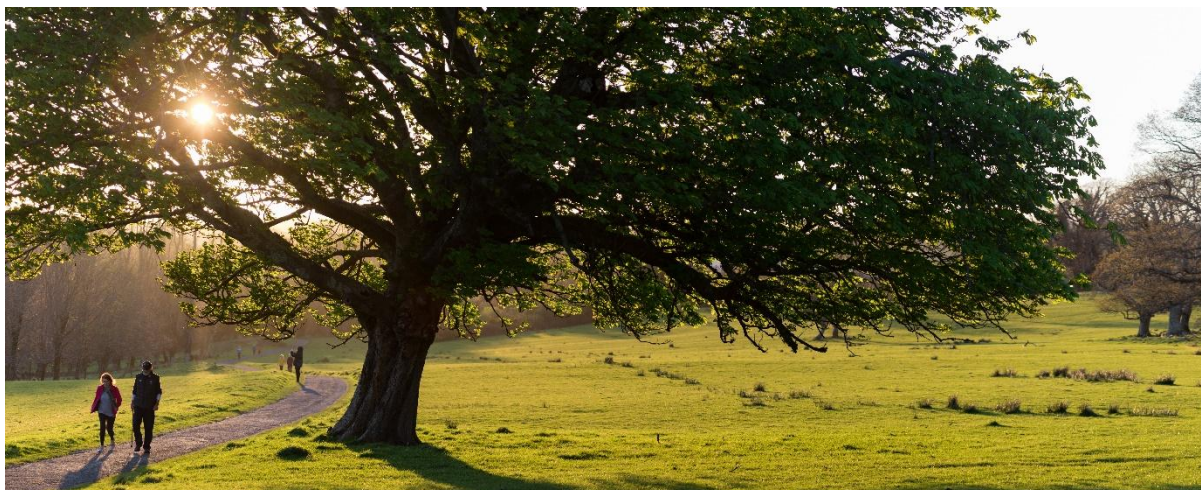




Healthy Ireland Fund 2023-2025

Local Strategy for

Louth County Council



SEPTEMBER 2022

**THIS STRATEGY MUST BE COMPLETED AND UPLOADED AS
PART OF THE ONLINE APPLICATION**

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1. Introduction

Local Authorities are required to submit a 3-year strategy as part of the application process under HIF 2023-2025. The Healthy Ireland Fund Local Strategy (HIFLS) for Louth 2023–2025 sets out the Local Authority (LA) priorities under the Healthy Ireland Fund for the period. The strategy provides a rationale for the selection of Healthy Ireland outcomes under HIF and identifies how work under HIF aligns with wider health and wellbeing policy and interventions locally.

The Healthy Louth Coordinator will lead the development of the strategy together with colleagues and members of both the Louth Health & Wellbeing Subgroup and the Local Community Development Committee (LCDC).

This strategy has been informed by meaningful community consultation, aided by an analysis of local health risk profiles. At the outset we would like to extend our thanks to the members of our Community & Quality of Life Strategic Policy Committee (SPC), LCDC and all the organisations and individuals who engaged in the public consultation process. We can only deliver on the desired outcomes by harnessing support and working in partnership and this document reflects a genuine commitment to collaborate throughout both its development and the commitment given to its delivery.

At the heart of this strategy is the “lived experience”, we have listened carefully to people and their individual needs, this strategy has an aim to reflect the voice of those who have “lived experience” and a commitment to build capacity over its lifespan to ultimately have those with “lived experience” involved in the co-design of a Healthy Louth at both a strategic and project delivery level.

If the COVID-19 pandemic has taught us anything, it is that maintaining a healthy lifestyle, in all its aspects, is essential to all our lives and our well-being. We recognise that there will be barriers to overcome in the delivery of the strategy, some of these difficulties can be anticipated, such as the current cost of living crisis, however, the lessons learnt over the past 3 years have shown that issues will emerge unexpectedly and with this in mind this strategy should be an iterative plan that will evolve based on evidence, emerging pressures and new priorities. The Healthy Ireland three year funding commitment alongside the flexibility of annual activity plans will support the Healthy Louth Coordinator to adapt to changing priorities and deliver programmes that are both relevant and of value, leading to real change and improvement for the health and wellbeing of the people of Louth.

2. Methodology

The Healthy Ireland Fund 2023-2025 Local Strategy for Louth has been developed following an extensive research phase which included both desktop research and stakeholder engagement to ensure that the selection of outcomes and target groups were both evidence based and in line with local knowledge and existing health strategies in the area. An open and transparent process was adhered to in order to select the most appropriate project outcome indicators for County Louth in line with the requirements set out by Pobal.

Secondary Research Methods

County Louth Demographic Profile

Utilising the preliminary data from the Irish Census 2022 and the full data from the Irish Census 2016, County Louth’s demographic profile was examined. Full details of this are available in the County Profile Section of this Strategy (pg 6).

HSE’s Health Atlas database

The Healthy Louth Coordinator was provided with access to the HSE’s Health Atlas Finder database which provides health data at a local level estimated from The Healthy Ireland Survey 2018 & 2019 and The Irish Longitudinal Study on Ageing 2018 (TILDA). This data does not allow for comparisons within the County or with other Counties and percentage figures are not available only the *n* value. Data pertains to prevalence of chronic diseases and risk factors in adults aged 50 and older and prevalence of unhealthy lifestyle behaviours (diet, smoking, alcohol consumption, body weight and physical activity) of adolescents aged 15 to 17 and

adults aged 18 and older. This database was reviewed for the County of Louth.

Health Population Dataset by Local Authority in Ireland

The 'Health Population Dataset by Local Authority in Ireland' a dataset of 21 indicators from the Healthy Ireland Outcomes Framework was provided in a report format (Kelly 2022). This report presents a heat map of health indicators and compares the prevalence of these issues locally to the national average. The data for County Louth was reviewed.

Rapid Literature Review

A rapid literature review was undertaken to investigate published national and local data sources pertaining to the health and wellbeing of the people of Ireland and population of County Louth. This data will be considered when deciphering which Outcome Indicators to select for County Louth to support the planning process for HIF 2023-2025.

Primary Research Methods

Healthy Louth Public Consultation Survey 2022

In order to investigate the local needs of the population of County Louth the Healthy Louth Public Consultation Survey was undertaken. The sampling type used was convenience sampling. The survey was created using the Louth County Council online consult portal (<https://consult.louthcoco.ie/>) and all visitors to the site were invited to respond. A hard copy format was also made available (see appendix 1). The survey employed a mixed methods approach as questions were asked in both quantitative and qualitative formats. As with all research methods surveys have a potential for error however they have been described as 'a useful and legitimate approach to research that has clear benefits in helping to describe and explore variables and constructs of interest' (Ponto 2015).

The aim of the survey was to gather the input of individuals, agencies, groups and organisations based in County Louth to identify the health risks, health priorities and associated target groups across County Louth in line with the HIF 2023-2025 guidelines. In order to encourage uptake several recruitment strategies were employed. The survey was advertised on Louth County Council website and Twitter account, and through Louth's Public Participatory Network. An advertisement was also posted in local papers in October including the 'Dundalk Leader', 'Drogheda Leader' and the 'Drogheda life website'(see appendix 2). Posters advertising the survey were hung in various locations throughout Louth including libraries, pharmacies and GP surgeries. The poster was also converted to flyer format and distributed widely.

In order to recruit specific target groups to complete the survey contact was made with organisations working with young people and adolescents (Dundalk Youth Centre, Cox's Project, Dee Hub, Foroige and Comhairle na nOg), migrants, ethnic minorities & asylum seekers (Culture Connect, Cultur Migrants Centre and KASSI) older people (Alone, Tredagh Day Centre and the Alzheimer's Society) and disadvantaged women, men and families (Homelessness Services Providers, Family Resource Centres and the IWA) inviting their members to complete the survey by providing an online advertisement with a direct web link to the survey for them to share alongside an electronic version of the poster to hang in their premises. The Healthy Louth Coordinator also had a pop up stand at a number of public locations (libraries & shopping centres) and was interviewed on local radio all with the aim to invite participation in the survey.

Data from the public consultation survey was provided to the research team at Netwell Casala, Dundalk Institute of Technology for analysis. Quantitative data analysis was conducted using SPSS software. Excel spreadsheets were used to conduct summative calculations on the data and to generate multi-variable graphs to depict data findings. Qualitative responses were thematically coded and matrix analyses conducted using NVivo software (www.qsrinternational.com). In total 436 people completed the survey. Demographics of the survey respondents are outlined in Appendix 3, Figs. 4-7). The results of the survey were analysed and utilised to inform the next stage of the Healthy Louth Fund public consultation.

