



20th Annual Health Promotion Conference

*Knowledge to Action: Using Research Evidence in
Health Promotion Policy and Practice*

NUI Galway

14th - 15th June 2016



Conference Steering Committee 2016

Professor Margaret Barry	Head of WHO Collaborating Centre for Health Promotion, NUI Galway (Chair)
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Ms Evelyn Fanning	Health Promotion Officer, Health Service Executive
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Ms Bidy O'Neill	National Project Lead, Health and Wellbeing Programme, Department of Health
Dr Lisa Pursell	Health Promotion Research Centre, NUI Galway
Dr Jane Sixsmith	Director, Health Promotion Research Centre, NUI Galway

Conference Secretariat:

Dr Vivienne Batt	Health Promotion Research Centre, NUI Galway
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Special thanks to:

Ms Olive Fanning (HSE), Ms Kathryn Meade (HSE), Ms Joan Tierney (HSE) and Ms Anne Sheridan (HSE) for their help with planning the workshop sessions and to our team of researchers, students and administrative staff who helped with the conference organisation leading up to, and on the day of the conference. We gratefully acknowledge the support of Galway University Foundation, Health Service Executive, Department of Health and the Association for Health Promotion Ireland for their support of the conference.

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Welcome



It gives me great pleasure to welcome you to the 20th Anniversary Annual Health Promotion Conference; ‘Knowledge to Action: Using Research Evidence in Health Promotion Policy and Practice’.

This year’s conference focuses on the use of research evidence in developing and implementing intersectoral policy and innovative practice for health promotion. The conference explores the use of more effective methods of translating evidence into effective Health Promotion action and considers how we can bridge the gap between ‘what works’ and ‘what happens in practice’.

The 2016 meeting marks 30 years since the publication of the Ottawa Charter for Health Promotion (WHO, 1986) and also celebrates 20 years of hosting the annual Health Promotion conference at NUI Galway. To mark this occasion, we are delighted to host a celebratory reception and reunion of our Health Promotion graduates from the Master’s and PhD programmes over the last 20 years. We gratefully acknowledge the support of Galway University Foundation in sponsoring this event.

This year’s programme includes contributions from leading international and national keynote speakers, chairs and workshop leaders who have played a key role in shaping the development of Health Promotion in Ireland and globally.

We are fortunate to collaborate each year with the Department of Health, Health Service Executive, and the Association of Health Promotion Ireland in hosting this annual meeting, and we gratefully acknowledge their support and engagement in planning this year’s conference programme.

On behalf of all my colleagues in Health Promotion at NUI, Galway, we are delighted to welcome practitioners, researchers and policymakers to this year’s meeting and we invite you to reflect on the impact of Health Promotion since the Ottawa Charter, consider successes and current challenges, and envision how we can shape the future of health promotion and strengthen evidence-based action for improved population health.

Professor Margaret Barry
Established Chair of Health Promotion and Public Health
Head of WHO Collaborating Centre for Health Promotion Research, NUI, Galway

Celebratory Reception

7.30 pm, 14th June, 2016

Aula Maxima, The Quadrangle, NUI Galway

Conference Programme

15th June, 2016

Knowledge to Action: Using Research Evidence in Health Promotion Policy and Practice

- 8.30 Registration & Coffee *Venue: Foyer, Áras Moyola, NUI Galway*
- 9.00 **Welcome:** *Venue: Lecture Theatre MY243, Ground Floor*
Dr James J. Browne,
President, NUI Galway
- Opening Address:**
Minister Corcoran Kennedy,
Minister of State for Health Promotion
- Chair: Professor Margaret Barry,
Head of WHO Collaborating Centre for Health Promotion, NUI Galway
- 9.30 **Plenary 1:** *Venue: Lecture Theatre MY243, Ground Floor*
*Optimising the transfer of research evidence into healthy public policy and health
promotion practice – messing with the truth*
Professor Don Nutbeam,
*Professor of Public Health, Sydney School of Public Health, University of Sydney,
Australia*
- 10.00 *Strengthening the evidence base for health promotion action in Europe*
Dr Gauden Galea,
*Director of the Division of Noncommunicable Diseases and Promoting Health through
the Life-course, WHO Regional Office for Europe*
- Chair: Dr Stephanie O’Keeffe,
National Director, Health and Wellbeing, Health Service Executive

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- 10.45 Tea/Coffee and Poster Competition
(Posters are available for viewing in MY129 during all breaks)
- 11.15 **Research Exchange (Parallel Presentations):**
- Theme A: Venue: MY123
Gaps between evidence of effectiveness and what occurs in practice
- Theme B: Venue: MY124
Evidence informing practice/policy 1
- Theme C: Venue: MY125
Evidence informing practice/policy 2
- Theme D: Venue: MY126
Demonstration of how evidence has been used in practice/policy
- Theme E: Venue: MY127
Facilitators and barriers to the translational process
- 12.45 *Lunch, river walks and bike rides* *Venue: Friar's Restaurant, NUI Galway*
- 2.00 **Plenary 2:** *Venue: Lecture Theatre MY243, Ground Floor*
- The public health argument for promoting and protecting positive mental health*
Professor Corey Keyes,
Department of Sociology, Emory University, Atlanta, United States
- 2.30 *Health promotion in the framework of community oriented primary care: from theory to practice and policy*
Professor Jan de Maeseneer,
Head of Department of Family Medicine and Primary Health Care, Ghent University. Family Physician (part-time), Community Health Center Ledeborg (Belgium). Chairman European Forum for Primary Care
- Chair: Dr Cate Hartigan, Assistant National Director, Health Promotion and Improvement, Health Service Executive
- 3.15 *Tea/Coffee TO GO*

3.15

Workshops:

Workshop 1: Venue: MY123
Using research evidence for effective intersectoral partnerships for health promotion
Dr Jacky Jones and Ms Bidy O'Neill

Workshop 2: Venue: MY127
Using research evidence for promoting mental health and wellbeing
Ms Anne Sheridan and Ms Teresa McElhinney

Workshop 3: Venue: MY227
Using research for health behaviour change through making every contact count
Dr Maria O'Brien and Ms Aileen Scott

Workshop 4: Venue: MY124
Using research evidence for policy and practice in preventing alcohol problems
Dr Ann Hope and Ms Evelyn Fanning

Workshop 5: Venue: MY125
Using research evidence in addressing health inequalities
Mr Fergal Fox and Dr Diarmuid O'Donovan

Workshop 6: Venue: MY126
Using research evidence to inform child and adolescent health policy.
Dr Sean Denyer and Dr Michal Molcho

4.30

Plenary 3:

Venue: MY243, Ground Floor

Workshop feedback

Chair: Ms Evelyn Fanning, Health Service Executive

Our vision for the future of health promotion: hopes and challenges

Health Promotion Researchers' and Students' Photo Voice Presentation

5.15

Conference Close:

Professor Margaret Barry,
Chair of Health Promotion and Public Health, NUI Galway

Lunch Time Activities

In keeping with Healthy Ireland Guidelines and our health promotion philosophy we are ensuring all delegates have the opportunity to choose healthy food options and take regular exercise breaks throughout the conference day.

Lunch is served in Friar's Restaurant from 12.45 so why don't you enjoy a riverside walk or maybe a quick spin on the 'Pedal Power' bike before or after lunch (weather permitting)?



Organised river walks of approx. 15 minutes will be gathering at the front entrance to Áras Moyola at 12.50 and again at 1.30. A great way to meet new colleagues and refresh before the afternoon events.

Or choose a fun bike ride around the NUI Galway campus on the 15 seater Pedal Powered bike¹? Everyone works together to casually pedal the bike. Don't worry, no one in our group has to drive as there is an experienced driver to steer the bike whilst delegates can relax and have fun exercising and networking. Please sign up for either the 12.50 or 1.30 short (15 minute spins) at the registration desk.



Wi Fi Code

The following wifi code is for access for all delegates (NUIGWIFI). Please note this logs out when inactive. It is also printed on your name badge.

User ID	Password
9876033t	Pkgfi3892

¹ <http://www.pedalpowergalway.com/>

Plenary Speaker Biographies

Professor Don Nutbeam

Professor of Public Health, Sydney School of Public Health, University of Sydney, Australia

Professor Don Nutbeam returned to Sydney in February 2016 following a six-year term of office as Vice-Chancellor of the University of Southampton, UK. He now shares his time as a Professor of Public Health at the University of Sydney, and a Senior Advisor at the Sax Institute, an independent, not for profit organization dedicated to knowledge transfer for better public policy.



His career has spanned positions in universities, government, health services and an independent health research institute. This includes a series of University leadership roles in Australia and the UK, and a period as a senior public servant, Head of Public Health in the UK Department of Health during the Blair government (2000-3). In this latter role he was responsible for managing a large Division of the Department, leading policy development across government on a range of complex and large-scale public health challenges.

Research interests are in the social and behavioural origins of health, in the development and evaluation of public health interventions, and in testing health literacy interventions. He has substantial international experience in both developing and developed countries, working as an advisor and consultant on public health issues for the World Health Organisation over a 25-year period, and as consultant and team leader in health system capacity development projects for the World Bank.

Dr Gauden Galea

Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe



Dr Gauden Galea is a public health physician who has worked for the World Health Organization (WHO) since 1998. He has held posts as regional adviser on noncommunicable diseases in the Western Pacific Region, and as coordinator of health promotion in WHO headquarters. He has been Director of the Division of Noncommunicable Diseases and Health Promotion at WHO/Europe since January 2011. He has a special interest in health promotion, in the social determinants of noncommunicable diseases, and in the links between these diseases and the development agenda.



Professor Corey Keyes

Department of Sociology, Emory University, Atlanta, United States

Professor Corey Keyes' areas of expertise include social psychology and mental health. His research centers on illuminating the "two continua" model of health and illness, showing how the absence of mental illness does not translate into the presence of mental health, and revealing that the causes of true health are often distinct processes from those now understood as the risks for mental illness. This work is being applied to better understanding resilience, prevention of mental illness, and informs the growing healthcare approach called "Predictive Health," which monitors the presence of positive physical and mental health and to develop and apply responses to correct early losses of it to maintain health and limit disease and illness. He has and continues to work on healthcare transformation and public mental health with governmental agencies in Canada, Northern Ireland, Australia, and the U.S. Centers for Disease Control and Prevent, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the American Association of Colleges and Universities.

Professor Jan de Maeseneer

Head of Department of Family Medicine and Primary Health Care, Ghent University. Family Physician (part-time), Community Health Center Ledeberg (Belgium). Chairman European Forum for Primary Care, Belgium



Professor Jan De Maeseneer (1952, Gent) graduated as a Medical Doctor in 1977 at Ghent University (Belgium). Since 1978, he has been working part-time as a family physician in the community health centre Botermarkt in Ledeberg, a deprived area in the city of Ghent. He chairs the department of Family Medicine and Primary Health Care at Ghent University (1991 to present) and is the Vice-Dean for strategic planning at the Faculty of Medicine and Health Sciences (2008 to present). Jan De Maeseneer is involved in undergraduate and postgraduate teaching, training and research.

