

# LESLLA Symposium Proceedings



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LESLLA aims to support adults who are learning to read and write for the first time in their lives in a new language. We promote, on a worldwide, multidisciplinary basis, the sharing of research findings, effective pedagogical practices, and information on policy.

## LESLLA Symposium Proceedings

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## Taking Our Seat at the Table: Why the Expertise of LESLLA Educators is Needed in the Health Literacy Field

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### ABSTRACT

In the changing context of migration, the LESLLA field remains an untapped resource in efforts to address health literacy disparities among underserved immigrant populations, including those with limited schooling and literacy skills, as well as other historically hard-to-reach populations, such as immigrant adults without legal documentation and elderly immigrant adults. Despite persistent links between low literacy and poor health outcomes (Sudore & Schillinger, 2009), there are almost no routes for collaboration between the LESLLA field and public health, even though the literacy classroom represents an ideal context for reaching at-risk immigrant communities. This article, structured as a conversation about health literacy, discusses a range of questions and action-steps that the LESLLA field must consider to ensure that the LESLLA learner population does not remain a neglected cause in the health literacy field.

### INTRODUCTION AND OVERVIEW

Health has been a mainstay in adult English language learner instruction for many decades, certainly in the U.S. since the days of competency-based education in the 1970's, and more recently, as a result of efforts to develop contextualized ESL (English as a Second Language) curricula. The National Library of Medicine first established the concept of *health literacy* in 1974 as part of an effort to formalize health education standards across all grade levels (National Library of Medicine, 2000, as cited in Singleton, 2002). Over time,

several definitions of *health literacy* have emerged, with the most often-cited definition appearing in a landmark publication by the U.S. Institute of Medicine (IOM) (2004) entitled *Health Literacy: A Prescription to End Confusion*:

*The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.*

The IOM report also acknowledged that an individual's ability to make effective health-care decisions is shaped by social context, including the nature of the local health care system, access to services, and a range of socio-cultural factors at work in adults' lives at home and in the community. However, to date, most health literacy research tends to emphasize a functional view of health literacy, a perspective that tends to narrowly focus on an individual's reading and writing skills.

We argue that the LESLLA field -- referring to our emerging network of literacy educators, program directors, adult learners, and their advocates -- remains a neglected resource in efforts to address health disparities among under-served immigrant and refugee populations, including those with limited schooling and literacy skills, as well as other historically hard-to-reach populations, such as immigrant adults without legal documentation and elderly refugee adults. The LESLLA field has extensive knowledge about literacy development but there is no clear structure for mobilizing or sharing this expertise with health literacy researchers. At the same time, populations that reflect the LESLLA demographic profile largely remain an invisible group in health literacy research. Public health researchers may use labels like "low educated" or "low literate" to account for the needs of low-skilled populations, but their analyses rarely provide adequate descriptions of what health literacy looks like at emergent levels. At the same time, while the LESLLA field has generated an increasing amount of theory and research on L2 acquisition among learners who do not read or write in any language, this knowledge base has barely influenced our understanding of the social and linguistic consequences of increased health literacy competence.

The absence of a coordinated health literacy agenda between public health and adult literacy education may be a function of persistent cuts to adult education funding that have certainly eroded the field's capacity for innovation. At the same time, there have been windows of opportunity to develop such a coordinated agenda that came... and went. Notably, with each iteration of large-scale assessments of adult literacy -- the U.S. National Adult Literacy Survey (NALS) in 1992, the U.S. National Assessment of Adult Literacy (NAAL) in 2003, International Adult Literacy Survey (IALS) in 1994, 1995, 1996, and most recently, the Program for the International Assessment in Adult Competencies (PIAAC) in 2012 -- there were opportunities to capitalize on the increased public awareness about the state of literacy levels in many countries.

In the U.S., the NAAL 2003 provided the first nationwide assessment of health literacy with the goal of evaluating performance on "health literacy tasks [that] represent a range of literacy activities that adults are likely to face in their

daily lives” (Kutner, et al., 2006, p. iii). The 2003 survey revealed that about 90 million Americans did not possess adequate literacy skills for carrying out health care tasks, with greater disparities found among adults with less than a high school education and whose primary language is not English (Institute of Medicine, 2004). The release of such findings, summarized in *The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy* (Kutner, et al., 2006), spurred policy discussions about the relationship between literacy and health and called for partnership between public health and educational sectors.

