

STRENGTHENING INTERSECTORAL HEALTH PROMOTION ACTION: BUILDING HEALTHY COMMUNITIES

Health Promotion Annual Conference
22nd June 2023

University of Galway

Conference Booklet 2023



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Welcome

On behalf of Health Promotion at the University of Galway, we would like to welcome delegates to the 27th annual Health Promotion Conference on 22nd June 2023. This event is hosted in collaboration with the Department of Health, Health Service Executive and the Association for Health Promotion Ireland. It will provide a platform to highlight cutting-edge research and innovative initiatives as well as to expand links between knowledge and action, and to broaden connections among a diversity of researchers, policymakers and practitioners. Delegates will hear from international and national experts and will have the opportunity to network with colleagues working in research, policy and practice.

We look forward to welcoming researchers, practitioners and policymakers from around the world that are engaged in this work.

Drs Verna McKenna and Martin Power
Co-Chairs, 2023 Health Promotion Conference Committee



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Programme

Time	Conference Programme (Venue: Áras Moyola, University of Galway)	Room
8.30	Registration and coffee <i>Venue: The Foyer, Áras Moyola</i>	Foyer
9.00	Welcome President Ciarán Ó hÓgartaigh, University of Galway Minister Hildegard Naughton, TD, Department of Health	Theatre MY243
9.15	Plenary 1 Chair: Dr Martin Power, Conference Co-Chair, Health Promotion Research Centre and Discipline of Health Promotion, University of Galway <i>Leadership for intersectoral action</i> Professor Breda Smyth, Chief Medical Officer, Department of Health <i>Strengthening the voice of communities and the voluntary and community sector</i> Professor Mark Gamsu, Leeds Beckett University, UK	Theatre MY243
10.30	Break: Coffee, networking, poster viewing <i>Venue: The Foyer, Áras Moyola</i>	Foyer
11.15	Parallel Presentations: <i>Session 1: Youth and education sector</i> Chair: Dr Elena Vaughan <i>Session 2: Community</i> Chair: Dr Aoife Howard <i>Session 3: Health service delivery</i> Chair: Dr Lisa Pursell <i>Session 4: Sexual health and mental health</i> Chair: Dr András Költő <i>Session 5: Addressing lifestyle for disease prevention</i> Chair: Dr Claire Kerins	MY123 MY124 MY125 MY126 MY127
12.45	Break: Lunch, networking and poster viewing <i>Venue: Friars Restaurant, Cairnes Building & The Foyer, Áras Moyola</i>	Friars & Foyer

13.45	Welcome back	MY243
14.00	<p>Plenary 2</p> <p>Chair: Ms Helen Deely, National Director for Health and Wellbeing, Strategy and Research, Healthcare Settings, Health Service Executive</p> <p><i>Building healthy communities – efforts and opportunities in strengthening Local Government’s ability to improve health outcomes</i> Mr Vinnie O’Shea, National Coordinator, Healthy Ireland Local Government</p> <p><i>How can we work better together towards health and wellbeing of people and the planet?</i> Ms Gígja Gunnarsdóttir, Directorate of Health Iceland</p>	MY243
15.00	<p>Break: Coffee and networking <i>Venue: The Foyer, Áras Moyola</i></p> <p>Networking Hubs</p> <ul style="list-style-type: none"> • Healthy Ireland • Association for Health Promotion Ireland • Health and Wellbeing • Mental Health Ireland • Healthy Libraries. 	Foyer
15.30	<p>Creative Community Engagement</p> <p>Introduced by: Dr Verna McKenna, Conference Co-Chair, Health Promotion Research Centre and Discipline of Health Promotion, University of Galway</p> <p><i>Connection and Collaboration: The Irish Men’s Sheds Association</i> Ms Rebecca McLaughlin, Health & Well Being, Irish Men’s Sheds Association</p>	MY243
16.00	<p>Reflections Ms Biddy O’Neill, National Policy Lead, Health and Wellbeing, Department of Health</p>	
16.15	Conference close	MY243

Keynote Presentations

Leadership for intersectoral action

Professor Breda Smyth, Chief Medical Officer, Department of Health



Numerous international and national policies call for intersectoral action to promote health and wellbeing and address the determinants of health. Exploring the challenges that arise with intersectoral working is essential to build momentum and drive implementation. This presentation will consider the current international landscape for intersectoral action explore the challenges that arise and identify a way forward while reflecting on my experiences in Public Health and Healthy Ireland.

Strengthening the voice of communities and the voluntary and community sector

Professor Mark Gamsu, Leeds Beckett University Leeds Beckett, UK

It does sometimes feel as though some of the arguments about recognising the potential of communities and citizens to take control of their own lives are increasingly being heard. Although, it is hard to read whether this is being heard more by small state advocates or welfare state champions....or both. Its contested territory.

In England initiatives such as social prescribing and patient and public involvement in health and care have currency. Decision makers in local authority areas talk confidently about 'asset based approaches'. Some attempts are being made at a governmental level to bring together the arts, environment and health to address health inequality.

Yet, all of this is happening in an environment that still carries the scars of austerity and where local organisations continue to have to use diminished budgets to respond to growing levels of inequality.

This raises tactical questions about how local public health responds to this agenda and the role of national bodies - governmental and non-governmental.

My talk will be based on examples of work that I have either been involved in or have been researching that seek to bring experience based actions to tackle disadvantage and create change, with an emphasis on community and the local voluntary sector.

Prior to the event if people would like to read a bit about some of my passions and preoccupations please have a look at my blog - www.localdemocracyandhealth.com the approach and actions they take to address health inequalities.



Building healthy communities – efforts and opportunities in strengthening Local Government's ability to improve health outcomes

Mr Vinnie O'Shea, National Coordinator, Healthy Ireland Local Government



The presentation will focus on the emerging and growing role for Local Authorities in the population health and wellbeing space and discuss areas of opportunity to explore in strengthening intersectoral approaches. Some examples of Local Government intra-sectoral and intersectoral working within the wellbeing space will be discussed drawing on experiences to date of the Healthy Cities & Counties and Sláintecare Healthy Communities Programmes. The exploration of opportunities to strengthen intersectoral approaches will touch on issues such as alignment of activity, working across boundaries, data and leadership across the wellbeing landscape.

How can we work better together towards health and wellbeing of people and the planet?

Ms Gíjja Gunnarsdóttir, Directorate of Health Iceland

The presentation will address following:

- Why is multisectoral approach needed to tackle major community challenges, what are the obstacles in such work and how can they be addressed? Adapted version of the Determinants of Health, rainbow” for Icelandic context will among other things be introduced and how the alignment of the national Health promoting community (HPC) program with the SDGs and related sustainability and wellbeing economy work can help.
- How can innovative solutions be used to strengthen multisectoral approaches? The web-based platform Heilsueflandi will be introduced and the opportunities, but also some of the challenges, the current version entails for systematic, data driven health promotion work in different communities.



Connection and Collaboration: The Irish Men's Sheds Association

Ms Rebecca McLaughlin, Health & Well Being, Irish Men's Sheds Association



Since its establishment 10 years ago on the Island of Ireland, the Irish Men's Sheds 'movement' has grown exponentially to emerge as a national success story - now claiming the highest number of Sheds per capita of any country worldwide.

The Irish Men's Sheds Association currently supports 400 Sheds in 26 counties, 36 'fledgling' Sheds - there are 56 Sheds in the North of Ireland registered with IMSA. Pre-Covid, it's estimated that 10,000 Men were attending a Shed in their local area per week. The average age of a 'Shedder' is 65 years but the range of Men attending Sheds is anything from 20 to 100 years. The ethos of respect, inclusivity and a warm welcome is reflected in the diversity of individuals attracted to Sheds where there is an open invitation to participate and contribute on one's own terms, capacity and pace.

IMSA's Health & Well Being approach is characterised as collaborative, creative and innovative - balancing issues and needs on the ground with objectives and ambitions of a diverse range of public and private partners. Partners are invited to collaborate with Men to create 'face to face' programmes and participatory opportunities - frequently within the health-promoting, supportive environment of the Shed itself (but often also as part of the broader community setting).

'Sheds for Life' is the organisation's flagship 12-week Health & Well-Being Programme funded through Healthy Ireland; created in partnership with multi-sector partners and in consultation with Shedders themselves. It is delivered in Autumn and Spring every year county by county with a variety of local facilitators including Healthy Food Made Easy, Sports Partnerships, Irish Heart Foundation in addition to national Health representatives who travel to Sheds to deliver workshops on a range of topics chosen by the Sheds themselves. Evidence-based learning by our research partner Institute of Technology Carlow on Sheds for Life continues to inform our Health & Well Being strategy, delivery and illuminates best practice in community-based, collaborative, gender specific Health interventions. By 2026 Sheds for Life will have been delivered to every county in Ireland reaching an estimated 12,000 Men.

Current national partnerships include 'Daffodil Benches' with The Irish Cancer Society and local authority network, 'House of Memory' with the Irish Hospice Foundation and 'Let's talk about Men's Cancer' peer to peer prostate cancer awareness campaign with IPSEN. Ongoing innovations Rebecca and the Health & Well Being team support include development of Sheds in Mountjoy Prison, the National Rehabilitation Hospital and adapting the Shed 'model' to Nursing Homes and other spaces.

Following research and consultation, the team are in the process of creating Shed-specific Digital Training opportunities in collaboration with Age Action in addition to piloting innovative use of new technologies to encourage 're-connection' of Men with their Sheds post-Covid in association with Age Friendly Ireland and Dundalk Institute of Technology.

On an ongoing basis, the team supports and collaborates with a wide range of research partners and institutions at both national and international level on relevant intercultural and social issues. UCC recently launched 'Local Responses to Global Challenges' – a research paper on the contribution of Irish Sheds to the achievement of Sustainable Development Goals.

Parallel Presentations

Session 1: Youth and education sector

'Inclusion Health' as an intersectoral approach to addressing severe health inequities

Presenter: Mary Cronin, School of Public Health, University College Cork

Other Authors

Dr Angela Flynn, School of Nursing and Midwifery, University College Cork
Dr Ciara O'Toole, School of Clinical Therapies, University College Cork
Dr Margaret Curtin, School of Nursing and Midwifery, University College Cork
Ms Carol Condon, School of Nursing and Midwifery, University College Cork

Introduction

Inclusion Health is an internationally emerging approach to addressing severe health inequities experienced by the most marginalised in society, for example people who are homeless, living with addiction and/or mental health issues, sex workers, and minority groups such as the Traveller community and marginalised immigrants. Through intersectoral engagement between those experiencing health inequity, their representative organisations, health and social services staff, and academic researchers, Inclusion Health strives to improve services and health outcomes. This presentation will discuss how this approach is being pioneered in Cork.

Approach

The Inclusion Health Research Group (IHRG) at University College Cork (UCC) is leading this development. The IHRG was established in 2020 to promote the concept and practice of Inclusion Health in the University and in UCC's catchment area. In its initial phase the IHRG focused on developing a strong inter-disciplinary membership across all six schools in the College of Medicine and Health and providing a space for like-minded colleagues interested in addressing health inequities through research, teaching and advocacy, to come together.

As part of its second phase of activities the IHRG proposes to develop an Inclusion Health Network; this work commenced through hosting an inaugural Inclusion Health Forum in March 2023 and inviting a broad range of community representative organisations and statutory and voluntary sector health service providers. The Forum sought (i) to establish the level of interest across different sectors and communities in the development of an Inclusion Health Network, (ii) to provide a platform to publicise work already underway to address health inequities, and (iii) to create an intersectoral networking opportunity. Presentations were made across issues including Traveller mental wellness, the impacts of trauma on health, and the inclusion of people with an intellectual disability and migrants in service development; networking opportunities were available before, during and after presentations.

Findings

The Forum had over 80 people in attendance with representatives from 12 community organisations, seven HSE services, the prison service, HIQA, and 10 UCC disciplines/departments. During and after this vibrant and energetic event we gathered evidence of a strong appetite, across sectors, to learn about the work of others, to identify shared issues, and to make connections and work collaboratively through an Inclusion Health approach. Two concerns common to many community organisations were access to health services which are respectful, and which provide accessible information on health, and on people's rights to services.

Discussion & Research Implications

As the IHRG we intend to respond effectively to this evidence of interest by establishing an Inclusion Health Network to strengthen the capacity, social capital, and positive impact of the work of representative community organisations, health service providers and academic researchers.

We have secured seed funding to develop this network and will hold a World Café event to explore and co-design with intersectoral representatives the types of processes and structures which could deliver impact for them and over time, improve health services and health outcomes for the most marginalised in society.

Contact email for questions: mary.cronin@ucc.ie

A longitudinal study on elementary school students' subjective well-being before and during pandemic-related intersectoral infection control interventions

Presenter: Prof Dr Ricarda Steinmayr, Technical University Dortmund, Germany

Other Authors

Dr Patrick Paschke, Technical University Dortmund, Germany
Dr Linda Wirthwein, Technical University Dortmund, Germany

Introduction

Due to the COVID-19 pandemic education and health sectors collaborated to implement and realize different infection control interventions in public and in schools. Evidence is cumulating that these interventions had a negative effect concerning the subjective well-being of adults, university students and adolescents. Less is known concerning the subjective well-being of elementary students who had likewise been affected by the intersectoral infection control interventions like closing schools and changing to distant teaching. In the present study we focus on the subjective well-being of elementary school children before and after the first pandemic-related school lockdown and examine if possible declines in subjective well-being are especially pronounced for some groups, considering socio-economic status, migration background, and gender as moderators.

Method

We tested N = 425 elementary school students (mean age: M = 8.19; SD = 1.04) longitudinally with four measurement points. The first three measurement points were realized in 2018 and 2019. The fourth measurement point was realized in May and June 2020, shortly after the first school lockdown. Students gave self-reports regarding their general life satisfaction and mood, as well as on their domain satisfaction regarding peers, family, and school. Furthermore, they gave information on several demographic variables.

Results

On a descriptive level, we found no change before but a steep decline in all scales after the onset of the COVID-19 pandemic (with exception of school satisfaction). Piecewise growth curve models revealed a significant decline in positive mood and in satisfaction with the family. Decline in life satisfaction and satisfaction with peers were marginally significant. Thus, all general subjective well-being as well as most domain-specific satisfaction indicators declined after the implementation of the numerous infection control interventions. The investigated moderators had no impact on the changes in subjective well-being in the present study.

Discussion

In line with several theories (e.g. self-determination theory) the infection control interventions set out by the health ministry in Germany, like closing schools, and the educational ministry's endeavours to compensate school lockdowns by distant teaching not only resulted in a decline of elementary students' school performance (Ludewig et al., 2022) but also in a decline of these students' general and domain-specific well-being subjective well-being. As students' mental health in Germany was even worse during the second school lockdown (Ravens-Sieberer et al., 2022), the results might underestimate the negative impact of the infection control interventions on young children's subjective well-being during the pandemic.

