

# Promoting Wellbeing through Equity: Social and Structural Determinants of Health

## Health Promotion Annual Conference

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# Book of Abstracts

In alphabetical order

Note: All names, titles, affiliations and abstract texts have been used as submitted by the authors.



*South-East Technological University*

## **Living the Life: A Community Approach to Men's Health & Longevity**

Poster presentation

This study evaluates a community-based men's health programme designed to improve health and wellbeing among older men. The programme responds to persistent gender disparities in health and aligns with national policy priorities on ageing, loneliness, and community-based care.

A mixed-methods approach was used, including a survey of 32 participants (aged 60–96 years), a focus group (n=11), and stakeholder interviews (n=4). Participants had engaged in the programme for an average of 3.72 years. The programme targeted at-risk, socioeconomically diverse, and socially isolated men who are typically underrepresented in health promotion.

Findings demonstrate substantial positive impacts across physical, mental, and social well-being. Participants reported increased physical activity (72%), high adherence to recommended guidelines (81%), reduced fear of falling (83%), improved mental health (93%), better sleep quality (96%), and a strong sense of belonging (93%), despite age-related frailty risks.

Key success factors included responsiveness to local needs, flexible participation, strong institutional support, and collaborative community delivery. Challenges included limited funding, restricted capacity, and scalability.

The programme contributes to national priorities and Sustainable Development Goals by addressing chronic disease prevention, social isolation, and mental health. Findings highlight the value of community-led, gender-sensitive approaches in engaging hard-to-reach populations and improving long-term outcomes, with implications for policy and scale-up.

Keywords: Men's health; Ageing; Implementation; Policy

*Technological University Dublin*

## **Healthcare Professional Bias Regarding Infant Feeding: A Secondary Analysis Exploring Maternal Perceptions of the Irish Healthcare System**

Oral presentation

In Ireland, formula feeding is the predominant method of infant feeding, embedded in Irish culture. Subsequently, formula is widely available in maternity hospitals, potentially impacting Ireland's low breastfeeding rates, alongside staffing issues.

Data were pre-collected from an online survey. Participants included women who had breastfed/considered breastfeeding children born in Ireland between 2019-2021. All free-text responses were analysed utilising Braun and Clarke's reflexive thematic analysis.

Three themes were generated based on 23,893 responses from 4,695 women:

### **1. Double-Edged Sword: Staff Breastfeeding Advocacy**

While examples of staff expressing bias towards breastfeeding were reported, going above and beyond to provide support, benefiting breastfeeding mothers, formula feeding mothers reported feeling guilty and unsupported by these staff.

### **2. Formula-First Advice in Staff-Mother Interactions**

Mothers perceived staff as biased towards formula, preferring or assuming mothers were formula feeding as the 'easier' option. Staff were therefore reported to be less likely to offer breastfeeding support. Mothers also reported staff being against breastfeeding and refusing support.

### **3. Systemic Undervaluing of Breastfeeding**

Mothers reported bias being built into healthcare, including formula being more accessible and cheaper than breastfeeding resources. Mothers also reported that public staff lacked training and time to support breastfeeding, with mothers having to go private to receive adequate care, while formula feeding was more consistently publicly supported.

Findings indicate inconsistent staff attitudes towards infant feeding. Staff biases, influenced by culture/society, are prevalent and can negatively impact breastfeeding journeys. Variations in breastfeeding support quality, based on bias, lead to inconsistency/inequality within maternity services.

Keywords: Breastfeeding, Formula, Bias, Maternity

*1 HSE Health Promotion and Improvement*

*2 Adult Literacy For Life Co-ordinator, WWETB*

## **Healthy Living for Everyday Life: trusted information for better health.**

Oral presentation

Healthy Living for Everyday Life is a community-based programme demonstrating how health equity can be advanced through co-production, community leadership, and the adaptation of health information to ensure accessibility for all. Funded by the Adult Literacy for Life Collaboration and Innovation Fund, it addresses the disproportionate burden of chronic disease and limited health literacy among socioeconomically disadvantaged groups in Ireland. The programme bridges the gap between signposting and referral, supporting participants to understand and act on healthy lifestyle choices and access appropriate supports.

Developed through a multi-agency partnership, the programme was delivered in community library settings using a health promotion and equity lens. Co-production involved health professionals, adult literacy experts, community organisations, and library services. Delivery emphasised plain English, literacy-friendly communication, and interactive, strengths-based learning. Workshops moved beyond traditional information provision by supporting participants along the behaviour change continuum. Community leadership was central, with local organisations facilitating outreach, engagement, and delivery. Facilitator capacity-building was a key component, with eight facilitators completing structured training in adult literacy awareness and literacy-sensitive health promotion, including tailored support to adapt content using plain English principles.

Evaluation using the RE-AIM framework demonstrated positive outcomes among 268 participants, including increased health knowledge, confidence, and intention to adopt healthier behaviours. The programme also strengthened cross-sector collaboration and enhanced professional capacity. Facilitators reported sustained changes in practice and a commitment to embedding literacy-sensitive approaches.

Overall, the programme offers a scalable, community-embedded model for reducing health inequities and supporting more inclusive health systems.

Keywords: health literacy; health behaviour change

*University of Pécs, Hungary*

## **Creative expression and wellbeing: a mixed-methods study of artists**

Lightning Talk

Artistic creation is increasingly recognized as a potential tool for mental health promotion, particularly in populations experiencing psychosocial stress or difficulties in emotional expression. This study explores how creative processes support emotional regulation and wellbeing in artists.

A mixed-methods design was applied with eight artists (four writers, two painters, and two musicians). Quantitative measures included the Positive and Negative Affect Schedule and the Paykel Life Event Scale to assess emotional state and recent stressors. Qualitative data were collected through interviews and analysed using Interpretative Phenomenological Analysis.

Participants reported high psychosocial stress, including health-related changes, interpersonal conflicts, and financial difficulties. Despite this, qualitative findings indicate that artistic activity functioned as an effective coping strategy and a non-verbal mode of emotional expression. Creative processes enabled participants to access and regulate emotions that were difficult to verbalize, particularly in relation to alexithymia and psychosomatic outcomes. For example, expressive writing supported processing a Multiple Sclerosis diagnosis, while painting helped overcome communication barriers by organizing thoughts visually. Focused artistic engagement also produced a grounding effect, reducing psychological distress and physical tension.

These findings suggest that artistic practices can serve as accessible tools in health promotion. Supporting creative expression may enhance emotional awareness, resilience, and coping, particularly among individuals facing communication or psychological difficulties. Although this study focused on artists, similar benefits may also extend to non-artists through everyday creative activities. Such approaches align with key principles of the Ottawa Charter.

Keywords: artistic-creation, emotional-regulation, health-promotion, creative-expression, coping

*HSE*

## **Woodlands For Health**

### Lightning Talk

Woodlands for Health is a 12-week guided woodland walking programme for adults accessing mental health services in Ireland. Established in Wicklow in 2012 and informed by Scotland's Branching Out model, it provides an accessible and sustainable way to engage with nature as part of a broader approach to supporting mental health and wellbeing.

The programme is delivered through a partnership between Mental Health Ireland, Get Ireland Walking, Coillte, the HSE, and local organisations. It includes guided walks in forest settings, tailored to varying fitness levels and supported by trained leaders and mental health professionals. The approach emphasises inclusivity, social connection, and mindfulness, with added supports such as transport, lunch, and opportunities for environmental learning.

In 2024, 18 programmes were delivered across 14 counties, engaging 384 participants. Evaluations indicate reduced anxiety, improved mood and sleep, increased social connection, and stronger connection to nature. Many participants continued walking beyond the programme. Earlier findings reported 75% improvement in mood and 82% reduction in suicidal thoughts.

These findings suggest woodland-based programmes are an effective, accessible complement to traditional mental health supports. By integrating physical activity, social engagement, and nature exposure, they promote holistic wellbeing. The collaborative model enhances reach and sustainability, with potential to support preventative, community-based care and contribute to the development of social prescribing in Ireland.

Keywords: nature-based, mental health, physical activity

*1 HSE Tobacco Free Ireland Programme*

*2 National Health Intelligence Unit*

## **Removal of Barriers to Optimise Access to NRT via Stop Smoking Services in Ireland**

Oral presentation

Ireland's first National Stop Smoking Clinical Guideline was published in January 2022. The guideline recommends making supports more widely available to clients as access and costs are known barriers to uptake of recommended stop smoking supports. The effectiveness of nicotine replacement therapy (NRT) as a smoking cessation aid is well established; however, cost may act as a barrier to access.

In 2022, Department of Health funding was provided to the HSE to establish new Stop Smoking Services in Sláintecare areas, including the offer of free NRT to those who engaged. In July 2022, this offer was extended to everyone, regardless of where they lived, or financial means.

In 2024, 20,405 quit attempts were supported by HSE Stop Smoking Services (8,601 quit attempts were supported in 2021). Almost 8,000 individuals (who would previously have had to pay for NRT) availed of free NRT via Stop Smoking Services in 2024. There was a significant increase in NRT uptake after the introduction of universal access (78% in 2024 vs 57% in 2021) and higher quit rates at four (59% in 2024 vs 56% in 2021) and twelve (40% in 2024 vs 39% in 2021) weeks.

Overcoming barriers to effective stop smoking care is key to achieving tobacco endgame, especially for the most disadvantaged populations. Investment in stop smoking care to improve access and the introduction of free NRT for everyone using a service has increased the effectiveness of stop smoking care and illustrates the benefits of universal access.

Keywords: equity; access; tobacco; NRT; smoking

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*1 HSE Tobacco Free Ireland Programme*

*2 National Health Intelligence Unit*

*3 RCSI*

## **Practical implementation of a financial incentives programme to encourage smoking cessation among low-income populations**

Workshop

Research shows that financial incentives improve the success of stop smoking programmes. This project co-designed and subsequently implemented a financial incentives programme to help people stop smoking, with input from community members and healthcare professionals in 3 pilot sites. This is a HRB funded study in partnership with the Royal College of Surgeons in Ireland.

Co-design workshops were held in Sláintecare communities in Limerick, Dublin and Longford. A modified Nominal Group Technique approach was applied to encourage all participants to share their views on the potential structure of the financial incentive intervention to stop smoking and to reach a group consensus by the end of each workshop. 59 participants (including 26 community members) took part across the three workshops.

The incentive total was set at €400 (over 12 months). Incentives are provided in the form One4All gift vouchers and provided at follow-up quit appointments in line with the Irish Standard Treatment Programme. Adults living in the pilot areas that hold a medical card are eligible to be included in the scheme. Non-smoking status is verified at appointments using a breath carbon monoxide test. 182 unique clients have engaged to date. 75% have set a quit date with 63% successfully quit at 4-weeks.

The target population for this intervention are people at a higher risk of health inequalities due to smoking. 37% of clients are unemployed or cannot work due to illness/disability. 1-in-3 clients report having a mental illness and/or living with chronic disease.

Keywords: Sláintecare, Tobacco, Health Inequalities, Co-production

*South-East Technological University*

## **Exploring Equity and Demographic Reach in ‘Ireland Lights Up’: Implications for Health-Promoting Sports Clubs**

Oral presentation

Sports clubs are increasingly recognised as important community settings for health promotion, with potential to influence physical activity (PA) beyond traditional sporting populations. Walking initiatives such as ‘Ireland Lights Up’ (ILU) aim to engage communities in accessible PA. However, there is limited evidence on the demographic reach of these initiatives and whether they engage diverse population groups. This study explores the demographic characteristics of individuals involved in ILU and considers implications for equitable access to community-based PA.

Informed by the RE-AIM framework, a mixed methods approach was utilised. Quantitative data was obtained through cross-sectional questionnaires distributed to participants (n=1226) through GAA club networks. Qualitative data was collected through snapshot interviews (n=30) with participants during site visits.

Participants were predominantly White (99.5%), with a median age of 47 years. Eighty percent reported third-level or postgraduate education. GAA club members accounted for 84% of participants, with the majority female (76.5%) and living in rural areas (80%). Loneliness was significantly higher among younger adults than those aged over 65 ( $p < 0.05$ ). Qualitative findings highlighted three main participation drivers: safety, social interaction and club infrastructure.

While ILU demonstrates important health and wellbeing benefits, particularly for women, participation appears concentrated among those already connected to sports clubs and socially advantaged groups. These findings highlight the influence of social and structural factors on participation in community-based PA initiatives. Interrogating what meaningful equity looks like through targeted outreach and partnerships may help ensure initiatives such as ILU contribute more effectively to advancing health equity.

Keywords: physical activity; community settings; inclusion

**Bridging the Gap: Leveraging Partnerships to Address Food Insecurity in a Third Level Setting**

Poster presentation

Food insecurity is a significant issue for many in Ireland, with university students a particularly vulnerable cohort. High living costs, expensive living accommodation and limited financial resources can further exacerbate the issue, forcing many students to skip meals or look for additional support. The impact of food insecurity can be widespread - affecting both the physical and mental wellbeing of students and ultimately their academic performance.

Healthy UCD partnered with the Southside Partnership Dun Laoghaire Rathdown to deliver a pilot of the Healthy Food Made Easy Programme during the academic year 2025/2026. Healthy Food Made Easy is a six-week community-based basic nutrition and cookery course funded by the HSE. The course helps people to plan and prepare healthy, easy to cook meals on a budget and provides an opportunity to connect with others. Healthy UCD collaborated with the existing support units on campus to identify students most at risk of food insecurity.

The Healthy Food Made Easy Programme was delivered during each term of the academic year. A total of thirty-two students participated over the year and had the opportunity to enjoy all of the food prepared at the end of each class and to take home any leftovers in a Healthy UCD lunchpot that was provided to each participant.

Food insecurity is a complex issue, driven by a variety of socioeconomic and environmental factors. Local partnerships provide an opportunity to leverage existing community programmes in a university setting to help to address these problems.

Keywords: food insecurity; partnership

*1 HSE, National Health and Wellbeing*

*2 HSE Communications and Campaigns*

## **How Parents Frame the Drivers of Child Health: Insights for Policy on Commercial and Structural Determinants**

Poster Presentation

Advancing health equity requires understanding how parents frame the drivers of child health and what they see as changeable through policy and systems. From our nationally representative survey of parents 2024 (n=768), we examined whether parents attribute barriers to different child health areas to commercial/structural determinants versus individual/household factors.

The survey used a concern-based segmentation approach to identify five parent segments that cluster by dominant concerns and broadly align with child life stage and socioeconomic circumstances. We compared parents' reported barriers for (i) vaping/alcohol, (ii) healthy eating, and (iii) physical activity.

For vaping and alcohol, parents attributed commercial determinants: product availability (vaping 65%; alcohol 52%) and marketing/promotion (vaping 53%; alcohol 40%), and social media influence (vaping 40%; alcohol 42%). In contrast, healthy eating barriers were framed primarily as proximal household issues—food preferences (47%), fast food convenience (42%), and treat foods (37%). Physical activity sat between these frames: time constraints (34%), screen time preference (31%), road safety (30%), and access to facilities (27%).

For parents, commercial determinants appear highly visible for substances but comparatively less salient for diet, potentially shaping which policy levers are seen as legitimate and urgent across issues. The “individualisation” of eating barriers—despite some acknowledgement of marketing—may contribute to inequities if families facing greater constraint (time, cost, access) are implicitly positioned as primarily responsible for change. Physical activity narratives partially bridge this gap by invoking environmental barriers (safety and access), suggesting a pathway for reframing healthy eating as similarly structured.

