Language

A Health Literacy Curriculum for ESOL Students

KQED education network
Language 911:
A Health Literacy Curriculum for ESOL Students

Health People 2010 defines health literacy as “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 lessons in this booklet focus on health literacy and are specifically designed for ESOL learners. They are appropriate for different levels of student competence, and each one specifies the targeted level range. Intended to be incorporated into existing curriculum, the activities may be adapted for different student groups, such as 8th-through 12th-grade students on health or health education programs. The secondary education national health standards to which this curriculum aligns can be found at the end of the booklet.

In this curriculum we seek to develop health literacy in students by exploring factors that impact their health: healthcare and access to it, the impact of race, linguistic and cultural barriers, as well as issues relating to everyday choices regarding living healthily. The intention is to empower students in caring for their health while also validating cultural difference.

While the lesson plans reference KQED programming, each lesson is free standing and the use of video clips is optional. Unnatural Causes: Is Inequality Making Us Sick? is a PBS documentary that examines the broader issues around health in America today, issues such as social class, diet, environment, life opportunities etc., and some of the lessons reference specific segments from this documentary. Other programs are listed as useful resources to enrich a health literacy curriculum.

Acknowledgements
The curriculum in this booklet has been developed by the following ESOL practitioners:

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Feedback
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Information about this project & resources
Media Literacy Project
KQED Education Network
www.kqed.org/education/digitalmedia/media-literacy.jsp
MEDIA RESOURCES

Unnatural Causes: Is Inequality Making Us Sick? www.unnaturalcauses.org/
A seven part series exploring racial and socioeconomic inequities in health
• Lessons and Learning Opportunities for Students and Teachers at www.unnaturalcauses.org/for_educators.php
• Video clips at www.unnaturalcauses.org/video_clips.php

Critical Condition
www.pbs.org/pov/pov2008/criticalcondition/preview.html
What happens if you fall sick and are one of 47 million people in America without health insurance? “Critical Condition” by Roger Weisberg puts a human face on the nation’s growing health care crisis by capturing the harrowing struggles of four critically ill Americans who discover that being uninsured can cost them their jobs, health, home, savings, and even their lives. A production of Public Policy Productions in association with Thirteen/ WNET New York and American Documentary | P.O.V.

Health Dialogues
www.kqed.org/healthdialogues
Health Dialogues, a special series from The California Report, engages listeners in an ongoing discussion of California health care issues that are important to the underserved: children, low-income residents, minorities, people with disabilities, immigrants, and rural and migrant worker communities in particular. The series seeks to generate and facilitate dialogue between communities, health care providers and policy-makers.

Sample program
May 2008 “Immigrant Health”
Why is it that Latino, and other, immigrants have unexpectedly good health, despite risk factors like poverty and low education? Researchers call this “the Latino paradox” and the “healthy immigrant effect.” Evidence suggests that strong families and intricate social ties may keep recent immigrants healthier, at least for a while. These protective factors seem to erode the longer newcomers live in the U.S.

QUEST segments on health

FRONTLINE: Sick Around the World
www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/
FRONTLINE teams up with veteran Washington Post foreign correspondent T.R. Reid to find out how five other capitalist democracies—the United Kingdom, Japan, Germany, Taiwan and Switzerland—deliver health care, and what the United States might learn from their successes and their failures.
ON-LINE RESOURCES

PBS Teachers
Resources on health and fitness
www.pbs.org/teachers/healthfitness/

Project Shine
Shine MetLife Foundation – Health literacy Initiative
Practical communication in health care settings – units on topics related to health and wellness

Advanced Beginning ESL Health Units
www.projectshine.org/healthliteracy/advbegunits.htm

Intermediate ESL Health Units
www.projectshine.org/healthliteracy/intermunits.htm

English Language & ESL Lessons for (Public) Health Literacy
Education & Communication Skills
www.eslflow.com/humanbodylessonplans.html
Vocabulary and health related dialogue and useful lesson plans for ESL practitioners

Picture Stories for Adult ESL Health Literacy
Created by Kate Singleton
Fairfax County (Virginia) Public Schools
www.cal.org/caela/esl_resources/Health/healthindex.html
Ideas and activities using picture stories to promote health literacy in adult ESL students

McRel Standards
For aligning health curriculum with 8th-through 12th-grade standards
www.mcrel.org/compendium/search.asp?Action=Search&SubjectName=17&GradeOption=AL&Keyword=&KeywordOption=AND&Vocabulary=&VocabularyOption=AND&Topic=&TopicOption=AND&Submit1=Submit+Search
Standards 2, 3, 4, 6 & 7

CDC’s School Health Education Resources (SHER)
National Health Education Standards (NHES)
For aligning health curriculum with 8th-through 12th-grade standards
www.cdc.gov/healthyyouth/sher/standards/
FACTS FROM UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK?
See quiz at www.unnaturalcauses.org/assets/uploads/file/quiz_answers_only.pdf

How does American life expectancy compare to that of other countries?
American life expectancy is 77.9 years. We are tied with South Korea and Denmark for 29th-31st place despite being the second wealthiest country on the planet. Even citizens of countries considerably poorer than ours, including Costa Rica, Chile and Greece, live longer on average than we do.

