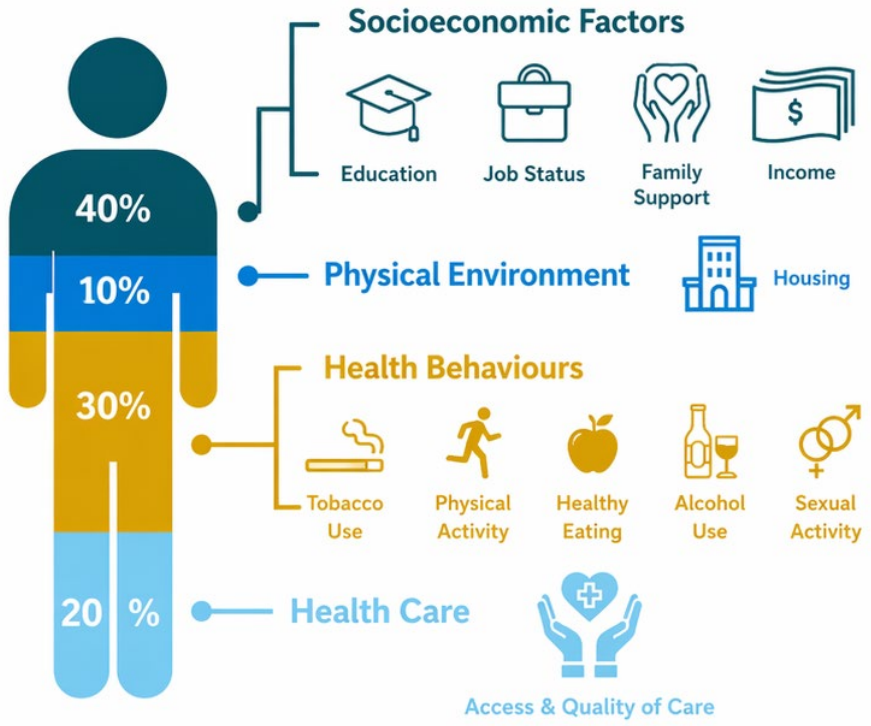
Making Every Contact Count

Enabling Equitable Access to Behaviour Change Support

Inequalities in health and access to support

- Health and wellbeing are shaped by wider **social and economic conditions**
- These conditions influence key **health behaviours** such as smoking, physical activity, alcohol use, diet etc
- Higher levels of unhealthy behaviours contribute to poorer health outcomes, **chronic disease** and **health inequalities**
- Not everyone has equal access to appropriate **health behaviour change support** and services



Health services have a key responsibility to ensure **fair, equitable and inclusive access** to health behaviour change support to **improve health and address health inequalities**

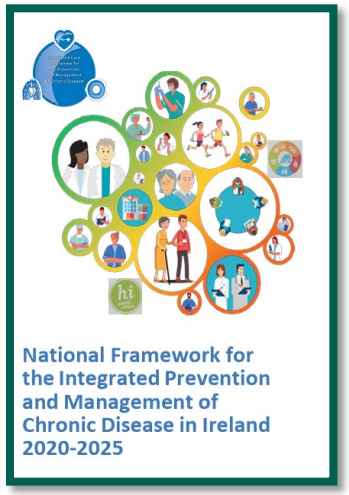
What is MECC?

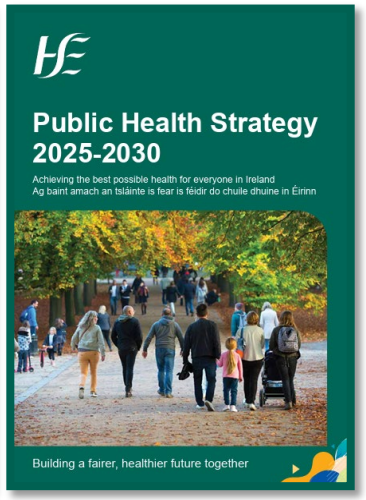
MECC is the HSE's national health behaviour change programme.

- MECC provides **standardised training for healthcare professionals** to use brief behavioural interventions in **routine healthcare consultations.**
- Brief interventions can help those who use the health service to make healthier choices, leading to:
  - ✓ **Better health** for those who use the health service; and
  - ✓ **Less pressure** on our health services.

Policy Context

The MECC programme is supported by various Frameworks, Strategies and Implementation Plans:





MECC also incorporates policies on **Health and Wellbeing Priority Areas**, including:

- Tobacco
- Alcohol
- Healthy Eating & Active Living
- Mental Health & Wellbeing

MECC is a priority for the HSE due to high rates of chronic disease in our population.

