Department of Health & Children
AN ROINN SLÁINTE AGUS LEANAÍ

HEALTH IN IRELAND

Key Trends 2010

Introduction

As with previous versions, this edition of *Health in Ireland: Key Trends* provides an overview of significant trends in health and the health services during the past decade. Health is a very wide-ranging subject area, and, in a brief booklet, it is of course not possible to be comprehensive. Rather, the aim is to reflect the main areas of health and health care and to highlight selected topics of growing concern and/or where new data has become available. A further objective is to assess ourselves and our progress in the broader EU and international context. With these goals in mind, the booklet is divided into six chapters ranging from life expectancy and health status through to health care delivery, staffing and costs.

One of the most notable features, and indeed achievements, regarding health in Ireland in the decade 2000 to 2009 has been the continuous and unprecedented increase in life expectancy over the period. In 2001, the national health strategy, *Quality and Fairness: A Health System for You*, noted that while life expectancy in Ireland had improved in recent decades, "life expectancy in Europe has increased at a greater rate". This is no longer the case. Over the past ten years, Ireland has caught up with and overtaken the EU average. Where previously, the more modest goal had been to reach the EU average, the objective now is to match the best in Europe. While in previous decades, a high proportion of longevity gains could be attributed to reductions in infant mortality or death from infectious diseases, the more recent improvements are largely due to lower mortality and better survival from conditions affecting older age groups such as heart disease and cancer. Although difficult to quantify, the contribution of modern health services to this achievement has been of unquestionable significance.

Reporting on health at the national level can serve to mask less favourable health conditions pertaining to specific subgroups of the population whether based on social class, ethnicity, gender, age or area of residence. The recent *All Ireland Traveller Health Study* provides striking evidence of health inequality showing life expectancy for Traveller males more than 15 years less than the general population and more than 10 years less for females. Infant mortality rates and rates for major causes of death are shown to be much higher in the Traveller population (see Table 2.7). Other selected data on equity and equality are also presented in this edition of *Key Trends* including a measure of self-assessed health by income level (see Figure 2.2), breast-feeding rates by social class (see Figure 2.8), and unmet need for medical examination by income (see Figure 4.1).

At the time of the last report reference was made to Ireland's reduced economic circumstances and the potential effects this may have on both health status and health system delivery. While it is still too early to measure any direct impact, data for 2009 and estimates for 2010 show the beginnings of reductions in spending and in numbers employed (see Sections 5 and 6). Figures also show increasing numbers and percentages of the population eligible for a medical card (see Table 4.1). The key challenge is in ensuring that reductions in resources are carefully targeted and matched by more efficient and effective ways of delivering services. An example of changing practice which is both more beneficial for the patient and more cost-effective can be seen in the acute hospital sector where a gradual decline in inpatient admissions is being more than offset by a rapid rise in daycase treatments (6.4% increase between 2008 and 2009, Table 3.1). Further, improved treatment models are leading to better outcomes, as evidenced by continuing improvements in cancer survival, which are closing the gap with our OECD counterparts (see Figure 2.6).

Age-standardised mortality rates for major causes of death such as heart disease and cancer continue to decline but with some sign of more modest annual gains than occurred for much of the last decade. A moderation in the rate of improvement in health gain is probably to be expected given that Ireland now has lower than EU average mortality for many significant causes of death, with the exception of cancer where rates remain around 5% above the EU average (See Table 2.5). Attention has been drawn to the steep rise in the number of suicides between 2008 and 2009 as an indication of the effects of the recession. However, this increase should be treated with caution given that mortality data for 2008 and 2009 is based on the year in which the death was registered and may exaggerate the extent of the single year rise in suicides. In the area of health determinants, lifestyle factors such as smoking, drinking, and obesity continue to be issues of major concern. Figures since 2007 show a continuing downward trend in alcohol and cigarette consumption (see Figure 2.7).

The tables setting out the types and the volume of services delivered by the Health Service Executive and those in receipt of HSE funding across hospital, primary care and community settings and through a variety of demand led schemes and preventative services illustrate the range and complexity of health care needs and the systems required to meet those needs. They also show increased levels of service across all areas with the exception of those where either improved treatment or improved models of care are leading to changes in practice. The move from inpatient to daycase treatment has already been mentioned, and the reduction in admission rates to psychiatric hospitals is a further example (see Figure 3.4). The demands for high quality, accessible health care will not diminish in the years to come, and the ageing of the population makes this a certainty not a prediction. Effective management will demand decision-making and planning based on the best possible information at all levels of the health system. The data presented here is intended to inform this process.

Section 1: Population and Life Expectancy

Section 2: Health of the Population

Section 3: Hospital Care

Section 4: Primary Care and Community Services

Section 5: Health Service Employment

Section 6: Health Service Expenditure

1. Population and Life Expectancy

Demographic data on the population sets the context for health and for the planning and delivery of health services. During the past decade the single most dramatic feature has been the unprecedented rise in population by more than 16% to a figure of 4.4 million (see Table 1.2) with the largest increase occurring in the Mid-East region (see Table 1.1). Population estimates for 2010 provide evidence that growth is slowing and show a marginal decline in numbers in the 15-64 year old age group (see Table 1.2). There has also been a slight decrease in numbers of births, though there are still around 20,000 more births per annum now than ten years ago (see Table 1.3). While fertility rates across the EU went up over the decade, the Irish rate increased at nearly double the EU rate maintaining Ireland's position at the top of the EU fertility table (see Figure 1.1).

New population projections are calculated by the Central Statistics Office every five years and the summary figures presented here were last updated in 2006. For this reason, given the intervening economic downturn, the figures must be treated with caution. There is, for example, no scenario projecting net outward migration since this did not seem likely at the time. Nevertheless, the key statistic from a health perspective is the number of people over the age of 65 which is projected to increase from over 500,000 now to over 1,300,000 in the next 30 years with the greatest proportional increases occurring in the 85+ age group (see Table 1.4 and Figure 1.2). This projection remains robust since it will happen irrespective of migration and fertility trends. Ireland's 65+ dependency ratio is likely to be close to the EU average by the end of the period (see Table 1.5).

The rise in life expectancy in Ireland during the past decade has been unmatched by any other country in Europe. Ireland has gone from a position of nearly 1 year below average EU life expectancy to almost 1 year above in the space of 10 years during which time average EU life expectancy has also been increasing (see Figures 1.3 and 1.4). The greatest gains have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Section 2). Life expectancy can also be expressed as years lived in good health, and Figure 1.5 shows that for men and women over the age of 65 while overall life expectancy is close to the EU average, Ireland exceeds the EU average on the healthy life years measure. The much less favourable position of the Traveller community in terms of life expectancy and mortality is shown in Table 2.7 of Section 2.

TABLE 1.1
POPULATION ESTIMATES ('000s) FOR REGIONAL AUTHORITY AREAS FOR 2010

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
2010 Population Estimates:									
Male	249.2	135.4	215.7	590.8	266.8	188.7	250.3	319.1	2,216.0
Female	251.5	137.9	214.6	616.5	267.4	185.9	251.9	329.0	2,254.7
Total	**500.7**	**273.3**	**430.3**	**1,207.3**	**534.2**	**374.6**	**502.2**	**648.1**	**4,470.7**
Age Groups:									
0 - 14	110.9	63.7	90.0	241.2	128.2	79.9	110.0	135.1	959.0
15 - 24	64.4	32.1	51.7	145.9	62.5	48.7	62.6	80.9	549.0
25 - 34	74.5	43.0	70.4	248.9	93.3	58.1	76.7	105.6	770.4
35 - 44	73.3	41.2	61.5	177.6	88.3	54.8	73.4	94.3	664.3
45 - 54	64.3	34.8	56.7	146.0	66.9	48.5	65.0	83.7	565.9
55 - 64	53.1	27.3	46.5	114.5	49.4	40.5	52.5	68.9	452.4
65 - 74	34.0	17.5	29.1	74.2	27.7	25.5	35.1	44.6	287.9
75 - 84	19.3	10.1	17.6	44.1	13.0	14.1	19.7	25.7	163.5
85+	7.0	3.6	6.9	15.0	4.8	4.6	7.0	9.2	58.1
Total 2010 estimates	**500.7**	**273.3**	**430.3**	**1,207.3**	**534.2**	**374.6**	**502.2**	**648.1**	**4,470.7**
2006 Census	**468.4**	**251.7**	**414.3**	**1,187.2**	**475.4**	**361.0**	**460.8**	**621.1**	**4,239.8**
% increase 2006-2010	**6.9**	**8.6**	**3.9**	**1.7**	**12.4**	**3.8**	**9.0**	**4.3**	**5.4**

Source: Central Statistics Office.

Notes:
(i) Data for 2010 is preliminary.
(ii) The regions refer to the EU NUTS 3 areas:

Border: Cavan, Donegal, Leitrim, Louth, Monaghan, Sligo.

Midland: Laois, Longford, Offaly, Westmeath.

West: Galway, Mayo, Roscommon.

Dublin: County Dublin.

Mid-East: Kildare, Meath, Wicklow.

Mid-West: Clare, Limerick, North Tipperary.

South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford.

South-West: Cork, Kerry.

TABLE 1.2
POPULATION ('000s) BY AGE GROUP FOR EACH YEAR, 2001 TO 2010

Age Group	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change 2001-2010	% Change 2009-2010
0-14	827.5	827.4	834.7	843.8	853.5	864.4	883.8	912.3	937.5	959.0	15.9	2.3
15-64	2589.7	2653.8	2703.3	2751.7	2821.4	2907.5	2984.7	3028.3	3026.8	3002.0	15.9	-0.8
65+	429.8	436.0	441.9	449.7	458.9	467.9	470.6	481.6	495.0	509.5	18.5	2.9
All Ages	3847.2	3917.2	3979.9	4045.2	4133.8	4239.8	4339.0	4422.2	4459.3	4470.7	16.2	0.3

Source: Central Statistics Office.

Notes: (i) Data for 2007-10 is preliminary. (ii) Intercensal population estimates are used except for census years 2002 and 2006.

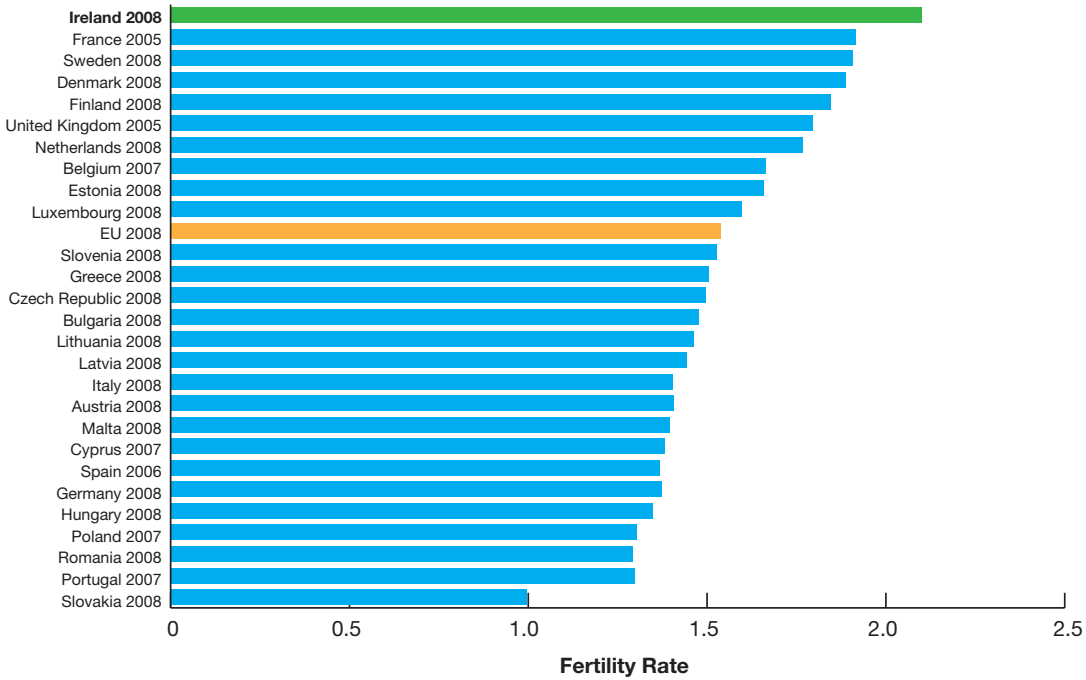
TABLE 1.3
BIRTHS AND FERTILITY, IRELAND AND EU-27, 2000 TO 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change 2000-2009	% Change 2008-2009
Number of Live Births	54,789	57,854	60,503	61,529	61,972	61,372	65,425	71,389	75,065	74,278	35.6	-1.0
Birth Rate (per 1,000 population)	14.5	15.0	15.4	15.5	15.3	14.8	15.4	16.5	17.0	16.7	15.5	-1.8
Ireland Total Fertility Rate	1.90	1.96	1.98	1.98	1.95	1.88	1.94	2.05	2.10	2.07	8.9	-1.4
EU Total Fertility Rate	1.47	1.45	1.45	1.47	1.49	1.50	1.51	1.53	1.54	n/a	4.8	0.7

Source: Central Statistics Office.
European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Notes:
(i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
(ii) Data for 2008 and 2009 refer to year of registration and are therefore provisional.
(iii) % change for EU relates to 2000-2008 and 2007-2008.

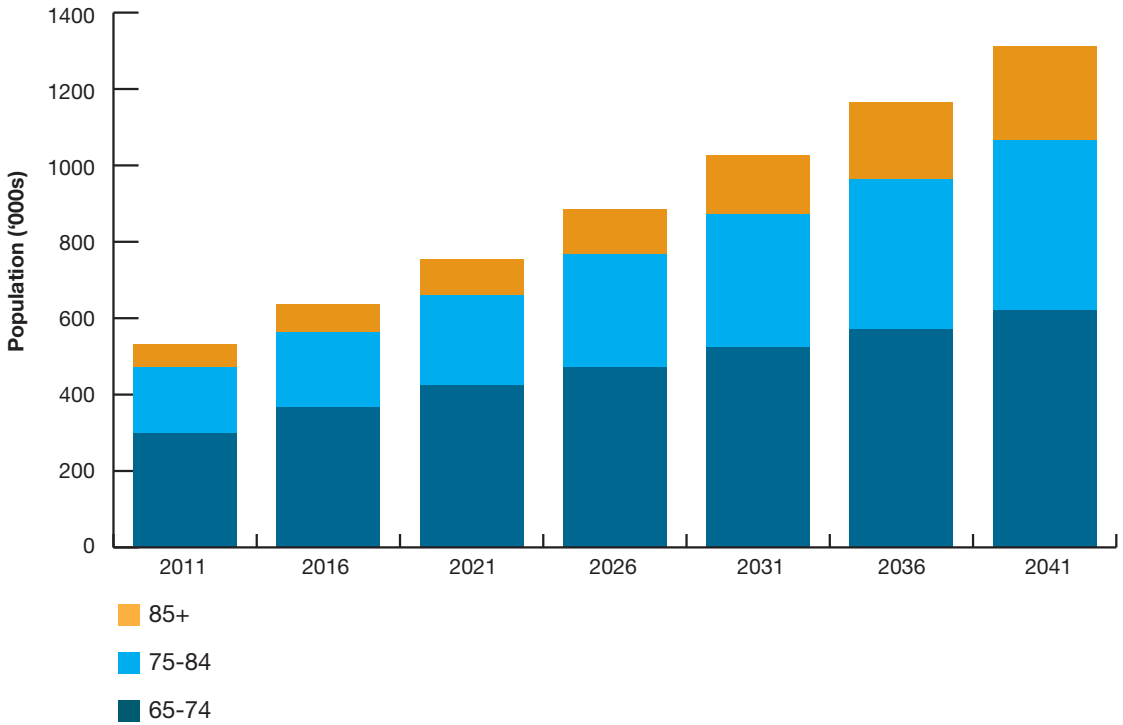
FIGURE 1.1
TOTAL FERTILITY RATES IN EUROPE



Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Note: Data is for latest year available.

FIGURE 1.2
PROJECTED POPULATION FOR OLDER AGE GROUPS, 2011 TO 2041



Source: Central Statistics Office - Population and Labour Force Projections 2011-41. M0F1 assumption used (see notes under Table 1.4).

TABLE 1.4
POPULATION PROJECTIONS ('000s) BY AGE GROUP, IRELAND AND EU-27 TOTAL 2010, 2026 AND 2041

Age Group	2010*	2026	2041	% Change 2010 -2041*
Ireland				
0-14				
M2F1 assumption	959	1,114	1,000	4.3
M0F1 assumption		889	804	-16.1
EU-27 0-14	78,065	77,209	72,525	-7.1
15-64				
M2F1 assumption	3,002	3,673	3,850	28.3
M0F1 assumption		3,109	3,005	0.1
EU-27 15-64	334,702	326,924	306,562	-8.4
65+				
M2F1 assumption	510	909	1,397	173.8
M0F1 assumption		885	1,313	157.5
EU-27 65+	84,904	114,236	140,767	65.8
Total				
M2F1 assumption	4,471	5,695	6,247	39.7
M0F1 assumption		4,883	5,122	14.6
EU-27 Total	**497,671**	**518,369**	**519,853**	**4.5**

Source: Central Statistics Office - Population and Labour. Force Projections 2011-41, Eurostat for EU-27 data.

Notes:

(i) * EU data refers to 2008. % change refers to 2008-2041.

(ii) Data for 2010 is preliminary.

(iii) CSO Population projections based on:
M2F1 assumption - Immigration continuing at moderate levels and fertility rate remaining at 1.9 for lifetime of projections.
M0F1 assumption - Zero net migration and fertility rate remaining at 1.9 for lifetime of projections.

(iv) Eurostat projected data is based on EUROPOP2008 convergence method.