How much does the U.S. spend per person on health care compared to the average of the other industrialized countries?
Two and a half times as much. We spent $6,102 per person on medical care in 2004 15.3% of our GDP. That’s more than double the $2,552 median of the 30 Organization for Economic Co-operation and Development countries. So why are our health outcomes among the worst in the industrialized world, even as our medical costs continue to escalate?

How much does chronic illness cost the U.S. each year in lost work productivity?
$1.1 trillion. According to a 2007 study by the Milken Institute, the financial burden of chronic illnesses such as heart disease and diabetes goes far beyond actual medical expenses ($277 billion in 2003). Our poor health takes a even greater toll on economic productivity in the form of extra sick days, reduced performance by ailing workers and other losses not directly related to medical care.

On average, which of the following is the best predictor of one’s health?
Whether or not you are wealthy. The single strongest predictor of health is our position on the class pyramid. Those at the top have the most power and resources, and on average live longer and healthier lives. Those on the bottom are exposed to many health threats over which they have little or no control – insecure and low-paying jobs, mounting debt, poor child care, poor quality housing, less access to healthy food, unreliable transportation, and noisy and violent living conditions – that increase their risk of chronic disease and early death. Even among smokers, poor smokers face a higher mortality risk than rich smokers. Those of us in the middle are still worse off than those at the top.

African American men in Harlem have a shorter life expectancy from age five than which of the following groups?
A. Japanese  B. Bangladeshis  C. Cubans  D. Algerians living in Paris  E. All of the above

E. All of the above. Even males in Bangladesh, one of the poorest countries in the world, have a better chance of reaching age 65 than African American males in Harlem. The biggest killers in poor African American communities are not drugs or bullets but chronic diseases like stroke, diabetes and heart disease.

Further surprising facts at
www.unnaturalcauses.org/assets/uploads/file/quiz_answers_only.pdf
HEALTH VOCABULARY

Addiction
A strong desire to do something, even though it is harmful
Examples: smoking, drinking alcohol, using harmful drugs such as cocaine, crack, marijuana

Adrenaline
A chemical produced by the body that makes your heart beat faster

Aerobic exercise
Exercise that uses a great deal of oxygen for a long period of time
Example: run a mile or two without stopping

Alcoholism
A disease in which a person is dependent on alcohol

Artery
A blood vessel that carries blood away from the heart

Blood pressure
The force of blood against the artery walls

Cell
The smallest living part of the body

Chronic disease
A disease that continues for a long time and cannot be cured

Circulatory system
Body system that moves oxygen, food, and waste through the body

Coordination
The ability to use body parts and senses together for movement

Cortisol
The primary stress hormone

Depressants
Drugs that slow down body functions
Examples: liquor, beer, wine, and all drinks with alcohol

Flexibility
The ability to bend and move your body easily; you can move your arms and legs in many directions.

Food group
Foods that contain the same nutrients

Food pyramid
A diagram showing human nutritional needs, such as the Food Guide Pyramid which is a guide that shows how many servings are needed from each food group each day

Glucose
Blood sugar

Health fitness
Having the heart, lungs, muscles, and joints in top condition

Heart rate
The number of times your heart beats in one minute

Hygiene
Conditions or practices of cleanliness

Immune system
The system by which your body protects itself against disease

Inflammation
Swelling and soreness on or in a part of your body

Muscular strength
The amount of force your muscles can produce; strong muscles help you lift, push, kick or pull objects.

Narcotic
A drug that slows down the nervous system and relieves pain
Example: morphine—used to control pain

Nutrients
Substances in food that your body uses
- Proteins - used for growth and repair of cells and to supply energy
- Carbohydrates - the most useful supply of energy for your body
- Fats - used by the body for energy and to help store some vitamins
- Vitamins - help regulate body processes and fight disease
- Minerals - help regulate body processes and build new cells
- Water - helps with digestion; makes up most of your blood; helps remove waste products; and regulates body temperature

Physical fitness
Having your body in top condition

Stimulants
A drug that speeds up body functions such as: caffeine found in chocolate, coffee, tea and some sodas etc.

Stress
Physical, mental, or emotional response to events that causes bodily or mental tension
Stress is any outside force or event that has an effect on our body or mind.

Stressor
Things that cause you stress

Vein
A blood vessel that carries blood to the heart

Sources
Adapted from www.jefferson.k12.ky.us/Students/Vocab/ESPLVocabulary.pdf

For comprehensive health-related vocabulary list, see www.eslflow.com/humanbodylessonplans.html
OvErviEw
In this lesson, students record what they are eating, compare cultural values of healthy nutrition and evaluate the recommendations of the U.S. Department of Agriculture (USDA) as a guide to eating healthily.

DAy ONE

Schema Building
1. Give students examples of meals—breakfast, lunch, dinner and snacks—that were eaten the day before.

2. Ask students what Hungry Student ate yesterday, practicing past tense.
   Example:
   For breakfast, Hungry Student ate a piece of toast, ...
   For lunch, she had a tuna salad sandwich, ...

3. Ask students to write down what they ate the day before. As resources, bring in real food items, advertisements and photos. This is a good opportunity to review count and noncount items as well as units and packaging (a dozen, a bag of, a slice of and so on).

