
Assessment of E-Health Literacy of Public Elementary School Teachers towards a Literacy Training Plan

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Abstract — This study aimed to assess the E-Health Literacy of public elementary school teachers in Magalang North of the Division of Pampanga during the School Year 2024-2025 as inputs for literacy training plan. The study used the mixed method design as a guide for the completion of the study. A mixed method approach using sequential-explanatory design was utilized in this study. There was a total of 149 elementary teachers from the entire district as respondents. Then, there were 10 teachers who were selected as participants. Questionnaire and semi-structured interview were used to gather data. Weighted mean and thematic analysis were applied for interpretation. Results tell that elementary teachers somewhat agreed of being literate on e-health in terms of feeling understood and supported by healthcare (2.31). In addition, having sufficient information to manage my health marked a grand mean of 2.74 from the respondents. Also, elementary teachers rated actively managing my health as agree with a grand mean of 3.04 or agree. Lastly, the social support for health is rated as agree by elementary teachers with a grand mean of 3.21. In addition, the challenges of the teachers in E-health literacy were Absence of Health Expert for Consultation in School and Insufficient Health Literacy Campaign. Furthermore, support needed by teachers to improve their e-health literacy include Integrating Health Care Advocacy in School and Assigning Health Care Personnel in a District. Lastly, a literacy training plan is proposed based on the findings of the study.

Keywords: e-health literacy, healthcare, training plan, support for health

I. THE PROBLEM AND ITS BACKGROUND

Introduction

Health is important. It is a message that is currently at the forefront of the conversation among workers in a variety of companies and industries. In this day and age, individuals are placing a greater emphasis on their health, including the manner in which they will take care of their health and take the appropriate activities when they are required, particularly in the event of a health emergency.

Nevertheless, health literacy is the first step towards taking action related to one's health. In recent times, the subject of health literacy has garnered increased attention among scholars, practitioners, and policymakers from a diverse range of fields. The potential that has been attributed to health literacy in order to comprehend, explain, and address individual as well as group inequities in a variety of health outcomes is one of the main contributing factors that has contributed to this clear development in importance.

In the field of public health, health literacy is becoming increasingly crucial. The body of scientific literature addressing this topic has increased at an exponential rate ever since its inception in the 1970s. As of this writing, almost 3,000 articles related to the subject have been included in Pubmed. Of these, 75 percent were released during the last five years, and approximately 1,000 of them have "health literacy" as one of their primary Medical Subject Headings (MeSH) terms. Due to the fact that it allows people to make knowledgeable choices about their health, health literacy is among the most fundamental abilities in contemporary society. Health literacy encompasses more than just the capacity to read and write; it also includes the ability to comprehend medical information, navigate the healthcare system, and use knowledge to promote healthy living. Health literacy functions as a compass that leads individuals towards reliable sources and responsible practices in a time when information is easily accessible but can be intimidating.

In the context of health education (HE), health literacy (HL) is a concept that refers to the ability of an individual to comprehend, access, and utilize knowledge that is connected to health, as well as the individual's motivation to do so. Due to the fact that HL is associated with making

decisions regarding an individual's health needs, it is linked to healthy living practices. When a person's literacy level is low, they are more likely to experience difficulties that are related to their health. Davo et al. (2011) These notions take on new responsibilities and new meanings inside the educational environment at schools (Amelotti et al., 2016).

On the other hand, the domain of health does not have any one single fundamental skill; rather, these skills are dispersed across the course of study. Because of this, there is a need for unique concepts about the organization and development of school health issues. Gavidia et al. (2019) is the source of this information. The COMSAL Project was created in response to the demand that was brought to light by a number of organizations, including the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Council of Europe, the European Commission, the Spanish Ministry of Health, Consumer Affairs, and Social Welfare, and the Spanish Ministry of Education, in order to define these competencies (Gavidia et al., 2016). Furthermore, health and a healthy lifestyle are highlighted by scientific societies and international organizations (ASE, ESERA, OECD) as being among the fundamental building blocks of education. The document titled "Transforming Our World: The 2030 Agenda for Sustainable Development," which consists of seventeen Sustainable Development Goals (SDGs) that are to be fulfilled by the year 2030, was sanctioned by the United Nations in the year 2015.

The resurgence of interest in health literacy has not only been evident in the domains of medical treatment and public health. There is a great deal of documentation to support this. This includes the increasing number of published scientific articles and the inclusion of health literacy as a major topic in many policy agendas (most notably in 2016, with the World Health Organization's Shanghai Declaration on Health Promotion). The strong association between health literacy and disease prevention is one of the most significant reasons why health literacy is so essential. People who are able to comprehend the contents of food labels, prescriptions, and health advisories are more capable of avoiding potentially dangerous actions and adopting healthier lifestyles. For example, being cognizant of the negative effects of smoking, overindulging in alcohol, or having an unhealthy diet can motivate people to make more intelligent decisions. In addition, those with a high level of health literacy are more likely to engage in regular physical

activity, practice proper cleanliness, and seek out preventive care such as immunizations and routine checks.

