

Health and Hygiene

Unit Overview for the Trainer

This unit provides participants with an overview of health, hygiene, and ways to stay healthy in the United States. It focuses on the following key points:

- ▶ There are different health care services in the United States, and refugees should know where to go for which services.
- ▶ Urgent and routine health care services are different from one another and are found in different places. Refugees need to know when to use urgent care and when to use routine care.
- ▶ The local resettlement agency will schedule initial health screenings and immunizations and assist with obtaining other health care services as needed.
- ▶ There are customs and laws in the United States regarding personal and public hygiene. People who don't follow these customs and laws may offend other people in the community or at work, and may even get into trouble with the law.
- ▶ It is normal for refugees to sometimes feel sad or worried, but for those who are often feeling upset, anxious, or sad, there are special health services available.

The health care system in the United States is complex, and there are many places to go for health care in a refugee's new community. At first it may be hard for refugees to understand the U.S. health care system, but with time and patience they will learn. It is important for them to learn how to use each resource. They also need to know that there are services available for refugees who are having trouble adjusting emotionally to their new surroundings.

This unit includes four activity plans. The first provides an overview of the topic and contains the most important information. It is recommended that this activity be provided to all newly arrived refugees in reception and placement (R&P) orientation sessions. The rest of the activities can be covered if there is a need for them and enough time.

At the beginning of each activity plan in this unit is an introduction for the trainer, which highlights the plan's key concepts and main messages.

The four plans are as follows:

- ▶ *The Basics: Health and Hygiene.* During this session, participants will learn about the different health care resources available in their communities and when to use each. They will also learn about the difference between urgent and routine health care.
- ▶ *A Doctor's Visit: What to Expect.* In this session, participants will learn what to expect during a visit to a doctor.

- ▶ *Personal Hygiene.* During this session, participants will learn about hygiene practices in the United States, and the importance of these practices to one’s health and in the work place. Participants will learn that some practices that are common in other countries, such as spitting or urinating in public, are against the law in many communities in the United States.
- ▶ *Addressing Emotional Health Challenges.* In this session, participants will learn about the importance of emotional health and about the many resources available to refugees if they find themselves feeling upset, depressed, or anxious much of the time. They will learn how to recognize these feelings in themselves so they can manage them in a healthy way.

The following chart shows which *R&P Orientation Objectives and Indicators* are included in each of the activity plans in this unit.

	Content Objective	Learning Indicator	Activity Plan
English	Learning English will take time and the process may vary from person to person	Participants know their rights to interpretation services (e.g., in hospitals, schools, and courts)	A Doctor’s Visit: What to Expect
		Participants are aware that children may learn English faster than adults	Addressing Emotional Health Challenges
		Participants are aware that the relative fluency in English among members of the family may lead to changes in family roles	Addressing Emotional Health Challenges
U.S. Laws	There are legal rights and restrictions related to family life	Participants know laws regarding domestic violence	Addressing Emotional Health Challenges
Employment	A person’s initial job might not be in their chosen profession	Participants can list positive consequences of accepting employment outside their chosen profession	Addressing Emotional Health Challenges
	There are general characteristics of U.S. professional and work culture to which refugees must adapt in order to be successful in finding and maintaining employment	Participants can list aspects of U.S. professional and work culture that may differ from their homeland	Personal Hygiene
	Employees have rights as well as responsibilities in the workplace	Participants can list rights and responsibilities in the workplace	Personal Hygiene

	Content Objective	Learning Indicator	Activity Plan
Health	Only critical and immediate health care needs may be met in the initial weeks of resettlement	Participants can indicate they understand that only emergencies can be dealt with on arrival	A Doctor's Visit: What to Expect
		Participants can distinguish between urgent and routine health care and identify where to go for each	The Basics: Health and Hygiene
	Initial health screenings and immunizations will be scheduled within 30 days of arrival	Participants can acknowledge that a basic health screening and immunizations will be scheduled for after their arrival	A Doctor's Visit: What to Expect
		Participants can state that it is their responsibility to attend that health screening and any follow up appointments	The Basics: Health and Hygiene A Doctor's Visit: What to Expect
	The U.S. has no universal health care system and refugee medical assistance (RMA) differs state by state. In many cases RMA is available for eight months	Participants can acknowledge that health care in the U.S. is very expensive and that the government will only pay for this care for refugees up to their first eight months in the U.S. After that, it is the individual's responsibility to obtain insurance or pay for services	A Doctor's Visit: What to Expect
		Participants can acknowledge that health insurance is generally tied to employment	A Doctor's Visit: What to Expect
		Participants recognize that after eight months, refugees not eligible for Medicaid and not receiving health insurance as a benefit of their job will be responsible to pay for their own health care	A Doctor's Visit: What to Expect
		Participants can acknowledge that persons 65 or older and those with disabilities may qualify for government health insurance (Medicare)	A Doctor's Visit: What to Expect
	A variety of health care services are available in the U.S.	Participants can identify types of health professionals that they may encounter, including pediatricians, dentists, and social workers	The Basics: Health and Hygiene
		Participants understand how to use pharmacies to obtain prescriptions and over-the-counter medicine	The Basics: Health and Hygiene
	Preventative health care plays a large role in maintaining good health	Participants understand the importance of preventative health care to maintain good health	The Basics: Health and Hygiene
Participants understand the role of good nutrition and dental care in their overall health		Personal Hygiene	

	Content Objective	Learning Indicator	Activity Plan
Health	There are norms associated with health care services in the U.S.	Participants can acknowledge the importance of being on time for health appointments	A Doctor's Visit: What to Expect
		Participants can acknowledge that personal medical information that is shared with a health provider is kept confidential	A Doctor's Visit: What to Expect
		Participants understand how to effectively communicate with health care professionals	A Doctor's Visit: What to Expect
	U.S. health practices may differ from those of other cultures or countries	Participants can indicate how health practices are similar to or different from norms in their home country	A Doctor's Visit: What to Expect
		Participants are aware that some traditional medicines or practices could be considered unsafe or even illegal by U.S. standards	Personal Hygiene
		Participants can identify potential consequences of not adopting U.S. health practices	Personal Hygiene
	There are local resources available to support refugees' mental health	Participants understand that experiencing culture shock is a normal part of adjustment	A Doctor's Visit: What to Expect Addressing Emotional Health Challenges
		Participants understand that services are available to support their mental health	The Basics: Health and Hygiene A Doctor's Visit: What to Expect Addressing Emotional Health Challenges
	Budgeting and Personal Finance	In the U.S., financial transactions are mostly conducted through the banking system	Participants can identify the different denominations of U.S. currency
Hygiene	There are norms for personal hygiene in the U.S.	Participants understand the norms of personal hygiene in the U.S.	Personal Hygiene
		Participants understand the effect of personal hygiene on interpersonal relationships, particularly with those from outside their cultural group	Personal Hygiene
		Participants understand the effect of personal hygiene on maintaining good health	Personal Hygiene