4. To practice vocabulary and past tense, have students circulate and ask three other classmates (as linguistically diverse as possible) what they ate. Review past tense and model past tense questions:
   Examples:
   What did you eat for breakfast yesterday?
   What did you have for lunch yesterday?
   Did you eat snacks yesterday?

   Have students use the following chart to record their findings.
5. Give students a copy of the latest USDA Food Pyramid. This food pyramid changes often. This is the latest version from 2005. The approximate percentages of food in each category are listed below the pyramid.

6. Review the different categories of food (grains, vegetables, fruits, oils, milk/dairy, meat/beans), eliciting examples of each. If you have access to a computer, go to www.mypyramid.gov/pyramid/index.html to show lists of food from each category.

**Food Pyramid’s New Dimensions**

![Food Pyramid Diagram]

<table>
<thead>
<tr>
<th>Grains</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Oils</th>
<th>Milk/Dairy</th>
<th>Meat &amp; Beans</th>
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</thead>
<tbody>
<tr>
<td>30%</td>
<td>22%</td>
<td>15%</td>
<td>2%</td>
<td>21%</td>
<td>10%</td>
</tr>
</tbody>
</table>

From www.mypyramid.gov/pyramid/index.html

7. Have the students sit in groups of four and look at their menus from the prior day.

<table>
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<tr>
<th>Grains</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Oils</th>
<th>Milk/Dairy</th>
<th>Meat/Beans</th>
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8. Alternatively, each student can write what he or she ate on slips of colored paper and put them into piles under the appropriate heading.

9. Have students try to figure out approximate percentages for each category of food they ate.
DAY TWO

1. As a class, discuss whether you think the food pyramid offers a healthy diet. This should not be a simple yes or no.
   - Elicit disagreement and honest discussion.
   - Discuss financial limitations.
   - Compare and contrast students’ different views about what constitutes a healthy diet.
   - Compare cultural differences and assumptions.

2. Ask students to work in small groups and choose a different food pyramid model from the selection provided by Google images at http://images.google.com/images?q=food+pyramids&btnG=Search+Images.&gbv=2. Students can choose the Asian food pyramid, the Traditional Chinese Medicine pyramid, the Latin American pyramid or the Okinawa (Japanese) pyramid and take notes on the key features of the model they are examining.

3. Ask each group to share its findings. Then as a class discuss the following questions.
   - How are these models similar? How are they different?
   - Why are there so many differences?
   - Do we know anything about the health of these regions and if this is related to the foods people eat?
   - Are food habits changing around the world, away from traditional diets? If so, why?

Sample Asian model

From www.dietbites.com/Pyramid-Diet/asian-pyramid.gif
DAY THREE

1. Pass out the following from an interview with Dr. Daphne Miller, published in her book *The Jungle Effect: A Doctor Discovers the Healthiest Diets From Around the World — Why They Work and How to Bring Them Home*. The book and the website are great sources of information on this topic.

   www.drdaphne.com/thejungleeffect/index.php

   The full interview is available at
   www.gourmet.com/foodpolitics/2008/05/jungleffect_QA

   **Christy Harrison Talks with Dr. Miller**

   CH: Your chapter about diabetes was really interesting …. Your patient had tried the low-carb regime without any success, and he decided that he’d be better off just eating what his Mexican grandmother ate, because she was healthy—so he starts eating these massive burritos every day, from a taqueria in San Francisco.

   DM: Yes, for me probably one of the most profound moments was when I was in Copper Canyon, Mexico, and I bought burritos there and compared them to what we call a burrito in San Francisco. You can barely call it the same animal. But that happens everywhere. Look at Chinese food versus Chinese American food. The first time I ate authentic Chinese food I just couldn’t even believe it, because Chinese American food is this sickly sweet, white-flour stuff with the occasional vegetable and chunks of deep fried meat—this is what we think of as Chinese food.

2. Elicit opinions of how Mexican, Chinese, Japanese, Russian, Thai and other ethnic foods in the United States compare with the traditional foods in the country of origin.

   In multicultural groups, have students compare their traditional meals with how those meals are prepared in local restaurants.

3. Watch the clip from *Unnatural Causes, Episode 3: “Becoming American.”*

   According to the web site’s introduction to the video excerpt, “[r]ecent Latino immigrants are healthier than the average American, despite being generally poorer. Researchers believe that some aspects of immigrant communities may protect health. But for Latinos, the longer they are here, the worse their health becomes. Why?”

   The video excerpt can be streamed at
After viewing, discuss the clip, what the experts have to say, and the implications for students’ health and the health of their families.

**Homework assignment:** Have students chart their meals/snacks for the next 24 hours.

**DAY FOUR**

1. Ask for students’ food charts from their homework assignment.

2. Using the USDA food pyramid, chart an example of a student’s meals, placing the foods in their appropriate categories.

**Group Work**

Have students create their own food pyramid.

- In a computer lab, show a video clip from the website [www.mypyramid.gov/podcasts/index.html](http://www.mypyramid.gov/podcasts/index.html)

- Under “Subjects,” click on “My Pyramid Menu Planner.” Explain to the students how to log in and that they don’t need to use their real name.

