

# TOWARDS HEALTHIER SOCIETIES



IPH: THE FIRST 10 YEARS



**Towards Healthier Societies**  
**IPH: The First 10 Years**

Published by the Institute of Public Health in Ireland.

© The Institute of Public Health in Ireland, 2008.

Prepared by:  
Institute of Public Health in Ireland

To be cited as:

Institute of Public Health in Ireland. Towards Healthier Societies. IPH: The First 10 Years  
Dublin: Institute of Public Health in Ireland, 2008

The Institute of Public Health in Ireland has produced this document as a resource for public health on the island. It may be freely reproduced with acknowledgement but is not for resale or for use in conjunction with commercial purposes.

ISBN 978-0-9555912-8-0

Materials researched by Hilary Curley

Design by [www.slickfish.ie](http://www.slickfish.ie)

For further copies of this report please contact:

**The Institute of Public Health in Ireland**

5th Floor	Forestview
Bishop's Square	Purdy's Lane
Redmond's Hill	Belfast
Dublin 2	BT8 7ZX
Ireland	Northern Ireland

Tel: +353 1 478 6300

Tel: + 44 28 90 648494

Email: [info@publichealth.ie](mailto:info@publichealth.ie)

The full report is also available on the IPH website: [www.publichealth.ie](http://www.publichealth.ie)

## Table of Contents

Foreword	2
Introduction	6
The Institute of Public Health in Ireland explained	7
Ten years at a glance	21
<b>The work of the Institute:</b>	
Generating public health knowledge	25
Creating awareness and disseminating information	31
Influencing policy and practice	45
Supporting networks and partnerships	53
Capacity building for public health	59
Strengthening cooperation	66
Institute staff	72



## Foreword

Many congratulations are due to the Institute of Public Health on ten years of successfully leading North South cooperation on public health.

In both North and South, we face many similar challenges in the field of public health. By focusing on these issues, the Institute has generated practical and mutual benefit for the health of all people across the island.

Since its launch ten years ago, the Institute has worked hard to fulfill its mandate and has carried out a wide range of positive work encouraging people North and South to share information and expertise. The Institute has been particularly successful in drawing attention to the need to tackle health inequalities and building partnerships and networks for health.

Clearly, North South cooperation is not the sole preserve of politicians and many people have a role to play. The Institute of Public Health has made a very positive contribution to developing and deepening North South cooperation for mutual benefit. There is no doubt that the Institute will continue to make a valuable contribution into the future and we wish it well in its future work.

A handwritten signature in blue ink, reading "Brian Cowen".

**Brian Cowen T.D.**

*Taoiseach*



## Foreword

Public health challenges such as tobacco use, obesity, mental ill health, environmental pollution and health inequalities are key challenges for all of us. They impact on the quality of life of so many in our community.

Sharing knowledge, expertise and resources makes sense from so many different perspectives.

The Institute of Public Health has led our thinking on these matters over the past decade by promoting cooperation and has helped to create benefits for people – especially the most vulnerable.

The networks fostered, the knowledge generated and the shared approaches to common problems lie at the heart of North South cooperation.

At this historic time we are delighted to congratulate the Institute on the work highlighted in this report, and we look forward to further cooperation in the years ahead. We commend IPH's cutting edge activities and thank its staff and Board – congratulations!

**The RT HON DR I R K Paisley MP MLA**  
*First Minister*

**Martin McGuinness MP MLA**  
*deputy First Minister*



## Foreword

Improving the health and wellbeing of the population is important to all of us with a responsibility for health and social wellbeing. The Institute of Public Health in Ireland was born out of a recognition that borders offered little protection against ill-health or disease and a desire to promote greater North/South cooperation for public health. The Chief Medical Officers at that time identified information and surveillance, research and training and policy advice as key areas where the public health function could be strengthened on an all-island basis.

From the outset, the vision was to focus on tackling inequalities which give rise to poor health and to contribute to policy for better health. The Institute is a small organisation and has leveraged change through strategic partnerships. It has participated in and created networks which have had a positive influence on health policy, North and South. It has contributed in many areas, particularly highlighting the effects of health inequalities and the paths we should follow to enhance health for all groups in our society. Its current work reflects this theme whether in the provision of better information on health inequalities and their impacts or by building skills and capacity to tackle these challenges in a sustained way.

Over the past ten years, the Institute has led change and changed itself in response to new challenges. All this is due to the commitment and energy of those who have worked within the Institute over the past ten years as well as the vision and enthusiasm of the Chief Executive.

The Institute is supported by a Management Board, representing both departments and the Royal College of Physicians of Ireland (RCPI), and its Faculty of Public Health Medicine. I would like to thank members of the Management Board, past and present, for their commitment and the enthusiasm they brought to the work of the Institute over the years. Sadly, two of our previous Board members have passed away namely Dr Desmond Canavan and Mr Tom Power, both of whom made significant contributions to the Institute in its formative years.

The Institute has grown and evolved as an organisation and in its sphere of influence. In looking back, it was established to promote cooperation for public health on an all-island basis. It has certainly achieved this but we also need to look ahead. Current health system reforms North and South are addressing how health and personal social services should develop. The Institute will continue to play a key role by creating knowledge and intelligence and adding value to policy in support of better health and social wellbeing across the island.

On behalf of the Management Board, I would like to thank the Chief Executive, Dr Jane Wilde and her staff and wish them well for the challenges and opportunities that lie ahead.

**Dr John Devlin**

*IPH Chair*

*Deputy Chief Medical Officer, Department of Health and Children, Ireland*



Dr Andrew McCormack, Permanent Secretary, Department of Health Social Services and Public Safety and Michael Scanlan, Secretary General, Department of Health and Children, with IPH Management Board (December 2005)

## Institute of Public Health in Ireland (IPH)

### Board Members 1998–2008

Prof Joe Barry (1998–2002), RCPI  
 Dr Desmond A Canavan (2001–2002), RCPI  
 Mr Eamon Corcoran (2002–2005), DoHC  
 Dr John Devlin (1998–2008), DoHC, Chair 2003–2008  
 Mr Andrew Elliott (2006–2008), DHSSPS  
 Mr Chris Fitzgerald (2005–2008), DoHC  
 Dr Fenton Howell (2002–2008), RCPI  
 Mrs Deirdre Kenny (2002–2006), DHSSPS  
 Dr Brian Keogh (1998–2000), RCPI, Chair 1998–2000  
 Dr Joe McKenna (1998–2002), RCPI  
 Dr Elizabeth Mitchell (1998–2008), DHSSPS, Chair 2001–2002  
 Mr Tom Power (1998–1999), DoHC  
 Dr Bill Smith (1998–2002), DHSSPS  
 Mr Noel Usher (2000–2002), DoHC  
 Dr Jane Wilde (1998–2008), IPH

Royal College of Physicians of Ireland (RCPI)  
 Department of Health and Children (DoHC)  
 Department of Health, Social Services and Public Safety (DHSSPS)

“By taking a broad view of public health and recognising the importance of public policy and the wider social determinants of health the Institute has helped shape the public health agenda, North and South. Its work has helped create relationships and networks, and ensure mutual benefits for people on both sides of the border. I am proud to have been a member of the Institute’s Board since its formation and look forward to the next 10 years!”

*Dr Elizabeth Mitchell, Deputy Chief Medical Officer, Department of Health, Social Services and Public Safety, Northern Ireland*

“Since its establishment the Institute has been an enabler for change on the island. The all-Ireland dimension has been skillfully used to push the boat out on a range of public health issues that would not otherwise be on the agenda. The 10 year all island mortality report remains the key document highlighting health inequalities in Ireland.”

*Prof Joe Barry, Department of Public Health and Primary Care, Trinity College Centre for Health Sciences*



## Introduction

This report is an account of our work in the Institute of Public Health in Ireland and how it has developed. Ten years ago our task was to create a new organisation and build the foundations for its future work.

The Institute has a unique role working across professions, sectors, organisations and jurisdictions. In our first ten years we have aimed to create broad coalitions of support for public health across the island.

Particular aspects of public health have captured our attention. Because social and economic inequalities in society generate health inequalities – and the loss of life and quality of life these bring - a central aim has been to raise awareness and support action for change.

We have worked with many partners to build trust, respect and cooperation across the Irish border and to bring mutual benefits and significant advantages from addressing common problems and issues together.

We have consistently advocated for healthy public policy and stronger action to protect the public's health and in this we have had great support from colleagues, North and South and this has been crucial to our development. We sincerely thank all who have helped us in countless ways.

Our work has been made possible by the help of the two Departments of Health and members of our Management Board. Many thanks to our support and programme staff and those who have worked with us in previous years. Their dedication to North South cooperation and excellence is at the core of our achievements. Special thanks to Leslie Boydell, Owen Metcalfe and Kevin Balanda who have provided leadership across our work.

Amartya Sen, the Nobel Prize winning economist talked of opening up the possibilities of a world where we can affirm our common identity without eliminating other loyalties. "A possible world" in which our minds and our work are not halved by borders. As our history on the island becomes a cause for hope, efforts at transforming relationships on the island must include efforts at transforming our health and creating healthier societies.

**Dr Jane Wilde**  
*IPH Chief Executive*



## The Institute of Public Health in Ireland explained





## The Institute of Public Health in Ireland explained

The spirit of cooperation generated with the signing of the Belfast Agreement in 1998, provided the backdrop for the establishment of an all-island body to address public health issues.

The idea was first put forward in a report prepared in 1996 by the Chief Medical Officers in both jurisdictions and its merit was recognised by both the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPS) and the Department of Health and Children in the Republic of Ireland (DoHC).

Recognising that a geographical border offers no protection against disease or ill-health and people on both sides face similar health risks the Institute of Public Health in Ireland (IPH) was subsequently established in 1998 as an all-Ireland organisation working to promote cooperation for public health between Northern Ireland and the Republic of Ireland.

### Governance

IPH is supported and receives funding from the Department of Health and Children in the Republic of Ireland and the Department of Health and Social Services and Public Safety in Northern Ireland. It is accountable to both Departments through its Management Board.

IPH was initially set up and housed within the Royal College of Physicians of Ireland. In 2002 the Institute's status changed to become a company limited by guarantee. Although IPH is not one of the 6 bodies established under the Belfast Agreement it carries out its work in close cooperation with the North South Ministerial Council.

During its first year of operation, the IPH consulted widely with people around the country and from all walks of life about the type of activities it should engage in. It looked at what was currently being done by other organisations so that it would not duplicate existing activity. It identified gaps that existed and examined ways it could add value to the public health agenda on the island.

Based on this and an analysis of the main public health challenges faced by people in Northern Ireland and the Republic of Ireland a programme of work was developed to support the implementation of national strategies.

### The Institute is unique for a number of reasons:

#### North South working

Firstly it was established at a time when there was a very tentative approach to North South working. Its establishment was historically and politically significant. As one of the few bodies with an all-island focus IPH plays a key role in realising and supporting the principles of cooperation, mutual respect and all-island working that underpin the Belfast Agreement.

IPH focuses on the health issues that are shared among the population of the island irrespective of where people live. Its aim is to foster cooperation and develop action which brings mutual benefit to people on both sides of the Irish border.

### A broad approach to public health

Secondly, it explained and advocated the importance of a broad approach to public health. Acknowledging that public health is about the promotion and protection of the health of the entire community the Institute took the decision to highlight the influence of social and economic factors on health: people's income, their living environment, their job, their lifestyle.

By adopting this approach concentrating on the social determinants of health, it opened up the debate beyond those directly involved in health services to other key stakeholders such as those involved in planning and design, business, education and community development. This was an important strategic decision at the time and one that has borne fruit over the years as the importance of the social determinants of health has become increasingly acknowledged and accepted internationally.

### Health inequalities

Finally, it championed the concept of health inequalities drawing attention to the fact that poor people experience poorer health. The fact that a person will suffer far greater health problems and die younger because of where they live, what they earn, what they can afford to eat, how educated they are and what they can afford to pay for, is fundamentally unfair and unjust. IPH maintained that health professionals have a key role but alone can do little about this and the problem needed to move on to the radar of those who devise economic and social policy.

These features of cross border and all-Ireland work, a broad approach to public health and a focus on health inequalities are threaded throughout IPH's work shaping its development and providing the overarching framework for its activities.

“ Since its creation, the Institute of Public Health (IPH) has made a major contribution to promoting cross border cooperation for public health. The work of IPH complements and informs work on health promotion which is being taken forward by the North South Ministerial Council (NSMC) in the Health area for cooperation.

Among its important achievements are the dissemination of health intelligence through the Ireland and Northern Ireland Population Health Observatory (INiPHO), the development of the all-Ireland Leadership Programme and the establishment of a Public Health Policy Centre that develops policy papers and analyses inequality issues.

Additionally the IPH has helped promote a number of collaborative ventures, such as the initiative to provide a mechanism for greater cooperation among researchers on ageing, which inputs significantly to policies and programmes to address public health issues.

We wish it continued success in the years to come in its quest to realise practical and mutual health benefits for all people on the island.”

*Tom Hanney and Mary Bunting, North South Ministerial Council, Joint Secretariat*

“ I am delighted to reflect on the ten years of achievement of the IPH. I was CMO at its inception and have watched it develop and provide a real focus for a number of very important initiatives, based on sound evidence, robust analysis and sharp recommendations. Its contribution to the National Anti-Poverty Strategy and Health Working Group which I chaired was immense and the ensuing report is a model of clarity and direction in a very complex area of public health action. The establishment of the Population Health Observatory is also novel and far seeing. The work undertaken on the looming diabetes epidemic provides evidence for the type of policy responses needed by governments to deal with this burgeoning public health problem. I look forward to the further success of the Institute in the years ahead. ”

*Dr Jim Kiely, Chief Medical Officer, Department of Health and Children, Ireland*

“ The Institute has carried out invaluable work in the field of public health over the last decade. In particular their contribution to the development of health intelligence, health impact assessment and public health leadership continues to provide world class resources for public health professionals across the island of Ireland with a legacy of improving health and reducing inequalities. ”

*Dr Michael McBride, Chief Medical Officer, Department of Health, Social Services and Public Safety, Northern Ireland*





Sir Michael Marmot, International Institute for Society and Health and University College, London, pictured with staff at IPH launch (November 1999)

### Aim of the Institute:

To promote North South cooperation for public health between Northern Ireland and the Republic of Ireland by working to influence public policies in favour of health and combat health inequalities.

