

Advancing Health Literacy among Students: The Intersection between Debate and Health Promotion

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Abstract Schools are charged with implementing initiatives that positively influence students' life outcomes. The National Health Education Standards (NHES) lays out a framework for schools to incorporate curricula that achieve the aims of health literacy. Despite positioning health literacy as an integral goal for school-aged students, no concerted efforts have ensured that students equitably receive training that promotes it. The goals proposed by the leading speech and debate institutions are comparable to the NHES in academic achievement, civic literacy, critical thinking, and social-emotional learning. Thus, speech and debate instruction in schools has the potential to promote health literacy and redress larger structural impediments that prevent equal education opportunities and positive health outcomes for all middle and high school students.

Keywords: *debate, health literacy, middle school students, high school students, equity and access*

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1. Introduction

Schools are charged with implementing initiatives that positively influence the life outcomes of students. Health literacy is at the top of those initiatives, and many established health and educational stakeholders advocate for health literacy in schools. Yet, despite positioning health literacy as an integral goal for school-aged students [1], no concerted efforts have ensured the equitable distribution of such training. Speech and debate may offer opportunities for schools to meet this goal. The competencies students gain from speech and debate, hereinafter referred to as "debate," mirror the goals and expectations of health literacy by facilitating academic achievement, critical thinking, civic literacy, and social-emotional learning (SEL). However, other than research by Jacques et al. [2] indicating that there is a missed opportunity for school-age students to receive support in health literacy, no other study proposes the existence of a link between debate and health literacy. Thus, this review examines the interrelation of debate and health literacy and how the former may be useful in advancing the latter among school age students.

2. Methods

This research review purports that debate may be a useful tool toward meeting the goals of health literacy

among school age students. To ascertain how debate intersects with health literacy, the definitions for each were established and relevant literature was investigated. These definitions were based on the aims of nationally recognized bodies. The following debate institutions selected include nonprofit organizations that support schools, member organizations, or students in the development of debate skills, such as National Speech & Debate Association (NSDA), National Association Urban Debate League (NAUDL) and the Glen Pelham Foundation. In defining health literacy, the National Health Education Standards (NHES) criteria was selected for inclusion owing to its breadth in outlining a foundation for curriculum development, instruction, and assessment for national student health literacy. The established definitions were compared and found to overlap in the categories of academic achievement, critical thinking, civic literacy, and SEL; these further served as a sampling frame to identify relevant debate literature that examined the aforementioned categories.

Using Google Scholar as the primary search engine, a search for relevant literature (books, research studies, commentary) referencing school-aged students from the year 2000 to present was conducted. The search included a combination of subject headings, key words and synonyms relating to debate (i.e., forensics, speech) in connection with each of the following overlapping categories: academic achievement, critical thinking, civic literacy and SEL. No literature was found to specifically address debate participation and its impact on SEL. However, after examining the vision statements of the leading

organizations for debate and SEL, the areas of similar attributes are identified and discussed, along with the pivotal role of debate in schools, if prominently positioned alongside SEL to support student health literacy.

3. Discussions

3.1. What Is Health Literacy?

Health literacy is necessary for quality of life and “depends in part, on one’s past education” and the education of those around them [3]. Health literacy is salient in “narrowing the differential between rich and poor” [4] and effective in establishing better health outcomes in children [3].

As early as the 1980s with the introduction of Health Promoting Schools (HPS), the medical community acknowledged the need for contemporary and expansive goals [5]. These goals aim to teach health literacy as a means of promoting health and well-being and enabling students to “acquire competencies to create more control over their own health and over their environment.” The National Health Education Standards [1] lays out a framework for schools to build curricula and resources that achieve the aims of health literacy for school-age students. Several definitions of health literacy reinforce the NHES goals. Healthy People 2030, and the Patient and Affordable Care Act have highlighted the importance of obtaining, processing, using, and understanding basic health information to pursue healthy decision making [6, 7]. In 2010, the Patient and Affordable Care Act added “communication” as an essential aspect. At the 7th Global Conference on Health Promotion, organized by the World Health Organization [8] and Kenya’s Ministry of Public Health, health literacy was defined as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.” Consequently, the ability to communicate needs and concerns, locate and act on health information, evaluate and interpret the credibility and quality of sources, and weigh relative risks against benefits requires that students attain academic and civic literacy, critical thinking, interpersonal skills, and more.

3.2. What Is Debate?

In the 21st century, “speech and debate” (hereinafter called debate) collectively refers to individual speaking and debate team events, formed under the umbrella of forensics, where people analyze, actively listen to, and refute opposing viewpoints through argumentation. In Aristotle’s *On Rhetoric*, forensic rhetoric is the study and practice of public speaking and debate [9]. Forensics, “the Latin term for *ensis* and closely related to *forum*” [9], has a rich history of language communication influenced by many civilizations, dating as far back as the Kemetic people of Africa who considered speech as central to personal life and governance [11].

