

Enhancing Health Education with a Personal and Cultural Connection

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ABSTRACT

Purpose: Health education (HE) is a critical component of any school system, and the benefit of creating health literate individuals has the potential to positively impact the world. The practical life skills young people develop through a meaningful HE curriculum may set them up for a successful healthy life. There are multiple teaching strategies that improve the health education experience for all students, but arguably, a critical element that is often overlooked is the cultural impact on personal health. This article will discuss the need for a HE curriculum focused on improving health literacy through the inclusion of social determinants of health, in order for students to create a personal and cultural connection (PACC). A secondary purpose of this article is to provide readers with an overview of the primary goals of the PACC approach as well as supporting lesson examples. **Conclusion:** Providing more opportunities for students to make personal and cultural connections will further enhance the HE curriculum and improve health literacy, which in turn, will result in healthier, more knowledgeable citizens.

Keywords: health literacy, cultural connection, teaching strategies, social determinants of health, health equity.

1. INTRODUCTION

Time spent in an academic setting is significant. As such, schools and teachers have a great responsibility to help mold student knowledge, attitudes and behaviors. Health education (HE) is merely one facet within the academic setting but one that plays a critical role in shaping how students view and engage in the world around them. The cornerstone of HE is health literacy (HL); which is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (*National Health Education Standards (NHES)*, n.d.). There are significant and meaningful gains in HL when cultural context is incorporated (Nielsen-Bohlman & Institute Of Medicine (U.S.) Committee On Health Literacy [IOM], 2004). Culture, for purposes of this article is defined as, characteristics and knowledge of a particular group of people or shared patterns of behaviors and interactions (Center for Disease Control and Prevention [CDC], 2022, Kroeber & Kluckhohn, 1952). Examples of culture are wide ranging and may include gender, race/ethnicity, religion, socio-economic status, sexual orientation, gender identity, and language (Drexel University School of

Education [DU], 2020). Culture provides a context through which meaning is gained from relevant information and provides the purpose by which people come to understand their own health status. A conceptual understanding of the interconnections between culture and HL provides greater insight into the meanings of how diverse populations come to know, comprehend, and make informed decisions about their health. Culture, which includes social and family influences, shape attitudes and beliefs and therefore influence HL (IOM, 2004). As classrooms become more diverse, learning environments must be culturally responsive. To effectively impact HL, teachers must understand the needs of their students and develop relevant lessons (DU, 2020).

Culture and education are inseparable and they are regarded as two sides of the same coin (Impact of Culture on Education, 2022). Every human society devotes considerable time and resources towards augmenting knowledge among individuals regarding cultural education. Acknowledgement of culture in the field of education helps to enrich the educational experience. HL serves as a universal tool to help individuals and professional organizations improve HE by empowering others to make informed health decisions (Vamos & McDermott, 2021). Although HE is typically an academic requirement, individual programs do not consistently follow the National Health Education Standards (NHES) and may vary in time, quality and resources (Society for Public Health Education [SOPHE], 2016). This results in less meaningful curricula that overemphasize student knowledge through general, or sweeping concepts (CDC, 2019). Delivery in this 'traditional' format may not be relevant for students of all populations, as it limits the individual's ability to make a personal and cultural connection (PACC) with the world around them. This article will discuss the need for a broader HE curriculum focused on improving HL through the inclusion of social determinants of health, in order for students to create a personal connection. The primary goals of the PACC approach and supporting lesson examples will be provided.

2. HEALTH EDUCATION NEEDS AND SUPPORTS

The CDC (2019; 2021a) outlined an effective HE framework that includes traditional goals that focus on the attainment of health information but also prioritize the importance of using a 'health equity lens' to connect internal and external factors to health behaviors, each of which has a

favorable or negative influence (Connelly, 2020). Viewing information through this 'lens' places the emphasis on social determinants that may impact policies and practices to address health inequities. With so many influencing factors, personal exploration is needed. Standard 2 of the National Health Education Standards (NHES) challenges students to examine how the internal and external influences affect health behaviors (*National Health Education Standards (NHES)*, n.d.). *Healthy People 2030* supports this objective by stressing the need to prioritize the inclusion of social determinants of health (SDOH) in education because the notion of simply promoting health choices does not address health inequities nor does it necessarily lead to meaningful health behavior changes. The five main SDOH categories include: economic stability, neighborhood and built environment, social context and community, education access and quality, and healthcare access and quality (Office of Disease Prevention and Health Promotion [ODPHP], n.d.a). Each SDOH category is directly impacted by culture and ultimately affects an individuals' health. By understanding how the SDOH impacts health, personal and cultural connections can be made to better understand one's own health behaviors in a meaningful way (Meeks et al., 2020). This more personalized approach not only provides functional health knowledge, but also provides students the opportunity to build personal and social competence which has greater potential to lead to behavior change(s) (CDC, 2019).