Professor De Maeseneer also chairs the European Forum for Primary Care (www.euprimarycare.org) (2005-to present) and the Expert-Panel of the European Commission on "Effective Ways of Investing in Health" (2013 to present) and is a member of the Global Forum on innovation of Health

Professionals' education at the Institute of Medicine (Washington) (2012 to present). Since October 2010 the International Centre for Primary Health Care and Family Medicine – Ghent University has been designated as a WHO Collaborating Centre on Primary Health Care.

Conference Chairs

Welcome Address: Ms Kate O'Flaherty

Director, Health and Wellbeing Programme, Department of Health



Ms Kate O'Flaherty is the Director of the Health and Wellbeing Programme in the Department of Health, the unit which coordinates the implementation of the Healthy Ireland Framework.

Kate graduated from Trinity College Dublin in 1993 with a BSc (Pharm) and subsequently practised for a number of years as a pharmacist. In 2000 she undertook an MA in Journalism in DIT and worked for some time as a journalist and communications consultant, specialising in health. As health feature writer for the Sunday Tribune Kate was shortlisted for a National Media Award in 2002. In 2007 she joined the Pharmaceutical Society of Ireland, the pharmacy regulator, as Head of Communications and Public Affairs, and in 2010 undertook an additional role as Head of Pharmacy Practice Development. In July 2013, Kate moved to the Department to head the newly established Health and Wellbeing Programme.

Plenary Chair: Dr Stephanie O'Keeffe

National Director, Health & Wellbeing, Health Service Executive

Dr Stephanie O'Keeffe is a social psychologist and has worked for the past 14 years in the health service. She has specific expertise in national health strategy development, implementation and evaluation.

Prior to her appointment as National Director for Health and Wellbeing Dr. O'Keeffe was the first Director of a new Health and Wellbeing Programme in the Department of Health. She was responsible for leading the development and establishing the governance structures for Ireland's first and current whole of government population health framework, *Healthy Ireland*. Dr. O'Keeffe's current role involves leading a new and emergent Health and Wellbeing Division in the health service. The work of the Health and Wellbeing Division is focused on a) protecting people from threats to their health and wellbeing, through our health protection, immunisation and surveillance functions, b) helping people to stay healthy and well, through our health promotion and improvement function and behaviour change programmes and policies, c) detecting diseases early, through our national screening programmes and clinical models of care and d) providing knowledge, intelligence and support to ensure our health service and models of health care provision deliver health improvement gains for the population and particularly for those most at risk.

Prior to working in the Department of Health, Dr. O'Keeffe worked as Director of the National Office for Suicide Prevention. Dr. O'Keeffe is a former Director of the Crisis Pregnancy Programme where she worked for ten years. Prior to becoming Director in 2010 she worked as Assistant Director and as a Research and Policy Manager. She completed a Bachelor's Degree in Psychology in Trinity College, Dublin, in 1996, an MSc in Psychological Research Methods and Assessment in University of Surrey, UK, in 1998 and a PhD in Psychology from the University of Surrey, UK, in 2003.



Plenary Chair: Dr Cate Hartigan

Assistant National Director, Health Promotion and Improvement, Health and Wellbeing Division, Health Service Executive

Dr Cate Hartigan is a native of Wexford and is a registered nurse having trained in the UK in the late 70s. Cate moved into general management in 1994 and returned to Ireland to live in 1999, working in the Eastern Health Board and the East Coast Area Health Board, primarily in Child Care and subsequently in services for Older People; acute hospitals and emergency planning.



Cate was appointed Assistant National Director of Primary, Community and Continuing Care for the Health Service Executive (HSE) on its establishment, with responsibility for Planning, Monitoring and Evaluation. Cate also worked as Acting National Director of Corporate Planning and Control Processes for the HSE.

In September 2013 Cate was appointed as Assistant National Director, Health Promotion and Improvement, Health and Wellbeing Division, HSE.

Cate has an extensive background in governance and change management, strategy and policy development and implementation. Cate provides corporate governance expertise on a voluntary basis to the NGO sector.

Plenary Chair: Ms Evelyn Fanning

Health Promotion Officer, Health Service Executive

Evelyn Fanning is a Health Promotion Officer as part of Health Promotion and Improvement, Health and Wellbeing Division, HSE. She has worked in Health Promotion since 1998, initially as a Health Education Officer with the Western Health Board and since 2001 as Health Promotion Officer with the Western Health Board and HSE. She has extensive experience of Health Promotion within Community and Health Service settings and has developed strong collaborative links with a number of agencies and organisations. She has played a key role on numerous initiatives including Galway Healthy Cities, Age Friendly, Galway City Alcohol Strategy, Galway City Early Years plan. Evelyn's background is in Community Development and holds a B.A. and a M.A. in Community Development from NUI Galway. She previously worked as a Community Worker within the Community and Voluntary Sector.



Plenary Session Abstracts

Optimising the transfer of research evidence into healthy public policy and health promotion practice – messing with the truth

Professor Don Nutbeam
Professor of Public Health, Sydney School of Public Health,
University of Sydney, Australia

Thirty years on from the publication of the Ottawa Charter for Health Promotion in 1986 it would be comforting to imagine that there was by now a seamless transfer of knowledge generated from research into healthy public policy and health promotion practice. The truth is far messier. Achieving a shift towards evidence based-informed policy and practice doesn't of itself require major improvements in the scientific quality of evidence. Rather it requires improvements in the way in which available evidence is both communicated and received by policy-makers and practitioners, and recognition that evidence is but one of a range of factors that will ultimately influence decision-making.

The impact of research evidence is greatly influenced by the context in which evidence emerges, the processes through which policies are shaped, and mechanisms through which professional practice is supported. The key to progress is in a better understanding of context and process and how to influence them. This presentation will examine the processes through which research evidence supporting health promotion is generated and used, and will offer observations and ideas on how to optimise the transfer of research evidence into healthy public policy and sound professional practice.

Strengthening the evidence base for action on Health Promotion in Europe

Dr Gauden Galea

Dr Galea's abstract description will be available on the day.

***The Public Health Argument for Promoting and Protecting
Positive Mental Health***

Professor Corey Keyes

Department of Sociology, Emory University, Atlanta, United States

Dr. Keyes' talk will summarize the conception and diagnosis of the mental health continuum (from languishing to flourishing), findings supporting the two continua model of mental health and illness, and the benefits of flourishing to society and individuals, with a focus on youth and adults. Studies of the MIDUS national twin sample also show that flourishing is as heritable as internalizing mental disorders but shares no more than 50% of the its genetic variance in common with the genes for internalizing mental disorders. As such, the absence of genetic risk for internalizing mental disorders does not mean the presence of genetic propensity for flourishing mental health, which suggest that the two continua model is coded into the human genome. Evidence from a ten-year follow-up study of a national sample of US adults shows that increases in level of positive mental health are associated with decreased risk of future mental illness, while the loss of level of positive mental health is associated with increased risk of future mental illness over a 10-year period.

Moreover, study of the risk of all-cause mortality over a 10-year period revealed than anything less than flourishing mental health puts males and females at all ages at increased risk, net of known causes of death, for premature mortality. In studies of youth, those who are flourishing report the lowest level of depression, conduct and behavioral problems, and the highest levels of prosocial engagement and school integration. Level of positive mental health, together with screening for current mental illness, in the Healthy Minds Study of college students was predictive of suicidality and academic impairment. This body of evidence, with the finding that the prevalence of flourishing is less than half of all youth in middle school, drops nearly 10% in high school youth, and is less than half of US college students, indicates the need for the promotion and protection of positive mental health throughout the lifespan, but starting early with youth and students. I will conclude with presentation of new (unpublished) analyses of the connection of level of the well-being components of positive mental health with binge drinking and drug usage in college students. The adjusted risk of any binge drinking and any illicit drug use decrease as levels of emotional and psychological well-being increases. However, the risk of binge drinking increases as level of social well-being increases, and level of social well-being is unrelated to risk of drug use. These findings pose interesting questions about whether and why some components of positive mental health may be related to behaviors on college campuses that are conducive to drinking.

***Health promotion in the framework of Community Oriented Primary Care: from
theory to practice and policy***

Professor Jan de Maeseneer

Head of Department of Family Medicine and Primary Health Care, Ghent University.

Family Physician (part-time), Community Health Center Ledeborg (Belgium).

Chairman European Forum for Primary Care

At the level of communities, there is an important challenge to find appropriate strategies to create a fruitful relationship between the health care sector on the one hand and the prevention and promotion sector (the "pre-care") on the other hand. Already in the forties of the previous century, Sydney and Emily Kark developed a strategy of "community oriented primary care". In this approach, an interdisciplinary team starts from the problems the communities were faced with. All stakeholders are involved in analyzing the available information and formulating a "community diagnosis". Then, with involvement of the local citizens, interventions are prepared, and evaluated.

This is a way to integrate health promotion in the daily activities of both public health and primary health care. This approach will be illustrated with concrete examples. Opportunities for implementation will be debated.

Poster Communication Abstracts

Venue: MY129, Ground Floor

1	Mr Lorcan Brennan, The Men's Development Network Ltd	Promoting a New Conversation for and with Men 7 Key Questions for Wellbeing
2	Ms Chrystal O'Brien, Institute of Technology Tralee	Are men really that hard to reach? Farmers' perspective on their health
3	Ms Jacinta McCarthy, Tralee Institute of Technology	The relationship between physical activity and stress in members of An Garda Siochana
4	Ms Elaine Higgins, Speech and Language Therapy Department, NUI Galway	What font do adults with Intellectual Disabilities prefer?
5	Ms Louise Tully, Discipline of Health Promotion, NUI Galway	Routine electronic surveys: development and testing of a pilot instrument for health staff assessment of feeding at 12 months: the "Weaning at One" survey
6	Ms Ursula Kenny, Discipline of Health Promotion, NUI Galway	Examining the impact of cyberbullying and peer support on adolescent body image
7	Ms Catherine Perry, Health Promotion Research Centre, NUI, Galway	The association between markers of diet quality and subjective well-being in adolescents aged 12-17: A cross-sectional study
8	Ms Kathy Ann Fox, Dr Colette Kelly and Dr Michal Molcho, Health Promotion Research Centre, NUI, Galway	Exposure to alcohol marketing and associated alcohol-related behaviours among adolescents in Ireland
9	Ms Triona Slattery, Health Promotion Research Centre, NUI, Galway	Intimage: Intimacy, Ageing Healthily and Sexual Health
10	Dr Samir Mahmood, Health Promotion Research Centre, NUI, Galway	Health Promotion Capacity Mapping in Low and Middle Income Countries

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11	Ms Susan Gilbert Hunt, University of South Australia	Enabling occupational therapy students to positively address social determinants of health
12	Dr Fiona MacLeod, University College Cork	Disciplinary knowledge integration in 1st year students on the BSc Public Health & Health Promotion (BSc PHHP) in University College Cork (UCC)
13	Ms Rosemary O'Callaghan, Ms Triona Heffernan and Ms Sinéad Flaherty, Institute of Technology Tralee	A pilot placement in General Practice Nursing
14	Ms Joanna Sajkowska- Kozielewicz, Medical University of Warsaw	Is vitamin D important for the condition of cardiovascular system?
15	Enda Campbell, NUI Galway	Are Men's Sheds Socially Inclusive: A Proposal for a Process Evaluation of the Men's Sheds Programme in Co. Galway
16	Ms Katelyn Chadwick, NUI Galway	Proposal for a Process Evaluation of the Men's Shed in Co. Galway as a Socially Inclusive Health Promotion Initiative
17	Ms Lhara Mullins	Research Prompting Change: Health Promotion in Homecare for Older People
18	Ms Hazel Gough	Applying Health Promotion Theory to Professional Social Care Practice - combining complimentary knowledge to improve service users' physical, mental and social outcomes
19	The HBSC Research Team, Health Promotion Research Centre, NUI, Galway	The Irish Health Behaviour in School-aged Children (HBSC) study: an overview

Poster Competition



A prize will be awarded for the best poster presentation of research at the
20th Annual Health Promotion Conference
Knowledge to Action: Using Research Evidence in Health Promotion Policy and Practice

Delegates are asked to vote for their favourite poster based on the following criteria:


- ✓ Quality of the research content
- ✓ Relevance to the conference theme (Using Research Evidence in Health Promotion Policy and Practice)
- ✓ Appeal of the visual display of the research


Voting is open during morning coffee
in room MY129.