Healthy Louth Focus Groups

Focus groups were held with the aim of gathering a more in-depth view on what priority health issues are prevalent in County Louth that impact specific population groups to ascertain why they occur and gather

stakeholder opinions on how they should be addressed at a local level. Development Perspectives were engaged to design and facilitate the focus group sessions. The focus groups incorporated the groups prioritised by Pobal in the consultation requirements and people who work in County Louth in a health and wellbeing capacity or within the community and voluntary sector. See appendix 4 for a full list of attendees.

The focus groups took place at the following locations:

1. Dundalk Sports Centre (Focus on Ethnic Minorities) on the 2nd of December;
2. Dundalk Sports Centre (Focus on Older People groups) on the 2th of December;
3. The Mill Enterprise Centre, Drogheda (Focus on Disabilities) on the 5th of December;
4. Dundalk Youth Centre (Focus on Young People) on the 5th of December;
5. Barbican Centre, Drogheda (Focus on Generic group) on the 12th of December.

In terms of flow and content, Focus group session 4 was more fluid and foundational in its approach and methodology. Jargon was kept to a minimum and language used was more basic with visual cues used to help nurture understanding.

Participants were asked a series of questions throughout the focus group and given time to discuss in small groups and with the wider group. All responses and discussion points were recorded on a flip chart by the facilitator.

All Focus group sessions began by answering the question, “What is the biggest health issue facing your community”? This question was answered individually before sharing responses within the group.

The initial findings of the survey were then shared with the group. Each focus group then proceeded to look at the most popular responses from the online survey and were invited to explore them in depth. The factors presented for discussion and perusal were the ones that scored significantly in the survey. They were divided into 3 categories.

1. Lifestyle and behaviours
 - a) Poor Nutrition
 - b) Obesity
 - c) Sedentary Lifestyle
2. Well being
 - a) Mental Health
 - b) Depression
 - c) Lack of social and leisure activities
3. Socio Economic
 - a) Unemployment
 - b) Poverty and basic deprivation
 - c) Income Inequality

After the exploration of the factors mentioned above, an individual “Participatory learning approach” called “Direct Ranking” was used to help visually prioritise factors in a quantitative manner. This approach is based on the work of Robert Chambers and is designed to visually illustrate the weighting of responses and not just the frequency. Each participant received 5 coloured dots to distribute to issues that they felt should be prioritised by Healthy Ireland - Louth. They could distribute the dots in any way that they wished.

A “Problem tree analysis” graphic was presented to each group to encourage them to explore the root causes of issues and challenges put forward. This is relevant for a number of reasons. Health is not only an outcome or product of individual choices or genetics. Health is also contributed to by structural and systemic dynamics, which affect cohorts of the population differently. The difference between symptoms and causes of a problem were perused before discussions were had.

A written report was prepared by the Facilitator which summarised the findings of the focus groups. Both the report and the focus group content were reviewed by the Healthy Louth Coordinator to inform the HIF 2023-

2025 planning process.

HSE Consultation

Several meetings were held with the team lead for Louth's HSE Health Promotion and Improvement and their extended team were also invited to both complete the survey and attend Focus group sessions. Other representatives from the HSE were present including Primary Care CHO8 and Mental Health Services. This input will be used to inform the HIF 2023-2025 planning process.

Healthy Ireland Fund 2023-2025 Local Strategy for Louth "Inspiration station" co-design workshop.

The Healthy Louth Coordinator along with the support of the facilitator held an "Inspiration Station" co-design themed workshop to feed into the workplan element. See appendix 5 for a full list of attendees. Following a short presentation participants were split into small groups to complete a number of activities to generate discussion around the selected outcome indicators and target groups, to identify priority actions, potential implementation partners, strategic alignment and to discuss other funding sources that may leverage selected outcomes and bolster ambitions. Participants were also provided with the opportunity to present a potential programme/initiative to the wider group. Template documents and visual aids were provided (See appendix 6).

Community & Quality of Life Strategic Policy Committee (SPC)

Early in the consultation process the Healthy Louth Coordinator attended the Community and Quality of Life SPC to provide an opportunity for committee members to engage in the HIF 2023-2025 Local Strategy for Louth. Committee members were invited to participate in the public consultation process and asked to support the Healthy Louth Coordinator by raising awareness of the HIF public consultation via their communication platforms.

LECP Consultation

Louth County Council are currently undertaking a review of the Louth LECP 2016-2022 in advance of preparing a new LECP, it is anticipated that the new LECP will be adopted for end of Q2 2023. The findings of the HIF Local Strategy for Louth will inform the Louth LECP 2023 -2029.

Analysis and presentation of findings of the consultation process for HIF 2023-2025 to LCDC

Once the research/consultation process was completed the Healthy Louth Coordinator analysed the results and used the outputs to inform their decision for outcome(s) selection and target groups for HIF 2023-2025 Local Strategy for Louth. The findings were summarised and presented to the LCDC at the January 2023 meeting. The Healthy Louth Coordinator made a recommendation on which priority outcome indicator(s) and target groups should be selected for Louth and sought approval in principle from LCDC members at that time.

3. County Population Profile

Secondary Data

Census 2022 – Preliminary Data

The population of the state was 5,123,536 on the night of the 2022 census. This is an increase of 361,671 on the 2016 census figure, equivalent to an 8% increase. All local authorities experienced a growth in population between 2016-2022. At a national level 47% of the growth was a result of a natural increase and 53% was a result of net migration. The population of Louth increased from 128,884 (Census 2016) to 139,100 (Preliminary Census 2022) a population growth of 10,216 which is in line with the national average growth at 8%. Every local authority reports an excess of births over deaths, resulting in natural population increases. Louth has a birth to death ratio of 2, for every one person who dies there are 2 births. At a national level, net migration exceeds natural increase by 18,995 and represents 53% of the national increase in the population since 2016. In Louth net migration exceeds the natural increase by 116 and represents 51% of the increase in the population of Louth since 2016. Natural increase accounted for 49% of the total population growth of Louth since 2016 (O'Donoghue Hynes & Delaney, 2022).

Census 2016

Population:

County Louth is a medium-sized Local Authority area whose population in 2016 was 128,884 which represents 2.7% of the total State population. Population Growth of 4.9% from 2011 to 2016 in County Louth is somewhat greater than the State at 3.8%. Between 1996 to 2016 the county has grown by approximately 40% in comparison with the growth of the State at 31%. During the 20-year period to 2016 the urban population has grown by 6107 while the rural population has decreased slightly by 120. The main areas of population within the County are Drogheda (40956) and Dundalk (39004) which together comprise 62% of County total population. Ardee rural (2952) and Ardee urban (4917) combined have a population of 7869 equivalent to 6% of the total population of the County. Drogheda has maintained its position as the largest town in the state with 40,956 persons and Dundalk occupied third place with a population of 39,004 (see appendix 7, Map 1, Louth Population Distribution by ED).

Population Density:

Co. Louth is the smallest of twelve counties in the Province of Leinster measured by land area (827 km²). It was the sixth largest in terms of population based on Census 2016 data. County Louth was the most densely populated county in Ireland outside of Dublin having a population density of 156 people per km², compared to the national figure of 70.0 people per km².

Age:

The CSO Census Data for 2016 suggests that Louth's population structure has a significantly younger profile than the State's (see appendix 8, table 1).

- Children age 5-12 represent 12.6% of the total population of Louth compared with 11.5% for the state as a whole;
- The teenage age group of 13 -18 has a moderately greater representation in Louth at 8.6% in comparison to 7.8% in the State as a whole;
- 8.4% of Dundalk's population and 8.1% of Drogheda's population are aged 13-18;
- The 19-24 age group is marginally lower in Louth (6.6%) than the State (7%) however Dundalk has 7.9% in this age group;
- The 25-44 age group in Louth compares favourably with the State (29.5%) Louth (28.5%);
- The 45 – 64 age group includes 23.6% of the population compared to 22.2% in the State;
- The 65+ age profile is slightly lower in Louth at 12.5% while it is 13.4% in the State as a whole.

Louth has the seventh lowest average age profile in the State. The average age in the State is 37.4 years while in Louth it is 36.4 years.

Age Dependency:

At national level age dependency, which is measured as the number of younger (0-14) and older (65+) people as a percentage of those of working age (15-64), increased from 49.3% in 2011 to 52.7% in 2016. The number in the 65 and over category increased by 102,174 – more than twice the 15-64 age category, which rose by 44,477 since 2011 (see appendix 8, table 2).

In 2016 Co. Louth had a significantly larger cohort of young age-dependent population (23.02%) than was the case in the State (21.14%). The county had a lower percentage of old age dependent population (12.47%) than was the case in the State (13.39%).