In the twenty-first century, health literacy has emerged as a concern for the field of medicine. It is essential to people's capacity to navigate the health care system and to control their own health. In addition, health literacy serves as the foundation for the capability of healthcare organizations to serve their patients and clients, as well as for society's ability to safeguard the health and well-being of its residents. Over the course of a person's life, health literacy improves through both formal education and capacity building, as well as informal learning. There are a number of personal, situational, and social characteristics that have an impact on health literacy, which in turn has an effect on a number of things, including healthcare use and costs, health status and behavior, participation and empowerment, and sustainability and equity (Sørensen et al., 2012).

The ability of people and groups to acquire, process, comprehend, evaluate, and act on the knowledge necessary to make decisions that are beneficial to the public health of the community is referred to as "health literacy," according to Freedman et al. (2009). Massey et al. (2012) defined health literacy as a collection of abilities that are utilized in the organization and application of knowledge, attitudes, and practices pertaining to health in the management of one's own health environment.

According to Paakkari & Paakkari (2012), health literacy comprises a broad spectrum of knowledge and abilities that individuals are working to assimilate, analyze, generate, and utilize. This is among the arguments that they brought up. Individuals gain the capacity to perceive themselves, other people, and the world in a way that empowers them to make choices that are favorable to their health and to address and transform the factors that determine their own and other people's opportunities for health. The development of health literacy skills is what enables this to occur.

Individuals who possess health literacy are able to interpret and apply knowledge related to health in such a way that they are able to have more influence over their personal health, as demonstrated by Wu and colleagues in 2010. The evaluation of the credibility, accuracy, and

usefulness of information, as well as the implementation of actions based on that information in order to bring about changes to their behaviors related to health or living situations, are all ways of achieving this goal.

Health literacy is a diverse phenomena that carries importance for both the person and society as a whole, according to Mårtensson and Hensing (2012). Mårtensson and Hensing define health literacy as a polarized phenomena that emphasizes the two extremes of low and high levels of health literacy.

Digital health platforms have made it possible for individuals to access a vast amount of information linked to their health and to manage their chronic diseases more readily than ever before (Sarfati et al., 2018). For instance, individuals with diabetes who are elderly could be able to significantly enhance their comprehension of their medical problems, such as nutrition, exercise, and medication adherence, as well as achieve more control over those illnesses, by using digital health platforms and online health information (Long & Gambling, 2012).

Research shows that in order to access and utilize digital health services, literacy skills—particularly health literacy or e-health literacy—are essential (Zimmerman, 2021). The academic literature provides empirical data to support this. The phrases "health literacy" and "e-health literacy" are used in contemporary literature and practice to refer to the capacity of individuals to handle information about health (Del Giudice et al., 2018). Basic skills are not the only component of health literacy. It comprises the ability to communicate about health-related matters, which is dependent on both individual and systemic elements. These include an individual's beliefs, culture, education, and the organization of health services. The capacity to communicate about health concerns is influenced by the demands of the context and healthcare needs (National Centre for Health Statistics, 2012). Additionally, health literacy contributes to better health and well-being, resolves disparities in health, and helps to build resilience at both the individual and community levels. Furthermore, it gives people the ability to make better decisions regarding their health and to be more committed to health-related issues and to have higher levels of efficiency (Santos et al., 2017).

On the other side, there is a correlation between low literacy and a number of adverse health outcomes, including elevated mortality and morbidity rates, an increased incidence of depression, and a reduced likelihood of compliance with medication regimens. Furthermore, low literacy is frequently associated with a number of other negative social and economic conditions, such as a lack of schooling, poverty, unemployment, and a low socioeconomic level (Nguyen et al., 2020). Even persons who have high levels of education and income may have inadequate health literacy when they are experiencing something for the first time.

According to Wang, Wu, and Qi (2022), Norman and Skinner were the first to describe electronic health literacy, also known as e-health literacy, as the ability to search for, find, and assess health information from electronic sources in order to address medical issues.

When it comes to e-health literacy, the source of the information on the internet is important. The Internet continues to change the way that individuals seek out knowledge and apply it to their own lives due to its ability to deliver information that transcends barriers of time and location (Seckin, Yeatts, Hughes, Hudson, & Bell, 2016.). As a result, the advent of the Internet has led to a swift transformation in the framework of information consumerism, especially in the medical field. Fox and Duggan (2013) discovered that seventy-two percent of internet users in the United States looked for information related to health on the internet. At the beginning of the twenty-first century, one out of every three adolescents utilized the Internet as a reference for health information (Lenhart, Madden, & Hitlin, 2005).

According to Fox and Duggan (2013), the majority of individuals who use the Internet seek out information about a certain ailment or condition in order to diagnose themselves medically. Additionally, twenty-eight percent of these users did not continue by following up with a medical professional. As stated by Atienza, Hesse, Gustafson, and Croyle (as cited in Seckin et al., 2016), the majority of people turn to the internet for information before seeking medical advice from a physician. According to these research, the internet seems to have a significant and obvious impact on the way people manage their health and well-being.

These investigations, though, were carried out by academics from other countries. As a result, the findings of research that has been conducted within the Philippines contrast with the

study that has been carried out around the world on the emerging notion of eHealth literacy, and there is a significant gap between the two.