Keywords: child health, health and wellbeing

*HSE, National Health and Wellbeing*

## **Stronger Together: cross-agency co-production to influence policy on childhood obesity**

Oral presentation

The Healthy Weight for Children Framework provides strategic direction for improving child health and preventing obesity, applying a child health and equity lens to the Obesity Policy and Action Plan. Children living in disadvantaged circumstances are disproportionately exposed to obesogenic environments, highlighting policy level action that addresses structural and commercial determinants of health. The associated HSE Healthy Weight for Children Action Plans support coordination across services to build this capacity.

A key objective of the HSE Healthy Weight for Children Action Plan is to strengthen capacity to inform and influence policy, regulation and legislation impacting on obesogenic environments. This is achieved through co-ordinated, cross agency collaboration. A Healthy Weight for Children Policy Group — comprising the HSE Healthy Eating Active Living Programme, HSE Healthy Childhood Programme, safefood, Irish Heart Foundation and Institute of Public Health — meets biannually to co-produce consultation submissions. This collaborative model integrates organisational expertise, public health evidence, and advocacy.

Between 2024 and 2026, the group contributed to policy processes, including submissions on online safety and broadcasting regulation, advertising standards complaints related to marketing to children, and consultations on online harms, the National Obesity Strategy, and the Healthy Ireland Framework.

By developing a shared narrative and aligning advocacy efforts, the group has strengthened policy messaging on commercial and structural drivers of childhood obesity, reduced duplication and amplified impact. This demonstrates how co-production across health system and civil society partners can advance health equity through sustained, coordinated policy engagement.

Keywords: child health; policy; obesity

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## **Problem Gambling in HSE South-West: a Regional Health Needs Assessment (HNA)**

Oral presentation

### Background

Recent Irish evidence indicates higher levels of harm from problem gambling affecting adults, adolescents, families, and communities. The Gambling Regulation Act 2024 introduces a new regulatory framework, however, service planning still requires clearer understanding of local need. The aim of this health needs assessment (HNA) is to determine the extent of problem gambling and its harms in the HSE South-West and to identify potential unmet needs.

### Approach

This HNA comprised a review of the literature on risk factors, interventions, and the policy landscape. An epidemiological analysis outlined national and regional prevalence and examined commercial determinants of problem gambling. Stakeholder engagement was conducted through a survey of health service, voluntary and community organisations, and general practitioners.

### Outcomes

Using the national ESRI estimate that 3.3% of Irish adults meet criteria for problem gambling, approximately 12,000 adults in Cork and Kerry are likely affected. Risk factors include male gender, younger age, impulsivity, substance use, and exposure to online gambling and marketing. Stakeholders reported under-recognised harms such as financial and psychological impacts and a significant lack of integrated services. Geo-mapping highlighted the density of commercial gambling outlets in areas of highest deprivation.

### Discussion

The assessment demonstrates a clear need for strengthened prevention, integrated treatment pathways, and improved data infrastructure. Harms extend beyond individuals to families and communities, requiring a coordinated public health response. Regulatory reform offers opportunity, but sustained investment, evaluation, and cross-sector collaboration will be essential to reduce gambling-related harm in the HSE South-West.

Keywords: gambling; needs assessment; policy; regulation

## **Making Every Contact Count: Enabling Equitable Access to Behaviour Change Support**

Oral presentation

Health services play a key role in shaping access to health and wellbeing support and addressing health inequalities. Making Every Contact Count (MECC) is the HSE behaviour change programme and a key element of the Slaintecare Healthy Communities initiative. MECC enables healthcare staff to use everyday interactions to routinely deliver brief interventions for key health behaviours, including smoking, physical activity, alcohol and healthy eating to improve health outcomes and reduce the burden of chronic disease. However, to realise this potential, the implementation of MECC requires renewed focus to scale up and embed this approach in practice. Approach: This work focuses on strengthening the MECC learning approach, improving delivery within healthcare settings, and demonstrating impact to drive implementation and improve equitable access.

The national MECC programme is being advanced through three key areas:

1. Development of a new MECC learning journey, including redesigned and condensed e-learning, updated workshops, and new train-the-trainer model, to support healthcare staff to deliver inclusive, accessible, person-centred brief interventions.
2. Evaluation of the implementation of the curriculum for the prevention and management of chronic disease within Higher Education Institutions
3. Demonstrating impact and service user experience through case studies of implementation in practice across diverse acute and community settings

Discussion: By building workforce capacity in the health service to deliver effective brief interventions, MECC can maximise equitable access to support and contribute to a population health approach to reduce the burden of chronic disease and health inequalities.

Keywords: Chronic disease; brief intervention; prevention

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*1 School of Public Health UCC*

*2 Traveller Visibility Group*

*3 APC Microbiome Ireland, UCC*

## **Promoting Epistemic Justice through Community-Based Participatory Health Research with the Traveller Community**

Oral presentation

The Irish Traveller community experiences severe marginalisation across many structural health determinants including education, health, and accommodation policies, racism, and income poverty. Research is central to the production of new knowledge to ameliorate these key determinants. Community-based participatory research (CBPR) is an approach which equitably involves communities as partners to research matters of relevance to them, to co-produce knowledge for use in community advocacy work with the goal of informing culturally appropriate and evidence-based policies and practices. **Method.** We report on an innovative, CBPR, health-focused project undertaken through a transdisciplinary, community-academic partnership between the Traveller Visibility Group, Cork, a social scientist and a clinician-scientist. Adoption of an engaged research methodology led to ethical, power-sharing processes across the research cycle and the positive transformation of traditional research roles and power dynamics as Travellers contributed as co-researchers and peer-researchers. Our co-design process produced a novel, digital survey, accessible via a QR code using a mobile phone, which was successfully deployed by 14 peer-researchers. We gathered data from 590 Traveller families, with only 6 invalid responses despite reported low levels of literacy in the community, thus demonstrating the value of Traveller knowledge in the design process. Up-to-date evidence is now available for the community’s advocacy work and to inform statutory policies and practices.

This project demonstrates how an equitable approach within research can support community participation and research innovation. Moreover, it elevates Traveller community knowledge in support of epistemic justice, health equity and improved wellbeing for the community.

**Keywords:** Co-produced research; digital survey; innovation

*1 HSE & Health Promotion Research Centre, University of Galway*

*2 Discipline of Health Promotion, University of Galway*

## **Community Knowledge and Policy Pathways for EcoHealth: Advancing Equity Through Co-Production, Lived Experience, and Socio-Ecological Governance**

Oral presentation

Earth's ecosystems are essential to human and planetary health, providing services such as clean water, food production, and climate regulation. Yet accelerating ecosystem degradation is exacerbating health inequities linked to both social and ecological determinants of health. Addressing these interconnected challenges requires cross-sectoral, community-engaged approaches that integrate ecosystem sustainability with health and wellbeing. Health Promotion and EcoHealth provide complementary frameworks for operationalising place-based socio-ecological action through equity, participation, systems thinking, and transdisciplinary collaboration.

This study explored how community knowledge and values can inform socio-ecological governance, policy, and practice to support health and sustainability. A multi-phase qualitative design engaged a rural community (n=148) alongside national policymakers (n=20). Phase 1 involved participatory workshops with 121 residents aged 10–89 years, using nature walks, community mapping, habitat mapping, timelines, ranking exercises, and EcoHealth templates to examine relationships between ecosystems, health, and sustainability. Phase 2 comprised validation workshops with 27 participants using participatory ranking and scenario forecasting methods to authenticate findings and evaluate participatory tools. Phase 3 involved semi-structured interviews with senior policymakers exploring the integration of community knowledge into intersectoral governance and decision-making.

Findings demonstrated extensive community understanding of the ecological determinants of health, with particular emphasis on cultural and regulating ecosystem services. Four themes emerged: nature-based health and wellbeing impacts; indirect wellbeing benefits; awareness and understanding of nature's value; and community action for habitat protection and restoration. Policymakers highlighted the importance of community engagement, multisector collaboration, policy coherence, and practical supports for advancing inclusive EcoHealth planning, while identifying institutional silos and fragmented governance as key barriers. The study highlights the value of co-produced, place-based EcoHealth approaches in strengthening participatory socio-ecological governance and informing integrated responses to climate change, biodiversity loss, and health inequities.

Keywords: EcoHealth; Ecological Determinants of Health; Community Participation; Socio-Ecological Governance; and Sustainability

*HSE*

## **Making Every Contact Count for Brain Health**

Oral presentation

Pilot programme developed by the Health Promotion and Improvement Department and the Integrated Care Programme for Older People (South). Three pilot programmes were delivered in a area of Cork with high levels of deprivation, in response to projected increases in dementia diagnoses over the coming decade. The programme is informed by evidence from The Lancet, which identifies fourteen modifiable risk factors for dementia, including physical inactivity, unhealthy diet, alcohol use and smoking. The SPARK Innovation Programme provided funding. Programme development involved stakeholder research with a design team and a co-design workshop with participants to inform content and delivery. Primary research was also undertaken, with ethical approval granted by Clinical Research Ethics Committee of the Cork Teaching Hospitals.

The programme was delivered as a group-based brief intervention using the MECC framework. It comprised three two-hour sessions structured around the Five A's behaviour change model, with a focus on increasing awareness of dementia risk reduction and strengthening connections to local community resources that support positive lifestyle change.

Early analysis of research findings is promising. Results indicate improved awareness that dementia can be prevented, increased knowledge of lifestyle factors linked to dementia risk reduction, and significant increases in self-rated confidence and motivation to make lifestyle changes.

The programme is being reviewed with the view to deliver the programme across HSE South-West. Plans are being reviewed to also upskill health care staff and improve relevant improve policy, strategies and legislation.

Keywords: Dementia Prevention; Brief Intervention; Empowering

*University of Galway*

**Nothing about us without us at parkrun: A participant panel approach to equity in community physical activity initiative research**

Poster presentation

The community physical activity initiative parkrun has been a popular target for research over the last 20 years. Although parkrun attracts runners, walkers and volunteers from a wide range of backgrounds, the associated research does not always fully reflect this diversity. When planning a study of parkrun participation in University settings the aim was to ensure materials and methods maximised diversity, equity and inclusion.

Funding for a participant panel was included in the project budget. University staff, students, parkrun participants seeking international protection and people from the local community were included on the panel, meeting online in September 2025. The group reviewed the recruitment poster, plain English statement and an interview guide.

Changes were made to all materials following oral and written feedback from the panel. Questions for the semi-structured interviews were simplified to maximise understanding for people who do not speak English as a first language. The revised materials were approved by the University ethics committee and used in the study implementation.

The use of a participant panel was an effective method of ensuring research materials were appropriate for a diverse audience. Including the panel at budget stage allowed for panel members to be respected and rewarded for their participation. Two panel members will be co-designing and presenting this poster. The findings from the resulting study will be used to develop a set of policy and practice guidelines for physical activity initiatives in university settings.

Keywords: Public-participation, community-initiatives, green-spaces, universities, diversity

*Healthy Prison Lead - Irish Prison Service*

**Development of Healthy Prisons Framework: Advancing Equity Through Policy, Community Leadership, Co-Production and Lived Experience**

Oral presentation

Improving the health and wellbeing of the population is a key goal of Healthy Ireland and it is underpinned by a whole of government approach. The Healthy Ireland Strategic Action Plan (2021-2025) is focused on addressing health inequalities., with a greater emphasis on improving the health and wellbeing of marginalised groups.

In response to this the Irish Prison Service in partnership with the Department of Justice, Healthy Ireland, Health Service Executive (Ireland's National Public Health Service) and other key stakeholders are developing a National Healthy Prisons Framework.

Unique to this Healthy Prisons framework will be a dual focus on people in custody as well as all staff working within the custodial environment. The significant physical and mental health impact of working in prisons is well documented. Therefore, this framework will identify the wellbeing needs of people in custody and separately the wellbeing needs of staff, incorporating a whole systems approach to bring about long-term sustainable change to improve the health and wellbeing of the prison and prison staff population.

With an initial focus on people in custody, a mapping of current health and wellbeing activities in prisons, as well as consultation with key stakeholders. This includes focus groups to include those living in prisons – 'lived experience' HRB have completed an evidence review.

I would like to present a PP presentation with an update on the progression of the development of this first of its kind Irish Healthy Prisons Framework.

Keywords: Health Equity

*1 HSE National Health & Wellbeing*

*2 HSE National Healthy Childhood Programme*

## **Increasing Engagement in Parenting Programmes: A Practice-Based Approach in Sláintecare Healthy Communities**

Oral presentation

Engaging parents/caregivers in evidence-based parenting programmes in disadvantaged communities is complex and shaped by practical, psychological, and structural barriers, including limited access to transport and childcare, financial stress, stigma, and mistrust of services. While many of these barriers are beyond the direct control of services, they significantly influence participation. Within the Sláintecare Healthy Communities (SHC) Programme, variation in engagement reflected these wider challenges, alongside differences in local delivery contexts.

In 2023, a national practice-based review was undertaken to identify actionable ways to improve engagement. A survey of delivery partners (n=19), alongside input from SHC coordinators, captured frontline experience and identified gaps in communication, accessibility, and programme fit. Findings informed a coordinated response, including expansion of the parenting programme suite (in consultation with Parents Plus and Triple P), development of updated promotional materials tested with target communities, and investment in local training and delivery capacity. The approach emphasised flexibility, partnership working, and responsiveness to lived experience. Delivery partners reported improved reach, stronger engagement with parents, and increased confidence in promoting programmes in locally relevant ways. A more flexible and expanded programme offering improved alignment with parent needs. Between 2022 and 2025, attendance at parenting workshops increased by 75%, with a 53% rise in participation in group-based programmes.

Focusing on modifiable aspects of service delivery can improve engagement, even where structural barriers persist. Adapting programme content, delivery, and promotion enhances accessibility and relevance. Continued support and investment are needed to sustain and extend these approaches across services.

Keywords: Parenting; community engagement; health inequalities

*HSE Health & Wellbeing IHA Dublin North City & West*

## **Implementation of the Financial Incentive to Stop Smoking Scheme in HSE Integrated Health Area Dublin North City & West**

Poster presentation

Smoking is the leading cause of disease and premature death worldwide. In Ireland, over 4,500 people die each year due to smoking-related harm with daily admissions to hospitals.

Though most smokers want to quit, smoking cessation can be very challenging. In response, the HSE piloted the Financial Incentives to Stop Smoking (FISS) scheme which provides people from disadvantaged areas who smoke with an incentive to make a quit attempt, thereby increasing engagement with support and the chances of success.

Participants were recruited through community-based promotional stands and healthcare professional referrals. Eligibility criteria focussed on those experiencing disadvantage who:

- Live in the Sláintecare Healthy Communities area of Finglas/Cabra.
- Are aged 18 years or older.
- Have a medical card.
- Are willing to engage with the Stop Smoking Service.

Intervention Design: Participants received a structured combination of:

- Behavioural support with a qualified Stop Smoking Advisor.
- Pharmacological support of free Nicotine Replacement Therapy.
- Financial incentives totalling €400.
- Further signposting to social services based on needs.

A higher percentage of clients taking part in FISS scheme, 86% set a quit date in comparison to those taking part in the regular Stop Smoking clinics, 59%.

The financial rewards acted as a catalyst for positive behaviour change and also contributed to broader sustained lifestyle improvements.