This will be achieved through:

- strengthening the information and skills people need to work for improvements in the health of society
- developing and promoting an interdisciplinary and intersectoral way of working
- developing greater awareness of public health matters.

IPH Strategic Plan 2000-2003

### Public health challenges

People on both sides of the Irish border have experienced remarkable improvements in health and wellbeing in the last 50 years. Dramatic differences in childhood infections and falling death rates have lengthened life and improved child health. But many challenges remain.

Death rates from chronic diseases such as heart disease, respiratory disease and some cancers are higher than in many western European countries and recent surveys show that the health of children is threatened by high levels of smoking, unhealthy nutrition and dangerous levels of drinking. Data suggest that more than 300,000 children on the island are overweight or obese with the number rising at a rate of over 10,000 each year.

One in ten adults suffers from mental health problems and there is concern about the levels of suicide. Our ageing population means a frailer population with greater need for primary and community services.

In both parts of the island those who are poorer face a shorter and often poorer quality life than those who are better off.

“ Health is a key area for North – South relations because we are one island and patterns of disease are very similar. Health is not a politically threatening area and it makes extraordinary good sense to pool our resources. The IPH has some excellent people – their work, particularly with the PHO and Leadership training, has been excellent. It really is a pioneering body that works on all island benefits that has given practical and clear benefits to the public health agenda. ”

*Andy Pollak, Director, Centre for Cross Border Studies, and Secretary, Universities Ireland*



Mary Harney, Tánaiste and Minister for Health and Children, Department of Health and Children addressing the 8th International HIA Conference (October 2007)

## A strategic and systematic approach to public health

Analysis, consultation and reflection prompted IPH to adopt a highly strategic and systematic approach to public health - encouraging and enabling policy-makers and stakeholders to address public health and inequality issues in a very real and practical way that is mutually beneficial in both jurisdictions:

- through the generation of public health knowledge - data, evidence, information and research on the health of the population
- by creating awareness of public health through publications, conferences, lectures, journals, newspaper articles
- by working with policy and decision-makers to influence the development of policies, practice and programmes that maximise health and avoid harm particularly among more vulnerable people
- by encouraging partnerships and networks across professions, sectors, organisations, boundaries and jurisdictions allowing shared learning and shared approaches
- through enhancing public health capacity by increasing people's skills and capacity through leadership, the development of practical tools such as Health Impact Assessment and the Partnership Evaluation Tool and building data sources which are user-friendly and accessible to all organisations.

## In the press...

“ People on this island, North and South, are less healthy and die younger than anywhere else in Western Europe. In addition, the less well-off have the worst health and die even younger.

Traditional medical care can prolong survival after some serious diseases, but it is social and economic conditions that affect whether people become ill in the first place, according to IPH Director, Dr Jane Wilde. She said “To make health gains across a whole population, it is vital to address the various social determinants of health, such as environment, work conditions, unemployment, social cohesion, alcohol and diet”.

‘To improve health in a fundamental way, you have to work across many sectors, such as education, housing, the environment and even people’s basic economic well-being.’

The Institute of Public Health, in consultation with the two departments of health and other organisations, is concentrating on the large health inequalities common to both jurisdictions. Reducing the high rates of cardio-vascular disease and cancer among the less well-off is a key target. ”

*Irish Times, 2000 (by Muiris Houston)*

“Such a wealth of analysis and their focus on the disadvantaged has been incredible. No one has kept the spotlight on this more than the Institute. The *Inequalities in Mortality Report* was a seminal piece of work and I continuously use it to summarise the impact of poverty on health. Until it was put in the public domain, by a responsible body like the Institute of Public Health, people weren't aware of it. Up until then, public health was concerned with obvious things like smoking, salt, exercise. But the Institute has consistently kept the spotlight on poverty and health inequalities.”

*Dr Ruth Barrington, Chief Executive, Dublin Molecular Medicine Centre and formerly Chief Executive of the Health Research Board*

The next section illustrates these five strands which are explored in more detail in the latter part of the report.

### Ground breaking research

One of the Institute's first publications was the landmark 'Inequalities in Mortality: A report on All Ireland Mortality Data' looking at deaths on the island (North and South) over a 10 year period (1989 – 1999) and comparing the results with other countries in the EU. It was ground breaking for a number of reasons, not least as the first report since partition in 1921 examining health issues on an all-island basis.

The report was instrumental in drawing public attention to health inequalities and confirming the importance of social and economic determinants on people's health. It is still one of the most comprehensive all-island studies on health and continues to be used and cited extensively both here and abroad.

The Institute aims to provide up-to-date health information and data at both national and regional level which facilitates comparisons across the island and internationally. A key development has been the establishment of the Ireland and Northern Ireland Population Health Observatory (INiPHO).

### Creating awareness

Disseminating information in an accessible manner means more people can understand the issues surrounding public health and see how they relate to their own work. This dissemination takes many forms including the e-library available on the Institute's website, the quarterly newsletter, guest lectures, contributing to journals and periodicals and more general media outlets.

The Institute has worked hard to create a wider understanding about public health and health inequalities among many health professionals and others involved in economic and social development. All the research, reports, briefings and evaluations produced by the Institute are geared towards increasing knowledge, assisting evidence based policy-making and enabling policy-makers to make more informed decisions.

“ IPH has made an important contribution to public health by building collaboration and networks around key issues such as health inequalities and health intelligence. Its success in leading this all island cooperation has raised the profile of public health among a wide range of stakeholders. Its leadership programme has been innovative and of real benefit to many in leadership positions on the island. Its first ten years have brought many achievements and I wish the Institute continuing success over the next 10 years. ”

*Dr Anne-Marie Telford, Director of Public Health, Southern Health and Social Services Board*

### **Influencing government and local policy**

The Institute has sought over the years to strengthen public policy for health. A core element of its policy portfolio has been to ensure the needs of disadvantaged people are considered within policy-making processes. A number of approaches are used including: responding to government consultations, policy submissions and adding equity considerations into health impact assessment.

The production of policy papers and presentations to ministerial committees have highlighted the need for the development of new and innovative policies specific to the needs of people in poverty, such as those experiencing child poverty and fuel poverty.

As well as the Institute's involvement in policy-making, it has developed complementary work which supports policy implementation through supporting the evaluation of practical programmes and projects tackling health inequalities on the ground.

Institute staff have contributed expertise in tackling health inequalities and experience in all-island and cross border working to the development of national, regional and local policy. The Institute has been represented on a variety of national and international working or advisory groups in areas such as heart disease, cancer screening, Traveller's health and obesity.

Recently, it established a Public Health Policy Centre to strengthen this role. Over time the Centre will develop into a cutting edge think-tank in the field of public health, playing a key role in shaping and advising on policy.

### **Supporting networks and partnerships**

The Institute has consistently contributed to and developed a partnership approach to its work, and created and fostered networks in key areas. Its original research work has helped generate understanding of what makes partnerships work and how this can be improved. In addition to networks across the island, IPH has also been asked to join a number of international networks. These provide an opportunity to share knowledge and resources, to bring good practice to the island and to showcase Irish work internationally.





Launching 'Inequalities in Mortality 1988-1998' - Health Ministers, North and South, Bairbre de Brún, Department of Health, Social Services and Public Safety and Micheál Martin, Department of Health and Children (June 2001)

## Building skills and capacity

The Institute has developed a range of innovative training programmes. The Leadership Programme has had particular impact. It sought to develop a network of leaders on the island of Ireland as a force for change to build a healthier society. Over 100 people in key leadership positions in the community, public, and academic sectors have participated in this programme and it is highly regarded both by participants and organisations which have benefited from their employee's involvement.

The Institute has concentrated on developing user-friendly tools to assist policy-makers and practitioners in numerous different ways. For example, the Health Impact Assessment Tool allows policy-makers to assess the impact a proposed policy will have on the health of the population through the use of specifically designed methodology.

By assisting people build their skills and capacity, the Institute aims to create a 'ripple effect' whereby the resources and experience of the Institute are directed outwards to bring about change ensuring a healthier society for all.

## In the press...

“The food and drinks industries have a duty to help consumers make healthier choices, but the Government has an over-riding obligation to protect its citizen's health”, writes Dr. Jane Wilde. .... Government needs to show courage and leadership to challenge the worst excesses of the market and the emphasis on profit, which is often gained at the expense of people's health ... There is international recognition that a healthy population is a prerequisite for economic development as much as a by-product of prosperity. Investment in a common future is vital to create a healthy workforce. ”

*Irish Times , 10 January 2008 (by Dr. Jane Wilde)*

“The Institute of Public Health has called for more limits on the availability of alcohol. In its submission to the Government's Alcohol Advisory Group, it calls for an end to special promotions by supermarkets and laws on the minimum pricing of alcohol and for more to be done to stop teenagers under 18 being sold alcohol. ”

*Sunday Independent , 24 February 2008*

Sir Donald Acheson, former UK Chief Medical Officer, England and Chair of the UK's Independent Inquiry into inequalities in health, speaking at 'Creating Connections' (November 2004)



## At the heart of the Institute

At an early stage the Institute spent time establishing a strong vision, principles and values and these continue to underpin its work.

### Guiding principles:

In society the main determinants of health are people's social and economic circumstances. Policies to improve public health must therefore be directly linked to social and economic policy.

The reduction of inequalities is essential to improving the health of society. It is also a matter of social justice.

Partnership between government and the statutory and community sector at national and local level is vital for public health.

Respecting the views and concerns of individuals and community groups is essential to the planning and implementation of public health policies and programmes.

IPH Strategic Plan 2000-2003

“ Since its formation the IPH has led cooperation for public health on the island, and its contribution to building networks around public health issues such as diabetes, health impact assessment and health inequalities has been particularly welcome. It has made an important contribution to creating a stronger voice for public health on the island. ”

*Dr Pat Doorley, National Director of Population Health, Health Service Executive*

“ The idea of an all island Institute of Public Health was the best idea I ever had. ”

*Sir Donald Acheson, Chair of the UK Independent Committee on Health Inequalities*

IPH Staff 2007



## IPH Values

### Maximum appropriate involvement

- having clearly identified roles and relationships
- providing opportunities for all to be involved in planning, implementing and reviewing the work of the Institute without letting this cause undue delays
- good planning
- working as a team

### Excellence

- doing the best we can
- developing standards and monitoring our performance against these
- seeking and accepting help from others and giving help to others both within the Institute and externally
- taking on only as much work as we can carry out to the standards we have set ourselves
- keeping up-to date
- developing individual development plans and working towards achieving them
- building on our strengths individually and as an organisation

### Principled action

- speaking up for what we believe in, internally and externally
- creating impact and effecting social change
- checking with colleagues before taking actions which may have significant implications for the Institute
- being committed to seeing things through, even when the going gets tough

### Respect

- making space and time to listen to each other
- taking care of and looking out for each other
- being courteous, always
- recognising the impact of what we do and say to each other
- recognising and valuing diversity amongst individuals and cultures
- respecting the environment
- embracing and appreciating difference

### Trust

- creating an environment that supports open and honest communication
- allowing risks to be taken and providing a safe environment for lessons to be learnt
- everyone taking responsibility for their actions
- being reliable
- delegating
- assuming the best



Launch of *Inequalities in Mortality 1988-1998*, Easons Bookshop, Dublin (June 2001)

## The practical benefits of cooperation

The Institute's all-island approach is not only about a unique feature or characteristic. It is also about a mind-set and a way of working. The Institute is a model of how things can be organised and achieved to promote North South cooperation. It is driven fundamentally by a desire to contribute to mutually beneficial and practical outcomes in health.

It is also conscious of the way in which cross border and all-island working can contribute to peace and harmony on the island. By concentrating on commonalities and working together, the Institute is putting its own building block into the wall of lasting peace.

The work presents important challenges. Some are related to logistics but with an office established in both Belfast and Dublin and maximum use of technology, the Institute manages these successfully.

The difficulty of working with two health and social care systems operating within two separate jurisdictions is one that is faced on a daily basis. Both services with their accompanying infrastructure and systems have strengths and weaknesses.

Over the years, a significant amount of learning exchange has taken place with the Institute facilitating criss-crossing at policy and practitioner level. This has helped identify common issues, learn from differences and flag-up good practices in an attempt to reproduce them throughout the island.

North South cooperation makes sense from an economic point of view. Having two separate approaches to the same problem or issue can mean double the cost. The aim is to contribute to the national strategies and priorities in both jurisdictions and create learning and efficiency through activities such as:

- generating comparative data relating to ill-health and disease covering the entire island, for example, diabetes prevalence reports produced by Ireland and Northern Ireland's Population Health Observatory (INIsPHO)
- carrying out research on particular public health issues common to both jurisdictions, for example, survey of social capital and perceived health
- developing tools such as Health Impact Assessment or the Partnership Evaluation Tool so that they can be used in either jurisdiction
- establishing cross border networks such as the Leadership Network, the Men's Health Forum or the Public Health Alliance to exchange good practice.

Decisions on what direction the work should take is both strategic and opportunistic – the former a result of identifying needs, responding to that need for example, health impact assessment or the establishment of a population health observatory, and putting in place a programme which is built on and consolidated over the years. The latter is a more flexible response to influence the policy agenda when the opportunity arises for example, working to incorporate health equality targets into governments' anti-poverty strategies.

Niall Crowley, Equality Authority, speaking at Action for Equity (October 2006)



## In the press...

“Factors such as income, employment opportunities and where you live can have a huge impact on people’s ability to fight illness, a cross border conference is to hear. The conference ‘Creating Health Alliances – Reducing Health Inequalities’, will discuss how bodies on both sides of the border can work together to create the conditions for healthy living ... The conference is being organised jointly by the North South Health Services Partnership and the Institute of Public Health in Ireland.”

