Health Inequalities and Ageing in the Community: Experiences, Causes and Consequences

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INTRODUCTION

This study is undertaken in the context of demographic trends towards an increase in the proportion of older people in the population. While still showing a younger population structure compared with the European norm, demographic projections anticipate a trend towards an ageing population in Ireland, with those aged 65 years and older expected to comprise some 15 per cent of the population by 2021 and 20 per cent by 2036. A further trend is an increase in the oldest old (aged 80 years and older). Demographic trends are linked to improved life expectancy and changes in fertility rates. The ageing of the population presents many challenges placing new demands on service provision, community, and family support structures.

RATIONALE

The rationale is rooted in the trend towards an ageing population structure in Ireland, the challenges presented by that to public policy and local communities, and as a contribution to research evidence of health inequalities linked to social status (Wilkinson 1996; Marmot 2004). Recent definitions of equity in health identify it as “the absence of systematic and potentially remediable differences in one or more aspects of health between groups of people characterised socially, geographically or demographically” (International Society for Equity in Health) cited in Starfield (2007).

The relationships between social determinants and health outcomes are not completely understood in causal terms. Main theories proposed to explain causal relationships relevant to this research include:

- The psychosocial perspective (Wilkinson 1996, 2005). Increased inequality in society and worsening relative poverty affects social cohesion / social capital, leads to stress, affecting the biological pathways and producing ill-health.
- Inequalities in society and social hierarchies result in lower level of control over various aspects of one’s life for people in lower socio-economic classes (Marmot and Rose, 1981; Marmot 2004).
- Levels of social capital in society affect health outcomes, which are better where the social capital is high (Putnam 2000). The degree of income inequality in
society and contextual conditions affect the social capital (Kawachi and Kennedy 1997; Wilkinson 1995, 2005).

- Concentrations of affluence or poverty at neighbourhood level affect health outcomes for residents (Wilson 1987) with some evidence that poorer people benefit from sharing neighbourhoods with more affluent individuals (Hou and Myles 2005).
- Access to health services can contribute to reducing inequity in health (Mackenbach 2003), particularly when primary care services are explicitly considered (Starfield 2007).

**OBJECTIVES**

The objectives are:

1. To examine the association between socio-economic status and health status amongst an older population.
2. To identify, in addition to social status, other demographic / fixed factors associated with variations in health status (e.g. gender, age).
3. To identify the relative importance of factors which moderate or mediate the relationship between socio-economic status and health status.

These include: social capital (networks of social relationships and trust), structural characteristics of neighbourhood (relative affluence / relative poverty), physical environment of neighbourhood, and quality of services. The research will aim to contribute to the research evidence on the appropriateness of existing policies to support “ageing in place” and suggest lines of action to address health inequalities for this target group.

**METHODOLOGY**

The methodology used in this part of the study involved a quantitative strategy based on a social survey of people aged 65 years and over. The study sites are four Limerick parishes with different structural characteristics (concentrations of high and low, and mixed socio-economic status) and profiles (traditional working class neighbourhoods, new local authority estates, newer private estates in the suburbs and affluent residential areas close to the city centre). The research also involved clinical screening of the survey participants. The social survey was based on a sample of older people in two parishes (where the elderly population is large) and total coverage in the remaining two parishes (with a smaller older population). The survey was administered based on face-to-face interviews in people’s homes. It examined the following: view of the neighbourhood including presence of key services and facilities; religiosity / practice; neighbourhood problems; quality of the area as a place to live; social capital (engagement in clubs, trust in people and trust in institutions, extent of social contact with family and friends); subjective health assessment (utilising SF36); health services utilisation and quality assessment; and socio-economic profile of respondents.
RESULTS

This paper reports the key findings of the social survey (based some 540 completed interviews and a 65% response rate) and profile of study sites based on analysis of key indicators drawn from the Small Area Population Statistics, Census of Ireland 2006.

CONCLUSIONS

The findings confirmed the relationship between social status (social class) and health status. Key findings are reported in terms of a comparative analysis of the four parishes.

Place/neighbourhood explains variations in health status (better in more affluent neighbourhoods). The findings also confirmed the association between neighbourhood and aspects of social capital including trust in people and institutions, accessibility of essential services, accessibility of community and social facilities, quality of local services, and extent of concentration of neighbourhood problems. Findings on health services utilisation suggest that apart from GPs and hospital outpatient services, rates of utilisation of services such as home help, public health nursing, day centres etc. is low amongst the older people. Uptake is concentrated amongst those who report poorer health, are older, and living in poor neighbourhoods. Quality of professional care (GP, hospital, public health nursing) however is highly rated.

