.

Utilizing the Frameworks:

In order to maximize the range, intensity, and outcome of the learning experience, the Student Health Team and the classroom teachers use the Curriculum Frameworks to expand and organize their ideas and approaches to exploring depression. They want their students to think deeply and critically, so they consult the Health Framework to inform their exploration of the broad concepts embedded their study of depression. They also consult the ESOL Curriculum Framework to help address the English Language Skills needs of the students.

The following tables document the particular strands and standards that were addressed in this unit of study.

Health ABE Curriculum Framework, October 2001 Draft
Massachusetts Department of Education, Adult and Community Learning Services

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Depression	
Health Curriculum Framework	
Strands and Standards	**Supportive Activity**
Perception and Attitude • The relationship between perceptions and attitudes and health: Family, culture, media, and society influence personal perceptions and attitudes.	Student Health Team leads small group discussions about causes of depression (pathways), experiences with depression through family and friends, and how their countries of origin perceive depression.

Prevention, Early Detection, and Maintenance
• The signs, symptoms, and causes of health conditions:
  Prevention of illness and maintenance of health require an understanding of the human body and the influence of the environment on the individual.
 	
• Prevention, maintenance, and early detection strategies:
  People have a personal role and responsibility in their own health maintenance and in the early detection and treatment of health problems.
	Students learn about depression and its prevention and treatment strategies through three dramas enacted by the Health Team. The dramas depicted the different signs, pathways, and degrees of depression and also included information on use of anti-depressant drugs, therapy and support groups, as well as the role of diet and exercise.

Promotion and Advocacy:
• How to access health care information and services:
  Health information and services are available to everyone.
 	
  Local Community resources exist to support individual, family, and community health.
 	
• The power of promotion and advocacy to enhance the health of the individual, community, and family
 	
  Promotion of health behaviors and health information contributes to the health of self, family, and community.
	The Student Health Team outlines the basic information and local health care resources for depression and also provides a brochure with this information.
	
	The Student Health Team creates an informational poster of its research resources to reinforce the availability of information and services.
	
	The Student Team disseminates health information and checks for understanding with the students.

This type of interactive teaching and learning sets the stage for intensive literacy development and progress toward many of the ESOL standards:

Depression	
ESOL Curriculum Framework	
Strands and Standards	**Supportive Activity**
Language Structure and Mechanics: • Students use basic literacy skills • Students understand and use conventional English pronunciation, intonation, stress, and standards of writing • Students develop their vocabulary	Students review the "depression" vocabulary words supplied by the Health Team to the Classroom teacher. The teacher reinforces the vocabulary with oral and written exercises.
Oral and Written Communication: • Students express themselves orally for social, functional and self-expressive purposes. • Students understand a variety of English speakers in diverse settings. • Students are willing to take risks in using English in real-life situations right now, whatever their level. • Students employ a repertoire of strategies for getting their ideas across orally. • Students identify what they do and don't understand from a conversation, news report, written material, etc.	Health Team performs Depression Drama. Students observe Health Team drama, and ask questions. Health Team answers questions.

Oral and Written Communication: ↑ • Same standards as above • Students become aware of communication as a process of negotiating meaning between listener and speaker, for which both parties have a shared responsibility **Intercultural Knowledge and Skills:** • Students explore culturally determined patterns of behavior. • Students explore the differences and similarities in the values and beliefs in their own culture and in US cultures.	Health Team members and students discuss causes of depression (pathways), experiences with depression through family and friends, and how their countries of origin perceive depression.
Language Structure and Mechanics: ♦ Students develop their vocabulary	Health Team creates Depression "Word Web" with students.
Oral and Written Communication: • Students express themselves in writing for social, functional, and self-expressive purposes. • Students get meaning from a wide variety of texts. • Students identify what they do and don't understand from a conversation, news report, written material, etc.	Health Team creates brochure (prior to classroom presentation)
Oral and Written Communication: • Students express themselves in orally for social, functional, and self-expressive purposes. • Students get meaning from a wide variety of texts. • Students identify what they do and don't understand from a conversation, news report, written material, etc.	Health Team reviews a brochure outlining the basic information and local health care resources for depression. Students ask questions.

