



JOINT PUBLIC HEALTH CONFERENCE



27-11-2019 at Titanic, Belfast



An Roinn Sláinte
Ministère O'Fhaisle



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Wednesday 27 November 2019

Titanic Suite, Titanic, Belfast

08:45	Registration	Bridge Suite <i>6th Floor</i>
10:15	Welcome Professor Frank Kee Director, Centre for Public Health, Queen's University Belfast	Titanic Suite <i>5th Floor</i>
10:20	Dr Wendy Hardeman University of East Anglia <i>'Mobile health interventions to promote physical activity and reduce sedentary behaviour'</i>	Titanic Suite <i>5th Floor</i> Chair: Dr Janice Bailie Timekeeper: Ms Anita Yakkundi
11:05	Refreshments & Poster Viewing	Titanic / Bridge Suites <i>5th/6th Floors as directed</i>
11:25	Parallel Sessions 1 - 3	Titanic / Britannic / Olympic Suites <i>5th Floor</i>
12:10	Professor Laurence Moore University of Glasgow <i>'Moving towards a complex systems approach to population health intervention research'</i>	Titanic Suite <i>5th Floor</i> Chair: Professor Frank Kee Timekeeper: Mr Stephen Quinn
12:55	LUNCH & Poster Viewing	Titanic / Bridge Suites <i>5th/6th Floors as directed</i>

Wednesday 27 November 2019

Titanic Suite, Titanic, Belfast

13:55 Parallel Sessions 4 - 6

**Titanic / Britannic /
Olympic Suites**

5th Floor

14:40 Dr Marguerite Nyhan

National University of Ireland – University College Cork

‘Using Urban Analytics & ICTs to Design Healthy, Sustainable & Liveable Cities for the Future’

Titanic Suite

5th Floor

Chair: Dr Ruth Hunter

Timekeeper: Dr Shannon Montgomery

15:25

Closing Remarks & Poster Prize

Professor Frank Kee, Dr Janice Bailie, Ms Suzanne Costello

Titanic Suite

5th Floor

Refreshments available - feel free to stay a while and chat or grab & go

Parallel Sessions 1-3						
Time	ID	Titanic (S1) (Chair: Dr Dunla Gallagher) (Timekeeper: Dr Shannon Montgomery)	ID	Olympic (S2) (Chair: Professor Roger O’Sullivan) (Timekeeper: Ms Anita Yakkundi)	ID	Britannic (S3) (Chair: Mr Brendan Bonner) (Timekeeper: Mr Stephen Quinn)
11:25	1	Marlene Sinclair: <i>ConnectEpeople: A social-media-based study exploring research priorities of children with Down Syndrome, Cleft Lip with or without cleft Palate, Congenital Heart Defects and Spina Bifida (UU)</i>	5	Innovation in physical activity - interventions for older people - a participatory workshop (IPH / UU) Professor Mark Tully / Dr Conor Cunningham	6	Claire McEvoy: <i>Alcohol drinking patterns and cognitive performance among older adults living in the North and South of Ireland (QUB)</i>
11:35	2	Sarah O'Brien: <i>Creating a public health campaign to engage parents and create behaviour change to prevent childhood obesity using social marketing (HSE)</i>			7	Joanna Purdy: <i>Insights from an innovative structured engagement with stakeholders delivering on drug and alcohol policy in Northern Ireland (IPH)</i>
11:45	3	Aileen McGloin: <i>How a BOT helped save Christmas (safefood)</i>			8	Susan Calnan: <i>Development and evaluation of an alcohol programme to reduce excessive alcohol consumption among college students in Ireland (UCC)</i>
11:55	4	Katie Evans: <i>Preventing Suicides in Public Places- A pilot project in Limerick (HSE)</i>			9	Elizabeth Simpson: <i>Predictors of e-cigarette use in secondary school children in Northern Ireland: employing the theory of planned behaviour (UU)</i>

Parallel Sessions 4-6						
Time	ID	Titanic (S4) (Chair: Dr Claire McEvoy) (Timekeeper: Ms Rebecca Townsend)	ID	Olympic (S5) (Chair: Ms Suzanne Costello) (Timekeeper: Ms Anita Yakkundi)	ID	Britannic (S6) (Chair: Dr Naomh Gallagher) (Timekeeper: Mr Stephen Quinn)
13:55	10	Hannah Dearie: <i>A partnership approach to developing minimum nutritional standards (MNS) for catering in Health and Social Care (HSC) for staff and visitors in Northern Ireland (NI) (PHA)</i>	14	EU Public Health Programme (HRB) Ms Kay Duggan-Walls	17	Aisling McElearney: <i>Cluster randomised controlled trial of ‘Keeping Safe’ – a ‘whole school’ abuse prevention programme in primary schools in Northern Ireland: Evidence after 2 years of implementation (NSPCC)</i>
14:05	11	Helen McAvoy: <i>State provision of school meals across the island – innovation in policies, pilots and politics (IPH)</i>			18	Joanna McHugh: <i>Intergenerational Approaches to Reducing Loneliness: Findings from an Interdisciplinary Workshop (TCD)</i>
14:15	12	Aine Aventin: <i>Using Intervention Mapping to Adapt an Evidence-Based Sexual and Reproductive Health Intervention for Adolescents in Southern Africa (QUB)</i>	15	Jason Wilson: <i>Association of objective sedentary behaviour and self-rated health in English older adults (UU)</i>	19	Tony Doherty: <i>The evidence supporting a community-led approach to tackling chronic pain in NI (PHA)</i>
14:25	13	Carmel Kelly: <i>Improving the sexual health of men in Northern Ireland's prison (QUB)</i>	16	Jenny Murray: <i>Using Game Theory to assess the effects of social norms and social networks on adolescent smoking in schools: The MECHANISMS Study (QUB)</i>	20	Claire Cleland: <i>Measuring liveability and active living – the adaption and implementation of MAPS-Full (QUB)</i>

Oral Presentations

1	Marlene Sinclair	ConnectEpeople: a social-media-based study exploring research priorities of children with Down Syndrome, cleft lip with or without cleft palate, congenital heart defects and Spina Bifida (p12)
2	Sarah O'Brien	Creating a public health campaign to engage parents and create behavior change to prevent childhood obesity using social marketing (p12)
3	Aileen McGloin	How a Bot helped save Christmas (p13)
4	Katie Evans	Preventing suicides in public places – a pilot project in Limerick (p13)
5	Roger O'Sullivan	Innovation in physical activity – interventions for older people – a participatory workshop (p14)
6	Claire McEvoy	Alcohol drinking patterns and cognitive performance among older adults living in the North and South of Ireland (p14)
7	Joanna Purdy	Insights from an innovative structured engagement with stakeholders delivering on drug and alcohol policy in Northern Ireland (p15)
8	Susan Calnan	Development and evaluation of an alcohol programme to reduce excessive alcohol consumption among college students in Ireland (p15)
9	E Elizabeth A Simpson	Predictors of e-cigarette use in secondary school children in Northern Ireland: employing the theory of planned behavior (p16)
10	Hannah Dearie	A partnership approach to developing minimum nutritional standards (MNS) for catering in Health and Social Care (HSC) for staff and visitors in Northern Ireland (NI) (p16)
11	Helen McAvoy	State provision of school meals across the island – innovation in policies, pilots and politics (p17)
12	Aine Aventin	Using intervention mapping to adapt an evidence-based sexual and reproductive health intervention for adolescents in Southern Africa (p17)
13	Carmel Kelly	Improving the sexual health of men in Northern Ireland's prison (p18)
14	Kay Duggan-Walls	EU Public Health Programme (p18)
15	Jason Wilson	Association of objective sedentary behaviour and self-rated health in English older adults (p19)
16	Jennifer M Murray	Using game theory to assess the effects of social norms and social networks on adolescent smoking in schools: The MECHANISMS Study (p19)
17	Aisling McElearney	Cluster randomised controlled trial of 'Keeping Safe' - a 'whole school' abuse prevention programme in primary schools in Northern Ireland: evidence after 2 years of implementation (p20)



Oral Presentations cont...

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| 18 | Joanna McHugh Power | Intergenerational approaches to reducing loneliness: findings from an interdisciplinary workshop (p20) |
| 19 | Tony Doherty | The evidence supporting a community-led approach to tackling chronic pain in NI (p21) |
| 20 | Claire Cleland | Measuring livability and active living – the adaption and implementation of MAPS-Full (p21) |

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Poster Presentations

1	Harriet Tracey	Using design thinking principles to explore solutions for pre-diabetes (p23)
2	Aisling McGrath	Shedding light on men's health: evaluating the scalability of a community-based men's health promotion programme 'Sheds for Life' through the application of implementation science (p23)
3	Aine Aventin	Engaging parents in school-based sexual health promotion using online animated films. A UK-side cluster randomised controlled trial process evaluation (p24)
4	Shirley McClelland	Integrated smoking cessation pathway for head and neck cancer patients (p24)
5	Tom Woolley	Buildings and indoor air quality (p25)
6	Arthur LK Acheson	Bad air bad health (p25)
7	Laura Cushley	Whose data is it anyway? Influences on technology use and interpretation among young people living with Type 1 diabetes (p26)
8	Emma Reilly	The antenatal to three initiative – together is stronger (p26)
9	Lorna Cassidy	Using experience based co-design to improve engagement with cardiac rehabilitation (p27)
10	Jean Daly-Lynn	Examining technology in supported living environments for people living with dementia (p27)
11	Jean Daly-Lynn	Innovative methods for engaging people living with dementia in public health research (p28)
12	Mairead Madigan	An evaluation framework for measuring the impact of the Irish Cancer Society's programmes and services (p28)
13	Katie Blair	Prevention and early identification of alcohol use disorders through community pharmacy (p29)
14	Benny Cullen	Systemic evaluation of physical activity initiatives (p29)
15	Sinead Watson	The smoking cessation in pregnancy incentives trial (CPIT): A phase III randomized controlled trial (p30)
16	Maria O'Kane	The Walking in Schools (WISH) Study: a clustered randomised controlled trial (c-RCT) to evaluate the effectiveness of a peer-led school-based walking intervention in adolescent females (p30)
17	Trisha Forbes	iAmAware: a co-production and feasibility study to inform the development of a computer-based psychoeducation programme (p31)
18	Sharon Russell	Health visitor led extended infant feeding service pilot (p31)
19	Joan O'Kane	Collaboration and innovation to effect action on alcohol (p32)



Poster Presentations cont...

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| 20 | Shannon C Montgomery | Investigating peer social network processes and health behaviours of adolescents to improve understanding of social networks for behaviour change intervention design (p32) |
| 21 | Susan M Patterson | Healthy Legs Project; improving appropriate use of compression hosiery in the community (p33) |
| 22 | Jodie McGoldrick | Fit families for the future: addressing the gap in Northern Ireland childhood obesity services (p33) |
| 23 | Joseph Murphy | How can we successfully implement effective interventions designed to reduce physical inactivity in Ireland through cross-sectoral collaboration? (p34) |
| 24 | Charmaine McGowan | Putting the pieces together: using the evidence to inform public health practice – an example of the START campaign (p34) |
| 25 | Claire L Cleland | Public perceptions of a city centre 20mph speed limit zone, Belfast United Kingdom: a mixed method study (p35) |
| 26 | Rajiv Pandey | Routine and urgent referrals made by Diabetic RetinaScreen over 5 years of screening activity (p35) |
| 27 | Sarah O'Brien | Using a workplace step challenge to positively impact on staff morale and physical activity needs (p36) |
| 28 | John Wonnacott | What use is a Chaplain? Perception of the Chaplain's role and spiritual resources by staff and volunteers in a palliative care unit (p36) |
| 29 | Ilona McMullan | Is light physical activity associated with good balance in older community-dwelling adults? (p37) |
| 30 | Ilona McMullan | Is self-reported physical activity associated with self-rated vision over time in older community-dwelling adults? (p37) |
| 31 | Catherine Magennis | FNP and Me (p38) |
| 32 | Elaine Duddy | Developing research capacity: new research lead posts at Northern HSC Trust (p38) |



Dr Wendy Hardeman

School of Health Sciences, University of East Anglia



Wendy Hardeman is Senior Lecturer in Health Psychology at the School of Health Sciences, University of East Anglia. Her research uses methods, theory and evidence from behavioural science and health psychology to translate research evidence into practice and policy. Her research programme includes the development and (trial) evaluation of behaviour change interventions to prevent and manage long-term conditions, including the promotion of physical activity, healthy eating and supporting medication taking. Current interests include scalable behaviour change interventions such as very brief face-to-

face interventions and mobile health interventions. Wendy was a member of the team who developed the Behaviour Change Technique Taxonomy v1 and she co-authored UK Medical Research Council guidance on the process evaluation of complex interventions. She is Associate Editor of the British Journal of Health Psychology.

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Dr Marguerite Nyhan

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Marguerite Nyhan is a Lecturer in Environmental Engineering at the National University of Ireland - University College Cork and a Visiting Scientist at Harvard University in Boston. While conducting her PhD in Environmental Engineering in Trinity College Dublin, Nyhan was invited to Massachusetts Institute of Technology in Boston to conduct research and was awarded a Fulbright Scholarship at this time. Following the

completion of her PhD, she was hired as a Post-Doctoral researcher at MIT and led the Urban Environmental Research Team within MIT's Senseable City Laboratory. She was then a Post-Doctoral researcher at Harvard University's School of Public Health. Later,

she was recruited by the United Nations in New York City, where she worked as a Research Scientist and diplomat.

With a background in environmental engineering, urban analytics and public health, Marguerite is interested in informing the design of healthy, sustainable and liveable cities of the future. Nyhan has published ground-breaking research on using ICT datasets to evaluate urban dynamics at a city-wide scale; modelling emissions and human exposures to pollution; and determining associations between exposures and human health outcomes through environmental epidemiological modelling methods. Her current work also focuses on the human health impacts of climate change; and in harnessing emerging technologies in humanitarian efforts and sustainable development work to achieve the targets set out in the UN Agenda 2030 Sustainable Development Goals.

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Professor Laurence Moore

MSc PhD FAcSS FFPH
University of Glasgow



Laurence Moore is Director of the Medical Research Council / Chief Scientist Office Social and Public Health Sciences Unit in the University of Glasgow. Prior to that he was Professor of Public Health Improvement at Cardiff University and founding Director of DECIPHer, a UKCRC Public Health Research Centre of Excellence. He is a

social scientist and statistician with a track record in the development and evaluation of interventions to improve public health. He has served on a number of funding boards, advisory and strategy groups for NIHR and MRC. He is leading a project commissioned by MRC and NIHR to update the MRC Guidance on Complex Interventions, due for publication early 2020.

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- 1** ConnectEpeople: a social-media-based study exploring research priorities of children with Down Syndrome, Cleft Lip with or without Cleft Palate, congenital heart defects and Spina Bifida

Professor Marlene Sinclair

J McCullough, D Elliott, P Braz, C Caverro-Carbonell, A Jamry-Dziurla, A Joao Santos, A Latos-Bielenska, L Paramo-Rodriguez

Background: Using social media for research purposes is novel and challenging in terms of recruitment and ethical issues. This paper provides insight into the recruitment of European parents of children with specific congenital anomalies to engage in co-production research by using social media. A secret Facebook Page, providing optimal security, was set up for newly recruited Research Aware Parents (RAPs) to communicate privately and confidentially with each other and the research team to generate questions and to interpret findings.

Objectives: To use social media for recruitment and engagement of parents in research and to determine research priorities of parents who have children with Down syndrome, Cleft Lip with or without Cleft Palate, Congenital Heart Defects and Spina Bifida.

Methods: The design was exploratory and descriptive with three phases. Phase 1, recruitment of RAPs and generation of research questions important to them, Phase 2, an online survey, designed using Qualtrics software exploring responses to RAPs research questions, and Phase 3, analysis and ranking of the top 10 research questions using the James Lind Alliance approach. Simple descriptive statistics were used for analysis and ethical approval was obtained from Ulster University, Institute of Nursing and Health Research, Ethics Filter Committee.