There is also evidence of a typical urban-rural differential with age dependency rates exceeding 38% in nine EDs: Carlingford (41.20%), Jenkinstown (41.07%), Stabannan (39.63%), Ravensdale (39.62%), Barronstown (39.35%), Dromin (38.94%), Dysart (38.82%), Greenore (38.34%), Mansfieldstown (38.27%) and Creggan Upper (38.01%) (See appendix 7, Map 2 & appendix 3, Fig. 1).

Ethnic and Cultural Background:

Louth (80.8%) has marginally less people born in Ireland than the State as a whole (83.9%). Louth has a considerably higher percentage of residents born in the UK (8.6%) than the State (4.8%) with Dundalk returning a figure of 9.8% of residents born in the UK (see appendix 8, table 3 & 4).

In terms of ethnicity and cultural background Louth and the State report similar figures across all ethnic groups with the exception of "Black or black Irish". In Louth this category accounts for 2.8% of the population while it

is considerably lower at 1.4% for the State as a whole. Those members of the population who identify as “White Irish Traveller” register as 0.7% (State) and 0.6% (Louth) (see appendix 8, table 5).

Family Size and Household Size:

There is no significant difference between the State, County and MD in terms of family size. Termonfeckin has the highest ratio in the State of households with 5 or more people at 38.1%.

The State reports a total of 189,112 family units with a Single Mother and children (21.9%) while Louth has a total of 5922 family units (23.8%) in the same category. Dundalk hosts 33% of the County total of single mother family units with children while Drogheda hosts 30.5%. The number of families with lone fathers with children is approximately 3.4% in all areas with no significant differences between State, Louth, Dundalk, and Drogheda. One parent families in the County make up 11.7% of all family units while they occupy 12.1% of all households. In comparison, the Census recorded 10.2% of all family units within the State as one parent families with an occupancy rate of 10.5% of all households. (see appendix 8, table 6 & appendix 7, map 3).

The proportion of lone parents (as a proportion of all households with dependent children) in Louth was significantly higher than the national average at 29.7% in 2016 in comparison to the state at 21.9% (Census 2016). Dundalk Urban No 1 (35.7%), Dundalk Urban No 2 (33%), Dundalk Rural (31.6%), Westgate (31.8%) and Castletown (Pt.) (28.4%) all have rates which are high by national comparison while there are 8 EDs where the rate is under 10%. The lowest rate in the County is 4.7% in Killanny. The CSO Survey on Income and Living Conditions (SILC) 2016 confirms that lone parents are more likely than any other social group to be living in poverty.

Labour Market:

In 2016 the unemployment rate for Louth was 16.7% compared to 13% for the State. Urban areas show higher levels of unemployment than rural areas. 33648 or 33.9% of the population aged 15 or over were not in the Labour Force. Of these:

- 33.1% Students
- 25.3% Looking after the home
- 41.57% Retired

Between 2011 and 2016 the male unemployment rate fell from 27.7% to 17.6%. The female unemployment during the same period fell slightly from 19% to 15.5%. In 2016, the areas with the highest unemployment rates in County Louth were:

- Dundalk/Carlingford (23.3% male, 24% female)
- Dundalk South (24.8% male, 25% female)
- Drogheda Urban (26.5% male, 25% female)

As of Nov 2022 there are 4,170 males and 3,517 females on the Live Register for Louth (see appendix 3, Fig. 2)

Education:

Louth experiences significant early school leaving before the age of 16. The 2016 census reported that 18.4% of the Louth population left school before the age of 16 in comparison to 14.7% for the state (see appendix 8, table 7).

Educational Attainment:

The percentage of Louth’s population with no formal education or Primary School education only is slightly higher than the State average (15.8% vs. 13.3%). 2.1% in Louth have No formal education versus 1.8% across the State. Significantly higher percentages of Louth’s population have attained Primary and Lower Secondary level as their highest achievement (31.7%) compared to the State (27%).

There are several rural EDs in County Louth where still considerable portions of the adult population have primary education only. Louth’s rate in 2016 was 15.8%.

- Tallanstown 24%
- Dysart 21%
- Castlebellingham 20%

Dundalk Urban No 1 has the highest rate at 26.4% which is double the national rate.

The proportion of Louth's population with third level education has decreased slightly since 2011 (25.6%) to 2016 (24.6%). The national average stands at 30.4%. At ED level the proportion of the population with third level education is particularly low in Dundalk Urban No1 (20.5%), Westgate (22.6%), Tallanstown (23.7%) and Ardee Urban (23.7%). The ED with the highest proportion of the population with third level education is Haggardstown (Pt.) with 46.7%. County Louth has lower levels of educational attainment at Honours Degree and Postgraduate at 16.8% compared to 21.2% in the State.

Social Class Composition:

Louth has fewer of its population classified as Professional Workers and Managerial and Technical at 29.6% compared to the State at 33.5%. Dundalk has 26.4% of its population classified in these categories (see appendix 8, table 8).

Differences in social class composition within the county reflect those of higher educational attainment with Haggardstown (Pt.) having the highest composition (49.9% professional and managerial, 9.8% semi and unskilled manual classes). 46% of the population in Haggardstown (Pt.) have third level education. In comparison Dundalk Urban No 1 has the lowest rate of third level attainment at 20.5% with 18.2% reporting as professional and managerial while 35% declare as manual classes.

Deprivation Areas:

The County is not characterised by particular extremes with regard to affluence or deprivation. Of the 43 EDs in County Louth most (28) are marginally below average while 13 are marginally above average (refer to appendix 3, Fig. 3).

At a local level the most disadvantaged EDs are:

- Dundalk Urban No.1 12.2
- Dundalk Urban No.2 11.8
- Castletown (Pt.) 8.9
- West Gate 8.4

Dundalk Urban No 1 and No 2 are the only EDs in County Louth which fall in to "disadvantaged" category.

The most affluent EDs recorded as above the average are:

- Haggardstown (Pt.) 5.6
- Monasterboice 5.3
- Darver 5.7
- Termonfeckin 5.1

Homelessness:

The Department's official homelessness statistics are published on a monthly basis and refer to the number of homeless persons accommodated in emergency accommodation funded and overseen by housing authorities during a specific count week, typically the last full week of the month. The most up to date data available relates to the week of 21st – 27th Nov 2022 and reports that on that week the total number of adults accessing local authority managed emergency accommodation across Ireland was 8,048, of which 63% were male and 37% were female. This is a significant increase on the same period last year when the total figure was recorded as 6,551 representing a percentage increase of 23%.

In relation to the North East Region for the same period, the total number of adults accessing emergency accommodation on the week of 21st to the 27th Nov 2022 was 139 compared to the same period during 2021 were the total was 82 adults. Representing a percentage increase of 70% for the region and worryingly increasing at a much faster rate than the state.

The number of families accessing emergency accommodation during the week of the 21st – 27th Nov 2022 within the North East Region was 29, of which 16 were single parent families with a total of 66 child

dependants accommodated.

If we dig a little deeper into this data at county level the number of families accessing emergency accommodation during the week of the 21st – 27th Nov 2022 within Louth was 25, of which 13 were single parent families and a total of 56 child dependants accommodated.

However, it should be noted that these numbers under-estimate the true extent of homelessness as they do not represent those sleeping rough, in direct provision centres, domestic violence refuges, couch surfing, or homeless people in hospitals.

Health Profile

In the 2016 Census approximately 86% of population in County Louth reported their health as very good or good. Slightly more reported fair in Dundalk (9%) and Drogheda (9.3%) in comparison to 8% across the State as a whole. Less than 2% reported their health as bad or very bad.

Health Population Dataset (Kelly 2022) (State vs. Louth)

Indicators of Health Status:

- Cancer screening participation - Uptake of cervical cancer screening in women aged 25-60 – 5-year average reported in 2019/2020 (State 78.7, Louth 81.3);
- Childhood vaccination uptake - Uptake of MMR vaccination for Junior infants (aged 4-5) – administered in 2020/2021 academic year (State 85.3, Louth 81.5);
- Breastfeeding - Percentage of infants breastfed within 72h post-discharge from maternity hospital – surveyed 2021 (State 58.8, Louth 49.4);
- Physical Activity - Proportion of population aged 15+ achieving recommended physical activity level – surveyed in 2019 (Mean average, State 46.1, Louth 42.3);
- Smoking - Proportion of population aged 15+ currently smoking – surveyed in 2018 (State 19.8, Louth 18.1);
- Obesity - Proportion of population aged 15+ with a BMI > 30 kg/m² – surveyed in 2019 (State 23.3, Louth 21.2);
- Binge drinking - Proportion of population aged 15+ consuming 6 or more standard drinks– surveyed in 2018 (State 36.2, Louth 33.1);
- Sugar-sweetened diet - Proportion of population aged 15+ consuming sugar-sweetened drinks daily – surveyed in 2018 (State 8.7, Louth 8.0);
- Sedentary lifestyle - Proportion of population aged 5+ travelling to education setting by private vehicle (car) (State 49.9, Louth 48.8).

