



# Population Health and Demographics

To inform preparation of  
Health Service Executive Corporate Plan  
2020 - 2022

**November 2019**



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## Introduction

This is a paper profiling the population health and demographics in Ireland created to support Board deliberations in the development of the Corporate Plan 2020-2022.

## Aim

The aim was to present a summary of the current population health status, demography and lifestyle style risk factors with a focus on differences between population groups and health inequalities to provide relevant key insights and observations to inform the Health Service Executive (HSE) Corporate Plan 2020-2022.

## Methodology

The population health of Ireland profiled in this paper was derived from relevant HSE data sources, the Central Statistics Office (CSO), the Department of Health (DOH), population health longitudinal surveys and key health reports. Analysis focused on identifying any differences in trends between genders, population groups and socially disadvantaged groups and has been presented by the main population age cohorts, e.g., children, adults and older adults.

## Caveats/ limitations

Population figures and the projections are taken from the CSO 2016 Census. Population projections are based on the M2, F2 scenario. Some data are older than 10 years but have been reported here in lieu of more recent data. This is a comprehensive overview of current population health, health status and demographics but for brevity it is not exhaustive.

## Linking to Corporate Plan Principles

We have considered the key principles which will guide the corporate plan and highlighted below which principle this research paper will support.

Corporate Plan Principles	
Focused on the People Who Use Our Services	✓
Evidence Based	✓
Outcomes Based	✓
Written in Simple, Plain English	✓
Real and Achievable	
Implementation Ready	

## Summary

### Population profile

- Over 4.9 million people live in Ireland and this is projected to reach 5.64 million by 2038
- Adults 65 years and over are increasing on average by 20,000 per year. At the same time there is a large young population with over a quarter of the population aged between 0-17 years
- Life expectancy has been increasing in Ireland. In 2018, life expectancy for females and males in Ireland was 83.6 years and 79.9 years, respectively, having increased by 2 and 3 years since 2006<sup>1</sup>. Although it has been and continues to be higher for women the gap is reducing
- The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases
- Life expectancy in Ireland is now above the European Union (EU) average and the proportion of life beyond the age of 65 to be lived in good health is higher compared with the EU average
- However, life expectancy is lower among unskilled workers compared to professional workers and there are groups within the population, such as Travellers and the homeless, that studies have shown have lower life expectancy
- Age-standardised mortality rates have declined for all causes over the past decade. Mortality rates from circulatory system diseases decreased by 31.5% between 2008 and 2017, and cancer death rates decreased by 11.3%
- The prevalence of chronic disease in the population continues to increase due to a reduction in mortality from chronic diseases but also due to increasing incidence of chronic disease in the population.

### Children (0-14 years)

- The number of children 0-14 years in the population is projected to decrease by -0.8% (-8,676) from 2019 to 2022
- Breastfeeding rates seen nationally were 58% in 2017
- In Ireland in 2017, the uptake of the 3<sup>rd</sup> 6 in 1 vaccine by 24 months was 95% and the uptake of the measles, mumps and rubella (MMR) vaccine by 24 months in 2017 was 92%
- 18.1% of children are overweight or obese with 15% of 5-year-olds overweight and a further 5% obese. While physical activity among teenagers was 50.8%
- Self-reported binge drinking among teenagers was 8.7%.

### Adults (15-64 years)

- This population cohort is expected to increase by 2.6% (80,577) between 2019 and 2022
- Across Ireland overweight and obesity rates for adults are 62%, smoking is 22%, binge drinking is 30% and adults who report being physical active at the recommended levels are 56%
- Breast cancer incidence is 121.9/100,000 for women and prostate is 141.8/100,000 for men  
Higher colorectal, lung and melanoma rates are seen in men compared to women
- The total average rate of suicide in Ireland (per 100,000) in 2016 was 8.5 (n = 399).

### Older Adults

- Since 2009, the population aged 65 and over has increased by 35%, which is considerably higher than the EU average of 16%

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<sup>1</sup> Health in Ireland: Key Trends 2018, Department of Health, Dec 2018. <https://health.gov.ie/blog/press-release/health-in-ireland-key-trends-2018/>

- This population cohort is projected to increase by 10.1% (70,084) from 2019 to 2022, while those 85 years and over will increase by 14.1% (10,634) in the same period
- There is an increased prevalence of chronic disease and frailty with increased age. By 2022 it is projected that there will be 656,270 people aged 65 years and over with at least one, and 489,380 people with two or more, chronic conditions<sup>2</sup>.

## Health Inequalities

### Overview

- There is a strong link between poverty, socio-economic status and health
- In total, 22.5% of the population (n = 1,072,707) are exposed to disadvantage; these numbers have increased between 2011 and 2016 by 9.1% while those living in extreme disadvantage increased by 9.8%
- Out-of-pocket payments often stop people seeking preventative and necessary healthcare, which can often result in more serious conditions and more expense at a later point
- In 2017, the consistent poverty rate in Ireland was 6.7%, compared with 8.2% in 2016
- The average life expectancy for a homeless person is just over 42 years
- In July 2019 there were 6,497 adults and 3,788 children who were homeless in Ireland. Between July 2018 and July 2019, homeless figures have increased by 7.9% for adults (6,024 to 6,497) and decreased slightly -2.3% for children (3,867 to 3,778) nationally
- The Dublin region accounts for 66% of all homelessness
- Nearly half of Roma population in Ireland do not have access to medical cards and General Practitioner (GP) care
- Drug-related deaths in 2016 among people who inject drugs was 5%, 65% of which were in Dublin City. Alcohol was implicated in 132 drug-related deaths in 2016.

