



ASHA Position Statement

Using school health education to build health literacy among youth

The American School Health Association (ASHA) believes that schools are uniquely positioned to improve not only academic outcomes among youth, but also health-related behaviors, experiences, and skills needed to be healthy, successful adults. Research suggests that health and learning are interrelated; academic success is one indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes (1-4). Leading national health and education organizations recognize the close relationship between health and learning (5) by endorsing collaborative models such as the Whole School, Whole Community, Whole Child (WSCC) (6) to address and promote whole-child health. One of the ten WSCC components, health education, is a critical strategy for equipping students with the functional knowledge and skills to practice, adopt, and maintain healthy behavior. One of the primary goals of school-based health education is to improve health literacy (i.e., ability to obtain and use health-related information products, and services to make decisions) among young people. In this paper, ASHA highlights health education as a key strategy for improving health literacy through skills-focused curriculum, well-trained educators using participatory methods and assessment, and engagement of parent and community partners.

Background

What is Healthy Literacy and Why is it Important?

One essential function of the U.S. K-12 education system is to improve literacy, or the ability to improve knowledge of reading and writing to develop thoughts, ideas, and understanding of the world. Similarly, an essential function of public health is to inform, educate, and empower individuals about health issues (7). The U.S. Department of Health and Human Services defines health literacy as *the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions* (8). Echoed by advocates of the 21st Century Skills Framework, health literacy allows students to obtain, interpret, and understand basic health information and services to enhance their health (9).

As youth become increasingly involved in their health-care decisions, behaviors, and experiences (10), through accessing information, products, and services or routine interactions with health system providers and services, the ability to apply basic health information and skills becomes critical. Research describes youth's interest in improving their understanding of health-related knowledge, yet oftentimes young people report difficulties in strengthening their literacy skills (11). Such difficulties in building literacy skills may help explain lower than average literacy rates among youth (11) and highlights the importance of school health education in addressing these gaps.

Curriculum Elements to Build Health Literacy Skills

Providing functional knowledge and skills through health education curriculum and instruction is a promising strategy for supporting health literacy (12). Promoting health literacy **requires structured, sequential, and developmentally appropriate learning opportunities** in which students can practice and master health-enhancing skills. While many state and local education agencies recognize the importance of including health literacy concepts in the academic curricula, widespread implementation of

activities can vary. A lack of consistent, cross-grade health curricula and course offerings can reduce opportunities for students to learn and apply skills (13-14). Ensuring health education is provided across the K-12 curricula, at every grade level or span (e.g., K-2; 3-5; 6-8; 9-10; 11-12) is one way to help introduce, practice, and reinforce health literacy skills among students (14).

To help foster health literacy, schools and educators should also consider curricula that applies a **skills-focused (or based) approach**. According to the World Health Organization (WHO) (2003), skills-based health education *is an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and especially skills, using a variety of learning experiences, with an emphasis on participatory methods* (15). An effective health education curriculum builds essential skills—including analyzing influences, communication, assessing accuracy of information, decision-making, planning and goal setting, self-control, and self-management—that enable students to build their personal confidence, deal with social pressures, and avoid or reduce risk behaviors and experiences (16-17). For each skill addressed in this approach, health education should curricula and teachers guide students through a series of developmental steps including:

1. Discussing the importance of the skill, its relevance, and relationship to other learned skills
2. Presenting steps for developing the skill
3. Modeling the skill
4. Practicing and rehearsing the skill using real-life scenarios
5. Providing feedback and reinforcement to students

A skills-focused approach incorporates functional health concepts and information as the basis to understanding skill relevance and importance. Curricula should dedicate time for student independent and group-based practice, and reflection on skill development, refinement, and mastery (17). Curricula build on previously learned concepts and skills and should incorporate more than one practice application of a skill (i.e., adding “skill booster” sessions at subsequent grade levels) (16). As students become confident in their abilities to obtain, evaluate, and apply health information and skills they are becoming a more health literate person (14).

Incorporating the **National Health Education Standards** (18) is a key resource for schools when selecting, evaluating, or developing health education aimed at improving health literacy. For example, skills related to accessing health information, products, as well as the ability to analyze how family, friends, culture, and media/technology influence personal and community health both contribute to students’ decision-making and behaviors (18). Additionally, the ability of students to examine barriers and alternatives to certain behaviors and determine short/long-term effects of health decisions using valid and reliable information is critical to establishing health literate behaviors during adolescence.

