



Application and Research Design Workshop

Friday 9th June 2023 (online)
Weds 14th June 2023 (face to face)

Today's Agenda



- NICHS Strategy 2023-26
- Research application process
- Q&A
- Comfort break

Fidelma Carter,
George Quinn,
NICHS

- Research design and methodology
- Questions, close

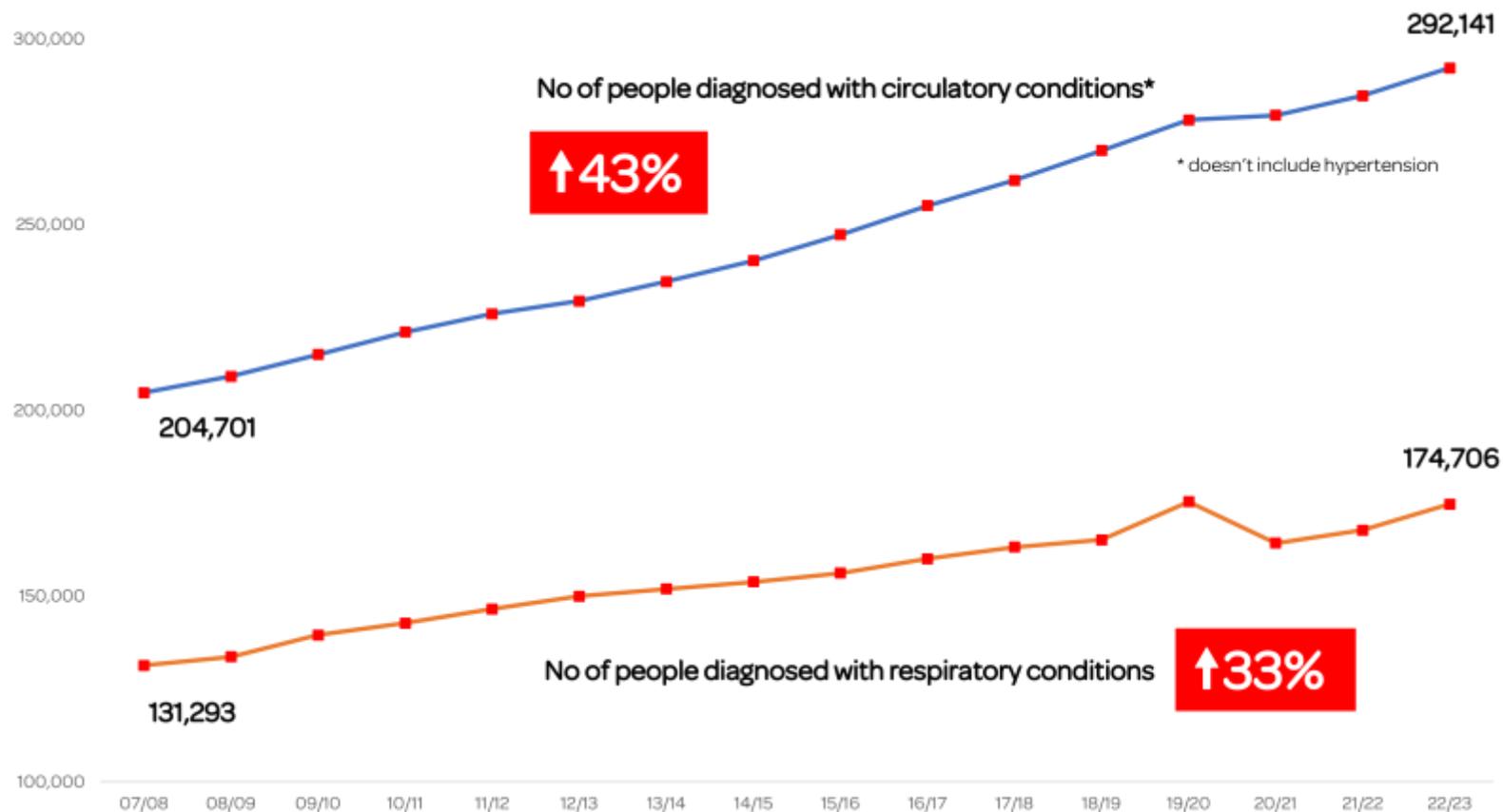
Prof Mike Clarke,
QUB



Strategic Plan

2023 – 2026

**Chest heart and stroke disease, conditions and lifestyle risk factors are all on the increase.
Life Expectancy is stalling
Inequalities persist**