Results: Recruitment of 32 RAPs was a sensitive process, variable in the time taken to consent (mean = 51 days). However, parents valued the screening approach using the State Trait Anxiety Inventory as a measure to ensure their wellbeing (mean = 32.5). In Phase 1, RAPs generated 98 research questions. In Phase 2, 251 respondents accessed the online survey, 248 consented and 80 submitted the survey giving a completeness rate of 32%. The majority of parents used social media to assist them in finding answers to their questions about research related to their children's needs and to connect with other parents and support organizations (n=74, 92%). Social media, online forums and meeting in person were ranked the most preferable methods for communication with support group(s) networks and charities. Most respondents stated they had a good understanding of research reports (n=71, 89%), statistics (n=68, 85%) and could differentiate between different types of research methodology (n=62, 78%). Phase 3, demonstrated consensus amongst RAPs and survey respondents with a need to know the facts about their child's condition, future health, psychosocial and educational outcomes for children with similar issues.

Conclusions: Social media is a valuable facilitator in the co-production of research between parents and researchers. Meeting in person remains important for relationship building and the face-to-face nature of social media has untapped potential for research purposes. From a theoretical perspective, ocularcentricism can be an applicable frame of reference for understanding how people favour visual contact and can find online meetings preferential in complex family circumstances.

Key Words: (3-10) e-forum, social media, online survey, Facebook, STAI, Down Syndrome, Cleft Lip with or without cleft Palate, Congenital Heart Defects, Spina Bifida, parents, ocularcentricism

- 2** Creating a public health campaign to engage parents and create behavior change to prevent childhood obesity using social marketing

Ms Sarah O'Brien

A McGloin

Background

Step 4 of Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2020(1) commits to implementing a strategic and sustained communications strategy to empower individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years. In 2017, safe food and HSE, supported by Department of Health and Public Health Agency, NI established a new partnership to develop and deliver a 5-year communications campaign. The objective of the partnership was to:

- develop a social marketing campaign 'To inspire, empower and support parents to start building and persist with healthy lifestyle habits in the family to prevent childhood overweight'.
- provide a consistent approach and clear messaging across multiple sectors
- tap into grass-roots community networks and agents of change

Methods

The first phase of the campaign development focused on developing a common vision and purpose across the partners, by articulating core principles and values.

The second phase involved a three stage approach to generating audience insights.

- Stage 1 Focus groups with parents to explore narratives on childhood obesity and how to prevent it generated from literature
- Stage 2 Omnibus survey with 971 parents
- Stage 3 Focus groups with parents to refinement of message, tone and feel of campaign

Results

All-island START campaign launched November 2017, encouraging parents to focus on changes that would increase fruit, vegetable and water intake. A second phase focusing on increasing physical activity and reducing screen time was delivered in 2018. And in 2019 the focus is on changes that reduce intake of high fat, salt & sugar foods.

Discussion

Utilising social marketing approaches to develop deep insights and understanding of target audience has enabled the development of a campaign that the target audience connects with and who report positive impact on intention to make changes.

Key words: childhood obesity, social marketing, behaviour change

3 How a BOT helped save Christmas

Ms Aileen McGloin

L Gordon, G Kearney, M McCann, A O'Reilly, J Carroll, L Murphy, A Castles

Background

Poultry can be a risky food because of potential contamination with pathogens such as Campylobacter and Salmonella. Each year on Christmas Day, over a million turkeys are cooked on the island of Ireland. This makes Christmas a time when cooks need most help and advice. This is evidenced by the fact that the busiest day each year on www.safefood.eu has been Christmas Day (35,000 visits in 2016).

However, December 25th is too late to seek out food safety advice. That's why for Christmas 2017, safefood used social channels to get food safety information to the public earlier, and developed Chef Bot, our Facebook Messenger Bot, to support home cooks. The goal was to promote awareness of food safety information on safefood.eu, to get the right information to users at the right time, increase the use of the Turkey Cooking Time Calculator and provide automated customer service.

Methods

Safefood developed social media and radio assets for a campaign to draw public attention to our web information and tools. ChefBot was built in Facebook, using a data driven approach. Google analytics showed the high level, last minute, use of safefood's food safety information at Christmas. We used our existing database of questions asked at Christmas via our customer service channels to populate the Bot. This entailed three categories; recipes, preparation & cooking, & storing & defrosting. This was supplemented by time-based information & less formal responses that anticipated how humans interact. The Bot was built on an existing Facebook Bot platform, Chatfuel.

Results

The campaign achieved a 362,000+ reach on Facebook, 1 million impressions, 11% engagement, with a 790,000+ reach on Twitter, 4.6% engagement. Chefbot users peaked Dec 23rd, before Christmas Day. Website traffic was up 53% vs Dec 2016 & 240% vs 2015 with the most traffic ever to safefood.eu in a day (45,000) on Christmas Eve. The Turkey Cooking Time Calculator was the most popular page on safefood.eu with 105,806 visits. Chefbot answered 356 public enquiries.

Discussion

The communications activities and automated customer services successfully drove traffic to key information and resources on the safefood website. The use of The Turkey Cooking Time Calculator can be considered a proxy behaviour for thorough cooking and reduced risk of food poisoning.

Implications

The 106 thousand visits to our turkey cooking calculator mean that these cooks had the right information to protect their families from food poisoning.

Keywords: Food safety, Bot, social media, turkey, innovation.

4 Preventing suicides in public places – a pilot project in Limerick

Ms Katie Evans

D Hamilton, L Breen, M Casey

Background: According to UK research approximately one third of all suicides take place outside the home, in a public location. A public suicide affects not only the person's family and friends but can be traumatic for bystanders who witness the act or discover the body. Restricting access to means has been consistently shown to be effective in reducing suicidal behaviour. In 2015 Public Health England (PHE) published a practical toolkit for suicide prevention for local authorities including a step-by-step guide to identifying frequently used locations. Using the PHE toolkit methodology, this pilot project identified frequently used locations, methods used and key demographic characteristics of those who engaged in suicidal behaviour in Limerick.

Methods: This is a collaborative project between the Department of Public Health Mid-West, An Garda Síochána and Limerick Local Authority. Local geo-coded data from the Garda PULSE system was analysed to identify frequently used public locations for reported suicide/suicide attempts in Limerick. Descriptive analyses were conducted for each location e.g. number of times the site was used, method used, timing of suicide/suicide attempt and personal characteristics of the individuals e.g. age, gender etc. No information on past medical/psychiatric history was included.

A systematic review which examined the evidence base for effective suicide prevention interventions was updated.

Results: There were 991 incidents of suicidal behaviour (208 completed suicides; 783 suicide attempts) recorded by Gardaí in Limerick from 2012 to 2018. Of these 48% occurred in public places. The largest proportion of public suicidal incidents (65%) occurred in water related locations. Furthermore, 84% of the water based incidents occurred within a 4.2km connected catchment area in Limerick city.

An updated review of international evidence suggested four broad areas of intervention;

- 1 Restricting access to the site and the means of suicide
- 2 Increasing the opportunity & capacity for human intervention
- 3 Increasing opportunity for help seeking by the suicidal individual
- 4 Changing the public image of the site

Discussion/Implications: The findings highlighted a specific area in Limerick City which accounts for 26% of all suicidal behaviour (both public and private in Limerick City and County) recorded by Gardaí. Learning points from the pilot will be used to create an Irish version of the PHE toolkit to share best practice and to aid with suicide prevention interventions at a local level.

Keywords: suicide, suicide prevention, mental health, connecting for life

5 Innovation in physical activity interventions for older people

Professor Roger O'Sullivan

M A Tully, C Cunningham

A participatory workshop

Chair: Professor Roger O'Sullivan (IPH)

Presentation 1: Professor Mark Tully (UU)

Professor Tully will present data from the NICOLA study on physical activity levels of older adults in NI, focussing on subgroups of older adults that should be targeted with innovative policy or programmes.

Presentation 2: Dr Conor Cunningham (IPH)

Dr Cunningham will present an overview of physical activity and policy and programmes in NI, focussing on gaps in current policies or programmes where innovation is needed.

Response: Dr Wendy Hardeman (University of East Anglia)

The importance of physical activity to health and wellbeing is well documented. However the benefits of physical activity are not equally enjoyed by older people. This workshop will use a participatory style approach to explore and share insights on what we can do to help to get older people active; who should be involved and how; what do we know works with who and what doesn't and why. The workshop will involve small group discussion and feedback.

6 Alcohol drinking patterns and cognitive performance among older adults living in the North and South of Ireland

Dr Claire McEvoy

V Guzman, J McHugh Power, S Cruise, F Kee, B McGuinness, IS Young, JV Woodside, RA Kenny, J Feeney

Background: Little is known about the relationship between alcohol and brain health in older adults. This aim of this study was to determine the cross-sectional associations between drinking patterns and cognitive performance in older adults across the island of Ireland.

Methods: Data was drawn from Wave 3 of the Irish Longitudinal Study of Ageing (TILDA; n=4182; 56% female, mean age 66±9 years), and Wave 1 of the Northern Ireland Cohort for the Longitudinal Study of Ageing (NICOLA; n=2510; 52% female, mean age 64±9 years). Participants were categorised according to their drinking patterns as: lifetime abstainers, former drinkers, occasional drinkers, low-risk drinkers (<14 UK units/week) and high-risk drinkers (>14 UK units/week). Cognitive outcomes were global cognitive function on the Montreal Cognitive Assessment (MoCA) and a composite cognitive score incorporating domains of episodic memory, semantic memory, and executive function. Negative binomial and linear models were applied to examine associations between drinking patterns and cognitive outcomes separately in the TILDA and NICOLA datasets. Sequential models incorporated adjustment for age, sex, education, employment status, marital status, neighbourhood deprivation, smoking, physical activity, self-rated health, depressive symptoms and social isolation. Low-risk drinkers were considered as the reference category.

Results: In both cohorts low-risk drinkers had higher cognitive composite scores and higher MoCA scores than former drinkers, occasional drinkers and lifetime abstainers. However, after full covariate adjustment, only lifetime abstainers in TILDA performed worse on the MoCA (number of errors: b=0.1, 95% C.I. 0.02, 0.17, p<.05), and only lifetime abstainers in NICOLA had lower composite score (b=-0.33, 95% C.I. -0.61, -0.05, p<.05), relative to low-risk drinkers. No relationship was observed between high-risk drinking and cognitive performance.

Discussion: Low risk drinkers had slightly better cognitive performance compared to lifetime abstainers but observed effect sizes were small and lacked clinical relevance. Partial inconsistency of results between TILDA and NICOLA could be due to differences between populations, sample characteristics or study methodology. While we didn't observe any difference in performance among the group drinking above 14 units a week, this doesn't preclude the existence of an inverse association for those individuals with very high alcohol intake.

Implications: Demographic, health and behavioural characteristics explained a significant proportion of the association between alcohol consumption and cognitive performance in older adults. Further research is required to understand the psychosocial characteristics of drinkers and non-drinkers in relation to cognitive function and to determine the longitudinal effects of alcohol intake on cognitive performance.

Keywords: Alcohol, cognitive function, older adults

7 Insights from an innovative structured engagement with stakeholders delivering on drug and alcohol policy in Northern Ireland

Dr Joanna Purdy

H McAvoy, H Cummins

Background: The Department of Health in Northern Ireland has undertaken a multi-component review of the New Strategic Direction for Alcohol and Drugs-Phase 2 (NSD-2). The Institute of Public Health in Ireland undertook a structured stakeholder engagement with implementation stakeholders as part of this broader review. This aimed to capture the perspectives of implementation stakeholders and understand the factors influencing the delivery of the strategy's actions.

Methods: Stakeholders with strategic and operational responsibility for the delivery of NSD-2 were engaged through nine interviews, four focus groups and an online survey. Frequencies from the survey were generated using SPSS and qualitative data were analysed using NVivo.

Results: Respondents to the engagement included representatives from government departments, health and social care, academia, the community and voluntary sector and service user representatives. There were 43 valid responses to the online consultation. 165,394 words of text were returned across three research tools. The consistency and commitment of the NSD-2 steering committee fostered continuity, meaningful representation and cross-sectoral collaboration. Respondents perceived that the Regional Commissioning Framework lead to greater consistency in the level and diversity of service. Development of the Drug and Alcohol Monitoring Information System, workforce development and roll out of harm reduction approaches were also highlighted as key developments. Lack of a functioning political structure was viewed as a hindrance particularly in the area of legislation on prevention. The need for a higher priority and refreshed approach to addiction recovery was identified, as was enhanced approaches to address alcohol and drug-related harms among older people.

Discussion: This study explored the 'black box' of strategy implementation, at a time when both levels and complexity of alcohol and drug-related harms are escalating. Significant insights were revealed from engagement with stakeholders working in strategic, operational, service and community level roles. Preserving and growing the existing culture of cross-departmental and cross-sectoral working is recommended. Political leadership and restoration of political decision making structures together with enhanced evaluation of local service developments will be critical to responding effectively to a rising tide of alcohol and drug related harm in Northern Ireland in the future.

Implications: The knowledge gained in this engagement highlights priorities for the design and implementation of future drug and alcohol strategies.

Keywords: drugs and alcohol, drug policy, alcohol policy, Northern Ireland

8 Development and evaluation of an alcohol programme to reduce excessive alcohol consumption among college students in Ireland

Ms Susan Calnan

Background: Excessive alcohol consumption has been identified as the number one public health problem facing college students (Weschler, 2002). In 2016, a comprehensive alcohol pilot programme called REACT (Responding to Excessive Alcohol Consumption in Third-level) was launched as a joint initiative between UCC Health Matters, the Union of Students in Ireland and the Irish Student Health Association, with funding provided by the HSE.

Methods: Development of REACT comprised a three-step process involving a literature review, knowledge exchange event and expert consultation. The resulting programme consists of a suite of mandatory and optional action points, which participating institutions are required to implement and for which they will receive an award and accreditation on completion.

An evaluation of the programme has also been undertaken to assess outcomes and implementation. Evaluation included a baseline and follow-up cross-sectional study to determine potential outcomes. A qualitative study was also conducted to examine perceived factors influencing the adoption and implementation of REACT among third-level institutions.

Results: To date, 10 third-level institutions in Ireland have implemented the REACT programme and received an award and accreditation for their efforts.

Results of the initial evaluation of REACT indicate that a range of factors influenced implementation and adoption of the programme, with facilitators including relative advantage perceived and compatibility of the programme. Potential barriers included a lack of resources to implement REACT and the absence of a champion to drive the programme. At the two-year follow-up, no change in the prevalence of hazardous or harmful alcohol consumption (HHAC) was found among the study sample. However, the proportion of non-drinkers did increase, as did the proportion of students expressing concerns about harms due to drinking.

Discussion: The REACT programme is a comprehensive pilot programme that seeks to translate policy into action. The primary aim of the programme is to reduce HHAC among college students in Ireland. Results of the initial evaluation of REACT indicate that a range of factors influenced the adoption and implementation of this programme. The lack of change in the prevalence of hazardous and harmful alcohol consumption at the two-year follow-up raise concerns about the efficacy of REACT. However, given the relatively low response rate of the survey, the short period of follow up and the small control group sample, the study was considerably underpowered to detect a significant effect of the intervention. This highlights the need to plan for a rigorous and adequately powered evaluation study in designing complex interventions such as REACT.

Keywords: alcohol, college students, Ireland, REACT programme

9 Predictors of e-cigarette use in secondary school children in Northern Ireland: employing the theory of planned behaviour

Dr E Elizabeth A Simpson

J Doherty, J Davison, L Dunwoody, M McLaughlin, M Giles, C Armour, C McDowell, G Gilmore, L Bauld

Background

E-cigarette (EC) use among young people in the UK is rapidly increasing, especially among non-smokers, with some viewing them as a healthy alternative, more socially acceptable to cigarettes, and as smoking cessation aids. The aim of this study was to determine knowledge, attitudes and potential predictors of EC use in a sample of young people aged 11-16 years, living in Northern Ireland.

Methods

A quantitative survey design based on the Theory of Planned Behaviour (TPB) was used. A sample of 1511 young people aged between 11-16 years took part, recruited from 21 schools across Northern Ireland. Questions were structured and based on an elicitation study carried out previously with this age group (n=51), developed to reflect direct and indirect influences on the main constructs of the TPB (attitude, subjective norm (SN) and perceived behavioural control (PBC), to determine predictors of EC use in this group.