### Children

- In 2017, 8.8% of children (0-17 years) lived in consistent poverty – down from 10.9% in 2016. 63% of all children in consistent poverty are in jobless households<sup>3</sup>
- The at risk of poverty rate for households with one adult and one or more children aged under 18 was 39.9%<sup>4</sup>
- Traveller infant mortality rates are 3.6 times higher than of the general population
- At the end of March 2019 there were 6,005 children in care in Ireland, 646 children were in private placements, 89% (n = 5,336) of children in care had an allocated social worker, 669 children were awaiting allocation of a social worker<sup>5</sup>.

### Adults

- Most socio-demographic groups experienced a decline deprivation rates year-on-year from 2017. Those who were not at work due to illness or disability had the highest deprivation rate in 2017 at 45.9%
- The deprivation rate for those at-risk of poverty was 42.8% in 2017 compared with a high of 55.3% in 2013. The deprivation rate for those not at-risk of poverty was 14.3% in 2017, compared with a high of 25.8% in 2013<sup>4</sup>.

<sup>2</sup> Smyth B, Donohue M, Kavanagh P, Kitching A, Feely E, Collins L, Cullen L, Sheridan A, Evan D, Wright P, O'Brien S, Migone C. Planning for Health: Trends and Priorities to Inform Health Service Planning 2017. Report from the Health Service Executive

<sup>3</sup> [https://statbank.cso.ie/multiquicktables/quickTables.aspx?id=sia12\\_sia20](https://statbank.cso.ie/multiquicktables/quickTables.aspx?id=sia12_sia20)

<sup>4</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2017/povertyanddeprivation/>

<sup>5</sup> [https://www.tusla.ie/uploads/content/Q1\\_2019\\_Service\\_Performance\\_and\\_Activity\\_Report\\_V7.0.pdf](https://www.tusla.ie/uploads/content/Q1_2019_Service_Performance_and_Activity_Report_V7.0.pdf)

- An analysis of consistent poverty rates by principal economic status shows that the consistent poverty rate was highest among unemployed individuals (24.1%) and those who were not at work due to illness or disability (24.0%). The consistent poverty rate was lowest among those who were at work (1.4%) and those who were retired (1.5%)<sup>4</sup>
- The All Ireland Traveller Health Study found mortality rates significantly higher among Travellers than among the general population. Mortality rates among Traveller males are 3.7 times higher than the general male population and among Traveller women mortality rates are 3 times higher
- Prevalence of chronic illness is higher in more deprived areas. The Institute of Public Health in Ireland has calculated that the incidence of stroke is 2.2 times higher, and Coronary Heart Disease (CHD) is 2.5 times higher in the most deprived Local Health Office Areas (LHOs) compared to the least deprived LHOs. In addition, diabetes prevalence in the most deprived LHOs is 1.4 times that in the least deprived LHOs<sup>6</sup>.

### **Impact on Health and Social Care Services**

- The Health Service Capacity Review forecast that the demand for healthcare is expected to grow significantly across the primary, acute and social care settings in the next 15 years because of demographic and non-demographic change<sup>7</sup>. This includes:
  - Up to 46% rise in demand for primary care
  - 39% rise in the need for long term residential care
  - 70% increase in demand for homecare
  - 24% increase in non-elective inpatient episodes in public hospitals
- To address the increasing demand requires a multi-pronged approach including health and wellbeing initiatives, health improvement /prevention programmes, enhanced primary care and community care services and an increment in capacity including hospital beds, residential care and homecare packages
- Also required are management measures to improve patient flow. The Capacity Review in 2018 forecast that to meet this demand required a 37% increase in the primary care workforce; up to 12,000 residential care beds; 70% increase in homecare and 7,150 extra hospital beds.

### **Summary Conclusions on Population Health and insights for Corporate Planning**

- The population of Ireland is increasing with an expected population of 5.64 million by 2038. The number and proportion of people over 65 years in Ireland continues to increase with approximately a 3% increase each year in 2019 and 2020. It is expected that by 2038 more than one in five will be 65 years or older. However, it is also important to note that about quarter of our population in 2016 were under 17 years or younger
- Life expectancy has been increasing in Ireland for both males and females with the greatest gains being in the older age groups
- However, life expectancy is lower among unskilled workers compared to professional workers and there are groups within the population that have lower life expectancy such as Travellers and the homeless
- There is also an increasing prevalence in the general population, particularly in the increasing proportion of older persons, of chronic diseases such as diabetes and cardiovascular and respiratory diseases

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<sup>6</sup> Balanda, K.P., Barron, S., Fahy, L., McLaughlin, A. Making Chronic Conditions Count: Hypertension, Stroke, Coronary Heart Disease, Diabetes. A systematic approach to estimating and forecasting population prevalence on the island of Ireland. Dublin: Institute of Public Health in Ireland, 2010

<sup>7</sup> Health Service Capacity Review 2018: Review of Health Demand and Capacity Requirements in Ireland to 2031 Main Report. Department of Health. <https://health.gov.ie/wp-content/uploads/2018/02/71580-DoH-Dublin-Report-v6.pdf>

- Lifestyle behaviours which are modifiable such as smoking, alcohol consumption, healthy eating and inactivity are among the factors for many chronic diseases and therefore, the health services need to focus on supporting the population in making health choices
- It is also important to note that social determinants such as income, education, employment and housing impact on the health and wellbeing of the population. There is some evidence that deprivation is increasing in Ireland but there are also groups within our population that are particularly vulnerable such as the homeless and asylum seekers who may need specific and targeted supports and services from health and social services
- These issues impact on the health and wellbeing of the population and lead to an increasing demand on health and social services. The demand for healthcare is expected to grow significantly across the primary, acute and social care settings in the next 15 years because of demographic and non-demographic change<sup>8</sup> with significant increased demand on primary care, long term residential care, homecare and hospital inpatient care.