	Content Objective	Learning Indicator	Activity Plan
Hygiene	There are norms and rules regarding public hygiene in the U.S.	Participants can identify potential legal consequences of behaviors such as spitting or urinating in public	Personal Hygiene
		Participants can identify expectations in the workplace and other public spaces regarding public hygiene	Personal Hygiene
Safety	It is important to be familiar with safety procedures	Participants know how to keep themselves safe and comfortable in unfamiliar weather conditions	The Basics: Health and Hygiene
Cultural Adjustment	There are core characteristics that define the American experience	Participants are familiar with key philosophies that are the foundation of American culture and law, such as individualism, non-discrimination, and gender equality	Addressing Emotional Health Challenges
	There are cultural norms and expectations that are fairly widespread throughout the U.S.	Participants are familiar with issues of etiquette, such as punctuality, politeness, appropriate noise levels, and appropriate dress and appearance	Personal Hygiene
	There are numerous phases of cultural adjustment	Participants can indicate that cultural adjustment is a multi-step, long-term process	Addressing Emotional Health Challenges
	Resettlement may have an impact on family roles and dynamics	Participants can identify situations in which current roles and family dynamics may be challenged upon resettlement in the U.S.	Addressing Emotional Health Challenges
	There are some basic coping mechanisms to deal with the stressors of adjustment	Participants can list possible coping mechanisms for themselves and their families	Addressing Emotional Health Challenges
		Participants can articulate that honoring and preserving their home culture can help facilitate successful adjustment to life in the U.S.	Addressing Emotional Health Challenges
		Participants can identify the types of religious and/or cultural resources that may exist in the communities where they settle	Addressing Emotional Health Challenges
		Participants can state that learning English will facilitate their adjustment to life in the U.S.	Addressing Emotional Health Challenges
There are ways to seek assistance from others in your community	Participants can identify possible sources of assistance when facing adjustment challenges	Addressing Emotional Health Challenges	

Health and Hygiene

The Basics: Health and Hygiene

Introduction for the Trainer

Key Content

During this session, participants will learn to tell the difference between urgent and routine health care and where to go for each.

Main Messages

Urgent health care and routine health care are different from one another and are found in different places. Refugees are responsible for attending health screenings and any follow-up appointments. There are local resources available to help refugees when they are feeling upset, anxious, or depressed. These resources are usually called *mental health services*. In this curriculum, we have tried to avoid using that term because of its highly negative meaning for many refugees, who may think that only “crazy” people use mental health services. Trainers are advised to follow our example and try to find other, acceptable terms for *mental health services* (such as *emotional health services*).



40 minutes

Objectives

Participants will be able to do the following:

- ▶ Describe the difference between urgent and routine health care
- ▶ Identify where to go for urgent and routine health care
- ▶ State that it is their responsibility to attend health-related appointments
- ▶ State that services are available to support their emotional well-being
- ▶ Describe how to keep themselves safe and comfortable in unfamiliar weather conditions

Materials

- Basics of Health and Hygiene Signs (included)
- Tape
- Health Resource Worksheet (included, to be completed), 1 per participant
- Basics of Health and Hygiene Scenarios (included)
- Appropriate Seasonal Pictures (included)
- Optional: Basics of Health and Hygiene Scenarios With Pictures (included)

Key English Vocabulary

- ▶ *emergency room (ER)*
- ▶ *fever*
- ▶ *health*
- ▶ *I want to make an appointment.*

Session Preparation

Find out about the health care options and common health care issues in your community. Change the Basics of Health and Hygiene Signs and the Basics of Health and Hygiene Scenarios to reflect what is found in your area.

Complete the Health and Hygiene Resource Worksheet based on your findings and on the common health care providers used by refugees in the area. If a primary health care provider needs to provide a referral to a specialist, note this on the form or consider not including specialist information. Print a completed Health and Hygiene Resource Worksheet for each participant.

Tape the Basics of Health and Hygiene Signs around the training space.

Review the Appropriate Seasonal Pictures and adjust the pictures to ensure that the pictures show the weather in your area.

Trainer's Introduction of Session to Participants

There are many different health resources in your new community. It is important that you learn how to use each resource correctly.

It is your responsibility to go to your health care appointments, whether it is your first health care screening or a follow-up appointment. There are also services available to help people who are having a hard time adjusting emotionally to their new community.

During this session, we will talk about the difference between urgent and routine health care services and when you should use each one. We will also discuss the different seasons and what kind of clothing you should wear to stay healthy and be comfortable.

Introductory Exercise

Briefly review the key English vocabulary for this plan by saying the first word aloud in English. Participants say the word to a partner, and then all together as a group. Continue in the same way with the rest of the words and the sentence. Throughout the session, emphasize the words as they come up and use the sentence whenever there is an opportunity. If there is time (8 to 10 minutes), use the unit vocabulary found at the end of this unit to help participants better understand key English vocabulary words.

Activity

Introduce each of the Basics of Health and Hygiene Signs to participants by walking around the room, reading the text, and asking participants to repeat it.

Ask participants to stand.

Read one of the Basics of Health and Hygiene Scenarios to the full group of participants. Ask participants to think about the scenario. If they think it is an emergency (or urgent) health scenario, they take one step forward. If they think it is a routine health scenario, they take one step backward. Discuss whether the scenario should be considered urgent or routine.

Read the scenario aloud again. Now each participant decides the best action to take and moves to stand near the appropriate Basics of Health and Hygiene Sign.

As a full group, discuss the scenario and whether participants have taken the right action. In some scenarios, there may be more than one right action for participants to take. Point this out to participants and explain why.

Continue with each health care scenario in the same way, with participants first considering whether it is an urgent or routine matter (by stepping forward or stepping back) and then what action should be taken (by moving to stand near the appropriate Basics of Health and Hygiene Sign).

When finished, go over the Appropriate Seasonal Pictures with participants. Tell participants that one of the best ways to prevent illness is by wearing the right clothing for the weather. Point out the different seasons and how clothing changes for each season.

Hand out a completed Health and Hygiene Resource Worksheet to each participant, explaining that this is a list of health care providers in the area to contact for different health care needs.

Debrief the session with participants using the questions below.

Debriefing Questions

- ▶ Who is responsible for making your health appointments and getting you to them?
- ▶ What health services are available in your community?
- ▶ What is an example of a routine health situation? If this happens, what should you do?
- ▶ What is an example of an urgent health situation? If this happens, what should you do?
- ▶ What is a season that will be new to you? What should you wear during the seasons that are new to you? Why is the right clothing important?
- ▶ If you are feeling anxious, lonely, or depressed, what should you do?

Working With Individuals or Very Small Groups

This session can be conducted with an individual or very small groups, as well as with larger groups.

Variations and Considerations

When discussing the Basics of Health and Hygiene Scenarios with participants, use the Basics of Health and Hygiene Scenarios With Pictures and show participants the corresponding picture before they decide the best action to take.

If needed, use translated versions of the Basics of Health and Hygiene Signs, Health and Hygiene Resource Worksheet, Basics of Health and Hygiene Scenarios, Appropriate Seasonal Pictures, and/or Basics of Health and Hygiene Scenarios With Pictures.

Basics of Health and Hygiene Signs



Care for it at home.



Go to the hospital emergency room (ER).



Make an appointment at a health clinic.



Make an appointment with a doctor.



Talk to a pharmacist about what you need.

Health Resource Worksheet

Name: _____ Type of doctor: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Name: _____ Type of doctor: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Name: _____ Type of doctor: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Name: _____ Type of doctor: _____
Address: _____
Phone: _____
Email: _____
Notes: _____

Basics of Health and Hygiene Scenarios

You are stung by an insect.

Your chest or heart hurts.

You cut your finger with a knife.

You have a fever.

You have a small rash on your arm.

You have a small cut on your leg.

You have a runny nose.

You have been having trouble sleeping for quite a while.

You have a bad rash.

You have a sore muscle.

You have a very bad headache that has not gone away.

You are feeling very hopeless and don't see a good future for yourself.

You have an earache.

You have been feeling sad for 2 months.

You have hit your head very hard.

You have a very bad pain in your stomach.

You think you have broken your arm.

Appropriate Seasonal Pictures



Summer



Winter



Spring



Fall

Basics of Health and Hygiene Scenarios With Pictures



You are stung by an insect.



Your chest or heart hurts.



You cut your finger with a knife.



You have a fever.



You have a small rash on your arm.



You have a small cut on your leg.



