15th Annual Health Promotion Conference

Mainstreaming Health Promotion: Promoting Health Across Sectors

NUI Galway

June 30th 2011
Conference Steering Committee:

Mr. Robbie Breen  
Assistant Principal Officer, Health Promotion Policy Unit, Department of Health and Children

Ms. Biddy O’Neill  
Health Promotion Manager, National Programmes, Health Service Executive

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Health Promotion Research Centre, NUI Galway

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Ms. Yetunde John Akinola  
Health Promotion Research Centre, NUI Galway

Conference Secretariat:

Dr. Vivienne Batt  
Health Promotion Research Centre, NUI Galway

Ms. Christina Costello  
Health Promotion Research Centre, NUI Galway
8.45am  Registration

9.30am  Opening Remarks by Professor Margaret Barry, Head of WHO Collaborating Centre for Health Promotion Research, NUI Galway

Welcome by Dr. James Browne, President of NUI Galway

Opening Speech by Dr. James Reilly, TD, Minister for Health

Venue: MY243 Lecture Theatre, Aras Moyola

Plenary

“Responding to Noncommunicable Diseases in Europe: A challenge and an opportunity for health promotion”

Dr. Gauden Galea, Director, WHO Regional Office for Europe

“Your Health is Your Wealth: A policy framework for a healthier Ireland 2010-2020”

Dr. Tony Holohan, Chief Medical Officer, Department of Health & Children.

Chair: Dr. Kevin Kelleher, National Office for Health Protection, HSE

Venue: MY243 Lecture Theatre, Aras Moyola

11.00am  Tea/Coffee*

11.30am  Parallel Workshops:

Building Capacity for Mainstreaming Health Promotion

Workshop 1: Irish Heart Foundation/ Health Service Executive Screening Programmes

Venue: Room 123, Aras Moyola.

Workshop 2: Irish Cancer Society / Dental Health Foundation

Venue: Room 124, Aras Moyola.

Workshop 3: National Youth Council of Ireland/ Health Service Executive, Supportive Environments

Venue: Room 125, Aras Moyola.

Workshop 4: Health Service Executive Winning New Opportunities/ Exercise Referral Programmes

Venue: Room 126, Aras Moyola.

1.00pm  Lunch*

2.00pm  Plenary

“The Next Decade for Health in the EU: A new decade for health promotion, or back to the bad old days?”

Mr. Clive Needle, Director of EuroHealthNet, Brussels

“Setting the Scene for the HSE- The Health Promotion Strategic Framework 2011-2016”

Ms. Joan Ita Murphy, Project Officer, Health Promotion Strategic Framework
"Input into the Development of the National Public Health Policy Framework"
Ms. Biddy O’Neil, HSE Health Promotion

Chair: Ms. Biddy O’Neil, Health Promotion, HSE
Venue: MY243 Lecture Theatre, Aras Moyola.

3.00pm Consultation/Breakout session
Consultation on the Development of the National Public Health Policy Framework
Venue 1: MY129, Aras Moyola
Venue 2: MY227, Aras Moyola

4.15pm Tea/Coffee to go*

4.30pm Discussion Panel:
Dr. Margaret Hodgins, Association for Health Promotion Ireland
Ms. Norma Cronin, Irish Cancer Society
Ms. Maureen Mulvihill, Irish Heart Foundation
Mr. Kevin O’Hagan, National Youth Council of Ireland
Ms. Biddy O’Neill, Health Service Executive
Ms. Evelyn Fanning, Health Service Executive

Chair: Mr. Owen Metcalfe, Institute of Public Health in Ireland
Venue: MY243 Lecture Theatre, Aras Moyola.

5.30pm Closing Remarks
Followed by canapé and wine reception*

*Posters will be available for viewing during breaks in Room MY129, Aras Moyola
Dr Gauden Galea is Director of Noncommunicable Diseases and Health Promotion in the World Health Organization (WHO) Regional Office for Europe. He is a public health physician with a special interest in health promotion. He joined WHO in 1998 and has held a succession of noncommunicable and health promotion posts including work in the South Pacific Office of WHO, in the Western Pacific and, most recently, from 2006 to 2010, in WHO headquarters as the Coordinator of Health Promotion.

Dr Tony Holohan, MB Bch BAO MPH DCH FRCPI FFPMHI MICGP Dip Mgmt, Dr Tony Holohan qualified from UCD in 1991 and trained initially in General Practice and subsequently in public health medicine. He was appointed as Deputy Chief Medical Officer at the Department of Health and Children in 2001 and Chief Medical Officer in 2008. His responsibilities include policy on a diverse range of medical and public health matters including patient safety, quality in health care, public health, reproductive health and social inclusion. He provides expert medical and public health evidence, analysis and advice to the Minister and to the Department.

Clive Needle is an independent international public policy advisor for organisations. Since 2000 he has been strategic advisor and director for EuroHealthNet, a network of public bodies developing health promoting policies in Europe (www.eurohealthnet.eu and www.equitychannel.net). Clive has directed its policy work on health in all EU policies and actions on social, economic and environmental determinants of health. Clive represents the network on bodies such as the EU Health Policy Forum and the EU Platform on Diet, Physical Activity & Health and has frequently chaired, advised or facilitated high level processes and events, including:

- Chairing the Stakeholder Platform for the EU Mental Health Consultation process
- Keynote speaker at the EU Open Health Forum
- Presenter at the EU Presidency Conference on preventing obesity
- Presenter on inequalities and leadership to the EU High Level Public Health Committee.

