

PEOPLE LIVING IN TALLAGHT AND THEIR HEALTH

A COMMUNITY BASED CROSS-SECTIONAL SURVEY

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March 2002



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REPORT PREPARED FOR
THE ADELAIDE HOSPITAL SOCIETY BY
THE DEPARTMENT OF COMMUNITY HEALTH AND GENERAL PRACTICE,
TRINITY COLLEGE, DUBLIN



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ACKNOWLEDGEMENTS

The authors thank the Adelaide Hospital Society for commissioning and funding this study. Mr Michael Lyons, Chief Executive Officer, and staff at the Adelaide and Meath Hospital, Dublin, incorporating The National Children's Hospital, Dublin for administrative support. Special thanks to the people who assisted with the field work, in particular the data collectors from the previous study. Thanks to James Williams, Head of Survey Unit at the Economic and Social Research Unit, for selecting the sample. We also thank our colleagues Deirdre Handy, for administrative support and editing this report, Ailbhe Mealy, for administrative support and data collection, Conor Teljeur, for providing population numbers and maps. Thanks to Dr Shane Allwright for epidemiological advice and to Dr Alan Kelly for statistical advice. We would like to thank Ms Mary Dillon for the watercolours of the AMNCH used within the document.

FOREWORD

The recently published Health Strategy, Quality and Fairness A Health System for You, states that "decisions across the health system will be based on best available evidence". Generally the Irish health services have not sought to establish the needs of citizens who regularly use and need their services.

The Adelaide Hospital Society is very pleased to support this valuable research of the health needs of the people served by The Adelaide and Meath Hospital, Dublin, Incorporating The National Children's Hospital. This report which has been produced by the Department of Community Health and General Practice, Trinity College, Dublin provides a 'model' for local area health needs assessment which might well be used throughout the health services to address the Health Strategy's requirement to base decisions on the best available evidence. This report provides comparisons with the 1996 Jobstown Integrated Development Project's survey of the Tallaght area. The 1996 report was very helpful in planning present hospital services, showing the value of such studies.

I wish to congratulate all involved in this very significant research report which I am confident will assist both the Hospital and all health agencies to serve the people better in the period ahead. I commend everyone to study it carefully and to listen attentively to the views of the people expressed in the report, about their health needs and services.

Richard Greene
Chairman
The Adelaide Hospital Society

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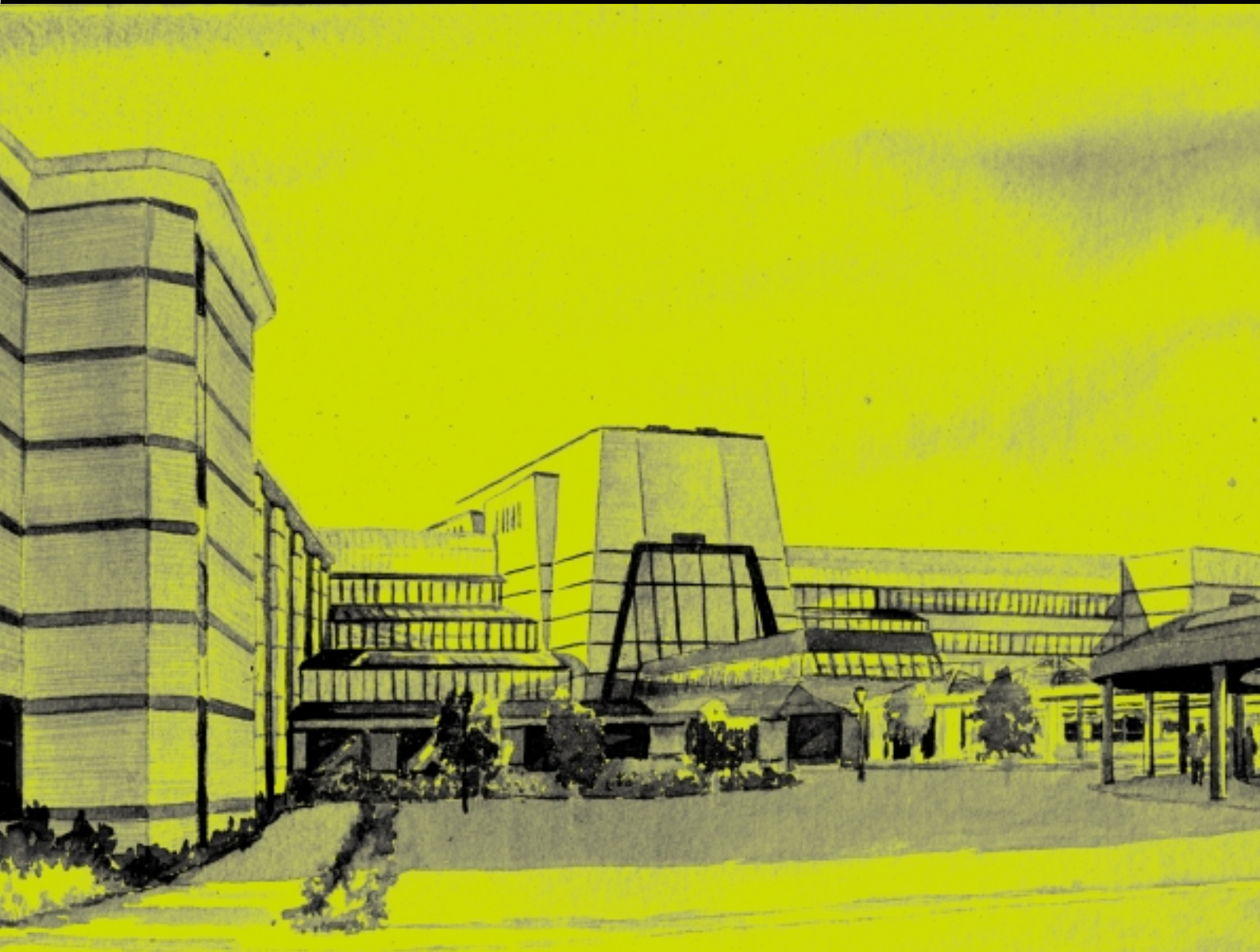
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LIST OF ABBREVIATIONS

| | |
|-------|--|
| AMNCH | The Adelaide and Meath Hospital, Dublin, incorporating The National Children's Hospital. |
| GP | General practitioner |
| n | Total number who answered the question |

SUMMARY



SUMMARY

We have presented the main survey findings in this summary. More detailed findings are available in the results section for use by health planners employed by hospitals and area health boards. This document is also pertinent to those working in primary care or with a special interest in health care.

What we set out to do

We set out to assess the health needs of households and their individual members residing in Tallaght.

How we did it

We conducted a cross sectional study in the 13 district electoral divisions of Tallaght and we interviewed primary or principal carers (defined as the person in the household who manages the welfare and health of the family/household) in 344 of the selected 420 households. We selected the households employing a cluster sampling methodology. We chose 30 clusters from both the six less deprived district electoral divisions and the seven more deprived district electoral divisions of Tallaght. Each of the 60 clusters consisted of seven adjacent households. We interviewed the primary carers in their homes using an interviewer administered questionnaire.

What we found

Of the 420 households selected to participate in the survey, over 80% participated, indicating a keen interest in health related issues. Data were also collected on 1313 individuals residing in these houses.

The people of Tallaght

The population of Tallaght continues to grow and migrate with one third of the households residing in the area for less than ten years.

Tallaght has a relatively young population profile, half of the household residents were less than 25 years old.

Of those stating that they were primary carers, seven percent were men.

Primary or principal carers reported that:

- 25% of all household members resided in government supported accommodation.
 - 23% of households did not own a car.
 - almost 6% of households were occupied by non-nationals.
 - 35% of households had neither medical card nor private health insurance.
 - 19% described themselves as lone parents.
 - only 64% had completed a state examination (group certificate or more).
 - of these, 14% did so with assistance from an adult education scheme.
-

Lifestyle and family issues

Primary or principal carers reported that:

- 40% of household members over 17 years smoked.
 - 2% of household members over 14 years had a problem with either alcohol or drugs.
 - 59% of them had experienced stress in the year prior to the survey.
 - of these,
 - 35% consulted their general practitioner because of their stress;
 - 19% of them had received prescribed medication.
 - 10% experienced violence or intimidation in the previous year.
 - nearly half had reported the incident to the police;
 - 24% had sought medical assistance.
 - 60% worried about their teenagers socialising.
 - 46% found their teenagers' attitudes or behaviours upset them.
-

Chronic illness and disability

Primary or principal carers reported that:

- 22% of the 1313 household members had a chronic illness.
 - the most common chronic illnesses were respiratory (32%), cardiovascular diseases (24%) and arthritis (8%).
 - of these almost 6% also had a disability.
 - overall 3% of household members had a disability.
-

Hospital services

Primary or principal carers reported that:

- 38% of household members used a hospital service in the previous 12 months.
 - of these,
 - 59% were elective or planned attendances at the hospital.
 - 40% attended outpatients, 32% were seen in accident and emergency, 15% were day patients and 14% were admitted to hospital.
 - approximately 75% were satisfied with inpatient and outpatient services.
 - 81% were satisfied with the day care service.
 - 65% were satisfied with the accident and emergency service.
 - the main reasons for satisfaction and dissatisfaction were common to all hospital services.
 - their main reasons for satisfaction were friendly staff and correct treatment.
 - their main reason for dissatisfaction was the long waiting periods encountered.
 - almost 95% thought the new hospital in Tallaght was beneficial to their area.
 - its proximity (for treatment and visiting purposes) to their homes (93%) and services that catered for the total population regardless of age (27%) were the most important benefits.
 - Most of those who used a hospital in the last year attended AMNCH Hospital.
 - Hospital services were more likely to be used by those with chronic disease or disability and those waiting for health care.

Health services for women

Female primary or principal carers (of child bearing age) reported that:

- 56% (114/203) were using a method of family planning.
- 24% (19/80) were not using a method of family planning and were at risk of an unplanned pregnancy.

Primary or principal carers reported that:

- 41% of the women smoked during their last pregnancy.
 - 54% of the women's most recent pregnancies were unplanned.
 - 39% had general practitioner/hospital shared care.
 - 74% delivered their youngest child in the Coombe Women's Hospital.
-

SUMMARY

Community health services

Primary or principal carers reported that:

- 38% of the household members had attended their general practitioner in the last year.
 - of these, 88% had attended a general practitioner in the Tallaght area.
 - 86% were satisfied with services provided by their general practitioners.
 - the main reasons for satisfaction were, the doctor provided good treatment or care (45%), the doctor listened to the problem (36%), and the staff were friendly (24%).
 - the main cause of dissatisfaction was long waiting periods (38%).
 - almost 29% of respondents were unhappy with the current 'out of hours' general practitioner service.
 - 82% of children aged between two and five years residing in their households had completed the routine childhood vaccines.
 - 69% of children aged between two and five years had the vaccine to prevent meningitis C.
 - the most common sources of health information were the staff at their general practice (68%) and the media (32%).
 - 18% had no pharmacy service located within walking distance of their homes.
 - these were mainly living in the more deprived district electoral divisions of Tallaght.
 - only 15% of the population had visited a dentist in the 12 months prior to the survey.
-

Waiting for health care

- 4% of the household members were on a waiting list.
 - of these,
 - 85% were waiting for hospital services.
 - 15% were waiting for dental services and other community services.
 - household members without private health insurance were twice as likely to be on a waiting list as those with health insurance.
-

Additional health services identified by the people of Tallaght

- 52% of the primary carers identified additional health needs in the Tallaght area.
 - Suggestions included:
 - 52% asked that 'out of hours' general practitioner services be reorganised and staffed by local general practitioners.
 - 47% requested a local maternity service.
 - 24% requested a service to promote women's health.
 - other services were suggested such as a service to promote children's, teenagers' or men's health.
 - improved services for the elderly were requested, in particular for those living in the community.
-

Our conclusion

People living in Tallaght have valuable insights into health care, can articulate their health needs and are an important resource in the planning of health care services. This community's expressed health needs are realistic.

INTRODUCTION
METHODS



INTRODUCTION

Assessing the health needs of local communities is central to effective targeting, delivery and improvement of the health services. It is of particular importance in the context of current developments in both primary and secondary care in the Tallaght area. In 1996 the Jobstown Integrated Development Project produced a report 'Community Health Response' which was a Tallaght wide survey of the health needs of the area.¹ At that time there were beliefs that:

- health care should be related to the needs of the residents,
- the residents should participate in the planning and implementation of health care,
- maximum use should be made of resources,
- an integrated approach is needed to address the problems of health care.

