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Promoting Health Literacy among LESLLA Learners: Empirical Findings and Practical Implications

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Abstract

Not only Covid-19 but the general living conditions of many LESLLA learners put physical and psychological strains on them, and they are likely to become ill, so being able to communicate with health professionals is critical. An ideal setting to support migrants in developing their health literacy is through second-language courses (SLCs). However, scientific evidence is scarce and insufficient to support SLC teachers in targeting health literacy.

In the research project SCURA, funded by the German Federal Ministry of Education and Research, we used various ethnographic methods (including participant observation, interviews, and textbook analysis) to explore the health literacy of LESLLA learners in German-as-a-second-language courses and analyzed the different approaches of promote health literacy. Based on the empirical data, we developed numerous theoretically sound and practical interventions for second-language teachers, including training, manuals, and guidelines.

The study showed that health and health literacy can be promoted in SLCs, but this should move beyond words, deal with real-life communicative situations, both functional and critical/ambivalent, and consider the sociocultural and political context. Although second-language teaching and health promotion are two distinct disciplines, they overlap in the goal of enabling people to act and care for themselves. As a content-and-language-integrated approach focusing on developing action skills, the combination of both disciplines allows for a sustainable impact. This contribution deepens our understanding of the potential of health literacy promotion in SLCs by discussing the challenges and limitations, good practices, underlying theories, and practical strategies for moving forward.

Keywords:

health literacy, ethnographic research, social practice, second-language courses, health promotion

Introduction and Relevance

The Covid-19-pandemic made humanity painfully aware that health and health information are vital for everyone worldwide, including teachers and LESLLA learners. In 2020 and 2021, people such as LESLLA learners received numerous health information through mouth-to-mouth, television, radio, the Internet, and social media and discussed them among families, friends, colleagues, and even strangers. However, not all information was accurate and much disinformation and misinformation was spread (García-Saisó et al., 2021); therefore, the ability to find, understand, appraise, and apply health information wisely (= health literacy) (Sørensen et al., 2012) became a critical skill (Nielsen-Bohlman et al., 2004). Population-based studies reveal that not all people have good enough levels of health literacy (HL) (Duong et al., 2017; Sørensen et al., 2015; WHO, 2013), and people with low literacy, incomplete schooling, and second-language learners, like our LESLLA learners, are especially at risk for having lower HL (Nielsen-Bohlman et al., 2004). Moreover, people with low HL often exhibit more inadequate health behaviors, have higher health expenditures, and are often sicker (ibid.), negatively affecting their ability to concentrate and learn. Therefore, promoting HL among all people, specifically among LESLLA learners, is imperative as HL empowers the individual, favors (language) learning, and reduces social and health disparities (Mantwill et al., 2015). To improve HL, the World Health Organization (WHO) and likewise educational specialists suggest using educational settings (WHO, 2018) such as second-language courses (SLCs) (Rudd & Moeykens, 1999; Singleton, 2003). Researchers and practitioners identified multiple reasons for incorporating HL in language courses (Hohn, 1997), suggested several topics and appropriate methods ideal for promoting HL (Rudd & Moeykens, 1999), and demonstrated how HL can effectively be covered in general language classes (Levy et al., 2008) and bilingual classes (Soto Mas et al., 2015). By summarizing publications on HL in SLCs, three observations remain. First, health is not always addressed in SLCs. Second specific health-related courses are often short-term project-based endeavors (Erikson et al., 2019; Wagner, 2019). Third, empirical knowledge on the effectiveness of promoting HL in SLCs is scarce (Chen et al., 2015), and quantitative and qualitative data on HL in SLCs that describe the context, intervention, outcomes, effectiveness, and lessons learned (Harsch et al., 2021) are scant and wanting for many countries, including Germany. However, without empirical data on both the possibilities and limitations of SLCs and the concrete process of promoting HL, their potential will inevitably be over- or underestimated, and language instructors lack guidance on how to target HL deliberately.

To fill this research gap and provide practical recommendations for policymakers, researchers, and language instructors, we initiated the research project SCURA. Here we ethnographically explored the role of HL in SLCs in Germany and jointly developed appropriate measures to improve HL there. As a certified and experienced German-as-a-second language teacher and public health researcher, I had the privilege to combine two crucial aspects in this study: my expertise and experience as a teacher and the critical lens as a researcher. In this paper, I share key insights we gained, highlight the potential and limitations of promoting HL in SLCs, present how LESLLA learners engage with health information, and how we, the teachers, can facilitate HL development in LESLLA learners. As health literacy is rarely discussed among teachers for people with no or interrupted (second-language) learning, I first introduce the relevance of health and health literacy in second-language courses, then briefly introduce the research project and then present findings related to three core questions. Finally, I will critically discuss the findings and draw conclusions for the LESLLA community.