## Demographics

- Over **4.9 million** people live in Ireland<sup>9</sup>
- The total population is projected to reach **5.64 million by 2038**. More than one in five people are expected to be aged 65 years or older by 2038
- The greatest change in population structure over the last ten years is the growth in both the proportion and the number of people aged 65 years and over, increasing from 11.6% in 2011 to 13.3% in 2016
- It is projected that people aged 65 years and over will increase by 21,969 (3.3%) in 2019 and by 23,327 (3.3%) in 2020
- In 2016 a quarter of our population were children aged 0-17 years<sup>10</sup>
- According to Census 2016, there were 30,987 Irish Travellers representing 0.7% of the general population, an increase of 5.1% on the 2011. Nearly 40% are children under 15 years old and 3% are 65 years or over
- According to Census 2016, there were 535,475 non-Irish nationals living in Ireland (a decrease of 1.6% on Census 2011). Ten nationalities accounted for 70% of the total figure with Polish nationals (122,515) made up the largest group
- There were 61,016 births in 2018, 1,037 fewer births compared with 2017
- The death rate has remained static from 2016 to 2018 with a rate of 6.4 per 1,000 population.
- The infant mortality rate in 2018 was 3.1 per 1,000 live births (or 187 infant deaths)
- The average maternal age for all births registered in 2018 was 32.9 years (0.1 higher than 2017), with teenage births reducing to 980 births in 2018 from 1,041 births in 2017 and 1,098 in 2016<sup>11</sup>.

## Life expectancy

- In 2018, life expectancy for females and males in Ireland was 83.6 years and 79.9 years, respectively, having increased by 2 and 3 years since 2006<sup>12</sup>

<sup>8</sup> Health Service Capacity Review 2018: Review of Health Demand and Capacity Requirements in Ireland to 2031 Main Report. Department of Health. <https://health.gov.ie/wp-content/uploads/2018/02/71580-DoH-Dublin-Report-v6.pdf>

<sup>9</sup> Population and Migration Estimates, Central Statistics Office, August 2019 <https://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2019/>

<sup>10</sup> Census 2016, Central Statistics Office.

<sup>11</sup> Vital Statistics Yearly Summary 2018, CSO, May 2019 <https://www.cso.ie/en/csolatestnews/pressreleases/2019pressreleases/presstatementvitalstatisticsyearlysummary2018/>

- Life expectancy for women is higher than for men, as in most countries, however this gap has narrowed in the past decade, and male life expectancy in 2016 was 3.7 years below female life expectancy compared to 5.6 years in 1996
- The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases
- Not only is life expectancy in Ireland now above the EU average (Figure 1), but the proportion of life beyond the age of 65 to be lived in good health is higher, compared with the EU average
- Since the 1990s, a pattern showing that life expectancy is lower among unskilled workers compared to professional workers has emerged in Ireland<sup>13</sup>
- However, there are groups within the population that studies have shown have lower life expectancy. Studies in 2010 reported that male Traveller life expectancy was 61.7 years (15.1 years less than men in the general population in 2010) and for female Travellers was 70.1 years (11.5 years less than women in the general population in 2010).

