Hitomi Yoshida is a Project Manager of the SHINE-MetLife Foundation Health Literacy Initiative based at Temple University’s Center for Intergenerational Learning. As part of Project SHINE, a national service-learning initiative, the health literacy initiative aims to meet the health communication needs of older immigrants through collaborations between health professions courses and community partners which serve older immigrants and refugees.

As a member of the research team for the health literacy initiative, Hitomi has conducted a community-based needs assessment with immigrant elders. Currently, Hitomi works as a Project Manager to foster partnerships between community organizations that serve immigrants and refugees and health professions faculty and students in colleges and universities.

Hitomi received her M.S. ED. in Intercultural Communication from the University of Pennsylvania. In her previous work as a qualitative researcher at Research for Action, she utilized a collaborative approach to evaluate urban education reform initiatives and service-learning projects.

1. Briefly, what is the mission of your organization? If you wanted our readers/members to know only one thing about your organization, what would it be?

Project SHINE (Students Helping In the Naturalization of Elders) is based at the Center for Intergenerational Learning (CIL) at Temple University. CIL's mission is to strengthen
communities by bringing generations together to meet the needs of individuals and families throughout the life cycle. SHINE aims to build partnerships between colleges and community-based organizations to engage students and older immigrants in service to their communities. The health literacy initiative grew out SHINE’s twenty-five years of experience with immigrants and refugee communities across the country. In 2001, the project conducted a needs assessment of immigrant learners in eight cities. The ability to access healthcare services and communicate with health professionals was identified as a critical need within immigrant communities.

In order to respond to these needs, the initiative was created in order to:

- Increase the ability of elder immigrants to communicate with health care providers and access health care;
- Increase opportunities for college students from diverse backgrounds to learn about and address the health literacy needs of immigrant elders;
- Increase the cultural competency of current and future health care professionals;
- Develop culturally appropriate health literacy curriculum geared to the literacy abilities of elder immigrants and;
- Build the capacity of university students, ESL instructors and adult education administrators serving immigrant elders to incorporate health literacy topics into their classes and educational programs.

In order to understand the health literacy needs of older immigrants, we first carried out a needs assessment by conducting focus groups and interviews with a total of 101 older immigrants. The results from the needs assessment were recently published in the report entitled, Patient Listening: Health Communication Needs of Older Immigrants, which is available at [www.projectshine.org](http://www.projectshine.org).

Perspectives we gained directly from immigrant elders in the focus groups contributed to the development of the SHINE ESL Health Units, a comprehensive health literacy curriculum including ninety lessons designed to help older immigrants communicate with healthcare providers, take charge of their health, manage illness, and promote healthy aging. In addition, eight SHINE consortium institutions (California State University, Northridge; City College of San Francisco; Emory University; Metropolitan State University; Minneapolis Community and Technical College; San Jose State University; Temple University; and Utica College) have engaged a total of over 600 health-professions students in service-leaning projects in the immigrant communities. Students have offered a variety of activities for immigrant communities such as health workshops, health screenings and exercise classes, community health fairs, and tutoring health literacy skills in ESL classrooms. A range of courses participated in the initiative such as Nursing, Gerontology, Occupational Therapy, Physical Therapy, Therapeutic Recreation, Medical Interpreting and Nutrition.

2. What do you most want people to know about the work that you do and the unique characteristics of your organization?

Our projects are intercultural, intergenerational and interdisciplinary. Project SHINE’s community partners are enormously rich in culture and language. We work with refugees and immigrants representing over twenty-two languages.
As part of Center for Intergenerational Learning, SHINE works to build partnerships between college students and older immigrants and refugees. SHINE is one of the few organizations which focuses specifically on the needs of older generations of immigrant communities, who face particular obstacles in accessing healthcare and navigating the complex U.S. healthcare system.

Many have difficulty understanding and speaking English in healthcare encounters and in reading prescriptions, insurance information, and consent forms. Some elders delayed necessary doctor visits due to confusion about insurance coverage or difficulty locating an interpreter. Many community-based projects tend to focus on immigrant workers and their children, but older populations are often left out and isolated. SHINE recognizes the wisdom and vitality of older immigrant communities and fosters learning across generations. Our initiative especially stresses the significance of interdisciplinary partnerships between the fields of health and literacy/ESL(English as a Second Language). For example, SHINE staff worked with ESL instructors at community-based organizations and Nursing faculty member(s) at Temple University to co-create the ESL Health Units. In our service-learning projects, a range of health professions courses engaged their students with community-based ESL programs for immigrants and refugees. For example, a group of Therapeutic Recreation students from Utica College taught non-literate Bantu learners how to write at an ESL program at a refugee center. Many of them have never before held a writing implement. The students had them write in a container of sand with their fingers. It created a more enjoyable way for refugees to learn how to write. This is a wonderful example of health-profession students learning about literacy issues faced by refugees and at the same time contributing to their literacy education by introducing a technique from the field of health.

