'Tobacco Free Ireland'
Ireland

Which 'life stage' for CVDs prevention targets the intervention?

The intervention relates to a population-wide comprehensive tobacco control programme that targets the general population and features particular elements targeting smokers (in the context of supporting smoking cessation).

Short description of the intervention:

Tobacco smoking remains a highly significant cause of premature death, illness and disability across Europe in the JA- CHRODIS priority areas of cardiovascular disease and stroke. In addition, smoking is a major contributor to premature mortality, illness and disability for those at risk of Type 2 diabetes and those with diagnosed diabetes.

There is a consensus view, from international experts and the learnt experience of the implementation of tobacco control measures in many European countries, that tobacco control policies are most successful where they are comprehensive in nature and include strong commitments to regulation on the sale of tobacco products, denormalisation and high level, far-reaching supports for smoking cessation.

The Irish tobacco control programme is being proposed as a national policy 'intervention' which demonstrates many of the known elements of successful tobacco control, is putting those elements into real action and is demonstrating tangible results for smoking prevalence and engagement with smokers on smoking cessation. The policy is being proposed as a model of good practice as a comprehensive government-led approach, a key element of success in addressing embedded negative health behaviours and in the prevention of chronic diseases. Ireland was the first country in Europe to implement the smoke-free legislation in workplaces and was pivotal in negotiating and supporting the recent EU Tobacco Products Directive during its presidency of the European Union in 2012. The Tobacco Free Ireland policy was published in 2013, the first policy published in the context of the Healthy Ireland Framework for Health and Wellbeing 2013-2025. The policy includes commitments that - Policy implementation be guided by a clearly articulated action plan

- A whole-of-government approach be taken with all government officials, employees of state agencies and members of any government branch responsible for setting and implementing tobacco control policies and for protecting those policies against tobacco industries interests. The main areas of action relate to
- the protection of children and denormalisation of smoking
- legislative compliance and regulation of the retail environment
- monitoring of tobacco use and prevalence
- protecting people from tobacco smoke
- offering help to quit tobacco use
- warning about the dangers of tobacco
- raising taxes on tobacco products
- building national and international partnerships

The commitments made in Tobacco Free Ireland go further than many other European countries, particularly in the context of promotion and expansion of smoke-free campuses and features a number of significant legislative and regulatory measures. In addition, Ireland has committed to introduce standardised packaging of tobacco products, in line with considerable evidence supporting this measure as a means to deter young people from taking up smoking and to stimulate and support quit attempts (see references). The tobacco control programme delivers specific actions in the context of the World Health Organisation MPOWER model, including a far-reaching, evaluated and comprehensive national smoking cessation awareness and support programme and an accredited national brief intervention training programme for smoking cessation.

The Health Service Executive are implementing a national Tobacco Free Campus Policy. The Irish government has consistently actioned its commitment to rigorously defend legal challenges to tobacco control legislation developed in the context of Tobacco Free Ireland in the courts.

The Irish government has consistently actioned its commitment to rigorously defend legal challenges to tobacco control legislation developed in the context of Tobacco Free Ireland in the courts. A high level action plan for Tobacco Free Ireland was published in March 2015. An annual report on implementation is expected to be published later this year, which provides an update on progress up to end 2014. The following sections detail some of the findings from our national data sources on the implementation of the programme and its effects.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

Tobacco Free Ireland was developed by a Tobacco Policy Review Group. The policy was informed by a stakeholder workshop as well as through a thorough consideration of the international evidence-base. The report of the Tobacco Policy Review Group includes an assessment of national data on smoking prevalence and behaviours as well as an appraisal of the context of relevant European and international policies, Council recommendations and directives.

All initiatives within the implementation are evaluated with a view to maximising the denormalisation of smoking. Raising taxes on tobacco products and introduction of standardised packaging are strongly supported by the international evidence base. With this evidence in mind, many elements of the Tobacco Free Ireland policy can be considered to deliver a positive equity impact. For example, please view the TV advertisements from this perspective (https://www.youtube.com/playlist?list=PLEBA5026888903B15).