Background of the Study and the Concept of 'Health Literacy'

In recent years, the number of migrants (271 Million), specifically displaced and forced migrants (82.4 Million), has grown globally, and many countries have experienced an increasing influx (IOM, 2021; UNHCR, 2020), leading to greater demand for language courses. One of these countries of destination is Germany, where more than 2.1 million people have applied for asylum since 2014 (BAMF, 2021). The situation in Germany can serve as a case study for the LESLLA community. Germany's newcomers are highly diverse in terms of countries of origin, first languages, and educational attainment: with no or incomplete schooling to people with university degrees (Hünlich et al., 2018).

Due to various experiences and harsh life conditions before and during migration, these newcomers arrived exhausted in the destination country. Although these newcomers no longer faced war, insecurity, or hunger, they encountered many challenges, such as orientation, language, an unfamiliar culture, and lack of social support, significantly affecting their health and ability to integrate. Besides the individual's characteristics (e.g., age, sex, and hereditary factors) and his/her lifestyle, various socio-economic, cultural, and environmental conditions influence his/her health and health concerns. These are i.e., the availability of and accessibility to (healthy) food), education, work, water/sanitation, health care services, and housing (IOM, 2017). This already provides clues that essential health concerns of newcomers and LESLLA learners go beyond communication with the doctor and encompass an understanding of the origin of health problems, such as living and working conditions and social status. Additionally, it reminds us to consider all health-relevant aspects and areas of the newcomers' and LESLLA learners' lives in which they communicate about health orally and in writing. Multiple studies provided ample evidence of these factors' influence and that newcomers' health status is likely to deteriorate after arrival and, in turn, affect their ability to learn the language and integrate (IOM, 2017). Therefore, maintaining and improving health requires good HL for the given context (WHO, 2018). While studies on migrant show that health and HL are associated with education (Andrulis & Brach, 2007; Zhu, 2018), one group of newcomers are particularly vulnerable, those with little or no formal schooling or who are functionally illiterate in Latin scripture (Philippi et al., 2018; Quenzel & Schaeffer, 2016) like LESLLA learners. Consequently, it is necessary to improve their health literacy. Nevertheless, what is health literacy (HL)?

HL is a comparably new but rapidly advancing topic in Public Health, and studies have proved it is a critical determinant of health (Nielsen-Bohlman et al., 2004; WHO, 2013). The concept is dynamic, evolving, and varies across regions: While many researchers in the USA stressed a biomedical perspective focusing on the healthcare setting, how to get access and understand the payment and health insurance system, European countries with widely available universal health insurance embraced a Public Health perspective and defined HL as

"Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course." (Sørensen et al., 2012, p. 3)

HL contains two concepts that need clarification because their conceptualization informs the research design, questions, analysis, and conclusions. The first concept, *health*, varies enormously within and across countries. In the WHO tradition, we utilized a holistic ecological model of health, which conceptualize health as the "state of complete physical, mental, and

social well-being, not merely the absence of disease" (World Health Organization, 1946) and is strongly influenced by context and its prerequisites for and determinants of health (WHO, 1986). The second concept, *literacy*, is understood and operationalized in multiple ways (Sørensen et al., 2012). While some HL researchers refer to literacy level or reading and writing skills (similar to the autonomous model of literacy), others conceptualize literacy as a skill, complex competence, or contextual situated social practice (see the ideological model of literacy) (Street, 2016). Adopting a health promotion perspective on HL, we conceptualized HL as a contextual, situated social practice (Harsch, 2022; Papen, 2009).

Aware of the lower HL level of newcomers and the resulting challenges, policymakers and health experts suggest using interpreters and translating written material into other languages or same-language community health workers (Altgeld, 2018). While these interventions are essential for sharing information and improving comprehension, they do not actively promote individuals' ability to advocate for their health (Harsch, 2021). Since HL can be improved through education (Nutbeam, 2000), SLCs were recommended for migrants (WHO, 2018, p. 17). Ultimately, HL is not foreign to SLC because SLC aims to equip people to use language independently, including communication about health (Council of Europe, 2018; Goethe-Institut, 2016). This setting is particularly interesting in Germany because SLCs are mandatory for newcomers, and the state covers the costs of the course for recognized asylum seekers (Integrationskursverordnung - IntV, 2017). As SLCs offer great potential and an excellent opportunity to reach many newcomers with health information (more than 1.5 million participants in *integration courses* since 2015 (BAMF, 2021)), we decided to explore it as a setting for HL development and develop suitable interventions, materials, and tips for second-language teachers.

