Rialtas na hÉireann
Government of Ireland

hi Healthy Ireland

Healthy Ireland Outcomes Framework

First Report: September 2022

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Ministerial Foreword

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It gives me great pleasure to publish the first Healthy Ireland Outcomes Framework report. The Outcomes Framework underpins the continued implementation of the Healthy Ireland Framework 2013-2025. Healthy Ireland has made significant progress since it was launched in 2013.

Work has focused on building an enabling environment for cross-sectoral and collaborative action, supported by a stakeholder engagement and communications strategy. A suite of national policies and plans to address risk factors such as obesity, tobacco, alcohol misuse and physical inactivity has been published. Health and Wellbeing has also been integrated into health service development and reform to place a greater emphasis on prevention and keeping people well.

The Outcomes Framework is based on a conceptual model for health and wellbeing which incorporates health status, health outcomes and determinants of health and wellbeing across the life course. It acknowledges the interdependencies between what we are trying to achieve in health and other policy areas, such as education, employment, transport, environment, planning and social protection, where there are significant shared agendas.

The outcomes are supported by a range of indicators which work together to create an overall picture of national and societal health and wellbeing. For each indicator, an appropriate measure has been selected to allow progress to be tracked, in order to provide this holistic view of the impact of current policies.

The set of 41 indicators selected for inclusion in this framework is the result of a process that included many stakeholders, all of whom I would like to thank and acknowledge for their valued contribution. I am confident that the indicator set will serve as a strong instrument to provide an objective assessment of the impact of Healthy Ireland into the future. This indicator set also informs our partners, Government colleagues, and society of our key priorities for improving health and wellbeing, and will help to focus efforts to prioritise action.

Introduction

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025, is our National Framework for action to improve the health and wellbeing of people in Ireland.

Healthy Ireland recognises the requirement for a systemic, 'whole of Government' approach to addressing the social determinants and predictors of health and wellbeing, many of which are complex and fall outside the remit of the health sector - for example, housing, transport, education, the workplace and the environment, along with an individual's gender, ethnicity, age and socio-economic status.

The Healthy Ireland Framework was developed in response to a number of significant public health challenges. These include our ageing population, with which significant actual and predicted increases in levels of non-communicable disease can be correlated, and growing health inequalities. Since the publication of the Framework, the Covid-19 pandemic has increased pressures on the healthcare system, while the increases in the cost of living are also likely to impact health and wellbeing. The necessity of monitoring policy deficits and needs has never been greater.

The Health Service Capacity Review notes the ways in which health and wellbeing initiatives can impact on healthcare demands through reducing the incidence of many diseases, stating the "strong case for comprehensive strategies to improve the health and wellbeing of the population. Many of the illnesses of the 21st century are lifestyle related and can be prevented or their impacts may be mitigated by addressing risk factors, health behaviours and health inequalities".[1]

The Healthy Ireland Framework articulates four central goals for improved health and wellbeing, namely to:

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

The Healthy Ireland Strategic Action Plan, 2021-2025 builds on the progress made to date and focusses in on the remaining years of the Healthy Ireland Framework from 2021-2025, providing a clear roadmap of how we can continue to work together to bring about good health, access to services, healthy environments, promote resilience and ensure that everyone can enjoy physical and mental health and wellbeing to their full potential.

1. Department of Health, *Health Service Capacity Review* (DoH, 2018), https://www.gov.ie/en/publication/26df2d-health-service-capacity-review-2018/

An overview of the Healthy Ireland Outcomes Framework

The *Healthy Ireland Outcomes Framework*, published in late 2018, aims to monitor and drive the achievement of Healthy Ireland's targets and performance indicators. It provides a structured approach to report relevant data which can be used to build awareness of the social determinants of health, to support assessment of the impact of policies on the agreed outcomes, and to monitor the effectiveness of the Healthy Ireland Framework and other interconnected policies supporting health and wellbeing. It can also be said that the Outcomes Framework indirectly measures whether the well-being scenarios outlined in the *Health Service Capacity Review* are having the necessary effect.

It should be noted that the *Healthy Ireland Outcomes Framework* complements and will be an important input into the *Health System Performance Assessment (HSPA) Framework*. The latter will provide an overarching tool for assessing the overall performance of the health system with measurable and quantifiable outcome-based indicators which can be linked to relevant health policies, strategies and decision-making cycles. The HSPA Framework includes a total 260 indicators, specifically to:

- measure performance of the delivery system (health and social services);
- provide information (accountability) to the public regarding the effectiveness of policies and strategies of the DoH and HSE on overall population health; and
- monitor the progress of the Sláintecare reform programme.[2]

Phase 2 of the HSPA project, which focuses on operationalising and implementing the Framework in the health system, is currently ongoing and is expected to last 12 – 18 months.

There are also clear connections across all of the *Healthy Ireland Outcomes Framework* indicators with the *Well-being Framework for Ireland*, a Programme for Government commitment to develop a set of well-being indices to create a well-rounded, holistic view of how Irish society is faring. Specifically, the Outcomes Framework indicators can be mapped to at least eight of the eleven dimensions within the Well-being Framework, with the majority located in Mental and Physical Health, Knowledge, Skills and Innovation; and Environment, Climate and Biodiversity. Further information on the *Wellbeing Framework for Ireland* can be found in Appendix 2.

2. https://www.gov.ie/en/publication/6660a-health-system-performance-assessment-hspa-framework/

The *Healthy Ireland Outcomes Framework's* four high-level outcomes reflect the broad determinants of health and wellbeing across the life course:

1. Responsibility is shared in addressing the social determinants of health and wellbeing;
2. People of all ages and abilities participate in education, work, and leisure activities to their full potential;
3. Children are active and healthy, with positive physical and mental wellbeing;
4. We live longer healthier lives in safe, healthy environments in resilient communities.

The Outcomes Framework was developed through an iterative and consultative process involving a range of Government Departments and key stakeholder organisations. The original indicator selection process was informed by the concurrent development of a number of key policies, strategies and action plans, both those directly under the Healthy Ireland umbrella, and those of relevance to Healthy Ireland implementation but developed by other Government departments.

The process was also informed by the priorities of international agencies such as the EU Commission, the World Health Organization and the Organisation for Economic and Co-operation and Development and the United Nations, reflecting the UN Sustainable Development Goals and the WHO Global Monitoring Framework for the Prevention and Control of Non-communicable Diseases.

Recent developments and new indicators

The outcomes are supported by indicators grouped into three broad areas (Health Status, Health Outcomes and Social Determinants) to provide a holistic view of the impact of current policies. For each indicator an appropriate measure has been selected to allow progress and emerging trends to be tracked.

During the relatively short time period between the publication of the Outcomes Framework in 2018 and this initial report, there have been significant developments associated with the effects of the Covid-19 pandemic, the ever-increasing impact of climate change, the Ukraine crisis and increases in the cost of living.

Recognising the importance of these various challenges to health and wellbeing, and as part of the work to develop the *Healthy Ireland Strategic Action Plan*, additional indicators have been included, which will support an increased focus on the preventable causes of morbidity and mortality, health inequalities, awareness of population screening initiatives and monitoring of environmental issues.

Indicators meet the criteria for inclusion on the basis of:

- their use in the whole-of-government implementation of Healthy Ireland and linked policies;
- their use in policy development, implementation, evaluation and monitoring;
- their person centricity, applicability across the life course and relevance to health and wellbeing;
- their relevance to a wide audience regarding determinants such as education, lifestyle behaviours, economic opportunities, and health and environmental inequalities;
- their alignment with international measures such as the European Core Health Indicators, the World Health Organization's Global Monitoring Framework for the Prevention and Control of Noncommunicable Diseases, the WHO Health 2020 indicators and the UN Sustainable Development Goals.

The outcomes-based approach focuses on results achieved, supported by the range of indicators, which work together to create an overall picture of population health and wellbeing. Included are the most common risk factors for chronic disease (tobacco use, alcohol consumption, obesity and inactivity), mental health, educational and socio-economic factors impacting on inequalities, screening and childhood vaccination rates, preventable mortality and the impact of environmental factors. The indicators will be disaggregated where possible (and relevant) in terms of age, gender and socio-economic status.

The importance of considering the aggregate impact of these factors, and measuring progress made is underscored by the various impacts of the Covid-19 pandemic. It is now apparent that the risk factors for adverse outcomes from infectious disease may be broadly the same as those that predispose to chronic disease. Advice to NPHET from Ireland's Health Information Quality Authority (HIQA), based on a wide-ranging review of Covid-19 studies, notes that smoking, excessive alcohol consumption, obesity, inactivity and low Vitamin D levels are significant and modifiable risks for adverse outcomes from Covid-19.[3]

It is also clear that the restrictions imposed to limit infection rates and consequent morbidity and mortality had multiple and significant impacts on health and wellbeing, playing an essential role in protecting the healthcare system and the majority of the population from Covid-19 until vaccines could be administered. (As of May 2022, over 95% of the population aged 18 and over, 77% of 12-17 year olds and 22.8% of 5-12 year olds are fully vaccinated, with 74% of over 18s having

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received boosters).[4] A recent study, published in the Lancet, notes that Ireland had a lower excess mortality rate than most other countries in Europe[5], indicating the effectiveness of the approach taken on protecting lives.

However, while their positive effect is noted, the restrictions had myriad impacts on life in Ireland. Working lives were disrupted, with many out of work for long periods and many others working from home. School closures placed pressure on families and parents juggling work and remote learning. In-person social interaction was curtailed, and many work-related, recreational and sporting activities were no longer possible.

Significant behavioural changes also resulted, with 51% of *Healthy Ireland Survey* respondents reporting that they are either drinking more, smoking more, have gained weight or have experienced a decline in their mental health. These negative changes in behaviours and outcomes are not sustainable; people need to be encouraged and supported to make positive changes as we emerge from the pandemic.

The indirect impacts of recent geopolitical events, and their effects on health and wellbeing, must also be taken into account. The Ukraine crisis has resulted in significant displacement of people (a proportion are being welcomed to Ireland) and has exacerbated the increase in the cost of living due to the sharp rise in energy costs to which the crisis has led.

In summary, it is more important than ever to monitor key indicators of health and wellbeing, to ensure that policy implementation and supports offered are as effective as possible and that the impacts of socio-economic and environmental inequalities, some exacerbated by the impacts of the pandemic and inflation, are being appropriately mitigated.

This report collates data associated with 44 indicators under six headings: preventative measures, lifestyle and behaviour risks, mortality and morbidity, wellbeing, socio-economic and environmental factors, providing a summary and overview of factors influencing health and wellbeing in 2022.

3. https://www.hiqa.ie/sites/default/files/2021-08/Advice-to-NPHET_Interventions-to-prevent-COVID-19.pdf

4. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/vaccination/covid-19vaccinationuptakereports/COVID-19%2Vaccination%20Uptake%20in%20Ireland%20Weekly%20Report%20Week%2017%202022.pdf

5. Haidong Wang ... [et al], 'Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020–21', *Lancet* 2022; 399: 1513–36, https://doi.org/10.1016/S0140-6736(21)02796-3

Detailed Breakdown of the Healthy Ireland Outcomes Framework Indicators

Preventative Measures

The Department of Health is committed to protecting the nation's health and wellbeing through infectious disease control, screening programmes and immunisation.[6]

Vaccines represent one of the most effective and cost saving public health interventions, protecting people against serious and life-threatening infectious diseases, such as influenza (flu), diphtheria, tetanus, pertussis (whooping cough), measles, mumps, rubella, meningococcal disease and polio. As indicated above, Covid-19 vaccination greatly reduces the worst outcomes of this disease, while seasonal flu vaccination promotes good health during the annual winter flu season, protecting the most vulnerable in our society (and has also relieved the winter pressures being faced by the health service during the ongoing Covid-19 pandemic).

Provisional data indicates that national uptake rates for the influenza vaccine in those aged 65 years and older attending GP clinics and pharmacies is 75.1%, for the period September 2021 – June 2022. This demonstrates an increase in influenza vaccine uptake nationally in those aged 65 years and older attending GP clinics and pharmacies for vaccination, which was recorded at 70.5% during 2020 - 2021.

There is variation in vaccination coverage between age groups, with the highest uptake (86.8%) in those aged 75 years and older and the lowest uptake in those aged 65-69 years (58.7%).[7,8]. The flu vaccine is offered every year to healthcare workers in order to protect themselves, their patients and their families. During the Covid-19 pandemic, flu vaccination of healthcare workers was particularly important, to ensure that influenza wasn't spread to vulnerable patients. There is currently a HSE target of 75% flu vaccine uptake among healthcare workers.[9]

Under the childhood immunisation programme, all vaccines and their administration are provided free of charge for all children. Immunisation indicators in the Outcomes Framework report on uptake of the MMR and MenC vaccinations.

The National Screening Service (NSS) delivers four national population-based screening programmes, for cervical, breast and bowel cancer, and for detecting early-stage retinopathy in people living with diabetes.

There are almost two million individuals in Ireland who are eligible for at least one of the programmes. These programmes, working with patient, advocacy and wider stakeholder groups, aim to reduce morbidity and mortality in the population through early detection of disease and treatment.[10] The NSS runs extensive national public information campaigns to raise awareness and inform people of the benefits of regular screening and to encourage them to avail of the services.

The National Screening Advisory Committee (NSAC) was established in 2019. This independent expert group has a broad and diverse membership, including members representing the public voice. The Committee makes recommendations to the Minister for Health about new population-based programmes, or about modifications to existing programmes. NSAC considers and assesses evidence in a robust and transparent manner, and against internationally accepted criteria. Recently the Committee has decided to examine the evidence in relation to the further age expansion of the BreastCheck and BowelScreen programmes to ensure our screening programmes continue to develop in line with best international evidence.

Relevant Healthy Ireland strategic actions for 2021-2025 include improving public understanding, confidence and uptake of population-based screening programmes, and increasing the availability and uptake of immunisation programmes.

Breast Cancer Screening Rate

Breast cancer is the most common form of cancer in women. One in nine women will develop breast cancer at some point in their lives and one in 30 will die from the disease. Breast screening helps find cancer at an early stage; if found early, it is easier to treat and there is a better chance of recovery. BreastCheck invites women to a routine breast screening between the ages of 50 and 69 every two years. The target uptake rate in Ireland is 70%.[11] The most recent figures from BreastCheck indicate that the uptake of screening by eligible women decreased by 4.1% from a rate of 74.7% in 2015[12], to 71.6% in 2019.[13]

6. Department of Health, *Statement of Strategy 2021 – 2023* (DoH, 2021), https://www.gov.ie/en/organisation-information/0fd9c-department-of-health-statement-of-strategy-2021-2023/
7. https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/influenzaandadults65yearsandolder/Seasonal%20Flu%20Vaccination%20Uptake_65%20report_Sep18-Aug%2019.docx.pdf
8. https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/vaccination/Seasonal%20Flu%20Vacc%20Uptake_report_01%2009%202021%20-%2005%2006%202029_v1.0.pdf
9. https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/healthcare-workers/why-flu-vaccine-is-important-for-healthcare-workers.html
10. Health Service Executive, *National Service Plan 2022* (HSE, 2022), https://www.hse.ie/eng/services/publications/serviceplans/hse-national-service-plan-2022.pdf
11. Department of Health, *NHQRS Annual Report 2020* (DoH, 2020), https://www.gov.ie/en/collection/5fd4f6-national-healthcare-quality-reporting-system-reports/#2020
12. BreastCheck, *BreastCheck Programme Report 2015/16* (BreastCheck, 2017), https://www.breastcheck.ie/sites/default/files/bcheck/documents/bc_programme_report_2015-2016.pdf
13. BreastCheck, *BreastCheck Programme Report 2018/19* (BreastCheck, 2020?), https://www.breastcheck.ie/sites/default/files/bcheck/documents/BC-PR-PM-12-Rev0-BreastCheck-Programme-Report_2018_and_2019.pdf

MMR vaccine is given to babies at 12 months of age; children should get a second dose at 4-5 years of age. Over 99% of those who have two doses of the vaccine will be protected against measles and rubella.

Cervical Cancer Screening Rate

Every year in Ireland, approximately 300 women are diagnosed with cervical cancer and almost 90 women die of cervical cancer. Approximately 150 women with cervical cancer are diagnosed in screening. Cervical cancer is the second most common cause of death due to cancer in women aged 25 to 39 years.

Cervical cells change slowly and take many years to develop into cancer cells, making cervical cancer a largely preventable disease. Attending regular cervical screening is one of the best ways to protect oneself from cervical cancer. In Ireland, cervical screening is offered to women and people with a cervix aged 25 to 65 years old. Routine screening is every 3 or 5 years (depending on age cohort) and is recommended for women whose previous cervical screening test results have not, to date, detected an abnormality. The uptake of cervical cancer screening in Ireland in comparison to the EU is in the higher range.[14] The goal of 80% coverage was achieved in at the end of the period 2012-2017 and has since decreased slightly.

In March 2020, CervicalCheck made the technical transition to HPV cervical screening. This move means that Ireland has joined a small group of nations that employs the best-in-class testing to screen their populations for cervical cancer. HPV cervical screening is a more advanced way of screening for cervical cancer and is seen as the best way to reduce a person's risk of developing cervical cancer, prevents more cancers and means some people will need fewer tests.

The NSS are currently collaborating with stakeholders to develop a model and target to bring Ireland closer to realising the aim of the elimination of cervical cancer.

Bowel Cancer Screening Rate

Colorectal cancer, also known as bowel cancer, is a general term for cancer that begins in the large intestine (colon). In Ireland, bowel cancer is the third most common type of cancer, with an estimated 2,270 new cases diagnosed each year. Men and women aged 60 to 69 years can avail of BowelScreen, Ireland's national bowel screening programme. In line with the Programme for Government, BowelScreen are currently planning to expand the eligibility age range to those between 55 and 74 years, on a phased basis. Routine screening every two years is recommended. BowelScreen aims to reach a target five-year coverage of 50%.[15] From 2019 to 2020, the proportion of those eligible who availed of bowel screening decreased by 3.1%, from 51% in 2019, to 49.4% in 2020.

(MMR) Immunisation Rate

The MMR vaccine protects against three infections; measles, mumps and rubella. It is a live vaccine which means it contains weakened forms of the measles, mumps and rubella viruses. Two doses of MMR vaccine are required to give the best protection. MMR vaccine is given to babies at 12 months of age; children should get a second dose at 4-5 years of age. Over 99% of those who have two doses of the vaccine will be protected against measles and rubella.

Although mumps protection is slightly lower, cases in vaccinated people are much less severe.[16]

Targets have been set by the WHO and by many national governments, including Ireland, to achieve childhood vaccination rates of 95%. The percentage of children in Ireland who had received their first MMR dose by 24 months decreased by 0.4% between 2017 and 2020, from 92.2% to 91.8%. An analysis of data from the first wave of the Growing Up in Ireland survey (a nationally representative survey of the carers of over 11,000 nine-month-old babies collected in 2008 and 2009) found that vaccination was less likely in lower income than in higher income households, and that access to publicly funded services was an important factor in explaining inequalities.[16]

Meningitis C Immunisation Rate

Meningococcal disease is a serious illness caused by the bacteria Neisseria meningitidis. This bacterial infection can cause meningitis (inflammation of the lining around the brain) and septicaemia (blood poisoning). Meningococcal C disease is prevented by vaccination. All babies will now get the MenC vaccine at 6 months of age, with a further dose given at 13 months. A MenC booster dose is given in First Year of post-primary school to provide extra protection for teenagers and young adults.

Between 2017 and 2020, the percentage of children of 24 months of age who have received the second dose of MenC vaccine decreased by 1.5%, from 87.1% in 2017 to 85.8% in 2020. Childhood vaccination was mildly impacted by the Covid-19 pandemic with some parents reluctant to bring children to attend GP clinics for immunisation. The National Immunisation Office (NIO) expects a drop of less than 5% as a direct result of the pandemic.

14. OECD/European Union, *Health at a Glance: Europe 2018: State of Health in the EU Cycle* (OECD, 2018), https://doi.org/10.1787/health_glance_eur-2018-en

15. Department of Health, *NHQRS Annual Report 2020* (DoH, 2020), https://www.gov.ie/en/collection/5fd4f6-national-healthcare-quality-reporting-system-reports/#2020

16. E. Doherty, B. Walsh, C. O'Neill, 'Decomposing socioeconomic inequality in child vaccination: results from Ireland', *Vaccine*, 32(27) (2014), 3438-44. doi: 10.1016/j.vaccine.2014.03.084

1. Breast Cancer Screening Rate

Indicator	Baseline	Most Recent	Change	Source
Uptake of screening by women eligible for BreastCheck (aged 50-69)	74.7 % (2015)	71.6% (2019)	Decreased 4.1%	BreastCheck Programme Reports

This indicator measures the percentage uptake of breast screening by eligible women in the population. Screening for cancer helps prevent significant illness and death by detecting cancer at an earlier and therefore more treatable stage. "BreastCheck" invites women between the ages of 50 and 69 years for a mammogram every two years. The national target for breast cancer screening uptake is 78% by 2025.

Rates of uptake of Breast Cancer Screening in Ireland was in the top five within the EU in 2017.[17] At present for every 1,000 women who are screened, six are identified as having breast cancer.

HI Strategic Action Plan Objectives

1.14 Improve public understanding, confidence and uptake of population-based screening programmes.

Relevant SDG Indicator	**SDG 3.4.1** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.

