HEALTHY IRELAND
Summary Report 2019

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Acknowledgement

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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INTRODUCTION

The Healthy Ireland Survey is an annual interviewer-administered face-to-face survey commissioned by the Department of Health. It is part of the Healthy Ireland Framework to improve the health and wellbeing of people living in Ireland.

The objectives of this survey are to:

- Provide and report on current and credible data in order 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 for Healthy Ireland and contribute to assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focussed approach, leading to enhanced responsiveness and agility from a policy-making 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

This report provides an overview of results from the fifth wave of this survey. The fifth wave consists of 7,413 interviews conducted with a representative sample of the population aged 15 and older living in Ireland. Respondents were selected using a probability-based methodology and interviewed in their homes. Survey fieldwork was conducted by Ipsos MRBI between September 2018 and September 2019.

This wave of the Healthy Ireland Survey covers a variety of topics including:

- Smoking
- Tobacco packaging
- Physical activity
- General health
- Physical measurements (weight, height and waist circumference)
- Usage of GPs
- Usage of other health professionals
- Sun protection
- Caring Responsibilities
- Sleep
- Parents and Health

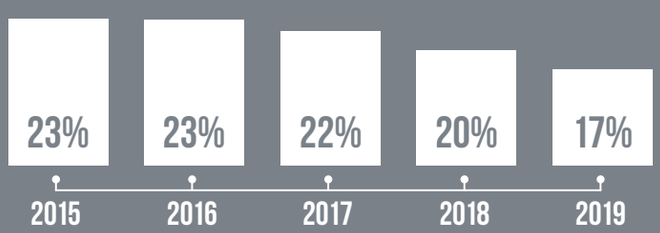
Where appropriate, survey results are compared to results of the initial four waves of this survey conducted between 2014 and 2018. Reports on these waves of the survey have been published separately.

At the time of publication, survey fieldwork on the sixth wave of the Healthy Ireland Survey is already underway and publication of results is expected in autumn 2020.

KEY RESULTS

SMOKING

Prevalence of smoking (2015-2019)



See page 3 for further information

CARING RESPONSIBILITIES

9%

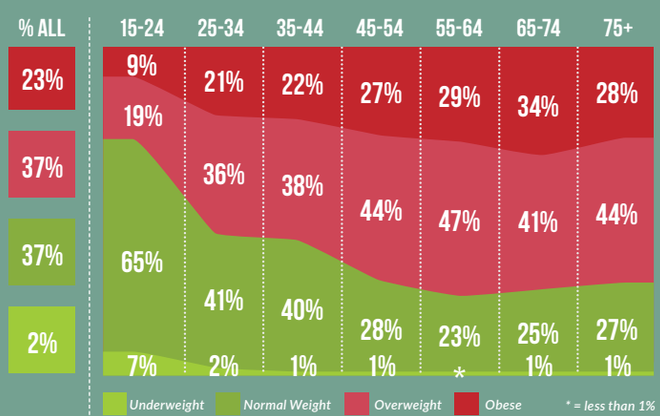
provide unpaid care to a friend or family member with a longterm illness, health problem or disability

16%

of those aged between 45 and 54 provide regular unpaid care

See page 18 for further information

BMI



See page 11 for further information

SLEEP

Hours of sleep reported on an average weeknight

7.1

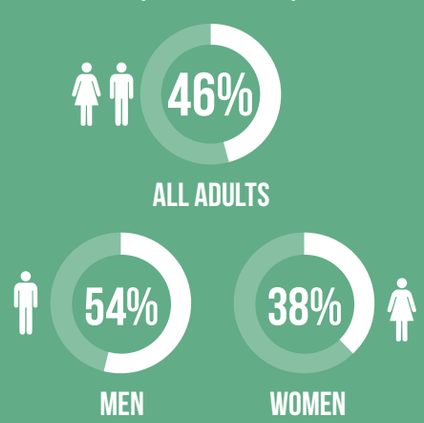
% of those who rate their quality of sleep over the past month as 'good' or 'very good'

76%

See page 19 for further information

PHYSICAL ACTIVITY

% of those achieving National Physical Activity Guidelines



See page 7 for further information

SUN PROTECTION

92% USE A FORM OF SUN PROTECTION WHEN IN THE SUN FOR MORE THAN 30 MINUTES

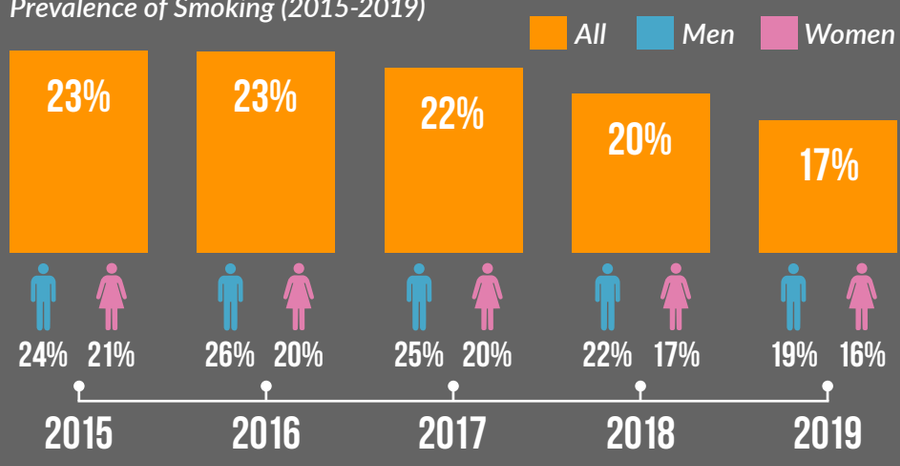
See page 17 for further information

SMOKING

PREVALENCE OF SMOKING

- 17% of the population are current smokers. 14% smoke daily and 3% smoke occasionally.

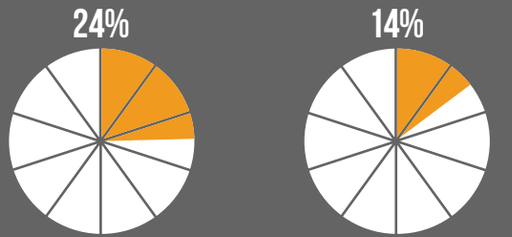
Prevalence of Smoking (2015-2019)



- The proportion that are daily smokers has declined from 19% to 14% since the first wave of this survey in 2015.
- Smoking rates remain highest among those aged 25 to 34. 26% of this age group are smokers, although this has declined from 32% in 2015.
- Smoking rates are higher in more deprived areas (24%) than in more affluent areas (14%).
- Smoking rates are also higher for those who are unemployed (40%) and those with no third level education (20%), than they are for those in employment (18%) and those with degree level education (11%).
- 19% of parents of children aged under 18 are smokers. 21% of fathers and 17% of mothers are smokers.

PREVALENCE OF SMOKING

by Deprivation Level



DEPRIVED AREA
Daily smoking: 21%

AFFLUENT AREA
Daily smoking: 9%

EX SMOKERS

- 28% of the population are ex-smokers.
- 21% of all who have smoked during the past five years have successfully quit smoking.
- 46% of those who smoked in the past year made an attempt to quit during the past 12 months, and 25% of attempts to quit have been successful.
- Health concerns are the prime motivator for attempts to quit (67%), with 10% making an attempt to quit due to the cost of smoking.
- 7% of those who have successfully quit smoking during the past 12 months did so based on the advice of a health professional. This compares to 1% of those who made an unsuccessful attempt to quit.
- 52% of those successfully quitting in the past 12 months quit using willpower alone.

25%
OF ATTEMPTS TO QUIT IN THE LAST 12 MONTHS WERE SUCCESSFUL

52%
OF SUCCESSFUL QUITTERS DID SO USING WILLPOWER ALONE

38%
OF SMOKERS WHO SAW THEIR GP IN THE PAST 12 MONTHS DISCUSSED WAYS OF QUITTING SMOKING

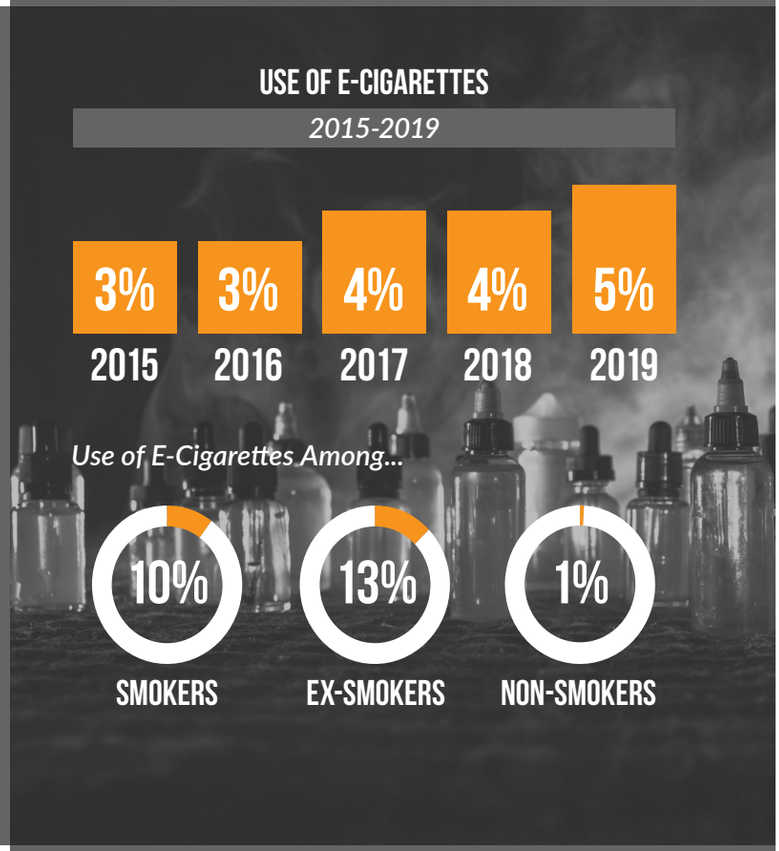
28%
OF SMOKERS ARE TRYING TO QUIT OR ARE ACTIVELY PLANNING TO DO SO

TRYING TO QUIT

- 40% of current smokers have tried to quit during the past year, and 28% are either trying to quit or actively planning to do so.
- There is no difference between smokers living in deprived and smokers living in affluent areas in making an attempt to quit during the past 12 months.
- However, smokers in more deprived areas areas (24%) are less likely than those in more affluent areas (33%) to be either trying to quit or actively planning to do so.
- 29% of women who smoke and 27% of men who smoke are either trying to quit or actively planning to do so.
- Smokers aged between 35 and 54 are most likely to be either trying to quit or actively planning to do so (33%). This compares to 26% of younger smokers and 23% of older smokers.
- 33% of parents who smoke are either trying to quit or actively planning to do so.
- 38% of smokers who saw their GP in the past 12 months discussed ways of quitting smoking.