Clive has advised and supported numerous activities of the World Health Organisation, including chairing and moderating processes for Health Promoting Schools, Poverty and Health, Social Determinants and Health, Transport and Environment. He advises various other civil society organisations, local and national authorities and academic bodies.

Since 2010 Clive has become European Representative for Health Action Partnerships International (www.hapi.org.uk), an initiative to support technical assistance, capacity development and public health improvement globally.

Clive has also worked for business, voluntary organisations and political campaigns. He is a former Member of the European Parliament where he specialised in health, environment and development issues, authoring parliamentary reports on economic cooperation and public health strategies. He co-chaired the cross party Intergroup for Indigenous Peoples and was Vice Chair of the Parliamentary Delegation with Armenia, Georgia and Azerbaijan.
Joan Ita Murphy is the project manager for the Health Promotion Strategic Framework. Based in the HSE South she has worked as a Regional Health Promotion Officer for primary schools and has been involved in the development of the National Health Promoting School Framework for primary schools. She has previously worked with the former Health Promotion Agency Belfast as a Healthy Settings Coordinator: Healthy Schools. Her background is in nursing, both general and midwifery. She holds an MSc in health promotion from the University of Ulster at Jordanstown, a postgraduate higher diploma in healthcare management from the Royal College of Surgeons in Ireland, and a postgraduate higher diploma in health promotion from the National University of Ireland, Galway.
Plenary Sessions

Presenter: Mr. Clive Needle, Director of EuroHealthNet, Brussels

Title: The Next Decade for Health in the EU: A new decade for health promotion, or back to the bad old days?

There are two major strategic processes underway relevant to health in the EU context. One, the WHO Europe 2020 reviews, includes studies of health systems and governance, NCDs and other action plans, and social determinants of health and health equity. These offer encouraging prospects for promoting health in state systems across Europe.

Simultaneously, the EU is beginning to implement its EU 2020 process which aims to achieve smart, sustainable and inclusive growth within a decade in the context of severe economic and social problems for many of those same states – 48 of the 53 WHO Europe states have important agreements with the EU. The main approaches for the EU 2020 strategy focus on seven “flagship” target areas: innovation, education, energy, industry, employment, helping young people and reducing poverty. In all seven areas there are entry points for promoting health: an initiative on active ageing which seeks to increase healthy life years is the pilot scheme on innovation, for example.

But the EU 2020 strategy also brings a significant change of emphasis from the public health approaches applied for two decades. Now market oriented consumer and patient safety measures dominate within a framework of budget reductions for health systems, prevention of risk factors, and social innovation, while civil society and health determinants are increasingly marginalised.

So is supporting a ‘health in all policies’ approach “flogging a dead horse” as some now argue, or do Ottawa Charter principles still apply for Europe? Clive Needle will examine the implications of these profound changes for health promoters and populations, with reference to latest EU developments and initiatives from the EuroHealthNet network of which he is director.

Presenter: Ms. Joan Ita Murphy, Project Officer, Health Promotion Strategic Framework

Title: Setting the Scene for the HSE: The Health Promotion Strategic Framework 2011-2016

The Health Promotion Strategic Framework (HPSF) is the first national strategic framework for health promotion in the HSE. With an increased focus on integration the HPSF sets out a model for developing a health service that integrates health promotion into all aspects of its services. International evidence recommends health promotion approaches that are focused on how and where people live, work, and play; these are known as settings for health promotion. The HPSF outlines a model of health promotion that addresses the broad determinants of health and health inequalities, through health services, community and education settings.
Parallel Workshops

Developing Capacity for Health Promotion
Each workshop includes a short description from each organisation on their experience of integrating Health Promotion into their activities and developing capacity for Health Promotion at policy and/or practice level. A short discussion based on identification of barriers and support needed for this process and how to overcome the barriers will follow.

Workshop 1  IHF/ HSE Screening Programmes
Facilitator & presenter 1: Ms. Maureen Mulvihill, Irish Heart Foundation
Presenter 2: Ms. Lynn Swinbourne, HSE Screening programmes
Rapporteur: Ms. Aoife Gavin, Health Promotion Research Centre, NUI Galway.

Workshop 2 Irish Cancer Society / Dental Health Foundation
Facilitator & Presenter 1: Ms. Norma Cronin, Irish Cancer Society
Presenter 2: Ms. Patricia Gilsenan, Dental Health Foundation
Rapporteur: Ms. Leigh-Anne Sweeney, Health Promotion Research Centre, NUI Galway.

Workshop 3 NYCI/ HSE Supportive Environments
Facilitator & Presenter 1: Ms. Kevin O’ Hagan, National Youth Council of Ireland
Presenter 2: Ms. Karen Heavey, Health Service Executive
Rapporteur: Ms. Christina Murphy, Health Promotion Research Centre, NUI Galway.

Workshop 4 Winning New Opportunities for Unemployed People /Exercise Referral Initiative
Facilitator & Presenter 1: Ms. Evelyn Fanning (Facilitator) and Fiona Falvey (presenter), HSE,
Ms. Marie Monaghan, Jobs Club Coordinator, Donegal and Ms. Aleisha Clarke, HPRC, NUI Galway.
Presenter 2: Ms. Gemma Strachan, HSE / Institute of Leisure and Amenity Management
Rapporteur: Ms. Aleisha Clarke, Health Promotion Research Centre, NUI Galway.