TABLE 1.5
DEPENDENCY RATIO, IRELAND AND EU-27 2010, 2026 AND 2041

Age Group		2010*	2026	2041	% Change 2010-2041*
0-14					
Ireland	M2F1	31.9	30.3	26.0	-18.7
Ireland	M0F1	31.9	28.6	26.8	-16.2
EU-27		**23.3**	**23.6**	**23.7**	**1.4**
65+					
Ireland	M2F1	17.0	24.7	36.3	113.5
Ireland	M0F1	17.0	28.5	43.7	157.3
EU-27		**25.4**	**34.9**	**45.9**	**81.0**
Total					
Ireland	M2F1	48.9	55.0	62.2	27.2
Ireland	M0F1	48.9	57.1	70.5	44.0
EU-27		**48.7**	**58.6**	**69.6**	**42.9**

Source: Central Statistics Office - Population and Labour Force Projections 2011-41, Eurostat for EU27 data.

Notes:

(i) Dependency Ratio refers to the number of persons aged 0-14 years and 65 years and over as a percentage of those aged 15-64 years.

(ii) * 2008 for EU. % change refers to 2008-2041 for EU.

See also notes for Table 1.4.

TABLE 1.6
LIFE EXPECTANCY BY AGE AND GENDER, 1950 TO 2007

	1950-52	1960-62	1970-72	1980-82	1990-92	1995-97	2001-03	2005-07	% Change 1950-52 to 2005-07	% Change 2001-03 to 2005-07
Male										
Life Expectancy at Age										
0	64.5	68.1	68.8	70.1	72.3	73.0	75.1	76.8	19.1	2.3
1	66.9	69.3	69.2	69.9	71.9	72.5	74.6	76.1	13.8	2.1
40	31.3	32.4	32.1	32.6	34.4	35.1	37.0	38.5	23.0	4.0
65	12.1	12.6	12.4	12.6	13.4	13.8	15.4	16.6	37.1	8.0
75	6.8	7.1	7.3	7.3	7.8	8.0	8.9	9.8	43.4	9.4
Female										
Life Expectancy at Age										
0	67.1	71.9	73.5	75.6	77.9	78.5	80.3	81.6	21.6	1.6
1	68.8	72.9	73.8	75.4	77.4	78.0	79.7	80.9	17.5	1.5
40	33.3	35.3	36.0	37.3	39.2	39.8	41.4	42.5	27.7	2.8
65	13.3	14.4	15.0	15.7	17.1	17.4	18.7	19.8	48.8	5.7
75	7.6	8.1	8.5	9.1	10.2	10.4	11.2	12.1	58.7	7.5

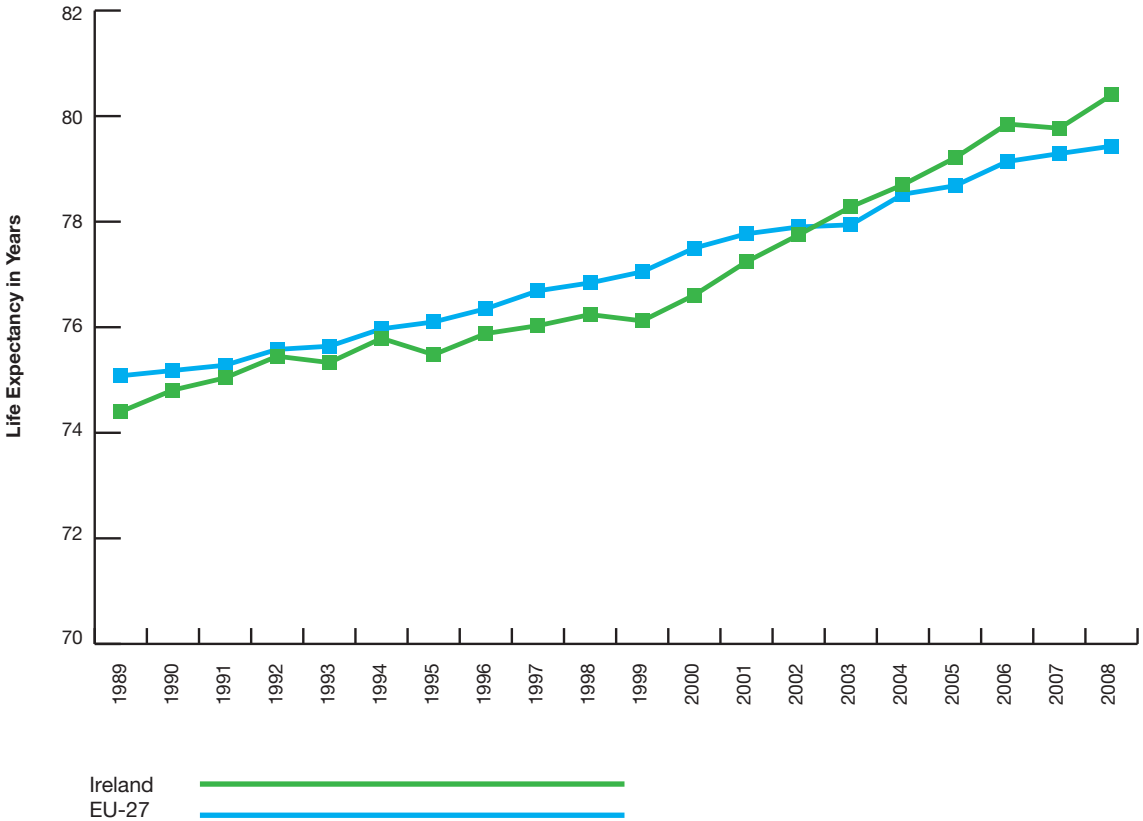
Source: Central Statistics Office.

Note:

(i) Table above is based on period life expectancy.

FIGURE 1.3

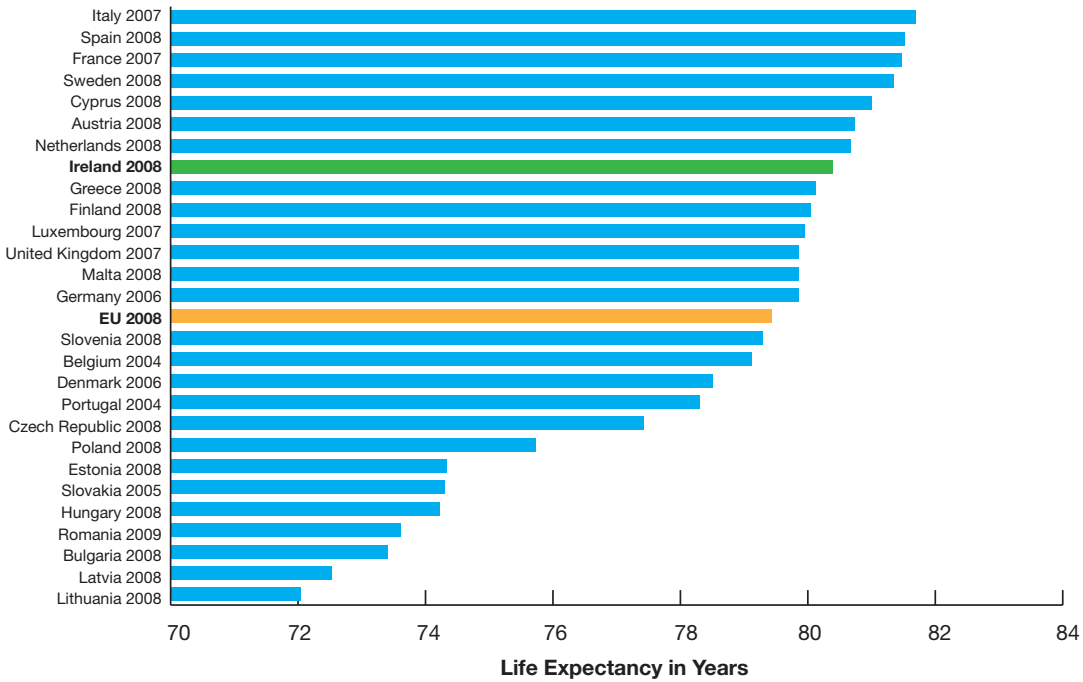
LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU-27, 1989 TO 2008



Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

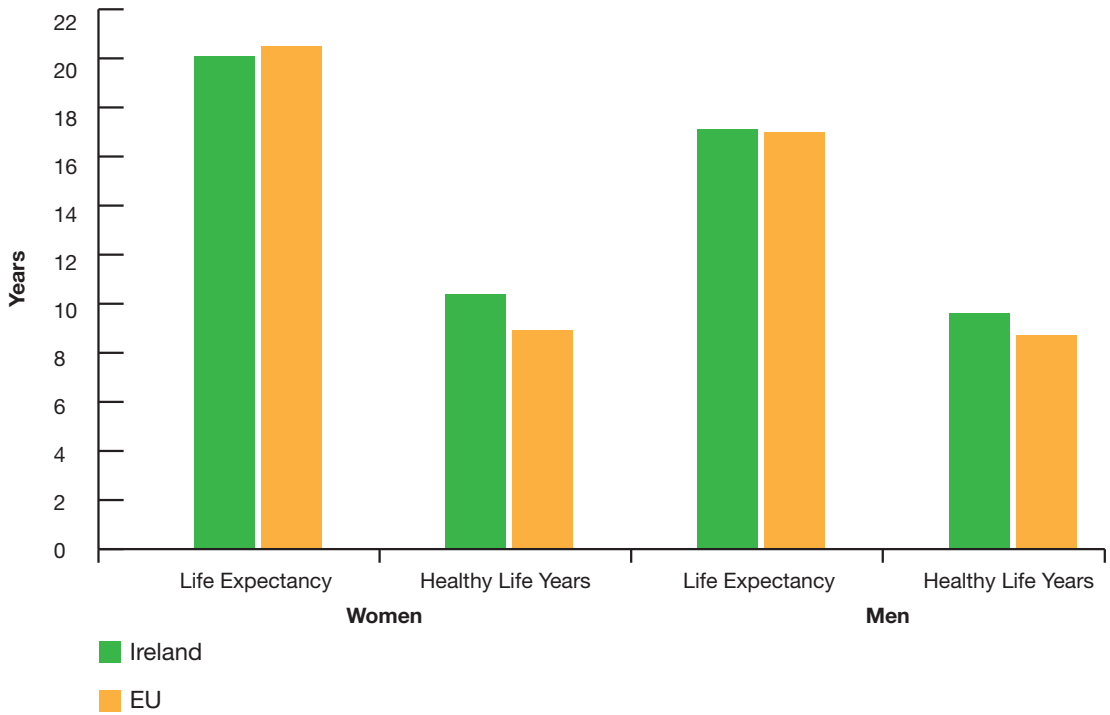
FIGURE 1.4

LIFE EXPECTANCY AT BIRTH FOR EU COUNTRIES, 2008 OR LATEST AVAILABLE YEAR



Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

FIGURE 1.5
LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65 MALE AND FEMALE, IRELAND AND EU-27 2007



Source: Eurostat.

2. Health of the Population

The *European Union Survey of Income and Living Conditions (EU-SILC)* while not in existence long enough to provide 10 year trends, nevertheless provides a basis for comparing self-evaluated health across Europe and also to relate these assessments to socio-economic measures. In the areas of self-reported chronic illness and limitations in activities, Ireland compares favourably with the EU average, but this does not take account of Ireland's relatively young population, and it is clear that the gradient for chronic conditions rises very steeply with age (see Tables 2.2 and 2.3). In general terms, Ireland continues to have the highest percentage of its population reporting either good or very good health (see Table 2.1 and Figure 2.1). When this is broken down by income quintile Ireland continues to be above the EU average, with the % of the population reporting good or very good health increasing with income. In fact, 20% more of the population reports good or very good health among the highest income earners than among the lowest (see Figure 2.2).

In overall population health terms, the past decade presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy. Mortality from circulatory system diseases fell by almost 40% between 2000 and 2009 and cancer death rates reduced by 11% (see Table 2.4 and Figure 2.4). Between them, these two causes accounted for 63% of all deaths registered in 2009. Transport accident mortality fell by nearly 50%; suicide rates by 9%; and infant mortality by close to 50%. The single year large rise in registered suicides between 2008 and 2009 needs to be interpreted with caution since the data are provisional and based on year of registration. Figure 2.5 presents a graph of mortality from suicide and from road traffic accidents compared with the EU and calculated as a 5-year moving average. This shows the downward trend since 2000 and illustrates that suicide rates in Ireland remain close to the EU average, while motor vehicle death rates continue to be significantly below the EU average.

Table 2.5 provides a summary comparison of Irish death rates by principal cause with the EU average. Ireland remains somewhat (5.5%) above the EU mortality rate for cancer and for deaths from smoking-related diseases, many of which will, of course, be cancers. However, survival rates from cancer continue to improve and the gains are leading to a welcome reduction in the gap between survival rates in Ireland and other developed countries. Figure 2.6 shows 5-year relative survival for breast, colorectal and cervical cancers for two time periods and compared with the OECD average.

Many diseases and many premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle health determinants such as smoking, alcohol consumption, and obesity. Morbidity and mortality can also be affected by a range of factors such as socio-economic status, environmental and living conditions, ethnicity, gender etc. These factors can, of course, be closely correlated with lifestyle risks. Table 2.6 provides evidence that obesity in both men and women has increased by 30% in the last decade. This rise is of particular concern since, if sustained, it has the potential to reverse many of the health gains in recent years and will have significant implications for health service provision. Both alcohol and cigarette consumption show signs of a gradual decline since about 2003. Figure 2.9 displays data which shows that nearly 30% of Irish 15 year olds report having been drunk within the preceding 30 days compared to an average of 20% for other European countries. Exercise rates appear to be significantly higher in Ireland than the average for other countries. The effect of social class on a specific health behaviour, breast feeding, is evident in Figure 2.8 which shows over 60% of higher professional mothers breast feed their babies compared with less than 30% for the unemployed.

Finally, a table is included (Table 2.7) which provides a striking reminder that rising levels of population health does not mean that all people benefit equally. The figures, based on the recent *All Ireland Traveller Health Study*, show a stark picture of health inequality. Traveller life expectancy remains at levels last experienced by the general population 60 years ago. Traveller men have a life expectancy 15 years less than the general population, and 10 years less for Traveller women. Death rates for all causes are more than 3 times higher for Travellers as are infant mortality rates. The Study also demonstrates poorer self-rated health and higher rates of smoking. Alcohol consumption is characterised by fewer days on which drink is consumed during the week but significantly higher consumption on each drinking occasion.

TABLE 2.1
SELF-PERCEIVED HEALTH STATUS IN IRELAND AND EU-27, 2008

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	66.7	67.6	29.5	27.2	3.8	5.2
25-44	57.0	57.2	35.6	34.9	7.3	7.9
45-64	36.6	36.6	43.8	40.5	19.6	22.9
65+	18.3	18.6	44.9	43.5	36.8	37.9
Total	**47.6**	**46.7**	**38.1**	**36.6**	**14.3**	**16.8**
EU-27	**24.5**	**20.6**	**46.6**	**44.4**	**28.9**	**35.0**

Source: Central Statistics Office - EU SILC, Eurostat.

TABLE 2.3
LIMITATION IN ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND AND EU-27, 2008

Age Group	Yes, Strongly Limited		Yes, Limited		Not Limited	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	1.8	2.1	6.4	4.9	91.8	93.0
25-44	3.3	2.0	7.0	9.4	89.6	88.6
45-64	7.8	6.6	16.6	18.2	75.7	75.2
65+	13.1	12.8	29.6	34.5	57.3	52.7
Total	**5.7**	**5.1**	**12.9**	**15.2**	**81.4**	**79.6**
EU-27	**7.4**	**8.8**	**15.0**	**18.4**	**77.6**	**72.8**

Source: Central Statistics Office - EU SILC, Eurostat.

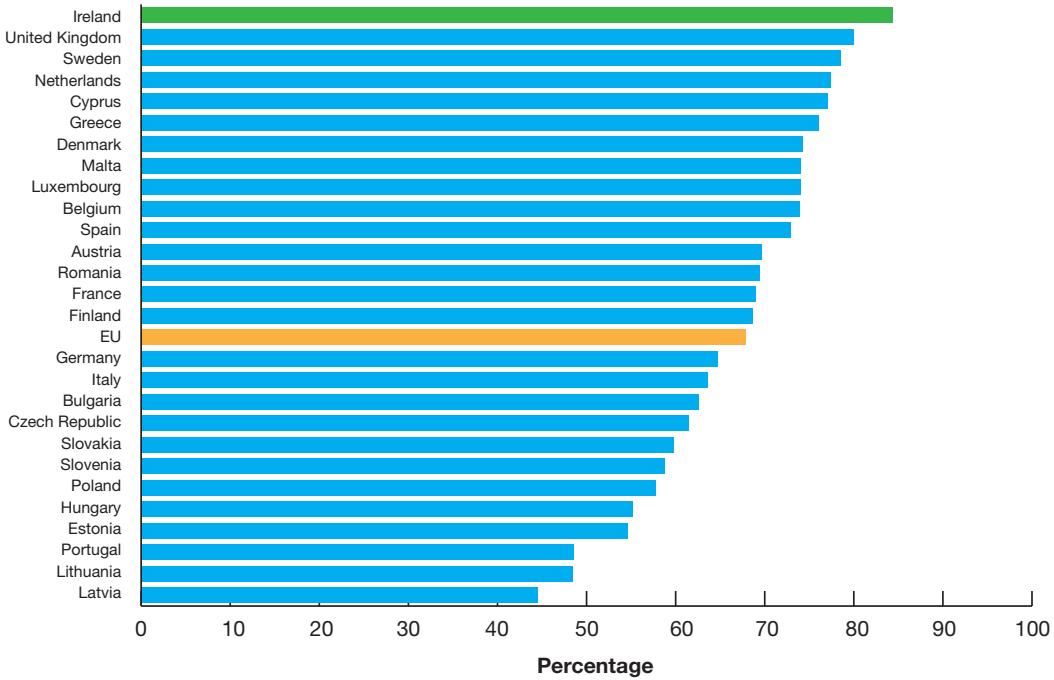
TABLE 2.2
% CHRONIC ILLNESS OR CONDITIONS REPORTED IN IRELAND AND EU-27, 2008

Age Group	Yes		No	
	%Male	%Female	%Male	%Female
16-24	12.4	11.4	87.6	88.6
25-44	13.7	13.5	86.3	86.5
45-64	29.0	30.8	71.0	69.2
65+	52.3	55.1	47.7	44.9
Total	**23.3**	**25.0**	**76.7**	**75.0**
EU-27	**28.7**	**32.8**	**71.3**	**67.2**

Source: Central Statistics Office - EU SILC, Eurostat.

