

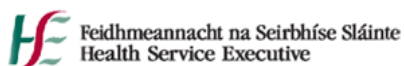


17th Annual Health Promotion Conference

Health in All Policies: Strengthening Multisectoral Health Promotion in an Irish Context

NUI Galway

May 29th, 2013





Conference Steering Committee:

Mr. John Devlin	Deputy Chief Medical Officer, Department of Health
Ms. Biddy O'Neill	Health Promotion Manager, National Programmes, Health Service Executive
Professor Margaret Barry	Health Promotion Research Centre, NUI Galway
Dr. Jane Sixsmith	Health Promotion Research Centre, NUI Galway
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Dr. Martin Power	Health Promotion Research Centre, NUI Galway

Conference Secretariat:

Dr. Vivienne Batt	Health Promotion Research Centre, NUI Galway
Ms. Christina Costello	Health Promotion Research Centre, NUI Galway

CONFERENCE PROGRAMME

Health in All Policies: Strengthening Multisectoral Health Promotion in an Irish Context

Health Promotion Research Centre Annual Conference
Wednesday 29th May, 2013

- 9.00 Registration & Coffee
Venue: Foyer, Aras Moyola
- 9.30 Welcome: Professor Margaret Barry, Head of WHO Collaborating Centre for Health Promotion, NUIG

Opening Address: Dr. Thomas Ritter, Vice Dean of Research, College of Medicine, Nursing & Health Sciences, NUIG
Venue: MY243 Aras Moyola
- 9.15 **Plenary:**

“WHO European Strategy Health 2020: Opportunities, Challenges & Lessons”
Dr. Erio Ziglio, Head European Office for Investment for Health and Development, Regional Office for Europe, World Health Organization

“Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025”
Dr. Stephanie O'Keeffe, Director of the Health and Wellbeing Programme, Department of Health

“Paddling Upstream? Obstacles and opportunities for tackling inequalities in health”
Professor Margaret Whitehead, WH Duncan Professor of Public Health, Faculty of Medicine, University of Liverpool

Chair: Dr Michal Molcho, Deputy Director, Health Promotion Research Centre, NUIG
Venue: MY243 Aras Moyola
- 11.30 Tea/Coffee ***
Venue: Foyer, Aras Moyola Building.
- 12.00 **Parallel Oral Presentations:**
Further information on oral presentations on page 12.
Session A: Venue – MY123, Aras Moyola
Chair: Dr. Martin Power, NUI Galway
Session B: Venue – MY124, Aras Moyola
Chair: Ms. Verna McKenna, NUI Galway
Session C: Venue – MY125, Aras Moyola
Chair: Dr. Lisa Pursell, NUI Galway
Session D: Venue – MY126, Aras Moyola
Chair: Dr. Jane Sixsmith, NUI Galway.

1.15 Lunch *

Venue: Friar's Restaurant

2.30 Workshops

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

"Healthy Ireland - Getting the partnerships right"

Facilitator: Dr Jacky Jones

Venue: MY123, Aras Moyola

"Real Life Challenges: Experiences of partnership - Healthy Cities"

Facilitator: Ms Fiona Donovan, Health Service Executive

Venue: MY124, Aras Moyola

"Influencing Policy making is it an art perhaps a science or plain politics?"

Facilitator: Mr David Pattison, NHS Scotland

Venue: MY125, Aras Moyola

"Health in All Policies – The Smarter Travel Policy"

Facilitator: Ms Laura Behan, Department of Transport

Venue: MY126, Aras Moyola

Rapporteurs: Ms. Colette Dempsey, Ms. Mary Callaghan, Dr. Audrey Thomas and Ms. Leigh-Ann Sweeney, Health Promotion Research Centre, NUI Galway.

4.00 Tea/Coffee – Served to go*

4.15 Closing Session:

Panel feedback from workshop facilitators:

Panel: Dr. Jacky Jones, Ms. Fiona Donovan, Mr. David Pattison and Ms. Laura Behan.

Closing Remarks: Dr. Michal Molcho, Health Promotion Research Centre, NUI Galway

Chair: Ms Vivian Barnekow, Programme Manager, WHO Europe

Venue: MY243, Aras Moyola

5.00 Finish

***Posters will be available for viewing during breaks in the Foyer of the Aras Moyola Building.**

Plenary Speaker Biographies



Dr. Erio Ziglio has been the Head of the WHO European Office for Investment for Health and Development in Venice since 2002.

In addition to his 20 years of work with the World Health Organization, he has over 15 years of professional experience in the academic world both in Europe and North America. He worked for the European Commission for three years as a public health consultant in the late 1980s. He has lectured internationally and published widely on the subjects of health promotion, health policy and planning and health and development. He held an Honorary Professorship at the University of York, and was an Honorary Research Fellow at the University of Edinburgh, where he received his PhD in 1985. For several years he was a part of the international teaching staff of the Public Health School at Yale University.



Dr. Stephanie O'Keeffe is currently the Director of Health and Wellbeing in the Department of Health. Stephanie is responsible for leading the implementation and evaluation of Ireland's first intersectoral population health framework, Healthy Ireland. Stephanie worked for a short time as Director of the National Office for Suicide Prevention in Ireland's health service. Stephanie also worked in the area of sexual health for 10 years, where she played a critical role in developing and implementing 3 national government strategies. She was the Director of the Crisis Pregnancy Programme and for 8 years. Prior to this Stephanie worked as a Research and Policy Manager establishing a highly successful and widely recognised

research and policy influencing programme in the broad area of unplanned pregnancy, reproductive decision making, sexual health and family support services. Stephanie has extensive experience of setting up multidisciplinary teams and cross-government partnerships on policy initiatives. Stephanie's interests are in strategy development, implementation and evaluation and governance systems for health and wellbeing. Stephanie also has an interest in the application of high-quality research outputs through knowledge transfer and dissemination strategies. Stephanie is a social psychologist; she completed a Bachelors Degree in Psychology in Trinity College, Dublin, in 1996, an MSc in Psychological Research Methods and Assessment in University of Surrey, UK, in 1988 and a PhD in decision making models from the University of Surrey, UK, in 2003.

Health in All Policies: Strengthening Multisectoral Health Promotion in an Irish Context



Professor Margaret Whitehead holds the W.H. Duncan Chair of Public Health in the Faculty of Medicine, University of Liverpool, UK, where she is also the Head of the World Health Organisation (WHO) Collaborating Centre for Policy Research on Social Determinants of Health. Researchers involved in this programme are studying both the social causes of ill health and the adverse consequences of having a chronic illness, such as reduced income and employment chances, social isolation and stigma. With international collaborators, they are looking at the ways in which health and social welfare systems themselves reduce or exacerbate the adverse consequences of ill health and what can be done to improve the situation. The centre is developing ways of carrying out health inequalities impact assessment of complex interventions and public policies, including evidence syntheses concerning policies to improve living and working conditions. Most recently she is jointly co-ordinating an EU project with Professor Johan Mackenbach of Erasmus University on methods to evaluate the health inequalities impact of natural policy experiments. Margaret has been involved in various national and international efforts to address social inequalities in health, including sitting on the UK Government's Independent Inquiry into Inequalities in Health (the Acheson Inquiry) and membership of the Senior Advisory Board of the WHO European Review of Social Determinants of Health and the Health Divide (2011-13).

