

## Using humour in peer-education: Trials and tribulations of an action research project

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### Abstract

**Background.** Action research projects (ARP) in which students operationalise practical approaches to specific health issues are a compulsory element of the Queensland senior Health Education subject. As part of the ARP, the first Author was consulted by the second Author and her students regarding young driver road safety issues, interventions, and intervention evaluation. The “students” then developed a humorous parade presentation and three surveys targeting youth driving distracted. **Aims.** To overview the humorous peer education project, to examine the impact of the presentation upon “participants” behaviours; and to reflect upon the difficulties and successes associated with engaging researchers, teachers, and youth (students, participants). **Method.** Seventy-six Year 11 and 12 participants (61.8% female) completed a pre-presentation survey (baseline survey); 267 participants watched the presentation and immediately completed evaluation survey one; 42 of these participants completed evaluation survey two a fortnight later. **Results.** Baseline survey: 60% of participants had been a passenger in a car in which the driver was texting. Evaluation survey one: 77% of participants reported the presentation had made them think about their actions on the road as a driver and/or passenger; 33% of participants reported the take-home message related to active behaviours such as eyes-on-the-road and phone-in-the-boot. Evaluation survey two: 43% of participants reported they had been a passenger of a distracted driver during the intervening period. **Discussion and Conclusions.** Translating research findings into real-world practice and policy is a challenge for all road safety researchers. Engaging with youth can also be challenging, and the school environment provides an ideal context for peer-based intervention. Researchers play a key role in translation, supporting teachers and students with limited resources.

### Introduction

#### *Secondary students and health education*

Currently in Australia, primary and secondary education is a shared responsibility. That is, there is a national curriculum for children in classes from foundation (preparatory) to Year 10, whilst senior education has a state-based framework. Health Education is an authority subject approved and issued by the Queensland Curriculum and Assessment Authority (QCAA, formerly the Queensland Studies Authority (QSA)), and which contribute to the student’s overall position (OP) score which is used to rank students wishing to continue with tertiary studies. Health Education is commonly offered in schools in Queensland, and in a considerable proportion of schools in the Sunshine Coast region in particular. Whilst each school is able to choose the unit focus, the unit must “engage students in the investigation of specific health issue/s” (Queensland Government (QG), 2010, p. 6). Given the pervasive overrepresentation of youth in road crashes in general, and as young drivers in particular, it is unsurprising that road safety is a recognised ‘specific health issue’. For example, in Australia and New Zealand, drivers aged 18 years sustain the most injuries and fatalities in road crashes (Bradshaw et al, 2015). In Queensland, 13.9% of 2014 road crash fatalities and

18.3% of hospitalised casualties involved a driver aged 17-20 years (TMR, 2015), despite these drivers comprising 6.2% of the licensed population (TMR, 2013).

An important aspect of the Health Education syllabus is the compulsory requirement of an *action research project* (ARP) which is “process-driven and provides the opportunity for students to work through practical approaches to health issues” (QG, 2010, p. 16). An ARP has many elements such as developing the course of action, providing a statement as to the purpose, providing evidence of data collection, implementing the campaign, critically evaluating the process, and justifying recommendations, conclusions and/or modifications. ARPs are usually presented within the school environment rather than the wider community due to issues pertaining to accessibility, resources, target-audiences, timelines for implementation and assessment, and limited budgets.

QCAA recommends that health promotion projects implemented at a school level use the Health Promoting Schools (HPS) framework comprising the three key areas of curriculum, teaching and learning; school organisation, ethos and environment; and partnerships and services. It is important to address each of these components when planning or implementing school activities, programs and policies in the area of Health Education. As noted earlier, road safety is a popular Health Education topic, and based on the introduction thus far, is ideally suited to an ARP within the HPS framework. This is consistent with the recommendations of the 2006 Royal Automobile Club of Victoria’s research report such that “All school-based traffic safety activities should use the...HPS...framework as a template for action (RACV, 2006, p.39).

Caloundra State High School (CSHS) has utilised the ARP for the past four years, with road safety featuring as a topic in each of these years. Whilst the HPS framework is suited to ARPs, there is no formal guidance for educators, including those working within Senior Health Education. Some peer-reviewed literature regarding researchers exploring action research ‘on the coalface’ are available (eg., Gubac-Collins, 2007), however anecdotal evidence (TF) suggests that typically time-poor teachers do not access, nor understand the translation of, resources such as peer-reviewed journal articles and conference papers, an additional obstacle to operationalising best practice and evidence-based efforts. Thus, in 2013 CSHS Senior Health Education teacher TF approached University of the Sunshine Coast Accident Research BSP to act as a resource to inform a young driver road safety action research project for Year 11 Semester Two Health Education students.

