Establishing a Community Focused Approach to Cancer Prevention in Cork City North West

(Fairhill, Farranree and Gurranabraher)

A report undertaken on behalf of the Cork Cancer Action Network and facilitated by the Irish Cancer Society

T.N.C

Mitchelstown Healthy Town Working Together

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

TVG
Cork Traveller Visibility Group Ltd.

Irish Cancer Society

NICHE
KNOCKNAHEENY HOLLYHILL COMMUNITY HEALTH PROJECT

Cork Healthy Cities

Ballyphehane/Togher Community Development Project
A Community Anchor Project

MICDP

Health Action Zone

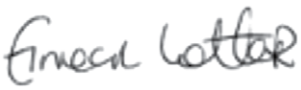
Foreword

Cancer prevention is a key priority for the Irish Cancer Society and those involved in health promotion, community development and other sectors. Recent reports have indicated that by 2020 one in two of us in Ireland will develop a cancer diagnosis in our lifetime. The good news is that up to 50% of cancers could be prevented through lifestyles changes and early detection of cancer. In 2015 the Irish Cancer Society reached out to the community sector in Cork via the Cork Healthy Cities to look at action on cancer prevention and health inequalities in the community and the Cork Cancer Action Network was formed.

As a network consisting of both statutory, community development and the voluntary sector organisations we are determined to promote cancer prevention at a community level. Our aim is to ensure that those living in our communities become aware of the need for cancer prevention action and this work reaches across all those in the community.

We are delighted to present a report of the first phase of our work in Cork which aims to establish a community settings approach to healthy living, cancer prevention and early detection in the Farranree, Fairhill, Gurranabraher area of Cork City. This report is aimed at those working across a number of settings including community development, community health, health and social service providers and health promotion.

The Network would like to thank all those who have participated in and assisted us with this research; Kathy Walsh for facilitating the establishment of the process and methodology, George Akomfrah for working on the statistical profile and mapping exercise. We also would like to acknowledge all those who took part in the stakeholder and community consultations and assisted us in facilitating these events.



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Irish Cancer Society on behalf of the Cork Cancer Action Network
Cork, January 31st 2017

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Introduction

1.1 About this report

The Cork Cancer Action Network came together to increase local understanding and knowledge of how cancer prevention programmes can be delivered effectively in a community setting. This report provides details of the findings emerging from the establishment of a community focused approach to healthy living, cancer prevention and early detection in the Farranree/Fairhill/ Gurranbraher area of Cork City.

1.2 The Irish Cancer Society

The Irish Cancer Society is the national cancer charity in Ireland (charity number CHY5863) with the mission to improve the lives of those affected by cancer. The Society achieves this by funding life-saving collaborative cancer research, providing up to date information about cancer and delivering a range of services to improve the lives of people living with cancer and their families.

The Irish Cancer Society's vision is a future without cancer. The Society's latest strategy statement 2013-2017 sets four key strategic goals:

- Reduce the risk of cancer
- Improve lives
- Lead excellent collaborative research
- Inform and influence public policy [1]

1.3 Cancer and health inequalities

Each year approximately 30,000 people in Ireland receive a new cancer diagnosis. Cancer rates in Ireland will continue to rise with rates expected to reach 42,000 by 2020 [2]. Recent research has shown that up to 50% of cancers could be prevented through healthy lifestyle choices and early detection of cancer [3].

Cancer affects all part of Irish society but some people are more at risk than others. The Irish Cancer Society is aware that people in marginalised communities have a far greater risk of getting cancer and of dying younger from cancer. Inequalities arise in relation to the incidence, early detection, diagnosis and treatment, and ultimately the survival of cancer patients. Data from both Northern Ireland and the Republic of Ireland shows that people in disadvantaged communities have higher rates of certain cancers and poorer chances of survival. Cancer related deaths in the lowest occupational classes are double those in the highest occupational class [4]. A recent report by the National Cancer Registry [5] showed higher cancer incidences in the most deprived 20% of the populations for three types of cancer; stomach (40% higher), lung (60% higher and cervical (120% higher). Seven of the nine cancer types examined also showed poorer survival in the most deprived group, with patients' risk of dying from their cancer 20-50% higher depending on the cancer; this applied to stomach, colorectal, lung, breast and prostate cancers, lymphoma and leukaemia.

Data also indicates a higher prevalence of comorbidities (other serious health conditions) in cancer patients from the most deprived group (about 20% higher than in the least deprived group) [5]. Among the most important contributing factors to these co-morbidities are:

- Tobacco
- Alcohol
- Physical Activity
- Lifestyle
- Diet and Nutrition
- Obesity
- Living Environment
- Gender
- Ethnicity
- Geography
- Exposure to UV Radiation
- Age

These were cited as impacting on diagnosis and treatment outcomes [5].

Access to and timing of access to healthcare has also been identified as key issues in relation to cancer outcomes. Research has found that disadvantaged groups are less likely to take up discretionary health services, such as screening (that would enable early detection), compared to higher socio-economic groups [6]. Waiting periods for scans, radiotherapy or chemotherapy may also play a role along with findings that deprived patients present at a more advanced stage of cancer. It is also the case that cancer mortality rates are higher for those with poor mental health [7].

As part of their strategy statement the Irish Cancer Society wants to close this gap in cancer rates, survival and outcomes between socioeconomic groups. The Society aims to extend its reach into under-served and marginalised communities. It aims to work and find innovative and new ways to work with organisations and communities to find effective ways of helping people to reduce their risk of cancer. The Society needs to find new ways of providing information and building relationships at a local level. They plan to work in partnership with communities to build capacity for cancer prevention action [1].

The Irish Cancer Society recognises the need for fresh, innovative approaches to address cancer prevention. It aims to increase their understanding and knowledge of how cancer prevention programmes can be delivered effectively to specific populations groups in a community setting and contribute to the goal of reducing the risk of cancer. The Society want to work in partnership with those working in the community setting and develop a deeper understanding of how to promote, deliver and measure the impact of prevention programmes to specific groups in community settings. It wants to work to address cancer prevention through a social determinants of health approach.

1.4 Community settings and engagement approach

The World Health Organisation has used community engagement and development as a central plank of its strategy for improving health and reducing health inequalities since the early 1980s. It is an approach whereby communities are supported to identify and find ways to address needs and ultimately improve the quality of life of people living in the community. It is anchored in

the principles of social justice and engagement and is committed to building capacity within and for a group. The WHO state that "*the aim of community development is that of achieving personal, collective and social change all of which are associated with improved health status*" [8] Some examples of community settings and community development approaches to chronic diseases and health inequalities are the North Karelia experience in Northern Finland [9] and the Lewisham Healthy Communities Project [11]. Over a 25-year period in Karelia, Northern Finland, a successful community non-communicable disease project was implemented that had significant results and influenced national actions. The project looked at demonstration programmes which were community based and aimed to create healthy communities using "*systematic involvement*". Recommendations from this project included:

- Good understanding of the community, close collaboration with various community organisations and full participation of the people are essential elements of successful community intervention programmes.
- Preventative community programmes should be concerned with both medical frameworks and behavioural theories.
- Community intervention programmes should seek collaboration and support both from both formal community decision-makers and informal opinion leaders.
- Successful community intervention programs should combine sound theoretical frameworks with persistence and hard work.
- A major emphasis and strength of a successful programme should be attempts to change social and physical environments in the community to ones more conducive to health and healthy lifestyles.
- Major programmes can be useful for a target community but can also have a broader impact as a national demonstration programme – this requires proper evaluation, dissemination of results and interaction with national health policy makers [9] [10].

The North Lewisham Project used a community development approach which was "*chosen as the most effective way to improve health and well-being in low income communities* [11]. Here the strengthening of community engagement using a cancer collaborative model was the catalyst for change. There was recognition of a need to do things differently incorporating a lot of innovation and using a bottom up and top down approach. A steering group of stakeholders and a forum for the wider community to share experiences were established. Volunteers and networks of community groups were mobilised. Marginalised groups such as those with disabilities were centrally involved. From a cancer perspective the purpose was to facilitate early presentation in particular for bowel, breast and lung screening and examination. GP practices were engaged in the process [11].