Implications

First, these results might help teachers and practitioners such as psychotherapists to engage in activities to help children to overcome the negative impacts of the pandemic. Second, the detrimental effects of the intersectoral infection control interventions on young children's subjective well-being might encourage politicians, psychologists and educators to take a balanced decision considering not only physical but also psychological health in the future.

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“Community assets”: the potential role of the Slí@School programme in community health promotion

Presenter: Rachael Maloney, Health Promotion Research Centre, University of Galway

Other Authors

Janis Morrissey, Laura Hickey and Katherine Scott, Irish Heart Foundation.
Olivia Mari Lennox, Ruchika Tara Mathur, Prof Colette Kelly and Prof Saoirse Nic Gabhainn, Health Promotion Research Centre, University of Galway.

Introduction

Slí na Sláinte, meaning ‘path to health’, is an initiative of the Irish Heart Foundation. There are more than 400 walking routes in communities across Ireland, 177 of which are school-based. The walkways were set up to encourage walking, a low-impact form of physical activity, among the Irish public. A collaborative study conducted by the Health Promotion Research Centre and the Irish Heart Foundation aimed to explore the perceived value of the Slí@School programme from a school staff and student perspective. The aim of this presentation is to highlight the aspects of the Slí routes as they relate the community.

Method

A qualitative evaluation study design was employed, with an adapted Latin Squares sampling method used to randomly select post-primary schools. Nine schools were included in the final sample. Data were collected via semi-structured interviews with staff (n = 9) and participatory workshops with students (n = 147) between April and November 2022. Findings were analysed with the assistance of NVivo qualitative software and Microsoft Office Excel.

Results

The Slí@School routes offer staff and students a safe place to ‘walk and talk’ within their communities. Participants said that having access to the routes facilitated their participation in daily activity and having support from school management assisted use of the routes. The importance of green, clean, well-lit walking routes, with spaces for relaxation were also noted. The routes were described as community assets, and the potential benefits of opening the routes up to the wider community were emphasised by both staff and students. The routes were especially helpful for promoting social development and in raising mental health awareness. It was suggested that further promotion of the Slí@School branding via signage, social media, and local celebrity endorsements would increase usability and awareness of the routes among and across communities.

Discussion/ Lessons Learnt

The findings from this evaluation highlight the merit of intersectoral collaborations and the potential to extend Slí@School into the broader community.

Implications

Further support and development of this programme would ensure sustainability of the routes and their use. Insights collated could also aid in informing future health promotion initiatives in the education sector.

Contact email for questions: rachael.maloney@universityofgalway.ie

Promoting youth leadership as a catalyst for healthy communities: Foróige's Leadership for Life programme

Presenter: Aisling Harrington, Foróige

Other Authors Training, Learning and Development Team, Foróige

Introduction

Foróige is a national Irish youth organisation which aims to enable young people to involve themselves consciously and actively in their own development and the development of society. Foróige serves over 50,000 young people in the 10 - 24 year old category in a range of youth work services from local youth clubs to more targeted youth projects. Since Foróige was established in 1952, youth leadership and citizenship have been core offerings of the organisation. In 2009, a comprehensive Youth Leadership Programme was developed, seeking to enable young people to develop the skills, inspiration, vision, confidence, and action plans to be effective leaders and to empower them to make a positive difference to their society through the practice of effective leadership (1). As a result of this programme and through intersectoral collaboration between the GAA and Foróige the GAA Dermot Earley Youth Leadership Initiative was developed. Kahn et al., (2009) highlighted that youth leadership is tied to other areas such as youth development, citizenship, action, engagement and participation, all of which offer opportunities for young people to take on leadership roles. It is vital therefore that young people be exposed to the opportunities that enable them to experience leadership as well as opportunities that build their desire to become leaders (2).

Approach

The Foróige Youth Citizenship and Leadership for Life Programmes were established over 50 years ago. The aims of the programmes are to empower young people to use their talents and initiative to make positive differences to the world around them, by researching and understanding the needs of their communities, planning and executing practical actions and innovative projects in response. Young people undertake a three module approach, which is designed to motivate and equip them with necessary skills, knowledge and support their civic engagement as responsible and committed leaders and citizens. Participants learn the value of working across different parts of the community and many will work with other community groups for their Community Action Project (e.g. Caitlin Thompson). Upon successful completion of all programme modules, young people have the opportunity to receive a Foundation Certificate in Youth Leadership and Community Action, accredited by the University of Galway.

Findings

Currently, over 26,000 young people in Ireland and abroad have taken part in Foróige's Leadership for Life programme and started their own unique leadership journey. An evaluation in 2013, showed that young people who completed the programme showed a significant improvement in a range of positive traits, enhanced opportunities for community involvement, social support and resilience (1). It further found that the programme was particularly effective among participants classed as 'high risk', and that participants performed higher in measures of empathy. They reported seeing opportunities within their communities where they could use their skills for the benefit of others. A Social Return on Investment analysis (2023), preliminary findings show that not only does the programme meet all its intended outcomes but also confers a wide range of additional benefits.

Discussion

Promoting active citizenship and leadership among young people has the benefit of both improving community cohesion and promoting the social, psychological and intellectual growth of the young person. There is promising evidence that young participants in programmes such as these garner benefits from their involvement both personally and in their ability to contribute to their communities (1). The programmes develop the leadership capabilities and potential inherent in every young person, giving them an opportunity to harness their skills and attributes to contribute to their society in a fun and encouraging environment, therefore contributing to creating healthy, connected, and thriving communities.

Contact email for questions: aisling.harrington@foroige.ie

'Making sense of it' – linking existing cross sectoral community-based assets

Presenter: Amanda Caulfield, Health Promotion and Improvement, Health Service Executive

Other Authors

Dr Mary Doolan, Integrated Care Programme for Older Persons (ICPOP), Laois/Offaly

Mari Fitzgerald, Patient and Service User Engagement Officer, Health Service Executive

Introduction

The National Integrated Care for Older Persons (NICPOP) is a multi-faceted approach to designing and delivering integrated care across local communities and hospitals. This necessitates collaboration between providers, users and carers, as outlined in the National Older Persons Service Model. The multi-faceted approach of the Integrated Care Programme for Older Persons (ICPOP) is to leverage existing community resources in the local health ecosystem. The philosophy underpinning the Living Well with Supports Laois/Offaly' working group is based on this ethos - linking existing cross-sectoral community-based assets. At the outset, membership of the group comprised of 10. Membership has grown exponentially with in excess of 30 members from a range of voluntary and public services. Membership includes Home Support Services, Health and Wellbeing, Psychiatry of Later Life, Dementia Care Lead, Alone, Age Action, Age Friendly Laois and Offaly, Family Carers Ireland, Offaly Local Development Company, Community Health Network Managers, Patient and Service User Engagement.

Approach

'Making sense of it' was how a member of the older person's council described the work stream at the first meeting. At all times, the agenda and focus was guided by this statement and is cited in the group's terms of reference. The aim was to create an inventory of assets, update the service directory, and create an information booklet, capturing the depth and breadth of community services, HSE older person's services and Age Friendly Older Persons Council. At all times the work was guided by members of the Age Friendly Older Persons Council. A consultation process was completed. Older persons (n=167) informed the contents of the information booklet. Evidence points to the development of social capital when organisations effectively link local groups and individuals with statutory and public agencies. The approach was to act as a conduit between community services, HSE older person's services and Age Friendly Older Persons Council. Networking within and between stakeholders created opportunities to create links and bridge services for older people.

Findings

At all meetings opportunities to link existing cross sectoral community-based assets were and are capitalised. Consequently, new knowledge is created and there are more significant connections between services; thus, developing social capital. The consultation process enabled providers, users and carers to co-create relevant and necessary content for the information booklet.

Discussion

The Living Well with Supports Laois/Offaly working group has built important networks through active collaboration between people in the community, healthcare providers, voluntary groups, clinicians and managers. Apart from the development of Services Directory and Information Booklet, the group work to make sense of current services so that people can access and navigate the support they need to live well. At an on operational level, making every contact count (MECC) is layered into every meeting.

Practical Implications

Working together to make sense of supports and services available to older people optimises use of the assets that exist in communities to enable them to live well with supports.

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Parallel Presentations

Session 2: Community

Health Literacy Audit in North East Inner City (NEIC) Community Health Network in Dublin North City and County

Presenter: Catherine Heaney, Healthy Communities Project, Dublin City Community Cooperative

Introduction

A health literacy audit was carried out in partnership with the HSE Health Promotion and Improvement, Dublin City Community Co-Op, HSE Primary Care Team and the Dublin Adult Learning Centre (DALC). The aim of the audit was to raise awareness amongst healthcare professionals of the barriers faced by the community in accessing and understanding health information and services, while highlighting how health literacy impacts health inequalities.

Approach

1. The health literacy working group carried out a health literacy audit in the primary care centre in the Community Health Network (CHN) of the North East Inner City (NEIC), to identify barriers and solutions for increased and appropriate engagement with health services.
2. Healthcare professionals from primary care teams shared letters, texts and communication methods with the group to review and test with clients and members of the public with different literacy levels.
3. DALC facilitated a number of sessions with low literacy groups in the community to get feedback on letters, communication methods and language used by primary care teams.

Findings

- There was increased awareness of health literacy among healthcare professionals through health literacy workshops.
- New accessible letter templates were developed for dietetics, occupational therapy, public health nursing and physiotherapy departments in primary care that have been tested by low literacy groups that are suitable for all literacy levels of different clients.

Lessons Learnt

- Healthcare professionals are very open to improving their health literacy skills to help reduce barriers for clients and service users in their communities.
- There is a need for increased awareness on the role building layouts and designs play in health literacy, reducing barriers and increasing accessibility of services (way-finding). Space and places need to be inclusive from the beginning.
- Representation from different groups is vital in this work to support inter-sectoral working.
- Identification of the information needs of the audience/community is a key to informing this work.
- It is important to identify the most suitable formats to present information through i.e. language, pictures, easy read, audio etc. for example print material may not be appropriate.

Practical Implications

This model of inter-sectoral partnership working will be extended to explore how we can engage with other partners who are already involved in health literacy activities and work, such as Dublin City Libraries and the City of Dublin Education and Training Board (CDETb).

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The impact intersectoral working has on the Social Prescribing programme in North East Inner City Dublin

Presenter: Catherine Heaney, Healthy Communities Project, Dublin City Community Cooperative

Introduction

The Social Prescribing (SP) programme in North East Inner City (NEIC) was set up as a result of inter-sectoral collaboration with the HSE primary care and health and wellbeing departments, community partners (Dublin City Community Co-Op (the Co-Op)) and the Department of Health. The programme is based in the community and the goal of the programme is to improve the wellbeing of individuals by linking them to community activities and helping them to navigate health services. The management and delivery of the SP programme is strongly reliant on intersectoral working between the key stakeholders.

Methods

- A project governance committee was established at the onset to give operational and financial oversight of the programme and terms of reference were developed. The committee consisted of senior management staff from HSE primary care, HSE health and wellbeing, HSE social inclusion, Dublin City Council, and the Co-Op after they were awarded funding to deliver the programme.
- The governance committee met monthly, and relevant working groups were established as required for sub-projects. Meetings included updates from each sector. At every meeting participants were allowed the opportunity to pitch ideas for further inter agency collaboration. Meetings also allowed for identification of risks and gaps in skills in the community organisations that could be supported by the statutory agencies.
- Reporting on programme activity was gathered on a quarterly basis and shared among the sectors.
- A Social Prescribing Link Worker was employed by the Co-Op and was based in the HSE primary care centre.

Results

- The presence and leadership of senior management from each sector was key to the development of a strong group vision with clear goals.
- Strong terms of reference, consistent communication, timely sharing of data, risks, opportunities and gaps further strengthened the group and subsequent service delivery (between October and December 2022, 150 participants between the ages of 21-71 were supported by the SP programme).
- Basing the Social Prescribing Link Worker in the HSE primary care centre also supported visibility within the community and helped to further build relationships with the primary care teams.
- The strong partnership between the Co- Op and HSE primary care and health & wellbeing departments were fundamental to the establishment of clear referral pathways into and out of the SP programme.

Implications

Findings relating to SP participants indicates the programme is benefitting the community with anecdotal evidence indicating improved patient client outcomes (e.g. reduction in depression) as well as identifying the barriers that need to be overcome in the future.

The successful delivery of the SP programme in the NEIC was a result of the strong inter sectoral working of the various partners involved.

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Example of inter-sectoral partnership through the Healthy Communities Project in North East Inner City (NEIC)

Presenter: Sonia McDermott, Healthy Communities - Dublin City Community Co-operative

Introduction

Sláintecare provides a clear roadmap of how Ireland's health system will promote health and social care through community-led initiatives and engagement (Department of Health, 2022 (DOH)). The aim of the Healthy Communities Project (HCP) was to identify specific areas which present high risk factors to the health and wellbeing of the population of the North East Inner City (NEIC), and which are particularly prevalent due to deprivation.

Since December 2020, the HSE has been working with the Dublin City Community Co-op (The Co-Op) to tackle health inequalities in the NEIC by implementing targeted initiatives to tackle these challenges from within these communities, such programmes include 'We Can Quit' (WCQ), stop smoking service and 'Healthy Food Made Easy' (HFME). These results demonstrate the positive impact such initiatives have on the community and builds on the findings from the evaluation in 2022.

Methods

Participants were referred onto the healthy community programmes from the social prescribing programme and from 26 organisations working in various disciplines/areas within the NEIC community. These organisations included local hospitals, primary care clinics, GP practices, non-governmental organisations and community organisations working within the NEIC and the surrounding area.

Pre and post-course questionnaires were conducted with participants to understand participant's demographics and health needs. Pre-Post course questionnaires were analysed from participants in the WCQ (n=14) and HFME (n=81) programmes. Interviews and focus groups (FG's) were also conducted between October and December 2022. There were three FGs in total, with 30 participants who were resident in the community.

Results

In partnership with the HSE, the Co-Op, DOH and TASC, evaluation data from the WCQ and HFME programmes was analysed on a quarterly basis. The results of the WCQ evaluation data showed that 29% of people completed the course. HFME demonstrated positive changes to participants eating habits with people eating more fruit and vegetables, spending less money on food due to changes in diet and shopping in new stores, increased energy and capacity to focus and overall feeling better, more home cooking and plans to increase fruit and vegetable intake.

Further research and time is needed to understand the impact these courses are having on the community at large.

Discussion/Lessons learnt

The intersectoral relationship between the Co-Op, HSE and DOH has a range of benefits. It allows for multifaceted sharing of learning and ideas, it assesses the needs of the population in NEIC and what's happening on the ground in the community to inform decision makers and policy makers. It's a sustainable approach for the continuation of the HCP in NEIC.

