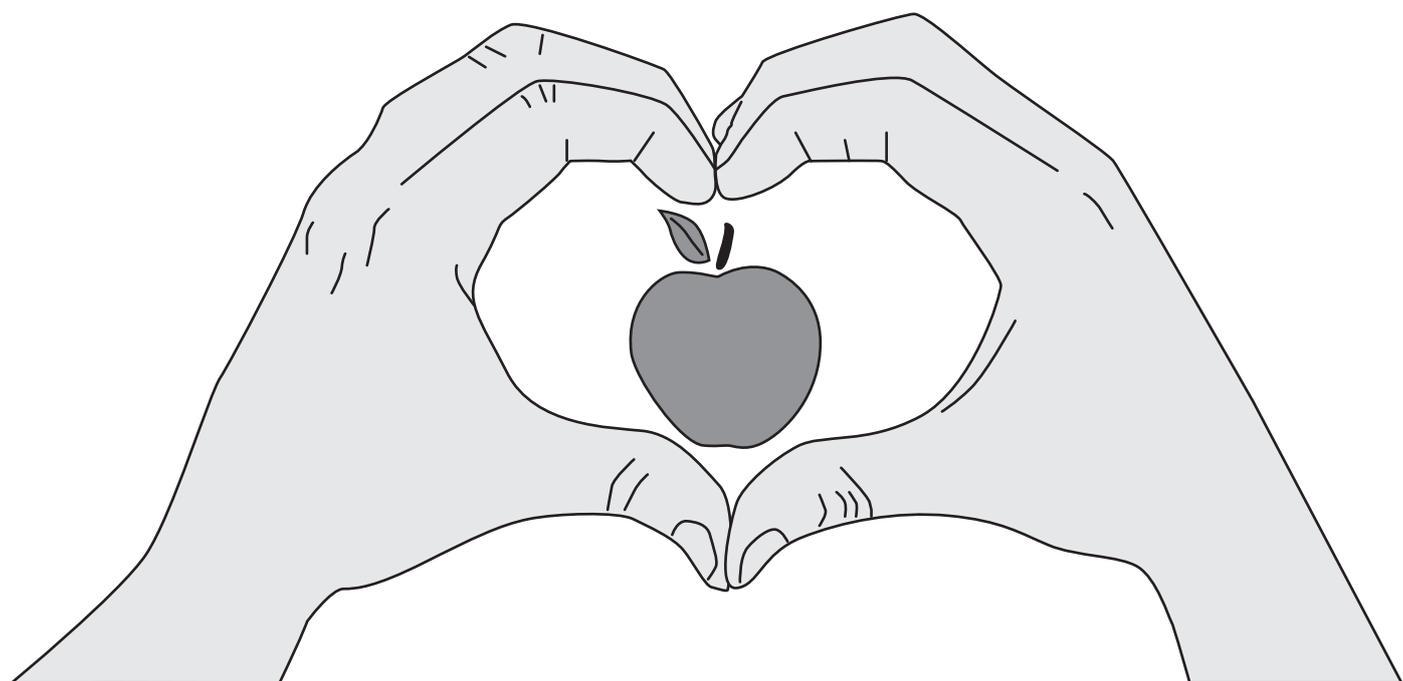




EUROPEAN ASSOCIATION FOR  
THE EDUCATION OF ADULTS

*EAEA POLICY PAPER*

# ADULT EDUCATION & HEALTH



*This paper will highlight the connection between adult education and health, focusing on three main topics: health literacy, adult education and health and well-being and health courses in adult education. EAEA<sup>1</sup> believes that adult education can play a key role in improving health systems but also people's individual health and wants to provide recommendations for policy-makers but also adult education and health providers in order to achieve this.*

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<sup>1</sup> The European Association for the Education of Adults (EAEA) is the voice of non-formal adult education in Europe. EAEA is a European NGO with 137 member organisations in 44 countries and represents more than 60 million learners Europe-wide.

