

HEALTH INEQUITY: ACTION FOR CHANGE

Health Promotion Annual Conference
16th June 2022

National University of Ireland Galway

Conference Booklet 2022

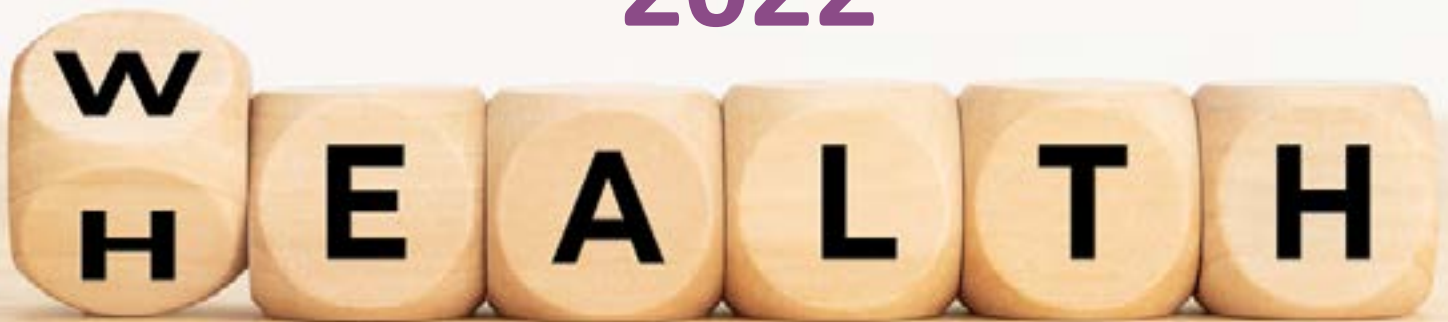


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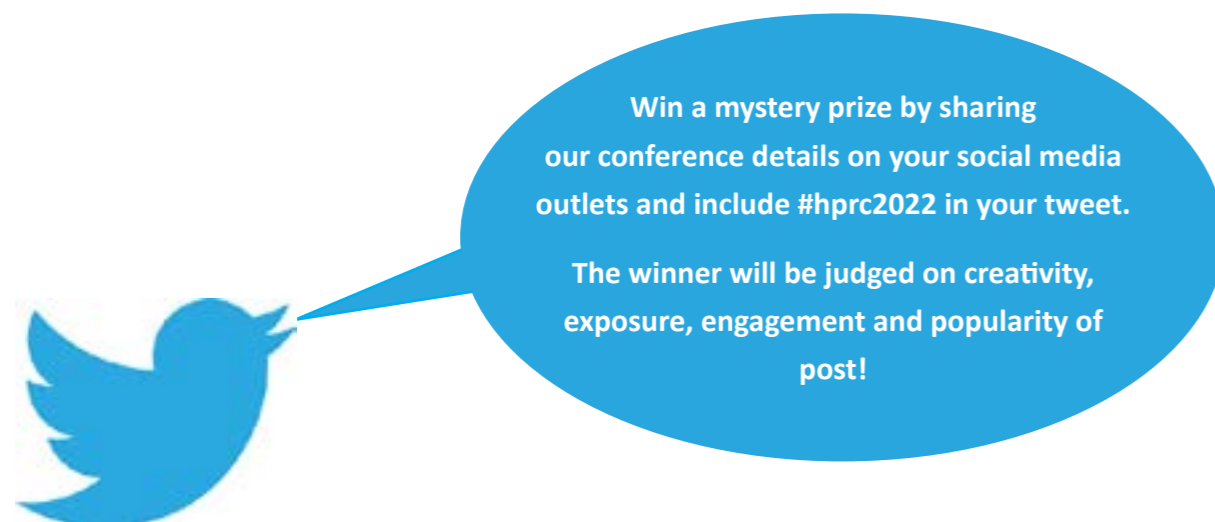
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Welcome

On behalf of Health Promotion at the National University of Ireland (NUI) Galway, we extend a very warm welcome to you all to the 26th Annual Health Promotion Conference, which will be hosted in Áras Moyola, NUI Galway on Thursday 16th June, 2022. The theme of this year's event is 'Health Inequity: Action for change'.

We will be combining virtual and live keynote presentations with presentations and workshops ending the event with a live panel discussion.

Delegates will have online access to the recorded keynote sessions and the parallel and poster presentation slides after the event.

This event is hosted in collaboration with the Department of Health, Health Service Executive, Association for Health Promotion Ireland and the Institute of Public Health. 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.

Professor Margaret Hodgins and Dr Lisa Pursell

Co-Chairs, 2022 Health Promotion Conference Committee.



Programme

Time	Conference Programme (Venue: Áras Moyola, NUI Galway)	Room
8.30	Registration	Foyer
9.00	Welcome Professor Margaret Hodgins, Conference Co-Chair, Health Promotion Research Centre and Discipline of Health Promotion, NUI Galway Frank Feighan T.D., Minister of State for Public Health, Wellbeing and the National Drugs Strategy	MY243
9.20	Plenary 1 <i>Build back fairer</i> Professor Michael Marmot, Institute of Health Equity, University College London, UK (virtual delivery) <i>Community involvement in action for health equity: A cautionary tale</i> Professor Jennie Popay, Professor of Sociology and Public Health in the Division of Health Research, Director of the Centre for Health Inequalities, Lancaster University, UK (virtual delivery) Plenary Chair: Professor Margaret Hodgins, Conference Co-Chair, Health Promotion Research Centre and Discipline of Health Promotion, NUI Galway	MY243
10.30	Break: Coffee, networking, poster viewing	Foyer
11.00	Parallel Presentations and Workshops (run simultaneously) Parallel Presentations: <i>Identification of health inequalities and delivering interventions in educational settings</i> Chair: Dr András Költő, NUI Galway <i>Factors impacting health equity in health and social care settings</i> Chair: Adrienne Lynam, Health Service Executive <i>Examining interventions to tackle health inequity in health and social care settings</i> Chair: Ciara Reynolds, Institute of Public Health <i>Strategies and interventions for reducing inequity in community and workplace settings</i> Chair: Professor Margaret Hodgins, NUI Galway Workshops: (limited spaces - registration required on the morning) <i>Tackling health inequity in the community</i> Facilitator: Kate Cassidy A/Head of Service, Covid Lead, Health and Wellbeing, South East Community Healthcare <i>Implementing Health Impact Assessment (HIA) as an intersectoral approach</i> Facilitators: Dr Monica O'Mullane, Research Fellow, Institute for Social Science in the 21st Century, University College Cork and Dr Joanne Purdy, Public Health Development Officer, Institute of Public Health <i>Addressing inequity in the prison as a setting for health promotion</i> Facilitator: Catherine MacNamara, Deputy Head Teacher and teacher of sociology and history at the Midlands Prison, Portlaois	MY123 MY124 MY125 MY126 MY127 MY129 MY120
12.45	Break: Lunch, networking and poster viewing	

13.45	Welcome back Plenary Chair: Bidy O'Neill National Project Lead, Health and Wellbeing Programme, Department of Health	MY243
14.00	Plenary 2 <i>Community matters: using community-centred approaches for health equity</i> Professor Jane South, Professor of Healthy Communities, School of Health & Community Studies, Leeds Beckett University, UK (virtual delivery) <i>Health inequity in Ireland - taking stock</i> Dr Helen McAvoy, Director of Policy, Institute of Public Health <i>Sláintecare Healthy Communities</i> Greg Straton, Assistant Principal Officer, Health and Wellbeing Unit, Department of Health	MY243
15.00	Break: Coffee and networking	Foyer
15.15	Panel discussion Panel Chair: Fergal Fox, Head of Stakeholder Engagement and Communications, Health and Wellbeing, Health Service Executive Expert Panel Discussion and Response to Delegate Questions: <ul style="list-style-type: none"> • Professor Jane South, Leeds Beckett University, UK • Professor Jennie Popay, Lancaster University, UK • Dr Helen McAvoy, Institute of Public Health • Greg Straton, Health and Wellbeing, Department of Health • Helen Deely, Interim Assistant National Director for Health and Wellbeing, Strategy and Research, Healthcare Strategy, Health Service Executive • Ronan Dillon, Association for Health Promotion Ireland (delegates' questions can be submitted on twitter @HPRC_NUIG or during the plenary sessions).	MY243
16.15	Conference close Professor Ciarán Ó hÓgartaigh, President, NUI Galway Dr Lisa Pursell, Conference Co-Chair Health Promotion Research Centre and Head of Discipline of Health Promotion, NUI Galway.	MY243

Keynote Presentations

Build Back Fairer



Professor Michael Marmot, Institute of Health Equity, University College London, UK

The pandemic exposed the underlying inequalities and amplified them. If we want to reduce health inequalities and improve health equity, there are lessons we should be learning from the pandemic. Regrettably, it is not clear that we are.

Community involvement in action for health equity: A cautionary tale

Professor Jennie Popay, Professor of Sociology and Public Health in the Division of Health Research, Director of the Centre for Health Inequalities, Lancaster University, UK

Health inequalities are caused by structural inequalities in the conditions in which people live and work and the control they have over their 'destiny'. In theory community-based initiatives in public health/health promotion policy and practice have potential to reduce these inequalities by:

1. increasing the collective control disadvantaged communities have over decision impacting on their lives and
2. enabling communities to exercise their increased collective control to address inequalities that are amenable to local action.

However, the impacts of these initiatives are shaped by access to the conditions and resources communities need to develop and exercise collective control and these conditions and resources too are unequally distributed. This raises the possibility that community-based initiatives in public health/health promotion could be increasing inequalities by "imposing greater risks and responsibilities upon more disadvantaged communities in return for lower levels of power." (Rolfe, 2018:16).

