Webinar: Promoting healthy lifestyles during adolescents

Speaker Key:

LG   Lucy Grummitt

KC   Dr. Katrina Champion

Time code	Speaker	Text
00:00:00	LG	Good afternoon, everyone, and welcome to the Positive Choices webinar series. So, today's webinar will be focusing on promoting healthy lifestyles during adolescence. My name is Lucy. I'm a research assistant on the Positive Choices Project and I'll be chairing the session today. So, at Positive Choices, our aim is to assist teachers, parents, and students across Australia to access up to date and accurate information about alcohol and other drugs.
00:00:34		And this webinar series is one where we try to achieve this aim.Coming up later in the year, we will host a webinar on parenting in the tech age and this will be examining the relationship between social media, alcohol abuse, and parental monitoring in adolescence. So, you can subscribe to the Positive Choices news setup by going to our website at Positive Choices dot org dot AU.
00:01:01		And you'll be notified when registration opens for this webinar. Over the series so far, we have covered a number of topics, such as substance use and mental health among very young people, which was our last webinar. And if you missed these sessions, you can always catch up by going online and watching the recording on demand. So, that's at Positive Choices dot org dot AU. So, just a few housekeeping items.
00:01:29		You are all in listen-only mode, which means I can't hear you. The webinar is being recorded and will be available on the website after the session, along with a handout of the slides. And finally, we will have a question and answer session towards the end of the webinar, so please just type your questions in the question box of your control panel. If you haven't already visited the Postive Choices website, I would encourage you to jump online and take a look at the range of evidence-based resources that are available.

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00:02:04		Positive Choices was developed in consultation with young people, teachers, and parents, and we appreciate your feedback on anything additional that you would like to see on the site. Or if you would like to suggest a future webinar topic, please email us at info at Positive Choices dot org dot AU. So, now I would like to introduce our speaker for today, Dr. Katrina Champion.
00:02:30		Katrina is an NHMRC Early Career research fellow at the Matilda Centre for research in mental health and substance use at the University of Sydney. Katrina's program of research aims to develop and evaluate digital interventions to improve the physical and mental health of adolescents. She's currently based at Northwestern University in Chicago, where she's leading the development of Health4Life, an online multiple health behaviour change intervention to reduce chronic disease risk and improve mental health among adolescents.
00:03:03		Later this year, she will return to Australia to oversee a cluster randomised control of Health4Life in schools across the country. So, thank you, Katrina, and I will just hand over to you now.
	KC	Thanks, Lucy. So, as Lucy mentioned, I'm going to be presenting on promoting healthy lifestyles among adolescents.
00:03:31		And I'm specifically going to talk about this in the context of one of our existing studies called the Health4Life Program. So, this presentation is mainly pitched at teachers and people working with young people, but hopefully there are some messages in there that parents and others as well can take away. So, in terms of a bit of overview for what we'll cover today, I'll give you a bit of background about the Big Six risk factors for chronic disease, the patterns and prevalence among young people, and how some of them interact and co-occur.
00:04:03		I'll then go into talking about the Health4Life study. I'll talk a little bit about how we've developed the program. I'll go over the program context, some messages around how we think we might best be able to promote healthy lifestyles among young people. I'll then talk about the practicalities of implementing the program in schools. And then go through how we plan to evaluate the program later in the year.