Keywords: Smoking; disease; behavioural; support; cessation

*University of Galway*

**To what extent do physical activity interventions improve the wellbeing of nursing home residents and, what are the barriers to effective implementation**

Poster presentation

What is the extent to which physical activity interventions improve the well-being of older adults residing in nursing homes. Older adults in these environments are characterised by high levels of dependency, multi-morbidities and polypharmacy, contributing to reduced physical ability and increased risk of conditions such as depression, fatigue and sarcopenia. While population ageing increases longevity, many additional years are lived in poor health, emphasising the need to create and implement alternative interventions that improve functional ability and quality of life.

Peer reviewed articles published between 2020 and 2025 were examined to assess the impact of physical activity interventions on health and wellbeing and the barriers to successful implementation. Evidence demonstrates that physical activity contributes to improvements in mobility, balance, mood and independence, while also contributing to a reduction in fall risk and depressive symptoms. Where physiological outcomes were moderate, notable improvements in overall wellbeing were observed and often linked to social interaction and engagement.

However, successful implementation of interventions is hindered by a range of intersecting factors such as organisational pressures that include staff shortages. Limited training and risk-averse attitudes combine with environmental barriers and resident level barriers such as pain, fatigue and reduced self-efficacy. These factors interact and shape attitudes that limit participation and reinforce a paternalistic attitude and sedentary behaviours.

In conclusion, physical activity interventions have clear potential to enhance wellbeing in nursing home residents. However, success relies on addressing the structural and individual challenges that prevent successful implementation.

Keywords: Activity; wellbeing; nursing home residents

*ARC Laureate Fellow and Professor of Health Equity at the Australian National University, Canberra, Australia.*

**Rebalancing Ideas, Interests, and Institutions: Addressing the structural drivers of health inequity**

Keynote presentation

As the 2025 WHO Report on Global Health Equity reaffirmed, the inequities in physical and mental health outcomes that are observed throughout the world are caused by structural factors including asymmetrical economic growth, economic inequity, harmful private sector practices and products, and the norms and values that pervade institutions. Together, these factors shape the distribution of material and non-material resources required for physical and mental health and wellbeing.

Fortunately, much is known about the types of progressive actions that are needed to address these drivers of health inequity, including across taxation, anti-trust, labour, finance, infrastructure, housing, and other sectors. However, where action has not been blocked altogether, it has tended to be tokenistic, inadequate, watered down, or rolled back. This talk will explore ways to rebalance the power and influence of harmful ideas, interests and institutions in ways that advance health equity. It will help make visible the interconnected material, ideational, institutional, and civic mechanisms through which inaction and even obstruction operates.

Recognising these mechanisms shifts the focus from policy design alone to the political conditions essential for implementation, helping the health community develop strategies to challenge the concentrated economic and political power held by conservative elites and corporate actors that obstruct transformative change.

*HSE*

**Supporting the wellbeing of Home Care Support staff in Kerry: Advancing Equity Through Policy, Community Leadership, Co-Production and Lived Experience**

Poster presentation

Home Care Support staff play a vital role in helping people live independently and with dignity in their own homes. This work can be physically and emotionally demanding. To support staff wellbeing self-care workshops were delivered across Kerry. The workshops focused on practical ways to manage stress, maintain healthy boundaries and prioritise personal wellbeing. Supporting staff wellbeing helps reduce burnout and absenteeism, improves job satisfaction and resilience, and supports staff retention. Ultimately, this benefits both staff and the people they care for.

The 26 workshops were delivered in seven locations across the county: Dingle, Caherciveen, Listowel, Killarney, Tralee, Glenbeigh and Castleisland. Engagement was very positive, with 96.5% of the Home Support Team attending a workshop (n=386). Participants received wellbeing resources, including the Wellness at Work booklet and the Take Your Break poster to support ongoing self-care at work.

Staff feedback highlighted feeling valued and recognised and an increased awareness of the importance of taking breaks. When we look after ourselves, we can better look after others.

Keywords: Staff health and wellbeing

*HSE*

**Promoting Men's Health in South Kerry: Power, Inequality, and Discrimination as Determinants of Wellbeing**

Poster presentation

Men in South Kerry suffer from disadvantage in terms of falling agricultural incomes, lack of alternative employment, transport difficulties and limited opportunities for socialising and leisure activity. Therefore, there is a need for greater awareness of the importance of preventative healthcare to reduce chronic diseases & waiting lists.

4 men's health awareness events were held at the 3 different marts in South Kerry and in a community centre. The marts are a central gathering point for rural men. Over 30 HSE, local Community & Voluntary sector exhibits participated on the day. This is a link to a video that was made on the day we were in Milltown Mart;

<https://www.youtube.com/watch?v=59beUQCvJxo>

Over the last number of years;

- nearly 1000 men have attended the events. attended the mart and and well over 200 have attended for free health checks at local Pharmacies
- Sharing of health information amongst staff and public
- Increased integration of health & community services
- Increased pride amongst staff of their valuable service
- A number of men signed up to volunteer/participate with local services
- Men only yoga and exercises classes are ongoing in South Kerry
- A number of projects involved in our steering committee secured department of Agriculture funding in 2025

These events really met men where they are at and are most comfortable. The integration of services was fantastic for both staff and the public. It built an awareness and commitment to men's health among service providers.

Keywords: Men's health

*Atlantic Technological University and University of Galway*

## **A Whole Systems Approach to Promoting Higher Education Institutions as Healthy Workplaces - An Exploratory Case Study**

Oral presentation

Despite calls for a settings-based whole systems approach to promoting healthy universities, there is a paucity of evidence on how Irish universities promote a healthy workplace and employee wellbeing, or if a whole systems approach is being operationalised. Similarly, scant evidence exists on enablers and inhibitors to a whole systems approach. An exploratory case study is being conducted to address this evidence gap.

An exploratory case study design is applied involving three methods of data collection: document analysis, semi-structured interviews with key stakeholders, and focus groups with employees. The cases are two differently constituted Irish universities.

While the document analysis and interviews found clear leadership commitment to promoting a healthy workplace and employee wellbeing, currently a whole systems approach is not being operationalised. Factors that inhibit a whole system approach include siloed working, competing job demands, resource constraints, lack of engagement, absence of a designated senior lead and the absence of metrics. Opportunities for improvement include; embedding a culture where health and wellbeing is valued and prioritised; increasing employee engagement; enabling health and wellbeing conversations; benchmarking and performance measurement; and adequate resources.

Operationalising a whole systems approach in complex settings such as HEIs is not without its challenges. While the document analysis and interviews identified strengths and opportunities for improvement from a systems perspective, this is not the full picture. Follow up focus groups will obtain the perspective of employees on strengths of, and opportunities for improvement in how a healthy workplace is promoted.

Healthy workplaces; universities; employee-wellbeing; whole-systems-approach

HSE

**Promoting Equitable Access to Physical Activity: Implementing a Desk-to-5K Programme to Enhance Health and Wellbeing in a Primary Care Workplace**  
Lightning Talk

Desk-based employees face structural barriers to physical activity, including prolonged sedentary time, competing demands and limited access to inclusive opportunities, contributing to poorer health outcomes and inequalities. Workplace wellbeing initiatives that prioritise accessibility and inclusion can improve engagement, productivity and overall wellbeing, with organisational support linked to positive health behaviours. Physical inactivity remains a major contributor to chronic disease, while moderate, accessible activities such as walking can improve cardiovascular health, mental wellbeing and social connection.

The Desk-to-5K programme was developed as an intervention to reduce barriers to physical activity among healthcare staff in Balbriggan Primary Care Centre and Lusk Community Unit. It provided a structured, supportive and socially connected programme linked to a free community parkrun, aiming to enable sustained participation regardless of baseline fitness. The programme emphasised inclusivity, gradual progression and community integration to support long-term behaviour change.

An eight-week programme offered participants a choice of walking or running plans alongside group support. Thirty staff enrolled, with ten completing pre- and post-programme questionnaires assessing activity levels, wellbeing and common symptoms. Results showed increased frequency and duration of activity, improved wellbeing across fatigue, stress, joint pain and sleep and enhanced confidence, motivation and achievement. Approximately 85% reported increased activity.

The programme has expanded to a Desk-to-10K initiative in 2026, with ongoing evaluation to assess impact and support equitable access to sustained physical activity.

Keywords: Sedentary Behaviour, Physical Activity

*Irish Hospice Foundation*

## **A National Grief in the Workplace Programme: An Ecological Systems Theory Approach**

Oral presentation

The impact of grief is multifaceted affecting all aspects of a person's health and wellbeing – physically, mentally, emotionally and spiritually.

Many will be dealing with a significant bereavement or loss, while trying to continue working. For some, their experiences may be disenfranchised due to societal and cultural responses to their loss.

With 75% of the Irish population employed, the workplace is primely positioned to deliver inclusive Grief in the Workplace (GITW) support. Policy and systems change can help to reduce disparities across organisations and sectors.

At Irish Hospice Foundation (IHF), we reconceptualised the GITW programme in 2024 using a health promoting approach. A core framework used was the Ecological Systems Theory. This helped us to acknowledge the social, cultural, and political conditions that influence grieving employees and address the interplay of factors that may hinder or support them.

1. Coproduced training programme for Managers/HR and employees with an equitable pricing model
2. Strategic partnerships to promote and embed grief within health and wellbeing agendas
3. Advocacy recommendations to legislate for statutory bereavement leave to help alleviate sectoral inequalities

We built a programme that address different layers of the ecology in which a grieving employee exists, therefore reorienting our resources for greater impact including: educating and supporting over 5000 employees, contributing to ESG and wellbeing agendas, having grief identified as wellbeing area by Healthy Ireland at Work, shortlisted for a workplace inclusion award and an IHF strategic commitment to advocate for statutory bereavement leave.

Keywords: Grief; system-theory; disenfranchised; coproduction; advocacy

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**Our Stories: Co-Producing ‘The Connected Classrooms Project’ – A School-Based Mental Wellbeing Intervention for Adolescent Girls from Migrant Backgrounds**

Oral presentation

Migration-related stressors are well-established as social determinants of mental health. Adolescent migrants are more vulnerable to mental health and wellbeing challenges than native peers. The intersection between migration, adolescence, and gender heightens this vulnerability, with migrant girls experiencing more internalising symptoms. Schools are key sites for equity-oriented wellbeing promotion, yet migrant girls are rarely involved in shaping these interventions. We present a programme of research that centred co-production and lived experience in the design of a school-based mental wellbeing intervention for adolescent migrant girls.

A youth advisory panel (YAP; N=5) and adult stakeholders (N=8; educators, interagency collaborators, migrant advocates) worked alongside researchers across four studies. YAP members trained as peer researchers and contributed to developing study materials, co-facilitating student focus groups using participatory methods (Ketso), and designing a culturally-responsive wellbeing intervention and accompanying teacher training. A YAP focus group explored experiences of intervention co-production. Adult stakeholders contributed to study materials and intervention co-design.

Focus group themes highlighted the positive impact of research involvement on migrant girls' wellbeing. YAP members reported increased self-efficacy in leadership roles and deeper understanding of the value of advocacy in shaping practice and policy. YAP members acknowledged that trust, transparency, and flexibility led to the creation of safe spaces, in which they felt heard and found ‘sisterhood’.

Meaningful co-production that centres migrant girls' voices is essential to advancing equitable school-based wellbeing supports. We discuss practical lessons for embedding lived experience in school-based wellbeing initiatives and for supporting youth involvement within research institutions.

Keywords: Co-production; Wellbeing; School-based; Adolescence; Migration

*University of Galway*

## **Strengthening Communications during Patient Discharge Processes: Experience Based Co-Design Process Evaluation**

Oral presentation

In Ireland, discharge has been identified as the lowest-rated stage of inpatient care. Experience based co-design (EBCD) is a service improvement approach emphasizing the value of collaboration between service users (SUs) and staff in co-designing solutions. This research presents an evaluation of an EBCD project in Galway University Hospitals (GUH), which co-designed and implemented solutions to improve discharge communication.

This research investigated staff and SU's experience of the co-design process. Within the EBCD process, three groups were established to identify issues and co-design solutions to improve discharge communication in GUH. Each group consisted of staff and SU's. After implementing and evaluating solutions, group members evaluated their experience of the co-design process via mixed-methods survey and group discussions. Frequency analysis was performed on quantitative data. Deductive thematic analysis was performed on qualitative data.

18 group members (69%) completed the survey (six SUs, 12 staff members). Themes within the data included engagement, collaboration and shared decision making, learning (greater understanding of others' experience), value and impact, facilitators and barriers, and recommendations for areas of improvement in the co-design process. Participants largely described positive experiences, with high engagement, collaboration, commitment, and satisfaction. Respondents' main issues within the process were competing commitments, and uncertainty about how solutions could be embedded into GUH services.

EBCD is a feasible means to bring hospital staff and SUs together to identify priority issues within a hospital setting, and to co-design and implement solutions to these issues in a collaborative and satisfactory way.

Keywords: Experienced based co-design; participatory methods

*1 South-East Technological University*

*2 Technological University of the Shannon*

**Equity in physical activity support for people living with and beyond cancer in Ireland: structural determinants and implementation strategies from a multi-stakeholder qualitative study**

Oral presentation

Physical activity improves the quality of life of people living with and beyond cancer. However, structured physical activity support remains inconsistently offered, creating inequities in the health and wellbeing of people affected by cancer in Ireland. Identifying sustainable strategies to address structural determinants of community-based support provision is paramount.

A formative qualitative study engaged cancer support centre staff, people living with and beyond cancer, and a national-level decision maker through semi-structured focus groups and an interview. Data were analysed using the Consolidated Framework for Implementation Research (CFIR) 2022 Addendum to identify individual and system level determinants. These were then mapped to implementation strategies either suggested by the constituents' themselves or based on the Expert Recommendations for Implementing Change (ERIC) taxonomy.

A dominant 'mind yourself' cultural norm, alongside physical and psychological barriers, discouraged physical activity engagement during and after treatment. Structural barriers included fragmented hospital-to-community referral pathways, absence of specialist staff, and inconsistent funding across centres. Despite this, strong deliverer commitment and high survivor demand signal readiness for change. Priority strategies to address cultural determinants included conducting outreach educational meetings and developing educational materials. Strategies to address structural determinants included inter-organisational alliance building, workforce development, and securing sustainable funding.

This study demonstrates that equitable access to physical activity support for people living with and beyond cancer requires coordinated action across community, health system, and policy levels. Findings provide recommendations for addressing structural inequities in community-based health promotion, with direct implications for cancer survivorship policy in Ireland.

Keywords: Physical activity support, cancer survivorship



*Foróige*

## **Youth Work as a Preventative Health Promotion Response to the Social Determinants of Health**

Oral presentation

Health and wellbeing are shaped by a range of social, economic, and environmental conditions in which young people live. Poverty, educational inequity, community safety, and access to safe spaces strongly influence mental health and life opportunities. These conditions are also shaped by policy, service systems, and community infrastructure. Despite this, young people's perspectives are often underrepresented in decision making processes. Youth work operates within these everyday environments, providing key community- level response to the lived impact of structural determinants.

This abstract draws on frontline practice across Foróige's universal and targeted youth work services. Using relationship-based approaches, insights are informed by qualitative evidence from ongoing engagement with young people, including group work, participatory activities, and reflective practice. This approach positions young people as active contributors to understanding their own social and environmental conditions.

Young people consistently identify structural barriers to health and wellbeing, including financial stress, educational pressures, limited local infrastructure, and lack of safe community spaces. Participation in youth work supports protective factors such as agency, communication skills, social connection, and belonging. It also enable young people to articulate their needs and experience, strengthening their engagement with services and wider systems influencing their wellbeing.