REFERENCES

Available on request.
INTRODUCTION

The Silvermines area of North Tipperary has a long history of mining dating from the 10th century until 1994. Following the deaths of cattle in the Silvermines area from Pb toxicity in 1999, coupled with concerns of the local community regarding possible risks to human health from certain former mine sites, an inter-agency group (IAG) was formed consisting of a number of Governmental agencies and the Local Authority. Under the auspices of the IAG, a cross sectional exposure study was initiated. The human health aspect of the investigation was the responsibility of the Public Health Department of the Health Service Executive. The research project focused on the possible effects of the presence of Pb in the area on the health of the human population. This paper focuses on the utility of a general health questionnaire, the SF-36, to investigate human health in an environmental pollution incident in Ireland.

Questionnaires are an important instrument in the exposure assessment of occupational and environmental epidemiological studies. Health related quality of life (HRQOL) is related to how an individual feels and functions in their daily lives and the effects of ill health. HRQOL measurements facilitate the measurement of a population’s health which cannot be measured using morbidity or mortality data.

The SF-36 instrument used in this investigation is a generic health measure derived from the longer Medical Outcome Study General Health Survey Instrument. The SF-36 has been extensively used as a generic measure of health and functional status in large population studies, as well as having been used in studies examining the health impact of environmental hazards. The SF-36 measures eight profiles of health: Physical functioning (10 items); Role limitations due to physical health (4 items); Bodily pain (2 items); General health perceptions (5 items); Vitality (4 items); Social functioning (2 items); Role limitations due to emotional problems (3 items); Mental health (5 items); General health perception (1 item).

METHODOLOGY

Data from the 1996 census was used to calculate the number of residents in the study area. This cross-sectional study was based on volunteer participation, with 278 participants aged 16-82 years old (mean age= 42.8 years, SD= 15.4) completing the SF-36 questionnaire (117 males and 161 females).
RESULTS

A set of mean scores on the eight dimensions provides a 'health profile' for the total sample. The overall mean scores obtained in each of the eight dimensions for both males and females in this rural Irish study population are presented in Table 1.

Table 1 - Overall mean scores for Males and Females on the Eight Dimensions for Study Population

<table>
<thead>
<tr>
<th>SF-36 Dimension</th>
<th>Males (CI)</th>
<th>Females (CI)</th>
<th>Overall Mean Total Population (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Functioning</td>
<td>83.8 (78.9-88.6)</td>
<td>85.7 (82.3-89.1)</td>
<td>84.9 (82.1–87.7)</td>
</tr>
<tr>
<td>Role Limitations</td>
<td>84.4 (78.2-90.6)</td>
<td>87.1 (82.3-92.0)</td>
<td>86.0 (82.1–89.8)</td>
</tr>
<tr>
<td>Bodily Pain</td>
<td>83.3 (78.7-87.8)</td>
<td>82.9 (78.9-86.9)</td>
<td>83.0 (80.1–86.0)</td>
</tr>
<tr>
<td>General Health Perceptions</td>
<td>70.4 (66.0-74.8)</td>
<td>73.4 (69.8-77.0)</td>
<td>72.1 (69.3–74.9)</td>
</tr>
<tr>
<td>Vitality</td>
<td>67.1 (62.9-71.4)</td>
<td>63.9 (60.5-67.4)</td>
<td>65.3 (62.6–68.0)</td>
</tr>
<tr>
<td>Social Functioning</td>
<td>87.6 (83.2-91.9)</td>
<td>87.5 (84.1-90.8)</td>
<td>87.5 (84.8–90.1)</td>
</tr>
<tr>
<td>Role Emotional</td>
<td>91.6 (87.1-96.1)</td>
<td>90.2 (86.1-94.3)</td>
<td>90.8 (87.8-93.8)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>79.3 (75.6-83.1)</td>
<td>77.9 (75.0-80.9)</td>
<td>78.5 (76.2-80.9)</td>
</tr>
</tbody>
</table>

Irish norms for the SF-36 are problematic. Comparison of results from the current study with published Irish population norms were not made due to the low response rate reported in the original Irish normative sample, and the possibility of conferring bias, an issue acknowledged by the authors. The results of the SF-36 from this investigation were however compared to the mean scores for the dataset obtained for the Health Interview Survey for England. Mean scores from the rural Irish male population were compared to mean scores for men obtained in Health Survey for England and were found to be similar in most domains. The rural Irish female population however, scored higher in all dimensions when compared to Health Survey for England, indicating better health.
DISCUSSION

Self reported health among residents of the former mining community, a rural Irish village, indicated that there was no evidence of harm to health from possible exposure to elevated lead levels in the area. The SF-36 item which asked respondents about the change in their health in general over the last year provided valuable information about perceived changes in health status over time. The results compared favourably to the responses in the Health Survey for England. The numbers of people who described their health as very good or good tended to decrease with age. Significant differences were found in the forty five to fifty four year age group between men and women in the four domains of Bodily Pain, Social Functioning, Vitality and Mental Health. These findings are consistent with published studies conducted elsewhere.