*BBC News Online, 18 May 2004*

## Why health inequalities matter

Since it has been established, IPH has led work to highlight the importance of health inequalities throughout the island. Poor people experience poorer health and are more likely to die younger than those who are wealthy - facts established through international research and research undertaken by the Institute.

While age, gender and genetics are important, people’s economic and social circumstances - their background, income, education, environment, living and working conditions, and their housing are key in determining their health outcomes.

The appalling gap in the health experience between the richest and the poorest in society, and the evidence that health deteriorates at all steps of the social ladder seems to be especially acute in Ireland compared to other developed countries.

IPH believes it is a great injustice that so many people are condemned to poor health because of where they live or how much they earn. Tackling the root causes of poverty and inequality is absolutely central to improving health.

The challenge is to generate this understanding and stimulate a societal response. IPH therefore strives to engage with people outside the traditional public health professions including social and economic policy-makers, people in the building trade, environmental agencies and social inclusion organisations.

IPH is working to instil a wider awareness about health inequalities in the mind-set of these organisations and individuals so that when a policy or proposal is being developed, they will consider the impact it will have on the health of the public and, in particular, vulnerable groups.

“The Institute of Public Health has brought a valuable focus on equality and health status. This theme is crucial to ensure quality health services for all. The capacity for the Institute to bring a North/South focus to this theme is particularly valuable given the range of experience and approaches in promoting equality in both jurisdictions.”

*Niall Crowley, Chief Executive Officer, Equality Authority*

## Building healthier societies

For 10 years now, the Institute has been growing and developing in scope, size and influence. IPH's work in championing a broader public health agenda, highlighting the effects of health inequalities and leading the way on an all-island approach to public health issues has made significant strides.

A key role is that of facilitator – crossing borders and organisational boundaries, bringing people from different regions, disciplines and sectors together in a joint effort to improve the health of the public.

The following parts of the report highlight some of IPH's key achievements in efforts to achieve better health outcomes for all the people of the island.

“ For people at the community level, the Institute research really adds rigour to our work. I am thinking of, for example, the social capital work. It provides a strong evidence base supporting the importance of the community in being involved in the health agenda. The Health Impact Assessment training has also helped people on the ground look at the impacts different policies and processes are having on the health of their community.

Finally, the work done by the IPH on partnerships has helped community people understand a little more about how they work which has contributed to moving this debate forward.”

*Barbary Cook, Director, Community Development and Health Network*

## In the press...

“ But never, ever mention in public that more than 5,000 people die here every year because of inequality and deprivation. This is 14 times the number of people killed on the roads, about 2,000 more per year than were killed in the entire 25 years of the conflict in Northern Ireland; nearly 75 times the number of murders ... This information comes from the Institute of Public Health, which published its seminal report some years ago: *Inequalities in Mortality*, on the basis of which the Director of the Health Research Board, Ruth Barrington, has made the calculation about 5,400 plus premature deaths every year because of the huge inequality that pertains in Irish society.”






*Irish Times, Why Being Poor Can Kill You by Vincent Browne, 19 February 2008*

Ten years at a glance



# 10

## Years at a glance

1998	1999	2000	2001	2002	2003
 <p>1998: The Institute of Public Health in Ireland (IPH) is established and initially housed in the Royal College of Physicians of Ireland, Dublin.</p>	 <p>1999: IPH is officially launched along with its 2000–2003 Strategic Plan. Professor Sir Michael Marmot, the internationally acclaimed expert in health inequalities gives the keynote address.</p> <p>1999: IPH's work on health partnerships begins with the first community and statutory sector workshops being held in Dublin Castle.</p>	 <p>2000: Belfast office opened.</p> <p>2000: Health Ministers recognise the importance of partnership working in improving health. They support the first IPH 'Partnership for Health' conference.</p> <p>2000: IPH presents its work to Health Ministers at the second North South Ministerial Council's Health Sector meeting.</p> <p>2000: David Byrne, European Commissioner, highlights valuable role of IPH at round table event in Dublin and discussion of Public Health in Europe report.</p>	 <p>2001: Health Ministers launch ground breaking report produced by IPH, entitled 'Inequalities in Mortality 1989 – 1998: A Report on All-Ireland Mortality Data'. Instrumental in drawing attention to health inequalities, the report confirms the importance of social and economic determinants on people's health.</p> <p>2001: First seminar on Health Impact Assessment is held in October following a scoping study.</p>	 <p>2002: Launch of Public Health Alliance Ireland (PHAI), in Ballymun.</p> <p>2002: Public Health Leadership Programme is launched aimed at creating a network of public health leaders on the island.</p> <p>2002: IPH responds to widespread interest in the concept of social capital producing first North South report examining its relationship to aspects of perceived health, including mental health.</p> <p>2002: IPH facilitates the Working Group set up to develop health aspects of the National Anti-Poverty Strategy and publishes its first report related to the setting of new inequality targets entitled 'Giving people a say on poverty and health'.</p>	

### Historic timelines:

- 1998: The Belfast Agreement
- 2001: 'Quality and Fairness: A Health System for You' Strategy launched in Republic of Ireland.
- 2002: Investing for Health Strategy launched in Northern Ireland.
- 2004: 'Health Information: A National Strategy' launched in the Republic of Ireland.
- 2004: Irish Presidency of the EU – 1 January to 30 June.
- 2005: UK Presidency of the EU – 1 July to 31 December.
- 2005: Health Service Executive (HSE) established in the Republic of Ireland following a review of the previous Health Boards.
- 2005: Smoke-free workplaces introduced in the Republic of Ireland.
- 2006: Ireland, North and South is officially smoke-free following the introduction of smoke-free legislation in Northern Ireland.
- 2007: Return of devolution in Northern Ireland. Northern Ireland Assembly returns to Stormont on 8 May.
- 2008: Health Minister proposes new Regional Public Health Agency as part of review of all public administration in Northern Ireland.





2003

2004

2005

2006

2007

2008

2003: Now a company limited by guarantee (2002), IPH moves into new offices in Bishop's Square in Dublin.

2003: Research and Development Office (NI) grant - New Targeting Social Need awarded to IPH to research the impact of partnerships.

2003: IPH Director gives keynote address to the first 'Investing for Health' conference, a significant event linked to the health strategy in Northern Ireland.

2004: First All-Ireland Public Health Alliance conference addressed by Former Irish President Mary Robinson. 'Creating Connections - health inequalities on the island of Ireland an agenda for change!' took place in Maynooth.

2004: Over 150 people attend a stakeholder meeting to assess and plan for an all-island health observatory. Ireland and Northern Ireland's Population Health Observatory (INISPHO) is established.

2005: 'National Conference on Travellers' Health - Primary Health Care, a model of good practice for Travellers' health' in Dublin draws on IPH's work on the design of the all-Ireland Traveller Health Study.

2005: A joint report published by IPH and the National Council on Ageing and Older People is published. 'One Island - Two Systems' is a comparison of health status and health and social service use by community-dwelling older people in the Republic of Ireland and Northern Ireland.

2006: Launch in Armagh Observatory of INISPHO edata website making existing health related data such as the national public health information system (PHIS) widely available.

2006: Influential report on the prevalence of diabetes on the island is published entitled 'Making Diabetes Count: a systematic approach to estimating population prevalence on the island of Ireland in 2005'.

2006: Former Director General of the World Health Organization, Dr Gro Harlem Brundtland calls for investment in health as an important prerequisite for economic development at IPH conference 'Action For Equity' jointly organised with: Combat Poverty Agency, the Equality Commission for Northern Ireland, the Equality Authority, the Northern Ireland Human Rights Commission, the Irish Human Rights Commission and the Public Health Alliance.

2006: Providing better health information through cooperation is the focus at the Inaugural All-Ireland Health Intelligence Conference. Held in Dublin by IPH and partners: the Department of Health and Children, Department of Health, Social Services and Public Safety, Health Information and Quality Authority, Research and Development Office, Health Service Executive and the Health Research Board.

2007: A new Northern Ireland Centre of Excellence for Public Health Research is being established at Queen's University Belfast in partnership with IPH and others. The venture has been awarded £5m. The HRB National Research Centre for Diet, Obesity and Diabetes is to be established between UCC and UCD and will be closely linked with IPH.

2007: Improving the lives of older people in Ireland is the focus of the newly established Centre for Ageing Research and Development in Ireland (CARDI). Housed within IPH, CARDI aims to bring together all the various strands of research being done across the island on ageing.

2007: Health minister pledges support for IPH and its work at the highly acclaimed HIA International Conference held in Dublin Castle.

2007: Partnership Evaluation Tool (PET) and publications help monitor the development of partnerships and assist in identifying impacts of partnership working.

2007: IPH extends its role in public policy with the establishment of a new Public Health Policy Centre. First report 'All-Ireland Policy Paper on Fuel Poverty and Health' is published in December.

“ The work of the IPH is absolutely key to health intelligence. It has played a significant role in raising awareness of what health intelligence is and how it can be used. It will become even more important as the quality and safety agenda in health services is now coming to the fore. The Institute has faced challenges embedding their outputs into health policy and practice because of the health information systems that are currently in place. But things are changing and we are moving towards a health information system that can produce consistent, accessible and accurate data. As that is happening, the IPH will come more and more into their own over the next few years creating a strong platform for effective health policy and planning. ”

*Dr. Tracey Cooper, Chief Executive, Health Information and Quality Authority*



**The Institute of Public Health in Ireland**  
*Working for the health of the people of the island of Ireland*

5th Floor, Bishop's Square, Redmond's Hill, Dublin 7, Ireland    Tel: +353-1-478 6300    Fax: +353-1-478 6319  
Forestrview, Purdy's Lane, Belfast BT8 7ZX, Northern Ireland    Tel: +44-28-9064 8494    Fax: +44-28-9064 6604

A blurred photograph of people in a meeting. In the foreground, a person's hands are visible, holding a pen and writing in a notebook. The background shows other people seated at a table, but they are out of focus. The overall scene suggests a collaborative work environment.

## The work of the Institute

### Generating public health knowledge



Members of IPH Management Board, Dr Fenton Howell, Deirdre Kenny and Chris Fitzgerald with INIsPHO Director, Kevin Balanda at Armagh Observatory (January 2006)

## Generating public health knowledge

In the broad field of public health different types of knowledge are needed. Better public health outcomes depend on this. The availability of up-to-date knowledge and accessible information is central to the development of effective policy and practice. The Institute has sought over the last ten years to address the public health information and knowledge deficit in a number of ways:

- by putting in place a system that would collate the different sources of health data (numerical and non-numerical), process and package them in a coherent way and actively work to disseminate this information to relevant audiences
- by working to create an interface between policy-makers, practitioners, researchers and evaluators and the community through the creation of networks and partnerships
- by carrying out its own research on an all-island basis where gaps and needs have been identified.

Public health research is often conducted by various bodies in isolation of each other each with their own particular objective. Ireland and Northern Ireland's Population Health Observatory (INIsPHO) is a central piece of the Institute's infrastructure that aims to redress this. It is linked to other observatories operating throughout the UK and Europe.

INIsPHO takes disparate pieces of research - data sets, reports, evaluations - and processes them in a way that gives the information a certain coherence and makes retrieval of information easier and accessible for relevant audiences across the island. Its primary roles are the generation of health intelligence or health information and its use to inform and underpin effective health planning, policies and practices.

IPH is also regularly commissioned to carry out evaluations of public health interventions, examples of these are highlighted below.

IPH conducts its own research when a gap is identified. It strives to conduct this research on an all-Ireland basis where possible highlighting issues common to the entire island. This research provides necessary information to policy-makers assisting them to plan more effective and targeted services.

IPH also works with government and other key information and research agencies to develop the research and information infrastructure that would support the provision of this information.

“ The IPH has provided a focus for public health on the island of Ireland. It has supported and worked actively to promote production of All Ireland Health data in a usable format. ”

*Dr. Anna Gavin, Director, Northern Ireland Cancer Registry, Queen's University Belfast*



Launching 'Making Diabetes Count' - Dr Paula Kilbane, Chair of INsPHO Advisory Group and Chief Executive, Eastern Health and Social Services Board and Directors of Public Health, Dr William McConnell, and Dr Anne-Marie Telford (June 2006)

## Featured Work 1

### Diabetes Prevalence Model

Diabetes is a condition that causes significant death and illness if not properly diagnosed and managed. The number of people with diabetes on the island is expected to increase because our population is growing, it is ageing and obesity rates are rising.

Prior to the work done by INsPHO there was no agreed method for estimating the number of people on the island, North or South, who have diabetes. Such estimates are critical for the development of national diabetes strategies and the planning and delivery of diabetes prevention and care services.

Working from a model developed in England which allowed researchers to estimate the future prevalence of diabetes INsPHO adapted the model for use here. This has resulted in an ability to estimate the extent of the condition (diagnosed and undiagnosed) now as well as in the future, based on population projections and various scenarios. The population prevalence estimates are available at national and sub-national level, broken down by sex, age and ethnic origin.

The information is sourced from the Northern Ireland Statistics and Research Agency and in the Republic of Ireland, from the Information Management Unit, Department of Health and Children and the Central Statistics Office. The work was overseen by the Irish Diabetes Prevalence Working Group established by INsPHO. This is the first time that representatives from charities, key professional organisations, and government agencies have come together to look at this issue on the island.

The launch of the first report of the Irish Diabetes Prevalence Working Group, entitled 'Making Diabetes Count' took place in 2006 with a further report entitled 'Making Diabetes Count: What does the Future Hold?' in 2007.

The 2007 report forecasts that the population prevalence of diabetes in adults in 2015 will be 6.3 per cent (84,226 adults) in Northern Ireland and 5.6 per cent (193,944 adults) in the Republic of Ireland.

