

# DCU

**Dublin City University** 

## Adolescent Health Literacy Demonstration Project

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Five post-primary schools 12-16-year old's (Junior-Cycle) Low-socioeconomic

Curriculum change

IRELAND



## **Research Questions/Objectives**

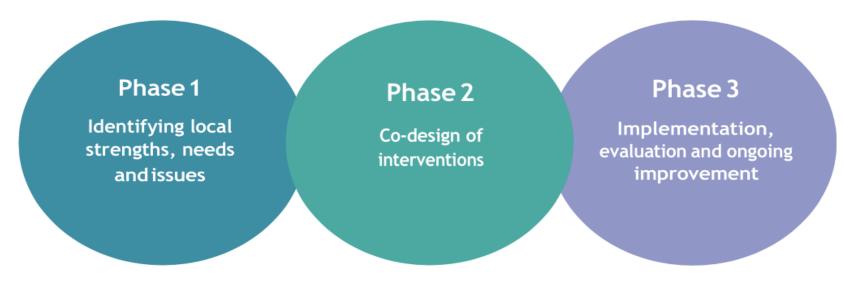
To explore the health knowledge and understanding strengths and needs of adolescents in this context

To co-design with all relevant stakeholders a practical and sustainable schoolbased health literacy intervention

> To determine the acceptability of the various components of the intervention from a student and teacher's perspective, and to iteratively refine the intervention based on this

To determine the impact of the intervention on i) adolescents' knowledge and understanding around health, and ii) on actual health behaviours of adolescents

### **Ophelia (OPtimising HEalth LIterAcy) Framework**



#### Steps for each phase

Step 1: Project set-up

**Step 2**: Data collection and extraction

**Step 3:** Co-design workshops

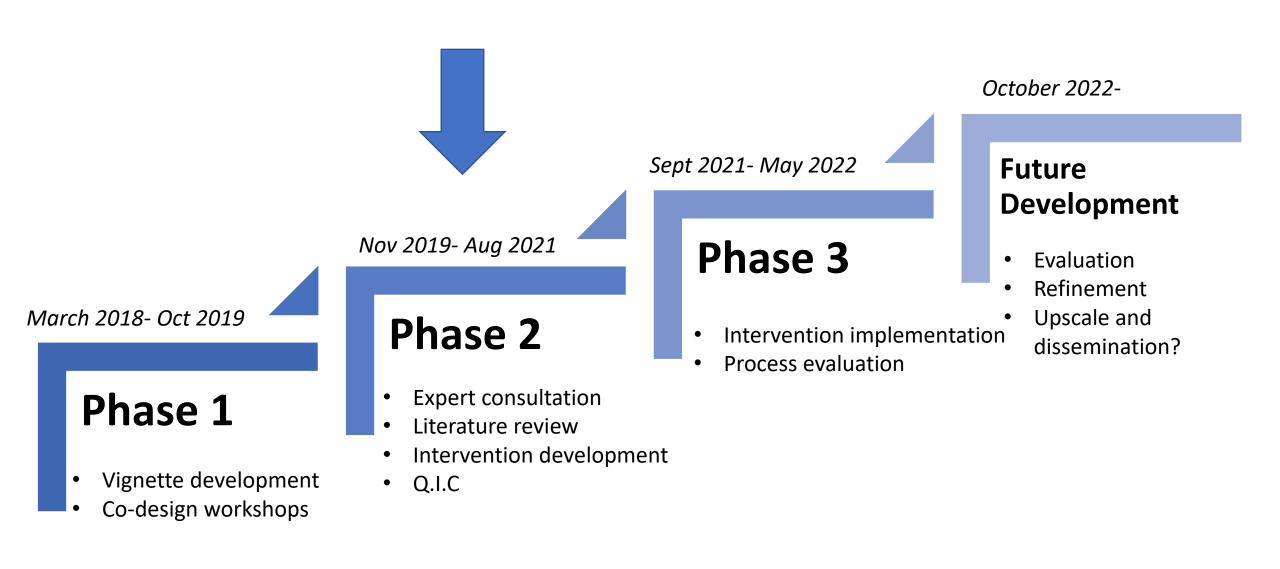
**Step 4:** Intervention design (program logic models)

**Step 5:** Intervention planning (implementation and evaluation plans developed)

**Step 6:** Intervention refinement (quality cycles to test processes and materials)

**Step 7:** Implementation and evaluation activities

**Step 8:** Development of an ongoing quality improvement strategy



Phase 1 (Identifying local strengths, needs and issues)

