



HEALTHY IRELAND SURVEY 2015

Summary of Findings



Ipsos MRBI

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
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Acknowledgment

The Healthy Ireland Survey is one of the largest social surveys to take place in Ireland in recent years, and would not have been possible without the hard work of many within the Department of Health, Ipsos MRBI and various other individuals. However a special note of thanks must go to the respondents who gave freely of their time and welcomed an interviewer into their home.

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Background

- The Healthy Ireland Survey is an interviewer-administered survey with interviews conducted on a face-to-face basis with individuals aged 15 and over
- The initial wave of this survey involved 7,539 interviews
- Fieldwork was conducted between November 2014 and August 2015
- This survey uses a multi-stage probability sampling process and achieved a response rate of 61%

General Health

- 85% of the Irish population aged 15 and over report their general health as being good or very good
- Over one in four (28%) has a long standing illness or health problem
- 19% of respondents report being limited in everyday activities due to health problems
- 43% have suffered from a health issue in the past 12 months, with prevalence highest among those aged 65 and over (73%)
- The average number of GP consultations amongst those aged 15 and over is 4.3 per year. This compares with 1.4 consultations per year with a medical or surgical consultant

Smoking

- 23% of the Irish population aged 15 and over are smokers. 19% are daily and 4% are occasional smokers
- Smoking levels are higher amongst those living in the most deprived areas and in lower social classes
- The majority (63%) of smokers are trying to, planning to or considering quitting
- More Irish adults are now ex-smokers (28%) than current smokers (23%)

Alcohol

- 76% of the Irish population drink alcohol, with 53% of drinkers doing so at least weekly
- Men are more likely to drink than women, and those aged 25-64 are more likely to drink than those younger or older than this
- Almost 4 in 10 (39%) drinkers binge drink on a typical drinking occasion with over a fifth (24%) doing so at least once a week
- Lower levels of drinking in more deprived areas and lower social classes, but higher levels of binge drinking
- 15% of those drinking at harmful levels felt in the past 12 months that their drinking harmed their health, and 22% felt they should cut down on their drinking

Physical Activity

- 32% of the population are considered to be highly active
- Four in ten men (40%) are highly active compared to just under a quarter of women (24%)
- Just under a quarter (23%) of those who are obese are highly active, compared to almost 4 in 10 of those with a normal weight or overweight (36%)
- Irish people spend on average 5.3 hours sitting each weekday
- Women aged 15-24 spend longer sitting (6.7 hours) than any other group, whilst those engaged in home duties (4.4 hours) spend the least amount of time

Diet & Nutrition

- Over 1 in 4 (26%) report that they eat five or more portions of fruit and vegetables daily
- 22% report that they do not eat fruit or vegetables every day
- Almost two-thirds (65%) report that they consume snack foods or sugar-sweetened drinks daily
- 62% eat snack foods daily, consuming an average of 2.0 portions per day
- 15% drink sugar-sweetened drinks daily, with men aged 15-24 most likely to drink these (29%)
- 73% eat breakfast every day, with those living in more deprived areas less likely to do so
- Younger people are less likely to eat breakfast – 40% of 15-24 year olds do not eat breakfast every day

Weight Management

- 37% have a normal weight, with 37% overweight and a further 23% obese
- Whilst men are more likely to be overweight than women (men: 43%, women: 31%), the proportions that are obese are more closely aligned (men: 25%, women: 22%)
- A smaller difference exists between men and women aged under 25 than those older than this. 31% of men aged 15-24 are overweight or obese, compared to 27% of women of this age
- Women who are overweight or obese are more likely to be trying to lose weight than men who are overweight or obese
- Those attempting to lose weight are most likely to be trying to do so by taking more exercise or eating fewer calories

Social Connectedness

- 47% of the Irish population aged 15 and over participate in a social group or club
- Participation is higher among men (52%) than women (43%), particularly among men aged 15-24 (72%)
- Rubbish or litter lying around the neighbourhood is considered a problem for just under one in three respondents (31%)
- 39% consider their neighbourhood to have poor public transport
- A similar proportion (39%) report house break-ins to be a problem in their area

Wellbeing

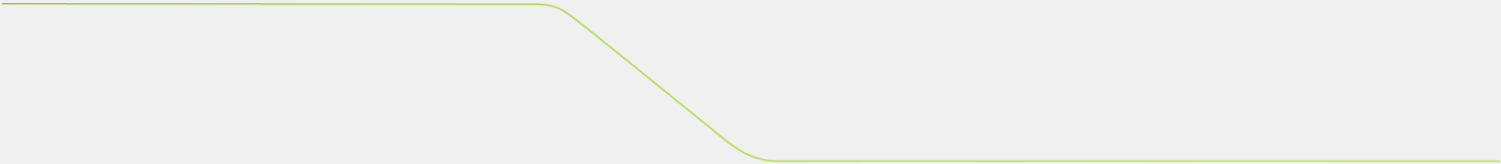
- Overall, encouraging levels of good mental health are recorded in the population aged 15 and over (indicated by high positive mental health scores on average)
- Higher positive mental health is more likely among men than women and among 15-24 year olds than those older than this
- Probable mental health problems (PMHP) are indicated by 9% of the Irish population aged 15 and over
- PMHPs are more prevalent among women (13%) than men (6%), and also among those aged 65+ (12%) and 15-24 year olds (10%)
- "Being more physically active" (38%) and "Being more financially secure" (33%) are the changes most frequently selected towards improving health and wellbeing

Dementia

- 50% of the Irish population aged 15 and over personally know at least one individual with dementia
- One quarter (25%) report that a partner or close family member has/had dementia
- General understanding of dementia varies, with the majority of respondents understanding that dementia is a disease of the brain (85%)
- There is some awareness of modifiable risk factors for dementia, though for each of the five presented, over half are unable to identify these as risk factors
- In cases of suspected dementia, respondents would be most likely to talk to a family member or friend (42%), or to a doctor or nurse (29%), while 16% would talk to the person themselves

Sexual Health

- 92% of those aged 17 and over have previously had sexual intercourse
- 85% indicate that they were in a relationship with the person with whom they last had sexual intercourse
- 24% used a condom when they last had sex
- 54% of men who most recently had intercourse with another man did not use a condom
- Almost 5 in 10 (47%) did not use any form of contraception on the last time they had sex, with 17% of those having sex outside of a steady relationship not using contraception



02 Introduction

Healthy Ireland is the National Framework for action to improve health and wellbeing of people living in Ireland. It is a response to the many risks that threaten Ireland's future health and wellbeing, as well as its economic recovery.

Healthy Ireland's vision is where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

It describes four high-level goals:

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

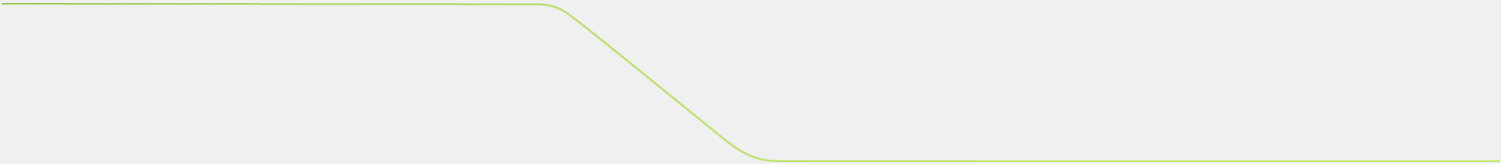
An important feature of Healthy Ireland is a focus on research and evidence to ensure goals, programmes and policy and programming decisions are based on robust evidence, best practice approaches, and integrated with service delivery to maximise impact.

The Healthy Ireland Survey is an annual interviewer administered face-to-face survey commissioned by the Department of Health. The objectives of this survey are to:

- Provide and report on current and credible data, to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations

- Feed into the Outcomes Framework and overall Research, Data and Innovation Plan for Healthy Ireland and it will be important in assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focussed approach, lending enhanced responsiveness and agility from a policymaking perspective
- Support the Department of Health in ongoing engagement and awareness-raising activities, in the various policy areas and support better understanding of policy priorities

In June 2014 the Department of Health commissioned Ipsos MRBI to undertake this survey. Following a detailed survey design process, fieldwork for the initial wave of this survey got underway in November 2014 and was completed in August 2015. This report provides an overview of the survey results.



Background

The Healthy Ireland Survey utilises an interviewer-administered questionnaire with interviews conducted on a face-to-face basis with individuals aged 15 and over. The initial wave of this survey involved 7,539 interviews with the survey covering a variety of topics including:

- General health
- Smoking
- Alcohol
- Diet and nutrition
- Physical activity
- Weight management
- Social connectedness
- Wellbeing
- Dementia
- Sexual health

In addition to completing a survey questionnaire individuals interviewed on this wave of the survey were asked to undertake a physical measurement module. Within this module interviewers measured and recorded the respondent's height, weight and waist circumference. A total of 6,142 respondents (81%) participated in this module.

After completing the survey questionnaire, respondents aged 17 and over were asked to complete a self-completion questionnaire on issues relating to sexual health. A total of 6,529 respondents (87% of those aged 17 and over) completed at least part of this questionnaire.

Approval to conduct the study was provided by the Research Ethics Committee at the Royal College of Physicians of Ireland.

Questionnaire Design

An initial questionnaire was provided to Ipsos MRBI by the Department of Health. In designing the questionnaire consideration was given to aligning survey topics with key objectives of the Healthy Ireland Framework as well as ensuring comparability with other relevant data sources, both nationally and internationally.

Following some questionnaire revision, a series of cognitive interviews were conducted in order to ensure that the questionnaire functioned as intended.

Cognitive interviewing involves testing quantitative questions as part of a qualitative interview to observe how respondents understand, retrieve information for, decide upon and ultimately arrive at responses to questions. Cognitive interviews were utilised to test the Healthy Ireland questionnaire in terms of how easily understood and relevant each question is, to ensure that the questionnaire is designed to collect the most valuable and accurate information as part of the Healthy Ireland survey.

10 cognitive interviews were conducted in August 2014 by Ipsos MRBI researchers among members of the Irish population. This sample included a mix of gender, social class and age in order to test the Healthy Ireland questionnaire among a range of respondents to ensure relevancy and ease of understanding among all cohorts of the Irish population.

Following this stage a number of minor revisions were made to the questionnaire in order to enhance the accuracy and comprehensiveness of data collected.

Sample Design

In order to ensure a representative sample of the Irish population aged 15 and over a multi-stage probability sampling process was undertaken. Interviewers visited pre-selected addresses and sought to interview a randomly selected individual at each selected address.

The use of a probability sampling approach ensures that the survey sample comprehensively represents the defined population (in this case, those aged 15 and over). In adopting this approach every member of the defined population has a calculable chance of being included in the sample.

The initial stage of the sampling process was to select a representative distribution of sampling points around the country. In order to do so all electoral divisions¹ were stratified by region and socio-demographic factors and 686 sampling points were selected using a random start point and systematic skip. As some of the electoral divisions were larger than the systematic skip these were selected more than once and multiple sampling points were utilised within these areas. On this basis 643 electoral divisions (or combinations thereof) contained one sampling point, 15 contained two sampling points, 3 contained three sampling points and 1 contained 4 sampling points.

GeoDirectory (a listing of all addresses in the state that is maintained by An Post) was used to select specific addresses to be contacted to seek an interview. Using the full list of addresses within each selected electoral division, a random start point and systematic skip was used to select 20 addresses in each sampling point. This provided a total sample of 13,720 addresses throughout Ireland.

Each of these addresses was visited by an Ipsos MRBI interviewer. To ensure that the correct address was visited, interviewers were provided with a GPS device with preloaded co-ordinates for selected households. As a high proportion of addresses are shared across multiple households this ensured that the integrity of the sampling process was maintained.

In the cases where there was no response when the interviewer contacted the address, further contacts were conducted on different days and different times of day. If the interviewer had still not received a response following five separate visits, then this address was considered unsuccessful.

When establishing contact with the household the interviewer was required to list all individuals aged 15 and over ordinarily resident at that address. One individual was then selected randomly (using a KISH Grid approach) to take part in the survey and this was the only individual that could be interviewed at that address.

¹ Prior to selecting sampling points all electoral divisions with less than 150 addresses were combined with other electoral divisions in the same area in order to ensure a minimum size of 150 addresses

Interviewer Briefing and Training

A total of 82 interviewers attended a two day training session in October 2014, with further interviewers trained at later stages. In total 119 interviewers were trained to work on the project. The training sessions were led by the Project Director at Ipsos MRBI and provided comprehensive instructions on all aspects of the project. Topics covered by the training sessions included:

- Background to the study
- Questionnaire coverage
- Physical measurements
- Social class coding
- Sampling and Contact Sheets
- Ethical considerations
- Maximising survey response
- Project administration

A core part of these sessions was training on recording accurate physical measurements. To do so interviewers were instructed on how to use the equipment correctly and were provided with hands-on demonstrations and practice sessions. Each interviewer was assessed on their ability to record measurements accurately and were required to pass a certification process before completing training.

In addition to the in-person training received, all interviewers were also provided with detailed written instructions on all aspects of the project. Interviewer laptops were also preloaded with video-recorded demonstrations on the correct usage of physical measurement equipment. Interviewers also had ongoing access to telephone support from field management staff throughout the fieldwork period.

Survey Fieldwork and Response Rate

All selected households were visited between November 2014 and August 2015. In advance of an interviewer contacting the household, the householder received two letters. The first advance letter was on Department of Health headed paper indicating that the household had been selected to participate and provided background to the study. The second advance letter was on Ipsos MRBI headed paper and provided further detail on the study and what was required when participating.

A total of 38,716 visits were made to the 13,720 selected addresses. 9,548 (70% of all addresses) received multiple visits, with an average of 2.8 visits made to each selected address.

The first task when establishing contact with a household was to identify the survey respondent. Before commencing an interview, each respondent provided informed consent to participate in the survey.

In order to facilitate a measurement of survey response and non-response interviewers recorded details of each visit on a contact sheet. Analysis of the data generated from these contact sheets shows that the survey achieved a response rate of 61%.

Data Cleaning and Validation

As the survey was conducted through CAPI (Computer Assisted Personal Interviewing) the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding was conducted to ensure the accuracy of the final dataset.

Additionally, 94 sampling points were randomly selected for survey validation. Households in these sampling points were recontacted to verify the interview process and to assess the quality of interview. Included in this process were households that had participated in the interview as well as those which had refused.

Data Weighting

Whilst the sampling process is designed to deliver a representative sample of households and individuals throughout the country, differential response levels means that the survey sample is not a fully accurate representation of the population. As such, the aim of survey weighting is to bring the profile of respondents in line with the population profile.

Survey non-response can cause bias if the individuals who do not participate are systematically different to the individuals who take part. For example, it is often the case that young men are the most reluctant participants to social research, hence most weighting schemes include an adjustment for age and sex. By adjusting on known factors (i.e. characteristics for which population data is known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, three weights were produced – a main survey weight and separate weights for BMI and sexual health data.

The main survey weight involves both selection weights and non-response adjustments. A selection weight overcomes any biases that may arise due to individuals from larger households being under-represented in the sample (these individuals had a lower chance of selection than those in smaller households). Non-response adjustments were made using known population statistics published by the Central Statistics Office. The variables used in this respect were: age by gender, education, work status of the respondent and region.

Separate weights were also produced for BMI and sexual health data. This was done to overcome differences in response to these parts of the survey (for example older respondents were typically less likely to participate in these modules). These weights were generated using logistic regression modelling. This model makes best use of the available data from other parts of the questionnaire to adjust for non-response behaviour.