Workshop Facilitators Biographies



Dr Jacky Jones worked for the Irish health services for 37 years in the field of health education and health promotion, spending the last 10 years as Regional Manager of Health Promotion Services, HSE West. She has served on numerous national strategy groups, including the National Obesity Task Force. She has a 1st class honours MA from NUI, Galway. In 2008 she completed her PhD in health promotion, producing new synergy and trust psychometric scales now used by researchers all over the world. During 2011 she published three peer-reviewed papers on synergy, trust and partnership working. She is passionate about social justice, real food, ageism and women's issues



Ms Donovan has a background in Sports Science, a Masters in Health Promotion and completed an MBA in 2010. Her previous role involved working as Research Health Promotion Officer for HSE West from 2001 until taking up the role of Galway Healthy Cities Project Coordinator in 2006. Through the multi-disciplinary Healthy Cities group, many projects have been initiated and developed including the Lets Get Galway Growing network, a series of Healthy Urban Environment workshops and the recent Galway City Strategy to Prevent and Reduce Alcohol-Related Harm



Mr. David Pattison's first employment was within the Civil Service between 1973 and 1978, working in North West Glasgow within the Department of Health and Social Security providing clients with state benefits

David was employed by the British Red Cross Society Scottish H.Q. from 1979 to 1989 based in Glasgow; final post was that National Training Officer. He specialised in HIV/AIDS, Substance Use and the application of the Geneva Conventions within a Human Rights context in Scotland. A founder member of the Red Cross European and North American Task Force on AIDS linked to the Copenhagen Office of WHO

from 1985 to 1988

David worked in the Scottish NHS system since 1989 in the Public Health Department within a local health board; initial responsibility was for HIV and Sexual Health and subsequently as the Health Promotion Department Manager from 1997.

From August 2003 to July 2008 seconded to the Scottish Government as a Specialist Public Health Adviser within the office of the Chief Medical Officer for Scotland. Lead responsibility for; Public Health Workforce developments; Sexual Health; Substance Use Community Health Partnerships; Health Inequalities and supporting the Education Department in terms of Health and Schools, in particular acting as Vice Chair of the National Health Promoting Schools Strategic partners group.

Since 2008 employed with NHS Health Scotland as Head of International Development; Health Scotland is the national health improvement agency for Scotland and a WHO Collaborating Centre for Health Promotion and Public Health Developments. In 2010 also assumed lead responsibility for the Chief Executives Office

From 2006, David has been a WHO 'Temporary Technical Adviser' on a number of projects; including work on poverty and health; School Health Services in Albania and Republic of Moldova; Child and Adolescent Health strategic developments; Poverty Migration and Health with the Italian National Institute for Poverty Migration and Health.

In addition David has strong links with EuroHealthNet (Elected President October 2010 re-elected in 2012) and International Union for Health Promotion and Educations (Elected Global V.P. for Marketing, Fundraising and Membership Development July 2010).

Granted Fellowship of the Faculty of Public Health in 2010.



Laura Behan leads the Sustainable Transport Division in the Department of Transport, Tourism and Sport where she works with other government departments and agencies and principally with local authorities to secure more sustainable transport choices. A career civil servant, in addition to previous roles in Freight, Road Safety and Roads Investment in DTTaS, Laura has worked in various areas in the Department of the Environment, Community and Local Government, Department of Finance and the Department of Foreign Affairs and Trade.

Plenary Sessions

Presenter: Dr. Erio Ziglio, Head, European Office for Investment for Health and Development, Regional Office for Europe, World Health Organization

Title: WHO European Strategy Health 2020: Opportunities, Challenges & Lessons

The direct impacts of the present European-wide economic and social crisis are becoming more apparent. Due to economic difficulties, more and more Europeans are being pushed or trapped into poverty and long-term unemployment. The impact of the current economic crisis on health could potentially erode hard won population health gains, with the most vulnerable groups in our societies at the highest risk.

In this economic context, health systems – especially public health prevention and health promotion programmes, are facing the prospect of decreased government expenditure. Such expenditure cuts usually mean decreased development aid for health and less resources for service delivery, in a time of increased population health needs and pressure on social protection mechanisms.

Promoting health and reducing health inequities need to be seen as crucial priorities for European countries. This is the rationale of the new European Health Policy put forward by the European Office of the WHO known as Health 2020.

There are questions that national, regional and local governments will increasingly be confronted with: Can we promote the health of the population in a sustainable and equitable manner and identify an intersectoral development strategy that provides added value to economic and social results? Dr Ziglio will address the above questions by presenting the rationale of Health 2020.

Presenter: Dr. Stephanie O'Keeffe, Director of the Health and Wellbeing Programme, Department of Health

Title: Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025

'Healthy Ireland' a new national framework for action to improve the health and wellbeing of our country over the coming generation was launched on April 28 2013.

It is a response to the many risks that threaten Ireland's future health and wellbeing, as well as its economic recovery. Current adverse health trends and the projected growth in incidence of chronic diseases will undoubtedly lead Ireland to an unhealthy and extremely costly, if not unaffordable, future if action is not taken.

The development of Healthy Ireland reflects national and international best-practice and experience. In particular it reflects the WHO strategic objectives in Health 2020 for improving health for all, reducing health inequalities and for improving leadership and participatory governance for health.

A number of key principles and approaches identified in the international literature as characteristics of an effective response have been adopted in this Framework; these include leadership and accountability, a whole-system response, partnerships and reaching beyond government, building community and personal responsibility, a life course approach, early intervention, healthy ageing and measurement and evaluation.

Healthy Ireland will support a whole-of-government approach to address the determinants and predictors of health and wellbeing, many of which fall outside the health sector, e.g. housing, transportation, education, workplaces and environment along with an individual's socio-economic status. It sets out four central Goals and outlines actions under six Thematic Areas, in which all people and all parts of society can participate to achieve these goals through 64 Actions.

Presenter: Professor Margaret Whitehead, WH Duncan Professor of Public Health,
University of Liverpool

Title: Paddling Upstream? Obstacles and opportunities for tackling inequalities in health

Following the presentations on the WHO European and 'Healthy Ireland' strategies, Margaret Whitehead's talk will focus on the experiences of trying to implement health promotion strategies to tackle health inequalities against a backdrop of boom and bust. It will discuss the political realities surrounding three main aspects: the consensus on causes of observed health inequalities and the action needed; the obstacles getting in the way of action; and what opportunities there are to overcome such obstacles and move forward on the inequalities agenda. It will finish by asking: what role for the health sector in general and health promotion in particular?

Workshops

Workshop 1

Facilitator:

Rapporteur:

Venue:

Healthy Ireland - Getting the partnerships right

Dr. Jacky Jones

Ms. Colette Dempsey, Health Promotion Research Centre, NUI Galway.

MY123, Aras Moyola

Workshop 2

Facilitator:

Rapporteur:

Venue:

Real Life Challenges: Experiences of partnership - Healthy Cities

Ms. Fiona Donovan, Health Service Executive

Ms. Mary Callaghan, Health Promotion Research Centre, NUI Galway.

