



18th Annual Health Promotion Conference

Applying the Principles of Health Promotion to Population Health Improvement

NUI Galway

Wednesday 11th June, 2014

Conference Steering Committee

Conference Steering Committee:

Dr. John Devlin	Deputy Chief Medical Officer, Department of Health
Ms. Bidy O'Neill	Interim Assistant National Director for Health Promotion, Health and Wellbeing Division, Health Service Executive
Professor Margaret Barry	Director WHO Collaborating Centre for Health Promotion, NUI Galway
Dr. Saoirse Nic Gabhainn	Health Promotion Research Centre, NUI Galway (Chair)
Dr. Lisa Pursell	Health Promotion Research Centre, NUI Galway
Ms. Verna McKenna	Health Promotion Research Centre, NUI Galway
Dr. Martin Power	Health Promotion Research Centre, NUI Galway

Conference Secretariat:

Dr. Vivienne Batt	Health Promotion Research Centre, NUI Galway
Ms. Cathie Clare	Health Promotion Research Centre, NUI Galway

Conference Programme

- 9.30 **Registration and Coffee**
Venue: Foyer, Aras Moyola
- 10.00 **Introduction**
Professor Margaret Barry, Director WHO Collaborating Centre for Health Promotion,
NUI Galway
Venue: MY243 Aras Moyola
- 10.15 **Keynote Speakers (International):**
- Professor Louise Potvin, ESPUM Université de Montréal, Canada
*The Contribution of Population Health Intervention Research (PHIR) to the
Science of Health Promotion*
- Dr. Antony Morgan, National Institute for Health and Clinical Excellence, UK
*An Asset Model for Public Health: Challenges and Opportunities for Improving
Health and Wellbeing*
- Chair: Ms. Kate O’Flaherty, Director Health and Wellbeing Programme,
Department of Health*
Venue: MY243 Aras Moyola
- 11.15 **Tea/Coffee** (Posters will be available for viewing during breaks)
Venue: Foyer, Aras Moyola Building
- 11.45 **Parallel Presentations:**
- Session A: **Applying the Principles of Health Promotion** *Venue – MY123, Aras Moyola*
Chair: Dr. Martin Power, HPRC, NUI Galway
- Session B: **Monitoring and Evaluation in Health Promotion** *Venue – MY124, Aras Moyola*
Chair: Dr. Catherine Ann Field, HPRC, NUI Galway
- Session C: **Translating the Health Promotion Evidence Base** *Venue – MY125, Aras Moyola*
Chair: Dr. Colette Kelly, HPRC, NUI Galway
- Session D: **Population Interventions** *Venue – MY126, Aras Moyola*
Chair: Dr. Victoria Hogan, HPRC, NUI Galway
- Session E: **Community Interventions** *Venue – MY129, Aras Moyola*
Chair: Dr. Lisa Pursell, HPRC, NUI Galway
- 12.45 **Lunch**
Venue: Friar’s Restaurant

1.45 **Keynote Speakers (National)**

Ms. Biddy O'Neill, Interim Assistant National Director Health Promotion, HSE
Health Promotion in Ireland – The Journey, Reflections and Challenges

Mr. Barry McGinn, Health and Wellbeing Division, HSE
Next Generation Measurement

Chair: Dr. Margaret Hodgins, NUI Galway
Venue: MY243 Aras Moyola

2.45 **Open Space Workshops:**

Workshop 1: Applying the Principles of Health Promotion

Proposers – Ms. Alannah O'Beirne, HPO, HSE West
'Are Irish Children being raised in Captivity'

Ms. Roisin Lowry, Chair AHPI/HPO, HSE Dublin North East
'Applying the Health Promotion Competencies to Practice'

Facilitator: Ms. Barbara Battel-Kirk, AHPI
Venue: MY123, Aras Moyola

Workshop 2: Monitoring and Evaluation

Proposers – Ms. Maureen Mulvihill, Irish Heart Foundation
'How to communicate that Health Promotion impacts Disease Prevention'

Dr. Aleisha Clarke, HPRC, NUIG
'Monitoring and evaluation in health promotion: approaches, challenges and opportunities'

Facilitator: Dr. Claire Connolly, NUI Galway/AHPI
Venue: MY124, Aras Moyola

Workshop 3: Translating the Health Promotion Evidence Base

Proposers – Ms. Fiona Donovan, Galway Healthy Cities Coordinator, HSE West
'How can we keep the evidence base central to decision making'

Ms. Laura McHugh, HPO, Health Promotion and Improvement, HSE West
'Moving from standards to practice: opportunities for Health Promotion in Health Services'

Facilitator: Dr. Michal Molcho, NUI Galway/AHPI
Venue: MY125, Aras Moyola

4.00 **Tea/Coffee** (Posters will be available for viewing)

Closing Session:

Reflections: Dr. Cate Hartigan, Head of Health Promotion and Improvement, HSE

Chair: Dr. Saoirse Nic Gabhainn, HPRC, NUI Galway
Venue: MY129, Aras Moyola

Plenary Speaker Biographies



Professor Louise Potvin, PhD is currently professor at the Department of Social and Preventive Medicine, School of Public Health, Université de Montréal, researcher at the Institut de recherche en santé publique de Montréal, and scientific director of the Centre Léa-Roback sur les inégalités sociales de santé de Montréal. She holds the Canada Research Chair in Community Approaches and Health Inequalities. This Chair aims at documenting how public health interventions support local social development and contribute to the reduction of health inequalities in urban settings. Her main research interests are Population Health Intervention Research and the role of social environments in the local production of health. For the past 25 years she has been a strong advocate for the development and use of evaluation in health promotion. In addition to having edited and co-edited eight books, she has published more than 250 peer-reviewed papers, book chapters, editorials and comments. She is a Fellow and a Director of the Canadian Academy of Health Sciences and the Scientific Editor of the Canadian Journal of Public Health.

Dr Antony Morgan, FFPH

An epidemiologist and Associate Director, Centre for Public Health Excellence, National Institute for Health and Care Excellence (NICE), England, Antony trained originally as an applied chemist and later in information science and epidemiology. He has worked in Public Health in the English NHS for the last 30 years, at district, regional and national level; he is a Fellow of the UK Faculty of Public Health. At NICE he is currently responsible for producing public health guidance across a range of public health topic areas, including inequalities, community engagement, social and emotional wellbeing of children, sexual health, alcohol misuse, quitting smoking during pregnancy, domestic violence and Hepatitis B and C. Antony is currently on secondment to Glasgow Caledonian University (GCU) as Visiting Professor in Public Health. He is based at GCU London, a specialist postgraduate centre of the University, in the role of Programme Leader for the MSc Public Health with Social Action <http://www.gculondon.ac.uk/>. He is also the Principal Investigator for England on the WHO Health Behaviour in School-aged Children. His main research interests include: positive 'asset based' approaches to health development; evaluating social action research initiatives; and taking a social determinants approach to evidence based public health.



Biddy O'Neill currently works as the Interim Assistant National Director for Health Promotion, Health and Wellbeing Division, HSE. She has worked in health promotion since 1993 initially as a Health Promotion Officer for schools and then as the Regional Health Promotion Manager for the South East. In 2003 she was seconded to the Health Promotion Unit, Department of Health as the Health Promotion Advisor and returned to the HSE in 2006 as Health Promotion Manager for National Programmes. She has extensive experience in policy and programme development as well as partnership working with Government Departments, Academia and Community/Voluntary sector. Her background is in Nursing, Addiction Counselling and she has a Higher Diploma in Adult Education and MA in Health Promotion.



Barry McGinn was appointed Head of Planning, Performance and Programme Management in the Health and Wellbeing Division of the HSE in December 2013. Barry has worked in the health sector since 1999 in a variety of information, planning and evaluation roles. He has previously worked at the Department of Health and Children, the Eastern Regional Health Authority, the Primary, Community and Continuing Care Directorate of the HSE and within the office of the Regional Director of Operations, Dublin Mid-Leinster. He is also an Associate Lecturer at the Institute of Public Administration.

Dr. Cate Hartigan, Head of Health Promotion and Improvement, Health and Wellbeing Division, Health Service Directorate. Cate is a registered nurse having trained in the NHS and has a Doctorate in Governance. Cate moved into general management in the NHS in 1994 and returned to Ireland to live in 1999, working in the Eastern Health Board and the East Coast Area Health Board, primarily in Child Care and subsequently in services for Older People; acute hospitals and emergency planning. Cate was appointed Assistant National Director of Primary, Community and Continuing Care for the Health Service Executive (HSE) on its establishment, with responsibility for Planning, Monitoring and Evaluation. Cate also worked as Acting National Director of Corporate Planning and Control Processes for the HSE and more recently as Assistant National Director, Disability Services, HSE.



Now working in the new Health and Wellbeing Division, reporting to Dr. Stephanie O'Keeffe, Cate was appointed as Head of Health Promotion and Improvement which encompasses Sexual Health and the Crisis Pregnancy Programme. She has an extensive background in governance and change management, strategy and policy development and implementation. Cate provides corporate governance expertise on a voluntary basis to the NGO sector.