Please vote!



Oral Communication Abstracts

<p>Room MY123</p>	<p>Theme A: Gaps between evidence of effectiveness and what occurs in practice</p> <p><i>Chair: Dr Vicky Hogan, HPRC, NUI Galway</i></p>	
<p>11.15</p>	<p>A systematic review to critically assess the positive and negative consequences of fear appeal in anti-smoking campaigns</p> <p>Ms Cihan Kayikci</p>	
<p>11.30</p>	<p>Engaging ‘hard to reach’ groups of men: Translating evidence into effective health promotion practice</p> <p>&</p> <p>Men’s health in alternative spaces: Exploring men’s sheds in Ireland</p> <p>Dr Noel Richardson, Institute of Technology, Carlow</p>	
<p>11.45</p>	<p>Early intervention to prevent obesity and reduce obesity inequalities: the current state of knowledge and implications for health promotion research, policy and practice</p> <p>Ms Marita Hennessy, National University of Ireland Galway</p>	
<p>12.00</p>	<p>Building community capacity in a disadvantaged rural area to engage young men</p> <p>Mr Shane O'Donnell, Institute of Technology, Carlow</p>	

<p>Room MY124</p>	<p>Theme B: Evidence informing practice/policy 1</p> <p><i>Chair: Dr Catherine-Anne Field, HPRC, NUI Galway</i></p> 	
<p>11.15</p>	<p>Engaging Young Men Project: The design of a training programme targeted at frontline service providers to engage more effectively with young men</p> <p>Mr Billy Grace, Institute of Technology Carlow</p>	
<p>11.30</p>	<p>Farmers have hearts: The effectiveness of a cardiovascular workplace health promotion intervention for Irish farmers</p> <p>Ms Diana van Doorn, Institute of Technology, Carlow</p>	
<p>11.45</p>	<p>Men on the Move (MOM) – The impact of a 12-week community based intervention on physical fitness and body morphology in sedentary Irish males</p> <p>Mr Liam Kelly, Institute of Technology, Carlow</p>	
<p>12.00</p>	<p>A process evaluation of the contributing factors to sustained engagement in a gender-sensitised community based physical activity programme</p> <p>Ms Alex Donohoe, Waterford Institute of Technology</p>	
<p>12.15</p>	<p>An exploration of the sustainability of facilitation skills for health and well-being training in the out of school sector</p> <p>Ms Lisa Harold, Waterford Institute of Technology</p>	

Room MY125	Theme C: Evidence informing practice/policy 2 	
<i>Chair: Dr Colette Kelly, HPRC, NUI Galway</i>		
11.15	Informing the transformation of preventive care in Ireland - outcomes from a 5-year community based cardiovascular disease (CVD) prevention programme Ms Irene Gibson (on behalf of Ms Claire Kerins, National Institute for Preventive Cardiology)	
11.30	Asthma education project - Traveller community Ms Aisling Doherty, Asthma Society of Ireland	
11.45	Mental health literacy among secondary school pupils and university students in Ireland. Ms Niamh Bird, Ms Audrey Costello, Ms Sophie Duggan, Ms Jessica Gilroy, Ms Roisin Long, Ms Laura McHugh, Dr Finiki Nearchou, Dr Eilis Hennessy, University College Dublin	
12.00	The use of the requirements development approach to guide the implementation of computerised mental health promotion programmes in an alternative education setting in Ireland Ms Tuuli Kuosmanen, Discipline of Health Promotion, National University of Ireland Galway	
12.15	Calorie posting in acute hospitals- The “dropped scone” Ms Laura Molloy, Health Service Executive	

<p>Room MY126</p>	<p>Theme D: Demonstration of how evidence has been used in practice/policy</p>  <p><i>Chair: Dr Martin Power, HPRC, NUI Galway</i></p>
<p>11.15</p>	<p>Facilitating social participation for people with communication disability in coffee shops and restaurants: Exploring multiple perspectives</p> <p>Ms Elaine Higgins, National University of Ireland Galway</p>
<p>11.30</p>	<p>Developing an evaluation tool to measure the impacts of an education programme for sexual health promoters – the evolution of the SH-PET</p> <p>Dr Louise Daly, Ms Carmel Downes, Ms Thelma Begley, Dr Jan De Vries, Ms Danika Sharek, Prof. Agnes Higgins, Trinity College Dublin</p>
<p>11.45</p>	<p>The re-development of the MindOut programme: Promoting mental wellbeing in post-primary schools</p> <p>Ms Katherine Dowling, Health Promotion Research Centre, National University of Ireland Galway</p>
<p>12.00</p>	<p>Improving knowledge transfer; views of researchers and policy makers</p> <p>Ms Helen Grealish, Dr Saoirse Nic Gabhainn, Health Promotion Research Centre, National University of Ireland Galway</p>

Room MY127	Theme E: Facilitators and barriers to the translational process <i>Chair: Dr Lisa Pursell, HPRC, NUI Galway</i>	
11.15	Informing food policies in post-primary schools in Ireland: Knowledge to Action Ms Mary Callaghan, Health Promotion Research Centre, National University of Ireland Galway	
11.30	Enablers and barriers in the implementation of evidence based RSE resources in an Irish youth work setting: A case study of the REAL U programme Dr Bernadine Brady, UNESCO Child & Family Research Centre	
11.45	From barrier to facilitator – Traveller health promotion in action Ms Margaret Howard, Waterford Wexford ETB	
12.00	Using evidence to inform the development of a concussion education programme for youth Gaelic games athletes and coaches Ms Lindsay Sullivan, Discipline of Health Promotion, National University of Ireland Galway	
12.15	The relevance of context in understanding how health literacy skills are used: qualitative study findings Ms Verna McKenna, Health Promotion Research Centre, National University of Ireland Galway	



Theme A: Gaps between evidence of effectiveness and what occurs in practice
Room MY123

A systematic review to critically assess the positive and negative consequences of fear appeal in anti-smoking campaigns

Author: Kayikci, C.

Recent evidence shows that usages of fear appeal strategy in health warnings in anti-smoking campaigns have several positive and negative consequences. New findings in available literature forms a debate about the use fear appeal in health warnings in anti-smoking campaigns. Until now the primary focus of much of the current research being undertaken is into the effectiveness of fear appeal strategy. There is conflicting evidence in regard to the positive and negative consequences of health warnings on smoking packaging as they include high fear.

This review used narrative synthesis to summarize and categorize the positive and negative consequences of fear appeal strategy when used in health warnings in anti-smoking campaigns. The review summarized the major and most common consequences of health warnings under two categories: positive consequences and negative consequences.

It is summarised that negative consequences of fear appeal (avoidance of health warnings due to high threat) mostly occurs in heavy smokers while fear appeal is a good strategy to use in anti-smoking campaigns for increasing awareness of the health risks related smoking and motivation to quit smoking. Thus it is concluded as positive consequences of fear appeal in anti-smoking campaigns outweigh the negative consequences.

Engaging 'hard to reach' groups of men:
Translating evidence into effective health promotion practice

Author: Richardson, N.

Affiliation: Institute of Technology, Carlow

Background

Ireland's National Men's Health Policy calls for more gender-specific or 'men-friendly' approaches to health promotion initiatives that target socially disadvantaged or so-called 'hard to reach' (HTR) men. Service providers often struggle to appropriately accommodate HTR men, and HTR men commonly avoid community-based programmes. There is a lack of resources for service providers to effectively engage HTR men.

Aim

To develop a toolkit for service providers based upon key strategies that contribute to meaningful health promotion engagement with HTR men.

Methods

In phase 1, semi-structured, qualitative interviews were conducted with nine partners (n=9) of a successful men's health and wellbeing programme in Dublin's inner city. Data were digitally recorded, transcribed verbatim, and then analysed using Grounded Theory to identify and interpret emerging themes. In phase 2, a market-research style survey was sent to service providers across Ireland to generate feedback and insight that would inform the design of an evidence-informed resource or toolkit for service providers. Responses (n=69) were synthesized and used to inform the Knowledge Translation phase of this project and ensure a user-driven final product.

Findings

Findings suggest that gender-specific strategies – especially related to community-engagement, programme development & delivery, partnerships and capacity-building – are necessary in creating health promotion programmes that appeal to men. Including men in all aspects of the planning stages ensures that programmes are accessible, acceptable, and empowering for men. Using conversational, cooperative, and reflective approaches to programme delivery helps challenge traditional norms for men to be independent, closed, and competitive.

Conclusions

The significance of this study lies not only in how to effectively engage HTR men in health promotion programmes, but also in the innovative methods used to translate evidence into 'what works', thereby optimising knowledge translation for service providers. Both a peer-reviewed publication and a toolkit are available from the first author.

Men's health in alternative spaces: Exploring men's sheds in Ireland

Author: Richardson, N.

Affiliation: Institute of Technology, Carlow

Background

Men often struggle to find or gain access to meaningful health services. Despite, or because of this trend, men are increasingly seeking out alternative sources of support for their wellbeing – hence, the exponential growth of men's sheds in Ireland. Sheds combine principles of health promotion and community development to create spaces for typically marginalized, isolated, and/or unemployed men to gather, share skills, work towards a common purpose, and socialise. To date, little research has explored the impact of Sheds on 'Shedders' wellbeing.

Aim

To investigate the impact of Sheds on 'Shedders' with particular respect to health and wellbeing, and to trace knock-on effects within Shedder's relationships and the broader community.