Implications

The strong intersectoral working between the Co-Op, HSE and DOH is integral to the successful delivery of the Healthy Communities programmes in the NEIC.

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Evaluation of the Community Food Initiative Programme 2019-2021

Presenter: Anne Parle, safefood

Other Authors

Joana Caldeira Fernandes da Silva, safefood
Sinead Conroy, SECAD Partnership CLG
Niall McCaffrey, Ipsos, MRBI, Ireland

Introduction

Food poverty affects 8.9% of households in Ireland and 4% of households in Northern Ireland, disproportionately affecting families on a low income. Food poverty is associated with an increased risk of non-communicable diseases such as obesity and type 2 diabetes. At a local level Community Food Initiatives support people in accessing a healthy diet. Safefood funded a programme of fourteen Community Food Initiatives on the island of Ireland from January 2019 to December 2021. The Community Food Initiative Programme aimed to positively influence the eating habits of families living in low-income communities. The programme used a community development approach to mainstream healthy food in the local setting and promote greater access and availability of healthy and safe food in low-income areas. This aim of this research was to evaluate the 2019 to 2021 programme.

Method

The Community Food Initiative programme was evaluated using both a qualitative and quantitative approach. Information was gathered from several sources including biannual-questionnaires completed by the Community Food Initiatives, interviews with key stakeholders and an online survey of wider stakeholders.

Results

Almost 5,250 families took part in a Community Food Initiative activity including small projects and community events. The programme increased awareness and knowledge around healthy eating and enhanced skills related to cooking, shopping, planning and budgeting. Participants reported mental health, social and emotional benefits. Online delivery was an integral part of the programme due to the Covid-19 pandemic. Two main barriers to delivering the programme were identified, these were the inability to use funding to purchase cooking equipment and the limited availability of nutrition professionals to deliver sessions on nutrition.

Discussion/Lessons Learnt

This initiative was successful in supporting food initiatives locally.

Implications

Evaluation of the programme highlighted several learnings that will inform future programmes.

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Health happens in libraries: public library practices, challenges and opportunities

Presenter: Elizabeth Keane, Senior Executive Librarian (Acting), Galway Public Libraries

Other Authors

Colette Dempsey, Galway Public Libraries

Introduction

Since 2018 public libraries nationally have been a partner in Healthy Ireland and through the Healthy Ireland At Your Library programme, we have hosted events that promote health and well-being and provided valuable health and wellbeing information to communities. Public libraries across the country have a special collection of Healthy Ireland books, ebooks, audiobooks and magazines that provide individuals and families with reliable, accessible information to manage their general health and well-being across the life span. These services are all provided free of charge to the community.

Public libraries can be key contributors to health in other ways. Your local library is a trusted community based inclusive setting where intersectoral health promotion action can take place by developing partnerships with local community health professionals.

Approach

In this presentation, we will look at models of how libraries in other countries have partnered with health agencies and other professionals to strengthen community action, create supportive environments and advance health and wellness priorities in the communities they serve.

We will also look at how a community library based in an area of social disadvantage (DEIS) in Galway, has worked extensively in community outreach and using a multifaceted and intersectoral approach has built partnerships, fostered relationships and collaborated with organisations, academia and health agencies to deliver programmes that support health and wellbeing across the community.

Why should we consider libraries as a partner for health? As a key local community resource, libraries can be considered as a potentially important contributor to health promotion and intersectoral action within communities. The Ottawa Charter for Health Promotion (WHO, 1986) stated that the key characteristics of a settings-based approach were its potential to contribute to social, cultural and environmental influences on health.

Discussion

Beyond the books, public libraries are welcoming community spaces that are free and accessible to all, particularly those who may not otherwise be engaged with the health services. Libraries are centres of community engagement, making us logical partners for improving population health. Focusing on health aligns well with the core values of librarianship, which include access, diversity, supporting the public good and social responsibility.

Implication

Irish public libraries and health agencies and professionals are a natural fit for collaboration.

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Exploring the perceptions of age-friendliness held by older adults residing in an age-friendly co-housing scheme: A photovoice study

Presenter: Vivienne Duffy, Department of Occupational Therapy, University of Galway

Other Authors

Dr Sinéad Hynes, Discipline of Occupational Therapy, University of Galway

Introduction

The WHO launched the 'Age-friendly Cities and Communities' initiative in 2007 with the goal of guiding communities to become more supportive environments for older adults, age-appropriate housing being a core domain. The adoption of the age-friendly agenda in Ireland has been driven by rapid population ageing and has given rise to the development of age-friendly co-housing schemes to meet the housing needs of older adults. Such age-friendly 'co-housing' aims to provide a supportive and social living environment for older adults to age and consists of individual independent living apartments and shared on-site facilities. This study aimed to address a research gap in exploring the perceptions of age-friendliness held by the older adult residents of these co-housing scheme communities.

Method

Photovoice methodology was employed with five older adult participants recruited from one age-friendly co-housing scheme community. Participants collected photographic data on aspects of their environment that they felt pertained to 'age-friendliness' using disposable cameras. Following this, participant-led exploration of the perceptions of age-friendliness was drawn from analysis of participants' collected photographs in semi-structured interviews. Interview transcripts were analysed in a dialectical relationship to the photographs they pertained to using reflexive thematic analysis.

Results

The findings revealed that the perceived age-friendliness of the co-housing scheme community was multi-dimensional and encompassed aspects of the physical, social, and service environment. For participants, co-housing provided a secure and accessible physical living environment with useful onsite amenities and services affording a sense of ease. The social environment of the co-housing scheme offered community connection and an opportunity for older adult participants to engage in a social and civic participatory context.

Discussion

This study adds to the existing literature on age-friendly interventions and offers valuable insights into the perspectives of a sample of age-friendly co-housing residents which are relevant to the planning of age-friendly communities. The overriding perceptions expressed by participants in relation to co-housing suggest that this housing model may be valuable in promoting the resident's active ageing-in-place.

Implications

Generalisable conclusions may not be drawn from this exploratory research. Nonetheless, the current study may serve to offer an insight into the potential of co-housing as a valuable age-friendly housing model. Future research is required to support the continued development of this age-friendly intervention and should aim to draw generalizations of the perceptions of older adults of this housing model to inform future planning of such housing.

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Parallel Presentations

Session 3: Health service delivery

The Well Waterford Committee: An innovative, cross-sectoral, multi-agency action to improve health and well-being in Waterford

Presenter; Dr Elaine Mullan, South East Technological University (SETU)

Other Authors:

Eoin Morrissey, Waterford Healthy Cities and Counties

Introduction

Slaintecare Healthy Community (SCHC) Local Development Officers and co-ordinators, Healthy Cities and Counties (HCC) development officers, Active Cities (AC) officers, Climate Change (CC) officers and Active Travel (AT) teams are all relatively new community-facing roles across Ireland. All have a remit to collaborate with local stakeholders and to address environmental and systems barriers to health, wellbeing and physical activity, and have significant funds to spend.

Approach

In recognition of the need to formalise the informal contacts and discussions that were already happening, to ensure cross-collaborations with the local authority, and ensure that all relevant organisations were involved, an initial, in person networking meeting was held in August. A wide range of organisations (Public Participation Network, Waterford Area Partnership, Family Resource Centres, Health Promotion, Waterford Sports Partnership, Social Inclusion & Community Activation Programme, Community Safety Partnership) and local authority functions (Councillors, Community, Age Friendly) were represented. The aim was to hear overviews from SCHC, HCC, AC, AT and CC, discuss how they related to or impacted upon existing services, and develop a model for future cross-sectoral engagement and collaboration.

Results

A structure was devised (diagram), terms of reference agreed, we aligned with the Waterford Local Community Development Committee, were formally named the LCDC Health and Wellbeing Strategic Group and informally called the 'Well Waterford' committee. Significant member resources were diverted to help Ukrainians, which meant meetings were cancelled and we lost momentum. But members of the 'implementation team', comprising the new roles, meet regularly.

Lessons learned

True collaboration based on shared understanding takes time and effort, and multi-agency working is challenging. Implicit biases regarding health determinants and community engagement, and different funding and management structures, mitigate against strong intersectoral action and stifle innovation. Online meetings further impair this. Regular in-person meetings are needed to generate ideas and maintaining enthusiasm and synergies.

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Smoke Free Homes in North East Inner City (NEIC) Community Health Network in CHO Dublin North City & County (DNCC)

Presenter: Roisin Lowry, Healthy Communities - Dublin City Community Cooperative

Other Authors

Cáit Donnelly, Health and Wellbeing, Community Healthcare Organisation (CHO) Dublin North City and County (DNCC)
Ultan Devery, Health and Wellbeing, Community Healthcare Organisation, Dublin North City and County

Introduction

As part of the Sláintecare Healthy Communities initiative, a four-week Smoke Free Homes (SFH) Programme was offered to residents in the North East Inner City. The aim of the programme was two-fold,

1. To reduce second hand smoke exposure in people's home
 2. To raise awareness of the health risks associated with second hand smoke especially to children and young people.
- Furthermore, SFH was introduced due to low uptake of smoking cessation services in the area and it was considered a first step to protect children where parents were not ready to give up completely.

Approach

Part 1: A poster competition was implemented in partnership with the Central Model School Marlborough Street Dublin. Children were invited to draw a 'Smoke Free Home' picture of what a 'Smoke Free Home' looked like to them. As part of the competition each student in the school received an information pack for their home which included a registration form for the Smoke Free Homes Programme and an information sheet on the hazards of second hand smoke.

Part 2: Participants who registered for the Smoke Free Homes made 3, 6 or 10 promises to make parts or all of their home smoke free over a four week period. Support was provided through weekly information packs on how to keep to their promises and the benefits of having fewer areas in the home for smoking or a completely smoke free home. At the end of the programme, those who successfully completed the 4 week programme received a SFH certificate and were entered into a prize draw.

Results

58 households signed up and completed the programme (100% retention rate)

The poster competition returned 100 entries, with the winning posters featured as part of the resources used in the overall SFH Programme.

Discussion/ Lessons learnt

- Attitudes to smoking are still hard to address: the first school we engaged with did not want to take part in the programme because they didn't feel comfortable in addressing the topic of smoking with children or their parents.
- SFH gives people another way to change behaviour and quit smoking.
- The intersectoral partnership between HSE and Community organisations plays a very important role in engagement of local communities in programmes like SFH.

Practical/Social Implications

- The SFH programme provides another way to increase awareness of the harmful effects of tobacco use.
- The Smoke Free Homes programme connects tobacco programmes and services such as the "We Can Quit" programme and the 1:1 Stop Smoking services.

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Social prescribing in Waterford: A longitudinal and dual perspective on practice

Presenter: Heather Kiely, Sacred Heart Family Resource Centre, Waterford

Other Authors

Emma Maguire, Health Promotion, South East Community Healthcare, Health Service Executive

Introduction

Social Prescribing practice places a person at the centre of a plan to improve their social connectivity, creating a ripple effect of personal and social development that in turn improves their overall health and well-being. Since 2017, when 6 Social Prescribing projects existed in Ireland, Social Prescribing has increasingly become a priority across multiple healthcare policies in the Republic of Ireland, for example, Sharing the Vision 2020-2030 (Department of Health, 2020), the HSE 2021 Service Plan (HSE, 2021), The Healthy Ireland Strategic Action Plan 2021-2025, Sláintecare Healthy Communities Programme (Department of Health, 2021).

Today, with 30+ Social Prescribing initiatives funded across the country, an active, practitioner-led All-Ireland Social Prescribing Network and the mainstreaming of the practice with the HSE Social Prescribing Framework (2021), it is timely to examine the experiences of one of the early adopters.

Social Prescribing in Waterford has grown from a tentative 2015 feasibility study driven by a local Community Health Network, via a pilot project, to a County-wide Social Prescribing service working with over 250 urban and rural clients each year—funded by Sláintecare Healthy Communities, and Healthy Ireland, and managed by Sacred Heart Family Resource Centre. Sacred Heart have a unique perspective, in terms of the long developmental timeline, and its dual settings. This provides the opportunity to reflect on the impact of a variety of conditions and influences on client outcomes.

Method

This longitudinal project case study collects organisational learning, project data, client case studies, and practitioner reflections and observations, to form a narrative of practice development, including the use of two client assessment measurement tools: the Short Warwick-Edinburgh Mental Well-being Scale, and the WHO (5) Well-being index. This forms an impression of client outcomes, practice, innovation, adaptations to Covid challenges, along with comparisons of urban and rural client needs.

Results

While continuing to develop an impactful and innovative service in Waterford, Sacred Heart has experienced several operational environments over the lifetime of Social Prescribing in Waterford, including expansion to a rural service and increasing stakeholder engagement, each of which have influenced project delivery in distinct ways.

Discussion

Urban and rural clients present different needs in practice, which is not necessarily reflected in the funding and reporting mechanisms applied to the projects. The scope for 'added value' short-term initiatives and innovation in response to collective client needs to be allowed for and acknowledged in project design and funding.

Implications

This project demonstrates that different settings, infrastructure, and funding pathways all influence project delivery and client outcomes. This understanding provides a jumping-off point for tailoring evaluation design, and any subsequent project planning, to weight these variables to allow for an even service delivery and improved client experience in every setting.

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A multidisciplinary approach to implementing: Making Every Contact Count for healthcare professionals working in disadvantaged areas

Presenter: Brid Greenan, Health and Wellbeing, Health Service Executive, CHO Dublin North City and County

Other Authors

Alicja Downey, CHO Dublin North City and County, Cabra area

Introduction

The increasing rates of chronic disease is a key societal challenge, particularly in disadvantaged communities. Chronic diseases are largely preventable and modifiable by making changes to lifestyle behaviour e.g. quitting smoking, getting enough physical activity, eating a healthy diet and managing weight and stress (Jennings, 2022). Evidence shows that for every 8 people that receive an intervention 1 person is likely to lower their alcohol intake (Moyer et al, 2002) and 1 in 12 are likely to increase their physical activity levels (NICE, 2013).

This was a co-produced project between HSE Health Promotion and Improvement and Community Healthcare Network, CHN Cabra, Primary Care Disciplines: Dietetics, Occupational Therapy, Physiotherapy, Speech Language Therapy and Social Work to support them to embed Making Every Contact Count, the national health behaviour change framework (Health Service Executive, 2016).

Approach

HSE Health Promotion and Improvement have built a successful partnership by working in collaboration with the Community Healthcare Network Manager and Cabra Primary Care Team to support the implementation of Making Every Contact Count into its service.