Health and Lifestyle



SMOKING

17% of people currently smoke
1 in 8 women smoke during pregnancy
73% of smokers have tried to quit
4% of 11-16 year olds currently smoke
About 1 in 4 16-34 year olds currently smoke

Smoking is the single greatest cause of preventable illness and premature death in Northern Ireland, killing around 2,300 people each year.

Smoking robs 10-15 years of healthy life.



E-CIGS

7% of people currently use e-cigs



DIET

56% of adults don't get 5+ portions of fruit and veg a day



ALCOHOL

350 deaths per year due to alcohol consumption.
54% of people in NI drink at least once a week



OBESITY

6 in 10 adults are overweight or obese
1 in 3 children aged 2-10 are overweight or obese
4 in 10 children aged 11-15 are overweight or obese

1 in 4 P1 children are overweight or obese



ACTIVITY

45% of adults are not doing enough physical activity
Primary school children are sedentary 5 hrs a day and post-primary students 7 hrs a day

Children in NI have the lowest physical activity levels in the UK

Thank you

Almost **90%** of our care and prevention services and research are funded exclusively by public donations.

Find out how you can support us at www.nichs.org.uk

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Northern Ireland Chest Heart & Stroke

Why We're Here: The Health of Northern Ireland in Numbers

This breakdown of the most up-to-date available statistics on chest, heart and stroke conditions in Northern Ireland demonstrates just why our care, prevention, research and campaigning work is so vital.



641,644
people
are on registers for chest, heart and stroke conditions (including hypertension)

In the adult population

Have a diagnosis



(around 285,000)
about 1 in 5 have a CHS diagnosis

Living with a CHS condition



(around 370,000) (about 460,000)
at least 1 in 4 live with CHS conditions... maybe as many as 1 in 3



#1 cause of death
Deaths due to chest, heart and stroke conditions, when combined, are the #1 cause of death



14 deaths per day
(5,268 each year) are caused by chest, heart and stroke conditions combined



30% of all adult deaths
in 2021 were caused by chest, heart or stroke conditions

For references and more info, visit www.nichs.org.uk/statistics



Circulatory Conditions

Any conditions that affect your heart or blood vessels



176,000 people are living with circulatory conditions



10 deaths per day (3,713 each year)



112 hospital admissions every day (40,864 each year)

Coronary Heart Disease

When your arteries carrying blood to the heart become narrow or blocked by fatty material.

73,880 people,
5,893 deaths per year
41,000 hospital admissions per year



Heart Failure

When your heart can't pump enough blood for your body's needs.

19,219 people,
161 deaths per year
6,391 hospital admissions per year

16 people have a heart attack every day in NI



Coronary Heart Disease is the **biggest single cause of premature deaths** (in people younger than 75) across NI

Women and Heart Disease



1,680 females were admitted to hospital for heart attacks in 2021



4 in 10 heart attack deaths are females

2x

Heart disease kills nearly **twice as many** women in NI as cervix, uterus, ovary and breast cancer combined



More women **died from a heart attack than breast cancer** in 2021-22

During and after menopause, a woman's body gradually produces less oestrogen. This increases the risk of the coronary arteries narrowing, and this increases your risk of developing coronary heart disease, or a circulatory condition such as stroke.

Hypertension (High Blood Pressure)



280,000 people or **14.7% population** have high blood pressure



120,000 people have undiagnosed high blood pressure



When those diagnosed and undiagnosed are combined, **over 1/4 of the population** have high blood pressure (26%)



#1 cause of stroke

Stroke & TIA

When the blood supply to part of the brain is cut off.

A **transient ischaemic attack (TIA)** or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.



