Methodological Concept

for the Health Points Programme (IO2)

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Contents

1   Introduction: About this Document

This Methodological Concept document provides the development framework for the Erasmus+ *'Health Points - a game based approach for Health Promotion'* project. Its main objective is to set out the conceptual and methodological basis upon which the content and design of the Health Points' Learning Game and subsequent project key outputs are based.

The Health Points project has been set up on the key belief that educational interventions can play a central role in promoting and strengthening literacy in relation to health and well-being. Health Points aims to support young adults from socio-economically disadvantaged backgrounds to improve their health and well-being. For youth workers and educators, Health Points develops an attractive, interactive game-based learning strategy for the introduction and integration of literacy in this field for use in a range of community-based, adult education, formal and non-formal learning contexts.

Health Points builds upon the previous Grundtvig LLP project 'Health Box', (503146-LLP-1-2009-1-AT, www.healthbox.eu), which demonstrated that socially disadvantaged people do not generally participate in conventional health education, nor are they generally provided with the opportunity to do so. Therefore, in order to be accessible, education for health and well-being needs to take place in contexts and via media in and through which disadvantaged persons can be reached. While the Grundtvig project developed some new training materials for introducing certain aspects of adult health education, it concluded that health literacy education with disadvantaged young adults excluded from traditional learning would be maximised through more visual and interactive learning engagement strategies.

Based on these findings the Health Points specific objectives are:

- Develop a game-based learning approach to provide an attractive access to information on health and well-being education for young disadvantaged adults;
- Equip trainers, tutors, guidance practitioners, educators and youth workers with an innovative tool to promote awareness for and provide information on health and well-being-related topics in their training or in any other context or initiative addressing young disadvantaged people.

Moreover, the Health Points offer fully incorporates gender and cultural dimensions in health and well-being, include learning elements that foster key competences, such as ICT skills, numeracy and literacy as well as social and civic competences.

By pursuing these objectives, Health Points envisages a number of outcomes, including:

- Reducing unhealthy behavioural patterns that lead to lifestyle-relevant diseases;
- Promoting personal responsibility and motivation to change unhealthy behaviours into healthier ones;
- Empowering young adults to take care of themselves as an important contribution

towards social cohesion and active citizenship;

- Encouraging young adults to learn while co-producing their own learning materials
- Strengthening young adults' resilience, their social and civic competences and thus their employability and well-being.

This Methodological Concept is the design framework for the teaching and learning processes that provides the basis of the development of the Health Points Programme. Didactic and methodological questions are considered alongside each other as decisions regarding content often cannot be made separately from methodological questions. The structuring into Learning Objectives, learning activities and implementation is intended to make the didactic connection clear.

In detail, the Concept contains the following:

Chapter 2 describes the didactical and methodological basis of the Health Points Programme incorporating:

- A description of what we want to achieve by the educational intervention through the Health Points Programme: Chapter 2.1 specifically presents the catalogue of Learning Objectives, representing the modular structure of the programme.
- An explanation of how the Health Points partnership seeks to achieve the Learning Objectives: Chapter 2.2 presents the methodological guidelines for Health Points Programme.
- Chapter 2.3 explains how the Health Points Partnership measures the development of competences among learners.

Chapter 3 explains the basic frame and functionality of the Health Points online platform design and use for the online learning sections of the Health Points project.

Chapter 4 describes in more detail the learning activities and the game-based mechanism of the Health Points project. It also presents the types of activities/tasks that are mobilised to create a game.

Finally, in Chapter 5 a series of potential implementation scenarios for the Health Points partnership Programme are set out.

2 Didactical and Methodological Basis

The first step completed in the development of the Health Points curriculum by the partnership was to identify the overarching health issues affecting disadvantaged young people and how these could be translated into educational objectives. This resulted in the creation of Learning Objectives and Learning Modules.

The Learning Objectives, listed below by subject area, were designed by drawing upon a number of activities and sources, specifically:

- the learning content in the previous Health Box project;
- the results of local consultations with young people and stakeholders;
- examination, analytical review and discussion, including the implementation of a game-design workshop at a transnational partnership meeting in Denmark.

The Health Points programme is designed through a modular foundation; facilitators and trainers can choose whether to support their learners to complete the full programme or to use specific or targeted modules that are context-appropriate for their situation. This offers the advantage that the options for implementation are highly flexible, and that Health Points can also be used alongside, or in combination with currently-existing training offers, depending upon the actual needs and profile of specific groups of young learners.

2.1.1 Learning Objectives

This Methodological Concept identifies five Learning Modules in accordance with the subject areas that are addressed by the Learning Objectives.

The list below represents the five Learning Modules together with the related Learning Objectives per subject area.