The survey found high levels of stress, chronic illness and disability in the area.¹ Fifty percent of households had a person with chronic illness and 11% had one or more persons with a disability. Ninety seven percent of households had had at least one contact with the general practitioner in the previous year and fifty nine people were on a hospital waiting list with almost half of these waiting more than six months for treatment.

The survey also showed a great desire for information on health services in the area.

Since the report was published in 1996, there have been significant health service developments in the area with the opening of a new public voluntary teaching hospital in 1998 and the provision of three new health centres in Killinarden (1998), Brookfield (1998) and, most recently, Jobstown (2000). There is a broad range of health services provided at these health centres. There have also been significant developments in services addressing drug misuse.

It is timely to revisit the health needs of the community and their current satisfaction with health services following such developments. This approach to health planning has been endorsed in the recent primary care strategy document.²

Study objectives

The objectives of the study were to:

- Estimate proportions with chronic illness and disability in the community.
- Measure current health service utilization.
- Measure satisfaction with current health service provision.
- Establish areas of unmet needs.
- Investigate changes in the households' socio-economic and demographic status and health service utilisation compared to the 1996 survey cohort.

METHODS

2.0 INTRODUCTION

In April 2001, the Adelaide Hospital Society commissioned a study to guide its policy of supporting development of health services in the Tallaght area. The Department of Community Health and General Practice, based at the Trinity College Centre for Health Sciences, Adelaide and Meath Hospital, Dublin, incorporating The National Children's Hospital, was requested to undertake the study. The AMNCH endorsed the study and provided administrative support to enable data collection. The study was approved by the St James's and Federated Dublin Voluntary Hospitals' Joint Research Ethics Committee.

The research team wished to assess the health status of, health service uptake by, level of satisfaction with and health needs for persons living in Tallaght. The team also wanted to determine the influence of other factors (demographic, socio-economic, health related behaviours) on health status or health service uptake. This chapter describes the methods employed to conduct and analyse this cross sectional survey and is presented in five sections:

- 2.1 Study area
- 2.2 Sampling
- 2.3 Fieldwork
- 2.4 Data collection instrument
- 2.5 Statistical methods

2.1 STUDY AREA

The study area covered the 13 district electoral divisions that comprise Tallaght.

Health status and service uptake has been linked to deprivation³ and therefore it was necessary to take account of this factor when selecting the sample. The Small Area Health Research Unit³ provided a deprivation score, based on parameters from the 1996 census, for each district electoral division in the country, including the 13 district electoral divisions in the study area. The deprivation scores range from one to five, where one is *least deprived* and five is *most deprived*. In order to select the study population, the deprivation scores were collapsed into two groups where district electoral divisions with scores of one to three were classified as less deprived and district electoral divisions with scores of four and five were classified as more deprived. Table 2.1 presents the district electoral divisions of Tallaght (with population numbers) by level of deprivation. There are approximately 17,000 households in Tallaght, with 52% of the households situated in the more deprived areas.

Table 2.1 Distribution of sample and population in both high and low deprivation district electoral divisions in Tallaght.

| District electoral division | Sample households | | Population households | |
|-----------------------------------|-------------------|--------------|-----------------------|--------------|
| | Total | Percent | Total | Percent |
| Low Deprivation (1 to 3) | | | | |
| Belgard (1) | 14 | 6.7 | 543 | 6.8 |
| Glenview (3) | 7 | 3.3 | 378 | 4.7 |
| Kilnamanagh (2) | 42 | 20.0 | 1451 | 18.2 |
| Kingswood (2) | 35 | 16.7 | 1186 | 14.9 |
| Millbrook (2) | 35 | 16.7 | 1267 | 15.9 |
| Oldbawn (2) | 35 | 16.7 | 1285 | 16.1 |
| Springfield (3) | 42 | 20.0 | 1863 | 23.4 |
| Total | 210 | 100.0 | 7973 | 100.0 |
| High Deprivation (4 and 5) | | | | |
| Avonbeg (4) | 7 | 3.3 | 552 | 6.4 |
| Fettercairn (5) | 28 | 13.3 | 1165 | 13.4 |
| Jobstown (5) | 70 | 33.3 | 2754 | 31.7 |
| Killinarden (5) | 28 | 13.3 | 1155 | 13.3 |
| Kiltipper (4) | 35 | 16.7 | 1392 | 16.0 |
| Tymon (4) | 42 | 20.0 | 1664 | 19.2 |
| Total | 210 | 100.0 | 8682 | 100.0 |

2.2 SAMPLING

In 1996, The Jobstown Integrated Development Project's survey of the health needs in the Tallaght area reported that 50% of households had a person with a chronic illness.¹ Based on these findings, it was calculated that 420 households would be required to estimate the proportion of households reporting that one or more of its household members had a chronic illness.

The sample was selected using a sampling methodology validated by the World Health Organization⁴ and adapted by the Primary Health Care Management Advancement Programme for assessing community health needs and health service coverage.⁵ In this methodology cluster sampling rather than random sampling is employed, and for the Tallaght survey 30 clusters of seven households were selected from each of the low and high deprivation areas, giving the required number of 420 houses.

The sample was supplied by Mr James Williams, Head of Survey Unit at the Economic and Social Research Unit. Williams (personal communication 2001) reported that according to the electoral register there were a total of 8,682 households from the register in the high deprivation group of district electoral divisions and 7,973 households in the low deprivation group of district electoral divisions. The 13 district electoral divisions in the survey area were partitioned into 1085 clusters, each of seven households. A systematic sample of clusters was then selected – 30 clusters from the high deprivation group of district electoral divisions and 30 clusters from the low deprivation group of district electoral divisions, each cluster consisting of seven adjacent houses (Appendix 1).

The sample selection for each of the district electoral divisions within the high deprived areas and low deprived areas was proportional to the number of households in each contributing district electoral division (Table 2.1).

Variation in the number of households listed in each district electoral division (Table 2.1) *versus* numbers of households reported in the census arises due to under-registration of households (James Williams, personal communication 2001). The Department of the Environment has reported that 10% of households on the electoral register are not listed or else not occupied by the person named on the electoral register as a result of death or migration.

The survey team at the Department of Community Health and General Practice adjusted each cluster of seven adjacent houses and inserted those houses missing from the numerical sequence (in order to include those not on the electoral register). The team then removed from the end of the sequence the number of households in excess of seven. This was done in order to ensure a representative sample of the population actually living in Tallaght rather than the population living in Tallaght according to the electoral register. Of the 420 houses in the Economic and Social Research Unit sample, 16 (3.8%) households were missing from the electoral register and were therefore placed in their numerical sequence in their respective clusters as described above.

2.3 FIELDWORK

In June 2001, each of the 420 selected households was sent a letter signed by the Chief Executive Officer at AMNCH hospital and the Professor of General Practice at the Department of Community Health and General Practice (Appendix 2).

At the same time, officials and public health nurses in the South Western Area Health Board and the general practitioners in the Tallaght area were informed of the survey. Posters were designed and displayed at the four health centres in Tallaght (Appendix 2). The local radio station and Tallaght press informed the community about the survey.

The questionnaire was pre-tested and finalised in June 2001. Interviewers attended training on survey procedures for two afternoons in late June (Appendix 3). The data collection commenced in early July and data were collected each evening between 6 and 9 pm unless otherwise requested by the respondents (Appendix 2)

METHODS

and 4). The interviewers worked in pairs with one of the pair being an experienced researcher and the other being a student or person from the local community. Flashcards were used to assist respondents identify the scale of an experience, identify the name of chronic illness and as a prompt for a health services s/he may have used. When a household was not accessed, a note was left with a date for a return visit. Households that were not accessed initially were revisited until access was gained up to a maximum of three return visits. Data collection was completed on the first of August.

The questionnaire was administered by the interviewers to the primary carer (defined as the person in the household who manages the welfare and health of the family/household) in each of the participating households.

2.4 DATA COLLECTION INSTRUMENT

The questionnaire was based on the one used in the Jobstown Integrated Development Project survey of the health needs in the Tallaght area in 1996.¹ The questionnaire was revised on the basis of the original data collectors' experience of administering the questionnaire and the research teams' experience in analysing household survey data.

The different sections of the questionnaire were designed to ascertain:

- Demographic and socio-economic characteristics for each household and its individual members
- Experience of chronic illness and disability for households and individual household members
- Behaviours in relation to cigarette smoking and/or alcohol or drug misuse for households and individual household members
- Primary carers' experience of teenage children, violence and stress
- Uptake of cervical screening, antenatal services and family planning by women
- Children's (aged 24-59 months) uptake of vaccinations and developmental assessment
- Utilisation of and satisfaction with health services and the health care waiting lists
- Primary carers' reported gaps in the service

2.5 STATISTICAL METHODS

A team of medical students entered the data into two Excel spread sheets (one for the household and the other for household members). The principal researcher selected a random sample of 25 questionnaires and data entry for these complete questionnaires was rechecked to ensure accuracy. Frequency distributions were performed for all variables to identify discordant values and ensure data followed logical checks. Statistical analysis was carried out using JMP IN,⁶ and STATA.⁷

The frequency distribution for each variable was described in both the household and individual household members datasets. Pearson χ^2 test, and Fisher's exact test were used to compare proportions in independent groups of categorical data. The χ^2 test for trend was used to identify linear trends in categorical data. Multiple logistic regression models were developed to determine which variables best predicted key outcomes (chronic disease, disability, service utilisation and waiting for health care results) for the household members. Exact 95% confidence intervals were calculated for proportions of binomial variables and for regression adjusted odds ratios.

RESULTS



RESULTS

3.0 INTRODUCTION

The results of the survey are presented in ten sections:

3.1 Response rate.

3.2 Demographic and socio-economic characteristics of the:

- participating households
- primary carers (respondents)
- individual members in each of the participating households.

3.3 Health care issues

- stress, violence and health related behaviours (cigarette smoking and substance misuse).

3.4 Chronic disease.

3.5 Disability.

3.6 Deaths.

3.7 Acute hospital services.

3.8 Health services for women.

3.9 Community health services

- including general practice, community nursing, pharmacy services and dental services.

3.10 Waiting for health care.

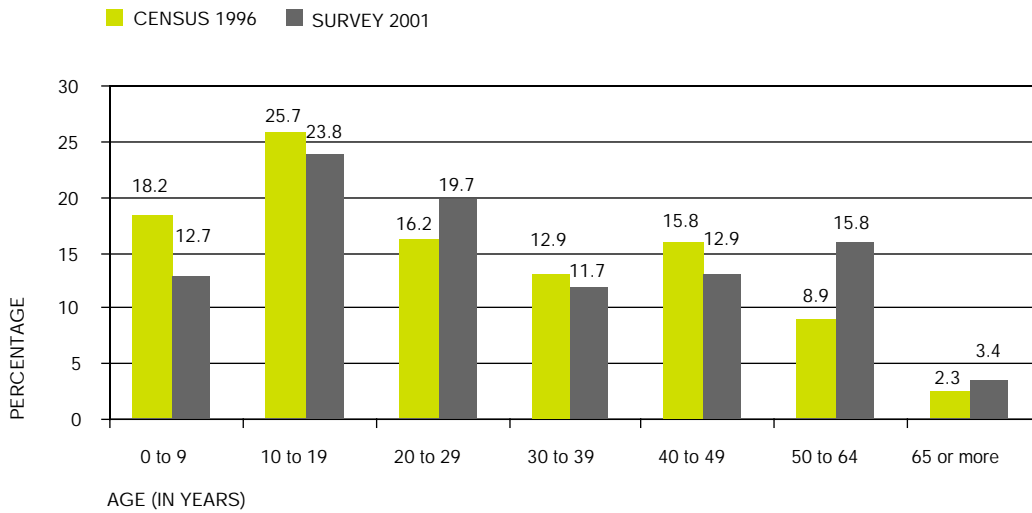
3.11 Primary carers' suggested additional health needs.

In each section of this chapter the findings are presented in two parts: first the findings in relation to the household situation or experience, secondly the individual household members' situation or experience. All findings are as reported by the primary carer (the person in the household who manages the welfare and health of the family/household) in each household.

