

State-organized Health Education in Germany – Health Literacy Promotion within Health Compromising Regulations

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Background: Migrants and refugees often have low health literacy (HL), which negatively affects their health. Adult second language courses (SLC) (e.g. in Germany) are suggested as promising settings for improving HL, but empirical evidence is rare.

Aim: To analyse the nature and process of promoting HL in German SLC and to derive implications.

Methods: We systematically analysed the eight latest textbook series approved by the German Government and discussed it considering adult education and health promotion principles.

Findings: The health topics discussed do not cover newcomers' major health needs. Communicative situations on health are complex and require multiple linguistic skills, most activities do not support an in-depth, critical study of the health content and rarely use assets, e.g. plurilingual and pluricultural competence.

Conclusion: Promoting HL in SLC is possible and recommendable for other countries. However to further unfold its potential, the limiting regulations and conditions must be improved.

1. Introduction

Migration is a global phenomenon and a challenge for newcomers and the host society, e.g. in housing, employment, education and health sectors. To integrate and learn the language, good health is an advantage. However, the health of migrants and refugees is often negatively affected by conditions before, during and after migration, and migrants remain at high risk to develop severe diseases (Razum 2008). This is partially explained by financial, language and cultural barriers to health care, unhealthy behavior, unfamiliarity with the health care system, underutilization of preventive measures, and poorer health literacy

(Philippi et al. 2018; Kickbusch 2013; WHO 2018). Health literacy (HL), the “knowledge, competence and motivation” of a person to successfully deal with health information (Sørensen et al. 2012), is distinguished on three levels: functional, interactive and critical (Nutbeam 2008) and a situated social practice shared among people (Papen 2009; Bittlingmayer et al. 2020). Since HL is a key determinant of health (Paasche-Orlow and Wolf 2007), promoting it through health education is essential. Despite the attempts of improving migrants HL through multilingual leaflets and intercultural training for health professionals, migrants are still considered difficult to reach. However, a promising venue for health (literacy) promotion is the second language course (SLC) (WHO 2018; Altgeld 2018). Depending on the country, SLC differ in terms of structure, target group, objectives, participation modalities (voluntary or compulsory), and payment (free, self-paid or paid by the state).

Since its introduction in 2005, the standardized so-called “integration courses”, German as a second language courses (GSLC) have become important because most newcomers or migrants with low German skills are allowed or obliged to participate in it (BAMF 2019a). The principal objective of the 700-hour integration course is to familiarize learners with German politics, history and culture and to acquire German language skills up to level B1 of the Common European Framework of Reference for Languages (CEFR) (Council of Europe 2018). Language skills are not taught abstractly but as communicative situations in twelve areas of everyday life including health (Goethe-Institut e.V. 2016). It is therefore plausible to assume that GSLC can play a vital role in enhancing HL of newcomers. Looking at SLC and HL generally, the narrative review by Chen and colleagues summarizes that SLC can effectively promote HL, but are highly heterogeneous regarding topics, learning goals and methods (Chen et al. 2015).

Moreover, the role of health (literacy) promotion in SLC is diverse. Overall, the setting of SLC can serve various health-promoting functions: a welcoming place where people can relax, connect and establish friendships, feel valued, find a meaningful activity, exchange information on health and can improve their HL and general skills, self-efficacy and sense of coherence (Adkins et al. 1999; vhs Baden-Württemberg e.V. 2011; Singleton 2003; Rudd and Moeykens 1998). Through collaborations, health professionals can give talks on specific topics, do screenings, and establish connections to other institutions (Lee et al. 2010). Nonetheless, SLC can affect the health of migrants, teachers and administrative staff negatively. This is the case in Germany, where GSLCs are mandatory. Students have only 600 hours (à 45 min) to acquire the language level B1, and passing the final exam is a requirement for applying for permanent residence. This consequence and the time pressure has enormous effects on students’ concentration and health. Moreover, the educational staff is burdened with high

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administrative requirements and teachers are confronted with high fluctuation and heterogeneity, poor working conditions and the participants' burdensome life stories (Kovacic 2018) Within these two contradictory poles health (education) in language in GSLC is situated. These poles only mark the boundaries but do not reveal how SLC promote health (literacy).