40,000 people have had a stroke or TIA



2 deaths per day (845 each year)



8 hospital admissions every day (2,910 each year)

50% of stroke survivors are <75

88% had a history of heart attack

Almost a quarter had a prior stroke

Almost 6 in 10 people who had a stroke in 2021-22 were diagnosed with hypertension before their stroke

Over 1 in 5 were diagnosed with type 2 diabetes

Respiratory Conditions

Any disease that affects the lungs and airways.



168,000 people are living with respiratory conditions



4 deaths per day (1,555 each year)



111 hospital admissions every day (40,441 each year)

COPD

A group of diseases that cause airflow blockage and breathing-related problems.

41,283 people, **744 deaths per year**
8937 hospital admissions per year



Asthma

A chronic disease that causes the airways in the lungs become narrowed, making it difficult to breathe.

126,422 people, **35 deaths per year**
1,824 hospital admissions per year

Atrial Fibrillation



40,000+ people have Atrial Fibrillation (AF)



Around 10,000 people may have undetected AF



12 hospital admissions every day (4,395 each year)



People with AF are at **greater risk of stroke** and their stroke is **more likely to be severe**



20% - 30% of all strokes are attributed to AF



30% - 40% of people will not know that they have AF until they have a stroke

Deprivation and Inequality

Cardiovascular disease (CVD) is one of the conditions most strongly associated with health inequalities. **In NI, people living in deprived areas are:**



You're up to 30% more likely to die early from CVD depending on where you live



have a **lower "healthy" and "disability free" life expectancy**



up to 30% more likely to have high blood pressure



more likely to smoke and use **e-cigarettes,** be affected by **alcohol use, obesity and physical inactivity,** and **less likely to eat five-a-day**



Preventable deaths in the most deprived areas were **three times higher** than the least deprived areas

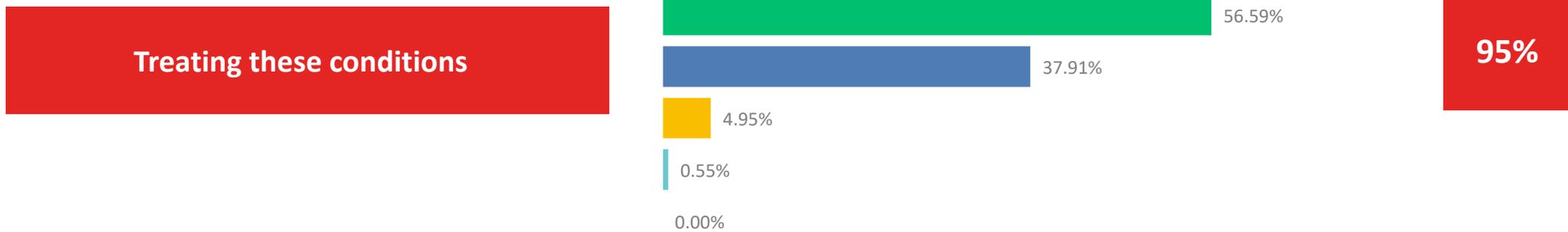
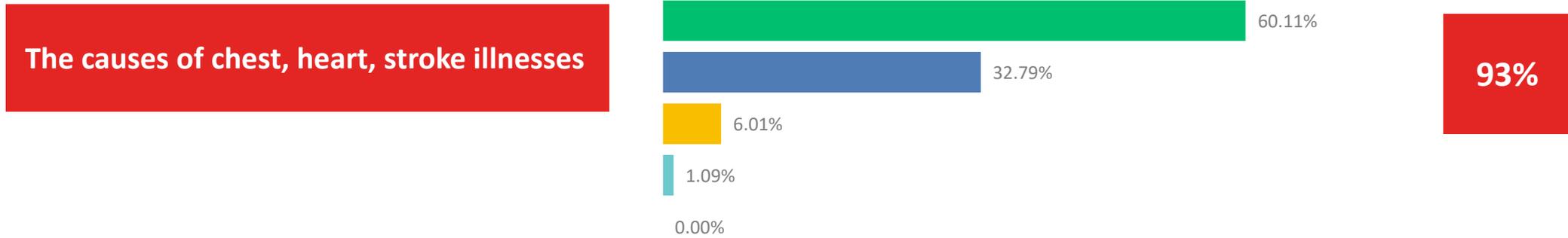
Involved and listened to people

- Our service users
- Our supporters and partners
- Our staff

Northern Ireland Chest Heart & Stroke

What kind of research should we be funding?

