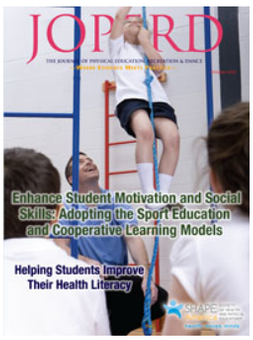

Routledge
Taylor & Francis Group

Journal of Physical Education, Recreation & Dance

ISSN: 0730-3084 (Print) 2168-3816 (Online) Journal homepage: https://www.tandfonline.com/loi/ujrd20

Helping Students Improve Their Health Literacy

Editor: Sarah Benes

Andy Horne

To cite this article: Andy Horne (2020) Helping Students Improve Their Health Literacy, Journal of Physical Education, Recreation & Dance, 91:8, 49-52, DOI: 10.1080/07303084.2020.1800348

To link to this article: https://doi.org/10.1080/07303084.2020.1800348

Helping Students Improve Their Health Literacy

Andy Horne

October is Health Literacy month, a time for organizations and individuals to promote the importance of maintaining and enhancing health. What exactly is health literacy? According to the U.S. Department of Health and Human Services (HHS; 2010), health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. SHAPE America – The Society for Health and Physical Educators (n.d.) has defined health literacy as the "ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others." Now more than ever, we are seeing the importance of having the health skills and competency to navigate a global pandemic and a system of social and racial injustice. As health educators it gives us a tremendous opportunity to deliver meaningful lessons that will impact our students for the rest of their lives. How can health educators teach students what it means to be health literate and to develop their health literacy?

In a perfect world everyone would have the resources and motivation to live the healthiest life possible, but there are difficult realities we must consider when teaching health in general and also health literacy. Health inequities and disparities, many caused both directly and indirectly by racism and discrimination, have come to light again this year due to the deaths of Ahmaud Arbery, George Floyd and Breonna Taylor and the COVID-19 pandemic, where we are seeing disproportionate rates of Black and Latino individuals testing positive and dying from COVID-19 across the country (Godoy & Wood, 2020). Racism and discrimination take a significant toll on the health and well-being of Black, Indigenous, and people of color in this country.

All people have a right to health. Health equity is when everyone has the opportunity to "attain their full health potential," while health inequity is when people are disadvantaged from achieving their health potential because of social position or other social determinants. We know that throughout our nation's history, policies, institutions and organizations have created systems in which the resources needed to be healthy and the opportunities for health are inequitably distributed. For example, individuals who identify as African American, Hispanic or Native American are less likely than those who are White American to possess the tangible resources necessary for good health (Rivera, 2018). These inequities have a greater influence on health outcomes than either individual choices or the provision of health care (Children's Campaign, 2020). These inequities are the result of policies and practices that create an unequal distribution of money, power and resources among communities based on race, class, gender and other factors. Therefore, health is a social justice issue.

To ensure that everyone has the opportunity to attain their highest level of health, we must address the social determinants of health with our students and have conversations about health equity. Health equity is more than one intervention; it is a lens through which all of our work should be viewed. Dena Simmons, quoted in Madda (2019), assistant director of the Yale Center for Emotional Intelligence, said, "Educators often teach SEL absent of the larger sociopolitical context, which is fraught with injustice and inequity and affects our students' lives," adding that educators often "feel ill-equipped and uncomfortable in addressing topics like poverty, gun violence, racism, sexism, homophobia, transphobia, and other forms of injustice that many students, particularly our most marginalized, experience daily." Even though this is specific to social emotional learning (SEL), her words ring true for health educators. One important step teachers need to do, she explained, "is to understand themselves, recognize their power and privilege and identity" and "what that means in the work that they do and the people with whom they often work" (Madda, 2019). She added, "this takes humility, time and most importantly, effort" (Madda, 2019). Fostering an open and honest dialogue about historical injustices and present-day racism, bias and inequity and getting students to understand how they contribute to disparate health outcomes is critical to improving the health literacy of the next generation.

According to research from the HHS (2010), only 12 percent of English-speaking adults in the United States have proficient health-literacy skills. Thus there is a clear need for developing the health literacy of our students. Furthermore, the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups (Kutner, Greenberg, Jin, & Paulsen, 2006). Clearly, something is not working here. As teachers we know the students and the communities in which they live, and we should use that knowledge to help shape a curriculum that is focused on health equity and social justice and that is skills-based with an emphasis on developing health literacy.

Health educators do not have time to cover every health topic, so it is critical to determine the most important, relevant topics (functional information) for the students they serve. Functional information is defined as: "Information that is useable, applicable, and relevant. It is not arbitrary, traditional, or extensive. Functional information is the context in which the skills will be taught and the base for students' developing functional knowledge" (Benes & Alperin, 2016, p. 287). It is essential that we not only figure out what are the greatest needs of our students, but also determine the skills most transferable in their lives now that can lead to healthier outcomes in the future.