To contribute to the growing body on HL and migrants and HL interventions, we conducted several studies in the research project SCURA¹. The aim of this study was to analyze the nature and process of HL promotion in SLC on a microlevel and to draw conclusions for HL promotion by comparing it to other studies. The findings of the study may be of interest to educators, textbook editors, policy-makers, researchers and health professionals to support and improve HL purposefully.

Promoting HL in SLC is at the interface of health promotion, second language teaching and adult education. These disciplines have their own traditions, standards and methods. Firstly, *health promotion* focuses on the health promoting-setting and on improving the individual's health (literacy) e.g. through strategies such as ask-me-three, teach-back or plain language (Kickbusch 2013; Schaeffer et al. 2018) and encompassing knowledge, behavior, intentions and self-efficacy. Secondly, in *second language teaching*, the CERF provides the structure (Council of Europe 2018), the Framework Curriculum defines the content (Goethe-Institut e.V. 2016) and the curriculum of the Federal Office of Migration and Refugees (BAMF) sets the standards and teaching approaches (Goethe-Institut and BAMF 2007) and functional pragmatism frames the understanding of HL (Ehlich 2011). Thirdly, *adult education* perceives adults as autonomous, self-directed, making use of their assets and linking relevant knowledge to prior experiences, other languages, and cultural preferences – described as plurilingual and pluricultural competence (CERF) (Knowles 1973). Furthermore, the norms for adult health education are non-therapeutic, non-overpowering and controversial (VHS n.y.).

Since GSLC are highly standardized and teachers use the very detailed textbooks as their main teaching source, textbooks provide a wealth of information on the topics, objectives, methods and use of learners' assets regarding health. Therefore, we first analysed the nature and process of HL promotion in SLC and then discussed these in the light of the three disciplines and the empirical data on GSL.

The research project SCURA belongs to the research association on Health Literacy in Childhood and Adolescence and is funded by the German Federal Ministry of Education and Research. The abbreviation SCURA stands for '*structural conditions and the use of resources of disadvantaged adolescents to promote literacy, (e) health literacy and healthy life-style*'. Its purpose is to explore GSLC and their contribution to promote health (literacy) and to develop appropriate interventions.

While the didactical questions: who, from whom, when, with whom and for what purpose (Jank and Meyer 2002) are answered by the literature (see box), the following questions remain:

- What health (literacy) related topics are addressed in GSL?
- What language competences are relevant for communicating about health?
- What didactic and methodological principles guide the teaching of health topics and the development of health-related skills?
- How are personal assets – e.g. plurilingual and pluricultural competence – included?
- What implications arise from this study for promoting HL?

2. Methods

We conducted a qualitative document analysis of textbooks for integration courses (Kuckartz 2012). In April 2019, the BAMF had approved 22 series of textbooks for use in GSLC (BAMF 2019b). Originally, six publishers had developed textbooks for the use in German as a foreign language courses for young people preparing for a study in Germany and not for GSLC with a heterogeneous audience. However, because of the migration of refugees to Germany, the publishers (re)designed new textbooks specifically for this target group. Therefore, we selected the only or the two most recently developed/updated and approved textbooks from each publisher. We reviewed the table of contents, selected each chapter related to health and analyzed its content systematically focusing on the main health topics, sub-topics, health-related language objectives, methods and the inclusion of people's assets. Lastly, we discussed our findings considering the three disciplines and existing research on HL and GSL.

Sample: Eight textbooks and one online learning tool met the inclusion criteria (approved by the BAMF and the most recent series of textbook). Each series of textbook consists of 3 or 3 times 2 books corresponding to the language levels A1, A2, and B1 (CERF).