Data Analysis and Reporting

This report presents an overview of the results emerging from the study. At this stage the analysis focuses on presenting key figures at population level as well as sub-group analysis across gender, age, social class and deprivation index.

Please note, due to rounding, there may be occasions throughout this report where percentages displayed within any given table or chart may not sum to 100% exactly.

Deprivation Index

The deprivation index used throughout the report is that designed by the Small Area Health Research Unit (SAHRU) at Trinity College Dublin. The analysis is conducted using deprivation deciles with the first decile being the bottom 10% of deprived areas (i.e. the least deprived) and the highest decile being the most deprived areas.

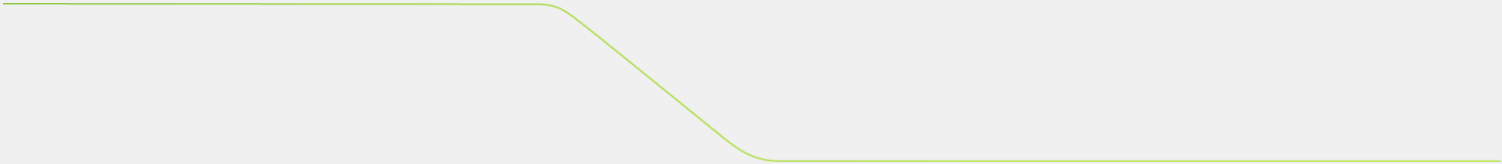
Social Class

The Social Occupation classification used in this survey is based on the UK Standard Occupational Classification (2010), with modifications to reflect Irish labour market conditions. The code to which a person's occupation is classified is determined by the kind of work he or she performs, irrespective of the place in which, or the purpose for which, it is performed.

The social class groups used throughout this report are as follows:

- | |
|---|
| 1 Professional Workers |
| 2 Managerial & Technical |
| 3 Non-manual |
| 4 Skilled |
| 5 Semi-Skilled |
| 6 Unskilled |
| 7 All Others Gainfully Occupied and Unknown |

At time of publication, social class coding of the survey is on-going. Therefore, data referring to social class within this report should be considered provisional.



Key Facts

- 85% of the Irish population aged 15 and over report their general health as being good or very good
- Over one in four (28%) has a long standing illness or health problem
- 19% of respondents report being limited in everyday activities due to health problems
- 43% have suffered from a health issue in the past 12 months, with prevalence highest among those aged 65 and over (73%)
- The average number of GP consultations amongst those aged 15 and over is 4.3 per year. This compares with 1.4 consultations per year with a medical or surgical consultant

Background

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹ Health means everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing. Healthy people contribute to the health and quality of the society in which they live, work and play. Health is much more than an absence of disease or disability, and individual health, and that of the country, affects the quality of everyone’s lived experience. Health is an essential resource for everyday life, a public good, and an asset for health and human development.

While the Healthy Ireland Survey 2015 aims to assess health across a number of criteria, the current section seeks to provide a snapshot of overall health in Ireland today.

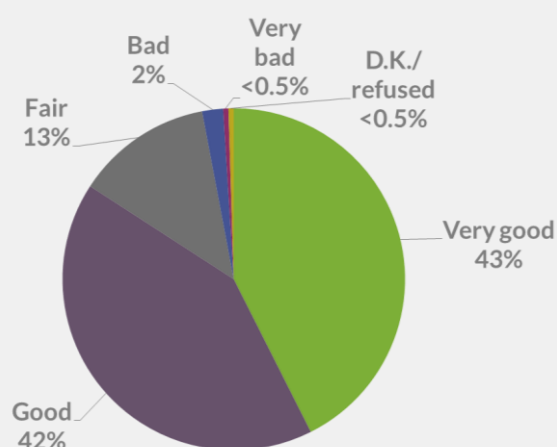
Self-Reported Health

Respondents were given the opportunity to assess their own health status at an overall level. Results indicate that the overwhelming majority of the Irish population aged 15 and over are largely positive about their general health status, with 85% reporting their health in general as being good or very good. Just 2% of the population evaluate their general health as bad or very bad, while 13% consider themselves to be fairly healthy.

No gender differences were observed, however the likelihood to self-report health as good or very good decreases with age, with just over two thirds of those aged 65 and over indicating good or very good general health (67%), compared with 92% of those aged between 15 and 24.

Those within the higher social classes (1 and 2) were more likely to report their health as good or very good (90%), than those in the middle (3 and 4: 87%), or lower social classes (5 and 6: 84%).

Self-reported Health Status



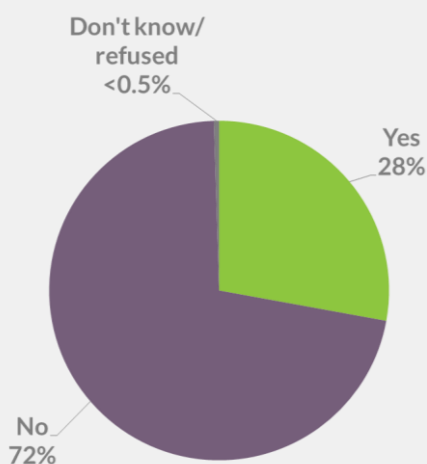
Long-term Illness

Over one in four (28%) of the Irish population aged 15 and over reports having a long standing illness or health problem i.e. problems lasting six months or more.

Presence of such health problems differed in terms of age. While 14% of those aged between 15 and 34 report a long standing health problem, this increases to just under half of those aged 55 and over (48%). One fifth of those evaluating their general health as good or very good also report having a long standing health problem (19%).

Little difference in prevalence of long-term illnesses is apparent in terms of social class however those within the most deprived areas are more likely to report this (32%) than those in the least deprived areas (27%).

Prevalence of Long Standing Illness or Health Problem

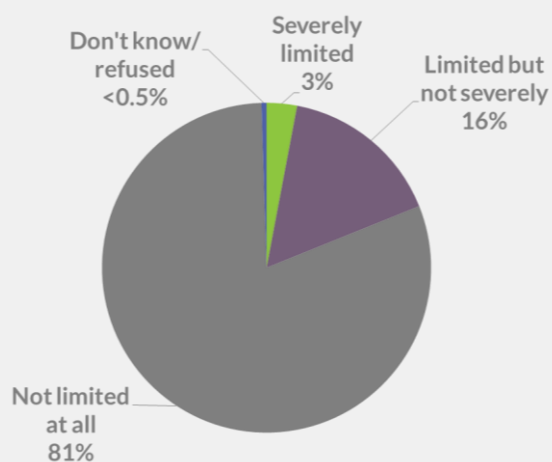


Limitations in everyday activities

The majority of respondents overall have not been limited in everyday activities in the past six months due to a health problem (81%), though 19% of respondents overall report being limited to some extent. Again, those within older age groups are more likely to report limitations (41% of those 65 and over compared with 8% of 15-24 year olds).

The impact of long standing illnesses or health problems on every day activities is evident, with 57% of those reporting such an issue also reporting either severe limitation, or limitation that is not severe, in everyday activities (with 11% reporting severe limitations).

Limitations in Everyday Activities due to Health Problems

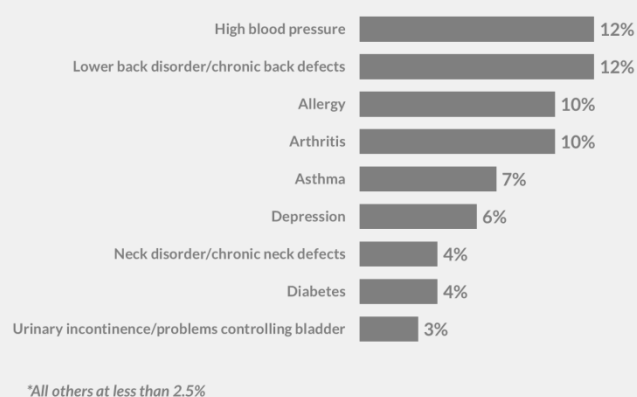


Prevalence of Health Conditions

Presence of a number of conditions was explored among respondents, all of which are depicted in the chart below. 43% of the population aged 15 and over suffered from at least one of these conditions in the past 12 months. Those within the older age groups are more likely to report having a condition (as high as 73% of those aged 65 and over), though conditions are also present among younger age groups, (15-24: 27%). Those living within the least deprived areas were more likely to report presence of at least one of these health conditions (49%).

High blood pressure is the most common condition, experienced by 12% of respondents (reported by 24% of those aged 45 and over, compared with 2% of those aged 15-44), along with back disorders and defects (also 12%). One in ten suffers from an allergy (10%), while the same proportion report having arthritis (10%).

Prevalence of Health Conditions in Past 12 Months (Top 9)



Consultations with Health Care Professionals

The frequency of consultations with GPs, nurses within GP practices, and medical or surgical consultants was also explored among respondents.

Consultations in the previous 12 months

	GP (excl. Nurse Consultations)	Nurse within GP Practice	Medical or Surgical Consultant
	%	%	%
At least 1 consultant in previous 12 months	71	30	27
Age			
15-24 yrs	61	16	16
25-34 yrs	64	25	20
35-44 yrs	66	26	25
45-54 yrs	67	30	26
55-64 yrs	82	39	35
65+ yrs	91	47	40

GP

Almost three quarters of respondents report having a GP consultation within the past 12 months (71%). GP visitation in the past year is higher among women (77%) than men (65%), and highest among those aged 65 and over (91%). The average number of GP consultations among those aged 15 and over is 4.3 per year.

The frequency is similar among those with a GP Visit Card (4.4), however it rises to 6.3 yearly consultations among those with a full medical card. In comparison, those without any medical card report 2.9 consultations yearly. Those without private health insurance report 4.9 yearly consultations on average, compared with 3.5 of those with private health insurance.

Nurse within a GP practice

Consultations with a nurse within a GP practice are less prevalent, though 3 in 10 reported a visit within the past 12 months (30%). Again, women (35%) are more likely to report such a consultation in the past 12 months than men (25%). An association with age is also evident (15-44: 23%, 45 and over: 38%). An average of 1.6 consultations per person aged 15 and over is reported per year.

Medical or Surgical Consultant

Just over one quarter of respondents had consulted with a medical or surgical consultant in the past year (27%). Consistent with GP and nurse contact, women (29% compared with 24% of men), and those aged 45 and over (34% compared with 21% of 15-44 year olds) are more likely to report such a consultation. On average 1.4 contacts per person aged 15 and over are made per year.

Among the population aged 15 and over overall, on average 7.2 yearly consultations with a health care professional are reportedly made. Average yearly consultations are highest for GP visits with 4.3 visits among the population overall (highest visitation is among women: 5.0 visits, and those aged 65 and over: 7.1 visits).

Average Consultations with Health Care Practitioner

	GP (Excl. Nurse Consultations)	Nurse within GP Practice	Medical Or Surgical Consultant
Average number of consultations in past year	4.3	1.6	1.4
Age			
15-24 yrs	2.5	.6	.6
25-34 yrs	3.5	1.2	.8
35-44 yrs	3.7	1.0	1.4
45-54 yrs	3.9	1.6	1.6
55-64 yrs	5.3	2.2	1.9
65+ yrs	7.1	3.0	2.3

Average yearly consultations overall: 7.2

Summary

The above findings provide insight into the health of the Irish population aged 15 and over at an overall level. While results suggest that a large proportion of the population are experiencing reasonable levels of health, there are also a number of areas indicating greater health issues.

Self-reported health among the population at large is high, with 85% defining their health in general as good or very good.

However, over one quarter of the population have a long standing illness or health problem (28%), of which 57% experience limitations in everyday activities. 43% have suffered from a health condition in the past 12 months, with high blood pressure (12%) and back disorders and defects (12%) among the most common issues.

Consultation with a GP is common. 71% of the population aged 15 and over has consulted with a GP in the past 12 months, with visitation highest among women, and those in older age groups.

05 Smoking

Key Facts

- 23% of the Irish population aged 15 and over are smokers. 19% are daily and 4% are occasional smokers
- Smoking levels are higher amongst those living in the most deprived areas and in lower social classes
- The majority (63%) of smokers are trying to, planning to or considering quitting
- More Irish adults are now ex-smokers (28%) than current smokers (23%)

Background

Smoking has been identified as the leading cause of preventable death in Ireland. Each year, at least 5,200 people die from diseases caused by tobacco use.² In this context, the importance of tobacco control to achieving a healthier Ireland is self-evident.

The 'Tobacco Free Ireland' report was one of the first policy documents to be launched under the Healthy Ireland Framework. The report incorporates the WHO MPOWER model, which was developed to enable countries to implement the Framework Convention on Tobacco Control (FCTC) measure.

The new policy also contains additional themes which will drive policy in the years ahead, namely:

- protecting children
- denormalising tobacco use
- building and maintaining compliance with tobacco legislation
- regulating the tobacco retail environment

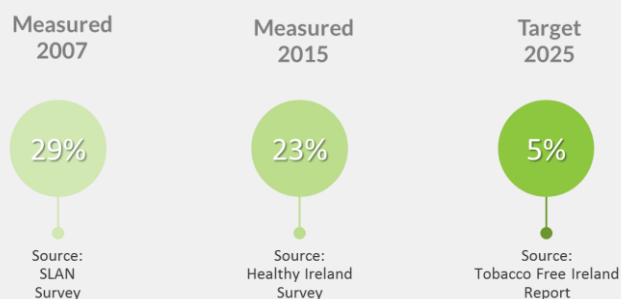
'Tobacco Free Ireland' proposes a target date of 2025 for Ireland to become tobacco free – less than 5% of the population currently smoking.

Smoking Prevalence

Findings from the first wave of the Healthy Ireland Survey (2015) confirm a downward trend in smoking prevalence. Very significant tobacco control measures introduced since 2000, including a smoking ban in workplaces and increases in excise duty on tobacco products, appear to have been effective in significantly reducing consumption.

Encouragingly, cigarette smoking, including occasional smoking, has dropped to 23% from 29%³ in 2007.

Towards a Tobacco Free Society Smoking Prevalence



Smoking prevalence includes both daily and occasional smokers. The prevalence of daily smoking is measured at 19%, with 4% smoking occasionally, rounding up to 23% when both are combined.

Still, 23%, or c.827,000⁴ of the Irish population aged 15 and over, consume tobacco products. This number does not include those aged 14 years or younger who smoke, but were not measured as part of the Healthy Ireland Survey (2015).

Smoking Patterns in Ireland

Across the population aged 15 and over, smoking prevalence is measured at 23%. More men (24%) smoke than women (21%).

Cigarette consumption peaks amongst 25-34 year olds and declines with age.

Prevalence of Smoking

Smoking Prevalence		
		%
TOTAL		23
GENDER	Men	24
	Women	21
AGE	15-24 yrs	19
	25-34 yrs	32
	35-44 yrs	26
	45-54 yrs	25
	55-64 yrs	18
	65+ yrs	12

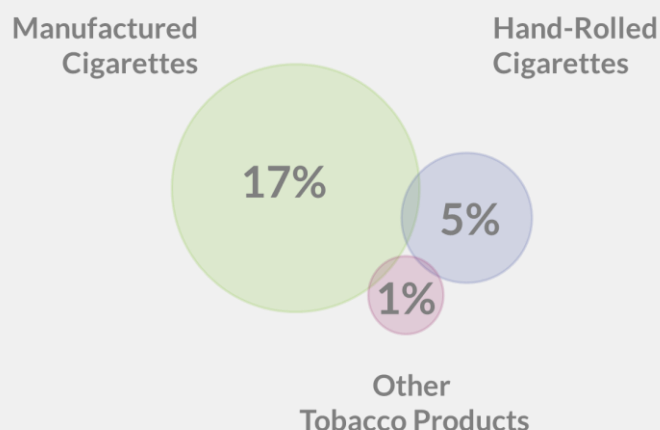
Within the data, some interesting patterns are observed, which are relevant to tobacco control policy and the targeting of initiatives to reduce consumption:

- While men are more likely to smoke than women, no difference exists between men and women aged 15-24 (19%).
- The incidence of occasional smoking is highest amongst those aged 15-24 (6%) and those aged 25-34 (9%). Amongst older adults (aged 55 and over) just 1% are occasional smokers.
- Older men are more likely to smoke than older women – 16% amongst men aged 55 and over compared to 14% for women.
- While smoking prevalence declines with age, the average number of cigarettes smoked does not, with smokers aged 45-64 the heaviest smokers.