Plenary Sessions

The Contribution of Population Health Intervention Research (PHIR) to the Science of Health Promotion

Professor Louise Potvin, *Institut de recherche en santé publique, École de santé publique, Université de Montréal*

In this presentation I will argue that although evaluation “of” and “in” health promotion is a necessity for the field to develop “research-informed” practice, it is not sufficient as a foundation for a science of health promotion. In reference to the Ottawa Charter, health promotion is essentially an action-oriented field which aims at supporting individuals’ and communities’ efforts to gain control over their health and the conditions conducive to health. Interventions in the form of programs and policies with the potential to affect health and its determinants at the population level form the core of health promotion activity. Because population health intervention research, or PHIR, poses population health interventions as objects of scientific inquiry, I propose that this new and emerging field should be considered as a fundamental science for health promotion.

An Asset Model for Public Health: Challenges and Opportunities for Improving Health and Wellbeing

Dr Antony Morgan, *Visiting Professor, Glasgow Caledonian University and Associate Director at the Centre for Public Health, National Institute for Health and Care Excellence*

The ‘Asset Model’ first published in *Global Health Promotion* in 2007 was put forward as a way of getting policy makers, researchers and practitioners to think and act differently about their approach to improving health and wellbeing. It recognised that there was a disproportionate emphasis placed on deficit versus asset based approaches to develop health programmes. The former focuses on assessing health needs, sometimes ignoring the potential strengths of individuals and communities; the latter assesses multiple levels of health-promoting aspects in populations, and promotes joint solutions between communities and outside agencies. The Asset Model brought together a range of existing ideas to provide a framework for establishing the evidence base required to demonstrate the benefits to be gained from investing in ‘health centred’ approaches. Since its publication, there has been a growing interest and recognition that the ideas presented in the model could provide some of the answers to unlocking persistent barriers to reducing health inequalities.

So how have the challenges set out by the Asset Model been discussed, advanced or achieved? This paper rehearses the key features of the model, and highlights the opportunities opened up by a growing number of examples of good practice; and focuses on some of the challenges that still lie ahead.

Source: Morgan, A. and Ziglio, E. (2007). Revitalising the evidence base for public health: an assets model. *IUHPE - Promotion and Education*, Supplement 2, pp. 17-22. http://ped.sagepub.com/content/14/2_suppl/17.refs

Health Promotion in Ireland – The Journey, Reflections and Challenges

Biddy O’Neill, *Interim Assistant National Director Health Promotion, Health Service Executive*

Since its emergence at an international level in the 1980’s, health promotion in Ireland has developed and grown with significant achievements in the areas of cardiovascular health, healthy public policies and healthy settings. This presentation will trace the development of health promotion in Ireland over the last thirty years focusing on the policy context and key milestones. It will also reflect on key elements of effective practice and the challenges facing health promotion professionals in this ever-changing land.

Next Generation Measurement

Barry McGinn, *Head of Planning, Performance and Programme Management, Health and Wellbeing Division, Health Service Executive*

The focus on target-driven, performance management within the health services has been a major part of our overall accountability framework since the creation of the HSE in 2005. In recent times, there has been considerable debate about the need for greater balance within this framework, seeking greater visibility for quality and outcomes within the system.

At national level, work is underway to widen the lens through which service performance is measured and evaluated. In light of the publication of Healthy Ireland and the creation of the Health and Wellbeing Division in 2013, Barry will consider the implications and opportunities for Health and Wellbeing services which arise from this and will offer some views on it from a Health Promotion and Improvement perspective.

Open Space Workshops

Three open space workshops will be held in the afternoon, from 2.45 to 4pm.

Each will be facilitated by a member of staff from the Health Promotion Research Centre, NUI Galway who is also a member of the Association for Health Promotion, Ireland.

The three workshops will focus on the broad themes:

- ❖ *Workshop 1: Applying the Principles of Health Promotion (Venue MY123)*
- ❖ *Workshop 2: Monitoring and Evaluation (Venue MY124)*
- ❖ *Workshop 3: Translating the Health Promotion Evidence Base (Venue MY125)*

At each workshop there will be two scheduled 'proposers', that is, conference attendees who wish to discuss a particular issue, problem or question with others – they will be proposing a discussion topic. The scheduled 'proposers' and their intended topics are listed on page 4 of this booklet.

Following the presentation from the two scheduled 'proposers' the facilitator will invite two delegates to make additional proposals based on their own experience and views.

All proposers should speak for between three to five minutes on their topic and once all proposers have presented the group will disperse into subgroups to further consider and discuss the issues.

Attendees will be free to move between sub-groups if they wish.

At the conclusion of the workshop, delegates will be asked to identify any key learning and proposers will be invited to continue their discussions via the AHPI website (<http://ahpi.ie/>) and details of how to participate will be provided.

*** Please note**, you need to sign up for one of these workshops at the registration desk beforehand.

Oral Communications

Room MY123	A: Applying the Principles of Health Promotion <i>Chair: Dr. Martin Power, HPRC, NUI Galway</i>
11.45	Debbie van Tonder: A missed population: design and implementation of a physical health promotion programme for service users with severe and enduring mental illness.
12.00	Barbara Battel-Kirk: Developing professional registration for Health Promotion practitioners in Ireland – findings from a scoping study.
12.15	Hazel Gough: The role of therapeutic recreation in Health Promotion – reflections from practice.

Room MY124	B: Monitoring and Evaluation in Health Promotion <i>Chair: Dr. Catherine Ann Field, HPRC, NUI Galway</i>
11.45	Katie Cunningham: The impact of attending the Croí MyAction CVD prevention programme with a partner on diet and anthropometrics.
12.00	Martin Doheny: Engage – Ireland’s national Men’s Health training.
12.15	Máire McCallion: A case study of the use of logic models for planning and evaluation in Sligo Sport and Recreation Partnership.
12.30	Michael Byrne: The university as a setting for Health Promotion initiatives – a case study of the alcohol and substance abuse working group of UCC Health Matters.

Room MY125	C: Translating the Health Promotion Evidence Base <i>Chair: Dr. Colette Kelly, HPRC, NUI Galway</i>
11.45	Laura McHugh: From standards to practice: guidance document for hospitals on health and wellbeing standards.
12.00	Helen Grealish: Investigating how research impacts on health policy: a review and proposal.
12.15	Mary Callaghan: Towards building healthy school communities through healthy food access.
12.30	Lorraine Burke: Consulting stakeholders about dissemination.

Room MY126	D: Population Interventions <i>Chair: Dr Victoria Hogan, HPRC, NUI Galway</i>
11.45	Carmel Parnell: Happy Teeth: promoting oral health for preschool children in disadvantaged communities.
12.00	Lucia Canavan: ‘Men on the Move’ activity programme: an evaluation.
12.15	Irene Gibson: Effects of the Croí CLANN structured lifestyle modification programme on anthropometric and metabolic characteristics in severely obese adults.
12.30	Miranda Novak: Implementation quality research of prevention programmes in Croatia.

Room MY129	E: Community Interventions <i>Chair: Dr. Lisa Pursell, HPRC, NUI Galway</i>
11.45	David Evans: ‘Beyond the blue line’: evaluating Galway University Hospitals tobacco-free campus initiative.
12.00	Paula Carroll: Community based Health Promotion for men: a guide for practitioners.
12.15	Marian Faughnan: ‘Let’s take on childhood obesity one step at a time’ – an all island campaign of practical solutions for parents.
12.30	Jackie Ruttledge: Effects of the sipITT alcohol misuse intervention – a pilot project.

Oral Communication Abstracts

Presentation Title:	A missed population: Design and implementation of a physical health promotion programme for service users with severe and enduring mental illness
Author(s) and Affiliation:	Debbie van Tonder , St Patrick's University Hospital Caroline Jagoe, St Patrick's University Hospital Martina Coen, St Patrick's University Hospital Paul Geoghegan, St Patrick's University Hospital
Room MY123	Session A: Applying the Principles of Health Promotion

For over two decades it has been recognised that people with serious Mental Health Disorders (MHDs) have a lower life expectancy than the general population (Newman & Bland, 1991). Individuals with MHDs are at higher risk of mortality and morbidity related to cardiac disease (e.g. Garcia-Portilla, 2009; Sowdon & Huffman, 2009), diabetes (Citrome et al., 2007; De Hert et al., 2006), obesity (e.g. Keck & McIlroy, 2003; Wirshing, 2004), high rates of smoking (e.g. de Leon & Diaz, 2005) and dysphagia. The increase in mortality and morbidity are largely related to modifiable risk factors and yet physical health screening and health promotion activities are very rarely considered or systematically applied. Despite the public health implications of such findings, the mental health services worldwide have been slow to respond to this challenge.

While the increased risk of physical health problems of people with MHDs is well documented, researchers have noted that "this lack of parity is so embedded in healthcare and in society that it is tolerated and hardly remarked upon" (Royal College of Psychiatrists, 2013, p.1). This population arguably faces an inequality of outcomes when it comes to physical health (Lawrence & Kisely, 2010) and the challenges of promoting health and preventing disease in this population are compounded by the nature of mental health disorders themselves.