Annual MECC KPI Targets are set for each HSE Health Region and Integrated Health Area.

Targets for MECC training are included **in the HSE's National Service Plan.**

Role in Chronic Disease Prevention

The aim of MECC is to help prevent and manage chronic disease

- Behavioural risk factors account for **over 35% of all deaths** in Ireland
  - Smoking
  - Poor diet,
  - Physical inactivity
  - Heavy alcohol consumption
- At least **30% of cancers and 80% of heart disease and diabetes** could be prevented by addressing modifiable risk factors

Current Smokers	At risk of Hazardous or Harmful Drinking	Not Meeting National Physical Activity Guidelines	Living with Overweight or Obesity	Not Consuming 5+ portions of fruit & vegetables Daily
17%	21%	59%	56%	72%

References: Health Services Healthy Ireland Implementation Plan (2023 – 2027); Department of Health Healthy Ireland Framework 20213-2025; and Healthy Ireland Surveys: 2025 and 2024:

MECC: A Key element of the Sláintecare Healthy Communities initiative

Sláintecare. Healthy Communities

- 9 **regional MECC Lead posts** implement MECC across HSE settings.
- Posts funded through **Sláintecare.**
- **MECC leadership and integration focus.**

"There is an uneven distribution of the risk factors associated with many chronic diseases, with the burden borne disproportionately by those in the lower socio-economic groups."

Department of Health Healthy Ireland Framework 20213-2025

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

Opportunities

There are **many opportunities** in our health services to discuss lifestyle behaviour change through a **brief intervention**.

GP and Practice Nurse Consultations	Outpatient Attendances	People Seen in Emergency Department	HSE Funded Dental Treatments	Community Health Therapy Contacts*
29 million	3.98 million	1.4 million	1.03 million	1.2 million

*Physiotherapy, Occupational Therapy, Dietetics, Speech and Language Therapy, and Podiatry

References: Health Service Executive Annual Report and Financial Statements 2024; Primary Care Reimbursement Service Statistical Analysis of Claims and Payments 2024

Role in Reducing Health Inequalities

Health Inequalities

People experiencing socio-economic disadvantage are more likely to:

- Experience poorer health outcomes
- Have lower life expectancy
- Experience higher rates of chronic disease
- Experience poorer mental health and wellbeing
- Face barriers to accessing support

The Opportunity

Disadvantaged communities often have greater contact with health services, creating opportunities to offer support through routine care.

How MECC Can Help

Routine

Everyone is offered support, including those less likely to seek it.

Inclusive & Accessible

Conversations are person-centred, meet people where they are at, and consider wider circumstances and determinants of health.

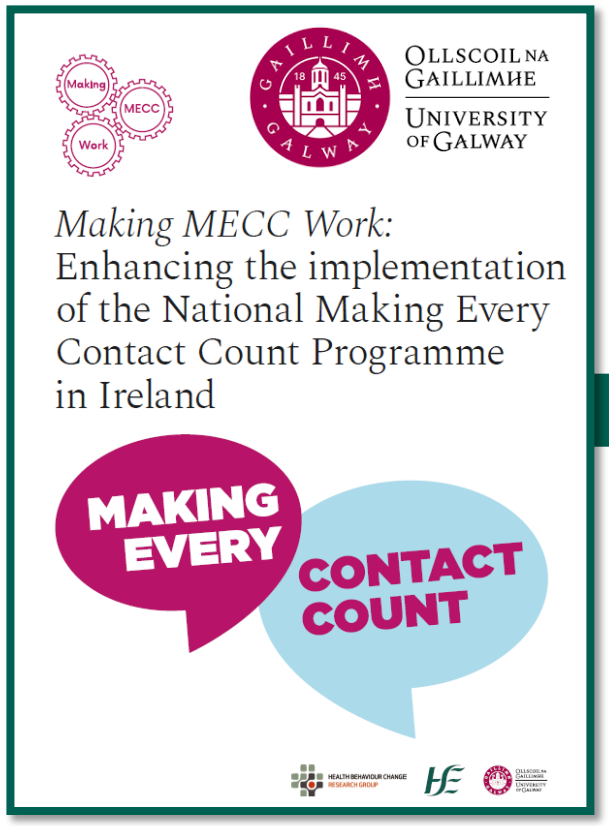
Supportive

People are connected with appropriate supports and services.

Turning routine healthcare contacts into opportunities to **improve health** and **wellbeing** and **reduce health inequalities**.