Learning Objective 1	Being aware of the concept of good health and healthy living
1.1	Becoming aware of your health and well-being needs
1.2	Taking responsibility for your health

Learning Objective 2	Taking care of your physical health and well-being
2.1	Knowing the benefits of sufficient physical activities
2.2	Taking part in physical activities
2.3	Developing healthy sleeping habits
2.4	Being aware of sexual health issues
2.5	Understanding general aspects of healthy nutrition
2.6	Experience healthy nutrition and cooking

Learning Objective 3	Taking care of your mental well-being
3.1	Understanding and managing stress
3.2	Being able to apply prevention measures in order to avoid circles of negative thoughts
3.3	Identifying and assessing resources for mental well-being
3.4	Being able to recognise healthy relationships in a modern world

Learning Objective 4	Living free of addiction and addictive behaviour
4.1	Understanding mechanisms of addiction
4.2	Knowing basic facts about relevant addictive substances
4.3	Being aware of media addiction risks
4.4	Understanding the benefits of living without being addicted
4.5	Understanding ways of preventing and managing addictions

Learning Objective 5	Identifying and accessing health support services
5.1	Knowing where to seek support and guidance for health issues
5.2	Understanding your rights and knowing what to do if you get sick

2.1.2   Learning Modules

The tables that follow below provide a brief description for each of the 5 Learning Modules identified within the Erasmus+ Health Points Methodological Concept.

Module 1
Being aware of the concept of good health and healthy living
Learners will increase their awareness on basic good health and living a healthy lifestyle through this module. In particular, it will focus on individual's health as well as their well-being as a key human need. The learner will also increase their understanding on taking responsibility for their own health.

Module 2
Taking care of your physical health and well-being
Learners will increase their understanding and skills in self-managing their own health. This will include learners developing knowledge of the benefits of physical exercise, as well as encouraging learners to participate in physical activities.

Learners will also learn about the importance of sleep and good sleeping habits and the dangers of sleep deprivation.

Alongside this, learners will also increase their awareness in sexual health-related issues as well as general aspects of healthy nutrition. Learners also gain experience of good nutrition and information on healthy cooking. |

Module 3
Taking care of your mental well-being

Learners of Module 3: Taking care of your mental well-being will increase their knowledge in understanding and managing stress. While also learning about prevention measures and strategies to avoid negative thought processes.

Learners will also develop skills to identify and assess resources focusing on mental well-being, while also developing key skills to recognise healthy relationships in the modern world.

Module 4
Living free of addiction and addictive behaviour

Learners will develop understanding in the mechanisms of addiction, as well as increase their knowledge in basic facts connected to addictive substances.

Learners will also understand the effects and risks of media addiction on themselves and others, while also understanding the benefits of living without being addicted to substances.

Learners will develop understanding in the ways to prevent addictions as well as how to manage addictions through this module.

Module 5
Identifying and accessing health support services

Learners will develop knowledge in where to seek support and guidance for health issues in their own country.

Furthermore, learners will gain an understanding of their rights in relation to their health, and will learn what to do if they become unwell. Such as, learners will know how to access health care responsibly, for example they will learn to contact a Doctor if they are unwell, and only use emergency services in an emergency situation.

In a further step these Learning Objectives will be converted into a wider learning approach through the formulation of competence-oriented learning outcomes. Our concept of "competence" emphasizes the central link between knowledge, its practical application and related attitudes. Therefore the Health Points concept also includes the provision to be able to build further in and around the list of Learning Objectives to provide a reference base for

the validation of the learning envisaged (See Chapter 2.3.).

These Learning Modules will be piloted by a team of trainers in each partner country that will provide feedback on the use of both the Health Points programme itself and the training concept and materials in terms of their acceptance, usability, appropriateness, adequacy, clarity, and impact.

The impact assessment will look at e.g. changes in motivation, action taking, competence development or awareness towards health and well-being issues among the participants and will be carried out by means of the validation system LEVEL5 – a system that has been specifically designed for non-formal and informal learning settings (see chapter 2.3.).

2.2   Game-Based and Blended Learning Approach

2.2.1   Fostering Motivation through 'Gamified' Learning

"Gamification" is placed at the heart of the Health Points learning design.

Gamification is defined as the application of typical elements of game-playing (rules of play, point scoring, and competition with others) to other areas of activity, specifically to engage users in problem solving.[1]It has been used in marketing, but also has applications in education.

