

# Language 911

**Health**

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 8<sup>th</sup>-through 12<sup>th</sup>-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

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### Feedback

We are interested in your comments, questions and/or further suggestions regarding these materials. Contact: **Maxine Einhorn** at meinhorn@kqed.org

Information about this project & resources

**Media Literacy Project**

**KQED Education Network**

[www.kqed.org/education/digitalmedia/media-literacy.jsp](http://www.kqed.org/education/digitalmedia/media-literacy.jsp)

## MEDIA RESOURCES

### **Unnatural Causes: Is Inequality Making Us Sick?** [www.unnaturalcauses.org/](http://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](http://www.unnaturalcauses.org/for_educators.php)
- Video clips at [www.unnaturalcauses.org/video\\_clips.php](http://www.unnaturalcauses.org/video_clips.php)

### **Critical Condition**

[www.pbs.org/pov/pov2008/criticalcondition/preview.html](http://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](http://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**

A KQED Multimedia Series Exploring Northern California Science, Environment and Nature  
[www.kqed.org/quest](http://www.kqed.org/quest)

### **FRONTLINE: Sick Around the World**

[www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/](http://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/](http://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](http://www.projectshine.org/healthliteracy/advbegunits.htm)

Intermediate ESL Health Units

[www.projectshine.org/healthliteracy/intermunits.htm](http://www.projectshine.org/healthliteracy/intermunits.htm)

### **English Language & ESL Lessons for (Public) Health Literacy Education & Communication Skills**

[www.eslflow.com/humanbodylessonplans.html](http://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](http://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 8<sup>th</sup>-through 12<sup>th</sup>-grade standards

[www.mcrel.org/compendium/search.asp?Action=Search&SubjectName=17&GradeOption=ALL&Keyword=&KeywordOption=AND&Vocabulary=&VocabularyOption=AND&Topic=&TopicOption=AND&Submit1=Submit+Search](http://www.mcrel.org/compendium/search.asp?Action=Search&SubjectName=17&GradeOption=ALL&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 8<sup>th</sup>-through 12<sup>th</sup>-grade standards

[www.cdc.gov/healthyyouth/sher/standards/](http://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](http://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 29<sup>th</sup>-31<sup>st</sup> 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 an 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](http://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](http://www.jefferson.k12.ky.us/Students/Vocab/ESPLVocabulary.pdf)

[www.timethoughts.com/stress/definition-of-stress.htm](http://www.timethoughts.com/stress/definition-of-stress.htm)

**For comprehensive health-related vocabulary list, see**  
[www.eslflow.com/humanbodylessonplans.html](http://www.eslflow.com/humanbodylessonplans.html)

# Food Pyramids: What We Eat and Who We Are

**AIM**

To raise students' awareness of the nutritional value of what they and their families are eating and how what they eat may or may not have changed since they arrived in the United States.

**OBJECTIVES**

At the end of this lesson, students will be able to:

- Identify the food groups as defined by the USDA.
- Interpret the various food pyramids as defined by the USDA.
- Evaluate the food pyramids and how the pyramids relate to their home cultures.
- Access the Internet tools that assist in exercise and healthy diets.
- Share information about their home countries' general food guidelines.

**TARGET GROUP**

Intermediate to high-level ESL students (level 4 to level 8)

(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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health or health education programs.

**LENGTH**

4 class periods of 50 to 70 minutes each

**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.

Student Name	Breakfast	Lunch	Dinner	Snack
Hungry Student	Piece of toast with butter; orange; cup of coffee with sugar	Tuna salad sandwich with mayonnaise, celery and onions; potato chips; candy bar	Chicken with noodles, carrots, mushrooms, oil and broccoli; soda	Banana; potato chips

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.

Student Name	Breakfast	Lunch	Dinner	Snack

**MATERIALS**

Food pyramids  
[www.MyPyramid.gov](http://www.MyPyramid.gov)

*The Jungle Effect: A Doctor Discovers the Healthiest Diets From Around the World — Why They Work and How to Bring Them Home*, Dr. Daphne Miller, HarperCollins (2008)  
[www.drdaphne.com/thejungleeffect/index.php](http://www.drdaphne.com/thejungleeffect/index.php)

*Unnatural Causes: Is Inequality Making Us Sick?*  
[www.unnaturalcauses.org](http://www.unnaturalcauses.org), Episode 3: “Becoming American” (video excerpt can be streamed at [www.unnaturalcauses.org/video\\_clips\\_detail.php?res\\_id=215](http://www.unnaturalcauses.org/video_clips_detail.php?res_id=215))

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](http://www.mypyramid.gov/pyramid/index.html) to show lists of food from each category.