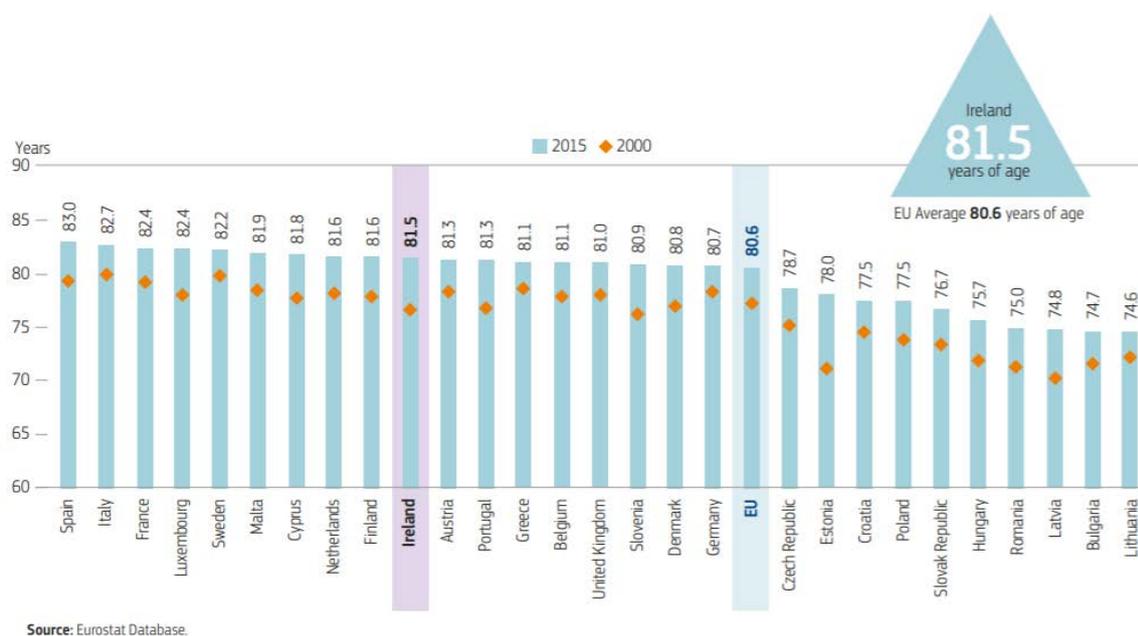


Figure 1: Life expectancy in Ireland is increasing faster than the EU average

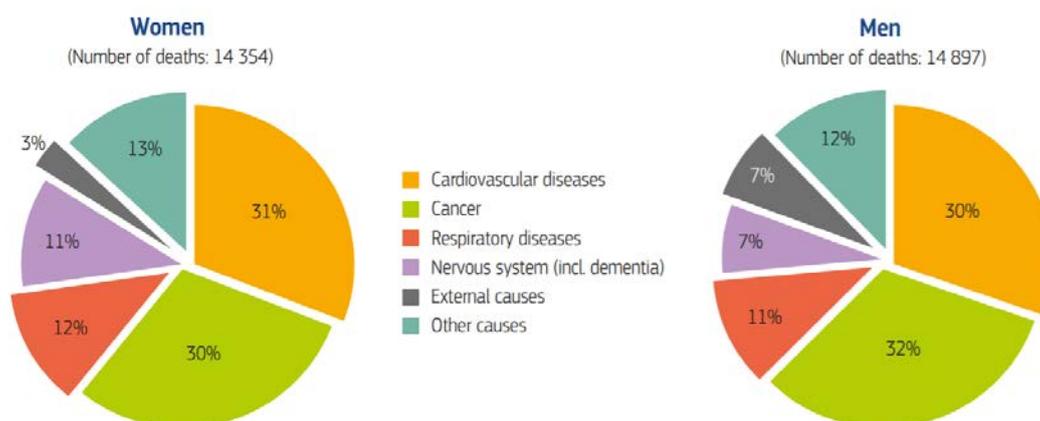
## Mortality

- Age-standardised mortality rates have declined for all causes over the past decade. This decrease is particularly strong for mortality rates from stroke (-39%), breast cancer (-16%), suicide (-26%) and pneumonia (-39%)
- Infant mortality, measured as deaths per 1,000 live births, has also decreased by 26% since 2008 and remains below the EU average. However, although the infant mortality rate among Traveller infants has fallen slightly to 14.1 per 1,000 this is still significantly higher than the current death rate among infants in the general population

<sup>12</sup> Health in Ireland: Key Trends 2018, Department of Health, Dec 2018. <https://health.gov.ie/blog/press-release/health-in-ireland-key-trends-2018/>

<sup>13</sup> Layte R and Banks J. Socioeconomic Differentials in Mortality by Cause of Death in the Republic of Ireland, 1984-2008. *European Journal of Public Health* 2016, **26**(3):451-458

- Mortality rates from circulatory system diseases decreased by 31.5% between 2008 and 2017, and cancer death rates decreased by 11.3%. Nevertheless, cancer, cardiovascular disease and respiratory disease still account for over 70% of all deaths in Ireland (Figure 2)
- A 2010 study noted that Travellers in general, but particularly male Travellers, continue to have higher rates of mortality for all causes of death. Furthermore, suicide rates are almost seven times higher among Traveller men compared with men in the general population
- The reduced mortality rates seen, however, result in an increased prevalence of chronic disease.



**Note:** The data are presented by broad ICD chapter. Dementia was added to the nervous system diseases' chapter to include it with Alzheimer's disease (the main form of dementia).  
**Source:** Eurostat Database (data refer to 2014).

**Figure 2:** Cancer and cardiovascular diseases account for over 60% of all deaths in Ireland

## Chronic Disease

The prevalence of chronic disease continues to increase due to a reduction in mortality from chronic diseases but also due to increasing incidence of chronic disease in the population.

### Children (0-14 years)

- In 2009: 11% of 9-year-olds had a chronic illness or disability<sup>14</sup>. Respiratory illnesses for example asthma were the most common, accounting for almost half of all illnesses (47%) followed by mental and behavioural conditions (17%) and skin conditions (5%)
- Boys were more likely than girls to be affected by a mental and behavioural condition (21% compared to 11%)
- Chronic illness or disability was more heavily concentrated among children from lower socio-economic backgrounds.

### Adults (15-64 years)

- It is estimated that over 1.07m people over the age of 18 years in Ireland currently have one or more chronic diseases including cancer (90,000), cardiovascular disease (250,000), respiratory disease (440,000) and diabetes (190,000)<sup>9,10</sup>
- In 2017, four chronic conditions (heart failure, asthma, chronic obstructive pulmonary disease (COPD) and diabetes) accounted for 27.31% of all acute hospital bed days

<sup>14</sup> Growing Up In Ireland. The Health of 9 Year Olds, July 2009

- The most common newly diagnosed cancers in Ireland for the years 2013 – 2015 were for men: prostate, colorectal and lung and for women: breast, lung and colorectal. The next most common new cancer for both genders is melanoma
- In 2017, 28,388 people were recorded as having an intellectual disability (ID). 7,500 people with ID were in receipt in full-time residential services. 27,902 people availed of at least a one-day programme and 139 people were residing in psychiatric hospitals.

