

# The Healthy Ireland Fund

Progress Report on Round 4

January - December 2023



An Roinn Sláinte  
Department of Health



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## Glossary of terms

<b>CYPSC</b>	Children and Young People's Services Committees
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<b>CAMS</b>	Collaborative Assessment and Management of Suicidality
<b>DoH</b>	Department of Health
<b>EVI</b>	Energy and Vitality Index
<b>GDPR</b>	General Data Protection Regulation
<b>HI</b>	Healthy Ireland
<b>HIF</b>	Healthy Ireland Fund
<b>HIF4</b>	Healthy Ireland Fund Round 4
<b>HSE</b>	Health Service Executive
<b>LA</b>	Local Authority
<b>MHI-5</b>	Mental Health Index 5
<b>SLA</b>	Service Level Agreement
<b>WHO</b>	World Health Organisation

## Executive Summary

Healthy Ireland is a public policy initiative based on the National Framework for Improved Health and Wellbeing 2013-2025, and was established by the government in 2013, with a vision to transform Ireland into a healthier place to live, work and be active. A joint roadmap was developed as a cross-government and cross-sectoral plan with the Department of Health (DoH), responsible for strategic planning and implementation. The purpose of this report is to provide information on the progress made by the Local Authorities (LAs) in the delivery of the Healthy Ireland Fund round 4 during the first year of the outcome-based approach.

In 2016, the government approved the Healthy Ireland Fund (HIF), a significant financial resource to support LAs implement projects that contribute to the National Framework for Improved Health and Wellbeing. Previous HIF rounds (HIF 1-3) focused on the implementation of project activities or actions (i.e., activity-based), while round 4, which began in 2023, shifted to an outcome led approach i.e. outcome-based measurements, marking a significant advancement in the journey towards a healthier Ireland.

Pobal provided training and support to all LAs on the novel outcome-based approach, outcomes data collection, measurement tools and reporting to ensure effective delivery and monitoring of progress.

### Highlights

- The total budget for HIF4 is **€15,681,955.07** with the sum of **€8,291,799.05** available for the Healthy City/County Coordinator (HC/CC) post and **€7,390,156.02** for HIF activities/planning (2022) and outcomes (2023-2025).
- Healthy City/County Coordinator post was standardised to a **full-time role** and **elevated to grade 6** in 2022.
- **30 LAs successfully embedded the outcomes-based approach** to local health and wellbeing programmes. This enables LAs to begin to measure the actual added value of their projects and support a wider evidence base for a variety of health interventions.
- **57 outcomes were selected from the outcome framework across LAs.** The selection of the outcomes by the LAs was a collaborative and consultative process involving multiple stakeholders, reflecting the broad local needs and priorities.
- **154 target groups were reached.** The HIF4 projects targeted a broad range of vulnerable and socially disadvantaged communities and individuals. The projects were devised to be more inclusive and easier to access for hard-to-reach groups and enabled individuals of all ages and abilities to access health and wellbeing activities.

- **26 LAs** are working to deliver on **wellbeing outcomes**, **23 LAs** are working to deliver on **lifestyle and behaviour outcomes**, **5 LAs** are working to deliver on **mortality and morbidity outcomes** and **3 LAs** are working to deliver on **socioeconomic outcomes**.
- **15 LAs are on track** with their HIF4 work programmes in the first year and others have rolled over into the second year as all programmes are to be delivered **within a threeyear period** and LAs have the **autonomy to choose the time that best suits their needs**.
- **A radial effect** - positive contributions to unselected outcomes were observed during the delivery of selected outcomes. This radial effect reflects the multifaceted benefits that go beyond the delivery of one outcome.
- One of the most significant lessons learned from year one of the outcome-based approach was the crucial role of **partnership and collaboration** with stakeholders. Working closely with community groups and fostering solid partnerships was essential to promoting shared responsibility toward health and wellbeing outcomes for all individuals and communities.

## 1. Introduction

Healthy Ireland (HI) is a government-led initiative guided by the National [Framework for Improved Health and Wellbeing, 2013-2025](#), launched by the government in 2013 to make

Ireland a healthier place to live, work and play. The four high-level goals of the Healthy Ireland framework are:

**Goal 1:** Increase the proportion of people who are healthy at all stages of life.

**Goal 2:** Reduce health inequalities.

**Goal 3:** Protect the public from threats to health and wellbeing.

**Goal 4:** Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

The cross-government and cross-sectoral [Healthy Ireland Strategic Action Plan, 2021-2025](#), was developed as a unified roadmap to achieving the high-level goals, with the Department of Health (DoH) responsible for the strategic planning and implementation. The government approved the Healthy Ireland Fund (HIF) in 2016 to support implementing project activities that contribute to the national Framework for Improved Health and Wellbeing.

Over the years, the DoH has approved four HIF rounds. Rounds 1-3 focused on the implementation of project activities or actions (i.e., activity-based) delivered locally by Local Authorities (LAs), Children and Young People's Services Committees (CYPSC) and their local partner organisations, and administered funding for national actions.

In contrast, round 4 is an outcome-based approach delivered by Local Authorities only.

Local Authorities entered into two grant agreements with Pobal namely:

1. **Healthy City/County Coordinator (HC/CC) post** – issued by Pobal in March 2022. The grant period for the HC/CC runs from 1 April 2022 to 31 December 2025. The HC/CC is central to the planning, implementation, monitoring and reporting of HIF4 programmes and is a key role in LAs for the continuous advancement of the local health and wellbeing agenda. The HC/CC post was standardised to a full-time, grade 6 LA role in the first year of HIF4
2. **Planning/activities/outcomes** – issued by Pobal in May 2022. The grant period for HIF Round 4 activities will run from 1 June 2022 to 31 December 2025.
  - The grant agreement and associated funding for HIF 2022 was used to support priority health and wellbeing initiatives identified locally, as well as supporting the planning process for Round 4 (2023-2025).
  - The grant agreement and associated funding for 2023-2025 is to be spent in line with the approved outcomes and associated activities.

The total budget for HIF4 is **€15,681,955.07** with the sum of **€8,291,799.05** available for the Healthy City/County Coordinator post and **€7,390,156.02** for HIF Activities/Planning (2022) &

Outcomes (2023-2025).

### 1.1. Core components of HIF Round 4

HIF Round 4 runs from 2023-2025, and its core components make it unique from the earlier rounds:

- **Outcome-based approach:** Focus on the actual and demonstrable results via outcome measures rather than progress achieved for activities or outputs. The approach embedded the behavioural change model to understand and identify factors influencing behaviour.
- **HIF Local Strategy:** A three-year strategy (2023-2025) by each LA that demonstrates their plan to achieve the selected outcomes.
- **Annual Activities Workplan:** A planning tool to assist with project planning and implementation. This tool also affords the LA an opportunity to pivot, adjust or change their initial planned activities, if necessary, to meet the needs of those accessing the activities, and to achieve the desired outcome. This level of flexibility is a new introduction to the fund.
- **Partnership Approach:** Ensures effective involvement and coordination of both national and local stakeholders in the planning and delivery of outcomes, outputs, and activities
- **Healthy City/County Coordinator (HC/CC) post:** Standardised and streamlined to full-time post at grade 6 in every LA.

### 1.2. Outcome-based Approach

The outcome-based approach objectively assesses how results and progress contribute to HI high-level programme outcomes. It is underpinned by the [HI Outcomes Framework](#), which is the national framework. HIF adapted the national framework locally to allow structured collection and reporting of relevant data to support and monitor progress towards improving the health and wellbeing of people in Ireland and to show value for money. Consequently, allowing the LAs to have greater flexibility to adapt their project outputs and outcomes toward the delivery of the HI high-level programme outcomes for a period of three years (2023-2025).

Outcome data is vital in monitoring and measuring outcome indicators outlined in the HI Outcomes Framework. To ensure the delivery of the outcome-based approach, Pobal,



provided comprehensive support sessions on data collection methods, measurement tools, reporting on relevant outcome data. In conjunction with HI City and County Coordinator Network training was provided on the Capacity, Opportunity, and Motivation-Behaviour (COMB) model to understand the fundamental elements that drive a particular behaviour and how to change it. The training sessions helped boost the LAs' ability to collect and track health and wellbeing data reliably.

### 1.3. Methodology

The LAs or their partner organisations collected quantitative and qualitative data to ensure indepth evidence of progress, challenges encountered, and what target groups were supported by HIF. Data collection under HIF4 is a continuous and iterative process that allows monitoring and adjustments where necessary.

LAs and their partner organisations had the flexibility to select their measurement tools that are best suited for their outcomes, with consideration to local context and their reporting obligation. Three outcome measurement tools (EVI, MHI-5 and EU-SILC) were specifically referenced within the outcome name, as per the HI outcomes framework. These measures support high-quality data collection, they are;

- **The Energy and Vitality Index (EVI)** measures the individual's level of positive mental health.
- **The European Union Statistics on Income and Living Conditions (EUSILC)** measures the percentage of people who assess their health as good or very good.
- **The Mental Health Index 5 (MHI5)** measures the number of people showing negative mental health using the five items from the RAND SF36 questionnaire.

Pobal recommended the use of Likert scales as an optimal outcome measure tool for outcome data collection, where the outcome measure was not specified i.e. the 3 measures mentioned above, which either are, or are comparable to Likert scales. **Likert scales** assess attitudes, behaviours and opinions and allow individuals to express their views about a particular statement or question.

### 1.4. Reporting

In addition to reporting on the outcomes that were chosen, LAs also made contributions to unselected outcomes. This demonstrated the interdependence of the HIF outcomes model. A radial effect - positive contributions to other unselected outcomes were observed during the

delivery of their selected outcomes. This radial effect reflects the multifaceted benefits that go beyond the delivery of one outcome.

For example, Sligo County Council in collaboration with their implementing partners rolled out the Stronger for Longer programme targeting older people (aged 65 and older) with the aim to deliver on their selected outcome - *“Increase in percentage of adults and children meeting physical activity guidelines”*.

In the process of delivery on the physical activity outcome, several components were integrated such as mindfulness and meditation session, cooking and nutrition session and cardiovascular training session. The mindfulness and meditation session aimed at reducing the feeling of stress, and anxiety and to boost the mood and emotions of the participants. The successful delivery of this session was a major contribution to the mental health and wellbeing outcomes.

The cooking and nutrition workshop aimed at empowering participants to take greater ownership of their health through healthy diet, eating pattern and nutrition by highlighting the significance of making simple, healthy food choices in daily life and demonstrated practical ways on how to prepare these foods at home. Thereby contributing to lifestyle and behaviour outcomes.

Furthermore, the cardiovascular training sessions aimed at promoting heart-pumping aerobic exercise that helps to control blood pressure, increase energy and stamina among older people (aged 65 years) and simultaneously helps to increase the physical activity levels. This session also contributes to mortality and morbidity outcomes (i.e. Decrease in the unconditional probability of dying between 30 and 70 from four major noncommunicable diseases: cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases).

These types of radial effects were observed across all case studies and efforts to maximise resources to widen the scope of the positive effect were notable among the LAs.