3. What are you passionate about in your work?
I am very excited about the learning opportunities created for health-professions students and immigrant elders through this initiative. I believe that experiential learning is so effective in teaching intercultural communication. Students who participated in our service-learning projects gained insight into the need to overcome linguistic and cultural barriers, as one Nursing student reported:
“This project helps me to appreciate the difficulties that healthcare professionals face when dealing with this population, as well as the difficulties that this population has when dealing with healthcare professionals. It is a process that requires a lot of patience--something that I have acquired more of through this experience.”
I am also excited about elders becoming more proactive patients through our educational services. Seniors who took our health literacy lessons in “Taking Medications” said:
“Now when I go to my doctor, I ask more questions. I make sure that all of my questions are answered.”
“When my doctor gave me medicines, I asked questions about the medicines. How does it help me? Is there any interaction with other medicines?”
The awareness and confidence they have gained are as valuable as the linguistic skills they have developed.
4. What is your dream for the future of your organization and/or community-campus partnerships you’re involved in?
To maximize our community partners’ power and leadership role within our campus-community partnership. CCPH’s Principles of Partnership provide us the vision for authentic partnership between institutions of higher education and communities.
Project SHINE started as a volunteer program in which older immigrants were our clients. Once SHINE developed from a co-curricular to a service-leaning program, older immigrants have become our teachers and colleagues. Now my hope is to engage seniors and their families as community leaders. We are starting a new project to involve older immigrants in civic engagement within their communities. My long-term dream is to work on collaborative grant writing with immigrant-serving CBOs (Community-Based Organizations) and engaging elders in more advocacy roles.

5. What wisdom would you like to communicate to others in this field or to your colleagues (similar to tips and lessons learned)? What advice would you give to others? What advice would you give to a student or professional just entering into the field?
Lots of lessons learned. I would say spend time in planning. We live in a culture that emphasizes efficiency (“saving time”), action, and quick results. They are all important but if you spend more time observing, analyzing, strategizing and building relationships with others before taking actions, it would bring better outcomes. In Japanese, this concept is called, “nemawashi,” a term for “laying the ground work.”

6. What is the biggest challenge you face in your work and how are you working to overcome it? Or how have you overcome it?
Pressure to produce tangible results in a short period of time. Partnership takes time. Process-oriented approach takes time. A solution may be to advocate for more funding for research and programs that foster authentic partnerships with communities and that should be one of the criteria for research methodology and program evaluation. CCPH’s promotion of CBPR (community-based participatory research) is a good example of that solution.

7. If you could give advice to a policy maker (Congress, President, Secretary of Health, Surgeon General, etc.) what would you recommend or say?
It is not advice but a request: more language assistance and support for LEP (Limited English Proficiency) patients at large hospitals. Immigrant elders we met through focus groups and interviews talked about the challenges they’ve experienced in navigating the complex healthcare system and wished for more bilingual providers and interpretation services. Several elders talked about bringing their family members as interpreters or making a decision not to seek treatment because they did not have language assistance. For instance, a Chinese elder shared her story in the interview:
“I went to see a … specialist. I could not understand the words that the doctor was using. My daughter could not also understand. ...since I don’t understand what the doctor said, I don’t want to go there anymore.”
Increased effort to provide language support for LEP patients would improve the healthcare access for this population.
8. Why did you join CCPH? How would you describe CCPH to your colleagues? And, specifically why did you join CCPH as an organizational member?
As an organization, we wanted to learn more about the partnership-building work accomplished in the field of health. We also wanted to offer our knowledge and experience in the field of health literacy and working with immigrant and refugee populations. CCPH is a great forum for us to connect with professionals who are in different fields but share similar goals and values.

9. What does “community-campus partnership” mean to you?
It is a long-term, mutually beneficial and institutionalized relationship between communities and institutions of higher education. It is a partnership that is reciprocal and brings out mutual understanding. Partnerships should be established at all levels including between students and community residents, university faculty and staff members and CBO staff, and between the leadership of institutions of higher education and community leaders.

10. What value do you see in being a member of CCPH to meet your future goals for your organization and for the field? What is your favorite part of CCPH?
I am a new member and I attended my first CCPH conference last May--CCPH's 9th conference. The conference was a great way to learn about CCPH. I found the conference engaging, stimulating, and inspiring. Sessions I attended represented the value that CCPH promotes: mutual learning. Sessions were not presented in one-way, rather, they offered venues for presenters and participants to exchange their experiences and ideas as colleagues. I found the culture of CCPH inclusive. Conference participants are diverse in terms of nationality and ethnicity, gender, age, experience, and types of organizations they belong to. I gained so much between sessions talking to other participants.

I also appreciate the fact that CCPH encourages members to discuss critical issues together but also pushes us to formulate action plans. The emphasis on asking “so what” and “now what” questions is so important.

11. What strengths and talents do you bring to CCPH?
My training in the field of intercultural communication, ethnography, and qualitative evaluation taught me the importance of understanding the “insider” perspectives of the community or the group you work with, then explaining that perspectives in a way that makes sense to the outsiders or the general public. I think this skill has been very useful in facilitating mutual understanding in cross-cultural and community-campus partnerships.

12. What keeps you motivated to do the work you do?
As a person whose native language is not English, I would like to be an advocate for language minorities and a supporter of linguistic diversity. Being able to work on the educational and health issues that language minorities face keeps me motivated. Through the health literacy initiative, I have gained deeper understanding of the health-access and health-communication needs of elderly immigrants and learned a great deal about the on-
going work in the health field to address health disparities and to develop more culturally and linguistically appropriate services. Being inspired by the people who’ve moved the issues to the forefront and being able to contribute to that effort keeps me motivated.

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