MECC Implementation

Making MECC Work Research

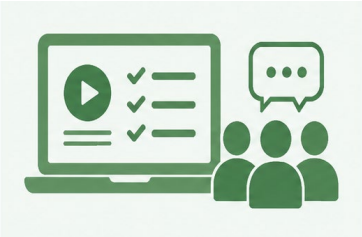


1 Provide dedicated time to practitioners to attend training and use MECC	2 Empower and engage management & senior staff to take responsibility for MECC delivery	3 Implement a user-friendly and integrated system of recording MECC delivery
4 Develop service directories for healthcare professionals to refer services users	5 Have local MECC champions to model best practice and share experiences	6 Have a dedicated resource centre on the MECC website with information regarding MECC training courses and contacts
7 Have a HSE national communications campaign to promote MECC to staff and service users	8 Generate and highlight evidence for the impact of MECC on service users	9 Enhance integration of MECC with healthcare professional training within higher education

The implementation of MECC requires renewed focus to scale up and embed its approach in practice.

Priorities for 2026

1 Strengthen the learning journey



- Redesigned, condensed e-learning
- Updated workshops
- New Train the Trainer & Master trainer model
- Accessible & Inclusive conversations

2 Support integration in Higher Education

- Curriculum for Chronic Disease Prevention and Management (CDPM)
- Evaluate current delivery
- Recommendations for future improvement & delivery

3 Demonstrate impact

- Case studies across diverse settings
- Service User experience
- Staff experience
- Shared implementation learning

CURRENT LEARNING JOURNEY

1 E-LEARNING

INTRODUCTION TO BEHAVIOUR CHANGE
(~30 mins)

TOPIC-SPECIFIC MODULES
(~30 mins each)

- Tobacco Free
- Alcohol & Drug Use
- Get Ireland Active
- Healthy Food for Life

OPTIONAL MODULES

- Mental Health & Wellbeing
- Talking About Overweight & Obesity

SKILLS INTO PRACTICE
(~30 mins)

TOTAL DURATION: Up to 4 Hours

2 ENHANCING YOUR SKILLS WORKSHOP

Face-to-face (3.5 hrs) or Online (2.5 hrs)

Redesigned in response to learner & trainer feedback

REDESIGNED LEARNING JOURNEY

1 E-LEARNING

CORE MODULE (~60 mins)

- Introduction to Behaviour Change & MECC
- Person-Centred Approach
- Skills & Framework for Delivering Brief Interventions

ENHANCED FOCUS

- Accessible & Inclusive Conversations
- Real-Life Application

6 TOPIC MODULES (~10 mins each)

- Tobacco
- Alcohol & Drug Use
- Physical Activity
- Healthy Eating
- Obesity
- Mental Health & Wellbeing

TOTAL DURATION: Approx. 2 Hours

2 ENHANCING YOUR SKILLS WORKSHOP (UPDATED)

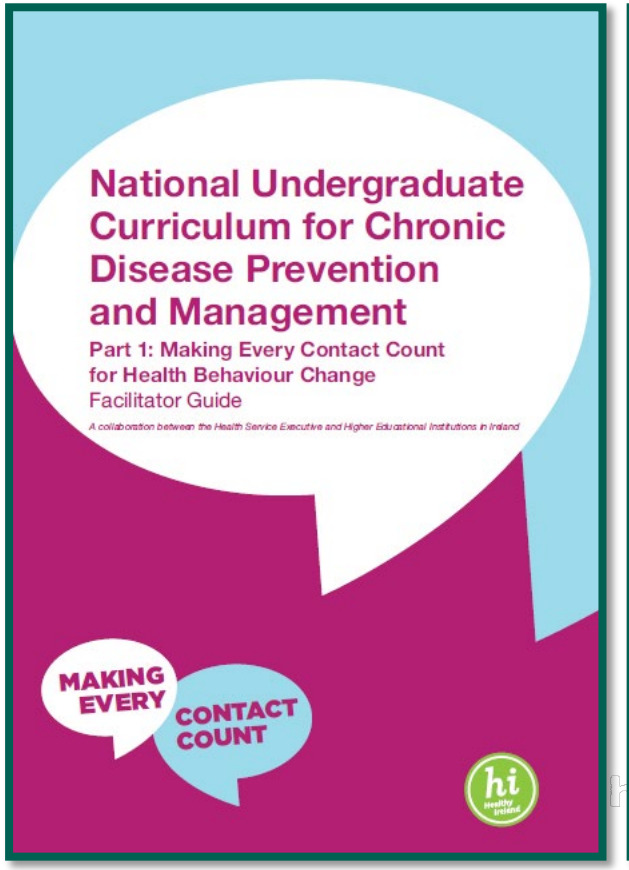
Face-to-face (3.5 hrs) or Online (2.5 hrs)