3.1 RESPONSE RATE

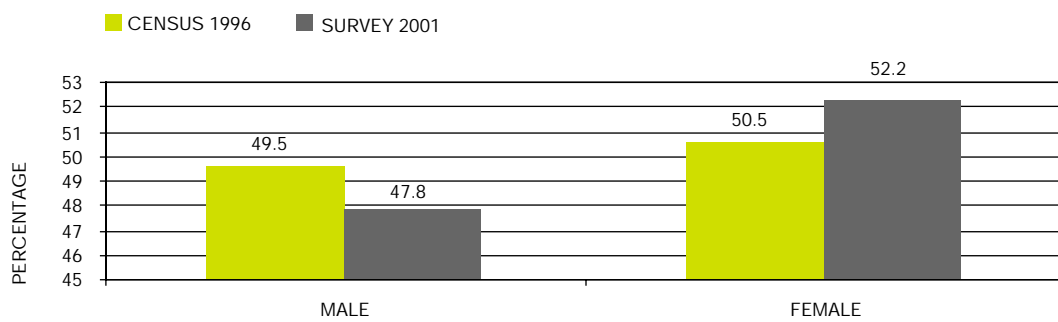
Of the 420 households invited to participate in the survey, 344 (82%) agreed to be interviewed. Forty three households (10%) did not wish to be interviewed while 29 (7%) households were not accessed (despite a minimum of three return visits). According to local information, two houses (0.5%) were unoccupied at the time of the survey. In two households (0.5%) there were no adults who could speak fluent English and these were excluded. The response rates were similar in geographical areas that were classified as more deprived compared with the areas classified as less deprived (169/210, 81% *versus* 175/210, 83%; $p= 0.5$).

Figure 3.1 Age profile of the population in 1996 census *versus* household members in 2001 survey



The age profile for the individual household members was significantly different from that reported in the 1996 census, $p < 0.0001$ (Figure 3.1). There was a lower proportion of household members aged zero to nine years in the survey population compared to the census population. There was a higher proportion of household members aged 50 to 64 years in the survey population compared to the census population. The gender profile was similar, $p = 0.2$ (Figure 3.2).

Figure 3.2 Gender profile of the population in 1996 census *versus* household members in 2001 survey



Analysis pertaining to households and primary carers refers to information ascertained from the 344 primary carers who took part in the survey. The 344 primary carers also provided information on the 1,313 individuals (including themselves) who resided in the participating households. Denominators vary because not all respondents answered all questions.

RESULTS

3.2 DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

Demographic and socio-economic characteristics at the household level

Table 3.1 presents the household characteristics as reported by the primary carers. On average, four individuals lived in each house and over one third of the households were living in the area for less than ten years. Over two fifths of the households were repaying a mortgage while one quarter of the households resided in government supported accommodation. Almost six percent of households were occupied by non-nationals (Figure 3.3).

Table 3.1 Primary carers' reported characteristics of their households

| | No. | % |
|---|---------|------|
| Number of people living in each house | | |
| 1 to 2 | 78 | 22.7 |
| 3 to 4 | 155 | 45.1 |
| 5 to 11 | 111 | 32.3 |
| n | 344 | |
| Average | 3.8 | |
| Median | 4 | |
| Range | 1 to 11 | |
| Year moved into house (grouped) | | |
| 1964 to 1980 | 113 | 33.2 |
| 1981 to 1990 | 105 | 30.9 |
| 1991 to 2001 | 122 | 35.9 |
| n | 340 | |
| DED deprivation score for area of residence (where 1 is least deprived and 5 is most deprived) | | |
| 1 | 13 | 3.8 |
| 2 | 120 | 34.9 |
| 3 | 42 | 12.2 |
| 4 | 63 | 18.3 |
| 5 | 106 | 30.8 |
| n | 344 | |
| Resides in an area classified as deprived (scores 4 and 5 combined) | | |
| Yes | 169 | 49.1 |
| No | 175 | 50.9 |
| n | 344 | |
| House occupancy status | | |
| Mortgage | 144 | 42.6 |
| Out-right Owner | 74 | 21.9 |
| Tenant purchasing plan | 20 | 5.9 |
| Rent paid by health board or renting from local authority/housing association | 86 | 25.4 |
| Renting privately | 14 | 4.1 |
| n | 338 | |

According to the primary carers, almost 97% of the households had access to a telephone (Table 3.2) while 77% of the households owned a car (Figure 3.3). A high proportion of primary carers (88%) reported having a functioning smoke alarm in their house (Table 3.2). Just under one third of the households had full health care cover through the General Medical Services while one third purchased private health insurance and the remaining third had no health care cover (Table 3.2).

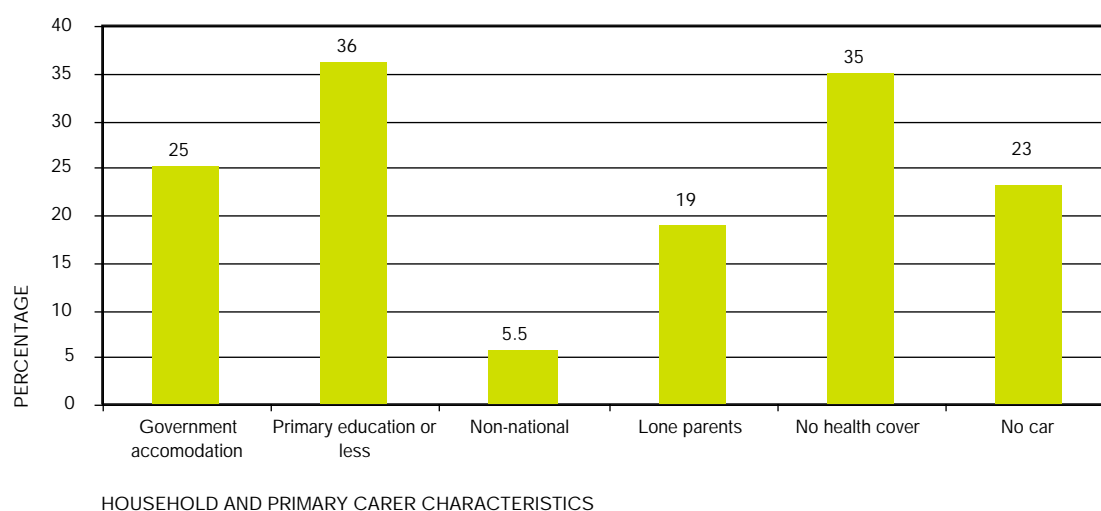
Table 3.2 Primary carers' reported access to means of communication, safety and health cover

| | No. | % |
|--|-----|------|
| 24 hour access to telephone by household member | | |
| Yes | 332 | 96.5 |
| No | 12 | 3.5 |
| n | 344 | |
| Smoke alarm functioning in the household | | |
| Yes | 300 | 87.7 |
| No | 42 | 12.3 |
| n | 342 | |
| Health cover for household occupants | | |
| Medical card | 111 | 32.3 |
| BUPA | 12 | 3.5 |
| VHI | 89 | 25.9 |
| Other private | 12 | 3.5 |
| None | 120 | 34.9 |
| n | 344 | |

Demographic and socio-economic characteristics for the primary carers

The primary carer is the person in the household who manages the welfare and health of the family/household. Table 3.3 presents the self-reported demographic and socio-economic characteristics of the primary carers. Of those who said that they were primary carers, seven percent were men (this included men who were single, separated, widowed or those who shared the caring role with their partner). On average the primary carers were 45 years old and almost 70% were between 35 and 64 years old. Almost 46% of the primary carers did not work outside the home. Just 64% of the primary carers had completed a state examination (group certificate or more) (Figure 3.3) and almost 14% of those who had completed their state examination did so with assistance from an adult education scheme. Almost one fifth of primary carers described themselves as lone parents (Figure 3.3).

Figure 3.3 Key characteristics of the household and primary carer (n=344)



RESULTS

Table 3.3 Demographic and socio-economic characteristics of the primary carers

| | No. | % |
|---|-------|------|
| Gender | | |
| Male | 24 | 7.0 |
| Female | 320 | 93.0 |
| n | 344 | |
| Age in years | | |
| 20 to 34 | 80 | 23.5 |
| 35 to 49 | 131 | 38.4 |
| 50 to 64 | 107 | 31.4 |
| 65 to 85 | 23 | 6.7 |
| n | 341 | |
| Average | 44.9 | |
| Median | 45 | |
| Range | 20-85 | |
| Current employment status | | |
| Working full time | 100 | 29.2 |
| Working part time | 86 | 25.1 |
| Always in the home | 157 | 45.8 |
| n | 343 | |
| Occupation | | |
| Employers/managers, higher/lower professionals, self employed or nuns. | 26 | 7.7 |
| Non manual or manual skilled workers | 116 | 34.4 |
| Semi-skilled or unskilled workers | 34 | 10.1 |
| Work in home, retired or ill-unable to work | 154 | 45.7 |
| Currently in education | 7 | 2.1 |
| n | 337 | |
| Educational attainment | | |
| Primary education or none | 124 | 36.1 |
| Junior, group or intermediate certificate, technical or vocational training | 107 | 31.1 |
| Leaving certificate, A levels, and technical training | 49 | 14.2 |
| Non degree qualification | 43 | 12.5 |
| Degree, professional qualification or both, or post graduate qualification | 21 | 6.1 |
| n | 344 | |
| Attained highest qualification through an adult education scheme | | |
| Yes | 30 | 13.6 |
| No | 190 | 86.4 |
| n | 220 | |
| Marital status | | |
| Single | 69 | 20.1 |
| Married | 215 | 62.5 |
| Separated, divorced, widowed | 60 | 17.4 |
| n | 344 | |

Demographic and socio-economic characteristics for individuals living in the participating households

Table 3.4 Primary carers' reported demographic, family and socio-economic information for individuals residing in the household

| | No. | % |
|--|---------|------|
| Gender | | |
| Male | 627 | 47.8 |
| Female | 686 | 52.2 |
| n | 1313 | |
| Age in years | | |
| 0 to 4 | 82 | 6.3 |
| 5 to 12 | 163 | 12.6 |
| 13 to 19 | 228 | 17.6 |
| 20 to 29 | 255 | 19.7 |
| 30 to 39 | 152 | 11.7 |
| 40 to 49 | 167 | 12.9 |
| 50 to 65 | 204 | 15.8 |
| 65 or more | 44 | 3.4 |
| n | 1295 | |
| Average | 29.5 | |
| Median | 25 | |
| Range | 0 to 85 | |
| Primary carers | 344 | 26.5 |
| Other household members' relationship with primary carers | | |
| Son or daughter | 644 | 49.6 |
| Grandchild | 23 | 1.8 |
| Parent | 5 | 0.4 |
| Partner or spouse | 249 | 19.2 |
| Sibling | 6 | 0.5 |
| Other | 28 | 2.2 |
| n | 1299 | |
| Members of the household in education, employment or at home | | |
| Employed -full or part time | 604 | 46.4 |
| School | 332 | 25.5 |
| College or university | 31 | 2.4 |
| Community employment or training scheme | 27 | 2.1 |
| Always in home | 307 | 23.6 |
| n | 1301 | |
| Members aged 15 to 45 in education, employment or at home | | |
| Employed -full or part time | 594 | 63.3 |
| School | 80 | 8.5 |
| College or university | 31 | 3.3 |
| Community employment or training scheme | 27 | 2.9 |
| Always in home | 206 | 22.0 |
| n | 938 | |
| DED deprivation score for area of residence (where 1 is least deprived and 5 is most deprived) | | |
| 1 | 34 | 2.6 |
| 2 | 445 | 33.9 |
| 3 | 166 | 12.6 |
| 4 | 235 | 17.9 |
| 5 | 433 | 33.0 |
| n | 1313 | |

RESULTS

Table 3.4 presents the primary carers' reported demographic, family and socio-economic information for individuals residing in the participating households. There were slightly fewer men than women living in the surveyed households. The household residents' ages ranged from zero to 85 years and half of them were less than 25 years old. Over one quarter of those living in the households were primary carers while just under half of them were the primary carers' children. Sixty three percent of household members aged 15 to 65 years were employed.

Table 3.5 presents the primary carers' reported house occupancy status and health cover status applied to individual members in the sample. As expected, the proportions for both variables are similar to those reported for the households (Tables 3.1 and 3.2).