In this presentation I will present findings from a longitudinal evaluation of a large community empowerment programme in England - Big Local - that illuminate pathways to positive impacts and unintended negative outcomes for community members involved.

Community matters: using community-centred approaches for health equity

Professor Jane South, Professor of Healthy Communities, School of Health and Community Studies, Leeds Beckett University

This presentation will start with the premise that communities matter for health and that community-level action is a critical element within system-wide approaches to reduce health inequities. The question is how to translate an aspiration for greater community involvement into practical interventions that make a positive difference in communities experiencing socioeconomic disadvantage or marginalisation.

Drawing on evidence-based frameworks developed in the UK, the presentation will give an overview of how community-centred approaches can be applied in local health systems and what outcomes result. Some examples from local programmes will be given to illustrate knowledge into health promotion practice. The emphasis of community-based interventions is often on developmental, relational activity in specific contexts. This 'messiness' can create challenges in the world of health policy where neat, quick fixes are valued.



The presentation will therefore explore some of the challenges and opportunities in reframing health inequity at the community level, focusing on three themes. First, the implications of an asset orientation and how community-led change can be evidenced. Second, looking at what needs to be done to enable community participation in health taking account of potential inequities and exclusionary processes. New learning from the pandemic will be briefly touched on. The final theme will be the contested nature of scale and integration and the implications for health promotion planning. The presentation will end with some reflections on future directions for health promotion leadership and research.

Health inequity in Ireland- taking stock

Dr Helen McAvoy, Director of Policy, Institute of Public Health

This presentation will respond to three questions:

The first part of the presentation postulates how the health system in Ireland approaches the issue of health inequity. It will explore the ways in which health equity is, and is not, represented within health information systems, target setting at policy level and performance indicators at service level. Some examples of good practice in data collection and reporting on health equity from Ireland and from other jurisdictions will be briefly discussed. The second part of the presentation suggests some learnings from the pandemic experience to inform future approaches to health equity in Ireland. This will touch on issues of data, public perception and trust, social determinants, mental health, disability and intersectoral partnerships. The concluding part of the presentation selects five potentially high impact actions to enhance effectiveness in addressing health inequity at strategic, operational and community levels in the Irish context.



Sláintecare Healthy Communities

Greg Straton, Assistant Principal Officer, Health and Wellbeing Unit, Department of Health

The presentation will focus on the policy context and operational aspects of the Sláintecare Healthy Communities Programme. The policy context will outline how the programme fits within Sláintecare and the Healthy Ireland Framework. A description of the operational aspects of the programme will include the selection of the areas for inclusion in the programme, the services that are being provided, how local authorities are involved in implementation, how the programme is coordinated across Government, and the proposed process for evaluation.



Parallel Presentations

Identification of health inequalities and delivering interventions in educational settings

Development and delivery of an educational intervention that increased teachers' awareness, knowledge, and actions related to Developmental Language Disorder (DLD).

Presenter: Maria Gibbons, Atlantic Technological University (ATU) Sligo and Health Service Executive West

Other Authors: Dr Karen Coughlan, ATU Sligo

Introduction

Developmental language disorder (DLD) is a difficulty learning, understanding, and using spoken language with lifelong implications for education and well-being. It is an under-identified disorder, diagnosed in school age children. Teachers are key to early identification, referral to speech and language therapy (SLT), and better outcomes. This study aimed to co-develop an educational intervention to increase teachers' awareness, knowledge, and actions related to DLD.

Method

It was undertaken within Delivering Equality in Schools (DEIS) primary schools in Ireland. In phase I, children with DLD aged 9-12years (n=7), and teachers (n=7) attended interviews/focus groups to explore their experiences of DLD. In phase II, an educational intervention was developed and delivered to teachers. Surveys to assess awareness, knowledge, and actions were completed pre-intervention (n=102), post-intervention (n=78), and 2-3 months post-intervention (n=37). Referrals to SLT were monitored 3-months pre- and post-intervention.

Results

DLD 'red-flags', and facilitators and barriers to functioning were identified and included in the intervention. The intervention significantly increased teachers' awareness (n=71, p<0.05), knowledge (n=71, p<0.001), and confidence (n=71, p<0.001) post-intervention. Teachers reported an increased use of facilitative communicative strategies 2-3 months post-intervention. There was no significant increase in the number of referrals made to SLT (p=0.732), however teachers identified significantly more children as possibly having DLD than the number of referrals they reportedly made to SLT 2-3 months post-intervention (n=37, p<0.001).

Learning

The unique, co-produced intervention increased teachers' awareness, knowledge, and some actions supporting them in identifying and teaching children with DLD.

Implications

Further research is required on increasing SLT referrals however, learnings suggest that this would be facilitated by improved undergraduate teacher training and CPD for primary school teachers aided by in-school SLT supports.

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One Good School: Evaluating and refining a whole-school approach to youth mental health promotion

Presenters: Dr Ailbhe Booth and Caroline McCarron, Jigsaw- the National Centre for Youth Mental Health and the School of Psychology, University College Dublin

Other Authors: Maureen Murray, Siobhan McGrory: Jigsaw- the National Centre for Youth Mental Health; Dr Aileen O'Reilly: Jigsaw- the National Centre for Youth Mental Health and the School of Psychology, University College Dublin

Introduction

Schools are central to the lives and development of most young people. They are recognised internationally as a key setting for action in ameliorating mental health inequities among this age group. Evidence suggests that efforts to promote mental health in schools are most effective when they adopt a whole-school multi-component approach. The aim of this study was to examine the acceptability and feasibility of One Good School (OGS), a whole-school mental health and well-being initiative developed by Jigsaw: The National Centre for Youth Mental Health.

Method

80 schools across 13 Jigsaw catchment areas completed basic evaluation activities recorded as part of normal service delivery, with a subset of 11 schools that took part in more in-depth evaluation activities. The evaluation applied a mixed method multi-component framework comprising: implementation activities, workshop evaluations, baseline and follow-up surveys, a review of action planning documents, and qualitative interviews and focus groups.

Results

The findings showed that OGS was well received by both Jigsaw staff and members of the school community, the content and the structure was deemed relevant, and a wide audience from across the school community successfully engaged with a range of OGS activities. The results also indicated improvements in students' beliefs about mental health and staff confidence and competence to support youth mental health.

Lessons Learnt

The evaluation identified key areas for future development of the initiative including strategies to support efficient delivery and scalability, a comprehensive and efficient data management system to support coordination and monitoring, and enhancing awareness of the initiative in the wider school community.

Practical Implications

Overall, the findings point towards the acceptability and feasibility of OGS. This presentation will describe how the findings from the evaluation were integrated into refinements for the initiative to improve sustainability and reduce resource intensity.

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First-generation immigrant children's perceived discrimination and health in Ireland; matched sample analyses

Presenter: Mari Olivia Lennox, Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Authors: Aoife Gavin, Dr András Költő, Professor Colette Kelly, Professor Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway

Funder: Department of Health, Ireland

Introduction

Immigration status is a social determinant of health and can heighten pre-existing health inequalities among migrant young people. The present study aims to contribute to the literature concerning the social determinants of health and to compare the levels of perceived discrimination, health and wellbeing between first generation immigrant children in Ireland and their non-migrant peers.

Method

Data were drawn from the 2018 Health Behaviour in School-aged Children (HBSC) Ireland survey – a cross-national research study conducted in collaboration with the World Health Organization Regional Office for Europe (www.nuigalway.ie/hbsc). A sub-sample of 1,696 first generation immigrant children (cases) and 1,696 children born in Ireland matched by age, gender and social class (controls) was analysed. Migrant children were matched with non-migrants within their classroom, school, or geographical area. Analyses were conducted on the matched sample to test for significant differences

Results

Immigrant children reported significantly higher levels of sense of discrimination across several sectors including place of birth, race, sexual orientation and religion. They were less likely to report having three or more friends of the same sex, and less likely to report finding it easy to talk to their parents about things that bother them. Immigrant children were more likely to report lower life satisfaction, lower happiness and lower physical activity. Immigrant children were more likely to have been in a physical fight, been bullied, and have gone to school or to bed hungry. However, immigrant children were significantly more likely to report liking school and having good places to spend free time in their local area.

Lessons Learnt

The findings highlight the important role of discrimination as a social determinant of negative health and wellbeing outcomes. First generation immigrant children experience significantly higher levels of perceived discrimination which has been documented to negatively impact on psychological well-being. It is important to document the inequities in health and wellbeing for first generation immigrant children in order to inform policy and establish the appropriate services and supports.

Practical/Social/Research Implications

The social determinants of health of immigrant children in Ireland should be made a policy priority and addressed across various institutions. First generation immigrant children require supports and services to ensure that the inequities they experience are adequately addressed.

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Partnering for sustainability: NUI Galway's student pantry

Presenter: Aisling Harrington, Student Services and Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Authors: Jane Ennis, Riona Hughes, Adam Mullins, Eddie Sheehy, NUI Societies Office and Students Union, NUI Galway; Lilly O' Toole, Professor Colette Kelly, Health Promotion Research Centre, NUI Galway; Béibhinn Mullins, Clonmany Community Centre, Inishowen Co. Donegal

Introduction

Increasing numbers of third-level students are struggling financially, with many having to choose between essentials such as food and the costs of college. Food insecurity among third-level students is consistently higher than the general population and creates barriers to graduation and higher-degree attainment. Research carried out by Union of Students in Ireland [USI] (2016) found that 58.1% of students miss meals and more than a third (38.7%) go hungry to fund or stay in their studies. Food insecurity is associated with greater odds of negative mental and physical health outcomes, and poor nutrition is one of the leading risk factors for death and disease globally.

