http://doi.org/10.35847/MOgrodnick.IFeinberg.5.1.69

Research Digest

# Health Literacy and COVID-19: Implications for the ABE/ASE Classroom

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There is a deep gap between how health messages are communicated and how adults with lower literacy skills can understand them to make good health decisions. The COVID-19 pandemic highlighted this gap with a plethora of accurate, complex, contradictory, and false information that was difficult for people at all literacy levels to understand; adults with lower literacy skills may not have both the general and health literacy skills to parse through confusing health information. Information about COVID-19 runs the gamut from individual health practices (wear a face mask) to public health concepts (herd immunity). Adults with low literacy may struggle to understand and use basic individual health and public health guidance; adult educators can play an important role in sharing trustworthy and easier to understand health information through curricular innovations in their classrooms. Teaching students how to access and assess valid health information about public health topics can improve student self-efficacy and help prepare them to apply those skills in future situations.

## Individual Health Literacy in Adult Basic Education

Adult basic education (ABE) is designed to help adults develop literacy, numeracy, and digital skills needed to succeed in the workplace, be engaged members of society, and take care of personal needs (Adult Learning Resource Center, 2022). The curriculum for these programs focuses on helping increase understanding and ease when reading texts of various sources as well as helping individuals communicate about content. Additionally, the curriculum focuses on assisting individuals in developing practical and clear writing and numeracy skills, whether for work purposes or personal writing. A major goal in ABE is to increase student self-efficacy so that skills learned can be applied in many different contexts.

Research indicates that individuals with limited literacy skills are also likely to have low health literacy, which is associated with poor health outcomes due to less understanding about medication and discharge instructions, using fewer preventive services, and using more emergency department services (Paasche-Orlow & Wolf, 2007). Within ABE programs, as with health literacy, the goal to foster self-efficacy in one's abilities requires tools to help them thrive in life (Santos & Paasche-Orlow, 2019). ABE classes and curricular content provide an important way to reach vulnerable populations and develop health-related self-efficacy within a trusted environment. Attempts to incorporate health literacy into the ABE curriculum have been made since the 1990s. More recently, research has examined how adding health literacy to the ABE curricula positively impacts students,

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teachers, and health equity (Hohn & Rivera, 2019; Muscat et al., 2020; Sarkar et al., 2019).

One example of health literacy in ABE curricula is students (*n*=90) who attended an ABE program in the Boston area and were invited to participate in a study where they received health literacy information in addition to the standard ABE curriculum (Hohn & Rivera, 2019). Most students identified as African American or Latino and were between the ages of 18 and 35. The health literacy component focused on nutrition and had an in-class component; data collection included surveys, focus groups, and individual interviews over a two-year period. Students noted that the health information they received during their class was the first time that they were introduced to some of these topics, such as health-related vocabulary and the importance of health information. Students felt comfortable asking questions and getting clarification when needed, and found that information was given to them in an understandable way; they reported that this information and these skills positively impacted their daily lives. Another theme that was noted was the feeling of self-efficacy. Students felt more confident and empowered with the knowledge they attained from the classes and felt more encouraged to make nutritional changes (Hohn & Rivera, 2019).

A qualitative study of ABE students in Australia who participated in an 18-week health literacy program found that students viewed the classes positively and described improved language, literacy, numeracy, functional health literacy, and health knowledge skills (Muscat et al., 2020). Additionally, students felt they could use this new knowledge to interact with healthcare providers to discuss health concerns as well as make healthier choices related to nutrition on their own. Students who participated in the program were able to share this health information with others in their communities. In addition to these health-related behaviors, students reported improved functional literacy and numeracy skills through vocabulary, reading and comprehending medicine and nutrition labels, as well as other print-related materials.

From the teacher perspective, many have reported that incorporating health into their classes has motivated and engaged learners and has helped to improve health literacy and literacy and language skills (Hohn et al., 2019). Additionally, a high-interest course topic helps learners increase their self-efficacy and improve confidence in communicating with health professionals. Teachers of ABE programs note some challenges when trying to incorporate health information into the classroom. There are concerns over being able to answer health-related questions and concerns surrounding personal health knowledge. To address these concerns, teachers can focus discussions on teaching skills learners need to find reliable and trustworthy health information and how to understand that information. Teachers could also try partnering with a local health center and have a guest lecturer who is an expert on health information discuss specific topics and answer questions that may arise (Hohn et al., 2019). Teachers must also find health-related materials that fit into their classroom curriculum. There have been several cases of ABE programs partnering successfully with local health centers. These partnerships have helped to instill trust in students, provide resources for where to go seek care and help students engage more in the services offered in the community (Hohn et al., 2019).