MY124, Aras Moyola

Workshop 3

Facilitator:

Rapporteur:

Venue:

Influencing Policy making: is it an art, perhaps a science or plain politics?

Mr. David Pattison, NHS Scotland

Dr. Audrey Thomas, Health Promotion Research Centre, NUI Galway.

MY125, Aras Moyola

Workshop 4

Facilitator:

Rapporteur:

Venue:

Health in All Policies – The Smarter Travel Policy

Ms. Laura Behan, Department of Transport

Ms. Leigh Ann Sweeney, Health Promotion Research Centre, NUI Galway.

MY126, Aras Moyola

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Oral Communications

A	Chair: Dr. Martin Power, Health Promotion Research Centre, NUI Galway.
12.00	Mr. Lorcan Brennan: <i>7 Questions towards Best Practice for Supporting & Engaging Men</i>
12.25	Mr. Jakub Gajewski <i>Living with type 1 diabetes. Can one be health despite the illness?</i>
12.55	Ms. Mary Cronin <i>From Grassroots to Government – a case study of the Social Justice and Policy work of the Society of St Vincent de Paul (SVP)</i>

B	Chair: Ms. Verna McKenna, Health Promotion Research Centre, NUI Galway.
12.00	Ms. Mary Callaghan: <i>The challenges of using of a school level questionnaire to examine policies at post-primary school level in Ireland</i>
12.15	Dr. Colette Kelly: <i>Healthy eating policies and school food; associations with dietary habits</i>
12.30	Ms. Honor Young: <i>Evidence based sexual health policies: the role of the Health Behaviour in School-aged Children study (HBSC)</i>
12.45	Ms. Alanna O’Beirne <i>Battery reared or free-ranged childhoods – Looking at children’s independent mobility in Ireland</i>

C	Chair: Dr. Lisa Pursell, Health Promotion Research Centre, NUI Galway.
12.00	Ms. Patsy McSharry: <i>An evaluation of the impact of the inclusion of a Health and Well Being Module” in the undergraduate curriculum on selected health</i>
12.25	Ms. Lorraine Burke: <i>Towards a national sexual health policy: Students and non-students sexual risk behaviours</i>
12.55	Ms. Aoife Prendergast: <i>Third level education and health: Not my responsibility? Reflections on future directions in Ireland</i>

D	Chair: Dr. Jane Sixsmith, Health Promotion Research Centre, NUI Galway.
12.00	Ms. Maura Burke <i>The Experience of Primary Care Health Professionals in Ireland: Interdisciplinary Teamwork in Practice</i>
12.25	Ms. Leigh-Ann Sweeney Women involved in prostitution and their psychosocial experiences of the Irish healthcare service; an exploratory study
12.55	Ms. Eimear Foley <i>Information sources about exercise during pregnancy</i>

Oral Communications

Presentation Title: 7 Questions towards Best Practice for Supporting & Engaging Men

Author(s) and Affiliation: Mr. Lorcan Brennan and Mr. Martin Doheny,
Men's Health Coordinator MDN

Rationale:

The economic situation in the world now is very challenging, Europe and Ireland are both deeply affected by these circumstances. There is a need for Service Providers and men to source opportunities and methodologies that will support men in these challenging times.

What Can We Do?

One method is to use the 7 questions worth reflecting on for a better life, developed by the Men's Development Network (MDN) towards starting a new conversation for men.

Recent writing about male gender conditioning and its effect on men indicates a real need for men to start reflecting on what we need to do to make things better for ourselves and each other. Some of the process of becoming a man can be unhelpful to us and others. Messages we pick up as boys may turn out to be damaging to us in adult life.

Demonstration: How Training Questions Work.

In this presentation the MDN wish demonstrate how these 7 Questions can and have been used as a training tool in a range of settings, towards supporting best practice for engaging men while also developing an needs audit and a more male focused service plan.

We will also demonstrate how the 7 Questions can be used for developmental facilitation of men's groups, for self-reflection, for discussion with a friend or to others in an everyday conversation.

In the experience of the MDN, by regularly talking through our concerns and issues supported by reflective questions, a man can create a better life for himself, his family and those in his community.

It is MDN's hope that these questions will create a New Conversation for Men.
The 7 Questions worth considering are...

1. How are things?
2. What's going well?
3. What's not going well?
4. Is there anything you need to do?
5. Is there any supports you need?
6. What's one step you might take?
7. What difference might it make?

Presentation Title: Living with type 1 diabetes. Can one be health despite the illness?

Author(s) and Affiliation: Jakub Gajewski, Health Promotion Research Centre, NUI Galway & University of Wroclaw Poland

People with Type 1 diabetes face a range of challenges in terms of the treatment of their illness. Recently, a consensus has been reached among health care providers that the current solutions offered to people with T1D do not meet their everyday needs. From the point of view of the patient, there is a considerable number of issues regarding the illness that remain unresolved, despite the medical advances which allow them to maintain levels of blood glucose similar to normal. This presentation will show part of the findings from my own qualitative research. Biographical and narrative approaches were used to interview 22 people that have been diagnosed with T1D later than the age of 15 and living with the illness for more than a year. The results consider the relationship between the health care procedures (or lack of) utilized by medical staff and the attitudes of the patients towards the illness. The findings also discuss the factors that influence the perception that people with T1D have of themselves and its effect on their treatment results. The cases of people living with T1D who consider themselves as not being ill, despite the burdens associated with the illness, will also be addressed.

Presentation Title: From Grassroots to Government – a case study of the Social Justice and Policy work of the Society of St Vincent de Paul (SVP)

Author(s) and Affiliation: Ms. Audry Deane and Mr. Brendan Hennessy,
National Policy Officer, Social Justice and Policy Team, SVP
Mary Cronin, College Lecturer, Dept of Epidemiology & Public Health, UCC

Background: The SVP is one of few Irish voluntary organisations with extensive reach into communities and also through to national Government. As an anti-poverty charity, its Social Justice and Policy Team (SJ&PT) is dedicated to policy level advocacy; it engaged directly in National Social Partnership for many years and continues to contribute to policy development in Government departments which influence the social determinants of health. The SJ&PT works in partnership on policy development with statutory, private and community sector agencies, whilst also contributing to community initiatives.

Case Study: This paper considers the SJ&PT's work from a Health Promotion perspective, outlining its value base and its major areas of work, including health, education, debt relief, food and fuel poverty. It then discusses four initiatives:

- Quarterly consultation with Department of Health and HSE senior officials
- Lobbying for effective reductions in education costs for parents
- Formation of partnership which developed into the all-island Healthy Food for All Initiative
- Advocacy on practical measures to alleviate fuel poverty

It concludes by considering the SJ&PT's experience of participating in these multi-sectoral initiatives and the SVP's organisational characteristics which have secured this position of high level access, in combination with community level credibility.

Presentation Title: The challenges of using of a school level questionnaire to examine policies at post-primary school level in Ireland.

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

To better understand young people's lives, it is important to understand the context in which they live. The aim of this study was to collect school level information from post-primary schools that took part in the Health Behaviour in School aged Children (HBSC) survey in Ireland.

