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### Jennifer Fane and Samantha Schulz

### 'Re'-Learning health: Challenges in teaching health literacy and implications for the new national Australian HPE curriculum

This paper comes from a larger study that sought to understand how first-year pre-service teachers in Australia made sense of, and articulated, socially-critical health education. The study explores the challenges of teaching health literacy to post-secondary students who come to university health education with a highly individualised (and thus narrow) view of health (Fane and Schulz, 2014).

There is an individualised understanding of health enshrined within many education curricula that has seen health education largely reduced to the idea of health as making 'good choices' with respect to healthy eating and getting enough physical activity (Ayo, 2012; Leahy, 2013; Tinning and McCuaig, 2006; Webb and Quennerstedt, 2010).

Attempts to redress these individualised concepts of health and health education have appeared in the health education literature (Lupton, 1999; Tinning and Glasby, 2002; Ioannou et al., 2012). They have provided a focus which aims to "go beyond a narrow concept of health education and individual behaviour-oriented communication [to] address the environmental, political and social factors that determine health" (WHO, 2009).

The efforts of schools to teach and impart practices relating to healthy eating and physical education/activity are important. However, this paper argues that sole emphasis on these aspects of health acts to narrow students' understanding and negate their ability to engage in more holistic and critical conceptualisations of health.

In response to challenges surrounding the implementation of the new national Australian Health and Physical Education curriculum (ACHPE), this paper examines data from a

research project that explored first-year university students' conceptualisations of health based upon their previous school experiences. The findings and ensuing discussion highlight key areas to be addressed for the successful implementation of a new health education.

# Health Education and the Australian National Curriculum

Within its field, there is a great deal of interest in the impacts of highly individualised concepts of health education (Ayo, 2012; Leahy, 2013; Lupton, 1999; Tinning and McCuaig, 2006; Webb and Quennerstedt, 2010). Finding ways to work against current individualistic concepts of health education is imperative. Discerning how young people are influenced by these views is essential in order to explore the environmental, political and social factors that determine health.

The new national ACHPE, introduced in 2014, has attempted to remedy a narrow view of health with guiding principles designed to broaden student understanding of their own and others' health. These principles include developing health literacy, and using critical inquiry approaches (Australian Curriculum and Reporting Authority, 2012).

The ACHPE attempts to address some of the issues through adopting a critical public health perspective (MacDonald, 2014; MacDonald, 2013). Lead ACHPE writer Doune MacDonald underscores the challenge of co-opting teachers into supporting and fully understanding the new curriculum. She draws on previous experience implementing a new HPE curriculum in Queensland, stating at that time, that despite significant changes to the curriculum,

[...] we have some teachers who have continued doing what they have always done. So despite some very creative and forward thinking practice, and important messages around diversity, the implementation of a new curriculum is complex and multi-layered. (As cited in Hickey et al 2014, p. 185)

In a paper on curriculum reform, Lynch (2014) also highlights the challenges of enacting real pedagogical change. Lynch argues that 'surface change' (such as the use of new and revised materials and activities) is relatively easy, while 'real change' (changes in beliefs, values, ideologies, and understanding with regard to pedagogical assumptions and themes) extremely difficult to affect (2014 p.10). It is here at iuncture between then, the teachers' understandings and practices, endorsed by the new ACHPE, where even the most innovative and well-designed curriculum can be unwittingly misappropriated.

This is evident within a growing body of literature investigating pre-service teachers' conceptualisations of health and wellbeing (Garrett and Wrench, 2012; Schulz and Fane, 2015; Wrench et al., 2014; Welch and Wright, 2011). The examination of how pre-service teachers conceptualise health is arguably timely (with respect to the ACHPE) as it enables insight into how misappropriations or gaps evident within old HPE curricula may be perpetuated within the new.

This paper contends that through examination of pre-service teacher understandings of health, the challenges for teachers in positioning their practice within the ACHPE will become clearer. In addition, the paper seeks to stimulate discussion on problems with adopting the vision of health education promoted by the new curriculum.

#### Methods

The larger study sought to understand how first-year pre-service teachers made sense of, and articulated, socially critical health education. From the literature, we know that university is likely the first time that many students will experience non-individualised views of health due to the nature of school health education (Nutbeam, 2008; Ioannou, 2006; Quennerstedt et al., 2010), and with respect to the cohort who participated in the study, this was almost exclusively true.

The primary aim of the research was to examine the effectiveness of a first-year health <sup>1</sup> Names have been changed to protect participant anonymity.

education course in engaging students in a social view of health.

Participation in the project was open to all who were enrolled. Of 79 students, 31 agreed to take part (17 male/14 female), all of whom consented to the use of their journals and essays as a base for analysis, with eight additionally willing to be interviewed. Ethics approval was obtained from the University and all participants gave informed consent.