4.30 Panel Discussion:
Dr. Margaret Hodgins, Association for Health Promotion Ireland
Ms. Norma Cronin, Irish Cancer Society
Ms. Maureen Mulvihill, Irish Heart Foundation
Mr. Kevin O’Hagan, National Youth Council of Ireland
Ms. Biddy O’Neill, Health Service Executive
Ms. Evelyn Fanning, Health Service Executive
Chair: Mr. Owen Metcalfe, Institute of Public Health in Ireland
Venue: MY243 Lecture Theatre, Aras Moyola.

Panel will discuss Integrating Health Promotion into the Mainstream by:
Practice: Feedback from Workshops
Policy: Feedback from Policy Consultation.
Aim
The aim is to develop a high-level policy framework for public health, to cover the period from 2012 to 2020. It will bring to reality the provisions in the Programme for Government with regard to the health and wellbeing of the whole population. The policy framework will be Ireland’s vision for a healthier population that is protected from public health threats, living in a healthier and more sustainable environment, with increased social and economic productivity and greater social inclusion.

Process and Expected Outcomes
It will seek to engage leaders and policy makers across government and society, to recognise that, because many of the causes of health and well being lie outside the health sector, improving the publics’ health is the responsibility of all sectors of society, and not just the responsibility of the health service public health workforce. It will identify practical ways to strengthen working between sectors to promote and protect the health and wellbeing of all sectors in our society. It will support ways to keep children healthy; ensure a healthier workforce; and contribute to positive ageing and a greater participation of those with disabilities and mental health issues in society. It will promote healthier lifestyles as well as improving the environment where we live and work, will address the emergence of risk factors and aim to reduce chronic diseases and their burden to families and society. It will highlight achievements of public health policies to date such as reducing the mortality and morbidity from communicable diseases through vaccination, providing clean water and air, providing safer food, and control of tobacco in workplaces. In addition, the framework will summarise the growing evidence that supports a public health approach to improving health, and the economic and societal benefits of prevention and early intervention. At a time of major health reform, this framework recognises the importance of ensuring that the public health function is supported, maintained and strengthened. The framework will set out how the public health function will operate over the coming years in order to achieve the vision.

Methodology
A Working Group, chaired by the Chief Medical Officer (CMO) of the Department of Health and Children has been set up to review and assess the current state of public health in Ireland and internationally.

The Terms of Reference for the group are
To develop a policy framework for public health which addresses:
- wider determinants of health and health inequalities
- chronic disease and lifestyle
- inter-sectoral and cross-sectoral approaches at policy and practice level
- protection from and responses to public health threats.

And which will encompass ethical, legal, organizational and professional practice issues for public health, having regard to:
- the Programme for Government
- current resource constraints
- prevailing economic circumstances
- the views of stakeholders as identified through consultation
- the strength and weaknesses of the current system
- the policy framework for Health 2020 as set out by the WHO Euro region
- policies, practices, structures and other developments in other countries
- the evidence base for public health policy and practice.
Consultation Process
To succeed in developing and implementing a first class public health policy, a 5-strand consultation process has been mapped out to ensure wide stakeholder engagement.

**Strand 1** A consultation day, led by the Minister for Health, and with other Ministers present.

**Strand 2** General consultation, inviting targeted organisations, as well as the general public, to respond to specific questions on public health priorities.

**Strand 3** Targeted consultation for Health Sector engagement.

**Strand 4** A series of bi-lateral meetings with other relevant Government Departments and agencies.

**Strand 5** A facilitated workshop for community/voluntary organisations.

Timeline
It is envisaged that an initial draft report will be submitted to the Department of Health and Children’s Management Advisory Committee by the end of the third quarter of this year, with a view to having a finalised report prepared to accompany a memo to Government by the end of 2011.
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<td><strong>Perceived stressors of nursing students and related lifestyle issues</strong></td>
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<td><em>Developing a health promotion approach for increasing uptake of hard-to-reach women in the Irish breast (BreastCheck) and cervical (CervicalCheck) screening programmes.</em></td>
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<td><em>Can Twitter influence personal fitness?</em></td>
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Presentation Title: BEST PRACTICE IN PROMOTING MENTAL HEALTH AMONGST SOCIALLY MARGINALISED PEOPLE IN EUROPE (PROMO) – RESULTS FROM IRELAND

Author(s) and Affiliation: Mr. Reamonn Canavan, Health Promotion Research Centre, NUI Galway
Professor Margaret Barry, Health Promotion Research Centre, NUI Galway
Professor Stefan Priebe, Unit for Social and Community Psychiatry, Queen Mary University of London
Ms. Aleksandra Matanov, Unit for Social and Community Psychiatry, Queen Mary University of London

Aim: To describe service provision and overall quality of care for people with mental health problems from socially marginalised groups in the two most deprived areas of Dublin. This was undertaken as part of the PROMO project being conducted in 14 EU capital cities.

Methods: Service provision was assessed via structured interviews with services in both areas providing mental health or social care for six marginalised groups, i.e. homeless, street sex workers, asylum seekers/refugees, irregular migrants, travelling communities, and long-term unemployed. Overall quality of care was assessed via 12 semi-structured interviews with experts in mental health care for socially marginalized groups.

Results: 80 services were assessed, including 43 group specific services and 37 generic services. In comparison to services assessed in other participating capital cities these services were less likely to accept self referrals, to have mental health and social care staff and to engage in systematic evaluation. The most prominent barriers to treatment were lack of continuity of care, prejudice and stigma. Many barriers highlighted were specific to each group.

