



NUI Galway  
OÉ Gaillimh



HPRC  
Health Promotion Research Centre

# HEALTH PROMOTION THROUGH E-HEALTH: CHALLENGES AND OPPORTUNITIES

24<sup>TH</sup> JUNE 2021



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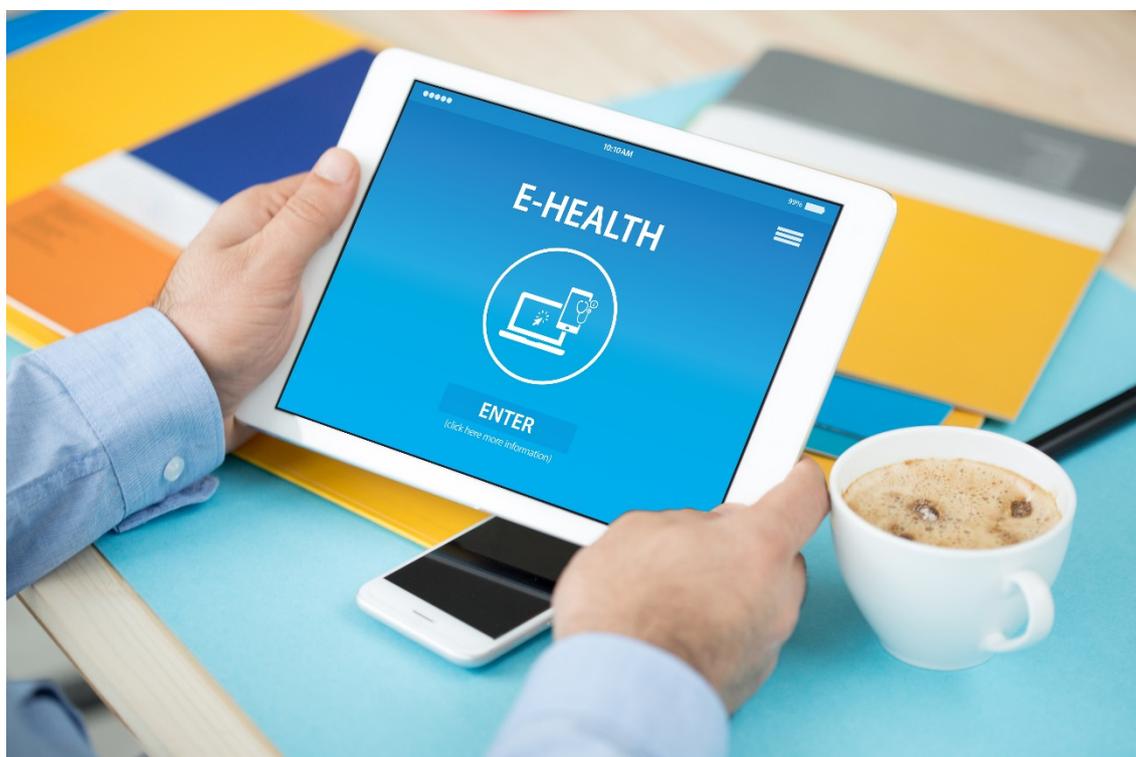
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# WELCOME



On behalf of the 2021 Conference Committee we extend a very warm welcome to you all to the 25th Annual Health Promotion Conference ‘[Health Promotion through E-Health: Challenges and Opportunities](#)’.

We have embraced the opportunity to offer this year’s conference in a fully digital format. This change is particularly relevant to this year's theme of E-health promotion.

The presentations and discussions will be live throughout the day and we will also be tweeting [@HPRC\\_NUIG](#) using the hashtag #HPRC2021. Delegates are encouraged to upload their contact details when registering to get the most out of this networking opportunity and to join us at break times for discussions over coffee. The conference sessions will be accessible to all who register, in real time on 24<sup>th</sup> June, 2021 and the presentations will be available for registered delegates after the event.

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 on implementation developments and challenges 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 work in this area.

Drs Victoria Hogan and Jane Sixsmith  
Co-Conference Chairs,

On behalf of the 2021 Health Promotion Conference Committee.

## 25th Health Promotion Conference, NUI Galway hosted virtually in collaboration with:



# PROGRAMME

9.00	<p>Live welcome webinar</p> <p><a href="#">Dr Jane Sixsmith</a> and <a href="#">Dr Victoria Hogan</a>, Discipline of Health Promotion, NUI Galway  <a href="#">Frank Feighan T.D.</a>, Minister of State for Public Health, Wellbeing and the National Drugs Strategy  <a href="#">Helen Deely</a>, Office of Assistant National Director (AND) Health and Wellbeing, Health Service Executive</p>
9.25	<p>Plenary 1  Introduction to the speakers  Dr Jane Sixsmith, Discipline of Health Promotion, NUI Galway</p> <p><a href="#">Everyday experiences of digital health: social dimensions</a></p> <p>Professor Deborah Lupton, SHARP Professor, Faculty of Arts &amp; Social Sciences, UNSW Sydney</p> <p><a href="#">Bringing information and support to young people, where young people are</a></p> <p>Ian Power, CEO of SpunOut.ie and '50808'</p>
10.30	<p>Break: coffee, stretch break, networking and poster viewing.</p>
11.00	<p>Parallel Oral Presentations</p> <p><a href="#">Settings</a>: including workplace, education, community, healthy cities, prisons  <a href="#">Health behaviour and e-health</a>  <a href="#">Case studies</a>: planning, implementation and evaluation of e-health interventions  <a href="#">Child health</a>: conception to adulthood  <a href="#">Mental health promotion and wellbeing</a>  <a href="#">Apps for health promotion</a>: Lessons Learnt.</p> <p>Running in parallel with the above oral parallel presentations will be the <a href="#">'Tips and tricks: social media' workshop</a>.</p>

12.15	<p>Live Q &amp; A sessions</p> <p>Seven interactive sessions with the speakers from each theme and the workshop.</p>
12.45	<p>Lunch break, networking and poster viewing.</p>
13.45	<p>Welcome back</p> <p>Introduction to the speakers - Dr Victoria Hogan, Discipline of Health Promotion, NUI Galway</p> <p>Short stretch break - Mark O'Malley, Physical Wellbeing Consultant, <a href="#">@wilderwellbeing</a></p> <p>Association for Health Promotion Ireland - Launch of Professionalism Statement <a href="#">Ronan Dillon</a>, Chairperson, <a href="#">Association for Health Promotion Ireland</a>.</p>
14.00	<p>Plenary 2 speakers</p> <p><a href="#">E-public mental health promotion: think again</a></p> <p>Professor Ernst Bohlmeijer, Professor in Mental Health Promotion, University of Twente</p> <p><a href="#">The HSE's social media strategy and how we use it in a global pandemic</a></p> <p>Muiriosa Ryan, Social Media Manager, Health Service Executive.</p>
15.00	<p>Break – Networking, poster viewing.</p>

15.15	<p>Plenary 3 Live webinar</p> <p>Chair <a href="#">Professor Margaret Barry</a>  Global President, International Union for Health Promotion; Head of the World Health Organization Collaborating Centre for Health Promotion Research, National University of Ireland Galway.</p> <p>Expert Panel Discussion and Response to Delegate Questions:</p> <p><a href="#">Professor Ernst Bohlmeijer</a>, Professor in Mental Health Promotion, University of Twente</p> <p><a href="#">Ian Power</a>, CEO of SpunOut.ie and '50808'</p> <p><a href="#">Muiriosa Ryan</a>, Social Media Manager, Health Service Executive</p> <p><a href="#">Fergal Fox</a>, Head of Stakeholder Engagement and Communications, Health and Wellbeing, Health Service Executive</p> <p><a href="#">Ronan Dillion</a>, Chairperson, Association for Health Promotion Ireland.</p> <p>(Delegates' questions can be submitted on twitter <a href="#">@HPRC NUIG</a>, or during the plenary sessions via the conference platform, or to the moderator during the webinar).</p>
16.15	<p>Conference close</p> <p>Dr Jane Sixsmith, Discipline of Health Promotion, NUI Galway</p> <p><a href="#">Professor Ciarán Ó hÓgartaigh</a>, President, NUI Galway.</p>

**KEYNOTE SPEAKERS**

**ABSTRACTS AND  
BIOGRAPHIES**

## Everyday experiences of digital health: social dimensions.

Professor Deborah Lupton, SHARP Professor, Faculty of Arts & Social Sciences, UNSW Sydney.

### Abstract

As a sociologist who specialises both in health and medical topics and in digital technology use, my research explores the social dimensions and lived experience of digital health technologies. In this presentation, I will begin with discussing digital health cultures and how concepts of selfhood, embodiment and social relations come together with the affordances of digital technologies and the digital knowledge economy, including the exploitation of personal data. I will then draw on a series of projects I have led which address diverse social groups' everyday experiences of digital health: from googling symptoms to using discussion forums, websites, social media groups, YouTube, apps and wearable devices. I will discuss the key findings across these projects and what they reveal about how people use these technologies and what they find beneficial or useful about them but also frustrating or disappointing. I will further reflect on the social inequalities and risks that can be part of everyday experiences of digital health. The presentation will end with some thoughts about the futures of digital health in COVID-19 times, drawing on my most recent research into people's digital technology use since the advent of the pandemic.

### Biography



Deborah Lupton is working in the Centre for Social Research in Health and the Social Policy Research Centre and leading the Vitalities Lab. Her research is interdisciplinary, spanning sociology and media and cultural studies. She is the author/co-author of 18 books, the latest of which are *Data Selves* (2019) and *The Face Mask in COVID Times* (2021). She has also edited/co-edited a further eight books and published over 200 peer-reviewed journal articles and book chapters. Lupton is Leader of the UNSW Node of the Australian Research Council Centre of Excellence for Automated Decision-Making + Society. She is an elected Fellow of the Academy of the Social Sciences in Australia and holds an Honorary Doctor of Social Science degree awarded by the University of Copenhagen.

## Bringing information and support to young people, where young people are.

Ian Power, CEO of SpunOut.ie and '50808'.

### Abstract

For a generation living life online, a distinct approach is required to engage young people with quality, relevant and accessible information and support. SpunOut.ie has been engaging young people with health and life information online for over 15 years, and providing direct support through a 24/7 texting service '50808' for almost two years. As young people search and scroll, what are they dealing with, and what do they want? In the past five years in particular, a desire for personalised and interactive information and just-in-time support has presented opportunities and challenges in keeping young people engaged. This presentation will aim to share some of the lessons SpunOut.ie has learned, the outcomes achieved, and plans for the future.

### Biography



SpunOut.ie is Ireland's youth wellbeing information website by young people, for young people with over 180,000 young people using SpunOut.ie resources each month. '50808' is a free 24/7 text service, providing everything from a calming chat to immediate support for people going through a mental health or emotional crisis - big or small. 50808 publicly launched in Ireland in June 2020 and engaged texters in over 5,000 support conversations each month. Ian is also a non-executive director of the Citizens Information Board and the Community Foundation for Ireland, and is a member of the National Implementation Monitoring Committee of 'Sharing the Vision', Ireland's national mental health policy. Ian has a particular interest in the area of juvenile justice and holds an advanced diploma in the subject from the King's Inn, a U.S. State Department professional fellowship in juvenile justice and the rule of law from Boston College, and a Certificate and Diploma in Company Direction from the Institute of Directors (Dip IoD).

## E-public mental health promotion: think again.

Professor Ernst Bohlmeijer, Professor in Mental Health Promotion, University of Twente.

### Abstract

E-mental health has been introduced with many promises such as reducing costs, scalability and empowerment of users. However, experiences with e-mental health have also demonstrated important challenges such as adherence, cost-effectiveness and long-term implementation. In this presentation I will focus on the use of eHealth and mHealth to promote public mental health. I will present results from eHealth and mHealth interventions to promote psychological flexibility and gratitude among people with mild or moderate distress. I will also present a new compassion-app for people with cancer based on systematic co-creation with patients and hospital nurses. Based on ten years of experience with eHealth and mHealth at our department, I will end with a list of important issues and recommendations to consider as input for a comprehensive plan and strategy to develop and implement e-public mental health interventions.

### Biography



Ernst Bohlmeijer graduated in 2007 having researched the effects of life-review on depression in older adults. Since 2007 he has worked as an associate professor and since 2011 as a full professor in the Department of Psychology, Health & Technology at the Faculty of Behavioural Sciences at Twente University. His research focuses on public mental health: the development and evaluation of interventions aimed at promoting well-being and reducing distress in the general population and with people with chronic diseases. These, partly eHealth and mHealth interventions are primarily based on Acceptance and Commitment Therapy, Positive Psychology and Compassion. He has been principal investigator and supervisor of over 12 randomized controlled trials and co-authored many meta-analyses in the aforementioned fields. Since 2010 Ernst Bohlmeijer has (co-) published over 150 peer reviewed papers and three scientific books. He is editor of the Dutch Handbook of Positive Psychology.

# The HSE's social media strategy and how we use it in a global pandemic.

Muiriosa Ryan, Social Media Manager, Health Service Executive.

## Abstract

The HSE has had a difficult and challenging 18 months dealing with a global pandemic, the largest vaccination programme the country has ever seen and, more recently, a criminal cyber-attack on our systems. Social media plays an increasing and important role in the HSE. The internal team supports the HSE in its journey towards digital maturity by providing expert guidance and training on using social media effectively. Communicating through social media has played a pivotal role for the HSE in dealing with the COVID-19 pandemic, the vaccination programme and the cyber-attack.

Muiriosa will talk about the second social media strategy developed by the HSE, following on from the first iteration spanning December 2017 to December 2019. This strategy reflects the maturity and evolution of the HSE's social media activity and expanded team.

The strategy's centre-piece is to:

1. Inform how we work across multiple communications functions
2. Direct how we communicate with the public
3. Shape greater internal staff engagement
4. Build public trust and transparency.

Muiriosa will talk through the importance of having a social media strategy and show how it has helped the team deal and plan pandemic social communications as well as being prepared for what comes their way.

## Biography



Muiriosa Ryan is the Social Media Manager for the HSE. She has over 10 years' experience working in the HSE communications team. Social media plays an increasing and important role in the organisation and the team supports the HSE in its journey towards digital maturity by providing expert guidance and training on using social media effectively. Communicating through social media has played a pivotal role for the HSE during the Covid-19 pandemic.

# ENGAGEMENT



Delegates are encouraged to upload their contact details when registering to get the most out of the fantastic networking opportunity that the online conference platform provides. To encourage everyone's participation delegates will get 'points' for all interactions with the conference platform.