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00:04:28		And so, before we get started, I just thought we'd do a quick poll. You should see a poll popping up on your screen for you to complete. So, being physically active during adolescence can lead to: A, improved mood, B, improved sleep, C, better health outcomes as an adult, or D, all of the above. I'll just you a minute or so to complete that poll now.
00:04:59	LG	So, we've got a majority of people who voted now ao I'll just close that one, but interestingly, Katrina, 100% selected D, so all of the above.
	KC	Great, so it seems like our audience are pretty well educated, but that was just to kind of give a bit of a flavour for the feel that the talk will be taking and for the Health4Life Program in that we really want to try and demonstrate to young people that health behaviours do co-occur.
00:05:30		So, in this case, physical activity is related to other behaviours, such as sleep, can affect mental health, and trying to get the message across to young people that what they do as an adolescent does impact them as an adult. So, I'll move on into some background and in terms of chronic disease, so when we talk about chronic disease we're talking about cardiovascular disease, heart disease, stroke, diabetes, cancers, and mental disorders.
00:05:59		And we know that these are the leading causes of death and disability, both in Australia and worldwide, and they're associated with a whole range of social and economic costs, as well as, of course, harms to the individual. There's very consistent evidence about wha the main risk factors are for those chronic diseases and those are physical activity, poor diet, alcohol use, and smoking. And these are commonly called the Big Four.
00:06:28		In more recent times, there's been other factors that have emerged as being important as well, so, of course, sleep, getting too little or too much sleep. Also, poor quality of sleep has been linked to poor health outcomes. So, in adolescence, it's been associated with obesity and poor mental health. And also, an increase of risk of those chronic diseases as an adult, as well as sedentry behaviour. And when we're thinking about young people, we're really thinking about sedentry recreation screen time.

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00:07:00		So, that's time that young people spend sitting down, on their phone, watching TV, using their computer, or playing video games for recreational purposes. And again, this has been linked to a range of poor health outcomes, such as poor mental health. It also means that young people are less physically active as they're using time that they could be being active to be sedentary, as well as a range of poor outcomes for adults.
00:07:28		So, we're now thinking that, instead of the Big Four risk factors, there's the Big Six risk factors, or Big Six behaviours that we think are important for health and wellbeing. In terms of chronic disease risk, we know that it accumulates over the lifespan, so it accumulates and builds throughout your infancy, childhood, and adolescence, before really peaking in that late adolescent or emerging adulthood period.
00:07:57		We know that unhealthy habits do emerge during adolescence as at the time where young people typically have greater autonomy over their lifestyle choices, so they have a little bit more say in terms of what they can do and what they can eat. And it also often coincides with the time where young people are starting to be exposed to risky behaviours, such as alcohol and substance use. When we look at the prevalance of those Big Six risk factors among young people, among 12 to 17 year olds, we can see that 82% abstain from alcohol.
00:08:32		So, that's a good thing. But about 14% are meeting guidelines for screen time, 30% are sleeping well, just over a quarter are meeting guidelines for physical activity, just five percent are eating enough fruit and vegetables, 39% are consuming sugary drinks, and 81% haven't used tobacco.
00:08:58		We also know the Big Six co-occur, so having multiple unhealthy behaviours are associated with an increased risk of a whole range of problems. So, a recent study that we conducted here with my colleagues found that young people who engaged in multiple risky behaviours had an increased risk of depression, anxiety, and psychological distress. Another research has shown that these multiple risky behaviours are associated with an increased risk of obesity and an increased risk of later chronic disease.
00:09:31		But it's not all doom and gloom. There is some good news. So, we know that adopting a healthy lifestyle during adolescence can

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		have protective effects against the onset of chronic disease, so what young people do do in their teenage years does track into adulthood. In just the same way, if they engage in risky behaviours, that will track over time. If they do adopt some positive habits, that can also have a positive impact.
00:09:59		So, adolescence is really an opportune time for us to prevent the onset of later disease by strengthening a range of protective factors and reducing risk factors. The approach that we have taken in the Health4Life study that I'll be talking about shortly is a multiple health behaviour change approach. And so, this is an approach that posits that it's better to target behaviours together rather than in isolation in recognition of the fact that they do cluster or co-occur.
00:10:29		And this is, we think, a timely and efficient way to promote a healthy lifestyle among our young people. It also assumes that positively changing one behaviour, so if a young person becomes more active or increases their physical activity, can also lead to improvements in another. So, for example, it might also improve their sleep and mood. So, now we're moving on to the Health4Life study. So, this is a big research project that we're conducting at the Matilda Centre.
00:11:00		Ann incollaboration with other researchers across the country. And this aims to develop an evidence-based eHealth intervention to concurrently address those Big Six health behaviours I spoke about among adolescents. And we also want to evaluate the program, so we're going to compare it to a control group to see whether it's effective in actually improving those Big Six behaviours. And our secondary outcomes are to see whether it can also improve mental health among young people.
00:11:31		So, what is Health4Life? It's an evidence-based program designed to empower adolescents to improve both their physical and mental health, and prevent chronic disease. So, we want to try and equip young people to take control of their health as a young person, whilst also learning the skills they need to continue to be healthy as they get older. It's based on the latest scirntific evidence and aligned with the Australian HPE and New South Wales PDHPE curriculums.

