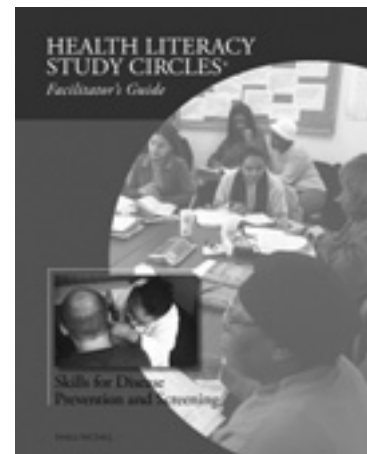
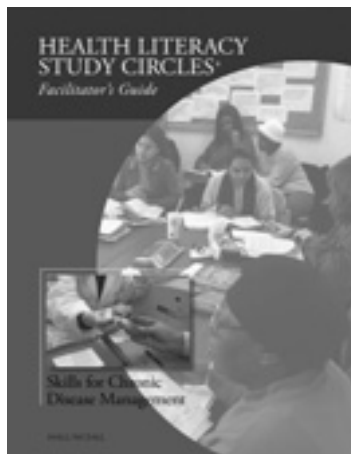
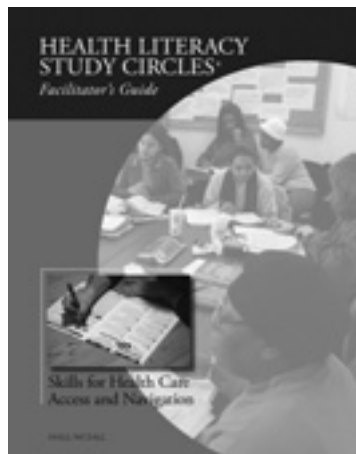


HEALTH LITERACY STUDY CIRCLES⁺

Introduction

Overview, Planning, and Facilitation Tips



**HALL/NCSALL
2005**

Rima Rudd, Sc. D.

Lisa Soricone, Ed. D.
Maricel Santos, Ed. D.
Emily Zobel, Sc. M.
Janet Smith, Ed. M.

NCSALL

National Center for the Study of Adult Learning and Literacy
Harvard Graduate School of Education
Nichols House, Appian Way
Cambridge, MA 02138
(t) 617-495-4843 • (f) 617-495-4811
Web Site: *www.ncsall.net*
E-mail: *ncsall@gse.harvard.edu*

HALL

Health and Adult Literacy and Learning Initiative
Harvard School of Public Health
Department of Society, Human Development, & Health
Health Literacy Studies
677 Huntington Avenue, 7th Floor
Boston, MA 02115
(t) 617-432-1135 • (f) 617-432-3123
Web Site: *www.hsph.harvard.edu/healthliteracy/*
E-mail: *healthliteracy@hsph.harvard.edu*

Copies of *Health Literacy Study Circles⁺– Introduction* can be ordered by contacting NCSALL/World Education, 44 Farnsworth Street, Boston, MA 02210, (t) 617-482-9485, (f) 617-482-0617, (E-mail) *ncsall@worlded.org*.

Photographs by Jon Crispin
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Cover design by Suzi Wojdyslawski

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Preface

The Health Literacy Study Circles⁺ were created by a team of educators and researchers from the fields of public health and adult education. This Health Literacy Studies team, referred to as Health and Adult Literacy and Learning, or HALL, is based at the Harvard School of Public Health and is part of the National Center for the Study of Adult Learning and Literacy (NCSALL). The Study Circle series is part of NCSALL’s efforts to bridge research and practice in the field of adult education.

All of the guides to the Health Literacy Study Circles⁺ series were written for people in the field of adult education and are intended for use by state or local professionals responsible for professional development. These guides are also suitable for adult educators who are willing to facilitate peer groups exploring the development of curricula focused on health literacy skills.

A study circle is a professional development activity, a forum for in-depth examination of an issue or a set of readings. Typically, a facilitator guides the discussions with a group of 10-15 participants who come together to reflect on new ideas and consider classroom applications.

The Health Literacy Study Circles⁺, introduced here, depart from NCSALL’s other study circles. The Health Literacy Study Circles⁺ consist of five sessions of three hours each and contain a practice component. Participants examine health tasks, identify related skills, teach sample lessons with their students, develop their own lessons, and plan how to use their existing expertise to incorporate health literacy skills into their programs and classrooms. We call this a “study circle⁺” (“plus”) to highlight this variation in structure and purpose.

These study circles were developed in response to research findings that indicate that adults who have less than a high school education, are poor, are members of a minority group, and/or are immigrants face health problems. They have less access to health care, are more likely to die of a chronic disease, and are less likely to participate in preventive services than are people with more education and/or resources. The Health Literacy Study Circles⁺ series help adult educators define the skills required to maintain health and manage illness and then design approaches to build these skills.

Each of the three Health Literacy Study Circles⁺ focuses on one of these critical areas documented in health research:

- Health Care Access and Navigation
- Chronic Disease Management
- Disease Prevention and Screening

Increasingly, health policymakers are recognizing the important role that adult educators can play in improving health. Adult educators can improve students' literacy skills and thereby increase their ability to access needed health information, to obtain coverage and care, to interact with health workers, and to advocate for their rights.

As adult educators learn about the literacy-related barriers to health care that their students face, they can help their students gain the skills needed to overcome some of those barriers.

Please feel free to contact us:

Rima E. Rudd, Sc.D.

Principal Investigator for Health and Adult Literacy and Learning Studies

Harvard School of Public Health

Department of Society, Human Development and Health

677 Huntington Avenue, 7th Floor Kresge

Boston, MA 02115

Tel. 617-432-1135 • Fax 617-432-3123

E-mail: healthliteracy@hsph.harvard.edu

Web site: www.hsph.harvard.edu/healthliteracy

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OVERVIEW





Overview

Organization of the Health Literacy Study Circles⁺

A Health Literacy Study Circle⁺ is a multi-session professional development activity for adult education practitioners, conducted by a facilitator. All the information and materials required to conduct each Health Literacy Study Circle⁺ is presented in two parts: this Introduction and the *Facilitator's Guide* for each of the three study circles.

INTRODUCTION: OVERVIEW, PLANNING, AND FACILITATION TIPS

This introductory book, which is common to all three Health Literacy Study Circles⁺, offers background information about the study circles and important guidelines and tips to help facilitators plan, organize, and facilitate a Health Literacy Study Circle⁺. This Introduction includes three sections:

1. Overview – a brief discussion of the underlying concepts and decisions that helped shape the development of the Health Literacy Study Circles⁺.
2. Planning – the logistics of how to set up a study circle and recruit participants.
3. Facilitation Tips – advice on how to facilitate a study circle, including key facilitation skills and suggestions for leading discussions.

THE FACILITATOR'S GUIDE FOR EACH STUDY CIRCLE⁺

A *Facilitator's Guide* has been developed for each of the three Health Literacy Study Circles⁺ which, as mentioned in the Preface, address (1) Health Care Access and Navigation, (2) Chronic Disease Management, and (3) Disease Prevention and Screening, respectively. Each guide provides important details about how to facilitate each session. The *Facilitator's Guide* includes all of the information and materials you will need to conduct each session, including a step-by-step guide for conducting the session activities and the approximate times the activities should take. After each booklet, you will find the session handouts and readings ready for photocopying as well as examples of the materials for newsprints or overheads.

Each *Facilitator's Guide* includes the following booklets:

- **Overview & Preparation for Session One***
This booklet introduces the facilitator to the study circle topic and the structure of the sessions. It provides important guidelines and a check list to help the facilitator prepare for Session One of the study circle. This section includes all the handouts that need to be sent out to participants before Session One begins.
- **Session One: Introduction to Health Literacy**
Participants develop a shared definition of “health literacy,” discuss different types of health-related activities, and identify barriers that make it difficult for people to complete those activities. Participants also prepare to conduct a needs-assessment activity with their students after Session One.
- **Session Two: Identifying Tasks and Underlying Skills**
Participants review the results of the needs assessment activity and compile a list of specific health tasks and underlying skills that can be addressed with their classes. Participants also review and prepare to teach sample health literacy lessons between Sessions Two and Three.

*You will need to send out materials for Session One at least TWO WEEKS before the session begins. The flow of Session One is dependent on participants' completing the reading assignments in advance.