Youth work provides a community-based mechanism for responding to the social determinants of health. By amplifying lived experience, it links young people with the policy and service systems that shape outcomes. Integrating youth work insights into policy and practice can strengthen system responsiveness and contribute to reducing health inequalities across communities.

Keywords: Youth participation; health inequalities

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*2 Cork Healthy Cities*

*3 Cork City Council*

*4 HSE*

*5 Green Spaces for Health*

## **From Vision to Delivery: Developing a Resilient, Community-Driven Food Policy for Cork**

Oral presentation

Ireland's food system is currently dependent on long supply chains, with the country importing 83% of its fruit and vegetables while domestic horticultural production has declined. This vulnerability is compounded by rising food poverty. To address these issues, the Cork Food Policy Council (CFPC) has conducted an extensive public consultation to inform the development of a food policy for Cork.

The consultation included over 400 individual participants, with representation from citizens, community groups, HSE, City Council, food growers and producers, food businesses, retail, and farmers. Engagement methods included 25 workshops and focus groups, 4 world café sessions, a youth forum, a semi-quantitative questionnaire (N=120), semi-structured interviews with food growers and business owners, and 19 substantive online submissions

The consultation revealed a desire for a system that is local, accessible, and skill-based. Actions were identified under five core goals: Nourishing Food for All, a Sustainable Food System, a Thriving Local Economy, Resilient Community-Centred Environments, and Lifelong Learning. Key challenges identified include the dominance of fast-food outlets, poor transport links to supermarkets, intergenerational loss of food knowledge and skill and critical barriers for producers such as land access.

The strategy advocates for a shift from calorie security to nutritional resilience. This work has highlighted that food policy is economic development and urban planning policy, requiring coordinated implementation and sustained investment to move from vision to delivery.

Keywords: Food Policy, Food Poverty, Resilience

*University of Galway*

**An evaluation of the Act Belong Commit mental health promotion initiative in disadvantaged community settings in Ireland**

Poster presentation

Community-based mental health promotion initiatives, such as Act Belong Commit (ABC), can positively impact the mental wellbeing of the general population, including priority groups, such as people living in disadvantaged communities. While there is a need to address the structural determinants of mental health, providing opportunities for participation and social connection can empower priority group members and buffer socioeconomic inequalities. ABC is an evidence-based mental health promotion initiative that originated in Australia and has since been implemented in a variety of European countries. The initiative encourages community members to engage in mentally healthy activities (Act-do something, Belong-do something with someone, Commit-do something meaningful to you) that are provided by community partner organisations (CPOs).

This PhD study builds on an extensive pre-implementation study, that co-adapted ABC to the Irish context, by evaluating the impact of the initiative on the mental health and wellbeing of people living in disadvantaged communities in Ireland. The study will also explore the experience of CPOs in implementing ABC. A mixed methods approach to evaluation will be adopted, employing a quasi-experimental study design. Results: It is anticipated that participants will experience improved mental health beliefs and behaviours, enhanced quality of life, social connectedness, and mental wellbeing. It is also expected that ABC implementation will build the mental health promotion capacity of CPOs.

Findings from the PhD study, including a co-developed programme theory, will be disseminated through journal publications, policy and practice briefs, and ABC networking events.

Keywords: Mental health promotion, community-based, evaluation

*1 School of Psychology, University of Galway*

*2 Health Information and Quality Authority*

## **Co-designing a more inclusive National Inpatient Experience Survey with marginalised communities**

Oral presentation

The patient experience of public acute healthcare in Ireland is measured using the National Inpatient Experience Survey. The National Care Experience Programme, which runs this survey, identified a need to redesign the survey to better capture information about marginalised communities and inequalities in patient experiences of hospital care in Ireland, thereby better inform quality improvement plans to reduce health inequalities. This project worked with marginalised communities to make the National Inpatient Experience Survey more inclusive.

Three complimentary work packages were completed (1) a scoping review and critical discourse analysis of how health inequalities are conceptualised and measured in patient experience surveys (2) qualitative research with marginalised communities to collect their experiences in inpatient care and (3) co-design workshops with people from marginalised communities, their advocates, and staff who collect or use data from the National Inpatient Experience Survey focused on developing adaptations to the survey that would improve its accessibility and sensitivity to health inequalities.

To date, findings indicate that (1) surveys are constrained in measuring health inequalities due to their methods, (2) qualitative research highlights unmet needs and preferences of marginalised hospital patients, and (3) co-design contributors propose strategies such as including discrimination questions and alternative survey completion modes to make the National Inpatient Experience Survey more inclusive.

This project will inform the consideration of health inequalities during the planned redesign of the National Inpatient Experience Survey to increase participation, enhance data quality, and ultimately facilitate quality improvement interventions to reduce health inequalities.

Keywords: Patient experience; health inequalities; co-design

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**Power, Politics, and the Structural Determinants of Health: Why Public Health Must Realign Its Strategy**

Keynote Presentation

Abstract: Health inequities are produced and sustained by the structural determinants of health: the written and unwritten societal rules and power relations that shape people's living conditions and opportunities. Yet much of contemporary public health remains oriented toward generating more evidence and interventions at the individual level rather than building the power needed to change societal rules. This talk introduces the concepts of structural determinants and power, presents a power analysis of current health equity practice, and argues that advancing health equity requires public health to realign its strategy around building people power in partnership with labour and community organizing efforts. Such a shift would reconnect public health with its democratic roots and strengthen its capacity to achieve lasting structural change.

**Power Analysis: Tools for Developing Strategy to Advance Structural Change**

Workshop

Abstract: Changing the structural determinants of health and advancing health equity require building power with groups facing marginalization and health inequities and breaking the power of groups whose agendas advance health inequities. In this workshop, participants will briefly explore frameworks for understanding power and power imbalances and then practice the use of one power analysis tool to identify strategies for advancing structural change.

*1 Social Care/Health Promotion, University of Galway*

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## **Music-Based Interventions for Well-being and Social Inclusion Among Adults Utilising Homeless Services — A Scoping Review**

Lightning Talk

Homelessness is a complex psychosocial experience characterised by trauma, marginalisation, and exclusion extending far beyond the absence of shelter. In Ireland, over 17,000 individuals accessed emergency homeless services in early 2026, with many more experiencing hidden homelessness. Music-based interventions show potential to support well-being and social inclusion among marginalised groups, yet evidence in homeless service settings remains fragmented across disciplines. This scoping review maps the literature on music-based interventions for adults using homeless services, examining how outcomes such as well-being and social inclusion are measured and reported.

This review follows the Arksey and O'Malley (2005) framework, refined by Levac et al. (2010) and guided by the Joanna Briggs Institute (JBI), and is reported in accordance with PRISMA-ScR. Inclusion criteria are structured using the PCC framework: adults aged 18+ who use homeless services; therapeutic and community-based music interventions; and homeless service settings. Seven academic databases, including PsycINFO, CINAHL, PubMed, and Scopus, will be searched, alongside grey literature. Dual independent screening and data charting will be conducted in Rayyan.

The protocol is under review, and findings are pending. Results will map intervention types and outcome domains and illustrate how well-being and social inclusion are conceptualised and measured across the included studies.

This review will produce a comprehensive, methodologically rigorous map of music-based interventions for this population. The findings will directly inform the empirical phase of this PhD and contribute to health promotion, social care, and community music practice in Ireland and internationally.

Keywords: Homelessness; Music; Wellbeing; Intervention

*University of Galway*

**A Mixed-Method Study of Perceived Burnout in Irish Nurses Emigrating to Australia Post-Pandemic**

Oral presentation

Burnout among healthcare professionals has intensified in the post-pandemic context, particularly among nurses working in high-pressure systems. Ireland has experienced persistent challenges in nurse retention, with increasing emigration to countries such as Australia. This study explores the perceived levels of burnout among natively trained young Irish female nurses who emigrated following the COVID-19 pandemic, addressing a gap in research on the intersection of burnout and migration.

A qualitative design was employed using six semi-structured interviews (N=6) conducted via Google Docs due to geographic constraints. Data were analysed using thematic analysis to identify recurring patterns in participants' experiences.

Four key themes emerged: constant negative work talk, high tolerance for work pressure, fatigue, and challenges with relaxation. Participants reported significant emotional exhaustion, heavy workloads, staff shortages, and unsustainable working conditions within the Irish healthcare system. While Australia offered improved work conditions and quality of life, participants expressed ambivalence about long-term emigration and a desire to return home, contingent on systemic improvements.

Findings highlight the strong link between burnout and nurse emigration, with implications for workforce retention in Ireland. Addressing staffing levels, workplace supports, and overall conditions is critical to reducing burnout and encouraging return migration. This study contributes to health promotion and workforce policy by foregrounding lived experiences of burnout and migration, emphasising the urgency for systemic reform in post-pandemic healthcare environments.

Keywords: Nursing; burnout; HSE; post-pandemic

*Dublin Northwest Partnership/HSE*

## **Community Food Supports and Food Poverty: Insights from the Finglas Food Club**

Oral presentation

Food poverty remains a significant issue linked to income inadequacy and social inequality, with community-based responses increasingly used to provide short-term support. The Finglas Food Club was established in 2024 to address food insecurity, reduce food waste, and promote social inclusion in Dublin.

Building on a pilot model in Ballymun in 2023, the programme provides dignified access to surplus food through a low-cost weekly shop, combined with wrap-around supports including cooking demonstrations, budgeting workshops, social prescribing referrals, and community engagement activities. The initiative is grounded in co-creation, incorporating participant-led elements shaped by those involved.

In 2025, three Food Clubs engaged 45 participants, redistributed over 3,000 kilograms of surplus food, and supported average savings of approximately €350 per participant. Reported outcomes included increased confidence in cooking, improved awareness of health and nutrition, reduced food waste, and enhanced social connection. Participants also demonstrated increased engagement with wider community services.

While the Finglas Food Club provides meaningful short-term benefits and acts as a gateway to broader supports, it does not address the structural drivers of food poverty. The findings highlight the limitations of community food provision as a standalone solution and emphasise the need for long-term, income-based policy responses. The programme is best understood as a complementary intervention that supports wellbeing and community engagement, while broader systemic measures are required to sustainably reduce food insecurity.

Keywords: food poverty; isolation; lived experience

*1 University of Galway*

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## **Strengthening Communications during Patient Discharge Processes: Focus on Improving Communication of Discharge Plans with Service Users**

Poster presentation

Safe discharge from hospital requires effective communication between healthcare providers and service users (SUs). In Ireland, discharge has been identified as the lowest-rated stage of inpatient care by SUs. Experience based co-design (EBCD) is a service improvement approach, emphasising the value of SU collaboration with staff. This study co-designed strategies and implemented solutions which strengthened communications during SU discharge from Galway University Hospitals (GUH).

One of the priority areas identified through the EBCD process focused on discharge summary information for SUs. A co-design group comprising staff and SUs was established to identify issues and design feasible solutions, which were implemented and evaluated on two hospital wards. The EBCD process included group meetings and stakeholder consultations to ensure suitability and feasibility of the solution within GUH services.

Specific issues identified included poor communication with SUs of the discharge plan and their discharge medications. The solution focused on updating the existing discharge booklet in line with health literacy principles, and addition of spaces for SUs to write notes. Plain English and the 'Teach-back' tool were used by staff nurses when orientating SUs to the booklet. Staff nurses found the booklet helpful and easy to use with SUs and noted SUs asked more focused questions about their discharge. The main challenge to implementation was staff shortages.

The co-designed discharge booklet was positively received and stands to improve discharge communication with SUs. Future work can focus on wider roll-out and evaluation of the updated discharge booklet.

Keywords: Experience based co-design; participatory methods

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## **Making Every Contact Count: Unlocking the Potential of Hospitals to Address Smoking-Related Health Inequalities**

Poster presentation

Smoking is a leading contributor to health inequalities and is more prevalent among disadvantaged communities, resulting in poorer health outcomes. The most disadvantaged, are more likely to access hospital services, creating opportunities to support behaviour change. Embedding brief smoking cessation interventions as part of standard care may improve access for those who might not otherwise seek support and supports better health outcomes and overall wellbeing.

Making Every Contact Count (MECC) was implemented across selected Maternity, Surgical and Orthopaedic hospital services in the Mid-West. Implementation involved routine identification of smoking status and delivery of brief advice and referral to stop smoking services. Implementation was supported through tailored staff training and engagement, integration into workflows, alongside audit and quality improvement. Brief interventions were embedded into routine care across services. In the acute fracture unit, surgical day ward and pre-operative assessment services, implementation resulted in 51, 58 and 19 referrals respectively within the first year. In the Maternity Hospital, Carbon monoxide breath testing and opt-out referral pathways at the first antenatal appointment, improved identification and referral to stop smoking services, with 111 referrals in the first year.

MECC implementation across busy and diverse hospital services delivered measurable improvements in brief intervention and referral for smoking cessation. Hospitals are a key leverage point within a whole-system approach to addressing health inequalities by embedding equitable access to support. Realising this potential requires sustained investment in workforce capacity as part of a population health approach to addressing smoking-related health inequalities.

Keywords: Smoking, brief intervention, health inequalities

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## **Adolescent's real-time exposure to unhealthy food marketing on social media – the CLICKBITE study**

Oral presentation

Food marketing to adolescents is associated with greater preference, purchase requests, choice, and intake of foods and non-alcoholic beverages high in saturated fat, salt, or sugar (HFSS). Diets high in HFSS foods are a key factor driving obesity in youth. In digital media, content is personalised, and researchers face child privacy and data protection concerns, creating substantial challenges in measuring children's real-time food marketing exposure. This study aimed to measure, for the first time in Europe, the full extent of children's actual social media exposure to HFSS food marketing.

We recruited n=38 adolescents (12-17 years) and recorded their social media use for 30 minutes. We de-identified recordings; coded content per WHO protocols; categorised branded food post sources; calculated time viewing each post; and classified whether they were 'permitted' for marketing to children per the WHO Euro Nutrient Profile Model.

In 19 hours of recordings, 585 posts contained branded food content. We created 5 categories of marketing; 3 for "clear-cut" food marketing (n=431 posts, 74% of branded content): paid-for ads (28%, n=161), influencer marketing (24%, n=140) and 'owned' media from brands' own social media accounts (22%, n=130); 2 for less clear-cut sources: user-generated posts and other branded food content (total 26%, n=151). Nutrient profiling found that of 431 clear-cut food marketing posts, nearly all, 89% (n=365) were 'not permitted' to be marketed to children. Adolescents were exposed to clear-cut HFSS food marketing posts once every 3 minutes.

Ireland's self-regulatory measures fail to protect children from food marketing harms.

Keywords: Food marketing, social media, adolescents

*University of Galway*

## **More Than a Mural: Sparking Conversations and Normalising Breastfeeding on a University Campus**

Poster presentation

Breastfeeding is widely recognised as a public health and equity issue. This ethically approved study sought the views from the next generation of potential breast feeders; young adults aged 18–30 years, in relation to a large-scale breastfeeding wall mural on their university campus. The study examined the use of public art in creating conversations and reducing stigma that is often attributed to breastfeeding practices. Positioned in a highly visible area on a Student Services building, the mural functions as a transformative informal learning intervention.

Young adults' views were explored through a digital survey (n=343). Overall approval of the mural was high, with a mean rating of 7.42 out of 10 and a modal score of 10. Reflexive thematic analysis generated eight overarching themes, including public art that resonates, moving from awareness to conversation, breaking barriers through normalisation, and health on the wall as a site of resistance. Themes also highlighted the importance of cultural sensitivity and representation and examined how meaning is shaped by where and how art is positioned within campus spaces.

