

HSE Sláintecare Healthy Communities

2023 Overview



Introduction

Sláintecare Healthy Communities is a cross government initiative, which takes a place-based approach to tackling health inequalities. The programme aims to improve the long-term health and wellbeing of people living within communities across Ireland, where health inequalities are most evident. Since its launch in 2021, the programme has gone from strength to strength. Across the country almost fifty HSE staff work specifically on the Sláintecare Healthy Communities (SHC) programme, in addition to the Social Prescribing Link Workers, Community Food and Nutrition Workers and Community Facilitators, employed on a local level, by delivery partner organisations. SHC Local Development Officers support the programme and coordinate activity from a local authority perspective looking at the wider social determinants of health.



For further information on the SHC programme please refer to the webpage at <https://www.hse.ie/eng/about/who/healthwellbeing/slaintecare-healthy-communities/>

The current report presents an overview of programme activity across the SHC areas in 2023, including Key Performance Indicators (KPIs) and participant demographics collected from those who registered with a SHC programme. Data is returned on a quarterly basis from the Community Health Organisations (CHOs) to the HSE National Health and Wellbeing office for data verification.

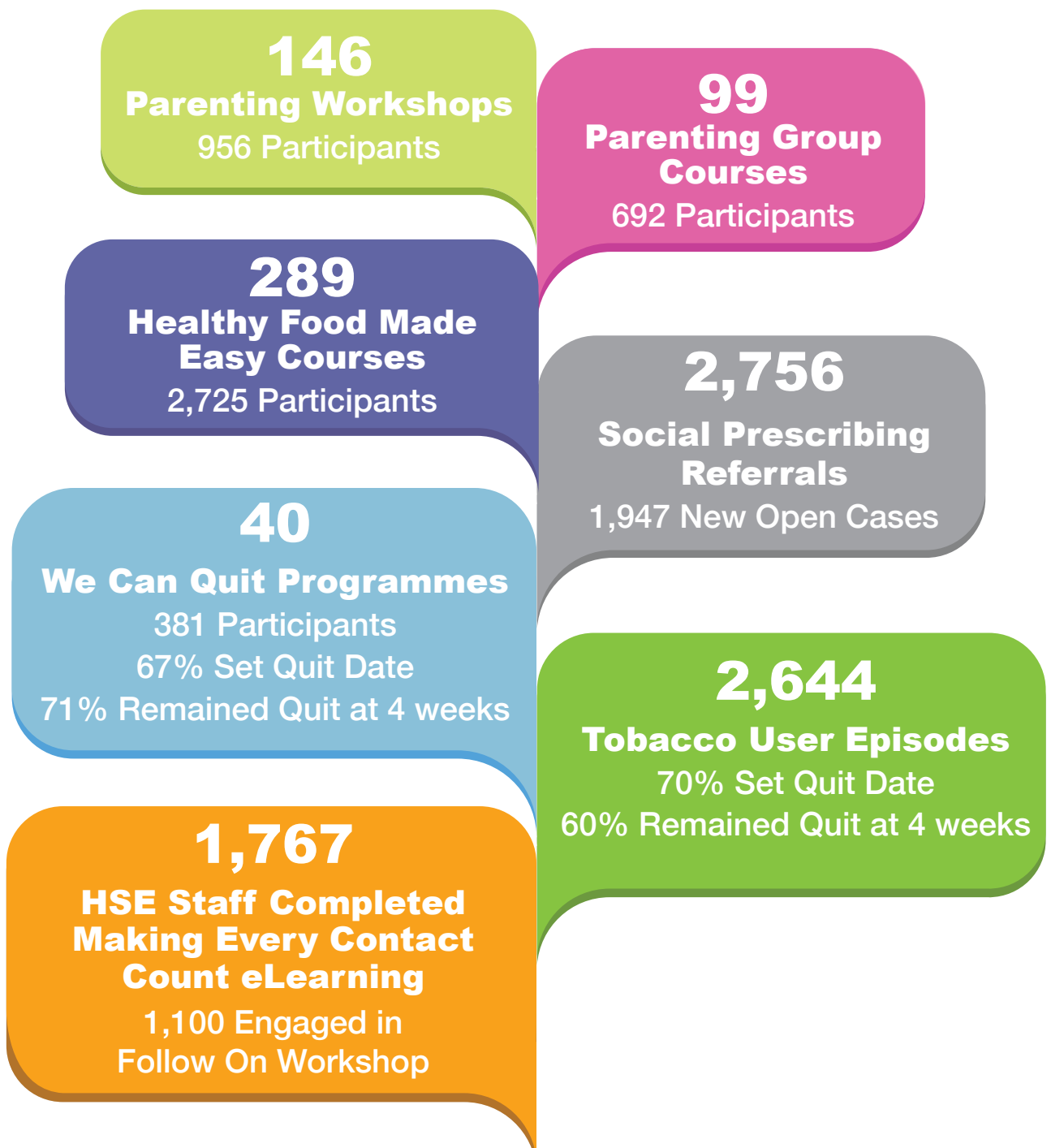
The collaborative nature of the programme is the key to its success, and local community partners play a vital role as they have existing reach and engagement with these sometimes difficult to reach communities. We have over forty local community partners such as Family Resource Centres (FRCs) and Local Development Companies (LDCs) delivering services, with the support of the HSE as part of the SHC Programme.

2023 Delivery Partners

- Athlone FRC
- Athy FRC
- Ballyfermot Chapelizod Partnership
- Ballymun FRC
- Barnardos
- Barnardos Athlone
- Better Finglas (Barnardos)
- Bray Area Partnership
- Brill FRC
- Cavan County Development Company (Breffni)
- Clonmel Resource Centre
- County Wicklow Partnership
- Cork Sports Partnership
- County Kildare LEADER Partnership
- Deansrath FRC
- Donegal Local Development Company
- Dublin North-West Area Partnership
- EDI Centre
- FDYS
- Foroige
- Glen Resource Centre
- Inishowen Development Partnership
- Ionad Naomh Padraig
- Knockanrawley FRC
- Let's Grow Together
- Longford Community Resources
- Lotamore Family Resource Centre
- Lus na Gréine FRC
- Midland Regional Youth Service
- Niche
- North East Mayo Development Company
- North-Side Partnership
- Paul Partnership
- Preparing for Life
- Sacred Heart FRC
- South Dublin County Partnership
- St. Brigid's FRC
- Teach Oscail FRC
- The Family Centre Castlebar
- Wexford Local Development
- Young Ballymun

Overview of 2023 Activity

The current report presents an overview of programme activity across the SHC areas in 2023, including KPIs and participant demographics collected from those who registered with a SHC programme. Each programme's KPI data and participant demographical data are recorded in excel files, which are returned on a quarterly basis from the CHOs to the HSE National Health and Wellbeing office for data verification and collation via the HSE SHC ShareFile system.

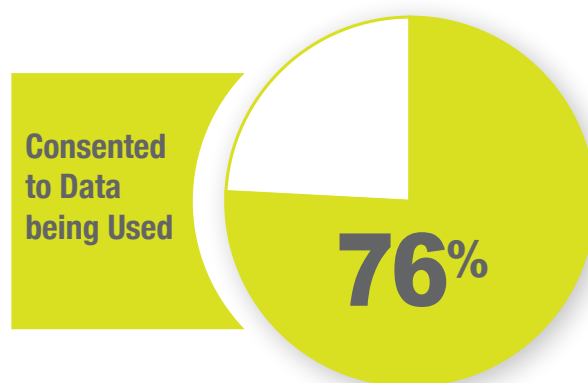


Who took part in the Sláintecare Healthy Communities Programmes in 2023?

As part of the SHC programme, service users who engage in Parenting, Healthy Food Made Easy (HFME) and Social Prescribing programmes are asked to complete programme specific registration forms. These forms collect key demographic information, which allow us to learn more about the people who take part in SHC programmes. This information will also be used to inform a wider evaluation of the SHC programme, helping us understand what difference, if any, the programme made to those who took part. QuitManager (the National Patient Management System for HSE Stop Smoking Services) collects demographical information from We Can Quit (WCQ) participants and those who engaged in 1:1 Stop Smoking Services. Presently there is no information collected from participants who engage in a Making Every Contact Count (MECC) intervention.

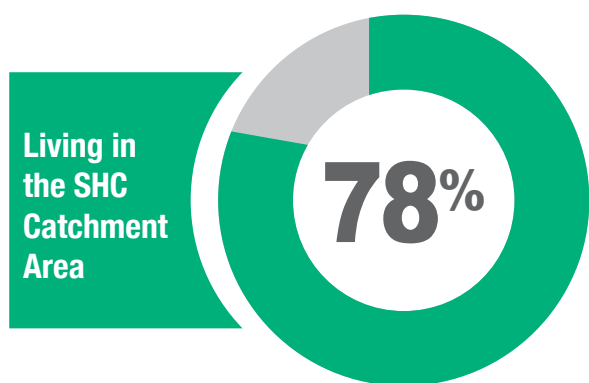
Prior to providing any personal data, participants are asked for their consent for their demographic information to be collected, held in accordance with GDPR and used for research and evaluation purposes. **Of those who engaged in the programmes 76% (n=3656) consented for their data to be used for the purposes outlined.** In this report, demographical data (sex, gender, family status, age range of children, age range of participant, ethnic group/background,

highest level of educational attainment, employment status) is only reported for those who provided consent.



There are no mandatory fields on the registration forms. Therefore, some registration forms are incomplete; and the response rate can vary per question. For example, 418 participants who engaged in SHC parenting programmes gave their consent for their data to be used but just 345 participants provided details on their employment status. It should also be noted that whilst every effort is made to avoid double counting participants, due to the limitations of a manual data collection and reporting system, and the lack of a unique participant coding system across service providers there may be some duplication.

The registration forms for Parenting, HFME and Social Prescribing programmes include a question asking whether or not the participant is living in the SHC catchment area (this question is not included on QuitManager, therefore this data is not available for participants who engage in WCQ or 1:1 Stop Smoking Services). **Overall analyses of the data from the SHC Parenting, HFME and Social Prescribing programmes indicated that the majority of participants (78%, n=3774) were living in the SHC Catchment area.**



The following section will provide an overview of how the 2023 SHC programme participants compare to the general population (based on the Central Statistics Office (CSO) Census 2022 data) before presenting the key findings from the demographical data for each SHC programme (Parenting, HFME, Social Prescribing, WCQ and 1:1 Stop Smoking Services). It should be noted that in 2023, the FORSA industrial action significantly affected the SHC data collection and returns process. Data returns from CHOs to National H&WB were delayed until the industrial action was suspended in early 2024. Therefore Q3 and Q4 data returns were not received until February 2024. This resulted in subsequent delays with data checks and verifications.

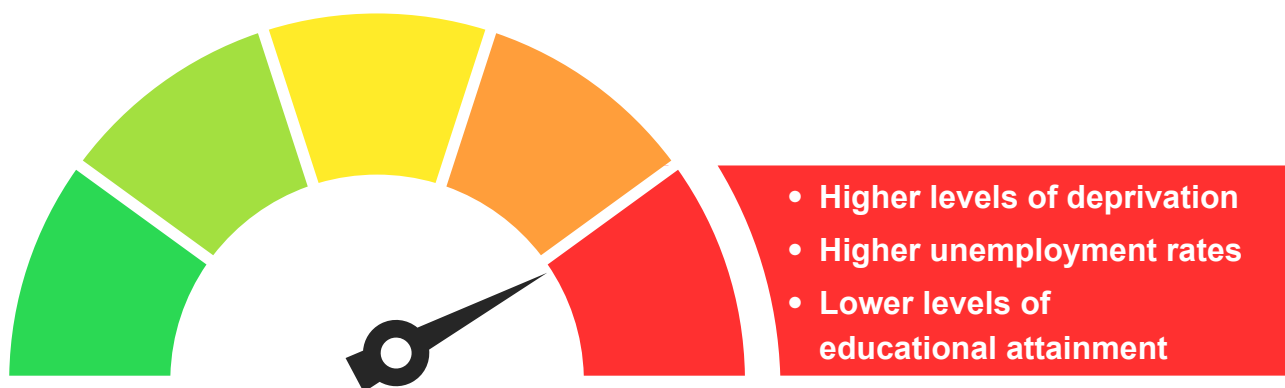
Please note that validation of this demographical data is ongoing and therefore subject to change.

How Sláintecare Healthy Communities Programme Participants compare to the General Population

To allow us to understand whether the SHC Programme is reaching its target audience (i.e. people who may be at a higher risk of health inequalities) we can compare the data collected from SHC Programme participants to the most recent national data collected from the Census 2022 (CSO, 2022). We do this by looking firstly at how the data collected from the SHC Programme participants compares to the overall national data from the Census 2022. We then filter the Census data to look only at the respondents who are living in SHC Programme areas specifically. It should be noted however that there are significant sample size differences between the samples (Census 2022

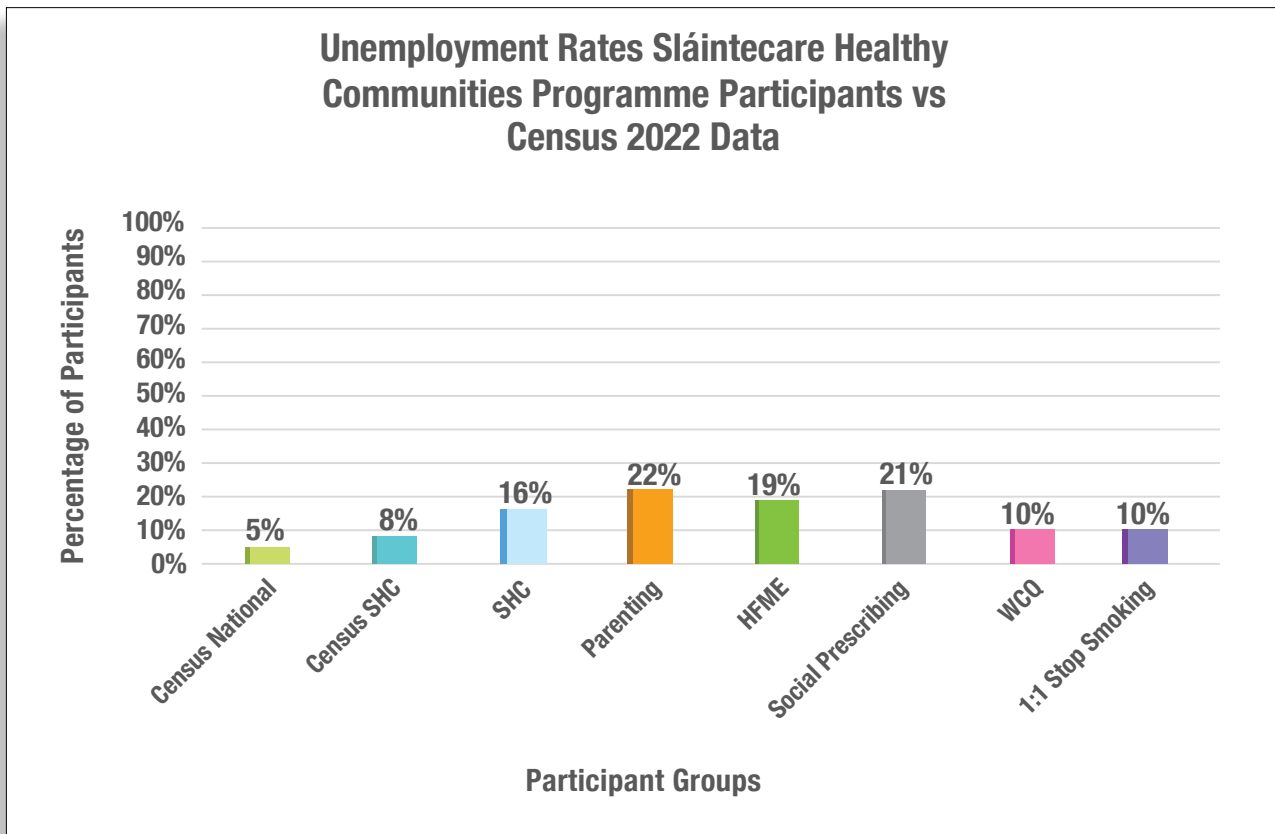
National Data=4,136,852; Census 2022 SHC Programme Areas Data =382,318; SHC 2023 Participant Data=6,148).