Types of Tobacco Products Used

Most smokers only smoke manufactured cigarettes, but a proportion (5%) of the population also smoke hand-rolled cigarettes. Tracking data from the HSE National Tobacco Control Office reveals a significant increase in hand-rolled cigarette smoking over the past 10 years.

Use of Tobacco Products

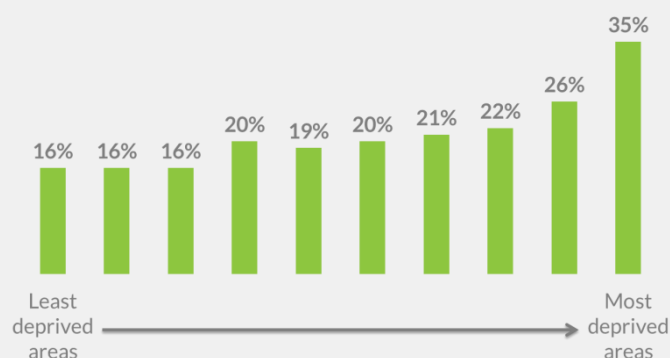


It is also important to draw attention to the higher level (8%) of hand-rolled cigarette smoking amongst 15-34 year olds.

Smoking Prevalence and Social Deprivation

The research confirms a very strong link between smoking prevalence and social deprivation. Using the National Deprivation Index developed by the Small Area Health Research Unit in TCD, the data reveal higher levels of smoking prevalence amongst those living in the most deprived decile who are more than twice as likely to smoke compared to those living in the least deprived decile (35% and 16% prevalence respectively).

Smoking Prevalence by Deprivation Deciles



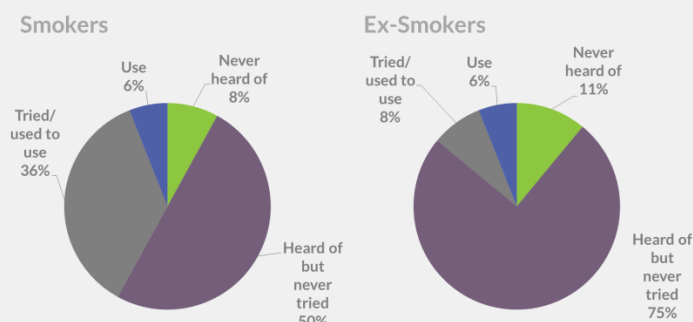
This research similarly confirms the relationship between smoking prevalence and social class. Those amongst the higher social class are less likely to smoke (1 and 2: 15%) compared to those from lower social class backgrounds (5 and 6: 28%).

Electronic Cigarettes

Amongst smokers specifically, e-cigarettes are almost universally known (92% aware). Furthermore, 42% have tried them at some point, with 6% currently using them.

Amongst ex-smokers, 6% currently use e-cigarettes, whereas just 0.1% of never-smokers use e-cigarettes.

e-Cigarettes – Awareness and Usage



Quitting

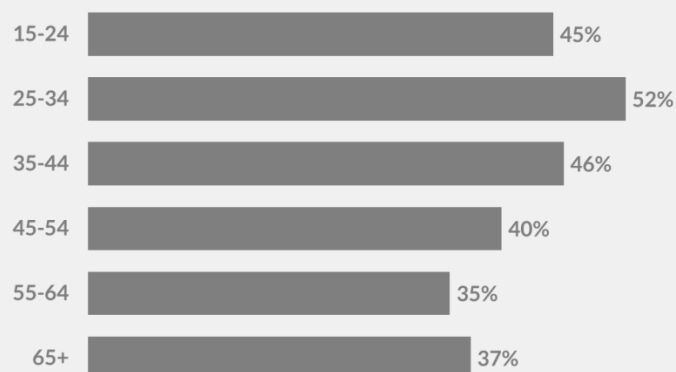
Smokers can successfully quit. More than one in four people (28%) used to smoke, which means more smokers have succeeded in quitting than currently smoke (23%).

Smokers want to quit. Currently 11% of smokers are trying to quit, a further 21% are planning to quit and another 31% are thinking about quitting. Just 36% of smokers are not thinking about quitting.

In the past year, 3% of the population have quit smoking. Quitters are defined as ex-smokers who made one or more quitting attempts in the past year, the most recent of which has been successful to date.

45% of all smokers (or 10% of the total population) have tried to quit in the past year, without success. More smokers aged 25-34 have attempted to quit in the past year (52%) than not, but just 37% of older smokers (65 and over) made an attempt to quit.

Smokers - Attempted to Quit in Past Year



One in two smokers (48%) attempting to quit in the past year did not seek any help or use any quitting aid, choosing instead to rely on willpower alone.

When help was used or sought, smokers gravitated towards electronic cigarettes/e-cigarettes (29%) or nicotine replacement products (21%). Only a small minority of smokers were prescribed medication or sought support through a dedicated quit helpline or other support service.

The use of e-cigarettes during a quit attempt in the past year was broadly comparable between current smokers who attempted to quit (29%) and ex-smokers who succeeded in quitting (30%).

Summary

The research provides valuable insights into smoking trends and current behaviours which will help further inform policy and initiatives to reduce tobacco consumption in Ireland. Some of the more relevant findings include:

- Smoking prevalence in Ireland, now at 23%, has declined noticeably since 2007 and Ireland is on its way towards being tobacco free
- At 35%, smoking prevalence is extremely high amongst those living in more deprived areas
- Recruitment of younger smokers continues, with 19% of 15-24 year olds smoking daily or occasionally
- Most smokers (63%) are trying to quit, planning to quit or thinking about quitting, but only a small minority seek the advice or help of dedicated quit services
- Older smokers (65 and over) are the least likely to attempt to quit (just 37% have tried in the past year) despite being the most vulnerable to the harmful effects of smoking

06 Alcohol

Key Facts

- 76% of the Irish population drink alcohol, with 53% of drinkers doing so at least weekly
- Men are more likely to drink than women, and those aged 25-64 are more likely to drink than those younger or older than this
- Almost 4 in 10 (39%) drinkers binge drink on a typical drinking occasion with over a fifth (24%) doing so at least once a week
- Lower levels of drinking in more deprived areas and lower social classes, but higher levels of binge drinking
- 15% of those drinking at harmful levels felt in the past 12 months that their drinking harmed their health, and 22% felt they should cut down on their drinking

Background

Misuse of alcohol and harmful patterns of drinking pose a number of problems. These not only include negative effects on the health of those drinking too much, but also harm to families as well as society as a whole.

Consumption of alcohol in Ireland is much higher than in many other countries. The rate of binge drinking in Ireland is second in the WHO European Region⁵. Latest data from the Revenue Commissioners show per capita alcohol consumption to be 10.6 litres in 2013. The provisional estimate for 2014 is 11 litres. While the misuse of alcohol has become normalised in Irish society it presents a variety of problems including approximately 90 deaths per month.

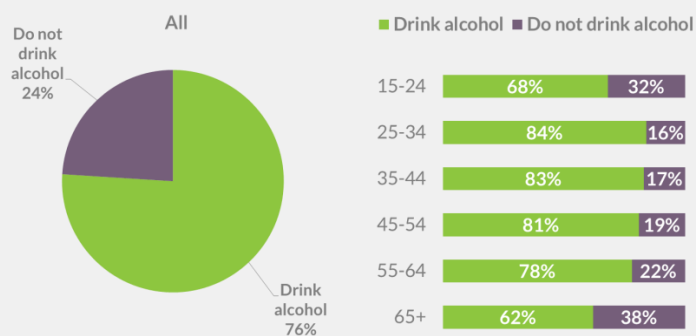
Reducing alcohol consumption is a core objective of the Healthy Ireland Framework. In February 2015 the general scheme of the Public Health (Alcohol) Bill was published. This Bill will provide for a number of measures to tackle the misuse of alcohol, focussing on affordability, availability and attractiveness. This includes minimum unit pricing, health labelling on alcohol products, restrictions on marketing and advertising of alcohol products as well as regulation of sports sponsorship.

In exploring alcohol consumption this survey focuses on frequency of alcohol consumption, amount of alcohol consumed, frequency of binge drinking as well as harm to self and others from alcohol consumption.

Alcohol Consumption in Ireland

3 in 4 (76%) Irish people aged 15 and over have drunk alcohol in the past 12 months. Consumption of alcohol is widespread across all groups in the population. It is only in the youngest and oldest age groups that alcohol consumption falls below 3 in 4 people.

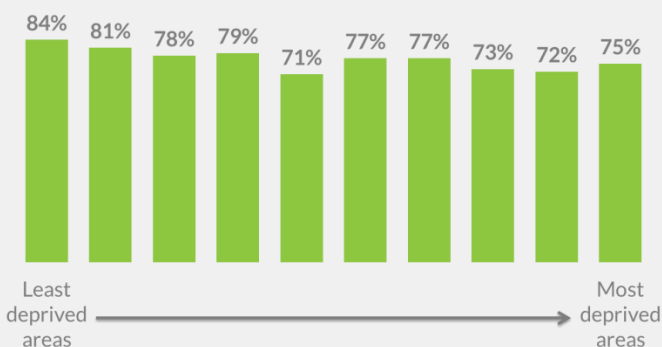
Alcohol Consumption in Past 12 Months



- 68% of those aged 15-24 and 62% of those aged 65 and over drink alcohol, however over 8 in 10 of those between these ages do so (25-34: 84% / 35-44: 83% / 45-54: 81% / 55-64: 78%)
- Men (79%) are more likely to drink than women (74%), however a smaller difference exists between the genders for those aged 35-54 (men: 83%, women: 81%)

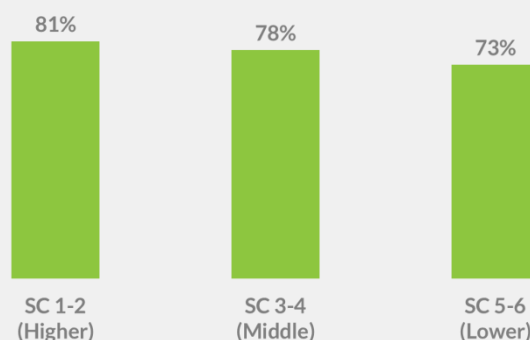
Analysis of drinking behaviour using the National Deprivation Index shows that those living in the most deprived decile are less likely to consume alcohol than those in the least deprived. Whilst 84% of those in the least deprived decile drink, the incidence is lower in the most deprived (75%). Furthermore, incidence of alcohol consumption is lower amongst the three most deprived deciles than it is within the three least deprived.

Alcohol Consumption in Past 12 Months (by Deprivation Decile)



A similar pattern exists in terms of social class with 81% of those in the higher groups (1 and 2) having drunk alcohol in the past 12 months, compared with 73% in the lower groups (5 and 6).

Alcohol Consumption in Past 12 Months (By Social Class)

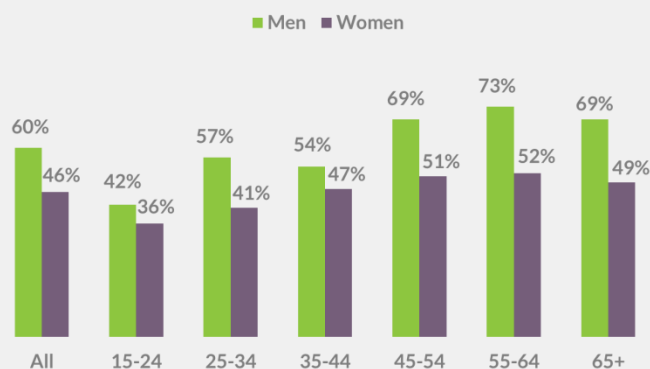


Frequency of Alcohol Consumption

Over half of drinkers (53%, equating to 41% of the total population) drink at least once a week, with 32% overall drinking on more than one occasion each week. Frequency of consumption differs considerably across the population:

- Men drink more frequently than women – 60% of men who drink do so at least weekly, compared with 46% of women
- Frequency of drinking rises across the age groups, before falling again amongst those aged 65 and over – 39% of drinkers aged 15-24 drink weekly, rising to 63% of those aged 55-64 and 59% of those aged 65 and over
- Men across all age groups drink more frequently than women, however the difference is smallest amongst those aged 15-24 (men: 42%, women: 36%) and 35-44 (men: 54%, women: 47%)

Proportion of Drinkers Drinking at Least Once a Week



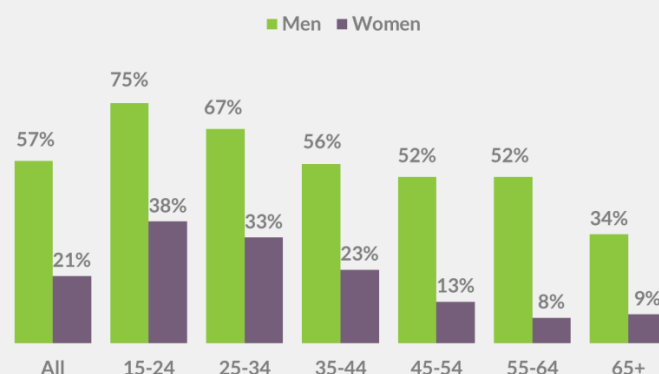
As with overall incidence of alcohol consumption, the frequency by which alcohol is consumed is also higher in less deprived areas and higher social classes than it is amongst more deprived and lower social classes. Amongst drinkers living in the least deprived areas, almost two-thirds (63%) drink at least once a week with 45% drinking multiple times each week, however the equivalent figures for those living in the most deprived areas are lower – 53% and 32% respectively.

Amount of Alcohol Consumed

This survey measures the amount of alcohol consumed in two ways. Firstly it identifies how much is consumed on a typical day on which an individual has an alcoholic drink. Additionally it also asks about the frequency in the past 12 months of drinking six or more standard drinks on one drinking occasion. Drinking in excess of six standard drinks is considered as Risky Single Occasion Drinking (binge drinking).

Just over 6 in 10 (61%) of drinkers consume less than six standard drinks on a typical drinking occasion, meaning that almost 4 in 10 (39%) binge drink on a typical drinking occasion. A similar proportion (41%) indicate that they drink at this level at least once a month, with just under 1 in 4 (24%) doing so at least once a week.