Indicators of Health Outcomes:

- Male cancer - Age-standardised incidence per 100,000 of male cancer (ex. NMSC) – reported from 2015 to 2019 (State 479, Louth 502);
- Female cancer - Age-standardised incidence per 100,000 of female cancer (ex. NMSC) – reported from 2015 to 2019 (State 396, Louth 457);
- Mental health - Crude suicide completion rate per 100,000 – 3-year moving average reported for 2019 to 2021 (State 7.6, Louth 6.6);
- Cardiovascular disease - Rate of acute myocardial infarction per 100,000 – 3-year moving average reported for 2019-2021(State 159, Louth 245).

Social and Environmental Determinants:

- Radon exposure - Proportion of households with average radon level > 800 Bq/m³ – reported in 2019 (State 1.5, Louth 0.2);
- Unemployment - Proportion of population aged 15+ registered as unemployed – derived from CSO Census 2016 (State 7.1, Louth 9.0);
- Illness or disability - Proportion of population aged 15+ registered as sick or disabled – derived from CSO Census 2016 (State 4.2, Louth 4.9);

- Education attainment - Proportion of population who ceased education aged < 16 – derived from CSO Census 2016 (State 10, Louth 12.9);
- Socio-economic deprivation - Proportion of population classified as disadvantaged, very disadvantaged or extremely disadvantaged by HP index – compiled using 10 variables from CSO Census 2016 (State 22.5, Louth 29.0);
- Primary care access - Number of GP practices per 100,000 of the population in the area – reported by Health Atlas Finder (State 35.3, Louth 31.8).

Primary Data

Healthy Ireland Fund 2023-2025 Local Strategy for Louth Public Consultation

Phase 1: Survey

Respondent Demographics:

There were a total of 436 survey responses. Of these, the majority (n= 391. 91%) were from individuals, with 37 responses from organisations including:

- Community /voluntary organisations (n=27)
- Registered charities (n=6)
- A local agency supporting communities (n=1)
- Government agencies (n=2)

Five responses to this question were missing.

A range of age groups were represented among individual respondents, with young adults (18-24 years) and the oldest (75+ years) least represented and those aged between 35 and 54 years most represented. More than twice as many women responded (n=270) as men (n=121). Three individual respondents elected not to state their gender identity. Respondents reported a heterosexual orientation in the majority (n=356, 90%).

The ethnicity or cultural background identified by respondents indicates little representation in the survey findings from ethnic or cultural minority group members. The majority of respondents (n=355, 90%) reported not having a disability, while 7% (n=29) identified living with a disability (14% of the population of Louth stated to be living with a disability, Census 2016). The remaining respondents did not answer this question. Respondents were also invited to select social cohorts with which they identified as belonging. Unsurprisingly, the majority identified as belonging to the general population group (see appendix 3, Figs. 4, 5, 6 & 7).

The limitations of the study highlighted that other approaches were necessary to enlist the views of members of traditionally underrepresented groups and this informed the planning of Phase 2 of the public consultation process.

Phase 2: Targeted Focus Groups

Development Perspectives was engaged with to design and facilitate the focus group sessions. Five sessions outlined below were facilitated by Bobby McCormack on behalf of Development Perspectives.

Four of the sessions were targeted at individuals, professionals and representatives from both the community and voluntary sectors among cohorts that are traditionally 'hard to reach' and were underrepresented during Phase 1 of the public consultation process. The last session was a generic session open to all. A mix of morning, afternoon and an evening session were scheduled, see outline below:

1. Dundalk Sports Centre (Focus on Ethnic Minorities) on the 2nd of December;
2. Dundalk Sports Centre (Focus on Older People groups) on the 2th of December;
3. The Mill Enterprise Centre, Drogheda (Focus on Disabilities) on the 5th of December;
4. Dundalk Youth Centre (Focus on Young People) on the 5th of December;
5. Barbican Centre (Focus on Generic group) on the 12th of December.

There was a total of 55 participants (n = 55) over the 5 sessions (see appendix 5).

Community well-being statements

It is worth noting that Louth PPN engaged Development Perspectives to facilitate 3 separate focus group sessions on Community well-being statements during the same timeline. Where appropriate findings from these sessions have informed the HIF 2023-2025 Local Strategy for Louth.

Phase 3: HIF 2023-2025 Local Strategy for Louth 'Inspiration Station', co-design workshop

Key stakeholders that represent a wide range of cohorts across the County attended the Healthy Louth, Inspiration Station, co-design workshop. See appendix 6 for a full list of attendees.

4. County Health Risk Summary

In order to identify the key health issues in County Louth a stringent research process was undertaken which is outlined in the Methodology section. The results of this research are outlined below:

Primary Research

Healthy Louth Public Consultation Survey

The aim was to gather the views of the public in identifying the health risks, health priorities and associated target groups across County Louth (**Lived Experience**); to ensure that the direction of travel is informed by the local expertise (**Expert Led**) and to inform the next phase of the public consultation (**Evidence Based**).

Health Risks, Priorities, and Target Groups:

Respondents were asked to select from a range of options, in order of priority, to choose the top three factors they considered to have the most negative impact on health and wellbeing for people in county Louth. The question was asked in three sections; lifestyle and behavior factors, wellbeing and environmental factors, and socio-economic factors.

Lifestyle and Behaviours (see appendix 3, Fig. 8)

When the top three choices were combined across the dataset, the lifestyle factors identified as having the most negative impact on health and wellbeing for people in Louth were:

- Poor nutrition (or eating habits)
- Sedentary lifestyle (behaviours including internet use and screen time)
- High levels of obesity

Wellbeing and Environmental Factors (see appendix 3, Fig. 9)

When combined across the dataset, the top wellbeing and environmental factors identified, as having the most negative impact on health and wellbeing for people in Louth, were mental health, depression and lack of opportunities to engage in social and leisure activities, as well as feeling unsafe when walking alone in the dark.

Across all respondents and priority choices, the wellbeing and environmental influencers on health and wellbeing were significantly focused on mental health. In particular, first choices recorded over half of respondents (n=241, 55%) identifying mental health as the most significant wellbeing factor. Depression was ranked as the highest factor for respondents' second choice (n=145, 33%). Lack of opportunities to engage in leisure or social activities, including concerns about being able to go walking in the dark, were also identified across respondents.

Socio-Economic Factors (see appendix 3, Fig. 10)

Aggregate responses across the combined top three choices of socio-economic factors, identified as most impactful on health and wellbeing, were poverty and unemployment, followed by income inequality and educational disadvantage. These factors were also reflected across all choices.

Priority Target Groups (see appendix 3, Fig. 11)

Combined first, second and third choice responses regarding the priority groups for targeted interventions were young people aged 15 to 24 years of age, children up to 14 years of age, the general population and those with mental health challenges. Second choices also highlighted youth (15-24 years) and children (up to 14 years) as high priority groups. The top ranking third choice groups were equally distributed, at 11%, among people affected by homelessness, those with mental illness, and the general population.

Intervention Suggestions:

Suggestions for initiatives and mitigation strategies are likely to reflect the priorities, expectations, and agency potential of the socio-cultural majority group represented in the study. The underrepresentation of individuals from vulnerable and minority groups is, therefore, a limitation in the findings. Nonetheless, the findings do show a concern among respondents for those less empowered in society and in Louth communities, suggesting an appetite for regional planning that incorporates wide-reaching and inclusive interventions.

Respondents were invited to offer suggestions for approaches to address the lifestyle and behaviour factors, wellbeing & environmental factors and the socio-economic factors identified. An initial thematic analysis of responses yielded several categories of suggestions, for the purpose of this report these have been grouped into 3 categories, 'lifestyle interventions', 'education' and 'Infrastructure'.

Lifestyle interventions

A request for activities to promote physical activity was identified from the survey data. In particular, men primarily sought exercise, fitness and physical activities to be provided through existing clubs or as new activities offered in the community. Women, by contrast, suggested activities that were community-based, collaborative, and family-oriented. Suggestions from women included:

- Local walking groups;
- Supports for children to walk or cycle to school;
- Establishment of local community health and wellbeing forums that aim to develop partnerships/collaborations to coordinate local activities and target vulnerable groups;
- Healthy Families initiative (not 'fittest family') that is simple, attractive, and works with daily life;
- Community gardening initiative;
- Beach sports/activities and specifically indoor activities in winter;
- More adult options at the weekend (not always in the evenings after work);
- Social events such as open bingo and outdoor movies.

Education

Responses identified a desire for education programmes and workshops, not only in schools but also across and within communities. In particular, information about nutrition, healthy eating and the importance of physical activity were identified. There was also a call for accurate information to counter prevailing misinformation. In addition to education, respondents suggested that there should be a focus on increasing awareness about both new and existing activities, programmes, projects and campaigns aimed at supporting the health and wellbeing of Louth residents. A desire was identified for medical and educational services to conduct greater education and awareness raising. Likewise, the cost of participation in activities or engaging in mitigation behaviours was identified as problematic.