Approach

The NUI Galway Student Pantry opened in March 2022, as a pilot initiative in direct response to the need to mitigate food poverty among our campus community. The aim of the Student Pantry is to address food insecurity among the student population and help highlight and encourage more sustainable food choices, which includes combating food wastage. As a group, the pantry worked in collaboration with the Clonmany Community Centre (Donegal) and Food Cloud, a national social enterprise, to adapt Clonmany's successful Community Pantry model to suit the student environment. Food Cloud enabled the pantry to collect surplus food stock from locally assigned supermarkets in Galway City. The pantry supplies food to students who showed their student ID, on a first come first served basis. The pantry is open to all members of NUI Galway campus community three days a week (Monday, Wednesday and Friday) from 4 p.m. to 6 p.m.

Findings

The Student Pantry has been open 27 times, with 1414 students visiting, has 86 collections, redistributed over 1560 kg of food (the equivalent of approximately 3713 meals) and has over 4991 kg of CO2 savings as of May 2022. Evaluation of the pilot is on-going, with qualitative data being collected from students; provisional findings suggest that those attending the pantry have limited funds to buy food, the pantry encourages more sustainable food choices, enables them to help combat food wastage and gain access to quality food.

Discussion

There is a clear need for this project given the high demand each week. Many students rely on the pantry as they struggle with the costs associated with being a student, living in a city and with the increasingly high cost of food. This pilot has the potential to serve as a model for other third-level settings.

Implications

Health can be improved within and through a range of settings, including third-level institutions. The University Campus is an important setting for promoting health and wellbeing- and specifically for developing systems that support health. By employing a 'whole systems' approach and working within the Higher Education Health Campus Charter and Framework Ireland, third-level settings are well positioned to address determinants of health, including food insecurity. The need for evaluation research to measure the implementation, outcomes and impact of the student pantry is clear.

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Health inequalities in gender minority and non-minority adolescents in Ireland

Presenter: Louise Lunney, Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Authors: Professor Saoirse Nic Gabhainn, Dr András Költő, Health Promotion Research Centre, NUI Galway

Funder: Department of Health, Ireland

Introduction

Many studies demonstrate that gender minority youth (GMY), including transgender, non-binary, genderqueer, agender and other gender identities, have poorer health outcomes than their non-minority peers. However, evidence of these disparities are primarily from North America. The aim of the present study was to compare the health of GMY and non-minority youth in Ireland across a variety of health indicators.

Method

We have used a sample of 481 young people aged 13–18 (mean age: 15.67 ± 1.47, percentage GMY: 39.1), participating in a pilot on sexual orientation and gender identity for the 2022 Health Behaviour in School-aged Children (HBSC) study. They were recruited via national and local LGBTI+ youth groups. The health of GMY and non-minority youth were compared on standard HBSC health indicators, by Chi-square tests.

Results

GMY were significantly less likely than non-minority youth to report high life satisfaction and family support; more likely to have multiple psychosomatic health complaints and to be bullied in the past couple of months. GMY were significantly less likely than their non-minority peers to have drunk alcohol in the last 30 days. Gender minority status was not associated with body image, smoking (lifetime or in the last 30 days), alcohol use (lifetime), drunkenness (lifetime or last 30 days), cybervictimisation in the past couple of months or perceived peer support. The effect sizes for the significant associations varied between medium and small ($.306 \leq V \leq .128$).

Discussion

These results document the extent of the health burden reported by GMY. However, the patterns are not consistent across all health indicators, and further analyses are warranted.

Practical/Social/Research Implications

Gender minority health disparities warrant further actions by decision-makers and educators to increase gender inclusivity in schools.

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Parallel Presentations

Examining interventions to tackle health inequity in health and social care settings

Is homecare for older people in Ireland equitable?

Presenter: Lhara Mullins, Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Authors: Professor Margaret Hodgins, Health Promotion Research Centre, NUI Galway

Introduction

Older people in Ireland largely want to remain in their own homes and communities as they age. Homecare enables older people to stay at home for longer and avoid admission to long-term stay facilities/nursing homes. Yet homecare in Ireland remains a discretionary service, with no statutory right or entitlement to receive this, nor regulation to govern this sector.

Method

A qualitative methodology was employed. Both focus groups and one-to-one interviews were undertaken, with the aim of gathering data which was meaningful and captured the experiences of both older people and homecare workers.

Results

Older people report that their homecare visit substantially and positively impacts their lives. Findings propose that homecare workers often provide additional care and support in an unpaid capacity, in an effort to meet the needs of the older people they care for comprehensively. While addressing the social needs of older people is a fundamental aspect of homecare provision, based on the perspectives of both older people and homecare workers.

Discussion

Societal expectations of women to provide care and support to vulnerable individuals, compounds the challenges faced by homecare workers in the administration of their duties. The care of older people, when compared to other potentially vulnerable groups in Irish society, falls significantly below what is necessary. This dearth in services more generally aimed at meeting the holistic needs of older people in Ireland, further exacerbate the difficulties experienced by both parties, within the homecare relationship.

Practical/Social/Research Implications

Additional research and resources are needed pertaining to homecare in Ireland, to comprehensively identify and address the fragmented nature of current service provision. Legislation to regulate the homecare sector in Ireland, which is currently in draft status, should be enacted as a priority, in order to create a more equitable delivery of services for those most affected.

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Piloting an integrated online STI testing service in Ireland.

Presenter: Rachael Metrustry, Sexual Health and Crisis Pregnancy Programme, Health Service Executive (HSE)

Other Authors: Justin Harbottle, A. Torm Shaw, Dr Paula Baraitser, SH:24*; Professor Fiona Lyons, Caroline Hurley, Nicola O'Connell, Sexual Health and Crisis Pregnancy Programme, Health Service Executive

Funder: Government of Ireland Sláintecare Integration Fund and HSE Sexual Health and Crisis Pregnancy Programme (SHCPP).

Introduction

STI testing access is an important public health response to controlling STIs. Online STI testing can overcome barriers like user embarrassment and access/capacity difficulties at public STI clinics. In 2019, SHCPP commissioned SH:24 to pilot free online STI testing, integrated with public STI clinics, in Dublin, Cork and Kerry. In these counties >17 year olds could order STI kits online from January-May 2021. The evaluation sought to assess the pilot service's feasibility, impact, and acceptability.

Method

A mixed-methods approach was taken using descriptive statistics of users; user feedback; laboratory STI testing and public health reported STIs; pilot outputs and an anonymous online survey of the

Results

- Feasibility: 13,749/14,000 available kits ordered. 75% target for return of STI kits to the laboratory: 67% achieved. 95% target for informing users of test results within 72 hours of laboratory sample receipt: 97.3% achieved. In total, 637(8%) reactive results. Pilot chlamydia positivity rate was 5.6% versus 4% (Cork/Kerry), and 6.5% (Dublin) in public STI clinics and general practice in 2019.
- Impact: 57% of pilot service users (61% of those 20-29 years) never previously used sexual health services. The pilot added an estimated 33% STI testing capacity.
- Acceptability: 94.7% of users rated the service 4 or 5/5. Sixteen service users described difficulty completing blood testing. Users found the service easy to use, fast/efficient and 10% commented on its privacy/anonymity. Clinicians in participating clinics largely found the service to be beneficial.

Discussions

The pilot was found to be feasible, impactful and acceptable, increasing access to testing, diagnosing STIs and engaging new users in STI testing. Little promotion was needed to drive uptake.

Practical/Social/Research Implications

This evaluation will inform national rollout of online STI testing, integrated with public STI clinics, in 2022.

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*SH:24 is a free online sexual health service

Smoking in pregnancy: Supporting pregnant women and extended family to quit and stay quit

Presenters: David Phelan, Colm O'Connor, Health Service Executive

Other Authors: Kate Cassidy, Health Service Executive

Introduction

Smoking in pregnancy is strongly socially patterned with age and socioeconomic factors including employment, social class and deprivation status acting as key determinants of smoking prevalence. Socioeconomic inequalities in smoking during pregnancy have persisted. Engaging with pregnant smokers and their households requires a whole-team approach. This project supported pregnant women to quit smoking as early as possible during the first trimester of pregnancy and stay smoke-free after birth by implementing an integrated cessation service. Multidisciplinary teams across SEHC (South East Community Healthcare) working with pregnant women were trained in Making Every Contact Count (MECC). Breath Carbon Monoxide (BCO) testing during antenatal care, combined with 'opt-out' referral for the pregnant women was also implemented unless the woman objected.

- The flexibility and adaptability of The 'Plan, Do, Check, and Act (PDCA)' cycle were utilised to ensure our project was a Quality Improvement Initiative
- A co-designed methodology ensured participants were consulted and involved
- The impact of 'opt-out' referrals for pregnant smokers to Intensive Smoking Cessation Services were monitored following BCO training and implementation.

Method

- 4-weeks quit rates were 78% rates exceed the national 4-week quit rate, which is set at 45%
- Using BCO testing during antenatal care, combined with 'opt-out' referral to smoking cessation services, increased referrals two-fold
- One hundred smoke free babies born.

Results

- Delivering the Right Care at the Right time in the Right Place delivers the Right Result
- Non-judgmental service are important.

Practical/Social/Research Implications

This project is demonstrating exciting results with quit rates way above that of any comparable group. Results offers a tobacco control model for the HSE services. The project is uniquely placed to implement intensive stop smoking interventions as part of a best practice model across all of maternity care nationally.

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Baseline assessment of patients at high risk of cardiovascular disease taking part in a preventative behaviour change programme

Presenter: JT Treanor, Irish Heart Foundation

Other Authors: Janis Morrissey; Irish Heart Foundation; Professor Walter Cullen, John Broughan, University College Dublin

Funder: Health Service Executive

Introduction

The HSEs Chronic Disease Management programme entitles individuals at high risk of chronic disease to an annual GP and nurse visit. The Irish Heart Foundation has designed and delivered a lifestyle behaviour change pilot for high-risk patients in disadvantaged communities. The initial phase of the project aimed to assess patients' risk and health behaviours.