DEVELOPED BY **TERRI MASSIN**, ESL INSTRUCTOR AT CITY COLLEGE OF SAN FRANCISCO
OVERVIEW
In this lesson, students will explore the social conditions and lifestyle choices that impact health in the United States. They will analyze the impact of these conditions and choices on the well-being of immigrants. The lesson will also focus on the behaviors and attitudes that can be learned from immigrant communities to promote health in the general U.S. population. Through analysis of various sources, students will gain a broader perspective on the role that socioeconomic forces play in the health of the U.S. population.

DAY ONE
1. Warm-up Activity
Ask students to work individually to develop a concept or mind map. Have them write the phrase “Good Health” in the middle of their map, then ask them to complete the graphic organizer with their ideas on the topic of good health. When they have finished, have them share their responses with a partner or in small groups. Then elicit responses from students and list them on the board.

2. Discussion
Ask students to work in pairs or small groups to answer the following questions:

1. How long have you been living in the United States?
2. What lifestyle/dietary habits have you observed?
3. What habits have you adopted since living in the United States?
4. What contributes to overall good health and well-being?
5. How do social and economic conditions influence choices?

3. Conducting a Survey
Ask students to interview classmates regarding changes in their lives since coming to the United States. Have students complete the interview chart while conducting their surveys and report on their findings to classmates in small groups.

Living in the United States

<table>
<thead>
<tr>
<th>Name</th>
<th>Lifestyle Changes</th>
<th>Dietary Changes</th>
<th>Socioeconomic Changes</th>
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<tbody>
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</table>

Optional Assignment
Ask students to conduct the same survey in the community and prepare a short written or oral report on their findings.

NAME 911: A HEALTH LITERACY CURRICULUM FOR ESOL STUDENTS

Living in the United States: Is it good for our health?

AIM
To increase awareness of the impact of social factors and lifestyle choices and their impact on the overall health of different communities.

OBJECTIVES
At the end of this session, students will be able to:
- Analyze the factors that promote good health.
- Identify lifestyle choices in immigrant communities that impact health.
- Chart how living in America can impact the health of these communities.
- Explore print and electronic media for information on health.
- Conduct a survey inside and/or outside the classroom.
- Present findings in pairs and small groups.

TARGET GROUP
High-intermediate to advanced ESL students (level 6 to level 9)
(For the purpose of this lesson, the target levels range from 1 through 8, with the following guidelines: 1 = beginning, 5 = intermediate, 8 = advanced.)
Lessons can also be adapted for 8th- through 12th-grade students on health and health education programs.
DAY TWO

1. **Video Viewing**

A) Viewing
Before students view the segment, have them do a free-write for 10 minutes on the habits and health of immigrant communities in the United States. Then ask them to share what they wrote with a partner or in small groups.

Ask students to take notes while they view the segment, keeping the following questions in mind.

1. How does the health of immigrants change after they move to the United States?
2. What is meant by the term *Latino paradox*?
3. What social conditions promote good health in immigrant communities?
4. What social conditions erode the health of immigrants?

After they view the segment, have students write a reaction to the content regarding the health of immigrant communities in the United States. Encourage them to share their responses with a partner or in small groups.

B) Analysis
For a deeper analysis of the documentary episode, ask students to discuss the following quotes, which focus on the socioeconomic factors that influence health, especially in immigrant communities.

“As these ‘new’ Americans become more like ‘old’ Americans, they get unhealthy. Immigrants bring to this country aspects of culture, of tradition, of tight family networks and community social networks that essentially form a shield around them and allow them to withstand the deleterious, the negative aspects of American culture.”

—Dr. Tony Iton, Director of the Alameda County Public Health Department

- What factors enable new immigrants to maintain good health in the United States?
- What are some examples of these positive elements in your own immigrant community?
- What factors in U.S. culture have a negative impact on health?
- What conditions erode the health of new immigrants?
“In America, wealth pretty much equals health. When you’re a new immigrant, the relationship between wealth and health is relatively loose. As you become more Americanized, that relationship becomes tighter and tighter.”

— Dr. Iton

- What is meant by “wealth pretty much equals health” in the United States?
- What are some examples of inequities in health?
- Why does the relationship between wealth and health become “tighter” for immigrants over time?
- How is the link between wealth and health manifested in different communities in your area?

**Homework Assignment**


**DAY THREE**

1. **Reading Activity**


   Before reading the article, students should work in pairs to complete the vocabulary chart.

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
<th>Example of Usage</th>
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<tbody>
<tr>
<td>obesity</td>
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<td>sedentary</td>
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<td>acculturation</td>
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<td>leisure</td>
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<td>weight gain</td>
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<td>life span</td>
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<tr>
<td>lifestyle</td>
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</table>
After they read the article, ask students to answer the following comprehension questions.

- What does a new study reveal about the health of immigrants in the United States?
- What is the general health of immigrants when they arrive in the United States?
- When does weight gain and obesity first start to appear in immigrants?
- Why do immigrants experience weight gain after living in the United States?
- What healthy behaviors can be learned from new immigrants?

Ask students to share their personal reactions to the article with a partner or in small groups and then go on to discuss their personal observations and experiences in their own immigrant communities. Invite them to present their responses to the class.