In Cork a project was established in 2008 and called Be Well Be Aware involving the Community Work Department, Health Action Zone Initiative and NICHE Community Health Initiative with Breastcheck (now known as National Cancer Control Programme NCCP). This project was a community partnership aimed to promote cancer screening in the Northside of Cork City. The NCCP provided the expertise, relevant and correct information on screening and cancer. The Community Health Workers involved disseminated this information using their local knowledge and links in the community. Be Well Be Aware connected with hundreds of women over several years through community events, groups and presentations. The partnership supported the development of a community arts and health group facilitated through NICHE. Through this arts group several projects were undertaken. The first project was called The Bra Project and the second was the development of a Community Advocates for Cancer Awareness Training.

1.5 Cork Healthy Cities and Cork Cancer Action Network

In order to focus on cancer prevention and health inequalities in the community setting, the Irish Cancer Society decided to partner with organisations in the Cork City area to work in collaboration to conduct targeted action based cancer prevention projects which could have the potential to feed into an overall cancer prevention action plan for Cork. In Cork there existed a good infrastructure around community development and health as well as several previous projects focused on community partnership approach to raising awareness of various health issues associated with health inequalities.

The Cork Healthy Cities was chosen as a platform to start engagement on forming a collaboration for this type of work. Their aim is to create a city that connects to improve the health and well-being of its entire population and reduce health inequalities. "Supporting, Validating, Enabling, Strengthening" are the key themes of the Healthy Cities. Healthy Cities provides a model for Cork City to develop innovative and creative solutions to public health and health promotion. The current work of Cork Healthy Cities encompasses the following themes:

- Investing in health through a life-course and empowering people.
- Tackling the European Region's major health challenges of infectious and non- communicable diseases.
- Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance
- Creating resilient communities and supportive environments.[12]

In May 2015, a proposal was put to Cork Healthy Cities to collaborate on this work. In July 2015, a meeting was convened of interested community organisations and statutory agencies under the Cork Healthy Cities framework to work on cancer prevention and health inequalities.

The Cork Cancer Action Network was formed with the vision to work at a strategic level across Cork city to develop innovative ways to tackle cancer prevention and reduction in levels of other chronic diseases at a local level. The organisations involved in the network have a strong history of partnerships, health and community development in Cork with a flexible remit to engage in community based partnerships and projects. The Network since its establishment has sought to utilise and add to the cancer prevention work already completed by community structures such as the "Be Well Be Aware Cancer Screening Initiative", Cork Healthy Cities, and the local Traveller Health Networks."

The objectives of the Network were identified as to:

- Build collaboration with community groups and organisations in Cork.
- Build and strengthen capacity and support for cancer prevention action in targeted communities in Cork.
- Develop needs assessment in each community to determine the key priority cancer prevention action areas and key target groups.
- Identify resources available to develop interventions and work with targeted communities.
- Identify strengths and barriers to working on cancer prevention interventions in the community setting.
- Design and deliver targeted cancer prevention interventions.
- Develop an overall cancer prevention action plan for Cork.
- Develop an evaluation process to measure outcomes.

The network consists of representatives from the following organisations.

- **Ballyphehane/Togher Community Development Project** operates as a "community anchor organisation" in the locality. The CDP has built a network of relationships and collaborative partnerships that is acknowledged locally, at city-wide level, regionally and nationally. B/T CDP cherishes our community anchor role, operating as a Community Hub and responding to local needs of a number of individuals and groups

- **Cork Healthy Cities** aim is to create a city that connects to improve the health and well-being of its entire population and reduce health inequalities

- **Cork Traveller Visibility Group (TVG)** is a Traveller led Cork based organisation which brings the settled community and Travellers together in order to facilitate community development work for the Traveller community. TVG is an advocacy service for the Traveller community. It works with Travellers and professionals in service provision to ensure that Travellers perspective is appreciated in service delivery so they can have better outcomes in all aspects of their lives. The fundamental purpose of the project is to work with Travellers in all of the areas used to measure socio-economic status so that they are equally supported in making their contribution to Irish society.

- **H.S.E. – Health Promotion and Improvement** services aim to embed preventative health measures and messages in models of health service delivery and in the settings where people are born, live, learn, socialise and work

- **HSE - Cork North Community Work Department, HSE South** The Health Action Zone initiative was developed in Cork to target health inequalities in disadvantaged areas and was modelled on a British Health Action Zone model. The Health Action Zone Initiative in Cork was seen as a mechanism to improve the health and lifestyle of a community, through a series of health focused initiatives that build on existing services and facilities. The centrality of community development principles such as empowerment, involvement, consultation and participation to the Health Action Zone concept, indicated that it would be an innovative development in the provision of health and well-being services to disadvantaged areas.

- **The Irish Cancer Society is the national cancer charity in Ireland (charity number CHY5863)** with the mission to improve the lives of those affected by cancer

- **Mayfield Integrated Community Development Project** aim to respond to local needs by the provision of support, information, training and developmental opportunities to individuals and groups in the community.They provide an open, safe, friendly and accessible resource centre . They do this through: Childcare Information/signposting Community education Community garden Networking through and with other organisations supporting local issues Newsletter/ facebook/website etc.

- **Mitchelstown Healthy Towns** was set up under the remit of Mitchelstown Community Forum CLG to explore the option of designated Healthy Cities status under the World Health Organisation Healthy Cities European Initiative. The project involves consulting with local residents and community groups to document and implement a community response to health in Mitchelstown. The steering group is made up of Statutory and Voluntary Groups to oversee and implement the Health Plan for Mitchelstown.

- **Niche** is a community health initiative working within the Knocknaheeny/Hollyhill and surrounding areas of Cork city to improve health, wellbeing and quality of life. The vision of Niche is that all people in Knocknaheeny/Hollyhill and surrounding areas can live full and healthy lives. Niche aims to involve the local community in meaningful partnerships with Niche and others to develop actions that improve and sustain health and wellbeing

outcomes. Niche takes a strategic approach determined by evidence, resources and underpinned by a community development approach. Niche currently operates from two facilities: a community health project along with a community garden based on Harbourview road, Knocknaheeny, Cork.

- **Travellers of North Cork (TNC)** is a Traveller led human rights organisation which aims to promote Traveller Rights and culture and improve health outcomes.

In September 2015, the Irish Cancer Society granted funding to the Cork Cancer Action network to complete a piece of action research to look at establishing a community focused approach to cancer prevention and healthy living with a focus on health inequalities and disadvantaged communities.

1.6 Aims and objectives

The aim of this research was to establish and develop a community settings approach to healthy living, cancer prevention and early detection and reductions in levels of other chronic diseases.

The objectives of this study were:

- To develop a community health needs assessment toolkit for use at local level to assist a community to identify their health needs and priorities as well as any gaps in provision.
- To pilot the community health needs assessment toolkit at a local level, engaging with the pilot community on issues of health, health behaviours, healthy living and cancer prevention.
- To work with a pilot community to identify and progress priority actions that support cancer prevention and early detection and reductions in levels of other chronic diseases.

1.7 The study area

The area chosen to pilot this methodology and action research was Farranree/Fairhill/Gurranbraher (F.F.G). The study area is located in the northwest of Cork city and consists of 9 Electoral areas. The study area is a designated RAPID area within Cork City Council Local Authority area.

The Farranree/Fairhill/Gurranbraher area was chosen by the Cork Cancer Action steering group chose this area for a number of reasons including its:

- Disadvantaged status.
- Population.
- Mixed age groups across the area.
- Local based community and health services to collaborate with.

A detailed demographic profile of the area is provided in Chapter 2.

1.8 Process and methodology

This action research was conducted using a number of different research methodologies. Methodologies employed included:

- Documentary reviews of census and secondary published data and reports on the pilot area.
- Mapping of health facilities and services as well as mapping of health related facilities and services using an online mapping tool.
- Consultation with national and regional stakeholders with remits in relation to cancer prevention, health promotion, local government and health inequalities.
- Public community consultations in October and November 2016 in Leisureworld, Churchfield.
- A survey which explored individual residents health knowledge, attitudes and behaviours (This was administered to participants who attended the community consultations).