Conclusions: The results suggest that there is a high level of fragmentation in services for socially marginalised groups across both areas.
Presentation Title: AN EVALUATION OF THE ZIPPY’S FRIENDS PROGRAMME IN DISADVANTAGED PRIMARY SCHOOLS IN IRELAND

Author(s) and Affiliation: Ms. Aleisha Clarke, Health Promotion Research Centre, NUI Galway.
Professor Margaret M. Barry, Health Promotion Research Centre, NUI Galway.

Background and aims: This paper reports on the evaluation of the Zippy’s Friends emotional wellbeing programme which was implemented with primary school children in designated disadvantaged schools in Ireland. The aims of the study were to assess the immediate and long-term impact of the programme and to examine the process of implementation.

Methods: The overall evaluation framework employed a cluster randomised controlled design, with assessments before, during, after and at 12 months post-implementation. A total of 730 pupils and 42 teachers from 42 designated disadvantaged schools were randomly assigned to control and intervention groups. The programme was evaluated by the children and teachers using a range of quantitative and qualitative measures.

Results and Conclusions: End of programme results indicate significant programme effects on the intervention group’s emotional literacy skills (p<0.001), hyperactivity levels (p<0.05) and use of coping skills post-intervention. Additional programme effects include reports of improved peer relationships and child-teacher relationships. The positive impact of the programme on the children’s emotional literacy skills was maintained at 12 month follow-up (p<.05).

Results: from the process of implementation indicate high programme fidelity. The structured nature of the programme, the suitability of the content for the children, the engaging activities and the teacher training were cited as factors that facilitated programme implementation. Key recommendations regarding the role out and sustainability of Zippy’s Friends in Ireland include the need for a whole school approach and as part of this, the need for active parental involvement with the programme.
Presentation Title: PROCESS OF DISSEMINATION TO KEY STAKEHOLDERS: HEALTH BEHAVIOUR IN SCHOOL-AGE CHILDREN (HBSC) SURVEY.

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

HBSC Ireland is involved in a wide range of dissemination activities. Working with a range of stakeholders, through consultations and workshops, enables us to disseminate our work to a wide audience using approaches that are suitable and of interest to those whom they are directed.

Eight different stakeholder groups are included in the dissemination process, including children, parents, policy-makers, schools, academics, practitioners, members of the general public and the HBSC advisory committee. HBSC Ireland uses various tools for dissemination depending on the stakeholder involved including an international report, national reports, factsheets, short reports, school newsletters and journal articles. The survey findings are distributed through various routes including; a mailing list, the HBSC website, the media, presentations and attendance at conferences and workshops.

Actively involving stakeholders in the dissemination process ensures the findings will be used in decision making around policy and practice for promoting health among school children. The HBSC team strive to use novel and interesting approaches to disseminate to as wide an audience as possible, with the aim of putting health promotion for school children on the agenda of various stakeholder groups.

Presentation Title: ONE STEP FORWARD, TWO STEPS BETTER

Author(s) and Affiliation: Dr. Noelle Cotter, Institute of Public Health in Ireland
Ms. Claire Higgins, Institute of Public Health in Ireland
Mr. Owen Metcalfe, Institute of Public Health in Ireland

Building on the Institute of Public Health in Ireland (IPH) Health Impacts of Transport (2005) paper, IPH produced Active Travel – Healthy Lives in January 2011. Active travel refers to journeys that use physical activity, such as walking and cycling, instead of motorised means to move between locations. This review documents the health, economic and social benefits of active travel. Health benefits include reducing obesity levels, incidence of diabetes, cancer, mental ill health and poor bone density. Economic and social benefits include reduced noise pollution, a positive contribution to tackling climate change through reduced emission levels and increased safety of travellers. Despite so many benefits, car travel is increasing in Ireland, particularly for short journeys. This poster summarises the review and addresses the problem of increased car travel by outlining the barriers to active travel. These barriers include demography – age, gender, rural/urban location – but also include subjective norms and attitudes, availability and access, urban form, aesthetics and quality as well as local knowledge.
The lifestyle behaviours of student nurses and teachers are of interest with both qualified nurses and teachers having key roles as health educators/health promoters. They are also perceived as role models for many of the people with whom they come in contact. Yet, little is known about the lifestyle of nursing and teacher students in their final year of college.

**Purpose/Methodology:**
This study investigated the lifestyle behavior of final year undergraduate nursing and teacher education students of an Irish University. The students (n=178) completed a Lifestyle Behaviour Questionnaire. The University Research Ethics Committee granted approval for the study. Descriptive and inferential analyses were conducted.

**Summary of key findings:**
Preliminary findings identified that 95% of respondents reported drinking alcohol, many of whom regularly binge drink. 26.8% were current smokers. Students used a range of non prescribed drugs with cannabis being the drug of choice.

**Conclusions:**
The unhealthy lifestyle behaviour of the students is a concern for their health and academic performance. It may also impact their future health promotional and health educational activities. Third level institutes must ensure that effective programmes, policies and services are available to promote students health and create healthy learning environments.