17. https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20200109-1

2. Cervical Cancer Screening Rate

Indicator	Baseline	Most Recent	Change	Source
Uptake of screening by women eligible for Cervical Check	80.2% (2018)[18]	77.8% (2020)[19]	Decreased 3%	CervicalCheck Programme Report; NHQRS Annual Report

This indicator measures the cancer screening rates for cervical cancer, i.e. the proportion of the eligible population in Ireland who had a satisfactory smear test within a five-year time period. Cervical cells change slowly and take many years to develop into cancer cells, making cervical cancer a preventable disease. Having regular smear tests to pick up any early precancerous changes can significantly reduce the risk of cervical cancer. *The national target for cervical cancer screening uptake is 80% by 2025.*

The uptake of cervical cancer screening in Ireland in comparison to the EU is in the higher range.[20] The goal of 80% coverage was achieved in at the end of the period 2012-2017 and has since decreased slightly.

Relevant HI Strategic Action Plan Objectives

1.14 Improve public understanding, confidence and uptake of population-based screening programmes.

Relevant SDG Indicator	**SDG 3.4.1** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.

18. National Screening Service, *CervicalCheck Programme Report 2016-2017* (NSS, 2018?), https://www.screeningservice.ie/publications/CervicalCheck_Programme_Report_2016-2017.pdf
19. Department of Health, *NHQRS Annual Report 2020* (DoH, 2020), https://www.gov.ie/en/collection/5fd4f6-national-healthcare-quality-reporting-system-reports/#2020
20. OECD/European Union, *Health at a Glance: Europe 2018: State of Health in the EU Cycle* (OECD/EU, 2018), https://doi.org/10.1787/health_glance_eur-2018-en

3. Bowel Cancer Screening Rate

Indicator	Baseline	Most Recent	Change	Source
Proportion of the eligible population in Ireland who have availed of a bowel screen within a two-year time period.	51 % (2019)	49.4% (2020)	Decreased 3.1%	NHQRS Annual Report

From 2019 to 2020, the proportion of those eligible who availed of bowel screening decreased by 3.1%, from 51% in 2019, to 49.4% in 2020. *BowelScreen aims to reach a target five-year coverage of 50%.*

Relevant HI Strategic Action Plan Objectives

1.14 Improve public understanding, confidence and uptake of population-based screening programmes.

Relevant SDG Indicator	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

4. MMR Immunisation Rate

Indicator	Baseline	Most Recent	Change	Source
% children of 24 months of age who have received the first dose of MMR vaccine	92.2% (2017)	91.8% (2020)	Decreased 0.4%	Health Protection Surveillance Centre[21]

This indicator measures the percentage of children 24 months of age who have received the first dose of the MMR (measles, mumps and rubella) vaccine. Immunisation is one of the most powerful and cost effective forms of primary prevention. Two doses of MMR vaccine are given, the first dose at 12 months and the second dose at 4–5 years of age, once they have entered primary school. *The national target for MMR vaccine uptake is 95%.*

Between 2017 and 2020 there was a 0.4% decrease from 92.2% to 91.8% in the percentage children of 24 months of age who have received the first dose of MMR vaccine.

Relevant HI Strategic Action Plan Objectives

1.13 Increase the availability and uptake of immunisation programmes.

Relevant SDG Indicator	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

21. https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/immunisationuptakestatisticsat12and24monthsofage/annualreports/

5. Men C Immunisation Rate				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
% children of 24 months of age who have received the second dose of MenC vaccine	87.1% (2017)	85.8 % (2020)	Decreased 1.5%	Health Protection Surveillance Centre

This indicator measures the percentage of children 24 months of age who have received the second dose of the Men C (Meningitis C) vaccine. Men C is an infectious bacterium that can cause meningitis or septicaemia (blood infection), or both. The current vaccine schedule in Ireland is two doses of Men C vaccine at 6 months and 13 months of age.[22] *The national target for MenC vaccine uptake is 95%.*

Between 2017 and 2020, the percentage of children of 24 months of age who have received the second dose of MenC vaccine decreased by 1.3%, from 87.1% in 2017 to 85.8% in 2020.

Relevant HI Strategic Action Plan Objectives

1.13 Increase the availability and uptake of immunisation programmes.

Relevant SDG Indicator	**SDG 3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

22. Prior to 2017 the dosing schedule was three doses of Men C vaccine at 4 months, 6 months and 13 months of age.

Lifestyle and Behaviour Risks

Although the focus of health services for the last year has been on the impact of the Covid-19 pandemic, lifestyle factors such as smoking, drinking, inactivity and obesity have the potential to reverse many of the health gains achieved in recent years.[23]

These risk factors, along with low Vitamin D levels, have, as previously mentioned, been flagged as modifiable risk factors for adverse outcomes from Covid-19 (and possibly other infectious diseases also).

The 2021 *Healthy Ireland Survey*[24] reports that smoking rates increased slightly from 2019 to 2021 (although prior to the pandemic, smoking rates had been in steady decline for a number of years). The survey also reports that rates of alcohol consumption and binge drinking had reduced. However, the long-term sustainability of these changes remains to be seen, once hospitality and the night-time economy fully re-open.

The impacts on diet, nutrition and weight are significant, with more people reporting gaining weight than losing it, and those gaining weight also more likely to report a clustering of unhealthy behaviours. Overall, 51% report pandemic effects in terms of either drinking more, smoking more, weight gain and /or a decline in their mental health as a result of the necessary Covid-19 restrictions.

These negative changes in behaviours and outcomes are not sustainable; people need encouragement and support to make positive changes as we emerge from the pandemic. Achieving these changes will be challenging, although many are expressing a desire to make improvements. A priority focus area for Healthy Ireland from 2021–2023 is ongoing engagement with partners to implement public engagement messaging targeting these key lifestyle behaviours.

Overweight and Obesity

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. The issue has grown to epidemic proportions, with over 4 million people dying each year as a result of being overweight or obese in 2017 according to the Global Burden of Disease (GBD). From 1975 to 2016, the prevalence of overweight or obese children and adolescents aged 5–19 years increased more than four-fold from 4% to 18% globally.[25]

23. Department of Health, *Health in Ireland: Key Trends 2021* (DoH, 2021), https://www.gov.ie/en/publication/350b7-health-in-ireland-key-trends-2021/
24. https://www.gov.ie/en/policy-information/706608-healthy-ireland-policies/#the-healthy-ireland-survey
25. https://www.who.int/health-topics/obesity

A recent WHO report finds that Ireland ranks ninth of 53 European countries for obesity in adults and 11th for overweight and obesity. Irish five- to nine-year-olds rank ninth for overweight and obesity while 10- to 19-year-olds rank tenth.[26] The last wave of the *Healthy Ireland Survey* (2019) to measure overweight and obesity found that 37% [of those surveyed] have a normal weight, 37% are overweight and 23% are obese. Results of the Survey indicated that:

- While men are more likely than women to be overweight or obese (66% and 55% respectively), there was a decline in the proportion of men that are overweight or obese (from 70% in 2017 to 66% in 2019).
- The rise of overweight and obesity in women is of particular concern. It can be noted that during the pandemic (the period covered in the 2021 Survey) almost 3 out of 10 people (29%) reported that their weight had increased, and that weight increases were reported most often by women over 30 and by mothers. According to the WHO, more than 20% of women in Ireland are estimated to have obesity when they become pregnant, with rates higher among women from poorer backgrounds.[27]
- While the proportion of the population reporting a normal weight declines with age, the proportion that is overweight or obese rises with age. Among those aged between 15 and 24, the 2019 *Healthy Ireland Survey* found that 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 was no difference between the proportions of men and women that have a normal weight (65%), however among older age groups there was a persistent difference between both sexes. For example, 47% of women aged between 25 and 34 had a normal weight, compared with 34% of men. Among those aged 75 and older, women were 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.

Ireland's Obesity Policy and Action Plan, *"A Healthy Weight for Ireland"*, aims to reverse obesity trends, prevent health complications and reduce the overall burden of obesity, recognising it as a complex, multi-faceted problem requiring a multi-pronged solution. Childhood obesity is a key priority under the Policy, as is reducing the inequalities seen in obesity rates, i.e. where children (and adults) from lower socioeconomic groups have higher levels of obesity.

A recent WHO report finds that Ireland ranks ninth of 53 European countries for obesity in adults and 11th for overweight and obesity.

26. WHO Regional Office for Europe, *WHO European Regional Obesity Report 2022* (WHO, 2022), https://apps.who.int/iris/handle/10665/353747

27. Ibid.

Physical Activity Levels

Healthy Ireland seeks to promote increased physical activity levels across the population. The *National Physical Activity Plan* (NPAP) aims to provide a strong focus for modifying unhealthy lifestyle habits and promoting awareness of the benefits of physical activity, not just in relation to health, but in a wider socio-economic context.

Some groups of people living in Ireland may face different barriers to accessing opportunities to be physically active. People experiencing social or economic disadvantage are often the least active or the most sedentary and may experience other health risks due to their diets, social connectedness or other behaviours. Targeted interventions such as the Sláintecare Healthy Communities Programme are addressing such barriers to health and wellbeing and physical activity participation.

Healthy Ireland Survey trends show that the percentage of the population meeting or exceeding the National Physical Activity Guidelines increased from 44% in 2015, to 46% in 2019. The *Healthy Ireland Survey* records all forms of activity, including occupational activity and active travel in addition to sport and recreational activity.[28] The Survey data also notes a significant gender gap, with 54% of men, but only 38% of women, meeting the National Physical Activity Guidelines.

The Irish Sports Monitor, which measures sport and recreational activity, tracked individual activity levels at various points during the Covid-19 pandemic. Participation in individual forms of physical activity (walking, outdoor swimming, running, cycling) during the initial period of restrictions (March-May 2020), rose markedly to 51%. Levels had decreased to 42% by the summer of 2021, as restrictions were eased, however, this level is still in excess of levels recorded prior to the pandemic in 2019 (34%).

Current Smoking Rate

Much progress has been made in tackling smoking in Ireland, however there is a continuing toll of smoking-related disease and there is still much to do, especially for population groups with higher past or present smoking rates; furthermore, the incidence of smoking is changing and the context becoming more complex. Achieving each incremental step in the decline in smoking has become more and more challenging.[29]

Healthy Ireland Survey trends show a 10% reduction between 2018 and 2021 in the proportion of the adult population who smoke daily or occasionally, from 20% in 2018 to 18% in 2021. This figure was 17% in 2019. It is yet to be seen whether the downward trend in smoking rates observed over the life cycle of the Survey have temporarily halted at 17%-18% due to Covid-19 restrictions, and whether this downward trend continues as most aspects of life return to relative normality in 2021and 2022.

It can also be noted that smoking in 25-34 year-olds has declined by 23.1%, from 26% to 20% since 2019, while 45-54 year-olds now have the highest prevalence of smoking (24%). Four percent of the population have used e-cigarettes, with those aged under 25 most likely to have used them.

Alcohol Consumption

Alcohol affects your body and brain, increases many health risks and can damage your mental health. Alcohol consumption and harmful patterns of drinking not only include negative effects on the health of drinkers, but also cause harm to families and society as a whole.

Recent Irish alcohol legislation, the *Public Health Alcohol Act 2018*, seeks to address the negative impacts of consumption on public health grounds, and includes provisions for minimum unit pricing, structural separation, health labelling on products that contain alcohol, restrictions on the advertising and marketing of alcohol, the regulation of sports sponsorship and restrictions on certain promotional activities. It is part of a suite of measures designed to reduce alcohol consumption and limit the damage to the nation's health, society and economy.

Healthy Ireland Survey trends show a significant reduction of 40.5% in the prevalence of heavy episodic drinking (defined as drinking 6 or more standard drinks in a single drinking occasion) from 37% in 2018, to 22% in 2021. However, the long-term sustainability of these changes remains to be seen, as hospitality and the night-time economy fully re-open; it should be noted that the fieldwork for the 2021 Survey was undertaken from October 2020 to April 2021, an interval in which Level 3-5 Covid 19 restrictions were in place for much of the time.[30] The results from the 2022 and subsequent Surveys will be informative as to what proportion of this change was due to temporary barriers to social activity. Healthy Ireland will continue to monitor trends in alcohol consumption in subsequent Surveys.

Healthy Ireland Survey trends show a reduction of 40.5% in the prevalence of heavy episodic drinking (defined as drinking 6 or more standard drinks in a single drinking occasion) from 37% in 2018, to 22% in 2021. However, the magnitude of this change is very unlikely to be maintained, as this research was largely conducted during Levels 3-5 Covid-19 restrictions.

28. https://www.sportireland.ie/Research/Covid-19-Research
29. A. Sheridan … *[et al]. Adult Smoking in Ireland: A Special Analysis of the Healthy Ireland Survey and the Irish Longitudinal Study on Ageing (TILDA)* (HSE, 2018), https://www.hse.ie/eng/about/who/tobaccocontrol/tobaccofreeireland/adult-smoking-in-ireland.pdf
30. Level 3-5 Covid-19 restrictions affecting pubs, bars, cafes and restaurants involved a range of curbs up to and including no indoor service/dining; outdoor service/dining only (max. 15 people); takeaway/delivery only.

Research indicates that improving our breastfeeding rates will contribute to improvements in child and maternal health, and reductions in childhood obesity and chronic diseases.

Breastfeeding Rates

Breastfeeding gives a child the optimum start in life. It is important for normal growth and development, it provides nourishment and health protection, it strengthens bonding and nurturing between mother and infant, and promotes infant mental health. Research indicates that improving our breastfeeding rates will contribute to improvements in child and maternal health, and reductions in childhood obesity and chronic diseases.[31]

The *Healthy Ireland Framework* and the HSE *Healthy Ireland in the Health Services Implementation Plan* seek to improve the health and well-being of the population by increasing the proportion of the population that are healthy at all stages of life and reducing health inequalities. The promotion, support and protection of breastfeeding is a key element of the HSE *Healthy Childhood Policy Priority Programme* and the *Nurture – Infant Health and Wellbeing Programme*.

Breastfeeding initiatives are also reflected in the *Creating a Better Future Together National Maternity Strategy 2016-2026* (DoH, 2016); *Better Outcomes, Brighter Future: The National Policy Framework for Children and Young People 2014-2020* (DCYA, 2014); and *A Healthy Weight for Ireland Obesity Policy and Action Plan 2016–2025* (DoH, 2016) supports the implementation of the *Breastfeeding Action Plan 2016 – 2021*.

The *Breastfeeding Action Plan 2016 – 2021* sets out the priority areas to be addressed to improve breastfeeding supports, to enable more mothers in Ireland to breastfeed and to improve health outcomes for mothers and children in Ireland. The overall breastfeeding targets to be achieved are: 1) an annual 2% increase in breastfeeding duration rates between 2016 and 2021 (exclusive and non-exclusive) and; 2) 100% of Hospital Groups and Community HealthCare Organisations implementing standardised breastfeeding policies. Due to the impact of the Covid-19 pandemic on the delivery of some actions, the HSE will extend the implementation of the breastfeeding action plan into 2023 and continue to work on the outstanding priority actions.

The percentage of mothers breastfeeding at 1st PHN visit (exclusive and non-exclusive) in 2018 was 56%. This increased by 3.4% to 57.9% in 2019.

Condom Use (young people)

Sexual activity is an important component of physical and mental health and wellbeing. Norms, behaviours and practices around sexual activity begin to be established during adolescence. The provision of appropriate sexual health education and information is a key facilitator of positive sexual health behaviours and relationships throughout the life course.

Recent research from a joint ESRI/HSE Health and Wellbeing research programme (reporting on data from the 1998 cohort of Growing Up in Ireland / GUI) found that for those that are sexually active, just under 80% of young people reported 'always' using contraception, 56% reported using a condom 'all the time', and that there was little variation in these proportions by individual, school or peer group characteristics.[32]

The most recent HBSC figures show that the percentage of young people (age 15-17 and age 17-24) who report ever having sex and using a condom on last occasion of sex decreased from 73% in 2014 to 64% in 2018. However, that may also reflect, in part, the growing popularity of other, newer methods of contraception.

Screen Time (young people)

Not only are young people increasingly active online, but they are also starting to use the Internet at younger ages. UK figures show that in 2020, nearly all children aged 5-15 went online. Laptops, tablets and mobiles were the most used devices for going online, used by seven in ten of these children. Just over eight in ten children aged 3-4 went online in 2020 (82%). Tablets were the key device for pre-schoolers: two thirds of 3–4-year-olds used them to go online (67%), while around half owned one themselves (48%).[33]

31. Health Service Executive, *Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 – 2021* (HSE, 2016), https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/breastfeeding-in-a-healthy-ireland.pdf

32. A. Nolan, E. Smyth, *Talking about sex and sexual behaviour of young people in Ireland* (ESRI, 2020), https://www.esri.ie/publications/talking-about-sex-and-sexual-behaviour-of-young-people-in-ireland

33. Ofcom, *Children and parents: media use and attitudes report 2020/21* (Ofcom, 2021), https://www.ofcom.org.uk/__data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf

A recent ESRI / GUI survey on the experiences of children and young people in Ireland during the pandemic found that sizeable proportions (circa 50-65%) of both 12-year-olds and 22-year-olds reported increases in informal screen time.[34]

However, the OECD[35] notes the lack of causal evidence linking screen time to negative child health, and that scientific research currently:

- is not conclusive enough to support evidence-based guidelines on optimal amounts of screen use or online activities and;
- does not provide evidence of a causal relationship between screen-based activities and mental health problems, although some associations between screen-based activities and anxiety or depression have been found.

Evidence-based guidelines from the UK[36] pose the following four questions to be used by families to examine how they use screens. If families are satisfied with their responses, it is likely they are doing well regarding screen time.

1. Is screen time in your household controlled?
2. Does screen use interfere with what your family wants to do?
3. Does screen use interfere with sleep?
4. Are you able to control snacking during screen time?

The guidelines include a set of recommendations on how families can reduce screen time, if necessary. These include protecting sleep, prioritising face-to-face interaction and being aware of parents' media use, as children tend to learn by example. These and many other factors are seen to be more important than taking a hard line over screen time limits to ensure the best start in life.

The most recent figures from PISA on screen time show that the percentage of students (age 15) using the Internet for more than six hours per day outside of school, during the school day, increased significantly between 2015 and 2018, rising from 13.6% to 20.1%.

34. ESRI, *Growing up in Ireland: special Covid-19 survey* (GUI/ESRI, 2021), https://www.growingup.ie/pubs/Covid-KF_Web-ready.pdf
35. OECD, *What do we know about children and technology?* (OECD, 2019), https://www.oecd.org/education/ceri/Booklet-21st-century-children.pdf
36. Royal College of Paediatrics and Child Health, *The health impacts of screen time - a guide for clinicians and parents* (RCPCH, 2019), https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents

Illicit Drug (Cannabis) Use

Cannabis use can have harmful effects on cognitive development and mental health, especially among young people.[37] Preventing drug use among children and young people, and reducing the associated harms, is a strategic priority in the *National Drugs Strategy*. This indicator measures the prevalence of cannabis use in the past year among individuals aged 15+. T*he National Drug and Alcohol Survey 2019-20*[38] found that recent (last year) use of cannabis was reported by 5.9% of the adult population (7.1% among 15–64-year-olds) and was higher among males (8.2%) than females (3.6%). Of the general population, 45,000 met the criteria for cannabis use disorder. This corresponds to 19.6% of those who reported last year cannabis use.

With regard to cannabis use by children, the HBSC 2018 Survey reports statistically significant differences by gender and age group. Overall, 8% of boys and 6% of girls report cannabis use in the past 12 months. Younger children are less likely to report usage in the last 12 months than older children. There are no statistically significant differences across social class groups.[39]

37. College of Psychiatrists of Ireland, *The Effects of Cannabis on Mental Health: Information Sheet for Professionals* (CPI, 2020), https://www.irishpsychiatry.ie external-affairs-policy/public-information/effects-of-cannabis-on-mental-health/the-effects-of-cannabis-on-mental-health/
38. D. Mongan, S.R. Millar, and B. Galvin, *The 2019–20 Irish National Drug and Alcohol Survey: Main findings* (HRB, 2021), https://www.hrb.ie/publications/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings/returnPage/1/
39. Department of Health, *Irish Health Behaviour in School-aged Children Study 2018* (DoH, 2020), https://www.gov.ie/en/publication/dc26c4-irish-health-behaviour-in-school-aged-children-study-2018/

Preventing drug use among children and young people, and reducing the associated harms, is a strategic priority in the National Drugs Strategy.

6. Overweight and Obesity (BMI)

Indicator	Baseline	Most Recent	Change	Source
Number of adults overweight or obese	39% overweight, 23% obese (2017)	37% overweight, 23% obese (2019)	Decreased 5.1% overweight, no change obese	Healthy Ireland Survey

This indicator measures the proportion of adults who are overweight (BMI ≥ 25 kg/m2) or obese (BMI ≥ 30 kg/m^2). Excessive body weight predisposes individuals to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, sleep apnoea and osteoarthritis. Many of the risks diminish with weight loss. *The target for obesity is to achieve a decline in prevalence over the next 10 years.*

The number of adults overweight or obese was in 2017 was 39% overweight and an additional 23% obese. The percentage of overweight adults decreased in 2019 to 37% overweight, while there was no change in the obesity rate.

Relevant HI Strategic Action Plan Objectives

1.7 Refresh and support implementation of A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025.

6.5 Review, evaluate and implement changes to our obesity and smoking policy suite to address the inequalities as defined by the Equal Status Act.

