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Emily Joan Darlington, Fields Jessica, Greey Ali, Leahy Deana

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**Health Education's response to the COVID-19 pandemic:
Global challenges and future directions**

Authors: Emily Joan Darlington, Fields Jessica, Greey Ali, Leahy Deana

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Whilst the field of health education has been called on to respond to various health crises over time, the present COVID 19 pandemic presents new and unprecedented challenges on a global scale. Public health, health promotion, and health education sit at the forefront of efforts to limit the spread of the virus. At the same time as we try to stem the spread of the virus, health educators and researchers are being called on to respond to the various health related issues that have emerged (or been intensified) in the wake of COVID 19 - including individuals' and communities' need to understand the COVID 19 pandemic itself. With this special issue, our intention was to provide a place where articles, on their own and collectively, offer stimulating and incisive necessary coverage of an ongoing health crisis as a way to begin to take stock of the emergent challenges for health education across sectors; across the life course; and across categories of difference, experience, and disadvantage.

When we initially pitched this special issue, we sought an opportunity to contribute to the growing chorus of academic journals and other publications that had begun to emerge early in the pandemic. We wanted to bring together scholars to capture the different ways their research engaged with the emerging pandemic and the various debates and study of COVID-19. We were particularly interested in affording scholars an opportunity to reflect on and reimagine health education in light of the challenges the COVID-19 pandemic presented. At this point in the pandemic, as many in the most privileged countries begin to resume some version of their past lives, health education provides a site for some of the most important long-term interventions and responses to COVID-19. The insights of health educators and health education researchers will support researchers, policy makers and health promotion/education professionals as they identify the lasting changes in health education - those that will advance adequate responses to the current challenges to educating about COVID 19 as well as promoting people's health and wellbeing. Together, the seven papers in this special issue provide insights into how educators and learners experienced changing teaching and learning modalities during the COVID-19 pandemic across a range of countries, including Australia, Canada, France, New Zealand, Turkey, the United Kingdom, and the United States.

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These papers address health broadly as "a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity" (Nutbeam, 1998, p1). Across the papers, health emerges as a resource "which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities" (Nutbeam, 1998, p1). Though this take on health is increasingly integrated within the strategies deployed to control the current pandemic, challenges remain. Debates regarding health promotion's and health education's response to COVID-19 have raised important questions regarding the social determinants of health, the development of health promotion strategies, as well as the promotion of empowerment and capacity. The authors we've assembled address these questions - and raise others.