- **Session Three: Integrating Health Literacy Skills into Instruction**
Participants evaluate the experience of teaching sample lessons and define key health literacy skills that they will focus on in their programs. They also begin to create new health literacy lessons and consider what a health literacy unit would look like. After Session Three, participants complete and teach one of their own health literacy lessons and develop outlines for health literacy units.
- **Session Four: Planning Lessons, Units, and Evaluations**
Participants share their teaching experience and consider health literacy units. They also consider how to define and measure their students' health literacy skills. After Session Four, participants use a planning template to outline the design and evaluation of health literacy units.
- **Session Five: Developing Strategies for Success**
Participants share and analyze their plans and consider how they will incorporate health literacy skill development into their programs. They identify barriers, supports, and strategies for such work. Study circle participants also identify ways they can stay in contact and work together in the future.

HOW EACH SESSION IS ORGANIZED

Each session in the *Facilitator's Guides* to the Health Literacy Study Circles⁺ follows the same general format and contains the following sections:

- **Notes to the Facilitator**
Offers brief descriptions and explanations of the activities and the discussion methods that will be used throughout the session. It offers a rationale for the focus and structure of the session's activities.
- **Overview**
Lists the objectives, materials, and preparations required for the session.
- **Introductory Activities**
Contains the objectives and the agenda for the session.
- **Discussion & Analysis Activities**
Provides directions for helping participants define health literacy skills related to the study circle topic. Participants discuss the readings and activities undertaken between sessions.

- **Planning Activities**
Describes the activities that participants will complete in their own classrooms between sessions.
- **Closure Activities**
Provides an opportunity for participants to consider a range of discussion methods that might be useful for their own teaching. The evaluation activity offers participants an opportunity to summarize and evaluate both methods and content.
- **Materials**
Includes copies of all the readings and handouts needed for each session.

Development of the Guides to the Health Literacy Study Circles⁺

As the Health and Adult Literacy and Learning (HALL) team assembled to develop the guides to the Health Literacy Study Circles⁺, we listed the multiple health activities adults engage in when they are at home, at work, in the community, in health care settings, and even in the voting booth.

HEALTH ACTIVITIES

Health activities are part of everyday life. We maintain and safeguard our health and that of loved ones, fellow workers, and neighbors. We make decisions about food purchases and preparation. We buy and use home products that include food and cleaning chemicals, as well as appliances and equipment. We are concerned with the quality of our houses or apartments and community. We pay attention to work processes and chemicals. We take action when we are well to prevent illness and disease. We seek care when we do not feel well and make decisions about when we, or those we love, need to talk with a doctor, nurse, dentist, or pharmacist. We have to sift through papers and fill out forms when we apply for insurance or benefits. We need to be aware of and advocate for our rights.

The HALL team organized the many health-related tasks of everyday life into the following five groups of activities:

1. **Health Promotion:** Those actions we do to stay healthy. Included are everyday decisions about eating, exercise, and rest.
2. **Health Protection:** Those actions we do to protect our health and that of our community. Included are rules and regulations about product labels, clean air and water, and safe food and products.
3. **Disease Prevention:** Those actions we do to prevent disease and to detect disease at very early stages. Included are actions such as use of sunscreen or participation in a screening test.
4. **Health Care and Maintenance:** Those actions we do when we seek advice or help from health care professionals, whether we are well, ill, in recovery, or when we need to manage a chronic disease. Included are well baby visits, checkups, and advice and care when we do not feel well.

5. **Navigation:** Those actions we do to obtain health coverage and care and to make our way through the hallways of health institutions, agencies, and service providers. Included are decisions about benefit packages, giving informed consent for procedures, and completing the many forms needed to obtain coverage and care.

The following table (Table 1) offers a brief description of each of these groups of activities with examples of materials we use and tasks we undertake.

TABLE 1: HEALTH ACTIVITIES, MATERIALS, AND TASKS

Health Activities	Focus	Materials Adults are Expected to Use	Tasks Adults are Expected to Accomplish
Health Promotion	Enhance and maintain health	Label on a can of food or recipes Articles in newspapers and magazines Charts and graphs such as the Body Mass Index Health education booklets (such as well baby care)	Purchase food Prepare a dish from a recipe Plan exercise Maintain healthy habits (re: nutrition, sleep, exercise) Take care of everyday health (self and family members)
Health Protection	Safeguard health of individuals and communities	Newspaper chart about air quality Water report in the mail Health and safety posting at work Label on a cleaning product	Decide among product options Use products safely Vote on community issues Avoid harmful exposures
Disease Prevention	Take preventive measures and engage in screening and early detection	Postings for inoculations and screening Letters reporting test results Articles in newspapers and magazines Charts and graphs	Take preventive action Determine risk Engage in screening or diagnostic tests Follow up
Health Care and Maintenance	Seek care and form a partnership with a doctor, dentist, or nurse	Health history forms Labels on medicine Health education booklets Directions for using a tool such as a peak flow meter	Seek professional care when needed Describe symptoms Follow directions Measure symptoms Manage a chronic disease (follow regimen, monitor symptoms, adjust regimen as needed, seek care as appropriate)
Navigation	Access health services, and get coverage and benefits	Application forms Statements of rights and responsibilities Informed consent forms Benefit packages	Locate facilities Apply for benefits Fill out forms Offer informed consent

HEALTH MATERIALS, TASKS, AND SKILLS

Many ordinary health tasks require us to use specific materials. Parents turn to the label on the package to find out how much medicine to give children. Elders fill out Medicare forms to obtain needed services. Consumers read product labels as they mull over which products will best serve their needs. Patients are given discharge instructions when they leave the hospital to return home and minister to their own needs. Sadly, over 300 articles in public health and medical journals indicate that health materials are often complex, contain scientific terms instead of everyday language, and are written at reading levels beyond the level of difficulty found in high school texts. Indeed, studies indicate a mismatch between the demands of health materials and the average reading skills of U.S. adults. Many health materials – the tools that are supposed to help us by providing information, directions, rights and responsibilities – do not serve this purpose.

Being able to read health materials and carry out health care tasks require background information that is often not provided nor made explicit. Consider the label on food products. Does everyone know names of the types and forms of sugar? Or, consider what seems to be a simple direction: take one tablet *three times a day*. The doctor, dentist, nurse, or pharmacist knows that medicine needs to be in the body throughout the day. As a result, they want the patient to take the medicine at very different times of the day so that it is distributed evenly. However, this is not stated. The patient who anticipates a very busy day and who follows directions by taking one pill at 7 am, one pill at 7:30 am, and one pill at 8 am may harm him or herself. As another example, the chart on the box of an over-the-counter medicine often requires sophisticated reading and math skills in order to determine how much medicine to take.

Those responsible for health communication need to make changes in the materials they prepare. Health care professionals also need to improve their communication skills so that the patients they see are well equipped to take care of themselves and their loved ones.

Adult educators need not take on the responsibilities of the health sector. However, they can contribute to improved health literacy because they are well situated to improve the skills adults need for full participation in society.

REDUCING HEALTH DISPARITIES

As you might imagine, the full array of health-related activities, materials, tasks, and skills can be overwhelming. We chose to focus on critical issues and needs that are related to health disparities in the United States.

A growing body of public health and medical literature indicates that those who are poor and those with less education are more likely to face health problems than are those with higher income and more advanced education. For example, the 1998 report from the Secretary of Health and Human Services to the President and Congress indicated that health status is related to income and education.

- Children in lower income families are less likely to receive needed health care than are children from higher income families.
- Adults under the age of 65 with low family incomes are less likely to have health insurance coverage compared to adults with higher incomes.
- Life expectancy is related to family income. People with lower family income tend to die at a younger age than are those with higher income.
- Adults with low incomes are far more likely to report fair or poor health status compared with adults who have higher incomes.
- Infant mortality is more common among the children of less educated mothers than among children of more educated mothers.
- Adults with less education are more likely to die from chronic diseases, communicable diseases, and injuries than are adults with more education.*

Unfortunately, a 2002 report, *Chartbook on Trends in the Health of Americans*, indicated that these disparities continue to exist.**

*Pamuk, Majuc, Heck, Reuben, & Lochner. (1998). *Socioeconomic Status and Health Chartbook. Health, United States, 1998*. Hyattsville, MD: National Center for Health Statistics.