2.1 Health Literacy

The goal of HE is to improve HL, or one's ability to collect, understand, and use health information in order to make appropriate health decisions (CDC, 2021b). This is the foundation to comprehend and respond to issues in a healthy manner (Connelly, 2020). If presented robustly with an opportunity to examine, analyze, and evaluate external and internal elements, K-12 students gain greater self-awareness and become better stewards of their personal health. There are multiple approaches that may be used to bring a wider lens to HE and support HL. For purposes here, the KWL-chart (Figure 1.) is a three-column graphic organizer used to compile information before, during, and after a lesson. The *K* stands for what the students believe they already *know*, the *W* refers to *what* the students want to know, and the *L* is the specific content that was *learned* or any 'a-ha's' the student feels is important or personally impactful (*KWL - the Teacher Toolkit*, n.d.). With a PACC focus, each column addresses both general unit/lesson concepts and specific SDOHs (Skolnik, 2021).

Figure 1 . KWL-Chart Example

Topic: _____		
What I K now	What I W ant to know	What I L earned (Connect to personal views/experiences)

The inset represents a KWL-chart template that may be used as a teaching tool to support a PACC approach.

2.2 Implications for School Health Practice through a PACC Approach

The proposed PACC approach brings a critical lens to how a student views, experiences, interacts, or is impacted by the world. While SDOH are key risk factors for an array of health conditions, HE lessons that address these concepts require students to understand how key health issues may impact differing populations. Population health overlaps health education topics (nutrition, reproductive health, non-/communicable diseases, environmental health, etc.), making these units ideal for a PACC approach. In order to support the CDC’s health equity framework (CDC, 2019), the PACC approach supports three primary objectives which include:

- 1) expand beyond the general concepts to effectively engage students
- 2) analyze and evaluate SDOH for self and various populations
- 3) connect the SDOH to oneself and determine appropriate behaviors or necessary behavior change.

Table 1 provides an overview of health education content that allows for a personal and cultural connection to be made. Each content area (nutrition, personal safety and community/health services) addresses a specific SDOH (SES, gender, race/ethnicity). The supporting lesson examples that follow outline how a secondary-level health education teacher might provide students with a health equity lens to support the PACC approach.

Table 1. Sample PACC content and supporting lesson examples:

Health Content	PACC	Supporting Lesson Examples/NHES Standard
Nutrition	Socio-economic Status	<ul style="list-style-type: none"> • Income level and food access simulation (2) • Global food insecurity map (2)
Personal Safety	Gender	<ul style="list-style-type: none"> • Population Health county comparisons (3) • Safety issue PSA (8)
Community Health Services	Race/Ethnicity	<ul style="list-style-type: none"> • Investigate and compare a societal/country health service system (2) • Select a global or community health issue and develop a health-enhancing message and advocacy plan (8)

The table above outlines how a secondary-level health education teacher might provide students with a health equity lens to support the PACC approach.

3. CONTENT TEACHING STRATEGIES

3.1 Nutrition

Since many factors may influence nutritional choices, and food (in)security may be a local, state, national and global concern, it is critical students are provided with assignments and learning opportunities to connect nutritional wellness to PACC. Some socio-cultural factors that nutrition may be explored across include: gender, education level, occupational wellness, religious beliefs and personal food preferences. Both state and national-level HE standards support and promote USDA's MyPlate and dietary guidelines. For this reason, connecting the recommendations to food security and malnourishment is important. The health educator may introduce these ideas using the KWL-chart. The initial question may expand past the typical, "what do you *know* about good nutrition", to "what do you know about food insecurity in our community, state, or country? And (column #2) what do you *want* to learn?"

Recent data suggests that 1 in 9 Americans (roughly 37 million) experience food insecurity; defined as, the state of being without reliable access to a sufficient quantity of affordable, nutritious food or the disruption of food intake or eating patterns because of lack of money and other

resources (ODPHP, n.d.b). Allowing students to explore SDOH that may detract from nutrition within their state and/or nearby communities is one PACC strategy. This may be done through a class poverty simulation activity where students receive roles and/or responsibilities that might either support or hinder their access to nutritious foods. In this activity, each student is provided a weekly/monthly income level and budget based on the USDA Economic Research Service's ranges of food security (USDA ERS, n.d.). Ranges include high food security, marginal food security, low food security, and very low food security. Based on the randomly assigned level, students must then purchase food for the week/month and evaluate its quality based on USDA/MyPlate standards.

Thinking more broadly, health educators may introduce this idea by sharing a map of global food (in)securities. By asking students to reflect on food maps, such as the US Food Insecurity Map (Feeding America, 2022) or WFP's Hunger Map (World Food Programme, 2020), they connect poverty rates with food (in)security. This teaching strategy might be completed individually, with a partner, and/or with a group. Students may choose an area of interest (i.e. their nationality), or be assigned a geographical region. Both PACC activities provide students the opportunity to understand how SES impacts overall nutrition. The lesson may conclude asking students to note what they *learned* (column #3) about nutrition and food (in)security.