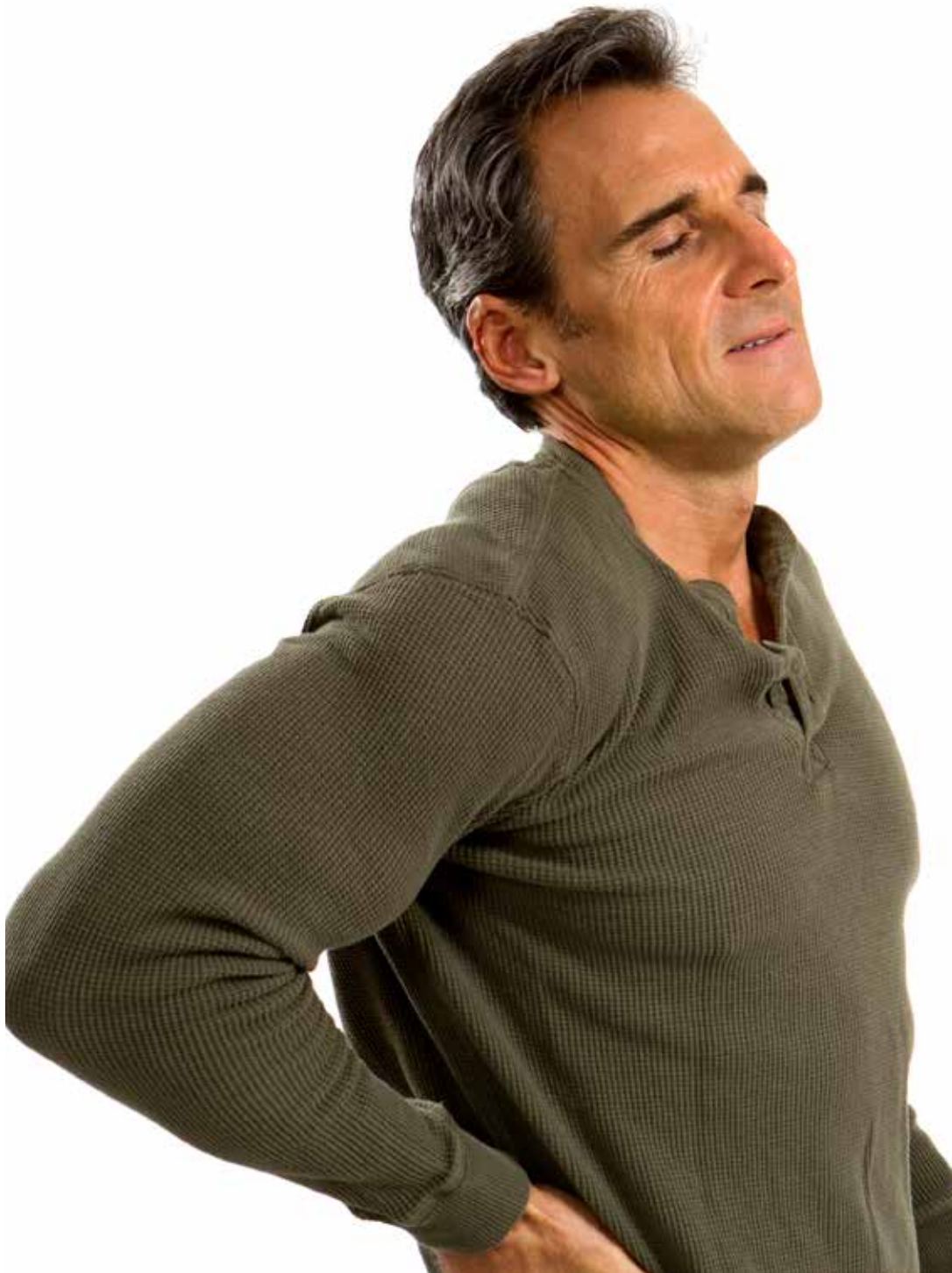
You have a runny nose.



You have been having trouble sleeping for quite a while.



You have a bad rash.



You have a sore muscle.



You have a very bad headache that has not gone away.



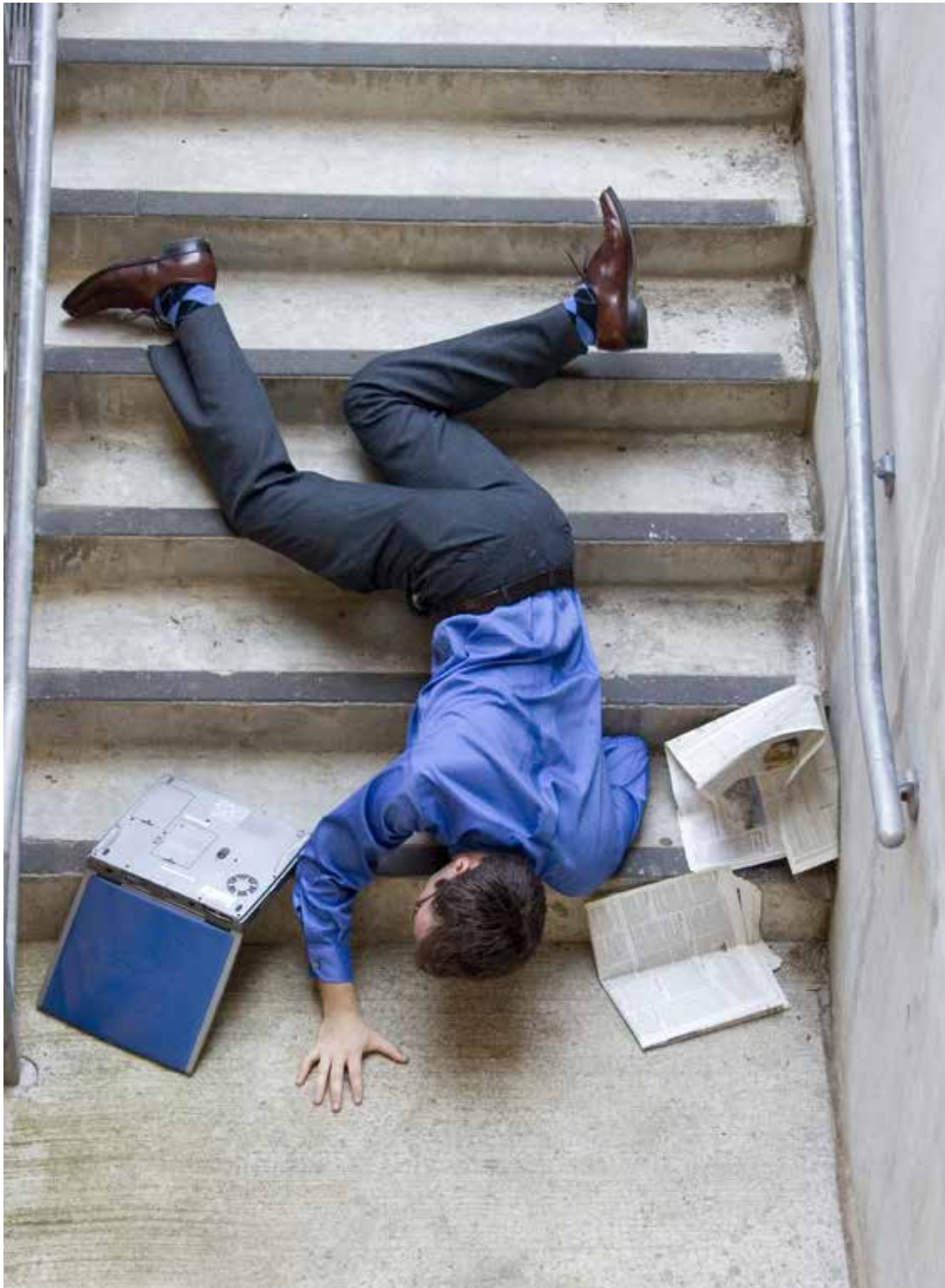
You are feeling very hopeless and don't see a good future for yourself.