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00:12:02		And it encourages students to eat healthy, be physically active, to limit their recreational screen time, to adopt healthy sleep habits, and to resist peer pressure to drink alcohol and to smoke. So, it consists of three separate and I'll go through each separately shortly. The first is a web-based cartoon program and that's delivered to Year Seven students at schools as part of PDHPE and HPE.
00:12:32		The second part is an accompanying Smartphone application that's designed to reinforce content delivered in the cartoon program. And then we've got a third booster component as well, to provide a little bit of extra information and skill-building among a subset of students. So, in terms of how it was developed, we conducted various different steps to inform development, some of which are outlined on this slide here.
00:13:01		I'll just go through a few of those briefly today. So, starting with our expert advisory group, so, as I mentioned, this is a big project that involves multiple different collaborators and researchers in different stakeholders. So, we've got experts across the fields of those different Big Six behaviours, so experts in physical activity, sleep, diet, addiction, screen time, and mental health.
00:13:28		We've then got experts in behaviour change, in the development of eHealth and mobile-based interventions, as well as having key stakeholders in the educational sector to help us ensure that our intervention is relevant and as appealing to schools as possible. You can see the different logos at the bottom of the screen there. They're just pointing out the different collaborators. We've got researchers at the University of Sydney, University of Newcastle, Curtin University, NWA, University of Queensland, UNSW, and Northwestern University in Chicago.
00:14:04		A second stage of the development of the program was youth consultation. We've engaged youth in a number of ways in the development of the program, but one of them was through an online survey. So, we're really interested in trying to find out what young people knew about these Big Six behaviours, as well as what they thought about health more generaly, so what were their attitudes to health, what did they believe, how were they tracking, what was their engagement with the different health behaviours,

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		as well as some information about the use of mobile phones and Smartphone applications.
00:14:40		So, we have a total of just over 800 students from three schools in Sydney. They're aged 13.9 years on average and the majority were female. So, just pulling out some of the key findings from the survey here. We asked young people which life domain is most important to you right now.
00:15:02		So, we were kind of interested to see where they thought their physical and mental health fit withing their life values and so we found that 36%, so over a third, thought that family was the most important, which we thought was a little bit surprising, but perhaps it shouldn't be, given that these are young students and maybe they are still putting a lot of emphasis on their family.
00:15:27		Followed by academic achievement as being the second most important domain, and then social relations, physical and mental health. In terms of how they rated their own health, so we found that about three-quarters rated their health as being good or very good. They thought that they were tracking pretty well. Then, when we asked them to report how they were actually engaging in the different risk domains, things weren't quite as good.
00:15:58		There seemed to be a little bit of incongruence with how they rated their own health versus what they were actually doing, but we found about 39% hadn't consumed a full alcoholic drink, 35% were meeting guidelines for screen time, over half were meeting sleep guidelines, 12% were meeting guidelines for physical activity, 11% ate enough vegetables, but, pleasingly, over three-quarters were getting enough fruit, and the vast majority had not tried tobacco.
00:16:29		And that's something that came out in some of the open-ended questions as well, that students really, they weren't using tobacco, they thought it was disgusting, none of their peers were using it. We also asked them if they knew what the correct guidelines were, so the national guidelines for each of those different behaviours and there were some pretty clear opportunities to improve knowledge. On the positive side, most students, so 88%, knew that they shouldn't be drinking alcohol, that the guidelines say the safest option is not to drink.

