Chapter 12

Adult Health Learning: A Critical Approach to Informal Learning about Health

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ABSTRACT

This chapter develops the practice and theory of adult health learning, a unique and critical approach to informal learning about health in the community. The author takes the position that a collective analysis of power, ideology, and resistance is important to addressing inequities in health, and that the adult educator has a strategic role in facilitating informal learning and change around the many factors that affect health including geography, economy, employment, and transportation. The chapter details many of the contributions that adult education can bring to an understanding and practice of informal learning for health.

FOCUS ON ADULT LEARNING AND HEALTH

Often it takes an event of catastrophic proportions to make citizens wake up to the social issues that are causing them to be sick or experience a less than thriving existence. This catastrophe might be high rates of cancer in a geographic area, an oil spill that kills marine life, or the sudden closure of a major employer such as a fish plant or a pulp and paper mill. Residents are often then stirred to determine the cause, investigate the effects and take action. They begin to see that without employment or without attention to the larger socio-economic and environmental context in which they live, they cannot be healthy. The motivation to learn and take action on these factors is accelerated by the disorienting event, and as a result community members begin to see the issues as part of the big picture of healthy living. Such transformative learning events are often catalysts for learning and for movement building. Yet, little of this learning involves schools or official teachers—indeed, it is mostly informal.

In other cases, high rates of cardiac disease or diabetes, as with the First Nations in Canada, might lead a community to get together to talk about and address obesity, death rates, diets, food

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security and employment (Read, 2009). In the storytelling that is often part of this response to a threat, residents build social capital and cohesion, analyse their issues and begin taking action. They come to see the quality of life in their communities as multifaceted and, yet, within their control. In many ways, they become aware of and responsive to the theory of social determinants of health (SDOH), or the notion that our health, whether individual or collective, is affected by an array of factors beyond basic biology or genetic makeup (Coady, 2013; Raphael, 2008b). At the heart of this awareness of the social determinants of health are adult and informal learning principles. These principles have long set the basis for understanding the importance of groups, community knowledge and dialogue. Within the social movement learning literature (English & Mayo, 2012; Hall & Clover, 2005; Hall, Clover, Crowther, & Scandrett, 2012), the social determinants of health play a fulsome role in the quest for a more vibrant life for all.

This chapter brings together many of these adult education insights and integrates them into an understanding of how healthy communities are created through a complex process of informal learning. The term adult health learning (AHL) is used to describe this approach which is grounded in a critical understanding of health learning and education that aims to transform and reform communities (English, 2012). The focus is on the everyday ways that we come to learn about health.

Adult educators have developed expertise in understanding, facilitating and acknowledging informal and incidental learning. Livingstone (2012), for instance, has helped further refine the divisions among and between formal education (e.g., degree level), non-formal education (e.g., workshops, short courses, seminars and conferences), and nonformal education (with a teacher such as a mentor) and informal or self-directed learning with no specified teacher (e.g., reading, radio, television, casual conversation). All of these are in some way part of the learning process whether it be for students learning together, or for community research processes serving as a catalyst for learning (Ziegahn, 2012). Adult educators have a role in stimulating and motivating learning, and in creating conditions that nurture others to seek learning opportunities. Our tool box includes peer coaching, mentoring, and participatory decision making, located where learning occurs mostly – outside schools. Whereas traditional models of learning and health education most often place health learning in a higher education institution, adult education most often turns its focus to the community and to the lengthy deliberative process of strengthening community capacity to take action on issues that affect its quality of life. Adult educators have long experience with allowing the collective unfolding of ideas, strategies and actions, which are at the heart of effective change.

Adult health learning begins in many ways with the broad based notion of health articulated by the World Health Organization (WHO), the United Nations agency tasked with supporting health. The WHO (1987) sees health as: “A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (p. iii). This is a comprehensive view of health that embraces the social determinants of health. So committed is the WHO to promoting this global and comprehensive understanding that it established the Commission on the Social Determinants of Health in 2005, thereby encouraging multidisciplinary approaches to health that move beyond professional education and knowledge, the building of hospitals and machinery, and individual-focused solutions such as increasing participation in exercise.

As a field interested in these social determinant of health, adult educators have a vital role to exercise in facilitating learning about health, moving to collective action, community building and a multifaceted strategy to enhance health for all. Such an approach may include, but cannot be reduced to, a focus on behavioral modification...
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