

Health Action in the U.S.

A Health Education Curriculum
for Refugees from Burma

Instructor's Guide



by

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Introduction

An estimated 250 people from Burma live in Chapel Hill and Carrboro, North Carolina. While these resettled refugees represent a relatively small portion of the area's population, their numbers are steadily increasing and an influx is expected in the coming years. As this population grows, it is imperative to understand the circumstances that cause refugees from Burma to resettle to the U.S., be informed of the health beliefs and practices unique to the population's culture, know what illness patterns are common among refugees from Burma, and prepare resources accordingly in order to ensure that their health needs are met. Neglecting to do so could have a deleterious effect on the health of the greater community. As Kemp (2000) explains,

The epidemiology of refugee illness is extraordinarily complex. From a public health point of view, the potential for communicable disease transmission warrants comprehensive surveillance, detection and treatment upon arrival. Furthermore, due to the cultural barriers to accessing care most refugees face, at least initially, the risks of chronic disease are vast. For all these reasons and more, health programs specifically tailored to refugee health are not only a cost-savings in the long run, but ethically mandated.

Although the need for expanded refugee health programs beyond the required refugee health screening is quite apparent, it is nearly impossible to develop a single program comprehensive enough to address all of the health care needs of refugees from Burma (Cathcart, R. et. al., 2007, p.36). Thus, the following curriculum is merely a guide for introducing refugees from Burma to personal and home care practices in the U.S. and the U.S. health care system. It should be used and adjusted in accordance with other available resources and tailored to meet the specific needs of individual students. Intended to be an evolving document, curriculum users are encouraged to make additions as they discover supplementary resources and lesson plans.



Overview

DEFINITIONS

Action-Oriented Community Diagnosis

A community assessment designed to understand the cultural, social, economic, and health experiences of individuals living in the same community. The goal is to help the community move forward in a unified effort to address challenges.

Key Informants

People who can speak about both their own perspective on their community as well as the greater communities' perspectives.

Secondary Data

Published information, such as Web sites and Newspapers, that describe important information and statistics about communities.

Between September 2006 and April 2007 a team of six graduate students¹ from the Department of Health Behavior and Health Education at the UNC School of Public Health conducted an Action-Oriented Community Diagnosis (**AOCD**) with people from Burma living in Chapel Hill and Carrboro, North Carolina.² The purpose of the AOCD was to assess the strengths and challenges of the community in order to recommend steps for planned change. Amongst the team's findings was the observation that ***Lack of knowledge about US health practices around personal and home care makes it difficult for community members to stay healthy and access the care they need.*** This theme was presented and discussed at a community forum for people from Burma living in Chapel Hill and Carrboro in April 2007. The idea of developing a health education curriculum for refugees from Burma was one of the key action steps that evolved out of the forum discussion.

The content of this curriculum was guided by the student team's findings, results of a focus group (see Appendix A), input from **key informant** interviews, and a review of **secondary data** (see Appendix B). Upon reviewing the collected data, compiling a list of pertinent health topics (see Appendix C), and determining current resources available to refugees, the topics of personal/home care and the U.S. health care system were prioritized.

Designed as a resource for local health departments, refugee resettlement agencies, sponsoring agencies and individuals, and ESL instructors, this three-part curriculum draws on, and is in part modeled upon, material from the EL Civics Health Curriculum, Fairfax County EL/Civics Curriculum: Low Beginning-Low Intermediate ESOL, High Intermediate and Advanced ESOL/Adult High School, and Family Literacy Health Modules, the North Carolina Curriculum Guide, HEAL: BCC Curriculum, the Health Guide for Refugees in Minnesota, and the U.S. Committee for Refugees and Immigrants Nutrition Outreach Toolkit (see page vi).

1. The team included: Becky Cathcart, Caytie Decker, Megan Ellenson, Anna Schurmann, Michael Schwartz, and Neha Singh.

2. The report summarizing the team's findings is available online at <http://www.hsl.unc.edu/PHpapers/phpapers.cfm>.



Overview Continued...

The first unit is designed to get refugees and instructors alike to think about health holistically by discussing *what is good health?* Moreover, how do ideas about health differ between U.S. cultural beliefs and practices compared to those of Burma? The second unit focuses on personal/home care and addresses topics such as germs, hand washing, keeping the house clean, food safety, and personal hygiene with the intention of teaching learners how to preserve their personal health and the health of their families. The third unit is an introduction to the U.S. health care system. Lessons are designed to develop learners' competency navigating the U.S. health care system. By accomplishing tasks such as identifying health helpers, calling 911, asking questions, etc. learners build life skills and become more aware of when and how to access the care they need. In addition, students learn about their civil rights and responsibilities through lessons on visiting the doctor. Copy-ready background materials, exercises, and activities are provided for each lesson.

Lessons are designed to be flexible, giving instructors the opportunity to select activities based on students' needs and interests. The activities are intended to encourage participation, problem solving, and sharing of ideas; however, students may be shy and limited in their ability to participate due to communication barriers. Instructors are encouraged to tell students that their opinions are appreciated and will be respected in conversation; nevertheless, students should not feel obligated to share their ideas and experiences if they are not comfortable doing so.

Consulted Curricula:

EL Civics Health Curriculum

Available online at:
http://www.ccs.k12.va.us/programs/esl/docs/health/Health_Curriculum.pdf

Fairfax County EL/Civics Curriculum: Low Beginning-Low Intermediate ESOL, High Intermediate and Advanced ESOL/Adult High School, and Family Literacy Health Modules

Links to modules available online at:
<http://www.aelweb.vcu.edu/publications/healthlit/sections/d/secD-p5.pdf>

North Carolina Curriculum Guide

Available online at:
<http://www.nc-net.info/ESL/guide.php>

HEAL: BCC Curriculum

Available online at:
<http://healthliteracy.worlded.org/heal/healBccHtml/index.htm>

Health Guide for Refugees in Minnesota

Available online at:
<http://www.health.state.mn.us/divs/idepc/refugee/hcp/healthguideeng.pdf>

U.S. Committee for Refugees and Immigrants Nutrition Outreach Toolkit

Available online at:
<http://www.refugees.org/uploadedfiles/Participate/HEALTHY%20REFUGEES/flipchart.pdf>



How to use this Curriculum Guide

This curriculum is designed to be flexible in both format and content. The curriculum is divided into three units. Each unit begins with an introduction that explains the significance of the subject matter being addressed with regard to refugees from Burma. Within each unit, there are lessons—each with its own set of activities. All activity materials are listed at the beginning of each lesson. A word bank is also provided at the beginning of lessons. These lists contain words that may come up in conversation during the activities. We encourage you to familiarize yourself with these terms so that you feel comfortable explaining them to a group of individuals who may have limited English proficiency. If you are using an interpreter during your classes, we suggest sharing the word bank with that individual to make sure that the words can be directly translated across languages. Any additional words brainstormed by your class can be listed in the notes section of the lesson plans.

You do not have to follow the lesson plans in sequential order nor do you have to do one whole lesson or an entire Unit at one time. Rather, you are encouraged to select lesson plans and activities based on what is most relevant to your group given logistical constraints (i.e. time available, materials on hand, etc.). In general, Unit One is recommended as an introduction to subsequent lessons. It is designed to start a dialogue that will get people to think about health holistically. Unit Two is most appropriate for newly resettled refugees who have had little exposure to germ theory and who are less familiar with U.S. standards of hygiene; however, it can also serve as a refresher course for refugees who have been here for a longer time. Unit Three, due to the level of participation suggested, is best suited for audiences who are somewhat familiar with the U.S. health care system and are proficient in English; however, if an interpreter is present, it can be used with any group.

It is recommended that classes not extend beyond 2.5 hours in order to keep students engaged. Here are some other considerations to make:

Meeting Time and Location:

Keep in mind that most refugees from Burma have extremely busy schedules and may have difficulty meeting during regular business hours. Although recently resettled refugees may have somewhat flexible schedules as they search for employment, keep in mind that economic self sufficiency is a top priority for resettlement offices and refugees alike; thus, job searching and interviews will take precedence over many other time commitments.



How to use this Curriculum Guide Continued...

Since many community members work during different shifts, we recommend surveying the class participants about what time works best for them before picking a time. Also, please be considerate of transportation needs when selecting a venue. Centralized locations that are on a bus line are preferable.

Childcare:

Class participants may bring their children with them. If a childcare provider is present, parents may still opt to keep their children with them. It is best to offer childcare and then ask if parents will take advantage of the service. Be flexible. Try to find a childcare room adjacent to the classroom you are using for the adults and expect that kids may go in between rooms.

Breaks and Refreshments:

Be sure to point out where the restrooms are and invite people to use them as needed. To help promote healthy living, please provide healthy snacks and beverages. Fresh fruit is always a wonderful option.

Group Size:

Since refugees have such busy schedules, it is not likely that you will have a very large class size. Groups of 6-15 are ideal. This size allows for the expression of diverse opinions, is conducive to allowing people to get to know one another, and is a manageable size for you as a facilitator. This curriculum is appropriate for catering to individuals from diverse backgrounds; however, we urge you to keep in mind how gender, religion, ethnic group ties, etc. may influence group dynamics.

Ice Breakers:

We recommend starting each class session with an ice breaker. Ice breakers help to create an open and encouraging environment and add a little fun. Please see Appendix D for suggested resources.



How to use this Curriculum Guide Continued...

Ground Rules

To encourage an open, supportive environment, we suggest sharing the following ground rules:

1. Listen actively and do not talk or interrupt while someone else is talking (no side conversations - except to translate).
2. Respect one another's differences, and do not make assumptions about one another.
3. Be encouraging and supportive of one another.
4. Feel free to disagree, but be constructive.
5. Be honest and share your opinion or perspective.
6. Be flexible and patient with yourself and others.
7. Feel free to ask questions.
8. Have fun.

Don't forget to ask if your group has anything to add!

Evaluation:

Here are some general questions to ask at the end of your class (orally or in written format):

1. What did you learn today that was new to you? Name one or two things.
2. What was of value to you (or your family or friends)? Name one or two things.
3. Is there something new you would try or do differently after today?
4. What would you like to know more about? About this particular health topic (or similar ones) or any others?

Suggestions for further evaluation are included at the end of each lesson.

Pilot Testing:

Suggestions for doing a process evaluation of this curriculum are included in Appendix E.



A Note to Instructors

Health beliefs and practices are intimately intertwined with cultural and familial traditions. In order to understand the beliefs, practices, and experiences influencing the refugees' understanding of and receptivity to the U.S. health care system, you are encouraged to have an ongoing dialogue with your students to explore what they already believe and to share new health information and choices. For example, you might ask:

- What are your beliefs about how to stay healthy?
- Where do those beliefs come from?
- What do you do to stay healthy (i.e. what are your health practices?)

Furthermore, to inform yourself about health beliefs and practices specific to Burma, we suggest the following readings to help you provide informed, culturally competent instruction:

Burmese: Health Beliefs & Practices

Available online at:

http://www3.baylor.edu/%7ECharles_Kemp/burman.htm

Burmese Health Sheet

Available online at:

<http://www.health.state.ri.us/chew/refugee/burmese.pdf>

Refugees from Burma: Their Backgrounds and Refugee Experiences

Available online at:

<http://www.cal.org/co/pdffiles/refugeesfromburma.pdf>

Additional readings are listed in Appendix B.



You Should Know:

There are numerous ethnic groups in Burma. People from Burma may prefer to be referred to as the name of their ethnic group (e.g. Karen, Mon, Chin, etc.) rather than as Burmese.

Traditionally, in Burma, health is a state of balance between the mind, body, soul, and universe. This harmony is often expressed as a balance of "hot" and "cold" elements. Since health and illness are states of hot and cold, treatment is delivered by providing opposite medicines or foods.

Diet is essential to the health beliefs of people from Burma. Health is preserved through diet, and illness is combated through changes in diet.



Unit One: Introducing Good Health

Inside This Unit

- 1 Introduction
- 2 Lesson 1: Defining Good Health
- 3 Activity 1: Mapping Health
- 6 Activity 2: Reflecting on Good Health
- 7 Suggestions for Evaluation
- 8 Handouts

Introduction

In order to broadly introduce the subject of health, we recommend beginning your course with this unit, which was adapted from HEAL: BCC (World Education and the Centers for Disease Control and Prevention). Since health beliefs and practices vary widely across cultures, this unit is designed to create a dialogue for discussing **What is good health?** More specifically, this unit serves as an opportunity to outline Western health care practices and beliefs so that the students can start to think about health in the context of the U.S. as compared to Burma. It is hoped that such a dialogue will establish an environment of open sharing that will facilitate learning for the students and teacher alike throughout the rest of the lessons.

Unit One: Lesson One

Defining Good Health



Purpose:

To explore the idea of good health and the ways learners define good health, practice health, and think about health. To establish an open learning environment open to sharing and trust among learners in anticipation of the challenges of talking about personal and home health and the U.S. health care system in Units Two and Three.

Learning Objectives:

By the end of this session learners will...

- be able to define health
- identify characteristics of good health
- identify activities that lead to good health

Time: 45 minutes

Minimum Number of Participants: 4

Materials:

- 3 x 5 index cards (3 per student)
- Flipchart, poster board, or a chalkboard
- Chalk or markers
- Handout 1 for each student (optional)

Word Bank:

- checkup
- habits
- hereditary
- lifestyle
- nutrition
- stress
- tests

Unit One: Lesson One

Defining Good Health



Activity One: Mapping Health

Time: 30 minutes

Steps

1. Explain to students that different cultures have different ideas about what makes people healthy and what makes people sick, which is why they are going to talk about good health and hear what other people think.
2. Give each student three 3x5 cards. On the board, write the sentence “**Good health is...**” Ask each student to complete the above sentence on three different cards giving a different answer on each card. If students have difficulty writing, they can work in pairs. Some guiding questions to help students think about good health are: (all of these questions do not have to be answered):
 - *What is the definition of good health?*
 - *How do you know you are healthy?*
 - *What are the things you need to have good health?*
 - *What do you have to do to stay healthy?*
 - *How do you make sure that your children are healthy?*
 - *How do you make sure that you are healthy?*

Notes:

During this activity, encourage your students to think about health holistically (i.e. physical, mental, spiritual, etc.). Have them first think about the definition of health and then think about health behaviors and beliefs that lead to good health.

This exercise is designed not only to get students to think about different states of health, health beliefs, and health practices, but also to help you see what sort of cultural beliefs and traditions are influencing your students’ ideas about health.

The World Health Organization defines health as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
(<http://www.who.int/en/>)

Unit One: Lesson One

Defining Good Health



Activity One: Mapping Health Continued...

- When the students are done, ask them to share their answers. Tape all cards on the board or write the students' responses in a cluster diagram (see Figure 1). You will be grouping similar responses to create categories that students can review and identify at the end of the lesson.

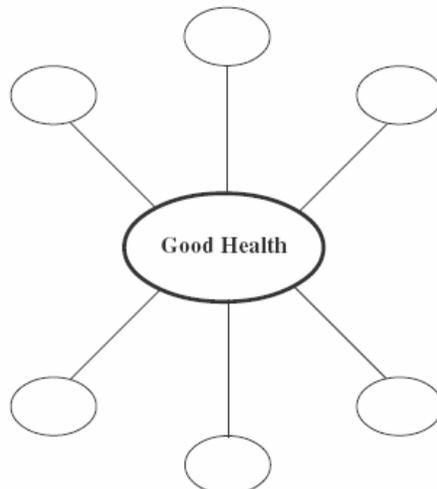


Figure 1: *Example of a blank "Good Health Map"*

- Extend the discussion by asking clarifying questions. For example, if someone says good health is eating healthy foods everyday, ask: *In what ways does eating healthy foods help with your health? What kinds of foods should you eat? Why?**

Notes:

*Although nutrition is essential to understanding the health beliefs and practices of refugees from Burma and important to discuss, keep in mind that it is not the focus of this curriculum

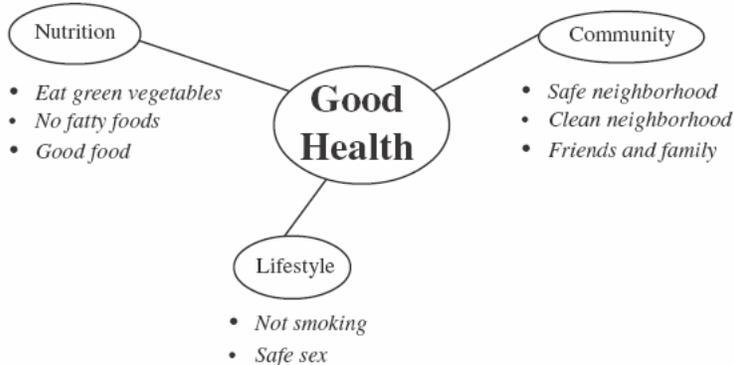
Unit One: Lesson One

Defining Good Health



Activity One: Mapping Health Continued...