Method

Five general practices (GP) in disadvantaged areas were recruited. Patients at high risk of developing heart disease or stroke were recruited by the GP practice. Clinical baselines were taken by the practice nurse. Health behaviours and knowledge were assessed by the practice nurse or health promotion professional using a custom designed questionnaire.

Results

Sixty-five participants took part in the study with an average age of 58.3years. BMI calculations showed 75.4% were obese. 86.2% waist circumference scores indicated increased risk of CVD. 78.4% of participants had high blood pressure. 32.3% had unhealthy LDL cholesterol. The average Q-Risk 'Healthy heart age' was 64.24yrs \pm 9.4, 6 years older than the sample's average age. 83.1% reported achieving no moderate intensity activity in their week.

91% of participants would like to live a healthier lifestyle, 76.9% stating they are moderately/ highly confident that they could change their health behaviours. Participants yielded a high 'Readiness to change' score of 8 out of 10.

Discussion

A lifestyle behaviour change programme based in the community GP's is effective at recruiting individuals that are in need and receptive to supports in changing lifestyle behaviours.

Practical Implications

The Chronic Disease Management Programme provides a gateway for the recruitment of individuals at high risk of cardiovascular disease to a preventative behaviour change programme to reduce the risk of disease in the future.

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Acceptability of a social prescribing model in Dublin's North East Inner City (NEIC)

Presenter: Cáit Donnelly, Acting Senior Health Promotion Officer in HSE CHO Dublin North City and County, IUHPE accredited Health Promotion Practitioner

Think Tank for Action (TASC) were commissioned to carry out the research

Funder: Health Service Executive, Department of Health and NEIC subgroup 5

Introduction

Social prescribing (SP) is growing in Ireland and is closely aligned with the HSE transformation under Sláintecare. Throughout 2021, the HSE co-produced a healthy communities project with Dublin City Co-op including the implementation of a SP model. The acceptability of SP was examined by TASC (Think-tank for action on social change)

Method

A pragmatic research approach included two separate structured questionnaires for residents (n=73) and community health workers (CHWs) (n=57) and a total of four focus groups; two focus groups with CHWs (n=11 in each) and two with residents (n=5 and n=3)

Results

The majority of residents were aged between 18-35 (49%), female (71%) and white Irish (96%). Over 40% reported having a long-term health issue; mental health issues were most commonly reported. The majority indicated the pandemic had a negative impact on their physical and mental health. Interestingly, 58% reported not taking part in any social activities with 62% willing to be referred to SP.

CHWs recognised the significant health inequalities existing in the NEIC, social isolation and health literacy issues were reported as significant contributors to inequalities. All CHWs agreed that SP would be beneficial with 93% willing to be part in a SP programme and receive referrals and maintain records. The focus group results echoed these sentiments and welcomed a simple referral process linking health and social activities.

Discussion

This research suggests that SP is an acceptable programme in NEIC within the wider healthy communities initiative to support the reduction in health inequalities. The roll out will respond to long standing health issues perpetuated by the pandemic.

Implications

Further research is required to evaluate referral processes, this will be supported by a digital platform in 2022. This research informed the requirement and facilitation of health literacy audit and workshops for CHWs.

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Factors impacting health equity in health and social care settings

Parallel Presentations

Mediators of socioeconomic differences in overweight and obesity among youth in Ireland and the UK (2011-2021): A systematic review

Presenter: Dr Debbi Stanistreet, Royal College of Surgeons in Ireland

Other Authors: Fran Cronin, Sinead Hurley, Delfina Mancebo Guinea Arquez, Naeha Lakshmanan, Alice O’Gorman, Royal College of Surgeons in Ireland; Richard Layte, Trinity College Dublin

Funder: Health Research Board

Introduction

By 2025, adult obesity prevalence is projected to increase in 44 of 53 World Health Organization European-region countries. Childhood obesity tracks directly onto adult obesity, and children of low socioeconomic position (SEP) families are at disproportionately higher risk compared with their more affluent peers. A previous review of research from Organisation for Economic Co-operation and Development (OECD) countries identified factors mediating this relationship. This systematic review updates and extends those findings within the context of Ireland and the United Kingdom (UK) examining mediators of SEP differentials in adiposity outcomes for youth.

Method

An electronic search of four databases, Ovid MEDLINE, Embase, Web of Science and EBSCOhost was conducted. Quantitative studies, in the English language, examining mediators of SEP differentials in adiposity outcomes in youth (up to 18 years) conducted in Ireland and the UK between 2011-2021 were included. An appraisal of study quality was completed. The review followed PRISMA guidelines.

Results

Following screening, 23 papers were eligible for inclusion. Results indicate SEP differentials are evident from as early as 3 months of age, and are seen to persist during childhood, and to widen during adolescence. Differentials follow similar patterns to OECD countries and have similar mediating factors: early life and parental-level factors were identified as significant. However, this review identified additional factors that mediate the relationship, including access to green space and favourable neighbourhood conditions.

Discussion

This review identified several modifiable factors that should be considered when planning interventions aimed at reducing socioeconomic differentials in adiposity in youth in Ireland and the UK. While multi-country analyses provide excellent overviews, area-specific research may produce more nuanced, and potentially more powerful findings, which can better inform policy responses and interventions.

Implications

Identifying these factors confirms the requirement for tailored and appropriate research and interventions in Ireland and the UK.

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Decomposing the contribution of family, school and neighbourhood environments in explaining inequalities in physical activity trajectories in Irish adolescents.

Presenter: Olivia McEvoy, Department of Sociology, Trinity College Dublin (TCD)

Other Author: Professor Richard Layte, Department of Sociology, Trinity College Dublin

Funder: The 1252 TCD Postgraduate Research Studentship

Introduction

Non-communicable diseases (NCDs) are the largest cause of mortality globally, and the social gradient in NCDs is particularly pronounced. The social patterning of physical activity (PA) has become an increasingly important explanatory factor for the inverse gradient in NCDs. Adolescence is a critical period for this health behaviour because of the sharp global decline in activity rates (with low socioeconomic position (SEP) adolescents experiencing the steepest declines) and patterns established in adolescence likely continuing into adulthood.

Research on factors explaining social and economic differentials in PA is still relatively rare and often underpinned by the individualist behavioural model. This paper demonstrates the contribution of adolescent's family, school and neighbourhood environment in explaining why behaviours vary systematically between SEP groups.

Method

Multi-level linear spline models, with appropriate study weights, were used to estimate PA trajectory differentials by SEP between ages 9 and 17/8 in a nationally representative longitudinal cohort study from the Republic of Ireland.

Analysis were carried out separately for males and females.

Results

The role of each environment in accounting for the social differential in PA was quantified by observing the change in coefficients from the baseline with the addition of family-level, school-level and neighbourhood-level variables.

Discussion

The fully adjusted model explained approximately half of socially patterning of PA for males and females.

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Doctors' perspectives on factors contributing to patient safety incidents in patients with limited English proficiency in an Irish hospital

Presenter: Dr Orla Mongan, Clinical Science Institute, National University of Ireland (NUI) Galway

Other Authors: C. Curran, NUI Galway; D. Gallagher, Galway University Hospitals; K. Lambe, Health Research Board

Introduction

Outcomes for patients with Limited English Proficiency (LEP) attending hospital are worse than for those without a language barrier. To improve patient safety, the use of trained interpreters is recommended when caring for patients with LEP. The aim of this study is to explore the perceptions and experiences of hospital doctors of caring for patients with LEP in an Irish hospital, identify the factors that contribute to patient safety incidents in this group and from this, to identify factors that are amenable to training or other intervention.

Method

Critical incident technique interviews were carried out with 13 hospital doctors about a Patient Safety Incident (PSI) with which they were involved, in relation to a patient with LEP. The Yorkshire Contributory Factors Framework was used to classify the contributory factors in order to fully understand the lived experience of the interviewee.

Results

Communication, situational factors and organisational factors were the most frequently identified contributory factors. Barriers to interpreter use include time pressure, lack of training and logistical challenges. Online translation software and ad hoc interpreting is widely used particularly for routine conversations.

Discussion

Many of the factors contributing to PSIs in patients with LEP are amenable to training and the role of simulation based training, in particular, needs further research. In addition to training, the role of virtual interpreting and online software warrant further investigation and adaptation. Finally, implementation science has a role to play in ensuring patients with LEP receive safe and equitable healthcare.

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'Family food choices? Exploring the food-related practices of low-income families in the Republic of Ireland'

Presenter: Dr Elena Vaughan, Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Author: Professor Colette Kelly, Health Promotion Research Centre, NUI Galway

Introduction

A complex interplay of factors at various socio-ecological levels shape and constrain the dietary behaviours of families and individuals. Families on lower incomes or tighter budgets may be even more constrained in their food choices than those with higher incomes and more flexible budgets. The overall aim of this study was to explore the food-related practices of families on a tight budget in the Republic of Ireland.

Method

Sixteen parents from the Republic of Ireland were recruited. A qualitative approach was employed, using photovoice and creative mapping methods. During online interviews, maps and photos produced by participants were used as reference for discussions about family food practices and decision-making processes. Transcripts were analysed using an inductive thematic approach.

Findings

The results of the study were situated in Bronfenbrenner's ecological framework to capture the full breadth of influences that shaped food-related practices of lower income families in the Republic of Ireland. Families on particularly tight budgets reported spending considerable time planning shopping, managing supplies and budgets, and meal-planning. Single parents, and those on unemployment or disability payments are particularly constrained in their choices, with budget, rather than nutritional need, often the main determinant of what was included in family diets.