Starting in 2012, a brand new survey cycle, the Program for the International Assessment of Adult Competencies (PIAAC), was implemented in 24 developed countries. The PIAAC assesses skill levels in literacy, numeracy, and digital literacy, but does not include a section on health literacy skills per se, so unfortunately PIAAC results cannot be directly compared to that NAAL 2003 results on health literacy. However, the PIAAC 2012 revealed significantly strong relationships between literacy levels and self-reported health status, with the effects of low skill levels and limited schooling particularly deleterious in the U.S. In contrast, the relationship between skill level and health outcomes was not evident in Sweden (Borgonovi & Pokropek, 2016). A word of caution here: these PIAAC findings don’t indicate that low basic skills and limited schooling cause poor health outcomes, but these findings certainly affirm why we need to invest energy and resources into high-quality literacy programs. Moreover, these findings should embolden us, as LESLLA educators and researchers, to stake a claim in policy discussions about immigrant and refugee health disparities (see also Santos & McKinney, 2019, for related discussion of health literacy integration in U.S. adult basic education more broadly).

Our perspective in this article is forward-looking and optimistic as we contemplate answers to two essential questions: *What can the LESLLA field do to ensure LESLLA learners are included in the vision of a healthy society? How do we bring greater visibility to LESLLA learners’ health literacy needs and (their often overlooked) sources of resilience and strength?* Our presentation at LESLLA 2017 in Portland, Oregon, aimed to stimulate dialogue in response to these questions. To extend that dialogue, we have structured this article as a conversation to reflect the range of questions that we have explored in partnership with other literacy practitioners, public health professionals, community partners, and adult learners. We focus on a series of questions that we (Monica Leong and Maricel G. Santos, hereafter Monica and Maricel) have asked one another as we have strategized about how to bring more visibility to LESLLA learners in the health literacy field.

We hope our article prompts more LESLLA practitioners to pursue dialogue with one another, as well as with public health practitioners. Leaving our professional silos can be an intimidating task logistically and psychologically. We work in different spheres (Monica Leong in a community-based program in Calgary, Canada, Maricel G. Santos in the academic world at San Francisco State University, United States), and although we share strong overlap in our interests in health literacy and LESLLA learners, we rarely find natural opportunities to

meet and exchange ideas. Our dilemma is a familiar challenge to many adult literacy practitioners, particularly those who work multiple part-time jobs and lack the time and the resources to cultivate professional networks and sustain collaborations with other practitioners, much less in other fields. In sharing our questions and answers, we hope to convey the range of issues that represent potential inroads to meaningful dialogue in our field about health literacy.

### **PURSUING DIALOGUE ABOUT HEALTH LITERACY IN THE LESLLA FIELD**

*Find a group of people who challenge and inspire you, spend a lot of time with them, and it will change your life. - Amy Poehler, US actress and comedienne*

The conversation in this section reflects our thinking about the need to advance a coordinated health literacy agenda within the LESLLA field. The interactive nature of this section is designed to share not only the kinds of conversations we have had together and with others over the past few years, including at our workshop in Portland, but also to illustrate the reality of the work we do. Building partnerships and engaging with other fields to share expertise and new perspectives is messy work. Pathways for action are rarely linear. Interdisciplinary collaboration requires a willingness to listen, a commitment to cultivating a shared vocabulary for the most fundamental concepts (e.g., what do we mean by *literacy*?), and a critical examination of the literacy activities already taking place in classrooms and clinics.

*Maricel: Let's begin with a short trip down memory lane. Why did you, as a LESLLA practitioner, get involved in health literacy?*

*Monica: At the 2015 TESOL (Teachers of English to Speakers of Other Languages) conference in Toronto, I first came across the term health literacy. It was in a session you offered that challenged ESL practitioners to engage in dialogue about health literacy as a meaningful and viable research agenda for the ESL field. To this day, I remember that session well.*

I have a background in teaching ESL and literacy for adults and adolescents, and like many other ESL teachers, I have often included health content in my lessons as a high-interest, meaningful topic that could serve as a vehicle for language and literacy learning. I often felt, however, that those health topics were just scratching the surface and that I was missing meaningful opportunities that could benefit my learners, and their families and communities, in far broader ways than just their language and literacy learning. Additionally, for many years, I have thought of adult ESL literacy learners when I have interacted personally with the healthcare system. I have wondered how they make health-related decisions with such serious implications for themselves and their families in a system that relies so heavily on print-text.