Table 3.5 Primary carers' reported house occupancy status and health cover status applied to individual household members data.

| | No. | % |
|---|------|------|
| House occupancy status | | |
| Mortgage | 550 | 42.4 |
| Out-right Owner | 260 | 20.0 |
| Tenant purchasing plan | 81 | 6.3 |
| Rent paid by health board or renting from local authority/housing association | 353 | 27.2 |
| Renting privately | 53 | 4.1 |
| n | 1297 | |
| Health cover for household occupants | | |
| Medical card | 408 | 31.2 |
| Private insurance | 409 | 31.3 |
| None | 490 | 37.5 |
| n | 1307 | |

3.3 HEALTH CARE ISSUES AND BEHAVIOURS

Smoking and substance misuse

According to the primary carers, at least one person in 69% of households smoked cigarettes while almost 6% of households had a person with a drug or alcohol problem (Table 3.6).

Table 3.6 Primary carers' reported tobacco use and alcohol or illicit drug misuse in the household

| | No. | % |
|---|-----|------|
| Number of households with one or more smokers | | |
| Yes | 238 | 69.2 |
| No | 106 | 30.8 |
| n | 344 | |
| Number of households with a person with alcohol or drug misuse | | |
| Yes | 19 | 5.5 |
| No | 324 | 94.5 |
| n | 343 | |

The primary carers reported that, among those 18 years old or over, two-fifths of household members smoked and of these, over one fifth smoked more than 20 cigarettes per day (Table 3.7).

Table 3.7 Primary carers' reported number (%) of individuals (18 years or older) in the household who smoke and quantity smoked each day by these individuals

| | No | % |
|---|-----|------|
| Smoke (18 years or older) | | |
| Yes | 354 | 40.4 |
| No | 522 | 57.6 |
| n | 876 | |
| For individuals who smoke, quantity smoked per day | | |
| 1 to 10 | 89 | 25.1 |
| 10 to 20 | 192 | 54.1 |
| More than 20 | 74 | 20.9 |
| n | 355 | |

The primary carers reported that 21 (2%) of the 988 individuals 15 years or older residing in the households had a problem with either alcohol or drugs at the time of the survey, one third of whom had a serious problem (Table 3.8). According to the primary carers fifteen had a problem with alcohol while six had a problem with illicit drugs. The primary carers also reported that very few of those with a substance misuse problem had sought help. For example, only five of them had attended their general practitioner for assistance.

RESULTS

Table 3.8 Primary carers' reported number (%) of individuals in their household with a drug/alcohol problem and their health service uptake

| | No. | % |
|---|-----|-------|
| Scale of problem (1 not serious to 5 very serious) | | |
| 1 | 2 | 9.5 |
| 2 | 3 | 14.3 |
| 3 | 9 | 42.9 |
| 4 | 3 | 14.3 |
| 5 | 4 | 19.0 |
| n | 21 | |
| Main drug used | | |
| Alcohol | 15 | 71.4 |
| Benzodiazepam tablets | 1 | 4.8 |
| Cannabis | 1 | 4.8 |
| Heroin | 2 | 9.5 |
| Illegal methadone | 1 | 4.8 |
| LSD (acid) | 1 | 4.8 |
| n | 21 | |
| Services available to all | | |
| Visit GP in relation to use | | |
| Yes | 5 | 25.0 |
| No | 15 | 75.0 |
| n | 20 | |
| Attend counselling | | |
| Yes | 5 | 25.0 |
| No | 15 | 75.0 |
| n | 20 | |
| Attend a support group | | |
| Yes | 3 | 14.3 |
| No | 18 | 85.7 |
| n | 21 | |
| Taking sedatives | | |
| Yes | 3 | 15.0 |
| No | 17 | 85.0 |
| n | 20 | |
| Services accessed by heroin users | | |
| Visiting a needle exchange programme | | |
| Yes | 0 | 0.0 |
| No | 3 | 100 |
| n | 3 | |
| On methadone maintenance | | |
| Yes | 3 | 100.0 |
| No | 0 | 0.0 |
| n | 3 | |
| Had methadone detoxification | | |
| Yes | 1 | 33.3 |
| No | 2 | 66.7 |
| n | 3 | |

Primary carers' experience of stress

Just under three fifths of the primary carers reported that they had experienced stress in the year prior to the survey (Table 3.9). Family issues (43%) was the most commonly cited cause of stress. Other common causes of stress were illness (14%) and pressure at work (12%).

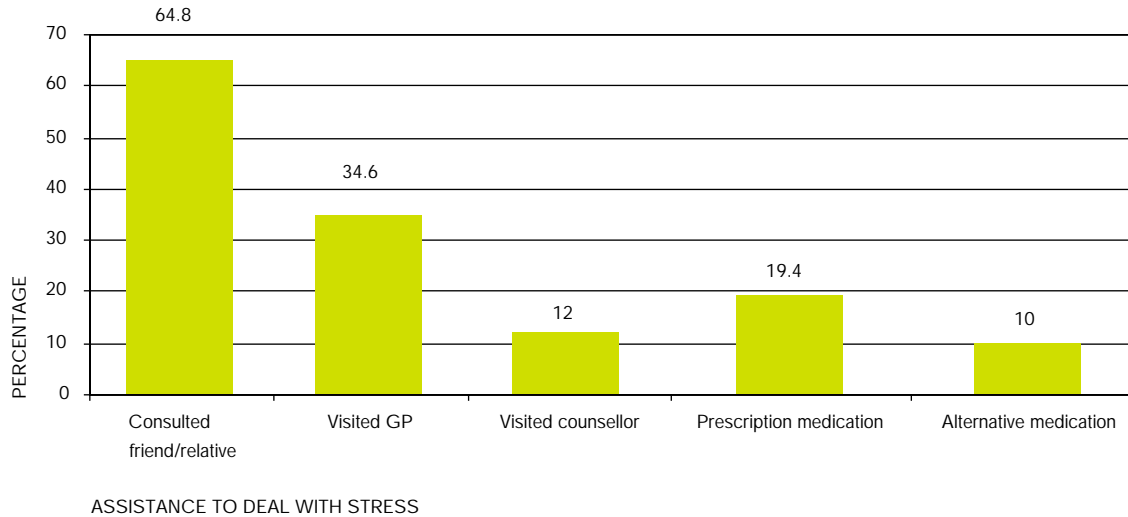
Table 3.9 Primary carers' reported experience of stress

| | No. | % |
|--|-----|------|
| Stress in the last 12 months | | |
| Yes | 204 | 59.3 |
| No | 140 | 40.7 |
| n | 344 | |
| Reason for stress | | |
| Family | 86 | 43.4 |
| Illness | 28 | 14.1 |
| Pressure at work | 24 | 12.1 |
| Financial | 19 | 9.6 |
| Everyday living | 13 | 6.6 |
| Marital | 9 | 4.5 |
| Unemployment | 5 | 2.5 |
| Related to alcohol or drug addiction | 5 | 2.5 |
| Bullying | 2 | 1.0 |
| Loneliness | 2 | 1.0 |
| Age related | 2 | 1.0 |
| Moving house | 2 | 1.0 |
| Study | 1 | 0.5 |
| n | 198 | |
| Scale of stress 1 (not serious) to 5 (very serious) | | |
| 1 | 33 | 16.3 |
| 2 | 39 | 19.2 |
| 3 | 62 | 30.5 |
| 4 | 30 | 14.8 |
| 5 | 39 | 19.2 |
| n | 203 | |
| Experienced negative effects | | |
| Yes | 169 | 83.7 |
| No | 33 | 16.3 |
| n | 202 | |
| Negative effects (n = 169) | | |
| Anxious | 69 | 40.8 |
| Smoke more | 61 | 36.1 |
| Annoyed | 52 | 30.8 |
| Depressed | 48 | 28.4 |
| Communication problems | 20 | 11.8 |
| Aggressive | 18 | 10.7 |
| Illness | 12 | 7.1 |
| Take more alcohol/drugs | 10 | 5.9 |
| Sleeplessness | 9 | 5.3 |
| Eating too much or too little | 4 | 2.4 |

Just under one fifth of the primary carers said that they had experienced severe stress (Table 3.9). Over four fifths reported negative effects of stress. The most commonly reported reactions to stress were anxiety, and an increase in the number of cigarettes smoked. The primary carers were asked where they went to seek help to deal with their stress (Figure 3.4). Just under 65% sought help from close friends or family while 35% attended their general practitioner. Almost one fifth said that they had taken prescribed medication to help them deal with stress.

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Figure 3.4 Primary carers' reported sources of support to help deal with stress (n=193)



Primary carers' experience of violence and intimidation

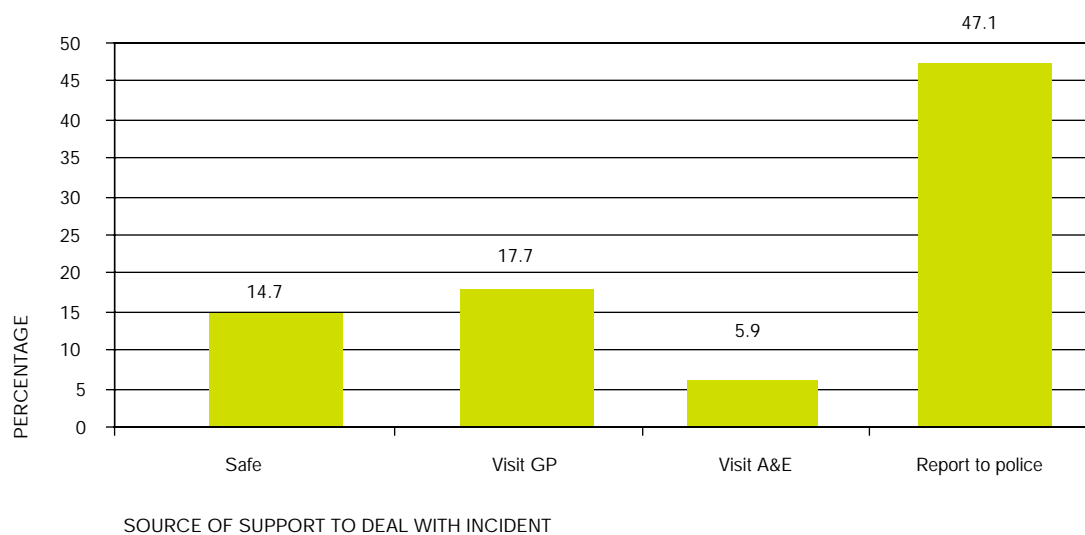
Thirty four (10%) primary carers reported that they had experienced violence or intimidation in the year prior to the survey, and of these, thirteen said that the scale of the violence or intimidation was very severe (Table 3.10).

Of those who experienced violence, 18 primary carers said that it had occurred several times; 12 respondents said that the incident had occurred in their home; and 26 of them said that the incident was perpetrated by someone they knew (Table 3.10). Three fifths of the episodes of violence or intimidation were as a result of a previous disagreement. The primary carers were asked where they had gone for help (Figure 3.5). Five primary carers said that they had moved to a safe place while eight said they had sought medical assistance. Sixteen respondents said they had reported the incident to the police.

Table 3.10 Primary carers’ reported experience of intimidation and/or violence in the last 12 months

| | No. | % |
|--|-----|------|
| Experienced intimidation and/or violence in last 12 months | | |
| Yes | 34 | 10.0 |
| No | 306 | 90.0 |
| n | 340 | |
| Scale of intimidation and/or violence 1 (not serious) to 5 (very serious) | | |
| 1 | 2 | 5.9 |
| 2 | 2 | 5.9 |
| 3 | 7 | 20.6 |
| 4 | 10 | 29.4 |
| 5 | 13 | 38.2 |
| n | 34 | |
| Frequency of intimidation and/or violence | | |
| Once | 7 | 20.6 |
| Few times | 9 | 26.5 |
| Several times | 18 | 52.9 |
| n | 34 | |
| Place where intimidation and/or violence occurred | | |
| In the home | 12 | 35.3 |
| Outside the home | 22 | 64.7 |
| n | 34 | |
| Perpetrators of intimidation and/or violence | | |
| Someone they know | 26 | 76.5 |
| Stranger | 8 | 23.5 |
| n | 34 | |
| Reason for attack | | |
| Random attack | 13 | 38.2 |
| Result of previous disagreement | 21 | 61.8 |
| n | 34 | |

Figure 3.5 Primary carers’ reported sources of support to deal with the last incident of intimidation or violence (n=34)



RESULTS

Primary carers' experience of dealing with teenagers

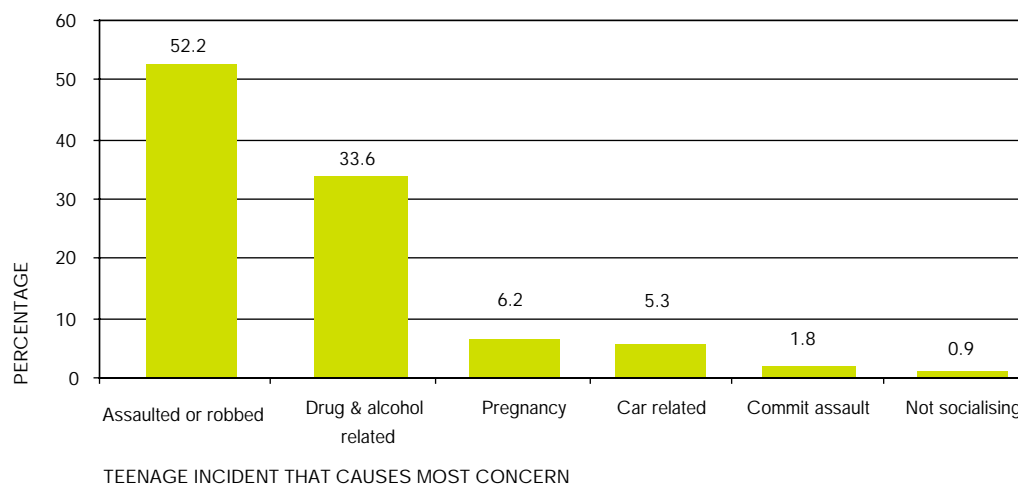
According to the primary carers with teenage children, just under three fifths worried about their teenagers socialising (Table 3.11).