E-CIGARETTES

- 5% of the population use e-cigarettes and a further 12% have tried them at some point.
- Usage is higher in more deprived areas (7%), than in more affluent areas (4%).
- 10% of current smokers use e-cigarettes, with 13% of ex-smokers using them.
- 38% of those who made an attempt to quit smoking used e-cigarettes during this attempt.
- 25% of those aged between 25 and 34 have tried e-cigarettes, with 8% currently using them.
- 20% of men have tried e-cigarettes compared to 14% of women. 5% of men and 3% of women currently use them.



TOBACCO PACKAGING

Standardised packaging of tobacco, also known as generic or plain packaging has been introduced in Ireland. All retail tobacco packaging must be in standardised form from 30 September 2018. This means that all forms of branding – trademarks, logos, colour and graphics – have been removed. The brand and variant name are shown on the packaging and are presented in a uniform typeface for all brands on the market.

Ireland is the first country in Europe to introduce standardised packaging for all tobacco products and not just cigarettes and roll your own.

The Healthy Ireland Survey included a survey module on opinions on tobacco packaging. This was included on the fourth wave of the survey - before the full rollout of plain packaging in September 2018 - and again on the fifth wave - when most of the interviewing was conducted after the full rollout.

The objective of this survey module was to evaluate public opinion – among smokers in particular - on tobacco packaging and the extent to which this changed following the introduction of plain packaging.

APPROVAL OF STANDARDISED PACKAGING

- 73% of the population approve of the plain packaging legislation. 71% of those interviewed in the previous wave approved of the legislation.
- While smokers are less likely than non-smokers to approve of the legislation (63% and 76% respectively), smokers' level of approval has not changed since the introduction of the legislation.
- Similar levels of approval across all age groups, although those aged 65 and older are slightly less likely than those younger than this to approve of it (69% and 74% respectively). No differences exist between men and women.
- 64% of smokers say they have bought cigarettes, roll your own tobacco or cigars in a plain dark green colour pack with large picture health warnings during the past month.

% Approving of the legislation

73% Approve of the plain packaging lesislation *(71% in 2018)*

63% Smokers approve *(61% in 2018)*

76% Non-smokers approve *(74% in 2018)*

IMPACT ON APPEAL OF TOBACCO PACKAGING

- The aim of standardised packaging is to make all tobacco packs look less attractive to consumers, to make health warnings more prominent and to prevent packaging from misleading consumers about the harmful effects of tobacco.
- 52% of smokers report that the warning picture is the first thing that they notice when they look at a cigarette pack. This has increased from 42% in the previous wave. There has been a corresponding decline – from 24% to 15% - in the proportion saying that they never really look at the pack.
- 44% of smokers in the latest wave rate the appeal of their cigarette packaging lower compared to one year previously.
- Women (50%) and those aged 45 to 54 (57%) are more likely than others to rate the appeal of the pack lower compared to one year previously.
- Similarly, 50% of smokers disagree with the statement "I like the look of my regular cigarette package". This has increased slightly from 45% in the previous survey wave.
- Women (58%) are more likely to disagree with this statement than men (43%).

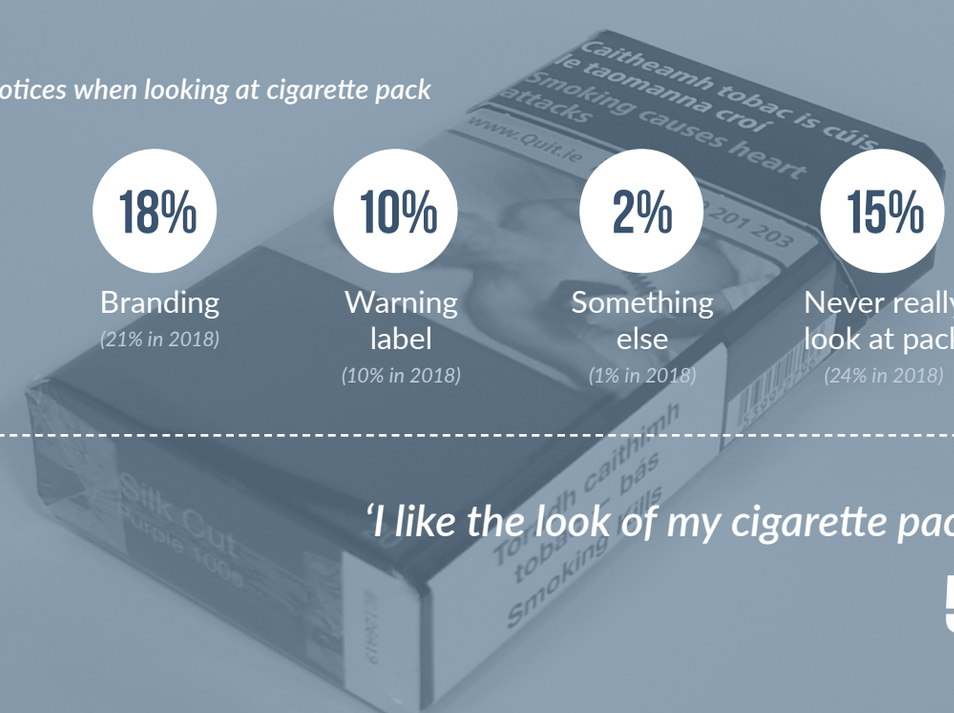
STANDARDISED PACKAGING AND QUITTING

- 25% report that the health warnings on packs have made them somewhat more motivated or more motivated to quit in the past month.
- 30% of women and 21% of men report that the health warnings have made them more motivated to quit.

25%

SAY HEALTH WARNINGS ON PACKS HAVE MADE THEM SOMEWHAT MORE MOTIVATED OR MORE MOTIVATED TO QUIT

First thing notices when looking at cigarette pack



52%	18%	10%	2%	15%	2%
Warning picture *(42% in 2018)*	Branding *(21% in 2018)*	Warning label *(10% in 2018)*	Something else *(1% in 2018)*	Never really look at pack *(24% in 2018)*	Don't know/ Not applicable *(1% in 2018)*

'I like the look of my cigarette package'

50% DISAGREE

(45% in 2018)

PHYSICAL ACTIVITY

Note:

The 2019 results are presented in a different format to the 2015 report when physical activity was last measured.

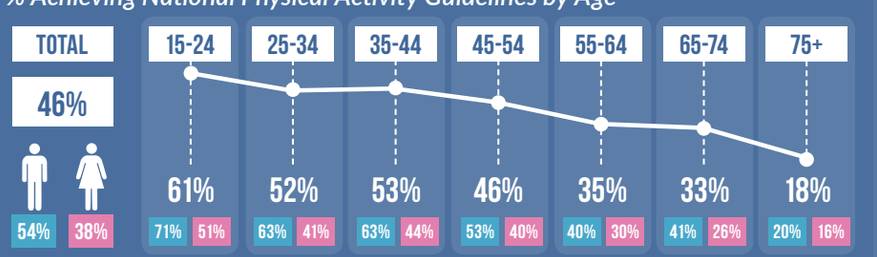
On that occasion the International Physical Activity Questionnaire (IPAQ) was used which identified that 32% were considered sufficiently active. On this occasion the National Physical Activity Guidelines are used.

Applying the National Physical Activity Guidelines to the 2015 results suggests that 44% achieved this level of activity in 2015.

Survey respondents were asked about the time they spent being physically active during the previous seven days. This included all activity that they do at work, as part of their housework and gardening, travelling, as well as in their spare time for recreation, exercise or sport. Respondents were asked separately about the amount of vigorous and moderate physical activity that they did, as well as the time spent walking. They were also asked about the time spent sitting on a typical weekday and a typical weekend day.

Using this approach, it is possible to identify whether respondents are achieving at least the minimum amount of activity recommended by the National Guidelines on Physical Activity for Ireland. This recommends that adults should have at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week).

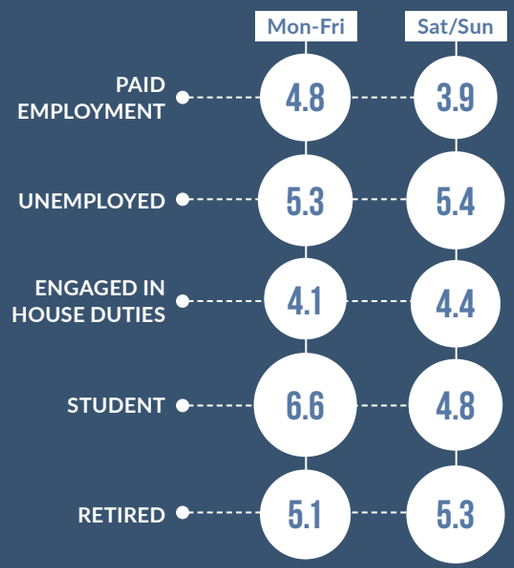
% Achieving National Physical Activity Guidelines by Age



ACTIVITY LEVELS

- 46% are achieving the minimum level of activity recommended by the National Guidelines by being moderately active for at least 150 minutes a week.
- This compares to 44% measured on the 2015 survey, as well as 43% identified by the Irish Sports Monitor 2017. However, the latter only included sports and active travel and did not include activity done at work or part of housework/gardening.
- Almost two-thirds (61%) of those aged between 15 and 24 achieve this minimum level of activity, however this declines steadily across the life course to 18% of those aged 75 or older.
- 54% of men achieve this minimum level of activity, compared with 38% of women.
- The gender gap is widest among younger people with 71% of men aged between 15 and 24 sufficiently active compared with 51% of women in this age group, however it is narrower among men and women aged 45 or older (men: 42%, women: 30%).
- Those living in more affluent areas are more likely than those in deprived areas to achieve the recommended minimum level of activity (49% and 43% respectively).
- 8% reported that they participated in no physical activity during the previous 7 days.

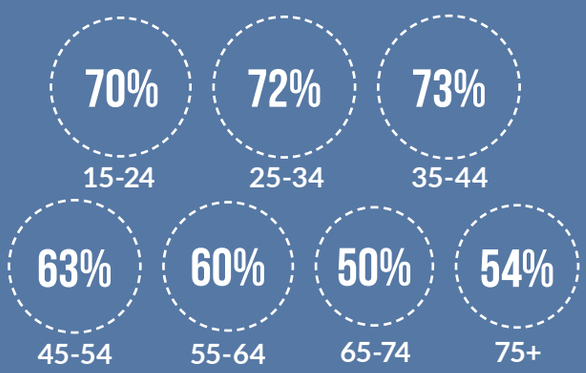
Average time spent sitting



DESIRE FOR CHANGE IN ACTIVITY LEVELS

- Almost two-thirds (64%) of those not currently achieving the National Physical Activity Guidelines would like to be more physically active than they are currently, with women (66%) and those aged between 35 and 44 (73%) most likely to wish to increase their activity levels.
- Among those not currently sufficiently active, time restrictions are the key barrier to increased activity with 36% reporting that they are too busy due to work or study, 24% reporting that they are too busy due to looking after the family and 7% too busy for another reason. 26% report that an injury or physical disability prevents them from being more active.
- Women are more likely than men to report that being too busy due to looking after family is a barrier to increased activity levels (women: 15%; men: 31%).

