Robert Wood Johnson Foundation

Published: June 27, 2011
Last Updated: July 30, 2011
Program Results Report
Grant ID: VP-1 57366

Classes to Improve Health Literacy for Immigrants in Lincoln, Neb.

Improving health for low English proficiency patients through health literacy training

SUMMARY

In 2006, the Lincoln Literacy Council, of Lincoln, Neb., created and began offering a 12-week course to teach immigrants the basic medical information and vocabulary necessary to lead healthier lives.

The project was part of a Robert Wood Johnson Foundation (RWJF) solicitation, Fresh Ideas: Improving the Health of Immigrant and Refugee Communities. The collection of funded projects aims to give immigrants and refugees the tools and support they need to improve and maintain their own health. See the Program Results for more information on the solicitation and links to reports on other funded projects.

Key Results

- The Literacy Council held seven, 12-week health literacy sessions, serving a total of 135 students.
- Students' knowledge of health-related vocabulary words increased during the 12-week sessions.
- Health screenings held during classes uncovered undiagnosed health issues.
- The Literacy Council created a tutor in-service program and added a section to its website listing resources to help general English tutors add information and vocabulary on health topics to their sessions with students.

Funding

From September 2006 through August 2008, RWJF supported this project with a grant of $179,549.

THE PROBLEM

Health literacy—the degree to which a person can understand and act on health information, ranging from hospital discharge instructions to directions for over-the-counter medications—is a necessary component of a healthy lifestyle. People with low health literacy often suffer poorer health outcomes than do those who understand health information better.

In an RWJF-funded project, for example, researchers at the Prudential Center for Health Care Research found that people who rated their health as fair or poor were twice as likely to have inadequate health literacy as were those who rated their health as good or excellent. (For more information, see Program Results on ID# 030763.)

People with low health literacy also cost the U.S. health care system more money to treat. In a 2004 report, *Health Literacy: Prescription to End Confusion,* the Institute of Medicine estimated that hospital patients with low health literacy incur charges that average $993 higher than do patients with adequate health literacy.

Low health literacy is particularly acute among immigrants. About 70 percent of the immigrants in the United States have low levels of health literacy, according to the same Institute of Medicine report.

CONTEXT

Today, more than 30 million immigrants and refugees live in the United States. They often have high rates of chronic health problems, as a result at least in part of difficulties in getting appropriate social and health services. Language barriers, lack of education and cultural differences sometimes make it harder for immigrants and refugees to obtain culturally appropriate services, outreach or other information that could help them live healthier lives.

RWJF's Vulnerable Populations Portfolio developed a special solicitation, *Fresh Ideas: Improving the Health of Immigrant and Refugee Communities,* to address such problems. The collection of funded projects aims to give immigrants and refugees the tools and support they need to improve and maintain their own health.

RWJF's work with health literacy for non-English speakers includes two national programs:

- *Hablamos Juntos.* See Program Results.
- *Speaking Together*.

THE PROJECT

In 2006, under its *Fresh Ideas: Improving the Health of Immigrant and Refugee Communities* solicitation, RWJF funded the Lincoln Literacy Council to offer a series of classes on health literacy for immigrants. The Literacy Council planned to work with two local clinics to help the immigrants connect to the health system:

- Clinic with a Heart, a free clinic staffed by volunteers
- People's Health Center, a Federally Qualified Health Center

The People's Health Center dropped out of the project early on.

Each session consisted of 12 weekly classes. During the first third of each 90-minute class, an expert, accompanied by a translator, presented information on a specific health topic. After the presentation, students divided into small groups and worked with a literacy tutor on language skills such as vocabulary and dialogue associated with the presentation. The Literacy Council recruited 16 tutors to work with this health literacy project from the ranks of its 200 trained, volunteer tutors.

Topics covered in the classes included:

- Basic anatomy
- How to select and use over-the-counter medications
- How to read and interpret nutrition information on food packages
- Symptoms of chronic diseases
- Proper nutrition
- Proper care of teeth for children and adults
- Risks and symptoms of chronic diseases—principally diabetes

Nurses, dentists and other volunteers from Clinic with a Heart attended at least one class each session to provide students with basic health screenings, including an assessment of:

- Weight
- Blood pressure
- Glucose levels
- Oral health

If the screening turned up problems, the Literacy Council coordinated referrals for follow-up care with other medical providers because the Clinic with a Heart is an emergency triage clinic and does not provide ongoing primary care.

Most of the students were drawn from the Literacy Council's database of current and former students. The exception was Karen refugees from Burma. Project Director Susan Bockrath, M.P.H., recruited these students at services for the refugees at a local church. All health literacy classes served a single cultural group, so only one translator was needed at a time; although in the case of Sudanese students, speakers of Nuer, Dinka and Sudanese Arabic were accommodated in the class.

To assess how well the curriculum worked, Bockrath—who has a background in public health and health education—created a test to measure students' knowledge gains during the 12-week sessions. The test covered vocabulary for anatomy and symptoms of diseases as well as the ability to decipher medication and nutrition labels. All students took the test when they enrolled in a class. A sample retook the test at the end of the session. See Results.