1.9 Report structure

Chapter 2 provides a demographic profile of the study area, it also maps the health and health related services and facilitates within the area. Chapter 3 provides a summary of key issues arising from the stakeholder interviews and community consultations. Chapter 4 provides a summary of the key findings and recommendations going forward from the process. Chapter 5 details the action plan put together by the Cork Cancer Action Network based on the findings of this report and work.

2. Statistical Profile and Mapping

2.1 Statistical profile

This section provides a demographic profile of the pilot area derived from the 2011 Census and other key profiles and reports.

2.1.1 Overall population

Table 2.1 details the population of the pilot study area (F.F.G) while table 2.2 shows the population of the study area as a percentage of the population of the wider Cork City Council Local Authority area.

Table 2.1 Comparison of the Population of the F.F.G Area with Cork City Council area (broken down by gender)

EA ID	EA Name	Total Pop (Census 2011)	No of Male	No of female
032	Gurranabraher C	979	508	471
033	Gurranabraher D	888	436	452
034	Gurranabraher E	1107	528	579
046	Fair Hill A	681	323	358
018	Fair Hill B	777	382	385
019	Fair Hill C	3715	1840	1875
020	Farranferris A	1812	954	858
021	Farranferris B	887	425	462
022	Farrannferris C	608	294	314
Total Population of Case Study Area		11454	5690	5754

Source: Census 2011 cso.ie [13]

Table 2.2 F.F.G Population as a Percentage of the Total Local Authority Area Population (broken down by gender)

	Local Authority Area Population	F.F.G population as a percentage of Cork City population
Total	119230	9.61%
Male	58812	9.67%
Female	60418	9.52%

Source: Census 2011 cso.ie [13]

2.1.2 Population change

Changes in population from 2006 to 2011 were accessed through Pobal maps and are detailed in Table 2.3. Changes vary between the electoral areas making up the F.F.G study area. Most areas have seen a small decrease in population with the exception of Gurranabraher E and Farranferris A, where an increase in population can be observed. The overall population of F.F.G has decreased by 2.26% between the 2006 and 2011 census. The Cork City population has decreased by 0.16% (Table 2.4).

Table 2.3 Change in Population from 2006 Census to 2011	
Electoral Area Name	**Population Change (2006 - 2011)**
Gurranabraher C	-4.11
Gurranabraher D	-4.72
Gurranabraher E	3.75
Fair Hill A	-3.95
Fair Hill B	-5.36
Fair Hill C	-7.36
Farranferris A	11.92
Farranferris B	-3.69
Farrannferris C	-1.78
Total	-2.26
Source: Census 2006 & 2011 (13) pobal.ie (14)	

Table 2.4 Population Change (2006 – 2011) in F.F.G and Cork City	
F.F.G	**Cork City**
-2.26%	-0.16%
Source: Census 2006 & 2011 (13) pobal.ie (14)	

2.1.3 Age

Tables 2.5 and Table 2.6 profile the age of the population of F.F.G in comparison to Cork City and to the national population, respectively.

Table 2.5 Age breakdown of F.F.G compared with Cork City			
Age	**F.F.G**	**Cork City**	**Difference between the F.F.G area and Cork city**
0 – 14	16.90%	14.83%	+ 2.07%
15 – 24	13.86%	13.07%	+ 0.79%
25 – 44	27.07%	30.62%	- 3.55%
45 – 64	26.57%	22.87%	+ 3.7%
65+	15.60%	15.05%	+ 0.55%
Source: Census 2011 cso.ie (13)			

Table 2.6 Age Breakdown of F.F.G compared with Ireland			
Age	**F.F.G**	**National Population**	**Difference between the F.F.G area and national population**
0 – 14	16.90%	21.3%	- 4.4%
15 – 24	13.86%	12.6%	+ 1.26%
25 – 44	27.07%	31.6%	- 4.53%
45 - 64	26.57%	22.7%	+ 3.87
65+	15.60%	11.7%	+ 3.9
Source: Census 2011 cso.ie (13)			

Analysis of Tables 2.5 and 2.6 shows that population aged 0-14 years in the F.F.G area is comparable that of Cork City but is less than the national figures. Persons aged 25-44 makes up a smaller portion of the population in F.F.G than both Cork City and the national population. Both F.F.G and Cork City have a higher proportion of persons aged 65+ than national figures.

The age dependency and youth ratios youth dependency ratio's detailed in Table 2.7 also reflect these differences in age distributions.

Table 2.7 Age dependency ratios

	F.F.G	Cork City	Nationally
Age Dependency Ratio	48.16%	42.3%	49.3%
Youth Dependency Ratio	25.04%	20.88%	31.9%
Old Age Dependency Ratio	23.1%	21.4%	17.4%

Source: Census 2011 cso.ie [13]

2.1.4 Working age population and labour force

The working age population in F.F.G is broadly similar to that of Cork City (Table 2.8) however at 43.09% the number of persons in the labour force is lower than the figure for Cork City (46.4%) (See Table 2.9).

Table 2.8 No. of persons of working age

F.F.G	Cork City	Difference
7731 (67.49%)	79357 (66.56%)	+ 0.89%

Source: Census 2011 cso.ie [13]

Table 2.9 No of persons in the labour force

	F.F.G	Cork City	Difference
Male	2826	30323	
female	2110	25005	
Total	4936 (43.09%)	55328 (46.4%)	-3.31%

Source: Census 2011 cso.ie [13]

Table 2.10 shows that more individuals are out of work due to sickness or disability in F.F.G (9.11%) compared with Cork City (5.62%).

Table 2.10 No of person's unable work due to sickness or disability

F.F.G	Cork City	Difference
9.11%	5.62%	3.49%

Source: Census 2011 cso.ie [13]

Of all persons aged 15 years and older, only 8.96% are students in F.F.G compared to 14.71% for Cork City (Table 2.11). This is a difference of 5.75%.

Table 2.11 No. of students

F.F.G	Cork City	Difference
8.96%	14.71%	- 5.75%

Source: Census 2011 cso.ie [13]

The proportion of retired individuals and persons looking after home/family in F.F.G and Cork City are similar (see Table 2.12 and Table 2.13)

Table 2.12 No. of persons retired

F.F.G	Cork City	Difference
15.97%	15.02%	0.95%

Source: Census 2011 cso.ie [13]

Table 2.13 No. of persons looking after home/family

F.F.G	Cork City	Difference
10.92%	8.83%	+2.09%

Source: Census 2011 cso.ie [13]

2.1.5 Employment

Table 2.14 shows the distribution of the labour force by employment type. There is a significantly smaller percentage of individuals employed in professional occupations in F.F.G when compared to Cork City. Marginally more people are employed in elementary occupations and sales/ customer service jobs, while less are employed as managers, directors and senior officials.

Table 2.14 Breakdown of labour force by employment type

% of population	F.F.G	Cork City	Difference
Professional Occupations	4.64%	16.08%	-11.44%
Elementary occupations	15.76%	11.28%	+4.48%
Sales and customer services	11.89%	10.69%	+1.2%
Managers, directors, senior officials.	3.50%	5.87%	-2.37%

Source: Census 2011 cso.ie [13]

2.1.6 Self-Perceived Health

How people view their own health can be an important indicator of overall health status. Table 2.15 provides a comparison of five different levels of perceived health between F.F.G and Cork City. The highest possible definition of self-perceived health is defined as "Very Good" and varied the most, with almost 5% less of the population choosing this category in F.F.G (50.29%) compared with Cork City (55.05%).