The design and implementation of the QUIT smoking cessation marketing campaign was based upon an appraisal of local research, expert participation and best international evidence with a firm commitment to reach those most likely to smoke, in particular lower socio-economic groups. International evidence shows that campaigns that combine why to quit and how to quit messages and adopt a hard-hitting emotive tone are likely to be most successful. A review of HSE social marketing campaigns for the period 2006-2009 pointed to the need for greater integration and engagement between mass media campaign activity and service delivery channels.

The national standards for cessation support was informed by NICE guidance, the New Zealand smoking cessation guidelines (2007) and the UK NHS programmes.

The Tobacco Free Ireland policy has a research and evaluation strand which supports the ongoing quality improvement of the various initiatives under the policy including the expansion of smoke-free places and the development of the smoking cessation mass media campaigns and support services.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?

The objectives and actions of the tobacco control programme are clearly detailed in the Tobacco Free Ireland policy document and the allied action plan which includes specific, measurable, achievable, relevant and time bound commitments to implementation of the various elements of the policy.

The action plan for the implementation of the policy was published in March 2015. An annual report detailing progress with implementation is expected by end 2015. Links to all these documents are provided at the end of this form.

What is/was the level of implementation of your example of good practice?

National policy level initiatives in the area of regulation, legislation and monitoring. Regional and local level initiatives in the areas of enforcement and delivery of smoking cessation support and support for development of smoke-free spaces. The intervention is a national tobacco control programme linked with the Healthy Ireland Framework for Health and Wellbeing 2013-2025.

What are the main aim and the main objectives of your example of good practice?

The Tobacco Free Ireland policy and allied tobacco control programme aims to create an Ireland that is tobacco-free by 2025. This would mean that less than 5% of the Irish population would smoke by 2025. Ireland is the first country in Europe to propose a target of less than 10% for smoking prevalence.

The Irish government intends to achieve this goal through the implementation of an evidence-based, comprehensive, ambitious and integrated set of measures which will ultimately reduce the number of people starting to smoke and increase the numbers of people successfully quitting smoking.

Please give a description of the problem the good practice example wants to tackle::

Tobacco use is the leading cause of preventable death in Ireland. Each year at least 5,200 people die from diseases caused by tobacco use, representing around 19% of all deaths. Around 30% of those smoking-related deaths are attributable to circulatory diseases including cardiovascular disease and stroke. It has been estimated that smoking is the cause of up to 2,500 strokes and 500 stroke-related deaths a year in Ireland. Irish health expenditure on smoking-related diseases was approximately €500million in 2009.

Smoking is a leading risk factor for premature mortality in the WHO European Region, causing about 1.6 million deaths a year. Smoking-related deaths account for a large proportion of the gender gap in mortality found in European countries (typically 40 to 60%). Smoking is also highly significant in terms of health inequalities in the occurrence of, and disability from, cardiovascular disease and stroke.

Results from the next national health survey in Ireland (the first Healthy Ireland Survey) are expected later this year. However, data from a monthly telephone survey of persons aged 16 and over indicate that the overall prevalence of smoking in Ireland in 2014 was 19.5%. Smoking rates were highest among young adults (18-34 years) and over one third of all smokers were regular smokers (11-20 cigarettes per day). The highest smoking rates were in the lowest socio-economic groups. 54.1% of smokers are male. On average 12.7 cigarettes are smoked per day by regular smokers. While this data indicates that smoking prevalence among children and adults in Ireland compares favourably with many other European countries, the prevalence of smoking remains highly significant in terms of the implications for Ireland's population level risk of cardiovascular disease and stroke. According to the Health Behaviour in School-Age Children survey, in 2010, 11.9% of children aged 10 to 17 were current smokers.

Tobacco use is a significant issue in all European countries, with wide inequalities in tobacco-related harm both within and across European states.

During implementation, did specific actions were taken to address the equity dimensions?