A questionnaire related to nutrition, physical activity and bullying policies was adapted from the HBSC international school level questionnaire, and piloted in four post-primary Irish schools. Post-primary schools that took part in the 2010 HBSC survey (n=119) were invited to participate in the school level questionnaire. Schools were invited to participate via SurveyMonkey or by post. Twenty-seven schools responded to the email invitation while 37 responded to recruitment by phone. In total, 58 schools completed the online survey while 6 schools completed a postal questionnaire, with a response rate of 56%. 67.7% of schools reported that they had a nutrition policy, 60% reported that they promote active travel to and from school and 95.3% reported that they had a policy for responding to bullying.

This presentation will detail some of the challenges associated with collecting policy data at the school level including questionnaire design, using SurveyMonkey as a data collection and preparation tool, school recruitment, data entry, analysis and interpretation. This was the first time that information on policies at the school level was collected by HBSC Ireland and will provide valuable information for HBSC 2014.

Presentation Title: Healthy eating policies and school food; associations with dietary habits

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

School policies aim to influence the attitude and behavior of school children. In the context of the increase in obesity in Ireland, schools are encouraged to develop policies to promote healthy lifestyles. The internal school food environment is also likely to influence student's dietary habits, and recently the content and use of vending machines in post-primary schools has received attention.

The aim of this study was to explore healthy eating policies in post-primary schools in Ireland, and associations with student's dietary habits. Post-primary schools (n=119) that took part in the 2010 Health Behaviour in School-aged Children (HBSC) survey were subsequently invited to take part in a school level questionnaire which captured information on school policies and the school food environment (n=64). School level data was linked with individual student data on frequency of consumption of fruit, vegetables and soft drinks.

Nutrition policies varied across schools with 14.5% and 53.2% of schools reporting a written and informal healthy eating policy, respectively. This presentation will describe the types of policies, their communication to stakeholders and school food availability. Relationships between policies and dietary habits will also be discussed.

Presentation Title: Evidence based sexual health policies: the role of the Health Behaviour in School-aged Children study (HBSC).

Author(s) and Affiliation: Ms. Honor Young, Ms. Lorraine Burke, Ms. Mary Callaghan and Dr. Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway
Ms. Lydia Courtney, University of Limerick

The need to tackle adolescent sexual health problems and promote positive sexual health has been widely acknowledged in national health policies. Increasingly, emphasis has been placed on integrating empirical evidence when planning and implementing effective decision-making at both a policy and practice level. The development of a National Sexual Health Strategy for Ireland could therefore benefit from incorporating evidence from research projects such as The Health Behaviour in School-aged Children study (HBSC). HBSC is an international research project which aims to improve understanding of young people's health and wellbeing, including sexual behaviours. A recent pilot involving 233 Irish students aged 15-19 years used mixed methodologies to test the utility and appropriateness of new sexual health items for the 2013/2014 study. Twenty-one questions were developed based on previously validated questionnaires and measured sexual behaviour, romantic experiences and the circumstances surrounding first intercourse. Analysis identified questions which not only have conceptual cohesion within the study, but which were understandable, acceptable and of a high priority to adolescents. The findings have informed a standardised protocol which will enable the collection of detailed data on adolescents' sexual behaviours. These data have the potential to inform the development of sexual health policy at all levels.

Presentation Title: Battery reared or free-ranged childhoods – Looking at children's independent mobility in Ireland

Author(s) and Affiliation: Ms. Alanna O'Beirne, Mary Immaculate College, Limerick.

Children's independent mobility refers to the degree to which children are allowed to make trips to school, to visit friends and go to shops and other destinations unaccompanied by adults. The presentation focuses on a study conducted in 2011 with over 2000 children and young people between the ages of 7 and 15 and 1700 of their parents / guardians.

The lead investigators for this study come from different disciplinary backgrounds (Geography / Spatial Planning / Health Promotion) and provides an example of how cross - sectoral approaches can be harnessed to provide evidence which is useful in a number of contexts (and is relevant to the conference themes relating to partnership working and also very specifically to the Smarter Travel policy).

The research in Ireland forms part of a much wider international study that was instigated by the Policy Studies Institute based in the University of Westminster (UK). The presentation at the conference will outline the methodology utilized in the research, reflections on participating in a widescale international project and highlight the key findings.

Presentation Title: An evaluation of the impact of the inclusion of a “Health and Well Being Module” in the undergraduate curriculum on selected health behaviours of a group of students

Author(s) and Affiliation: Patsy Mc Sharry, Lecturer in Nursing and Health Studies, St. Angelas; Final Year PhD student with the Health Promotion Department, NUIG
Dr. Margaret Hodgins, Discipline of Health Promotion, NUI Galway.

The aim of this study was to evaluate the impact of a pilot intervention designed to improve physical activity, healthy eating and psychological well-being in a group of third level students in a rural college setting. The nature of the intervention was that of a curriculum based educational individual health behavioural change approach with first year undergraduate students using group motivational interviewing. The intervention was delivered in the form of a new module entitled Health and Well-being incorporated into the undergraduate nursing degree curriculum. The evaluation of this intervention employed a mixed methods approach including a quasi-experimental design to evaluate the impact and outcome of the intervention while a focus group was utilised to evaluate the process of the intervention. The study population consisted of a non-probability purposeful sample of 110 students divided into an intervention and a comparison group. Data collection tools included a health behaviours questionnaire incorporating a mixture of self-reported measures, objective measures and a focus group interview. Quantitative data was analysed by SPSS and thematic content analysis was utilised for the focus group. Findings indicated a significant increase in physical activity between pre and post intervention within the intervention group, however these increases were not maintained. The healthy eating element of this intervention was largely ineffective. Both groups gained weight between pre and post intervention however a statistically significant weight gain was found in the comparison group only. A statistically significant increase in psychological well-being in the intervention group between pre and post intervention indicated that this intervention improved psychological well-being in this group; on the other hand a large decrease in psychological well-being in the comparison group over the year may indicate that all students could benefit from a similar psychological well-being intervention. Findings from the focus group reinforced the stressful nature of student life and indicated that many students experience psychological distress. It is concluded that the stressful nature of this adjustment period renders first year college students unable to take on board any other form of health lifestyle behavioural change at this point.

Presentation Title: Towards a national sexual health policy: Students and non-students sexual risk behaviours

Author(s) and Affiliation: Ms. Lorraine Burke, Dr. Saoirse Nic Gabhainn , Ms. Honor Young, Health Promotion Research Centre, NUI Galway

Policies influence the conditions in which people live and work. Effective policy development can promote the conditions under which people can be healthy and provides a model for consistent activity across organisations and society as a whole. The importance of sexual health policy has been identified in a number of national health policy documents. Sexual behaviours such as inconsistent condom use, multiple partners and casual sex are known risk factors for negative sexual health outcomes. Previous studies classify sexually active college students as a high risk population in terms of sexual ill-health and are considered more likely to engage in these risky sexual behaviours. However, far less is known about the sexual practices of the non-student young adult population. This study investigates and compares the patterns of sexual behaviour of students and non-students. The study is based on data from the Irish Study of Sexual Health and Relationships (ISSHR) and includes a sample of 427 students and 280 non-students aged 19-22 years.