Table 2.15 Self-Perceived Health

	Very Good	Good	Fair	Bad	Very Bad	Not Mentioned
F.F.G	50.29%	30.78%	13.48%	2.49%	0.52%	2.41%
Cork City	55.05%	29.56%	10.295	1.78%	0.38%	2.93%
Difference	-4.76%	+1.29%	+3.19%	+0.71%	+0.14%	0.52%

Source: Census 2011, cso.ie [13]

2.1.7 Cancer Cases

Table 2.16 shows the total observed cancer cases recorded within F.F.G electoral divisions from 1994-2013 (inclusive). Included in this table are the four most common cancer types along with "All Invasive Cancers" which represents all malignant cancers. This information was collected by the National Cancer Registry Ireland (15).

Table 2.16 F.F.G Observed Cancer Cases

	All Invasive Cancers	Colorectal	Lung	Female Breast	Prostate
Fair Hill A	104	11	23	5	15
Fair Hill B	146	22	29	12	15
Fair Hill C	295	34	54	31	39
Farranferris A	223	33	29	22	25
Farranferris B	126	18	26	8	14
Farranferris C	111	17	12	12	15
Gurranebraher C	183	18	31	17	17
Gurranebraher D	109	14	11	11	8
Gurranebraher E	162	28	21	16	15
Total Pilot Area	1459	194	235	134	163

Source: National Cancer Registry Ireland [15]

2.1.8 Cancer Incidence Ratio

In order to demonstrate how the observed cancer cases in F.F.G compare to those observed in Cork City and nationally, incidence ratios are provided in Tables 2.17 and 2.18. By comparing expected numbers with actual observed numbers it is possible to determine whether cancer cases are comparatively higher or lower than the reference area. Statistically significant differences are presented in bold.

Colorectal, lung and overall all invasive cancers have significantly higher incidences in F.F.G than in Cork City or nationally. Lung cancers have the highest incidence ratio at 1.92 for Cork City and 1.8 for national comparisons. Breast cancer incidences are comparatively low in F.F.G compared to Cork City and nationally at 0.85 and 0.88, respectively. However overall this lower incidence of observed cases was not deemed statistically significant.

Table 2.17 Cork City Incidence Ratios

	All Invasive Cancers	Colorectal	Lung	Female Breast	Prostate
Fair Hill A	1.23	0.89	2.49	0.50	1.15
Fair Hill B	1.16	1.23	2.00	0.74	0.72
Fair Hill C	1.27	1.17	2.54	0.78	1.38
Farranferris A	1.23	1.28	1.45	0.99	0.93
Farranferris B	1.38	1.44	2.74	0.71	0.95
Farranferris C	1.30	1.35	1.23	1.10	1.20
Gurranebraher A	1.45	0.99	2.20	1.10	0.87
Gurranebraher B	1.02	0.91	0.91	0.76	0.52
Gurranebraher C	1.33	1.61	1.63	0.99	0.82
F.F.G	1.26	1.21	1.92	0.85	0.96

Source: National Cancer Registry Ireland [15]

Table 2.18 Ireland Incidence Ratios					
	All Invasive Cancers	Colorectal	Lung	Female Breast	Prostate
Fair Hill A	1.30	0.98	2.34	0.52	1.27
Fair Hill B	1.22	1.35	1.87	0.77	0.79
Fair Hill C	1.33	1.29	2.39	0.79	1.50
Farranferris A	1.30	1.41	1.36	1.03	1.03
Farranferris B	1.45	1.58	2.57	0.73	1.04
Farranferris C	1.38	1.50	1.15	1.16	1.34
Gurranebraher A	1.54	1.10	2.06	1.14	0.96
Gurranebraher B	1.08	1.01	0.86	0.78	0.58
Gurranebraher C	1.40	1.78	1.53	1.03	0.90
F.F.G	1.33	1.34	1.80	0.88	1.06
Source: National Cancer Registry Ireland [15]					

2.1.9 Deprivation

Table 2.19 indicates the level of relative deprivation for the electoral districts of F.F.G. Deprivation scores range from -35 to +35 and indicate the relative affluence or disadvantage of an area, with the national average being 0. Deprivation is calculated by compiling data on indicators from three components of census data: demographic profile, social class composition and labour market situation. Deprivation scores for electoral divisions of F.F.G are consistently low and are described as either "disadvantaged" or "very disadvantaged" in the case of Fair Hill B. These scores vary significantly from that of Cork City's "marginally below average" deprivation score.

Table 2.19 Deprivation scores for F.F.G electoral areas and Cork City					
ED	Deprivation Score	Deprivation Description	Unemployment Rate (male)	Unemployment Rate (female)	Lone Parent Ratio
Gurranabraher C	-15.43	Disadvantaged	45.83	29.32	61.11
Gurranabraher D	-13.53	Disadvantaged	32.79	24.84	29.21
Gurranabraher E	-15.87	Disadvantaged	39.08	26.70	53.60
Fair Hill A	-17.89	Disadvantaged	38.51	31.30	51.32
Fair Hill B	-20.68	Very Disadvantaged	42.53	27.59	41.67
Fair Hill C	-11.58	Disadvantaged	33.03	21.78	33.76
Farranferris A	-11.35	Disadvantaged	39.44	31.93	46.20
Farranferris B	-19.65	Disadvantaged	36.95	26.62	51.72
Farrannferris C	-13.44	Disadvantaged	33.59	18.63	45.31
Cork City	-1.90	Marginally Below Average	26.44	16.99	33.76
Source: Census 2011(13), Pobal HP Deprivation index [16]					

2.1.10 Education and Skills

A breakdown of highest formal education level achieved is shown in Table 2.20. Although attainment of formal education does not account for "soft" skills or learning outside of formal education establishments, it can be indicative of occupational prospects, income, and consequently quality of life. Individuals obtaining a primary education or lower accounts for

29.30% of the population in F.F.G. This equates to a difference of 12.75% or almost twice the proportion as that of cork city. At 24.31% there is a three-fold greater percentage of individuals with an ordinary degree or higher in Cork City when compared to F.F.G's 7.44%.

Table 2.20 Breakdown by highest formal education completed

	F.F.G	Cork City	Difference
Primary Education or less	29.30%	16.55%	+12.75%
Lower Secondary	26.22%	18.64%	+7.58%
Upper Secondary	17.87%	18.95%	-1.08%
Ordinary Degree or higher	7.44%	24.31%	-16.87%

Source: Census 2011, cso.ie [13]

2.1.11 Housing

Owner occupied houses without mortgages make up the largest portion of households in both F.F.G and Cork City (33.41% and 32.51% respectively). Additionally, houses occupied by owners with a mortgage, houses without central heating and one person households make up comparable proportions in both F.F.G and Cork City. Local authority housing in F.F.G makes up 26.6% of houses, which is significantly more than the 15.39% observed in the wider Cork City area

Table 2.21 Housing type & status

	F.F.G	Cork City	Difference
No. Housing Units	4657	47163	
Occupied by owner with mortgage	22.05%	20.72%	+1.67%
Occupied by owner without mortgage	33.41%	32.51%	+0.9%
Local Authority housing	26.60%	15.39%	+11.21%
Without Central Heating	2.83%	2.56%	+0.27%
Households that are one person	29.76%	29.33%	+0.43%

Source: Census 2011, cso.ie [13]

2.1.12 Diversity

F.F.G is primarily composed of a white Irish population at 91.24%. This is 6.61% more than that of Cork City. This equates to a non-Irish national population roughly half of that of Cork Cities at 15.37%. Speakers of foreign languages whom speak English "not well" or "not at all" make up 18.78% of the non-Irish national F.F.G population, 5.05% more than Cork City. According to the CSO (2011) Irish Travellers in F.F.G and Cork City account for 0.88% and 0.66% or the population, respectively. However Irish Traveller populations have been demonstrated to be underrepresented in Census records (17).

Table 2.22 Diversity Breakdown			
	F.F.G	Cork city	Difference
White-Irish	91.24%	84.63%	+6.61
Non-Irish Nationals	8.76%	15.37%	-6.61
Speakers of foreign languages by ability to speak English in the pilot area who speak English not well or not at all	18.78%	13.72%	+5.05
Travellers*	0.88%	0.66%	+0.22%
Source: Census 2011, cso.ie [13]			

The Cork Traveller Visibility Group estimated that in January 2017 there were at least 67 families and individuals known to them living in the study area[1]. With the majority living in social housing, with others lived in mobiles/caravans in family-size sites, with smaller number numbers living in privately rented accommodation, and a very smaller number living in their own home.