This report uses the information provided by 30 LAs<sup>1</sup> in their annual progress reports for 2023 (01 January to 31 December).

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<sup>1</sup> 31 LAs received funding, Dublin City Council's application was approved in late 2023. Hence, no progress reporting for 2023.

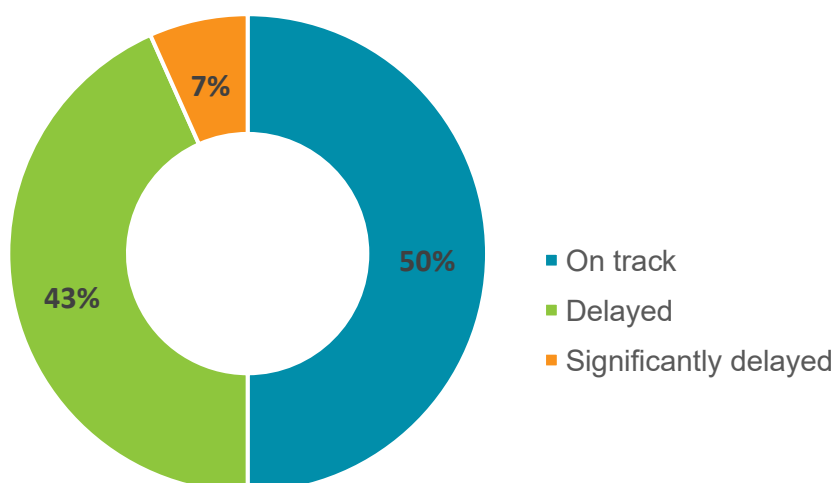
## 2. HIF programme performance

This section provides a description of the progress made towards the delivery of HIF4 work programme, the target groups reached, and the overview of the outcome areas selected by the LAs from the HI Outcome Framework.

### 2.1. Overall programme status

The analysis of progress status shows that 15 (50%) of the LAs are on track to deliver the overall HIF4 work programme<sup>1</sup> in the first reporting year. It is important to note that the LAs are required to deliver their HIF4 work programmes within a period of 3 years. In comparison, 13 (43%) were delayed, and 2 (7%) were significantly delayed within year 1. Despite the delay, the LAs, with their delivery partners, plan to roll over outstanding programmes into 2024 while implementing all planned activities for the second year. The delay is further discussed in section 7.2 below.

*Figure 1: Overall programme status*



### 2.2. Target groups

In the first year of HIF4, a total of 154 target groups were reached. Each LA was asked to indicate which group of people would either benefit the most or be specifically targeted toward the delivery of their outcomes. LAs could choose a maximum of 3 target groups per outcome.

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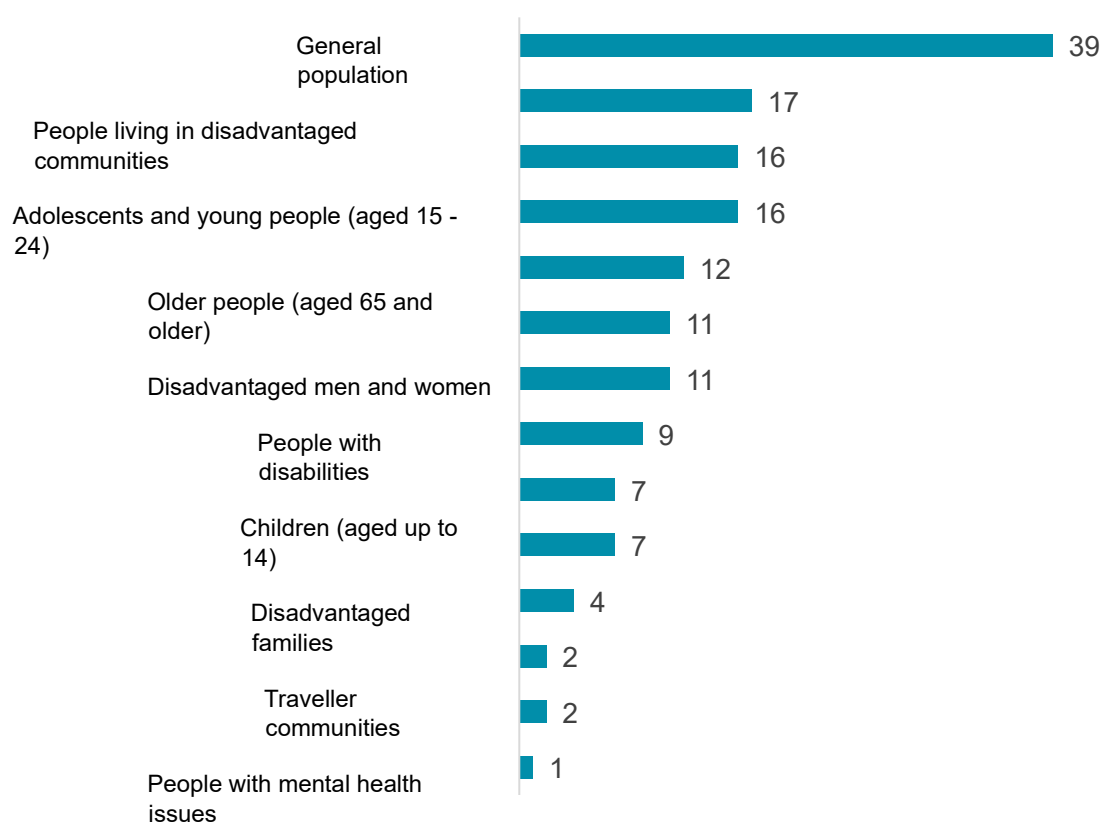
<sup>1</sup> Work programme is the work agreed by the grantees in conjunction with DoH and Pobal, which sets out the deliverables of the programme.

The breakdown of the target groups selected shows that 115 (75%) were targeting vulnerable and socially disadvantaged individuals and communities and 39 (25%) were targeting the

general population. The general population denotes a mix of attendees at general events, such as professionals working with members of disadvantaged communities and local community groups involved in health and wellbeing promotion. The distribution further shows that most of the outcomes selected were targeted at a broad range of vulnerable and socially disadvantaged communities and individuals, such as

- People living in disadvantaged communities,
- Adolescents, and young people (aged 15 - 24),
- People with disability<sup>2</sup>,
- Children (aged up to 14),
- Disadvantaged families<sup>4</sup>

Figure 2: Distribution of target groups.



<sup>2</sup> People with disabilities, including physical/sensory/intellectual and learning disabilities/ASD.

<sup>4</sup> Disadvantaged families, including one-parent families.

Asylum seekers, refugees and migrants

People with chronic illness

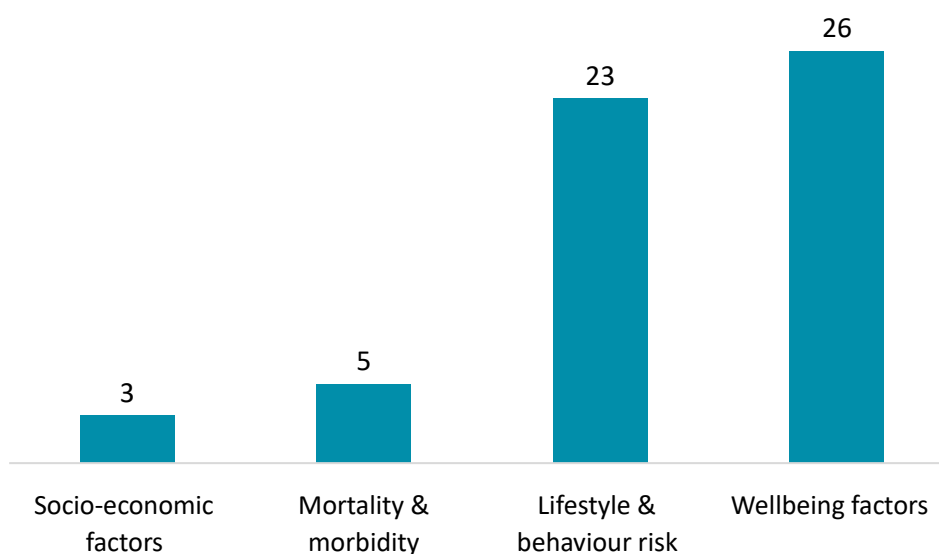
People affected or at risk of homelessness

People with substance use disorders

### 2.3. Outcome selection

As part of the planning and selection of outcomes for HIF4, local authorities developed a local Strategy. Consultations with stakeholders in their respective localities. This resulted in outcome selections based on evidence of local needs and priorities using available data sources data sources from the Health Service Executive (HSE) Health Atlas, Pobal Deprivation Index, and health population database. The outcomes by design actively targeted a diverse range of vulnerable and socially excluded groups of people, as shown in figure 2 above. The LAs selected 57 outcomes from four outcome areas in the outcome frameworks (Please see [Appendix 1](#) for the full list of outcomes).

*Figure 3: The distribution of outcome areas selected by LAs.*



The distribution of outcome areas shows that the majority of the LAs selected wellbeing factors followed by lifestyle and behaviour risk factors. These selections reflect the local needs and priorities and further imply the relevance of HIF in addressing the physical, mental, and social wellbeing of the population. However, two outcome areas were not selected, namely: the preventative measures and environmental factors. The preventative measures outcome area (such as national infectious disease control, screening programmes and immunisation) and environmental factors (such as air quality index, water quality and radon levels) are often conducted by the Department of Health (DoH) and the Environmental Protection Agency (EPA)<sup>3</sup>, respectively.

## 2.4. Outcome areas

Table 1 below shows the overview of the HI outcome areas selected from the outcome framework. The LAs selected a maximum of two outcomes from the HI Outcomes Framework and provided up to a maximum of five outputs per outcome. Outcome indicators support the outcome(s) chosen to track progress and monitor the achievement of HI outcomes.

- The **outcomes** are the expected and desired changes from the project activities.
- The **outputs** are the measurable products of project activities in relation to the outcomes.
- **Outcome indicators** are specific, measurable, achievable, relevant, and timely information that track the performance and achievement of the outcomes.

For example, Galway County Council had one **outcome** namely *“Increase in percentage of people aged 50+ engaging in one or more social leisure activity at least once a week”* under the outcome area wellbeing factors. The measurable **outcome indicator** that helps to track the performance and achievement of the outcome is “Social and cultural participation level (age 50+)”. To achieve the outcome, Galway County Council in conjunction with their implementing partners rolled out social and leisure projects within the local communities, and has various **outputs** which demonstrate their local activities and projects.