Essential/High Priority

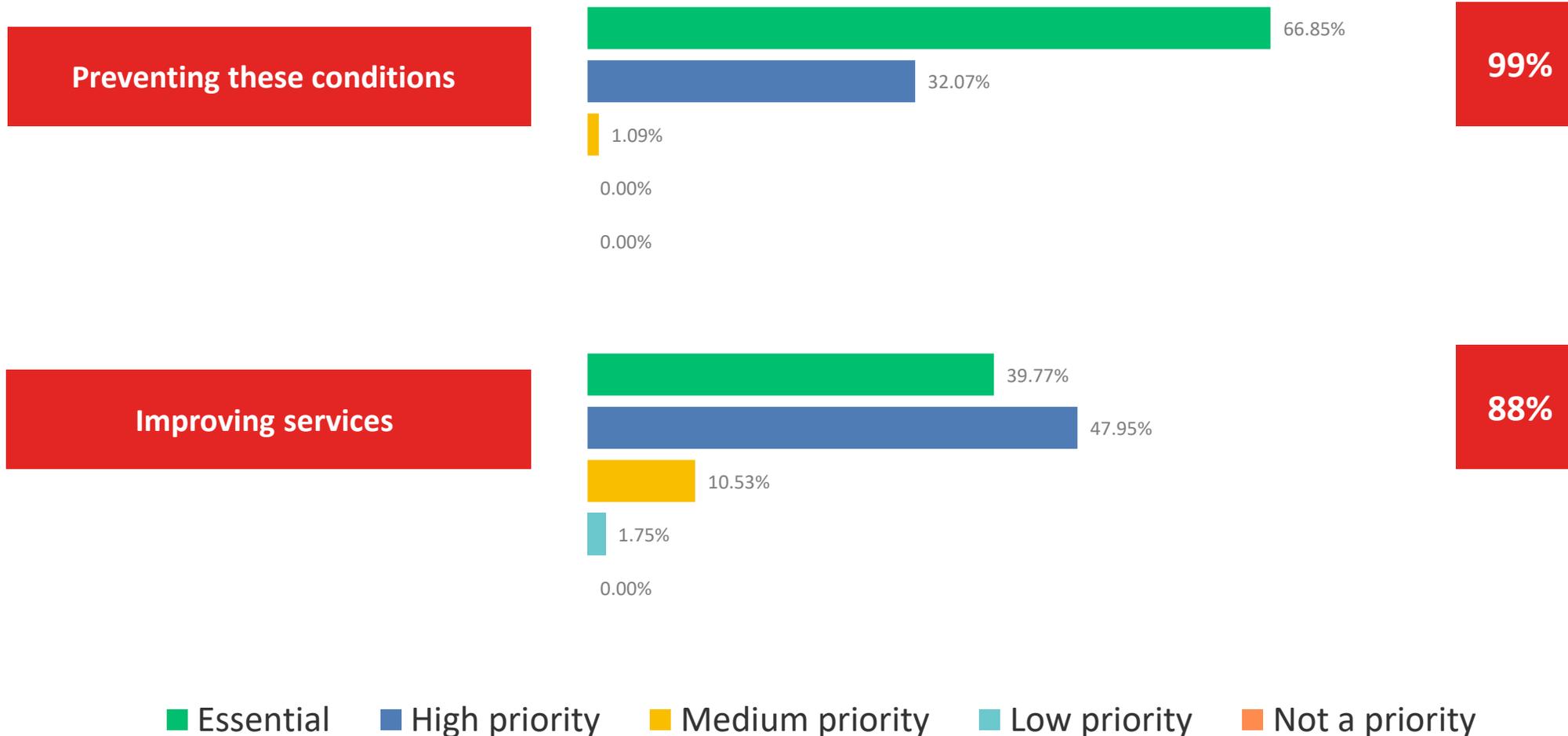


■ Essential ■ High priority ■ Medium priority ■ Low priority ■ Not a priority

Northern Ireland Chest Heart & Stroke

What kind of research should we be funding?