Infrastructure

The most significant theme identified among the suggestions was the demand for physical infrastructure

measures. Some frustration was noted in comments about the inability to safely walk for exercise, due to inadequate lighting or lack of footpaths and respondents offered a wide range of suggestions for infrastructure-related resources to support improved physical activity at a low cost to users. Some of the recurring themes have been outlined below:

- Improved street lighting and CCTV;
- Proper cycling lanes and hard shoulders or footpaths for walking on roads;
- Provide bicycle racks and bicycles to rent, as in big towns;
- Footpaths in rural areas for safer walking opportunities;
- Investment needs to happen in communities/community centres.

Healthy Louth Focus Groups

The Healthy Louth Focus Groups provided an opportunity for both individuals and for those working in the sector (statutory/voluntary and community) to provide more in-depth information on the health issues for County Louth.

The aim was to gain a deeper understanding of the health risk and health priorities in Louth and what actions should be undertaken at a local level to address these over the next three years.

All Focus group sessions began by answering the question, “What is the biggest health issue facing your community”? This question was answered individually before sharing responses within the group. Some of the more popular responses were:

- Difficult to get a Doctor’s appointment / Access to Primary health care / Mental Health Services / Counselling services
- Mental health issues and challenges
- Levels of inclusion / exclusion
- Levels of anxiety and depression
- Obesity / Poor nutrition / Comfort eating / Nutritious food not being available / Good food is expensive
- Level and pervasiveness of drug use (Legal and Illegal)
- People’s perceptions and judgement / Online pressures / Attitudes to disability, LGBTQI+, Travellers etc.
- Isolation and Loneliness / Social Isolation / Covid related and otherwise
- Shared and safe spaces are needed and called for
- Addiction in general – Drugs and alcohol / social media / gambling
- Gender based violence / Pornography
- Financial Hardship / Rising costs
- Older Person mobility and physical fragility

Focus Group Discussion – Summary

Lifestyle & Behaviour –

Participants felt that in terms of infrastructure, more could be done in terms of lighting so that paths were more inclusive and safe. This would increase levels of physical activity in some groups. The role of education was also referred to and the need for parents to be positive role models. Participants spoke about being time poor. This was referred to as a poor work life balance. The increase in the prevalence of communication devices (mobile phones) was mentioned as a factor that needs to be addressed. Online gaming was also mentioned in this context as this could lead to less active lifestyles. Poverty, inequality and more generally a culture that didn’t value active lifestyles was mentioned regularly.

Wellbeing –

In relation to Mental Health and Depression, participants felt that the root causes were often ignored and that

efforts were only made at a symptomatic level. Some participants spoke about the need for resilience and how this is generated in communities and individuals.

There was much concern surrounding access to programmes for at risk groups, particularly surrounding access to Mental Health services. It was felt that while mental health services are present, there are often barriers to access such as long waiting lists. The same is true of drug and alcohol addiction programmes. Again, they exist, but waiting lists are considered too long for them to be effective. This issue is of major concern when coupled with issues around at risk and vulnerable sectors of society.

In relation to a lack of social and leisure activities, participants felt that this was acute for certain cohorts of the population (Older People/ Migrant groups / Disability groups / LGBTQI). More needed to be done for the above. It was also felt that there were lots of opportunities for the general population but that language used and how the opportunities were communicated left a lot to be desired. Barriers existed in terms of cost for some leisure activities. This needed to be addressed for those who could not afford to participate. There was a gender dimension to all of the above and this was an area that was poorly understood by service providers.

Socio Economic

Housing and related issues such as homelessness were mentioned as a distinct and growing problem. Participants also recognised that poverty and inequality needed to be addressed if the health of marginalised groups were to be included actively. Those living in poverty often had severe levels of instability in their lives and this unpredictability was challenging.

Participatory learning approach “Direct Ranking” (see appendix 9)

It is clear from the focus group results that Mental Health is the top priority (40 votes). The next highest scoring factor is a lack of social and leisure activities (35), which it should be said scored very highly in the older people focus group. The 3rd highest factor was poverty with 28 votes. The direct ranking exercise was not used with Focus Group 4; however the same trend is visible in terms of comments and observations made.

Secondary Research

The Health Indicators (Kelly 2022) with most divergence from National Average in Louth are as follows:

- Female cancer Age-standardised incidence per 100,000 of female cancer (ex. NMSC) – reported from 2015 to 2019 (State 396, Louth 457);
- Breastfeeding Percentage of infants breastfed within 72h post-discharge from maternity hospital – surveyed 2021 (State 58.8, Louth 49.4);
- Cardiovascular disease Rate of acute myocardial infarction per 100,000 – 3-year moving average reported for 2019-2021 (State 159, Louth 245);
- Physical Activity Proportion of population aged 15+ achieving recommended physical activity level – surveyed in 2019 (Mean average, State 46.1, Louth 42.3);
- Male cancer Age-standardised incidence of male cancer (ex. NMSC) – reported from 2015 to 2019 (State 479, Louth 502).

It should also be noted that whilst the Mental Health Suicide Rate for Louth is 6.6 per 100,000 (1 point lower than the State 7.7) the MLM CHO three-year moving average suicide rates for Louth is beginning to show a worrying trend, rising from 3.2 in 2017/19 to 5.3 in 2018/20 to 6.6 2019/21 (NOSP).

MLM CHO self-harm hospital presentations rate per 100,000 of the population of Louth during 2019 was 207 males and 195 females.

Health Atlas Finder (County Louth, Estimated 2022)

- 38,549 of the population age 15+ estimated to consumed unhealthy foods daily which was highest in the 35-44 years and 45-54 age brackets;

- 41,919 of the population age 15+ estimated to be overweight which was highest in 45-54 age brackets;
- 26,156 of the population age 15+ estimated to be obese which was significantly higher in females aged 15-24 years than males (Male 575, Female 1,049) and highest in those aged 45-54 years;
- 13,357 of the population age 55+ estimated to have high blood pressure which was highest among females age 70-79 whereas with males it was higher among males aged 55-59;
- 3,778 of the population age 55+ is estimated to have diabetes which was higher amongst males;
- 987 of the population age 55+ is estimated to have anxiety which was higher in females aged 55-64 years;
- 2,268 of the population age 55+ estimated to have depression which was higher for both males and females aged 55-59 years;
- 7,268 of the population age 55+ are estimated to have 1 chronic condition which was highest in males; 9,079 estimated to have 2 chronic conditions which again was higher in males; 15,554 estimated to have 3+ chronic conditions which was higher amongst females.

5. Outcome Selection and Target Group Prioritisation

Following analysis of both the primary and secondary research the outcome indicators and target groups selected to support the reduction of health inequalities across Louth are:

1. Increase in individual's level of positive mental health as per Energy and Vitality Index
 - Adolescents and Young People (Aged 15 - 24);
 - People affected by Homelessness or At Risk of Homelessness;
 - General Population.
2. Increase in % of adults & children meeting physical activity guidelines
 - Disadvantaged Families including One Parent Families;
 - People with Mental Health Issues;
 - General Population.

Selection of the first outcome Indicator "*Increase in individual's level of positive mental health as per Energy and Vitality Index*" for County Louth was based on the strong research available both globally and nationally on mental health:

- Globally, one in seven 10-19 year olds experiences a mental health disorder, accounting for 13% of the global burden of disease in this age group (WHO);
- Suicide was the 4th leading cause of death in people aged 15-24 globally (WHO);
- It is estimated that 135 people are affected by each suicide death (WHO);
- Positive Mental Health reduced from 67.8% in 2016 to 62.4% in 2021 nationally (Healthy Ireland Survey 2021);
- 22% of secondary school children reported experiencing severe anxiety (Children's School Lives);
- 67% of respondents know someone who has died by suicide, and 6% respondents had attempted suicide (HI Survey 2022);
- In 2019 at least 52,650 individuals in Ireland were affected by a suicide death;
- Research has shown that exposure to suicide significantly increases the risk of suicidal behavior in individuals, also known as the contagion effect (Cerel *et al* 2019. Hill *et al* 2020)
- 23% would like to improve their mental health (HI Survey 2021).

Mental Health was also the highest prioritised area in both the Healthy Louth survey and focus group sessions. This topic dominated parts of the discussion in both the focus groups and the qualitative feedback received from the survey with Adolescents and Young People deemed to be particularly at risk of mental health issues whilst the general population requires more information and supports to improve and maintain their positive mental health profile.