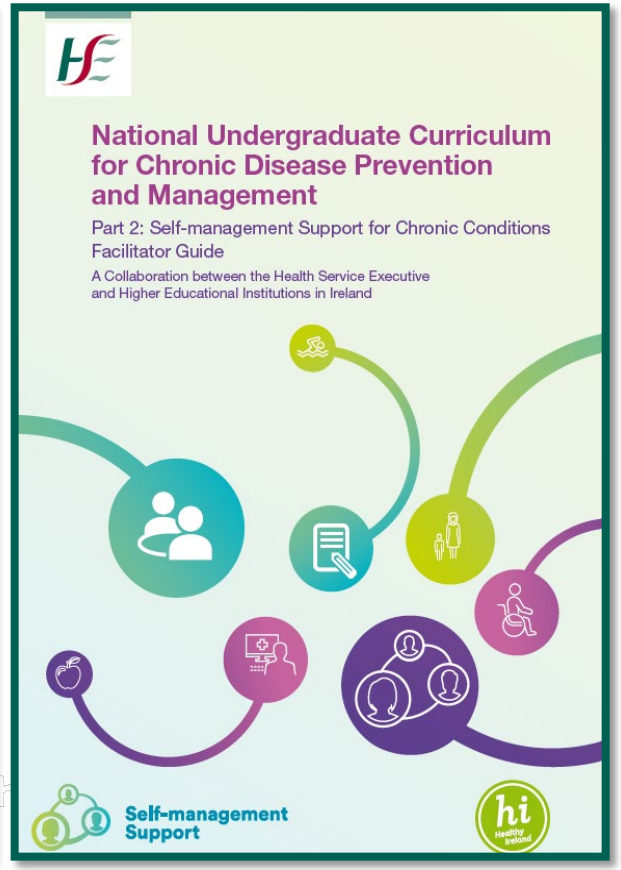
The redesigned e-learning is **shorter, more current and inclusive,** with a stronger focus on **accessible and inclusive** conversations and **real-life application** in practice.

MECC Integration in HEIs

CDPM Curriculum

MECC Component (2017); and SMS Component (2020)





- MECC is embedded in CDPM curriculum though a **unique collaboration** between HSE and all HEIs in Ireland.
- Need identified to understand how curriculum is **currently being delivered** across HEIs and how **knowledge and skills are being applied** during clinical/practice education.
- Research commissioned by HSE and carried out by **Trinity College Dublin**.

Authors: *Clodagh Earley, Hayley Connolly, Margaret Bermingham, Sinead Flaherty, Michelle Flood, James Green, Denise Healy, Patsy McSharry, Celine Murrin, Maria O'Brien, Anna O'Leary, Deirdre Connolly*

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Research Recommendations

1. Curriculum Content and Delivery

(Update, streamline, condense content; develop additional supporting resources)

2. Application of Student Learning into Clinical Practice Education

(Visibility during clinical practice; Strengthen academic, clinical and practice setting links; incorporation into HSE roles)

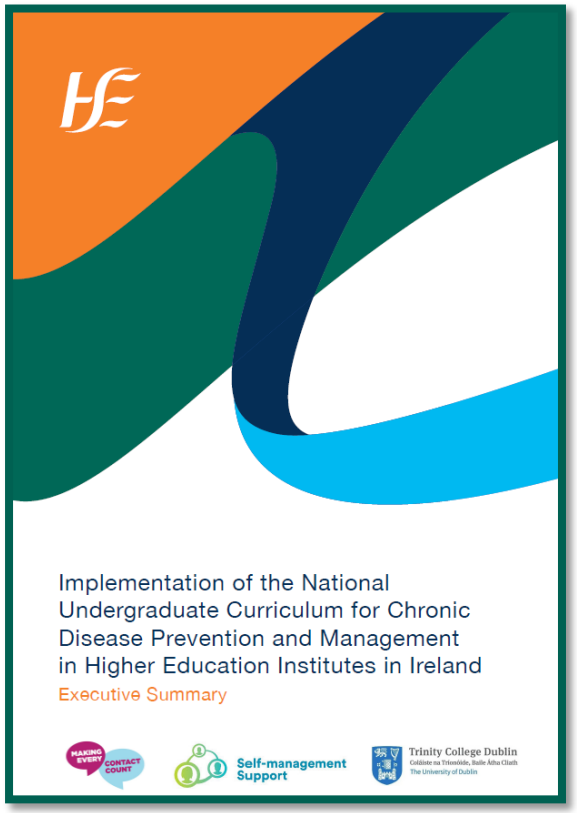
3. HEI-level Support and Delivery Capacity