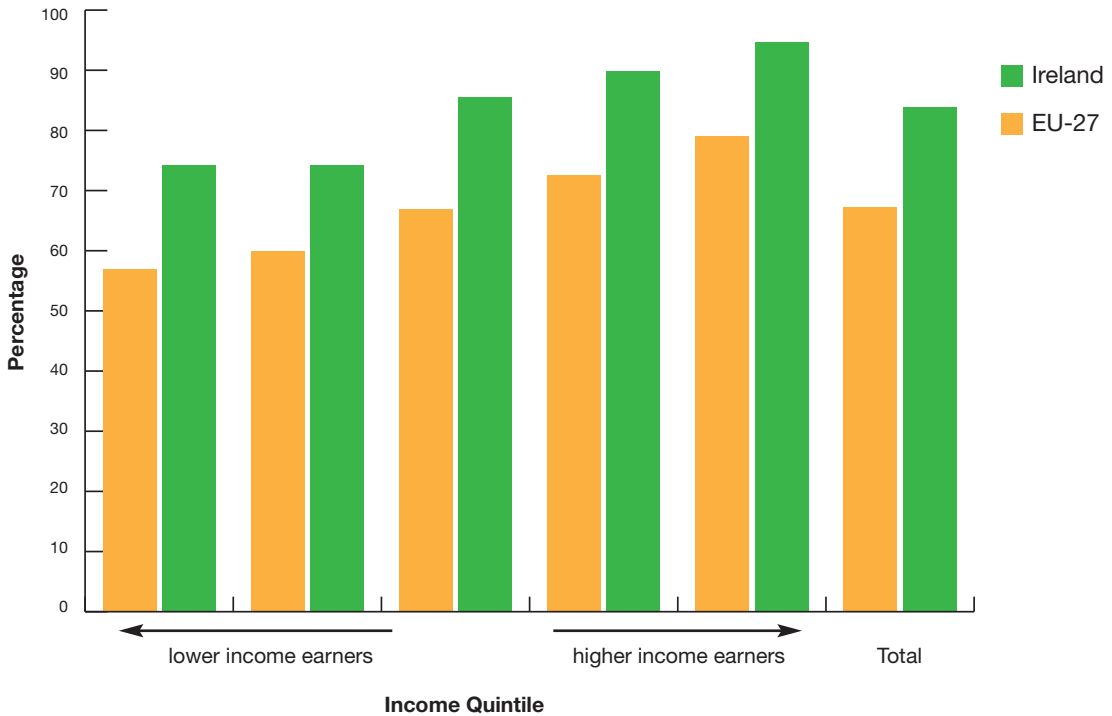
FIGURE 2.1

PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-27 COUNTRIES, 2008



Source: EU SILC, Eurostat.

FIGURE 2.2
SELF-PERCEIVED HEALTH BY INCOME QUINTILE: GOOD, VERY GOOD HEALTH, IRELAND AND EU-27 2008



Source: EU-SILC, Eurostat.

TABLE 2.4

PRINCIPAL CAUSES OF DEATH: NUMBERS AND RATES, 2000 TO 2009

					% Change	
	2000	2004	2008	2009	2000-2009	2008-2009
ALL CAUSES						
Number	31,391	28,665	28,192	28,898	-7.9	2.5
Rate	794.5	669.0	592.6	591.4	-25.6	-0.2
DISEASES OF THE CIRCULATORY SYSTEM						
All Circulatory System Diseases:						
Number	12,666	10,666	9,883	9,693	-23.5	-1.9
Rate	315.0	243.7	200.7	191.6	-39.2	-4.5
Ischaemic Heart Disease:						
Number	6,589	5,485	5,188	5,128	-22.2	-1.2
Rate	165.9	126.7	107.0	103.1	-37.9	-3.7
Stroke:						
Number	2,738	2,106	2,116	2,114	-22.8	-0.1
Rate	66.3	46.9	42.1	40.8	-38.4	-3.0
CANCER						
All Malignant Neoplasms:						
Number	7,666	7,828	8,203	8,396	9.5	2.4
Rate	204.4	191.2	183.1	182.0	-11.0	-0.6
Cancer of the Trachea, Bronchus and Lung:						
Number	1,568	1,609	1,664	1,754	11.9	5.4
Rate	42.2	40.2	37.8	38.7	-8.3	2.2
Cancer of the Female Breast:						
Number	668	663	731	676	1.2	-7.5
Rate	35.2	31.6	31.7	28.2	-19.8	-11.0
EXTERNAL CAUSES OF INJURY AND POISONING						
All Deaths from External Causes:						
Number	1,752	1,594	1,663	1,894	8.1	13.9
Rate	45.0	38.2	36.5	41.1	-8.6	12.6
Transport Accidents:						
Number	448	334	290	266	-40.6	-8.3
Rate	11.2	8.0	6.4	5.9	-47.9	-8.9
Suicide:						
Number	486	493	424	527	8.4	24.3
Rate	12.8	12.1	9.4	11.6	-8.9	23.5
INFANT DEATHS						
Infant Mortality Rate (per 1,000 live births)						
Number	338	287	290	240	-29.0	-17.2
Rate	6.2	4.6	3.9	3.2	-48.4	-17.9

Notes:

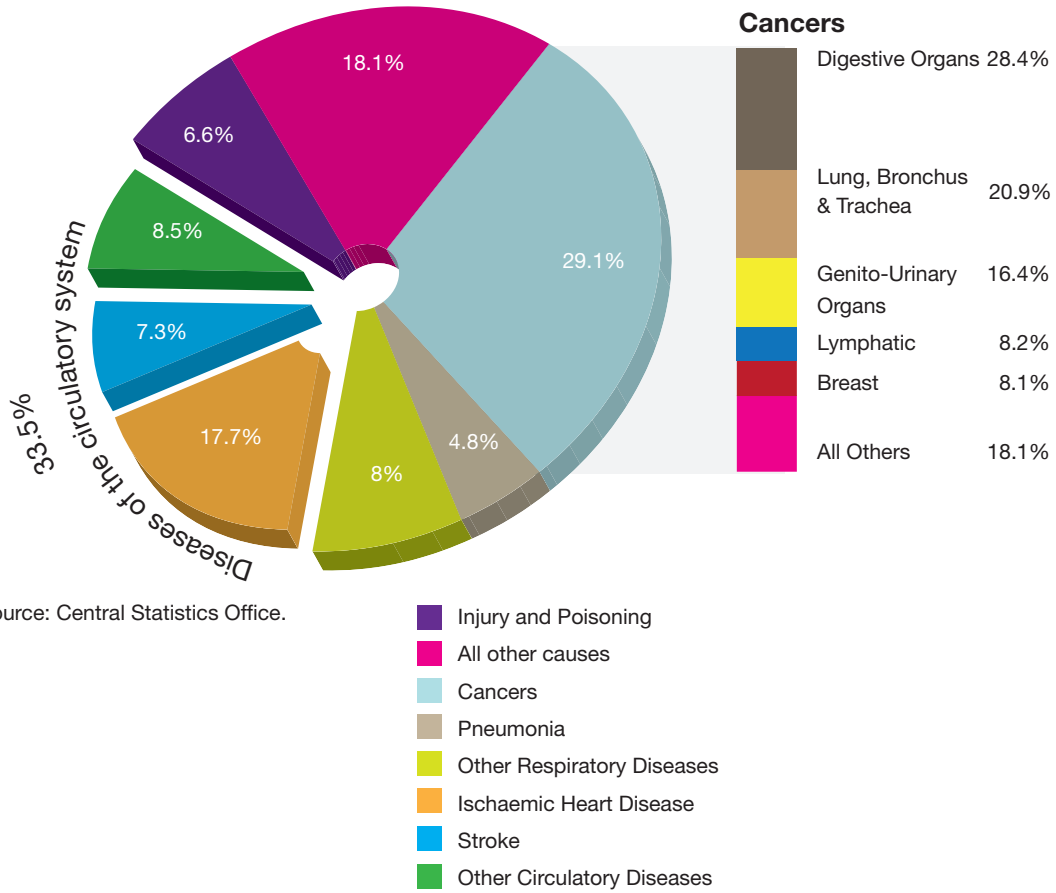
(i) The figures for 2000 and 2004 are year of occurrence and are final. The figures for 2008 and 2009 should be treated with caution as they refer to deaths registered in those years and may be incomplete.

(ii) Since 2007, all deaths registered in the year have been included in the statistics, in some cases with a provisional cause of death. Previously the practice was not to include deaths in the annual summary statistics until the cause of death had been definitely established. Also since 2007, underlying Cause of Death is classified according to International Classification of Diseases, Version 10 (ICD10) instead of to International Classification of Diseases, Version 9 (ICD9).

(iii) The rates provided in the table are Age-Standardised Mortality Rates per 100,000 population except for Infant Mortality Rates which are expressed as deaths per 1,000 live births. Age-standardised mortality rates, which are based on a standard European population, allow for comparison between years or regions by taking account of different proportions of people in the various age categories.

Source:
Central Statistics Office,
Public Health Information System (PHIS) - Department of Health and Children.

FIGURE 2.3
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2009



Source: Central Statistics Office.

TABLE 2.5
IRELAND AND EU: AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSES OF DEATH, 2008

Cause	Ireland 2008	EU 2008	% difference Ireland-EU
All Causes	592.6	630.0	-5.9
Circulatory System Diseases	200.7	240.4	-16.5
All Cancers	183.1	173.6	5.5
External Causes of Injury and Poisoning	36.5	38.9	-6.1
Selected Smoking Related Causes	226.4	214.7	5.4
Selected Alcohol Related Causes	56.2	62.5	-10.1

Source: Central Statistics Office.
Public Health Information System (PHIS) - Department of Health and Children.
European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

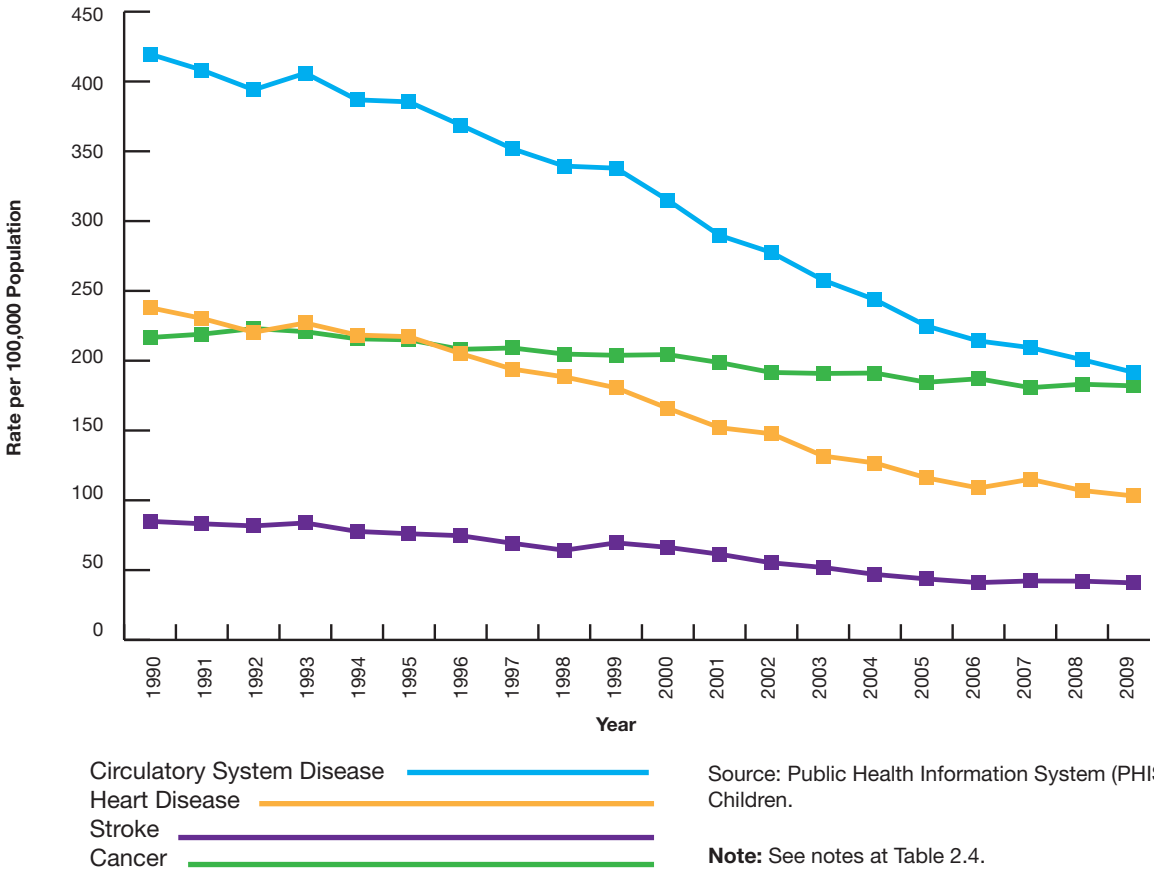
Notes:

(i) The figures for Ireland were derived from the Central Statistics Office mortality data for 2008, see notes under Table 2.4.

(ii) The figures for the EU do not contain all EU countries; at the time of publishing 18 of the 27 EU countries were included in the Standardised Death Rate for the EU.

FIGURE 2.4

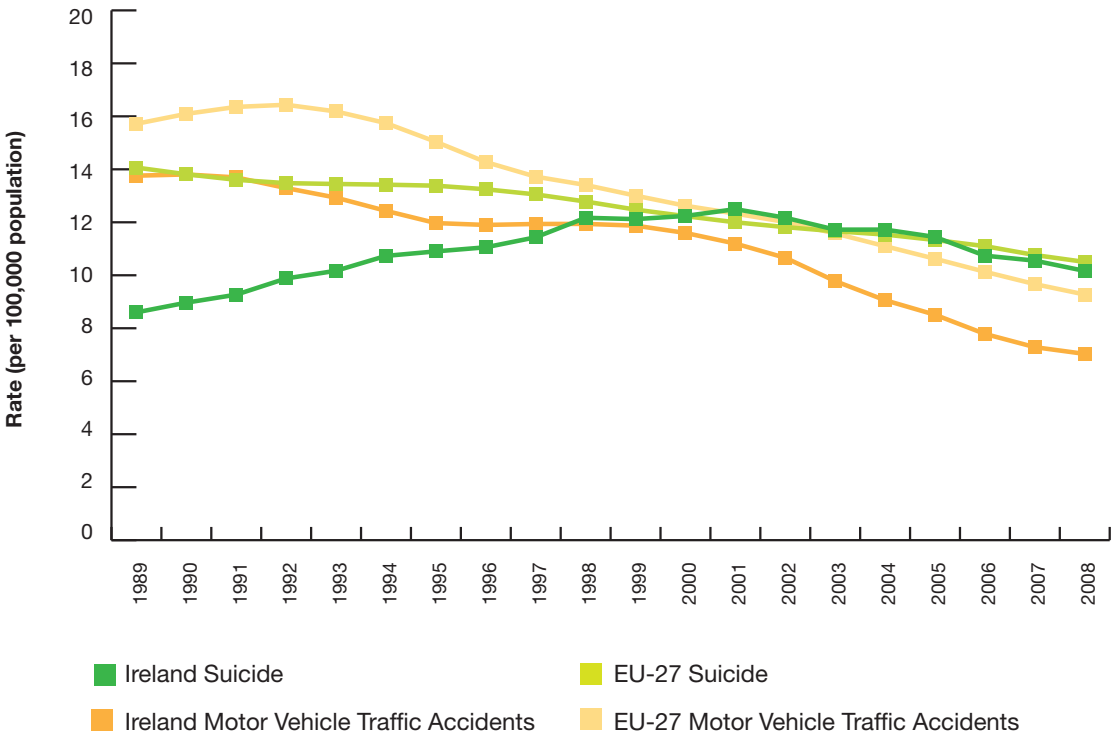
AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES, 1990-2009



Source: Public Health Information System (PHIS), Department of Health and Children.

Note: See notes at Table 2.4.

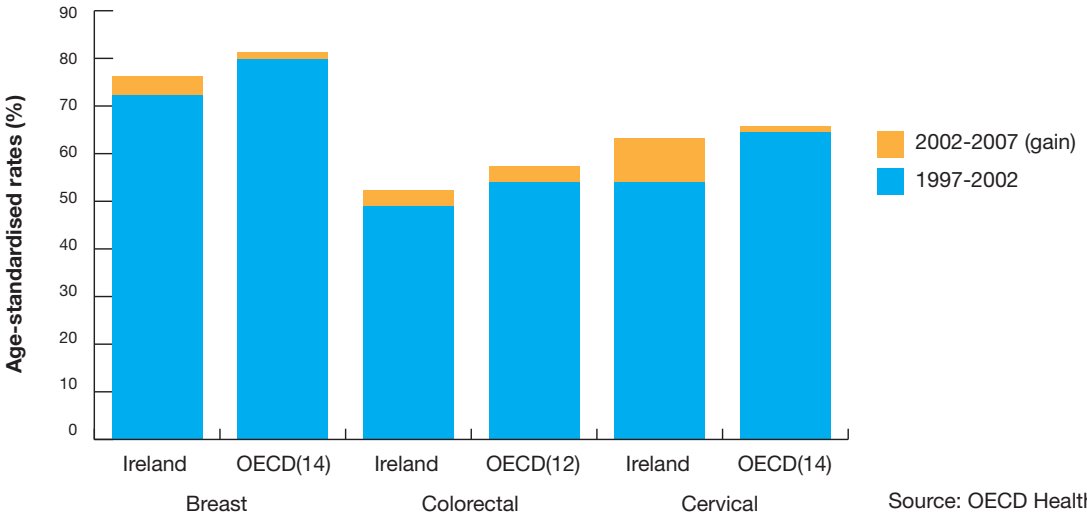
FIGURE 2.5
AGE-STANDARDISED DEATH RATES FOR SELECTED EXTERNAL CAUSES, IRELAND AND EU-27, 5-YEAR MOVING AVERAGE 1989-2008



Source: WHO Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Notes: (i) Up to 2007, graph shows rates for motor vehicle traffic accidents only. From 2007 all transport accidents are included.
(ii) 5-year moving average is the average of the previous 5 years data.

