Chapter 5
Health Education as a Tool for Social Justice and Health Equity

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ABSTRACT

All youth deserve access to effective health education that provides them with the tools they need to maintain or improve their health and the health of others. Health education, in school and community settings, can be a tool for addressing social justice and health equity across race and class. Effective health education can increase awareness and understanding of the many factors, including social determinants of health and power structures, that impact health and wellness. More importantly, health education can affect change by empowering students to address not only their own health but the health of others, their communities, and beyond. This chapter reviews the current literature, focusing on practical applications for school and community settings, and presents strategies for implementing health education that supports health and wellness at interpersonal, intrapersonal, and community levels.

INTRODUCTION

Everyone deserves the right to be healthy. School-age youth deserve high quality health education which can empower them to be agents of change in their own lives and in the broader social context. Health education can be used to help students acquire the knowledge and develop the skills needed to lead health-enhancing lives. It can also be used to increase awareness of the factors that shape the environment in which they are living. When implemented through a lens of social justice and health equity, health education can provide students with the tools they need to keep themselves healthy *and* to address the societal and structural issues that impact health. In order to accomplish these goals, health educators first need a foundational understanding of core concepts related to health education and social justice.

Health Education

School-based K-12 health education provides the perfect platform for exploring health disparity, power systems, oppression, hegemony and social determinants and to help students develop critical inquiry and action-oriented skills needed to advance health equity and social justice. This chapter will provide an early overview of key aspects of health education to provide context for the connections to health education made throughout the discussion of social justice. Further discussion of health education is included later in the chapter.

Health education is an academic subject that is a critical part of a well-rounded education (ESSA, 2016). Health education is comprehensive (covering multiple topics and multiple dimensions of wellness), based on research and theory, utilizes behavior change principles, and taught by licensed, trained health educators that support the development of health literacy and of competence and self-efficacy in skills of the National Health Education Standards (Benes & Alperin, 2016; CDC, 2015; Institute of Medicine, 1997; Joint Committee, 2007; Nobiling & Lyde, 2015). Health education is taught through participatory teaching methods that are culturally inclusive, age- and developmentally-appropriate, relevant to students, and engaging so that students become excited about health (Birch, 2017; CDC, 2015; Institute of Medicine, 1997; Joint Committee, 2007; Nobiling & Lyde, 2015).

Social Justice

Social justice is the concept of equitable distribution of resources across all members of a society. Social justice also aims to achieve a society in which all members are physically and psychologically safe and secure, recognized, and treated with respect (Bell, 2016; NEA, n.d.). A lack of social justice leads to social oppression (NEA, n.d.). Social oppression, the unjust treatment of others, comes in many forms including, but not limited to, racism, classism, sexism, heterosexism and ableism (NEA, n.d.). Addressing social justice requires confronting long-standing issues including the ideologies, historical legacies and institutional patterns and practices that support and maintain inequality and oppression (Bell, 2016). Health educators cannot engage in the work of social justice without an understanding of factors that are contributing to the injustices that a social justice approach aims to address.

Socially Constructed Categories

The inequitable treatment of individuals is often due to socially constructed categories (or groups; used interchangeably) of identity (e.g. race, gender, socioeconomic status, age, sexuality, etc.) (Bell, 2016). Individuals often have multiple, intersecting identities as they identify with more than one of these categories or groups. For example, someone may identify as a White, cisgender female, lesbian, able-bodied, middle class individual. Another may identify as a Latino, upper class (high socioeconomic status), Catholic, cisgender, heterosexual male. Some individuals may choose identities not listed here or choose to not identify within these categories at all. The categories or groups are socially constructed, but individuals determine which categories they identify with (or not) and the extent to which they publicly share their identities. Health educators should be aware of their own multiple identities and the multiple identities of students.

Socially constructed categories shape how individuals view themselves. Norms related to identity groups can be internalized by people within groups shaping self-concept and self-understanding (Bell,

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