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**Presentation Title:** DEVELOPING COMPETENCIES AND PROFESSIONAL STANDARDS FOR HEALTH PROMOTION CAPACITY BUILDING IN EUROPE (CompHP)

**Author(s) and Affiliation:** Ms. Colette Dempsey, Health Promotion Research Centre, NUI Galway
Professor Margaret Barry, Health Promotion Research Centre, NUI Galway
Ms Barbara Battel-Kirk, Independent Consultant

The CompHP Project aims to develop a Europe-wide competency framework and system of professional standards for health promotion practice, education and training. This framework will form the basis for building a competent and effective health promotion workforce in Europe. The objectives of the CompHP project are:

- To identify, agree and publish core competencies for health promotion practice, education and training in Europe
- To develop and publish competency-based professional standards for health promotion practice
- To promote quality assurance through the development of a Europe-wide accreditation system
- To map competencies and standards in academic courses across Europe and link to accreditation for academic settings
- To pilot competencies, standards and accreditation with practitioners in a range of settings across Europe
- To engage in consultation with key stakeholders and disseminate information on the project outcomes throughout the 27 member states and all candidate countries.
The CompHP Project is comprised of eight workpackages, which are developed in collaboration with the 22 project partners across Europe and uses a consensus-building approach to establish means and methods by which quality governance standards in Health Promotion can be implemented across Europe to stimulate innovation and best practice.

The CompHP Core Competencies for Health Promotion Framework Handbook was published in February 2011. Further information on the CompHP project and all CompHP publications to date are available on: Further project details and publications available at: http://www.iuhpe.org/index.html?page=614&lang=en

**Presentation Title:** TRANSLATING HEALTH COMMUNICATION

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

Health communication activities to inform and influence individual and community decisions are increasingly being used to support the prevention and control of communicable diseases. However the extent and nature of the use of these activities across Europe is currently unknown. The European Centre for Disease Prevention and Control (ECDC) has commissioned a consortium of universities to identify and map health communication activities, particularly those in relation to communicable diseases across 30 EU and EEA/EFTA countries.

The research methods include a scoping study for mapping health communication activities across Europe in relation to communicable disease. Data is gathered through an e-survey and telephone interviews with key stakeholders in 30 EU member states. In addition a series of reviews with respect to designated topic areas is being undertaken and these fall into three categories: 1) literature reviews; 2) systematic literature reviews; and 3) rapid reviews of the evidence.

Representation from all 30 countries has been achieved with data collected through the e-survey and telephone interviews. These results are being collated and will be presented in a report in October 2011. In addition, the series of reviews are currently underway and will be available after October 2011.
Presentation Title: EXPLORING THE LIVES OF IRISH CHILDREN IN CARE

Author(s) and Affiliation: Ms. Aoife Gavin, Health Promotion Research Centre, NUI Galway
Dr. Colette Kelly, Health Promotion Research Centre, NUI Galway
Dr. Michal Molcho, Health Promotion Research Centre, NUI Galway
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In Ireland, the primary legislation for regulating child care policy is the Child Care Act, 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995. Due to recent reports and an increased awareness of the experiences of children in care, much work is underway to increase our understanding and improve their lives. Current Irish data indicate that the number of children in care is increasing every year; yet there is a lack of data available on this population group, especially relating to their health and well-being.

The aim of this study is to explore the health and well-being of children living in foster care or in a children’s home.

This study uses a subset of data from the 2010 Irish Health Behaviour in School-aged Children (HBSC) study, a cross-sectional self-report survey. Using the HBSC-based indicators that are presented in the State of the Nations Children report series, the relationships and social, emotional and behavioural outcomes of children in care will be explored.

Forty-two children were identified as living in foster care or children’s homes. The results will enable discussion on the health and well-being of children living in care and highlight the key areas where health promotion would be beneficial.

Presentation Title: EARLY SCHOOL LEAVERS AND NUTRITION: A NEEDS ASSESSMENT FROM A NUTRITION PERSPECTIVE

Author(s) and Affiliation: Ms. Marita Hennessy, Children’s Research Centre, Trinity College Dublin
Dr. Michelle Share, Children’s Research Centre, Trinity College Dublin

Clear links have been established between educational attainment and nutrition and health status. This study investigates the nutrition needs of early school leavers on the island of Ireland, namely young people aged 16-20 who leave school without any formal qualifications.

Using a mixed methods approach we establish the key structures for accessing early school leavers, identify relevant health promotion activities and appropriate programmes that could be implemented in early school leaver settings.

To date, interviews have been conducted with eight key informants, a systematic review of provision undertaken and a database of providers developed. Over the coming months, fieldwork will be undertaken to establish existing health promotion activities and gaps. This includes: a representative survey of service providers, focus groups (n=8) and surveys (n=400) with early school leavers and qualitative interviews with service providers (n=16). This study will have important implications for policy and practice across a variety of disciplines for young people classified as early school leavers.

This study is being undertaken by the Children’s Research Centre, Trinity College Dublin in collaboration with the University of Ulster (Coleraine) and is funded by Safefood.
**Mainstreaming Health Promotion: Promoting Health Across Sectors**

**Presentation Title:** TAKING PART IN SCHOOL LIFE: VIEWS OF CHILDREN

**Author(s) and Affiliation:**
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- Ms. Aoife Gavin, Health Promotion Research Centre, NUI Galway
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The increased interest in children’s participation and the possibility of the positive effect it can have on children but also their parents, families and the society in general have been highlighted. The Convention on the Rights of the Child (1989) emphasizes the importance of giving children the freedom to express their opinions on matters that concern them. Child participation in schools within the Health Promoting School concept is encouraged and promoted in many schools across Europe, including Ireland.

The aim of this research was to document Irish children’s perspective of what participation means to them and their views on how participation can work better in their schools.