Research Project and Methods

Research Project

This research project was part of a large research consortium on Health Literacy in Childhood and Adolescence (Okan, Bittlingmayer, et al., 2020), funded by the German Federal Ministry of Education and Research from 2015-2022 and is based at different universities and research centers in Germany and explored multiple aspects of HL using various research methods. This research project is called SCURA: *Structural conditions and the use of resources of disadvantaged adolescents to promote literacy, (e)health literacy, and healthy lifestyle.* Since the beginning of the second funding phase in 2018, a research team from the University of Education Freiburg has been implementing the basic and applied research of SCURA (Harsch et al., 2020; HLCA, 2022).

Method

As the educational setting of SLC and the promotion of HL within it is a highly complex intervention (Robert Koch Institute, 2012) influenced by multiple factors, exploring the practice and promotion of HL in SLC and developing appropriate interventions is a tricky endeavor and requires a multi-method approach. Therefore, we aimed to explore the current process of using and teaching HL as a social practice in SLC from as many angles as possible, provide a thick description and analyze the data qualitatively (Bittlingmayer et al., 2020; Harsch et al., 2021). For this purpose, an ethnographic research paradigm using various research methods is appropriate for studying HL as a social practice (Street, 2016). First, we performed a Realist

Review and a Scoping Study on HL in SLC to sketch the context, potential effectiveness, theory of change, and content based on interventions from worldwide (Harsch & Bittlingmayer, 2020a). We then conducted semi-structured qualitative interviews with 15 second-language teachers and directors of educational settings in urban and rural regions and an online survey with 25 teachers from SLC in initial reception centers. In addition, we purposefully selected 8 of 22 approved language textbooks (the most recent textbook(s) from each publisher) and analyzed the content thoroughly (Harsch & Bittlingmayer, 2020b). Lastly, we accompanied two language courses with literacy training for 2.5 months each and thus could explore how more than 30 LESLLA learners engage with health information. We created thick descriptions of the observations in the courses, analyzed them, triangulated the finding, and discussed it with researchers and teachers (Harsch et al., 2021). Afterward, we drew on the research findings for intervention and established theories, collaborated with teachers (limited due to Covid-19 restrictions), and developed workshops and a website with much information on promoting HL in SLC.

Research Questions
This research project provides many empirical findings, but this paper focuses on three critical questions relevant to us LESLLA teachers (and our LESLLA courses).

- To raise awareness of the relevance of HL in SLC and describe its nature, potential, and limitations: *What is the role of health in SLC, and what are the potential and limitations of promoting HL in SLC? (O1)*
- To illuminate the existing opportunities to engage with health information in SLC: *How does HL as a social practice occur in SLC? (O2)*
- To equip and inspire teachers to promote HL in SLC: *How can teachers support LESLLA learners in advancing HL? (O3)*

Results

The Standardized Language Courses in Germany: Potential and Limitations
Addressing and promoting HL in SLCs is impacted by the context in which they occur, rules and regulations, standard syllabus, opportunities, and limitations. The scoping study and realist review described numerous courses that varied in length, content, target group, interventions, and sustainability (Harsch & Bittlingmayer, 2020a). This diversity in courses was common in Germany until 2005 because Germany had no standard second-language courses. In 2005, the German Parliament passed the Immigration Law and Integrations Course Ordinance (BMJV 2017), defining the rules and regulations of standard so-called "integration courses" for people with low German language skills and newcomers. The courses have two goals: to acquire the language up to level B1 Common European Framework of Reference for Languages and learn to navigate the new society (Goethe-Institut, 2016).

The standard integration course consists of seven modules with 100 hours of instruction each, six modules for language acquisition and one for orientation (politics, history, and culture). Primary or functionally illiterate students receive an additional 300 hours of literacy instruction before beginning the first module. The German Federal Office for Migration and Refugees (BAMF) defines the curriculum and covers twelve *action areas*: education, living, shopping, and health (Goethe-Institut, 2016). Publishers produce textbooks based on this curriculum, and the BAMF reviews and approves them (BAMF, 2019). Language schools and adult education centers select one of these textbooks, and language teachers use it as the primary teaching

material. Some teachers use it exclusively, others add additional materials, while others (especially experienced and highly motivated teachers) create their own material (Interview, representative of language course teachers, February 2020). The textbooks are essential in teaching language and cultural orientation regardless of the teacher's preference. (See further elaboration on the courses in Harsch, 2022; Harsch & Bittlingmayer, 2020b).

