



# DESIGN4 HEALTH

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## 565. MyHealth; Co-Creating Men's Health and Lifestyle Postcards

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*ABSTRACT The health of all men is a public health issue. Men with intellectual disability (ID) in particular experience more physical health conditions than the general male population. Men with ID have twice as many mental health conditions and a life expectancy more than a decade below the general male population. A refusal to seek health advice may limit male health education, increasing exposure to lifestyle risks. Some health promotional materials exist. However, dated format or inappropriate language; allied to tokenistic accessibility can result in poorly conceived, stigmatized communication methods, thus rendering important health information inaccessible. To address this shortfall of accessible information, the MyHealth project has been developed with ID experts. Consultation involving men with ID has resulted in tactile, health-information postcards. The communication design is ID led but content relevant to all men. Co-creation has shaped the design of user-sensitive, printed health information. Using concise language, care has been taken to avoid exclusive, stigmatizing terminology; improving health education prospects of the system. The tactile printed format is compact, inexpensive and independent of technology, affording ownership over periodical screen-observation. MyHealth has assembled a co-creation research community for men's health information. This community is currently in one region. The MyHealth ambition is to connect nationwide communities, to co-create user-focused content in a flexible and responsible manner. In addition to the merits of the tactile platform, variations of detail preferred by members of the research community indicate need for a supporting digital health information system. A communication system resolved to benefit the lowest capability user, may benefit the whole spectrum of users. A well-conceived system may achieve the least perceptual difference between needs of those users. This will form the next phase of development; using the co-created tactile communication design to reach the widest male population.*

Keywords: human centred design, intellectual disability, health information, male health, whole male population



## Introduction

Both researchers are employed by Coventry University, within the Faculty of Health and Life Science (HLS). Paul Magee is a product designer and experienced developer of user-led solutions across healthcare and assistive technology. Working in the Centre for Innovation Across the Lifecourse (CIRAL), Paul's research develops collaboration methods with people with learning disability (PWLD) and education of service providers using empowering, co-creation methodologies. Dr Martin Bollard is Associate Head of School for Research in the School of Nursing Midwifery and Health. He has published widely in nursing journals and edited two specialist intellectual disability texts. His current research programmes include men's health and disability and psycho-social interventions for adults with intellectual disabilities.

## Context of the research

The needs and abilities of people with ID are diverse. There is substantive evidence showing this population have more physical and mental health conditions when compared with the general population, such as epilepsy, sensory difficulties, coronary heart disease, depression and anxiety related disorders (Emerson and Baines 2010). Intellectual disability is typically understood to affect an individual's ability to learn and socially adapt. A range of communication difficulties, such as dysphasia, are also associated with intellectual disability and people with ID are more likely to have poor literacy levels ([www.healthliteracyplace.org.uk](http://www.healthliteracyplace.org.uk) 2018). Health literacy is essential for patient safety, self- management and effective health and social care relationships with patients, families and carers and is a key determinant of health which can impact on health inequalities (UCL 2018). Whilst within the specialist field of ID efforts are made to make health information more accessible, all health and social care professionals should consider the information they provide and the way in which they provide it, to ensure they are accessible to all groups of people, including those with ID (UCL 2018).

The widely-held stereotype of men being reluctant to seek and act on medical advice (Payne 2006), in addition to the challenge to effectively meet men with ID's complex health needs, puts the health of this group of men at further risk of deterioration (Bollard 2017). We believe the distilled health messages within MyHealth are applicable to not only men with ID but to all men and, if scaled up adopting a co-creation methodology, have the potential to develop a large community of practice promoting men's health.

## Co-creation, not just consultancy

Development of user-focused information communication is seldom created in collaboration with any population, tending to remain at the discretion of a production team, itself unlikely to include the intended recipient; especially so when producing literature for the ID community. Evidence of suitably democratic engagement is scarce; suggesting that, where collaboration does occur, it is not widely disseminated (Magee et al. 2016). The author's experience (PM) has highlighted poor

comprehension of communication need, as a barrier to gaining insight from the widest audience, including those typically marginalized. Consequently, involvement where it does occur tends to be tokenistic, late in the process and resulting in little real-value to users. Collaborative creation tools have given us a vital tool to circumvent this trend- Co-creation. Co-Creation refers to collective creativity, i.e. creativity that is shared by two or more people (Sanders and Stappers 2008). The aim of co-creation is to gather rich qualitative data about the potential user journey of the product or service from beginning to end. An iterative development process identifying the users' needs and desires. Influenced by previous Co-creation with specialists in ID research consultancy (Magee et al, and c2u 2016) and specifically that of information communication design, MyHealth is led by men with ID's need for health information communication in a format that makes sense to them. An activity was devised to co-design research communication, particularly the design of the Participant Information Sheet (PIS); a document used to explain the constituent parts of a research study, c2u were able to provide clarity on the type and format of communication. A series of guidelines resulted from the collaboration and consequently, MyHealth prototype literature employed the principles shown in table 1 (Magee et al 2017):

Table 1: Design principles for MyHealth Literature

paper based (offering tactile material and discrete ownership)
clarity of content with useful detail written in lay language
short sentence structure (i.e. no more than 2 lines of text)
minimal typographic distraction (for example, no punctuation)
Small, easy to handle format (A5 booklet size as a guide)
a reply consent card, written in participant's own words

Working with a local charity that supports men with ID, Grapevine Coventry, MyHealth sought collaborators not consultants, shifting the working paradigm from a consultative focus group to engaged of co-creators. An example postcard was shared with a first group of men with ID to identify their preferred health content, each noting ideas directly on mock-up postcards. Based on that specification, a revised set was shared with different co-creators from Grapevine to review the inclusion of topics. The follow up feedback helped to evaluate and reshape the printed language and visual impact, ensuring suitability for these ID viewers. At the same time, we asked co-creators to consider how this information might be replicated outside of their known community. The MyHealth postcards are used here as a sharing tool for health information, offering men the support and inclusion of a community that needs accessible health education.

## Scalability

Despite ID led content, further explanation of the acronym was not selected for inclusion, perhaps self-avoiding stigma. The language is positive, not critical, gently highlighting sensitive health issues. Information selected for the postcards is brief; a prompt to seek more detail and recognise similarities to wider community. Possibly the most powerful element of this development, is a



potential engagement to a nationwide community. Despite smaller origins, it has been suggested that MyHealth formatting is applicable to other uses, such as charitable organizations, training and carer communication; from whom feedback has been positive.

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