For example, you will get points for viewing a poster, for attending a session, for asking questions in a plenary and/or Q&A session, for connecting with another attendee, voting in the poster competition, taking part in the lunchtime stretches. Basically, everything you can do as you visit this event (browse the platform) gets you points!

Not only will you get a more positive and interactive conference experience, but there are prizes for the most interactive delegates on the day!



We will also have our usual prize for the most innovative tweeter on the day. So please remember to check out the tweets @HPRC\_NUIG and use the hashtag #HPRC2021.



The AHPI has sponsored the poster competition, so please don't forget to vote for your favourite poster.



Do take time to browse the conference platform, on the day. After the event, the poster and oral presentations will be available for to all registered delegates and will remain open for 12 months. There are many interesting pieces of information that we have gathered for our delegates. This includes our celebratory 25 year anniversary video, young health promoters' vision for health promotion, health and well-being sources, and much more.

We hope you find the conference an enjoyable and engaging experience.

# POSTER ABSTRACTS



[Madhuvanti Mukherjee](#), Vidyasagar University.

Examining Effectiveness of Shared-Cognition Mobile Rounding Tools in the Hospital Setting.

[Judith Bek](#), University of Manchester; University College Dublin.

Online dance classes for older adults and people with Parkinson's disease: Lessons from the pandemic.

[Elena Vaughan](#), Health Promotion Research Centre, NUI Galway.

The impact of the commercial digital environment in driving food-related practices and behaviours.

[Noelle O' Keeffe](#), Tallaght University Hospital.

An evaluation of E-health interventions at a Psychology Department during Covid 19 lockdown.

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The legal implications for data and privacy in methods used in a research project involving women and epilepsy.

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Using semi-virtual focus group discussions to explore factors that influence teens' food choices.

[Dr Catherine-Anne Field](#), Discipline of Health Promotion, NUI Galway.  
'Eye of the storm': promoting staff well-being during the COVID pandemic through Team Time.

[Dr Catherine-Anne Field](#), Discipline of Health Promotion, NUI Galway.  
Promoting compassion, care and well-being in healthcare students through Schwartz Rounds.

# Examining Effectiveness of Shared-Cognition Mobile Rounding Tools in the Hospital Setting.

Madhuvanti Mukherjee, Vidyasagar University.

Asim Chatterjee (MD/PHD), Lopamudra Banerjee (MD/MPH), Bijoy Krishna Nursing Home.

## Introduction

Depending on the number and complexity of cases to be examined, working rounds can last anywhere from three to four hours. Current electronic medical records (EMR) review is limited by suboptimal computer screen arrangements, unfocused nature of rounds, and lack of closure relating to patient plans. Mobile cognition sharing tools allow a central team of providers to create, distribute, and follow a set treatment plan for their patients. They provide a platform for multiple levels of hospital staff to obtain and compile patient data from EMR reviews or direct examinations.

## Methods

We increased efficiency and effectiveness of walking rounds in our hospital through (a) a simple modification of hardware tools used during rounds and (b) the creation of an easy-to-use web application for better navigation of patient EMRs. To discern provider responsiveness to the model, we conducted semi-structured interviews with a cohort of physicians, nurses, and students who utilized the application in their practice. The interviews, lasting 60-75 minutes, were audio-recorded and transcribed.

## Results

The proposed modifications allowed for better visualization of EMRs in group settings, increased representation of relevant information cuts, elimination of redundant and/or inappropriate information from the EMR, and incorporation of relevant infographics into round presentations for better working-memory utilization. Interview participants reflected these sentiments, emphasizing the “usefulness” and “efficiency” of the model (Ghosh).

## Discussion

Shared cognition mobile tools have potential to increase effectiveness and efficiency of clinical round examinations. Modification of existing models allowed for augmented intra-provider communication and better visualization of patient information in the hospital setting. Participants highlighted potential avenues for inclusion of rounding tools in medical education curriculums.

## Practical Implications

Implementation of this e-health model on a larger-scale will ease cognitive burdens on clinical teams, reduce medical error, and improve quality of patient care. We acknowledge, however, that this public sharing of patient information could lead to HIPAA concerns or other social ramifications.

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# Online dance classes for older adults and people with Parkinson's disease: Lessons from the pandemic.

Judith Bek, University of Manchester; University College Dublin.

David Leventhal, Dance for PD, USA; Michelle Groves, Royal Academy of Dance, UK; Ellen Poliakoff, University of Manchester, UK.

## Background

Emerging evidence indicates physical and non-physical benefits of dance for healthy older adults and those with chronic conditions such as Parkinson's disease (PD). The suspension of group activities during COVID-19 prompted a transition to remote delivery of dance classes, through digital media including videoconferencing and pre-recorded sessions.

## Methods

In a collaboration between researchers and specialist dance programme providers, an international survey was conducted to explore older people's experiences of accessing and using online dance resources between June and November 2020.

## Results

Responses were collected from 461 individuals. The majority of resource users were participating at home at least once per week, and most of these (94.2%) reported some benefits, including physical (e.g., balance, posture) and non-physical (e.g., mood, confidence) improvements. Advantages of home-based participation included convenience and flexibility, while disadvantages included reduced interaction, support and routine. Barriers reported by non-users included lack of knowledge and low motivation. There was clear interest (69.1%) in continuing with both digital and in-person classes in the future.

Qualitative data from open-text comments supported the quantitative findings and highlighted the value of online dance resources for maintaining physical and psychological wellbeing during the pandemic. Further suggestions for improving the digital experience were also noted.

## Discussion

Online dance resources appear to be accessible and usable for older adults, including individuals with PD, and may offer some of the previously reported benefits of dance participation. Interactive programmes can also provide a sense of community and connection in times of isolation. However, a lack of technological knowledge or motivation may impact on digital participation among older adults.

## Implications

Although COVID-19 expedited the development of digital resources for dance, these are likely to become increasingly important. The findings will inform the further development of online dance programs and research into outcomes of dance in healthy ageing and neurological conditions.

Contact email: [judebek1@gmail.com](mailto:judebek1@gmail.com)

# The impact of the commercial digital environment in driving food-related practices and behaviours.

Elena Vaughan, Health Promotion Research Centre, National University of Ireland Galway.

Dr Eleni Spyreli, Professor Jayne Woodside, Professor Michelle McKinley, Centre for Public Health (Institute for Global Food Security), Queen's University Belfast; Dr Colette Kelly, Health Promotion Research Centre National University of Ireland Galway.

## Introduction

Food-related behaviours are shaped by a complex interplay of structural, socio-cultural, psychological and environmental factors that affect the capacity of families, particularly those on lower incomes, to engage in healthful dietary practices. The overall aim of this study was to explore the environmental influences on the food related practices of families on lower incomes on the Island of Ireland. This presentation will explore the findings in respect of the use of apps, social media and the internet to make food-related decisions for families living on a tight budget.

## Method

Participants were requested to take photos and draw maps of their food environments. These items were then used during qualitative interviews with 28 parents from across the Island of Ireland as a reference for discussions around the food environment and food decision-making processes of parents.

## Findings

Participants described how special offers advertised through store apps were a push factor towards shopping for food in particular stores. Social media 'influencers,' YouTube, Instagram and Facebook groups were used as sources of information and inspiration for many parents in preparing certain meals and recipes. Parents further reported that children and adolescents were also influenced towards certain food choices via social media.

## Discussion/Lessons Learnt

The findings illustrate the mediating impact of the economic and corporate environment on food-related choices and health. The capacity of large multi-national supermarket chains to directly market incentives via store apps proved a considerable draw to parents on a tight budget. Parents drew on various social media platforms as sources of information, often despite reservations about the nutritional quality and contrived 'life-style' marketization.

## Practical or Social or Research Implications

Health promoters should be cognisant of the impact of the commercial digital environment in driving food-related practices and behaviours, particularly of families on lower incomes whose choices are constrained by budget.

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# An evaluation of E-health interventions at a Psychology Department during Covid 19 lockdown.

Noelle O' Keeffe, Tallaght University Hospital.

Rachel Conway, University College Dublin; Garrett MacDermott, Tallaght University Hospital.

## Introduction

The Covid-19 lockdown prompted the psychology department in Tallaght University Hospital to move clinical sessions on-line or by telephone. This service evaluation asked those patients of their experience receiving psychological care through those mediums.

## Method

A survey developed with both closed and open questions tapped into demographics, input (e.g. phone, video session, individually or in groups), measures of satisfaction, questions on experience of the consultation and suggestions for practice. Eight-nine patients who had engaged in virtual or telephone sessions from March 2020 to July 2020 were contacted by post. Twenty-nine surveys were returned, a response rate of 33 %, (n=20 female, n=9 male) with a mean age of 49 years.

## Findings

The majority of respondents (n=23) had telephone sessions. All mediums of contact resulted in a satisfied or very satisfied response. Respondents indicated interest in future e-health inputs (telephone, video sessions, webinars, pre-recorded videos and written material) although face to face remained the favourite format. The qualitative data was analysed using thematic analysis and three themes emerged: Interpersonal Connections; Practical Considerations/ Convenience and The Psychological Consultation. The quality of connection was important. Practical issues of internet, privacy and travel emerged. Respondents identified that the Psychology work was able to continue regardless of the medium and spoke of benefiting from contact during uncertain times.

## Lessons Learned

This Psychology department continued service during lock-down and patients highlighted a satisfaction with the remote formats overall. Interpersonal connections, which are central to therapeutic alliances, were maintained. There were practical considerations some of which were challenging and some convenient.

## Practice Implications

Face-to-face and e-health interventions have a place in the delivery of a psychological service. It is incumbent upon services now to alter, develop and progress their suite of offerings to patients.

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## The creation of the Offaly Well Connected journal group to support members of the community.

Amanda Caulfield, Social Prescribing Co-ordinator, Offaly Local Development Company.

### Introduction

Social Prescribing can play a vital role in supporting health and wellbeing in Ireland. Due to Covid-19 restrictions, many social prescribing projects created new and innovative ways to support participants. One such project, Offaly Well Connected, created a journal group to support members of the community.

### Approach

Evidence points to the effectiveness of journaling in helping people identify and accept their emotions, manage their stress, and ease the symptoms of mental illness (Krpan et al., 2013). This programme used journaling as the concept to introduce personal development and delivered it in a user-friendly way. This was delivered in a blended way using the principles of Experiential Learning (Kolb, 1984). It included an online forum and one-to-one weekly support. The course was aimed at a large group of people, some of whom faced everyday isolation barriers. Some members have physical and learning needs, which all were supported. Furthermore, it allowed the group to come together online to engage in an activity together, thus building rapport that can be developed throughout time.

### Findings

Recent developments due to the Covid-19 pandemic meant that this course had a pivotal role in creating connections when social connections were limited. Loneliness and isolation are significant issues that face Irish society (Swanick, 2018). However, this course explored a different way to connect with participants.

### Discussion

While feedback was very positive from participants, one major issue was of concern—the issue of digital poverty. While there was support available to increase IT capabilities, more investment is required.

### Practical and Social Implications

While a social prescribing specific objective is to create connections in the community, online forums have interestingly broadened the engagement for more in our society. Many may argue that connection is still connection even through the medium of online.

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## Capacity building for eHealth Literacy : The example of the IMPACCT online educational manual.

Leonie Sherlock, Health Promotion Research Centre, National University of Ireland Galway.

Dr Verna McKenna and Dr Jane Sixsmith, Discipline of Health Promotion, National University of Ireland Galway.

### Introduction

As a result of the coronavirus pandemic building capacity for eHealth literacy which involves people using electronic sources to find, access, understand and evaluate health information has never been more relevant and important. One of the outputs from the IMPACCT (IMproving PATient Centred Communication Competences) project has been the development of an online health literacy educational programme comprising multiple learning units and manual. The manual will help educators build future healthcare professionals health literacy competences to deliver health literacy focused person-centred care, including the potential for capacity building for eHealth literacy.

### Design

Co -created with a large group of European stakeholders. Formative, process and outcome evaluation was used.

### Results

The online manual comprises a range of educational activities and materials to support the 17 learning units of the IMPACCT educational programme. There are online activities and materials that specifically build knowledge and skills in eHealth literacy.

### Discussion

Capacity building in eHealth literacy is important as often people particularly those with limited health literacy struggle to access, understand and navigate eHealth platforms. One potential area of capacity building for eHealth literacy is for educators to use the educational resources of the manual to build professional capacity regarding health literacy in undergraduate healthcare education.

### Research Implications

The development of the online manual provides an opportunity to evaluate the potential of some of the learning materials for capacity building for eHealth literacy.

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# DESSIE: A Telehealth Educational & Physical Activity Programme for Type 2 Diabetes Mellitus during the COVID-19 Pandemic.

Aaron Liew, Portiuncula University Hospital and National University of Ireland Galway.

Colm Walsh, Chartered Senior Physiotherapist; Ailis Loughnane, Chartered Physiotherapist & DESSIE Sliantecare Project Co-Ordinator, CHO West, Loughrea Primary Care Centre, St Brendan's Campus, Loughrea, Co. Galway; Keaton MacIver, MSc Physiotherapy Student, School of Allied Health, University of Limerick; Dr Louise Larkin, Lecturer below the bar in Physiotherapy & Postdoctoral Researcher, Health Research Institute and School of Allied Health, University of Limerick.

## Introduction

As face-to-face educational exercise sessions are limited due to COVID-19 restrictions, DESSIE (Diabetes Education and Self-Management that Specifically Involves Exercise) is an innovative telehealth educational and physical activity programme for people with Type 2 Diabetes. The primary aim of DESSIE is for participants to achieve the WHO recommended physical activity guidelines (Bull et al 2020). It also aims to reduce BMI, improve depression, anxiety and sleep quality.

## Method

DESSIE is a weekly one-hour online group session (6-10 participants) delivered over seven weeks by qualified physiotherapists. Frailty was screened using the Groninger Frailty Indicator. Data were analysed using STATA version 16.1 and presented as mean±standard deviation. Outcome measures include BMI, Hospital Anxiety and Depression (HADS), Activities-specific Balance Confidence Scale (ABC), Pittsburgh Sleep Quality Index (PSQI), International Physical Activity Questionnaire (IPAQ) and Diabetes Treatment Satisfaction Questionnaire (DTSQ).