Upon completion of the topic, student work was collected for analysis. Data included weekly reflective students' journals, reflective essays, and transcripts from one-on-one and group interviews. This paper draws upon gathered from qualitative data reflections. Student work was analysed using the iterative process of document analysis, which requires that data be examined and interpreted in order to elicit meaning, gain understanding, and advance empirical knowledge (Corbin and Strauss, 2008). From the document analysis, themes were coded and organised to reflect the ways in which students were engaging with the course's content, and their conceptualisations of health.

### **Findings**

Three keys themes emerged from the data: new conceptualisations of health; grappling with health literacy; and misunderstanding critical inquiry. Examination of these themes sheds light on the challenges facing pre-service teachers in embodying the tenets and guiding principles underlying the ACHPE. Also, as the majority of students participating in the research were within five years of completing high school (81%), these findings provide insight into current HPE schooling practices and challenges that HPE teachers may face in enacting the ACHPE.

# Health Education - not just nutrition and exercise

Data analysis revealed that the greatest challenge for participants engaging with socially critical health education was the dissonance between their pre-tertiary and tertiary health education experiences. Consequently, participant reflections highlighted a significant dissonance between previous and current health education. Examples of this were found throughout the student reflections; for instance, Brad¹ wrote in his journal:

"I have found that health is not just something as small as eating the right foods and exercising every day, it is so much more...Through the topic we were forced to ask questions about what we have learnt all of our lives and break it down and look at health from other perspectives." Brad

#### Likewise, Taylor wrote:

"My understanding of health has dramatically changed. I thought that studying health in year 11 and 12 would have given me a better understanding and I would just be expanding my knowledge as I had studied health recently and thought I would know what I was getting into." Taylor

## Some students were more articulate in pinpointing absences in their prior education:

"I did health at my high school when I was in year 11. I really enjoyed it and felt I learned a lot from the subject. However, looking at what we were taught I can see many aspects of health were left out. When starting this course I had a very narrow view of health and what it represented." Alice

"My experience with health education throughout school focused on two strands: physical education, which was sport and athletics, and sexual health education which taught you about safe sex. My health education at school really only focused on the physical aspects." Claire

These findings echo those of similar studies on pre-service teachers' perceptions of health (Garrett and Wrench, 2012; Welch and Wright, 2011). They also suggest a narrow focus within current school health education on nutrition and exercise, in some instances to the exclusion of all else. Areas identified by students in their reflections that they felt would be important additions to school health education included, among others: a focus on mental health; sexual health; sexualities; the social determinants of health; Indigenous health and global health issues. While these topics are now mandated within the 'focus areas' of the ACHPE, they have featured in Australian curriculum directives in the past. Yet given that they have not been adequately addressed, this signals an area of concern for implementation of the ACHPE.

## Health Literacy – what does a health literate student and teacher know?

While few students used the term health literacy when talking about the competencies, knowledge, and understandings that students should learn in health education, most addressed the tenets of health literacy, as defined earlier by the WHO (2009). These included a view of health education as the improvement of knowledge to help people make informed choices, which in turn enable people to take an active role in

bringing about change to their environments to influence health. However, despite the socially critical focus of the health education course, preservice teacher definitions of 'health literacy' remained largely individualistic, with heavy emphasis on risk management and individual lifestyle practices. The following student excerpts elucidate the challenge of shifting pre-service teachers' conceptualisations of health from what they were taught in school:

"Good health education aims to motivate people to improve and maintain their health and prevent disease and reduce risky behaviour." Stephanie

"I believe that good health education within a society such as Australia is about empowering and enabling young people to make informed good decisions within all aspects of their lives." Lesley

"In an ideal situation, good health education is about providing valuable and useful information regarding how to live a healthy life and obtain a high level of wellness tailored to the target audience in an easy to understand manner which emphasizes the importance of balance in one's life and the benefits of adopting a balanced lifestyle." Jane

According to MacDonald, the ACHPE is meant to move beyond individualistic definitions of health literacy and to include "experience in critical reflection, social negotiation and the organisation of action" (Kemmis, Cole, and Suggett, 1983 as cited in Macdonald, 2014 p.242). However, as Alfrey and Brown suggest, we cannot assume that "teachers will permeate health literacy and the other propositions throughout [the] HPE" (2013, p.168), simply because the curriculum has decreed it so. If we acknowledge health as socially constructed we must also acknowledge that more "nuanced and understandings critical are necessary curriculum and pedagogy within HPE is to dull the hallmark of [individualistic health education] tradition[s]"(Alfrey and Brown, 2013 p.169). That challenge is evidenced here by pre-service teachers' definitions of health literacy as highly individualised knowledge and skills, despite repeated exposure to the concept of critical health literacies.