5. Review the diagram. Ask each student what is similar about the ideas in each group. For example: personal habits/lifestyle (eating, sleeping, safe sex); nutrition (good food, fruits, vegetables, vitamins); health care services (visit my doctor or dentist); spiritual* (go to church, pray); community (a clean environment). Below is an example of a “Good Health Map.”



6. Ask students to look at the list of ideas brainstormed. Ask some guiding questions and keep a list to help students see how health is understood and practiced in the U.S. versus in Burma. For example, *What do people in the U.S. think are the most important things they have to do to be healthy? Is this different from what people in Burma think? Are there things that you do here to stay healthy that are different from what you did in your native country?* Pointing out differences will give you, the instructor, more insight into the health beliefs of your students and will allow the students to see what health behaviors might be different in the U.S.

Notes:

* Refugees from Burma living in Chapel Hill and Carrboro practice Christianity, Buddhism, and Islam in accordance with their varying ethnic groups and familial traditions.

Unit One: Lesson One

Defining Good Health



Activity Two: Reflecting on Good Health (Optional)

Time: 15 minutes

Steps

1. Invite students to write a paragraph about what they do in their lives to stay healthy (see **Handout 1: Staying Healthy Paragraph**).

There are several important activities I do in order to stay healthy. First, ... This activity contributes to health by...Second, ... This activity helps me...In addition, ... This activity is important for my health because ... In conclusion, all these activities...

OR

2. As an alternative to the activity listed above, have students form groups and work on drawing what a healthy person looks like or provide a picture and have them add characteristics to it orally. *What is the person doing? What makes you know she is healthy?* This is a good activity if literacy is an issue.

Notes:

This activity is for personal reflection; however, it can also be used as a trigger for other units/lessons.

Students should be encouraged to use some of the vocabulary brainstormed during Activity One to write their paragraphs.

Unit One: Lesson One

Defining Good Health



Suggestions for Evaluation

By asking the following questions you are not looking for a specific answer but rather want to know if students can summarize some of the defining characteristics of health identified in the lessons.

Ask students to define health.

Ask students to list three characteristics of good health.

Ask students to list three behaviors they can do to be healthy.

Defining Good Health
Handout 1: Staying Healthy Paragraph

Use the ideas and vocabulary from the class discussion to write a paragraph about health.

Title: _____

Topic Sentence: There are lots of important things I do in order to stay healthy.

First,

This contributes to health by...

Second,

This activity helps me...

In addition...

This activity is important to my health because...

In conclusion,



Unit Two: Personal and Home Care

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- 31** Lesson 3: Personal Hygiene
- 32** Activity 1: What is this for?
- 34** Suggested Evaluation
- 35** Handouts

Introduction

Before resettling to the U.S., most refugees from Burma spend several years living in small huts in refugee camps along the Thai/Burma border. These refugee camps often lack water, electricity, sanitation, and health care. Most refugees from Burma living in Chapel Hill and Carrboro come from Tham Hin refugee camp, home to 9,500 refugees crammed within the confines of a 16 acre site built to house 5,000 refugees (McGeown, 2006). The open bamboo huts that were once their homes in the refugee camp differ greatly from the enclosed, carpeted apartments with indoor plumbing and electricity that are their first homes in the U.S. Due to the stark contrast in living environments, refugees from Burma may be unfamiliar with personal and home care practices common to U.S. culture.

This unit is designed to help refugees from Burma adopt basic U.S. personal and home health practices. Because newly resettled refugees are often unfamiliar with the uses of the numerous cleaning and personal hygiene products available in the U.S., lessons seek to help students learn what products are intended for which purpose. When possible, instructors are encouraged to bring in examples of cleaning and personal hygiene products.

Unit Two: Lesson One

Germs



Purpose:

To illustrate where germs exist and introduce students to the importance of hand washing and keeping the home clean.

Learning Objectives:

By the end of this session learners will...

- identify several ways that germs spread
- identify several ways to protect themselves from germs
- demonstrate how to wash their hands properly
- identify and demonstrate how to use household cleaning products

Time: 45 minutes

Minimum Number of Participants: 6

Materials:

- Handout 1: Be a Germ Buster: Wash Your Hands
- Handout 2: Keeping the House Clean Cards
- A board or flip chart
- Chalk or markers
- A pencil
- White glue
- Colored glitter
- Child safety cabinet lock (if available)
- Soap for hand washing, dish soap, shampoo, hand sanitizer, etc.
- Cleaning products (e.g. broom, mop, vacuum cleaner, dust spray, disinfectant spray) (Optional: use Handout 2 cards if necessary)

Word Bank

- | | |
|----------------|---------------|
| • germ | • parasite |
| • rash | • antibiotics |
| • virus | • Symptom |
| • coughing | • cold |
| • bacteria | • fever |
| • disinfect | • diarrhea |
| • host | • Vomiting |
| • immunization | |

Unit Two: Lesson One

*Germs**



Activity 1: Glitter Germs

Time: 10 minutes

Steps

1. See note.
2. Cover a pencil with glue, then sprinkle glitter all over the glue.
3. Pass the pencil around the room and watch the glittering "germs" spread from one student to the next. You can expect at least one of your students to touch something else once they have glitter on their hands. Glitter on a desk, on their face, or in their hair is an even better example of how easy it is to spread germs. If you wipe the pencil off with a paper towel, some of the germs will still remain. This is why it is important to actually WASH the pencil (and everyone's hands) with soap and water to effectively remove the germ.
4. Ask students *what is happening to the glitter?*
5. Ask students what they would do to get it off their hands without passing it to everyone else. Hopefully someone will suggest hand washing. Use a discussion about the importance of hand washing to transition to the next lesson.

Notes:

*This lesson was adapted from the North Carolina Curriculum Guide's Lesson on Germs available online at:
<http://www.nc-net.info/ESL/guide.php>

To introduce this activity, if it has not already been brought up in conversation, ask students what they think causes illness. If they do not answer germs, then talk about what people in the U.S. or Western medicine says is the cause of illness. The point is to direct the class to the topic of germs so that they see how keeping away from germs is important to their health.

Unit Two: Lesson One

Germs



Activity 2: Hand Washing

Time: 15 minutes

Steps

1. If a sink is available, you ask a student to demonstrate hand washing. If a sink is not available, review **Handout 1** with the class and pantomime while explaining. Ask students to role play washing their hands.
2. Ask students:
 - *When should they wash their hands?*
 - *How long should they wash their hands for?*
 - *What should they use to wash their hands?*

Discuss different types of soap used for hand washing vs. body washes, shampoos, dishwashing, hand sanitizers, etc. If possible, you should have examples of each of these products to show the class.

Notes:

This activity works best in conjunction with Activity 1. If Activity 1 was not completed, introduce by explaining how in the U.S. people believe that germs cause illness so in order to keep ourselves healthy, we have to protect ourselves from germs. That's why we have to wash our hands.

Unit Two: Lesson One

Germs



Activity 3: Keeping the House Clean

Time: 20 minutes

Steps

1. To introduce this activity, you may want to talk about how different homes in America are from homes in Burma and in the refugee camps. You could ask students to talk about different features of the homes they lived in. For example, when they were living in the refugee camps, did their homes have carpet? Windows? Indoor plumbing? Transition to the lesson by explaining that in the U.S. there are lots of different things we use to clean all of the different surfaces in our homes. Explain that we are going to work on figuring out what cleaning products are used to do which job.
2. Using a bin full of cleaning supplies (or **Handout 2** cards), ask students:
 - What is this used for?
 - Where should you use it?
 - How often do you have to use it?
 - Where should you store it?

Notes:

During demonstrations, share the following tips:

- Wash kitchen counters and cutting boards with mild soap and rinse with water.
- Bacteria can grow very fast in sponges. Replace them every two weeks. Get rid of the bacteria by cleaning in dishwasher or by putting wet sponges in the microwave for two minutes.
- You can make your own disinfectant solution by mixing one teaspoon of liquid bleach to one gallon of water.
- Clean and disinfect cutting boards after every use.

Unit Two: Lesson One

Germs



Activity Three: Keeping the House Clean Continued...

Steps

3. In order to illustrate proper cleaning techniques, propose a case scenario (e.g. So spilled some soup on the floor, Tun just cut up a bunch of raw chicken on the counter, etc.) and ask how to clean up the mess, what products to use, etc.
4. Discuss the importance of keeping cleaning supplies and other household hazards out of the reach of children. If possible, show an example of a child safety lock. Explain to students that hazardous items are best kept in a locked cabinet or in high places out of the reach of children.

Notes:

The student team that conducted the AOCD noticed that many of the homes they visited were not well ventilated and as a result had very strong smells. If time allows, you may want to talk about how it is important to air out the house (especially after cooking strong smelling foods) to keep things fresh inside.

Unit Two: Lesson One

Germs



Suggestions for Evaluation

Have students wash their hands before class. Take note of length of time spent washing hands and hand washing procedure. After class, ask students to wash their hands again. Observe if students are following hand washing instructions as outlined in **Handout I**.

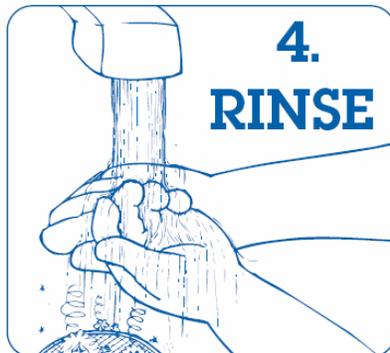
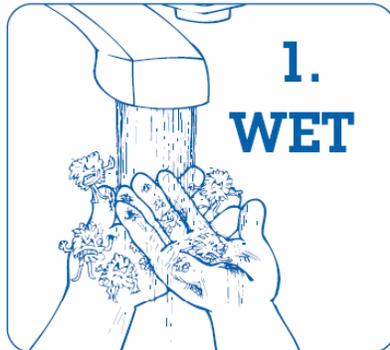
Have students role play cleaning up a mess (e.g. raw chicken) using proper cleaning products and techniques.

Germs

Handout 1: Be a Germ-Buster...Wash Your Hands



Be a Germ-Buster...
WASH YOUR HANDS!



For persons with disabilities, this document is available on request in other formats.
Please call 1-800-525-0127 (TDD relay 1-800-833-6388).

Available at: http://www3.doh.wa.gov/here/materials/PDFs/12_GermBust_B99L.pdf

Hand Washing

Washing hands is perhaps the most important thing you can do to stop the spread of harmful bacteria and viruses.

When to Wash

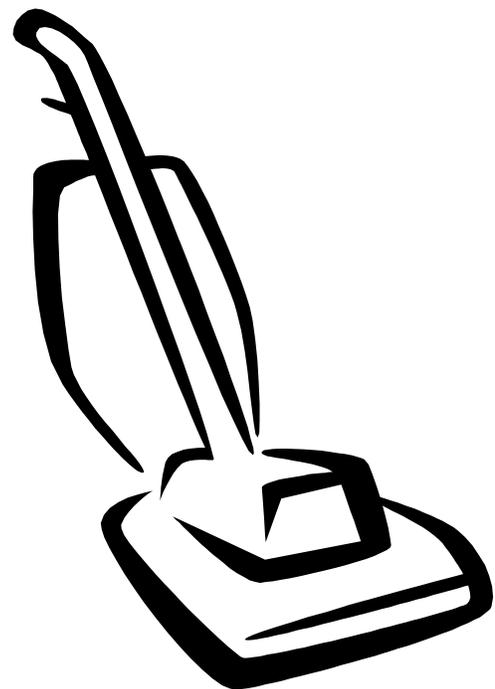
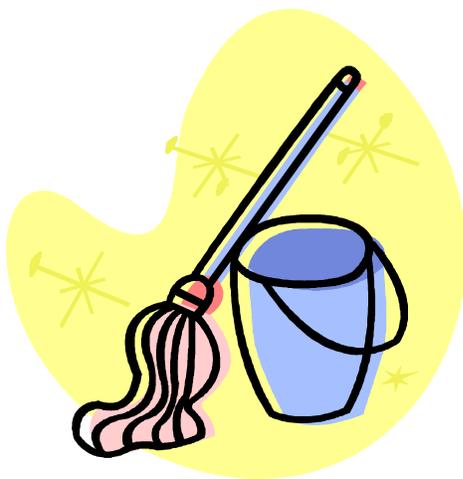
Before handling food
After using the bathroom
After changing a diaper
After sneezing or coughing
After taking out the trash
After handling raw meat
After handling pets
Anytime you touch something unsanitary

How to Wash

Rinse hands with warm water. Using soap - rub hands together for approximately 20 seconds. Pay close attention to the fingertip areas and thumbs. Rinse with warm water. Dry with paper towel or clean cloth.

Germs

Handout 2.1: Keeping the House Clean Cards



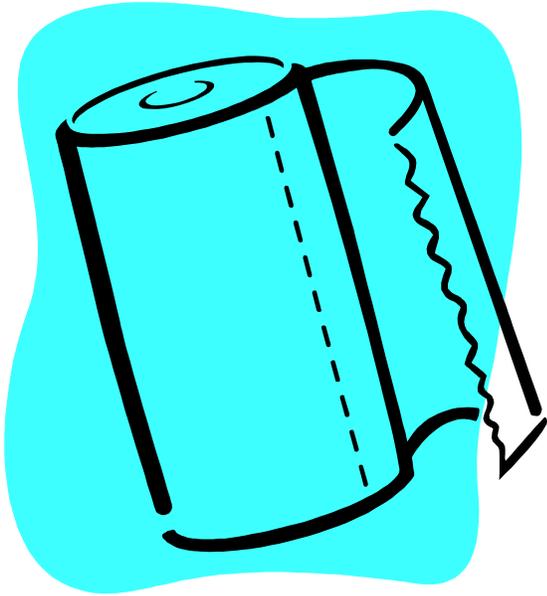
Germs

Handout 2.2: Keeping the House Clean Cards



Germs

Handout 2.3: Keeping the House Clean Cards



Unit Two: Lesson Two

Food Safety

**Purpose:**

To help students practice food safety including food preparation, cleaning, and storage.

Learning Objectives:

By the end of this session learners will...

- demonstrate how to properly clean and store foods
- identify expiration dates on food

Time: 35 minutes

Minimum Number of Participants: 4

Materials:

- Handout 1: Food Hygiene Trigger
- Handout 2: Food Storage Trigger
- Handout 3: Food Cards
- Samples of food with expiration dates (e.g. soda, canned goods, crackers, milk carton, egg carton, yogurt cup, etc.)

Word Bank:

- Sanitize
- Expiration
- Rinse
- Expire
- Spoiled
- Rotten
- Fresh
- Pasturize

Unit Two: Lesson Two

Food Safety



Activity 1: Food Hygiene Trigger*

Time: 10 minutes

Steps

1. Use **Handout 1** as a trigger to discuss food safety.
 - *What is the man doing in this picture?*
 - *Why is that important?*
 - *How do you clean your fruits and vegetables?*
 - *What are some ways to keep your food preparation area clean?*
 - *Have you taught all your kitchen helpers how to keep the food preparation area safe?*
2. Key points you should make are:
 - Always wash your hands with soap before you cook food or eat food.
 - Rinse fruits and vegetables with water before eating them.
 - After preparing food, wipe the counters and cutting boards with soap and water.
 - Good hygiene in food preparation helps keep your family free from sickness caused by spoiled food.

Notes:

* This activity was adapted from the U.S. Committee for Refugees and Immigrant's Nutrition Outreach Toolkit. The entire toolkit is available online at:
<http://www.refugees.org/uploadedfiles/Participate/HEALTHY%20REFUGEES/flipchart.pdf>

Unit Two: Lesson Two

Food Safety



Activity 2: Food Storage Trigger*

Time: 10 minutes

Steps

1. Use **Handout 2** as a trigger to discuss food safety.
 - *What is the man doing in this picture?*
 - *Why is that important?*
 - *What foods do you store in the refrigerator?*
 - *The freezer?*
 - *What foods are safe to leave in the cabinets?*
 - *Once you prepare food for your family, how do you store it?*
2. Key points you should make are:
 - Store dairy products in the refrigerator.
 - Keep meat and seafood in the refrigerator for no longer than two days and in the freezer for no longer than four months.
 - Keep uncooked meat and seafood away from other foods.
 - Defrost meat and seafood in the refrigerator, not on the kitchen counter.
 - Cook meat until it is not pink in the middle.
 - Do not leave prepared food out on the counter for longer than two hours.
 - Store food leftovers in a sealed container in the refrigerator or freezer.