Findings

Around 4% of the sample were current e-cigarette users, with 22% reporting ever use. Hierarchical linear and hierarchical logistic regression analyses were conducted to determine predictors of intentions to use and actual use of EC, respectively. Overall, socio-demographic and TPB variables accounted for 65% of the variance in intentions to use EC in the next month, with those holding more positive attitudes, more likely to be influenced by family and friends, and those who felt they had greater control around their use of EC being more likely to intend to use them. The variables accounted for 16% of the variance in current use of EC with intentions to use then and having higher capabilities in how to use them, as the main influences on behaviour.

Discussion

The findings add to our existing knowledge about EC use in young people and has important implications for health and well-being of young people in the future. A risk reduction approach should be taken to educate young people about EC and balance the acceptability of smoking type behaviours and the potential for nicotine addiction. The information from this project should be used to inform an educational resource for use in post primary schools in Northern Ireland.

10 A partnership approach to developing minimum nutritional standards (MNS) for catering in Health and Social Care (HSC) for staff and visitors in Northern Ireland (NI)

Dr Hannah Dearie

J da Silva, A Castles, S Gilmore, N Davidson, C Bloomfield

Background

Obesity rates in NI are similar to other parts of the United Kingdom (UK) with 64% of adults overweight or obese. One of the outcomes in the NI obesity prevention strategy, A Fitter Future for All 2012-2022, is that 'MNS are in place for staff and visitors in HSC settings.' The Food Standards Agency (FSA), safefood and the Public Health Agency (PHA) led the development of the standards and their implementation.

Methods

A review was undertaken of other successful UK HSC catering MNS. This included the Government Buying Standards for Food and Catering Services and supporting 'Healthier and More Sustainable Catering Toolkit' in England, the Scottish Government and NHS Health Scotland's healthy living award and the voluntary guidance on healthy food and drink choices for staff and visitors and the Corporate Health Standard award in Wales. These initiatives were considered by the Working Group and in conjunction with dietetic, catering, public health and procurement specialists from across the region the MNS were developed for NI.

Results

The MNS are food-based standards developed around the Eatwell Guide. FSA, safefood and PHA jointly fund a nutritionist to lead the implementation of the standards in HSC. The Innovation Lab (Department of Finance NI) also supports the implementation through research on behaviour change. The MNS received endorsement from the British Dietetic Association and the Hospital Caterers Association and were published with a foreword by the NI Chief Medical Officer. The Health Service Executive in the Republic of Ireland secured permission and adapted the MNS for use across Ireland. The steering group is also working with other public sector organisations to help implement the MNS in local authorities and across the wider public sector.

Discussion

The significant role of the workplace in promoting healthier lifestyles and supporting staff with better nutritional choices is increasingly recognised. However, full implementation remains challenging due to product availability, procurement and perceived risks to profitability.

Implication

The MNS are currently being reviewed in line with emerging evidence and there is continued support for implementation and expansion across public sector.

Keywords

Minimum nutrition standards, Health and Social Care, partnership

11 State provision of school meals across the island – innovation in policies, pilots and politics

Dr Helen McAvoy

J Purdy, H Cummins

Background: Government approaches to the provision of free school meals differ considerably in Northern Ireland (NI) and the Republic of Ireland (RoI). The Institute of Public Health in Ireland will present a snapshot of current policies and programmes across the island alongside some considerations for the future.

Methods

- Rapid review of the evidence on the association between free school meal provision and selected
- child health outcomes.
- Assessment of the current legislative, policy and programme landscape by jurisdiction
- Selection of key insights based on findings from evaluation reports, data and research, and
- political positioning of the issue.

Results

- State provision of school meals can be an effective policy measure to enhance the health and development of children.
- Northern Ireland's cross-departmental Food in Schools Policy provides the strategic direction for school food provision and approaches to healthy eating. Almost 80,000 free school meals are served daily with higher uptake in areas of greater deprivation. In RoI, a School Meals Programme is operated by the Department of Employment Affairs and Social Protection with priority funding for disadvantaged schools. A pilot project is currently being rolled out to 36 primary schools, providing a free hot meal to over 7,200 children.
- Evaluations consistently emphasise the importance of whole school approaches to healthy eating, irrespective of whether free hot meals are provided. Successful implementation depends on a clear approach to addressing issues of stigma, access and availability of cooking facilities.

Discussion: NI has a comprehensive free school meals programme driven by a defined policy and well established oversight structure, standards, operating and data monitoring systems. State provision of school meals is culturally ingrained and politically prized. In RoI, there is no high level policy commitment to universal provision of free school meals. However, several valuable programmes are in operation led by differing government departments and agencies. Findings from the recent pilot may be significant in shaping greater alignment between approaches across the island.

Implications: The health equity impacts of state provision of free school meals are likely to be significant. Free school meal programmes have potential to contribute to multiple government agendas including poverty, social inclusion, nutrition, obesity and educational attainment. A comprehensive all-island cost-benefit analysis of state provision of free school meals would produce further insights and support evidence informed political decision making.

Key words: School meals, public health policy, health equity, child health and development

12 Using intervention mapping to adapt an evidence-based sexual and reproductive health intervention for adolescents in Southern Africa

Dr Aine Aventin

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Background

To expedite impact and reduce costs, existing evidence-based interventions to address global health challenges are increasingly being implemented with new populations and in new contexts. Yet the processes used to adapt these interventions for new settings are rarely reported, and guidance for optimising adaptation remains scarce. We outline our approach to co-producing adapted versions of an existing UK sexual and reproductive health intervention (If I Were Jack) for two different adolescent populations in southern Africa. We reflect on the challenges we experienced and offer considerations for public health researchers involved in similar work.

Methods

Adaptation of the intervention was guided by Bartholomew et al.'s Intervention Mapping (IM) approach. The systematic and participatory process involved consultation with separate adolescent, community and expert planning groups and a collaboratively conducted needs assessment drawing on a new systematic literature review plus focus groups with adolescents (8 groups of 6, n=48) and adults (4 groups of 6, n=24) in South Africa and Lesotho.

Results

The IM process resulted in detailed adaptation, adoption, evaluation and implementation plans. These clarified: how If I Were Jack should be changed for use with the new populations; which individual- and environmental-level determinants to target; and actions for facilitating successful adoption, evaluation and implementation in the new settings. Challenges included allowing adequate time for the process and ensuring appropriate negotiation of the different social and political climates in the two countries while maintaining the core components of the original intervention.

Discussion

The IM approach provided a systematic framework for intervention adaptation and helped encourage meaningful participation of stakeholders. The process was facilitated by the combined skills and knowledge of an international multidisciplinary planning and development team comprising academics and practitioners, as well as end-users.

Implications

The use of IM allows for a systematic appraisal of whether components and processes of an evidence-based intervention are appropriate for a new target population before costly evaluation studies are conducted. Further applications of this approach in public health are possible. Programme developers should ensure adequate time to engage with local stakeholders and make use of the knowledge and skills of an international multidisciplinary team.

Keywords: Adaptation; Intervention Mapping; Intervention Design; Co-production; Global Sexual and Reproductive Health; Adolescent Health

13 Improving the sexual health of men in Northern Ireland's prison

Dr Carmel Kelly

M Templeton, M Lohan

Background

Men who enter prison have some of the poorest sexual health with especially high rates of sexually transmitted infections, including HIV and viral hepatitis. This project had two stands. Firstly we sought to empower prison nursing staff to provide robust Level 1 asymptomatic testing for sexually transmitted infections, including the management of chlamydia positive results with appropriate treatment and partner notification. Secondly, we worked with 8 nurses to develop their facilitation skills to provide health promotional activities with young men in prison. Collaboratively with young men, nursing staff and the research team, we developed a short animation video to promote the service and a positive approach to sexual health check-ups.

Methods

In strand 1 we completed a case note audit of 172 patients seen in the nurse led service during the 6 month period 1st July 2018 – 31 December 2018. Performance was measured against key performance indicators in relation to sexual history taking, tests offered and the management of positive cases of chlamydia in relation to time from test to treatment and the documentation of partner notification discussion. In strand 2 we employed a rights based participatory approach to the co-production of a Web-based intervention that would be engaging for young incarcerated men.

Results

National outcomes measures were exceeded for some clinical outcomes. During the 6 month period, there were in total 12 positive chlamydia results (7% positivity rate) and 3 gonorrhoea positive results. In addition, 2 new cases of syphilis were detected and a further 2 cases of known HIV were highlighted. There were 7 cases of Hepatitis C (3 previously diagnosed) and 3 cases of Hepatitis B. While the chlamydia positive cases were managed by the nurse, all other positive cases were seen by the GUM consultant or referred to Hepatology. A 1.42 minute animation Dick loves Doot was created to promote a positive attitude toward sexual health check-ups.

Discussion

This project has shown that successful partnerships between specialist sexual health and prison healthcare services, in partnership with service users can achieve well-co-ordinated services and health promotion interventions, in settings closer to hard to reach populations, whilst maintaining robust clinical governance procedures.

Implications

Future support and development of this model of care will increase detection and early treatment of asymptomatic STIs among men entering prison, positively impacting on their health and the health of their partners and communities on their release from prison

Keywords

Sexual health; Prison Healthcare; Rights based participatory approach;

14 EU Public Health Programme

Ms Kay Duggan-Walls

The EU Health Programme is about fostering health in Europe by encouraging cooperation between EU Member States to improve health policies to benefit their citizens and to support and complement Member States Health initiatives. The current Programme runs from 2014-2020 and has a budget of €449.4 million. In the current Programme Ireland has drawn down over €2.5million from 2014-2018.

The general objectives of the Programme are to:

1. **Improve the health of EU citizens and reduce health inequalities**
2. **Encourage innovation in health and increase sustainability of health systems**
3. **Focus on themes that address current health issues across Member States**
4. **Support and encourage cooperation between Member States**

The Health Programme is a funding instrument to support cooperation among EU countries and underpin and develop EU health activities. The main actions are Joint Actions as well as Project grants. The outcomes of these Joint Actions are the integration of the results in policies at national, regional or local level, and to also build capacity in certain areas and to exchange best practice.

Results have generated knowledge and evidence that serve as a basis for informed policymaking and further research. This includes best practice, tools, and methodologies that secured benefits for both the public-health communities and citizens directly (e.g. improving diagnostic tests, supporting EU countries in developing national actions plans on cancer, improving patient care).

I will disseminate in this presentation the results of Joint Actions and Project grants where Irish researchers have shared good practices and influenced health policies. I will also present on the funding opportunities available in the Programme.

15 Association of objective sedentary behaviour and self-rated health in English older adults

Dr Jason J Wilson

NE Blackburn, R O'Reilly, F Kee, P Caserotti, MA Tully

Background: Evidence suggests that sedentary behaviour is an independent risk factor associated with how successfully individuals age. Therefore, reducing sedentary behaviour might improve the health of older adults. High levels of sedentary behaviour appear to be related to lower self-rated health. However, most studies have used subjective tools which are subject to misclassification and recall bias. We know little about how objectively measured sedentary behaviour impacts on self-rated health in older adults. This study aimed to explore the associations between objectively measured sedentary behaviour and self-rated health in English older adults.

Methods: A random sub-sample of older adults (≥ 65 years old) from the 2008 Health Survey for England wore an ActiGraph GT1M accelerometer for 7 days. Self-rated health was measured using an item from the General Health Questionnaire. Linear regression and analysis of covariance were used to test the associations between percentage time spent in sedentary behaviour and mean daily minutes in sedentary behaviour (< 200 counts per minute) and self-rated health (very good/good; fair; bad/very bad), adjusting for relevant covariates. Statistical significance was set at $p < 0.05$.

Results: Valid accelerometry datasets were returned by 578 (46.2%) individuals. Significant negative associations between both percentage time (adjusted $r^2 = 0.410$) and mean daily minutes in sedentary behaviour (adjusted $r^2 = 0.177$) with self-rated health were found. After adjustment, individuals who rated their health as very good/good spent 3.56% [95% confidence interval (95% CI) -5.72 to -1.41] and 5.66% (95% CI -8.92 to -2.40) proportionally less time in sedentary behaviour compared to fair and bad/very bad (both $p < 0.001$). Considering daily times, individuals rating their health as very good/good spent significantly less time in sedentary behaviour than fair (-29.23 min/day; 95% CI -51.62 to -6.83) but not bad/very bad (-31.52 min per day; 95% CI -65.38 to 2.34).

Discussion: Sedentary behaviour appears to be associated with self-rated health in older people; independently from moderate-vigorous physical activity. For researchers and clinicians, patients providing more negative self-ratings of their health are likely to spend more time in sedentary behaviour. If longitudinal research could determine how changes in sedentary behaviour influences self-rated health as individuals' age, this might be an important lifestyle variable to target for health improvement.

Implications: The findings from this study appear to suggest the potential for sedentary behaviour reducing interventions for improving the health of older adults.

Key words

Sedentary behaviour, Accelerometer, Self-rated health, Older adults

16 Using game theory to assess the effects of social norms and social networks on adolescent smoking in schools: the MECHANISMS study

Dr Jennifer Marie Murray

EO Kimbrough, EL Krupka, A Ramalingam, R Kumar, L Dunne, L Bauld, OLS Duenas, L Moore, H Zhou, M Felipe, SC Sanchez Franco, S Montgomery, C Tate, F Kee, R F Hunter

Background: Globally, smoking is the most important preventable risk factor for chronic disease. Smokers usually start as adolescents due to normative influences. One promising behaviour change strategy involves reducing the gap between perceived and actual social norms (misperceptions) to encourage disengagement from unhealthy behaviours adopted due to false beliefs that they are commonplace amongst peers. Evaluation of social norms interventions in public health has relied on self-report measures which are open to social desirability biases. Behavioural economists have introduced experimental approaches offering less biased methods for eliciting norms but this learning has not crossed the disciplinary divide into public health. A better understanding of mechanisms in social norms interventions might be gained if constructs identified by alternative measurement methods are aligned and have comparable explanatory power for effects mediated by interventions. The MECHANISMS study targets smoking-prevention for 12-13 year old school pupils in Northern Ireland (NI; UK) and Bogotá (Colombia). It aims to increase understanding of social norms transmission in schools following smoking-prevention interventions using novel behavioural economics methods^{1,2}.

Methods: Pre- and post-intervention (ten weeks), participants completed experiments assessing their judgments about the social appropriateness of smoking and vaping-related behaviours (injunctive norms), the proportion of peers in their school year group who would be accepting of others smoking and vaping (descriptive norms), and individuals' sensitivities to social norms. Participants also completed a survey assessing self-reported norms. We will compare the experimental and survey norms measures using MECHANISMS pilot data to determine whether they are measuring the same phenomena. Proposed analyses include confirmatory factor analysis and Bland-Altman limits of agreement approaches.

Results: Results will be presented for the MECHANISMS pilot (N=1 school, n=107 pupils NI; N=2, n=273 Bogotá).

Discussion: Developing social norms interventions requires sound methods of measuring social norms. Insights can be gained from outside public health (e.g. behavioural economics), and this study will apply these methods to answer health-related questions for the first time.

Implications: This research will improve understanding of the most appropriate methods of measuring social norms to promote health-enhancing behaviours. It is innovative because it utilises transdisciplinary insights from game theory about social norms elicitation to better understand the effects of school-based smoking-prevention programs across different contexts. The underpinning methodology will have wider relevance for studying other health-related behaviours in future.

Keywords: Smoking-prevention, Adolescents, Social norms, Game theory

1 Krupka EL, Weber RA. J Eur Econ Assoc. 2013;11(3):495-524.

2 Kimbrough EO et al. J Eur Econ Assoc. 2016;14(3):608-638.

- 17** Cluster randomised controlled trial of 'Keeping Safe' – a 'whole school' abuse prevention programme in primary schools in Northern Ireland: evidence after 2 years of implementation

Ms Aisling McElearney

G Adamson, C Murphy, P Stephenson, M Monaghan

Background

Child abuse has a pervasive, detrimental impact on children's wellbeing. Despite a growing focus on prevention through school based education, few programmes adopt a whole-school approach, seek to address all forms of abuse, or indeed have been robustly evaluated. Keeping Safe is an evidence based, multi component, whole school education programme which aims to teach every child aged 4-11 years, to identify and report abuse. Programme resources include 63 lessons taught incrementally to children across their 7 years in primary school, and resources to engage parents and to build the capacity of school staff.