This paper will explore how the principles of health promotion embodied in the Ottawa charter (WHO, 1986) may be operationalised in addressing the pervasive challenge of physical health and wellbeing in people with mental health disorders. Drawing from our experience in designing and implementing a novel multi-faceted physical health programme, we will argue that the principles of health promotion fit comfortably alongside the principles of 'Recovery' as the dominant model in mental health services, and therefore the physical health of this population can, and should, be systematically addressed. An integrated multidisciplinary model, in which health promotion activities, physical health monitoring and maintenance of change are addressed at the individual and institutional levels will be presented.

Presentation Title:	Developing professional registration for Health Promotion practitioners in Ireland – findings from a scoping study.
Author(s) and Affiliation:	Barbara Battel-Kirk on behalf of the Association for Health Promotion in Ireland
Room MY123	<i>Session A: Applying the Principles of Health Promotion</i>

This presentation reports on the findings from a scoping study undertaken in early 2014 with the Health Promotion community in Ireland. The focus of the study was the feasibility of developing a registration system for practitioners in the context of current workforce capacity. The development of such a system will support greater recognition of the contribution of Health Promotion to the population health agenda.

The study was prompted by ongoing interest expressed by the Health Promotion community in Ireland in developing a registration system as the basis for quality assurance of practice, education and training. The study also responds to the opportunity offered to develop a registration system in Ireland within the devolved model of the recently established IUHPE European Health Promotion Accreditation System (<http://www.iuhpe.org/index.php/en/the-accreditation-system>).

Funded by the Health Promotion Department of the HSE, the study presents a snapshot of current Health Promotion workforce capacity and the opinions of the workforce on practice, education and training. Feedback from the workforce on the development of a registration system for Health Promotion practitioners in Ireland, including the main drivers and barriers is also presented. These findings will inform further consultation on the development of a registration system and will include feedback from conference participants.

Presentation Title:	The role of therapeutic recreation in Health Promotion – reflections from practice
Author(s) and Affiliation:	Hazel Gough , Health Promotion, NUI Galway
Room MY123	<i>Session A: Applying the Principles of Health Promotion</i>

The following presentation will provide an introduction and analysis of the Health Promotion/Health Protection model of Therapeutic Recreation. A brief description of the approach and an overview of the research informing it will be provided. This approach will then be explored in relation to the principles of Health Promotion and how these are demonstrated in practice.

Therapeutic Recreation is an activity based process of challenge, reflection and personal discovery which takes a holistic person-centred approach to improve the physical, social, emotional and psychological wellbeing of the individual and groups participating.

The author will make specific reference to her own practice-based experience of such a programme as implemented at Barretstown Camp. Barretstown, which was founded by Paul Newman in 1994, is an Irish Therapeutic Recreation programme run under the aegis of the International “Serious Fun” Network. Its mission is to rebuild the lives of children affected by serious illness and their families. The Barretstown programme, which is grounded in the principles of Health Promotion is endorsed by leading medical professionals and is internationally recognised as having a profound and positive impact on the lives of children with serious illness.

Presentation Title:	The impact of attending the Croí MyAction CVD prevention programme with a partner on diet and anthropometrics
Author(s) and Affiliation:	Irene Gibson - Croí, the West of Ireland Cardiac Foundation. Catherine Crowe - Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland. Katie Cunningham - Croí, the West of Ireland Cardiac Foundation/Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland Claire Kerins - Croí, the West of Ireland Cardiac Foundation. Caroline Costello - Croí, the West of Ireland Cardiac Foundation. Jane Windle - Croí, the West of Ireland Cardiac Foundation. Jennifer Jones - Croí, the West of Ireland Cardiac Foundation. Francis M Finucane - Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland.
Room MY124	<i>Session B: Monitoring and Evaluation in Health Promotion</i>

Introduction: Lifestyle modification is fundamental to obesity treatment, but few studies have described the effects of structured lifestyle programmes specifically in bariatric patients. We sought to measure changes in anthropometric and metabolic characteristics in this cohort after participation in a nurse-led, group-based, fully supervised eight week programme, incorporating tailored weekly exercise sessions and educational workshops.

Methods: Weight, height, waist circumference, blood pressure, HbA1c, fasting glucose and lipid profiles as well as functional capacity (Incremental Shuttle Walk Test) and questionnaire-based anxiety and depression scores before and after the programme were compared in per-protocol analyses using a paired t-test.

Results: Of 109 bariatric patients enrolled, 100 completed the programme. Mean age was 48.8±11.9 years. 38% were male. Results demonstrated that there was a significant mean improvement in weight, BMI, waist circumference, functional capacity, total cholesterol, HDL cholesterol, triglycerides, anxiety and depression at the end of the programme. However, there were no significant changes seen in LDL cholesterol, blood pressure, fasting glucose or HbA1c.

Conclusions: Bariatric patients completing an eight week, nurse-led structured lifestyle programme had improved adiposity, fitness, lipid profiles and mental health, but not blood pressure or glycaemia. Further assessment of this programme in a pragmatic randomised controlled trial is warranted.

1. Conflicts of Interest: None of the authors have a conflict of interest to declare.

2. Funding: This project was funded by grant-in-aid from the Health Service Executive, Ireland.

Presentation Title:	Engage – Ireland’s national Men’s Health training
Author(s) and Affiliation:	Martin Doheny , Institute of Technology of Carlow Aoife Osborne, Institute of Technology of Carlow Noel Richardson, Institute of Technology of Carlow Barry Lambe, Centre for Health Behaviour Research, Waterford Institute of Technology Lorcan Brennan, Men’s Development Network, Waterford Paula Carroll, Centre for Health Behaviour Research, Waterford Institute of Technology
Room MY124	<i>Session B: Monitoring and Evaluation in Health Promotion</i>

Background: Among the key priorities in Ireland’s National Men’s Health Policy is the development of men’s health training targeted at front line service providers. The ‘Engage’ men’s health training programme was developed following a 24-month pilot phase. A 4-day residential ‘Train the Trainers’ programme has been delivered in 2012/2013. This cohort of trainers (n=38) is currently delivering the programme.

Aim: To investigate the impact of a men’s health training programme in terms of the capacity of trainers to deliver the programme; the ‘reach’ of the programme delivered by the trainers; and the knock-on effects of the programme on building capacity among service providers and on the wider service environment.

Methods: This study has adopted a mixed methods approach. Quantitative and qualitative methodologies were used to explore the effectiveness of the process by which the Trainers were trained and supported to deliver the ‘ENGAGE’ programme. Quantitative methodologies are being used (on-going) to evaluate the impact of the ‘ENGAGE’ programme (at baseline and at 20 weeks). Written informed consent will be provided by all research participants. Quantitative data will be entered into an SPSS spreadsheet and both descriptive and inferential statistics will be compiled. A thematic analysis of qualitative data will be presented.

Results: The evaluation of the programme is on-going and a synthesis of both the qualitative and quantitative data will be presented.

Conclusion: The findings from this study will have an important bearing on the application of a gender lens to the development and delivery of so-called ‘male-friendly’ health services.

Presentation Title:	A case study of the use of logic models for planning and evaluation in Sligo Sport and Recreation Partnership
Author(s) and Affiliation:	Máire Mc Callion , The Centre for Research in the Social Professions, The Institute of Technology, Sligo and Sligo Sport and Recreation Partnership. Deirdre Lavin, Sligo Sport and Recreation Partnership
Room MY124	<i>Session B: Monitoring and Evaluation in Health Promotion</i>

Background: Sligo Sport and Recreation Partnership launched its 3rd Strategic Plan in 2013 which includes the objective: *To compile appropriate research to determine and illustrate the impact of SSRP programmes and activities.*

There are various models which describe the stages in programme evaluation and common to many is a first step which clearly describes the programme through involving stakeholders and developing a programme logic model (Green and Tones, 2010). While ideally Logic Models should be developed at the initial planning stages, they can be developed later as an aid to refine the programme and also to assess the 'evaluability' of a programme (THCU, 2001). The recent framework for improved health and well-being 'Healthy Ireland' (Department of Health, 2013) places greater responsibility on organisations to have evaluation data to support their work.

This paper will document the process of developing the capacity of SRRP to evaluate its programmes through the use of logic models. The main focus will be on the development of the logic model for an active community programme in area of considerable disadvantage in Sligo. This paper will also review the process with various stakeholders.

Recommendations for future use of logic models in this setting will be made and further development of capacity for evaluation within the Local Sports Partnership model.

References:

Sligo Sport and Recreation Partnership (2013). *Sligo Sport and Recreation Partnership Strategic Plan 2013*. Available at Department of Health (2013). Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025. Dublin: Department of Health.

Green, J. and Tones, K. (2010). *Health Promotion Planning and Strategies* 2nd ed. London: Sage.