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<sup>3</sup> Environmental Protection Agency (2021): Our Environment, Our Health, Our Wellbeing: Access to Blue/Green Spaces in Ireland

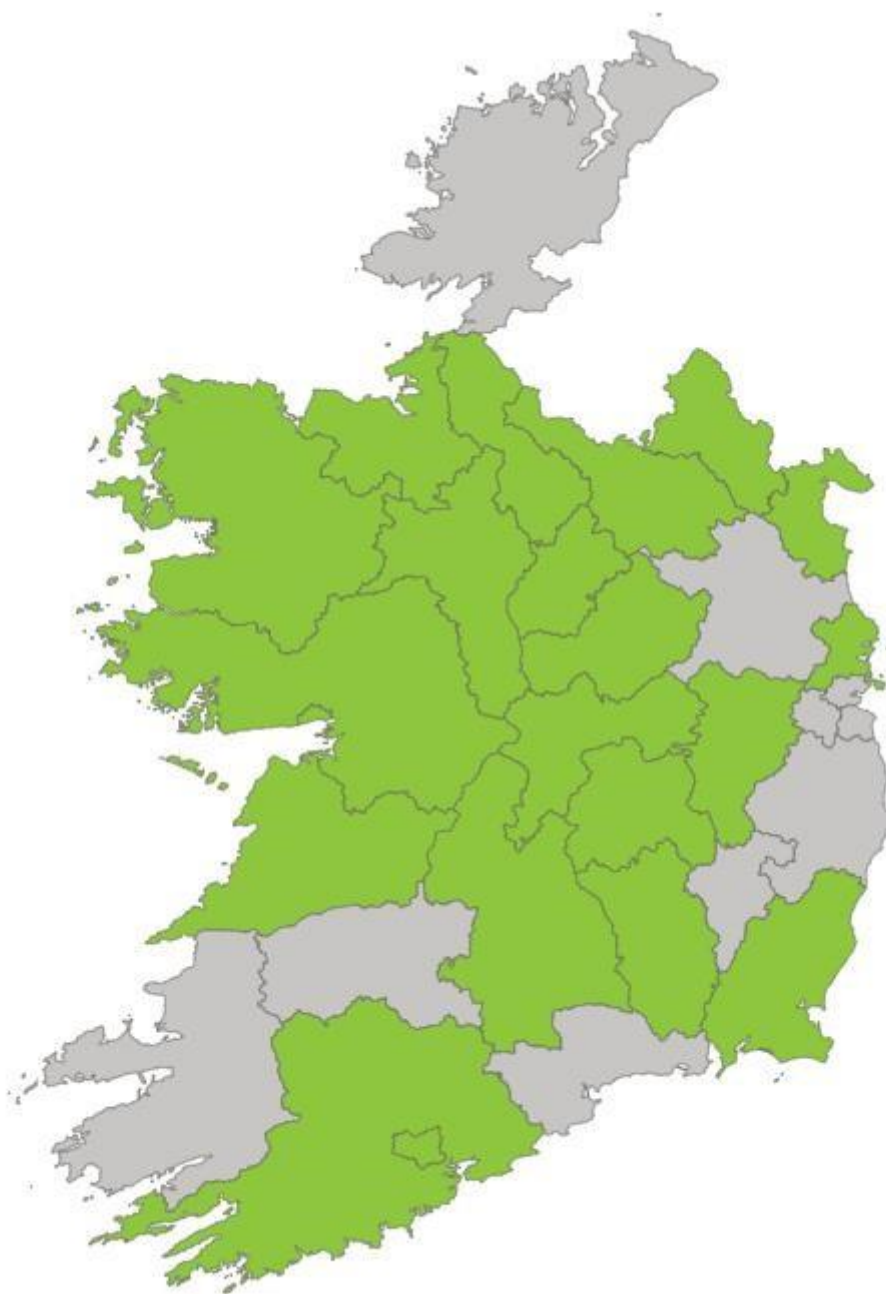
The next section provides a detailed breakdown of each outcome area, the geographical spread, some specific achievements highlighted by the LAs and a selection of case studies exploring projects, the targets groups reached and the tangible benefits at local level.

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### 3. Lifestyle and behaviour risk outcome area

Figure 4 below shows the geographical spread of the 23 outcomes selected by the LAs under the lifestyle and behaviour outcome area. Please see [Appendix 2](#) for the list of outcomes by LAs.

*Figure 4: Geographical distribution of lifestyle and behaviour risk outcome area.*



The HIF lifestyle and behaviour risk outcome area seeks to reduce the prevalence of unhealthy behaviours that contribute to disease burden and enhance the protective factors that improve the overall health and wellbeing of the population.

The breakdown of the outcomes are presented in Table 1 below and it shows, within this outcome area, the majority (64%) of the 22 LAs chose the outcome of *"Increase in the percentage of adults and children meeting physical activity guidelines"*. The selection of this outcome by the LAs shows the commitment of LAs to promote increased physical activity levels across several target groups.

*Table 1: Breakdown of lifestyle and behaviour risk outcomes.*



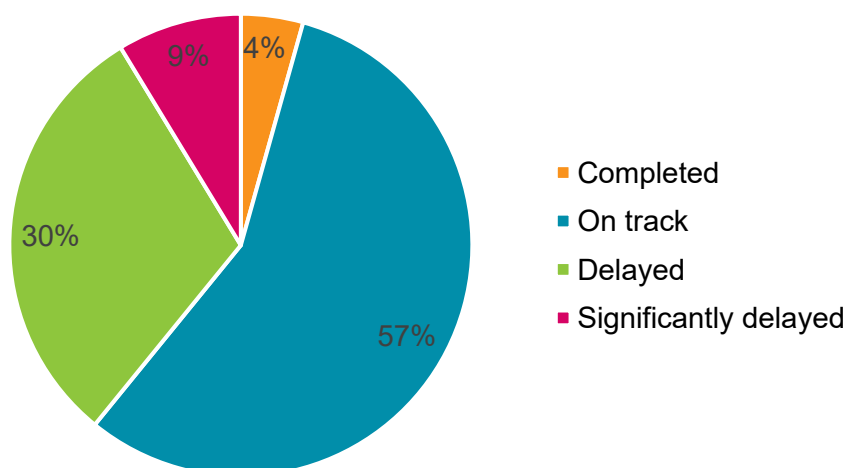
HIF Outcomes	Number of LAs (%)
Increase in the percentage of adults and children meeting physical activity guidelines	14 (64%)
Decrease in the proportion of adults who are overweight or obese	3 (14%)
Decrease in the age-standardised prevalence of heavy episodic drinking	2 (9%)
Decrease in the proportion of people who smoke daily or occasionally	1 (5%)
<b>Total</b>	<b>22 (100%)</b>

As discussed previously, LAs needed to choose and report reported under one outcome, despite the radial benefits of the activities. For example, Kildare LA implemented multiple targeted programmes, including a disability inclusion programme, women in sports and agefriendly programmes that increased participation in and promoted awareness of physical activity benefits. Engagement in these physical activities provided opportunities for social interaction, increased knowledge of the health benefits of physical activity and reduced social exclusion.

### 3.1. Project status of lifestyle and behaviour risk outcome

The analysis of progress status shows that 13 (57%) of the LAs delivering lifestyle and behaviour risk outcomes are on track, 7(30%) experienced delay and 2(4%) had a significant delay toward achievement of the projects. The significant delay experienced on the lifestyle and behaviour outcome in Longford County Council was related to the implementing partners not having adequate staff and shortened period to deliver the projects. In Fingal County Council, engagement with target group was responsible for the significant delay. Only Kildare County Council completed all its projects for this outcome in 2023, this is not a reflection on other LAs as projects can be delivered over 3 years and LAs have the autonomy to deliver their outcomes in a period most appropriate to their needs.

*Figure 4: Progress status of lifestyle and behaviour risk outcomes.*



### 3.2. Key achievements of lifestyle and behaviour risk outcomes

The section provides a description of the successful achievements, and tangible benefits of the projects implemented by the LAs in the first year of the outcome-based approach. Table 2 below presents some of the selected achievements by outcome areas and LAs.

Table 2: Key achievements of lifestyle and behaviour risk outcomes

County	Outcomes	Key achievements
Mayo	Increase in % of adults & children meeting physical activity guidelines.	<p><b>Mini Fun Run:</b> This event provided an opportunity for over <b>850 children</b> to engage in fun, non-competitive activity and fostered a positive attitude towards physical exercise.</p> <p><b>Adults Nature Walk:</b> Delivered a well-structured 12-week nature walk in Ballina. The walk offered a more relaxed and scenic way for adults to stay active, especially for individuals who are less comfortable with high-intensity physical activities.</p>
		It gave the opportunity for <b>adults to engage in regular physical activity</b> through organised practices.

Limerick City and Council	Decrease in the proportion of people who smoke daily/occasionally.	<p><b>Not Around Us:</b> The campaign achieved a considerable number of <b>60 tobacco-free spaces</b> in businesses, organisations, and community parks and playgrounds.</p> <p><b>Decreased the appeal of cigarettes and nicotine-inhaling</b> products to young people and further de-normalised smoking.</p>
Cavan County Council	Decrease in prevalence of age-standardised heavy episodic drinking	<p><b>Alcohol Forum:</b> Collaborated with Monaghan and Cavan Youth Substance Support (MaCYSS) to deliver awareness sessions on alcohol harms in local secondary schools and targeted a total of <b>386 young people, 220 parents and over 350 educators outside of school hours.</b></p> <p>They supported <b>155 adolescents and young people (aged 15-24)</b> who self-reported their interest in changing their behaviour around alcohol use because of attending the event or receiving information.</p> <p>A successful radio campaign on Alcohol Harms reached <b>337,000 listeners weekly.</b></p>
Leitrim County Council	Increase in breastfeeding % rates at first PHN visit and 3-month follow-up.	<p><b>We are Breastfeeding Friendly (WBF):</b> The campaign recorded the uptake of breastfeeding support for mums by <b>50 community businesses.</b></p>

Wexford County Council	Increase in % of adults and children meeting physical activity guidelines	<p><b>Age Friendly Wexford – Let’s Get Moving:</b> Delivered a community social dancing classes and activator pole programmes in <b>4 nursing homes with 144 participants.</b></p> <p><b>Reduced sedentary and increased physical activity of older people (age 65 and above)</b> through supportive physical activity programmes and regular exercise as a progression plan in their physical activity journey.</p>
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### 3.3. Case studies on lifestyle and behaviour risk outcomes.

#### Outcome: Increase in percentage of adults & children meeting physical activity guidelines

##### Woodland for Health

Roscommon County Council, in collaboration with Roscommon Sports Partnership, Mental Health Ireland and HSE Ireland, implemented the Woodland for Health programme with the



aim of encouraging and improving both physical health and positive mental health. The physical component offered 12 weeks of recovery-focused activities in the natural environment. The walk in the woodlands was designed based on the abilities of the participants, using multiple locations to keep the walks exciting and enable participants to advance to more challenging walks as they progressed. The walks also helped participants to develop social and networking skills while achieving the primary aim of

physical and positive mental wellbeing. A total of **40 disadvantaged men and women** took part in the programme.

*"I have seen so many programmes come and go over the years, and this programme is one of the best. I love it. Well, done to all involved." Participant*

##### Wicklow Travellers Group

Wicklow County Council, in collaboration with their delivery partner Wicklow Travellers Group, delivered activities to improve physical health of young Traveller men in the community. The project helped the Travellers to overcome barriers to social inclusion, supported access to healthy activities through the provision of sports and recreational opportunities and improved their fitness levels. A charity football match was held in Shamrock



Park football grounds in Rathnew on the 8<sup>th</sup> of December. A total of **20 young traveller men took part in**

**the game.** The Wicklow Travellers men raised €2,364, and this, in turn, was used to purchase toys and gifts for sick children in Crumlin Hospital.