The study used a Participatory Research Process approach, with a three-phase design that involved students participating actively in all processes of the research. A total of 248 primary school students participated in the study, comprising of ten classes across three schools.

The findings of this study have shown important insights into the children’s view relating to participation. These results are significant and have the potential to aid schools embrace the Health Promoting School concept. This study indicates that it is necessary for children to be allowed to voice their opinion as partners in whole school development.

**Presentation Title:** FOOD POVERTY AMONG SCHOOL-CHILDREN: TIME TO ACT?

**Author(s) and Affiliation:**
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A balanced diet during childhood and adolescence is important for growth and development and can reduce the risk of immediate and long-term health problems. Food poverty may be defined as the inability to access a nutritionally adequate diet and the related impact on health, culture and social participation. In the 2002 and 2006 Irish Health Behaviour in School-aged Children (HBSC) surveys, food poverty was reported by 16% and 17% of children, respectively. Food poverty in schoolchildren was associated with a substantial risk to physical and mental health and well-being. At that time a new national nutritional policy (2006) was due to be launched and a key strategic objective was to help reduce food poverty. This policy was never launched. Data from the 2010 HBSC survey indicate that food poverty was reported by 21% of children. This poster will present the changes in reported food poverty by age, gender and social class. With a new public health policy due for consultation, the issue of food poverty should be highlighted as an important consideration for action. While it is recognised that no single approach to tackling food poverty is sufficient, among children and adolescents, schools are a powerful, potentially supportive setting, in a position to provide structural and skills development necessary for healthy living.
Presentation Title: ALTERNATIVE CONSUMER ACTIVISM AND THE RIGHTS TO HEALTH, HEALTHY ENVIRONMENT AND DEVELOPMENT

Author(s) and Affiliation: Dr. Su-Ming Khoo, School of Political Science & Sociology, NUI Galway

This poster examines the potential of alternative consumer activism to contribute to the realization of the rights to health and development. The Right to a Healthy Environment is explored as a concept that may add value to the debate.

Alternative consumer activism presents significant sites of nodal governance through which local and global health rights are claimed. The alternative consumer approach distinctively integrates health with development, social justice and environmental concerns. This form of consumer activism fits with rights-based approaches, emphasising entitlements, accountability and participation. This case-study in nodal governance takes one Malaysian NGO, the Consumers’ Association of Penang (CAP) as a starting point to trace the development of networked consumer campaigns contesting global health governance. These largely Southern networks have made a significant contribution to mobilizing health rights and protecting public health.

References

Presentation Title: NURSING STUDENTS ATTITUDES TO HEALTH PROMOTION: IMPLICATIONS FOR TEACHING PRACTICE

Author(s) and Affiliation: Ms. Brona Mooney, National University of Ireland, Galway
Ms. Fiona Timmins, Trinity College Dublin
Ms. Gobnait Byrne, Trinity College Dublin
Ms. Anne Marie Corroon, Trinity College Dublin

The role of the nurse as a health promoter is well recognized. However despite acknowledgement by professional nursing bodies and nurse educators that health promotion forms a central tenet of undergraduate nurse education curricula, there are varied approaches to teaching and learning and little formal evaluation of the consequences of the approaches taken. This study aimed to identify current health promotion curricular content within the Irish undergraduate nursing programme context and to measure nursing students’ attitudes towards health promotion. The study found students views of health promotion and the role of the nurse were influenced according to whether or not teaching in this topic was received in their senior years. Those who did not receive the latter were less likely to accept the practical aspect of this role, and retained a naïve outlook related to policy level health promotion only. Recommendations include an examination of the place of distinct modules of health promotion within the curriculum, in favour of inclusion only in the final year. Rather than front loading students in the first year, consideration also needs to be given to integrating this topic through adoption of a curriculum that is rooted in the principles of health promotion.
In January 2008 the European Commission published a proposal for regulation of the provision of food information to consumers to standardise food labelling across member states. The regulations proposed mandatory nutritional information on the front of packaged food items.

This study aimed to determine Irish consumers’ views on the usability of two possible systems: Guideline Daily Amounts and Traffic Light Labelling (the preference of the public health and consumer lobby).

This study evaluated both systems on ease of interpretation and use, likeliness of being used in the future and ease of interpretation of health information from an accuracy and efficiency perspective.

400 grocery shoppers were tested in face to face interviews on exiting the store across eight Irish supermarket locations. Each subject was tested on only one system across two product categories.

The research showed that although consumers could identify healthier options equally across the two labelling systems, they were significantly more likely to find the traffic light labelling system easier to use in the comparison of health, quicker to use (at a glance) when determining healthy options and would be more likely to use this system in the future.

The adoption of a settings approach is central to mainstreaming health promotion. The settings approach recognises that an individual’s environment (for example: schools, workplaces and communities) can play a key role in promoting health. One approach to mainstreaming health promotion is through the implementation of school-based health promotion programmes.

Relationships and Sexuality Education (RSE) is a health promoting, sexuality education programme implemented in Irish post-primary schools. Two recent reports highlighted issues with the implementation of RSE, with both reports emphasising the need for improved teacher training. In this study, a mixed methods approach is used to explore the relationship between RSE in-service training and RSE implementation in the classroom. The aim of this exploration is to provide insight into the various factors of the training and school setting that facilitate or hinder RSE implementation. Gathering detailed information on these factors presents the opportunity to improve the mainstreaming of health promotion through school-based programmes.
Presentation Title: THE CONTRIBUTION OF CLUB PARTICIPATION TO THE HEALTH AND WELL-BEING OF IRISH CHILDREN

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

Social networks such as sports clubs, drama clubs, scouts, music groups and youth clubs, are important predictors of children’s health and well-being. Previous studies have indicated that participation in such clubs can be supportive of positive health and well-being in school children.