Results: 1 Health in Second-language Courses

The first objective was to understand the role of health and health literacy for second-language learners by carefully exploring when health or health-related issues (holistic understanding of health) occurred. Overall, teachers expressed different opinions regarding the relevance of health, from "health is not relevant" (SL teacher of courses of young students) up to "very relevant, health influences every aspect of the course" (SL teacher of an SLC for people with no or limited school/second-language learning experience). In the ethnographic study, six themes emerged in which health became tangible: Curriculum, Attendance, Student Motivation, Learning Success, the general Health-Influencing Setting, and Context. Table 1 summarizes the critical aspects of the six topics, examples from the ethnographic study, the teachers' interviews, and practical ideas for LESLLA.

MAIN THEME	SUB-THEMES	EXAMPLES	IDEAS FOR LESLLA
Course Curriculum	Describing own **health** (body parts, diseases)	*Students label body parts, name pictures of diseases*	Teach health-related words, and interaction patterns, using pictures and stories as examples. Guide students' attention to the health content and stimulate reflection and discussion. Successively improve the components of HL.
	Interacting with healthcare providers	*Students make an appointment, describe symptoms, converse with pharmacists*	
	Talking about **food** and eating preferences	*"What do you like to eat?" Write a blog entry on food, discussing soups worldwide*	
	Talking about **sports** activities	*Conversation about leisure time activities*	
	Talking about **feelings/friendship**	*Tasks: Describe how you feel today. What do you do with your friends?*	
Attendance	**Physical** absence	*because of sickness (own/family member) or doctor appointment*	Remove barriers of access (elevator, childcare), and plan interactive, varied lessons with mental breaks and relaxation phases.
	Mental absence	*because of experiences during migration/settlement, a young child that accompanies the mother in the course*	
Student's Motivation	Own **characteristics**	*e.g., having a disability, older age, responsibility for a large family, self-perception as a learner or not,*	Identify what motivates the students, provide guidance in possible job perspectives (e.g., in healthcare), build on it, support learning from another, talk about circumstances, share interesting material with the student in informal conversations.
	Current personal **situation/health-related concerns**	*HL is needed because of own sickness (e.g., cold) or sickness in the family (e.g., heart disease and operation, an infant that needs to be checked regularly, disabled child, own pregnancy*	
	(Professional) Goals	*being a health professional or interested in pursuing a career in the health sector*	
	Inspired by life situations of relevant others	*e.g., conversations about food, free time activity (hiking, bicycling), or the death of a classmate's sister*	

MAIN THEME	SUB-THEMES	EXAMPLES	IDEAS FOR LESLLA
Success in language learning	Better learning if healthy, relaxed, and rested	*"Healthier students learn better," "students are too stressed to concentrate,"* and *"I create a relaxed atmosphere for all to learn."*	Teachers can share tips (using earplugs while sleeping) and can create a welcoming atmosphere (see below).
Influence of Setting	**Health-promoting** setting	*clean sanitation, relaxation areas for breaks, offers healthy food and drinks, students can participate, guidelines for behavior in case of an emergency and/or fire outbreak*	Teachers can create a welcoming atmosphere and, if possible, organize and create a health-promoting environment.
	Detrimental to health	*noise, unhygienic tools, untidy facilities, wrong chairs in a crowded room*	
	Creating **social** networks	*good atmosphere, emotional & instrumental support*	
Influence of the Context	600 + 100 hours to acquire B1 (CERF)	*Students have 600 hours to acquire B1 (CERF), which is "impossible" for LESLLA learners*	Extremely relevant but impossible to change as an individual teacher. In Germany, teachers are limited in their flexibility to change the syllabus, and many teachers move away from precarious, insecure, self-employed working conditions. Improving these conditions on a political level would drastically change the opportunity for teachers to support the student's well-being, learning success, and health.
	Heterogenous group	*"Very heterogeneous from university students to people without any prior education."*	
	Strict requirements of a minimum number of students	*Finding enough students is challenging, and a student's drop-out can lead to the course's closing. "Very stressful" for adult education centers*	
	Standardized testing (complex procedure)	*The tests require marking the correct answer in a separate 'solution file.' Many LESLLA learners are not familiar with this, face many challenges and fail the test because of the lack of abilities to transfer*	
	Massive administrative burden	*Teachers must document the presence of the students closely and check letters of excuse or letters of absence due to doctor visits. Only if everything is accurate, the language school receives the fees for the students from the German government*	
	Insecure working conditions	*Many teachers are self-employed, and their salary is dependent on the realization of a new course – which is often comparably late*	

Table 1: Occurrence of health topics and opportunities for language teachers in Germany to influence health literacy