Proportion Consuming 6 or More Standard Drinks on a Typical Drinking Occasion

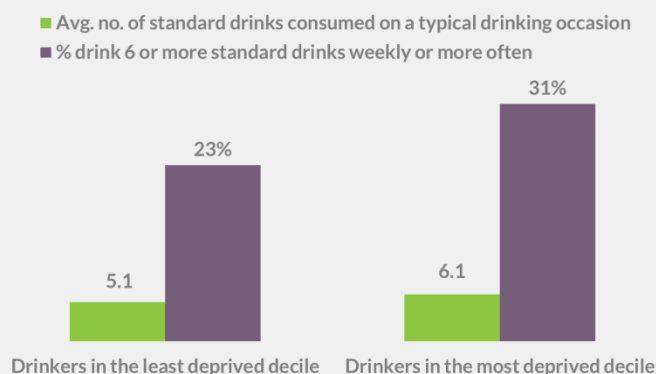


- Those drinking alcohol consume on average 5.6 standard drinks on a typical drinking occasion. The average is higher for men (7.2) than women (3.9)
- Three-quarters (75%) of men aged 15-24 who drink and 38% of women aged 15-24 who drink consume six or more standard drinks on a typical drinking occasion
- Whilst prevalence of binge drinking declines with age, the extent of this decline is more substantial for women than men. Whilst over 1 in 3 men aged 65 and over who drink do so at this level on a typical drinking occasion (34%), fewer than 1 in 10 (9%) of women aged 65 and over who drink do so in this way

Whilst this survey shows that both incidence and frequency of alcohol consumption is higher in less deprived areas than in more deprived areas, the same is not the case for the amount of alcohol consumed. Those living in more deprived areas are more likely to binge drink than those in less deprived areas.

This is the case both in terms of the measures of typical drinking behaviour and frequency of binge drinking. Drinkers in the most deprived decile drink on average 6.1 standard drinks on a typical drinking occasion, compared with an average of 5.2 in the least deprived. Similarly, frequency of drinking 6 or more standard drinks is higher in more deprived areas (31% do so at least weekly) than less deprived (23%).

Amount of Alcohol Consumed by Deprivation Decile



A broadly similar pattern exists in terms of social class with 26% in lower groups (5 and 6) drinking at harmful levels at least weekly. This compares to 21% within higher groups (1 and 2).

Recognising the Harms from Drinking

Drinking alcohol can cause a variety of harms, both to self and others. The survey measures a variety of aspects relating to the harms caused by drinking as well as perceptions of own drinking behaviour.

Respondents were asked to identify whether or not in the past 12 months they had a number of particular experiences as a result of their drinking, or had felt that their drinking was causing harm, either to themselves or other people.

Effects from Own Drinking

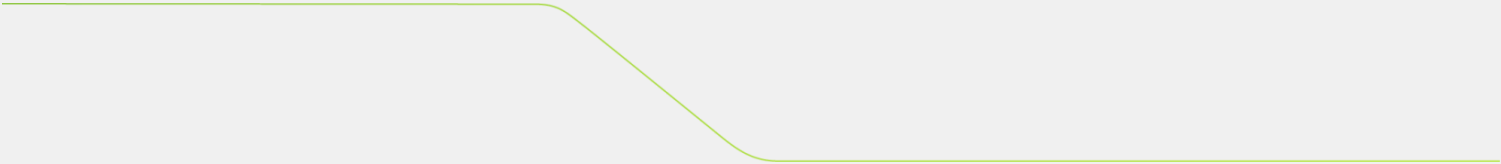


- The most common harm to self from drinking is regretting something said or done after drinking with 18% of drinkers experiencing this in the past 12 months. 10% indicated that they felt in the past 12 months that their drinking harmed their health
- 15% of those drinking at harmful levels (as identified by an AUDIT-C score of 5 or higher) felt in the past 12 months that their drinking harmed their health
- 14% of drinkers claimed that they felt in the past 12 months that they should cut down on their drinking, rising to 22% of those drinking at harmful levels
- 3% claimed to have been in an accident, and 2% in a physical fight as a result of their drinking, with men aged 15 to 24 most likely to have experienced this (8% and 10% respectively)

Summary

This survey reaffirms that drinking is a core part of Irish life, but more worryingly that drinking to excess on a regular basis is also commonplace throughout the population. Four out of ten drinkers in Ireland drink to harmful levels on a monthly basis, with over a fifth doing so on a weekly basis. This behaviour is evident throughout the population and is not specifically limited to particular groups

Given that 1 in 6 of those drinking at harmful levels felt in the past 12 months that their drinking harmed their health, it is likely that many of those drinking in that way are unaware of the risks associated with it.



Key Facts

- 32% of the population are considered to be highly active
- Four in ten men (40%) are highly active compared to just under a quarter of women (24%)
- Just under a quarter (23%) of those who are obese are highly active, compared to almost 4 in 10 of those with a normal weight or overweight (36%)
- Irish people spend on average 5.3 hours sitting each weekday
- Women aged 15-24 spend longer sitting (6.7 hours) than any other group, whilst those engaged in home duties (4.4 hours) spend the least amount of time

Background

Being physically active and achieving sufficient levels of physical activity is a core part of maintaining a healthy lifestyle. It has been shown that people who are physically active generally live longer, and also have lower risk of suffering from cardiovascular disease, high blood pressure, diabetes, colon and breast cancer, as well as the risks of falling and of hip and vertebral fractures and depression. Additionally, physical activity is important in helping maintain a healthy weight.

In 2009, the Department of Health and the Health Service Executive published the National Guidelines on Physical Activity for Ireland which recommended that adults should achieve at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week). Numerous studies since then have shown that the majority of adults do not achieve this level of activity, with the Irish Sports Monitor (2013) indicating that fewer than 1 in 3 adults do so through sport.

This survey measures physical activity across all contexts (sport, recreation, work etc.) with respondents categorising activity as vigorous or moderate. Additionally the survey identifies any walking undertaken as well as the extent of inactivity through sitting.

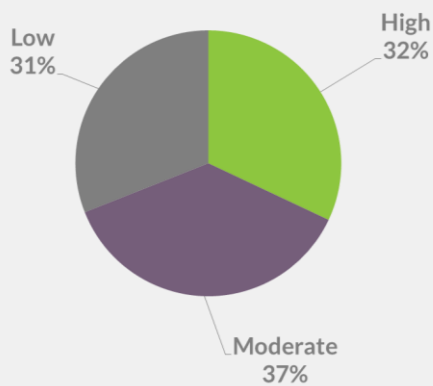
The Extent of Physical Activity

Whilst physical activity of any type will deliver health benefits and is to be encouraged, it is preferable to achieve a certain level of activity to deliver sufficient benefits. One approach that permits comparisons of the level of physical activity is the International Physical Activity Questionnaire (IPAQ), the short form of which is used in this survey when measuring physical activity.

Using this approach respondents are classified into 'low', 'moderate' and 'high' categories depending on the level of physical activity undertaken. Various interpretations of IPAQ can be used, but for the purposes of this study it is considered that only those categorised as "high" are meeting minimum physical activity requirements. This can be achieved in a number of ways, but typically involves undertaking a minimum level of vigorous activity on three or more days or alternatively seven days of a combination of a certain level of vigorous, moderate and/or walking activity.

Results from this survey indicate that 32% of the population are sufficiently active.⁶ A further 37% are categorised as moderately active and 31% as having low activity levels.

Level of Physical Activity



- Men (40%) are more likely to be highly active than women (24%)
- The proportion that are highly active decreases with age, with 46% of those aged 15-24 highly active compared to 15% of those aged 65 and over
- Even amongst younger age groups a clear gender differential exists. The majority of men aged 15-24 and 25-34 are highly active (56% and 52% respectively) compared to around a third of women of the same age (34% and 32% respectively)
- 50% of women aged 55 and over undertake low levels of activity or none at all, compared with 38% of men of the same age
- Students (47%) and those at work (39%) are more likely to be highly active than unemployed (28%) and those engaged in home duties (17%)
- No difference exists amongst social classes with 32% in both the higher (1 and 2) and lower (5 and 6) groups in the highly active group

Physical Activity by Gender and Age

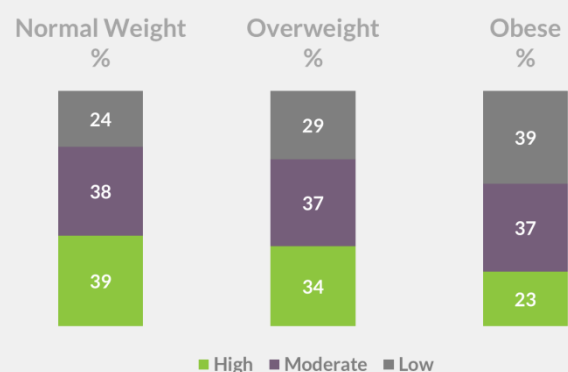
	Men						Women					
	15-24	25-34	35-44	45-54	55-64	65+	15-24	25-34	35-44	45-54	55-64	65+
	%	%	%	%	%	%	%	%	%	%	%	%
High	56	52	39	38	33	20	34	32	23	25	18	11
Moderate	31	29	36	36	36	36	41	42	40	42	38	34
Low	13	19	25	26	32	44	25	27	37	33	44	55

Physical Activity and Maintaining a Healthy Weight

Physical activity is a key factor in maintaining a healthy weight and results from this study show that activity levels differ considerably by weight status (i.e. normal weight, overweight or obese):

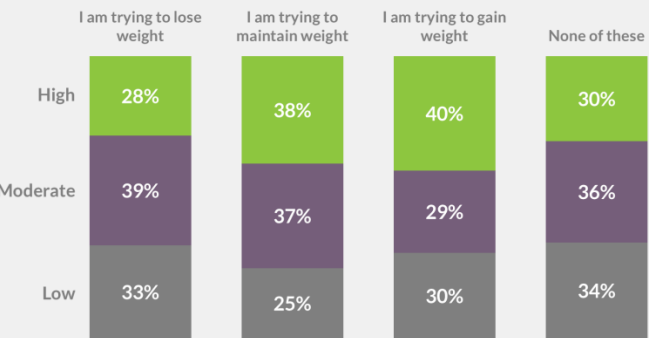
- 39% of those of a normal weight have a high level of activity, compared with 23% of those who are obese
- Those who are obese are more likely to have a low level of activity (39%) than they are to have a high level of activity (23%)

Physical Activity by Weight Category



As outlined later in this report, 35% indicate that they are trying to lose weight with almost two-thirds (63%) claiming to be taking more exercise to do so. However, analysis of this survey data shows that almost three-quarters (72%) of those trying to lose weight do not undertake sufficient activity to be considered highly active, whilst a third (33%) do not even achieve moderate levels of activity. Amongst those specifically using exercise to lose weight, 33% are highly active and 24% have a low level of activity or none at all.

Physical Activity by Weight Action



Sitting

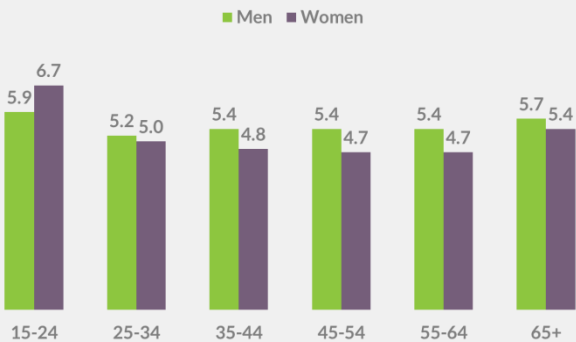
A number of studies⁷ have found that people who sit for long periods of time have an increased risk of certain diseases, including diabetes, and are more likely to suffer from cardiovascular events. Whilst this may seem intuitive in the context of those sitting for long periods of time perhaps having less active lifestyles generally, the findings have shown that these effects are independent of physical activity levels. As such the negative effects of sitting are as evident in those with higher levels of physical activity.

This survey asked respondents to identify the number of minutes spent sitting on a weekday across all contexts – leisure, work, travelling etc. It shows that people spend on average just over 5.3 hours sitting on a weekday. Considering that a recent study⁸ shows that Irish people spend on average over 3 hours watching television each day, this may suggest an underestimation of the total number of hours sitting when other activities are included (eating, travel, socialising etc.). As such the actual amount of time spent sitting may actually be higher than this.

Analysis also uncovers differences across the population:

- On average, men (5.5 hours) spend longer sitting than women (5.2 hours)
- Those aged 15-24 spend the highest average time sitting – 6.3 hours
- Women aged 15-24 spend longer sitting (6.7 hours) than any other group, however time spent sitting is lower amongst older women, with those aged 25-34, 35-44 and 45-54 all spending an average of 5.0 or fewer hours sitting
- Those categorising their employment status as “engaged in home duties” spend less time sitting (4.4 hours) than those in other forms of employment or none

Average Number of Hours Spent Sitting on a Weekday



Summary

A core element within a healthy society is that people remain active throughout their life, and achieve a level of activity to deliver sufficient health benefits. This study shows that around a third (32%) achieve the required level of physical activity to gain sufficient health benefits. Activity levels differ across the population with the younger, men and those in work more likely than others in the population to be active overall and achieve the minimum recommended levels of activity.

Threats to public health exist through inactivity. Over two thirds (68%) of people are not sufficiently active to meet the recommendations for health benefits. The potential challenges that arise from inactivity may be compounded by large amounts of time spent sitting, whilst also negating some of the positive benefits arising for those who are physically active.

Key Facts

- Over 1 in 4 (26%) report that they eat five or more portions of fruit and vegetables daily
- 22% report that they do not eat fruit or vegetables every day
- Almost two-thirds (65%) report that they consume snack foods or sugar-sweetened drinks daily
- 62% eat snack foods daily, consuming an average of 2.0 portions per day
- 15% drink sugar-sweetened drinks daily, with men aged 15-24 most likely to drink these (29%)
- 73% eat breakfast every day, with those living in more deprived areas less likely to do so
- Younger people are less likely to eat breakfast – 40% of 15-24 year olds do not eat breakfast every day

Background

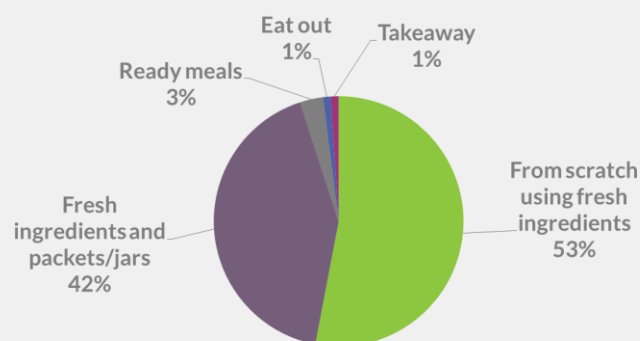
A healthy diet is crucial in maintaining a healthy lifestyle. It plays a key role in maintaining a healthy weight as well as encouraging positive lifestyles generally. Conversely an unhealthy diet not only leads to excess weight but also increases the chances of acquiring type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease and certain cancers.

This survey measures a number of aspects relating to diet and nutrition. Respondents were asked about the frequency and amount of fruit and vegetables consumed, the amount of snack foods eaten, and the frequency of drinking sugar-sweetened drinks. Additionally they were also asked about their cooking habits, frequency of eating breakfast and their consumption of salt.

General Eating/Cooking Behaviour

In Ireland eating/cooking is reported to be almost universally done using fresh, raw ingredients or a combination of these with packets/jars of ingredients/sauces, with 95% describing their normal behaviour in this way. A slight majority (53%) indicate that they cook from scratch using fresh, raw ingredients most of the time, with over 4 in 10 (42%) indicating that they use packets/jars of ingredients/sauces most of the time. 2% report that they most frequently eat out or eat takeaways.