Methods

Five Sheds across Ireland took part in the study and twenty-seven Shedders (n=27) participated in in-person, semi-structured, qualitative interviews. Field notes and reflective journaling were used to record observations. Interviews were digitally recorded and transcribed verbatim. Data were then analysed using Grounded Theory to identify emerging themes and relationships between over-arching topics. An academic manuscript is awaiting peer review.

Findings

Findings suggest that key features of Shed participation (i.e. using and developing new skills, feeling a sense of belonging and purpose, supporting and being supported by peers, and contributing to community) contribute in a very positive way to men's overall wellbeing. In particular, many men commented on changes in their experiences of depression and/or suicide ideation. Men also suggested that having space and an outlet for frustration or disappointment improved their relationships with partners/family, and increased their involvement in community. Negotiating membership, funding, and boundaries of peer support remain persistent challenges for Sheds.

Implications

By 'shedding' light on alternatives to both traditional men's spaces and health services, Sheds provide an ideal setting in which to meaningfully incorporate health into men's spaces and men into health spaces.

Early intervention to prevent obesity and reduce obesity inequalities: the current state of knowledge and implications for health promotion research, policy and practice

Authors: Hennessy, M.¹, Byrne, M., Heary, C.

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Internationally, increasing rates of childhood obesity represent a significant societal challenge. In Ireland, one in four three-year olds is overweight or obese. In addition to impacting on child health and wellness, overweight and obesity in childhood persists into adulthood, which has long-term consequences. Recently it has been demonstrated that childhood body mass index trajectories develop early, with obese groups distinguishing themselves from the other trajectories by age three; these trajectories also show strong socio-economic patterning. Early intervention in the life course, including during pregnancy and infancy, is now advocated as a key strategy to tackle obesity. These periods are also critical for interventions to reduce obesity inequities.

A number of factors are associated with the development of childhood overweight/obesity, including maternal pre-pregnancy overweight, smoking during pregnancy, high infant birthweight and rapid weight gain. There are modifiable behaviours therefore which can be targeted for intervention during the antenatal period and infancy, including a number of infant feeding practices. To date, however, the focus on tackling childhood obesity has centred on children aged five years and over; few studies have involved children aged less than two years, but numbers are increasing. The results of these interventions in terms of their impact on child weight, however, are mixed and research is needed to illuminate the reasons for same.

Pregnancy and the early years is a critical window for tackling childhood overweight and obesity, and associated socio-economic inequalities. This presentation will provide an overview of the evidence to date, highlight gaps in the knowledge base, and discuss implications for future research and practice in the area of obesity prevention during infancy.

Building community capacity in a disadvantaged rural area to engage young men

Authors: O'Donnell, S. ¹ and Richardson, N. ¹

Affiliation: ¹The National Centre for Men's Health, Institute of Technology Carlow

Background

Ireland has one of the highest rates of young male (YM; 15-24yrs) suicide in the EU. Paradoxically, YMs are amongst the least likely to seek-help during times of distress and are rarely considered a 'target-group'. There can also be confusion among service providers (SP) on how to effectively engage YM using 'male-friendly' approaches. Community capacity building recognises the importance of social capital in shaping the health outcomes of communities and has emerged as an important concept within health promotion practice.

Aim

To support and strengthen the capacity of a disadvantaged rural community to provide more effective and gender-specific mental health promotion and suicide prevention programmes to young men.

Methodology

Qualitative methodologies (semi-structured interviews) were used at baseline with SPs (n=10) and 'at risk' YM (n=12; data collection ongoing) to ascertain what information, knowledge, support, skills or resources are needed to meet YM's needs and to enable service providers to engage more effectively with YMs on mental health and well-being issues. The findings will inform a tailored training programme delivered to SPs and a 10-week health and well-being programme delivered to YMs. Qualitative methodologies will also be used post-intervention to gain deeper insights into participants' experiences/perspectives of what constitutes sustainable community capacity building.

Findings

Preliminary findings in relation to SP's perspectives on engaging young men and barriers to building community capacity will be presented along with YM's experiences of living in a disadvantage rural community and their expressed needs in relation to mental health and wellbeing.

Conclusion

This project will help bridge the gap between 'what works' and what happens in practice in relation to community capacity-building, by supporting services within a disadvantaged rural community to provide more innovative and gender-specific programmes and services to young men in the area of mental health and well-being, and suicide prevention.

Theme B: Evidence informing practice/policy 1
Room MY124

Engaging young men project: The design of a training programme targeted at frontline service providers to engage more effectively with young men

Author: Grace, B.

Affiliation: Institute of Technology, Carlow

Background

There have been increasing calls for more gender-specific service provision to support young men's (20-29y) mental health and well-being. In Ireland, young men are the demographic group that are most likely to die by suicide but among the least likely to seek help. This study sought to investigate service providers' perspectives on the factors that support or inhibit young men from engaging in services targeted at supporting their mental/emotional wellbeing.

Methods

Qualitative methodologies (focus groups; n = 9, interviews; n = 7) were used for this study. Those service providers most likely to be in contact with young men were identified as the target sample (n=52). A grounded theory approach was used to analyse the data.

Findings

Disconnection from family and community was identified as a key indicator of 'at risk' groups of young men who, more typically, had experienced significant disruption in their lives. The discord between demands and expectations facing young men on the one hand, and insufficient life-management and coping skills on the other, left many young men vulnerable and bereft. The desire to save face and preserve one's masculine identity was linked to young men's reluctance to seek help when feeling down. There was a strong consensus that there could be no short-cuts to [re]connecting with young men. Whilst sport, technology and social media were cited as appropriate media in which to engage young men, the essence of sustained connection revolved around creating safety, trust, rapport and meaningful relationships.

Conclusion

The findings from this study have informed the development of a Train the Trainer programme ('Connecting with Young Men') which is currently being delivered to service providers in Ireland and which may have implications for service provision elsewhere.

Farmers have hearts: The effectiveness of a cardiovascular workplace health promotion intervention for Irish farmers

Authors: van Doorn, D., Richardson, N. and Osborne, A.

Affiliation: Institute of Technology, Carlow

Background

Mortality rates from cardiovascular disease (CVD) are particularly high among farmers, who also represent a challenging or 'hard to reach' group with respect to preventive health interventions. Using a gender specific research approach, this study assessed the impact of a health promotion initiative - 'Farmers Have Hearts' (FHH) - specifically in relation to farmers' health behaviour change and their follow-up use of local health services.

Methods

Ethical approval was granted by IT Carlow's Ethics Committee. Data were collected from a convenience sample (n=310) of male farmers. Consent included permission to analyse the heart screening results and to participate in two follow up questionnaires by phone at Week 1 (n=224) and Week 12 (n=172). All data were entered into the Statistical Package for the Social Sciences (SPSS v 22) for both in-depth descriptive and inferential statistical analysis.

Results

Three out of four (81%; n=250) farmers were found to have at least four risk factors for CVD. At Week 1, the majority of farmers (74%; n=166) reported that they were contemplating health behaviour change and at Week 12, 48% (n=83) reported having changed at least one health behaviour. The majority of farmers (79%; n=226) were referred to their GP and by Week 12, 32% (n=72) reported having acted on this advice. Almost half of the participating farmers (42%; n=72) reported that they would not have gone for a heart screening otherwise. The key factors that characterised engagement with the FHH programme were the personal approach adopted by staff, ease of access (opportunistic nature, setting based, convenience of location) and peer support.

Discussion

This study informs gender-specific and best practice approaches to workplace health interventions that target health behaviour change and follow-up use of health services among 'hard to reach' groups of men. The findings have informed the wider roll-out of FHH.

Men on the Move (MOM) – The impact of a 12 week community based intervention on physical fitness and body morphology in sedentary Irish males

Authors: Kelly, L.¹, Richardson, N.¹, Keohane, A.², Donohoe, A.², Carroll, P.², Harrison, M.³, & Robertson, S.⁴

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²Centre for Health Behaviour Research, Waterford Institute of Technology
³Biomedical Research Group & Waterford Cardiovascular Research Group, Waterford Institute of Technology. ⁴Centre for Men's Health, Leeds Beckett University

Background

Men in Ireland are less likely than women to engage in healthy lifestyle behaviours, and more likely to become inactive and overweight with age. Physical activity (PA) is a prophylactic to many chronic conditions affecting men. Supporting men to modify their health behaviours however, poses unique challenges to service providers, not least in knowing how to effectively engage men in health, coupled with traditional gendered patterns of male behaviour. Men are more likely to engage in 'men friendly' approaches to promoting PA.

Aim

This study reports on physical fitness and body morphology characteristics of sedentary Irish males recruited to participate in a larger controlled study assessing the impact of a 12-week community based PA intervention; the 'Men on the Move' (MOM) programme.

Methodology

906 sedentary males were recruited across 8 counties (4 'intervention' [n=489], and 4 'comparison-in-waiting' [n=417]) by Local Sports Partnerships. Participants were/will be assessed at baseline, 12, 26 and 52 weeks post intervention. Outcome measures will include height, weight, BMI, waist circumference and time-to-complete one mile. The intervention programme consisted of structured group exercise for 1 hour twice weekly, along with health-related workshops. Baseline, 12, 26 and 52-week data for both groups will be analysed using repeated measures ANOVA ($p \leq 0.05$) to determine the impact of MOM.

Findings

Comparative data examining key outcome measures between 'intervention' and 'comparison-in-waiting' counties 12 weeks post baseline data collection will be presented (data input in progress). Preliminary baseline data indicate that the programme succeeded in reaching its target population, with just 10% of men recruited being of 'normal' weight.

Conclusions

Previous studies suggest that supporting sedentary men to increase their physical fitness via PA, can lead to significant reductions in weight and health risks. MOM is the first step to establishing a nationwide PA programme that specifically targets inactive men.

A process evaluation of the contributing factors to sustained engagement in a gender-sensitised community based physical activity programme

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Introduction

Effective gender sensitised health promotion initiatives have been developed in recent years to improve the health and well-being of men (Byrne, 2013; Hunt et al., 2014; Pringle et al., 2013). However, little has been published to date documenting 'how' these initiatives were developed and delivered to bring about the desired outcomes.

Men on the Move (MoM), is a 12-week community based physical activity programme aimed at inactive adult men, delivered through the Local Sports Partnership (LSP) network and aims to improve the physical fitness and overall health and well-being of participants through structured group exercise (2*1 hr sessions/wk). The programme design and delivery were gender sensitised in context, content and style of delivery. Eight counties (3 community sites per county) were involved in the MoM project. Intervention counties (n=4) received the MoM programme while, participants in comparison counties (n=4) were invited to attend repeated health checks.

Method

The research aimed to investigate the factors that contributed to facilitating both the initial engagement [intervention counties - registration evening; comparison counties - first health check] and thereafter sustained engagement in the MoM programme. Focus groups (n=11) with LSP coordinators and local partners were used to explore the factors that contributed to a sustainable model of community based health promotion for men.

