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The Role of Arts in Adult Education for Health Literacy

Silaji Turyamureeba

Faculty of Education, Kampala International University, Uganda

ABSTRACT

Health literacy is an important factor in empowering adults to make informed health decisions and access appropriate services, yet significant challenges exist in reaching diverse adult learners effectively, especially within underserved communities. Traditional didactic methods may not cater to varied learning styles, and innovative approaches are essential to enhance engagement and understanding. This paper examines the integration of arts-based methods in adult education to improve health literacy, arguing that the arts can transform complex health messages into accessible, memorable formats that resonate culturally and cognitively. Through case studies, this review demonstrates how artistic engagement from visual arts to performing arts can foster critical thinking, community cohesion, and proactive health behaviors among adult learners. The paper concludes by proposing recommendations for incorporating arts in health literacy curricula to bridge health disparities and foster inclusive, empathetic learning environments.

Keywords: Health literacy, Adult education, Arts-based learning, Health promotion, Community engagement.

INTRODUCTION

Health literacy is gaining recognition as a significant determinant of individual and aggregate health outcomes. Educational interventions targeting improved health literacy are accordingly seen as integral components of health promotion, even if the field is still under-theorized; this makes recent calls for fresh perspectives within health promotion increasingly relevant. A prime target of such efforts, using different methods, are adult learners within non-formal adult education or community development settings [1, 2]. Educators in the community and public health realms have been directing attention to the incorporation of innovative educational strategies with adult learners, implementing culturally relevant pedagogies that reach multiple types of learners. Such instruction seems more encouraging based on the demographics of the student population: about 60 to 70% of adult learners are visual and either aural or visual; some county-level educators believe that as much as 90% of their class members qualify as mainly visual or musical. Although using different styles of instruction could be more effective, grounded theory experiences with rural, Southern, and African American adults indicate that community-based educators largely employ didactic or lecture-based lessons. Among the questions we need to address are: For rural and minority adult learners, how well are traditional instruction formats effective at attaining the goals of agriculture in health education? What challenges do learners find in these formats, visually and culturally? How could health promotion educators supplement, complement, or substitute the didactic delivery of health information through art? Would the use of culturally relevant media be more effective in gaining the attention and ears of adult learners? [3, 4].

Understanding Health Literacy in Adult Education

This article highlights the landscape of health literacy in adult education. Health literacy is defined as the degree to which an individual can obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. Over a decade of research and policy in health, literacy has demonstrated its significance in assisting adults to manage their own health care. There are numerous challenges individuals confront when they have low health literacy, such as difficulty understanding medication guidance, seeking out health insurance, and filling out consent forms. This places these

populations at a disadvantage in their health outcomes, access to health care, and participation in clinical research. In adult literacy education, assumptions based on adult learning principles indicate a potential for variation in learning styles and life experiences in the classroom. Although health literacy and low literacy are not synonymous, improved adult education and literacy practices, teaching methods, and adult education procedures for the public could allow individuals to be more proactive in health promotion and disease prevention. In adult education literature, higher education and increased functional literacy are indicated to have an association with improved health outcomes. For instance, low literacy is associated with reduced ability in research on health information, health care, service provision, and clinical results [5, 6].

The Intersection of Arts and Health Literacy

The arts can intersect with health literacy for adults in education and provide an opportunity to tap into creative practices that resonate with adult students. There are many forms of artistic engagement, including experiencing performing arts events, painting, drawing, sculpting, and storytelling, that provide a way for people to interact with health concepts in ways that can help deepen understanding, empathy, and ideally, behavior change. Arts in adult education utilize processes that facilitate contemplation and analysis. The process of recognizing and incorporating the role arts have in facilitating adult education has been captured as two different literacies: learning skills to better understand and use the art form, and additional learning about a specific, often intricate topic. Within adult learning, arts, and health seem potentially complex; when used concurrently, they become a jigsaw that fits together. Utilizing art in an adult education setting breaks unheard-of health literacy concepts into smaller, digestible, potentially memorable actions or ideas [7, 8]. Artistic engagement explores activities that provide surprising pathways to understand neurological function or boost emotional release, and hence healing. Dementia patients who have difficulty recognizing family are often regaled by favorite tunes or approached using dance, reducing anxiety and facilitating a conversation. People remember their dad as an angler who fished the same pond for hours and regaled his family with stories of every native species of fish or gadgets, and so on. The intersection of arts and health education aligns with other tenets of transformative learning: recognizing shifts in learning, the desire to learn, and the interrelationships of teaching and organizations operating on parallel tracks. Furthermore, arts present a unique opportunity to ground teachings and learnings culturally, helping provide information in contexts that adult learners can understand [9, 10].