**Homework Assignment**

**Web Research**

Have students explore different websites to obtain information on the nature of obesity, including its causes and effects. They can visit these health and medical sites to locate information and complete the chart.

- The Obesity Society promotes research, education and advocacy to better understand, prevent and treat obesity and improve the lives of those affected. [www.obesity.org](http://www.obesity.org)
- Healthfinder.gov is the U.S. government gateway to reliable health information resources that have been selected by the U.S. Department of Health.

**Weight and Health**

<table>
<thead>
<tr>
<th>Definition of Obesity</th>
<th>Causes of Obesity</th>
<th>Effects of Obesity</th>
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Invite students to report their findings and reactions in class the next day.

DEVELOPED BY **ANN FONTANELLA**, ESL INSTRUCTOR AT CITY COLLEGE OF SAN FRANCISCO
OVERVIEW

In this lesson, students analyze why some neighborhoods are seen to be “attractive and healthy” and why others are seen to be “undesirable.” The lesson continues by having students analyze the effects of neighborhoods on the health of those who reside in them. Why is it that place matters?

DAY ONE

Invite students to think of a neighborhood that could be described as “healthy,” “attractive” and “desirable.”

Have students gather in groups of four or five, then ask them to compile a list of descriptors and features of such a neighborhood. Possible answers include:

- Trees
- Shops
- Schools
- Open spaces, such as parks and plazas

Invite the student groups to share what they came up with. Write their list on the board.

Encourage students to think of a neighborhood that could be described as “in decline,” “unattractive” and “undesirable.”

With students in their same groups, ask them to compile a list of descriptors and features of such a neighborhood. Possible answers include:

- Numerous liquor stores
- Few shops
- Boarded-up buildings
- Criminal activity

Again have the groups share their lists, writing them on the board.

To compare neighborhoods, draw on the following options.

Option #1: Have students bring in pictures of neighborhoods.

Option #2: Have students draw pictures of neighborhoods.

Option #3: Show a clip(s) from Unnatural Causes: Is Inequality Making Us Sick? Episode 5: “Place Matters.” You can find excerpts at www.unnaturalcauses.org/video_clips.php?vid_filter=Episode%205%20-%20Place%20Matters
DAY TWO

Pose the following questions to the class:

- Why are some neighborhoods attractive and healthy? What are the reasons or causes?
- Why are some neighborhoods in decline and unattractive? What are the reasons or causes?

(The discussions prompted by these questions are not meant to be exhaustive and complete, but rather are meant to build schema for the subsequent activity.) Have each student group complete the following chart to help the students explore the reasons some neighborhoods are characterized as attractive and others are seen to be in decline.

<table>
<thead>
<tr>
<th>Unattractive neighborhood features</th>
<th>Reasons/causes</th>
<th>Attractive neighborhood features</th>
<th>Reasons/causes</th>
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<tbody>
<tr>
<td>Boarded-up buildings</td>
<td>Foreclosures</td>
<td>Parks</td>
<td>Wealthy inhabitants</td>
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Distribute this second chart so that student groups can explore the effects that positive and negative features have on neighborhood residents. You might ask students to focus on the effects these factors have on health.

<table>
<thead>
<tr>
<th>Unattractive neighborhood features</th>
<th>Effects</th>
<th>Attractive neighborhood features</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>No grocery stores</td>
<td>Poor diet for residents</td>
<td>Recreation areas</td>
<td>Exercise opportunities</td>
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DAY THREE

Have student groups choose a neighborhood in decline, real or imagined. Utilizing their charts from the previous activity, ask the groups to brainstorm the features of the neighborhood and the health effects these features have on the residents. In addition, have each group work on a proposal to improve the conditions of the neighborhood and the health of the residents.

**Homework:** Each group writes a summary of its findings, including the proposal for improving the neighborhood, to be presented to the class in an oral report.
DAY FOUR

Oral Reports
Student groups present their findings to the class.
Invite the class to assess the presentations using the following guidelines:

Presenting group members ______________________________________

Neighborhood ________________________________________________

<table>
<thead>
<tr>
<th>Features of neighborhood</th>
<th>Effects on residents</th>
<th>Clarity and completeness of presentation</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

Share student assessments of the oral reports and decide on the strongest presentations.

Contact Assignment
Have students interview local government officials for primary research about neighborhoods in their area. Allow students to determine an area of focus for their interview and formulate appropriate questions.

Possible Areas of Focus:
• Are there any plans to improve the neighborhood? If so, what are they?
• Why do some neighborhoods have more resources and services than others have?

Students report back on their findings and compile a class report.

DEVELOPED BY MATT HOLSTEN, ESL INSTRUCTOR AT CITY COLLEGE OF SAN FRANCISCO
OvErvIEw
In this lesson, students learn about the nature of drug and alcohol addiction and explore the issues in a broader social context.

ACTiViTiES
Warm-up: Instructor brings in a cup of coffee, tea and/or hot chocolate and explains to the class, “I have to have a cup of coffee in the morning (tea, hot chocolate) before I do anything else. I’m addicted to coffee and caffeine.” or “If I don’t have coffee, I get a headache (feel sleepy, etc.).”

