

Foreword



Health status is one of the key indicators of the progress of a nation. For that reason the United Nations Development Programme includes life expectancy at birth as one of the most important parameters of its Human Development Index.

The mission of the Health Service Executive (HSE) is to enable people live healthier and more fulfilled lives. The purpose of this report is to give a picture of the health status of our population and the challenges that need to be met to achieve our health potential.

Health status in Ireland is on an all time high, with particularly significant improvements in recent years. Life expectancy, for example, has increased by about three years over the course of a decade and death rates from coronary heart disease have been falling dramatically for over two decades. However, we can do better. Much of the burden of illness, disability, and death is caused by chronic illnesses that have modifiable risk factors. Our future health is threatened by twin epidemics of obesity and diabetes, by very high consumption rates of alcohol, and by a stubbornly high prevalence of smoking in the adult population. This report outlines these and other factors, and also what is required to mitigate them. By systematically tackling, and thereby reducing the risk factors at individual and population level, we can further improve life expectancy and reduce the period of life spent in ill health, reducing demands on the health service.

Only by radically transforming our public health service can we meet the challenges ahead. To date there has been an over emphasis on acute hospital care in Ireland. The balance of the provision of health services needs to be changed so that at least 80% of care is provided outside of acute hospitals. There needs to be a focus on the health of the population and best possible health outcomes, with integrated services across the entire continuum of care, crossing organisational boundaries. This continuum of quality health and social care services should span health promotion, disease prevention, self-management support, primary care, and specialist care.

The HSE Transformation Programme requires a population health approach to deliver sustainable health services and continued improvement in health. This approach recognises that many of the determinants of health and social wellbeing are outside the direct control of the health services. However, they should not be outside our sphere of influence. To prevent disease, to reduce the burden of illness, and to reduce health inequalities, the HSE needs to engage in the development of integrated, healthy public policy, working with the Department of Health and Children, other government departments, other relevant agencies and the community and voluntary sector. This report provides essential information on the determinants of health which the health services and others need to address in partnership, so that we can continue to improve the health status of the population and achieve our true health potential.

This report was produced within the Health Intelligence sub-directorate of HSE Population Health. The main authors were Dr Bernadette O'Keefe, Ms Ita Hegarty, and Ms Aishling Sheridan of the Department of Public Health, Navan, County Meath, with contributions from people throughout the country who are listed at the back of the report.

The report is available in hard copy and also in PDF format on the HSE website, www.hse.ie. While the information in this health status report is at national level, health status information is also available at county level in the FactFile section of the HSE website.

A handwritten signature in black ink that reads "Patrick Doorley".

Dr Patrick Doorley
National Director of Population Health

Réamhrá

Tá stádas sláinte ar cheann de na príomh eochairtháscairí atá ann chun forbairt náisiúin a mheas. Sin é an fáth a úsáideann Clár Forbartha na Náisiúin Aontaithe an t-ionchas saoil ag am na breithe mar cheann de na paraiméadair is tábhachtaí ar a n-Innéacs Forbartha Daonna.

Is é misean Fheidhmeannacht na Seirbhíse Sláinte (FSS) ná cuidiú le daoine saol níos folláine agus níos iomláine a chaitheamh. Is é cuspóir na tuairisce seo ná léiriú a thabhairt ar stádas sláinte ár ndaonra agus ar na dúshláin atá romhainn, nach mór dúinn aghaidh a thabhairt orthu chun ár lánacmhainneacht sláinte a chomhlíonadh.

Ní raibh stádas sláinte mhuintir na hÉireann riamh chomh h-ard agus tá feabhas suntasach tagtha air le blianta beaga anuas. Mar shampla tá fad de thrí bhliana curtha leis an t-ionchas saoil le deich mbliana anuas agus tá rátaí báis de bharr galar corónach croí ísliithe go suntasach le os cionn fiche bliain anuas. Is féidir linn níos fearr ná seo a dhéanamh áfach. Is iad na galair ainsealacha is cúis le formhór an tinnis, an mhí-chumais agus an bháis in ainneoin gur féidir na cúiseanna a tharraingíonn iad a mhaolú. Tá ár sláinte faoi bhagairt amach anseo ag an dá eipidéimí, titim i bhfeola agus diaibéitis, ag rátaí arda ólacháin alcóil agus ag an sior ard-ráta chaitheamh tobac, ráta atá ag fanacht ard i measc an daonra fásta. Tá cur síos sa tuarascáil ar na cúiseanna seo agus ar fhachtóirí eile chomh maith, agus a bhfuil ag teastáil chun iad a mhaolú. Ní mór dul i ngleic leis na cúiseanna go córasach, ag laghdú na fachtóirí ag leibhéal an duine agus an daonra go ginearálta. Ar an gcaoi sin, is féidir fad an t-ionchais saoil a fheabhsú tuilleadh agus an tréimhse saoil a chaitear i ndrochshláinte a laghdú, rud a laghdóidh éileamh ar na seirbhísí sláinte.

