



National University of Ireland, Galway  
*Ollscoil na hÉireann, Gaillimh*



**HPRC**<sup>®</sup>  
Health Promotion Research Centre

# Building Capacity for Evidence-based Health Promotion

## Health Promotion Summer Conference 5 - 6 July, 2007

This Conference is organised by the Health Promotion Research Centre at NUI, Galway in collaboration with the HSE Population Health and the Health Promotion Policy Unit, Department of Health and Children, Dublin.

# Introduction

Dear Colleague,

We are pleased to welcome you to our eleventh annual Conference. The theme this year is “***Building Capacity for Evidence-based Health Promotion***”. This year’s conference will address the evidence of Health Promotion effectiveness and its translation into policy and practice. The conference will consider capacity building in relation to health promotion evaluation, including demonstrating value for money, and how the health promotion evidence base can be applied in practice. Keynote presentations from international and national speakers, together with workshops and symposia, will be held over this day and half long event.

The conference will feature the following speakers:

- Dr Viv Speller, Health Development Consultant, UK.
- Professor Jane Springett, Director of the Institute for Health, John Moores University, Liverpool.
- Dr Stephan Van Den Broucke, Public Health Executive Agency, European Commission
- Profesor Martin Knapp, London School of Economics and Professor of Health Economics at the Institute of Psychiatry, King's College London.
- Ms. Janine Hale, Principal Research Officer (Health Economics), Public Health & Health Professions Department, Wales.
- Professor Eamon O’Shea, Department of Economics, NUI, Galway

We gratefully acknowledge the support of the National Population Health Directorate of the Health Services Executive, the Health Promotion Policy Unit of the Department of Health and Children and the National University of Ireland, Galway.

## **Steering Committee:**

Ms. Olive McGovern	Department of Health & Children
Ms. Catherine Murphy	HSE Health Promotion, Population Health
Mr. Brian Neeson	HSE Health Promotion, Population Health
Ms. Jacky Jones	HSE Health Promotion, Population Health
Professor Margaret Barry	Department of Health Promotion, NUI, Galway
Dr. Margaret Hodgins	Department of Health Promotion, NUI, Galway
Dr. Claire Connolly	Department of Health Promotion, NUI, Galway
Ms. Verna McKenna	Department of Health Promotion, NUI, Galway
Ms. Geraldine Nolan	Department of Health Promotion, NUI, Galway

## **Conference Secretariat:**

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

# Building Capacity for Evidence-based Health Promotion

## Conference Programme

**Thursday 5<sup>th</sup> July 2007**

**Venue: Arts Millennium Building, NUI, Galway.**

**10.00am Registration and Coffee**

**11.00am Welcome and Opening Address:  
Venue: Máirtín Ó'Tnúthail Theatre**

Professor Gerard Loftus, Dean, Faculty of Medicine, Nursing and Health Sciences, NUI, Galway

Professor Margaret Barry, Department of Health Promotion, NUI, Galway

**11.30am Plenary Session: Getting Health Promotion Evidence into Policy and Practice  
Venue: Máirtín Ó'Tnúthail Theatre**

*"Using Evidence in Health Promotion Policy and Practice"*

Dr. Viv Speller, Health Development Consultant, UK.

*"Building the "evidence" through evaluation and critical reflection: engaging in a participatory practice of knowledge development in a non-participatory world"*

Professor Jane Springett, Director of the Institute for Health, Liverpool John Moores University.

**Chair:** Ms. Catherine Murphy, Population Health Directorate, Health Services Executive

**1.00pm Venue: Arts Millennium Building, NUI, Galway.**

**Lunch**

**2.15pm Plenary Session: Capacity Building for Health Promotion  
Venue: Máirtín Ó'Tnúthail Theatre**

*"Capacity Building for Health Promotion: Bridging Theory and Practice"*

Dr Stephan Van Den Broucke, Public Health Executive Agency, European Commission, Luxembourg

**Chair:** Mr Brian Mullen, Health Promotion Policy Unit, Department of Health and Children

- 3.15 pm      **Workshops** (Tea & Coffee will be available in the foyer of the building throughout the workshops)
1. Workshop session facilitated by Dr Viv Speller with practitioners on showcasing and discussing aspects of evidence-based practice locally each HSE region to nominate a participant.  
**Chair: Brian Neeson, Health Promotion, HSE**  
**Venue: AM107**
  2. Workshop by Professor Jane Springett on participatory evaluation methods in health promotion  
**Chair: Ms Biddy O' Neill, Health Promotion, HSE**  
**Venue AM108**

5.00pm                      **Close**

5.30 - 7.30pm    **Venue: College Bar, NUI, Galway. Drinks reception and barbecue.**

### **Friday 6<sup>th</sup> July, 2007**

**Venue: Arts Millennium Building, NUI, Galway.**

9.30am                      **Symposium: Making the Economic Case for Promoting Health**  
**Venue : Máirtin Ó'Tnúthail Theatre**

*"How can economics inform prevention and promotion initiatives in mental health?"*  
Professor Martin Knapp, Director of the Personal Social Services Research Unit at the London School of Economics and Professor of Health Economics and Director of the Centre for the Economics of Mental Health at the Institute of Psychiatry, King's College London.

*"Moving from evaluation into economic evaluation: a health economics guide for programmes to improve health and well-being"*  
Ms. Janine Hale, Principal Research Officer (Health Economics), Public Health & Health Professions Department, Wales.

**Discussant:** Professor Eamon O'Shea, Professor of Health Economics, NUI, Galway.  
**Chair:** Mr. Michael Scanlan, Secretary General of the Department of Health and Children

**11.00am                      Coffee**

11.30am                      **Open Communications: Parallel sessions**  
**Chairs :** **Session 1** - Ms Norma Cronin, Irish Cancer Society  
**Venue: Máirtin Ó'Tnúthail Theatre (AM150)**

**Session 2** - Mr Robbie Breen, Department of Health and Children  
**Venue: Siobhan McKenna Theatre (AM214)**

1.00pm                      **Closing Session – Panel Discussion**  
**Venue: Máirtin Ó'Tnúthail Theatre (AM150)**

**1.30pm                      Venue: Arts Millennium Building, NUI, Galway.**  
**Lunch**

## **Keynote Speaker Biographies**

### **Dr. Viv Speller**

Viv Speller has worked in public health for over 25 years. She has been Executive Director of Development and Regions at the Health Development Agency; Senior Lecturer in Health Promotion at the University of Southampton; and held various senior manager positions at regional and district levels in Hampshire, London and Manchester. Currently practising as an independent public health consultant, Viv's portfolio includes work on health inequalities, managing long-term conditions, and international advisory work on effectiveness with various national agencies, WHO and EC; and she is European Region Lead for the International Union of Health Promotion and Education's 'Global Project on Health Promotion Effectiveness'

