# PR3- CREATION AND PILOTING OF EDUCATIONAL MODULES

Erasmus+- KA220- Cooperation partnership in school education

(Duration: 28.02.2022-27.02.2023)

# *TRANSNATIONAL EVALUATION REPORT*

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## 1. Introduction

The main goal of the project PHILIP- Protection of Health by Increasing the Health Literacy of Pupils is to increase the levels of health literacy among the young European population (aged between 11 to 15) and to try to empower all the educational figures to raise awareness between their students on the matter of health literacy, through educational activities. In addition to that, many innovative, educational, and interactive instruments have been created to communicate with the youngest and involve them in the learning process. The project lasts two years, starting from February 2022. The PHILIP project is in the framework of the Erasmus+ Program, KA220-SCH- Cooperation partnership in school education, by the European Commission, in a partnership between six European entities.

The Partners are:

- Ústav pro zdravotní gramotnost, z.ú. (UZG), Czech Republic
- TIBER UMBRIA COMETT EDUCATION PROGRAMME – TUCEP, Italy
- Cáritas Coimbra, Portugal
- MPIRMPAKOS D. & SIA O.E., Greece
- Academia Postal 3 Vigo S.L., Spain
- Inovaciju tinklas, Lithuania

## 2. PR3- Creation and piloting of educational modules

The main goal of Project Result 3 (PR3) was to develop educational models and materials regarding health literacy for people aged 11 to 15 based on the research already made in this field in addition to the material contained inside the Teacher's book which was created within Project Result 1 and 2. The models were designed both for pupils and for teachers who will use them during their lessons. The modules will mainly be digitalized and processed in digital form as the project's goal is to educate pupils on this very important field.

The PR3 has been made of 4 different modules, each of which was divided into distinct chapters (12), intended to be taught during classes. Each country partner has been responsible for two modules. Each module had a learning purpose to be accomplished. The modules are as follows:

| TRAINING AND EDUCATION MODULE THEMES | |
|---|---|
| **Finding and Understanding Information** | **Module 1** |
| How to look for information from reliable sources in person? | Chapter 2 |
| How to stay up-to-date on current health information? | Chapter 3 |
| How to interpret information from a doctor? | Chapter 4 |
| **Your Health, Your Responsibility** | **Module 2** |
| How Sleep, Exercise, and Diet Affect Your Health | Chapter 1 |
| Fun and Interactive Activities to Encourage Healthy Habits | Chapter 2 |
| **Choosing What's Best for Your Health** | **Module 3** |
| Understanding the Risks of Mistreatments | Chapter 1 |
| Making Good Decisions About Your Health | Chapter 2 |
| Developing Critical Thinking Skills | Chapter 3 |
| **First Aid and Emergency Responses** | **Module 4** |
| How to React in Emergencies and Call for Help | Chapter 1 |
| Basic First Aid Techniques | Chapter 2 |
| Practice Exercises to Develop First Aid Skills | Chapter 3 |

Before the distribution of the models between pupils and teachers and used by each partner country, the modules have been tested. The pilot testing conducted before the distribution consisted of at least 40 primary school students per country to test it, for a total of 240 students testing it before the actual distribution in schools.

Take for example some of the partner countries, for instance:

- in Portugal the modules were tested in 9th-grade classes in Coimbra and, after some adjustments needed for the various degree classes, a questionnaire was distributed among the students;

- in Italy, instead, the pilot testing was conducted in Perugia, there were precisely 58 students involved, aged between 14 and 15;
- in the Czech Republic, 40 students between the 7th and 9th grades have been testing it. The average age was around 14 years old and most of them were male students. It's important to underline that, despite the age difference, there were no notable differences in the answers collected;
- in Spain, 42 students aged between 12 and 15 did the pilot testing. Just a slight minority preferred not to answer (4 students);
- in Lithuania, 40 pupils took part in the pilot test, and all of them were satisfied with the knowledge acquired, answering positively to all the questions;
- in Greece, 18 students participated in the pilot test, and all of them answered, often with some difficulty because of a lack of basic knowledge.

## *2.1 Survey among pupils*

UZG, as leader of the PR3, made a questionnaire in English to submit to the pupils for each partner country. The questionnaire had the primary aim to assess the content of the modules studied in class, their knowledge of health literacy, and the way that teachers make them use the instruments provided. The questionnaire, together with its primary aim, was also able to collect data regarding the satisfaction of students and teachers regarding the structure of the modules, the content, and all the other relevant aspects related to it. Once completed, the questionnaire has been sent to each partner country to be translated into the respective language and submitted to the students. Participants were informed about the methodologies regarding the collection of data, which respects the privacy norm currently present in the EU. The data collected have been stored in a secure digital space provided by the projects' partners and only the members will have access to the anonymous data collected.