Is trí bunathraithe radacacha chun feabhais ar ár seirbhísí poiblí sláinte amháin gur féidir linn aghaidh a thabhairt ar na dúshláin atá romhainn. Bhí an iomarca béim curtha ar dhianchúram ospidéal in Éirinn go dtí seo. Ní mór an cothromas soláthar seirbhísí sláinte a athrú sa chaoi is go mbeidh ar a laghad 80% den chúram ag tarlú lasmuigh de na h-ospidéal géarchúrama. Ní mór béim a leagan ar shláinte an daonra agus ar thorthaí sláinte, le seirbhísí comhtháite leanúnacha trasna an réimse chúraim, agus ag trasnú teorainneacha eagraíochtúil. Ní mór leanúnachas agus ardchaighdeán seirbhísí chúram shóisialta a bheith fite fuaite i gcothú na sláinte, cosc galair, tacaíocht féin-bhainistíochta, cúram príomhúil agus sainchúram.

Teastaíonn ó Chlár Athraithe an FSS go mbeadh cur chuige sláinte daonra ann chun seirbhísí sláinte inmharthana agus feabhas sláinte leanúnach a sholáthar. Aithníonn an cur chuige seo nach bhfuil formhór de na deitearmanaint sláinte agus folláine shóisialta faoi thionchar díreach na seirbhísí sláinte. É sin ráite, ní chóir go mbeidís taobh amuigh dár réimse tionchair. Ar mhaithe le galair a chosc agus ualach tinnis agus neamhionannais sláinte a laghdú, ní mór don FSS tabhairt faoi fhorbairt comhtháite ó thaobh beartais phoiblí sláinte de, ag comhoibriú leis An Roinn Sláinte agus Leanaí, rannaí rialtais eile, gníomhaireachtaí cuí eile agus an earnáil dheonach agus pobail. Tá eolas riachtanach le haghaidh deitearmanaint na sláinte ar fáil sa tuairisc seo. Ní mór do na seirbhísí sláinte agus daoine eile tabhairt faoi le comhpháirtíocht ionas gur féidir linn stádas sláinte an daonra a fheabhsú agus chun ár lánacmhainneacht sláinte a bhaint amach.

An Fo-stiúirtheacht um Fhaisnéis Sláinte de chuid FSS, Roinn Sláinte an Daonra, a scríobh an tuarascáil seo. Seo a leanas príomh scríbhneoirí na tuarascála:

Dr Bernadette O'Keefe, Ms Ita Hegarty, agus Ms Aishling Sheridan ó Roinn na Sláinte Poiblí, An Uaimh, Co. na Mí agus le cabhair ó dhaoine ar fud na tíre atá liostáilte ar chúl an tuarascáil.

Tá cóip crua agus leagan PDF den tuairisc seo ar fáil ar shuíomh idirlín an FSS, www.hse.ie. Baineann an fhaisnéis sa tuairisc seo leis an stádas sláinte ag leibhéal náisiúnta ach tá faisnéis stádas sláinte ar fáil chomh maith ag leibhéal an chontae sa mhír FactFile ar shuíomh an FSS.



Dr Patrick Doorley
Stiurthóir Náisiúnta ar Shláinte an Daonra

Executive Summary

The health of the Irish population has improved considerably over the years. Life expectancy in Ireland is at the highest level ever, and people generally rate their health as good. A wide variety of factors, including lifestyle, environment, and deprivation impact on the health of a population. Health services are only one of many influences.

The Irish health services are currently undergoing a change in structure and organisation, which is being implemented through the Transformation Programme. This document aims to inform the development of future health services. It is essential in planning health services that they are organised on the basis of identified need, and that priority is given to those areas that can produce the best potential benefit in improving health status. This is best catered for through a population health approach.