Relevant SDG Indicator	**SDG 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

7. Physical Activity Levels

Indicator	Baseline	Most Recent	Change	Source
Percentage of the population meeting or exceeding the National PA Guidelines.	44% (2015)	46% (2019)	Increased 4.5%	Healthy Ireland Survey

This indicator measures the percentages of adults and children meeting physical activity guidelines. Relative physical inactivity, usually together with unhealthy food habits, is associated with the development of many of the major non communicable diseases in society, such as cardiovascular disease.

The percentage of the population meeting or exceeding the National PA Guidelines was 44% in 2015, and increased to 46% in 2019. The Survey data also notes a significant gender gap, with 54% of men, but only 38% of women, meeting the National Physical Activity Guidelines.

Relevant HI Strategic Action Plan Objectives

1.10 Refresh and oversee implementation of Get Ireland Active, the National Physical Activity Plan for Ireland.

2.1 Continue the successful partnership with the Department of Education to further align policy and initiatives in schools with Healthy Ireland policy and support the development of curricula that include, for example, physical education and relationship and sexual education.

Relevant SDG Indicator	**SDG 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

8. Current Smoking Rate

Indicator	Baseline	Most Recent	Change	Source
Proportion of the adult population who smoke daily or occasionally	17% (2019)	18% (2021)	Marginal increase, not statistically significant	Healthy Ireland Survey

This indicator measures the proportion of people who smoke daily or occasionally. Tobacco use is the leading cause of preventable death and disease in society. It is a major risk factor for diseases of the heart and blood vessels, chronic bronchitis and emphysema, cancers and other diseases. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the occurrence of smoking in the population.

It is yet to be seen whether the downward trend in smoking rates observed over the life cycle of the *Healthy Ireland Survey* have temporarily halted at 17%-18% due to Covid-19 restrictions, and whether the downward trend continues as most aspects of life return to relative normality in 2021 and 2022.

Relevant HI Strategic Action Plan Objectives

1.9 Promote and oversee implementation of the Tobacco Free Ireland Policy.

6.5 Review, evaluate and implement changes to our obesity and smoking policy suite to address the inequalities as defined by the Equal Status Act.

Relevant SDG Indicator	**SDG 3.a** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

9. Alcohol Consumption

Indicator	Baseline	Most Recent	Change	Source
Prevalence of heavy episodic drinking, defined as drinking 6 or more standard drinks in a single drinking occasion	37% (2018)	22% (2021)	Decreased 40.5%	Healthy Ireland Survey

This indicator measures age standardised prevalence of heavy episodic drinking, defined as drinking 6 or more standard drinks in a single drinking occasion. Alcohol consumption is an important determinant of health and wellbeing. Overall, there are causal relationships between alcohol consumption and over 60 types of disease and injury.

The prevalence of heavy episodic drinking (defined as drinking 6 or more standard drinks in a single drinking occasion) was 37% in 2018, and decreased by 40.5% to 22% in 2021.

Relevant HI Strategic Action Plan Objectives

1.8 Refresh and oversee implementation of the Healthy Ireland Alcohol Policy to reduce harm and support recovery.

2.1.6 Implement the Public Health (Alcohol) Act and commitment to introducing minimum unit pricing in consultation with Northern Ireland.

Relevant SDG Indicator	**SDG 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

10. Breastfeeding Rates

Indicator	Baseline	Most Recent	Change	Source
Breastfeeding at 1st PHN visit (exclusive and non-exclusive)	56% (2018)	57.9% (2019)	Increased 3.4%	HSE National Breastfeeding Implementation Group Annual Report

This indicator measures breastfeeding percentage rates (exclusively and non exclusively) at first Public Health Nurse visit and at the Public Health Nurse follow up visit at three months. Breastfeeding gives a child the optimum start in life. Research indicates that improving our breastfeeding rates will contribute to improvements in child and maternal health, and reductions in childhood obesity and chronic diseases.[40]

The percentage of mothers breastfeeding at 1st PHN visit (exclusive and non-exclusive) in 2018 was 56%. This increased by 3.4% to 57.9% in 2019.

Relevant HI Strategic Action Plan Objectives

4.1.5 Promote an increase in the number of new mothers breastfeeding, through the implementation of the Breastfeeding in a Healthy Ireland: Health Service Breastfeeding Action Plan 2016 – 2021, including increasing support in maternity hospitals and primary care centres, through access to lactation specialists and public health nurses.

Relevant SDG Indicator	**SDG 2** End hunger, achieve food security and improved nutrition and promote sustainable agriculture **SDG 3** Ensure healthy lives and promote well-being for all at all ages

40. Health Service Executive, *Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 – 2021* (HSE, 2016), https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/breastfeeding-in-a-healthy-ireland.pdf

11. Condom use (young people)

Indicator	Baseline	Most Recent	Change	Source
Percentage of young people (age 15-17 and age 17-24) who report ever having sex and using a condom on last occasion of sex	73% (2014)	64% (2018)	Decreased 12.3%	Health Behaviour in School-Aged Children

This indicator measures the percentage of young people (age 15–17 and age 17–24) who report ever having sex and using a condom on last occasion of sex. Condom use prevents Sexually Transmitted Infections and crisis pregnancy. The practice of safe sex by young people indicates the impact of education programmes and the accessibility of contraception.

The percentage of young people (age 15-17 and age 17-24) who report ever having sex and using a condom on last occasion of sex decreased from 73% in 2014 to 64% in 2018.

Relevant HI Strategic Action Plan Objectives

2.1 Continue the successful partnership with the Department of Education to further align policy and initiatives in schools with Healthy Ireland policy and support the development of curricula that include, for example, physical education and relationship and sexual education.

Relevant SDG Indicator	**SDG 3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

12. Screen time (young people)

Indicator	Baseline	Most Recent	Change	Source
Percentage of students (age 15) using the Internet for more than six hours per day outside of school, during school days.	13.6% (2015)	20.1% (2018) NYU - PISA 2022 will be the next assessment	Increased 47.8%	Programme for International Student Assessment

This indicator measures the percentage of students (age 15) using the internet for more than six hours per day outside of school, during school days. Problematic screen time of more than six hours a day outside of school increases sedentary behaviour which can cause overweight and obesity, sleep problems, musculoskeletal pain and depression.

BOBF notes that the Government recognises the increasing prominence of technology in children's and young people's lives and its role in forming and maintaining friendships. It also recognises the importance of opportunities to be active and live healthy lives.

The percentage of students (age 15) using the Internet for more than six hours per day outside of school, during the school day, increased significantly between 2015 and 2018, rising from 13.6% in 2015 to 20.1% in 2018.

Relevant HI Strategic Action Plan Objectives

2.1 Continue the successful partnership with the Department of Education to further align policy and initiatives in schools with Healthy Ireland policy and support the development of curricula that include, for example, physical education and relationship and sexual education.

Relevant SDG Indicator None

13. Illicit Drug Use

Indicator	Baseline	Most Recent	Change	Source
The prevalence of illicit drug (cannabis) use in the past year among individuals aged 15+	6.5% (2016)	5.9% (2021)	Decreased 9.2%	National Drug and Alcohol Survey (HRB; every 4 years)

Cannabis use can have harmful effects on cognitive development and mental health, especially among young people.[41] Preventing drug use among children and young people and reducing the associated harms, is a strategic priority in the national drugs strategy. This indicator measures the prevalence of cannabis use in the past year among individuals aged 15+.

The *National Drug and Alcohol Survey 2019-20*[42] found that recent (last year) use of cannabis was reported by 5.9% of the adult population (7.1% among 15–64-year-olds) and was higher among males (8.2%) than females (3.6%).

Relevant HI Strategic Action Plan Objectives

2.16.1 Implement the National Drugs Strategy

Relevant SDG Indicator **SDG 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

41. College of Psychiatrists of Ireland, *The Effects of Cannabis on Mental Health: Information Sheet for Professionals* (CPI, 2020), https://www.irishpsychiatry.ie/external-affairs-policy/public-information/effects-of-cannabis-on-mental-health/the-effects-of-cannabis-on-mental-health/
42. D. Mongan, S.R. Millar, and B. Galvin, *The 2019–20 Irish National Drug and Alcohol Survey: Main findings* (HRB, 2021), https://www.hrb.ie/publications/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings/returnPage/1/

Mortality and Morbidity

Life expectancy in Ireland is continuing to increase, currently standing at 84.7 years for women and 80.8 years for men.[43]

The gap between men and women in this respect has narrowed in the past decade (male life expectancy in 2019 was 3.9 years below female life expectancy compared to 5.5 years in 1999). The greatest gains in life expectancy have been achieved in the older age groups, reflecting decreasing mortality rates from major diseases.

In addition to living longer, women in Ireland typically experience a slightly higher number of healthy life years than men, however men at 65 experience a slightly higher proportion of their life expectancy in good health. The proportion of life expectancy at age 65 to be lived in good health is higher for both men and women in Ireland, compared with the EU average.[44]

The effects of Covid-19 on life-expectancy in Ireland reflects trends observed in most OECD countries (where data is available) of falling life expectancy in 2020 due to the pandemic; however, the recent Lancet study indicates that Ireland had a comparatively low level of excess mortality in comparison with most European countries, with only Norway and Iceland performing significantly better. Based on mortality data reported to the Department of Health, there were 7092 Covid-19 related deaths reported in Ireland by the HPSC over the last two years, with more than 1,000 of those deaths occurring in the first four weeks of 2021 (cumulative total as of 5th May, 2022).[45, 46]

Healthy Life Years

Healthy life years (HLY) at birth is a measure used across the EU and defined as the average number of years that a new-born child can expect to live in a healthy condition and free from disability (also called disability-free life expectancy). Whether extra years of life gained through increased longevity are spent in good or bad health is a crucial question. Since life expectancy at birth is not able to fully answer this question, indicators of health expectancies, such as healthy life years (also called disability-free life expectancy) have been developed. These focus on the quality of life spent in a healthy state, rather than the quantity of life, as measured by life expectancy. Healthy life years are an important measure of the relative health of populations in the European Union.[47]

In 2013 the number of healthy life years at birth was estimated at 68 for women and 65.7 for men. In 2019, the estimated number of healthy life years at birth increased to 70.5 for women and 68.6 for men. This represents an increase of 2.5 years for females and 2.9 years for males.

43. Department of Health, *Health in Ireland: Key Trends 2021* (DoH, 2021), https://www.gov.ie/en/publication/350b7-health-in-ireland-key-trends-2021/
44. Ibid.
45. https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementcovid-19twoyearson/
46. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/weeklyreportoncovid-19deathsreportedinireland/COVID-19_Weekly_Death_Report_Website_v1.6-_03-May-2022.pdf
47. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthy_life_years_statistics#Healthy_life_years_at_birth

Premature Non-Communicable Disease Mortality

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.[48] The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. In Ireland, the leading causes of death are cancer, diseases of the circulatory system and diseases of the respiratory system, which respectively accounted for 30%, 29% and 14% of total deaths in Ireland in 2018.[49]

Modifiable behavioural risk factors for NCDs include unhealthy diet, physical inactivity, harmful alcohol consumption and tobacco use. There are also metabolic risk factors which contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure;
- overweight/obesity;
- hyperglycemia (high blood glucose levels); and
- hyperlipidemia (high levels of fat in the blood).

In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure, followed by overweight and obesity and raised blood glucose.

The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

48. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
49. Health Service Executive, *National Service Plan 2022* (HSE, 2022), https://www.hse.ie/eng/services/publications/serviceplans/hse-national-service-plan-2022.pdf

NCDs can be controlled by focussing on reducing the associated risk factors. Monitoring progress and trends of NCDs and their risk is important for guiding policy and priorities. A comprehensive approach is needed, requiring all sectors (including health, finance, transport, education, agriculture, planning and others) to collaborate to reduce risk factors, and to promote interventions for prevention and control.

Investing in better management of NCDs, including detecting, screening and treating and providing access to palliative care, is critical. High impact essential NCD interventions can be delivered through a primary health care approach to strengthen early detection and timely treatment, reducing the need for more expensive treatment later on. NCD management interventions are essential for achieving the SDG target of a one-third reduction in premature deaths from NCDs by 2030.

In the Outcomes Framework, this indicator measures the unconditional probability (i.e. likelihood regardless of whether any other conditions are present) of dying between the ages of 30 and 70 from all causes of death, and from four major non communicable diseases - cardiovascular diseases, cancer, diabetes or chronic respiratory diseases - in terms of potential years of life lost (PYLL). PYLL figures are based on Department of Health data and show that between 2016 and 2018, the death rate from all causes of death decreased by 104.1 per 100k, while the death rate from the four major non-communicable diseases combined decreased between 2016 and 2018 by 71 per 100k.

Cancer Incidence

According to the most recent NCRI annual report (2021), over the years 2017-2019 the average number of 'registered tumours' in males and females is estimated at almost 44,000 per year. Of these, just over 1 in 2 (c.24,000 excluding non-invasive tumours and non-melanoma skin cancers) are life-changing invasive cancers which often require extensive treatment.[50]

Analysis of current data reveals that:

- Most cancers show static or declining trends in both incidence and mortality rates.
- Recent or ongoing increases in mortality rates are seen for only a small number of cancer types (liver cancer in both sexes, mouth and pharynx cancer in males, and uterine cancer and melanoma of skin in females), broadly in line with upward incidence trends for these cancers.
- Other cancers with increasing incidence rates show stable or declining mortality rates (i.e. Hodgkin lymphoma in both sexes, thyroid cancer in males, breast and kidney cancer in females).

Excluding NMSC, prostate and female breast cancer were the most commonly diagnosed invasive cancers overall, and each comprised almost one-third of all invasive cancers in men and women respectively during the period 2017-2019. Colorectal (bowel) cancer, lung cancer, melanoma of skin and NHL were the 2nd, 3rd, 4th and 5th most common cancers in males, respectively. Lung cancer, colorectal cancer, melanoma of skin, and uterine cancer (corpus uteri) were the 2nd, 3rd, 4th and 5th most common cancers in females respectively.

The incidence of breast cancer in females is rising significantly since 2014, and prostate cancer in males is also increasing marginally since 2015. Improved detection methods and lifestyle factors such as diet, overweight and obesity, alcohol and exercise, are probable influences on the increase in these cancers.

For this indicator, 2013-based European age-standardized rates are reported for the four commonest cancers plus for all invasive cancers as a whole (excluding-non-melanoma skin cancers). Annual average age-standardised rates (ASRs) for 2017-2019 are shown in the table below.

The NCRI notes that the pandemic, especially in the first wave in spring 2020, led to postponement by patients of GP visits, pausing of screening programmes and reconfiguring of acute services to reduce footfall in hospitals. A number of other countries have already reported that fewer cancer diagnoses were made during the first wave in 2020 and it is expected that in Ireland also, the number of cancer diagnoses in 2020 will be lower than in previous years. The definitive percentage is as yet unknown, but it is suggested that the overall shortfall may be between 10% and 14%.[51]

Excess Winter Mortality

Excess winter mortality[52] has been identified as a public health challenge. There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes. The extent of this seasonal increase varies from year to year and is the result of a number of factors including exposure to cold temperatures as well as other seasonal effects, such as influenza epidemics. Ireland has one of the highest rates of excess winter deaths in Europe, though this percentage has reduced somewhat in recent years.[53]

Evidence links sharp drops in temperature with higher rates of death and cardiovascular disease, while pneumonia, hypothermia and respiratory difficulties are among the other health impacts of severe winter weather. There is also increasing evidence of negative effects on mental health, and that cold temperatures can exacerbate existing conditions, especially in vulnerable groups.

50. National Cancer Registry Ireland, *Cancer in Ireland 1994-2019: Annual report of the National Cancer Registry* (NCRI, 2021), https://www.ncri.ie/sites/ncri/files/pubs/NCRI_Annual%20Report_2021.pdf

51. Ibid.

52. A measure of relative increase in mortality during winter months that does not reflect only cold-related deaths.

53. T. Fowler … [et al.], 'Excess winter deaths in Europe: a multi-country descriptive analysis', *European Journal of Public Health*, 5 (2015), 339-45

There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes.

Excess winter mortality has been linked to energy poverty and to poor housing standards (in terms of thermal efficiency and heating systems).[54] Winter fuel schemes have been shown to reduce excess winter mortality. Energy efficiency measures are central to addressing the root causes of energy poverty and may also be an effective preventative intervention to improve cold-related health.

While climate change projections predict an increase in temperature and generally warmer winters that may reduce the risk of cold-related illness, significant health impacts and risks will continue from extreme cold snaps and more frequent heavy precipitation events during winter.[55]

Excess winter mortality has to date not been officially collated by the CSO or by health authorities, so data from the published academic literature (Fowler *et al*., 2015) are reported. In Fowler *et al's* paper, a relative definition of winter mortality is used: the Excess Winter Death Index (EWDI), in which the number of excess deaths is divided by the number of expected deaths and expressed as a percentage. Data for the 3-year period 2002/2003–2005/2006 were compared with data for the 3 years 2007/2008–2010/2011; country-level EWDIs, with 95% confidence intervals (CI), for the period 1988–97 were taken from a previous publication (Healy *et al*., 2003[56]) and used to assess whether excess winter deaths rates had changed since the 1990s. Together, these data indicate that excess winter mortality decreased by 33.8% in Ireland between 1988-1997 and 2002-2011.

54. J.P. Clinch, J.D. Healy, 'Housing standards and excess winter mortality', *J Epidemiol Community Health,* 54 (2000), 719-20

55. Department of Health, *Climate Change Adaptation Plan for the Health Sector* (DoH, 2019), https://www.gov.ie/en/campaigns/708481-climate-change-adaptation-plan-for-the-health-sector-2019-2024/

56. J.D. Healy, 'Excess winter mortality in Europe: a cross country analysis identifying key risk factors', *J Epidemiol Commun Health*, 57 (2003), 784-9

Road Traffic Mortality

Road traffic related deaths and serious injuries are a major public health risk. The aim of Ireland's fifth government *Road Safety Strategy 2021-2030* (RSS) is to reduce the number of deaths and serious injuries on Irish roads by 50% over the next 10 years. This means reducing deaths on Ireland's roads annually from 144 to 72 or lower and reducing serious injuries from 1,259 to 630 or lower by 2030.[57]

Vision Zero was formally adopted in Ireland's *Programme for Government* in 2020 and underpins the *EU Road Safety Policy Framework (2021–2030)*. Aligning with these, the RSS includes a long-term goal of Vision Zero where, by 2050, no one will be killed or seriously injured on Ireland's roads. This builds on the progress made during the last road safety strategy which saw Ireland achieve the lowest number of annual road deaths since records began and the second lowest rate of road deaths among the EU28 in 2019.

In 2021, there were reductions in the number of pedestrian and cyclist deaths compared to 2018. There were 41 pedestrian deaths in 2018, representing 30% of all road traffic fatalities that year, compared to 20 in 2021 or 14% of all road traffic fatalities. There were 9 cyclist deaths in 2018, representing 6.6% of all road traffic fatalities that year, compared to 7 in 2021 or 5% of all road traffic fatalities. Over the course of the last road safety strategy, on average each year there were 10 cyclist fatalities or 6% of the overall number of fatalities (1,303) reported between 2013 and 2020.[58]

In 2018, there were 1,358 serious injuries in total, 268 (20%) of which were pedestrians and 260 (19%) were cyclists.

57. The target baseline for fatalities and serious injuries is the average number of fatalities and serious injuries 2017-2019

58. All data is provisional and subject to change

It is also important to consider the number of serious injuries reported in road traffic collisions as these are critical to the overall aims of the RSS 2021 – 2030. In 2018, there were 1,358 serious injuries in total, 268 (20%) of which were pedestrians and 260 (19%) cyclists. In 2019, there were 1,482 serious injuries in total, 291 (20%) of which were pedestrians and 301 (20%) cyclists. In 2020, there were 1,146 serious injuries, 227 (20%) pedestrians and 248 (22%) cyclists. The reductions in the number of serious injuries between 2018 and 2020 are 16% for all serious injuries, 15% for pedestrians and 5% for cyclists.

However, it should be noted that in 2020 and 2021, changes were seen in traffic volumes as a result of restrictions introduced because of the pandemic. Between 2019 and 2020 there was a reduction in serious injuries of approximately 23%, reflecting the decline in traffic volume of approximately 28%, but fatalities increased by 5%. Between 2020 and 2021, there was a decline in fatalities of 7%.

Drug-induced Mortality

This indicator measures the consequences of high-risk drug use and is a strategic priority in the *National Drugs Strategy* and the *EU Drugs Strategy*.[59] Drug-induced deaths are poisoning deaths due to the toxic effect of a drug, or combination of drugs (including prescribable drugs, illicit drugs and alcohol).

The annual number of poisoning deaths increased by 1.6% from 370 in 2015 to 376 in 2017. (Note that these data also include poisoning deaths due to alcohol only, which since 2015 have accounted for between 14%-16% of poisoning deaths). The majority of poisoning deaths are among men (70% in 2017). It can also be noted that the median age for poisoning deaths has increased from 38 years of age in 2008 to 43 years of age in 2017.

59. Council of the European Union, *Council of the EU (2020) EU Drugs Strategy 2021-25* ([The Council], 2020), https://www.emcdda.europa.eu/drugs-library/council-eu-2020-eu-drugs-strategy-2021-25_en

14. Healthy Life Years				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
The average number of remaining years that a person of a certain age can expect to live without disability	68 (f), 65.7 (m) (2013)	70.5 (f), 68.6 (m) (2019)	Increase of 2.5 years female, 2.9 years male	Eurostat

The Healthy Life Years indicator (also called disability free life expectancy) measures the average number of remaining years that a person of a certain age can expect to live without disability. It is calculated by Eurostat from national mortality statistics and EU SILC (Survey on Income and Living Conditions) data on activity limitations. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation and focuses on the quality of life spent in a healthy state rather than the "quantity" of life measured by life expectancy.

