

Review of the National Health Promotion Strategy 2004



DEPARTMENT OF HEALTH
AND CHILDREN
AN ROINN SLÁINTE AGUS
LEANAÍ

Acknowledgements

This report was researched and prepared by the Centre for Health Promotion Studies, NUI, Galway and funded by the Health Promotion Unit, Department of Health and Children.

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The authors wish to acknowledge all those people who generously gave their time and assistance in the interview and postal surveys. We also gratefully acknowledge the expertise provided by Ms. Biddy O'Neill, National Health Promotion Advisor, and Mr. Shay McGovern, Assistant Principal Officer of the Health Promotion Unit throughout the writing of this report.



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The Review of the National Health Promotion Strategy is also available for downloading in PDF file format from the Department of Health and Children's website <http://www.doh.ie>



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Published by Department of Health and Children
Hawkins House
Hawkins Street
Dublin 2

December 2004

ISBN 1-873820-76-3

FOREWORD

I am pleased to note the progress made in implementing the National Health Promotion Strategy 2000 – 2005. The Strategy identifies specific aims and objectives aimed at improving the overall health of the Irish population and which are intended as a guide and resource for all those concerned with promoting health. Emphasis is also placed in that Strategy on the inter-sectoral and multi-disciplinary approach which is required to address inequalities and the major determinants of health.

This Review aims to establish the progress made in implementing the aims and objectives set out in the Strategy, identify the areas where progress has yet to be made and make recommendations for further action.

Since the publication of the first National Health Promotion Strategy, there have been substantial developments in health promotion at national and regional levels. There are now dedicated Health Promotion Departments headed by health promotion specialists in each health board region. Comprehensive data has been collated and now a reliable national picture is available of the health related behaviours among Irish adults and school-going children, which is essential for identifying national and regional health promotion priorities and for developing effective policy and programmes.



This Report provides an in-depth review of the key areas of population groups, settings and topics reflecting the format set out in the Health Promotion Strategy and essentially making it easy to absorb the main findings. While the Report shows that there has been significant progress made in implementing the aims and objectives set out in the Strategy, its real value is in identifying areas where action needs to be taken to further progress the objectives outlined in 2000.

Health promotion has become increasingly important over the years for its role in pursuing national health goals. It is an essential component in the provision of a comprehensive and effective health service in that it provides the individual, the community and the population with the opportunity to sustain health and prevent ill-health.

I would like to thank all those involved in the compiling of this Review and to encourage health promotion professionals to implement the recommendations in the future planning of their areas of work.

A handwritten signature in blue ink, which appears to read 'Seán Power'. The signature is fluid and cursive.

Seán Power T.D.

*Minister of State at the
Department of Health and Children*

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EXECUTIVE SUMMARY

This report presents the results of an interim review of the National Health Promotion Strategy 2000-2005 (NHPS).¹ This review was commissioned by the Health Promotion Unit (HPU) of the Department of Health and Children and the work was carried out in conjunction with the Centre for Health Promotion Studies at NUI, Galway.

The review aims to:

- determine the progress to date in implementing the aims and objectives as set out in the National Health Promotion Strategy (2000-2005)¹
- identify areas where progress has yet to be made and make recommendations for further action.

This review is based on a large volume of information and data collected from key national and regional health promotion personnel and non-statutory agencies over the period from November 2003 to May 2004. The breadth and quantity of information received is much greater than can be fully represented in this review. Likewise, an evaluation of the quality of the activities reported is beyond the remit of this review process. Based on the data received and the documentation reviewed, this report provides: 1) an overview of health promotion activities and developments at national and regional level; 2) progress to date in meeting the key objectives outlined in the NHPS and 3) recommendations for action.

Since the publication of the Strategy in 2000, there have been substantial developments in health promotion at national and regional levels. The commissioning by the Health Promotion Unit of the SLAN (*Survey of Lifestyles, Attitudes and Nutrition*)^{13,14} and the HBSC (*Health Behaviour in School-aged Children*)^{13,14} surveys in 1998 and again in 2002, has provided for the first time a reliable national data set on health related behaviours among Irish adults and school-going children. This comprehensive data set is an important resource in monitoring changes in health related behaviours in order to inform policy and programme planning and to identify national and regional priorities in health promotion.

The health promotion workforce has grown considerably and there are now teams of dedicated health promotion specialists in each health board region and in many of the non-statutory health agencies. The prioritisation and resourcing of health promotion activities through the implementation of the Cardiovascular Health Strategy, *Building Healthier Hearts* (1999)⁵ has had a major impact on the landscape of health promotion in Ireland over the past four years. Core funding has been provided through the Cardiovascular Health Strategy for many dedicated health promotion posts and activities.

Partnership and inter-sectoral working is now perceived as being integral to the health promotion function and there is evidence of increased engagement with other statutory and non-statutory agencies and community and social partners. The establishment of national networks, linked with their European and international counterparts, has played a significant role in exchanging and promoting best practice in health promotion work in Ireland. A range of innovative developments and programmes at both national and regional level, which have contributed towards the implementation of the NHPS, are reported in this review.

This report presents an overview of findings across the key areas of population groups, settings and topics. Within population groups, high levels of activity at regional level were reported in relation to working with children, young people and older people, followed by lower levels focusing specifically on women and men. Activities in the 'other groups' category refer mainly to initiatives with Travellers and low income groups, with a much lower level of activity reported for refugee and asylum groups, people with disability and for the gay and lesbian community. At national level, high levels of activity were reported in relation to work with older people and young people; and work has been initiated in relation to men's health.

There is a high level of activity at national and regional levels focusing on settings such as schools, communities, workplaces and health services. However, reported levels of activity were noticeably lower for the more informal out-of-school youth setting. Substantial progress has been made in relation to the implementation of Social, Personal and Health Education (SPHE) in post-primary schools. In the community setting the implementation of Community Development projects is ongoing. Workplace initiatives have been developed and implemented at many workplaces within statutory agencies and the private sector. Within the health services setting, the Health Promoting Hospital Network has expanded to include 110 members.

With regard to specific health topics, high levels of implementation at both national and regional level were reported in relation to being smoke free, being more active, eating well and positive mental health. Although the activity rates for safety and injury prevention were high, much of these activities were in the area of fall prevention for older people and child safety. Reported implementation rates were lower for areas such as oral health, sexual health and sensible drinking. However, these lower rates do not take into account the overlap of programmes and activities between the population groups, settings and topics. For example, topics such as sexual health, alcohol and drugs are included as cross-cutting themes in programmes being implemented through the school setting and are also highlighted through SPHE implementation.

Based on overall findings from the review process the following **key recommendations** for action are identified:

Strategic Developments and Structures

- The establishment of a national forum to co-ordinate inter-sectoral health promotion approaches across government departments/sectors is required to support the full implementation of the NHPS. Due consideration needs to be given to the role and functions of such a forum in the light of the emerging Health Service Reform Programme and the proposed revised population health structures.
- The development of a formal health proofing process at a national level needs to be progressed including the design of a model and methodology for its effective implementation.

- A renewed focus is required at national and regional levels in promoting inter-sectoral working and partnerships, particularly aimed at addressing health determinants for the whole population and health inequalities in areas of high social and economic disadvantage.
- Clear guidelines and models of partnership building are required in order to address the complexities of partnership working.
- In the identified areas of alcohol, breastfeeding and women's health, the policy reviews already underway need to be accompanied by action plans and supported by the necessary resources for effective implementation.

Monitoring , Research and Evidence-based Practice

- At a national level, a system to monitor and track progress towards meeting the aims and objectives of the National Health Promotion Strategy is recommended.
- A strategic review of health promotion activities and approaches employed in support of the agreed objectives of recent policy documents including *Youth as a Resource: promoting the health of young people at risk*; *Building Healthier Hearts* and the *Report of the Task Force on Suicide* is required.
- Collaboration between policy-makers, practitioners and the academic sector is required for identifying models of best practice and applying these to the Irish context. In addition, the development and dissemination of guidelines on best practice is needed.
- A national research and development plan to guide evidence-based health promotion policy and practice in Ireland is required.

Specific Areas for Development

- The appointment of national health promotion co-ordinators for workplace and community settings needs to be reviewed within the context of the Health Service Reform Programme.
- Further progress is required in the development of policies and action plans for men's health, positive mental health, healthy weight and sexual health; the establishment of an Irish Network of Health Promoting Colleges; and the further development of effective health promotion initiatives in the out-of-school youth sector.
- Consolidate the progress achieved to date in the incorporation of SPHE into the second level curriculum and explore the broader framework of the Health Promoting Schools initiative for the integrated development of school-based activities at post-primary and primary levels.
- Determine the specific needs of minority groups such as Travellers, low-income groups, people with disability, refugees and asylum seekers, homeless people and the gay and lesbian community in order to develop more focused health promotion policies and actions.

- Future health promotion strategies need to give consideration to setting out an agreed action plan, and incorporating priority areas, specified timeframes and clear lines of responsibility at national and regional levels. The consultation process in developing a strategy should be extended to include the views of all relevant stakeholders and partners including consumers both within and outside the health sector.

Sustaining Current Progress

- To build on the positive achievements to date, it is critical to maintain and consolidate the integral role of health promotion in improving population health at national, regional and local levels within the context of the current Health Service Reform Programme. The breadth of health promotion activities reported highlights the distinctive role of health promotion in re-orienting health policy and services in Ireland.
- Dedicated resources are required in order to ensure continued progress in meeting strategic national priorities and objectives as identified in the National Health Promotion Strategy. This requires the appropriate allocation of resources to the regional level, effectively balanced by continuing leadership, technical and financial support and strategic direction at the national level.
- Continued investment in building the capacity of the health promotion workforce at national and regional levels is essential in realising the full potential of health promotion policy and practice.

INTRODUCTION

The Department of Health and Children's *National Health Promotion Strategy 2000-2005* (NHPS), published in July 2000, sets out a policy framework to guide the strategic development of health promotion at national and regional levels. It represents an important policy development for health promotion in Ireland that builds on previous strategies and reflects the changing priorities for health promotion at national and international levels. It adopts a holistic approach to health and incorporates the five principles of the Ottawa Charter:²

- Building Healthy Public Policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Re-orienting the health services

Since 2000 many health promotion initiatives have taken place at national, regional and local levels in keeping with the aims and objectives of the NHPS.

This report represents the outcome of the review process. This is not an evaluation of the NHPS, rather it is a review of the extent of implementation of activities to date and highlights areas where work is needed over the remaining years of the NHPS. The Health Promotion Unit (HPU) of the Department of Health and Children commissioned the Centre for Health Promotion Studies (CHPS), NUI, Galway to complete this interim review. Specifically, the Terms of Reference of this report are to:

- Review the extent of implementation at national and regional levels of activities to meet the aims and objectives of the NHPS in the three key areas of topics, settings and population groups.
- Document activities of the Health Promotion Unit and the regional Health Promotion Departments (HPDs) undertaken to support the implementation of the NHPS, including policy development, partnership development and resource allocation.
- Document the extent of health promotion activities, including partnership and policy development, undertaken by relevant partners, statutory and non-statutory organisations in keeping with the NHPS.

As such, this review encompasses the range of activities undertaken by the Health Promotion Unit and the regional Health Promotion Departments, including those undertaken in partnership with other statutory and non-statutory agencies.

OVERVIEW OF CONTENTS

This interim review provides important information on the progress to date in implementing the NHPS as well as making recommendations for future planning and actions in health promotion. The report contains an additional five chapters which are structured as follows:

Chapter Two: Background

This chapter provides the background and context to the review and examines the policy framework in which the NHPS was developed. The expansion of organisational structures related to health promotion in Ireland and the provision of resources are also explored. An overview of the international policy framework is also provided and the chapter concludes by looking at the broader social and political framework that impinges on health promotion developments in Ireland.

Chapter Three: Review Methodology

This chapter outlines how information for the review was collected, collated and analysed.

Chapter Four: Results: Implementation at National and Regional Level

This chapter provides the results of the questionnaires that were completed by the HPU and the regional Health Promotion Departments. An overview of progress to date as well as key areas for further action are provided for each topic, setting and population group.

Chapter Five: Results: Commitment to Infrastructure

This chapter provides the results of interviews with the HPU Management and Regional Health Promotion Managers. Information from interviews with and written submissions from voluntary and statutory organisations is also presented. The key areas explored correspond to areas identified in the Commitment to Infrastructure section of the NHPS.

Chapter Six: Conclusions and Recommendations

This chapter provides recommendations for action based on the findings of the review.

2.1 INTRODUCTION

This chapter provides the background and context to the review and focuses on the following areas:

- Policy framework
- Organisational structures
- Resources
- Knowledge and research base
- International policy framework
- Other developments
- Conclusion

2.2 POLICY FRAMEWORK

The first national health promotion strategy, *Making the Healthier Choice the Easier Choice* was published in 1995³ and established the role of health promotion in pursuing health and social gain. This followed the publication of the national health strategy, *Shaping a Healthier Future* in 1994, which provided recognition for the development of health promotion at national level and had as its principal theme “*the reorientation of our health services so that the primary focus of all our efforts would be improving people’s health and quality of life.*”⁴ In 1996, The Health (Amendment) (No. 3) Act included a provision which, for the first time, required health boards “*to develop and implement health promotion programmes having regard to the needs of those residing in its functional area and the policies and objectives of the Minister in relation to health promotion generally*”. This resulted in the establishment and expansion of Health Promotion Departments in each health board. It also allowed each board to determine its particular health promotion priorities.

The 1995 Health Promotion Strategy identified goals and targets that provided a direction for the development of health promotion structures and initiatives at national and regional levels. It set out the key settings in which actions would take place: communities, schools, workplaces and the health services. Action was planned to address lifestyle issues and risk factors including tobacco, alcohol and substance misuse, nutrition, exercise, cholesterol, blood pressure and diabetes mellitus. Priority population groups identified included children, sexually active people, women, the disadvantaged and the elderly.

This first strategy represented a predominantly target-focused approach incorporating measurable targets. The NHPS published in 2000 represents a move away from targets to embrace the wider determinants of health, which include social, economic and environmental factors, and highlights the link between health promotion and these determinants. The NHPS places strong emphasis on the need for an inter-sectoral and multi-disciplinary approach to put health on agendas outside of the traditional healthcare sector. The NHPS strategy sets out a broad policy framework within which action can be carried out at an appropriate level to advance the key strategic aims and objectives. The NHPS serves to inform the future direction and focus of the Department’s Health Promotion Unit and the health promotion functions of the health boards

over the time period 2000-2005. It is also intended to act as a resource and guide for relevant partners, statutory and non-statutory, involved in promoting health.

The NHPS puts forward strategic aims and objectives under the three approaches of population groups, settings and topics. There are a total of 93 objectives: 31 within the area of population groups; 22 within the settings area and 40 within the topics area. The NHPS also outlines key prerequisites and challenges that need to be met in order to successfully implement the strategic aims and objectives, including the development of a health proofing policy and the establishment of a National Health Promotion Forum. Ongoing work is also identified as being needed in the areas of building partnerships, reorienting the health services, securing resources, supporting research, monitoring and evaluation, strengthening regional health promotion structures and consulting with the consumer.

Specific measurable targets are not provided and objectives are not ranked by priority either within or between the different areas. This is in keeping with the 1996 legislation to allow flexibility at regional level in prioritising activities and developing regional action plans based on the overall policy thrust of the NHPS.

The launch of the NHPS coincided with the publication of a number of other key strategic documents including the Cardiovascular Health Strategy, which was published in 1999.⁵ This document, recognising the efforts required to prevent cardiovascular disease at a population level, brought greater visibility to the area of health promotion and provided funding to strengthen and build important structures at regional level. In total the Cardiovascular Health Strategy made 58 recommendations on health promotion, including specific recommendations on smoking, diet and nutrition, physical activity, alcohol and blood pressure within the key settings of schools, workplaces, primary care, hospitals and community and health services. The Cardiovascular Health Strategy also recognised the crucial role that health promotion plays in a multi-sectoral approach to implementing strategies to address the broader determinants of health. In addition, it highlighted the need to move away from the narrower biomedical focus on disease prevention towards a more comprehensive holistic approach. Resources provided through the Cardiovascular Health Strategy, specifically in the areas of smoking cessation, physical activity and nutrition, have influenced the development of increased activity in these areas. The strategy made 211 recommendations across a range of sectors, with over 100 in total related to the prevention of heart disease. Consequently, the HPU was given lead responsibility for the implementation of the strategy.

In 2001, the Government launched a new national health strategy: *Quality and Fairness - A Health System for You*⁷ which incorporates many of the themes identified in the National Health Promotion Strategy. The commitment to multi-sectoral and inter-disciplinary work in the NHPS is again reiterated in *Quality and Fairness*. The concept of 'health services' is seen to "include every person and institution with an influence on or a role to play in the health of individuals, groups, communities and society at large".

The first goal of the new health strategy, 'Better Health for Everyone', reinforces the crucial role that health promotion plays in achieving its four objectives:

- The health of the population is at the centre of public policy.
- The promotion of health and well-being is intensified.
- Health inequalities are reduced.
- Specific quality of life issues are targeted.

Within these objectives, specific actions are outlined that overlap and build on the strategic aims and objectives put forward in the NHPS. Examples include introducing Health Impact Assessment; enhancing actions on major lifestyle factors targeted in the NHPS (specifically smoking, alcohol, diet and exercise); commitment to improving children's health; supporting and improving breastfeeding; preparation of a national injury prevention strategy; development of a national policy on men's health; promotion of sexual health; promotion of healthier lifestyles for disadvantaged groups; addressing the health needs of asylum seekers/refugees; and developing an action plan for mental health.

In addition, the overall principles and practice of health promotion embrace many of the other goals set out in *Quality and Fairness*.⁷ Health promotion's commitment to consumer involvement in programme development and evidence-based best practice through ongoing consultation, monitoring and evaluation can facilitate meeting the objectives set out under goals 2 - Fair Access, 3 - Responsive and Appropriate Care Delivery and 4 - High Performance.

Quality and Fairness also sets out plans for reform which will involve the reorganisation of the Department of Health and Children and the current regional health board structures. The challenge is to ensure that within the Health Service Reform Programme, the integral role of health promotion is maintained at the national, regional and local levels.

A number of other strategies have been published both prior to and since publication of the NHPS which have had some influence on the implementation of the NHPS as well as helping to secure funding and supporting the development of structures at regional level. National policy documents such as the *National Anti Poverty Strategy* (1996)⁸ and *Sustaining Progress* (2003)⁹ have served to reinforce the role of health promotion in reducing health inequalities through inter-sectoral collaboration, partnership working and the development of targeted actions in key priority areas. The national cancer strategy, *Cancer Services in Ireland: A National Strategy* (1996)¹⁰ incorporated the use of health promotion activities to emphasise the importance of healthy lifestyles. A new cancer strategy is currently being developed and is due for completion later in 2004. The National Drugs Strategy, *Building on Experience* (2001)¹¹ includes a focus on comprehensive education and prevention programmes to reduce drug misuse, an area that overlaps with the work of health promotion. National reports such as *Report of the National Task Force on*

Suicide (1998)¹² have led to the appointment of additional personnel, such as Suicide Resource Officers (often including a mental health promotion remit) in each of the ten health boards. Recommendations from this report include the promotion of positive mental health for children and the development of Social, Personal and Health Education (SPHE) modules to address issues such as anger management and depression awareness. The *Report of the National AIDS Strategy Committee* (2000)⁵⁵ included recommendations from the Education and Prevention Sub-Committee to provide support for the full implementation of the Relationships and Sexuality Education (RSE) programme, which includes the integration of HIV prevention education. *The National Children's Strategy*, published in 2000,²⁵ sets out a broad framework to enhance the status and further improve the quality of life of Ireland's children.