3. Results

Health content

The textbooks differ considerably in number of lessons allocated to health and covered health topics. The most frequent topics are doctor/health system (0.3-3 chapters per series of textbooks), nutrition (1-3.3), physical activity (1-2), mental and social health (0-2) but also healthy environment and other health issues. Table 1 displays the main topics, number of textbooks incorporating these topics,

Fact box

German is the only official language in Germany, a culturally and linguistically diverse country with more than 25.5% (20.8 million) people with migration background (Destatis - Statistisches Bundesamt 2019). Until 2005, many people with migration background had poor German language skills, partly because no standardized, state-supported GSLC existed. Thus, in 2005, the government enacted the Immigration Law and the Integration Course Regulation, which stipulates that newcomers and people with limited German language may or must participate in an integration course (BMJV 2017). Commissioned by the Ministry of the Interior, researchers conducted a qualitative study and developed a 'framework curriculum' comprising five general fields of communication and twelve fields of action, including health (Goethe-Institut e.V. 2016). Based on this framework, publishers developed teaching materials that were then approved by the Federal Office for Migration and Refugees for use in integration courses (BAMF 2019b).

A standard *integration course* consists of 700 units (45 minutes each), starting with six language modules, 100 units from level A1.1 to B1.2 (CERF) and closing with the 'German exam for immigrants', which certifies levels 'B1', 'A2' and 'below A2'. Additionally, the participants attend an 'orientation course' (100 units) focusing on politics, history and culture and write the multiple-choice exam, 'Life in Germany'. Both certificates are required to apply for permanent residency; hence passing the test is the primary goal of most students.

Since 2005, more than 2,153,493 people have participated in a GSLC. In 2018, 1707 institutions throughout Germany offered 14,538 courses, for 202,933 participants of which 58.6% passed the final exam with B1 (BAMF 2019a). Except for having the same level of German language, the group of participants of GSLC is very heterogeneous regarding first language, age, educational and socio-economic background, national and ethnic origin, religion, work experience, motivation and aspirations, etc. (Hünlich et al. 2018). Successful completion is associated with German pre-knowledge, younger age, longer stay in Germany, higher educational attainment, more contacts to Germans (BAMF 2017). Generally, empirical findings on GSLC are rare.

numbers of chapters dedicated for each topic, and a specification of the topics.

The books follow a thematic progression: Starting with nutrition, visits to the doctor, leisure activities (including sports) at level A1, deepening and extending to social health (friendship, conflicts) at level A2 and biography, work-related health (stress) and even climate at B1.

Table 1: Health topic addressed in the GSLC

Main topic	# of textbooks (and chapter in each)	Level	specified topic
body	8 (1)	A1	body parts; (organs)
health (general)	4	A2	health general; well-being; alternative treatment; aging healthily; diseases
at the doctor	8 (0.3-3)	A1, A2	clinic sign; making appointment; talking to the doctor; instructions; treatment options; screening; at the pharmacy; drugs intake; forms, leaflets, news, magazine; letter of apology; emergency; hospital dismissal interview
system & health insurance	4 (1)	A2	medical professionals; departments in hospital; tips in hospital and everyday life; services of the health insurances
nutrition	8 (1-1.3)	A1	Food, eating terms; measurements, packing, weight; price; buying groceries at different places; eating habits; nutrition pyramid, recipe; conversation during the meal; restaurant; garden,
physical activities	8 (1-2)	A1, A2	types of sport disciplines; fitness; healthy activities in leisure time and every day:
mental health	4 (1)	B1	luck/happy moments; emotion; stress, sorrows, joy; wishes and dreams; own biography
social health	6 (1-2)	A2	social activity/social projects; friendships, small talk, invitation; conflict; vacation and holiday
others	3 (1-2)	B1	living environment, nature and environment; working conditions; child care

The spectrum of health topics varies from a minimum of vocabulary for body parts and visiting the doctor up to talking about the system, specialists and treatment options. Common minor diseases such as colds, headaches and their treatment are discussed in all books, but chronic diseases, the importance of screening, and mental health are rarely addressed. Besides conventional medicine, also alternative medicine for the treatment of minor diseases is discussed in two textbooks.

The analysis of the language objectives in the selected chapters on health reveals multiple language structures relevant to health communication. Generally, all tasks focus on teaching and applying vocabulary, syntax and grammar, which is necessary to decipher the doctor's communication, read written information and express yourself effectively. Table 2 illustrates which language objectives are introduced with which health topics.