The cited literature about importance of health literacy are vast. This denote that the health of people is one of the most important things for them. As the world progresses, the literacy should also progress including health literacy. Even though there are studies about e-health literacy, there is scarcity in available studies on the local settings among the teachers. This helped the researcher to conceive a study that assessed the E-Health Literacy of public elementary school teachers in the Division of Pampanga during the School Year 2024-2025 as inputs for literacy training plan.

Conceptual Framework

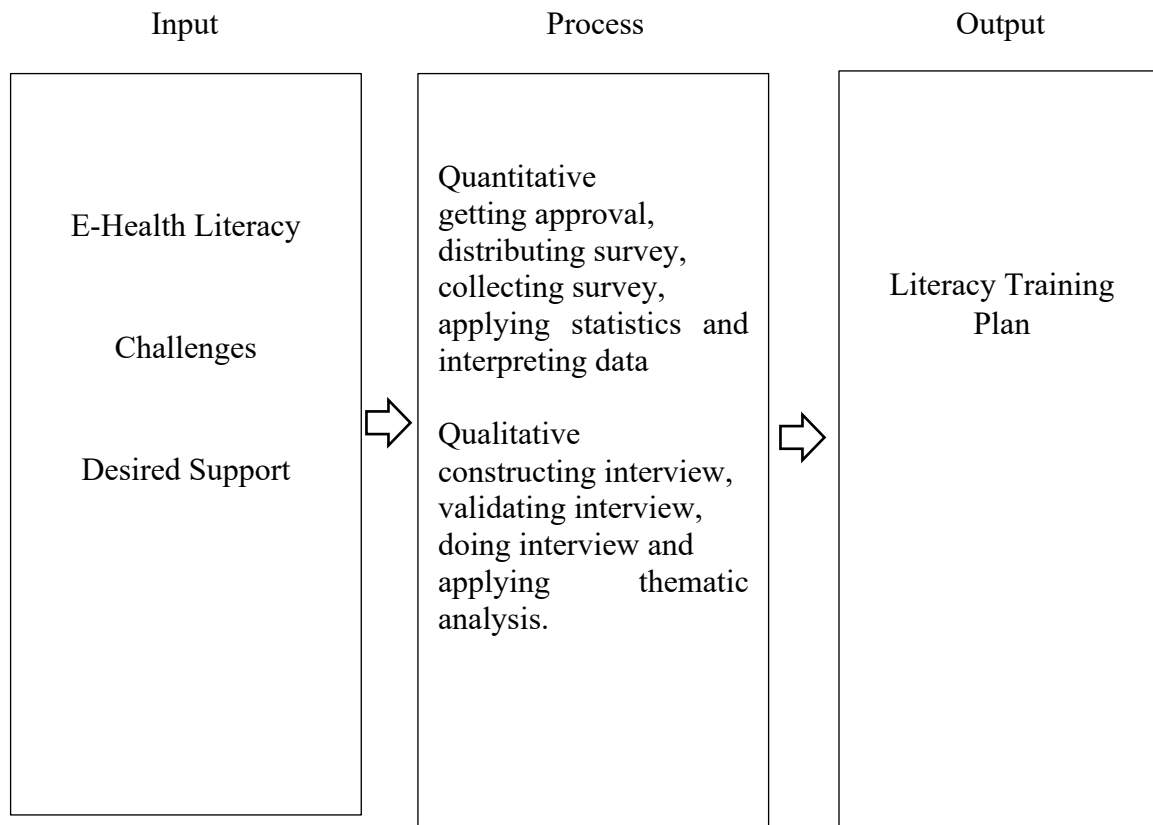
The study adopted the IPO model wherein the capsulized presentation of the study is presented.

Figure 1 shows the graphical presentation of the study.

The input frame focused on E-Health Literacy, challenges on e-health literacy and the desired support to improve e-health literacy.

The process frame included getting approval, distributing survey, collecting survey, applying statistics and interpreting data on quantitative part. The qualitative part had constructing interview, validating interview, doing interview and applying thematic analysis.

The output was the literacy training plan.



**FIGURE 1
 PARADIGM OF THE STUDY**

Statement of the Problem

This study aimed to assess the E-Health Literacy of public elementary school teachers in Magalang North of the Division of Pampanga during the School Year 2024-2025 as inputs for literacy training plan.

Specifically, the following questions were answered:

1. How may the E-Health Literacy of public elementary school teachers be assessed based on:

1.1 Feeling understood and supported by healthcare providers,

- 1.2 Having sufficient information to manage my health,
 - 1.3 Actively managing my health, and
 - 1.4 Social support for health?
2. What are the challenges of teachers on e-health literacy?
 3. How do the teachers want to be supported to improve their e-health literacy?
 4. Based on the findings, what literacy training plan may be proposed?

Significance of the Study

It is expected that the study will benefit the following:

School Heads. The study will be of great help to them to help their teachers improve their e-health literacy. Having teachers who have high health literacy will give them chance to have healthier employees or manpower that will aid in more effective and efficient use of manpower.