2.3 ORGANISATIONAL STRUCTURES

There has been considerable progress and investment in health promotion in Ireland over the past 15 years. Significant developments include:

- The development of a national structure for health promotion through the establishment of the HPU at the Department of Health and Children.
- The establishment of dedicated health promotion teams employed at regional health board level headed up by senior managers.
- The establishment of an academic Department of Health Promotion at NUI, Galway to provide education, training and research in the area, with the Chair of Health Promotion supported by the HPU.
- The development and implementation of national strategies and policies concerned with promoting positive health, e.g., *Shaping a Healthier Future: A Strategy for Effective Care in the 1990s*;⁴ *A National Health Promotion Strategy: Making the Healthier Choice the Easier Choice*;³ and *the National Health Promotion Strategy 2000-2005*,¹ together with a range of policy initiatives on specific issues such as food and nutrition, alcohol, youth, women's health, heart health, breastfeeding, health at work and older people.

The HPU was established in 1988 with a dual remit: a policy formulation function within the Department of Health and Children for a multi-sectoral approach to health issues and an executive function concerned with the development and implementation of health promotion programmes and initiatives in conjunction with statutory and non-statutory agencies.

Health promotion teams established at regional level each have a dedicated Health Promotion Manager and include Senior Health Promotion Officers, Health Promotion Officers, Community Dietitians and Support Officers. These officers are charged with developing and implementing programmes within the topics, settings and population group areas. In some boards, Health Promotion Officers have a dedicated function (such as young people, community or mental health) and in others their function is more generic, covering a number of different areas.

Other developments include the establishment of the Liaison Officers' Group, which meets approximately four times per year. This group brings together the Regional Health Promotion Managers and the HPU management team including specialist advisors to discuss and review strategic developments and objectives. The Association of Health Promotion, Ireland was also established during this period.

2.4 RESOURCES

Since publication of the first Health Promotion Strategy in 1995, funding has been provided to establish Regional Health Promotion Departments led by senior managers with dedicated resources in all health boards. In 1999, there were 68 staff employed in health promotion services by the then eight health boards. Currently, there is a total of approximately 307 staff employed in health promotion across the boards, which include 47 senior health promotion officers and 85 health promotion officers employed in the various settings, topics and population group areas (see Table 2.41 below). The development of postgraduate courses in health promotion at NUI, Galway and more recently at the University of Limerick and University College Cork, as well as an undergraduate course in Waterford Institute of Technology, means that there is now a strong base of skilled workers available to both the voluntary and statutory sectors.

Table 2.41 Health Promotion Department staffing levels (including vacant posts)

Health Boards	Total
Health Promotion Managers	10
Senior Health Promotion Officers	47
Health Promotion Officers	85
Subtotal	142
Dietitians	46
Drug Services (counsellors/outreach, education officers, support etc.)	29
Other positions (project/information officers, senior executive officers, clerical support, research, smoking cessation facilitators, project workers, resource officers, women's health officer)	90
Overall Total	307

The Cardiovascular Health Strategy contributed to the development and growth of regional health promotion structures in Ireland by providing significant funding for health promotion departments. The Government has allocated a total sum of €57m. towards the implementation of the Cardiovascular Health

Strategy, with in excess of €39.18m. being distributed to the health authority/boards. An additional 139 posts in health promotion across the authority/boards, including 26 smoking cessation officers, 36 community dietitians, 30 physical activity/workplace posts and 22 health promotion officers were funded by the Cardiovascular Health Strategy.

While no dedicated funding was provided for the implementation of the NHPS, development funding of €500,000 was provided in 2000 and approximately €5m. has been allocated for regional health promotion activities since 2001 from within the HPU budget.

In addition to the development of the national health promotion strategies, other important strategic developments have taken place at national level. The following section looks at these developments.

2.5 KNOWLEDGE AND RESEARCH BASE

The Centre for Health Promotion Studies in the Department of Health Promotion, NUI, Galway was established in 1990 to conduct health promotion related research on issues relevant to health promotion in the Irish context. The centre also advises and collaborates with others on the initiation and evaluation of strategies relevant to health promotion. The commissioning by the Health Promotion Unit of national surveys on health behaviour represents a key investment in providing a strong research base to inform national policy and programme planning. The first comprehensive quantitative national surveys of health behaviour undertaken in Ireland were the *Survey of Lifestyles, Attitudes and Nutrition (SLAN)* and *Health Behaviour in School-aged Children (HBSC)*, published in February 1999. Findings from these surveys have provided baseline data on health and lifestyle behaviours across a range of socio-demographic and economic parameters. These findings were also used to inform the development of strategic aims and objectives in the NHPS.

Since the publication of the National Health Promotion Strategy, the second SLAN survey was repeated in the summer of 2002 and the results were published in April 2003.¹⁴ This survey focused on adults aged 18+ years. In addition, the second HBSC¹⁴ survey focusing on school-going children aged 10-17 years was also published. Significant findings included a fall in reported cigarette smoking rates in virtually every demographic category since the first survey in 1998, with 27% of the adult population reporting to be regular or occasional cigarette smokers compared with 31% in 1998. Consistent trends across gender, age and social class suggest a real decline in smoking rates. In addition, a sharp decline in the prevalence of reported smoking among 12-14-year-olds, a critical point for intervention to prevent initiation, and a widening of the social class gradient among the 15-17-year-olds was reported. Such patterns suggest the importance of health education initiatives in primary school and in early secondary school education. Excessive alcohol consumption (the numbers drinking more than six drinks on an average session) had increased for both men and women, as had reported rates of overweight and

obesity. For school-going children, reported fruit consumption had declined sharply by almost half. The overall breastfeeding initiation rate of 37% is still well below the target 50% rate by the year 2000 put forward in the *National Breastfeeding Policy for Ireland* (1994).¹⁵ The monitoring of health behaviour trends nationally will assist in the setting and reviewing of priority areas for health promotion action. The Health Promotion Unit has supported a number of other research projects, such as the *European Schools Survey Project on Alcohol and other Drugs* (ESPAD) (2003), the *National Advisory Committee on Drugs* (NACD) the *Population Drug Use Survey* (2003) and the forthcoming *College Lifestyle Attitudes and Nutrition* (CLAN) survey. In addition, support has been provided for research projects on particular topics, settings and population groups as well as evaluations of major projects.

2.6 INTERNATIONAL POLICY FRAMEWORK

The NHPS's emphasis on examining the determinants of health is mirrored in health promotion developments at both the European and international levels. Since the endorsement of the Ottawa Charter, the European region has undergone major changes geopolitically, economically and in terms of social development. International projects such as the Health Promoting Schools project and the Health Promoting Hospitals Network (HPHN) have provided a framework for health promotion developments to be planned, implemented, monitored and evaluated on a multi country basis through sharing of experience. Such projects have also helped to stimulate some countries to adopt an increased strategic approach to programme development as well as an increased ecological approach to health through inter-sectoral action and community development.¹⁸ The development of settings-based programmes that incorporate schools, workplaces and health care are on an upward trend throughout the European regions, as are the number of health promotion initiatives by bodies outside the health sector such as voluntary and consumer organisations and industry.¹⁸

Within the Irish context, health is one of the areas for co-operation identified in the Good Friday Agreement, which has provided an opportunity to develop a strategic approach to health promotion and primary care initiatives on an all-island basis. Several joint initiatives have been identified including research, the exchange of information on models of best practice, professional training and public information campaigns.

The Health Promotion Unit has established working relations at the European level through its involvement in European networks including those on workplace health, mental health promotion, smoking prevention, HIV/AIDS, drug use, nutrition and physical activity. It is also a member of EuroHealth, which is a network of health promotion agencies across Europe. At an international level, the Health Promotion Unit is an organisational member of the International Union for Health Promotion and Education (IUHPE) and participates in the WHO's European Committee for Health Promotion and Development, which covers 52 countries.

The Verona Initiative (a series of meetings between 1998 and 2000) examined in-depth the determinants of health as they affected the citizens of the European region. In addition, a model was developed, to be

used by national and regional authorities in order to develop partnerships with voluntary and statutory organisations outside the health arena. Again, this emphasis on partnership building is reflected in the National Health Promotion Strategy. In 2000, the European Commission launched its new Public Health Action Programme,¹⁹ with one of its three strands devoted to tackling the determinants of health. A WHO²⁰ review of the national Finnish health promotion policies recommended the strengthening of inter-sectoral mechanisms, the introduction and application of the techniques of health impact analysis to all major health-relevant initiatives, and the tailoring of research and development agendas to the priorities of knowledge-based policy making and practice. The major themes put forward in the NHPS incorporate such recommendations.

2.7 OTHER DEVELOPMENTS

The period between the publication of the first and second national health promotion strategies has been a time of huge economic growth in Ireland coupled with major social and cultural change, which in turn can positively and negatively impact on the health and well-being of the population. Ireland has moved from having recurrent problems of enforced emigration and unemployment to being among the most economically competitive countries in Europe.²¹

However, while Ireland has become increasingly wealthy in recent years, it has also become more unequal, showing one of the highest levels of income inequality in the EU.²² A report published by the Central Statistics Office in December 2003, *Measuring Ireland's Progress*,²³ highlights the progress made by Ireland in a number of important economic, social and environmental areas. Examples include a decrease in the level of annual gross emigration from Ireland from 34,800 persons in 1994 to 20,700 persons in 2003. At the same time, there has been a significant increase in the number of persons moving to Ireland from countries other than the UK, EU and USA between 1999 (10,000) and 2002 (30,000). Unemployment rates in Ireland, higher than the EU average up to 1997, have fallen well below the average EU rate since then. Ireland, at 4.2 per cent of the labour force, had the third lowest unemployment rate in the EU in 2002. Despite high economic performance and low unemployment rates, the report also highlighted that Ireland had the lowest life expectancy rates for men and women in the EU in 2001.

2.8 CONCLUSION

There have been significant improvements in policy development, resource allocation, structural organisation and in extending the research base in health promotion since the launch of the NHPS. However, the recent major social and economic developments in Ireland present a challenge to health promotion in terms of future policy and programme development to meet changing population health needs.

CHAPTER 3

Review Methodology



3.1 INTRODUCTION

The *National Health Promotion Strategy 2000-2005* was reviewed in the context of:

1. Activities undertaken at the national and regional levels to meet the strategic aims and objectives of the NHPS in the three key areas of topics, settings and population groups.
2. Activities undertaken at national and regional levels to support the implementation of the NHPS.

3.2 METHODOLOGY

A detailed plan of work was developed in close consultation with the National Health Promotion Advisor to the Health Promotion Unit, Department of Health and Children. The key aims and objectives of the NHPS underpinned the data collection framework employed in this interim review. A systematic review of action carried out at national and regional levels since the NHPS was published was undertaken using the main approaches and resources outlined below:

- Analysis of key documents including Regional Health Promotion Departments, service plans (2001, 2002, 2003), organisational charts, programme reports and programme evaluations.
- Interviews with HPU senior management staff, Health Promotion Managers in each of the health boards and Health Promotion Officers/Managers in key statutory/voluntary organisations.
- Questionnaires completed by HPU programme staff and by HPDs at the ten health boards.
- Written submissions invited from voluntary/statutory agencies.

See Table 3.21 below for a summary of the approaches and resources used.

Table 3.21 Review Approaches and Resources

Review Methods	Organisations		
	Health Promotion Unit	Regional Health Promotion Department	Voluntary/Statutory Agencies
Interview	●	●	●
Questionnaire	●	●	
Written submission			●
Programme reports/evaluations		●	●
Service plans	●		

The review of action was undertaken as follows:

1. *Review of Regional Health Promotion Department service plan and programme reports/evaluations*

A review of each Health Promotion Department's service plans for 2001, 2002 and 2003 was undertaken to describe the extent to which key areas were addressed, including partnerships and evaluations identified. This information was used to obtain an overview of the scope of activity at health board level and to complement and add to details obtained from interviews and questionnaires. In particular, programmes that were identified in interviews and questionnaires were cross checked with those identified in the service plans to obtain additional information. Programme reports and evaluations were requested for initiatives identified – In this way the level of evaluation and extent of programme progress could be validated.

2. *Review of Regional Health Promotion Departments, organisational charts*

Organisational charts were reviewed to provide information on staffing levels and structures in the HPDs as well as providing information on where health promotion sits within the overall board structure.

3. *Review of the Health Promotion Unit activities*

The extent of implementation of activities at national level to meet strategic aims and objectives were obtained using a questionnaire template. The questionnaire was designed around the 93 objectives of the NHPS and incorporated questions on barriers to implementation, future plans and partnership working. The questionnaire was designed in consultation with members of the HPU and the final version was approved by the HPU before data collection began. It was agreed that a key member of the HPU management team would disseminate the different sections of the questionnaire to the appropriate personnel in the HPU for completion.

Respondents were asked to include information on any barriers experienced or envisaged to full implementation and to identify lead agencies and additional partners. Additional information was requested from the HPU as necessary, to supplement data provided in the questionnaire. For the purpose of this report information was summarised and a general overview of progress to date is presented. Priority areas for future action are also identified. The level of implementation by objective is not detailed as this was deemed outside the scope of the present report.

Interviews were conducted with members of senior management at HPU to review implementation of the NHPS at national level on policy and partnership development, and resource allocation. The interview protocol was developed in consultation with HPU management staff and contained 11 questions. The interview protocol included areas identified in the 'Commitment to Infrastructure' section of the National Health Promotion Strategy (NHPS). These issues and areas are outlined in Table 3.22 overleaf. Additional information and back up documentation as required was obtained from the HPU to supplement information gathered in the interviews.

Table 3.22 Areas addressed in interviews and written submissions.

Category	HPU	HPDs	Voluntary/Statutory
Strategic Framework	●	●	●
Health Proofing	●	●	
Partnerships	●	●	●
Reorientation of health services	●	●	
Resources	●	●	
Evaluation/research/monitoring/PIs	●	●	
Best Practice	●	●	
Consumer Participation	●	●	
Hindering/facilitating factors	●	●	
Priority Areas/Recommendations	●	●	●
Regional Structures	●	●	
National Health Promotion Forum	●		
Impact of NHPS on organisation's work			●

4. Review of activities at Regional Health Promotion Departments (HPDs)

An interview template for Health Promotion Managers (HPMs) was developed in close consultation with the HPU and was based on the issues identified in the 'Commitment to Infrastructure' section of the National Health Promotion Strategy (NHPS), as outlined in Table 3.22 above. The purpose of the interview was to review activities undertaken to support the regional implementation of the NHPS including policy development, programme development and future actions and recommendations.

The protocol was piloted with three HPMs and feedback from these pilots informed further development. The final version of the interview protocol comprised 14 questions. HPMs were contacted and asked to participate in the interview either by telephone or in person. Five interviews were conducted in person and five were conducted by telephone.

The extent of implementation of activities at regional health board level to meet relevant strategic aims and objectives were obtained using a questionnaire template. In consultation with the HPU, 51 objectives were identified which related to a regional remit. The questionnaire was designed around these 51 objectives and incorporated questions on barriers to implementation and future plans. The questionnaire was piloted in one board and feedback was provided by the HPM. Questionnaires and accompanying instructions were sent by post and in electronic format to each of the ten Health Promotion Managers. HPMs distributed

questionnaires to relevant personnel working in each of the topic, setting and population group areas. Information from relevant areas not under the line management of Regional Health Promotion Departments was also requested through the Health Promotion Managers in some boards.

Respondents were asked to provide information on the extent of implementation, barriers to implementation, partnerships and future plans, where relevant.

The level of implementation by objective is not detailed as this was deemed outside the scope of the present report. Rather, a general overview of progress to date is presented for each area. In addition, priority areas for future action are identified.

Seventeen objectives in the NHPS relate to providing support to the implementation of other strategies. In the health boards these were addressed through one overall question asking Health Promotion Departments to identify if a) there was a local implementation group for the particular strategy and b) whether the Health Promotion Department was represented on that group.

Each HPD was also asked to complete three programme templates to document evaluated health promotion initiatives in the three key areas of population groups, settings and topics. HPDs were asked to select programmes which were:

- based on principles of health promotion practice
- evidence-based and/or innovative
- evaluated and shown to be effective.

5. Review of the extent of health promotion activities in keeping with the National Health Promotion Strategy undertaken by relevant partners and statutory and non-statutory organisations, including activities relating to partnership and policy development

Interviews were conducted with six voluntary/statutory organisations. These were identified by the HPU as key organisations with a major health promotion remit and a dedicated health promotion staff member. Each of these organisations also works closely with the HPU. These six organisations are: the Irish Heart Foundation, the Irish Cancer Society, the National Youth Council of Ireland, the National Council on Ageing and Older People, the SPHE Support Service Network and the Health Promoting Hospitals Network. Five of these interviews were conducted by telephone and a sixth was conducted in person. Those interviewed were also asked to complete a programme template on behalf of the organisation using the criteria already described.

Written submissions were invited from an additional 18 voluntary/statutory organisations and from the Association of Health Promotion, Ireland (AHPI). Of these organisations 12 made submissions, which provided an overall response rate of 63% (see Appendix 1).

3.3 ANALYSIS OF INFORMATION

The objectives put forward in the NHPS are quite broad ranging and not accompanied by any specific actions or activities required to meet these objectives. As a result, regional interpretation in implementation is evident across the boards. The NHPS also did not incorporate any specific priorities or action plans, which contributed to a difficulty in measuring progress. It is also worth noting that the objectives set out in the NHPS vary in style. Three different objective styles were identified:

1. Objectives with a clear **action** for implementation

Some objectives refer to the appointment of a national co-ordinator or the development of specific guidelines and can therefore be interpreted as having been fully implemented once a specific activity was conducted (i.e. post filled or guidelines developed).

2. Objectives where a clear indication of **level of implementation** may be given

Other objectives are less specific and refer to 'supporting initiatives' and 'working in partnership'. Activities to meet these objectives tend to be ongoing and in such instances it is not possible to achieve a measure of full implementation.

3. Objectives where **existing data** can be referred to

Some objectives are more target focused than others. Examples of such objectives are: *to increase the percentage of children and young people who remain non-smokers* (objective one of 'Being smoke free') and *to contribute to a decrease in the number of young people and adults who drink to excess on any one occasion* (objective three of 'Sensible drinking'). Existing data such as SLAN and HBSC can confirm whether or not progress is being made in relation to these targets.

