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Change the beginning and you change the whole story; why adolescence is a window of opportunity for prevention of non-communicable disease

About the research group

LifeLab is an innovative educational facility, pioneered by the University of Southampton, University Hospital Southampton and Southampton City Council. It is led by a multi-disciplinary team encompassing education, health psychology, developmental biology, cardiometabolic biology, nutrition, epidemiology and public health. Its mission is to create holistic answers to health challenges such as childhood obesity. Pathways to Health Through Cultures of Neighbourhoods is a UKRI funded research project under the Mobilising Community Assets to Tackle Health Inequalities Programme led by the University of Southampton.

1. Why the Health and Social Care Committee should consider this as part of its Prevention inquiry

- 1.1 Non-communicable diseases are responsible for 89% deaths in England, 25% of the burden of disease is thought to be attributable to smoking, high blood pressure and obesity.^{1,2}
- 1.2 We know adolescence is a critical developmental stage for establishing lifelong health behaviours.³ Scientific evidence shows a healthy lifestyle from an early age is important for short and long-term health of young people, and critical for the health of their future families.⁴ Adolescence provides a window of opportunity giving a triple dividend of improving adolescent health now, **improving health in the future and improving the health of future generations.**⁵
- 1.3 Health education (through the statutory PSHE curriculum) is important in promoting long-term health, however, young people receive contradictory messages directly and indirectly from their environment, social media and peers, making it difficult to implement the choices they know will benefit their health and wellbeing in the long-term. **Health education cannot be solely delivered through content and knowledge, there must be a focus on how skills are applied and reinforced by young people in their lives, within their estates, local parks, spaces, communities and in their families.** Our work with adolescents shows changing young people's behaviours demands an understanding of their values and motivations for them to apply these skills in their everyday decision-making.⁶

¹OHID. Research and analysis Annex C: data on the distribution, determinants and burden of non-communicable diseases in England. 2021. Available from

<https://www.gov.uk/government/publications/nhs-health-check-programme-review/annex-c-data-on-the-distribution-determinants-and-burden-of-non-communicable-diseases-in-england#the-burden-of-non-communicable-disease>

[Accessed 5 February 2023]

² PHE. The Burden of Disease in England compared with 22 peer countries - A report for NHS England. 2020. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856938/GBD_NHS_England_report.pdf [Accessed 5 February 2023]

³ Sawyer SM, Afifi RA, Bearinger LH, Blakemore SJ, Dick B, Ezech AC, Patton GC. Adolescence: a foundation for future health. *Lancet*. 2012 Apr 28;379(9826):1630-40

⁴ Godfrey KM, et al. Developmental origins of metabolic disease: life course and intergenerational perspectives. *Trends Endocrinol Metab*. 2010 Apr;21(4):199-205.

⁵ Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, Arora M, Azzopardi P, Baldwin W, Bonell C, Kakuma R, Kennedy E, Mahon J, McGovern T, Mokdad AH, Patel V, Petroni S, Reavley N, Taiwo K, Waldfogel J, Wickremarathne D, Barroso C, Bhutta Z, Fatusi AO, Mattoo A, Diers J, Fang J, Ferguson J, Ssewamala F, Viner RM. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*. 2016 Jun 11;387(10036):2423-78

⁶ Strommer S, et al. How do we harness adolescent values in designing health behaviour change interventions? A qualitative study. *Br J Health Psychology* 2021; 26 (4):1176-1193.

2. To support establishing a prevention agenda we suggest three groups of critical voices:

2.1 Schools

- 2.1.1 Need to be supported to prioritise health education and see and value their role in preventative health, PSHE is statutory, but with no accountability, so amongst exam results pressures and league tables, the PSHE curriculum is a course to be delivered, rather than a route to transforming the lives of their students. This results in a leadership lottery – schools where health is prioritised will have a ‘health promoting ethos’ – others will not.
- 2.1.2 **Joining up learning across curricula paves the way for a holistic school approach showing the relevance to young people’s lives.**
- 2.1.3 Programmes like LifeLab^{7,8} and Early LifeLab⁹ aim to engage with the science behind the health messages, building scientific literacy to build health literacy, with the potential to support long-term behaviour change

2.2 **Families and the wider community** - Whilst young people learn about health at school, it is in the community and family where those messages are supported and reinforced or contradicted. Engaging directly with non-governmental organisations (NGOs) and providers of youth groups (through the voluntary, community and social enterprise (VCSE) sector) and challenging them to explore how they promote achieving the best health outcomes for young people is imperative. The opportunity for young people to embed their learning from environments outside schools and be a part of changing their communities should not be missed.

2.3 **Young People** - Young people themselves are best placed to inform and shape future strategies, they need to be at the heart of these conversations and fully involved to co-create approaches and to disseminate and promote engagement with them. Our Pathways to Health Through Cultures of Neighbourhoods¹⁰ is building a consortium of academics, civic leaders, health professionals, NGOs and cultural organisations. We are training a cohort of young peer researchers to inform and advocate for young people’s current and future health needs and shape the strategy of this consortium. Our aim is by working together to understand what culture means to young people and how this influences their health, we can use these learnings to inform the **integrated care system identifying ways that culture can reduce future health challenges.**

3. Recommendations

- Adopting a multi-sectoral approach that takes into consideration the whole system including schools, environments to reinforce, support and reward healthier behaviours and weakens the influences promoting less healthy behaviours will be vital for successful preventative healthcare by 2030
- Young person-centred health education should be at the heart of the approach to prevention. Providing young people opportunities to identify solutions themselves empowers them to lead the change towards healthier lives.
- Strengthening cross-departmental commitment to disciplinary health education for young people by aligning priorities between DHSC and DfE to embed accountability in schools for delivering transformational PSHE education

⁷ Grace M, Woods-Townsend K, Griffiths J, et al. Developing teenagers' views on their health and the health of their future children. *Health Education* 2012;112(6):543.

⁸ Woods-Townsend K, Hardy-Johnson P, Bagust L, Barker M, Davey H, Griffiths J, Grace M, Lawrence W, Lovelock D, Hanson M, Godfrey KM, Inskip H. A cluster-randomised controlled trial of the LifeLab education intervention to improve health literacy in adolescents. *PLoS One*. 2021 May 5;16(5)

⁹ <https://www.southampton.ac.uk/publicpolicy/support-for-policymakers/policy-projects/Current%20projects/earlylifelab.page>

¹⁰ <https://www.pathways-to-health.org>

- Drawing on and learning from a consortium of partners and voices of young people is crucial to ensure positive behaviours are reinforced, supported by the community and society.

The Lifelab and Pathways to Health Through Cultures of Neighbourhoods projects have extensive experience in engaging with young people and communities to identify actionable solutions and will support the Select Committee's future inquiries in this area.

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