## INTRODUCTION

The topic of health concerns both individuals and society as a whole: everyone will want to be healthy; the rising costs of health care, including for diseases that could actually be prevented or better managed, such as diabetes, mean that societies and economies have an interest in health. To be and to stay physically and mentally healthy is linked to knowledge about living a healthy life at all stages of life, having access to health care and understanding health information. Non-formal adult education plays a key role in equipping people with health competences. Adult education is linked with health prevention, healthy lifestyles, and health literacy. Learning itself

is a great source of personal empowerment and increases one's sense of well-being, mental health and personal happiness<sup>2</sup>.

A number of studies show that wealthier people are also healthier. Adult education can help to equalize this situation and empower people with lower incomes and lower educational levels. Many people do not have access to health education and/or information. Policy-makers have a key role to play in ensuring access to health education for everyone. Health literacy is the first step to preventing illness and taking care of one's health.

Adult education offers a fantastically diverse provision of courses in the field of health education, for individuals but also for practitioners. Health education on a global level is also essential and there again, adult education can do a lot. Learning is also a creator of well-being as such: research proves that learning is beneficial for one's well-being and personal happiness.

This paper is based on a consultation of EAEA members in Europe and on some further research and project sources, especially the projects that were submitted for the EAEA Grundtvig Award 2015 (see [www.eaea.org/en/eaea/eaea-grundtvig-award.html](http://www.eaea.org/en/eaea/eaea-grundtvig-award.html)).

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<sup>2</sup> [www.bell-project.eu](http://www.bell-project.eu)

# HEALTH LITERACY

## **Health literacy in Europe**

Health literacy is the capacity of people to access, understand and apply information related to health, so that they can make informed choices related to their health. It means that they understand the explanations of a doctor, instruction leaflets on medication, information leaflets on illnesses, etc. and also know how to apply them. It relates to decisions taken in everyday life concerning healthcare and health prevention to maintain or improve quality of life. Health literacy is at the very centre of being and remaining healthy, preventing illnesses and diseases, and giving information about potential health risks and preventive behaviour.

According to a recent study, an alarming “47% of the population in eight European countries is estimated to have insufficient levels of health literacy”<sup>3</sup>; “some 43% had difficulties grasping the notion of disease prevention and 51% struggled with health promotion – or the ability to advance one’s own health.”<sup>4</sup> A CONFINTEA report<sup>5</sup> said already in 1997 that “developing countries are also experiencing an increase in lifestyle-related health problems, on top of their already high incidence of infe-

ctious diseases. Lifestyle-related diseases are responsible for 70–80% of deaths in developed countries and for about 40% in the developing world.”

There is a strong need to improve health literacy levels in Europe (and beyond), so that individuals can take care of their health in an appropriate way. Health literacy is a basic competency and needs to be recognised as such by including it in official mentions of basic competencies of all citizens.

## **Health literacy benefits society**

Health literacy levels have an impact on the efficiency of healthcare systems. People that have low health literacy tend to go to the doctor more often, to be hospitalized more often or to take inappropriate treatment or prescriptions. Furthermore, they are less inclined to take preventative measures. Fostering health literacy of all citizens is beneficial for society at large as it reduces costs for public health systems which can, then, work more efficiently for those really in need of it. In order to emphasise the benefits of health education more strongly, more research related to health and adult education is needed that documents good practices and presents new theories.

Tackling the health literacy issue also means fighting poverty, social exclusion, racism and discrimination, and

promoting social justice and gender equality. It provides a very strong basis to improve the socio-economic situation of many people as a healthier population in all stages of life can contribute better to the social, cultural and economic development of its community and country. Thus, it is not only about educating people in health issues but about empowering them to attain a better life for themselves and society as a whole. When working on these issues, policy-makers need to keep in mind that adult education and health literacy provide solutions with low input costs on the one hand and very high efficiency and therefore a big output on the other hand that is beneficial to all parties involved. It is crucial that the support for adult education on health courses increases in Europe so that more courses are offered and better access is ensured.

## **Learning about health**

Knowledge and information about health are essential to take care of one’s health and prevent diseases. It starts with taking care of the basics as sleep, nutrition, movement and mental health. Providing and disseminating information about the importance of healthy lifestyles is the first way to empower individuals to take care of their own health.