## 2.2 Questionnaire data

In the Czech Republic, the questionnaire was perceived positively: presentations were defined as clear, understandable and so useful for learning. Teachers were evaluated positively as well: they gave them enough time to reply to the questions and they explained the topics clearly. Students found the topic useful, and they think, after the PR3, to able to apply that knowledge in their lives. The questions that registered the highest level of negative responses still had around 70% of positive answers. The negative answers regard:

- whether students liked to use presentations to learn
- whether students would be able to use what they learn in their life
- whether students can compare PR3's information with other sources
- whether students can generally determine if the information is correct.

Generally, the level of satisfaction registered has been high.

In Portugal, the use of modules regarding health literacy was perceived positively:

- 96% stated that they had learned from the modules;
- 100% stated that it was easy to understand;
- 95% stated that they enjoyed studying from presentations;
- 93% stated that they feel confident in applying what they learned in real life.

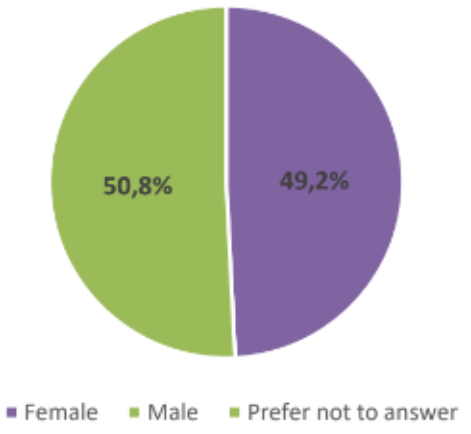



*Figure 1 - Sex of the participants*

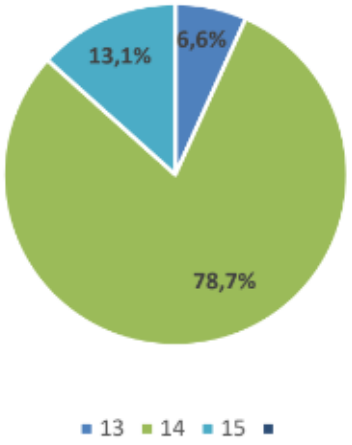



*Figure 2 – Age of the participants*

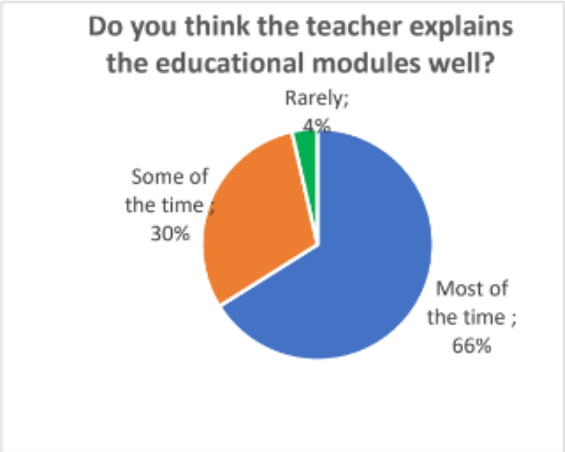
Regarding the teacher's explanations, almost all the students stated that the teachers were clear when explaining the different modules and that they gave them enough time to answer the questions.

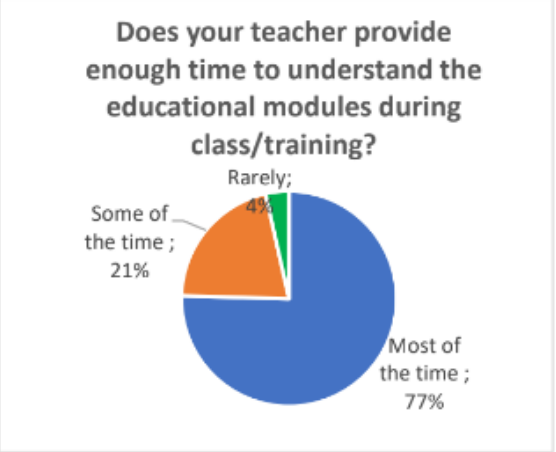
Furthermore, more than half of the students stated that the teacher had also stimulated their critical thinking by encouraging them to ask questions.