The teacher can ask, “Do you need to drink coffee in the morning? What happens if you don’t?”

1. Vocabulary Preview
Ask the students to read the following two paragraphs and choose the probable meaning of the underlined words.

My Uncle Tony was addicted to cigarettes for 18 years and then one day he decided to quit. His cigarette addiction was causing him to lose time at work because he had to stop to smoke during work hours.

He was able to quit smoking for two days, but he relapsed during the next day at work. He felt bad about smoking again, but he didn’t give up and tried to quit again. This time he was successful. It took one week for the feelings of withdrawal to disappear, but after that he stopped feeling nervous and anxious, and he stopped missing cigarettes.

(original text by Amy Parker)

1. **addicted** probably means:
   a. being physically and/or emotionally dependent on drugs or alcohol
   b. being able to buy drugs or alcohol

2. **addiction** probably means:
   a. the state of being dependent on a substance
   b. the state of being drunk or “high”

3. **relapse** probably means:
   a. never to smoke or drink again
   b. to repeat or start the behavior again

4. **withdrawal** probably means:
   a. continuing to feel good
   b. being without the addictive substance and feeling discomfort and/or pain as a result
2. **Grammar**

Tell students that verbs like *stop* and *forget* can take a gerund or an infinitive after them, but the meaning changes. Have them look at the chart. Ask them to read the five sentences below and circle the correct form in parentheses.

- **stop + verb-ing** = quit doing something
- **stop + to verb** = stop in order to do something
- **forget + verb-ing** = do something but forget that you did it
- **forget + to verb** = forget to do something, not do something

1. In the United States, many smokers stop (to smoke/smoking) before they go into movie theaters and restaurants because smoking is not allowed inside many buildings.

2. Drug addicts may forget (to take care/taking care) of their family responsibilities. As a result, their children may not get the attention they need.

3. People may experience withdrawal if they stop (to take/taking) an addictive substance.

4. Someone who forgets (to take/taking) medication may take too much by mistake.

5. People who stop (to smoke/smoking) often gain weight.

3. **Reading**

Ask students what they know about alcohol addiction, alcoholism, by choosing whether the statements are true or false. Then tell them to read the passage and check their answers.

- a. T  F  An alcoholic drinks because he/she is a bad person.
- b. T  F  Only poor people or minorities are alcoholics.
- c. T  F  Alcoholics are usually homeless and don’t have jobs.
- d. T  F  Alcoholism is a disease.
- e. T  F  Alcoholism can be passed down from parents to children genetically.
- f. T  F  A person’s lifestyle can sometimes lead to alcoholism.
- g. T  F  There is a cure for alcoholism.
a. Read the following passage about alcoholism and check your answers.

Alcoholism is a disease that changes a person’s brain chemistry and behavior. An alcoholic is a person who is physically dependent on drinking and cannot stop. The pain of withdrawal can make it difficult for a person to stop drinking. This person is not a bad person, but is someone who is sick. The disease of alcoholism can run in families. That means if a family member has a problem with alcohol addiction, that person’s children could become addicted to alcohol too.

However, where a person lives, how much stress a person has and other factors also may determine if a person becomes an alcoholic, so a person’s environment and lifestyle are also important. One of the myths of addiction is that poor people and minorities are more likely to be addicts. However, anyone can become an alcoholic. Alcoholics are rich, poor, male and female. Some have successful careers and jobs, and some don’t. Alcoholism affects people of all races and nationalities. Addiction is color-blind.

Is there a cure for alcoholism? No. However, getting help or treatment for the addiction can help a person stop drinking and start recovering. Recovery may not be easy. Very often people relapse, but this is normal and for some people part of the recovery process. Many people control this disease and lead happy, healthy lives.

*(original text by Amy Parker)*

b. Compare the passage above with the following paragraph from *Unnatural Causes* and look again at your answers.

The choices we make are shaped by the choices we have. Individual behaviors — smoking, diet, drinking and exercise — do matter for health. But making good choices isn’t just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food, liquor joints and convenience stores. Some have nice homes, clean parks, safe places to exercise and play, and well-financed schools offering gym, art, music and after-school programs; others don’t. What government and corporate practices can better ensure healthy spaces and places for everyone?

*(From Unnatural Causes Discussion Guide, page 6)*
4. **Discussion**

Ask the students if they were surprised by anything in the articles. Have them discuss the following questions with a partner or in small groups and compare the two paragraphs.

a) If you answered “T” to 3b or 3c, why was that your answer?
b) What substances do you know of that are addictive? *nicotine (cigarettes), alcohol ...*
c) Do you know anyone who is addicted to drugs or alcohol?
d) Is drug and alcohol addiction a problem in your country?
e) If you smoke, have you ever tried to stop smoking? What happened?
f) How can people who live in neighborhoods that have easy access to fast-food restaurants and liquor stores try to change this situation?
g) How does addiction hurt a community? What is the cost of addiction to the public?

5. **Homework**

Ask students to research the answers to the following questions and have them bring their answers to class.

a) What are the signs that someone is addicted to drugs or alcohol?
b) What kinds of treatment are recommended for alcoholism? For addiction to prescription drugs?
c) What resources are available in your community for people to get help with addiction problems?