According to Karl M. Kapp, one of the leading researchers in this field, "Gamification is using game-based mechanics, aesthetics and game thinking to engage people, motivate action, promote learning and solve problems"[2]. It is applying game elements such as fun, feedback, storytelling, rewards or competition to non-game contexts, as in our case related to the health literacy of young people. Furthermore, a recent academic study of a collection of research (Hamari et al, 2014) concluded that a majority of studies on gamification found that it has positive effects on individuals.[3]

Gamification fosters intrinsic motivation through what the Hungarian psychologist Csíkszentmihályi describes as "Flow": the sensation we experience when our skills perfectly match the challenge we are facing, when we forget about time and space around us and enter a special state of high intrinsic motivation; just because we enjoy the task and feel competent at what we are doing.[4]

The interplay between the extrinsic forces acting on persons and the intrinsic motives and needs inherent in human nature and the roles of intrinsic and types of extrinsic motivation in cognitive, personal and social development is the territory of Self-Determination Theory, initially developed by Deci and Ryan.[5] People are often moved by external factors such as reward systems, grades, evaluations, or the opinions they fear others might have of them. Yet, just as frequently, people are motivated from within, by interests, curiosity, care or abiding values.

So, gamified educational approaches have considerable educational potential to raise attainment and engagement from learners, in particular young people with a rather low level of education: e.g. the Bill and Melinda Gates Foundation has set up a school (Quest to Learn) centred on game-based learning, with the intent to make education more engaging and relevant to modern young people. Gamification makes learning more active, interactive, fun and memorable. In some cases gamification includes the use of badges – think scouting

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[1] Wikipedia and Oxford Online Dictionary

[2] Karl M. Kapp (2012): The Gamification of Learning and Instruction. Game-based Methods and Strategies for Training and Education

[3] See J. Hamari et al (2014): Does Gamification work? – A Literature review of Empirical Studies on Gamification; https://people.uta.fi/~kljuham/2014-hamari_et_al-does_gamification_work.pdf

[4] See also Mihaly Csíkszentmihályi (2014): Applications of Flow in Human Development and Education: The Collected Works of Mihaly Csikszentmihalyi.

[5] http://selfdeterminationtheory.org/

merit badges in digital form – to promote learning and recognize competencies (e.g., Khan Academy[6] has a badging system).

In the Health Points Programme we want to use these insights, and incorporate gamification elements, enabling self-paced learning in some areas that way, following a not unduly moralising or patronising but rather empowering and facilitating approach- one we call 'journey and discovery' - including a feedback and reward system (see further explanation in chapter 4.2).

2.2.2 Effective Learning in a Blended Format

Health Points incorporates an understanding that pure online learning is often not sufficient for specific learning contents, in particular in the context of personal development. In order to ensure efficient facilitation of the learning process and include moderated reflexion the Health Points programme is one which is designed on a blended learning approach that combines face-to-face and online learning activities. Health Points has been designed as a resource that supports the work of professionals (trainers, educators, youth workers) to effectively engage with the final target group of disadvantaged young adults.

Thus the Health Points Programme consists of a set of face-to-face activities as well as online mini games and activities, including interventions, reflection stimuli and role plays etc. The learning activities will be informative and practice-oriented but at the same time use interactive techniques making the learning process 'fun'. Through these activities the learners will gain new knowledge and become motivated with regards to adopting healthier life styles. In the context of the online activities the face-to-face activities will be conceptualized as entry points, with regular reflection points that are moderated by the trainer/facilitator with follow-up exercises.

2.2.3 Practice Orientation and Simplicity are Key to Motivation and Behavioural Change

In the design of the learning activities Health Points focuses on the main principles of the Fogg Behaviour Model which shows that three elements must converge at the same moment for behaviour to occur: Besides general motivation and ability, the specific element of this model is the third one, a given prompt (trigger, call-to-action). The idea of Fogg is that such prompts can occur externally or on the base of routines, but can also be designed and initiated in a learning process, e.g. by task assignments. According to Fogg it is important to define simple tasks: as *"many* (online) *designers make the mistake of asking people to perform a complicated behaviour. A corresponding mistake is packing too much into a Prompt. Neither path works well. Simplicity changes behaviour."* [7]

In the Health Points learning activities positive aspects of scenario-based learning are used to *"ask people to do simple things -- walk for 10 minutes, click here. Once achieved the*

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[6] Non-commercial website offering learning materials

[7] http://www.behaviormodel.org/triggers.html

simple behaviour then opens the door to harder behaviours: buy walking shoes, connect to more friends."[8]

2.2.4 Moderated Reflection on Causes of Behaviour and Motivation

The Attribution Theory of Weiner attempts to explain the cause of a specific behaviour by observation and attribution of characteristics and conditions under which the behaviour is shown.