A significantly higher prevalence of risk factors such as inconsistent condom/contraceptive use, high levels of sexual activity and multiple partners was found among the non-student population. The study speaks to the value of targeting universal programs and focusing resources where they are most needed based on available evidence. Such evidence should also influence policy development at all levels.

Presentation Title: Third level education and health: Not my responsibility? Reflections on future directions in Ireland

Author(s) and Affiliation: Miss Aoife Prendergast, IT Blanchardstown

Education is one of the most important predictors of individual levels of health and reported health behaviour (St. Leger, 2001; Kelleher et al., 2003). This presentation will explore the conflicts and relationships that exist within third level education and the provision of a health promoting environment. It will explore reflections from current academic learning and teaching experiences. From a health perspective, it can be argued that good health is a prerequisite for educational achievement and that the third level institution, because of the focus on education, is an ideal setting for people to learn about the influences on personal and social health. Furthermore, from an educational perspective, the role of health education and health promotion contributes to the preparation of people for comprehensive participation in society.

The links between health and education are well documented in the literature (Taras, 2005, Taras & Potts-Datema, 2005). Education is an important social determinant of health. For the population as a whole, greater levels of education help to create wealthier economies. However the benefits of education go far beyond economic ones. Education can impact positively on levels of social engagement, an important factor in generating more cohesive, safer and healthier societies. At an individual level, the knowledge, personal and social skills provided through education can better equip individuals to access and use information and services to maintain and improve their own and their family's health. Improved understanding of the relationship between education and health will help to identify which interventions are most appropriate and effective when planning for the future.

Presentation Title: The Experience of Primary Care Health Professionals in Ireland: Interdisciplinary Teamwork in Practice

Author(s) and Affiliation: Ms. Maura Burke and Dr. Margaret Hodgins, Discipline of Health Promotion NUI Galway

Background: The Irish Primary Care Strategy envisages primary care as the central focus for the future direction in development of the Irish Healthcare system, the setting within which 95% of all health and social care could be met (DoHC, 2001). The strategy outlines that the delivery of primary care services is fragmented with little teamwork and proposes that an integrated, interdisciplinary, team-based approach is essential to meet the objective; a strengthened primary care service.

However primary care teams remain elusive, research suggests that considerable work still remains to be done to achieve cohesive functioning (ICGP, 2011; Comptroller & Auditor General, 2010) Twelve years after the publication of the strategy and the introduction of primary care teams as an approach to service delivery it appears to remain problematic in the practice setting.

Methodology: The study will explore the current level of team function and will be achieved in two phases: round one, recently completed, involved a postal questionnaire measuring interprofessional collaboration. Round two will consist of semi-structured interviews to explore the practitioners' experiences within the primary care setting.

Findings: A survey has been administered (n=961), a response rate of 51.3% (n=493) has been achieved. Preliminary findings suggest differing levels of and support for teamwork exist and the presence of a tension between professional and interdisciplinary logic.

References:

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Department of Health & Children (2001). Primary Care. A New Direction. Quality and Fairness- A Health System for You Health Strategy. Dublin: Publication Office

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Presentation Title: Women involved in prostitution and their psychosocial experiences of the Irish healthcare service; an exploratory study

Author(s) and Affiliation: Ms. Leigh-Ann Sweeney, Dr. Michal Molcho and Dr. Saoirse Nic Gabhainn, Discipline of Health Promotion, NUI Galway.

Ireland has progressed slowly from a catholic corporatist state to a hybrid/neo liberal state: have had a direct impact on women involved in prostitution and those who are attempting to provide services within the health service. This study identified barriers that impede and prevent women in prostitution from availing of health services. A total of 15 women actively involved in prostitution throughout the country partook in in-depth interviews (Biographical narrative Inquiry). The sample consisted of `street`, `escorts`, `touring escorts`, from Ireland and many other countries. They discussed their lives before entering prostitution, on entering prostitution, within prostitution and their aspirations for the future. It became clear that it is necessary to understand the women's lived experiences, in order to conclude that current (Health) policies do not match realities on the ground. This was analyzed and supported/concluded against the backdrop of prostitution policy experts in Ireland.

Recommendations:

1. Review of health policies
2. Service development nationally
3. Education and training for healthcare providers

Key words: prostitution, health policy, health equity, practice

Presentation Title: Information sources about exercise during pregnancy'
Author(s) and Affiliation: Ms. Eimear Foley and Ms. Joanne Lynch, Health & Leisure, Institute of Technology Tralee

Although the benefits of exercise during pregnancy are strongly supported, many women are not sufficiently active with a recent Irish study finding that only 21.5% of the participants met the recommendation¹. Health professionals who interact with pregnant women play a key role in providing the support needed in promoting exercise. Research in 2004 found that only 18% of women reported receiving physical activity advice directly from the health professionals involved in their antenatal care². The aim of this study was to examine the sources and types of physical activity information during pregnancy.

This qualitative study included a focus group (n=6) and 3 interviews with women who had recently given birth. The participants were asked to recall their physical activity behaviors during their pregnancy and also discussed the sources and nature of information regarding physical activity during pregnancy.

Results indicated that information or advice received had been sparse with the physically active women reporting information mainly learned through experience and also from friends. The non-active women reported receiving little specific advice from the health professionals and not understanding the leaflets that were given to them. In conclusion, health education may be failing to correct inaccurate perceptions of the risks associated with physical activity during pregnancy.

¹ Walsh et al, 2011

²Clarke and Gross, 2004

Poster Communications

1	Food environments of Irish schools: the relationship between school level deprivation and fast food outlets in their neighbourhoods <i>Ms. Mary Callaghan, Health Promotion Research Centre, NUI Galway</i>
2	Audit Investigating Multi Family Day Treatment (MFD) for adolescents with eating disorder <i>Ms. Emma Cunningham, Southern Trust, Northern Ireland</i>
3	Improving general practitioners' referral details of antidepressant use for patients with history of depression referred to primary mental health care (PMHC) <i>Ms. Emma Cunningham, Southern Trust, Northern Ireland</i>
4	Translating Health Communication <i>Ms. Priscilla Doyle, Health Promotion Research Centre, NUI Galway</i>
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9	Young Carers: a neglected population group? <i>Dr. Colette Kelly, Health Promotion Research Centre, NUI Galway</i>
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12	A qualitative investigation of the determinants of physical activity during pregnancy in Ireland <i>Ms. Joanne Lynch, Institute of Technology Tralee</i>
13	An investigation of the development of health literacy over time for persons attending a structured cardiovascular disease prevention and health promotion programme. <i>Ms. Verna McKenna, Discipline of Health Promotion, NUI Galway</i>
14	Strengthening the implementation of Relationships and Sexuality Education <i>Ms. Christina Murphy, Discipline of Health Promotion, NUI Galway</i>
15	Health Services and Health literacy in the Irish Language <i>Mr. Éamonn Ó Bróithe, School of Health Sciences, NUI Galway.</i>
16	The Importance of a Multisectoral Approach to Injury Prevention <i>Ms. Áine O'Brien, Discipline of Health Promotion, NUI Galway</i>
17	Proposed process and impact evaluation of the Supermarket Nutrition Tour Programme (SNTP) in Galway City <i>Ms. Elaine Cunniffe, MA Student, , Discipline of Health Promotion, NUI Galway</i>
18	Evaluation of the Supermarket Nutrition Tour Programme <i>Ms. Karen Finnegan, , MA Student, , Discipline of Health Promotion, NUI Galway</i>

Poster Communications

Presentation Title: Food environments of Irish schools: the relationship between school level deprivation and fast food outlets in their neighbourhoods

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

National policies play an important role in shaping the food environment around schools. Following a recent ban in England and Wales of fast food restaurants opening within 400 yards of schools, a similar policy is now under consideration in Ireland. The aim of this study was to explore the food environment around post-primary schools in Ireland, in relation to area level deprivation and school type.