*“The atmosphere was amazing. It is so good to see everyone having fun while doing something so worthwhile. The children loved watching their dad play, and it was great to see the generosity of everyone coming together...”* Member Wicklow Traveller Group

## GAA For All

The Healthy Ireland Fund enabled Kildare County Council, with its implementing partner, Kildare Sports Partnership, to deliver the Kildare GAA for All programme. The programme aims to increase the percentage of adults and children meeting physical activity guidelines. The programme specifically provided children and teens with additional needs with the



opportunity to be physically and socially active in their local GAA clubs. In 2023, the GAA for All reported that a total of **212 participants actively took part in the weekly programme.** The Healthy Ireland fund supported **57 GAA coaches/volunteers** to take a sports inclusion course in advance of delivering GAA for All activities.

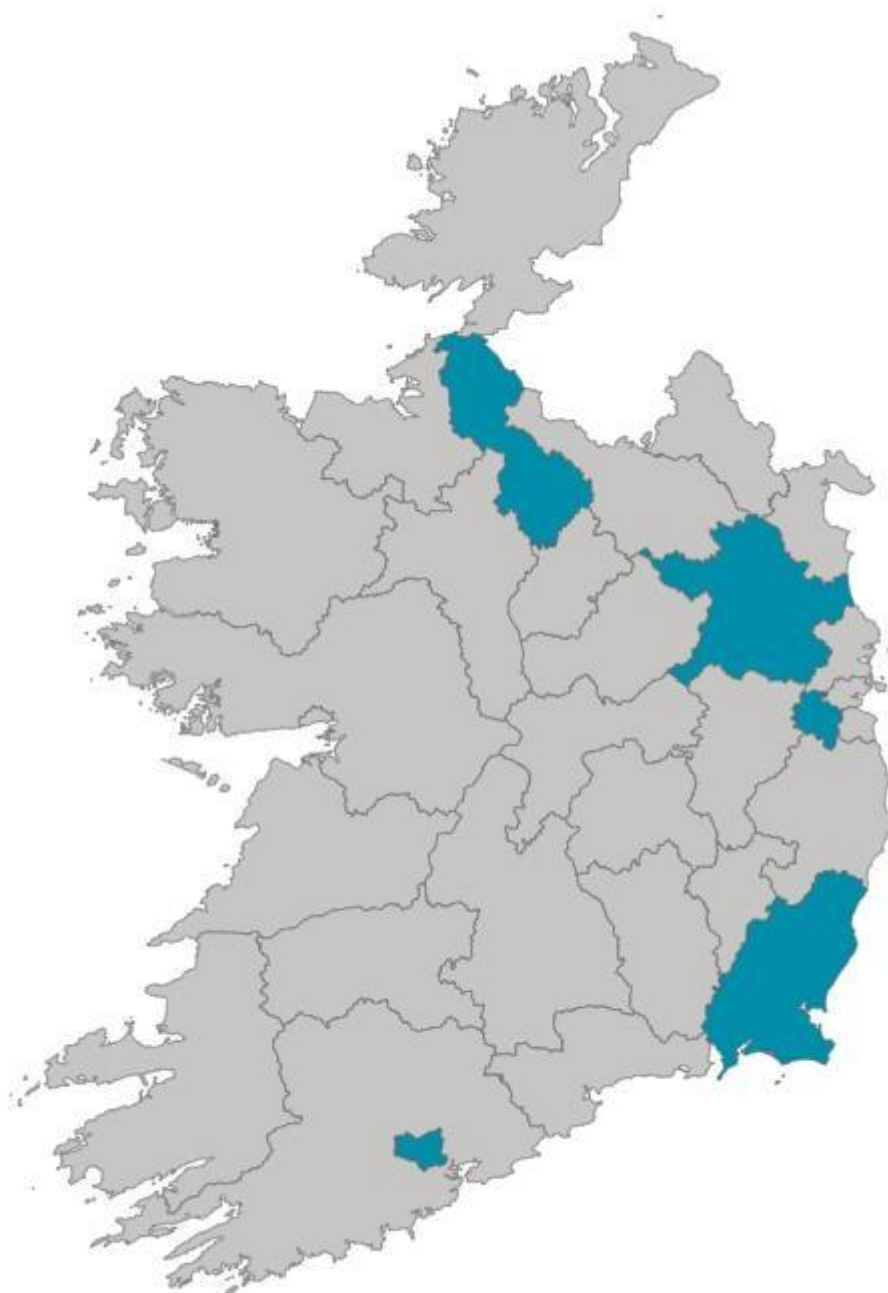
*Healthy Ireland Fund plays a considerable role in supporting clubs, giving educational opportunities to their coaches, resources where needed, and additional activity opportunities through our summer camp programme delivered in collaboration with the team in Kildare GAA...* Fiach Andrews, Sports Inclusion Disability Officer, Kildare Sports Partnership

*The GAA All-Stars programme has had such a positive impact on our club. Over twenty children are registered and attend weekly. We cater for children with physical, intellectual, and sensory needs and have an open-door policy for the group.* Anita, Carbury GAA Club.

## 4. Mortality and morbidity outcome area

Figure 5 below shows the geographical distribution of the 5 outcomes selected by the LAs under the mortality and morbidity outcome areas. Please see [Appendix 3](#) for the list of

outcomes and LAs that selected mortality and morbidity outcome area. *Figure 5: Geographical distribution of mortality and morbidity outcomes*



Life expectancy and mortality rate provide valuable indicators of overall population health because they reflect the cumulative effect of several factors (HSE, 2022)<sup>4</sup>. These factors

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<sup>4</sup> Health Service Executives (2022): Health Indicators Board Update. February 2022 [Health Outcomes Board Paper - Feb22 \(hse.ie\)](https://www.hse.ie/eng/about/ourorg/ourwork/health_indicators/Health_Indicators_Board_Update_Feb2022.pdf)



include social, physical, environmental, genetic, and quality of care. The mortality and morbidity outcome area seeks to increase life expectancy and reduce the leading causes of mortality in Ireland.

Table 3 below shows that under the mortality and morbidity outcomes, 4(80%) LAs primarily focused on the outcome “*decreasing the unconditional probability of dying from the burden of chronic diseases*”.

For example, Meath County Council provided free health checks and early detection of potential health risks to disadvantaged men and women living in disadvantaged communities.

Leitrim County Council was the only county that selected the outcome “*increasing life expectancy without disabilities*,” through educational fall prevention campaigns to reduce the risks of falls that cause disabilities and provided rehabilitation services.

*Table 3: Breakdown of mortality and morbidity outcomes.*

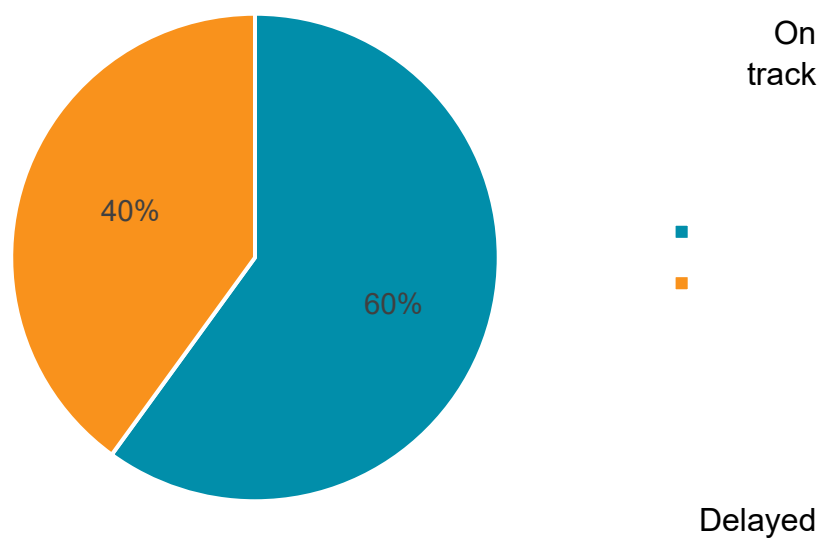
HIF Outcomes	Number of LAs (%)
Decrease in the unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease	4 (80%)
Increase in the average number of remaining years that persons of a certain age can expect to live without disability	1 (20%)
<b>Total</b>	<b>5 (100%)</b>

#### 4.1. Project status of mortality and morbidity outcome

The progress made toward the mortality and morbidity outcome area shows that 3 of the LAs are on track while 2 have rolled over into the second year and all outcomes will be delivered before the end of round 4 in 2025. This further highlights the flexibility of HIF4 as LAs have the autonomy to deliver their outcomes in a period most appropriate to their needs.

*Figure 6: Progress status of mortality and morbidity outcomes*





## 4.2. Case study on mortality and morbidity outcome.

**Outcome: Decrease in unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease**

### Chronic Disease Risk Management Programme

Healthy Meath, in collaboration with The Irish Pharmacy Union, launched the Chronic Disease Risk Management programme in disadvantaged areas of County Meath. The goal of the programme is to reduce the unconditional probability of dying from chronic disease burden (cardiovascular diseases, cancer, diabetes, or chronic respiratory disease) among the population.

The chronic disease risk management programme provided a free comprehensive health check to adults between 40 and 64 years old without any pre-existing health condition, who are not pregnant or breastfeeding and who live in disadvantaged communities in County Meath.



**FREE HEALTH CHECKS**

Healthy Meath in collaboration with Kenlis and Lynch's pharmacies in Kells and McQuaid's pharmacy in Oldcastle are offering free health checks to the public including:

- Lifestyle assessment
- Blood pressure & pulse rate
- Waist circumference
- Cholesterol and blood sugars
- Personalised advice

**FOR MORE INFO OR TO BOOK YOUR FREE HEALTH CHECK CONTACT ONE OF THE BELOW PHARMACIES**

KENLIS PHARMACY KELLS	LYNCH'S PHARMACY KELLS	MCQUAID'S PHARMACY OLDCASTLE
☎ (046) 924 7944	☎ (046) 924 0515	☎ (049) 854 1138
✉ kenlis@totalhealth.ie	✉ lynchsparmacy@gmail.com	✉ mcquaidsparmacy@gmail.com

Logos: hi Meath, Irish Pharmacy Union, pobal, Sláinte.ie, LCDC, Roche

The Healthy Ireland Fund supported by the Department of Health

Three community pharmacies in Kells and Oldcastle delivered the programme. The pharmacists gave personalised advice after the health check based on the result. They followed up after 4-6 weeks to find out if individuals acted on the advice they received and what behaviour changes they have made because of the health checks. The follow-up records



show that a total of **60 adults received the free health checks**, 97% of the participants responded to the follow-up calls, and **87% reported that they had made positive changes to their behaviours to manage and reduce the identified health risks**. The project helped the disadvantaged men and women in addressing the barriers to

accessing health professionals, including the cost of an appointment, difficulty getting an appointment, and fostering healthier communities.