It was at that Toronto TESOL session that I had a realization, an 'a-ha' moment, that began to shift my perception and gave voice to my lingering

feelings of unexplored potential in the classroom and the broader field of adult ESL literacy education. I was inspired by your passion about the connection between health literacy research in ESL contexts and weighty social justice issues of equitable access to health care for multi-barriered and marginalized populations. I started to see beyond my limited view of health as an interesting topic in an adult ESL class, toward the broader view of adult ESL education as fertile ground for advancing social justice through health literacy education and research. That one conference session gave me a glimpse into a whole field of study I knew nothing about called health literacy. I felt myself starting on a new path but did not know exactly where I was headed.

*Maricel: So your practitioner insight underscores how the topic of health literacy deepened your appreciation for the real-world consequences of improving someone's literacy skills and practices.*

*Monica: Yes, I felt there was something more to it than simply covering health as a topic or teaching functional readings skills, like how to read a nutrition label. But when I started looking into health literacy, I found it a bit overwhelming. It is a massive field of study, spanning almost 4 decades, and it's hard to know where to start. I had questions that I thought were simple, like "What exactly is health literacy?" and "Is health literacy a health outcome?", and they turned out to be surprisingly complex. *What definition of health literacy do you feel is most useful in our work with LESLLA learners?**

*Maricel: While the Institute of Medicine (IOM) (2004) lays claim to the most widely cited definition, it could be improved by tapping the LESLLA knowledge base on literacy acquisition. Uta Papen's focus on health literacy as a social practice provides a more generative framework for exploring the health literacy competence of our LESLLA learners. She rejects the IOM's emphasis on health literacy as an individual's skill set:*

[Health literacy] is not simply a property or an attribute of an individual, but... it is shared knowledge and expertise. It resides in the patient's social network. An individual's health literacy could thus be seen as the sum of what she knows and is able to do herself and what she is able to achieve with the support from friends, family and other significant people in her environment (Papen, 2009, p. 27).

By definition, LESLLA learners are not yet able to proficiently navigate print environments that are designed, for example, for mainstream English-speaking speakers. If we focus only on the LESLLA learners' ability to read, write, and speak in English to make healthcare decisions, well, of course, they look deficient. Papen counters this deficit view by inviting us to conceptualize LESLLA learners' health literacy as the sum of what they can do on their own *and* what they can do with social support.

*Monica:* Papen's view echoes what I have found in The Calgary Charter on Health Literacy (Coleman et al., 2008) that I have used as a guide to the project I am working on. It states that health literacy encompasses more than an individual's skills and abilities. It describes both health literate individuals as well as health literate health professionals and systems. They all work together to affect health literacy, and in a sense, it means that you are only as health literate as your health system allows you to be (see Nutbeam, 2008).

*Maricel:* Yes! And Papen's views are consistent with other literacy scholars as well who view literacy as a social practice, as an attribute of social networks and social relationships, not a decontextualized set of skills (Barton & Hamilton, 2000; Purcell-Gates, 2007; Purcell-Gates, et al., 2012; Reder, 2009; Santos, Handley, Omark, & Schillinger, 2014). LESLLA teachers rightfully should be concerned with their learners' individual achievements but Papen (2009) asks us to frame this growth as changes in literacy practice and patterns of participation, not just change in skills.

*Monica:* Papen's framing resonates with what many literacy teachers try to do, which is to give our LESLLA learners tools that enable them to widen their spheres of participation -- beyond the classroom, at their kids' school, in the workplace, in the community, or in digital environments. It sounds like the social practices framework can also be used to critique the idealized view of a health-literate person as someone who takes care of all their own health care needs regardless of the health literacy demands placed on them by the system, and they do this only in the target language - English, in many cases in the U.S. and Canada.

*Maricel:* I agree. Many LESLLA practitioners prefer to think of their learners as emerging bilinguals, not merely L2 learners. I worry that the IOM report inadvertently perpetuates a monolingual English bias in health literacy research because it offers little insight into the practical realities of how bi/multilinguals routinely draw upon knowledge in languages other than English to make healthcare decisions (see Martínez, 2008; Santos, McClelland, & Handley, 2011). Unless we develop health literacy assessments that fully account for these multilingual dimensions, our ability to document the health literacy of LESLLA learners will continue to be constrained.