The National Speech & Debate Association [12] described debate as programming “to foster each student’s communication, collaboration, [and] critical thinking

[skills].” This notion was further emphasized by the Glenn Pelham Foundation [13], founded by Melissa Wade, a pioneer in the field promoting debate “as a means to foster constructive dialogue, conflict resolution, critical thinking, literacy, and communication skills.” Those sentiments were strengthened by the National Association for Urban Debate Leagues [14], in stating that debate prepares students to learn critical thinking, communication, and collaboration. In debate, students cover policy, health, education, and other world issues relevant to the modern-day landscape and those affecting communities worldwide. As students stay abreast of current knowledge of broad societal issues, norms, cultural perspectives, and global living conditions and concerns, their worldviews and decisions are thus well informed [14].

3.3. The Intersection of Debate and Health Literacy

The goals proposed by the leading debate institutions are the building blocks for the NHES aims. A close examination of the NHES indicates that debate and health literacy intersect in the areas of academic achievement [16,17,18], critical thinking, civic literacy [19], and SEL.

Standard 2 of the NHES speaks of analyzing the influence, which the broader community has on a person’s health behaviors. Standard 3 speaks of students’ ability to access credible information. The analytic thought required to achieve Standards 2 and 3 are found in the critical thinking and academic literacy skills reinforced in debate. Critical thinking is a major component of health literacy [3,5,20] and a core component of debate [17]. A growing body of research suggests that debate benefits critical thinking skills [17]. Student debaters have explained debate as crucial to developing critical thinking skills [17]; that is, there is an association between argumentation found in debate and logical thought, problem solving, questioning, and reasoning that undergird critical thinking. The academic benefits are no less impressive. Students value the academic benefits of argumentation and public speaking skills developed through debate and can articulate their ideas and refine their thinking on a topic. Studies have supported the academic benefits of debate on middle school [17] and high school students [21].

In both Standards 2 and 4 of the NHES, the focus is on demonstrating interpersonal communication to promote health and analyze the influence of interpersonal relationships on someone’s health behaviors, as found in the social-emotional competencies acquired through debate. Debate interventions and strategies are compatible with the broad asset development and environmental enhancement orientation of SEL. They expose students to social-based skills training that strengthens youth assets across family, peer, school, and community environments. Research indicates that debate training improves interpersonal communication skills [13]. When anecdotes and testimonials from student debaters are examined with information from educators [22], the idea of perspective-taking and understanding diverse perspectives as related to social norms and history is repeated [23]. Thus, the common theme is that both SEL and debate foster health literacy through collaboration, communication, conflict resolution, critical thinking, and problem-solving.

Standard 8 of the NHES is concerned with students developing advocacy skills to promote personal, family, and community health [1], and debate programs can enhance civic awareness [21,24]. The book *Advancing Health Literacy: A Framework for Understanding and Action* [25] describes civic literacy as one of the four domains of health literacy. The public issues of civic literacy include an understanding that individual health decisions can affect public health [25]. Research supports that debate education can positively influence civics behavior [21]. A full civic education provides a full curriculum, including a comparison of government forms, public participation, and constitution [24]—the core of any debate curriculum. Debate can be responsive to the civic deficiency that exists among students in U.S. schools [24], and encourage students to demonstrate greater civic engagement [21].

3.4. An Alternative to Debate for Health Literacy

There are several tools that are necessary to build student capacity and competency for health literacy. Currently, many competencies are being learned in schools through SEL programs. As part of those activities, SEL uses programs geared toward “building young people’s positive personal competencies, social skills and attitudes through increased positive relationships [and] social support” to facilitate broad and SEL-specific outcomes [26].

The study of emotional intelligence was popularized in 1995 by Daniel Goleman in his bestseller *Emotional Intelligence: Why It Can Matter More Than IQ?* [27], making the term “Emotional Intelligence” commonplace. As Goleman was championing that life success can be achieved through social-emotional characteristics and qualities, SEL was gaining traction among professional organizations to shape educational guidelines and chart a path for its inclusion in American schools. From the Fetzer Institute conference held in 1994, the term SEL emerged as a set of competencies that could address the “developmental, psychological, educational, and general health needs of children” [28]. In the same period, CASEL, which Goleman cofounded, assumed the mission of making the evidence-based SEL curriculum core to educational experiences pre-K through Grade 12. Consequently, SEL has become a well-researched construct in schools to promote short- and long-term benefits for students [26].