Adult education provides a safe environment in which individuals can learn about health with someone who knows the right answers and is available to respond to any questions or concerns. Research proves

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*Fostering health literacy of all citizens is beneficial for society at large.*

3 Report by the European Health Forum in Gastein, Austria, 2014: [www.euractiv.com/specialreport-resilient-innovati/campaigners-low-health-literacy-news-530933](http://www.euractiv.com/specialreport-resilient-innovati/campaigners-low-health-literacy-news-530933)

4 [www.euractiv.com/specialreport-resilient-innovati/campaigners-low-health-literacy-news-530933](http://www.euractiv.com/specialreport-resilient-innovati/campaigners-low-health-literacy-news-530933)

5 [www.unesco.org/education/uie/confinteapdf/6b.pdf](http://www.unesco.org/education/uie/confinteapdf/6b.pdf)

that adult education influences positively individual's behavior: according to the BeLL study<sup>6</sup>, 76% of the respondents have experienced positive changes in their health behavior after attending adult education courses. This is why health education needs to be mainstreamed in the adult education course provision. Health education needs to be accessible, affordable and of high quality. Policy-makers on both the national and the European level have a big role to play there so that more people get access to the courses and can become health literate.

### **Access to health and health literacy**

It is important to underline here that equal access to quality health provision in Europe is important for everyone. Access to health provision, as access to information about nutrition, health, exercise must be strengthened for all, as this is the best way to prevent diseases and illnesses. Adult education is, here again, a very low-cost and efficient solution.

Also, as PIAAC's<sup>7</sup> results on literacy levels in Europe underlined, on average, 20 % of the EU adult population has low literacy and numeracy skills. This is another challenge for health literacy, as so much information is given in writing – and often in a complicated language. The CONFINTEA report<sup>8</sup> on adult educa-

tion and health says that “It is well known that those who are most likely to suffer from ill health are not only the poorest, but also those with the lowest level of education. What is more, experience in both developing and developed countries shows that literacy and non-formal education programmes can lead to significant improvements in health and general well-being.”

Specific methods need to be adopted in order to reach out to marginalised and disadvantaged groups. The IROHLA research project<sup>9</sup> (European winner of the EAEA Grundtvig Award 2015) underlines that: “Within the European Union, there is a large heterogeneity of cultures, ethnic groups, socio-economic conditions and health care systems. Migrants often find it difficult to find their way in health services. To be effective, health literacy policies have to take this diversity into account. Evidence-based interventions, tested locally, should be given priority in the array of possible activities”. The OED project (Outreach, Empowerment, Diversity)<sup>10</sup> presents methods for adult educators to reach out to these people.

### **E-literacy:**

#### **the need for critical thinking**

Nowadays, the internet provides not

only a vast array of health related websites, but increasingly also becomes the first information point for health issues. It eventually leads to self-diagnoses of illnesses and diseases based on this information. However, the information provided in fora and on online consultation websites has to be dealt with carefully, as not all information on diseases, illnesses, their symptoms or their treatment is correct and corresponds to the scientific state of the art in medicine. There is also a lot of esoteric and/or commercially driven information that can cost a lot of money or possibly even harm people.

Therefore, there is a need for learning to develop a critical eye on the information related to health that is present on the Internet and to put this information in perspective. Developing a critical understanding of information, learning to compare and analyse information is a basic skill acquired not only through specific courses but through non-formal adult education in general. Some adult education courses on this subject already exist as pilot courses in order to develop critical thinking on digital health information.

Policy-makers could adopt a regulation on wrong advertisements on health issues on the Internet, or, as the IROHLA project suggests, “introduce quality seals for reliable websites”. It is their role to protect the consumers in the area of health.

*Health education needs to be accessible, affordable and of high quality.*

*There is a need for learning to develop a critical eye on the information related to health.*

6 [www.bell-project.eu](http://www.bell-project.eu)

7 The OECD Survey on Adult Skills: [www.oecd.org/site/piaac](http://www.oecd.org/site/piaac)

8 [www.unesco.org/education/uie/confintea/pdf/6b.pdf](http://www.unesco.org/education/uie/confintea/pdf/6b.pdf)

9 [www.irohla.eu](http://www.irohla.eu)

10 [www.oed-network.eu](http://www.oed-network.eu)

# ADULT EDUCATION AND HEALTH

## **Course provision on health in adult education**

Adult education provides many different courses on health. Cooking courses, for example, are excellent ways to learn how to eat and cook in a healthy way. These courses can be very basic and aim to encourage healthy eating as with “basics for cooking” or deal more specifically with health issues as “how to cook without gluten”. Other courses as yoga courses or fitness courses also allow adults to deal better with their physical and also mental health.