### ***Peer support and education***

Peer support and education is a health risk model in which peers engage with peers to effect health-risk-related attitude and behaviour change. Peer education and support is popular within injury prevention and harm minimisation domains such as hepatitis C treatment amongst opioid drug users (e.g., Roose, Cockerham-Colas, Soloway, Batchelder, & Litwin, 2014), appropriate medicine use amongst senior citizens (e.g., Klein, Ritchie, Nathan, & Wutzke, 2014), and promotion of road safety amongst the community (e.g., Montero, Spencer, & Ariens, 2012). Amongst youth, peer support and education programs such as peer-led sexual health education (e.g., Chambers, Boath, & Chambers, 2002; Layzer, Rosapep, & Barr, 2014) and peer-led anti-smoking (e.g., Starkey, Ausdrey, Holliday, Moore, & Campbell, 2009) are not only popular with recipients of such programs, reductions in risky behaviours are apparent post-intervention (e.g., 22% reduction in odds of regular smoking, Starkey et al., 2009).

Within the realm of youth road safety, peer support programs predominantly comprise designated-driver programs, in which one of the occupants of the car abstains from drinking during the social event. Interventions incorporating media support (eg, radio and television advertising), such as ‘Pick-a-Skipper’ in Western Australia have been found to increase the numbers of persons to choose a designated driver before venturing to a drinking venue. Males, however, were less likely to be a designated driver, and this is particularly concerning as males engage in more risky driving behaviour (Watson & Watson, 2014). In addition, in general programs have been found to be more successful if combined with media campaigns (Boots & Midford, 1999). Some colleges in the United States implement peer support and education programs, such as the BACCHUS and GAMMA Peer Education Network in which peers are trained and then conduct injury prevention activities, including safe road use and abstaining from drink driving (Everett, Lowry, Cohen, & Dellinger, 1999).

### *Using humour in road safety interventions*

Road safety interventions such as media campaigns have been found to reduce crashes in the general driving environment, however success usually requires accompanying police enforcement (Cameron, Haworth, Oxley, Newstead, & Le, 1993; Phillips, Ulleberg, & Vaa, 2011). It is noteworthy that media campaigns have traditionally often used shock-tactics in a fear-based approach to ‘scare’ young drivers into behaving in a less-risky way. Whilst fear may attract attention, it is unlikely to result in cognitive and behavioural changes in young drivers (Kohn, Goodstadt, Cook, Sheppard, & Chan, 1982; Lewis, Watson, & White, 2009). Research suggests that positively framing messages, and specifically including safer alternative behaviours, is more likely to result in positive behaviour change (Ramos et al., 2008; Sibley & Harre, 2009). The 2007 ‘Pinkie’ campaign in New South Wales, Australia, utilised humour in an attempt to reduce young driver speeding behaviour via a social marketing campaign linking speeding with reduced masculinity in young male drivers. The campaign was popular amongst the driving population in general and young persons in particular (Watsford, 2008), winning numerous advertising industry prizes (Clemmenger BBDO, 2009). Initial evaluations found the young driver was more likely to negatively comment on another young driver’s speeding (RMS, 2009).

### *Study aims*

The aims of this paper are to (a) overview the humorous peer education project developed as part of the ARP, (b) summarise the road safety-related research findings, and (c) to reflect upon the difficulties and successes associated with engaging researchers, teachers, and youth.

## **Method**

### *Participants*

Seventy-six participants (Year 11 and 12 students,  $n = 47$  females, 61.8%; 54% with Learner driver’s licence, 6.6% with Provisional (intermediate) driver’s licence) completed the Pre-Presentation Survey three weeks before the live-parade presentation. Two hundred and sixty-seven participants (Year 11 and 12 students,  $n = 124$  females, 60.5% of gender-identified students) completed the paper Evaluation Survey One immediately after watching the live-parade presentation. Ninety of these participants reported they were in Year 12 ( $n = 58$  females, 64.4%), and 121 reported they were in Year 11 ( $n = 66$  females, 54.5%). Forty-two

participants ( $n = 31$  females, 73.8%;  $n = 24$  in Year 11, 57.1%) who completed Evaluation Survey One also completed Evaluation Survey Two online two weeks after the live-parade presentation. It is noteworthy that, given the idiosyncrasies of the ARP, the students were not required to obtain participant consent nor to obtain Ethics approval to conduct the research. The first Author obtained Ethics approval to assist in the data analysis and interpretation of the findings (University of the Sunshine Coast Human Ethics Committee approval A/13/533). Submission of a survey was deemed to indicate consent-to-participate.