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00:17:05		About half percent said they knew how much screen time they should be having. About a quarter knew how much sleep they should be getting. Same again, about a quarter knew how much physical activity they should be getting. A third knew the fruit and vegetable guidelines. And we didn't assess the tobacco guideline, as there isn't actually a guideline, but, again, it was pretty clear that adolescents weren't a fan of smoking.
00:17:30		So, now moving to the final development stage, which was some user testing. So, we are currently in that phase at the moment for that web-based cartoon program that I spoke about, so we will be conducting some focus groups with students and some interviews with teachers to get feedback on the language used in the cartoons, to make sure it's relevant, acceptable, just to get any feedback before we actually do implement the program in schools.
00:18:01		So, if anyone is listening, any teachers that are interested in volunteering their time to give feedback on the program, please do let us know. If you think that your students might be available to participate in a focus group, please reach out to us as well. And then, we also held a focus group with some 11 to 14 year old females to get feedback on the Health4Life Smartphone app. So, that second component of the Health4Life intervention that I mentioned.
00:18:30		And so, what we found, what we asked, specifically, was how they wanted the different health behaviours to be displayed in the context of a Smartphone application. And the feedback was that they thought that the Big Six behaviours should be displayed individually on graphs, and you can see some pictures up here on the screen, so we actually got young people to draw how they would like to have the behaviours visually represented.
00:18:58		They thought that data should be displayed for a week-long period with the ability to go back and compare their data to previous weeks and they specifically thought that a line graph might be most useful. We also asked for input about goal-setting, so they thought that the app should set goals specific to age and gender, so have some pre-specified goals in there rather than young people coming up with their own goals. They wanted goal-setting to be a rewarding experience, so they thought winning an icon or

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		an emoji when they reach a goal might be something important for young people.
00:19:31		And they also suggested that we include motivational comments or explanations of why it is important for young people to strive to achieve their goals and to be healthy. So, now I'll just run through in a bit more detail the different components of Health4Life, starting with the web-based cartoon program. This is a program that builds on our existing work in substance use prevention.
00:20:01		So, my colleagues have developed some substance use prevention programs caled Climate Schools that are web-based and have been shown to be effective in reducing alcohol and cannabis use and related harms among young people. And so, we've used this model, which uses cartoon storylines and web-based delivery to engage engagement. We've used it again in the Health4Life study. And the Health4Life program aims to increase knowledge about the Big Six through these cartoons.
00:20:30		And to encourage students to maintain and achieve good health. It also provides tailored feedback to young people, relative to national guidelines, and motivational advice, so all students will complete a survey as part of this study. We'll then feedback how they're actually tracking, relative to the guidelines, so relative to what they should be doing, but in a really positive way, so trying to give them some motivational advice about where they can improve and, of course, identifying where they're already doing well or excelling.
00:21:03		So, I just thought I would briefly go through what the national guidelines are actually saying, as this does form some of the content and structure of our Health4Life intervention. For physical activity, the Australian guidelines are saying that young people should be getting 60 minutes or more of moderate to vigorous physical activity. That's activity that makes you huff and puff. So, they should be getting 60 minutes or more of that each day.
00:21:32		And, importantly, this could be accumulated over the day, so it doesn't need to be done at once, the 60 minute block can be broken up. For screen time, the guideline tells young people to limit their sedentary recreation screen time to no more than two hours per day. For sleep, so five to 13 year olds, we're