FIGURE 2.6
FIVE-YEAR RELATIVE SURVIVAL RATE FOR SELECTED CANCERS, IRELAND AND OECD, 1997-2002 AND 2002-2007* (OR NEAREST PERIOD)



Source: OECD Health Care Quality Indicators Data 2009.

Note: * Based on cancers diagnosed circa 2002 (1999-2001 in the case of Ireland).

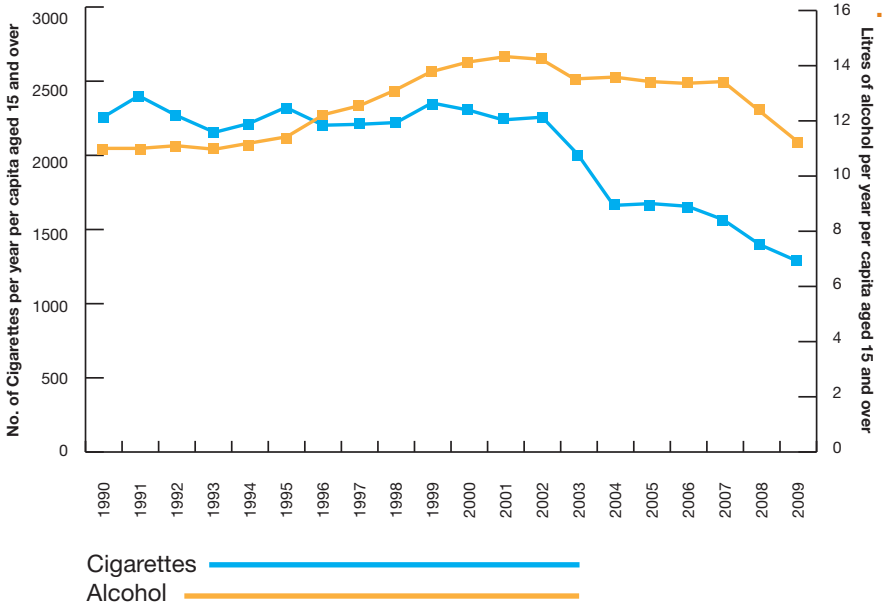
TABLE 2.6
DISTRIBUTION OF SELF-REPORTED BMI LEVELS AMONGST ADULTS AGED 18 AND OVER, BY YEAR AND GENDER

	1998		2002		2007		% change 1998-2007	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Healthy	48	60	46	55	40	56	-16.7	-6.7
Overweight	39	25	38	28	43	28	10.3	12.0
Obese	12	10	15	14	16	13	33.3	30.0

Source: Survey of Lifestyle, Attitudes and Nutrition (SLÁN) 1998-2007.

Notes: (i) Percentages may not add up to 100 since the underweight category has been excluded.
(ii) Body Mass Index (BMI) is used to estimate the prevalence of overweight and obesity within a population.

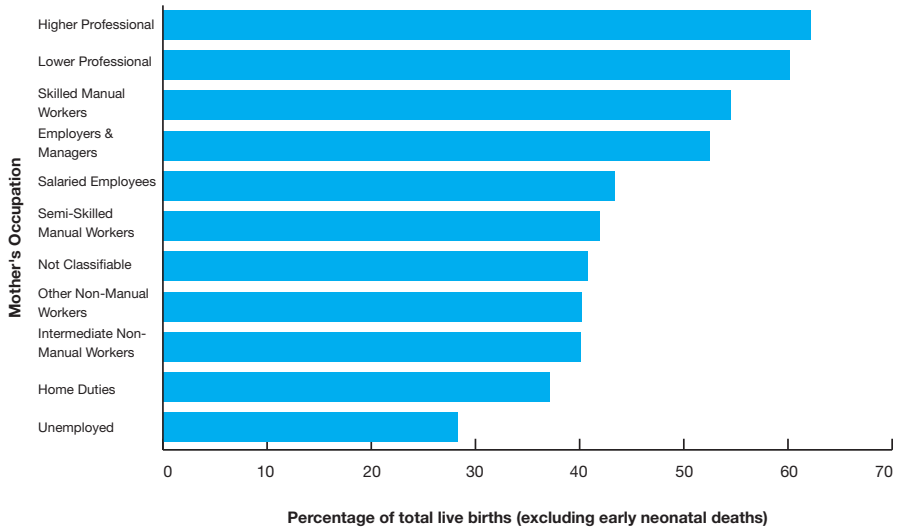
FIGURE 2.7
ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA OVER 15 YEARS OLD, 1990-2009



Source: Revenue Commissioners Statistical Reports, CSO (population data).

Note: Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits.

FIGURE 2.8
PERCENTAGE OF MOTHERS BREASTFEEDING BY MOTHER'S OCCUPATION, 2008*



Source: National Perinatal Reporting System (NPRS), Health and Research Information Division, ESRI.

Notes:
(i) Occupation classes with less than 100 births are not included in this figure.
(ii) 'Not Stated' values for Infant's feeding are not included.
(iii) * Based on Maternities on discharge.

TABLE 2.7
HEALTH OF THE TRAVELLER COMMUNITY - SELECTED STATISTICS, 2008

		Travellers	General Population
Mortality (SMR)#			
Heart Disease/Stroke	Males	337	100
	Females	489	100
Respiratory	Males	746	100
	Females	536	100
External Causes	Males	548	100
	Females	393	100
All Causes	Males	372	100
	Females	309	100
Infant Mortality			
per 1,000 live births		14.1	3.9
Life Expectancy			
at birth	Males	61.7	76.8
	Females	70.1	81.6
Self-Rated Health			
Excellent or very good	Total	50.4%	58%
Lifestyle			
Smokers	Total	52.5%	29%
Alcohol			
Drink > 2 times per week	Total	13.4%	38%
Drink six or more alcoholic drinks on days when drinking*	Males	66.1%	35.8%
	Females	42.3%	17.0%

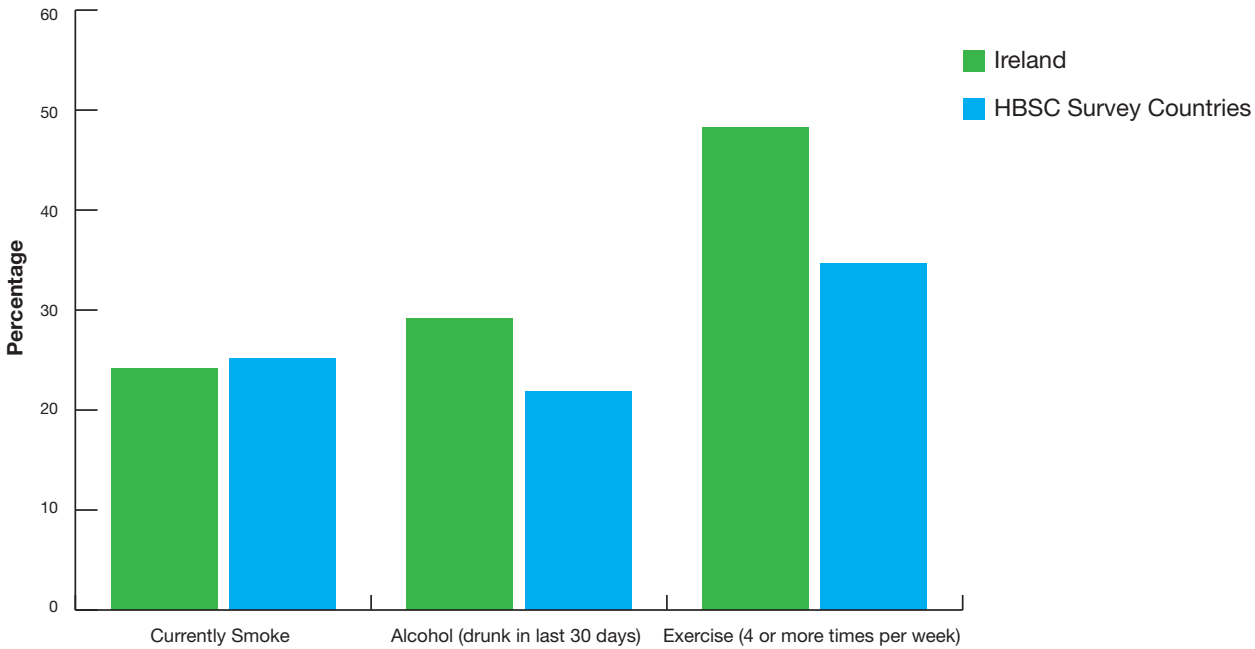
Source: All Ireland Traveller Health Study, 2010 and Survey of Lifestyle, Attitudes and Nutrition.

Notes:

(i)# Standardised Mortality Ratios (SMRs) express the difference between the mortality experience of the traveller community as it would be if that community had experienced the age-specific rates of the general population. It is presented as a ratio. A ratio more than 100 indicates that the traveller community experienced higher mortality than would be expected. A ratio lower than 100 indicates that the traveller community experienced lower mortality than would be expected. Figures for mortality are only reported here where the SMR is statistically significantly different from 100.

(ii) * General Population refers to GMS Medical card holders here.

FIGURE 2.9
SMOKING, ALCOHOL, EXERCISE: 15 YEAR OLDS, IRELAND AND INTERNATIONAL AVERAGE - 2006



Source: Health Behaviour in School-aged Children survey (HBSC), 2006.

3. Hospital Care

The publicly-funded hospital sector includes acute hospitals, district and community hospitals, and psychiatric hospitals. Within the acute sector, there is also a range of specialist and general hospitals. The data presented in this section largely relate to the type and amount of activity taking place across the sector. Increasingly, both at national and international levels, better information on the quality, safety and outcomes of hospital care is being developed, but data on trends over several years and reliable international comparisons are not yet routinely available.

Nevertheless, the volume of activity is itself a measure of the growing capacity of the acute hospital system, and the rapid increase in daycase care in recent years provides an indication of safer and more efficient delivery of care. As recently as 2005, there were 100,000 more inpatients treated than daycases. 52% of all hospital admissions are now for daycase treatment which rises to 58% if dialysis treatments are included. Despite the rise in daycases, with its implication that an inpatient stay is increasingly utilised for sicker and more complex cases, the average length of stay for inpatients shows a gradual decline, and, in 2009, for the first time dropped to under 6 days.

A not unexpected feature of acute inpatient care is the extent to which the requirement for hospitalisation is related to age. Persons over the age of 65 account for almost 50% of all bed usage although they represent just 11% of the population. The reasons for this are both higher admission rates as well as longer lengths of stay. Length of stay by age group is displayed in Figure 3.2. As discussed in Section 1, the population of Ireland is now ageing at a significant rate. Approximately 20,000 people over the age of 65 are being added to the population each year with evident implications for service planning and provision – for all sectors of the health services.

At the other end of the age scale, maternity hospitals have been dealing with increasing numbers of births each year over the decade, and this has been achieved with low levels of maternal mortality and dramatic reductions in perinatal and infant mortality. An issue of concern in relation to maternity care has been the persistent rise in the caesarean section rate which now stands at over 26%. Figure 3.3 shows Ireland in comparison with the EU average, and demonstrates a somewhat steeper gradient for Ireland. International data shows that a number of countries, particularly in Scandinavia, manage to maintain rates closer to WHO recommended levels of around 15%.

Community and district hospitals show much longer lengths of stay than the acute sector reflecting their treatment of elderly and chronically ill patients (see Table 3.3). It should be noted that the apparent marked increase in activity in this sector between 2007 and 2008 is largely due to the inclusion, for the first time, of all activity from Peamount and St. Finbarr's hospitals in this table (see Table 3.2).

Psychiatric hospital admissions have gradually declined over the decade, and are 17% lower than in 1999. It is of note, though the reasons are not clear, that the ratio of female to male admissions has continuously increased over the period (see Table 3.3). Figure 3.4 displays the decline in admission rates by age group. The rates for those under 25 have remained relatively stable which is likely to be an indication of the acute nature of admissions in this age group. The other age groups have shown significant declines, and, unlike acute and general hospitals, the highest admission rates for psychiatric hospitals are in the 45-64 year old age group.

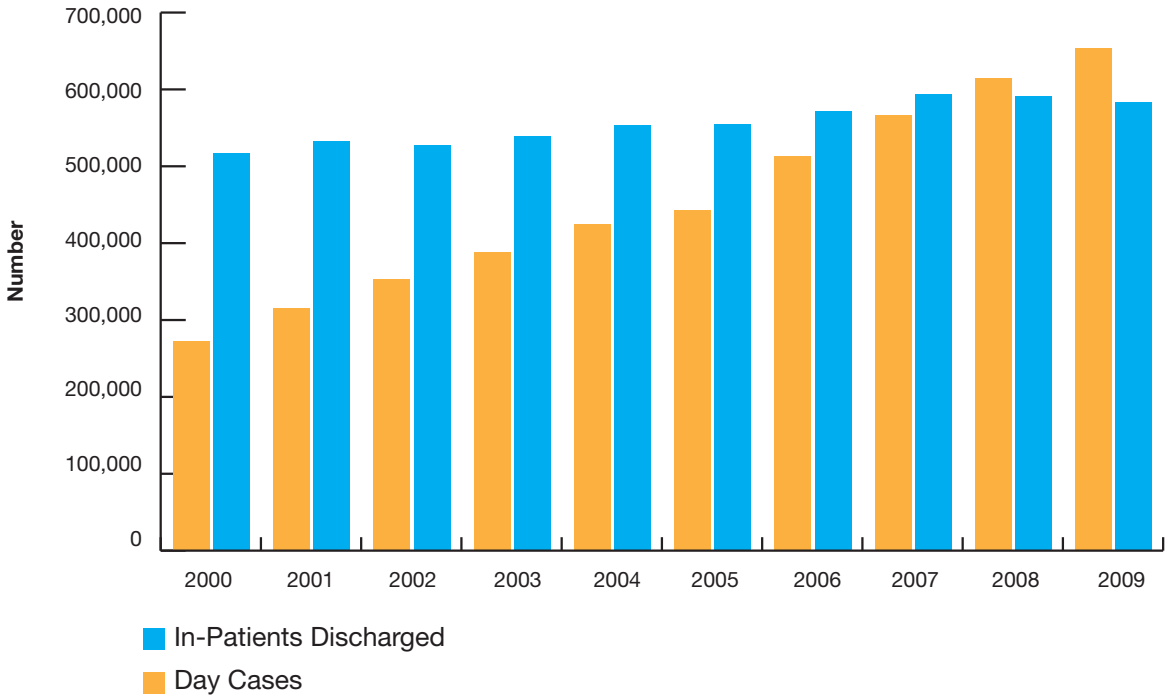
TABLE 3.1
ACUTE HOSPITAL SUMMARY STATISTICS, 2000 - 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change 2000-2009	% Change 2008-2009
IN-PATIENTS												
Beds	11,190	11,373	11,686	11,806	11,887	12,094	12,110	12,123	11,847	n/a	5.9*	-2.3*
In-Patients Discharged	515,025	532,559	528,882	540,032	553,102	555,726	574,348	593,315	592,153	584,928	13.6	-1.2
Bed Days Used	3,136,925	3,271,038	3,256,311	3,339,833	3,462,452	3,517,986	3,550,850	3,601,349	3,572,563	3,486,063	11.1	-2.4
% Bed Days Used by Patients Aged 65+	44.5	45.0	46.2	47.0	47.9	48.7	48.2	47.3	47.6	48.4	8.8	1.8
Average Length of Stay in Days	6.09	6.14	6.16	6.18	6.26	6.33	6.18	6.07	6.03	5.96	-2.2	-1.2
Surgical In-Patients	130,111	132,361	131,456	133,228	136,386	138,665	141,393	145,756	143,453	140,673	8.1	-1.9
DAY CASES												
Beds	721	771	812	909	1,132	1,253	1,418	1,545	1,737	n/a	140.9*	12.4*
Day Cases	273,277	314,971	353,179	389,244	425,205	442,692	661,589	718,238	770,546	819,711	200.0 (139.0)	6.4
% Day Cases Aged 65+	23.7	24.5	25.4	26.7	26.8	28.0	33.7	33.4	33.8	35.3	49.3 (30.9)	4.5
Surgical Day Cases	67,853	73,801	76,148	78,034	82,001	84,219	86,931	92,208	98,819	107,596	58.6	8.9
TOTAL DISCHARGES												
In-Patients and Day Cases	788,302	847,530	882,061	929,276	978,307	998,418	1,235,937	1,311,553	1,362,699	1,404,639	78.2 (57.0)	3.1
Daycases as a % of Total Discharges	34.7	37.2	40.0	41.9	43.5	44.3	53.5	54.8	56.5	58.4	68.3 (52.2)	3.2
A&E Attendances	1,211,279	1,225,735	1,211,499	1,210,150	1,242,692	1,249,659	1,245,001	1,296,091	1,150,674	n/a	-5.0*	-11.2*
Out-patient Attendances	1,996,474	2,057,989	2,185,028	2,255,998	2,363,821	2,453,000	2,796,331	3,087,448	3,288,917	n/a	64.7*	6.5*

Source: In-patient & Day Case Activity Data: Hospital In-Patient Enquiry (HIPE), ESRI.
Beds, A&E, Out-patient Data: Integrated Management Returns 1999 - 2005, Health Service Executive 2006 - 2008.

Notes: (i)* Data on bed numbers, A&E attendances and out-patient attendances for 2009 were not available at the time of publication. The percentage change figures therefore refer to the change from 2000 to 2008 and from 2007 to 2008.
(ii) From 2006 the HIPE system includes data on day case patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. Dialysis cases amount to approximately 160,000 per year. The percentage change figures from 2000 - 2009 excluding the dialysis day cases are shown in parentheses.
(iii) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
(iv) Prior to 2009, Bantry Hospital and St. Joseph's Raheny did not report to the HIPE system. However this only accounts for a small number of cases.
(v) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE network acute hospitals. In previous editions, these data were included.