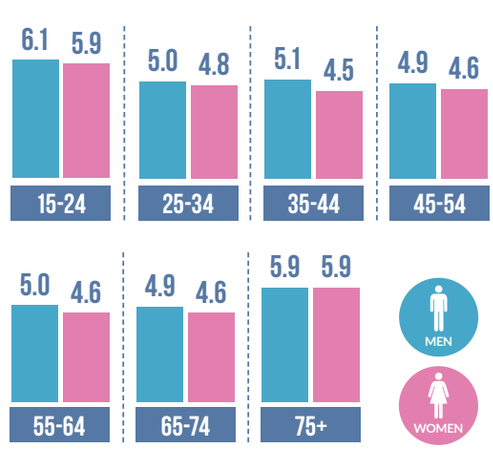
Proportion not sufficiently active that would like to be more active than they are currently by age



SEDENTARY BEHAVIOURS

- This survey asked respondents about the time spent sitting on a weekday or work day as well as the time spent sitting on a weekend day or day off.
- The average amount of time reported spent sitting on a weekday is 5.1 hours, and this declines to 4.4 hours on a weekend day. However, for various methodological reasons this likely underestimates the true time spent sitting.
- The 2015 survey identified that people spent 5.3 hours sitting on a weekday.
- Time spent sitting on a weekday differs by working status. Those who are engaged in home duties spend the least time sitting (4.1 hours), with students spending the most time sitting (6.6 hours).
- Students and those who are working show the largest differences in time spent sitting on weekends compared to weekdays with students sitting for an average of 1.8 hours less on weekend days than on weekdays, and those in paid employment sitting for an average of 0.9 hours less.
- Those in the youngest age group (15 to 24) and the oldest age group (75 or older) spend the longest average time sitting on a weekday (6.1 hours and 5.9 hours respectively), with those in other age groups spending on average 4.8 hours sitting.
- On weekend days, those aged 15 to 24 spend less time sitting (4.8 hours), and while other age groups also show a decline in time spent sitting, those aged 65 or older spend broadly the same amount of time sitting on a weekend day as they do on a weekday (5.3 hours and 5.5 hours respectively).

Average number of hours spent sitting on a weekday



GENERAL HEALTH

SELF-REPORTED HEALTH

- Survey respondents were asked to rate their own health on a five-point scale from very good to very bad.
- 84% perceive their health to be very good or good. 3% perceive it to be bad or very bad. This is broadly unchanged since 2015.
- The gap in self-reported good health between men and women changes as age increases. Among those aged 75 and over, 64% of women report their health as good or very good compared to 60% of men. In the 15-24 age group, 92% of women report their health as good or very good compared to 94% of men.
- Self-reported good health is higher among those currently in employment compared to those currently unemployed (92% and 83% respectively). It is also higher among those in more affluent areas compared to those in more deprived areas (88% and 80% respectively).
- Respondents who have never smoked are more likely to consider themselves as having good health overall. 78% of respondents who smoke tobacco products daily report good health compared to 89% of those who had never smoked.

PREVALENCE OF CERTAIN HEALTH CONDITIONS

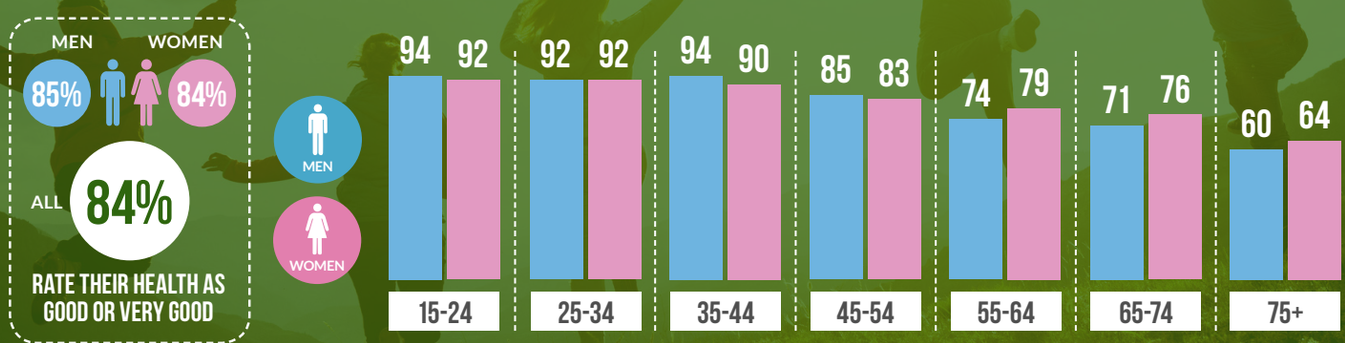
- Respondents were asked whether they have a long-standing illness or health condition that has lasted or will last for 6 months or more. 32% report that they currently have a long-standing illness or health condition that will last for 6 months or more. This has increased from 29% in 2018.
- 59% of those reporting a long-standing illness or health condition perceive their general health to be good or very good. The equivalent figure in 2018 was 56%.
- Respondents were asked about 25 specific conditions and whether they had suffered from them in the past 12 months. The most commonly reported conditions were high blood pressure (13%), high cholesterol (10%), arthritis (10%), asthma (7%) and emotional, nervous or psychiatric problems such as depression or anxiety (6%). Self-reported incidences of these conditions are broadly unchanged across survey waves.
- Older age groups are more likely to report having at least one of these specific health conditions (75 and older: 83%, 15 to 24: 18%). People living in deprived areas are also more likely to report a condition compared to those in more affluent areas (42% and 35% respectively).
- Arthritis is more prevalent amongst women, at 11% compared to 8% of men. Women are four times as likely to suffer from osteoporosis, at a rate of 4% compared to 1% of men. Men are more likely to report diabetes at 6% compared to 3% of women.
- Emotional, nervous, or psychiatric problems like depression or anxiety are more likely to be reported by women, at 8% compared to 4% of men. This gap is most pronounced in those over the age of 75, with 9% of women reporting this compared to 2% of men.

LIMITATIONS IN EVERYDAY ACTIVITIES

- Respondents were asked to what extent they have been limited in everyday activities because of health problems, i.e. an on-going physical or mental health problem, illness or disability
- 21% reported that they are either severely limited or somewhat limited in everyday activities because of health problems.
- 50% of those aged 75 and older report being limited to some degree in their everyday activities.
- Severe limitations in everyday activities are more prevalent in older age groups. For those aged under 54, the rate of those reporting severe limitations is 2%. However, this increases to 7% of those aged between 55 and 74 and 14% of those older than this.

GENERAL HEALTH

Percentage rating health as good or very good by age and gender



Respondents were presented with a list of 25 specific health conditions including:

Chronic Lung Disease - Asthma - Arthritis - Osteoporosis - Cancer/Malignant Tumour - Parkinson's Disease - Depression or Anxiety - Alcohol or Substance Abuse - Dementia - Alzheimer's Disease- Serious Memory Impairment - Stomach Ulcers - Varicose Ulcers - Cirrhosis - High Blood Pressure - Angina - Heart Attack -Congestive Heart Failure - Diabetes - Stroke Ministroke or TIA - High Cholesterol - Heart Murmur - Abnormal Heart Rhythm - Other Heart Trouble.

Prevalence of certain health conditions in past 12 months by age and gender

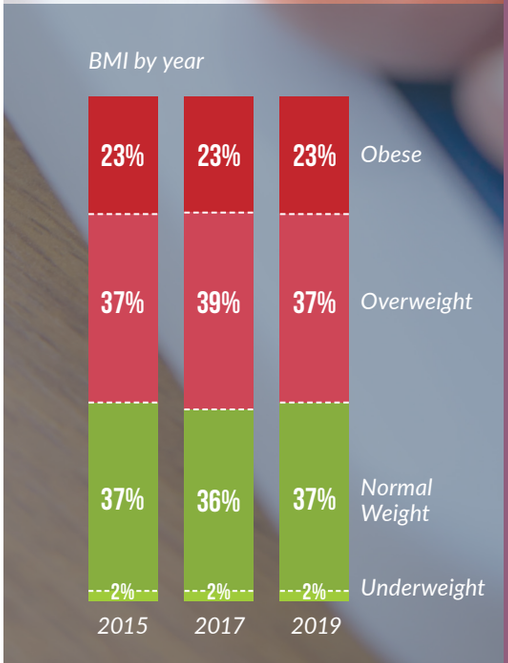
	ALL	TOTAL	15-24	25-34	35-44	45-54	55-64	65-74	75+
HIGH BLOOD PRESSURE	13%	14%	<1%	1%	5%	15%	30%	36%	39%
		13%	1%	2%	2%	9%	24%	34%	46%
HIGH CHOLESTEROL	10%	10%	1%	1%	4%	13%	20%	24%	21%
		11%	<1%	2%	4%	11%	23%	26%	23%
ARTHRITIS	10%	8%	1%	1%	2%	4%	14%	24%	33%
		11%	<1%	1%	2%	8%	20%	29%	41%
ASTHMA	7%	6%	11%	5%	8%	4%	5%	5%	4%
		8%	13%	8%	7%	8%	7%	7%	9%
DEPRESSION OR ANXIETY	6%	4%	3%	5%	3%	5%	4%	2%	2%
		8%	6%	6%	7%	9%	9%	8%	9%

MEN
WOMEN

WEIGHT

BODY WEIGHT

- This wave of the survey finds that 37% have a normal weight, 37% are overweight and 23% are obese. 2% are underweight.
- While men are more likely than women to be overweight or obese (66% and 55% respectively), there has been a decline in the proportion of men that are overweight or obese (from 70% in 2017 to 66% in 2019).
- While the proportion that has a normal weight declines with age, the proportion that is overweight or obese rises with age. Among those aged between 15 and 24, 65% have a normal weight and 28% are overweight or obese. However, among those aged 65 and older, 26% have a normal weight and 74% are overweight or obese.
- Among those aged 15 to 24, there is no difference between the proportions of men and women that have a normal weight (65%), however among older age groups there is a persistent difference between both sexes. For example, 47% of women aged between 25 and 34 have a normal weight, compared with 34% of men. Among those aged 75 and older, women are almost twice as likely as men to have a normal weight (34% and 18% respectively).
- Those living in deprived areas are more likely than those living in affluent areas to be overweight or obese (65% and 55% respectively). Among those aged under 35, 50% of those living in deprived areas are overweight or obese, compared to 37% of those living in affluent areas.