CONCLUSIONS

The use of the SF-36 in this study was found to be both efficient and practical in the investigation of the presence and influence of Pb in the Silvermines area of North Tipperary, providing valuable information on the self-reported health status of the population. The results observed demonstrate expected gender and age profiles which reinforce the validity of this instrument. The successful use of the SF-36 in this context is in line with the published literature where its use has previously been recommended in environmental assessment exposure studies.

REFERENCES

Available on request.
INTRODUCTION

Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the World Health Organisation (European Office). HBSC Ireland collects data on key indicators of health, health attitudes and health behaviours, as well as the contexts of health for young people. Further information on the HBSC study can be found at www.hbsc.org.

Excessive alcohol consumption remains a substantial public health concern in Ireland. In the 2006 Irish HBSC survey, about half of students aged 15-17 reported that they were current drinkers and just over a third that they had been ‘really drunk’ in the last 30 days, with no gender or social class gradient. A brief analysis of the alcohol use among Irish school students aged 15-17 years across urban and rural settings is presented here.

METHODOLOGY

The HBSC study is a school-based survey with data collected from students through self-completion questionnaires in classrooms. Schools are stratified by region and randomly sampled; classrooms are subsequently randomly sampled. The methods employed comply with the International HBSC protocol and are detailed in the first national report from the 2006 survey, which can be found at www.nuigalway.ie/hbsc. The data presented here are based on the following items from the HBSC questionnaire:

- ‘At what age did you first drink alcohol?’
- ‘At what age did you first get drunk?’
- ‘On how many occasions have you done the following things in the last 30 days:
  - ‘Drank alcohol?’
  - ‘Been drunk?’

Geographical location was based on adolescent self-report of whether they lived in a city, a town, a village or in the countryside. All analysis were conducted using package SPSS (12.0).

RESULTS

Overall, 75% of Irish students aged 15-17 years report ever having drunk alcohol, and 56% report ever having been really drunk. No significant gender differences were identified and the data for boys and girls are presented together here. Students who live in the countryside report being older when they have their first alcohol drink
compared to those living in the city, town or village. Those who live in the countryside are more likely to report never having had an alcoholic drink and first getting drunk at a later age compared to those living in other locations. In addition, the proportion of students who report having drunk alcohol in the last 30 days is lowest among those who live in the country. The frequency of having been drunk in the last 30 days is highest among those living in cities.

Table 1 - Students Aged 15-17 Reporting Levels of Alcohol Consumption, by Geographical Location

<table>
<thead>
<tr>
<th>Alcohol consumption</th>
<th>City</th>
<th>Town</th>
<th>Village</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>% first alcoholic drink at or before age 13</td>
<td>32</td>
<td>35</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>% first drunkenness at or before age 13</td>
<td>17</td>
<td>17</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>% any alcohol in the last 30 days</td>
<td>60</td>
<td>60</td>
<td>66</td>
<td>54</td>
</tr>
<tr>
<td>% alcohol 3+ times in the last 30 days</td>
<td>36</td>
<td>30</td>
<td>38</td>
<td>28</td>
</tr>
<tr>
<td>% been drunk in the last 30 days</td>
<td>44</td>
<td>49</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>% been drunk 3+ times in the last 30 days</td>
<td>20</td>
<td>17</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>n</td>
<td>622</td>
<td>947</td>
<td>813</td>
<td>1451</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Although there are no gender or social class gradients in alcohol consumption among 15-17 year old students, there are significant differences in the urban and rural patterns. These differences should be considered when health promotion and public health initiatives are being developed.

FUNDING

HBSC Ireland is funded by the Department of Health and Children (the Health Promotion Policy Unit and the Office of the Minister for Children).

REFERENCES

Available on request.

PUBLISHED

This abstract is unpublished, however the substance of this abstract formed a short report, which was completed on behalf of the National Youth Council of Ireland by Aoife Gavin, Angela De Róiste and Saoirse Nic Gabhainn in 2008.
INTRODUCTION

In response to the National Drugs Strategy 2001-2008 a national mass media awareness campaign was undertaken from May 2003 to December 2005 with the aim of highlighting the facts about drug misuse and increasing awareness of drugs problems. The campaign slogan was ‘Drugs - there are answers’ and messages were disseminated via electronic and hard copy communication mechanisms and a community-based initiative. While the mass media have been used extensively to communicate drug misuse prevention and harm reduction messages the effect that these campaigns have on audiences has long been debated and warrants evaluation to inform future developments.

METHODOLOGY

A process evaluation was carried out to evaluate campaign development and delivery. Research objectives included: to assess the effectiveness of mass media campaigns in drugs prevention and harm reduction as reported in the literature, to make explicit the campaign development process and to determine how the aims of the campaign were interpreted and negotiated by stakeholders. A literature review was carried out and a qualitative approach to data collection undertaken with a total of 94 semi-structured interviews with key stakeholders at five points of time during campaign dissemination. Key stakeholders included representation from the National Advisory Committee on Drugs, the Drugs Strategy Unit, Health Promotion and Policy Unit, Department of Education and Science, Garda Síochána, regional drugs coordinators, HSE drugs education officers and the advertising agency involved. Documentary data was also collated and used to inform the results.