These prevalence estimates and forecasts are making a significant contribution to improving the prevention and treatment of diabetes on the island. The report also highlights a number of issues relating to the availability of data, and recommends comprehensive all-Ireland systems for monitoring the prevalence of overweight and obesity. This work is now being extended in both jurisdictions to estimate and forecast the population prevalence of other chronic conditions.

## Featured Work 2

### Health impact of the built environment

Health Impact Assessment (HIA) is the process by which a policy, strategy or action is examined to determine what impact it will have on the health and well-being of the general population or different population groups. It is an approach that has been developing internationally over the past 10 to 15 years.

The Institute advised on the inclusion of HIA in national health policy. Consequently, health strategies developed by government departments in the North and South made commitments to develop methodology to assist in identifying and evaluating the health impacts of new policy developments.

To aid this process and add to knowledge about the impact of our social environment on health the Institute has produced a series of reviews. In 2006 it produced a review illustrating how the built environment impacts on health. The report shows, for example, that children and older people living in deprived socio-economic communities are especially vulnerable to the influence of the built environment.

Exposure to poor quality housing, high density traffic and poor access to green spaces contributes to a wide range of health problems.

The report draws on findings from diverse sources and highlights some of the pathways through which the built environment affects health. It provides evidence of growing recognition that the leading causes of illness and death including heart disease and cancer, respiratory disease and injury may all be exacerbated by elements in the built environment which contribute to sedentary lifestyles and harmful environments.

In addition, planning policies may be resulting in fragmentation making it difficult to sustain social networks and social support. The report establishes the inextricable links between place and health, and shows there is a need for greater dialogue between public health professionals, planners and the public.

The report continues to be widely acknowledged as an important contribution and welcomed by planners, community groups, policy-makers and practitioners.

“ The IPH is transforming public health and practice in Ireland and the health intelligence work has highlighted the scale of health inequalities related to social exclusion in Ireland and has provided a critical evidence base for public policy. Ongoing work documenting the scale of the diabetes epidemic is guiding health system policy in the control of this condition. ”

*Prof Ivan Perry, Department of Epidemiology and Public Health, University College Cork*



Launching 'Health impacts of the built environment' – Prof Richard Jackson, former Director National Center for Environmental Health CDC with Claire Higgins and Teresa Lavin, IPH (July 2006)

## Other work at a glance

***Inequalities in Mortality 1989 – 1998: a Report on All-Ireland Mortality Data (2001).*** A landmark piece of research looking at deaths on the island (North and South) over a 10 year period (1989 – 1999) and comparing the results with other countries in the EU.

***Inequalities in Perceived Health:*** A report on the All-Ireland Social Capital and Health Survey (2003). This is the first report in Ireland, North or South, which measures and identifies systematically the connections between perceived health and an extensive range of demographic and socio-economic characteristics, lifestyle behaviours and social capital.

***Unequal at Birth: Inequalities in the Occurrence of Low Birthweight Babies in Ireland (2005):*** This report was commissioned by the Department of Health and Children to quantify and assess the effect of socio-economic status on low birthweight in Ireland and consider these findings in light of the Government's anti-poverty target. It provides a critical exploration of the relationship between socio-economic status and low birthweight and reviews the evidence of what works in reducing inequalities in the occurrence of low birthweight.

***Health Impact Assessment Briefings:*** These have made an important contribution to evidence which has helped increase knowledge and awareness of how policies and programmes can impact on health. These include: 'Health Impacts of Transport'; 'Health Impacts of Employment' and 'Health Impacts of the Built Environment'.

***Health Poverty Index:*** Health Poverty Indices (HPI) measure the health inequalities of a population at local and regional level reflecting the socio-economic factors involved in the generation of health and ill-health. A model for HPI was developed in England and work is now underway in the Observatory to adopt this model for application on this island.

***Evaluations:*** The quality of IPH's work, knowledge of public health and health inequalities and collaborative way of working have led to it being commissioned to carry out evaluations of a wide range of different interventions including:

- 'The Evaluation of Healthy Living Centres' – an evaluation of the Big Lottery's Healthy Living Centre programme, consisting of 19 Healthy Living Centres in Northern Ireland, commissioned by the Department of Health, Social Services and Public Safety (DHSSPS).
- 'Engaging communities: an evaluation of a community development model for tackling rural fuel poverty' – Armagh and Dungannon Health Action Zone (ADHAZ) instigated a pilot programme in 2000 to establish a model for tackling energy efficiency in a rural context. The project involved the installation of central heating systems and other energy efficiency measures in homes in the area. The Institute evaluated the project in 2002.

## Other work at a glance (continued)

- 'Decent Food for All' Programme - IPH has conducted research and evaluation of the 'Decent Food for All' (DFfA) programme, a four year partnership based programme committed to addressing food poverty led by the Armagh and Dungannon Health Action Zone. Three preliminary reports have been produced for the funding body, the Food Safety Promotion Board, and a final report will be published.

**Youth Suicide Evidence – a Briefing:** This briefing reviews the effectiveness of preventative strategies for youth suicide and suicidal behaviour across Britain and Ireland, drawing on existing evidence. It was produced jointly between IPH and the Health Development Agency in England.

**A Framework for the Evaluation of the Northern Ireland Suicide Strategy:** A framework for the evaluation of the Northern Ireland Suicide Strategy for the Department of Health, Social Services and Public Safety.

## In the press...



### Work to cut rate of suicide needed.

More intervention work is needed to prevent the high rate of youth suicide in Ireland, a new report by health experts has warned. The report on youth suicide prevention, which is being launched today in Belfast, identifies a number of key risk factors which are fundamental to developing future youth suicide prevention programmes. A shared initiative between the Health Development Agency (HDA) in England, the Institute of Public Health in Ireland and Programme for Action for Children in Ireland, the report highlights the importance of targeting social policies to help young people particularly at risk of suicide. Dr Philip Crowley, one of the authors of the report, said socio-economic factors have to be addressed to reduce the high suicide rate.



*Irish News, 19 October 2004*



## The work of the Institute

Creating awareness and disseminating information





Dermot Ahern TD, Minister for Foreign Affairs and Paul Goggins MP, Minister of State, Northern Ireland with Dr Jane Wilde and Owen Metcalfe at Action for Equity (October 2006)

## Creating awareness and disseminating information

Creating awareness about public health issues and health inequalities and the factors affecting both has been a feature of the Institute's work over the past decade. While it is a natural by-product of the research, partnership, policy and capacity building work, the Institute also undertakes specific actions such as:

- organising conferences and seminars
- guest-speaking at conferences
- articles in specific health related journals and periodicals
- articles in more general publications such as newspapers, magazines
- general media interviews
- maintaining an up-to-date website
- regular publication of the e-newsletter 'Public Health News in Ireland'.

The Institute has also developed systems to increase awareness of and access to public health knowledge relevant to policy and practice. Mainly carried out under the umbrella of INIsPHO these include web based tools such as the All-Ireland electronic Health Library (AieHL), the INIsPHO data system and the All Ireland Inventory of Health Data. These tools support collation, dissemination and analysis of information on health issues including health inequalities.

### In the press...

“ **Malaria and TB deaths could be cut by half – former WHO DG.** Within the next decade there is a realistic chance of cutting the number of global deaths from malaria, TB and vaccine-preventable disease by half, a former Director General of the World Health Organization told the Action for Equity Conference in Louth last week.... She added: “Today, public health challenges are no longer just local, national or regional. They are global. They are among the key challenges to our societies. They are political, economical and cross-sectoral. They are intimately linked to environment and development.”

*Medicine Weekly, 25 October 2006*



Dr Gro Harlem Brundtland, former Norwegian Prime Minister and former WHO Director General and Prof Monica McWilliams, Chief Commissioner, Northern Ireland Human Rights Commission speaking at Action for Equity (October 2006)

## Featured Work 1

### Action for Equity Conference

The Action for Equity Conference held in 2006 in Carlingford, Co. Louth was a memorable event for IPH. Although it was only one of many conferences held over the years, it stands out because it began the process of exploring the relationship between public health, equality and human rights.

The aim of the conference was to stimulate debate and promote action on equity and health. It was supported by the following organisations: Northern Ireland Human Rights Commission, Irish Human Rights Commission, Equality Commission for Northern Ireland, the Equality Authority in the Republic of Ireland, Combat Poverty Agency and the Public Health Alliance.

It brought together people from very many different disciplines ensuring a diverse range of experienced voices to examine ways to reduce health inequalities. The conference also had a strong international flavour led by the former Norwegian Prime Minister and WHO Director General, Dr Gro Harlem Brundtland. Speaking on the importance of global public health challenges and referring to her time as Chair of the World Commission on Environment and Development (Brundtland Commission) and as Chair of the WHO Commission on Macroeconomics and Public Health, she highlighted the importance of making strong and robust economic arguments, in which the market is made to serve global interests such as sustainable development and public health.

The first session looked at 'Globalisation and Human Rights – their Importance in Human Health' and was opened by Professor Monica McWilliams, Chief Commissioner for Human Rights in Northern Ireland and former Member of the Legislative Assembly in Northern Ireland.

Other sessions explored wider issues of health and equality – the contribution population health gains can make to economic and social life; the pursuit of equity within the health services; how health inequalities manifest themselves and are being addressed across Europe and in the wider international community; and developing policy competence.

Speakers were leading experts in their field and alternated between presentations, workshops and drama. Ministers from both jurisdictions spoke in support of the conference – Dermot Ahern, Minister for Foreign Affairs in the Republic of Ireland and Paul Goggins, Parliamentary Under Secretary of State, Northern Ireland.

Gerdette Doyle, Chartered Institute of Library and Information Professionals in Ireland, Dr David Stewart, Director of Public Health (EHSSB) and John Gray, Linen Hall Library with INIsPHO Director, Dr Kevin Balanda and Dr Jane Wilde, launching the All-Ireland electronic library for population health (March 2006)



## Featured Work 2

### The All-Ireland electronic Health Library (AleHL)

Being informed and having up-to-date knowledge is central to the development and implementation of effective health policies and services.

The All-Ireland electronic Health Library has been developed to capture knowledge accumulated by policy-makers and practitioners, it is the first of its kind on the island. It allows people to retrieve information from a single search engine on any health related topic from a variety of sources.

Health related information is distributed and held across different organisations, different locations and processed in many different ways. Managing this knowledge for everyone's benefit is a daunting challenge and was a central theme in the Review of the Public Health Function in Northern Ireland and the National Health Information Strategy in the Republic of Ireland.

IPH stepped forward to take on this challenge in partnership with other key organisations and was the driving force in setting up the AleHL. It is an on-line library of a number of member websites with each member website involved agreeing to store their vast array of information in a standardised way that allows it to be easily accessed and retrieved.

Each of the members' websites are linked in such a way that allows the visitor to access any of the member websites and simultaneously search all or some of the other websites using a single search engine. The current members of the AleHL are:

- Archive of Irish Health Publications (HSE)
- Healthdata (HSE)
- INIsPHO
- Institute of Public Health in Ireland's e-library
- National Documentation Centre on Drug Use (Health Research Board)
- Wellnet (Investing for Health, Eastern Health and Social Services Board).

The AleHL is a relatively new development but already people are recognising its potential. The information is available to anyone who ventures onto one of the member websites but, more importantly, is accessible to people from different backgrounds: policy workers, community groups, health practitioners.

Demand to join the Library is strong and IPH is working with a number of other organisations to standardise their information and provide the facility to link websites.



Cecilia Forrestal of Community Action Network speaking at Action for Equity (October 2006)

## Other work at a glance

**Institute of Public Health Website:** Technology as a way of accessing and disseminating information is becoming increasingly important as the century progresses.

IPH wants to encourage communication and information sharing among organisations in the field of public health and health inequalities. One of the key objectives is to create a central portal for health information in Ireland, accessible for all through the IPH website [www.publichealth.ie](http://www.publichealth.ie)

IPH aims to ensure the Institute's website and linked INIsPHO website meet the rapidly changing technology driven environment in which we now live.

The website is tagged with the 'Public Health Resource Tag Encoding Scheme' meaning it meets all the relevant Government standards required with regard to (a) its methods of classifying information and (b) the ease with which it can interface with external websites (termed 'interoperability'). It also meets the criteria set down by the World Wide Web Consortium (W3C) ensuring it is user friendly and meets best practice standards.

Besides its advanced access capabilities, the website has a number of key features:

- it can allow other organisations to post events or information on the website. Any organisation can send their information directly to the site monitored and managed by IPH
- it can send the latest news, events or information direct to a PC, laptop or mobile phone through what is termed an 'RSS feed'. This is an automatic and immediate way of communicating to people, once they have registered their interest on the site.

**Public Health News in Ireland Newsletter:** a quarterly e-publication available from the IPH website that provides a brief update on IPH related activities and other relevant public health information.

**Journals and Periodicals:** IPH staff are regularly asked to submit articles to relevant periodicals and journals.

**Summer School:** Initiated by Dr Elizabeth Keane, Southern Health Board, and Prof Ivan Perry, University College Cork, IPH joined with these partners to run the Cork Population Health Summer Schools, an opportunity for different disciplines to consider new challenges in public health.

**Workshops:** Workshops and round table meetings have been held on topics such as sustainable development (with Northern Ireland Environment Link and the Public Health Alliance) and corporate social responsibility (with Business in the Community).

**Conferences:** To increase awareness, facilitate exchange of good practice and encourage and enable the development of relevant networks across the island IPH has planned and organised 27 conferences on a range of relevant public health issues.



Facilitating Partnership Conference in June 2000 - Prof Joe Barry, Trinity College Dublin with Marie Abbott, Voluntary and Community Unit, Department for Social Development (NI).

## Conferences

### **New Horizons in Public Health**

23 - 24 November 1999

Dublin

Celebratory conference to mark the end of the millennium and look forward to new challenges in public health. Provided a historical perspective, information and debate on policies and explored new ways of working in public health. Opening address given by Mr Brian Cowen TD, Minister for Health and Children.