## Results

Twenty one participants (11 female) completed the pre-assessment. Nine participants (43%) had neither experience nor access to a virtual platform and did not participate in DESSIE. All participants showed a high level of physical functioning (ABC=93.6±6.9). Compared to those who are not frail, those who are frail had a worse PSQI (10.0±6.4 vs 3.6±3.2; P<0.001) and HADS-Depression subset score (5.8±2.4 vs 1.6±0.9; p<0.001). There is no significant difference in age (61.8±11.8 vs 61.2±9.2 years; p=0.89), BMI (35.1±8.6 vs 31.5±6.4kg/m<sup>2</sup>;p=0.31), IPAQ score (1936±2234 vs 2957±5207;p=0.59), DTSQ score (32.1±10.2 vs 34.4±7.2;p=0.56), and HADS-Anxiety subset score (6.1±3.5 vs 3.5±2.3;p=0.06).

## Discussion

Low levels of physical activity, poor sleep quality and depression are common among people with Type 2 Diabetes, especially among those who are frail. Despite interest in participation, 43% had neither experience nor access to a virtual platform.

## Practical implications

Our programme highlights the role and importance of education and access to a virtual platform for the success of telehealth.

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## Moderated Online Social Therapy (MOST) trial in early psychosis.

Talissa Walsh and Emmet Godfrey, Centre for Neuroimaging, Cognition & Genomics (NICOG), School of Psychology, National University of Ireland Galway, Ireland.

Professor Gary Donohoe, Megan Cowman, Emma Frawley, Dr Tom Burke, Olive O'Grady, Centre for Neuroimaging, Cognition & Genomics (NICOG), School of Psychology, National University of Ireland Galway, Ireland.

### Introduction

Psychosis is a condition characterised by positive symptoms such as hallucinations and delusions, negative symptoms such as social withdrawal and reduced motivation, and significant cognitive impairments. Primarily the focus of intervention has been on improving symptom severity, but research is beginning to show that psychosocial functioning is an important part of recovery in psychosis. This project aims to evaluate the acceptability and feasibility of an online peer led intervention tailored to the needs of young people and use the knowledge that results to support clinical practice.

### Method/Approach

A pilot randomised, controlled, single-blind trial to establish feasibility of a Moderated Online Social Therapy (MOST) will be employed. This will target individuals attending the Early Intervention for Psychosis (EIP) services with higher levels of functioning. The aim of the study is to determine how best to help maintain the benefits to social functioning already achieved in the EIP programme using online clinician and peer supports. Outcome measures will be administered at baseline, six-month follow up and twelve-month follow-up.

### Results/Findings

We hope that the moderated online social therapy will help to improve social function and sustain functional improvements achieved through their current care plan.

### Discussion/Lessons Learnt

It is apparent even at this early stage of the research that the demand from clinicians and patients for a service like MOST is large.

### Practical/Social/Research Implications

One of the core goals of the project is ensuring that the research is translated into knowledge and clinical practice. It aims to achieve this by working with patient and public involvement groups, consulting with its dedicated youth advisory panel, and working closely with experts in the field. Our hope is this research may provide a pathway for clinicians and patients to access support which can be provided at a low cost, can be accessed anywhere, and can be availed of by a large number of people.

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# Remote Patient Management of Chronic Heart Failure during COVID-19.

Tejaswini Manavi, National University of Ireland Galway.

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## Introduction

Heart failure patients who contract COVID-19 face substantially elevated risk of death or severe debilitation. It is imperative to protect these patients by limiting their exposure to the virus. However, heart failure treatment, including optimization of Guideline Directed Medical Therapy (GDMT), requires follow-up visits that directly conflicts with the need to isolate this population. The Cordella<sup>®</sup> Heart Failure System incorporates vital sign measurements and communication tools that facilitate remote patient management of this complex entity.

## Method

Cordella<sup>®</sup> Heart Failure System kits were deployed to 25 heart failure patients in Galway, Ireland. The System uses Bluetooth enabled devices to collect vital signs (blood pressure, pulse, oxygen saturation, and body weight) in addition to customized health questions via a wireless tablet. The information is automatically available to the treating providers using a cloud-based server. NUIG/UHG clinical staff analysed the information at-least twice weekly. GDMT optimization recommendations and lifestyle adjustments were communicated to patients with telephone calls and tablet-based messaging.

## Results

Seven months post deployment, patient compliance (transmission of data for 5 of 7 days) averaged 88%. Average clinic compliance (acknowledging incoming data within 4 days of submission) was 93.8%.

## Discussions

All 25 kits were deployed to patients with no need for in person contact. This facilitated an increased standard of care for these patients during the COVID pandemic.

## Research Implications

Remote patient management facilitates real-time optimization of GDMT and lifestyle changes to manage heart failure patients. This is likely of particular benefit during the current pandemic by reducing the need for office-based visits.

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# The legal implications for data and privacy in methods used in a research project involving women and epilepsy.

Lorraine Lally, Law, University College Dublin.

## Introduction

The oral presentation will focus on the legal implications for data and privacy in methods used in a research project involving women and epilepsy.

## Methods

The survey was examining the awareness of all the risks associated with epilepsy and pregnancy and the provision of technology and e- health to support women. A self-completion questionnaire addressing a number of issues was created. Participants had the opportunity to provide free comments on areas covered in the questions. The sampling frame for the study was social media, mailing and support group databases, website/ Facebook promotion.

## Findings

The majority of the participants were under the care of a consultant. Membership of official support groups was assessed there has been a movement online and use of Facebook groups. The majority of women were taking anti-seizure medication at the time of their pregnancy. Most pregnancies were planned independent of the country of origin. Information was available to women with epilepsy, but a concern was that women did not receive that information until they had conceived.

## Questions Posed

Is there the potential for social media and digital technology to inform and support with women with epilepsy and if so, what are the challenges?

Were they supported by their healthcare providers and technology in making informed choices?

Where the patient is not provided with information by their healthcare providers, where do they look for this information – internet, social media, epilepsy association, other sources.

At what point do they seek information before considering conceiving, when considering pregnancy, when they become mothers?

How does the information they receive impact on their decisions?

Can we improve on the provision of information using social media and technology?

Is this an area from growth and with what legal implications for data and privacy?

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## Using semi-virtual focus group discussions to explore factors that influence teens' food choices.

Aisling Daly, School of Biological and Health Sciences, Technological University Dublin.

John M Kearney, Elizabeth J O'Sullivan, School of Biological & Health Sciences, Technological University Dublin, Ireland.

### Introduction

The research aim was to investigate the attitudes, behaviours and influences surrounding food choices and eating behaviours among Irish teens. Due to Covid-19 restrictions, virtual focus group discussions (FGD) were conducted, which preserved the group interaction of focus groups while following health guidelines.

### Methods

Six semi-structured focus group discussions (5 virtual FGDs) were completed with Irish teens (male & female), aged 15-17 years (n=47). Vignettes were used to introduce discussion topics based on key eating behaviour styles identified in the literature. Data coding was managed using NVivo software (V12). Data analysis followed the six phases of reflexive thematic analysis.

### Results

Students had returned to school, so groups were physically present together in class. The lead researcher was present on video call, with a second researcher present on mute. Parental consent & student assent was obtained using an online form shared via the contact teacher. The in-class FGD was arranged by the teacher, who remained in the room, to minimise direct online contact with minors. The main challenges related to sound quality. No ethical approval to record video was received, only audio. Mask wearing made it difficult to identify the speaker. Room echo, microphone and connection issues affected sound quality. No group behavioural issues occurred which allowed discussions to flow, and students responded to the researcher's interjections as needed. Repeated listening during transcription and the assistance of a second researcher mitigated these issues.

### Discussion

A similar quality of data was obtained from the semi-virtual FGDs, however practical challenges should be anticipated in advance and mitigated as best as possible. Video recording would remove some challenges during transcription. The presence of a second researcher is important for verification and support.

### Practical/Social/Research Implications

Semi-virtual FGDs provide a similar quality of data to traditional in-person FGDs and may give access to data from a wider range of participants. Fully virtual FGDs, with all participants present independently on video call, can also be beneficial but may lose the dynamic of the group interactions.

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## ‘Eye of the storm’: promoting staff well-being during the COVID pandemic through Team Time.

Dr Catherine Anne Field, Discipline of Health Promotion, National University of Ireland Galway.

Victoria Byrne, Professor Sean Dinneen, School of Medicine, National University of Ireland Galway;  
Ms Irene Maguire, Saolta University Healthcare Group.

### Background

Working in a healthcare setting can be challenging for all staff due to long hours, sick populations and high turnover of staff which can lead to healthcare staff becoming emotionally exhausted and burnt out. The COVID-19 pandemic has brought additional challenges to healthcare staff. Staff were faced with a rapidly evolving pandemic for which there was no evidence base to work with, they faced large volumes of incredibly sick populations, shortages of staff, scarcity of equipment and a general disruption to work and family life. Due to COVID-19 restrictions many outlets and initiatives for staff support such as Schwartz Rounds were suspended due to social distancing guidelines.

### Intervention

An online well-being initiative ‘Team Time’ was delivered to staff in Galway University Hospital to provide support to healthcare teams working on the frontline. Team Time is a 45-minute reflective practice that is run and facilitated online and provides an opportunity for people taking part to share experiences of their work in health care. As with Schwartz Rounds the focus is on participants’ emotional and social response to their work however the audience was limited in size and was drawn from specific teams such as the Intensive Care Unit.

### Evaluation

A mixed methods evaluation is underway which includes analysis of feedback from participants in the intervention collected after each session and a qualitative exploration of the development and implementation of the initiative.

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## Promoting compassion, care and well-being in healthcare students through Schwartz Rounds.

Dr Catherine-Anne Field, Discipline of Health Promotion, National University of Ireland Galway.

Eimear Burke, School of Nursing and Midwifery,  
Dr Rosemary Geoghegan, School of Medicine; Dr Ruth McMenamain, School of Health Science; National University of Ireland Galway.

### Background

Working in a healthcare setting can be challenging for all staff due to long hours, sick populations and high turnover of staff which can lead to healthcare staff becoming emotionally exhausted and burn out. Healthcare students are at a greater risk due to the early stage of their career and the added burden of exams and assessment. This academic year has brought even more uncertainty to healthcare students with a pivot to online learning, a reduction in clinical placements, placements as well as social isolation and a disruption to the usual college experience.

### Intervention

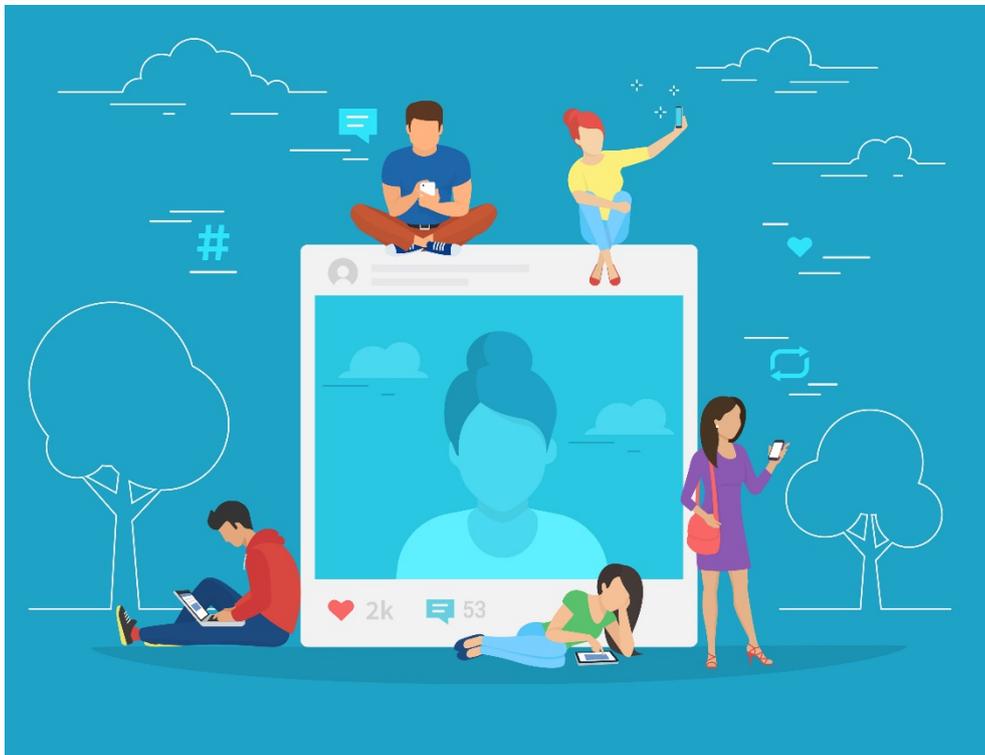
Schwartz Rounds are an initiative which allow staff to talk about the emotional aspects of work in a safe space and are open to everyone, they have been found to improve staff well-being and increase a sense of teamwork. This pilot project developed Schwartz Rounds specifically for healthcare students of medicine nursing and health science Due to COVID-19 restrictions the project had to 'pivot' to an online setting. The 'pivot' online brought challenges such as appropriate technology choices (Zoom, Eventbrite), limits on number of attendees, concerns over zoom / screen fatigue; however it also allowed greater ease of access as there was no commute and the round was open to staff and students off campus.

### Evaluation

Feedback is collected from students after each round. Initial feedback from participants in the pilot have shown promising results with students expressing thanks for such a relevant and unique initiative and the team are designing an evaluation of the development and implementation of this intervention. The Students Schwartz Rounds adopted a participatory approach adopting the principles of Public and Patient Involvement (PPI) and the evaluation will also be participatory in nature.

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# ORAL PRESENTATION ABSTRACTS



# SETTINGS

Chair: [Biddy O’Neill](#), Department of Health.

Meeting Host: [Dr Elena Vaughan](#), National University of Ireland.

[Clare Davies \(nee Varden\), University of Sydney](#)

Impact of social media technologies on health and food choices: A study in a sample of women in Australia.

[Janis Morrissey, Irish Heart Foundation](#)

Conducting a needs assessment for primary care cardiovascular health behaviour change with general practice staff and patients in disadvantaged areas utilising remote methods.

[Verica Jovanovic, Institute of Public Health of Serbia](#)

The main steps in the development of the risk communication strategy for COVID-19 vaccination in Serbia.

[Diane Cooper, True Fitness](#)

“Prime Time of Life”, a 12 week home-based online multimodal exercise training and health education programme for middle-aged and older adults in Laois.

[Brendan Scahill, Community Work Department, HSE and Cork Kerry Community Healthcare](#)

Singing for the Brain – Online experience with older people.

[Liz Barrett and Monica Moisuc, Munster Technological University](#)

Menopause: The power of health webinars in the workplace.