Benefits Of Incorporating Arts in Adult Health Literacy Programs

Integrating the arts into adult health literacy programs likely carries numerous benefits for engaging adult learners and helping them to better manage their own health, which can ultimately lead to improved health outcomes for communities. The arts offer hooks to students in the form of topics they are already interested in, thus improving engagement, motivation, and retention of new health information. As multimodal educational approaches, the arts help learners make more and stronger neurotransmitter connections from their brain to their body, promoting better recall and application of new knowledge [11, 12]. Also, as "sticky tools," the arts can communicate complex messages memorably and in ways that can be discussed. These shared discussions foster critical thinking, engagement, application, and long-term retention of the health content. The social nature of the arts can further develop community connections and relationships among learners, reducing the sense of isolation that can be associated with poor health literacy. These community bonds can multiply into greater and stronger networks among learners to promote learning and wider sharing of the lessons beyond the immediate students [13, 14]. In addition, the arts can provide avenues for students to express their own situations through stories, drawings, sculptures, and other creative expression tools, empowering them to advocate for their own needs and concerns. A variety of studies and programmatic work in adult and additional educational settings, including in health care, prison work, and higher education, has supported the use of the arts to provide positive experiential learning outcomes from hard skills knowledge and attitudes to personal empowerment and self-efficacy. Empowerment would be an especially valuable educational outcome of an adult education health literacy class goal. While little attention has been paid by researchers specifically to the merits of using the arts in adult health literacy classes per se, the available data suggest that a more expansive definition of total program outcomes can fully support this belief [15, 16].

Case Studies and Best Practices

The first two papers in the issue are case studies that illustrate best practices in integrating arts into adult health literacy education. The first paper describes a drama-based adult health literacy project for a

demographically mixed group of residents. The project and this paper are capstones for common reading groups aligned with a workshop that led to this issue. It outlines best practice recommendations for the integration of art and health that were developed with the collaborators and actors in mind. These include involving the whole community in preliminary work through the identification of preliminary questions, considering an arts-based exhibit as a tool for reflection and assessment, and adapting case materials and participatory learning tools based on the place and audience they will serve. The second paper offers examples of visual and performing arts health literacy initiatives to spur ideas for educators who are interested in integrating visual and performing arts to enhance the learning experiences in their adult health literacy programs. This paper guides readers through how the numerous illustrations in the clinic and libraries were designed, built, and created to help residents learn more about diabetes and services in their community that can help. Then it shows how techniques used in lessons can guide readers to consider how applying and framing an idea in different ways can have the potential to increase or hinder learning. It casts a wide net in health awareness, including nutrition and physical activity, smoking, vaccines and substance abuse, and diabetes. It acknowledges that it is investigating health education in a community with a life expectancy not significantly different from the United States and a demographically diverse group of citizens and immigrants that work together to live differently and get to know their neighbors [17, 18].

CONCLUSION

Arts-based education offers an invaluable, yet underutilized, pathway to improving health literacy, particularly for adults in underserved communities. By employing visual, narrative, and performative arts, educators can transcend the limitations of traditional health education, making health concepts more relatable, memorable, and actionable. The collaborative and reflective nature of the arts can transform passive learning into an interactive, culturally sensitive experience that resonates with diverse adult learners. Furthermore, arts-based health literacy interventions have the potential to foster community bonds, build self-efficacy, and enhance participants' ability to advocate for their health needs. Expanding arts in adult health education is a promising strategy to improve health outcomes, particularly as health literacy becomes an increasingly important component of public health. To build on this potential, further research and evidence-based program development are needed to integrate arts within health education frameworks comprehensively.

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