### ***Design, Procedure, and Materials***

The development of the ARP involved accessing literature, expertise, and a breadth of resources, over a number of sequential stages including (1) a class discussion to define the scope of the project, including considering young driver risk factors identified in the literature sourced by TF, such as the Fatal Five (Queensland Police, 2013); (2) general class discussion with BSP regarding young driver and young passenger risk factors, and the characteristics and efficacy of a breadth of young driver interventions (including recent Australian humour-based campaigns, such as the New South Wales' pinkie road safety campaign, <http://www.advertising.nsw.gov.au/campaigns/speeding-no-one-thinks-big-you>; and the Victorian rail safety 'Dumb ways to die' campaign, <http://dumbwaystodie.com/>); (3) class decision to focus on driver distraction and the crash risks associated with the use of mobile phones by the young driver and by their passengers, targeting every student in Years 10, 11 and 12 given the high likelihood that they would currently or imminently be young drivers, and/or young passengers of young drivers; (4) class decision that the project would incorporate a 10-minute live-parade presentation consisting of a humorous performance by students with the slogan "Keep your hands on the wheel", and surveys to gauge audience on-road behaviour and the impact of the live presentation; and (5) allocation of project tasks to small groups of students.

The live-parade presentation comprised a simulated vehicle being driven by a female driver carrying four female passengers; a mobile phone rings; a rear-seat passenger answers call and discusses driving to a party and says to the driver 'Here it is' whilst showing the party address on Google Maps on the phone; the driver is distracted a second time because she wants to use her own mobile to text her mother to advise they will be late; and the vehicle crashes into a tree on the side of the road; closing with a screening of "Blind", an anti-road trauma advertisement emphasising stopping distances (<http://www.tac.vic.gov.au/road-safety/tac-campaigns/distractions/Blind>). The teacher then acted as a compere who highlighted key risks (e.g., mobile phone distraction) and steps to minimise risk (e.g., keep your eyes on the road). Finally, an Instagram pledge, based upon the Transport Accident Commission (TAC) Road Trip Forever campaign (<http://www.tac.vic.gov.au/road-safety/tac-campaigns/young-drivers/road-trip-forever>), asked students to pledge they would keep their hands on the wheel was advertised on a laminated business-card-sized document distributed on parade after the paper survey had been completed. The final ARP element was an 800-1000 word assignment: "*Critically evaluate the process undertaken, the effectiveness of your action plan, and suggest modifications based on evidence.*"

### ***Surveys***

Three surveys using a mix of open-ended (eg, *What is one thing you will take away from this performance?*) and binary choice questions (eg, *Did you like the live performance?*) were developed by the Health Education students. The Pre-Presentation Survey was distributed via email to all Year 11 and Year 12 students three weeks before the presentation, using the

online survey platform SurveyMonkey, and explored the participants' knowledge of current road safety campaigns and the Fatal Five, and experiences of speeding, changing music, and texting whilst driving. Evaluation Survey One was a paper survey completed immediately after the presentation. The survey explored participant knowledge and attitudes post-presentation, such as the perceived presentation message, if and why the presentation encouraged the participant to think about their actions on the road, and the presentation take-away message. Evaluation Survey Two was distributed via email to all Year 11 and Year 12 students two weeks after the live-parade presentation via Survey Monkey and explored participant knowledge and behaviours, such as whether the participant had travelled with a distracted driver since the presentation, and if the presentation message changed their driving/passenger habits during the preceding two weeks.

### *Statistical analyses*

Responses were compared for gender (where gender is known;  $n = 205$ ) and year level (participant age was not collected in the surveys;  $n = 211$ ) using chi-square analyses with a significance level of  $p < .05$ . All analyses were conducted in Statistical Package for the Social Science (SPSS) version 21.