Notes:

* This activity was adapted from the U.S. Committee for Refugees and Immigrant's Nutrition Outreach Toolkit. The entire toolkit is available online at:
<http://www.refugees.org/uploadedfiles/Participate/HEALTHY%20REFUGEES/flipchart.pdf>

Unit Two: Lesson Two

Food Safety



Activity 3: What Food Goes Where?

Time: 15 minutes

Steps

1. Cut up the food cards (**Handout 3**) and distribute them to the class. Ask students:
 - *Where should the different food items should be stored (eg. In the pantry, in the refrigerator, etc.)?*
 - *How long do the items stay fresh?**
 - *How do you know when something is no longer fresh?*

2. Distribute the samples of foods with expiration dates. Ask students to find the expiration dates. Compare different expiration dates.
 - *Why do foods have expiration dates?*
 - *Which items stay fresh the longest?*
 - *Are there any foods that do not spoil? (honey is the only natural food that does not spoil)*
 - *What do preservatives do to food?*

Notes:

* Unaware of expiration dates, refugees sometimes stockpile goods when they first arrive in the U.S. because they are not used to the availability of large quantities of food nor are they often aware that foods like eggs go bad.

Unit Two: Lesson Two

Food Safety



Suggestions for Evaluation

1. Ask the students the difference between sanitary and unsanitary food habits.
2. Ask the students why it is important to have sanitary habits when dealing with food.
3. Ask the students to list three sanitary and three unsanitary food habits.
4. Ask the students for one way in which they will change how they deal with food.

Food Safety

Handout 1: Food Hygiene Trigger



This trigger is from the U.S. Committee for Refugees and Immigrant's Nutrition Outreach Toolkit. The entire toolkit is available online at:
<http://www.refugees.org/uploadedfiles/Participate/HEALTHY%20REFUGEES/flipchart.pdf>

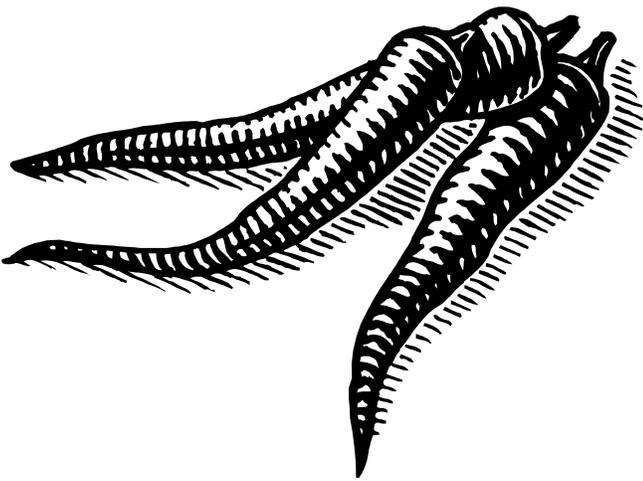
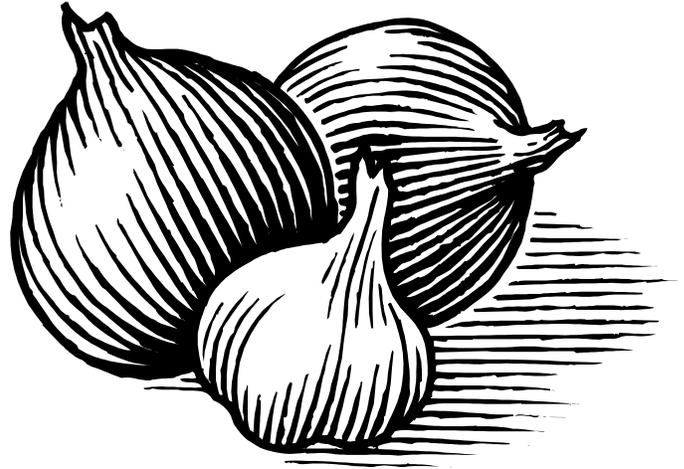
Food Safety **Handout 2: Food Storage Trigger**



This trigger is from the U.S. Committee for Refugees and Immigrant's Nutrition Outreach Toolkit. The entire toolkit is available online at:
<http://www.refugees.org/uploadedfiles/Participate/HEALTHY%20REFUGEES/flichart.pdf>

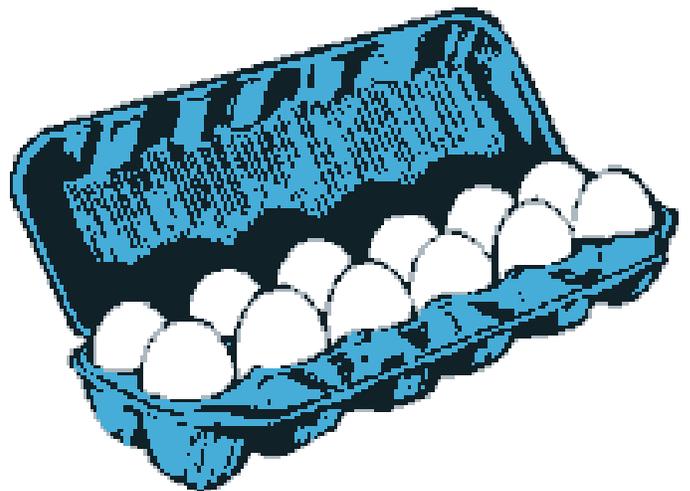
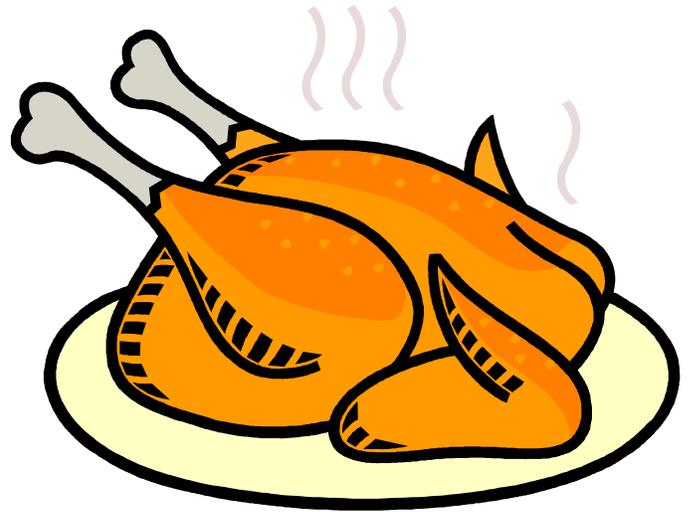
Food Safety

Handout 3.1: Food Cards



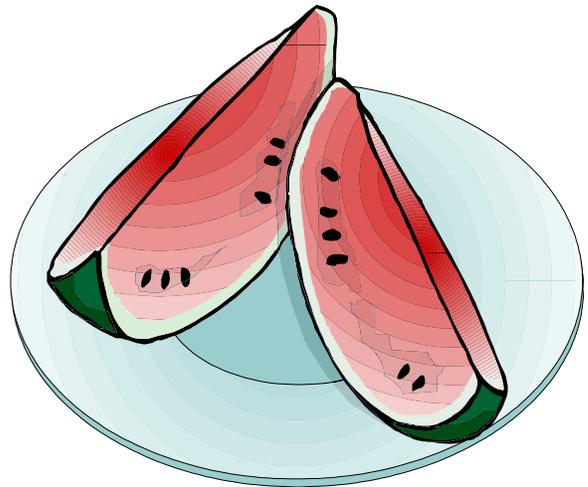
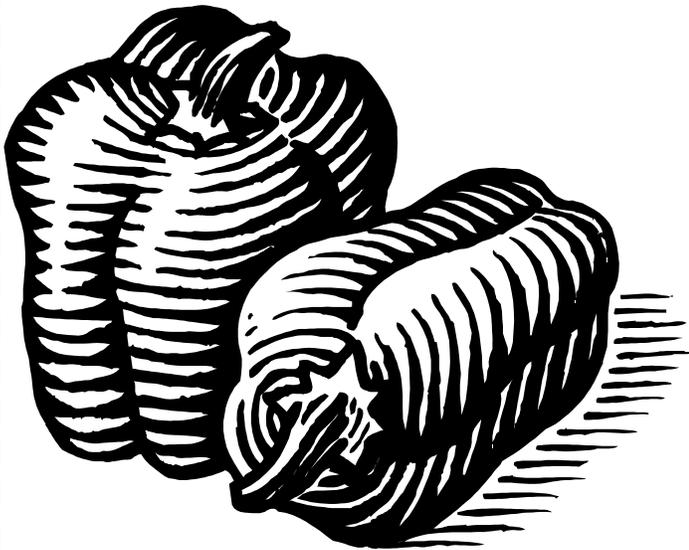
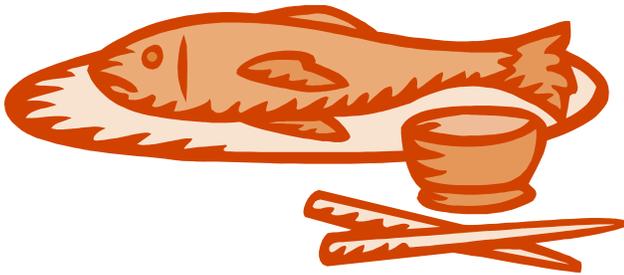
Food Safety

Handout 3.2: Food Cards



Food Safety

Handout 3.3: Food Cards



Food Safety

Handout 3.4: Food Cards



Unit Two: Lesson Three

Personal Hygiene

**Purpose:**

To help students identify healthy personal hygiene practices common to U.S. culture.

Learning Objectives:

By the end of this session learners will...

- identify basic personal hygiene products, their uses, and how often they are used
- demonstrate daily grooming practices

Time: 20 minutes

Minimum Number of Participants: 4

Materials:

- As many of the products listed under the word bank as possible
- Handout 1: Hygiene Cards

Word Bank:

- toothpaste
- toothbrush
- deodorant
- soap
- shampoo
- conditioner
- razor
- shaving cream
- perfume
- dental floss
- comb
- brush
- bath
- shower
- hygiene
- laundry detergent
- mouthwash

Unit Two: Lesson Three

Personal Hygiene



Activity 1: What is this for?

Time: 20 minutes

Steps

1. Introduce the topic of personal hygiene by discussing U.S. hygiene practices (e.g. regular showers, use of deodorant, expectations about attire, tooth brushing etc.). *What are some things they notice or have heard that are common U.S. hygiene practices? How are these practices similar or different from expectations in Burma?* Have students suggest vocabulary words associated with basic personal hygiene products and daily grooming activities. Keep a running list.
2. Discuss and invite responses from students to explain the importance of having basic personal hygiene and daily grooming routines socially and for healthy habits.
 - *Why is it important to be clean?*
 - *Is it important for you to be clean for your job?*
 - *What do you have to do to stay clean?*
 - *How often do you have to take a shower? Change your clothes? Wash your clothes?*

Notes:

Many refugees from Burma cook very strong smelling foods. The scent of these foods seeps into their clothes. Although the clothes may be clean, the refugees may not be aware of their smell. If the opportunity presents itself, it may be helpful to have a conversation about smells that we are so used to that we do not notice them.

Unit Two: Lesson Three

Personal Hygiene



Activity 1: What is this for?

Time: 20 minutes

Steps

3. Use materials brought in from home or cut up the cards in **Handout 1**. For each item, ask students:
 - *What is this product used for?*
 - *How often is it used?*
 - *Do men use it? Women? Children?*
 - *How is it used (ask students to demonstrate)*

Notes:

Unit Two: Lesson Three

Personal Hygiene

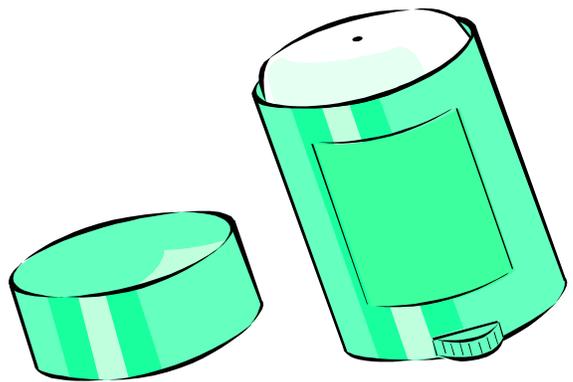
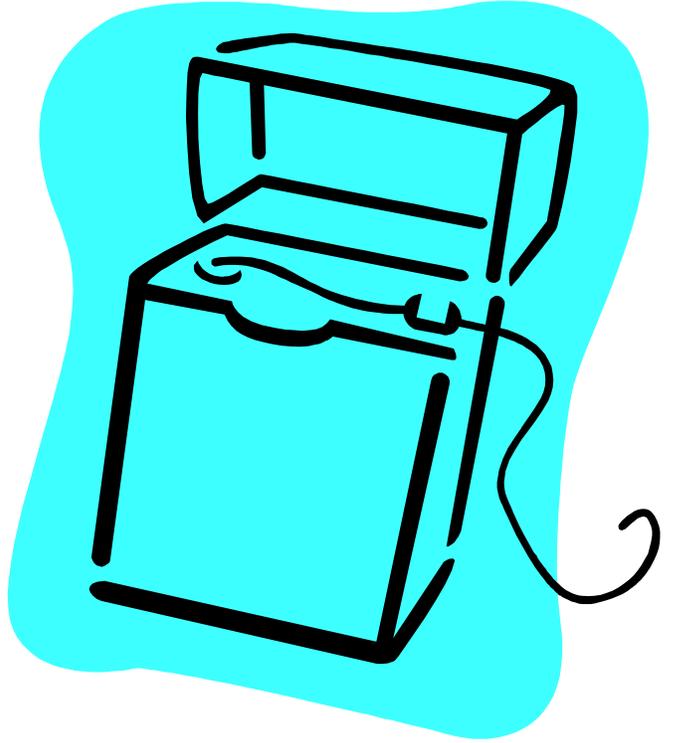
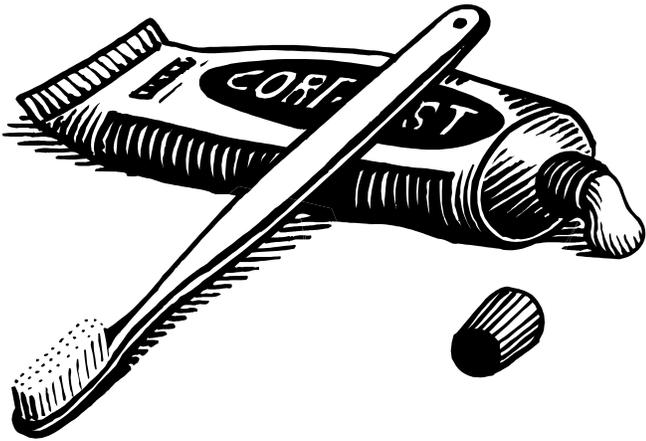


Suggestions for Evaluation

Ask students to identify three personal hygiene products, describe how they are used, who uses them, and how often they are used.