Table 2: Language objectives relevant for communicating about health

Domain	Example	Level	Health	Example used
Phonology	Consonants; long and short vowels,	A1		Talking about health (generally)
	Stress on words; Intonation (sentence); tempi, breaks, breaks after comma	A1-B1		Talking about everyday life, stressing the most important words in an utterance
Grammar	Basics Article (indefinite, definite, demonstrative, zero-article) and casus (incl. adjective declination)	A1		Buying food
	Imperative and Auxiliary verbs (could, should, must, have to, want, would like to, ought)	A1	x	Giving advices, following doctor's instruction
	Past, presence and future tenses and passive voice	A2	x	Talking about experiences and plans
	Conditional sentences	B1		Talking about future, goals,
Language structures and linguistic devices	Relevant vocabulary and verb-noun combination	A1-B1		Apply ointment, take drugs
	Composing words by adding suffix, (noun + noun)	A1	x	Diseases (headache)
	Possessive Pronom (in accusative, nominative)	A1	x	Body parts
	Use of impersonal 'one'			Talking about eating habits in Germany
	Adjectives, comparative, superlative	A2		Sports
	Numbering, quantity	A1		Food, experiences, drugs intake,
	Frequencies, time, temporal adverbs	A2	N	Fitness and nutrition plan
	Conjunctions causal: therefore, if, when, because, although, in order to, that; also (double conjunctions)	A2/B1	x	Giving advices, reporting emergency
	Preposition (since, until, between, to, from, for	A1		Talking about past experiences
	Connectors: or, and, but,	A1	(x)	Advices giving
	Questions: yes, no and why, which	B1	(x)	doctor
	Special verbs (reflexive verbs, verbs with preposition) and verb use (verb position, Verbs + in order to, without to, instead of to	all		Describing procedure, giving advice and instructions, arguing

The most prominent language objectives related to health were possessive pronouns, imperatives and composites. Generally, language objectives obtain an overarching role, as seen in the table of contents, the chapter's introduction page, its summary and self-assessment, that exclusively draw the student's attention to language (language objectives) and fields of action, but not to the health content (e.g. information).

Didactic and methodological principles

In each book, the activities follow the structure to introduce, apply, deepen and review the language objectives in a (circular) progression within each chapter and across language levels. Each chapter starts with an introduction to the subject using real-life examples: pictures, stories, mind maps, comprehensive and open questions and a list of (language) objectives. Then, grammar and communication situations are introduced and gradually practiced with less 'scaffolding' (support from the teacher) and applied to other situations. Many lessons close with writing tasks and some pose open questions "what about you" (see below).

Each chapter covers all four language skills, starting with receptive skills e.g. reading (stories, formula, leaflets, forum posts) and listening comprehension (stories, dialogues, radio, announcements, video clip), moving on to productive skills e.g. speaking (presenting oneself, own ideas, dialogues, role-plays), writing (sentences, advices, emails, searching online, about own ideas or experiences) and even interaction and mediation tasks (discussing, presenting). The last page of the lesson contains a review of grammar rules and sentence structures and even a brief self-evaluation 'I can do', 'I know'. The content conveyed on the

chapter's topic is summarized only on linguistic objectives (dialog with the doctor) and not on their information.

Assets

Migrants possess various assets but here we limit the findings on the assets: experiences, languages, culture and tasks that address them explicitly. The first language is mostly excluded following the paradigm of learning a language through 'complete immersion'. Only one book encourages the learner to use their first language to learn new words.

All textbooks adapt their material to culturally diverse groups by using images and names of people from different countries, which shall lead to support the identification with the situation in the textbook. However, some go beyond outward features of culture and utilize stories and experiences from people with culturally diverse backgrounds or statements to target divergent opinions on subjects.

Furthermore, other assets (e.g. prior experiences) of the students are excluded and only addressed at the beginning and at the end of a chapter or series of tasks by written instructions such as 'What about you?' generally or specifically 'How is it in your home country?'

4. Discussion

By comparing our findings with the principles of health promotion, of adult education and with other studies, we gained many insights and present the key findings here.