## **Results**

### *Survey One: Pre-Presentation Survey*

Three quarters of participants advised that they had been in a car being driven over the speed limit, and nearly 60% of participants reported they had been a passenger in a car when the driver was texting. Half of the participants selected the correct combination comprising the fatal five (not wearing a seatbelt, driving under the influence of alcohol, driving whilst fatigued, driving whilst distracted, and driving in excess of posted speed limits) from a multiple choice list of options. Forty-two percent of participants said that have never or rarely been (or seen) the driver changing the music whilst driving, 32% reported 'sometimes', 26% reporting most of the time or always engaging in this behaviour.

### *Evaluation Survey One*

The majority of participants reported that the main message was "Don't get distracted"; with the remaining responses all pertaining to road safety and safe road use behaviours such as "Hands on the wheel". Over 90% of participants reported that the presentation was humorous, and most reported it was an appropriate length (2.3% selected "too long"). A significantly greater proportion of Year 12 participants reporting the presentation was humorous (97.2% of Year 12, 89.4% of Year 11). The innovative humorous approach undertaken by the ARP students was designed to be enjoyable for the audience participants. The majority of participants reported they 'enjoyed it' (36%) or 'really enjoyed it' (21%). Over three-quarters of participants (77%) advised the presentation has made them think about their actions on the road, including a non-significantly ( $p = .06$ ) larger proportion of female participants (77.4% of females compared to 64.3% of males). Twenty-one percent of males and 8.0% of females, 9.1% of Year 11 and 17.6% of Year 12 students, were 'not convinced' by the presentation. One-fifth of participants (21%) did not contribute a takeaway message from the presentation. The combination of driving attentively and responsibly (i.e., be safe, be responsible, contemplation, pledge, don't get distracted) accounted for 39% of takeaway messages, whilst the combination of 'active' behaviours (i.e., eyes on road, no loud music,

phone in boot, hands on wheel) accounted for a further 33% of takeaway messages. Interestingly there were no significant differences according to gender or year level.

### ***Evaluation Survey Two***

Nearly 43% of the participants who completed the second evaluation survey reported they had been in a car when the driver was distracted during the two-week period since viewing the presentation. Whilst there was a considerably greater proportion of males (54.5%) to females (36.7%) and Year 11 (50.0%) to Year 12 (29.4%) students who had travelled in this highly risky manner, these differences were not statistically significant (likely due to the small sample sizes). Eighty-two percent of students recalled that the safety message pertained to ensuring the driver wasn't distracted, with 88% of participants reporting they were asked to put their phone in the boot to avoid temptation. Forty-eight percent of the participants were correct in identifying the fatal five, with 35.3% of Year 12 participants were correct, compared to 54.2% of Year 11 students. Again small sample sizes appear to have prevented identification of statistically significant differences. Pleasingly 59.5% of participants reported that their driving/passenger habits had changed during the past two weeks as a result of the class message. The largest changes were apparent in female participants (45.5% of males, 66.7% of females) and Year 12 participants (54.2% of Year 11, 70.6% of Year 12). Information regarding these changes was not provided, however.

### ***Operationalisation of the Action Research Project***

A number of logistics-related considerations were noted. Given the complexities of the secondary school environment, the Authors also note that it is likely that the development of the project may proceed in a different manner and incorporate different elements and modes in different schools. (i) In general, liaising between student groups proved difficult as some groups had not put enough thought into the project and therefore the knock-on effect impacted the group writing the compere script quite considerably. Another key difficulty included late inclusion of activities (such as the pledge cards and Instagram). (ii). As part of the development of the live performance, students considered the presentation environment and supporting props. Initially students wanted to use a real car door obtained from a Wreckers yard; however no student volunteered to investigate or deliver the door to the school, therefore this option was abandoned in favour of a cardboard cut-out of a car door. The Arts department facilitated the use of paint and equipment, whilst one student donated the cardboard. (iii). Various information technology issues were identified during the development of the live performance. As a mobile phone was a major part of script, students wanted to ensure that the ring could be heard (an audio cue for audience). Students held two practice sessions using props, chairs and microphones, deciding that two microphones were needed. Accordingly a student sound technician was also required. "Blind" required the use of audiovisual equipment (television and surround sound) which was also managed by the student sound technician. (iv) As part of the HPS framework, engagement of other students not enrolled in the Year 11 Health Education class was considered vital, thus options for engaging these students were discussed. Year 10 do not attend parade on Wednesday morning, and given the students were only allowed one presentation opportunity, the ARP was tailored to Year 11 and Year 12 participants who were seated in rows of approximately 25 participants per row, roughly 16 rows deep. All participants could easily view the live performance as the audience was seated on the ground and the performers were elevated as they sat on chairs as part of the simulated car. Most participants were observed to pay attention to the presentation.