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		recommending that the ideal amount of sleep is nine to 11 hours of uninterrupted sleep.
00:22:02		And this is eight to ten hours for our 14 to 17 year olds. In terms of diet, there's no specific guideline around sugar sweetened beverages or discretionary items, so junk food, but the guideline does tell young people to limit their consumption of those types of foods and drinks. And for fruit and veg, I think we're all fairly familiar with the two and five, so two fruit per day and five vegetables per day.
00:22:28		And in terms of alcohol, they guidelines say that, for children and young people under 18 years of age, not drinking alcohol is the safest option. And for tobacco, of course, the guideline is not to smoke. So, now I'll just go through some of the content or the topics that we do cover in the Health4Life intervention. So, we've got some overarching messages. We really want to teach young people about the associations and the clustering between health habits.
00:22:59		So, how your diet might impact your physical activity, how your physical activity might impact your sleep, how they can all impact your mood. That's a critical component of the Health4Life intervention. We talk about the relationships between physical and mental health, physical, social, and emotional benefits of health and wellbeing in adolescence and over the lifespan. We also concentrate on skill development, so self-management, interpersonal skills, with a particular focus on decision making, problem solving, assertiveness, communication skills.
00:23:38		In terms of alcohol and smoking, what does the intervention cover? So, we teach young people about some of the short-term consequences of drinking. We really focus on short-term, as we know that young people aren't particularly interested in the longer-term consequences. That doesn't resonate so much as the short-term.
00:23:59		We teach them some assertive, communication, and refusal skills, so how to say no to peer pressure. We get them to identify reasons why teenagers choose not to drink, keeping yourself and others safe, and we also provide normative education. So, using national data to try and dispel some of the misconceptions that young people have about peer use. So, we know that the majority

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		of young people do tend to overestimate how many of their peers are drinking and so we want to try and give them the correct data to try and flip that.
00:24:36		And know that, actually, the vast majority are not drinking. In terms of physical activity, our key message is just to move more often. Of course, we're trying to get young people to strive to achieve the guideline of 60 minutes of moderate to vigorous physical activity per day, but also with a caveat that any exercise or any activity is better than none.
00:24:58		So, even if you're walking, being less sedentary, breaking up sedentary time, that's important as well. We know that giving young people a variety of physical activity options is really important and that young people that choose acitvities that they like and that they're good at are also more likely to keep them up. We try to encourage them to find activities that they enjoy and, of course, we talk about some of the benefits of regular physical activity, so improved cognition, improved memory, attention, which can then improve academic performance, as well as improved sleep and mood.
00:25:33		In terms of sedentary recreational screen time, we tell them to limit it to no more than two hours. That's our national guideline. We try to encourage young people to get off screens and interact face to face. We also link it to sleep, switching off screens in the afternoon and particularly at night, in the bedroom.
00:26:00		We cover benefits of limiting screen time, so increased physical activity, so again, the idea that if you're sitting on the couch using your phone or playing video games, you're wasting time that could otherwise be spent being active or interacting with your friends face to face, as well as improved sleep, reduced bullying, we know that screen time is associated with bullying, as well as improved mental health. And we also cover a little bit about the responsible use of social media.
00:26:31		In terms of sleep, we talk about sleep needs. Again, those Australian guidelines of eight to ten and nine to 11 hours for teenagers. We talk about the importance of regulating sleep patterns, so we introduce this idea of social jetlag, which is when young people tend to oversleep on the weekends, which actually leads to worse slee overall. So, we say, try to avoid oversleeping