**Pastor, Makuc, Reuben, & Zia. (2002). *Chartbook on Trends in the Health of Americans, Health, United States, 2002*. Hyattsville, MD: National Center for Health Statistics.

THE ROLE OF ADULT EDUCATION

Improved health literacy is one of the objectives for our country, as noted in *Healthy People 2010*, the document that offers the 10-year health goals and objectives for the nation. The Department of Health and Human Services calls for partnerships between the public health and adult literacy fields in *Communicating Health (2003)*, an action plan for the nation. In addition, the importance of these partnerships is highlighted by the National Academies of Science in the Institute of Medicine report *Health Literacy: A Prescription to End Confusion (2004)*.

During 2004, Surgeon General Carmona noted in several speeches that “health literacy is the currency for all I am trying to do to reduce health disparities in the United States.” Health literacy is of critical importance. Increasingly, health policymakers are recognizing how much they can learn from adult educators who are experts in teaching literacy skills to adults. Policy reports have highlighted the need for partnerships among professionals and practitioners in the two fields of health and adult education.

THE HEALTH LITERACY STUDY CIRCLES⁺ SERIES

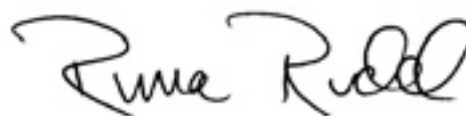
The HALL team developed three study circles, each one focused on a set of skills of critical importance to the people coming to adult education programs. Each of the three study circles explores a group of health activities where we see health disparities and where adults with limited literacy skills may face serious barriers.

- **Skills for Health Care Access and Navigation:** This study circle was developed because adults with less income and less education do not have the same access to health care as do adults with more income and education. Those with limited literacy skills face cumbersome signs, vocabulary, processes, and forms as they try to access care and make their way through various health care settings. Stronger skills in vocabulary, advocacy, and in completing forms, for example, can help adult learners gain access to coverage, care, and services and help them better understand their rights and responsibilities.

- **Skills for Chronic Disease Management:** This study circle was developed because adults with less education are more likely to die of a chronic disease than are adults with more education. In order to manage a chronic disease such as asthma, diabetes, or hypertension, adults need strong skills related to using labels and documents, talking about and describing feelings and change in one's body, and understanding and using measurement tools.
- **Skills for Disease Prevention and Screening:** This study circle was developed because adults with less education and less income do not engage in disease prevention activities and take part in screening programs at the same rate as do those with higher education and income levels. Adults with limited literacy skills have difficulty with math concepts such as rates and proportions or risk and probability. Adults need strong literacy skills to grapple with consent documents and follow-up reports.

Every day, in adult education classrooms, adult educators teach reading, writing, oral presentation, oral comprehension, and math skills – the same skills adults need to use health print materials, to apply basic math to health problems, and to engage in dialogue and discussion with health professionals. The study circles help teachers to teach these skills within a health literacy context. The study circles' focus on literacy skills thus meets articulated goals and objectives of state education plans for ABE and ESOL instruction. At the same time, teaching the skills with an eye towards health literacy can help improve the ability of adults to meet the many expectations and demands of everyday life. The partnership of health and literacy meets two goals at once.

We look forward to this partnership.



Rima Rudd

Examples of Health Tasks, Materials/Tools, Skills, and Lesson Ideas from the *Facilitator's Guides to the Health Literacy Study Circles*⁺

The Institute of Medicine, in the report *Health Literacy: A Prescription to End Confusion*^{*}, highlights the fact that health literacy involves a range of individual and social factors.

Adults are expected to take part in a wide range of activities as they take care of themselves, their loved ones, and their community. Adults are expected to use a variety of materials and apply fairly sophisticated literacy skills to health tasks. Of course, social factors such as health financing, health care demands, or communication skills of health professionals can make these tasks easy or unnecessarily difficult.

Table 1 in the section above offered an overview of health activities and provided examples of tasks, materials, and needed skills for five broad categories of health activities.

The following three tables offer examples of tasks, materials, skills, and lesson ideas addressed in each of the three *Facilitator's Guides to the Health Literacy Study Circles*⁺.

^{*}Committee on Health Literacy, Board on Neuroscience and Behavioral Health (NBH), Institute of Medicine (IOM). Nielsen-Bohlman, L., Panzer, A., & Kindig, D. (Eds.). (2004). Washington, DC: The National Academies Press.

Available online at: <http://books.nap.edu/openbook/0309091179/html/>

**TABLE 2. HEALTH CARE ACCESS AND NAVIGATION:
EXAMPLES OF TASKS, MATERIALS/TOOLS, SKILLS, AND LESSON IDEAS**

General Tasks with Specific Examples	Materials and Tools	Skills Adults Need	Lesson Ideas
<p>Locate appropriate services e.g., find listings of health centers; find services within a hospital</p>	<p>Telephone book Maps</p>	<p>Use an index Use a map Ask for directions Use a telephone book Recognize names of hospital departments</p>	<p>Groups of students work together with a telephone book to find health centers near their homes</p>
<p>Apply for health insurance e.g., identify rights and responsibilities; compare health care plans; compare costs and co-pays</p>	<p>Health insurance booklets Application forms</p>	<p>Complete forms Read for relevant information Read and use charts Calculate and compare costs</p>	<p>Look at and talk about sample insurance forms to discuss common sections and needed information Use simple word problems to practice calculations for co-pay</p>
<p>Provide information e.g., provide personal health history; describe symptoms</p>	<p>Family history forms Medical history forms</p>	<p>Ask health providers for clarity Fill out forms Use descriptive vocabulary</p>	<p>Provide generic family history forms for class to analyze Determine how/why doctors use health history forms</p>
<p>Make and keep appointments e.g., schedule an appointment; get directions</p>	<p>Telephone Map Bus schedule Calendar</p>	<p>Plan Record Use reminder cues Use a calendar</p>	<p>Role play a patient making an appointment and getting directions to the facility</p>

**TABLE 3. CHRONIC DISEASE MANAGEMENT:
EXAMPLES OF TASKS, MATERIALS/TOOLS, SKILLS, AND LESSON IDEAS**

General Tasks with Specific Examples	Materials and Tools	Skills Adults Need	Lesson Ideas
<p>Recognize and act on symptoms e.g., make note of changes in or onset of symptoms; make an appointment</p>	<p>Health education booklets and brochures</p> <p>Calendar</p>	<p>Read commonly available health education booklets for relevance</p> <p>Expand reading vocabulary</p> <p>Observe and take notes</p>	<p>Ask students to write about a change in themselves, a child, a parent, or a friend</p> <p>Ask students to underline words used to describe the “before” and the “after” states</p>
<p>Provide information e.g., describe feelings; talk about change</p>	<p>Journal or logbook</p> <p>Calendar</p>	<p>Use descriptive vocabulary</p> <p>Present health issues in a time sequence</p>	<p>Write about a series of events in sequence over time</p>
<p>Learn more about your chronic disease e.g., locate information at the library; find information on the web</p>	<p>Dictionary</p> <p>Patient education booklets</p> <p>Web sites</p>	<p>Use a dictionary</p> <p>Ask health providers for clarification</p> <p>Do research</p>	<p>Interview a person with a chronic disease and write about what they have to do each day</p>
<p>Develop a treatment plan with a health professional e.g., provide updates; participate in planning</p>	<p>Journal</p> <p>Calendar</p>	<p>Ask questions</p> <p>Express needs and objections</p> <p>Give feedback on health status</p> <p>Analyze treatment options</p>	<p>Develop a plan for adding a new activity (e.g., journaling, exercise, medicine) to one’s daily activities</p> <p>Discuss what makes it hard or easy to change one’s routine.</p>
<p>Take Medicine e.g., follow directions on labels; measure amounts; count pills; plan timing</p>	<p>Clock</p> <p>Calendar</p> <p>Labels</p>	<p>Read and comprehend labels</p> <p>Use clock and calendar to plan when to take medicines</p> <p>Develop reminder cues</p>	<p>Read a medicine label and discuss instructions</p>
<p>Measure and Monitor e.g., use a peak flow meter to determine need for medicine</p>	<p>Measurement tools (e.g., peak flow meter, scale, chart, thermometer)</p>	<p>Measure and record</p> <p>Understand and use measurement scales</p> <p>Use a chart</p>	<p>Keep a daily diary of a measure (such as weight) or an event (such as hours slept)</p>