The Tobacco Free Ireland policy acknowledges the extent of socio-economic inequality in smoking prevalence and tobacco-related harms.

The World Health Organization guidance for addressing inequities in tobacco-related harm emphasises the importance of (a) monitoring the impact of tobacco control policies on different socio-economic groups in all routine tobacco prevalence surveys (b) ensuring NRT and smoking cessation support are affordable and accessible to low income groups (c) ensuring enforcement on smoke-free legislation in low income workplaces (d) use of mass media campaigns that use TV rather than print, are intensive in exposure, use messages targeted at disadvantaged groups and use emotive personal stories (e) restrict sale of tobacco to minors, especially in deprived neighbourhoods (f) require large pictorial warnings on tobacco products (g) delivery smoking cessation in a broad range of settings and offer specialist services to high-need groups, use smoking cessation and SMS to reach young disadvantaged people

Similarly, the European Commission Report to the Consumers Health and Food Executive Agency examined best practice in actions on tobacco to reduce health inequalities. This concluded that (a) increases in the prices of tobacco have the largest potential for reducing inequalities due to smoking (b) legislative-based expansion of smoke-free places show potential in reducing inequalities in smoking (c) mass media campaigns have a neutral or

slightly negative equity impact but campaigns that are emotive, graphic and based on personal testimony have more impact among those in the lowest socio-economic groups (d) the provision of comprehensive tobacco cessation services targeted at disadvantaged communities shows positive equity impact.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

The Tobacco Free Ireland policy is committed to addressing inequalities and this has been integral to the design of the policy and its implementation. The principal elements of the policy which relate to addressing inequalities include the commitment to raise tobacco prices through taxation (including particular price rises for roll your own tobacco), additional measures to address illicit tobacco, the specific social marketing design of the mass media campaign, the commitment to address cost barriers in accessing Nicotine Replacement Therapy and the development of free at point of access standardised smoking cessation support. Please view the round of TV ads here in consideration of the elements known to succeed in relation to mass media and lower socio-economic groups, https://www.youtube.com/playlist?list=PLEBA5026888903B15. The campaign has won two awards for advertising effectiveness at the ADFX 2014 Irish Advertising Awards.

Which vulnerable social groups were targeted?

- Smokers
- Lower socio-economic groups
- Children
- Patients and health care workers (smoke-free health care campuses)
- Pregnant women and persons with mental health issues (through focussed skills training for health service providers).

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants?

Tobacco Free Ireland is a comprehensive approach encompassing broad cross-government policy, regulatory and legislative measures as well as fostering co-ordinated regional and local action in terms of smoking cessation. The expansion of smoke-free spaces in a variety of settings including hospitals, health care facilities, playgrounds, beaches and universities/schools uses a settings based approach to denormalise smoking.

Communities and health promotion/environmental health personnel are empowered to initiate and support the development of smoke-free spaces not just through a national policy mandate but also through the availability of defined toolkits and resources.

The HSE launched the new QUIT service in late 2014 with a new support team of counsellors available over the phone, by email, live web-chat, SMS text or via Twitter or Facebook. The QUIT service also has a new interactive website and online QUITplan offering a standardised treatment programme over 12 months. Smokers considering a quit attempt are provided not just with advice to quit but with practical support to empower them to take control over their own health as well as empathy and personal support. The QUIT campaign and allied smoking cessation services provide choice to the smoker in selecting an approach suited to their individual circumstances and preferences, the opportunity to progress their quit journey through face-to-face, telephone or online support. Smokers can also choose to engage with the support of other smokers and ex-smokers through the facebook group and other social media. All services are free at point of access and highly accessible.

While the policy makes no specific reference to addressing the social determinants of health, the targeted approach to reduce smoking among economically disadvantaged communities is significant in terms of social determinants of health – the social and economic cost of smoking is high in disadvantaged communities and a major contributor to poverty and deprivation, in particular child poverty. By tackling smoking in disadvantaged communities there is a direct benefit not just to health but to income and opportunities.

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Was an effective partnership in place?