Organising partners:

Royal College of Physicians in Ireland

Faculty of Public Health Medicine

Northern Ireland Faculty Affairs Committee

---

### **Multisectoral Partnerships**

9 December 1999

Dublin

Series of workshops and plenaries to identify barriers to working in partnership and approaches to overcoming them based on participants' experience. This meeting utilized a storytelling framework to give insight into partnership work and led to the publication of the Partnership Framework: a model for partnerships for health.

---

### **Partnerships for Health Conference**

15 - 16 June 2000

Belfast

Considered the importance of strengthening partnerships to improve the health of society and drew on models including social partnership.

Speakers included: Niall Crowley, CEO, Equality Authority, Professor Ken Judge, University of Kent, Avila Kilmurray, Director, Northern Ireland Voluntary Trust and Thomas Rice, Interaction Institute for Social Change, Boston, USA.

---

### **Public Health in Europe – the Irish Connection**

17 November 2000

Dublin

Identifying the need for stronger links with Europe and the importance of European public health. Included a focus group and workshops to identify priority areas.

Speakers included: David Byrne, European Commission for Health and Consumer Protection 1999-2004 and Dr Richard Alderslade, World Health Organization, Regional Office for Europe.

---



Population Health Summer School organisers, Dr Elizabeth Keane, Health Service Executive South, Prof Ivan Perry, University College Cork with guest speaker Dr Mary Black, UNICEF staff member and School of Public Health, Belgrade and Jane Wilde (September 2005)

---

### Setting Health Targets for the National Anti-Poverty Strategy

25 January 2001

Dr Steevens Hospital, Dublin

A community conference which involved social partners in identifying links between poverty and health and sought views on health targets.

Organising partner:

Combat Poverty Agency

---

### Health Impact Assessment – an introduction

4 October 2001

Belfast

Aimed at introducing participants to Health Impact Assessment (HIA) and its value in contributing to healthier public policies. IPH presented first scoping study of HIA on the island.

Speakers included: Erica Ison, Health Impact Assessment Consultant

---

### Leadership for Building a Healthy Society

21 - 22 January 2002

Dublin

Conference to launch the Leadership for Building a Healthy Society programme and launched by Mary Hanafin, Minister of State for Health and Children. The programme and annual conferences were facilitated by Anne McMurray.

---

### Inaugural Population Health Summer School – Determinants of Population Health: Nature or Nurture?

6 - 8 June 2002

University College Cork

1st Population health summer school.

Speakers included: Dr Harry Comber, National Cancer Registry, Professor Alun Evans, Queen's University Belfast and Rabbi Julia Neuberger, Chief Executive, King's Fund.

Organising partners:

Department of Epidemiology and Public Health, University College, Cork

Southern Health Board (Ireland)

---

### Leadership for Building a Healthy Society

21 - 22 January 2003

Dublin

Conference marking the completion of the programme by the first group of participants and publication of 'Reflecting Leadership', a book written by participants about experiences of leadership.

Speakers included: Dr Helen Bamber, former Director of the Medical Foundation for the Care of Victims of Torture.

---

### **Health Impact Assessment Conference**

8 July 2003

Dublin Castle

Conference organised with Department of Health and Children and aimed at raising cross-sectoral awareness of HIA. Attendees debated the implications of HIA for work in their area. Officially opened by Minister for Health and Children, Mr Micheál Martin.

Speakers included: Professor Jayne Parry, University of Birmingham, Dr Bosse Petterson, National Institute of Public Health, Sweden and Mr John Martin, Department of Environment and Local Government.

---

### **2nd Population Health Summer School – Determinants of Population Health: European Dimension**

4 – 6 September 2003

University College Cork

Reflection, discussion and debate on the determinants of health with reference to the role of the European Union in protecting and promoting the health of European citizens.

Speakers included: Professor Tim Lang, City University London and Professor Richard Wilkinson, University of Nottingham Medical School.

Organising partners:

Department of Epidemiology and Public Health, University College, Cork  
Southern Health Board (Republic of Ireland)

---

### **Leadership for Building a Healthy Society**

20 January 2004

Naas

Public health advocacy was the theme of this conference organised by the second group of participants to complete the leadership programme. The conference included workshops and the launch of an advocacy toolkit developed by leadership programme participants.

---

### **3rd Population Health Summer School – Information for Health: Ethical and Practical Issues in Public Health Practice**

9 - 10 September 2004

University College Cork

Identified growing concern amongst public health professionals in Ireland about the impact of data protection on research.

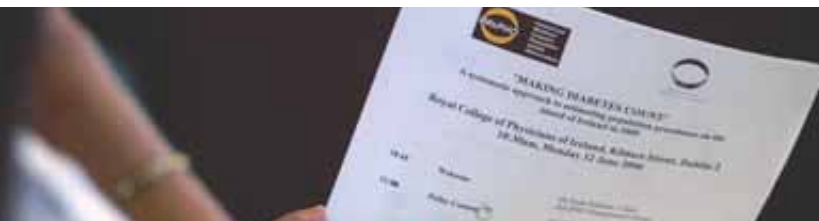
Speakers included: Joe Meade, Data Protection Commissioner, Ireland and Maev-Ann Wren, journalist and author of 'Unhealthy State'.

Organising partners:

Department of Epidemiology and Public Health, University College, Cork  
Southern Health Board (Republic of Ireland)

---





## **A Population Health Observatory for Ireland and Northern Ireland - Stakeholders Conference**

21 October 2004

Royal Hospital, Kilmainham

Included a wide-ranging consultation with key public health stakeholders aimed at identifying need and content of an all-Ireland population health observatory.

Speakers included: Professor John Wilkinson, Chair, Association of Public Health Observatories and Dr Paula Kilbane, Eastern Health and Social Services Board

---

## **Creating Connections: Health Inequalities on the Island of Ireland. An agenda for change!**

24 - 25 November 2004

Maynooth

Networking conference celebrating the formation of a joint public health alliance on the island.

Speakers included: Professor Mary Robinson, Former Irish President, Sir Donald Acheson, former Chief Medical Officer for England and Chair of the UK's Independent Inquiry into Inequalities in Health and Professor David Hunter, Chair, UK Public Health Alliance.

Organising partners:

Public Health Alliance Ireland

Northern Ireland Public Health Alliance

---

## **4th Population Health Summer School: Health Systems and Population Health**

1 - 2 September 2005

University College Cork

The 4th summer school focused on health systems and population health and addressed the question, 'is public health understood and supported'?

Speakers included: Professor Allyson Pollock, University College, London and Professor Martin McKee, London School of Hygiene and Tropical Medicine.

Organising partners:

Department of Public Health, Health Services Executive

Department of Epidemiology and Public Health, University College Cork

---

## **One Island, Two Systems: Health and Social Services for Older People in Northern Ireland and the Republic of Ireland**

28 November 2005

Dublin

Conference considered ageing and health services across the island of Ireland, and launch of 'One Island, Two Systems: a comparison of health status and health and social service use by community dwelling older people in Northern Ireland and the Republic of Ireland'. Published by IPH, this report was compiled by the Healthy Ageing Research Programme (HARP) team at the Royal College of Surgeons in Ireland, Trinity College Dublin, the Economic and Social Research Institute and Queen's University Belfast, with Professor Hannah McGee, Royal College of Surgeons as lead author.



Chris Fitzgerald, Principal Officer, Department of Health and Children and member of IPH Management Board with Dr Jim Kiely, Chief Medical Officer, Department of Health and Children at Action for Equity (October 2006)

Speakers included: Professor Brendan Drumm, Chief Executive Officer, Health Service Executive and Bob Carroll, National Council on Ageing and Older People

Professor Hannah McGee, Royal College of Surgeons in Ireland and Professor Bob Stout, Queen's University Belfast.

Organising partners:

National Council on Ageing and Older People

---

### **Leadership for Building a Healthy Society: Creating and Leading Value Networks**

25 - 26 January 2006

Armagh

The conference was led by Verna Allee internationally recognised for her work in value networks, knowledge management, measuring intangibles and developing communities of practice.

Participants in the third leadership programme prepared a paper on networking for public health for this event.

---

### **5th Population Health Summer School: Violence – a Public Health Issue**

7 - 8 September 2006

University College Cork

Violence and the wider factors which influence violence in Ireland, were addressed by national and international speakers at the 5th summer school. Topics included violence in the home, international conflict, bioterrorism and public health and the burden of violence on the population.

Speakers included: Dr Mary Black, UNICEF, Belgrade School of Public Health, Mr Eddie Shaw, former Chair, National Safety Council and Professor Desmond O'Neill, Trinity College Dublin.

Organising partners:

Department of Public Health, Health Services Executive

Department of Epidemiology and Public Health, University College Cork

---

### **Tackling Poverty and Health Inequalities: A Social Determinants Approach**

20 September 2006

Croke Park, Dublin

Speakers and workshops considered how health services and local government can work more closely together to tackle poverty and health inequalities, using a social determinants approach.

Speakers included: Dr Kevin Kelleher, University College Dublin, Professor Cecily Kelleher, University College Dublin, Joan Devlin, Belfast Healthy Cities and Michael McLoone, Donegal County Council.

Organising partner:

Combat Poverty Agency

---

### **Action for Equity Conference**

17 - 18 October 2006

Carlingford

Key IPH conference to stimulate debate and strengthen action for equity in health

Speakers included: Dr Gro Harlem Brundtland, Former Director General of the World Health



Prof Brendan Drumm, Health Services Executive speaking at the Inaugural All-Ireland Health Intelligence Conference (November 2006)

Organization, David Gordon, Townsend Centre for International Poverty Research, Ilona Kickbusch, Senior Advisor to the Swiss Federal Office of Public Health, Dermot Ahern TD, Minister for Foreign Affairs and Paul Goggins, Parliamentary Under Secretary of State, Northern Ireland.

Organising partners:

Department of Health and Children

Department of Health, Social Services and Public Safety

Combat Poverty Agency

The Equality Authority

Equality Commission for Northern Ireland

Irish Human Rights Commission

Northern Ireland Human Rights Commission

Public Health Alliance Ireland

Northern Ireland Public Health Alliance

---

### **Inaugural All-Ireland Health Intelligence Conference: Better Intelligence, Better Decisions and Better Health**

7 - 8 November 2006

Royal Hospital, Kilmainham

First all-Ireland conference which focused on practical issues associated with developing health intelligence and its translation into effective policies, plans and practice.

Highlights from the conference included fifteen exhibits and four themed workshops which included issues such as: new ways of managing performance in public health, web-based tools for disseminating health information and how to build better networks for health.

Opened by Prof. Brendan Drumm, CEO, Health Service Executive.

Speakers included: Dr Tracey Cooper, Chief Executive, Health Information and Quality Authority, Sally Stansfield, CEO, International Health Metrics Network and Dr Davida De La Harpe, Assistant National Director of Population Health – Health Intelligence, Health Service Executive.

Organising partners:

Department of Health and Children

Department of Health, Social Services and Public Safety

Health Information and Quality Authority

Research and Development Office, Northern Ireland

Health Service Executive

Health Research Board

---

### **Leadership for Building a Healthy Society: Power in Public Health**

1 February 2007

Naas

Explored the issue of power in public health, this conference was organised by participants of IPH's fourth leadership programme. It included a series of workshops on research, human rights, personal effectiveness, gender and power and community involvement.

Speakers included: Bill Neely, ITV News and International Editor.



Closing the Gap Conference - Pat Austin, National Energy Action, Cara Cunningham, Food and Health Project, Margaret Curtin, Northside Community Initiative and Paula Tally, Armagh and Dungannon Health Action Zone with IPH staff, Owen Metcalfe and Helen McAvoy (February 2007)

## **Closing the Gap: Strategies for Action to Tackle Health Inequalities in Europe 2004-2007. Health Inequalities: showcasing good practice, interventions for Ireland**

14 February 2007

Dublin

Reflected on work of the European health project, 'Closing the Gap' with Irish examples of good practice, Northside Community Health Initiative (NICHE) in Cork, Cairde the organisation working to challenge ethnic minority health inequalities and the Armagh and Dungannon Health Action Zone. Speakers included: Clive Needle, Director of EuroHealthNet and Anna-May Harkin, Ireland's representative on the EU expert group on social determinants and health inequalities.

---

## **Healthy Living Centres: The Fully Engaged Scenario**

19 April 2007

Maureen Sheehan Centre

Belfast

Celebrating the work of Healthy Living Centres in Northern Ireland and building awareness of their activities. IPH presented the report: Evaluation of Healthy Living Centres in Northern Ireland.

Speakers included: Anne Lynch, Eastern Health and Social Services Board, Briedge Gadd OBE, Chair, Big Lottery Fund and Danny Power, Chair, Healthy Living Centre Regional Alliance.

Organising partners:

Healthy Living Centre Regional Alliance

Health Promotion Agency for Northern Ireland

Big Lottery Fund

---

## **Developing the Anti-Poverty Agenda in the Eastern Area: A Shared Focus**

23 April 2007

Belfast

Event focused on fostering partnership working to tackle health inequalities and streamlining the implementation of Lifetime Opportunities, Northern Ireland's anti-poverty strategy and Investing for Health.

Speakers included: Dr Michael McBride, Chief Medical Officer, Department of Health, Social Services and Public Safety, Helen Johnston, Director, Combat Poverty Agency and Patricia Lewsley, Northern Ireland Commissioner for Children and Young People.

Organising partners:

Northern Ireland Anti-Poverty Network

Wellnet – Investing for Health in the Eastern Area

---

## **8th International Health Impact Assessment Conference. Healthy Public Policy: is Health Impact Assessment the Cornerstone?**

16 -17 October 2007

Dublin Castle

International forum debated and explored different perspectives and role of Health Impact Assessment across different sectors. Opened by Minister Mary Harney. Speakers included: Dr

Matthias Wismar, and Dr Josep Figueras, European Observatory on Health Systems and Policies, Professor Paul Hunt, UN Special Rapporteur on the Right to Health, and Dr Ross Marshall, President, International Association Impact Assessment.