Thus, the skills learned in debate directly impact students’ health literacy and overlap with the skills evident in SEL. However, in the 21st century, little empirical evidence exists to support the notion that debate is important in developing specific oratory and argumentation or broad skills that can impact students’ health and wellbeing. Despite sharing elements with SEL, debate has not undergone rigorous examination. Though not widely examined with evidence-based research, debate can improve health literacy and promotion while simultaneously filling SEL gaps. Just as SEL has school-wide ubiquity and presence, debate, which is a familiar curriculum component for many educators, could be more prominently positioned to grow students’ health literacy competencies. Debate has not been suggested as an

intervention to supplant SEL; rather, the goal is to have it coexist alongside SEL.

3.5. Debate Relegated to Supplemental Status

Debate’s position in the educational curriculum has steadily declined from the era commonly referred to as the ‘theory explosion’ of the 1960s [29]. Melissa Wade, who was a competitive high school debater between 1964 and 1968, recounted that speech and communication were compulsory activities that led students in Texas to a single annual state tournament. In an age where Black and White students learned in segregated schools, those barriers were lifted for debate at the culminating competition [22]. Debate has become a more specialized elective with only marginal resemblance to previous generations. Bellon [30] noted the forensic community’s efforts to move debate beyond its limited boundaries of elective or afterschool status to “incorporate the skills and practice of debate in a broader range of [college] classroom setting” [30]. However, debate has still not regained its former prominence.

Presently, very few public schools offer school-based instruction. The NSDA is a leading organization founded in 1925 to motivate high school students to participate in speech and debate. By 1995, it had expanded its membership opportunities to include middle schools. Despite the NSDA’s prominence, its membership record for the 2020-2021 school year shows that school debate opportunities are not pervasive. NSDA’s most recent data reported only 3,171 secondary school members (middle schools 422; high schools 2,749) [12] among 131,216 public secondary and private schools nationwide (public 98,755; private 32,461) [31]. Furthermore, the lack of debate in New York City, the largest school district in the country, supports enrollment data from the NSDA. When researchers compared the presence of debate between public versus independent New York City middle and high schools, independent schools were thrice more likely to have debate opportunities than public schools. Schools with a higher percentage of students of color are also disadvantaged, with significantly less chance of receiving debate instruction [2].

4. Conclusion

The long-term effects of improving children’s literacy are far-reaching [7]. Educational institutions are critical in helping students acquire health literacy skills [4] and are uniquely positioned to reach all children along their educational journey. Over a decade later, classroom instruction continues to be ideal to foster health literacy, as it helps facilitate students’ personal skills development and motivation to become health-literate [5].

The potential of debate to promote health literacy gives school administrators and policymakers a rationale to support and foster the implementation of debate programs in public schools serving middle and high schoolers [2]. The National Academy of Medicine (NAM) suggested that healthcare costs in the United States can be reduced by promoting health literacy during primary and secondary education years [32]. To this end, debate

instruction in schools has the potential to redress the larger structural impediments that prevent equal education opportunities and positive health outcomes for all students.

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List of Abbreviations

CASEL- Collaborative for Academic, Social, and Emotional Learning
 NAUDL – National Association Urban Debate League
 NHES – National Health Education Standards
 NSDA – National Speech & Debate Association
 SEL – Social-emotional learning