In 2013 the number of healthy life years at birth was estimated at 68 for women and 65.7 for men. In 2019, the estimated number of healthy life years at birth increased to 70.5 for women and 68.6 for men. This is an increase of 2.5 years for females and 2.9 years for males.

Relevant HI Strategic Action Plan Objectives

4.1 Develop and implement a multi-annual five-year plan with input from Department of Health, HSE and other key stakeholders for the Healthy Living workstream as input into the overall multi-annual Health Capacity Review implementation programme.

4.2 Engage with chronic illness programmes and other partners to promote and empower better self-management by persons with chronic diseases including diabetes, asthma, COPD, and cardiovascular disease.

4.3 Continue to collaborate across Government to strengthen the focus on cancer prevention.

Relevant SDG Indicator	**SDG 3.5** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

15. Premature NCD Mortality

Indicator	Baseline	Most Recent	Change	Source
The unconditional probability of dying between the ages of 30 and 70 from all causes of death	2574.7 (2016)	2470.6 (2018)	Decreased 104.1	Public Health Information System
The unconditional probability of dying between the ages of 30 and 70 from four major non-communicable diseases	1323.5 (2016)	1252.5 (2018)	Decreased 71	Public Health Information System

This indicator measures the unconditional probability of dying between the ages of 30 and 70 from all causes of death and from four major non communicable diseases: cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, in terms of potential years of life lost (PYLL). NCDs are the leading cause of death in the world. Premature deaths from NCDs can be prevented by changed policies and active engagement not only in health but also in other sectors.

PYLL figures show that between 2016 and 2018, the death rate from all causes of death decreased by 104.1 per 100k, while the death rate from the four major non-communicable diseases combined decreased by 71 per 100k.

Relevant HI Strategic Action Plan Objectives

4.1 Develop and implement a multi-annual five-year plan with input from Department of Health, HSE and other key stakeholders for the Healthy Living workstream as input into the overall multi-annual Health Capacity Review implementation programme.

4.2 Engage with chronic illness programmes and other partners to promote and empower better self-management by persons with chronic diseases including diabetes, asthma, COPD, and cardiovascular disease.

4.3 Continue to collaborate across Government to strengthen the focus on cancer prevention.

Relevant SDG Indicator	**SDG 3.5** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

16. Cancer Incidence

Indicator	Baseline	Most Recent	Change	Source
All invasive cancer (excl. NMSC) and incidence of the four most important cancers, age standardised rate (ASR) per 100,000 of population‡	3-year annual average 2017-2019*	NYU - Will be updated in 2023	N/A	NCRI Annual Report 2021

This indicator measures total cancer incidence and incidence of the most important cancers, per 100,000 of population (annual average ASRs) in a given three-year period. The most objective assessment of current or recent trends in incidence rates are those published in NCRI's annual statistical report based on age-standardised rates for the period 1994-2019.

NCRI's annual report emphasises the most recent 3-yearly rate average, when summarising recent case-counts and rates, to avoid over-emphasis on single years' data; thus, 2017-2019 averages are presented as the main 'headline incidence' figures in the latest annual report (2021). For consistency with wider European figures the 2013-based European age-standardized rates are reported. NCRI's calculations of incidence rates may change slightly as further information becomes available.

* The annual average age standardised rates (ASR) for the four main cancers plus for all invasive cancers as a whole (excluding NMSC) during the three-year period 2017-2019, are as follows:

- all invasive cancers total (excl. NMSC) in M - 729 cases
- all invasive cancers total (excl. NMSC) in F - 559 cases
- colorectal cancer in M - 91 cases
- colorectal cancer in F - 58 cases
- bronchus and lung cancer in M - 88 cases
- bronchus and lung cancer in F - 64 cases
- prostate cancer in M - 213 cases
- breast cancer in F - 168 cases

Note: This indicator only measures incidence and not mortality. Cancer is related to a high disease burden in Europe and there are (often) prevention possibilities. Cancer monitoring is therefore an important public health issue.

‡Applying 2013 European standard population age weights (ref: appendix F, Revision of the European Standard Population Report of Eurostat's task force (https://ec.europa.eu/eurostat/documents/3859598/5926869/KS-RA-13-028-EN.PDF.pdf/e713fa79-1add-44e8-b23d-5e8fa09b3f8f?t=1414782757000)

Relevant HI Strategic Action Plan Objectives

4.3 Continue to collaborate across Government to strengthen the focus on cancer prevention.

Relevant SDG Indicator	**SDG 3.4.1** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.

17. Excess Winter Mortality

Indicator	Baseline	Most Recent	Change	Source
The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	Winter 1988/ 1989–Winter 1996/1997 EWDI 21%	Winter 2002/2003–Winter 2010/2011 EWDI 13.9%	Decreased 33.8%	Fowler T. et al (2015)[60]

Excess winter mortality has been identified as a public health challenge. There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes. Ireland has one of the highest rates of excess winter deaths in Europe, though it has reduced in recent years.

Between the periods Winter 1988/ 1989–Winter 1996/1997 and Winter 2002/2003–Winter 2010/2011, there was a decrease of 33.8% in excess winter mortality in Ireland.

Relevant HI Strategic Action Plan Objectives

1.15 Develop an assessment of excess winter deaths policy

Relevant SDG Indicator	**SDG 3** Ensure healthy lives and promote well-being for all at all ages

60. T. Fowler … [et al.], 'Excess winter deaths in Europe: a multi-country descriptive analysis', *European Journal of Public Health*, 5 (2015), 339-45

18. Road Traffic Mortality

Indicator	Baseline	Most Recent	Change	Source
Road traffic collisions - pedestrian fatalities*	41 (2018)	20 (2021)	Decreased 51%	Road Safety Authority
Road traffic collisions - cyclist fatalities*	9 (2018)	7 (2021)	Decreased 22%	Road Safety Authority
Road traffic collisions - total fatalities*	137	137		

Road traffic related deaths and serious injuries are a major public health risk. *The current target is a reduction of the number of deaths and serious injuries on Irish roads by 50% over the next 10 years.*

Relevant HI Strategic Action Plan Objectives

No corresponding actions

Relevant SDG Indicator	**SDG 11.2** By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

*Provisional and subject to change

19. Drug-induced Mortality				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
Annual number of poisoning or overdose deaths due to the toxic effect of a drug, or combination of drugs (including prescribable drugs, illicit drugs and alcohol)	370 (2015)	376 (2017)[61]	Increased 1.6%	National Drugs Related Death Index (HRB; annually)

This indicator measures the consequences of high-risk drug use and is a strategic priority in the national drugs strategy and the EU drugs strategy. Drug-induced deaths are poisoning deaths due to the toxic effect of a drug, or combination of drugs (including prescribable drugs, illicit drugs and alcohol).

The annual number of poisoning deaths increased by 1.6% from 370 in 2015 to 376 in 2017.[62] (Note that these data also include poisoning deaths due to alcohol only, which since 2015 have accounted for between 14%-16% of poisoning deaths).

Relevant HI Strategic Action Plan Objectives

1.8 Refresh and oversee implementation of the Healthy Ireland Alcohol Policy to reduce harm and support recovery

2.16.1 Implement the National Drugs Strategy

Relevant SDG Indicator	**SDG 3.5** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

61. Data is usually reported annually however due to public health Covid-19 restrictions, data collection from the coroners has been delayed for 2019 deaths. The HRB are working to complete the data collection and will publish in due course.
62. Health Research Board, *National Drug-Related Deaths Index 2008 to 2017 data* (HRB, 2019), http://www.drugsandalcohol.ie/31275

Wellbeing Factors

Healthy Ireland's vision for health and wellbeing incorporates both physical and mental health. Good health means everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing, and is much more than an absence of disease or disability.

The concept of wellbeing reflects quality of life and the various factors which can influence it over the life course. Wellbeing also refers to positive mental health, in which a person can realise their own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to their community.

The *Healthy Ireland Survey 2021* provides insights into the impact of Covid-19 restrictions on the health and wellbeing of people in Ireland. In terms of health and social connectedness, 81% of respondents reported lower levels of social connectedness and 30% reported worsening mental health since the start of the pandemic. Among those whose mental health had worsened, 28% said it had declined "a lot", while 71% said it had declined "a little".

Those whose mental health had worsened were more likely to report that they were drinking and smoking more than before. Respondents who reported increases in smoking and drinking alcohol were also more likely to report an increase in weight. Almost half (49%) of those drinking more alcohol reported that their weight had increased, as did 42% of those who were smoking more.

There is clearly a need for a population level approach to mental health. The HSE has recently launched its first ever Mental Health Promotion Plan. *Stronger Together* is a five-year plan which includes action areas focused on promoting positive mental health across the population and among HSE staff. The importance of promoting positive mental health as an integral part of improving overall health and wellbeing is becoming increasingly recognised within the policy context in Ireland. Existing policies[63] provide support for the development of the forthcoming *National Mental Health Promotion Plan*, to be delivered by the Department of Health in the context of the *Healthy Ireland Strategic Action Plan 2021-2025* and the implementation of Sláintecare.

Self-Perceived Health

Self-perceived health status is not a substitute for more objective indicators; it complements these measures. Studies have shown perceived health to be a good predictor of subsequent mortality. Results from the most recent *Healthy Ireland Survey* in 2021 showed that 84% of those surveyed perceived their health to be good or very good, while 3% rated their health as bad or very bad.[64]

63. Department of Health, *Connecting for Life, Ireland's National Strategy to Reduce Suicide* (DoH, 2015); Department of Health, *Healthy Ireland: Strategic Action Plan 2021-2025* (DoH, 2021); Department of Health, *Sharing the Vision A Mental Health Policy for Everyone* (DoH, 2020).
64. Department of Health, *Healthy Ireland Survey 2021* (DoH, 2021), https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/

Figures for self-rated health are also available from the census. In 2016, 87.0% of the population felt they had good or very good health, down slightly from 2011 when it was 88.3%. Nearly six in ten or 59.5% of men felt their health was very good, compared with 59.3% of women. The census results also clearly show the decline in general health with age, with 79% of 15–19-year-olds in very good health, compared with 58.6% of those aged 40-44 and 31.3% of the 65 to 69 age group.[65]

Positive Mental Health

This indicator measures an individual's level of positive mental health based on Energy and Vitality Index (EVI) scores (from the RAND SF 36 questionnaire). Positive mental health is an important part of our overall wellbeing; this is described as feeling full of life, calm, peaceful, having lots of energy and being generally happy. The proportion of *Healthy Ireland Survey* respondents reporting positive mental health decreased from 13% in 2016 to 12% in 2021.

Probable Mental Health Problem

This indicator (derived from the *Healthy Ireland Survey*) measures negative mental health using the five item Mental Health Index 5 (MHI 5) from the RAND SF 36 questionnaire. This measures the occurrence and extent of psychological distress (usually of anxiety and depression related distress states) during the past four weeks.

65. https://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile9-healthdisabilityandcarers/

Stronger Together is a five-year plan which includes action areas focused on promoting positive mental health across the population and among HSE staff.

The average MHI-5 score in the 2021 *Healthy Ireland Survey* was 76, a decline from an average score of 81.2 in the 2016 Survey (the last time this was measured), indicating rising levels of psychological distress among the population as a whole. Also in the 2021 Survey, 15% of respondents have an MHI-5 score of 56 or lower, indicating a 'probable mental health problem'. The corresponding figure in the 2016 wave was 10%. The probable presence of a mental health problem is a strong indicator of a poor degree of overall wellbeing.

However, as noted previously, significant Covid-19 restrictions were in place during the period in which the fieldwork for the 2021 *Healthy Ireland Survey* took place, and it is possible that as people's social supports improve following the easing of restrictions, mental health indicators will also show improvement.

Feeling Safe (young people)

Between 2002 and 2018 there was a statistically significant decrease in the proportion of children who reported always feeling safe in the area where they live (from 52.8% in 2002, to 50.5% in 2018).[66] Broadly, data from various sources report that people may be more likely to feel safe as they age, but that women and those over-70 are less likely to feel safe.

66. A. Gavin … [et al.] *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-aged Children Study* (Department of Health, 2021), https://www.nuigalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/HBSC-Trends-Report-2021.pdf

15% of 2021 Healthy Ireland Survey respondents have an MHI-5 score of 56 or lower, indicating a 'probable mental health problem'. The corresponding figure in the 2016 wave was 10%.

Moderate and Severe Depression (age 50+)

The potential public health burden of late-life mental health disorders will increase as the population ages. Good mental health is associated with greater economic success, better social relationships and reduced risk of physical illness. Mental illness is not a normal consequence of ageing and can be prevented, treated and managed. The impact of mental illness on overall health and productivity is profoundly under-recognised in older adults worldwide.[67] Figures for the percentage of people aged 50+ with moderate and severe levels of depression show a slight decrease (3.2%) from 9.65% to 9.2% between Wave 5 of TILDA (2018) compared with the previous Wave 4 (2016).

Social and Cultural Participation (age 50+)

Social engagement comprises participation in leisure activities and volunteering, and connectedness to family and friendship networks. Leisure participation among older persons is associated with a lower risk for negative mental and physical health outcomes and mortality. Many studies have shown that engaging in voluntary work in later life predicts better self-rated health, functioning, physical activity, and life satisfaction, and also decreases depression, hypertension, and mortality among older people.

Conversely, loneliness has been shown to predict a wide variety of negative mental and physical health outcomes, such as depression, nursing home admission, and mortality.

People also engage with their communities through religion, and participation in religious activities has been associated with better quality of life and health outcomes in older persons.[68] The percentage of people aged 50+ who engage in one or more social leisure activity at least once a week decreased from 95.2% in 2016 to 94.5% in 2018.

The 2021 *Healthy Ireland Survey* could not provide comparable figures, as social leisure activities were significantly restricted or fully closed during the time interval in which fieldwork took place. A large majority (81%) reported feeling less socially connected due the Covid-19 restrictions, with 15% reporting no change, and 4% feeling more socially connected. Those aged 75 and older were more likely to identify that their level of social connectedness had not changed (24%). 85% of those whose parents were still living, reported contact with them at least once per week - 49% had face-to-face contact, and 77% had contact in another way.

67. Alan Barret … [et al], eds. *Fifty Plus in Ireland 2011: First Results from the Irish Longitudinal Study on Ageing: Executive summary* (TILDA, 2011), https://tilda.tcd.ie/publications/reports/pdf/w1-key-findings-report/ExecutiveSummary.pdf
68. Ibid

Safety and Security (age 50+)

One source of concern about personal safety for older people is the neighbourhood in which they live. The *Healthy Ireland Survey 2015*[69] examined issues relating to neighbourhood safety. The majority of respondents did not report a problem with safety in their neighbourhoods. Furthermore, those aged 65 years and older were less likely than others to be concerned about problems in their areas, such as house break-ins, public drunkenness, or racial attacks.

Wave 4 (2016) of TILDA found that older people tend to have a positive feeling about their local area and that this increases with age. Those living in rural areas are more likely to have a positive feeling than those living in urban areas, especially when compared against those living in Dublin. Between Wave 4 and Wave 5 (2018) of TILDA, the percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area increased from 87.4% to 87.6%.

The HaPAI Survey (2018) found that 14% of people aged 55 years and older had an experience that left them concerned about their personal safety. The survey has also found that women and those aged 70 years and older were more likely than men and those aged 55-69 years to report that they felt unsafe out and about at night.[70]

Access to Green Space

Inclusion of this indicator is recognition of the significance of accessible outdoor space as a wider determinant of public health. There are health benefits associated with provision of green space across the social gradient, with strong evidence to suggest that outdoor spaces have a beneficial impact on physical and mental well-being and cognitive function through both physical access and use. Other benefits include mitigation of exposure to air pollution, to excessive heat and noise, improved social capital and pro-environmental behaviours.[71]

There is currently no generally agreed definition of urban green space, with regard to its health and well-being impacts. However, in the context of health and well-being, the WHO Regional Office for Europe recommends a proximity-based indicator of green space accessibility, based on the European Urban Atlas, as the most appropriate and feasible international source of urban green space data in the EU.[72]

69. Department of Health, *Healthy Ireland Survey 2015* (DoH, 2015), https://assets.gov.ie/7640/8c9c9adde6e24ab98c429a3925bcd5eb.pdf
70. Department of Public Expenditure & Reform, *Prevention and Early Interventions Supporting Health and Well-Being in Older Age* (DPER, 2019), https://igees.gov.ie/wp-content/uploads/2019/10/PEIU_FPA_PEI-Supporting-Health-and-Well-being-in-older-age.pdf
71. WHO Regional Office for Europe, *Urban green spaces and health* (WHO, 2016), http://www.euro.who.int/__data/assets/pdf_file/0005/321971/Urban-green-spaces-and-health-review-evidence.pdf?ua=1
72. Ibid.

OECD's *How's Life?* 2020 report includes an indicator for Access to Green Space, defined as 'Share of the urban population with access to recreational green space within 10 minutes' walking distance'.[73] The source of data for this indicator is a 2018 study[74], in which the data measured proximity to green urban areas, provided results for nearly all cities in the EU and EFTA countries, and were calculated using the European (Copernicus) Urban Atlas polygons (i.e. satellite data). According to this calculation, 94.5% of people in Ireland have access to public parks, forests or other recreational green spaces within 10 minutes' walking distance from their home.

A recent EPA study[75] explored the range of forces influencing access to blue/green spaces in Ireland. A lack of usage data was identified and as part of the study, a nationally representative survey (n=1050) was carried out in early 2019, using an online questionnaire based on surveys such as the Irish Census (CSO, 2017), MENE (NE, 2018) and Healthy Ireland. The survey was designed to help assess the connections people from different socioeconomic backgrounds in Ireland have with outdoor blue/green spaces and collected data on people's use of such spaces, with a particular focus on their local areas.

The results show that a high proportion of respondents frequently visit blue/green spaces in Ireland, with 77% of respondents spending time outdoors at least once a week. The most frequently used spaces were parks in towns or cities, reflecting the urban profile of most of the respondents. The majority stated that they have to travel only relatively short distances to get to the blue/ green space that they visit most and that there is no lack of public spaces in their neighbourhood.

The authors note that the lack of usage figures for blue/green spaces at regional and local levels and highlight the "weak evidence and knowledge base" in this regard. The lack of evidence hinders informed and cohesive decision-making and governance; better usage information would allow planners, engineers, community groups and educators to "deliver healthy sustainable communities and meet the requirements of Healthy Ireland and other cross-sectoral plans."

Overall, the study suggests that there is a regional and urban/rural divide in Ireland in relation to blue/green spaces, health outcomes and their socioeconomic determinants. The Eastern and Midlands Regional Assembly (EMRA) (including Dublin city) has more blue/green spaces with facilities, higher rates of self-reported health and more relatively affluent areas than the other two regions. The Southern Regional Assembly (SRA) (including Cork city) is the middle-ranking region in all categories, while the Northern and Western Regional Assembly (NWRA) including Galway city) is at the bottom end of the scale in all categories.

73. OECD, How's Life? 2020: *Measuring Well-being* (OECD, 2020), https://doi.org/10.1787/9870c393-en
74. Hugo, Poelman, *A walk to the park? Assessing access to green areas in Europe's cities: Update using completed Copernicus Urban Atlas data* (European Union, 2017), https://ec.europa.eu/regional_policy/sources/docgener/work/2018_01_green_urban_area.pdf
75. SHEER Wellbeing Project Team, *Our Environment, Our Health, Our Wellbeing: Access to Blue/Green Spaces in Ireland* (EPA, 2021), https://www.epa.ie/publications/research/environment--health/Research_Report_SHEER.pdf

Another EPA study highlighted the increased requirement for access to outdoor spaces during the Covid-19 pandemic, and in this context found a socioeconomic gradient in inequalities in access to and uses of blue/ green spaces, noting differences between socioeconomic groups in relation to the numbers of days spent outdoors in the previous week; the lowest income group reported the lowest average number of days (2.6) spent outdoors in blue/green spaces.[76]

The importance of this was underscored by Sport Ireland's Irish Sports Monitor Covid-19 research, which showed that participation in individual forms of sport and recreational activity rose during the pandemic, with participation in walking at 80% during the initial phase of Covid-19 restrictions in March-May, 2020. This had reduced to 76% in 2021[77], but is significantly above the 66% recorded in 2019. The CSO is currently running a Pulse Survey on Our Lives Outdoors that should provide valuable future data in this area.[78]

Active Travel

Active Transport is primarily under the remit of the Department of Transport. Healthy Ireland, largely through the *National Physical Activity Plan*, has a significant role in measures that are intended to impact positively on active transport levels (walking and cycling also have benefits in terms of climate change mitigation and environmental sustainability). Active travel has significant potential to contribute to improved fitness levels across the social gradient, in addition to reducing our carbon footprint and pollution levels in general.

76. SHEER Wellbeing Project Team, *Covid-19 and Sheer Wellbeing 2020: Access to and Use of Blue/Green Spaces in Ireland during a Pandemic* (EPA, 2020), https://www.epa.ie/publications/research/small--scale-studies/FINAL-SHEER-Wellbeing-Covid-19-and-Blue-Green-spaces-in-Ireland-report-11082020.pdf
77. https://www.sportireland.ie/sites/default/files/media/document/2021-10/covid-and-sport-mid-year-2021-13-08.pdf
78. https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementpulsesurveyourlivesoutdoorsapril-may2022/

Healthy Ireland, largely through the National Physical Activity Plan, has a significant role in measures that are intended to impact positively on active transport levels (walking and cycling also have benefits in terms of climate change mitigation and environmental sustainability).