The preliminary results were presented at a Liaison Officers' Group meeting in March 2004. This forum served to validate the methodology used and the level and interpretation of data collected. The feedback was also used to inform the format of the final report. Numerous meetings were held with key HPU management staff throughout the review process to inform decision-making around data collection, data analysis and report presentation.

CHAPTER 4

Results: Implementation at National and Regional Level



4.1 INTRODUCTION

For the purpose of this report summarised information is presented. Each section outlines the key developments to date and identifies key areas where further action is needed. Areas for further action are discussed in greater detail in Chapter six. An overview of all activities, rather than progress by objective, is presented. Of the 93 objectives identified in the NHPS, some are specifically national or regional and some address both areas. A number of objectives relate to support provided for other strategies (such as the Cardiovascular Strategy). The regional response to these objectives is addressed at the end of this chapter.

4.2 POPULATION GROUPS

Under the Population Group approach the strategy identified six different groups:

- Children
- Young people
- Women
- Men
- Older people
- Other population groups

Children

The NHPS highlighted four objectives:

1. *To facilitate the development and implementation of health education/health promotion programmes with particular emphasis on school-based programmes.*
2. *To develop programmes which address the needs of children at risk.*
3. *To work in partnership to develop guidelines for models of best practice in parenting programmes which address health in a holistic way.*
4. *To support the implementation of the recommendations in Best Health for Children,²⁴ Building Healthier Hearts⁵ and the forthcoming National Children's Strategy.²⁵*

Overview of progress to date

Overall there is a high level of implementation of objectives in the children category.

School based programmes focusing on health education/health promotion programmes are being developed and implemented at national and regional levels. See the schools setting section for further data in this area. Key developments include:

- The development of Social, Personal and Health Education (SPHE) support services for post-primary schools in all boards and support services for primary schools in a number of boards.

- The provision of training on SPHE for teachers at both primary and post-primary levels.
- Support for the ongoing development of the National Youth Health Programme (NYHP), which provides the basis for health education and health promotion development among out of school youth.
- The development of policies and guidelines for primary and post-primary schools in relation to healthy eating, alcohol, tobacco and drug use.
- The establishment of the National Parenting Group and the development of a parenting strategy, *The Supporting Parents Strategy*,²⁶ launched in 2002.
- The provision of support by the HPU for the implementation of the *National Children's Strategy* with the National Children's Office (NCO) and for the development of the *National Play Policy*.²⁷
- The development of the 'Playground Markings' programme, which was issued to all primary schools in 2003.

Key areas for further action

Additional work is needed to:

- Expand the partnership with the Department of Education and Science to support the further implementation of SPHE in primary schools.
- Support the implementation of the *Supporting Parenting Strategy*²⁶ and identify health promotion programmes with a particular parenting component.
- Support and provide input into the work of the Obesity Task Force in relation to children.

Young People

The NHPS identified six objectives in this area:

1. *To strengthen regional structures that address the health promotion needs of young people.*
2. *To consult young people in planning, implementation and evaluation of interventions focused at young people.*
3. *To work in partnership to implement the recommendations in Youth as a Resource – Promoting the Health of Young People at Risk.*²⁸
4. *To initiate research into models of good practice in youth health promotion, including the role of parenting programmes in supporting youth specific interventions.*
5. *To develop national health promotion initiatives specifically focused at young people.*
6. *To support the implementation of the recommendations in Building Healthier Hearts⁵, the Report of the National Task Force on Suicide¹² and other relevant reports aimed at promoting the health of young people.*

Overview of progress to date

Within the context of the work of the National Youth Health Programme and the SPHE Support Service, a major emphasis is placed on consultation with young people in terms of programme and policy development. For example, the importance of young people's participation in the development of school substance use policy is to the forefront of the recommended approach. A variety of consultative and participatory initiatives are ongoing at national and regional levels. Key developments include:

- The establishment of partnerships with the National Children's Office (NCO) and the National Youth Council of Ireland has provided a forum for working with young people directly in the context of policy and programme development and implementation.
- The establishment of the NCO and Dáil na nÓg has provided a national mechanism for consulting with young people on an ongoing basis.
- Working in partnership with the NCO has facilitated the Government's commitment to the implementation of the WHO Declaration on Young People and Alcohol, which requires that young people are consulted with, and offered an opportunity to participate in, the policy development process regarding alcohol.
- The development of structures to facilitate consultation with young people at regional level. The establishment of programmes such as the Dedicated Youth Health Service and the Adolescent Health Promotion Project.
- The support for the National Youth Health Promotion Training Programme.
- The evaluation of the SPHE Support Service and the Health Promotion Youth Service Initiative, ensuring that the findings are available to inform future development of models of good practice in these areas.
- The development of topic-specific interventions aimed at young people at the regional and national level, including The Mental Health Diary for Young People and the Sexual Health Website.
- The development of communication and advertising campaigns which include youth specific messages including: the Sexual Health Awareness Campaign; the National Drugs Awareness Campaign; the National Alcohol Campaign; the Physical Activity Campaign and the Smoking Prevention campaign (NICO).
- The development of parent support programmes such as the *Fás Le Chéile* programme.

Key areas for further action

Additional work is needed to:

- Identify models of best practice in addressing the health promotion needs of young people.

- Establish a multi-agency group at a national level to review progress to date in implementing the recommendations of *Youth as a Resource*²⁸ in relation to children at risk.
- Address barriers to the implementation of *Youth as a Resource* including defining 'at risk' and the establishment of formal structures for the out of school sector.

Women

The NHPS identified nine objectives:

1. *To appoint a National Breastfeeding Co-ordinator to review the National Breastfeeding Policy.*¹⁵
2. *To support the Baby Friendly Hospital Initiative within the Health Promoting Hospitals Network.*
3. *To facilitate the implementation of the recommendations for a national infant feeding policy.*
4. *To promote the role of folic acid supplementation and food fortification in the prevention of neural tube defects.*
5. *To work in partnership with the Women's Health Council in reviewing the implementation of the Plan for Women's Health.*
6. *To initiate research in the area of women's health.*
7. *To promote positive mental health, especially at vulnerable times in women's lives.*
8. *To develop women friendly approaches in partnership with community and voluntary organisations designed to enable more active participation of women in their health.*
9. *To support the implementation of the recommendations in Building Healthier Hearts⁵ and the policy Towards a Tobacco Free Society²⁹ that relate to women.*

Overview of progress to date

There has been a high level of activity in relation to this population group. The appointment of a National Breastfeeding Co-ordinator in 2001 is a positive step in helping to move forward breastfeeding activities, as has the Baby Friendly Hospital Initiative (BFHI). A number of initiatives have been implemented in line with the cardiovascular health and tobacco strategies identified in objective nine. These include the development of nutrition and physical activity programmes as well as the establishment of smoking cessation clinics. Key developments include:

- The establishment of a National Committee on Breastfeeding in 2002, which undertook a review of the National Breastfeeding Policy for Ireland (1994). This was published in the committee's Interim Report in May 2003.³⁰
- The implementation of the Baby Friendly Hospital Initiative (BFHI) in 20 of the 22 Maternity Hospitals and Units in Ireland.

- The development at regional level of breastfeeding strategies and the establishment of local steering groups in partnership with hospitals, public health nurses and midwives.
- The implementation of all three recommendations relating to breastfeeding in *Recommendations for a National Infant Feeding Policy*.³¹
- The provision of counselling services, initiatives in relation to post-natal depression and crisis pregnancy counselling in a number of boards.
- The implementation of the Folic Acid Awareness Campaign in 2000/2001 undertaken by the HPU and the Health Promotion Agency, Northern Ireland.
- The commissioning of research by the Women's Health Council (WHC) to evaluate progress in achieving the objectives of the Plan for Women's Health and the establishment of a Forum on Women's Health to define the principles and parameters for policy and action in women's health.
- The provision of support by the HPU to the WHC in conducting a high level of research in the area of women's health including the following: *Women, Disadvantage and Health* (2003);³³ *Women and Cardiovascular Health* (2003);³⁴ *Community Involvement for Women's Health: Mechanisms within Primary Care Services* (2003);³⁵ *Promoting Women's Health: A population investment for Ireland's future* (2002);³² *Perspectives on the provision of Counselling for Women in Ireland* (2003);³⁶ *Survey of Views and Perceptions of Women who attended Symptomatic Breast Clinics* (2003)³⁷ and *Women - The Picture of Health?* (2003).³⁸

Key areas for further action

Additional work is needed to:

- Progress the work of the Baby Friendly Hospital Initiative at regional level.
- Promote folic acid supplementation.
- Support the implementation of the forthcoming National Breastfeeding Policy.

Men

The NHPS highlighted five objectives in this area:

- 1: *To initiate research in the area of men's health.*
- 2: *To work in partnership to inform the development of a plan for men's health.*
- 3: *To facilitate the development and implementation of current health promotion initiatives aimed at men.*
- 4: *To identify and develop models of working with men to promote their physical and mental well being.*
- 5: *To support the implementation of the recommendations in the Report of the National Taskforce on Suicide¹², Building Healthier Hearts⁵ and Towards a Tobacco Free Society²⁹ that relate to men.*

Overview of progress to date

A medium level of implementation was reported for this population group, with ongoing research and programme development evident at national and regional levels. Although not specific to men, a number of initiatives from the Cardiovascular Health Strategy,⁵ such as the 'Ireland Needs a Change of Heart' campaign, the 'Break the Habit' campaign and the 'National Healthy Eating' campaign impact on men who are a large segment of the target audience. Key developments include:

- The establishment of a national men's health research programme with the appointment of a Men's Health Research Officer in the South Eastern Health Board.
- The development of initiatives at regional level including the 'Fathers Matter' booklet, 'Young men and Positive Mental Health', a mental health needs assessment with young men in a rural cross border region, and the 'Farmer's Health Project'.
- Initiating the consultation process for the development of a plan for men's health.
- The appointment of Men's Health Officers in a number of boards and the development of health promotion initiatives aimed specifically at men.
- The identification of models for working with men including anger management groups, counselling services targeting men with drug and alcohol problems and men at risk from self-harm.
- The appointment of Suicide Resource Officers in all boards.

Key areas for further action

Additional work is needed to:

- Complete the development of a men's health policy and action plan.
- Pilot health promotion programmes targeting men.
- Develop guidelines on best practice for promoting men's health.

Older people

The NHPS identified four objectives in this area:

1. *To consult older people in the planning and implementation of health promotion programmes which promote positive mental health.*
2. *To work in partnership to implement community-based programmes such as 'Being Well' and 'Go for Life'.*
3. *To support the implementation of the recommendations for a food and nutrition policy for older people³⁹ and the recommendations in Building Healthier Hearts.⁵*
4. *To complete the implementation of the health promotion strategy for older people, Adding years to life and life to years.⁴⁰*

Overview of progress to date

Ireland's growing ageing population poses a challenge for health promotion to enhance the quality of life for this population group. A number of boards have dedicated Health Promotion Officers for older people while others work through community groups including active retirement groups. Key developments include:

- The provision of input by the HPU into an EU project on mental health promotion and prevention strategies for coping with anxiety and depression in older people (60+).⁴¹ All relevant stakeholders were consulted when formulating the Unit's input.
- The establishment of consultation processes at regional level, including the development of a regional action plan for health promotion and the more formal establishment of consumer panels for older people.
- Supporting the National Council on Ageing and Older People in the development of the Healthy Ageing Programme based on the recommendations of the National Health Promotion Strategy for Older People, *Adding years to life and life to years*.⁴⁰ This includes capacity-building in the area of networking, training and material development.
- The delivery of community based fall prevention programmes and the Activity in Care Training (ACT) programme at health board level.
- The delivery of physical activity programmes for older people at health board level including 'Being Well', 'Go for Life' and the 'Older People in Dance' programme. At the national level the HPU have implemented the physical activity campaign 'Get a Life Get Active'.

Key areas for further action

Additional work is needed to:

- Complete the implementation of the Health Promotion Strategy for Older People with particular emphasis on mental health promotion.

Other population groups

The NHPS identified three objectives in this area:

1. *To initiate research into the health and lifestyle behaviour of other groups within the population to prioritise health promotion programmes.*
2. *To work in partnership with other groups within the population to develop and adapt health promotion programmes to meet their individual needs.*
3. *To support the implementation of the recommendations in the forthcoming policy on Traveller health,⁴² Needs and Abilities: A Policy for the Intellectually Disabled,⁴³ Towards an Independent Future⁴⁴ and HIV Prevention Strategy and the Gay Community.⁴⁵*

Overview of progress to date

Other population groups identified for the purpose of this review were: Travellers, people with intellectual, physical or sensory disability, the gay and lesbian community, the homeless population, refugees and asylum seekers and low income groups. A high level of activity was reported for Traveller and low income groups, with lower reported levels of activity for the other groups. Key developments for each population group include:

Travellers

- The publication of a national *Traveller Health Strategy 2002-2005*.⁴²
- The implementation of ongoing health promotion initiatives for Travellers across the boards, particularly in the areas of nutrition and physical activity. Programmes such as *Healthy Food Made Easy*, the *Cooking for Health* programme and *Being Well* have been adapted to meet the needs of Travellers. This work is carried out within the Primary Healthcare Project for Travellers.
- Working at health board level to 'Traveller proof' all health promotion programmes and to develop 'Traveller proofed' resources.
- The development of regional initiatives such as Traveller Friendly Workshops.

People with intellectual, physical or sensory disability

- The provision of nutrition education such as the *Cook It* and *Healthy Food Made Easy* programmes and the delivery of the physical activity programme *Action for Life, Action for Everybody*.⁴⁷
- Training in the area of sexual health is also being delivered to workers in the area of intellectual, physical and sensory disabilities in a number of boards.

Gay and lesbian community

- The provision of funding by the Department of Health and Children for the Gay/HIV Strategies project to facilitate new programmes, resources and linkages for effective health promotion, community development and HIV prevention strategies for gay men.
- The development of partnerships with relevant organisations, for example the National AIDS Strategy Committee and the Steering Committee for the National Survey of Sexual Knowledge, Attitudes and Behaviours.
- The expansion of the HPU 'Convenience' advertising campaign within gay venues in all major cities across the country with gay specific messages.
- Supporting the development and production of materials through the HIV Services Network and other related NGOs targeting gay men and parents of gay children.

Homeless

- The provision of training to staff working with the homeless community in many board regions.
- The delivery of suicide prevention and mental health projects in a number of boards.

Refugees and Asylum Seekers

- The review of health promotion programmes such as Being Well, Health Food Made Easy programme with a view to adapting these to meet the needs of this group is currently underway.
- The designing and piloting of needs-led programmes in conjunction with refugees and asylum seekers at regional level.

Low income groups

- The provision of support for community-based and community development projects which focus on low income groups.
- The Community Mothers Programme, which is implemented across the Eastern Regional Health Authority, provides parenting support to low income mothers.
- Implementation of nutrition programmes at regional level.

Key areas for further action

Additional work is needed to:

- Ensure a greater focus on developing health promotion programmes for low income groups.
- Identify the health promotion needs of the disabled community (intellectual, physical and sensory), the gay and lesbian community and refugees and asylum seekers.
- Support the implementation of the Travellers' Health Strategy.

4.3 SETTINGS

Under the Settings approach the strategy identified five different groups:

- Schools and Colleges
- Youth Sector
- Community
- Workplace
- Health Services

Schools and Colleges

A total of five objectives were highlighted in this area:

1. *To work in partnership with the Department of Education and Science (DES) to support the implementation of Social Personal and Health Education (SPHE) in schools, consistent with the Health Promoting School concept.*
2. *To work in partnership with relevant bodies to implement the recommendations in Youth as a Resource: Promoting the Health of Young People at Risk²⁸ aimed at reducing the number of young people who have left school early.*
3. *To review the implementation of the National Schools Lunch Policy and Nutrition Education at Primary Schools.*
4. *To participate in the review of the school meals scheme.*
5. *To facilitate the development and implementation of a Health Promoting College network.*

Overview of progress to date

In conjunction with the Department of Education and Science (DES), the Department of Health and Children has supported the implementation of the SPHE programme in schools. Implementation varies across the three levels of primary, junior cycle post-primary and senior cycle post-primary. SPHE has been introduced to the junior cycle in approximately 80% of schools. At senior cycle the National Council for Curriculum Assessment is in the process of developing a curriculum for SPHE. Other key developments include:

- The appointment of Regional Development Officers (RDOs) funded by the Department of Education and Science.
- The provision of support and in-service training to teachers and whole school staff by the SPHE Support Service.
- The expansion of partnership work with the out of school sector, parenting bodies, youth organisations and the National Youth Council of Ireland (NYCI).
- The development of resources aimed at youth and those in the out of school sector, including *The Teen Health Initiative* and the *Breaking the Cycle* programme.
- The provision of training and support for youth health promotion programmes.
- The completion of the review of the *National Schools Lunch Policy* and *Nutrition Education at Primary Schools*.
- The review of the school meals scheme.

- The establishment of a National Consultative Group arising out of a National Conference on Health Promotion in the College Setting, which was held in November 2000.
- The development of school based programmes at regional level such as *Health Kicks*, the *Mental Health School Journal* and *Mind Out* programme.

Key areas for further action

Additional work is needed to:

- Progress the implementation of SPHE at senior cycle level.
- Establish a national framework for Health Promoting Schools (HPS).
- Establish the National Health Promoting College Network.

Youth Sector

A total of three objectives were identified in this area:

1. *To initiate research into the role of peer education as a health education/promotion methodology with the youth sector.*
2. *To work in partnership to support the ongoing development and implementation of health promotion training.*
3. *To facilitate youth organisations and relevant bodies to address the health needs of young people identified as being 'at risk'.*

Overview of progress to date

While progress reported at regional level was limited, it should be pointed out that there is overlap between activities underway in this area and those reported in the Young People and Schools and Colleges sections. The National Youth Council was identified as the lead agency for initiating research into the role of peer education as a health education/promotion methodology with the youth sector.

At health board level peer education work is ongoing and programmes include sexual health, physical activity and drug use. Key developments identified include:

- The sharing of best practice in peer education through the National Conference on Peer Education. Key learning points were taken to inform practice among project organisers and leaders throughout the country.
- The funding of research into the training needs and levels of engagement with peer education among the youth sector within the context of a European project, EuroPeer.

- The delivery by the National Youth Council of Ireland of the Specialist Certificate in Health Promotion (Youth Work and Youthreach) to encourage, support and train organisations to become more effective as settings for health promotion. This programme is accredited and awarded by NUI, Galway.
- The delivery of activities at board level which include: brief intervention training for youth workers and the development of initiatives with local Youthreach programmes around the promotion of physical activity among young people.

Key areas for further action

Additional work is needed to:

- Further develop partnership links at regional level between the health boards and the NYHP to reflect those in place at national level for the out of school setting.
- Support youth organisations to develop and integrate health promotion programmes.

