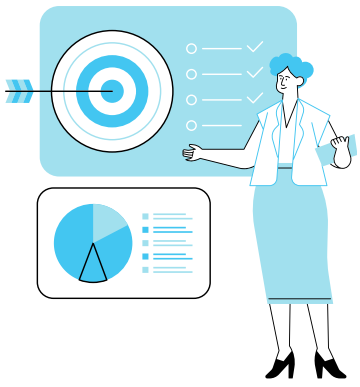
BLISS

BOOSTING HEALTH LITERACY FOR SCHOOL STUDENTS

POLICY RECOMANDETIONS

RECOMANDETIONS FOR LOCAL AND NATIONAL LEVEL

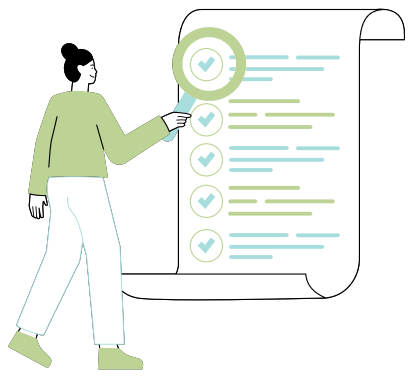


1. IMPLEMENTING A COMMON STRATEGY TO PROMOTE HEALTH LITERACY IN SCHOOLS:

It needs a coordinated strategy for schools on local, national, and European levels that is co-developed by the education and health sectors with the support of local and national government experts and representatives as well as European policy- and decision-makers. A sustainable strategy able to achieve the goal of promoting health literacy and digital health literacy also requires the support of all involved target groups, including the students, teachers, parents, and professionals, which is why the strategy should be developed by applying co-creation and participation methods.

2. SPREADING AWARENESS ABOUT DIGITAL HEALTH LITERACY:

Developing a national plan to emphasize the importance of digital health literacy training in schools and academic institutions is essential. Resourceful actions and educational curricula are needed to raise awareness and promote necessary skills in both settings. School principals and leaders play a significant role in adopting and implementing health activities and interventions. Principals with higher levels of health literacy tend to facilitate more school health promotion activities. Thus, enhancing the health literacy of school principals is vital for the success of student and teacher health literacy initiatives.

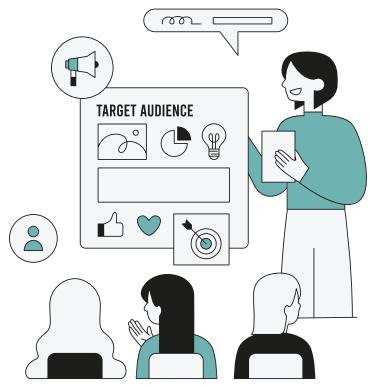


3. TAILORING INTERVENTIONS AND PROGRAMS BASED ON COUNTRY-SPECIFIC NEEDS:

Implement tailored approaches for different countries by considering variations within their education systems. Draw on the experiences of other Member States and select contextually suitable strategies to address digital health literacy needs in schools. Provide training for the education sector and schools to lead the planning and implementation of health literacy initiatives in cooperation with school health services and other relevant institutions.

4. DEFINING SPECIFIC INTERVENTIONS FOR THE DIFFERENT STAKEHOLDERS:

Digital health literacy represents a dual concept that, in the context of schools, involves both the digital health literacy of the students and the teachers. Interventions, programs, and training activities need to be designed and implemented for both target groups. Use targeted group (students, teachers) specific and appealing materials and tools for digital health literacy education by using multimedia (e.g., audio-visual materials, educational video clips, animations, graphs, and games) and separating teachers' and students' education.



5.DEVELOPING EFFECTIVE INTERDISCIPLINARY HEALTH LITERACY TRAINING:

Health literacy and digital health literacy are relatively new school topics, with few evaluated interventions available. Developing and testing high-quality, effective learning and teaching materials is essential. Addressing health literacy requires an interdisciplinary approach, involving different subject teachers, as it can be linked to various topics and circumstances.

6. PROMOTING ACCURATE AND EVIDENCE-BASED INFORMATION IN DIGITAL HEALTH LITERACY:

While initial information platforms exist for patients and the general population, there is a significant need for platforms specifically tailored to children and adolescents to prevent the consequences of misinformation. These platforms should provide reliable, trustworthy and scientifically sound information that is accessible and understandable regardless of language proficiency.