## Impact of social media technologies on health and food choices: A study in a sample of women in Australia.

Clare Davies (nee Varden), University of Sydney.

Digital technologies, namely contemporary social media sites such as Instagram and TikTok, offer a multitude of health and food-related encounters, including public and closed clean eating groups and access to celebrity and influencer accounts. The idea of sharing health and lifestyle practices intersects with neoliberal ideologies where identity is enmeshed in food consumption and displayed through visual representation strategies. These cultural meanings and knowledges are generated through digital technologies to support and reproduce normative ideals of embodiment, self-responsibility and food consumption.

My research projects aims to explore the role of digital technologies among women aged 18-35 living in Australia to uncover the factors that influence food intake. Here, I integrate a traditional public health model with a sociomaterialism framework to better understand the factors that drive or hinder food consumption. Initial findings from qualitative fieldwork show that participants are consistently exposed to health and food-related behaviours that limit their ability to make independent decisions of health and food-related practices. In addition, the COVID-19 pandemic has influenced food practices from baking trends to meal kit subscriptions and online workouts that meet the expectations of their new working arrangements.

To date, there is limited research on the impact of digital technologies to create, support and reproduce normative ideals of embodiment and food consumption in Australia. Given the potential effects on health outcomes, individual experiences that prompt and shape certain food behaviours requires an analysis. This research will impact the field by contributing to the limited existing literature on the role of digital intimacies in food consumption, understanding the utility of an integrated framework to better understand the factors that influence normative ideals of embodiment and food consumption that may help situate the discourse and interactions that promote ethical communications.

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## Conducting a needs assessment for primary care cardiovascular health behaviour change with general practice staff and patients in disadvantaged areas utilising remote methods.

Janis Morrissey, Irish Heart Foundation.

### Introduction

The Health Service Executive's (HSE) High-Risk Prevention Programme (HRPP) entitles individuals at high risk of cardiovascular disease to an annual GP visit and practice nurse review. The Irish Heart Foundation (IHF), supported by the HSE, aims to design, deliver and evaluate a lifestyle behaviour change pilot programme for HRPP patients in disadvantaged communities. In-person needs assessment was not possible due to Covid-19.

### Method/Design/Approach

Five Leinster-based general practices in urban and rural disadvantaged areas were recruited from a convenience sample, of which four recruited appropriate patients. Separate virtual needs assessment meetings were each held with GPs (n=5/5), Practice Nurses (n=6/6), Practice Managers (n=4/5) and HSE National Heart Programme staff (n=4/4). Meetings were held via Zoom software, facilitated by IHF health promotion staff and used a participatory approach. Meetings were recorded with verbal consent and transcribed. Each patient (n=6/7) had one individual telephone call. Topics explored included project goals, intervention design, recruitment, retention and environmental influences on health behaviour. Practice staff (n=13/13) were then jointly met to clarify and discuss emerging trends.

### Findings

Findings were consistent with all identifying a need for such a programme. Fourteen recommendations were made including that the intervention comprise:

- Six weekly one-to-one sessions.
- Option to join closed IHF Facebook group.
- Follow up support calls at 3, 6 and 9 months.
- Provision of a support resource to patients.

### Discussion/Lessons Learnt

There was a good response rate and engagement by healthcare staff. Telephone consultation with patients worked well but limitations included the inability to conduct a group session and a more participatory approach. Barriers included Covid-19, time and patients' reported lack of digital skills.

### Practical or Social or Research Implications

Remote needs assessment was a viable, efficient and cost-effective method to engage healthcare staff in intervention design. Further engagement with patients is warranted.

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# The main steps in the development of the risk communication strategy for COVID-19 vaccination in Serbia.

Verica Jovanovic, Institute of Public Health of Serbia.

Jelena Gudelj Rakic, Kilibarda Biljana, Institute of Public Health of Serbia.

## Introduction

The aim is to present the main steps in the development of the risk communication strategy for COVID-19 vaccination in Serbia, implemented activities and role and importance of the partnership. The Communication strategy was developed by the Institute of Public Health of Serbia in close cooperation with international organizations namely WHO, UNICEF and UNDP, and adopted by the national body responsible for coordination of immunization. The strategy was based on the evidence-based recommendations, and current needs identified by surveys on COVID-19 related knowledge, perceptions and behaviours, including vaccine hesitancy. It specifies priority target groups, indicators for monitoring and communication channels.

## Results

From the beginning of the vaccination programme, targeted messages were developed and disseminated through different channels. Progress, needs and barriers were continuously monitored and shared at national level and disseminated through a network of institutes of public health and other partners from different sectors at local level. Other channels were also used, especially for vulnerable groups. One of the challenges was how to maintain preventive behaviour after the vaccine among vaccinated people. Decline in vaccine hesitancy was observed as well as trust in social media.

## Lessons Learnt

Vertical and horizontal communication is of the utmost importance. Building and fostering cooperation and partnership with different partners and stakeholders greatly contributed to the success of the communication campaign. Continuous monitoring of communication barriers and needs contributed to the better framing of messages.

## Practical Implications

Lessons learned will be disseminated in order to help in other potential crisis.

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## “Prime Time of Life”, a 12 week home-based online multimodal exercise training and health education programme for middle-aged and older adults in Laois.

Dr Diane Cooper, True Fitness.

Dr Siobhan O'Connor, Dublin City University; Ruth Kavanagh, John Bolton, True Fitness.

### Introduction

Ageing results in numerous physiological adaptations that impair physical function and can reduce physical health, mental health and quality of life. The physiological decline associated with ageing is exacerbated with physical inactivity and compounded recently by cocooning associated with COVID-19 restrictions. Conversely, multimodal physical activity incorporating strength, balance, cardiovascular fitness and flexibility training can ameliorate this physiological decline. This study aimed to investigate whether 12 weeks of a home-based online multimodal training and health education intervention could improve functional ability and perceptions of physical and mental health in middle-aged and older adults in Laois during COVID-19.

### Methods

Sixty-one male and female participants ( $60.3 \pm 6.8$  years), including individuals with clinical conditions, completed two 60-minute training sessions per week for 12 weeks delivered online via Zoom. One weekly session incorporated 15 minutes of health and fitness education. The pre/post testing sessions were conducted in a local community centre in line with COVID-19 public health guidelines. Paired samples t-tests and Wilcoxon signed rank tests were utilised to compare scores pre- and post-intervention.

### Results

There were significant improvements in participants 6-minute walk ( $p < 0.0001$ ), sit-to-stand ( $p < 0.0001$ ), timed-up-and-go ( $p < 0.0001$ ), sit-and-reach ( $p < 0.0001$ ), squat jump ( $p < 0.0001$ ), core endurance ( $p < 0.0001$ ), grip strength (right hand  $p = 0.03$ , left hand  $p = 0.04$ ) and balance (right leg  $p < 0.0001$ , left leg  $p = 0.004$ ) tests post intervention. Perception of physical ( $p < 0.0001$ ) and mental ( $p < 0.0001$ ) health also improved significantly.

### Discussion

Our home-based online “Prime Time of Life” programme significantly improved strength, balance, flexibility, fitness and perceptions of physical and mental health in middle-aged and older adults in Laois during COVID-19. While there are some limitations to online interventions, they are effective in improving functional ability and perceived health in some of our most vulnerable members of society. They can also be cheaper to deliver and should be considered as an effective option for this population, post COVID-19.

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## Singing for the Brain – Online experience with older people.

Brendan Scahill, Community Work Department, Health Service Executive, Cork Kerry Community Healthcare.

Jacinta McCormack, Community Healthcare Worker, HSE and Fiona Flavin, Music Co-ordinator.

Singing for the Brain (SFTB) has been a project supported by the Community Work Department in Cork. It originated as an Alzheimer project in Mallow in North Cork - The Crystal Project with the setting up of a Singing group to support those with Alzheimer / dementia and their families and friends to sing together. It is based on evidence that singing together helps prevent the deterioration of memory loss and is a positive social experience for group members. The HSE supported the development of further groups in Fermoy, Youghal, Farranree, Mayfield, Bandon and Mitchelstown. Pre Covid 19 plans were in place to extend the programme to a number of new areas in Cork South.

The programme is co-ordinated by a steering group comprising representatives from the various groups and a number of key HSE community workers based in some of the towns in which the project is based. It also has the benefit of a musical facilitator, Fiona Flavin who has created a training programme to train up would be musical facilitators and centre co-ordinators. This ensures that each individual programme has a strong base and is well positioned to create a mixed group of singers and singing ability in their respective areas and is aware of supporting members who may have dementia / mental health issues to participate. Part of the training involves a shadowing programme with trainees before the area is ready to facilitate a group.

Since Covid 19, the group has transitioned into an on-line group that meets weekly. SFTB has a growing online attendance and has welcomed new members who have never attended an in-person session. Existing members were supported by facilitators and community health workers to get online and attend sessions. People with mobility issues were for the first time able to attend from the comfort of their own home. This has been a lifeline for members of the groups to continue in their love of singing and becoming a member of a new on-line community that has met consistently for the past year. The research demonstrated that participants felt strongly about how Singing for the Brain improved their social lives, attending made them feel happier and improved their confidence, and illustrated that the groups are an effective way to create a dementia friendly yet inclusive community singing group.

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# Menopause: The power of health webinars in the workplace.

Liz Barrett and Monica Moisuc, Munster Technological University (MTU).

Maragret Linehan, MTU Head of School of Humanities and Chair of the Athena SWAN SAT.

## Introduction

Our aim is to follow up on a recent Menopause in the workplace webinar organised by MTU. We aim to promote the importance of creating awareness and educating women around Menopause within the workplace. Ultimately, we aim to inspire higher education institutions to act, educate students and staff around menopause and create policies that support women.

## Method / Approach

During the month of April, MTU conducted its first annual Equality Diversity and Inclusion (EDI) Awareness Programme, which contained a webinar on Menopause in the Workplace. The webinar generated 130 expressions of interest and was attended by 96 people from a variety of sectors. A follow up survey has been sent to all participants and data are due to be analysed.

## Results / Findings

Online webinars are a powerful tool in offering wellbeing support to staff and students alike to access information on a topic that carries such a level of stigma as that of the Menopause. Creating awareness on taboo topics through informative webinars allows individuals to access information easily.

## Discussion/Lessons Learnt

There is a large appetite for this stage of life amongst females to be acknowledged and normalised. We can develop an understanding and a capacity to bring about change by:

- Stimulating broad discussion on the challenges faced by peri-menopausal women in the workplace.
- Acknowledging the benefits and contributions of having middle aged female workforce.
- Exploring and discussing the opportunities for action to destigmatise perimenopause and promote wellbeing in the workplace.

## Practical/Social/Research Implications

Following our webinar, the menopause topic has recently gained significant media exposure. At a national level, RTE One LiveLine has dedicated a major portion of the show the topic, due to the overwhelming response from callers. In the UK, Channel 4 and Davina McCall's programme on Menopause has sparked a candid conversation about a subject that has for too long been a taboo.

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# HEALTH BEHAVIOUR AND E-HEALTH

**Chair:** Professor Saoirse Nic Gabhainn, National University of Ireland.

**Host:** Dr Catherine Anne Field, National University of Ireland.

Paddy Sweeney, Galway Traveller Movement, Jacopo Villani, HSE Mental Health Services for Travellers and Alan Bracken, HSE Health & Wellbeing Step and fitness challenge for traveller men.

Aishling Sheridan, HSE Tobacco Free Ireland Programme, Strategic Planning and Transformation

Establishment of an electronic referral pathway to stop smoking services from primary care using Quitmanager.

Fabian Sweeney, RCSI University of Medicine and Health Science Design, Development, implementation and evaluation of HealthEir.

Gráinne Ní Eidhin, Department of Preventive Medicine and Health Promotion Stop smoking courses at St. Vincent's University Hospital – The experience of the move online.

Orla Bowe and Majella Phelan, The National Maternity Hospital/Cork University Maternity Hospital

Implementing the 'Smoke Free Start' project – midwifery-led smoking cessation services in two maternity hospitals.

Laura Heavey, Department of Public Health Medicine, HSE Midlands

Mixed methods evaluation of the "real-world" implementation of group-based behavioural stop smoking support through Facebook.



## Step and Fitness Challenge for Traveller Men.

Paddy Sweeney, Jacopo Villani and Alan Bracken.

Paddy Sweeney, Galway Traveller Movement; Jacopo Villani, HSE Mental Health Services for Travellers; Alan Bracken, HSE Health & Wellbeing.

### Introduction/Purpose

The Step and Fitness Challenge for Traveller Men was a six-week online physical activity intervention delivered by the Galway Traveller Movement in collaboration with the HSE as a response to the worrying levels of anxiety following a COVID-19 outbreak in a Traveller halting site. This initiative aimed at promoting positive mental health through physical activity and providing support and motivation to Traveller men during the first wave of COVID-19.

### Method/Design/Approach

The project entailed the production of five 15-minute 'Fun Fitness videos' which gave tips on how to improve fitness levels and showed how to perform different home-based workout routines. The videos were shared to a WhatsApp group comprising 50 adult Traveller men on a weekly basis. Health packs containing a pedometer, a Healthy Ireland t-shirt, a skipping rope, a resistance band and culturally specific leaflets on positive mental health were distributed to participants. Motivational quotes and videos were shared daily to promote engagement and encourage participants to look after their health. Five prizes for the highest step counts were provided.

### Results/Findings

Social media metrics displayed a fairly good level of engagement. Approximately 1 out of 5 of the initial participants completed the challenge and sent weekly step counts through the WhatsApp group. Participants who completed the project asked to be invited to future initiatives, showing a high level of interest.

### Discussion/Lessons Learnt

This project was one of the first virtual physical activity interventions carried out among Irish Travellers. It was a positive initiative which provided support to a marginalized population group during a major health crisis. While motivating Traveller men to be physically active this project also encouraged them to keep good mental health.

### Practical/Social/Research Implications

The project offers interesting insights into innovative strategies to engage with Traveller men in health promotion.

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## Establishment of an electronic referral pathway to stop smoking services from primary care using Quitmanager.

Aishling Sheridan, HSE, Tobacco Free Ireland Programme.

Elaine Buckley, Martina Blake, Susan Broderick, Jacintha Barry, Eimear Finnegan, HSE Tobacco Free Ireland Programme; Liz Corr, HSE.

### Introduction

The QuitManager System is a database that stores the stop smoking treatment records of service users accessing Stop Smoking Services within the HSE acute and community services, voluntary hospitals and the national quit line. QuitManager is designed to support stop smoking nurses/advisors to deliver their service in line with National Standards.