In particular in the moderated reflection during the Health Points Programmes we want to lead the young people towards greater awareness for the causal dimensions of their behaviour:

- Locus/Place of control (internal or external cause)
- Stability (cause is permanently or changing over time)
- Controllability (causes one can control such as skills vs. causes one cannot control such as luck, others' actions, etc.)

Moreover, the Self-Determination Theory from Deci and Ryan as already mentioned above (see 2.2.1.) provides explanation on how social and cultural factors facilitate or undermine people's sense of volition and initiative, in addition to their well-being and the quality of their performance. While facilitating reflection activities in Health Points, the Programme wants trainers and youth workers to focus on conditions supporting the young people's experience of autonomy, competence, and relatedness, which are argued to foster the most volitional and high quality forms of motivation and engagement for activities, including enhanced performance, persistence, and creativity. [9]

2.2.5 Gender-Sensitive Learning Offer

The Health Points programme incorporates a gender-sensitive approach, and equally addresses both female and male participants. It also gives consideration to questions of culture and diversity in health and well-being literacy by drawing upon the results from the relevant consultation discussions with professionals and young people. Gender aspects are included in all parts of the programme such as the development of the training, online platform concept, the game designs as well as the reward system. A gender-neutral language and design that avoids gender (or other) stereotypes or attributions will be ensured.

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[8] ibid
[9] See also: J. G. La Guardia PhD (2017): Self-Determination Theory in Practice: How to Create An Optimally Supportive Health Care Environment.

2.3   Validation of Learning Outcomes

Validation can be defined as 'the process of identifying, assessing and recognising skills and competences acquired in non-formal and informal settings'. Non-formal and informal learning and their validation aim at several demonstrable benefits – one is to promote motivation for development through recognition of learning. Validation can contribute to make learners more self-aware and critical – learners who have the competences, self-knowledge, and capacities to engage in further learning. Another aim is to offer evidence of learning achievements gained outside the formal education system to be communicated to other stakeholders, e.g. to employers, and to promote the employability of persons with no or little formally recognised degrees.

Valuable competences, frequently developed through informal and non-formal learning, are rarely validated and certified by learning providers. This leaves a huge amount of progress and development that cannot be demonstrated or proven to potential stakeholders. Therefore, validation represents a considerable opportunity for migrants, refugees and those people working with them.

One approach to validate competence development is LEVEL5 – a system developed and piloted in a series of European-funded projects by several partners of the Health Points project team since 2005.

2.3.1   LEVEL5: The core principle

LEVEL5 is a unique system to validate competences and competence developments and to create learning environments and pathways in non-formal and informal learning contexts. It is especially suitable for personal, social and organisational competences[10] that form the backbone of the European framework on key competences.[11]

The framework states that a "competence" is the ability to apply a synthesis of
*   knowledge,
*   skills and
*   attitudes

in a particular situation and with a particular quality".

Since the age of the enlightenment we know from the works of the Swiss pedagogue Pestalozzi that learning happens with "head, heart and hand". In recent years

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[10] The "Key Competences for Lifelong Learning – A European Framework" is an annex of a Recommendation of the European Parliament and of the Council of 18 December 2006 on key competences for lifelong learning that was published in the *Official Journal of the European Union* on 30 December 2006/L394 (http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_394/l_39420061230en00100018.pdf).

[11] The "Key Competences for Lifelong Learning – A European Framework": http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV:c11090

neurobiological (brain) research has again clearly demonstrated that the non-cognitive dimensions are of special importance for learning.

The LEVEL5 methodology is based on these notions. Consequently, the LEVEL5 system is based on a model to assess, evidence, and validate the cognitive, activity related and affective competence developments (cognition, actions, values) in informal and non-formal learning contexts. Individual or group competences are evaluated in a process-orientated way and, if desired, visualised in a three-dimensional cube model and fully documented in a specific software system.
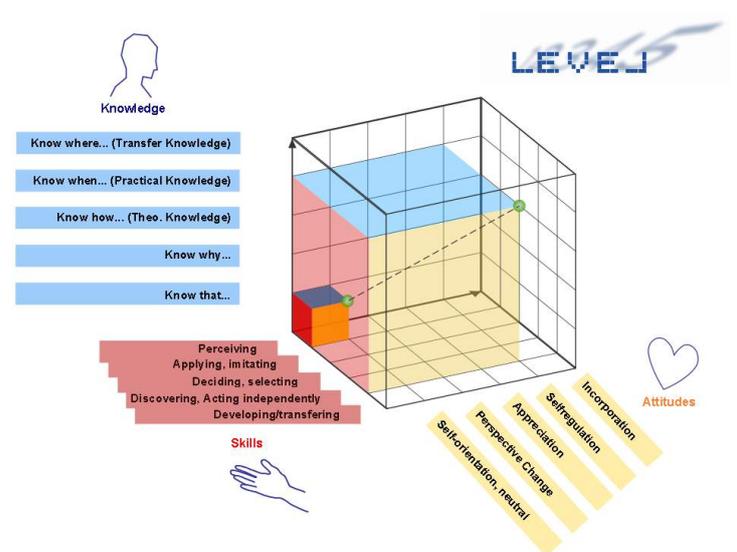