Discussion

Health promotion and public health discourse often centres around the concept of individual 'choice' and 'personal responsibility,' however those on lower incomes are considerably more circumscribed in the choices available to them. The findings of this study lend support to the view that structural, rather than individual-level drivers are key to understanding and addressing population health behaviours.

Implications

Improving dietary behaviours and the associated negative health consequences of lower income families will require earnest measures to address food poverty at the policy level.

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Parallel Presentations

Strategies and interventions for reducing inequity in community and workplace settings

Construction industry alliance to reduce suicide (CAIRDE Project)

Presenter: Dr Shane O'Donnell, Health Service Executive; National Centre for Men's Health, South East Technological University (SETU) Carlow

Other Authors: Dr Noel Richardson, Jack Sweeney and Emilie Roche, National Centre for Men's Health, SETU Carlow

Funder: National Office for Suicide Prevention

Introduction

Men in the construction industry are considered an "at risk" group for suicide. This is largely due to impact of cultural constructed masculinities on mental health (e.g. reticence to seek support), occupational specific risk factors and macho culture on site. Despite this, few attempts have been made to develop a multilevel, early intervention suicide prevention programme in the Irish construction industry.

Aim

To develop and pilot a multilevel, early intervention suicide prevention programme to reduce stigma, improve suicide literacy, and enhance intention to seek/offer help among Irish construction workers.

- Phase 1 (i) survey to identify the prevalence of anxiety, depression and suicide and associated factors (n=1,500); (ii) interviews with construction workers with past suicidal experiences (n=16)
- Phase 2 - (i) systematic review of interventions to reduce mental health stigma among men; (ii) systematic review of "active ingredients" in suicide prevention interventions in male dominated industries
- Phase 3 (i) general awareness training (GAT) to improve knowledge of suicide risk/protective factors, help-seeking, reduce stigma and improve intention to seek/offer help; (ii) gatekeeper training to improve suicide intervention skills; (iii) 24 hr helpline; (iv) policies and procedures for referral to professional services; (v) additional resources to support implementation (stickers to identify trained individuals, toolbox talks etc.).
- Phase 4 (i) quantitative scales to assess impact of GAT (n=200); (ii) focus groups to explore impact of gatekeeper training (n=6); (iii) interviews to explore experiences of overall programme (n=16).

Practical Implications

Findings will offer insights into the prevalence of anxiety, depression and suicide in the Irish construction industry, key issues underpinning suicide ideation and a unique contribution to knowledge by developing suicide prevention training and resources that is specific to the Irish construction industry. Moreover, key learnings can be applied to wider suicide prevention policies and practice measures in other male-dominated industries in Ireland.

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A systematic review of the determinants of the nutritional quality of food for homeless populations

Presenter: Divya Ravikumar, Discipline of Health Promotion, National University of Ireland (NUI) Galway

Other Authors: Professor Saoirse Nic Gabhainn and Professor Colette Kelly, Health Promotion Research Centre, NUI Galway

Funder: Irish Research Council

Introduction

Studies assessing the nutritional quality of food provided to homeless population show deficiencies in micronutrients and excess fat, sugar, and salt. The availability of cheap, energy-dense, and nutrient poor food has changed the profile of people living with homelessness from primarily underweight to obese in western countries. Many factors influence the nutritional quality of food provided to the homelessness population including budget and time constraints, food donations and limited equipment. Nutrient intakes in this population are unlikely to be met outside of charitable meal programmes, making the nutritional quality of these meals crucial. This review will synthesise qualitative literature with the aim of understanding the determinants of the nutritional quality of food provided to the homeless population.

Method

This mixed methods systematic review will include English language empirical studies from Europe, North America and Oceania. The following databases have been chosen for this review: SCOPUS, EMBASE, PsycINFO, SocIndex and CINAHL, along with two grey literature databases. Quality appraisal will be conducted using the Mixed-Methods Appraisal Tool. Two independent reviewers will be included in study selection, data extraction and quality appraisal. A third reviewer will resolve conflicts.

Results

Demographic data, findings and quotations will be extracted. Thematic synthesis will be employed. Results will be organised based by a determinants of health model, to highlight areas where change may be effective. This will make it more likely to be useful to practitioners and researchers. The iterative steps in the systematic review process will be the focus of this presentation.

Lessons learnt

Findings will be used to develop food-based/nutrition guidelines for policy makers and service providers with the involvement of a PPI (patient and public involvement) panel.

Practical/Social/Research Implications

The resultant food-based/nutrition guidelines will be developed and assessed for feasibility, with the aim of distributing these guidelines to other charitable food services.

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Evaluation of a healthy communities project in Dublin's North East Inner City (NEIC)

Presenter: Ellen O'Dea Head of Service- Health and Well Being- Dublin North City and County

Think Tank for Action (TASC) were commissioned to carry out the research

Funders: Health Service Executive, Department of Health and NEIC subgroup 5

Introduction

Since December 2020, the HSE has been working with the Dublin City Co-op to tackle health inequalities in the NEIC. The project operates across three actions areas of the Ottawa Charter; by strengthening community action, creating supportive environments and developing personal skills. The findings presented here form part of a wider healthy communities' project and an ongoing comprehensive evaluation.

- Thematic analysis of semi-structured interviews with Community Health Facilitators (n=5) between December 2021 and January 2022
- Analysis of Pre-Post course questionnaire data from participants in the "We Can Quit" (WCQ) (n=10), stop smoking, and "Healthy Food Made Easy" (HFME) (n=29) programmes.

Results

Forty-nine percent of HFME participants and 28% of WCQ participants completed a post-course questionnaire. The post-course HFME questionnaire indicated that 20% of respondents reduced sugar intake and almost half are "spending less money on food" due to positive dietary changes. Respondents from WCQ identified the importance of a supportive facilitator and environment to facilitate behaviour change and adherence. The following themes emerged from analysis of interviews:

- Inclusive dialogic teaching methods were successful in developing personal skills
- Group-based programmes created a supportive environment for participants to navigate their journey to improved health
- Programmes set in motion a paradigm for capacity building within the community leading to strengthened community action.

Discussion

This evaluation highlights the importance of visual, interactive and sensitive facilitation practices, recommends hybrid models of support and extended timeframes for supporting participants.

Implications

These findings provide an assessment of how courses and course facilitators are meeting project objectives. Documenting the experiences of facilitators and participants produces a greater understanding of how these courses contribute to the Health Promotion principles of empowerment, participation, equity and sustainability of which they are grounded in.

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Advancing equity in mental health promoting practices in the workplace

Author: Tosca Keppler, Discipline of Health Promotion, National University of Ireland Galway

Other Authors: Dr Tuuli Kuosmanen, Professor Margaret Hodgins and Margaret M. Barry

Funder: HSE National Office for Suicide Prevention (NOSP) and Healthy Ireland

Introduction

Promoting mental health in the workplace is associated with improved health and wellbeing, reduced absenteeism, increased productivity and improved financial returns (WHO, 2019). However, there is a lack of knowledge on what services are being offered and how these align with models of international best practice. The aim of this study, commissioned by the HSE National Office for Suicide Prevention (NOSP) and Healthy Ireland, was to map the range of mental health promotion supports and services that are offered by the voluntary sector to workplaces in Ireland and to identify evidence-informed approaches that could be adopted to promote the mental health and wellbeing of employees.

Method

The study was conducted in two parts. Study 1 consisted of mapping the mental health supports offered to workplaces by the voluntary sector. Of the 27 identified organisations, 17 (63%) participated in an electronic survey and key informant interviews. Study 2 was a rapid review of systematic reviews and meta-analyses of the effectiveness of workplace mental health promotion interventions published in the last 10 years (2010-2021). The search of selected academic databases and public/occupational health websites resulted in 2770 articles of which 43 reviews were included in the study. The findings from the two studies were integrated to consider to what extent the approaches that are being delivered match international best practice.

Results

The organisations reported mainly delivering short educational interventions focused on stigma reduction and awareness raising, with more structured approaches to promoting mental health being less common. The findings from the rapid review indicate that there is a wide array of interventions that can be effectively implemented in workplaces to reduce stress, depression and anxiety and improve wellbeing. There is limited evidence that voluntary organisations are supporting workplaces in developing organisational strategies to promote employee mental health, which, according to the rapid review findings, is essential in achieving positive work-related outcomes.

Discussion

The findings indicate the need to widen the scope of evidence-based workplace mental health interventions delivered by the voluntary sector in Ireland. Furthermore, support is needed for developing organisational strategies and engaging employees in creating mentally healthy workplaces.

Finally, the mapping study revealed that many of the workplaces that voluntary organisations support are predominantly white collar, highly educated professions including mostly banks, solicitors, retailers, and multi-national corporations. This highlights a gap in equity for blue collar workers and lower income employees who, in fact, have greater need for health support. The findings will help guide the implementation of the National Healthy Workplace Framework being developed by the Department of Health in Ireland.

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Reducing inequity using community initiatives: A consideration of social prescribing of parkrun in Ireland.

Presenter: Allison Dunne and Charlotte Benkowitz Sheffield Hallam University, UK

Other Authors: Steve Haake, Alice Bullas, Sheffield Hallam University, UK; Helen Quirk, University of Sheffield, UK; Paul O'Halloran, La Trobe University, Australia

Introduction

The Irish Health Service Executive Social Prescribing Framework was launched in 2021. It highlighted the importance of using community initiatives to reduce inequities which lead to poor health. One such initiative is parkrun; the weekly running and walking event organised by local volunteers in 101 sites across Ireland. In the UK there is a social prescribing scheme, parkrun practice. The scheme is due to be promoted in Ireland in 2022 in conjunction with the Irish College of General Practitioners.

Method

In 2018 an online survey was sent to all parkrun registrants in Ireland. Data on 47 aspects of health and wellbeing was analysed.