Adult education courses can also provide information on diseases that might appear at some stage of life, as for example diabetes. There are some measures patients can take to reduce the chance of developing diabetes, as doing sports regularly, eating in a healthy way, etc. Furthermore, information provision on diabetes helps patients deal with the disease and its effects every day. Courses translate health information into a language that is easy to understand and presents the information in a pedagogical way. Courses also target people that accompany patients, and help them learn how to deal with a family member that has Alzheimer, for example, and thereby also help to develop networks of concerned people.

## **Providers of non-formal education on health**

Many adult education centres provide non-formal education on health. There are also other providers of health education, such as employers,

patient associations, health professionals, organisations dealing with migrants, trade unions (for the quality of the work place), schools and also families. A cross-sectorial collaboration between these providers is crucial to ensure and constantly improve the quality of provision. Working together and sharing experiences between providers is an effective way to improve the quality of the courses offered. Collaboration improves the efficiency of the work.

Adult education enables partnerships with diverse sectors and has bridging functions. It also enables and promotes a cross-sectorial approach on all levels of policy-making, the local, regional, national, and European level. This cross-sectorial approach is also needed as further skills are needed to understand health information, as the IROHLA project underlines: “Organisations and institutions

*Many adult education centres provide non-formal education on health.*

in the welfare, education or the commercial sector can enhance health literacy of older people, for example by improving reading and writing skills, by introducing computer skills or by providing access to understandable information.”

Adult education on health happens in many various places. However, not all these providers call the courses they give “adult education” – although it is evident that it actually is adult education. Hospitals

and other healthcare providers organise for example courses on how to manage chronic diseases. We would like to raise awareness about the fact that there are many different places where and methods how health education happens.

*Community learning is one of the best methods used in adult education for health issues.*

**Community learning** Community learning is one of the best methods used in adult education for

health issues. Indeed, it is easier for people with low levels of (health) literacy to open up and share their concerns with a group of persons that share their experience and feelings. Working with the target group in a bottom-up approach and creating small communities to talk about health issues is therefore an efficient and low-threshold way of learning. Peer-learning groups offer mutual support and learning. In these groups, patients and their families can hear stories from other patients and learn more about their diseases or illnesses and successful treatments. Embedding health literacy and education in other courses within community learning is also a successful way of reaching out to more disadvantaged learners<sup>11</sup>.

There is little time during a doctor’s appointment to talk about fears and get the answers to all the questions. Community learning can help a lot in that regard. Having someone that can explain more about some diseases, answer questions, take

<sup>11</sup> See, for example, NIACE’s citizens curriculum: [www.niace.org.uk/our-work/life-and-society/citizens-curriculum](http://www.niace.org.uk/our-work/life-and-society/citizens-curriculum)

the time, having a group that shares the same experience is very useful. This is also the case when it comes to accompanying a person and their family in learning how to deal with a disease - as for example learning to live with someone who has Alzheimer or dementia. The CONFINTEA report<sup>12</sup> on adult education and health underlined as well that “It is considered extremely important to build on local initiatives and people’s own experience, e.g. by involving local health specialists and community committees. The role of the health educator or the adult educator is to be a facilitator, a resource, a catalyst for action and sometimes a link for communities to approach other structures, such as government services.”

**Adult education for health practitioners**

Sometimes patients cannot read or understand properly medical indications and it is important that they know how to respond in an appropriate way. The IROHLA project states: “Health literacy activities should be part of a quality system in health institutions. Professionals should have profound knowledge of health literacy issues and should maintain their competencies through institutional arrangements and networks. There should be regular

*Adult education contributes to the further professionalization in the health sector.*

follow-up and refresher courses. Training in effective communication has to be part of pre-service and in-service human resources development.” The need for jobs in the field of health will increase in the upcoming years, also as the European population ages, and provision in adult education needs to be strengthened to respond to these needs.