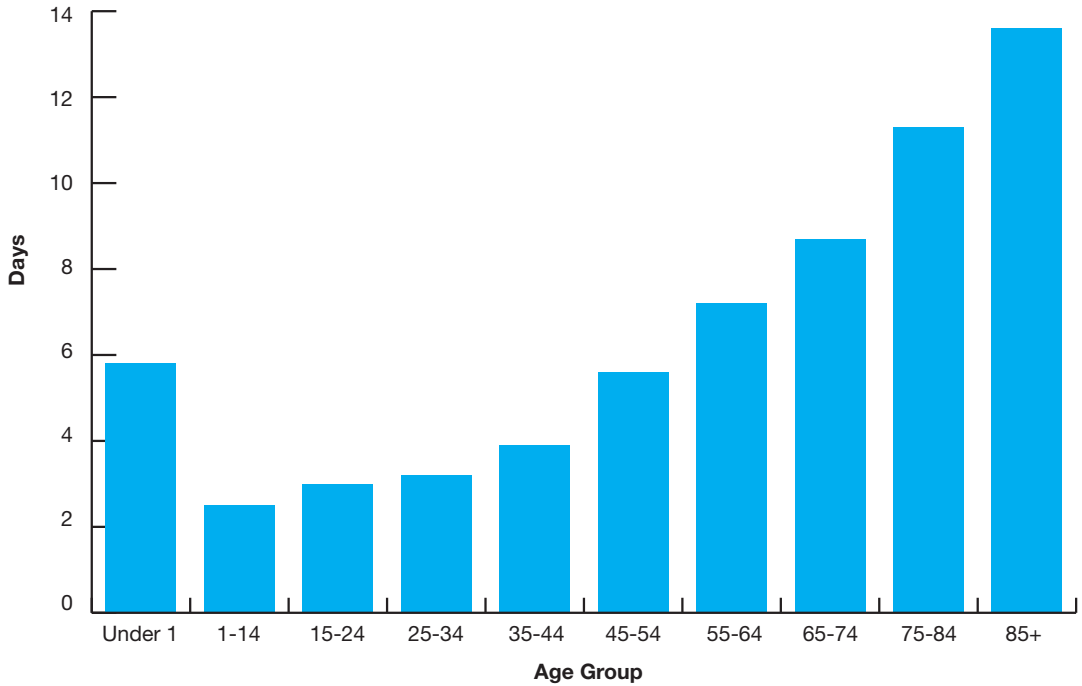
FIGURE 3.1
NUMBER OF IN-PATIENTS AND DAY CASES, 2000 TO 2009



Source: Table 3.1

Note: Dialysis activity has been included as day case activity in HIPE since 2006. These cases have been excluded from this graph in order to provide a comparable trend.

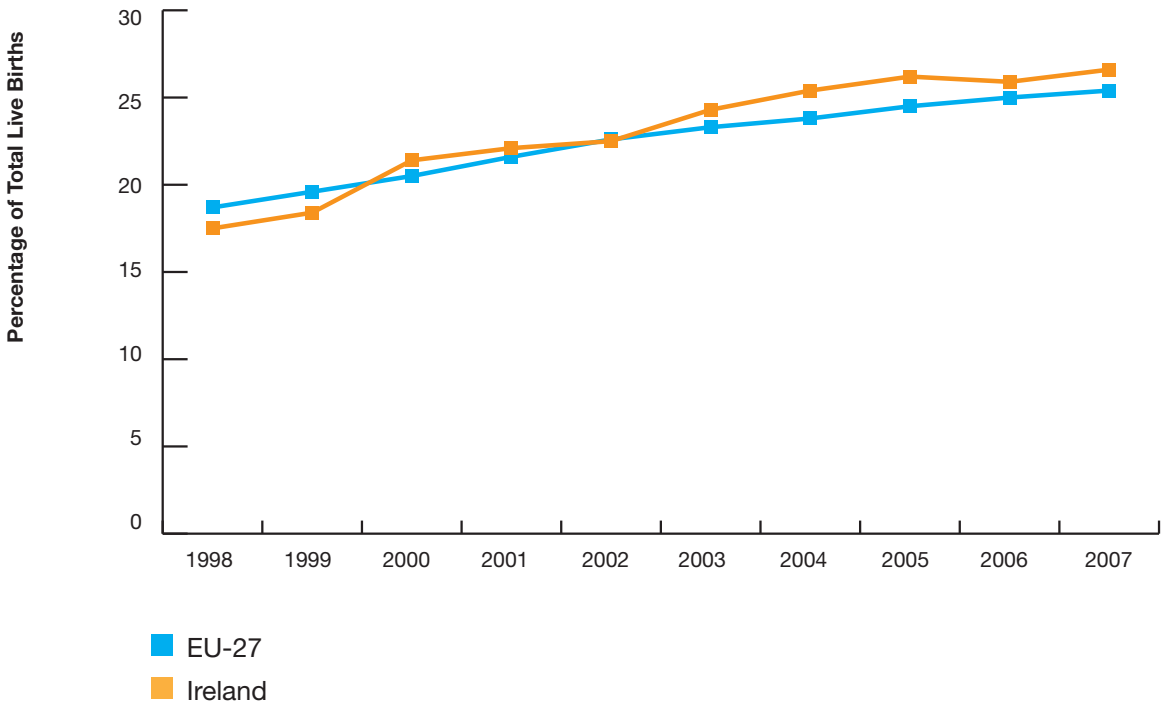
FIGURE 3.2
AVERAGE LENGTH OF STAY IN ACUTE HOSPITALS BY AGE GROUP, 2009



Source: Hospital In-Patient Enquiry (HIPE), ESRI.

FIGURE 3.3

CAESAREAN SECTIONS AS A % OF TOTAL LIVE BIRTHS, IRELAND AND EU-27, 1998-2007



Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Demark.

TABLE 3.2
DISTRICT/COMMUNITY AND NON-ACUTE HOSPITAL SUMMARY STATISTICS, 1999 TO 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change 1999-2008	% Change 2007-2008
In-Patient Beds Available	2,394	2,375	2,343	2,252	2,172	2,175	2,165	2,128	2,103	2,388	-0.3	13.6
In-Patients Discharged	20,085	20,202	17,654	16,085	15,233	14,466	14,176	13,543	13,109	13,523	-32.7	3.2
Bed Days Used	709,164	719,321	706,977	703,383	700,881	687,927	679,639	656,955	650,203	781,504	10.2	20.2
Average Length of Stay in Days	35.3	35.6	40.0	43.7	46.0	47.6	47.9	48.5	49.6	57.8	63.7	16.5
% Occupancy	81.1	82.8	82.7	85.6	88.4	86.6	86.0	85.5	85.9	89.5	10.3	4.2
Out-Patient Attendances	45,990	46,093	41,371	40,860	44,037	37,443	32,005	34,719	36,019	n/a	-21.7	3.7

Source: Department of Health and Children 1998-2005. Health Service Executive 2006-2008.

Notes: (i) Included in the above table are district/community hospitals and also Incorporated Orthopaedic, NRH, Peamount, Baldoyle, Manorhamilton and St. Finbarr's which are no longer classified as acute hospitals.
(ii) Beds, Bed Days Used, and ALOS have increased from 2007 to 2008 as all activity from Peamount and St. Finbarr's is now included in the table. Previously only certain activity from these hospitals was included.
(iii) Data for Outpatient Attendances not available for 2008. The % change therefore refers to 1999-2007 and 2006-2007.

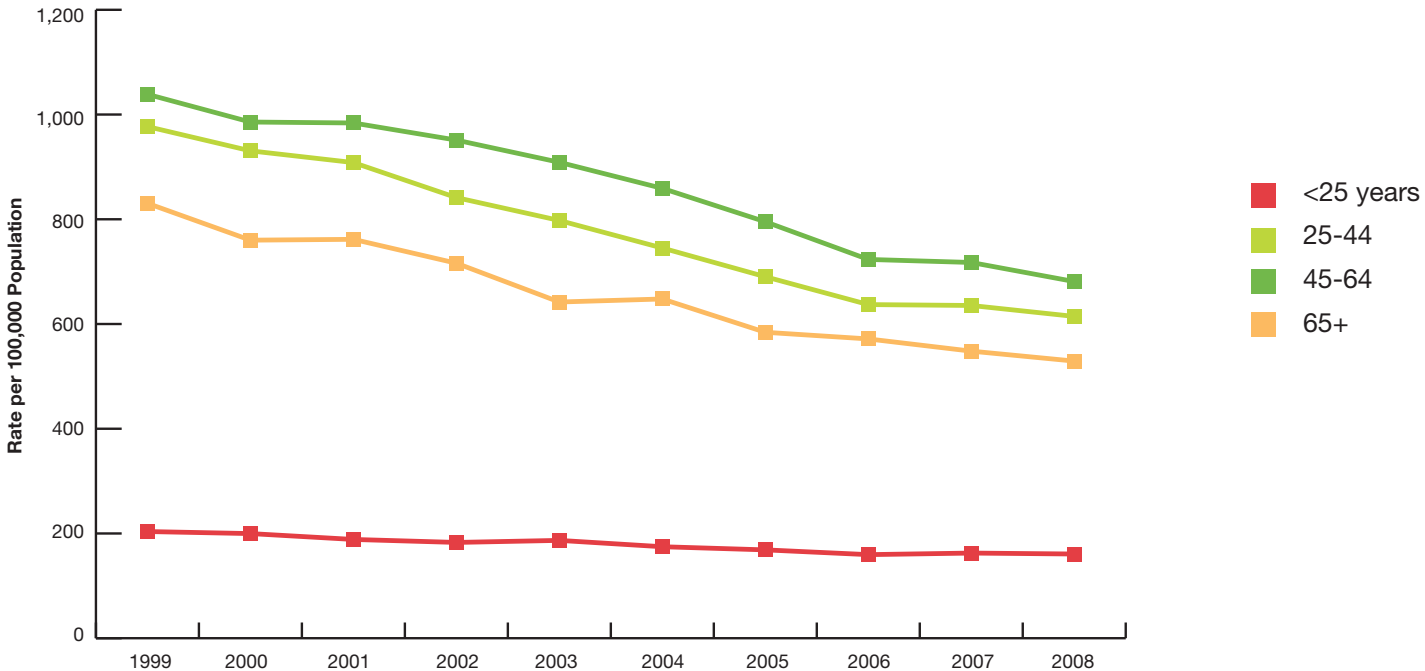
TABLE 3.3
PSYCHIATRIC HOSPITAL AND UNITS SUMMARY STATISTICS, 1999 TO 2008

											% Change	
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	1999-2008	2007-2008
Number of In-Patient Admissions	25,062	24,282	24,446	23,677	23,031	22,279	21,253	20,288	20,769	20,752	-17.2	-0.1
% Male	54.9	53.4	52.9	51.6	50.8	51.0	50.9	50.6	49.9	49.7	-9.5	-0.4
% Female	45.1	46.6	47.1	48.4	49.2	49.0	49.1	49.4	50.1	50.3	11.5	0.4
Admission Rate per 100,000 Population by Age Group												
<25 years	203.7	199.8	188.6	182.9	186.8	174.7	168.7	159.6	162.6	160.8	-21.1	-1.1
25-44	977.0	930.7	908.3	841.4	797.7	745.1	690.3	637.1	635.4	614.5	-37.1	-3.3
45-64	1,042.2	985.7	983.9	951.2	908.8	859.0	795.3	723.3	717.5	681.1	-34.7	-5.1
65+	830.5	760.1	761.7	716.1	642.0	647.8	584.2	571.5	548.2	529.2	-36.3	-3.5
Total	669.4	639.6	633.7	603.8	578.1	550.5	514.0	479.2	478.6	465.2	-30.5	-2.8
Total In-Patients at end-year	**4,469**	**4,230**	**4,256**	**3,891**	**3,658**	**3,556**	**3,475**	**3,332**	**3,314**	**-**	**-25.8***	**-0.5***

Source: Health Research Board and Mental Health Commission.

Notes: (i) Populations used to compute admission rates for 2002 and 2006 are taken from the Census of Population, Central Statistics Office (CSO) and for all other years are based on the CSO's intercensal population estimates
(ii) Cases with an unspecified age were excluded from the age analysis.
(iii) * An annual census of the total number of in-patients at year end is now carried out every 3 years. Therefore there is no data for 2008. The % change figures relate to 1999-2007 and 2006-2007.

FIGURE 3.4
PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION BY AGE GROUP, 1999-2008



Source: Table 3.3.

4. Primary Care and Community Services

The statistics presented in this section represent a selective view of a very diverse range of services. The primary, community and continuing care sector includes General Practitioner (GP) care, long stay care, community mental health and disability services, dental treatment, public health nursing, children in care, preventative services such as immunisation and food-safety inspections, and reimbursement services such as the drug payment and long term illness schemes.

In the last edition of this booklet, a table was included which looked at health service utilisation for community-based services by age and gender. This was based on results of a Health Module carried out by the CSO as a special element of the Quarterly National Household Survey in Quarter 3, 2007. The Health Module is repeated every 3 years, and the results of the 2010 exercise are currently being compiled. In this edition, the table on utilisation has been replaced by a graphic on service access. Figure 4.1 is derived from the harmonised *EU Survey on Income and Living Conditions (EU-SILC)* and displays the percentages of respondents reporting an unmet need for a medical examination classified by income quintile. In this histogram, Ireland is compared with the EU average across 5 income categories. The picture which emerges is of significantly lower unmet need in Ireland compared with the EU as a whole. However, in Ireland, the highest levels of unmet need for a medical examination are in the middle income groups whereas for the EU the lower income groups have much higher levels of reported unmet need. Cost emerges as a significant factor for middle income groups in Ireland when data are further broken down according to the reason for the need being unmet (see footnote to Figure 4.1 for definition of "unmet need").

Data on the numbers of people covered by medical cards and on the so-called "demand led schemes" such as the drugs payment scheme and the long term illness scheme demonstrate both volume and population-based rate increases for the most recent years. This is in contrast with the earlier years of the decade which witnessed a declining proportion of the population eligible for a medical card. The demand led schemes have shown consistent growth with, for example, more than a 70% increase since 2000 in the numbers availing of the drugs payment scheme. The number of prescription items dispensed under the General Medical Services (GMS) is now more than 50 million items annually compared with just over 20 million in 1999 (see Figure 4.2). Between 2008 and 2009, the number of medical cards increased by over 9% to reach nearly 1.5 million, representing 33% of the population. General Practitioner visit cards increased by almost 15% to nearly 100,000 over the same period.

Table 4.2 reports on children in care. A notable feature has been the positive trend toward higher rates of foster care provision which have increased from 77% in 1999 to 88.5% in 2008.

Table 4.3 summarises the results of the Long Stay Survey which covers all public, voluntary and private long stay accommodation. The most striking feature of this data, in terms of trends, is that the age distribution of residents is significantly older than 10 years ago. 45% of all residents are now over the age of 85 years compared with just 36% in 1999 (see Figure 4.3). This is the continuation of a longer term trend over recent decades and reflects both significant increases in life expectancy as well as improved provision of home care supports.

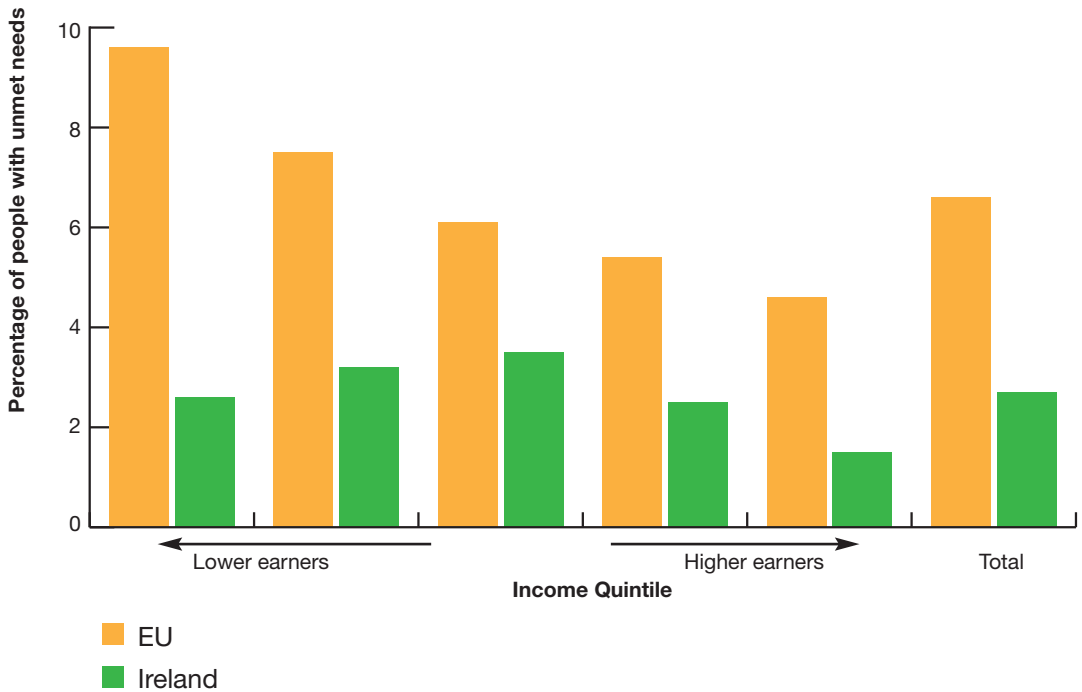
Immunisation rates of children at 24 months of age have continued to improve over the period and have now reached 90% or over for all types.

Data on people with a physical and/or sensory disability is set out in Table 4.5. This is based on the numbers of people registered with the National Physical and Sensory Disability Database (NPSDD) and shows a slight decline in numbers between 2008 and 2009. The registration target for the NPSDD remains at 45,000. The data show that of the 26,168 persons registered in 2009, 59% had a physical disability only; 21% had a single form of sensory disability (i.e. either hearing, visual, or primary speech and language); the remaining 20% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD). Since 2000, the numbers of day attendees has increased by 9% and full time residents by 3.5%. Data are also displayed by level of disability but the figures are difficult to interpret given the relatively high proportion of cases where the level of disability has not been verified.