Assessment:

      Both the classroom teacher and the Health Team take responsibility for assessing the students' understanding of the health information and progress toward their English literacy goals.

      The teacher monitors the students' speaking and writing samples before, during, and after the presentation. The Student Health Team evaluates both its own work and the engagement of the students through:

- Student response to the dramas (Did they pay attention and ask questions?)
- Small group discussions with students (Did students use the appropriate vocabulary? Were they able to identify cultural ideas and practices? Did students listen to each other effectively?)
- Questions (Were students willing and able to ask appropriate questions for clarity of information, or to explore the subject matter more deeply?)
- Team Reflection (What went well? What could have been better? Did they present the information clearly enough?)
- Feedback from the teacher and students (What did they think? Do they have improvements to suggest?)

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Appendix A: Additional Resources
Suggested Reading

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Health and Literacy Resource Bibliographies

A number of useful compilations of Health and Literacy Resources (including books, articles, curricula, and websites) have been published and can be obtained in paper form at no cost or from the World Wide Web. The titles and ordering information are listed below.

ABE Comprehensive Health Bibliography. Selection of Materials from Massachusetts Department of Education-Funded Projects 1994-1999. Organized under 17 topics, this list includes a description of the material and identifies the organization that generated it. Compiled at World Education, 44 Farnsworth Street, Boston, MA 02210. Phone: (617) 482-9485. Also available at: http://www.worlded.org/publications.htm (8 pp. Multiple copies).

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Health Communication and Literacy: An annotated bibliography. (1995). The Centre for Literacy. An interesting compilation of sources relating to communicating health information, including low-literate and elderly. Also cites web pages and additional articles of interest. 30 pages.

Multilingual Health Education Resource Guide. (1995). Illinois Dept of Public Health Immigration and Refugee Services Program. A listing of a range of materials on Infectious Diseases, Dental care, Maternal and Child care available in Cambodian, Hmong, Vietnamese, Bosnian, Russian, Haitian/Creole, Arabic, and Somali. With order forms. 75 pages.

Websites of Interest

http://www.prenataled.com/healthlit/hlt2k/script/index.asp Health Literacy Toolbox. This website is part of a larger project called Health Literacy Month. It provides tools to raise people's awareness about the importance of health literacy. All the articles on this site are written by health literacy advocates. Some are clinicians, adult educators, consultants, researchers, and administrators. Each contributor brings a special insight to health literacy.

http://www.state.ma.us/dph/mpc/ The Massachusetts Prevention Center Resource Library Central Catalog contains records for 11 health education libraries belonging to the Massachusetts Prevention Center System and the Concord-Assabet Family and Adolescent Services Inc. Their function is to make current prevention and public health resources and information available to all in Massachusetts. Resources are culturally competent, multilingual and available in a variety of formats including books, videocassettes, audiocassettes, curricula, and kits. The Resource Libraries are funded by the Massachusetts Department of Public Health and the Massachusetts Department of Education. Contact the Prevention Center Resource Library near you to borrow resources or to learn more.

www.sabes.org SABES (System for Adult Basic Education Support) has five regional support centers around Massachusetts. For links to many national literacy websites, as well as connections to additional resources and libraries.

http://www.sabes.org/health/index.htm This website is designed to serve as a resource for adult educators who are interested in making connections between health and literacy. The site contains information on making links between the fields of health and adult basic education/English for speakers of other languages (ABE/ESOL) and provides hands-on resources to help strengthen those links through learner-centered work.

http://novel.nifl.gov/lincs/ *LINCS* is the literacy community's gateway to the world of adult education and literacy resources on the Internet. The goal of *LINCS* is to bring adult literacy-related resources and expertise to a single point of access for users worldwide.

http://www.pbs.org/teachersource/ The PBS Teacher Source has a treasure trove of lessons and activities adaptable for any classroom.