Results

Overall, 906 men initially engaged and attended the registration evenings and the health checks; 489 men in the intervention group and 417 men in the comparison sample. Within the intervention sample (n=489) 70% of men (n=340) had an attendance rate of 50% or higher.

Conclusion

To establish the factors which contributed to such high levels of initial engagement and sustained engagement in MoM programme, and to inform future practice, a thematic analysis of all qualitative data is on-going and will be presented at the conference.

An exploration of the sustainability of facilitation skills for health and well-being training in the out of school sector

Authors: Harold, L.¹, Carroll, P.¹, O'Grady, M.¹, Murphy, B.², Brennan, L.³, O'Neill, A.⁴, Barry, M.¹

Affiliations: ¹Centre for Health Behaviour Research, Waterford Institute of Technology
²Independent Contractor
³Men's Development Network
⁴National Youth Council of Ireland

Context and Background

Supporting the health and well-being of our young people, and in particular their mental well-being, has been prioritised across government policies. However, many front line youth workers require support to do so. In response to this need, 'Facilitation Skills for Health and Well-Being' training has been developed; the training model consists of a) an 8-day residential training programme, b) a 1-day training for the Managers, c) a 1-day whole staff day within each organisation and d) a 1-day follow up with the residential training participants. The training methodology is based upon experiential learning theory and focuses on personal awareness with the potential for transformational learning and change.

Aim of the Study

The research aims to explore the experience of the training on the participants at a personal level, the diffusion of the training into their practice and the extent to which this diffusion is sustainable.

Research Methodology

Multiple qualitative data sources are being used, which include reflective logs, interviews, focus groups, vox pops and evaluations. A grounded theory approach is being used to analyse and triangulate the qualitative data.

Key Findings and Conclusions

Thus far it appears that a transformation has begun as evidenced by the presence of a disorientating dilemma. The training appears to be highlighting aspects of the participant's lives they are now more aware of and potentially wish to change. Factors which have attributed to the impact of the training include the facilitators, the group dynamics, the pace of the training and the residential setting.

This programme is jointly funded by the HSE and the National Office for Suicide Prevention and the Health Promotion and Improvement, Health and Well-Being Division, within the HSE.

Theme C: Evidence informing practice/policy 2
Room MY125

Informing the transformation of preventive care in Ireland - outcomes from a 5 year community based cardiovascular disease (CVD) prevention programme

Authors: Kerins, C.^{1,2}, Walsh, A.M.¹, Costello, C.¹, Dunne, D.¹, Manton, T.¹, Tumulty, R.¹, Jones, J.^{1,2}, Flaherty, G.^{1,3} & Gibson, I.¹

Affiliations: ¹National Institute for Preventive Cardiology, Croí Heart & Stroke Centre, Galway
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Background & Purpose

The scientific evidence for CVD prevention is compelling. It shows that managing risk factors can considerably reduce cardiovascular morbidity and mortality. Nevertheless, translating guidelines into effective patient care in clinical practice is challenging resulting in a need to invest in strategies that measurably improve outcomes for people with, or at risk of, CVD. Our aim was to utilise health promotion principles in the design and delivery of a CVD prevention programme over a 5-year period.

Methods

Increased CVD risk patients and their family members/partners were invited to attend a 16-week programme consisting of a multidisciplinary lifestyle intervention in a community setting. The programme adopted a settings-based approach to health promotion and was underpinned by values such as empowerment, public participation, equity and partnership. Medical and lifestyle risk factors were measured at initial, end of programme and at 1-year assessment.

Results

Established in 2009, this CVD prevention programme has reached over 1,100 individuals achieving high programme uptake and retention rates. The programme was implemented equitably, with particular attention given to disadvantaged groups. By locating the programme in the community it was more accessible to those who most need it. The programme has achieved outstanding and measurable improvements in cardiovascular health. Partnership and cross sectional work has been exemplified in the programme at a number of levels. The CVD prevention programme has led to the establishment of postgraduate courses and the National Institute for Preventive Cardiology.

Conclusion

This CVD prevention programme is reforming how preventive healthcare is being delivered in Ireland. The programme provides an evidence-based service model that is effectively implementing best-practice in achieving CVD prevention guidelines. In Ireland, there is a real opportunity to transform the design, delivery and outcome of CVD prevention and rehabilitation care by adopting this model of care.



Asthma education project - Traveller community

Author: Doherty, A.

Affiliation: Asthma Society of Ireland

Context and Background

Asthma is a chronic respiratory condition that affects almost half million people in Ireland. Ireland has the 4th highest prevalence of asthma in the world and the Traveller group appear to have a greater burden of chronic diseases than the general population. The Traveller group are twice as likely to have asthma when compared to the SLAN population. Asthma cannot be cured but it can be controlled. Up to 60% of people have uncontrolled asthma and this results in increased hospital admissions and reduced quality of life. Asthma is among the more frequent reasons for hospital admission among Traveller children. Barriers to healthcare among Traveller groups have been reported including reluctance to engage with health service providers (DoHC 2010; Bambra et al 2010).

Aim

To design and deliver a culturally appropriate asthma education training programme for Traveller Healthcare Workers using a peer education approach.

Methodology

In 2014, the Asthma Society of Ireland and Pavee Point with the support of the HSE piloted an asthma education training programme with 32 Traveller Healthcare Workers across six counties.

Key findings

An evaluation by Trinity College, Dublin found that the programme is culturally responsive to the needs of the Traveller Community and it is suitable for wider implementation (Brady & Kehoe 2014).

Conclusion

The approach has been shown to be an effective, transferable and cost effective strategy to building capacity to outreach specialist asthma education to a wider population and is particularly suitable for use with disadvantaged and hard to reach groups such as the Traveller Community. The approach is suitable for use with other marginalised groups subject to local commitment and cultural adaptation.

Mental health literacy among secondary school and university students in Ireland

Authors: Bird, N., Costello, A., Duggan, S., Gilroy, J., Long, R., McHugh, L., Nearchou, F., Hennessy, E.

Affiliation: University College Dublin

Mental health difficulties contribute to a public health problem that imposes a heavy burden on individuals and societies around the world. According to the WHO Mental Health Action Plan 2013-2020, one of the core components of the mental health promotion agenda is to focus on preventing and treating emotional and behavioural problems in childhood and adolescence. Evidence-based mental health interventions for youth should take into account age-related differences in cognitive and social functioning and build on the specific attributes of each developmental stage to effectively address mental distress. An important element of any strategy to address mental health difficulties is an understanding of mental health literacy because it has been identified as a factor contributing to reduced stigmatizing attitudes and enhanced help-seeking skills. The present study aimed to explore mental health literacy levels and stigma towards peers among Irish youth sampled from four distinct age groups that correspond to different developmental stages (early, middle, late adolescence and emerging adulthood). The participants aged from 12 -25 years, were pupils enrolled at 1st, 3rd and 5th year in secondary schools in Leinster and university students enrolled at Higher Educational Institutions in Ireland ($N = 600$). A battery of self-report questionnaires was administered in schools and on-line to university students to assess stigma towards peers with mental health problems and measure mental health literacy levels, help-seeking attitudes and familiarity with mental disorders. The results show an interesting pattern of relationships among these constructs across the different age groups. In light of the need to develop interventions tailored to the specific needs of each age group to enhance anti-stigma behaviours and help-seeking skills, the present study offers a valuable contribution towards this end. The results are discussed in relation to implications for policy makers and future research directions in the field.

The use of the requirements development approach to guide the implementation of computerised mental health promotion programmes in an alternative education setting in Ireland

Authors: Kuosmanen, T. and Barry, M.M.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Aim

This study explores the values and requirements of Youthreach staff and students to guide the implementation and evaluation of computerised mental health promotion programmes.

Introduction

Computerised mental health promotion programmes have been shown to be both acceptable and effective with young people. However, their use with more vulnerable young people remains relatively unstudied. This is the first phase of a study exploring the use of computerised mental health promotion interventions in a Youthreach education setting in Ireland.

Methods

This study consists of four semi-structured group discussions with Youthreach staff (n=12) and students (n=38) held in four centres and a staff survey (n=16 staff members from 16 centres). Two existing programmes (MoodGYM and SPARX) were reviewed and discussions addressed programme preferences, young people's mental health needs and implementation requirements. The transcripts were translated into values and requirements employing the Requirements Development Approach (Van Velsen et al., 2013).

Findings

Values and requirements were identified by students and staff in relation to the programme, its content and its implementation. The students value programmes that are easy to use, engaging and provide practical advice and information on positive mental wellbeing. Furthermore, the students wish to be in control of deciding when and how to do such programmes. The staff need the programme to be flexible and easily fit into the existing curriculum. They also wish to be well informed about student mental health and wellbeing.

Conclusion

This study provides novel insight into the needs and preferences of both the students and staff of alternative education and the findings will be used in the next phase of the study to guide the implementation and assess the acceptability of the programmes in a cluster RCT.

Calorie posting in acute hospitals- the “dropped scone”

Author: Molloy, L. & AIT BSc (Hons) Health Science Students (with Nutrition Programme)

Affiliation: Health Service Executive

The aim of this study was to explore the impact of the HSE Calorie Posting Policy in acute services. Scones can contain up to 400 calories before the application of butter and jam. The sales of scones were monitored for two weeks prior to the implementation of a calorie posting policy in a number of acute hospital staff and visitor canteens. Scone sales were monitored again for two weeks after the calorie posting commenced.

In the two weeks following commencement of the calorie posting, sales of fruit scones declined in most sites however, the experience has varied across sites:

- In Cappagh Hospital there was a 50% daily decrease in the sale of fruit scones i.e. from 60 to 30 and an increase of sales in healthier options e.g. scrambled eggs, boiled eggs.
- Sligo University Hospital found sales of fruit scones did not decrease until signage was improved. Initial signage was too small and not fit for purpose.
- Midland Hospital Mullingar found a drop off in fruit scones from 80 scones daily before the commencement of calorie posting to 50 post calorie posting.
- Merlin Park Hospital found a decrease of sales in fruit scones but a similar rise in brown scones which was not the case in other sites
- St Michael’s Hospital in Dun Laoghaire found that there was only a significant drop in scones after a healthy eating initiative by a dietitian in the hospital
- Other hospitals such as Temple St. Children's University Hospital and Wexford General Hospital found no change in scone sales.

This is a snap shot of sales from catering services across the health services. An investigation is needed in areas that have not experienced decline in sales of unhealthy choices off as simply changing signage as in Sligo University Hospital may have an impact. Workplace healthy eating initiatives need to be developed across the health services. Further monitoring of sales is needed to establish if this initial drop of scones is sustained.

In conclusion to obtain a greater insight into the possible effects of calorie posting policy more rigorous research is needed.