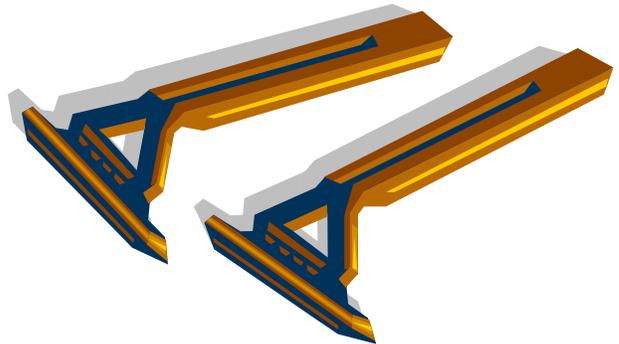
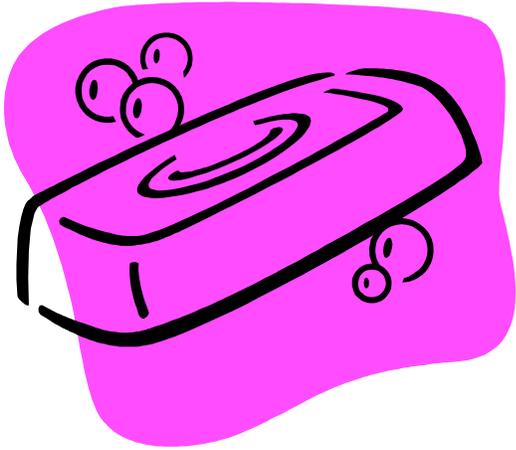
Personal Hygiene

Handout 1.1: Hygiene Cards



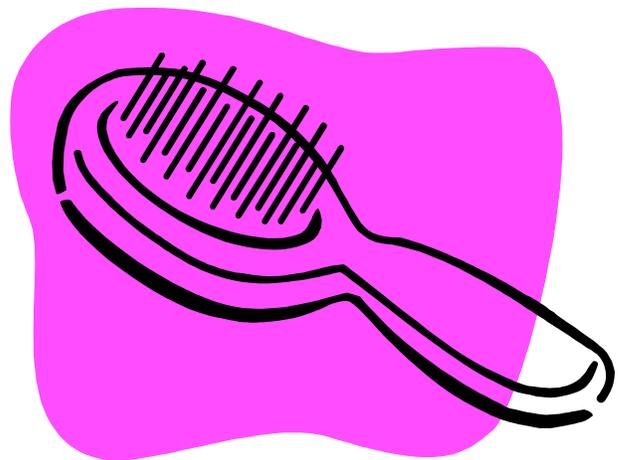
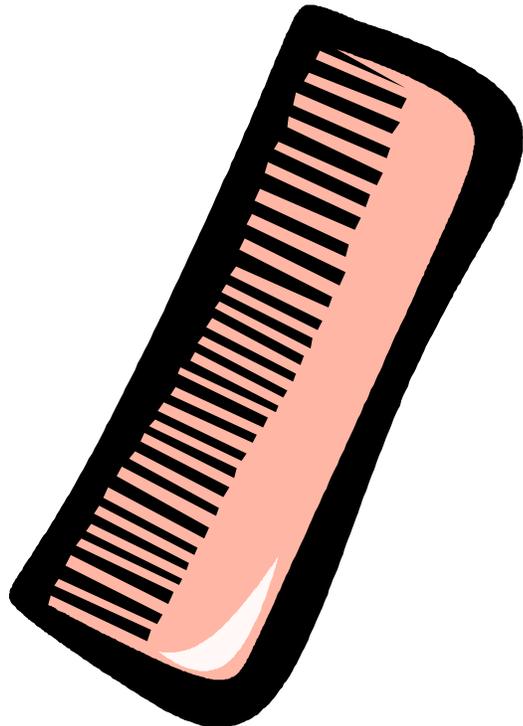
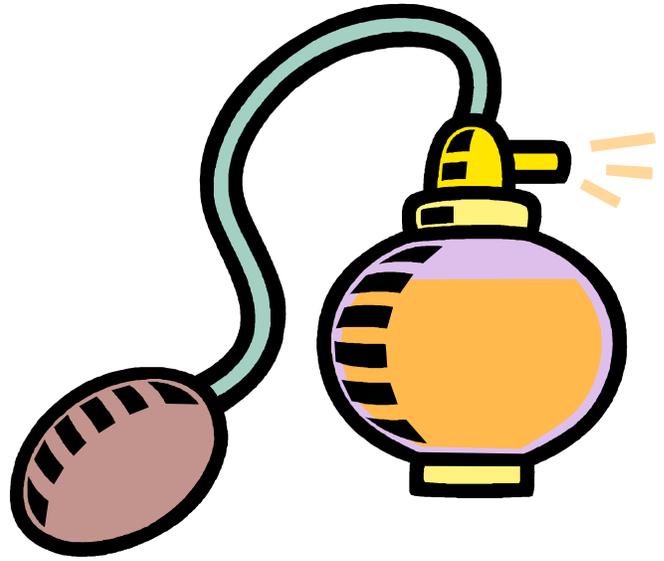
Personal Hygiene

Handout 1.2: Hygiene Cards



Personal Hygiene

Handout 1.3: Hygiene Cards



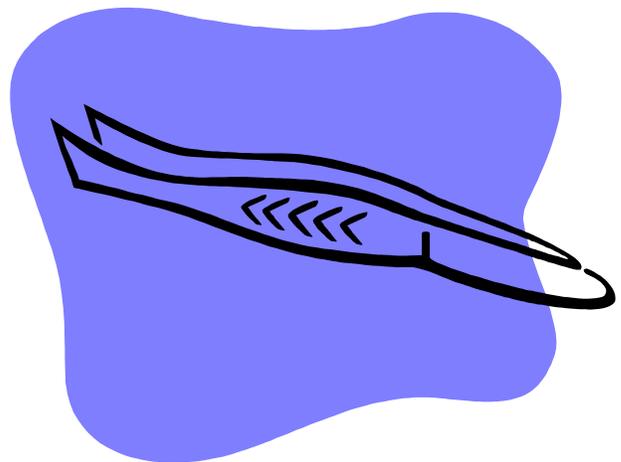
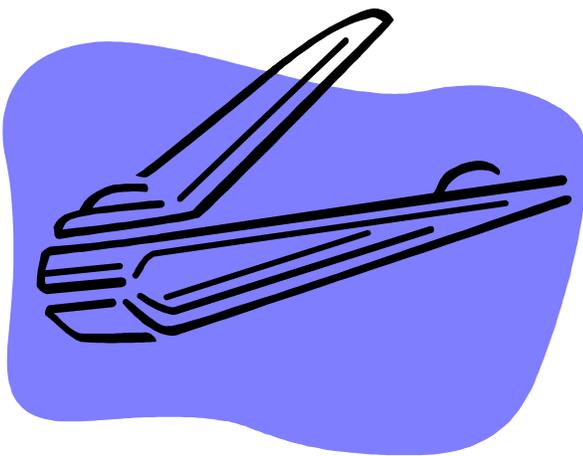
Personal Hygiene

Handout 1.4: Hygiene Cards



Personal Hygiene

Handout 1.5: Hygiene Cards





Unit Three: the U.S. Health Care System

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Introduction

The U.S. health care system and Western concepts of health and illness differ from traditional health beliefs and practices of people from Burma, which focus on a balance between mind, body, and spirit and emphasize diet as essential to health. Refugees from Burma may prefer traditional or alternative methods of care; however, once resettled, they have little choice but to face the mainstream U.S. health care system. Due to communication and cultural barriers, many refugees face considerable barriers to accessing care and getting their health care needs met. Such barriers can worsen long-term health and create enormous financial burdens for refugees and their families.

This unit is designed to help learners understand the structure of the U.S. health care system, when and how to access care, and how to advocate for themselves as patients. Due to the complex, ever evolving nature of the U.S. health care system, lessons, particularly those addressing insurance, may need to be adjusted as policies change.

Unit Three: Lesson One

Getting Help*



Purpose:

To help refugees know when they need to seek help and identify and locate what kind of help they need.

Learning Objectives:

By the end of this session learners will...

- identify symptoms which need immediate medical care
- define and identify community helpers
- identify different medical services and their uses
- be able to locate the local emergency room
- practice calling 911

Time: 85 minutes

Minimum Number of Participants: 4

Materials:

- A local telephone book
- Handout 1: Local Services
- Handout 2: Health Services and Providers
- Handout 3: Where to Go?
- Handout 4: Calling 911
- Chalk or markers
- Flipchart or board
- An unplugged phone

Word Bank:

danger	heart attack	ambulance
flammable	cut	police car
fire	wreck	emergency room
fire escape	cut	911
burn	swollen	accident
fire extinguisher	broken	EMS (Emergency Medical Services)
fire truck	fall	
fire hydrant	bleeding	

*Note

If possible, this lesson should be taught by someone who is very familiar with the refugee resettlement process and the services available to refugees.

Unit Three: Lesson One

Getting Help



Activity 1: What are Your Symptoms?*

Time: 15 minutes

Steps

1. Before experiencing health care, it is important to identify those symptoms that necessitate seeking immediate care. Ask students to brainstorm what types of problems need quick medical attention. Keep a running list.

Here is a list** to share with the class:

- A sudden or unexplained loss of consciousness
- Chest pain; numbness in the face, arm or leg; difficulty speaking
- Severe shortness of breath
- High fever accompanied by a stiff neck, mental confusion or difficulty breathing
- Coughing up or vomiting blood
- A cut or wound that won't stop bleeding
- Possible broken bone (Mayo Clinic, 2005)

Here are some tips from the Mayo Clinic to share:

Notes:

* This lesson is most effective if explained by a health care professional who can answer medical questions.

** For most of these symptoms, it depends on the circumstances of the individual whether or not she should seek immediate care. That is why it is important to have a trained health professional on hand to answer specific questions.

Unit Three: Lesson One

Getting Help



Activity 1: What are Your Symptoms? Continued...

Notes:

Steps

Here are some tips from the Mayo Clinic to share:

- Whether you are in the waiting area, being questioned by the triage nurses or being examined by the doctor, speak up if you are experiencing serious symptoms such as chest pain, trouble breathing, a feeling of faintness or sudden arm or leg weakness.
- Most EDs see people according to a triage system -- a process that involves sorting people according to their need for care. It's important to be proactive in offering information about your symptoms, medications and drug allergies.
- To facilitate emergency care, it's a good idea to carry pertinent health information in your wallet or purse, including insurance information, medications you take, your physician's name and phone number and any chronic health conditions that you have.

Unit Three: Lesson One

Getting Help



Activity 2: Identifying Health Helpers

Time: 10 minutes

Steps

1. In order to help students identify who to see and where to go* to seek medical care, introduce them to health helpers. Explain to students what health helpers are:

In the U.S. there are lots of different people who can help you with your health. If you have an emergency or an accident, you can call 911 and a paramedic will come to assist you. If your child needs shots to go to school, you can go to the health department and a nurse will give him his shots. If you need a physical, you can go to your family doctor...

2. Ask students to brainstorm a list of types of health helpers. Make a list on the board.
3. Explain to students that it is important to know about health helpers so they who they need to turn to if they need help, especially in emergency situations. Provide **Handout 1** as a resource list of local health helpers.
4. It is important to note that there are a variety of health helpers at health care centers. Patients may be seen by a physician, physician's assistant, medical student, nurse practitioner, etc.

Notes:

If you did Unit One with your students, you could ask them to think about what is good health and what type of people help you be healthy.

Some types of community helpers:

- Doctor
- Nurse
- Nutritionist
- Social worker
- Psychologist
- Dentist

* Where people go will likely be determined by whether or not they have insurance.

Unit Three: Lesson One

Getting Help



Activity 3: Where to Go?

Time: 30 minutes

Steps

1. Just as it is important to know what types of health helpers are available, it is also important to know where to find them. This activity is designed to help students be able to make informed decisions about where to go when they need to meet a health need.

As refugees, singles and childless couples are eligible for Refugee Medical Assistance for their first eight months in the U.S. Families with minor children are eligible for Medicaid.

Discuss what services are available to refugees under the federal benefits provided within their first eight months of being resettled.* *What are some services that help people make sure they are healthy (e.g. getting a physical, being screened for infectious diseases)? What are some services that are provided to help them improve their health (e.g. seeing a doctor for a chronic problem)? Where can people get insurance after the 8 months of refugees benefits run out?* Explain to students that sometimes you can get insurance through your job and sometimes you have to pay for it by yourself. Discuss options for care if someone does not have insurance (free health clinics, out of pocket payment, urgent care centers, emergency department, etc.)

Notes:

* See Overview of the U.S. Resettlement process
<http://www.acf.hhs.gov/programs/orr/programs/overviewrp.htm>

Unit Three: Lesson One

Getting Help



Activity 3: Where to Go? Continued...

Steps

2. Differentiate among the following health facilities and their services for your students.*
 - Family Doctor
 - Specialty Doctor
 - Walk-in clinic
 - Emergency Room
 - County Health Department
 - Mental Health and Substance Abuse Department
 - Open Door Clinic

Explain why a person might choose to use each one. Include very general information about cost, convenience, insurance, and the nature of the problem addressed at the facility.

3. Pass out **Handout 3****. Let students choose one or more of the above facilities for each of the following circumstances and justify their choice.

Notes:

* **Handout 2** gives detailed descriptions of each facility.

** Answers are listed in **Handout 3A**.

Unit Three: Lesson One

Getting Help



Activity 4: Calling 911

Time: 30 minutes

Steps

1. One of the health care providers students may have to use are emergency services. As an introduction to this activity, demonstrate crisis events. For example, take a doll to class and pretend that the “child” is not breathing. Feign a “heart attack.” (*Tell the class that you are going to play-act before you do the heart attack act.*) Bring two matchbook cars to class and have a “wreck” with the driver (class member) of the other car. *Ask the class what we call this type of event.**
2. Using a telephone book, ask class members to find the emergency numbers (emergency numbers are usually on the first page or the inside cover). Discuss the symbols that identify types of emergency services.
3. Ask students to give examples of situations in which they would need help. List these on the board. Eventually you will need to go through the list with the class to see if there are some situations for which it would **not** be appropriate/necessary to call 911.

Notes:

Local fire, police, and emergency medical technicians may be asked to speak to the class. Field trips to any of these agencies may also be interesting and helpful to class members.

* You may get generic or specific answers: an emergency, a crisis, a wreck, a heart attack, a robbery, or you may be able only to elicit that the event is bad. The purpose of this lesson is to equip students to handle bad events effectively and promptly.

Unit Three: Lesson One

Getting Help



Activity 4: Calling 911 Continued...

Steps

Here are some examples of situations the class might think of:

- You have a fire in your kitchen. You are unable to put it out.
- There is a bad wreck in front of your house. People are hurt and bleeding a lot.
- There is a fire in your apartment building. You know that a man who uses a wheelchair is in his apartment on the floor above the fire.
- Your co-worker falls on the stairs. He can't get up and his leg is probably broken.
- Your friend trips and falls on the deck. She can walk but says her ankle hurts. It is swelling.
- Your wife is going to have a baby and there is not enough time to get to the hospital.
- Your child swallows ant poison that you have under the sink.
- You cut your hand while working on the lawnmower. The cut is deep and bleeding a lot.
- Your child tries to pet the dog next door. The dog bites her and breaks the skin.
- Your boss complains of numbness in his arm and pain in his chest. He is having trouble breathing.
- You slip on a wet floor and fall. You are bruised and scratched.

Notes:

Unit Three: Lesson One

Getting Help



Activity 4: Calling 911 Continued...

Steps

4. Pick a situation with the class. Demonstrate calling 911 to ask for help with another instructor* (if present) or student. (See **Handout 4** for example).
5. Explain to the students that the operator will ask:
 - What happened?
 - What is the location?
 - Where are you calling from?
 - What is your name?
 - What is your phone number?

Prepare students to be able to give their name, address, phone number, and perhaps to say “I don’t speak English. I speak (Burmese, Karen, etc.)” Also make sure that students understand that they must give the location and telephone number where help needs to come. Tell the class that if someone else is with you during an emergency, that it is good to have him go outside to the curb to wait for and wave down the fire truck, EMS, etc.

Notes:

Demonstrating with another instructor is preferable during the first role play since people from Burma are often very shy and may not feel comfortable doing demonstrations in front of a class.

Unit Three: Lesson One

Getting Help



Activity 4: Calling 911 Continued...

Steps

Remind them to stay on the phone unless the operator says it is okay to hang up. Also mention that if someone calls 911 by accident and hangs up, the paramedics will call back and come to his/her house if no one picks up. Services are free. Someone will come to your house if you call 911 regardless of your ability to pay or the amount of money you owe. However, you may later be charged for ambulance transport, if used.

6. Practice with several different situations and students.

Notes:

Unit Three: Lesson One

Getting Help



Suggestions for Evaluation

Ask students to write down the name of someone or somewhere they could call or go to get help with a health problem.

Getting Help

Handout 1.1: Local Services

Most of these locations provide affordable services by charging on a sliding scale, based on family income, or may offer charity care. You may also be eligible to apply for **Health Check (Medicaid) or Health Choice** to help finance your or your children's health care.

To find out more, contact:

Orange County Department of Social Services:
968-2000 or 245-2800 (Ask for an interpreter if needed)

GENERAL MEDICAL SERVICES

- **SHAC**—a student-run, **free** clinic operated on some Wednesday nights at the Carrboro Community Health Center location.
- **Orange County Health Department:**
Southern Human Services Center—Chapel Hill
Whitted Services Center— Hillsborough
- **Piedmont Health Services:**
Carrboro Community Health Center
Prospect Hill Community Health Center
- **Planned Parenthood of Central NC:**
Chapel Hill Office (Reproductive Health Services only)
- **UNC Hospitals**
Ambulatory Care Center
UNC Family Practice
- Numerous private practices (see phonebook)

DENTAL SERVICES

- **SHAC**—a student-run, **free** clinic operated on some Tuesday and Wednesday nights at the Orange County Health Department's Dental Clinic in Carrboro at Carr Mill Mall.
- **UNC Dental School** in Chapel Hill
- **Orange County Health Department:**
Carr Mill Mall—Carrboro
Whitted Services Center—Hillsborough
- **Piedmont Health Services:**
Carrboro Community Health Center
Prospect Hill Community Health Center

Getting Help

Handout 1.2: Local Services

URGENT CARE

If you need urgent care, but it's not an emergency, these are some private centers that accept patients on a walk-in, self-pay basis. Expect to pay up front. They are open 7 days a week.