Results

The online survey resulted in 4,304 returns. Age range was 16 to 85 years with 54.4% female. At parkrun registration 6.0% of respondents were inactive with 3.2% remaining inactive at the time of the survey. When asked about the impact of running and walking at parkrun on feeling part of the community, 74.2% said they felt better or much better. This increased to 87.2% when asked about the impact of volunteering at parkrun on feeling part of the community.

Lessons Learnt

Volunteering at parkrun, either as an activity in itself, or in addition to running or walking, can impact the way a person feels about being part of their local community. Parkrun is a viable option for social prescribing in Ireland. An emphasis on volunteering at parkrun should be a key element of the offering.

Practical/Social/Research Implications

Further research is needed on the impact of community initiatives such as parkrun, particularly in the area of social inequities. The barriers to participation should be explored to ensure social prescribing offerings are effective.

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Workshops

The workshops and the parallel oral presentations run simultaneously. If you would like to join a workshop, please sign up at the registration desk at 9am.

Workshop: Tackling health inequity in the community

Kate Cassidy A/Head of Service, Covid Lead, Health and Wellbeing, South East Community Healthcare.



In healthy communities, everyone has opportunities to thrive. This means everyone having access to good schools, further education, well-paying jobs, healthy foods, free or affordable healthcare, affordable and appropriate housing, and safe communities. However, in some communities, not everyone has access to these opportunities.

This workshop focuses on understanding how inequities in communities affects health. Some of these issues are easy to see and others are less clear. These underlying factors are referred to as root causes.

Once you can identify these root causes that affect health, you can begin to develop strategies to address them so that everyone in the community has a fair and just opportunity for good health. To create thriving communities, everyone regardless of age, ethnicity, social status or wealth, needs access to goods, services, and opportunities to participate. We are more likely to make healthy choices if healthy options are available.

To identify root causes, we need to start with the issue that is easily seen and then ask, "But, why?"

Learning objectives.

- Identify root causes of inequities that influence health and explore their impact.
- Explain why root causes matter in community health improvement efforts.

Workshop: Addressing inequity in the prison as a setting for health promotion

Catherine MacNamara, Deputy Head Teacher and teacher of sociology and history at the Midlands Prison, Portlaoise



This hands-on workshop will use the domains of influence (personal, interpersonal, micro-environmental and broader socio-political/environmental factors) on health to approach the impact of the social determinants of health on people in prison.

Once we've nailed down the 'why' of advocating for prisons as settings for health education and promotion, we'll look at the 'how,' with a focus on perceived organisational and policy barriers to furthering the health promotion agenda in Irish prisons.

Underpinning this workshop is the key message from the WHO that loss of liberty is the punishment but that health and wellbeing should not be compromised.

Workshop: Action for change in tackling health inequalities: Implementing Health Impact Assessment (HIA) as an intersectoral approach

Dr Monica O'Mullane, Research Fellow, Institute for Social Science in the 21st Century, University College Cork and Dr Joanne Purdy, Public Health Development Officer, Institute of Public Health



This workshop will be framed by the intersectoral focus of Health in All Policies (HiAP), resonating with the aspirations of Healthy Ireland (2013-2025), Making Life Better (2013-2023) and the WHO Helsinki Statement (2006). HIA is firmly situated within this governance for health model as a tangible pathway for implementing HiAP across local, national and supranational tiers of governance.

This workshop will explore HIA through the lens of the newly published guidance (2021) by the Institute of Public Health Ireland, facilitating a space for dialogue around the ways in which we can use the approach to tackle health inequalities, within academic, practitioner and community contexts. Combining a mixture of presentations and group discussions, the workshop seek to inform and encourage attendees of the potential of HIA in driving action for change in Ireland.



Win a mystery prize by sharing our conference details on your social media outlets and include #hprc2022 in your tweet.

The winner will be judged on creativity, exposure, engagement and popularity of post!

Poster Presentations

EDUSEXAGE – Intimacy and sexuality for older people

Presenter: Dr Martin Power, Health Promotion Research Centre, National University of Ireland Galway

Other Authors: Manuela Schulz, Franziska Damm, Frieder Lang, Friedrich-Alexander Universitat Erlangen Nurnberg, Germany.

Funder: Erasmus+

Introduction

If the social construction of older age often results in aging rarely gaining the limelight, issues of intimacy and sexuality remain taboo. This is particularly so amongst health and social care professionals and though sexual health, dysfunction or violence may arise during consultations, a holistic approach acknowledging psycho-social aspects of intimacy and sexuality for older people continues to be conspicuous by its absence.

Method

The EDUSEXAGE project aims to address this gap by developing online education materials both for older people and for health and social care professionals. EDUSEXAGE is in its initial phase, with an extensive literature review soon to be supplemented by surveys and focus groups with older people, which will inform the development of the educational content.

Results

A range of barriers have been identified for health and social care professionals in engaging in open discussion of intimacy and sexuality with older people, including organisational, personal and cultural. Organisational barriers typically include time pressures, ensuring privacy, role ambiguity, limited training and guidelines, and few specialist sexual services for older people. Common personal barriers are discomfort, fear of embarrassment for either the older person or professional, with gender and cultural differences exacerbating such concerns. Older people are most often perceived as asexual and, thus silence is the most common outcome.

Discussion

Education and training programmes for health and social care professionals assist in raising awareness and improving knowledge, thereby mitigating personal barriers and overcoming stereotypes of aging. Case studies and role plays are more effective than lectures. Programmes must be cognisant however, of time demands on professionals and must appeal to the broad range of health and social care professionals to counteract delegation to specialists.

Practical/Social/Research Implications

Given aging populations across Europe and the contribution of intimacy and sexuality to quality of life and healthy ageing, older people's sexuality needs to be demystified and welcomed into the light.

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Presenter: Rebecca Murphy, Jigsaw- the National Centre for Youth Mental Health

Other Author: Barry McSkeane, BeLonG To

Introduction

Jigsaw and BeLonG To came together in 2016 to find a way to support LGBTI+ young people and their mental health, and co-designed a day-long workshop for those who work or volunteer with young people. This workshop covered topics such as mental health; minority stress; the impact of homophobia and transphobia; research on LGBTI+ young people in Ireland; the role of One Good Adult in supporting LGBTI+ young people's mental health; and implementing a whole-service approach to tackling homophobia and transphobia and supporting and promoting LGBTI+ Young people's mental health. The workshop used a social determinants approach, encouraging participants to look at a young person's environment and the experiences they may have in that environment due to homophobia and transphobia, and the impact this may have on their mental health.

From 2017-2019 we delivered the workshop 20 times in different locations around Ireland to 336 adults who work or volunteer with young people. The covid19 pandemic presented a new challenge and opportunity to access audiences online in different locations around Ireland and offer these audiences different ways of engaging with educational materials and interventions on this topic.

Method

Jigsaw and BeLonG To developed a blended learning approach to this workshop, developing a standalone self-directed online course, with an optional zoom live workshop. This approach allowed a self-determined level of engagement from learners.

Results

This offering has so far engaged with over 1000 learners through the self-directed course, with under 200 (n=183) engaging with the live zoom workshops. Learners have come from a variety of backgrounds including teachers, youth workers, social workers, counsellors, garda youth diversion officers, school completion officers. Feedback from learners has been overwhelmingly positive – 60% strongly agreed or agreed with the statement “This programme will be useful for my work with young people”.

Discussion

The presentation will explore the challenges and benefits of this blended approach and of exploring homophobia and transphobia through a health promotion lens, including what methods Jigsaw and BeLonG To will maintain into the future.

Practical/Social/Research Implications

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

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Presenter: Nicola Briggs, South East Technological University (SETU) Waterford Campus

Other Authors: Professor Niamh Murphy, Dr Evan Matthews, Dr Claire O’Gorman, SETU Waterford Campus

Funder: Strategic alignment of teaching and learning enhancement funding in higher education 2020

Introduction

The National Forum for the Enhancement of Teaching and Learning funded initiatives across all third level institutions to transform teaching and learning for student success. The aim of the current project was to engage students in the life of Waterford Institute of Technology (WIT) and the wider society. Student ambassadors were employed to collaboratively develop student friendly spaces, devise events with a global theme and establish student needs for connection and engagement.

Method

Formative evaluation was conducted to understand student mental and physical wellbeing and levels of connection to campus life following the first full year of on-campus study post pandemic (Student Engagement, Success and Health Promotion Survey (SESH); Research Ethics approval granted on 14/3/2022). Previously validated scales were used to measure wellbeing, happiness and levels of trust (WHO Five Well-Being Index; Perceived Stress Scale; SAPAS; PERMA).

Findings

Participants were 132 students (40 males, 91 females, 1 non-binary) with 80% aged between 17 and 25 years. Half of the students reported that their health was good or very good. Overall, 61.4% of students met physical activity guidelines of at least 150 minutes of moderate intensity activity per week. Mental wellbeing was low (median 10.64; less than 13 indicates poor wellbeing). On a scale of 0 - 10, levels of trust were low (median 5; range 10) and happiness levels were moderate (median 6; range 9). Student perception of their engagement in coursework was low (median 6; range 10) and half felt that spaces on campus did not help them feel connected to their peers (median 5; range 10). Students identified a need for better communication with faculty and peers, difficulties in developing connection online and the need for physical collaboration spaces and campus events to connect students.

Discussion

General mental wellbeing and trust in other people is at a low level among this snapshot of students. Physical activity levels are lower than national student levels.

Practical Implications

More research and practical consultation needs to be conducted to develop a health and wellbeing strategy to address the ramifications of a global pandemic on mental wellbeing across a diverse student body. With the merger of WIT and IT Carlow to become SETU, there is an opportunity to use an asset-based approach to student wellbeing. This needs to be devised with students as partners and be adequately resourced.