http://www.alri.org/ Adult Literacy Resource Institute (A.L.R.I.): A program and staff development center for adult literacy/basic education and English for speakers of other languages programs in the Greater Boston area, and a wonderful resource. It is part of the Graduate College of Education at the University of Massachusetts Boston. Sponsored by the Massachusetts Department of Education and the Mayor's Office of Jobs and Community Services in Boston, it is one of five regional support centers of the Massachusetts System for Adult Basic Education Support, SABES.

http://www.nelrc.org/changeagent/ New England Literacy Resource Center. In the form of a low-cost newspaper, *The Change Agent* Newspaper provides news, issues, ideas, and other teaching resources that inspire and enable adult educators and learners to make civic participation and social justice concerns part of their teaching and learning.

Appendix B: Strands and Standards for English Language Arts, Mathematics and Numeracy, and English for Speakers of Other Languages (ESOL)

MATHEMATICS AND NUMERACY STRANDS AND STANDARDS

Strands	Standards (Learners will develop an understanding of how to…)
Number Sense	• Represent and use numbers in a variety of equivalent forms in contextual situations • Understand meanings of operations and how they relate to one another • Compute fluently and make reasonable estimates
Patterns, Functions and Algebra	• Explore, identify, analyze and extend patterns in mathematical and adult contextual situations • Articulate and represent number and data relationships using words, tables, graphs, rules and equations • Recognize and use algebraic symbols to model mathematical and contextual situations • Analyze change in various contexts
Statistics and Probability	• Collect, organize and represent data • Read and interpret data representations • Describe data using numerical descriptions, statistics and trend terminology • Make and evaluate arguments and statements by applying knowledge of data analysis, bias factors, graph distortions and context • Know and apply basic probability concepts
Geometry and Measurement	• Use and apply geometric properties and relationships to describe the physical world • Identify and analyze the characteristics of geometric figures • Relate geometric ideas to number and measurement ideas, including the concepts of perimeter, area, volume, angle measure, and capacity • Use transformations and symmetry to analyze mathematical situations • Specify locations and describe spatial relationships using coordinate geometry and other representational systems • Understand measurable attributes of objects and the units, systems, and processes of measurement • Apply appropriate techniques, tools, and formulas to determine measurements

English Language Arts: Strands and Standards

LEVEL	READING	WRITING	ORAL COMMUNICATION	CRITICAL THINKING
1: 0-.9	Recognize visual-cue words	Write letters and numbers legibly and consistently	Speak using a basic command of English	Use computers as learning and research tools
	Recognize letters	Copy examples	Speak so that others can understand	
	Recognize letter/sound correspondence	Write words without visual prompts or examples		
	Develop vocabulary and recognize new words	Develop and use new vocabulary	Use new vocabulary with appropriate pronunciation	
		Learn and use strategies for organization		
2: 1-1.9 Continue work from previous level and add…	Recognize and sound out simple letter combinations	Write words without visual prompts or examples	Listen with basic comprehension	
	Use the sounds associated with each letter to learn new words	Respond in writing to written and oral questions	Follow simple oral directions	
	Recognize phonetic-cue words	Express thoughts in writing		
	Recognize controlled words	Use invented spellings		
3: 2-3.9 Continue work from previous levels and add…	Recognize controlled words	Express thoughts in complete sentences	Recognize the role of tone and body language and use appropriately	Recognize a speaker's point of view
	Recognize and sound out more complicated letter combinations	Respond to questions in complete sentences	Follow common conversational patterns	Recognize the difference between formal and informal systems
	Use increased decoding skills to learn more complex new words	Write responses to short text passages	Respond appropriately to others' questions and statements	Use appropriate tools to express ideas and opinions
		Acquire and use more organizational strategies		
4: 4-4.9 Continue work from previous levels and add…	Build comprehension strategies	Recognize and use the rules for grammar and mechanics	Participate effectively in class discussions	Distinguish between fact and opinion
	Read strategically	Write at greater length in response to a topic or question		Distinguish between fact and fiction
	Recognize words automatically	Begin to recognize errors independently		Use appropriate tools for gathering information
				Recognize situations when there is not a "right" answer
5: 5-5.9 Continue work from previous levels and add…	Use advanced decoding skills to learn a variety of new words	Recognize more errors independently	Ask for clarification of oral comments and directions	
		Revise work with assistance	Follow complex oral directions	
			Give directions orally	
			Summarize events orally	
6: 6-7.4 Continue as above and add…	Interpret charts and graphs	Revise work to include more details and information	Communicate complex ideas clearly	Describe when/how medium affects message
		Write at greater length in response to a topic or question	Restate ideas to clarify meaning	
7: 7.5-8.9 Continue as above…	Recognize and identify a variety of genres and styles	Recognize and use appropriate formats and genres		
		Select writing topics independently		
8: 9-10.9 Continue as above…		Write for a specific, identified audience	Participate effectively in structured types of conversation (interviews, etc.)	Separate response to message from response to speaker/medium
9: 11-12 Continue as above…		Recognize and use appropriate tone and style	Address intellectual, moral and emotional topics appropriately	
		Use figurative language		
		Evaluate own written work		