## Older Adults

- Since 2009, the population aged 65 and over has increased by 35%, this is considerably higher than the EU average of 16%
- There is an increased prevalence of chronic disease and frailty with increased age. By 2022 it is projected that there will be 656,270 people aged 65 years and over with at least one, and 489,380 people with two or more, chronic conditions<sup>15</sup>
- The number of people reporting a chronic illness or health problem in Ireland is lower than the EU average, at around 27% of the population
- Poly-pharmacy (i.e. taking five or more medications) has increased from 21% in 2010 to 26% in 2012
- While overall age-adjusted cancer incidence is decreasing in Ireland, the absolute number of cancer diagnoses is expected to approximately double, to 43,000, by 2045, due to population growth and ageing
- The impact of age-specific conditions is also expected to increase significantly over the coming years:
  - Frailty currently affects 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland
  - The number of people suffering with dementia is projected to increase from 54,793 people in 2016 to 152,157 people in 2046.

## Mental health

In Ireland, as in many countries, the prevalence of mental health issues has been increasing. Many of these issues are managed in the community and primary care. Only a small percentage of people with mental health issues are admitted to hospital

- One in 4 people in Ireland will suffer from mental health problems at some stage in their life and 75% of the first onset of poor mental health occurs under the age of 25<sup>16</sup>. The overall economic cost of mental health problems was estimated at just over €3 billion in 2006<sup>17</sup>
- There were 17,000 psychiatric admissions in 2018. The main diagnoses were depressive disorder, schizophrenia, mania and alcoholic disorders

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<sup>15</sup> Smyth B, Donohue M, Kavanagh P, Kitching A, Feely E, Collins L, Cullen L, Sheridan A, Evan D, Wright P, O'Brien S, Migone C. Planning for Health: Trends and Priorities to Inform Health Service Planning 2017. Report from the Health Service Executive.

<sup>16</sup> Headstrong (2013) Conceptual and Empirical Underpinnings of Community-based Early Intervention and Prevention in Youth Mental Health. Dublin: Headstrong, The National Centre for Youth Mental Health.

Available at:

[http://www.headstrong.ie/sites/default/files/Early%20Intervention%20and%20Prevention%20in%20Youth%20Mental%20Health%20\(updated%2023-7-13\).pdf](http://www.headstrong.ie/sites/default/files/Early%20Intervention%20and%20Prevention%20in%20Youth%20Mental%20Health%20(updated%2023-7-13).pdf)

<sup>17</sup> O'Shea, E. and Kennelly, B. (2008) The Economics of Mental Healthcare in Ireland. Galway: Irish Centre for Social Gerontology and Department of Economics, National University of Ireland, Galway. Available at: [http://www.mhcirl.ie/documents/publications/The\\_Economics\\_of\\_Mental\\_Health\\_Care\\_in\\_Ireland%202008.pdf](http://www.mhcirl.ie/documents/publications/The_Economics_of_Mental_Health_Care_in_Ireland%202008.pdf)

- 408 psychiatric admissions in 2018 were for children and adolescents (63% were female); 31% depressive disorder; 15% neuroses, 12% schizophrenia and 8% eating disorders
- There were 11,600 self-harm presentations to hospital in 2017, giving a European age-standardised rate of 199 per 100,000
- Suicide rates have fallen by 26% in the last decade and the rate in 2016 was 8.5 per 100,000<sup>18</sup>, placing Ireland below the EU average for both men and women
- Although, in 2014, 90% of children aged 10–17 reported being happy with their lives, only 30% of girls aged 15–17 reported feeling happy with the way they were<sup>20</sup>.

## Modifiable Health Behaviour and Lifestyle Factors

Many of the chronic diseases now increasingly prevalent in Ireland may be prevented, or their effects mitigated, by positive lifestyle changes. Taking regular exercise and having regular social interaction, eating a healthy diet, consuming alcohol in moderation and not smoking can significantly improve the length and quality of an individual’s life. There are also prevention programmes that can impact on health and wellbeing such as vaccination and screening programmes. Several studies have investigated these determinants of health among the Irish population.

### Children (0-14 years)

- In 5-year-olds 15% were overweight and a further 5% were obese; 17% of 5 year old girls were overweight compared to 13 % of boys, and obesity levels were significantly higher in the lowest income group (7% versus 4% in the highest income group)<sup>19</sup>.

**Table 1:** Lifestyle risk factors for children participating in the Health Behaviour in School-aged Children (HBSC) survey<sup>20</sup>

Risk Factor	National (%)
Overweight/ obese	18.1
Smoking	6.2
Physical active on at least 5 days of the week	50.8
Binge drinking	8.7
Used cannabis in the past year	6.8

*Data Source: Health Behaviours in School Aged Children, 2014*

### Childhood Vaccination

- In Ireland in 2017, the uptake of the 3rd 6 in 1 vaccine by 24 months was 95%<sup>21</sup> and of the MMR vaccine by 24 months was 92%<sup>21</sup> an increase from a rate of 89% in 2008
- The national rate of HPV2 (at least 2 doses of vaccine) in 2017/18 was 64.1% - an improvement of 13.1% since 2016/2017.