The aim of this study is to investigate whether young people’s participation in clubs influences their perceived health and well being among children in schools in Ireland.

This study is based on cross-sectional self-report data from the Health Behaviour in School-Aged Children (HBSC) study 2010. Children aged 10-17 years were asked how often they are involved in: sports club/team; drama/dance/choir; music/singing; scouts/guides; youth clubs; other clubs/groups, with response options from Never to 4-7 days. The prevalence of participation in such clubs/groups will be presented by age, gender and social class. Relationships between club participation and self perceived health, happiness and life satisfaction will also be explored.

The results will enable discussion around the role of club participation in children’s lives and the potential for health promotion to be delivered through clubs.

Presentation Title: IRISH RELATIONSHIPS AND SEXUALITY EDUCATION TEACHERS’ REACTIONS TO POST-PRIMARY SCHOOLS STUDENTS’ IDEAS FOR EFFECTIVE SEX EDUCATION

Author(s) and Affiliation: Ms Siobhán O’Higgins, Health Promotion Research Centre, NUI Galway. Dr. Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway.

Aim and Methodology: This paper is drawn from a study which facilitated young Irish people, through a participatory research methodology, to generate, collate and present their views on effective sex education without adult filtering or censure. The young people presented their views within ‘Webs’. Relationships and Sexuality Education (RSE) teachers were then asked what teachers would need in order to incorporate the students’ suggestions on content and proposed methods into sex education classes in Irish post-primary schools.

Results: The data presented in 58 webs created by 404 school students (15 - 18 years) were presented to 26 teachers during two workshops. The teachers added two layers of further detail to students’ ‘Webs’ in order to present teachers’ views.

Conclusions: In general teachers responded positively to the issues raised in the ‘Webs’, and stated a need for more training as well as whole school support in order to deliver some of the learning outcomes identified. They reported that other learning outcomes would best be delivered by outside facilitators but a further set of outcomes were deemed beyond the scope of the RSE programme. For the most part the teaching methods proposed by the students were considered to be acceptable, except where additional expenditure would be required. This study showed that it is possible to involve stakeholders in the development of curricula to ensure sex education meets the needs of those for whom it is designed and those who deliver it.
WHAT A DIFFERENCE A YEAR MAKES: IRISH YOUNG PEOPLE’S PERCEPTIONS OF THE FACTORS INFLUENCING CONDOM USE AMONG THEIR PEERS.

Ms. Siobhán O’Higgins, Health Promotion Research Centre, NUI Galway.
Dr. Saoirse Nic Gabhainn, Health Promotion Research Centre, NUI Galway.

Aim and Methodology: The aim of the study was to explore young people’s perspectives on the factors affecting condom use. Two data sets were generated; one from younger participants, modal age 16 years, (ranging from 15-18 years), and older students modal age 19 years.

Results: Participants identified the multi-dimensional factors that influence Irish condom use. Both groups demonstrated how proximal and distal determinants affect positive sexual health. The issues identified by both groups of participants included: male resistance to condom use, females asking for them to be used, misconceptions of how risky unsafe sex was (related to being uninformed and uneducated), and young women being pressurised to have penetrative sex without condoms. Both groups placed drink and drugs high on the lists of the reasons why condoms were not used. Although only one year separated some participants of the two groups there were differences in attitudes based on their own or their peers’ experience, particularly in statements related to relationship effects on sexual practice.

Conclusion: It was clear that a couple of years in the life of an adolescent effect attitudes and behaviours in terms of sexual health and relationships. This supports the value of continuous sex education being initiated before sexual activity. Underpinned by the value of giving time and space to open and honest discussions of all forms of sexual intimacy and so challenge hegemonic normative sexual behaviours.

USING THE MPOWER MODEL TO ACHIEVE A SMOKE-FREE CLARE

Ms. Mary Mac Mahon, Clare Health Promotion PHN, HSE
Ms. Geri Quinn, Clare Health Promotion Officer, HSE

The poster presents an outline of how Clare Health Promotion Service enacts the MPOWER Model of the HSE Tobacco Control Framework (HSE, 2010) within the Clare Community. In doing so, the service has forged critical partnerships, both nationally and locally, with the National Cancer Control Programme, Clare County Council, Clare Sports Partnership as well as Community Representative Groups.

To date, significant initiatives have been established in Clare, which centre on the following 3 standards from the MPOWER Model as follows;

Standard 2 Protect people from tobacco smoke;
- Development & launch of Smoke-Free Playgrounds in Clare
- Launch of European Healthy Stadia Network in Clare
- Development of child-friendly anti-tobacco resources to support the SPHE Curriculum in schools.

Standard 3 Offer help to quit
- Smoking Cessation Training Pilot with the National Cancer Control Programme & Primary Care Teams in Clare
- Individual & group smoking cessation programmes
- Development & pilot of work-place smoking cessation programme
- Working with local radio to deliver smoking cessation support.
Standard 4 Warn about dangers of tobacco smoke

- Public Information Events;
- Social-marketing through the local media, community and HSE communication channels.