**TABLE 4. DISEASE PREVENTION AND SCREENING:
EXAMPLES OF TASKS, MATERIALS/TOOLS, SKILLS, AND LESSON IDEAS**

General Tasks with Specific Examples	Materials and Tools	Skills Adults Need	Lesson Ideas
<p>Be attentive to public health recommendations e.g., notice health posters in public places; look at health-related newspaper articles</p>	<p>Articles in newspapers and magazines Postings Public announcements on radio Web sites</p>	<p>Read newspaper Comprehend radio announcements Differentiate between commercials and official health warnings</p>	<p>Look at Web sites to determine the “sponsor”</p>
<p>Take disease preventive action e.g., stop smoking; use condoms; use sunscreen</p>	<p>Articles in newspapers and magazines Public announcements Web sites</p>	<p>Read package labels Locate supports and resources</p>	<p>Compare and contrast two labels on sunscreen packages to determine use with a child</p>
<p>Determine need for specific screening test e.g., make a decision about taking a screening test</p>	<p>Graphs and charts Health information booklets and web postings</p>	<p>Understand mathematical concepts and expressions of risk: percentage, proportion, and probability (1 in 100, 30% higher risk)</p>	<p>Use simple word problems to interpret expressions of risk</p>
<p>Participate in screening programs e.g., get an HIV test; get a dental checkup</p>	<p>Directions for preparation Informed consent documents</p>	<p>Fill out forms Ask questions</p>	<p>Provide generic family history forms for class to determine what screening programs are appropriate Review sample directions for a screening test and discuss the sequence of steps</p>
<p>Take follow-up action e.g., change a behavior; meet with doctor or dentist</p>	<p>Follow-up letters Directions</p>	<p>Ask for clarification Plan for various outcomes Use reminder cues Understand test result vocabulary, i.e., normal range, positive, negative, false positive, false negative, typical, and atypical</p>	<p>Provide a scenario and practice using decision trees (if A then B, if X then Y)</p>

About the Authors and Contributors

The following Health and Adult Literacy and Learning (HALL) team members contributed to the writing, editing, and design of the guides to the Health Literacy Study Circles⁺.

Rima Rudd is a member of the faculty in the Department of Society, Human Development, and Health at the Harvard School of Public Health. She is the principal investigator of health literacy studies at NCSALL. She leads the HALL team and was responsible for the development and content of the Health Literacy Study Circles⁺.

Lisa Soricone is a research associate with NCSALL. She is a member of the HALL team and took the lead role in drafting the Facilitator's Guides.

Maricel Santos is a research associate with NCSALL. She is a member of the HALL team and took the lead role in developing the lessons for the Facilitator's Guides.

Emily Zobel served as the Coordinator of Health Literacy Studies and now works at the Dana Farber Cancer Institute. She took the lead role in preparing background information for the Health Literacy Study Circles⁺ and in coordinating their development.

Janet Smith, an educator and technical writer, is the Coordinator of the HALL team. She directed the development of the guides to the Health Literacy Study Circles⁺ and played a lead editing role.

Other contributors include:

Kenny Tamarkin, Lawrence Public Schools, formerly an adult educator working with System for Adult Basic Education Support (SABES) in Massachusetts, is a math specialist and has contributed sample lessons focusing on math and health literacy skills for each of the guides.

The Literacy Assistance Center of New York is our Pilot Study Partner. Elyse Rudolph is the Director. Winston Lawrence facilitated the pilot study circles. Ira Yankwitt reviewed the guides and provided valuable feedback.

Jon Crispin is a professional freelance photographer from Amherst, MA. His photographs are used throughout the guides.

Catherine Pham and *Sarah Oppenheimer* coordinated the photography sessions.

About Health and Adult Literacy and Learning (HALL)

The Health and Adult Literacy and Learning (HALL) team works at the intersection of health and literacy. Researchers and practitioners from the fields of health and education were involved in developing and writing the guides to the Health Literacy Study Circles⁺.

We, in public health, have long known that education and health are linked. Decades of research indicate that people with lower educational achievement, for example, have higher death rates for chronic and communicable diseases than do people with higher educational achievement. We know, too, that an increase in income translates to an increase in health status.

Until recently, health researchers have not paid much attention to the components of education that may explain this link. Researchers, practitioners, and policymakers in the health field began to look more closely at literacy issues since the publication of findings from the National Adult Literacy Survey in 1993. In 2003 and 2004, the U.S. Department of Health and Human Services and the Institute of Medicine both recommended that those in the health field work closely with those in the education field to improve health literacy.

At the same time, adult educators recognize that adult students are interested in using materials and issues drawn from everyday life in their instruction. Survey findings indicate that health is a prime topic – it sells newspapers and magazines, spurs advertisements on TV and radio, and is a topic of great interest on talk shows and Internet chat rooms. People are engaged in health-related activities on a daily basis: in the home, at work, and in the community. They are intimately involved, of course, in occasional visits to health centers, doctors' offices, emergency rooms, and hospitals.

HALL activities include research, education and training, dissemination, and policy-level activities. We have shaped the Facilitator's Guides to the Health Literacy Study Circles⁺ to bring critical issues to the attention of adult educators, to draw on their expertise in literacy skill development, and to engage them in an examination of health-related skills, learner needs, and classroom opportunities.

About the National Center for the Study of Adult Learning and Literacy (NCSALL)

The goal of the National Center for the Study of Adult Learning and Literacy (NCSALL) is to improve the quality of practice in adult basic education through research (both university-based and practitioner research). We want to ensure that all practitioners – including teachers, counselors, program administrators, volunteers, and others – have an opportunity to learn about and use the results of research in their work.

NCSALL pursues basic and applied research in the field of adult basic education and builds partnerships between researchers and practitioners. NCSALL disseminates research and best practices to practitioners, scholars, and policymakers, and works with the field to develop a comprehensive research agenda.

NCSALL strongly supports a process that “translates” theoretical concepts into practical suggestions and firmly believes that practitioners should be involved in that process. Practitioners who are involved in reading and thinking about the uses of research in their practice will, through their experience and insights, enrich both research and practice.

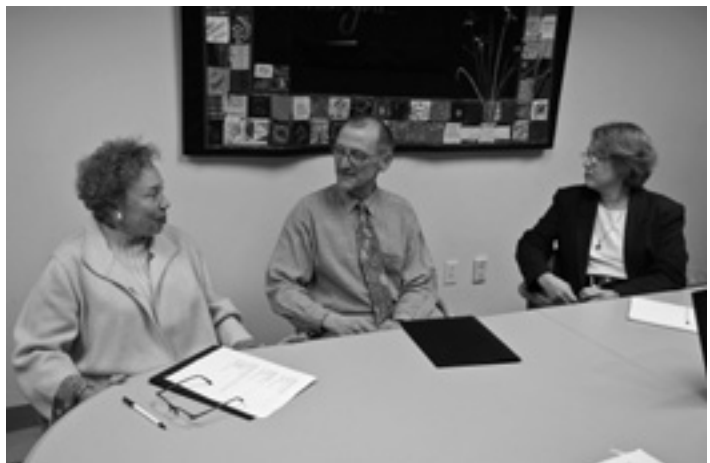
Practitioners note, however, that research often produces reports, articles, and other documents that focus on theories, concepts, ideas, and sometimes implications for practice. Practitioners have requested that researchers provide more information about the techniques, strategies, and practical suggestions that they can use immediately. The prime vehicles for translating research theories into practical suggestions for practitioners (or feedback for university-based researchers) are activities such as practitioner research and study circles where practitioners can learn about, discuss, and try out ideas from research.

NCSALL believes that it needs to do more than publish and disseminate magazines, reports, and research updates if research is to inform practice and policy. We have a responsibility to help design and sponsor “live” mechanisms – such as study circles – so that practitioners can read, reflect upon, and exchange ideas about what research findings mean and how they are useful to adult basic education classrooms and programs.