This section concludes with Table 4.7 on food safety. The inspection of food establishments is an important activity of the Food Safety Authority of Ireland and contributes to public health by raising national food safety standards. Data show a very marked improvement in food safety since 1999. While the numbers of premises inspected has increased by 13%, the percentage of premises displaying food safety infringements has decreased from over 50% to 28%.

FIGURE 4.1
PEOPLE WITH UNMET NEEDS FOR MEDICAL EXAMINATION BY INCOME QUINTILE, IRELAND AND EU-27 2008



Source: EU-SILC, Eurostat.

Note: Unmet need is defined as: "really needing a medical examination or treatment for a health problem but did not receive it."

TABLE 4.1

GENERAL MEDICAL SERVICES, DRUG PAYMENTS, LONG-TERM ILLNESS SCHEME AND GP VISIT CARD: NUMBER OF PERSONS AND PERCENTAGE OF POPULATION 2000 TO 2009

Scheme	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change From Earliest Year to Latest Year	% Change Most Recent Two Years
GMS												
Number	1,148,055	1,199,454	1,168,745	1,158,143	1,148,914	1,155,727	1,221,695	1,276,178	1,352,120	1,478,560	28.8	9.4
%	30.3	31.2	29.8	29.1	28.4	28.0	28.8	29.4	30.6	33.2	9.4	8.4
DP												
Number	942,193	1,156,836	1,319,395	1,396,813	1,469,251	1,478,650	1,525,657	1,583,738	1,624,413	n/a	72.4	2.6
%	24.9	30.1	33.7	35.1	36.3	35.8	36.0	36.5	36.7	n/a	47.7	0.6
LTI												
Number	82,619	87,988	92,745	97,184	93,504	99,280	106,307	112,580	120,407	n/a	45.7	7.0
%	2.2	2.3	2.4	2.4	2.3	2.4	2.5	2.6	2.7	n/a	24.9	4.9
GPVC												
Number	---	---	---	---	---	5,079	51,760	75,589	85,546	98,325	90.0	14.9
%	---	---	---	---	---	0.1	1.2	1.7	1.9	2.2	80.6	14.0

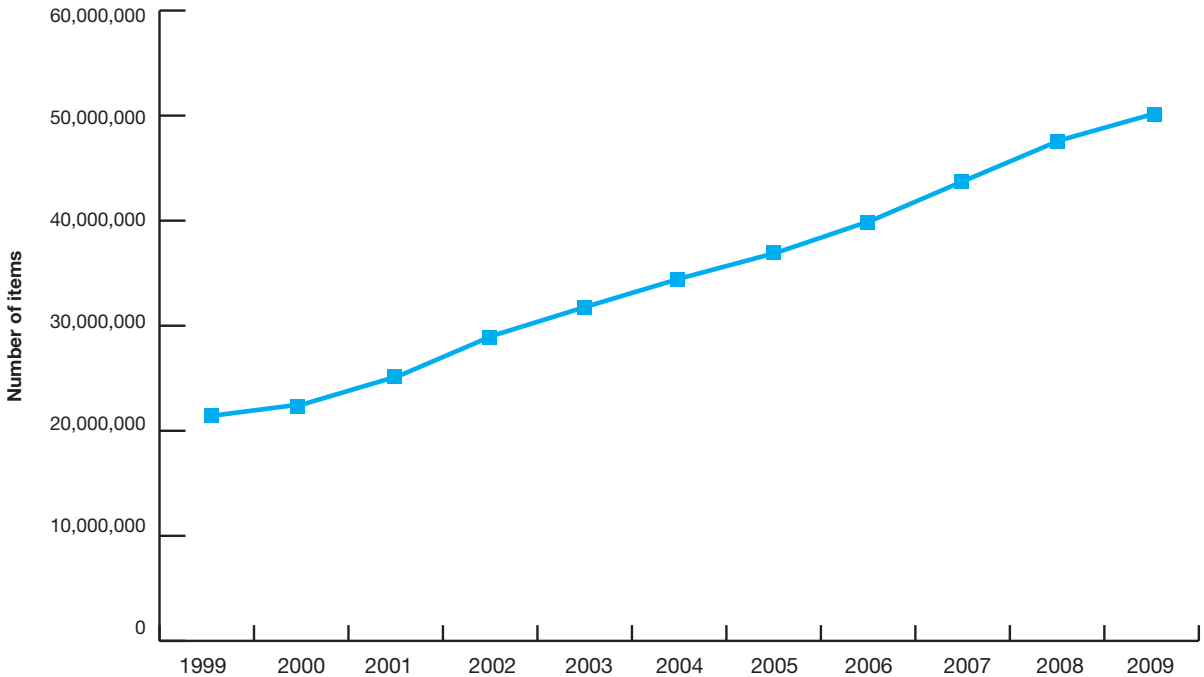
Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service.

Notes:

(i) GMS = General Medical Services Scheme, DP = Drugs Payments Scheme, LTI = Long-Term Illness Scheme, GPVC = General Practitioner Visit Card

(ii) The GP Visit Card Scheme was first implemented mid-2005. The % change therefore refers to 2006-2009.

FIGURE 4.2
NUMBER OF PRESCRIPTION ITEMS DISPENSED UNDER GMS, 1999 TO 2009



Source: General Medical Services (Payments) Board/ Primary Care Reimbursement Service, HSE.

TABLE 4.2
CHILDREN IN CARE: SUMMARY STATISTICS, 1999 - 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change 1999-2008	% Change 2007-2008
Total Children in Care	4,216	4,424	5,517	4,921	4,984	5,060	5,220	5,247	5,307	5,357	27.1	0.9
% Male	50.6	51.5	54.3	52.3	51.2	51.6	51.1	51.1	50.8	50.7	0.2	-0.2
% Female	49.4	48.5	45.7	47.7	48.8	48.4	48.9	48.9	49.2	49.3	-0.2	0.2
% Foster Care	77.0	76.5	66.3	78.3	80.0	83.9	85.0	87.6	89.0	88.5	14.9	-0.6
% Current Care Order	49.3	46.4	39.1	43.0	43.8	43.1	49.0	49.4	49.0	48.9	-0.8	-0.2
% in Care for up to 1 Year at year end	22.8	22.9	28.6	33.2	23.2	18.7	21.9	26.9	19.1	23.1	1.3	20.9
% in Care for 1-5 Years at year end	42.1	44.1	43.3	38.5	44.2	45.6	41.9	39.4	37.6	40.7	-3.3	8.2
% in Care for more than 5 Years at year end	35.1	33.1	28.1	28.3	32.6	35.7	36.2	33.6	43.3	36.2	3.1	-16.4

Source: Office of the Minister for Children.

Note: Children in Care can be placed either voluntarily or under a Current Care Order. Length of time in care refers to total time in care.

TABLE 4.3
LONG STAY CARE: SUMMARY STATISTICS, 1999 TO 2008

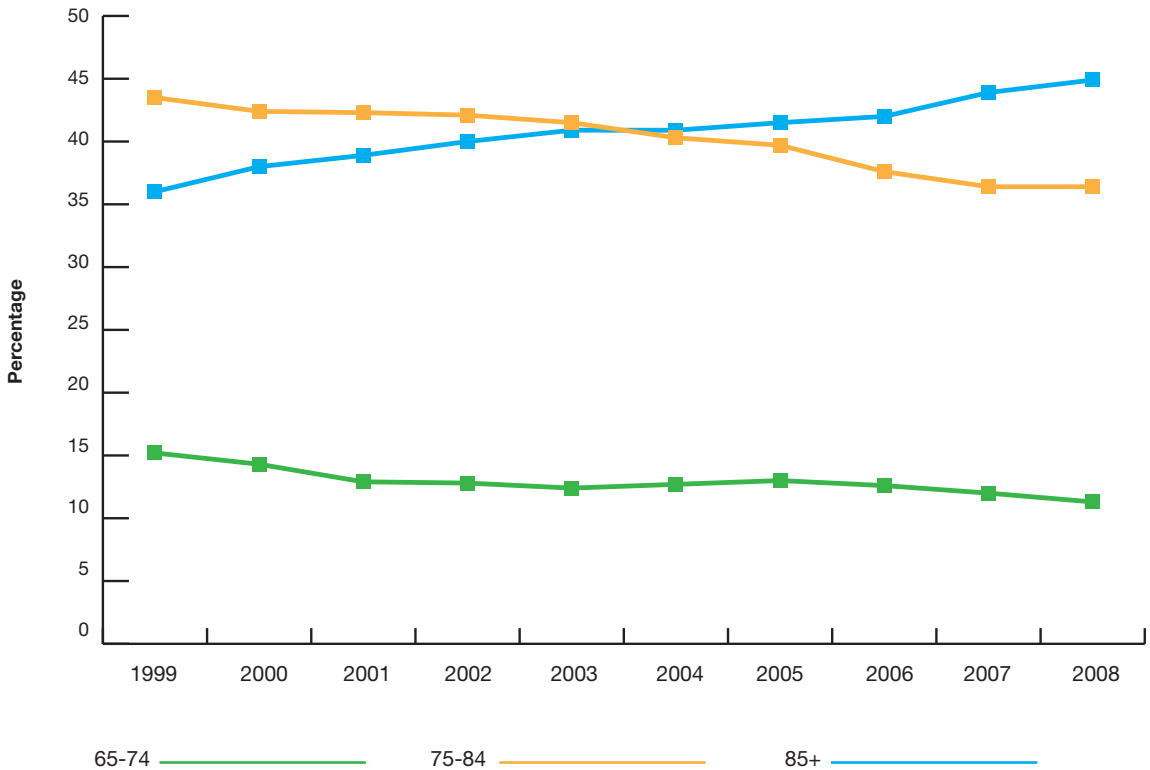
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change	
											1999-2008	2007-2008
Number of Beds	11,224	18,309	21,949	23,059	23,825	23,772	21,478	24,253	24,029	25,209	-	-
Number of Patients Resident at 31/12	10,167	16,603	19,886	20,959	21,169	21,404	19,320	21,455	21,595	22,613	-	-
% of Beds Occupied	90.6	90.7	90.6	90.9	88.9	90.0	90.0	88.5	89.9	89.7	-1.0	-0.2
Age Distribution (as % of total)												
Under 40	0.9	0.8	0.9	0.6	0.7	0.7	0.6	1.5	1.7	1.7	88.9	0.0
40-64	4.4	4.6	4.9	4.5	4.5	5.4	5.0	6.2	6.1	5.7	29.5	-6.6
65-69	4.7	4.7	4.3	4.2	4.1	4.1	4.4	4.5	3.9	3.6	-23.4	-7.7
70-74	10.5	9.6	8.6	8.6	8.3	8.6	8.6	8.1	8.1	7.7	-26.7	-4.9
75-79	18.1	17.5	16.9	16.5	16.0	15.1	15.5	14.6	14.0	14.0	-22.7	0.0
80-84	25.4	24.9	25.4	25.6	25.5	25.2	24.2	23.0	22.4	22.4	-11.8	0.0
85+	36.0	38.0	38.9	40.0	40.9	40.9	41.5	42.0	43.9	44.9	24.7	2.3
Level of Dependency (as % of total)												
Low	11.3	11.0	9.4	9.6	9.2	9.2	9.4	9.1	9.4	10.2	-9.7	8.5
Medium	19.5	20.5	20.0	19.9	19.0	18.8	18.6	20.1	22.1	23.2	19.0	5.0
High	29.8	29.8	29.3	30.1	30.6	29.7	31.1	31.1	32.0	30.7	3.0	-4.1
Maximum	39.5	38.6	41.2	40.3	41.2	42.3	40.8	39.6	36.5	35.9	-9.1	-1.6
Response Rate (%)	46.9	68.3	84.9	87.3	87.3	85.4	80.0	80.1	78.2	81.6	74.0	4.3

Source: Annual Survey of Long Stay Units 1999 to 2008.

Notes:
(i) The survey covers all public, voluntary and private long stay accommodation; data should be interpreted in the context of the response rates(see last row of table) which vary from year to year. % change is not calculated for number of beds and patients as these figures are directly affected by the survey response rates.
(ii) The low response rate in 1999 was due to the absence of response from the Eastern Region Health Authority (ERHA).

FIGURE 4.3

LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ BY AGE GROUP, 1999 TO 2008



Source: Table 4.3

TABLE 4.4
IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2000 TO 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009[F]	% Change 2000-2009	% Change 2008-2009
Diphtheria	86	84	83	86	89	90	91	92	93	93	8.1	0.0
Pertussis	82[A]	81[A]	82	85	89	90	91	92	93	93	13.4	0.0
Tetanus	86	84	83	86	89	90	91	92	93	93	8.1	0.0
Haemophilus Influenzae Type B	85	84	83	86	89	90	91	92	93	93	9.4	0.3
Polio	86	84	83	86	89	90	91	92	93	93	8.1	0.0
Meningococcal	-	-	75[B]	84	88	89	90	91	92[E]	93	24[G]	1.1
Measles, Mumps & Rubella	79	73	73	78	81	84[C]	86[D]	87	89	90	13.9	1.1

Source: Health Protection Surveillance Centre (HPSC).

Notes:

A: Pertussis uptake could not be calculated accurately for the HSE-North Eastern Area during 2000-2001 and the HSE-North Western Area in 2000 and 2001, as DTaP/DT uptake was reported as a combined value.

B: The 2002 Meningococcal figure is incomplete, it is based on uptake rates for Quarter 3 and Quarter 4 2002 only.

C: The 2005 national MMR figure is incomplete, as Quarter 4 2005 MMR data were not available for the HSE-Eastern area due to technical problems with extraction of MMR data from the HSE-Eastern Area database.

D: The 2006 national MMR figure includes the Quarter 1 2006 HSE-Eastern data, which is an estimate only. This is due to technical problems with extraction of MMR data from the HSE-Eastern Area database.

E: Data for Q3 2008 were not available for 2 regions.

F: The 2009 data refers to Q4-2009. As 4 regions were not in a position to provide data, the data should be considered incomplete.

G: Percentage change between 2002 and 2009.

TABLE 4.5
NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2004 - 2009

							% Change	
	2004	2005	2006	2007	2008	2009	2004-2009	2008-2009
Physical Disability Only	16,246	17,723	19,686	20,030	16,537	15,442	-4.9	-6.6
Hearing Loss/Deafness Only	1,347	1,494	1,591	1,634	1,618	1,575	16.9	-2.7
Visual Disability Only	1,193	1,250	1,391	1,378	1,381	1,355	13.6	-1.9
Primary Speech and Language only	-	313	555	1,152	2,736	2,565	719.5[A]	-6.3
Multiple Disability	890	1,648	2,468	2,990	5,030	5,231	487.8	4.0
Total	**19,676**	**22,428**	**25,691**	**27,184**	**27,302**	**26,168**	**33.0**	**-4.2**

Source: The National Physical and Sensory Disability Database, Health Research Board.

Notes:

(i) The NPSDD formed in 2002 and collection began in 2004.
(ii) Primary Speech and Language only became a category in 2005.
(iii) The data refer to registration only, which explains the rapid increase in numbers.
(iv) The NPSDD have a disability registration target of circa 45,000 based on a rate observed in one LHO during a census.
(v) [A] % Change from 2005 to 2009.

TABLE 4.6

INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2000 TO 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change 2000-2009	% Change 2008-2009
Mild												
Day Attendees	7,718	7,394	6,731	6,776	6,893	6,873	6,970	6,781	6,972	7,069	-8.4	1.4
Full-Time Residents	1,351	1,446	1,331	1,345	1,306	1,249	1,263	1,285	1,345	1,374	1.7	2.2
Moderate, Severe, Profound												
Day Attendees	7,246	6,955	7,017	7,226	7,361	7,462	7,547	7,610	8,102	8,343	15.1	3.0
Full-Time Residents	6,495	6,794	6,711	6,674	6,642	6,539	6,617	6,668	6,787	6,758	4.0	-0.4
Not Verified												
Day Attendees	897	1,037	1,153	1,333	1,455	1,641	1,825	2,213	2,046	1,872	108.7	-8.5
Full-Time Residents	62	56	60	73	145	150	164	172	67	56	-9.7	-16.4
Total												
Day Attendees	15,861	15,386	14,901	15,335	15,709	15,976	16,342	16,604	17,120	17,284	9.0	1.0
Full-Time Residents	7,908	8,296	8,102	8,092	8,093	7,938	8,044	8,125	8,199	8,188	3.5	-0.1

Source: The National Intellectual Disability Database, Health Research Board.

TABLE 4.7

FOOD SAFETY: TOTAL NUMBER OF FOOD ESTABLISHMENTS INSPECTED AND PERCENTAGE OF ESTABLISHMENTS WHERE INFRINGEMENTS WERE FOUND, 1999 TO 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change 1999-2008	% Change 2007-2008
Number of Establishments Inspected	24,286	23,962	25,336	26,176	27,213	25,997	27,857	27,478	28,028	27,337	12.6	-2.5
Percentage where Infringements Found	52.2	62.6	55.2	45.2	42.1	36.9	33.6	32.2	29.0	27.9	-46.6	-3.8

Source: Food Safety Authority of Ireland.

Note: Data for some health boards were incomplete in 1999 and 2001.

5. Health Service Employment

The total numbers of whole time equivalent (WTE) staff employed in the public health services during the past decade is displayed by grade category in Table 5.1. Figures since 2007 show a decline in numbers. Management/administration and general support staff grade categories have shown the largest falls in staff numbers and are now at or below 2006 levels. It should be noted that data for 2010 refer to August, and are therefore likely to underestimate the end of year position in terms of reduced staffing. Over the full decade since 2001, there has been a 20.5% increase in the numbers employed. At over 37,000, the nursing profession remains the single largest grade category, but the greatest increase over the period has been in the health and social care professional category with a rise of 75%. The distribution by grade category is displayed in Figures 5.1 and 5.2. A further breakdown of the health and social care professional category is displayed in Figure 5.3.

