

CINAHL, BIOSIS, Cochrane, ISI Web of Science, Lilacs, Campbell and SCEH.

**Results** In total, 48 740 records were identified. 95 empirical studies were identified as relevant and included in the analysis. The majority of adapted intervention studies took place in the USA, conducted with African-Caribbean origin populations and these predominantly involved women. All studies conducted with Chinese-origin populations took place in the USA while the majority of studies with South Asian-origin populations were conducted in the UK. Multi-component interventions targeting physical activity and nutrition were the most common followed by smoking cessation interventions. Interventions utilised a variety of adapted methods, resources and/or settings. The components of the adaptation process identified include methods such as ethnically matching programme facilitators; subsidising gym memberships and promoting low-cost alternatives to usual exercise options. Resources include culturally targeting materials (eg, using ethnic actors in videos and including photos of foods commonly consumed by the population in promotional material); utilising existing community resources (eg, religious leaders) and accommodating for differing linguistic and language competencies. Settings include holding interventions in familiar locations and utilising culturally appropriate scenarios to elicit behaviour change.

**Conclusions** A large body of evidence exists for adapted interventions. Identification of the components involved in the adaptation process for ethnic minority populations is a critical step for building on existing adaptation principles. Furthermore, this study will enable the development of a framework to guide the adaptation of mainstream evidence-based guidelines to be salient for different populations and contexts.

P50 **"PUSHING AGAINST THE HILL": A QUALITATIVE STUDY OF IRISH TRAVELLER HEALTH IN THE 21ST CENTURY**

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**Background** Travellers are a distinct minority grouping, characterised by a nomadic tradition and shared cultural traditions, who experience poor health and social disadvantage.

**Objective** To explore in-depth a series of important issues related to the social determinants of health with members of the Irish Traveller community.

**Setting** This paper presents data from 26 focus groups conducted with the Traveller community in the Republic of Ireland (ROI) and Northern Ireland (NI). The data presented are a sub-study of the All-Ireland Traveller Health Study. The focus groups incorporated a geographical spread, a gendered and age-related perspective and compared and contrasted the findings across ROI and NI.

**Methodology** Participatory methodology ensured that the Traveller community was consulted throughout the research progress and ingress was achieved. The focus groups were recruited via the Traveller Health Network. Peer researchers were co-trained by Pavee Point, the Traveller stakeholder organisation and by university research staff to act as co-facilitators and mediators. Focus groups were transcribed and thematically analysed using grounded theory and the constant comparison method and were validated by inter-raters.

**Results** The analysis produced rich data which reached saturation. Key thematic issues arose from the data. These non-comprehensively included rapid historical changes in the economic, cultural and policy arenas have impacted on the traditional lived experience of Travellers; nomadism has decreased whilst accommodation problems have increased marginalisation and isolation; a recognised sense of loss of Traveller culture, sense of identity and self esteem but a resilience and determination to seek new forms of meaning;

new cultural conditions impacting directly on the quality of life and health chances influencing social and institutional opportunities and barriers; High rates of discrimination perceived in NI and ROI; Irish Traveller community is not a homogenous community; major concerns regarding the increase in drug culture in ROI, although less marked in NI; education as a continuing source of concern during the educational process and beyond; new mass communication technology embraced by some (younger/literate) Travellers as an important source of information, exchange and sociability.

**Conclusion** The findings echo and reinforce previous evidence but also highlight novel issues. Based on their own account, Travellers continue to face multiple health challenges that impact directly upon their physical and mental health. It is a time of flux and disembodiment mechanisms in the broader culture that can generate both positive and negative developments. Travellers have interpreted these experiences as "pushing against a hill".

## Health services/Policy

P51 **SURVIVING INTENSIVE CARE: A SYSTEMATIC REVIEW OF HEALTH CARE RESOURCE USE AFTER HOSPITAL DISCHARGE**

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**Background** Intensive care units (ICUs) are an expensive resource. However, this expense does not end at hospital discharge. ICU survivors continue to experience significant morbidity. As the demand for ICU is likely to increase substantially, there is a need to establish how much health care resource survivors consume following discharge from hospital. This will enable appropriate service planning and policy development to meet the needs of these patients, and will improve the precision of economic evaluations relating to ICU.

**Aims** We conducted a systematic review to determine the reported use of major health care resource by ICU survivors following discharge from hospital and to identify factors associated with increased resource use.

**Methods** Studies were included if the study population derived from an adult, general ICU population, health care resource use was reported at the patient level and the publication was in the English language. Two reviewers independently screened abstracts, rejecting those clearly not meeting inclusion criteria. A single reviewer then retrieved the full texts and assessed them for inclusion. Costs were inflated to 2009 using the consumer price index and converted to US dollars using the purchasing power parity method.

**Results** From 3522 articles, nine fulfilled criteria for inclusion. Two studies were conducted in the UK; three in Canada and four in the USA. Six studies used a cohort design; the remaining three collected data as part of a trial. The number of patients for which resource use was reported ranged from 66 to 963. Mean age ranged from 40 to 66. There was substantial variation in the cost categories included in each study. Following standardisation to a common currency and year, variation in resource use was apparent (range \$1610–\$45 173). Studies undertaken within the USA reported the highest costs; those in the UK reported substantially lower costs. The larger proportion of resource was consumed in secondary care (range 53–96%). Factors associated with increased resource use included increasing age, co-morbidities and organ dysfunction score.

**Conclusion** This review is the first to bring together the literature relating to post-hospital discharge health care resource use for survivors of ICU. There was substantial variation in the cost of resource use between studies. Given the paucity of identified studies and their