WEIGHT MANAGEMENT

- Just over a third (34%) of people in Ireland are trying to lose weight, with 49% of those who are overweight or obese currently trying to lose weight.
- Women who are overweight or obese are more likely than men to be trying to lose weight (54% and 40% respectively).
- Those aged under 55 are more likely than those older than this to be trying to lose weight (53% and 35% respectively).
- 48% of those living in affluent areas who are overweight or obese are trying to lose weight. This compares to 44% of those living in deprived areas who are overweight or obese
- The most common actions taken to lose weight are taking more exercise (56%), eating fewer calories (54%) and eating/drinking fewer sugar sweetened foods/drinks (49%).

BMI by gender and age

MEN	ALL	15-24	25-34	35-44	45-54	55-64	65-74	75+
Obese	24%	6%	22%	24%	27%	34%	35%	31%
Overweight	42%	20%	42%	45%	52%	48%	46%	51%
Normal weight	31%	65%	34%	30%	21%	18%	19%	18%
Underweight	2%	9%	2%	1%	1%	0%	0%	0%

WOMEN	ALL	15-24	25-34	35-44	45-54	55-64	65-74	75+
Obese	23%	11%	21%	20%	27%	25%	33%	27%
Overweight	33%	18%	30%	30%	36%	45%	36%	38%
Normal weight	43%	65%	47%	48%	35%	28%	30%	34%
Underweight	2%	6%	2%	1%	2%	1%	1%	1%

Attitudes towards weight

% WHO ARE	NORMAL/ UNDERWEIGHT	OVERWEIGHT	OBESE
TRYING TO LOSE WEIGHT	14%	39%	62%
TRYING TO MAINTAIN WEIGHT	37%	31%	18%
TRYING TO GAIN WEIGHT	11%	2%	1%
NOT TAKING ANY ACTION	37%	29%	20%

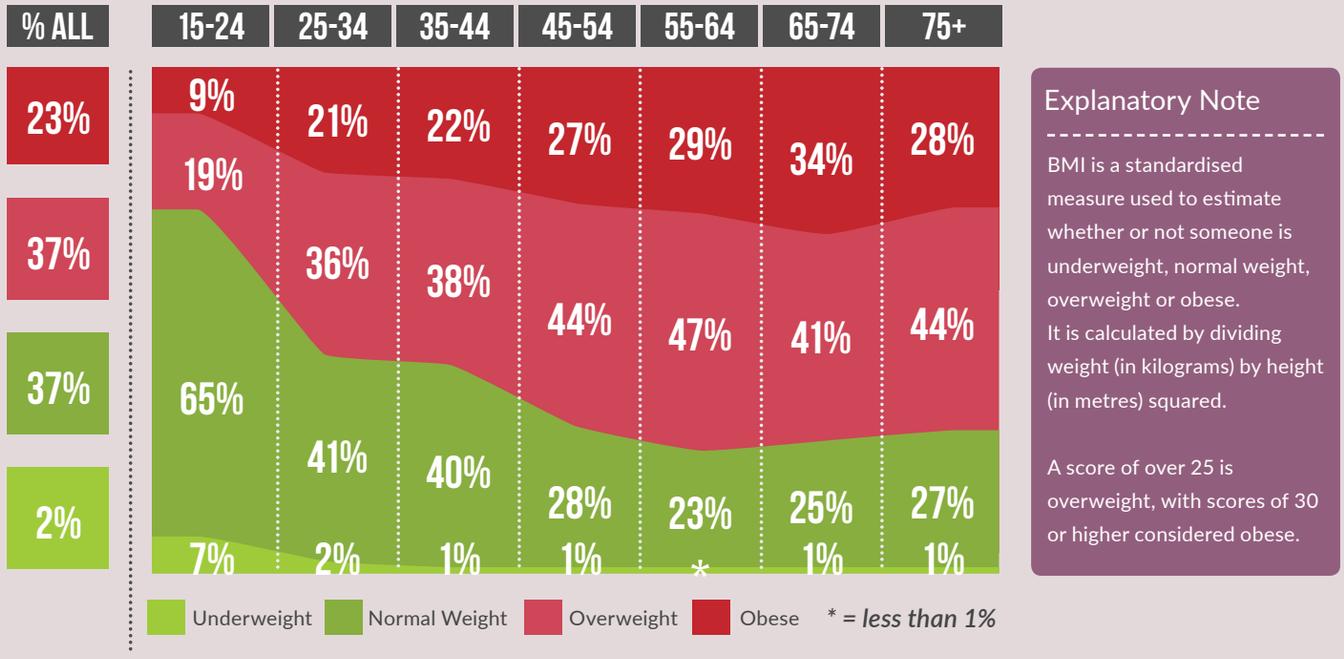
OTHER HEALTH BEHAVIOURS

- 52% of those with a normal weight and 45% of those who are overweight or obese are achieving the minimum level of activity recommended by the National Guidelines by being moderately active for a minimum of 30 minutes a day, 5 days a week.
- 17% of those who are overweight or obese are also smokers, heightening the potential for health risks they may face in the future.

Smoking prevalence by BMI category

19% NORMAL/ UNDERWEIGHT | 17% OVERWEIGHT | 16% OBESE

- Those aged under 35 who are obese are notably less active and more likely to smoke than those in this age group who are a normal weight. 23% of those aged under 35 who are obese are smokers (compared to 18% of those with a normal weight), and 42% achieve the minimum level of activity recommended by the National Guidelines (compared to 60% of those with a normal weight).
- Those who are overweight or obese report getting less sleep than those who have a normal weight. The average number of hours slept on an average week night is 7.0 hours for those who are overweight or obese, and 7.3 hours for those with a normal weight.
- Similarly, those who are overweight or obese are less likely than those with a normal weight to rate the quality of their sleep as good or very good (74% and 78% respectively).



Explanatory Note

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.

GP USAGE

Average number of GP visits in the past 12 months

TOTAL

4.5

3.5 | 5.5

Full medical card: 7.6 visits

GP visit card: 4.6 visits

Private patients: 2.9 visits

15-24	25-34	35-44	45-54
3.1	4.2	3.5	4.1
2.6 | 3.6	1.9 | 6.4	2.0 | 4.9	3.5 | 4.8

55-64	65-74	75+
4.9	6.2	8.8
4.3 | 5.4	6.0 | 6.3	8.7 | 9.0

MEN

WOMEN

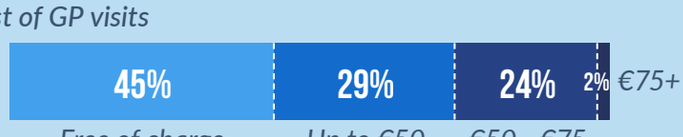
GP USAGE BY ADULTS

- 73% have visited a GP in the past 12 months with an average of 4.5 visits per person among all aged 15 and older. This average includes those who have not visited a GP.
- Women (79%) are more likely to have visited a GP then men (68%). Women also visit a GP more frequently than men (women: 5.5 visits, men: 3.5 visits).
- Those who are older are both more likely to have visited a GP and also visit one more frequently than those who are younger. 94% of those aged 75 and older have visited a GP during the past 12 months, and have an average of 8.8 visits. 65% of those aged between 15 and 24 have visited a GP during this time, and have an average of 3.1 visits.
- Women aged under 55 are more likely to visit the GP than men in this age group (women: 75%; men: 60%), however a narrower difference exists among those older than this (women: 88%, men: 86%).

COST OF GP VISITS AND ADDITIONAL SERVICES RECEIVED

- 45% of those visiting a GP during the past 12 months report that they did not pay anything for the consultation (91% of these respondents report having a medical card or GP visit card).
- 30% report paying up to €50 for the consultation and 26% report paying more than this.
- Those living in Dublin report paying more for their consultation, with 45% reporting that they paid more than €50, compared with 18% of those living elsewhere.
- 50% of those visiting a GP during the past 12 months report that they received a service from the GP that was additional to the consultation. The most commonly reported services are receiving a blood or urine test (42%) and receiving an immunisation or vaccination (10%).
- Women visiting a GP are more likely than men to receive an additional service (women: 52%; men: 47%). Similarly, those who are older are more likely than those who are younger to receive an additional service (those aged 75 and older: 63%; those aged 15-24: 36%).

Cost of GP visits



EMERGENCY APPOINTMENTS

- 23% of those visiting a GP during the past 12 months report that at least one of these visits was an urgent appointment where they were unwell and needed to see a GP as soon as possible.
- Women are more likely than men to report this situation (25% and 20% respectively), and those who are younger more likely than those who are older to report this situation (those aged 15-24: 30%; those aged 75 and older: 17%).
- 67% of those requiring an urgent appointment report that they were able to get one on the same day as contacting the GP practice, with 21% reporting they were able to get an appointment on the following day.
- Those living in Dublin are less likely than those living elsewhere to report getting a same day appointment (62% and 71% respectively).

23%

OF THOSE ATTENDING A GP REQUIRED AN EMERGENCY APPOINTMENT IN THE PAST 12 MONTHS

When offered appointment

- 67% SAME DAY
- 21% FOLLOWING DAY
- 11% AT LEAST 2 DAYS LATER

REASONS FOR NOT VISITING A GP

- 16% overall identified that there was a time during the past 12 months where in their own opinion they needed to visit a GP for a health problem but did not do so.
- Women were more likely than men to report this (18% and 15% respectively), and those aged between 25 and 54 (20%) more likely to report it than those younger or older than this.
- Those living in Dublin are also more likely to report this than those living elsewhere (19% and 15% respectively).
- No significant difference exists between those with a medical card or GP visit card and those without one (15% and 17% respectively).
- The most common reason for not visiting a GP is waiting to see if the problem gets better by itself (55%). 24% report that it was due to not having sufficient time, 19% report that they were unable to afford the cost.
- 27% of those with no medical or GP visit card reported affordability issues compared with 6% of those with one of these cards.