The total numbers of consultant and non-consultant hospital doctors decreased somewhat between December 2009 and August 2010. However, when broken down between categories, the data show a 5% rise in consultants and a 3% decline in non-consultant hospital doctors. Over the entire decade, numbers have increased by over 30%; 25% in the case of non-consultants, and over 50% in the case of consultants (see Table 5.2). Figure 5.4 displays this graphically.

The number of agreements between the HSE and GPs for the provision of services under the Primary Care Reimbursement Service (PCRS) has increased by almost 55% in the period 1999-2008. The number of agreements also increased by almost 11% between 2007 and 2008.

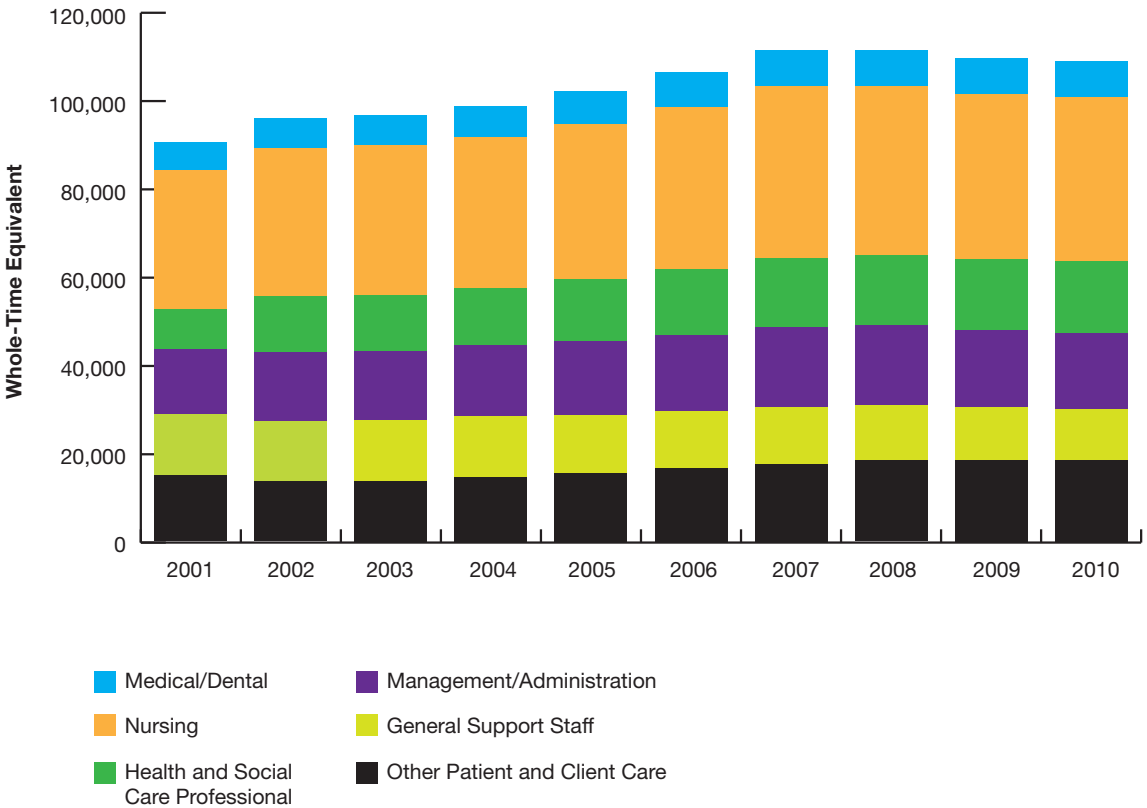
TABLE 5.1
EMPLOYMENT IN THE PUBLIC HEALTH SERVICE BY GRADE CATEGORY, 2001 to 2010

											%Change	
Grade Category	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*	2001-2010	2009-2010
Medical/Dental	6,285	6,775	6,792	7,013	7,266	7,712	8,005	8,109	8,083	8,050	28.1	-0.4
Nursing	31,429	33,395	33,766	34,313	35,248	36,737	39,006	38,108	37,466	37,133	18.1	-0.9
Health and Social Care Professionals	9,228	12,577	12,692	12,830	13,952	14,913	15,705	15,980	15,973	16,122	74.7	0.9
Management/Administration	14,714	15,690	15,766	16,157	16,699	17,262	18,043	17,967	17,611	17,289	17.5	-1.8
General Support Staff	13,803	13,729	13,838	13,771	13,227	12,910	12,900	12,631	11,906	11,668	-15.5	-2.0
Other Patient and Client Care	14,842	13,513	13,647	14,640	15,586	16,739	17,846	18,230	18,714	18,577	25.2	-0.7
Total	**90,302**	**95,679**	**96,501**	**98,723**	**101,978**	**106,273**	**111,505**	**111,025**	**109,753**	**108,838**	**20.5**	**-0.8**

Source: HSE's Health Service Personnel Census at 31st December (except for 2010 - see note (v) below).

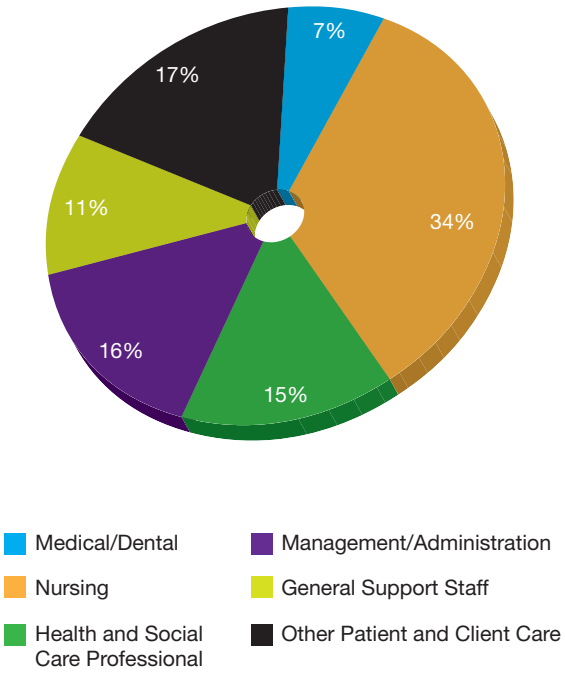
Notes:
(i) Figures refer to whole-time equivalents excluding staff on career break. Data also exclude Home Helps.
(ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time.
(iii) "Management/Administration" includes staff who are of direct service to the public and include Consultant's Secretaries, Out-Patient Departmental Personnel, Medical Records Personnel, Telephonists and other staff who are engaged in front-line duties.
(iv) Student nurses are included in the 2007 and 2008 employment figures on the basis of 3.5 students equating to 1 wholetime equivalent. The employment levels adjusted for student nurses on the above basis are 110,664 WTE (Dec 07) and 111,001 WTE (Dec 08). Student nurses are included in the 2009 and 2010 figures on the basis of 2 students equating to 1 wholetime equivalent – the figures above are already adjusted.
(v) * The 2010 data refers to August 2010 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.1
NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2001 TO 2010



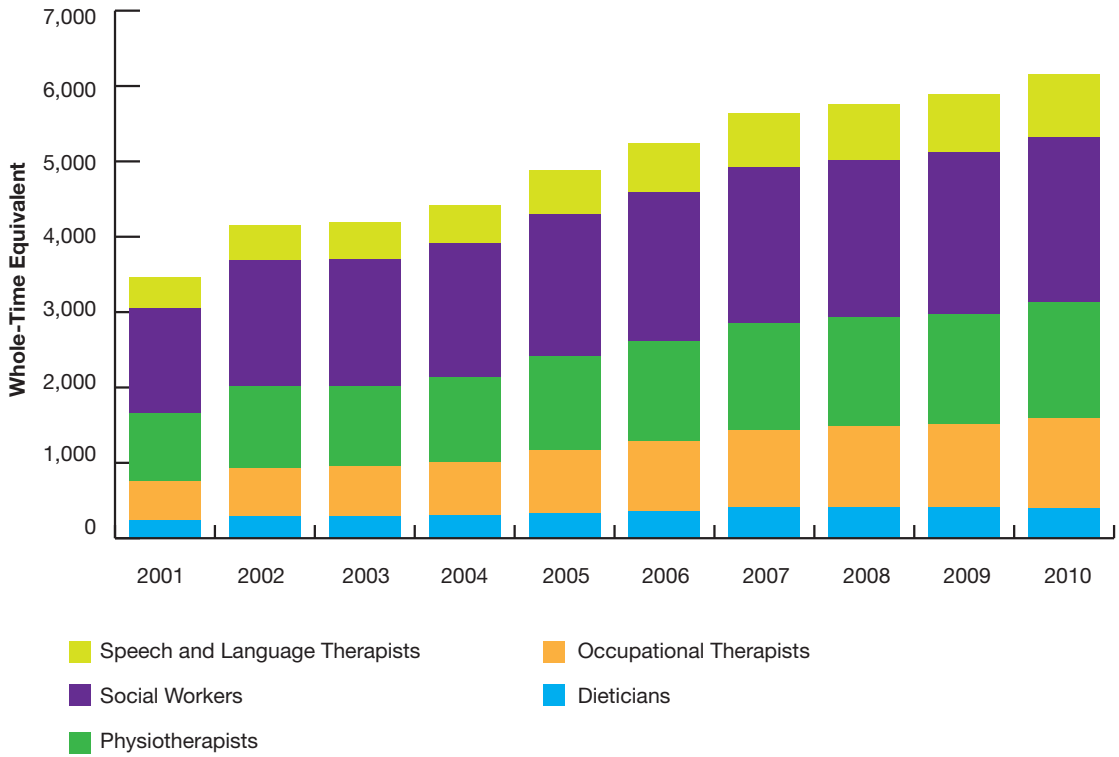
Source: Table 5.1.

FIGURE 5.2
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, AUGUST 2010



Source: Table 5.1.

FIGURE 5.3
NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICE IN A SELECTION OF GRADES WITHIN THE HEALTH AND SOCIAL CARE PROFESSIONALS CATEGORY, 2001 TO 2010



Source: HSE's Health Service Personnel Census.

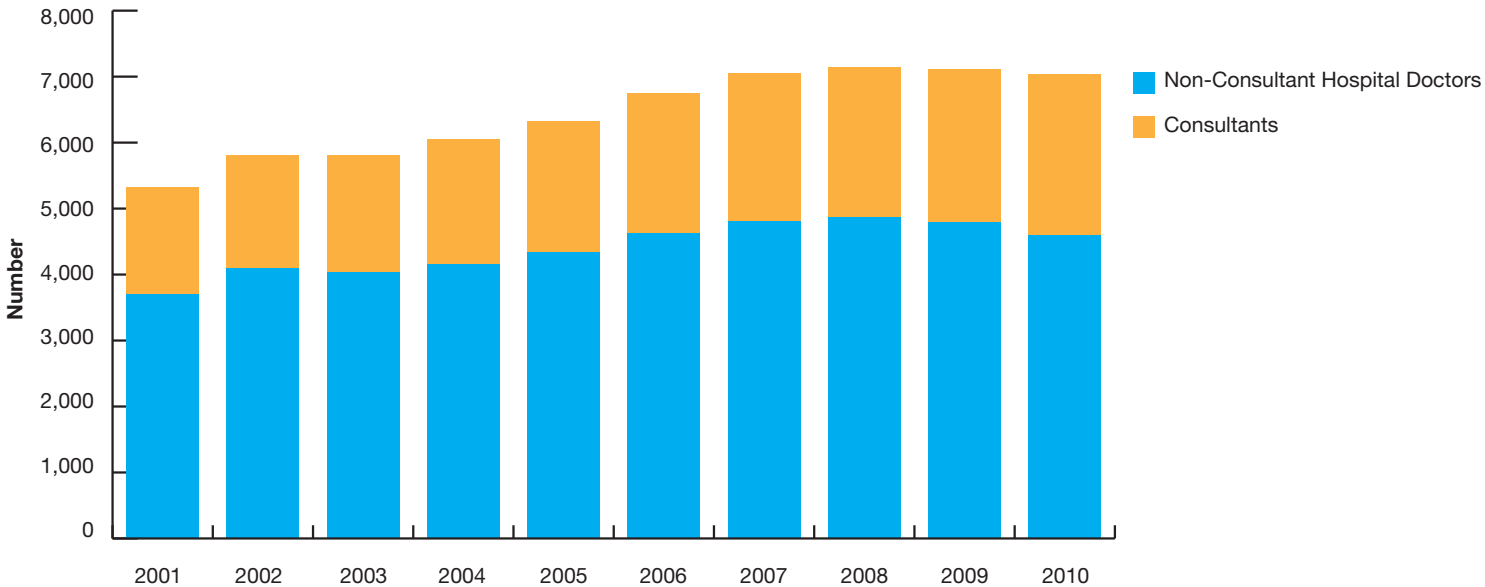
TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2001 TO 2010

Grade Category	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010*	%Change 2001-2010	%Change 2009-2010
Consultants	1,613	1,711	1,771	1,888	1,983	2,111	2,234	2,261	2,317	2,429	50.6	4.8
Non-Consultant Hospital Doctors:												
House Officer/ House Officer Senior	1,615	1,727	1,708	1,764	1,802	1,910	1,918	1,876	1,825	1,675	3.7	-8.2
Intern	440	466	471	485	486	502	512	505	502	525	19.2	4.6
Registrar	1,240	1,308	1,241	1,250	1,387	1,508	1,606	1,699	1,592	1,579	27.4	-0.8
Senior Registrar/Specialist	432	599	674	705	709	729	818	856	884	875	102.5	-1.0
Sub-Total - Non-Consultant Hospital Doctors	3,727	4,100	4,093	4,205	4,384	4,648	4,854	4,937	4,803	4,654	24.9	-3.1
Total	**5,340**	**5,811**	**5,864**	**6,093**	**6,367**	**6,759**	**7,088**	**7,197**	**7,120**	**7,083**	**32.6**	**-0.5**

Source: HSE's Health Service Personnel Census.

Notes:
(i) Figures refer to whole-time equivalents excluding staff on career break.
(ii) "Consultants" includes Masters of Maternity Hospitals.
(iii) * The 2010 data refers to August 2010 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.4
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2001 TO 2010



Source: Table 5.2.

TABLE 5.3
NUMBER OF AGREEMENTS BETWEEN THE HSE AND GENERAL PRACTITIONERS FOR THE PROVISION OF SERVICES UNDER THE PRIMARY CARE REIMBURSEMENT SERVICE 1999 TO 2008

											%Change	
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	1999-2008	2007-2008
Number	1,679	1,798	1,863	2,134	2,181	2,210	2,257	2,315	2,347	2,599	54.8	10.7

Source: General Medical Services (Payments) Board/ National Shared Services, Primary Care Reimbursement Service, HSE.

6. Health Service Expenditure

This section summarises data and trends in public spending on health services during the past decade. It also sets this spending in the context of overall economic growth and compares Ireland, in this respect, with its counterpart countries in the Organisation for Economic Cooperation and Development (OECD).

Table 6.1 shows that total public expenditure on health approximately doubled between 2001 and 2010. The non-capital side represents about 97% of total expenditure and also increased more rapidly than capital expenditure over the period. Capital expenditure is now at about the same level, without taking inflation into account, as in 2001. Provisional figures for 2010 show an estimated decrease of 4.3% in total public expenditure on the previous year. The trend is graphed in Figure 6.1.

Table 6.2 provides a more detailed breakdown on non-capital expenditure for the years 2006-2009. The largest increases in spending over this period were in the areas of Care of Older People and Primary Care and Community Health. The latter category includes the provision of services under medical card schemes. All areas under Primary, Community and Continuing Care showed decreased expenditure between 2008 and 2009 with the exception of Primary Care and Community Health. The National Hospitals Office, which accounted for around 37% of total non-capital expenditure (see Figure 6.2) also had increased spending of 3.8% between 2008 and 2009.

Turning to international comparisons, data are available up to 2008. When looked at from the perspective of proportion of national production spent on health, the picture which appears depends on whether Gross Domestic Product (GDP) or Gross National Income (GNI) is used as the denominator. Unlike most other countries, a significant proportion of Ireland's GDP refers to profit exports which are not available for national consumption. For this reason, GNI is a more meaningful measure. When total health expenditure (public and private) is expressed as a percentage of GNI, Ireland records a figure of 10.2% which ranks 7th highest among 27 OECD countries for which data were available for 2008 (see Table 6.4). This figure represents a considerable rise over the 2007 figure of 8.9% (see Figure 6.4) and can be explained as the combined effect of an increase of 6% in health expenditure between 2007 and 2008 accompanied by the slowdown in economic growth which had already begun to occur.

TABLE 6.1
PUBLIC HEALTH EXPENDITURE, 2001 TO 2010

	2001 €m	2002 €m	2003 €m	2004 €m	2005* €m	2006 €m	2007 €m	2008 €m	2009 €m	2010 €m	% Change 2001 -2010	% Change 2009 -2010
#Total Public Non-Capital Expenditure on Health	6,802	7,933	8,853	9,653	11,160	12,248	13,736	14,588	15,073	14,456	112.5	-4.1
Public Non-Capital Expenditure on Health (excludes treatment benefits)	*6,739*	*7,867*	*8,783*	*9,561*	*11,088*	*12,144*	*13,636*	*14,481*	*14,963*	*14,419*	114.0	-3.6
Total Public Capital Expenditure on Health	374	507	514	509	516	461	585	598	447	393	5.1	-12.1
Total Public Expenditure	**7,176**	**8,440**	**9,367**	**10,162**	**11,676**	**12,709**	**14,321**	**15,186**	**15,520**	**14,849**	**106.9**	**-4.3**

Sources: Non-capital expenditure - "Estimated Non-Capital Expenditure 1999-2004" www.dohc.ie. From 2005, Revised Estimates for Public Services.
Capital Expenditure - Revised Estimates for Public Services and HSE Reports on Capital Programme.