2.1.13 Transport

The proportion of houses without a car are shown in in Table 2.23 below. The proportion of houses without a car is highest in Gurranebraher C at 62.69%. On average 41% of houses in F.F.G are without cars compared to 31.75% for Cork City and 17.56% nationally.

Table 2.23 Car Ownership			
ED	Total households	No. Households without car	Proportion of households without car (%)
Fair Hill A	290	128	44.14%
Fair Hill B	368	158	42.93%
Fair Hill C	1254	305	24.32%
Farranferris A	834	410	49.16%
Farranferris B	347	143	41.21%
Farranferris C	234	96	41.03%
Gurranebraher C	504	316	62.69%
Gurranebraher D	369	141	38.21%
Gurranebraher E	457	196	42.89%
TOTAL	4657	1893	40.65%
Cork city	47110	14959	31.75%
Nationally	289722	1649408	17.56%
Source: Census 2011, cso.ie [13]			

[1]The Cork Traveller Visibility Group estimated that in January 2017 there were 40 families and eight single persons in the Fairhill area (including Nash's Boreen), eight families; five single persons in the Farranree area, six families in the Guranabraher area and three families in the Churchfield area.

2.2 Mapping of health & health related services

2.2.1 Introduction

This section presents the mapping profile for F.F.G. area. Identifying the health services and public facilities is important in determining any potential shortcoming in the allocation of services within the community. By mapping these findings it is possible to provide a tangible picture of what services are present and how they are distributed and also help local service providers to identify any gaps in services in the area.

2.2.2 Methodology

Farranferris, Farranree and Gurranebraher were systematically traversed while keeping roughly within the bounds of the study area as indicated in Figure 1 below. This step was important to locate and represent services that may not be accounted for through online resources.

Relevant facilities falling just outside of the borders of F.F.G were also included as the local people are likely to utilise these services. Both the name and location of all health facilities and public facilities was recorded. Identifying services was supported with the use of online tools (Google maps & Health Atlas Ireland). Using Google maps the services were plotted by both location and type of facility. In order to ensure services were mapped both accurately and comprehensively, the findings of this work was presented to the local community for their feedback and input (as part of the wider public community consultation meetings). This gave community members an opportunity to provide additional feedback and input.

2.2.3 Results

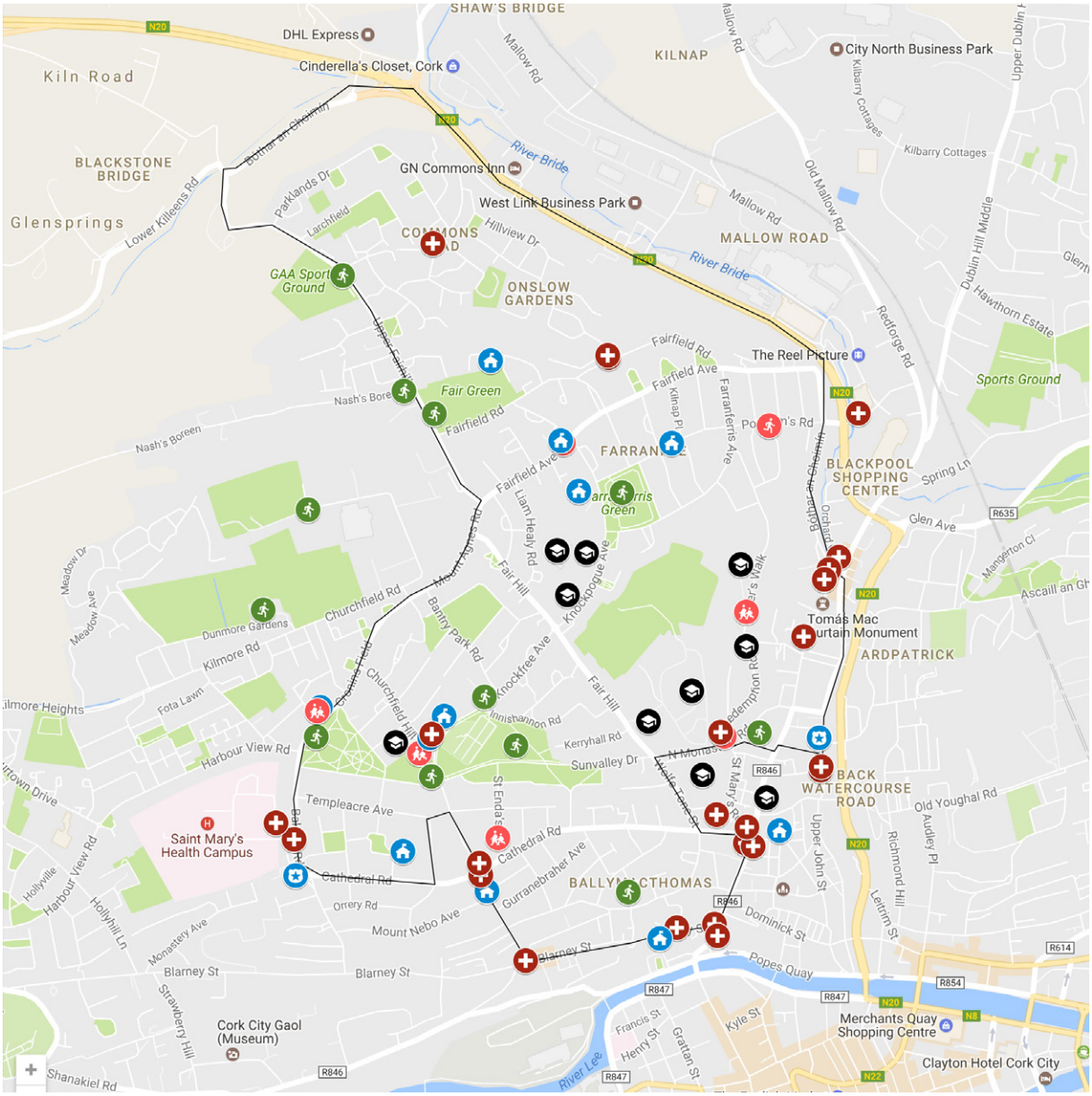
The mapping profile of F.F.G uncovered a range of medical, community, education, childcare and health & fitness related amenities available to the F.F.G area. In total, 64 services were recorded and mapped. Table 2.24 below provides a breakdown of the type and number of each amenity that was identified in F.F.G.

A viewable version of the map in full detail is available through the following link: http://goo.gl/F0lcqj

Table 2.24 Identified facilities and services

Service Type	No.
Pharmacies	6
Dentists	4
GP's/Health Centres/Hospitals	11
Sports facilities/Fitness centres /Parks	12
Community services/Public services	12
Schools/Education services	10
Childcare Facilities	7
Garda stations	2

Figure 1. Mapping profile



3. Consultations

Section 3 details the findings arising from a series of consultations with national, regional and local stakeholders including the local community living in the F.F.G area. The consultations took place from a time period of March 2016 - November 2016.

3.1 Stakeholder and community consultations

3.1.1 Overview

The national stakeholders included experts in the field of cancer prevention, health promotion and health inequalities, with representatives interviewed from

- Management in the Irish Cancer Society
- the National Cancer Registry of Ireland
- HSE- Social Inclusion - Health Promotion and Improvement
- The National Cancer Control Programme

An interview request was declined by a representative of Healthy Ireland.

Section 3.1.2 presents the findings of interview with key Cork City wide service providers with a remit in the F.F.G area. Interviews were carried out with representatives from:

- Cork City Council RAPID programme
- Cork City Partnership
- The HSE – Cork North Community Work Department

3.1.2 Key findings from the national and Cork city wide stakeholder consultations

See Table 3.1 for details of the findings arising from the national stakeholder consultations and Table 3.2 for key findings arising from the key Cork city wide service provider consultations.