<sup>18</sup> National Suicide Research Foundation. <https://www.nsrp.ie/statistics/suicide/>

<sup>19</sup> Growing Up in Ireland Survey data 2019 and 2018

<sup>20</sup> Health Behaviours in School Aged Children, 2014

<sup>21</sup> Immunisation Uptake Statistics, Health Protection Surveillance Centre, 2017

## Adults (15-64 years)

- 36% of respondent's normal weight, 39% are overweight, 23% are obese and 2% are underweight<sup>22</sup>
- The prevalence of smoking has declined from 23% in 2015 to 20% in 2018, with 44% of all smokers reporting they have tried to quit in the past 12 months<sup>23</sup>
- Three-quarters of the population reported drinking alcohol in the past year with 37% of the population report binge drinking (drinking six or more standard drinks on a typical drinking occasion)
- Almost two thirds (65%) of the population are aware that people should be active for at least 150 minutes each week<sup>24</sup> with 32% reporting they undertook sufficient levels of physical activity. Over a third (37%) of the population report that they consume at least five portions of fruit and vegetables daily
- As in other EU countries, many behavioural risk factors to health in Ireland are more common among people from groups with lower socioeconomic status. For example, people living in the most deprived areas of Ireland are more than twice (35%) as likely to smoke as those living in the least deprived areas (16%). The situation is similar for other risk factors such as binge drinking and obesity<sup>20</sup>.

## Screening

- BreastCheck screening remains above target at 76.4% (and above the Organisation for Economic Co-operation and Development (OECD) average of 60.8%). CervicalCheck screening target is at 78% (slightly higher than OECD average). The national uptake rate of BowelScreen is just above the target rate of 50%, at 51%
- The 5-year age-standardised survival rates for Breast (85%), Cervical (66.2%) and Bowel cancer (60.5%), between 2010 and 2014, did not differ significantly from the OECD average.

## Older Adults

- A large proportion (45%) of adults aged 50 and over, taking part in The Irish Longitudinal Study on Ageing (TILDA) study, walked less than 150 minutes per week. This was particularly the case in those aged 75 and older
- In 2018, 56% of eligible persons aged 65 and over received their flu vaccination (Target rate 75%)
- Table 6 lists the prevalence of certain risk factors among the TILDA population, aged 50 years and over, in 2017:

**Table2:** Lifestyle risk factors of adults aged 50 years and over

Risk Factor	Per cent
Overweight or Obese	79
Smoking	16.5*
Problem alcohol use	15.9*
Low physical activity	38
5+ portions of fruit and veg	24

*Data Source:* TILDA, Wave 3, 2017; \*Smoking and problematic drinking rates taken from Wave 2<sup>25</sup>

<sup>22</sup> Healthy Ireland Survey 2017: Summary of Findings. Ipsos MRBI. [https://health.gov.ie/wp-content/uploads/2017/10/16-048825-Healthy-Ireland-Survey-18-October\\_for-printing.pdf](https://health.gov.ie/wp-content/uploads/2017/10/16-048825-Healthy-Ireland-Survey-18-October_for-printing.pdf)

<sup>23</sup> Healthy Ireland Survey 2018: Summary of Findings. Ipsos MRBI. <https://health.gov.ie/wp-content/uploads/2018/10/Healthy-Ireland-Survey-2018.pdf>

<sup>24</sup> Healthy Ireland Survey 2016: Summary of Findings. Ipsos MRBI. <https://health.gov.ie/wp-content/uploads/2016/10/Healthy-Ireland-Survey-2016-Summary-Findings.pdf>

## Health Inequalities

- Our social environment plays a key role in determining health status. In Ireland, certain groups, due largely to their socioeconomic status, are at greater risk of poor health outcomes
- It is well recognised that socially-excluded groups have complex health needs and experience very poor health outcomes. These groups include people who are homeless, people with substance use disorders, Travellers, asylum-seekers, prisoners and survivors of institutional abuse
- Ireland is also unusual in a Western European context in the proportion of health funding that derives from out-of-pocket payments or voluntary health insurance. Out-of-pocket payments often stop people seeking preventative and necessary healthcare, which can often result in more serious conditions and more expense at a later point
- Between 2011 and 2016, the number of people in Ireland exposed to deprivation increased by 9.1% and those living in extreme disadvantage increased by 9.8%.<sup>25</sup> In total, 22.5% of the population (1,072,707 people) are exposed to disadvantage. In 2017, the consistent poverty rate in Ireland was 6.7%, and 8.8% of children experienced consistent poverty<sup>26</sup>
- In July 2019 there were 6,497 adults who were homeless in Ireland – 2,738 were female and 3,759 were male, over 57% were aged between 25 and 44 years. The number of children who were homeless was 3,778. Between July 2018 and July 2019, homeless figures have increased by 7.9% for adults (6,024 to 6,497) and decreased slightly -2.3% for children (3,867 to 3,778) nationally. The Dublin region accounts for 66% of all homelessness<sup>27</sup>
- Just over a quarter of respondents to a national Traveller survey in 2010 had been a hospital inpatient either once (15.4%) or more than once (10.6%) in the last 12 months, and a third (29.7%) had been to A & E. Three-quarters (75.6%) had visited their GP at least once. Utilisation of other services was less frequent
- A study also stated that life expectancy at birth for Traveller males is 15.1 years lower than the general male population and suicide rates among male Travellers are 6.6 times higher than among the general male population<sup>28</sup>
- The Roma population in Ireland is estimated to be between 3,000 and 5,000<sup>29</sup>. Nearly half of respondents to a national survey reported that they did not have access to medical cards and GP care. Almost a quarter (24%) of women had not accessed health services while pregnant and their first point of access was to give birth
- People with substance use disorders can often have complex health needs. These include mental health problems and the combined effect of drug and alcohol misuse. In the thirteen-year period, 2004–2016, there were a total of 8,207 drug-related deaths. In 2017 there was 8,922 cases treated for problem drug use (45% were opiates (mainly heroin), 37% were new cases, 27% were female)<sup>30</sup>

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<sup>25</sup> Survey on Income and Living Conditions (SILC) 2017, CSO, Dec 2018.