As evident in the graphs below the SHC programme participants are showing indicators of higher levels of deprivation (higher unemployment rates and lower levels of educational attainment) compared to national norms derived from the Census 2022 data. The demographic data from SHC participants also suggests that the programme is reaching the correct people in these specific communities. Overall, those who engaged with SHC programmes were as deprived or more deprived than the general SHC area trends.



Employment Status

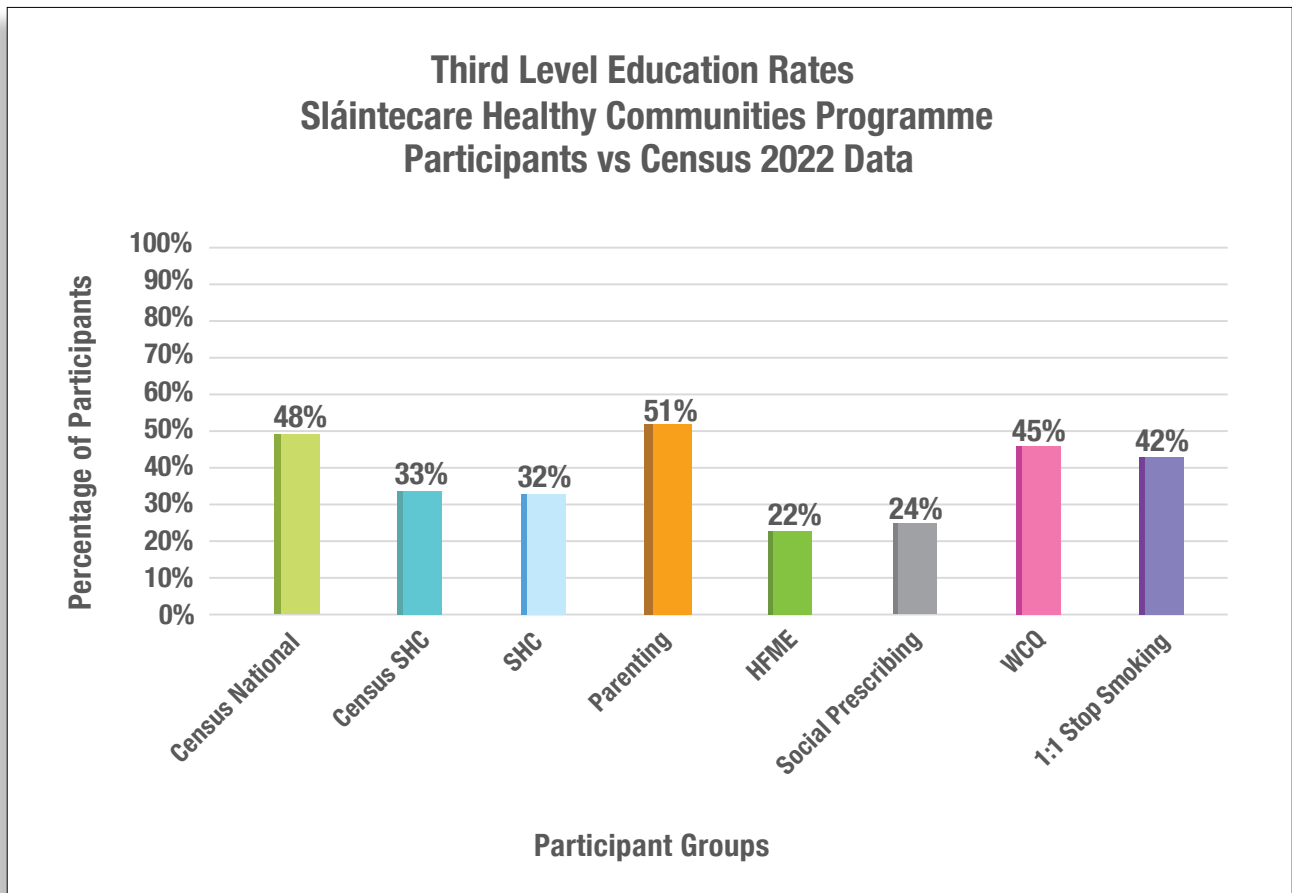
A higher percentage of SHC programme participants reported being unemployed (16%) compared to the percentage who reported being unemployed or looking for first job in the 2022 Census data for both the SHC communities (8%) and the overall national sample (5%).



It should be noted however that the CSO calculates the National Unemployment rate as the number of people who were either looking for their first job or unemployed as a proportion of all people who were either at work, looking for their first job or unemployed. The National Unemployment rate based on the 2022 Census data was reported to be 8%. Using this method of calculation the unemployment rate of the SHC area based on the Census data is 13% while the unemployment rate of the SHC programme participants is 31%. Regardless of the method of calculation used the participants from the SHC programme show higher rates of unemployment.

Highest Level of Educational Attainment

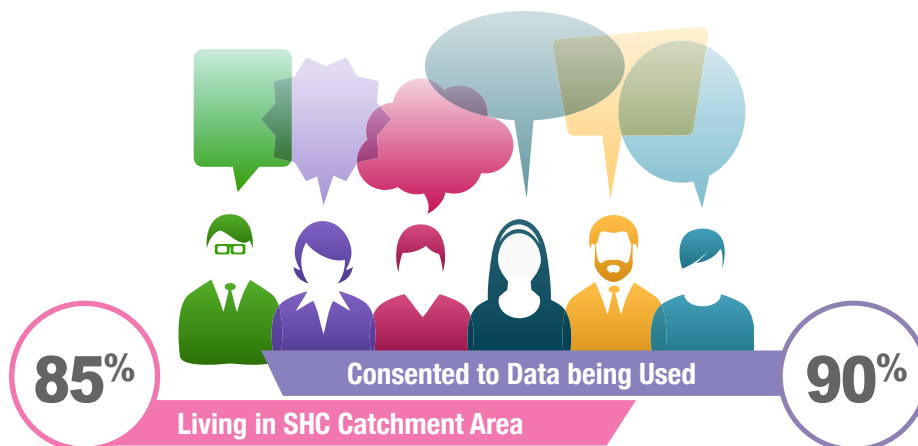
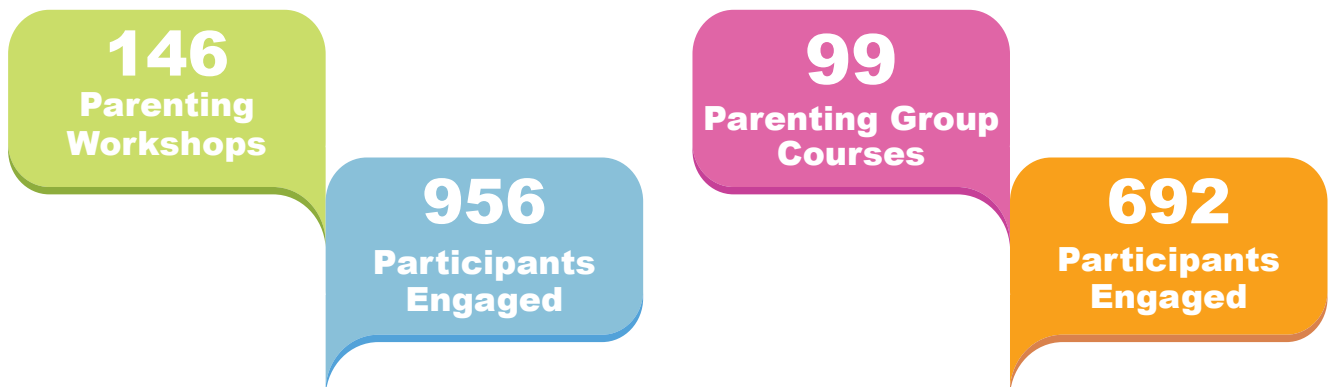
A lower percentage of SHC programme participants reported having a third level education (32%) compared to the overall third level education rate from SHC communities (33%) and national third level education rates (48%).



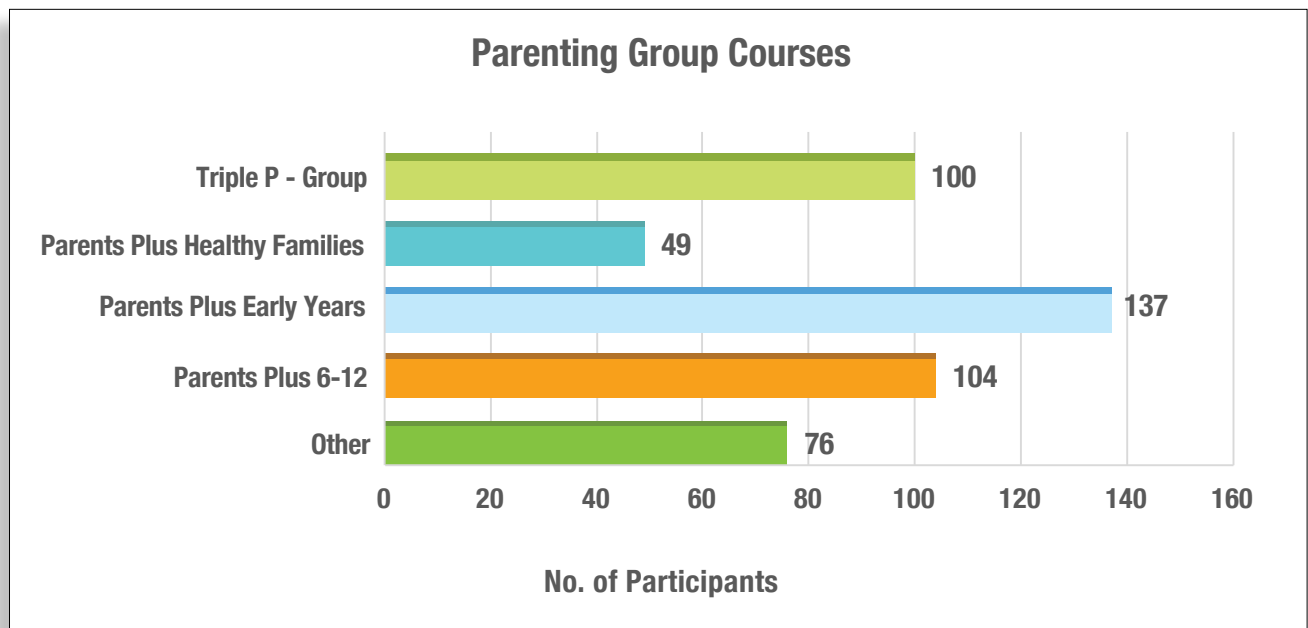
Parenting Programmes

The parenting component of the SHC programme comprises of Parenting workshops and group courses with providers given the option of choosing between Triple P and Parents Plus programmes. **In 2023, 146 Parenting workshops commenced with 956 Participants engaged across the SHC areas and 99 Parenting group courses commenced with 692 Participants enrolled across the SHC areas.**

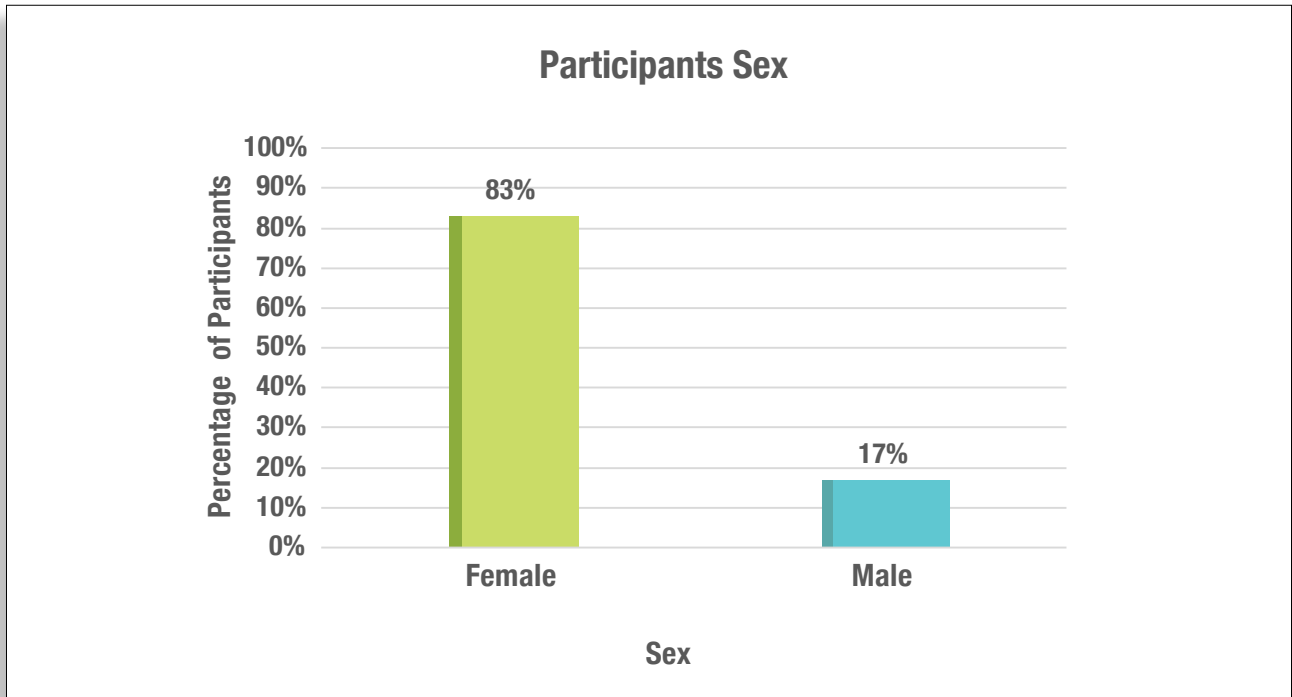
Due to their short duration, participants taking part in Parenting workshops are not asked to complete registration forms. Across the SHC areas, 468 people completed registration forms as part of a Parenting group course in 2023. **The majority of participants who engaged with Parenting group courses lived in the SHC catchment area (85%; n=395) and 90% of participants (n=418) consented to their demographic information being collected and used.**



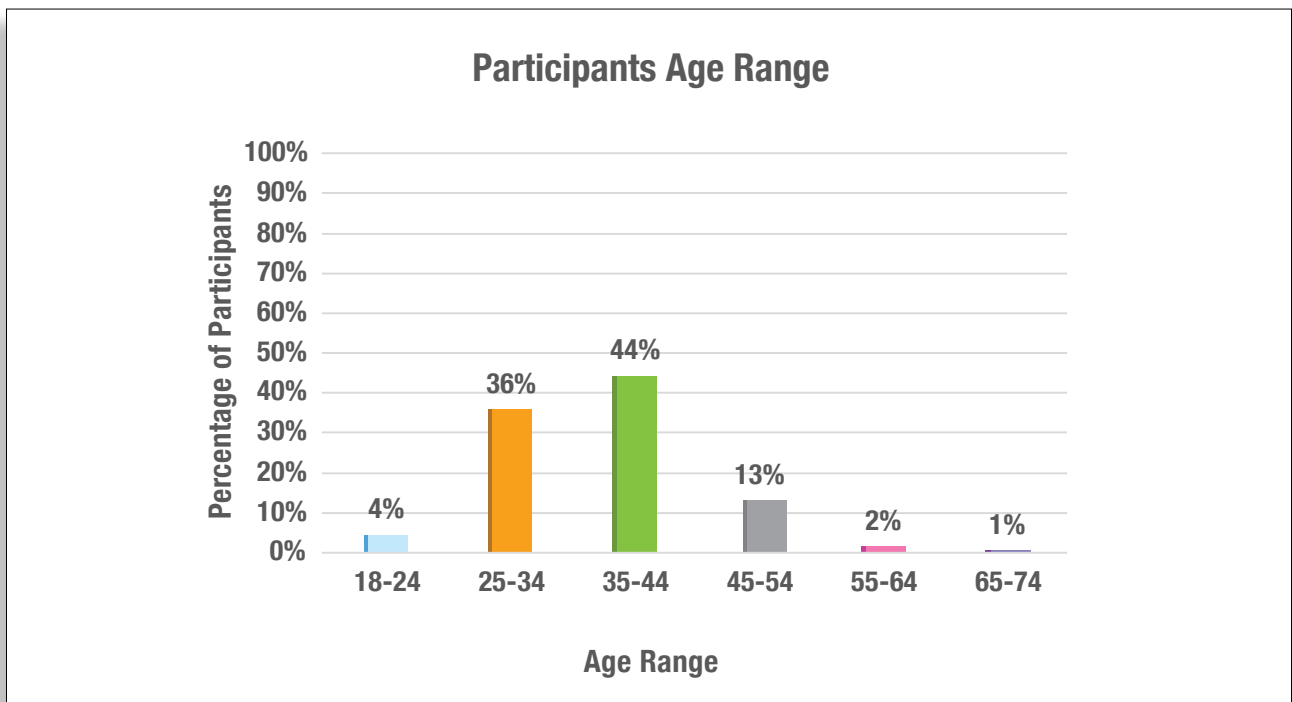
The breakdown of group courses is illustrated below, with 30% of participants (n=137) attending Parents Plus Early Years, 22% (n=104) attending Parents Plus 6-12 years, 21% (n=100) attending Triple P Group and 11% (n=49) attending Parents Plus Healthy Families. Some participants (16%; n=76) reported attending 'Other' which included Parents Plus-Parenting when Separated.