20. Self-Perceived Health

Indicator	Baseline	Most Recent	Change	Source
Proportion of persons who self-assess their health to be very good or good	85% good or very good (2018)	84% good or very good (2021)	Decreased 1.2%	Healthy Ireland Survey

This indicator measures the proportion of persons who assess their health to be very good or good, based on EU SILC questions on self perceived health – the same question used in the Healthy Ireland Survey and European Health Interview Survey. Self perceived health status is not a substitute for more objective indicators but rather complements these measures. Studies have shown perceived health to be a good predictor of subsequent mortality.

The proportion of persons who self-assess their health to be very good or good was 85% in 2018, and decreased in 2019 to 84%. It remained at 84% in 2021.

Relevant HI Strategic Action Plan Objectives

No corresponding actions

Relevant SDG Indicator	**SDG 3** Ensure healthy lives and promote well-being for all at all ages

21. Positive Mental Health

Indicator	Baseline	Most Recent	Change	Source
Positive mental health based on Energy and Vitality Index (EVI) scores, percentage > 1SD above mean.	13% (2016)	12% (2021)	Decreased 7.7%	Healthy Ireland Survey

This indicator measures an individual's level of positive mental health based on Energy and Vitality Index (EVI) scores (from the RAND SF 36 questionnaire). Positive mental health is an important part of our overall wellbeing, this is described as feeling full of life, calm, peaceful, having lots of energy and being generally happy.[79]

The proportion of Healthy Ireland Survey respondents reporting positive mental health decreased from 13% in 2016 to 12% in 2021.

Relevant HI Strategic Action Plan Objectives

4.4 Implement relevant recommendations of the national mental health policy, Sharing the Vision – a Mental Health Policy for Everyone.

5.7 Promote mental health research to assist in better responding to the mental health needs of the population.

Relevant SDG Indicator	**SDG 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

79. **Note:** the 2016 and 2021 figures may not be fully comparable as the 2016 Survey was conducted by computer aided personal interview (CAPI), however, the 2021 Survey was carried out by computer aided telephone interview (telephone interviewing is safer in the context of Covid-19).

22. Probable Mental Health Problem

Indicator	Baseline	Most Recent	Change	Source
Negative mental health using the five item Mental Health Index-5 (MHI-5) score	81.2 (2016)	76 (2021)	Decreased 5.2 index points	Healthy Ireland Survey

This indicator measures negative mental health using the five item Mental Health Index 5 (MHI 5) (also called 'non specific psychological distress') from the RAND SF 36 questionnaire, which measures the occurrence and extent of psychological distress during the past four weeks.

The average MHI-5 score in the 2021 Healthy Ireland Survey was 76, a decline from an average score of 81.2 in the 2016 Survey (the last time this was measured), indicating rising levels of psychological distress among the population as a whole.

Relevant HI Strategic Action Plan Objectives

4.4 Implement relevant recommendations of the national mental health policy, Sharing the Vision – a Mental Health Policy for Everyone.

5.7 Promote mental health research to assist in better responding to the mental health needs of the population.

Relevant SDG Indicator	**SDG 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

23. Feeling safe (young people)

Indicator	Baseline	Most Recent	Change	Source
Percentage of 11-17 year olds who report that they always feel safe in the area where they live	52.8% (2002)	50.5% (2018)	Decreased 4.4%	Health Behaviour in School-Aged Children

This indicator measures percentage of 11–17 year-olds who report that they always feel safe in the area where they live. Feeling safe relates to the perception of young people of antisocial behaviour and crime in the area that they live in. Not feeling safe can have emotional and physical consequences and limits the ability of the person to enjoy a high quality of life. Children and young people should feel safe within their community and be protected and diverted from being drawn into antisocial and criminal activity

Relevant HI Strategic Action Plan Objectives

2.14 Enact the proposed Policing and Community Safety Bill.

Relevant SDG Indicator	**SDG 16.1.4** Proportion of population that feel safe walking alone around the area they live.

24. Moderate and Severe Depression (age 50+)

Indicator	Baseline	Most Recent	Change	Source
Percentage of people aged 50+ with moderate and severe levels of depression.	9.65% (2016)	9.2% (2018)	Decreased 3.2%	The Irish Longitudinal Study on Ageing (TILDA)

This indicator measures the percentage of people aged 50+ with moderate and severe levels of depression. Categories are based on the following cut offs for the Centre for Epidemiological Studies Depression (CES D) scale: Moderate = 8 15 symptoms; Severe = 16 or more symptoms. Depression is common in later life, particularly in people with poor physical health. In the acute hospital setting this is associated with poor outcomes, increased length of stay and compromised care.

The percentage of people aged 50+ with moderate and severe levels of depression decreased from 9.65% in 2016 to 9.2% in 2018.

Relevant HI Strategic Action Plan Objectives

4.4 Implement relevant recommendations of the national mental health policy, Sharing the Vision – a Mental Health Policy for Everyone.

5.7 Promote mental health research to assist in better responding to the mental health needs of the population.

Relevant SDG Indicator	**SDG 3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

25. Social and Cultural Participation (Age 50+)

Indicator	Baseline	Most Recent	Change	Source
Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week	95.2% (2016)	94.5% (2018)	Decreased 0.7%	The Irish Longitudinal Study on Ageing (TILDA)

This indicator measures the percentage of people aged 50+ who engage in one or more social leisure activity at least once a week, including participation in any of the following social leisure activities: going to films, plays or concerts; attending classes and lectures; playing cards, bingo or games in general; and/or eating out of the house. Engagement in the arts, culture and sports at any age is good for both mental wellbeing and physical health.

The percentage of people aged 50+ who engage in one or more social leisure activity at least once a week decreased from 95.2% in 2016 to 94.5% in 2018.[80]

Relevant HI Strategic Action Plan Objectives

4.4.3 Develop a plan aimed at tackling loneliness and isolation, particularly among older people, as outlined in the Roadmap for Social Inclusion, including promoting active retirement and positive ageing initiatives to tackle social isolation.

Relevant SDG Indicator	**SDG 11.4** Strengthen efforts to protect and safeguard the world's cultural and natural heritage.

80. **Note:** social connectedness was measured in 2021 but given the closure of most in-person social activities at the time, results are not directly comparable.

26. Safety and Security (Age 50+)

Indicator	Baseline	Most Recent	Change	Source
Percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area	87.4% (2016)	87.6% (2018)	Increased 0.2%	The Irish Longitudinal Study on Ageing (TILDA)

This indicator measures the percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area. It is defined as a score of 5 or higher on a 7 point Likert scale capturing agreement with "People would be afraid to walk alone in this area after dark," in relation to the area within 20 minutes' walk. A feeling of safety when out and about or at home is an important factor in sustaining independence and engagement, promoting more physical activity and social interaction within the local area.

The percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area increased slightly from 87.4% in 2016, to 87.6% in 2018.

Relevant HI Strategic Action Plan Objectives

2.14.1 Enact the proposed Policing and Community Safety Bill.

Relevant SDG Indicator	**SDG 16.1.4** Proportion of population that feel safe walking alone around the area they live.

27. Access to Green Space

Indicator	Baseline	Most Recent	Change	Source
Share of the urban population with access to recreational green space within 10 minutes' walking distance (%)	94.5% (2012)	NYU - This indicator is not currently scheduled by OECD for regular updates	N/A	OECD, How's Life? 2020

Inclusion of this indicator is recognition of the significance of accessible outdoor space as a wider determinant of public health.

OECD's *How's Life?* 2020 defines this indicator as 'Share of the urban population with access to recreational green space within 10 minutes' walking distance', and reports that 94.5% of people in Ireland have access to public parks, forests or other recreational green spaces within 10 minutes' walking distance from their home.

Relevant HI Strategic Action Plan Objectives

No corresponding actions

Relevant SDG Indicator	**SDG 11.7** By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

28. Active Travel				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
Proportion of people using active travel	12% (2016)	NYU – Census 2022 will provide update	N/A	Census

Source: National Census 2016 - the 2021 Census was postponed to 2022 as a result of the Covid-19 pandemic - updated results should be available in 2023.

Relevant HI Strategic Action Plan Objectives

2.2.8 Promote the implementation of the Design Manual for Urban Roads and Streets (2013) which incorporates good planning and design practice to support and encourage active travel (walking and cycling) in urban areas.

Relevant SDG Indicator

SDG 3 Ensure healthy lives and promote well-being for all at all ages;

SDG 11 Make cities and human settlements inclusive, safe, resilient and sustainable.

Socio-Economic Factors

Healthy Ireland recognises the requirement for a 'whole-of-Government' approach to address the social determinants and predictors of health and wellbeing, including those outside the health sector, such as housing and education, along with an individual's socio-economic status.

These policies have the potential to improve everyone's health and wellbeing and are significant in reducing health gaps within the population of a country. Reducing health inequalities is a priority theme for Healthy Ireland and aligns with Sláintecare's *Strategic Action Plan 2021–2023*.

Long-term Unemployment

The prevention of long-term unemployment is important from both social and economic perspectives. Many of those who become long-term unemployed suffer particular labour market disadvantages, such as skill erosion and psychological scarring, leading to difficulties in re-entering employment. Long-term unemployed individuals are also more likely to suffer from social exclusion and poor health. For the wider economy, welfare payments, lost tax revenue and negative health impacts mean that long-term unemployment entails substantial financial costs.

The principal factors found to drive the risk of long-term unemployment include low levels of education, history of long-term unemployment, and literacy/numeracy problems; these factors do not vary with labour market conditions.[81] The number of long-term unemployed people (unemployed for one year or more) aged 15-74 years, as a proportion of the labour force, decreased by 19% from 2.1% to 1.7% between 2018 and 2021.

The pandemic led to an unprecedented increase in unemployment. Sectors particularly affected were hospitality, arts, entertainment and recreation; accommodation; food services; wholesale and retail trade; and construction. Among those most severely affected (and at most risk of long-term unemployment) were women and those in industries such as personal services, accommodation and food service. Construction was impacted by higher level restrictions during peaks in Covid-19 transmission; however, high underlying demand for housing has meant that the sector has rebounded quickly.

81. P. O'Connell ... [et al], *National profiling of the unemployed in Ireland* (ESRI, 2009), https://www.esri.ie/system/files/media/file-uploads/2015-07/RS010.pdf

In contrast to the financial crisis from 2008-2013, where male employment was more severely affected and construction particularly badly hit, those who lost their jobs as a result of the pandemic were disproportionately female, and often low-skilled and non-Irish.[82] The impact of necessary Covid-19 restrictions and transmission patterns on those in caring roles was significant; closures of childcare and infection risks meant that women's employment was disproportionately affected. Many were forced to take a step back or to leave paid employment entirely, at least temporarily, as a result of additional caring responsibilities following the closure of childcare facilities and schools, and the increased risks associated with non-family members caring for older relatives.

Among those most severely affected during the pandemic (and at most risk of long-term unemployment) were women and those in industries such as personal services, accommodation and food service.

Jobless Households

At least half of those living in jobless households in the majority of EU countries are either income poor or deprived. Irish trends show one of the highest rates of jobless households in the EU.[83] In 2010, the percentage of households that were jobless stood at 22 per cent, which was double the EU-15 average of 11 per cent. Those living in jobless households were most likely to be lone parents, to have few or no education qualifications, to have a disability and to live in households where no member has ever worked. The combination of these factors makes those living in jobless households particularly susceptible to poverty and social exclusion.

82. A. Garcia-Rodriguez… [et al], *Exploring the Impact of COVID-19 and Recovery Paths for the Economy* (ESRI, 2021), https://www.esri.ie/system/files/publications/WP706.pdf

83. S. McGuinness… [et al], *Profiling barriers to social inclusion in Ireland: the relative roles of individual characteristics and location* (ESRI, 2018), https://www.esri.ie/publications/profiling-barriers-to-social-inclusion-in-ireland-the-relative-roles-of-individual

In 2015, the European Commission issued a Country Specific Recommendation to Ireland which referred to the household joblessness and low work intensity issue. Almost 1 in 5 (19%) of people in Ireland in 2015 belonged to Very Low Work Intensity (VLWI) households, which measures people aged 0–59 years only living in households where adults worked less than 20% of the total work potential over one year. The European Commission suggested that in order to combat the high degree of jobless households in Ireland the government should slowly reduce benefit payments, so that individuals are not discouraged from working due to a loss of benefits once they enter employment. The government recently launched *Pathways to Work 2016–2020*, which aims to increase employment within jobless households by making work more rewarding with the help of the Housing Assistance Payment and the Single Affordable Childcare Scheme.

The ESRI has noted two concerning trends with jobless households: firstly, those in jobless households are just over half as likely to enter employment as an individual from a working household ; secondly, during the recovery from the financial crisis, the proportion of jobless households obtaining jobs did not keep pace with the general rise in employment, suggesting that getting those from jobless households into employment may require additional supports and not just an increase in the availability of work. The low transition into employment and the fact that other members in the household are less likely to have ever worked suggest that joblessness may become culturally embedded within households, leading to a high degree of intergenerational unemployment within such households.[84]

84. Ibid

The low transition into employment and the fact that other members in the household are less likely to have ever worked suggest that joblessness may become culturally embedded within households, leading to a high degree of intergenerational unemployment within such households.

The proportion of total persons aged 18-59 living in jobless households has reduced from 9.5% in 2018 to 7.2% in 2021. The overall proportion of females is higher than males in this regard, with a reduction from 10.5% in 2018 to 7.6% in 2021 of women living in jobless households, and a reduction in the proportion of men from 8.5% in 2018 to 6.7% in 2021.

Education: Retention

Educational disadvantage is the impact of social or economic disadvantage which prevents children and young people from achieving their potential in education. Those at risk of educational disadvantage can often have poorer levels of participation and achievement in the formal education system. The Delivering Equality of opportunity In Schools (DEIS) programme is the Department of Education's main policy initiative to respond to educational disadvantage at school level. The programme focuses on targeting additional resources to schools with the highest levels of concentrated disadvantage and supports children to achieve their potential through provision of assistance and opportunities that might not otherwise be available to them. Schools participating in the DEIS programme have seen retention rates to Leaving Certificate improve since the introduction of DEIS (it can also be noted that the number of schools eligible to participate in the DEIS programme has been expanded recently).[85] Ireland's rate of school completion is currently among the highest in Europe. The 2018/2019[86] retention rate (i.e. the percentage entry year completing Leaving Cert) of 91.2% is the same as the 2015/2016 cohort, when it also stood at 91.2 %.

Education: Attainment

This indicator measures the percentage of those who have attained each of the different levels of education using the National Framework of Qualifications. Higher levels of educational attainment are generally linked to better occupational prospects and higher income for individuals, hence having a positive effect on their quality of life. The percentage of the population with Higher Secondary education and above increased by 5.1% from 78% in 2018 to 82% in 2021.

Healthy Ireland and the Department of Education have been collaborating with regard to both policy and initiatives in schools that seek to improve student wellbeing, and which, in improving wellbeing, have further impacts on attendance, retention and attainment. The Department of Education and NCCA have successfully increased the emphasis on wellbeing in education in recent years.[87]

85. https://www.gov.ie/en/publication/a3c9e-extension-of-deis-to-further-schools/
86. Department of Education, *Retention rates of pupils in second-level schools: entry cohort 2013* (DoE, 2020), https://assets.gov.ie/95804/61fa5237-a4de-401c-9c65-aa0f693bde2f.pdf
87. https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

For example, significant developments have included the launch of the Wellbeing Framework for Practice[88], the Junior Cycle Wellbeing Framework[89] and other curricular changes, such as the introduction of Leaving Certificate Physical Education[90] as an examinable subject, and launch of the Senior Cycle Physical Education framework.[91] Healthy Ireland have co-funded the Department of Education's Active School Flag programme, which has engaged over 2,000 national schools since inception.

As an example of how improved wellbeing can affect both retention and attainment, research associated with the Active School Flag has indicated positive effects on behaviour, concentration and attendance; it is effective in DEIS schools, and has been shown to narrow physical activity gender gradients, in addition to its primary purpose, which is to promote higher physical activity levels in schools.[92, 93, 94]

Literacy and Numeracy

This indicator measures literacy (adjusted) mean scores for adults and numeracy (adjusted) mean scores for adults and is defined as the mean scores of children aged 15 based on the OECD PISA Scientific Literacy Scale. The Programme for International Student Assessment (PISA) is an OECD assessment of the skills and knowledge of 15-year-olds in reading literacy, science and mathematics. PISA has taken place every three years since 2000, with PISA 2018 the seventh cycle. In each cycle, one domain is the major domain of assessment, and the remaining two areas are assessed as minor domains. Reading literacy was the major assessment domain in 2018, with science and mathematics assessed as minor domains.[95]

88. https://www.gov.ie/pdf/?file=https://assets.gov.ie/24725/07cc07626f6a426eb6eab4c523fb2ee2.pdf#page=35
89. https://ncca.ie/en/junior-cycle/wellbeing/
90. https://ncca.ie/media/3607/lcpe_single.pdf
91. https://ncca.ie/en/senior-cycle/curriculum-developments/senior-cycle-physical-education-framework-scpe/
92. S. Belton … [et al], 'Ten Years of 'Flying the Flag': An Overview and Retrospective Consideration of the Active School Flag Physical Activity Initiative for Children—Design, Development & Evaluation'. *Children*. 2020; 7(12):300. https://doi.org/10.3390/children7120300
93. Jamie McGann … [et al], 'Teacher experiences implementing the 'Active School Flag' initiative to support physically active school communities in Ireland', *Irish Educational Studies*, (2022) 41:2, 271-293, DOI: 10.1080/03323315.2020.1794926
94. https://www.sportireland.ie/research/csppa-2018
95. https://www.cso.ie/en/releasesandpublications/ep/p-sdg4/irelandsunsdgs2019-reportonindicatorsforgoal4qualityeducation/childhoodeducation/

Ireland's mean score of 518.1 on the reading scale is significantly higher than the OECD average of 487.1, for fifteen-year-old students. Ireland ranked 4th out of 36 OECD countries with valid data (or between 1st and 5th if a 95% confidence interval is applied) and 8th out of all 77 participating countries/economies (between 5th and 9th if a 95% confidence interval is applied), and 3rd out of 27 EU countries. Ireland's standard deviation for reading is 90.7. This is smaller than the OECD average of 99.4, indicating a narrower spread of reading achievement in Ireland than on average across OECD countries. Female students in Ireland significantly outperform male students on PISA 2018 overall reading. The difference, 23.2 score points, is lower than on average across OECD countries (29.7 points).

Student performance on PISA reading literacy in Ireland is characterised by an above-average percentage (12.1%) of high performers (Level 5 and 6), and a small below-average percentage (11.8%) of low performers (below Level 2); there are significantly fewer low performers (Level 1 and below) and more high performers (Levels 5 and 6) in Ireland than on average across OECD countries.

PISA 2018 results showed that 91.5% of 15-year-old girls achieved the minimum proficiency level in reading, compared with 84.9% of boys. Among students in the highest Economic, Social and Cultural Status (ESCS) grouping, 94.7% achieved the minimum proficiency level in reading, compared with 78.7% of students in the lowest ESCS grouping.

In addition to general literacy and numeracy, health literacy is also increasingly important, given the wealth of health information available and the attendant necessity for evaluation and associated skills. Limited health literacy is associated with poorer health behaviours, quality of life and health (including the prevalence of chronic disease), and higher use of health services.

The Department of Health is a member of MPOHL, the action network measuring population and organisational health literacy through WHO Europe. As part of this network, two surveys of health literacy have been conducted in Ireland. Data on 4,487 respondents indicates that, of the four aspects of personal health literacy (finding, understanding, evaluating and applying information), evaluating health information presents the greatest challenge, for example, judging whether the information about illness in the mass media is reliable.

Just over 40% have excellent health literacy, while 28% of people have limited health literacy and thus may have difficulties dealing with health information. Notably, even in groups with limited health literacy, understanding and application of measures with respect to Covid-19 was high, indicating that good public health messaging can make health information more accessible with likely positive impacts for health, health behaviours, and health service use.

Consistent Poverty Rate

Consistent poverty is one of the key national poverty indicators provided by the Survey on Income and Living Conditions (SILC), a household survey covering a broad range of issues in relation to income and living conditions. The consistent poverty rate recorded by SILC in 2021 was 4.0%, compared with 8.7% in 2015. This represents a decrease of 54%.[96]

Inequality of Income distribution

This indicator measures income inequality: the ratio of total income received by 20% of the country's population with the highest income (top quintile) to that received by 20% of the country's population with the lowest income (lowest quintile). It complements the consistent poverty indicator by providing a measure of the income of the poorest households relative to the richest. This is important for tracking social inclusion. Economic deprivation can have a negative effect on health and wellbeing; children are especially vulnerable. The ratio of income of top 20% earners vs bottom 20% earners dropped from 4.7 in 2015 to 3.8 in 2021.

Homelessness

Households/individuals that are accepted as being homeless or are in temporary accommodation are likely to have greater public health needs than the general population. The prevalence of homelessness, the increase in rents and the restricted housing options for the most vulnerable in society are among the most pressing housing issues Ireland faces. The Government is committed to taking further action to address the needs of those experiencing or facing homelessness. The Government's *Housing for All* plan[97] covers areas such as housing supply and state supports aimed at tackling the issue. Individual local authorities are attempting to increase numbers of social housing stock available.