**Food Pyramid’s New Dimensions**



Grains	Vegetables	Fruits	Oils	Milk	Meat & Beans
30%	22%	15%	2%	21%	10%

From [www.mypyramid.gov/pyramid/index.html](http://www.mypyramid.gov/pyramid/index.html)

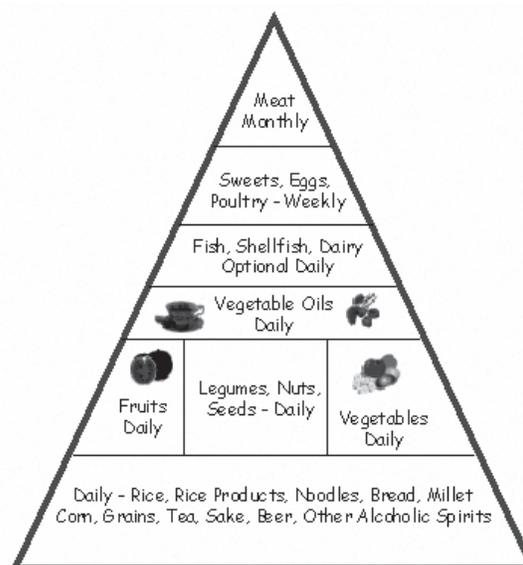
7. Have the students sit in groups of four and look at their menus from the prior day.

Grains	Vegetables	Fruits	Oils	Milk/Dairy	Meat/Beans

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?hl=en&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](http://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](http://www.drdaphne.com/thejungleeffect/index.php)

The full interview is available at

[www.gourmet.com/foodpolitics/2008/05/jungleeffect\\_QA](http://www.gourmet.com/foodpolitics/2008/05/jungleeffect_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

[www.unnaturalcauses.org/video\\_clips\\_detail.php?res\\_id=215](http://www.unnaturalcauses.org/video_clips_detail.php?res_id=215)

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

# 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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health and health education programs.

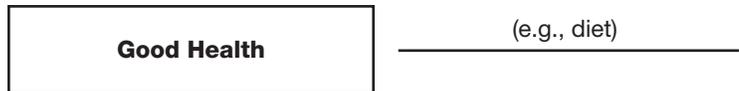
**OVERVIEW**

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**

Name	Lifestyle Changes	Dietary Changes	Socioeconomic Changes

**Optional Assignment**

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

## LENGTH

Three 90-minute lessons

## MATERIALS

- **Unnatural Causes: Is Inequality Making Us Sick?**  
[www.unnaturalcauses.org](http://www.unnaturalcauses.org)
- “Immigrants Pack On Pounds in U.S.,” CBS News, December 14, 2004  
[www.cbsnews.com/stories/2004/12/14/health/main661080.shtml](http://www.cbsnews.com/stories/2004/12/14/health/main661080.shtml)
- “Latino Mothers: Poor in Wealth, Rich in Health,” by Yvette Cabrera, Milwaukee Journal Sentinel, August 11, 2002  
[www-tc.pbs.org/unnaturalcauses/assets/resources/latino\\_paradox\\_journal\\_sentinel.pdf](http://www-tc.pbs.org/unnaturalcauses/assets/resources/latino_paradox_journal_sentinel.pdf)

## DAY TWO

### 1. Video Viewing

Prepare the class for viewing the *Latino Paradox* segment from **Unnatural Causes**, Episode 3, “**Becoming American**,” on immigrant health. [www.unnaturalcauses.org/video\\_clips\\_detail.php?res\\_id=215](http://www.unnaturalcauses.org/video_clips_detail.php?res_id=215)

#### 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 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

Have students write a summary and reaction paper on the article “**Latino Mothers: Poor in Wealth, Rich in Health,**” by Yvette Cabrera, located at [www-tc.pbs.org/unnaturalcauses/assets/resources/latino\\_paradox\\_journal\\_sentinel.pdf](http://www-tc.pbs.org/unnaturalcauses/assets/resources/latino_paradox_journal_sentinel.pdf).

## DAY THREE

### 1. Reading Activity

Ask students to read the article “Immigrants Pack On Pounds in U.S.,” about health changes in immigrant communities in the United States, located at [www.cbsnews.com/stories/2004/12/14/health/main661080.shtml](http://www.cbsnews.com/stories/2004/12/14/health/main661080.shtml)

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

Word	Meaning	Example of Usage
obesity		
sedentary		
acculturation		
leisure		
weight gain		
life span		
lifestyle		

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)
- Obesity Action Coalition [www.obesityaction.org/home/index.php](http://www.obesityaction.org/home/index.php)
- [Healthfinder.gov](http://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

Definition of Obesity	Causes of Obesity	Effects of Obesity

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

# This Place Matters: The Impact of Neighborhood on Health

## AIM

To raise students' awareness of the effects a neighborhood has on the health of its residents.

## OBJECTIVES

At the end of this lesson, students will be able to:

- Describe the features of “healthy” and “unhealthy” neighborhoods.
- Analyze the causes and implications for the health of residents of “healthy” and “unhealthy” neighborhoods.
- Summarize their findings in writing.
- Present their findings orally.
- Assess oral presentations.
- Prepare questions for an interview.

## TARGET GROUP

Intermediate to high-level ESL students (levels 4–8)  
 (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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health and health education programs.