RESULTS

Criteria for campaign success identified from the literature comprised: apply and extend relevant theory, well defined target audience, message development, mix multiple media with other components, long term commitment and evaluation including formative. The National Drugs Awareness Campaign can be seen to have fallen short of these criteria that may have reduced the latent effectiveness of the campaign. The importance of planning and management emerged as paramount, with effective and timely communication mechanisms as key factors. Other areas identified by participants include the necessity for adequate funding from the outset, centrality of time-frames, time commitments, engaging with appropriate and skilled expertise and embracing the principles of participatory decision-making.
CONCLUSIONS

It would be short sighted to suggest that based on the process evaluation of this specific campaign, drug awareness mass media campaigns should not be resourced in future. Drug issues are complex and ever changing and interventions must reflect this and be founded on evidence based best practice.

SOURCE


FUNDING

The National Advisory Committee on Drugs

REFERENCES

Available on request.
INTRODUCTION

Studies in Ireland, the UK, and the rest of the EU, indicate levels of alcohol use among children and adolescents that are a cause of serious concern.

OBJECTIVE

In 1997, the Mid-Western Health Board undertook a baseline study to examine the prevalence of smoking, alcohol and drug use among adolescents in the region, and completed a follow-up study in 2002. In the latter study it was noted that some young people reported experimentation with these substances, while a minority of children aged 13 years and younger, reported regular use. This suggested the need for future exploration of these issues with younger children in an effort to prevent or delay initiation into these behaviours. The present study was conducted to examine the current extent of tobacco, alcohol and drug use among National School children in the Mid-West region. This paper focuses on the results concerning alcohol consumption and the availability of information about alcohol and its effects.

METHODOLOGY

Ethical approval for this study was given by the Ethics Research Committee of the Regional General Hospital, HSE-Mid Western Area. The survey instrument used in this study with children incorporated elements from previously published questionnaires. The questions concerning alcohol were drawn from the Health Behaviour in School-aged Children (HBSC) survey.

The study population was drawn from 5th and 6th class pupils attending National Schools in the Mid-West region. 50 schools were randomly selected from the 350 schools in the region. The sample was stratified into four regions, Limerick City, Limerick County, County Clare and North Tipperary, with a quarter of the schools selected from each area. 43 schools finally participated in the survey. Active parental consent was a condition of inclusion in this study. The response rate, calculated including children in the non-participating schools, was 76.2%.

1255 participants completed the confidential questionnaire. The questionnaire returned from one pupil was excluded from the analysis based on a positive response to the question on having used the fictitious drug Mexaval. Of the remaining 1254 children, 573 were males and 681 were females.
• 392 (31%) were from County Clare
• 208 (17%) were from Limerick County
• 440 (35%) were from Limerick City
• 214 (17%) were from North Tipperary

Participants ranged in age from 10-14 years of age (although only 2 were aged 14), with 47% (588) coming from 5th class and the remainder from 6th class. The mean age of the participants was 11.5 years (SD= 0.73).

RESULTS

72.8% (n=903) of pupils overall reported that they had ever tasted alcohol, even if it was only a sip. However only 10.8% (n=134) of the respondents overall reported having consumed a whole alcoholic drink. More males (64.9%, n=87) than females (35.1%, n=47) reported having ever consumed a whole alcoholic drink. Chi-square analysis revealed this gender difference in having ever consumed a whole alcoholic drink to be statistically significant ($X^2 = 21.503$, df =1, $P<.0001$). Less than 1% of respondents reported weekly use of alcohol.

When asked whether they had ever had so much alcohol that they were really drunk, 94% of the children stated that they had never been drunk, with 6% overall admitting to having been drunk. Of these who reported having ever been drunk, 60% (n=45) were males and 40% (n=30) were females. Chi-square analysis revealed the gender difference in ever having been drunk to be statistically significant ($X^2 =5.981$, df = 1, $P=.0145$). However, the majority 64.4% (n=57) of those children who admitted to having been drunk stated that they had only been drunk once in their lives.

Pupils were asked whether they thought their school provided them with enough information about alcohol and its effects and consequences. Overall, 27% (n=337) of the pupils thought that they were given sufficient information, 44% (n=546) felt that they needed more information (27% a little more, 17% a lot more) and nearly 17% (n=207) stated that they were given no information at all.

CONCLUSIONS

This study provided a baseline assessment of levels of alcohol use by National School children in the Mid-Western region. Although the results are encouraging and go some way to dispel anecdotal concerns, there is no room for complacency. Alcohol use and misuse is still embedded in the Irish culture and although the alcohol use rates in this survey were low, prevention or delay of initiation to alcohol use in this age group is critical. Children need to be provided with the information and decision making skills to enable them to abstain from, or delay, initiation in to alcohol use. The results from this survey should be noted by school-based health educators with regard to the mandatory inclusion of Social, Personal and Health Education (SPHE) in National Schools, particularly in relation to perceived needs for more information about alcohol use and misuse.