*Monica:* These kinds of issues really speak to me as a literacy practitioner, and it resonates in what we see in the lives of learners on a daily basis. I am drawn towards this more contextualized, social practices view, but I must admit, it raises a lot of tough questions about how I should teach and assess health literacy. *What do we know about how to measure health literacy?*

*Maricel:* How to measure health literacy is such an important question, one that I would love to see LESLLA practitioners and public health practitioners working on together more concertedly. Pleasant and McKinney (2011) provide a

comprehensive, digestible overview of the state of health literacy measurement. Particularly relevant for LESLLA practitioners is their critical commentary on how widely used health literacy measures only assess a limited set of readings skills, through word lists (e.g., Rapid Estimate of Adult Literacy in Medicine, REALM; Short Assessment of Health Literacy for Spanish-speaking Adults) or cloze passages (Test of Functional Health Literacy in Adults, TOFHLA). Other measures test a person's ability to make decisions based on printed health information, such as the Newest Vital Sign (NVS), which asks 6 questions about the information in an ice cream nutrition label. As Pleasant and McKinney (2011) argue, such measures tend to stigmatize people as 'low health literate' for their lack of technical health content or medical vocabulary. They further argue that these measures tend to "[devalue] the communicative skills and abilities (e.g. verbal and visual) that literate and low-literate individuals often do possess" (p. 96).

*Monica:* I can't imagine there are quick-fixes here but it's exciting to think about LESLLA teachers and health literacy researchers sitting down together to hatch new assessments that (1) could be validated with LESLLA populations, and (2) could be put to use in classrooms and clinical settings. As I work to develop a health literacy partnership project, I wish I had more opportunities to talk to researchers about useful ways to measure health literacy growth. I look for research and theories to base our work on, but I often find that accessing published health literacy research literature can be difficult. As a community-based practitioner working outside the scope of an academic institution, I have somewhat limited access to published literature. Not everything is accessible online through Google Scholar or publishing clearinghouses. This situation creates a barrier to collaboration.

*Maricel:* Your thoughts echo the words of health literacy expert Rima Rudd who called for "an open-access and evidence-based repository of the best practices of health literacy that have been proven to improve public health" (Institute of Medicine, 2014, p. 20).

*Monica:* That kind of resource would be great, but the health literacy field is vast and encompasses many distinct subfields like health communication, plain language, and health education. Within that complex dynamic, is the voice of the LESLLA field audible? *Is there published research that addressed LESLLA populations specifically?*

*Maricel:* Finding LESLLA learners in the current body of health literacy research is tricky work, as the public health world doesn't use the term "LESLLA" in its demographic descriptions of research samples. Some studies only disaggregate schooling background in 3 broad categories, 'less than high school', 'high school', and 'more than high school', which makes it hard to know if LESLLA populations were included in the sampling. Fortunately, there are also health literacy studies that disaggregate samples into groups that are useful for

identifying LESLLA populations, such as ‘none’, ‘1-6 years’, ‘7-12 years’, ‘more than 12 years’ (e.g., Wängdahl, Lytsy, Mårtensson, & Westerling, 2015). Other search strategies – using keywords such as *refugee*, *elderly immigrant*, *ESL* – can also help to identify health literacy studies on LESLLA populations, but it’s not always clear what those terms index in terms of immigration histories or circumstances. Health literacy studies may rely on self-report for data on L2 (English) literacy or oracy, but often due to the lack of reliable measures, no data on oracy and literacy in other languages is reported. As dismal as the state of research sounds, I am more positive about the contributions that LESLLA researchers and educators could make to improved sampling strategies and measurement development. With LESLLA expertise, the health literacy field would be better positioned to examine the oral dimensions of health literacy, the interplay of oral and written language in health literacy activities, the multilingual nature of health literacy competence, and the role of social support mechanisms, i.e., the role of “literacy sponsors” (Brandt, 1998; Comings & Cuban, 2002).