The Family Doctor—968-1985

1728 Fordham Blvd. (15-501), 151 Rams Plaza, Chapel Hill

Chapel Hill Urgent Care—403-8100

2238 Highway 54, Suite 500, Chapel Hill

Orange Family Medical Group—732-9311

210 S. Cameron Street, Hillsborough

Getting Help

Handout 1.3: Local Services

UNC: Hospitals, Dental School, Family Practice and Ambulatory Care Center (ACC)

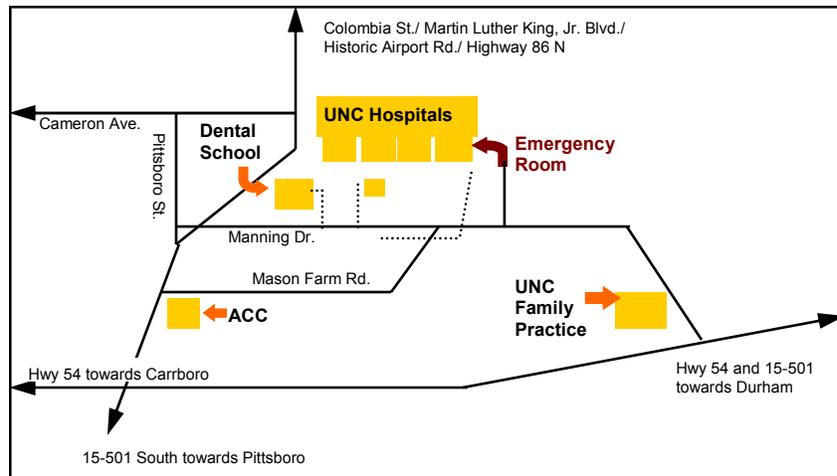
EMERGENCIES CALL: 911

UNC Hospital Operator: 966-4131 (*Interpreters available*)

UNC Dental School: 966-2805

UNC Family Practice: 966-0210

Ambulatory Care Center: 966-2276 (101 Mason Farm Rd.)



**FOR LIFE-THREATENING
EMERGENCIES
Call 9-1-1**

Getting Help

Handout 1.4: Local Services

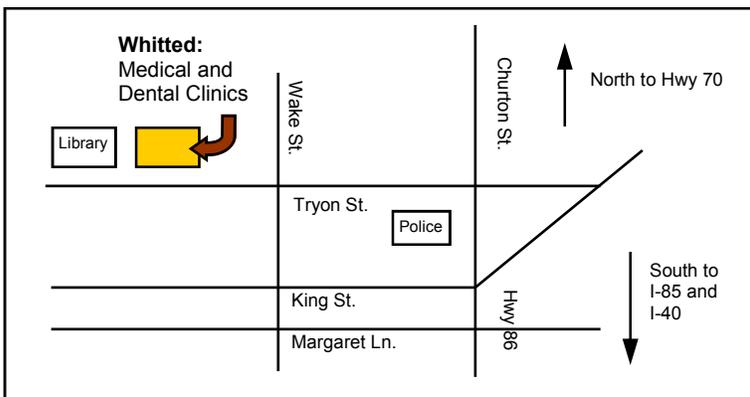
Orange County Health Department

RICHARD E. WHITTED SERVICES CENTER

300 W. Tryon Street, Hillsborough

Medical Clinic and WIC: 245-2400

Dental Clinic: 245-2435

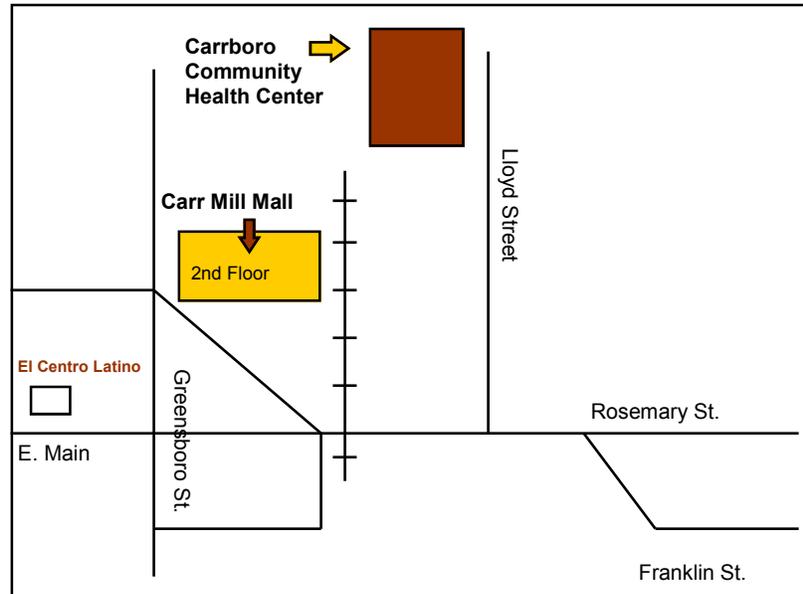


CARR MILL MALL DENTAL CLINIC

200 N. Greensboro Street, Suite D-15, Carrboro

Dental Clinic: 245-2025

****A walk-in, student-run, free clinic called SHAC operates at this location on some Tuesday and Wednesday nights starting at 5:45pm. No appointments.**

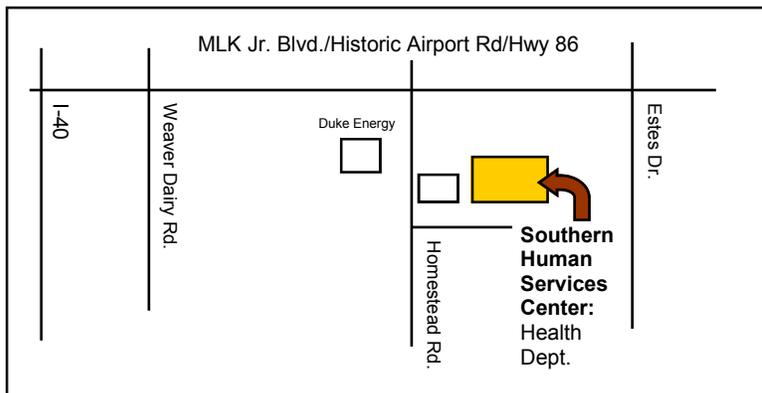


SOUTHERN HUMAN SERVICES CENTER

2501 Homestead Rd., Chapel Hill

Medical Clinic: 968-2022

Spanish Interpreter: 644-3350



Getting Help Handout 1.5: Local Services

Piedmont Health Services

CARRBORO COMMUNITY HEALTH CENTER

301 Lloyd Street, Carrboro

Medical Clinic and WIC: 942-8741

Dental Clinic: 933-9087

A walk-in, student-run, free clinic called **SHAC operates at this location on some **Wednesday nights**. Call Medical clinic number above to make appointment.

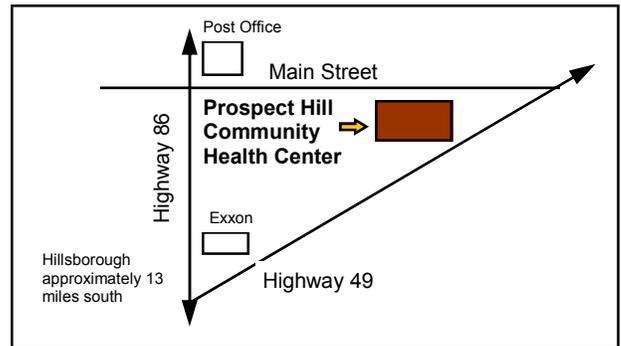
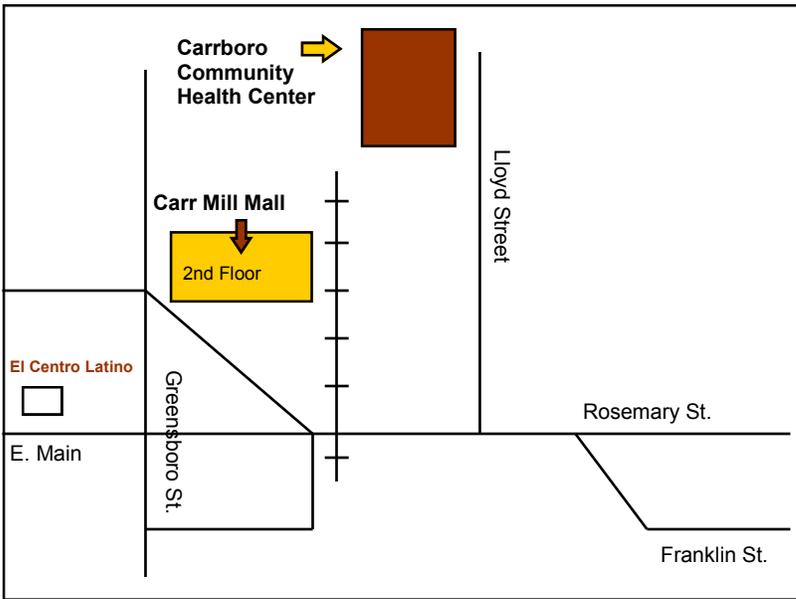
PROSPECT HILL COMMUNITY HEALTH CENTER

140 Main Street, Prospect Hill

Medical Clinic and WIC: 336-562-3311 or

1-800-898-9577

Dental Clinic: 336-562-3123



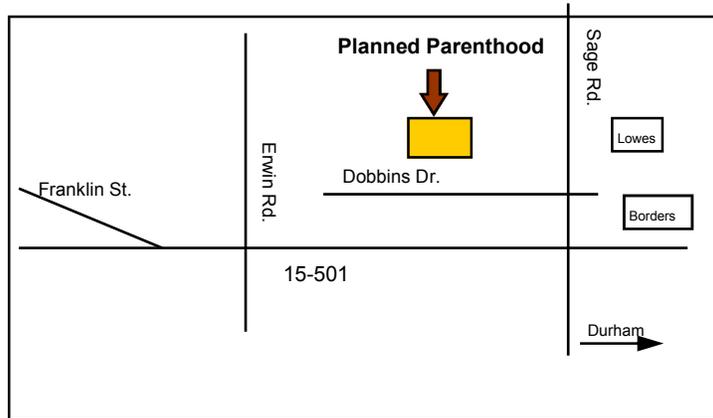
Getting Help

Handout 1.6: Local Services

Planned Parenthood of Central NC

1765 Dobbins Dr., Chapel Hill

Reproductive Health Clinic: 942-7762



Getting Help

Handout 2: Health Care Services and Providers

The following information is from “Salud Latina, Salud de Alamance (SALSA)” by Stephen P. Bailey, PT, Ph.D.

American Federal Health Care Programs

Medicaid is for people living below the poverty line. Income amounts needed to qualify for Medicaid vary based on the number of people in your family and the amount of your medical bills. Children may receive Medicaid when their parents do not qualify. You can apply for Medicaid at the Department of Social Services, but the application process is very long and may take months or years.

Medicare is a program for people above the age of 65. It helps pay for medical bills. For questions about eligibility, please call (919) 245-2800.

Health Choice is a state program to help children who cannot qualify for Medicaid and have no other insurance. This program sometimes accepts new people and is sometimes closed. The Department of Social Services can help you fill out the form or you can call (919) 245-2800.

Health Care Providers

Family Doctor is also called a **Primary Care Doctor**. It is very important to have a family doctor. Your family doctor is the first person you should call if you or a family member has a medical problem. This type of doctor can see you for lots of kinds of problems—sore throat, upset stomach, chest pain, etc.

Advantages:

- You will know them and they will know you so you will feel more comfortable
- Tests will not have to be repeated since they have your medical records
- You make an appointment to see them
- They will have a record of which drugs work best for you
- They are available for phone calls
- They will file your insurance for you
- Costs are generally \$40-80 a visit, but depend on presence of sliding scale, Co-pays, etc.

Disadvantages

- You have to register with them, this may mean making an appointment when you are not sick so that they will know you when you come in next time
- They are not open 24 hours a day so if there is a problem at night, they may not be able to help you.

Getting Help

Handout 2: Health Care Services and Providers

The following information is from “Salud Latina, Salud de Alamance” by Stephen P. Bailey, PT, Ph.D.

Health Care Providers Continued...

Specialty Doctors are doctors that have extra schooling and specialize in one area. For example, a pediatrician is a doctor who only takes care of children.

Advantages:

- These doctors take care of more serious problems and are very knowledgeable about the subject matter.

Disadvantages

- You may have several different doctors for several different problems—a heart doctor (cardiologist) for your heart problem, a bone doctor (orthopedist) for your broken leg, a kidney doctor (nephrologists) for your kidney, etc.

Walk-in Clinics or Urgent Care Centers are clinics where a doctor sits and waits for you to see him. You can see him lots of times, but there are no appointments. You have to wait your turn. This means that you might have to wait a long time to see a doctor and pay a lot.

Advantages:

- Long business hours
- No appointments needed
- Alternative to Emergency Department on the weekends when you need help but it is not an emergency

Disadvantages

- Higher costs than a doctor’s office
- May not see certain conditions and often will not see children under 3 years
- Often do not file insurance—they expect cash/check/credit card payment at time of service
- Often do not have interpreter services available

Emergency Room at the Hospital Different corporations or businesses run hospitals in America. An emergency room is open 24 hours a day, 7 days a week and is staffed by nurses and doctors. All types of care can be provided and no one can be turned away.

Advantages:

- Open all the time
- No one can be denied service
- Often have access to interpreter or bilingual staff
- All levels of medical care can be seen

Disadvantages

- No appointments available, long wait times
- Very expensive

Getting Help

Handout 2: Health Care Services and Providers

The following information is from “Salud Latina, Salud de Alamance” by Stephen P. Bailley, PT, Ph.D.

Health Care Providers Continued...

Health Department Each county has a health department that can provide different levels of service. Most provide immunizations for children, family planning care, care for pregnant women, and some specialty disease information such as sexually transmitted diseases (STDs).

Advantages:

- Most services are free or on a sliding scale (depending on your income)
- Interpreter services or access to a language line is usually available

Disadvantages

- Only provides limited services
- Only open during business hours

Mental Health and Substance Abuse Department is run by the state and can help with emotional, drug, or alcohol problems. Some people may feel very lost and lonely being so far away from home and may need someone to talk to. Other people may start drinking more and more alcohol and need help to make them stop. Sometimes violence can happen between partners and this is a place to go for help and support.

Advantages:

- Generally services are free or low cost
- Some places will have bilingual staff or access to language lines

Disadvantages

- Sometimes people might feel embarrassed about this type of clinic, but it is the best place to go to get help and talk to someone

Open Door or Free Clinic Lots of communities have programs to help the poor and those who do not have access to medical care. These are often called free clinics. Usually it is a group of people who work for free to try to help people who are in need.

Advantages:

- Services are free, or at greatly reduced costs

Disadvantages

- You may see a different doctor every time you go
- Medications are limited
- No appointments available, long wait times
- Interpreter services may not be available
- Often first come, first served

Getting Help
Handout 3: Where to Go?

Where to Go?

Where should you go if you ...

1. Have a 3-year-old child with an ear infection?
2. Broke your leg playing soccer?
3. Have a 1-year-old with a fever?
4. Have a 5- year-old who needs his shots before going to kindergarten?
5. Have an upset stomach?
6. Are a 29-year-old who is depressed and suicidal?
7. Were in a car accident?
8. Have an allergy problem?

Getting Help
Handout 3A: Where to Go?

Where to Go? ANSWERS

Where should you go if you ...

1. Have a 3-year-old child with an ear infection?

Pediatrician

2. Broke your leg playing soccer?

Emergency Room (Hospital)

3. Have a 1-year-old with a fever?

Pediatrician

4. Have a 5-year-old who needs his shots before going to kindergarten?

Health Department

5. Have an upset stomach?

Family or personal doctor's office

6. Are a 29-year-old who is depressed and suicidal?

Health Department (Mental Health)

7. Were in a car accident?

Emergency Room

8. Have an allergy problem?

Family or personal doctor's office

Getting Help

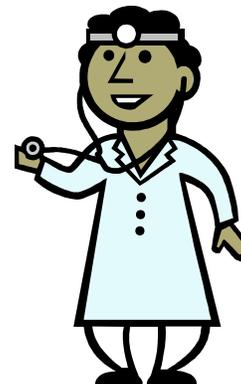
Handout 4: Calling 911

Mrs. Su's kitchen is on fire. She cannot put the fire out with her fire extinguisher. She called 911, the emergency number to report that her house is on fire.