- Carried out a needs assessment to determine training needs, confidence levels and current practices in recording brief interventions.
- Supported staff to complete training which strengthened the skills and capabilities of health care professionals working in the Cabra Area Network.
- Provided a briefing session to healthcare professionals on Making Every Contact Count.
- Carried out focus groups with the Primary Care Team to identify the needs of the team to embed Making Every Contact Count within their routine practice.
- A recording tool and resources were developed using a co-production approach to support health care professionals to carry out brief interventions e.g. health literacy friendly materials and a directory of local services.

Results

- Strengthened links between Health and Wellbeing, Primary Care and Community partners.
- Co-production of local community services directory
- Participatory process has been an effective approach to achieve Making Every Contact Count implementation within a short period of time
- Four Making Every Contact Count Champions identified in this Network

Discussion

To evaluate this multidisciplinary partnership approach in implementation of complex change programme in a disadvantaged area, the robust data collection needs to be carried out.

Implications.

This multidisciplinary partnership approach is a key enabler to implement a complex change programme

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North West Mayo: A Sláintecare Healthy Community

Presenter: Paul Gillen, Health Promotion Officer/Sláintecare Healthy Communities Co-ordinator

Introduction

The Sláintecare Healthy Communities (SHC) initiative was launched by Stephen Donnelly T.D., Minister for Health, in 2021. The North West area of Mayo was selected as one of 19 sites nationally, which were deemed to be one of the areas of greatest deprivation nationally, based on the Pobal Deprivation Index. The area in North West Mayo covers the Barony of Erris and townlands of Ballycastle, Glenamoy, Achill Sound and all of Achill Island. The total population of this area is approximately 14,000.

The Sláintecare Healthy Communities Initiative is delivering evidence based locally led programmes that will help improve the overall health and well-being of people in this community. It has developed bespoke initiatives relevant to the needs of the community identified through our ongoing consultation and engagement. A unique feature of this initiative is the ongoing collaborative working relationship and collaboration between the HSE and Mayo County Council, in this project.

Approach

The programmes being delivered on a partnership basis by local voluntary organisations are Free to all in the designated area and the investment is guaranteed for years into the future.

The Programmes Include:

- Social Prescribing (SP); To support people who are isolated and lonely to connect with community activities and events to enhance their mental health and sense of belonging.
- Smoking Cessation Programme; Provides a Free confidential and supportive one to one stop smoking service to anyone in the catchment area; Free Nicotine Replacement Therapy provided to all
- We Can Quit (WCQ); Is a 7 week Community group based smoking cessation programme where participants feel a shared sense of support and encouragement on their quit journey. Free Nicotine Replacement Therapy provided to all.
- Parenting Programmes and themed Workshop to meet parents' needs; Parents learn the skills and strategies to build strong connections with their children, to boost their confidence & self-esteem.
- Healthy Food Made Easy Programme (HFME); Is a 6 week food & nutrition programme delivered in an informal setting where participants cook and eat together whilst discussing healthy foods, shopping on a budget, menu planning and cooking easy meals.

Findings

The context for what we achieved via the delivery of our programmes has to be seen in the context of a very rural, isolated and sparsely populated disadvantaged area. A Healthy Ireland Study in 2021 highlighted that 81% of people felt disconnected esp. in rural Ireland due to transport issues and unemployment, which in turn impacts on one's mental health, health attitudes and motivation to get involved. We have established a track record of targeting hard to reach people, groups and services users through hosting Health Fairs, liaising with local stakeholders such as Mayo North East Development Company, Flourish, Udaras na Gaeltachta, The Erris Inter-Agency group and disadvantaged schools, among others.

Social Implications

The need to provide additional supports for those who need them the most/ the value of an effective communications strategy/the need to develop strong strategic links with key stakeholders/ the value of the personal touch with the public/the necessity for strong community groups and voluntary organisations.

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Parallel Presentations

Session 4: Sexual health and mental health

A preliminary investigation of the impact of Covid-19 on the sexting behaviour of University of Galway students

Presenter: Aoife O'Brien, Health Service Executive

Other Authors

Dr Elena Vaughan, Health Promotion Research Centre, University of Galway

Introduction

The sending, receiving and creation of sexually based images, has become a part of everyday life for many, especially young people. The aim of this research was to determine the sexting behaviour among a sample population of University of Galway students and examine the impact of Covid-19 on sexting behaviour among those over the age of 18 years.

Method

A quantitative survey methodology, using an anonymous online questionnaire was utilised.

Findings

Findings indicate that Covid-19 has a deleterious impact on mental health and sexual relationships. Respondents reported an increase in the non-consensual sharing of their sexts since Covid-19, and that sexting behaviour is experienced differently by females than males.

Discussion

The findings have implications for sexual health promoters and sexual health practitioners and identify opportunities for an intersectoral approach. Embracing a rights-based approach that advocates for sexual rights, sexual pleasure and sexual health as a core part of sexual health education health is required in order that health professionals move away from a risk-based approach in relation to sexual health education and towards a holistic model of sexual health care.

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Supporting student mental health: A need for an intersectoral approach?

Presenter: Louise Lunney, Health Promotion Research Centre, University of Galway

Other Authors

Dr Elena Vaughan, Ruchika Mathur, Olivia Lennox, Colleen Cicci, Prof Colette Kelly and Prof Saoirse Nic Gabhainn

All affiliated to Health Promotion Research Centre, University of Galway

Introduction

Research indicates that the prevalence of mental ill-health and distress among students is a growing issue in third-level education settings. A 2022 survey of University of Galway students carried out by the Student Information Project found that a significant number of students were experiencing mental health challenges and that student mental health had deteriorated in recent years. This research is part of a broader project aimed at developing an action plan to support student mental health in the University of Galway that maps onto the National Student Mental Health & Suicide Prevention Framework (HEA, 2020). As part of this project a collaborative workshop was conducted to develop priority actions to improve student mental health and support students at risk of suicide in the University of Galway. The aim of this presentation is to examine some of the proposed actions that have potential for intersectoral collaboration.

Method

An Action Development Café was held with students and staff using a modified “world café” format. Twenty-six participants took part, including nine professional staff, eight academic/research staff and nine students. In line with the “world café” approach facilitators strived to create a relaxed environment which fostered reflection, interaction and dialogue. Participants collaborated to identify specific actions that would 1) support students to thrive and have better mental health and 2) support students at risk of suicide. Participants were also asked to identify potential stakeholders that could help implement the actions and to assign the actions a priority status.

Findings

The group discussions and a number of the actions proposed by participants indicate that factors outside of the university are perceived as contributing to poor mental health among students. Some of the prioritised actions included affordable student accommodation, reliable and affordable transport, mental health supports and mitigating financial barriers. The approach advocated by participants mirrors a socio-ecological approach to supporting student mental health as opposed to an individualised crisis-response approach. Intersectoral stakeholders that could collaborate with the university to implement the actions were identified by participants.

Discussion/Practical or Social or Research Implications

The actions highlighted in this study point to a need for intersectoral collaboration. Many of the prioritised actions could be supported by input from sectors outside of the university. Participants identified potential external and intersectoral stakeholders and collaborators, recognising the university as a part of a wider community. An intersectoral approach working together with NGOs, local and national authorities to provide supports and services could improve student mental health and wellbeing. A socio-ecological perspective which considers wider structural changes and recognises the impact of external sectors may help to address the challenges faced by students more effectively.

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Innovations in Practice: Providing youth mentoring in the context of Child and Adolescent Mental Health Services (CAMHS)

Presenter: Jill Murray, Foróige

Other Authors

Professor Bernadine Brady, UNESCO Child & Family Research Centre, University of Galway
Dr Charlotte Silke, UNESCO Child & Family Research Centre, University of Galway
Lead Practitioner Mary Lynch, UNESCO Child & Family Research Centre, University of Galway

Introduction

With youth mental health services in many countries experiencing considerable strain on capacity, it is argued that more inter-sectoral community-based approaches to service provision are needed. Studies of youth mentoring programmes have found evidence of improvements in youth wellbeing and mental health functioning, leading to increased focus on the potential of youth mentoring to support the mental health needs of young people engaged with Child and Adolescent Mental Health Services (CAMHS).

Method

In Ireland, a pilot partnership was developed, whereby young people engaged with statutory CAMHS services were offered a mentor through Foróige's Big Brothers Big Sisters Programme alongside their core service provision. Qualitative interviews were undertaken with 40 stakeholders (youth, mentors, parents, BBBS and CAMHS staff) to explore their views on the value of the youth mentoring partnership in this context. This paper explores their perceptions regarding firstly, the added value of the partnership to young people engaged with CAMHS and secondly, the critical factors and challenges in practice.

Results

Stakeholders felt that the youth mentoring provision complemented CAMHS provision and was particularly suited to young people who would benefit from additional social interaction. The voluntary non-clinical nature of the programme and provision of additional one to one non-parental adult support were key strengths.

Discussion/ Lessons Learnt

From a practice perspective, the need for quality practices, including match supervision and mentor recruitment were important. Challenges included timescales, capacity and communication practices.

Implications

The study findings indicate that the youth mentoring programme was perceived to bring added support to young people involved with CAMHS.

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Beyond Workshops: Using cross sectoral creativity to promote sustainable sex positive consent education

Presenter: Dr Caroline West, Active* Consent, School of Psychology, University of Galway, Ireland

Other Authors

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Introduction

While consent education through workshops has proven successful, with over 64,000 third level students in Ireland engaging and positively feeding back on Active* Consent workshops, in order to remain relevant and sustainable, consent education for young people needs to also deliver its messaging outside the classroom and with students producing content as agents of change. This presentation explores how visual methodologies are enabling Active* Consent to further develop cross sectoral consent education in partnership with young people through creative mediums and social media.

Approach

By empowering students to become agents of change, students can engage in an active, creative campaign where they have a sense of ownership over the content produced. This presentation highlights how this approach in turn leads to active consent communication among peers, and makes possible larger scale involvement across campuses that is inclusive of different genders and sexualities.

This presentation will illustrate how the Active* Consent team have used this approach to support students to create posters for campaigns that address image based sexual abuse, post-it displays on the green flags of healthy relationships, and social media content that promote positive consent education.

Results

For example, the 2021 ‘Start Here’ campaign, provided tips on how to support friends who disclosed sexual violence and reached almost 3 million 18-24 year olds in 8 weeks. The campaign was promoted across multiple social media platforms, as well as boosted by influencers. Similarly, the 2022 ‘Consent is for Everyone’ campaign targeted 17-25-year-olds across Instagram, Twitter, and TikTok, and reached 1.5 million impressions within six weeks.

Discussion

In discussing the impact of social media and creative arts campaigns, this presentation aims to illustrate the importance of remaining viable and in touch with ever changing methods of communication, and how to utilise an intersectoral approach to harness new platforms for inclusive, sustainable, consent education that reaches a diverse audience and different learning styles.

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Gender identity and sexual orientation self-acceptance and adverse sexual behaviours

Presenter: Marguerite Fortin, University of Galway

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Introduction

There is evidence of correlations between self-acceptance and mental health outcomes amongst lesbian, gay, bisexual, trans, queer and other sexual and gender minority (LGBTQ+) individuals as well as on the links between female body image and relationship satisfaction among all sexual orientations. These studies have demonstrated that people with lower self-acceptance of their sexuality tend to experience more adverse health outcomes and that members of the LGBTQ+ community seem to have lower self-acceptance than their heterosexual counterparts. However, to our knowledge, no papers have been published on possible associations between self-acceptance of one's own gender identity and/or sexual orientation and sexual and romantic behaviours. We anticipate that individuals who accept their gender identity and sexuality will have more favourable sexual health outcomes than those who are not accepting themselves on these dimensions.

Purpose

This research aims to explore the impact of personal acceptance of gender identity and/or sexual orientation on romantic and sexual behaviours in sexual and gender minority (SGM) adults in Ireland. Specifically, this research will investigate whether gender identity and sexual orientation self-acceptance, or lack thereof, are associated with various sexual health outcomes. These include general sexual experiences, masturbation, romantic relationship length and satisfaction, the number of casual sexual partners, subjective and objective risky sexual behaviours, orgasm satisfaction, communication with sexual partners, and pornography use. We anticipate that those who are not accepting of their gender identity and/or sexual orientation will have less positive sexual health outcomes than those who accept their gender and sexuality.

Method

This study employs a secondary analysis of the Irish data collected within the International Sex Survey (ISS). The ISS is a quantitative survey carried out in 45 countries, measuring various sexual behaviours, pornography use, psychological characteristics, and comorbid disorders. The ISS sample in Ireland contains valid responses from 1620 participants aged 18–87 years, with a mean age of 33.25 (SD = 14.04), 61.5% born as female. Around 5.1% of the sample belonged to gender minority and 39.4% to sexual minority groups. Chi square tests and analysis of variance were conducted in SPSS to test the hypothesis.

Discussion/ Implications

Based on the results, this research could provide ground-breaking insight on how accepting one's sexual orientation and gender identity might relate to healthier sexual outcomes. Creating affirmative environments for LGBTQ+ individuals requires a multi-sectorial collaboration. By illuminating the role of gender- and sexual orientation-related self-acceptance as a determinant of sexual health and well-being, health promoters can give substantial contribution to this work. Sexual and gender minority groups coming to terms with their sexual and gender identities could prove to have beneficial impacts on their sexual, physical, and mental health.

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Parallel Presentations

Session 5: Addressing lifestyle for disease prevention

Adapting Making Every Contact Count Programme for traveller primary healthcare workers

Presenter: Lisa Kelly, Health Promotion & Improvement Officer, HSE Health & Wellbeing Dublin NC and County

Other Author

Vicky Doyle, HSE Health & Wellbeing Dublin North City & County

Stakeholders:

Mary Brigid Collins, Pavee Point

Leah Skipton, *City of Dublin Education and Training Board (CTDETB)*, Colaiste Dhulaigh

Joanne McCabe & Emily Marshall, City of Dublin ETB

Introduction

The MECC programme is a national health and wellbeing programme which aims to prevent chronic conditions. It enables health professionals to recognise the role and opportunities that they have through their daily interactions with patients in supporting them to make health behaviour changes.

Through consultation network meetings with Traveller Health Projects across North Dublin, the Traveller primary health care workers expressed a need for upskilling on lifestyle behaviours, chronic disease prevention and up to date health information for their Traveller communities. They also wanted skills in conducting health conversations with their cohort and confidence in referring to services to meet their specific needs. A crucial element for the Traveller Primary Health care workers, was that the programme was accredited with a certificate on completion of the course. Through intersectoral work with HSE Health and Wellbeing, HSE Social Inclusion, Traveller Organisations, Primary Health Care Projects and the Education Training Board, a classroom based programme delivered by ETB tutors with HSE trainers across one academic year was adapted from the Making Every Contact count content and the existing QQI level 3 Health and Wellbeing programme within education and training governing board.

