



English as a Second Language Health Literacy Program: The Process of Engaging Diverse Stakeholders for a Social Practice

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Overview

Health literacy is dependent on individual and systemic factors; it requires that individuals have literacy, numeracy, and communicative skills (e.g., social, personal, and cognitive) that are necessary to master navigating one's way through the health system (e.g., health information seeking, decision making, problem solving, critical thinking, and communication). A community-based participatory research (CBPR) approach is fundamental to leveraging sectors to individually and systemically address health literacy as a social practice. English as a Second Language (ESL) Hispanic adult learners are disproportionately: (1) disadvantaged with health literacy, and (2) impacted with negative health outcomes. The public health crisis in Flint Michigan exposed people in the city to unsafe levels of lead in their drinking water; to prevent further exposure to lead in the drinking water among ESL Hispanic adult learners, a CPBR approach was undertaken to develop and evaluate an ESL Health Literacy Program. This ESL Health Literacy program aligns with goals set by the 2010 National Action Plan to Improve Health literacy. This paper describes our best-practice approach to forming and strengthening, sustainable partnerships and collaborations from diverse sectors to develop this ESL Health Literacy Program. This CBPR process involved leveraging the collective partnerships, collaborations, and efforts of community, health, research, and education stakeholders to empower ESL adult learners to identify and change their lead exposure behaviors. To our knowledge, this is the first CBPR program that has investigated an adult educational health literacy intervention with an ESL for Hispanic adult learner's component following a U.S. public health crisis.

Key Issues

- No known level of lead exposure is considered safe⁷
- U.S. Hispanic populations are at a greater risk for limited health literacy than non-Hispanics.^{3,8,9}

Asset Mapping

Participating organizations: Asset mapping of services for immigrants in Flint in 2015:

- Genesee County Hispanic Latino Collaborative (GCHLC)
- Muslim American Leadership Alliance
- United for a Free Syria
- Jewish Community Services
- Chinese Association of Greater Flint.
- UM-Flint International Center
- Kettering International Programs
- Genesee Intermediate School District
- Red Cross
- Arab American Heritage Council
- Flint Public Library
- Hispanic Technology and Community Center
- Legal Services of Eastern Michigan
- Michigan Transportation Authority
- Mott Community College



Focus Groups and Canvassing

2016 Focus groups with immigrants in Genesee County

- 8 focus groups in English and immigrants' home language (Arabic, Cantonese, French, Mandarin, Russian, and Spanish)
- 108 individuals participated from 26 countries
- Written questionnaire followed by discussion
- Ethnographic field notes recorded by PI and co-I

2016 Canvassing Hispanic households in Flint

- Initiated by GCHLC, supported by the Kellogg Foundation
- VAN system used to interview Hispanic families living in Flint following the water crisis
- 95 households interviewed, totaling over 400 individuals
- Interviews conducted in English or Spanish

Needs Analysis Findings

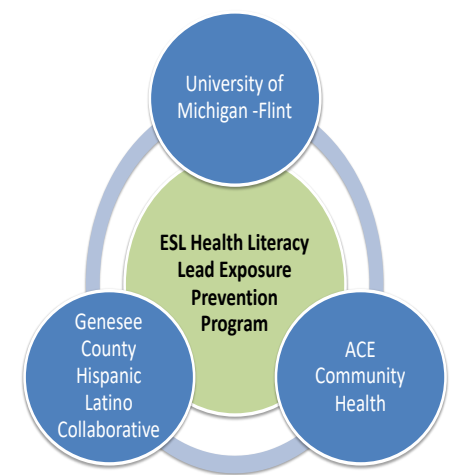
The community-based needs analysis from asset mapping, focus groups, and canvassing identified the following:

- Need for more ESL instruction
- Need for more multilingual health-related information and increased access to health-related services
- Participants living in Flint needed more access to clean water (bottled water, filters), wipes, formula, and translated information to prevent lead exposure



Sectors

Figure 1. Academic, Community and Health



Our Community Advisory Board

Comprised of community members and representatives that provide information and assistance for the program.

Program



This program is an intervention that teaches health literacy skills and English language skills using the topic of lead exposure prevention.

Knowledge Translation

- **Knowledge exchange** across knowledge inquiry, knowledge synthesis as well as knowledge tools and products.¹⁰
- **Knowledge makers** are community and academic partners, and the advisory group (identified with members from the asset mapping process). **Knowledge users** are direct and indirect audiences.

Theoretical Framework

- The ESL health literacy program intervention will use community-based participatory research (CBPR) practices aligned with national health literacy initiatives.
- Theoretical frameworks include a blend of education and health models.

Table 1. Theoretical Models

Education	Health
Adult Learning Theory ¹¹	Health Belief Model ¹⁴
Translingualism Theory ¹²	Health Literacy Model ²
Participatory Curriculum Development Pedagogy ¹³	Health Promotion Model ¹⁴

Next Steps

- **Program Recruitment and Implementation:** With support from the stakeholders, we will: (1) recruit Hispanic participants and offer the class bilingually in English and Spanish; and (2) implement HELP.
- **Dissemination:** The program and modified assessments will be publicly available, alongside data on effects of the program. We will work with the community advisory group to expand this program to additional immigrant groups and/or health literacy topics.

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