Fig. x: LEVEL5 Cube

LEVEL5 focuses on learning processes as they represent potential. For this reason two assessments are foreseen: the first one at the beginning of a learning activity and the second one at a later stage after a certain period of practice. When comparing the results of the two assessments, the extent to which a competence evolves can be captured.

In the three-dimensional model, the so-called LEVEL5 cube, developments of knowledge, skills and attitudes are visualised on five quality levels. These levels are defined through reference systems – the core of the LEVEL5 system. A reference system describes a given competence on five levels in each competence dimension – from beginner to competent expert. These reference systems are adaptable to different target groups and learning contexts.

2.3.2   The LEVEL5 procedure

The LEVEL5 approach is based on a five-step procedure, starting with a description of the learning project and ending with the evidencing of learning outcomes and the validation of learners and learning projects. All five steps can be documented by means of the LEVEL5 software. The five steps are:

1. Describing the learning activity (background, aims, expected impact and aspired

competences)

2. Establishing an inventory of competences with the option to refine and contextualise each of the competences. The users (trainers) may combine those key competences individually and create customised sets of competences

3. Developing reference systems for each envisaged learning outcome

4. Setting up a catalogue of tailor-made assessment instruments

5. Assessing competence developments and visualising individual level and progression. Results of learners and project characteristics are recorded internally. Learners' certificates will be automatically generated (as editable PDF) (exemplary certificate in the hereafter).

LEVEL5 is not a pure validation system but can also be used as a holistic, competence based learning system in which the validation of competence development plays an important role. It comes with a powerful software which is has also an ECVET and a EUROPASS validation module

2.3.3 The use of LEVEL5 in Health Points

In Health Points LEVEL5 will be applied to assess and recognise the new competences developed by the involved trainers in terms of embedding health related topics into their training offers, and to identify the behavioural changes and impact on their final beneficiaries (young adults).

For this purpose, LEVEL5 will be customised and contextualised to the project context. A list of relevant competences will be established, e.g. health promotion, health literacy, and these competences will be described in a tangible way, i.e. breaking them down to sub-competences that will be described in a reference system.

Involved trainers will be made familiar with the LEVEL5 approach during a European joint staff training event.

3 The Health Points Platform

3.1 An Overview of the Platform

The Health Points platform is a fully responsive web-based platform suitable for every device and screen size. The platform is designed to incorporate a set of learning games. It has to be easy to use for trainers and learners without too much time and capability needed for getting familiar with the structure and preparing educational interventions.

The IO3 Learning Game is based upon a website, which allows for the design and hosting of interactive game technology. This offers a greater degree of diversity and digital design flexibility than for instance the use of online learning platforms such as Moodle.

The intellectual output lead for IO3 Learning Game, opted to utilise a mixture of technologies such as Moodle, h5P and Ranking and customization of the moodle interface that will provide a more diverse and digitally flexible website, which allows for the design and hosting of interactive game technology.

In accordance with the modular training design the game section of the platform is structured around the following five subject areas:

Module 1 Being aware of the concept of good health and healthy living

Module 2: Taking care of your Physical health and wellbeing

Module 3: Taking care of your mental wellbeing

Module 4: Living free of addiction and addictive behaviour

Module 5: Identify and access Health support services

3.2 Using the Health Points Platform

In the Health Points Platform there are two types of user roles: Trainer and Learner. Depending on the assigned role, the user will have different capabilities:

Platform use from the Trainer's perspective:

1. The trainers will be assigned as such by the administrator

2. The trainers have the capacity to enrol learners in the course.
3. The trainers can select the modules/games that he/she wants to make visible to the learners.
4. The trainers can initiate and moderate discussions in the forum of the platform.
5. The trainers can add assignment/places to upload assignments.
6. The trainers also have the capacity to manually assign points to the assignments (*NB* the assignments in the platform will be a way to report back to the trainer tasks that have been assigned to learners during the face-to-face activities).

Platform use from the learner's perspective:

1. The learner needs to register online. They will receive an email to activate their registration (*NB* it should be noted though that registering to a course does not mean that the learner is automatically enrolled in the Health Points modules).
2. Once the learner logs on to the platform they will be presented with the 5 Learning Modules (or less depending on the trainers' selection of modules)
3. Once they click on the desired module they are be presented with a set of learning games and assignments.
4. The learner can see the 'points' that they have accumulated, the level they have reached and compare their achievements with those of the other learners in the group.
5. The learner can upload assignments.
6. The learner can participate in forum discussions.