Eating/Cooking Habits Most of the Time



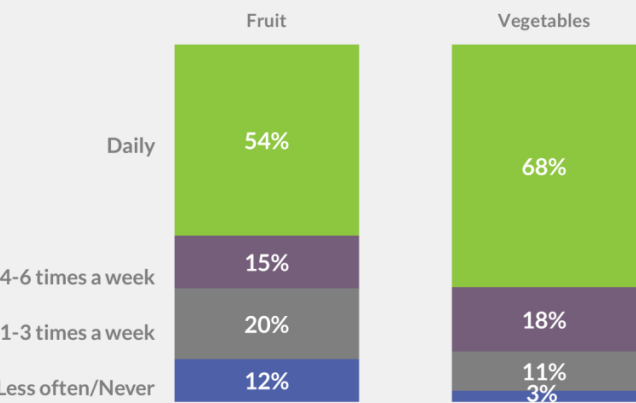
Behaviour differs considerably by gender and age, with those aged 15-24 much less likely to cook from scratch using fresh, raw ingredients most of the time (men: 32%, women: 34%) than those aged 65 and older (men: 71%, women: 79%). However, over 9 in 10 across all age groups eat/cook using either fresh, raw ingredients only or combining these with packets/jars of ingredients/sauces.

Those in more deprived areas are less likely to eat/cook using fresh/raw ingredients most of the time (46% of those in the most deprived areas eat/cook in this way, compared with 53% in the least deprived areas). However, as is the case across age groups, over 9 in 10 across all areas report using one of the two most common forms of preparing food.

Fruit and Vegetables

Over 3 in 4 (78%) report eating fruit or vegetables on a daily basis, with more eating vegetables (68%) than fruit (54%).

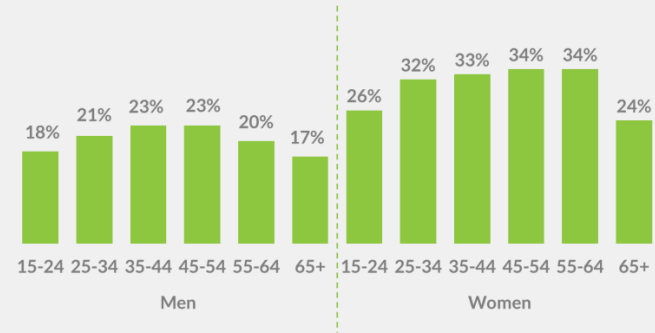
Frequency of Eating Fruit and Vegetables



Consumption levels differ considerably across the population, including by age and levels of education and deprivation:

- Women are more likely to eat fruit or vegetables than men (women: 82%, men: 73%)
- Daily consumption of fruit and vegetables is lower amongst younger people. 73% of those aged under 35 eat fruit or vegetables daily, compared with 80% of those older than this
- Daily consumption is also lower in the three most deprived deciles (74%) than the three least deprived (83%)

Proportion Eating 5 or More Portions of Fruit or Vegetables Daily



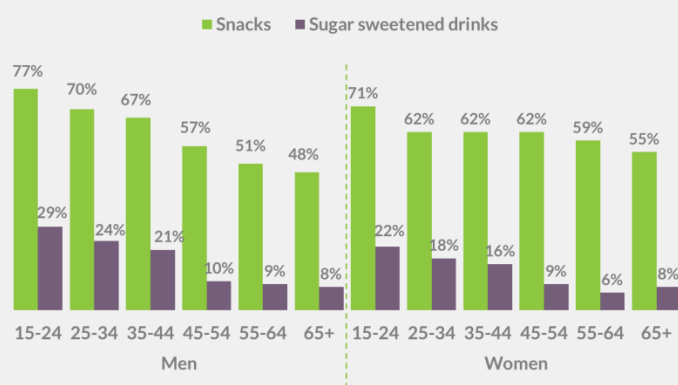
The World Health Organization recommends the consumption of at least five portions of fruit or vegetables daily. This survey shows that over 1 in 4 (26%) are doing so. As with frequency of consumption, some differences exist in terms of eating the recommended daily amount:

- Women are more likely than men to eat five or more portions daily (women: 31%, men: 21%)
- Those aged 15-24 (22%) are less likely to eat five or more portions daily than those older than this (26%)
- Those with higher levels of education are more likely to eat the recommended level (Lower Secondary or lower: 18%, Upper Secondary or higher: 30%)
- Those living in less deprived areas are more likely to eat five or more portions daily (Three least deprived deciles: 29%, three most deprived deciles: 23%)
- Similarly those in higher social classes are more likely to eat five or more portions daily (1 and 2: 30%, 5 and 6: 24%)

Snacks and Sugar-sweetened Drinks

62% indicate that they eat snack foods on a daily basis, consuming an average of two portions. Consumption levels are highest in the youngest age group (75% of 15-24 year olds eat snacks daily) and lowest amongst the oldest group (51% of those aged 65 and older eat snack foods daily). Similarly the average number of portions consumed daily is higher amongst younger people than older people (15-24 year olds: 2.2 portions, 65 and older: 1.8 portions). Whilst no difference exists between men and women with regards frequency of consumption, the number of portions eaten by men (2.1) is slightly higher than that eaten by women (1.9).

Frequency of Eating Snacks and Drinking Sugar-sweetened Drinks Daily



- Men aged 15-24 are both most likely to eat snack foods daily (77%) and consume the highest average number of portions daily (2.3)
- Reported snack food consumption is only slightly different between those of a normal weight and those who are overweight or obese. 64% of those who are overweight and 62% of those who are obese eat snack foods daily compared with 65% of those of a normal weight

- Average number of portions consumed is slightly lower amongst those who are overweight or obese (1.9) than those of a normal weight (2.0)

The issue of excessive consumption of sugar-sweetened drinks has been subject to intense focus in recent times, and excessive consumption is a key contributory factor to obesity and type 2 diabetes. This study finds that 15% of the population drink sugar-sweetened drinks on a daily basis, with a further 24% drinking these at least once a week. 42% claim to never drink sugar-sweetened drinks. Men are more likely to drink these drinks than women (17% and 13% respectively drink them daily, and 36% and 47% respectively never drink them).

- Men aged 15-24 are most likely to drink sugar-sweetened drinks with 29% doing so daily. This compares to 22% of women of the same age. Those aged over 65 are least likely to drink them (8%)
- Those with lower levels of education are more likely to drink sugar-sweetened drinks than those with higher levels. 17% of those with lower secondary level education or below drink them daily, compared with 15% of those with upper secondary level education or higher
- Consumption levels also differ considerably by level of deprivation, with 18% of those in the 3 most deprived areas drinking these daily, compared with 12% in the 3 least deprived areas
- A similar pattern exists across social classes with 11% of those in higher groups (1 and 2) drinking sugar sweetened drinks daily compared with 28% of those in lower groups (5 and 6)

There is no difference at an overall level in terms of consumption of sugar-sweetened drinks between those of a normal weight and those who are overweight or obese. 16% of those of a normal weight drink sugar-sweetened drinks on daily basis compared with 15% of those who are overweight and 16% of those who are obese.

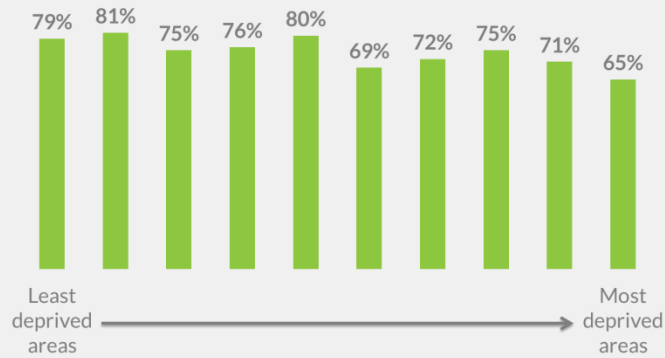
However examining this by age shows that some differences do exist. For example, amongst those aged 15-24 (the age group most likely to drink sugar-sweetened drinks), 24% of those of a normal weight drink these daily compared with 31% of those who are overweight or obese.

Eating Breakfast

Eating breakfast every day is shown to have a positive effect on the body’s metabolism, is beneficial to maintaining a healthy weight and improves energy levels. Those who eat a healthy breakfast every day are more likely to have a lower BMI. Also, eating breakfast is shown to be more effective than skipping breakfast when it comes to losing excess weight.

This survey finds that almost three-quarters (73%) eat breakfast every day of the week, with 5% indicating that they never eat breakfast. Older people are more likely to eat breakfast every day than younger people (15-24: 60%; 65 and older: 93%), and women are slightly more likely than men to eat breakfast every day (men: 71%; women: 74%). Combining age and gender shows some considerable differences in consumption patterns, with women aged 15-24 least likely to eat breakfast every day (57%). This is lower than men of the same age (63%), and considerably lower than the group most likely to eat breakfast every day: women aged 65 and older (94%).

Daily Breakfast by Social Deprivation Decile



The frequency of eating breakfast also differs considerably by the area that an individual lives in. Almost two-thirds (65%) of those living in the most deprived areas eat breakfast every day, with 7% never eating breakfast. The proportion eating breakfast every day increases to 79% of those in the least deprived areas, where only 3% never eat breakfast.

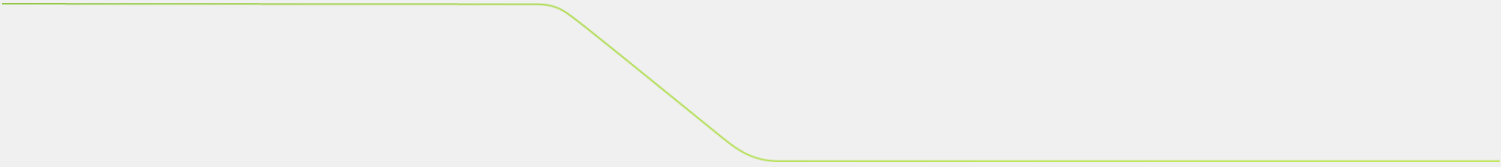
Summary

Whilst this survey shows many encouraging aspects of diet and nutrition in Ireland, a variety of challenges exist.

Most people report that they cook from scratch using fresh ingredients, eat fruit and vegetables every day (although a smaller proportion eats the recommended minimum level) and eat breakfast every day. Similarly, unhealthy activities such as high levels of consumption of snack foods and sugar-sweetened drinks are mainly restricted to the minority. However, these results need to be considered in the context where individuals may over-estimate healthy behaviours and under-estimate unhealthy behaviours.

Regardless, examining differences that exist across different sub-groups highlights population segments that could be particularly vulnerable to problems caused by poor diet and nutrition.

Younger individuals are both less likely to eat fruit and vegetables and more likely to eat snack foods and drink sugar-sweetened drinks. Furthermore, almost half of women aged under 25 do not eat breakfast every day (1 in 12 never eat breakfast). These individuals miss the positive contribution that this makes to maintaining a healthy lifestyle. Poorer diet and nutrition in more deprived areas, as well as amongst those with lower levels of education, also suggests that a focus is needed to address differences in this regard.



Key Facts

- 37% have a normal weight, with 37% overweight and a further 23% obese⁹
- Whilst men are more likely to be overweight than women (men: 43%, women: 31%), the proportions that are obese are more closely aligned (men: 25%, women: 22%)
- A smaller difference exists between men and women aged under 25 than those older than this. 31% of men aged 15-24 are overweight or obese, compared to 27% of women of this age
- Women who are overweight or obese are more likely to be trying to lose weight than men who are overweight or obese
- Those attempting to lose weight are most likely to be trying to do so by taking more exercise or eating fewer calories

Background

It is well documented that the prevalence of excess weight and obesity is increasing at a rapid rate globally and is a significant threat to public health. The knock-on effect is considerable and a causal link has been shown to a number of other significant diseases and conditions, including diabetes, some cancers and cardiovascular disease. A recent study suggested that the total of the direct and indirect costs of adult obesity in the Republic of Ireland is €1.13 billion annually accounting for 2.7% of the total health expenditure¹⁰.

Reducing the extent of overweight and obesity is a key public health priority and a central objective of Healthy Ireland is to increase the number of adults with a healthy weight.

For this study, all respondents were asked to take part in a physical measurement module during which the interviewer recorded the respondent's weight, height and waist circumference.

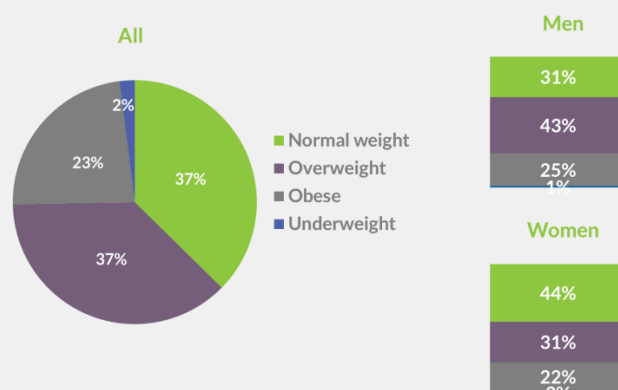
Eighty-one percent of respondents participated, with another 14% refusing and 5% unable to participate due to physical limitations. The participation rate was higher amongst men (85%) than women (78%). Additionally, younger respondents (15-24 year olds: 90%) were more likely to participate than older respondents (65 and over: 74%).¹¹

Body Mass Index (BMI)

BMI is a standardised measure used to estimate whether or not someone is underweight, normal weight, overweight or obese. It is calculated by dividing weight (in kilograms) by height (in metres) squared. A score of over 25 is overweight, with scores of 30 or higher considered obese.¹²

This survey shows that 37% have a normal weight, 37% are overweight and a further 23% are obese. Two percent were measured as being underweight.

BMI



There is a significant difference in BMI between the genders. Whilst 44% of women have a normal weight, a lower proportion of men (31%) have a normal weight. However, whilst considerable differences also exist between the genders in terms of being overweight (men: 43%, women: 31%), a lesser difference exists in terms of obesity (men: 25%, women: 22%).

The proportion that is overweight or obese increases with age, and men are more likely to be overweight than women across all ages. However the pattern in terms of changes in BMI across age is not the same for both men and women.

- Men are more likely to be obese than women across all ages, with the exception of those aged 15-24 (men: 4%, women 10%) and 25-34 (men: 16%, women 16%)
- Almost half (46%) of men aged 35 and over in Ireland are overweight and a further 32% are obese. The equivalent figures for women are 35% overweight and a further 27% obese
- Women aged 15-24 are most likely to be underweight (9%)

BMI by Gender and Age

	Men							Women						
	All	15-24	25-34	35-44	45-54	55-64	65+	All	15-24	25-34	35-44	45-54	55-64	65+
Obese	25	4	16	26	30	39	35	22	10	16	21	23	31	34
Overweight	43	27	49	46	46	44	46	31	17	30	32	39	37	34
Normal weight	31	64	34	28	23	17	18	44	64	51	47	37	31	30
Underweight	1	4	1	<0.5	1	<0.5	<0.5	3	9	3	1	1	1	2

Differences in BMI also exist across different areas. The proportion that is obese is higher in more deprived areas than less deprived. 26% of those living in the most deprived decile are obese compared with 16% in the least deprived decile. In total 22% of those in the three least deprived deciles are obese, compared with 25% of those in the three most deprived.

BMI by Social Deprivation Decile

	Least deprived areas									Most deprived areas
	%	%	%	%	%	%	%	%	%	%
Obese	16	21	28	20	26	25	23	23	25	26
Overweight	39	38	39	37	34	39	36	40	34	37
Normal weight	42	40	32	40	36	33	40	36	39	35
Underweight	2	2	1	2	3	3	<0.5	1	1	2

This research also finds a difference across social classes with higher levels of obesity amongst those in lower social classes than those in higher classes (groups 5 and 6: 28%, groups 1 and 2: 17%).

Waist Circumference

In addition to the weight and height measurements required to calculate BMI, this survey also collects waist circumference measurements. This permits a measurement of abdominal fat mass which is considered a predictor of strokes and premature death due to obesity.