Notes:
(i) # Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of Department of Social Protection).
(ii) Public Non-Capital Expenditure provided by the Department of Health and Children's Vote, and HSE Vote from 2005, in the Revised Estimates for Public Services: excludes items not considered health expenditure such as expenditure under Vote 41 Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009-10).
(iii) Total public capital expenditure excludes capital expenditure by the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009-10).
(iv) Figures for 2010 are estimates.
(v) * Establishment of the Health Service Executive with its own Vote gave rise to changes in the reporting of health expenditure in the Revised Estimates for Public Services from 2005 onwards. Figures from 2005 are therefore not directly comparable with data from earlier years. Income that was previously collected and retained by the then Health Boards and did not form part of the Department of Health and Children's Vote and which accrues direct to the HSE is now part of the Appropriations-in-Aid and is included in the figures.

TABLE 6.2
HSE NON-CAPITAL VOTED EXPENDITURE, 2006 to 2009

	2006 (€000's)	2007 (€000's)	2008 (€000's)	2009 (€000's)	% Change 2006-2009	% Change 2008-2009
Primary, Community and Continuing Care						
Care of Older People	1,054,748	1,574,791	1,739,128	1,738,659	64.8	0.0
Children and Families	605,627	635,692	653,477	641,951	6.0	-1.8
Care for Persons with Disabilities	1,198,410	1,505,627	1,548,718	1,520,003	26.8	-1.9
Mental Health	984,494	1,042,357	1,043,816	1,006,682	2.3	-3.6
Primary Care & Community Health*	2,720,550	3,444,962	3,758,772	4,126,705	51.7	9.8
Multi Care Group Services †	627,707	-	-	-	-	-
Palliative Care & Chronic Illness †	74,670	-	-	-	-	-
Primary, Community and Continuing Care Total	**7,266,206**	**8,203,429**	**8,743,911**	**9,034,000**	**24.3**	**3.3**
National Hospitals Office	4,540,711	5,003,530	5,272,179	5,475,000	20.6	3.8
Long Term Charges Repayment Scheme	16,487	131,700	236,000	80,000	385.2	-66.1
Other	64,991	93,426	100,552	109,354	68.3	8.8
HSE Gross Non-Capital Vote Total	**11,888,395**	**13,432,085**	**14,352,642**	**14,698,354**	**23.6**	**2.4**
Total Appropriations-in-Aid	2,307,451	2,495,971	2,250,688	3,236,270	40.3	43.8
HSE Net Non-Capital Vote Total	**9,580,944**	**10,936,114**	**12,101,954**	**11,462,084**	**19.6**	**-5.3**

Source: Revised Estimates for Public Services.

Notes:
(i) † These have now been absorbed into other subheads.
(ii) * Includes Medical Card Services Schemes.

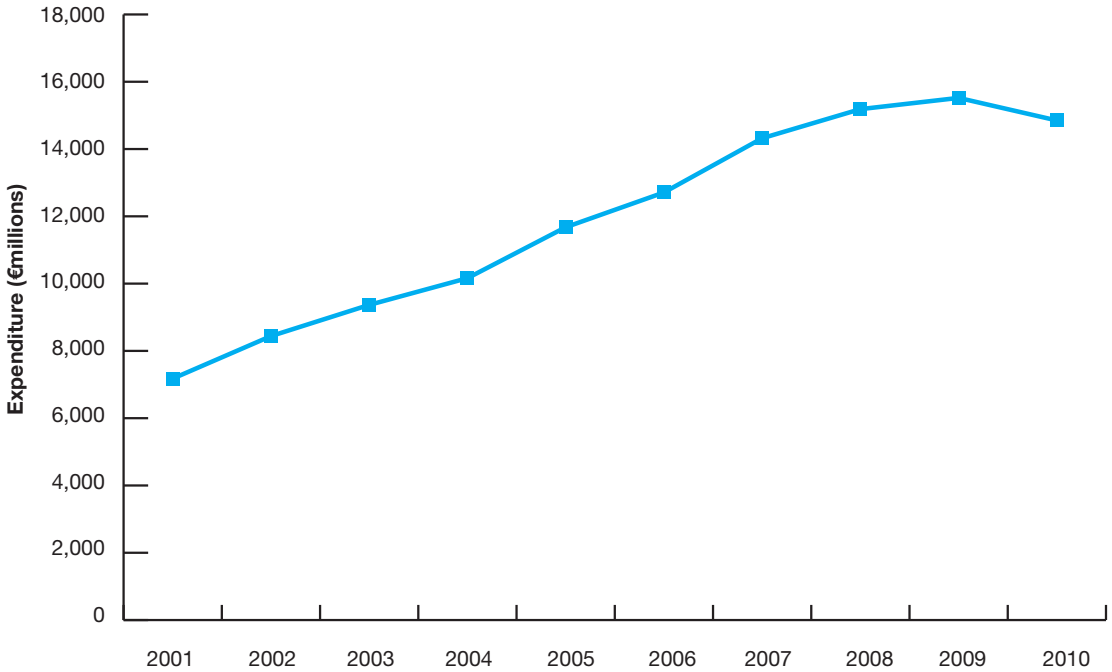
TABLE 6.3
CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME 2000 TO 2009

Programme	2000 (€000's)	2001 (€000's)	2002 (€000's)	2003 (€000's)	2004 (€000's)	2005 (€000's)	2006 (€000's)	2007 (€000's)	2008 (€000's)	2009 (€000's)	% Change 2000-2009	% Change 2008-2009
Acute Hospitals	165,372	208,038	327,190	396,032	390,603	277,964	244,670	311,672	272,996	209,145	26.5	-23.4
Community Health	39,531	55,371	74,033	25,754	24,018	115,671	111,863	137,587	177,630	160,974	307.2	-9.4
Mental Health	15,916	17,891	33,975	8,258	2,702	25,759	20,452	33,837	39,701	25,071	57.5	-36.9
Disability Services	47,069	57,658	38,613	40,257	19,728	32,335	42,283	45,196	69,228	27,399	-41.8	-60.4
ICT	18,195	26,436	28,669	40,074	67,431	58,400	24,938	30,215	20,455	12,682	-30.3	-38.0
Miscellaneous	7,861	8,227	4,633	3,811	3,997	5,781	16,689	26,208	17,889	12,113	54.1	-32.3
Total Public Capital Expenditure	**293,944**	**373,620**	**507,115**	**514,186**	**508,479**	**515,910**	**460,895**	**584,715**	**597,899**	**447,384**	**52.2**	**-25.2**

Source: Revised Estimates for Public Services and HSE Reports on Capital Programme.

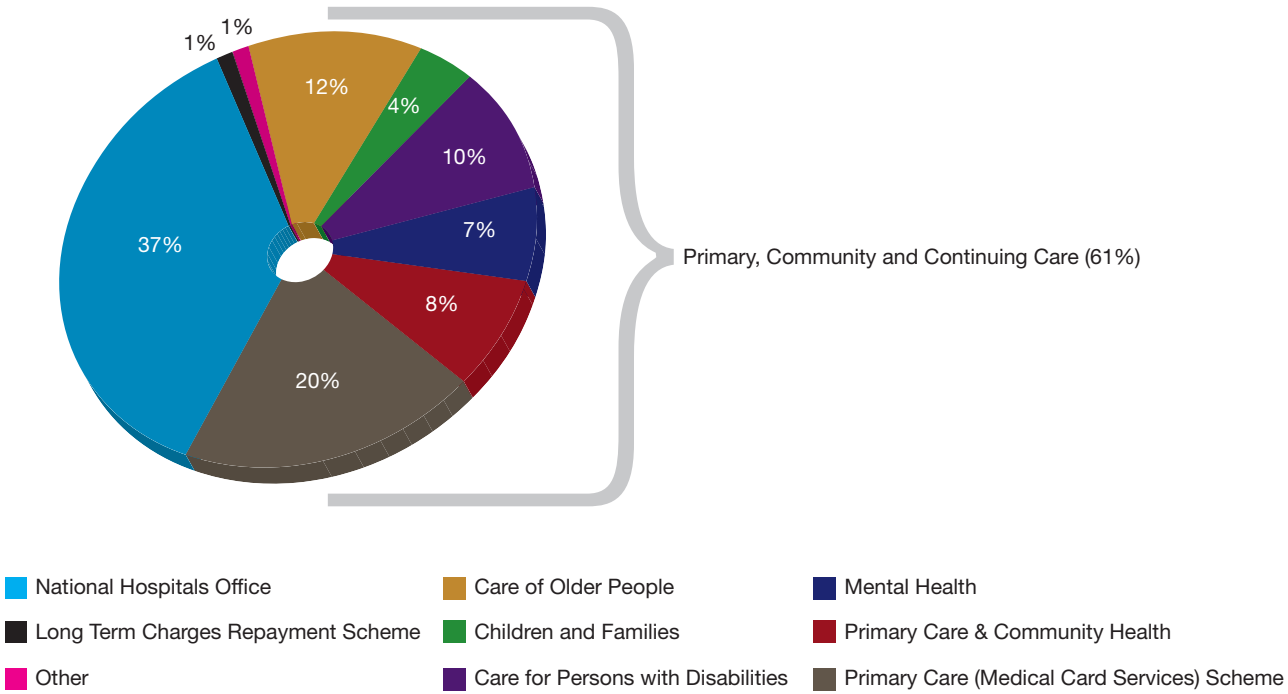
Note:
Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs (2006 - 2009).

FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 2001 TO 2010



Source: Table 6.1.

FIGURE 6.2
PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2009



Source: Table 6.2.

TABLE 6.4

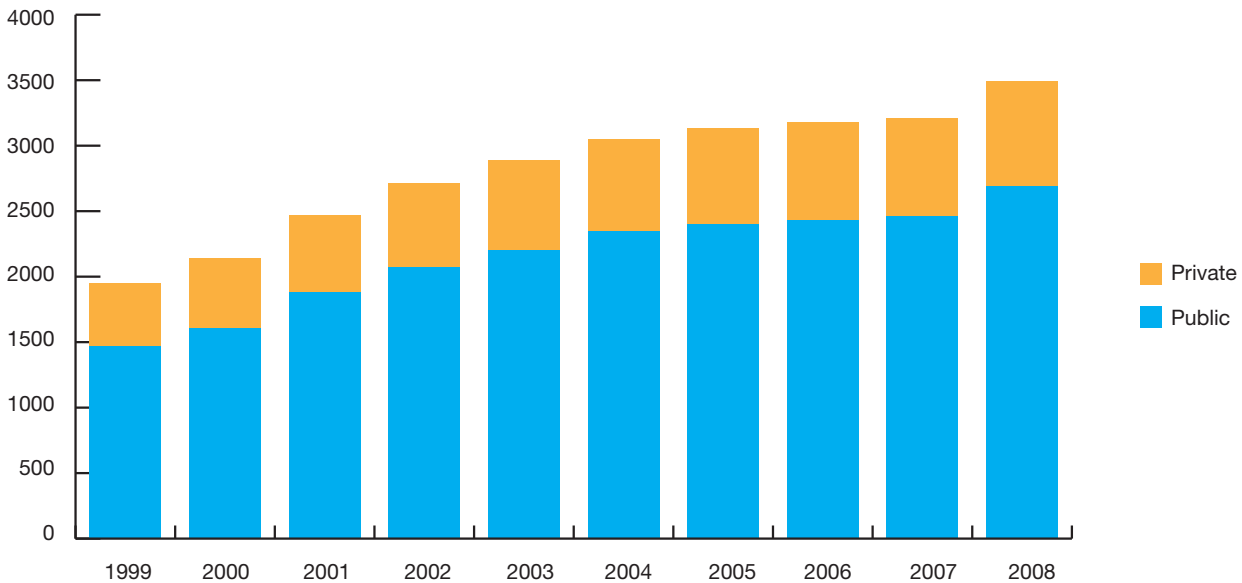
TOTAL HEALTH EXPENDITURE PER CAPITA AND AS % OF GDP & GNI FOR SELECTED OECD COUNTRIES, 2008

	Per Capita			% GDP			% GNI
Country	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**	**Total**
Australia*	2,263	1,089	3,353	5.7	2.8	8.5	n/a
Austria	3,053	917	3,970	8.1	2.4	10.5	10.7
Belgium (de)	2,668	1,009	3,677	7.4	2.8	10.2	10.2
Canada (e)	2,863	1,216	4,079	7.3	3.1	10.4	n/a
Chile	594	405	999	4.1	2.8	6.9	n/a
Czech Republic	1,470	311	1,781	5.9	1.2	7.1	7.7
Denmark*	2,991	549	3,540	8.2	1.5	9.7	9.6
Estonia	983	261	1263	4.8	1.3	6.1	6.5
Finland	2,233	775	3,008	6.2	2.2	8.4	8.3
France	2,875	821	3,696	8.7	2.5	11.2	11.0
Germany	2,869	869	3,737	8.1	2.5	10.5	10.4
Greece*	1,622	1,066	2,687	5.8	3.8	9.7	10.0
Hungary	1,021	416	1,437	5.2	2.1	7.3	7.8
Iceland (d)	2,796	563	3,359	7.6	1.5	9.1	10.7
Ireland	**2,918**	**875**	**3,793**	**6.7**	**2.0**	**8.7**	**10.2**
Israel (e)	1,278	910	2,244	4.4	3.1	7.8	n/a
Italy	2,216	654	2,870	7.0	2.1	9.1	9.2
Japan*	2,234	495	2,729	6.6	1.5	8.1	7.8
Korea	997	805	1,801	3.6	2.9	6.5	n/a
Luxembourg # (e)	3,825	384	4,210	6.5	0.7	7.2	9.5
Mexico (d)	400	452	852	2.8	3.1	5.9	n/a
Netherlands (e)	n/a	n/a	4,063	n/a	n/a	9.9	10.1
New Zealand	2,158	526	2,683	7.9	1.9	9.8	n/a
Norway (e)	4,213	791	5,003	7.2	1.3	8.5	8.5
Poland	876	336	1,213	5.1	1.9	7.0	7.2
Portugal#	1,539	613	2,151	7.1	2.8	9.9	9.9
Slovak Republic	1,199	538	1,738	5.4	2.4	7.8	8.0
Slovenia	1,683	646	2,329	6.0	2.3	8.3	8.5
Spain	2,105	797	2,902	6.5	2.5	9.0	9.2
Sweden	2,841	629	3,470	7.7	1.7	9.4	8.9
Switzerland (e)	2,736	1,891	4,627	6.3	4.4	10.7	11.5
Turkey*	520	247	767	4.1	1.9	6.0	8.0
United Kingdom	2,585	544	3,129	7.2	1.5	8.7	8.5
United States	3,507	4031	7,538	7.4	8.5	16.0	16.0

Notes:
(i) Per Capita Expenditure is expressed in Purchasing Power Parities (US$PPPs).
(ii) GDP: Gross Domestic Product.
(iii) GNI: Gross National Income.
(iv) n/a: indicates 'Not available'.
(v) * indicates data for 2007.
(vi) # indicates data for 2006.
(vii) e indicates estimated.
(viii) d indicates difference in methodology.

Source: OECD, Eurostat.

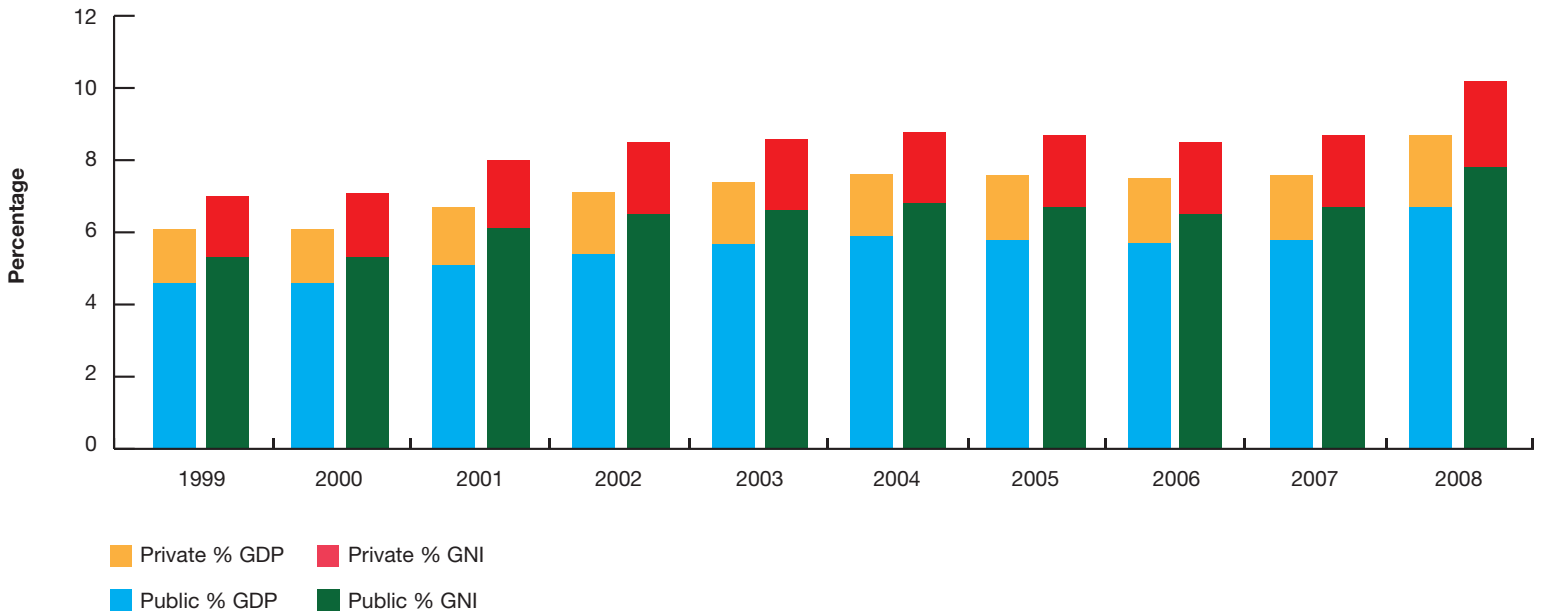
FIGURE 6.3
TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 1999-2008



Source: OECD, CSO.

Note:
Total Health Expenditure is measured in National Currency Units at December 2006 prices based on the Consumer Price Index.

FIGURE 6.4
TOTAL HEALTH EXPENDITURE IN IRELAND AS A PERCENTAGE OF GDP AND GNI, 1999 TO 2008



Source: OECD, Eurostat.

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