Two limitations of the survey should be noted. This survey focussed only on those children attending National School on the survey date and was conducted on the
basis of informed parental consent. It is possible that children from more chaotic backgrounds where alcohol misuse may be an issue were under-represented in this study. It should also be noted that “feeling drunk” is a subjective evaluation and considering the young age of the pupils in this survey, this feeling could result from a more moderate intake of alcohol than for older children. The issue was not explored in depth in this survey.

REFERENCES

Available on request.
"It Sort of Widens the Health Word" - Evaluation of a Health Promotion Intervention in the Youth Work Setting

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Department of Health Promotion, NUI Galway and National Youth Council of Ireland2

INTRODUCTION

Defined as a place or social context in which people engage in daily activities where environmental, organisational and personal factors interact to effect health and well-being, youth organisations qualify as appropriate settings for health promotion. This study presents the results of an evaluation of the Health Quality Mark (HQM), a settings-based health promotion intervention in youth organisations facilitated by the National Youth Health Programme (NYHP).

OBJECTIVE

The aim of this study was to conduct an impact and process evaluation of the HQM focusing on impacts as perceived by stakeholders (perceived benefits and/or disadvantages of participating in the HQM) on the strengths and weaknesses of the process operated by the NYHP in implementing the HQM, and the appropriateness of the criteria in the award.

METHODOLOGY

The study sampling frame included all youth organisations that had completed the HQM either fully (16) or partially (11). Thirty seven personnel (management and Health Promotion staff) were available across 19 organisations for a semi-structured interview. Young people (9) were interviewed in a focus group setting in one organisation.

RESULTS

The perceptions of health promoters, team members and management with regard to the impact of the HQM were very positive, including both individual behaviour and organisational level changes. Those interviewed commented on the how the HQM impacted on the whole organisation, and the place of health within it. The HQM was perceived to raise awareness of health, validate and extend good practice in youth organisations and in health promotion, and to engender a sense of pride in the youth organisation. In relation to process, a number of factors emerged which contributed to the success of the HQM as a health promotion initiative. These included the structure and award-based nature of the initiative, management buy-in, the embedded training, and support from the NYHP.
CONCLUSION

The HQM is a successful settings-based health promotion intervention. The HQM initiative makes health more visible and acts as a vehicle or framework for good practice. The ideological consistency between the principles of youth work and health promotion may contribute to the success of the initiative.

FUNDING

Funded by National Youth Health Programme.
INTRODUCTION

The Nutrition and Food Security Programme of WHO/EURO is currently establishing a European childhood obesity surveillance system in some countries in the European Region in response to a recommendation from the WHO Ministerial conference on Counteracting Obesity. This has occurred in response to recognition of the need for standardized surveillance systems with a view to facilitating harmonised policy action on obesity within the European region.

OBJECTIVE

The HSE have agreed to participate in the initiative, which aims to measure routinely trends in overweight and obesity in primary school children using a standardized protocol to facilitate understanding of the progress of the epidemic in this population group and allowing inter-country comparisons within the WHO European Region. Funding has been provided for the project by the Department of Health and Children (DOHC) and Population Health HSE.

METHODOLOGY

A team of nutritionists from The National Nutrition Surveillance Centre (NNSC), at University College Dublin (UCD) are carrying out the first data collection round on behalf of the Health Service Executive (HSE). Ethical approval has been given by UCD Ethics Committee. Parents have been fully informed about the study procedures and their informed consent for the measurements obtained.

This first round commenced in April 2008 and was completed by the end of the school year. Children in one first class (aged 7-7.9 years) from a national cluster random sample of primary schools, weighted according to school size and urban / rural mix, were surveyed. Body weight, height and waist circumference were measured. Health care staff who routinely visit schools were informed of the participating schools in their areas to encourage schools to take part.

Measurements took place in 163 schools out of a recommended 180 (90.5%). Preliminary data show that 2,425 seven year olds (1,154 boys and 1,271 girls) were measured. This lies within the acceptable range of 2300-2800 recommended by WHO.
The same schools will remain the nationwide sentinel sites for the repeated measurements which will take place at two year intervals.

RESULTS

To date (26/05/2008), 148 schools have consented to participate. The principal reason for non-participation by schools is a very busy summer term schedule. The principal cause of non-participation by individuals is absenteeism from school.

Data will be analysed both at a country level with a report from the NNSC before the end of 2008 and at European level by WHO. In 2010, the first progress report on counteracting obesity will be sent to the WHO Regional Committee in which the results of the surveillance initiative will be presented.