### Approach

The referrals component of the QuitManager system has been developed to allow referrals to be recorded electronically without forcing the creation of a new client. Referrals can be added directly or received electronically from external systems. The first component of the referral module to “go live” was for General Practitioner referrals. In order for this to be a success, there were linkages created between the Quitmanager and Healthlink systems.

### Findings

Increase in number of referrals received from General Practitioners with positive engagement from clients referred. Although the project is in its early stages, the percentage of clients declining the quit service is very low at approximately 8%.

### Lessons Learnt

By creating a “one click” approach to referrals, General Practitioners have been more inclined to refer patients to stop smoking services, which in turn has made the services more reactive. Patients who may not have been inclined to contact QUIT via the Freephone or digital channels are now receiving positive engagement from the stop smoking services. Clients who decline the service have still received a brief intervention and may be more likely to re-engage in the future.

### Practical/Social/Research Implications

QuitManager will use anonymised data to create reports that will inform service Key Performance Indicators. This data will be used to highlight service gaps and thus inform development in service provision. The data will also be used to inform the National HSE QUIT campaigns i.e. identify our target audience and measure post campaign impact on service uptake.

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# Development, implementation and evaluation of HealthEir; a blended e-health model to facilitate brief intervention delivery in primary care.

Fabian Sweeney, RCSI University of Medicine and Health Science.

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7. School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin
8. School of Nursing Midwifery and Health Systems, Health Sciences Centre, University College Dublin
9. Department of Product Design, National College of Art and Design.

## Introduction/Purpose

Including brief interventions for key health behaviours as part of routine care has been identified as an Irish public health policy priority. However, in primary care brief interventions are currently delivered infrequently and inconsistently. A novel approach combining human-centred design approaches with conventional health services research methods was used to develop and evaluate a new service delivery model for brief interventions in primary care.

## Method/Design/Approach

Initial ideation was informed by literature review, stakeholder interviews and journey mapping, with input from a multidisciplinary expert panel as well as patients and the public. In collaboration with design industry partners, a service blueprint and accompanying user interface were developed using an iterative human-centred design process. Usability testing was conducted with pharmacists, GPs and patients.

## Results/Findings

The developed model, HealthEir, is a blended service with digital and face-to-face elements that integrates with existing primary care workflows and is underpinned by public health policy and evidence. It facilitates access to community-based supports via a registry of local services. User testing indicated high levels of usability and identified possibilities to enhance the model. HealthEir is currently being evaluated at community pharmacy sites across Ireland. Initial data shows that pharmacists find HealthEir supportive, easy to use and engaging for their patients.

## Discussion/Lessons Learned

HealthEir is a novel service with the potential to increase the number of brief interventions delivered as part of routine primary care. Further evaluation will elucidate how HealthEir fits into existing primary care workflows.

## Practical or Social or Research Implications

The development of HealthEir demonstrates the efficacy of mixed methods approaches incorporating design research techniques in developing novel interventions that effectively meet the needs of patients and healthcare practitioners.

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# Stop Smoking Courses at St. Vincent's University Hospital – The experience of the move online.

Gráinne Ní Eidhin, Department of Preventive Medicine and Health Promotion.

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The COVID-19 pandemic caused much upheaval across the healthcare system, with many services moving online, including the Smoking Advice Service at St. Vincent's University Hospital. The success of the course in aiding smoking cessation was questioned due to the lack of human-to-human interaction, causing difficulty in interpreting visual cues (Madigan et al, 2020).

Data from 42 courses run between September 2015 until the most recent course in March 2021 was analysed. The courses, both in-person and online, consisted of 1.5-hour sessions weekly for six weeks. At the end of the final session, participants are asked to complete a questionnaire.

There were 130 final session participants, with 107 participants attending the course in-person and 23 participants attending online. Median participant numbers overall and in both delivery formats was 5 (in -person range 2-10; online range 4-9) and ages ranged from 25–64 years. More women participated overall (55.5%), particularly online (69.6% online vs 52.4% in-person). The 45-55 age group was best represented (36.2%), particularly in the online group (60.9% online vs 30.8% in-person). The majority of participants reported they had quit, with a higher percentage successfully quitting online (in-person 75% vs online 96%,  $p=0.04$ ). Online participants were much more likely to attend all sessions than those in-person ( $p<0.001$ ). Higher end-of-course quit rates were associated with attending the course online and being female. Slightly more women than men stopped smoking overall (80.3% female vs 75.4% male); 100% of women online quit. 78% overall had quit, with the 45-54 years age-group having the highest likelihood of quitting.

The move online was successful. The online courses had smaller numbers but better attendance and course completion. While the end-of-course quit rates were higher for online, this requires larger numbers and longer follow-up for a significant representation of the online data. The risk of self-selection bias must be considered throughout.

## References

Madigan, S., Racine, N., Cooke, J.E. and Korczak, D.J. (2020). COVID-19 and telemental health: Benefits, challenges, and future directions. *Canadian Psychology/Psychologie canadienne*. Available at: <https://psycnet.apa.org/record/2020-80476-001>

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# Implementing the 'Smoke Free Start' project – midwifery-led smoking cessation services in two maternity hospitals.

Orla Bowe and Majella Phelan, The National Maternity Hospital/Cork University Maternity Hospital.

Kate Frazer, University College Dublin.

## Introduction

Smoking during pregnancy is the leading cause of adverse pregnancy outcomes and carries high risk for both the mother and child. Despite the risks and the focus on Making Every Contact Count (MECC), there is limited development of smoking cessation services in maternity care in Ireland. A pilot programme of Tobacco Free Ireland and The Women and Infants Health Programme aims to establish midwifery-led smoking cessation services in two Irish maternity hospitals.

## Method

The introduction of the programme is guided by quality improvement methodologies; The Plan, Do, Study, Act cycle. The pilot programme is in place for eight months currently and the process to establish the structures, processes and planning underpinning the implementation are described.

## Results

Communication, training and service development programmes have been established. Developments are concurrent with clinical challenges arising from COVID-19. 233 staff completed online MECC training and 190 staff received service training since commencement. Key areas of development include clinical care pathways, communication resources and establishment of hospital, community and telehealth smoking cessation clinics.

The support for the development has been positive from colleagues and women who have engaged with the service.

## Lessons Learnt:

### 1) The need for:

- Onsite smoking cessation services in maternity units
- Comprehensive strategies to promote culture change and raise the profile of the importance of smoking cessation in pregnancy
- Training and education of healthcare professionals in smoking cessation care
- Screening and smoking cessation support for partners

### 2) The challenges and opportunities of:

- Covid-19 pandemic
- Online service provision

3) A collaborative approach to implementation facilitated engagement from all stakeholders and leveraged support within existing service structures.

## Research Implications

A full evaluation will be completed independently in August 2021 and data will inform further expansion of this essential service.

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# Mixed methods evaluation of the “real-world” implementation of group-based behavioural stop smoking support through Facebook.

Dr Laura Heavey, Department of Public Health Medicine, HSE Midlands.

Rachel Wright and Muiriosa Ryan, HSE Communications; Edward Murphy and Martina Blake, HSE Tobacco Free Ireland Programme; Dr Paul Kavanagh, HSE Health Intelligence; Ben Cloney, HSE Communications; Dr Frank Doyle, Royal College of Surgeons in Ireland.

## Introduction

While trials of social media based stop smoking support offer promise, there is little real-world evidence to support service planning and user experience has been under-explored with qualitative methods. A mixed-method evaluation was conducted to inform the implementation of a closed Facebook group-based behavioural stop smoking support programme in Ireland in 2018.

## Method

Pre-and post-programme surveys measured smoking abstinence (self-reported 7-day point prevalence), changes in smoking attitudes and behaviour, and participant experience. Engagement with Facebook was measured through counting “likes” and comments and was used to categorise groups as “more active” and “less active”. Thematic content analysis of semi-structured participant interviews explored programme experience in depth.

## Results

In total, 13/52 participants reported smoking abstinence post-programme (25.0% (95% Confidence Interval 14.0-39.0%). Participant engagement with Facebook was variable and reduced over the duration of the programme. Membership of a “more active” group was associated with better reported participant experience (e.g. 90.9% agreeing “Facebook group helped me to quit or reduce smoking”, versus 33.3% “less active” group,  $p < 0.05$ ). Qualitative analysis identified three over-arching themes: importance of social interactions; perception of health information; and appeal of online support.

## Discussion

Facebook is a feasible and acceptable platform for delivering group-based behavioural stop smoking support in the real world. Outcomes similar to published studies and better than unsupported quitting can be achieved. Engagement and peer-to-peer interactivity should be maximised to support positive participant experience.

## Practical/Social/Research Implications

Digital health innovations can help extend the reach and increase the impact of stop smoking services. Facebook is a feasible platform for delivery of effective group-based behavioural support and participants can achieve better outcomes compared to unassisted quitting. Implementation of group-based behavioural support delivered through Facebook should be planned to maximise participant engagement and peer-to-peer interactivity to ensure good experience.

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# CASE STUDIES

**Chair:** Dr Jane Sixsmith, National University of Ireland.

**Meeting Host:** Tosca Keppler, National University of Ireland.

Gar Mac Críosta, Health Service Executive Lead, Covid Tracker App, Ireland  
COVID Tracker - Testing & Contact Tracing: How Ireland is Battling COVID-19.

Mary McCusker, Institute of Technology Sligo

An exploration of participant experience of online programmes for people with Multiple Sclerosis.

Paula Minchin, Occupational Therapy Department, Tallaght University Hospital  
Response to change: Development of an online arthritis self-management resource.

Suzanne Denieffe, Waterford Institute of Technology

Evaluating a pilot telehealth intervention for older adults with chronic conditions (phase 1) - A collaborative initiative.

Cian Greaney, Galway Mayo Institute of Technology

A mixed methods assessment on the acceptability of an online cancer nutrition resource.

Luke Van Rhon, Health Behaviour Change Research Group, NUI, Galway

A systematic review to determine which technology-driven diabetes prevention interventions were effective in producing clinically significant weight loss.



## COVID Tracker - Testing & Contact Tracing: How Ireland is Battling COVID-19

Gar Mac Críosta, Health Service Executive Lead, Covid Tracker App, Ireland.

COVID-19 hit; country by country the world ground to a halt. We all became familiar with the headline stats, epidemiology became an interesting new profession. The R-number and contact tracing entered our lexicon as things we all knew about. Many countries had started on similar journeys to build systems that could use technology to identify people who are too close for too long where one has COVID-19. Openness and sharing defined the global approach to solving this problem.

This presentation tells the story of how in 100 days an app was delivered; we also explore how Irish Government and the Irish Health service leverage CNCF projects in particular Kubernetes to respond to the crisis. The pandemic has also redefined how governments broadly are using OSS technologies to tackle major challenges. It's a story of rapid decision-making, global collaboration, intense external scrutiny and hopefully redemption.

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# An exploration of participant experience of online programmes for people with Multiple Sclerosis.

Mary McCusker, Institute of Technology Sligo.

## Introduction

COVID-19 has created many challenges to the delivery of health services. It has also created opportunities to innovate through the application of telehealth solutions. The aim of this study was to examine the experience of people with Multiple Sclerosis (pwMS) and how they access a variety of online video conferencing group supports from a specific service provider. The service provider is the Multiple Sclerosis Society of Ireland (MSI). The purpose of this research project was to explore the barriers and opportunities in the provision of online programmes among pwMS. Further aims were to ascertain strategies to overcome factors that hinder involvement and to explore ways to further develop the service of online provision within the Multiple Sclerosis Society of Ireland.

## Methods

Pragmatic approach, convergent and mixed method design. Structured questionnaire (n=148), semi structured interviews and focus group (n=13).

## Results

High levels of satisfaction were reported from pwMS regarding their participation in a variety of group programmes. Over 90% of pwMS were satisfied with their experience of attending group programmes on video conferencing platforms.

## Discussion

The influence of COVID-19 related social restrictions played a pivotal role in the development of online programmes with MSI. Programmes delivered using video conferencing platforms are both feasible and acceptable to pwMS. Online delivery of group programmes addresses many of the barriers that pwMS experience in accessing in-person group supports and can enable self-management of symptoms. It also enables peer to peer contact and support which is a key unmet need.

## Practical or Social or Research Implications

Further research regarding the experience of MSI staff and other professionals is recommended to determine acceptance and use of video conferencing. Further exploration of improving digital literacy of pwMS may be required to address equity in service provision and to ensure that pwMS remain abreast of new technologies designed to support self-management.

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## Response to Change: Development of an online arthritis self-management resource.

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Susan Somerville, Senior Occupational Therapist, Occupational Therapy Department, Tallaght University Hospital.

### Introduction

Due to Covid-19 restrictions, the Occupational Therapy (OT) department at Tallaght University hospital had to restructure the delivery of our outpatient services to people with Arthritis. As we established a telehealth appointment service, we found ourselves without the resources to facilitate our monthly face-to-face education groups; a longstanding integral element of our conservative management of arthritis. These groups promoted a proactive self-management approach to living with a diagnosis of arthritis.

### Method/Approach

With a growing list of patients awaiting our groups, we reviewed available online self-management content and networked with our national Rheumatology and Orthopaedic colleagues to pool resources and establish available virtual content. As nothing met our current need, we then aimed to develop our own video content with the support of our Medical Photography Department, which would be easily accessible to service-users and health professionals.

### Results/Findings

As part of our arthritis treatment pathway, our service-users now watch this educational content at a time that suits them. This is followed by telehealth and/or face-to-face appointments as appropriate. These videos have enabled us to promote the OT self-management message within the telehealth environment we have encountered. The feedback received thus far has been overwhelmingly positive from patients and clinicians alike.

### Discussion/Lessons Learnt

Challenges faced due to Covid-19 have brought 'virtual' change and innovation in our group facilitation, which we believe, may not have happened otherwise. Many 'teething problems' were encountered and overcome within the filming and editing process, which will pave the way for smoother future projects of this nature.

### Implications

Innovation projects to develop virtual resources, support our OT practice in an era of telehealth and beyond. This treatment pathway model can be replicated in other clinical scenarios with an educational and health promotion component.

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# Evaluating a Pilot Telehealth Intervention for Older Adults with Chronic Conditions (Phase 1) - A Collaborative Initiative.

Dr Suzanne Denieffe, Waterford Institute of Technology.

Brian Muhare, Frances Finn, Claire O'Gorman, Chris O'Riordan and Margaret Denny, Waterford Institute of Technology.