4 Learning Activities and Game Mechanisms

4.1 Types, Structure and Duration of Learning Activities

In general, Health Points includes two **types of learning activities**:

1. Face-to-face activities, moderated by a trainer or youth worker

   - serving as entry points to introduce topics/modules,
   - used for regular common reflection and conclusion rounds after online learning sequences,
   - can include learning activities and exercises that are more efficient in the face-to-face setting, because they require exchange and discussion facilitation and support by the trainer (for more complex or rather sensitive contexts e.g.),
   - can lead to assignments that learners are asked to upload to the platform

2. Online games in the context of the Health Point are a series of mini games - learning and playful activities such as :

   - learning content delivered via a dynamic interactive presentation or a video;
   - short tasks of various types as explained in 4.3 which, upon successful completion lead to the accumulation of points explained in the following chapter (4.2).

The further development of the learning activities

- these are to be based on the already elaborated activity collection – see Annex 5
- detailed content is formed on the basis of templates:
    - Annex2: template for the content of online activities
    - Annex3: template for the description of online and face-to-face activities
    - Annex4: module overview indicating the possible order, in which the activities can be conducted, including different variants (and indicating essential and additional/optional activities where relevant)

Concerning the **duration**, in order to make the Health Points Programme easy to integrate into existing educational offers and measures, we suggest the following guidelines:

- Try to organise the face-to-face learning activities in blocks of 50 minutes – as this is a regular teaching hour;
- An online game should not be too long – we suggest 50 minutes max. This means that, learning content should be condensed, videos should not exceed 2 - 3 minutes and the activities/mini games should be no more than 7 (per game).

The exact overall duration of how the Health Points Programme is used is dependent entirely on the context in which is deployed, and therefore the above information and

guidance has been provided purely for indicative purposes.

4.2   Reward System

The learning games and assignments incorporate a reward system. The basis of the reward system is twofold:

1. **Earning Points:**
   Each mini game and assignment has a number of points which will be rewarded to the player/learner once it is completed successfully. The learner will accumulate these points as they progress through the different learning activities. As the learner reaches an amount of points they will progress to the next level.

   The points the learner gains for completing mini games are allocated by the system. The assignments are reported by the learners on the Health Points platform and points manually awarded by the trainer .

   The total number of points allocated to each learner will define their ranking compared with the rest of the learners, promoting a healthy level of competition between them.

2. **Badges Award:**
   The second reward system refers to badges. Badges are awarded once all the games within a module have been successfully completed. A total of five badges can be earned once all the games in all modules have been successfully completed.

The number of points allocated per game will be established as this Concept document is converted into the detailed elaboration of the Learning Game. One approach that is possible is that the points are calculated by 100. 20 points allocated per topic maximum. In order to support this elaboration, consideration of a matrix of points is to be given once the games have been identified. Levelling should come naturally based on the points earned. Provisionally, for each level, a total of 20 mini games are envisaged.

4.3   Mini Games and Ideas

The gamification of learning activities requires consideration of two key elements: learning content and designing activities that can be mobilised into digital games.

The learning content is the easiest element to consider, as there already exists a significant track record of Health-related learning programmes and the Health Points Partnership also has access to the Health Box pedagogical materials.

The gamification of learning and the development of digital games is the most difficult

element. Firstly, the learning has to be transferable to a game-based approach and secondly the games that are designed must be suitable for a digital platform.

In order to illustrate the Methodological Concept, examples of games are provided below, including:

- **Content Impressive Presentations approach**
- **Drag and drop games**
- **Mark the words games**
- **'Find the hotspots'**
- **Image sequencing**
- **Video interaction**

These are just six of the gamification approaches, examples of which are included below:

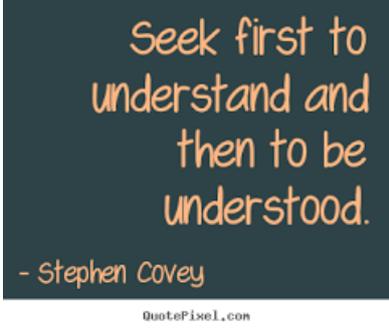### 4.3.1 Delivering Content Impressive Presentations

The Health Points games are educational in their orientation and aspirations. Therefore, some short content in some cases is useful as an introduction to the game. In this instance, simple PowerPoint presentations will be converted into the IO3 Learning Game to provide a substantial presentation of learning content.