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		on the weekends and keep it within about one to two hours of their normal weekday wake time.
00:27:00		We educate young people about the benefits of sleeping well, so the impacts that this can have on their mood, improved daytime functioning at school, and improved school performance. And again, linking it back to screen time, so trying to get them to restrict electronic devices before bedtime and establishing an alternate bedtime routine, whether it be reading, taking a bath, listening to music.
00:27:29		In terms of diet, we wanted to concentrate on reducing the sugar sweetened beverages, as we know that this is highly prevalent and also associated with obesity and a range of other poor health outcomes. It's also something that young people have a little bit more control over, rather than fruit and vegetables, which might be dictated by what's available at home. We do talk about the five food groups and the fruit and vegetable guidelines, the need to limit saturated fats, salt and sugars, and again, the benefits of eating well.
00:28:03		So, linking it back to the other behaviours and highlighting how it can positively impact their mood, weight control, and brain function. In terms of program implementation, so it's all accessed via the Health4Life study website and teachers and students will register to create a unique username, which is their school email address.
00:28:30		And a unique password that they will then use to log onto the program each time to access the different components. It consists of six 40 minute lessons, which are designed to be delivered once per week in PDHPE classes, but there is some flexibility, so two lessons could be delivered in a double period or it could be two weeks apart, or however best suits each school's needs. And it's broken into a couple of different components, so the first component is that cartoon part that I was speaking about.
00:29:00		So, this is about 20 minutes, or 15 to 20 minutes, and this is completed by students individually. It includes stop and think scenarios embedded into the cartoons, where students are encouraged to think critically about different scenarios that the characters find themselves in and how they might respond if they were in that situation. And it also consists of quizzes at the end of

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		each lesson, just to test the knowledge that was taught in the program. So, I just wanted to show quickly a bit of a snapshot of what the cartoons look like.
00:29:31		These are in draft format, so they might look a little bit different to the final product, but it will give you a bit of an idea of the look and feel of the cartoons. Essentially, a young person would log onto the study website. They'd click on lesson one and then click through a series of slides that look a little bit like this. So, we've got a narrator who guides the students through the storyline and the story really is about the Big Six and a group of characters and their different experiences with the health behaviours, as well as common teenage scenarios.
00:30:05		So, we've designed about seven key characters, I think, and they're all Year Seven students, and we designed these with input from young people to make sure that they were relevant and acceptable. And we tried to have the different characters portray different risk profiles, so, for example, Hamish here is in Year Seven, he loves playing video games, and doesn't have many other hobbies.
00:30:31		So, we've used him to convey some of the messages about screen time and sleep, as he often stays up late playing video games and doesn't sleep very well, which then impacts his school performance. So, using him to get across those messages about sleep, screen time, and mood. And we've also got some positive role models, so Anna here, she's a good soccer player. She's really active, a good student, and she spends most of her time with her best friend, Izzy, when she isnt studying or training.
00:31:00		So, using Anna here to convey some of the messages about the benefits of being physically active and a peer to peer role model for the students. In terms of part two, so after the cartoons, students can complete a range of activities. This is optional, so it's up to the discretion of teachers, but we do have a selection of pre-prepared worksheets.
00:31:30		There will be interactive online tasks, class discussions, small group work, and homework assignments, so teachers can pick and choose which, if any, of those activities suit the needs of their class and that they want to discuss further. And teachers and students will also be provided with lesson summaries, give an

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		overview and a bit more information about the key content that was covered in the cartoon lesson. So, that was the web-based cartoon component. The second part is a Smartphone application.
00:32:02		This is being developed by my colleague, Dr. Louise Thornton, here at the Matilda Centre. And it's really designed as a companion intervention to the school-based program. So, it includes opportunities for self-monitoring, so students can log onto the app, track how many steps they're getting, track how many, hopefully, how many drinks they haven't had, how many hours sleep they're getting, and also log their mood. And they can kind of track how their mood lines up with their behaviour.
00:32:32		So, if they've been active that day, they might rate their mood as being more positive. It also has goal-setting opportunities, as well as tailored feedback. And this one is designed to be completed outside the classroom setting, so the school-based cartoon component is completed within PDHPE, but the app is designed to be completed by students outside of class. We have created some app-related activity to try and tie it back into the cartoon component.
00:33:01		And to encourage students to use the app. And students can track their progress and earn badges for logging their behaviour. And then, the third component is the booster content. So, this is also delivered via the Smartphone application and this is delivered 12 and 24 months after initial intervention implementation. So, 12 to 24 months after they complete that cartoon program and the app.
00:33:31		It's delivered to a subset of students who report having two or more of those Big Six risk factors based on their survey responses, which we expect to be about 30% to 40% of youth. Again, this one is used outside of the classroom setting and it uses CBT and motivational enhancement principles to teach young students the skills they need to put their knowledge into practice. So, giving them a bit of a booster knowledge, booster support and skill building to try to get them to adopt healthy behaviours and to maintain them.
00:34:04		So, in terms of teacher training, what is required? None, which is the good news. So, teachers really don't need to do any prior training. We will provide them with implementation guidelines, which is really just a summary of how to navigate the study