If you have any questions about NCSALL or study circles in general please contact:

Cristine Smith, Deputy Director
NCSALL/World Education
44 Farnsworth Street
Boston, MA 02210
Tel. 617-482-9485, E-mail: ncsall@worlded.org
Web site: www.ncsall.net

PLANNING TO FACILITATE A HEALTH LITERACY STUDY CIRCLE⁺





Planning to Facilitate a Health Literacy Study Circle⁺

Planning*

A successful study circle requires careful preparation and planning in partnership with adult education programs. This section of the Introduction to the Health Literacy Study Circles⁺ is designed to assist you to prepare for and conduct a Health Literacy Study Circle⁺.

Facilitators play an important role in the success of study circles. They guide discussion, make certain that everyone has an opportunity to participate, and model processes and approaches that others can use in their own teaching. Even for the experienced facilitator, preparing for and conducting a study circle on a complex topic such as health literacy can be daunting. Commitment and effort are required to plan and successfully coordinate a study circle. The information in this guide is meant to help you succeed in your role as a facilitator.

In order to plan and prepare for a study circle, you will need to complete a range of administrative tasks and make some decisions before the study circle begins.

This section includes a checklist that you can use to make sure you have adequately prepared for the study circle sessions. It also includes a sample timeline to guide you through the preparation process.

*The format of this guide has been adapted from the Sun Microsystems Open Gateways Curriculum for Teachers. Retrieved from http://www.sun.com/aboutsun/comm_invest/ogp/training/downloads/workshop_logistics.pdf

The topics covered include:

- Organizing the Health Literacy Study Circle⁺
- Finding a Location
- Scheduling and Timing of Sessions
- Recruiting Participants
- Setting Expectations for Participation
- Preparing Materials
- Sample Recruitment Flyer/Registration Form
- Sample Timeline

Organizing the Health Literacy Study Circle⁺

Working with programs: In many cases, program directors play an important role in the success of study circles. You may need to rely on their help to recruit teachers, and to support teachers' efforts to follow through with new ideas. Furthermore, program directors may have opportunities to offer material as well as leave time support for these activities. Thus, we strongly recommend that you establish a good relationship and open lines of communication with program directors at the very beginning stages of recruitment.

Here are a few strategies you might use to foster an effective relationship with program directors:

- Do you have contact information for local adult education programs and program directors?***

- Request a face-to-face or phone meeting with program directors to review the goals and the format of the Health Literacy Study Circle⁺ and address any questions and concerns that the directors may have. Make sure the directors have your contact information.
- As soon as the dates are determined, share the Health Literacy Study Circle⁺ schedule with program directors to make sure that it does not interfere with any major previously scheduled events.
- Ask directors to help you recruit individual teachers to participate in the Health Literacy Study Circle⁺ by distributing the flyers within their programs.
- After the Health Literacy Study Circle⁺ is over, send thank you notes to the program directors for their help in coordinating it.

Scheduling and Timing of Sessions

- Have you discussed the schedule with program directors and teachers to avoid conflicts with previously scheduled events?*
- Have three hours been scheduled for each session?*
- Did you allow at least two weeks between sessions to give participants time to complete their assignments?*

SCHEDULING

Try to meet on the same day and time each week (e.g., always on Tuesday nights, or always on Friday mornings). Check to make sure that the study circle schedule does not conflict with other previously scheduled events or program vacations. Try to set all the dates before the sessions begin so that participants know what they are signing up for. Once the time and dates are set, do not change the schedule.

Participants need time between sessions to complete activities and assignments. We recommend that you allow at least two weeks between sessions, although the interim period will likely depend on the time of year and location.

SUMMARY OF ASSIGNMENTS

- *Before Session One*, participants are asked to read background articles and to mail in a completed Participant Expectations sheet to you.
- *Following Session One*, participants carry out a needs assessment activity in their classes.
- *Following Session Two*, participants try out a sample health literacy lesson and discuss unit ideas.
- *Following Session Three*, participants develop and try out lessons of their own creation and draft plans for health literacy units.
- *Following Session Four*, participants share their teaching experience and consider health literacy units. They also consider how to define and measure their students' health literacy skills. After Session Four, participants use a template to help them outline the design and evaluation of health literacy units.

TIMING

Each study circle session lasts approximately three hours (15 hours total if you facilitate all five sessions). We have kept the time frame to roughly three hours in an effort to be sensitive to the time demands placed on teachers by their regular teaching responsibilities. While it is possible to devote more time than allotted in the *Facilitator's Guide*, we strongly recommend that no less than three hours be scheduled for each session.

In addition, you should encourage participants to arrive 5-10 minutes before each session. You may also want to provide some light refreshments for participants before the session begins. This time can give participants coming from different programs an opportunity to get to know each other.

Recruiting Participants

The Health Literacy Study Circles⁺ are geared towards teachers of adult learners. A good size for a working group would be about 15 participants. Try to recruit participants from three to five learning centers and include two or three people from each center. This will encourage teachers to make connections with each other and continue their work on health literacy after the study circles end.

Participants should be actively engaged in teaching adult learners because they will be asked to complete activities with their students between the study circle sessions. Participants are also expected to attend all sessions.

You can use the sample recruitment flyer and registration form included at the end of this section as a template to give helpful information about the Health Literacy Study Circles⁺ to potential participants. Tailor the flyer to include the specific information about the study circle you will be facilitating.

Be sure to include your contact information on the registration form so participants can return the form to you.

You can send out the flyer via mail, email, or post it on a Web site to let practitioners know when and where the Study Circle will be taking place, or you might recruit participants through local adult education programs.

When participants sign up to take part in the study circle, be sure to get their full names, phone numbers, mailing addresses, and e-mail addresses, and ask about their preferred form of communication.

- Have you prepared a recruitment flyer and distributed it to potential participants?*
- After participants have signed up, have you contacted them to confirm the time and date of the first meeting?*

When you feel that you have solid commitments from enough participants, contact them to confirm their participation and confirm the date, time, and location of the first meeting. Also let them know that you will be sending a packet of handouts for them to read before the first session.

Setting Expectations for Participation

The Health Literacy Study Circles⁺ are designed to be informative, intensive experiences for the participants.

Each study circle is informative in that no knowledge of health literacy skills is presumed, since we anticipate that participants will have varying levels of expertise and experience with health content and health literacy.

The Health Literacy Study Circles⁺ focus on skills and not on health content. Participants are not expected to be health experts, nor will they be asked to serve in this capacity after the study circle is completed. Instead, they are asked to apply their existing expertise – helping adult learners develop and hone literacy-related skills – within the health context.

Each Study Circle⁺ is also intensive, as it requires a good deal of discussion and reflection. Participants will be asked to think about health literacy skills and adult education in some new and unfamiliar ways.

Each study circle session includes whole-group discussions of the readings and participants' experiences, as well as partner or small group work. New information is conveyed through group activities in each session. In addition, activities in later sessions build on ideas generated in earlier sessions. For these reasons, it is important to the success of the study circle that participants:

- Arrive promptly
- Attend all scheduled sessions
- Complete assignments for each session

- Did you inform all participants about the expectations for their participation?***

Preparing Materials

The *Facilitator's Guide* contains all the instructions and handouts you will need to facilitate each session of the Health Literacy Study Circle⁺.

Before the study circle begins, you will need to send out Session One readings and handouts to all participants so they can prepare for Session One (see Overview and Preparation for Session One in the *Facilitator's Guide*). You can distribute all other handouts during each session.

SUPPLIES YOU WILL NEED

Be sure to gather the necessary supplies before the first session. Each session includes a variety of activities that require some of the following materials:

- Name tags.
- Flipcharts or large pads of newsprint.
- Markers.
- Transparencies (if you want to use an overhead projector).
- A three-hole punch.
- Masking tape (for posting flipcharts on the wall).
- Post-it notes (3" x 3" or 3" x 5").
- Extra loose-leaf paper.
- Extra pens.
- A watch for timing activities.
- Small dot stickers (1/2" or smaller).
- If possible, purchase binders for participants to organize all study circle materials. Otherwise, ask participants to bring binders for their handouts.
- (Optional) Purchase snacks for each session or ask volunteers to provide snacks.

Do you have the necessary supplies for session activities?

— Sample Recruitment Flyer —

HEALTH LITERACY STUDY CIRCLE⁺

*(Insert the title of the Study Circle⁺ you are conducting here — example:
Skills for Health Care Access and Navigation)*

Join us for a professional development program for adult educators interested in incorporating health literacy skill development into instruction.