Teachers. They will benefit the most in the study because they are the center of the investigation. The study will also serve as reflection of teachers on their e-health literacy and what to improve on it. Through this, they will be able to appreciate more the value of health literacy.

Pupils. They will benefit from the improvement of health of their teachers. When they have healthy teachers, they may receive better learning experiences because teachers will be able to teach more due to good health conditions through their dedications.

Future Researchers. This research is going to be added to the existing body of literature and studies about e-health literacy which may serve as reference for others. Furthermore, the recommendation section may give future directions for future researcher endeavors.

Scope and Delimitation

This study was confined in Magalang North of Division of Pampanga where the researcher is currently assigned. Public elementary school teachers were the respondents of the study for the quantitative part during the School Year 2024-2025.

The quantitative part centered on assessing the E-Health Literacy of public elementary school teachers based on feeling understood and supported by healthcare providers, having sufficient information to manage my health, actively managing my health and social support for health.

The qualitative part dwelt on the challenges of teachers in e-health literacy and how they want to be supported to improve their e-health literacy.

These information were used to come up with literacy training plan.

Definition of Terms

These terms were defined to have a deeper understanding of the study:

Challenges. It refers to the problems that the teachers experience in attaining a good health literacy.

E Health Literacy. This revolves on the following elements: feeling that I have received a sufficient amount of knowledge in order to manage my health, feeling understood and supported by healthcare providers, actively managing my health, receiving social support for health, evaluating health information, being able to actively engage with healthcare providers, and navigating the health system (Liu et al., 2020).

Support. This refers to the assistance that the teachers prefer to improve further their e-health literacy.

II. METHODOLOGY

This chapter discusses research design, respondents and sampling technique, instrumentation, data collection and statistical treatment.

Research Design

The study used the mixed method design as a guide for the completion of the study. It is the mixture of the qualitative approach and the quantitative method in a single research, as the name of this type of enquiry suggests. By utilizing a mixed approach, the researcher is able to capitalize on the strengths of both methodologies while simultaneously addressing the shortcomings of the other way (Kyne, 2021). The objective is not only to have a better grasp of the phenomenon that is being investigated; rather, it is to integrate the qualities of the two methodologies.

A mixed method approach using sequential-explanatory design was utilized in this study. Within the context of a particular investigation, this strategy is centered on the gathering, analysis, and combination of qualitative and quantitative statistics. The purpose of this study is to provide a better understanding of the nature of the problem by combining qualitative and quantitative data (Othman, Steen & Fleet, 2011).

In this study, the researcher gathered first quantitative data regarding the e-health literacy. The results of the analysis of the data collected on quantitative part were the basis for the researcher to craft the questions to be asked for the qualitative phase.

Considering the traits of sequential explanatory, the researcher found it appropriate to be used because it tailor fits the purpose of the study, which is to examine the E-Health Literacy of public school teachers in the Division of Pampanga during the School Year 2024-2025 as inputs for literacy training plan.

Respondents/Participants

The main locale of the study was the Magalang North District where the researcher is currently located and assigned as public school teacher. The district is under the leadership of public schools district supervisor. Total population of teachers was requested as the respondents. This means that universal sampling was applied. This gave everyone the chance to be represented in the study.

TABLE 1
RESPONDENTS OF THE STUDY

Schools	Frequency	Percentage
School 1	18	12.08
School 2	9	6.04
School 3	9	6.04
School 4	12	8.05
School 5	8	5.37
School 6	7	4.70
School 7	5	3.36
School 8	6	4.03
School 9	11	7.38
School 10	12	8.05
School 11	8	5.37
School 12	9	6.04
School 13	10	6.71
School 14	8	5.37
School 15	9	6.04
School 16	8	5.37
Total	149	100.00

Table 1 shows the distribution of the respondents according to school. It can be seen that there was a total of 149 elementary teachers from the entire district. A closer look on the table revealed that 12.08% of the respondents are from School 1, while 3.36% are from School 7.

Another consideration of the study was to have set of participants for qualitative part. On this aspect, the researcher will use judgmental sampling technique for the selection. It is a type of sampling technique that focuses on the quality and qualifications of the source of information

rather than the volume of data (Baraceros, 2016). In this technique, not everyone in the population had the chance to be selected. Only those who met the qualification that was set by the researcher were considered.

To be included in the selection, the researcher set the following parameter: (1) part of the teachers who have the lowest rating in e-health literacy and (2) has been teaching for at least five years. These parameters were strictly followed in selection. 10 teachers from elementary were chosen for the interview.

Research Instruments

The first instrument was the E-Health Literacy Questionnaire of Boateng, et al. (2020). The instrument centered on measuring e-health literacy in terms of feeling understood and supported by healthcare providers, having sufficient information to manage my health, actively managing my health, social support for health, appraisal of health information, ability to actively engage with health care providers, and navigating health system. The said tool is a self-rating questionnaire which may be answered through four-point likert scale.

The second instrument was semi-structured interview. Open-ended questions were crafted once the results of the quantitative part are available. Since it was researcher-made, the researcher and the adviser subjected the questions to content validation. The questions were validated by health leader, qualitative research professor and language expert. The comments and suggestions were discussed with the adviser for finalization.