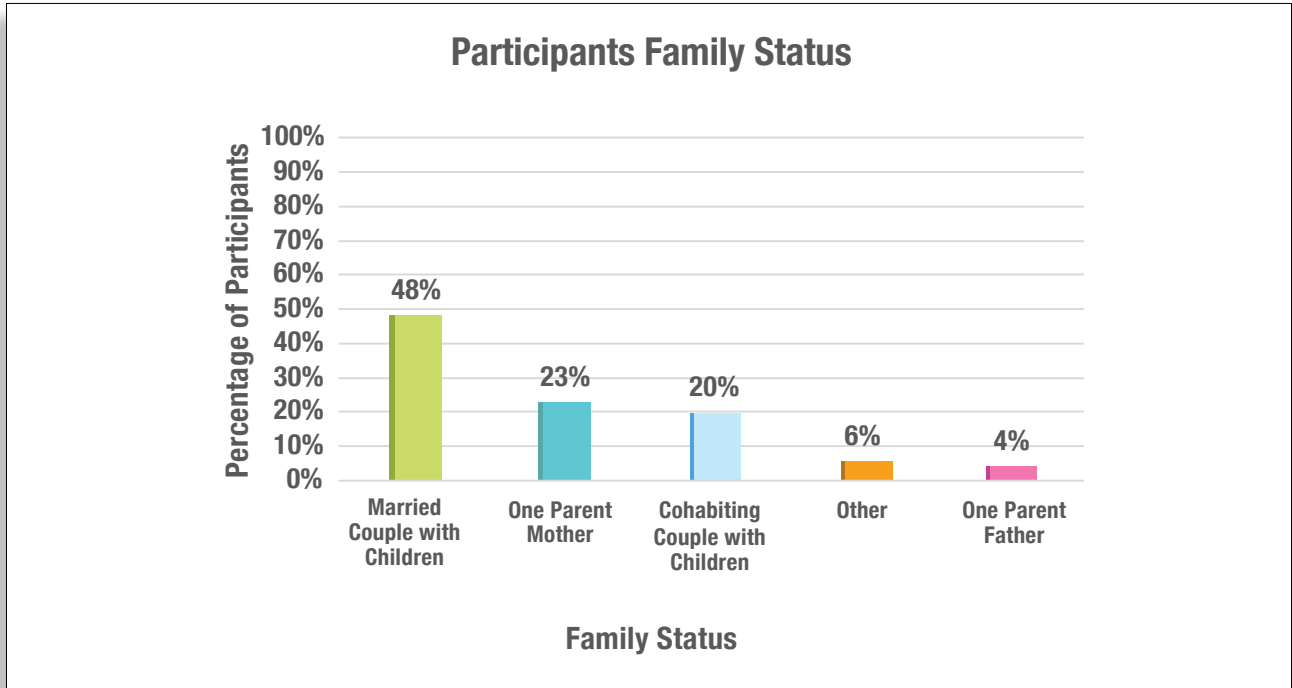
- The majority of participants who engaged with parenting courses were female (83%, n=341).



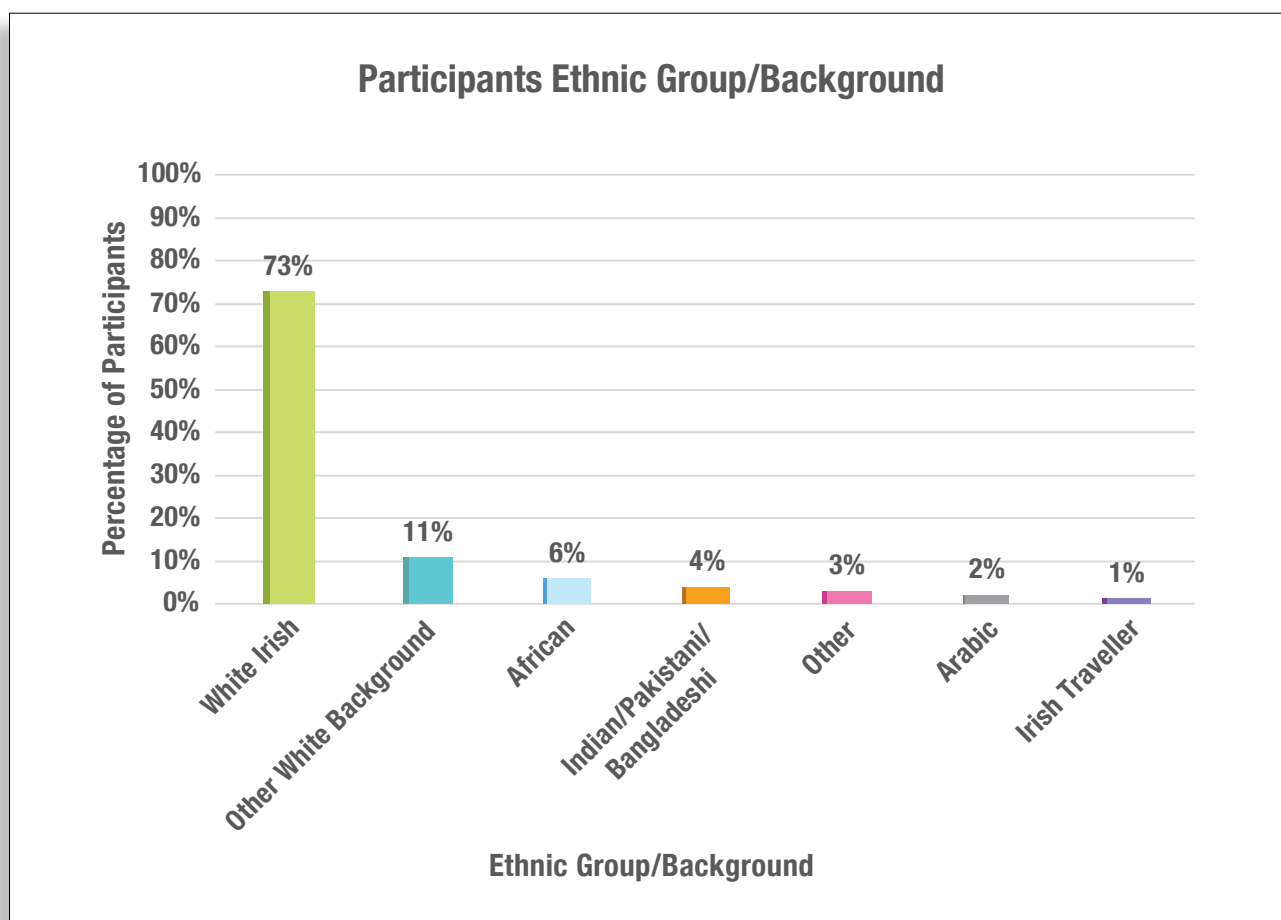
- In Quarter 3 2023 a question was introduced based on delivery partner feedback asking people about their gender identity. No participants reported to identify as Non-Binary/ Gender Non-Conforming.
- The majority of parenting programme participants were below 44 years of age or (84%, n=345).



- Over two thirds of participants reported to be living in a two-parent household with participants reporting to be either a married couple with children (48%, n=182) or a cohabiting couple with children (20%, n=74). The most commonly reported age categories that participants had children in were 5-12 years (85%; n=274) and 0-4 years (72%, n=233).

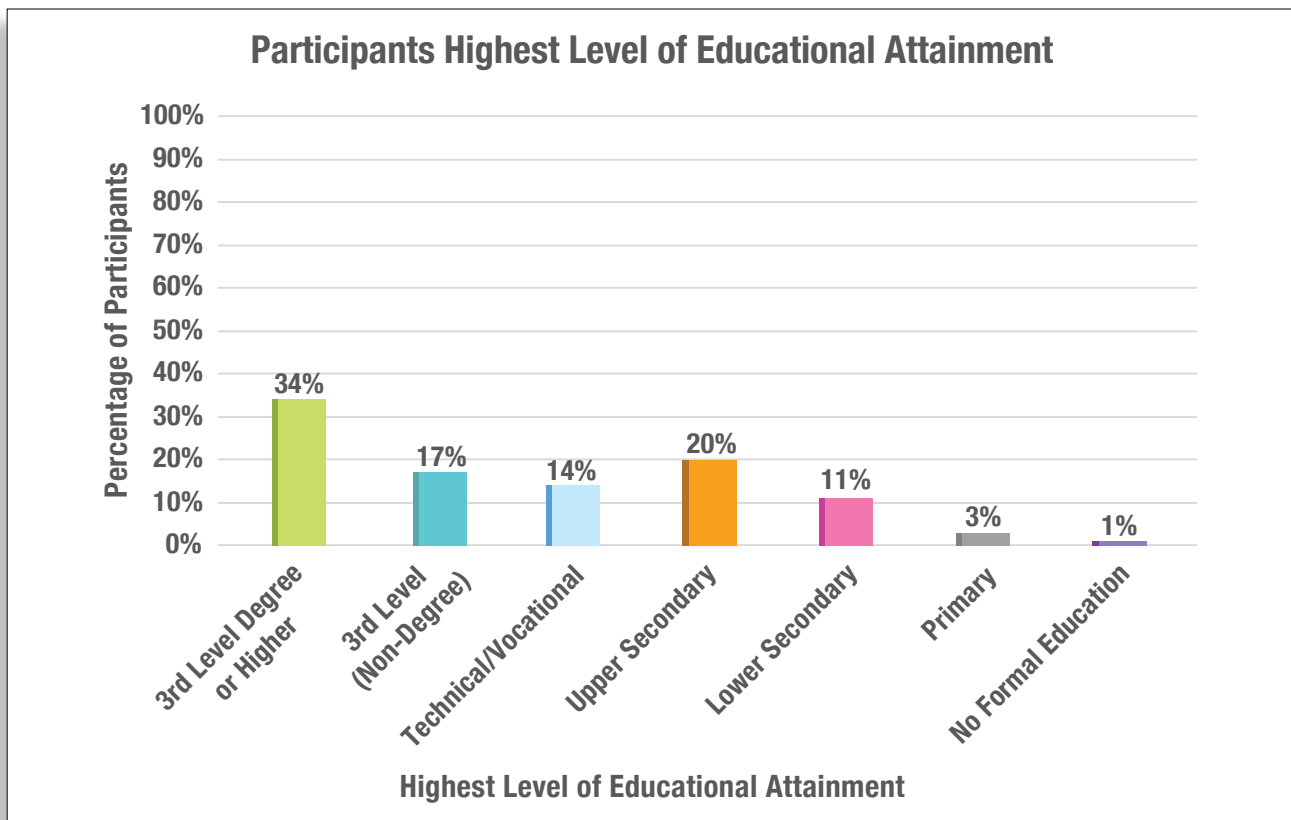


- The majority of participants were White Irish (73%, n=279).

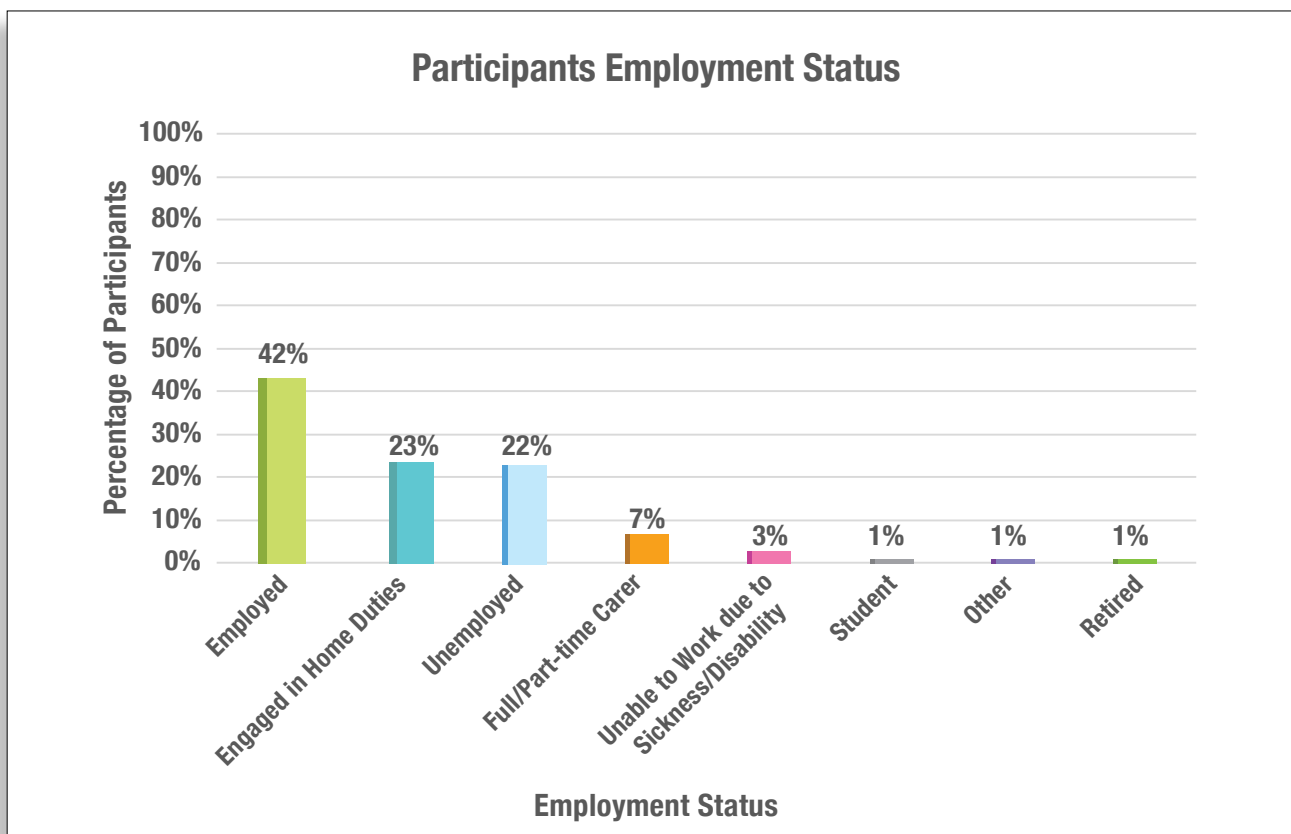


Other includes Black/Black Irish, Other Asian Background, Mixed, Chinese or Mexican.