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		website, links to the PDHPE syllabus, as well as those lesson summaries and class activities I spoke about.
00:34:30		The researchers will also meet with teachers at participating schools in Term Two to answer any questions and just to go over the study website and make sure everything is clear. In terms of how we'll evaluate the programs, we're running a cluster randomised control trial in secondary schools across New South Wales, WA, and Queensland in the beginning, not so beginning, mid-2019. So, in July this year.
00:34:59		We're recruiting 72 schools in total across the three states. Half of those will be allocated to receive the Health4Life intervention that I just described, and the other half will form a control group, so they'll just complete their usual Year Seven health education. We will evaluate the program by getting students to complete online surveys. They'll complete five of those over the course of three years and they take about 30 to 40 minutes to complete.
00:35:27		So, looking at this table here, so if we're starting in Term Three this year, with Year Seven students, both groups will complete a baseline survey. Health4Life group will go on to complete the Health4Life program and app. Both groups will complete the post-intervention survey, the 12 month, 24, and 36 month survey. And I've just noticed that table has crosses at the bottom for the control, but it should have ticks for each of those survey occasions, so both groups will complete the five online surveys over the course of the study.
00:36:00		The surveys will assess student health behaviours, so those Big Six, their knowledge, intentions about the Big Six, self-efficacy, and mental health symptoms. The survey is designed to be completed during PDHPE or HPE or another convenient time. So, in the past, schools have completed it in pastoral care or in a year group meeting. Absent students will be contacted by the research team to invite them to complete the survey at home.
00:36:29		So, for us, retention of students is really important, so we'll be making an effort to make sure that as many students as possible can complete those surveys. And all participant data is confidential, so it'll be de-identified and linked over time via unique code that's automatically assigned when they register with our study website. So, what are the benefits of participating in the

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		Health4Life study? So, schools will get access to an innovative, evidence-based eHealth intervention.
00:37:00		Control schools, while they won't get it this year, they will get complimentary access to the program at the end of the study. Schools will be making a contribution to science in helping us improve our understanding of healthy lifestyles interventions among young people. And while there is, of course, no guarantee of benefits, we do hope that students will improve their health behaviours and also their moods or mental health.
00:37:27		And if it is found to be effective, Health4Life has the potential to not only improve young people's physical and mental health in the short-term, but also their capacity to really enhance their health outcomes in adulthood by teaching them the skills and knowledge that they need to apply throughout their whole life. So, just to finish up, as I mentioned, we've got a large team, so just wanted to acknowledge the Health4Life team. Our funders and my contact details are up there on the screen, but if you do have any questions or if you'd like to participate in the study if you are a teacher listening, or if you are linked in with a school, please do get in touch.
00:38:04		We've got our website there, as well as our info at Health4Life email address. So, thank you very much.
	LG	Great, thanks so much, Katrina, for that. That was a lot of really fascinating information in that presentation. So, now I'd like to encourage anyone who has questions to just type them in the questions box in your control panel.
00:38:32		And I can ask them of Katrina. So, I'll start with one that's come through during the session. So, Katrina, someone has asked , how will schools with limited computer resources implement the program, given that it's web-based?
	KC	Yes, that's a good question. So, it is designed to be implemented via the Internet and for students to complete those cartoons individually.
00:39:02		But the way we've done it in the past, if there are limited resources, we have students share computers and jump on to view the cartoons together. We've also had teachers display the