*Maricel: You mentioned building a partnership. In what context are you working, and what needs are you addressing?*

*Monica:* I am working to develop a partnership between a health clinic in an urban Canadian centre and an adult ESL literacy program in an agency dedicated to serving newcomers from immigrant and refugee backgrounds. There is a growing number of patients at the clinic that have limited literacy in their home languages. Preliminary needs assessment from the clinic suggests that these patients’ newness to the language, literacy and health literacy demands of their environment impacts their ability to successfully navigate the healthcare system and make informed choices for themselves and their families, and it creates significant challenges for their healthcare teams.

*Maricel: So what kinds of issues are they seeing that are related to the LESLLA patients’ health literacy levels?*

*Monica:* Well, despite the fact that the healthcare professionals are experts at patient education, their efforts with these patients take extra time and still do not always result in the intended outcomes. For example, patients often miss appointments or are unprepared for the appointments they do attend. Patients can not name the medications they are taking or what exactly they are for. Or they do not complete required blood work or other tests or specialist appointments before they return for their next clinic visits. And they often do not request interpretation services when they set up their appointments, leaving the clinic to scramble for last-minute help. These kinds of situations make it challenging for healthcare teams to address their patients’ needs, especially given the short time available for everything that happens in appointments.

*Maricel: And how does the immigrant serving agency fit into this picture?*

*Monica:* This subset of patients struggling to navigate the systems and processes at the health clinic represent a very similar demographic group as compared with the adult ESL literacy learners in the immigrant serving agency - they are newcomers with limited literacy in the home language, and many are from refugee backgrounds. These learners often ask their instructors questions about health information, how to access health services, and how to navigate the healthcare system.

Interestingly, most of the instructors are from immigrant backgrounds themselves and have had to learn to navigate the health system as well. But even though they are diligent in searching for answers to their students' questions, it tends to be in an ad hoc way, each instructor responding independently to their own students' questions as they arise. In our preliminary discussions with instructors, we have learned that their primary way to find information to address learners' questions is to go home and Google it. While there are some health curricular materials available, not all the instructors knew about them and there was not program level coordination or implementation of those materials.

*Maricel: What are the goals of the partnership?*

*Monica:* The goal of the partnership is to improve health literacy and reduce barriers to accessing health services for multi-battered immigrants & refugees with limited first language (L1) literacy. We will work with three participant groups: LESLLA learners and their instructors from adult ESL literacy classes in an immigrant serving agency, and healthcare professionals from a health clinic. Since we are taking a social practices view of health literacy, we have goals for all the participants, not just the LESLLA individuals. For example, some of the project goals include the following:

- The adult ESL literacy learners will improve their knowledge, skills, and confidence in accessing healthcare services and communicating with healthcare professionals.
- The literacy instructors will improve their knowledge, skills, and confidence in integrating health-related information and skills practice in their classes.
- The healthcare professionals will improve their knowledge, skills, and confidence in communicating effectively with patients with limited literacy in their home languages.

The project will provide shared learning experiences through activities such as healthcare workers giving presentations to classes, and learners touring healthcare facilities and completing a health literacy review of the clinic from a patient's perspective. We will develop training and resources to address the needs of each participant group, such as a guide for healthcare workers to understand LESLLA patients and how to communicate effectively with them, and classroom activities to support the creation of multilingual health video storybooks to use in class and in the clinic.

The two-year pilot project does not allow enough time to measure improved health outcomes such as lowered rates of emergency room usage or better health of individuals, but we hope to show that the innovative tools and methods we develop can have an effect on each participant group and the combined effect will reduce barriers and improve health literacy.

*Maricel: What activities have you already undertaken?*

*Monica:* Currently, at the time of publication, our project is funded by the Canadian federal government. But much work went into the project planning stages earlier. We brought the two organizations together, built relationships, engaged in preliminary assessments of needs and strengths, drafted a partnership agreement, and submitted a proposal to the federal funding agency. We are extremely fortunate to have the support and enthusiasm of a team of talented individuals, including executive decision makers at each institution, who are committed to the principles and vision behind the partnership and that has helped us persist through the unfunded stage of project development.

*Maricel: What unexpected challenges have you encountered?*

*Monica:* The biggest challenge so far has been the patience it takes to develop these kinds of partnership projects and to deal with the cycles of the funding system. I had not expected it to take as long as it did to secure funding and begin the project, especially since we had strong buy-in from decision-makers in both institutions from the very beginning.