### **Dr. Stephan Van Den Broucke**

Stephan Van den Broucke graduated as a clinical psychologist from the Catholic University of Leuven in 1983, and obtained his PhD from the same university in 1992. He also obtained a postgraduate degree in health promotion and epidemiology as part of the special programme in health policy studies at the University of Antwerp. His professional career in health promotion started in 1993 when he became research coordinator for the then newly established Flemish Institute for Health Promotion. He was promoted to head of research at the Institute in 1997, and senior expert in 2003. From 1996 he combined this position with a part-time lectureship at the research group for Stress, Health and Wellbeing of the Catholic University of Leuven, where he teaches health promotion to students in the special programme in occupational medicine, and mental health to medical and law students and students in psychology. He was also in charge of research projects commissioned by the Flemish Community government (the ministries of Health, Mobility and External relations), the Belgian federal government (the Ministry of Employment), the European Union (DG Health and Consumer Affairs and the European Social Fund), and the World Health Organisation. In 2006 he left the Flemish Institute for Health Promotion to become Scientific Project Officer at the Executive Agency for Public Health in Luxemburg. The PHEA is a newly established Agency of the European Commission, charged with the execution of the EU Public Health Programme, and deals with the content and financial management of project co-funded by the European Commission within the EU Public Health Programme.

Stephan's professional activities, both at the University of Leuven and the PHEA, are focused on preventive behaviour change and health promotion, with a particular emphasis on behaviour change methodology and quality assurance in health promotion, mental health promotion, capacity building and addressing health inequalities through health promotion. His research has a strong policy-advisory focus and is linked to practice.

### **Professor Jane Springett**

Jane Springett is Professor of Health Promotion and Public Health at the School of Applied Social and Community Studies . Liverpool John Moores University and Visiting Professor at Kristianstad University Sweden. A member of the WHO/Euro Working Group on the Evaluation of Health Promotion she contributed to a rise in the use of participatory approaches to evaluation. Since then she has been involved in a number of evaluations both at the community and local policy level. Over the last three years she has been responsible for the development of an interdisciplinary research unit based on participatory action research and evaluation methodologies at Kristianstad University Sweden in health and social care. This has allowed her to explore the whole process of knowledge development in depth. She is co author with Margaret Ledwith, Professor Community Development and Social Justice at the University of Cumbria of a book on participatory practice due to be published next year by Policy Press.

### **Professor Martin Knapp**

Martin Knapp is Professor of Social Policy and Director of the Personal Social Services Research Unit at the London School of Economics and Political Science; and also Professor of Health Economics and Director of the Centre for the Economics of Mental Health at King's College London, Institute of Psychiatry.

### **Ms. Janine Hale**

Janine Hale has been working as a Principal Research Officer in the Research and Evaluation Branch in Health Improvement Division of the Public Health and Health Professions Department in the Welsh Assembly Government since 2001. Prior to that she worked as a Research Fellow Health Economist in the Health Economics Unit at the University of Glamorgan, providing the health economics input to a variety of studies.

## Oral and Poster Communications Information

The aim of the Oral Communication sessions is to provide a forum for people to present current research and projects in a conference setting. It is intended that the sessions be used for the exchange of information and exploration between the presenters and participants.

The parallel sessions will take place on Day 2, Friday 6<sup>th</sup> July, from 11.30 a.m. until 1.00 p.m.

### **Oral Presentations**

#### **Session One**

**Venue:** *Máirtín Ó'Tnúthail Theatre (AM150)*

**Chair:** **Ms. Norma Cronin, Irish Cancer Society.**

- 11.30 “The needs, beliefs and attitudes of mental health staff to passive/active smoking following Irish tobacco legislation- a study”  
Ms. Rose Byrne, Louth County Hospital.
- 11.45 “Evaluation of Specialist Certificate in Health Promotion (Oral Health)”  
Ms. Therese Costello, Dr. Margaret Hodgins, Dr. Claire Connolly, Health Promotion Research Centre, NUI Galway.
- 12.00 “The determinants of lifestyle counselling among practice nurses in Ireland”  
Mr. Barry Lambe, Dr. Claire Connolly, Ms. Rachel McEvoy, Irish College of General Practitioners.
- 12.15 “Use of Text Messaging to promote help seeking for Depression at a Third Level Institution”  
Mr. David Joyce, Dr Stephan Weibelzahl, National College of Ireland,
- 12.30 “The changing economic burden of obesity related hospital admissions in Ireland”  
Ms. Akke Vellinga, Health Promotion Research Centre, NUI Galway.
- 12.45 “Health GIS: reducing the gaps between theory and practice. Case study of Cryptosporidiosis in the West of Ireland”  
Ms. Mary Callaghan, ECI, NUI Galway & HSE West.

#### **Session Two**

**Venue:** *Siobhan McKenna Theatre (AM214)*

**Chair:** **Mr. Robbie Breen, Department of Health & Children.**

- 11.30 “An Evaluation of ‘Go for Life’ North Western Area”  
Ms. Christine Crean, Student of MA in Health Promotion, Department of Health Promotion, NUI Galway, Geraldine Delorey, Assistant Health Promotion Officer for Older People in the North West.
- 11.45 “Exploring the Role of Community Pharmacists in Health Promotion”  
Ms. Catriona Bradley, School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin.
- 12.00 “Getting Health Promotion Evidence into Practice: Obesity Prevention”  
Ms. Verna McKenna, Dr. Dhammica Rowel, Professor Margaret Barry, Health Promotion Research Centre, NUI Galway.
- 12.15 “The Evidence Base in Relation to Prevention and Education in HIV and AIDS”  
Ms. Siobhan O’Higgins, Professor Margaret Barry, Health Promotion Research Centre, NUI Galway.
- 12.30 “Evaluation of the Youth Led Emotional Well-being Project ‘Getting it Together’”  
Ms. Kathryn Meade, Professor Margaret Barry, Dr. Dhammica Rowel, Health Promotion Research Centre, NUI Galway.
- 12.45 “SLÁN-The Third National Health and Lifestyle Survey in Ireland”  
Harrington J<sup>2</sup>, McGee H<sup>1</sup>, Perry I<sup>2</sup>, Watson D<sup>3</sup>, Barry M<sup>4</sup>, Morgan K<sup>1</sup>, Shelley E<sup>1</sup>, Molcho M<sup>4</sup>, on behalf of the SLÁN team. <sup>1</sup>Royal College of Surgeons in Ireland, University College Cork, <sup>2</sup>Economic & Social Research Institute, Dublin, <sup>3</sup>National University of Ireland Galway, Ireland.