Table 3.1 Key findings from the national stakeholder consultations

To what extent is cancer prevention a national priority	• The promotion of health and the prevention of cancer are identified as key elements of the National Cancer Control Programme. • Health promotion is also a core component of population health aimed at tackling the major determinants of health to achieve health and social changes that can improve the health of the whole population. • The largest single state investment in cancer prevention nationally is the national Tobacco Cessation Support Programme implemented by the HSE. There is also significant investment in national screening programmes including BreastCheck - The National Breast Screening Programme, CervicalCheck - The National Cervical Screening Programme, and BowelScreen – The National Bowel Screening Programme. • The Irish Cancer Society invests a significant amount of its services and research budget to cancer prevention yearly.

What are the key cancer prevention issues at local level	• Smoking is the biggest risk factor in terms of health inequalities, with 20% of the population continuing to smoke with higher levels of smoking in disadvantaged areas. • Co-morbidities are contributing to the inequalities in cancer outcomes due to people from disadvantaged communities more likely to present with other long term health problems which impacts on their cancer treatment and prognosis.
What are the best ways to support cancer prevention in disadvantaged communities	• The European Code against Cancer is a useful tool in relation to alerting individuals and communities how they can reduce their risk of cancer and other chronic diseases. • Health education programmes to communicate important disease prevention messages. • A good strategy in relation to reducing health inequalities is to invest in healthy communities (which would include cancer prevention and reduction of chronic diseases). • A view among the stakeholders that individuals and communities are probably more likely to engage in the concept of healthy communities rather than cancer prevention work. • The Healthy Ireland Policy and Framework reinforces the concept of Healthy Communities. This also looks creating supportive environments for people to engage in cancer prevention and healthy living. • Tackling smoking is crucial both prevention and quitting programme • Reducing co-morbidities and other chronic diseases and focusing on increasing general levels of health is crucial work in disadvantaged communities. • Ensure people attend screening and encourage the uptake of screening services. • Increasing health literacy is crucial to this process.

3.1.3 Key findings from the community consultations

Table 3.2 Key findings arising from the Cork City wide service provider consultations.	
What services does the interviewee provide in the study area	• Integrating community development into HSE based services in the area. • Empowering and enabling local groups to incorporate social and health into their services through funding and community based workers. • Developing multiagency partnerships in areas of need. • Managing regeneration project at community level. • Facilitation role in the area to work with the community on issues identified and to help address them with an interagency role. This ranges from public infrastructure to joint policing, antisocial behaviour etc.
What are the perceived key health needs of the pilot area	• Social determinants of health associated with disadvantage. • Access to services. • Awareness of services and health issues, • Multi-dimensional aspect to health especially how mental health is affecting people's overall health. • Educational attainment for young people in the Farranree area. • Employment especially for young people.

What perceived gaps exist in service provision	• Facilities for young people in the Farranree/Fairhill area of the pilot community. • Farranree/Fairhill area is underserved in terms of a central point in community. and there is a lack of engagement in some areas with community services. • Youth services are underserved in this area despite highest number of youths in the ED.
Are the needs of the pilot areas changing overtime?	• Yes – A new Primary Health Care Centre will be built in the area over next 3 years which will amalgamate services in the area and look at integrating more community based services into the health services. There is a social inclusion aspect to the centre with key projects being developed around health inequalities and community engagement. • Yes in terms of the rising number of youths in the Farranree/Fairhill area and new estates in what were traditionally an older population area. Educational attainment is an issue with this younger population.

This section presents the findings of the views of local people, volunteer groups and local service providers arising from community consultations which took place in the pilot area. The consultations took place in the Churchfield Leisure centre which is on the edge of the three study areas. A neutral and accessible venue was chosen that is widely used by the community regularly in the pilot area. Thirty six[2] people attended these consultations which aimed at engaging with the local community on healthy living cancer prevention determining key assets in the community and gaps. The consultations also sought to discuss how these key issues can be supported in the area in the future through collaboration and action. A short introduction to the action research was given along with some key demographic and health statistics about the areas, a presentation of the mapping exercise and some information about cancer prevention and early detection including the European Code against Cancer [(19)]. Round table discussions took place on key issues on healthy living cancer prevention and services in the local community to help identify assets gaps and priority action areas.

Discussion 1 sought to investigate "What services are currently in place to support the local communities F.F.G to live a healthy lifestyle?"

A wide range of services exist in the community and these were categorised into the common themes of:

- Medical/health
- Community and services
- Sports and fitness

Table 3.3 presents a summary of the main services highlighted in the community.

[2] The majority (80%) of these individuals were over 40, while with more women than men (70% female and 30% male). Approximately 13% of participants were from the Traveller community.

Table 3.3 Main Services Highlighted from Community Consultations		
Medical/health related	**Community services**	**Sports and Fitness**
• HSE community work funding and grants • Public Health Nurse • Delivery of medications to the elderly by local pharmacies • Nursing homes • GP surgeries • Mental health services in the St Mary's campus • Urgent care facility in St Mary's Campus	• Community gardens • Mother baby and toddler services • Services for the elderly • Men's and women's groups • Nutrition courses and initiatives • Suicide and mental health services • Community centres • Art based groups • Educational courses	• Walking groups • Sports organisations • Walking routes • Affordable public swimming and gym facilities • Operation transformation initiatives in the local pharmacy • Leisure and community based sports facilities.

Discussion 2 looked at "What else needs to be done in the community to increase health in the local area and help reduce the risk of cancer?"

A robust discussion took place with inputs categorised into the common themes of

- Raising awareness and information provision
- Early detection/screening/ medical services
- Specific programmes and activities
- Cancer support services for those after a diagnosis

Table 3.4 presents a summary of the main and common findings.

Table 3.4 Common Findings from community Consultations	
Theme	**Findings**
Raising awareness/ information provision	• Improved communication locally on what general and specific services are available especially in bordering communities. • Male cancer specific awareness programmes & action plan on men's health • More early detection and body awareness information in the community setting e.g GP surgeries, public spaces • Public health fairs and information days • Community based advocacy and engagement on issues that are promoting poor health – e.g. fast food outlets, littering and pollution, poor infrastructure
Early detection / Screening/medical services and activities	• Nurse led services in the community – mobile units, health checks , cancer nurses • Bowel screening packs available in GP surgeries • Access to community based nutritionists and dieticians • Programmes on how to be body aware • Improved accessibility to GP's – waiting lists • Improved access to screening and diagnosis services once referred – e.g. referral pathways especially for the issue of public v's private patients.

Specific healthy living programme and activities	• Youth smoking prevention programmes • Youth obesity programmes • More emphasis on healthy living in the schools • Improved public infrastructure for active living and physical activity e.g. safety crossings, bike lanes, public walks and fitness equipment • More healthy eating and nutrition programmes are needed in the community
Cancer support services for those after a diagnosis	• More counselling services for those diagnosed • More information for families on familial risks and genetic links • Better communication of services available to cancer patients and their families

Discussion 3 looked at priority actions for the area and these were identified by those present at the community consultations as

- Youth work
- Prevention based activities
- Information raising and sharing across the community
- Reduction in waiting list across the primary and acute care
- More nurse led services in the community

3.2 Healthy Living and Cancer Prevention Questionnaire

A questionnaire was administered to participants at the community consultations. A 58% response rate to the questionnaire (n=20) was received. The purpose of the questionnaire was to assess individual's self-reported awareness of healthy living and cancer prevention and also to assess self-reported health status.