The first and most obvious way how health occurs in second-language courses is in the curriculum. The "general curriculum" defines health as one of the 12 "action areas" in which language learners are expected to acquire linguistic, content, and cultural knowledge (Goethe-Institut, 2016). The analysis showed that each textbook includes communication on health-related topics such as talking about the body, going to and interacting with the doctor, food, sports, feelings, and friendship. However, the textbooks differ significantly in how broadly and deeply they teach communication (pattern) within these health-related situations (Harsch & Bittlingmayer, 2020b). Thus, the content depends heavily on what the textbooks provide. Particularly noteworthy is that the syllabus specifies that besides these twelve *action areas*, five overarching language areas are addressed, which contribute to the newcomers' ability to cope

with the new situation and promote mental and social health. These topics are: dealing with the migration situation, dissent and conflicts, one's own language learning; realization of feelings, attitudes, and opinions; forming social contacts (Goethe-Institut, 2016, p. 17).

Second, health topics often appear through their absence, such as being sick (themselves or a family member) or having a doctor's appointment resulting in the physical absence of learners. Additionally, the teachers and the observation revealed that several students (mainly refugees) are mentally absent due to various experiences related to migration and even more to life in the new country (living conditions, asylum process still ongoing, illness or death of family members). All this affects their ability to concentrate and learn.

Third, we observed many occasions when students' motivation to participate in class was influenced by health-related aspects, such as personal characteristics, a current situation, (career) goals, and situations inside or outside the classroom that stimulate conversations about health.

Fifth, the ethnographic study revealed how the buildings and classrooms set up could influence health and courses with a friendly, welcoming atmosphere where people trust and help each other contribute to mental and social health.

Fourthly, teachers reported that students who are healthy, relaxed, rested, and feel well learn better and are more likely to pass the final exam successfully. Consequently, some teachers deliberately dedicate time to teambuilding activities at the beginning of the course and celebrate achievements (e.g., the completion of a module) with the students.

Fifth, both the infrastructure but also the social climate can be health-promoting as well as detrimental to health. The teachers specifically emphasized the role of a good climate within the course can improve the well-being of the students.

Sixth, the overall context of SLC strongly affects what happens in the course. Due to scarce resources such as a high workload, only 600 hours to reach language level B1 and many students in one class making individual attention impossible, high administrative burden, and precarious working conditions of instructors limit the time and effort to promote HL in the course.

Although all these aspects play a role, the influence of the first and the last topic is the strongest and beyond the single instructor's control (or influence) (Harsch et al., 2021).

Result 2: Health Literacy in Use
These six general topics illustrate when health occurs but do not reveal how actors (teachers and students) use health information. To explore HL in practice, we specifically analyzed how students and teachers engage with health information. Four key influences that can stimulate engagement with and conversations around health emerged. These are the textbooks (and supplementary material), learners, instructor, and extracurricular influences such as family situations, social and political events, and weather.

Figure 1 illustrates how students and instructors engaged with health information observed in the ethnographic study, but even more formal and informal ways to address HL exist. Specifically relevant is that the mere presence of health information does not result in students (or teachers) paying attention to it or the content and does not only focus on the linguistic features of the health information. We observed seven distinctly different ways: ignore the health information and merely look at the words; focus on it and talk about it, e.g., colds and treatments of it; apply it, e.g., use the model dialog between a patient and a doctor and memorize it for the next doctor appointment; bring in other information, e.g., talk about the health aspect of your lunch; appraise the available information, e.g., the importance of providing first aid in

Germany versus in other countries, e.g., Syria; transform/change the information based on personal and cultural or contextual concerns, e.g., the importance of lifestyle changes and not only drug intake to cure diseases, share the information with others, e.g., in the break with course participants in other courses or with family members, e.g., the health insurance covers that preventive visits at the dentist twice a year.
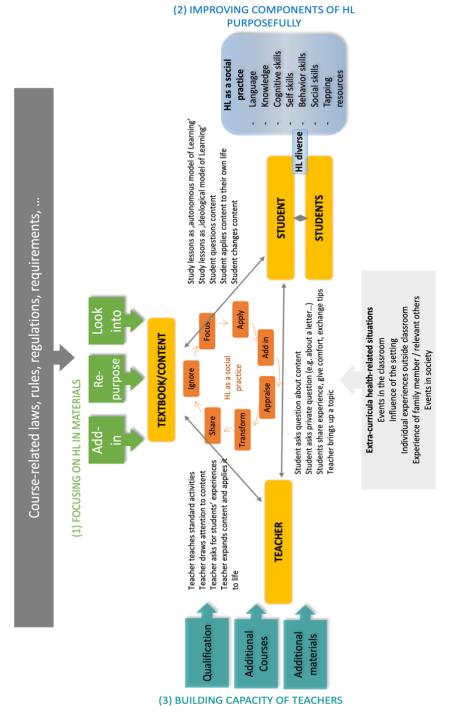

Figure 1: Possible activities to engage with health information (cf. Harsch, 2022)

These forms of engaging with health information and the various listed situations in which teachers can focus on health are relevant because they allow teachers to become aware of the opportunities and use them as starting points for engaging with health information and promoting health-related language skills pertinent to LESLLA learners.