### 4.3. Key achievements

Table 4 below provides a description of the successful achievement, and tangible benefits of the projects implemented by the LAs within their localities in the first year of the outcomebased approach.

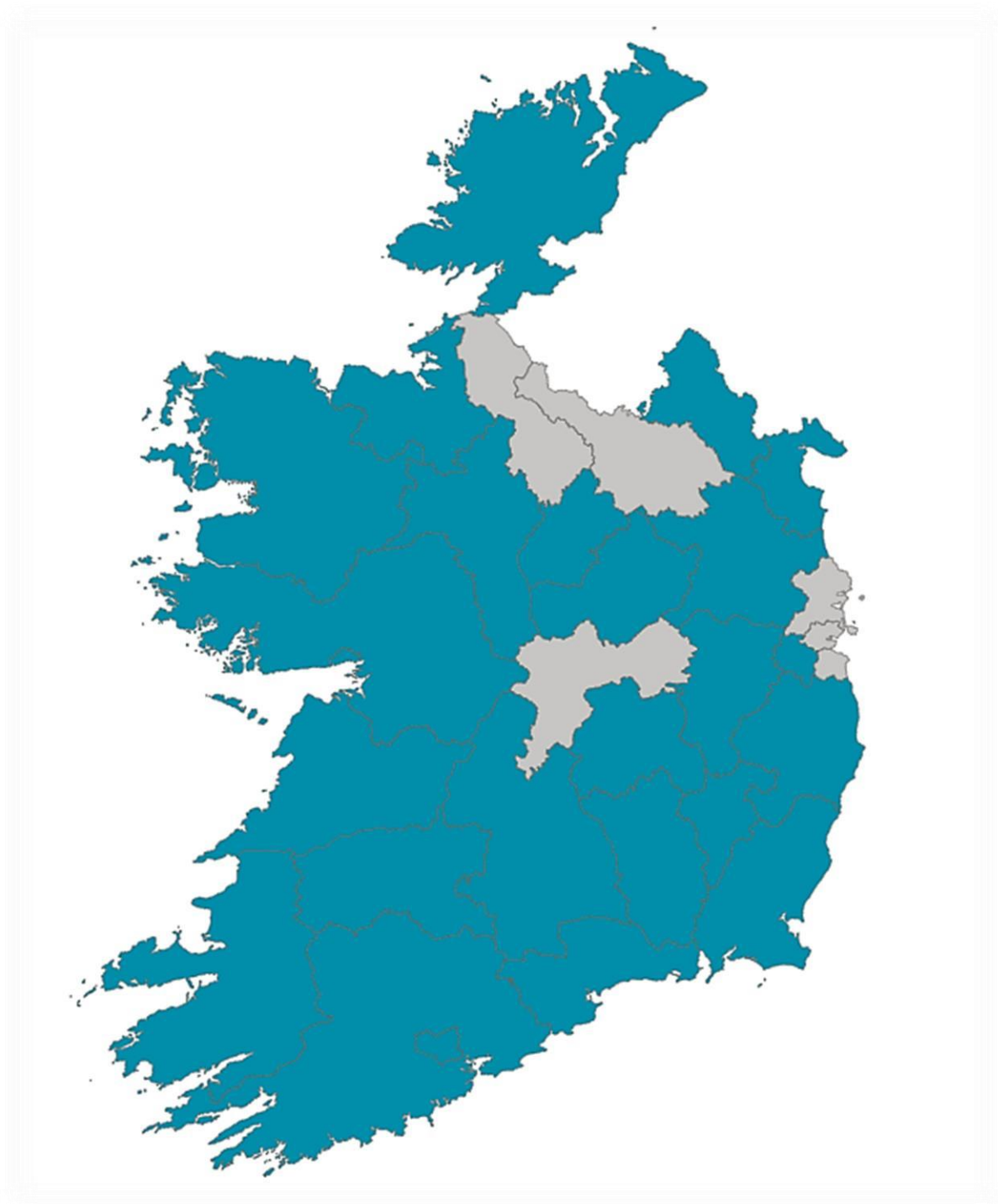
Table 4: Key achievements

County	Outcomes	Key achievements
Cork City Council	Decrease in the unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease.	<p><b>Active Travel and Public Transport</b></p> <p><b>Programmes:</b> The transition to healthier travel modes made gains in lowering mortality and morbidity.</p> <p>Reduced car dependency and enabled better health outcomes <b>among 1,351 who have shifted to active travel and public transport.</b></p>
Leitrim County Council	An increase in the average number of remaining years means that persons of a certain age can expect to live without disability.	<p><b>Falls Prevention Programme: 115 people took part in the training</b>, which focused on preventing falls and providing management and rehabilitation services.</p> <p><b>Digital Literacy: 778 completed the digital literacy training</b> delivered in partnership with the Education Trust Board (ETB) to raise awareness about the benefits of digital health in preventative care and early detection to improve quality of life.</p>
Meath County Council	Decrease in the unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease.	<p><b>Sunscreen Dispenser Pilot Programme:</b> delivered awareness sessions on sun protection measures to reduce the risk of skin cancer and on the risk of Noncommunicable Disease (NCD) and reached a total of <b>691 individuals within the local communities.</b></p>

## 5. Wellbeing factors outcome area

The map below (Figure 7) shows the geographical spread of the 27 LAs that selected wellbeing factor outcomes. Please see [Appendix 4](#) for the list of outcomes and LAs that selected wellbeing factors outcome area.

*Figure 7: Geographical distribution of wellbeing factor outcomes.*



Wellbeing is the aggregation of quality of life and mental and physical health, among the many factors that influence overall health and social engagement. The wellbeing factors outcome aims to achieve good health, where everyone achieves their potential to enjoy complete physical, mental, and social wellbeing.

Table 5 below shows that about half 13 (48%) implemented projects that focused on increasing an individual's level of positive mental health, 5 (19%) on reducing negative mental health, 5 (19%) on increasing self-reported health to be very good or good and 3 (11%) on increasing engagement in social activity by people aged 50 and above.

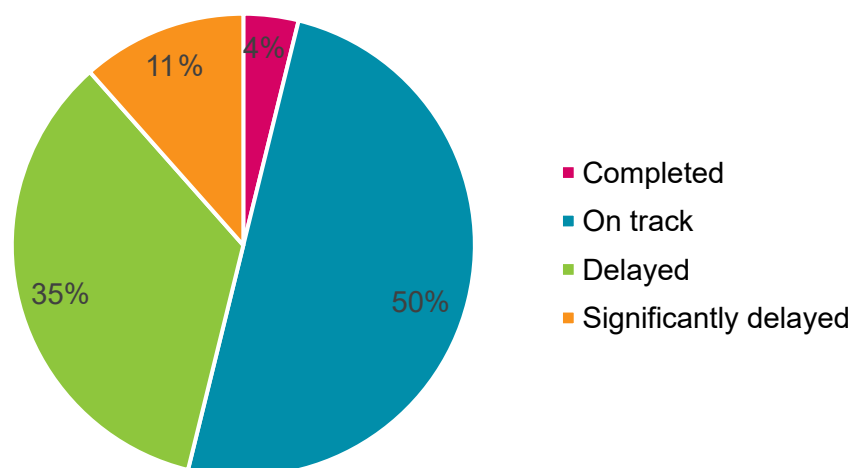
*Table 5: Breakdown of wellbeing outcomes.*

HIF Outcomes	Number of LAs (%)
Increase in individual's level of positive mental health as per Energy and Vitality Index	13 (48%)
Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire	5 (19%)
Decrease in no. of people showing negative mental health as per Mental Health Index-5 over the past four weeks	5 (19%)
Increase in % of people aged 50+ engaging in one or more social leisure activities at least once a week	3 (11%)
Increase in % of people aged 50+ who feel safe to walk alone after dark in their locality	1 (4%)
<b>Total</b>	<b>27 (100%)</b>

### 5.1. Project status of wellbeing factor outcome

The majority of the LAs 13 (50%) are on track to complete the wellbeing outcome projects, 9(33%) were delayed, Plans have been made to roll over the projects into 2024. LAs have the flexibility to deliver the outcome within three years of HIF4.

*Figure 8: Progress status of wellbeing factor outcome.*



## 5.2. Key achievements

The section describes the outstanding achievement and tangible benefits of the projects implemented by the LAs within their localities in the first year of the outcome-based approach. Table 6 below presents some of the selected achievements by outcome areas and LAs.

Table 6: Key achievements in wellbeing factor outcomes.

County	Outcomes	Key achievements
Wicklow County council	Increase in individual's level of positive mental health as per Energy and Vitality Index	<b>Fit Farmer Programme:</b> Provided mental health training and activities for <b>68 rural farmers</b> in Carnew Mart.
Roscommon County Council		<b>Health and Wellbeing support events:</b> Targeted <b>334 disadvantaged men and women</b> to improve their health and wellbeing.

Kilkenny County Council	Increase in % of persons assessing health to be very good/good as per EUSILC questionnaire.	<p><b>Kilkenny One-Parent Community initiative:</b> provided community engagement support and social activities for one parent's families to socialise at no cost.</p> <p><b>85% of parents</b> reported feeling socially connected, increased self-confidence, and improved mental health.</p> <p>Kilkenny Traveller Health and Wellbeing: Delivered health and wellbeing awareness programme with <b>52 participants, and 26 reported</b> their health to be very good or good after participating in the events.</p>
Cork County Council	Increase in individual's level of positive mental health as per Energy and Vitality Index	<p><b>PSYCHED Programme:</b> <b>33 businesses</b> reported an improvement in their staff's mental health because of their engagement with the programme.</p> <p><b>Cultural Companions Programme:</b> This programme provided social connections for <b>older people (aged 65 and above)</b> through cultural activities such as plays, films, shows, and exhibitions.</p> <p><b>54 participants</b> reported improvement in their mental health because of engagement in the programme.</p>
Louth County Council		<p><b>Youth Positive Mental Health:</b> Conducted outdoor activities to foster social connections and raise awareness on positive mental health with <b>106 adolescents and young people</b> in attendance. The participants reported enhanced feelings of energy.</p> <p><b>Minding Your Mind (Crisis Café):</b> Provided a safe space for <b>individuals experiencing mental health crises</b>, offered immediate support and</p>

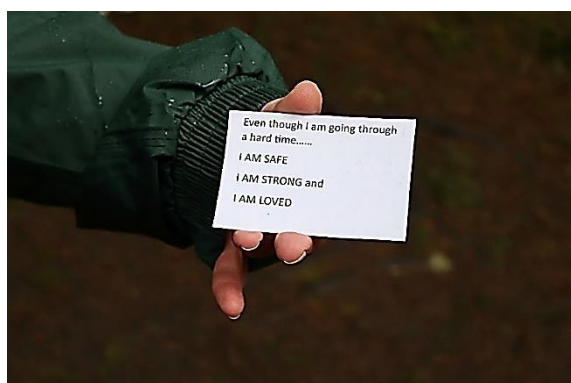
		resources to help reduce feelings of distress and improve mental wellbeing.
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### 5.3. Case Studies on wellbeing factor outcomes

#### Outcome: Increase in individual's level of positive mental health as per Energy and Vitality Index

##### Building Resilience for Life

Healthy Galway City, in collaboration with Galway Training Center, delivered the Building Resilience for Life programme for people with mental health issues. The programme employed a bespoke therapeutic and service-user-centered approach to positive mental wellbeing. It had two aspects: "Autumn Wellbeing" and "Chill and Crafts."