Another challenge is how difficult it can be to bridge the divide between the health and adult education sectors. Both our organizations serve the same demographic group of marginalized populations and are invested in improving health literacy, but the education and health sectors come to the table with different views on health literacy and ways of measuring progress, not to mention distinct institutional language and cultures. At times, these differences are obvious, but even when they are subtle or hidden, they impact the way each partner approaches the project, the goals they envision, the assessment measures they value, and the expectations for growth they assume. It can be challenging to uncover and address these differences.

We also found that dealing with the ethics review process in a partnership can be challenging. Each organization has different requirements when it comes to ethics review, and this highlights the particular cultures of the adult education and healthcare fields that I mentioned above. We worked together to determine what level of ethics review is necessary in order to satisfy both the hard science world of healthcare as well as the somewhat less stringent standards of adult ESL education, all while keeping the LESLLA learner and their right to both protections in the project and equitable healthcare access at the centre of our efforts.

*Maricel:* So it sounds like you have made some progress but there have been some difficulties to overcome along the way.

*Monica:* That's true. I have already learned so much through this process, but I wish I had reached out for more guidance at the beginning. It would have been helpful to have a blueprint for partnership development or a list of steps to take. *As a first step, what can a LESLLA practitioner do to get involved?*

*Maricel:* An essential first step is finding like-minded colleagues. As you have already found, it's tough staking new ground on your own. One easy action step is to join the LINC'S Health Literacy Group ([community.lincs.ed.gov/group/health-literacy](http://community.lincs.ed.gov/group/health-literacy)), an online discussion group that is maintained by the U.S. Department of Education. You don't need to be a U.S.-based practitioner to join. If you'd like to network with a broader network of public health practitioners and researchers, consider joining the online discussion group maintained by the Institute of Healthcare Advancement ([listserv.ihahhealthliteracy.org](mailto:listserv.ihahhealthliteracy.org)) or the most recently launched International Health Literacy Association ([www.i-hla.org](http://www.i-hla.org)) which has recently hosted events in Switzerland, Vietnam, New Zealand, and Taiwan.

*Monica:* *Is there a LESLLA voice on those platforms?* I want to find other LESLLA professionals in this area and health literacy researchers who understand LESLLA learners.

*Maricel:* Yes, there are adult literacy practitioners and researchers, including those who focus on LESLLA issues, on those platforms, but there does not exist a formal mechanism to disseminate LESLLA expertise with health literacy researchers. This suggests a real need for structured communities of engaged practitioners, like annual roundtables or special interest groups within existing professional organizations in public health or adult literacy, so there is no visible platform to accomplish exactly what you are seeking - a voice for the LESLLA field to provide insight into LESLLA learners' needs and strengths. Andrew Pleasant (cited in Rudd, 2012) similarly calls for the creation of "incentives through policy, funding, and regulations for public health organizations at all levels to engage with and demonstrate gains in public health through the explicit incorporation of health literacy into the entire spectrum of efforts to improve public health". If I could wave a magic wand over the health literacy world right now, I'd want to see those incentives made real, so that LESLLA researchers, teachers, and even adult learners are included in planning efforts to improve health literacy. *What would you ask for in your context if you could wave a magic wand?*

*Monica:* I have a vision of what our partnership could become, but I wish I had someone who could mentor me and commit to that mentorship with funds. Someone who could work with our team to shepherd us through the partnership building process. They could bring a list of resources and actions we should take to get the process going. They would help us build a shared understanding of

health literacy and how LESLLA fits into that picture. They would help do the needs analysis and crunch data and coordinate partnership meetings to get the project off the ground. In our partnership, all of this work was necessary before securing funding, which means that it was done by me, a volunteer trying to pull two busy organizations together into a new relationship. And that relationship building takes a lot of unfunded time. So I would ask for a LESLLA consultant with seed money! I feel like that would validate how important the relationship building and shared understanding is to our project, rather than just a small thing we do to get ready for the real work. And I feel it would better position our partnership to be sustainable and make meaningful change in the literacy practices of our participants.

### FINAL THOUGHTS AND NEXT STEPS

It is our hope in this paper to demonstrate that our field has a unique contribution to make in the area of health literacy and that we need to engage intentionally in dialogue to make that contribution possible. The professional wisdom of LESLLA researchers and practitioners provides a powerful (and under-utilized) counterweight to prevailing deficit views on the health literacy skills of low-skilled adults: LESLLA teachers witness on a daily basis what immigrant adults *can* do with language and what resources they *do* leverage when confronted with new challenges, such as communicating with health providers and accessing health care information.