(Insert one of the following brief descriptions of the study circle here)

The **Health Care Access and Navigation Study Circle⁺** prepares participants to help their students develop basic skills needed for gaining access to health-related services and for navigating health care systems. These skills include filling out forms, reading signs, and interpreting rights and responsibilities.

The **Chronic Disease Management Study Circle⁺** prepares participants to help their students develop basic skills needed for managing any chronic disease. These skills include using clocks and calendars for scheduling, using charts and graphs to monitor change, and reading and using labels, charts, and measurement tools.

The **Disease Prevention and Screening Study Circle⁺** prepares participants to help their students develop basic skills needed for engaging in disease prevention and screening activities. These skills include decision-making, using graphs and charts, calculating percentages, and interpreting risks and probability.

The Health Literacy Study Circles⁺ are organized into five sessions of approximately three hours each. You will be asked to read articles or complete assignments with your students between sessions. There is space for up to fifteen participants, and we ask that you attend all sessions.

During this study circle, participants will:

- Develop a shared definition of “health literacy.”
- Identify literacy-related barriers and issues that prevent people from getting the health care they need.
- Analyze health-related tasks to identify the basic literacy skills required.
- Teach sample lessons designed to build students’ literacy and numeracy skills.
- Create original lessons based on students’ needs.
- Outline a health literacy unit and draft a plan to evaluate the effectiveness of the unit.

Where and when the Study Circle⁺ will meet*

Location: _____

Dates: _____

Time: _____

**Note: Attendance at all sessions is required.*

REGISTRATION FORM

for _____ (title of study circle)

If you would like to join this Health Literacy Study Circle, please complete this form and send it to the facilitator listed below by (deadline date):

Your Name: _____

Program Title: _____

Position: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____

E-mail: _____

Indicate the best way to contact you.

For more information, please contact:

*Facilitator's Name
Facilitator's Address, City, State, Zip
Phone Number
E-mail Address*

— Sample Timeline —

PREPARING TO FACILITATE A HEALTH LITERACY STUDY CIRCLE⁺

6 months prior to the Study Circle⁺

- Read the Overview carefully with special attention to the Planning and Facilitation Tips.
 - Locate and reserve a site.
 - Select dates and times for Study Circle⁺ sessions, allowing two to three weeks between sessions.
 - Develop recruitment flyer.
-

At least 3 to 6 months prior to the Study Circle⁺

- Send a letter to program directors describing the goals and structure of the Study Circle⁺.
 - Distribute recruitment flyers.
 - Follow-up with program directors to discuss the Study Circle⁺ and answer any questions the directors may have.
-

At least 3 months prior

- Send confirmation letters to registered participants.
 - Follow up confirmation letter with phone call or email to participants.
 - Re-advertise if not enough participants register by deadline.
-

2-3 weeks prior

- Read carefully all the assigned readings and familiarize yourself with the particular Facilitator's Guide that you will be using.
 - Mail packet of materials for Session One to participants
-

1-2 weeks prior

- Review the *Facilitator's Guide* for Session One and Session Two carefully to make sure you understand the activities and have time to prepare all the materials.
 - After you mail the material for Session One, follow up with a phone call to participants to make sure the packets have arrived.
 - Purchase supplies (e.g., flipcharts, markers, pens, overhead transparencies, and 3-hole paper).
-

1 week prior

- Create a list of contact information of all registered participants so that they can contact you and each other.
- (Optional) Order refreshments for break times.

FACILITATION TIPS





Facilitation Tips*

This section contains suggestions and advice for making the Health Literacy Study Circle⁺ a success. It contains information about the qualities of effective facilitators, helpful advice for moderating group work, and practical solutions to typical challenges.

This section includes the following information:

- Leading a Study Circle
 - How to Begin
 - Managing the Discussion
- Helpful Hints for Facilitators
 - The Importance of Neutrality
 - Tips for Facilitating Discussions
 - Suggestions for Dealing with Challenges
- Working on Common Cross-Cultural Communications Challenges

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Leading a Study Circle

Once a study circle is underway, the study circle leader (i.e., facilitator) is the most important person in terms of success or failure. The leader guides the group toward reaching the goals that have been set by the organizer and the participants. It is the leader's responsibility to stimulate and moderate the discussion by asking questions, identifying key points, and managing the group process. While doing all this, the leader must be friendly, understanding, and supportive.

The leader does not need to be an expert or even the most knowledgeable person in the group. However, the leader should be the most well prepared person in the room. This means thorough familiarity with the reading material.

The most difficult aspects of leading discussion groups include keeping discussion focused, handling aggressive participants, and keeping one's own ego at bay in order to listen to and truly hear participants. Some experience leading small group discussion or meetings is helpful. The following suggestions and principles of group leadership will be useful even for experienced leaders.

HOW TO BEGIN

"Beginning is half," says an old Chinese proverb. Set a friendly and relaxed atmosphere from the start. The goals of the study circle should be discussed and clarified. It is important that participants "buy in" right from the beginning. If you have set up some ground rules for discussions, you should review these at the initial meeting, and you should feel free to note when those rules are being "broken." Remind participants that your role as leader is to ensure that the discussion keeps moving and that everyone has a chance to participate.

Start each session with a brief review of the prior session's activities. You may want to ask that participants volunteer to do this, or you can do it yourself. Recapitulation of the main points will help to make clearer the relevance of the current session. Allow a few minutes for any questions or comments left from the previous session.

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MANAGING THE DISCUSSION

Keep discussion focused on the session's topic. Straying too far could cause each session to lose its unique value. A delicate balance is best: don't force the group to stick to the topic too rigidly, but don't allow the discussion to drift. Most people do not regard a "bull session" as a valuable use of their time.

Do not allow the aggressive, talkative person or faction to dominate. Doing so is a sure recipe for failure. One of the most difficult aspects of leading is restraining domineering participants. Don't let people call out and gain control of the floor. If you allow this to happen, the aggressive will dominate; you may lose control, and the more polite people will become angry and frustrated. Don't be afraid to be firm about saying, "I think you're referring to X...maybe we can talk more about that at a break. Right now, we need to move on."

Draw out quiet participants. Do not allow anyone to sit quietly in the corner or to be forgotten by the group. Create an opportunity for each participant to contribute. The more you know about each person in the group, the easier this will be.

Be an active listener. You will need to truly hear and understand what people say in order to guide the discussion effectively. Listening carefully will set a good example for participants and will alert you to potential conflicts.

Stay neutral and be cautious about expressing your own values. As the leader, you have considerable power with the group. That power should be used only for the purpose of furthering the discussion and not for establishing the correctness of a particular viewpoint. If you throw your weight behind the ideas on one faction in the study circle, your effectiveness in managing the discussion will be diminished.

Use conflict productively and don't allow participants to personalize their disagreements. Do not avoid conflict, but try to keep it narrowly focused on the issue at hand. Since everyone's opinion is important in a study circle, participants should feel comfortable saying what they really think – even if it's unpopular.

Don't be afraid of pauses and silences. People need time to think and reflect. Sometimes silence will help someone build up the courage to make a valuable point. Leaders who tend to be impatient may find it helpful to count silently to 10 after asking a question.

Do not allow the group to make you the expert or "answer person." The point of a study circle is not to come up with an answer, but for the participants to share their concerns and develop their understanding. Don't set yourself up as the final arbiter. Let the group decide what it believes and correct itself when a mistake is made. Asking, "What do the rest of you think?" when you're stumped will almost always take the heat off you.

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Helpful Hints for Facilitators

Study circles require a facilitator who can help focus and structure a discussion and, at the same time, encourage group ownership. The facilitator's main task is to create an atmosphere for democratic deliberation, one in which each participant feels at ease in expressing ideas and responding to those of others.

The study circle facilitator does not “teach” but instead is there to guide the group's process. He or she does not have to be an expert in the subject being discussed, but must know enough about it to be able to ask probing questions and raise views that have not been considered by the group.

Above all, staying neutral and helping the group to do its own work are central to good study circle facilitation. This takes practice and attention to one's own behaviors. Make sure to ask for the group's help in making this work well for everyone.