Profile of the Population

The Irish population has grown and changed in terms of characteristics and dynamics:

- Population numbers are at the highest level since 1861.
- Significant population growth is projected into the future.
- While the proportion of persons over 65 years is low compared to the EU-27, it is projected to rise dramatically in the coming years.
- Family structure has changed.
- There are smaller families and a lower proportion of married couples.
- More families have both partners in paid employment, requiring increasing time spent commuting to work and a greater requirement for provision of childcare.
- Despite the growth in the economy during the Celtic Tiger years, a significant proportion of the population remained at risk of poverty.

Health Determinants

A variety of different factors, including lifestyle and deprivation, can have an important impact on health. Throughout this report, examples are seen of poor health outcomes in sub-groups of the population. The diverse nature of health determinants indicates the need for all government departments and agencies to work together to improve the health of people in Ireland. A focus on health services alone is inadequate.

Lifestyle

One of the factors influencing health outcomes is health behaviour. While lifestyle is a product of individual choice, these choices are affected by levels of education, income, and cultural beliefs.

- The prevalence of overweight and obesity in Ireland is higher than most countries in the EU.
- While some aspects of the Irish diet have improved, it is of concern that consumption of fats and salts remain high.
- Over one fifth of Irish adults report taking no physical activity.
- While 29% of Irish adults are current smokers, the rate is higher in younger people and those in lower social class groups. In adults, males have higher smoking rates but among children, more females smoke.
- Ireland is one of the highest consumers of alcohol in Europe. A higher proportion of Irish adults report binge drinking compared to the EU population.
- Despite proven effectiveness in the reduction of death and disability from communicable diseases, uptake of vaccinations is still below the target level.

Causes of Death

One factor contributing to the increasing population in Ireland is the reduction in deaths.

- Death rates in Ireland are now similar to average rates in the EU-15.
- The main reduction in deaths is due to a fall in death from circulatory disease. Half the reduction in deaths from circulatory disease is estimated to be due to population risk factor reduction and half to treatments.
- The rates of infant mortality and premature death have both fallen, and are now below the EU-15 average.
- Cancer deaths have fallen and are below EU-15 rates for males, but above EU-15 rates for females.
- While respiratory death rates have fallen in males, they are still above EU-15 rates in males and females. Respiratory disease is the second highest cause of death for women in Ireland.
- Injury is an important cause of premature mortality in Ireland. Death rates from injuries are falling and are now below the EU-15 average.
- Suicide rates have fallen in males in recent years. While suicide death rates are below the EU-15 average for males and females overall, Ireland ranks 7th highest among 24 EU countries for youth suicide.
- Falls are the leading cause of fatal injuries in older people. Ireland has a similar rate to the EU average.

Causes of Illness

Over one third of the Irish population report having a chronic illness, including heart disease, respiratory disease, cancer, and diabetes. The proportion increases with age. The burden of ill health and cost to the health services from chronic diseases can be reduced using evidence-based strategies such as vaccination against infectious disease, smoking reduction measures, and access to treatment at an appropriate level of care.

There were more than one and a quarter million discharges from acute hospitals in Ireland in 2006.

- The most common acute illnesses for inpatients in Irish hospitals are circulatory disease, respiratory disease, cancer, and diseases of the digestive system.
- Hospital usage increases with age.

Despite the many advances in public health and medicine, communicable diseases remain a major threat to human health.

- Health care associated infections appear to be more common in recent times. Recent surveys have shown that Ireland's rate is below that of Northern Ireland, Scotland, England, and Wales.
- Notifications of sexually transmitted infections trebled between 1995 and 2006, suggesting considerable risk-taking behaviour.
- The falling level of vaccine-preventable diseases has shown the effectiveness of vaccination.

There have been major improvements in dental health over the years, with the goals in the health strategy 'Shaping a Healthier Future' having been achieved for adults but not for children.

While most people report good mental health, 14% have experienced mental health problems in the past year.

Health Inequalities

Health inequalities occur when a subgroup of the population suffers a disproportionate burden of ill health and premature death compared to the community as a whole.

- A complex combination of factors leads to health inequalities, which occur when there are differences in the standard of living in the home, at work or in the community.
- Differences are seen between socio-economic and occupational groups in mortality, morbidity, self-reported health, and lifestyle behaviours.
- There is a need for many different agencies, institutions, government departments and other public and private groups and individuals to play a role in tackling health inequalities.

Priorities for Improving the Health & Wellbeing of the Irish Population

This report shows that while there have been improvements in life expectancy and some areas of health outcome, there are new challenges relating to lifestyle-related risks, an ageing population, and increasing demands on the health services. There are a number of priority areas where action should be taken to enable people to live healthier and more fulfilled lives.