You have an earache.



You have been feeling sad for 2 months.



You have hit your head very hard.



Making Your Way: A Reception and Placement Orientation Curriculum



You have a very bad pain in your stomach.



You think you have broken your arm.

Health and Hygiene

A Doctor's Visit: What to Expect

Introduction for the Trainer

Key Content

During this session, participants will learn what to expect when going to the doctor for an appointment.

Main Messages

After refugees attend their first health screening, they may have follow-up appointments. They will be visiting the doctor on their own or with an interpreter. In the United States, refugees have a right to interpreter services and the right to have their personal medical information kept confidential. Because health care in the United States is expensive, most Americans have health insurance, usually offered through an employer. For working-age people with low incomes, the government offers health insurance that pays for medical care for a limited time. For seniors, the government offers Medicare as health insurance.



45 minutes

Objectives

Participants will be able to do the following:

- ▶ Describe what they should do when they go for a doctor's appointment
- ▶ Describe what staff at the doctor's office will expect of them as patients
- ▶ State how they can make use of an interpreter at medical appointments

Key English Vocabulary

- ▶ *fever*
- ▶ *health*
- ▶ *patient*
- ▶ *I want to make an appointment.*

Materials

- Doctor's Visit Role Play 1 (included), 2 copies or Doctor's Visit Role Play 2 (included), 6 copies
- Printer paper, 5 pieces
- String
- Scissors
- Markers
- Notebooks, 2 (or printer paper, 5-10 pieces)
- Pens, 2
- Index cards, 3
- Doctor's Visit Money (included)
- Sample Doctor's Scale (included)

Note to Trainer

You will need to decide whether to use Doctor's Visit Role Play 1 or Doctor's Visit Role Play 2. The same information is covered in both role plays. When deciding which role play to use, the trainer should note the following:

- ▶ Role Play 1 is better suited for participants with lower levels of English.
- ▶ Role Play 2 is ideal for a group with a minimum of six participants who can speak and read English.
- ▶ Only Role Play 2 has a role for an interpreter, although participants in the Role Play 1 discuss the use of interpreters in questions that follow the role play.
- ▶ Role Play 1 requires two copies of the role play, while Role Play 2 requires six copies and an extra name tag (prepared during the session preparation), labeled "Interpreter."

When working with participants who do not speak or read any English, see the recommendation in Variations and Considerations.

Session Preparation

After deciding which role play to use, read through the role play and make sure that it reflects local reality. Change anything that is not accurate.

Prepare four name tags by labeling the four pieces of printer paper as "Doctor," "Nurse," "Receptionist," and "Patient." If using the Doctor's Visit Role Play 2, create a fifth name tag labeled "Interpreter." Cut two small holes in the tops of each name tag and tie a piece of string approximately three feet long through each of the holes. For example:



Label the three index cards "Receipt," "Appointment Reminder Card," and "Health Insurance Card."

Cut out the Doctor's Visit Money.

Set up two areas as if they were a waiting area in a doctor's office, with a desk for the receptionist and a few chairs, and a doctor's examination room with two chairs next to the waiting area. Place

the Sample Doctor's Scale on the floor near the doctor's examination room. Put a notebook, pen, the receipt, and the appointment reminder card on the receptionist's desk. Put a notebook and pen aside for the nurse. Put the Doctor's Visit Money and health insurance card aside for the patient. The training space should look similar to this:



Chairs for participants should be set up so all the participants will be able to watch and hear the role play being acted out.

Trainer's Introduction of Session to Participants

Within a month or two of arriving in the United States, you will visit the doctor to see if you have any health care needs that should be taken care of right away. In the future, you will probably visit the doctor for other reasons. Some of you may have already had your first visit, while others have not. For those of you who have already seen a doctor, think about how the role play in today's session is similar to or different from your experience at your health screening. This session will help all of you become familiar with what to expect at a doctor's visit and understand what will happen during a visit.

Introductory Exercise

Briefly review the key English vocabulary for this plan by saying the first word aloud in English. Participants say the word to a partner, and then all together as a group. Continue in the same way with the rest of the words and the sentence. Throughout the session, emphasize the words as they come up and use the sentence whenever there is an opportunity. If there is time (8 to 10 minutes), use the unit vocabulary found at the end of this unit to help participants better understand key English vocabulary words.

Activity

If using the Doctor's Visit Role Play 1:

- ▶ Ask for a volunteer (preferably someone who is literate and has basic English) to act out the role of the patient. You, the trainer, will play the roles of the receptionist, nurse, and doctor.
- ▶ Give the participant the prepared patient name tag to hang around her or his neck and a copy of the Doctor's Visit Role Play 1.

- ▶ Give the patient the Doctor's Visit Money and health insurance card (index card) that was set aside.
- ▶ The trainer should act out the role play with the volunteer, playing the roles of receptionist, nurse, and doctor.
- ▶ Pause the role play at the end of each part to lead full group discussions, using the questions provided.
- ▶ The trainer should change name tags as s/he changes roles.

If using the Doctor's Visit Role Play 2:

- ▶ Ask for five volunteers who can read and speak English to act out a role play.
- ▶ Assign the roles of doctor, nurse, receptionist, patient, and interpreter. Give participants a copy of the Doctor's Visit Role Play 2 and the prepared name tags to hang around their neck.
- ▶ Give the patient the Doctor's Visit Money and health insurance card (index card) that was set aside.
- ▶ Give the nurse the notebook and pen.
- ▶ Volunteers act out the role play as directed.
- ▶ Pause the role play at the end of each part for the trainer to lead a full group discussion, using the questions provided.

When the role play is finished, debrief the session as a full group using the questions below.

Debriefing Questions

- ▶ What happened during the role play?
- ▶ Have any of you had your first health appointment yet? If so, was your experience similar to or different from the role play during this session? How? *[Note to trainer: You may hear some complaints from participants about their health appointments. If this is the case, take the opportunity to discuss how things could have been better and how participants felt after the visit.]*
- ▶ When did the patient need her/his health insurance card? How do you get health insurance?
- ▶ What is a co-pay? When is the co-pay usually paid?
- ▶ Why is it important to know that your doctor keeps your medical information confidential?
- ▶ Why did the doctor talk about feeling sad or depressed with the patient? Why is this important?
- ▶ How are you feeling about visiting the doctor's office? How is the role play similar to your experiences visiting a doctor before? What part of the visit will be hard for you?

Working With Individuals

When working with an individual participant, the participant should act the role of the patient in the Doctor's Visit Role Play 1 with the trainer changing roles as directed. Discuss the role play together. Debrief the session using the questions provided.

Variations and Considerations

Where possible, include real-life props for the different roles in the role play, such as a phone for the receptionist, an actual scale for the nurse, and a clipboard or stethoscope for the doctor.

If working with a group of participants who speak the same first language, participants can act out a translated role play. If possible, have participants who are literate in their first language act out the different parts.

When working with a group of participants who are reluctant to participate in the role play, consider having a colleague, volunteer, or classroom interpreter act out the role of the patient in the Doctor's Visit Role Play 1.

When working with a more literate group, consider having different participants play the roles in Part I, II, and III. Remember to switch name tags and props.

When working with participants with no English, have an interpreter or another colleague play the role of an interpreter interpreting for the receptionist, nurse, and doctor (all played by the trainer) and the patient. This will enable the participants to understand the role play while being exposed to basic English and experiencing what it is like to work with an interpreter.

If there is time, discuss in more detail the importance of insurance and how to get it. Also discuss co-pays and other medical costs for those with and without insurance.

Doctor's Visit Role Play 1

Part I: Enter and Sign In

Roles: Receptionist, Patient

The Receptionist sits at the Receptionist's desk. The Patient opens the door, enters the office, and closes the door behind her/him. The Patient walks to the Receptionist's desk.