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3 The first point of focus for this special issue is to reflect on the conditions of teaching and learning
4 about health during the COVID-19 pandemic, and especially the rapid move to online education.
5 Even though online education is not new and teaching practices already included hybrid and online
6 courses, the sudden and imposed move to online teaching needs to be explored and reflected upon.
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9 The first paper, by Cruickshank and Mainsbridge and entitled “Pre-service teacher perceptions of
10 teaching health education online,” critically examines Australian pre-service teachers’ perceptions
11 about the shift to teaching health education online during the COVID-19 pandemic. Cruickshank
12 and Mainsbridge suggest that, confronted with the shift to online teaching, pre-service teachers
13 were concerned about their ability to teach and engage with students. The authors report that pre-
14 service teachers were unsure how to best differentiate activities to ensure all students could meet
15 the intended outcomes. The paper presents findings from focus groups and personal reflections
16 with pre-service teachers majoring in Health and Physical Education who were required to adapt
17 a 4-weeks high school health education unit for online delivery. The authors point to the need to
18 adapt teacher education and teacher professional development to ensure teachers are better
19 prepared for online delivery in the future.
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25 Constraints can also represent opportunities for innovation. The second article in this special issue
26 focuses on how educators have adapted to online teaching during the COVID-19 pandemic. In
27 their article entitled “Online argumentation-based learning aided by digital concept mapping
28 during COVID-19: Implications for health management teaching and learning” Alt and Naamati-
29 Schneider draw upon a Management of Health Service Organization case study to describe how
30 traditional lecture-based activities for undergraduate students were transformed into
31 argumentation-based learning activities during the COVID-19 lockdown. Analyzing
32 undergraduate student responses to a digital concept mapping exercise, the authors argue that
33 combining constructivist teaching tools with advanced technology can improve the development
34 of lifelong learning capabilities of students.
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39 In the third paper, “Navigating COVID-19 through diverse student learning communities:
40 importance and lessons learned,” Mitchell, Mork, Hall, and Bayer, describes how a historically
41 Black medical school in the Southern United States of America adapted medical education training
42 through learning communities during the COVID-19 pandemic. Analyzing survey responses from
43 medical students, the authors found that LCs aided in navigating adaptation to new learning
44 platforms. The small learning community group structure created a sense of security for students
45 specific to receiving academic help, emotional support, a network of assistance resources and a
46 place to process COVID-19 losses and insecurities. The authors suggest that medical students’
47 receptivity to utilizing the learning community structure for support may relate to their
48 commitment to addressing health disparities, serving the underserved, and embracing a medical
49 school culture that values community.
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55 Another point of focus for health education and thus for this special issue lies in health education’s
56 capacity to foster health and wellbeing during the COVID pandemic. A substantial body of
57 research points to the major adverse effects of the pandemic on people’s mental and social health.
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3 Ucuk and Yildirim's paper, "The effect of COVID-19 prevention methods training given through
4 distance learning on state anxiety level: the case of private sector," explores the impact of COVID-
5 19 prevention training on the anxiety levels of workers in a communication sector company in
6 Turkey. Drawing on survey data, the authors found that workers' anxiety scores were lower after
7 the training, suggesting that effective training can improve worker well-being. The authors argue
8 that other sectors can benefit from implementing similar training programs.
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12 In addition to this, a growing body of evidence points to the fact that social distancing measures
13 have dramatically impacted people's health, well-being, and social lives. The fourth article by
14 Goldstein and Flicker reflects on such changes. In the paper entitled "It's been a good time to
15 reflect on...who isn't worth keeping around': COVID-19, adolescent relationship maintenance and
16 implications for health education," Goldstein and Flicker examine the impacts of COVID-19
17 physical distancing measures on the lives and relationships of young people in Canada. The authors
18 draw upon theories of "digital intimacies" and "relationship maintenance" to argue that young
19 people's reflections on physical distancing and online relationships expose larger gaps in sex,
20 relationships and health education pedagogies. The findings of the study suggest that COVID-19
21 physical distancing measures and school closures appeared to create the conditions for some young
22 people to productively reflect on the labour involved in the maintenance of their relationships in
23 relation to considerations of proximity, reciprocity and distance. The authors show that this labor
24 was particularly articulated by women and girl participants, many of whom expressed that life
25 disruptions caused by COVID-19 catalyzed learning about their own relationship needs, desires
26 and boundaries. Discussions of relationship maintenance and digital intimacies elucidate the
27 limitations of health education's tendency to construct adolescent relationships as existing along
28 binaries of "healthy" and "unhealthy," leading the authors to argue that health education might
29 benefit from more meaningful integration of these concepts.
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37 Last by not least, schools have been mobilized during the pandemic to take on two challenging
38 tasks: to contribute to the national (and even global) efforts to control the pandemic by applying a
39 set of public health measures and engaging, amongst other things, in the development of pupils'
40 health literacy; and to continue to provide pupils with education in spite of the major constraints
41 resulting from lockdowns and social distancing.
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45 In "How school-based health education can help young people navigate an uncertain world",
46 Dixon and Robertson explore the potential of health education learning to contribute to aspects of
47 the Organization for Economic Co-operation and Development's (OECD's) Learning Compass
48 2030. OECD's Learning Compass offers a learning framework that uses the metaphor of
49 navigation to demonstrate the competencies young people need to thrive. Dixon and Robertson
50 suggest that socio-critical health education learning is compatible with the Learning Compass'
51 emphasis on the notion that how subject matter is taught is paramount to the topics covered. The
52 authors consider how to reimagine school-based health education in order to better enrich students'
53 understanding of how to navigate the complex and uncertain times they will undoubtedly face
54 across their lives.
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3 The final paper in this special issue explores health and education professionals' experiences of
4 schools reopening during the COVID-19 pandemic, providing us with valuable insight as to the
5 challenges posed by the COVID-19 pandemic upon schools. In their paper, "Co-operation and
6 consistency: a global survey of professionals involved in reopening schools during the COVID-19
7 pandemic," Gray and Jourdan present findings from a global qualitative study distributed through
8 the UNESCO Chair of Global Health and Education's networks. The authors' findings suggest
9 that educators in the Global North received guidance prioritizing public health measures like social
10 distancing, with less emphasis on educational impacts. Success came from partnerships between
11 schools, families and local authorities, consistent guidance and enough time and resources for
12 implementation. Fear of infection led to significant absenteeism among students and staff. The
13 authors show that respondents--many of whom were from the Global South--were left waiting for
14 guidance, even though they shared similar concerns and expectations. This paper offers insight
15 into the first-hand practices and perspectives of health and education professionals about reopening
16 schools.
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23 This special issue provides researchers and professionals with important insights as to how the
24 field is currently responding to the global pandemic - what has worked and why. The conditions
25 of teaching and learning have shifted alongside every other aspect of social life. We need more
26 from health education at the very same time that health educators work with fewer of the usual
27 resources, with less experience in the current conditions of teaching and learning, and with a
28 greater sense of urgency. But as even the pandemic threatens to throw our field, like so many
29 others, into a sense of crisis, health education and health educators have persevered. The articles
30 in this special issue suggest that across venues - online, in person, in medical schools, in primary
31 schools, with adults, and with young people, health educators have maintained a capacious
32 understanding of health and a commitment to learners' and communities' well-being. With such
33 an accomplishment in sight, we hope that the special issue will also help readers understand what
34 we could do to strengthen current program approaches and responses. We are hopeful that the
35 special issue will provide us with some essential guidance and lessons for moving forward.
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