<https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2017/povertyanddeprivation/>

<sup>26</sup> Survey on Income and Living Conditions (SILC) 2017, CSO, Dec 2018

<https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2017/povertyanddeprivation/>

<sup>27</sup> Department of Housing, Planning and Local Government, Homelessness Report, July 2019

<https://www.housing.gov.ie/homeless-report-july-2019>

<sup>28</sup> All Ireland Traveller Health Study Team UCD, Our Geels, All Ireland Traveller Health Study–Summary of Findings DOHC, 2010

<sup>29</sup> National Traveller and Roma Inclusion Strategy 2017-2021

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/roma/national-traveller-and-roma-inclusion-strategy-2017-2021.pdf>

<sup>30</sup> National Drug Treatment Reporting System, Health Research Board, 2011-2017

- In 2017 7,350 cases treated for problem alcohol use (48% were new cases, 35% were female)<sup>25,30</sup>.

### Children

- In 2017, 8.8% of children (0-17 years) lived in consistent poverty – down from 10.9% in 2016. 63% of all children in consistent poverty are in jobless households<sup>31</sup>
- The at-risk of poverty rate for households with one adult and one or more children aged under 18 was 39.9%<sup>32</sup>
- 9.7% of Traveller children were reported as having an ongoing health problem. Traveller infant mortality rates are 3.6 times higher than of the general population<sup>33</sup>
- In August 2019 1,726 families (including 3,848 children, 2,850 in the Dublin area) were living in homelessness<sup>34</sup>
- At the end of March 2019 there were 6,005 children in care in Ireland, 646 children were in private placements, 89% (n = 5,336) of children in care had an allocated social worker, 669 children were awaiting allocation of a social worker<sup>35</sup>.

### Health Impact of deprivation in childhood

Child poverty, deprivation and homelessness increase the risk of adverse childhood experiences. The origins of many chronic diseases arise from developmental and biological disruptions that can occur during the early years of life, starting from the time of conception<sup>36</sup>. Quantification of the negative health effects can be expressed as the population attributable fraction (PAF), i.e. the proportion of cases of a condition in the population that is attributable to adverse childhood experience. A US-based study just released reports PAF's of 23.9% for heavy alcohol consumption, 27.0% for chronic obstructive pulmonary disease, and 44.1% for depression<sup>37</sup>.

### Adults

- Most socio-demographic groups experienced a decline in 2017 deprivation rates year-on-year. Those who were not at work due to illness or disability had the highest deprivation rate in 2017 at 45.9%. Those living in households with one adult and one or more children aged under 18 (44.5%) and unemployed individuals (41.0%) also had high deprivation rates in 2017<sup>4</sup>
- The deprivation rate for those at-risk of poverty was 42.8% in 2017 compared with a high of 55.3% in 2013. The deprivation rate for those not at-risk of poverty was 14.3% in 2017, compared with a high of 25.8% in 2013<sup>4</sup>
- An analysis of consistent poverty rates by principal economic status shows that the consistent poverty rate was highest among unemployed individuals (24.1%) and those who were not at work due to illness or disability (24.0%). The consistent poverty rate was lowest among those who were at work (1.4%) and those who were retired (1.5%)<sup>4</sup>

<sup>31</sup> [https://statbank.cso.ie/multiquicktables/quickTables.aspx?id=sia12\\_sia20](https://statbank.cso.ie/multiquicktables/quickTables.aspx?id=sia12_sia20)

<sup>32</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2017/povertyanddeprivation/>

<sup>33</sup> All Ireland Traveller Health Study Team UCD, Our Geels, All Ireland Traveller Health Study–Summary of Findings DOHC, 2010

<sup>34</sup> [https://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_august\\_2019.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_august_2019.pdf)

<sup>35</sup> [https://www.tusla.ie/uploads/content/Q1\\_2019\\_Service\\_Performance\\_and\\_Activity\\_Report\\_V7.0.pdf](https://www.tusla.ie/uploads/content/Q1_2019_Service_Performance_and_Activity_Report_V7.0.pdf)

<sup>36</sup> 'The Impact of Early Childhood on Future Health - Position paper of the Faculty of Public Health Medicine, Royal College of Physicians of Ireland', May 2017 at: <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2017/05/Impact-of-Early-Childhood-on-Future-Health.pdf>

<sup>37</sup> Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep. ePub: 5 November 2019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1>

- The All Ireland Traveller Health Study found mortality rates significantly higher among Travellers than among the general population. Mortality rates among Traveller males are 3.7 times higher than the general male population and among Traveller women mortality rates are 3 times higher
- Prevalence of chronic illness is higher in more deprived areas. The Institute of Public Health in Ireland has calculated that the incidence of stroke is 2.2 times higher, and Coronary Heart Disease (CHD) is 2.5 times higher in the most deprived Local Health Office Areas (LHOs) compared to the least deprived LHOs. In addition, diabetes prevalence in the most deprived LHOs is 1.4 times that in the least deprived LHOs<sup>38</sup>
- The Institute of Public Health in Ireland also estimates that, as a result of Ireland's ageing population, by 2020 the number of people living with CHD and stroke will rise by almost 50% (49.4% and 47.8% respectively) while the number of people with diabetes is likely to rise by 62%, due principally to a marked increase in maturity-onset diabetes, the primary risk factor for this condition being obesity which is more prevalent among poorer socio-economic groups<sup>6</sup>
- The total average rate of suicide in Ireland (per 100,000) in 2016 was 8.5 (n = 399)<sup>39</sup>
- There were 11,600 self-harm presentations to hospital that were made by 9,103 individuals in 2017. European age-standardised rate (per 100,000) of self-harm in Ireland in 2017 was 199<sup>40</sup>
- At 758 per 100,000, the peak rate for women was among 15-19-year-olds. This rate implies that one in every 132 girls in this age group presented to hospital in 2017 because of self-harm. The peak rate for men was 505 per 100,000 among 20-24-year-olds or one in every 198 men. The incidence of self-harm gradually decreased with increasing age in men. This was the case to a lesser extent in women as their rate remained relatively stable, at approximately 216 per 100,000, across the 30 to 54-year age range.