Essential/High Priority



What sort of Research should we be funding?

Supporters

71% research into **Causes** of CHS conditions is a top priority

69% research into **treatments** for CHS conditions

68% research into **improving services**



Service Users



99% **Prevention** research is a top priority

95% research into **treatments** for CHS conditions

93% research into **Causes** of CHS conditions





Our Mission

Prevent chest, heart and stroke conditions and support people affected.



Our Vision

A healthy Northern Ireland free from chest, heart and stroke illnesses.



Our Guiding Principles

Engage with people to improve our work.

Contribute to population health and reduce inequalities.

Ensure that what we do is informed by evidence.

Allocate our resources to deliver the greatest impact.



What We Do

We have been leading the fight against chest, heart and stroke illnesses in Northern Ireland since 1946.

We do this by working across four main areas:

- We Care
- We Prevent
- We Research
- We Campaign

We provide expert **care** and support to anyone living with chest, heart and stroke conditions.

We work to **prevent** these illnesses, by helping detect early signs of chest, heart and stroke illness and empowering individuals to make healthy choices.

We fund **research** to advance how we treat, care for and prevent chest, heart and stroke conditions.

We **campaign** for better care, treatments and awareness of chest, heart and stroke conditions.

As a charity, almost 90% of our work is funded thanks to public donations.



We Research



Aim:

To find better ways to prevent, treat and care for people affected by chest, heart and stroke illnesses.



Priorities:

- Fund high quality local research into chest, heart and stroke diseases and their risk factors.
- Support research that enables the charity to achieve its strategy and mission with tangible benefits.
- Support collaborative research to leverage funding, profile and impact through partnerships.
- Involve and listen to CHS community and service-users to ensure our research is relevant to local needs.
- Measure and share the impact of the research we fund.
- Apply research findings to improve the evidence base and effectiveness of our work.
- Embed and continuously improve how the charity measures the impact of its work to inform the development of the charity.



Health Promotion



Aim:

To empower people to make healthy lifestyle behaviour changes and reduce their risk of preventable chest, heart and stroke illnesses.



Priorities:

- Expand, develop and review services to empower healthy living for children, young people and families.
- Contribute to a reduction in health inequalities by developing programmes for people and communities with greatest needs.
- Deliver and improve access to high quality health promotion services across NI.
- Partner with people and organisations who need our services and who share common priorities.
- Ensure all services are informed by evidence of what works and achieve the greatest impact.



Care Services



Aim:

To offer and deliver exceptional Care Services to meet the needs of people who have chest, heart and stroke illnesses and their carers.



Priorities:

- Increase the number of people availing of our chest, heart and stroke services.
- Expand, develop and review Cardiac and Respiratory rehabilitation/ support services which can demonstrate impact.
- Involve and listen to service-users in service planning, design and review.
- Expand, develop and review services for carers which can demonstrate impact.
- Improve the reach and accessibility of the charity's care services through digital technology.
- Evaluate existing services against a needs analysis and establish clear decision-making criteria for new services.



Lobbying & Campaigning



Aim:

To make chest, heart and stroke conditions a priority for decision makers.



Priorities:

- Influence public policy relating to the prevention of chest, heart and stroke illnesses.
- Ensure people living with chest, heart and stroke conditions have access to the best treatment and care.
- Build relationships with relevant decision-makers.
- Work with other relevant organisations to achieve shared lobbying.



Supporting functions

- Good governance
- Communications
- Physical and digital
- Finance
- Income Generation

Communications



Aim:

To increase awareness of NI Chest Heart & Stroke, what we do and the difference we make.



Priorities:

- Increase brand awareness of Northern Ireland Chest Heart & Stroke.
- Increase public awareness of what we do.
- Increase public awareness of the symptoms and causes of chest, heart and stroke illnesses.
- Increase public awareness of how to reduce risk and prevent chest, heart and stroke illnesses.
- Continuously develop our digital platforms and digital marketing, increasing our reach and growing our audiences.
- Improve internal communications across the charity.



Thank you

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Find out how you can support us at www.nichs.org.uk

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What we do

<https://youtu.be/73WBVKGOhHI>