THCU (2001). *Logic models workbook*. Toronto: Centre for Health Promotion at University of Toronto. Available <http://www.thcu.ca/infoandresources/publications/logicmodel.wkbk.v6.1.full.aug27.pdf> [last accessed 3/5/2014].

Presentation Title:	The university as a setting for Health Promotion initiatives – a case study of the alcohol and substance abuse working group of UCC Health Matters
Author(s) and Affiliation:	Michael Byrne , Head of Student Health, UCC Mary Cronin, Dept. of Epidemiology and Public Health UCC Martin Davoren, Dept. of Epidemiology and Public Health UCC Verdi Ahern, Academic Year Manager, Campus Accommodation (UCC) Ltd.
Room MY124	<i>Session B: Monitoring and Evaluation in Health Promotion</i>

Background: In 2012 University College Cork (UCC) commenced a process towards becoming a Health Service Executive (HSE) recognised Health Promoting University. 'UCC Health Matters' employs the settings approach and puts into practice the principles of participation, empowerment, inter-sectoral working and sustainability. It seeks to nurture an environment and activities which will, over time, embed an understanding of how health is created and supported, as well as influencing systemic change in favour of health creation throughout the university.

Case Study: At operational level UCC Health Matters has 8 working groups; these emerged following a series of discussions which were open to all UCC staff and students. This paper focuses on the Alcohol and Substance Abuse Group outlining how its membership and work have evolved, including the development, monitoring and evaluation of key priority indicators (KPIs). Furthermore it highlights the 'Alcohol Free Student Accommodation' initiative – a first in Ireland – as well as work with student societies and the UCC authorities on the creation of more alcohol-free spaces and events. Finally, it discusses the development of new relationships within UCC and with the local community to create a more supportive environment for health.

Presentation Title:	From standards to practice: guidance document for hospitals on health and wellbeing standards
Author(s) and Affiliation:	Laura McHugh , Health Promotion Officer, Health Promotion and Improvement West, Health Service Executive West Laura Molloy, Health Promotion Officer, Health Promotion and Improvement Dublin North East, Health Service Executive Dr Nazih Eldin, Head of Health Promotion Dublin North East / National Lead on Obesity, Health Promotion & Improvement, Health Service Executive
Room MY125	<i>Session C: Translating the Health Promotion Evidence Base</i>

The National Standards for Safer Better Healthcare (HIQA, 2012) set out key principles of quality and safety that should be applied in all healthcare settings. Health Promotion and Improvement identified the need to standardise how “Health and Wellbeing” is understood in the standards. To meet these needs, the Irish Health Promoting Health Services Network has developed a guidance document for hospitals which translates evidence based health promotion into practice for the acute setting.

The purpose of the guidance document is to:

- Support hospitals to gather information and evidence to verify their assessments against the “National Standards for Safer Better Healthcare” and the WHO Standards for Health Promotion in Hospitals
- Support Health Promotion Coordinators in hospitals and/or standards assessment teams in carrying out the assessments
- Demonstrate the interlinking of the WHO HPH and the HIQA standards
- Illustrate comprehensive examples of evidence of health promotion activities in acute hospitals
- Re-orientate the hospitals to develop a more salutogenic culture.

The guidance document was developed in consultation with specialist health promotion staff for various topics and settings and specialist quality and safety staff. The document was circulated in April 2014 and is being very well received by hospitals to date.

Presentation Title:	Investigating how research impacts on health policy: a review and proposal
Author(s) and Affiliation:	Helen Grealish , National University of Ireland, Galway Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway
Room MY125	<i>Session C: Translating the Health Promotion Evidence Base</i>

Multiple methods of inquiry are advocated in exploring how research evidence impacts on health and public policy. Two of the most popular methods in the research literature are documentary analysis and in-depth semi-structured interviews. Other research methods that have been used are focus groups and surveys. The reasons why the analysis of documents is most suited to this area of social inquiry are: documents can provide evidence of the context in which policy decision makers and researchers work. The changes and development of policies over time can be tracked and recorded. The analysis of documents can help to validate and corroborate evidence from other sources. The study of documents is a non-intrusive method of data collection and busy professionals do not have to be troubled during the data collection period. However it has been argued that there is an absence of detail in published studies on how documents are and can be analysed. This paper will discuss the approaches and strategies employed in documentary analysis based on a review of the literature. It will propose the use of 'Framework analysis', an analytical tool developed for applied policy research, for the investigation of these issues in Health Promotion.

Presentation Title: Towards building healthy school communities through healthy food access

Author(s) and Affiliation: **Mary Callaghan**, Health Promotion Research Centre, NUI Galway.
Michal Molcho, Health Promotion Research Centre, NUI Galway.
Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway.
Colette Kelly, Health Promotion Research Centre, NUI Galway.

Room MY125 *Session C: Translating the Health Promotion Evidence Base*

One of the goals of health promotion is to make it easier for people to make the healthy choice. Enabling students to make the healthy choice by improving access to, and availability of, healthy foods is essential in promoting population health. The aim of this study was to explore food availability inside and outside of post-primary schools in Ireland. Schools (n=119) that took part in the 2010 Health Behaviour in School-aged Children study were invited to participate in an online questionnaire which included questions on the internal school food environment. Data were collected from 63 post-primary schools (response rate 55%). The external food environment was characterised by mapping food business locations within 1 kilometre of schools, using ArcGIS 10. Food businesses were categorised based on type of food sold. The majority of schools (68.3%) reported having a canteen, over half (52.5%) had a small food shop and more than a third (37.1%) had a vending machine. Of the schools surveyed, 96.8% had 1 or more food selling businesses, and 75% had 1 or more fast-food businesses within 1 kilometre of the school. This presentation will describe food available in post-primary schools and the categorisation of food businesses in Ireland. The challenges of improving healthy food availability for school communities will be discussed.

Presentation Title:	Consulting stakeholders about dissemination
Author(s) and Affiliation:	Lorraine Burke , Health Promotion Research Centre, NUI Galway. Maureen D'Eath, Health Promotion Research Centre, NUI Galway. Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway. Honor Young, Public Health Improvement Research Network, Cardiff University
Room MY125	<i>Session C: Translating the Health Promotion Evidence Base</i>

It is an ethical imperative of the Health Behaviour in School-aged Children Ireland (HBSC) study to disseminate research findings to as wide an audience as possible, including academics, practitioners, policy-makers and non-specialists. A qualitative exploration was carried out to identify alternative and suitable methods for disseminating research findings on the health behaviours of adolescents in Ireland to a range of stakeholder groups and to collate feedback on existing resources. This was carried out through consultation with the stakeholder groups themselves. Participants were recruited from the stakeholder groups of young people, parents, youth workers and teachers. Using a semi-structured format, the discussions covered responses to current dissemination formats, information needs, and current and preferred sources and formats of information. This study elicited a range of opinions about the dissemination of adolescent health behaviour research data with distinct differences between the individual stakeholder groups. The consultation provided valuable and constructive insights into suitable approaches to the distribution of research findings to a variety of audiences. Correctly adopted, this information has the potential to expand the reaches of the HBSC survey and other research findings thereby extending knowledge on adolescent health behaviours to a broader audience and across a number of sectors.

Presentation Title: Happy Teeth: promoting oral health for preschool children in disadvantaged communities

Author(s) and Affiliation: **Carmel Parnell**, HSE Louth/Meath dental service/ Oral Health Services Research Centre, Cork
Helen Whelton, Oral Health Services Research Centre, Cork
Tara Beecher, Oral Health Services Research Centre, Cork
Sharon Curtin, University Dental School, Cork

Room MY126 *Session D: Population Interventions*

Background: Dental caries (tooth decay) is a problem for many young children, particularly those who come from disadvantaged backgrounds. The foundations for good oral health are laid during a child's early years, but this crucial period for promoting oral health is often overlooked.

Aim: To develop a community-based Oral Health Promotion (OHP) intervention to encourage tooth brushing for preschoolers in a disadvantaged (RAPID) area.

Methods: Consultation with key stakeholders identified preschools as the most appropriate setting for the intervention. Standards for tooth brushing in preschools were developed in conjunction with a 'Happy Teeth' training programme for preschool staff. A dental examination was offered to all children at baseline. Oral health packs were provided to support home brushing. Process evaluation was by pre-and post-intervention questionnaires.

Results: Four preschools (121 children, age range 2.1-5.0 years) participated in the intervention. 25% of these children had decay. 82% of parents had never received oral health advice. After 6 months, all preschools wanted to continue the programme and most parents reported an improvement in their child's home tooth brushing.

Conclusion: OHP can be effectively integrated into a disadvantaged community setting. Early intervention and a multi-faceted approach are necessary to address the high levels of decay in this population.