Receptionist: Good afternoon. May I help you?

Patient: Hello. I have an appointment.

Receptionist: What is your name?

Patient: _____ [say your name]

Receptionist: Can I please have your health insurance card and your ID card?

Patient: Yes.

The Patient hands the health insurance card [index card] to the Receptionist. The Receptionist takes the health insurance card from the Patient.

Receptionist: Thank you. You have an appointment with Doctor _____ [say your last name] at 2:15. Your co-pay will be \$15 today.

The Patient hands \$15 to the Receptionist. The Receptionist takes the money.

Receptionist: Thank you. Here is your receipt.

The Receptionist hands the Patient a receipt. The Patient takes the receipt.

Patient: Thank you.

Receptionist: Here are some forms to complete.

The Receptionist hands the Patient a notebook and pen. The Patient sits in the waiting area and completes the forms by writing in the notebook. The Patient carries the forms back to the Receptionist.

Patient: Here is my paperwork.

The Patient hands the notebook and pen to the Receptionist. The Receptionist takes the notebook and pen from the Patient.

Receptionist: Thank you. Here is your insurance card.

The Receptionist hands the health insurance card back to the Patient. The Patient takes the card.

Receptionist: The nurse will be with you shortly.

The Patient sits.

End of Part I.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ How was the role play similar to your experiences at doctors' offices?
- ▶ How was it different?

Part II: See the Doctor

Roles: Nurse, Patient, Doctor

The Nurse holds a notebook and a pen. The Nurse enters the waiting area.

Nurse: Ms./Mr. _____ [say the last name of the Patient]

The Patient stands.

Nurse: Please come with me.

The Patient follows the Nurse.

Nurse: How are you feeling today?

Patient: Good, thank you.

Nurse: Great. We need to find out how much you weigh. Please stand on this scale.

The Nurse gestures to the Sample Doctor's Scale. The Patient steps onto the Sample Doctor's Scale. The Nurse acts as though s/he is weighing and measuring the patient's height. The Nurse marks items in the notebook.

Nurse: Please follow me.

The Nurse leads the Patient to the doctor's examination room area. The Nurse points to one of the chairs.

Nurse: Please sit here.

The Patient sits in the chair.

Nurse: Why are you here today?

Patient: I came to the United States as a refugee. This is my first visit to the doctor.

Nurse: Good. So you are here for a checkup. Please stay here. The doctor will be in soon.

The Nurse leaves.

The trainer changes from the Nurse to the Doctor.

The Doctor enters the examination room with the notebook and pen.

Doctor: Hello, Ms./Mr. _____ [say the last name of the Patient]. I am Doctor _____ [say your last name]. How are you today?

The Doctor offers her/his hand to shake. The Patient shakes the Doctor's hand.

Patient: Good, thank you. How are you?

Doctor: I am doing well, thanks. What are we here to talk about today?

End of Part II.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ What do you think happened during the rest of the doctor's visit?
- ▶ When you give personal medical information to a doctor, who can the doctor share this information with? [*The answer should be, "No one, without my permission." Medical information is confidential.*]
- ▶ How was the role play similar to your experiences at doctors' offices?
- ▶ How was it different?

Part III: Exit and Follow Up

Roles: Doctor, Patient, Receptionist

The Doctor and the Patient are sitting in the examination room.

Doctor: Other than that, you are very healthy. You need to fill this prescription and take the medication twice a day. The information will be on the pill bottle. Please come back in 3 months so we can see how you are doing.

The Doctor hands the Patient a piece of paper from the notebook, the prescription.

Patient: Thank you.

Doctor: Please remember, if you are feeling sad or depressed, make an appointment to see me, or talk to your case worker/manager about getting help.

Patient: Okay, thank you.

Doctor: Do you have any other questions?

Patient: No, thank you.

Doctor: Great. See you in 3 months.

The Patient stands and walks to the Receptionist's desk. The trainer changes from the Doctor to the Receptionist.

Patient: I need to make an appointment to see Doctor _____ [say the last name of the Doctor] in 3 months.

Receptionist: Okay. How about Monday, May 3rd at 3:30pm?

Patient: Yes, thank you.

The Receptionist hands the appointment reminder card to the Patient. The Patient takes the card.

Receptionist: Great. We will see you then. Please call us if anything changes.

Patient: Thank you.

End of Part III.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ If an interpreter were with the Patient, what would she or he have done? If you wanted to request an interpreter, how would you do it?
- ▶ How was the role play similar to your experiences at doctors' offices?
- ▶ How was it different?

Doctor's Visit Role Play 2

Part I: Enter and Sign In

Roles: Receptionist, Patient, Interpreter

[Decide beforehand how much you would like the Interpreter to interpret for the patient, and give the Interpreter that guidance. You may choose to have the Interpreter follow the Patient and be available for assistance without having her/him actually interpret, in the interest of time.]

The Receptionist sits at the Receptionist's desk. The Patient and the Interpreter open the door, enter the office, and close the door behind them. The Patient and the Interpreter approach the receptionist's desk.

Receptionist: Good afternoon. May I help you?

Patient: Hello. I have an appointment with Doctor _____ [say the last name of the Doctor] at 2:15.

Receptionist: What is your name?

Patient: _____ [say your name]

Receptionist: Can I please have your health insurance card and your ID card?

Patient: Yes.

The Patient hands the health insurance card [index card] to the Receptionist. The Receptionist takes the health insurance card from the Patient.

Receptionist: Thank you. Your co-pay will be \$15 today.

The Patient hands \$15 to the Receptionist. The Receptionist takes the money.

Receptionist: Thank you. Here is your receipt.

The Receptionist hands the Patient a receipt. The Patient takes the receipt.

Patient: Thank you.

Receptionist: Here are some forms to fill out.

The Receptionist hands the Patient a notebook and pen. The Patient and the Interpreter sit in the waiting area. The Interpreter helps the Patient fill out the forms by writing in the notebook. The Patient carries the forms back to the Receptionist.

Patient: Here is my paperwork.

The Patient hands the notebook and pen to the Receptionist. The Receptionist takes the notebook and pen from the Patient.

Receptionist: Thank you. Here is your insurance card.

The Receptionist hands the health insurance card back to the Patient. The Patient takes the card.

Patient: Thank you.

Receptionist: The nurse will be with you shortly.

The Patient sits next to the Interpreter.

End of Part I.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ How was the role play similar to your experiences at doctors' offices?
- ▶ How was it different?

Part II: See the Doctor

Roles: Nurse, Patient, Interpreter, Doctor

The Nurse enters the waiting area.

Nurse: Ms./Mr. _____ [say the last name of the Patient]

The Patient and the Interpreter stand.

Patient: Yes?

Nurse: Please come with me.

The Patient and the Interpreter follow the Nurse.

Nurse: How are you feeling today?

Patient: Good, thank you.

Nurse: Great. Please stand on this scale.

The Nurse gestures to the Sample Doctor's Scale. The Patient steps onto the Sample Doctor's Scale. The Nurse acts as though weighing and measuring the height of the Patient. The Nurse marks items in the notebook.

Nurse: Please follow me.

The Nurse leads the Patient and the Interpreter to the doctor's examination room. The Nurse gestures to the chairs.

Nurse: Please sit here.

The Patient and the Interpreter sit in the chairs.

Nurse: Tell me, what are you here for today?

Patient: I recently came to the United States as a refugee. This is my first doctor's visit.

Nurse: So you are here for a checkup. Please stay here. The doctor will be with you soon.

The Nurse leaves. The Nurse hands the notebook and pen to the Doctor. The Doctor enters the examination room.

Doctor: Hello, Ms./Mr. _____ [say the last name of the Patient]. I am Doctor _____ [state your last name]. How are you today?

The Doctor offers her/his hand to shake. The Patient shakes the Doctor's hand, and then the Interpreter shakes the Doctor's hand.