- Over half the participants had third level education (51%, n=189).



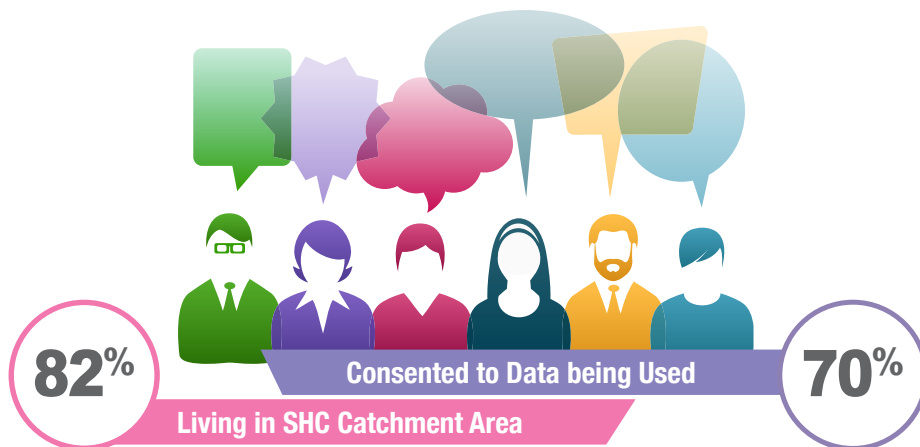
- Over 40% (n=145) of participants were employed, 23% (n=78) were engaged in home duties and 22% (n=77) were unemployed.



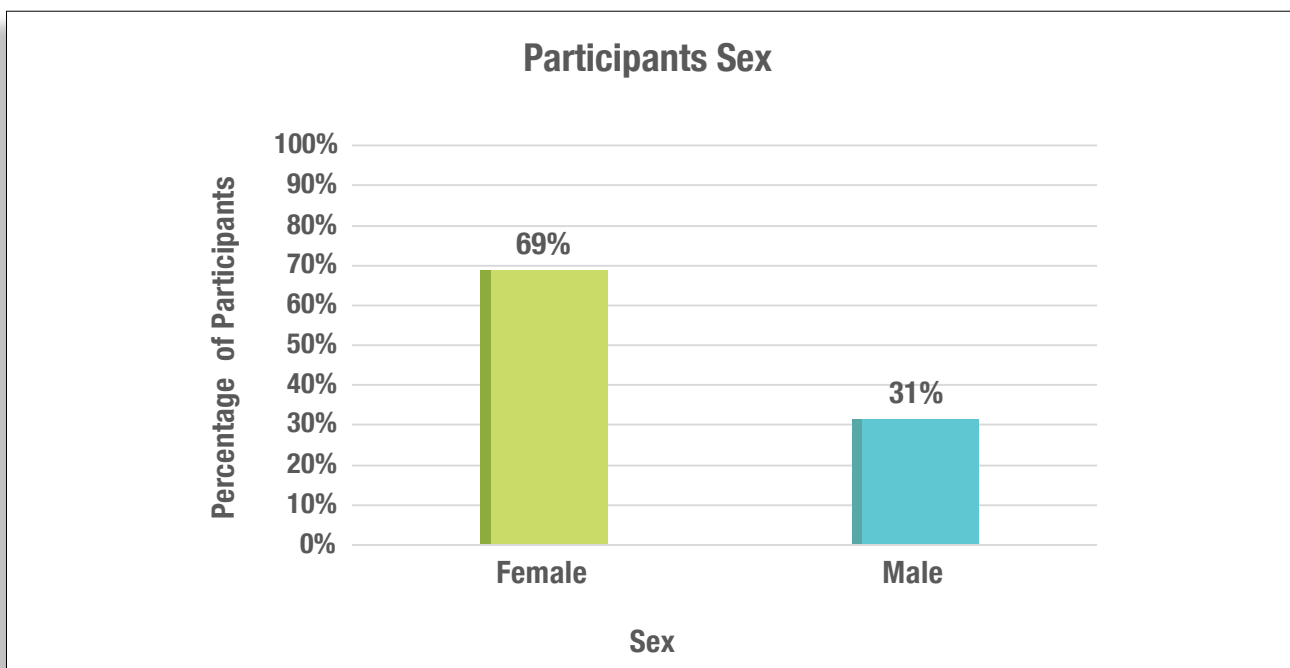
Healthy Food Made Easy

In 2023, 289 Healthy Food Made Easy (HFME) courses commenced with 2,725 Participants enrolled across the SHC areas.

In total, 2,298 participants completed a registration form as part of a HFME Programme in 2023. The majority of participants lived in the SHC catchment area (82%; n=1879) and 70% (n=1617) consented to their demographic information being collected and used.

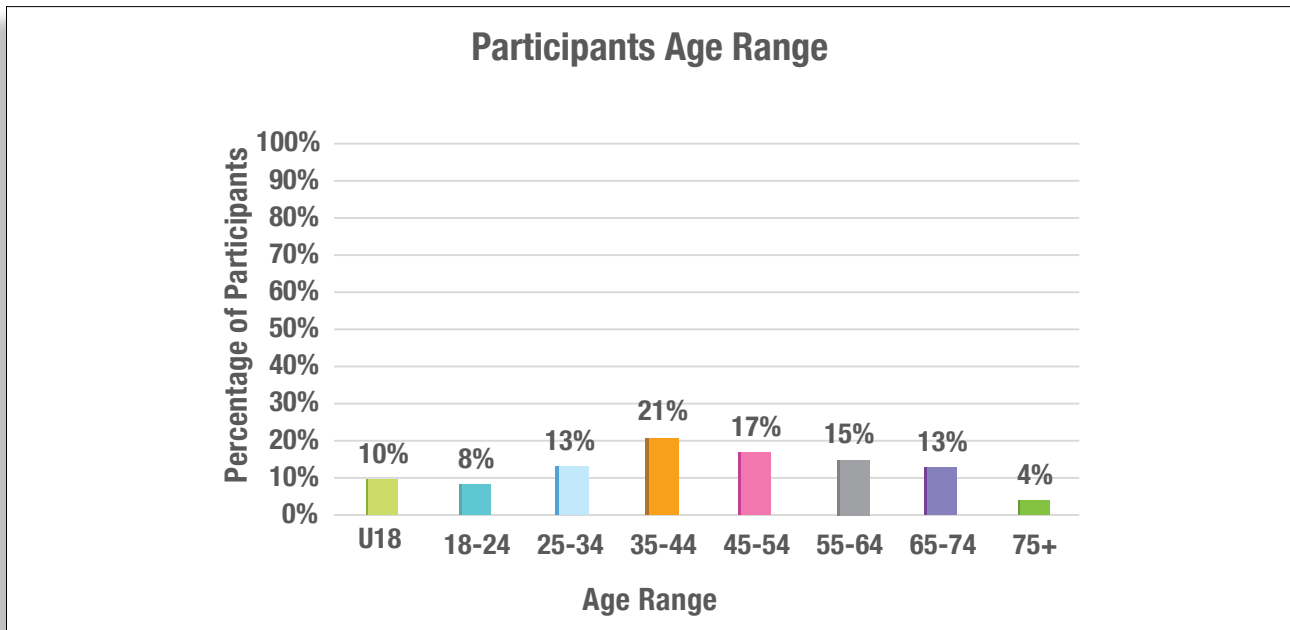


- Over two thirds of those who took part in the HFME programme were female (69%, n=1,092).

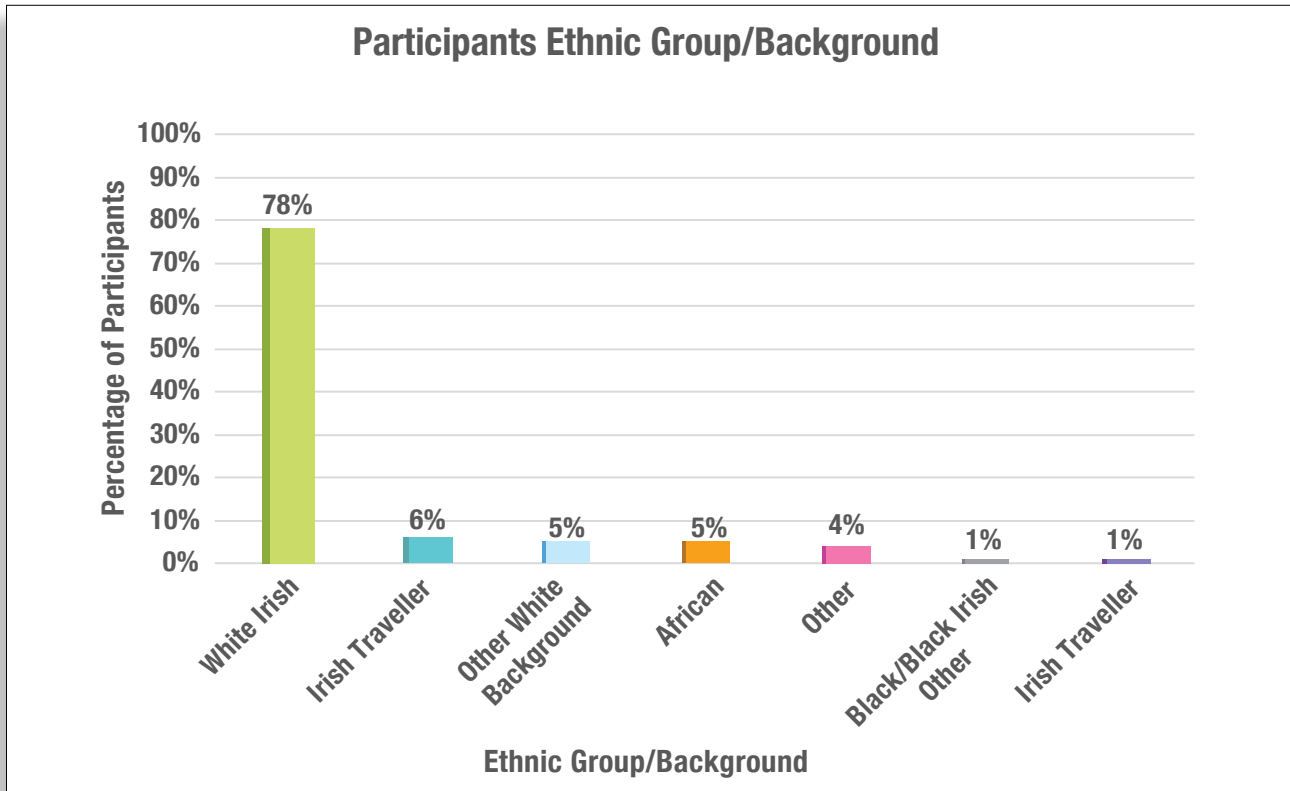


- In Quarter 3 2023 a question was introduced based on delivery partner feedback asking people about their gender identity with two people reporting to identify as Non-Binary/ Gender Non-Conforming.

- The age categories of those engaging were mixed; 53% (n=826) of participants were aged between 35 and 64 years of age.

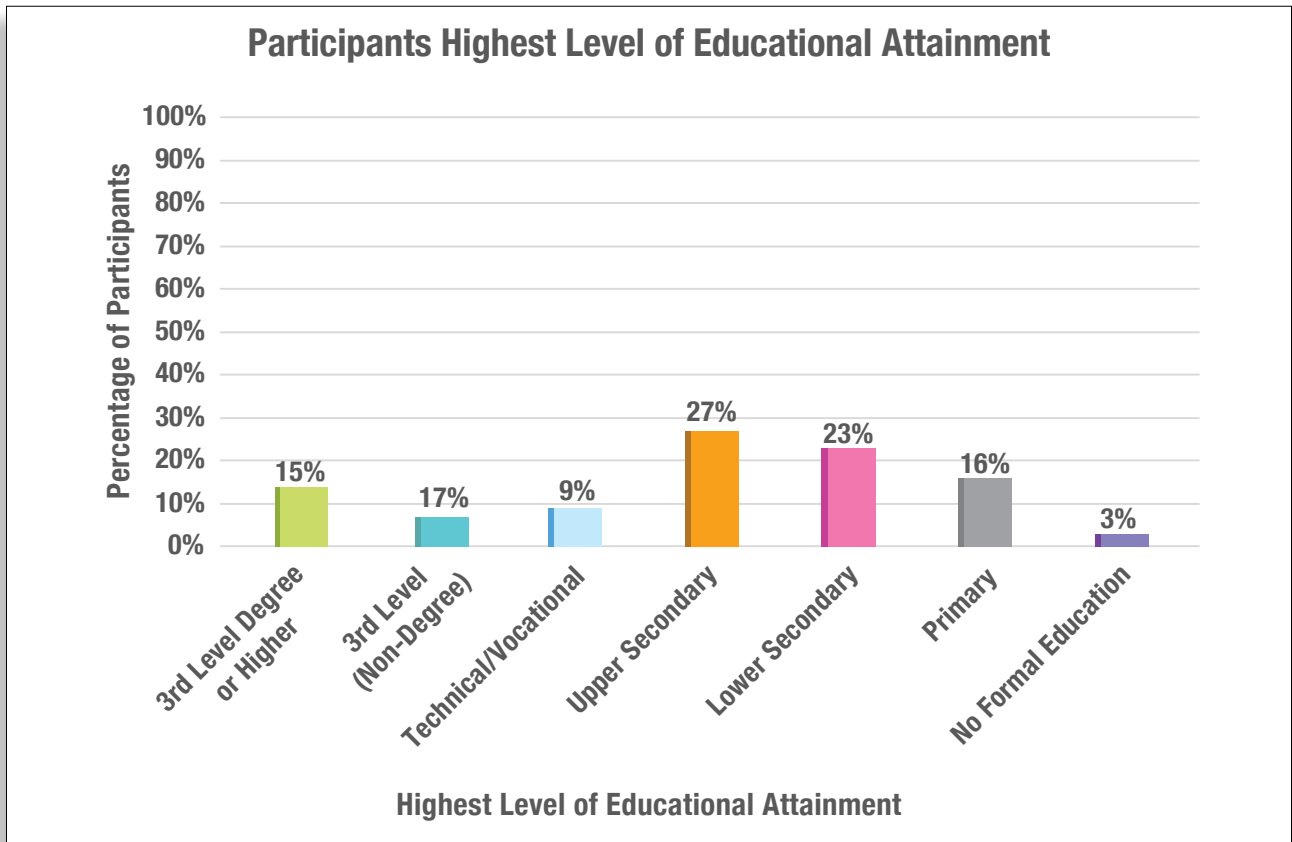


- In terms of family status, the majority of participants reported to either be a two parent household (48%, n=480) or a One Parent Mother (17%; n=171).
- Over half of participants (60%, n=865) had children.
- The most common ethnic group/background reported by participants was White Irish (78%; n= 1197).

