

CORRESPONDING AUTHOR: Chin Dal Lae, University of California, SF; dal.chin@ucsf.edu

P102

A USER-DRIVEN PERSPECTIVE TO CREATING AND USING HEALTH STICKS

Kuosmanen P.¹, Pekkarinen S.², Kempas K.², Melkas H.², Valve R.¹, Karisto A.³

¹ University of Helsinki, Centre for Continuing Education, Lahti, Finland

² Lappeenranta University of Technology, Lahti School of Innovation, Lahti, Finland

³ University of Helsinki, Department of Social Research, Helsinki, Finland

The paper focuses on 'hStick' (health stick), an innovative concept being developed in a large Finnish R&D project focusing on two innovative concepts, the hStick and the 'mStick' (reminiscence stick). The hStick is a modernised version of the so-called SOS Passport, in which various health-related data may be saved. It includes the basic information (blood group, illnesses, medication, etc.) that are needed in the case of acute illnesses or injuries. The hStick functions as a means for self-care as well as promotion of one's own health, because a comprehensive selection of information on health and health behaviour may be saved in the stick (e.g., results of various clinical measurements and fitness tests). It may also include the personal living will.

There is an ongoing trend in Finland that health care customers are encouraged to take more responsibility for their health. A problem arises when a service provider or a customer him/herself needs to have access to the customer's health information. Health care information systems of different service providers are still not compatible; customer information is not transferred between information systems of different service providers. This often leads to a situation where no-one - even the patient/customer him/herself - has a holistic perception of his/her health condition. One aim of the hStick is to gather the personal health information in one place and stimulate people to monitor and promote their own health more systematically.

This research assesses impacts and usability of the hStick in different environments. The development of the contents and structure of the hStick have been conducted with a user-driven perspective. In the first phase, the hStick was piloted among five user groups. During the pilots, user experiences were collected and analysed with the help of various techniques (focus groups, interviews, observation, ethnographic techniques).

The results show that the hStick can be accepted easily and is quick to implement when it functions as a means for monitoring one's own health, learning self-care and giving feedback (e.g., concerning physical exercise related to one's personal targets). The stick has also proven to be useful when travelling abroad. Main challenges concerning the hStick are related to information security and fear of viruses.

Keywords: health promotion, technology, participatory research

CORRESPONDING AUTHOR: Valve Raisa, University of Helsinki, Lahti; raisa.valve@helsinki.fi

P103

SUN PROTECTION: EXPLORING PROTOTYPE PERCEPTIONS

Morris K.¹, Swinbourne A.¹, Harrison S.²

¹ James Cook University, Psychology, Townsville, Australia

² James Cook University, Tropical Medicine and Rehabilitation Sciences, Townsville, Australia

Background and Objectives: In Australia, public health messages have warned of the dangers of excessive UV exposure for more than thirty years, predominantly through promoting increased sun protection and decreased deliberate sun tanning. Research has pushed for increased knowledge of risks, and a reduction in positive attitudes toward tanning. These messages target the reflective, intentional element of behaviour. While this approach has shown some success, it is limited in its ability to be adapted to regions such as North Queensland where comparatively few people *intentionally* sunbathe. Despite this, the incidence of skin cancer in North Queensland is among the highest in the world. This would indicate that much of the damage due to UV exposure happens whilst going about normal daily activities - by *incidental* sun exposure. Incidental exposure is not planned or deliberate, thus theoretical modeling used in research should reflect this. The overall aim of the current study is to adopt a dual-processing framework to examine the psychosocial variables associated with *incidental* sun exposure.

Method: The current study explored perceptions associated with sun-related prototypes. Prototypes are social constructs with social consequences. In a sun protection paradigm these are perceptions about the typical person who *deliberately* suntans, the typical person who *protects* themselves from the sun, and the typical person who acquires a tan *incidentally*. Semi-structured interviews were initially conducted as an exploration followed by a survey which sought to identify the specific characteristics of each of the 'prototypes'.

Results: Preliminary results indicated that distinct prototypes exist within a sun protection paradigm. Unlike perceptions surrounding incidental tanners and sun protectors, participants held negative perceptions toward the deliberate tanner prototype. Furthermore, individuals tend to align with the incidental prototype - despite engaging in deliberate tanning behaviours. These unrealistic self-perceptions may influence whether individuals attend to health promotion messages which aim to reduce *deliberate tanning* behaviours. Conclusions: Individuals' prototype perceptions may influence not only sun protective behaviours but also attention to health information. Alignment with a 'prototype' that is incongruent with actual behavior, while holding negative perceptions toward the *deliberate* tanner may polarise individuals and inhibit behavioural change. Thus, current health promotion campaigns may not be applicable to North Queensland and other climates where comparatively few people deliberately tan.

Keywords: Health behaviour, Health promotion, Sun safety

CORRESPONDING AUTHOR: Morris Kayla, James Cook University; kayla.morris@jcu.edu.au

P104

SUN BEHAVIOURS AND ILLNESS PERCEPTIONS IN PATIENTS SUFFERING FROM MELANOMA

Vurnek Zivkovic M., Dediol I., Ljubičić I., Šitum M. University Hospital Centre Zagreb, Zagreb, Croatia