Methods: A two-arm cluster randomised controlled trial (ClinicalTrials.gov: NCT02961010) was used to investigate the effectiveness of 'Keeping Safe' in primary schools in Northern Ireland. Sixty-four schools were randomised using a computer-generated list. Intervention schools implemented Keeping Safe between September 2016 - June 2018. Waitlist control schools continued to teach the statutory curriculum as usual. Data was collected from children, parents and school staff at baseline, end of year one, and end of year two of programme implementation. Primary outcome data focused on children's knowledge and understanding of key programme concepts. Secondary data focussed on teacher knowledge, confidence and comfort to teach prevention education and parent confidence to talk to their children about sensitive messages. A mixed methods process evaluation tracked schools' experience of implementing Keeping Safe across 2 school years.

Results: An Intention to Treat analysis has identified significant differences in children's knowledge and understanding between the control and intervention schools after 1 and 2 years of being taught Keeping Safe. This relates to recognising inappropriate touch, and identifying and telling in situations of contact and non-contact sexual abuse. Process evaluation data confirms Keeping Safe is applicable and acceptable to primary schools, children and their families. Programme structure and high quality accessible resources facilitate implementation in busy schools.

Discussion: Keeping Safe, is an effective programme which addresses gaps in the existing provision of school based prevention education. RCT evidence will inform policy decisions about scale up alongside findings from the process evaluation which will support effective implementation.

Implications

This research has implications for the prevention of child abuse within the context of a public health approach; the delivery of effective prevention education in the universal setting of the school. This study also has important learning for conducting complex and sensitive research with young children, their families and professionals within a busy school environment.

Keywords

Child abuse, schools, prevention education, RCT, Northern Ireland

- 18** Intergenerational approaches to reducing loneliness: findings from an interdisciplinary workshop

Dr Joanna McHugh Power

P Bell, A Burns, R O'Sullivan, C Gallagher, A Fitzpatrick, J Leon Salas, B Lawlor

Background: Loneliness is a challenge experienced by people of all ages. In a bid to address this global challenge, policy and community interventions to reduce loneliness have included a range of innovative models including the promotion of intergenerational contact as a way to help reduce loneliness among older adults.

Methods: This presentation is based on the analysis of the papers and discussion at a workshop held at the Global Brain Health Institute, Trinity College Dublin, in June 2019. It brought together academics, advocacy organisations, and community groups with an interest in using intergenerational practice to help reduce loneliness among older adults. Presentations and discussion focused on challenges faced by represented organisations in the use of intergenerational contact to reduce loneliness, and the workshop was structured around finding innovative solutions to these challenges.

Results: Five key challenges were identified in delivering intergenerational contact for older adults to alleviate loneliness. These challenges were:

1. sustainability of services
2. delivery of services in rural settings
3. optimising the setting of the service
4. catering for those whose loneliness is not impacted by intergenerational intervention
5. maintaining the broader value of intergenerational contact

Solutions to each challenge were also discussed, presented, and refined. For instance, for those individuals whose loneliness is not modified following intergenerational intervention, a more personalised approach is desirable to understand and help to resolve complex feelings of loneliness.

Discussion: A range of innovative solutions were suggested in response to the challenges highlighted, which warrant further refinement and consideration from a policy perspective. In addition, further challenges arose from the day's discussion, including: encouraging individuals to acknowledge feelings of loneliness if they wish to reduce it; how to "retrofit" existing services with intergenerational components, and considering cultural diversity as it relates to the provision of intergenerational services.

Implications: Our findings have highlighted the need for consideration of challenges raised by the provision of intergenerational intervention to reduce loneliness, among older adults but also among those engaging with them. Results have implications for policy makers, researchers, and practitioners providing and planning services to reduce loneliness.

Keywords: Loneliness, intergenerational contact, community organisations

19 The evidence supporting a community-led approach to tackling chronic pain in NI

Mr Tony Doherty

N Brennan, C McMaster

Background

Persistent pain affects around 450,000 people in NI, reduces quality of life, and may cause problems with long-term use of pain-relieving medication. In 2018, in collaboration with the PHA and HSCB, the HLC Alliance trialled community-led pain management programmes in eleven neighbourhoods supported by general practitioners and pharmacists. We sought to establish:

- Would people living with persistent pain attend a group pain self-care programme over a 12-week period near where they live?
- What elements of the programme will prove most helpful?
- Will a peer-led approach work?
- Would their pain self-efficacy (PSEQ) and psychological health (PHQ4) scores improve?
- What is the scope for a community-led approach to facilitating self-care for pain within the NI stepped care model?

Methods

A core training module was devised and delivered in collaboration with HSCB (Pharmacy). HLC staff were trained in pain-related issues, participant recruitment, programme delivery including facilitating light exercise, promoting peer-leadership and monitoring and evaluation imperatives. 11 x 12-week programmes were delivered across NI. Minimum content included - 12 light exercise sessions e.g. Tai Chi/Chi Me, 2 personal development sessions (Take 5), 2 pain self-management sessions (Pain toolkit), 3 peer-led learning sessions – sharing skills etc.

Results

286 people experiencing chronic pain attended the programmes from October 2018 to March 2019. The vast majority (self or health professional referred) reported arthritic pain (67%) and/or fibromyalgia (37%). Many had multiple pain-related conditions. 90% of participants completed the programme.

Participant feedback:

- My first thought was that it (the support programme) was going to take my pain away. Then I realised it's not going to go away but I that can manage it much better (F65)
- A big barrier that I broke down was that I wasn't alone, and that medication couldn't (F47)
- I have developed a very positive attitude to my health. My consultant was astonished at how well I was doing since she had last seen me two years ago (F55)

Discussion

The exceptional retention rate of participants, universal improvement of PSEQ & PHQ4 scores and positive feedback indicate that community-delivered pain self-care programmes are effective.

Implications

At a cost of £50/participant there is scope for extending community-led and neighbourhood-based approaches to facilitating self-care for chronic pain.

Key words

Chronic pain, self-care programme, supported self-management, community-led, community development

20 Measuring liveability and active living – the adaptation and implementation of MAPS-Full

Dr Claire L Cleland

S Ferguson, F Kee, R Jepson, RF Hunter

Background: Liveability is a complex multifaceted concept, assessed on a range of geographical scales that routinely measure macro-level features (income, employment, infrastructure, inequalities etc.) and can inform investment, policy-making and the determination of area/city development. Whilst high-level assessments are required, they prevent detail being gathered at lower geographical scales (street, neighbourhood etc.) and relating to micro-levels features (roads (cycle lanes, crossings), open/green space, amenities), which not only have the potential to impact health and well-being but also to promote active living. Consequently, if liveability can be measured on a local scale with micro-level outcomes this has the potential to further active living research, policy and practice by identifying modifiable features to cost-effectively produce public health returns. One tool which has the potential to operate locally at the micro-level is MAPS-Full. The current study aimed to adapt and test the reliability of MAPS-Full to assess liveability and active living.

Methods: 1) A literature review to determine if MAPS-Full incorporated all characteristics of liveability and adaption of the tool to assess liveability; 2) MAPS-Full piloting to determine protocol adaptations; 3) establishing an adapted scoring system; and 4) implementation and reliability testing of MAPS-Full adapted (Google streetview) pre-/post-implementation of "is 20 plenty for health" intervention.

Results

- 1) Nine sub-characteristics of liveability were established: safety, health, sustainability, inclusivity, place, education, traffic/transport, pavements and roads. As MAPS-Full incorporated/covered the majority of sub-characteristics only minimal amendments and additions were required including the addition of twelve behavioural outcomes of active living.
- 2) Adaption: full streets (routes) would be audited one end to another as opposed to 0.25miles, in separate segments and starting from an individual's home.
- 3) In addition to the original scoring protocol a new liveability protocol was developed to produce nine sub-characteristic liveability scores, an overall liveability score and twelve behavioural outcomes.
- 4) No significant differences ($p > 0.05$) were found between auditors for the nine sub-characteristics of liveability, the overall liveability score and the twelve behavioural outcomes. In addition, both auditors found changes pre- to post-intervention but no significant differences existed between reported changes by auditors.

Conclusions: MAPS-Full adapted provides researchers, policy makers and practitioners with a reliable method of assessing liveability and active living at lower geographical scales and assessing micro-level features.

Implications: MAPS-Full adapted can provide evidence and recommendations for the cost-effective modification of features to improve liveability, active living and consequently public health.

Keywords: Liveability, MAPS, street audit, google street view, reliability, methodology.

Poster Presentations

1 Using design thinking principles to explore solutions for pre-diabetes

Dr Harriett Treacy

P Lumley

Background

It is estimated that pre-diabetes affects 1/3 people with over 90% being unaware of their pre-diabetes status. In the Republic of Ireland, there is currently no formal screening programme for either diabetes or pre-diabetes.

In this study, using the principles and methodology of design thinking (Darden methodology), we aim to explore the problem of pre-diabetes from a wide-stakeholder perspective using ethnographic research techniques. We then ideate using design thinking ideation tools, formulate concepts and prototype the main concept in fast, lean, iterative cycles.

Results

We developed 83 main actionable insights which we believe can be used to inform any future pre-diabetes solutions.

Discussion

By exploring innovative research techniques bedded in design principles, we can enable the development of actionable insights for growing problems like pre-diabetes.

Implications

We hope this study provides a new lens through which all stakeholders can view pre-diabetes enabling the development of solutions which are founded upon real-world actionable insights.

2 Shedding light on men's health: evaluating the scalability of a community-based men's health promotion programme 'Sheds for Life' through the application of implementation science

Ms Aisling McGrath

N Murphy, N Richardson

Background: The purpose of this research is to evaluate the scalability of a community-based men's health promotion programme 'Sheds for Life' (SFL), through the application of implementation science. SFL is a men's health initiative developed by the Irish Men's Sheds Association (IMSA) that seeks to engage typically "hard-to-reach" (HTR) men ('Shedders') in community-based health promotion programmes in non-conventional settings ('Sheds'). This study delivers focused interventions under the guidance of IMSA and run by community partner organisations. SFL has been designed as a 10-week intervention which includes a health check, physical activity, mental health, dietary knowledge and food preparation skills, and targeted elements identified by each individual Shed.

Methods: This study is a hybrid typology "effectiveness-implementation" design. A community-based participatory research, and mixed methods approach has been adopted to; measure the effects of the SFL intervention on Shedders, identify and monitor implementation barriers and facilitators that can inform future sustainability and scale-up of SFL, measure capacity and capacity-building outcomes from SFL, measure cost-effectiveness of SFL and explore how stakeholders experience SFL in practice. Central to effective implementation of the SFL initiative is a partnership approach between IMSA and a range of other health-related partner organisations. This research will engage key stakeholders (at individual, provider and organisational levels), prioritise implementation outcomes and assess the generalisability of intervention effects. Purposive sampling will be used to recruit a diverse sample of participants (Shedders n=306 and Stakeholders n=12). The study will have a clustered design with circa 20 men in each cluster (n=15)

Results: Results aim to assess effectiveness and implementation outcomes to inform the adaptation of SFL with the goal of enhancing its appropriateness and subsequent sustainability and scale-up.

Discussion/Implications: To date, barriers and facilitators to implementation in practice are often only addressed once the intervention is ready for wider implementation often leading to efficacious interventions failing to be adopted when applied to real-world settings. There have been calls for research to begin to address this failure of translating evidence to practice by shifting the focus from tightly controlled interventions to programmes such as SFL that can be implemented into real-world settings from the outset. Underpinning this research is a focus on the potential of the SFL initiative to address the increasing calls for gender-specific health promotion programmes that target lifestyle and health behaviour change in men. Shed settings are unique and effective in attracting men from more marginalised male subpopulations, reaching men who would typically not engage with health services.

Keywords: Men's Health; Health Promotion; Implementation Science; Evaluation

3 Engaging parents in school-based sexual health promotion using online animated films. A UK-wide cluster randomised controlled trial process evaluation

Dr Aine Aventin

A Gough, T McShane, K Gillespie, L O'Hare, H Young, R Lewis, E Warren, K Buckley, M Lohan

Background: Research supports the central role that parents play in promoting positive sexual behaviour and outcomes in their children, however, they can be very difficult to engage in relationships and sexuality education (RSE) programmes. Online and mobile technologies (OMTs) that promote parent-child communication may offer an innovative solution to reaching parents, but there remains insufficient evidence regarding the acceptability and feasibility of these modalities. This study addresses this gap by reporting parent, adolescent and teacher perceptions of co-produced online animated films implemented during a school-based cluster randomised trial (cRCT).

Methods: The Jack Trial is a National Institute for Health Research (NIHR) funded cRCT involving over 8000 adolescents (mean age 14.4), teachers and parents from 66 post-primary schools across the UK. It aims to determine the effectiveness of a multi-component RSE intervention in reducing unprotected sex. A mixed-methods process evaluation, embedded within the trial, explored the acceptability and feasibility of co-produced parental components to end users. Data includes semi-structured interviews and focus groups with a total of 110 pupils, teachers, parents and policy experts, 134 surveys completed by parents and an intervention engagement questionnaire completed by 4000 adolescents.

Results: Parents who used the online materials were very positive about them, with 87% rating them as 'good or excellent' and 67% saying they helped them have a conversation with their child about sex. Web analytics revealed, however, that overall engagement with the online resources was moderate at 28%. Parents, adolescents and teachers provided mixed perceptions of the acceptability and feasibility of encouraging parent-child communication about sexuality for the first time during adolescence.

Discussion: The use of OMTs to promote parent-teen communication about sexual and reproductive health show potential for increasing reach. However, this study suggests that, for optimal engagement of parents there is a need for: early and sustained intervention; multi-modal interventions to improve parent-child communication about SRH that address key barriers to engagement; dedicated RSE training for teachers and parents; policy-led, finance-backed initiatives to involve schools and parents in RSE; and public awareness campaigns highlighting the importance of parental involvement in RSE. Implications 1) Reports acceptability of an innovative intervention which has wider public health applications and international appeal; 2) Responds to global calls to address the role of parents in improving adolescent sexual health outcomes; 3) Offers recommendations for development of interventions that address barriers to parental engagement.

Keywords: Adolescent Health; Sex Education; Randomised Trials; Process Evaluation; Interventions; Parents

4 Integrated smoking cessation pathway for head and neck cancer patients

Miss Shirley McClelland

P Gordon, C Semple

Background

Smoking prevalence in N.I. is around 18% in the general population, rising to 35% within secondary care. Smoking costs the HSC in NI at least £164m for secondary care alone and is responsible for at least 16,500 admissions annually. Smoking is most prevalent among disadvantaged groups and is the single greatest cause of health inequality in N.Ireland. Smoking cessation initiatives are the single most cost-effective life-saving interventions, delivering excellent value for money, especially for patients undergoing surgery (NICE 2016). In 2018, the Head and Neck Cancer (HNC) team identified a gap in service provision for smokers. Subsequently, they fully integrated treatment for tobacco addiction into their care pathway, with great success and deserve to be recognised for their leadership and vision.

Methods

An initial collaborative meeting between the HNC team and Stop Smoking team took place in early 2018, followed by an audit of smoking cessation referrals from the OMFS team between April-May 2018, this identified a referral rate of 0.05% of all potential smokers. Cognizant that specialist Stop Smoking services increase long-term quit rates by approximately four fold; the HNC team realized there was an opportunity to improve service delivery.

Results

Since inception of this project in May '18, with an integrated smoking cessation HNC referral pathway, referrals to the Stop Smoking Service have increased ten-fold, from nine in 2017/18 to 87 in 2018/19. Of those who set quit dates (n = 28) the percentage quit at 4-week review is an astonishing 88% and early audit of yearly quit rates well surpass target of 35%.