- Vignette Development
- Co-Design Workshops

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	1.	2.	3.	4. Health	<ol><li>Social</li></ol>	6.	7. Effect	8.
	Lifestyle	Informati	Informati	Informati	support	Understan	of	Appraisal
	behaviors	on on	on on	on from		ding	lifestyle	of health
		risky	positive	media		health	on health	informati
		behaviour	behaviour			informati		on
		s	s			on		
	5.81	3.35	3.46	5.55	3.37	2.12	4.73	1.96

Brief Descriptive overview from cluster analysis:

Cluster 3 included 187 students and was evenly distributed for gender. Scores for lifestyle behaviours, information on risky behaviours, information on positive behaviours and understanding health information were second lowest of all clusters. Scores for information from media sources were second highest of all clusters. Physical activity levels among participants in this cluster were also second lowest of all clusters with an average of 60 minutes of physical activity on 3.47 days per week.

Phase 1 (Identifying local strengths, needs and issues)

- Vignette Development
- Co-Design Workshops

Emma is 14. Emma believes that if you want to be healthy and happy with yourself, you need friends to talk to. Her favourite thing to do is go out with the girls. They love going for food and looking around the shops. It's good because without even realizing it, they actually walk a lot.

Emma loves it when all her friends come around to her house because her Mam always order Dominos for them, and then they can go to McDonalds for a McFlurry after. Emma knows that if your parents are working all day and they're coming home late, they're wrecked so they don't always have time to cook. She doesn't mind, she loves pizza and ice cream. She loved the chipper around the corner where they used to live, but they had to move house and her Dad won't drive to get it after he's had a drink in the evening.



Emma's favourite thing to do is go out with the girls...going for food and walking around the shops



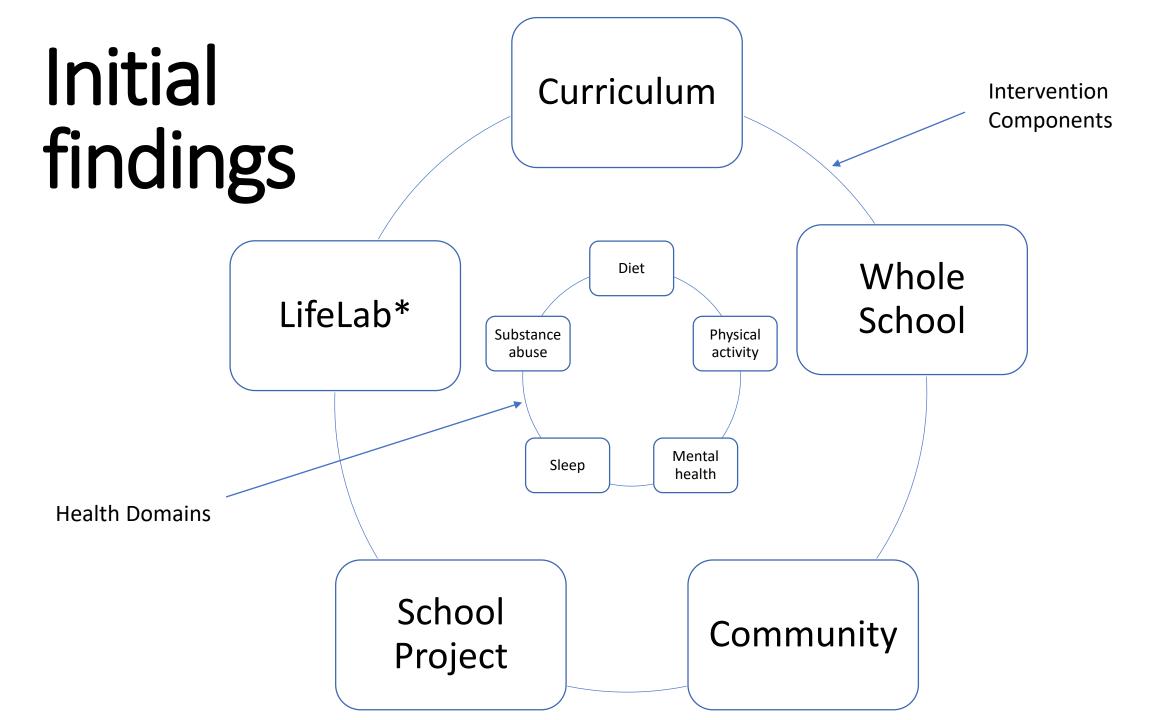
Her Mam always orders Dominos... then they go to McDonalds for a McFlurry