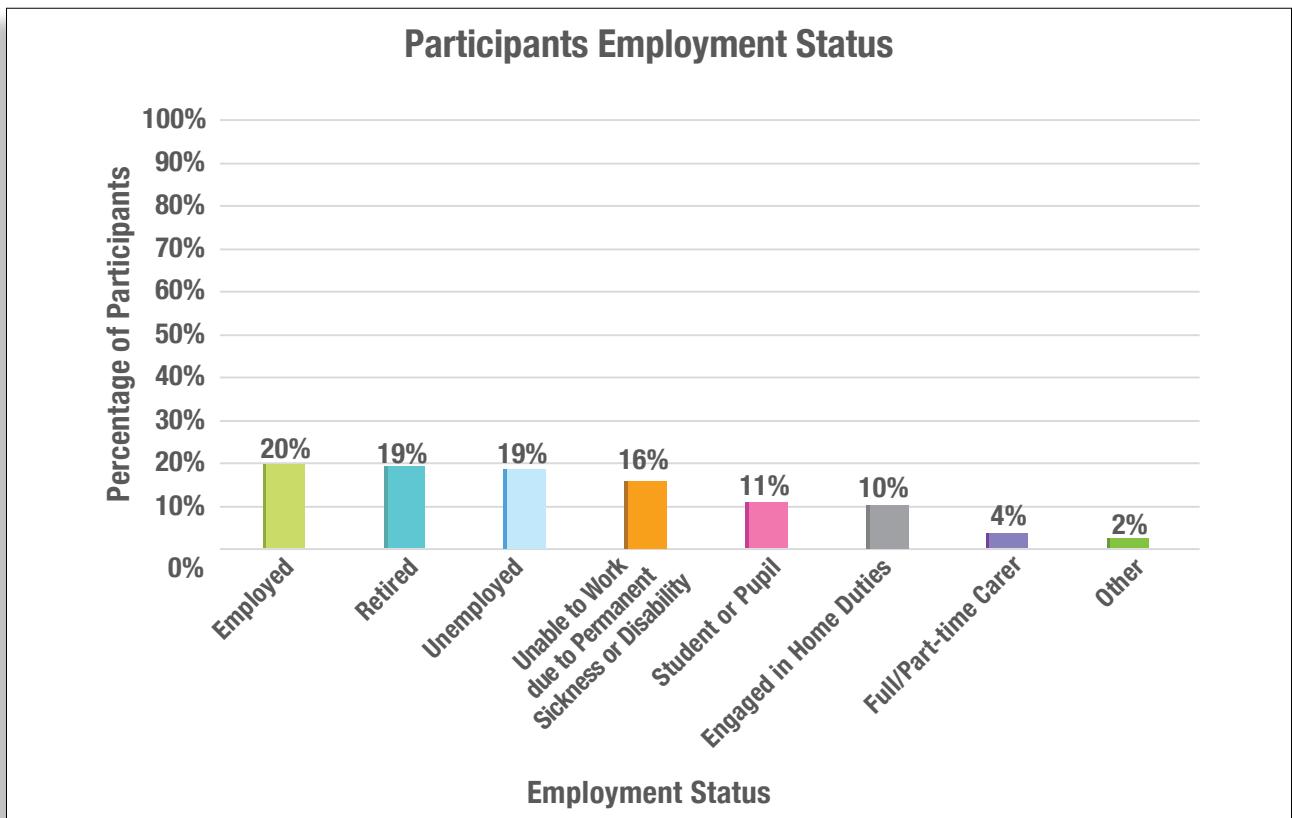


Other includes Mixed, Other Asian Background, Roma, Arabic and Chinese.

- Just over one fifth of participants (22%, n=306) had a third level education.



- Nearly a fifth of participants (19%, n=271) were unemployed.



- 28% (n= 447) of participants reported to have a chronic health condition.

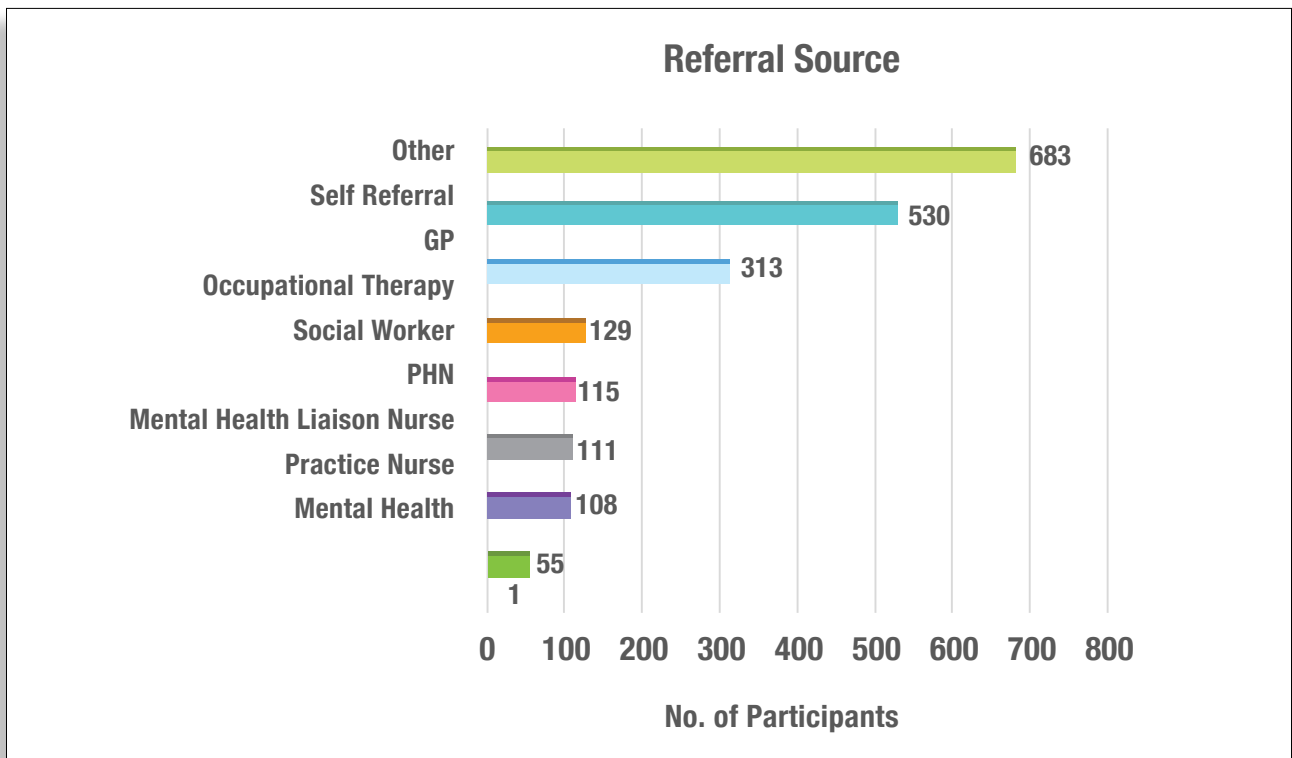
Social Prescribing

Across 2023, 2,756 new referrals were made to Social Prescribing link workers resulting in 1,947 new open cases across the SHC areas.

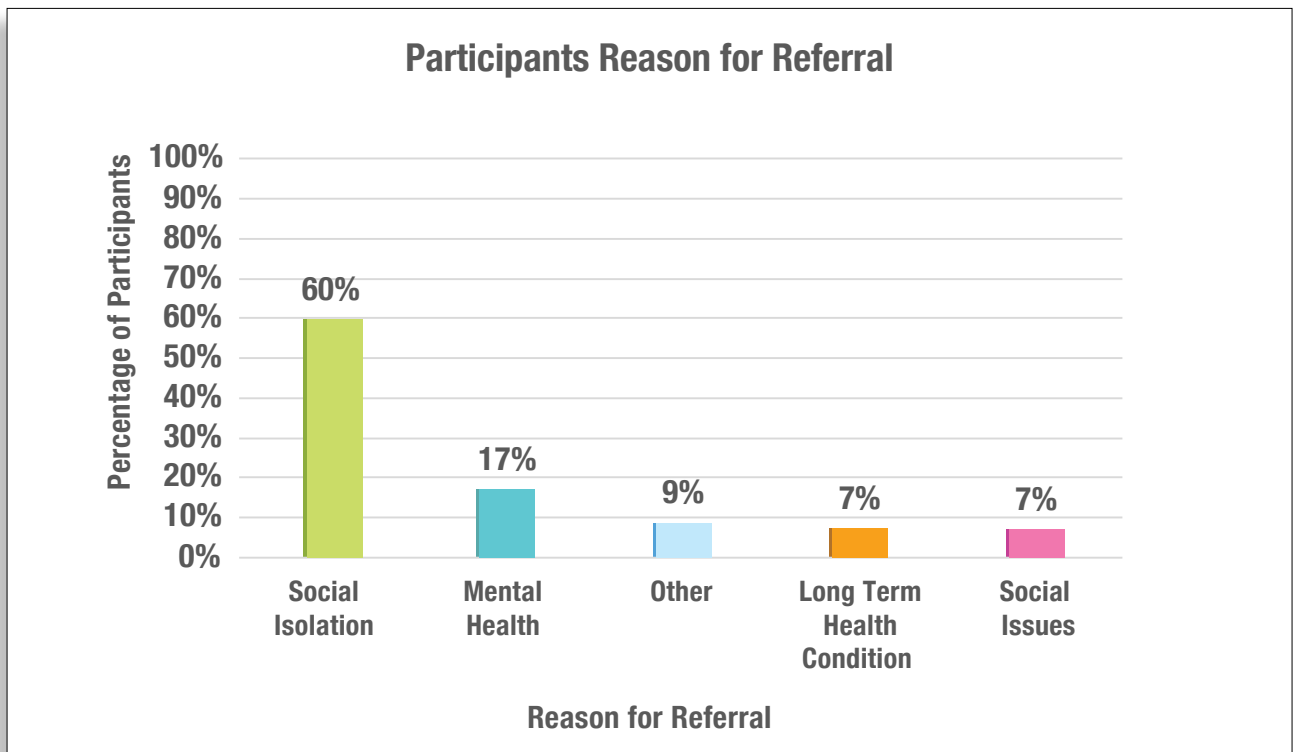
There were a total of 2,050 participants who completed a registration form at the start of their engagement with Social Prescribing. The number of completed registration forms is higher than the number of new open cases as some organisations completed the registration form with new referral cases, which did not translate to new open cases. Of those who completed a registration form 73% (n=1498) reported to be living in the SHC catchment area. Most participants (79%; n=1621) consented to their demographic information being collected and used.

In terms of referral to Social Prescribing, 25% of participants self-referred into the programme with a considerable proportion (15%) being referred by their GP.

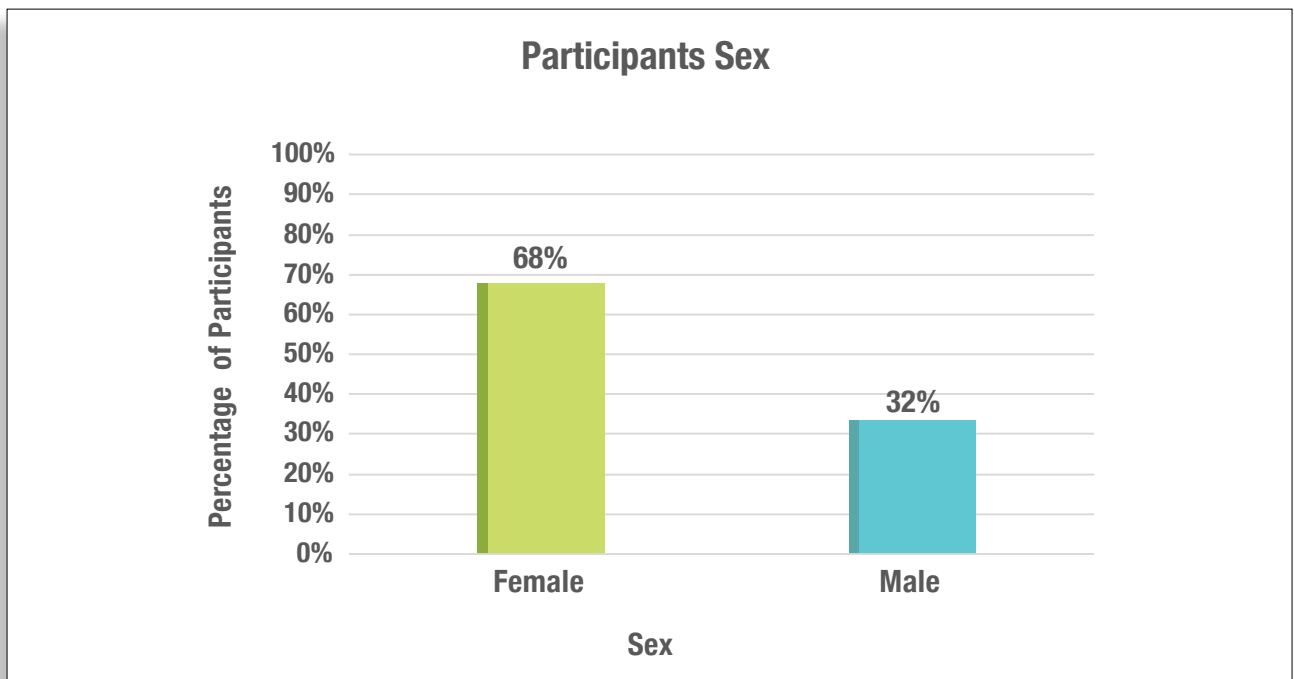
Other referral sources included Health and Social Care Professionals, Mental Health Services, Family Support, Alone, Community Groups, Hospital/Consultant, Employment Support Services, Friends/Family, Disability Services, Charity, Addiction Services, Counsellor and Physiotherapist.



- In terms of reason for referral, the majority of participants (60%, n=1200) engaged due to social isolation.

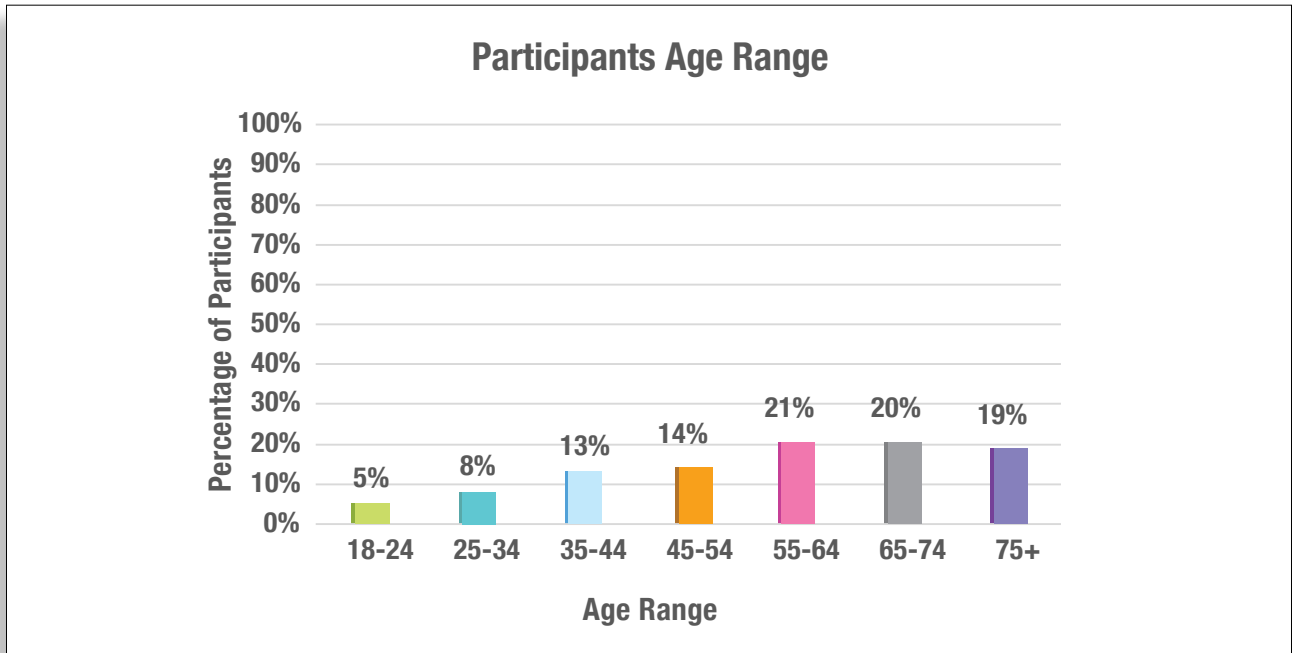


- Over two thirds of those who engaged with Social Prescribing were female (68%; n= 1096).

