



Research and Policy

Saoirse Nic Gabhainn

Principal Investigator
Health Promotion Research Centre,
National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

**A designated WHO Collaborating Centre
for Health Promotion Research**

Why?

- Researchers practice research, not policy-making
 - We should stick at what we are good at and focus on research skill
 - Our privilege
 - We have incredibly valuable access to knowledge and information
 - Plus the skills to interpret it
 - Our responsibilities
 - To our participants, parents, gatekeepers, funders, students
 - To the future
 - To ethics
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Approaches

- Rational (actor) model
 - Precise, relevant, reliable information will be acted upon
- Organisational interest perspective
 - Control of information
 - Internal information prioritised
- Communication perspective
 - A language and priorities divide between two communities
 - Scepticism can develop into respect

Greenhalgh & Russell (2009); Hanney, Gonzalez-Block, Buxton & Kogan (2003)



Experiences

- Rational (actor) model
 - Academic journal articles, policy briefings, books (hard, slow, not read)
 - Organisational interest perspective
 - Commissioned research (limiting and very time consuming to follow-up)
 - Communication perspective
 - Learning how to present information in the way it can be used
 - Using all formats to present information (NIHS, CRD, On-line fora)
 - Working with others who have influence over decisions (stakeholders)
 - Breaking down barriers of language, sector, interpersonal factors
 - Being consistent and pragmatic
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Examples

- Research Factsheets
 - HRB funded work with policy makers on dissemination mechanisms
 - HBSC-WHO Europe Forums
 - Co-authoring with policy-makers on case studies about specific issues
 - ‘Free’ work
 - Developing opportunities, ideas and trust; help desk and short reports
 - Media dissemination
 - Learning how to write press releases, provide print-ready copy and interview
 - Working with stakeholder groups
 - Writing for and with them, presenting at seminars, involving groups in research process (IRC/CPP funded)
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Dissemination of Irish HBSC

- 43 reports (national and international)
- >100 scientific articles
- 7 books and book chapters
- >110 conference presentations
- 20 short reports
- >60 factsheets
- >350 media articles (plus radio/TV)



The Health Behaviour in School-aged Children (HBSC) is a research study conducted by an international network of research teams in collaboration with the World Health Organisation (Europe) and co-ordinated by Professor Candace Currie of the University of Edinburgh. In 2006 HBSC Ireland surveyed 10,334 schoolchildren in Ireland from randomly selected schools throughout the country.

Further information is available at:
<http://www.hbsc.org>
<http://www.nuigalway.ie/hbsc>



Aoife Gavin, Siobhán O'Higgins and the HBSC Ireland Team, Health Promotion Research Centre, NUI Galway.

Summary

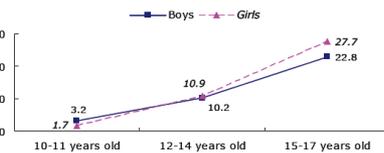
HBSC Ireland 2006 has found that 15.3% of schoolchildren in Ireland report that they currently smoke; this represents a continuing decline from 1998 (21.2%). The percentage of smokers is higher among older children; 3.2% of boys and 1.7% of girls aged 10-11 years; and 22.8% of boys and 27.7% of girls aged 15-17 years. Those who smoke are less likely to report finding it easy to talk to their parents and living with both parents while they are more likely to report finding it easy to talk to their best friend, negative school perceptions, feeling pressured by schoolwork, having been bullied and spending more evenings out with their friends. Current smoking in this factsheet refers to children who report that they smoke at least monthly.

Why this topic?

Smoking is a leading cause of death globally and the largest cause of health inequalities in low income countries¹. Studies report that some Irish children perceive smoking as a right of passage and a societal norm². Children and adolescents who smoke cigarettes are more susceptible to respiratory problems, premature atherosclerosis and reduced physical fitness³.