Findings indicate that the mural supported transformative learning by prompting students to critically question assumptions about breastfeeding, while fostering empathy and a stronger sense of belonging. Furthermore, it highlights how such initiatives can influence structural determinants of health by reducing stigma and normalising conversations around breastfeeding.

A campus environment can visibly support and enables breastfeeding practices. Arts-based interventions in public campus spaces can frame universities as inclusive and compassionate.

Keywords: Breastfeeding; Public Art; University setting

*Dublin City University*

## **Social Determinants of Cardiovascular Health in Midlife Women: A Systematic Review**

Poster presentation

Cardiovascular disease is the leading cause of death among women, with risk accelerating during the menopausal transition. Growing evidence shows this risk is shaped by the social, economic, and structural conditions in which women live, yet these influences remain underexamined. Thus, this review aimed to synthesise evidence on how social determinants of health affect cardiovascular outcomes among women aged 40-64.

A systematic review was conducted using PRISMA guidelines. Eligible articles were identified through PubMed, Scopus, and CINAHL. Data were extracted using the Healthy People 2030 social determinants of health domains, narratively synthesised, and appraised using the Quantitative Quality Appraisal Tool.

32 studies met inclusion criteria across cohort, cross-sectional, and longitudinal designs in the US, Europe, and Asia. Psychosocial adversity, including discrimination, chronic stress, low relationship quality, and interpersonal trauma, was consistently associated with greater cardiometabolic burden, including plaque, intima-media thickness and metabolic syndrome (n=17). Lower education (n=8) showed graded associations with adverse risk trajectories, while economic strain and job-related stress (n=8) were robust correlates of clustering metabolic abnormalities and subclinical disease. Environmental findings (n=2), and healthcare access evidence was limited (n=1). Across domains, effects favoured women with greater social and economic advantage, with several associations showing racialised patterning rooted in structural inequities.

Despite heterogeneity in exposures and limited evidence in specific domains, findings demonstrate that upstream social and economic conditions shape cardiovascular risk in midlife women. Addressing these determinants is essential for reducing inequities and informing prevention and policy strategies.

Keywords: Cardiovascular; health inequity; women's health

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## **The Irish National Survey of Sexual Health (INISH): Feasibility, design and instrument development**

Poster presentation

In the last two decades, Ireland has seen dramatic changes in legislation, medication licensing and healthcare practices, education, policies, public discourse and attitudes around sexual and reproductive health (SRH). The last dedicated adult population SRH survey in Ireland was conducted in 2010; therefore, the impact of these changes on people's knowledge, attitudes and behaviours remains to be examined. The Irish National Survey of Sexual Health (INISH) aims to address this research gap.

The INISH methodology and instrument were developed in collaboration with multiple stakeholder groups, including the public, practitioners and sex researchers. We conducted a quota-sampled feasibility study conducted between May–September 2025, with 305 adults, covering the gender, age, geographic and social class variation of the adult population in the Republic of Ireland.

Findings from the feasibility study informed the instrument and methods to be used in the nationally representative main study. An a priori analysis of statistical power suggested a sufficient sample size of 6,000-8,000. Clustered and stratified sampling will be used, with one randomly selected participant aged 18–64 invited from eligible residential households. Younger age groups (18–34) will be oversampled. Computer-assisted personal interviews, with an embedded self-administered survey will be used. Participants' and interviewers' mood will be assessed before and after the interviews, and several safeguarding mechanisms will be built into the study.

INISH will apply a comprehensive instrument and robust methodology to collect high-quality population level SRH data from adults in Ireland. Findings will inform policy development and healthcare delivery.

Keywords: Population health survey; sexual behaviours

*1 Discipline of Health Promotion, University of Galway*

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## **Building Bridges to Resilience Project: Embedding Health Promotion in Emergency Preparedness and Response**

Oral presentation

Public health emergencies, including pandemics, climate-related disasters, and humanitarian crises, are increasing in frequency and complexity, disproportionately affecting vulnerable populations and placing significant pressure on health systems. In response, emergency preparedness and response is increasingly recognising the importance of prevention, community resilience, participation, and equity-focused approaches alongside traditional clinical and logistical models.

The Building Bridges to Resilience Project, led by academics at the University of Galway and Public Health Wales, explores how health promotion principles and practices can strengthen emergency preparedness and response across diverse international settings. Grounded in the Ottawa Charter for Health Promotion and aligned with the Sendai Framework for Disaster Risk Reduction, the project examines how community-centred, culturally responsive, and equity-oriented approaches are being applied across the emergency preparedness and response continuum.

This paper focuses on findings from a scoping review of international peer-reviewed and grey literature examining the application of health promotion strategies within emergency preparedness and response contexts. The review identifies emerging best practices relating to community engagement, inter-sectoral collaboration, resilience building, communication, and approaches aimed at reducing inequities during public health emergencies.

The findings highlight the growing role of health promotion in supporting more inclusive, participatory, and sustainable emergency preparedness and response systems. The review also demonstrates the importance of embedding equity, community participation, and cross-sector collaboration within emergency planning and response to strengthen resilience and improve outcomes for populations disproportionately affected by crises.

Keywords: health Promotion, emergency preparedness; resilience

*School of Public Health, University College Cork*

## **Stalling on Structural Change: Evaluating Food Environment Policy Implementation and Inequalities in Ireland**

Oral presentation

Unhealthy food environments are structural determinants of diet-related disease and health inequity, shaped by political, economic, and commercial forces. Despite policy commitments to improve food environments, gaps in implementation persist, and equity implications remain insufficiently addressed. Ireland's first Food Environment Policy Index (Food-EPI) assessment in 2019/2020 established a baseline. This study presents findings from a repeat Food-EPI assessment conducted in 2025/2026, examining changes over time.

The Food-EPI is an internationally standardised framework benchmarking government food environment policies against best practice. An evidence document was compiled and validated by government officials, followed by independent expert rating across policy domains (including labelling and promotion) and infrastructure support domains (including leadership and governance), with attention to impacts on socioeconomic inequalities in diet.

Across policy domains, 59% of indicators showed no change in expert-perceived implementation between 2019/2020 and 2025/2026, with the sharpest declines in food promotion and pricing. Marginal improvements were limited to out-of-home meal targets and public sector procurement standards. Infrastructure support domains showed greater regression, with 83% of indicators rated as declining, particularly in governance and funding. Despite persistently low implementation, expert ratings of potential impact on inequalities strengthened for food pricing and retail policies, shifting from a small to a considerable perceived reduction in inequalities.

These findings indicate limited progress in food environment policies and infrastructure support implementation in Ireland, with regression evident across several domains. The gap between recognised equity potential and current implementation highlights priorities for policy action addressing structural determinants of diet-related health inequalities.

Keywords: Food environments; policy; diet inequalities

*Brock University*

**Exploring Canadian Adolescent Perspectives on Contemporary Risk-taking: a strengths-based qualitative approach**

Oral presentation

Adolescents routinely engage in risk-taking, a developmentally normative behaviour for this phase of life. Yet the nature of these risks has shifted with changes in social and digital contexts making essential to understand how today's adolescents define and interpret risk-taking in their own worlds. This study explores current manifestations of adolescent risk through youths' own perspectives, providing an updated and developmentally grounded understanding of how risk is perceived, negotiated, and enacted.

Semi-structured interviews were conducted with 15 adolescents aged 12–16 across Canada. Using a constructivist grounded theory approach, this study identified two distinct pathways of adolescent risk-taking.

Two distinct risk pathways were evident. The maladaptive risk-taking pathway reflects engagement in risk behaviours adolescents know are harmful, often driven by coping or potential social benefits. Conversely, the proactive risk-taking pathway involves deliberate, growth-oriented risk behaviours that support identity development, skill-building, and resilience. Adolescents' interpretations and motivations are malleable; they have the capacity to shift between risk-taking pathways.

This study introduces the Adaptive Risk-Taking Theory, which posits that adolescents' interpretations and engagement in risk-taking are shaped by the evolving social norms and expectations influenced by their family, peer, and community environments over time. As such, etiological research and prevention initiatives should focus on the underlying motivations and social contexts that shape adolescent risk-taking, leveraging adolescents' strengths to support movement away from harmful risk-taking and toward growth-promoting, positive risks, rather than relying solely on traditional prevention strategies.

Keywords: Youth; risk behaviours, grounded theory

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## **Co-Design for Cleaner Air: Lived Experience Shaping Ventilation Interventions**

Poster presentation

Inadequate ventilation in energy-efficient homes harms indoor air quality (IAQ), disproportionately affecting residents with least control over their housing – renters, social housing tenants, and low-income households. Advancing health equity requires co-produced interventions.

We conducted two participatory action framework workshops (n=5 occupants of energy-efficient homes). The first (generative) collaboratively generated ideas using lived experience and was analysed thematically. The second (evaluative) validated intervention prototype using the “keep, change, add” framework. Post-design, we assessed stakeholders’ satisfaction and technical accuracy. A baseline survey (n=565) and four weeks of pre-intervention IAQ monitoring provided supplementary data used for intervention content design.

Three themes emerged from the generative workshop: trust and credibility (perceived authenticity) motivational and reinforcing information (rationale and encouragement); and comprehensible guidance (non-technical, logical structure). The “keep, change, add” analysis showed occupants praised infographics, suggested shorter headings and removing some technical jargon – directly shaping final designs. Visual preferences strongly favoured traffic-light colour coding and illustrations over numeric data. Lived experience directly shaped two interventions: a personalised 30-minute session plus a tailored IAQ feedback report utilising traffic light metrics, and a generic illustrated “Breathe Easy at Home” leaflet. A control arm received no intervention.

Co-design shifted power from researchers to residents, ensuring materials are accessible, equity orientated, and behaviourally focused. The generic leaflet offers low-cost scalability; the personalised arm addresses individual barriers. This approach demonstrates how co-design can reduce IAQ-related disparities by embedding lived experience into intervention design and delivery.

Keywords: Behaviour Change Intervention; Co-Design; Ventilation

*1 Pavee Point Traveller and Roma Centre*

*2 National Screening Service*

## **Bridging the Gap: Integrating Equity-Informed Approaches for Traveller Health** Workshop

The All-Ireland Traveller Health Study documents a stark health crisis: a life expectancy gap of 11-15 years for Travellers compared to the settled population. These disparities, including an infant mortality rate 3.6 times the national average, are not merely clinical; they are driven by the social determinants of health. Factors such as institutional racism, inadequate housing, and systemic exclusion create profound barriers to health equity for the Traveller community.

This interactive workshop utilises Traveller health as a case study to analyse how the social determinants of health shape inequitable health outcomes. Participants will engage in facilitated breakout groups to critically analyse barriers to access and receive direct feedback from Traveller facilitators. By using the Pavee Point and National Screening Service partnership as a case example, the workshop bridges the gap between theory and practical application demonstrating how co-production and lived experience tangibly transform service delivery and dismantle systemic barriers through equity-informed practice.

Analyse through a case study how the social determinants of health contribute to health inequalities experienced by Travellers. (2) Through a blend of expert input and collaborative dialogue, Pavee Point and the National Screening Service will demonstrate how co-production and lived experience can transform service delivery. (3) This process encourages attendees to audit their own professional biases and service models, moving from theory to the practical integration of equity-informed, transferable skills across diverse healthcare contexts.

Keywords: Equity; co-production; health promotion intervention

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*2 INISH PPI Advisory Panels*

### **A wholesome threesome: engaging citizens, academics and government actors in the development of the Irish National Survey of Sexual Health (INISH)**

Oral presentation

The Irish National Survey of Sexual Health (INISH) is a nationally representative study providing up-to-date evidence on sexual knowledge, attitudes, and behaviours in Ireland to improve policy and services. INISH was developed through a partnership between two national Patient-and-Public-Involvement (PPI) Advisory Panels, a Steering Group, and an academic research team. From the outset, meaningful participation ensured the survey reflects lived experience, public priorities, and inclusive language, while maintaining scientific rigour. PPI Advisory Panels were established through a public call and purposive sampling to ensure diversity, representing marginalised populations such as older adults, LGBTQ+ people, and people with disabilities. Meetings are held online and involve polling, prioritisation exercises, and facilitated discussions to identify key topics and review public-facing materials. Members also contribute to dissemination and community engagement strategies. The Steering Group comprising government representatives, practitioners, and sexual health research experts, provides oversight and technical input. The academic team coordinates engagement, synthesises inputs, and leads questionnaire development and refinement. Contributions from all groups informed the questionnaire covering 17 thematic domains, tested in a 2025 feasibility study with 305 participants across Ireland. The questionnaire performed well, with high completion rates and minimal difficulties reported, demonstrating the importance of stakeholder engagement. Continued participation and qualitative feedback indicate strong interest in contributing to national sexual health research and valuing meaningful involvement in decision-making. Embedding participation from the earliest stages supported a robust and socially responsive study. Structured yet flexible engagement enabled integration of public perspectives while sustaining participant interest and ownership.

Keywords: Sexual health, participatory research, survey

**Using Existing Digital Resources to Support Staff Wellbeing: A Low Cost, Equitable Approach to Onsite Pilates and Yoga**

Poster presentation

Physical activity supports physical & mental wellbeing; however, many staff experience economic & structural barriers to participation, including cost, high workload, time constraints, and limited access to facilities. This project aimed to address these barriers by delivering accessible, onsite lunchtime classes using existing HSE digital resources.

Weekly onsite Pilates & Yoga sessions were delivered across 3 HSE sites using online videos. The programme was designed to be inclusive, low cost, and require minimal resources (suitable room, yoga mats, laptop, staff participation). Sessions were free and open to staff regardless of role/fitness level.

Quantitative and qualitative feedback was collected via surveys (69% response rate), alongside facilitator feedback. The initiative expanded from an initial 8 week Pilates pilot to two 16 week Pilates blocks and both 8 and 16 week Yoga blocks. Additional Pilates programmes were implemented at 2 further sites. Findings were shared with the pilot site Staff Health & Wellbeing Committee and the Health Promotion & Improvement Officer network, supporting wider replication.

49 staff members across 3 sites attended onsite classes. All respondents reported positive effects on physical health and mood. Additional reported benefits included reduced stress, improved connection with colleagues, and enhanced concentration, described by one participant as “a clearer head for working better.”

This initiative demonstrates that low cost, adaptable workplace interventions using existing resources can promote equitable access to physical activity. By addressing structural barriers and responding to staff feedback, the programme offers a sustainable, replicable model for staff wellbeing within healthcare settings.

Keywords: Workplace wellbeing; structural determinants; low-cost

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## **Who Adolescents Use as Role Models and How They Influence Engagement in Mental Wellbeing Promotion**

Oral presentation

Role models are increasingly incorporated into school-based wellbeing interventions. However, limited evidence exists on how young people select and use role models within said interventions. Understanding these dynamics is critical for optimising role model-based intervention design for adolescent wellbeing promotion.

Eight schools in Ireland participated in a feasibility study of the school-based wellbeing programme Tackle Your Feelings Schools. The intervention integrates 16 different Irish rugby players as role models who share personal stories of overcoming challenges through digital storytelling. Participants (N = 283) identified role models and rated role model attributes and mechanisms of influence at post intervention (T2) and 6-month follow up (T3). Analyses examined patterns of role model selection, gender differences, and predictors of wellbeing change across timepoints.