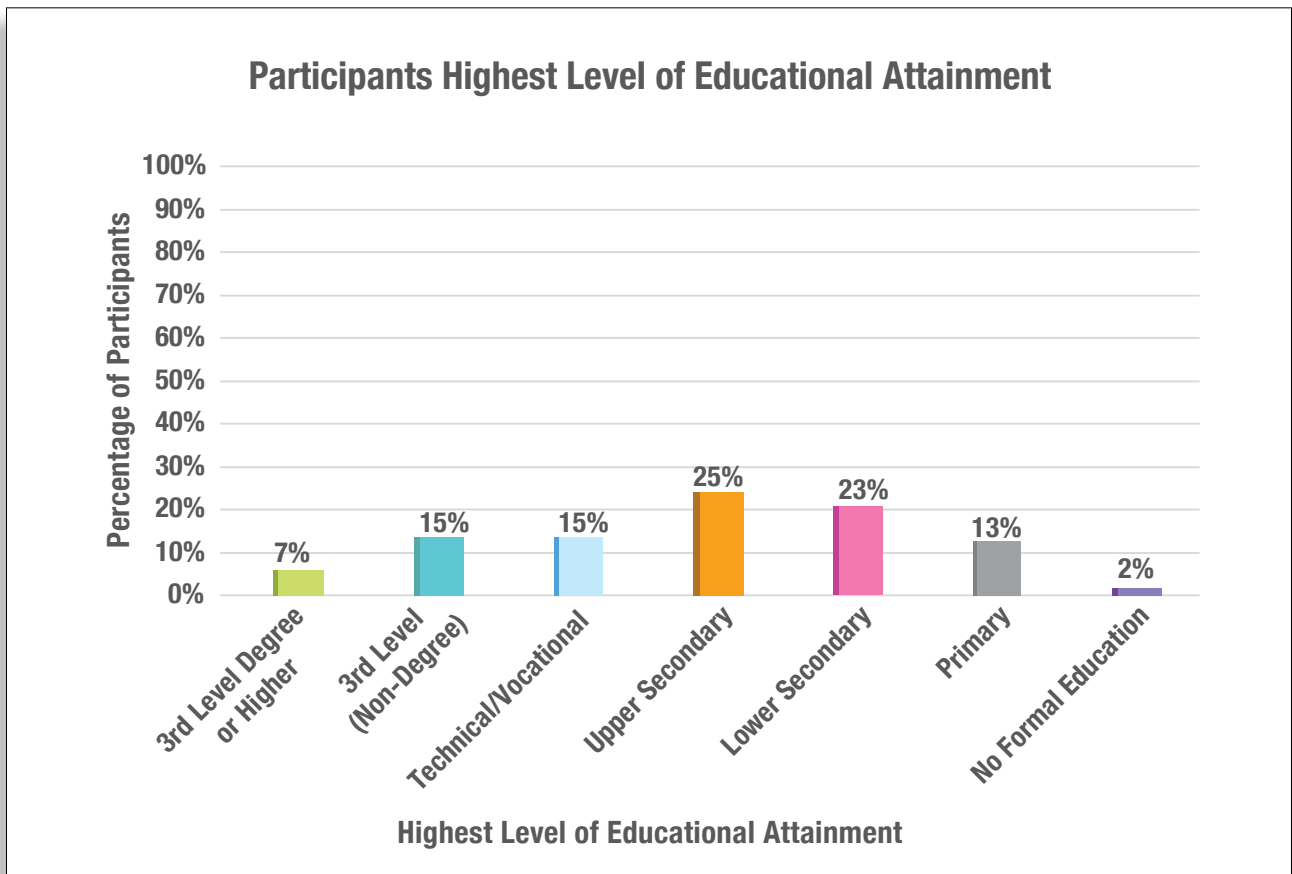


- In Quarter 3 2023 a question was introduced based on delivery partner feedback asking people about their gender identity with no participants reporting to identify as Non-Binary/Gender Non-Conforming.

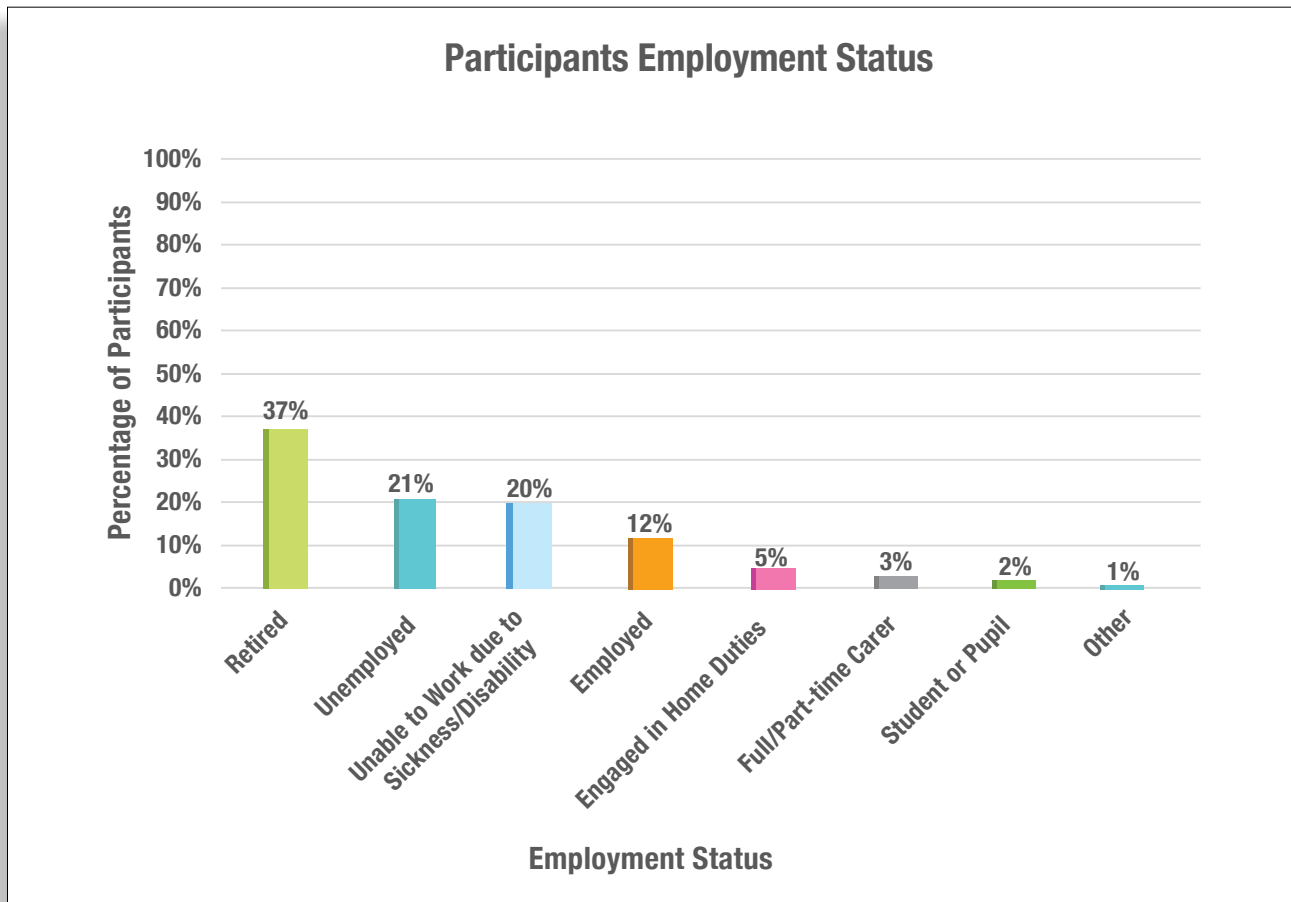
- The majority of participants reported being between 55 and 75+ years of age (60%, n=958).



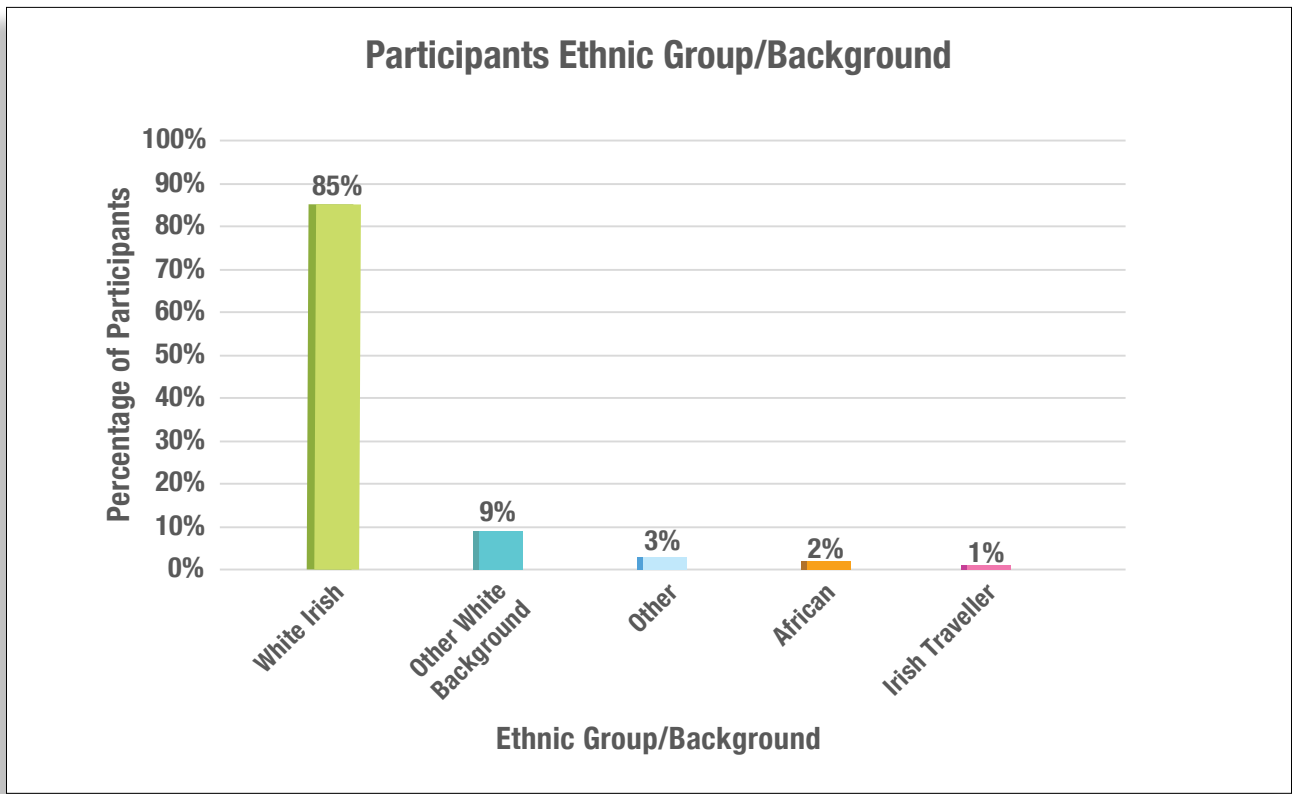
- Nearly a quarter (22%, n=329) reported their highest level of educational attainment as being third level.



- More than half the participants reported being either retired (37%, n=555) or unemployed (21%, n=306).



- The majority of participants (85%; n=1363) were White Irish.

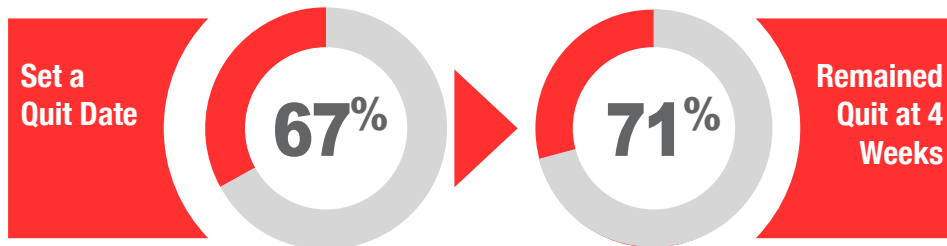


Other includes Indian/Pakistani/Bangladeshi, Other Asian Background, Arabic, Chinese, Other Black Background, Other including mixed background and Mixed.

- Just under two thirds (34%, n=500) had access needs with the most common access need being mobility (60%). While nearly a quarter of participants (24%; n=354), reported having a registered disability.
- Over half the participants (51%, n=666) self-reported a chronic health condition. The most commonly listed chronic health conditions were Chronic Obstructive Pulmonary Disease (COPD), Diabetes Type 2 and Cardiovascular Disease.

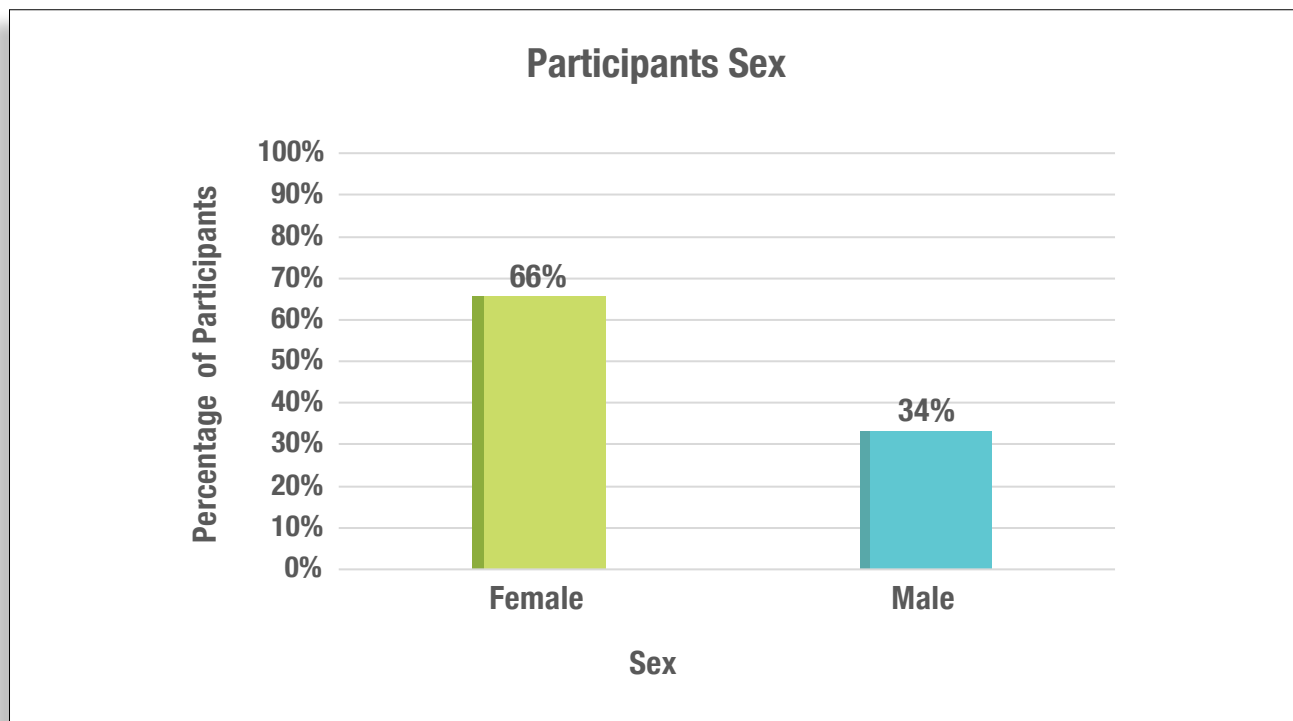
We Can Quit

A total of 40 We Can Quit (WCQ) programmes commenced across the SHC areas with 381 participants starting the programme and 67% (n=257) setting a quit date. Of the 257 participants who set a quit date, 71% (n=183) remained quit at four weeks.