This project was supported by HRB grant no. HRA_PHS/2010/32

Presentation Title:	'Men on the Move' activity programme: an evaluation
Author(s) and Affiliation:	Lucia Canavan , COPE Galway Paula Carroll, Centre for Health Behaviour Research, Waterford Institute of Technology
Room MY126	<i>Session D: Population Interventions</i>

Men on the Move (MoM) is a 16-week physical activity (PA) programme for men over 35 years that aims to increase the level of PA among this priority population. MoM was delivered in 3 locations to 136 men and was independently evaluated using a mixed message approach (Canavan, 2013). In brief, the programme was effective in recruiting physically inactive men, with a high prevalence of risk factors at baseline (BMI: overweight, 33.3%; obese, 65.2%. Waist circumference: 68.9% were in the high risk category. Blood Pressure: 75% \geq 140/90mmHg). At the end of the programme, the obese category reduced by 20.2% while the overweight and normal categories increased by 16.6% and 6.8% respectively. Changes in waist circumference categories were also seen; the high risk category reduced by 23%, the increased risk category increased by 13% and the healthy category increased by 10%. An endurance 1-mile fitness test was completed pre and post; 62.5% of men experienced a reduction in their time to complete the 1 mile (25% improved by \geq 20%) which is indicative of an improvement in fitness level. Significantly, the increase in 5d/wk activity level at the end of the Mayo programme (30% pre - 39% post) was maintained up to 6 months post (37%) which bodes well for the maintenance of weight reduction. These findings highlight the significant potential for MoM as a weight management intervention for men over 35.

Presentation Title:	Effects of the Croí CLANN structured lifestyle modification programme on anthropometric and metabolic characteristics in severely obese adults
Author(s) and Affiliation:	Irene Gibson , Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. C. Crowe, Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland K. Cunningham, Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland; Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. C. Kerins, Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. C. Costello, Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. J. Windle, Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. J. Jones, Croí, the West of Ireland Cardiac Foundation, Galway, Ireland. F.M. Finucane, Bariatric Medicine Service, Galway Diabetes Research Centre, HRB Clinical Research Facility, Ireland.
Room MY126	<i>Session D: Population Interventions</i>

Introduction: Lifestyle modification is fundamental to obesity treatment, but few studies have described the effects of structured lifestyle programmes specifically in bariatric patients. We sought to measure changes in anthropometric and metabolic characteristics in this cohort after participation in a nurse-led, group-based, fully supervised eight week programme, incorporating tailored weekly exercise sessions and educational workshops.

Methods: Weight, height, waist circumference, blood pressure, HbA1c, fasting glucose and lipid profiles as well as functional capacity (Incremental Shuttle Walk Test) and questionnaire-based anxiety and depression scores before and after the programme were compared in per-protocol analyses using a paired t-test.

Results: Of 109 bariatric patients enrolled, 100 completed the programme. Mean age was 48.8±11.9 years. 38% were male. Results demonstrated that there was a significant mean improvement in weight, BMI, waist circumference, functional capacity, total cholesterol, HDL cholesterol, triglycerides, anxiety and depression at the end of the programme. However, there were no significant changes seen in LDL cholesterol, blood pressure, fasting glucose or HbA1c.

Conclusions: Bariatric patients completing an eight week, nurse-led structured lifestyle programme had improved adiposity, fitness, lipid profiles and mental health, but not blood pressure or glycaemia. Further assessment of this programme in a pragmatic randomised controlled trial is warranted.

1. **Conflicts of Interest:** None of the authors have a conflict of interest to declare.
2. **Funding:** This project was funded by grant-in-aid from the Health Service Executive, Ireland.

Presentation Title:	Implementation quality research of prevention programmes in Croatia
Author(s) and Affiliation:	Miranda Novak , University of Zagreb, Faculty of Education and Rehabilitation Sciences Josipa Mihic, University of Zagreb, Faculty of Education and Rehabilitation Sciences Clemens Hosman, Radboud University of Nijmegen Celene Domitrovich, Prevention Research Centre, Penn State University
Room MY126	<i>Session D: Population Interventions</i>

This paper will present the doctoral research which focused on implementation quality of 24 mental health and preventive interventions. This study was conducted in the collaboration of University of Zagreb, Faculty of Education and Rehabilitation Sciences and the Region of Istria, Department of Health and Social Services and is the first study of implementation in Croatia. Presented study was a part of the wider project “Preffi: Quality assurance in the Region of Istria”. The main aim of the study was to monitor overall level and variability of implementation quality in programs that represent community interventions financed through the public funds.

Three different measures of implementation quality were constructed, including items covering factors which affect the implementation quality i.e. implementation drivers (attitudes towards the intervention, training and knowledge, support for implementer, monitoring system, implementer’s skill, program standardization) and different aspects of implementation quality (fidelity, dosage, participants’ responsiveness, quality, perception of program impact).

Conceptual model of implementation will be presented, together with implementation quality measures proven valid and reliable. This paper will offer contributions for implementation research field in general, especially regarding the community-based interventions that still have to be researched.

Presentation Title:	'Beyond the blue line': evaluating Galway University Hospitals tobacco-free campus initiative
Author(s) and Affiliation:	David S. Evans , Department of Public Health, HSE West Maria Faney, Student in Public Health and Health Promotion, Sligo Institute of Technology Laura McHugh, Health Promotion and Improvement, Health and Wellbeing Division, HSE Irene O'Byrne, Galway University Hospitals Deirdre Goggin, Department of Public Health, HSE West
Room MY127	<i>Session E: Community Interventions</i>

In recognition that health services can have a fundamental role in reducing the impact of smoking, Galway University Hospitals (GUH) introduced a tobacco free campus policy in 2012. This prohibits smoking on the hospital grounds. The study aimed to assess the level of compliance with the policy at GUH. An observation audit of compliance and a count of cigarette butts were undertaken at UHG and Merlin Park Hospital. Chi square, Fishers exact test, and independent t tests were utilised to analyse key issues emerging from the data. Data was collected in July 2013.

Of those observed smoking, 52% were outside the perimeter entrance, with 48% within the hospital grounds. On average, 35 cigarette butts were collected within the hospital grounds during each observation period. The greatest proportion of those observed smoking on the hospital grounds were visitors (57%), followed by patients (33%), and staff (10%). Over two thirds (68%) of those observed smoking outside the hospital perimeter were staff, with 3% visitors and one patient (1%).

Compliance by over half of observed smokers is promising, yet demonstrates considerable scope for improvement. Key recommendations included the need to set targets, modify employee contracts, and review enforcement and awareness raising systems.

Presentation Title: Community based Health Promotion for men: a guide for practitioners

Author(s) and Affiliation: **Paula Carroll**, Centre for Health Behaviour Research, Waterford Institute of Technology
Lisa Kirwan, Centre for Health Behaviour Research, Waterford Institute of Technology
Lorcan Brennan, Men's Development Network, Waterford
Barry Lambe, Centre for Health Behaviour Research, Waterford Institute of Technology

Room MY127 *Session E: Community Interventions*

The Carlow Men's Health Project (CMHP) is the umbrella term given to a partnership of community organisations that joined forces to improve the health and well-being of 'hard to reach' men (as defined by unemployment, low educational attainment, poor income and social isolation) via community based health promotion initiatives. The CMHP strategy was delivered over a 15-month period and included raising health awareness among 'hard to reach' men; a health needs assessment (HNA) and health check (n=164) were conducted and a six-week men's health series, based upon the issues raised at the HNA, was published in a local broadsheet. The strategy was independently investigated and the findings indicated that the men's health series, while well received by those who read it, was poorly positioned within the local broadsheet. Consequently, the CMHP developed the articles into a health booklet which was edited by the National Adult Literacy Agency (NALA) and awarded the 'Plain English' logo. The development and dissemination of this booklet will be the subject of this presentation.

Presentation Title:	Let's take on childhood obesity one step at a time – an all island campaign of practical solutions for parents
Author(s) and Affiliation:	Marian Faughnan , Safefood Clíodhna Foley-Nolan, Safefood
Room MY127	<i>Session E: Community Interventions</i>

One in four Irish children is carrying excess weight (1). *Safefood* in partnership with Healthy Ireland in Republic of Ireland and Choose to Live Better in Northern Ireland launched a three-year mass-media campaign in October 2013 to provide parents with practical solutions in tackling childhood obesity. Evidence informed practice has been essential to campaign development. At the outset, scientific evidence suggested that the campaign focus on the poor parental recognition of excess weight in children (2). However following 18 focus groups with parents of 1-12 year olds it was clear that parents were aware of this health issue and wanted practical solutions. The campaign comprises six evidence-based messages – more water and less sugary drinks, child size portions, fewer treat foods, more physical activity, less screen time and adequate sleep.

The Health Service Executive is a key partner in this campaign in raising awareness of childhood obesity and disseminating campaign resources through its health professional and community services.

Benchmark research and advertising recall were conducted in September and December 2013 respectively among a representative sample of parents (n=909 and 405 respectively). Results will be presented.

References:

1. ESRI. Growing Up in Ireland. 2014 [cited 2014 03/03]; Available from: <http://www.growingup.ie/index.php?id=83>.
2. Safefood. Consumer Food Behaviour Report Consumer Focused Review. June 2012.