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Presenter: Dr Helen Grealish, Discipline of Health Promotion, National University of Ireland (NUI) Galway

Other Authors: Professor Saoirse Nic Gabhainn Health Promotion Research Centre, NUI Galway

Introduction

There is an increasing importance to illustrating societal and professional impact and the wider dissemination of research in the academic tendering process. The term 'impact' here refers to its influence on policy and practice at local and national level to its influence on attitude and behavioural changes in society. Socio-economic and political reasons have driven this development. For example, governments and stakeholders want to demonstrate accountability to the taxpayer for investment in research. Universities and institutions of higher education monitor their performance and contributions to the wellbeing of local and national communities. This paper employs the Research Impact Framework to explore how academic researchers understand the impact of their research.

Method

In this retrospective case study, eight in-depth interviews were conducted with academic researchers that worked in the field of alcohol, drugs and children's research. The interviews were recorded, transcribed and template analysis was conducted using the Research Impact Framework. Four descriptive categories are identified in this framework to help researchers identify and describe the impact of their work.

Findings

The research-related impacts of the participants work were the most easily identified. For example participants cited the number of citations or journal articles they had published. Under policy impacts, the instrumental impact of their work was most frequently cited. On policy documents they were able to detect where their research was used to justify policy development or where it had influenced practice in the delivery of services. It was more difficult to determine the conceptual impact of their work, for example a change in societal attitudes or behaviours.

Discussion

Overall, the Research Impact Framework was found to be a very practical tool in helping researchers think through and identify the impact of their work.

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Presenter: Leah Evans, Mid West Public Health Department

Other Authors: Eimear Dwan, Sinead O'Reilly, Margaret Morris Downes, Anne Dee, Mid West Public Health Department

Introduction

The Irish Traveller population has been identified as experiencing a lifetime of challenging experiences which combine to produce poorer health outcomes. The Covid pandemic highlighted the challenges for this marginalised community in terms of their ability to protect themselves and their families from infection. Infection rates were much higher than in the general population for 2020 and 2021.

Approach

Covid surveillance datasets for the general population and the Traveller population in Ireland for 2021 were compared. We also outline our experience in contact tracing members of the Traveller community. Contact tracing of the Traveller Population was undertaken within the department during this time, and not assigned to the Contact Management Programme.

Findings

Throughout 2021, Covid-19 infection rates in the Traveller population were much higher than in the general population. In 2020, the incidence rate in the general population was 21.09/1000, compared with 174/1000 estimated in Travellers. In 2021, the rate in the general population was 128/1000 compared to 177/1000 in Travellers. Contact tracing revealed many individuals were living in overcrowded settings, sharing bathrooms and washing facilities with multiple families, and not having the capacity to isolate effectively. Because there are so few Travellers who live beyond the age of 65 years, death rates were low.

Discussion

Overcrowded living conditions were one of the main issues in contact tracing encounters with members of the Travelling community. Large families living in small caravans or mobile homes were common. Ability to isolate when sharing washing and toilet facilities with other families was poor.

From a health promotion perspective, we need to understand what these impacts are, how they are experienced and what can be done to mitigate them. With this understanding, a vision for future approaches to health promotion within the context of infectious disease can be developed targeting Travelling communities.

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Coming of age: adolescent participation in health service evaluation

Presenter: Ruchika Mathur, Health Promotion Research Centre, National University of Ireland (NUI) Galway

Other Author: Professor Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway

Introduction

Health needs of adolescents and young people are not adequately met, and there is increasingly a space for practice-relevant research driven by adolescents themselves. This presentation will outline a PhD research plan to advance the conceptual, methodological, and pragmatic understanding of adolescent participation in health service evaluations.

Method

A rapid review of existing evidence, both qualitative and quantitative, on the participation of adolescents in health service evaluations is currently underway. Qualitative data will be collected through participant-led participatory action research with 25-30 adolescent participants of mixed-gender, aged 15-24 years. This study will demonstrate processes of adolescent participation in the evaluation of health services through Public and Patient Involvement in research (PPI) partnerships.

Results

The research will provide a greater understanding of how adolescents view health service needs and their provision, which could be translated to other sectors and/or contexts by providing high quality evidence from an adolescent perspective. This can be further taken up via knowledge transfer to advocacy groups who lobby for service improvements. The research project will also contribute toward the methodological literature on participation itself, by documenting the PPI journey with adolescents and sharing insights from the process, which can inform future research and practice.

Discussion

This PhD will demonstrate how adolescent participation in health service evaluation can be done, document the value it adds to the research outcomes, and provide guidance for policymakers and researchers on this approach.

Practical/Social/Research Implications

Rigorous, innovative, and participatory research on the adolescent health can provide critical inputs for planning and investment in the adolescent health agenda. Adolescents' participation in research, policy, decision-making, community development and health services can lend a significant element of empowerment to the research outcomes as well as act as a catalyst for social change.

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The Farmers Have Hearts Cardiovascular Health Programme: A workplace approach to promote cardiovascular health prevention

Presenter: Diana van Doorn, National Centre for Men's Health at South East Technological University

Other Authors: Dr Noel Richardson National Centre for Men's Health at South East Technological University; Dr David Meredith, Dr John McNamara, Teagasc

Introduction

Irish male farmers are a high-risk group for cardiovascular disease (CVD) mortality. Whilst CVD outcomes are impacted by determinants such as male gender, lower socio-economic status and lower educational attainment, the WHO links 80% of CVD to adverse lifestyle behaviours. There is a need to establish what prompts farmers to adopt behaviour change to improve their health.

Method

The Farmers Have Hearts Cardiovascular Health Programme (FHH-CHP) was a year-long cardiovascular health intervention targeted at male farmers. The programme included workplace-based health checks at baseline and Week 52 and a health behaviour change (HBC) intervention (health coach by phone and/or M (mobile)-Health (by text messaging)). Farmers self-selected into a HBC or a 'usual care' group. The programme adopted several strategies to prompt and support HBC among farmers.

Results

At Week 52, 81.5% of farmers reported having made HBC. At baseline, 45.1% of farmers had at ≥ 4 CVD risk factors which had significantly decreased at Week 52 to 39.0%. Compared to baseline, 41.2% farmers had improved their multiple risk factor profile at Week 52. This was significantly higher among farmers who participated in the HBC intervention compared to those in the usual care group.

Discussion

The FHH-CHP was successful in reaching and prompting HBC among a cohort of farmers who were 'at-risk' for CVD. The findings demonstrate that programme participation prompted a large group of farmers to make sustainable HBC and to improve their cardiovascular health status. This study highlights the value of well-designed and targeted HBC programmes to meet the needs of and engage with specific population groups.

Research Implications

The evidence from the programme is timely. The programme learnings can be used by health practitioners working with farmers or other so-called 'hard-to-reach' groups. Learnings can be translated into occupational health and safety campaigns and can inform health and agricultural policies.

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Biographies

Keynote presenters



Sir Michael Marmot

Sir Michael Marmot has been Professor of Epidemiology at University College London since 1985, and is Director of the UCL Institute of Health Equity. He is the author of *The Health Gap: the challenge of an unequal world* (Bloomsbury: 2015), and *Status Syndrome* (Bloomsbury: 2004).

Professor Marmot is the Advisor to the WHO Director-General, on social determinants of health, in the new WHO Division of Healthier Populations; Distinguished Visiting Professor at Chinese University of Hong Kong (2019-), and co-Director of the of the CUHK Institute of Health Equity. He is the recipient of the WHO Global Hero Award; the Harvard Lown Professorship (2014-2017); the Prince Mahidol Award for Public Health (2015), and 19 honorary doctorates.

Marmot has led research groups on health inequalities for nearly 50 years. He chaired the WHO Commission on Social Determinants of Health, several WHO Regional Commissions, and reviews on tackling health inequality for governments in the UK. He served as President of the British Medical Association (BMA) in 2010-2011, and as President of the World Medical Association in 2015. He is President of the British Lung Foundation. He is a Fellow of the Academy of Medical Sciences and Honorary Fellow of the American College of Epidemiology and of the Faculty of Public Health; an Honorary Fellow of the British Academy; and of the Royal Colleges of Obstetrics and Gynaecology, Psychiatry, Paediatrics and Child Health, and General Practitioners. He is an elected member of the US National Academy of Medicine and of the Brazilian Academy of Medicine.

He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities.



Professor Jennie Popay

Professor Jennie Popay is Distinguished Professor of Sociology and Public Health at Lancaster University.

Her research focuses on social determinants of health equity, the nature and salience of lay knowledge about health equity issues, community empowerment and the evaluation of place-based interventions/policies. She has just completed a longitudinal evaluation of the largest community empowerment programme ever implemented in England – the Big Local - and with colleague has produced an online resource to support place-based work on social and health inequalities <https://neighbourhoodresilience.uk>. She is a member of the Lancashire and Cumbria Health Equity Commission. Previously she led a global network on social exclusion contributing to the Marmot Commission on the Social Determinants of Health which reported in 2008 and was involved in the Marmot review of Health Inequalities Strategy in England. She is currently lead for public involvement in research in the English School for Public Health Research funded by the UK National Institute for Health Research. She has extensive policy experience previously serving on Inaugural chair of the national charity, The People's Health Trust and a member of The Welsh Bevan Commission (advising the Minister for Health), the English Commission of Patient and Public Involvement in Health, and the NHS Commission for Health Improvement.



Professor Jane South

Professor Jane South is Professor of Healthy Communities at Leeds Beckett University, UK and also works with the Office for Health Improvement & Disparities (formerly Public Health England) as their national adviser on communities.