Table 3.11 Primary carers' reported experience of coping with teenage children and type of assistance sought

| | No | % |
|---|-----|------|
| Worried about teenager socialising | | |
| Yes | 112 | 51.4 |
| Sometimes | 18 | 8.3 |
| No | 88 | 40.4 |
| n | 218 | |
| Happy with his/her friends | | |
| Yes | 183 | 85.1 |
| No | 13 | 6.1 |
| Some of them | 19 | 8.8 |
| n | 215 | |
| Found teenagers attitudes or behaviours upsetting | | |
| Yes | 97 | 46.2 |
| No | 113 | 53.8 |
| n | 210 | |
| Attitude, behaviour or action that is most upsetting | | |
| Unmanageable | 45 | 47.9 |
| Mood swings | 27 | 28.7 |
| Has violent or aggressive episodes | 11 | 11.7 |
| Refuses to go to school or refuses to study | 4 | 4.3 |
| Takes and/or sells drugs or alcohol | 4 | 4.3 |
| Dieting | 2 | 2.1 |
| Serious teenage relationship | 1 | 1.1 |
| n | 94 | |
| Assistance or advice sought from others outside primary carers' family | | |
| Yes | 16 | 17.0 |
| No | 78 | 83.0 |
| n | 94 | |
| Where primary carer has gone for advice | | |
| Social worker, local youth or community worker | 6 | 37.5 |
| Teacher | 4 | 25.0 |
| Counsellor | 3 | 18.8 |
| Friend | 1 | 6.3 |
| GP | 1 | 6.3 |
| Police | 1 | 6.3 |
| n | 16 | |

Over half of the primary carers said that the incident that would cause most concern was that their teenager would be assaulted or robbed while socialising. Another notable cause of concern for over one third of respondents was that their teenagers would develop a problem with, or as a result of, drugs or alcohol use. A small number of parents (7) worried that their female teenagers would become pregnant (Figure 3.6).

Figure 3.6 Primary carers' reported incident with teenager that would cause most concern (n=113)



Just under 15% of primary carers said that they were not happy with some or all of their teenagers' friends (Table 3.11). The primary carer was asked if s/he found their teenager(s) behaviours upsetting and 46% said yes. Of the primary carers who found their teenagers' behaviours upsetting, 48% reported that the most upsetting behaviour was their teenager's unmanageability (does not listen to advice, does not observe rules or boundaries, always wants to be out with friends, etc.). Twenty nine percent of respondents reported that their teenagers most upsetting behaviour was their mood swings while 12% said that it was their aggressive or violent behaviour. Seventeen percent of primary carers said that they had sought help to deal with their teenagers' behaviour. According to the primary carers, the most common sources of advice were community/social/youth workers, teachers and counsellors.

3.4 CHRONIC DISEASE

Proportion of households with one or more members having a chronic disease

According to the primary carers, 54% of households had at least one person who had a chronic illness while 20% of all households had more than one person with a chronic illness (Table 3.12).

Table 3.12 Primary carers' reported numbers (%) with a chronic illness

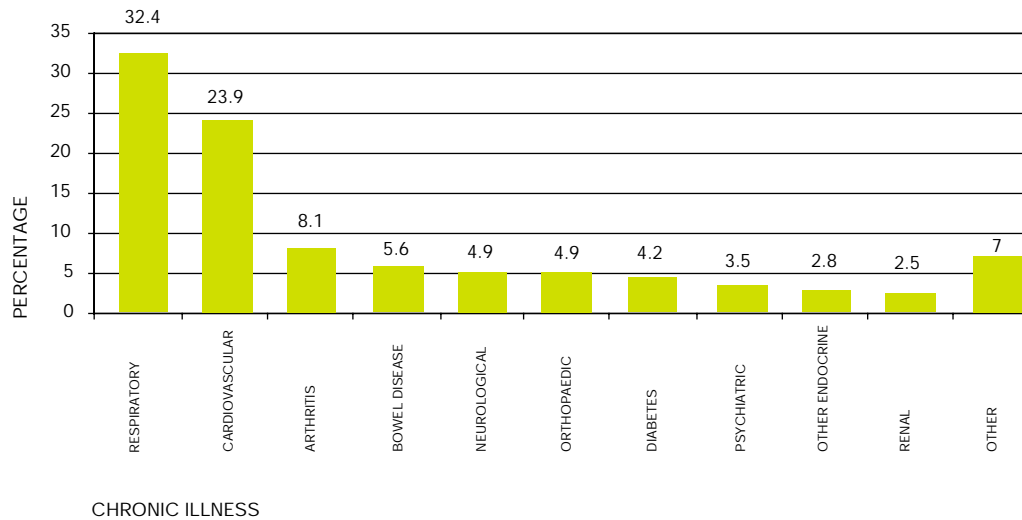
| | No. | % |
|--|-----|------|
| Suffer from chronic illness | | |
| Yes | 186 | 54.1 |
| No | 158 | 45.9 |
| n | 344 | |
| Number suffering from chronic illness per household | | |
| No one | 158 | 45.9 |
| One person | 117 | 34.0 |
| More than one person | 69 | 20.1 |
| n | 344 | |

RESULTS

Proportion of individuals with a chronic disease in participating households

The primary carers reported that 284 (21.6%, 95% CI 19.4 to 24.0) of the 1313 individuals residing in the surveyed households had a chronic illness. The most commonly reported chronic illnesses were respiratory (32%), cardiovascular diseases (24%) and arthritis (8%) (Figure 3.7).

Figure 3.7 Types of chronic illness reported by primary carers for the household members (n=284)



Of those with a chronic illness, the primary carers said that 28% required some degree of help at home (Table 3.13). Thirteen of those with a chronic illness had a home help while 16 were visited by a public health nurse in the three months prior to the survey. Over three fifths (of which one fifth had an acute illness) had visited their general practitioner in the three months prior to the survey. Just under 30% of individuals with a chronic illness visited a hospital in the same time period. A similar proportion of household members (148/645, 23%) living in a less deprived area had a chronic disease compared to the proportion (136/668, 20%) living in a more deprived area ($p = 0.3$)

Table 3.13 Primary carers' reported level of care required by and health services used by individuals with a chronic illness residing in their households

| | No. | % |
|---|-----|------|
| Degree of care required | | |
| No assistance | 202 | 71.9 |
| Housekeeping including medication | 76 | 27.0 |
| Housekeeping including medication and help to sit out in chair | 2 | 0.7 |
| Total nursing care as confined to bed | 1 | 0.4 |
| n | 281 | |
| Have organised home-help | | |
| Yes | 13 | 4.6 |
| No | 269 | 95.4 |
| n | 282 | |
| Visited by public health nurse in past 3 months | | |
| Yes | 17 | 6.0 |
| No | 266 | 94.0 |
| n | 283 | |
| Attended GP in past 3 months | | |
| Yes | 176 | 62.4 |
| No | 106 | 37.6 |
| n | 282 | |
| Reason for GP visit | | |
| Repeat prescription | 83 | 46.6 |
| Medical check up | 48 | 27.0 |
| Sudden illness | 38 | 21.4 |
| Advice | 9 | 5.1 |
| n | 178 | |
| GPs surgery within walking distance | | |
| Yes | 204 | 76.4 |
| No | 63 | 23.6 |
| n | 267 | |
| Hospital visits due to this disease/illness in last 3 months | | |
| Yes | 81 | 29.4 |
| No | 195 | 70.7 |
| n | 276 | |

Characteristics and practices associated with those who have a chronic illness

Bi-variate analysis using six groups of variables (demographic characteristics, socio-economic characteristics, disability, health related behaviours, health service utilisation and waiting for health care) indicated that several factors were significantly associated with having a chronic illness.

Logistic regression models were constructed to clarify the independent associations between the significant variables and the likelihood of having a chronic illness (Table 3.14). The relationships presented are those that remained statistically significant or were deemed clinically important after taking account of confounding. The associations are expressed as odds ratios (OR) adjusted for confounding.

RESULTS

Table 3.14 Logistic regression model to identify factors associated with having a chronic disease in the Tallaght population (284/1313)

| | Total | Reported chronic illness | Prevalence % | Adjusted Odds ratio (95% CI) | p-value |
|--|-------|--------------------------|--------------|------------------------------|---------|
| Age (in years) | | | | | |
| 0 to 64 | 1251 | 225 | 18.0 | 1 | 0.01 |
| 65 or over | 44 | 28 | 63.6 | 2.6 (1.3 to 5.5) | |
| Missing | 18 | | | | |
| At home full time | | | | | |
| No | 994 | 168 | 16.9 | 1 | 0.002 |
| Yes | 307 | 114 | 37.1 | 1.7 (1.2 to 2.4) | |
| Missing | 12 | | | | |
| Medical card | | | | | |
| No | 899 | 171 | 19.0 | 1 | 0.004 |
| Yes | 408 | 111 | 27.2 | 1.6 (1.2 to 2.2) | |
| Missing | 6 | | | | |
| Used a hospital service or attended a GP in the twelve months prior to the survey | | | | | |
| None | 677 | 49 | 7.2 | 1 | <0.0001 |
| Either | 446 | 148 | 33.2 | 5.8 (4.1 to 8.5) | |
| Both | 190 | 87 | 45.8 | 8.5 (5.6 to 13.1) | |
| Missing | 0 | | | | <0.0001 |
| Waiting for health care at the time of the survey | | | | | |
| No | 1260 | 256 | 20.3 | 1 | 0.002 |
| Yes | 53 | 28 | 52.8 | 2.6 (1.4 to 4.9) | |
| Missing | 0 | | | | |
| Whole model $\chi^2=234$, $p<0.0001$ | | | | | |

The initial model included variables significant at the 0.05 level and these were: age, time spent in the home, medical card status, disability status, used a hospital service in the 12 months prior to the survey and attended a GP in the 12 months prior to the survey and waiting for health care at the time of the survey. Significant factors were retained in the final model.

Household members aged 65 years or more were over two and a half times (adjusted OR 2.6, CI 1.3 to 5.5) more likely to have a chronic illness than those less than 65 years old. Also, household members who did not work or study outside the home were almost two times (adjusted OR 1.7, CI 1.2 to 2.4) more likely to have a chronic illness than those who were studying or working outside the home. Those who had a medical card were more likely to have a chronic illness than those who had no medical card (adjusted OR 1.6, CI 1.2 to 2.2). Household members attending both a general practice and the hospital in the year prior to the survey were over eight times (adjusted OR 8.5, CI 5.6 to 13.1) more likely to have a chronic illness than those who did not attend either service in the same time period. Household members who reported waiting for health care were three times (adjusted OR 2.9, CI 1.6 to 5.3) more likely to have a chronic illness than those who did not report waiting for health care.

3.5 DISABILITY

Proportion of households with one or more members having a disability

According to the primary carers, just under ten percent of households had at least one person who had a disability while less than one percent of all households had more than one person with a disability (Table 3.15).