Reasons for not visiting a GP

16%

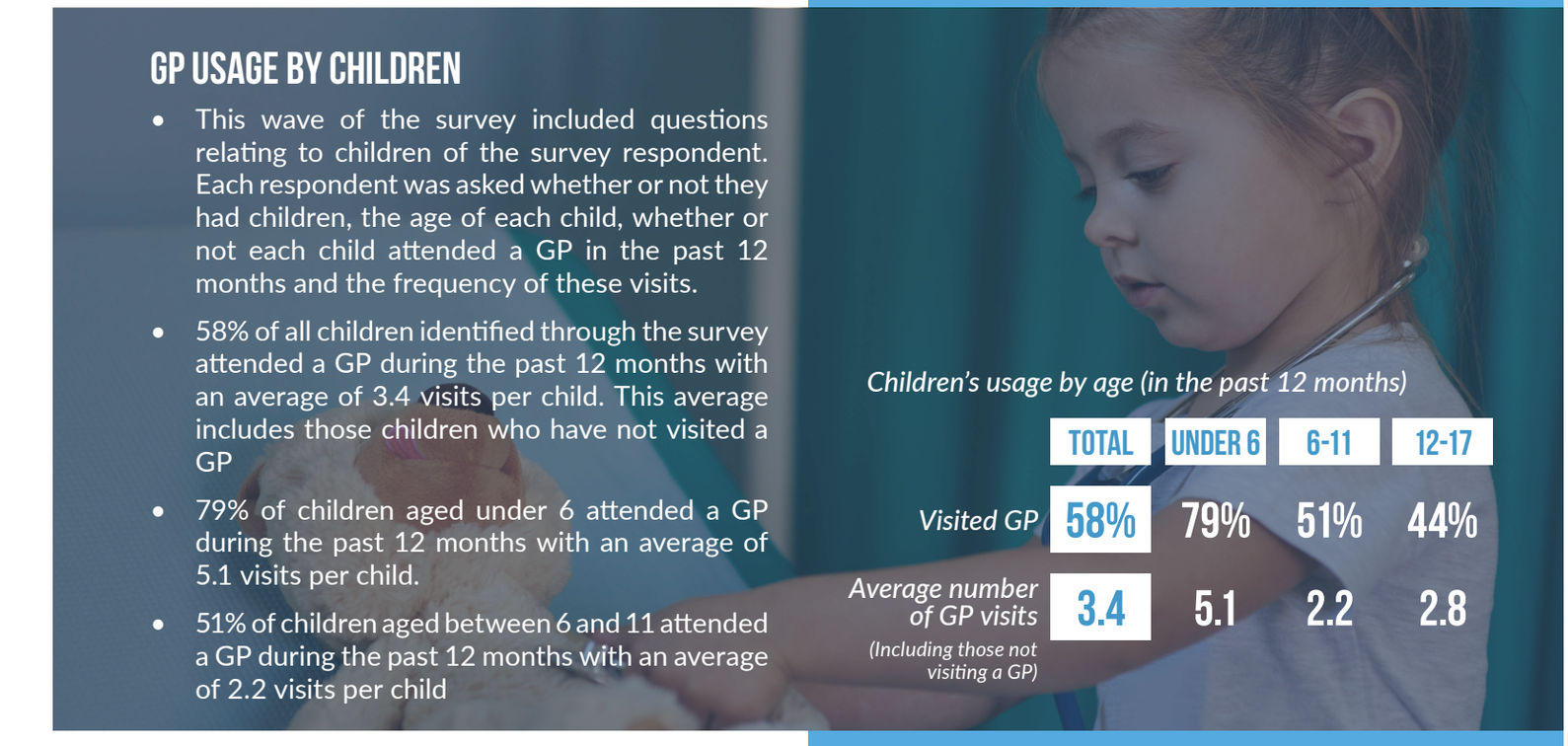
HAD A NEED TO VISIT A GP IN THE PAST 12 MONTHS BUT DID NOT DO SO

- 55% WAITED TO SEE IF PROBLEM GOT BETTER BY ITSELF
- 24% DID NOT HAVE ENOUGH TIME DUE TO OTHER RESPONSIBILITIES
- 19% COULD NOT AFFORD TO
- 10% COULD NOT GET A SUITABLE APPOINTMENT TIME

(Other answers not shown)

GP USAGE BY CHILDREN

- This wave of the survey included questions relating to children of the survey respondent. Each respondent was asked whether or not they had children, the age of each child, whether or not each child attended a GP in the past 12 months and the frequency of these visits.
- 58% of all children identified through the survey attended a GP during the past 12 months with an average of 3.4 visits per child. This average includes those children who have not visited a GP
- 79% of children aged under 6 attended a GP during the past 12 months with an average of 5.1 visits per child.
- 51% of children aged between 6 and 11 attended a GP during the past 12 months with an average of 2.2 visits per child



Children's usage by age (in the past 12 months)

	TOTAL	UNDER 6	6-11	12-17
Visited GP	58%	79%	51%	44%
Average number of GP visits *(Including those not visiting a GP)*	3.4	5.1	2.2	2.8

USAGE OF OTHER HEALTH PROFESSIONALS

Survey participants were presented with a list of seven types of health services. These included public health/community nurse, occupational therapist, physiotherapist, speech and language therapist, psychological services, psychiatric services and counselling services. They were asked to identify which, if any, of these services they had attended during the past 12 months, their frequency of attending these services, whether they were provided by the HSE or private practice. Those who attended a private practice were asked how much they had paid for their most recent consultation.

USAGE OF OTHER HEALTH PROFESSIONALS

- 21% have visited at least one of the seven types of health services during the past 12 months.
- 13% have visited a physiotherapist in the past 12 months, with counselling services and public health/community nurses each visited by 4%. All other health services were visited by less than 2%.
- No difference exists by gender and age in terms of visiting these health services. 21% of both men and women have visited one of these health services during the past 12 months. Similarly, little difference exists across age groups with 22% of those aged 15 to 24, and 22% of those aged 75 and older, visiting one of these health services during the past 12 months.
- Some differences exist by both gender and age in types of health services visited. Women are more likely than men to have visited a public health/community nurse or counselling services (women: 5%; men: 3% in both cases), with men more likely to have visited a physiotherapist (men: 15% ; women 12%).
- Those aged 75 or older are more likely to have visited a public health/community nurse than those younger than this (75 or older: 13%; those younger than 75: 3%). Also, 5% of those aged under 55 have visited a counselling service during the past year, compared to 2% of those older than this.
- Usage of these services is higher in Dublin than in other parts of the country (24% and 19% respectively), with notable differences for physiotherapy services (15% and 12% respectively) and counselling services (6% and 3% respectively).
- Usage of at least one of these services is higher in more affluent areas compared to more disadvantaged areas (24% and 18% respectively). 17% of those in more affluent areas have visited a physiotherapist in the past year compared to 9% of those in more disadvantaged areas.

USAGE OF OTHER HEALTH PROFESSIONALS

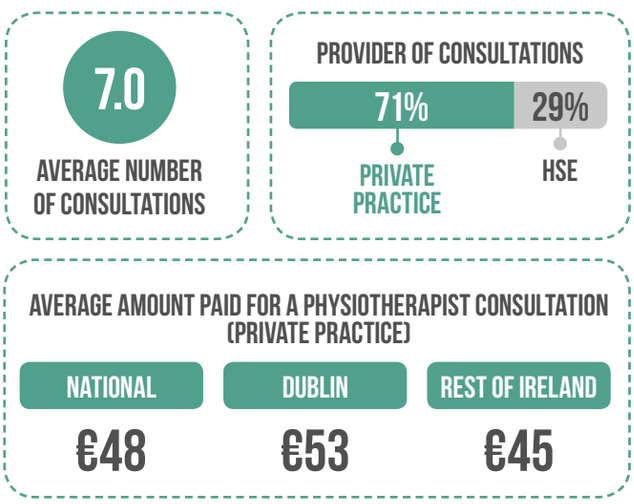
(In the past 12 months)

	TOTAL	USAGE BY AGE						
		15-24	25-34	35-44	45-54	55-64	65-74	75+
PHYSIOTHERAPIST	13%	13%	16%	13%	12%	14%	13%	9%
COUNSELLING SERVICES	4%	5%	6%	5%	4%	2%	1%	1%
PUBLIC HEALTH NURSE	4%	2%	5%	3%	3%	2%	4%	13%
OCCUPATIONAL THERAPIST	1%	1%	1%	1%	1%	1%	1%	2%
PSYCHIATRIC SERVICES	1%	1%	1%	1%	1%	2%	1%	2%
PSYCHOLOGICAL SERVICES	1%	1%	1%	1%	1%	<1%	<1%	<1%
SPEECH AND LANGUAGE THERAPIST	1%	1%	<1%	<1%	<1%	<1%	<1%	<1%

FREQUENCY OF VISITING OTHER HEALTH PROFESSIONALS

- Those who visited a physiotherapist during the past 12 months had on average 7.0 consultations. Among all aged 15 and older (including those who have not visited a physiotherapist) the average is 0.9 consultations.
- Those who have used each service had on average 10.0 consultations with a counselling service and 6.7 consultations with a public health/community nurse. Among all aged 15 and older (including those who have not used each service) the average is 0.2 consultations for public health/community nurse and 0.4 for counselling.

Usage of physiotherapists



USAGE OF PUBLIC AND PRIVATE SERVICES

- 71% of all physiotherapist consultations during the past 12 months were provided by a private practice, with 29% provided by the HSE.
- The majority of all counselling consultations (55%) were also provided by a private practice, with 95% of all public health/community nurse consultations provided by the HSE.
- Private consultations with physiotherapists are most common among those aged 25 to 34 (86% of consultations) and those living in Munster or Dublin (79% and 78% of consultations respectively).
- Those visiting a physiotherapist in a private practice had on average 6.6 consultations during the previous 12 months, with those visiting a physiotherapist within the HSE having on average 6.1 consultations. The equivalent figures for counselling services are 8.2 and 10.8 respectively.
- The average amount paid for a physiotherapist appointment in a private practice is reported to be €48. This average is higher in Dublin (€53) than in other parts of the country (€45).

SUN PROTECTION AND SUNBED USAGE

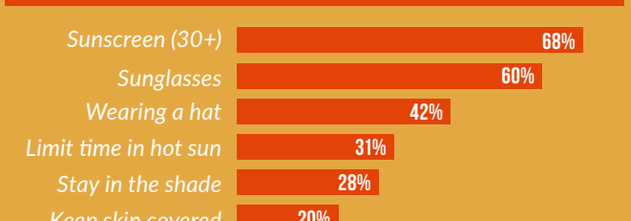
SUN PROTECTION METHODS USED

- 92% report using a form of sun protection when in the sun for more than 30 minutes at a time.
- The most commonly used forms of sun protection are sunscreen of factor 30 or higher (68%), sunglasses (60%) and wearing a hat (42%). 31% report that they limit the time they spend in hot sun and 28% report that they stay in the shade when outdoors.
- Men are less likely than women to report using a form of sun protection (89% and 96% respectively). They are also less likely to report using each type of sun protection, with the exception of wearing a hat (men: 49%; women: 36%).
- There is a large difference between men and women in reported use of sunscreen of factor 30 or higher. 79% of women report using this when in the sun for more than 30 minutes at a time, however only 57% of men report doing so.