Patient: Good, thank you. How are you?

Doctor: I am doing well. Let's see...

The Doctor looks at the notebook.

Doctor: What are we here to talk about today?

End of Part II.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ What do you think happened during the rest of the doctor's visit?
- ▶ When you talk with your doctor about personal medical information, who can the doctor share this information with? [*The answer is, "No one, without my permission." This information is confidential.*]
- ▶ How was the role play similar to your experiences in the past at doctors' offices?
- ▶ How was it different?

Part III: Exit and Follow Up

Roles: Doctor, Patient, Interpreter, Receptionist

The Doctor, Patient, and Interpreter are sitting in the examination room.

Doctor: Other than that, everything else looks good. You will need to fill this prescription and follow directions as I told you. The directions will also be on the pill bottle. I would like to see you again in 3 months to make sure you are doing well.

Patient: Thank you.

Doctor: Now remember, if you are feeling sad or depressed, make an appointment to see me right away, or talk to your case worker/manager about how to get help.

Patient: Okay.

Doctor: Do you have any other questions for me today?

Patient: No, thank you.

Doctor: Great. See you in 3 months.

The Patient and Interpreter stand and walk to the receptionist's desk.

Patient: I need to make an appointment to see Doctor _____ [say the last name of the Doctor] in 3 months.

Receptionist: Okay. How about Monday, May 3rd at 3:30pm?

Patient: Yes, thank you.

The Receptionist hands the appointment reminder card to the Patient. The Patient takes the card.

Receptionist: Great. We will see you then. Please call us if anything changes.

Patient: Thank you. Have a nice afternoon.

End of Part III.

Questions for the full group to discuss and consider:

- ▶ What happened in this role play?
- ▶ [If you chose to have the Interpreter interpret during the role play] What did the interpreter do?
- ▶ If you wanted to request an interpreter, how would you do it?
- ▶ How was the role play similar to your experiences at doctors' offices?
- ▶ How was it different?

Doctor's Visit Money



Sample Doctor's Scale



Health and Hygiene

Personal Hygiene

Introduction for the Trainer

Key Content

During this session, participants will learn about the importance of following common U.S. practices regarding personal and public hygiene.

Main Messages

Different cultures have different beliefs and practices about good hygiene. Refugees need to understand U.S. beliefs and practices regarding personal and public hygiene. Refugees who do not follow common U.S. practices may offend other people, put their health at risk, and even have to pay a fine. Trainers should stress that personal hygiene can be especially important for getting and keeping a job.



25 minutes

Objectives

Participants will be able to do the following:

- ▶ Describe expectations, norms, and rules for hygiene in the United States
- ▶ Explain the effect of personal hygiene on personal and workplace relationships
- ▶ State the effect of personal hygiene on maintaining good health

Key English Vocabulary

- ▶ *brush teeth*
- ▶ *hygiene*
- ▶ *shower*
- ▶ *Wash your _____ [hands, hair, feet, etc.].*

Materials

- Flipchart paper, markers, and tape
- Personal Hygiene Pictures (included)

Session Preparation

During the activity, participants will be grouped in pairs or threes. Review the Personal Hygiene Pictures and add or remove pictures based on the needs of participants. Print enough Personal Hygiene Pictures so each group receives two to three. When working with a larger group of participants, duplicates may be needed.

Trainer's Introduction of Session to Participants

Hygiene practices in the United States are very important to most Americans, and may be very different from what you are used to.

Some practices that are common in other countries may be illegal in the United States. For example, spitting or urinating in public could result in a fine.

Other practices, such as brushing your teeth twice a day or showering most days, are important for your health. These can also affect your personal or workplace relationships. If you do not follow common hygiene practices, people may make fun of you or gossip about you, and you may be asked to change your habits by friends, co-workers, or supervisors. This can be embarrassing for everyone involved. Learning about and practicing what Americans consider good hygiene is important to your success at work and in your relationships with other people.

During this session, we will talk about common and expected hygiene practices in the United States.

Introductory Exercise

Briefly review the key English vocabulary for this plan by saying the first word aloud in English. Participants say the word to a partner, and then all together as a group. Continue in the same way with the rest of the words and the sentence. Throughout the session, emphasize the words as they come up and use the sentence whenever there is an opportunity. If there is time (8 to 10 minutes), use the unit vocabulary found at the end of this unit to help participants better understand key English vocabulary words.

Conduct a large group brainstorming session by asking participants about hygiene practices in their home country or country of asylum. Record notes on flipchart paper.

Activity

Divide participants into pairs or groups of three. Distribute Personal Hygiene Pictures to each group. Ask small groups to elect a spokesperson to share the pictures their group is discussing with the full group.

Small groups take 5 to 8 minutes to review the Personal Hygiene Pictures and the hygiene practice that is pictured.

Bring the full group together. Ask spokespeople to share the practices that their group discussed. Tell the participants the frequency of the practice (e.g., once a day) if the spokespeople did not give that information, and add any additional information that participants may need to know.

When finished, debrief the session with participants using the questions below.

Debriefing Questions

- ▶ What are some common U.S. hygiene practices that are not common in your home country or country of asylum?
- ▶ Which common U.S. practices do you already follow? Which could you make a part of your regular practices?
- ▶ Why is it important to follow these practices? *[Possible answers: To avoid legal trouble, stay healthy, and not offend other people.]*

Working With Individuals or Very Small Groups

When working with one to three participants, review the Personal Hygiene Pictures and choose those that relate to the needs of your group. Show participants one of the Personal Hygiene Pictures and ask them what is being shown in the picture. Discuss the practice with the participants, being sure to point out the usual frequency of the practice. Then move on to a discussion about the next picture. After all the pictures have been discussed, debrief the session with participants using the questions provided.

Variations and Considerations

If possible, group participants by language background for the activity so that they can communicate in a common language.

If needed, use translated versions of the Personal Hygiene Pictures.

Use the Personal Hygiene Pictures as role plays, if you feel the group would be comfortable with that activity. Divide participants into groups of three to four people and give each group one to two Personal Hygiene Pictures. Small groups prepare a role play showing what could happen when someone does not follow a hygiene practice. Small groups perform role plays for the full group. The full group discusses the steps needed to follow the practice.

Consider discussing the topic of personal hygiene by using the activity plan "Health and Hygiene: Hygiene" from Resettlement Support Center (RSC) Africa (Church World Service), available for automatic download here: <http://goo.gl/qw88jV>.

Personal Hygiene Pictures



Brush your teeth twice a day.



Clean and clip fingernails regularly.



Do not spit in public.



Do not urinate in public.



Follow dress code rules at work.



Groom facial hair on a regular basis.



Put on deodorant daily.





Shower or take a bath most days of the week.



Wash hair regularly and groom hair daily.



*Wash hands when they are dirty, after using the bathroom,
and before and after eating.*



Wear clothing that looks and smells clean.

Health and Hygiene

Addressing Emotional Health Challenges

Introduction for the Trainer

Key Content

During this session, participants will learn about the importance of emotional health and about ways to deal with negative feelings, such as sadness and anxiety, that are common during the adjustment process.

Main Messages

Participants should know that feeling sad, frustrated, or anxious at times is common and that there are healthy ways to deal with these feelings. For refugees who find themselves feeling bad for a long period of time, there are community resources available to help them. These resources are usually called *mental health services*, but in this curriculum, we have tried to not use that term because of its highly negative meaning for many refugees. Trainers are advised to use other, acceptable terms for *mental health services* (such as *services to address emotional well-being*).