Presentation Title:	Effects of the sipITT alcohol misuse intervention – a pilot project
Author(s) and Affiliation:	Jackie Ruttledge , Health and Leisure Department, Institute of Technology, Tralee
Room MY127	<i>Session E: Community Interventions</i>

Background: Alcohol misuse and the associated adverse consequences among 3rd level students in Ireland is of concern. This pilot project aims to reduce harmful drinking and improve student retention among first year health and leisure students in the Institute of Technology Tralee.

Methods: A holistic Intervention incorporating a variety of methods was designed, implemented and evaluated in consultation with students and staff and in partnership with local agencies. The e-PUB online intervention which incorporates the Alcohol Use Disorders Identification (AUDIT) questionnaire was completed at two time points in 2013 (time 1, n=107, time 2 n=78)

Results: AUDIT scores of 8 or more are associated with hazardous and harmful alcohol consumption. Students' scores decreased from time 1 to time 2 (65.4% v 55.2%). Males increased from 28.6% (time 1) to 41.3% (time 2) for scores 0 to 7. Female students who indicated likely alcohol dependence (score of 13 or more) decreased from 21.6% (time 1) to 12.5% (time 2). The percentage of first year students who withdrew/deregistered from the health and leisure course in 2012/13 was 12.15% (n=13). The following academic year (2013/2014) 5.61% (n=6) withdrew/deregistered.

Conclusion: This pilot project successfully decreased alcohol consumption and improved student retention.

Poster Communications

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17	Joanne Vance	<i>We Can Quit</i> : Supporting Low Income Women Smokers to Stop Smoking 2013-2014

Poster Communication Abstracts

Poster Title:	The Role of Pharmacy Students in Health Education
Author(s) and Affiliation:	Ali Alwabel , pharmacist at Saudi Food and Drug Authority, Master student at KAU-HS Ahmad Al-Ghamdi, pharmacist at Saudi Food and Drug Authority Hoda Jradi, Assistant Professor in the department of Public Health KAU-HS

The pharmacist's primary role is to ensure that a patient's medications are the most effective and are used in the most appropriate manner. Health education is any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes.

Objective: This study was designed to elaborate the extent and degree of pharmacy student participation as well as the importance of their role in promoting health for their community. In addition, the college curricula can and should prepare students to share in the process of health education.

Methodology: Cross sectional study conducted research on 257 students randomly selected (117 males and 140 females) from the College of Pharmacy in King Saud University at Saudi Arabia.

Results: It was determined that 94% of students believe in a major role played by pharmacy students in the process of health education to their surrounding community. Unfortunately, according to the results, 71.5% of the pharmacy students indicated that they did not have sufficient materials and moral support to accomplish their role as health educators. The results showed that 55% of students view the college curricula as deficient in accomplishing the students' role in health education, especially when concerned with their pharmacy-training program (60%). In order to develop their communication skills, 82% of the students agreed that their participation markedly improved these skills especially in terms of dealing with community populations. Although 68% of the students had previously participated in volunteer health education programs or campaigns, they indicated that the community did not understand the actual role of pharmacists in health education.

Conclusion: From this study, it can be concluded that pharmacy students are sufficiently capable and enthusiastic to play a remarkable role in the process of health education. It is suggested that an introduction in the College of Pharmacy curricula would improve and increase the participation of the students in health education and provide students the opportunity to be responsible and accountable for the provision of direct patient care. Further studies are needed to measure the extent of community participation in health education programs and campaigns, especially those conducted by pharmacy students.

Poster Title:	Youth Participation in the 2014 HBSC research process: An overview
Author(s) and Affiliation:	Natasha Daniels , Health Promotion Research Centre, NUI Galway. Lorraine Burke, Health Promotion Research Centre, NUI Galway. Anne O'Donnell, Citizen Participation Unit, Department of Children and Youth Affairs. Olive McGovern, Citizen Participation Unit, Department of Children and Youth Affairs. Christina Murphy, Health Promotion Research Centre, NUI Galway. Colette Kelly, Health Promotion Research Centre, NUI Galway. Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway.

There is increasing recognition of the value of involving young people in research. A key function of the Irish Health Behaviour in School-aged Children (HBSC) study is to inform both policy and practice. In order to do this efficiently it is vital that the research is inclusive of young people's own views and priorities. In attempting to achieve this, a series of participatory workshops with specific objectives relating to the HBSC research process were carried out with young people, in partnership with the Department of Children and Youth Affairs Citizen Participation Unit.

These workshops resulted in the creation of a range of themes that the participants felt were important in the lives of young people in Ireland. Next, a question development workshop involved the re-consideration of the themes and the development of questionnaire items. The next step in the process allowed the young people to review and test the proposed questions and finally they were asked to pilot the questions and provide feedback on them.

The young people participated in the process with great interest and the information and opinions they shared were very valuable in preparations for the 2014 HBSC research cycle. Many of the questions created by the young people were included in the 2014 HBSC questionnaire.

Poster Title:	Project Weight Loss: A Community based Health promotion intervention targeted at overweight/obese individuals
Author(s) and Affiliation:	Joan Dinneen , Dept Sport, Leisure & Childhood Studies, Cork Institute of Technology Shirley O'Shea, Health Promotion Dept, HSE South

Project Weightloss (PWL) is a 12-week, community-based, targeted exercise intervention programme with concurrent healthy eating advice and monitoring. The target group is individuals who are inactive and have a BMI over 25kg/m². The goals of the programme are:

- To offer individuals with a BMI > 25 kg/m², a tailored and safe opportunity to exercise in their communities.
- To enable individuals to achieve a measureable change to their fitness.
- To improve overall body composition.
- To empower and equip individuals with lifelong skills around goal setting, motivation, healthy eating and physical activity
- To provide a good practice intervention that is affordable & embraces an appropriate philosophy for this client group.

PWL is delivered in leisure centres with qualified gym instructors as leaders. These staff received training prior to delivering the programme. An evaluation of the Leader Training Programme formed part of this research; results showed that leaders were central to the success of the programme.

Results:

- Significant changes in levels of physical activity
- Maintaining positive changes to eating habits
- Changes to weight and BMI
- Improvements in physiological measurements

Although the sample size was small (n=48) this research provides a valuable contribution to the evidence base in Ireland in relation to community based weight loss interventions.

Poster Title:	Introducing the IROHLA (Intervention Research on Health Literacy among Ageing population) project
Author(s) and Affiliation:	Priscilla Doyle , Health Promotion Research Centre, NUI Galway Jane Sixsmith, Health Promotion Research Centre, NUI Galway Margaret Barry, Health Promotion Research Centre, NUI Galway

IROHLA - Intervention Research on Health Literacy among the Ageing population, is a three year European research (FP7) collaborative project with 21 partners from across the European region. HPRC is a project partner in this initiative, which is co-ordinated by the University Medical Centre Groningen. The purpose of IROHLA is to introduce in European Member States evidence-informed guidelines for policy and practice for a comprehensive approach to improving health literacy in the ageing population. This is coherent with Irish developments where an action point under the theme empowering people and communities in the Healthy Ireland Framework (Department of Health, 2013) is to address and prioritise health literacy in developing future policy, educational and information interventions. This poster presents an overview of the IROHLA project which, by its completion, plans to deliver a comprehensive model for classification of health literacy interventions for the ageing population in Europe. The project will also produce a set of instruments to assess the feasibility and sustainability of health literacy interventions for an ageing population and will identify 20 of the most promising interventions which will constitute the core of a comprehensive approach to health literacy interventions in Member States of the European Union.

IROHLA website link: <http://www.irohla.eu/home/>

References:

- Department of Health (2013) Healthy Ireland: A framework for improved health and wellbeing 2013-2025.
IROHLA Manual for Data Gathering and Analysis of Interventions, The IROHLA consortium, UMCG, Groningen, The Netherlands (2013) [unpublished].
Understanding Health Literacy and the Development of an Intervention Model, The IROHLA consortium, UMCG, Groningen, The Netherlands (2013) [unpublished].

Poster Title: Alcohol Marketing and Young People's Health

Author(s) and Affiliation: **Kathy Ann Fox**, Health Promotion Research Centre, NUI Galway.
Colette Kelly, Health Promotion Research Centre, NUI Galway.
Michal Molcho, Health Promotion Research Centre, NUI Galway

Alcohol related health problems are a significant public health concern in Ireland. According to the 2010 Irish Health Behaviour in School-aged Children (HBSC) survey 46% of children reported ever drinking, 21% reported being current drinkers and 18% reported having been drunk in the last 30 days. There is a growing body of evidence suggesting that excessive alcohol consumption among young people is associated with a variety of negative outcomes including fatal and non-fatal injuries, academic failure and violence. Research has also shown that the prevalence of negative effects from alcohol (on oneself or on other people) can range from 10-30% within a 12 month period.

This study aimed to assess the degree and nature of alcohol marketing exposure among Irish adolescents, and to investigate the relationship between alcohol marketing exposure and alcohol drinking behaviour in adolescents. A cross-sectional study design was employed and data were collected using a self-administered questionnaire and an alcohol marketing diary. A total of 686 young people who attended post-primary schools in Ireland participated in the study.