Theme D: Demonstration of how evidence has been used in practice/policy
Room MY126

Facilitating social participation for people with communication disability in coffee shops and restaurants: Exploring multiple perspectives (2015)

Authors: Higgins, E., Carroll, C., Guinan, N., Loughnane, H., Boyle, E., Mullarney, M., Joyce, O. and Lyons, R.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Abstract

A lack of understanding among the public can negatively affect participation for people with aphasia (Le Dorze et al., 2014) and other types of communication disability in social scenarios. In response to this, students, academic and clinical staff, and people with communication disability designed and implemented a Communication Awareness Programme (CAP). This focused on enhancing catering staff's ability to facilitate customers with a communication disability. The overall aim of this study was to explore the experiences of participants who were involved in the programme.

Underpinned by the principles of grounded theory, a qualitative methodology was used. Four catering staff, two students, two speech and language therapists, one person with a communication disability and one carer were recruited following purposeful sampling. Data were collected using semi-structured interviews. Data were analysed using the principles of grounded theory (Strauss and Corbin, 1998).

Three core categories emerged in the data. The first core category was 'need for change' and referred to the reasons for change. The difficulties encountered when ordering in restaurants and the negative impact which this had on identity and well-being was discussed by participants with communication disability. The participants from the catering industry reported feelings of anxiety in relation to dealing with customers with communication disability, which often resulted in avoidance behaviours. During the training, participants from the catering industry reported that they had an important role in facilitating communication.

The second core category 'making the change' refers to reports on the process change post-training. Facilitators of change included: hearing personal stories; effort to make changes; strategies provided in the training; active participation of management of catering establishment; and confirmation that these changes facilitated more effective communication in a follow-up

session in the restaurant. Barriers to change were identified and included: time, resources, and staff changes.

The third theme was 'feelings of empowerment' which all participants identified with. Being involved in the training was empowering for people with communication disability as it provided them with a meaningful role; they could now order independently in a communication-friendly environment; and it was evident that their stories served as a catalyst for change. Both catering staff and student participants felt empowered because they had learned new skills and felt they had made a difference.

As a result, this study highlights the need for further work on raising awareness of communication disability among catering staff. Key factors which contributed to the success of this training programme include involvement of people with communication disability as co-trainers, involvement of management in the catering industry, and a post-training visits.

Learning Outcome 1

Describe key components of a communication awareness programme e.g., content, delivery, and core success factors.

Learning Outcome 2

Discuss the importance of involving people with communication disability at all stages in the process of a training programme.

Developing an evaluation tool to measure the impacts of an education programme for sexual health promoters – the evolution of the SH-PET

Authors: Daly, L., Downes, C., Begley, T., de Vries, J., Sharek, D. and Higgins, A.

Affiliation: Trinity College Dublin

Sexual health promotion aims to enable people to improve and have greater control over their sexual health (Department of Health 2015). The Foundation Programme in Sexual Health Promotion was developed by the Health Services Executive in 2009 to enhance the capacity of practitioners (health, social care and education) to incorporate sexual health promotion into their work. To ensure that such programmes are fit for purpose, there is a need for robust evaluation tools that measure programme outcomes.

The aim of this study was to develop and pilot a programme-specific evaluation tool to capture the immediate and longer term impact and outcomes of the Foundation Programme in Sexual Health Promotion.

The following methodologies were employed:

- an integrated literature review to establish the peer reviewed evidence base and inform tool development,
- design of the Sexual Health Promotion Education Evaluation Tool (SH-PET),
- piloting of the tool using a pre/post/follow-up quantitative survey design,
- refinement of the SH-PET,
- development of a condensed SH-PET(c).

The tool was piloted in three sites at three time-points (pre-course, course completion and six months following). The tool was demonstrated to be internally reliable and capable of detecting changes in key learning outcomes (knowledge, skills, comfort and confidence) at different time points. As such, the SH-PET offers flexible long and short forms to evaluate and benchmark the outcomes and impacts of a sexual health promotion education programme.

The commitment of the Irish Sexual Health Strategy 2015-2020 (Department of Health 2015) to sexual health suggests a need to ensure a related workforce equipped and fit for purpose. To this end, it is important that related education and training programmes deliver intended outcomes. The SH-PET offers a valid and reliable means to inform decision makers and with the added potential to enable international benchmarking of the programme.

The Re-development of the MindOut programme: Promoting mental wellbeing in post-primary schools

Authors: Dowling, K., M. Clarke, A.M., Sheridan, A. and M. Barry, M.M.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Background

In 2004, the MindOut programme was developed to support the mental wellbeing of young people aged 15-18 years old in post-primary schools in Ireland. Since then the programme has been implemented nationally but now needs to be updated to better reflect the current issues in the lives of young people today. A review of the evidence 10 years on was undertaken and key characteristics of successful programmes were examined. Consultations were also undertaken with both teachers and young people to gain a better understanding of specific needs and to assess some of the current challenges in implementing the programmes in schools.

Aim

The primary aim of this study was to revise a universal mental wellbeing programme for post-primary level students taking into account current evidence and users' experience of the programme to date.

Methods

A synthesis of the evidence and qualitative evaluation methods were employed in developing this project. Developments to the programme were informed by three principal sources: i) existing evidence on effective school-based interventions; ii) advisory input from the Working Group, and iii) four participatory consultations with young people.

Results

A review of the research literature on evidence-based practices highlighted core strategies (e.g. competence enhancement) and common elements for effective school-based interventions. Feedback from key stakeholders provided insight and recommendations into both the content and delivery format of the programme. The consultations with young people provided guidance on a series of issues including: relevance of topics/content, language and scenario development.

Conclusion

Based on the information collected, the new MindOut materials were drafted into 12-weekly sessions. Some of the evident changes to the programme included the addition of new interactive teaching strategies, updated content and more accessible whole-school resources. The MindOut programme was piloted in five schools and final amendments have been made to the programme.

Improving knowledge transfer; views of researchers and policy makers

Authors: Grealish, H. & Nic Gabhainn, S.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Purpose

Knowledge transfer from researchers to policy makers is a recurrent theme in the research literature. Policy making in public health and health promotion is multi-sectorial and it is argued that research evidence is particularly relevant here in implementing effective policy measures for improved population health outcomes. This study explores the views of researchers and policy makers on the use of evidence in policy, it included questions on i) the current use of evidence to inform policy, ii) types of evidence ministers and civil servants find convincing, and iii) how the existing evidence can be improved to increase the uptake of research by policy makers.

Methods

Distinct but analogous interview schedules were developed from a review of the relevant literature and the analysis of key public policy documents on drugs and alcohol misuse. Mid level and senior level civil servants across three government departments and senior researchers from public health and health promotion were invited to participate in the study. Interviews were conducted via telephone or in-person, transcribed verbatim and template analyses were undertaken using NVivo software.

Results

The preliminary results suggest that strong factual quantitative evidence has the most influence on ministers and senior policy makers. Nevertheless, a number of researchers reported that '*anecdotal evidence*' or the '*poignant story*' could at times have more influence on elected representatives than statistical data. Both researchers and policy makers were in agreement that clear, concise, relevant and timely research was what was required to increase the uptake of evidence by policy makers.

Conclusions

This study highlighted the very complex nature of policy making. However, policy makers were of the view that the more researchers could tailor the recommendations of research evidence to be context specific, the more the transfer of research evidence into policy making could be enhanced.

Theme E: Facilitators and barriers to the translational process

Room MY127

Informing food policies in post-primary schools in Ireland: Knowledge to Action

Authors: Callaghan, M. and Kelly, C.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Healthy food habits are essential during adolescence as this is a period of rapid growth and development, and a period during which lifelong healthy food habits may be established. Environmental factors are important when examining food habits and the school environment provides an ideal context in which to influence and develop lifelong healthy food habits. To better inform nutrition policies at the local and community level, it is necessary to understand how school-aged children navigate and perceive their food environment. The aim of this study was to assess if children were satisfied with the food that was available to them during school hours and to identify barriers to accessing alternative food premises.

A sample of 6 post-primary schools that were contacted by phone agreed to participate in this study. Qualitative data were collected from 95 participants (63% girls; 36% boys) ranging in age from 12 to 18 years, between April and October 2015. Two focus groups were conducted in each school, one with a younger class (1st or 2nd year) and one with an older class (4th, 5th or transition year). The students were asked if they were happy with the food available to them and to describe barriers to accessing alternative food premises.

Data will be presented on how post-primary school students perceive their food environment and the barriers encountered in terms of alternative food premises access. This presentation will describe how policies at the local and community level could improve the food environment of post-primary school students. Analyses of these data are required to inform future policy on how best to address the nutritional needs of young people.

Enablers and barriers in the implementation of evidence based RSE resources in an Irish youth work setting: A case study of the REAL U programme

Author: Brady, B.

Affiliation: UNESCO Child & Family Research Centre, NUI, Galway

Context

Youth work settings can play an important role in health promotion but the organic, informal nature of youth work can make the implementation of evidence based resources challenging. The Irish national youth organisation Foróige, which works with over 56,000 young people in Ireland on an annual basis, has developed a range of manualised evidence informed resources to support its youth work over recent years. One such programme is the *REAL U: Relationships Explored and Life Uncovered* programme, a relationships and sexuality programme for young people aged 12-18 years. A recent evaluation concluded that the REAL U programme is effective in engaging young people, responding to their needs and impacting on their knowledge and attitudes (Brady et al, 2014).

Aim of the paper

This paper draws on the experience of the REAL U programme to highlight some of the barriers and enablers to the implementation of evidence based health promotion resources for young people in youth work settings.

Methods

The methods used to inform this paper formed part of a larger evaluation of the programme and include implementation data, an online survey of staff trained in the programme (n= 110), 3 staff focus groups (n=13) and 4 young people's focus groups (n=9).

Key findings and conclusions

The paper focuses on the factors that emerged as particularly important in supporting or constraining implementation of the REAL U programme, including staff and young people 'buy-in', training and support; programme flexibility; and issues in agency culture and the operational environment. The findings are discussed in the context of existing literature relating to connecting research and practice in youth work and health promotion.

From barrier to facilitator – Traveller health promotion in action

Author: Howard, M.

Affiliation: Waterford Wexford ETB

Members of the Irish Travelling community suffer poorer health, compared to that of the settled population and research has shown that Traveller men live on average 15 years and Traveller women live on average 11.5 years less than the general population. Social exclusion can limit access of certain groups to public networks and services. Factors that can contribute to this include poverty, poor education opportunities and limited life skills. Health literacy has been found to be a key concept in traveller health outcomes (All Ireland Traveller Health Study, 2010).

Many members of the Travelling community experience low levels of literacy and struggle when reading and understanding health related information (HSE, 2016). Conversely, health promotion leaflets and brochures distributed by health services can be content heavy, with small text and few images.

This project* was undertaken by a group of Traveller Community Health Workers, whose role includes identifying gaps in health services, reducing inequality and acting as a liaison between Travellers and health service providers. Group members were attending Adult Literacy tuition funded by Waterford Wexford Education and Training Board. The project arose through discussions concerning the difficulty that many Travellers have in understanding health related leaflets and text given to them by health professionals. The group chose two conditions with a high incidence within Traveller culture and designed new easy read flyers for distribution to members of the Travelling community with low literacy skills.