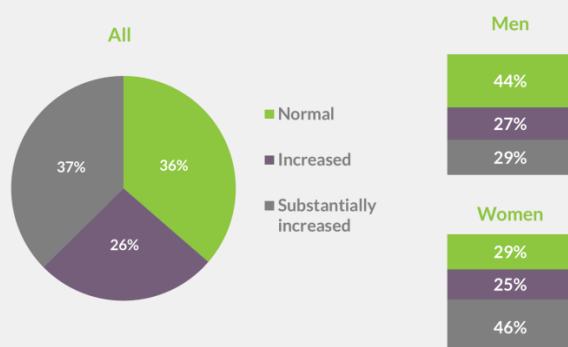
The Metabolic Risk Classification devised by the World Health Organization uses waist measurements to identify whether individuals have a normal, increased or substantially increased level of risk as shown in the table overleaf.

Metabolic Risk Classification

	Men	Women
Normal	Less than 94cm	Less than 80cm
Increased	94cm-102cm	80cm-88cm
Substantially increased	Greater than 102cm	Greater than 88cm

Results from this study show that 36% have a normal risk, 26% an increased risk and 37% a substantially increased risk. A considerable difference exists between men and women, with 71% of women classified as having an increased or substantially increased risk compared to 56% of men. 46% of women have a substantially increased risk (compared with 29% of men)

Metabolic Risk Classification



- The proportion with an increased risk rises with age. 28% of those aged 15-24 have an increased/substantially increased risk, compared with 83% of those aged 65 and over
- Younger women are much more likely than younger men to have a substantially increased risk. 18% of women aged 15-24 have a substantially increased risk compared with 5% of men of the same age. This difference remains broadly consistent across all age groups
- The proportion with an increased risk is the same regardless of the level of deprivation, although the proportion with substantially increased risk is higher in more deprived areas than those that are less deprived (Three most deprived deciles: 40%, three least deprived deciles: 34%)

Actions Taken Regarding Weight

Prior to taking weight measurements, respondents were asked whether they were trying to do something in relation to their weight – lose weight, maintain weight, gain weight or none of these. In total, 35% identified that they are trying to lose weight, 26% maintain their weight, 4% gain weight and 35% none of these.

Actions Taken Regarding Weight

	Men							Women						
	All	15-24	25-34	35-44	45-54	55-64	65+	All	15-24	25-34	35-44	45-54	55-64	65+
Trying to lose weight	27	13	25	33	32	36	20	43	40	52	44	50	46	24
Trying to maintain weight	26	31	29	25	27	23	23	25	29	24	27	24	28	23
Trying to gain weight	6	15	9	3	3	3	2	2	2	2	2	3	2	3
None of these	41	41	37	39	38	38	55	29	29	22	26	23	24	50

Actions in relation to weight differed strongly by gender and age:

- 43% of women report that they are trying to lose weight, with 27% of men doing the same. Men in contrast were more likely to identify that they were doing none of these (men: 41%, women: 29%) or gain weight (men 6%, women: 2%)
- Women aged 25-34 are most likely to be trying to lose weight (52%). In contrast, 25% of men of the same age indicate they are doing the same. This is despite a higher incidence of overweight/obesity amongst men than women in this age group
- A similar proportion of men aged 15-24 are trying to gain weight (15%) as lose weight (13%). This is considerably higher than any other group

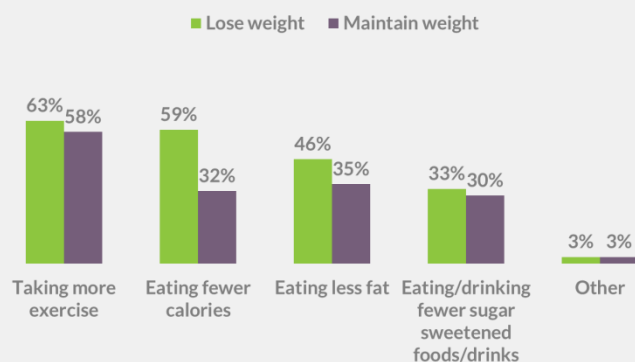
Those who are overweight or obese are more likely to be trying to lose weight than those of a normal weight, with 40% of those who are overweight and 63% of those who are obese claiming to be doing so. In contrast, 32% of those who are overweight and 21% of those who are obese indicate that they are not doing anything about their weight.

- Women who are overweight or obese are more likely than men to be trying to lose weight (56% and 73% respectively, compared to 29% and 55% respectively amongst men)
- Over half (57%) of men aged 65 and older who are overweight indicate that they are not doing anything about their weight, compared to 48% of women of the same age

Actions Taken to Lose/Maintain Weight

Those indicating that they are trying to lose or maintain their weight were asked an additional question in relation to specific actions they are taking in order to do so. Those attempting to lose weight are most likely to be trying to do so by taking more exercise (63%) or eating fewer calories (59%). Those attempting to maintain their weight are more likely to focus on exercise as a way of doing so (58%) than any other approach.

Actions Taken to Lose Weight or Maintain Weight



- Those who are obese are more likely to be trying to lose weight by changes to diet (eating fewer calories: 60%, eating less fat: 51%), whereas those who are overweight are more likely to be taking more exercise (overweight: 67%, obese: 59%)
- Two-thirds (67%) of those trying to lose weight through taking more exercise, and 57% of those trying to maintain their weight in this way, have only moderate or low levels of activity
- 47% of those aged 15-24 trying to lose weight are doing so by consuming fewer sugar sweetened foods/drinks

Summary

The fact that the majority of the population is overweight or obese is a major concern for the welfare of the nation. Being overweight or obese has a major effect on general health and wellbeing and is linked to a number of serious health conditions. Furthermore, the longer term economic cost caused by this is significant and if current trajectories continue will place a significant burden on the healthcare system.

Whilst many of those who are overweight or obese are trying to take action in relation to their weight, there are approximately a quarter of those with excess weight who are not trying to do anything about it. Facilitating those who are trying to lose weight and encouraging those not taking action to do so will be central to the success of reducing the major challenges facing Ireland from overweight and obesity.

Key Facts

- 47% of the Irish population aged 15 and over participate in a social group or club
- Participation is higher among men (52%) than women (43%), particularly among men aged 15-24 (72%)
- Rubbish or litter lying around the neighbourhood is considered a problem for just under one in three respondents (31%)
- 39% consider their neighbourhood to have poor public transport
- A similar proportion (39%) report house break-ins to be a problem in their area

Background

Social connectedness is considered to have positive benefits for both physical and mental health and wellbeing. Studies have indicated that social isolation can constitute health risks in similar ways to those associated with smoking and obesity.¹³ Research conducted as part of TILDA (The Irish Longitudinal Study on Ageing) indicated that older individuals who were more isolated were also more likely to report 'poor health'.¹⁴ Conversely, strong social connections and support can have both long and short term positive effects on many aspects of an individual's health¹⁵.

There is a growing interest in looking at how an individual's immediate surroundings and community conditions influence their health and wellbeing. Some studies have indicated that neighbourhood disadvantage is a determinant of physical health outcomes and behaviours.

Further, crime, social disorder etc. within a neighbourhood can contribute to poorer mental health outcomes, while neighbourhood resources, green spaces etc. can serve to positively affect mental health, and also possibly serve to mitigate the effect of more negative neighbourhood conditions¹⁶.

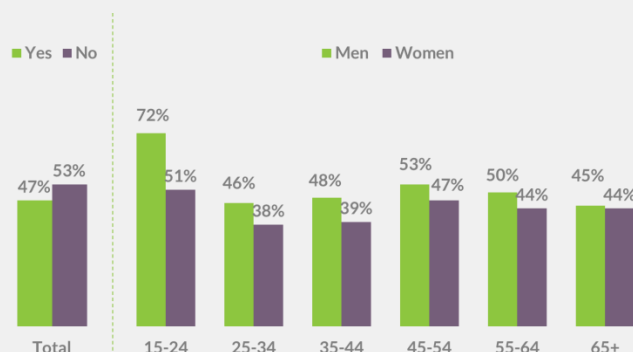
The Healthy Ireland Survey 2015 explored social connectedness and respondents' assessments of problems in their area at an overall level, in order to evaluate social participation, and neighbourhood perceptions, among the Irish population aged 15 and over.

Participation in Social Groups

Almost half of the population aged 15 and over participate in some form of social group or club (47%) overall. Participation is higher among men (52%) than women (43%). Participation is particularly high among younger men, with 72% of those aged between 15 and 24 reporting involvement in a group or club. Though the type of club or group involved was not recorded, this result may reflect the trends shown in the Irish Sports Monitor, where younger men were more likely than any other age group to participate in a sports club.¹⁷

There appears to be a social class link with social group involvement, with those in the higher social classes (1 and 2) more likely to participate (60% compared with 39% of those within the lower social classes (5 and 6). Similarly, those living within the least deprived areas were more likely to report involvement (57% compared with 40% of those living in the most deprived areas).

Participation in Social Groups



Neighbourhood Conditions

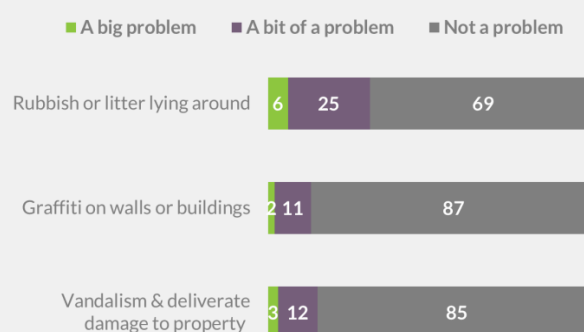
Respondents were asked to assess the extent to which certain circumstances or conditions were a problem in their neighbourhood.

For the majority of respondents, many potentially problematic neighbourhood conditions are not considered a problem. However, for just under one third (31%), rubbish or litter lying around is considered somewhat of a problem in their area (though just 6% report this as a big problem). This problem is more likely in Dublin (41%), and among those living within the most deprived areas (47%).

Graffiti and vandalism or property damage are less frequently considered to be problematic by respondents, though still affect just over 1 in 10 in each case (13%, and 15%, respectively). Again, these conditions are more frequently reported as a problem by respondents living in Dublin, than elsewhere, and those living within the more deprived areas.

In all cases, those aged 15-24 are more likely to report a problem, while those aged 65 and over are least likely to report a problem. This is most pronounced in terms of perceptions of rubbish or litter lying around, with 38% of those aged 15-24 reporting such a problem, compared with 26% of those aged 65 and over.

Problems in the Neighbourhood - Conditions



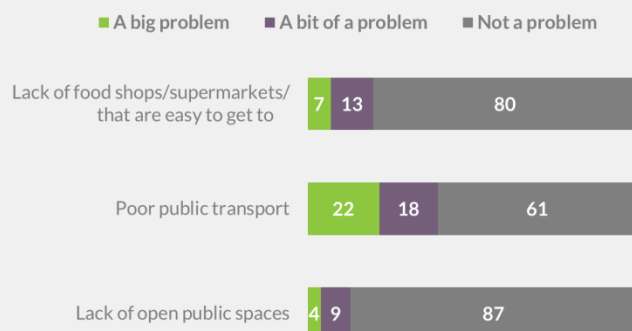
Neighbourhood Services

Poor public transport is reported as the most common problem in terms of services available in respondents' neighbourhoods. This is reported as problematic by 2 in 5 (39%). Those most likely affected live in Connacht/Ulster (55%) or are 15-24 years old (43%).

Lack of easily accessible food shops or supermarkets affects 1 in 5 respondents overall (20%), with those in Connacht/Ulster (32%), or in the Rest of Leinster (23%) more likely affected. Those most likely to consider this an issue are aged between 45-64 (22%) and respondents aged 15-34 less likely (18%).

13% consider lack of open public spaces to be a problem. Smaller differentiation is noted across regions, though those living in the Rest of Leinster (15%) are slightly more likely to report this. This was more frequently considered an issue among younger groups, particularly those aged 15-24 (18%), and less often among older respondents (particularly those aged 65 and over, with 6% citing this as a problem).

Problems in the Neighbourhood – Services Available



Neighbourhood Safety

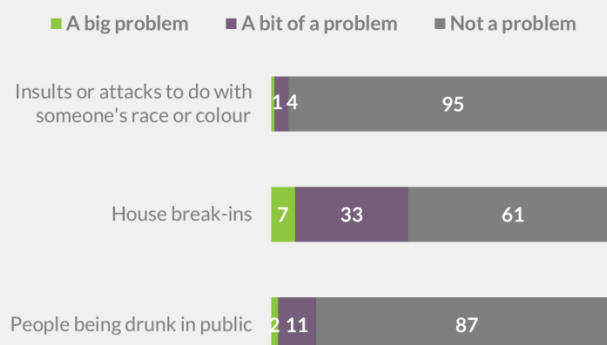
In terms of the safety-related neighbourhood circumstances explored, the majority of respondents do not report such problems in their area.

However, almost 4 in 10 considers house break-ins to be an issue in their neighbourhood (39%; and a big problem for 7%). This problem is reported by over half of those living in Dublin (57%), and also in the least deprived areas (50%). Those within the higher social classes (1 and 2) were slightly more likely to report this (43%). No consistent trend in terms of age emerges from the results, with such a problem most likely reported by those aged 45-54 (44%), while those aged 15-24 and 55-64 appear equally likely to report house break-ins (42% and 43%, respectively). Those aged 25-34 or 65 and over were less likely (36% and 35%, respectively).

Just 13% report people being drunk in public as a problem in their area, though the problem appears more likely in the most deprived areas, with 27% of those in the most deprived areas citing this as a problem (compared with 9% in the least deprived areas). Perception of this problem is higher among younger age groups, with those aged 15-34 most likely to report such a problem (19%), compared with just 5% of those aged 65 and over.

Problems with insults or attacks in relation to someone's race or colour are less frequent, with 5% reporting that this is apparent in their area. Incidence is higher in Dublin (9%), and again within most deprived areas (11%). Again, those aged 15-24 are most likely to identify this as a problem (8%) with those aged 65 and over less likely (2%).

Problems in the Neighbourhood – Safety



Summary

Findings suggest a reasonable level of social connectedness among the Irish population aged 15 and over at an overall level, with almost half reporting involvement in some type of social group or club (47%). Involvement is markedly higher among young men aged between 15 and 24 (72%)

Furthermore, at an overall level, findings indicate that serious problems within neighbourhoods are not experienced by a large proportion of the population. However, there are a number of problems present for a considerable proportion of the population, more apparent within some areas than others:

- 31% report rubbish or litter lying around as a problem in their neighbourhood, highest in Dublin (41%) and in the most deprived areas (47%)
- Poor public transport is an issue for 39% of respondents, highest in Connacht/Ulster (55%)
- Over one third consider house break-ins to be a problem in their area (39%), and this is considered more common in Dublin (57%) and in the least deprived areas (50%)

Key Facts

- Overall, encouraging levels of good mental health are recorded in the population aged 15 and over (indicated by high positive mental health scores on average)
- Higher positive mental health is more likely among men than women and among 15-24 year olds than those older than this
- Probable mental health problems (PMHP) are indicated by 9% of the Irish population aged 15 and over
- PMHPs are more prevalent among women (13%) than men (6%), and also among those aged 65+ (12%) and 15-24 year olds (10%)
- "Being more physically active" (38%) and "Being more financially secure" (33%) are the changes most frequently selected towards improving health and wellbeing

Background

Awareness and understanding of population mental health in Ireland is becoming increasingly important. It has been estimated that depression affects one in ten people in Ireland at any one point in time.¹⁸ Furthermore, 459 suicides were registered in 2014 representing 10 per 100,000 of the population, according to figures released by the CSO.