3.2.1 Key findings arising from the Healthy Living and Cancer Prevention Survey

The Profile of survey respondents

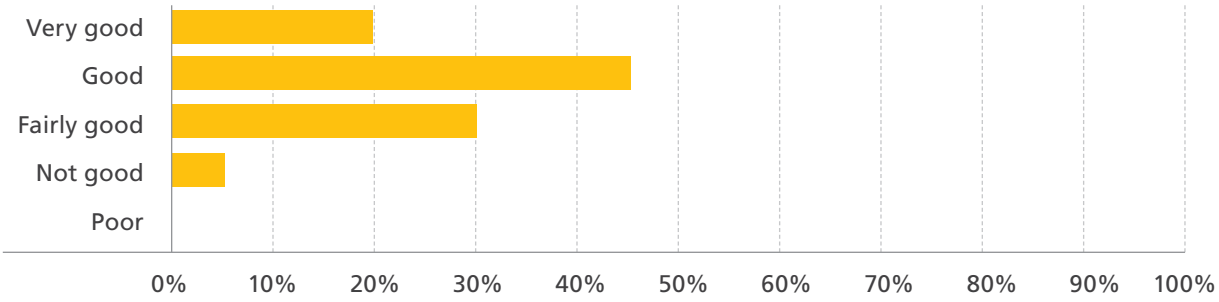
- 82% of those who answered the questionnaire were female with 17% male.
- In terms of age brackets 50% were aged 65+, 39% were aged 45-64 years and 11% were aged 15-24 years.
- The economic status of the survey participants was reported as follows: 12% were students, 6% were looking after home or family, 53% were retired and 29% were unable to work due to permanent sickness of disability.

Health

When questioned about their current health status the following responses were given with the majority of respondents (> 90%) reporting fairly good, good or very good health. (See Figure 3.1 for details)

Figure 3.1 Survey respondents rating of their heath

How would you rate your current health status?



Answer Choices	Responses
Very good	20.00% 4
Good	45.00% 9
Fairly good	30.00% 6
Not good	5.00% 1
Poor	0.00% 0
Total	20

When asked "where do you usually go if you are sick or need advice about health"; 100% of respondents ranked the GP as their one and only choice. One respondent ranked the GP and A&E as equal choice.

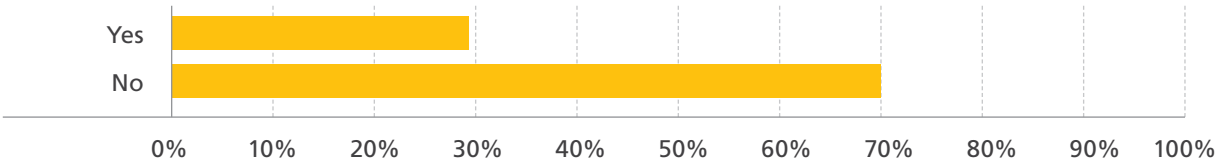
100% of the respondents reported themselves as non-smokers.

Three respondents reported having had a cancer diagnosis in the past with 1 participant reporting currently being treated for cancer.

70% of individuals were not aware of any services provided by the Irish Cancer Society with 30% reporting they were aware. Of those who were aware and asked to name the services 2 named Arc House and another named men's groups as the services of the Irish Cancer Society they were aware of (See Figure 3.2 for details)

Figure 3.2 Responses for awareness of services provided by the Irish Cancer Society

Are you aware of any of the services provided by the Irish Cancer Society in the community?



Answer Choices	Responses
Yes	29.41% 5
No	70.59% 12
Total	17

When asked about the European Code against Cancer: 94% of respondents (n=15) reported they had never heard of or seen the European Code against Cancer with just one respondent having heard of it. When asked to list the top 3 things participants do to stay healthy the main answers were reported as exercise, healthy eating, drinking moderately, not smoking, health checks, relaxing and being involved in groups and social outings. This was confirmed with a question on specific aspects of the European Code against Cancer of which the respondents had engaged in or were currently engaged in. See Table 3.3

Figure 3.3 Responses for activities from the 12 Ways/ European Code that respondents have engaged in.

Answer Choices	Responses
Efforts to stop smoking	13.33% 2
Avoid passive smoke	60.00% 9
Maintain a healthy body weight	73.33% 11
Be physically active, limit the time you spend sitting	66.67% 10
Have a healthy diet (eat plenty of vegetables, fruit, whole grain, limit high calorie foods, sugary drinks and processed meat, etc.)	80.00% 12
Limit intake of alcohol	60.00% 9
Avoid too much sun & use sun protection	73.33% 11
Avoid cancer causing substances in the workplace	20.00% 3
Take action to reduce high radon levels	20.00% 3
For women (if you can breastfeed and limit use of HRT)	6.67% 1
Ensure children are vaccinated	13.33% 2
Participate in cancer screening programmes	40.00% 6
Visited the GP with anything unusual you may have spotted	53.33% 8

4. Key Findings and Recommendations

Section 4.1 presents the key findings from this research and section 4.2 presents the recommendations. It is envisioned that these findings and recommendations will form the basis of an action plan for the area and for the work of the Cork Cancer Action Network from 2017.

4.1 Key Findings

The demographic profile indicates that when comparing the F.F.G area with Cork City and with national figures the study area is one with high levels of disadvantage and associated higher levels of unemployment, lone parents, low educational attainment and higher levels of local authority housing. The profile also indicates that there is a higher age dependency ratio in the area which indicates an older population.

In terms of health and cancer, perceived health status as reported by data was lower in the area than in Cork City as a whole. The area has higher incidences of lung and colorectal cancers both which are associated with disadvantage and lower levels of breast and prostate cancer which tend to be more common in higher socioeconomic groups. As 95% of lung cancers are attributed to smoking [20] and smoking rates and data shows higher incidences in lower socioeconomic groups [21] it would indicate that this area follows this trend with higher lung cancer incidences than Cork city and overall national levels.

These findings indicate that in terms of cancer and health inequalities the area chosen to pilot the research is a key target area for the work of the Irish Cancer Society and Cork Cancer Action Network.

The mapping of the area indicates that there are a large number of services in the F.F.G area. However when looking at the map it is evident that most of the services are located in the Gurranabraher area. This was also highlighted as an issue by regional and local service providers who said that there was a lack of facilities in the Farranree/ Fairhill small areas especially for youths and the growing young population.

In addition, a number of key issues and themes emerged from the consultations as follows:

Information

The existence of a lack of knowledge and information about cancer, cancer prevention and healthy living was highlighted as an issue by both the local community and by the stakeholders. Information needs identified varied from support for cancer patients and their families to posters and materials available on early detection in GP and medical surgeries. A lack of information and knowledge about cancer prevention issues and the European Code against Cancer was also evident in the survey and recurrent theme from the local people was more for information about screening services and specific programmes.

Service provision

The mapping exercise highlighted that there are services available in the area with a wide range of public, community, medical and educational services. Consulting with the local community it was evident there is a wide range of community groups and social services and there is great pride in the area and support for these. The services that exist were highlighted as being well utilised. However it was identified in the consultations that these services could be promoted more and used more to target those in greatest need in the community. Cross collaboration between communities was also highlighted as being a gap with services needing to promote and share their information and service delivery further in the area.

In terms of the cancer prevention and early detection services there was a great emphasis on more community led primary care services being made available across communities with a focus on healthy living, health checks and nurse/medical led services.

A key aspect of cancer prevention was around the inequalities between public patients and those with private medical insurance which can impact on a person's cancer outcomes. It was highlighted through the consultations that more emphasis needs to be placed on improving referral waiting times and lists and the link between GP's and diagnostic services.

Specific activities for cancer prevention and early detection

Throughout the consultations, it was highlighted that in relation to cancer prevention a number of key specific actions need to be instigated to support the wider local community engage in healthy living and reducing their risk of cancer. The following programmes were recommended and highlighted as a key need in the area. With a particular emphasis placed on the need for youth prevention programmes to engage young people at an early age in healthy living and healthy choices. Other areas for action were identified as:

- Quit smoking/ smoking prevention
- Healthy eating/nutrition
- Obesity education
- Male focused activities
- Cancer awareness activities

4.2 Recommendations

As a result of the findings of the stakeholders and community consultations, the mapping exercise and the demographic profile a number of recommendations were developed. The recommendations will be used to continue the next phase of the work by the Cork Cancer Action Network and to form the basis of an Action Plan for the Network.