A critical element of the success of the policy is the partnership approach employed. There are defined high level partnerships across government departments and between those tasked with leading on implementation lead agencies in the community and voluntary, advocacy and clinical leadership sectors. For example, the Irish Cancer Society, Irish Heart Foundation, Irish College of General Practitioners and others have joined with the mass media campaign to ensure maximal impact.
The HSE Tobacco Control Partners Group meets regularly to share and discuss the implementation of the policy with statutory and non-statutory stakeholders.

Was the intervention implemented equitably, i.e. proportional to needs?

The European Commission Report to the Consumers Health and Food Executive Agency examined best practice in actions on tobacco to reduce health inequalities. This concluded that (a) increases in the prices of tobacco have the largest potential for reducing inequalities due to smoking (b) legislative-based expansion of smoke-free places show potential in reducing inequalities in smoking (c) mass media campaigns have a neutral or slightly negative equity impact but campaigns that are emotive, graphic and based on personal testimony have more impact among those in the lowest socio-economic groups (d) the provision of comprehensive tobacco cessation services targeted at disadvantaged communities shows positive equity impact. With this evidence in mind, many elements of the Tobacco Free Ireland policy can be considered to deliver a positive equity impact. See also responses to previous questions.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

The policy and its action plan are publicly available documents. An annual report on implementation will be made available in due course. Progress with implementation is discussed regularly with a range of relevant stakeholders through the meetings of the HSE Tobacco Control Partners Group.

Did the evaluation results achieve the stated goals and objectives?

Smoking prevalence: Data on smoking prevalence from the first Healthy Ireland Survey will be available later this year. Based on data from a monthly telephone survey and using moving averages among those aged 16 and older, overall smoking prevalence in Ireland has declined from 28.3% to 19.5% between 2003 and 2014. In the first year of the Tobacco Free Ireland policy, the overall prevalence of smoking fell from 21.5% in 2013 to 19.5% in 2014 – this equates to 70,000 fewer smokers in 2014 compared to 2013.

Smoking in Ireland 2014 – Synopsis of Key Patterns:
Cigarette Smoking Prevalence by Gender (12 month moving average)
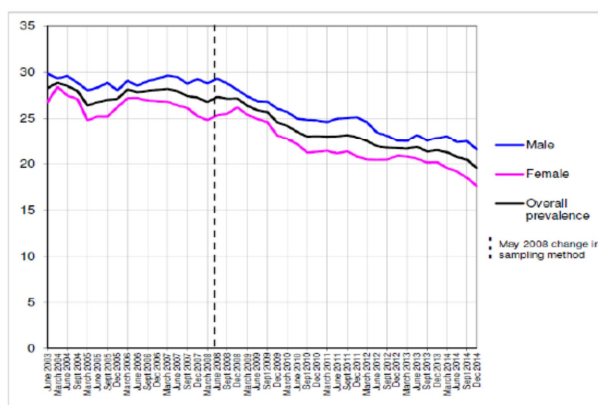
Data from the most recent wave of the Health Behaviour in School-age Children Survey is expected later this year. Smoking among children is declining. The proportion of children aged 10 to 17 reporting that they had ever smoked fell from 36% to 27% between 2006 and 2010. Between 2002 and 2010, the proportion of children who ever tried a cigarette reporting that they first tried a cigarette under the age of 13 has declined. In 2010, 11.9% of children age 10 to 17 were current smokers.

Smoking cessation: Since the QUIT campaign started in 2011, it has been estimated that over 600,000 quit attempts were made in Ireland, more than double the level of quits before the campaign started. Since 2011, the average uptake of online support services has more than doubled, with calls to the national smokers quit line remaining steady. In 2014, the HSE undertook work to improve integration between the QUIT media campaign and HSE smoking cessation services with the establishment of the HSE QUIT team. An integrated one-stop model QUIT service was developed in 2014. Early results show significant increases in service activity from the campaign activity. (See report for full detail http://www.lenus.ie/hse/handle/10147/312193) .
The conversion rate (converting contacts made into quit attempts) has also seen positive trends in recent years (See report http://www.lenus.ie/hse/handle/10147/312193).
An evaluation of the Brief Intervention for Smoking Cessation Training Programme was completed in 2014.
National standards for smoking cessation support have been published and an online course was delivered to staff in 2014.
Specific training in relation to smoking cessation in the context of mental ill-health and pregnancy were developed in 2014, with speciality online modules produced. The uptake of the training is under evaluation.