## **Poster Presentations**

### **“NPIRS/COMCAR – A database to capture both inpatient and community care mental health services activity in Ireland”**

Mr. Derek Beattie, Research & Information Analyst, Mental Health Research Unit, Health Research board.

### **“HSE Community Games Partnership”**

HSE Community Games National Health Promotion Steering Committee

### **“Evaluation of Clare Health Promotion’s community smoking cessation service 2006”**

Ms. Mary McMahon, PHN, Clare Health Promotion Services

### **“Development of Resources for Best Practice for Health Professionals Working with a New Population Subgroup”**

Dhammica Rowel, Geraldine Nolan, Marguerite O’Donnell, Health Promotion Research Centre, NUI Galway, the Health Service Executive West.

### **“The development of a Geographic Information System (GIS) to investigate factors influencing the occurrence of cryptosporidiosis in the West of Ireland.”**

Ms. Mary Callaghan, ECI, NUI Galway & HSE West



# Plenary Session

**Title:** “Using Evidence in Health Promotion Policy and Practice”

**Author:** Dr. Viv Speller, Health Development Consultant, UK.

**Text:**

The requirement to work in an evidence based way has challenged health promotion practice in recent years. In response, a number of international initiatives on getting evidence into practice and policy have been established. This presentation addresses how the current international knowledge base on effective health promotion interventions can be translated into policy and practice. Among the issues to be addressed in this talk are: the underlying differences and tensions between evidence and practice, research facts and practical knowledge and wisdom; linking effective ways of changing practice with evidence of what works; sustaining and spreading change in effective practice; learning from practice to fill gaps in the evidence base; and closing the policy implementation gap.

**Title:** Building the “Evidence” through evaluation and critical reflection: engaging in a participatory practice of knowledge development in a non-participatory world

**Author:** Professor Jane Springett

**Affiliation:** Institute for Health, Liverpool John Moores University.

**Text:**

Despite a continuing critique of the appropriateness of its approach and methods for health promotion the paradigm that underpins the biomedical model continues to dominate the health sector. This manifests in the whole discourse of “evidence based practice” and “value for money”. It is also reflected in how public sector organizations are structured and how power is distributed, which in turn affects the way health promotion is expected to be practiced and how knowledge is expected to be developed. Health promotion cannot rely on rhetoric and intuition to succeed in its aims. Participatory approaches to evaluation look at knowledge development as a iterative process that integrates different forms of knowledge “expert” and “lay”, “tacit/intuitive” and formal/research to create new and contextually relevant “evidence”. The process encourages critical reflection by all regarding values, the action advocated and taken, and outcomes of those actions. In this process lie the seeds for transformation but it can also surface some inherent conflicts that can be challenging. At best it can equip health promotion practitioners and the communities with whom they work with the tools to challenge current thinking and truly engage in evidence based practice that is appropriate to the context in which they are working. At worst it can surface issues that cannot be addressed because they challenge the very nature of society as a whole.

**Title:** Capacity Building for Health Promotion: Bridging Theory and Practice.

**Author:** Dr. Stephan Van Den Broucke

**Affiliation:** Public Health Executive Agency, European Commission, Luxembourg.

**Text:**

Capacity building has become a buzzword in the field of health promotion. Since its explicit mentioning as an action point for health promotion in the ministerial statement resulting from the Mexico Conference in 2000 and in the Bangkok Charter for Health Promotion in 2005, building human and institutional capacity for health promotion is regarded as a key strategy to increase and sustain the effects of health promotion policies and programs, and to multiply health gains many times over. However, the term often means different things to different people and organisations, and the methodology to build and assess capacity for health promotion needs to be fine-tuned.

To address this issue, the presentation will give an overview of theoretical views on capacity building as developed in different sectors, and draw from practical experience with projects aimed at strengthening and assessing the capacity for health promotion both in Europe and elsewhere, to increase the understanding of the concept and its methodology as applied to health promotion. Specifically, it will consider the planning of capacity building for health promotion in terms of the dimensions of capacity, the methods to strengthen health promotion capacity, and indicators to measure the performance of capacity building initiatives. These elements will be illustrated by examples of initiatives to build the capacity for health promotion in Europe.

**Symposium - Making the Economic  
Case for Promoting Health**

**Title:**           **How can economics inform prevention and promotion initiatives in mental health?**

**Author:**       **Professor Martin Knapp**

**Affiliation:**   **London School of Economics & Institute of Psychiatry, King's College London.**

**Text:**

Mental health problems often have considerable adverse consequences for the individual with needs, their family and the wider society. There can be difficulties in interpersonal relations, in employment, in behaviour and - most fundamentally - in quality of life. Not surprisingly there are also substantial costs associated with mental health problems. The need to develop effective preventive strategies is therefore considerable. This presentation will look at the consequences of mental health needs, particularly the economic consequences, and then explore the potential for preventing the emergence or exasperation of mental health problems, focusing particularly on the economic arguments.

**Title:**           **Moving from evaluation into economic evaluation: a health economics guide for programmes to improve health and well-being**

**Author:**       **Ms. Janine Hale**

**Affiliation:**   **Public Health & Health Professions Department, Wales.**

**Text:**

“... the body of economic evidence relating to public health interventions is small in comparison to that related to health care. .... To achieve the objective of allocating funding more efficiently between health care and public health, it is vital that similar analytic methods are used for both.” (Wanless, 2004). Economic evaluation techniques have been used less in public health programmes than healthcare for a variety of reasons. The Welsh Assembly Government has been undertaking a programme of research to contribute to the evidence base in this important area. The main work areas consist of the development of a guide for the economic evaluation of public health programmes, commissioning of a systematic review to outline the scope and uses of economic evaluation in public health and commissioning of four papers to further examine issues arising from the review. This paper will look at the process of developing the guide and outline the main findings from the commissioned pieces of work, concluding by outlining the next steps.

# Oral Communications

**Title:**        **The needs, beliefs and attitudes of mental health staff to passive/active smoking following Irish tobacco legislation – a study.**

**Author:**        **Ms. Rose Byrne.**

**Affiliation:**    **Louth County Hospital.**

**Text:**

**Rationale for research:**

A literature review carried out by the researcher which examined the high prevalence of smoking both in patients with mental health problems and staff who work in the mental health services. It highlighted the dearth of evidence on the current attitudes and beliefs of mental health staff on the issue, their perceived / experiential attitude to cessation interventions and their level of exposure to environmental tobacco smoke (ETS) following tobacco legislation. This evidence prompted the author to carry out the study.