While we encourage LESLLA professionals to engage informally in conversations about health literacy, we also submit that more formal structures are needed to support fruitful and sustained dialogue. These might include, but are not limited to, conference convenings, dedicated symposium themes, town halls, position statements, a research agenda, and special interest groups (SIGs) within the newly formalized LESLLA organization. Please see the Appendix for resources to assist LESLLA professionals in taking the courageous step of beginning these kinds of conversations within our own field as well as with public health practitioners and policy makers.

As a next step, and with focused coordination in the LESLLA organization and field, we could begin to engage meaningfully in the following activities:

- promoting awareness about the health literacy needs and sources of resilience of LESLLA learners among other practitioners, researchers, and the broader public through the dissemination of our expertise and insights working with LESLLA learners;
- addressing priority issues related to the health literacy needs of LESLLA learners through international and regional webinars, open forums, workshops, and conference presentations; and
- cooperating with other health literacy organizations with shared concerns about the health outcomes of patients and consumers from LESLLA backgrounds.

This is how we envision LESLLA joining the conversation, taking our seat at the table, and building on the work already done. We believe that it is possible for the LESLLA field - indeed it is incumbent on us - to contribute this expertise as a way of advocating for our learners and reducing health inequities. We hope the conversations in this paper and the tools in the appendices will inspire others to engage in that important dialogue and, in doing so, will work towards a formal commitment in our field to advancing health literacy and keeping this commitment at the center of our advocacy work.

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## **APPENDIX A: 8 CONVERSATION STARTERS ABOUT HEALTH LITERACY FOR PRACTITIONERS IN LESLLA AND PUBLIC HEALTH**

The list of questions in this appendix, which we welcome readers to download, copy, or adapt, is designed to jumpstart conversations between practitioners in LESLLA and public health. To promote interdisciplinary collaboration, practitioners in both fields need to articulate (1) their beliefs about what “health literacy” is, (2) their professional responsibilities in response to the needs of LESLLA learners/patients, and (3) their most pressing concerns and challenges. Ideally, by exchanging answers to these questions, practitioners in LESLLA and public health will move towards a shared vocabulary in health literacy and discover shared ‘pain points’, which may serve as seeds for collaborative action.

### **8 Conversation Starters about Health Literacy For practitioners in LESLLA and public health**







1. How do you define ‘health literacy’?
2. How would you describe the health care needs and health literacy of your patients with low literacy skills? What would you like to better understand about them?
3. What kind of language assistance are you able to provide your patients with low literacy skills in the classroom/clinic? What are effective practices?
4. What matters to you most when you think about measuring health literacy growth among LESLLA learners/patients?
5. How is technology making life easier or more complicated for patients with low literacy?
6. Tell me about a time when a patient with low literacy came to you with a problem, and you didn’t know what to do. What happened?
7. (for public health) Wave a magic wand. What immediate changes to the healthcare system would make your job easier for meeting the needs of patients with low literacy skills and limited schooling?
8. (for LESLLA) Wave a magic wand. What immediate changes to the adult education system would make your job easier for meeting the needs of learners with low literacy skills and limited schooling?

**APPENDIX B: NETWORKING TASK**

We offer this Find Someone Who activity, developed for our Portland 2017 workshop, as an interactive tool to begin discussions and make connections with other professionals in the LESLLA and health fields.

Use this networking task to find other people who are interested in health literacy. Walk around the room, introduce yourself, talk to you colleagues. When you find someone that fits one of the descriptions below, write their name, city/country, and email in the box. Try to meet as many people as you can and fill in each box.

**Find People Who...**

<p>Have developed a health literacy lesson or curriculum for LESLLA learners.</p> 	<p>Are engaged in a partnership between an adult literacy program and a community health partner.</p> 
<p>Have written a funding proposal before. (Bonus points if it was for a health literacy project!)</p> 	<p>Believe LESLLA should be a stronger voice for health literacy and advocacy.</p> 
<p>Are interested in the same area(s) of health literacy that you are interested in!</p> 	<p>Have ideas about what LESLLA can do to help support practitioners looking for health literacy information and resources.</p> 

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