Recommendations have been developed in relation to four key areas at follows:

1. Improve information provision in relation to cancer prevention
2. Enhance local service provision
3. Development of specific programmes to promote cancer prevention
4. Policy-level objectives
5. Development of the Cork Cancer Action Network

4.2.1 Information provision recommendations

- Audit what cancer prevention information is available locally through all sources e.g. print, digital, online.
- Provide targeted information (factsheets/information sessions) in relation to cancer prevention and awareness in the community.
- Raise awareness of the cancer related services available in the area.

4.2.2 Health and Social Services provision recommendations

- Communicate the results of this report and approach of working with local primary care professionals (esp. local GP's) through circulation of factsheets and through presentations at Primary Care Team meetings.
- Avail of opportunities to engage with new Primary Health Care Centre personnel to ensure on-going consideration of the issues of cancer prevention and early detection and recommend community involvement and participation in the planning of programmes and services.
- Feed into Public Participation Network (PPN) in Cork city and profiling of community organisations and services.
- Ensure online mapping undertaken by the Network is fed into the city wide mapping being undertaken by the Cork Healthy Cities.
- Investigate the feasibility of assigning live online links to the mapping work already undertaken by the Network.

4.2.3 Development and implementation of specific programmes to meet the needs of the community

(These progammes should not focus solely on the most disadvantaged as this will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage).

- Work with community partners and service providers to investigate how current health and well-being programmes can meet the specific needs of the communities involved.
- Implement targeted smoking cessation programmes.
- Implement healthy eating and nutrition programme/s locally.
- Ensure information on reducing your risk of cancer is included in healthy eating and nutrition programmes offered locally.

4.2.4 Policy level recommendations

- Continue with the development of the community toolkit by encouraging its piloting in other locations.
- Identify the learning arising from the work of the Cork Cancer Action Network and feed it into the National Cancer Control Programme.
- Continue to build strong links with Cork Healthy Cities.

4.2.5 Development of the Cork Cancer Action Network recommendations

- Enhance and widen the membership of the Cork Cancer Action Network.
- Build the cancer prevention capacity of local structures operating in the city.

5. Action Plan

This section details the action plan set out by the Cork Cancer Action Network based on the findings and recommendations of the first phase of their work detailed in this report. The Cork Cancer Action Network facilitated an action planning day in January 2017 to work on developing this plan. This action plan will form the next phase of the work of the Network and look to further building capacity in the community setting for cancer prevention in Cork in 2017 and 2018.

Objective 1. Improve information provision in relation to cancer prevention

Description of the Action	Lead Agency	Support organisation	Target	Timeframe
Provide targeted information sessions in the community on cancer prevention	Irish Cancer Society	Members of the Cork Cancer Action Network	Provide 6 information sessions per year (minimum 2 sessions per year to be targeted at specific groups identified at risk)	6 per year in 2017 and 2018 respectively.
Produce and circulate a factsheet on the cancer related services available to local communities	Irish Cancer Society	Members of the Cork Cancer Action Network	Produce the factsheet (review annually to make sure it is up to date)	Q 1 2017
Audit of existing cancer related leaflets available in the area	Cork Cancer Action Network	Irish Cancer Society	Undertake the review.	Q 2 2018
Identify and develop the local distribution network for cancer prevention leaflets	Cork Cancer Action Network	Irish Cancer Society	Ensure there is a mechanism in place to have key leaflets in place in various local locations	Q4 2018

Objective 2. Enhance service provision in relation to cancer prevention

Description of the Action	Lead Agency	Support organisation	Target	Timeframe
Communicate the results of this report and approach of working with local primary care professionals (esp. local GP's) through circulation of factsheets and through presentations at Primary Care Team meetings.	Irish Cancer Society and local Health Action Zone Workers	Members of the Cork Cancer Action Network	4 meetings with Primary Care Professionals	2 in 2017 and 2 in 2018
Take advantage of opportunities that arise to link with new Primary Health Care Centre personnel to ensure on-going consideration of the issues of cancer prevention and early detection.	Local Health Action Zone Workers	Members of the Cork Cancer Action Network. Members of local community organisations.	Link with Primary Health Care Centre personnel	Ongoing

Feed into PPN Cork city wide profiling of community organisations and services (ensure online mapping undertaken by the Network is fed into the city-wide mapping).	Cork Cancer Action Network	PPN, Cork City Council, and Cork Healthy Cities	Ensure local services are included in city wide mapping initiative.	End of 2018
Investigate the feasibility of live integrated mapping the mapping work already undertaken by the group	Irish Cancer Society	Members of the Cork Cancer Action Network	Decision made in relation to the feasibility of live mapping	Q1 2017

Objective 3. Development and implementation of specific programmes

Description of the Action	Lead Agency	Support organisation	Target	Timeframe
Implement targeted smoking cessation programmes	HSE Health Promotion Smoking Cessation officers and the Irish Cancer Society	Members of the Cork Cancer Action Network	2 Programmes held per annum	2 in 2017 and 2 in 2018
Offer healthy eating and nutrition programme/s locally	Healthy Cities Programme and HSE Health Promotion	Members of the Cork Cancer Action Network	Minimum 1 Programme in 2017	1 in 2017
Ensure information on reducing your risk of cancer is included in a variety of healthy eating and nutrition programmes. Specifically – Provide training for Healthy Eating Tutors – Provide input for HSE dieticians	HSE dieticians Irish Cancer Society	Healthy Eating Tutors Members of the Cork Cancer Action Network	1 workshop for tutors 1 workshop for dieticians	Tutors workshop in 2017 Dieticians workshop in 2018

Objective 4. Policy level recommendations

Description of the Action	Lead Agency	Support organisation	Target	Timeframe
Continue with the development of the community toolkit by piloting it in another community	Local HAZ workers	Members of the Cork Cancer Action Group	Pilot the tool and update the toolkit in the light of the piloting	Toolkit piloted by Q2 2018 Toolkit updated Q 3 2018
Identify the learning arising from the work of the Cork Cancer Action Network and feed it into the National Cancer Control Programme	Cork Cancer Action Network	Individual member organisations of the Cork Cancer Action Network	Feed learning back to the NCCP	3 learning inputs provided between Q1 2017 and Q4 2018
Continue to build strong links with Cork Healthy Cities.	Cork Cancer Action Network	Cork Healthy Cities	Provide Cork Healthy Cities with regular updates	2 updates provided in 2017 and 2018 respectively.

Objective 5. Development of the Cork Cancer Action Network				
Description of the Action	**Lead Agency**	**Support organisation**	**Target**	**Timeframe**
Enhance and widen the membership of the Cork Cancer Action Network	Cork Cancer Action Network		– Identify and fill geographical gaps in the membership. – Ensure key local statutory and community organisations are involved in the Network.	End 2018
Build the cancer prevention capacity of local structures operating in the city	Cork Cancer Action Network	Various local structures operating in the city	– Ensure cancer prevention/ healthy communities is an on-going issue of concern for local structures	End 2018

6. Conclusion

This action research project aimed to establish and develop a community settings approach to healthy living, cancer prevention, early detection and reduction in levels of other chronic diseases. This research was initiated to address the issue of rising cancer rates and inequalities and to ensure that cancer prevention action and work reaches to those working and living in communities. Key findings have indicated that there is a need for collaborative cancer prevention capacity building across all sectors of the community. More specifically it has emerged that there is a need for more targeted cancer prevention awareness and messages for the community. Recommendations from this report are targeted at local community organisations, statutory agencies and the Cork Cancer Action Network. An action plan was developed as a result of the findings from the Cork Cancer Action Network who are committed to working to further develop this work in the pilot community and across Cork City in 2017 and 2018.

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Irish Cancer Society

T.N.C
TRAVELLERS OF NORTH DUBLIN CITY

Mitchelstown Healthy Town Working Together

NICHE
KNOCKNAHEENY HOLLYHILL COMMUNITY HEALTH PROJECT

Ballyphehane/Togher Community Development Project
A Community Anchor Project

TVG
Cork Traveller Visibility Group Ltd.

Cork Healthy Cities

MICDP

Health Action Zone

Irish Cancer Society