A positive impact of Covid-19 was a reduction in both short-term and long-term homelessness, partly due to specific preventive measures introduced, such as a ban on evictions of tenants, a rent freeze and increased bed capacity. All the city authorities confirmed a reduction in short-term and long-term homelessness during the pandemic, with Dublin City Council, which returns figures for the four Dublin authorities, showing the largest decrease in both.

96. https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2020/povertyanddeprivation/

97. Department of Housing, *Local Government and Heritage, Housing for All - a New Housing Plan for Ireland* (DHLGH, 2021), https://www.gov.ie/en/publication/ef5ec-housing-for-all-a-new-housing-plan-for-ireland/

A positive impact of Covid-19 was a reduction in both short-term and long-term homelessness, partly due to specific preventive measures introduced, such as a ban on evictions of tenants, a rent freeze and increased bed capacity.

The National Oversight and Audit Commission (NOAC) reported that the year 2020 was the first since 2014 that there has been a decrease in both the number of adults in emergency accommodation and the number of adults in emergency accommodation that are in long-term homelessness.[98]

The Department of Housing, Local Government and Heritage (DHLGH) produces a monthly homeless report detailing the number of families, adults and children accessing local authority funded emergency and transitional accommodation.[99] This Outcomes Framework indicator reports the total number of adults accessing emergency accommodation, comparing the same period in January for successive years. The figure for homeless adults in January 2018 was 5,837. The total for the same period in 2022 was 6,587. A review of the figures between 2018-2022 shows an increase between January 2018 and January 2020 (from 5,837 to 6,697), followed by a pandemic-era decrease in January 2021 to 5,987. By January 2022 the figures are increasing again, to 6,587. This trend is shown in the table below.

Number of adults accessing emergency accommodation (national total) – January 2018-2022	
2022	6,587
2021	5,987
2020	6,697
2019	6,363
2018	5,837

98. National Oversight and Audit Commission, *Local Authority Performance Indicator Report 2020* (NOAC, 2021), https://noac.ie/wp-content/uploads/2021/09/NOAC-Local-Authority-Performance-Indicator-Report-2020.pdf
99. https://www.gov.ie/en/collection/80ea8-homelessness-data/

During the pandemic there was also an increase in exits from homelessness, attributable to increased availability of private rented accommodation, possibly because of short-term factors such as non-Irish workers returning home, or landlords moving their property from the short-term let/AirBnB market. (Focus Ireland notes, however, that moves to permanently hold previously short-term rental properties in the long-term market, which feature in other states, are absent in Ireland.[100])

Other effective measures noted by Focus Ireland include the prioritizing of social housing lettings to homeless households, and an increased level of effective collaboration between Government, the health service, homeless organisations and local authorities during the pandemic, the latter an essential component of effective approaches to tackling homelessness. Following the lifting of preventive measures put in place during the pandemic, the number of people living in emergency accommodation has been rising again.[101]

Family homelessness has been called “one of the direst challenges” facing the State.[102] DHLGH reported in January 2022 that a total of 1,119 families were homeless, an increase of 42 in a month, with 2,563 children without a home, an increase of 112 since December. It is important to maintain any progress achieved on the issue during the Covid-19 pandemic. Homelessness in childhood has been identified as a significant adverse event with long-term health impacts.[103]

Homelessness in childhood has been identified as a significant adverse event with long-term health impacts.

100. https://www.focusireland.ie/focus-blog/homeless-figures-and-the-impact-of-covid-19/
101. https://www.irishtimes.com/news/social-affairs/homelessness-rising-at-alarming-rate-since-covid-measures-eased-1.4812287
102. https://www.irishtimes.com/news/social-affairs/progress-on-family-homelessness-during-pandemic-must-not-slip-says-charity-1.4807469
103. https://www.irishtimes.com/life-and-style/health-family/how-adverse-experiences-and-trauma-during-childhood-affect-the-brain-1.4851786

A 2019 report from the Office of Ombudsman for Children highlighted the negative impacts of living in family hubs, which include difficulty sleeping; lack of privacy, space to study and opportunity to play; and problems maintaining relationships with family and friends.[104]

Two subsequent Oireachtas Committee reports have outlined the range of actions required to respond effectively to homelessness among children and their families, recommending that:[105]

- The right to housing in the Constitution should be examined, as a matter of priority;
- The Housing Act 1988 should be amended to ensure that appropriate accommodation and supports are provided to homeless families with children;
- Data collection and disaggregation be improved;
- Independent, statutory inspections of homelessness services should be in place;
- An independent, formal evaluation of the suitability of family emergency accommodation, including family hubs as an approach to providing emergency temporary accommodation, should be undertaken;
- Standards for family hubs should be implemented;
- Practical supports, including child support workers, should be available to children and families in emergency accommodation.

Post-pandemic, an initiative by the Office of Ombudsman for Children (A Better Normal) calls for the eradication of child poverty and homelessness by 2026.[106]

Inadequate Housing (Affordability)

Socio-economic policies relevant to health and inequities include housing interventions to improve conditions (e.g. relating to damp, heat, tenure and indoor air pollution).[107] Housing indicators are included in the Outcomes Framework in order to capture the impacts of this policy area on population health and wellbeing. Affordability is a key criterion of adequate housing, as housing is not adequate if its cost threatens or compromises the attainment and satisfaction of other basic needs such as, food, education, access to health care, and transport. Based on the UN-Habitat's Urban Indicators Program (1996-2006), unaffordability is currently measured as the net monthly expenditure on housing cost that exceeds 30% of the total monthly income of the household.

CSO figures show that the Residential Property Price Index (RPPI) increased by 14.4% nationally in the 12 months to December 2021 and the median price of a dwelling purchased in the same period was €280,000.[108] The average industrial wage is noted by various sources as being between €44,000 and €45,000 during the same time period[109], suggesting that house prices represent 6.4 times the average industrial wage at the end of 2021.

Currently, mortgage costs are lower, and the incomes of mortgage holders higher than those of renters, making rental data more indicative of the pressures faced by lower income households. Data from the National Census in 2016 indicates that average rent was 29% of household disposable income for tenants in Ireland. According to the Household Budget Survey, 2015-16, 19.1% of households spent more than 30% of their weekly disposable income on Housing.

Additional data sources for housing affordability are available via CSO and Eurostat, and these will be explored to further develop this indicator in the future.[110, 111]

Housing Quality (BER)

Building Energy Rating (BER) certificates are legally required where selling, renting or buying a home. A BER certificate rates a home's energy performance on a scale between A and G. A-rated homes are the most energy efficient while G-rated are the least energy efficient.

BER and fuel poverty are strongly correlated, with lower income households living in homes with low BER values being more at risk of experiencing fuel poverty. Damp, poorly insulated homes can also contribute to a number of health conditions, including cardiovascular, respiratory and mental health conditions. Retrofit therefore delivers a range of benefits, including: warmer and more comfortable homes, cheaper to heat homes which helps to alleviate energy poverty, and improved health and wellbeing, particularly for the young and elderly.

104. https://www.oco.ie/library/no-place-like-home-childrens-views-and-experiences-of-living-in-family-hubs/
105. https://www.oco.ie/news/consensus-finally-emerging-on-actions-needed-to-address-child-homelessness-ombudsman-for-children/
106. https://www.oco.ie/library/a-better-normal-eradicate-child-poverty-eliminate-child-homelessness/
107. World Health Organization Regional Office for Europe, *Evidence and resources to act on health inequities, social determinants and meet the SDGs* (WHO, 2019), https://www.euro.who.int/__data/assets/pdf_file/0009/397899/20190218-h1740-sdg-resource-pack-2.pdf
108. https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/presstatementcovid-19twoyearson/
109. https://www.cso.ie/en/releasesandpublications/ep/p-gpii/geographicalprofilesofincomeinireland2016/housing/
110. SILC collects limited expenditure data for the EU-SILC variable HH070 (housing costs). CSO does not publish estimates on this, but the data is available through the SILC RMF or AMF. https://www.cso.ie/en/aboutus/lgdp/csodatapolicies/dataforresearchers/; https://www.ucd.ie/issda/data/eusurveyofincomeandlivingconditionseu-silc/
111. Eurostat EU-SILC database, e.g. the housing costs burden tables ilc_lvho_hc: https://ec.europa.eu/eurostat/web/income-and-living-conditions/data/database;

The Warmth and Wellbeing pilot retrofit scheme, delivered between 2016 and 2022 by DECC and the HSE, under the aegis of Healthy Ireland, has targeted deep energy efficiency interventions at people in energy poverty who are suffering from acute health conditions and living in poorly insulated homes. The scheme is currently undergoing a health impact evaluation. The learnings from the scheme have already influenced the development of policy for other SEAI schemes, in particular in relation to improving the customer journey and working with vulnerable homeowners. The details of how the scheme can further inform Government's approaches to retrofitting, especially with regard to those who are more vulnerable and at risk of energy poverty, will be considered when the final findings of the evaluation are available.

The *National Retrofit Plan*, published as part of the *Climate Action Plan*, sets ambitious targets to retrofit 500,000 homes to a Building Energy Rating of B2 or carbon equivalent and to install 400,000 heat pumps in existing buildings by the end of 2030. These targets represent a very significant increase in both the volume and depth of retrofit activity in Ireland. An unprecedented €8 billion of *National Development Plan* funding (including €5 billion in carbon tax revenues) has been made available to support these residential upgrades (to 2030). This represents approximately 30% of the housing stock and is among the most ambitious retrofit programmes worldwide.

Healthy Ireland's BER indicator reports data on prevalence of A or B Domestic Building Energy Ratings (as a percentage of total homes with published BER ratings) and is based on published BERs for all periods of construction. CSO data shows an increase of 54.5% in the total number of A or B ratings between 2018 and 2021.[112] All newer dwellings must be built to high energy performance standards, resulting in higher ratings for homes built since 2015. For dwellings that have had more than one BER audit carried out there is also an improvement to be seen. In their earliest assessment only 8% of dwellings received either an "A" or "B" rating compared with 26% in their most recent assessment. In contrast, 18% of dwellings were rated "F" or "G" in their first BER assessment compared with only 4% in their latest BER assessment. These improvements are likely due to renovations of these homes including energy efficiency upgrades.

29. Long-term Unemployment

Indicator	Baseline	Most Recent	Change	Source
Number of long-term unemployed people (unemployed for one year or more) aged 15-74 years as a proportion of the labour force	2.1% (2018)	1.7% (2021)	Decreased 19.%	CSO Labour Force Survey[113]

This indicator measures the mid year number of long term unemployed people (persons who have been unemployed for one year or more) aged 15–74 years as a proportion of the labour force (unemployed and employed persons 15 to 74 years of age). This is an important indicator from the view of socio economic differences in health. Besides other special risks, unemployment is tied with poverty. In particular, long term unemployment itself has detrimental health effects

The percentage of people aged 15-74 in long-term unemployment (unemployed for one year or more) decreased by 19%% from 2.1% to 1.7% between 2018 and 2021.

Relevant HI Strategic Action Plan Objectives

6.2 Assess and influence Government policy development and implementation against the Healthy Ireland Outcomes Framework.

6.6 Develop initiatives to address health inequalities in marginalised groups.

Relevant SDG Indicator	**SDG 8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

112. https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42018/;https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42021/

113. Central Statistics Office, *Labour Force Survey Quarter 4 2021* (CSO, 2022), https://www.cso.ie/en/releasesandpublications/ep/p-lfs/labourforcesurveyquarter42021/unemployment/

30. Jobless Households

Indicator	Baseline	Most Recent	Change	Source
Proportion of total persons aged 18-59 years living in a household where no member of the household is working (student households excluded)	9.5% (2018)	7.2% (2021)	Decreased 24.2%	CSO Labour Force Survey

This indicator measures the proportion of total persons aged 18–59 years living in a household where no member of the household is working. (Students aged 18–24 years living in households composed solely of students are excluded.) Household joblessness is distinct from individual unemployment in two ways: it includes other reasons (as well as unemployment) for non employment such as caring responsibilities, illness or disability and it takes account of whether there are other adults in the household in employment. Living in a jobless household tends to be associated with poverty and deprivation, particularly for children. A central tenet of wellbeing is to engage in meaningful activity. In modern society, such engagement or participation can take a number of forms: paid work, unpaid work, education and training, and leisure; all of which are important for individual and societal wellbeing

The proportion of total persons aged 18-59 living in jobless households has reduced from 9.5% in 2018 to 7.2% in 2021.

Relevant HI Strategic Action Plan Objectives

6.2 Assess and influence Government policy development and implementation against the Healthy Ireland Outcomes Framework.

6.6 Develop initiatives to address health inequalities in marginalised groups.

Relevant SDG Indicator	**SDG 8.5** By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

31. Participation in Education 1: Retention

Indicator	Baseline	Most Recent	Change	Source
% entry year completing Leaving Cert	91.2% (2015/16)	91.2% (2018/19)	No change	Department of Education

Poor levels of retention and participation in education can often be an outcome in school clusters/communities with concentrated levels of educational disadvantage. Education is one of the strongest predictors of health: the more schooling people have, the better their health is likely to be. Higher levels of educational attainment are consistently associated with lower death rates. The less schooling people have, the greater their levels of high-risk health behaviours such as smoking, being overweight, or having a low level of physical activity. Reduced life expectancy and Healthy Life Years is associated with lower levels of education.

There was no change in the percentage entry year completing Leaving Cert between 2015/16 and 2018/19.

Relevant HI Strategic Action Plan Objectives

2.1.3 Complete the new DEIS identification model.

Relevant SDG Indicator	**SDG 8.6 By** 2020, substantially reduce the proportion of youth not in employment, education or training

32. Participation in Education 2: Attainment

Indicator	Baseline	Most Recent	Change	Source
% population with Leaving Cert or above	78% (2018)	82% (2021)	Increased 5.1%	CSO, Educational Attainment Thematic Report

This indicator measures the percentage of those who have attained each of the different levels of education using the National Framework of Qualifications (NFQ). Higher levels of educational attainment are generally linked to better occupational prospects and higher income for individuals, hence having a positive effect on their quality of life.

The percentage population with Leaving Cert or above increased from 78% in 2018 to 82% in 2021.

Relevant HI Strategic Action Plan Objectives

2.1 Continue the successful partnership with the Department of Education to further align policy and initiatives in schools with Healthy Ireland policy and support the development of curricula that include, for example, physical education and relationship and sexual education.

Relevant SDG Indicator	**SDG 8.6** By 2020, substantially reduce the proportion of youth not in employment, education or training

33. Literacy and Numeracy

Indicator	Baseline	Most Recent	Change	Source
Mean scores of children aged 15 based on the OECD-PISA Scientific Literacy Scale	518.1 (2018)	NYU - PISA 2022 will be the next assessment	No data	Programme for International Student Assessment

This indicator measures literacy (adjusted) mean scores for adults and numeracy (adjusted) mean scores for adults and is defined as the mean scores of children aged 15 based on the OECD PISA Scientific Literacy Scale. Developing good literacy and numeracy skills, including digital literacy skills, among all children and young people is fundamental to the life chances of each individual and essential to the quality and equity of society

In 2018, the mean score of children aged 15, based on the OECD-PISA Scientific Literacy Scale, was 518.1.

Relevant HI Strategic Action Plan Objectives

2.1.2 Engage with the Department of Education on the development of the follow-on literacy and numeracy strategy.

Relevant SDG Indicator	**SDG 4.6** By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

34. Consistent Poverty Rate

Indicator	Baseline	Most Recent	Change	Source
A person is in consistent poverty if they are both income poor (<60% median household income) and deprived (individuals lacking 2 or more of 11 basic necessities).	8.7% (2015)	4.0% (2021)	Decreased 54%	Survey on Income and Living Conditions

This indicator is comprised of two component indicators: at risk of poverty, which measures individuals whose household income is below 60% of the median, and basic deprivation, which captures individuals lacking 2 or more of 11 basic necessities. A person is in consistent poverty if they are both income poor and deprived. Research in Ireland has found that during recessionary times, the consistent poverty indicator is particularly effective in capturing perceived economic stress and risk factors associated with poverty.

The percentage of people in consistent poverty decreased from 8.5% in 2015 to 4.0% in 2021.

Relevant HI Strategic Action Plan Objectives

2.13.1 Implement the Roadmap for Social Inclusion 2020-2025, to reduce consistent poverty to 2% or less and make Ireland one of the most socially inclusive countries in the EU.

Relevant SDG Indicator	**SDG 1** End poverty in all its forms everywhere

35. Inequality of Income Distribution (S80:S20) Quintile Share Ratio

Indicator	Baseline	Most Recent	Change	Source
Ratio of income of top 20% earners vs bottom 20% earners	4.7 (2015)	3.8 (2021)	Decreased 0.9	Survey on Income and Living Conditions

This indicator measures income inequality: the ratio of total income received by 20% of the country's population with the highest income (top quintile) to that received by 20% of the country's population with the lowest income (lowest quintile). This indicator complements the consistent poverty indicator by providing a measure of the income of the poorest households relative to the richest. This is important for tracking social inclusion. Economic deprivation can have a negative effect on health and wellbeing. Children are especially vulnerable.

The ratio of income of top 20% earners vs bottom 20% earners dropped from 4.7 in 2015 to 3.8 in 2021.

Relevant HI Strategic Action Plan Objectives

2.13 Work in partnership with the Department of Social Protection to promote health and wellbeing.

Relevant SDG Indicator	**SDG 10.1.1** Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population.

36. Homelessness

Indicator	Baseline	Most Recent	Change	Source
Number of homeless persons in Ireland.	5,837 (2018)	6,587 (2022)	Increased 12.8%	DHLGH

Households/individuals that are accepted as being homeless or are in temporary accommodation are likely to have greater public health needs than the general population. The prevalence of homelessness, the increase in rents and the restricted housing options for the most vulnerable in society are among the most pressing housing issues Ireland faces.

This indicator reports the total number of adults accessing emergency accommodation, comparing the same period in January for successive years. The figure for homeless adults in January 2018 was 5,837; in January 2022 this total was 6,587 (although the latter figure represents a slight decrease from the pre-pandemic January 2020 figure of 6,697).

Relevant HI Strategic Action Plan Objectives

2.2.1 Implementation of the Housing First Programme.

Relevant SDG Indicator	**SDG 11.1** By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

37. Inadequate Housing (Affordability)

Indicator	Baseline	Most Recent	Change	Source
Proportion of households with net monthly expenditure on housing exceeding 30% of the total monthly income of the household.	Average rent: 29% household income; 19.1% households spending > 30% weekly income on housing	NYU - Census 2022 will provide update	N/A	Census 2016, Household Budget Survey, 2015-16 (CSO)

Indicator updated to the percentage of household income spent on rent by those renting; the typical mortgage holder has a higher income and mortgage repayments are lower than rental rates currently. Updated data will be available from Census 2022 in 2023. According to the Household Budget Survey, 2015-16, 19.1% of households spent more than 30% of their weekly disposable income on Housing.[114]

Relevant HI Strategic Action Plan Objectives

2.2 Engage and collaborate with the Department of Housing, Local Government and Heritage to align policy and initiatives with Healthy Ireland policy.

Relevant SDG Indicator	**SDG 11.1** By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.

114. https://www.cso.ie/en/statistics/housingandhouseholds/householdbudgetsurvey/

38. Housing Quality (BER)				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
A or B Domestic Building Energy Ratings (%)	11% (2009-2018)	17% (2009-2021)	Increased 54.5%	CSO - Domestic Building Energy Ratings[115]

This indicator reports data on prevalence of A or B Domestic Building Energy Ratings (as a percentage of total of homes with published BER ratings weighted to the national level.) The indicator is based on published BERs for all periods of construction.

CSO data shows an increase of 54.5% in the total number of A or B ratings between 2018 and 2021.

Relevant HI Strategic Action Plan Objectives

2.3.9 Enable the Department of the Environment, Climate and Communications to combat energy poverty.

Relevant SDG Indicator	**SDG 13** Take urgent action to combat climate change and its impacts

115. https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42018/; https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42021/

Environmental Factors

A high-level outcome of the Outcomes Framework is to ensure longer healthier lives in safe, healthy environments in resilient communities. Our environment provides us with the essential services that we need for life, including air, water and food. Any deterioration in the quality of these elements can impact on our health and quality of life, and ultimately on our life expectancy.[116]

The main diseases associated with environmental pollution are cancers, heart disease and stroke. More than 20 million 'healthy life years' are estimated to be lost annually in the EU-28 countries as a result of the health impacts of environmental pollution. Health and wellbeing are further affected by loss of biodiversity through pollution and climate change, which impacts on agriculture and food security. Destruction of biodiversity and habitats is also likely to create the conditions for emergence of new viruses and diseases such as Covid-19, increasing the risk of pandemics.

In addition to the overall influence of environmental pollution, health inequity is an issue, as people of lower socio-economic status tend to be disproportionately exposed to environmental pollution (such as air or noise pollution), and this may be exacerbated in the future without appropriate policies to protect those most vulnerable in our society. Environmental indicators are essential for tracking environmental status and monitoring the impact of environmental policy on health and wellbeing.

Air Quality

Despite an increasing recognition of the importance of air quality, both indoor and outdoor air pollution continue to have significant impacts on human health. Chronic exposure even to moderate levels of fine particulate matter ($PM_{2.5}$) increases the risk of heart disease, stroke and respiratory diseases (including lung cancer, chronic obstructive pulmonary disease and respiratory infections), while nitrogen oxides (NOx) also have adverse effects on the human respiratory system.[117] According to the EEA, it is estimated that in 2019 there were approximately 1,300 premature deaths in Ireland due to poor air quality.[118]

Major causes of air pollution in Ireland are particulate matter from domestic burning of solid fuels and nitrogen dioxide gas from vehicle emissions in urban areas. Solutions include moving towards cleaner ways of heating homes, improving the energy efficiency of our buildings and implementing the transport options outlined in the Government's Climate Action Plan.