THE IMPORTANCE OF NEUTRALITY*

- Act as if you are neutral; practice neutrality.
- Encourage and affirm each person.
- Explain your role.
- Be aware of your own “unconscious” behaviors.
- Resist the temptation to step out of the role of facilitator.

*Thanks to the RKI Facilitators' Working Guide.

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TIPS FOR FACILITATING DISCUSSIONS

The facilitator does not need to be an expert on the topic being discussed, but should be prepared for the discussion. This means understanding the subject, being familiar with the materials, thinking ahead of time about the directions in which the discussion might go, and preparing questions to help further the discussion.

- Be prepared.
- Set a relaxed and open tone.
- Welcome everyone and create a friendly and relaxed atmosphere.
- Well-placed humor is always welcome, and helps to build the group's connections.
- Establish clear ground rules.
- Seek first to understand, then to be understood.
- One person speaks at a time.
- Monitor and assist the group process.
- Keep track of how the group members are participating – who has spoken, who hasn't spoken, and whose points haven't been heard.
- Consider splitting up into smaller groups to examine a variety of viewpoints or to give people a chance to talk more easily about their personal connection to the issue.
- When deciding whether to intervene, lean toward nonintervention.
- Don't talk after each comment or answer every question; allow participants to respond directly to each other.
- Allow time for pauses and silence. People need time to reflect and respond.
- Don't let anyone dominate; try to involve everyone.
- Make sure the group considers a wide range of views. Ask the group to think about the advantages and disadvantages of different ways of looking at an issue or solving a problem.

Remember: a study circle is not a debate, but a group dialogue. If participants forget this, don't hesitate to ask the group to help re-establish the ground rules.

SUGGESTIONS FOR DEALING WITH CHALLENGES

Most study circles go smoothly because participants are there voluntarily and have a stake in the program. But there are challenges in any group process. What follows are some of the most common difficulties that study circle leaders encounter, along with some possible ways to deal with those difficulties.

Problem: Certain participants don't say anything or seem shy.

Possible responses: Try to draw out quiet participants, but don't put them on the spot. Make eye contact – it reminds them that you'd like to hear from them. Look for nonverbal cues that indicate participants are ready to speak. Frequently, people will feel more comfortable in later sessions of a study circle program and will begin to participate. When someone comes forward with a brief comment after staying in the background for most of the study circle, you can encourage him or her by conveying genuine interest and asking for more information. And it's always helpful to talk with people informally before and after the session.

Problem: An aggressive or talkative person dominates the discussion.

Possible responses: As the facilitator, it is your responsibility to handle domineering participants. Once it becomes clear what this person is doing, you must intervene and set limits. Start by limiting your eye contact with the speaker. Remind the group that everyone is invited to participate: "Let's hear from some folks who haven't had a chance to speak yet." If necessary, you can speak to the person by name: "Charlie, we've heard from you; now let's hear what Barbara has to say." Be careful to manage your comments and tone of voice—you are trying to make a point without offending the speaker.

Problem: Lack of focus, not moving forward, participants wander off the topic.

Possible responses: Responding to this takes judgment and intuition. It is the facilitator's role to help move the discussion along. But it is not always clear which way it is going. Keep an eye on the participants to see how engaged they are, and if you are in doubt, check it out with the group. "We're a little off the topic right now. Would you like to stay with this, or move on to the next question?" If a participant goes into a lengthy digression, you may have to say: "We are wandering off the subject, and I'd like to give others a chance to speak."

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Problem:

Someone puts forth information, which you know to be false. Or, participants get hung up in a dispute about facts but no one present knows the answer.

Possible responses: Ask, “Has anyone heard of conflicting information?” If no one offers a correction, offer one yourself. And if no one knows the facts, and the point is not essential, put it aside and move on. If the point is central to the discussion, encourage members to look up the information before the next meeting. Remind the group that experts often disagree.

Problem:

Lack of interest, no excitement, no one wants to talk, only a few people participating.

Possible responses: This rarely happens in study circles, but it may occur if the facilitator talks too much or does not give participants enough time to respond to questions. People need time to think, reflect, and get ready to speak up. It may help to pose a question and go around the circle until everyone has a chance to respond. Occasionally, you might have a lack of excitement in the discussion because the group seems to be in agreement and isn’t coming to grips with the tensions inherent in the issue. In this case, the leader’s job is to try to bring other views into the discussion, especially if no one in the group holds them. “Do you know people who hold other views? What would they say about our conversation?”

Problem:

Tension or open conflict in the group. Perhaps two participants lock horns and argue. Or, one participant gets angry and confronts another.

Possible responses: If there is tension, address it directly. Remind participants that disagreement and conflict of ideas is what a study circle is all about. Explain that, for conflict to be productive, it must be focused on the issue: it is acceptable to challenge someone’s ideas, but personal attacks are not acceptable. You must interrupt personal attacks, name-calling, or put-downs as soon as they occur. You will be better able to do so if you have established ground rules that disallow such behaviors and that encourage tolerance for all views. Don’t hesitate to appeal to the group for help; if group members bought into the ground rules, they will support you. As a last resort, consider taking a break to change the energy in the room. You can take the opportunity to talk one-on-one with the participants in question.

Working on Common Cross-Cultural Communication Challenges

Marcelle E. Dupraw and Marya Axner

*Ed. Note: This article first appeared in the Study Circles Resource Center's publication, *Toward a More Perfect Union in an Age of Diversity*. Because of the increasing cultural diversity in all communities across the United States, we include it here as good background for any study circle facilitator.*

We all have an internal list of those we still don't understand, let alone appreciate. We all have biases, even prejudices, toward specific groups. In our workshops we ask people to gather in pairs and think about their hopes and fears in relating to people of a group different from their own. Fears usually include being judged, miscommunication, and patronizing or hurting others unintentionally; hopes are usually the possibility of dialogue, learning something new, developing friendships, and understanding different points of view. After doing this activity hundreds of times, I'm always amazed how similar the lists are. At any moment that we're dealing with people different from ourselves, the likelihood is that they carry a similar list of hopes and fears in their back pocket. – From *Waging Peace in Our Schools*, by Linda Lantieri and Janet Patti, Beacon Press, 1996.

We all communicate with others all the time – in our homes, in our workplaces, in the groups we belong to, and in the community. No matter how well we think we understand each other, communication is hard. Just think, for example, how often we hear things like, “He doesn't get it,” or “She didn't really hear what I meant to say.”

“Culture” is often at the root of communication challenges. Our culture influences how we approach problems, and how we participate in groups and in communities. When we participate in groups we are often surprised at how differently people approach their work together.

Culture is a complex concept, with many different definitions. But, simply put, “culture” refers to a group or community with which we share common experiences that shape the way we understand the world. It includes groups

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that we are born into, such as those defined by gender, race, or national origin. It also includes groups we join or become part of. For example, we can acquire a new culture by moving to a new region, by a change in our economic status, or by becoming disabled. When we think of culture this broadly, we realize we all belong to many cultures at once.

Our histories are a critical piece of our cultures. Historical experiences – whether of five years ago or of ten generations back – shape who we are. Knowledge of our history can help us understand ourselves and one another better. Exploring the ways in which various groups within our society have related to each other is key to opening channels for cross-cultural communication.

SIX FUNDAMENTAL PATTERNS OF CULTURAL DIFFERENCES

In a world as complex as ours, each of us is shaped by many factors, and culture is one of the powerful forces that acts on us. Anthropologists Kevin Avruch and Peter Black explain the importance of culture this way: “...One’s own culture provides the ‘lens’ through which we view the world; the ‘logic’... by which we order it; the ‘grammar’... by which it makes sense.” In other words, culture is central to what we see, how we make sense of what we see, and how we express ourselves.

As people from different cultural groups take on the exciting challenge of working together, cultural values sometimes conflict. We can misunderstand each other, and react in ways that can hinder what are otherwise promising partnerships. Oftentimes, we aren’t aware that culture is acting upon us. Sometimes, we are not even aware that we have cultural values or assumptions that are different from others’!

Six fundamental patterns of cultural differences – ways in which cultures, as a whole, tend to vary from one another – are described below. The descriptions point out some of the recurring causes of cross-cultural communication difficulties. As you enter into multicultural dialogue or collaboration, keep these generalized differences in mind. Next time you find yourself in a confusing situation, and you suspect that cross-cultural differences are at play, try reviewing this list. Ask yourself how culture may be shaping your own reactions, and try to see the world from others’ points of view.