Despite this immense potential of promoting HL, the ethnographic study showed four critical aspects: (1) communication about health topics (written and oral) is overly complex and teachers should address it cautiously. Health topics can be private; people may have different (socioculturally shaped) ideas about health and what is considered appropriate health behavior and treatment and have good reasons to present or hide their health status. (2) A supportive environment and trusting relationships are critical if the conversations about health should move from the general level and address the individual's health concerns. (3) Individuals can bring in topics, but the teacher decides if health topics are expanded and deepened. Including new topics also depends on the lecturer's perception of his/her role in the classroom and his/her confidence in addressing health topics. Lastly, (4) the time spent on topics related to health in second-language courses is strongly limited by contextual and structural topics (purpose of language courses, course length, workload, teachers' administrative burden, and poor working and employment conditions) in Germany.

Result 3: Promoting HL in LESLLA Learners

Following the ethnographic study, we developed interventions to support teachers in promoting HL among second-language learners, especially those with no or incomplete formal education. We paid attention to the entire situation and context to create sustainable interventions. Two findings guided our intervention: Due to the great diversity among learners, teachers constantly adapt materials to learners' interests, needs, and language levels, and therefore designing a one-size-fits-all program is not suitable. Due to the SLC's rigorous conditions, focusing on HL during extra hours is prone to fall, but it is possible to start from the actual processes in the course and equip the teachers to promote HL within the given constraints. Since "health" was part of the curriculum, we identified three feasible strategies to *add* new topics based on the learners' interests, *re-purpose* and expand health topics and make them more relevant, or *look inside* and draw students' attention to and engage them with available health content.

The ultimate goal of our intervention was to improve newcomers' HL and empower them, which aligns with the course's goal of enabling participants to communicate independently in real life (including health) (Goethe-Institut, 2016; Huber et al., 2011). To achieve this goal, we focused on teachers – who already promote communication about health – and designed ideas to equip them with motivation, knowledge, and skills to create activities and interactions that facilitate the development of HL as a social practice. For this, we applied a three-step process informed by salutogenesis: First, raising awareness on the role of health in SLC (meaningfulness); second, unraveling multiple occasions and opportunities for promoting HL in SLC (comprehensibility) and third, equipping teachers with materials, ideas, and hands-on activities (manageability), in line with the structure of this contribution.

The conceptualization of the interventions is empirically-informed and theory-driven[1] and based on the Theory of Salutogenesis (Antonovsky, 1987), the Health Promoting School

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[1] Derived from the field of public health, I briefly explain here the three lesser-known theories/frameworks that were not only crucial to the research process but can also be particularly useful for language learners. First, the *theory of salutogenesis*. The theory of salutogenesis was developed by Aaron Antonovsky, who wondered about Jewish

approach (Okan, Paakkari, & Dadaczynski, 2020), promotes assets and the individual capability set (see capability approach cf. Bittlingmayer & Ziegler, 2012), and incorporates principles of Freire's adult education (Freire, 1996, 1970), adult learning theories (Knowles, 1973) and second-language-teaching like scaffolding (Gibbons, 2015), and translanguaging (Garcia & Wei, 2013). They equip learners not only to function within society but to interact and critically assess and question daily ambivalent situations (Nutbeam, 2000). In this regard, placing learning in real-world examples and raising awareness on various sociocultural and political aspects are essential. The SCURA project used the terminology 'HL' not as a substitute for health information but as a contextual, situated social practice. Therefore, various components of HL are needed to engage with health information effectively besides knowledge and communication skills. The scoping study identified seven crucial components (Harsch & Bittlingmayer, 2020a): language skills, knowledge, cognitive skills, behavioral skills, self-skills, social skills, and linking skills (such as reaching out and collaborating with other people and institutions), which were adopted for this intervention and led to labeling our approach as content or better competence-and-language-integrated learning (CompLIL).

We developed approaches that tied in with the identified ways of using HL (see Table 1 and Figure 1).

ADD IN: To support teachers in their search for health information and ideas for addressing health topics in class, we have developed a *treasure box of ideas and materials for health promotion in second-language courses* with 29 topics, each containing introductory remarks on the topic's relevance, language and content objectives, various concrete ideas for all phase of the learning process: introduction, elaboration, deepening and consolidation, supplemented by additional materials and links to relevant, informative websites.