Severe mental health difficulties are more prevalent among people who are homeless than the rest of the

population. There are lots of reasons why mental health difficulties and serious mental health conditions are more prevalent among the homeless community than the general population. The most obvious reason is that becoming homeless has an extremely detrimental impact on a person's mental health. In a recent study undertaken by Mental Health Reform into the experience people who are homeless have of accessing mental health service and supports, participants detailed the profound sense of loneliness and abandonment they felt when they became homeless (Burke). Homeless people are a medically at-risk population more likely to become seriously ill and to experience health inequities across a broad spectrum of health conditions (McLoughlin *et al* 2020).

Sharing the Vision, A Mental Health Policy for Everyone contains universal recommendations that benefit everyone in society, but it also acknowledges that additional work is required to promote positive mental health and build resilience among specific priority groups deemed to be 'at risk'. The identification of priority groups displaying evidence of vulnerability to and increased risk of suicidal behaviour in Connecting for Life (2015–2020) is a useful reference point. Within the groups listed are people affected by homelessness. Tailored interventions to fulfil unmet needs and to build strengths among 'at risk' groups included targeted campaigns and preventive outreach work in partnership with organisations working with the priority groups in order to achieve increased effectiveness and impact.

It is also important to highlight that there is scope within HIF round 4 to plan activities that cut across a number of the 27 outcome indicators given that many of the outcome indicators are closely connected. For example, breastfeeding rates are indirectly linked to mental health. Mental Health starts at infancy, infant Mental Health is the capacity to:

- Form close relationship;
- Recognise and express emotions; and
- Explore and learn about their environment.

Breastfeeding strengthens bonding and nurturing between mother and infant, and promotes infant mental health (Breastfeeding in a Healthy Ireland 2016-2021).

It is important to note that whilst the focus of the HIF 2023-2025 Local Strategy for Louth will be 'increasing individual levels of positive mental health' the planned initiatives to achieve this and the related outcomes are likely to have a positive impact across all 5 outcome areas (e.g. reduction in stress related cardio vascular incidents – reduced risk of mortality & morbidity, improved mental health – improved ability to gain or retain employment, reduced risk of poverty and income inequality).

Selection of the second outcome indicator "*Increase the % of adults and children meeting the physical activity guidelines*" for County Louth was also based on the strong research available both globally and nationally on Physical Activity:

- Physical inactivity is one of the leading risk factors for poor health and has been identified by the WHO as the fourth leading risk factor for global mortality;
- 46% are achieving the minimum level of activity recommended by the National Guidelines by being moderately active for at least 150 minutes a week (Healthy Ireland Survey 2019);
- Those living in more affluent areas are more likely than those in deprived areas to achieve the recommended minimum level of activity (49% and 43% respectively) (Healthy Ireland Survey 2019);
- Children and adolescents are spending less time in physical and leisure time activities and more time on screens (Growing Up in Ireland Study);
- People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active (WHO).

A common theme throughout both the survey and focus group sessions centered around the barriers to accessing physical activity with a particular emphasis on financial barriers for disadvantaged families. This is not surprising considering that the population by deprivation profile for the county reports higher levels of deprivation among children when compared with the state (see appendix 8, table 9). This financial barrier results in health inequalities among this cohort.

The Understanding Life in Ireland, The Wellbeing Dashboard 2022 reports Single-parent households are shown to encounter inequality across 5 out of the 6 indicators that are broken down by household type:

- Income and Wealth
 - Single-parent households had lower median equivalised household disposable income (€19,211) than other households with children (between €22,213 and €26,319) in 2021;
 - Single-parent households had the lowest median household net wealth (€4,000) compared with other household types (ranging from between €96,800 and €361,800) in 2020;
 - Single-parent households reported having great difficulty making ends meet (15.9%) than other household types (between 2.4% and 7.9%) in 2021.
- Housing and the Built Environment
 - 51% of single-parent households were at risk of poverty after housing costs in 2020 compared to other types of households (between 9.3% and 41.7%) in 2021.
- Time use
 - A lower proportion of single-parent households had a high level of satisfaction with their time use (23.9%) than other household types (between 24.5% and 57.4%) in 2018.

This suggests a particularly entrenched issue with income and wealth for single-parent households, given that the housing and built environment indicator also captures housing affordability.

As stated previously the percentage of the population age 15+ achieving the recommended physical activity level is significantly lower in Louth at 42.3% compared with the state 46.1% (Kelly 2022) highlighting that there is room for improvement.

Poor mental health including anxiety and depression has long been linked to low levels of physical activity. Whether poor mental health leads to lack of activity or lack of activity causes poor mental health, it is important to break the cycle.

Furthermore the rationale for selecting *“Increase the % of adults and children meeting the physical activity guidelines”* is strengthened by the fact that by doing so there is the potential to have a positive impact across a number of other outcomes for these cohorts.

For example, take sedentary lifestyle (state 49.9, Louth 48.8); increasing physical activity via walk/cycle to school/work initiative targeted at disadvantaged families will reduce the proportion of the targeted population living a sedentary lifestyle. Sedentary lifestyles can lead to serious health conditions, such as, heart disease, high cholesterol, hypertension, diabetes, obesity and certain types of cancers and dementia. Successful interventions will reduce the risk of mortality & morbidity; improve wellbeing and will have both environmental and socio economic benefits.

HI Outcome Indicator <i>Choose from the High-Level HI Framework. Your project will contribute toward this at a local level.</i>	Target Group(s) or Community <i>State which target group(s) to work with. This choice should be underpinned by evidence (next section)</i>	Justification <i>Please explain your choice of thematic area and target groups, based on evidence based, local knowledge of the health area and alignment with existing relevant health strategies. Links to data sources available in Appendix 3 of the guidelines</i>	Example of Project Outcomes <i>These are what the project aims to achieve.</i> <i>These should be clearly defined and easy to measure. This will show the impact of the programme on the target group.</i>	Example of Project Outputs <i>These are what your project produces to show the outcomes.</i> <i>These should be clearly defined and measurable.</i>
Increase in % of adults & children meeting physical activity guidelines	Disadvantaged Families including One Parent Families People with Mental Health Issues General Population	<p>Percentage of the population age 15+ achieving the recommended physical activity level is significantly lower in Louth at 42.3% compared with the state 46.1%;</p> <p>Those living in more affluent areas are more likely than those in deprived areas to achieve the recommended minimum level of activity (49% and 43% respectively) (Healthy Ireland Survey 2019);</p> <p>'Get Ireland Active' the National Physical Activity Plan for Ireland highlights the growing evidence that links low levels of physical activity to poor health.</p>	<p>Increase in sustainable physical activity among targeted groups by providing a range of local opportunities to avail of physical activity.</p> <p>Greater awareness among targeted groups of the positive impact of physical activity on both physical health and mental health.</p>	<ul style="list-style-type: none"> • Total number of initiatives made available to target groups within their own community; • Total number individual across the target groups who report an increase in their level of physical activity; • Total number across the target groups who self-report as achieving national physical activity guidelines. • Total number of awareness campaigns delivered; • Greater awareness reported among targeted groups of the positive impact of physical activity on both physical health and mental health.

6. Policy & Strategy Alignment

The Healthy Ireland Fund 2023-2025 Local Strategy for Louth has been guided by key partners and a recurring theme throughout the public consultation phase was the need for this strategy to align with a number of other priority strategy areas in pursuit of the common goal *'improving and supporting the health and wellbeing of the people of Louth'*.

The creation of the *LCDC Health & Wellbeing Subgroup* will strengthen the mechanism for planning and coordination at a strategic level supporting both implementation and oversight of the healthy Ireland framework across the county.

Sustainable Development Goals: 2030 Agenda

The 2030 Agenda for Sustainable Development places renewed emphasis on the interconnected nature of our social, economic, and environmental ambitions. The four goals of the "Healthy Ireland – a framework for improved health and wellbeing (2023 – 2025)" align with all seventeen Sustainable Development Goals. The HIF is particularly relevant to SDG 3 Good Health and Wellbeing and is intrinsically linked to SDGs Goal 1 No Poverty, Goal 2 Zero Hunger, Goal 5 Gender Equality, Goal 10 Reduced Inequalities, Goal 11 Sustainable Cities and Communities and Goal 13 Climate Action. It is important that the actions decided upon at a local authority level align to the goals as well.

Delivery of the HIF 2023-2025 Local Strategy for Louth will have a particular focus on Goals 3 Good Health and Wellbeing and Goal 10 Reduced Inequalities. This level of policy coherence is critically important.

The Healthy Ireland Strategic Action Plan 2021-2025

The Healthy Ireland Strategic Action Plan 2021-2025 provides a clear roadmap of how we can continue to work together to bring about good health, access to services, healthy environments, and the promotion of resilience and to ensure that everyone can enjoy physical and mental, health and wellbeing, to their full potential.

Healthy Ireland is a government-led initiative aimed at improving the health and wellbeing of everyone living in Ireland.