Data Collection

Permission to conduct the study was sought from the Dean of Graduate School. The researcher also wrote a letter duly noted by the research adviser which was sent to the office of the

Schools Division Superintendent. Once all the permits were secured, the researcher proceeded with the reproduction of the survey questionnaire.

For the data collection, the researcher used the online platform like google form, messenger, social media, phone call, emails and others.

In terms of qualitative data gathering, the interviews were also done online. The researcher needed to record the conduct of the interview for accurate transcription of the data. However, the researcher got the permission of the teacher-participant first.

Ethical Consideration

The researcher discussed to the teachers the objectives of the study. This gave them the chance to ask questions for clarification.

In addition, it was emphasized that the participation is on voluntary basis and no teacher was forced to participate. To do this, there was a letter of consent that was signed by the respondents to show their approval. Furthermore, the researcher protected their identity by giving them the chance to write their names optionally. It was underscored that their names and identity were protected with utmost secrecy.

Statistical Treatment/Data Analysis

The following statistical treatment were used:

1. Weighted mean, to determine the e-health literacy of the teachers

The following will be the norms for interpretations:

Scale Value	Descriptive Ratings	Range of the Weighted Means
4	Strongly Agree	3.25 and above
3	Agree	2.50 – 3.24
2	Somewhat Agree	1.75 – 2.49
1	Not Agree	1.00 – 1.74

The data to be collected from semi-structured interviews will be converted to transcripts. These direct quotations were grouped according to their similarities and was assigned themes to represent all the grouped quotations.

Formulation of themes was done using the following steps: (a) convert the recordings to transcript, (b) identify key points, (c) code the key points, (d) group similar codes, and (e) assign themes.

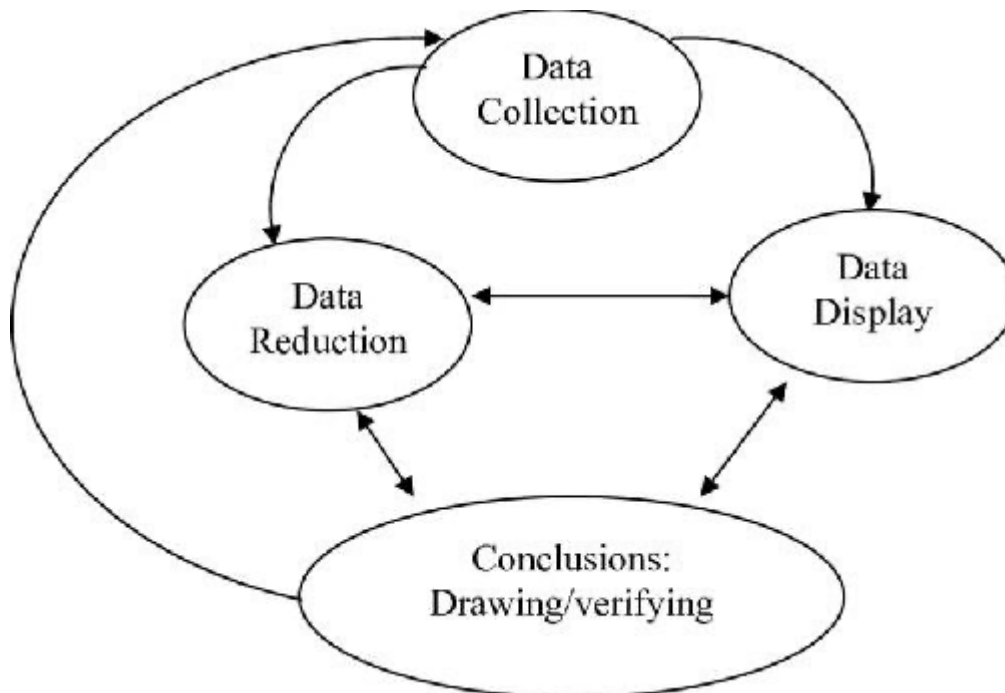


FIGURE 2
DIAGRAM OF QUALITATIVE DATA ANALYSIS

The heart of data analysis in this part is on thematic analysis of the data. It consists of three to four stages or 'streams' including data collection, data reduction, data display and data conclusion-drawing/verifying.

Data collection is the first part of this model. The researcher needs to gather first the data to be interpreted from the target source.

According to the Miles and Huberman (1994) model, the second stage in the process of data analysis is data reduction. It encompasses the process of choosing, simplifying, and changing the data.

Data display is the third and last important phase in the Miles and Huberman Model from 1994. Data retrieval is accomplished through data display in this step. It is impossible to separate it from data reduction because the two are complementary to one another. The organized, compressed assembly of information is the definition of data presentation (Ibid). The data that is obtained will be analyzed in order for it to be comprehensible. According to Miles and Huberman (1994), data display is a method of organizing data that also aids in the organization of concepts and thinking.

The final step in the Miles and Huberman Model involves formulating conclusions and examining the data (1994). The application of certain points to aid researchers in drawing conclusions after displaying data in a multitude of different formats has been recommended by these workers. This investigation incorporated some of the concepts that they developed in order to extract meaning from the data.