The project demonstrates how a barrier can be transformed into a facilitator for health promotion, through discussion, reflection and action. It also promotes social inclusion, equality of access to services and embraces the four central goals of the Health Ireland Implementation Plan 2015-2017.

*Please note this is an ongoing project.

Using evidence to inform the development of a concussion education programme for youth Gaelic games athletes and coaches

Authors: Sullivan, L. and Molcho, M.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Background

Recently, research has identified a knowledge gap among Gaelic Games athletes and coaches in terms of concussion identification and management, as common misconceptions prevailed. Leading on from this research, the current study has engaged key stakeholders in the GAA community in hopes to improve concussion knowledge and management practices among this population; which will be done through the development of a theory-based concussion education programme.

Aims

This study sets out to demonstrate how evidence can inform the development, implementation and evaluation of a concussion education programme for youth Gaelic Games athletes and coaches. This study also aims to identify the facilitators and barriers to the implementation of an educational programme among this population.

Methodology

This study consisted of several phases. In phase 1, athletes' and coaches' knowledge about and attitudes towards sports-related concussion were assessed using a self-report questionnaire. Phase 2 of this study involved seeking engagement from key stakeholders. In the third phase of this study, a needs assessment was conducted. The educational programme was then developed.

Findings

Results from the initial phase of this study found that many youth Gaelic games athletes return-to-play while symptomatic from concussion, and that both athletes and coaches lack a complete understanding of concussion. Stemming from these findings and an increased awareness of this injury, support was generated from both the GAA and LGFA. Subsequently, coaches' preferences in terms of the content and delivery of a concussion education programme were identified. The development of the educational programme and the role of key stakeholders in this process will be discussed.

Conclusions

Involving key stakeholders in the development, implementation, and evaluation of an educational programme may increase buy-in from the target population. Not only that, but with involvement of key stakeholders, results may be more likely to be translated into healthy public policy at the local and national level.

The relevance of context in understanding how health literacy skills are used: qualitative study findings

Authors: McKenna, V., Sixsmith J. and Barry, M.M.

Affiliation: Health Promotion Research Centre, School of Health Sciences, National University of Ireland Galway

Background

Health literacy concerns the capacities of people to meet the complex demands of health in modern society (Sørensen et al., 2015). While the research evidence (Fransen, von Wagner, & Essink-Bot, 2012; Longo et al., 2010; Schillinger et al., 2002) consistently demonstrates poorer health outcomes linked to lower levels of health literacy, relatively little is known about how people develop their health literacy skills in the context of managing their health and illness, how this changes over time and the barriers and facilitators that may be experienced in this process.

Aim

To investigate and describe how individuals develop and practice health literacy in the management of their health.

Methodology

This study is part of a larger longitudinal qualitative study design with three waves of data collection. Purposeful sampling was employed and semi-structured interviews undertaken with 26 participants who are attending a community -based structured cardiovascular disease risk reduction programme. Participants also completed the HLS-EU 47 item instrument to determine levels of health literacy (HLS-EU Consortium, 2011). The interview data were analysed using thematic analysis.

Findings

The HLS-EU conceptual model was used as the framework to examine how participants access, understand, appraise and use health information as well as the barriers and facilitators to this process. Three main themes that emerged from the analysis of individuals' experiences were: 1) health literacy capacities for self-management of health and illness 2) perceptions of control and 3) relationship quality with the health care provider (HCP). Sub-themes included the quality of communication with the health care provider, attitudes to family medical history, navigating structural barriers and being supported in managing treatment and medication side effects.

Conclusions

The findings have generated a number of important insights into contextual factors influencing how health literacy capacities may be used which are relevant for health care providers in order to enhance the patient provider relationship and to ensure optimum health outcomes for all individuals regardless of health literacy levels.

Workshops

Workshops will be held in the afternoon 3.15. All delegates registered for a workshop during online registration and your workshop number is on the bottom of your name badge. If you did not indicate a workshop preference, please check which workshop places are available at the registration desk in the foyer.

**Workshop 1: Using research evidence for effective
intersectoral partnerships for health promotion**
Room: MY 123



Facilitators:

Dr Jacky Jones, Irish Times Health Columnist

Ms Biddy O'Neill, National Project Lead, Health and Wellbeing Programme, Department of Health

Rapporteur:

Ms Joan Tierney, Health Service Executive

**Workshop 2: Using research evidence for promoting
mental health and wellbeing**
Room: MY 127



Facilitators:

Ms Anne Sheridan, Health Service Executive

Ms Teresa McElhinney, Health Service Executive

Rapporteur:

Ms Tuuli Kusomanen, Discipline of Health Promotion, NUI Galway

**Workshop 3: Using research for health behaviour
change through making every contact count
Room: MY 227**



Facilitators:

Dr Maria O'Brien, Health Service Executive
Ms Aileen Scott, Health Service Executive

Rapporteur:

Dr Catherine Anne Field, Health Promotion Research Centre, NUI Galway

**Workshop 4: Using research evidence for policy
and practice in preventing alcohol problems
Room: MY 124**



Facilitators:

Dr Ann Hope, Research Associate, Trinity College Dublin
Ms Evelyn Fanning, Health Service Executive

Rapporteur:

Ms Kathy Ann Fox, Discipline of Health Promotion, NUI Galway

Workshop 5: Using research evidence in addressing health inequalities

Room: MY 125



Facilitators:

Mr Fergal Fox, Health Service Executive

Dr Diarmuid O'Donovan, NUI Galway and Health Service Executive

Rapporteur:

Ms Olive Fanning, Health Service Executive

Workshop 6: Using research evidence to inform child and adolescent health policy

Room: MY 126



Facilitators:

Dr Sean Denyer, Child Health Specialist, Department of Children and Youth Affairs/Department of Health and Children

Dr Michal Molcho, Health Promotion Research Centre, NUI Galway

Rapporteur:

Ms Kathryn Meade, Health Service Executive

Plenary Session 3

Venue: Lecture Theatre MY243

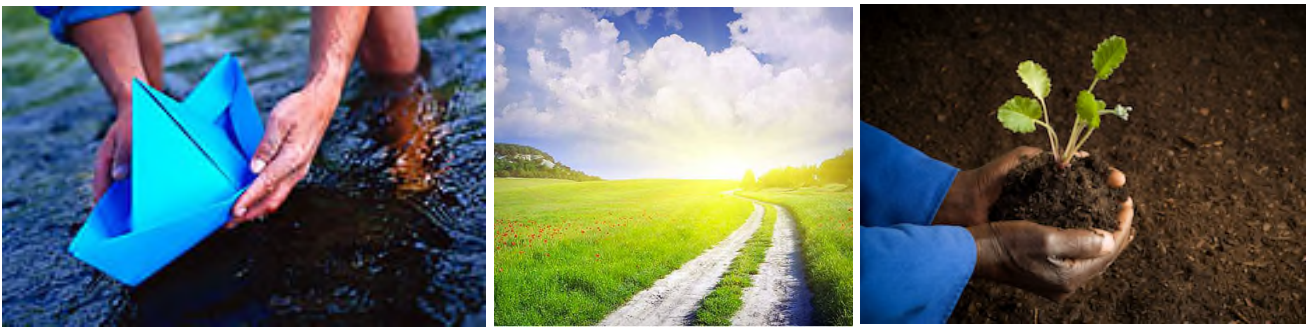
Workshop feedback

Workshop Facilitators

At the end of the workshop sessions 3 key learning points will be identified. The workshop lead facilitator will feedback these key points in the final plenary session which takes place in the main lecture theatre (MY243) at 4.30 p.m.

Our vision for the future of health promotion: hopes and challenges

Health Promotion Researchers' and Students' Photo Voice Presentation



The Discipline of Health Promotion sought contributions from the NUI Galway Health Promotion students and researchers on the 'Knowledge to Action' theme in the form of Photo Voices. A short visual presentation will take place at the end of the day to show their creative work.

Conference Close

Conference Evaluation

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

Delegate List

Title	First Name	Last Name	Job Title	Organisation	Workshop
Dr.	Hiyam	Alriyami	PhD Student	Health Promotion, NUI Galway	
	Mairead	Barry	Lecturer	Waterford Institute of Technology	1
Professor	Margaret	Barry	Chair of Health Promotion and Public Health	NUI Galway	
Dr.	Viv	Batt	Administrative Director	HPRC, NUI Galway	
	Aisling	Beckwith	Student	Health Promotion, NUI Galway	6
	Thelma	Begley	Assistant Professor in Children's Nursing	Trinity College Dublin	1
Dr.	Angela	Berndt	Lecturer	University of South Australia	5
	Thelma	Birrane	Health Promotion Officer	Health Service Executive	5
	Caroline	Bradshaw		Institute of Technology, Sligo	
Dr.	Bernadine	Brady	Lecturer	NUI Galway	2
	Lorcan	Brennan	National Men's Health Programme Coordinator	Men's Development Network	5
President	James J.	Browne	President	NUI Galway	
	Lorraine	Burke	PhD Student	Health Promotion, NUI Galway	
	Anna	Burns	Senior Health Promotion Officer	Health Service Executive	3
	Sandra	Byrne	Project Officer	The Dental Health Foundation	6
Dr.	Molly	Byrne	Senior Lecturer	NUI Galway	3
	Mary	Callaghan	Research Assistant	HPRC, NUI Galway	
	David	Callaghan	Student	Waterford Institute of Technology	
	Paula	Campbell	Regional Officer - Smoking Prevention	Health Service Executive	1
	Lucia	Canavan	Volunteer Coordinator	COPE Galway	3
Dr.	Paula	Carroll	Lecturer and Researcher	Waterford Institute of Technology	3
	Kate	Cassidy	Health Promotion Officer	Health Service Executive	5
	Katelyn	Chadwick	Student	Health Promotion, NUI Galway	5
	Cathie	Clare	Social Care Programme Manager	Social Care, NUI Galway	
	Karen	Cocoman	Student	Athlone Institute of Technology	
	Greg	Conlon		Health Service Executive	
Dr.	Claire	Connolly	Retired	HPRC, NUI Galway	
	Anne	Cooney	Health Promotion Officer	Athlone Institute of Technology	1
Minister	Marcella	Corcoran Kennedy		Minister of State for Health Promotion	
	Sandra	Coughlan	Interim Manager	Health Service Executive	1
Dr.	Mary	Cowman	Lecturer	Waterford Institute of Technology	2
	Mary	Cronin	Lecturer	University College Cork	5