CONCLUSIONS

The survey is in keeping with DOHC/HSE Population Health Directorates commitment to taking forward the recommendation of the National Taskforce on Obesity in setting up a national childhood database to monitor overweight and obesity.

PRESENTED

As a Paper at the “WHO Ministerial Conference on Counteracting Obesity” in Istanbul, Turkey from 15-17th November, 2006.

FUNDING

Funded by the Department of Health and Children, Dublin and HSE Population Health, Dublin.
**INTRODUCTION**

Smoking is the most important public health issue during pregnancy as it increases the risks of short term and long terms adverse pregnancy outcomes. Forty percent of women in Irish maternity hospitals smoke during pregnancy with higher rates in medical card holders. NICE guidance recommends that all smokers should be offered some form of brief intervention and advised to quit smoking.

This process evaluation of training health care professionals was carried out as part of a longitudinal study set up to determine the effectiveness of MI on smoking cessation in pregnant smoker who received the MI intervention at a number of time points during pregnancy and post-natally compared to a control group who did not receive the intervention.

**METHODOLOGY**

A brief postal questionnaire was drawn up for hospital-based midwives, student midwives, hospital doctors and public health nurses (PHNs) who had undergone MI training prior to implementing the intervention. A questionnaire addressing basic skills was sent to a control group of similar health professionals who did not receive the training. Pearson’s chi² test / Fischer’s exact test was used for comparative categorical variables.

**RESULTS**

Response rate for cases was 55% for cases (116/211) and controls (79/143). When student midwives were excluded this rose to 72% (101/141) for cases and 65% (76/117) for controls. Most practitioners undertook a condensed course rather than two full days because of shortage of time and reported learning a “moderate” amount. The trained practitioners were much more confident in the specific aspects of the programme such as being able to identify discrepancy (chi²=28.5, df=2, p< 0.001). More generic skills such as reflective listening were rated comparable by cases and controls. Relatively few patients were referred to smoking cessation clinics which were located in the community and not directly accessible on the hospital site.
CONCLUSIONS

Training health professionals had a measurable effect on professional performance. Whether this translates into improved smoking cessation is awaited. The findings however illustrate the practical barriers to training in a busy maternity hospital and clinic setting, the need for future training programmes to focus on specific skills given the competing demands on practitioners’ time and the need to link the training to organisational changes which facilitate the intervention.

REFERENCES

Available on request.

PRESENTED

As a poster presentation at the Faculty of Public Health Medicine, Winter Scientific Meeting in December, 2007.

As a poster presentation at the UKPHA 16th Annual Public Health Forum in Liverpool, UK in April 2008.
INTRODUCTION

The risk of a veterinary practitioner experiencing a severe occupational accident is 9.2 times that of general practitioners. International epidemiologic studies of the profession have traditionally concentrated on acute animal-related trauma, with only a limited number including data on gradual onset or chronic work-related musculoskeletal disorders. To date there is no published information on the musculoskeletal problems (acute or chronic) of Irish veterinarians.

OBJECTIVE

The primary aim of this survey was therefore to establish baseline data on the musculoskeletal health of a sample of veterinarians employed in various settings across the country. Secondary aims were to identify whether acute or gradual onset symptoms were of most significance and to highlight potential areas for further research.

METHODOLOGY

With the cooperation of Veterinary Ireland, a self-administered questionnaire, adapted with permission from Glover et al, was emailed to the 926 practitioners listed on their email database (from a total of 2,376 practitioners registered within the country). The questionnaire required subjects to provide:

1. Background personal and occupational details.
2. Information on all work-related musculoskeletal symptoms experienced over their career and in the previous 12 months.
3. More detailed information on the symptoms they considered “most significant”.

In addition to simple frequency calculations, the Chi-square statistic was used to investigate the relationship between prevalence of symptoms and gender, employment setting and length of veterinary experience.

RESULTS

90 practitioners responded to the survey. However 1 response did not meet an acceptable level of completion, leaving 89 valid responses for analysis - a response rate of 9.6%. 59% of respondents were currently employed in private practice with the remainder in non-practice settings. Mean age of respondents was 44 years. Career and annual prevalence of work-related musculoskeletal symptoms
were 82% and 59.5% respectively. Over the course of their careers, 59.5% had sought medical care for their symptoms. 34% had taken time off and 13.5% had been hospitalised.

Low back symptoms were most prevalent (career and annual prevalence 61% and 35% respectively). 47% reported symptoms in 3 or more anatomic areas during their career. Gender or experience did not affect the likelihood of symptom report but there was a significant association between employment setting and annual symptom prevalence, with more private practice veterinarians (68%) reporting symptoms than non-practice veterinarians (44%)(Chi square with 1 degree of freedom = 4.749, p=0.029).

With regard to symptoms deemed most significant, gradual onset symptoms were as frequently selected (50%) as sudden onset. The most frequent age at first onset was 21-30 years (47%) and the most common area of symptoms was again the low back (56%). The occupational risk factors considered important for symptom occurrence are shown in Figure 1 below.