These comprised of the following: the first was the notation of any patterns or themes and the relevance of any statement, particularly if they were similar or in contrast to each other.

1. The construction or establishment of classifications of "information that can be placed together"
2. Determining the ways in which the various factors and variables are related to one another
3. Developing a theoretical framework that is conceptually coherent and consistent, which should be used at the conclusion to examine the legitimacy of the findings in order to determine whether they conform to the framework of the study.

III. RESULTS AND DISCUSSION

This chapter centers on the presentation of analysis of data. Presentation is based on the chronological arrangement of the research questions.

1. E-Health Literacy of the Respondents

The e-health literacy of the respondents was measured through the given questionnaire.

It can be seen from Table 2 that elementary teachers provided a grand mean of 2.31 (SD=0.35) or agree on feeling understood and supported by healthcare providers with a verbal description of somewhat agree. In addition, they rated first indicator “I have at least one healthcare provider who knows me well” with highest mean of 2.37 (SD=0.45), while the lowest mean of 2.24 (SD=0.43) or agree is on second indicator “I have at least one health care provider I can discuss my health with”.

The findings suggest that in order for the respondents to be aware of e-health literacy, they require greater access to healthcare providers. This indicates that they do not place a priority on providers of health care services. This might have its origins in their current circumstances, where they put their basic necessities first.

Elgamal (2024) claim that individuals nowadays undervalue the significance of health literacy. This is because, unless people are already ill, they have a tendency to prioritize their immediate demands and have little awareness of the significance of health.

TABLE 2
ASSESSMENT OF E-HEALTH LITERACY IN TERMS OF FEELING UNDERSTOOD AND SUPPORTED BY HEALTHCARE PROVIDERS

Indicators	WM	SD	Description
1. I have at least one healthcare provider who knows me well	2.39	0.35	Somewhat Agree
2. I have at least one health care provider I can discuss my health with	2.30	0.33	Somewhat Agree
3. I have the healthcare providers I need to help me work out what I need to do	2.34	0.37	Somewhat Agree
4. I can rely on at least one healthcare provider	2.29	0.32	Somewhat Agree
Grand Mean	2.31	0.35	Somewhat Agree

Another indicator of e-health literacy is having sufficient information to manage my health, which marked a grand mean of 2.74 (SD=0.39) by elementary teachers.

The same table tells that elementary school teachers provided the highest mean of 2.97 (SD=0.36) on second indicator “I have enough information to help me deal with my health problems”. On the contrary, the lowest mean of 2.62 (SD=0.39) is given to third indicator “I am sure I have all the information I need to manage my health effectively”. Still, all of the indicators are rated as agree.

Teachers are knowledgeable about managing their own health, according to data. This can have its roots in their expertise and experiences as the school's health coordinators. According to Viegas (2024), people nowadays should prioritize taking care of their health. One strategy is to lead a healthy lifestyle and get frequent checkups. Every year, public school teachers have physicals to make sure they are healthy enough to teach.

TABLE 3
ASSESSMENT OF E-HEALTH LITERACY IN TERMS OF HAVING SUFFICIENT INFORMATION TO MANAGE MY HEALTH

Indicators	WM	SD	Description
1. I feel I have good information about health	2.93	0.37	Agree
2. I have enough information to help me deal with my health problems	2.97	0.36	Agree
3. I am sure I have all the information I need to manage my health effectively	2.62	0.39	Agree
4. I have all the information I need to look after my health	2.72	0.42	Agree
Grand Mean	2.74	0.39	Agree

Table 4 reflects that elementary teachers rated actively managing my health as agree with a grand mean of 3.04 (SD=0.34). Furthermore, their highest mean of 3.17 (SD=0.36) is given to first indicator “I spend quite a lot of time actively managing my health”, while the lowest mean of 3.00 (SD=0.37) is found on third indicator “Despite other things in my life, I make time to be healthy”.

Data implies that health coordinators put premium on management of their health. The work in the public schools nowadays is very taxing which makes them more concerned about their management of their health. Alzahrani et al. (2024) noted that taking care of oneself does not only happen when a person is ill. It should be a lifestyle that everyone must have.

TABLE 4
ASSESSMENT OF E-HEALTH LITERACY IN TERMS OF ACTIVELY MANAGING MY HEALTH

Indicators	WM	SD	Description
1. I spend quite a lot of time actively managing my health	3.17	0.36	Agree
2. I make plans for what I need to do to be healthy	3.02	0.32	Agree
3. Despite other things in my life, I make time to be healthy	3.00	0.37	Agree
4. I set my own goals about health and fitness	3.04	0.34	Agree
5. There are things that I do regularly to make myself more healthy	3.06	0.33	Agree
Grand Mean	3.04	0.34	Agree

Lastly, the social support for health is rated as somewhat agree by elementary teachers with a grand mean of 3.21 (SD=0.32). The same table tells that highest mean of 3.32 (SD=0.30) is given by elementary teachers on the fifth indicator “I have strong support from family or friends”. The lowest mean of 3.13 (SD=0.32) is found on second indicator “When I feel ill, the people around me really understand what I feel”.