116. https://www.epa.ie/irelandsenvironment/environmentandwellbeing/

117. https://www.oecd-ilibrary.org/sites/80661e2d-en/index.html?itemId=/content/component/80661e2d-en

118. European Environment Agency, *Air quality in Europe 2021* (EEA, 2021), https://www.eea.europa.eu/publications/air-quality-in-europe-2021

Nationwide restrictions on smoky solid fuels and the implementation of the National Clean Air Strategy and its linked actions should lead to improvements in air quality in Ireland in the coming years.

This indicator addresses the impact of air quality on health and is derived from public information provided by the Environmental Protection Agency through the Air Quality Index for Health (AQIH).[119] The AQIH is calculated every hour in various locations nationwide; current readings can be viewed on the AQIH map.[120] The AQIH indicates the impact of air pollutant concentrations on health, by categorising air quality into Good, Fair, Poor or Very Poor, based on concentrations of five pollutants (ozone gas, nitrogen dioxide gas, sulphur dioxide gas, $PM_{2.5}$ particles and PM_{10} particles).

The EPA has compiled data for two years (2018 and 2021) for 15 stations across the country, comparing the number of days where the air quality was determined as poor or very poor by the AQIH. In 2018, there were 34 recorded poor/very poor days in total; in 2021 this total was 29 (the following table provides more detail).

Year	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Total days per station
Poor/Very Poor number of days													
2018	1	0	1	2	5	8	0	0	2	3	1	11	**34**
2021	20	0	1	0	0	0	0	0	0	0	6	2	**29**

This indicates a small reduction between 2018 and 2021 in the number of days showing a poor or very poor air quality status; however, in view of the slight decrease and the impact that variation in weather from year to year has on ambient air quality, this drop should be welcomed with caution and monitored to see if it continues.[121] As noted above, the pending nationwide restrictions on smoky solid fuels should impact on this value in future years.

119. The AIQH is a number from 1 to 10 that indicates current air quality in a particular region, and its probable health impact. A reading of 10 indicates that air quality is very poor, a reading of 7 to 9 that air quality is poor and a reading of 1 to 4 inclusive means that the air quality is fair or good.

120. https://airquality.ie/

121. Weather patterns in a year have a significant impact on the build-up or dissipation of air pollutants. Periods of stormy, wet, windy weather or cold still weather conditions can lead to changes in the AQIH status, particularly if they occur during the heating season.

Water Quality

Water quality is a key measure of protecting the public from threats to health and wellbeing.

Water quality is a key measure of protecting the public from threats to health and wellbeing. Protection of our drinking water sources (over 1,000 public supplies and over 700 private supplies) is important to ensure the quality of our drinking water supplies and protect public health.[122]

This indicator measures the percentage of drinking water in private schemes in compliance with statutory requirements. Included are group (public and private) water schemes and small private supplies to which the regulations are applicable. In total, these schemes serve about 7% of the population. Data is provided by the Environmental Protection Agency (EPA) from water testing results supplied by the local authorities. The compliance rate is calculated as the number of tests that complied with all microbiological, chemical and indicator parameter values as a percentage of the total number of tests carried out on these supplies.

The percentage of private schemes in compliance with statutory requirements increased slightly between 2018 and 2019, from 97.06% in 2018 to 97.5% in 2019. No update for was available for 2020.

It should be noted that the increased risk of flooding associated with climate change poses risks for integrity of private wells, which may become compromised due to flood damage; this could potentially lead to an increase in waterborne illness. Serious verotoxigenic E. coli (VTEC)

122. Department of Housing, *Planning and Local Government*, *Significant Water Management Issues in Ireland: Public Consultation Document* (DHPLG,2019), https://assets.gov.ie/78373/30d96d3b-a09c-431c-a3ee-790668e35e57.pdf

outbreaks have been consistently associated with private wells in Ireland.[123]

There is also a risk to human health from chemical contamination of water due to displacement of chemicals during a flood, with overloaded sewers, storm water floods and landfill sites identified as potential sources of chemical contamination. While it is likely that such sources of contamination would be diluted in flood water, it is suggested that improvements in environmental investigation following a flood event should be considered. The public health risks of microbiological and chemical contamination have been highlighted in the Department of Housing, Planning and Local Government's *Climate Change Sectoral Adaptation Plan for Water Quality and Water Services Infrastructure*.[124]

Radon

This indicator addresses exposure to radon, a serious public health hazard. Radon is a naturally occurring radioactive gas, formed in the ground by the radioactive decay of uranium, which is usually found in igneous rocks and soil; this means that certain areas of the country (such as much of Co. Galway, which is a granite area) have higher radon levels.[125] Radon can cause lung cancer when there is exposure to high levels over a long period of time and is the second biggest cause of lung cancer after smoking. Recent radon maps published by the EPA show that 170,000 homes in the country are now predicted to be at risk from radon. This is an increase of 45,000 homes from the previous estimate in 2002.[126]

Actions that are needed to reduce the number of radon related lung cancers in Ireland are set out in the *National Radon Control Strategy*. The 'Population weighted national average indoor radon concentration' is a metric of the Strategy, reported as 98 Bq/m3 in the Year 4 Report on the Strategy[127] to Government. A recent Irish study[128] uses this figure to estimate the number of excess lung cancer cases due to radon at 350 cases per year, which is equivalent to 7.3 excess lung cancer cases per 100,000 people per year due to indoor radon. This mortality rate demonstrates that radon exposure remains one of the highest preventable causes of death in Ireland.

123. Department of Health, *Climate Change Adaptation Plan for the Health Sector* (DoH, 2019), https://www.gov.ie/en/campaigns/708481-climate-change-adaptation-plan-for-the-health-sector-2019-2024/
124. https://www.gov.ie/en/publication/f5710-water-quality-and-water-services-infrastructure-climate-change-sectoral-adaptation-plan/
125. https://www.gsi.ie/en-ie/geoscience-topics/environmental-health/Pages/Radon.aspx
126. https://www.epa.ie/news-releases/news-releases-2022/new-epa-radon-maps-show-more-homes-and-workplaces-at-risk-from-cancer-causing-gas.php
127. EPA, *National Radon Control Strategy Year 4: Report to Government* (EPA,2019), https://www.epa.ie/publications/monitoring--assessment/radon/NRCS-Year-4-Report-to-Government_Final.pdf, p.11
128. P. Murphy … [et al], 'Estimating population lung cancer risk from radon using a resource efficient stratified population weighted sample survey protocol – Lessons and results from Ireland', *Journal of Environmental Radioactivity*, Vol. 233 (2021). https://doi.org/10.1016/j.jenvrad.2021.106582

Environmental Noise Pollution

Prolonged exposure to environmental noise is associated with an increased risk of negative physiological and psychological health outcomes.[129] These include cardiovascular and metabolic effects, cognitive impairment in children, effect on sleep (high sleep disturbance) and annoyance (high annoyance).

The Environmental Noise Directive (END) 2002/49/EC considers environmental noise as unwanted or harmful outdoor sound created by human activity, such as noise emitted by different means of transport (road traffic, rail traffic, air traffic) and industrial activity. The Directive does not apply to noise that is caused by the exposed person himself, noise from domestic activities, noise created by neighbours, noise at workplaces or noise inside means of transport or due to military activities in military areas. Since 2007 the Directive requires Member States to produce strategic noise maps on a 5-year basis for all major roads, major railways, major airports (Dublin Airport) and urban agglomerations (Dublin, Cork, and Limerick), using harmonised noise indicators, and then to develop noise action plans.

Previous rounds of noise mapping have used the methodologies and data inputs that were available at that time. For the current round (Round 4) there will be a transition to the new Common Noise Assessment Methods in Europe (CNOSSOS-EU) standardised modelling approach as well as a standardised approach for population exposure estimation. As a result, it is expected that future noise mapping assessments will be better harmonised, thereby making it easier to compare data. Additionally, the Limerick Agglomeration has recently been introduced and the existing agglomeration boundaries for Dublin and Cork have been revised in light of urban expansion and development over the last 15 years. Round 4 will also see the modelling of many more roads within agglomerations.

Furthermore, from Round 4, health assessments[130] based on Strategic Noise Mapping results will be used to estimate and communicate the risks to health from exposure to noise pollution in Ireland. These new noise assessments are supported by the European Commission's *Zero Pollution Action Plan*. People in urban areas are more greatly affected, and the main source contributing to negative health effects is road traffic noise.[131] Therefore, the estimated absolute risk with respect to the harmful effect "High Annoyance (HA) for road noise" will serve as an appropriate proxy health indicator for environmental noise when applied to representative populations in Ireland.

129. World Health Organization Regional Office for Europe, *Environmental noise guidelines for the European Region* (WHO, 2019), https://www.who.int/europe/publications/i/item/9789289053563
130. S.I. No. 663/2021 - European Communities (Environmental Noise) (Amendment) Regulations 2021 (irishstatutebook.ie)
131. https://www.eea.europa.eu/publications/health-risks-caused-by-environmental

The *Healthy Ireland Survey* (2019), reports that 17% of respondents 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.[132]

Fuel Poverty

The inability of households to afford a warm home is a growing concern nationally, at EU level and across the world. Fuel poverty is determined by a person's income, the energy efficiency of their home and the cost of the energy they use in their home. There is compelling evidence that the drivers of fuel poverty are strongly linked to living at low temperatures which can lead to a range of negative health outcomes.

Energy efficiency measures are central to addressing the root causes of energy poverty. The *Climate Action Plan* commits to improving how energy poverty schemes target those most in need in line with our climate action plan commitments. Government policy to alleviate energy poverty for a number of years has focused on supplementing lower income households through the Fuel Allowance and other payments, as well as providing free energy efficiency upgrades through various Sustainable Energy Authority of Ireland schemes and the Social Housing retrofitting programme. This year, 58% (€203 million) of the total Government retrofit budget of €352 million will be spent on dedicated energy poverty retrofit supports and local authority retrofits. The Government has also taken significant measures this year to mitigate the cost-of-living increases, with the announcement in February of a €505 million suite of measures including the €400 million Electricity Costs Emergency Benefit Scheme, and increased Fuel Allowance payments.

Energy efficiency measures are central to addressing the root causes of energy poverty.

132. https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf

The *Survey on Income and Living Conditions* shows that the proportion of people who report that they are unable to afford to keep the home adequately warm has fallen from 4.4% in 2018 to 3.2% in 2021. While this reduction is welcome, it should be noted that the ESRI have published separate analysis which indicates that, following the recent sharp increases in energy prices, the share of households that could be at risk of energy poverty is now 29.4%.[133] An increase in fuel poverty can unfortunately be expected in a time of rapidly increasing energy prices. In April, the Government approved and published the *National Energy Security Framework*[134] which sets the overarching response to the impacts of the war in Ukraine on the energy system in Ireland. This Framework details consumer supports and protections that are already in place and that are being enhanced.

The ESRI also recently published further research analysing trends in fuel poverty, which found that the increase in the proportion of households receiving fuel allowance and the decrease in the proportion of poor-quality dwellings had a significant positive impact on the decline in aggregate fuel poverty experienced over the period between 2008 and 2020.[135]

The Government's *Strategy to Combat Energy Poverty* is currently being reviewed; this review will inform next steps in relation to the development of a new strategy.

133. https://www.esri.ie/news/energy-poverty-at-highest-recorded-rate#:~:text=Based%20on%20one%20measure%2C%20recent,poverty%20to%2029%20per%20cent
134. https://www.gov.ie/en/publication/ea9e4-national-energy-security-framework/
135. https://www.esri.ie/publications/fuel-poverty-in-ireland-an-analysis-of-trends-and-profiles

An increase in fuel poverty can unfortunately be expected in a time of rapidly increasing energy prices.

Skin cancer is the most common form of cancer in Ireland.

Skin Cancer Incidence

Skin cancer is the most common form of cancer in Ireland. With over 11,000 cases diagnosed each year it accounts for over one-third of all cancers diagnosed annually. It is generally classified into two groups: melanoma and non-melanoma skin cancer.

In Ireland, over 1,000 people are diagnosed with melanoma each year. Although it is not the most frequently diagnosed skin cancer, it is associated with significant ill-health, is much more likely to spread to other parts of the body and can be fatal. Non-melanoma skin cancer (NMSC) includes basal cell carcinoma and squamous cell carcinoma and accounts for over 10,000 cases per year. This skin cancer is much more common but is a less aggressive cancer which slowly progresses over months or years.

Between 2015 and 2045, it is predicted that the number of cases of melanoma per year among males will increase to 1,678 (+207%), and for females to 1,400 (+140%). The number of people diagnosed with NMSC over the same time period is predicted to increase to 16,623 (+177%) for males and 13,503 (+189%) for females.[136] The most recent annual report of the NCRI highlights the continued increase of incidence and mortality rates of melanoma skin cancer in females, pointing to the importance of sun safety.[137]

For this indicator, 2013-based European age-standardized rates are reported for melanoma and non-melanoma skin cancer. Annual average age-standardised rates (ASRs) for 2017-2019 are shown in the relevant table below.

136. Department of Health, *National Skin Cancer Prevention Plan 2019 – 2022* (DoH, 2019), https://www.gov.ie/en/publication/4655d6-national-skin-cancer-prevention-plan-2019-2022/

137. National Cancer Registry Ireland, *Cancer in Ireland 1994-2019: Annual report of the National Cancer Registry* (NCRI, 2021), https://www.ncri.ie/sites/ncri/files/pubs/NCRI_Annual%20Report_2021.pdf

39. Air Quality Index

Indicator	Baseline	Most Recent	Change	Source
EPA Air Quality Index for Health, number of days monitored with a poor or very poor status.	34 (2018)	29 (2021)	Decreased 14.7%	Environmental Protection Agency

Both indoor and outdoor air pollution continue to have significant impacts on human health. This indicator addresses the impact of air quality on health and is derived from public information provided by the Environmental Protection Agency through the Air Quality Index for Health (AQIH). The EPA has compiled data for two years (2018 and 2021) for 15 stations across the country, comparing the number of days where the air quality was determined as poor or very poor by the AQIH. In 2018, there were 34 recorded poor/very poor days in total; in 2021 this total was 29.

Relevant HI Strategic Action Plan Objectives

2.3 Engage and collaborate with the Department of the Environment, Climate and Communications to align policy and initiatives with Healthy Ireland policy

Relevant SDG Indicator	**SDG 3.9** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
	SDG 11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management

40. Water quality

Indicator	Baseline	Most Recent	Change	Source
Percentage (%) drinking water in private schemes in compliance with statutory requirements [Note: This includes group (public and private) water schemes and small private supplies to which the regulations are applicable.]	97.06% (2018)	97.5% (2019) No update for 2020	Increased 0.45%	National Oversight Audit Commission[138]

Drinking water quality is measured by taking samples and testing the drinking water within an area for various parameters outlined in the European Union Drinking Water Regulations 2014. The legislation specifies the standards (known as parametric values) that must be met to ensure drinking water quality is of an acceptable standard. Irish Water has published drinking water quality results from January 2014 onwards; prior to that the EPA published results. A safe water supply, hygienic sanitation and good water management are fundamental to health. Water quality is a key measure of protecting the public from threats to health and wellbeing.

The compliance of private schemes in compliance with statutory requirements increased slightly between 2018 and 2019.

Relevant HI Strategic Action Plan Objectives

2.2.3 Invest in a multi-annual capital funding programme to improve the quality of drinking water in group water schemes, while protecting water quality.

2.2.4 Implement Irish Water's Small Towns and Villages Growth Programme 2020-2024, which will provide water and wastewater growth capacity in smaller settlements that would otherwise not be provided for in Irish Water's capital investment plan.

2.2.5 Reduce the incidence of the release of wastewater into waterways

Relevant SDG Indicator	**SDG 6** Ensure availability and sustainable management of water and sanitation for all

138. https://noac.ie/wp-content/uploads/2021/01/Final-NOAC-LAPIR-2019-Complete-11-Jan.pdf

41. Radon

Indicator	Baseline	Most Recent	Change	Source
Number of excess lung cancer cases due to radon	350 (2021)	NYU - Will be updated in 2025	N/A	Environmental Protection Agency

Actions that are needed to reduce the number of radon related lung cancers in Ireland are set out in the National Radon Control Strategy (NRCS). The 'Population weighted national average indoor radon concentration' is a metric of the Strategy, reported as 98 Bq/m3 in the Year 4 Report on the Strategy[139] to Government. A recent Irish study[140] uses this figure to estimate the number of excess lung cancer cases due to radon at 350 cases per year.

Relevant HI Strategic Action Plan Objectives

2.3 Engage and collaborate with the Department of the Environment, Climate and Communications to align policy and initiatives with Healthy Ireland policy.

2.3.8 Implement the EPA National Radon Control Strategy 2019-2024

Relevant SDG Indicator	**SDG 11** Make cities and human settlements inclusive, safe, resilient and sustainable

139. EPA, *National Radon Control Strategy Year 4: Report to Government* (EPA,2019), https://www.epa.ie/publications/monitoring--assessment/radon/NRCS-Year-4-Report-to-Government_Final.pdf, p.11

140. P. Murphy … [et al], 'Estimating population lung cancer risk from radon using a resource efficient stratified population weighted sample survey protocol – Lessons and results from Ireland', *Journal of Environmental Radioactivity*, Vol. 233 (2021). https://doi.org/10.1016/j.jenvrad.2021.106582

42. Environmental Noise Pollution

Indicator	Baseline	Most Recent	Change	Source
Estimated absolute risk with respect to the harmful effect High Annoyance (HA) for road noise	Baseline data will be available in 2023.	NYU	N/A	Environmental Protection Agency
Percentage experiencing disturbed sleep as a result of noise at least sometimes in the past 12 months*	17% report noise when trying to sleep	NYU	N/A	Healthy Ireland Survey

*temporary indicator used until EPA data available

Relevant HI Strategic Action Plan Objectives

2.3 Engage and collaborate with the Department of the Environment, Climate and Communications to align policy and initiatives with Healthy Ireland policy

Relevant SDG Indicator	**SDG 3** Ensure healthy lives and promote well-being for all at all ages; **SDG 11** Make cities and human settlements inclusive, safe, resilient and sustainable; **SDG 11.1** By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums [assesses the percentage of people who live in homes with structural, overcrowding and **noise problems**].

43. Fuel Poverty

Indicator	Baseline	Most Recent	Change	Source
% of individuals unable to afford to keep the home adequately warm	4.4% (2018)	3.2% (2021)	Decreased 27%	Survey on Income and Living Conditions
% of individuals without heating at some stage in the last year	7.1% (2018)	7.1% (2021)	No change	Survey on Income and Living Conditions

The Survey on Income and Living Conditions shows that the proportion of people who report that they are unable to afford to keep the home adequately warm has fallen from 4.4% in 2018 to 3.2% in 2021.

Relevant HI Strategic Action Plan Objectives

1.15 Develop an assessment of excess winter deaths policy.

2.3.2 Work to ensure that older people who are at greater risk of fuel poverty and the respiratory illnesses associated with air pollution be prioritised in climate action and climate-mitigation plans.

2.3.9 Enable the Department of the Environment, Climate and Communications to combat energy poverty

Relevant SDG Indicator	**SDG 7** Ensure access to affordable, reliable, sustainable and modern energy for all.

44. Skin Cancer Incidence				
Indicator	**Baseline**	**Most Recent**	**Change**	**Source**
Incidence of melanoma of skin, age standardised rate (ASR) per 100,000 of population*	M - 32.3; F - 28.1 (3-year annual average 2017-2019)[141]	NYU - Will be updated in 2023	N/A	NCRI Annual Report 2021
Incidence of non-melanoma skin cancer, age standardised rate (ASR) per 100,000 of population	M - 406.1; F - 255.1 (3-year annual average 2017-2019)	NYU - Will be updated in 2023	N/A	
Relevant HI Strategic Action Plan Objectives				
4.3 Continue to collaborate across Government to strengthen the focus on cancer prevention.				
Relevant SDG Indicator	**SDG 3.4** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.			

*Applying 2013 European standard population age weights (ref: appendix F, Revision of the European Standard Population Report of Eurostat's task) force(https://ec.europa.eu/eurostat/documents/3859598/5926869/KS-RA-13-028-EN.PDF.pdf/e713fa79-1add-44e8-b23d-5e8fa09b3f8f?t=1414782757000)

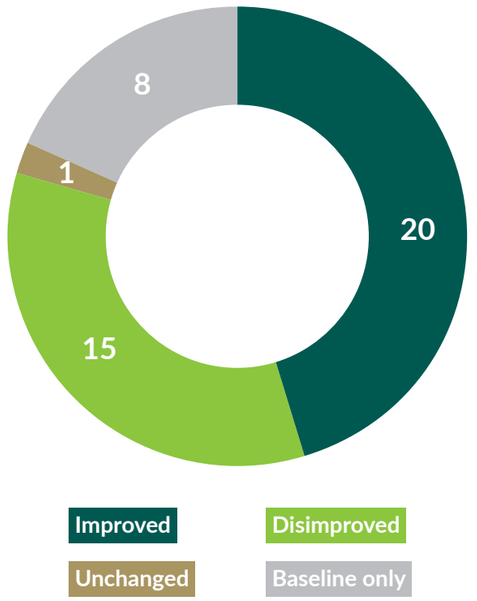
141. National Cancer Registry Ireland, *Cancer in Ireland 1994-2019: Annual report of the National Cancer Registry* (NCRI, 2021), https://www.ncri.ie/sites/ncri/files/pubs/NCRI_Annual%20Report_2021.pdf

Discussion

Collation of data for 44 indicators shows that, for the majority, at least two timepoints are available. There are 8 indicators for which a baseline is available, but no corresponding update. Some indicators rely on the National Census, which was delayed from 2021 to 2022 because of the Covid-19 pandemic.