Discussion

Championed by Peter Gordon and Cherith Semple, the HNC team has revolutionized the way smokers attending the outpatient and inpatient HNC service have access to the evidence-based, specialist therapy to help them quit smoking. Partnership working between the HNC and Stop Smoking Team has developed significantly. Implications This initiative has the potential to transform smoking cessation services across NI and will help integrate interventions across primary and secondary care. This has led to other initiatives such as the development of a '2 click' referral pathway within NIECR funded by the Public Health Agency. The next step is to trial the pathway across other departments within SET, with the potential roll-out across NI. This process has been enabled by engagement with key internal and external stakeholders and an acknowledgment of the role of Smoking Cessation as part of the Making Life Better Strategy which includes primary and secondary prevention as a key priority.

Keywords

Smoking Cessation, Health Inequalities, Making Life Better (2016)

5 Buildings and indoor air quality

Dr Tom Woolley

R Bevan

Background

There are a number of very good hospice, hospital and housing design guides, but these generally focus on aesthetics and ambience, cost and construction and cleanability. From a review of the literature it is clear that little attention is paid to the environmental and health impacts of the construction materials specified and standards are rarely set for indoor air quality. Interest in indoor air quality and the exclusion of hazardous materials from buildings has grown in recent years, though the main focus has been the home and offices. NICE has recently published a consultation health in the home, the UK Parliamentary Environmental Audit Committee has published a report on toxic chemicals in the home. The RCPCH, other health bodies and the UK Indoor Environment Group are also actively investigating indoor air quality. EU bodies such as HEAL and Health Care Without Harm, have recognised the need to address building materials issues. The paper will report on the latest developments from these various groups. It is now possible to commission affordable indoor air quality tests which will give an indication of the levels of pollutants to be found in buildings but this is rarely done. The method for measuring indoor air quality will be demonstrated based on case studies in real buildings. Many of the materials commonly used in building construction and finishes contain a wide range of chemicals that are associated with health problems. Emissions of volatile chemicals and formaldehyde can be higher than might be expected. Chemicals can affect respiratory problems in particular and are classified as asthmagens. Flame retardants, in particular, are endocrine disruptors and some are even carcinogenic. It has been assumed in the past that levels are too low to be of serious concern but recent scientific evidence has changed this view. (Woolley T. Building Materials, Health and Indoor Air Quality Routledge 2017) Fuel poverty literature has suggested that insulating houses will reduce costs to the health service, but there is little evidence to confirm this and many efforts to deal with fuel poverty create worse indoor air quality. Standards for indoor air quality vary considerably at an international level and can be confusing, even when design tools such as 'BREEAM' and the 'WELL' standard are used. One possible approach is to adopt the precautionary principle and exclude materials that are suspected of being hazardous. It is now possible to substitute non-toxic materials that can have positive benefits to air quality. It should be possible to ensure that hospice, hospital buildings and houses are also healthy buildings. Case study examples where specification advice has been given, based on possible emissions will be used. Please use the headings: Background Increased interest in indoor air quality with various policy documents being produced by NICE, RCPCH and others. The paper will focus on the issue of emissions from building materials

Methods

Literature review and applied work specifying low emissions building materials, followed by indoor air quality tests

Results

Air quality tests indicate that specifying and using low emissions materials leads to better air quality

Discussion

Lack of awareness of the issue of source control and emissions from building materials among healthcare bodies, clients for buildings and design professionals. Problems of lack of causal evidence will be discussed Implications Greater awareness of indoor air quality could lead to reduced hazardous emissions in buildings.

Keywords: Indoor Air Quality. Hazardous emissions. Building Materials

6 Bad air bad health

Mr Arthur LK Acheson

Background

As a professional architect I am too often called out to investigate "damp" in people's homes and have recognised that most of these calls relate to factors other than the built environment. In most cases the problem relates to water-saturated air compounded by surfaces of ceilings, walls and floors whose temperatures are below the dew point of the air in the house. Moisture deposits, particularly in less accessible places, create conditions that encourage mould growth. Many of the customers complain of ill-health at the same time as they refer to "damp" in their homes.

Methods

Attempting to demonstrate the physics of the problem has led me towards an approach that includes a variety of techniques. Firstly, discovering that the word "condensation" implies negativity and blame, I shifted my approach to the positivity of "healthy air". Since people are used to digital technology I also acquired inexpensive measuring equipment and used freely available software to analyse results, there and then, in people's own homes.

Results

People listen. They look. They are willing to reprioritize their resources of time and a limited budget upon hearing about and seeing digital evidence of bad air in their homes and their own capacity, working alongside professionals, to improve their living conditions and life chances.

Discussion

This is a simple and cost effective way to improve public health for thousands of people who are afraid to heat and ventilate their homes because of the potential to overspend their limited resources.

Implications: Improving air quality inside people's homes is potentially part of the "green prescription" where greater understanding accompanied by modest investment in a better lifestyle can achieve major positive personal changes in health promotion.

Keywords

Healthy air; bad air; damp; limited budget; inexpensive equipment.

7 Whose data is it anyway? Influences on technology use and interpretation among young people living with Type 1 diabetes

Miss Laura Cushley

A Krezel, K Parker, L Lohfeld, S Millar, T Peto

Background: There are approximately 300 young people under 20 years old with Type 1 Diabetes (T1DM) in the Southern Health and Social Care Trust (SHSCT), Northern Ireland. Until recently, HbA1c levels have been the primary focus for patients, family and diabetes teams, however there is growing evidence that HbA1c alone does not provide sufficient information on diabetes control. The SHSCT, diabetes teams are now moving towards using 'percentage time in target range'. An audit was conducted in order to assess how patients and their families used and interpreted their blood glucose data generated by continuous blood glucose monitoring (CGM).

Methods: Questionnaires were administered to T1DM patients aged 16 years and younger attending SHSCT diabetes clinic. Focus groups were held in SHSCT where the questions were discussed further by both patients and parents. Results Sixty-eight patients completed the questionnaire, 45.5% were aged 13-16 with 33.8% aged 9-12, 20.7% were under 8. Forty-four percent did not know their previous results. However, 61.7% stated they contacted others their Diabetes Specialist Nurse (DSN) to review blood glucose levels outside clinic hours, with 64.7% checking their blood glucose levels at least once daily. Patients answered questions about their CGM data, using data softwares and how they access the data. 70.5% of people owned at least 3 CGM checking devices, 70.5% of people stated that they used diabetes programs e.g. Diasend, with 47% stating they were helpful.

Discussion: Despite easy access to the CGM softwares and a majority having multiple devices only 30% check more than once a month, 36.7% found them easy to use. The focus groups showed that parents agreed that pumps and devices were convenient, stable and a 'gamechanger' in diabetes care with night-time routines being easier, parents getting more sleep and anxiety around meal times reduced. Despite this, few looked at the data output outside clinic. Many stated that there was 'information overload' and it was easy to overanalyse. Parents tended to use weekly/14-day reviews rather than larger data sets. Parents also stated that they did not want to look at data after dealing with the daily diabetes burden.

Implications: Better understanding of patients' view on CGM and the softwares should help to increase appropriate use of such techniques which in turn might lead to better long-term results especially for those who live with the disease the longest.

Keywords: Diabetes, Data, Diabetic Pumps, Young People, Children, SHSCT, HbA1c, Percentage time in target

8 The Antenatal to Three Initiative – Together is Stronger

Ms Emma Reilly

Background:

The Antenatal to Three Initiative- Building Strong Communities. The purpose of this research was to gather a comprehensive picture of the nature and extent of interagency working relating to children and families in the ante-natal to three cohorts. There was an evident history of interagency working among services in Tallaght West. It was apparent that a lot of interagency coordination and collaboration had been taking place in the area around other age cohorts with less of a history of interagency working related to children and families in the 0-3 age group. There was a need for improvement in the manner in which existing interagency working was taking place around this target group. A Steering Group of stakeholders from the community came together and established the Antenatal to Three Initiative (ATTI). It was envisaged that this research would, enable ATTI stakeholders to:

- Understand current levels of interagency working and identify how ATTI could further support the development of interagency working in relation to ante-natal to three population.
- Connect with service providers' perspectives on interagency working – both current experiences and future aspirations.
- Identify a baseline of current interagency working in Tallaght West against which to evaluate the effectiveness and impact of ATTI in the coming years.

Methods:

The research design had dual emphasis on both process and outcome elements and necessitated a mixed-methods approach delivered over three separate but inter-related stages. A base line, interim and final evaluation report were conducted over three years.

Results:

- Relevant service providers had increased awareness of services in the area, their function and how families can access them.
- Increased awareness of access pathways for families.
- Referral and information sharing systems were improved and/or developed to enable greater access to services for families.
- Improved mechanisms for interagency information-sharing.
- ATTI played an important role in improved communication & information-sharing.
- All relevant services in the area are working together to i) develop, support and promote best practice and ii) enhance quality, coordinate service provision and improve effective communication with parents and other services.
- Greater shared commitment to promoting best practice.
- Improved service provision for children and families.
- Service integration was maximised.
- Improved service coordination and collaboration.
- ATTI played an important part in facilitating improved coordination.

Discussion and Implications:

The overarching conclusion of this research is that ATTI has played an important part in focusing service attention on children and families in the antenatal to three age category in Tallaght and in establishing and developing a multiagency structure for catalysing that focus. This research has established that ATTI has contributed significantly to building interest in the antenatal to three cohort in Tallaght West; in facilitating learning on topics critical to the development and wellbeing of very young children; and in enabling individual frontline service-providers in Tallaght West to interact and build relationship with service providers from other agencies and sectors

Keywords: Interagency working; Antenatal to Three; Prevention and Early Intervention;

9 Using experience based co-design to improve engagement with cardiac rehabilitation

Miss Lorna Cassidy

G Caughers, J Bradley, P Donnelly, D Fitzimons

Background:

Cardiovascular disease is the leading cause of death worldwide. Each month in Northern Ireland (NI) 495 people suffer a Myocardial Infarction (MI). The costs to the individual and society are high in terms of treatment costs, economics and human suffering. Cardiac Rehabilitation (CR) is a well-established programme that is focused on CVD prevention and assisting patients to actively self-manage after an MI. There is an urgent need to make rehabilitation more acceptable, more accessible and more appealing; more than half of eligible patients choose not to attend. Unfortunately methods to achieve that objective have proved elusive. This study aims to use less paternalistic approaches and will instead look at a user-driven process of improvement through Experience Based Co-Design (EBCD).

Methods:

EBCD has been highlighted as a best-practice approach to engaging users in quality improvement; it incorporates the experiences of care-givers and service providers and reflects all perspectives. Patients who do not attend the current CR programme hold the key to understanding the aspects of CR which are unappealing or inaccessible. It is through exploration of their experience that the most tangible evidence for change can potentially be revealed. Structured Literature Review - to evaluate existing approaches to CR delivery. Focus groups and interviews. 4 groups of participants will discuss their experiences of the current provision of CR and include ideas for change. The study will be conducted across Northern Ireland. Figures are per Trust. Group A – Staff (Focus group) n=5 Group B – Patients who have attended most or all CR classes (Focus group) n=10 Group C – Patients who dropped out of CR (Interview) n=10 Group D – Patients who did not attend any CR classes (Interview) n=10 Co-Design Workshop. This is a session with participants from Groups A-D, patient representatives, Cardiologists, CR programme leads, Local Cardiac Charities and University supervisors. The workshop will include anonymised quotations and video footage of patient's experiences portrayed by an actor designed to trigger discussion and responses within the workshop. The goal of the workshop is to co-design innovative approaches which are viable solutions for non-attendance to CR.

Results, Discussion and Implications:

Innovative methods of delivering CR will be identified and will proceed to further testing beyond this study. The study will provide evidence of the benefit of using EBCD and working with patients and staff directly to develop their service. Recruitment is currently underway.

Keywords:

Experience Based Co-Design, Cardiac Rehabilitation

10 Examining technology in supported living environments for people living with dementia

Mrs Jean Daly-Lynn

A Ryan, B McCormack, S Martin

Background:

The use of technology within supported living environments has been a feature of dementia care in Northern Ireland for up to fifteen years. Technology is continuing to evolve at a rapid rate and has the potential to innovate care for people living with dementia. The challenge for public health is that the number of people living with dementia is rising and the need for appropriate housing is rapidly growing. It is important to understand the role of technology so that we can harness current and future innovation and continue to enhance person centered service provision. Currently, there has been limited research internationally to explore the role of technology in supported housing and the impact it has on the stakeholders.

Methods:

This research presents the findings from twenty-two qualitative interviews with tenants living with dementia undertaken by peer researchers in technology enriched settings. A technology audits was developed as an outcome of a systematic literature review within the project and completed in the eight housing schemes. The data from the interviews were transcribed and analysed using thematic analysis.

Results:

It was interesting that 59% of tenants had limited or no knowledge of technology provision in the schemes. However, of those who were aware, it provided a great sense of security. Six tenants had significant knowledge of monitoring technologies and everyday technologies including the use of computers and tablets. Discussion: Technology was found to provide both challenges and opportunities, for example it can enhance communication, giving feelings of safety and reassurance, or doing nothing from the perspective of the tenant. Key themes that will be discussed include: what do tenants consider technology to be? How relevant is technology for the tenant? and is it a good or bad thing that not all tenants are aware of monitoring technologies? As a result of the findings, we will illustrate how Northern Ireland is harnessing technology in supported living for people living with dementia in terms of the international literature.

Implications:

The purpose of this paper is to present novel research examining technology within supported living environments from the perspectives of the tenants living with dementia. The implications of this research include future planning for the use of technology in care and establishing informed consent.

Keywords:

Dementia; Electronic Assistive Technology; Monitoring Technology; Supported living

11 Innovative methods for engaging people living with dementia in public health research

Mrs Jean Daly-Lynn

A Ryan, B McCormack, S Martin

Background:

All people living with dementia have important perspectives and innovative research approaches can help us hear these views. Art can be described as expressing one's self without the use of words. Art based research presents new opportunities for people with different communication skills to engage and express themselves without language. The purpose of the art-based focus groups was to explore tenants living with dementia's perspectives of living in technology enriched supported accommodation through creative methods.

Methods:

Visual arts were used as a research tool in the current study. Each scheme had six focus groups during which artwork was developed by participants to illustrate their experiences within technology enriched supported living. The art component was facilitated by an artist, while the researcher guided the discussions around the research aims, however, these roles naturally dovetailed. The art methods were adapted according to the participants desires and materials such as felting, painting, collage and clay were used. Participants guided the direction of the art, along with building skills, painting and drawing portrayals of their feelings, emotions and the sense of home. The data were gathered through note taking and the meaning of the final pieces of work gathered from tenants throughout the sessions.

Results:

A total of sixty-four participants at various stages of their dementia journey took part in forty-eight art-based focus groups across eight housing schemes. The group sizes ranged from 10-2, varying from week to week in each scheme. Seven males took part in the focus groups. The art could be considered an expression of their experiences without the need to formulate it into words.

Discussion:

The findings supported the outcome of the one to one interviews undertaken with twenty two tenants living within the same housing schemes. Autonomy, choice, independence, a sense of belonging, privacy, relationships and being content were strong features of this work. Collaboration was a fundamental factor in this approach, between participants, the researchers and the artist.

Implications:

This approach creates a major shift in knowledge production towards a co-produced, collaboratively generated outcome. The artwork went on exhibition across Belfast with an estimated audience of 10,000 people creating a new approach to disseminating research. An art workshop guide was developed from the findings.

Keywords:

Creative methods, Art based research, dementia, focus groups

12 An evaluation framework for measuring the impact of the Irish Cancer Society's programme and services

Ms Mairead Madigan

A McNamara

Background

The Irish Cancer Society is the biggest cancer charity in Ireland providing 17 programmes and services across the 4 stages of cancer – cancer prevention, cancer support, cancer survivorship and palliative care. The Impact Monitoring framework measures the impact of these programmes and services. It is an ongoing, regular process of collection, analysis and distribution of information for reporting on the impact of our services on our service users.