The Autumn Wellbeing is a 6-week programme that includes mindfulness practice, emotional awareness, communication skills, and resilience building, which are all delivered during the autumn season. Chill and Crafts is a series of 8 workshops to promote relaxation, creativity, and wellbeing during the winter season. Both programmes were designed and facilitated by a mental health art and craft expert. In total, **38**

**Service Users took part in the programmes.** They were able to make healthy food choices, cope with life stressors, and have the confidence to advocate for themselves. All the participants received certificates after the successful completion of the programmes.



## Outcome: Decrease in no. of people showing negative mental health as per Mental Health Index

### MenoWell

Healthy Monaghan, in collaboration with their implementing partner EduFIT, delivered the MenoWell Monaghan programme to reduce the number of people showing negative mental health. The programme was a free 6-week online exercise, nutrition and health education programme promoting wellness for women in all stages of life, with a particular focus on perimenopause and post-menopause. The programme had **228 female participants**, 83% of whom were between the ages of 40 and 59. The participants had two 40-minute live multimodal exercise classes per week and one 30-minute live health education workshop each week with access to a substantial on-demand catalogue of exercise videos, workshop recordings and take-home resources. The funding received from Healthy Ireland made the programme accessible to women from disadvantaged communities in Monaghan, as the cost of participation was the most significant barrier to entry. The delivery mode ensured broader coverage across the three municipal districts (MD). The disaggregation of participants showed that 47% of the women were from Monaghan, MD, 27% from Carrickmacross-Castleblayney, MD and 26% from Ballybay-Clones, MD.



**FREE MenoWell**  
A 6-week online evidence-based exercise, nutrition, and health education programme promoting wellness for women in all stages of life, with a special focus on perimenopause and post-menopause.

**WHAT IS INCLUDED?**

- 2 LIVE ONLINE WOMEN-SPECIFIC MULTIMODAL EXERCISE CLASSES PER WEEK**  
These 40-minute classes will take place on **Mondays and Thursdays at 8pm** via Zoom and are suitable for women of all ages and fitness abilities and for those living with clinical conditions.
- 1 LIVE ONLINE EVIDENCE-BASED HEALTH EDUCATION WORKSHOP PER WEEK FOR WOMEN AGED 30 YEARS+**  
These 30-minute workshops will take place on **Wednesdays at 8pm** via Zoom, with time allocated afterwards for Q&A with the experts. Practical take-home resources will also be provided.
- AN ON-DEMAND LIBRARY OF SPECIFIC EXERCISE VIDEOS AND NUTRITION RECIPES, AS WELL AS RECORDED HEALTH EDUCATION WORKSHOPS**

**HEALTH EDUCATION TOPICS:**

- MUSCLE MATTERS IN MENOPAUSE
- NUTRITION FOR A HEALTHY MENOPAUSE
- BUILDING BONES IN MENOPAUSE
- HEALTHY HEARTS IN MENOPAUSE
- SLEEPING SOUNDLY IN MENOPAUSE
- SELF-CARE IN MENOPAUSE

**FOR WOMEN AGED 30+ YEARS LIVING IN COUNTY MONAGHAN**

**HOW DO I SIGN UP?**  
Please click the link in the description or visit [www.edufit.ie/menowell-monaghan-sign-up/](http://www.edufit.ie/menowell-monaghan-sign-up/)

**STARTING WEDNESDAY 18TH OCTOBER AT 8PM FOR 6 WEEKS**

If you have any questions, please contact Kiera (085 849 7737) or Ruth (083 374 8262) or email [programmes@edufit.ie](mailto:programmes@edufit.ie)

The pre- and post-survey showed that the participants said the **6-week programme had positively influenced their outlook on menopause and improved their mental health**. The evaluation undertaken showed that 79% of the participants rated the programme 5-star, and 21% rated it 4-star in terms of achieving the programme goals of improving physical and mental health.

## Outcome: Increase in % of persons assessing health to be very good/good

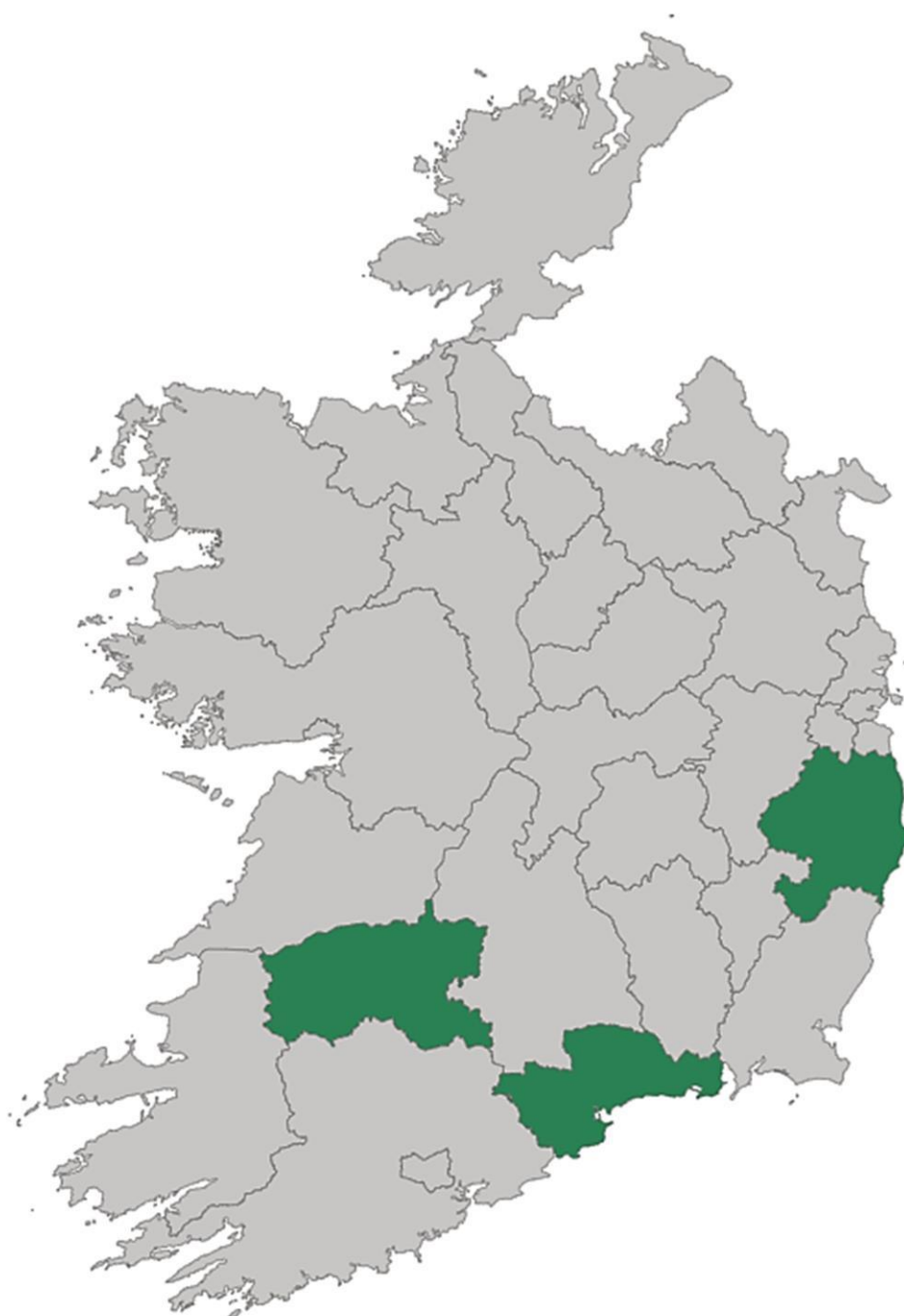
## Collaborative Assessment and Management of Suicidality (CAMS)

Healthy Kildare, in collaboration with CAMS-care, delivered training for mental health professionals in Kildare. The aim is to increase the number of people who receive mental health training as part of their continuing professional development. The project was in response to the challenge of lack of adequate training for professionals supporting people with poor mental health and supported community-based therapists to provide crucial mental health services to people at risk of suicide in Kildare. **Seventeen (17) counsellors took part in the training**, from the following services: Insync, the Newbridge Family Resource Centre and the Curragh Family Resource Centre. The survey showed that 80% reported that they would be able to incorporate concepts learned during the training into practice right away. 120% reported that they would use the concepts in some of their counselling sessions. **All the participants reported that the capacity-building session would help them support their clients in improving their mental health.**

## 6. Socioeconomic factors outcome area

The map below (Figure 9) shows the geographical spread of the 3 outcomes selected by the LAs that delivered socioeconomic outcomes. They are Limerick City and County Council, Waterford City and County Council and Wicklow County Council.

*Figure 9: Geographical distribution of socioeconomic factors outcomes.*



According to World Health Organisation (WHO, 2023)<sup>5</sup> socioeconomic factors are the conditions in which people are born, grow, live, work, and age, as well as the broader set of forces and systems shaping the conditions of daily life. These factors are multidimensional and are mostly outside the health sector such as income, education, occupation, housing, and

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<sup>5</sup> WHO (2023): Integrating the social determinants of health into health workforce education and training. Geneva: World Health Organization [9789240064256-eng.pdf \(who.int\)](https://www.who.int/publications-detail/9789240064256-eng)

social class. The aim of this outcome is to reduce health inequalities and improve the overall health and wellbeing.

Table 7 shows that the LAs implemented projects that focused on reducing the percentage of those at risk of poverty and basic deprivation and the percentage of educationally disadvantaged communities.

*Table 7: Breakdown of socioeconomic outcomes.*

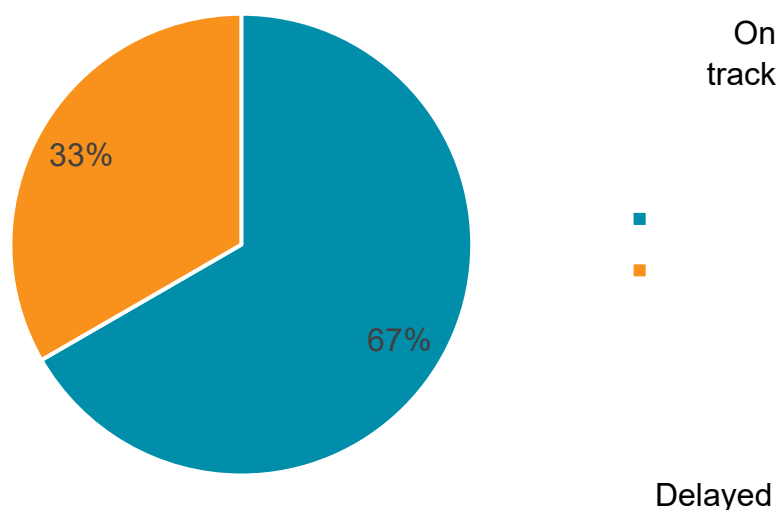
HIF Outcomes	Number of LAs (%)
Decrease in % of those at risk of poverty & basic deprivation	2 (67%)
Decrease in % of schools/school clusters/communities with concentrated levels of educational disadvantage	1 (33%)
<b>Total</b>	<b>3 (100%)</b>

### 6.1. Project status of socioeconomic outcome

The progress status shows that Limerick City and County Council and Waterford City and County Council are on track to complete the socioeconomic projects, and Wicklow County Council experienced a delay. The delay was due to a protracted recruitment process with their lead implementing partner. The LAs have three years to deliver on all outcomes, and the socioeconomic outcomes will be delivered before 2025.