Community

A total of six objectives were identified in this area:

1. *To appoint a National Community Co-ordinator to support the development and implementation of community-based health promotion initiatives.*
2. *To work in partnership with relevant bodies to develop a healthy village/town model.*
3. *To adapt and develop community-based programmes to meet the needs of groups within the population.*
4. *To evaluate community-based programmes to determine their effectiveness.*
5. *To identify and report on evidence-based community approaches including partnership models.*
6. *To establish pilot projects with a view to identifying models of good practice that provide a holistic approach to health within disadvantaged areas.*

Overview of progress to date

There is a high level of activity at regional level in relation to health promotion initiatives in the community setting, which involves partnership working with the voluntary and statutory sectors.

Evaluation of community-based programmes are also ongoing across the boards. Key developments include:

- The implementation of a five year Healthy Community pilot project, involving two villages in conjunction with two local County Councils.
- The implementation of a Healthy Towns project in partnership with Regional Community Enterprise, Town Council, Youthreach and Youth Services.

- The provision of support for community development initiatives targeting the needs of various population groups in each health board area.
- The ongoing evaluation of Healthy Communities and Community Development Projects (CDP) in health boards to determine their effectiveness.
- The ongoing local implementation of programmes and initiatives such as Being Well, mental health promotion training for youth and community workers, women's groups, Healthy Heart projects and Community Heart Health initiatives.
- The development of training resources such as 'Well Being Through Groupwork' and the 'Promoting Health in the Community Training Manual'.

Key areas for further action

Additional work is needed to:

- Evaluate and identify good practice in implementing community approaches, including partnership working, particularly in areas of social disadvantage.
- Review the proposal to appoint a national Community Co-ordinator in light of the Health Service Reform Programme.
- Review community-based training programmes.

Workplace

The NHPS identified four objectives in this area:

1. *To appoint a National Workplace Health Co-ordinator to support the implementation of the workplace health promotion policy Healthy Bodies Healthy Work.⁴⁸*
2. *To work in partnership to support the implementation and evaluation of current workplace health promotion programmes.*
3. *To identify the specific needs of small to medium sized enterprises in relation to workplace health promotion policy.*
4. *To support the implementation of the recommendations in Building Healthier Hearts.⁵*

Overview of progress to date

The workplace setting is a growing priority area for the implementation of health promotion policies and programmes. There is a high level of activity in workplace health promotion at regional level, with ongoing work in the health services in the main. Key developments include:

- The appointment of Workplace Health Promotion Co-ordinators in all health boards. Co-ordinators are responsible for the development and implementation of plans for workplace health promotion and the initiation of pilot projects at regional level.

- The provision of support for the Irish Heart Foundation's (IHF) Happy Heart at Work programme including the Healthy Eating Award.
- The provision of support by the HPU, the IHF and the Irish Cancer Society (ICS) for the Construction Workers' Health Trust.
- The implementation of a comprehensive project for health board staff across 179 locations, which includes 6,200 employees. A needs assessment was conducted for the entire workforce, a Quality of Working Life programme was implemented and an evaluation framework has been drafted for this programme.
- The targeting of various workplaces including local authorities, homeless centres (Simon Community), chambers of commerce, county councils, workplaces in the public and private sectors and small to medium sized enterprises.
- The establishment of a Workplace Health Partnership between two health boards, the Occupational Nurses Association of Ireland and the Health and Safety Authority.
- The development of smoke-free policies in the workplace.
- The launch of a resource pack for the development of workplace health promotion programmes in small to medium sized companies in June 2004.

Key areas for further action

Additional work is needed to:

- Review the appointment of a National Workplace Health Promotion Co-ordinator in light of the Health Service Reform Programme.
- Support the establishment of a National Workplace Health Promotion Network.

Health Services

The NHPS identified four objectives in this area:

1. *To increase the number of health service employees who are trained in health promotion skills.*
2. *To work in partnership to strengthen and expand the Health Promoting Hospitals Network (HPHN).*
3. *To facilitate the involvement of the consumer in the provision of health promotion initiatives within the health services.*
4. *To support the implementation of the recommendations in the workplace health promotion policies Healthy Bodies Healthy Work⁴⁸ and Building Healthier Hearts.⁵*

Overview of progress to date

Health Promotion Departments invest significantly in training and courses on health promotion are offered in all boards. These training courses are designed to meet the health promotion needs of health board staff in order to enhance their role as health promoters.

Key developments include:

- The provision of a range of training including health promotion theory and practice, skill development and personal development.
- The completion of the National Hospital Survey (2003)⁴⁹ which describes and quantifies health promotion programmes and initiatives available to staff and patients in the hospital setting.
- The completion of the HPH Pilot Co-ordination Project, which examined the effect of having a hospital-based HPH co-ordinator compared to sites without such a co-ordinator. Currently there are 16 full time and eight part time HPH co-ordinators.
- Expansion of the HPHN which now has 110 members including acute, community and mental health hospitals.
- The implementation of the Happy Heart at Work Healthy Eating Award and the Happy Heart Eat Out programme in partnership with the Irish Heart Foundation.

Key areas for further action

Additional work is needed to:

- Support the establishment of formal consumer panels both at national and regional levels.
- Review the wide range of training options available to health service staff to examine issues of uptake, subsequent use of training and effectiveness of training.

4.4 TOPICS

Under the Topics approach the strategy identified nine different areas:

- Positive Mental Health
- Being Smoke Free
- Eating Well
- Good Oral Health
- Sensible Drinking
- Avoiding Drug Misuse
- Being More Active
- Safety and Injury Prevention
- Sexual Health

Positive Mental Health

The NHPS identified three objectives in this area:

1. *Initiate research into models of best practice in mental health promotion.*
2. *Initiate research into the development of a national positive mental health strategy.*
3. *Work in partnership to support the implementation of the recommendations of the Report of the National Task Force on Suicide.*¹²

Overview of progress to date

There has been a high level of activity at national and regional levels which was bolstered by recommendations from the *Report of the National Task Force on Suicide* (1998).¹² Funding provided through the report has led to the appointment of Suicide Resource Officers in each of the boards and substantial funding has been made available for suicide prevention and research. Funding has been provided for adapting international models of best practice in mental health promotion. Key developments include:

- The delivery of the JOBS depression prevention programme, which is being implemented as a cross border initiative funded by the EU under the Programme for Peace and Reconciliation 2000-2004 (Phase two). Evaluations supported by the HPU have been conducted at the Centre for Health Promotion Studies, NUI, Galway.
- The development and implementation of the *Mind Out*⁶⁷ positive mental health programme for post-primary students in collaboration with regional health boards. An evaluation of this programme conducted at the Centre for Health Promotion Studies, NUI, Galway was supported by the HPU.

- The establishment of a sub-committee on mental health promotion to feed into the review of mental health services currently being undertaken by the Expert Group on Mental Health Policy.
- The development of a positive mental health strategy in one of the health boards, which is supported by the HPU.
- The provision of support by the HPU for a global review of the effectiveness of mental health promotion by NUI, Galway.

Key areas for further action

Additional work is needed to:

- Identify and disseminate models of best practice in mental health promotion.
- Support and provide input into the work of the sub-committee on mental health promotion regarding the inclusion of positive mental health as an integral part of a new mental health policy.

Being Smoke Free

The NHPS identified three objectives in this area:

1. *Increase the percentage of children and young people who remain non-smokers.*
2. *Work in partnership to develop, implement and evaluate models of best practice in smoking cessation for lower socio-economic groups.*
3. *Support the implementation of the recommendations in Towards a Tobacco Free Society,²⁹ Building Healthier Hearts⁵ and Cancer Services in Ireland: A National Strategy.¹⁰*

Overview of progress to date

There are significant developments in relation to smoking at policy, prevention and cessation support levels, both nationally and regionally. The appointment of Smoking Cessation Officers through the Cardiovascular Health Strategy and the implementation of the Workplace Smoking Ban (March 2004) have assisted in the overall implementation of smoking prevention and cessation activities. The most recent SLAN data¹⁴ shows a reduction in the prevalence of smoking among 12-14-year-olds, the critical age for prevention of initiation. However, a widening of the social class gradient is seen among 15-17-year-olds for both boys and girls. Other key developments include:

- The establishment of a National Smokers Quitline in 2003, which provides support and advice on quitting smoking.
- The establishment of a Smoking Cessation Action Plan Steering Group in June 2003. One of its terms of reference relates to the adoption of an approach that reflects evidence of best practice in the delivery of smoking cessation services in Ireland.
- The development of smoking cessation support services in all boards.

- The development of a Smoking Cessation Facilitators' Forum in one of the boards, which facilitates a partnership approach to developing smoking cessation services across the region.
- The development of specific initiatives for lower socio-economic groups at regional level through community-based programmes.
- The development of programmes at regional level including work with local Youthreach programmes and work with a Young Mothers group.
- The establishment of the Office for Tobacco Control in 2002, whose function includes the promotion of a tobacco free society in accordance with the policy document *Towards a Tobacco Free Society*.²⁹
- The development of the 'Nico' anti smoking ads, a component of the 'Break the Habit' campaign, which are aimed specifically at young people. Nico 2 was launched in 2004.
- The piloting of two five year projects aimed at delaying the onset of smoking among children.
- The development and piloting of a smoke free module for post-primary schools. This has now been incorporated into the SPHE curriculum for post-primary schools.

Key areas for further action

Additional work is needed to:

- Review pilot initiatives on delaying the onset of smoking among young people and produce guidelines for work in the area of prevention.
- Develop and disseminate national guidelines for smoking cessation training.

Eating Well

The NHPS identified four objectives in this area:

1. *To promote healthy eating habits and healthy body image amongst school-going children and young people.*
2. *To facilitate the development and implementation of a national healthy weight strategy.*
3. *To work in partnership with lower socio-economic groups to develop and adapt eating well programmes.*
4. *To support the implementation of the recommendations for a national food and nutrition policy, the recommendations for a national food and nutrition policy for older people,³⁹ and the recommendations that focus on nutrition and eating well in Building Healthier Hearts,⁵ and Cancer Services in Ireland: A National Strategy.¹⁰*

Overview of progress to date

Significant progress is reported for this topic area, which overlaps with programmes implemented for many of the Population Groups and Settings approaches. Food and nutrition guidelines for pre-schools and for primary schools have been developed. In addition many health boards are working with primary and post-primary schools to develop nutrition/healthy eating policies. A National Task Force on Obesity was recently established with a particular focus on children, and it is expected to produce a strategy later this year. Food and nutrition courses (such as the *Healthy Food Made Easy* and the *Cook It* programmes) are provided to lower socio-economic groups on an ongoing basis in the health boards. Other key developments include:

- The implementation of the Healthy Food Made Easy (HFME) community programme, which is based on peer-led healthy eating interventions for the socially disadvantaged.
- The establishment of the National Task Force on Obesity.
- The development of the National Framework on Food and Nutrition in 2003.
- The appointment of 36 additional Community Dietitians through the Cardiovascular Health Strategy.
- The provision of nutrition training to teachers, community workers, youthreach workers and to other service providers.
- The implementation of initiatives in a number of areas relating to the recommendations for a National Food and Nutrition Policy which include:
 - ongoing research on food safety and hygiene,
 - ongoing work with food processors and retailers on healthy food choices,
 - work with restaurants on the Happy Heart Eat Out campaign and Happy Heart catering award,
 - initiatives in the workplace including the Happy Heart at Work programme, and
 - the provision of information through the annual National Healthy Eating Campaigns and input to the Broadcasting Corporation on food advertising.

Key areas for further action

Additional work is needed to:

- Develop guidelines on best practice for promoting healthy body image amongst school-going children and young people.
- Support and provide input into the work of the Obesity Task Force.

Good oral health

The NHPS identified five objectives in this area:

1. *To promote the use of fluoride toothpaste amongst lower socio-economic groups and people living in non-fluoridated areas.*
2. *To educate parents and carers of the need to supervise oral hygiene practices of children under seven years and to ensure the appropriate use of only a small pea-sized amount of fluoride toothpaste.*
3. *To prioritise oral health promotion initiatives for special needs groups, for example people with disabilities, socially deprived groups, the Traveller community and refugees.*
4. *To work in partnership to develop and implement health promotion programmes that promote oral health.*
5. *To support the implementation of the recommendations in the report Oral Health in Ireland,⁵⁰ Building Healthier Hearts,⁵ Towards a Tobacco Free Society,²⁹ Cancer Services in Ireland: A National Strategy,¹⁰ National Alcohol Policy⁵¹ and the Government Strategy for Road Safety 1998-2002⁵² that promote and protect oral health.*

Overview of progress to date

At national level, work in the area of oral health is carried out in partnership with the Dental Health Foundation (DHF), which has proved successful in progressing the objectives set out in the National Health Promotion Strategy. The Health Promotion Unit provides financial support to the DHF and this funding facilitates the implementation of specific projects to achieve the objectives outlined above. Examples of the work of the DHF include a project on oral health in disadvantaged schools in the Eastern region (the *Mighty Mouth* programme) and collaboration with the Department of Health Promotion, NUI, Galway on the development and delivery of the Specialist Certificate in Health Promotion Oral Health. Key developments include:

- The establishment of a National Fluoride Group.
- The implementation of a cross border oral health initiative for 7-11-year-olds in disadvantaged areas.
- The development of specific resources to support oral health promotion for Travellers and implementation of Peer Education Programmes for Travellers.
- The establishment of a multidisciplinary steering group to develop an Oral Health Promotion Programme for children with disabilities (0-6) and the development of teaching resources. Health Promotion Departments are also working with oral health teams to develop and adapt oral health resources for ethnic minorities, and working with dieticians to develop resources on snacks and oral health.

Key areas for further action

Additional work is needed to:

- Promote oral health with lower socio-economic groups.
- Expand partnership working at regional level to consolidate work in this area.

Sensible drinking

The NHPS identified eight objectives in this area:

1. *To promote moderation in alcohol consumption with the message that “less is better”.*
2. *To delay the onset of alcohol consumption among children and adolescents, especially those in the under 15 year age group.*
3. *To contribute to a decrease in the number of young people and adults who drink to excess on any one occasion.*
4. *To continue to support the National Alcohol Surveillance Project in monitoring alcohol-related problems.*
5. *To continue to support research into the impact of alcohol promotion on young people and to investigate the economic cost of alcohol related harm.*
6. *To work in partnership with health boards and local communities to bring about positive change in attitudes and to provide a supportive environment.*
7. *To support the National Alcohol Co-ordinator in the review of the National Alcohol Policy.⁵¹*
8. *To support the implementation of the recommendations in Building Healthier Hearts⁵ that relate to alcohol.*

Overview of progress to date

At national level the HPU has implemented a number of initiatives to address each of the objectives. These have been derived from the Interim Report of the National Task Force on Alcohol (2002)⁵³ and, in addition, a dedicated National Alcohol Policy Advisor is working on alcohol issues. Alcohol related harm indicators (such as morbidity, public safety and social harm indices) are measured on an ongoing basis. Further work is planned to examine alcohol and pregnancy and to develop links to other agencies to encourage alcohol related data collection.

At regional level, work is progressing on the inclusion of sensible drinking as a cross-cutting theme in school and community-based initiatives. This work includes the development of local alcohol strategies and policies in conjunction with schools and youth groups. Training is also provided to parents and teachers such as Family Communication and Self-Esteem (FCSE) and drugs awareness training. A National Alcohol Awareness Campaign was implemented from 2001-2003 to raise awareness and create debate on alcohol issues, as well as to promote moderation in consumption. Other key developments include:

- The establishment of the Strategic Task Force on Alcohol (STFA) by the Minister for Health and Children in January 2002.
- The establishment of the Inter-Departmental Group (IDG) by Government to progress the set of recommendations in the STFAs first report.
- The establishment of an Alcohol Forum, which represents an inter-agency approach with all the key players. The Alcohol Forum adopted the Strategic Task Force on Alcohol Interim Report recommendations and plans to achieve the objectives.
- The completion of research on the Impact of Alcohol Advertising on Teenagers in Ireland.⁵⁴
- The piloting of the Irish College of General Practitioners' (ICGP) Alcohol Aware Practice, which is part of a major training initiative for GPs to address harmful drinking patterns.
- The development of the Responsible Serving of Alcohol (RSA) programme to establish policies and procedures in the retail drinks trade to reduce harm in the drinking environment.
- The development of the College Alcohol Policy Framework. Each third level institution is encouraged to develop a college alcohol policy using the framework that reflects the needs and aspirations of their own campus environment. To date 13 alcohol policies have been ratified by third level institutions and a further five have been developed.

Key areas for further action

Additional work is needed to:

- Complete the implementation of the recommendations of the Strategic Task Force on Alcohol.
- Finalise the development of the Alcohol Action Plan by 2005.
- Establish partnerships at regional level to develop initiatives to prevent alcohol misuse.

Avoiding Drug Misuse

The NHPS identified six objectives in this area:

1. *To ensure that each health board has in place a comprehensive drugs education and prevention strategy.*
2. *To continue to support the implementation and evaluation of existing drug related health promotion programmes such as Drugs Questions – Local Answers (DQLA), Substance Abuse Prevention Programme (SAPP) and Family Communication and Self-Esteem (FCSE).*
3. *To work in partnership with relevant bodies to co-ordinate approaches to drug prevention and education with a particular emphasis on the development and implementation of focused interventions in areas where drug misuse is most prevalent.*

4. *To work in partnership with the Department of Education and Science and relevant bodies to develop and implement drug education and prevention programmes for schools and the youth sector.*
5. *To support the implementation of the recommendations in Youth as a Resource: Promoting the health of young people at risk, and the Report of the National AIDS Strategy Committee.*⁵⁵
6. *To support the review of the Report of the 2nd Ministerial Task Force on Measures to Reduce the Demand for Drugs.*⁵⁶

Overview of progress to date

Much of the work in this area has come through the National Drugs Strategy, which was launched in 2001. Work in drug education and prevention has been carried out to a large extent under the prevention pillar of the National Drugs Strategy. Structures have been put in place to support the implementation of the strategy. Other key developments include:

- The establishment of Regional Drug Task Forces in each health board area with health promotion representation.
- The development of substance misuse policies in schools in line with Action 43 of the National Drugs Strategy. This is typically a partnership approach between the Health Promotion Officers, Drugs Education Officers and schools.
- The implementation of both *Drugs Questions-Local Answers* (DQLA) and *Family Communication and Self-Esteem* (FCSE) throughout health board regions.
- The launch of a National Drugs Awareness Campaign to promote greater awareness and understanding of the causes and consequences of drug misuse for individuals, families and society in general. This is in line with Action 38 of the National Drugs Strategy.
- The development of an action plan by the Education and Prevention Sub-Committee of the National AIDS Strategy Committee (NASC) to address AIDS/HIV as part of an overall Sexually Transmitted Infections prevention approach.

Key areas for further action

Additional work is needed to:

- Review training in relation to DQLA and FCSE and develop a monitoring system.
- Support the work of the Regional Drug Task Forces.