Traditionally, high school and undergraduate health education classes are "content-heavy" and not necessarily relevant to the community. Health education is often pictured (because of

Table 1.
Connections between the NHES, Health Literacy, and the Physical, Emotional and Social Dimensions of Wellness

	Physical Health	Emotional Health	Social Health
Accessing reliable information, products and services **Connections to HL:** Supports ability to "access and appraise"	Research information on food and mood, exercise possibilities within a community, or sleep deprivation among teens and better sleep hygiene	Identify and understand various forms of healthy emotion regulation and/or where one could go in local schools or community for support	Identify qualities of healthy vs. unhealthy relationships, investigate info about social determinants of health, or teen dating violence and/or affirmative consent
Analyzing Influences **Connections to HL:** understanding what influences our health-related decisions	Analyze top five influences on one's nutrition, exercise or sleep and take an action to maintain or improve one's behavior	Identify top positive/negative and internal/external influences on one's stress	Analyze positive/negative influence of friends, systems within communities that enhance or inhibit one's health, or media influences on sexual health and/or consent
Interpersonal Communication **Connections to HL:** Support the ability to effectively communicate with providers	Use assertive communication among family or peers to maintain or improve sleep hygiene	Use assertive communication to express symptoms or areas of concern regarding mental health to a provider	Use refusal skills to mitigate negative peer influence on risky behaviors such as toxic friendships or sexual coercion, or use assertive communication to stand up to social injustice
Decision Making **Connections to HL:** Supports the ability to make health-promoting decisions in a range of settings	Use a decision-making model such as the DECIDE acronym to explore alternatives/options, consider consequences, and identify values based on a provider's recommendation related to nutrition, exercise, or sleep hygiene	Apply a decision-making model to explore alternatives/options, consider consequences, and identify values around positive and negative coping strategies to manage stress	Apply a decision-making skill to relevant social scenarios such as negative peer influence, conflict resolution, or improving/maintaining healthy friendships in real-life or social media platforms; *or* Understanding how race or gender might influence decision making
Goal Setting **Connections to HL:** Supports the ability to set goals to maintain or enhance health and well-being, which is a core aspect of HL	Use an acronym such as SMART goal setting to create a nutrition, exercise, or sleep goal, identify actionable behaviors to maintain or improve nutrition, exercise or sleep behaviors, and track progress over a set amount of time.	Develop and work toward a goal around self-compassion, gratitude, or positive self-talk to improve emotional health	Create a social health goal to improve or maintain friendships, stand up to social injustices, or set boundaries within a dating relationship
Self-management **Connections to HL:** Connects to the application aspect of HL	Practice health-enhancing, actionable behaviors to maintain or improve one's nutrition, exercise or sleep behavior. Pairs nicely with goal setting and tracking progress	Keep a daily/weekly journal about managing thoughts such as gratitude or self-talk or practice physiological regulation such as mindful breathing	Reflect on or journal about the quality of one's relationships with family, friends or dating partners and intentionally plan or execute health-enhancing behaviors
Advocacy **Connections to HL:** Connects to the advocacy aspect of HL	Advocate for improving nutrition choices in a school or community, or the need for physical activity and its impact on academic performance, or sleep quantity and quality for teens to improve health	Advocate for and educate families, peers or communities about healthy emotion regulation or how someone could utilize mental health support within a school or local community	Raise awareness about teen dating violence, affirmative consent, or social injustices and actions people can take to improve the social-emotional health of marginalized groups

experiences in health education) as being lectured to about various health topics because somehow that was supposed to make us become healthier people despite some students not having the resources to do so. Is this really what is best for students? Simply telling people that they should treat all people equally, eat more fruits and vegetables, get more sleep, be more physically active, avoid e-cigarettes, or limit sun exposure does not necessarily mean they will change their behavior. What are the realities of students' lives? It is not particularly useful to teach about topics less relevant to the communities we serve.

In the textbook *Essentials for Teaching Health Education* by Benes and Alperin (2016), the authors suggested that "you cannot simply use facts and figures in the hope that this information will prompt students to make a healthy choice. Rather, you must only include information that is important for students to learn based on the intended outcome, the skill with which it will be taught and connected to student need" (p. 27). Health educators must connect the relevancy of functional information to students' lives so that they understand why it is important and hopefully become motivated to apply it to their lives.

A quality health curriculum should be aligned with content relevant to students' lives, the skills of the National Health Education Standards, and state and district standards, and it should focus on students developing competency (or proficiency) in those standards with the ultimate goal of students engaging in health-enhancing behaviors, avoiding risky behaviors, and being healthy, productive people. Benes and Alperin (2016) suggested that there are five main goals of a skills-based approach to teaching health: (1) facilitating learning experiences through which students engage with the content; (2) using a lesson format that supports knowledge and skill acquisition; (3) providing engaging, relevant experiences for students; (4) fostering participation and active learning; and (5) providing opportunities for self-reflection, internalization and personalization of the content (information and skills). If we consider the health education teacher to be like a coach, then it is necessary to teach the skills necessary to be successful in the game (in this case, life). Students must develop the skills necessary to be health literate beyond high school, so it is necessary to teach them how and to give them time to practice in order to develop skill proficiency. Table 1 shows examples of connections between the NHES, health literacy, and the physical, emotional and social dimensions of wellness.