92%

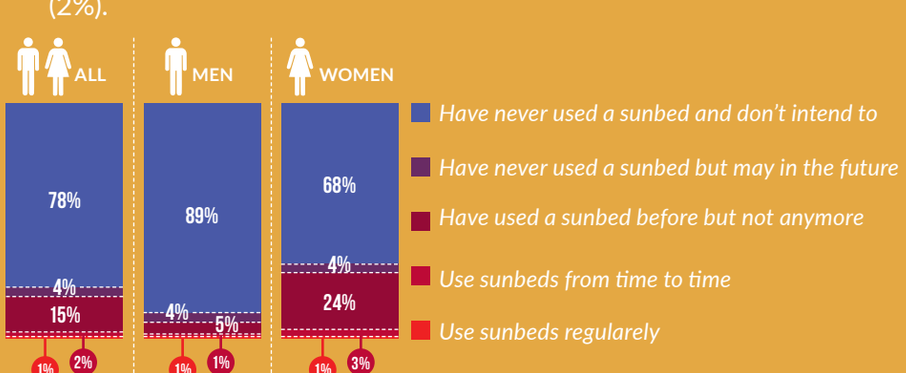
USE A FORM OF SUN PROTECTION WHEN IN THE SUN FOR MORE THAN 30 MINUTES

MOST POPULAR FORMS OF SUN PROTECTION



SUNBED USAGE

- 3% use sunbeds either regularly or from time-to-time. Usage among women is higher than among men (4% and 1% respectively).
- Usage is highest among women aged 25 to 34 (7%). 5% of women aged 15 to 24 and the same proportion of women aged 35 to 44 use sunbeds.
- Usage of sunbeds is higher in Dublin (5%) than outside Dublin (2%). It is also higher in more deprived areas (4%) than in more affluent areas (2%).



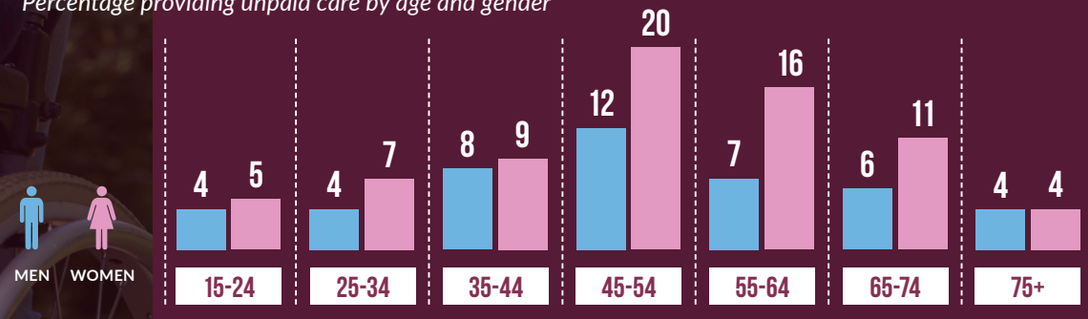
CARING RESPONSIBILITIES

- 9% report that they are carers, in that they provide regular unpaid personal help to a friend or family member with a long-term illness health problem or disability.
- Women are more likely than men to report being a carer (10% and 7% respectively).
- 16% of those aged between 45 and 54 are a carer. The highest incidence of carers is among women aged between 45 and 54, 20% of whom say they are a carer.
- 90% of carers provide care to one person, with 10% providing care to multiple people. 14% of carers aged between 45 and 54 provide care to multiple people (14%).
- When asked to identify their relationship to the person with a long-term illness, health problem or disability 57% of carers report that they are providing care to a parent or parent-in-law. 14% are providing care to a child, 11% to a spouse/partner and 21% to another relative. 6% of carers are providing unpaid care to a non-family member.
- 42% of carers report that they themselves have a long-standing illness or health problem and 19% describe their own health as fair or bad. This compares to 32% and 15% respectively of those who are not carers.
- 82% of carers report getting less than 8 hours sleep on an average weeknight. In comparison, 69% of non-carers report this amount of sleep.
- 51% of carers aged between 25 and 64 are the parent of a child aged under 18 years.

9%

PROVIDE UNPAID CARE TO A FRIEND OR FAMILY MEMBER WITH A LONGTERM ILLNESS, HEALTH PROBLEM OR DISABILITY

Percentage providing unpaid care by age and gender



Relationship of the person cared for, to their carer

57%	14%	11%	21%	6%
PARENT/ PARENT-IN-LAW	CHILD	SPOUSE/ PARTNER	OTHER RELATIVE	FRIEND

Nature of illness, health condition or disability of person being cared for

71%	10%	8%	5%
PHYSICAL ILLNESS/ DISABILITY	DEMENTIA/ COGNITIVE IMPAIRMENT	INTELLECTUAL DISABILITY	MENTAL ILLNESS

(Others at less than 5%)

SLEEP

Sleep is considered to be one of the foundational elements of a healthy lifestyle. A lack of adequate, good quality sleep can have wide-ranging negative effects on general health in many respects including through lower levels of physical activity and an increased risk of obesity.

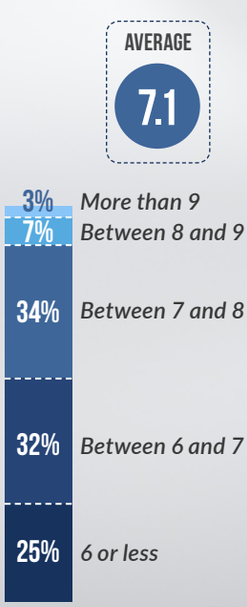
A lack of good quality sleep is linked with adverse effects in other areas. It can negatively impact mental health or increase the likelihood of other illnesses, which can in turn lead to even more difficulties with sleep. This can also occur in the opposite direction where pre-existing health problems lead to a decline in sleep quality, compounding the negative effects.

The questions we ask about sleep in this wave of the Healthy Ireland Survey aim to develop a sense of how much sleep the population in general is getting and the ways in which sleep may be disrupted.

AMOUNT OF SLEEP

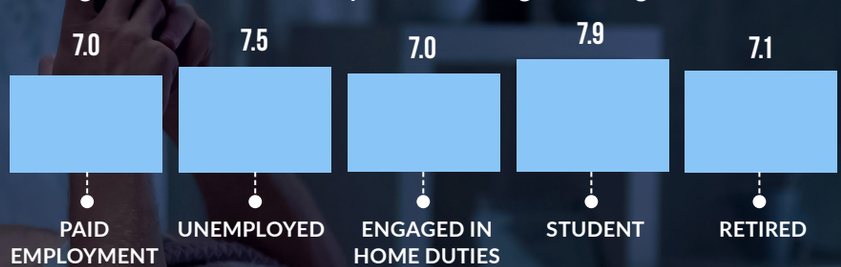
- On average, participants reported getting 7.1 hours sleep on an average week night or work night. 34% get between 7 and 8 hours sleep each night. 56% get 7 hours or less and 10% get more than 8 hours.
- There is little difference by gender and across age groups in the amount of sleep each night, with men and women both reporting an average of 7.1 hours sleep each night. The average amount of sleep for 15 to 24 year olds (7.8 hours) is higher than that of other age groups, all of which have an average between 6.9 and 7.1.
- Those in paid employment and those engaged in home duties get less sleep (7.0 hours in both cases) than those in other occupational categories, with students having the highest average sleep (7.9 hours).
- Those who are overweight or obese get less sleep than those who have a normal weight (7.0 hours and 7.3 hours respectively).

Hours of sleep reported on an average weeknight



Rating of quality of sleep

Average number of hours slept on an average weeknight

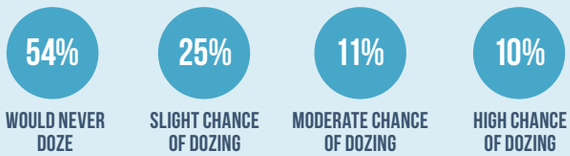


QUALITY OF SLEEP

- 76% rate the quality of their sleep over the past month as fairly good or very good. 9% rate it as fairly bad and 3% rate it as very bad.
- Those reporting more sleep are more likely to rate the quality of their sleep as fairly good or very good. 81% of those getting between 6 and 8 hours sleep each night rate the quality of their sleep as fairly good or very good, compared with 24% of those getting less sleep than this and 92% of those getting more sleep than this.
- While men and women report a similar amount of sleep, men are more likely to rate the quality of their sleep higher. 78% of men rate the quality of their sleep as fairly good or very good, compared with 73% of women.
- Little difference exists across age groups in rating of quality of sleep, however those aged between 15 and 24 (who report longer sleep) rate the quality of their sleep higher (83% fairly good or very good), with women aged between 55 and 74 giving a lower rating to the quality of their sleep (70% fairly good or very good).
- Those engaged in home duties give a lower rating to the quality of their sleep (70% fairly good or very good). Students and those who are in paid employment give the highest ratings to the quality of their sleep (86% and 77% respectively rate it as fairly good or very good).
- Those living outside Dublin give a higher rating to the quality of their sleep than those living in Dublin (78% and 71% respectively rate it as fairly good or very good). However, the average amount of sleep does not differ substantially between both areas (7.2 hours and 7.0 hours respectively).

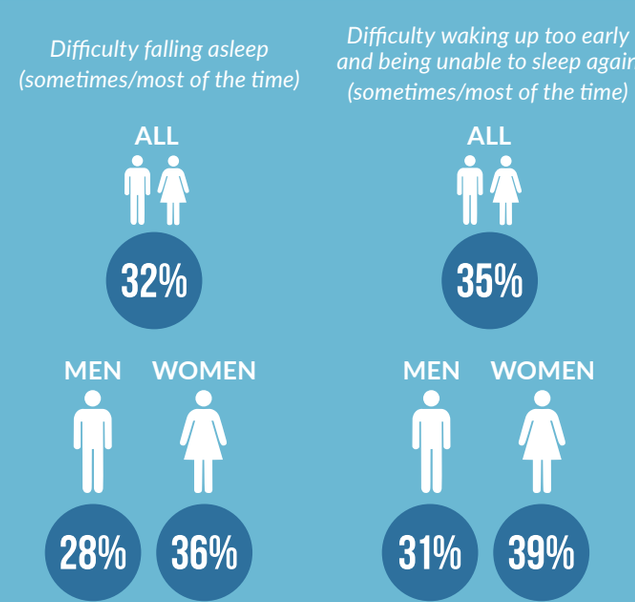
LIKELIHOOD OF DOZING DURING THE DAY

- 21% report that there is a moderate or high chance of them dozing during the day while 54% report that they would never doze during the day.
- Men are more likely than women to report that there is a moderate or high chance of them dozing during the day (23% and 19% respectively).
- Likelihood of dozing during the day increases with age with 51% of those aged 75 or older saying that there is a moderate or high chance that they would doze.



SLEEP DIFFICULTIES

- 32% report that they have trouble falling asleep at least sometimes, and 35% report that they have trouble with waking up too early and not being able to fall asleep again.
- Women are more likely than men to report difficulties in both respects (36% and 39% respectively).
- Difficulties falling asleep increase with age with 30% of those aged between 15 and 24 reporting difficulties at least sometimes, compared to 38% of those aged 75 and older.
- Difficulties falling asleep are more likely to be reported by those who report being in fair or bad health (53%), those engaged in home duties (41%), smokers (38%), and those living in Dublin (40%), and smokers (38%).
- In contrast, those less likely to report difficulties falling asleep include parents of children aged under 6 (24%), those in paid employment (27%), those meeting the physical activity guidelines (28%).
- 17% report that they have been bothered or disturbed by noise at least sometimes during the past 12 months when they are trying to sleep.
- 26% of those living in Dublin report being bothered by noise, compared with 14% of those living in other parts of the country.