**Introduction:**

Objectives of study

- To describe the attitudes and beliefs to smoking and smoking behaviour among mental health hospital staff.
- To evaluate the smoking status and perceived compliance of mental health staff following recent tobacco legislation.
- To explore views of staff in the mental health services about tobacco legislation exemptions applying in their workplace.
- To evaluate / describe the smoking cessation intervention needs of staff in the mental health services.

**Methods:**

The study design used was a quantitative survey using a self- completed questionnaire. The researcher drafted the questionnaire guided by a review of literature and the objectives of the study.

**Sampling Design:**

The survey population in this research was made up of all staff who work in St. Bridget's hospital; a seventy- bedded long stay and acute/long stay care facility. Therefore the main study population is actually a census of this mental health service staff group.

**Data Analysis.**

The researcher used SPSS 11.0 to analyse all quantitative data- qualitative data was categorised into emerging themes.

**Results:**

This research raised some issues about mental health staff's attitudes and needs in relation to smoking. It has highlighted the positive attitude of workers towards tobacco legislation with its exemptions, their desire to quit smoking and the subsequent need for cessation support among this population group and their patients.

Further research is required to ascertain the reason for the continued reported exposure to ETS among nursing staff and whether this occurrence is evident in other psychiatric settings. These findings may have also raised medico/ legal issues for mental health care managers and indeed all settings where exemptions occur.

**Conclusion:**

Pender et al. (2001) asserts that the clients' choice is vital when defining outcomes of health promotion interventions and they should become active participants. Robust, contemporary research provides an evidence base for quality health promotion practice. In the issue of passive/ active smoking and workplace cessation programmes, it is vital to first ascertain beliefs, attitudes and smoking behaviour of health workers.

**Title:** Evaluation of Specialist Certificate in Health Promotion (Oral Health)

**Author:** Ms. Therese Costello, Dr. Margaret Hodgins, Dr. Claire Connolly.

**Affiliation:** Health Promotion Research Centre, NUI Galway.

**Text:**

**Introduction:**

The Specialist Certificate in Health Promotion (Oral Health) is a twelve month, part-time outreach education course provided by the National University of Ireland, Galway and the Dental Health Foundation Ireland. This programme aims to provide oral health practitioners with knowledge and training in the principles and practice of oral health promotion. The aim of the evaluation was to determine the effectiveness of the Specialist Certificate in Health Promotion (Oral Health) in providing graduates with the knowledge and skills required for the practice of oral health promotion.

**Methods:**

A self completion questionnaire was posted to all graduates of the programme. The questions in the questionnaire reflected the objectives of the evaluation. A final response rate of 57% was achieved.

**Results:**

Majority of the respondents (95%) stated that they were 'very satisfied' and 'satisfied' with the learning and training received on the course. They perceived that their oral health promotion practices had positively changed as a result of their learning. To highlight the change in their practices, when asked, respondents most frequently provided examples of changes that had occurred in their behaviours. There was an expressed improvement in communication skills and also in the development and delivery of oral health programmes. Generally, respondents stated that clients were facilitated to make decisions in relation to personal oral health, with a behavioural change approach to oral health promotion primarily underpinning respondents' practices. Respondents also perceived an increase in their self confidence to perform oral health promotion activities. As a result of the respondents changed practices, it was perceived that there was an improvement in clients' knowledge, attitudes, behaviours and self efficacy in relation to personal oral health but progress was considered to be slow moving. Respondents also expressed that they had a more holistic view of health and were found to consider clients social and environmental related determinants of health more frequently than clients' biological and psychological determinants of health. Respondents also expressed that having the time and the resources to apply health promotion practices, in addition to having support from colleagues and management, were the main influences on the implementation of health promotion in their workplace. The survey revealed that 19% of respondents had subsequently been promoted within the oral health field since achieving the qualification.

**Conclusion:**

Overall, there were positive and encouraging comments made in relation to the effect that the programme had on graduates oral health promotion knowledge and practices. However, the practical application of this new knowledge and skills can be influenced by the availability of time, resources and support from colleagues and management. As an improvement for the course, respondents suggested that a practical element be introduced demonstrating the theoretical application of health promotion to the field of oral health.



**Title:** The determinants of lifestyle counselling among practice nurses in Ireland.

**Author:** Mr. Barry Lambe, Dr. Claire Connolly, Ms. Rachel McEvoy.

**Affiliation:** Irish College of General Practitioners, Health Promotion Research Centre NUI Galway, Health Service Executive.

**Text:**

**Introduction:**

This project was funded by a HSE research bursary. The behavioural risk factors of smoking, unhealthy diet, risky drinking and physical inactivity contribute significantly to preventable CVD morbidity and mortality (Fine et al., 2004). Lifestyle counselling interventions are an important and effective way to manage these risk factors in general practice (Whitlock et al., 2002). The aim of the study was to assess the practice of lifestyle counselling among practice nurses by measuring the frequency, perceived effectiveness and barriers to lifestyle counselling.

**Methods:**

A survey questionnaire was sent to all 77 practice nurses in HSE Dublin Mid-Leinster (response rate = 69%). A focus group was subsequently conducted with ten practice nurses from this sample.

**Results:**

29.2% (n=14) of respondents stated they rarely or never counsel patients on risky drinking. Furthermore, a large percentage perceived themselves to be minimally effective or ineffective at helping patients to change the addictive behaviours of smoking and risky drinking (47.6%, n=20 and 63.6%, n=28, respectively). Insufficient time was the main barrier to lifestyle counselling cited by practice nurses (73.8%, n=31). However, practice nurses still perceived themselves to be the most appropriate people to provide lifestyle counselling. Education and the provision of accurate information is a key strategy used with patients.

**Conclusion:**

Although the rhetoric of patient-centred lifestyle counselling is evident in practice nursing, the traditional health education approach predominates. Yet, practice nurses remain positive about lifestyle counselling despite considerable barriers. They require further support to address behaviours such as smoking and risky drinking in general practice.

**Title:** Use of Text Messaging to Promote Help Seeking for Depression at Third Level Institution.

**Author:** Mr. David Joyce, Dr Stephan Weibelzahl.

**Affiliation:** Research Student, National College of Ireland.

**Text:**

Research suggests that only a minority of students are likely to seek help for mental health problems, leaving the remainder to suffer unaided. This paper examines how the role of mobile marketing, in the form of text messaging, has been harnessed to promote help seeking by students with depression at a third level institution.

**Introduction:**

Mobile Marketing is relatively new and has still to be evaluated in terms of social marketing and health promotion, though some studies have been carried out relating to smoking cessation and eating disorders. The mobile phone is the communication tool of choice for young people and so it would seem an obvious tool to consider for health promotion, in this case relating to mental health.