- A population health approach, which focuses on the health of the whole population, while recognising the role of individuals and communities, is necessary to achieve the best health outcomes.
- The population health approach will require a change in the way the services are delivered.
- There will be a strong emphasis on integration and holistic care, health promotion and prevention, and on reducing inequalities.
- There will also be a strong focus on quality, on a system of planning and evaluation of policy and service delivery, and on partnership with community and voluntary sectors.
- A number of risk factors need to be tackled as a priority. They include elevated blood pressure, tobacco use, inappropriate use of alcohol, high cholesterol, overweight and obesity, low fruit and vegetable intake, and low physical activity.

Tackling these priorities through the application of the population health approach will maximise our potential to improve the health status of the whole population.

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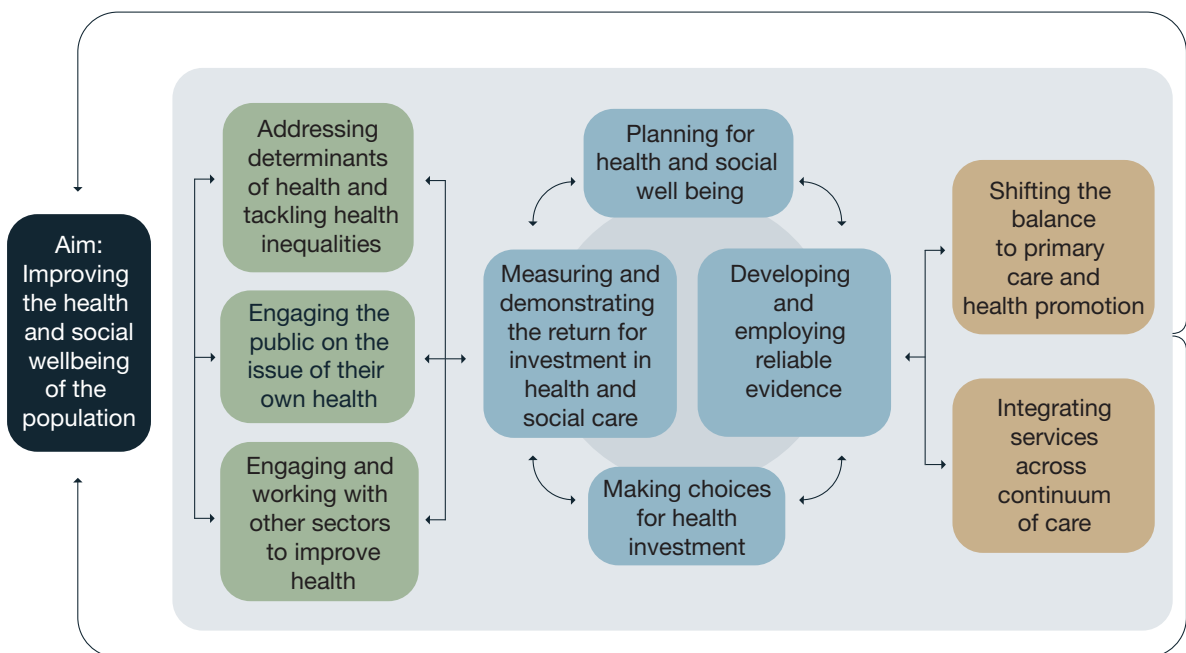
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Introduction

This document presents the health status of the Irish population and outlines the position across time, and in the international context. The purpose is to set the scene and delineate the current health of the population in Ireland at a time when there are many changes, including the ongoing transformation of the health services.

Improved understanding of the multiple factors influencing health and wellbeing has led to the development of a 'population health' approach. The traditional model of healthcare focuses on clinical factors and the delivery of health services, and is demand-led. The population health approach aims, proactively, to improve health and social-wellbeing through the promotion and protection of health, with a particular emphasis on reducing inequalities between sub-groups within the population. This approach acts on a wide range of factors that influence health and wellbeing, including demography, socio-economic factors, lifestyle, legislation, the social and physical environment, and technology. Complex interaction between these factors influences whether a population, and the individuals within it, are healthy or not. The illustration below outlines the principles of the population health approach in diagrammatic format.



The population health approach also recognises the role of individuals and communities in promoting and protecting their own health and the health of others. This report looks at the position in regard to these complex issues and thereby addresses a broad range of influences on the health of the Irish population.