References

- [1] Centers for Disease Control and Prevention (CDC), “Standards for Health Education,” CDC Archive. Available: <https://www.cdc.gov/healthyschools/sher/standards/index.htm#:~:text=The%20National%20Health%20Education%20Standards,pre%2DKindergarten%20through%20grade%2012> [Accessed on March 27, 2019].
- [2] Jacques, E.T., Basch, C.H., Fera, J., and Basch, C.E., “Debate in Public versus Independent Secondary Schools In New York City: Post-COVID-19 Health Literacy and Equal Access to Basic Educational Opportunities,” *Journal of Community Health*, 47(5), 745–749. Jun.2022.
- [3] Marks, R., *Health literacy and school-based health education*. Emerald Publishing, 2012.
- [4] St. Leger, L., “Schools, health literacy and public health: Possibilities and challenges,” *Health Promotion International*, 16(2), 197-205. Jun. 2001.
- [5] Turunen, H., Sormunen, M., Jourdan, D., von Seelen, J., and Buijs, G., “Health promoting schools—A complex approach and a major means to health improvement,” *Health Promotion International*, 32(2), 177-184. Apr. 2017.
- [6] Association of University Centers on Disability (AUCD), *Title V of the Patient Protection and Affordable Care Act*, 2010. [Ebook] Available: https://www.aucd.org/docs/policy/health_care/Section%20by%20Section%20Summary%20of%20Health%20Care%20Workforce.pdf.
- [7] Healthy People 2030. (n.d.). “Social determinants of health.” Available: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.
- [8] World Health Organization (WHO), “Track 2: Health literacy and health behaviour,” Dec. 9, 2010. Available: <https://www.who.int/healthpromotion/conferences/7gchp/track2/en/#:~:text=Health%20Literacy%20has%20been%20defined,pamphlets%20and%20successfully%20make%20appointments>.
- [9] Kennedy, G., *Aristotle on rhetoric: A theory of civic discourse* Oxford University Press, 1991, 87-118.
- [10] American Forensic Association. “What is forensics?” Available: <https://www.americanforensicsassoc.org/what-is-forensics/>.
- [11] Fox, M., “Ancient Egyptian rhetoric,” *Rhetorica: A Journal of the History of Rhetoric*, 1(1), 9-22. 1983.
- [12] National Speech & Debate Association (NSDA). (n.d.). “Mission & vision” Available: <https://www.speechanddebate.org/mission/>
- [13] Glenn Pelham Foundation. (n.d.). Available: <http://glennpelham.org/>.
- [14] NAUDL. (2022). “Who we are”. Urban Debate. Available: <https://urbandebate.org/who-we-are/> [Accessed on May 7, 2022]
- [15] Billings, A.C., “And in the end...: Reflections on individual events forensic participation,” *Argumentation and Advocacy*, 48(2), 111-122. 2011.
- [16] Mezuk, B., “Urban Debate and High School Educational Outcomes for African American Males: The Case of the Chicago Debate League,” *The Journal of Negro Education*, 78(3), 290–304. Sum.2009. [Online] Available: <http://www.jstor.org/stable/25608747>.
- [17] Mirra, N., Honoroff, B., Elgendy, S., and Pietrzak, G., “Reading and writing with a public purpose: Fostering middle school students’ academic and critical community literacies through debate,” *Journal of Language and Literacy Education*, 12(1), 1-22. Spring.2016. [online] Available: <https://files.eric.ed.gov/fulltext/EJ1100979.pdf>.
- [18] Shackelford, D., “The BUDL Effect: Examining academic achievement and engagement outcomes of preadolescent Baltimore Urban Debate League participants,” *Educational Researcher*, 48(3), 145-157. Feb.2019.
- [19] Shapiro, S., and Brown, C., “The state of civics education,” Center for American Progress. 21Feb.2018. Available: <https://www.americanprogress.org/issues/education-k-12/reports/2018/02/21/446857/state-civicseducation/>.
- [20] Nutbeam, D., “Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century,” *Health Promotion International*, 15(3), 259-267. Sep.2000.
- [21] Anderson, S., and Mezuk, B. “Positive youth development and participation in an urban debate league: Results from Chicago public schools, 1997-2007,” *Journal of Negro Education*, 84(3), 362-378. Sum.2015.
- [22] Cridland-Hughes, S., “The Atlanta Urban Debate League: Exploring the making of a critical literacy space,” *American Educational History Journal*, 43(1-2), 41-58. 2016. Available: <https://eric.ed.gov/?id=EJ1142729>.
- [23] Collaborative for Academic, Social, and Emotional Learning (CASEL). (n.d.). “Our mission and work”. Available: <https://casel.org/about-us/our-mission/work/> [Accessed on November 13, 2021].
- [24] Litan, R.E., *Resolved: Debate can revolutionize education and help save our democracy*, Brookings Institution Press, 2020.
- [25] Zarcadoolas, C., Pleasant, A., and Greer, D.S., *Advancing health literacy: A framework for understanding and action* (1st ed.). John Wiley & Sons, 2009.
- [26] Taylor, R.D., Oberle, E., Durlak, J.A., and Weissberg, R.P., “Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects,” *Child Development*, 88(4), 1156-1171. Jul.2017.
- [27] Goleman, D., *Emotional intelligence: Why it can matter more than IQ*. Bloomsbury Publishing, 1996.
- [28] Elbertson, N.A., Brackett, M.A., and Weissberg, R.P., “School-based Social and Emotional Learning (SEL) programming: Current perspectives.” In Hargreaves, A., Lieberman, A. Fullan, M. and Hopkins D. (Eds.), *Second international handbook of educational change*. Springer, 2010.
- [29] Greenstreet, R., “Academic debate and critical thinking.” *12th International Conference on Critical Thinking and Education Reform, Rohnert Park, California*, Aug.1992, 9-12. Available: <https://files.eric.ed.gov/fulltext/ED349586.pdf>.
- [30] Bellon, J., “A research-based justification for debate across the curriculum,” *Argumentation and Advocacy*, 36(3). 161-175. 2000.
- [31] Roberts, D., Craft, S., and Gatliff, J., “Number of schools in the US,” ThinkImpact. Nov 10, 2021. Available: from <https://www.thinkimpact.com/number-of-schools-in-the-us/#:~:text=How%20Many%20Schools%20are%20in%20the%20US%3F,more%20schools%20available%20in%202018>.
- [32] Winkelman, T.N.A., Caldwell, M.T., Bertram, B., and Davis, M.M. “Promoting health literacy for children and adolescents,” *Pediatrics*, 138(6), e20161937. Nov.2016.