PARENTS AND HEALTH

INTRODUCTION

Becoming a parent is hugely rewarding but also something that requires significant lifestyle changes that can impact health in various ways. Most people are aware of the short-term sleep deprivation and stress that usually accompanies the birth of a child. These short-term issues can have more far-reaching consequences, however.

Various studies show that new parents are more likely to experience anxiety or depression and to gain weight in the months after childbirth. The financial and time constraints of taking care of a young child can often make it more difficult to reverse these effects as time moves on and children become older.

These studies also demonstrate that the health impacts of having children are not distributed evenly with mothers, parents living in more deprived areas and single parents more likely to experience negative health effects.

It is important to understand how to help parents to offset the negative health aspects of early parenthood because the habits and behaviours of parents have a strong influence on those of their children. Children of parents who are obese are more likely to be obese and children of parents who smoke or drink alcohol to excess are more likely to do the same.

If we can identify and address the issues experienced by parents of young children, we will be taking a big step towards a healthier society as a whole. Experiences in early childhood have a profound impact on a person's behaviour and health outcomes so addressing the issues that parents experience will make it much easier for the next generation to maintain a healthy lifestyle.

	PARENTS	MOTHERS	FATHERS	NON-PARENTS	WOMEN	MEN
Smoking	19%	17%	21%	23%	22%	23%
Overweight/Obese	63%	55%	73%	66%	57%	73%
Achieve National Physical Activity Guidelines	49%	40%	60%	48%	43%	53%
Average Amount of Sleep on a Weeknight (hours)	6.9	7.0	6.9	7.1	7.1	7.0

OVERVIEW

This wave of the Healthy Ireland Survey included questions on parenting that identified the number and ages of children of survey respondents.

In this analysis we consider the health of parents of children aged under 18 in five contexts – their general health, weight, smoking, physical activity and sleep. In looking at parents we seek to identify the impact on health behaviours of being a parent as well as considering the impact of the health behaviours of parents on their children.

The analysis considers not just the health behaviours of parents but also how these differ from their peers who are not parents. The definition of non-parents requires careful consideration in order to ensure meaningful comparison. Non-parents includes a broad spectrum of adults in Ireland, including those who are young who may not have had children yet, as well as older individuals who have children aged over 18 or never had children. For the purposes of this analysis, non-parents are considered to be those aged between 31 and 54 who do not have any children aged under 18.

It also considers parents in different situations, including differences between mothers and fathers; between parents living in deprived areas and those living in affluent areas; and between parents of younger children and parents of older children.

It is important to note that the analysis examines parents as a subset of the overall sample. While the sample is robust (2,001 parents were interviewed on this survey wave), it was not designed to be representative of all parents in Ireland – for example, there were more mothers interviewed than fathers. Additionally, the analysis does not address the other factors (such as relationship status, income, housing tenure etc.) which may influence the health status and behaviours of parents.

Despite this, the analysis provides useful insights into the health of parents in Ireland and important considerations for improving the health and wellbeing of this group and the children that they are raising.

SMOKING

Smoking poses a risk, not just to the health of the parents, but also to the health of their children. This comes in two ways – firstly, through second-hand smoke that the child may be exposed to, but also normalising smoking in the eyes of a child. Children who grow up seeing their parents smoke are also 3 times more likely to smoke when they grow up. In this respect, reducing smoking prevalence among parents is a key priority.

The extent of the challenge is clear when it is considered that 19% of parents are current smokers, with 16% smoking daily and 3% smoking occasionally.

In general, men are more likely to smoke than women and this is reflected among parents with fathers more likely to smoke than mothers (21% and 17% respectively).

A comparison to non-parents finds that parents are less likely than non-parents to smoke (23% of non-parents are current smokers), and this is the case for both genders – fathers are less likely to smoke than men who are not a parent (23%), and mothers are less likely to smoke than women who are not a parent (22%).

Notably, while fathers are less likely than men who are not a parent to be current smokers, the proportion who have never smoked (48%) is the same among both groups. As such, fathers are more likely than men who are not a parent to have quit smoking in the past.

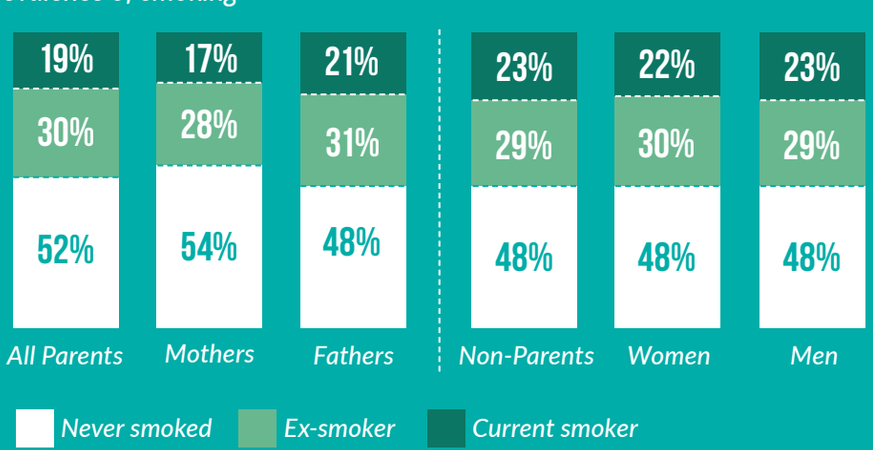
The dynamic among women is somewhat different, and while there are more quitters than smokers among both mothers and women who are not a parent, the proportion of mothers who have never smoked (54%) is higher than for any other group.

The difference in smoking between those living in deprived and affluent areas generally is mirrored among parents, with 26% of parents living in deprived areas currently smoking compared with 16% of those living in affluent areas.

Encouragingly, as well as being less likely to smoke, parents who do smoke are more likely to be trying to quit smoking. 11% of parents and 6% of non-parents report that they are currently trying to quit smoking.

E-cigarette usage among parents is at the same level as non-parents with 7% of parents and 8% of non-parents using them. No difference exists between mothers and fathers with 7% of mothers and 8% of fathers using e-cigarettes

Prevalence of smoking



WEIGHT

As with smoking, body weight is an important consideration not just in terms of the health of the parents, but also of their children. The negative habits that lead to excessive weight gain (such as poor dietary choices and insufficient physical activity) may be shared among multiple members of a household meaning that children of overweight parents are more likely to become overweight themselves.

As 63% of parents are overweight or obese, this means that it is likely that most children in Ireland are growing up in a household where at least one parent is overweight.

Compared to their peers who are not parents, no meaningful difference exists. 66% of non-parents are overweight or obese, with 27% of this group obese (compared to 23% of parents).

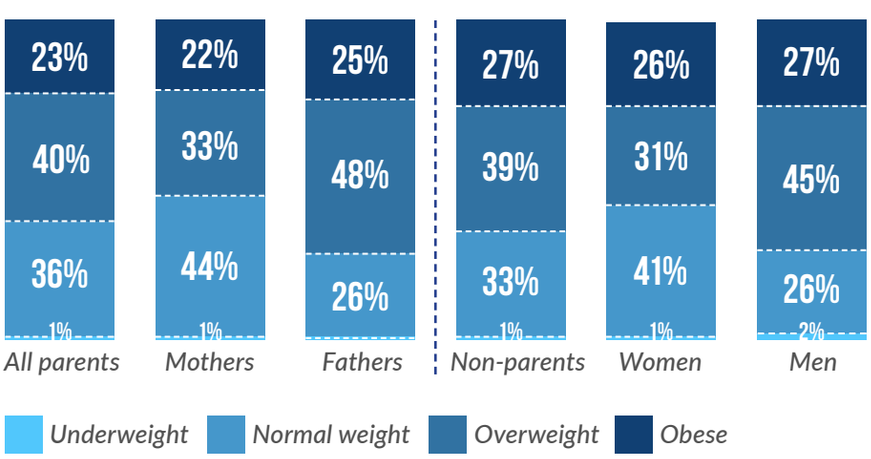
As is the case generally between men and women, fathers are more likely to be overweight than mothers. Almost three-quarters (73%) of fathers are overweight or obese, and while the proportion of mothers who are overweight or obese is lower, there is still a majority (55%) in this situation.

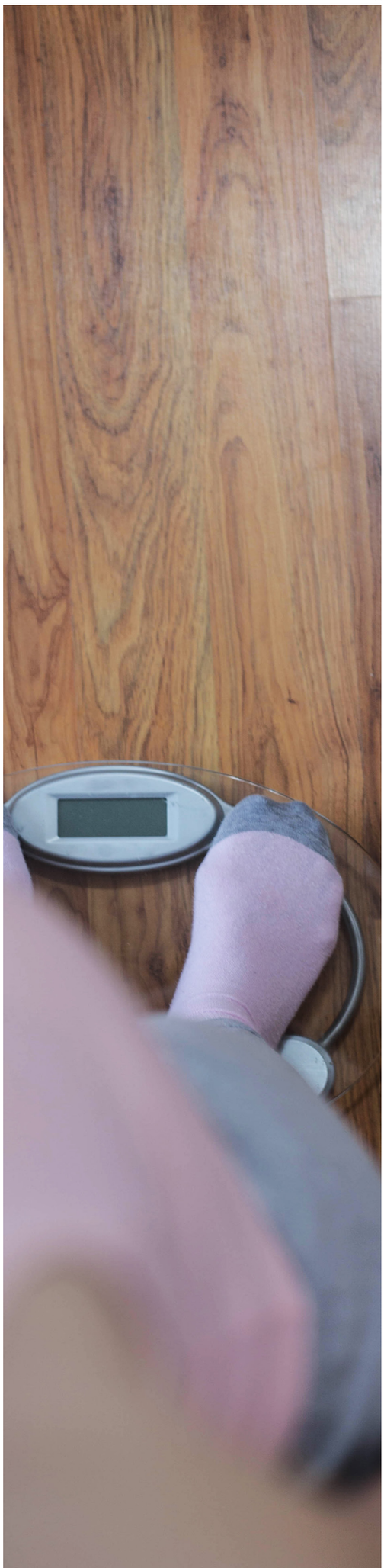
It is reported earlier that those living in deprived areas are more likely than those living in affluent areas to be overweight or obese. Among parents, there is a narrower difference, with 66% of parents living in deprived areas overweight or obese, compared with 61% of parents living in affluent areas. Similarly, the gap among parents is slightly narrower than the gap between deprived and affluent areas among non-parents (non-parents living in deprived areas: 69%; non-parents living in affluent areas: 60%).