The poster presents a graphic narrative of the initiatives undertaken within each of the standards, reflecting the multiple strategies required for tobacco control. All service initiatives are evidence-based and locally evaluated in order to guide future service provision and quality development.

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**Presentation Title:** PEER-VICTIMIZATION AND SUBJECTIVE-HEALTH OF STUDENTS REPORTING CHRONIC ILLNESS OR DISABILITY IN WESTERN COUNTRIES

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**Objective:** To compare prevalence of peer-victimization between students reporting disabilities or chronic illnesses (D/CI) and other students across countries; to compare the strength of the association between peer-victimization and subjective-health among students reporting D/CI and others.

**Methods:** This study used data from 55,030 school-aged children from 11 countries participating in the 2005/2006 HBSC survey. Multivariate analyses were performed to investigate the association between peer-victimization and poor subjective-health, controlling for confounding factors and countries.

**Results:** Overall, 13.5% of students reported having been bullied at least 2 or 3 times/month. The percentage of victims was significantly higher among those reporting D/CI than among others in all countries. Whatever the country, victims were more likely to report poor self-rated health, low life-satisfaction and multiple health complaints. Finally, no difference in the association between bullying-victimization and subjective-health was found between students reporting D/CI and others.
Conclusion: Adolescents reporting D/CI were more likely to be victims of bullying in all countries studied. Whatever the D/CI status, peer-victimization was associated with more negative subjective-health. Although, inclusive education is currently a major topic of educational policies in most countries, our findings indicate that additional efforts should be made to improve the integration of students with D/CI.

Presentation Title: RELATIONSHIPS BETWEEN THE SCHOOL ENVIRONMENT AND SELF-PERCEIVED HEALTH AMONG YOUNG PEOPLE IN IRELAND.

Author(s) and Affiliation: Ms. Ailbhe Spillane, Health Promotion Research Centre, NUI Galway  
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The Ottawa Charter identifies schools as an important setting for health promotion as they have the capacity to reach a substantial number of young people at various stages in their development. Young people’s self-esteem, health behaviours and self-perception can be affected by school experiences. A positive school physical environment, school ethos, systems of discipline and positive relationships within the school and the wider community, are considered important for promoting young people’s health.

The aim of this study was to investigate whether self-perceived school environment is related to self-perceived health among young people in school in Ireland.

This study was based on cross-sectional self-report questionnaire data from the 2010 Health Behaviour in School-aged Children (HBSC) study. The students’ were asked their views on school rules, if they felt safe at school, if they felt they belonged at the school and if their school was a nice place to be. Participants for this study comprised 16,060 students’ aged 10-18 years from schools in the Republic of Ireland.

Measures of the school environment were found to be positively related to self-perceived health. These findings highlight the value and importance of positive school environments for young people’s health.

Presentation Title: DEVELOPING A HEALTH PROMOTION APPROACH FOR INCREASING UPTAKE OF HARD-TO-REACH WOMEN IN THE IRISH BREAST (BREASTCHECK) AND CERVICAL (CERVICALCHECK) SCREENING PROGRAMMES.

Author(s) and Affiliation: Ms. Lynn Swinburne, National Cancer Screening Service, BreastCheck  
Ms. Orla Walsh, National Cancer Screening Service, BreastCheck

The primary target of both BreastCheck and CervicalCheck is to reduce the death rate and incidence of breast and cervical cancer among Irish women in line with best international practice. Reductions in mortality depend on obtaining high attendance rates for screening. However there are many reasons why women do not avail of screening.

In order to develop a health promotion approach to increase uptake of screening in women who may be hard-to-reach, two steps were undertaken - a literature search to establish health promotion approaches which show consistent evidence of effectiveness and a consultation process was held which included a call for submissions and a workshop.
Our findings show that a multi strategy collaborative approach is necessary in a low uptake area addressing local barriers and circumstances. These strategies must encompass the statutory sector, the community and voluntary sector, workplaces and the public. A central focus is needed on access enhancing strategies and on the use of lay health workers in a community setting. Primary care providers need ongoing support and education in their role of promoting screening and special efforts are needed for subgroups of the population who may experience specific barriers e.g. women with disabilities, Travellers, other social inclusion groups. Finally, clear, simple information about screening which offers a balanced overview of the benefits and limitations of screening is needed, in order to facilitate informed choice.

**Presentation Title:** CAN TWITTER INFLUENCE PERSONAL FITNESS?

**Author(s) and Affiliation:**
Mr. Ted Vickey, DERI, NUI Galway  
Mr. Mengjiao Wang, DERI, NUI Galway

**Objectives:** How the use of advanced web social technologies such as Twitter can effectively address the lack of motivation; thus increase exercise adherence/general health.

**Methods:** There is a substantial body of research regarding social networking and increased physical activity, but little regarding the effective usage of advanced web technologies to address exercise adherence (very important since 50% of people drop out of exercise programs within six months). We have collected over 1 million tweets sent via mobile fitness applications and categorized them into different classifications. We have analyzed their social network structure and determined online influence, fitness classification, exercise intensity, exercise duration and motivation.

**Results:** Studies have indicated that “lack of motivation” is a key factor in why a person does not exercise. While various mobile fitness applications monitor and track a person’s exercise characteristics, the effectiveness of online sharing via social networks of one’s physical activity has yet to be fully understood.

**Conclusion:** Understanding one’s social network may be one key to better health, as technology continues to impact humanity. Whilst there are a wide range of mobile fitness applications currently available, until these technologies incorporate a more persuasive approach to behaviour change, minimal results will occur.