Expansion of smoke-free spaces and denormalisation of smoking: The Department of Health is a smoke-free campus. All Health Service Executive acute hospitals have implemented the HSE Tobacco Free Campus Policy. Around two thirds of primary care sites have implemented the policy. The HSE has committed to implement policy in line with the European Network of Smoke Free Health Services standards. An audit of a sample of tobacco-free campuses was conducted in 2014. The development of smoke-free spaces will be expanded through integration with the Healthy Ireland Healthy Workplace Policy. Work is underway in partnership with a range of stakeholders on the development of smoke-free schools and third-level education settings, parks and beaches and playgrounds. 4 out of 5 local authorities have implemented or agreed to implement a smoke-free playground policy.

The National Environmental Health Service Tobacco Control Inspection Programme continues to rigorously monitor the orcement of smoke-free legislation and operate test purchasing of tobacco products to minors. The Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014 is underway to progress the legislation. This legislation with prohibit smoking in cars when children are present.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

The policy is accompanied by a defined Tobacco Free Ireland Action Plan and an annual report on progress with implementation will be made available later this year. A number of evaluations are in place across the various elements of the programme including
- Audit of tobacco –free campuses
- Evaluation of brief intervention training
- Ongoing monitoring and evaluation of the QUIT campaign and allied services.
- Audit of smoking behaviour among HSE staff.

Specifically, what has been measured / evaluated?

. Process evaluation
- Audit of tobacco –free campuses
- Evaluation of brief intervention training
- Ongoing monitoring and evaluation of the QUIT campaign and allied services.
. Evaluation of the impacts/effects/outcome The policy is accompanied by a defined Tobacco Free Ireland Action Plan and an annual report on progress with implementation will be made available later this year.

What are the main results/conclusions/recommendations from the evaluation?

There is not yet a formal review or evaluation report on the Tobacco Free Ireland policy and its allied programme. The policy was published in 2013 and will conclude in 2025, at which stage the success of the policy in meeting its aim of a smoking prevalence of less than 5% can be assessed. In the interim, the Irish government continues to produce annual reports of progress on smoking prevalence and periodic updates on the achievement of policy actions. Please see answers to previous questions for further details.

Who implemented the intervention?

Department of Health, Tobacco and Alcohol Control Unit (TACU) in partnership with the HSE national tobacco control office and division and wider stakeholders.

What core activities are/have been implemented?

- Development of legislation to regulate the appeal, affordability and accessibility of tobacco products to minors.
- Expansion of smoke-free spaces.
- Training of health service providers.
- Development of tools and guidelines to support evidence based practice.
- Development and refinement of smoking cessation support services and mass media campaigns (QUIT).
- The HSE launched a new free QUIT support service on 30th December2014, with a new support team of counsellors (i.e.. the QUIT Team) available over the phone, by email, live web-chat, SMS text or via Twitter or Facebook. The QUIT service also has a brand new interactive website and online QUITplan.
Quitters can also order a QUIT kit on quit.ie which includes the QUIT booklet guide to quitting, a money box for saving the case not spent on cigarettes, a wristband and pencil, a wallet card and post-it pack. QUIT Support service is evidence-based and offers quitters a standard smoking cessation support programme, where they will be tracked and supported for 12 months. The QUIT support service offers the standard treatment programme to
quitters and comprised of 7 contacts with the client as follows:
The first consultation is approximately 20 minutes, which can be scheduled for any convenient time, there the quitters smoking habits, triggers and reasons to quit are analysed. If the smoker is ready to quit, they set a quit date. The QUIT team schedule calls for the quit date and once a week for the first 4 weeks with follow up calls at 3 months and 12 months. Quitters can call, text or use Facebook to contact the QUIT team between scheduled calls to get support when and how they need it, and will usually speak to the same advisor throughout the process. QUIT support via Website www.QUIT.ie. The QUIT.ie website has been completely redesigned and updated to match the new QUIT support service. The site is mobile and tablet friendly, and for users who prefer to QUIT without one-to-one support, offers an independent QUITplan, with daily email and SMS support, an option to LIVE CHAT with an advisor if needed. Quitters can log in at any time to check on their progress, how much money they've saved, how far they've come and find answers to common questions.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