35 minutes

Objectives

Participants will be able to do the following:

- ▶ Identify emotions that newly arrived refugees often feel
- ▶ Explain how certain situations might make them or others feel
- ▶ Describe different ways to deal with negative feelings

Materials

- Possible Feelings During Adjustment Pictures (included)
- Emotional Health Critical Incidents (included)
- Flipchart paper, markers, and tape
- Optional: Professionals Providing Emotional Health Support in the Community (worksheet included), 1 per participant

Key English Vocabulary

- ▶ *emotions*
- ▶ *homesick*
- ▶ *sad*
- ▶ *I feel _____ [happy, fine, sad, homesick, tired, etc.] now.*

Session Preparation

Recognizing that discussions could go on for longer than you are planning, read through the Emotional Health Critical Incidents. Decide which to use and the order to use them in, based on the needs of the group you are working with.

Prepare a list of contact information for local professionals who are experienced assisting newly arrived refugees with emotional health challenges. Consider filling out the Professionals Providing Emotional Health Support in the Community worksheet included. If a primary health care provider needs to provide a referral for participants, note this on the form or consider not including specialist information. If resources are limited or unavailable in your community, see the national resources listed in Variations and Considerations.

Print the Possible Feelings During Adjustment Pictures for use in the introductory exercise. Then cut the cards along the dotted lines.

Trainer's Introduction of Session to Participants

The process of adjusting to a new and unfamiliar country and culture can be challenging and frustrating. It is normal to feel hopeless, worthless, or alone at times. It is important to recognize these feelings in yourself so you can manage them in a healthy way. In the United States, health care providers consider emotions an important part of a person's health, and there are many resources available to help you when you are feeling hopeless, worthless, or alone.

Introductory Exercise

Briefly review the key English vocabulary for this plan by saying the first word aloud in English. Participants say the word to a partner, and then all together as a group. Continue in the same way with the rest of the words and the sentence. Throughout the session, emphasize the words as they come up and use the sentence whenever there is an opportunity. If there is time (8 to 10 minutes), use the unit vocabulary found at the end of this unit to help participants better understand key English vocabulary words.

Talk about some of the emotions that refugees often feel during their adjustment to the United States. Hold up the Possible Feelings During Adjustment Pictures to use while describing some of these feelings.

Remind participants that these feelings are all normal, and that they should try to recognize the feelings when they have them and manage them in a healthy way.

Activity

Divide participants into groups of three to four people.

Read the first Emotional Health Critical Incident aloud to the full group.

In their small groups, participants discuss how the person in the critical incident might be feeling and some positive action s/he could take.

Here are some possible answers:

- ▶ Get involved in a community or ethnic group activity.
- ▶ Seek religious support.
- ▶ Start a support group that does an activity together (such as knitting, cooking, or playing soccer), while sharing personal experiences and feelings.
- ▶ Stay in touch with family and friends outside the United States by calling, writing, or emailing.
- ▶ Share feelings with friends and family.
- ▶ Talk with other refugees who have been in the United States for a while about how they have overcome the emotional ups and downs of resettlement.
- ▶ Express feelings in writing or through music, dance, or drama.
- ▶ Seek professional help or community resources.

Bring the full group together and ask participants to share some of the ways they could help themselves when feeling hopeless, worthless, or alone. Record responses on the flipchart. If participants do not mention some of the ideas mentioned on the list above, the trainer should share those that might be most relevant to participants, such as "Talking with refugees who have been in the United States longer."

Note the resources available in the community, and provide handouts to participants if these have been prepared.

Read the second Emotional Health Critical Incident aloud to the full group. Lead a group discussions based on the questions provided. Continue with other critical incidents, if there is time and interest.

When finished, debrief the session using the questions below.

Debriefing Questions

- ▶ What are some feelings you might have as you adjust to your new life in the United States?
- ▶ How can you help yourself when you are feeling bad?
- ▶ What advice might you give a family member or a friend with emotional challenges?
- ▶ Why is it important to be aware of the emotional challenges we have discussed during this session?

Working With Individuals or Very Small Groups

When working with an individual or a small group, choose two to three Emotional Health Critical Incidents. The trainer should read them aloud and discuss them with participants. Debrief the session using the questions provided. Note the resources available in the community, and provide any handouts that have been prepared.

Variations and Considerations

Divide participants into small groups, by language background, family, gender, age, or some other way that is likely to lead to a free and open exchange of feelings and experiences.

If needed, use translated versions of the Emotional Health Critical Incidents, the Possible Feelings During Adjustment Pictures, and/or the Professionals Providing Emotional Health Support in the Community.

Use the PowerPoint slideshow (available for automatic download here: <http://goo.gl/3S4uu0>) to show the Possible Feelings During Adjustment Pictures during the introductory exercise.

When completing the Professionals Providing Emotional Health Support in the Community worksheet, note that if resources are not available in your community, two national mental health hotlines with language support and a suicide prevention toolkit designed for refugees are available:

- ▶ National Suicide Prevention Lifeline (<http://goo.gl/QxbfBg>): 1-800-273-TALK (8255)
This suicide prevention hotline is available 24 hours a day, 7 days a week. It is funded by the federal government's Substance Abuse and Mental Health Services Administration and staffed by trained crisis counselors who provide information about mental health services available in the caller's area. The website also offers free materials, such as quick reference wallet-size cards for counselors and at-risk people who may want to call the hotline, posters, pre-made audio public service announcements, and magnets. Languages include English and Spanish, and 148 others through telephone interpreters.
- ▶ LIFENET (<http://goo.gl/a3lo7t>): 1-800-LIFENET (543-3638)
This suicide prevention hotline is available 24 hours a day, 7 days a week. It is sponsored by the New York City Department of Health and Mental Hygiene and can be accessed from anywhere in the United States. It offers services to individuals experiencing a mental health or substance abuse crisis and to their family and friends. Its staff of mental health professionals refers individuals to mental health and substance abuse services. Languages include English, Spanish, Cantonese, Mandarin, Japanese, Korean, Fujianese, and other languages through telephone interpreters.
- ▶ Refugee Health Technical Assistance Center (RHTAC): <http://goo.gl/MbB21M>
This organization offers a Suicide Prevention Toolkit, containing, among other items, some materials in Nepali and posters in Arabic, Burmese, Karen, and Nepali. The RHTAC website also offers other related suicide-prevention resources.

Emotional Health Critical Incidents

Emotional Health Critical Incident 1

Oudry and Estelle arrive in the United States with their three children, who start school. Estelle finds a job with help from the resettlement agency quickly, and is able to get health benefits for the family. After a few months, Oudry has still not found a job and is uncomfortable with his wife financially supporting the family. At times, he appears angry, and at other times, depressed.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Oudry?
- ▶ What could Oudry and Estelle do to help Oudry and his family?

Emotional Health Critical Incident 2

Renuka is taking English classes and practicing English in her community every chance she has, but learning English is not easy for her. Renuka's daughter, Deepa, has learned English quickly in school. Renuka schedules a doctor's appointment and arranges for an interpreter to attend the appointment with her. However, the day before the appointment, the interpreter calls to say she is unable to attend. Renuka tries to reschedule the doctor's appointment, but will not be able to get another appointment for six weeks. Renuka brings Deepa to the appointment to interpret for her.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Renuka? How would you feel if you were Deepa?
- ▶ What could Renuka do to help herself and her family?

Emotional Health Critical Incident 3

Zaw Min finds a full-time position quickly, and his wife starts working part-time. Their children are learning English quickly and making friends. However, Zaw Min often feels unhappy. To feel better, Zaw Min starts drinking alcohol at home regularly, and occasionally becomes violent toward his wife and children.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Zaw Min?
- ▶ How do you think Zaw Min's family feels?
- ▶ What could Zaw Min do to help himself and his family?
- ▶ What could Zaw Min's wife or children do to help him and their family?

Emotional Health Critical Incident 4

Lana has had trouble making friends. Her neighbors do not seem interested in talking to her, and her new colleagues seem very busy. Lana is proud of herself for being able to support her family, but she misses having friends to talk to.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Lana?
- ▶ What could Lana do to help herself and her family?

