A pilot controlled evaluation of a primary school-based health education intervention: Facts4Life

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Facts4Life Philosophy

• Novel approach to health education.

• Aims to help people take ownership of their health by exploring illness and developing strategies to build wellbeing.
• Fosters cross-curricular links
• Explicit links to National Curriculum
Aims

1) To conduct an outcome evaluation of the Facts4Life resource, assessing changes in children’s health- and illness-related attitudes.

2) To conduct a qualitative process evaluation exploring children’s and teachers’ experiences of the Facts4Life resource.
Methods

• 324 children aged 7-11 years recruited from 10 primary schools across Gloucestershire.

• Quasi-experimental study design.

• Intervention delivery: ~8 hours over 12 weeks.
Methods

• Pre- and post-measures of health- and illness-related attitudes.
  – 6 items, Likert-scale response.

• Mixed between-within analysis of variance (MANOVA) and follow-up paired comparisons.
Results

• Pre- and post-data from 295 children (91% retention rate).

• Schools/children similar at baseline, except intervention schools had higher average Ofsted rating and percentage of children eligible for free school meals (p=<0.05).
Results

• Improvements in mean intervention group responses:
  – When I feel unwell I need to take medicine to feel better.
  – There is nothing I can do to reduce the risk of getting ill.
  – When I am ill I always need to see a doctor.
  – Some people are never ill.
  – Most of the time, most of us get better from illness without any help.
Results

Significant improvement in intervention group responses from baseline to follow-up*: 

- When I feel unwell I need to take medicine to feel better \( (M_{\text{diff}} = 0.65, p = <0.01, d = 0.54) \)

- When I am ill I always need to see a doctor \( (M_{\text{diff}} = 0.51, p = <0.01, d = 0.39) \)**

* Similar findings observed when examining the effects of the intervention separately for children in years 3-4 vs years 5-6.

** Improvement also observed in control group response, \( (M_{\text{diff}} = 0.22, p = 0.04, d = 0.21) \).
Discussion

• Exposure associated with significant short-term changes in health and illness-related attitudes targeted by the intervention.
• Future evaluation studies should gather information on wider school environment.
• Future evaluation studies needed to explore longer-term effects of Facts4Life on health and illness-related attitudes and subsequent behaviour change over time.
Next Steps

• Phase II of the pilot (April 2016-May 2018).

• Delivery in 120 primary and secondary schools across Gloucestershire.

• New/adapted teaching and learning materials.

• Additional focus on mental health.

• UWE leading evaluation.
Further information

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