At T2, 73.3% of participants identified a role model, decreasing to 60% at T3, indicating reduced engagement over time. Role model selection was consistent across timepoints and gender, with James Ryan, Joey Carberry, and Craig Casey most frequently selected as role models. Competency based attributes (e.g., setting an example, capability, skill) were rated most highly. At T2, mechanisms of influence centred on demonstrating personal capability, whereas at T3 influence shifted toward providing guidance on the use of wellbeing practices.

Findings suggest initial role model influence is driven by perceived similarity, while long-term influence focuses on competence-based attributes and providing guidance on the use of wellbeing practices. This has implications for the design and implementation of role model content in mental wellbeing interventions.

Keywords: Role models, adolescence, mental wellbeing

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*3 Cairde Roma Programme*

## **Peer Support Workers break barriers to screening among the Roma community in Ireland**

Lightning Talk

In 2025, the HSE National Screening Service (NSS) partnered with Cairde, a community development organisation working to reduce health inequities among minority ethnic groups in Ireland, to deliver a screening promotion initiative. Working with Cairde's Roma Programme, this partnership aimed to reduce barriers and improve equity in screening by enhancing awareness and access among Roma in Ireland.

NSS provided tailored on-line training sessions to the Cairde's five Roma Peer Support Workers on: BowelScreen, BreastCheck, CervicalCheck and Diabetic RetinaScreen. As part of the training, the NSS provided bespoke resources including Romanian videos. The Roma Peer Support Workers carried out outreach for four months sharing screening messages. Following this, the NSS conducted a focus group with the Roma Peer Support Workers to gather feedback on the initiative, their outreach activities, barriers and NSS resources.

The Roma Peer Support Workers supported community members to understand screening, register and update their details on the screening register, translate appointment letters, identify and contact local GPs, and attend screening appointments.

The NSS and Cairde partnership has contributed to disseminating information about screening programmes among the Roma community who might otherwise not have participated. The Roma Peer Support Workers identified barriers and made recommendations to further improve the design and delivery of screenings among the Roma population in Ireland.

Keywords: Roma; population screening; inequities; literacy

**Enhancing Family Engagement: Building Positive Relationships in Mental Health**

Poster presentation

A survey was conducted with service users/families in Mental Health regarding their experience of the service. One of the key findings was the need for greater family engagement/support. It is acknowledged in the literature that having a mental health condition not only impacts the well-being of the individual but also affects those within their social support network (Ward et al 2017, Keogh et al 2017). An Enhancing Family Engagement Co-production Project Team was established in 2023 to develop a suite of initiatives to enhance family engagement & support. One of these initiatives was the development of an eLearning module on HSEland for staff on how to develop positive relationships with a service users support network in Mental Health.

The aim of this eLearning module is to provide learners with the knowledge, skills & attitudes required to engage effectively with service users support network. The module was co-produced by the project team with input from service providers, service users and family members. The eLearning module content is based on evidence in the literature and aligned to policies at a National and International level (Eckardt, 2022).

The literature highlights that building positive relationships with a service users support network in Mental improves the outcomes for the service user and facilitates family recovery (Muddle et al 2022; Ward et al 2017). Staff education is one of the enablers of positive family engagement. A comprehensive evaluation of this e-learning module is being conducted as part of a minor dissertation in Health Promotion in 2026.

Keywords: Family, Mental Health, E-learning, Co-production

*All Island Institute of Public Health*

Oral presentation: **Advancing competence in Health Impact Assessment to strengthen health equity**

Health Impact Assessment (HIA) supports healthier, more equitable decision-making. HIA in Ireland has ebbed and flowed over the years, but there is a renewed energy and enthusiasm for HIA, with progressive work underway in the academic and public health sectors. HIA is a strategic priority for the All-Island Institute of Public Health (IPH), with a focus on developing resources and building capacity for HIA.

A short survey assessing training and support needs provided insights into current experience and competence in HIA, as well as gaps in knowledge and skills, leading IPH to expand its training portfolio.

A comprehensive training programme (HIA 2.0) was developed by international experts in HIA and environmental assessment, comprising a 4-day self-paced online course with an optional in-person masterclass. The course builds understanding of health determinants and how to assess health impacts across communities and population groups. It guides the user through the HIA step by step and explores quality assurance approaches. It also demonstrates how HIA aligns with environmental assessments. A pilot course was completed by a small cohort of public health and local authority professionals.

Evaluation findings have enabled IPH to further refine and tailor the course to better meet participants' knowledge and skills requirements. IPH has been recognised by the Institute for Sustainability and Environmental Professionals (ISEP) as a professional body for delivering HIA training, offering accreditation to participants who meet the additional criteria for a Competent Expert for Health Impact Assessment, including Health in Environmental Assessment.

Keywords: HIA; equity; capacity; skills, competence

*University of Galway*

**The blind researching the blind: Experiences of a researcher with a visual impairment implementing a qualitative research study with visually impaired participants**

Oral presentation

Universities can be considered as a setting for health promotion. The Limerick Framework for Action, Advancing the Global Health Promoting Campuses Agenda, builds on the Okanagan Charter to emphasize a whole-campus approach and promote inclusive participation. Vision Ireland data shows that visually impaired students make up 1.8% of all students registered with a disability service in Irish universities. This is the smallest group among registered disabilities. Previous research suggest that visually impaired students experience life in university differently to other students. They may find it difficult to engage in social activities, have issues with accessible materials for lectures and experience challenges with the physical environment of the campus.

The aim of this study was to explore the experiences of visually impaired adults studying at the University of Galway. The research used a qualitative design and data was collected through online semi-structured interviews for reflexive thematic analysis.

This project is of particular interest for health equity in education as the researcher has lived experience of visual impairment themselves. While this allows for data analysis from a perspective as an insider, there were practical challenges with participant recruitment and thematic analysis techniques.

This experience will be of use to future researchers with a visual impairment working in the area of health promotion evaluation and research.

Keywords: Visual impairment; research methods; equity

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## **Factors influencing Human Papillomavirus (HPV) vaccination uptake in disadvantaged areas: a narrative review using the COM-B model**

Poster presentation

School-based Human Papillomavirus (HPV) vaccination programmes are cost-effective and achieve high coverage overall, yet persistent disparities remain, especially in disadvantaged communities of high-income countries. These inequalities are not yet well understood. This narrative review synthesised evidence on barriers, facilitators, and interventions to improve HPV vaccination uptake in school-based programmes within disadvantaged communities.

PubMed, PsycINFO, and backward citation searching identified English-language studies published in the past 10 years. Findings from included studies were thematically mapped onto the COM-B model (Capability, Opportunity, Motivation - Behaviour).

Fifteen of twenty-two included articles examined barriers and facilitators: (1) Capability-Barriers: the predominant factors were limited parental and adolescent knowledge and awareness of HPV and the vaccine; (2) Capability-Facilitators: focusing on user-friendly resources and increased adolescent awareness may boost school-based HPV vaccine uptake; (3) Opportunity-Barriers: poor communication and information delivery, socioeconomic hardships, logistical challenges, and cultural/ethnic/community influences were most frequently reported; (4) Opportunity-Facilitators: factors included simplified consent processes, multi-channel promotion methods, proactive follow-up, strong school-parent relationships, and effective communication; (5) Motivation-Barriers: common barriers included safety concerns and fears of side effects; (6) Motivation-Facilitators: factors encompassed positive attitudes, trust in healthcare providers, and perceived vaccine benefits. Seven studies evaluated interventions, with the most successful combining education with culturally and contextually tailored strategies, repeated reminders, and bundling with other vaccines.

Evidence on factors influencing lower uptake in disadvantaged settings remains limited, particularly in high-income countries. Future research is needed to elucidate barriers/facilitators and develop targeted interventions to reduce disparities in HPV vaccination uptake.

Keywords: School-based vaccination, HPV vaccine, adolescents



*Údarás na Gaeltachta*

## **Practice and Policy Considerations for Health Promotion Initiatives in Gaeltacht Areas**

Oral presentation

Sustaining healthy communities is central to maintaining quality of life in Gaeltacht regions and to supporting Irish-speaking communities. This is particularly important in peripheral Gaeltacht areas which are exposed to a heightened risk of health inequalities.

In the context of a review of the Healthy Ireland framework, policy and data relevant to health promotion and health inequalities in Gaeltacht areas were examined. This included analysis of the HP Deprivation Index and Census 2022 data at small-area level, with particular attention to Irish-language use. Health promotion initiatives relevant to socioeconomically disadvantaged Gaeltacht areas were also identified.

Analysis of HP Deprivation Index and Census 2022 data indicates that Gaeltachtaí have a higher proportion of areas classified as disadvantaged or very disadvantaged compared to the national average. In Galway, Mayo and Donegal, this pattern is especially pronounced in areas with higher concentrations of Irish-language use, with implications for health inequalities.

These findings are of relevance for both health promotion policy and practice. At a practice level, the provision of health promotion initiatives through Irish is a necessary consideration to ensure meaningful community engagement and alignment with a language rights-based approach. At the macro level, sustained, language-appropriate supports are required to address social determinants of health in Gaeltacht communities. Policy options to address these issues will be discussed in the context of the role of Údarás na Gaeltachta in strengthening linguistic, economic and social development across the Gaeltacht.

Keywords: Gaeltacht; Disadvantage; Community Health Promotion

*University College Cork (UCC)*

### **Exploring the Barriers and Facilitators to Healthy Eating and Identifying Leverage Points to Minimise Food-Related Inequalities in Cork City, Ireland.**

Oral presentation

In Ireland, there is a large gap in life expectancy between the most and least disadvantaged areas. Residents of disadvantaged areas are more likely to be exposed to unhealthy food environments, have limited access to healthy foods and are at a greater risk of developing a diet-related disease.

Qualitative research combining systems thinking with a community-based participatory research approach. Three group model-building sessions with residents of disadvantaged areas (n=13), professionals (n=10) and a combination (n=16) were conducted. Factors influencing dietary patterns were identified and mapped into causal loop diagrams. Participants worked together, using the diagrams, to identify leverage points and suggest policy actions.

Barriers included the wide availability and advertising of foods high in fat, sugar, and salt; the proximity of discount stores and takeaways; the cost of public transportation and healthy food; aversion to wasting food; competing priorities; and mental health difficulties. Facilitators included community gardens, increased gym culture, and mindfulness of chemicals in food. Leverage points identified were the advertising and retail environment, education and awareness, cooking facilities, medical and government interventions, and school meals. Policy actions included banning the advertising of unhealthy foods and retail outlets around schools, implementing calorie labelling, increasing food literacy, addressing misinformation, implementing community cooking facilities, increasing social prescribing and income support, and improving the quality of food in food banks and school meals.

Health promotion interventions need to focus on reducing food-related inequalities and improving food environments, rather than focusing on individual behavioural change.

Keywords: Food Environment; Socio-economic Insecurity; Diet

*Health Promotion, HSE South-West*

## **Embedding Making Every Contact Count in HSE South West – From National to Local**

Poster presentation

Making Every Contact Count (MECC) is a national Health Promotion programme as part of the Integrated Care Programme for Chronic Disease Management. Implementation of MECC in the HSE South-West since 2022 has been shaped by a commitment to advancing equity, ensuring that behaviour change conversations support those most affected by chronic disease and health inequalities.

A workshop-based model was adopted, prioritising high quality delivery, adaptation to diverse staff groups, and equitable access across counties and care groups. Progress has been driven through partnership with local champions, clinical educators, and staff whose lived experience of service delivery informed workshop adaptation. Co production principles guided the development of signposting resources and supported staff to embed MECC in ways that reflect the needs and realities of the populations they serve.

Since 2022, 2,188 staff have completed MECC online learning and 1,113 have completed a skills workshop. Several equity focused initiatives have emerged, including a Dementia Education Programme, a signposting resource for older adults, integration of MECC in the Pain Clinic at the South Infirmary, implementation within Public Health Nursing teams in Cork North and East Cork.

MECC is now embedded in induction and ongoing professional development, enabling staff to hold supportive conversations on healthy eating, smoking, alcohol and physical activity. This routine practice strengthens prevention, enhances person centred care, and contributes to reducing health inequalities across the HSE South-West.

Keywords: MECC: person centred care; training

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**Co-Designing an Emotion-Focused Parenting Programme to Promote Youth Mental Health: Preliminary Findings from an Experience-Based Co-Design Study with Parents, Adolescents, and Youth Mental Health and Family Support Professionals**  
Oral presentation

Adolescence is a critical period for social-emotional development, coinciding with increased vulnerability to mental ill-health. In Ireland, over 50% of youth are likely to experience a mental health condition by age 24. Globally, demand for youth mental health services necessitates innovative prevention approaches. Parents play a key role in shaping adolescents' mental health, yet there remains a dearth of theoretically-informed, parent-mediated supports that meaningfully engage stakeholders in design.

This qualitative study applies participatory co-design methodology (Experience-Based Co-Design). Data collection is ongoing (N≈72). Focus groups have been conducted with adolescents aged 12–25 (n≈29), professionals (n≈32), and parents (n≈11 interviews). Open-ended questions explore perspectives on adolescent emotional development and mental health, parenting practices, supports, challenges, and programme preferences. Sessions are being audio-recorded, transcribed, and will be analysed using Reflexive Thematic Analysis.

Preliminary analysis suggests three prominent themes will be:

1)Developing emotional and mental health literacy in parents and youth, 2)Fostering empathic and attuned parent-youth relationships, 3)Supporting adolescent emotion regulation through an emotion-focused, strengths-based approach. Participants emphasise empowering parents amid uncertainty around youth mental health challenges; and preferences for flexible, self-paced delivery with peer-support, active-learning, and content to support neurodiverse families.

Preliminary findings highlight the need for a developmentally attuned, parent-mediated programme that strengthens emotion socialisation processes, providing guidance for parents navigating adolescent mental health challenges and practical strategies to support parent-youth emotion regulation. Findings are informing the co-design and pilot implementation of an emotion-focused parenting programme to advance parent-mediated approaches to youth mental health within a stepped-care model.

Keywords: Parenting; youth mental health; co-design; prevention



*School of Public Health, UCC*

**Getting Going with Health Impact Assessment: Carrying out a screening exercise on public policy**

Workshop

Health impact assessment (HIA) is an approach with its own set of tools that examines policies, programmes and projects for potential health impacts at the population level. Given the health equity focus of HIA, it also assesses the distribution of health impacts across population groups. It has been endorsed by the WHO as well as in public health strategies since the start of the century. This policy endorsement aligns currently with the HSE Public Health Strategy (2025-2030), which calls for improved use of HIA as a way to embed Health in All Policies.

The approach for this workshop will be founded on an experiential learning format. An overview of HIA with its methodology will be provided, as well as a brief overview of two HIAs conducted as part of a HRB project HIA-IM will be presented. The screening stages of these two HIAs will be delivered. This presentation will be followed by group work examining one case study scenario of applying a screening method on a local policy.

The learning outcome of the workshop centres on participants engaging in an experiential format in a screening exercise for HIA, with a view to undertaking the exercise within professional practice.

The workshop will conclude with a discussion of key opportunities and challenges that participants identify in undertaking the initial stages of HIA on a local policy. Scientific evidence and practical supports being developed by the HRB HIA-IM project will be shared with the group, in particular the upcoming Getting Going with HIA Informational Resource.

*School of Public Health, UCC*

**Building Health Equity Strategies for Policy Change: Creating a Getting Going with Health Impact Assessment Informational Resource with Co-Produced Input**

Poster presentation

Health Impact Assessment (HIA) is an intersectoral process to assess potential impacts of projects, policies, and programmes on population health. Two aligned projects, HIA-IM and TRANSLATE-HIA, are developing resources to enhance HIA practice. One action of TRANSLATE-HIA is to create a 'Getting Going with HIA Informational Resource'. The goal of the resource is to build HIA awareness, and support practitioners doing HIA.