In Chris Emdin's TED Talk titled "Teach Teachers How to Create Magic," he so eloquently asked the question: "Why does teacher education only give you theory and tell you about standards and tell you all these things that have nothing to do with the basic skills, that magic you need to engage an audience, to engage a student?" If the goal is to create lifelong learners who value health literacy, how can we create an environment that is engaging and student-centered and that meets students where they are? One idea to consider is examining a framework by Williams and Swierad (2019) called the Multisensory Multilevel Health Education Model (MMHEM). In this model, art, culture and science are used to address the "what, why and how?" of more effective health education programs. The beauty of this model is that these three domains dynamically interact with each other to help improve our teaching. Table 2 shows the components of the model.

How can health educators adopt aspects of art, culture and science to create that magical space to engage students? How can health educators apply best practices in health education? Where in the curriculum can more skill development be infused to support students' needs in the communities in which they live? Perhaps the units become the skills mentioned above and the health educator teaches about relevant content using those skills. How can health educators shift from "content units" and incorporate more skill development? Table 1 provides many ideas for how to infuse content into skills across multiple dimensions of wellness. Learning these skills is more important than knowing or memorizing the chemicals found in e-cigarettes, for example. The drug of choice (content) will change, but the health skills to deal with it will remain the same.

Health education is a vital part of a child's K–12 experience and a necessary component to one's education and

Table 2.
Components of MMHEM

Art	This looks at the aesthetic design and multisensory approach to how we teach by incorporating ideas such as music, storytelling, multimedia, gamification or movement.
Culture	This focuses on the concept of knowing one's audience. Who are we teaching? Students need to see themselves in what we do — all abilities, all genders, all sexual orientations, and all races. Health educators must understand the social norms of their student body and tailor their teaching and curriculum to meet them where they are — including digital and social media. It is also about developing relationships and connecting with students, and by doing this health educators increase the cultural and personal relevance of their classes.
Science	This uses evidence-based methods and best practices to guide teaching. It is about using cognitive strategies that effectively influence memory and learning, such as "stickiness" of a message (work of Dan and Chip Health), which includes simplicity, unexpectedness, concreteness, credibility, emotional narratives (aka: stories); and "contagiousness" of a message — it must be interesting or useful (consider repetition, role play, rhymes, acronyms).

Table 3.
Health Education Resources

https://bit.ly/SHAPEhealthliteracy	https://bartlettjeff.wordpress.com/
https://bit.ly/RMChealth	http://www.cairnguidance.com/
Confronting Bias: Ethics in the Classroom - https://bit.ly/confrontingbias	https://slowchathealth.com/
	https://lifeisthefuture.com/the-classroom

development. Effective health education should be student-centered, should be taught by a certified or highly trained educator, and should engage the school and community at large. The lessons and skills learned in the classroom must be transferable outside the four walls of a classroom. Health is a 21st-century skill, and health education is a subject that is equally important, if not more important, than other core subjects. Quality health education should also create the space for teachers and students to examine their own backgrounds, biases and beliefs in order to better understand social injustices and the impact they have on well-being. Health teachers are encouraged to think about their own practices and how to create engaging, relevant lessons that meet the needs of all their students so they can develop health literacy and maintain or enhance the health and well-being of self and others. To learn more about relevant health education, please explore the resources provided in Table 3.

References

Benes, S., & Alperin, H. (2016). *The essentials of teaching health education*. Champaign, IL: Human Kinetics.

Colorado Children's Campaign. (2020). COVID-19 pandemic data reveal racial divide in healthiest state. Retrieved from https://www.coloradokids.org/covid-19-pandemic-data-reveal-racial-divide-in-healthiest-state/

Godoy, M., & Wood, D. (2020). What do coronavirus racial disparities look like state by state? Retrieved from https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state

Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483)*. Washington, DC: U.S. Department of Education, National Center for Education Statistics.

Madda, M. J. (2019). Dena Simmons: Without context, social-emotional learning can backfire. Retrieved from https://www.edsurge.com/news/2019-05-15-dena-simmons-without-context-social-emotional-learning-can-backfire

Rivera, L. M. (2018, April 16). Ethnic-racial health disparities are social justice issues. *Psychology Today*. Retrieved from https://bit.ly/2XQapDK

SHAPE America – Society of Health and Physical Educators. (n.d.). What is health literacy? Retrieved from https://www.shapeamerica.org/events/Health_Literacy/health-literacy.aspx

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National action plan to improve health literacy*. Washington, DC: Author.

Williams, O., & Swierad, E. M. (2019). A multisensory multilevel health education model for diverse communities. *International Journal of Environmental Research and Public Health*, *16*, 872.

Andy Horne (hornea@nths.net) is a health education teacher in the Kinetic Wellness department at New Trier High School in Winnetka, IL.