Example:

<table>
<tr><td colspan="2">Area/Module:
    1. **Awareness for the Concept of Health and Healthy Living**
Objectives:
1.1. Be able to activate and encourage general health awareness
1.2. Foster self-responsibility</td></tr>
<tr><th>The idea</th><th>How to convert it into a game</th></tr>
<tr><td>Create a presentation addressing the following:
Text 1: What is health?
Text2: What is mental health?
Text3: What is healthy behaviour?</td><td>Create an impressive presentation. Have a quiz at the end to test knowledge.</td></tr>
</table>

4.3.2 Drag and Drop Game

This game requests the learners to drag the appropriate phrases to the appropriate pictures as indicated by the example below:

Instructions: The following	
LIFE IS: WHAT HAPPENS TO ME ○ WHAT I MAKE HAPPEN ○	Seek first to understand and then to be understood. — Stephen Covey
URGENT / Not urgent table (Eisenhower matrix)	Think Win-Win!
(colorful figures image)	Renewa

Drag the appropriate words/phrases to match the picture	
Synergise	Empathy
Time Management	Take life in your hands
Healthy relationships	Rejuvenate

The idea	How to convert it into a game
Individual reflection on questions: - How much do I know about health? - How important is health for me? - How much do I care for my health?	Have a set of pictures i.e. Going to dentist, exercising, eating sweets etc
Ask students to place themselves in the room along a continuum between two poles, can be extended by more concrete questions as "When was I at the dentist for a regular check the last time?" etc.	Once a year Twice a year Every day … and so on
In the beginning the positioning is just recognised, and then it can also be asked for reasons for the concrete choice of position (on a random basis, starting from extreme choices, etc.).	Allocate points accordingly!

4.3.3 Mark the words Game

Example

In the text below, click the words that correspond to a feeling or display of feeling of/by the story's characters:

*How it happened he did not know. But all at once something seemed to seize him and fling him at her feet. He wept and threw his arms round her knees. For the first instant she was terribly **frightened** and she turned pale. She jumped up and looked at him **trembling**. But at the same moment she understood, and a light of infinite happiness came into her eyes. She knew and had no doubt that he loved her beyond everything and that at last the moment had come ...*

*They wanted to speak, but could not; **tears** stood in their eyes. They were both pale and thin; but those sick pale faces were bright with the dawn of a new future, of a full resurrection into a new life. They were renewed by love; the heart of each held infinite sources of life for the heart of the other.*

Suggestions:

4.3. Be aware of media addiction risks.

The idea	How to convert it into a game
Collect pros and cons for the different type of media channel. What are their advantage and disadvantage?	Write a short text that explains the pros and cons of different media channel. Ask the player to highlight the words that show negative impact on the person
Personally what do those mean for you?	Write a short text (can be the narrative of a person's thoughts) expressing what his/her mobile means to him/her. Ask the player to highlight the words that indicate addiction.

4.3.4   Find the Hotspot

Example

Which one of these berries is named after a town in Turkey?

Suggestions:

4.3. Be aware of media addiction risks.

The idea	How to convert it into a game
Provide a series of these hotspot questions to create a story line. For example starting with a healthy looking girl, who is getting ready for a night out. Present with a series of decisions she made throughout the night (alcohol, substance misuse etc) and provide a series of hotspot questions how these decisions have affected her life in the short and long run.	Use a series of hotspot questions.

4.3.5 Multiple Hotspots

Example

Click on the pictures which represent vegetables

Suggestions:

4.4. Reflect on benefits of living without substance misuse

The idea	How to convert it into a game
Make a conversation in small groups/ full group. The freedom of choosing: What gives you freedom? What does the freedom mean for you? What does influence your decision usually? What does influence your decision connecting to the topic of substance misuse?	Write a dialogue between 2 youngsters who have a substance misuse problem. Provide the player with pictures of the consequences of the substance misuse and ask them to choose those which reflect short term results of substance misuse Do another hotspot for long term results

4.3.6   Image Sequencing

Example

Create a set of images which when put in order they present a story line or a procedure or knowledge

Suggestions:

2.1. Know general aspects of sufficient physical activities

2.2. Experience physical exercises

The idea	How to convert it into a game
HB 3.4. Reflection over my situation - reflection on current physical activities - evaluation of activity effects - plan (establish new or refine) (dB: could be follow up to 3.1. after at least one week)	Have a set of pictures showing different activities. Ask the learner to put them in order starting with the activity he/she should do more often, less often and so on.