Being More Active

The NHPS identified three objectives in this area:

1. *To identify models of good practice which encourage young people (especially young girls) and older people to participate in regular, moderate physical activity.*
2. *To work in partnership with relevant bodies to facilitate access to and participation in regular, moderate physical activity.*
3. *To support the implementation of the recommendations in Promoting Increased Physical Activity: A Strategy for Health Boards in Ireland⁵⁷ and Building Healthier Hearts.⁵*

Overview of progress to date

There is a high level of activity in promoting physical activity at national and regional levels. Funding from the Cardiovascular Health Strategy has provided the impetus for a lot of the work in this area, including the appointment of Physical Activity Co-ordinators in all health boards. HPDs work closely with Local Sports Partnerships (LSPs) as well as with voluntary organisations in the implementation of physical activity programmes. These include the Irish Heart Foundation's 'Slí na Sláinte' and 'Walking Leaders Training' and Age and Opportunity's 'Go For Life' programme. Other key developments include:

- The development of the Physical Activity Pyramid for young people in partnership with Community Nutrition and Dietetic Services.
- The launch of a number of physical activity campaigns. The most recent, 'Let it Go – At least for 30 minutes' focused on encouraging people to aim for 30 minutes of physical activity each day of the week.
- The all island conference which took place in November 2002 focused on best practice in promoting physical activity.
- The training of tutors and leaders to deliver sports and physical activities to older people under the Physical Activity Leaders (PALS) scheme. All health boards have trained tutors available to them.
- Participation at national level in the primary schools sports initiative to develop and support physical education at primary level.
- The implementation of physical activity programmes in primary schools.

Key areas for further action

Additional work is needed to:

- Identify and implement models of good practice to encourage young people and older people to participate in regular, moderate physical activity.
- Develop partnerships to facilitate access to and participation in physical activity.

Safety and Injury Prevention

The NHPS identified two objectives in this area:

1. *To work in partnership to promote safety and injury prevention (especially amongst children and older people), with a particular focus on fall prevention, and accidents in the home and on the road and farm.*
2. *To support the implementation of the recommendations in the Government Strategy for Road Safety 1998-2002⁵² and A National Alcohol Policy.⁵¹*

Overview of progress to date

Accident prevention comes under the remit of various statutory bodies. The Department of Transport and the National Safety Council are responsible for road, fire and water safety. The Health and Safety Authority have a statutory responsibility for workplace safety, while the area of children and older people is predominantly the responsibility of health promotion. Key developments to date include:

- The establishment of the National Accident Prevention Committee and regional committees, which have been set up to promote partnership and co-operation in the promotion of safety.
- The implementation of a number of fall prevention and child safety programmes such as 'Mind your Step' and the Child Safety Awareness Programme at health board level.
- Progress on the introduction of random breath testing as recommended by the Strategic Task Force on Alcohol.

Key areas for further action

Additional work is needed to:

- Develop a comprehensive safety and injury prevention programme across all boards.
- Ensure greater national co-ordination on safety and injury prevention with health promotion input.

Sexual Health

The NHPS highlighted six objectives in this area:

1. *Support school based programmes designed to develop personal skills such as Relationships and Sexuality Education (RSE) and SPHE.*
2. *Work in partnership to develop and implement health promotion initiatives which address the issues in relation to teenage pregnancies.*
3. *Contribute to a reduction in the number of crisis pregnancies.*
4. *Work in partnership to develop and implement strategies aimed at reducing the incidence of sexually transmitted infections.*

5. *Initiate research into the need for a national sexual health strategy that would encompass the prevention of STI's and crisis pregnancies.*
6. *Support the implementation of the recommendations from the Report of the National AIDS Strategy Committee.*⁵⁵

Overview of progress to date

The various AIDS Alliance organisations at regional level provide a huge resource to the health boards in terms of expertise and the service they provide in the area of sexual health and sexual health promotion. The establishment of the Crisis Pregnancy Agency (CPA) in October 2001 has contributed to the overall development in the area of sexual health. Its brief is to affect a reduction in the number of crisis pregnancies and to ensure the provision of supports and services for women faced with crisis pregnancy, both during and after the pregnancy itself.

Key developments in this area include:

- The allocation of additional and specific resources to support school based delivery of Relationships and Sexuality Education (RSE) within the context of SPHE implementation.
- Working with the CPA to develop and support health promotion initiatives which address the issues in relation to teenage pregnancies.
- The launch of the CPA Strategy to address the issue of crisis pregnancy in November 2003.
- The commissioning of the first ever National Survey of Sexual Knowledge, Attitudes and Behaviour (KABs) is currently underway. This is a partnership between the Department of Health and Children and the Crisis Pregnancy Agency.
- The ongoing implementation of the 19 recommendations set out in the Report of the National AIDS Strategy Committee (2000).⁵⁵
- The ongoing sexual health campaign in pubs, clubs, youth venues and colleges focusing on STIs.
- The development of sexual health strategies at a number of boards.

Key areas for further action

Additional work is needed to:

- Collect Irish data in this area to provide baseline information to inform the development of effective programmes on sexual health promotion.
- Explore the need for the development of a Sexual Health Strategy on completion of the national survey of Sexual Knowledge, Attitudes and Behaviour.

4.5 OBJECTIVES RELATING TO SUPPORTING THE IMPLEMENTATION OF OTHER STRATEGIES

These were addressed through one overall question asking Health Promotion Departments to identify if, a) there was a local implementation group for the strategy, and b) the Health Promotion Department was represented on that group. Local implementation groups with strong HPD representation exist for the following strategies: *Building Healthier Hearts*,⁵ *Traveller Health Strategy*,⁴² *Best Health for Children*,²⁴ *Report of the National Task Force on Suicide*¹² and *Towards a Tobacco Free Society*.²⁹ Such structures are important for moving forward strategy recommendations at regional level. Further work is needed to develop regional structures with health promotion representation for other strategies in areas such as disability, youth, physical activity and alcohol. However, activities are ongoing in all of these areas, as referenced throughout this report.

CHAPTER 5

Results: Commitment To Infrastructure



5.1 INTRODUCTION

The Commitment to Infrastructure section of the National Health Promotion Strategy highlighted key areas where work was needed in order to ensure the success of the strategy:

- Developing a health proofing policy
- Strengthening partnerships
- Establishing a National Health Promotion Forum
- Reorienting the health services
- Securing resources
- Supporting research, monitoring and evaluation
- Strengthening regional health promotion structures
- Consulting with the consumer.

To review activities undertaken to support the implementation of the NHPS, interviews with HPU Management and regional Health Promotion Managers were conducted. Interviews with and written submissions from voluntary and statutory organisations also formed part of the process. The different areas were addressed by the various organisations as outlined in Table 3.22 in Chapter three. In addition to the specific areas highlighted in the Commitment to Infrastructure section, the impact of the NHPS as a strategic framework and best practice were also explored.

5.2 EXTENT TO WHICH THE NHPS HAS PERFORMED AS A STRATEGIC FRAMEWORK

The majority of Health Promotion Managers (HPM) interviewed reported that the strategy has acted as a useful strategic framework for action at regional level. It is viewed as a key support mechanism for implementing health promotion initiatives at local level. It is also used as a fundamental planning tool to deliver services through regional health promotion structures in addressing population groups, topics and settings. Other strategic documents such as the Cardiovascular Health Strategy and *Quality and Fairness*⁷ are also widely used. Some regional health promotion departments have also developed their own health promotion strategy documents, which build on the NHPS and are useful for further supporting its implementation.

Concerns about the timing of the strategy were voiced by some Health Promotion Managers, as there was a view that it may have been overshadowed to some extent by the publication of the Cardiovascular Health Strategy and the national health strategy, *Quality and Fairness*.⁷ In addition, because there was substantial funding associated with the Cardiovascular Health Strategy, managers pointed out that there was a greater emphasis on implementing this strategy in health boards. Another concern was that the NHPS was very much associated with the health promotion departments and that it may not have

transcended the health services overall at board level. Also highlighted was the need for clear priority actions, *“rather than leaving it down to regional/local areas to actually pull their own priorities from it”*. However, the 1996 Health Amendment Act had for the first time required each health board to allocate specific funding for health promotion and to determine regional and local priorities in each board. Consequently, when drafting the aims and objectives in the NHPS, the HPU set out not to be prescriptive in determining regional priorities or what specific actions were required to implement each aim/objective at regional level.

The NHPS, together with the Cardiovascular Health Strategy and data from SLAN, are viewed as the main agenda setters at national level. The majority of voluntary/statutory organisations agreed that the NHPS had provided a strategic framework at national level for the work of the individual organisations. The continued focus on schools, hospitals and workplace settings as well as on topics such as smoking, alcohol, physical activity and nutrition, was viewed as providing guidance and a framework for those areas. The NHPS has also provided a mandate for the SPHE programme in schools. Organisations pointed out that the NHPS serves to ‘legitimise’ work that organisations plan to conduct and it is useful for bolstering and supporting funding submissions when specific objectives can be referenced.

For many agencies the NHPS served to draw attention to particular issues and put them on the health agenda. For the Health Promoting Hospital Network (HPHN) the NHPS marked the first time that this organisation was named as an entity in a national strategy. The NHPS also assisted the HPHN to look at specific topic areas in which the hospitals could play an important role, such as smoking, alcohol and physical activity. It strengthened the remit both of hospitals and the HPHN to implement health promotion programmes. The National Youth Council of Ireland also highlighted the significance of the NHPS’s recognition of the youth sector as a setting for the first time. In terms of its National Youth Health Programme, this recognition enabled that programme to become part of a strategic framework nationally. The NHPS highlighted literacy as a barrier to people’s health and drew attention to the lack of research in this area.

The recognition of the broader determinants of health and the reinforcement of the inter-departmental, multi-agency responsibility for health were highlighted as positive aspects of the NHPS.

5.3 DEVELOPING A HEALTH PROOFING POLICY

It was clear from the interview process that there is a lack of a clear perception on the ground of what constitutes health proofing and its association with Health Impact Assessment (HIA). Instead the discussions centred on HIA and cross-sectoral working.

While health proofing is not developed at national and regional levels, activities are ongoing to improve cross-sectoral working and to establish health promotion onto other, particularly non-health sector,

agendas. These activities can help lay the groundwork for expediting the health proofing process. The overall recommendation emerging from this discussion is that there needs to be a national lead on standardising and formalising the tools for health proofing and a clear understanding of what health proofing means. While proofing of national policy documents is ongoing in many areas such as poverty, gender, employment and disability, health is not currently included in this proofing process.

The term 'health proofing' was not defined in the NHPS. At the time of writing the NHPS, health proofing and HIA were viewed as similar concepts. However, the concept of HIA has been further developed, and differences between these two areas are now evident. Currently, work on the development of a HIA tool is underway in the Institute of Public Health in Ireland. The HPU actively pursues opportunities to engage in cross-sectoral work at national level in order to foster the culture necessary for health proofing. At a regional and local levels inter-sectoral working takes place in conjunction with:

- Local Authorities
- The Border Midland and Western Area (BMW)
- County Development Boards
- Community Development Partnerships.

Within the health boards, health promotion departments continue to work to have health promotion incorporated into service delivery across the boards and to highlight health promotion within board strategies. Examples of cross-sectoral working at national level include the task forces on the implementation of the cardiovascular and drugs strategies, which have representation from a number of Government departments, and the Inter-Departmental groups on alcohol, older people, obesity and smoking.

5.4 STRENGTHENING PARTNERSHIPS

The NHPS has provided a mandate for partnership working which has been taken up at national and regional levels. Partnership working has become integral to working within and beyond the health sector. There was recognition that the NHPS has provided a level of strength and legitimacy to working in this area, in particular in helping to forge closer collaborations in the health boards across programmes. The cross collaborative nature of the work of health promotion means a sharing of skill, expertise and sometimes funding through partnerships, local fora and health promotion committees. The complexities of partnership work and the need for specific funding directed at capacity building were highlighted. The need to explore organisational structures and to acknowledge the time commitment involved in partnership building were also raised. The voluntary organisations recommended that a framework or model for working in partnership with health boards be developed.

One of the most successful partnerships to be developed at national level is that between the Department of Health and Children (DoHC) and the Department of Education and Science (DES) to support the implementation of SPHE in schools. The management committee includes the DES and the DoHC, as well as the health boards and the National Council for Curriculum Assessment. At local level, Regional Development Officers and HPOs for schools work in partnership to implement the programme. The establishment of County/City Development Boards in each county and city in Ireland in early 2000 were highlighted as a major development. These boards provide an opportunity for HPDs to incorporate health promotion into their planning processes.

At national level there are extensive examples of partnerships working. The HPU approaches most of its work through partnership working and is involved at a number of levels. At government/inter-departmental level the Unit participates in areas such as the National Anti-Poverty Strategy, Sustaining Progress, Social Inclusion, SPHE and in issues such as drugs, alcohol, HIV/AIDS, workplace and breastfeeding. At departmental level, the Unit is involved in areas such as men's health, women's health, older people, sexual health, accident prevention, etc. At a sectoral level, the Unit works with all the health Boards in developing and initiating pilot health promotion programmes and community projects. The Unit also works in partnership with the youth sector and voluntary organisations in advancing the aims/objectives of the NHPS.

Partnerships have been developed across the health services, and include initiatives in the areas of drugs, older people, nutrition, men's health, workplace, physical activity and alcohol. These partnerships involve working with, for example, suicide resource officers, practice nurses and across care groups such as with local Traveller services and asylum seeker/refugee groups. HPDs have worked in the boards on the implementation of smoke free work policies at local level. Other partnerships include those with

- Local authorities
- local sports partnerships (Lsps)
- regional drugs task forces
- voluntary organisations

Examples of local partnership working include:

- GP Exercise Referral Programme
- Healthy Towns Project (Community Enterprise, town council, Youthreach)
- Healthy Community Project (local county council).

Opportunities for cross border collaboration exist for a number of boards through the Co-operation and Working Together process. Local fora such as those on sexual health, mental health, domestic violence, workplace health and smoking cessation exist in many areas as well as health promotion committees

across the health boards. Local partnership organisations (such as the Tallaght partnership and the Clondalkin partnership), funded through the Department of Community and Family Affairs, are viewed as useful structures for progressing work outside of the health sector. Additional opportunities for working in partnership identified include: Health Promoting Hospitals, the RAPID programme, Health Action Zones and local community development initiatives.

Voluntary organisations pointed out that established partnerships have continued to grow stronger, which could be attributed in part to the partnership ethos reflected throughout the NHPS. New partnerships built include links between the Irish Sports Council and the health boards, which have provided an effective way of interacting with target groups such as older adults who may not have traditionally seen sport as an activity for them. Likewise, the Dental Health Foundation pointed out that the NHPS has created awareness of the need for an integrated approach to promoting oral health amongst oral health professionals and the wider community. Some organisations felt that the NHPS had not created as many opportunities for partnership as it has aspired to, particularly for organisations working in the areas of sexual health and for gay and lesbian groups. The non-establishment of the National Health Promotion Forum was viewed as impeding further progress in partnership building at national and regional levels.

5.5 ESTABLISHING A NATIONAL HEALTH PROMOTION FORUM

The need to bring the NHPS to an inter-departmental level through a National Health Promotion Forum, and to engage in multi-sectoral and multi-agency work was highlighted as a priority in this review process in order to make an impact on the determinants of health. The HPU recognises the need to establish the forum to progress the implementation of the NHPS. The concept of the National Health Promotion Forum put forward in the NHPS is to include representation extending beyond government departments to communities and other bodies. However, plans have been delayed due to the Health Service Reform Programme and the need to take into account the new Population Health division. The Forum structure will need to be broader than health promotion to incorporate population health. However, it is important that a health promotion focus is not diluted within an overall population health approach.

5.6 REORIENTING THE HEALTH SERVICES

From a strategic point of view, specifically naming health promotion in board service plans was identified as a major advance in achieving a balance between the curative elements of the health services and the health promotion principles set down in the NHPS. Partnerships were seen as key to progressing this reorientation process, particularly in working with the different care groups. At an operational level, working towards achieving a balance with the curative element of the services includes representation on various fora including those committees/networks with a more traditional curative approach. A high level of commitment to continuing professional development and training in health promotion is evident across the health boards. Training is viewed as an important component in the integration of health promotion principles into all aspects of the health services. In some regions, certificate courses are also run, in conjunction with local educational institutions.

At a national level, the HPU contributes to the work of other sections within the Department of Health and Children in raising the health promotion agenda. The Unit has contributed to, for example, the development of *Quality & Fairness – A Health System for you*,⁷ *Cancer Services in Ireland: National Cancer Strategy*,¹⁰ *Traveller Health A National Strategy*,⁴² National AIDS and Drugs Strategies^{55,11} etc., and is working with the Expert Group on Mental Health. Other examples include working to increase health board involvement with the HPHN, supporting community development programmes at regional level and working internationally with the EU and other partners.

5.7 SECURING RESOURCES

Securing resources for maintaining and increasing the level of investment in health promotion services is an ongoing challenge at national and regional levels. The Cardiovascular Health Strategy was acknowledged as being a major source of funding for health promotion initiatives for the past four years.

Resources are also allocated at national level for developing pilot initiatives (HPU funding) and cross border funding is available to a number of boards. Since the publication of the NHPS, additional funding has been allocated by the HPU for a range of health promotion programmes and initiatives, community development projects and materials development, including the National Health Information Project. The HPU has significantly invested in health promotion in terms of increasing staff numbers and supporting the development of projects. The HPU allocated substantial development funding for the 4-5 years up to and including 2000, in order to develop regional services. One of the major objectives of the Unit over the last number of years has been to build capacity at regional level so that there is now a well structured and resourced health promotion service in each health board with an average staff of 30 (see Table 2.41, Chapter two). There is also a high level of trained health promotion staff in the health boards, many of whom have studied at Masters or Diploma level. In addition, Regional Health Promotion Departments offer ongoing in-service training.

It was also acknowledged that in general, health promotion is often quite successful in attracting resources from a diverse range of sources. Training for health board staff to facilitate others to deliver health promotion services at local level was viewed as a means of ensuring sustainability. The importance of having clear guidelines in relation to evaluation, including a focus on sustainability and transferability, was highlighted. Another key element is addressing issues of ownership, as local ownership of a project contributes to sustainability. Similarly within the health services, offering support and direction to non health promotion staff for initiatives they wish to develop contributes to their sense of ownership and hence to the sustainability of the initiatives.

5.8 SUPPORTING RESEARCH, MONITORING AND EVALUATION

All health promotion initiatives are monitored on an ongoing basis within the HPDs. Local targets are linked to operational plans and progress reports, which in turn are linked to the health boards' service plans. Service plans which present proposed activities are completed each year and submitted to the Department of Health and Children. At regional level, reporting mechanisms include regular reviews with senior staff as well as written reviews and progress reports. The introduction of performance indicators has enabled further monitoring of initiatives. However, there is general consensus that the development and use of national performance indicators is problematic for health promotion as they tend to be more focused on measuring activity levels rather than quality or outcomes. Building on quantitative data with additional information to provide a more complete picture of progress was recommended. Health boards are also required to submit quarterly progress reports to the Department of Health and Children for the objectives in *Quality & Fairness* that are relevant to health promotion (such as smoking, alcohol and nutrition).