Data collection for the 2022 Census is in its final stages and, based on previous timelines, is likely to be published in Q1-2, 2023. Two indicators have been adapted temporarily to report on data available, in advance of significant new methodology to enable more accurate measurements.

Where both baselines and updated measurements are available, we note improvements in a majority (20) and regressions in 15. As noted below, however, the improvements are not evenly distributed: some areas such as lifestyle and socio-economic factors have seen progress, while rates of screening and immunization, though high, have been declining.



Health Status

Screening rates for breast and cervical and bowel cancer appear to have been declining slightly. Childhood immunisation rates, while quite high, have also been declining. Lifestyle factors such as smoking, alcohol consumption including binge drinking, levels of physical activity, overweight and obesity remain issues of concern.

Taking a longer view, smoking rates have decreased dramatically from rates of circa 35% in the 1980s, to 23% in 2015 (when the *Healthy Ireland Survey* was first launched). The *Healthy Ireland Survey* noted further decreases from 2015 -2019, with smoking recorded at 17% in 2019. The 2021 Survey noted smoking rates of 18% but given the margin-of-error for survey statistics based on these sample sizes (roughly +/- 1.5%), the one percentage point change in the smoking rate is not statistically significant and is better interpreted as "no change". Smoking was included in the 2022 National Census, which will, for the first time, provide comprehensive national data regarding the prevalence of smoking.

Obesity in particular remains a major public health issue, with a recent WHO obesity report ranking Ireland ninth out of 53 European countries for obesity in adults, and 11th for overweight and obesity.[142] The recent pandemic has exacerbated obesity prevalence in children, according to a number of country studies.[143]

Health Outcomes

Life expectancy in Ireland is continuing to increase, but the effects of Covid-19 will reflect trends, observed in most OECD countries, of falling life expectancy in 2020-2021 due to the pandemic. Most cancers show static or declining trends in both incidence and mortality rates; however the incidence of breast cancer in females has been rising significantly since 2014. Our continuing high rates of overweight and obesity are a cause for concern; obesity is the fourth most common risk factor for non-infectious disease such as cancer and cardiovascular diseases and contributes very significantly to the risk of poor outcomes from Covid-19 infections (and, most likely, risks from other infectious diseases also).

The psychological impacts of the pandemic are acknowledged,[144] and will be addressed at a population level by a new HSE *Mental Health Promotion Plan*, and the forthcoming Department of Health *National Mental Health Promotion Plan*.

Social Determinants

Employment was severely impacted by the pandemic, while other particularly pressing socio-economic problems are housing-related (homelessness, affordability and energy efficiency). In terms of our environment, the pandemic has heightened awareness of the need for environmental sustainability, and for food and supply chain security. It has also increased awareness of the importance of access to green and blue spaces for both mental and physical health, and associated issues of environmental pollution. More than ever, it is clear how important is the need for integrated solutions to address climate change and reduce levels of airborne and noise pollution.

142. https://www.euro.who.int/en/publications/abstracts/who-european-regional-obesity-report-2022
143. https://www.irishtimes.com/news/health/obesity-has-reached-epidemic-proportions-in-ireland-who-says-1.4868485
144. Health Service Executive, *HSE Psychosocial Response to the Covid-19 Pandemic* (HSE, 2020) https://www.hse.ie/eng/services/publications/mentalhealth/hse-psychosocial-response-to-the-covid19-pandemic-2020.pdf

Conclusion

It is notable that this first report on the Outcomes Framework has included a review of the effects of the pandemic on policy areas addressed by the Framework. The Covid-19 pandemic triggered the most severe global economic recession in nearly a century and caused significant damage to people's health, employment and well-being.[145]

However, while many effects were negative, there were also some important positive impacts. For example, the unprecedented implementation of emergency measures to address seemingly intractable issues such as homelessness demonstrated that effective interventions are available.

The necessary Covid-19 restrictions resulted in some very significant changes to daily living, in particular work and learning patterns. This experience allowed a reassessment of (and has accelerated change in) numerous aspects of social and economic life. These include commuting patterns, work-life balance, consumption habits, the housing market and urban planning, all areas which have an impact on health and wellbeing.

The experience of living with necessary Covid-19 restrictions also led to much wider access to working from home, accelerating both positive and negative change in social and economic life, and reassessment of same.

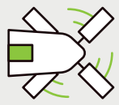
145. https://www.esri.ie/system/files/publications/WP706.pdf

The CSO reports that some 88% of people who can work remotely would like to do so when all pandemic restrictions are removed, and that almost three-quarters of those who work remotely felt they had more time on their hands, because of remote work, to do things they never got the chance to do before the pandemic.[146] Notably, participation in walking and individual forms of physical activity amongst adults rose. There is a strong impetus following the challenges of Covid-19 to maintain any improvements and to secure change for the better; there is a significant opportunity to build on the learnings from the pandemic on what worked well, rather than simply returning to the previous status quo.

Consideration of environmental factors has never been more important, not just in the context of the health impacts of pollution and climate change, but also in consideration of energy supply. The Ukraine crisis has had a dramatic impact on energy costs, re-enforcing the need to take action to reduce our energy footprints, both at national and household level. The impacts of increased energy costs are felt in most areas of the economy and have the potential to reverse gains in employment and other socio-economic indicators such as poverty rates.

While recent geo-political events are too recent for their impacts to be noted in the data presented here, they are likely to be visible in the years to come. The political and economic volatility in recent years strengthen the rationale for data collation exercises such as the Outcomes Framework and the *Wellbeing Framework for Ireland*, the latter a wider effort to which Healthy Ireland and the Department of Health are contributing.[147]

Consideration of environmental factors has never been more important, not just in the context of the health impacts of pollution and climate change, but increasingly in regard to energy supply.



146. https://www.cso.ie/en/csolatestnews/pressreleases/2022pressreleases/pressstatementcovid-19twoyearson/

147. https://www.gov.ie/en/campaigns/1fb9b-a-well-being-framework-for-ireland-join-the-conversation/

Appendix 1 - Healthy Ireland Outcomes Framework Indicator Set

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
1. Uptake of screening by women eligible for BreastCheck (aged 50-69)	74.7% (2015)[148]	71.6% (2019)[149]	↓	Decreased 4.1%	BreastCheck Programme Report
2. Proportion of the eligible population in Ireland who had a satisfactory smear test within a five-year time period.	80.2% (2018)[150]	77.8% (2020)[151]	↓	Decreased 3%	CervicalCheck Programme Report; NHQRS Annual Report
3. Proportion of the eligible population in Ireland who have availed of a bowel screen within a two-year time period	51% (2019)	49.4% (2020)	↓	Decreased 3.1%	NHQRS Annual Report
4. % children of 24 months of age who have received the first dose of MMR vaccine	92.2% (2017)	91.8% (2020)	↓	Decreased 0.4%	Health Protection Surveillance Centre[152]

148. BreastCheck, *BreastCheck Programme Report 2015/16* (BreastCheck, 2017), https://www.breastcheck.ie/sites/default/files/bcheck/documents/bc_programme_report_2015-2016.pdf

149. BreastCheck, *BreastCheck Programme Report 2018/19* (BreastCheck, 2020?), https://www.breastcheck.ie/sites/default/files/bcheck/documents/BC-PR-PM-12-Rev0-BreastCheck-Programme-Report_2018_and_2019.pdf

150. National Screening Service, *CervicalCheck Programme Report 2016-2017* (NSS, 2018?), https://www.screeningservice.ie/publications/CervicalCheck_Programme_Report_2016-2017.pdf

151. Department of Health, *NHQRS Annual Report 2020* (DoH, 2020), https://www.gov.ie/en/collection/5fd4f6-national-healthcare-quality-reporting-system-reports/#2020

152. https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/immunisationuptakestatisticsat12and24monthsofage/annualreports/

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
5. % children of 24 months of age who have received the second dose of MenC vaccine	87.1% (2017)	85.8% (2020)	↓	Decreased 1.5%	Health Protection Surveillance Centre
6. Number of adults overweight or obese	39% overweight, 23% obese (2017)	37% overweight, 23% obese (2019)	↑	Decreased 5.1% overweight, no change obese	Healthy Ireland Survey
7. Percentage of the population meeting or exceeding the National PA Guidelines	44% (2015)	46% (2019)	↑	Increased 4.5%	Healthy Ireland Survey
8. Proportion of the adult population who smoke daily or occasionally	17% (2019)	18% (2021)	~	Marginal increase, not statistically significant	Healthy Ireland Survey
9. Prevalence of heavy episodic drinking, defined as drinking 6 or more standard drinks in a single drinking occasion	37% (2018)	22% (2021)	↑	Decreased 40.5%	Healthy Ireland Survey

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
10. Breastfeeding at 1st PHN visit (exclusive and non-exclusive)	56% (2018)	57.9% (2019)	↑	Increased 3.4%	HSE National Breastfeeding Implementation Group, Annual Report
11. Percentage of young people (age 15-17 and age 17-24) who report ever having sex and using a condom on last occasion of sex	73% (2014)	64% (2018)	↓	Decreased 12.3%	Health Behaviour in School-Aged Children
12. Percentage of students (age 15) using the Internet for more than six hours per day outside of school, during school days.	13.6% (2015)	20.1% (2018) NYU - PISA 2022 will be the next assessment	↓	Increased 47.8%	Programme for International Student Assessment
13. The prevalence of illicit drug (cannabis) use in the past year among individuals aged 15+	6.5% (2016)	5.9% (2021)	↑	Decreased 9.2%	National Drug and Alcohol Survey (HRB)
14. The average number of remaining years that a person of a certain age can expect to live without disability	68 (f), 65.7 (m) (2013)	70.5 (f), 68.6 (m) (2019)	↑	Increased 2.5 years female, 2.9 years male	Eurostat

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
15. a) The unconditional probability of dying between the ages of 30 and 70 from all causes of death (per 100k of population)	2574.7 (2016)	2470.6 (2018)	↑	Decreased 104.1	Public Health Information System (DoH)
15. b) The unconditional probability of dying from four major non communicable diseases (per 100k of population)	1323.5 (2016)	1252.5 (2018)		Decreased 71	
16. All invasive cancer (excl. NMSC) and incidence of the four most important cancers, age standardised rate (ASR) per 100,000 of population	All invasive cancers total (excl. NMSC) in M - 729 cases, F - 559 cases; colorectal cancer in M - 91 cases, F - 58 cases; bronchus and lung cancer in M - 88 cases, F - 64 cases; prostate cancer in M - 213 cases; breast cancer in F - 168 cases (3-year annual average 2017-2019)	NYU - Will be updated in 2023	N/A	N/A	NCRI Annual Report 2021

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
17. The ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.	21% Winter 1988/ 1989–Winter 1996/1997 EWDI (95% CI)	13.9% Winter 2002/2003–Winter 2010/2011 EWDI (95% CI)	↑	Decreased 33.8%	Fowler T. et al (2015)[153]
18. Road traffic collisions - pedestrian fatalities*	41 (2018)	20 (2021)	↑	Decreased 51%	Road Safety Authority
Road traffic collisions - cyclist fatalities*	9 (2018)	7 (2021)	↑	Decreased 22%	Road Safety Authority
19. Annual number of poisoning deaths due to the toxic effect of a drug, or combination of drugs (including prescribable drugs, illicit drugs and alcohol)	370 (2015)	376 (2017)[154]	↓	Increased 1.6%	National Drugs Related Death Index (HRB)

*Provisional and subject to change

153. T. Fowler … [et al.], 'Excess winter deaths in Europe: a multi-country descriptive analysis', *European Journal of Public Health*, 5 (2015), 339-45

154. Data is usually reported annually however due to public health Covid-19 restrictions, data collection from the coroners has been delayed for 2019 deaths. The HRB are working to complete the data collection and will publish in due course.

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
20. Proportion of persons who self-assess their health to be very good or good	85% (2018)	84% (2019)	↓	Decreased 1.2%	Healthy Ireland Survey
21. Positive mental health based on Energy and Vitality Index (EVI) scores, percentage > 1SD above mean.	13% (2016)	12% (2021)	↓	Decreased 7.7%	Healthy Ireland Survey
22. Negative mental health using the five item Mental Health Index-5 (MHI-5) score	81.2 (2016)	76 (2021)	↓	Decreased 5.2 index points	Healthy Ireland Survey
23. Percentage of 11-17 year olds who report that they always feel safe in the area where they live	52.8% (2002)	50.5% (2018)	↓	Decreased 4.4%	Health Behaviour in School-Aged Children
24. Percentage of people aged 50+ with moderate and severe levels of depression	9.65% (2016)	9.2% (2018)	↑	Decreased 3.2%	The Irish Longitudinal Study on Ageing (TILDA)
25. Percentage of people aged 50+ who engage in one or more social leisure activity at least once a week	95.2% (2016)	94.5% (2018)	↓	Decreased 0.7%	The Irish Longitudinal Study on Ageing (TILDA)
26. Percentage of people aged 50+ who feel that it is safe to walk alone after dark in their local area	87.4% (2016)	87.6% (2018)	↑	Increased 0.2%	The Irish Longitudinal Study on Ageing (TILDA)
27. Share of the urban population with access to recreational green space within 10 minutes' walking distance	94.5% (2012)	NYU - This indicator is not currently scheduled by OECD for regular updates	N/A	N/A	OECD, How's Life? 2020: Measuring Well-being[155]
28. Proportion of people using active travel	12% (2016)	NYU – Census 2022 will provide update	N/A	N/A	Census
29. Number of long-term unemployed people (unemployed for one year or more) aged 15-74 years as a proportion of the labour force	2.1% (2018)	1.7% (2021)	↑	Decreased 19%	CSO Labour Force Survey[156]

155. https://www.oecd.org/wise/how-s-life-23089679.htm

156. Central Statistics Office, *Labour Force Survey Quarter 4 2021* (CSO, 2022), https://www.cso.ie/en/releasesandpublications/ep/p-lfs/labourforcesurveyquarter42021/unemployment/

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
30. Proportion of total persons aged 18-59 years living in a household where no member of the household is working (student households excluded)	9.5% (2018)	7.2% (2021)	↑	Decreased 24.2%	CSO Labour Force Survey
31. % entry year completing Leaving Cert	91.2% (2015/16)	91.2% (2018/19)	~	No change	Department of Education
32. % population with Higher Secondary and above[157]	78% (2018)	82% (2021)	↑	Increased 5.1%	CSO Educational Attainment Thematic Report
33. Mean scores of children aged 15 based on the OECD-PISA Scientific Literacy Scale	518.1 (2018)	NYU - PISA 2022 will be the next assessment	N/A	N/A	Programme for International Student Assessment
34. A person is in consistent poverty if they are both income poor (<60% median household income) and deprived (individuals lacking 2 or more of 11 basic necessities).	8.7% (2015)	4.0% (2021)	↑	Decreased 54%	Survey on Income and Living Conditions

157. Sum of Higher Secondary, PLC + Third Level. See Educational Attainment Thematic Report 2021, Table 3.1: Highest level of education attained by persons aged 15-64, classified by age group, Q2 2018- Q2 2021: https://www.cso.ie/en/releasesandpublications/ep/p-eda/educationalattainmentthematicreport2021/profileofagesexnationalityandregion/

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
35. Ratio of income of top 20% earners vs bottom 20% earners	4.7 (2015)	3.8 (2021)	↑	Decreased 0.9	Survey on Income and Living Conditions
36. Number of adults accessing emergency accommodation (national total)	5,837 (Homeless adults 22-28 January 2018)	6,587 (Homeless adults 24-30 January 2022)	↓	Increased 12.8%	DHLGH Monthly Homelessness Report
37. Proportion of households with net monthly expenditure on housing exceeding 30% of the total monthly income of the household	Average rent: 29% household income; 19.1% households spending > 30% weekly income on housing	NYU - Census 2022 will provide update	N/A	N/A	Census 2016; Household Budget Survey, 2015-2016
38. A or B Domestic Building Energy Ratings (%)	11% (2009-2018)	17% (2009-2021)	↑	Increased 54.5%	CSO[158]
39. EPA Air Quality Index for Health, number of days monitored with a poor or very poor status.	34 (2018)	29 (2021)	↑	Decreased 14.7%	Environmental Protection Agency

158. https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42018/;https://www.cso.ie/en/releasesandpublications/er/dber/domesticbuildingenergyratingsquarter42021/

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
40. Percentage (%) drinking water in private schemes in compliance with statutory requirements.	97.06% (2018)	97.5% (2019) No update for 2020.[159]	↑	Increased 0.45%	National Oversight Audit Commission[160]
41. Number of excess lung cancer cases due to radon	350 (2021)	NYU - Will be updated in 2025	N/A	N/A	Environmental Protection Agency
42. Estimated absolute risk with respect to the harmful effect High Annoyance (HA) for road noise. Temporary indicator: Percentage experiencing disturbed sleep as a result of noise at least sometimes in the past 12 months*	Baseline data will be available in 2023. 17% report noise when trying to sleep	NYU	N/A	N/A	Environmental Protection Agency; Healthy Ireland Survey, 2019

*temporary indicator used until EPA data available.

159. Local Authority Performance Indicator Report 2020 has been published; however water quality data was not included because it was not available in time.

160. https://noac.ie/wp-content/uploads/2021/01/Final-NOAC-LAPIR-2019-Complete-11-Jan.pdf

Indicator	Baseline	Most Recent	Improvement↑ / disimprovement↓	Change	Source
43. % of individuals unable to afford to keep the home adequately warm	4.4% (2018)	3.2% (2021)	↑	Decreased 27%	Survey on Income and Living Conditions
% of individuals without heating at some stage in the last year	7.1% (2018)	7.1% (2021)	↑	No change	Survey on Income and Living Conditions
44. Incidence of melanoma of skin, age standardised rate (ASR) per 100,000 of population	M - 32.3; F - 28.1 (3-year annual average 2017-2019)	NYU - Will be updated in 2023	N/A	N/A	NCRI annual report 2021[161]
Incidence of non-melanoma skin cancer, age standardised rate (ASR) per 100,000 of population	M - 406.1; F - 255.1 (3-year annual average 2017-2019)				

161. National Cancer Registry Ireland, *Cancer in Ireland 1994-2019: Annual report of the National Cancer Registry* (NCRI, 2021), https://www.ncri.ie/sites/ncri/files/pubs/NCRI_Annual%20Report_2021.pdf

Appendix 2 - Well-being Framework for Ireland

Ireland's Well-being Framework is a Programme for Government commitment to develop a set of well-being indices to create a well-rounded, holistic view of how Irish society is faring. The Framework is underpinned by a dashboard, hosted by the CSO, which includes 35 indicators divided across 11 dimensions.

Government is now beginning to use the Well-being Framework for Ireland in a systematic way as a tool for identifying priorities, evaluating programmes and policies, and broadening conversations on progress beyond economic indicators. This has started as part of the Budget 2023 process, as it was featured in the National Economic Dialogue, the Summer Economic Statement, and Budget day documentation. More information on the initiative can be found on the Well-being Portal.

Complementary links between the Well-being Framework and other sectoral and international programmes are now being explored. For example, the Well-being dimensions have been mapped to the UN SDGs showing a high level of overlap between both initiatives. There are also clear connections across all of the *Healthy Ireland Outcomes Framework* indicators with the Well-being Framework above. Specifically, the indicators can be mapped to at least eight of the eleven dimensions within the Framework, with the majority located in Mental and Physical Health, Knowledge, Skills and Innovation; and Environment, Climate and Biodiversity.

The table below shows where indicators within the Healthy Ireland Framework correspond directly with indicators in the Well-being Dashboard. This reiterates how important health is to quality of life, and emphasises interconnections between the dimensions, for example, the importance of the environment, income and safety for a healthy life. It also illustrates how the overarching Well-being Framework links meaningfully with more detailed sectoral Frameworks such as Healthy Ireland.

Well-Being Framework Dimension	Well-being Dashboard indicators	Healthy Ireland Outcomes Framework Indicators
Mental and Physical Health	Healthy Life Years	Healthy life years
	Population reporting depression	Moderate and severe depression (age 50)
	Unmet need for medical attention	Breast Cancer Screening rate
		Cervical Cancer Screening rate
		Bowel Cancer Screening rate
Income and Wealth	Households making ends meet with great difficulty	Consistent poverty rate
	Household income	Inequality of income distribution
Knowledge, skills and innovation	Reading and maths performance in 15 year olds	Literacy and numeracy
Housing and built environment	A or B domestic dwelling energy rating	Housing quality
Environment, Climate and Biodiversity	Pollution, grime or other environmental problems	Air quality index
		Environmental noise pollution
	Water bodies assessed as 'High' or 'Good'	Water quality
Safety and Security	Persons killed or injured on the roads	Road traffic mortality
	Population who worry they could be a victim of a crime	Feeling safe
	Murder rate per 100,000 of population	Safety and security (age 50plus)
Work and Job Quality	Employment rate	Long term unemployment
Connections, Community and Participation	Perceived social inclusion	Social and cultural participation (age 50plus)

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