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English for Speakers of Other Languages (ESOL): Strands and Standards

ORAL and WRITTEN COMMUNICATION	LANGUAGE STRUCTURE and MECHANICS	INTERCULTURAL KNOWLEDGE and SKILLS	NAVIGATING SYSTEMS	DEVELOPING STRATEGIES and RESOURCES FOR LEARNING
Learners will become increasingly able to . . .				
Express themselves orally in English for social, functional and self-expressive purposes.	Use basic English literacy skills.	Recognize and understand the significance of cultural images and symbols- U.S. cultures and their own.	Describe their problems and needs.	Develop strategies to set and achieve personal goals.
Express themselves in written English for social, functional and self-expressive purposes.	Understand and use conventional English pronunciation and intonation, stress	Examine everyday behaviors in U.S. cultures and contrast these with their own.	Demonstrate knowledge about particular systems connected to the specific needs they have identified.	Develop memory strategies.
Understand a variety of English speakers in diverse settings.	Understand and use standard conventions of English writing.	Explore culturally determined patterns of behavior.	Develop skills to act in these systems to meet their needs.	Develop study skills for formal education.
Get meaning from a wide variety of written texts.	Understand and use standard English grammar.	Understand and analyze diversity in U.S. cultures.	Develop skills to assess whether these systems have responded to their needs, determine revised steps, and to challenge these systems if necessary.	Develop skills in making use of independent language learning opportunities inside and outside of classroom.
Be aware of communication as a process of negotiating meaning between listener and speaker, for which both parties have a shared responsibility.	Develop their vocabulary.	Explore the differences and similarities in the values and beliefs in their own culture and in U.S. cultures.		Recognize their learning strengths and weaknesses and develop effective personal language learning strategies.
Be willing to take risks in using English in real-life situations right now, whatever their level.	To choose the most appropriate vocabulary and grammatical forms to express shades of meaning in speech and writing.	Recognize cultural stereotypes –favorable and discriminatory – and examine how they impact their own and others' behavior.		Develop affective strategies to manage feelings about language learning.
Identify what they do understand	Use native language literacy skills and awareness (NLL) to understand and use language structure.	Examine their own cultural adjustment process and the personal balance that must be struck between acculturation and preserving their own cultures.		Develop social strategies for language learning.
Identify what they don't understand from a conversation, a news report, written material, etc.	Monitor their own speech and writing for accuracy.			
Employ a repertoire of strategies for getting their ideas across orally.				
Employ a repertoire of strategies for getting their ideas across in writing				

Appendix C: Sample Template for Framework Integration

Teacher/Class	Date(s)
Frameworks (Knowledge and Skills)	
Knowledge **(Strands and Standards)**	**Skills** **(Strands and Standards)**
Integrative Activities	
Evidence of Learning **(Knowledge)**	**Evidence of Learning** **(Skills)**

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