Trends 2002-2006

There has been a continuing reduction in the percentage of children who report that they are smokers from 18.6% in 2002 to 15.3% in 2006. This slight decrease is seen in both girls and boys and across all ages. The reduction is most marked among children aged 15-17 years (from 31.8% in 2002 to 25.1% in 2006).



Percentage of current smokers, by age and gender

Smoking behaviour in context

- Children who smoke are less likely to find it easy to talk to their mother (67.8% vs. 82.9%) and father (47.9% vs. 66.8%) than those who do not.
- Children who smoke are less likely to report living with both parents than those who do not (68.3% vs. 82.8%).
- Children who smoke are more likely to report feeling pressured by schoolwork (49.9% vs. 39.3%) and less likely to report liking school (45.0% vs. 72.0%) than those who do not.
- Children who smoke are more likely to find it easy to talk to their best friend (90.8% vs. 87.3%) than those who do not.
- Children who smoke are more likely to report spending four evenings a week out with friends (57.8% vs. 39.4%).
- Smoking is not associated with

Bileog Eolais
Taighde

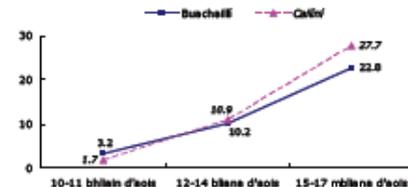
Staidéar taighde is ea Iompraíocht Síléinte i Measc Leanaí ag Aois Scoile (HBSC) a rinne Éireann idirnáisiúnta d'achóirí taighde i gcomhar leis an tAontas Eorpach agus a chomhothaigh an tOllamh Candace Currie ó Ollscoil Dhún Éideann. Sa bhliain 2006, rinne HBSC na hÉireann suirbhé ar 10,334 leanbh scoile in Éirinn. Roghnaíodh na leanaí ó scoile-anna randamacha ar fud na tíre.

Is féidir tuilleadh eolais a fháil ag:
<http://www.hbsc.org>
<http://www.nuigalway.ie/hbsc/>



Iompraíocht leanaí scoile in Éirinn maidir le caitheamh tobac

Aoife Gavin, Siobhán O'Higgins agus foireann HBSC na hÉireann, an tIonad Taighde um Chothú Síléinte, OÉ Gallimh. Táimid fórbhuíoch d'Ollg an Aistriúcháin in OEG as an obair aistriúcháin ar fad a rinneadh.



An cúlúadán reatha de lucht caite tobac, de réir aoise agus inscne

Achoimre

Tá sé faighte amach ag HBSC na hÉireann 2006 go bhfuil 15.3% de leanaí scoile ag caitheamh tobac in Éirinn faoi láthair. Is laghdú leanúnach é sin ó 1998 (21.2%). Tá an cúlúadán atá ag caitheamh tobac níos airde i measc na bpáistí atá níos sine. Caitheann 3.2% de bhuachaillí agus 1.7% de cailíní san aois ghruapa 10-11 tobac ach caitheann 22.8% de bhuachaillí agus 27.7% de cailíní san aoisghrúpa 15-17 tobac. Tá seans níos lu ann go ndéarfadh siad slúd a bhíonn ag caitheamh tobac go bhfuil sé éasca acu labhairt lena dtuismitheoirí nó go bhfuil siad ina gcónaí le beirt tuismitheoirí. Tá níos mó seans ann go léireodh siad go bhfuil sé sca acu labhairt lena ndúthchara, go bhfuil dearcadh dlúthach acu i leith na scoile, go bhfuil brú orthu ó obair scoile, go ndearnadh bulaloicht orthu agus go caitheann siad níos mó ama lena gcairde sa tráthnóna. Is éard a chiallaíonn "daoine atá ag caitheamh tobac faoi láthair" sa bhileog eolais seo ná daoine a deir go gcaitheann siad tobac ar a laghad uair amháin sa mhí.

Cén fáth an t-ábhar seo?