RE-PURPOSE: To assist instructors in expanding on health topics, we have developed several materials, such as a framework to guide the step-by-step promotion of seven HL components in the SLC (see Vygotsky's theory of the zone of proximal development (Kozulin et al., 2003). A guide to critically reflect on sociocultural representation in activities and empower people (among others, guided by cultural competence (Papadopoulos & Gebrehiwot, 2002) and focusing on translanguaging (Garcia & Wei, 2013)). A handout to prepare for and conduct collaborations with healthcare professionals (e.g., guest speakers) or plan an exposure trip. A

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women in Nazi concentration camps who were not ill. He asked himself what keeps these people healthy despite circumstances that are severely detrimental to their health. He identified various general resistance resources and also the sense of coherence as factors that keep people healthy. The sense of coherence is an overall perception of life that makes it seem understandable, manageable, and meaningful. Women with a high sense of coherence and good overall resilience resources tended to be healthier and recover from illness more quickly than women with lower scores. Antonovsky called his theory salutogenesis, the genesis of health, so to speak (Antonovsky, 1987). In line with Antonovsky, LESLLA teachers can support their students in developing their sense of coherence and overall resilience. Second, the *health promoting school approach* recognizes that health is not only promoted through health education, but even more through the school environment. It identified numerous ways in which health can be improved through structural processes, school design, interaction and participation, and curriculum. This whole-school approach guided the ethnographic process and recommendations drawing (Okan, Paakkari, & Dadaczynski, 2020). Finally, the *capability approach* developed by Amartya Sen and Martha Nussbaum, who thought about justice and the idea of a good life. Their capability approach can be a theoretical basis for any intervention in public health, but also in education, because it does not primarily focus on the end results (success in school or good health) but looks at what capabilities a person has and can use to make choices that are relevant to them. Capabilities (=chances) are a combination of personal abilities but also all external support, information, and the removal of barriers. The role of education and other public services should be to enhance the individual's capabilities so that he/she can choose to use them to achieve self-defined goals. Thus, this approach is not paternalistic, but truly empowering (see Bittlingmayer & Ziegler, 2012).

working paper to reflect on the standard methods used in SLC and how they can be modified to improve other components of HL.

LOOK INSIDE: We conceptualized a series of workshops to help instructors draw learners' attention to the textbooks' content and facilitate discussions about health in SLC. The workshops included: Health – the Big Picture, Health and Me as a Teacher, Harnessing the Potential of Idea Collections, Critically Evaluating Materials and Developing Activating Activities, and Promoting Family Health Literacy in the SLC. The workshops are available on-site, online, and as a self-study course (due to the corona-pandemic) (Harsch, 2022).

All interventions, materials, and further information are available on www.scura.info.

Discussion

Given the urgent need for HL and its promotion among newcomers and the paucity of information on how it is promoted in language courses, the SCURA project explored the limitations and opportunities for promoting HL in language courses. The project generated thick descriptions of course activities in the ethnographic study and identified numerous entry points for improving HL in the courses observed.

However, our findings and interventions are limited.

First, due to the scarcity of empirical data from other courses, the findings and conclusions can only be compared with a few other ethnographic studies (Bittlingmayer et al., 2020; Papen, 2009; Samerski, 2019) or qualitative findings of some projects but not broadly. While general observations can be applied to most courses, other studies cannot verify precise, unique observations.

A second limitation in generalizing our findings and the developed intervention to all courses stems from the sample. Although our courses were representative of integration courses in Germany (in terms of educational background, language, residence status, and goals), the remarkable heterogeneity within a course, between courses in the same country, and between courses in different countries is a challenge to be considered (Chen et al., 2015; Hünlich et al., 2018).

A third limitation derives from the conceptualization of the concept of HL. The SCURA project framed HL as a contextual, situated, social practice, thus, identifying numerous influences on health and HL in SLC and describing numerous ways to promote HL to different extents and scopes. When the topic of health is not restricted to healthcare access and diseases but framed holistically, then health is fundamental for second-language learning because it provides the constitutions (of learners and teachers) for attending the course and learning success. Moreover, health is addressed in the curriculum (narrowly and broadly), influenced by the setting influences, and can be enhanced within the course (see health-promoting school). Thus, good HL is beneficial for teachers and students to be aware of these multiple influences on health, discuss any health concerns, and influence health positively. As we studied HL not as a fixed skill but as a social practice (Papen 2009), we could observe the use of health information in our study and expressed itself as dynamic, evolving, and multifaceted (Bittlingmayer et al. 2020; Samerski 2019; Harsch et al. 2021). Next, HL occurred as social practice visible in the interpersonal conversations about health and other people's involvement while engaging with health information (Lareau & Cox, 2020; Papen, 2009). Moreover, the ethnographic study in textbooks and interactions showed that manifold situational features influence HL in a given

event and how much the situation and HL are impacted by the context (including its sociocultural specifics).