Results from this research will be presented focusing on problematic drinking behaviours among young people. Study findings will assist in informing policy and translating evidence into health promotion practice by identifying key areas for action.

Poster Title:	Triple P: A Successful Population Health Promoting Programme
Author(s) and Affiliation:	Karen Heavey , Health Promotion and Midlands Area Parenting Partnership Fiona Gallagher, Health Promotion and Midlands Area Parenting Partnership

The evidence based Triple P positive parenting programme was implemented in Longford Westmeath over a 2.5 yr. period using a partnership model (Longford Westmeath Parenting Partnership (LWPP)). This is a successful example of Population Health Promotion¹ in action and will be illustrated through the adapted Population Health Promotion Model.

Parenting has been repeatedly proven to play a fundamental role in determining future mental health, health related lifestyles (including healthy eating, substance misuse, teenage pregnancy) injury rates, aspects of physical health, social competence and educational achievement².

Triple P Programme, together with the LWPP implementation plan, provides a clear example of a population health approach to promoting the health of both parents and children and achieving positive impacts at an individual, family and societal level. Evaluation³ shows significant effects both in terms of child and parent outcomes, and in terms of prevalence rates. An important feature of implementation was the development of a Core Team for technical support, capacity building and regular delivery of this multi-level parenting programme.

This implementation of Triple P which encompasses health promotion, prevention and intervention has resulted in positive population level effects for children and parents in Longford Westmeath.

¹Saskatchewan Health Authority (2002). *A Population Health Promotion Framework for Saskatchewan Regional Health Authority*. Saskatchewan, Canada.

²Simkess, D. *et al.*, Effectiveness and cost-effectiveness of a universal parenting skills programme in deprived communities: multi-centre RCT. *BMJ*, May 2014.

³Fives, A., Pursel, I L., Heary, C., Nic Gabhainn, S. and Canavan, J. (2014). *Evaluation of The Triple P Programme in Longford and Westmeath*. Athlone: Longford Westmeath Parenting Partnership.

Poster Title:	Exploring Non-attendance at Outpatient Appointments in a Public Hospital Using an Equity Lens
Author(s) and Affiliation:	Yomna Hussein , Health Promotion Student at NUI, Galway Laura McHugh, Health Promotion and Improvement, Health and Wellbeing Division, HSE David S. Evans, Department of Public Health, HSE West

Non-attendance at outpatient appointments adversely affects healthcare performance. Identifying population groups at risk of defaulting is a cost-effective approach to reducing non-attendance and ensuring equity of access to healthcare for all. This study aimed to explore socio-demographic and other factors that may contribute to patients not attending their outpatient appointments.

A cross-sectional study was conducted over a one-week period in seven outpatient clinics at University Hospital Galway (UHG). Structured questionnaires were self-completed by attendees and interviewer-led by phone for defaulters. Pearson's Chi square and Fishers exact tests were utilised to analyse key issues.

Letter conflicts accounted for 54% of non-attendance. In addition, 17% reported cancelling before the appointment. The remaining 29% reported forgetting, illness, family emergency, and confusion with multiple appointments. Patients receiving text message reminders were less likely to default ($p < 0.05$). For those that did receive letters, non-attendance was significantly associated with several disabilities ($p < 0.05$).

Administration errors contribute to the majority of non-attendance at outpatients. Current mailing, telephone, and text messaging reminder systems should be reviewed which could reduce non-attendance and provide cost savings for the hospital. Further consideration should be given to the findings that illustrate the significant impact of certain conditions and disabilities associated with non-attendance.

Poster Title:	Examining school children's responses to a food frequency questionnaire
Author(s) and Affiliation:	Colette Kelly , Health Promotion Research Centre, NUI Galway. Kristiina Ojala, Research Centre for Health Promotion, University of Jyväskylä, Finland, Raili Välimaa, Research Centre for Health Promotion, University of Jyväskylä, Leena Paakkari, Research Centre for Health Promotion, University of Jyväskylä, Jorma Tynjälä, Research Centre for Health Promotion, University of Jyväskylä, Kwok Ng, Research Centre for Health Promotion, University of Jyväskylä, Kathy Ann Fox, Health Promotion Research Centre, NUI Galway, Ireland Lorraine Burke, Health Promotion Research Centre, NUI Galway, Ireland Natasha Clarke, Health Promotion Research Centre, NUI Galway, Ireland

Measuring dietary habits among adolescents is challenging particularly if cross-national comparisons are of interest. The existing food frequency items used in the Health Behaviour in School-aged Children (HBSC) study aims to examine intake of key food groups among 11, 13 and 15 year olds across 43 countries/regions. Items of interest since 2001 include fruit, vegetables, soft drinks and sweets (i.e., candy and chocolate).

The aim of the present study, conducted in Finland and Ireland, was to examine children's responses to the FFQ in more detail, and to understand the food items included in the responses by adolescents. Examples of foods within food groups were provided and children were asked to indicate if they included them when answering the FFQ. Data were collected as part of the pilot surveys for HBSC 2013/14 among 12-15 year olds (n=304) in Finland and among 9-18 year olds in Ireland (n=240).

Daily fruit and vegetable consumption was insufficient in both countries, but higher in Ireland than in Finland. In Ireland, reported daily consumption of sweets was greater than in Finland. Overall the respondents recognized the examples provided albeit with some exceptions. The usefulness of this data for cross-national dietary studies will be discussed.

Poster Title:	What influences adolescent body image in Ireland?
Author(s) and Affiliation:	Ursula Kenny , Health Promotion Research Centre, NUI Galway. Colette Kelly, Health Promotion Research Centre, NUI Galway. Michal Molcho, Health Promotion Research Centre, NUI Galway. Kathy Ann Fox, Health Promotion Research Centre, NUI Galway. Lorraine Burke, Health Promotion Research Centre, NUI Galway.

In Ireland, young people have highlighted body image as an issue of concern for them. Consequently, the Department of Health (DoH) requested that HBSC Ireland investigate the factors influencing adolescent body image in the 2013/14 survey. Therefore, the aim of this study was to develop and pilot a question for use in the 2013/14 HBSC Ireland study. A literature review was conducted to investigate whether other cross-national surveys have included a question exploring body image influences. International experts on body image were also contacted to assist in identification of a question. A single item was not identified thus the following question was developed: "What influences how you feel about your body image?". The question was piloted with 75 adolescents aged 13-17 years from two post-primary schools. This presentation will present the findings from the qualitative data collected as part of the pilot study. While parents, peers and the media were identified by students and corroborate the existing international literature, other factors too can play a role for Irish adolescents. It is anticipated that inclusion of the new question on body image in the HBSC Ireland study will lead to a better understanding of the factors at play and thus lead to possible interventions and strategies for improving body image for youth.

Poster Title: Associations between dimensions of primary school socio-ecological environments and health and wellbeing outcomes for pupils

Author(s) and Affiliation: **Yetunde O. John-Akinola**, NUI Galway
Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway.

Purpose: The role of the school environment in supporting improved health and wellbeing has a theoretical base, but has rarely been directly investigated empirically. The aim of this study was to investigate the associations between dimensions of the socio-ecological environment of school and health and wellbeing outcomes.

Methodology: Questionnaire data were collected from 231 pupils in nine primary schools; urban and rural, single and mixed gender, disadvantaged and non-disadvantaged and Health Promoting Schools (HPS) and non-HPS. Questionnaire items included perceptions of the school socio-ecological environment (school perception, class relationships, teacher relationships, school policy and parental participation) and health and wellbeing outcomes.

Findings: Reported school perception (OR 1.21, 95% CI 1.12-1.30), class relationships (OR 1.13, 95% CI 1.06-1.21), relationship with teacher (OR 1.20, 95% CI 1.11-1.29), perception of school policy (OR 1.25, 95% CI 1.13-1.37) and parents' participation in school life (OR 1.32, 95% CI 1.15-1.51) were all significantly associated with health and wellbeing outcomes for all groups of pupils. Very few differences emerged between different school types on the measures of either school socio-ecological environment or measures of health and wellbeing.

Conclusion: The socio-ecological environment is clearly related to general health and wellbeing outcomes, which underlines its relevance to school health promotion. The lack of systematic differences between HPS and non-HPS demonstrate the lack of clarity in definitions of the health promoting status of schools.

Poster Title: Injury-related Mortality in the West of Ireland; Investigating Coroners reports

Author(s) and Affiliation: **Áine O'Brien**, Health Promotion Research Centre, NUI Galway
Michal Molcho, Health Promotion Research Centre, NUI Galway

Trauma from injury and violence represents a major public health problem which undermines fundamental social institutions such as the family, communities and the public health care system. This study adopts a record-base retrospective design with a quantitative method approach to investigate injury-related mortality in counties Galway and Mayo. It examines the types of injuries and the circumstances and mechanism leading to the injury event over a five year period. A total of 723 injury-related deaths occurred in Galway and Mayo during 2006-2010. A distinct difference in injury-related deaths between genders was found, with 71.6% of all fatalities being males. The highest proportion of injury-related deaths was found among those aged between 15-44 years. The main causes of injury-related deaths in Galway and Mayo were road traffic accidents (20.6%), hanging (18.0%), falls (17.4%) and drowning (13.4%). The occurrences of road traffic accidents varied by time of day, day of week and month of year; the greatest number of road traffic deaths occurred on Sunday (23.1%) and Saturday (15.4%), with most road traffic accidents (59.0 %) happening between the hours of 4pm and 4am. A peak in road traffic accident rates was evident in July (16.8%), November (13.4%) and February (10.7%).