Methods

24 paper-based and online surveys were used to collect quantitative and qualitative data from service users in 2018. These surveys collect information about the respondent's, measure the service outcomes and the long-term impact the service brings to service users. Consent was obtained from all 2,000 anonymous respondents. Data analysis was carried out using Excel. Themes, key words and phrases were identified from the data and used to create 4 impact reports.

Results

Our cancer prevention programmes provide a supportive environment for people to engage in a lifestyle change process, with 97% feeling supported to do this. Following a cancer diagnosis people valued the open access our cancer support services offered to cancer nurses which gave patients peace of mind. A total of 75% felt less anxious about their situation after using our cancer support services. Our survivorship programmes facilitate people to meet others in a similar situation which helps them to feel like they are not alone. 87% said their Quality of Life improved after taking part in a survivorship programme. Our palliative service allows people to die at home with dignity which was important to families. 90% of the patient's families said they felt more in control of their situation.

Discussion

The repetitive nature of the impact monitoring data is reassuring. Recurring themes are common across all services and programmes in the 3 years of collecting data. All of our services must continue to meet the specific needs of those who need them most. By measuring the impact of our services on an annual basis we're ensuring that the patient voice is adequately represented in the planning and delivery of our services and programmes.

Implications

- Allows the organisation to show the extent of their work and strength of impact.
- Can identify areas for improvement.
- Share results with funders.
- Use data and personal stories while promoting.

Keywords: evaluation, impact, measurement, monitoring, outcomes, objectives, data analysis

13 Prevention and early identification of alcohol use disorders through community pharmacy

Miss Katie Blair

C Blayney, D Gossrau-Breen

Background

In 2016/17, a joint pilot project (HSCB /PHA) was undertaken in 10 Belfast community pharmacies in an attempt to prevent and identify alcohol-use disorders through brief intervention (BI) use. Limited evidence exists for alcohol BI use in community pharmacy, although community pharmacy seems well placed to provide this. Phase-2 of the pilot was initiated (October 2018-January 2019) after it was determined more client feedback was needed. This focused on determining client demand for early detection of client alcohol misuse within community pharmacy and client perceptions of whether community pharmacy was an appropriate environment for alcohol advice and intervention.

Methods

Pharmacists and health and wellbeing advisers were trained on alcohol BI. Participating pharmacies were paid for providing different service elements. The pilot service used the Alcohol MOT resource (NI version combining AUDIT screening tool and brief advice) and referred clients onto Addiction NI if appropriate. Those ≥ 18 years old, needing support and not having participated within the previous 3 months were initially screened (MOT Part One) by trained staff indicating their level of risk. Those at increased risk received full screening (MOT Part Two) by the pharmacist. One or combinations of BI, resources and/or referral were offered depending on the level of risk. Evaluation was completed through monitoring data, client feedback and key stakeholder focus groups/interviews. Qualitative data were explored using thematic analysis and quantitative using frequency analysis. Chi square tests were used to test for statistically significant differences ($p < 0.01$).

Results, Discussion, Implications

Initial phase-2 screenings totaled to 207. The full MOT was required by 112 clients with 60% accepting an Alcohol BI. Over 50% reported planning/ thinking of reducing their alcohol consumption after receiving a BI and 2 referrals were made to Addiction NI. From the clients' perspectives, approximately 8 in 10 clients felt it was acceptable to be approached about their alcohol use, complete a questionnaire about their drinking habits, receive advice about alcohol and were comfortable with privacy in pharmacy area. This mirrored findings in other similar pilots. Barriers to the pilot included workforce and time pressures as well as competing pharmacy services. Phase-2 had a lower uptake rate compared to phase-1; however potential client exhaustion may have contributed to this. The pilot showed the service is acceptable to be provided in community pharmacies; however recommendations include changing to a blitz campaign or revising the screening tool. Review of the service's future and various implementation options are currently being explored.

Keywords

Brief Intervention; Alcohol; Pharmacy

14 Systematic evaluation of physical activity initiatives

Mr Benny Cullen

V Muppavarapu

Background

At Sport Ireland, we work with our funded bodies to increase levels of sport and physical activity participation across the country. Our work is underpinned by The National Sports Policy (NSP) 2018-2027 which has set out a target of having 50% of the adult population (16+) regularly playing sport by 2027. We are aware that critical to bringing this vision to life is our capacity to make strong evidence informed decisions supported by robust evaluation systems. In an effort to evaluate the impact of our investment, we have adopted the use of the following 3 questions: • What works when trying to get people active? • Whom does this work for? (demographics of communities and target groups) & • What conditions must exist for this to work? We have taken a systemic evaluation approach to answer the questions above by collecting relevant process and impact data from Local Sports Partnerships (LSP) to assess if our initiatives are achieving their intended impacts of increased participation. The purpose of this submission is to highlight the potential represented by Sport Ireland's systemic evaluation approach in measuring the impact of our work.

Methods

The systemic evaluation approach entails the use of the single item measure to gather data on our primary outcome of interest- levels of physical activity. This internationally validated self-report measure allows us to track an individual's rates of participation in sport and physical activity before engaging with a LSP initiative, immediately after the initiative and at 3 month follow up, thereby, demonstrating the impact(if any) of our funded initiative. This method was piloted with 6 LSPs in early 2019 and is now being implemented across a range of programmes over 29 LSPs.

Results

The single item measure answers the questions of what works and for whom and allows us to choose specific initiatives for a qualitative probe into the circumstances that facilitated success. This allows for potential replication and scale up.

Discussion & Implications

To be able to demonstrate the movement of participants across different levels of activity over a range of programmes will mean that Sport Ireland can present strong visual evidence of the benefits of its work to government, partners and the funded bodies. Further, it means we can gain a deeper understanding of what makes a physical activity initiative successful (or not) which will influence the NSP's target being met.

Keywords

Evaluation; Physical Activity; Sport; Impact; Participation;

15 The Smoking Cessation in Pregnancy Incentives Trial (CPIT): a phase III randomised controlled trial

Dr Sinead Watson

A Dick, F Kee, D Tappin et al

Background

Tobacco smoking is the leading preventable cause of cancer, accounting for more than 64,000 cases in the UK each year. Individuals who give up by age 40 avoid much of the morbidity and early mortality of continued smoking. Around eighty percent of UK women have a baby, making pregnancy an opportunity to help most women to quit before their health is irreversibly compromised. Furthermore, it will reduce the risk of complications during pregnancy and birth. Few of the UK's current 130,000 pregnant smokers quit. NHS offers smoking cessation services, however only 10% of pregnant smokers use these services and as few as 3% stop. New interventions are needed. Offering financial incentives to stop smoking has worked in local UK and US pilot studies. The aim of this study is to conduct a phase III randomised controlled, multi-centre trial to examine the effectiveness and cost effectiveness of offering financial incentives, in the form of shopping vouchers, to pregnant smokers to engage with smoking cessation services, quit smoking during pregnancy and stay quit after pregnancy.

Methods

This trial will recruit 940 smokers in seven sites across the UK and follow them until 6 months after birth. Pregnant smokers attending their first maternity booking appointment will be invited to participate. All participants will be offered usual NHS smoking cessation services and free Nicotine Replacement Therapy. In addition, the intervention group will be offered up to £400 of shopping vouchers, £50 if they attend smoking cessation services and set a quit date, £50 if proven quit 4-weeks later, £100 if quit after 12 weeks, and £200 if quit near the end of pregnancy, verified by exhaled carbon monoxide reading <4 parts/million. The primary outcome is self-reported abstinence from smoking for at least eight weeks prior to 34-38 weeks gestation verified by cotinine and/or anabasine in urine/saliva. Secondary outcomes include cotinine and/or anabasine verified self-reported continuous abstinence from smoking until six months after birth, birth weight, cost effectiveness (using the EQ-5D as the measure of utility) and process evaluation.

Results/discussion

Trial results will provide evidence for the National Institute of Clinical Excellence Public Health guideline (PH26), "Smoking: stopping in pregnancy and after childbirth" to decide if financial voucher incentives should be recommended or not.

Keywords

Smoking cessation, pregnancy, financial incentives, randomised controlled trial

16 The Walking In Schools (WISH) Study: A clustered randomised controlled trial (c-RCT) to evaluate the effectiveness of a peer-led school-based walking intervention in adolescent females

Dr Maria O'Kane

A Carlin, AM Gallagher, IM Lahart, R Jago, M Faulkner, MH Murphy

Background: Adolescent females are failing to meet current physical activity (PA) guidelines[1–3] which has implications for their health and their risk of developing chronic conditions in later life. Since PA habits adopted during adolescence track into adulthood[4,5], it is important that adolescent females are provided with opportunities to be physically active. Schools are a popular and accessible setting for physical activity promotion among adolescents[6], particularly as 40% of their waking time is spent at school[7]. However, there is a lack of consensus on how best to promote PA within the school setting to ensure the maintenance of PA behaviours into late adolescence, and adulthood. Following a promising pilot feasibility trial[8], the purpose of this c-RCT is to evaluate the effectiveness of a novel, low-cost, peer-led school-based walking intervention delivered across the school year at increasing PA levels of adolescent females.

Methods: The Walking In Schools (WISH) Study is a two-arm school-based c-RCT comprising females aged 12-14 years from eighteen schools across Northern Ireland (NI) (n10) and the border region of Ireland (n8). Following baseline data collection, schools will be randomly allocated to an intervention or control group. In intervention schools, pupils aged 16-18 years will be invited to train as walk leaders and will lead younger pupils in 10-15 min walks before school, at break, and during lunch recess. All walks will take place in school grounds and pupils will be encouraged to participate in as many walks as possible each week. The intervention will be delivered for the whole school year (minimum 20-22 weeks). Data will be collected at four timepoints, baseline (T0), mid-intervention (T2), end of intervention (T3), and 13-month follow up (T4). At each timepoint, participants will be asked to wear an accelerometer for seven days to assess the primary outcome (accelerometer-measured PA). Secondary outcomes include anthropometry measures, wellbeing, social media usage, and sleep. A mixed-methods process evaluation will also be undertaken. This study has been approved by the Ulster University Research Ethics Committee (UREC) (Trial Registration: ISRCTN12847782).

Results: Will be shared through dissemination events with stakeholders, publications in peer-reviewed journals and at scientific conferences.

Implications: If the intervention increases PA, adolescent females in the defined target area would benefit, and schools across the UK and Ireland could adopt the intervention which could potentially result in a sustainable, long-term, positive impact on the health of adolescent females.

Keywords: Physical activity; adolescent females; walking; schools; intervention

17 iAmAware: a co-production and feasibility study to inform the development of a computer-based psychoeducation programme

Dr Trisha Forbes

K Galway, P Best, P Gillen, P McFadden, P Schroder, M Tully, J Moriarty

Background: Workplace mental health (MH) interventions have the potential to improve absenteeism, presenteeism, productivity and MH literacy, but only one in four managers receive MH training. Online training environments represent one approach that can be tailored to different organisations. This project aims to test the iAmAware programme, with a co-production approach involving stakeholders from multiple levels within two participating organisations. iAmAware is a computer-based psychoeducation and stress reduction programme, which introduces participants to signs and symptoms of depression and anxiety, and offers suggestions for coping strategies and stress reduction techniques.

Methods: We follow the MRC framework for complex intervention development, to gather evidence, consult with stakeholders and pilot test the iAmAware training. Focus groups with employees in two contrasting industries help to refine the existing prototype training. Outcome measures of mental health literacy and follow up interviews with participants provide further insights.

Results: We will present preliminary findings from the first stage of testing and refinement of iAmAware training, providing insights into workplace culture, training content and expectations about the potential impact of the training. We will also discuss how best to integrate the training and awareness into workplace policy and culture. Barriers to uptake of iAmAware are highlighted, such as organisational policies around ancillary work training (e.g. time and credit allocated), computer literacy; relevance or otherwise of training material to particular organisational and role contexts; stigma around MH; and trust within the organisation that wellbeing issues will be acted upon.

Discussion: The study provides insights into the link between MH support, training, culture and leadership in the workplace. Findings in this paper are preliminary and precede a planned phase of the joint analysis of data collected during programme development/testing using a Participatory Theme Elicitation approach. We hope the perspectives and input of conference delegates will further enhance our ongoing interpretation of these data, refinement of iAmAware and planning towards a fully randomised trial to assess its efficacy. Evidence of self-selection by employees in different demographic groups will also be highlighted. Finally, we will describe how the themes from these discussions and feedback on the interface are used to inform further iterations of iAmAware.

Implications: Workplaces are highly complex and dynamic contexts in which to intervene. Stress can arise through multiple interconnected channels. There is a balance to be found between providing web-based supports which are so generic as to lack resonance with employees and developing highly bespoke versions for individual organisations, which is costly. Furthermore, growing MH awareness and literacy among individual employees is only part of the picture: the greater challenge is harnessing insights from employees' use of online training to inform systemic policies and remedies.

Keywords: mental health; workplaces; wellbeing; computer-based; online; psychoeducation; co-production

18 Health Visitor Led Extended Infant Feeding Service Pilot

Mrs Sharon Russell

Background: Currently, infant feeding related issues constitute a substantial number of contacts with GP Out of Hours, ED and Acute Paediatric services. Moreover, anecdotal evidence suggests that infant feeding related issues are often mismanaged. The Health Visitor Led Infant Feeding Pilot is an innovative, Primary Care based initiative running in SHSCT, which aims to promote best possible, streamlined care and outcomes for infants in relation to infant feeding issues, while reducing pressures on Primary Care and other services. The pilot serves as a feasibility study to explore the potential for the development of an extended and enhanced, evidence based and sustainable specialist Health Visitor led infant feeding service, making better use of resources for the benefit of all stakeholders. The Health Visiting Service currently provides an accessible, flexible and trusted service to all families, having valuable links to other primary care and Tier 2 specialist services. As such, it is already ideally placed to be involved in the facilitation of this new initiative.

Methods: Pilot design: Implementation and evaluation of a 2 tier service development approach consisting of- 1. Out of Hours Infant Feeding HELPLINE 2. Specialist CLINIC with fast track links to multidisciplinary services. Data collection: Both quantitative and qualitative data will inform evaluation of the pilot in relation to feasibility, efficacy, service user acceptability and decisions about future development. Client participation: The service is available to all parents/carers of infants and participation is voluntary and based on self-referral. PPI considerations are addressed in the design and evaluation.

Results: The ongoing year-long pilot has been in progress since March 2019. To date 47 contacts have been managed. These vary in length, content, complexity and outcome and are contacts which would have otherwise presented as GPOOH service contacts, possible ED or acute paediatric attendances. Discussion: Anecdotal evidence, health visiting records, HSC statistics and progress of the Pilot to date indicate that there is a definite need and much potential for the implementation and further development of this initiative. Moreover, the possibility of broadening the scope and remit of the extended service is indicated. Better outcomes for service users and reduction in pressures for service providers may outweigh the challenges of developing and embedding this service into Primary Care structures.

Implications: Promoting optimum infant nutrition is a major Public Health Challenge, having implications for both short and long term health outcomes. In the current challenging climate of increasing Primary Care and Acute Service pressures and limited resources, there is an urgent need to find smarter, more efficient ways of working, while at the same time maintaining and improving a high quality service with best possible outcomes for service users. This initiative has the potential to both alleviate pressures on Primary Care (GP) and Acute Services (including measurable efficiency and economic benefits) and to improve outcomes for babies/families experiencing infant feeding-related difficulties. Funding and support for a large scale, co-production, research or service development study involving all stakeholders is required to further explore the efficacy, challenges, issues, sustainability and potential benefits associated with this pilot.