Good mental health is an integral component of general health and wellbeing, allowing a person to fully realise his or her abilities. With a balanced mental disposition, people are more effective in coping with the stresses of life, can work productively and fruitfully and are better able to make a positive contribution to their communities.¹⁹

The World Health Organization defines mental health as "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".²⁰ As such, mental health issues can affect individuals at varying times and to varying degrees throughout the lifespan and is determined by a multitude of factors.

Both positive and negative aspects of mental health were explored using SLAN 2007 data²¹. These results indicated relatively high levels of positive mental health among the Irish population on average and conversely quite low levels of psychological distress. The Healthy Ireland survey 2015 utilised the same methodology for assessing positive and negative mental health among the Irish population, however Healthy Ireland 2015 surveyed a wider age range, 15 and over, compared with SLAN 2007 which surveyed respondents aged 18 and over.

Positive Mental Health

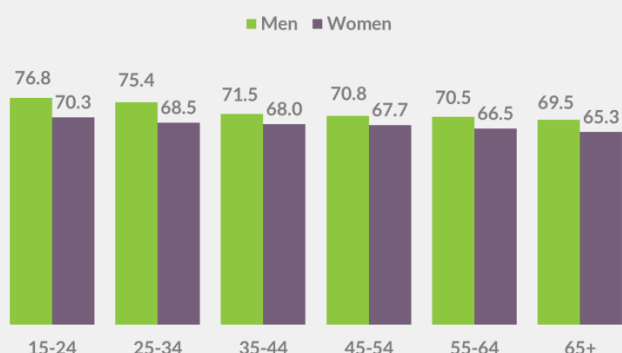
Positive Mental Health was measured using the Energy and Vitality Index (EVI)²² and involved respondents indicating the extent to which they felt 'full of life', calm and peaceful', had 'lots of energy' and had been a 'happy person' in the previous 4 weeks. The resulting scores, which range from 0 to 100, give an indication of an individual's level of positive mental health, with higher scores indicating greater wellbeing.

At an overall level, the findings indicate encouraging levels of positive mental health for the population as a whole, with an average EVI score of 70.0 This is in line with SLAN 2007 (mean EVI score: 68).

- Higher levels of positive mental health are recorded among men (mean EVI score: 72.5) than women (mean EVI score: 67.7)

- Those aged 15-24 indicate greater levels of energy and vitality on average (mean EVI score: 73.6)
- The highest level of positive mental health on average is recorded among men aged 15-24 (mean EVI score: 76.8)

Mean EVI Scores by Gender and Age

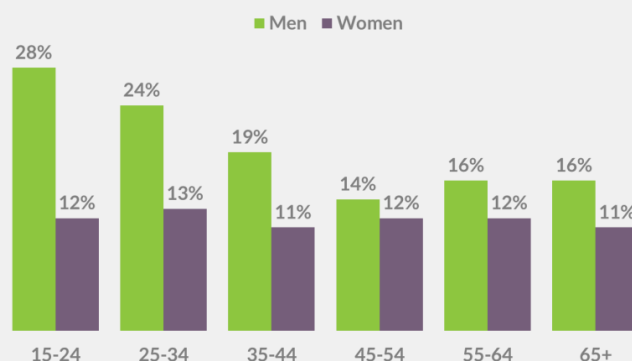


In addition to utilising the EVI to record average levels of positive mental health, a formal cut-off score was established by SLAN 2007 in order to identify individuals who are displaying optimal levels of positive mental health or 'flourishing'. Respondents who reach, or surpass, this cut-off score are considered as falling within a "High Energy and Vitality group" (High EVI)²³.

Using this criterion, 16% of respondents reach the threshold to indicate optimal levels of positive mental health (comparable with 16% in SLAN 2007).

- Again, men (19%) are more likely to fall within this grouping than women (12%), indicating optimal positive mental health is more prevalent among men
- Similarly, those aged 15-24 (21%) are more likely to indicate optimal levels of wellbeing
- Over one quarter of men aged 15-24 present optimal levels of energy and vitality (28%), in contrast with fewer women of the same age (12%)

Prevalence of High EVI by Gender and Age



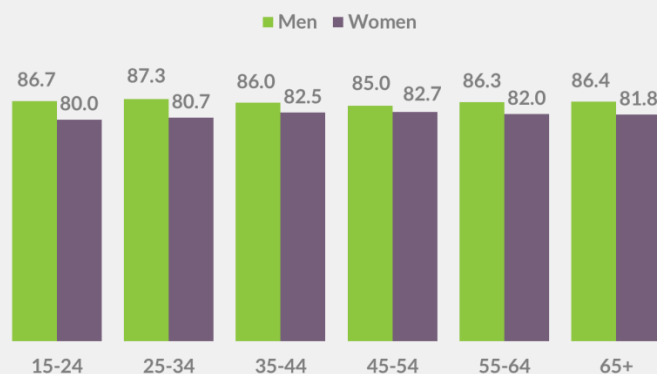
Negative Mental Health

Negative Mental Health was measured utilising the Mental Health Index-5 (MHI-5), which involved respondents indicating the extent to which they have experienced indicators of more negative aspects of mental health such as being "a very nervous person", feeling "downhearted and blue", "worn out", "tired" and "so down in the dumps that nothing could cheer you up". Again, this resulted in a total score ranging from 0 to 100, where lower scores were indicative of greater psychological distress.

On average, quite low levels of negative mental health are reported among the population as a whole, indicated by the relatively high average MHI-5 score of 83.9, again a level on par with SLAN 2007 (mean MHI-5 score: 82).

- Lower scores are recorded among women (mean MHI-5 score: 81.6) than men (mean MHI-5 score: 86.3), indicating less psychological distress among men than women
- There is little difference across age groups, though younger women aged 15-24 record the lowest average score (mean MHI-5 score: 80.0), indicating slightly more psychological distress, on average, when compared with other age groups

Mean MHI-5 Scores by Gender and Age

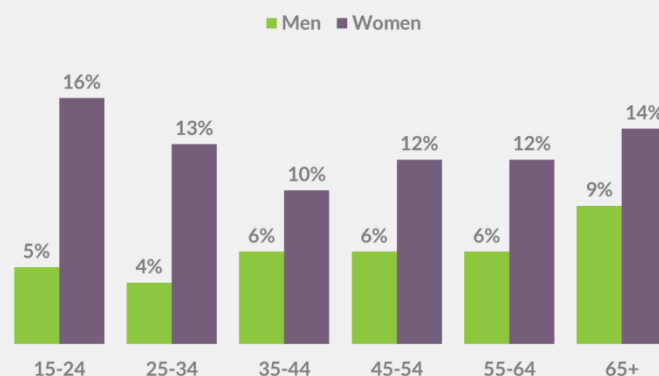


As with positive mental health, a negative mental health cut-off score of 56 has been established, with scores falling at or below this score indicating a 'Probable Mental Health Problem' (PMHP).²⁴

Using this cut-off score, approximately one in ten report psychological distress to the extent of indicating a probable mental health problem (9%). This is somewhat higher than the prevalence recorded in SLAN 2007 (6%).

- A PMHP is detected more frequently among women (13%) than men (6%), and is most prominent among young women aged 15-24 (16%)
- 9% of men aged 65 and over were scored as having a PMHP

Prevalence of PMHP by Gender and Age

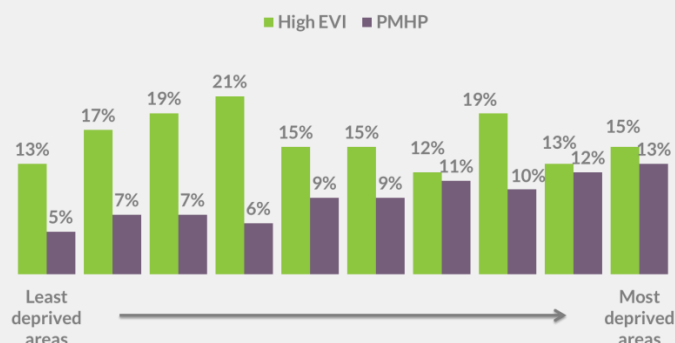


Socio-Economic Associations

Analysing mental health in the context of the deprivation index indicates a distinct association with negative mental health aspects in particular. While no intuitive pattern emerges with regard to prevalence of optimal levels of positive mental health, probable mental health problems are considerably more likely to be detected among those in the highest deprivation deciles. A PMHP was indicated by 13% of those living within the most deprived areas. This compares with 5% of those living within the least deprived areas.

Differences based on social class are less marked, though those within lower social classes (5 and 6) were identified as having a PMHP (9%; compared with 7% of those in the higher social classes).

Positive and Negative Mental Health by Deprivation Deciles



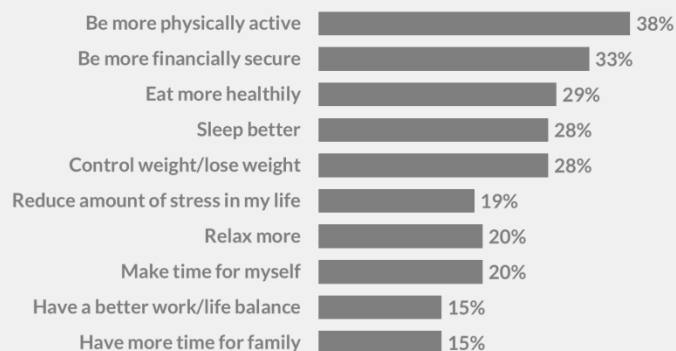
Making a Change

In addition to the aforementioned measures of positive and negative mental health, the Healthy Ireland survey also explored the potential changes individuals may like to make towards improving their health and wellbeing. This took the form of a pre-coded list, with the option of an open-ended response for any additional changes suggested by respondents.

91% of respondents report a desire to make at least one change towards improving their health and wellbeing. Of the top ten changes respondents are most likely to select:

- Almost 4 in 10 indicate they would like to be more physically active (38%; higher amongst those wanting to lose weight: 51%)
- One in three would like to be more financially secure (33% overall, though 46% of those unemployed).

Changes towards Improvement of Health and Wellbeing (Top 10)



Summary

On average relatively high levels of energy and vitality, and conversely low levels of psychological distress are indicated through these findings.

However, the results also highlight certain areas of concern, and individuals more at risk of poorer mental health than others. 9% present scores indicative of a probable mental health problem, with younger women and older men most at risk.

Results also highlight the importance of recognising the socio-economic determinants of mental health, with those experiencing the most deprivation also most likely to indicate a probable mental health problem.

12 Dementia

Key Facts

- 50% of the Irish population aged 15 and over personally know at least one individual with dementia
- One quarter (25%) report that a partner or close family member has/had dementia
- General understanding of dementia varies, with the majority of respondents understanding that dementia is a disease of the brain (85%)
- There is some awareness of modifiable risk factors for dementia, though for each of the five presented, over half are unable to identify these as risk factors
- In cases of suspected dementia, respondents would be most likely to talk to a family member or friend (42%), or to a doctor or nurse (29%), while 16% would talk to the person themselves

Background

Dementia is a progressive condition impacting on memory, language, ability to communicate, mood and personality. Dementia is more prevalent amongst older age groups. The prevalence of dementia in Ireland has been estimated at 47,849 individuals, with the numbers expected to increase across the coming decades in parallel with increasing population projections for older demographics.

The National Dementia Strategy aims to improve the lives of people with dementia. It addresses clinical pathways and guidelines, better information about community and other supports, improved linkages between care streams, public awareness, research and removal of stigma. A key message of the Strategy is that with the right supports, a person with dementia can live well, often for a long time. The emphasis is therefore on ability rather than on how a person is restricted.

In addition to involving a significant impact on functioning and quality of life for the individual with dementia themselves, dementia also impacts those within the individual's support system, through their experience of, and assistance with, many of the difficulties associated with the condition.

Research investigating the risk and protective factors surrounding dementia is constantly evolving, with our knowledge and understanding expanding through continuing research. However, there are still substantial gaps in our knowledge of dementia.

Numerous studies have indicated an association between preventable health behaviours or conditions, and an increased risk of developing the condition. For instance, studies have suggested a link between hypertension (blood pressure) and increased risk of developing dementia²⁵. Furthermore, studies have indicated that smoking constitutes a long-term risk of developing dementia in later life²⁶

Capturing public awareness and understanding of dementia is pivotal both in terms of understanding how the condition is perceived by the general public, and also in assessing the public's awareness of modifiable risk factors, to identify areas warranting greater education.

Contact with Individuals with Dementia

50% of the population report personally knowing at least one individual with dementia. This individual is most likely the respondent's partner or a close family member (25%), while less than 1% of respondents have dementia themselves.

Likelihood of knowing an individual with dementia increases with age, with just under two thirds of those aged 65 and over citing personal contact with at least one individual with dementia (65% compared with 29% of those aged 15-24).

Those within higher social classes (1 and 2) were more likely to personally know someone with dementia (57%), while those in lower social classes (5 and 6) were less likely (47%).

Contact with Individuals with Dementia

	%
Yes	50
My partner or a member of my close / immediate family	25
Friend(s) or acquaintance(s) I know less well	10
Friend(s) I know fairly well	7
Job involves/involved working with people with dementia	3
Colleague/someone at work	1
I have dementia myself	<0.5
Someone else	8
No, I don't know anyone who has or had, dementia	47
Not sure	3

General Understanding of Dementia

General understanding of dementia varies across the various characteristics of dementia that were explored among respondents. The vast majority of respondents correctly identify dementia as a disease of the brain (85%), while a smaller, though still substantial, proportion of respondents understand that dementia is not in fact part of the normal process of ageing (59%).

General Understanding of Dementia

		% Correct Answers
		%
Dementia is a disease of the brain	True	85
Dementia is a mental illness	False	48
Dementia is part of the normal process of aging	False	59
Dementia is another term for Alzheimer's disease	False	33

In contrast, there are a number of features of dementia that continue to be somewhat misunderstood by a considerable proportion of the population. While almost half of respondents understand that dementia is not defined as a mental illness (48%), over one third believe this to be the case (39%). Similarly, while one third knows that dementia and Alzheimer's disease are not interchangeable terms (33%); over half of respondents think dementia is another term for Alzheimer's disease (52%).

There is some indication of greater understanding among respondents who personally know an individual with dementia. This is particularly the case when understanding that dementia is a disease of the brain (92% of those with personal contact compared with 80% of those without). Furthermore, a greater proportion of respondents who know an individual with dementia correctly believe that dementia is not a mental illness (56% compared with 41% of those who don't). In addition, respondents who do not personally know someone with dementia are at least twice as likely to report that they do not know the answer across the features measured.

In all cases, those within higher social classes were more likely to identify the correct answer. This was particularly the case in understanding that dementia is *not* another term for Alzheimer's disease. 42% of those within the higher social classes (1 and 2) correctly identified this, compared with 32% of those in the middle (3 and 4) and 25% of those in the lower social classes (5 and 6).

Awareness of Risk Factors for Dementia

As detailed earlier, existing research indicates a myriad of modifiable risk factors in developing dementia. Knowledge is more developed in some areas than others, and given that dementia is an umbrella term for a number of associated conditions, certain modifiable risk factors are more associated with some types of dementia over others, according to available research.

Despite the gaps in current understanding of the condition, obtaining a snapshot of the public’s understanding and awareness of the factors related to dementia onset is hugely important as it provides an indication of the awareness of the role of potentially preventable health behaviours in developing this condition.

However, such awareness seems to be somewhat limited across the population as a whole. This is indicated foremost by the considerably high levels of respondents citing that they do not know the correct answer (circa one quarter to almost a half in all cases). Though, even among those attempting an answer, understanding is mixed.