The HPU's largest investment in research is in the SLAN^{13,14} surveys. It has also supported a number of other research projects on particular topics, settings and population groups such as alcohol, breastfeeding, mental health promotion, workplace health etc. The HPU is currently investing in research on men's health with a view to developing a men's health policy. Another major piece of research in which the HPU is directly involved is the Knowledge, Attitudes and Behaviours (KABs) study in relation to sexual health in partnership with the Crisis Pregnancy Agency. Since the launch of the NHPS in 2000, the HPU has invested in research projects including core funding for posts in the National Nutritional Surveillance Centre and in the Centre for Health Promotion Studies (CHPS) at NUI, Galway. The Centre for Health Promotion Studies in the Department of Health Promotion, NUI, Galway was established in 1990 to consider research on issues relevant to health promotion in the Irish context. The Centre also advises and collaborates with others on the initiation and evaluation of strategies related to health promotion. Specific projects funded at CHPS include:

- The development and evaluation of *Mind Out: Promoting Positive Mental Health - A Programme for Post-Primary Schools 2000-2003* (also funded by the National Suicide Review Group and the WHB)
- Impact of Alcohol Advertising on Teenagers, 2001⁵⁴
- National Lifestyle Surveys, 1999, 2003^{13,14}
- Evaluation of the JOBS Depression Prevention programme in Ireland, 2002, 2003.
- Global Review of the Effectiveness of MHP, 2004
- Interim Review of the NHPS, 2003.

In addition the HPU has provided funding to health boards for research in a number of areas including: sexual health, men's health, healthy ageing, workplace health promotion, breastfeeding and accident prevention.

Most Regional Health Promotion Departments do not have a dedicated researcher so large scale outcome evaluations are often supported by the Department of Public Health or contracted outside of the board. Process and impact evaluations are built into all health promotion programmes and are usually completed within the timeframe of the initiative. There was general consensus among Health Promotion Managers that securing adequate resources for conducting outcome evaluations was an ongoing challenge. The importance of having examples of evaluated work for establishing evidence of best practice was highlighted. It was suggested that there needs to be discussion at national level in relation to the provision of adequate funding for evaluations and for ensuring that there is adequate expertise within each HPD. There was also some discussion on the level of research expertise within health promotion departments and whether these should be stated as required core skills for Health Promotion Officers.

5.9 BEST PRACTICE

There was general consensus on the importance of disseminating best practice. Current methods for sharing best practice include participating in conferences, networks, and through the development of guidelines and training.

However, it was acknowledged that while efforts are made to disseminate locally and regionally, there is no formal process or structure in place to ensure that dissemination occurs at national level. In particular the need to distinguish evidence based practice from peer shared value practice which occurs informally among peers working in the same areas was highlighted. Such valued practice may not be tested to ascertain if it meets evidence based best practice criteria. The school setting, through its work with the SPHE, offers a good example of working to share best practice between boards. However, the challenge is disseminating this evidence to other areas of health promotion so that evidence based practice is not confined to the particular setting where it has originated.

The HPU identified opportunities both at national and international levels to share best practice. The Health Promotion Winter School, supported by the HPU, and the annual Summer Health Promotion Conference at NUI, Galway, are viewed as valuable fora for discussing and showcasing best practice. The HPU chairs the Health Promotion Liaison Officers' Group (LOG), which meets four or five times each year; and one of these meetings is also extended to include the national co-ordinators. The HPU also has developed co-operation arrangements with cross border agencies and has participated in a number of cross border seminars that involve the sharing of experiences. At an international level, the HPU is involved in quite a number of networks through the EU, including networks on workplace health, mental health promotion, smoking prevention, breastfeeding, drugs, HIV/AIDS, nutrition and physical activity, which are used to exchange best practice at a European level as well as sharing the Irish experience. The HPU is an organisational member of the International Union for Health Promotion and Education (IUHPE), which completed work and published a report on the effectiveness of health promotion. The HPU is also involved in EuroHealth Net, which is a network of health promotion agencies across Europe, and participates in the WHO's European Committee for Health Promotion and Development.

5.10 STRENGTHENING REGIONAL HEALTH PROMOTION STRUCTURES

Although some HPDs pointed out that strategies do not necessarily equate with increased funding or restructuring, overall national strategies were viewed as very important in helping to secure funding and support the development of structures at regional level.

Other local strategies such as those on sexual health, mental health, breastfeeding and tobacco were also important in influencing the structure of the health promotion departments.

The most evident impact of the strategies was an increase in funding available for specific posts within the health promotion departments. The Cardiovascular Health Strategy provided funding for posts which included workplace, physical activity and nutrition, and for Smoking Cessation Officers. The report of the National Task Force on Suicide has also supported the development of Suicide Resource Prevention Officers, whose remit also includes work in mental health promotion.

Recommendations in the NHPS have assisted boards in developing services. A broad based integrated working approach that encompasses settings, topics and population groups has been implemented across boards. However, it is acknowledged that sometimes only a minimum service can be provided in some areas due to funding restrictions. Many HPDs have developed health fora that work in partnership and link strategically and operationally across the various care groups. The Health Service Reform Programme has impacted on the further development of regional structures with plans on hold until the restructuring process is clarified.

5.11 CONSULTING WITH THE CONSUMER

In general, health promotion managers employ consumer participation as one of the fundamental principles of their work. All of the HPDs reported that there is currently no formal process in place for active consumer participation in the planning and development of services. However, a number of boards reported that work is ongoing on further development in this area. HPDs reported that consumer involvement is a core function in development and implementation of programmes. The main methodologies used for consumer participation are focus groups, one to one interviews, consumer representation on various groups and working through existing community development and care group consultation fora.

Since publication of the NHPS, the HPU has increased its efforts to formally involve the consumer, community and representative groups in the planning of new campaigns, programmes and initiatives. Consultation and involvement of target audiences is a prerequisite for all new initiatives such as campaigns on smoking, alcohol and breastfeeding. In addition consultation with key stakeholders is included as an integral part of the strategy development process.

CHAPTER 6

Conclusions and Recommendations



6.1 INTRODUCTION

This review of the National Health Promotion Strategy (2000-2005) is based on a large volume of information and data collected from key national and regional health promotion staff and non-statutory agencies over the period from November 2003 to May 2004. The breadth and quantity of information received is much greater than can be fully represented in this review. Likewise, an evaluation of the quality of the activities reported is beyond the remit of this review process. Based on the data received and the documentation reviewed, this chapter provides 1) an overview of health promotion activities and developments at national and regional levels, 2) progress to date in meeting the key objectives outlined in the strategy and 3) recommendations for action.

6.2 OVERVIEW OF ACTIVITIES AND DEVELOPMENTS

A wide range of health promotion activities, in keeping with the strategic aims and objectives of the NHPS, have been implemented at both national and regional levels as outlined in Chapter four. However, it is clear that there is marked variation across the regional health boards in terms of the level of activities implemented and on the emphasis given to certain objectives. This is invariably linked to the design of the NHPS, which was set out as a broad policy framework within which actions could be carried out and prioritised at regional level. In keeping with the strategy, regional activities span a range of what may be referred to as different 'entry points' for health promotion work, addressing specific population groups, settings and health topics. The following section provides discussion on key findings highlighted in Chapter four.

Population groups

Within population groups, high levels of activity at regional level were reported in relation to working with children, young people and older people, followed by lower levels focusing specifically on women and men. Activities in the 'other groups' category refer mainly to initiatives with Travellers and low income groups, with a much lower level of activity reported for refugee and asylum groups, people with disability, and for the gay and lesbian community. At national level, high levels of activity were reported in relation to work with older people and young people, and work has been initiated in relation to men's health.

Settings

There is a high level of activity focusing on settings such as schools, communities, workplaces and health services. Settings-based approaches in health promotion are recognised as offering opportunities for more comprehensive interventions, which can encompass specific health issues and population groups and be directed at both health behaviour and environmental change in order to achieve more sustainable cross-cutting health outcomes. Within settings, reported levels of activity were noticeably lower for the more informal, out of school youth setting.

Health topics

With regard to specific health topics, high levels of implementation at national and regional levels were reported in relation to being smoke free, being more active, eating well, and positive mental health. The reported activity rates for safety and injury prevention were high and much of these activities were in the area of falls prevention for older people and child safety. However, as highlighted in Chapter four, accident prevention comes under the remit of various statutory bodies including the Department of Transport, the National Safety Council and the Health and Safety Authority. Reported implementation rates were lower for areas such as oral health, sexual health and for sensible drinking. However, these lower rates do not take into account the overlap of programmes and activities between the population, settings and topics areas. For example, topics such as sexual health, alcohol and drugs are included as cross-cutting themes in programmes being implemented through the school setting and are also highlighted through SPHE implementation.

The lack of Irish data in the area of sexual health to date has made it difficult to develop effective programmes on sexual health promotion. However, the findings from the first ever National Survey of Sexual Knowledge, Attitudes and Behaviour, currently underway, will inform future initiatives in the area of sexual health promotion as well as providing strategic direction. The survey aims to: build a representative and reliable national picture of sex and sexual behaviour in Ireland; measure levels of sexual knowledge among people in Ireland; reliably assess national attitudes towards important constructs related to sex, sexuality, service use etc. and examine patterns (similarities and differences) among different cohorts and patterns underlying these variations.

Progress on topics in relation to SLAN Data

The 2003 SLAN report highlighted some of the key health topics addressed in the strategy: being smoke free, sensible drinking, avoiding drug misuse, eating well, being more active, and safety and injury prevention. A number of these areas have also received increased focus and targeted resources through the implementation of the Cardiovascular Health Strategy.⁵ It is useful to review key developments and changes in these areas in the light of the SLAN data and key activities reported in this review.

Being smoke free

In terms of smoking, SLAN highlighted a sharp decline in the prevalence of reported smoking among 12-14-year-olds as well as a widening of the social class gradient among the 15-17-year-olds. The SLAN report also pointed out that such patterns highlight the importance of health education and promotion initiatives in primary school and early secondary education. This review highlights key national developments in relation to being smoke free, including the introduction of tobacco control legislation, the establishment of the Office of Tobacco Control, and the setting up of a National Smokers Quitline. The Health Promotion Unit has been instrumental in the implementation of national campaigns, one of which, the NICO campaign, is aimed specifically at young women. The findings from this interim review point in

particular to a high level of initiatives in schools in relation to smoking prevention. The tobacco component of the SPHE programme addresses this issue and regional Health Promotion Departments have developed specific programmes on smoking prevention for primary school children. Programmes are also being implemented with Young Mothers' Groups and with Youthreach. These programmes aim to promote and support young people to engage in healthier lifestyles. Due to the legislation banning smoking in all workplaces, which came into effect in March 2004, there has been a high level of training in smoking cessation skills for health board and primary care staff. Through funding from the Cardiovascular Health Strategy, Health Promotion Officers for Smoking Cessation are in place in all boards and there is now an unprecedented amount of support available to those wishing to quit, including local smoking cessation services. The development of National Smoking Cessation Training Guidelines, due later in 2004, will contribute to consistency in service delivery across different regions. Much work has also been directed into developing models of best practice for working with lower socio-economic groups on smoking cessation, including programmes targeting the Traveller community and training for community leaders in disadvantaged areas.

Being more active

In terms of physical activity, SLAN 2003 reported increased trends toward inactivity among both men and women. These trends are particularly marked among those with incomplete second level education and among 15-17-year-old females. A number of physical activity campaigns have been implemented, and dedicated Physical Activity Co-ordinators have been appointed through the Cardiovascular Health Strategy to promote increased physical activity levels in a number of settings including schools and communities. There are many programmes reported at regional level targeting different age groups including; programmes for children such as 'Action for Life', 'Playground Markings', the 'Class Moves' programme in primary schools and 'Action Kids'. Older adults have access to the 'Physical Activity Leaders (PAL)' programme, 'Go For Life', 'Being Well', 'Activity in Care Training' (ACT) and the 'Older People in Dance' programmes. The General Practitioner Exercise Referral programme has been successfully implemented in two boards and aims to increase physical activity levels in populations who are at risk of coronary heart disease. At regional level, Health Promotion Departments (HPDs) work closely with area Local Sports Partnerships (LSP) and models for promoting increased participation in sport and physical activity among inactive teenage girls are being developed. The regional departments also collaborate with the Irish Heart Foundation in implementing the 'Slí na Sláinte' (marked walkways) programme.

Sensible drinking

In relation to sensible drinking, SLAN reported an increase from 1998 to 2002 in the numbers consuming more than six drinks on a typical drinking session among both men and women. However, among the younger age group of 10-11-year-olds, there was a reported increase in the numbers never having had an alcoholic drink and a drop in those reporting having had a drink in the last month. These changes were thought to reflect heightened awareness of alcohol as an issue, especially among the very young and most probably their parents. The Department of Health and Children implemented a national 'Alcohol

Awareness Campaign' in 2001-2003 to raise awareness and create debate on alcohol issues and to promote moderation in consumption. Other key national developments in progressing this area include: the appointment of a National Alcohol Policy Advisor; the establishment of a Strategic Task Force on Alcohol as well as an inter-departmental group; and the preparation of legislation to restrict alcohol advertising, sponsorship and marketing practices. In addition a number of research projects have been commissioned, including surveillance at national level of alcohol consumption and the impact of advertising on young people. There are also a number of initiatives underway and planned at national level that will inform future work in the area of alcohol misuse, particularly for young people. The recommendations of the Garda Youth Advisory Group to the Garda Commissioner on measures to reduce alcohol abuse among young people will contribute to work in this area. The CLAN survey (national sample of college students), which is currently being analysed, will also contribute to the development of programmes targeting young people. In addition, an EU wide project is planned on examining alcohol marketing to young people in Europe as part of Ireland's commitment to the EU Council Recommendation on the drinking of alcohol by young people.

The need to develop alcohol programmes at local level to build on the work of the national campaigns was highlighted. Alcohol is included as a cross-cutting theme in many of the settings-based activities in schools, colleges, the youth sector, communities, workplaces and health services. Programmes such as Responsible Serving of Alcohol (RSA) training for publicans and bar staff have been implemented. Family Communication and Self-Esteem (FCSE) training, community Alcohol Awareness Programmes and Brief Intervention training for staff in primary care and acute services have also been implemented at regional level.

Drug misuse

In relation to drug misuse, few significant changes were reported in the recent SLAN survey. At national level, a National Drugs Awareness Campaign was launched in 2003. In partnership with the Department of Education and Science work is ongoing in supporting the development of school policies and in implementing drug education and prevention programmes in the school and youth settings. The Drug Strategy Task Force comes under the remit of the Department of Community, Rural and Gaeltacht Affairs and drug prevention is managed by health promotion departments in three boards only. However, Regional Drug Task Forces have been established and include health promotion representation.

Eating well

SLAN (2003) reported a 3% increase in rates of overweight and obesity for both Irish men and women.¹⁴ Among school-going children, reported fruit and vegetable consumption was seen to decline and rates of dieting among both boys and girls had increased markedly. In comparison to the 1999 figures, there was a reported decrease in the numbers consuming the recommended six plus servings per day of cereals, breads and potatoes and an increase in the numbers consuming four or more servings of fruit and

vegetables. It was also noted that the socio-economic gradient in respect to the latter was much less apparent. At both national and regional level, there is a high level of activity reported on 'eating well' initiatives in partnership with the Irish Heart Foundation, Irish Nutrition and Dietetic Institute and community nutritionist and dietitian services. At national level, food and nutrition guidelines for pre-schools and primary schools have been developed, National Healthy Eating Campaigns are ongoing and a National Task Force on Obesity has been established recently with a major focus on children. The publication of guidelines developed in conjunction with the Community Nutritionist and Dietetic Service, based on reviews of the National Schools Lunch Policy and the School Meal Scheme, will be a valuable resource for promoting healthy eating in the schools setting.

At regional level school based programmes such as 'Bone Fun Days', 'Munch and Crunch Healthy School Lunch Programme' and 'Pack a Punch-Eat a Healthy Lunch' are being implemented. Thirty-six additional community dietitians have been appointed through the Cardiovascular Health Strategy and, in partnership with community groups, have supported a range of training initiatives. Nutrition training is provided on an ongoing basis to teachers, Youthreach workers, community workers and other service providers. A number of initiatives are underway to deliver nutrition education programmes and practical cooking skills to lower socio-economic and socially excluded groups, including the *Healthy Food Made Easy* and the *Cook It* programmes, and the establishment of a food co-op initiative in one of the boards. Nutrition programmes, including peer-led initiatives, have also been developed with the Traveller Health Care project and the Community Mothers' Programme.

Breastfeeding

With regard to breastfeeding rates, SLAN (2003) reports that 37% of women report breastfeeding any of their children.¹⁴ A marked difference in breastfeeding initiation rates is found to be related to educational level, with the highest rates of 68% being reported among women in the 35-54 years age group with third level education, in comparison to the lowest rates of 17% reported for women in the youngest age category with primary level education. A new Breastfeeding Strategic Action Plan is currently being devised and it would appear from the SLAN data that more targeted initiatives are required to enable higher initiation rates among younger mothers. At regional level, breastfeeding strategies and steering groups have been formed in partnership with hospitals, public health nurses and midwives. While there is a high level of participation by 20 of the 22 maternity hospitals and units in the Baby Friendly Hospital Initiative, only two hospitals to date have achieved the standards required for the overall 'Baby Friendly' award. The appointment of a National Breastfeeding Co-ordinator in 2001 is seen as a positive step in moving forward breastfeeding initiatives including the Baby Friendly Hospital Initiative. In addition, the launch in 2004 of the European Blueprint for action to protect, promote and support breastfeeding in Europe is another positive step in this area. This initiative represents an evidence-based model for national and regional action to improve breastfeeding rates.

Safety and injury prevention

In relation to safety and injury prevention, SLAN reports that men are most likely to sustain injuries related to sports (31%), followed by work (28%) and home (21%), whereas women are most likely to sustain injury at home (41%). There is a major rise in seatbelt usage for seating in the front of the car and among school-going children. However, cycle helmet usage among both boys and girls remains very low at 8%. The National Accident Prevention Committee, together with regional committees with health promotion representation, have been established to promote partnership and co-operation in the promotion of safety, as there is a shared remit with other national agencies in this area. Programmes in the regions are mainly focused on falls prevention for older people and child safety programmes. Regional support is provided for national campaigns such as Fire Safety Week and Road Safety Initiatives, and work in the area of farm safety was reported in two of the regional boards. The national health strategy, *Quality and Fairness*,⁷ included the development of a National Injury Prevention Strategy to co-ordinate action on injury prevention in its action plan. This strategy should include a monitoring and surveillance function. However, this has yet to be developed. In addition, The National Council for Ageing and Older People as part of the Healthy Ageing Programme, and with input from the HPU, is currently preparing a policy statement on safety for older people, which will examine the issue of fall prevention.