**Methods:**

The method involves post-test two group randomised control trials. Several thousand texts were sent to students from the college, some of these texts exhorted students who felt down or depressed to contact the college counsellor. The mobile phone call divert facility was used to measure response. Focus groups and surveys were carried out amongst students to determine acceptance of this communication method and to determine how it may be extended to more advanced forms of mobile messaging such as MMS.

**Results:**

Initial results are still being evaluated, but several students did contact the counsellor as a direct result of receiving the texts. Acceptance of the method was high amongst those interviewed for the focus group.

**Conclusion:**

Because the response to the initiative (in terms of texts or calls to the counsellor) can be directly measured, evaluation is readily quantifiable. The initiative was well received by students, though some gender differences were determined. Utilising mobile phone communications has proven to be invaluable in determining outcome

**Title:**           **The Changing economic burden of obesity related hospital admissions in Ireland**

**Author:**       **Ms. Akke Vellinga<sup>1,2</sup>, Dr. Diarmuid O'Donovan<sup>1,2</sup>, Mr. Davida De La Harpe<sup>3</sup>**

**Affiliation:**   **1: Department of Health Promotion, NUI Galway**  
**2: Public Health, HSE West, Galway, Ireland**  
**3: Health Intelligence, HSE - Population Health, Dublin Ireland**

**Text:**

The prevalence of obesity and overweight has increased dramatically over the past decades. Childhood and adolescent obesity is one of the most significant health issues Western societies face today. To estimate the hospital costs associated with obesity all the principal and secondary diagnostic codes for obesity hospital discharges from 1997 to 2004 were identified and extracted recorded for all young persons from 6 to 18 years of age and for adults. A discharge frequency was calculated by dividing obesity related discharges by the total number of diagnoses (principal and secondary) for each year and a trend calculated. To estimate the hospital costs related to obesity the total number of days care were calculated for obesity and obesity related conditions.

When obesity was listed as secondary diagnosis in adults, the most frequent associated primary diagnoses were circulatory, digestive and respiratory diseases. For children the most frequent associated diagnoses were respiratory, digestive and central nervous system diseases. The discharge frequency of obesity related conditions increased from 1.14% in 1997 to 1.49% in 2004 for adults and from 0.81% to 1.37% for young persons. The overall increase in discharge frequency was calculated with a linear curve estimation procedure to be 4% per year for adults and 9% per year for young persons. The relative length of stay (number of days in care for obesity related conditions per 1000 days of hospital care given) increased over time from 1.47 in 1997 to 4.16 in 2004 for young persons and from 3.68 in 1997 to 6.74 in 2004 for adults. A regression analysis showed both to be significant increases over time: young persons increased with 27% and adults with 56%.

Based on the 2001 figures for cost per inpatient bed day, the annual hospital cost was calculated to be 4.4 Euromillion in 1997, increasing to 13.3 Euromillion in 2004. At a 20% variable hospital cost the cost ranges from 0.9 Euromillion in 1997 to 2.7 Euromillion in 2004; a 200% increase.

The annual increase in hospital discharges and the cost of hospital care is alarming. This paper emphasises the need for action at an early stage of life. The clear link between obesity in children and adults suggest an even bigger increase in the long term. Health promotion and primary prevention of obesity should be high on the political agenda.

**Title:** Health GIS: reducing the gaps between theory and practice. Case study  
Cryptosporidiosis in the West of Ireland.

**Author:** M Callaghan<sup>1</sup>, D O'Donovan<sup>1,2</sup>, M Cormican<sup>1</sup>, H Pelly<sup>2</sup>.

**Affiliation:** 1. Environmental Change Institute, National University of Ireland, Galway, Ireland.  
2. Health Services Executive, Merlin Park Regional Hospital, Galway, Ireland.

**Text:**

**Introduction:**

From a health promotion perspective, Geographic Information Systems (GIS) could potentially act as a powerful evidence based practice tool, allowing for the development of an effective and innovative platform from theory to practice. GIS can work to inform, educate, predict, empower, monitor and analyse at all levels in public health practice. The current outbreak of cryptosporidiosis in County Galway, in the west of Ireland has resulted in up to 90,000 people being at risk from cryptosporidium pollution. To date this year, in excess of 190 people have contracted this illness, making this currently the largest outbreak in Ireland. Multiple modes of transmission have been identified, with the consumption of contaminated water being regarded as an important transmission route. Surface waters abstracted for drinking water supplies have been associated with a number of water-borne outbreaks of cryptosporidiosis. The project aims to develop a Geographic Information System (GIS) which examines spatially and statistically the occurrence of human cryptosporidiosis in the west of Ireland and to relate the occurrence of cases to environmental factors such as water supply, rainfall, temperature, geology, soil type, slope, elevation, land use and agriculture and to social factors by incorporating indices of social deprivation.

**Methods:**

Current research and methodologies were assessed and datasets identified which were relevant to spatially and statistically analyse the occurrence of cryptosporidiosis in three adjacent counties (Galway, Mayo and Roscommon). Datasets were assessed based on a number of criteria including format, spatial resolution, currency, timeliness and availability. Using *An Post's* Geodirectory, X and Y coordinates were assigned to cryptosporidiosis cases in the west of Ireland allowing them to be spatially located on a map.

**Results:**

Address data for rural Ireland is relatively imprecise in terms of defining precise coordinates (townland area) therefore solutions were developed to plot the approximate address. Useful maps showing the spatial distribution of cases of cryptosporidium have been prepared. Preliminary results indicate that environmental factors derived from available digital datasets may suggest variation in physical and social risk factors affecting cryptosporidiosis.

**Conclusions:**

Solutions to plotting imprecise address data in a GIS have been developed and GIS can play a useful role in assessing the spatial distribution of cryptosporidiosis cases and assessing the effects of environmental factors and social deprivation on its emergence and spread. The proposed GIS could prove a useful and powerful tool in the surveillance of cryptosporidiosis, as well as a number of other infectious diseases, identifying potential high risk geographic locations, populations and temporal periods.

**Title:** An Evaluation of 'Go for Life' North Western Area.

**Author:** Ms. Christine Crean, Ms. Geraldine Delorey

**Affiliation:** Student of MA in Health Promotion, Dept of Health Promotion, NUI Galway, HSE North West.

**Text:**

Go for Life, which is a national active living programme for sport and physical activity for older people (55+), is an Age and Opportunity initiative in conjunction with the Irish Sports Council. This active living programme aims to empower older people to be trained as Physical Activity Leaders (PALS) to ultimately lead sport and physical activity programmes within their community therefore enabling other older people within the community to become more involved in physical activity more often.