## Introduction

The challenges facing older adults living with chronic conditions during Covid-19 (fear, loneliness, cut off from normal supports) has created an impetus to re-look at how to meet their healthcare needs. A meta-review (Hanlon et al. 2017) identified telehealth as a safe option for delivery of self-management support in long term conditions. Age Friendly Ireland, the HSE, Wexford Local Authority, Wexford Age Friendly Programme, Waterford Institute of Technology and Tunstall Emergency Response are working collaboratively to pilot and evaluate a remote health monitoring system.

## Methods/ Approach

Fifty older patients with Diabetes, Congestive heart failure (CHF), or Chronic obstructive pulmonary disease (COPD), from an acute hospital service will receive a 12-week managed telehealth service intervention, which includes daily monitoring of their condition with clinical oversight. The evaluation data includes (i) patient interviews prior to, during and post the intervention, (ii) clinical data from the device (iii) well-being assessment tool, (iv) interviews with referring clinicians and specialist nurses and (v) data on patients who declined to participate.

## Results/ Findings

Findings emerging from the patient interviews to date have included: (i) need for support and education to prepare patients for a telehealth intervention (ii) need for daily feedback from the telehealth technology to the patient and (iii) need for a process of support available not only during but after the intervention.

## Discussion/ Lessons Learnt

A multi sectoral partnership approach and listening to the voice of the older person are central to the successful development and implementation of this pilot. The findings will be used to inform the replicability and scalability of the project.

## Practical/ Social Research Implications

The pilot study will help answer the following questions:

“How willing are older people to engage in telehealth?”

“Can telehealth support older people to remain at home?”

“Can telehealth support older people to self-manage their condition?”

“Can telehealth reduce demand on health services?”

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# A mixed methods assessment on the acceptability of an online cancer nutrition resource.

Cian Greaney, Galway Mayo Institute of Technology.

Clare Byrne, Nora Ni Fhlannagain, Galway Mayo Institute of Technology.

## Introduction/Purpose

Existing oncology nutrition services lack capacity to meet the demand for nutrition support in cancer (Sullivan et al., 2021). Online resources offer potential to provide wide-reaching nutrition information at low cost.

Aim: To assess the acceptability of an online cancer nutrition resource ([www.irishcancernutrition.com](http://www.irishcancernutrition.com)) amongst cancer patients and caregivers.

## Method/Design/Approach

A mixed methods observational, cross-sectional study was completed. Demographic information was collected using participant information forms (N=19). Online focus groups (n=16) gathered qualitative data, and an inductive thematic analysis approach was used, followed by summative/conventional content analysis. Likert scale scores from post participation questionnaires (n=13) gathered quantitative data. Participant's accumulated Likert scale scores were assessed against age category, gender, area of living (rural vs. urban), or days since diagnosis.

## Results/Findings

Statistical analysis suggested that the acceptability of an online cancer nutrition resource was not associated with age category, gender, area of living, or days since diagnosis. The website achieved 7 out of 9 criteria for practical acceptability (Nielsen, 1994), with reliability questioned and grammatic/formatting errors identified (reduced error criteria). Social acceptability was achieved as the overall attitude towards the technology was positive - 'The Advantages and Potential of the ICN (Irish cancer nutrition) Website.' was the most common theme (generated 126 times).

## Discussion/Lessons Learnt

Findings suggest that an online cancer nutrition resource is acceptable to a wide cohort of the population, highlighting the potential for a low cost, high impact resource. Participants reportedly enjoyed the 'simple and clear' videos and factsheets; however, reliability was limited by lack of referencing and participants highlighted signposting of evidence-based information as important. This may be due to high volumes of unreliable dietary information available online. Suggested additions to the resource were exercise, post-treatment nutrition information and an element of interactivity.

## Practical or Social or Research Implications

This research suggests that [www.irishcancernutrition.com](http://www.irishcancernutrition.com) should be further developed to achieve all 9 criteria of practical acceptability. Future cancer resources should include exercise and post-treatment nutrition resources.

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# A systematic review to determine which technology-driven diabetes prevention interventions were effective in producing clinically significant weight loss.

Luke Van Rhoon, Health Behaviour Change Research Group, School of Psychology, National University of Ireland Galway.

Molly Byrne and Eimear Morrissey, Health Behaviour Change Research Group; Jane Murphy, Medication Adherence Across the Lifespan Research Group, Jenny McSharry, Health Behaviour Change Research Group, School of Psychology, NUI Galway.

## Introduction

Our aim was to conduct a systematic review to determine which technology-driven diabetes prevention interventions were effective in producing clinically significant weight loss, and to identify the behaviour change techniques and digital features frequently used in effective interventions.

## Methods

We searched five databases (CINAHL, EMBASE, MEDLINE, PsychINFO, and Pubmed) from inception to September 2018 and reviewed 19 experimental and non-experimental studies of 21 technology-driven diet plus physical activity interventions for adults ( $\geq 18$  years) at risk of developing type 2 diabetes. Behaviour change techniques were coded using the BCT taxonomy v1, and digital features were identified via thematic analysis of intervention descriptions.

## Results

Sixty-three per cent of interventions were effective in the short term (achieving  $\geq 3\%$  weight loss at  $\leq 6$  months), using an average of 5.6 more behaviour change techniques than non-effective interventions, and 33% were effective in the long term (achieving  $\geq 5\%$  weight loss at  $\geq 12$  months), using 3.7 more behaviour change techniques than non-effective interventions. The techniques of social support (unspecified), goal setting (outcome/behaviour), feedback on behaviour, and self-monitoring of outcome(s) of behaviour were identified in over 90% of effective interventions. Interventions containing digital features that facilitated health and lifestyle education, behaviour/outcome tracking, and/or online health coaching were most effective.

## Discussion

The integration of specific behaviour change techniques and digital features may optimise digital diabetes prevention interventions to achieve clinically significant weight loss. Additional research is needed to identify the mechanisms in which behaviour change techniques and digital features directly influence physical activity, dietary behaviours, and intervention engagement.

## Research Implications

We used two unique approaches to identify intervention components, enabling a detailed assessment of the interventions' active ingredients. Future reviews may benefit from this dual-approach methodology as, in addition to identifying the interventions' most effective behavioural components, a component's most effective mode of delivery can be identified.

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# CHILD HEALTH

**Chair:** [Ronan Dillon](#), Association for Health Promotion Ireland.

**Meeting Host:** [Dr Verna McKenna](#), National University of Ireland.

**Jelena Gudelj Rakic**, Institute of Public Health of Serbia

Health promotion in schools during online lessons.

**Christina Duff**, Irish Heart Foundation

Bizzy Breaks for Bizzy Bodies and Bizzy Minds: A digital movement break and mindfulness resource for the physical or virtual primary school classroom.

**Laura Hickey**, Irish Heart Foundation

Youth Advisory Panel (YAP)'s movement to virtual meetings.

**Jennifer Byrne**, University College Cork

User testing of MyUSE: a digital behaviour change intervention for illicit substance use among higher education students.

**Lindsay Harrison**, Kids Speech Labs

'The SHARE study': a proof-of-concept study for a digital pre-screening platform to support delivery of SLT services.



## Health promotion in schools during online lessons.

Jelena Gudelj Rakic, Institute of Public Health of Serbia.

Verica Jovanovic and Biljana Kilibarda, Institute of Public Health of Serbia.

### Introduction

In Serbia health promotion and education activities are continually implemented in primary and secondary schools. However, the Covid-19 has resulted in schools shut. As a result, education process has changed dramatically, with the distinctive rise of e-learning, whereby teaching is undertaken remotely and on digital platforms. This required adaptation of health promotion activities to the current situation.

### Method

The Institute of Public Health of Serbia had been working in close collaboration with the Ministry of Health and Ministry of Education to address the current needs in health education activities during the Covid-19 pandemic. The Institute had prepared a series of short (5 minutes each) educative presentations addressing the most important issues related to prevention of Covid-19 including reasoning and explanation of their importance. Also, the series included educative material on health related behaviours (healthy nutrition, physical activity, healthy sleeping, and use of psychoactive substances). Online classes for primary and secondary school students for major subjects are available on the national public broadcasting network including its digital e-platform. Therefore, breaks between online classes are used to broadcast these short educational materials.

### Result

Dissemination of educative materials during online classes was found to be a good way to share relevant health promotion material including information on prevention of Covid-19 to students in primary and secondary schools.

### Discussion/Lessons Learnt

Students without reliable internet access and/or technology struggled to participate in online learning and they also missed out health education messages. Feedback from teachers was valuable for improvement of presentations content and format.

### Practical or Social or Research Implications

Online health education material has proved to be a good way to reach the target audience and may be used more in the future.

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## Bizzy Breaks for Bizzy Bodies and Bizzy Minds: A digital movement break and mindfulness resource for the physical or virtual primary school classroom.

Christina Duff, Irish Heart Foundation.

Laura Hickey, Katherine Scott, and Janis Morrissey, Irish Heart Foundation.

### Introduction/Purpose

"Bizzy Breaks: For Bizzy Bodies and Bizzy Minds" is a collection of short physical activity and mindfulness activities, developed by the Irish Heart Foundation for primary schools. It aims to overcome the barriers of limited time in the school day and competing curriculum demands, by offering easy to follow activities requiring limited preparation, space or equipment, with links to curriculum content. Bizzy Breaks is fully online and is aligned with the Wellbeing in Education Framework for Practice (Department of Education and Skills, 2019).

### Method/Design/Approach

Focus groups indicated that teachers wanted ideas for physical activity that could be done in the classroom or outside, was linked to the curriculum and had an online component but was not dependent on internet access. Mindfulness was incorporated to highlight the role of both body and mind for heart health.

Although Bizzy Breaks had been planned as a printed booklet, the pandemic offered the opportunity to pivot to a fully online programme with all activities adapted for physical distancing.

### Results/Findings

The online release of Bizzy Breaks in September 2020 coincided with an increased focus on wellbeing in schools. Formative evaluation conducted with teachers indicated many strengths of the programme such as the option to use the activities digitally with the whiteboard or print them. When schools closed again in 2021, components of the programme were adapted for home learning with a new 'Bizzy@Home' hub.

### Discussion/Lessons Learnt

Bizzy Breaks as an online programme has allowed for flexibility and expansion, with new resources added as they are developed. Bizzy Breaks has also offered an opportunity to incorporate wider health messaging beyond physical activity, with resources related to healthy eating, emotional wellbeing and holistic health.

### Practical/Social/Research Implications

Short, fun movement and mindfulness breaks are an appealing way to incorporate healthy habits into primary children's days. Teachers enjoy the accessibility of the online programme and the cross-curricular aspect.

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## Youth Advisory Panel (YAP)'s movement to virtual meetings.

Laura Hickey, Irish Heart Foundation.

Christina Duff, Katherine Scott, and Janis Morrissey, Irish Heart Foundation.

### Introduction/Purpose

The Irish Heart Foundation's (IHF) Youth Advisory Panel (YAP) was established in 2019 to engage and involve young people in the development of the organisation's policy, programmes, campaigns and research. To date, YAP have consulted on IHF's Childhood Obesity Manifesto and spoken at its launch, helped to develop research tools and methodologies for the Schools Health Literacy project, ideated for a health literacy intervention and developed a campaign for young people to recognise signs of stroke.

### Method/Design/Approach

YAP consists of 25 young people aged 12-18 from a range of backgrounds and regions. The panel meets 5 times per year facilitated by IHF staff. In-person meetings are a mixture of games, speakers, workshops and discussions. Since Covid-19, meetings have taken place online via Zoom which has required adapting structure and approaches. Five virtual YAP meetings have taken place so far.

### Results/Findings

Group work that was typical of physical YAP meetings was not feasible to simulate online, but smaller group sizes have ensured that engagement is meaningful and YAP members have time and opportunity to share and discuss their views. More frequent, shorter meetings have been possible, with the opportunity to conduct several meetings tailored to different groups of smaller sizes, in place of one long meeting with a larger group.

### Discussion/Lessons Learnt

Planning and conducting YAP takes considerable time and resources, whether virtual or in-person. Facilitators and members have adjusted to new ways of communication and the engagement online has been meaningful and worthwhile.

### Practical or Social or Research Implications

Moving to virtual meetings has allowed YAP to continue through the pandemic and ensured that young people continue to have a say in the development of IHF programmes. A virtual aspect to YAP will be retained in the future post-pandemic. Virtual meetings will be alternated with in-person meetings, to allow for more frequent meetings with a wider geographical group.

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# User testing of MyUSE: a digital behaviour change intervention for illicit substance use among higher education students.

Jennifer Byrne, University College Cork.

Samantha Dick<sup>1</sup> Brian Dillon<sup>2</sup>, Vasilis Vasiliou<sup>3</sup>, Martin Davoren<sup>4</sup>, Samantha Dockray<sup>5</sup>, Ciara Heavin<sup>6</sup>, Conor Linehan<sup>7</sup>, Michael Byrne<sup>8</sup>

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## Background

User centred design (UCD) is a process where the experiences and values of end users are drawn on repeatedly in the design and evaluation process. UCD processes improve the efficacy of digital health interventions and should be viewed as central components to the design and assessment phase of interventions' development. User centred processes were employed previously in designing a prototype digital intervention for drug use harm reduction among higher education students.

## Methodology

Two separate methods were used to evaluate participant's experience of the intervention. Firstly, recordings of participants' interaction with the MyUSE intervention were collected via analytic software (called HotJar), to identify key areas to focus for usability testing. HotJar recordings were then analysed for recurring themes to help guide the UCD workshops. Secondly, a set of workshops, with 20-30 participants will be recruited online in May 2021, via email and social media. Workshops will be carried out via MS Teams and facilitated by two researchers. Participants will be asked to work through the digital intervention, following the think aloud protocol.

## Results

Recordings were made of the interactions of 62 users with the site. Preliminary analysis identified themes for improvement and interrogation in user workshops such as, noting items such as allowing participants the ability to change their answers, providing an "other" box for non-conforming responses; occurrences of participant frustration included laborious tasks, such as those requiring participant open-text input.

## Discussion

Findings from Hotjar will be used to define the focus of the user workshops. A workshop guide will then be developed to elicit participants' responses and raise awareness of key areas that will improve MyUSE functionality. The user workshops will provide detailed, qualitative data on the user experience of the digital intervention which will be used in the optimisation and further development.

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## 'The SHARE study': a proof-of-concept study for a digital pre-screening platform to support delivery of Speech and Language Therapy services.

Lindsay Harrison, Kids Speech Labs.