Organising partners:

Department of Health and Children

Department of Health, Social Services and Public Safety

Belfast Healthy Cities

Department of Health (UK)

Welsh Assembly

World Health Organization Healthy Cities HIA Sub Network

Health Scotland

---

### Seeing the Big Picture? Tools to Support Health Policy and Health System Decision-making: an International Conference

6 November 2007

Queen's University Belfast, Council Chambers

International seminar addressing policy and health economic modeling and knowledge brokerage.

Speakers included: Professor Frank Kee, Centre for Clinical and Population Science, Queen's University Belfast, Professor Ruth Davies, University of Warwick and Professor Allan Best, Vancouver Coastal Health Research Institute.

Organising partners:

Queen's University Belfast


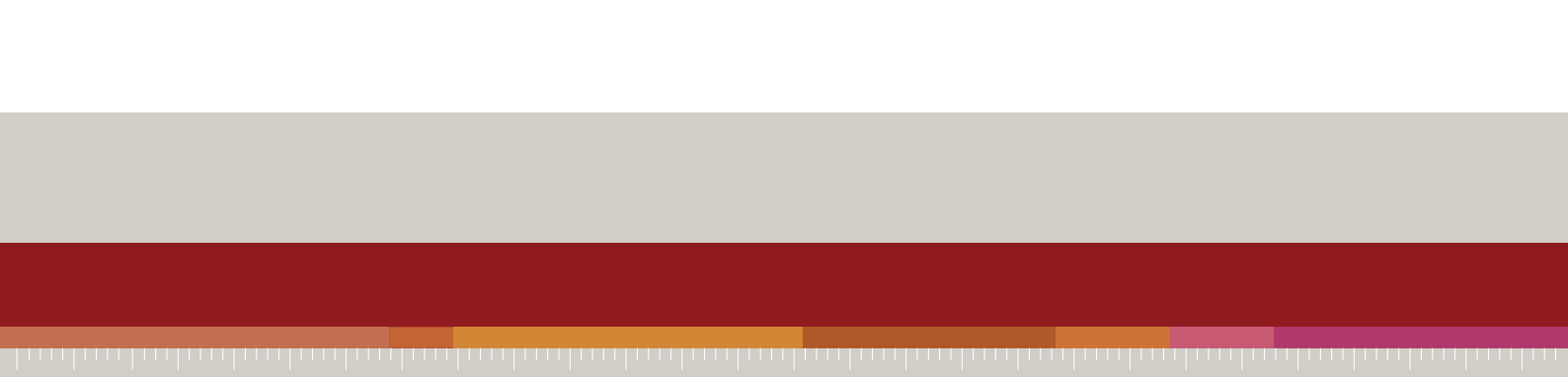
Department of Health, Social Services and Public Safety

University of Ulster

Research and Development Office, Northern Ireland

“ I first came to know and to work with the Institute when I was a Center Director at the US Centers for Disease Control and Prevention in Atlanta. For most people CDC conjures up images of high security laboratories and of epidemic sleuthing, and of course that is true. More important in my mind are two other functions I strongly associate with Ireland's Public Health Institute: data and personnel. The tracking of health data for the whole population is critical; decisions of great public importance must depend on excellent intelligence and data. The second is the ultimate “software” – public health requires cohorts of excellent professionals with not just scientific and clinical knowledge, but with social and political skill. IPH serves this function for Ireland, and all are healthier because of it. ”

*Prof Richard Jackson, former Director National Center for Environmental Health CDC and former Public Health Director for California*



“ The work of the Institute of Public Health and the Public Health Observatory in particular is vital to the work that we do in the HSE in the area of health intelligence. We work closely together to use and develop information useful to the Health Service Executive. The all-Ireland perspective is important, as is the emphasis on health inequalities which is also a priority for the Population Health Directorate in how we influence health service delivery. ”

*Dr. Davida De La Harpe, Assistant National Director of Population Health – Health Intelligence, Health Services Executive*

The work of the Institute

Influencing policy and practice





Barbary Cook, Director, Community Development and Health Network and Mary Black, North and West Belfast Health Action Zone at Action for Equity (October 2006)

## Influencing policy and practice

A central objective driving all the work of the IPH is that of influencing policy and practice. The research carried out, health intelligence gathered and disseminated, the representation on different committees and advisory bodies – these are all done with the purpose of effecting change not only in health policies but in wider economic and social policies.

The Institute has helped shape health policy on the island particularly influencing policies on the social determinants of health, most notably those relating to poverty and social exclusion.

The Institute's policy impact has included playing a key role in highlighting the issue of health inequalities and urging a variety of stakeholders to take action. IPH work has been integral to the adoption of health inequalities as a mainstream issue in national health policy in Ireland and Northern Ireland, and tackling health inequalities now represents a key focus of health policy and health and social care services on the island and an issue against which the success of our health systems should be measured.

Working with two health systems in separate jurisdictions presents both challenges and opportunities in carrying out policy work. This can take double the energy, time and workload but it also provides double the benefits. The Institute has embraced the opportunity to analyse differing policy approaches in the two jurisdictions and develop ways in which knowledge transfer and learning can reach across the border so that best practice is built upon and weaknesses minimised.

Reform and change have been central features of the health services both North and South in recent times. The changes brought about through the creation of the Health Service Executive in the South have proved challenging for all concerned. In Northern Ireland consultation is taking place on the development of new structures and exciting proposals for placing public health more centrally including setting up a new Regional Public Health Agency.

### Significant policy shifts include:

- the objective of reducing health inequalities is a feature of government health strategies – 'Investing for Health' in Northern Ireland (2002) and 'Quality and Fairness: A Health System for You' (2001) in the Republic of Ireland. This objective is also reflected in the respective anti-poverty strategies 'Lifetime Opportunities' (2006) in Northern Ireland and the 'National Anti-Poverty Strategy 2002 – 2005'
- tackling health inequalities is recognised as a key element of strategies addressing specific diseases, disorders and health behaviours such as obesity, cancer and breastfeeding
- a focus on health inequalities is now reflected in the central structures and the policies of government both North and South. One of the central pillars of the newly formed Health Service Executive in the South is population health, responsible for promoting and protecting the health of the entire population and target groups with particular emphasis on health inequalities.





Mrs Mary Robinson, former President of Ireland and former UN Commissioner for Human Rights speaking at Creating Connections (November 2004)

**Linking research, policy and practice:** the partnership with Queen's University Belfast, the Community Development and Health Network, and W5 Northern Ireland's discovery centre has resulted in a new Centre of Excellence for Public Health Research in Northern Ireland established in the University, funded by the UK Centre for Clinical Research to the tune of £5m and focusing on nutrition and physical activity.

Collaboration with University College Cork and partners has led to the development of a new Centre to help in the prevention and management of obesity, diabetes and related metabolic disorders. The National Research Centre for Diet, Obesity & Diabetes (NRC) will provide the evidence base for public policy, health promotion and clinical practice around these topical public health issues and is funded by the Health Research Board (HRB).

The Institute began development of its Public Health Policy Centre in 2007 to strengthen and expand the Institute's existing role in influencing public policy to improve health. The Public Health Policy Centre aims to become a source of accessible and relevant information on key policy issues affecting health, North and South and will concentrate on policy analysis, responding to consultations, facilitating think tanks and providing accessible information on policy developments. Its work will aim to provide support to both Departments of health and more widely across other government departments.

“ The Institute was a vital partner in a successful bid to the UKCRC call for Centres which effectively build research capacity and sustainable mechanisms for knowledge brokering. Its ultimate success was a tribute to the Institute's track record of working closely with policy-makers and practitioners in building the evidence base of public health interventions across Ireland. An important element of the Institute's work in the Centre will be to build bridges across the island and with other Centres of Excellence in the UK. ”

*Prof Frank Kee, Centre for Clinical and Population Sciences, Queen's University, Belfast*

“ The IPH has made an enormous contribution to public health on a range of fronts – a sharp focus on health inequalities, promotion of an all-island agenda, improvement of data and information, and support for community development. But it is the innovative aspects of the organisation, ably led by Jane Wilde, which have opened up new approaches and novel ways of thinking, especially through the leadership programme, which symbolizes the organisation for me and how it is 'making a difference.' ”

*Helen Johnston, Social Policy Analyst, National Economic and Social Council and formerly Director of the Combat Poverty Agency*



Helen Johnston, former Director, Combat Poverty Agency

## Featured work 1:

### National Anti-Poverty Strategy health targets

The first National Anti-Poverty Strategy (NAPS) was launched by the Irish Government in 1997 with a 10 year life span. No specific health targets were set. A review of the Strategy undertaken after a number of years suggested this should be rectified.

The Institute was commissioned in Autumn 2000 by the Department of Health and Children, to support a Working Group on NAPS and Health as part of this review with the main task being to develop targets to reduce inequalities in health. The Institute facilitated the work of the Group starting with an extensive consultation process around the country with health professionals, the community/voluntary sector and with social partners, culminating in a national conference in 2001.

Alongside this consultation process, the Institute assisted the Working Group in the selection of relevant, achievable and measurable health related targets. This process was completed in July 2001 and the targets were incorporated into the overall NAPS Review – ‘Building an Inclusive Society’ and into the Government health strategy ‘Quality and Fairness’.

Setting health targets for NAPS was important. It was the first time that the links between poverty, inequality and health were addressed explicitly in NAPS or indeed in any national strategy. Extensive discussion around poverty, inequality and health at national level and within the consultation process allowed the experiences of disadvantaged groups to be heard and this was significant in helping shape the health targets.

A new anti-poverty strategy was developed in Ireland in 2007 entitled ‘National Action Plan for Social Inclusion 2007 – 2016’ with a range of health objectives featured across the five pillars – children; people of a working age; people with disabilities; older people and communities.

The Institute continued to support the Working Group on NAPS and Health, and its three sub-groups relating to child health inequalities, health services and information/research.

“ We are working on the ground and face to face with women who are disadvantaged and this experience and expertise need to be much more widely used in public health. We welcome opportunities to work with IPH and others who are influencing national policies, especially those which aim to tackle poverty and disadvantage. ”

*Tanya Hughes, Director, Ballybeen Women's Centre*

### NAPS health targets

**Target 1:** The gap in premature mortality between the lowest and highest socio-economic groups should be reduced by at least 10 per cent for circulatory diseases, cancers, injuries and poisoning by 2007.

**Target 2:** The gap in life expectancy between the Travelling community and the whole population should be reduced by at least 10 per cent by 2007.

**Target 3:** The life expectancy and health status of Travellers, asylum seekers and refugees should be monitored so that targets can be set for asylum seekers and refugees and reviewed and revised for Travellers by 2003.

**Target 4:** The gap in low birthweight rates between children from the lowest and highest socio-economic group should be reduced by 10 per cent from the current level by 2007.

Alongside these targets the Working Group identified a target for research and information, highlighting the need to address significant and serious gaps in these areas which needed to be filled.

### In the press...

“ More than 2,800 Irish people are dying every winter after suffering the ill-effects of living in cold, damp homes. The revelation is contained in a shocking new report which reveals one in four households across the entire island suffers “fuel poverty” with the occupants unable to afford to heat their homes. The report from the Institute of Public Health in Ireland warned the death rate linked to damp houses here is among the highest in Europe. ”

*Irish Independent, 18 December 2007*

Dr Philip Crowley, Deputy Chief Medical Officer, Department of Health and Children, Dr Shane Allwright, Trinity College Centre for Health Sciences and Clive Needle, EuroHealthNet at Action for Equity (October 2006)



## Featured work 2

### Fuel poverty

The Institute's involvement with the issue of fuel poverty grew from its work with local groups. It evaluated a number of fuel poverty related projects – the Armagh and Dungannon Health Action Zone (ADHAZ) pilot programme for tackling energy efficiency in a rural context in 2002; the ADHAZ energy efficiency scheme "Home is where the heat is" in 2004; an evaluation of the Warming Up" project which targeted older people on low income in 2005.

Work with groups on the ground helped build up a body of knowledge and a network of relationships around fuel poverty. IPH was one of the partners involved in developing a fuel poverty action research programme in Donegal and Cork. This research assessed changes in health, energy efficiency and household economy in low income households which have energy efficiency measures installed.

The interface between health inequalities and fuel poverty is particularly acute. The most vulnerable groups in society are those at risk of fuel poverty who frequently live in cold and damp houses. Living in such conditions has an adverse impact on health. Fuel poverty occurs when a household needs to spend more than 10 per cent of their income on energy in order to maintain an acceptable level of heat throughout their home.

A Fuel Poverty Strategy launched in Northern Ireland in 2004 set targets to eradicate fuel poverty in all vulnerable households by 2010 and all other households by 2016. The Institute has been vocal in calling for a similar strategy in the South, using the learning gleaned from the process in the North.

To nudge this process along, the Institute published an All-Ireland Policy Paper on Fuel Poverty and Health in December 2007 which presents a range of evidence demonstrating the ill-effects of living in cold, damp houses. It drew from the extensive body of research already available in this area but broadened it to embrace the whole island, as well as providing new information on the cost of fuel and its effect on household budgets.

It noted that levels of fuel poverty remain unacceptably high as the island of Ireland has among the highest levels of excess winter mortality in Europe, with an estimated 2,800 more deaths over the winter months. The paper highlights studies which estimate that 44 per cent of excess winter deaths in Ireland are directly associated with poor housing standards.

The Institute was subsequently asked to present the findings of its policy paper to the Joint Oireachtas Committee on Social and Family Affairs and government departments in Northern Ireland. It continues, along with a range of other organisations, to push for stronger national action on fuel poverty.

## In the press...

“ A strategy to combat the rise in suicide rates among young people should be a public health priority in both parts of Ireland, a report released yesterday said. The call, by the Institute of Public Health in Ireland and the Health Development Agency, follows their joint assessment of research into suicide and self harm among those aged 15 – 24. ”

*Irish Times, 20 October 2004*

## Other work at a glance

**Health Strategies, North and South:** IPH worked closely with the Department of Health and Children in the South and the Department of Health and Social Services in the North during the preparations of their respective health strategies. IPH sought to influence the content of the strategies, particularly in relation to the population health and health inequalities element. Both strategies showed evidence of this effort when they were published.