Challenges

Finding a medical home for students, who often lacked insurance, proved difficult. For example, the average wait time for an initial appointment at the People's Health Center in Lincoln increased dramatically over the course of the project—from two or three weeks in 2007 to nearly three months in 2009. Although the center provides services based on patients' means, many students were reluctant to pay for a well visit.

Instead, some students turned to their tutors for medical advice, putting the volunteers in an uncomfortable situation because they were not qualified to answer those types of questions. To address this, Bockrath suggested several strategies for the tutors:

- Work with students during class to find pertinent information to answer their questions from materials shared by expert presenters or from online sources such as Medline Plus or other health education resources.
- Suggest the appropriate medical professional to answer the question, such as a pharmacist.
- Practice vocabulary or dialogue to prepare students to discuss the topic with the appropriate medical professional.

Communications

A page within the Lincoln Literacy Council's website summarizes the council's health literacy work, including this project.

Project Director Bockrath gave presentations on the health literacy curriculum at numerous professional meetings, including:

- September 2007 at the annual meeting of the Public Health Association of Nebraska in Grand Island, Neb.
- November 2007 at the annual meeting of the Society of Public Health Education in Alexandria, Va.
- October 2008 at the annual meeting of ProLiteracy International in Little Rock, Ark.
- October 2008 at the annual meeting of the Society of Public Health Education in San Diego.
- May 2009 at the annual health literacy conference of the Institute for Healthcare Advancement in Orange County, Calif.

RESULTS

Project Director Susan Bockrath noted the following results in reports to RWJF:

- **The Lincoln Literacy Council held seven, 12-week health literacy sessions, serving a total of 135 students.** Class attendance ranged from four to 19, with an average of 13. The place of origin of the students was:
  - Sudan: 50
  - Latin America: 38
  - Burma: 27
  - Vietnam: 20
- **Students' knowledge of health-related vocabulary words increased during the 12-week sessions:**
  - Average scores on anatomy vocabulary rose from 13 to 16 (out of 24), based on a comparison of students' pre-class and post-class test scores.
  - Average scores on vocabulary for medical symptoms rose from 3.29 to 3.84 on a 6-point scale.
- **Health screenings held during classes uncovered undiagnosed health issues.** For example, in one class of 15 Sudanese women, five discovered they were diabetic, and one required hospitalization. In a class of 17 Karen refugees from Burma, two were diagnosed with high blood pressure and another with high blood sugar. In each of the seven sessions, approximately 10 percent of the students were diagnosed with high blood pressure.
- **The Literacy Council created a tutor in-service program and added a section to its website listing resources to help general English tutors add information and vocabulary on health topics to their sessions with students.**

LESSONS LEARNED

1. **When offering health literacy classes, pair an expert presenter on a health topic with a translator.** Providing a translator ensures that even students with very limited English language skills will learn something about how to lead healthier lives. "An English-only model is inappropriate for this type of class," says Project Director Susan Bockrath.

2. **Incorporate concepts from the lecture into language activities to reinforce both the medical information and the English vocabulary.** (Project Director/Bockrath)

3. **Expect the expert presentations to be as helpful to tutors as they are to students.** Says Bockrath, "The biggest surprise for us was that our tutors really got a lot out of the presentations. Their own health literacy increased."

4. **When training tutors to work with students in a health literacy class, include a discussion about what tutors can do to avoid becoming their students' "medical expert."** The project director told tutors to use these strategies:

   — Work with students during class to find pertinent information to answer their questions. Information sources included materials shared by expert presenters, online sources such as Medline Plus and other health education resources.

   — Suggest the appropriate medical professional to answer the question, such as a pharmacist.

   — Practice vocabulary or dialogue to prepare students to discuss the topic with the appropriate medical professional. (Project Director/Bockrath)

5. **A health educator is the ideal candidate to oversee a health literacy curriculum because this professional has the skills necessary to bring together people and content resources from both the medical and literacy communities.** (Project Director/Bockrath)

6. **Pair an organization in the health field—such as a local health department—with a literacy group to co-sponsor a health literacy project.** The partner from the health care sector may be in a stronger position to secure philanthropic dollars for a health education project than is a local literacy council. (Project Director/Bockrath)

7. **Health literacy project budgets should include enough funding to cover the cost of one well physician visit, including lab tests, for each student.** Funding should cover the services of a health clinic to assess students' medical status. The offer of a free clinic visit also is an incentive for students to participate in a health literacy class and will establish these students in a medical home. (Project Director/Bockrath)

AFTERWARD

Using some funds from a $9,000 grant from the Nebraska Office of Minority Health, the Lincoln Literacy Council hosted a training session in November 2009 for general literacy tutors on how to incorporate vocabulary and concepts in health and medicine into their one-to-one work with students.

As of September 2009, the Literacy Council had not found grant money to pay for new sessions of its health literacy curriculum.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Grantee Websites

www.lincolnliteracy.org/health-resources. Page on the Lincoln Literacy Council's website with tips and links to resources to help English tutors add information and vocabulary about health care topics to their sessions with their adult English students.

www.lincolnliteracy.org/?q=programs/health. Page on the Lincoln Literacy Council's website with information that summarizes the health literacy project funded by the Robert Wood Johnson Foundation.