The HSE launched the new QUIT service in late 2014 with a new support team of counsellors available over the phone, by email, live web-chat, SMS text or via Twitter or Facebook. The QUIT service also has a new interactive website and online QUITplan offering a standardised treatment programme over 12 months. Smokers considering a quit attempt are provided not just with advice to quit but with practical support to empower them to take control over their own health as well as empathy and personal support. The QUIT campaign and allied smoking cessation services provide choice to the smoker in selecting an approach suited to their individual circumstances and preferences, the opportunity to progress their quit journey through face-to-face, telephone or online support. Smokers can also choose to engage with the support of other smokers and ex-smokers through the facebook group and other social media. All services are free at point of access and highly accessible.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

The policy is based on robust high level partnership across government departments and across sectors. For further detail, see response on partnership.

Are there specific knowledge transfer strategies in place (evidence into practice)?

- Political support and leadership
- Leadership and commitment within the senior civil service and across government departments
- Excellence in evidence-informed programme design and implementation
- Persistence
- Partnership with key stakeholders in many disciplines and sectors
- Integration of audit and evaluation into key elements of the programme.

What were, in your opinion, the main lessons to be learned?

Smoking remains a most significant contributor to chronic disease in Europe. It's time for greater action across Europe and there are valuable lessons from the Irish experience.

Web page related to the intervention

Tobacco Free Ireland policy and related information
http://health.gov.ie/healthy-ireland/tobacco/
Tobacco Free Ireland Action Plan
http://health.gov.ie/blog/publications/tobacco-free-ireland-action-plan/
Quit website – portal to smoking cessation information, support and referral
https://www.quit.ie/
HSE tobacco free campuses initiative http://www.hse.ie/tobaccofreecampus
HSE National standard for smoking cessation programmes
http://www.hse.ie/eng/about/Who/TobaccoControl/cessation/
National Tobacco Control Office http://www.ntco.ie/

References to the most important articles or reports on the intervention

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Public Health (Standardised Packaging of Tobacco Bill) 2014. Available at: http://health.gov.ie/blog/acts/public-health-standardised-packaging-of-tobacco-bill-2014/

Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2012. Available at: http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/bills/2012/3812/document1.htm

World Health Organization (2005) Framework Convention on Tobacco Control. Further details www.chronicdiseases.eu available at: http://www.who.int/fctc/en/

World Health Organization MPOWER measures. Further details available at: http://www.who.int/tobacco/mpower/en/

World Health Organization (2014) Tobacco and Inequities – Guidance for addressing inequities in tobacco-related harm in Europe. Available at: http://www.euro.who.int/en/publications/abstracts/tobacco-and-inequities.-guidance-for-addressing-inequities-in-tobacco-related-harm

Other relevant documents:

Toolkit of resources for tobacco-free campuses including information for staff and patients guidance for managers, 'Yes but No Butt' DVD etc. http://www.hse.ie/tobaccofreecampus

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Contact details

Helen McAvoy, Director of Policy, Institute of Public Health in Ireland Dublin office: Belfast office:

5th Floor Bishop's Square Forestview

Redmond's Hill Purdy's Lane

Dublin 2 Belfast BT8 7ZX

Ph: 00 353 1 4786300 Ph:048 90648494

www.publichealth.ie

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