	Geraldine	Cully	Tobacco Co-ordinator for Health Promotion & Improvement	Health Service Executive	
	Tara	Curran	Slí na Sláinte Programme Coordinator	Irish Heart Foundation	5
Dr.	Louise	Daly	Assistant Professor	Trinity College Dublin	3
	Sharon	Daly	Health Promotion, Communications & Training Consultant		5
	Saintuya	Dashdondog	PhD Student	Health Promotion, NUI Galway	
Professor	Jan	de Maeseneer	Head of Department of Family Medicine and Primary Health Care	Ghent University	
	Clare	Deasy	Health Promotion Officer		4
	Helen	Deely	Programme Lead Sexual Health	Health Service Executive	
Dr.	Sean	Denyer	Child Health Specialist	Department of Children and Youth Affairs	
	Aisling	Doherty	Health Promotion Officer	Asthma Society of Ireland	5
Dr.	Louise	Doherty		Health Service Executive	
	Alex	Donohoe	Research Assistant	Waterford Institute of Technology	3
	Fiona	Donovan	Health Promotion Officer	Health Service Executive	5
	Katherine	Dowling	Research Assistant	HPRC, NUI Galway	2
	Fiona	Falvey	Health Promotion Officer	Health Service Executive West	2
	Evelyn	Fanning	Health Promotion Officer	Health Service Executive	4
	Olive	Fanning	Health Promotion Officer	Health Service Executive	2
Dr.	Catherine Anne	Field	Lecturer	HPRC, NUI Galway	
	Arlene	Finn	Mobility Programme Coordinator	National Transport Authority	1
	Sinead	Flaherty	Lecturer	Institute of Technology Tralee	
	Caroline	Folan	Assistant Staff Officer	Health Service Executive West	
	Yvonne	Forde	Administrator	Social Care, NUI Galway	
	Kathy Ann	Fox	PhD Student	Health Promotion, NUI Galway	4
	Fergal	Fox	Health Promotion Manager	Health Service Executive	
Dr.	Gauden	Galea	Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course	WHO Regional Office for Europe	
	Aoife	Gavin	Researcher	HPRC, NUI Galway	1
	Violet	Gavin	Chairperson	Positive Mental Health	6
	Janet	Gaynor	Functional Manager	Health Service Executive	6
	Irene	Gibson	Director of Programmes	Croí	3
	Susan	Gilbert Hunt	Senior Lecturer	University of South Australia	
	Yvonne	Gilsenan	Health Promotion Officer	Health Service Executive	1
	Patricia	Gilsenan O'Neill	Chief Executive	Dental Health Foundation	5
	Aoibhinn	Gissane	Student	Health Promotion, NUI Galway	
	Denise	Glavin	Administrative Assistant	Health Promotion, NUI Galway	
	Hazel	Gough	Practice Education Coordinator	Social Care, NUI Galway	3
	Billy	Grace	Masters Student	Institute of Technology Carlow	2

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	Helen	Grealish	PhD Student	Health Promotion, NUI Galway	
	Miriam	Gunning	Senior Health Promotion Officer	Health Service Executive	3
	Christine	Gurnett	Community Dietitian	Health Service Executive	
	Carmel	Halpin	Health Promotion Officer	Health Service Executive	
	Douglas	Hamilton	Doctor	Health Service Executive	4
	Lisa	Harold	Masters Student	Waterford Institute of Technology	1
Dr.	Maria	Harrington	Senior Health Promotion Officer	Health Service Executive	
	Aisling	Harrington	Student	Health Promotion, NUI Galway	
Dr.	Cate	Hartigan	Head of Health Promotion and Improvement	Health Service Executive	
	Karen	Heavey	Community Health Promotion Officer	Health Service Executive	6
	Marita	Hennessy	SPHeRE PhD Scholar	Psychology, NUI Galway	3
	Teresa	Hennessy		Health Service Executive	2
Dr.	Eilis	Hennessy	Lecturer	University College Dublin	6
	Laura	Herlihy	MA Student	Health Promotion, NUI Galway	
	Elaine	Higgins	Student	NUI Galway	
Dr.	Margaret	Hodgins	Lecturer	HPRC, NUI Galway	4
Dr.	Victoria	Hogan	Lecturer	HPRC, NUI Galway	2
Dr.	Ann	Hope	Research Associate	Trinity College Dublin	
	Margaret	Howard	Adult Literacy Tutor	Waterford and Wexford Education and Training Board	
	Vivienne	Ivers	Student	Health Promotion, NUI Galway	
	Ashling	Jennings	Student	Health Promotion, NUI Galway	1
Dr.	Jacky	Jones	Irish Times Health Columnist		1
	Cihan	Kayikci	Student	University of the West of England	
	Teresa	Keating	Public Health Development Officer	Institute of Public Health in Ireland	1
	Liam	Kelly	Research Masters - Men's Health	Institute of Technology Carlow	3
Dr.	Colette	Kelly	Lecturer	HPRC, NUI Galway	
	Pheena	Kenny	Head of Health Promotion	Asthma Society of Ireland	
	Ursula	Kenny	PhD Student	Health Promotion, NUI Galway	
	Antonia	Kenny	Social Care Worker	NUI Galway	2
Professor	Corey	Keyes	Department of Sociology	Emory University, Atlanta, United States	
	Tuuli	Kuosmanen	PhD Student	Health Promotion, NUI Galway	
	Ann	Lawlor	Health Promotion Development Officer	Health Service Executive	4
	Audrey	Lyons	Senior Community Dietitian	Health Service Executive	2
Dr.	Fiona	MacLeod	Lecturer	University College Cork	3
Dr.	Samir	Mahmood		HPRC, NUI Galway	
	Liz	Martin	Health Promotion DEV Officer	Health Service Executive	6
	Margaret	McLoone	Lecturer in Health Promotion	Department of Life Sciences	3
	Ellen	McMeel	Schools Health Promotion Officer	Irish Heart Foundation	6
	Jacinta	McCarthy	Student	Institute of Technology Tralee	1

	Teresa	McElhinney	Senior Health Promotion Officer	Health Service Executive	2
	Dymphna	McGettigan	Health Promotion Officer/Librarian	Health Service Executive	2
	Siobhán	McGrory	Education and Training Manager	Headstrong	2
	Meabh	McGuinness	Health Promotion Officer	Health Service Executive	
	Laura	McHugh	Graduate Student	University College Dublin	6
	Verna	McKenna	Lecturer	HPRC, NUI Galway	
	Megan	McNamara	Student	NUI Galway	4
	Kathryn	Meade	Health Promotion Training Officer	Health Service Executive	
	Ciara	Miley	Family Support Worker	Spina Bifida Hydrocephalus Ireland	3
	Caroline	Milne	Health Promotion Officer Intern	Health Service Executive	
Dr.	Michal	Molcho	Lecturer	HPRC, NUI Galway	
	Laura	Molloy	HPHS	Health Service Executive	5
	Nicola	Morley	Area Development Officer		2
	Lhara	Mullins	University Teacher	Social Care, NUI Galway	2
	Joan Ita	Murphy	National Healthy School Coordinator	Health Service Executive	6
	Mary J	Murphy	Student	University College Dublin	1
	Finian	Murray	Men's Health Officer	Health Service Executive	2
Dr.	Niki	Nearchou	Post-doctoral Researcher	University College Dublin	
	Laura	Neenan	Student	Health Promotion, NUI Galway	
	Ciara	Ní Fhátharta	Health Promotion and Improvement Officer Assistant	Health Service Executive West	6
	Geraldine	Nolan	Lecturer	HPRC, NUI Galway	
Professor	Don	Nutbeam	Professor of Public Health	University of Sydney	
Dr.	Maria	O'Brien	Health Promotion Officer	Health Service Executive	
	Chrystal	O'Brien	Post Grad Nurse	Institute of Technology Tralee	3
	Ita	O'Connell	Lecturer	Athlone Institute of Technology	5
	Fionnuala	O'Connor	Projects Manager	Health Promotion and Improvement	1
Dr.	Stephanie	O'Keefe	National Director, Health & Wellbeing	Health Service Executive	
	Catherine	O'Loughlin	Regional Health Promotion Officer	Health Service Executive	2
	Grace	O'Shea	Student	Health Promotion, NUI Galway	
	Aine	O'Brien	PhD Student	Health Promotion, NUI Galway	
	Maeve	O'Brien	Research Officer	Health Service Executive	3
	Bernie	O'Brien	Health Promotion Officer	Health Service Executive	3
	Shane	O'Donnell	Student	Institute of Technology Carlow	2
Dr.	Diarmuid	O'Donovan	Lecturer	NUI Galway	
	Kate	O'Flaherty	Director, Health and Wellbeing Programme	Department of Health	
	Anne	O'Grady	Administrative Assistant	Health Promotion, NUI Galway	1
Dr.	Mary	O'Hara	Lecturer	NUI Galway	1
	Mark	O'Malley	Student	Health Promotion, NUI Galway	3
	Biddy	O'Neill	National Project Lead	Health and Wellbeing Programme	1
	Shirley	O'Shea	Senior Health Promotion Officer	Health Service Executive	1
	Caroline	Peppard	Senior Health Promotion Officer	Health Service Executive	2

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	Nichola	Phillips	Student	Athlone Institute of Technology	3
	Ian	Power	Executive Director	SpunOut.ie	3
	Joann	Power	Adult Literacy Organiser, WWETB	Waterford and Wexford Education and Training Board	5
Dr.	Martin	Power	Lecturer	HPRC, NUI Galway	
Dr.	Lisa	Pursell	Lecturer	HPRC, NUI Galway	
Dr.	Michelle	Queally		Economics, NUI Galway	2
	Louise	Quirke	Student	Athlone Institute of Technology	3
Dr.	Noel	Richardson	Lecturer	Institute of Technology Carlow	2
	Bernadette	Rooney	Community Health Promotion	Health Service Executive	2
	Jackie	Ruttledge	Lecturer	Institute of Technology Tralee	4
	Joanna	Sajkowska-Kozielewicz	MPharm	Medical University of Warsaw	1
	Aileen	Scott	Health Promotion Officer	Health Service Executive	3
	Rosemary	Scott	Mental Health Promotion Officer	National Youth Council of Ireland	
	Anne	Sheridan	Mental Health Promotion & Suicide Resource Officer	Health Service Executive	
Dr.	Jane	Sixsmith	Director	HPRC, NUI Galway	
	Triona	Slattery	Research Assistant	HPRC, NUI Galway	
	Lindsay	Sullivan	PhD Student	Health Promotion, NUI Galway	
Dr.	Leigh-Ann	Sweeney	Postdoctoral Researcher	HPRC, NUI Galway	
	Lynn	Swinburne	Senior Health Promotion Officer	Health Service Executive	5
	Joan	Tierney	Health Promotion Officer	Health Service Executive	
	Tracey	Tobin	Health Promotion Officer	Health Service Executive	2
	Rachael	Treanor	Health Promotion Officer	The National Youth Council	3
	Louise	Tully	Research Assistant	HPRC, NUI Galway	6
	Diana	van Doorn	Research Assistant	Institute of Technology Carlow	
	Elena	Vaughan	PhD Student	Health Promotion, NUI Galway	1
	Larri	Walker	Research Assistant	HPRC, NUI Galway	
	Anne	Walsh	Senior Health Promotion Officer (Schools)	Health Service Executive	6
	Grainne	Ward	Student	Athlone Institute of Technology	
	Kerry	Ward	Research Support Officer	NUI Galway	2
Dr.	Maggie	Wood	Lecturer	Galway-Mayo Institute of Technology	2

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