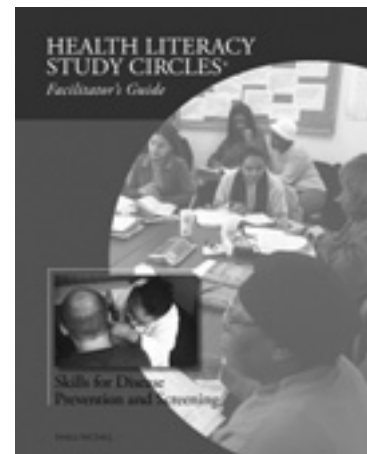
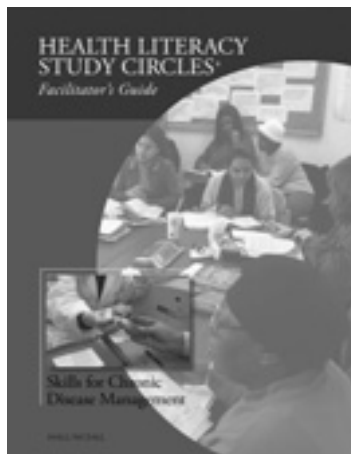
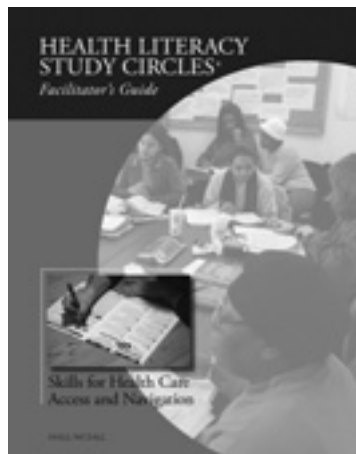


HEALTH LITERACY STUDY CIRCLES⁺

Introduction

Overview, Planning, and Facilitation Tips



**HALL/NCSALL
2005**

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Preface

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

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

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

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

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

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

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

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

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

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OVERVIEW





Overview

Organization of the Health Literacy Study Circles⁺

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

INTRODUCTION: OVERVIEW, PLANNING, AND FACILITATION TIPS

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

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

THE FACILITATOR'S GUIDE FOR EACH STUDY CIRCLE⁺

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

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

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

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

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

HOW EACH SESSION IS ORGANIZED

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

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

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

Development of the Guides to the Health Literacy Study Circles⁺

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

HEALTH ACTIVITIES

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

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

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

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

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

TABLE 1: HEALTH ACTIVITIES, MATERIALS, AND TASKS

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

HEALTH MATERIALS, TASKS, AND SKILLS

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

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

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

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

REDUCING HEALTH DISPARITIES

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

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

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

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

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

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

THE ROLE OF ADULT EDUCATION

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

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

THE HEALTH LITERACY STUDY CIRCLES⁺ SERIES

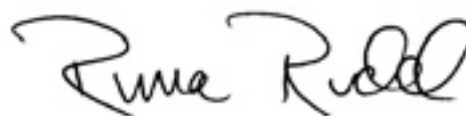
The HALL team developed three study circles, each one focused on a set of skills of critical importance to the people coming to adult education programs. Each of the three study circles explores a group of health activities where we see health disparities and where adults with limited literacy skills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

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

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

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

We look forward to this partnership.



Rima Rudd

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

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

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

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

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

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

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

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

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

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

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

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

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

About the Authors and Contributors

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

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

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

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

About Health and Adult Literacy and Learning (HALL)

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

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

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

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

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

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

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

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

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

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

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

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

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