Is é an caitheamh tobac is príomhshlocair báis sa domhan agus an fáth is mó a mbíonn míchothromaíocht i gcúrsaí síléinte i dtíortha le hioncam íseal. Is íomla staidéar a léiríonn go gceapann roinnt áirithe leanaí in Éirinn gur comhartha ar theacht in imhata a bheith ag caitheamh tobac agus gur gnáthchuid den saol é. Cuireann fadhbanna neispráide, aitéiricléarosis ag ois óg agus easpa adalochta as do dhaoine óga a chaitheann toilíní.

Treochtaí 2002-2006

Tá laghdú leanúnach tar éis teacht ar an cúlúadán páistí a deir go caitheann siad tobac, ó 18.6% in 2002 go 15.3% in 2006. Tá sé seo le feiceáil i measc buachaillí agus cailíní agus i ngach aoisghrúpa. Tá an laghdú is suntasaí i measc páistí san aoisghrúpa 15-17 (ó 31.8% in 2002 go 25.1% in 2006).

Iompraíocht caitheamh tobac i gcomhthéacs

- Mí bhíonn sé chomh héasca ag leanaí a chaitheamh tobac labhairt lena máthreacha (67.8% vs. 82.9%) agus lena n-athreacha (47.9% vs. 66.8%) seachas iad slúd nach gcaitheann tobac.
- Is lu an seans go mbeidh leanaí a chaitheamh tobac ina gcónaí le beirt tuismitheoirí (68% vs. 83%).
- Is mó an seans go léireodh leanaí a chaitheamh tobac go gcuireann obair scoile brú orthu (50% vs. 39%) agus is lu an seans go léireodh siad go dtairníonn an scoll leo (45% vs. 72%) seachas leanaí nach gcaitheann tobac.
- Is mó an seans go mbeidh sé níos fusa ag leanaí a chaitheamh tobac seachas páistí eile caint leis an gcara is fearr atá acu (91% vs. 87%).
- Is mó an seans go gcaithfidh leanaí a chaitheamh tobac breis agus ceithre thráthnóna sa tseachtain le cairde seachas leanaí nach gcaitheann tobac (58% vs. 39%).
- Mí an cheangal idir caitheamh tobac agus aicme sóisialta.

22 factsheets on health outcomes health behaviours and the social context of health among school children in Ireland, per round



HEALTH IN IRELAND
Key Trends 2010

State of the Nation's Children



World Health Organization
Observatory on Europe

Social Determinants of health and well-being among young people

hbsc



A SNAPSHOT OF THE HEALTH OF YOUNG PEOPLE IN EUROPE

WORLD HEALTH ORGANIZATION EUROPE

A REPORT PREPARED FOR THE EUROPEAN COMMISSION CONFERENCE ON YOUTH HEALTH, BRUSSELS, BELGIUM, 9-10 JUNE 2009

European Observatory on Health Systems and Policies

HEALTH IN THE EUROPEAN UNION
Trends and analysis

Philipa Mladovsky, Sara Allin, Cristina Masseria, Cristina Hernández-Quijano, David McDaid, Elias Mossialos