# Critical Inquiry – a critique of 'critical' inquiries

As a key outcome for the course, students were exposed to a range of critical inquiry approaches such as the sociological imagination (Mills as cited in Germov, 2009) and the structure-agency debate – i.e. the notion that individuals are not

separate from the social relations that produce them. These ideas and ways of thinking were new to students, and reconciling their previous understandings of health with a socially critical view proved challenging. Student struggles with critical inquiry were evidenced frequently by way of contradictions within their reflections. An example is Priscilla's reflection, in which she erroneously expresses a structure-agency standpoint stating:

"Maintaining health can be difficult for some, especially finding the motivation and right information to guide individuals...However, each individual's health is different which means only one's self can determine their health and capabilities." Priscilla

Here we see the attempt to acknowledge that not all individuals have the same base or access to health (referencing the social determinants of health), however, Priscilla then contradicts this stance when stating that good health is entirely in the hands of the individual.

A similar contradiction emerges in Jason's writing when he attempts to use a critical standpoint to explain:

"Understanding the social determinants and underlying foundations of health help a health educator to determine what good health and bad health is, therefore they are able to teach good [health] education and transfer the knowledge onto their students. "Jason

Here Jason attempts to acknowledge the importance of the social determinants of health, yet instead of exploring the impacts of these determinants through a critical lens, he suggests that health is dichotomised by either 'good' or 'bad' education, and that a teacher has merely to impart that knowledge to students. What is missing here is the understanding that teachers alone cannot be held accountable for rectifying 'poor' health. And while some students did attempt to grapple seriously with critical inquiry, they still struggled to move beyond previously held assumptions. This is evident in Brent's reflection when he states:

"Utilising a structuralist-collectivist approach to health education, organisations, communities, and governments can invest in generating policy change which enables the creation of increasingly conducive lifestyle conditions which in turn empowers individuals to make healthier lifestyle choices." Brent

While attempting to think socially about health, Brent reverts to an individualistic rhetoric of 'lifestyles' and 'personal choice', which negates

the very approach he is attempting to promote. These contradictions draw attention to what Leahy et al. (2013) refer to as the inhomogeneous use of 'critical' in HPE. In a recent paper these writers ask "which forms of critical are deemed 'acceptable' and which are 'silenced' in HPE?" (2013, p. 176). Preservice teachers may demonstrate a modicum of 'critical' thinking, but when their critiques remain grounded in individualistic conceptualisations they fail to move beyond a view of health as, principally, an individual responsibility. What continues to be 'silenced' in such critiques is what Leahy (2013) refers to as a socio-critical approach, which requires critique of health as inherently individualistic.

### **Discussion/Conclusion**

The analysis of pre-service teachers' conceptualisations of health is valuable within the wider conversation on implementing the ACHPE in two important ways. Firstly, such analyses demonstrate the necessary knowledge and competencies within health education that have been excluded or 'silenced' in previous curriculum, thus reinforcing decontextualised ways of thinking and teaching health.

Secondly, the data referenced above highlights that even when exposed to health literacy and critical inquiry, students struggle to grasp these concepts and may naively subvert them due to their previous learning and experiences. In light of these findings, two key areas are identified for helping to support the implementation of the ACHPE in meaningful ways that address the 'deeply troubling' societal understandings of health as identified in this research.

#### A broader definition of health literacy

The first is that the ACHPE is not meant to be a repackaged form of the previous national curriculum with a few new additions. The health component of the HPE strand was designed to specifically redress the dominance of physical education in curriculum (Hickey et al., 2014) and to re-orient the HPE to tackle the anti-health messages encased in individualistic health education. To do this, teachers (both in-service and pre-service) need to be aware of what is missing from their own health education practice, and why it has been included in the ACHPE. Areas of contention, such as sexualities and relationships, and new areas of focus such as social and community health and

wellbeing need to be explored and investigated by educators themselves so as to include them within their own definitions of health. This needs to happen in order to displace and challenge the highly individualised views of health literacy currently permeating teaching pedagogies and practices.

#### Critical inquiry

In addition to embracing a broader definition of health literacy, critical inquiry needs to be explicitly taught, practiced, and layered throughout the HPE strand. To do this it must be recognised that meaningful critical inquiry goes deciphering nutrition information, analysing health claims, or simply acknowledging the social determinants of health. As demonstrated in this paper, pre-service teacher attempts to engage in critical inquiry reveal difficulties in subverting the highly individualistic nature of current health education. This highlights the need to make the individualised nature of health education evident to pre- and in-service teachers alike, and to involve them in challenging not only their own conceptual limitations, but those we see underpinning broader social and cultural beliefs. Analysis of student reflections thus underscores the need to make critical inquiry approaches explicit in the work of positioning pre-service teachers as capable of imparting such skills and knowledge.

Focusing on the expanded views of health literacy and critical inquiry which feature in the ACHPE is an important step in meaningfully implementing the new curriculum. However, what this research attempts to emphasise is that, equally important, is first recognising the challenges that teachers and students face in moving beyond their tightly held individualistic conceptualisations of health. This suggest that there will need to be ongoing work in schools and the wider health education community to redress the healthism and anti-health messages that currently permeate schools during the implementation of the ACHPE.

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