(Strengthen Prioritisation; Protected time for CDPM delivery; ensure sufficient trained staff/facilitators to deliver)

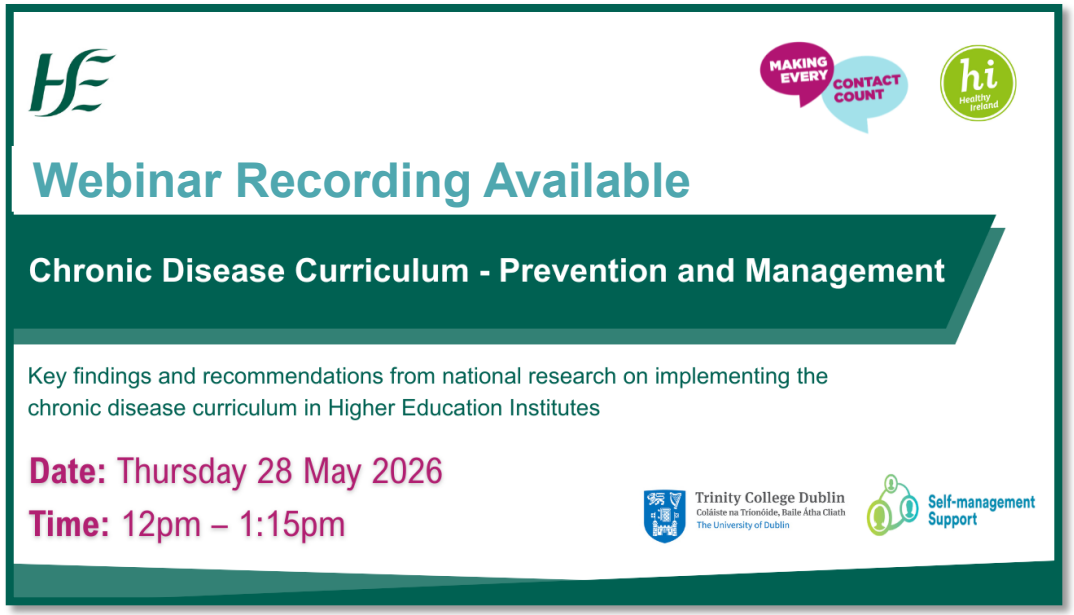
4. HEI–HSE Communication and Stakeholder Collaboration

(Establish HSE-HEI structures; Re-establish Local Working Groups; SMS/MECC Leads and HEI staff links)

Report, Webinar and Workshop



https://healthservice.hse.ie/staff/training-and-development/making-every-contact-count-training-programme/



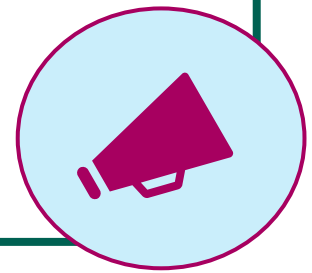
https://www.youtube.com/watch?v=Bjs_xM9aiyc&feature=youtu.be

Stakeholder Workshop in Q4 to discuss recommendations and agree actions

Service User Experience and Impact

Case Study Project

- **Aim:** Gather a diverse range of case studies from across healthcare settings that showcase MECC implementation in action, with a particular focus on the **service user voice**.
- MECC Leads are submitting a variety of local **examples of good practice** from a variety of MECC implementation settings.
- Settings include: **Mental Health, Chronic Disease Hubs, Disability Services, Stop Smoking Services, Acute.**
- The project aim is to produce:
  - **A Digital e-book**
  - **Video Examples**
- Due for completion by year end, with scope to add further examples.



Service User Impact

Case Study Example: Teach Na Beithe

- Teach Na Beithe, a seven bed residential Mental Health service based in Ennis, Co. Clare kindly allowed the MECC team from Mid West Health and Wellbeing Service to **showcase how they have successfully implemented the MECC programme**.

- This video highlights how planning, commitment and collaboration with other services, both internal and external to the HSE, can bring MECC to life in a healthcare setting and **greatly benefit both staff and service users**.

https://www.youtube.com/watch?v=dWCoVrVnWCs&list=PLO0_AApfVRLcmu2Fsi5wmjb5ASlivLECL&index=5

Thank You

Further Information:

- Website: **www.makingeverycontactcount.ie**
- MECC National Team: **makingevery.contactcount@hse.ie**
- MECC Training and Information Hub: **www.hseland.ie**
- Resources: **www.healthpromotion.ie**