- Operator: This is the emergency operator. How may I help you?
- Mrs. Su: My house is on fire and I cannot put it out. I need help. Please send someone to help me.
- Operator: What is your name and address?
- Mrs. Su: My name is Julie Su and I live at 4236 James Lane. Please hurry.
- Operator: Mrs. Su is anyone trapped in the house? Are you inside?
- Mrs. Su: I am the only one home and I am outside talking on my cell telephone.
- Operator: I have contacted the fire department and they are on their way. Can you send someone to meet them in front of your house?
- Mrs. Su: Thank you so much!
- Operator: I will stay on the line with you until the firefighters arrive.
- Mrs. Su: You are so kind and thank you again.

Unit Three: Lesson Two

Being a Patient

**Purpose:**

To help refugees understand the typical protocol during a doctor's visit, advocate for themselves, and know their patient rights.

Learning Objectives:

By the end of this session learners will...

- Identify what to bring to a doctor's appointment
- Practice being a patient in a doctor's office
- Identify types of questions asked, exams given, and tests taken at the doctor's office

Time: 85 minutes

Minimum Number of Participants: 4

Materials:

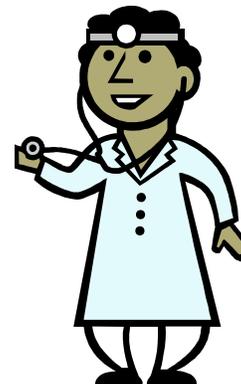
- Handout 1: "A Doctor's Appointment" picture story
- Handout 2: Practice Dialogue
- Handout 3: Medical History Form
- Handout 4: Scheduling
- Medical instruments used during a physical (if possible)
- Patient gown (if possible)
- A board or flip chart
- Chalk or markers

Word Bank:

- health care provider
- allergy (to medication)
- responsibility
- prescription
- confused
- nervous
- instructions

Unit Three: Lesson Two

Being a Patient



Activity 1: Sharing Experiences*

Time: 15 minutes

Steps

1. Ask the students if they have been to the doctor in the United States.

- *Where did they go?*
- *Did they see a doctor, nurse, nurse practitioner, physician's assistant?*
- *How did they know where to go?*
- *Did they get the help they needed?*
- *What was their experience like?*

2. If they say yes, ask if they spoke English with the health care provider.

- *What was it like? Easy? Difficult? Confusing?*

Ask for examples. If they didn't speak English, ask about their experience.

- *Did the practitioner speak their language? Did they bring their own interpreter?*
- *Did the clinic provide the interpreter? What was that like?*

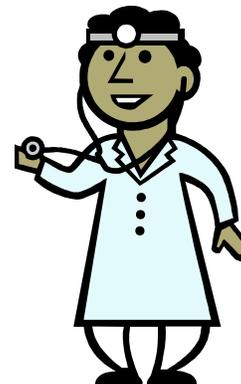
3. Tell the students that today the class is going to talk about how to be a good patient at the doctor's office.

Notes:

* This is an optional introduction to this section. If most of these questions were asked in previous lessons, we recommend starting with Activity 2.

Unit Three: Lesson Two

Being a Patient



Activity 2: Picture Story*

Time: 20 minutes

Steps

1. Give each student a copy of the “A Doctor’s Appointment” picture story (**Handout 1**). Have a guided dialogue with the class.
 - First frame: *What's wrong with the man? What should he do?*
 - Second frame: *Where is the man? Who is with him? What is the doctor doing? How is the man feeling?*
 - Third frame: *What is the doctor saying? What does the man say? Do you think the man understands the doctor? Why not? Why does he say "OK"?*
 - Fourth frame: *Now what is the doctor saying? What question does he ask the man? What does the man answer? Is that true?*
 - Fifth frame: *Now what does the doctor ask him? What does the man answer?*
 - Sixth frame: *Now the man leaves the doctor's office. What is in the picture with him? What is he thinking? What is the problem with taking the prescriptions?*
 - Seventh frame: *Now where is the man? Who is he speaking with? What does she ask him? How is the man feeling now?*
 - Eighth frame**: *What does the man answer?*

Notes:

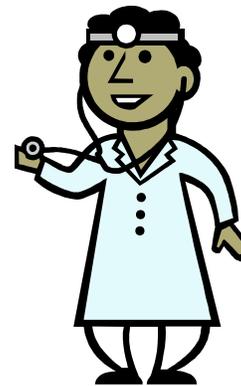
*This lesson was adapted from Kate Singleton’s Picture Stories for Adult ESL Literacy and is available online at: http://www.cal.org/caela/esl_resources/Health/healthindex.html#Doctor

This activity is a general introduction to visiting the doctor. If time is limited, it is recommended that you prioritize this lesson.

** With the eighth frame the opportunity arises for particularly valuable discussion on language barriers in health care and what communication is expected of the patient in the U.S. health care system.

Unit Three: Lesson Two

Being a Patient



Activity 2: Picture Story Continued...

Steps

2. Now ask:

- *Has this ever happened to you or someone you know?*
- *What advice can you give the man?*
- *What can someone do if they don't speak much English and they need to see the doctor?*
- *What questions can this patient ask the doctor about the prescription medicines?*

3. Ask students if they have other suggestions. Some might suggest taking a friend or family member who speaks more English. This is ok, but a topic for further discussion might be whether or not it is ok for children to interpret about their parents' health. Example:

- *Is it ok for children to speak English with the doctor when their mother or father is sick?*
- *What are some examples of when it wouldn't be okay?*
- *What if the woman has a feminine problem that is private to her, would she want her son to interpret that?*

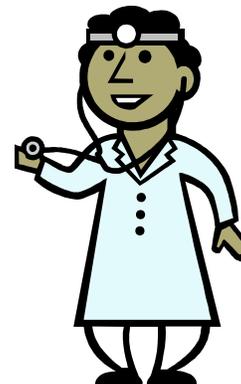
Notes:

At this point you might want to provide some information about the rights of limited English speakers. Here are some points to share:

- Title VI of the Civil Rights Act of 1964, protects your civil rights, including your right to be free from national origin discrimination.
- One type of national origin discrimination is discrimination based on your inability to speak, read, write, or understand English.
- States, local governments or any organization that receives money or other types of assistance from the federal government cannot discriminate against you because of your national origin.
- People at the doctor's office should try to help you understand in their language. They might have an interpreter or they might call a language line. Sometimes they cannot help because they do not have the resources.

Unit Three: Lesson Two

Being a Patient



Activity 2: Picture Story Continued...

Steps

4. Now ask:

- *Is it ok to ask the doctor questions in your country? In the United States?*

Mention to students that in the United States you should ask the doctor questions.* Because the doctors are very busy, it is important to ask questions to make sure you understand what is wrong and how you can fix it. Doctors expect you to ask them direct questions and to share your opinions. They also may appreciate it if you tell them what you think the problem is or what you believe in your culture. It is also okay (and sometimes expected) that you should get a second opinion, that is, see another doctor for the same problem, if it is a serious illness like cancer.

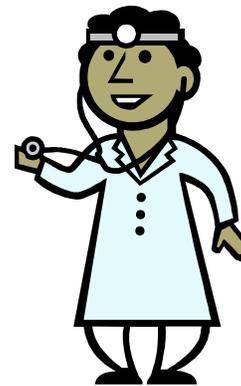
Notes:

Refugees from Burma may nod and seem to understand the doctor, but often times nodding the head is a sign of respect. Both patient and provider must work hard to make sure needs are being met.

* There may be some resistance to this point since refugees from Burma may be very hesitant to get a second opinion because doing so is sometimes considered disrespectful in their culture.

Unit Three: Lesson Two

Being a Patient



Activity 3: Preparing to See a Doctor

Time: 15 minutes

Steps

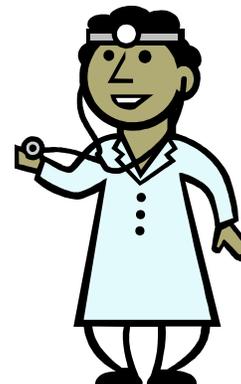
1. Explain to students that when they go to the doctor's in the U.S., it is best to be prepared in order to get the best care possible. Ask: *What are some things that a patient should do to prepare for going to the doctor's office?* Key points:
 - write down all you can remember about your own and your family's medical history
 - put any medications that you take into a bag and take them with you
 - write down any questions you want to ask the doctor
 - If you are going to need an interpreter, find out if the doctor's office has one and request one ahead of time
2. Talk with your students about what to expect when they first get to the doctor's office.* Explain how to check in. Key points:
 - A patient must always use the same form of his/her name when making/keeping appointments. Medical records and insurance claims appear to be for different people if the name varies.
 - Be on time! Patients are sometimes asked to come 15 minutes before their appointment time to get through the check-in process.

Notes:

* Typically, one goes to the Check-In Desk in a large office. In a small office, one will usually check in with the doctor's receptionist.

Unit Three: Lesson Two

Being a Patient



Activity 3: Preparing to See a Doctor Continued...

Steps

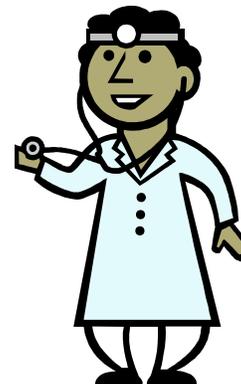
- 3.. Practice the attached dialog in **Handout 2**. Ask class members to identify, based on the dialog, the information they will need to give when they arrive at an appointment. *What will they need to bring with them to the appointment? (e.g. insurance card, any medications or vitamins they are taking)*
4. Sometimes patients have to fill out medical history forms when they get to the doctor's office. Go over what these forms will ask: name, address, phone, weight, height, allergies, family medical history, etc. Show students a sample of a medical history form (**Handout 3**). Be sure to ask if they have any questions about filling out the form.

Notes:

* Typically, one goes to the Check-In Desk in a large office. In a small office, one will usually check in with the doctor's receptionist.

Unit Three: Lesson Two

Going to the Doctor's



Activity 4: Seeing the Doctor*

Time: 20 minutes

Steps

1. Ask students to think about the physical exam that they had when they first got to the U.S.
 - *What did the doctor do during the exam?*
 - *What kind of questions did (s)he ask?*
2. Role play what happens in an examining room. For example, the nurse will come in and check your blood pressure, take temperature, ask you how you are feeling, might ask you to change into a robe,* may leave for a while, the doctor will come in and check your breathing, eyes, ears, throat, etc.
3. Ask students: *How can a doctor tell what is wrong with you?****
 - S/he asks questions

Prepare students for the questions they might be asked For example the doctor might ask:

 - How long have you been sick?
 - Where do you hurt?
 - Is anyone else in your family sick?
 - He may do an exam, for example he/she may
 - Listen to your chest, breathing, heart
 - Feel your belly
 - Look down your throat

Notes:

* It would be good to have a health professional available to answer questions during this lesson.

** If you can get a patient robe, demonstrate how to put it on.

*** Invite students to brainstorm types of questions, exams, and tests.

Unit Three: Lesson Two

Going to the Doctor's



Activity 4: Seeing the Doctor Continued...

Steps

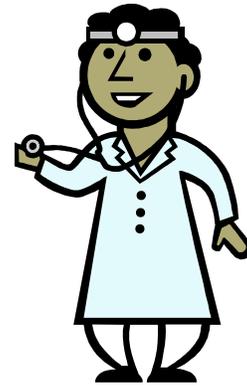
- S/He may do a test
 - Throat culture
 - TB test
 - Urine test

Notes:

To the best of your ability, go over what each test is for, what the doctor will have to do to get a specimen for the test, how long the test results take, etc.

Unit Three: Lesson Two

Going to the Doctor's



Activity 5: Scheduling/Canceling/ Re-scheduling Appointments

Time: 15 minutes

Steps

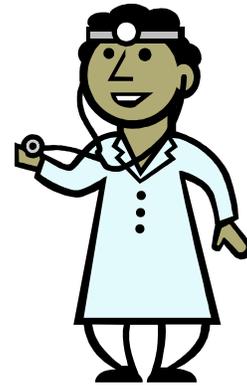
1. After or before going to the doctor's patients need to schedule appointments. To help students feel more comfortable doing this, use **Handout 4** to have learners practice each dialogue aloud with a partner. Have the students change the dialog by changing the symptoms,* times, or vocabulary.

Notes:

* One option is for you to put common symptoms on slips of paper and have students draw one and adjust their dialog accordingly.

Unit Three: Lesson Two

Being a Patient



Suggestions for Evaluation

Ask students to write down the name of someone or somewhere they could call or go to get help with a health problem.

Being a Patient

Handout 1: Picture Story



Being a Patient

Handout 2: Practice Dialogue

Patient: Hello. My name is _____. I have a ten o'clock appointment with Dr. Smith.

Receptionist: *Repeat's patient's name.* Would you spell that, please?

Patient: Spell name

Receptionist: What is your address?

Patient: Give address.

Receptionist: What is your telephone number?

Patient: Give telephone number.

Receptionist: That is repeat telephone number.

Patient: Agree or correct the telephone number.

Receptionist: May I see your insurance card, please?

Patient: Here it is. *Give card to receptionist.*

Receptionist: I'll be right back. I have to copy this for your records.

Patient: O.K.

Receptionist: Here's your card. *Give card back.*

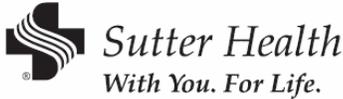
Patient: Thanks.

Receptionist: *Give forms to patient and show the places to sign.* You need to sign here. That gives us permission to treat you. Also, sign here to give us permission to file for your insurance.

Patient: *Sign form. Return paper.* Is there anything else?

Receptionist: No. Have a seat over there. The nurse will call you when the doctor is ready.

Being a Patient **Handout 3.1: Medical History Form**



Name

Date

Adult Health History Form

Your answers on this form will help your health care provider better understand your medical concerns and conditions better. This form will not be put directly into your medical chart. If you are uncomfortable with any question, do not answer it. If you cannot remember specific details, please provide your best guess. **Thank you!**

Age _____ How would you rate your general health? Excellent Good Fair Poor

Main reason for today's visit: _____

Other concerns: _____

REVIEW OF SYMPTOMS: Please check any current symptoms you have.

Constitutional

- ___ Recent fevers/sweats
- ___ Unexplained weight loss/gain
- ___ Unexplained fatigue/weakness

Eyes

- ___ Change in vision

Ears/Nose/Throat/Mouth

- ___ Difficulty hearing/ringing in ears
- ___ Hay fever/allergies/congestion
- ___ Trouble swallowing

Cardiovascular

- ___ Chest pains/discomfort
- ___ Palpitations
- ___ Short of breath with exertion

Breast

- ___ Breast lump
- ___ Nipple discharge

Respiratory

- ___ Cough/wheeze
- ___ Coughing up blood

Gastrointestinal

- ___ Heartburn/reflux
- ___ Blood or change in bowel movement
- ___ Nausea/vomiting/diarrhea
- ___ Pain in abdomen

Genitourinary

- ___ Painful/bloody urination
- ___ Leaking urine
- ___ Nighttime urination
- ___ Discharge: penis or vagina
- ___ Unusual vaginal bleeding
- ___ Concern with sexual functions

Musculoskeletal

- ___ Muscle/joint pain
- ___ Recent back pain

Skin

- ___ Rash
- ___ New or change in mole

Neurological

- ___ Headaches
- ___ Memory loss
- ___ Fainting

Psychiatric

- ___ Anxiety/stress
- ___ Sleep problem

Blood/Lymphatic

- ___ Unexplained lumps
- ___ Easy bruising/bleeding

Endo

- ___ Cold/heat intolerance
- ___ Increase thirst/appetite

In the past month, have you had little interest or pleasure in doing things, or felt down, depressed or hopeless? Yes No

MEDICATIONS: Prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs, etc.