Using Geographic Information System (GIS), post-primary school level data (n=119) collected in the HBSC 2010 survey were geo-coded and spatially enabled in ArcGIS. Well known fast food restaurant chains were mapped. 1km and 2km buffers were created around schools to identify numbers of fast food restaurant chains within walking distance of schools.

Differences in numbers of fast food restaurant chains, by school type (urban/rural, DEIS/non-DEIS) will be presented. The relationship between deprivation and fast food restaurant chains will also be examined along with the correlation between area level deprivation and number of fast food restaurants.

To date, information on the type and density of food businesses around schools in Ireland is not readily available. These data could help inform policy development in relation to planning regulations for fast food restaurant locations in Ireland.

Presentation Title: Audit Investigating Multi Family Day Treatment (MFDT) for adolescents with eating disorder for two cohorts of patient groups, looking at subjective experience of the treatment and concrete measures of recovery.

Author(s) and Affiliation: Dr. Emma Cunningham, CT2, Southern Trust, Northern Ireland
Dr Sarah Mc Givern, Consultant Child and Adolescent Psychiatrist

Introduction: Multi Family Day Treatment (MFDT) is intensive treatment for adolescents with eating disorder^①. There have been no specific outcome measures designed for use in MFDT.

Aims: An audit of two cycles of MFDT was carried out in the Southern Trust, Northern Ireland, looking at patient's subjective experience of the treatment using a questionnaire, alongside concrete measures of recovery.

Method: The first cycle of MFDT was given a post-treatment questionnaire, asking what they had achieved and did they find it helpful. A subjective rating scale of patient's ability to manage future difficulties with the illness completed. Cycle two was given modified pre and post treatment questionnaires. A retrospective case note review was carried out to establish demographics and measures of recovery.

Results: All participant's BMI increased from pre MFDT to post MFDT measurement. All participants stated they had found their experience helpful and everyone in Group two felt they had achieved their goals and that they were confident to manage difficulties with the illness.

Conclusion: Subjective and objective measures of improvement identified. Re-audit is planned in the future.

①Dare C. Eisler I. A multi-family group day treatment programme for adolescent eating disorder. *Eur Eat Disord Rev.* 2000;8:4–

Presentation Title: Improving general practitioners' referral details of antidepressant use for patients with history of depression referred to primary mental health care (PMHC)

Author(s) and Affiliation: Dr. Emma Cunningham, CT2, Southern Trust, Northern Ireland
Dr Abdulazeez Towobola, CT3 Psychiatry
Dr Paul Cotter, Consultant Psychiatrist

Background: Most referrals to Primary Mental Health Care are from General Practitioners (GP's) for depression. Referrals to PMHC lacked important details on antidepressant use, which can lead to delay in effective patient care. With adequate information, patients can receive prompt treatment which helps to reduce the direct and indirect costs of depression.

Objective: To assess the quality of GP referral letters to PMHC within the Southern Trust and identify areas that need development. Re-audit after seven months.

Method: Patients with history of depression referred by GPs to PMHC over a period of one month in April 2011 were identified. Documentation of antidepressant details were assessed against criteria. All GP's informed of results and asked for feedback. Re-audit carried out in November 2011 measured referral letters against same criteria.

Results: April audit showed excellent performance for documentation of current antidepressant and dose but there was poor performance for documenting previous antidepressant history. Re-audit shows improvement in documenting previous antidepressant, maximum dose reached and reason for stopping.

Conclusions: Even with intervention, there was limited improvement in performance. Feedback may be ineffective for implementing change. Engaging a systematic approach which includes identifying local barriers to change and providing a supportive environment is necessary.

Presentation Title: Translating Health Communication

Author(s) and Affiliation: Ms. Priscilla Doyle, Dr. Jane Sixsmith, Prof. Margaret Barry, Ms. Maureen D'Eath and Dr. Samir Mahmood, Health Promotion Research Centre, NUI Galway, Ireland
Ms. Laura MacDonald, Institute for Social Marketing & Centre for Tobacco Control Research, University of Stirling, Scotland
Dr. C. Oroviogoichochea, University of Navarra Clinic, Pamplona, Spain
Ms. G. Cairns, Institute for Social Marketing & Centre for Tobacco Control Research, University of Stirling, Scotland
Dr. F. Guillen-Grima, University of Navarra Clinic, Pamplona, Spain
Dr. J. Núñez Córdoba, University of Navarra Clinic, Pamplona, Spain.

Health communication activities are recognised as a necessary element of efforts to improve personal and public health and are increasingly being used to support the prevention and control of communicable diseases. However, in 2009, the extent and nature of the use of these activities in the European context was at a nascent stage. To this end, ECDC commissioned a Consortium of Universities to undertake a three year research project, which aimed to enhance the optimal use and development of health communication for communicable diseases in EU and EEA countries.

The project consisted initially of two main strands of work: primary information gathering and synthesis of evidence. The multiple outputs from these strands were further analysed through a SWOC analysis and the results developed via an online expert consultation process. Finally all key project findings were considered against a public health capacity development framework, thus a process of knowledge generation and translation was instigated.

The 'Translating Health Communication Project' aimed to build capacity and support the optimal use and development of health communication activities for communicable diseases in EU and EEA countries. The duration of this project was three years and commenced in December 2009.

A range of research activities were undertaken and consisted initially of two main strands of work: primary information gathering and synthesis of evidence. The multiple outputs from these strands were further analysed through a SWOC analysis and the results developed via an online expert consultation process. Finally all key project findings were considered against a public health capacity development framework, thus a process of knowledge generation and translation was instigated.

Presentation Title: Alcohol Marketing and Young People - A Pilot Study

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

There is a growing body of evidence suggesting that alcohol marketing influences drinking behaviour and drinking intentions of adolescents. Previous evidence suggests that the earlier adolescents start drinking, the more vulnerable they are to the range of adverse health effects of alcohol consumption. As yet, limited research has been carried out in the Irish context that examines adolescents' exposure to alcohol marketing and its potential relationship with their alcohol drinking behaviours.

This paper presents the pilot phase of a larger study that aims to assess the degree and nature of alcohol marketing exposure among Irish adolescents, and to investigate the relationship between alcohol marketing exposure and alcohol drinking behaviour in adolescents.