It is clear from this brief overview that where there has been strategic direction coupled with dedicated resources, this has led to substantial progress in specific areas of activity at both national and regional levels. Many of the initiatives reviewed above have been subject to structured impact and outcome evaluation studies. In view of the range of approaches and methods adopted, a cross-cutting review of the findings from these evaluations is recommended in order to assess their relative strengths and to determine the most cost-effective approaches to be adopted in terms of programme reach, impact and outcomes. It is too early to see the impact of increased activity linked to the Cardiovascular Health Strategy reflected in the SLAN data, which was collected in 2002. However, it will be interesting to see if the impact of recent initiatives will be reflected in the future rounds of SLAN data collection. Certainly, the findings from the recent survey point to the need for sustained activity in relation to key areas and in particular the development and extension of programmes to populations and areas where they are needed most.

6.3 PROGRESS ON KEY OBJECTIVES AND RECOMMENDATIONS FOR ACTION

Based on the overall findings of the review, progress to date in meeting the key challenges and objectives identified in the NHPS will now be summarised together with recommendations for action. These new challenges are set out in the overview section of the NHPS.

- *The need for a more comprehensive process of 'health proofing' to influence positively policies that impact directly or indirectly on health*

Exploratory discussions at an inter-departmental level have taken place concerning appropriate models for a national health proofing process and work on the development of health impact assessment technology has been undertaken by the Institute of Public Health in Ireland. To date, however, no formal mechanism for implementing a health proofing process has been established.

Recommendation

The development of a formal health proofing process in building healthy public policy needs to be progressed in order to monitor and assess the impact on health at a population level from policies originating outside of the health sector. This was also highlighted in *Quality and Fairness*.⁷ A national lead in developing this process and designing a model and methodology for its effective implementation is required. There are clearly opportunities for advancing the health proofing concept and its implementation through the working of the inter-departmental groups and ultimately, through the establishment of the National Health Promotion Forum.

- *The formation of a National Health Promotion Forum under the chairmanship of the Minister for Health and Children to progress this strategy*

The establishment of the national forum is clearly perceived as a priority in progressing the inter-sectoral objectives endorsed in the strategy and as an essential mechanism for delivering on a health improvement agenda at national level.

Recommendation

To impact effectively on the wider social, economic and environmental influences on health, there is a need for engagement at governmental level of the non-health sector in building healthy public policy and creating supportive environments for health at a societal and community level. The establishment of the forum is seen as being critical to the development of an inter-sectoral health promotion agenda with a more structured and strategic focus at a national policy level. A national forum to co-ordinate inter-sectoral health promotion approaches across ministries needs to be established to support the full implementation of the strategy, with due consideration being given to the role and functions of such a forum in the light of the Health Service Reform Programme and the proposed population health structures.

- *The continued support and expansion of research to identify models of best practice in youth health promotion, parenting programmes, men's health and positive mental health.*

While there has been increased investment in the evaluation of national and regional health promotion initiatives, the identification of examples of models of best practice were not provided for this review. In the area of youth health promotion, reviews of the SPHE Support Service and the Health Promotion Youth Service Initiative have taken place, and a review of the evidence base for supporting parenting has been undertaken as part of the Supporting Parenting Strategy. However, models of best practice have not been developed based on this work.

Likewise, in relation to men's health research, work is ongoing which includes reviewing models of best practice in working with men, based on the national men's health research programme, and more specific research projects are being undertaken at regional level.

With regard to positive mental health, the Health Promotion Unit has provided funding for specific research initiatives, lead by the Centre for Health Promotion Studies at NUI, Galway in collaboration with regional boards, in adapting models of best practice for implementation and evaluation in Ireland. These include: the development and evaluation of the *Mind Out* positive mental health programme concerned with adapting curriculum materials for use in Irish post-primary schools; and the evaluation of the pilot implementation, on a cross border basis, of the JOBS depression prevention programme. The Unit has also provided grant aid to the Centre for Health Promotion Studies in contributing to a global review of the effectiveness of mental health promotion being undertaken by the International Union for Health Promotion and Education (2004). Funding of research to inform the development of a regional strategy on mental health promotion has also been provided.

Recommendation

More active strategies are required to identify and disseminate models of best practice to serve the needs of practitioners and policy makers concerned with implementing successful health promotion programmes that are relevant to the needs of the population they serve. This calls for the active dissemination of validated programmes and the development of guidelines on best practice based on efficacy, effectiveness and dissemination studies.

To further develop this objective, there is a need for a more co-ordinated approach in undertaking cross-cutting reviews of designated areas, with the explicit aim of identifying models of best practice, based on national and international evidence, that could usefully inform and be applied to practice in the Irish context. Models of best practice need to be effectively disseminated to policy makers and practitioners and supporting research and resources need to be put in place to translate their effective application into practice on the ground. Collaboration between policy makers, practitioners and the academic sector are recommended in the systematic development of this work.

- *The appointment of national co-ordinators in the community and workplace settings, and for breastfeeding*

A National Breastfeeding Co-ordinator was appointed in 2001. This appointment was followed by a review of the National Breastfeeding Policy and the development of a revised policy and action plan, which is due for publication in 2004. Approval has been granted for the appointment of a national co-ordinator in the workplace health promotion setting. However, no progress is reported in appointing a national co-ordinator for community health promotion.

Recommendation

National co-ordinators have an important role to play in advancing and supporting the implementation of policies and in consolidating practice initiatives at the national and regional level. Both the community and workplace represent key settings for the advancement of health promotion and there is evidence of a high level of activity in both these areas at regional level. However, in view of the current Health Service Reform Programme, a review of the establishment of national co-ordinator arrangements across the settings needs to be undertaken in order to identify the most appropriate methods to further advance developments in these areas.

- *The review of existing policies such as the National Breastfeeding Policy, the National Alcohol Policy and the Plan for Women's Health*

A National Committee on Breastfeeding was established in 2002 and together with the National Co-ordinator, a review of the 1994 National Breastfeeding Policy for Ireland was undertaken. The committee published an interim report in 2003 and on the basis of this, a revised national breastfeeding policy is being devised for publication in 2004.

Progress on reviewing the National Alcohol Policy is underway including the appointment of the National Alcohol Policy Advisor. A Strategic Task Force on Alcohol was set up by the Minister for Health and Children in January 2002 to recommend to the Government evidence-based policy and effective measures in reducing alcohol consumption and harm. Some 20 recommendations from this Task Force were published in 2002 and a second report with a more comprehensive range of recommendations was published in September 2004. An inter-departmental group has been set up to progress the implementation of the Task Force's recommendations and the development of an Alcohol Action Plan with specific actions, timescales and funding requirements is scheduled for 2005.

In partnership with the Women's Health Council, a review of the implementation of the Plan for Women's Health has been undertaken.³² Research on evaluating progress in meeting the objectives of the plan has been completed and key recommendations have been made concerning gender equity in health services and the need to achieve national agreement on the optimal structures, functions and procedures for driving forward the women's health agenda. A Forum on Women's Health, addressing key principles and parameters in developing policy and action in this area, has also been convened.

Recommendation

The review and update of policies in the context of changing national structures, profiles, priorities and patterns of health behavior is to be welcomed. However, it is imperative that the policy review process is comprehensive and leads to a clear and scheduled plan of action accompanied by the necessary resources. The urgency and importance of concerted action in relation to the areas highlighted, is evidenced by; increased levels of alcohol consumption as reported in SLAN (2003)¹⁴ and, in particular, increased levels of concern in relation to the high levels of youth drinking and related harm; low initiation breastfeeding rates among young mothers with lower levels of education; and priority women's health issues such as the high levels of breast cancer among Irish women.

- *The support of recent policy documents and strategies such as Youth as a Resource: promoting the health of young people at risk; Building Healthier Hearts and the Report of the Task Force on Suicide*

There is a wide range of health promotion activities in place with a specific focus on young people, e.g. through the SPHE curriculum and the National Youth Health Programme. However, given the multi-sectoral and localised nature of the structures in place in working with young people at risk, the need for a more focused review of progress in implementation of the *Youth as a Resource* strategy²⁸ for this group is highlighted. Tracking progress in relation to priority areas identified in the strategy is underway in partnership with key agencies and players in the youth sector. However, it was noted in this review that in order to progress implementation of health promotion activity in this area there is a need for identification of models of best practice in terms of structures, implementation methodologies and their application, particularly in the out of school settings, and in working with early school leavers.

The extent and scale of health promotion activities in implementing the Cardiovascular Health Strategy⁵ is reflected in this review and in the interim reports (2001, 2003).^{58,6} The Health Promotion Unit and the regional HPDs have played a major role in partnership with the other key players in implementing the Cardiovascular Health Strategy health promotion recommendations. Activities in the key areas of smoking cessation, sensible drinking, healthy eating and the promotion of physical activity have been substantially enhanced through national campaigns and the parallel implementation of programmes in key settings at regional level. All of these activities have served to increase the extent and reach of health promotion activities. Many of these initiatives at regional level have been subject to systematic

evaluations and the findings should usefully inform the strategic development and consolidation of work in these areas.

Through the funding provided for the implementation of the *Task Force on Suicide*, including the appointment of dedicated Suicide Resource Officers in each of the health boards, suicide prevention initiatives together with more generic mental health promotion programmes have been substantially bolstered at regional level. School and community-based programmes concerned with mental health promotion and prevention programmes have been reported across the statutory and voluntary agencies together with strategic regional initiatives. A review of progress and developments in this area, with regard to the implementation and evaluation of the health promotion activities in support of the Task Force recommendations, would be timely in informing the planned development of a national action plan on suicide and the work of the recently established Expert Group on developing a National Mental Health strategy.

In addition to specific topic-focused programmes targeting heart health, youth at risk and suicide prevention, health promotion has maintained a focus on sustaining more integrated and comprehensive health promotion initiatives encompassing settings, topics and population groups. For example, settings-based initiatives in schools, workplaces, communities and health services have been widely implemented. The implementation of these more generic and comprehensive programmes, targeting a wider universal audience, also serve to support the key objectives of the three strategies outlined above.

Recommendation

Given the breadth of health promotion initiatives and activities implemented in support of the three strategies, there is a need to develop a system of monitoring and tracking of progress at a national level in meeting agreed strategic objectives.

As many of the national and regional level initiatives implemented to date have been systematically evaluated, it is recommended that a strategic review of the relative effectiveness of the different programmes and approaches be undertaken in order to inform the further development and advancement of work in these areas.

- *The development of new policies in the area of men's health, positive mental health and healthy weight*

Progress is underway in the development of policies in all three areas under the direction of the Health Promotion Unit.

A national men's health policy is expected in 2005. To support the development of this policy, a national programme of research has been commissioned which will report at the end of 2004. A national steering group is being established to oversee the development of the policy, and consultation at national level with relevant stakeholders is being undertaken.

A sub-group on mental health promotion, comprised of relevant experts in the field, has been convened to input into the review of mental health policy and services currently being undertaken by the recently established Expert Group on Mental Health Policy. This national Expert Group has been charged with the task of developing a new national mental health policy for the next ten years. As part of this endeavour, the mental health promotion sub-group will make specific recommendations regarding the inclusion of positive mental health as an integral part of this overall mental health policy. Work has also commenced on the preparation of a Strategic Action Plan for Suicide Reduction through a partnership between the Health Board Executive (HeBE) and the National Suicide Review Group, with support from the Department of Health and Children.

The development of a national healthy weight strategy is being progressed through the establishment in March 2004 of a National Task Force on Obesity. The Task Force has a specific focus on children and is expected to report later this year.

Recommendation

Progress in policy development is clearly underway in relation to each of the areas of men's health, positive mental health and healthy weight and there is evidence of a considerable increase in activity in these areas at regional level. In the case of positive mental health and healthy weight, it is crucial that comprehensive health promotion approaches, with an emphasis on the promotion of protective factors for a more universal audience, is not lost or diluted in the context of the broader remit of the expert groups and task forces focusing on prevention and clinical treatment services. A clear focus on comprehensive positive health promotion strategies needs to be included in the remit of the existing national groups charged with policy development in these areas.

- *The introduction of new strategic aims and objectives aimed at young people, men, colleges and the youth sector*

Strategic aims and objectives have been introduced in the NHPS, which are aimed at young people, men, and the colleges and youth sector. A number of national and regional initiatives specifically focused on young people have been developed. Partnerships with the National Children's Office and the National Youth Council of Ireland have facilitated these developments. Regional structures have also been strengthened and consultation mechanisms for working with young people in the development of policies and programmes have been put in place. Health promotion initiatives for men's health have also been developed at regional level, and at national level policy development is underway.

With regard to colleges and the youth sector, this review highlights the need for further progress in both these areas. A National Consultative Group was established to examine the proposal to establish an Irish Network of Health Promoting Colleges. However, this network has not been established to date. The setting up of such a network could give an important impetus to a more co-ordinated approach in developing health promotion activities in the growing college sector in Ireland.

With regard to the youth sector, there are some innovative regional and national level developments, including training initiatives and the establishment of structures and consultative mechanisms for partnership working with young people in informal youth settings. The National Youth Council, in collaboration with NUI, Galway, has established a certified national level programme of training to enable and support youth organisations in becoming more effective partners in health promotion. As already identified, further progress is required, particularly with regard to initiatives with early school leavers and the development of peer education methodologies in the out of school sector. The National Youth Health Programme is currently under review and recommendations from this review will contribute to further developments in this area.

Recommendation

Further progress is needed in meeting the strategic aims and objectives concerning young people, men and the colleges and youth sector. These include the development of a policy and action plan for men's health; the establishment of an Irish Network of Health Promoting Colleges to advance work in the college sector; and the further development of effective health promotion initiatives in the out of school youth sector.

- *The development of programmes to meet the needs of other population groups, children and young people at risk in a manner which complements the work of the National Anti-Poverty Strategy*

While there is a reasonably high level of health promotion activities in relation to Travellers and low income communities, levels of activity in relation to refugees and asylum seekers, people with disability, minority groups, the gay and lesbian community, homeless people and youth at risk need to be enhanced and supported. While a National Traveller Health Strategy⁴² has been published, no specific or co-ordinated national plans for meeting the health promotion needs of these additional groups have been identified. As such, there is a need for more focused policy and programme planning in these areas. While there are no specific health promotion programmes at the health board level targeting children 'at risk', a number of programmes are targeted at children from disadvantaged settings such as low income groups (*Healthy Food Made Easy*), residential child care services (*Just for the Health of It*) and children in asylum seeker accommodation centres (*Childsplay*). In general, health promotion adopts a universal as opposed to a targeted approach in addressing the physical and mental well being of children while other board services such as the Traveller Health Unit and the Regional Child and Family Health Service specifically address youth at risk.

Recommendation

In recognition of the heterogeneous nature of the people and groups included under this objective, it is recommended that the term 'other populations' be replaced and that the specific needs of these groups be determined in order to develop more focused health promotion policies and actions. This applies particularly in the case of asylum seekers and refugees, whose presence throughout the country has increased since the publication of the NHPS. It is recommended that a partnership approach be adopted in conjunction with relevant national and regional level statutory and non-statutory agencies and local community organisations in addressing the health promotion needs of these diverse groups.

Existing intervention and training programmes together with community-based initiatives may have the capacity to be adapted in order to meet the needs of many of these groups and, therefore, more targeted development of initiatives and programmes in consultation with these groups is recommended.

- *The establishment of pilot projects to identify models of good practice that provide a holistic approach to health within disadvantaged areas*

The Health Promotion Unit supports a number of healthy communities initiatives in health boards, and support is also provided for community development initiatives targeting the needs of various population groups in each health board area. These community initiatives are focused mainly on areas of economic and social disadvantage. Evaluations are underway to determine the effectiveness of these pilot initiatives and initial results will form part of an interim report by the Unit. In addition to these community development programmes, there are many examples of pilot initiatives being implemented at regional level, where existing programmes are being adapted to meet the needs of marginalised and socially excluded groups.

Recommendation

In view of the Health Service Reform Programme, a review of the establishment of national co-ordination arrangements across the settings is needed to identify the most appropriate method for providing a national lead in supporting the development and implementation of community-based initiatives in designated areas of disadvantage. Based on the findings from international research and the interim review of community development initiatives, models of good practice need to be identified that will inform more focused and effective development of these pilot initiatives.

- *The incorporation of Social Personal and Health Education into the second level curriculum*

There have been substantial developments in the incorporation of Social Personal and Health Education (SPHE) into the second level curriculum. In partnership with the Department of Education and Science, the establishment of national support structures to facilitate programme development, training, implementation, monitoring and the sharing of best practice has played a key role in successful implementation of the SPHE initiative. Regional Development Officers and Health Promotion Officers for schools have been appointed in each health board region. The SPHE Support Service guides the regional partnerships between schools and health boards. Data is gathered on levels of implementation and the uptake of SPHE teacher training. Approximately 80% of schools have introduced SPHE at junior cycle level and work on the development of a curriculum for SPHE senior cycle by the National Council for Curriculum Assessment is in process. The dissemination of best practice is encouraged through structured events organised during the academic year by the SPHE Support Service and the Schools Practitioners' Support Network.

Recommendation

Progress is being made in relation to this objective, which is clearly supported by the partnership established with the Department of Education and Science. This forms a good basis for further consolidation of this initiative, and the introduction of the senior cycle curriculum. The degree to which

the SPHE initiative could now provide a firm basis for incorporating a wider whole school approach, as represented by the Health Promoting Schools concept, is currently being explored. The Health Promoting Schools framework is already in operation in a number of Irish schools and would appear to offer a broader framework for the more integrated development of school based initiatives.

6.4 RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

The NHPS presented many new challenges for health promotion and based on the findings from this review, recommendations for future implementation will now be presented.

- *Sustaining Current Progress and Developments*

It is clear from the scale of health promotion activities that are ongoing throughout the country at national, regional and local levels that there is a high level of commitment to putting health promotion principles into action by policy makers, practitioners and researchers working in the area. The growth in the health promotion workforce is relatively recent, with teams being fully established in most regions only within the last 18 months. Despite this, good progress is being achieved across a wide range of the objectives identified in the strategy. It is evident from this review that there are many examples of innovative programmes being implemented around the country, in many cases with minimal resources. It should also be acknowledged that the health promotion workforce extends beyond the group of health promotion specialists, as there are extensive training programmes delivered to a broad range of health workers. There is a skilled and competent workforce in place, many with dedicated postgraduate level training in health promotion to master's level. Therefore, the knowledge and skill base is strong and levels of commitment and innovation are high; and this provides a very good base for sustaining and further developing current levels of activity. In addition, a large volume of health promotion resource materials have been produced in conjunction with the development of health promotion programmes at regional and national levels.

There is a need to enhance the leadership and expertise at national and regional levels to strategically direct the national health promotion agenda in line with best international practice. National and regional leadership has been instrumental to date in the development of health promotion in Ireland as an integral and essential element of a modern and comprehensive health system. It is now timely to consolidate and build on these investments. Given the recent growth in health promotion, there is a continuing need for strategic leadership at national and regional levels and the provision of high level technical expertise in driving forward the health promotion agenda.