Emma is addicted to her phone







#### Phase 2 (Co-design of intervention)

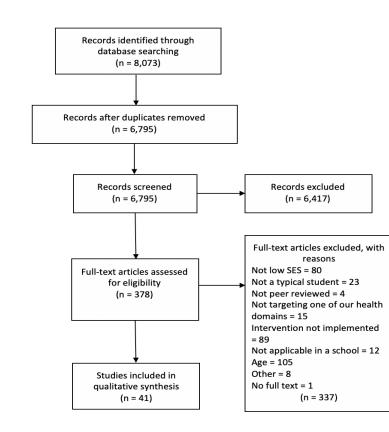
Identification

Screening

Eligibility

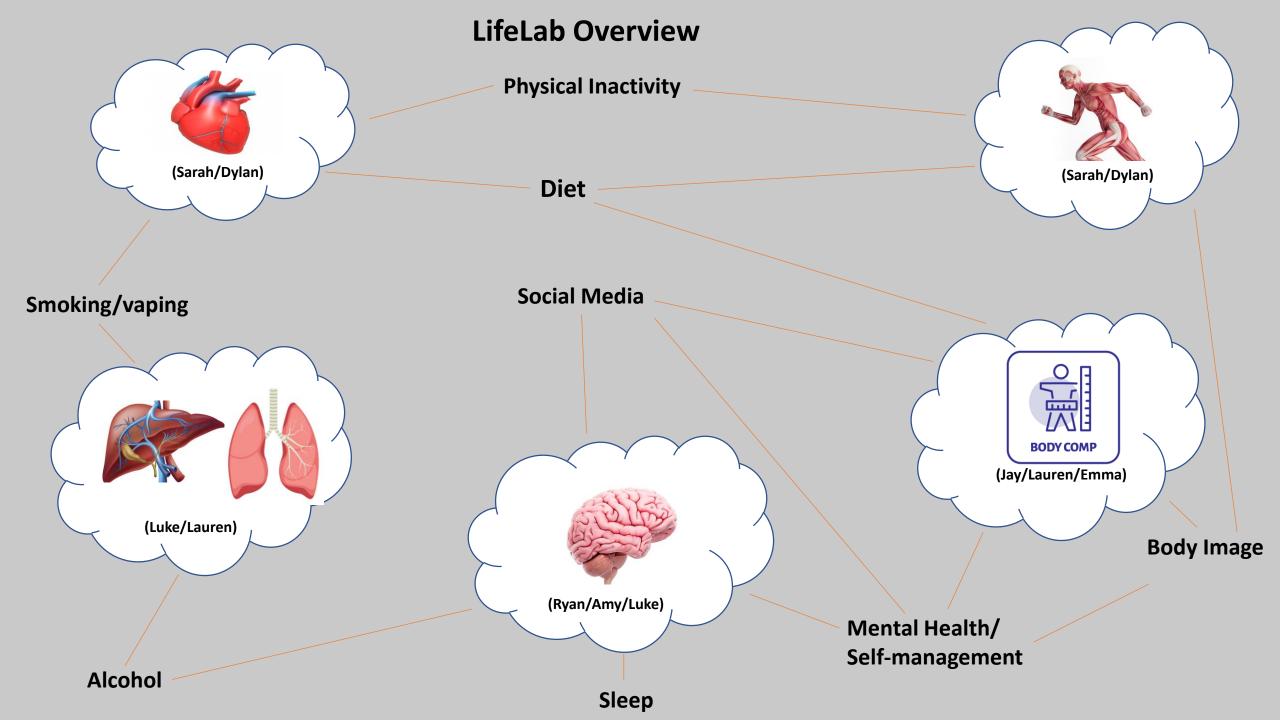
Included

- Systematic Review
- Expert Consultation
- Intervention Development

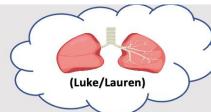


## Stand-Out Findings (Preliminary)

- The wide range of topics we are aiming to cover in our intervention 5 health domains compared to the one or two covered in most interventions
- Lack of studies carried out in the UK & Ireland (and even Europe)
- Lack of interventions targeting sleep
- The high number of PA and Diet interventions
- No studies focused explicitly on HL