In November 2025 a World Café was held as part of the first 'Getting Going with Health Impact Assessment' knowledge translation event across the island of Ireland. Around 60 stakeholders, including health professionals, local authority officials, policy makers, community advocates, and researchers attended the event. The World Café comprised of four tables, each organised around one of four identified goals, based on findings from HIA-IM. At each table, participants were asked to consider a question related to one of the goals. Qualitative responses were analysed using Thematic Analysis.

Participant responses addressed what type of content they wanted in the resource, and how they wanted this content presented. This included presenting case studies of completed HIAs, outlining the value and benefits of HIA, explaining the relationships between HIA and impact assessment types, and providing details on HIA upskilling opportunities.

Co-produced input from the World Café participants, along with learnings from the HIA-IM project, are being used to create the 'Getting Going with HIA Informational Resource'. This will support practitioners undertaking HIA in addressing the structural determinants of health and promoting health equity in Ireland.

Keywords: Health Impact Assessment; World-Café; Health-Equity

*1 University of Galway*

*2 Thrive Connemara, Mental Health Ireland*

## **Proposal for 988 Crisis Helpline to be Established in Ireland and across Europe**

Poster presentation

Mental health crises are a growing concern in Ireland, contributing to increased suicide risk and pressure on emergency services. This proposal recommends introducing a 988 mental health crisis helpline, providing 24/7 confidential support from trained professionals. The service would offer immediate intervention, link callers to existing supports, and reduce reliance on Gardaí, ambulance, and hospital services. A national awareness campaign would promote early help-seeking and reduce stigma. The helpline would operate in English and Irish, with additional language access, and work in collaboration with mental health and emergency services nationwide.

A systematic search of mental health crisis services and supports nationally was conducted. Inclusion criteria comprised of supports and service details relevant to mental health crisis support. They were categorised into four groups: urgent services, counselling, bereavement support and other supports/services.

A total of n=834 (n=773 regional, n=61 national) services were identified. Regional supports were split into provinces Connacht (n=112), Ulster (n=77), Leinster (n=330) and Munster (n=254). Variations in contact number formatting were identified numbers ranged from 6-10 digits in length. Discrepancies in ease of accessing directories across provinces and counties were also identified.

988-crisis helpline could significantly improve access to mental health support in Ireland and across Europe. Easy to remember and operating alongside existing services, it could provide a vital lifeline for individuals in crisis. Benefits include greater accessibility, confidentiality, reduced stigma, and access to trained professionals. Overall, a 988 number would strengthen current supports and help reduce the burden of mental health challenges.

Keywords: Mental health equity prevention collaboration

*1 Health Service Executive*

*2 The Glen Resource Centre*

## **Adapting the Place Standard Tool to Explore the Food Environment**

Oral presentation

Community engagement from the Sláintecare Healthy Communities (SHC) area in North Cork City is essential to ensuring equity in the development of a city-wide sustainable and healthy food strategy. It also informs the Community Food and Nutrition work (CFNW) funded under SHC. The aim of this work was to adapt the existing Place Standard Tool (PST) to have a food lens and pilot in the Cork SHC area.

Adaptation of the tool involved rewording theme descriptions and prompt questions to focus discussion on the food environment. It took place from August-November 2024 through email and three online meetings through a collaboration between SHC, Cork Healthy Cities and Public Health Scotland. The pilot took place with 91 participants across 5 workshops between January-May 2005. Recruitment took place through existing local community groups.

The adapted tool resulted in very high engagement levels with full attendance to the end of each session. It allowed participants the opportunity to focus on the structural and community-based factors that impact on food choices. A series of actions emerged from each workshop including improved transport to food outlets, improving intergenerational learning around food and improving access to fresh local food.

At a local level the implementation of these actions will be supported by the Community Food and Nutrition Worker. At a strategic level the findings will also inform the Cork Sustainable and Healthy Food Strategy development. Public Health Scotland are currently refining the tool for use in a wide variety of communities.

Keywords: Food, Place, Community Engagement

**The language used around diabetes: A qualitative study focusing on the experience of people living with type 1 and type 2 diabetes in Ireland**

Poster presentation

The majority of people living with diabetes experience stigma; this is often conveyed through language. There is a growing international focus on the language used around diabetes, but the experience of the same has not been investigated in an Irish context. Objectives were to investigate: (1) the experience of language related to diabetes among people living with type 1 or type 2 diabetes in Ireland and (2) perceptions of the Irish Language Matters guide.

Using a descriptive qualitative approach, semi-structured interviews were conducted with 14 participants aged 21–68, diagnosed with type 1 (n = 10; 8 female) or type 2 diabetes (n = 4; 2 female). Reflexive thematic analysis was used.

Four themes were developed: (1) ‘Language used by healthcare providers matters’; sub-themes: ‘Dismissive, blameful, and inadequate language’ and ‘Person versus Patient’; (2) ‘Judgement’; sub-themes: ‘Misunderstanding and misconceptions about diabetes’ and ‘Minimising and othering language’; (3) ‘More than language’; and (4) ‘The Irish Language Matters guide: Mixed feelings’. Language described was predominantly negative, emotionally meaningful, and important in healthcare. It often conveyed stigma, criticism and judgement rather than care and support. Communication as a whole, including tone and attitude, was important. The guide was largely endorsed, but disagreement existed around some terms.

In Ireland, language around diabetes is typically negative and conveys stigma. This study underscores the need for Ireland-specific guidance and training on respectful language and effective communication, particularly in healthcare settings.

Keywords: Communication; language; stigma; diabetes; qualitative

*School of Public Health – Université de Montréal. Scientific Director of the Centre de recherche en santé publiques and the president of the International Union for Health Promotion and Education (IUHPE)*

**The times they are a-changin' ... so will health promotion**

Keynote Presentation

The world has changed since 1986 when the Ottawa Charter was adopted. Although the values and principles at the core of the Charter remain more than ever relevant, health promotion targets and strategies must evolve.

The goal is no longer restricted to human health and must reflect a comprehensive conception of well-being that accounts for the interdependence of human, animal and ecosystems' health; expanding our view of equity to encompass inter-generational and interspecies equity.

Accordingly, alliances should be developed with groups and actors active well beyond those relevant for human health.

*Discipline of Occupational Therapy, School of Health Sciences, College of Medicine,  
Nursing & Health Sciences, University of Galway*

## **Participatory Methods in Health Research: From Co-Production to Citizen Science Workshop**

There is a growing emphasis by on using participatory methods in health research to make the research more impactful, relevant and useful. Participatory research is a collaborative approach to research that involves interest-holders whose lives are affected by the issues being researched. They are included equitably as partners throughout the research process. Interest-holders could include patients, the public, communities, clinicians or policy-makers – depending on the context of the research. Participatory methods explicitly and meaningfully partner with relevant interest-holders in all stages of the research process – from deciding the research question, developing the research design, collecting data, analysing data, interpreting the results and sharing the findings.

This workshop explores the basic principles and practices of participatory research. The facilitators will share their experience conducting participatory research as part of their doctoral research. Éle will draw on her knowledge and experience co-creating a systematic review with 500+ members of the public using citizen science and PPI methodologies. Qiuxia will share her experience co-designing and co-facilitating an online intervention to support carers of people with dementia. Workshop participants will have the opportunity to explore real world examples and explore strategies to involve relevant interest holders.

By the end of the session participants will:

- Understand the basic principles and practices of participatory methods
- Gain practical insights into conducting participatory research
- Explore strategies to involve and engage with interest holders.

*1 Université Catholique de Madagascar, Centre de Recherche pour le Développement de l'Université Catholique de Madagascar*

*2 Health Promotion Research Centre, University of Galway*

## **Psychosocial factors of medication adherence to adult high blood pressure in Antananarivo Madagascar: self-determination perspectives**

Poster presentation

The duty of solidarity embodied in the “Fihavanana” is fundamental to the protection of the “Aina” (life) within Malagasy culture. However, access to healthcare - constrained by shortages of medication and high costs - remains a critical issue in Madagascar.

Hence, the importance of examining medication adherence in high blood pressure (HBP), a major public health concern, through cross-sectional study apply the lens of self-determination theory among 313 hypertensive patients monitored in three hospitals in Antananarivo.

From a structural perspective, the findings indicate that age and access to a treatment reimbursement system significantly determine adherence, accounting for 9.9% of its variance. This highlights the direct influence of socio-economic and organizational factors on patients' ability to follow their prescribed treatments correctly. Health equity is therefore concretely conditioned by inequalities in access to medical coverage. Moreover, 15.2% of the variance in adherence is explained by psychological factors, particularly autonomous motivation and levels of anxiety and insomnia. These determinants act as a full mediator between the satisfaction of basic psychological needs (autonomy, competence, and social belonging) and adherence to antihypertensive medication. This finding demonstrates the impact of the social and cultural environment on individuals' psychological processes in shaping health-related behaviors.

Addressing psychosocioeconomic determinants, particularly financial access, strengthening autonomous motivation, and preventing anxiety and insomnia, within a context of economic vulnerability and a condition requiring lifelong treatment, can enhance health equity and foster sustainable health behaviors among patients.

Keywords: Medication-adherence, high-blood-pressure, Antananarivo, economic-vulnerability, psychological-factors

*Health Promotion, University of Galway*

**Co-design of food-based guidelines for use in homeless services, a participatory study, with inherent public and patient involvement**

Workshop

Research with people experiencing homelessness highlight the increasing availability of processed, non-perishable foods within homeless shelters and hostels. Furthermore, pressure on homeless services to make use of food donations can limit food choices. Preliminary interviews with homeless service providers indicated a need for food-based guidelines to aid service providers in healthy food provision for people experiencing homelessness. A participatory study was used to co-produce food-based guidelines for service providers in homeless charities, with inherent public and patient involvement (PPI).

PPI contributors were sourced through existing connections in homeless charities, social media and word of mouth. Eight contributors agreed to be part of this panel. Four PPI meetings were held from August 2022 to November 2024. Suggestions from the first and second meeting were collated and food-based guidelines were drafted prior to the third meeting. The fourth meeting was held during the feasibility study to test the food-based guidelines with service providers in homeless charities.

Meetings with PPI contributors provided insight into the lived experience and competing priorities of homeless service providers throughout their daily work. Specific additions to the food-based guidelines based on PPI contributors' suggestions included a section on reading food labels, knife skills and recipes of varying difficulty.

Embedding these insights into the food-based guidelines throughout the design process ensured that the user (service provider) was at the centre of the development process. Input from the PPI panel grounded the food-based guidelines in the day-to-day challenges and competing priorities of service providers.

Keywords: Nutrition; health promotion; homelessness; co-design

HSE

## **Evaluating a Workplace Wellbeing Programme through an Equity Lens: Insights from Balbriggan Primary Care Centre**

Poster presentation

Health and wellbeing are shaped not only by individual behaviours but also by broader social and structural factors, including workplace environment, organisational culture, and access to supports. Workplaces are important settings for addressing health inequities, as staff experience varying levels of stress, workload, and access to resources. Without intentional design, wellbeing initiatives may unintentionally reinforce inequalities. However, inclusive and accessible programmes can promote equity, strengthen social connection, and improve organisational health. In 2025, Balbriggan Primary Care Centre implemented a multifaceted Staff Health and Wellbeing (SHWB) Programme designed to be inclusive across roles and disciplines.

This study evaluated the programme's impact on staff wellbeing, workplace culture, and equitable access to supports.

Throughout 2025, staff were offered a range of activities to accommodate diverse needs and schedules. An anonymous cross-sectional survey was conducted at year-end to assess participation, experience, perceived wellbeing impact, and inclusivity.

Eighteen staff completed the survey. Overall experience was highly positive, with 72% rating the programme as excellent and 28% as very good. All respondents reported improved wellbeing, with 83.4% noting moderate to significant benefit. Reported outcomes included stronger team connection (61.1%), improved morale (50%), better work-life balance (44.4%), enhanced physical and mental health (38.9%), and reduced stress (27.8%). Qualitative feedback highlighted the importance of diverse and accessible activities in supporting engagement across staff groups.

The SHWB Programme demonstrates that inclusive workplace initiatives can address structural determinants of health, improving individual wellbeing while fostering a more equitable and cohesive workplace culture.

Keywords: Workplace wellbeing Health equity

*1 HSE Tobacco Free Ireland Programme*

*2 Irish Prison Service*

## **Training inmates as peer stop smoking advisors in a medium security prison in Ireland: a peer-led approach to deliver stop smoking care in a prison setting**

Poster presentation

Tobacco use remains disproportionately high within Irish prisons contributing significantly to health inequalities. The aim of this project was to assess the viability of training inmates as stop smoking advisors to support their peers to quit smoking.

Selected inmate volunteers from the Irish Red Cross (IRC) scheme completed training in stop smoking care and delivered group-based behavioural support to their peers over a 7-week period. Quitters were provided free nicotine replacement therapy (NRT) and encouraged to set quit dates. Programme progress was monitored over the subsequent months.

Engagement was strong among quitters (n=9). All set quit dates and commenced NRT. Participants reported that support from peer advisors significantly influenced their commitment to the programme. A lockdown (security) disruption (in the prison) resulted in relapse for some participants, primarily due to interruption in NRT access and group support. Once the prison reopened, many participants reset quit dates and recommenced quit efforts.

Training inmate volunteers as peer stop-smoking advisors is both feasible and effective. The IRC model provided an existing structure enabling recruitment and training of peer advisors within the prison. The transient relapse caused by lockdown underscores the critical importance of maintaining continuity of access to NRT and group support during these periods. The re-engagement of participants once services resumed demonstrates the desire and willingness to quit among imprisoned individuals—even under constrained circumstances.

Keywords: Equity, access, smoking, prison, inequalities

*All Island Institute of Public Health*

## **Sunbed use among children and adults in Ireland and implications for skin cancer prevention**

Oral presentation

Sunbed use is an independent risk factor for skin cancer, the most frequently diagnosed cancer in Ireland. All sunbed use carries risk, with the highest risk associated with use before 35 years of age, particularly in childhood and adolescence, and with frequent use. This policy report was developed to support the Department of Health and HSE's National Cancer Control Programme (NCCP) National Skin Cancer Prevention Plan (2023-2026) and the 2025 Programme for Government commitment to explore a ban on commercial sunbed use.

This policy report included a secondary analysis of the Health Behaviour in School-aged Children study (HBSC) and Healthy Ireland data, compliance data from the National Environmental Health Service regarding the Public Health (Sunbeds) Act 2014, a rapid review examining the effectiveness of international sunbed policy, a case study on the Australian sunbed ban and an overview of international sunbed regulations.

The report found that sunbed exposure was significant in Ireland's high-risk population, particularly among children and those most vulnerable to skin cancer development from sunbed use (<35 years). Information gaps remain in relation to the levels of irradiance emitted from sunbed units and sunbed exposure, frequency and duration. Compliance with existing legislation remains consistently poor. Bans on sunbeds are reported to be cost-effective, even when the costs of accompanying public health campaigns, enforcement costs and tanning industry losses are considered.

Based on best available evidence, this policy report recommends proceeding with a prohibition on commercial sunbed use.