The Healthy Ireland Framework was launched in 2013 and articulates four central goals for improved health and wellbeing:

- Increase the proportion of people who are healthy at all stages of life;
- Reduce health inequalities;
- Protect the public from threats to health and wellbeing;
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

Louth County Development Plan 2021 – 2027

Healthy Ireland is based on the premise that health and wellbeing is affected by all aspects of a person's life including education, housing, community, financial status and the physical environment.

The Louth County Development Plan provides a framework for the growth and development of the County during its lifetime with an underlying and cross cutting theme promoting the creation of sustainable, healthy communities where people can access jobs, housing, and services, and enjoy a high quality of life.

The *Physical Environment* refers to the places where people live, work and play. Healthy environments can improve lives and provide the motivation for people to stay active. The Healthy Louth Coordinator will lead, embed and continuously advance the health and wellbeing agenda in line with the County Development Plan.

Local Economic and Community Plan (LECP) 2016 – 2022

Under the Local Government Act 2014, each LA is obliged to develop a Local Economic & Community Plan (LECP). Ministerial guidance published in 2015 further defines the purpose of this plan: a series of high level

goals, objectives and actions to promote and support the economic development and the community development of the relevant LA area, both by itself directly, and in partnership with other economic and community development stakeholders.

The LECP provides the economic and community framework for all economic and community development in Louth. Louth County Council are currently undertaking a review of the Louth LECP 2016-2022 in advance of drafting the new LECP, it is anticipated that the LECP 2023 -2029 will be adopted for end of Q2 2023. The HIF local strategy for Louth public consultation findings will inform key policies and planning processes including the Local Economic Community Plan.

PPN Community Wellbeing Statement

Louth Public Participation Network (PPN) recently undertook a series of public consultations events among its membership to develop a 'Vision for Community Wellbeing Statement' with a draft statement now in the final stage of consultation.

The 6 Community Well-Being Domains include:

- Health (physical and mental);
- Environment and Sustainability;
- Economy and Resources;
- Social and Community Development;
- Participation, Democracy and Good Governance;
- Values, Culture and Meaning.

The Healthy Louth Coordinator will continue to Collaborate with and support complementary health and wellbeing initiatives.

Louth Children and Young People's Services Committee Children and Young People's Plan 2019–2021

The purpose of the Children and Young People's Services Committees is to secure better outcomes for children and young people through more effective integration of existing services and interventions at local level. CYPSCs work towards the five national outcomes for children and young people in Ireland. These are that children and young people:

1. Are active and healthy, with positive physical and mental wellbeing;
2. Are achieving full potential in all areas of learning and development;
3. Are safe and protected from harm;
4. Have economic security and opportunity;
5. Are connected, respected and contributing to their world.

The HIF 2023-2025 Local Strategy for Louth plan makes recommendations in relation to mental and emotional health and highlights the increasing numbers of children and young people presenting with emotional and early stage mental health problems. The gaps in services are seen in terms of early supports or interventions and prevention and resilience building. The Healthy Louth Coordinator will liaise with the local CYPSC Coordinator to ensure overall coherence of all Healthy Ireland funded actions in catchment area.

Outcome Area – Wellbeing, Positive Mental Health

Sharing the Vision – A Mental Health Policy for Everyone 2020

Sharing the vision – A Mental Health Policy for Everyone is a policy framework for the continued development and enhancement of mental health services in Ireland from 2020 to 2030. It replaces the previous policy, 'A Vision for Change' (AVFC). The HIF 2023-2025 Local Strategy for Louth will align with the population based actions outlined in AVFC focusing on the protective factors for enhancing wellbeing and quality of life, together with prevention and early intervention.

The HIF 2023-2025 Local Strategy for Louth annual activity plans will align with the 3 levels of mental health promotion:

1. To strengthen individuals and improve their emotional resilience;
2. To strengthen communities and improve social capital through increased participation; and
3. To reduce structural barriers to good mental health through initiatives that reduce discrimination and inequalities.

Healthy Louth will align to *The Five Ways to Wellbeing*:

- Keep Learning
- Take Notice
- Be Active
- Connect
- Give

Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015-2020 (extended to 2024)

Healthy Louth is committed to supporting the implementation of *Connecting For Life, Ireland’s National Strategy to Reduce Suicide 2015-2020* and in particular to play a key role in the implementation of *Connecting for Life Midlands, Louth Meath 2018–2020* which has been developed to ensure that local actions and outcomes are aligned with and respond to the national strategy.

Healthy Louth is committed to working with key stakeholders to identify particular needs and deliver programmes to support mental health and wellbeing in conjunction with the Healthy Ireland Fund. Healthy Louth will engage with the Regional Drugs Task Force and community groups in implementing initiatives to tackle substance abuse and support those in recovery. Healthy Louth is committed to working with local stakeholders to raise awareness and understanding of the direct links between domestic violence and substance abuse, as well as mental health issues.

Risk Behaviours associated with poor mental health – Related Strategies

- Tobacco Free Ireland (2013)
- National Drug and Alcohol Strategy Ireland 2017-2025
- National Sexual Health Strategy 2015-2020

Health Benefits – Related Strategies

- Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 - 2021

Louth Drug & Alcohol Forum Strategy 2019 – 2025

The HIF 2023-2025 Local Strategy for Louth will align to the four high level goals set out within the Louth Drug & Alcohol Forum Strategy 2019-2025

1. Reduce the impact of alcohol and substance misuse throughout the county by planning and delivering effective services for people with addiction issues to enable sustainable recovery;
2. Work to develop parenting skills programmes and workshops aimed at educating parents and guardians on drug and alcohol issues affecting young people;
3. Provide co-ordinated interventions to both prevent and educate all citizens of the dangers of alcohol and substance misuse and to deal with its effects;
4. Continue to enforce all drug legislation, including underage selling, secondary purchasing, serving intoxicated customers and drink/drugs driving. Enforce local bye-laws to create safer local areas and shared public spaces, free from the impact of anti-social behaviour, alcohol and substance misuse.

Outcome Area Lifestyle & Behaviour – Physical Activity

Get Ireland Active – National Physical Activity Plan for Ireland

The National Physical Activity Plan creates increased opportunities for people to be active in ways which fit in to everyday lives and which suits individual needs, circumstances and interests. It does this by:

- Removing the barriers which people face to being active and encouraging people to recognise how to overcome those barriers;
- Enhancing cross-sectoral cooperation at national, local and community level to encourage physical activity at every level;
- Encouraging a supportive environment where physical activity becomes normal;
- Promoting good practice and finding new models of participation which get more people active.

Louth Local Sport Partnership (LLSP)

Action Area 6 of Healthy Ireland’s National Physical Activity Plan focuses on ‘Sport and Physical Activity in the Community’. Community based physical activity initiatives not only increase participation in physical activity but they also provide social benefits as they harness community resources and encourage people to engage with their neighbours. The LSP plays an important role in the delivery of programmes in the local community targeting sedentary populations. Families are an emerging target group as reflected in the Irish Sports Monitor which states that to encourage lifelong positive attitudes and healthy habits we should focus on families to impact behaviour change. Community Sports Hubs are cited in the National Physical Activity Plan as an effective mechanism to increase participation in physical activity.

Get Ireland Walking Strategy

Get Ireland walking works with Sports Partnerships across Ireland to deliver a national initiative in the area of physical activity. The strategy is aligned with Healthy Ireland and has particular focus on disadvantaged communities and particularly groups with low activity rates. The strategy also links with Healthy Ireland goals to reduce health inequalities.

Health Louth is committed to support the delivery of *Get Ireland Walking Strategy* by working with key stakeholders and communities to support the development and promotion of the Carlingford to Omeath Greenway, walking trails and other off road routes suitable for walking and cycling.

Healthy Louth is committed to promoting Smarter Travel initiatives among schools, work places and communities in Louth.

Healthy Weight for Ireland the Obesity Policy and Action Plan 2016-2025

Healthy Louth is committed to targeting the factors that can contribute to weight gain – including, but not limited to, lack of opportunity to engage in physical activity and raising awareness of the impact of sedentary lifestyles. Through raising awareness among key stakeholders, lobbying for action at strategic level and supporting the implementation of the key policy *A Healthy Weight for All*.

7. Implementing Partners

Meeting the objectives set out in this strategy will require working together, the Healthy Louth Coordinator along with the support of the Health & Wellbeing Subgroup and the LCDC will seek to enable the HIF 2023-2025 Local Strategy for Louth to have the greatest impact possible on the quality of the lives of the citizens of our county. Healthy Louth aims to work in partnership with all interested parties at local and national level to help bring about positive change in the health and wellbeing of all the inhabitants in the county.