Approach

HSE Health and Wellbeing staff in CHO DNCC, worked with the Education Training Board (ETB) in designing a classroom based programme, one morning per week across an academic year that would take content from the MECC e-learning modules and skills workshops into a Traveller community appropriate programme cognisant of literacy skills amongst participants. This programme ran from September 2022 to May 2023 as a pilot programme with the ETB in Coolock with a monthly oversight committee meeting. This included key stakeholders from Traveller organisations to ensure transparency with appropriate content, adapted scenarios and assessments to fit this group, occurred throughout the lifetime of the programme. The programme objectives and outcomes aligned with the MECC programme content and the QQ1 Level 3 Health and Wellbeing course: 1. Healthy Eating, 2. Physical Activity, 3. Weight management 4. Mental Wellbeing, 5. Tobacco, 6. Alcohol and Drugs 7. Enhancing Brief Intervention Skills. As part of this programme through input and consultation from Traveller projects, additional guest speakers facilitated workshops in Diabetes education, Cardiovascular health, Disability awareness and child immunisation and post-natal care. This encouraged engagement with other HSE disciplines in accessing this cohort and ensuring services are adapted to cater to their needs.

Results/Findings

a) 11 Primary Health Care workers completed the programme and received a QQI level 3 qualification in MECC/ Health & Wellbeing. b) Due to completing the programme, the Traveller Primary Healthcare workers have increased referrals from individuals in the Traveller community into Stop Smoking services, Disability services (CDNT), Wellbeing Programmes, Physical Activity Programmes in the community. c) This programme will be included in the National Traveller Action plan with implementation and expansion through Traveller Health Units. d) Development of partnerships and strengthening of relationships between HSE and Traveller groups and individuals. The intersectoral work on this programme has led to further co-producing programmes.

Discussion/Lessons Learnt

1. Ensure all statutory and non-statutory stakeholders are involved in all areas of planning and designing of the programme.

2. The desire for partners/sectors to work together in increasing Traveller health and wellbeing is evident.

Research Implications This pilot Project will be adapted & inform this programme for further growth regionally with Traveller Projects in other CHO's

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The role of intermediaries in connecting community-dwelling adults to local physical activity and exercise: A scoping review

Presenter: Megan O'Grady, Discipline of Physiotherapy, School of Medicine, Trinity College Dublin

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Introduction/Purpose

Physical inactivity has been declared a global pandemic by the World Health Organization. Methods to connect inactive individuals from healthcare settings to physical activity include brief interventions and exercise referral schemes. These have a number of limitations, such as inconclusive evidence of long-term effectiveness and a lack of training and implementation. An intermediary is a professional who can facilitate and support connections to non-medical community services, such as physical activity. As this is an emerging method to tackle physical inactivity, the processes used by intermediaries has not been clearly documented. Therefore the purpose of this review was to identify and describe the available international evidence regarding referral to an intermediary, and the processes and outcomes of connecting individuals to physical activity services.

Methods

This scoping review was carried out according to guidelines from the Joanna Briggs Institute. An extensive electronic database and grey literature search was conducted from inception to June 2022. Full-text peer reviewed and non-peer reviewed studies that reported on the process of an intermediary, after receiving a referral for a community-dwelling adult, in connecting them to physical activity services were considered for inclusion. Two independent reviewers screened articles, with a third author available as arbitrator. Data were charted using an a priori form, and descriptive statistics were used to summarise the included studies. A logic model was created to map the processes to outcomes, and a patterns, advances, gaps, evidence and research recommendations table was created to identify evidence advances and gaps.

Findings

The search identified 10257 citations, and 35 individual research reports were included, the majority of which were from the UK and USA. Fourteen reports used quantitative designs, seven used qualitative designs, and the remainder had mixed/other methods. Over 10,000 individuals were referred to an intermediary. They tended to be older, female, and with poorer health. Other demographic information such as marital status and education levels were poorly reported. The intermediaries had diverse backgrounds in healthcare, physical activity and community care and received high levels of training. Diverse, heterogeneous processes of referral, assessment, follow-up and discharge by intermediaries were identified and described. Individuals were commonly connected to fitness or walking groups in the community. Positive outcomes were reported at short-term follow-up in relation to attendance and participation, steps per day, physical activity levels, energy expenditure, physical fitness and sedentary behaviour.

Discussion/Research Implications

An intermediary is an emergent inter-sectoral approach between healthcare, community & voluntary and physical activity sectors to tackle physical inactivity. Physical activity outcomes tended to be positive. However, quality of evidence was not rated and a scoping review cannot determine causation or correlation. Some aspects of the processes of an intermediary remain poorly described, such as the assessment, the onward connection to local physical activity, detailed components of follow-up, and discharge. More research is needed to explore these preliminary positive physical activity outcomes. However, further studies of the processes of intermediaries are needed to explore implementation factors, mechanisms of impact and contextual factors in order to inform the design of future trials.

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Results from the 2022 Ireland North and South Report Card on Physical Activity for Children and Adolescents

Presenter: Lauren Rodriguez, Institute of Public Health in Ireland

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Introduction

In August 2022, the Ireland North and South Report Card on Physical Activity for Children and Adolescents was produced as part of the Active Healthy Kids Global Alliance. In its third iteration, the report card aims to serve as a tool for policymakers and practitioners to provoke change in priorities, practices, and funding for children's physical activity (PA) across the island of Ireland. For the first time, the 2022 report card presented disaggregated PA indicators for children living with disabilities.

Methods

National and all-island datasets from 2016-2020 were appraised by the all-Ireland Report Card Research Working Group (RWG) across eleven physical activity indicators. The RWG extracted relevant data for: 'physical activity levels', 'organized sport and physical activity', 'active play', 'sedentary behaviours', 'physical fitness', 'family and peers', 'school', 'physical education', 'community and environment', 'government', and 'active transportation'. Proposed grades were awarded to each indicator as, A-F (including '+' or '-') or 'Incomplete' (INC) as per the standardised, international grading system. INC grades were awarded where not enough data existed on that indicator. A working group focused on data on the indicators that were disaggregated by disabilities and followed the same steps.

Results/ Findings

Since the last report card publication in 2016, 4 indicator grades remained the same, 3 increased, and 2 ('Family and Peers,' and 'Government') previously graded incomplete were awarded grades for the first time. Improvements since 2016 were observed across several indicators including grades for 'Overall physical activity', and 'School' increased. Most grades remained unchanged for other indicators. Grades on disability were included for the first time. Eight indicators were graded. Three indicators, 'Active Play', 'Physical Fitness', and 'Physical Education' were graded as 'Incomplete'. Grades specific to children and adolescents with disability were generally lower for each indicator, with <20% of children and adolescents meeting the benchmark.

Discussion/Lessons Learnt

Since the publication of the previous report card in 2016, the 2022 report shows progress concerning children's PA across several indicators. However, PA levels remain low across most indicators for children and adolescents. Inequalities were observed among age, gender, disability, and socioeconomic status. While the 2022 report card examined pre-Covid-19 data, the next iteration of the card will provide a greater snapshot of the potential impact of the pandemic on PA inequalities observed across the Island of Ireland.

Practical/ Social/ Research Implications

Three implications for policy arose from the findings, including 1. Continue to develop policy measures that address inequalities highlighted in the report across a range of determinants, including disability, gender, socioeconomic status, and age; 2. Continue to progress the development of a framework for the systematic surveillance of indicators related to physical activity for children and adolescents with disabilities; 3. Prioritise research specifically designed to measure levels of activity in children and adolescents with disabilities.

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The Exercise Effect, an intersectoral programme embedding Integrated Exercise Practitioners into mental health services, creating pathways for physical activity to support recovery

Presenter: Dr Evan Matthews, Centre for Health Behaviour Research, SETU

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Dr Suzanne Denieffe, School of Humanities, South East Technological University (SETU)

Introduction

In Ireland, mental health policy to support the use of such practitioners is lacking with consequent ad-hoc provision of physical activity (Matthews, Cowman and Denieffe, 2018). To address this gap, an interagency steering committee (HSE Mental Health Services, HSE Health Promotion, Mental Health Ireland, the South East Technological University and Sports Active Wexford) established and secured funding from the Sláintecare Integration fund (2019) to pilot and evaluate the first Integrated Exercise Practitioner (IEP) for mental health in Ireland, known as the 'Exercise Effect project'. The programme has now been mainstreamed with two full time exercise practitioners integrated into the HSE mental health service in Wexford. Robust evidence indicates physical activity as a therapeutic resource for the protection of physical health (Firth et al., 2019), and the improvement of key mental health and cognitive symptoms for people that experience severe mental health difficulty (Stubbs et al., 2018). Such findings also hold relevance for young people with mental disorders (Carney and Firth, 2021). Implementing exercise in mental health services is complex and requires an integrated and intersectoral approach, notably the role of professional exercise specialists appears optimum in the literature (Stubbs et al., 2018; McKeon, Curtis and Rosenbaum, 2022).

Method

The REAIM research framework was used to evaluate and explore both processes and outcomes for The Exercise Effect program. This supported the programme navigating the phases from innovation pilot funding to mainstream funding. Quantitative pre and post inquiry (n= 37) using validated measures (SIMPAQ, DASS 21, and SF-12) of key outcomes (physical activity, symptomology, wellbeing and economic evaluation), and multi-stakeholder qualitative inquiry, framed by the REAIM framework, were conducted as part of this research which spanned four 8-week blocks of intervention across all multi-disciplinary care areas of the Mental Health Services in Wexford -community adult mental services, child and adolescent mental health services, rehabilitation and recovery services and psychiatry for later life.

Results/Findings

Preliminary pilot data indicated that this intersectoral model of practice resulted in the following health gains for the individuals engaged in the programme-increased levels of physical activity, reduced levels of sedentary behaviour, and mean improvement in mood and levels of anxiety. Further, qualitative inquiry explored nuanced issues across key thematic areas (i) Making changes toward healthier physical activity behaviours; (ii) An intervention of therapeutic holism; and (iii) The integrated service delivery. The pilot results showed considerable Integrated Exercise Practitioner utilisation (>60 referrals to IEP) during the intervention and a further >80% of exercise sessions were delivered as planned. Considering concurrent COVID-19 restrictions and the challenges that individuals with mental health difficulties face with regards to engaging in physical activity, the program attendance rate was seen as a significantly positive outcome.

Lessons Learnt

The evaluation demonstrated positive outcomes for physical activity behaviour change among individuals who experience mental health difficulties, a group at risk of being 'left behind', and key learning for the development and implementation of IEPs in Irish mental health care (Denieffe et al., 2021).

Implications

This pilot saw the development of Operating Procedures to allow for integrated working of an IEP in HSE mental health services. Reflecting the success of this pilot, the HSE has begun scale-up of this pilot work regionally in 2022/23

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Findings from a chronic disease prevention programme in a predominantly male, middle aged workforce in the transport sector

Presenter: Siobhan Dee, Founder and CEO The Diabetes Department

Introduction

As an external supplier, The Diabetes Dept. conducted a 6 month chronic disease prevention programme in Irish Rail in which 500 employees participated. This was a pilot project using a newly designed programme and app. Irish Rail is a male dominant organisation, 90% of the employees are male with an average age of 46 years old.

The objectives of the programme were to educate and empower employees to understand how they can positively impact their own health and to motivate them to making small consistent changes that would compound over time.

Method

While the programme was initially designed to be delivered digitally through an app we tailored it to respond to need of participants over the course of the programme. Content was delivered through the app, on-line group sessions, live events and email. We also offered individual health coaching for anyone that wished to avail of it. Information was delivered in 'snack-sized' amounts every 3 days through podcasts, videos, mini-blogs, tips, quiz's and app notifications.

The UK Railway Safety Standards Board conducted a study of the pilot. They created extensive pre and post surveys, conducted qualitative focus groups and examined the data to understand the content that the app users most engaged with as well as the most popular themes that motivated people to make positive changes and to feel more optimistic about their future health. (We are currently awaiting the final report)

Findings

In the post programme survey 95% feel better informed many aspects of lifestyle health, 95% are motivated to improve their health with 31% of them reporting to be very motivated. 66% of them say they better understand how to improve their health. Most people have implemented changes with the majority now exercising most days as well and increasing their vegetable intake significantly (awaiting exact results from the study).

We have also had feedback from many participants that they have lost considerable weight, lowered blood sugars, blood pressure and cholesterol.

Podcasts were the favoured medium to access content and the second most popular way of learning lifestyle information was the group calls. Participants reported enjoying the community aspect of this also as well as the peer to peer learning which we noted was very effective.

Discussion/Lessons Learned

Presenting evidence based lifestyle content in interesting and accessible ways as well as maintaining regular communication is the optimum way to achieve good engagement in communities where people have busy lives. Encouraging small but consistent improvements resonated well with participants as did positive psychology, focusing on gains rather than gaps.

Another important motivator was being able to inspire family members, friends and peers.

We learned that trust of technology and sharing health data was a great barrier to many participants to sign up for the programme initially. We sought out ways to earn trust and create a safe environment to which most people responded very positively. As programme providers, being visible, accessible and responsive to all participants was an important part of our success and helped to win their trust.

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Poster Presentations

Association between access to restorative natural environments and decreased chronic inflammation

Presenter: Dawn Ritzwoller, Department of Ecology and Evolutionary Biology, University of Colorado Boulder

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Dr Jennifer Schwartz, Department of Psychology and Neuroscience, University of Colorado Boulder
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Introduction

This literature synthesis gathers evidence in support of the claim that exposure to nature increases relaxation and reduces negative rumination and chronic stress, and thereby improves immune health.

Approach

I synthesized an analysis of nature-exposure-associated factors that influence immune health, including mediators such as feelings of awe and improved mood, and link these responses to the support of nature exposure for cardiovascular relaxation and health-promoting gut microbiome. I examine the role of feelings of awe and improved mood, and an associated decrease in negative rumination. These mediators provide links between natural environments and stress reduction as well as prevention of chronic inflammation.

Findings

Findings support both hypotheses that (i) access to restorative natural environments is associated with decreased chronic inflammation and (ii) nature exposure is linked to stress reduction and prevention of chronic inflammation through multiple mechanistic pathways such as shifting attention away from negative ruminating thoughts. As little as 30 minutes of walking in non-city environments can uplift mood. Recreational nature contact can thus improve health, well-being, and lower the risk for cardiovascular disease, obesity, diabetes, asthma, cancers, and mental distress.

Discussion

Changes in mental health and well-being are attributed to the positive distraction away from oneself through nature, uplifting mood and reducing rumination. Stress reduction has positive effects on mental and physical fatigue, regulating the HPA axis and decreasing inflammation. Reduction of psychological stress and reinforcing the impacts of the mind-body connection through exposure to nature has an effect on the restoration of immune health.