Medication	Dose (e.g., mg/pill)	How many times per day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies or reactions to medications: _____

Date of your most recent **IMMUNIZATIONS:**

Hepatitis A _____ Hepatitis B _____ Influenza (flu shot) _____ MMR _____ Pneumovax (pneumonia) _____
 Meningitis _____ Tetanus (Td) _____ Varicella (chicken pox) shot or illness _____ Tdap (tetanus & pertussis) _____

HEALTH MAINTENANCE SCREENING TESTS:

Lipid (cholesterol) _____ Date _____ Abnormal? Yes No
Sigmoidoscopy _____ or *Colonoscopy* _____ Date _____ Abnormal? Yes No
 Women: *Mammogram* _____ Date _____ Abnormal? Yes No *Pap Smear* _____ Date _____ Abnormal? Yes No
Dexascan (osteoporosis) _____ Date _____ Abnormal? Yes No
 Men: *PSA* (prostate) _____ Date _____ Abnormal? Yes No

- OVER -

FORM 143952 (November 2006)

Being a Patient

Handout 3.2: Medical History Form

PERSONAL MEDICAL HISTORY: Please indicate whether you have had any of the following medical problems (with dates).

<input type="checkbox"/> Heart disease: <i>specify type</i> _____	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Asthma/Lung disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid problem
	<input type="checkbox"/> Other: (specify): _____	<input type="checkbox"/> Kidney disease
		<input type="checkbox"/> Cancer: (specify): _____

SURGICAL HISTORY: Please list all prior operations (with dates):

FAMILY HISTORY: Please indicate the current status of your immediate family members:

Please indicate family members (parent, sibling, grandparent, aunt or uncle) with any of the following conditions:

Alcoholism _____	High cholesterol _____
Cancer, specify type _____	High blood pressure _____
Heart disease _____	Stroke _____
Depression/suicide _____	Bleeding or clotting disorder _____
Genetic disorders _____	Asthma/COPD _____
Diabetes _____	Other: _____

SOCIAL HISTORY

Tobacco Use

Cigarettes Never Quit Date _____
 Current Smoker: packs/day _____ # of yrs _____
 Other Tobacco: Pipe Cigar Snuff Chew
 Are you interested in quitting? No Yes

Alcohol Use

Do you drink alcohol? No Yes # drinks/week _____
 Is your alcohol use a concern for you or others? No Yes

Drug Use

Do you use any recreational drugs? No Yes
 Have you ever used needles to inject drugs? No Yes

Sexual Activity

Sexually active: Yes No Not currently
 Current sex partner(s) is/are: male female
 Birth control method: _____ None needed
 Have you ever had any sexually transmitted diseases (STDs)?
 No Yes
 Are you interested in being screened for sexually transmitted diseases? No Yes

SOCIOECONOMICS Occupation: _____ Employer: _____
 Years of education/highest degree: _____ Marital Status: Single Partner/Married Divorced Widowed Other: _____
 Spouse/partner's name: _____ Number of children/ages: _____
 Who lives at home with you? _____

WOMEN'S HEALTH HISTORY # pregnancies _____ # deliveries _____ # abortions _____ # miscarriages _____
 Age at start of periods: _____ Age at end of periods: _____

OTHER CONCERNS

Caffeine Intake: None Coffee/tea/soda _____ cups/day

Weight: Are you satisfied with your weight? No Yes

Diet: How do you rate your diet? Good Fair Poor
 Do you eat or drink four servings of dairy or soy daily or take calcium supplements? No Yes

Exercise: Do you exercise regularly? No Yes

What kind of exercise? _____

How long (minutes) _____ How often? _____

If you do not exercise, why? _____

Safety: Do you use a bike helmet? No Yes NA

Do you use seatbelts consistently? No Yes

Is violence at home a concern for you? Yes No

Have you ever been abused? Yes No

Do you have a gun in your home? Yes No

Have you completed a living will or or durable power of attorney for health care? Yes No

- OVER -

Being a Patient

Handout 4: Scheduling Appointments

Making an appointment...

Receptionist: Good morning, Dr. Smith's office.

Patient: Good morning, my name is _____ and I would like to make an appointment.

Receptionist: What are your symptoms?

Patient: My stomach hurts. I am vomiting, and I also have diarrhea.

Receptionist: How long have you felt this way?

Patient: For the past twenty-four hours.

Receptionist: Okay, Dr. Smith has an appointment open at 10:00 this morning. Will that work for you?

Patient: Yes, I will be there at 10:00.

Receptionist: Be sure to bring your insurance card.

Re-scheduling an appointment...

(Adapt this dialog to cancel an appointment.)

Receptionist: Good morning, Dr. Smith's office.

Patient: Hello. My name is _____ and I called this morning and made an appointment for 10:00 a.m., but I now I need to reschedule the appointment because my car won't start and I can't get a ride until after noon. Do you have any appointments available this afternoon?"

Receptionist: There is only one appointment left. It's at 3:30 p.m. Can you make it?

Patient: Yes, thank you very much. I'll be there.

Unit Three: Lesson Three

Understanding Care

**Purpose:**

To help students learn their responsibilities as patients and how to advocate for themselves in health care settings by asking questions.

Objectives:

By the end of this section, learners will...

- Recognize that asking questions is polite and expected in the United States
- Tell how asking questions makes a doctors visit more helpful
- Practice asking questions

Time: 45 minutes

Minimum Number of Participants: 4

Materials Needed:

- Handout 1: Warning Labels
- Handout 2: Questions to Ask About Medications
- Handout 3: Sample Dialogue
- Note cards with tests and procedures written on them (1 per pair of students in the class)
- Handout 4: Quick Tips
- Notecards

Word Bank:

- Procedure (e.g., surgery, operation)
- Risky
- Medical test
- Medical advice
- Warning Label
- Patient's responsibility
- Anesthesia
- Recovery

Unit Three: Lesson Four

Understanding Care



Activity 1: Questions About Tests*

Time: 10 minutes

Steps

1. Tell students you are going to talk about different questions to ask the doctor about treatments, procedures, and medications. *Is it okay for patients to ask the doctor questions in your native country?* Point out that in the U.S. healthcare system, it is the patient's responsibility to ask questions. It is important to ask questions because your time with the doctor will probably be very short so you may only get the information you are looking for if you ask for it.

2. *First, lets practice asking questions about tests that a doctor might do while you are in his/her office. Let's pretend that your child has a sore throat and a fever of 102 °F. The doctor has just said he wants to do a quick strep test. What are some questions you can ask the doctor?*

Examples:

- What is a strep test?
- What is strep?
- When will you know for sure if my son has strep?
- What is the treatment?
- Can he/she go to school?

Notes:

* This lesson reinforces some of the skills in asking questions taught in previous lessons. If students seem comfortable asking questions, it is not necessary to use this lesson.

Unit Three: Lesson Four

Understanding Care



Activity 2: Questions About Medications

Time: 20 minutes

Notes:

Steps

1. Write "warning" on the board and see if anyone can explain it. If necessary, you can tell them it is the same as "Be careful!" Tell the students that prescriptions have warning stickers on them. Show them examples of labels from the pharmacy or home. Sometimes the warning stickers give directions for how to store medicine. Sometimes they give directions for how to take the medicine or what to do/not do when taking the medicine. Sometimes they talk about the side effects of the medicine.
2. Pass out **Handout 1**. Go through each warning one by one and discuss what it means with the students. Ask:
 - *Has anyone ever seen any of these warnings?*
 - *What kinds of medications often have warning labels?*
 - *What directions might a doctor give your for taking a medication?*
 - *What kinds of questions should you ask your doctor if (s)he gives you a prescription?*
3. Pass out **Handout 2** and explain that it is very important to ask these sorts of questions when you get a prescription.

Unit Three: Lesson Four

Understanding Care



Activity 3: Dialogue Practice

Time: 15 minutes

Steps

1. Before distributing **Handout 3**, read the sample dialogue aloud to students. Let them listen and try to figure out what is being said. Have them tell you questions and answers they heard in the dialogue.
2. Distribute **Handout 3**. Have them practice the dialogue with a partner.
3. Give pairs of students an index card with one procedure, test, or prescription on it (e.g. amputation, chest X-ray, TB test, allergy medicine etc.). Make sure everyone understands the words on their paper or card. Have partners write a dialogue in which the health care provider tells the patient he or she needs the procedure or test or how to take the prescribed medicine. The patient asks questions (at least 4) and the health care provider answers.* Have pairs present their dialogues to the class. The class should listen for the question and answer. Ask: *What questions did you like? Were there any other questions that you would add?*
4. Distribute **Handout 4** as a take home reference.

Notes:

* The accuracy of the information communicated is less important than the practice of asking questions.

Unit Three: Lesson Four

Understanding Care



Suggestions for Evaluation

Provide the following case study:

Thet went to the doctor because he was having stomach pain. The doctor gave him a prescription for some medication and told him that he will have to come back in to have a colonoscopy.

Pick two participants to role play the dialogue between Thet and the doctor.

Did the students ask the doctor questions about the medication? The procedure?

Understanding Care

Handout 1.1: Warning Labels

Some labels tell how to take medicine. For example:

Shake well before using



Medication should be taken with plenty of water



Take this medication 1/2 hour before meals.

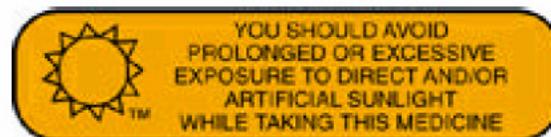


Some labels tell what to do when taking the medicine. For example:

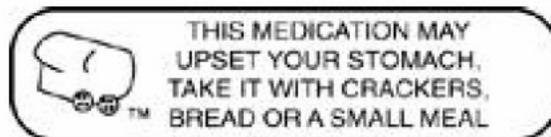
It is important that you take or use this exactly as directed. Do not skip doses or discontinue use unless directed by your doctor.



You should avoid prolonged or excessive exposure to direct and/or artificial sunlight while taking this medicine

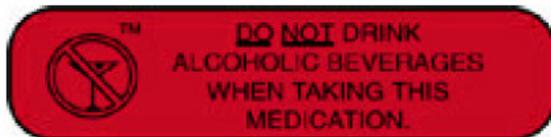


This medication may upset your stomach. Take it with crackers, bread or a small meal.



Some labels tell what not to do when taking the medicine. For example:

Do not drink alcoholic beverages when taking this medication



Do not drink milk or eat dairy products while taking this medication



Not to be taken by mouth



Understanding Care

Handout 1.2: Warning Labels

There are many kinds of warning labels. Some labels tell where to keep medicine. For example:

Refrigerate



Store in cool, dry place

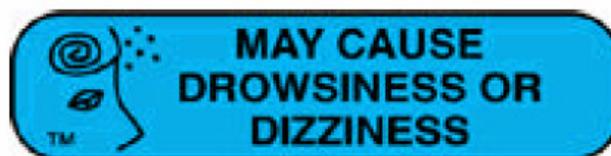


Keep out of reach of children.

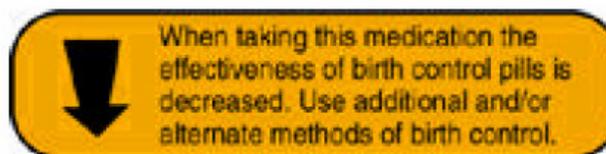


Some labels tell about possible side effects of the medicine. For example:

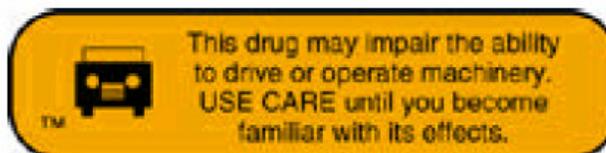
May cause drowsiness or dizziness



When taking this medicine the effectiveness of birth control pills is decreased. Use additional and/or alternate methods of birth control.



This drug may impair the ability to drive or operate machinery. Use care until you become familiar with its effects.



Understanding Care

Handout 2: Questions About Medications

1. What is this medicine?
2. Why am I taking it?
3. What does this medicine do?
4. How long do I need to take it?
5. When will I start feeling better?
6. What are ok side effects of the medicine?
7. What are bad side effects of the medicine?
8. What side effects do I need to call you for?
9. Is it ok to drink alcohol with this medicine/this condition?
10. Do I need to come back and have the doctor check my medicine?
(Certain medicines require that the level of the medicine in the blood is regularly monitored.)
11. Here are the names and doses of other medicines I'm taking now. Is it ok to take the new medicine with them? (Include over-the-counter medicines, prescriptions, vitamins, and herbs, from the United States and other countries.)
12. How do I take the medication? Are they liquid drops for ears/eyes, nasal spray, pills, anal/vaginal suppositories, liquid to take by mouth, cream for the skin, etc. Sometimes doctors have some examples or samples that they can show you. (e.g., birth control pills, dermatological cream, Flonase nasal spray)

Understanding Care

Handout 3: Sample Dialogue

Health Care Provider: I'd like you to have an MRI.

Patient: What information does the MRI give?

HCP: It gives a very clear picture of inside your knee, so we can see why it hurts.

Patient: What happens in the test?

HCP: Well, first you dress in a special gown. You take off everything metal, like your jewelry and watch. Then you lie down and go inside a machine for about 40 minutes. The machine makes loud noises and takes pictures.

Patient: Does the test hurt?

HCP: No, but some people get very nervous inside the machine. If you think you will be nervous, we can give you some medicine 1 hour before the MRI to help you relax.

Patient: That's probably a good idea. When will I get the results?

HCP: Two days after the MRI. I will call you and tell you about them.

Patient: How much does it cost?

HCP: It's very expensive, but your insurance will cover it.

Patient: Where do I go for the test?

HCP: My assistant will help you find a place that is covered by your insurance company.

Patient: Thanks for the information.

Understanding Care

Handout 4.1: Quick Tips

This information will help you when talking with your doctor. Here are some tips to help you and your doctor become partners in improving your health care.

Give Information. Don't Wait to Be Asked!

- You know important things about your symptoms and your health history. Tell your doctor what you think he or she needs to know.
- It is important to tell your doctor personal information—even if it makes you feel embarrassed or uncomfortable.
- Bring a "health history" list with you, and keep it up to date. You might want to make a copy of the form for each member of your family.
- Always bring any medicines you are taking, or a list of those medicines (include when and how often you take them) and what strength. Talk about any allergies or reactions you have had to your medicines.
- Tell your doctor about any herbal products you use or alternative medicines or treatments you receive.
- Bring other medical information, such as x-ray films, test results, and medical records.

Get Information

- Ask questions. If you don't, your doctor may think you understand everything that was said.
- Write down your questions before your visit. List the most important ones first to make sure they get asked and answered.
- You might want to bring someone along to help you ask questions. This person can also help you understand and/or remember the answers.
- Ask your doctor to draw pictures if that might help to explain something.
- Take notes.
- Some doctors do not mind if you bring a tape recorder to help you remember things. But always ask first.
- Let your doctor know if you need more time. If there is not time that day, perhaps you can speak to a nurse or physician assistant on staff. Or, ask if you can call later to speak with someone.
- Ask if your doctor has washed his or her hands before starting to examine you. Research shows that handwashing can prevent the spread of infections. If you're uncomfortable asking this question directly, you might ask, "I've noticed that some doctors and nurses wash their hands or wear gloves before touching people. Why is that?"

Understanding Care

Handout 4.2: Quick Tips

Take Information Home

- Ask for written instructions.
- Your doctor also may have brochures and audio tapes and videotapes that can help you. If not, ask how you can get such materials.

Once You Leave the Doctor's Office, Follow Up

- If you have questions, call.
- If your symptoms get worse, or if you have problems with your medicine, call.
- If you had tests and do not hear from your doctor, call for your test results.
- If your doctor said you need to have certain tests, make appointments at the lab or other offices to get them done.
- If your doctor said you should see a specialist, make an appointment.

Remember, quality matters, especially when it comes to your health.

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Appendix A

Focus Group Findings***What makes people healthy? / What are some things that make it easy to stay healthy? /What do people need to know in order to stay healthy?***

Good nutrition

Education about what is healthy

Clean environment

Access to health care

Be able to afford health care, medicine

What makes people sick? / What are some things that make it hard to stay healthy? /

When someone gets sick, what does he or she do?

Bad nutrition

Germs

Poverty

Access to (un)healthy food

What are some health issues of refugees before they migrate?

Poverty (HDI ranks Burma as worst in health)

-no job opportunities

-cannot pay for health care needs

HIV (people separated in hospital)

Hep B

TB

Flu

Malaria

Communication and transportation barriers

Maternal mortality (TBAs if no midwives)

Access to medication

-transportation

-cost

Land mines

Nutrition (not enough [healthy] food)

What are the health issues as people leave their homes and seek refuge (e.g. in refugee camps)?