Additionally, most of the pupils who participated stated that they consult credible and easily accessible health information and that they can share, compare, and evaluate data.

In Italy, the level of satisfaction with the materials provided was high and the results were highly positive:

- 80% of students said that they had learned from the materials and enjoyed them;
- 66% and 77% of students stated, respectively, that the teachers explain the model well and give them enough time to understand the modules;
- 65% of students affirmed being confident about having good information about health.




Generally, teachers adopted an interactive and engaging approach which, most of the time, encouraged students to ask questions and take an active part in the discussion.

In Spain, the questionnaire registered the maximum level of satisfaction among students, as:

- 100% of the students stated that they had learned something from it, and most of them stated that it was clear and understandable;
- 93% of students evaluated positively that they had good information about health, the rest were not sure about it;
- 83% of students found health-related information easy to understand and stated that they can compare health-related information from different sources;
- 100% of students stated that they could easily give examples of things that promote health and, if necessary, give ideas on how to improve health in the context they live in;

In conclusion, most of the pupils were very satisfied with the overall project and with all the information contained in the modules.

The only problem registered for a minority (around 17%) of the students regarded the comparison of information from different sources, so the overall evaluation is very positive.

In Lithuania, the level of interest between all the students who took part in the survey was very high, for instance:

- 100% of the students gave positive feedback on the structure and contents of the modules;
- Most of the students found the modules interesting and liked them very much;

It was reported that some students, especially the younger ones, could follow the whole modules with much attention, as for that age group more animation would be needed.

Generally, the level of satisfaction was high and the modules and the overall project were evaluated positively.

In Greece, most of the students evaluated the modules positively, especially the graphics. Most of the students evaluated the material as very interesting, but some of them had, sometimes, difficulty concentrating on the text.

Some students, also, found some of the materials difficult and impossible to understand in just one hour of teaching.

Generally, there was a good level of satisfaction between students, but it was lower than the one registered in the other partner countries.

## *2.3 Questionnaire for evaluation addressed to the teachers who participated in the pilot phase*

The aim of the questionnaire to be submitted to teachers and educators was to collect their opinions on their satisfaction with the content and the structure of the modules, how they used them during their lessons, and the impact they had on the acquisition of knowledge on the matter of health literacy. The questionnaire was digital to make it easier for the target group to take part in it. It is not the case – some teachers scanned the questionnaires filled by hand.

All the participants were informed that some of the data was going to be collected confidentially and that at no time the researchers will be able to identify and relate the people to the answers. They were informed that the collected data was going to be stored in a secure digital space which was provided by the project partners and only the members would be able to access the anonymous data of the questionnaire.

## *2.4 Questionnaire data*

**Czech Republic, Spain**

No specific data were reported on feedback from questionnaire teachers, but the general level of satisfaction between educators and teachers was high.

They found the modules interesting and so useful for the purpose, easy to understand and to explain to the students who, for instance, stated that the teachers explained the topic very well, affirming they had full comprehension of the topic discussed.

**Portugal**

The questionnaire was submitted to three teachers, who felt that their students were satisfied with the content of the PHILIP training modules, with the way it was

implemented, and affirmed that, in their opinion, the training modules were suitable for promoting health literacy between pupils. The teachers were satisfied with the module's

structure and the way they were presented, affirming that they are good sources for promoting health literacy and so useful for teaching and learning.

**Italy**

Teachers reported that the project modules were covered through a shared and reasoned presentation of the material provided, trying to involve the students as much as possible. Teachers have adopted a dialogical approach. Students have been invited to search for information on health literacy in class and to evaluate together the findings.

Regarding the second module, teachers try to work on in also in a cross-cultural way, through the re-working of information in English.

Regarding the fourth module, instead, teachers organized a workshop in the school, involving health worker with experience in first aid – the main topic of the module. After the practice demonstration, engaging students in the application of first aid techniques.

Teachers were highly satisfied with the content of the modules and with the outcomes they received from their students.

**Lithuania**

Teachers were really satisfied with the PHILIP training modules, defining them as well-structured, enhancing in this way the understanding of pupils. Teachers reported to be highly satisfied with the content and the structure of the modules. In teachers' opinion, these modules should be used with students from 5$^{th}$ grade to 9$^{th}$- 10$^{th}$ grade, repeating and extending the knowledge. They also suggested using more animation, because for young

students it's easier to pay attention if presentations are more visually appealing. Overall, they rated the PHILIP training modules highly positively.