The data suggested that health coordinators have a person they may call whenever they require assistance with regard to their medical and health concerns. As a matter of fact, family members serve as the first line of support for teachers, stepping in to assist them when they need it the most. According to Kind (2018), when family members are involved, it becomes simpler for an individual to deal with everything. Maintaining a strong relationship with one's family, regardless of whether or not assistance is required, gives a person the sense that they are protected and that their needs are being met.

TABLE 5
ASSESSMENT OF E-HEALTH LITERACY IN TERMS OF SOCIAL SUPPORT FOR HEALTH

Indicators	WM	SD	Description
1. I can get access to several people who understand and support me	3.24	0.37	Agree
2. When I feel ill, the people around me really understand what I feel	3.13	0.32	Agree
3. If I need help, I have plenty of people I can rely on	3.21	0.37	Agree
4. I have at least one person who can come to medical appointments	3.19	0.31	Agree
5. I have strong support from family or friends	3.32	0.30	Strongly Agree
Grand Mean	3.21	0.32	Agree

2. Challenges of the Teachers in E-Health Literacy

The researcher also gathered the challenges of the teachers in E-health literacy. Through semi-structured interview, the researcher was able to gather data and were subjected to thematic analysis.

Theme 1: Absence of Health Expert for Consultation in School

Health matters for everyone including the teachers. Evidently, the teaching profession is one most taxing. Teachers become tired every day after their six-hour actual classroom teaching and more than two hours of work that are needed to be finished within the day. There are even times that they do not sleep well due to the volume of work. Because of this, their health suffers.

Teachers look for someone who can give them information about health so they will know how to address some minor concerns. Yet, they do not have someone to consult in the school. This is found on the following ideas of the participants:

There is no one to ask about health (P2)

No free consultation for DepEd employees (P3)

There must be someone where we can consult (P6)

You cannot consult someone about health unless you pay outside (P9)

No one gives free consultation for DepEd teachers (P10)

A wide range of exciting prospects are available to physicians through the online healthcare business. By making use of online medical platforms, physicians can expand their patient base and reach a greater number of potential patients (Lu & Quan, 2025). By making it possible for medical professionals to provide patients in rural or underserved areas with medical services online, these platforms can help to broaden their reach to patients who are seeking medical consultations from a distance, independent of their physical location. These patients may not have convenient access to healthcare services. Additionally, doctors benefit from the extra revenue that they can generate through online healthcare services. The provision of medical services over the internet is a means by which they can earn money. This, in turn, increases the number of career options and sources of revenue available to them.

Theme 2: Insufficient Health Literacy Campaign

Good health is the key to productive societies and people (Menabde, 2017). When people are healthy, they are better able to go to school and work, flourish, and contribute to their organization. To do this, it is indeed necessary to ensure that there is enough health literacy campaign in institutions for their employees.

This is found on the challenges of the participants in e-health literacy:

There is no health literacy advocacy in school (P1)

Taking care of health is not encouraged. What they encouraged is commitment to work (P4)

More work instead of rest time (P5)

They advocate mental health but they give work on weekends (P7)

Mental health advocacy is just on paper (P8)

The concept of health literacy goes beyond the ability to understand information related to health; it empowers individuals to make well-informed decisions regarding their own well-being. During their formative years, individuals are profoundly impacted by the educational institutions and community environments in which they find themselves. It is in these types of settings that people frequently adopt routines and ways of acting, including those that are connected to health and sanitation(Saleem & Jan, 2024).

3. Support Needed by Teachers to Improve their E-Health Literacy

The researcher also invested the support needed to improve the e-health literacy of the participants. With this, the researcher resorted to use semi-structured interview. After careful, analysis, the researcher came up with the following themes:

Theme 1: Integrating Health Care Advocacy in School

Once more information is provided to individuals, their literacy rates have the potential to improve. In terms of health literacy, it is critical to provide education to teachers and everyone in the school that includes information on their rights and things that they need to know about health care.

Participants are able to recognize the benefit of incorporating health care advocacy in school, which will focus on comprehensive health care program and activities for teachers and other personnel. It is believed that their e-health literacy would increase when they receive information from specialists.

This theme is captured from the following direct quotations:

Comprehensive health care advocacy in school (P3)

Include in the priorities of school the health care of teachers and other personnel (P4)

Provide activities for mental health (P6)

Discuss the health benefits and law available to teachers (P7)

Give us comprehensive health care package (P9)

Health literacy is one of the most neglected types of literacy because people think that they only need it once they are sick or ill. However, participants see that they need to have and feel a comprehensive health care advocacy that is realistic and will be implemented well.

According to Pradipta and Situmorang (2024), being well educated is already an advantage in the event of a health crisis. Individuals are more likely to choose the correct course of action at the appropriate time if they possess sufficient knowledge about health, even the most fundamental information. As a result, they will be better able to provide for themselves, their families, and the individuals that are around them.

Theme 2: Assigning Health Care Personnel in a District

It is evident that teacher recognize the significance of health literacy. Despite their designation to execute such jobs, they nevertheless perceive the significance of having someone who is knowledgeable in health to be placed in schools or in a district. After that, they will be able to put any queries to them at the moments when they are most in need of answers.