7. IMPLEMENTING SCHOOL HEALTH LITERACY RESEARCH TO GENERATE EVIDENCE:

School health literacy research is essential for generating evidence to inform the planning and development of interventions and programs. Therefore, the EU and national governments should invest more in health literacy research, and the local and national education sectors should facilitate this research by reducing bureaucratic barriers. Additionally, National Research Funding Organizations (RFOs) in each country should include health literacy as a priority in their research calls for proposals

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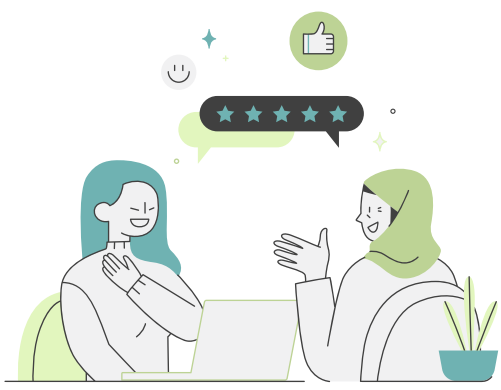
8.ENCOURAGING STUDENT PARTICIPATION:

Students should have the opportunity to proactively participate in co-designing and implementing digital health education programs and projects. This process should involve consultations with local and national student unions, as well as civil society organizations working in the field.



9. ADOPTING A PLURALISTIC APPROACH:

While introducing digital health literacy to any group, but particularly to young students it is imperative to keep in mind that people have intersectional identities that influence their life experiences and choices. When presenting digital health literacy material to students and teachers, the material should reflect the diversity of their respective group (example students with disabilities, minority students, non-binary students and generally students who are not privileged and need special treatment). Quality and equitable digital health literacy must also provide a variety of methodologies to accommodate any and every accessibility need.

10. FOSTERING DATA SAFETY AND PRIVACY:

In a world where individuals' data is commodified and shared without consent, it is important to include data safety and digital literacy in health education. Training materials should emphasize the importance of data safety. All tools related to digital health literacy must be designed with user privacy as a fundamental feature. The use of these tools should never compromise the user's data by mishandling or sharing it without their knowledge. This is relevant for both students and adults, regardless of age. Students and trainers must understand how their data is used.

11. GRANTING AND DISTRIBUTING RESEARCH FUNDING AND SUPPORT PROGRAMS:

(Digital) health literacy should be consistently considered in national and international research programs in the area of (1) health, public health, and medical research as well as (2) and educational and sociological research, thus ensuring financial resources for research projects.

RECOMANDETIONS FOR LOCAL LEVEL

12. STRENGTHENING HEALTH EDUCATION FOR DIGITAL HEALTH LITERACY:

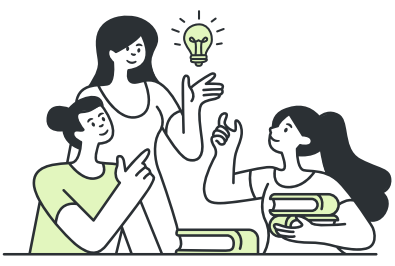
Strengthen health education in schools by systematically and comprehensively addressing students' educational needs in relation to health, including health promotion, prevention, and science. Comprehensive approaches use various tools such as self-evaluation tools, discussions with experts, digital libraries, phone apps, and school posters besides classroom instruction and whole-of-school approaches.

13. IMPLEMENTING RESOURCES FOR HEALTH EDUCATION IN SCHOOLS:

Ensure schools and teachers have the necessary resources and competencies for health and digital health literacy education. This includes sufficient time, appropriate educational strategies, instructional methods, data protection, and security. Secure financial and personnel resources, as well as the required digital infrastructure. Align health literacy with existing curricula and integrate it with related concepts such as media literacy, digital literacy, information literacy, science literacy, and data literacy.

14. BUILDING NETWORKING AND SUSTAINABLE PARTNERSHIPS FOR SYSTEMATIZE HEALTH LITERACY:

Systematize health literacy efforts in education and schools through networking and collaborative action. Establish coordination centers to avoid parallel structures, utilize existing measures, and ensure involvement of all relevant stakeholders. Coordinate funding from federal, state, and European Union sources, and incorporate good practices from other countries. Identify key stakeholders to enhance school health promotion and education. Foster collaboration among teachers, parents, and institutions for health and digital health literacy. Establish strong cross-sectoral partnerships between health and education fields and external agents, such as health professionals, social workers, community professionals, school administrators, and parents. Implement regional, municipal, and district networking approaches to promote digital health literacy.



15. INVOLVING ORGANIZED PARENTS AS IMPORTANT STAKEHOLDERS:

In some countries Parents' Association have the financial resources and the means to support schools in their activities. So, including them as main stakeholders we increase the probability of successful implementation of actions and policies in schools.