High blood pressure and a healthy diet are among the more well-established modifiable risk and protective factors associated with dementia according to existing research. However, just one fifth of respondents correctly identify high blood pressure as a risk factor (20%), with over one third believing this not to be the case (35%). There is a greater understanding of the link between a healthy diet and decreased risk of dementia; with two in five respondents correctly identifying this as a protective factor (41%), though one in three believes this to be false (35%).

In relation to awareness of health related risk and protective factors and social class, some modest differences in understanding are apparent. Those within the higher social classes (1 and 2) are more likely to recognise the benefits of a healthy diet (46% considering it to be True compared with 42% of those within the lower social classes, 5 and 6). Those in the higher social classes (1 and 2) are also most likely to recognise the potential negative impact of smoking on risk of dementia (38% compared with 35% of those in the lower social classes (5 and 6). Little difference emerged in relation to understanding the potential risk associated with high blood pressure.

Identification of Risk Factors for Dementia

	True	False	Don't know
	%	%	%
High blood pressure increases your chances of getting dementia	20	35	44
If one of your parents gets dementia, you are more likely to get it too	42	34	24
Smoking has nothing to do with dementia	32	35	33
If you eat a healthy diet you are less likely to get dementia	41	35	24
People who drink heavily are more likely to get dementia	44	30	27

There is little consensus among the public in terms of understanding the association between smoking and increased risk of dementia onset. While over one third understand that smoking is related to dementia (35%), a similar proportion either believe smoking to have nothing to do with dementia, or are unable to provide a definitive answer.

Conclusive evidence for the hereditary properties of dementia, and impact of harmful alcohol consumption, has not yet been attained through empirical research, however there has been some indication that these factors are related to certain types of dementia. Two-fifths of respondents indicate that they believe these to be risk factors for dementia (42% and 44%, respectively).

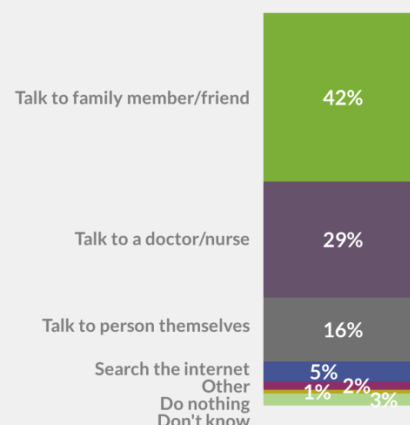
In terms of differences according to social class, those within the higher social classes (1 and 2) are more likely to agree that there is a hereditary connection to dementia (46% citing True compared with 39% in the lower social classes (5 and 6).

Again, those within the higher social classes (1 and 2) were more likely think that over-consumption of alcohol is a potential risk factor for dementia (47% compared with 44% of those in the lower social classes (5 and 6).

First Line Contact

Respondents were asked what their first response would be if they thought that someone close to them was showing early signs of dementia. Respondents are most likely to talk to a family member or friend (42%), or talk to a doctor or nurse (29%). 16% would choose to talk to the individual themselves, while only 1% of respondents would reportedly do nothing.

First Line Response when faced with Early Signs



Summary

These findings provide a snapshot of current awareness and understanding of dementia. Whilst much of the population has some exposure to the condition on some level with half of respondents knowing at least one individual with dementia, results indicate a number of areas in which knowledge and understanding could be improved.

For instance, four in five respondents understand that dementia is a disease of the brain, while half are aware that it is not defined as a mental illness.

However, respondents are more likely to incorrectly consider Alzheimer's disease to be interchangeable with the term dementia (52% reporting true compared with 33% reporting false). Furthermore, just one fifth are aware of the association between high blood pressure and dementia onset, while one third recognise the association between smoking and dementia.

Separately, respondents would be more likely to first talk to a family member or friend (42%) or doctor or nurse (29%) if they recognised early signs of dementia in someone close to them.

Key Facts

- 92% of those aged 17 and over have previously had sexual intercourse
- 85% indicate that they were in a relationship with the person with whom they last had sexual intercourse
- 24% used a condom when they last had sex
- 54% of men who most recently had intercourse with another man did not use a condom
- Almost 5 in 10 (47%) did not use any form of contraception on the last time they had sex²⁷, with 17% of those having sex outside of a steady relationship not using contraception

Background

The National Sexual Health Strategy will have as its central objective that everyone in Ireland experiences positive sexual health and wellbeing. Key to this will be that everyone has access to high quality sexual health information, education and services throughout their life. It will be the first time that a co-ordinated national strategy is implemented to address sexual health and wellbeing and to reduce negative health outcomes, including in the specific area of HIV.

Good sexual health is important both for individuals and wider society. Having an insight into sexual practices throughout the population is important in ensuring the appropriate information and support can be made available to facilitate informed decision making.

This survey asks four questions relating to sexual health – the gender of the last sexual partner, their relationship status with that person, whether or not they used a condom and any other forms of contraception used. The questions were only asked of those aged 17 and over (legal age of consent) and were administered using a self-completion approach. 87% of eligible respondents agreed to participate in this module.

Sexual Activity

Ninety-two percent of those participating in the sexual health module had previously had sexual intercourse (3% did not provide an answer to this question). Those aged 17-24 were the group least likely to have previously had intercourse (69%).

Gender of Most Recent Sexual Partner

	Men							Women						
	All	17-24	25-34	35-44	45-54	55-64	65+	All	17-24	25-34	35-44	45-54	55-64	65+
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Female	87	69	89	92	91	90	82	6	2	6	6	4	10	8
Male	6	5	6	5	4	5	8	85	62	89	90	92	85	83
Never had intercourse/ would rather not say	8	26	5	3	4	4	9	8	37	5	3	4	5	9

- Men aged 17-24 were more likely to have had intercourse (74%) than women of the same age (63%), however no difference existed between the genders for those aged 65 and over
- 86% previously had sexual intercourse with a member of the opposite sex, 6% with a member of the same sex and 3% did not answer

Women aged 17-24 are less likely than men of the same age to have had sex with someone of the same gender (2% and 5% respectively). Women aged 55-64 are most likely to have had most recent intercourse with another woman (10%).

Relationship Status

Over 8 in 10 (85%) indicate that they were in a relationship with the person with whom they last had sexual intercourse. Most (70%) indicated that they were married/living as married at the time. Relationship status differs across the population, with most noteworthy differences through the gender and age of individuals.

Relationship with Most Recent Sexual Partner

	Men							Women						
	All	17-24	25-34	35-44	45-54	55-64	65+	All	17-24	25-34	35-44	45-54	55-64	65+
Living together/ steady relationship	82	42	78	89	87	88	89	88	62	84	90	90	93	93
Not in a relationship	14	50	18	8	8	7	5	8	33	11	5	5	3	2
Other/not stated	5	8	4	3	5	4	6	5	5	4	5	5	4	5

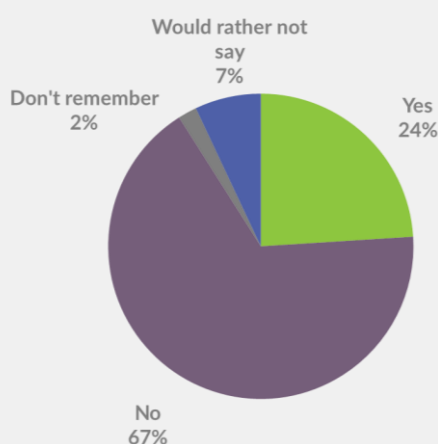
- Women (88%) are more likely than men (82%) to have been in a relationship with the person with whom they most recently had sexual intercourse
- Those aged 17-24 (51%) are less likely than other groups to have been in a relationship with that person, with men in this age group less likely than women to have been in a relationship (42% and 62% respectively)
- 12% of men aged 17-24 indicate that they had only just met the person when they last had sexual intercourse, with a further 19% indicating that they had recently met this person

A further difference exists in terms of the gender of the last sexual partner. Three quarters (75%) of those whose most recent sexual partner was someone of the same gender were in a relationship with this individual. In this regard, men who most recently had a same sex partner were less likely to be in a relationship with this person (men: 66%; women: 83%).

Condom Usage

Sexual partnerships are an important part of a healthy society, however they also present the potential for risk through the transmission of STIs, HIV and crisis pregnancies. It is important that individuals protect themselves where necessary and the usage of condoms is the only reliable form of protection in many cases.

Whether used a Condom on Most Recent Occasion of Sex



Just under 1 in 4 (24%) used a condom on the most recent occasion of sex, with men (28%) more likely to have used them than women (21%).

- Major differences exist across age groups in terms of condom usage with two-thirds (66%) of 17-24 year olds using them compared to 5% of those aged 65 and over. Men aged 17-24 were most likely to have used a condom (69%)
- Differences in terms of condom usage by age may be due to differences in relationship status at the time of sex. Condom usage is highest amongst those who had just/recently met (73%) and lowest amongst those who were living together (16%)
- 54% of men who most recently had sex with another man did not use a condom

Usage of other forms of Contraception

The survey also measured a variety of other forms of contraception that may have been used. Whilst condoms are the most commonly used form of contraception, just over one quarter (27%) used a different form of contraception. This is most commonly the contraceptive pill (17%) or a form of IUD (Intrauterine Device: 6%).

Forms of Contraception Used

	Men						Women					
	17-24	25-34	35-44	45-54	55-64	65+	17-24	25-34	35-44	45-54	55-64	65+
	%	%	%	%	%	%	%	%	%	%	%	%
No method used	7	24	39	50	72	79	8	24	33	51	78	82
Condom	69	44	28	19	10	6	62	34	24	14	7	4
Contraceptive pill	27	31	20	12	4	2	43	36	22	8	4	1
Other	6	6	11	11	3	1	13	14	21	23	2	2
Don't know/ Not stated	13	10	9	13	14	14	9	8	8	9	10	11

- Usage of the contraceptive pill is highest amongst the 17-24 and 25-34 age groups (35% and 34% respectively).
- Women in these age groups were more likely to have reported to have used a contraceptive pill (43% and 36% respectively) than men (27% and 31% respectively). However, at least part of this difference could be due to awareness that it was used
- Usage of IUDs is highest amongst 35-44 and 45-54 year olds (10% and 12% respectively), however notable differences exist between the genders in these age groups. 15% and 17% of women in these age groups used them compared to 5% and 7% of men. Again, part of this difference could be due to awareness that it was used.

Almost half (47%) used no form of contraception on the last occasion of sex, with no difference between men and women in this respect.

- Older individuals are much less likely to have used contraception. 81% of those aged 65 and over did not use any form of contraception when they last had sex, compared with 7% of those aged 17-24
- Over half (57%) of those living together did not use contraception. 17% of those who had sex with someone outside of a steady relationship did not use any form of contraception nor did 24% of those in a steady relationship but not living together

Summary

This survey shows that the patterns of sexual behaviour and usage of contraception differ widely across the population, with lifestage, sexual preference and relationship status all key influencing factors in this regard.

Whilst many are practicing safer sex, it is of some concern that some groups are exposing themselves to increased risk of undesired sexual outcomes – STIs, HIV or crisis pregnancies.

Of note in this regard is the 54% of men who most recently had intercourse with another man who did not use a condom. This gives rise to particular concern considering the higher prevalence amongst this group of sex with someone just recently met. However, the study also presents evidence of more widespread risky behaviour, with 17% of all those having sex with someone outside of a steady relationship not using any form of contraception.

Whilst in real terms these may represent small groups of the population, the exposure to risk for these individuals is significant.

REFERENCES

- 1 Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- 2 Howell, F. Shelley, E (2011). Mortality attributable to tobacco use in Ireland. The Faculty of Public Health Medicine RCPI Winter meeting
- 3 Findings between the 2015 Healthy Ireland Survey and the 2007 SLAN Survey are not strictly comparable. The 2015 Healthy Ireland Survey defines a smoker as someone who smokes daily or occasionally, whereas the 2007 SLAN Survey defined a smoker as someone who smokes every day or some days. In addition, the 2015 Healthy Ireland Survey measures smoking amongst 15+ population, in keeping with current international best practice, whereas the 2007 SLAN Survey measured consumption amongst 18+ population.
- 4 Source Q1 2015 QNHS for latest 15+ population estimate
- 5 World Health Organization's Global Status Report on Alcohol and Health 2014
- 6 Whilst some limitations exist when using IPAQ to measure physical activity at a population level, it is generally considered as a reliable way in which to do this
- 7 Biswas A, Oh PI, Faulkner GE, Bajaj RR, Silver MA, Mitchell MS, et al. Sedentary Time and Its Association With Risk for Disease Incidence, Mortality, and Hospitalization in Adults: A Systematic Review and Meta-analysis. *Ann Intern Med*. 2015;162:123-132.
- 8 TAM Ireland/Ipsos MRBI Total Viewing Study 2014
- 9 These figures do not include the 13% of respondents who refused to participate in this survey module and the 5% unable to participate due to physical limitations.
- 10 safefood. (2012) *The cost of overweight and obesity on the island of Ireland: Executive summary* [Online]. Available from: <http://www.thehealthwell.info/node/336226>
- 11 Data weighting is included to account for this differential response (further detail on this is provided in the Methods section).
- 12 A healthy BMI is one within the range 18.5-24.99kg/m². Underweight BMI: 15-18.49kg/m². Overweight BMI: 25-29.99kg/m². Obese BMI: >30kg/m²
- 13 House J. S. Social Isolation Kills, But How and Why? *Psychosomatic Medicine*. 2001;63:273-74.
- 14 Timonen, V., Kamiya, Y. & Maty, S. (2011). Social engagement of older people. In *Fifty Plus in Ireland 2011: First results from The Irish Longitudinal Study on Ageing*, edited by A. Barrett, G. Savva, V. Timonen and R.A. Kenny, pp.51-72.
- 15 Umberson, D. & Montez, J.K. (2010). Social relationships and health: A flashpoint for health policy. *J Health Soc Behav*. 51(Suppl): S54-S66.
- 16 O'Campo et al. (2015) The neighbourhood effects on health and well-being (NEHW) study. *Health & Place*, 31 (65-74).
- 17 Ipsos MRBI (2014). *Irish Sports Monitor 2013 Annual Report*. Dublin: Irish Sports Council
- 18 Information on depression. Retrieved from <http://www.aware.ie/help/information/information-on-depression/>
- 19 Department of Health & Children (2006). 'A Vision for Change' Report of the Expert Group on Mental Health Policy. Stationary Office, Dublin.
- 20 Promoting mental health: concepts, emerging evidence, practice. Geneva, World Health Organization, 2005
- 21 Van Lente E, Barry MM, Molcho M, Morgan K, Watson D, Harrington J, McGee H. Measuring population mental health and social well-being. *International Journal of Public Health*. 2012; 57(2):421-30
- 22 The Energy and Vitality Index (EVI) comes from the RAND SF-36 questionnaire.
- 23 Respondents obtaining scores equal or over 1 standard deviation of the mean are defined as falling within a "High Energy and Vitality group" (High EVI).
- 24 Those with a score equal to or below the recommended cut-off score of 56 were identified as having a 'Probable Mental Health Problem' (PMHP): Lavikainen J, Fryers T, Lehtinen V (2006): Improving mental health information in Europe. Proposal of the MINDFUL project (ed). STAKES, Helsinki.
- 25 Kennelly, S.P., Lawlor, B.A., Kenny, R.A. (2009). Blood pressure and dementia – a comprehensive review. *Ther Adv Neurol Disord*, 2(4), 241-260.
- 26 Rusanen, M. et al. (2011). Heavy smoking in midlife and long-term risk of Alzheimer Disease and vascular dementia. *Arch Intern Med*, 171(4), 333-339.
- 27 Figures in this section relating to those not using contraception will include those individuals who may be trying to conceive or have passed the menopause

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