DEVELOPED BY **AMY PARKER**, ESL INSTRUCTOR AT ACADEMY OF ART UNIVERSITY
OVERVIEW
In this lesson, students consider the social and economic causes of stress as well as the health implications of living with stress.

ACTIVITIES

DAY ONE

1. Warm-up activity:
   Begin by asking the class questions that may indicate symptoms of stress, such as:
   - Do you have difficulty sleeping?
   - Do you get headaches?
   - Do you worry a lot?
   - Other similar questions

2. Guide students to think about specific situations that cause stress by working together to review and add to the following list:
   - Losing a job
   - Not having money to pay bills (financial problems)
   - Difficulties at work
   - Not having time to finish work/assignments
   - Conflicts in scheduling
   - Worrying about parents
   - Not having friends or feeling isolated
   - Not getting enough sleep
   - Living in another city or country, away from home
   - ________________________
   - ________________________

   Encourage students to think of other situations that can cause stress.

   Working in groups of four, ask students to identify situations that have caused them stress and to share how they coped. They should also think about how stress has affected their health.

3. Close reading and vocabulary exercise:

   a) Ask students to read the following statements on stress, selected from different episodes of *Unnatural Causes*.

   From Episode 1, “In Sickness and in Wealth”: [People] have high levels of cortisol circulating in their blood. It’s the same chemical that is released in human beings in response to stress. And when it is sustained at high levels, it starts having negative effects on cellular function and tissues. Those with less chronic stress caught fewer colds than those with more stress. While a cold virus may seem minor, it could signal more serious health problems.
From Episode 2, “When the Bough Breaks”: And if that stress is chronic, constant, and you just can’t escape it, over time that chronic stress, the chronic activation of that response, creates wear and tear on your body’s organs and systems so that you create this overload on these systems so that they don’t work very well.

From Episode 4, “Bad Sugar”: And when stress hormones remain high, they continue to trigger production of glucose. Glucose builds up in the bloodstream, leading to diabetes.

From Episode 5, “Place Matters”: When stress is chronic—when we’re endlessly worried about our bills, our job, our children’s safety—the body pumps out cortisol and adrenaline. But too much of these stress hormones over time can increase arterial plaque, raise blood pressure and weaken our immune system, increasing our risk for almost every chronic disease—including heart disease, ….

From Episode 7, “Not Just a Paycheck”: High levels of cortisol can trigger increases in blood pressure, blood sugar and even inflammation—all risk factors for disease.

b) Ask students to match these words with the definitions that follow them:

- stress ___
- cortisol ___
- stressor ___
- glucose ___
- chronic disease ___
- adrenaline ___
- immune system ___
- inflammation ___

1. System by which your body protects itself against disease
2. Things that give you stress
3. Continuous feelings of worry about your work or personal life
4. Disease that continues for a long time and cannot be cured
5. Blood sugar
6. Stress hormone
7. Chemical produced by the body that makes your heart beat faster
8. Swelling and soreness on or in a part of your body

4. Optional: Screen a clip from Unnatural Causes, Episode 2: “When the Bough Breaks,” and suggest students take notes on the episode.

5. Close reading and vocabulary exercise
   Give students time to read the following paragraph carefully. Then have them work in groups of three or four to research the meaning and usage of the words listed in Chart A. They can use a dictionary if necessary.
Americans are obsessed with health. We spend more than twice what the average rich country spends per person on medical care, yet we have among the worst disease outcomes of any industrialized nation and the greatest health inequalities. It’s not just the poor who are sick. Even the middle classes die, on average, almost three years sooner than the rich. At every step down the socioeconomic ladder, African Americans and Native Americans often fare worse than their white counterparts. Interestingly, that’s not the case for most new groups of immigrants of color. Recent Latino immigrants, for example, though typically poorer than the average American, have better health. But the longer they live here, the more their health erodes. Those on the top have the most access to power, resources and opportunity and therefore the best health. Those on the bottom are faced with more stressors—such as unpaid bills, jobs that don’t pay enough, unsafe living conditions, exposure to environmental hazards, lack of control over work, worries over children—and [have] the fewest resources available to help them cope.

Source: From Unnatural Causes

Chart A

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
<th>Example or Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>environmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>erode</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exposure</td>
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<td>hazard</td>
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<tr>
<td>inequality</td>
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<tr>
<td>obsess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>socioeconomic</td>
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</tbody>
</table>

Working in the same groups, ask students to discuss and respond to the following questions:

1. What reasons can you give for the differences in health between the middle and upper classes?
2. Why do you think recent Latino immigrants have better health when they first come to America?
3. What changes can people make in the way they live to improve their health and life expectancy?

Have students share their answers with the class and write the responses on the board.

6. **Homework** — free writing exercise
   Have students write freely on what they have learned about the factors that affect their health.

DEVELOPED BY CATHERINE HARTMAN AND CORA CHEN,
ESL INSTRUCTORS AT CITY COLLEGE OF SAN FRANCISCO
OVERVIEW
In this lesson, students consider the health implications of living with stress and devise an action plan for reducing stress in their lives.