**Greece**

Teachers reported the material to be very organized. It was stated that the modules contained many topics that are not taught in school and, so, are useful for students to amplify their knowledge and understanding of health literacy, especially because there are no such materials in Greek schools, so they cover a big gap present in primary schools.

PHILIP training modules have been a good opportunity for learning for teachers too, because they didn't receive any formation on teaching health literacy previously.

Although some of the students were not able to have full comprehension of the topics, because of the lack of basic knowledge, teachers reported being satisfied with the results obtained and evaluated highly positively PHILIP training modules.

## *2.5 Summary and conclusions*

The level of satisfaction between the pupils of partner countries has been high.

Pupils always reported to have understood something from modules, underlining – in most cases- that they can apply their new knowledge in real life.

The modules were classified as understandable, clear, easy, and informative.

The graphic used was highly appreciated and especially in some of the partner countries, students would have liked to have it more.

A slight percentage of students had problems related to the understanding of the materials, due especially to the young age of the students and to the low level of basic knowledge they had.

The percentage of students who stated being able to compare information from different sources is high, especially considering the young age of pupils who took part in the questionnaire.

Most of the students appreciated the teacher's approach to the modules and stated that the teacher's explanation was very clear, that they had enough time to understand the topic, and, finally, that the teachers encouraged them to take an active part in the discussion generated from the lesson.

In conclusion, the PHILIP project was successful in its aim of giving pupils some knowledge on health literacy. Teachers' role was fundamental and all of them have been able to approach the topic correctly and help their student's understanding.

The positive feedback emphasized the importance of including health literacy in the teaching materials in schools.

# *3. Annex*

## ANNEX 1 – QUESTIONNAIRE FOR EVALUATION ADDRESSED TO PUPILS

### Evaluation form addressed to Pupils

The aim of this evaluation form is to assess how the educational modules were perceived by pupils in the class and if and to what extent they had an impact on their health literacy skills. In more detail, the form evaluates pupils' satisfaction with the content of the modules, how their educators use them during the class, and pupils' knowledge of health literacy issues.

The survey respondents' identity will remain strictly CONFIDENTIAL. All data collected for this research project will be stored in a secure digital space provided by the project partners. Only members of the research team at the **[local partner]** and the partner organizations will have access to the anonymous questionnaire data.

Elements of this survey were adapted from the research "Health Literacy for School-Aged Children" conducted by Olli Paakkari and Leena Paakkari, Faculty of Sport and Health Sciences, University of Jyvaskyla, Finland.

1. What would you say is your sex/gender:
   - ☐ Boy
   - ☐ Girl
   - ☐ I prefer not to answer

2. What is your age:
   - ☐ 11
   - ☐ 12
   - ☐ 13
   - ☐ 14
   - ☐ 15

3. Which class are you attending?

   ……

4. Please, assess the content of the educational modules:

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---|---|---|---|
| 1. Did you learn anything new from the modules? | | | | |
| 2. Were the modules clear and easy to understand? | | | | |
| 3. Did you like learning from the modules? | | | | |
| | Strongly disagree | Disagree | Agree | Strongly agree |
| 4. Do you feel confident to apply the information learned to real-life situations? | | | | |

5. Do you think the teacher explains the educational modules well?

☐ Most of the time ☐ Some of the time ☐ Seldom ☐ Never

6. Does your teacher provide enough time to understand the educational modules during class/training?

☐ Most of the time ☐ Some of the time ☐ Seldom ☐ Never

7. Does your teacher encourage asking questions when using the educational modules?

☐ Most of the time ☐ Some of the time ☐ Seldom ☐ Never

8. From the following options, choose the one that best describes your opinion now:

| | Not at all true | Not quite true | Somewhat true | Absolutely true |
|---|---|---|---|---|
| 1. I'm confident to have good information about health | | | | |
| 2. When necessary, I find health-related information that is easy for me to understand | | | | |
| 3. I can easily give examples of things that promote health | | | | |

| | | | | |
|---|---|---|---|---|
| 4. When necessary, I can give ideas on how to improve health in the context I live in (e.g., family, friends, classmates) | | | | |
| 5. I can compare health-related information from different sources | | | | |
| 6. I can usually figure out if some health-related information is right or wrong | | | | |

Suggestion/comments:

| |
|---|
| |