Implications

There should be an emphasis on restorative natural environments and access to green space through sustainable urban design methods, climate control and regulation, and socioeconomic equality. Additional recommendations include, but are not limited to: increasing education through media, community garden projects, and nature contact for younger generations to raise public awareness.

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Pride in practice: Promoting inclusion across the health service

Presenters: Aoife O'Brien and Denise Croke, Health Service Executive

Introduction

LGBTQI+ people are proven to be reluctant to disclose their sexual and / or gender identity to healthcare workers, affecting the quality of the care received. Discrimination and exclusion are determinants of health and these barriers lead to marked inequalities in healthcare for this potentially vulnerable group of people.

Method

Instructor led delivery of LGBTQI+ Training in the context of the HSE Rainbow Badge Initiative to 95 HSE Staff in DSKWW followed by self-directed learning and reflective practice.

Findings and Discussion

Pilot phase implementation sites were selected to offer the broadest inter sectoral spread across disciplines and settings. The initial phase of delivery comprised mental health services, primary care, acute hospital settings and a community nursing unit as well as health promotion / wellbeing staff located in the community and working closely with non-governmental organisations.

Implementation of this initiative has highlighted the need for further training delivery in the area of LGBTQI+ education initiatives across Dublin South, Kildare and West Wicklow (DSKWW). This training facilitated an understanding of core concepts related to health inequities experienced by LGBTQ communities. Furthermore, as a result of this training, cross-sectoral discussions in relation to how public health and primary care can collaborate to reduce LGBTQ health inequities have commenced. There are deeper conversations required but this snapshot represents a foundational step in building a healthy community and an inclusive health community for LGBTQ people.

Practical Implications

These findings suggest that further training should be provided in order to address any concerns / issues that have arisen. The tangible changes implemented by staff to their service and practice as a result of having completed this training will be measured by DSKWW Health Promotion Officers in preparation for their 40th Years of Pride in Practice Event video presentation.

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Who is playing football? The pre-existing modifiable cardiovascular risk factors of participants in a community based social intervention, Football Cooperative

Presenter: Steve Daly, Centre for Health Behaviour Research, South East Technological University, Waterford

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Introduction

The need for gendered health interventions for 'at risk' men is established and gender competent strategies to engage men have previously been identified. Football Cooperative (FC) offers community-based recreational 'pick up' football that uses many of these strategies to successfully engage men. The purpose of this study is to profile the men to whom this intervention appeals, thereby ascertaining whether it reaches 'at risk' participants.

Methods

Purposeful sampling was used to recruit the participants via an FC gatekeeper. Aerobic fitness (Yo-Yo IR1), anthropometric data (height, weight, waist circumference (WC)) and self-report data via survey (demographic, participation, physical health/activity, lifestyle, mental wellbeing and social integration) were collected following return to play following a 5-month layoff due to Covid-19 restrictions.

Findings

Of the 123 members of FC eligible to participate in the study, aerobic fitness, anthropometric and self-report survey data was collected from 60, 65 and 71 participants respectively. The participants were men (39.25 ± 7yr), married/cohabiting (84.6%), in full-time work (87.4%) with children at home (66.2%). The majority of participants (59.2%) had ≥4 of the 7 CV risk factors identified, including WC >94 cm 66.1% and poor aerobic fitness 26.8%. The majority (90%), rated their health as good or better.

Discussion

While risk factors are present, currently the cohorts age may be a mitigating factor. FC therefore, may be a preventative initiative to future and indeed current risk for this cohort.

Implications

The participants of this intervention can be considered a moderately 'at risk' group and therefore FC may be a viable health promotion measure. However, the cohort are predominantly married and in full-time employment. While valuable for these men, further research is needed to improve the reach to more vulnerable cohorts (single/lower socioeconomic men) with greater risk.

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Helping communities quit smoking: Collaboration between HSE Quit Smoking West and Family Resource Centres in Galway, Mayo and Roscommon

Presenters:

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Annie Rozario, Gort Family Resource Centre

Other Author

Shirley Moyles, Ballina Family Resource Centre, Co. Mayo

Introduction

HSE's Quit Smoking West service was established to support Tobacco Free Ireland reach its goal of making Ireland's smoking prevalence rate less than 5% by the year 2025. The aim of Quit Smoking West is to deliver a smoking cessation service for members of the public throughout Community Healthcare West (Galway, Mayo and Roscommon). The Family Resource Centre programme is Ireland's largest National Family and Community-based support programme core funded by Tusla - The Child and Family Agency.

Approach

Quit Smoking West reached out to Family Resource Centres in Mayo to pilot on-site outreach stop smoking clinics at two centres. The idea behind this initiative was to target smokers from marginalized backgrounds and offer them a free smoking cessation service in their local Family Resource Centre. Confidential, one-to-one behavioural support was offered on-site one day a week which was facilitated by a Stop Smoking Advisor from the Quit Smoking West team. The initial pilot was a success and the collaborative initiative was rolled out across Family Resource Centres in Galway, Mayo and Roscommon.

Findings

The Family Resource Centres promoted the smoking cessation service through their social media. Quit Smoking West promoted the initiative through radio interviews on local radio stations. Smokers began to engage with the stop smoking advisors at weekly clinics at their local Family Resource Centre. Behavioural support combined with free Nicotine Replacement Therapy (NRT) was provided. A 'Smoke Free by Christmas' initiative ran from September to December 2022, which aimed at helping smokers quit smoking and save money (through free NRT and savings from cigarettes purchases). During this period 30 people accessed the service through their local Family Resource Centre. There was a 63% quit rate.

Discussion

An evaluation of the collaboration was carried out by the Family Resource Centres which showed very positive results. While Quit Smoking West is delivering a national smoking cessation programme it has been adapted and developed to deliver in response to emerging local needs. The approach has been to help members of the public who smoke in a way that is not medicalised and allow them the option to engage with behaviour supports in a community setting rather than a healthcare facility.

Implications

Along with the obvious health benefits associated with quitting smoking, thousands of Euros have been saved by people who have successfully quit smoking through engaging with the Quit Smoking West/Family Resource Centre collaboration. The collaboration has allowed smokers from disadvantaged backgrounds to avail of free smoking cessation services in a familiar setting within their local community. It has highlighted the importance of healthcare workers actively engaging with people to promote health and wellbeing from within the heart of the community.

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"How I Learned About Consent": Facilitating sexual consent attitude change amongst Irish secondary school students using research-based theatre

Presenter: Gavin Friel, Active Consent, School of Psychology, University of Galway

Other Authors

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All affiliated with Active*Consent Programme, School of Psychology, University of Galway

Introduction

Between October and December 2022 the Active* Consent programme ran a limited run of a research-based theatre play "How I Learned About Consent" devised from statistics on 18-25 year-old Irish students' sexual behaviour. The four-actor ensemble performed for groups of secondary school pupils and their teachers. Parents were offered an evening seminar to ensure they were aware of the tone, language and objectives prior to the performance. This paper reports on the cross-sectional analysis of the play's effect on 15-18 year-olds' sexual consent attitudes across a mixed socio-economic Irish landscape.

Method

Assenting participants attended live performances of "How I Learned About Consent" from October to December 2022. Audiences completed a survey before and after performances which measured sexual consent attitudes, cognitive theatrical engagement, and emotional theatrical engagement. Participants were randomly sampled to minimise demand characteristics that affected venue-specific viewing experiences.

Results

Data were collected from approximately 1000 audience members in four different venues across Ireland (sample N=250). Dependent t-tests showed significant improvements in sexual consent attitudes pre-show and post-show. Multiple linear regression demonstrated that post-show improvements in consent attitudes were significantly influenced by degree of cognitive theatrical experience.

Discussion

While the research team acknowledged the social impact of the performance on sexual consent attitudes amongst adolescents, there seemed to be a low influence of theatrical experience on those attitude changes. Future iterations of a study at this scale would benefit from using more targeted measure of artistic challenges to assess which elements of the theatrical experience influence audiences' perceptions more. Nevertheless, this was a strong initial study design, and within sparse literature for the effects of such interventions.

Implications

Results indicated the effectiveness of research-based theatre as a method for delivering sexual consent messaging to wide audiences. In particular, the use of different theatrical styles as a knowledge mobilisation tool according to specific messaging goals demonstrated resonance with audiences, which could be conducive to en masse attitude and behaviour changes amongst adolescents.

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Promoting sexual health through consent literacy education: Analysing the impact of Active*Consent interventions in higher education settings in autumn 2022

Presenter: Eva O'Byrne, Active*Consent Programme, School of Psychology, University of Galway

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Introduction

Ireland has a history of abstinence-based and risk-based sex education. By contrast, the Active*Consent programme (a project run by psychology researchers in collaboration with theatre-makers) designs educational interventions that, at their core, promote “a state of physical, emotional, mental and social well-being in relation to sexuality”. One major focus of these interventions is consent literacy education.

In Autumn 2022, over 30 Higher Education Institutes across Ireland and the United Kingdom delivered a 30-minute consent literacy intervention designed by the Active*Consent programme. This media-based intervention was delivered through a combination of narrated slides, short videos and animations.

Additionally, 12 Higher Education Institutes delivered a 1.5-hour Active*Consent workshop, which involved participatory activities and small-group discussions on topics such as consent, digital intimacy and gendered scripts. This workshop was delivered by trained facilitators in a classroom setting.

The aim of this project was to provide a sex-positive introduction to consent literacy for Higher Education students.

Approach

The intervention toolkits were shared with colleagues in Higher Education Institutes following a 3-hour virtual training session. Many participating Higher Education Institutes integrated the 30-minute intervention into their orientation programmes, while those who utilised the 1.5-hour workshop held workshops throughout the semester. Participants of the 30-minute intervention completed a post-intervention survey. Participants of the 1.5-hour workshop completed pre and post workshop surveys.

Results

Almost 7000 students completed the survey for the 30-minute intervention: 81% agreed they had learned something useful, 79% found it relevant to them, and 92% would recommend it to a friend. Qualitative data revealed that students particularly liked the intervention's gender and ethnic diversity and the OMFG acronym (“ongoing, mutual and freely given”). Qualitative data also indicated a prior lack of consent literacy and safe sexual knowledge among some students, while some felt they were already quite informed.

Approximately 300 students completed both surveys for the 1.5-hour workshop. Significant improvements were seen in most pre and post consent attitude measures. Additionally, 91% agreed they had learned something useful in the workshop, 85% found it relevant to them, and 92% would recommend it to a friend.

Discussion

Data indicate that both interventions were successful in providing consent literacy knowledge to Higher Education Institute students in engaging and intersectional ways. Some data suggest that there is a lack of sexual consent knowledge among some students. This demonstrates the ongoing necessity of consent literacy education as part of the overall goal of promoting sexual health and wellbeing on Higher Education campuses.

Implications

These results highlight the power of intersectoral collaboration in sexual health promotion interventions, specifically sexual consent promotion. The success of this project supports the continued implementation and expansion of Active*Consent resources in Higher Education.

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Tobacco use and mental health in Northern Ireland - shaping a policy response using local data and analysis of policy documents across the UK and Ireland

Presenter: Dr Joanna Purdy, Institute of Public Health, Belfast, Northern Ireland

Other Authors

Dr Helen McAvoy, Institute of Public Health, Dublin, Ireland

Lauren Rodriguez, Institute of Public Health, Dublin, Ireland

Ciara Reynolds, Institute of Public Health, Dublin, Ireland

Introduction

This project was conducted by the Institute of Public Health for the Department of Health as part of a review of the Ten Year Tobacco Control Strategy for Northern Ireland (2012-2022). It aims to better understand the relationship between mental ill-health and tobacco use in Northern Ireland and configure a policy response.

Method

This project included two workstreams. Workstream one (WS1) was a secondary analysis of the Health Survey Northern Ireland to assess the relationship between smoking status and mental ill-health. The second workstream (WS2) included documentary analysis of current official tobacco control policy documents/strategies in the UK and Ireland using the READ approach. Content was extracted to pre-selected questions, an assessment of commonalities and differences in the evolution of policy on tobacco and mental health was presented and key insights were reported.

Results

WS1 found that twice as many people who smoke have a possible psychiatric disorder and four times as many people who smoke have probable clinical depression compared to those who never smoked. High proportions of people who smoke and have probable mental ill-health have tried to quit and expressed a desire to quit. WS2 resulted in 12 key insights including: knowledge gaps exist regarding smoking and chronic/life limiting mental illness, specific psychiatric diagnosis, and mental ill-health in children; more recent policy documents afford higher levels of recognition to mental health and frame responses at both the population and health service level; engagement with mental health service users within policy and programme development is growing but not universally or consistently applied; no policy set a specific target to reduce smoking prevalence among people with mental ill-health; a focus on training of mental health service providers in delivering stop smoking support is evident across all jurisdictions.

Discussion

This project found that although all policies recognise the relationship between mental health and smoking there are inconsistencies in how it is both defined and understood. The most consistent action within the policies was training of mental health service providers in delivering stop smoking support but there are emerging examples of innovation in need of further evaluation.

Implications

Six implications arose from the project including the need to: better understand the relationship between smoking and mental health; effectively focus attention and resource at policy level to reduce smoking related harms among people with mental ill health; build partnerships with mental health advocacy organisations and professional organisations leading on delivering mental health services; assess 'best buys' for investment in training of service providers building on existing good practice; modify public awareness and messaging to engage people who smoke with mental ill health and facilitate access to support; and enhance assessment of risk from tobacco-related harms among people with mental illness.

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Understanding the individuality of student mental health supports: Why a universal approach to mental health is ineffective within university communities

Presenter: Machailla McCabe, Postgraduate Researcher, Atlantic Technological University (ATU)

Other Authors

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Dr Gail Cummins, Faculty of Science and Health, ATU, Donegal Campus
Renagh Linnane, Student Services, ATU, Galway

Introduction

This research acts as a baseline for establishing students' views of what they perceive mental health to mean to them. It also identifies potential supports and challenges students face in relation to their mental health by placing their 'voice' as a central focus in this 'student-centred' research project.

Methodology

Following ethical approval from the ethics committee in ATU, data was collected through means of semi-structured focus groups and an online questionnaire utilising the Qualtrics survey package. Students registered within the Atlantic Technological University (ATU) and St Angela's College, Sligo (STACS) were invited to participate.

Findings

A total of 655 valid responses from consenting current students in ATU and STACS were recruited for this research. Findings specifically demonstrate students' potential solutions to support mental health at various levels including Institutional level supports (Flexible structure, Environmental, Services, and Cultural supports); Individual level supports (Routine, Time Management, and Communication) and finally, Governmental level supports (Financial).

Overall, findings illustrate that many students do know what they want and what is needed for them to be supported appropriately in their university. However, they are also acutely aware that "no one size fits all" when it comes to student mental health supports and services.

