

POSTER ABSTRACT

Healthy Living: when engaging people makes a difference. Evidences from an experiment with teenagers in Tuscany

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Introduction: According to a recent definition of integrated health service that collocates people into a continuum of services throughout their entire life-course (1), the prevention of chronic diseases is especially important at an early life-stage. However, the prevalence of obesity among adolescents reveals that often, by appointing adults as advice delivers, public campaigns stumble in promoting health among young people. In contrast, the identification of populations' and individuals' needs and the work in partnership with them are crucial (2, 3). In this paper, we present the results of assigning a group of students, involved in a large-scale participatory survey ('beFood'), with the responsibility of informing their peers about healthy lifestyles.

Methods: A peer educational model, teenagers-driven, was used. Fifty 16/17-year-old Tuscan students were involved in this two-phases project. In the initial phase, during the mandatory training course, students were: informed about healthy lifestyle with a collaborative approach; trained about possible ways to communicate healthy conducts; and directly involved in research co-production, which included the validation of a questionnaire thought to investigate youth lifestyles, and in the development of a webAPP by means of which they personally conducted the survey. In the second phase, they had the responsibility of informing their peers on healthy behaviours, delivering the questionnaire.

Results: The initiative proved to be fruitful in two respects: a large number of responses (n=5029) was gathered in a peer-to-peer approach and, more importantly, the process of education, activation and engagement of the adolescents produced fertile terrain for their empowerment and evolution into trained 'testimonials and instructors'. The students improved their behaviours (54% eating; 48% physical activity). In playing the role of 'influencers' (40% high or very high influence), a large part of them took the initiative to advice people about healthier lifestyles (26% about nutrition; 22% about physical activity).

Conclusions: The fifty students acted as powerful testimonials and 'change agents'. This experience demonstrated that, if adequately supported and engaged, message recipients can modify their lifestyle-related behaviours and become effective producers and providers of health-related information to their peers.

De Rosi; Healthy Living: when engaging people makes a difference.

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Lessons learned: An effective strategy of health promotion and prevention should be based on a direct involvement, activation and empowerment of individuals, as active partners in the design, planning and delivery of health-related initiatives. Healthcare professionals and providers should support (younger) people in actively undertaking learning processes that may lead to the responsibility for their health, to the adoption of healthy behaviours and to the sponsorship of these latter. The delivery of health promotion services should be integrated and centred on people, by introducing inter-sectoral actions and partnerships with individuals.

References:

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