Figure 1 - Perceived Level of Contribution of Various Occupational Risk Factors to the Occurrence of Respondents’ Most Significant Work-Related Musculoskeletal Symptoms

65% rated lifting animals as a major or moderate contributory factor to their symptoms, this figure rising to 78% of those for whom low back symptoms were most significant.
CONCLUSIONS

The prevalence of musculoskeletal work-related symptoms in this sample of veterinarians is high, but in line with that reported in farmers and dentists. Low back symptoms are most prevalent and most frequently deemed of greatest significance. The annual prevalence of low back symptoms is again similar to that reported by farmers but higher than in Irish health service workers. Unfortunately, due to small sample size, the findings of this study cannot be extrapolated to the wider Irish veterinary population. However the high prevalence of symptoms in this sample group points to the need for a larger scale study.

The frequency with which gradual onset symptoms were considered “most significant” also highlights the need for future research to adopt a broad focus by considering risk factors involved in both acute injury and gradual onset disorders. In the short term, prospective studies should target relatively inexperienced practitioners and consider a range of biomechanical, personal, psychosocial and cultural issues.

REFERENCES

Available on request.
INTRODUCTION

Injury is the leading cause of death and disability in the young worldwide and in the European Union (EU). In 2007, the Council of the EU Recommendation on “Action for a safer Europe” called for a reduction of overall injury mortality in the EU of 25%, to be achieved through the implementation of National Action Plans and improved national injury surveillance.

In 2001, the Irish Department of Health and Children acknowledged injuries as a public health issue by proposing to establish a National Strategy Team to investigate the development of a National Injury Prevention Strategy.

The European All-Injury Database (IDB) is a surveillance system that monitors intentional and unintentional injuries presentations to hospital emergency departments. Funded by the European Union, it is the successor of the European Home and Leisure Accidents Surveillance System (EHLASS).

OBJECTIVE

Because of the experience gained in establishing the National Registry of Deliberate Self Harm, the National Suicide Research Foundation was invited to implement the IDB surveillance system on a pilot basis in a selection of hospitals in Ireland.

METHODOLOGY

The three Cork City hospitals with emergency departments were selected for the IDB in Ireland. The study period was from 1st of January to the 30th of June 2005. A sampling procedure was adopted whereby every eighth day during the study period was selected and data were recorded on all injury presentations to the emergency departments of the three hospitals on these days.

RESULTS

Data relating to 2,967 injury presentations were recorded. Adjusting for the sampling procedure adopted, this indicated that injury presentations accounted for 45% of all presentations to the emergency departments of the hospitals monitored. Extrapolating to the national level would indicate that 520,000 injury presentations were made to the 39 hospital emergency departments operating in Ireland in 2005.
Soft-tissue injuries (27%), fractures (20%) and open wounds (19%) were the most common types of injuries treated. Men accounted for almost two-thirds (63%) of all injury presentations whereas persons aged under 45 years accounted for three-quarters (77%) of all cases. The male rate of injury was more than double the female rate in adults aged 15-44 years. Among the over 75 year-olds, injury presentations were more common in women and this was due to the relatively high incidence of injury leading to fractures.

Accidents, assault and intentional self harm accounted for 90%, 7% and 3% of all injury presentations to hospital. In the vast majority of cases, the part of the body injured was the upper extremities (35%), the lower extremities (28%) or the head (19%).

The event leading to injury generally occurred in the person’s home (21%), a sport’s area (12%), a transport area (10%) or in another specified place. However, this information was not recorded for 44% of injuries. There was a similarly high level of unspecified information in relation to the activity the person was engaged in when injured (46%) and the underlying object that lead to the injury (43%).

CONCLUSIONS

Injuries constitute a major burden on emergency health services in Ireland. There is a need to proceed with the establishment of a national injury surveillance system as part of Ireland’s suggested National Injury Prevention Strategy.

Information recorded in hospital in relation to injury presentations is often incomplete. This needs to be addressed through data recording guidelines and improved hospital information systems. Otherwise injury surveillance will be limited in the contribution it can make to improving injury prevention and quality of care.

PRESENTED

As a Poster Presentation at the XXIV World Congress of the International Association for Suicide Prevention, in Killarney, Co. Kerry from 28th August to 1st September, 2007.

FUNDING

This research has received funding from DG SANCO, the Directorate General for Health and Consumer Affairs of the European Commission.
INTRODUCTION

Workplace health promotion, concerned as it is with promoting the health of those in the workplace setting, has paid surprisingly little attention to the phenomenon of workplace bullying, despite its prevalence and well-documented negative impact on health. Tackling workplace bullying provides an opportunity to work coherently within the settings approach, focusing not only on what health difficulties workers report, but how the organisation and work itself contributes to these difficulties and how the organisation (as opposed to the worker) can change to reduce ill health. Such an approach assumes that how work is constructed, how the organisation is structured, work-based relations, the explicit and implicit expectations of workers all are central to improving health.

