

## **Abstract**

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### **The Health Dialogue as a Tool to Increase Health Literacy – Schoolchildren’s and Professional’s Perspectives**

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First and second choice network

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General description on research questions, objectives and theoretical framework (up to 600 words NOW 535)

Learning is facilitated when the conditions for schoolchildren's health and well-being are favorable (Desjardins, 2008; Sigfúsdóttir et al., 2007) and schoolchildren's learning contributes to increased well-being (Backman et al., 2012). According to the Swedish National Agency for Education (2010), schools are responsible for creating a safe environment, and school health staff are responsible for promoting health. According to Nutbeam (2008), health education can be used to increase health literacy to enable individuals to exert greater control over their health. Health literacy is defined by the World Health Organization (WHO) as "...people's knowledge, motivation, and competencies to access, understand, appraise, and apply health information to make judgments and take decisions in everyday life concerning health care, disease prevention, and health promotion to maintain or improve quality of life during the life course (2013, p.4)". According to Kickbusch (2012), health literacy is an important skill that is required to live a good life in the 21<sup>st</sup> century. One example of health-promoting efforts likely to promote health literacy is offering students a health dialogue (Swedish National Board of Health and Welfare, 2016). According to Borup and Holstein (2007), health dialogues can increase schoolchildren's knowledge of health issues. The WHO (1986) definition of health includes physical, mental, and social well-being, which can be seen as a resource for daily life. Health promotion is based on health and well-being, described in the Ottawa Charter (WHO,

1986) as “the process of enabling people to increase control over, and to improve, their health” (p. 1) and “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (p.4). In health promotion, empowerment is at the heart of the process; on a community as well as on an individual level (WHO, 1986). Individual empowerment is defined by Koelen and Lindström (2005) as “a sense of control over one’s life in personality, cognition, and motivation. It expresses itself at the levels of feelings, in ideas of self-worth, and in feeling able to make a difference in the world around us” (p.11). The sense of making a positive difference can be compared to the appreciative inquiry (AI) described by Cooper and Whitney (2005). With an appreciative approach, the focus is on what works well and what people in organizations want more of (Ghaye et al., 2008). This perspective is similar to Antonovsky’s (1987) concept of salutogenes, which emphasizes health factors as a basis for development. Participating research has the potential to give people empowerment by giving voice and space in a democratic spirit (Ghaye et al., 2008). When people feel heard and their contribution is valued, the process of increasing their control over their health can be enhanced (Melander-Wikman et al., 2006). Participating research involves researching with people in a given context, not researching on people. Studies by our group have shown that being heard and seen increases the well-being of children (Kostenius, 2008). Also, the United Nations Conventions on the Rights of the Child states that children are entitled to have a say in decisions that affect them (CRC, 1989). Therefore, this study aimed to describe and understand schoolchildren’s and professional’s experiences of the health dialogue, and their thoughts on how to promote health and learning.

Methods/methodology (up to 400 words NOW 306)

According to Peacock (2006), school improvement “...underpinned by the ethics of everybody, trust, and co-agency, demands that the whole community is given a voice and that dialogue takes place, thus enabling progress that is both positive and enabling” (p. 257). Similarly, Paakkari and Paakkari (2012) stress the importance of schoolchildren formulating their views about their health and validating themselves as knowledgeable about their own lives. This study is part of a larger project about schoolchildren’s health and education, where health promotion and participatory appreciative action research (PAAR) is a foundation. This has practical consequences, for example, including schoolchildren and professionals as co-workers in the research. According to Ghaye et al. (2008), co-creation is crucial for promoting commitment and sustainable positive development. To describe and understand schoolchildren and professional’s experiences of the health dialogue, and their thoughts on how to promote health literacy, professionals and schoolchildren were invited to participate. All professionals in all 14 municipalities in Norrbotten – the most northern county in Sweden – with experience of conducting health dialogues with schoolchildren in schools were invited. Sixty school nurses and other school staff with experience of conducting health dialogues and schoolchildren in grades 7 and 9, and year 1 at the upper secondary school were invited to write open letters to share their experiences. Open letters are written assignments and can be used as a method to give participants voice and space to express themselves openly on a specific subject, thus helping to understand their experiences (Kostenius, 2008). The open letters in this study consisted of two opening sentences for the participants to continue from: “Now I will tell you about my experiences of the health dialogues...” and “To use the health dialogues to its fullest potential to promote schoolchildren’s health and learning, I think that...”. Data is analyzed using qualitative content

analysis (Graneheim & Lundman, 2004).

Expected outcomes/results (up to 300 words NOW 177)

Against this background, and with the stated ambition to generate new knowledge of importance for the fields of health and learning, the expected outcomes are an understanding of the present state of experience and knowledge about the health dialogue in Norrbotten. The results are to be used in building a collaborative organization that includes both professionals and schoolchildren, aimed at developing the health dialogues part of the school's systematic development work. This research will be conducted within the school arena as part of the implementation of a participatory design according to PAAR, with the experiences of the participants as a point of departure (Ghaye et al., 2008). Knowledge about using health dialogues as a tool to increase health literacy will likely be of relevance to European health and educational research. Findings from this research will help to meet Nutbeam's (2008) call for developing competencies for different forms of health action (e.g., personal, social, and environmental, including raising awareness of the social determinants of health and the recognition of empowerment), which is an important aspect of health education.

References (400 words NOW 400)

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