In addition to working with health centers in the local community, ABE programs can incorporate other established resources into the curriculum. For example, the Florida Literacy Coalition created the *Staying Healthy* book for students and

an accompanying teacher's guide (Miami Dade College, 2022). The book comprises six chapters that students can use to learn about health care, medical providers, medications, nutrition, chronic diseases, and remaining healthy. There are also student books and teacher guides on managing stress and women's health (Miami Dade College, 2022). The Institute for Healthcare Advancement (2022) has also created several books written between the third and fifth-grade reading levels in multiple languages. These books are an excellent resource for teachers and students in ABE programs. The books use plain language, visuals, and direct information that covers various topics such as what to do when your child is sick, what to do when having a baby, oral hygiene, senior health, teen health, and what to do for a child with asthma (Institue for Healthcare Advancement, 2022).

## Public Health Literacy in ABE

The focus of individual health is on caring for one's own body or perhaps someone else's, such as a family member or child, and understanding what that one person needs to be healthy or improve their health outcomes. Commonly this information is discussed with medical professionals at health care offices and clinics. Individual health is driven by the needs of one patient and includes diagnosing and treating that individual (Fineberg, 2011). These are the health concepts most often taught in ABE curriculum. On the other hand, public health emphasizes preventing disease and promoting the health of the population (Fineberg, 2011). Public health, while equally important as shown during the COVID-19 pandemic, is often less well-known and is generally not the focus of health-related ABE curricula.

Public health may not always be directly applicable to an individual's daily life. Although this makes it more challenging and complex to conceptualize and to teach, individual and public health are not mutually exclusive concepts. Individual health is related to public health as medical providers and public health professionals work together to promote healthy habits and behaviors in individuals, communities, and globally (Arah, 2009; Fineberg, 2011). For example, vaccinations help protect both the individual and the community in which a person lives by helping to protect the individual, reduce the spread of disease and build herd immunity. Herd immunity refers to a large portion of a community or population developing immunity to disease through vaccinations or recovering from exposure to the disease (Desai & Majumder, 2020). This is true for new diseases like COVID-19 and for annually occurring diseases like influenza. When this happens, those who cannot get vaccinated or have not been exposed have less risk and have less of a threat from the disease (Desai & Majumder, 2020). During the COVID-19 pandemic, there was a plethora of health information that addressed both individual and public health issues including masking, social distancing, and getting vaccinated.

## Health Literacy and COVID-19

During COVID-19, an inability to understand and use rapidly evolving critical health information about mitigation strategies and vaccination deeply affected people with lower health literacy (Singh et al., 2022). Many studies show a relationship between low health literacy and poor individual health-promoting behaviors and health related quality of life during the COVID-19 pandemic (Ishikawa et al., 2021; Silva & Santos, 2021; Yusefi et al., 2022). From a public health perspective, it became critically important for people to understand how to protect health and well-being not only for themselves, but for their communities

as well since COVID-19 is such a virulent infectious disease spread by contact with other people. Concepts of COVID-19 mitigation strategies, herd immunity, and prevalence became part of the individual, family, and national conversations (Paakari & Okan, 2020). A key factor to entering the broader public health conversation about COVID-19 is the ability for individuals to first understand and use health information for themselves and their families (Sørensen et al., 2012).

Health literacy and digital health literacy are associated with complying with recommended public health behaviors and attitudes towards preventive measures (Patil et al., 2021; Silva & Santos, 2021). For adults with low literacy skills, two critical issues arose from this period. The first issue is digital literacy, an individual's ability to read and use technology as well as search for and evaluate online information and then apply that information (Norman & Skinner, 2006; Patil et al., 2021). As the pandemic shifted things online, having these skills and the self-efficacy to use them to evaluate continuously changing sources of information became essential. Individuals needed to know how to find accurate and trustworthy information that they could easily understand and act to protect their health, especially during a public health emergency such as the pandemic (Abel & McQueen, 2020). The second issue is health information seeking behaviors; data show that adults with low literacy rely more on television and radio than on print information or the internet (Feinberg et al., 2016). Unfortunately, most COVID-19 mass media campaigns were created for the internet and have spread primarily through social media channels; for those who are able to access the internet, there has been an 72% increase in social media use (Pew Research Center, 2021). For those who rely on television and radio, the National Association of Broadcasters reports significant investments by television and radio stations in COVID-19 messaging and broadcasts (2022). However, adults with lower literacy and health literacy skills still faced challenges of understandability, trust in media sources, and reliability of information (Chen et al., 2019).

## Implications for the ABE Classroom

Understanding how to critically evaluate health information, identify misinformation, and implement positive health behaviors are crucial life skills that can be developed in the ABE classroom. ABE curriculum already includes individual skills like reading, numeracy, and verbal communication skills; some of these skills are taught within the context of individual health topics such as reading a prescription label or understanding nutrition labels. The COVID-19 pandemic has shown the need for both a deeper individual health-related curriculum (e.g., mitigation strategies, vaccination) and a broader understanding of how public health is related to individual health (e.g., herd immunity). This will not be an easy task as there are few prepared public health curricular materials for the ABE classroom, however, this presents opportunities to partner with community organizations, public health departments, and health clinics who all serve the same population as ABE programs. ABE educators are trusted sources who can help prepare their students with health-related knowledge, understanding of the need to care for the public's health as well as their own, the use of preventive screenings in health and wellbeing, and healthier practices in everyday life.

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