## General discussion and recommendations

### *Surveys*

The majority of students advised the live-parade presentation prompted them to think about their driving, and pleasingly two weeks after the event most students reported that the live-parade presentation message pertained to distracted driving. The low proportion of students in the two surveys (pre-presentation, post-presentation) who could correctly identify the fatal five was disappointing, particularly as the live-parade presentation included a summary of the fatal five, in addition to the pervasive and extended media regarding the fatal *outside* the school environment. Notwithstanding this unsatisfactory result, over half of the students advised that their driving or passenger habits had indeed changed since viewing the live-parade presentation, with the change reported by a larger proportion of female than males, and Year 12 than Year 11 participants. However the manner in which they changed remains unexplored at this time. In addition, whilst there was low recall of the distance driven distracted, as depicted in the 'blind' advertisement, most participants correctly recalled the advice to place their mobile phone in the car boot.

Importantly for effective road safety intervention, one-fifth of participants did not report a takeaway message from the live-parade presentation, despite completing other elements of the paper survey. The Authors are unsure at this time if this is (a) because they did not want to fill in the open response item; (b) they did not engage with the presentation; (c) they genuinely did not identify any take home message in the live-parade presentation; or (d) some other factor influencing their response that remains unidentified (e.g., insufficient time to complete the survey). Ideally there would be a 100% response rate to this item, which would suggest that the ARP had engaged with the participant and that a safe road message was taken away after all the students' efforts. Disappointingly for both future ARP development, and road safety intervention, nearly half the participants did not advise *why* they were prompted to think about their driving after viewing the presentation. It is noteworthy that nearly half of the participants who completed the final survey reported they had ridden in a car driven by a distracted driver in the two-week period since viewing the live-parade presentation. At this time the circumstances surrounding this risky behaviour are not known, however the persistence of this phenomenon despite the recent attempts of the ARP students is disappointing.

### *Action research project trials and tribulations*

Schools have multiple roles to play in the road safety of the young driver, and in the instance of this ARP, two roles can be defined. Firstly, completing the ARP itself is likely to have contributed in some way to the improved road safety behaviour of the students themselves. Principally this is because the students were actively engaged in the road safety topic, and as such had to research the topic, emphasise the importance of the topic to a larger audience, and critically evaluate their efforts as part of school assessment over a 10-week school term. However at this time this remains unclear as there were no specific measures in this regard. Secondly, schools play a part in educating their students more generally regarding health risk behaviour, and this ARP in particular provided an avenue to not only educate through increased engagement, but also to evaluate the short-term impact of the evaluation upon participant behaviour. In general, the ARP targeted an appropriate audience as participants had either a Learner or Provisional driver's licence, and the majority had travelled in a

vehicle when the driver was texting. Also in general, the presentation was an appropriate length, and participants liked the presentation because it was humorous and conveyed a message, despite an almost 50-50 split in preferences between the live-parade and the 'blind' presentations. Suggested improvements for the live-parade presentation primarily related to the need for 'better acting', which is beyond the scope of the senior health education subject.

In Australia, the implementation and evaluation of projects which support health education efforts in the high school setting is haphazard and undertaken on a state-by state and territory-by-territory basis (e.g., see Carruthers & James, 1993). Whilst there are professional development opportunities for educators, these are limited in the breadth and depth of their capacity to guide curriculum development and learning experiences in health education specifically, and possibly in senior education more broadly. As a result, educators 'on the coal face' of the senior learning experience are largely left to their own devices to develop, implement, evaluate and improve upon their student's learning activities, such as in the instance of action research projects, within the various frameworks such as the HPS framework. Further, TF was particularly interested in her students developing an *engaging* project, and as such a live performance was deemed to be a suitable mode. It is noteworthy, however, that modes of delivery are another topic of concern when delivering ARP, particularly as the mode of the process driven project is left largely to the discretion of the students under the guidance of the educator. Nebulous guidance irrespective of the specific health issue, such as "implement the campaign/action research project", and that the "instruments developed in this category may be of long- or short-term duration, may complement other investigations or may form a discrete approach to the investigation of an issue" (QG, 2010, p. 16), whilst allowing great flexibility in project scope, are contributing to difficulties with breadth and depth.