4.3.7   Video interaction

Please look at the game:

https://h5p.org/interactive-video

Suggestions:

2.5. Know about general aspect on healthy nutrition

The idea	How to convert it into a game
HB 2.7. Describing mealtime - describe what they and their family usually or automatically or instinctively do during lunch and/or dinner time by acting, storytelling, drawings, pictures, video recording (dB: could be adapted to "ideal mealtime", also done together in practice, includes also: slow eating (not to gobble food) - enjoy eating makes you satisfied/filled with less food)	Present a video of a family during lunch/dinner time. During the video present Questions to evaluate the learners understanding on what is considered a good/bad habit or just present information of why this or that is a bad habit

4.3.8 Quiz

A quiz can consist of a series of questions (mentioned above) which the learner has to answer correctly to be awarded points.

5 Flexibility in the Implementation of the Health Points Programme

Young people who are socio-economically disadvantaged, with a low level of education and those with a migrant background belong to the groups more at risk of acquiring health issues. These groups are less likely to be reached by health information campaigns or willing to participate in traditional education offers that solely aiming to improve their awareness and behavioural patterns in relation to health and well-being. Therefore any strategy to help them to acquire a healthier lifestyle and thus prevent illness must seek to reach such harder-to-reach groups where they can be found instead of waiting for them to come to standard provision such as health education seminars.

Part of the solution provided by Health Points is that part of the learning will happen online and in the frame of games. However, we are convinced that purposeful learning is leveraged by giving the learners the chance to reflect on the game contents, and exchange knowledge and experience. The precondition for this is that it occurs in the context of learning environments – of whatever kind.

Therefore, Health Points is designed in a way that makes it possible to integrate it into existing educational initiatives for young disadvantaged adults. In general, learning activities can be differentiated in formal education, non-formal education, informal education and incidental learning[12]:

- **Formal education** is that which occurs in schools, colleges, technical and further/higher education institutions, delivering education on the basis of a standardised curriculum with specifically trained teachers. Formal learning leads to recognised diplomas and qualifications.
- **Non-formal education** comprises all learning activities outside of formal education, in which both learner and educational personnel have the intention to learn or to deliver learning. It is structured learning, which may not necessarily lead to formal qualifications (although in some circumstances it may). It may be provided in the workplace and through the activities of civil society organisations and groups (such as in youth organisations, trade unions and political parties) or through organisations or services that have been set up to complement formal systems.
- **Informal education** is characterised by the fact that the learner or the educational personnel/the information source intends to initiate a learning process – but not both of them at once. It is a natural accompaniment to everyday life. The end is not – in contrast to formal learning – the learning itself, but the better solution to an extracurricular exercise, a situation request, a life problem by means of learning.

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[12] See also the Health Box brochure (2011): Healthy Lifestyle through Education. Background information for adult educators implementing the Health Box

Unlike formal and non-formal learning, informal learning is not necessarily intentional learning, and so may well not be recognised even by individuals themselves as contributing to their knowledge and skills.

Health Points focuses in particular non-formal and informal learning situations. Suitable settings might be its use in or alongside labour market-oriented training programmes, vocational training seminars, learning activities in youth clubs, evening classes on subjects other than health, or informal community or social work environments.

The following bullet points show some learning settings in which socioeconomically disadvantaged persons are more likely to be reached, and were used during pilot training programmes that were part of the previous Health Box project:

- Language courses;
- ICT courses;
- Well-being courses;
- Speaking and listening groups, drama workshops;
- Peer mentoring training for young adults living in socially deprived areas;
- Vocational and qualification courses for unemployed people;
- Empowerment and job orientation courses for unemployed people with low qualifications;
- Cooking courses for the unemployed;
- Courses for people who have suffered from a condition for a long period (up to one year) and now have to return to the labour market. known in the UK as "expert patients" The reasons why the individuals have to leave the labour market are to a small extent physical and to a large extent psychological or social (stress, depression);
- Preparatory courses for immigrants, subjects might be language, citizenship competences, personal and non-cognitive skills/soft skills.

Feedback and experience will also be gathered in the frame of the envisaged Health Points piloting in order to adapt and enrich these settings. Adult educators, trainers and youth workers who work with the target groups in such contexts need to be made aware of health issues and be provided with ready-to use training resources for the promotion of health literacy. They will be supported to use the game as an integrated, interactive learning resource that will be accessible and attractive to their learners, using techniques, devices and media that respond to many disadvantaged young adults.

To ensure a widespread integration in and combination with different training and support offers the programme will be designed in a modular fashion. Trainers can choose whether they want to complete the full programme or just individual modules depending on the initial situation and the competences of the young people.

Annexes

Annex 1: [User Consultation Results](#)

Annex 2: Template for the content of online activities

Annex 3: Template for the description of online and face-to-face activities

Annex 4: Template module overview

Annex 5: Initial activity collection (.xls)