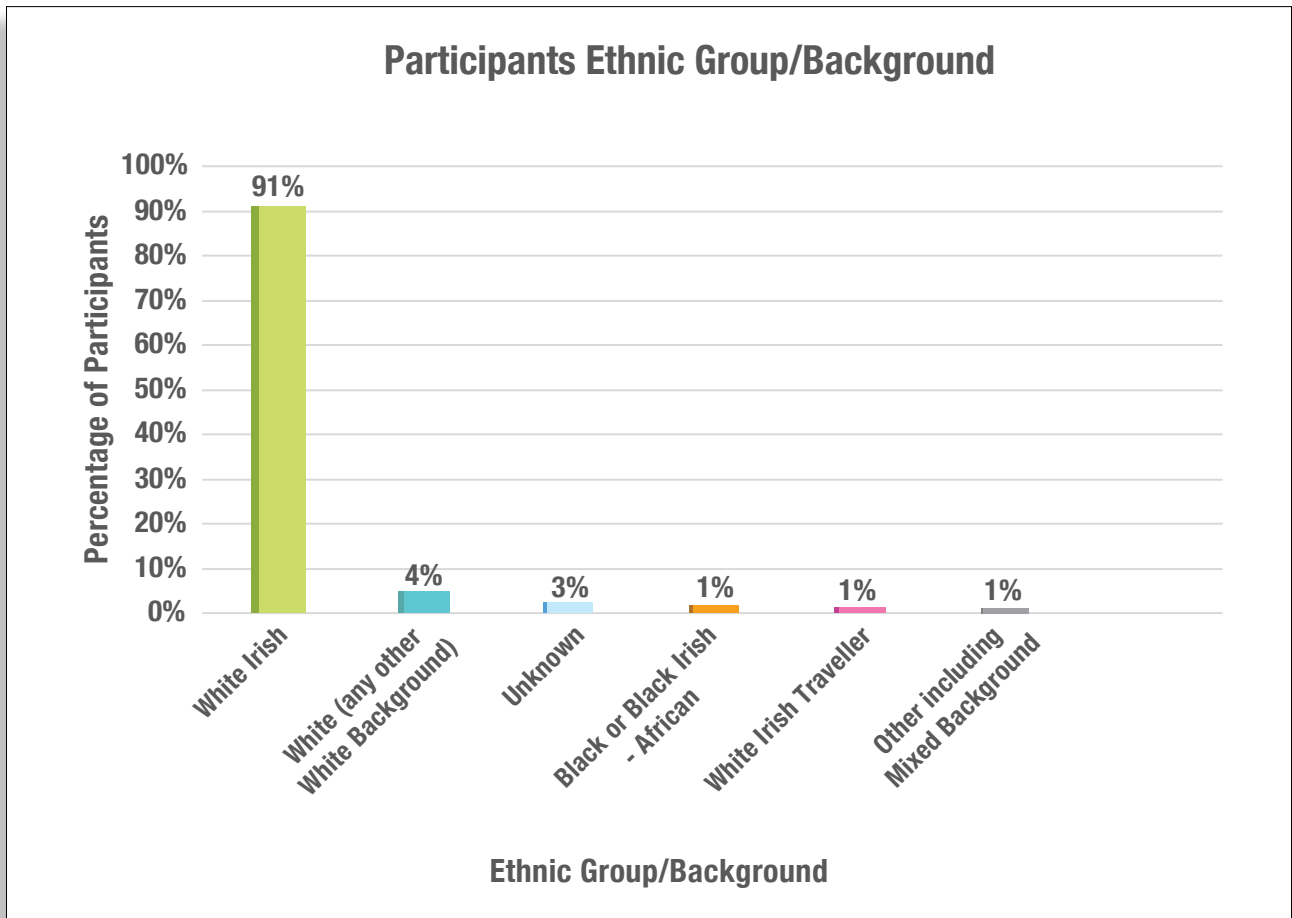


In total, 349 WCQ participants had demographical data recorded on QuitManager across 2023.

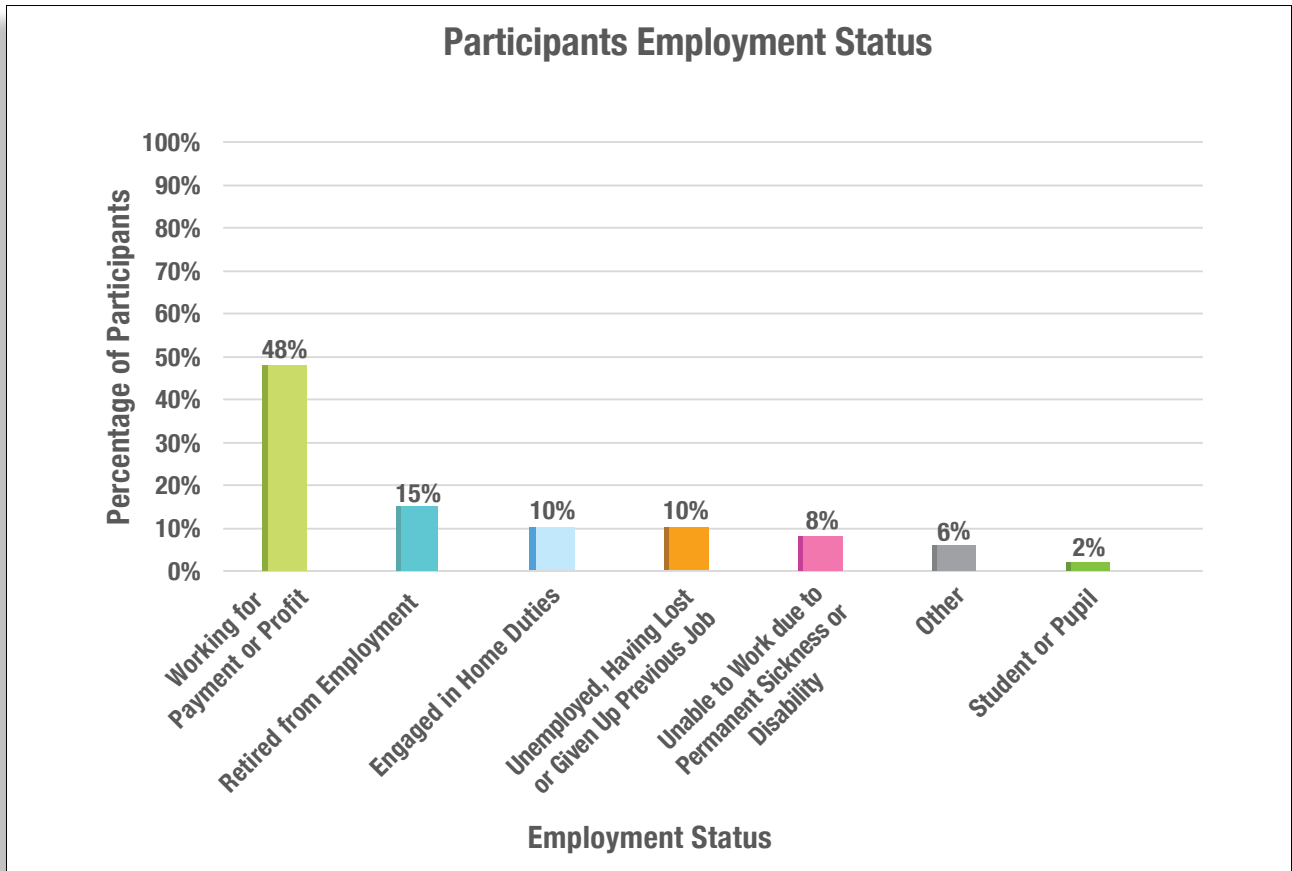
- The average age of WCQ programme participants was 52 years with ages ranging from 21 to 77 years of age.
- Over two thirds of participants (66%, n=229) were female.



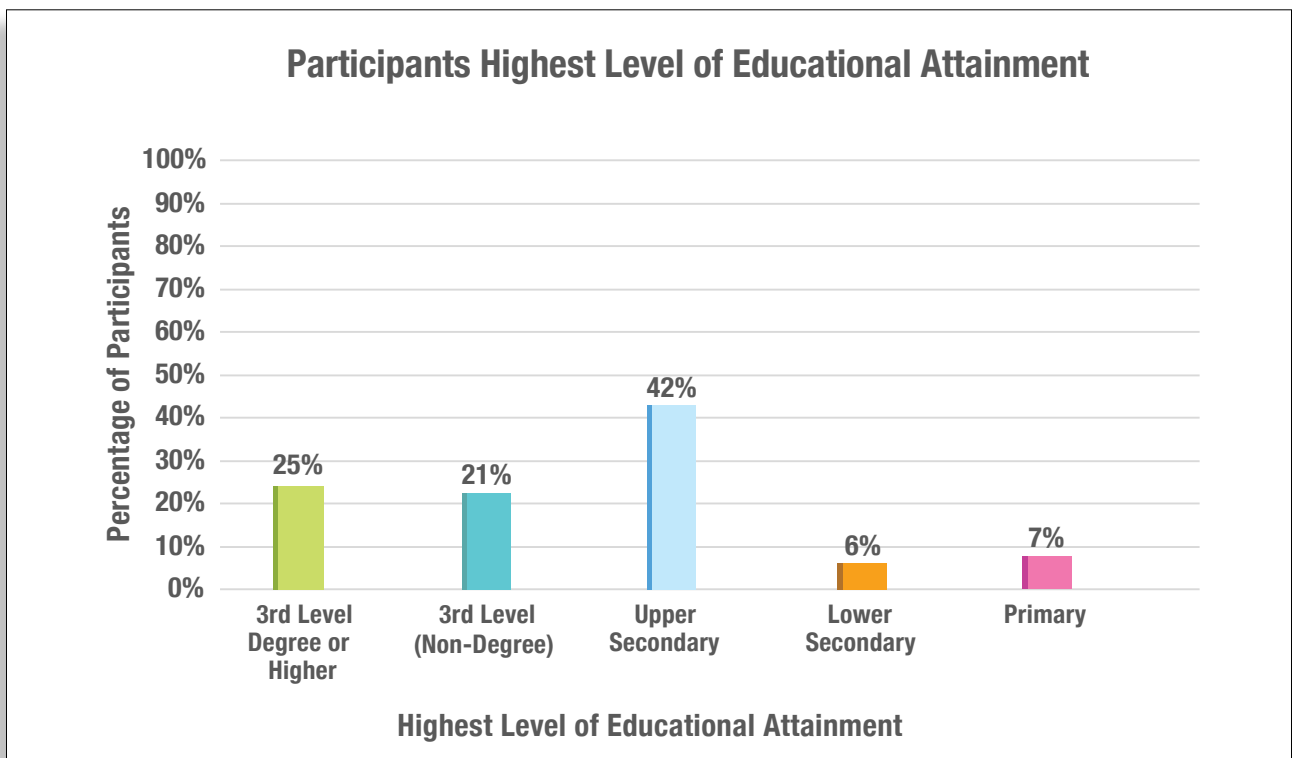
- Most participants were White Irish (91%, n=277).



- A small proportion of participants (10%, n=33) reported to be unemployed or looking for work.

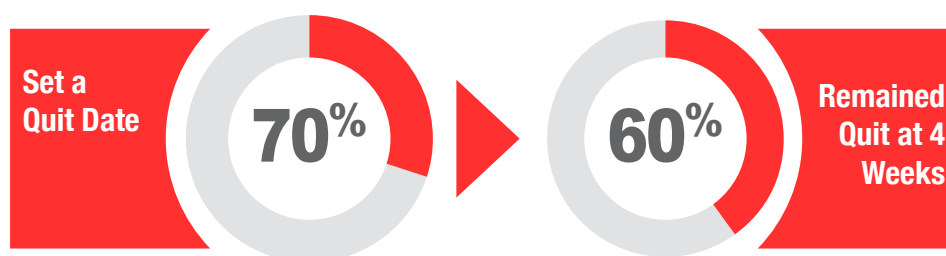


- Nearly half the participants 46% (n=138) reported their highest level of educational attainment to be third level.



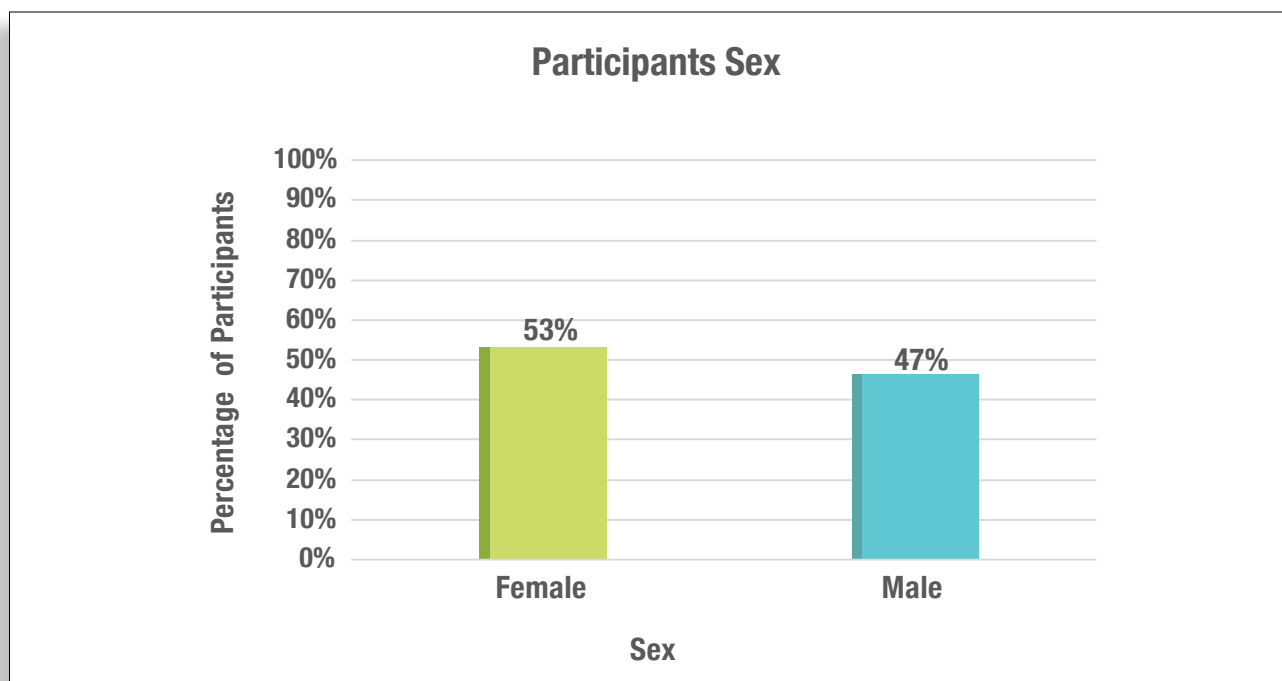
Stop Smoking Services

A total of 2,644 unique episodes with a tobacco user occurred across the SHC areas with 70% (n=1,797) setting a quit date. Of the 1,797 who set a quit date, 60% (n=1,059) remained quit at four weeks.