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Measuring workplace relationships to inform the development of responsive health and social care interventions

Presenter: Fern Higgins Atkinson, Ag Eisteacht (now Relationships in Practice)

Other Authors

Dr Sinead Hanafin, Research Matters

Dr Jude Cosgrove, Research Matters

Dr Maeve Hurley, Relationships in Practice

Purpose

The purpose of this project was to develop a workplace relationship scale for use in health and social care settings in Ireland using a participative and practice-based approach.

Method

A three-stage participative process was taken to the development of this workplace relationship scale and these stages were: the convening of a nominal group (n = 15), a two-round Delphi study (n = 23) and a workshop (n = 12). The nominal group identified a range of stakeholders and dimensions to be included in the questionnaire and the first-round Delphi questionnaire was based on these findings. Two questionnaire rounds were undertaken and 23 participants took part in Round 1 and 22 in Round 2, although not all participants completed all questions.

Findings

The findings identified a strong consensus around the top three stakeholders (co-workers, supervisors and management) to be included in the scale. Five dimensions – respect, trust, honesty, supported at times of crisis and being listened to – were identified as important in respect of each of the three stakeholders. A sixth dimension ‘conflict managed constructively’ was identified in respect of co-workers and supervisors. On completion of this stage of development, the preliminary scale was created based on the agreed items that reflected the dimensions.

Findings on validity and reliability

The scale was tested with a convenience sample of health and social care workers. The completion rate for the scale was 82% with missingness ranging from 1.4% to 16.8% which increased steadily across the scale. All three scales identified strong internal consistence measured by Cronbach’s alpha (co-worker scale: 0.87 to 0.96; supervisor scale: 0.889 to 0.955; and manager scale (0.958 to 0.964). The difference in variance explained in the factor analysis is also high ranging from 72.5%–84.1% depending on the item and sub-scale.

Discussion

This scale was developed in a participative way with health and social care workers in Ireland and provides a focus on positive as well as negative aspects of workplace relationships can be measured.

Implications

The scale can assist in identifying specific areas which impact on the quality of the relationship and can inform the development of responsive interventions at local and organisational level.

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"The Play is the thing....." using live drama as a tool for creating mental health awareness. Discover/Recover Theatre Project- arts, health and education sectors working together to promote mental health literacy, early recognition, and intervention

Presenter: Ms Paula Lowney, Senior Health Promotion and Improvement Officer HSE, Justeconomics

Other Authors

Dr Eilis Lawlor and Niamh Bowen - Justeconomics lead Authors of Discover Recover Social Impact Study
Discover Recover Project Team: Mairead Connaughton, Senior Occupational Therapist in Mental Health;
Niall O'Muiri, Education Officer, Wexford Mental Health Association and Retired Psychiatric Nurse

Introduction

Discover Recover Theatre Project, "A Face in the Crowd" is a coproduced programme, sharing the lived experience of people with mental health challenges comprising:

- Testimonial Theatre in community theatre spaces
- Educational Workshops in school settings

Since 2015 this programme has engaged over 4000 individuals most of whom are senior cycle secondary school students. Most recently the programme has been funded by CYSPC Wexford and Waterford and in April 2023 in conjunction with HSE Mental Health Services Mullingar Early Intervention for Psychosis Team.

Approach

The Social Impact Study completed by Justeconomics in 2019, consisted of an international literature review, a Theory of Change engagement with 24 key stakeholders and pre/post programme survey with a sample size of 364 young people.

Findings

The qualitative findings from the Theory of Change supports evidence that theatre is a memorable and effective method for communicating sensitive information. The findings of the quantitative data reflect good evidence of improvement in the knowledge and awareness of mental health issues amongst the sample, including the signs and symptoms of mental illness, steps to take in response to them and where to seek help.

Areas that were particularly effective and reached statistical significance were:

- Awareness of the efficacy of medication
- Knowing what advice to give a friend/family member in order to get professional help
- Awareness of the importance of sleep as a sign and symptom of unwellness
- Self-reports on own knowledge of signs and symptoms of unwellness
- Steps to take when feeling depressed
- Steps to take when feeling anxious or stressed
- Perception that they were getting the right kinds of information on mental health through the various mediums.

Discussion/Lessons Learned

This Intervention is well-placed to improve mental health literacy, help-seeking and reduce stigma and there is a good evidence base for staging it. A next step might be to independently evaluate the programme in another geographical area where suicide rates are high, like Wexford, to test for transferability.

Practical/Social/Research Implications

Ensuring that this programme can continually be delivered, evaluated, improved and available to youth and other relevant settings is ongoing for the project team.

In 2021 an intersectoral regional steering group in the southeast actively supported the programme to guide its expansion. Chaired by the Regional Office for Suicide Prevention the group also has representation from Mental Health Ireland, Arts and Health, National Educational Psychology Service, Mental Health Services HSE and Waterford/Wexford Education and Training Board.

Discover Recover Theatre Project is an arts and health programme and, as is often the challenge with other intersectoral programmes, finding a more sustainable funding and administrative stream can be a challenge.

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Exploring the knowledge, attitudes and practices among General Practitioners towards social prescribing in Ireland

Presenter: Esther Mooney, Atlantic Technological University (ATU)

Other Author

Dr Brian Power PhD RD SFHEA MBDA, Atlantic Technological University

Introduction

The focus on social prescribing is rapidly increasing as a cost-effective, non-medical substitution to improving patients' health and wellbeing. Social prescribing (SP) has the potential to unburden busy General Practitioners (GPs) focussing on the social model of health care relieving pressure from the present, dominant medical model. This results in improved health and wellbeing, enhancing the life of the individual while promoting greater community connectedness. The present study uses the Theoretical Domain Framework (TDF) to systematically explore the possible referring practices of GPs towards SP in Ireland.

Method

This study uses a qualitative approach involving one-to-one interviews conducted with GPs (n=12) from across Ireland. The interview schedule consisted of open-ended questions based on each of thirteen of the Theoretical Domain Framework domains. The transcribed anonymised data was analysed using both inductive ('bottom up') and deductive ('top down') approach. A reflexive flexible approach was used to identify categories to convey a shared meaning as identified by the General Practitioners. The relevance of each of the categories was mapped against specific domains within the Theoretical Domain Framework in line with qualitative reporting guidelines.

Findings

The findings suggest that the following eight specific Theoretical Domain Framework domains were relevant to influencing referring practices of GPs. Knowledge, Skills, Beliefs about capabilities, Optimism, Emotion, Social professional role and identity, Intention, Environmental context and resources. Within these domains the following barriers were identified that may influence GPs referring to Social Prescribing; lack of knowledge, lack of patient awareness, requirement for a smooth referring mechanism, overworked GPs and awareness of previous positive experiences. Important factors reported to enable referral include feasible alternative to the present medical approach for a specific cohort of patients, opportunity to devolve work and the belief in the ability of the Social Prescriber to provide positive outcomes for patients.

Discussion/Practical or Social or Research Implications

This study highlights key factors that GPs believe influence their referring practices to social prescribing. These beliefs identify potential behavioural change interventions required in the area of knowledge, attitudes and practices as identified by GPs. Considering there is substantial funding allocated to the delivery of social prescribing by the Health Service Executive (HSE) and the Department of Health this study provides an insight into areas that should be targeted to ensure a more successful model of delivery.

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Behaviour change in action: Pilot implementation project in General Practice

Presenter: JT Treanor, Irish Heart Foundation

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Prof Walter Cullen, John Broughan, Emil Sietins, Geoff McCombe,
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Introduction

The Irish Heart Foundation piloted a 'High Risk Prevention Programme' in 6 general practices. The aim of this study was to assess a 6-week behaviour change programme delivered by a Practice Nurses (PN) or Health Promotion Professional (HPP) aiming to promote cardiovascular health among high-risk individuals living in deprived areas.

Methods

This intervention involved a two-arm design whereby patients at high risk of CVD attended a PN or HPP six-week one-to-one programme focusing on self-management of CVD risk factors. Participants were assessed prior and 12 months after completion. Clinical tests and interviews examining self-reported health behaviours and motivation were administered.

Results

176 participants completed the follow-up assessment. Participants' mean weight was 96.46 kg (SD = 21.37), representing a significant mean decrease of 1.95 kg. BMI scores were significantly lower and the mean waist circumference significantly reduced by 1.85 cm. The mean triglycerides levels significantly decreased by 0.20 mmol/L. LDL decreased by 0.08 mmol/L, mean HDL increased by 0.03 mmol/L. Mean total cholesterol decreased by 0.13 mmol/L, and the mean blood glucose levels decreased by 0.23 mmol/L. No baseline to follow-up score changes for these variables were statistically significant. 25.5% switched from having high stage 2 blood pressure at baseline to lower blood pressure categories at follow-up. More participants reported smoking less. Participants reported moderately exercising from 25.0% to 39.9%. There was a significant decrease in the number of participants reporting sitting eight hours or more per day (-8.2%). When comparing absolute differences, the HPP group reported a bigger reduction in average waist circumference (-2.62 cm vs. -1.76 cm) and average total cholesterol (-0.34 mmol/L vs. -0.02 mmol/L), and an increase in average mental health scores (+4.13 points vs. +3.26 points). There was a larger percentage increase of moderate physical exercises in the past 7 days, eating one or more fruits/vegetables per day and including healthy fats in their diet.

Discussion

The results indicate that the 'High Risk Prevention Programme' inspired many patients to adopt healthier lifestyles. Statistically significant decrease was observed in participants' weight, BMI, waist circumference, blood glucose and triglyceride levels. Additionally, patients' LDL and total cholesterol decreased, and HDL increased.

Several behavioural changes were observed that were also statistically significant – patients reported smoking less, sitting fewer hours per day, eating less snacks and/or fried food. Patients reported exercising more in the last seven days, and more patients reported eating fruit, vegetables, and healthy fats. Furthermore, these positive outcomes were apparent across both the Practice Nurse (PN) and Health Promotion Professional (HPP) arms of the programme.

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The delivery and signposting outcomes of physical activity Making Every Contact Count brief interventions in Limerick Slaintecare Healthy Communities – our experience so far

Presenter: Sinead Killeen

Health Promotion and Improvement, Health and Wellbeing Division, HSE Mid-West Community Healthcare

Other Authors

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Ryan Meaney, Phelim Macken: Both affiliated to Limerick Local Sports Partnership

Introduction

The purpose of the project is to examine and capture the learnings from delivering Making Every Contact Count physical activity brief interventions in Limerick Slaintecare Healthy Communities.

Methods

A Plan Do Study Act quality improvement approach was used to examine the physical activity brief intervention and signposting process from 5 HSE primary care physiotherapists in Limerick Slaintecare Healthy Communities to Limerick Local Sports Partnership. The signposting process was adapted at local level to include the option for the primary care physiotherapist to initiate the signposting contact with the local sports partnership on behalf of and with the clients consent. The latter option was facilitated through an encrypted electronic platform. A working group consisting of the Local Sports Partnership Sports Development Officers for the area, Limerick Primary Care Physiotherapists and Health Promotion and Improvement met monthly from June 2022 to March 2023. Monthly the anonymised outcomes from calls received or initiated by the local sports partnership in receipt of the clients name and number were presented in addition to each side considering key challenges and enablers for that month. The signposting process was adapted in real time as appropriate during the project.

Findings

One in three signposting's where the signposting was received electronically by the sports partnership resulted in client engagement with the local sports partnership. Engagement ranged from physical activity programme enrolment to consent to stay on communication list or agreed follow up call. Key challenges and enablers were captured for the local sports partnership, primary care physiotherapy service and health and wellbeing.

Discussion

This learning project sought to give insight to the initial implementation of Making Every Contact Count physical activity brief interventions from Limerick Primary Care physiotherapy service to Limerick Local Sports Partnership. The learning project identified that initiation of the signposting by the healthcare professional was the avenue through which the majority of engagement with the local sports partnership arose. The project learnings will support continued roll out of physical activity brief interventions by all healthcare professionals in Limerick Slaintecare Healthy Communities. Equally the quantitative and qualitative learnings though locally informed support the national health and wellbeing priority as set out in the HSE National Service Plan 2023 to "Complete the design and commence implementation of a physical activity patient pathway model to support active participation in physical activity outside of the health service in partnership with Sport Ireland".

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Evaluation of Making Every Contact Count in a smoking cessation service

Presenter: Sally O'Grady, Health Service Executive

Other Authors

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Introduction

The smoking cessation service in Dublin South, Kildare & West Wicklow provides evidence-based behavioural support and free nicotine-replacement therapy to clients wishing to quit smoking. Since January 2023, the service has become a Making Every Contact Count (MECC) Implementation site, with all 10 Stop Smoking Advisors (SSA) trained in, and delivering brief interventions in their sessions with clients. The integration of MECC into smoking cessation sessions enhances the quality of the service, as implementing positive lifestyle behaviour changes can help a client successfully quit. It also has the wider goal of preventing chronic disease in this population. An analysis of MECC use by SSAs was undertaken to evaluate the implementation; identify training and support needs for staff; and to inform other MECC implementation sites.

Methods

SSAs recorded the duration and type of each MECC brief intervention using a Smart Survey at the end of each client session for 3 months. A questionnaire was then completed by each SSA to assess their confidence raising each of the MECC topics with their clients. Tobacco was not considered a MECC intervention due to the nature of the service.

Results

The Smart Survey was filled out for 63 client sessions, with 73 brief interventions delivered during these sessions. SSAs spend an average of 8 minutes per session delivering brief interventions, with 10% receiving interventions on more than one topic. The most common topic raised was "Mental Health & Wellbeing", with 47% of brief interventions dedicated to it. The second most common was "Physical Activity" (28%), followed by "Healthy Eating" (18%). The topics of "Alcohol and Drugs" and "Overweight and Obesity" were both raised in less than 5% of interventions. 7 SSAs completed the follow-up questionnaire. SSAs were most confident raising the topic of "Physical Activity", all rating themselves as "very confident". This was followed by "Healthy Eating" (71% felt "very confident"). 29% rated their confidence as low when discussing "Overweight & Obesity". For Mental Health & Wellbeing, 29% were "very confident", 57% were "somewhat confident" and 14% "not confident".

Discussion

This analysis demonstrates the successful integration of MECC into the smoking cessation service, with a large number of brief interventions being delivered across the range of topics. It provides a blueprint for other MECC implementation sites within the region on how to record and evaluate MECC in their service.

The topic of "Mental Health and Wellbeing" was raised most frequently, reflecting the close relationship between this and smoking behaviour. MECC provides the tools to SSAs to discuss this topic, support and refer their clients as needed.

There was a range of confidence levels among the SSAs in raising each of the topics, perhaps reflecting the different backgrounds and skillsets of each SSA. Confidence levels were lowest for the newest MECC topics, with "Overweight & Obesity" and "Mental Health & Wellbeing" added to the programme in 2022.