Health (literacy) related topics: GSLC addresses health topics but, apart from communication with the doctor, does not cover the expressed health (information) needs of migrants: (chronic) diseases, structure of the health system, health determinants, using medication appropriately, pain and somatization, mental health, family planning or possible taboo subjects (menstruation, domestic violence) (WHO 2018; Philippi et al. 2018). Teachers and curriculum developers are reluctant to teach mental health and disease because they want to avoid imposing stress on students. Unlike the framework curriculum, publishers rarely propose activities which compare the health system or understanding of health in the home and new country (Goethe-Institut e.V. 2016). Furthermore, role-plays portray the patient as obediently following the doctor or pharmacist's instruction without (critically) questioning. Thus, HL is primarily understood as functional and interactive, but not as critical HL (Nutbeam 2008) HL is neither addressed as citizenship nor as self-awareness (Paakkari and George 2018).

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Language objectives: While the (narrow) discussion of HL revolves around the linguistic level of written health information, plain language and communication with the doctor (Kickbusch 2013), textbooks challenge this narrowness by depicting countless health-related everyday situations and highlighting the language skills necessary to communicate effectively about health in various environments (including online platforms). GSLCs go beyond vocabulary (Davis et al. 2006) and include grammar, intonation and common dialogue structures.

Didactic and methodological principles: The GSLCs main focus is to promote advancing language skills within communicative situations by introducing the situation, teaching the necessary words, expressions and grammar and providing multiple activities to practice it orally or written in increasingly more complex situations. However, neither drawing the learners attention to the contents (information, behavior, intentions...) nor empowering strategies to enhance critical thinking and self-efficacy such as ask-me-three or teach-back (IROHLA 2015) are included. Furthermore, the standardized curriculum torpedoes the orientation of teaching design towards the basic values of adult education, such as participation in choosing the topics, methods etc.

Assets: Unlike proposed in the GSLC framework curriculum and the CERF and used in everyday life, the textbooks rarely support the use and development of plurilingual and pluricultural competence. Hence, GSLCs reduce the learners to their language skills, perceive them as deficient beings, “inmates”. Courses serve to “learn to be a good citizen” (Heinemann and Khakpour 2019), which adversely affects students’ wellbeing and health.

Implications

Teaching health in GSCL strengthens health communication skills; is non-critical; neglects the main health needs of newcomers, so expanding it e.g. with the help of health professionals is recommended. The HL-relevant situations are manifold and require a differentiated understanding of language, which should be acknowledged in the HL discussion. The potential of promoting HL with scaffolding and translanguaging is effective and worthy to be further explored and used also in the health sector. Standardization, time pressure and the (often) excluded assets are opposed to adult teaching principles and limit the critical (non-normative) discussion of the health topic. Nevertheless, as a mandatory course, the GSLC reaches many migrants, provides orientation and improves health communication, but by exclusively focusing on language, it reduces its potential to improve HL, health behavior and health outcomes broadly. Nonetheless, besides the curricula, time constraints and other strenuous factors,

each GSLC is unique and teachers and students can contribute to create a more health (literacy) promoting SLC (see introduction).

Limitations of the study

Promoting HL generally and specifically in SLC is a complex process, not yet completely explored by science and many factors play a role, including textbooks. This study is limited because it analyses the textbooks in-depth but it does not provide empirical data on how the materials are used, teachers' other strategies to target HL or whether students take advantage of the health information presented in the course. However, given the heterogeneity of students, teachers and institutions in GSLC and the standard textbooks used Germany-wide as the main teaching material, analyzing textbooks as the source of information seemed an appropriate method to unravel the concept and teaching methods of HL. More studies on HL promotion in GSLC are conducted in the project SCURA.

5. Conclusion

The German state-organized SLC for migrants are unique worldwide and a promising approach to promote HL. This qualitative study refined the understanding of HL teaching in GSLC as improving functional communication skills on health topics in everyday situations. Targeting health in SLC does not automatically improve (critical) HL or empowerment. Consequently, we recommend analyzing the content thoroughly, draw attention to the health topics and include interactive, asset-oriented methods (supporting translanguaging). Hence, we suggest training teachers to embrace HL as a critical skill and mediator to improve language learning and health outcomes and to collaborate with the health sector to address crucial but yet unaddressed topics. However, promoting HL in SLC can only be achieved sustainably if the regulations and conditions are also improved.

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