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Different Communication Styles

The way people communicate varies widely between, and even within, cultures. One aspect of communication style is language usage. Across cultures, some words and phrases are used in different ways. For example, even in countries that share the English language, the meaning of “yes” varies from “maybe, I’ll consider it” to “definitely so,” with many shades in between.

Another major aspect of communication style is the degree of importance given to non-verbal communication. Non-verbal communication includes not only facial expressions and gestures; it also involves seating arrangements, personal distance, and sense of time. In addition, different norms regarding the appropriate degree of assertiveness in communicating can add to cultural misunderstandings. For instance, some white Americans typically consider raised voices to be a sign that a fight has begun, while some black, Jewish and Italian Americans often feel that an increase in volume is a sign of an exciting conversation among friends. Thus, some white Americans may react with greater alarm to a loud discussion than would members of some American ethnic or non-white racial groups.

Different Attitudes toward Conflict

Some cultures view conflict as a positive thing, while others view it as something to be avoided. In the U.S., conflict is not usually desirable; but people often are encouraged to deal directly with conflicts that do arise. In fact, face-to-face meetings customarily are recommended as the way to work through whatever problems exist. In contrast, in many Eastern countries, open conflict is experienced as embarrassing or demeaning; as a rule, differences are best worked out quietly. A written exchange might be the favored means to address the conflict.

Different Approaches to Completing Tasks

From culture to culture, there are different ways that people move toward completing tasks. Some reasons include different access to resources, different judgments of the rewards associated with task completion, different notions of time, and varied ideas about how relationship building and task-oriented work should go together.

When it comes to working together effectively on a task, cultures differ with respect to the importance placed on establishing relationships early on in the collaboration. A case in point, Asian and Hispanic cultures tend to attach more value to developing relationships at the beginning of a shared project and more emphasis on task completion toward the end as compared European-Americans. European-Americans tend to focus immediately on the task at hand, and let relationships develop as they work on the task. This does not mean that people from any one of these cultural backgrounds are more or less committed to accomplishing the task, or value relationships more or less; it means they may pursue them differently.

Different Decision-making Styles

The roles individuals play in decision-making vary widely from culture to culture. For example, in the U.S., decisions are frequently delegated – that is, an official assigns responsibility for a particular matter to a subordinate. In many Southern European and Latin American countries, there is a strong value placed on holding decision-making responsibilities oneself. When decisions are made by groups of people, majority rule is a common approach in the U.S.; in Japan consensus is the preferred mode. Be aware that individuals' expectations about their own roles in shaping a decision may be influenced by their cultural frame of reference.

Different Attitudes toward Disclosure

In some cultures, it is not appropriate to be frank about emotions, about the reasons behind a conflict or a misunderstanding, or about personal information. Keep this in mind when you are in a dialogue or when you are working with others. When you are dealing with a conflict, be mindful that people may differ in what they feel comfortable revealing. Questions that may seem natural to you – What was the conflict about? What was your role in the conflict? What was the sequence of events? – may seem intrusive to others. The variation among cultures in attitudes toward disclosure is also something to consider before you conclude that you have an accurate reading of the views, experiences, and goals of the people with whom you are working.

Different Approaches to Knowing

Notable differences occur among cultural groups when it comes to epistemologies – that is, the ways people come to know things. European cultures tend to consider information acquired through cognitive means, such as counting and measuring, more valid than other ways of coming to know things. Compare that to African cultures’ preference for affective ways of knowing – that is, knowledge that comes from the experience of something – including symbolic imagery and rhythm. Asian cultures’ epistemologies tend to emphasize the validity of knowledge gained through striving toward transcendence.

Here, in the U.S., with all our cultural mixing and sharing, we can’t apply these generalizations to whole groups of people. But we can use them to recognize that there is more than one way to look at the world and to learn. Recent popular works demonstrate that our own society is paying more attention to previously overlooked ways of knowing. Indeed, these different approaches to knowing could affect ways of analyzing a community problem or finding ways to resolve it. Some members of your group may want to do library research to understand a shared problem better and identify possible solutions. Others may prefer to visit places and people who have experienced challenges like the ones you are facing, and get a feeling for what has worked elsewhere.

RESPECTING OUR DIFFERENCES AND WORKING TOGETHER

In addition to helping us to understand ourselves and our own cultural frames of reference, knowledge of these six patterns of cultural difference can help us to understand the people who are different from us.

An appreciation of patterns of cultural difference can assist us in processing what it means to be different in ways that are respectful of others, not faultfinding or damaging.

Anthropologists Avruch and Black have noted that, when faced by an interaction that they do not understand, people tend to interpret the others involved as “abnormal,” “weird,” or “wrong.” This tendency, if indulged, gives rise on the individual level to prejudice. If this propensity is either consciously or unconsciously integrated into organizational structures,

then prejudice takes root in our institutions – in the structures, laws, policies, and procedures that shape our lives. Consequently, it is vital that we learn to control the human tendency to translate “different from me” into “less than me.” We can learn to do this.

We can also learn to collaborate across cultural lines as individuals and as a society. Awareness of cultural differences doesn’t have to divide us from each other. It doesn’t have to paralyze us either, for fear of not saying the “right thing.” In fact, becoming more aware of our cultural differences, as well as exploring our similarities, can help us communicate with each other more effectively. Recognizing where cultural differences are at work is the first step toward understanding and respecting each other.

Learning about different ways that people communicate can enrich our lives. People’s different communication styles reflect deeper philosophies and world views, which are the foundation of their culture. Understanding these deeper philosophies gives us a broader picture of what the world has to offer us.

Learning about people’s cultures has the potential to give us a mirror image of our own. We have the opportunity to challenge our assumptions about the “right” way of doing things, and consider a variety of approaches. We have a chance to learn new ways to solve problems that we had previously given up on, accepting the difficulties as “just the way things are.”

Lastly, if we are open to learning about people from other cultures, we become less lonely. Prejudice and stereotypes separate us from whole groups of people who could be friends and partners in working for change. Many of us long for real contact. Talking with people different from ourselves gives us hope and energizes us to take on the challenge of improving our communities and worlds.

Cultural questions – about who we are and how we identify ourselves – are at the heart of (study circles), and will be at the heart of your discussions. As you set to work on multicultural collaboration in your community, keep in mind these additional guidelines:

Learn from generalizations about other cultures, but don’t use those generalizations to stereotype, “write off,” or oversimplify your ideas

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about another person. The best use of a generalization is to add it to your storehouse of knowledge so that you better understand and appreciate other interesting, multifaceted human beings.

Practice, practice, practice. That's the first rule, because it's in the doing that we actually get better at cross-cultural communication.

Don't assume that there is one right way (yours!) to communicate. Keep questioning your assumptions about the "right way" to communicate. For example, think about your body language; postures that indicate receptivity in one culture might indicate aggressiveness in another.

Don't assume that breakdowns in communication occur because other people are on the wrong track. Search for ways to make the communication work, rather than searching for who should receive the blame for the breakdown.

Listen actively and empathetically. Try to put yourself in the other person's shoes. Especially when another person's perception or ideas are very different from your own, you might need to operate at the edge of your own comfort zone.

Respect others' choices about whether to engage in communication with you. Honor their opinions about what is going on.

Stop, suspend judgment, and try to look at the situation as an outsider.

Be prepared for a discussion of the past. Use this as an opportunity to develop an understanding from "the other's" point of view, rather than getting defensive or impatient. Acknowledge historical events that have taken place. Be open to learning more about them. Honest acknowledgment of the mistreatment and oppression that have taken place on the basis of cultural difference is vital for effective communication.

Awareness of current power imbalances – and openness to hearing each other's perceptions of those imbalances – is also necessary for understanding each other and working together.

Remember that cultural norms may not apply to the behavior of any particular individual. We are all shaped by many, many factors – our ethnic background, our family, our education, and our personalities – and are more complicated than any cultural norm could suggest. Check your interpretations if you are uncertain what is meant.

Marecelle E. DuPraw is a former Program Director at the National Institute for Dispute Resolution in Washington, DC. Marya Axner is a consultant in leadership development, cross-cultural communication, and gender equity. She can be reached at (617) 776-7411.

AUTHORS' NOTES

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