**Introduction:**

The evaluation of the Go for Life programme aimed to explore the following:

- a) The extent of the programme**
- b) The effectiveness of the programme**
- c) Levels of participation**
- d) Barriers to implementation**
- e) Recommendations based on the evaluation.**

**Methods:**

This evaluation was conducted using two key groups: Physical Activity Leaders (PALS) and the participants of the Go for Life programme. A questionnaire which was devised specifically for each group which was sent to 100 random PALS on the HSE North West Database. Each of the PALS (n=100) were asked to give the 'participant' questionnaire to 2 – 3 participants (n = 200) in their Active Age / Go for Life group. A total of 81 respondents completed the survey (PALS: n = 33, Participants: n = 48).

**Results:**

Results demonstrate that male participation is extremely low with male PALS making up just 6% and only 8% in terms of participants. It has also been found that a large number of PALS, who are trained, do not continue to lead groups back on site indicating a loss in terms of programme cost effectiveness. In relation to increases in physical activity; a significant figure have said that they have become more physically active *and* that Go for Life has encouraged their active age groups to become more physically active (93%). There has also been an increase in feelings of wellbeing as a direct result of Go for Life with findings indicating that not only is the programme beneficial in terms of ones health but also in relation to social capital. In terms of barriers to programme implementation: motivation, confidence and negative attitudes to ageing were found to be a major obstacle demonstrating the need for greater levels of support after training.

**Conclusion**

This initiative has had highly beneficial results within its target group. However there are a number of issues which limits positive outcome in terms of both cost effectiveness and programme efficiency.

**Title:** Exploring the role of community pharmacists in health promotion.

**Author:** Ms. Catriona Bradley, Mr. Martin Henman, Ms. Elaine Frawley.

**Affiliation:** School of Pharmacy and Pharmaceutical Sciences Trinity College Dublin.

**Text:**

**Introduction:**

Ireland has the third highest ratio of pharmacy to population in Europe leading to high levels of accessibility, and it is estimated that 400,000 people visit a community pharmacy daily. Unlike most other healthcare professionals these visits are made by a combination of sick and healthy members of the public, who neither make an appointment nor pay a fee for a consultation. Thus community pharmacies could serve as a good setting for health promotion within communities. Although much work has been done internationally to investigate aspects of pharmacy based health promotion, scant research appears to have been carried out in this area in Ireland.

This poster summarises the results of two studies which explore the role of community pharmacists in the area of health promotion. The first study uses focus groups to investigate pharmacists' views towards health promotion and to ascertain current levels of involvement. The second study reports on a health promotion programme for weight control which was developed and delivered in a community pharmacy.

**Methods:**

Four focus groups were conducted with pharmacists to investigate attitudes to health promotion, and to identify factors which facilitate or hinder the provision of health promotion advice in community pharmacies. Thematic analysis was conducted (NVivo – version 2). The findings from this study were then used to develop a pilot pharmacy-based weight-control programme. Materials, based on the Stages of Change model, were developed, with input from community dieticians. These materials enables pharmacists to provide support in a patient-centred, time-efficient way to patients who were trying to lose weight. This was delivered to twenty overweight and obese patients in one community pharmacy over three months. Before and after measurements of weight, BMI and waist circumference were used as outcome measures. Process measures were also assessed.

**Results:**

From the focus groups, the main factor identified as facilitating the delivery of health promotion within community pharmacy was the positive nature of the pharmacist-patient interaction. Numerous examples of pharmacy based health promotion activities were provided, but the extent of involvement varied greatly between pharmacies. It was noted that pharmacists tended to rely on support from commercial companies in organising specific health promotion events. Barriers to the health promotion role included lack of time and lack of resources, and pharmacists also expressed a lack of confidence in organising structured interventions and in providing advice on sensitive topics.

The pilot weight control study yielded very positive results after three months, with statistically significant reductions in BMI ( $-1.36 \text{ kgm}^{-2}$ ), weight ( $-3.55\text{kg}$ ) and waist circumference ( $-6.29\text{cm}$ ) [ $p < 0.002$ ].

**Conclusions:**

The focus groups indicated that there are some specific issues that need to be addressed if pharmacists are to become more involved in health promotion. The pilot study demonstrated that a programme designed specifically for delivery in community pharmacies can yield positive results. Further studies will be conducted to explore the possibility of developing pharmacy based health promotion programmes.

**Title:**           **Getting Health Promotion Evidence into Practice: Obesity Prevention**

**Author:**       **Ms. Verna McKenna, Dr. Dhammica Rowel, Professor Margaret Barry.**

**Affiliation:**   **Health Promotion Research Centre, NUI Galway.**

**Text:**

**Introduction:**

A key challenge in health promotion at the moment centres on translating evidence into effective practice and translating effective practice into the evidence base.

This pilot project focussed on identifying the most up to date evidence and models of best practice in relation to obesity prevention.

**Methods:**

Multiple methods were utilized for data and information collection for this project. The National Institute for Health and Clinical Excellence (NICE) obesity prevention full guidance and a number of other different international evidence sources were consulted. Information on current health promotion activities in Ireland in relation to obesity prevention, including evaluation reports were collated and reviewed. Relevant international strategic policy documents were also reviewed. The European Quality Instrument in Health Promotion (EQUIHP) developed by the Getting Evidence into Practice (GEIP) European project was piloted with three health promotion programmes selected in consultation with the project working group.

**Results:**

Seven key areas in which to focus obesity prevention efforts are outlined in the NICE evidence base (Interventions to raise awareness; Interventions for pre-school children and family-based interventions; School-based interventions; Workplace interventions; Interventions led by health professionals; Broader community intervention; Interventions aimed at black, minority ethnic groups, vulnerable groups and vulnerable life stages). While there is a large amount of obesity prevention activities in place in Ireland further work is warranted to ensure that the most up to date evidence is incorporated and that effective programmes are rolled out on a national level. In general there needs to be a greater emphasis on multiple component initiatives and a stronger focus on interventions aimed at the early years, particularly in the context of not having a standardised pre-school service. Further pilot work with EQUIHP is warranted in order to select out the most appropriate indicators for particular programme types.

**Conclusions:**

Comparisons of ongoing work in the context of the existing evidence is very useful in order to highlight gaps in current practice. Further research needs to focus on the challenges in getting the evidence into practice specifically in the Irish context.

**Title:**           **The Evidence Base in Relation to the prevention and education in HIV and Aids.**

**Author:**       **Ms. Siobhan O'Higgins, Professor Margaret Barry**

**Affiliation:**   **Health Promotion Research Centre, NUI Galway.**

**Text:**

Prevention of HIV infection depends on the promotion of safer sexual behaviour including the use of condoms (an increase in condom use is a marker for reduction in risk behaviours), harm reduction through needle exchanges and the early and effective treatment of STIs and HCV. Success in HIV prevention approaches has been demonstrated through programme evaluations, intervention research and country level experiences over the last 25 years. It is critical that the best available evidence is used to support the development of best practice and policy in HIV prevention at the national level. With this in mind, a review of the international evidence base concerning the effectiveness of HIV education and prevention approaches was undertaken in order to identify examples of successful interventions implemented with different population groups across a range of settings. This paper presents those findings in relation to international best practice in the field of HIV and AIDS prevention and education.