Table 3.15 Primary carers' reported numbers (%) with disability

| | No. | % |
|---|-----|------|
| Suffer from disability | | |
| Yes | 33 | 9.6 |
| No | 311 | 90.4 |
| n | 344 | |
| Number with disability per household | | |
| No one | 311 | 90.4 |
| One person | 30 | 8.7 |
| Two persons | 3 | 0.9 |
| n | 344 | |

Proportion of individuals with a disability in participating households

The primary carers reported that 36 (2.7%, 95% CI 1.9 to 3.8) of the 1313 individuals residing in the surveyed households had a disability. Two fifths were born with a disability and one fifth acquired their disability during childhood. The most frequently reported type of disability was physical (Table 3.16). Of those with a disability, the primary carers reported that more than one third required some degree of help at home and over one quarter were not safe to leave alone in the house. According to the primary carers, only two of those with a disability had a home help and three were visited by a public health nurse in the three months prior to the survey. The primary carers said that 29% of those with a disability had visited their general practitioner in the three months prior to the survey while 32% visited a hospital or special service in the same period.

Equal proportions of household members who had a disability were living in the less deprived areas and the more deprived areas (18/645, 3% versus 18/668, 3%, $p = 0.9$)

RESULTS

Table 3.16 Primary carers' reported types of disability among, level of care required by and health services used by individuals residing in their households

| | No. | % |
|---|-----|------|
| Types of disability | | |
| Physical | 25 | 69.4 |
| Learning | 9 | 25.0 |
| Combination of physical and learning | 2 | 5.6 |
| n | 36 | |
| Time occurred | | |
| Born with or occurred at the time of birth | 14 | 40.0 |
| Childhood | 7 | 20.0 |
| Adolescence | 1 | 2.9 |
| Adult | 13 | 37.1 |
| n | 35 | |
| Degree of care required | | |
| No assistance | 23 | 65.7 |
| Housekeeping including medication | 8 | 22.9 |
| Housekeeping including medication and help to sit in chair | 2 | 5.7 |
| Housekeeping including medication, help to sit out in chair, attend to personal hygiene and feeding | 1 | 2.9 |
| Total nursing care as confined to bed | 1 | 2.9 |
| n | 35 | |
| Safe alone at home | | |
| Yes | 26 | 74.3 |
| No | 9 | 25.7 |
| n | 35 | |
| Have home help | | |
| Yes | 2 | 5.7 |
| No | 33 | 94.3 |
| n | 35 | |
| Visited by nurse in past 3 months | | |
| Yes | 3 | 8.8 |
| No | 31 | 91.2 |
| n | 34 | |
| Attended GP in past 3 months | | |
| Yes | 10 | 29.4 |
| No | 24 | 70.6 |
| n | 34 | |
| Attended hospital or specialist services in past 3 months | | |
| Yes | 11 | 32.4 |
| No | 23 | 67.6 |
| n | 34 | |

Characteristics and practices associated with those who have a disability

Bi-variate analysis using six groups of variables (demographic characteristics, socio-economic characteristics, chronic illness, health related behaviours, health service utilisation and waiting for health care) indicated that several factors were significantly associated with having a disability.

Logistic regression models were constructed to clarify the independent associations between the significant variables and the likelihood of having a disability (Table 3.17). The relationships presented are those that remained statistically significant or were deemed clinically important after taking account of confounding. The associations are expressed as odds ratios (OR) adjusted for confounding.

Household members using both general practitioner and hospital services in the year prior to the survey were five times (adjusted OR 5.1, CI 2.0 to 13.7) more likely to have a disability than those not using these services in the same time period. Household members reporting a chronic illness were almost two times (adjusted OR 1.9, CI 0.9 to 3.8) more likely to have a disability than those not reporting a chronic illness.

Table 3.17 Logistic regression model to identify factors associated with having a disability in the Tallaght population (36/1313)

| | Total | Reported disability | Prevalence % | Adjusted Odds ratio (95% CI) | p-value |
|--|-------|---------------------|--------------|------------------------------|---------|
| Used a hospital service or attended a GP in the twelve months prior to the survey | | | | | |
| None | 677 | 8 | 1.2 | 1 | |
| Either | 446 | 14 | 3.1 | 2.3 (0.9 to 5.9) | 0.08 |
| Both | 190 | 14 | 7.4 | 5.1 (2.0 to 13.7) | 0.0007 |
| Missing | 0 | | | | |
| Chronic disease | | | | | |
| No | 1029 | 20 | 1.9 | 1 | |
| Yes | 284 | 16 | 5.6 | 1.9 (0.9 to 3.8) | 0.09 |
| Missing | 0 | | | | |
| Whole model $\chi^2=21$, $p<0.0001$ | | | | | |

The initial model included variables significant at the 0.05 level and these were: time spent in the home, chronic disease status, used a hospital service in the 12 months prior to the survey and attended a GP in the 12 months prior to the survey.

3.6 DEATHS

Of the 267 households who were living in the area before 1997, eight primary carers reported the death of a household member between January 1997 and June 2001 (8/265, 3%).

There were 1037 household members living in the 267 households. According to the primary carer, eight (0.8%) of the 1037 individuals residing in the surveyed households had died.

The primary carers reported a cause of death for six of the household members. According to the primary carers, three people died as a result of cancer, two as a result of cardiovascular disease. Two people died as a result of injury.

3.7 ACUTE HOSPITAL SERVICES

Proportion of households with one or more members who used hospital services

According to the primary carers, at least one person in 65% of the households used one or more of the hospital services in the year prior to the survey (Table 3.18). Eleven percent of households had one or more persons admitted to a hospital during the same period.

Table 3.18 Primary carers' reported numbers (%) who attended the hospital

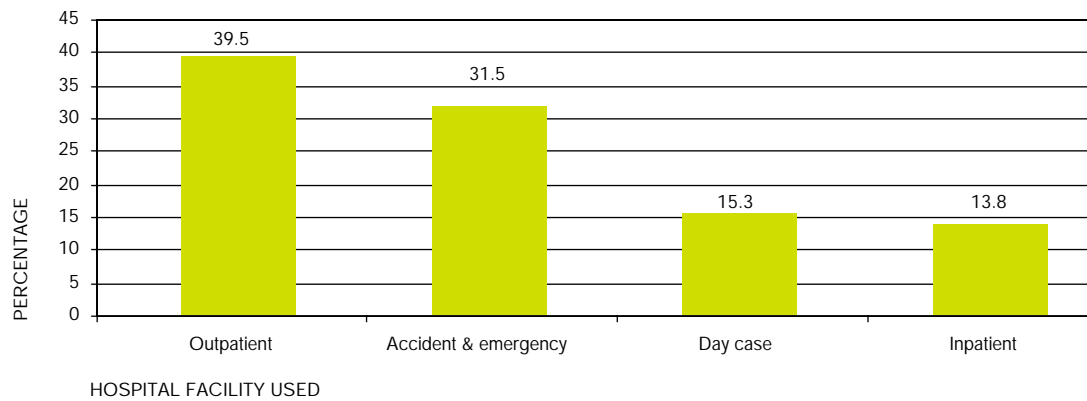
| | No. | % |
|--|-----|------|
| Used hospital in last 12 months | | |
| Yes | 222 | 64.5 |
| No | 122 | 35.5 |
| n | 344 | |
| Number admitted to hospital | | |
| No one | 306 | 89.0 |
| One person | 35 | 10.2 |
| More than one person | 3 | 0.9 |
| n | 344 | |

RESULTS

Proportion of individuals who used hospital services in participating households

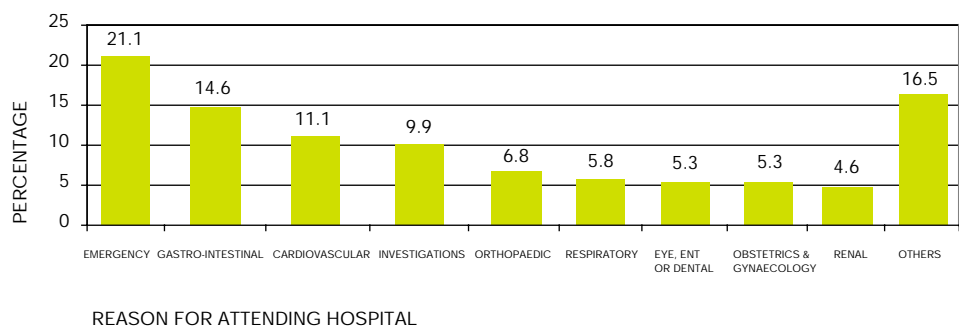
The primary carers reported that 327 (38.0%, 95% CI 35.4 to 27.3) of the 1313 individuals residing in the participating households used the hospital in the 12 months prior to the survey and 45 (3.4%) were admitted to hospital. Figures 3.8 and 3.9, respectively, present the primary carers' reported type of hospital services used and reason for use by individuals in the surveyed households in the year prior to the survey. The primary carers also reported that, of those who used the hospital, 40% attended outpatients, 32% were seen in accident and emergency and 15% were day patients.

Figure 3.8 Hospital facilities used by household members as reported by primary carers (n=327)



According to the primary carers, of those who attended the hospital, 21% attended as a result of an acute emergency, 15% had a gastro-intestinal condition while 11% had a cardiovascular disease. The primary carers reported just under three fifths had a planned appointment at the time they attended the hospital (Table 3.19). According to the primary carers, 30% of those who used a hospital service referred themselves. The respondents reported that 35 of the 325 household members who used the hospital service were transported by ambulance, of these, 33 were emergency cases.

Figure 3.9 Household members' reason for attending hospital as reported by primary carers (n=327)



Surprisingly, a higher proportion of household members (182/645, 28%) living in the less deprived areas reported using a hospital service in the year prior to the survey compared to the proportion (145/668, 22%) living in the more deprived areas ($p = 0.006$)

Table 3.19 Primary carers' reported type of appointment for, channel of referral for and means of transport used by individuals in their households to attend a hospital service in the 12 months prior to the survey

| | No. | % |
|---|-----|------|
| Planned or emergency attendance | | |
| Planned | 193 | 59.0 |
| Emergency | 134 | 41.0 |
| n | 327 | |
| Referral to hospital by: | | |
| GP | 181 | 55.7 |
| Self | 102 | 31.4 |
| Hospital doctor | 42 | 12.9 |
| n | 325 | |
| Transport used to travel to hospital | | |
| Private | 247 | 76.0 |
| Public | 43 | 13.2 |
| Ambulance | 35 | 10.8 |
| n | 325 | |

Characteristics and factors associated with those using a hospital service in the last year

Bi-variate analysis using seven groups of variables (demographic characteristics, socio-economic characteristics, chronic illness, disability, health related behaviours, other health services utilised and waiting for health care) indicated that several factors were significantly associated with using a hospital service in the year prior to the survey.

Logistic regression models were constructed to clarify the independent associations between the significant variables and the likelihood of using a hospital service in the year prior to the survey (Table 3.20). The relationships presented are those that remained statistically significant or were deemed clinically important after taking account of confounding. The associations are expressed as odds ratios (OR) adjusted for confounding.

RESULTS

Table 3.20 Logistic regression model to identify the factors that influenced use of a hospital service in the year prior to the study among the Tallaght population (328/1313)

| | Total | Attended hospital | Proportion % | Adjusted Odds ratio (95% CI) | p-value |
|--|-------|-------------------|--------------|------------------------------|---------|
| Rent house privately | | | | | |
| No | 1240 | 300 | 24.2 | 1 | 0.03 |
| Yes | 57 | 20 | 35.1 | 1.9 (1.0 to 3.4) | |
| Missing | 16 | | | | |
| At home fulltime | | | | | |
| No | 994 | 221 | 21.2 | 1 | 0.006 |
| Yes | 307 | 112 | 36.5 | 1.5 (1.1 to 2.1) | |
| Missing | 22 | | | | |
| Chronic disease | | | | | |
| No | 1029 | 198 | 19.2 | 1 | <0.0001 |
| Yes | 284 | 129 | 45.4 | 2.3 (1.7 to 3.1) | |
| Missing | 0 | | | | |
| Disability | | | | | |
| No | 1277 | 304 | 23.8 | 1 | 0.0004 |
| Yes | 36 | 23 | 63.9 | 3.8 (1.8 to 8.2) | |
| Missing | 0 | | | | |
| Attended GP in the year prior to the survey | | | | | |
| No | 814 | 137 | 16.8 | 1 | <0.0001 |
| Yes | 499 | 190 | 38.1 | 2.2 (1.7 to 2.9) | |
| Missing | 0 | | | | |
| Waiting for health care at the time of the survey | | | | | |
| No | 1260 | 301 | 23.9 | 1 | 0.02 |
| Yes | 53 | 26 | 49.1 | 2.1 (1.1 to 3.9) | |
| Missing | 0 | | | | |
| Whole model $\chi^2=219$, $p<0.0001$ | | | | | |

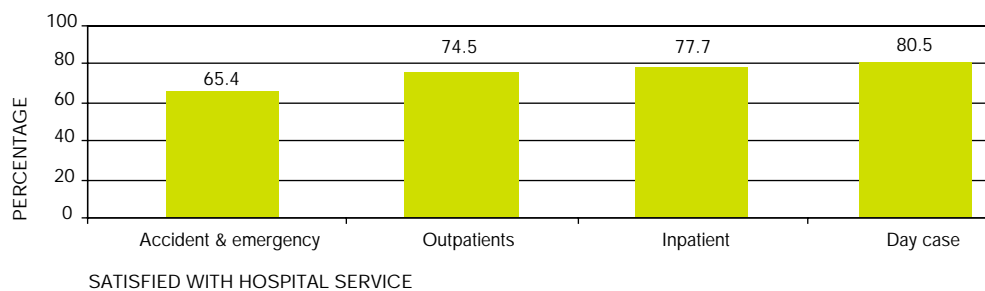
The initial model included variables significant at the 0.05 level and these were: gender, age, house occupancy status, time spent in the home, chronic illness status, disability status, attended GP in the last year and waiting for health care at the time of the survey. Significant factors were retained in the final model.