3.2 Personal Safety

Components of personal safety address the general awareness of one's situation and surroundings that have the potential to result in damage, illness, or death. It is critical that individuals know where to go for support if their safety is in danger. The topic of personal safety may be introduced with the KWL initial question which may challenge students to think intrinsically about the topic of personal safety. For example, students describe "a time they felt unsafe. What situations or unhealthy habits result in a person feeling unsafe? What differences might exist in how males respond to that question compared to females?" Students then note what they *want* to know more about.

There is a gender gap in reports of personal safety when comparing males with females; women statistically report greater personal safety concerns and take more safety precautions than men (Logan & Walker, 2021). Data shows that women are five times more likely to be victimized by a spouse, partner, ex-partner, boyfriend or girlfriend and report feeling less safe when walking along at night when compared to their male counterparts (CDC, 2021c). There are a variety of ways for students to explore personal and cultural issues related to personal safety. The creation of a public service announcement (PSA) affords students the opportunity to research safety issues within their community, state or country and

advocate for health-enhancing change. A key component of a PSA is to raise awareness of an issue affecting public attitudes and potentially stimulating action. Health educators have the unique ability to raise awareness of this concern not only within the four walls of their health classroom, but also through the school and local communities. Allowing students to lead the charge not only supports NHES Standard 8 (Advocacy), but also has the power to change opinions and actions with the strong potential to improve personal safety.

To promote a broader lens for public safety, provide students with public resource sites such as county health rankings and ask students to compare/contrast state health assessment data and/or federal biostatistics as they relate to personal safety factors (*NHES 3*). Students may also review state and federal laws as well as identify resources and support systems that can provide greater insight and knowledge to protect themselves and others. Both activities provide students with a PACC to better understand how gender influences personal safety. To conclude the lesson, students can demonstrate what they have learned (column #3) about personal safety and gender.

3.3 Community Health Services

Community health services are in place to promote the health of the public, ensure equity, support positive lifestyles, and reduce health disparities between populations. Dating back to 2010, improved access to health care services has been an initiative of *Healthy People*. The noted goal has been to eliminate racial/ethnic accessibility disparities to health care, with a most recent update to not only eliminate health disparities, but also achieve health equity, and attain health literacy to improve the health and well-being of all (CDC, 2020).

Long-standing systemic social and health inequities have been in place for many years. When comparing people of color to their white counterparts, data has consistently shown that racial and ethnic minority groups in the United States experience increased rates of illness and death across a vast range of health conditions (CDC, 2021d). These conditions inequities lead to a 4-year reduction in the life expectancy for racial/ethnic groups white and non-white populations. Undesirable health outcomes have been explained by many, but a major factor relates to access to care (Ndugga & Artiga, 2021). The current structure of the health care system perpetuates access limitations to people of color and negatively affects the overall health of large populations of people, preventing optimal health (CDC, 2021b; 2021d). Topics like health disparities and implications may be more meaningful and relevant for students if presented through a health equity lens.

To consider how discrimination, including but not limited to race/ethnicity, unfairly disadvantaged people, having a foundational

understanding of how structured health systems impact health is critical. Appropriate KWL-questions ask “what do you *know* about private and universal health care systems? what model does the US follow? how does this model impact the health of all citizens?” and guide students to create their own questions around each topic (*want* to learn) closing with what they *learned* (column #3) around community health and race/ethnicity. To examine more closely, students compare and contrast universal and private health service systems (*NHES 2*) with the option of also examining the type of insurance available, the percentage of insured individuals and/or health outcomes. Through the utilization of national and/or state health databases, inequalities between populations can be examined, resulting in valuable connections for students (University of Wisconsin Population Health Institute, 2019). To encourage advocacy (*NHES 8*), provide students with the opportunity to further research a community health issue that is important to them. Students will research the issue, and in pairs/small groups develop a health enhancing message about this topic. Students then create a blog post, a thought-provoking tweet, construct an advocacy letter to legislators, or a social media post that advocates for this issue. This activity not only empowers students to develop a stance for a community health issue, but also allows for critical thinking, and the opportunity to build support for a cause all within a safe and supportive environment. These PACC strategies allow students to learn how key issues impact them on both a personal and cultural level.

4. CONCLUSIONS

The goal of school health education is to produce health literate individuals who have the knowledge and ability to understand and apply health information while enhancing health education. For this reason, why not capitalize on its promise and momentum to enhance health education. Health literacy is a necessary skill and provides a foundation to support positive behavioral outcomes for all individuals. The traditional HE curriculum tends to be heavy in knowledge (generalities) but light in personal application (specifics). As a result, promoting healthy choices themselves, may not yield positive health outcomes nor eliminate health disparities. Providing more opportunities for students to make personal and cultural connections may further enhance the HE curriculum. The absolutes, which include how the social determinants of health impact personal health behaviors and decisions, therefore need attention. PACC, provides a broader curricular approach in HE and allows students to make the necessary personal and cultural connections in meaningful ways.

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5.2 Conflict of Interest

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5.3 Contribution of Authors

Manuscript preparation and editing completed equally on behalf of both co-authors.

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