**Title:** Evaluation of the Youth Led Emotional Well-being Project ‘Getting it Together’

**Authors:** Ms. Kathryn Meade, Professor Margaret Barry, Dr. Dhammica Rowel

**Affiliation:** Health Promotion Research Centre, Department of Health Promotion, NUI, Galway.

**Text:**

This paper presents the findings from the evaluation of a cross border initiative led by the CAWT (Co-operation and Working Together) Mental Health Sub-Group on the promotion of positive mental health among young people aged 16-25 years. The Getting it Together project aimed to develop a youth friendly resource to promote emotional well-being which would be designed and delivered by young people for young people. Over a six month period, the Getting it Together project worked with a group of 12 young people from both the Republic and Northern Ireland in building their understanding of emotional well-being and developing a youth friendly, needs-led resource. The structure of the Getting it Together project was determined by the participants themselves and the project was run within the existing CAWT youth participation framework. The National Children’s Bureau (NCB) was commissioned to undertake the development of this youth-led initiative.

This paper presents the evaluation findings on the process and impact of the project on the participating young people and more generally, the extent to which the project achieved its aims and objectives. Using a qualitative participatory approach, the evaluation documented the process and impact of developing and implementing the youth-led emotional well-being project. The evaluation, which was incorporated as an integral part of the process of programme development, and was carried out in a series of stages employing a range of different methods, including focus groups, activity workshops, peer interviews, written evaluations and observation research. The key findings from the evaluation are presented and the learning from this project for future initiatives is discussed.

**Title:** SLÁN-The Third National Health and Lifestyle Survey in Ireland

**Authors:** Harrington J<sup>2</sup>, McGee H<sup>1</sup>, Perry I<sup>2</sup>, Watson D<sup>3</sup>, Barry M<sup>4</sup>, Morgan K<sup>1</sup>, Shelley E<sup>1</sup>, Molcho M<sup>4</sup>, on behalf of the SLÁN team.

**Affiliation:** <sup>1</sup>Royal College of Surgeons in Ireland, <sup>2</sup>University College Cork, <sup>3</sup>Economic & Social Research Institute, Dublin, <sup>4</sup>National University of Ireland Galway, Ireland.

**Text:**

One of the central aims of a national health and lifestyle survey is to collect baseline data that provide a representative, valid and reliable picture of current health behaviours of the adult (18 years+) population in Ireland plus detailed information on socio-economic and demographic characteristics.

Data collection in the Third National Health and Lifestyle Study (SLÁN), the largest to date, is currently underway and will report to the Irish Department of Health & Children early in 2008. The project involves 4 Irish institutions, RCSI, ESRI, UCC and NUIG.

The current survey differs methodologically from the previous two surveys. A probabilistic or statistical sample of 10,000 adults over 18 years are being selected and face-to-face interviews conducted with a team of trained interviewers nationwide.

The present survey builds on the previous two surveys which will provide a core set of national population health data that enable comparison:

- a. within the study - at subgroup level within Ireland (age, social class, location and possibly ethnicity);
- b. with other populations internationally, particularly Northern Ireland;
- c. with the previous rounds of the Irish NHLS.

Two additional adjuncts to the main survey include:

- a. A sub sample of 1,600 people over 45 years who participated in the main survey are invited to undergo a physical examination. The physical examination involves anthropometric measurements, in addition to blood pressure measurements, and lung function tests. Participants are also asked to voluntarily provide blood and urine samples.
- b. A sub-sample of 1,000 participants between the ages of 18 and 45 years were invited to undergo some anthropometric measurements i.e. height, weight and waist circumference.

SLÁN will capture important changes in population, morbidity and lifestyles since 2002. The core themes of the previous two surveys have been retained; however additional information, particularly in relation to smoking, nutrition and dietary habits have been included. This survey will provide information regarding the population impact of the smoking ban, including checking if the perception of a widespread impact of the ban on constraining smoking behaviours in people's own homes is correct. The survey will also provide information regarding the changing dietary habits of the Irish population, particularly in relation to food consumption outside the home.

# Poster Communications

**Title:** NPIRS/COMCAR – A database to capture both inpatient and community care mental health services activity in Ireland

**Authors:** Mr. Derek Beattie

**Affiliation:** Health Research Board

**Text:**

**Background:**

The National Psychiatric Inpatient Reporting System (NPIRS) was established in 1963 and collects data on all admissions and discharges to inpatient services nationally. NPIRS is managed and maintained in the Mental Health Research Unit (MHRU) of the Health Research Board (HRB) which provides national and local reports on the data for the health services.

In response to changing patterns of patient care, the HRB developed a Microsoft Access database called COMCAR (COMmunity CARE) in 2003. COMCAR was designed to record activity at community care level, including outpatient clinics, day centres and day hospitals and was implemented on a pilot basis in a number of sites. In 2005, a decision was taken to combine both COMCAR and NPIRS into a single integrated web-based application.

**NPIRS/COMCAR:**

NPIRS/COMCAR will record and report data in real time on mental health activity in both hospital and community care facilities. The Health Research Board is working in collaboration with the Health Service Executive (HSE) to ensure the national roll out of NPIRS/COMCAR. It is envisaged that NPIRS/COMCAR will be implemented in approximately 56 psychiatric hospitals/units and up to 1000 community care facilities. NPIRS/COMCAR will be implemented in a phased approach and it has been agreed that the first phase roll-out of NPIRS/COMCAR will be in Co. Donegal in late 2007.

End-users of NPIRS/COMCAR will be able to create reports on in-patient facilities, community residences, psychiatric liaison services, day centres and day hospitals and on a range of professional and team contacts with service users. These reports can be used for service monitoring, policy and planning, clinical decision making, health promotion and research purposes. The MHRU will also have access to anonymised national data which can be used for research and analysis.

**Title:** HSE Community Games Partnership

**Authors:** HSE Community Games National Health Promotion Steering Committee

**Text:**

The HSE Community Games partnership provides a platform for promoting health through the engagement of young people, families and volunteers in a relaxed atmosphere of goodwill. The community games provides a portal to over 20,000 young people and over 20,000 voluntary organisers.