ACTIVITIES

1. Ask students to respond to the following questionnaire about their health and lifestyle and to write a brief paragraph summarizing how they would describe their health.
   - How many hours a day do you sit? Move?
   - Do you exercise?
   - How do you deal with stress?
   - Do you feel you are a healthy person?
   - For me to be healthy, I need to …
   Have them share their writing in small groups.

2. Survey
   Moving around the classroom, students ask each other the questions in CHART B on ways to reduce stress in their lives. In small groups, students summarize and reflect on the data retrieved from their surveys, then report their findings to the class.

Chart B

<table>
<thead>
<tr>
<th>Name</th>
<th>What do you do now to help with stress?</th>
<th>What could you change to make your life less stressful?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

3. Lifestyle Changes
   Suggest that students fill out a weekly planner on ways to release stress and improve their health.

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Diet/Food</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fun things to do</td>
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</table>

Share charts in small groups. Check on students’ progress after one week to see if they are following their action plan.
AIM
To raise students’ awareness of different approaches to medical conditions and different treatment practices in the U.S. and their native countries.

OBJECTIVES
At the end of the session, students will be able to:
- Discuss medical remedies from their native countries and other cultures

TARGET GROUP
Low Intermediate-Intermediate level 4 to level 6
(For the purpose of this lesson, the target group levels range from 1 through 8, with the following guidelines: 1 = beginning, 5 = intermediate, 8 = advanced.)
Lessons can also be adapted for 8th-through 12th-grade students on health and health education programs.

LENGTH
One 90-minute class period

MATERIALS
Realia: common remedies, first aid items

OVERVIEW
In this lesson, students discuss medicinal treatments in different countries. They compare common remedies used in different cultures and reflect on how they have changed medical treatments since coming to the U.S.

ACTIVITIES
1. Ask students to work in groups and share common remedies used in their cultures.

2. Bring in items from instructor’s “first aid kit.” Tell students the names and use for each. If instructor is knowledgeable, bring in items which may be used in target countries’ treatments, e.g., ginger for nausea. Ask students:
   - If they use the items in their countries.
   - What symptoms they are used for.

Welcome comparisons and contrasts.

3. Ask students to interview each other about treatments from their native countries for the following symptoms. (See list of possible other symptoms.)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Ha (Vietnam)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomachache</td>
<td>Ginger</td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Itchy eyes</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
</tbody>
</table>

Note: Other physical problems could be selected such as runny nose, sneezes, hiccups, soreness, breathing difficulty, fatigue, cuts, bee stings, sun burn, toothache, canker sores, nosebleed, mosquito bites, earaches, acne, cuts, athlete’s foot, bad breath.

4. Reassemble as a class. Ask students to share other remedies used in their countries and write the treatments in a large chart so that all students can see similarities with and differences from their own cultures.
5. Ask students to articulate their findings.
   For example:
   “The way they treat _________ (health problem) in _________ is the same as/different from the way we do it at home.”
   “I’m excited to learn that people from _________ use the same remedies as people in my area to take care of _________ (health problem).”
   “It’s interesting to find out that people from _________ (place) _________ use _________ (ingredient) to _________ (action) to care for a person with _________ (health problem).”

6. Ask students to interview each other about medical treatments in their native countries.

   Possible questions:
   • Who do you go to in your native country to get medicines?
   • How are the medicines packaged to take home?
   • Are the medicines always pills or a drink?
   • Does the patient need to help prepare medicines?
   • Are medicines affordable?
   • Is there anything else you would like to tell me about this topic?

   Share responses with the whole group.

   Ask students to interview each other and compare how they have changed medical treatments since coming to the U.S.

   • Who do you go to in the United States to get medicines?
   • What changes have you made in medical treatments?
   • Do you think it is for the better?
   • Do you think it is has been harmful? In what ways?

   Reassemble as a class.
   Ask each student pair to report one or two discoveries about medical treatments. Compare and contrast students’ differing views about what is good medicine. Discuss whether they would use native medicines and/or U.S. medicines or a combination.

DEVELOPED BY KIM LEE, ESL INSTRUCTOR AT CITY COLLEGE OF SAN FRANCISCO
**Standards for Health and Health Education**

8\textsuperscript{th}-through 12\textsuperscript{th}-Grade

McRel — Mid-continent Research for Education and Learning  
www.mcrel.org

**Health Standards**  
www.mcrel.org/compendium/standardDetails.asp?subjectID=17&standardID=2

Standards to which this curriculum aligns

| Standard 2 | Knows environmental and external factors that affect individual and community health |
| Standard 3 | Understands the relationship of family health to individual health |
| Standard 4 | Knows how to maintain mental and emotional health |
| Standard 6 | Understands essential concepts about nutrition and diet |
| Standard 7 | Knows how to maintain and promote personal health |

See Topics, Grade level, Benchmarks, Vocabulary terms, Knowledge/skill statements for each standard

**CDC’s School Health Education Resources (SHER)**  
National Health Education Standards (NHES)  
www.cdc.gov/healthyyou/sher/standards/

“The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.”

Standards to which this curriculum aligns

| Standard 2 | Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. |
| Standard 4 | Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. |
| Standard 5 | Students will demonstrate the ability to use decision-making skills to enhance health. |

See Rationale and Performance Indicators for each standard.