**Presentations at government committees:** IPH staff are invited to address Government committees (both North and South) on public health and inequality issues. Recent presentations include the Northern Ireland Assembly enquiry on child poverty, the Ministerial Group on Public Health on Health Impact Assessment; and presentations to the Joint Committee on Social and Family Affairs and the Department of Social Development are also planned resulting from the fuel poverty report published by the Institute.

**Consultation Responses:** IPH takes an active role in responding to consultation requests through both written and oral means. There are too many to mention but recent responses include:

- the Government Alcohol Advisory Group (January 2008) under the Department of Justice, Equality and Law Reforms recently established Government Alcohol Advisory Group
- the Proposed National Hazardous Waste Management Plan 2008-2012 called for by the Environmental Protection Agency (EPA)
- the NI Programme for Government entitled 'Building a Better Future - Draft Programme for Government 2008-2011'
- the Department of Health and Children Statement of Strategy 2008-2010
- the Health Information and Quality Authority on their Corporate Plan - October 2007
- the Northern Ireland Housing Executive Review of Housing and Health - Towards a Shared Agenda.

## In the press...

“ The Institute of Public Health has called on the Government to develop a strategy to tackle “unacceptably high” levels of fuel poverty in Ireland at a time when soaring energy prices are putting the health of more vulnerable households at risk. Dr. Helen McAvoy, author of the IPH’s All-Ireland Policy Paper on Fuel Poverty and Health, said the Government should introduce a fuel poverty strategy similar to the model currently in place in Northern Ireland. ”

*Irish Times, 18 December 2007*



### In the press...

“

We need to assist young people in making health choices”, said Jane Wilde, Director of the Institute of Public Health in Ireland and a member of the NTFO [National Taskforce on Obesity]. “One way to do this is through providing children with healthier options in school. Some schools are already leading the way by prohibiting the use of vending machines. We need guidelines for schools to address the food and drink provided in vending machines as well as in canteens.

”

*Sunday Times, 24 April 2005*



## The work of the Institute

### Supporting partnerships and networks





Eleanor Gill, John McMullan and John Briggs at the launch of 'Leadership for building a healthier society' (January 2002)

## Supporting partnerships and networks

Addressing the effects of ill-health is not just the concern of health professionals but of all stakeholders involved in the development and implementation of economic and social policy. From the very outset, the Institute identified strengthening partnerships for health as one of its key strategic objectives. Combining different backgrounds, skills and actions, the Institute believed, should provide a more effective, efficient and sustainable way to achieve improved health for the entire population.

Real and meaningful partnership between government and the statutory and community sector is more difficult to achieve than many people anticipate and considerable time and energy is required. For it to be truly effective there is a need to understand how a partnership can reach its potential and to communicate this learning to others. The Institute has developed a substantial programme of work on strengthening partnerships, facilitating development, evaluation and research.

The collaborative style of working adopted by the Institute has been a central feature of its work. The local, regional, national and international networks that it has fostered have several functions:

- to glean new knowledge about the nature of public health and health inequalities
- in turn, process and disseminate this information to inform policy and encourage best practice
- to forge new alliances and new collaborations that will add value to the public health work being done on the island.

The formal and informal links made by the Institute are evidenced by the range and number of bodies on which its staff are represented.

Local, national and international networks and partnerships are a key part of IPH's way of working and central in the pursuit of its objectives.

“ The Institute has made two big contributions to the public health agenda - it has kept the spotlight on inequalities in health, serving to consistently raise the primacy of this issue and informing the context in which practitioners like myself work; and the second has been the development of a theoretical framework and analysis founded on practice, such as the work on partnerships. It has been so helpful to have a 'critical friend' in the Institute. ”

*Mary Black, Leader, North and West Belfast Health Action Zone*



## Featured work 1:

### Partnership Evaluation Tool (PET)

The Institute conducted a research programme funded by the Research and Development Office in Northern Ireland between 2003 – 2006 on identifying and measuring the impact of partnerships. While it is generally accepted that working in partnership is a way to address shared problems, the necessary emphasis on process, building relationships and joint problem solving can be time and energy intensive. The benefits and added value that working in partnership brings is often not recognised. The research was carried out to assess the benefits of this approach.

The Partnership Evaluation Tool (PET) allows partnerships to measure their performance, monitor their development, assess emerging benefits and identify areas for further development. It is based on the work done with the Health Action Zones and Investing for Health Partnerships in Northern Ireland. The evaluation tool is transferable to other types of partnerships.

The model developed by IPH identifies four categories of benefits: (a) connections (b) learning (c) actions and (d) impact. The evaluation tool is constructed around these categories with a set of progress indicators developed for each which make it possible to assess whether the partnership is achieving what its members think is important and would expect it to achieve, and to highlight certain areas which may need attention.

What makes PET so useful is that it recognises the intangible benefits arising from partnerships. It allows participants to see where benefits are accruing, where further development is needed and how the partnership as a whole is progressing over time. The tool can be used regularly to monitor development of the partnership.

The Institute has published a number of documents emanating from this research programme, namely: 'Partnerships: A Literature Review', 'Partnerships, The Benefits' and 'Partnerships: Community Involvement and Perceptions of Health Inequalities'. The PET is now developed as a web-based resource available free of charge at [www.partnershiptool.ie](http://www.partnershiptool.ie) to any partnership wishing to assess its own development.



Investing for Health managers, Mimi McAlinden and Brendan Bonner at the 8th International HIA Conference (October 2007)

## Featured work 2:

### The Inaugural All-Ireland Health Intelligence Conference (AIHIC 2006)

Greater cooperation on information was an initial priority for IPH and remains one of its central aims. Stronger partnerships between producers and users are needed in order to improve the quality and use of health information in policy and practice.

To start building these partnerships, the Inaugural All-Ireland Health Intelligence Conference (AIHIC 2006) was held in November 2006 in Royal Hospital Kilmainham, Dublin. The theme was “Better Intelligence, Better Decisions, Better Health” and its aim was to bring together those interested in improving decision-making through better use of relevant, timely and reliable health intelligence.

The conference was co-hosted with the departments of health, the health services agencies, the lead health research agencies and the lead information agencies in the Republic of Ireland and Northern Ireland. Attended by over 150 people, it was opened by Professor Brendan Drumm, CEO, Health Service Executive.

In her keynote address Dr Tracey Cooper, Chief Executive, Health Information and Quality Authority (HIQA), emphasised the need for “seamless, accessible and usable cross-sector flows of service-user and population information” and highlighted the collaborative links that HIQA were building in order to achieve these. Other speakers gave delegates updates about recent organisational developments across the island and in the UK.

The conference focused on the practical issues associated with the development and translation of health intelligence into more effective health policies and practice. Dr Jenner, the East Midlands Public Health Observatory, explained that a key success factor for health intelligence networks in England was the extent to which they met the needs of practitioners and their host organisations. Other plenary sessions considered key issues such as: How do we synthesise the different types of knowledge needed to support public health? What can new information and communications technologies offer?

Welcome features of the conference were its exhibitions and workshops which gave delegates the opportunity to view recent health information/intelligence initiatives on the island, and to speak directly with the people who developed them.

The conference was a sentinel event on the island and there has been overwhelming support to have the conference repeated every two years.



Delegation of Serbian MPs visiting the Northern Ireland Assembly, with Patricia Lewsley, Northern Ireland Commissioner for Children and Young People (November 2006)

## Other work at a glance

**'Partnership Framework: a model for partnerships for health':** One of the first partnership publications, it was developed from a story workshop in December 1999 and validated at the first all-island conference on partnerships for health in 2000.

**Public Health Alliance:** The Public Health Alliance for the island of Ireland (PHAI) is an all-island network bringing together individuals and organisations from all sectors with a common goal. IPH was central to the development of this initiative in its start-up phase.

A Public Health Alliance existed in Northern Ireland but with no corresponding body in the South. IPH began by setting up a sister organisation in the South building capacity among the Southern stakeholders. The objective of creating an all-island body was achieved in 2006 when the two organisations merged.

The new PHAI was launched formally at the second 'Creating Connections' conference. It aims to be an independent voice for health improvement and addressing health inequalities in Ireland as well as being a vehicle through which people can work collectively to address inequalities. Its achievements have included learning resources such as the Public Health Advocacy Toolkit, produced with support from IPH and a significant report on food poverty.

**The Injury Observatory of Britain and Ireland:** IPH is participating in the development of an injury observatory for Britain and Ireland. This will be a virtual observatory based on collaboration between population/public health observatories in Britain and Ireland. The purpose is to support injury prevention practitioners by making important and relevant information and tools to search this information available on one site.

**Closing the Gap Project:** 'Closing the Gap' is a Europe wide initiative involving 22 partner countries, set up in 2004 to work on reducing health inequalities and improving the health of disadvantaged people living in Europe. IPH is the Irish partner in the project and in the more recent DETERMINE programme.

**Health Impact Assessment Forum and Health Impact Assessment Network Group:** Set up and supported by the Institute, the HIA Forum provides an opportunity for those who have engaged in comprehensive HIA training to discuss their experiences in progressing HIA. The HIA Network meets twice a year to review the current environment for HIA in Ireland and develop collective action.



Meeting of the Men's Health Forum

**Men's Health Forum:** The Men's Health Forum is a voluntary network of individuals and organisations, men and women, who work towards highlighting key concerns relating to men's health on the island of Ireland as well as increasing understanding of these issues. IPH is a member of the Forum and in 2004 it published an All-Ireland Men's Health Directory outlining organisations, projects and individuals working in men's health in Ireland. This was subsequently updated by IPH in 2006.

**HIA Healthy Cities Network:** The World Health Organization has a strand of work on HIA and an international sub-network led by Belfast Healthy Cities, IPH co-chairs this sub-network which aims to support cities introduce and implement HIA.

**Health Analysts Network:** The aim is to support the community of health analysts to make a more effective contribution to the health intelligence function and to share their expertise and experience through a network of colleagues across the island.

**International Association of National Public Health Institutes (IANPHI):** IPH is a member of this global network of Institutes which provide leadership in public health. As well as sharing knowledge and expertise IANPHI has received seed funding from the Rockefeller Foundation and the Gates Foundation to strengthen public health capacity in low income countries.

“ In Irish society, work with men is often viewed as either a fringe activity for ‘needy’ males or feared as an anti-women development. One outcome of this, is that there are few dedicated projects or resources available to address the health and well-being needs of local men. The Institute of Public Health in Ireland has been a leading force in helping to change this culture. It has contributed enormously to developing and sustaining the Men's Health Forum in Ireland; raised the profile of men's health initiatives by publishing a Directory of organisations in this field; provided practical support to activists to make men's health a cross-border issue; offered advice on the strategic development of this work ... Without the input of IPH, progress in this field would certainly have been much slower! ”

Colin Fowler, Regional Manager, The Men's Project (Northern Ireland)

The work of the Institute

Capacity building for public health





Dr Catherine Hayes, Specialist in Public Health Medicine, Health Service Executive with Dr John Devlin, Chair of IPH Management Board at the 8th International HIA Conference (October 2007)

## Capacity building for public health

Threaded throughout the work of IPH is a commitment to improving the skills, knowledge and networking opportunities of public health stakeholders. This capacity building element of IPH work among the many disciplines and sectors involved in public health is essential for creating an impetus around the issue of public health and particularly health inequalities.

While all the work of IPH involves building the capacity of public health stakeholders in one way or another, there are particular initiatives which have made a very real and practical contribution. The Health Impact Assessment training and the Leadership Programme developed by IPH are both highly regarded by external stakeholders because they have been particularly innovative in filling a gap in the public health field and providing much needed support.

“ Taking part in the Institute's first leadership development programme was for me quite literally a career changing event. For the first time I had the opportunity to understand myself, my leadership style and my preferred way of working. The programme armed me with a new set of development tools, self-confidence and the drive to modernise and restructure my organisation, something I will always be grateful for. ”

*John McMullan, Chief Executive, Bryson Charitable Group*

“ I remember we were asked to dialogue on building a healthy Ireland now that we are living in a post conflict context.

I will never forget the electrifying feeling in the group as we struggled to formulate questions, comments, insights from the varying experiences we had of conflict in Ireland. We were from the North, the South, England, with Unionist, Nationalist, British and Irish perspectives of all shades and degree. No one had a monopoly on discomfort and vulnerability as we touched the dangerous in the dialogue and we knew that this was key to an all island approach to health.

The methods we used and the meaning and wisdom we generated informs my view of all island work to this day.

The Leadership Programme has provided many such pivotal moments. I go to events to embrace different ways of knowing and I take away knowledge, skills, nourishment, and a renewed commitment to tackling health inequalities. ”

*Cecilia Forrestal, Community Development Worker, Community Action Network*

## Featured work 1

### Leadership Programme

From the very outset, IPH sought to develop a network of leaders on the island as a force for change to build a healthier society and reduce health inequalities. The need for strong leadership was clearly identified in both the Investing for Health Strategy (2002) in Northern Ireland and Quality and Fairness (2001), the health strategy in the Republic of Ireland.

IPH launched its all-Ireland programme, 'Leadership for Building a Healthy Society' in January 2002. In devising the programme, IPH recognised that as well as those who have responsibility for essential public health services there are many others from diverse disciplines and different sectors who are facing some of the most complex problems in society with little direct authority or control over decision-making. To make a difference public health leaders must work with and through others in a way that is facilitative and participative, while being attuned to politics and power. The Leadership Programme was designed to help develop leadership capability amongst people in all sectors who are working to build a healthy society on the island of Ireland.

Drawing on international expertise from the USA and Europe, including the Center for Creative Leadership and the Interaction Institute for Social Change and with the advice of public health leaders on the island an innovative programme was developed. Over 100 people have now participated in this highly regarded programme.

Participants, working with IPH, organise an annual alumni conference to celebrate the end of their programme. At this conference, each group produces something that marks their participation in the Leadership Programme.