Over the next three years the HSE Community Games partnership aims to:

1. To build and strengthen practice towards a health promotion ethos within the community games organisation.
2. To develop the partnership as a vehicle for promoting positive health messages.
3. To determine the suitability of this partnership as a model for future work.

A key objective is to:

*'Create opportunities to explore key health promotion issues through interaction with young people families and volunteers.'*

In working towards meeting this objective the theme of 2007 Project Competition was **'Health and health related matters'**.

The categories were as follows:

**Under 11 What makes a sports star?**

Conduct a study of a successful sports person and describe their lifestyle, motivation, training programme, diet etc.

**Under 13 Healthy Activity Awareness Project**

Plan, organise and carry out a healthy activity awareness event in your community. Tell us what you did and how it increased awareness of healthy activities.

**Under 15 Carry out a survey of the involvement of young people in sport in your age group in your community.**

Recommend an action plan for the HSE and Community Games to promote greater participation in sport.

**Over 15 (no upper age limit)**

**'Mens Sana in Corpore Sano' – A healthy mind in a healthy body.**

Explore the connection between mind and body. Feel free to creatively interpret this given theme.

Have a look at some of the winning entries on display.

**For more information contact:**

Méabh McGuinness Health Promotion Co-ordinator HSE Community Games. 0878217671

**Title:** Evaluation of Clare Health Promotion's community smoking cessation service 2006.

**Authors:** Ms. Mary McMahon

**Affiliation:** Clare Health Promotion Services

**Text:**

The Clare community smoking cessation service aims to reduce smoking related morbidity and mortality in Clare. Established in June 2005, it is facilitated by a Public Health Nurse trained in motivational interviewing techniques. The service offers a flexible package of information, bi-monthly smoking cessation clinics and telephone advice / support.

**Rationale**

The evaluation was performed in June 2006 to ensure the service was meeting its stated objectives, to identify areas for development and to inform service development.

**Methodology**

The evaluation is based on database analysis using SPSS 13.0 software and postal survey. Information regarding clients who accessed the service (n=51) in the first year was held on the smoking cessation database. Because the client base was quite small, all cases on the database were included in the analysis. A contact database was used for the postal survey. All clients (n=42) who had consented to follow-up post service contact were targeted.

**Results**

*1. Database analysis- main findings*

A quarter of clients were male and three-quarters were female. They largely belonged to the 35-44 and 55-64 age groups and tended to self-refer (80%). Based on self-report, 20% had a current or previous mental health history, 10% experienced respiratory problems, 10% had cardiovascular disease and 8% had a confirmed / suspected history of cancer.

Clients became aware of the service through the local print media (22%) Slainte office (10%) GP surgeries (8%) and credit unions (4%). Fifty six percent of clinic attendees dropped out after the first session particularly those in the 18-25 and 55-64 year age groups. At final service contact, 33% had quit smoking / remained quit. Using the trans theoretical model of behaviour change, 12% of clients who smoked at final service contact had moved forward in their stages of readiness to quit compared to their initial stage of change.

*2. Postal survey*

Postal survey (n=42) yielded a 52% response rate. More than half the respondents held a medical card. The self-reported six month cessation rate was 12% and included medical card holders (2%). A further 33% of survey respondents planned to quit within three months. Clients' satisfaction levels were high, knowledge levels were improved and health literature was well received. Those who availed of extra support were more successful in quitting. Types of support included the community smoking cessation service, the national quit line and nicotine replacement therapy (NRT).

**Conclusions**

The evaluation confirms the service is effective in assisting smokers to quit and to sustain the quit attempt for six months or longer. It also highlights areas for service development as outlined in the recommendations below.

**Recommendations for improving service outcomes**

1. Increase clinic provision from bi-monthly to weekly. Forge definite referral pathways to and from the National Quitline service for consenting clients who cannot attend the local service.
2. To improve access, intensify marketing strategies by advertising more regularly and identify new marketing routes to target males, 18-25 year olds and ethnic minority groups.
3. Provide the PHN who facilitates smoking cessation with ongoing training and support in motivational interviewing skills, data management and research methods. There is a particular need for clinical supervision and support as motivational interviewing and the

nature of the 'helping relationship' may lead to personal disclosures that require safe and appropriate handling. Regarding the database, the best means of recording co-morbidities must be identified and the types of data collected should be guided by public health specialists.

4. Continue to integrate the community cessation service with the acute and primary health care sectors. As part of this, Health professionals' capacity to give brief advice on smoking cessation should be built through brief intervention skills training.
5. Support clients with mental health issues in partnership with the mental health services. Cessation may de-stabilise certain conditions with resulting drug toxicity.
6. Continue to advise all suitable clients to use nicotine replacement therapy. Compile a reference guide and patient advice leaflet for NRT using the NICE guidelines.
7. Lobby for useful resources. Current audio-visual resources are inadequate, outdated and sometimes culturally inappropriate. Translated health literature will be required in the future.
8. Develop the evaluation tool for future use. Stratify questions according to clients' level and type of service use. Include specific questions relating to the ASH video and extent of NRT use.

*Prepared by: Mary Mac Mahon, PHN, Clare Health Promotion Services*

**Title:**           **Development of Resources for Best Practice for Health Professionals  
Working with a New Population Subgroup**

**Authors:**       **Dhammica Rowel, Geraldine Nola, Marguerite O'Donnell**

**Affiliation:**   **Health Promotion Research Centre, NUI Galway, Health Service Executive West.**

**Text:**

In the last decade, Ireland has changed considerably from a mono-cultural to a multi-cultural society. This phenomenon has created challenges for all aspects of service provision. Community Dieticians have a role in the treatment of clients with diet related diseases. The aim of social inclusion is to address inequalities in health between all segments of society by targeting services, to all local communities. At present within the medical and allied health professional fields there is little information on the nutritional habits of ethnic minority client groups living in Ireland, their food preferences, religious backgrounds, eating habits and nutrients at risk for age/ethnic group. Nutrition plays a crucial role in the development and treatment of many medical conditions. The development of resources for best practice for the Community Dieticians will ensure safe, effective clinical practice which is informed by a critical and unbiased appraisal of the available scientific evidence.

**Objectives:** To develop patient-centred resources for best practice for the Dieticians working with non-national ethnic minority groups/individual clients and working as part of the Primary Care Team/network.

**Methods:** Multiple methods were utilized for information collection for this project. A systematic literature review was carried out to identify and synthesise relevant evidence from the literature in order to answer specific research questions. Information on current Community, Nutrition and Dietetic Service (CNDS) practices in Ireland for this target group was collated by consulting the CNDS of the other Health Services Executive areas. Contacts made with the experts in the in the field and the Dietetic and Nutrition Associations in the UK and the best practice guidelines developed by them were reviewed.



# Notes

# Notes