Using a cross-sectional study design, data were collected using a class-base self-administered questionnaire. A total of 48 16-18 old adolescents completed a questionnaire that included questions regarding health behaviours, alcohol consumption, family, leisure activities, and exposure to alcohol marketing.

Overall, 73% reported that they intend to drink alcohol in the next month and 92% in the next year. All of them reported they think they will consume alcohol when they are over 18 years of age. Taste and price were indicated as an important influence on their drink choice (90 and 59% respectively). Most adolescents participating in the pilot reported that they themselves obtained alcohol (63%) or that a friend bought it for them (27%). A third of the sample reported that they have a clothing item with an alcohol brand logo on it, and 60% reported that they have seen an advertisement or pop for an alcohol product on their social network page.

While preliminary, these pilot study findings will be relevant to alcohol policy makers and researchers alike. The full study is currently ongoing.

Presentation Title: PROMISE project, lesson learned, the focus in health education

Author(s) and Affiliation: Ms. E. Gábor, Association for Healthier Workplace
Richard Plette, Hungarian Labour Office
Judit Kerek, Association for Healthier Workplace
Ferenc Kudász, Hungarian Labour Office

The practice and evidence base of health communication aimed at the prevention and control of communicable diseases in the European context is currently unknown. This research project has two main components: information gathering through mapping such activities across EU/EFTA countries and synthesis of knowledge through, for example, rapid reviews of evidence in relation to health literacy and health advocacy. Mapping was undertaken through a questionnaire survey and semi-structured interviews with representatives from 30 EU/EFTA countries. Knowledge synthesis for health literacy and health advocacy comprised a literature search including published evidence reviews over a 10 year period using predefined search strategies. Results of the mapping indicate limitations to evaluation of activities which was supported in the knowledge synthesis. Participants identified the use of health advocacy but this was not supported by the evidence review where only one, North American review of health advocacy interventions was found. In contrast five reviews of health literacy strategies were identified; most interventions focused on the functional level of health literacy working at the traditional health education level. This suggests considerable gaps both in the evidence base and practice of health communication aimed at the control and prevention of communicable disease in the European context.

Presentation Title: Type 1 diabetes treatment in children and adolescents in Poland and Ireland. Do modern technologies make any difference?

Author(s) and Affiliation: Ms. Katarzyna Gajewska, Outpatient Diabetes Clinic, Institute of Mother and Child, Warsaw, Poland
Mr. Gajewski Jakub, Health Promotion Research Centre, NUI Galway

Type 1 diabetes is one of the most common chronic conditions in childhood and adolescents. According to the International Diabetes Federation, the yearly incidence type 1 diabetes in the 0-14 age-groups is 16.3 per 100,000 in Ireland and 17.3 in Poland. However, there are strong indications that the overall annual increase is estimated to be around 3%. Treatment of diabetes is lifelong, and it is based on self-dosage of insulin. The quality of insulin therapy is related to quality of life, overall health condition, and potential medical costs. There is evidence, that effectiveness of treatment and good glycemic control is related to short- and long-term economic benefits. According to recent findings the insulin pump therapy is the most effective in achieving good metabolic control. Most of the children and adolescent patients in Poland are treated with insulin pumps.

The majority of Polish patients achieve recommended outcomes of glycemic control (HbA1c<7,5%). The aim of this presentation is to compare patient policies in relation to diabetes therapies in Poland and in Ireland and the potential effects on costs and patients quality of life.

Presentation Title: Assessing the impact of research on the development of health policy in the area of children and youth affairs

Author(s) and Affiliation: Ms. Helen Grealish, Discipline of Health Promotion, NUI Galway

Background: How is research used in the policy making process? What impact does it have? These are questions that are explored in the present study. Ever since the success of the evidence based medicine movement, there have been calls for health policy to be more evidence based. This study explores the impact of research on the development of health policy in children and youth affairs over a 10 year period in Ireland. It is also explicitly testing the conceptual model the 'Research Impact Framework' (Kuruville et al., 2006).

Methods: This retrospective study is using a triangulation of methods. Documentary analyses will be undertaken of policy documents and semi-structured interviews will be carried out with policy decision-makers and researchers in this field.

Results: A thematic analysis of the transcripts of the interviews will be undertaken to identify key themes relating to the policy makers' and researchers' perceptions of their use of evidence in the development of health policy. The results of this analysis will be integrated with the documentary analysis and discussed in relation to the main research question i.e. what has been the impact of research on the development of health policy in the area of children and youth affairs.

Kuruville, S., Mays, N., Pleasant, A., & Walt, G. (2006). Describing the impact of health research: a Research Impact Framework. BMC Health Services Research.

Presentation Title: Young Carers: a neglected population group?

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

A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. Caring as a child can affect social and psychological development; young carers report loneliness, missing school and having little free time. In Ireland, approximately 6,449 (5.6/1,000 children) young carers were identified in the most recent Census. Detailed analyses of these data are required to inform future policy on how best to address the needs of young carers. Other research studies, including the Health Behaviour in School-aged Children (HBSC) study have the potential to provide valuable data related to young carer's health and well-being, including risk and protective behaviours and relationships, which can further inform national policy development. This presentation will describe results from a HBSC pilot study among 233 school-children from 5 schools, where 24 young carers were identified. The process and challenges of collecting data from young carers and the findings related to health and wellbeing will be discussed.

Presentation Title: Physical Activity and Health Behaviours in Leaving Certificate Students

Author(s) and Affiliation: Ms. Michelle Kenny, Athlone Institute of Technology

A sample of 310 students (average age 17.3 years ± 0.66) studying for Leaving Certificate from the midland region were surveyed to create a health profile of those most likely to attend AIT in 2012/2013. The relationship between physical activity and a number of health behaviours was examined. 75% of those sampled (n=233) reported to be physically active. This represented 57% under 18 years of age and 28% over 18 years of age not meeting WHO recommended levels of physical activity daily. A gender difference emerged in reports for stress and negative body image with females self-reporting higher levels. Substance use (particularly alcohol) reflected national averages for a similar demographic group.

Frequencies showed that 89% of the sample population who reported to be physically active had consumed alcohol, compared to 82% of those leading sedentary lifestyles. A relationship emerged for team sport and alcohol consumption level. This finding is supported by national and international research (Farrell et al., 2010). Further investigative work is warranted in determining the extent of the relationship between sports participation and alcohol consumption in this age group.

To this end, further research on first year team sport participants attending AIT in 2013 was conducted. A mixed method triangulation was employed to examine the prevalence of alcohol in sport. Results are pending. These investigations aim to strengthen health promoting policies in third level settings.

Presentation Title: Trends in body size perception among school children in Ireland

Author(s) and Affiliation: Ms. Ursula Kenny, Dr. Colette Kelly, Dr. Saoirse Nic Gabhainn, Dr. Michal Molcho, Ms. Aoife Gavin, Health Promotion Research Centre, NUI Galway.

Background: Obesity among school children is a significant health problem in Ireland with one in ten Irish children considered to be obese and one in five Irish teenagers considered to be overweight or obese, respectively. Despite the increasing prevalence of obesity, the perception of overweight and obesity among parents and of their children does not match the reality.