Emotional Health Critical Incident 5

Saif and Jannat's daughter Aya has learned English quickly, is doing well in school, and has started working for the school newspaper. Saif and Jannat feel very proud and are happy that their daughter has done well in their new community. However, Aya has started talking back to her parents.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Saif or Jannat?
- ▶ How do you think Aya feels?
- ▶ What could Saif and Jannat do to help Aya and improve the situation?

Emotional Health Critical Incident 6

Sabitri came to the United States with her son Bhampa, her daughter-in-law Jaya, and her three grandchildren. Sabitri's grandchildren started school, and Bhampa and Jaya were able to find jobs quickly. Sabitri is often alone at home. She does not know how to get around on her own, and she cannot ask for directions because she does not speak English.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Sabitri?
- ▶ How might Bhampa and Jaya feel about Sabitri's situation?
- ▶ What could Sabitri do to help herself and her family?
- ▶ What could Sabitri's family do to help her?

Emotional Health Critical Incident 7

Lionel was happy to finally come to the United States and leave his troubles behind him. But now, a few months after his arrival, he has trouble sleeping at night because of the nightmares about the war he lived through back home. Sometimes Lionel is afraid to leave the house, even during the day.

Think about the critical incident and consider the following questions:

- ▶ How would you feel if you were Lionel?
- ▶ What could Lionel do to help himself?
- ▶ How could Lionel find assistance?

Possible Feelings During Adjustment Pictures



You may feel angry.



You may feel anxious.



You may feel frustrated.



You may feel homesick.



You may feel hopeless.



You may feel like using drugs or drinking a lot of alcohol to forget your troubles.



You may feel lonely or isolated.



You may feel overly happy.



You may feel overly tired.



You may feel overwhelmed.



You may feel restless.



You may feel sad or depressed.

Professionals Providing Emotional Health Support in the Community

Name: _____ Phone: _____

Address: _____

Email: _____

Description of services available: _____

Notes: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Description of services available: _____

Notes: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Description of services available: _____

Notes: _____

Health and Hygiene

Unit Vocabulary

The following lists key English vocabulary words related to this unit. The words are in alphabetical order.

[The following paragraph consists of instructions for the trainer. If you choose to share the unit vocabulary with participants, we recommend removing the following paragraph.]

Introduce words by using the definition and contextual sentence. Omit words that participants already know. A partner talk is meant to be a 2-minute exchange between participants and should include two to three terms that the participants easily understand. Encourage conversation and interaction, and focus on what participants already know about the word from its use during the session. Following the list of vocabulary words, there are two unit vocabulary worksheets for participants who would like to practice the words more.

Vocabulary Word	Definition	Context	Partner Talk
<i>ache</i>	A dull pain that lasts a long time. The word is used with many body parts; for example, <i>headache</i> , <i>stomachache</i> , <i>earache</i> , or <i>toothache</i> .	Amal's baby was crying because he had an <i>earache</i> .	What do you do when you have a <i>toothache</i> ? An <i>earache</i> ? A <i>headache</i> ?
<i>brush teeth</i>	To clean your teeth.	The nurse told the children to <i>brush</i> their <i>teeth</i> at least twice a day, in the morning and in the evening.	Why do you think it is important to <i>brush</i> your <i>teeth</i> ?
<i>checkup</i>	A medical examination. Doctors recommend that everyone has one once a year.	Most health insurance plans allow for regular <i>checkups</i> with the doctor every year.	Did you have regular <i>checkups</i> before you came here? Why or why not?
<i>doctor</i>	A person who has special training and whose job is to treat and give medicine to sick people.	The <i>doctor</i> told Amir to stay in bed until his temperature was normal.	When do you go see the <i>doctor</i> ?

Vocabulary Word	Definition	Context	Partner Talk
<i>emergency room</i> (often shorted to <i>ER</i>)	The section of a hospital where you go for help when you have a serious health problem that needs care right away.	Sophia's parents took her to the <i>ER</i> when she fell and hit her head very hard.	Have you or anyone you know ever gone to an <i>ER</i> ? Why? How long did you have to wait?
<i>emotions</i>	Feelings such as love, fear, or happiness.	Refugees can feel many strong <i>emotions</i> when they first arrive in the United States.	What <i>emotions</i> did you or someone you know feel when you arrived in the United States?
<i>fever</i>	A body temperature higher than normal that is usually caused by illness. In the United States, we use the Fahrenheit scale; normal body temperature is 98.6°F.	When you have a high <i>fever</i> , 102°F or more, it's best to call the doctor.	What do you do when you or someone close to you has a <i>fever</i> ?
<i>health</i>	The condition of a person's body or mind.	Smoking is bad for your <i>health</i> .	What are things you can do and what are things you should eat that are good for your <i>health</i> ?
<i>homesick</i>	A feeling of wanting to be home, of missing the people and the place you came from.	Sami was <i>homesick</i> when he arrived in the United States; he missed his family and friends from Aleppo.	Do you or other people in your family sometimes feel <i>homesick</i> ? What can you do to feel better?
<i>hygiene</i>	The practice of keeping clean to stay healthy and prevent disease.	Washing your hands is a part of good <i>hygiene</i> .	What other practices besides brushing your teeth and washing your hands help you have good <i>hygiene</i> ?

Vocabulary Word	Definition	Context	Partner Talk
<i>nurse</i>	A person who helps the doctor and takes care of sick people.	The school <i>nurse</i> took Sunita's temperature and then called her mother to take her home.	Why do you think schools in the United States have school <i>nurses</i> ?
<i>patient</i>	A person who is getting treatment from a doctor or other health care provider.	The receptionist at the doctor's office asks all <i>patients</i> to sign in when they arrive for their appointments.	When you are a <i>patient</i> , do you prefer to talk to the nurse or doctor alone, or do you want someone to be with you? Why?
<i>receptionist</i>	A person whose job is to greet people and check them in when they come to the hospital, clinic, or other agency.	The <i>receptionist</i> greeted Augustin when he came to the clinic for his appointment.	What is the name of the <i>receptionist</i> at the front desk of the resettlement agency?
<i>sad</i>	Unhappy; sorrowful.	Yin Nyo was <i>sad</i> when she said goodbye to her friends in Thailand.	What makes you feel <i>sad</i> ? What can you do when you feel like that?
<i>shower</i>	A device that sprays water from an overhead nozzle, for washing the body; also to use the device to clean oneself.	Many homes have a <i>shower</i> as well as a bathtub in the bathroom.	Do you prefer to take a <i>shower</i> or a bath? Why?
<i>wash</i>	To clean with water or soap.	Please <i>wash</i> your coffee cups after you use them.	Who <i>washes</i> the dishes in your home?

Health and Hygiene Unit Vocabulary Worksheets

There are two unit vocabulary worksheets. Worksheet 1 is for beginning-level English language learners, and Worksheet 2 is for learners with more advanced English language skills.

The worksheets can be incorporated into an orientation session, or they can be given to participants to work on at home.

Health and Hygiene Unit Vocabulary Worksheet 1

Directions: Match the words on the left to the pictures on the right. The first one is done for you.

Words

emergency room

fever

receptionist

brush teeth

shower

doctor

Pictures



Health and Hygiene Unit Vocabulary Worksheet 2

Directions: Use the clues to fill in the words in the puzzle below. The words are included in a word bank. The first one is done for you.

Word Bank			
ache	checkup	health	homesick
hygiene	nurse	sad	

Across ↔

(words that go from left to right):

- The practice of keeping clean to stay healthy
- A medical examination
- Unhappy; sorrowful
- A dull pain that lasts a long time

Down ↓

(words that go from top to bottom):

- A feeling of wanting to be home
- A person who helps the doctor and takes care of sick people
- The condition of a person's body or mind