The first cohort produced a book 'Reflecting Leadership' in January 2004. The second group developed a public health advocacy resource launched in February 2005 and now available on-line. The third group of participants compiled a short paper on building networks for public health, 'From hierarchies to networks, from processes to people, from structures to relationships'.

Building and fostering networks, learning and the North South dimension have all proved to be of great benefit to participants. Over time the programme has contributed to a growing cadre of leaders working in different professions, organisations, sectors and parts of Ireland, who are able to connect to each other easily and quickly to help bring about change to improve health and wellbeing for the population.



## Featured work 2:

### Health Impact Assessment

The Institute has taken a lead role on the island in promoting the application of Health Impact Assessment through the development of practical tools, training, research and facilitating networking opportunities.

Conducting HIA helps raise awareness of connections between public policy and health. The methodology can be used to assess the health impacts of policies, programmes and projects that may not have health as their primary objective. It provides an evidence base, a systematic approach and transparency to support improved decision-making at all levels and across many sectors.

This is the theory – the Institute developed a Health Impact Assessment tool to assist policy-makers translate theory into reality. The tool is a methodology or a process through which a project or proposal is subjected to interrogation to ascertain the health impacts, by following a series of steps: screening; scoping; appraisal; statement of influence; and, monitoring and evaluation.

This tool is backed up by training and support from IPH. Participants are from government departments, the community and voluntary sector and academic organisations. More than 150 people have completed the 3 day comprehensive course and nearly 200 have taken part in other shorter courses developed and run by IPH.

With this infrastructure in place, the HIA process is now being embraced across the island. An Integrated Impact Assessment approach is being developed in Northern Ireland by the Office of the First Minister and deputy First Minister and HIA will form an important component of this.

Health Impact Assessments have now been carried out by a very wide range of organisations both North and South with support from IPH and examples of these are summarised in the next section.

“ IPH provided Western Investing for Health assistance on two fronts. The first was the comprehensive training which assisted partners and staff to build the confidence and skills required to undertake the challenge of a Health Impact Assessment. The second was in the process of undertaking an actual HIA by providing the specialist public health expertise and quality assurance of the data collection and reporting. Without this assistance the HIA on West Tyrone could not have been undertaken and delivered in the timely and professional manner in which it was. ”

*Brendan Bonner, Manager, Western Investing for Health Partnership*





## Other work at a glance

**Leadership Masterclass:** The Institute also runs Leadership Masterclasses once or twice a year of interest for people who are engaged in any aspect of public health or population health where they are required to provide leadership.

**HIA training:** IPH has developed programmes to build capacity for HIA including courses ranging from half day awareness to a three day comprehensive programme. Several hundred people from many sectors have participated. Staff from IPH also give regular seminars to government officials explaining the concept of Health Impact Assessments and the benefits in their application.

**Health Impact Desk Top Screening:** A desktop screening tool has been developed to enable organisations screen proposals, policies, programmes and projects. The tool is based on the Health Impact Assessment Guidance developed by IPH for the Department of Health and Children in the Republic of Ireland and the Department of Health, Social Services and Public Safety in Northern Ireland.

**Health Impact Assessments conducted:** Aiming to improve decision-making for better health a wide range of HIAs have been conducted with the support of IPH.

- Cooperation and Working Together (CAWT) was engaged by the Northern Ireland Housing Executive to conduct a HIA on the Dove Gardens Estate in the Brandywell area of Derry in 2005/2006
- Wraparound – the Southern Health and Social Services Board (SHSSB) in Northern Ireland conducted a HIA to identify potential health impacts of a multi-agency programme of services for children with disabilities
- A HIA of transport initiatives in Ballyfermot, Dublin was conducted in 2003 and 2004
- IPH was commissioned by an interagency team consisting of the North Western Health Board and Donegal County Council to conduct a HIA screening exercise on planning policy in Donegal
- IPH was a partner in the development of HIA methodology for the European Commission between 2002 and 2004 and conducted a pilot exercise on the European Employment Strategy
- Health Impact Assessment of the Accommodation Programme for Travellers 2005-2008 for Donegal.

**INISPHO Training Workshops:** a series of regional workshops are held regularly to provide a practical introduction to Ireland and Northern Ireland's Population Health Observatory. They are aimed at those working across the health sector interested in strengthening the use of information in their decision-making.



Dr Kevin Balanda, INIsPHO Director and IPH Associate Director.

**Public Health Advocacy Website:** Participants in IPH's 'Leadership for Building a Healthy Society' programme developed a tool-kit to support public health professionals develop and utilize their advocacy skills. A web-based version of this 'Public Health Advocacy Tool-kit' was developed by IPH at their request and launched in March 2007. It is now maintained and operated by the PHAI with support from the Observatory.

**Metadata Standards for Ireland and Northern Ireland Population Health Observatory (INIsPHO) and All-Ireland electronic Health Library (AleHL) Version 2.0:** Extensive documentation has been drawn up on the development of metadata standards for the Observatory and the All Ireland electronic Health Library.

**Design of the Travellers All-Ireland Health Study (2004):** IPH was centrally involved in assisting in the design of the all-Ireland Traveller health study. It is an area fraught with data difficulties and sensitivities and required significant expertise to frame a study that would capture all the necessary information. The study was launched in July 2007 and will take 2–3 years to complete. Other work in this area contributes to the development of an ethnic identifier that was included in the Census and health services collections in the Republic of Ireland.

**Education and Public Health:** Staff from IPH deliver public health related modules to a range of third level courses both North and South such as the new MSc in Public Health in Queen's University, Belfast and the course for Planners in the Dublin Institute of Technology.

## In the press...

“Health inequality is the difference in the prevalence of health problems between individuals of higher and lower socio-economic status. Health inequality results where avoidable inequalities, which are both unnecessary and unfair, persist. A recently published report from the Public Health Alliance of Ireland (PHAI), 'Health in Ireland – An Unequal State', found that death rates for all cancers are more than three times greater in the lowest occupational class compared with the highest.”

*Irish Times Health Supplement, 17 August 2004*

## Strengthening cooperation



## Strengthening cooperation for public health on the island of Ireland

The Institute has cemented its standing in the public health field over the last 10 years, both North and South. A significant body of knowledge, resources and expertise has been built up and disseminated in a myriad of different ways.

With the aim of promoting cooperation between Northern Ireland and the Republic of Ireland IPH has generated new knowledge for public health, helped create awareness of public health concerns, disseminated information, influenced policy and practice, supported partnerships and networks, and contributed to capacity building for public health.

The features that have underpinned the development of the Institute will continue:

- its particular focus on health inequalities and determined efforts to work in an all-island way which distinguishes it from other health organisations
- its methods of working – the emphasis on process as well as outcomes, the partnership arrangements, the formal and informal linking and fostering of networks, the flexibility to respond quickly and efficiently – will continue and strengthen into the future
- its emphasis on inclusiveness which encourages the views of people from all backgrounds and all walks of life. It recognises that the discipline of public health is not only the domain of clinicians and academics but is relevant to all sectors and everyone has a contribution to make.

In its role leading cooperation for public health on the island the IPH will aim to work cooperatively with many others who have embraced North South working and create and facilitate new networks in key priority areas such as alcohol, climate change, tobacco, mental health and injury.

“ I clearly recall the enthusiasm of all who attended the launch event for the fledgling new Institute at the Royal College of Physicians in Dublin. Over the past 10 years the Institute has established a strong reputation for innovation and creativity in public health. The public health leadership programme has developed individual skills in public health and fostered networking across Ireland. The first information conference and the emergence of the Public Health Observatory stand out for me as key steps in raising the profile of public health intelligence. The Institute team members have always been a great group to work with and they can look back with pride over what the Institute has achieved in the first 10 years. ”

*Dr David Stewart, Medical Director, the Regulation and Quality Improvement Authority, Northern Ireland*

It will continue to cross the borders between research, policy and practice and work closely with colleagues and partners to build and develop on the island of Ireland excellence through all aspects of public health.

The landscape and context within which the Institute operates has changed in the last decade, and new national and global challenges are emerging in public health. Looking to the future the Institute will be playing a strategic and supportive role in the increasing efforts and actions being developed to improve the health of people on the island of Ireland. It will use its resources, energy, skills and commitment to obtain practical and mutual advantage from North South working to bring real benefits and improvements in health.

Ultimately, what will drive the future development of the Institute will be determined by how it can maximise its contribution to public health and the promotion of healthier societies for all.

### In the press...



Queen's University has been awarded £5 million for research to improve the UK's health, it was announced yesterday.

A new Northern Ireland Centre of Excellence for Public Health Research is being established at Queen's in partnership with the Institute of Public Health in Ireland. The Centre which will focus on nutrition and physical activity is one of five across the UK and part of a £20m investment.



*Daily Mirror (Northern Ireland), 23 January 2008*



## List of IPH publications

Full list and description available on [www.publichealth.ie](http://www.publichealth.ie)

### 2000

Strategic plan of the Institute of Public Health 2000-2003

Public health in Europe. The Irish connection: a background paper

### 2001

Partnership framework - a model for partnerships for health

Setting health targets for the National Anti-Poverty Strategy: a background research paper

Implications of European public health. Public health in Europe - the Irish connection: a report

Making partnership work - Armagh and Dungannon Health Action Zone: an evaluation of the Strategic Alliance Group

Inequalities in mortality 1989-1998. A report on all-Ireland mortality data

Equity of access to health services: some relevant issues in an Irish context

Report of the Working Group on the National Anti-Poverty Strategy and Health

Health Impact Assessment: an introductory paper

Mortality in the CAWT region: comparison with the rest of the island 1989-1998

Health Impact Assessment: a baseline report for Ireland and Northern Ireland

### 2002

Giving people a say on poverty and health. Learning from the National Anti-Poverty Strategy and health consultation process

Wraparound: The health impact assessment of the all-inclusive Wraparound scheme summary report

Equality and the health sector: a background paper



### 2003

Beyond the white line? The stories of the Travellers' Action Group

Urban-rural differences in mortality 1989-1998: a report on all-Ireland mortality data

Southern Investing for Health Partnership capacity building needs assessment

Literature review on partnerships

Old Library Trust evaluation 2001-2002. Evaluation of a Healthy Living Centre

Inequalities in perceived health: a report on the all-Ireland social capital and health survey

Reflecting leadership: leadership for building a healthy society

Health impact assessment: a practical guidance manual

### 2004

Equality in public services in Limerick City: meeting the needs of people with disabilities, older people and people from minority ethnic groups

All-Ireland men's health directory

Evaluation of Northern Neighbourhoods Health Action Zone: a case study analysis

Health in Ireland: an unequal state

Youth suicide prevention: an evidence briefing

Engaging communities: an evaluation of a community development model for tackling rural poverty

### 2005

Health impacts of transport: a review

Health impacts of employment: a review



## Metadata standards for Ireland and Northern Ireland's Population Health Observatory (INIsPHO) Version 1.0

One island, two systems. Health and social services for older people in Northern Ireland and the Republic of Ireland – compiled by the Healthy Ageing Research Programme (HARP) team at the Royal College of Surgeons in Ireland, with Trinity College Dublin, the Economic and Social Research Institute (ESRI) and Queen's University Belfast (QUB). A comparison of health status and health and social service use by community-dwelling older people in the Republic of Ireland and Northern Ireland.

### **2006**

Framework for Ireland and Northern Ireland's Population Health Observatory (INIsPHO)

Making diabetes count. A systematic approach to estimating population prevalence on the island of Ireland in 2005

Health Impact Assessment guidance

All-Ireland men's health directory

Health impacts of the built environment: a review

Metadata Standards for Ireland and Northern Ireland's Population Health Observatory (INIsPHO) and All-Ireland electronic Library (AieL) Version 2.0

Unequal at birth. Inequalities in the occurrence of low birthweight babies in Ireland

### **2007**

Poverty in Northern Ireland. A briefing paper

Evaluation of Healthy Living Centres in Northern Ireland: summary

Making diabetes count. What does the future hold? A systematic approach to forecasting population prevalence on the island of Ireland in 2010 and 2015





All-Ireland Health Data Inventory. Part 1 Metadata for key data sources Version 1.0

Partnerships: a literature review

Partnerships: community involvement and perceptions of health inequalities

Partnerships: the benefits

All-Ireland policy paper on fuel poverty and health

**2008**

Women speaking across the border: the impact of the border and conflict on women's health and roles

## Institute Staff (2007)

### Senior Management

Jane Wilde	Chief Executive
Kevin Balanda	Associate Director and Senior Researcher
Leslie Boydell <sup>1 2</sup>	Associate Director and Consultant in Public Health
Owen Metcalfe <sup>1</sup>	Associate Director and Senior Health Promotion Adviser

### Programme

Steve Barron	Research Analyst
Louise Bradley	Information Assistant
Lorraine Fahy	Research Analyst
Adele Graham <sup>1 2</sup>	Senior Researcher
Claire Higgins	Public Health Development Officer
Angela Jordan <sup>1</sup>	Specialist Registrar in Public Health
Teresa Lavin	Public Health Development Officer
Helen McAvoy	Senior Policy Officer
Adam McCune	Web and IT Support
Arlene McKay	Communications Officer

### Support

Sharon Brennan	Office Manager (Belfast) and PA
Tara Burke	Office Administrator
Leah Friend	Office Administrator
Lindi Gatchell	Administrator and PA
Ulrike Klein	Web/Administrative Assistant
Maria McWalter	Finance Officer
John Mitchell	Office Administrator
Aisling O'Connor	Office Manager (Dublin) and PA
Karen Patterson <sup>2</sup>	PA

The Institute would like to acknowledge the valuable contribution made by former members of IPH staff.

<sup>1</sup> On secondment

<sup>2</sup> Left November 2007



**The Institute of Public Health in Ireland**

5th Floor  
Bishop's Square  
Redmond's Hill  
Dublin 2  
Tel: +353 1 478 6300  
Fax: +353 1 478 6319

Forestview  
Purdy's Lane  
Belfast  
BT8 7ZX  
Tel: +44 2890 648494  
Fax: +44 2890 646604