This need is found on the following responses of the participants:

Assign a nurse in school or district for us (P1)

It will be better if we can have nearby doctor or nurse to consult with (P2)

Give doctor in every district, municipality or group of schools (P5)

An expert that we can ask in health (P8)

Actual health personnel may be (P10)

The teachers are aware of the fact that their knowledge of health literacy is not exhaustive. The information that they possess might not be accurate because they do not possess expertise in the field of health. Asriadi et al. (2023) suggested that the presence of nurses in schools would be beneficial not only for health literacy but also for the real response to the needs of the students. at the event that there is an individual at the school who possesses expertise in health, students will be able to remain calm and will have someone in a position of authority whom they can trust.

4. Proposed Literacy Training Plan

Using the findings of the study, the researcher came up with a proposed literacy training plan that aims to be of great help in informing teachers and coordinators about e-health literacy.

Objectives	Activities	Methodology	Resources Needed	Success Indicators
1. Enhance understanding of basic health concepts and services.	Lecture-discussion on health literacy, health rights, and access to services.	Interactive lecture, Q&A	Slides, handouts, DOH/DepEd health materials	80% of participants score “satisfactory” in post-test knowledge check.
2. Develop skills to critically evaluate health information (e.g., social media claims, medical advice).	Workshop on “Fact or Fake?” – evaluating health news and online content.	Group activity, case scenarios	Sample articles, gadgets for browsing, printed fake vs. factual info	Participants can correctly identify 3–4 fake/true health information cases.
3. Strengthen communication skills for discussing health concerns with professionals and peers.	Role-play on patient–doctor/teacher–student health communication.	Simulation, peer feedback	Role-play scripts, facilitator’s guide	At least 70% demonstrate improved confidence in role-play evaluation rubric.
4. Promote healthy lifestyle practices (nutrition, exercise, stress management).	Demonstration and mini-coaching sessions: meal planning, exercise routines, mental health self-care.	Hands-on activity, coaching	Posters, food plate model, exercise mats, wellness trackers	Participants adopt one personal health commitment (logged in reflection sheet).
5. Empower participants to advocate for health literacy in school/community.	Action planning workshop: integrating health literacy into class, PTA, or community outreach.	Small group planning, presentation	Action plan template, flipcharts, markers	80% of groups produce feasible action plans aligned with school/community context.

Timeline

Day/Session	Main Content	Activities
Day 1	Introduction to Health Literacy & Access to Services	Lecture, Pre-test, Discussion
Day 2	Evaluating Information & Communication Skills	Workshop, Role-play
Day 3	Healthy Practices & Action Planning	Demonstrations, Action Plan Writing, Post-test

Evaluation and Monitoring

- **Pre- and post-tests** on health literacy knowledge and skills.
- **Reflection journals** where participants record their learning and intended lifestyle changes.
- **Follow-up monitoring:** within 3 months, check implementation of action plans in schools/communities.

IV. CONCLUSIONS AND RECOMMENDATIONS

This chapter provides information about the summary of findings, conclusions drawn from summary and recommendations based on the conclusions.

Summary of Findings

The following were the summary of findings:

1. Elementary teachers somewhat agreed of being literate on e-health in terms of feeling understood and supported by healthcare (2.31). In addition, having sufficient information to manage my health marked a grand mean of 2.74 from the respondents. Also, elementary teachers rated actively managing my health as agree with a grand mean of 3.04 or agree. Lastly, the social support for health is rated as agree by elementary teachers with a grand mean of 3.21.

2. The challenges of the teachers in E-health literacy were Absence of Health Expert for Consultation in School and Insufficient Health Literacy Campaign, which affect their E-health literacy.

3. Support needed by teachers to improve their e-health literacy include Integrating Health Care Advocacy in School and Assigning Health Care Personnel in a District.

4. A literacy training plan is proposed based on the findings of the study that aims to be of great help to teachers.

Conclusions

The following were the conclusions formed based on the summary of findings:

1. The average e-health literacy of elementary teachers suggests that they still have room for improvement, with a particular emphasis on having adequate health information and the expertise required for health management.

2. Respondents feel that their e-health literacy suffers due to emphasis and importance given by school as shown by the absence of health literacy campaign and experts for consultation.

3. Elementary teachers see the value of having someone who is expert in health matters to be in school or district as first line of support. Furthermore, they value to see and have comprehensive health literacy campaign in school

4. The proposed literacy training plan aims to help teachers to improve their e-health literacy.

Recommendations

The following are the recommendations offered:

1. Elementary teachers may consider improving their e-health literacy through expert consultation and looking pages that offer free information about health.

2. School heads may benchmark with other organizations on how to do health literacy campaign to start their own in their respective schools.

3. School health care personnel may include in their plan the regular visit to schools so teachers and coordinators will know when they will be able to talk to them for consultation and other related concerns.

4. The proposed training plan may be adopted in one district to test its effectiveness and look for further improvement.

5. Future researchers may conduct study regarding health literacy in public schools among the learners and parents to enrich the findings of the study.

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