Recommendation

Continued investment in resources, both in terms of strategic leadership at national and regional levels and capacity building for the health promotion workforce, is recommended in order to meet effectively

the challenges outlined in the NHPS and to realise the full potential of health promotion policy and practice. This requires the appropriate allocation of resources to the regional level, effectively balanced by continuing leadership, financial support and strategic directions at national level.

There is a need for continued support for the implementation of effective practices at regional level, including the development of a co-ordinated plan for continuing professional development. There is a wealth of skill, innovation and commitment in the health promotion workforce which needs to be harnessed and supported in order to achieve the added value of concerted action at national and regional levels. The harmonisation and further development of regional structures with regard to both strategic and operational functions is also indicated, in order to ensure the most effective deployment of a skilled workforce at regional level. The specialist functions of the Health Promotion Unit need to be strengthened to enable it to provide the strategic leadership that is needed to meet the challenges that lie ahead.

- *Monitoring and Tracking Progress on Implementation of the Strategy*

It is important to ensure that health promotion activities are operating effectively in meeting the NHPS objectives and that areas for further development are highlighted for attention. In this review, a vast array of programmes and activities conducted over the last four years were examined. Such a wide-ranging review can only hope to provide a snapshot of significant developments and initiatives. However, to complement this type of review, it is clearly recognised that there is a need to monitor and evaluate both the quantity and quality of health promotion activities and their impact.

Recommendation

It is recommended that a system to track progress at national level in meeting the objectives of the NHPS be established. Progress should be monitored on an annual basis and this would provide a more focused direction for the implementation process at national and regional levels. This tracking process could build on and develop information from existing monitoring systems, including those employed at the regional health board level, and national health promotion performance indicators. An annual review of progress could also feed into a process for agreeing priority areas in service plans at national and regional level.

- *Strengthening Evidence-based Practice*

There is a growing body of evidence concerning the effectiveness of health promotion across a range of population groups and settings. Therefore, strengthening the evidence base and using it in informing best practice and policy is an important challenge. In addition to the tracking of progress, the quality and effectiveness of health promotion activities also need to be rigorously evaluated, both in terms of process and outcomes. It is important to ensure that health promotion activities are operating

effectively and efficiently and there is, therefore, a need to systematically evaluate both the quantity and quality of health promotion activities. While there is clear awareness of the importance of evaluation and evidence-based practice, there is equally an awareness of the need to invest in the expertise and resources needed in undertaking this work on the ground.

Evidence-based practice plays a critical role in demonstrating the success and added value of health promotion, and is vital to justifying funding for sustaining initiatives in the longer term. Practitioners need to have confidence in the likely success of implementing interventions and the potential users, or population who are to benefit, need to see that the programmes are accessible, acceptable and relevant to their needs. The generation of evidence-based practice is an important challenge in health promotion and requires that researchers, policy makers and practitioners work in partnership in documenting and analysing the implementation of programmes on the ground.

The undertaking of systematic evaluation studies plays an essential role in advancing knowledge on best practice in local settings. It is also critical to the effective dissemination of programmes and facilitates the translation of research evidence into best practice. In addition to more traditional approaches to outcome evaluation, process evaluation techniques based on careful documentation and monitoring are required to assess both the quantity and quality of programme implementation. Process evaluation occupies an especially important place in health promotion, as this field of practice is concerned with the process, as well as the outcomes, of enabling positive health. The delivery of programmes in an empowering, participatory and collaborative manner is central to health promotion activity and programme evaluation methods are needed that will focus on documenting the process of implementation, identifying both the key predictors of change and the necessary conditions for bringing about such change. It was apparent in the course of completing this review that there are many excellent examples of programmes being implemented across the country, which are not being fully documented and evaluated.

There is a need to identify programmes that are cost-effective, feasible, and sustainable in local settings. There is also a need to develop guidelines concerning good practice in evaluation to enable practitioners to take this on board at regional and local levels. The challenge may be described as twofold: translating research evidence into effective practice on the ground, and translating effective practice into research so that currently undocumented evidence may make its way into the evidence base and be disseminated.

Recommendation

A strategic national research and development plan to guide the further development of evidence-based health promotion practice in Ireland is recommended. The accumulating international evidence base demonstrates the feasibility of implementing effective health promotion programmes across a

range of diverse population groups, topics and settings. While acknowledging that there remain gaps in the evidence base, a major task is to promote the application of existing evidence into good practice on the ground, particularly in disadvantaged and low income settings.

There is need for a national lead and investment in building capacity and resources in the following areas: publishing guidelines for effective implementation of sustainable programmes; designing dissemination strategies for sharing best practice; and providing training in evidence-based programme planning and evaluation. Technical support from health promotion researchers and academics in the area will be required to guide and support this work. This includes building on existing national level expertise and experience, in collaboration with international partners.

- *Structures to Support Inter-Sectoral and Partnership Working in Reducing Health Inequalities*

In order to make significant progress in addressing health determinants and health inequalities in the coming decades, it is necessary to develop effective structures, models and processes to inform effective partnership and inter-sectoral collaboration in developing and implementing evidence-based programme policies and strategies. This review highlighted the breadth of partnership working at the national, regional and local levels. However, further work is needed to maximise the effectiveness of these partnerships. The use of inter-sectoral collaboration to tackle the physical, economic, social and cultural determinants of health is now widely recognised as being a more effective, efficient and sustainable way to improve health.

Recommendation

There is a need for renewed focus and investment at national level in promoting inter-sectoral working and partnerships, particularly in addressing health inequalities in areas of high social and economic disadvantage. Clear guidelines are required on partnership building in order to address the complexities of partnership work. This includes the need for specific funding directed at capacity building, exploration of appropriate organisational structures and the need to acknowledge the time and commitment involved. Appropriate structures and frameworks for effective partnership working with different agencies and sectors need to be identified. The need for partnership structures at inter-departmental level is also evident and there is clearly an opportunity for advancing this through the establishment of the National Health Promotion Forum.

- *Future Development of the National Health Promotion Strategy*

The strategy published in 2000, unlike its predecessor, did not incorporate specific measurable targets, prescribe prioritisation of activities or designate regional versus national responsibilities for implementing activities. In keeping with the 1996 legislation, this approach was designed to facilitate greater flexibility at regional level in prioritising activities and developing regional action plans based on the broader policy

thrust of the NHPS. While this approach was followed in some of the regional health boards, it appears that in others, there is an expressed preference for clearer priority actions to be set out at the national level, with designated timeframes and identification of lead agencies with responsibility for implementation. The issue of resourcing the strategic objectives outlined in the NHPS is also clearly identified as being key to its effective implementation. Findings from this review indicate that most progress has been made in meeting the NHPS objectives in those areas where dedicated funding was provided, e.g. through the Cardiovascular Health Strategy. This suggests that dedicated resources are needed in order to ensure progress in meeting strategic national objectives.

Recommendation

Future health promotion strategies need to give consideration to setting out an agreed plan, incorporating priority areas, specific timeframes and clear lines of responsibility at national and regional levels. The consultation process in developing a strategy should be extended to include the views of all relevant stakeholders, partners and consumers both within and outside the health sector.

- *The Future Development of Health Promotion in Ireland*

Health promotion has a critical role to play in meeting the challenge of promoting population health and in achieving 'better health for everyone'. This multidisciplinary area of practice provides a tried and tested means of empowering individuals and communities in achieving their health potential. Health promotion targets the whole population and focuses on the protective factors for enhancing well-being and quality of life. Positive health is a resource in its own right and is fundamental to good social and economic development at national level. The health promotion model clearly recognises the wider structural influences on health including the negative impact of poverty, unemployment, poor education, poor housing, conflict and discrimination. Awareness of these broader determinants of health calls for 'upstream' policy interventions across the non-health sectors in order to reduce structural barriers to health. There is a need to sustain the considerable progress achieved to date on partnership working within and outside the health sector. The current Health Service Reform Programme offers an opportunity to put health promotion strategies centre stage in the endeavour to create and maintain a healthy society.

Recommendation

The Health Service Reform Programme aims to put in place revised organisational structures and management practices in order to meet the objectives of the national health strategy, *Quality and Fairness*.⁷ In this reform process, it is critical to ensure that the integral role of health promotion is maintained and consolidated at national, regional and local levels. In addressing population health, health promotion has a distinctive role to play, which is complementary to, but significantly different from, that undertaken by other key players in the proposed new population health divisions. Health promotion adopts a comprehensive holistic approach and reaches beyond the traditional health services model to promote health in the everyday settings that have meaning to people such as homes, schools,

communities and workplaces. As evidenced by the breadth of activities reviewed in this report, health promotion plays a distinctive role in re-orienting health policy and service in Ireland. Health promotion is a means of investing in societal well-being through acting on the broader determinants of health, thereby reducing health care expenses and advancing health care reform. There is a need to sustain current progress into the future through developing evidence-based policy and practice in creating supportive environments for health.

Strengthening cross border, European and international collaboration will also play a key role in developing high quality, sustainable health promotion initiatives in Ireland. The development of a strategic approach to health promotion on an all island basis is supported through several joint initiatives, which have already been identified. Likewise, the European and World Health Organisation international action programmes provide important frameworks for guiding national health promotion developments. Collaboration across different countries and regions can produce innovations and integration in policy, practice and research, resulting in the cross-fertilisation of different paradigms and traditions. Active participation and collaboration in these wider European and international developments will ensure that at a national level, we are guided by best international practice and will have an active role to play in shaping the future growth and development of health promotion on the national and international arenas.

Health promotion is central to a comprehensive public health policy and plays a key role in bringing about the health and social changes required for improved population health in the future.

APPENDIX AND REFERENCES



APPENDIX 1

Organisations which made a written submission for the review

Organisation
National Adult Literacy Agency
National Drug Strategy Team
Dental Health Foundation
National Women's Council
Age and Opportunity
National Disability Authority
Irish Sports Council
National Suicide Review Group
AIDS Gay HIV strategies
National AIDS Strategy Committee-Education and Prevention Sub-committee Regional and Dublin non-statutory representatives
Association of Health Promotion, Ireland
National Safety Council

Interviews were conducted with the following:

Organisation	Personnel
Health Promotion Unit	Principal Officer
Health Boards	Health Promotion Managers x 10
Irish Heart Foundation	Health Promotion Manager
National Youth Council Of Ireland	Health Promotion Manager
National Council for Ageing and Older People	Healthy Ageing Programme Advisor
Health Promoting Schools Network	Co-ordinator, SPHE Support Services
Health Promoting Hospitals Network	Director
Irish Cancer Society	Health Promotion Manager

REFERENCES

1. Department of Health and Children (2000). *National Health Promotion Strategy, 2000-2005*. Dublin: Stationery Office.
2. World Health Organisation (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO.
3. Department of Health and Children, Health Promotion Unit (1995). *A Health Promotion Strategy... Making the Healthier Choice the Easier Choice*. Dublin: Hawkins House.
4. Department of Health and Children (1994). *Shaping a Healthier future: A strategy for effective healthcare in the 1990s*. Dublin: Stationery Office.
5. Department of Health and Children (1999). *Building Healthier Hearts: The Report of the Cardiovascular Health Strategy Group*. Dublin: Hawkins House.
6. Department of Health and Children, Heart Health Task Force (2003). *Ireland's Changing Heart: Second Report on the Implementation of the Cardiovascular Health Strategy*. Dublin: Hawkins House.
7. Department of Health and Children (2001). *Quality and Fairness: A health system for you. Health Strategy*. Dublin: Stationary office.
8. The Irish Government (1997). *The National Anti Poverty Strategy-Sharing in Progress*. Dublin: Stationery Office.
9. Department of the Taoiseach (2003). *Sustaining Progress-Social Partnership Agreement 2003-2005*. Dublin: Stationery Office.
10. Department of Health and Children (1996). *Cancer Services in Ireland: A National Strategy*. Dublin: Stationery Office.
11. Department of Tourism, Sport and Recreation (2001). *Building on Experience: National Drugs Strategy 2001-2008*. Dublin: Stationery Office.
12. Department of Health and Children (1998). *Report of the National Task Force on Suicide*. Dublin: Stationery Office.
13. Centre for Health Promotion Studies (1999). *The National Health and Lifestyle Surveys (SLAN and HBSC)*. National University of Ireland, Galway.
14. Centre for Health Promotion Studies (2003). *The National Health and Lifestyle Surveys (SLAN and HBSC)*. National University of Ireland, Galway.
15. Department of Health and Children (1994). *A National Breastfeeding Policy for Ireland*. Dublin: Hawkins House.
16. Ziglio, E. (1993). European Macro Trends Affecting Health Promotion Strategies. *WHO/EURO Working Paper*. World Health Organisation, Regional office for Europe, Health and Investment Programme: Copenhagen.
17. Ziglio, E. (1998). Key issues for the new millennium. *Promoting Health: The Journal of Health Promotion for Northern Ireland*, 2: 34-37.
18. Ziglio, E.; Hagard, S. and Griffiths, J. (2000). Health Promotion development in Europe: achievements and challenges. *Health Promotion International*, 15(2): 143-154.

19. European Commission. http://europa.eu.int/comm/health/index_en.html
20. World Health Organisation (2002). *Review of National Finnish Health Promotion Policies and Recommendations for the Future*. Copenhagen: WHO Regional office for Europe
21. Kelleher, C. (1999). Health and the Celtic tiger: progress of health promotion in modern Ireland. *Health Education Research*, 14(2): 151-154.
22. Nolan, B.; Maitre, B.; O'Neill, D. and Sweetman, O. (2000). *The Distribution of Income in Ireland*. Oak Tree Press in association with the Combat Poverty Agency.
23. Central Statistics Office (2003). *Measuring Ireland's Progress*. Dublin: CSO.
24. National Conjoint Child Health Committee (1999). *Best Health for Children: Developing a Partnership with Families*. Dublin: Best Health for Children.
25. Department of Health and Children (2000). *The National Children's Strategy: Our Children-Their Lives*. Dublin: Stationery Office
26. Best Health for Children (2002). *Investing in Parenthood: The Supporting Parents Strategy*. Dublin: Best Health for Children.
27. The National Children's Office (2004). *Ready, Steady, Play! A National Play Policy*. Dublin: Stationery Office.
28. Department of Health and Children, Health Promotion Unit (1999). *Youth as a Resource: Promoting the Health of Young People at Risk*. Dublin: Hawkins House.
29. Department of Health and Children (2000). *Towards a Tobacco Free Society: The Report of the Free Policy review Group*. Dublin: Hawkins House.
30. Department of Health and Children (2003). *National Breastfeeding Committee's Interim Report*. Dublin: Hawkins House.
31. Food Safety Authority of Ireland (1999). *Recommendations for a National Infant Feeding Policy*. Dublin: FSAI.
32. The Women's Health Council (2002). *Promoting Women's Health: A population investment for Ireland's future*. Dublin: The Women's Health Council.
33. The Women's Health Council (2003). *Women, Disadvantage and Health*. Dublin: The Women's Health Council.
34. The Women's Health Council (2003). *Women and Cardiovascular Health*. Dublin: The Women's Health Council.
35. The Women's Health Council (2003). *Community Involvement for Women's Health: Mechanisms within Primary Care Services*. Dublin: The Women's Health Council.
36. The Women's Health Council (2002). *Perspectives on the provision of Counselling for Women in Ireland*. Dublin: The Women's Health Council.

37. The Women's Health Council (2000). *Survey of Views and Perceptions of Women who attended Symptomatic Breast Clinics*. Dublin: The Women's Health Council.
38. The Women's Health Council (1999). *Women-The Picture of Health?* Dublin: The Women's Health Council.
39. Food Safety Authority of Ireland (2000). *Recommendations for a food and nutrition policy for older people*. Dublin: Food Safety Authority of Ireland.
40. National Council for Ageing and Older People (1998). *Adding years to life and life to years...A Health Promotion Strategy for Older People*. Dublin: National Council for Ageing and Older People.
41. Berkels, H.; Henderson, J.; Henke y otros, N. (2004) Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress related disorders in Europe. Final Report 2001-2003. Ed. FIOSH, collection *Occupational Safety*, vol. Feb. 1011, Berlin.
42. Department of Health and Children (2002). *Traveller Health Strategy 2002-2005*. Dublin: Stationery Office.
43. Department of Health and Children (1990). *Needs and Abilities: A Policy for the Intellectually Disabled*. Dublin: Hawkins House.
44. Department of Health and Children (1996). *Towards an Independent Future: Report of the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities*. Dublin: Hawkins House.
45. Glen and NEXUS Research Co-operative (1996). *HIV Prevention Strategy and the Gay Community: Phase One Rep.*
46. Department of Health and Children, Health Promotion Unit (1999). *Being Well*. Dublin: Hawkins House.
47. The Irish Heart Foundation (2003). *Action for Life, Action for Everybody*. Dublin: The Irish Heart Foundation.
48. Department of Health and Children, Health Promotion Unit (1998). *Health Promotion in the Workplace: healthy bodies-healthy work*. Dublin: Hawkins House.
49. Department of Public Health Medicine and Epidemiology, UCD (2003). *A Survey of Health Promotion Activities in Irish Hospitals. Executive Summary*. Dublin: UCD.
50. Irish Dental Health Foundation (1999). *Oral Health in Ireland*. Dublin: Irish Dental Health Foundation.
51. Department of Health and Children (1996). *A National Alcohol Policy*. Dublin: Hawkins House.
52. Department of the Environment and Local Government (1998). *The Road to Safety: A Government Strategy for Road Safety 1998-2002*. Dublin.
53. Department of Health and Children (2002). *Strategic Task Force on Alcohol, Interim Report*. Dublin: Stationery Office.
54. Dring, C. and Hope, A. (2000). *Impact of Alcohol Advertising on Teenagers in Ireland*, Dublin: Department of Health and Children.

55. Department of Health and Children, National AIDS Strategy Committee (2000). *Report of the National AIDS Strategy Committee*. Dublin: Hawkins House.
56. Department of Tourism, Sport and Recreation (1997). *Report of the 2nd Ministerial Task Force on Measures to reduce the Demand for Drugs*. Dublin.
57. Physical Activity Steering Group (1997). *Promoting Increased Physical Activity: A Strategy for Health Boards in Ireland*.
58. Department of Health and Children, Heart Health Task Force (2001). *Progress Report July 1999-June*. Dublin: Hawkins House.
59. WHO (1999). *Health for All Policy Framework for the 21st Century*. WHO European Region.
60. International Union for Health Promotion and Education report for the European Commission (1999). *The Evidence of Health promotion Effectiveness: Shaping Public Health in a New Europe*. Brussels: ECSC-EC-EAEC.
61. Byrne, M., Barry, M.M. and Sheridan, A. (2004). Implementation of a school-based mental health promotion programme in Ireland. *International Journal of Mental Health Promotion*, 6(1), 17-25.
62. Jané-Llopis, E., Barry, M.M., Hosman, C. and Patel, V. (Eds.) *The Evidence of Mental Health Promotion Effectiveness*. International Union for Health Promotion and education. Special issue (in press).



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