Encouragingly, overweight or obese parents are more likely to be trying to lose weight than non-parents who are overweight or obese (55% and 49% respectively). Looking at this across mothers and fathers shows that it is mothers that have a greater contribution to this difference with 69% of mothers who are overweight or obese reporting that they are trying to lose weight, compared to 44% of fathers who are overweight or obese.

Mothers who are overweight or obese are also more likely than women who are not mothers to report that they are trying to lose weight (52%), while fathers are no more likely than men who are not parents to be trying to lose weight (47%).

BMI (Body Mass Index)





PHYSICAL ACTIVITY

There is significant evidence that physical activity promotes wellbeing, physical and mental health, prevents disease, improves quality of life and has economic, social and cultural benefits. Conversely, physical inactivity is one of the leading risk factors for poor health and has been identified by the WHO as the fourth leading risk factor for global mortality. Children that grow up in active families are also more likely to be physically active; parental activity levels are therefore not just of importance for parents own health, but also for that of the next generation.

Roughly half of parents (49%) achieve the minimum level of activity recommended by the National Guidelines by being moderately active for a minimum of 30 minutes a day, 5 days a week. This is at the same level as non-parents of whom 48% are achieving the minimum level of activity.

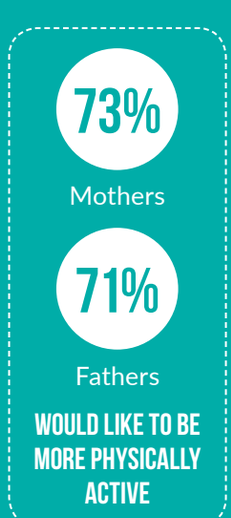
However, sizeable differences exist by gender, with 60% of fathers but only 40% of mothers achieving the minimum level of activity. Comparing this to non-parents indicates that fathers are more likely to achieve the minimum level of activity than men who are not a parent (60% and 53% respectively), while no such difference exists among women (mothers: 40%; women who are not a parent: 43%).

Among parents, this suggest that a key challenge is to encourage mothers to become more active. Almost three quarters (73%) of mothers who are not sufficiently active report that they would like to be more active than they are currently, This suggests that there is a strong appetite for change among this group. A smaller proportion of fathers (71%) also report that they would like to be more active. Among those who are not parents, 65% of women and 57% of men who are sufficiently active would like to be more active.

To encourage change among mothers it is necessary to consider the barriers to them being more active. 46% of mothers say that the main reason they are not more active is due to looking after family, with 21% of fathers suggesting that this is the main barrier to increased activity. While fathers also note time restrictions, these restrictions are more likely to be due to work or study with 47% of fathers saying that this is the main barrier to them being more active.

Recognising these different types of barriers and identifying strategies to overcome them is an important consideration in order to increase activity levels among both mothers and fathers.

Desire to be more physically active
(among those not currently sufficiently active)



SLEEP

Sleep – or a lack of – is a contentious issue for many parents, and for parents of younger children in particular. Sleep is important within overall health as not achieving adequate sleep can negatively impact on many other aspects of life, including diet, ability to exercise and many other aspects of physical and mental health.

However, this survey finds that there is no meaningful difference in the average amount of sleep reported by parents and non-parents that they get on an average weekday night (6.9 hours and 7.1 hours respectively). Similarly, there is no difference between mothers and fathers in the amount of sleep reported.

While no differences exist in the amount of sleep reported, it is notable that mothers are more likely to say that they are disturbed by noise at least sometimes (26%) and are slightly less likely to rate the quality of their sleep as being good or very good (72%). These differences exist both when compared to fathers (17% and 77% respectively), and also when compared to women who are not a parent (21% and 75% respectively).

Among parents, analysis by age of child similarly finds no differences between parents of children aged under 6 and parents of older children with each group reporting an average of roughly 7.0 hours per week.

There is also no difference across these groups in their rating of their sleep quality with between 74% and 76% in each case rating the quality of their sleep as either good or very good. It may be the case that parents of babies report less sleep, or rate the quality of their sleep lower, however the available data does not allow for meaningful analysis on this group.

Interestingly, while no differences in amount of quality of sleep exist between parents of younger and older children, there are some notable differences in sleep behaviours. Parents of older children (aged 13 to 17) are more likely to report difficulties both falling asleep as well as difficulties waking up too early and not being able to fall asleep again. However, despite these negative aspects, they are still reporting the same amount of sleep and same levels of sleep quality as parents of younger children.

		AGE OF CHILD			
	ALL PARENTS	UNDER 6	6-12	13-17	NON-PARENTS
AVERAGE AMOUNT OF SLEEP ON A WEEKNIGHT *(hours)*	6.9	6.9	7.0	6.9	7.1
% RATING AVAILIBILITY OF SLEEP AS GOOD OR VERY GOOD	74%	74%	76%	74%	74%
% REPORTING DIFFICULTY FALLING ASLEEP	28%	24%	28%	33%	33%
% WAKING UP TOO EARLY AND UNABLE TO SLEEP AGAIN *(sometimes/most of the time)*	34%	28%	32%	43%	36%

GENERAL HEALTH OF PARENTS

Having considered these various aspects of health of parents, it is worthwhile considering their perceptions of their overall health.

In general, parents rate their health higher than non-parents.

Parents are more likely than their peers who are not parents to rate their health as good or very good (90% and 85% respectively). A wider difference exists when considering those rating their health as very good (54% and 45% respectively).

Parents are also less likely than non-parents to report a long-standing illness or health problem (22% and 32% respectively), and are also less likely to report being limited in everyday activities because of health problems (13% and 20% respectively).

These positive perceptions of own health are reflected across both mothers and fathers (90% and 91% respectively rate their health as good or very good). Similarly, mothers rate their health more positively than women who are not a parent, and also fathers rate their health more positively than men who are not a parent.

Perceptions of own health

SUMMARY

This snapshot of the health of parents in Ireland presents a mixed picture. In general it finds the health of parents to be positive, and in many respects more positive than their peers who are not parents.

Becoming a parent clearly has many positive impacts on the health of an individual. Parents are less likely to smoke, achieve the same levels of physical activity, and are no more likely to be overweight or obese than non-parents. Equally, this survey finds no difference in reported amount of sleep between parents and non-parents – a finding that may come as a surprise to many.

While these are all encouraging, they need to be considered within the context that challenges still exist. One in every six parents are smokers, half of parents do not achieve the minimum recommended levels of physical activity, and most parents are overweight or obese.

In addressing these challenges it is important to recognise that there is no universal fix and different types of parents face different difficulties in respect of their own health. For example, while most mothers do not achieve the minimum level of activity recommended by the National Guidelines, they indicate that they would like to be more physically active. Facilitating this requires imaginative solutions around helping them overcome the key barrier to increased activity – the time constraints imposed on them through childcare.

In terms of fathers, a key issue is the extent of overweight or obesity. Almost three-quarters of fathers are overweight or obese, and a majority indicate that they are not trying to lose weight. Again, imaginative solutions are necessary to encourage a greater focus on weight loss among these men.

It is vitally important that these issues are addressed to ensure that not only do parents maximise their health and wellbeing, but also more positive behaviours can be learned by their children to ensure the positive health of this future generation.

SURVEY METHODS AND TECHNICAL OVERVIEW

The Healthy Ireland Survey uses an interviewer-administered questionnaire with interviews conducted on a face-to-face basis with individuals aged 15 and over. This is the fifth wave of the survey conducted between September 2018 and September 2019. It involves 7,413 interviews with a representative sample of those living in Ireland. It follows the first three waves conducted between 2014 and 2018.

Topics covered by this wave include:

- Smoking
- Tobacco packaging
- Physical activity
- General health
- Physical measurements (weight, height and waist circumference)
- Usage of GPs
- Usage of other health professionals
- Sun protection
- Caring Responsibilities
- Sleep
- Parents and Health

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

Questionnaire design

In order to ensure accurate monitoring and to build a trend series of data, the core of this questionnaire is the same as used in the initial waves of this survey. However, a number of amendments are made each year to other parts of the survey questionnaire in order to provide data on additional areas of interest and to provide further context on the health behaviours of the Irish population.

In designing and revising the questionnaire, consideration is 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.

Sample design

In order to ensure a representative sample of those living in Ireland 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.

SURVEY METHODS AND TECHNICAL OVERVIEW

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 divisions 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, 670 electoral divisions (or combinations thereof) contained one sampling point and 8 contained multiple 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 attempted on different days and at 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 computer-generated algorithm) to take part in the survey and this was the only individual that could be interviewed at that address.

Interviewer briefing and training

All interviewers receive extensive training before commencing fieldwork. 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

SURVEY METHODS AND TECHNICAL OVERVIEW

In addition to the in-person training received, all interviewers are also provided with detailed written instructions on all aspects of the project. Interviewers also have ongoing access to telephone support from field management staff throughout the fieldwork period.

Survey fieldwork and response rate

All selected households were visited between September 2018 and September 2019. In advance of an interviewer contacting the household, the householder received two letters. One letter was on Department of Health headed paper indicating that the household had been selected to participate and provided background to the study. The other letter was on Ipsos MRBI headed paper and provided further detail on the study and what was required when participating.

A total of 30,316 visits were made to the 13,720 selected addresses. 7,446 (54% of all addresses) received multiple visits, with an average of 2.2 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 61.0%.

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 were conducted to ensure the accuracy of the final dataset.

Additionally, 182 sampling points were randomly selected for survey validation. Households in these sampling points were re-contacted 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 in 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 are known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, two weights were produced – a main survey weight and a separate weight for physical measurement data.

SURVEY METHODS AND TECHNICAL OVERVIEW

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 physical measurement 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.

The variables used for the physical measurements weighting scheme were age by gender, education, work status of the respondent, whether or not the respondent was the chief income earner in the household, general health of the respondent, number of people in the household, region and whether the respondent lived in an urban or rural area.

Deprivation index

The deprivation index used throughout the report is that designed by Haase and Pratschke (The 2016 Pobal HP Deprivation Index).

The index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses. A scoring is given to the area based on a national average of zero and ranging from approximately -35 (being the most disadvantaged) to +35 (being the most affluent). Data for this report are presented in terms of deciles.

An absolute score is given to the area based on a national average of zero. Data for this report are presented in terms of deciles.

For ease of understanding, deciles are referred to as “areas” throughout this report. All references to the most deprived areas refer to a combination of the three most deprived deciles, and all references to the least deprived or most affluent areas refer to a combination of the three least deprived deciles.

Survey representation

This survey is designed to be representative of the population of Ireland aged 15 and older. Extensive efforts are made to maximise response rates across population groups and minimise any non-response bias. Additionally, the application of population weights to the survey data ensures that the survey sample is aligned with the profile of the general population.

For this reason, it is possible to refer to the survey results as relating to the population generally, and any references to the population in this report are derived from survey results.

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