Observatory Studies Series N° 19

WHO/HBSO FORUM 2009

2009 NATIONAL REPORT (2008 Data) TO THE EMCDDA by the Reitox National Focal Point

IRELAND
New Developments, Trends and in-depth information on selected issues

REITOX



European Monitoring Centre for Drugs and Drug Addiction

UNICEF Innocenti Research Centre
Report Card 9

GERMANY SPAIN POLAND

The children left behind

A league table of inequality in child well-being in the world's rich countries

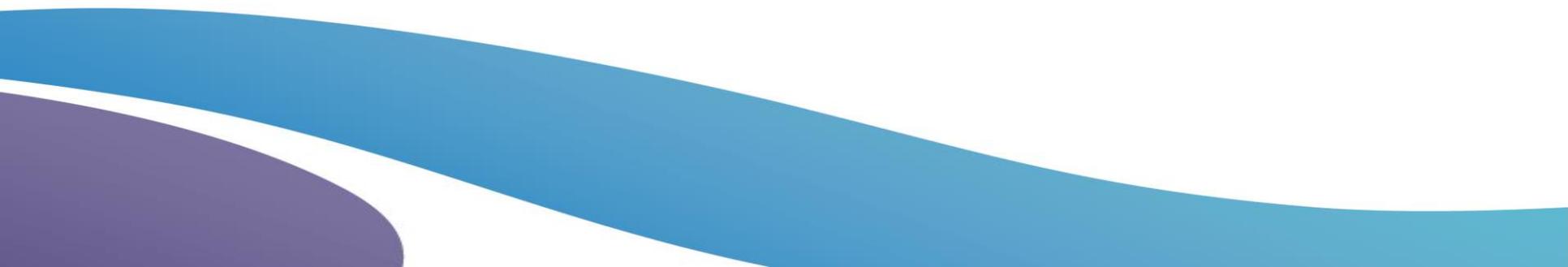
Child well-being in the European Union

Better monitoring instruments for better policies

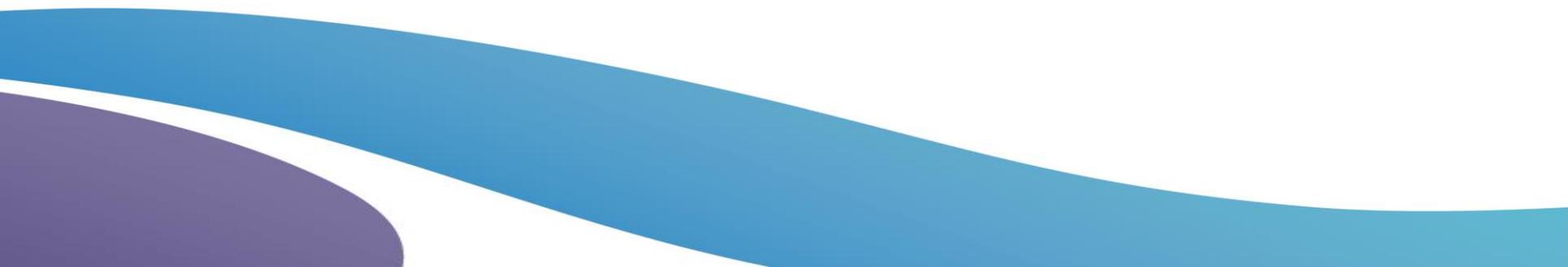
Socio-environmentally determined health inequities among children and adolescents

WHO/HBSO FORUM 2009

Challenges

- Changes in personnel
 - Convincing Universities that this is real work (lip service)
 - Realising that you need to write the journal articles first
 - Having to simplify complex ideas
 - Having your findings misrepresented or misinterpreted
 - Having your skills or qualifications misquoted
 - Not being cited or acknowledged at all (very common)
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Possible Benefits

- Very satisfying
 - Good use of money
 - Developing new skills
 - Early career researchers
 - Greater democratisation of information and knowledge
 - Better policy, strategy, action plans and practice
 - Better outcomes for children and society as a whole
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Learning from the journey

- Ethical responsibilities
 - to children, use of public monies
 - Valuing policy contacts
 - skill sets, commitment to doing the ‘right’ thing, balancing demands
 - Lobbying and advocacy skills
 - for example from the Combat Poverty Agency
 - Influence the influencers
 - media, political parties, stakeholders, lobby groups, community and voluntary organisations
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Acknowledgements

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 - *Funding bodies: Department of Health, Department of Children and Youth Affairs, Crisis Pregnancy Programme of the HSE, Irish Research Council, Health Research Board*
 - *HBSC Ireland Research Team; see www.nuigalway.ie/hbsc*
 - *Child and Adolescent Health programme team in WHO Europe*
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