Elderly are thinner due to nutrition options, lack of knowledge about food available

Little food variety

Water okay, but sometimes boiled

Diarrhea

Malaria

-there are mosquito nets, but not always enough for everyone

-difficult to treat because of different strains

Appendix A

Focus Group Findings***What are some health issues during resettlement and adjustment to life in the U.S?***

Refrigeration/Food Safety

- no refrigerator, no electricity in camps, use firewood/charcoal to cook à familiarity with home appliances
- salt, bamboo containers used to preserve food in camps à understanding shelf life of foods
- worms in vegetables in camps à food safety

Carpets

- hard to care for with kids
- some do not know how to use vacuum

How to care for/clean house

Personal health care practices vary widely across cultures. For example, U.S. culture places a lot of emphasis on hand washing and the use of antibacterial products. What other personal care practices may be unfamiliar to newly arrived refugees?

Hand washing/use of antibacterial soap

- before eating
- after using the bathroom

Deodorant

Immunizations

Sharing utensils/access to dishes

Personal grooming/bathing for elderly

Betel nut –stains teeth, shared with guests

Dental care

- expensive
- some use charcoal and salt in Burma
- some know about tooth brushing
- don't know about effects of soda
- traditional use of grubs, bark for tooth decay/pain

Nutrition

- generally do not eat a lot of fast food but do not know about unhealthiness of chips, soda
- kids start eating “American” food faster than parents
- parents have some awareness that junk food is not good, not filling

Appendix A

Focus Group Findings

The U.S. health care system is confusing for anyone, regardless of national origin. What are some specifics of the U.S. health care system that are especially important for newly arrived refugees to know about?

Fear of asking questions even if they don't understand

Sometimes use community advocate/interpreter to ask questions after appointment

Language barriers

- difficulty with language line

- availability of translation/interpretation

Difficulties with understanding paperwork, what to do with it

Understanding protocol in health care setting (e.g. how to check out, set up appointment, etc.)

Having a list of questions prepared

Thinking about the different topics, issues discussed, what are some of the most important things to teach newly resettled refugees?

Emergencies

- dialing 911

- disasters

- getting the news, watching the weather

- first aid kits

- use of emergency room

Hygiene

Nutrition

- food groups

- food labels

Preventative care

- infectious diseases

- TB

- Malaria

- HIV

- Malaria

- Diarrhea

- STDs

Family Planning

- birth control

- maternal care

- fertility

Appendix A

Focus Group Findings

Thinking about all of the different health topics we have discussed, what are some ways that that these things can be taught? / When and at what time should classes be taught?

Pictures

Videos

Field trips to health care locations

Theater/plays

Appendix B

Secondary Data & Suggested Resources



Burma

Background Note: Burma - U.S. Department of State

<http://www.state.gov/r/pa/ei/bgn/35910.htm>

General overview. Includes section on U.S./Burmese relations.

Burma - Refugees International

<http://www.refintl.org/content/country/detail/2922>

Country information focusing on human rights violations.

Country Profile: Burma - BBC News

http://news.bbc.co.uk/1/hi/world/asia-pacific/country_profiles/1300003.stm

General overview with links to news stories about Burma.

Country Reports on Human Rights Practices: Burma - U.S. Department of State

<http://www.state.gov/g/drl/rls/hrrpt/2006/78768.htm>

Details of human rights situation in Burma.

Myanmar - Wordpress

<http://www.worldpress.org/profiles/Myanmar.cfm>

General statistics on Burma.



Ethnic Groups

Burmese Refugees of Interest to LIRS in India and Thailand

<http://www.lirs.org/InfoRes/PDFs/BurmeseReport.pdf>

Background on Shan, Karen, and Karenni in India and Thailand including observations and recommendations.

Chin Human Rights Organization

www.chro.org

Information about the Chin ethnic group including an overview of the Chin in Burma.

Appendix B

Ethnic Groups

<http://www2.soros.org/burma/CRISIS/ethnic.html>

Description of ethnic groups in Burma, links to resources.

Karen Human Rights Group

<http://www.khrg.org/>

Information on the abuses experienced by the Karen ethnic group.

Karen People

<http://karenpeople.org/>

Information and resources on the Karen in Burma, Thailand, and elsewhere.

The Mon Information Homepage

<http://www.albany.edu/~gb661/>

Information on the Mon ethnic group including links to other webpages.

Voices of the Mien Community

<http://ethnomed.org/ethnomed/voices/mien.html>

Details of Mien demographic and cultural background.



Refugee Health

Agencies, Collaborations, and Listservs

Bridging Refugee Youth & Children's Services

http://www.brycs.org/default_sept2006.htm

This is a national technical assistance project working to broaden the scope of information and collaboration among service providers - in order to strengthen services to refugee youth, children and their families. Information and brochures on Burma available in archives.

Center for Asian Health

<http://www.temple.edu/cah/>

Dedicated to reducing cancer and other health disparities among Asian Americans. The Center's mission is to raise the physical, mental and social health of Asian Americans to the highest possible level. The Center's overarching goal is to facilitate the provision of culturally and linguistically appropriate comprehensive health services to Asian Americans.

Appendix B

Health Access Project

<http://www.healthaccessproject.org>

Community partnership that works to develop a more effective system for providing health care to uninsured residents of Salt Lake County, Utah. Includes resources for multicultural services.

Health Brochures

<http://library.med.utah.edu/24languages/>

Basic health brochures (Hep B, chicken pox, TB, etc.) in 24 languages. Not available in Burmese or Karen.

Lutheran Family Services in the Carolinas

<http://www.lfscarolinas.org/>

Local (Raleigh) refugee resettlement agency.

Refugee Health Information Network (RHIN)

<http://www.rhin.org/default.aspx>

A national collaborative partnership that has created a database of quality multilingual, public health resources for those providing care to resettled refugees. Website is intended to link those interested in refugee health.

Refugee Women's Network, Inc.

<http://www.riwn.org/>

Health promoter's program (includes contact info for more information) <http://www.riwn.org/health%20promoters%20training.htm>

State Refugee Health Programs/Contacts

Commonwealth of Massachusetts Department of Public Health

<http://www.mass.gov/dph/cdc/rhip/wwwrihp.htm>

Refugee and immigrant health program. Includes a guide for health care clinicians on how to do a refugee health assessment.

Minnesota Department of Health

<http://www.health.state.mn.us/refugee/>

Comprehensive refugee health program that provides resources for health care providers, fact sheets, reports, etc.

Appendix B

Jennifer Reed Morillo, North Carolina Refugee Health Coordinator
NC DHHS/DPH Refugee Health Program

Tele: (919) 707-5214

Fax: (919) 870-4800

Confidential Fax: (919) 870-4812

Mailing Address:

1915 MSC

Raleigh, NC 27699-1915

Shipping Address:

5505 Six Forks Road, 1-3-C7

Raleigh, NC 27609

U.S. Government Offices and Programs

Bureau of Population, Refugees and Migration - U.S. Department of State

www.state.gov/g/prm

The State Department's Population, Refugees and Migration Bureau formulates US policy and administers US refugee assistance and refugee admissions programs.

Office of Minority Health Resource Center -Office of Public Health and Science U.S. Department of Health and Human Services

www.omhrc.gov

The Office of Minority Health (OMH) is part of the U.S. Department of Health and Human Services (HHS), and deals with public health issues affecting American Indians and Alaska Natives, Asian Americans, Native Hawaiians and Other Pacific Islanders, Blacks/African Americans, and Hispanics/Latinos.

Office of Refugee Resettlement -The Administration for Children and Families, Department of Health and Human Services

www.acf.dhhs.gov/programs/orr

Domestic refugee resettlement program to provide assistance and services to refugees resettling in the U.S. - this site indexes ORR regulations, information on welfare reform, and Medicaid information.

Office of Refugee Resettlement, Office of Global Health Affairs

<http://www.acf.hhs.gov/programs/orr/techasst/globalhealthaffairs.htm>

U.S. Department of State (home page)

www.state.gov

Appendix B

International Organizations

Amnesty International

www.amnesty.org

Amnesty International is a worldwide campaigning movement that works to promote all the human rights enshrined in the Universal Declaration of Human Rights and other international standards. In particular, Amnesty International campaigns to free all prisoners of conscience; ensure fair and prompt trials for political prisoners; abolish the death penalty, torture and other cruel treatment of prisoners; end political killings and "disappearances"; and oppose human rights abuses by opposition groups.

Amnesty International, "REFUGE!" Campaign

www.amnesty.org/ailib/intcam/refugee/index.html

A national campaign initiated by Amnesty International to generate awareness of why refugees flee. Also contains a link to the REFUGE! web site, which was designed to be a highly visual introduction to the Refugee campaign.

United Nations High Commissioner For Refugees

www.unhcr.ch/cgi-bin/texis/vtx/home

UNHCR, the United Nations refugee organization, is mandated by the United Nations to lead and coordinate international action for the world-wide protection of refugees and the resolution of refugee problems. UNHCR's primary purpose is to safeguard the rights and well-being of refugees. UNHCR strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another state, and to return home voluntarily.

International Committee of The Red Cross (ICRC)

www.icrc.org

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavors to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement.

Appendix B

International Council On Voluntary Agencies

www.icva.ch

The International Council of Voluntary Agencies (ICVA), founded in 1962, is a global network of human rights, humanitarian, and development Non Governmental Organizations (NGOs), which focuses its information exchange and advocacy efforts primarily on humanitarian affairs and refugee issues.

International Organization For Migration

www.iom.int

The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental body, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; uphold the human dignity and well-being of migrants.



Health Beliefs and Practices

Burmese: Health Beliefs & Practices - Charles Kemp

http://www3.baylor.edu/%7ECharles_Kemp/burman.htm

Comprehensive description of factors influencing the health of refugees from Burma including social and political history, culture, religion, health beliefs and practices, health problems, etc.

Burmese Health Sheet

<http://www.health.state.ri.us/chew/refugee/burmese.pdf>

Fact sheet for health care providers caring for refugees from Burma.

Health and Health Care of Southeast Asian American Elders: Vietnamese, Cambodian, Hmong and Laotian Elders - Barbara W.K. Yee, PhD

<http://www.stanford.edu/group/ethnoger/southeastasian.html>

This module introduces the learner to issues in geriatric care for elders from Vietnamese, Cambodian, Hmong, and Laotian backgrounds living in the United States. Although the module does not pertain specifically to people from Burma, there is an interesting section on why Southeast Asians have been resettled to the U.S. Refugees from Burma may have some of the same health risks listed as other Southeast Asian populations. Barriers to care should be noted.

Appendix B



Cultural Competency

Beyond Medical Interpretation: The Role of Interpreter Cultural Mediators (ICMs)

http://www.ethnomed.org/ethnomed/chc/icm/icm_manual98.pdf

A manual describing the work of Community House Calls in building bridges between ethnic communities and health institutions.

Center for Applied Linguistics

<http://www.cal.org>

This website contains bilingual phrasebooks, health resources guides, and provides cultural orientation resources and Cultural Profiles, Guidebooks for Refugees and Phrase Books. CAL is also home to the National Center for ESL Literacy Education and the Center for Research on Education, Diversity & Excellence (CREDE) which identifies and develops effective educational practices for linguistic and cultural minority students.

Culture Med

<http://culturedmed.sunyit.edu/>

Website and a resource center of print materials promoting culturally-competent health care for refugees and immigrants.

DiversityRx.org

<http://www.diversityrx.org/>

Promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.

EthnoMed

<http://ethnomed.org/>

Contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants, many of whom are refugees fleeing war-torn parts of the world.

National Center for Cultural Competence

<http://www11.georgetown.edu/research/gucchd/nccc/>

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy.

Appendix B

Serving Consumers from a Multicultural Perspective

<https://www.prevention.org/Conferences/documents/Springfield2-12-08.ppt>

This is a cultural competency training developed by the Center for Capacity Building on Minorities with Disabilities Research. Includes sections on stereotyping, multiculturalism, discrimination, ethnicity, cultural competence, oppression, racism, and disability. In consideration of refugees from Burma, note the section on the myth of the model minority. Also, think about how refugees receive information about health and the quality of that information they receive.



Health Education Materials

Health Messenger Special Issue on Tuberculosis

<http://www.ibiblio.org/obl/docs3/PdF%20FINAL%20ISSUES/ISSUE%207.pdf>.

Health Education materials about tuberculosis in Burmese and English.

Henry and a Special Friend

<http://www.osjpb.org/henry/display.cfm>

Online children's book about HIV available in Burmese.

Online Burma/Myanmar Library

<http://www.ibiblio.org/obl/show.php?cat=1570&lo=d&sl=0>

Link to "Health Messenger" an online health education periodical that addresses numerous health topics most relevant to conditions in Burma and in refugee camps. Issues are in English and Burmese, but Burmese font is sometimes lost.

Appendix C

Brainstormed List of Health Topics

Accessing Care

- when can something be treated in the home/keeping First Aid items in the home
- when/how to make appt. with doctor
- when go to urgent care facility
- when to use health dept.
- when need emergency room
- when/how to use 911
- self treatment of simple illnesses
- fevers, when to seek care, how to use thermometer
- first aid (Band-Aids, washing wounds, keeping things clean and dry)

Air pollution

Allergies

Alzheimer's Disease and Dementia

Anxiety

Asthma

Breast Cancer

Cancer Screenings

Cervical Cancer

Check-ups

Child Safety (e.g. Not staying home alone, car seats, etc.)

Cholesterol

Common Cold

Colorectal Cancer

Dental Health

Depression

Diabetes

Dialoguing with Health Care Providers

Emergency Services (e.g. Police, Fire, etc.)

Exercise

First Aid

Food Safety

Handwashing

Health Care System (PCP v. specialist, health insurance v. Medicaid, etc.)

Health Insurance

Health Records-documenting and maintenance

Heart Health

Hepatitis B

HIV/AIDS

Home care

- wet mopping floor
- what to do if see rodents or roaches
- sleeping up off the floor
- what should be kept in the refrigerator and for how long (expiration dates)
- disposing of trash properly

Hypertension

Human Body

Immunization

Lung Cancer

Mammogram

Mental Health (Depression, PTSD, etc.)

Nutrition

Oral Health

Personal Hygiene

- brushing hair
- brushing and flossing teeth and seeing a dentist
- prevention of lice and scabies
- expectations for personal appearance for school or work attendance - job interviews
- female care - self-breast examinations, care for menstrual cycle
- importance of frequent hand washing
- using deodorant
- washing clothes regularly

Physical Activity

Post-Traumatic Stress Disorder

Prenatal Care

Prostate Cancer

Sexually Transmitted Diseases

Skin Cancer

Spirituality and Health

Stress and Coping

Substance Abuse

Suicide Prevention

Tobacco Use

Tuberculosis

Vaccination

Appendix D

Ice breakers

See these websites for ideas:

Dave's ESL Café Cookbook: Icebreakers

<http://www.eslcafe.com/idea/index.cgi?Ice:Breakers>

Education World Lesson Planning

http://www.education-world.com/a_lesson/lesson/lesson273.shtml

ESLflow.com

<http://www.homestead.com/prosites-eslflow/ICEBREAKERSreal.html>

Ice Breakers

<http://www.scu.edu/csl/about/upload/Resources-Icebreakers.pdf>

Appendix E

Process Evaluation of Pilot Testing

We suggest pilot testing this curriculum in order to determine the appropriateness of its content. Below is a brief description of how to conduct a process evaluation of the pilot testing.

Evaluation Design and Triangulation

Study design is strengthened if both quantitative and qualitative data collection methods are used. Most evaluation research questions will be answered through qualitative methods of field observation, group debriefing, interviews with instructors, and curriculum analysis. However, it is also recommended that a quantitative instrument to assess instructors' knowledge of the subject areas is used. This triangulation of methods will hopefully result in rich data with which to evaluate the curriculum.

Qualitative Data Collection

Field Observations

The first step in any qualitative study is to observe the setting. Doing so gives context to the curriculum. It is suggested that the individual(s) conducting the pilot testing attend each lesson. Using an observation guide that describes the setting, details observations of informal interactions, describes facilitators and their fulfillment of the lessons' objectives, notes actions of the participants, and suggests ideas for improvement, the observer should take field notes during each class session. If possible, it is best to have one observer watch the facilitator(s) and have another observer watch the class.

Group Debriefings of Trainers

Following each class session, a debriefing guide should be used to lead instructors through a discussion about each lesson. Points to cover include: which activities worked and which did not, suggested revisions or changes to the lessons, and how instructors felt about the lesson overall.

Instructor Interviews

Using a semi-structured interview guide based on evaluation research questions, it is suggested that the evaluation team interview instructors individually to assess their knowledge of and comfort with the material covered in the curriculum.

Quantitative Data Collection

Pre and Posttest Surveys

We recommend developing a pre and post test survey for both class participants and instructors.

To answer evaluation research questions, collected data should be coded and analyzed for themes.