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		cartoons on a big projector and go through the cartoons as a whole class. And while the Smartphone application is also, it obviously requires technology, that is optional.
00:39:31		It really is the web-based cartoon component that is the core of the intervention. We'd love as many young people to use the Smartphone application as possible, but it certainly wouldn't rule them out, althought we know that most young people do have Smartphones these days.
	LG	That's great. And another question that's come through is about evidence around the assumptions that by changing one health behaviour, for example, physical activity, that this will impact other behaviours.
00:40:05		So, I think that was sort of early on that you talked about it, but yes, just wondering about the evidence on this multi-faceted changing one behaviour has benefits for the other behaviours.
	KC	Yes, so that's the multiple health behaviour change approach that I mentioned. There is research in both adults and young people from some of my collaborators at Northwestern University.
00:40:31		They found that by targeting dietary behaviours, it actually lead to untargeted flow-on effects in terms of sedentary behaviour. Even if you don't target both behaviours, just by changing one aspect of someone's lifestyle can have positive flow-on effects, such as motivation, increased self-efficacy, feeling a bit more confident about having changed in one domain, so they might feel confident about being able to change another health area.
00:41:02		And there is some research as well in children and adolescence that this can happen.
	LG	Great. And we've had a few questions, actually, on behaviour, so someone has asked whether you have any advice on how we can empower parents to encourage these healthy habits with the Big Six and follow the national guidelines.
	KC	Yes, that's a good question.
00:41:28		We haven't included a parent component in Health4Life intervention. We certainly could have included an additional component that equipped parents with some skills and knowledge,

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		but what we've done is tried to really put the adolescent in control, so we've tried to give them knowledge and skills to be able to make changes to things that they do have control over. Those things like making healthy choices at the canteen.
00:41:58		We also know that there is some evidence that, actually, young people can educate their parents. By educating young people, they might go home and actually teach their parents about these health behaviours, but it certainly, yes, it's a tricky area for what parents should be trying to do.
	LG	And another question was asked, whether the 70 schools, or it might have been 80, whether the control trial is going to be in New South Wales or in other states?
00:42:36	KC	We'll be looking for a total of 72 schools across the New South Wales, WA, and Queensland. We're hoping for about 18 in Queensland, 18 in WA, 18 in the greater Sydney region, and then 18 in more regional areas, so 36 in New South Wales.
00:42:59	LG	And someone's asked quite a big picture question, but with all the great success results that we've seen with tobacco and how you mentioned that young people really find it digusting and it's such a turn around from say maybe 50 years ago, someone's asked whether you think this is possible for other unhealthy behaviours, like alcohol abuse in young people, screen time, and poor diet sort of things. The Big Six, basically.
00:43:39	KC	Well, yes, that's a tricky question. I think with alcohol, we already are seeing some positive changes at a bigger level. More young people are abstaining from alcohol, but at the same time, there's still that small group of young people that are just at very risky levels.
00:43:59		In terms of the other behaviours, I guess we could hope that we could make such big shifts, but, of course, I think it will take time.
	LG	Definitely. Well, thanks, everyone, for all the questions. They're really insightful. And thank you so much, Katrina, for presenting on this really important topic. There was some really fantastic information for those listening.
00:44:30		And just a reminder that the link will be available on the Positive Choices website a little bit after the session, as well as the slides,

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		so if you need to refer back to something or if there's information you'd like to share from the webinar with anyone in your networks. And thanks to everyone for being involved in the Positive Choices webinar series. As I mentioned earlier, we'd really love to hear what topics you're interested in.
00:44:59		So, feel free to email us at info at Positive Choices dot org dot AU if you've got a topic you'd like to raise. Also, don't forget our next webinar is coming up in May on looking at parenting in the tech age, so social media, alcohol use, and parental monitoring in adolescence. And don't forget that if you have missed any of our past webinars, you can jump online and catch up. They are all available on demand.
00:45:31		So, thanks so much, Katrina, and thanks to everyone in the audience. And goodbye.
00:45:46		