The scope of ARP merits further consideration. Anecdotally, TF is aware that panel feedback usually contains comments such as "*tasks are too broad and focus on breadth rather than depth of a health issue*". There is, however, limited guidance on focusing on the depth of a health issue, rather than the breadth of the health issue. Whilst an exemplar of a sample assessment instrument and student responses for a health action research project are provided by QSA, the exemplar has a caveat: "the assessment instrument is not presented in a way that would allow its immediate application in a school context" (QSA, 2010, p.3). Further, the alignment between the example task and the submitted work is lacking, thus contributing to educator difficulties. For example, there are a multitude of topics within an example of body image, however even pursuing one element such as air-brushing can become unwieldy and too broad. Thus it is recommended further professional development activities address this issue, in addition to the provision of clear guidelines with greater specificity which can be readily accessed. Related to difficulties with scope, the introduction of the Instagram pledge to the current action research project proved to be an overwhelming failure, with one pledge only being made after the live-parade presentation. This was in stark contrast to the expectations of the ARP students, who had anticipated a very high uptake of this element of the project given the student's reliance and popularity of technology including the internet, and that integration of the pledge had been based upon a conceptually-similar government-sponsored campaign.

TF is aware that other High Schools in the Sunshine Coast region are engaged in similar ARP. However, there is no coordinated or systematic sharing of concepts, trouble-shooting experiences, results, and guidance for improvements for ARP for future student cohorts. It is noteworthy also that secondary teachers are unlikely to be experts in the health risk behaviour



selected for the ARP, and as such struggle to locate resources and to assist their students to use these resources more generally. Resources that are found, such as peer-reviewed literature published within the domain of young driver road safety, are written for an audience of road safety researchers, and not in plain English, further hampering efforts to translate research findings into real world practice. As such, a central repository of health-risk resources – written in plain English – could assist teachers, students and participants alike to gain the maximum benefit from such core class assignments. An external resource, such as an online repository, could also provide a source for educators not only of guidance and instructions on *how* to actually design an effective ARP, but also a site where descriptions of projects, data collected, and evaluations of projects with recommendations for future projects could be accessed freely and widely by all senior educators and their students. Coincidentally this would also encourage a broader depth and variety of assessable elements which is particularly vital within the dynamic domain of health education, thus the ever-changing topics of interest would be reflected in ever-changing ARPs.

Data collection activities, a vital aspect of any ARP, must be undertaken within the constraints of the social and financial resources available to the senior health educator and their students. Contemporary school environments are under increasing budgetary pressure which means that senior health educators are using cost saving measures including electronic survey platforms such as Survey Monkey. Unfortunately the response rates to both online surveys were very low, suggesting that the financial expenditure associated with – and increased time in processing – paper surveys may be a justifiable expense (it is noteworthy in this instance that A5-sized surveys were operationalised to reduce costs). Secondary teachers also are unlikely to be experts in questionnaire development, data collection, and intervention evaluation. There is limited guidance in survey development and questionnaire design for senior health educators, and this is particularly concerning as acquiring primary data is a core component of all assessable elements as appraised in the ‘Knowledge and understanding dimension’ and ‘Application and analysis dimension’ as part of the standards matrix in senior health education (for further information, see QG, 2010, pp. 24-25). Therefore additional guidance regarding research and evaluation more generally is recommended, and similarly can be available via an online repository freely available to all interested persons.

## Conclusions

Action research projects are not only a compulsory element of the senior health education subject, they may also be an underutilised avenue to effect peer-led change in the health risk behaviour of adolescents, such as in the realm of young driver road safety more generally. This is the case despite difficulties accessing clear assistance for teachers as they and their students traverse the complex waters of developing, applying, evaluating and critically appraising the action research project. Students in Year 11 Health Education at Caloundra State High School targeted the health issue of distracted driving by young drivers, and the road-safety related development, application, and evaluation of the innovative peer-led humorous project has been summarised. Implications and recommendations for peer-led interventions within the school environment were also addressed, ranging from clear and readily accessible guidelines, to targeting males and older students in particular.

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