Household members who did not work or study outside the home were more likely to have used a hospital service in the last year than those who were studying or working outside the home (adjusted OR 1.5, CI 1.1 to 2.1). Household members reporting a chronic illness were over two times (adjusted OR 2.3, CI 1.7 to 3.1) more likely to have used a hospital service in the last year than those not reporting a chronic illness. Those reporting a disability were almost four times (adjusted OR 3.8, CI 1.8 to 8.2) more likely to have used a hospital service in the last year than those not reporting a disability. Household members attending their general practitioner in the year prior to the survey were two times (adjusted OR 2.2, CI 1.7 to 2.9) more likely to have also used a hospital service than those not attending their general practitioner in the same time period. Household members reporting waiting for health care were two times (adjusted OR 2.1, CI 1.1 to 3.9) more likely to have used a hospital service than those not reporting waiting for health care.

Satisfaction with hospital services

Primary carers were asked to recall the last three health services used by themselves and by the other household members in the year prior to the survey. If they had used a service or accompanied the household member, they were also asked to recall their level of satisfaction with the service, and reasons for satisfaction or dissatisfaction. Appendix 5 presents detailed tables on satisfaction with hospital services and Figure 3.10 presents the proportion satisfied with each hospital service.

Figure 3.10 Household members' satisfaction with hospital services as reported by primary carers



Accident and emergency

According to the primary carers, among the last three health services used, just over 11% of the household members had attended an accident and emergency service in the last year (Table 3.21). Of these, 91% had used the accident and emergency service in the AMNCH Hospital. The primary carers reported that just under two thirds were satisfied with the service while over one third were dissatisfied with the service. Among those who were satisfied, the main reasons given were correct treatment (47%), friendly staff (41%), short waiting periods (34%) and staff listening to their problems (34%). Among those who were dissatisfied, the main causes were long waiting periods (76%), inadequate or incorrect treatment (24%), unpleasant environment (20%) and unfriendly staff (18%).

RESULTS

Table 3.21 Primary carers' reported number (%) of the individuals who used accident and emergency services as one of their last three services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|--|------|------|
| Attended accident and emergency department | | |
| Yes | 147 | 11.2 |
| No | 1166 | 88.8 |
| n | 1313 | |
| Satisfied with accident and emergency service (scale 1 to 6) | | |
| Yes (1 to 3) | 85 | 65.4 |
| No (4 to 6) | 45 | 34.6 |
| n | 130 | |
| Reason satisfied with service accident and emergency (n = 85) | | |
| Nearby | 17 | 20.0 |
| Staff courteous and friendly | 35 | 41.2 |
| Short waiting period | 29 | 34.1 |
| Doctor/health professional listened to the problem | 18 | 21.2 |
| Doctor/health professional explained the condition | 15 | 17.7 |
| Doctor/health professional explained the treatment possibilities | 8 | 9.4 |
| Doctor/health professional provided good treatment or care | 40 | 47.1 |
| Service easily available on a 24 – hour basis | 7 | 8.2 |
| Pleasant environment | 3 | 3.5 |
| Affordable | 0 | 0.0 |
| Organised appointments | | |
| Reason dissatisfied with accident and emergency (n = 45) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 8 | 17.8 |
| Long waiting periods | 34 | 75.6 |
| Doctor/health professional did not listen to the problem | 7 | 15.6 |
| Doctor/health professional did not explain the condition | 3 | 6.7 |
| Doctor/health professional did not explain the treatment possibilities | 4 | 8.9 |
| Doctor/health professional provided inadequate or incorrect treatment | 11 | 24.4 |
| Service difficult to access outside normal working hours | 0 | 0.0 |
| Unpleasant environment | 9 | 20.0 |
| Expensive | 0 | 0.0 |
| No after-care | 0 | 0.0 |

Outpatients

According to the primary carers, among the last three health services used, just over 13% of the household members had attended an outpatients' department in the last year (Table 3.22). Of these, 87% had attended the outpatients' department in AMNCH Hospital. The primary carers reported that just under three quarters were satisfied with the service while over one quarter were dissatisfied with the service. Among those who were satisfied, the main reasons given were friendly staff (51%), good treatment or care (43%), and short waiting periods (38%). Among those who were dissatisfied, the main cause was long waiting periods (68%).

Table 3.22 Primary carers' reported number (%) of the individuals who attended the outpatients department as one of their last three services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|---|------|------|
| Attended outpatients' department | | |
| Yes | 174 | 13.3 |
| No | 1139 | 86.7 |
| n | 1313 | |
| Satisfied with service in the outpatients' department (scale 1 to 6) | | |
| Yes (1 to 3) | 111 | 74.5 |
| No (4 to 6) | 38 | 25.5 |
| n | 149 | |
| Reason satisfied with outpatients' service (n = 111) | | |
| Nearby | 25 | 22.5 |
| Staff courteous and friendly | 56 | 50.5 |
| Short waiting period | 42 | 37.8 |
| Doctor/health professional listened to the problem | 27 | 24.3 |
| Doctor/health professional explained the condition | 29 | 26.1 |
| Doctor/health professional explained the treatment possibilities | 27 | 24.3 |
| Doctor/health professional provided good treatment or care | 48 | 43.2 |
| Service easily available on a 24 – hour basis | 5 | 4.5 |
| Pleasant environment | 13 | 11.7 |
| Affordable | 2 | 1.8 |
| Organised appointments | 2 | 1.8 |
| Reason dissatisfied with outpatients' service (n = 38) | | |
| Too far | 1 | 2.6 |
| Staff unfriendly | 5 | 4.5 |
| Long waiting periods | 26 | 68.4 |
| Doctor/health professional did not listen to the problem | 5 | 4.5 |
| Doctor/health professional did not explain the condition | 4 | 10.5 |
| Doctor/health professional did not explain the treatment possibilities | 1 | 2.6 |
| Doctor/health professional provided inadequate or incorrect treatment | 3 | 7.9 |
| Service difficult to access outside normal working hours | 2 | 5.3 |
| Unpleasant environment | 2 | 5.3 |
| Expensive | 1 | 2.6 |
| No after-care | 0 | 0.0 |

Inpatients

According to the primary carers, among the last three health services used, three percent of the household members had been admitted to the hospital in the last year (Table 3.23). Of these, 62% were admitted to AMNCH Hospital. The primary carers reported that 78% were satisfied with the service while 22% were dissatisfied with the service. Among those who were satisfied, the main reasons given were good treatment or care (50%) and friendly staff (43%). Among those who were dissatisfied, the main causes were long waiting periods (50%) and inadequate or incorrect treatment (50%).

RESULTS

Table 3.23 Primary carers' reported number (%) of the individuals admitted to hospital as one of their last three services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction..

| | No. | % |
|--|------|------|
| Admitted to hospital | | |
| Yes | 41 | 3.1 |
| No | 1272 | 96.9 |
| n | 1313 | |
| Satisfied with inpatient care and treatment (scale 1 to 6) | | |
| Yes (1 to 3) | 28 | 77.7 |
| No (4 to 6) | 8 | 22.2 |
| n | 36 | |
| Reason satisfied with inpatient care and treatment (n = 28) | | |
| Nearby | 3 | 28.1 |
| Staff courteous and friendly | 12 | 42.9 |
| Short waiting period | 7 | 25.0 |
| Doctor/health professional listened to the problem | 5 | 17.9 |
| Doctor/health professional explained the condition | 7 | 25.0 |
| Doctor/health professional explained the treatment possibilities | 5 | 17.9 |
| Doctor/health professional provided good treatment or care | 14 | 50.0 |
| Service easily available on a 24 – hour basis | 2 | 7.1 |
| Pleasant environment | 3 | 10.7 |
| Affordable | 0 | 0.0 |
| Organised appointments | 0 | 0.0 |
| Reason dissatisfied with inpatient care and treatment (n = 8) | | |
| Too far | 1 | 12.5 |
| Staff unfriendly | 2 | 25.0 |
| Long waiting periods | 4 | 50.0 |
| Doctor/health professional did not listen to the problem | 1 | 12.5 |
| Doctor/health professional did not explain the condition | 1 | 12.5 |
| Doctor/health professional did not explain the treatment possibilities | 0 | 0.0 |
| Doctor/health professional provided inadequate or incorrect treatment | 4 | 50.0 |
| Service difficult to access outside normal working hours | 2 | 25.0 |
| Unpleasant environment | 1 | 12.5 |
| Expensive | 1 | 12.5 |
| No after-care | 0 | 0.0 |

Day patients

According to the primary carers, among the last three health services used, more than three percent of the household members had been admitted as a day case in the last year (Table 3.24). Of these, 80.5% were admitted as a day case to AMNCH Hospital. The primary carers reported that 81% were satisfied with the service while 19.5% were dissatisfied with the service. Among those who were satisfied, the main reasons given were good treatment or care (46%) and friendly staff (42%). Among those who were dissatisfied, the main cause was long waiting periods (50%).

Table 3.24 Primary carers' reported number (%) of the individuals who were admitted as a day care patient as one of their last three services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|--|------|------|
| Admitted as a day case | | |
| Yes | 45 | 3.4 |
| No | 1268 | 96.6 |
| n | 1313 | |
| Satisfied with care and treatment as a day case (scale 1 to 6) | | |
| Yes (1 to 3) | 33 | 80.5 |
| No (4 to 6) | 8 | 19.5 |
| n | 41 | |
| Reason satisfied with care and treatment as a day case (n = 33) | | |
| Nearby | 2 | 6.1 |
| Staff courteous and friendly | 14 | 42.4 |
| Short waiting period | 8 | 24.2 |
| Doctor/health professional listened to the problem | 6 | 18.2 |
| Doctor/health professional explained the condition | 9 | 27.3 |
| Doctor/health professional explained the treatment possibilities | 5 | 15.1 |
| Doctor/health professional provided good treatment or care | 15 | 45.5 |
| Service easily available on a 24 – hour basis | 1 | 3.0 |
| Pleasant environment | 2 | 6.1 |
| Affordable | 1 | 3.0 |
| Organised appointments | 0 | 0.0 |
| Reason dissatisfied with care and treatment as a day case (n = 8) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 1 | 12.5 |
| Long waiting periods | 4 | 50.0 |
| Doctor/health professional did not listen to the problem | 1 | 12.5 |
| Doctor/health professional did not explain the condition | 1 | 12.5 |
| Doctor/health professional did not explain the treatment possibilities | 0 | 0.0 |
| Doctor/health professional provided inadequate or incorrect treatment | 0 | 0.0 |
| Service difficult to access outside normal working hours | 1 | 12.5 |
| Unpleasant environment | 0 | 0.0 |
| Expensive | 0 | 0.0 |
| No after-care | 0 | 0.0 |

Benefits of Adelaide and Meath Hospital, Dublin incorporating The National Children's Hospital, situated in Tallaght

The primary carer was asked if s/he thought that the hospital situated in Tallaght was beneficial to the area. Almost 95% thought that the hospital was beneficial to their area (Table 3.25). The most important reason cited was its proximity (for treatment and visiting purposes) to their homes. Other important reasons were that services catered for the total population regardless of age, the service provided immediate attention in an emergency and it increased availability of employment in the area.