Keywords: Infant feeding: service pressures: resources: service development: innovation: Primary Care: Health Visiting Service: Public Health: funding: streamlining: efficiency: economic benefit: savings

19 Collaboration and innovation to effect action on alcohol

Ms Joan O’Kane

D Goggin, L Cullen, D O’Donovan, C Mason Mohan

Background

Alcohol harm profiles 2019 provide a concise, meaningful and accessible overview of quality assured health information to inform local needs assessment, policy and planning. They provide a picture, at county level, of alcohol related deaths, hospital admissions, numbers of licensed premises and recorded alcohol related crimes and will be of interest to a range of services, stakeholders and groups. The main objectives are to • Provide a global, national and local county picture of the impact of alcohol use on services and attendant societal impacts, utilizing existing data sources in the drug and alcohol field. • Providing a baseline from which trends could be measured, to inform local actions to reduce alcohol harm supporting the Healthy Ireland Framework - particularly within the Local Community Development Committees (LCDC), Children and Young People Services Committees (CSYPSC), Local Economic Community Plans (LECP) and Healthy City and County structures. • Specifically these Alcohol harm profiles will go towards Goal 5 of the Reducing Harm, Supporting Recovery Alcohol Strategy Plan 2017-2025 which states the need for a sound and comprehensive evidence-base for policies and actions and information systems which monitor trends/ patterns in drug use and availability.

Methods

The Alcohol harm profiles have been developed for all 26 counties in Ireland utilising the innovative data visualisation software (Tableau) to enhance and support public health work, improving the translation of data in to information. **RESULTS** These profiles provide a range of data on alcohol harm at the County level drawing on quality assured databases from a range of sources including the Health Research Board (HRB), Central Statistics Office (CSO), Department of Health and Children (DOH), the Health Service Executive (HSE) and Revenue. Data on Potential Years of Life Lost, causes of death, health service use, licenced premise density and criminal offences due to alcohol are presented.

Discussion

These profiles stimulate local and community action to improve the population’s health through multidisciplinary and cross sectoral working having been created by the Health & Wellbeing Directorate of the HSE West and North West in collaboration with the Alcohol Forum & the Irish Community Action on Alcohol Network. **Conclusions**

These Profiles provide comparable, standardised information covering all 26 counties in Ireland. The Alcohol Forum is using the data to raise awareness through its national networks and to inform its Community Action on Alcohol programme, which it delivers in conjunction with the Regional Drug and Alcohol Task Forces. **Keywords** Alcohol-related Harm Alcohol-related deaths Public Health Ireland county data

20 Investigating peer social network processes and health behaviours of adolescents to improve understanding of social networks for behaviour change intervention design

Dr Shannon Montgomery

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Background: Research has highlighted the importance of peers for determining health behaviours in adolescents, yet these behaviours have typically been investigated in isolation. We need to understand common network processes operating across health behaviours collectively, to discern how social network processes impact health behaviours. Better understanding of such concepts can allow for innovative intervention design, with inclusion of social network components within behaviour change interventions being deemed as promising in recent literature.

Methods: We conducted a systematic review of studies that investigated relationships between adolescent peer social networks and health behaviours. A search of six databases (CINAHL, ERIC, Embase, IBSS, Medline and PsycINFO) identified 55 eligible studies. The findings were presented by health behaviour under two network-behaviour patterns with underlying mechanisms and a qualitative narrative synthesis conducted.

Results: The mean age of the participants was 15.1 years (range 13 – 18, 51.1% female). Study samples ranged from 143 to 20,745 participants. Studies investigated drinking (31%), smoking (22%), both drinking and smoking (13%) substance use (18%), physical activity (9%) and diet or weight management (7%). Study design was longitudinal (n=41, 73%) and cross-sectional (n=14, 25%). All studies were set in school and all but one study focused on school-based friendship networks. The Newcastle-Ottawa scale was used to assess the risk of bias; studies were assessed as good (51%), fair (16%) or poor (33%). Findings were synthesised under two network behaviour patterns: 1) health behaviour similarity within a social network, driven by homophilic social selection and/or social influence, and 2) popularity; engagement in health behaviours leading to changes in social status; or network popularity predicting health behaviours.

Discussion: Findings suggest that social network processes are important factors in adolescent health behaviour. Further research is required to investigate mechanisms of social networks impacting on health behaviour clustering. In particular, this review highlighted a lack of evidence surrounding health-enhancing behaviours (i.e. physical activity and dietary behaviours). Investigation of association between social networks and these behaviours collectively may be useful for encouraging positive healthy behaviours in adolescents.

Implications: There is a need for future research to focus on utilising social network processes to encourage positive behaviour change. Integration of these processes within intervention design may allow for social network intervention approaches to be utilised more effectively to improve long-term effectiveness of positive behaviour change intervention efforts.

Keywords: adolescents; health behaviours; health behaviour change; social networks; systematic review

21 Healthy Legs Project; Improving Appropriate Use of Compression Hosiery in the Community

Dr Susan M Patterson

V Murdoch, P McCabe

Background

Referrals to secondary care for management of chronic leg oedema are high and there is a low rate of detection of oedema in primary care that could be treated with compression hosiery to prevent complications e.g. cellulitis and leg ulcers. Non-adherence to compression hosiery is common, leading to poorer outcomes of therapy, more risk of problems, and increased waste. This pilot service aimed to develop a model of care to improve the management of patients with early signs of oedema as a precursor to venous disease or lymphoedema in primary care through a supported assessment and review process.

Methods

A Trust-employed Chronic Oedema Liaison (COL) therapist was employed to perform a range of functions to enable GP practices to provide Healthy Leg Clinics¹. These included identification of patients with simple oedema, setting up coding and recall systems, triaging of chronic oedema conditions, and developing a Chronic Oedema Pathway for GP referrals. The COL therapist rotated between GP Practices recruited in a Local Commissioning Group (LCG) area. A practice nurse/ pharmacist, initially educated by the COL therapist, assessed and reviewed patients currently in compression hosiery in the longer term. Local GPs and community pharmacists were educated through group education sessions to ensure a successful outcome.

Results

In 150 patients who attended healthy leg clinics in 12 GP practices, 41 prescribing changes were made to optimise compression hosiery. In 31% of patients prescribed diuretics, they were de-prescribed. Targeted education for practice staff identified 101 patients with a new diagnosis of simple oedema. Working in collaboration with practice managers, recall systems were developed to assist with yearly review. Delivery of practical advice to community pharmacists in each area regarding limb measurement and donning aids for compression hosiery complimented the service and reduced GP workload, whilst ensuring the patient received the appropriate sized garment. A seamless service was delivered to the patient, through education and follow up, resulting in improved quality of life reported through patient feedback.

Discussion

Implementation of the Chronic Oedema Pathway for GPs and development of the healthy legs service resulted in prompt and timely preventative compression hosiery therapy, improved cost-effective management and reduced inappropriate prescribing in patients with simple oedema.

Implications

Chronic leg oedema can be detected and managed in the community resulting in an increased number of people with healthy legs and reduced hospital attendances/admissions for complications such as cellulitis and leg ulcers.

Keywords

Leg oedema, compression hosiery, healthy legs, lymphoedema

22 Fit families for the future: addressing the gap in Northern Ireland childhood obesity services

Ms Jodie McGoldrick

AM McClean, J Gordon, A Long, J Gawley, M Anandarajan, B O'Connor

Background:

Childhood obesity affects 9% of children aged 2-16 years living in Northern Ireland. 80% of children who are obese will become adults with obesity and are at risk of health complications ranging from type 2 diabetes, musculoskeletal problems to higher rates of cardiovascular disease. Despite calls by the Royal College of Paediatrics and Child Health (RCPCH) for the Health and Social Care Board in Northern Ireland to take action, there is still no commissioned childhood weight management service in Northern Ireland. To address this gap in paediatric care our team in the South Eastern Health and Social Care Trust launched Fit Families for the Future in May 2019. This is presently Northern Ireland's only multidisciplinary service for children aged 4-16 years with Body mass index over the 98th centile and is funded for one year by the UK Health Foundation. We aim to support children and families struggling with their weight achieve a healthy BMI and improved physical and psychological wellbeing.

Methods:

Children are referred by paediatricians, GPs and school nurses. Each family is invited to clinic for holistic assessment by a paediatrician, physiotherapist, associate psychologist and dietician. Outcome measures include BMI, 6-minute walk test, grip strength, blood pressure testing, dietary history and quality-of-life measures. Parents are encouraged to have their own weight/BMI checked. An individualised family plan is co-produced. Treatments include a series of educational evening classes and/or one-to-one input from dietetics/physiotherapy/health coaching. Outcome measures will be reassessed at 3, 6 and 12 months. Results: 38 families have attended Fit Families assessment clinics. 37 are in the treatment phase. 2 child discharged as age under 4 years. 16 families participated in the first 2 cycles of evening classes. 8 families are currently on cycle 3 with a further 5 who will start cycle 4. Attendance averaged 74% and median decrease in BMI was 0.55. 12 children had their walk test reassessed. The improvement in metres walked in the 6-minute walk test ranged from 0-170m (average 69.6m). Family feedback has been overwhelmingly positive.

Discussion:

A childhood obesity service is much needed in Northern Ireland. Initial qualitative and quantitative outcome data is promising. There are high levels of family engagement and satisfaction with the programme with families keen to co-produce the content. We will evaluate this Health Foundation funded pilot, strengthen social partnerships with local organisations and ultimately strive to develop an effective, sustainable and acceptable model of care.

23 How can we successfully implement effective interventions designed to reduce physical inactivity in Ireland through cross-sectoral collaboration?

Dr Joseph Murphy

B Cullen, S O'Brien, M Murphy, N Murphy, S O'Shea, P Smyth, V Muppavarapu, EJ Clarke, U May, R Kielt, J Lavelle, C Brolly, C Ward, E Garcia, F Mansergh, C Woods

Background

There are multiple interventions available for promoting physical activity (PA) that can be implemented in many different ways. Despite this, the efforts to promote PA in Ireland have been insufficient with low levels of children and adolescents (15.5%), adults (32.6%), and older adults (33%) achieving the recommended PA levels. The Irish Physical Activity Research Collaboration (I-PARC) aims to find answers to the following question; "how do we successfully implement effective interventions designed to reduce physical inactivity in Ireland?"

Methods

I-PARC uses a mixed methods approach involving research institutes, government departments and agencies across three work packages (WPs). WP1 seeks to establish a collaboration of key stakeholders in order to create the enabling context needed for PA promotion. WP2 involves the development of a standardised evaluation framework (SEF) for assessing PA interventions. This is made possible through feedback surveys, practitioner workshops and a two-stage consultation. WP3 combines survey and interview methods to understand implementation barriers and facilitators of PA interventions in Ireland.

Results

To date, I-PARC has brought together key stakeholders involved with PA promotion across various sectors, including a practitioner advisory panel and research advisory group. Participation events, social media and an I-PARC website have been successful for translating project aims, updates and outputs. Work on the SEF has led to key learnings around creating a framework that is both effective and usable in practice. Aspects such as outcomes generated, time burden associated, and the methods for implementing a SEF have to be taken into account in order for it to be successful.

Discussion

I-PARC highlights the need for effective partnerships and buy in from various sectors in order to reduce physical inactivity. Cross-sectoral collaboration is proving successful for the development of an effective evaluation framework that will be suitable for real world application and useful for various stakeholders.

Implications

This collaboration of stakeholders has the potential to provide an understanding of how best to implement effective interventions that can lead to significant changes in the levels of population PA. In addition, the collaboration leads to the transfer of knowledge for all parties, reducing the gap between research, practice and policy.

24 Putting the pieces together: using the evidence to inform public health practice – an example of the START campaign

Dr Charmaine McGowan

M O'Reilly, J Harrington

Background

Understanding the factors that contribute to childhood obesity is critical so that public health efforts to reduce the burden can be optimised. There is a substantial body of support that mass media campaigns can change population health. Appropriate and relevant quantitative and qualitative data is key to understanding the behaviours and attitudes of a given population and the perspective of the target population must be central in the development of any mass media campaigns. This presentation describes the evidence used to inform one phase of the START campaign which focused on the portions and proportions of different food and drinks consumed by children.

Methods

A systematic review and thematic analysis of parental food and beverage portioning practices was completed. The portion sizes of foods and beverages consumed by children at main meals and as snacks were determined via secondary analysis of the Cork Children's Lifestyle Study and the National Diet and Nutrition Survey. Qualitative data on parent's views and practices of children's food and beverage portion sizes were obtained via a series of focus groups with a purposive sample of 144 parents. Mass media campaign materials were developed based on the literature review, quantitative and qualitative data. Formative research was undertaken with a sample of 36 parents (4 focus groups) to elicit their views on the draft materials.

Results

Thematic analysis of the literature revealed three themes related to portioning practices – parent-related, child-related and external factors. Dietary data showed that foods and drinks high in fat, sugar and salt were the second-most consumed food group by children on the island of Ireland. Parental portioning practices; factors influencing parental portioning, and parental views on portion size guidance were identified as three themes from the qualitative data. Feedback from the formative research included confirmation that parents were not surprised by the dietary data; parents sense checked the messages to ensure they are more achievable and realistic; and parents reported their concerns and limitations about effecting change given the challenges of parenting and their lack of control over the food environment.

Discussion

Qualitative and quantitative data together with formative research provides a robust framework for the development of a mass media public health campaign. Implications Isolation of the independent effects of mass media campaigns remains a challenge but the use of locally relevant data presented in a way that has been shaped by the end user remains fundamental.

Keywords: Quantitative, qualitative, campaign

25 Public perceptions of a city centre 20mph speed limit zone, Belfast United Kingdom: a mixed method study

Dr Claire L Cleland

F Kee, P Kelly, G Nightingale, A Williams, R Jepson, RF Hunter

Background

Traffic is a determinant of health with the use of cars receiving attention over recent years; in particular, the public health perspective on speed. Speeding has the potential to impact public health: collisions, active travel, exercise, safety. For that reason, many cities have changed speed limits to 20mph, Belfast being one. In 2016, city centre wide 20mph speed limits were implemented in the city (76 streets). The speed limits relied upon road signage and legislation to effect change rather than the implementation of physical measures. As the current evidence is ambiguous for the effectiveness of speed limits the current mixed-method sub-study aimed to examine public perceptions of the 20mph speed limits in relation to public health, safety and active travel.

Methods

1) cross-sectional survey (May 2018); and 2) focus groups (July-December 2018). Sampling adults aged ≥ 17 years' old who live, work and/or travel through Belfast. Statistical analysis in SPSS and thematic analysis in NVivo.

Results

490 participants were recruited to the survey with 60 participants across nine focus groups. Analysis is undergoing for both aspects with preliminary survey analysis showing: the majority were aged 21-30 years ($n=145$, 29.6%), white ($n=403$, 82.2%), with no disability/medical conditions ($n=382$, 78.0%). 73.9% ($n=362$) agreed that they understood why the speed limits were introduced, 54.4% ($n=267$) disagreed with speed limits being a 'bad idea' and 62.0% ($n=304$) thought that the speed limits would make people drive slower. Only 9.0% ($n=44$) said they would cycle more and 11.8% ($n=58$) said they would walk more if there were more 20mph limits. 42.5% ($n=186$) said they neither dis/agreed with "20mph speed limits will lead to an increase in how pleasant the area is to live/work in", 71.9% ($n=326$) agreed that "20mph speed limits will lead to safer streets" and 48.8% ($n=216$) neither dis/agreed that "20mph speed limits will lead to an increase in more opportunities to socialize". Preliminary thematic analysis found nine themes (awareness, implications, traffic/transport issues, alternative interventions, safety, behaviour change, outcomes, enforcement and implementation).

Discussion

The current study will provide an in-depth understanding of the public perceptions of city centre 20mph speed limits. Previous evidence will be enhanced and new evidence will be established in relation to speed limits to inform policy.

Implications

The current study provides an understanding of public perceptions between built environment, public health and behaviour change providing valuable foundations to inform policy and practice.

Keywords

20mph, public health, transport, mixed-methods.

26 Routine and urgent referrals made by Diabetic RetinaScreen over 5 years of screening activity

Dr Rajiv Pandey

C Murphy, H Kavanagh, D Keegan

Background:

Ireland's national Diabetic RetinaScreen program was launched in 2013 to screen diabetes patients for diabetic retinopathy and refer them to treatment centres through established routine and urgent pathways. The goal of the program is to detect and refer patients for treatment before significant visual deterioration has occurred. Since launch of Diabetic RetinaScreen 5 complete cycles of screening have taken place. As a public health intervention, in every area and nation with a retinopathy screening program the number of patients with severe visual loss ($VA < 3/60$) has reduced.