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*Figure 10: Project status of socioeconomic outcome.*



## 6.2. Key project achievements

The section describes the successful achievement and tangible benefits of the projects implemented by the LAs within their localities in the first year of the outcome-based approach.

Table 8 below presents some of the selected achievements by outcome areas and LAs.

Table 8: Key achievements

County	Outcomes	Key achievements
Waterford City and County Council	Decrease in % of schools/school clusters/communities with concentrated levels of educational disadvantage.	<b>Community Training:</b> Provided vocational skills training and increased the capacity of the disadvantaged men and women in the Aiseiri progression centre. The training equipped participants with the confidence and skillset needed to pursue a meaningful career path.
Limerick City and County Council	Decrease in % of those at risk of poverty & basic deprivation	<b>Limerick Food Partnership:</b> Delivered awareness sessions and increased the supply of healthy food options to disadvantaged communities.

		Launched a comprehensive research piece with the University of Limerick on the risk of poverty and basic deprivation in Limerick
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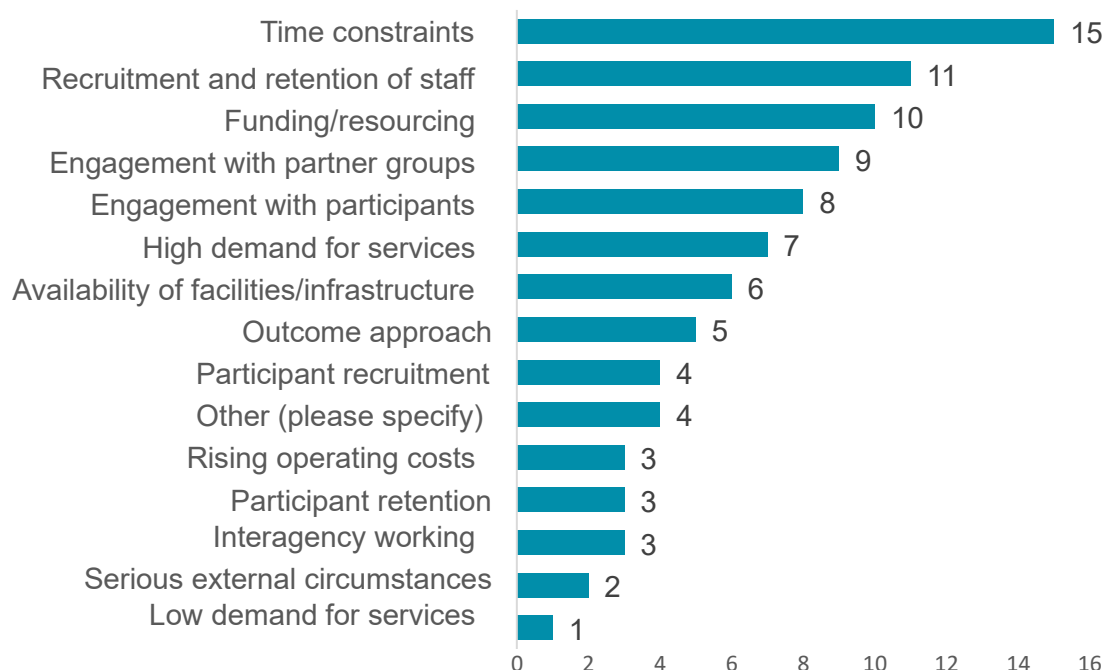
## 7. Project challenges and solutions

### 7.1. Challenges and solutions

The challenges reported by the LAs during year one of HIF4 were categorised into 15 unique groups (Figure 11). Pobal provided support to help navigate through some of the challenges

and the LAs adopted innovative solutions. Despite the challenges faced during year one of the outcomes-based approach, all the LAs continued with the implementation of their projects and there was no request to change outcomes selected. The description of the difficulties reported are as follows:

Figure 11: Challenges



## 7.2. Time constraints

Half of the LAs 15(16%) highlighted time constraints as the major challenge, as this was in relation to the timing of funding. An unavoidable delay in the release of funding in 2023 was caused by several factors. The Local Authorities requested an extension of the application deadline from the fourth quarter of 2022 to January 2023 to allow additional time for the completion of their proposals. The grant management process was impacted by this, and as a result, grant agreements were finalized in May 2023.

Some of LAs rolled over their planned programmes into year two and made plans to deliver all programmes by 2025.

*The delay in funding put an awful lot of pressure on implementing partners, so the Healthy Ireland projects were delayed in getting started. In some cases, it meant not being able to proceed with the original programme at all, and this put much strain on the interagency partnership...* Tipperary County Council

### 7.3. Recruitment and retention of staff

For some LAs, recruitment of suitable HI Coordinator to lead HI projects was a struggle and protracted recruitment process had a knock-on effect on project planning and implementation. In addition, some LAs were faced with the challenge of information gaps that resulted from HI coordinator leaving the organisation for permanent positions. The LAs highlighted that their implementing partners encountered a similar challenge regarding recruitment and retention of staff to support project delivery. Majority of the LAs (27) now have HI coordinators in place to drive the implementation of health and wellbeing programmes and the remaining LAs undergoing recruitment process have committed plans to ensure delivery of all agreed HIF work programmes by the end of 2025.

*Recruitment of our Let's Play Cork Coordinator took approximately five months, which had a significant impact on the project roll-out...* Cork City Council

### 7.4. Engagement with partner groups

In most cases, LAs highlighted excellent delivery of project activities and positive working relationships with their local implementing partners. However, in a small number of cases, challenges were reported in relation to slow progress in project delivery and delays in progress reporting. These LAs reported that the concerns of their implementing partners were taken on board and in some cases additional time was given, and addendums to Service Level Agreements (SLAs) were signed to allow projects to be delivered by the second quarter of 2024. In some cases, the LAs supported their delivery partners to prioritise tasks, streamlined processes, and leverage existing networks and partnerships to expedite implementation without compromising the quality and impact of their interventions.

### 7.5. High demand for services

A sizeable number of the LAs reported an increase in demand for services. The high demand for services reflects the effectiveness and relevance of the HI project in improving the health and wellbeing of the population. For instance, in Kildare County Council, demand for places on the Collaborative Assessment and Management of Suicidality (CAMS-care) in-depth training for mental health professionals was oversubscribed. Hence, to ensure delivery of the intervention, the selection was based on participants with the greatest needs or whose works were most applicable to the specialised nature of the training. Plans have been made to deliver a similar programme with consideration to accommodate more participants.



## 7.6. Availability of facilities/infrastructure

Inaccessibility or limited facilities in disadvantaged communities and rural areas pose a significant challenge to supporting physical and mental activities. In Kilkenny, adolescents and young people with additional needs only had access to a swimming pool 1day/week due to the limited number of pools and slots. Cavan County Council had a similar challenge with the Learn to Swim project targeting migrants, teenagers, and women. The LAs in collaboration with Swim Ireland made an innovative establishment of pop-up pools. In Wicklow County Council, the food poverty campaign aimed at disadvantaged areas such as Tinahely/Shillelagh/Carnew and Rathnew had a significant challenge with securing venues to accommodate participants and community members. The LAs liaised with the local schools and sporting clubs to use their facilities to deliver the programmes for the disadvantaged communities.

## 7.7. Outcomes approach

The difficulties highlighted by some LAs were in relation to outcome data collection, measurement tools, and reporting of outcome data. Pobal organised training events on data collection methods, measurement tools, data protection, and progress reporting to address these challenges. Pobal provided specific one-to-one support and guidance to HI coordinators to resolve difficulties faced. The training and support provided helped all the LAs to embed the novel outcomes-based approach in their local operational programmes and this was passed on to their implementing partners.

## 7.8. Other challenges

The challenges reported under this category were data protection issues and the administrative burden on HI coordinators to deliver health and wellbeing projects in their counties with limited support. For example, a cycling project aimed at promoting physical activity and reducing the number of adults who are overweight or obese was launched by the Laois County Council in collaboration with its implementing partner. However, the project was put on hold because the cloud-based application, which is the data warehouse used in the project, was in the United States, which is contrary to the European Union General Data Protection Regulation (EU-GDPR).

# 8. Lessons learnt

The LAs shared the lessons learnt during the first year of the HIF4 outcome-based approach to help understand operational practices that can be avoided, promoted, or shared as good

practices. The lessons will inform future HIF programme actions in terms of what could be done differently and what worked. The lessons are categorised into four as follows:

1. **Funding:** The LAs highlighted the crucial role of prompt funding approval in implementing projects, particularly time-sensitive projects.
2. **Partnership with local community groups:** The outcomes approach required significant collaboration and engagement with multiple community groups. This process was challenging and time-consuming, especially when there were diverse priorities. Collaborating with representatives of the community groups to co-design projects for the community is an excellent example of good practice with substantial reach to promoting health and wellbeing among local communities.
3. **Complementarity with other programmes:** The outcomes approach involved the design and implementation of projects in line with existing national guidelines and programmes. Therefore, there should be a relationship with established programmes that already have existing connections with the communities and target groups to address critical challenges across different areas.
4. **Outcome-led approach:** The introduction of an outcome-led approach is novel, with a strong focus on actual results and demonstration of these results. Hence, some level of detailed information is needed to track and monitor progress. The internal capacity to provide such high-level information to monitor outcome progress was a primary concern to the LAs. Therefore, periodical training and support events on data collection, measurement tools and reporting would be needed to support the existing HI coordinators and especially the new coordinators.

## 8.1. Assessment of additional needs

This section provides fundamental and strategic information on how the HI coordinators can be supported throughout the lifecycle of HIF4 to ensure effective delivery of all outcomes. It also reflects the experiences of the HI coordinators within the year one of the outcomes-based approach. The assessment of the additional support or training that could be provided to the LAs is divided into two groups such as:

**Administrative support:** The HI coordinators reported the need for clerical support to lessen the administrative burden, as their duties are broad and involve all health and wellbeing programmes within their local authorities.

**Training:** The following areas were highlighted as beneficial training:

1. **Outcome measurement:** Additional training sessions on data collection, outcome measurement, and General Data Protection Regulation (GDPR) guidelines and

restrictions would be helpful. The training resources should be accessible on Pobal's portal to new and existing HI coordinators. This training will equip all stakeholders with the knowledge and skills to plan, implement and report effectively. The possibility of extending the training support to the lead implementing partners can be explored as they are directly involved in the delivery of projects to the beneficiaries or target groups.