Implications

These findings identify areas for further support and professional development for all SSAs to ensure they can maintain or increase their confidence in delivering brief interventions across all topics.

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Project PRAGRESS – Preventing and confronting of aggressive behaviour of older people in long term care

Presenter: Dr Martin Power, University of Galway on behalf of Prof Dr Bettina Flaiz, Duale Hochschule Baden-Württemberg (DHBW) Stuttgart, Germany

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Introduction

Being dependent on the help of others is a life-changing experience for every person. Consequently, care recipients coping attempts and reactions vary. However, prevalence figures suggest that aggressive behaviour by care recipients towards caregivers is a possible response. As many as 80% of formal caregivers regularly experience aggression from care recipients. This is not just a taboo subject in society. Rather, it is a phenomenon whose many facets have not yet been the subject of much scientific research. Against this background, the idea of the project PRAGRESS was born, which is an Erasmus+ funded project with a duration of three years. The main goals are to raise awareness and to remove taboos. For this purpose, an e-learning course will be developed during the project.

Methods

Design Overall, a multi-stage procedure is used in the project. The starting point is a baseline study with a qualitative research design. The aim is to explore the outlined phenomenon of aggressive behaviour. The sample consists of eleven formal caregivers (at least one year of professional training) and nine informal caregivers (without training, partners, neighbours, etc.). Ethical guidelines of good research are followed. Each partner conducted a semi-structured interview in their respective countries (Finland, Ireland, Italy, Germany, Greece), transcribed and analyzed their interviews by using qualitative content analysis. Based on this, the design of the e-learning course in the form of a MOOC (Massive Open Online Course) is derived from the study results. As next step follows the testing and piloting of the MOOC. For this purpose, the feedback of caregivers, teachers and a larger circle of users (community) will be involved in these two phases.

Findings

Main results of the baseline study include above all the subjective assessment of the frequency of aggressive behaviour. All of the caregivers who participated in the study regularly experienced aggressive behaviour by care recipients (prevalence: 1-2 times a week). In addition, all participants (n=19) reported that they reacted very strongly on an emotional level. They mention emotions such as fear, anger, helplessness, disappointment and self-blame. Among the possible causes or triggers for aggressive behaviour, the formal caregivers primarily name a dementia-related illness. Thus, the aggressive behaviour can be excused from the point of view of the interviewed formal caregivers. On the basis of the main results and with the inclusion of essential scientific findings, the structure of the MOOC with a total of five modules results: (1) Welcome to the course, (2) Triggers and Management of Aggressive Behaviour, (3) Violence, aggressive behaviour and your emotions, (4) Organizational strategies for reducing aggressive behaviour, (5) Forum. The modules contain different access routes and the target group: caregivers were not overloaded with scientific knowledge. Consequently, there are short videos, quizzes, and poster with key information, questions for self-reflection, and a podcast with mindfulness exercises.

Discussion

While the topic of aggressive behaviour of caregivers towards care recipients has been de tabooed for many years, also by various EU projects, this cannot be confirmed for the reversal situation. Rather, the baseline study shows that aggressive behaviour of care recipients towards caregivers occurs frequently, emotional reactions of the participating interview partners suggest a high level of stress, but these experiences tend to be concealed or normalized with a dementia-related illness of the care recipient. Therefore, it is not surprising that in the test and pilot phase lecturers as well as the main target group caregiver not only give the MOOC an extremely good rating in terms of application, but also rate the content design very positively and as profitable for themselves

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Identifying the association between family support and the life satisfaction and mental health of sexual and gender minority (SGM) adolescents in Ireland

Presenter: Rayna Cox, Health Promotion Research Centre, University of Galway

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Ms Marguerite Fortin, Prof. Saoirse Nic Gabhainn, Dr András Költő

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Introduction

Studies in North America have documented that family rejection of lesbian, gay, bisexual, trans, intersex, and other sexual and gender minority (LGBTI+) youth is strongly associated with mental health problems, substance use, and risky sexual behaviour. On the other hand, parental acceptance was highlighted as an essential source of affirmation and validation for LGBTI+ people. The findings also supported that negative responses from their family may be linked to mental health issues, including suicidal ideation and self-harm. It seems that accepting, understanding, caring and supportive families might have a substantial positive role in LGBTI+ young people's lives. Family support, at least to some extent, appears to be protective against the distress and negative consequences of discrimination and social exclusion LGBTI+ adolescents experience in other environments like schools. These results indicate that family acceptance may give affirmation to SGM adolescents, even if their sexuality or gender expression is contested by others. Nonetheless, there is limited research in this area, with most evidence coming from North America. Most of the studies concentrate on the risk and negative health outcomes LGBTI+ youth experience, while research on protective factors and LGBTI+ adolescents' resources for resilience and happiness is rare. Most studies with sexual and gender minority (SGM) youth only concentrate on lesbian, gay, bisexual, and trans adolescents, while the experiences of other sexual and gender minority groups, such as asexual, aromantic, pan- or omnisexual, genderqueer, and nonbinary, are neglected.

Our project aims to address some of these gaps and identify the association between family support and the life satisfaction and mental health of SGM adolescents in Ireland.

We will be testing the hypothesis that increased family support has positive effects on the life satisfaction and mental health outcomes of SGM adolescents in Ireland. We also anticipate that SGM youth are not uniform in terms of perceived family support, and there might be distinct groups of adolescents who receive low or high support.

Method

For this study, data from the Irish Health Behaviour in School-aged Children (HBSC) study will be used. The HBSC is a cross-sectional research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The surveys are carried out every four years; this study will draw on the data from the 2022 wave of the survey.

In the Irish HBSC survey, questions on sex registered at birth, gender identity, and sexual orientation are administered to adolescents aged 13–18. Their life satisfaction, mental health, and family support will then be analysed across sexual and gender minority status. Some questions used in the HBSC Ireland survey in 2022 enable categorisation of those SGM youth who have been rarely studied in previous adolescent population health surveys, for instance, those identifying as transgender, nonbinary, genderqueer, pansexual/omnisexual and asexual/aromantic.

Results

Statistical analysis will be carried out to identify the associations between life satisfaction, mental health, and family support across different SGM adolescent populations. We will use Chi-square tests, ANOVA and Latent Class Analysis to test our hypotheses.

Implications

The results of this study could be used to identify whether family-based interventions, such as educating parents on LGBTQ+ youth, should be implemented in Ireland. It could also detect differences in the family support given to SGM adolescents with different minority identities.

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Keynote Presenters Biographies

Keynote Presenters

Professor Breda Smyth, Chief Medical Officer, Department of Health



Professor Breda Smyth is currently Chief Medical Officer in the Department of Health, leading the provision of evidence-based public health advice across a range of areas including the response to COVID-19 and Monkeypox. Professor Smyth served as a Member of the NPHE for COVID-19 and currently chairs the COVID-19 Advisory Group.

She is a Personal Professor of Public Health Medicine in the University of Galway and most recently worked as a Consultant and Director of the Department of Public Health HSE West.

Amongst her numerous contributions to public health medicine is Professor Smyth's national leadership on public health reform, healthy ageing, and stroke prevention.

Professor Mark Gamsu, Leeds Beckett University Leeds Beckett, UK



Mark is a professor at Leeds Beckett University with a specific interest in the relationship that members of the public have with their local health system and what this means when addressing wicked issues such as health inequalities. Until 2022 he was the Deputy Chair of Sheffield Clinical Commissioning Group, where he chaired the Public Experience, Engagement and Equality Committee and was vice chair of the Primary Care Commissioning Committee.

Mark is Chair of Citizens Advice Sheffield – one of the largest Citizens Advice Bureau in England and was a commissioner on the Low Commission into the future of Welfare Rights and Legal advice, he is also on the board of a community anchor organisation in Sheffield. He founded 'Chance to Dance' a community dance festival which is held every year in the city.

He worked with Health Watch England to develop the quality statements for local Healthwatch and has led research looking at the role that community organisations play in addressing health inequalities. He recently worked with 6 EU countries public health ministries reviewing the approach and actions they take to address health inequalities. In the Department of Health he led on the development of Joint Strategic Needs Assessments and established the nationally recognised Altogether Better Programme which has trained over 20,000 community health champions.



Mr Vinnie O'Shea, National Coordinator, Healthy Ireland Local Government

Vinnie O'Shea is National Coordinator for Healthy Ireland Local Government which covers the Sláintecare Healthy Communities Programme and Healthy Cities & Counties Programme within the 31 Local Authority Areas. He also coordinates the Irish National Network for the WHO European Healthy Cities Programme.

Before joining the Healthy Ireland Programmes, Vinnie worked across local government for over 20 years in the areas of Economic Development, Urban and Rural Regeneration and Community, Sports & Recreation Services.



Ms Gígja Gunnarsdóttir, Directorate of Health Iceland

Gígja Gunnarsdóttir (MPH) has been working for the Directorate of Health (DOHI) since 2005. She is program manager for the Health Promoting Community program, National network coordinator for WHO Healthy Cities in Iceland and project manager for physical activity. She represents DOHI in the national Scientific committee for climate change and is visiting lecturer in numerous Icelandic Universities.

Gígja has, among other things, led the adaptation of Dahlgren and Whiteheads determinants of health model to Icelandic context including priority SDGs, with the overarching aim wellbeing for all people and the planet. Impact assessment, public health indicators and strengthening intersectoral governance, collection and sharing of data at municipal level are among current tasks.

She grew up in the country site and lives and works in Reykjavík.



Ms Rebecca McLaughlin, Health and Well-Being Manager, The Irish Men's Sheds Association

Rebecca McLaughlin is the lead for Health & Well Being at the Irish Mens Sheds Association. Since its establishment 10 years ago on the Island of Ireland, the Shed 'movement' has grown exponentially to emerge as a national success story - now claiming the highest number of Sheds per capita of any country worldwide.

McLaughlin's role involves engaging and supporting 'Shedders' to explore and fulfil their Health & Well Being potential through a diverse range of local to national partnerships, projects and initiatives. This involves playing to the strengths, knowledge and skills within each Shed. Her motto is 'health by stealth' in terms of Health & Well Being and also never presuming that IMSA are there in any other capacity than 'by invitation'.

Previously Rebecca McLaughlin was National Co-Ordinator for Bealtaine - the Irish (and world's first) festival celebrating Ageing, Head of Marketing for the launch of the £21 million New Art Gallery Walsall, UK and led Ireland's 25th Anniversary Programme celebrating Ratification of the UN Convention on the Rights of the Child (UNCRC). A self-confessed 'collaborationist', throughout her career, she has established and led a wide range of interdisciplinary, multi-sector national and international partnerships - including 'Azure' Ireland's inaugural programme welcoming people with dementia and their carers into cultural spaces in collaboration with MoMA, New York. She was awarded an International Fellowship in Cultural Management with the Kennedy Centre for Performing Arts in Washington DC, holds a Masters in Irish Art from University College Dublin, a Postgrad. in Museum Studies from University of Leicester and is finalising a 4 year Clinical Masters in Holistic and Integrative Psychotherapy & Counselling with Technological University of the Shannon (TUS) & The Tivoli Institute.

Conference Committee members



Ms Bidy O Neill, National Policy Lead, Health and wellbeing, Department of Health.



Fergal Fox Head of Stakeholder Engagement and Communications, Health and Wellbeing, Health Service Executive



Ronan Dillon, Chair, Association for Health Promotion, Ireland



Dr Verna McKenna, Health Promotion Research Centre and Discipline of Health, University of Galway



Dr Martin Power, Health Promotion Research Centre and Discipline of Health, University of Galway



Dr Viv Batt, School Manager, School of Health Sciences, University of Galway

Useful Information

Parking

Delegates must register online to get a free parking permit. Park in white lined spaces only. Permits will be available for delegates to book from 7 days in advance of the conference by following these steps:

1. Visit the page - <https://nuig.apcoa.ie/applicant>
 2. Select "Create Account" on the top right of the page
 3. Select "Personal" account
 4. Complete your personal/company details (enter your address rather than eircode) and enter your car registration and details
 5. Accept Terms & conditions and an account will be created
 6. Select "Apply for Permit" and choose "Health Promotion Conference" as the permit you wish to apply for.
- N.B. DO NOT select the "visitor permit" option.**
7. Accept Terms & Conditions and complete booking

All illegally parked vehicles, including cars not registered for a conference permit will be clamped.

If there is no parking close to the conference venue (Áras Moyola) there will be ample parking in the University Park and Ride carpark, which is a short walk along Newcastle Road or through Corrib Student Village (GPS coordinates: 53.29062018266437, -9.070722587447696). The university bus service from the Park and Ride does not operate during the summer, but it is only a ten-minute walk to the conference venue, Áras Moyola. If you decide to park in any of the blue pay and display spaces, you will need to download the apcoaconnect app to organise payment (onsite cash payments are not possible at present).

Wi Fi access

The Wifi on the University of Galway campus (eduroam) is a secure, world-wide roaming Wi-Fi access service developed for the international research and education community. Our delegates will have access to the Eduroam Network, login details as follows.

Username: 9876001t
Password: nfqtj7387

Book of abstracts

As part of our sustainability efforts we do not print a full book of abstracts for every delegate. The full conference booklet, including keynote biographies, and all abstracts are available online at www.universityofgalway.ie/hprconference. Several printed copies are on the registration desk for reference purposes.



Workshops and parallel presentations

Parallel presentations are run simultaneously. If you plan to go to several of the parallel presentations you are asked to sit close to the exit so that you do not disturb the session when leaving.

Lunch

The lunch is served in Friars restaurant, Cairnes building from 12.45.

Any questions?

If you have any questions throughout the day please ask our conference staff at the registration desk or our volunteers (wearing the blue conference t-shirts).

Healthy conference

In keeping with our Health Promotion philosophy, delegates have the opportunity to choose healthy food options and take regular stretch and exercise breaks throughout the conference day. The back two rows of the lecture theatre are reserved for those who wish to stand during the presentations. There are several pleasant walks on the University of Galway campus, including the river walk which you can take at lunch time. Ask at the registration desk for more details.

Will the presentations be available online?

We have asked all our presenters if we can upload their presentation online following the event (either as a recorded presentation or their presentation slides). Where permission has been given these will be made available by early July at www.universityofgalway.ie/hprconference. All presenters have provided a contact email for inquiries following the conference, which is available in the book of abstracts.

Conference evaluation

We ask all delegates to please complete our evaluation. This survey measures whether the conference was satisfactory and that the needs and expectations of the delegates were met. An email will be sent to you after the conference containing the survey link.



Stay in touch

If you would like to receive communications about future Health Promotion events and are not yet on our distribution list please send an email to hprc@universityofgalway.ie with the subject heading 'add me to event list'.

We also regularly post on twitter [@GalwayHPRC](https://twitter.com/GalwayHPRC).