Professionals, in particular doctors, need to be available for the patients and take the time to explain the health situation of their patients well and in an appropriate language. Speaking to the patients also requires profound empathetic skills from health professionals, as health issues often create strong emotions. A better relation with health professionals would also empower the patient and increase their trust in the health care system. The IROHLA project suggests using teaching material which simulates interviews between patients and professionals to improve the communication between both parties.

*On the global level, strategies for health education have to be improved.*

The Austrian Alpha-Power project<sup>13</sup> (national winner of the EAEA Grundtvig Award 2015) provided workshops for health professionals in order for them to detect people

with low basic skills and to work with them in an appropriate way.

There are many people working in the health sector, in many cases support personnel, whose training is not a regulated profession such as doctors or nurses, and very often, their training or professional development is organised by adult education centres. Adult education therefore contributes to the further professionalization in the health sector.

**Health education on the global level**

On the global level, strategies for health education vary very much depending on the national context. Health education – that is free from political and religious ideologies – is crucial to fight the spread of diseases as AIDS, tuberculosis or malaria, epidemics as Ebola, and diseases that could easily be prevented by vaccinations, a healthier lifestyle or other prevention strategies that lead to behavioural change. Informing people about how diseases are transmitted, how they can be treated, cured or prevented and providing the tools to give this information further to families and peers is at the centre of health education strategies.

Girls and women are very often left in charge with the reproductive health of themselves and their families, but in many countries there is a lack of access to adequate repro-

12 [www.unesco.org/education/uie/confintea/pdf/6b.pdf](http://www.unesco.org/education/uie/confintea/pdf/6b.pdf)

13 [www.vhsktn.at/projekte/detail/C34/alpha-power-die-kaerntner-volkshochschulen-starten-projekt-im-bereich-gesun](http://www.vhsktn.at/projekte/detail/C34/alpha-power-die-kaerntner-volkshochschulen-starten-projekt-im-bereich-gesun)

ductive, child and maternal health services, underlines UNICEF<sup>14</sup>. Empowering them by increasing their access to education contributes to improving the health of their families and society. The project Comprehensive Abortion Care<sup>15</sup> (international winner EAEA Grundtvig Award 2015) gives young women sexual and reproductive education, informing them about safe and unsafe abortion methods – it emerged to fill in a gap in health education.

The need for improved health education strategies as well as universal and better access to health education and healthcare is addressed in the draft papers for the Sustainable Development Goals of the United Nations. However, building up and implementing non-formal adult education courses in health need adequate financing by the public sector. In order to put into practice all the benefits of health education outlined in this paper, more public funding is essential.

On the global level, strategies for health education have to be improved. In various policy fields such as poverty alleviation, social justice, gender equality, combating racism, and many more, health education is a key issue and needs to be elaborated as such.

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14 [www.unicef.org/esaro/7310\\_Gender\\_and\\_health.html](http://www.unicef.org/esaro/7310_Gender_and_health.html)

15 [www.hffg.org/index.php/comprehensive-abortion-care-cac](http://www.hffg.org/index.php/comprehensive-abortion-care-cac)

# HEALTH AND WELL-BEING

## **Health and well-being as benefits of adult learning**

Adult education is not only a complementary method to develop more knowledge but also a proactive approach in terms of empowerment and mental well-being. Adult education is a way for people to lead a more fulfilled and happier, thus healthier life, as research shows. In the BeLL study<sup>16</sup>, 84% of the respondents have experienced positive changes in mental well-being, and 83% have experienced positive changes in their sense of purpose in life when learning in adult life.

Learning, especially in non-formal adult education that uses participative and innovative methods, makes people more self-confident and aware of their own capacities and skills. Courses also get people out of the house, bring them together with other people and therefore strengthen their social networks, which is crucial for well-being.

These benefits not only contribute to their personal development and fulfilment, but also have a very positive impact on their work life. Employers play a crucial role in fostering non-formal learning of their employ-

ees and therefore improve their well-being. In some countries adult education centres offer courses during lunch breaks, so that employees can join.