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<sup>38</sup> Balanda, K.P., Barron, S., Fahy, L., McLaughlin, A. Making Chronic Conditions Count: Hypertension, Stroke, Coronary Heart Disease, Diabetes. A systematic approach to estimating and forecasting population prevalence on the island of Ireland. Dublin: Institute of Public Health in Ireland, 2010

<sup>39</sup> National Suicide Research Foundation. <https://www.nsrfl.ie/statistics/suicide/>

<sup>40</sup> National Self-Harm Registry Ireland. <https://www.nsrfl.ie/statistics/self-harm/>

## Appendix - Population Health – Table of Definitions

### Deprivation<sup>41</sup>

The CSO uses the Pobal Haase-Pratschke Deprivation Index to analyse Irish Health Survey questionnaire responses experienced by households. The Index uses Census data to measure levels of disadvantage or affluence in a particular geographical area. More detailed information on the index can be found here - <https://www.pobal.ie/app/uploads/2018/06/The-2016-Pobal-HP-Deprivation-Index-Introduction-07.pdf>

Deprivation is defined as unmet basic human needs. Most deprivation indices are based on a factor analytical approach which reduces a larger number of indicators to a smaller number of underlying dimensions, factors or components. This approach is taken a step further in the Pobal HP Deprivation Index: rather than leaving the dimensions to be defined by data-driven techniques, the authors develop an a priori conceptualisation of these dimensions. Based on earlier deprivation indices for Ireland, as well as analyses from other countries, three dimensions of affluence/disadvantage are identified: Demographic Profile, Social Class Composition and Labour Market Situation.

### Advantage/ Disadvantage

The HP deprivation index measures the relative social advantage (or disadvantage) of each Small Area.

### Homelessness

Homelessness is defined in Section 2 of the Housing Act, 1988<sup>42</sup> as follows:

A person shall be regarded by a housing authority as being homeless for the purposes of this Act if:

- a. there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or
- b. he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a)".

This definition includes:

- people living in temporary unsecure accommodation.
- people living in emergency bed and breakfast accommodation and hostels/health board accommodation because they have nowhere else available to them.
- rough sleepers.
- victims of family violence.

### Poverty<sup>43</sup>

Poverty is deprivation due to a lack of resources, both material and non-material, e.g. income, housing, health, education, knowledge and culture. It requires a threshold to measure it.

*“People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society.” – Government 1997.*

<sup>41</sup> <https://www.pobal.ie/app/uploads/2018/06/The-2016-Pobal-HP-Deprivation-Index-Introduction-07.pdf>

<sup>42</sup> <http://www.irishstatutebook.ie/eli/1988/act/28/enacted/en/html>

<sup>43</sup> <http://www.socialinclusion.ie/poverty.html>

### **At risk of poverty<sup>44</sup>**

The at-risk-of-poverty rate is the share of people with an equivalised disposable income (after social transfer) below the at-risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income after social transfers. This indicator does not measure wealth or poverty, but low income in comparison to other residents in that country, which does not necessarily imply a low standard of living.

### **Consistent poverty**

This measure identifies the proportion of people, from those with an income below a certain threshold (less than 60% of median income), who are deprived of two or more goods or services considered essential for a basic standard of living. The consistent poverty measure was devised in 1987 using indicators of deprivation based on standards of living at that time. The Government in 2007 accepted the advice of the ESRI to revise the deprivation indicators to better reflect current living standards and, in particular, to focus to a greater degree on items reflecting social inclusion and participation in society. This resulted in the measure, originally based on lacking one or more items from an 8-item index, changing to one based on lacking two or more items from the following 11-item index:

- Two pairs of strong shoes.
- A warm waterproof overcoat.
- Buy new not second-hand clothes.
- Eat meals with meat, chicken, fish (or vegetarian equivalent) every second day.
- Have a roast joint or its equivalent once a week.
- Had to go without heating during the last year through lack of money.
- Keep the home adequately warm.
- Buy presents for family or friends at least once a year.
- Replace any worn out furniture.
- Have family or friends for a drink or meal once a month.
- Have a morning, afternoon or evening out in the last fortnight, for entertainment.

### **Social exclusion**

This is being unable to participate in society because of a lack of resources that are normally available to the general population. It can refer to both individuals, and communities in a broader framework, with linked problems such as low incomes, poor housing, high crime environments and family problems.

### **Inequality**

This is a comparative or relative concept. It does not measure deprivation or poverty and does not require a threshold. It is possible for inequality to exist with or without poverty. Similarly, poverty can exist with or without inequality.

<sup>44</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At-risk-of-poverty\\_rate](https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:At-risk-of-poverty_rate)