**2. Accredited training on health promotion and social determinants of health:**

The provision of accredited training linked to the HI Outcome Framework would help improve the capacity of the coordinators to deliver quality HIF projects and improve collaboration with local government, Health Service Executive (HSE), community stakeholders and implementing partners. The understanding of social determinants (environmental and socioeconomic) of health would help counties to develop a comprehensive approach to health beyond physical and mental health.

**3. SLA and project design:** Specific guidance and information on developing a robust SLA would be helpful. This training is essential for coordinators to effectively collaborate with implementing partners, track progress, address challenges, and make evidence-based adjustments to achieve agreed-upon outcomes. Training to support project design for a long-term sustainability plan and strategies for continued success beyond the initial funding periods would be an asset.

**4. Grant management and financial reporting:** Additional training on optimising budget, financial reporting, and compliance with funding requirements (eligible and non-eligible costs) would be helpful in managing funding expenditures and ensuring effective resource utilisation.

## 9. Conclusion

Healthy Ireland is a national framework for improving health and wellbeing of the people in Ireland. HIF4 is based on the conceptual model of outcomes approach and focused on actual

results or progress achieved rather than inputs and outputs. HIF4 is a 3-year programme (2023-2025) with a budget of **€15,681,955.07** for the Healthy City/County Coordinator post, planning and outcomes delivery. All 31 Local Authorities (LAs) were granted funding to implement projects that would improve population health and wellbeing by shifting our emphasis to prevention, and to empowering individuals and communities to take more responsibility for their health and wellbeing.

30 LAs successfully embedded the outcome approach to local health and wellbeing programmes. A total of 57 HIF outcomes were selected across LAs and the LAs have increased flexibility to deliver on all outcomes within three years. The breakdown of these outcomes shows that 26 LAs are working to deliver on wellbeing outcome area, 23 LAs are working to deliver on lifestyle and behaviour outcome area, 5 LAs are working to deliver on mortality and morbidity outcome area and 3 LAs are working to deliver on socioeconomic outcome area.

In the first year of the round 4, projects across LAs targeted a broad range of vulnerable and socially disadvantaged communities and individuals such as people living in disadvantaged communities, adolescents, and young people (aged 15 - 24), older people (aged 65 and older), disadvantaged men and women, people with disabilities, children (aged up to 14), disadvantaged families (including lone parent families), and travellers. A total of 154 target groups were reached. The projects were devised to be more inclusive and easier to access for hard-to-reach groups and enabled individuals of all ages and abilities to access health and wellbeing activities and/or to gain knowledge that would inform a shift toward healthy lifestyle or behaviour.

In the process of delivery on selected outcomes, radial effect - positive contributions to unselected outcomes were observed. This radial effect reflects the multifaceted benefits that go beyond the delivery of one outcome. These types of radial effects were observed across all case studies and efforts to maximise resources to widen the scope of the positive effect were notable among the LAs. This stresses the need to encourage LAs to have a comprehensive approach by incorporating socioeconomic and environmental determinants of health.

The learnings highlighted during the first year of round 4 revealed that continuous partnership with multiple local community groups is important to the successful delivery of health and wellbeing outcomes for individuals and communities. The partnership is essential as some of the groups have established relationships or connections with the communities and target groups. Fostering these partnerships would ensure that what is delivered is most suited to the group or community they want to service. Hence, modification of activities would be encouraged to ensure outcome delivery processes are adaptive to the target groups' needs.

The first year of the outcomes approach saw the introduction of outcome data measurement and collection - both quantitative and qualitative data to track progress and help LAs to measure the actual added value of their initiatives. The second year will build on the progress made and address some of the issues highlighted for example the possibility of extending the outcomes measurement and data collection trainings to the implementing partners coupled with the ongoing support to the LAs to ensure delivery of all outcomes by the end of the third year.

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## 10. Appendix 1: Details HIF Outcome Areas and HIF Outcomes

Preventative Measures Outcome Area
• Increase the percentage uptake of breast screening by eligible women (age 50-69)
• Increase the percentage uptake of cervical cancer screening by women within 5 years
• Increase the proportion of women who availed of bowel screening
• Increase the percentage of children (24 months of age) who have received the first dose of MMR (Measles, Mumps and Rubella) (Measles, Mumps and Rubella) (Measles, Mumps and Rubella) vaccine.
Lifestyle & Behaviour Risk Outcome Area
• Decrease in the proportion of adults who are overweight (BMI $\geq 25$ kg/m <sup>2</sup> ) or obese (BMI $\geq 30$ kg/m <sup>2</sup> )
• Increase in the percentage of adults and children meeting physical activity guidelines
• Decrease in the proportion of people who smoke daily or occasionally
• Decrease in the age-standardised prevalence of heavy episodic drinking (6 or more standard drinks in a single drinking occasion)
• Increase in the breastfeeding percentage rates (exclusively and nonexclusively) at first Public Health Nurse visit and at follow-up visit at three months
• Increase in percentage of young people (age 15-17 and 17-24) who report ever having sex and using a condom on the last occasion of sex
• Decrease in the percentage of students (age 15) using internet for more than six hours per day outside of school, during school days
Mortality & Morbidity Outcome Area
• Increase in the average number of remaining years that a person of a certain age can expect to live without disability
• Decrease in the unconditional probability of dying between 30 and 70 from four major noncommunicable diseases: cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases, in terms of potential years of life lost
• Decrease in the total cancer incidence and incidence of the most important cancers, per 100,000 of population, in a given year.
Wellbeing Factors Outcome Area
• Increase in percentage of persons assessing their health to be very good or good based on EUSILC questions on self-perceived health
• Increase in the individual's level of positive mental health based on Energy and Vitality Index (EVI)
• Decrease in the number of people showing negative mental health using the five item Mental Health Index 5 (MHI 5) from the RAND SF 36 questionnaire, during the past four weeks
• Decrease in the percentage of people aged 50+ with moderate and severe levels of depression
• Increase in the percentage of people aged 50+ who engage in one or more social leisure activity at least once a week

<ul style="list-style-type: none"> <li>• Increase in the percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in percentage of 11-17-year-olds who report that they feel safe (always or most of the time) in the area where they live</li> </ul>
<b>Environmental Factors Outcome Area</b>
<ul style="list-style-type: none"> <li>• Decrease in the measure of target and limit values in Air Quality Index as set in EC legislation</li> </ul>
<ul style="list-style-type: none"> <li>• Improvement in the measure of drinking water quality</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease in the number of homes above the national Reference Level for Radon Levels</li> </ul>
<b>Socioeconomic Factors Outcome Area</b>
<ul style="list-style-type: none"> <li>• Decrease in the number of midyear number of long-term unemployed (over 1 year unemployed) in people aged 15–74 years as a proportion of the labour force (unemployed/employed persons 15 to 74 years of age)</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease in the proportion of total persons aged 18-59 years living in a household where no member of the household is working</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease in the percentage of schools and school clusters/communities with concentrated levels of educational disadvantage</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in the percentage of those attaining different levels of education using the National Framework of Qualifications</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in the literacy and numeracy (adjusted) mean scores for adults and is defined as the mean scores of children aged 15+ based on the OECD PISA Scientific Literacy Scale</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease in percentage of those at risk of poverty AND basic deprivation</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease in income inequality</li> </ul>

## 11. Appendix 2: Lifestyle and behaviour outcome area selected by LAs.

Local Authority	Outcome
<b>Cavan County Council</b>	Decrease in prevalence of age standardised heavy episodic drinking
	Increase in % of adults & children meeting physical activity guidelines
<b>Clare County Council</b>	Decrease in no. of adults who are overweight or obese
<b>Cork County Council</b>	Increase in breastfeeding % rates at first PHN visit and at 3 month follow up
<b>Fingal County Council</b>	Decrease in proportion of people who smoke daily/occasionally
	Decrease in prevalence of age standardised heavy episodic drinking
<b>Galway City Council</b>	Increase in % of adults & children meeting physical activity guidelines



<b>Kildare County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Kilkenny County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Laois County Council</b>	Decrease in no. of adults who are overweight or obese
<b>Leitrim County Council</b>	Increase in breastfeeding % rates at first PHN visit and at 3 month follow up
<b>Longford County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Louth County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Mayo County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Monaghan County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Offaly County Council</b>	Decrease in no. of adults who are overweight or obese Increase in % of adults & children meeting physical activity guidelines
<b>Roscommon County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Sligo County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Tipperary County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Westmeath County Council</b>	Increase in % of adults & children meeting physical activity guidelines
<b>Wexford County Council</b>	Increase in % of adults & children meeting physical activity guidelines

## 12. Appendix 3: Mortality and morbidity outcome area selected by LAs.

Local Authority	Outcome
<b>Cork City Council</b>	Decrease in unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease
<b>Leitrim County Council</b>	Increase in average no. of remaining years that persons of a certain age can expect to live without disability
<b>Meath County Council</b>	Decrease in unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease

<b>South Dublin County Council</b>	Decrease in unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease
<b>Wexford County Council</b>	Decrease in unconditional probability of dying (aged 30-70) from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease

### 13. Appendix 4: Wellbeing factor outcome area selected by LAs.

Local Authority	Outcome
<b>Carlow County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Clare County Council</b>	Decrease in no. of people showing negative mental health as per Mental Health Index-5 over past 4 weeks.
<b>Cork City Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
<b>Cork County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Donegal County Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Dun Laoghaire Rathdown County Council</b>	Increase in % of people aged 50+ engaging in one or more social leisure activity at least once a week
	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Galway City Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Galway County Council</b>	Increase in % of people aged 50+ engaging in one or more social leisure activity at least once a week
<b>Kerry County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Kildare County Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
<b>Kilkenny County Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
<b>Laois County Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
<b>Limerick City &amp; County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Longford County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Louth County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Mayo County Council</b>	Decrease in no. of people showing negative mental health as per Mental Health Index-5 over past 4 weeks
<b>Meath County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Monaghan County Council</b>	Decrease in no. of people showing negative mental health as per Mental Health Index-5 over past 4 weeks
<b>Roscommon County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index
<b>Sligo County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index

<b>South Dublin County Council</b>	Increase in % of people aged 50+ who feel safe to walk alone after dark in their locality
<b>Tipperary County Council</b>	Increase in % of people aged 50+ engaging in one or more social leisure activity at least once a week
<b>Waterford City &amp; County Council</b>	Increase in % of persons assessing health to be very good/good as per EU-SILC questionnaire
<b>Westmeath County Council</b>	Decrease in no. of people showing negative mental health as per Mental Health Index-5 over past 4 weeks
<b>Wicklow County Council</b>	Increase in individual's level of positive mental health as per Energy and Vitality Index

#### 14. Appendix 5: Socioeconomic outcome area selected by LAs.

Local Authority	Outcome
<b>Limerick City &amp; County Council</b>	Decrease in % of those at risk of poverty & basic deprivation
<b>Waterford City &amp; County Council</b>	Decrease in % of schools/school clusters/communities with concentrated levels of educational disadvantage
<b>Wicklow County Council</b>	Decrease in % of those at risk of poverty & basic deprivation