Beyond national standards which identify what students should know and be able to do following health education (18), many states have adopted unique learning standards to improve student health literacy and related outcomes. As an example, as part of the Iowa’s Core Standards and 21st Century Skills, this state includes 5 health literacy-related standards describing basic health concepts needed to improve health behavior adoption (19). Iowa Core Standards describe the importance of integrating essential concepts and skills for health literacy across content areas, and provide guidance on relevant contexts, problem-based, and service-learning experiences in which health literacy skills can be practiced. Such standards present opportunities for students to practice systemic thinking and problem-solving believed to lead to creative solutions necessary to enhance health status (19).

The Teacher’s Role in Promoting Health Literacy

As part of a skills-focused approach to health education, teachers help **facilitate participatory learning** using appropriate and efficient methods for achieving student learning objectives and health outcomes (16, 18, 20). Participatory learning uses the experience, opinions, and knowledge of group members (students) and provides a creative context for the exploration and development of new health knowledge and skills. Using interactive, participatory methods might include:

- Address students’ needs, interests, concerns, experiences, and current knowledge and skill levels.

- Align with students' cognitive and emotional development and maturity-levels to help them personalize information and maintain their interest and motivation while accommodating diverse capabilities and learning styles.
- Relevant and reflective of students' daily lives and experiences.
- Student-centered and experiential, including group discussions, cooperative learning, problem solving, role playing, and peer-led activities.

For health education curriculum and instruction to be successful in achieving expected health outcomes, it is essential **to assess student learning and performance** (17). Assessment provides evidence that students are acquiring the knowledge and skills that contribute to health literacy, and that the delivery of instruction and learning strategies are contributing to increases in students' performance. Schools and educators should consider two important components when assessing student cognitive and skills-based performance in health education: (a) use multiple strategies for assessing student performance in meeting health knowledge and skill-related standards, and (b) ensure learning activities are designed to help student meet relevant standards – all align to maximize student learning (17). Considerations for student assessment to measure health literacy and related outcomes include:

- Teacher maintains a tailored and personalized record of student performance and achievement and gives timely and descriptive feedback.
- Assessing student performance occurs over time and includes a variety of types of assessment (e.g., formative and summative tasks and measures).
- It is important for students to know the learning targets (i.e., outcomes, standards) and the assessment criteria (e.g., a rubric or performance checklist), and have continuous access to evidence of their progress.

Engaging Parent/Family and Community Stakeholders to Support Student Health Literacy

Parents, families, and communities are essential partners in fostering student health and learning through schools (6, 21-22). Engaging parents/families, and community members is a promising strategy to **promote and reinforce health literacy concepts, topics, and skills students acquire through health education**. School teachers, staff, and administrators can work together with parents/families and community members to promote student health literacy using strategies such as:

- Incorporating take-home activities and resources for students to complete with parent/family members that target key literacy skills such as evaluating valid and reliable health information or products; identifying and setting goals for healthy choices and behavior; and communicating using effective verbal, written, and oral techniques.
- Involving parents/families and community members in school-based decision-making that improve student health and well-being through parent organizations (such as PTA/PTO), school health advisory councils, district wellness teams, and other related groups. For example, parents/families or community members can participate in health education curriculum review and discussion to ensure students are receiving adequately tailored information and resources that promote health literacy skills practice and assessment. It is critical for school's to create and maintain policies that institutionalize parent/family and community member representation on such decision-making groups.
- Providing a variety of activities and frequent opportunities to engage and connect with parents/families, and community members. Schools can strengthen and sustain these partnerships by addressing common challenges faced by parents/families (e.g., conflicts with activity dates/times, transportation) and provide innovative and realistic solutions to sustain positive connections (e.g., provide childcare services, virtual meetings or activities).

Lastly, opportunities for schools to **create partnerships with youth-serving organizations, healthcare providers, and community businesses and stakeholders** can help provide resources, expertise, and capacity needed to strengthen student learning opportunities centered on literacy (21). Partnership strategies between schools and communities might include:

- Health education curriculum addressing skills for accessing and using health services could partner with youth-friendly community clinics and healthcare providers to allow student field-trip experiences and practice appointment scheduling. This type of classroom-to-clinic partnership

may also increase opportunities for student referral to key health services by school staff and teachers.

- Community-based staff can help provide instructional support, alongside classroom health educators, to address literacy-related information and skills. Using guest lecturing or co-teaching models with external experts' helps to exposure students to new concepts and information and may improve their ability to access community-based resources and services; critical skills for being a health literate individual.

Conclusion

Taken together, health education which uses skills-focused curriculum, quality instruction from well-prepared educators using participatory methods and assessment, and partnerships between schools, parents/families, and the community is believed to promote health literacy among youth (23). These strategies are most impactful when applied through coordinated and collaborative school and community models, such as the WSCC, that leverage health education as a key component for developing health literate students and addressing whole child health and education (6).

About ASHA

The mission of the American School Health Association is to transform all schools into places where every student learns and thrives. The American School Health Association envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems.

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