Due to the heterogeneity in classes and interests and the dynamic contextual and situational nature of HL, we refrained from developing one manual for all courses. Instead, we provided a general perspective, tips for action, and a material collection for teachers to use freely (to broaden and deepen the rather superficial health topics in the textbook and discussions).

We sought to compensate for the bias of a single-participant observation study by including expert interviews, textbook analysis, and scoping review findings. Thus, we identified and developed numerous ideas on promoting HL in language courses that go beyond the two courses researched and can be adapted to each course's unique situation (e.g., conditions, heterogeneity). To make the materials suitable for many teachers in this heterogeneous setting across Germany and beyond, various tips were created similarly to Singleton (2003). Unlike Levy (2008), Soto Mas et al. (2013) or Diehl (2006), no separate manual was developed, but materials were provided for teachers (McKinney & Kurtz-Rossi, 2000; Rudd et al., 2005) and training offered so that teachers could include the materials and expand their competencies similar to Rudd et al.'s approach (2005) but with an even greater emphasis on self-learning modules due to the corona pandemic. In order to increase the usefulness and acceptance of the offers among teachers, we applied several well-known principles (e.g., the differentiation of competencies and the gradual increase of these) and provided many concrete examples.

The immediate applicability is also limited (or at least not fully applicable) because we conceptualized HL based on a holistic ecological model of health. HL is framed as a contextual, situation, and social practice composed of seven components that can be promoted in its sociocultural context. Other teachers and researchers might come to different conclusions and interventions based on their conceptualization of health and HL (Handley et al., 2009; Nimmon, 2010; Soto Mas et al., 2018). To expand our knowledge on HL promotion in SLC, further basic research is needed to explore HL practice in other SLCs and applied research to assess the usability of the developed materials in other settings. The examples given here, the conceptualization of HL as a social practice, and the numerous influencing factors and starting points can help teachers become more aware of health literacy in practice and encourage teachers to develop appropriate interventions for their given group.

Three further constraints are related to the intervention's implementation. First, the constraints associated with the general conditions of SLC (or integration course), which are firmly dependent on the course context, regulations, and requirements, make time-intensive engagement with health topics almost impossible. A second constraint lies in the high relevance of a good, welcoming, trusting atmosphere between the course participants and teachers and whether they support each other (in language learning, health issues, and questions of everyday life) (see also Hohn 1997). The atmosphere decisively determines whether personal issues are brought into the course and promoted. A last constraint of promoting HL in language courses also lies with the teachers, in their training, their motivation to respond to learners' health needs (Rudd et al., 1998), and their concept of their professional role (language teacher or enabler of linguistic action in many life situations).

Conclusion

Promoting health literacy in SLC is not a novum but has become more urgent since the Corona-pandemic revealed the necessity to equip LESLLA learners with the ability to use health

information effectively. The SCURA project provided manifold insights into how SLCs shape health and HL, how learners engage with health information, and tips on strategically promoting it.

Health is a fascinating topic that motivates students to participate, but it must be handled carefully. HL is more than just having words for diseases; it is a contextual, situated social practice. Teachers are suitable to promote HL and can purposefully stagewise promote the seven components of HL. Here, a salutogenic-informed three-step process guides the training: teachers become aware of the relevance of health and HL in SLC, sharpen their view for occasions to promote HL, and are equipped with ideas of how to include HL and good practice examples. With this, the sociocultural influence on HL should be acknowledged in research, diagnosis, and promotion.

In conclusion, standard SLCs in Germany and globally play a critical role in promoting HL, entail various occasions to address HL, and have the potential to promote HL. However, they are severely restricted due to political, contextual, and structural issues, the tremendous heterogeneity among LESLLA learners and course compositions, and teachers' roles, qualifications, and motivations. All this strongly determines the corridor of the scope of action for HL promotion in SLC.

Overarchingly, this project showed that second-language teaching and health promotion are two distinct disciplines but share the same objective: empowering and thus can benefit mutually from the collaboration.

One fundamental finding remains paramount: Second-language courses for LESLLA learners are not neutral; they affect health and HL explicitly through materials and implicitly through interaction, setting, and regulations. All teachers should be aware of this influence on HL to decide how to respond to it and, if desired, address it more proactively. Consequently, newcomers are better empowered to learn about and shape their health purposefully.

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