## LENGTH

Four 50-minute sessions

## MATERIALS

Optional materials include photos of neighborhoods, drawing materials and a copy of the DVD *Unnatural Causes: Is Inequality Making Us Sick?*  
[www.unnaturalcauses.org](http://www.unnaturalcauses.org), Episode 5: “Place Matters” (video excerpts on neighborhood and health can be streamed at [www.unnaturalcauses.org/video\\_clips.php?vid\\_filter=Episode%205%20-%20Place%20Matters](http://www.unnaturalcauses.org/video_clips.php?vid_filter=Episode%205%20-%20Place%20Matters))

## 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?vidfilter=Episode%205%20-%20Place%20Matters](http://www.unnaturalcauses.org/video_clips.php?vidfilter=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.

Unattractive neighborhood features	Reasons/causes	Attractive neighborhood features	Reasons/causes
Boarded-up buildings	Foreclosures	Parks	Wealthy inhabitants

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.

Unattractive neighborhood features	Effects	Attractive neighborhood features	Effects
No grocery stores	Poor diet for residents	Recreation areas	Exercise opportunities

**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 \_\_\_\_\_

Features of neighborhood	Effects on residents	Clarity and completeness of presentation

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

# Exploring Addiction

## AIM

To increase awareness of the causes and nature of addiction in the context of social and economic inequities and the impact of these factors on healthy living

## OBJECTIVES

At the end of the session, students will be able to:

### A

- Examine the relationship between addiction and social and economic inequity.
- Compare genetic causes of addiction with social determinants.
- Explore reasons people make unhealthy choices.

### B

- Interpret a short passage.
- Infer new vocabulary.
- Learn that a verb plus an infinitive and a verb plus a gerund may mean different things.

## TARGET GROUP

For the purposes of this lesson, the target group is low and middle intermediate learners, levels 4 and 5. (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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health and health education programs.

## 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

LENGTH

One 90-minute class

MATERIALS

**The National Institute on Alcohol Abuse and Alcoholism**

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**American Diversity Report**

[www.americandiversityreport.com](http://www.americandiversityreport.com)

**Health Dialogues**

[www.kqed.org/healthdialogues](http://www.kqed.org/healthdialogues)

**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.
- c. T F Alcoholism can be passed down from parents to children genetically.
- e. T F A person's lifestyle can sometimes lead to alcoholism.
- f. 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

# Stress: The Bigger Picture

## AIM

To have students gain an understanding of how they can try to control the amount of stress in their lives and live a healthier life as a result.

## OBJECTIVES

At the end of the session, students will be able to:

- Discuss the social factors that impact ill-health.
- Examine the health implications of stress arising from specific situations.
- Read, interpret and analyze short paragraphs on health inequality.
- Learn new health related vocabulary.

## TARGET GROUP

Intermediate to high-level ESL students, level 5 to level 9  
 Some of the activities in this lesson are suitable for level 5, but for the most part this lesson targets ESL learners at the advanced levels (levels 7 to 9). (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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health and health education programs.

## LENGTH

Two 50-minute class periods

## MATERIALS

- ***Unnatural Causes: Is Inequality Making Us Sick?*** (DVD); video clips and resources available at [www.unnaturalcauses.org](http://www.unnaturalcauses.org)

## 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:

- 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**

Word	Meaning	Example or Usage
discrimination		
environmental		
erode		
exposure		
hazard		
inequality		
obsess		
socioeconomic		

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

# Stress: Taking Control

**AIM**

To have students gain an understanding of how they can try to control the amount of stress in their lives and live a healthier life as a result.

**OBJECTIVES**

At the end of this lesson, students will be able to:

- Respond to questions about their health.
- Conduct interview-style surveys in the classroom.
- Summarize and reflect on answers gathered in surveys.
- Design a weekly plan of action for reducing stress.

**TARGET GROUP**

Intermediate to high-level ESL students, level 5 to level 9  
Some of the activities in this lesson are suitable for level 5, but for the most part this lesson targets ESL learners at the advanced levels (levels 7 to 9). (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 8<sup>th</sup>-through 12<sup>th</sup>-grade students on health and health education programs.

**LENGTH**

One 50-minute class period

**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**

Name	What do you do now to help with stress?	What could you change to make your life less stressful?

**3. Lifestyle Changes**

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

Action Plan	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Exercise							
Diet/Food							
Fun things to do							

Share charts in small groups. Check on students' progress after one week to see if they are following their action plan.

# Talking About Medicines

**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.)

	Ha (Vietnam)			
Stomachache	Ginger			
Sore throat				
Fever				
Itchy eyes				
Headache				

**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<sup>th</sup>-through 12<sup>th</sup>-Grade

## McRel — Mid-continent Research for Education and Learning

[www.mcrel.org](http://www.mcrel.org)

### Health Standards

[www.mcrel.org/compendium/standardDetails.asp?subjectID=17&standardID=2](http://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/healthyyouth/sher/standards/](http://www.cdc.gov/healthyyouth/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.