Her research focuses on volunteering and how community life contributes to good health. Starting her professional life as a nurse, Jane later moved into health promotion research and from 2006-2013 was Director of the Centre for Health Promotion Research at Leeds Beckett. Past research includes systematic reviews of lay and peer interventions, qualitative research with Commonwealth Games volunteers and a review of community resilience measurement for WHO Regional Office for Europe. Jane has been at the forefront of establishing a UK evidence base for asset-based approaches and authored the PHE and NHS England (2015) Guide to Community Centred Approaches for Health and Wellbeing. During the pandemic, she has argued for building community resilience as part of public health efforts. She became a Fellow of the Faculty of Public Health in 2015.



Dr Helen McAvoy

Dr Helen McAvoy is the Director of Policy, Institute of Public Health.

Dr. Helen McAvoy graduated from Trinity College Dublin with a primary medical degree in 1997 and worked for several years in both hospital and general practice. She completed her MD in 2000 as part of the Masters in Health Promotion programme NUI Galway. She has worked on a number of government programmes relating to ageing and older people. She is now working as Director of Policy with the Institute of Public Health focusing on progressing the government’s health inequality agenda in Ireland and Northern Ireland. In this role, she has contributed to a number of reports and policy papers on inequalities in maternal and child health, fuel poverty, tobacco, alcohol and inequalities in the border region.



Greg Straton

Greg Straton is the Assistant Principal Officer, Health and Wellbeing Unit, Department of Health.

Before joining the Civil Service, he was the CEO of Treoir and previously the CEO of the Spiritan Asylum Services Initiative (SPIRASI). He was a member of the Working Group to review the Protection Process for asylum seekers which formulated the McMahon report. Greg holds an Honours Degree in Public and Development Management from the University of Stellenbosch in his native South Africa and recently completed an MSc in Healthcare Leadership at the Irish Management Institute.

Workshop facilitators



Catherine MacNamara (ANO Catherine Casey)

Deputy Head Teacher and teacher of sociology and history at the Midlands Prison, Portlaoise.

Catherine has worked in the prison setting since 2004. A graduate of the M.A. in Health Education and Promotion at the University of Limerick, Catherine is passionate about health in prisons and has published a number of research papers in this area, along with completing Ireland’s national mapping project entitled “Improving Prison Conditions by Strengthening Infectious Disease Monitoring” under the lead of Harm Reduction International (2016). A proud Limerick woman, Catherine is a keen advocate for the interconnected nature of education and health in the prison setting and the possibilities that the prison environment creates for health gain.



Dr Monica O’Mullane

Marie Skłodowska-Curie Action (MSCA) fellow based in the Institute for Social Science in the 21st Century (ISS21), University College Cork.

Monica has a Masters in Health Promotion (NUIG, 2005), and completed her PhD on HIA institutionalisation across the island of Ireland (UCC, 2008). Monica subsequently conducted a HIA implementation study in Slovakia in 2010. She is hoping to continue her HIA focused research in an Irish context using the new Institute for Public Health Ireland HIA methodological guidance, framed within a Health in All Policies approach. Monica has published widely on HIA, including her two books HIA and Policy Development and Integrating HIA with the Policy Process, and as acted as advisor on HIA policy at local and national policy levels. Monica is a member of the Cork Healthy Cities steering group and will co-edit a book ‘Celebrating Cork Healthy Cities’ with Cork Healthy Cities coordinator Ms Denise Cahill in early 2023.



Dr Joanne Purdy

Public Health Development Officer at the Institute of Public Health.

Dr Purdy graduated from the University of Ulster in 1999 with a degree in Consumer Studies, followed by a PhD in Joanna joined the Institute of Public Health in 2012 as Public Health Development Officer 2003. Joanna joined the Institute of Public Health in 2012 as Public Health Development Officer and works across several policy areas including, alcohol, tobacco control, gambling, obesity prevention and breastfeeding. Joanna had a lead role in the development of the updated Health Impact Assessment Guidance (HIA) and has contributed to academic courses on HIA. Joanna supports the development of public health policy through evidence reviews, policy evaluations, consultation responses and presentation of evidence to government committees.



Kate Cassidy

A/Head of Service, Covid Lead, Health & Wellbeing at the South East Community Healthcare.

I am an experienced Health Service Manager, with a clinical background in acute services. Along with my vast experience in Health Promotion, I am also a qualified Human Givens Therapist and a registered member of the Human Givens Institute. I hold a Higher Diploma in Social Personal and Health Education; I have extensive experience working in the area of Personal Development Training and Group dynamics.

Both in my professional and personal life my main areas of interest are Health Promoting Health Services, Health Inequalities, and Behaviour change.

Panel contributors



Helen Deely

Interim Assistant National Director for Health & Wellbeing, Strategy & Research, Healthcare Strategy, Health Service Executive

I am a registered Nurse, Midwife and Public Health Nurse with a Degree in Nursing, Masters in Training and Education Management and Applied Governance. I worked in a large maternity hospital in Dublin for a number of years before moving into Public Health nursing in Tallaght, where I worked with Travellers and communities in areas of high disadvantage. I established and managed a health facility in a refugee camp in GOMA Zaire, following a conflict situation, providing child and mother health services such as ante-natal and post-natal care, immunisations, feeding, maternity care etc.

I have extensive operational experience as well as experience of designing, managing and delivering effective strategies, policies and programmes in complex organisational environments. I have held many positions with management responsibility for varied portfolios of work all of which required direct line management of teams but also working across boundaries and systems to implement change. This has varied in different positions from being responsible for the delivery of Primary Care Services in CHO 6 to leading the implementation and monitoring of national policy priorities across the health services to working with Department of Health in identifying targeted programmes to address health inequalities to implementing strategic national projects. Over the past 3 years I have been responsible for supporting, leading, managing, implementing and reporting on national Health and Wellbeing developments and priorities to ensure progress is in line with agreed strategic and operational objectives.

I was instrumental in developing and securing funding for the Sláintecare Healthy Communities programme in 2021 the goal of which is to improve the long-term health of people living in areas of high disadvantage, by addressing the wider social determinants of health, and thereby improve the quality of life for people living in these communities.

I am passionate about trying to address health inequalities and believe this can only be achieved through partnership working with local communities and with other statutory and voluntary organisations



Ronan Dillon

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

Fergal Fox has been working in 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 as a Post Graduate Diploma in Communications, HDip in Education, and a Masters in Health Promotion. He is passionate about engagement and partnership working.

Committee members



Professor Margaret Hodgins

Professor in the Discipline of Health Promotion and Deputy Director, Health Promotion Research Centre, NUI Galway

Margaret has been Principal Investigator for a number of research studies on workplace bullying and harassment, including a national survey of workplace behaviour (2018). She is co-editor of a text book on Health Promotion Settings with Dr. Angela Scriven and co-author of a text on Workplace Health Promotion with Professor Paul Fleming and Mr John Griffith.

Margaret has been at NUI Galway since 1995, working as Director of the Social Care programme and then Director of the MA in Health Promotion, prior to her position as Head of the School of Health Science between 2013 and 2017. She is again Programme Director of the MA/PGD in health promotion and academic director of the specialist certificate in workplace wellness.



Dr Lisa Pursell

Head of Discipline of Health Promotion, School of Health Sciences, NUI Galway

As well as Head of Discipline of Health Promotion Lisa is also a member of the Health Promotion Research Centre at NUI Galway. She has previously worked in the areas of antimicrobial research and veterinary epidemiology before focusing on health promotion and health equity.

Lisa has published in the areas of health impact assessments, health equity and workplace ill treatment. Her current research interests include human and non-human animal interactions.



Biddy O Neill

National Project Lead in Healthy Ireland within the Department of Health.

As National Project Lead in Healthy Ireland Biddy's areas of responsibility include healthy workplaces, mental health promotion and men's health. She has worked in Health Promotion for over twenty-five years at both strategic and operational levels within the Health Service Executive and the Department of Health. She has a background in Nursing and Addiction Counselling and holds an MA in Health Promotion from NUI Galway and in 2021 was awarded an MA in Advanced Facilitation Skills for Promoting Health and Wellbeing from WIT.

Fergal Fox

(see biography under panel contributors)

Dr Helen McAvoy

(see biography under keynote speakers)

Ronan Dillon

(see biography under panel contributors)

Useful Information

Parking

Conference parking restrictions have recently changed on the NUI Galway campus. Delegates that require parking must follow the below instructions to register your car on the parking portal. This will then allow you free parking on the 16th of June in any white line space. It does not cover the blue pay and display spaces. Anyone with a disability accessible parking badge does not need to apply for a parking permit as long as they have the badge on display and park in a disability space.

You are advised to complete the parking permit application before leaving home rather than trying to set it up when on the campus.

1. Visit the following page - <https://nuig.apcoa.ie/applicant#>
2. Select "Create Account" on the top right of the page
3. Select either "Personal" or "Business" account
4. Complete your personal/company details and enter your car registration and details
5. Accept Terms & conditions and an account will then be created
6. Select "Apply for Permit" and choose the event you wish to apply the permit for.

N.B. Do not select the "visitor permit" option, select the permit that applies to the event you are attending.

7. Accept Terms & Conditions and complete booking.

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

Wi Fi access

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

Username: 9876001t
Password: nftj7387

Book of abstracts

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

Workshops and parallel presentations

The workshops and parallel presentations are run simultaneously. If you plan to go to several of the parallel presentations you are asked to sit close to the exit so that you do not disturb the session when leaving. Workshop spaces are limited and you must sign up on the morning at the registration desk.

Lunch

The lunch main course is served in Friars restaurant from 12.45. Due to space restrictions in the restaurant dessert and coffee will be served in the foyer of the conference venue, Áras Moyola.

Any questions?

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

Healthy conference

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

Will the presentations be available online?

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

Conference evaluation

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

Stay in touch

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

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



Win a mystery prize by sharing our conference details on your social media outlets and include #hprc2022 in your tweet.

The winner will be judged on creativity, exposure, engagement and popularity of post!