Keywords: Sunbeds, Skin cancer prevention, policy

**Ms Christine Rohan**<sup>1</sup>, Ursula Morgan<sup>1</sup>, Sharon Murphy<sup>1</sup>, Michelle Brehon<sup>1</sup>, Caroline Escosio<sup>1</sup>, Anne Smyth<sup>1</sup>, Carlyn O'Loughlin<sup>1</sup>, Sharon O'Rourke<sup>1</sup>, Paula Noone<sup>2</sup>, John Brennan<sup>2</sup>

*1 Patient Council Roscommon University Hospital*

*2 Roscommon Brothers of Charity Easy Reader Group*

## **Roscommon University Hospital Patient Passport**

Poster presentation

Roscommon University Hospital is a Model 2 hospital in the HSE West and North-West Region. During a Patient Experience and Patient Council Committee meeting, staff and relevant Patient Council representatives identified a need for the hospital to have a mechanism to identify patients that may require additional supports when accessing healthcare. The Patient Passport was developed by a multi-disciplinary working group.

- Gather data on patient issues example incidents, complaints, feedback
- Create a multi-disciplinary and multi-organisational working group
- Develop a universal Patient Passport
- Collaborate with community organisations example Brother of Charity and Age Friendly Networks
- Obtain Hospital Management approval
- Conduct a small pilot study
- Complete procurement process and apply for external funding example Spark Seed
- Develop an implementation plan with working group
- Ensure sustainability by regular audits and process reviews

Health Outcomes: Providing patient care at the right time, in the right place.

Patient Experience: Improved patient experience as supports will be in place.

Empowers the patient to be involved in their own care.

Staff Experience: Improved staff experience as they are providing person centred care.

Cost Saving: If supports in place, the patient is more likely to attend their appointment or complete a treatment which will impact capacity.

Equity of access: Empowers the patient to inform staff of their needs and for the healthcare team to provide the relevant supports to ensure the patient can attend or undergo treatment.

Keywords: Co-production, Collaboration, Lived Experience

*Roscommon University Hospital*

## **Roscommon University Hospital Rainbow Project**

Poster presentation

- The Roscommon University Hospital (RUH) Rainbow Project is a Quality Improvement Project that evolved from a clinical query.
- The aim: create awareness of issues faced by LGBT+ staff, patients and visitors when accessing healthcare in RUH.
- The ethos: promote an open, non-judgemental and inclusive healthcare setting.
- The goal: include all members of staff and to facilitate an open and inclusive working group.
- Research phase: Literature review. Interagency collaborations with key stakeholders. Learning from the lived experiences.
- Design phase: HSE QIP proposal approved by senior management. Implementation of the HSE Rainbow Badge practice guide.
- Development Phase: creation of an in-person education programme. Hosting information events. Engaging with patients, staff, visitors and students. Interdisciplinary collaboration to develop Standard Operational Procedures.
- Implementation phase: advertisement of project to the hospital community. Creating a calendar of events for the project.
- Evaluation phase: Analyse project data, gather feedback, and adapt training based on feedback, key learnings from patients lived experience incorporated. Lived experience of staff shared through the newly established staff LGBT+ network.
- Over 20% of staff population attendance to the non-mandated education sessions.
- Gathering and analysing data from online surveys, face to face interactions, lived experiences, hospital processes and policies.
- Validation: HSE Health Excellence, Irish Healthcare Centre Awards and Workplace Excellence Awards.
- Promote and share learning: Saolta newsletters, presentations at National and International conferences, hosting social events.
- Recommendations and learning: reviewed and actioned feedback.

Keywords: LGBTI+, Interagency, Collaboration, Education, Awareness

*Health Service Executive*

**Kick the Vape: A community-based partnership response to highlight and address the harms of vaping in Clondalkin & Tallaght**

Poster presentation

Health behaviours are shaped by social and commercial determinants, including industry influence on access, affordability, and social norms. In Ireland, rising youth vaping is driven by the availability, marketing, and design of disposable e-cigarettes. This raises concerns about nicotine dependence and long-term health impacts. In Clondalkin and Tallaght, increasing use highlighted the need for a coordinated, community level response.

A cross sectoral working group was established, involving South Dublin County Partnership, Clondalkin and Tallaght Drug and Alcohol Task Forces, and HSE Health Promotion and Improvement. This collaboration developed Kick the Vape, a community-based awareness campaign. Accessible, evidence informed resources were produced, including posters, leaflets, a podcast, and an animated video. Materials addressed physical and mental health harms, alongside environmental and financial impacts, informed by current research and prior campaign learning.

The campaign launch engaged 165 stakeholders across community, youth, and health sectors. In total, 8000 leaflets and 1200 posters were distributed locally, with additional placement across public transport networks. Digital outputs, including a podcast and video, extended reach and visibility. Community, youth, and healthcare professionals reported feeling better equipped to engage in conversations about vaping using the resources.

Kick the Vape demonstrates the value of community partnerships in addressing commercially driven health behaviours. While awareness and dialogue improved, education alone is insufficient. Addressing youth vaping requires stronger regulation of marketing, product availability, and retail access. Sustainable impact depends on aligning community action with robust policy measures targeting the commercial determinants of health.

Keywords: Vaping; E-cigarettes; Addiction; Youth; Community

*Health Service Executive and University of Galway*

**Equity analysis of Your Future, Your Way: an occupational therapy intervention supporting post-secondary education transitions for adolescents with neurodevelopmental conditions**

Poster presentation

The transition from secondary school to further education, training or employment can be a critical period for adolescents with neurodevelopmental conditions (autism, DCD, ADHD, intellectual disability). While health equity aims to promote fair access to resources in line with population needs, access to occupational therapy (OT) frequently decreases as adolescents age out of paediatric services. This can be exacerbated by long waiting times, and workforce shortages in Irish primary care services. Your Future, Your Way, a primary care OT group-based workshop was developed to address 16–18-year-olds' post-secondary transition needs.

A primary care occupational therapist designed and delivered the intervention and then completed an equity analysis of the design and implementation phases. This analysis included evaluating the evidence, stakeholder involvement, intervention reach, accessibility and outcome monitoring.

The analysis identified the extent of stakeholder participation, therapist-led delivery, 36% non-attendance due to travel barriers and school commitments and limited disaggregated socioeconomic and disability data. These limitations make identifying equitable benefit distribution unclear, which may exacerbate disparities among adolescents experiencing social vulnerabilities or those with higher support needs.

This practice-based analysis can inform OT practitioners in the transition from therapist-led towards a co-designed approach which integrates adolescents' lived experiences. The use of implementation science frameworks along with standardised measures in future iterations could facilitate the monitoring of intervention reach across socio-economic gradients and disability groups, supporting health equity within primary care OT practice.

Keywords: Occupational therapy, equity, adolescent, transition

*Healthy UL, University of Limerick*

## **Advancing Health - Promoting Campuses: Applying the Limerick Framework for Action to Transform Planet, Places and People**

### Workshop

Higher Education Institutions are facing intensifying social, environmental and technological pressures, requiring integrated approaches that move beyond policy intent to practical implementation. The Limerick Framework for Action (LFfA), developed through broad international consultation, offers a globally co-created roadmap for embedding health, wellbeing and sustainability across campus life. Building on the legacy of the Okanagan Charter, the Framework is structured around three interdependent pillars—Healthy Planet, Healthy Places and Healthy People—and guided by three principles: Partnership, Participation and Progress. The Framework was designed to support whole-campus transformation while remaining adaptable to diverse institutional and national contexts.

This interactive workshop will introduce participants to the derivation, purpose and architecture of the LFfA and explore how its ten transformative actions can be used to advance health-promoting campuses in practice. Through facilitated discussion, reflective analysis, and scenario-based problem solving, participants will examine how the Framework can support institutional alignment with global agendas including the Sustainable Development Goals, and planetary health. The session will encourage participants to identify priorities, assess readiness and consider feasible next steps for local implementation.

Designed for HEI leaders, staff, students, policymakers, and cross-sector partners, this workshop translates the globally co-created Limerick Framework for Action into practical tools and shared language. Participants will advance collaborative implementation, driving measurable progress toward healthier people, places, and planet while embedding equity, inclusion, and sustainability across campuses.

Planet, Places, People, Partnership, Participation

*TUS*

## **A Mixed Methods Investigation into the Barriers and Enablers to Healthy Eating in Technological University of the Shannon**

Oral presentation

Healthy eating is a key priority within Health Promoting Universities, yet students in higher education face structural and socioeconomic barriers that shape dietary behaviours. This study investigates the barriers and enablers to healthy eating within an Irish Technological University, with particular attention to food insecurity and campus food environments.

A cross-sectional mixed methods design was employed. Quantitative data were collected via an online survey of 208 students across eight campuses, capturing dietary behaviours, food access, and perceptions of campus provision. Qualitative data were gathered through semi-structured interviews with three staff members involved in food-related roles. Descriptive statistics and ANOVA were used for survey analysis. Reflexive Thematic Analysis was applied to interview data.

Findings indicate 54% of students experienced food insecurity, with higher prevalence among females and on urban campuses. Key barriers to healthy eating included cost, limited variety, inadequate provision for dietary needs, and inadequate facilities. Enablers included increased availability and affordability of healthy options, improved food quality, nutritional labelling, and other food literacy initiatives. Overall satisfaction with campus food provision was moderate (mean = 5.4/10). Staff perspectives reinforced the role of financial constraints and the importance of food literacy.

The findings highlight the need for whole-system approaches addressing the environmental and economic determinants of diet. Interventions must extend beyond individual behaviour change to include greater availability of healthy food, subsidising healthy options, improved infrastructure, and institutional policy alignment. Making campus food environments more health promoting is critical to promoting student wellbeing in higher education.

Keywords: Healthy eating; food insecurity

**Loneliness and Associated Factors Among Adolescents in Ireland: A Secondary Data Analysis of the HBSC 2022 Survey**

Oral presentation

Loneliness is a growing public health concern among adolescents in Ireland, where approximately one in five people report feeling lonely, above the European average of 13%. This study investigated the associations between loneliness and mental health and wellbeing, social capital, and risky behaviours among Irish adolescents.

A secondary analysis of the Health Behaviour in School-aged Children (HBSC) Ireland 2022 survey was conducted with 2,217 adolescents aged 15–18 years. Chi-square tests and multivariate logistic regression were used to examine associations with loneliness.

Overall, 21.9% of participants reported loneliness. Girls were 1.6 times more likely to report loneliness than boys (25.4% vs. 15.5%;  $p < 0.001$ ). Adolescents at risk of depression were nearly 15 times more likely to experience loneliness (OR = 14.9;  $p < 0.001$ ), while low life satisfaction was associated with over 8 times greater odds (OR = 8.1;  $p < 0.001$ ). Difficulty communicating with a father or a friend of the same sex were also significant predictors. In the final multivariate model, six independent predictors were identified: sex, low life satisfaction, risk of depression, poor emotional wellbeing, difficulty talking to father, and difficulty talking to a same-sex friend. The model correctly classified 79.8% of observations.

Loneliness among Irish adolescents is significantly associated with poor mental health, low life satisfaction, and difficulties in family and peer communication. Targeted, gender-sensitive interventions and school-based mental health supports are recommended to address adolescent loneliness in Ireland.

Keywords: Loneliness, adolescents, Ireland, mental health

*HSE Climate and Sustainability Programme, Health Service Executive, Dr Steevens' Hospital, Dublin, Ireland*

## **Prescribing for Nature**

Oral presentation

Nature prescribing has emerged as an innovative, non-pharmacological approach to support health and wellbeing. Structured engagement with natural environments can reduce stress, improve mood, increase physical activity, and enhance overall health outcomes. Importantly, it offers a low-cost, accessible preventive intervention with potential to reduce health inequities. In Ireland, nature prescribing aligns with national priorities to transform the health and social care system toward one that is sustainable, accessible, equitable, and prevention focused. To support this shift, an e-learning module is being developed for healthcare staff within the public health system to introduce the concept and provide a practical, accessible approach to prescribing nature-based interventions.

Climate Change, Sustainability, Health Promotion, Prevention.

Contribution to scholarship, practice or policy:

Various health and wellbeing policies and frameworks

A mixed-methods approach informed the module's development. Qualitative data were collected through semi-structured interviews and focus groups with Irish and international stakeholders. These explored the current landscape of nature prescribing, as well as perceived barriers, facilitators, and training needs.

Preliminary findings highlight strong interest in nature prescribing across sectors, alongside gaps in awareness, training, and prescribing mechanism. Key facilitators include alignment with social prescribing initiatives and growing policy support. The module development process has resulted in a structured, evidence-informed training resource designed to improve knowledge, confidence, and uptake among healthcare providers. These findings support the potential of nature prescribing as cost-effective and scalable preventive health intervention.

Keywords: Health Promotion, Prevention, Nature, Social

*Health Promotion Research Centre, University of Galway*

**Exploring Frameworks and Tools for Knowledge Translation in Health Promotion Research: A Scoping Review Protocol.**

Poster presentation

The WHO Ottawa Charter and the core principles of wellbeing, empowerment, and equity conceptually underpin the discipline of Health Promotion (HP). To date, limited research has focused on how Knowledge Translation (KT) frameworks and tools align with HP theory and practice. This review will describe, compare, and map existing KT frameworks and tools against HP theory. It will examine their conceptual fit, strengths and limitations, and opportunities to optimise the application of KT approaches in HP.

This scoping review of published and grey literature will be conducted using the Joanna Briggs Institute methodology and the PRISMA-ScR checklist. Researchers will identify literature by systematically searching in OVID Medline, Embase, CINAHL, Scopus, Overton, and OpenGrey databases and targeted websites. Two reviewers will work independently, screening papers against predefined eligibility criteria, using Covidence software. They will resolve any selection discrepancies by discussion with a third reviewer. Data will be extracted using a bespoke tool informed by the four KT intervention components identified by Colquhoun et al. (2014). Then, the extracted data will be mapped to the Ottawa Charter action areas and the criteria developed by Fry and Zask (2016). Findings will be synthesised thematically to address the review objectives.

The review findings will be disseminated through conferences, journal publications, and workshops with researchers, policy makers, and practitioner partners.

Keywords: Knowledge Mobilisation; Knowledge Exchange; Impact

*Patient Advocate*

**Engaging Rare and Under-Represented Communities in Health Research: Learning from a Patient-Led Workshop**

Poster presentation

It is vital to include underrepresented voices in health research. As an EDI patient advocate, I created a patient-led workshop titled 'How to Engage Diverse Communities in Health Research: A Patient's Perspective'. The purpose of this workshop was to highlight the importance of involving, engaging and empowering rare and diverse communities to participate in health research. This workshop took place at the University of Galway and was funded by PPI Ignite.

This three-hour workshop aimed to reduce misconceptions, how to engage and use tools to engage with diverse groups and understand the effects of poor engagement on underrepresented communities. It was delivered through practical and interactive activities to facilitate active learning and discussions.

24 participants took part including students, academics, charities, engagement practitioners and PPI contributors. Key highlights included the interactive sessions with group activities and discussions. Participants particularly appreciated the real life case studies, practical toolkit, and open discussions. The workshop concluded with a Q&A session, providing attendees with an opportunity to ask questions and gain further insights. Feedback from participants was positive, with many noting the practical suggestions for engaging diverse groups in research, the practicality of the toolkit and case examples. It was a valuable experience for all involved.

Since the workshop I have maintained relationships with charities including 'The Rare Disease Network' in Ireland where learnings from the workshop are integrated in their PPI approach. I continue to consult with local and international students, and researchers on inclusive practices within their projects.

Keywords: Communities; patient; involvement; engagement; health