## **Individual Station Example**



#### **1. Station Introduction**

- Station explained to students
- Recap on school-based learning
- Tech Solutions: Short custom-made videos

#### **3a. Lung capacity test**

#### Task:

- Students carry out the lung function test and compare their score to the vignette's/chronic smokers.
- Normative values will be displayed on a chart/graph

#### **Key Learning:**

- How poor lifestyle behaviors (smoking) decreases the lung's ability to function

#### **Tech Solutions:**

- While carrying out the test, students can see what is happening within the lungs on a screen (e.g. the lungs fill and expand as they inhale) – will make the test easier to carry out and a more tangible experience.

#### **Key Learning from Station**

- The impact of smoking and vaping on the lungs
- How these behaviors impact appearance
- How e-cigarette companies are targeting youths

#### 2. Vignette Discussion

- Major issues with vignettes lifestyle are highlighted e.g. Luke/Lauren Smoking/Vaping.
- Students keep these issues in mind while completing each section

**Tech Solutions**: Short videos of vignette to highlight lifestyle issues we want to explore at station – rather than story boards – more engaging

#### **3b. Straw exercise test – Mimic COPD** Task:

- Students complete a short burst of exercise with a straw in their mouth and nose clip on, mimicking how it feels to have COPD. They then carry out the same exercise test with no restrictions to compare the difference.

#### **Key Learning:**

- How damaging your lungs limits your ability to exercise and to carry out daily activities

#### **Tech Solutions:**

- Fun exergame. Short 30 second game on an Xbox Kinect. Carry out game with and without straw/nose clip. Compare scores achieved and difficulty experienced.

#### **3c. Ingredients of an (e)-cigarette** Task:

Vignettes introduced and used to highlight lifestyle issues

- Students observe on a poster the ingredients contained within both forms of cigarettes, and the alternative uses for the chemicals (e.g. Ammonia – toilet cleaner)
- Samples of products would be in front of them

#### **Key Learning:**

**Prerequisite Learning in the School** 

The function and importance of the lungs

How smoking/vaping can damage the lungs

- The harmful chemicals contained in both cigarettes and e-cigarettes

#### **Tech Solutions:**

- Touchscreen to allow students to open the (e)-cigarette and look at the various harmful chemicals and the alternative uses for these.

<b>3d. Smoker Face App – Appearance</b> Task:	<b>3e. Marketing strategies of e-cigarette companies</b> Task:
- Students use the face morphing app to see what they might look like in years to come if they were to smoke.	<ul> <li>Students look at vape adverts and highlight the major issues associated – i.e. Flavors, colorful packaging, celebrity endorsement etc.</li> </ul>
Key Learning:	Key Learning:
- How smoking can impact your appearance	<ul> <li>Highlight that youths are being targeted and the dangers associated</li> </ul>





## Next Steps

- Continue developing ideas and content for the LifeLab intervention
- Physically assemble the lab experience (individual lab stations and furnish the space)
- Trial the experience with the schools
- Evaluate the acceptability and effectiveness of the intervention from the student and teacher's perspectives, and to inform future LifeLab stations/activities.
- Iteratively refine the lab experience in order to develop a sustainable intervention for rollout.

## Potential Issues (advice welcomed)

- Interactive solutions to educate adolescents on health behaviors
- Major health issues that could be targeted within LifeLab
- Technology ideas that could be incorporated into the design
- Best approaches to take when tackling sensitive topics (eg. body weight/composition)
- Trialing lab stations with schools during COVID-19

## References

- Beauchamp, A., Batterham, R. W., Dodson, S., Astbury, B., Elsworth, G. R., McPhee, C., Jacobson, J., Buchbinder, R., & Osborne, R. H. (2017). Systematic development and implementation of interventions to OPtimise Health Literacy and Access (Ophelia). *BMC Public Health*, *17*(1), 230. https://doi.org/10.1186/s12889-017-4147-5
- Batterham, R. W., Buchbinder, R., Beauchamp, A., Dodson, S., Elsworth, G. R., & Osborne, R. H. (2014). The OPtimising HEalth LIterAcy (Ophelia) process: Study protocol for using health literacy profiling and community engagement to create and implement health reform. *BMC Public Health*, 14(1), 694. https://doi.org/10.1186/1471-2458-14-694