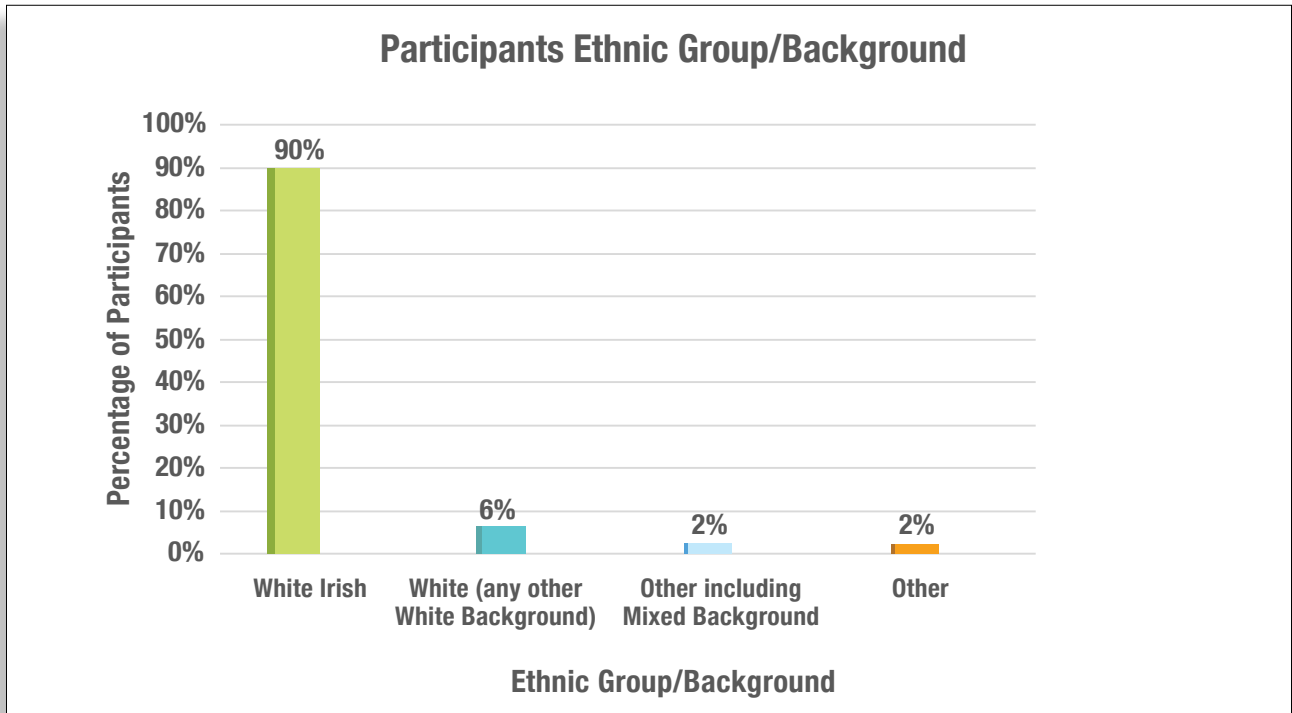


In total, 2,431 clients who engaged in 1:1 Stop Smoking Services provided demographical data in 2023.

- The average age of participants was 50 years with ages ranging from 16 to 87 years of age.
- Similar proportions of male and females engaged with Stop Smoking Services.

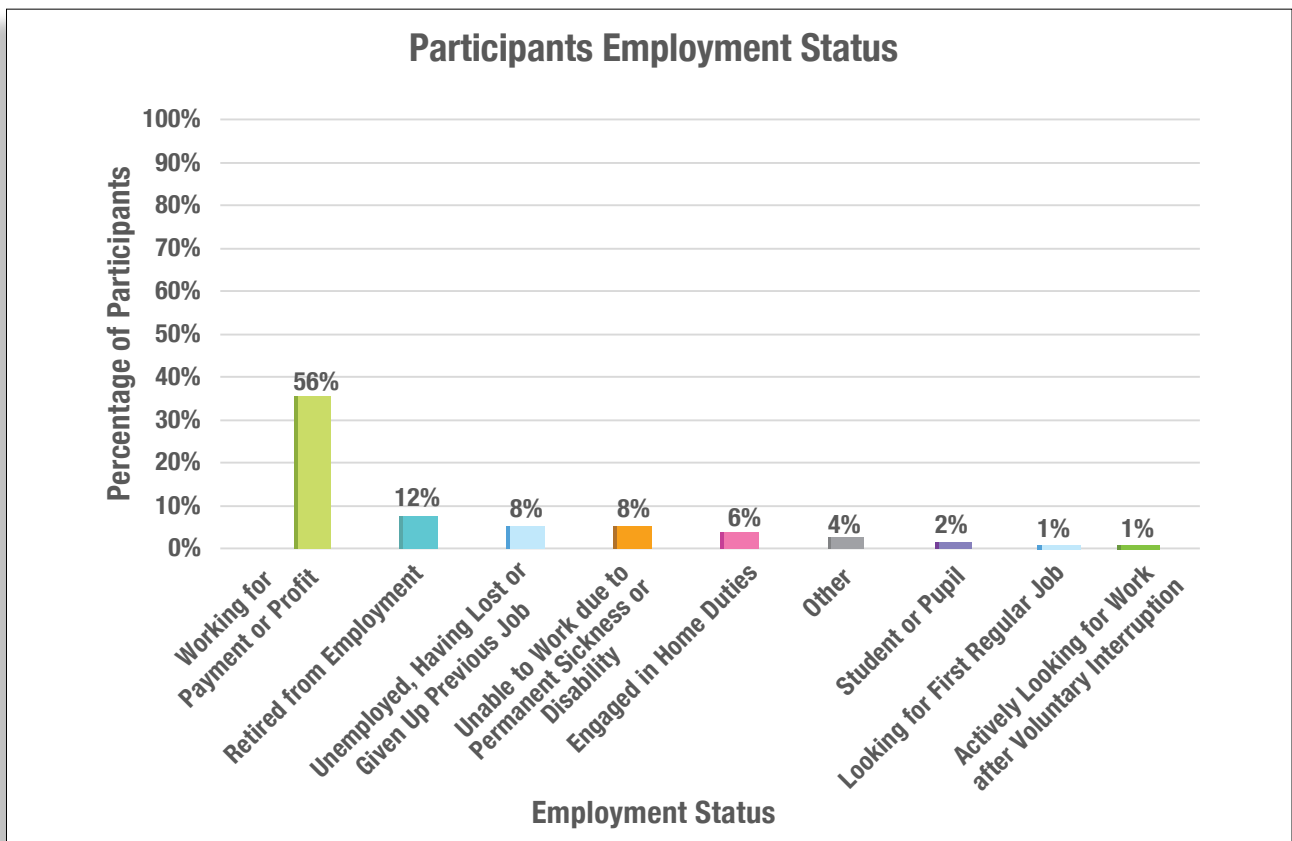


- The majority of participants reported to be White Irish (90%, n=1403).



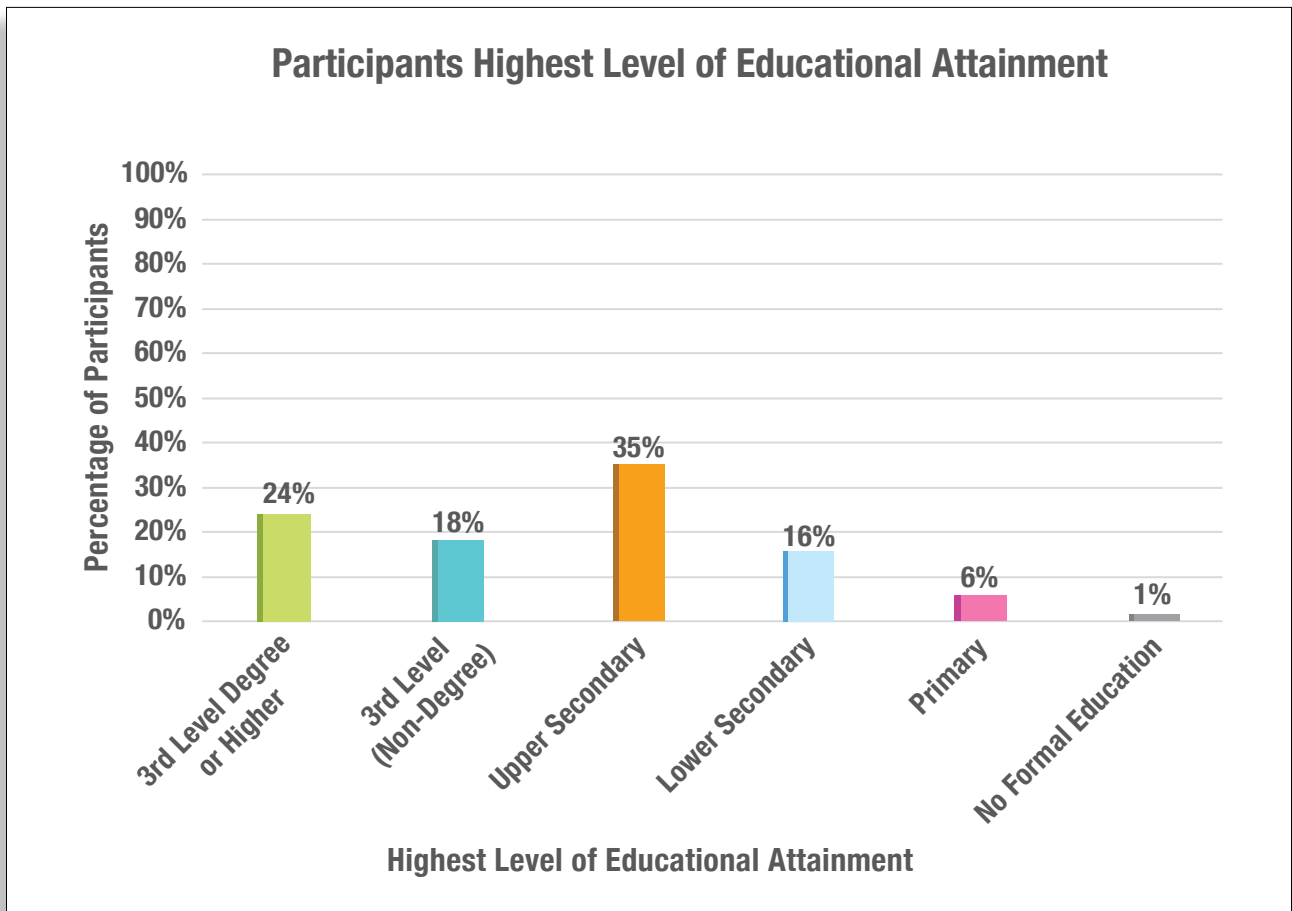
Other includes Asian/Asian Irish, White Irish Traveller, Black or Black Irish.

- A small proportion of participants (10%, n=211) reported to be unemployed.



- 47% of participants (n=985) reported to have a Medical Card while 10% (n=190) had a registered disability.

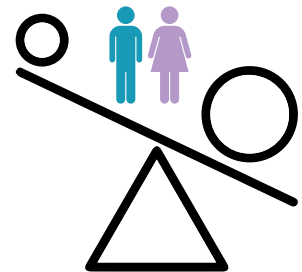
- Over a third of participants (42%, n=740) reported to have third level education.



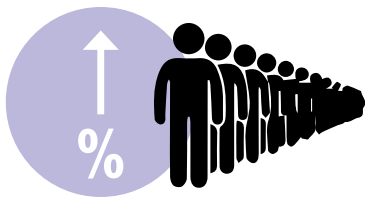
Discussion

The current report presents an overview of programme activity across the SHC areas in 2023 including KPIs and the participant demographics collected from those who registered with a SHC programme. As evident in the data presented, the 2023 SHC programme participants are showing indicators of higher levels of deprivation compared to national norms derived from the Census 2022 data. This finding provides support for the programmes rationale of a placed based approach to tackling health inequalities.

Higher Levels Of Deprivation



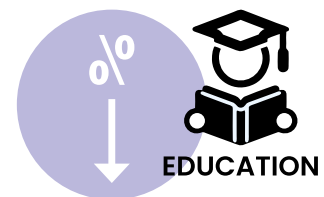
Higher Unemployment in SHC Participants



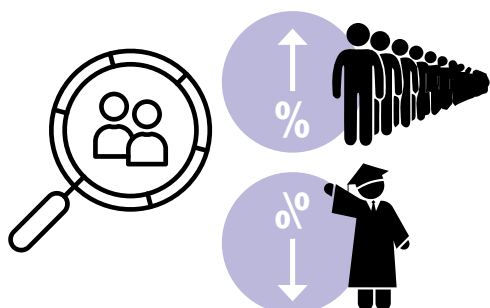
In terms of employment status, a higher percentage of those who engaged in all SHC programmes reported to be unemployed compared to national norms. It is interesting to note that the rate of unemployment among participants from both WCQ and the 1:1 Stop Smoking Services was lower than other SHC programmes and closer to national norms. This may indicate that Stop Smoking Services are less utilised by those experiencing unemployment.

Overall, a lower percentage of SHC programme participants had third level education compared to national norms. However, the percentage of parenting programme participants who reported having a third level education was higher than the national averages. While the rate of third level educational attainment among Stop Smoking Services (WCQ and 1:1 Stop Smoking Services) participants was close to national norms. This data suggests that these services (parenting and Stop Smoking Services) may be reaching the more educated populations within these communities.

Less SHC Participants Had 3rd Level Education



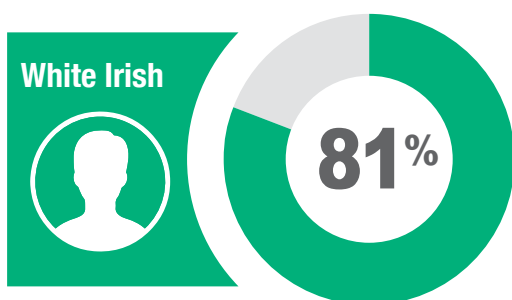
Higher Levels of Unemployment & Lower Levels of 3rd Level Education



On the contrary, demographical data from HFME and Social Prescribing participants showed evidence of higher levels of unemployment and lower levels of third level educational attainment. This may signal that these programmes are more effective at targeting the people experiencing higher deprivation in these communities. However, participants who engaged with Social Prescribing had an older age profile (60% > 55 years) which might contribute partially to this finding.

It is also interesting to note that the Social Prescribing programme shows evidence of higher percentages of service users accessing the programme from outside the area, suggesting the need for further expansion of the Social Prescribing programme. This would allow the programme to further support participants in society in need of non-clinical community supports, aiming to benefit their overall health and wellbeing.

More Service Users Access Social Prescribing from Outside the Area



Finally, across all SHC programmes White Irish was the most commonly reported ethnic group/background (81%). Based on this finding consideration is required of the programmes' ability to respond to the needs of people from diverse ethnic and cultural backgrounds.

While the data presented throughout this report provides some interesting data trends allowing us to understand more about the people engaging in SHC programmes across the country, more extensive research is required. A detailed SHC evaluation would allow us to gain a deeper insight into programme delivery and explore what impact the programme is making on the health and wellbeing of people living in the targeted communities.

References

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