Methods: Using data from the Health Behaviour in School Aged Children survey (n= 39,915), changes overtime in perception of body size among school children was investigated over four survey cycles (1998, 2002, 2006 and 2010). Data were dichotomised into those who responded “a bit too fat” and “much too fat”. Binary logistic regression models were run, controlling for age, gender and social class.

Results: Overall, there was a statistically significant decrease (p=0.000) between 1998 (32.1%) and 2010 (27.9%) in the percentage of young people who report they are “a bit too fat” and “much too fat”. Given the rise in obesity in recent years this decrease may represent a change in perception of what is considered ‘normal’ or average body size. These data should be considered by all relevant stakeholders developing future policies to reduce the burden of obesity in Ireland.

Presentation Title: A qualitative investigation of the determinants of physical activity during pregnancy in Ireland

Author(s) and Affiliation: Ms. Joanne Lynch, Institute of Technology Tralee

The ‘settings approach’ is a central tenet of health promotion. The settings approach recognises that an individual’s environment effects their overall health and wellbeing. As a result, health promotion programmes are often implemented in a wide variety of settings (for example: schools, workplaces and communities). Implementing health promotion programmes in various settings is challenging. For example, in school-based health promotion programmes, multiple factors influence programme implementation. These factors vary from teacher release from school for training to the provision of adequate resources.

Relationships and Sexuality Education (RSE) is a teacher-delivered health promotion sexuality education programme in Irish post-primary schools. Using a mixed methods approach, this study explores the relationship between RSE in-service training and RSE implementation in the classroom. The aim of this exploration is to provide insight into the various factors of the training and school setting that facilitate or hinder RSE implementation.

Presentation Title: An investigation of the development of health literacy over time for persons attending a structured cardiovascular disease prevention and health promotion programme

Author(s) and Affiliation: Ms. Verna McKenna, Discipline of Health Promotion , NUI Galway

To date few research studies have examined health literacy either in terms of its broader health promotion context or in relation to the critical level of health literacy. Critical health literacy is an important component in the uptake and maintenance of health behaviours that can prevent the onset of chronic illness as well as an important part of the self-management of existing chronic illness. While health literacy can be viewed as a generative concept (Zarcadoolas, Pleasant, & Greer, 2003), to date little is currently known or understood about how it might develop over time or the processes by which people might become more health literate (Edwards, Wood, Davies, & Edwards,2012). The present research study seeks to fill this gap in the literature.

Study design

A mixed methods study will be used and will involve two phases.

1: Quantitative: use of a valid and reliable scale measure (HLS-EU, 2011) to measure health literacy levels of individuals attending a structured cardiovascular disease prevention and health promotion programme.

2: A longitudinal qualitative study design to explore developments and changes over time. This approach uses serial interviews over different time periods (baseline, end of programme, at 12 months) with the same individuals.

Presentation Title: Strengthening the Implementation of Relationships and Sexuality Education

Author(s) and Affiliation: Ms. Christina Murphy and Dr. Saoirse Nic Gabhainn,
Discipline of Health Promotion, NUI Galway.

Strong partnerships between health and education are vital to the development and strengthening of health promotion. In Ireland, promoting healthy adolescent development can be achieved through cross sectoral policies between the Department of Health and the Department of Education and Skills. One example of how these sectors collaborate to promote health is through the Social, Personal, and Health Education programme implemented in Irish post-primary schools. The programme focuses on key areas of adolescent development, such as Relationships and Sexuality Education (RSE). Previous research highlighted difficulties with RSE implementation. These difficulties vary from the need for improved teacher training to greater monitoring and evaluation of RSE.

This project utilised a mixed method approach to explore the implementation of RSE in-service training and how this translates into practice at school level. The findings indicate that RSE in-service training was positively received by teachers. In addition, the majority of teachers strongly agreed that the training equipped them with the necessary skills to implement RSE at school-level. However, there were discrepancies between trainers' and teachers' accounts of training content possibly indicating problems with self-report measures and how implementation is measured. At school-level, a number of implementation barriers were identified including the use of traditional didactic teaching approaches and complex lesson structures.

Presentation Title: Health Services and Health literacy in the Irish Language

Author(s) and Affiliation: Mr. Éamonn Ó Bróithe and Dr. Jane Sixsmith, School of Health Sciences, NUI Galway
Dr. Conchúr Ó Giollagáin, Ollscoil na hÉireann, Gaillimh

In 2011, Ireland participated in the first European Health Literacy Survey however the provision of services and information to speakers of minority languages within the state was not addressed, notwithstanding the multiplicity of linguistic minorities, in most of the participating countries.

While Irish-speakers constitute a small minority, it is avowed State policy to encourage the use of Irish in public life and its use in interactions between citizens and state services. The HSE, however, have failed to implement a statutory Language Scheme confirmed under Section 11 of the Official Languages Act, 2003 designed to improve the provision of services in Irish to Irish Speakers. This scheme pertains to the West of Ireland where the largest Gaeltacht communities and concentrations of active Irish speakers are found.

This poster examines research carried out by NUIG on the use of Irish in the Gaeltacht and research done on behalf of the HSE on access to Irish Language Health Services for Gaeltacht Residents & Irish-Speaking Customers, as well as census data to address the importance and complexity of both health service delivery in Irish and health literacy among Irish speakers, in the context of a marginalised language community experiencing a rapid intergenerational shift towards English.

Presentation Title: The Importance of a Multisectoral Approach to Injury Prevention

Author(s) and Affiliation: Ms. Áine O'Brien and Dr. Michal Molcho, School of Health Science, Discipline Of Health Promotion, NUI Galway.

Injury mortality and morbidity are major public health concerns that require attention. Given the complex causality of injuries, their prevention requires a coordinated multisectoral and multidisciplinary approach at national and local level. In order for prevention to be effective, injury data need to be available and as complete as possible, yet, in the Irish context, gaps in mortality data exist. While vital statistics on injury mortality can be accessed through the Central Statistic Office, the data often are incomplete. One way of complementing CSO data is using Coroners' reports that offer a rich source of data on injury-related deaths.

This study adopts a record-base retrospective design with a quantitative method approach to investigate injury-related mortality in the West of Ireland. It examines the types of injuries, and the circumstances and mechanism leading to the injury event over a twelve year period. The first phase of the study involved extracting information from death certificates in the National General Register.

1570 injury related deaths were found to have occurred among 0-65 year in the West of Ireland between 2000-2012. There is a clear gender gap in injury-related fatalities, with 78% of all fatalities being males. The highest proportion of injury related deaths were found among those aged 19-45. The main causes of injury-related death in the West of Ireland were hanging (24%), road traffic accidents (21%) and drowning (19%). Fewer injury-related fatalities were due to falls (5%), overdoses (5%), multiple injuries (5%) and shotgun wounds (3%). Incident of road traffic accidents (25%), drowning (20%) and falls (5%) was found to be more prevalent among females, while suicide by hanging (16 %) and firearm (4%) were more common among males. Drowning (22%) and fall (9%) were the main causes of death among 46-65 age group

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