Poster Title: Healthy Lifesmiles: an oral health promotion training programme for nurses and carers of older people in County Meath, Ireland

Author(s) and Affiliation: **Mary O’Farrell**, HSE Louth / Meath Public Dental Service
Carmel Parnell, HSE Louth / Meath Public Dental Service

Introduction: The HSE Meath Public Dental Service (former North Eastern Health Board) identified the need for a more comprehensive dental service to older people in residential units. One barrier to improving oral health care for this population is lack of oral health knowledge among carers.

Objectives: The aim of Healthy Lifesmiles was to improve the skills of staff in providing oral healthcare for residents in St Joseph’s hospital, Meath.

Methods: A needs assessment of residents and staff was conducted. A multi-disciplinary working group established good practice standards for oral healthcare at the hospital. The OHP team developed a training programme and resource pack in consultation with target users. Access to dental services was improved.

Results: Ninety staff at the hospital were trained. Pre/post training evaluation highlighted the low pre-training awareness of oral health among staff. Qualitative programme evaluation indicated that staff had a greater appreciation of the importance of oral health for residents and valued the standards that had been introduced, such as denture labelling and oral health assessment at admission.

Poster Title: X-HALE Youth Awards – A youth smoking prevention programme

Author(s) and Affiliation: Eimear Cotter Irish Cancer Society
Kevin O' Hagan Irish Cancer Society
Joanne Vance Irish Cancer Society
Mark Morgan St Patricks College

X-HALE is a programme of the Irish Cancer Society (ICS), which aims to prevent young people from starting to smoke. Since 2011 X-HALE has supported 57 youth organisations across Ireland to develop community based youth led projects that tackle the area of young people and smoking. Approximately 2000 young people have been involved. In 2013 the X-HALE Short Film Competition and Festival was launched and this presentation will outline on how X-HALE has contributed to changing beliefs and behaviours related to smoking in the young people involved. It will also explore youth workers views on the impact of X-HALE.

Methodology: Quantitative pre and post questionnaire with young people involved. Qualitative interviews and case studies with youth workers were also carried out.

When compared to similar national studies the following results were observed; the perceived risks of occasional smoking were higher in X-HALE participants. Those surveyed were more aware of the negative consequences of smoking (e.g. becoming addicted). Young people were less likely to list the positive consequences of smoking. The power of advertising by the Tobacco Industry was strongly recognized as an important influence on starting to smoke. Youth workers valued X-HALE as a model of engagement, new skills development, learning and self-development for young people, which opened debate and exploration of smoking amongst young people.

XHALE takes a novel approach at a time when there is a need for new directions in prevention programmes with its emphasis on social media and skills development. X-HALE should continue as a model for smoking prevention in the future with an emphasis on tackling the health inequalities associated with smoking.

Poster Title: Lung Cancer: You can avoid it, get it, survive it - An evaluation of the Irish Cancer Society's Annual lung cancer awareness campaign from 2011–2013

Author(s) and Affiliation: **Kevin O'Hagan**, Irish Cancer Society
Aoife Mc Namara, Cancer Information Service, Irish Cancer Society
Aishling Deegan, Communications Department, Irish Cancer Society

Background: In 2011 the Irish Cancer Society launched a 3 year advertising and PR campaign to raise awareness of lung cancer in a novel and engaging way. The aim was to move away from the grim, grey, tobacco led and often frightening messages and imagery normally associated with lung cancer.

Methods: The Society undertook market research in 2011 and 2013 to evaluate the impact of the campaign. The objective of the quantitative survey was to evaluate public awareness of lung cancer as well as prompted awareness of the campaign. This survey was nationally representative and 1,000 interviews were completed.

Results: Just under 3million adults recall some media attention on the issue of lung cancer in February (2013). This is up considerably on 2011 levels (2.1 million Vs. 2.8 million). In total 34,342 enquiries about lung cancer were recorded during the two week campaign.

Conclusion: Using traditional as well as online advertising mediums, PR and social media platforms also worked well to reach a wide audience and campaign evaluations show traction with both young and old. Delinking lung cancer from tobacco and going with an empowering message meant that more people engaged with the campaign.



Poster Title:	The Development of an Online Support Environment to promote lifestyle strategies at mid-life to deter/defer dementia in later life.
Author(s) and Affiliation:	Muriel Redmond , Dublin City University Kate Irving, Dublin City University

Dementia is a serious loss of cognitive ability beyond what might be expected from normal ageing. Dementia is currently incurable, but a number of factors have been identified which can enhance/reduce an individual's risk of developing dementia. While some of the principal risk factors are non-modifiable (e.g. age, genetics), a surprising number are modifiable including hypertension; cholesterol; obesity; alcohol consumption; smoking; physical and cognitive activity. The In-MINDD (Innovative Midlife Intervention for Dementia Deterrence) EU funded FP7 Project aims to: (i) develop a robust dementia risk model based on modifiable risk factors; (ii) implement this risk model in collaboration with patients and practitioners, by designing an on-line user environment; (iii) test the feasibility of the In-MINDD system through a primary care-based feasibility randomised controlled trial.

An online user support environment is a key component of the In-MINDD system. This tool will be used to support patients in making changes to the modifiable risks that have been identified through the brain health profiler. Individuals will be given a brain health score and a personalised plan that will target their particular risk factors. The In-MINDD system will promote healthy lifestyle choices and support patients in achieving their individual goals, while raising awareness of strategies to improve brain health.

Poster Title: Applying the principles of health promotion to population based screening – a five year reflection

Author(s) and Affiliation: Lynn Swinburne National Screening Service, HSE

The National Cancer Screening Service (NCSS) encompasses BreastCheck - The National Breast Screening Programme, CervicalCheck - The National Cervical Screening Programme and BowelScreen – The National Bowel Screening Programme. The NCSS is also responsible for developing Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme. The overall aim of screening programmes is to reduce incidence and mortality in the screened population.

The strategic aim of the health promotion team in NCSS is to *deliver the health promotion function within the National Screening Service adhering to our core ethos*. The health promotion team work to principles that fit a health promotion/community development ethos, while focusing on early detection, prevention and cancer screening. These include, support for informed choice, improving the screening experience for the person, remaining evidence based and innovative in our approach, recognising the importance of health literacy, reducing inequalities, social inclusion, participation of communities in health promotion strategies, intersectoral partnership working, providing an equitable service and the use of multi-strategy approaches.

On reflection of the past five years of applying the principles of health promotion to population based screening, the health promotion team have summarised their work into the following categories: community development, community mobilisation, public engagement, social inclusion, access, training and education, media and campaigns, health professional alliances, workplace health, advocacy and health promotion practice.

Poster Title:	<i>We Can Quit: Supporting Low Income Women Smokers to Stop Smoking 2013-2014</i>
Author(s) and Affiliation:	Linda Bauld, Institute of Social Marketing, University of Stirling, Scotland Fiona Dobbie, Institute of Social Marketing, University of Stirling, Scotland Deirdre Fullerton, Insights Health and Social Research Joanne Vance , Irish Cancer Society

Background: The Irish Cancer Society initiated *We Can Quit* action research study to develop and evaluate a community based smoking cessation intervention for women. The first phase study findings from explore the barriers and facilitators of smoking cessation for women low income communities to stop smoking and propose key elements for such a targeted intervention to support women at community level.

Methods: A literature review of smoking cessation interventions directed to women from lower socioeconomic groups and stakeholder consultation via focus groups with women and an online survey with professionals across Ireland.

Results: Barriers were identified for women to access smoking cessation interventions and services in Ireland, but also for staff trying to engage and deliver smoking cessation. Several community based approaches to smoking cessation for women were identified from the literature, focus groups and survey. These ranged from tailoring interventions to social marketing campaigns.

Conclusion: Tailored interventions can be effective but no single model was recommended from the literature or stakeholder consultation, further identifying a need for an intervention development such *We Can Quit*. This should include:

- tailored effective tailored smoking cessation support
- support from community leaders who understand the contexts of women's lives
- the culture of smoking within the community and to encourage a cultural shift
- the wider factors that contribute to smoking e.g. stress, childcare, parenting alone, dealing with debt, low confidence/self esteem and others.

We Can Quit is currently being piloted and evaluated in two areas in North Dublin.

Conference Evaluation

In order to assess whether the Conference was satisfactory and that the needs and expectations of the delegates were met, it would be helpful if you would spend a few minutes of your time completing our evaluation form on Survey Monkey at: <https://www.surveymonkey.com/s/Q7SHBWW> . An email will be sent to you after the conference containing this link.

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