OBJECTIVE

This paper explores qualitative responses about perceived organizational responses to the problem of workplace bullying, collected as part of a larger study on workplace bullying conducted in a medium-sized public sector organization.

METHODOLOGY

Respondents replying to the open-ended questions within the instrument numbered 179, which represented 61% of the 293 respondents to the survey. The survey was emailed or posted to all staff on the payroll at that time (1,495). Comments made in the course of an on-line survey that were qualitative in nature. The basis of the process of data analysis in this study follows a general template analysis style, involving the generation of themes, patterns and interrelationships in an interpretive process.

RESULTS

Three main themes emerged in the analysis; the nature of bullying, the nature of hierarchical power and 'head-in-the-sand' culture.

Findings are discussed in the context of the need to explore the problem of workplace bullying from an organizational perspective and advocates strongly for organizational level interventions that go beyond the provision of anti-bullying policies. The need in particular to explore the organization and expression of power within work organizations is highlighted.
CONCLUSIONS

To address bullying in the workplace a whole-organisation, ecological approach is required. Ensure that Anti-Bullying policies in the workplace:
• Have visible and explicit back-up from top management
• Are proactive about informing employees
• Apply procedures that are fair, transparent, consistent and timely

PRESENTED

At the "Awareness and Perceptions of Staff of the Anti-Bullying Policy in a Public Sector Organization" 5th International Conference: Workplace Bullying- the Way Forward in June 2006, by Margaret Hodgins.
INTRODUCTION

This paper reports on the implementation and evaluation of the JOBS programme in Ireland. The JOBS programme is designed as a training intervention to promote re-employment and improve mental health among unemployed people. This intervention was adopted as the Winning New Jobs (WNJ) and implemented on a pilot basis in the border region of the Republic and Northern Ireland in collaboration with regional training and employment and health agencies.

METHODOLOGY

Programme participants were unemployed people recruited from local training and employment offices and health agencies. An evaluation of the process of implementation and the programme impact was conducted in order to determine the feasibility and effectiveness of the JOBS programme in an Irish context. Employing a quasi-experimental design, data were collected from 210 unemployed people in the WNJ intervention group, of which 44 were mental health service users, and from 192 unemployed people in a comparison group, prior to the training intervention and at two weeks, four months and 12 months post intervention.

RESULTS

The findings from the pilot implementation indicate that the programme was well received by both participants and trainers, and lead to improved psychological and reemployment outcomes for the intervention group, lasting up to 12 months post intervention.

CONCLUSIONS

This paper reflects on the implementation issues that arose in adapting an international evidence-based programme to the local setting and considers the implications of the evaluation findings for the roll out of the programme on a larger scale.

PRESENTATION

INTRODUCTION

Intersectoral collaborations and partnerships have been identified as a way of addressing the health challenges facing society. But are they the most effective way of solving health problems? In theory, partnerships achieve synergistic outcomes which are more than can be achieved by individual partners working on their own. It is unclear what factors create this synergy or whether it leads to extra and better outcomes.

OBJECTIVE

This study aimed to determine the key factors that influence health promotion partnership functioning and their relationship with partnership synergy and outcomes.

METHODOLOGY

A mixed methods approach was used which combined findings from a mapping study with chairs/leads of 129 health promotion partnerships, five focus groups with 36 partners, a postal survey of 337 partners in 40 partnerships and four workshops attended by 48 partners. The postal questionnaire incorporated a number of specifically designed and validated multi-dimensional scales to assess the contribution of factors that influence partnership functioning and synergy. New validated scales were developed for synergy, trust, mistrust and power. Multiple and logistic regression analysis was used to identify the significance of each factor to partnership synergy and outcomes. Outcome measures were: changes in knowledge, attitude, skill, behaviour, environment, community, and health status.

RESULTS

Trust and leadership were shown to be the most important determinants of partnership synergy. Community assets (i.e. involvement of the community in the partnership), efficiency and boundary-spanning skills were also significant predictors of synergy. Expert assets (i.e. health professionals) and mistrust had a negative relationship to partnership synergy. Although synergy was a significant predictor for outcomes investigated in the postal survey, it explained only a small percentage of the variance in outcomes. Community assets and trust were also significant predictors of many outcome categories. There was little or no relationship between synergy and outputs or outcomes reported by the chairs/leads for partner or partnership level data.
CONCLUSION

Synergy is predicated on trust and leadership. Trust-building mechanisms need to be built into the partnership forming stage and this trust needs to be sustained throughout the collaborative process. We need to develop systems where the best leaders are put forward for intersectoral partnerships. This should be consistent across all sectors and organisations. Successful partnerships need synergy if they are to achieve outcomes. Achieving synergy is not enough, however, and partnerships must also be outcome-focused if they are to be successful in tackling the health challenges facing society.

PRESENTED