Louth County Council (LCC) will take the role of lead implementing partner responsible for the coordination and delivery of activities that contribute to the project outcome(s). LCC will report on project outcomes and the associated project outputs and targets annually, both in terms of progress and finance to Pobal.

LCC will enter into partnership agreements with a number of implementing partners in order to deliver programmes/interventions that contribute to the project outcomes.

Following submission of the HIF 2023-2025 Local Strategy for Louth and the online application form the

Healthy Louth Coordinator will carry out a scoping exercise to identify potential implementation partners.

Criteria for Selecting an Implementing Partner

Following identification an assessment of their capacities to deliver on the following will be carried out.

- a. Manage the activity/initiative to deliver the planned outputs and manage risk;
- b. Report accurately on progress against the agreed workplan and results frameworks, in accordance with the reporting schedule and formats outlined within the SLA;
- c. Maintain documentation and evidence that describes the proper and prudent use of project resources in conformity with the SLA, and applicable regulations and procedures. This documentation must be available on request;
- d. Be accountable for delivering on the expected outputs in the time required;
- e. Deliver value for money.

Implementing partners will be selected based on careful consideration of the above.

Other funding sources

The HIF 2023-2025 Local Strategy for Louth will be resourced through the Healthy Ireland Fund. Healthy Louth are focused on operating within existing structures by exploring how resources can be aligned and used with maximum efficiency and effectiveness.

8. Communications Plan

Communication Goal	Audience	Frequency	Medium	Responsible/Chair
<i>LCDC Health & Wellbeing Subgroup Communication</i>	<i>Members</i>	<i>Quarterly</i>	<i>In Person/Online</i>	<i>Healthy County Coordinator/Chair to be elected</i>
<i>Promotion of Healthy Louth Initiatives</i>	<i>General Public, Target Groups</i>	<i>TBC (in line with detailed activity plan)</i>	<i>Online, Print, Events, Social Media, Louth PPN, LLSP</i>	<i>Healthy County Coordinator/Implementing partners</i>
<i>Update on Healthy Louth Programme</i>	<i>LCDC members</i>	<i>Monthly</i>	<i>Report/In person</i>	<i>Healthy County Coordinator</i>
<i>Updates on new HI campaigns</i>	<i>General Public</i>	<i>In time with campaign schedule</i>	<i>Social Media Platforms</i>	<i>Healthy County Coordinator</i>
<i>Promoting HSE Health & wellbeing campaigns</i>	<i>General Public</i>	<i>In line with HSE Health Information calendar 2023</i>	<i>Social Media Platforms</i>	<i>Healthy County Coordinator</i>

9. Planning for the end of round 4

Project Closure

Healthy Louth have adopted an outcome based approach, therefore planning for the end will begin at the outset. Healthy Louth have set SMART objectives, work will be planned in stages with an annual implementation plan acting as a performance management tool and procedures in place to report issues, delays and escalate as necessary.

The Healthy Louth Coordinator will keep up to date records with periodic review and lessons learnt built into the work plan. Risks will be identified at the outset alongside planned actions to mitigate.

The Healthy Louth Coordinator will review the project deliverables throughout the lifespan of the project and keep up to date records ensuring due diligence in advance of project closure.

An end project report will set out the projects accomplishments, outcomes and results as well as the challenges, lessons learnt and future opportunities.

Sustainability

Throughout the programme we will build our '*Community Enablers*' as sustainability will only be achieved when the development process is owned and managed by the local community itself.

It is accepted that for 'hard to reach' people we will need to consider how we can build capacity over the course of the programme taking into consideration the "ladder of participation" moving up the ladder from 'Doing to' towards the 'Doing with' (see appendix 3, Fig. 12). Healthy Louth will use innovative methods to engage stakeholders to co-design and co-deliver to promote a culture of empowerment, ownership and trust.

10. Reference List

Burke R. "Homelessness and access to mental health services" Available at: <https://mqi.ie/homelessness-and-access-to-mental-health-services-burke/>

Coproduction and service user involvement, National Council for Voluntary Organisations (2019) <https://knowhow.ncvo.org.uk/organisation/collaboration/coproduction-and-service-user-involvement>

[Julie Cerel PhD](#), [Margaret M. Brown DrPH](#), [Myfanwy Maple PhD](#), [Michael Singleton PhD](#), [Judy van de Venne PhD](#), [Melinda Moore PhD](#), [Chris Flaherty PhD](#). (2018) 'How Many People Are Exposed to Suicide? Not Six. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/sitb.12450>

Kelly D. (2022) "Health Population Dataset by Local Authority in Ireland using the Healthy Ireland Framework: Dataset and User Guide". Department of Health

[Mcloughlin A](#), [Feeney A](#) & [Cooney J](#). (2021) *Homelessness, emergency care and mental health. Inner-city emergency department psychiatry referrals: a retrospective descriptive analysis*, [Irish Journal of Medical Science](#). Available at: <https://link.springer.com/article/10.1007/s11845-020-02392-3>

Murphy R., Mitchell K. and McDaid S. (2017). "Homelessness and Mental Health: Voices of Experience". Dublin Simon Community

Ponto J. (2015) "Understanding and evaluating survey research," *Journal of the Advanced Practitioner in Oncology*, 6(2), pp. 168–171. Available at: <https://doi.org/10.6004/jadpro.2015.6.2.9>.

[Mcloughlin A](#), [Feeney A](#) & [Cooney J](#). *Homelessness, emergency care and mental health. Inner-city emergency department psychiatry referrals: a retrospective descriptive analysis*, [Irish Journal of Medical Science \(1971 - \)](#) volume 190, pages1201–1204 (2021) Available at: <https://link.springer.com/article/10.1007/s11845-020-02392-3>

Data Sources

Census 2016. Central Statistics Office. Available at: <https://www.cso.ie/en/census/census2016reports/>

Census of the population 2022 – Preliminary Results. Central Statistics Office. Available at: <https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementcensusofpopulation2022-preliminaryresults/>

Growing up in Ireland. Available at: <https://www.growingup.gov.ie/pubs/BKMNEXT284.pdf>

Healthy Ireland "Healthy Ireland Summary Report 2018" Available at: <https://assets.gov.ie/41139/80328fcb555d4ed0ac6c4b2ddcd7b677.pdf>

Healthy Ireland "Healthy Ireland Summary Report 2019" Available at: <https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf>

Healthy Ireland Survey Summary 2021. Available at: <https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/>

Healthy Ireland Survey Summary Report 2022. Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/241111/e31b2aaa-a8d7-411d-8b62-02cca079c741.pdf#page=null>

Health Atlas Finder

Homelessness Data. Department of Housing, Local government and Heritage. Available at: <https://www.gov.ie/en/collection/80ea8-homelessness-data/>

National Office for Suicide Prevention (NOSP) Briefing on CSO Suicide Statistics June 2022 Available at: <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-cso-june-2022.pdf>

National Self Harm Register Ireland (NSRI) Self Harm Data 2018, CHO Area 8. Available at: <https://www.nsrif.ie/wp-content/uploads/2021/04/CHO-8-2018.pdf>

The Irish Longitudinal study on Ageing (TILDA) Available at: [ISSDA | The Irish Longitudinal Study on Ageing \(TILDA\) \(ucd.ie\)](https://www.tilda.ie/)

The Understanding Life in Ireland Wellbeing dashboard 2022, Available at: <file:///C:/Users/paula.keenan/Desktop/Understanding%20life%20in%20Ireland%20dashboard.pdf>

WHO <https://www.who.int/>

Policies/Strategies Consulted

Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 – 2021. Available at: <https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/breastfeeding-in-a-healthy-ireland.pdf>

Children’s School Lives. Available at: <https://cslstudy.ie/>

Connecting for Life 2015-2020 Available at: <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/focus-on-priority-groups/>

Healthy Ireland Strategic Action Plan 2021–2025, Building on the first seven years of implementation, available at: [file:///C:/Users/paula.keenan/Downloads/134507_057dfa34-491f-4086-b16a-912cf1e3ad06%20\(4\).pdf](file:///C:/Users/paula.keenan/Downloads/134507_057dfa34-491f-4086-b16a-912cf1e3ad06%20(4).pdf)

Louth County Development Plan 2021-2017, Available at: <https://www.louthcoco.ie/en/publications/development-plans/>

Louth Children and Young People’s Services Committee Children and Young People’s Plan 2019–2021

Louth Drug & Alcohol Forum Strategy 2019-2025

Sharing the Vision, A Mental Health Policy for Everyone’ Available at: [file:///C:/Users/paula.keenan/Downloads/76770_b142b216-f2ca-48e6-a551-79c208f1a247%20\(3\).pdf](file:///C:/Users/paula.keenan/Downloads/76770_b142b216-f2ca-48e6-a551-79c208f1a247%20(3).pdf)

SDGs, Available at: <https://sdgs.un.org/goals>