### Introduction

Kids Speech Labs presents a proof-of-concept study for a secure digital, data-sharing platform for children's speech and language therapy (SLT) services. SHARE allows families waiting for SLT to remotely complete a case-history questionnaire and securely share audio and video recordings that illustrate their concerns with Speech Therapists. Following data-review, therapists can share resources with families through the parent-facing app.

### Aims

To evaluate whether SLTs receive enough information through SHARE to identify the child's strengths and areas of concern; and generate useful resources for parents.

### Methods

Two therapists independently reviewed data uploaded by parents. Therapists compared review results to agree upon and provide (i) a summary report regarding the child's strengths and areas of concern, and (ii) information and activities for parents. Therapist agreement was assessed across a number of areas.

### Results

10 parents agreed to participate in the study; 8 (80%) completed the case-history questionnaire, 5 (50%) uploaded a video and completed at least 2 picture description tasks with their child. In all cases SLTs agreed they could identify:

- The main areas of concern for a child and the need for further investigation
- Suitable tools for comprehensive assessment
- An appropriate clinical-pathway for the child
- A set of general information/strategies/activities for the family

Therapists took 20 minutes on average to review each child's data.

### Discussion

This study highlights the potential for incorporating a remote digital pre-screening tool to address the waiting-lists for Speech Therapy. Additional large-scale research is needed with therapists, as well as families to evaluate their experiences of the platform.

### Practical/Social/Research Implications

Despite the promise of digital technology, it has not yet been applied to address the long waiting-lists within healthcare. This study demonstrates the possibilities for digital tools to support families on waiting-lists, by setting children on an appropriate clinical-pathway and providing practical interim supports.

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# MENTAL HEALTH PROMOTION AND WELLBEING

**Chair:** Dr Colette Kelly, National University of Ireland.

**Meeting Host:** Lhara Mullins, National University of Ireland.

David Hevey, School of Psychology, Trinity College Dublin  
The online Living Well (LW) programme.

Rebecca Murphy, Jigsaw, The National Centre for Youth Mental Health  
Engaging with communities online – promoting youth mental health and wellbeing during Covid-19.

Anthony O'Prey, HSE Health Promotion and Improvement  
Connecting with communities using mental health and wellbeing podcasts.

Leanne Downing, University of New South Wales  
Australian psychologists' subjective, relational and affective experiences of taking therapy online.

Tuuli Kuosmanen, Health Promotion Research Centre, NUI Galway  
Supporting the implementation of online mental health promotion interventions.



## The Online Living Well (LW) programme.

David Hevey, School of Psychology, Trinity College Dublin, Dublin, Ireland.

Olga Cleary, David Evans, Maeve McKeon, Health Service Executive; Jenny Wilson O' Raghallaigh, Beaumont Hospital; Caroline Peppard, Health Service Executive.

### Introduction

The Living Well (LW) programme is an evidence-based Chronic Disease Self-Management Programme (CDMSP) that supports participants with long-term health conditions (LTHCs) to self-manage their condition. It is delivered to groups over a 6 week period (2½ hours weekly) by two facilitators (at least one of whom has a LTHC) trained in course delivery. Due to Covid-19 restrictions LW was adapted from face-to-face to online delivery for the first time: this study evaluates it in five CHO areas.

### Method /Approach

Participants completed a self-report questionnaire before and after completing the programme. The questionnaire assessed quality of life; health related quality of life; self-efficacy (confidence to manage their health and to engage in online health interventions); healthcare utilization; depression; social/role activities limitations; activity levels; and satisfaction with support available and with the LW programme. Covid's impact on participants' health and healthcare use was also examined.

### Findings

380 participants completed the pre-LW survey and 131 of these provided post-LW survey data. A high rate (94%) of programme completion was reported. Statistically significant ( $p < .05$ ) increases were found in participants' quality of life, health related quality of life, self-efficacy, time spent walking. Furthermore, depression and the extent to which illness interfered in overall social/role activities significantly ( $p < .05$ ) decreased. Overall, 95% of participants were satisfied with the programme.

### Discussion

Participants reported a range of statistically significant changes across key health, behavioural and wellbeing outcomes. The high participation rate and high ratings of satisfaction indicate the online LW programme was feasible to implement, is acceptable to participants and helps meet high-risk patients' self-management needs during the Covid-19 pandemic.

### Practical/Social/ Research Implications

Preliminary results provide encouraging evidence of the effectiveness of the online LW programme to support patients with LTHCs in a manner comparable to the beneficial effects reported from the face-to-face programme previously.

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## Engaging with communities online – promoting youth mental health and wellbeing during Covid19.

Rebecca Murphy, Jigsaw, The National Centre for Youth Mental Health.

Dr Aileen O' Reilly, Lil Fahy, Taragh McGovern, Shirley Benton and Leanne Biggins, Jigsaw.

### Introduction/Purpose

Jigsaw - The National Centre for Youth Mental Health was established in 2006, with the intent of creating change in Ireland's system of mental health care for 12-25 year olds. Through its youth mental health promotion (YMHP) activities, Jigsaw seeks to inform, support, educate and empower young people and those around them, promoting collective responsibility for youth mental health. To date, Jigsaw has delivered almost 5,000 evidence-informed workshops to 145,000 professionals, volunteers, young people and parents/carers. In response to the Covid-19 pandemic, Jigsaw moved a number of its YMHP offerings to online and blended learning approaches to help support the mental health of young people. These new developments sat alongside Jigsaw's existing eLearning offerings for those who work or volunteer with young people which have engaged with over 8000 participants to date.

### Method/Design/Approach

Jigsaw's approach to engaging digitally with communities (including adults who work with young people, parents, and young people themselves) involves both synchronous and asynchronous methods. This presentation will focus on Jigsaw's live zoom workshops and self-directed courses, delivered via our Learning Management System. We will describe these methods and key learnings from their implementation.

### Results/Findings

The new online offerings developed by Jigsaw in response to the Covid-19 pandemic reached over 1000 participants. For each workshop/online course feedback from participants about key learnings and their experience of the intervention was captured. This presentation includes key findings from these evaluations.

### Discussion/Lessons Learnt

The presentation will explore the challenges and benefits of the online approach to community engagement, including what methods Jigsaw will maintain into the future.

### Practical or Social or Research Implications

This presentation will be of interest to those working in the mental health promotion area, those who work with young people or who have an interest in the digital health promotion space.

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## Connecting with communities using mental health and wellbeing podcasts.

Anthony O'Prey, Health Service Executive Health Promotion and Improvement.

### Introduction/Purpose

In 2020, I commenced recording a series of Mental Health & Wellbeing Podcasts featuring a wide range of guests working in the Statutory, Community and Voluntary sector. I felt Podcasts could help promote the range of different support services available within the Irish Midlands as well as offer an accessible method to reach people with health promotion messages regardless of COVID restrictions.

### Method/Design/Approach

Podcasts were professionally recorded and produced using a 3-way conversation style with a mix of guests working within a wide range of local Support Services and Community Projects. Themes were developed based on the purpose and function of these Services/Projects, (e.g. Domestic Violence, Bereavement Support, Adult Education), which made conversations interesting and informative. Podcasts were branded to target local audiences, for example, 'Offaly Talks' and are hosted on Local Development Company websites.

- Offaly Talks: 12 Podcasts featuring 24 guests representing 16 different Services/Projects.
- Laois Connects: 6 Podcasts featuring 12 guests representing 9 different Services/Projects.
- Westmeath Talks: 12 Podcasts featuring 24 guests representing 17 different Services/Projects.
- Longford Talks: (Recording Suspended due to Level 5 Restrictions)

### Results/Findings

Current analytics: (24/03/21)

- Offaly Talks: 987 (Released August 2020)
- Laois Connects: 553 (Released October 2020)
- Westmeath Talks: 537 (Released December 2020).
- Longford Talks: (Not available yet).

### Discussion/Lessons Learnt

- Guests require a lot of encouragement/cajoling in order to participate.
- Preparation is essential to help guests feel comfortable with this platform.
- Establishing trust is key to reassure guests that their Podcast will represent them and their Service/Project in a positive way.
- The Statutory, Community and Voluntary sector is full of very dedicated, talented staff. Podcasts could help showcase this better among communities.
- Podcasts are a cost-effective tool to use to deliver Mental Health and Wellbeing messages.

### Practical or Social or Research Implications

Future research questions include: Does listening to local, health-related Podcasts promote behaviour change? Does listening to local, health-related Podcasts encourage engagement with the Service the speaker represents?

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# Supporting the implementation of online mental health promotion interventions.

Tuuli Kuosmanen, Postdoctoral Researcher, Health Promotion Research Centre, National University of Ireland Galway.

## Introduction

The use of digital technologies to deliver mental health promotion interventions is gaining increasing attention, however, adherence to online interventions is often problematic. Reflecting on the delivery of SPARX-r computerised cognitive behavioural therapy for preventing depression and improving wellbeing in Youthreach alternative education (AE) centres in Ireland, this presentation will consider the factors that may help to support the implementation of online mental health promotion interventions with young people.

## Methods

Implementation research was conducted in the context of a randomised controlled trial (n=66) on the effectiveness of SPARX-r. Prior to programme delivery, student and staff needs and preferences were explored via a qualitative Requirements Analysis. At post-intervention, user satisfaction and reasons for disengagement were explored through student post-intervention implementation questionnaire (n=28) and open-ended verbal or written feedback (n=12). Staff views were explored through a post-intervention questionnaire (n=6) and interviews (n=3).

## Findings

High attrition and low engagement rates were reported, with over half (55%) of the participants dropping out and less than a third (33%) completing the entire programme. Technical issues, lengthiness and the lack of positive focus were the main reasons reported for disengagement with SPARX-R. Staff expressed a need for increased flexibility in delivery and complementing computerised programmes with face-to-face activities to improve student engagement.

## Discussion

To increase young people's engagement with mental health promotion online, further attention needs to be given to developing positively framed interventions. Furthermore, implementation in educational settings needs to be supported with staff training and programme manuals, and face-to-face activities.

## Implications

The findings have important implications for the development of staff resources that support the delivery of computerised mental health interventions in educational settings. In addition, research into the needs and preferences of young people is needed to ensure that interventions are relevant and acceptable to the target audience.

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# APPS FOR HEALTH PROMOTION

**Chair:** Dr András Költő, National University of Ireland.

**Meeting Host:** Divya Ravikumar, National University of Ireland.

Jane Walsh, Director mHealth Research Group, NUI Galway  
Behavioural science and the digital transformation of healthcare.

Jane Murphy, School of Psychology, NUI Galway  
A smartphone application to support adherence to inhaled corticosteroids in young adults with asthma: A feasibility study.

Paula Loftus, Health Service Executive  
Considerations in the implementation of a digital tool to improve the ability of patients and families to participate in their care.

Geraldine Cuskelly, SHE Research Group, Athlone Institute of Technology  
Use of the *Libro* phone app to measure caffeine intakes in male students with high- and low- sleep quality.

Geraldine Cuskelly, SHE Research Group, Athlone Institute of Technology  
Assessment of dietary intakes in GAA players using an online video assessment method.

Margaret Mc Loone, Department of Health & Nutritional Sciences, Institute of Technology, Sligo, Ireland  
Giving people a 'voice' - Apps to engage audiences in virtually facilitated scenarios.



## Behavioural Science and the Digital Transformation of Healthcare.

Jane Walsh, Director mHealth Research Group & Senior Lecturer, School of Psychology, National University of Ireland Galway.

In this talk, Dr Jane Walsh will outline the key role of Behavioural Science in the digital transformation of healthcare. Jane will describe some of the new technologies applied to health, for example, virtual reality, social robots, wearables; and outline the unique opportunity that technology presents to addressing the challenges facing healthcare.

Jane will highlight the importance of evidence-based, personalized and timely interventions to change health behaviour, providing details on how Behavioural Science is key to developing effective digital health interventions.

# A smartphone application to support adherence to inhaled corticosteroids in young adults with asthma: A feasibility study.

Jane Murphy, School of Psychology, National University of Ireland Galway.

Jenny, McSharry, School of Psychology, NUI Galway; Lisa Hynes, Croí, The West of Ireland Cardiac Foundation, Ireland; Gerry Molloy, School of Psychology, NUI Galway.

## Introduction

Technology-enabled digital supports including asthma smartphone applications (apps) have potential to support adherence to inhaled corticosteroids (ICS) and self-management in young adults. Feasibility studies are needed to determine the usability, acceptability, and feasibility of these interventions, to plan efficacy and effectiveness trials and establish evidence-based asthma apps. This study aimed to determine the usability, acceptability, and feasibility of the AsthmaMD app to support ICS adherence in a population of young adults with asthma.

## Method

A mixed methods feasibility study was conducted. Public and Patient Involvement informed key design aspects. Young adults (18-30 years) with asthma were eligible to participate. Participation involved completing a baseline self-report questionnaire, using AsthmaMD for 2 weeks and completing the follow-up assessment including self-report and open-ended questions about user experience. Primary outcomes included participant recruitment and retention, and the usability, acceptability, and feasibility of using AsthmaMD. Quantitative, self-report data were analysed using descriptive statistics and qualitative, open-ended data were inductively thematically analysed.

## Results

Overall, 122 young adults (82.8% female) with a mean age of 24.35 years (SD=3.8) completed baseline measures. Of these, 59/122 (48.36%) completed the study. AsthmaMD received a mean System Usability Score of 63.11 (SD=20.10) and overall user satisfaction score of 5.82/10 (SD=2.22). In total, 49 (83.1%) participants used AsthmaMD >1day per week. Three main themes were identified in qualitative data: 'Learning experience', 'App usefulness', and 'Valuable additions'.

Discussion: Young adults with asthma may find AsthmaMD usable, acceptable, and feasible to support ICS adherence, and it appears feasible to recruit and retain young adults to examine efficacy and effectiveness in a future trial.

## Implications

Given the ubiquitous use of smartphones, apps offer a scalable, accessible solution to support adherence in young adults with additional developmental demands. Improving ICS adherence is essential to reduce the asthma burden on a social, economic, and healthcare level.

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## Considerations in the implementation of a digital tool to improve the ability of patients and families to participate in their care: Reflection on a Case Study exercise from a Digital Health Education Programme.

Paula Loftus, Health Service Executive.

Ann Scanlon, Elaine Cunniffée, Margaret Alexander, Elaine Aughey, Geraldine Caslin, Health Service Executive; Brian Mulhern, Richard Holmes, Galway Mayo Institute of Technology.