Methods:

Data from 5 years of screening were analyzed from reports generated from Optimize.

Results:

As the screening program has matured, in each cycle of screening there has been a rising trend of patients attending for screening. In the first round of screening, 62951 patients (69.4%) of the eligible patients attended screening appointments. In the last round 105475 (76%) of the patients eligible attended screening. Majority of the eligible cohort in the screening program are out of working age. Most patients being screened are between the ages of 50 and 80 years old. In the first round, male and female patients between the ages of 50 and 80 made up 71.3% and 77% of their respective cohorts. This ratio remained consistent through the five rounds of screening, in the fifth round of screening males and females between the ages of fifty and eighty years old made up 73.4% and 67.7% of the 138812 eligible patients. Urgent and routine referral pathways have been used to refer patients based on the severity and visual acuity. Routine referrals are made for patients with retinopathy graded R1M1, R2M0, R2M1. Urgent referrals are made for patients with retinopathy graded R3aM0, R3aM1, R3sM0, R3sM1. In five rounds of screening routine referral rates have shown a decreasing trend from 10.3% down to 3.5% in the last, fifth round. Urgent referrals have also shown a declining trend from 2.9% in the first round of screening to 0.7% of all patients screened. Being the only national screening program selected non-diabetic eye diseases (NDED) are also identified and patients referred to local ophthalmology treatment centres. The rates of referral of NDED had increased from 0.4% (235 patients) to 2.8% (3032 patients). The large number of NDED being recognized and referred for treatment represents a significant challenge to local treatment centres.

Discussion:

Since the first cycle of screening the number of diabetes patients eligible for screening has increased from 62951 to 105475 patients. Reduced number of patients show that majority of proliferative retinopathy patients have been recognized and referred on for assessment, treatment, and monitoring. Implication: As screening continues the demographic of patients with proliferative retinopathy being recognized will shift towards more natural presentation of disease.

27 Using a workplace step challenge to positively impact on staff morale and physical activity levels

Ms Sarah O'Brien

A Lawless, M Hanly, N Deasy, E McNamara, C Armitage, C Foley, M Ryan

Background: The World Health Organisation have been promoting workplace health initiatives for over 20 years, more recently, the WHO (2010) have proposed a model of healthy workplace continual improvement process. As employment rate in Ireland is currently high at 94.9 % (CSO, 2018), with Irish workers spending an average of 22.2 hours a week at work (Bick 2018) workplace health and wellbeing initiatives are increasingly important. The Health Service Executive (HSE) is the largest employer in the Republic of Ireland with over 100,000 employees working across over 2,500 workplaces including hospitals, community healthcare facilities and administration sites. Improving staff health and wellbeing is recognised as a strategic priority through the HSE Corporate Plan, HSE People Strategy and Healthy Ireland in the Health Services Implementation Plan. Studies have shown that workplace health initiatives can reduce absenteeism and medical costs (Aldana 2001). A "steps challenge" is a popular corporate health initiative (Goldberg 2015).

Methods: A small national team was established to co-ordinate the initiative. A structured 5 week step challenge, incorporating evidence based tools and a communication plan was developed. Staff from across the organisation were invited to participate in the challenge and invited to volunteer to be a Team Co-ordinator. The role of the Team Co-ordinator was to register a team of 2-30 people with the national team, collect and return data on steps at weeks one and five. Be a key motivator for their team, running local competitions, entering team in national competitions, connecting via social media and sharing communications from the national team. The communication and engagement plan included use of internal email network, use of internal and external social media networks (Twitter, Facebook, Yammer) – the communications plan commenced 4-6 weeks before start date with a recruitment phase, 5 week challenge period included weekly e-zines, social media activity and competitions. Team co-ordinators were provided with a Co-ordinator pack that included a manual, participant leaflet, pedometers for participants and merchandise as prizes. In 2018 a digital m-health platform was trialled with 100 participants.

Results: Results Year Registered Participants No Teams / coordinators Avg % increase in wk 1 vs wk 5 2017 5451 426 n/a 2018 6534 467 70% 2019 9629 664 12.5%* *wk 1 average steps baseline higher than 2018 ≥90% of team co-ordinators in 2018 & 2019 said they would volunteer again. Qualitative feedback from participants demonstrates a positive impact on morale.

Discussion: Year-on-year increase in participation and reach of the initiative demonstrates the usability of 'steps challenges' in the workplace. High % of Team Co-ordinators reporting they would volunteer again is indicative of positive impact on morale. Delivery of an organisation wide initiative across a large workforce in multiple sites would benefit from being supported by a digital platform.

Implications: Research suggests that an increase in employee activity can positively affect an individual's mental wellbeing (Stratton 2014) as well as one's physical health (Mattila, 2013). The HSE Steps to Health initiative provides practice based evidence of this. In future year's consideration should be given to offering a digital platform as well as the 'pen-paper' route to establish the acceptability of this to a wider cohort of staff.

28 What use is a chaplain? - Perception of the chaplain's role and spiritual resources by staff and volunteers in a palliative care unit

Rev John Wonnacott

Background

As part of a two year pilot project seeking to establish a permanent chaplaincy post in a 12 bed palliative care unit a survey was conducted among the staff and volunteers seeking to gauge their understanding of the role of chaplaincy and some spiritual care interventions. While spiritual care is recognised as key in the delivery of person centred care the awareness of the chaplain's role can be vague. The Association of Palliative Care Chaplaincy defines chaplains as follows; "chaplains, as members of the multidisciplinary team, are appointed for the spiritual and religious care of all patients, visitors, staff and volunteers, regardless of faith or life stance." A clear understanding of the chaplain's role is vital for them to be properly used be it as a resource to patients, their loved ones, staff or volunteers.

Methods

A short survey was distributed among staff and volunteers seeking to gather qualitative and quantitative data. The survey was anonymous in terms of individuals' names however, the profession was recorded. Of the surveys distributed around 60% were returned.

Results

The results showed broadly a good general understanding of the chaplain's role. There was clear recognition that the chaplain was a welcome addition to the team to support patients, loved ones, staff and volunteers. The answers highlighted too areas of spiritual care where the staff and volunteers would welcome further education.

Discussion

It would be of interest to compare and contrast the responses from different disciplines within the multi-disciplinary team. Also comments highlighting the spiritual care needs of staff and volunteers would be worth exploring further. A subsequent survey with the same group as well as a survey among a multidisciplinary team in another ward of the hospital would also merit research. (Damen et al, 2018) In general it would seem that the public's perception of spiritual care is often through the lens of religion as opposed to spirituality.

Implications

The initial implications are the overwhelming need for chaplaincy in palliative care. It would seem further training both in terms of understanding of chaplaincy and the role of the rest of the team in delivering spiritual care in a palliative care setting would hold merit. As would developing further education outside of the hospital setting about the nature of spirituality and spiritual care.

Keywords

Perception of Chaplaincy, Spiritual care, Staff, Volunteers, Multidisciplinary team, Person centred holistic care

29 Is light physical activity associated with good balance in older community-dwelling adults?

Dr Ilona McMullan

N Blackburn, MA Tully, J Wilson

Background

Physical activity promotion for older adults often focuses on moderate to vigorous intensity physical activity (PA), but older adults may be more likely to engage in low intensity PA due to functional limitations. The benefits associated with LPA for general health are emerging but the benefits for balance are lacking. Additionally, self-reported measures of physical activity are more commonly used due to ease of implementation and costs. Self-reported measures which are subject to bias which may lead to an underestimation of LPA.

Methods

This study examined the relationship between objectively measured LPA and balance measured using balance items from the Short Physical Performance Battery (SPPB) in an EU wide cohort of older adults (n=1360), recruited as part of the Sitless study. Participants wore ActiGraph wGT3X+ accelerometers for one week and completed side by side stand, semi-tandem, tandem, and chair stand tests. A multiple linear regression, adjusted for socio-demographic characteristics, was calculated to predict balance based on LPA.

Results

The mean age of the sample was 75.27 (St. dev=6.29) years; 62% were female, 75% had a secondary education or above, 78% were overweight or obese, 53% were married/in a stable relationship, 52% were living with a husband/wife or partner; 69% experienced good to excellent health. LPA was found to be a statistically significant independent predictor of side by side stand ($r=0.03$), semi-tandem stand ($r=0.05$), full tandem ($r=0.09$), and chair stand ($r=0.11$).

Discussion

These findings suggest that objectively measured LPA is important for objectively measured balance performance in older adults, providing further evidence of the potential health benefits of LPA for older adults.

Implication

Future recommendations for fall prevention should include low PA for older adults at high risk of falling.

30 Is self-reported physical activity associated with self-rated vision over time in older community-dwelling adults?

Dr Ilona McMullan

MA Tully, B Bunting, L Smith

Background

UK statistics suggest that approximately two million people are living with visual impairment (VI) of which approximately 80% are aged 60 years or over. Research suggests that older adults with VI have an increased risk of obesity which is a key risk factor for chronic disease such as a heart disease, diabetes, or stroke (Jones et al., 2009). Consequently, interventions for older adults with VI are an important health concern. The health benefits of physical activity (PA) in older adults are well established, 75% of older adults spend their waking time being sedentary and the PA levels of older adults with VI are lower than the older adults without VI. Research exploring the association between PA and vision is limited, where in the main studies have been cross-sectional, and focused on socio demographic factors such as sex. Consequently, this study examined the relationship between PA and vision in a cohort of older adults (≥ 50 years), recruited as part of the TILDA study (n=8255 participants) over three waves of data a measure of self-reported PA over seven days (IPAQ) as well as self-rated vision.

Methods

Regression models (cross lagged panel models) over three waves of data (across six years) adjusted for prespecified covariates based on existing literature were calculated.

Results

The mean age of the sample was 63.57 years. In the main, the sample included females (55%), people who were married (68%), people with no history of high blood pressure (64%), diabetes (93%), or disability (88%), or eye disease (64%). There were not statistically significant direct, indirect, or total effects found for the effects of PA level on vision, or of vision on PA level over a six-year period. PA was found to be statistically significant for PA, and vision was found to be statistically significant for vision over a six-year period.

Discussion

This is one of the first studies to explore Pa and vision over time. The results showed that both PA and vision decline over a 6 year period but that there was no association between them which contradicts previous research. This may be because our cohort may be carrying out lower intensity PA that may not elicit any effect on vision, or that we have used subjected measures that are prone to bias. There are also limitation relating to the model used as one key assumption of our model is factorial invariance, but we are using observed or manifest variables and therefore cannot test this assumption.

Implication

Further research is needed to understand the association between PA and vision using objectively measured PA and/or vision and within different populations over time.

Ms Catherine Magennis

Helen, R Neill

Background

I am a supervisor with Family Nurse Partnership. We offer an intensive home visiting service to young vulnerable girls who are pregnant.

Method

Many of our clients experience intimate partner violence and one of our past clients who now works within the civil service is willing to share her journey with FNP.

Result

She describes how her relationship with her Family Nurse supported and enabled her to make changes. She also describes her very positive experiences as a young girl working with Women's Aid.

Discussion and Implications

This is a very moving story and an excellent example of Public Health initiatives working in partnership and being effective.

Dr Elaine Duddy

S Boyle, S Russell

Background: The NI-specific Research and Development Strategy (DHSSPS, 2016) has provided an opportunity to ensure that the region's population benefits from 'excellent, world-renowned research and development led from Northern Ireland' (DHSSPS, 2016, p20). Northern HSC Trust has harnessed this opportunity by developing its own Research and Development Strategy. This strategy seeks to 'promote and support research and development' as 'core business' (NHSCT, 2017, p4) for its staff. As the largest of the five Health and Social Care Trusts in NI, NHSCT serves an area of highly urbanised and extensive rural communities, which includes zones of multiple deprivation with associated health inequalities, a growing ageing population and an economic context of increasing cost pressures. In seeking to contribute research which benefits its population and implement its strategy, NHSCT has created three innovative, profession-specific roles as 'Research and Development Leads' for Nursing and Midwifery, Social Work and Allied Health Professionals respectively. These roles have been in place since spring 2019.

Methods: The objectives of these roles are to: • Increase research capacity within the Northern HSC Trust; • Encourage research interest amongst staff by promoting a research culture and embedding research activity as 'core business'; • Support and encourage innovative research activity which seeks to advance evidence-based practice across the relevant professions, and including multi-agency collaboration and external agency partnership, through the identification, recruitment and provision of key resources e.g. funding, additional specific training; and: • Promote opportunities for research dissemination and knowledge transfer.

Results: In the first 6 months (approximately), we have undertaken the following: i) The development of a network of key stakeholders across all levels internal and external to the Northern HSC Trust in order to raise the profile, awareness and culture of Research and Development; ii) Identification of research priorities for individual professions and mapped these to current clinical activity; iii) Identification and acknowledgement of current research activity within respective NHSCT professions; iv) Supporting individual staff in the development of research projects/studies, the completion of research governance and ethics applications and submissions to funding bodies; v) Identification and promotion of inter-disciplinary and inter-agency work opportunities; vi) Extension of knowledge of research processes through the planning and provision of research workshops and dissemination events.

Discussion: The opportunities and challenges experienced include: • Ensuring strategic and collective investment in Research and Development in NHSCT; • Promoting research as core business; • Seeking investment and resources needed to develop a culture of research; • Collaborating with the quality improvement agenda; • Ensuring availability and uptake of research funding opportunities; • Enabling the workforce through the development of research skills; • Developing internal and external partnerships to further research.

Implications: Our way forward: • To continue to embed research activity in Northern HSC Trust infrastructure; • To continue to promote the profile and impact of NHSCT research; • To develop an NHSCT Research Hub.

Keywords: Research; development; innovation; healthcare professionals

Conference Wi-Fi

Complimentary visitor Wi-Fi is available at Titanic but may be intermittent – a dedicated conference Wi-Fi has been organised and we would encourage you to use our hashtag #publichealth19 to comment throughout the day:

SSID: look for the network: Joint Public Health

Password: Conference2019



Menu

Arrival Refreshments

Tea / Coffee with a selection of:

- fruit pots
 - Plain wholemeal scones
 - Fruit scones
- please help yourself to butter / jam*

Mid-Morning Refreshments

Tea / Coffee

- served with oatmeal biscuits

LUNCH

Fire roasted red bell pepper & oven roast tomato soup served with a selection of:

- wraps and flat sandwiches
- crudités - celery, carrot and peppers - hummus, tapenade and pesto dips
- granola pots
- yogurt with fruit
- Tea / Coffee

MID- AFTERNOON

Tea / Coffee



#publichealth19

Exhibition Stands

NIPHRN

Northern Ireland Public Health Research Network (NIPHRN) was launched in March 2012 by the Centre of Excellence for Public Health Northern Ireland and the HSC Research and Development Division. The network aims to:

- 1) Facilitate public health intervention research
- 2) Extend the public health evidence base
- 3) Increase engagement between public health professionals, academics and the third sector and
- 4) Increase the quantity and quality of public health research in Northern Ireland

NIPHRN facilitates individuals from academia, public health service and third-party sectors, to form Research Development Groups (RDGs). The RDGs develop research protocols to attract external funding in relation to a new policy/intervention, planned by a policy, practice or service partner or a natural experiment in the field of public health.

T: @NIPHRN

For membership / enquiries contact: info@niphrn.org.uk

Fresh Minds Education

Fresh Minds Education creates active hope for a kinder, healthier, well world for everyone.

We develop innovative emotional wellbeing resources and training specialising in solutions for resilience, self-care, trauma, mental health and suicide prevention. We work directly with commissioners, networks, practitioners, schools and parents and our growing nationwide network of facilitators work directly with groups, clubs, schools, parents, children and young people from nursery, primary and post primary ages. Our work is gathering interest from leading public health and education authorities locally and internationally with partnerships developing in the UK, Ireland, EU and Australia.

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And Finally.....



On behalf of the partnering organisations who have funded this event, thank you for joining us today. We hope you have enjoyed the presentations, both posters and oral, and had an opportunity to mingle with colleagues old and new.

We would appreciate you taking the time to complete a brief evaluation form at your earliest convenience which will be emailed to you during the conference.

Safe journey home – see you next year.

NOTES



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