



Assessing and cultivating diabetes prevention practices of adult English-as-a-Second-Language (ESL) instructors

Karin Omark, MPH, EdM¹, Maricel Santos, EdD², Karen Black, MSIS¹, MaríaElena Avila-Toledo, MPH¹

¹California Diabetes Program, California Department of Public Health, University of California San Francisco

²San Francisco State University

Introduction

Adults with limited English literacy and language proficiency

- Nearly twice as likely as those with adequate skills to have type 2 diabetes.
- Limited awareness of diabetes and its behavioral and social determinants.
- Unable to communicate with health care providers.

Immigrant English-language learners

- Motivated to learn about health promotion and enhance their families' wellbeing.
- Often have healthy habits from their home countries that are being eroded in the U.S.

Health care system does not adequately serve immigrants with limited English proficiency

- Access limited due to lack of health insurance and lack of culturally and linguistically competent health care providers.

English-as-a-Second-Language (ESL) classes

- Enroll more than 1 million adult immigrants in California.
- Interactive and critical methods of teaching encourage language/literacy development, social support, behavior change, and community advocacy.

ESL Diabetes Prevention Project

- Demonstration project to integrate diabetes prevention lessons into at least 3 adult ESL programs in California.

Methods

ESL Diabetes Prevention Task Force

- Comprised of ESL instructors, university researchers, and diabetes program staff.
- Developing lessons for ESL instructors/learners on nutrition, physical activity, community health promotion resources, and emotional wellbeing.

Logic Model

The Task Force developed a logic model that includes language/literacy and health outcomes and a range of skills:

Functional: skills that help adults perform instrumental tasks

Interactive: skills that help adults relate to one another and gain social support

Critical: skills that help adults to examine and question the broader social context

Needs Assessment

- Online survey of ESL instructors about their health education practices and the degree of leeway they have to modify their curricula.
- Focus groups with adult ESL learners.

Results

Completed

- Logic model (right)
- Evaluation plan
- ESL instructor symposium, held March 2010

In progress

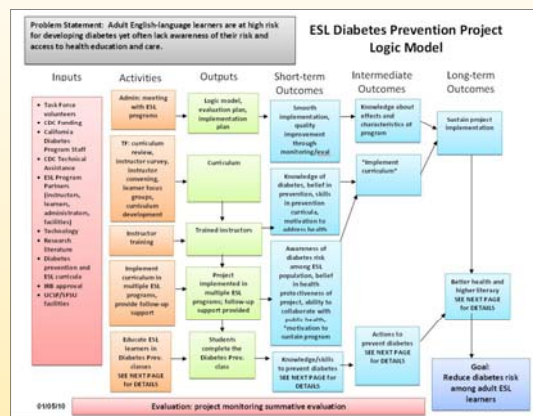
- Instructor survey, Spring 2010
- Learner focus groups
- Review of diabetes prevention curricula
- Invite adult ESL learner to join Task Force

Future

- Develop diabetes prevention lessons
- Pilot lessons in one ESL program, late 2010
- Full implementation and evaluation, 2011-2014

Results

Project Logic Model



Conclusions

ESL instructors

- See diabetes as a critical theme to address in their classrooms.
- Want to know about effective and appropriate ways to convey diabetes content in their instruction.
- Want options for class lessons and activities, rather than a prescriptive, step-bound full curriculum about diabetes prevention.

ESL classes

- Many already incorporate topics related to diabetes prevention, such as healthy eating and physical activity.
- Are well-positioned to address broader social themes – such as how to make traditional foods healthier while preserving cultural practices and how to confront unequal access to health promoting resources.

California's budget crisis

- May impact implementation, as ESL instructors struggle to meet the demand for classes with fewer resources.

ESL Diabetes Prevention Task Force



For More Information

For more information about the California ESL Diabetes Prevention Project, please contact:

Karin Omark

California Diabetes Program

karinomark@gmail.com

619.287.2250

Many thanks to the California ESL Diabetes Prevention Project Task Force for their extraordinary volunteer efforts!

This poster is available at the Diabetes Information Resource Center (DIRC)
www.caldiabetes.org