### Introduction

'Building Digital Healthcare Communities' is a new certificate programme in GMIT aimed at healthcare workers who want to use digital technology as a catalyst toward improved healthcare delivery. The integration of health systems and processes via information technology will be a critical enabler in the transformation of healthcare service delivery and the promotion of population health and wellbeing. The eHealth Strategy and HSE Digital Transformation programme provides the roadmap for how health services will adopt digital health technologies to enable better patient, staff and system efficiency, effectiveness and experience.

### Method/Approach

Our presentation will use the case study of a remote blood glucose monitoring system to describe the considerations when planning and implementing a digital intervention. Project management tools were used to develop a project plan to pilot the monitoring system, which was co-designed with a patient representative, staff representative, clinical manager and tele-health lead. The system comprised of a blood glucose monitor and an app which enables patients to digitally record and manage their blood glucose for review by their clinical team.

### Findings

Factors that are key to success include:

- Co-design and patient preparation in using the technology
- A system that delivers easily interpretable results available immediately to both patient and clinician
- Technologies must be designed to address clinician and patient barriers

### Discussion

Our presentation will show the advantages of using a project management approach in implementing digital health technologies, and recommendations from the process used in this Case Study.

### Practical/Social/Research Implications

The practical implications (from the perspective of clinicians and patients) of using this approach to develop a remote monitoring system will be outlined.

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## Use of the Libro phone app to measure caffeine intakes in male students with high and low sleep quality.

Geraldine Cuskelly, SHE Research Group, Department of Sport and Health, Athlone Institute of Technology.

Wiktorija Kreft, Department of Sport & Health, Athlone Institute of Technology.

### Introduction

Sleep is important for good health and well-being. Caffeine is a mild stimulant used frequently to boost alertness. Therefore, the aim of this research was to measure caffeine intakes in male students with high- versus those with low- sleep quality using the phone app Libro.

### Methods

Recruitment was conducted primarily using social media. Participants completed the Pittsburgh Sleep Quality Index (PSQI) questionnaire to enable categorisation as high (HQS) or low (LQS) quality sleepers. Food intake was self-recorded on the Libro phone app (Beta version) for three consecutive days. This data was imported into the parent nutritional software app, Nutritics.

### Results

Fifteen volunteers completed the study. Daily (mean  $\pm$  SD) caffeine intakes were higher in LQS compared to HQS ( $579 \pm 255.7$  v  $332 \pm 255$ , respectively).

### Discussion

Participants were able to report their food and drink intake in real-time while adhering to government guidelines for Covid19 prevention. The within-app food portion images and brand names enable these important details to be recorded. However, the response rate for this study was low, despite the younger age profile of the target group; highlighting the challenges of using social media to recruit participants to complete multi-step research protocols.

### Research Implications

- While the Libro app is still at beta version stage, when fully developed, it offers significant potential for effective dietary assessment as part of its parent nutritional analysis software, Nutritics.
- Finally, multi-step research protocols may be challenging to recruit to, using social media

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# Assessment of dietary intakes in GAA players using an online video assessment method.

Geraldine Cuskelly, SHE Research Group, Department of Sport and Health, Athlone Institute of Technology.

Joseph Quinn, Department of Sport & Health, Athlone Institute of Technology.

## Introduction

Research on dietary intakes in GAA players tends to focus primarily on competition diet, with consequently less emphasis on habitual diet. The purpose of this study was to assess the diet of male GAA players on their non-training days using an online video assessment platform. Therefore, the specific aim was to use Zoom to measure food intake over 3 consecutive days.

## Methods

Male GAA hurling and football players were recruited from 3 clubs. Following screening, individual players were invited to attend 3 separate meetings; facilitated by Zoom. During each video meeting, participants were asked to recall all foods consumed in the previous day (24-hour multiple pass method). Photographs of portion sizes of foods were screen-shared to help participants to identify portions consumed. Records of food intake were then translated into nutrients using Nutritics software.

## Results

Twenty-six men (ranging from 18-29 years) completed the study. Energy, protein and carbohydrate intakes (mean  $\pm$  SD) were 8450 (1984) (kJ/d); 133 (46) g/d and 194 (52) g/d, respectively.

## Discussion

The use of the online video to assess diet was feasible in this group; where social distancing was required. However, there is significant potential to use this technology post-Covid (subject to further validation) to assess dietary intake if face-to-face contact is not otherwise required.

## Research Implications

The ability to screen share images of portion size further adds to the suitability of Zoom for dietary assessment.

Online video technology enables reaching research participants more easily without the need for in-person meetings.

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## Giving people a 'voice' - Apps to engage audiences in virtually facilitated scenarios.

Margaret Mc Loone, Department of Health and Nutritional Sciences, Faculty of Science, Institute of Technology, Sligo, Ireland.

### Introduction/Purpose.

This research outlines the use of an eponymous app called Mentimeter to engage audiences in virtually facilitated workshop sessions, thus giving participants an active voice in the process. Mentimeter is used to create presentations with 'real-time' feedback. The Mentimeter app is useful in 'gauging opinion', evoking discussions and providing an anonymous safe environment for participants to ask questions with the question and answer template within virtual workshop sessions.

### Approach

This research will help attendees to (i) appreciate how the Mentimeter app works, (ii) understand its strengths and challenges in virtually facilitated environments, (iii) adapt the app to a myriad of settings and scenarios relevant to their own work or research, (iv) gain an understanding of a thematic qualitative analysis conducted with students (n=23) who engaged in virtual facilitated sessions using Mentimeter over the past academic year.

### Findings

The thematic analysis on what participants like about using Mentimeter resulted in 3 key categories emerging: (i) Convenience (ii) Engagement and (iii) Anonymity. The challenges of Mentimeter were limited to one category of App Limitations. The scale questions resulted in an overall rating of 9.4/10 for usefulness of the app and 8.8/10 for participants' willingness to use the app in the future.

### Discussion

From a facilitation perspective, the tool has proved useful for asynchronously collecting participants responses and 'gauging opinions' to shape subsequent teaching and delivery of workshop content. Mentimeter was also useful in engaging discussion by providing instant written stimuli at the start of each workshop. The useful 'participant total' icon also reveals participant contribution to a defined discussion and offers the facilitator an instant insight into current discussion engagement levels from available attendees.

### Practical Implications

Mentimeter added an increased level of fun and 'voice' for participants in virtual facilitated scenarios, thereby sustaining both their concentration, engagement, and interest levels.

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# OTHER CONTRIBUTORS

## Minister Frank Feighan - Welcome Address



Frank Feighan T.D. is a Minister of State at the Department of Health with responsibility for Public Health, Wellbeing and the National Drug Strategy. Minister Feighan represents the Sligo, Leitrim, North Roscommon and South Donegal Dáil Constituency, he is a former chair of the Joint Oireachtas Good Friday Implementation Committee and a member of the British Irish Parliamentary Assembly.

## Helen Deely - Welcome Address



Helen Deely is Public Health Nurse with a Degree in Nursing and Masters Degrees in Training and Education Management and Governance. She worked in a large maternity hospital in Dublin for a number of years before moving into Public Health nursing in Tallaght, where she worked with the Traveller community and in other socially disadvantaged areas for a number of years. She held roles within the HSE, as a Development Officer for Primary Care Services and a Manager for Primary Care Services before going on to be appointed, Programme Lead for the HSE Sexual Health & Crisis Pregnancy Programme. Here she led on the implementation of Ireland's first framework for sexual health and wellbeing, the National Sexual Health Strategy 2015 – 2020. Since 2019 she has been working as the Assistant National Director for HSE Health and Wellbeing Programmes with responsibility for Healthy Ireland in the Health Service. Helen is passionate about tackling health inequalities and providing evidenced-based targeted interventions to improve the health outcomes of people and communities in areas of disadvantage. She believes that achieving the best outcomes for health prevention and promotion work is through interagency collaboration and partnership working.

### Professor Margaret Barry - Final Plenary Chair



Final Plenary Chair: Professor Margaret Barry, Global President, International Union for Health Promotion and Education Margaret M. Barry, Ph.D., holds the Established Chair in Health Promotion and Public Health, and is Head of the World Health Organization Collaborating Centre for Health Promotion Research, at the National University of Ireland Galway. Professor Barry has published widely in health promotion and works closely with policymakers and practitioners on the development, implementation and evaluation of mental health promotion interventions and policies at national and international level. Professor Barry has extensive experience of coordinating international and European collaborative projects, serving as project leader on WHO projects and European Union funded research initiatives. Professor Barry also serves on a number of international and European steering groups and scientific committees and has acted as expert adviser on mental health promotion policy and research development in a number of countries around the world. Professor Barry was re-appointed in 2016 for a second term to the European Commission Expert Panel on Effective Ways of Investing in Health (2016-2019) and was elected as global President of the International Union for Health Promotion and Education in 2019.

### Professor Ciarán Ó hÓgartaigh - Conference Close



President, National University of Ireland Galway.

Ciarán Ó hÓgartaigh became the 13th president of NUI Galway in January 2018. Previously, he was Professor of Accounting and Dean of Business at UCD, leading its schools in Dublin (UCD Lochlann Quinn School of Business, UCD Michael Smurfit Graduate Business School and UCD Smurfit Executive Development) and its overseas programmes in Hong Kong, Singapore and Sri Lanka.

Having attended Scoil Iognáid and Coláiste Iognáid, Ciarán is a first class honours, first in class graduate of NUI Galway. He trained as a Chartered Accountant with Arthur Andersen and has a PhD in Accounting from the University of Leeds. He has been published widely in the accounting field and has previously held academic positions at Dublin City University, UCD and Victoria University of Wellington, New Zealand.

A former Fulbright scholar at Northeastern University (Boston, USA), he has served as Audit Committee Chair at the Department of Marine, Communications and Natural Resources and as a member of the Audit Committee at the Department of Finance.

He has also served as an Independent Non-Executive Director of Avolon, one of the world's largest aircraft leasing companies where he also chaired its Audit Committee. He is currently a member of the non-statutory board of the Saolta Hospital Group and Chair of its Strategy Committee.

# 2021 CONFERENCE COMMITTEE

## Dr Jane Sixsmith – Conference Co-Chair



Jane Sixsmith BSc, MA., PhD, Lecturer in the Discipline of Health Promotion at NUI, Galway, teaching health promotion across adult education, undergraduate and postgraduate programmes. She has also supervised doctoral students to successful completion. She has been Principal Investigator on competitively commissioned research projects in health communication/health literacy. These include, Irish partner on the FP7 funded IROLHA project-(Intervention Research On Health Literacy among the Ageing population) and the IMPACCT project (improving patient-centred communication competencies in health professional education). Currently, Irish PI on HealCare: health literacy to improve respectful and compassionate care in Tanzania, and partner on DFD Primo, diabetic foot disease from prevention to improved patient outcomes.

## Dr Victoria Hogan– Conference Co-Chair



Victoria Hogan is a lecturer in the Discipline of Health Promotion, NUIG and a member of the Health Promotion Research Centre, NUIG. She is a graduate of the Department of Psychology, National University of Ireland, Galway and the MSc Occupational Health and Ergonomics, NUI Galway. Her teaching focus is Occupational Health, which she teaches to undergraduate and postgraduate students. Her research focuses on psychosocial hazards in the workplace and multi-disciplinary workplace health promotion and occupational health research projects.

## Biddy O'Neill - Q&A Chair and Committee Member



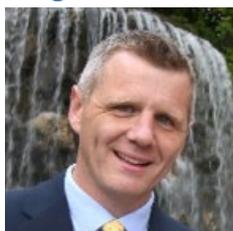
Biddy O'Neill is a member of the Health and Wellbeing team in Healthy Ireland Department of Health. She is the Project Lead for the Healthy Workplaces, Campuses, and Clubs as well as Men's Health and Mental Health Promotion. Biddy has worked in Health Promotion for over twenty-five years at both strategic and operational levels within the Health Service and the Department of Health. She was appointed as Assistant National Director in the Health and Wellbeing Division Health Service Executive in 2013 and seconded to the Department of Health in 2015. Biddy holds a MA in Health Promotion from NUIG, and this year completed a MA in Advanced Facilitation Skills for Promoting Health and Wellbeing with WIT.

### Ronan Dillon - Q&A Chair, Plenary Panel Member and Committee Member



Ronan has an undergraduate degree in Sport and Exercise Science from Sheffield Hallam University (UK). Founder of Healthy Workforce Limited in 2009 to develop best practice health promotion initiatives to the corporate sector. Ronan is also the employee health and wellbeing officer for the Children's Health Ireland group covering four paediatric hospitals. He is the chair of the Association for Health Promotion Ireland and is currently completing an MSc in Obesity.

### Fergal Fox - Plenary Panel Member and Committee Member



Fergal Fox has been working the area of health promotion for 20 years, the first 10 of which focussed on Traveller health, working with Traveller men and male adolescents before going on to co-ordinate the Traveller Health Unit with the HSE in the midlands. He managed the HSE Health Promotion function in Dublin Mid Leinster for 8 years before his current role as Head of Stakeholder Engagement and Communications for HSE Health and Wellbeing, a role in which he also leads on the area of men's health and the delivery of the HSE 'Healthy Ireland Men' Action Plan. While working as a Health Promotion Manager he also led on the areas of Staff Health and Mental Health and Wellbeing for the national Health Promotion function. He holds a Bachelor of Arts Degree as well a Post Graduate Diploma in Communications, HDip in Education, and a Masters in Health Promotion. He is passionate about engagement and partnership working.

### Dr Vivienne Batt – Committee Member and Conference Secretariat



Vivienne Batt has coordinated the annual health promotion conference since joining the Health Promotion Research Centre team in 2007. She has an academic background in cognitive psychology and has been involved in a range of research from women's health, counselling and gender equality. In her position as Administrative Director of the Health Promotion Research Centre she is responsible for the preparation and management of research projects, the co-ordination of the Centre's activities – conferences, workshops and seminars; as well as the promotion of the Centre. She has published her own work as well as co-editing publications and proceedings.

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### And with special thanks to:

Mark O'Malley, past NUI Galway MA Health Promotion graduate for his lunchtime stretch break, our conference planning committee, and our delegates this year, and for the previous 25 years.

### Conference Evaluation:

We would like to hear your comments on the day. A survey will be forwarded by email after the conference to check we met the needs and expectations of our delegates. Please spare a few minutes to complete this survey.

### Keep in Touch:

If you would like to receive communications about future Health Promotion conferences and other events please send an email to [hprc@nuigalway.ie](mailto:hprc@nuigalway.ie) with the subject heading 'add me to event list' and don't forget to follow us on twitter [@HPRC\\_NUIG](https://twitter.com/HPRC_NUIG).

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