## **Adult education helps people with mental health issues**

Adult education has also a big role to play in mental health issues. Several projects, as NIACE's project "Mental Health in Further Education (MHFE) e-network"<sup>17</sup> underline that community learning can help people with mental health issues. With this project, community learning has proven to be an efficient treatment for people with mental health issues. This method is not a therapy method as such but a learning activity. Head of the project Catina Barrett from NIACE explains that it leads to a feeling that can be expressed as in "I make me

feel better" whereas therapy is seen as "The therapist makes me feel better". Adult education is therefore a great way to avoid

or reduce medication and counselling for mental health problems and should be considered more systematically by practitioners to cure their patients.

Mental health is also the area where the gender gap in health (education) becomes most obvious. Participants in health-related provision tend to be mainly women. Participants in non-formal adult education tend to be more women. Women are also more likely to see a doctor, which are all reasons that contribute to the fact that women have a higher life expectancy than men. Adult education has created specific projects that target men who would otherwise not participate in learning, such as men's sheds (An objective of Men's Sheds<sup>18</sup> is to enhance or maintain the well-being of the participating men). These initiatives deserve to be more widespread across Europe and need support.

*Learning makes people more self-confident.*

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16 [www.bell-project.eu/cms/?page\\_id=10](http://www.bell-project.eu/cms/?page_id=10)

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17 [www.mhfe.org.uk](http://www.mhfe.org.uk)

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18 [menssheds.ie](http://menssheds.ie)

## CONCLUSION

*Adult education has a key role to play in the field of health. Health education has high outputs in terms of increased health level of the population and lower costs for public health systems, as well as financial revenues as a healthier population works better and longer. Health education and literacy concern everybody, not only recipients' side (e.g. patients or learners), but also donors' side (e.g. health professionals, educational staff etc.). Health education and literacy don't stand alone per se but are cross-cutting issues and part of other policy fields and need to be recognised as such.*

*We need to do more in order to ensure that more people have access to health literacy courses and can take care of their health. Health education must be accessible and affordable for everyone and of high quality. It is even more crucial in times of the Internet, with internet-based consultations that create tendencies to self-diagnoses.*

*Adult education needs to be supported so that more people can access it, as learning has been proven to create a sense of well-being and personal happiness for the learner. It is a great way to remain healthy and happy, but also to fight mental illness in a natural way.*

# RECOMMENDATIONS FOR...

## *POLICY-MAKERS*

**Ensure a health education that is accessible, affordable and of high quality for all.**

- Foster adult education courses on health and mainstream health education in the adult education provision;
- Improve health literacy levels in Europe;
- Make sure health information is accessible;
- Relate health education to cross-cutting issues as fighting poverty, social exclusion, racism and discrimination, and promoting social justice and gender equality. Health education is not only about educating people in health issues but about empowering them to attain a better life for themselves and society as a whole;
- On the global level, improve strategies for health education;
- Encourage collaboration between stakeholders in the field of health education and health care;
- Support information and training for health staff and raise their awareness about patient's potentially low literacy levels;
- In the field of e-health:
  - Support the creation of courses developing critical thinking on e-health;
  - Adopt regulations on wrong advertisements on health issues on the Internet;
- Support non-formal adult education and its methods as they work best to address marginalised and disadvantaged groups that need the most support;
- Make health literacy a priority of the European Union and its Member States in the ambition to achieve sustainable health systems;
- Ensure better outcomes of health literacy interventions through a collaborative effort, especially also by cooperation between different ministries and departments, such as health, education and social affairs;
- Addressing health literacy issues requires behavioural change of citizens, communities and professionals.

## *EDUCATION PROVIDERS*

**Use non-formal education methods as the best approach to health education.**

- Use participative and innovative methods that make people more self-confident and aware of their own capacities and skills;
- Encourage the involvement of the target group, with role models and peer-learning groups in a bottom-up approach;
- Use these methods in particular to address marginalised and disadvantaged groups that need the most support;
- Embed health literacy and education in other provision, especially basic skills provision.

## *HEALTH PROVIDERS*

- Raise health staff's awareness about patients' potential low literacy levels;
- Make sure that doctors are able to simplify the language they use with patients and offer trainings for improved communication;
- Cooperate with adult education providers to improve teaching and outreach methodologies.





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