RESULTS

Table 3.25 Primary carers' view of benefits of the hospital in Tallaght

| | No | % |
|--|-----|------|
| Hospital benefits | | |
| Yes | 317 | 94.9 |
| No | 17 | 5.1 |
| n | 334 | |
| Reason hospital is beneficial (317) | | |
| Nearby | 296 | 93.4 |
| Services for all ages | 84 | 26.5 |
| Employment for people in Tallaght | 71 | 22.4 |
| Local transport adequate to access the hospital for visits | 58 | 18.3 |
| Local transport adequate to access the hospital for appointments | 53 | 16.7 |
| Immediate attention in an emergency | 53 | 16.7 |
| Restaurant facilities available | 36 | 11.4 |
| Easy to access information | 34 | 10.7 |
| Parking facilities available | 25 | 7.9 |
| Short waiting time for elective admissions | 24 | 7.6 |
| Improve area profile | 4 | 1.3 |

3.8 HEALTH SERVICES FOR WOMEN

Uptake of family planning and cervical smears

The women who described themselves as primary carers and were aged between 18 and 45 years were asked three questions about family planning practices (Table 3.26). Just over 56% reported that they were using a method of family planning. Of those who were currently using a method of family planning, 33% of the women (or their husbands) had been sterilised, 59% were using a temporary method of contraception while 8% were using a natural method of family planning. Of those respondents who were not currently using a method of family planning, 24% said that they had no reason for not employing a method of family planning. Fifty eight percent of women, who described themselves as primary carers and were aged between 18 and 65 years, had a cervical smear in the last five years (Table 3.26).

Table 3.26 Primary carers' reported current use of family planning and recent uptake of cervical smear tests

| | No. | % |
|--|-----|------|
| Use of family planning (female primary carers 18 to 49 years) | | |
| Yes | 114 | 56.2 |
| No | 89 | 43.8 |
| n | 203 | |
| Method of family planning used | | |
| Natural | 9 | 7.9 |
| Temporary | 67 | 58.8 |
| Permanent | 38 | 33.3 |
| n | 114 | |
| Reason people do not use family planning | | |
| Not currently sexually active | 26 | 32.5 |
| No reason | 19 | 23.8 |
| Hysterectomy | 14 | 17.5 |
| Trying for a child, pregnant, post natal | 14 | 17.5 |
| On medication or fear of negative side effects | 5 | 6.3 |
| Husband /partner does not like me to | 2 | 2.5 |
| n | 80 | |
| Cervical smear in last 5 years (female primary carers 18 to 65 years) | | |
| Yes | 171 | 57.8 |
| No | 125 | 42.2 |
| n | 296 | |

Births and associated maternal health practice and services

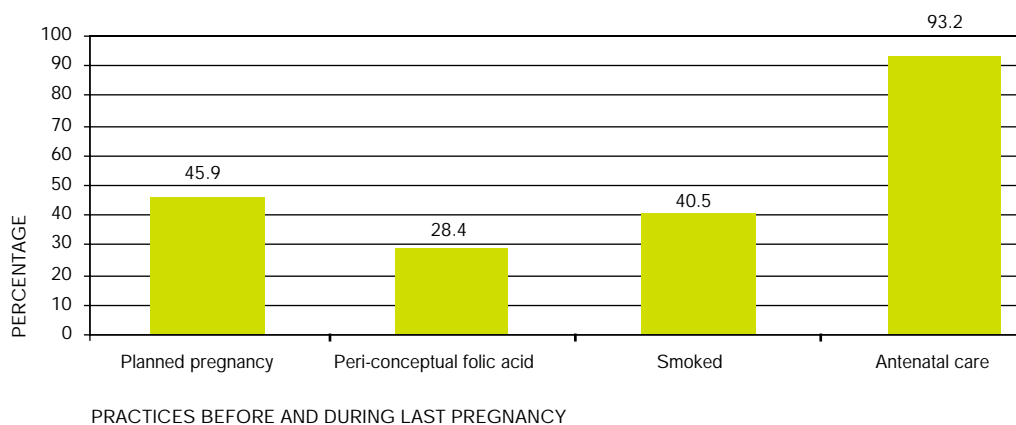
The primary carers reported that almost one in every five households had one or more births between January 1997 and June 2001 (Table 3.27).

Table 3.27 Primary carers' reported numbers (%) of births in the household between January 1997 and June 2001

| | No. | % |
|---|-----|------|
| Women in the household who have given birth since January 1997 | | |
| Yes | 66 | 19.2 |
| No | 278 | 80.8 |
| n | 344 | |
| Number of households where women who gave birth reside | | |
| None | 278 | 80.8 |
| One birth | 59 | 17.2 |
| More than one birth | 7 | 2.0 |
| n | 344 | |

According to the primary carers, 84 children were born to 74 mothers who currently reside in the area between January 1997 and June 2001 (Table 3.28). Just under 18% of the women were between 13 and 19 years old during their most recent pregnancy.

Figure 3.11 Practices of women before and during most recent pregnancy (if occurred between January 1997 and June 2001) as reported by primary carers (n=74)



Fifty four percent of the women's most recent pregnancies were unplanned (Figure 3.11). Primary carers reported that 28% of these women had taken folic acid prior to conception (Figure 3.11), 41% had smoked during their most recent pregnancy, seven percent did not attend antenatal care (during their most recent pregnancy) and 26% did not have a post natal examination six weeks after delivery (Table 3.28). According to the primary carers, three fifths of the expectant women had antenatal care in a maternity hospital while only two fifths had their care shared with the woman's general practitioner (Table 3.28). Almost three quarters of these mothers had their youngest child in the Coombe Women's Hospital.

RESULTS

Table 3.28 Primary carers' reported number of pregnancies in their households between January 1997 and June 2001, and health practices and service uptake by pregnant women during each pregnancy

| | No | % |
|--|----|------|
| Women who have given birth in the last 4 years and number of births to each woman | | |
| One child | 65 | 87.8 |
| Two children | 8 | 10.8 |
| Three children | 1 | 1.4 |
| n | 74 | |
| Age when became pregnant on most recent occasion | | |
| 13 to 19 | 13 | 17.6 |
| 20 to 29 | 33 | 44.6 |
| 30 to 39 | 28 | 37.8 |
| n | 74 | |
| Place where antenatal care was received | | |
| Maternity hospital | 41 | 59.4 |
| Combined or shared care | 27 | 39.1 |
| Consultant private clinic | 1 | 01.5 |
| n | 69 | |
| Place of delivery | | |
| Coombe | 54 | 74.0 |
| Rotunda | 9 | 12.3 |
| Holles St | 8 | 11.0 |
| Mount Carmel | 1 | 01.4 |
| Home | 1 | 01.4 |
| n | 73 | |
| Attended 6 week post natal check up | | |
| Yes | 53 | 73.6 |
| No | 19 | 26.4 |
| n | 72 | |

Satisfaction with maternity services

As one of the last three health services used, 12 women were admitted to a maternity hospital in the twelve months preceding the survey. Ten of them reported satisfaction levels of whom eight were satisfied with their health care (Table 3.29).

Table 3.29 Primary carers' reported number (%) of the individuals admitted to maternity hospital as one of the last three health services used in the year prior to the survey, and level of satisfaction with services.

| | No | % |
|---|-----|------|
| Admitted to maternity hospital | | |
| Yes | 12 | 2.8 |
| No | 420 | 97.2 |
| n (women aged 15 to 45 years) | 432 | |
| Satisfied with care and treatment (scale 1 to 6) | | |
| Yes (1 to 3) | 8 | 80.0 |
| No (4 to 6) | 2 | 20.0 |
| n | 10 | |

3.9 COMMUNITY HEALTH SERVICES

General practice

Primary carers were asked to recall the last three health services used by themselves and by the other household members in the year prior to the survey. According to the primary carers, at least 38% of the household members had attended their general practitioner as one of the last three health services in the year prior to the survey (Table 3.30 and extended table in Appendix 6). Of these, 88% had attended a general practitioner situated in Tallaght. The primary carers reported that 86% were satisfied with the service while 14% were dissatisfied with the service (Table 3.30). Among those who were satisfied, the main reasons were, the doctor provided good treatment or care (45%), the doctor listened to the problem (36%), and the staff were friendly (24%). Among those who were dissatisfied, the main cause was long waiting periods (38%).

Table 3.30 Primary carers’ reported number (%) of the individuals who visited their GP as one of the last three health services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No | % |
|---|------|------|
| Visited GP | | |
| Yes | 499 | 38.0 |
| No | 814 | 62.0 |
| n | 1313 | |
| Satisfied with care and treatment from GP (scale 1 to 6) | | |
| Yes (1 to 3) | 344 | 85.6 |
| No (4 to 6) | 58 | 14.4 |
| n | 402 | |
| Reason satisfied with care and treatment from GP (n = 344) | | |
| Nearby | 77 | 22.4 |
| Staff courteous and friendly | 82 | 23.8 |
| Short waiting period | 53 | 15.4 |
| Doctor listened to the problem | 125 | 36.3 |
| Doctor explained the condition | 67 | 19.5 |
| Doctor explained the treatment possibilities | 68 | 19.8 |
| Doctor provided good treatment or care | 154 | 44.8 |
| Service easily available on a 24 – hour basis | 24 | 7.0 |
| Pleasant environment | 28 | 8.1 |
| Affordable | 1 | 0.3 |
| Organised appointments | 1 | 0.3 |
| Reason dissatisfied with care and treatment from GP (n = 58) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 5 | 8.6 |
| Long waiting periods | 22 | 37.9 |
| Doctor did not listen to the problem | 0 | 0.0 |
| Doctor did not explain the condition | 10 | 17.2 |
| Doctor did not explain the treatment possibilities | 7 | 12.1 |
| Doctor provided inadequate or incorrect treatment | 8 | 13.8 |
| Service difficult to access outside normal working hours | 9 | 15.5 |
| Unpleasant environment | 1 | 1.7 |
| Expensive | 0 | 0.0 |
| No after care | 2 | 3.5 |

A higher proportion of household members (298/645, 46%) living in the less deprived areas attended their general practitioner as one of the last three health services used in the year prior to the survey compared to the proportion (210/668, 30%) living in the more deprived areas ($p = 0.0001$)

RESULTS

Table 3.31 Primary carers' reported source of GP services, health information, and satisfaction with out of hours medical services

| | No. | % |
|---|-----|------|
| GPs' current location | | |
| Brookfield health centre | 28 | 8.2 |
| Killinarden health centre | 27 | 7.9 |
| Jobstown health centre | 5 | 1.5 |
| Milbrook lawn health centre | 4 | 1.2 |
| Other location in Tallaght | 237 | 69.1 |
| Location outside Tallaght | 40 | 11.7 |
| No GP | 2 | 0.6 |
| n | 343 | |
| Services used for doctor 'out of hours' | | |
| Call GP practice for radio-doctor | 223 | 72.6 |
| Go to hospital accident and emergency | 66 | 21.5 |
| Depends on situation | 18 | 5.9 |
| n | 307 | |
| Satisfied with choice of 'out of hours' service | | |
| Yes | 176 | 58.5 |
| No | 86 | 28.6 |
| Do not know | 39 | 13.0 |
| n | 301 | |
| Source of information on health services (n = 344) | | |
| General practice | 234 | 68.0 |
| Public broadcasting media | 110 | 32.0 |
| Health information leaflet | 95 | 27.6 |
| Family/friends | 76 | 22.1 |
| Internet | 23 | 6.7 |
| Public health or community nurse | 21 | 6.1 |
| At work | 19 | 5.5 |
| Support groups | 11 | 3.2 |

Only two primary carers reported that their households were not registered with a general practice (Table 3.31). According to the primary carers, of those households registered with a general practice, only 12% were not registered with a practice in Tallaght. Primary carers were asked what service they would access when seeking a doctor 'out of hours'. Seventy three percent would call a radio-doctor while 22% would go to an accident and emergency department. Almost twenty nine percent of respondents were unhappy with the current 'out of hours' general practitioner service.

Sources of health information

According to the respondents, the most important sources of health information were the general practice (including the receptionist, nurse and general practitioner), followed by the media and then health leaflets (Table 3.31).

Characteristics and factors associated with those attending a general practitioner in the last year

Bi-variate analysis using seven groups of variables (demographic characteristics, socio-economic characteristics, chronic illness, disability, health related behaviours, other health services utilised and waiting for health care) indicated that several factors were significantly associated with attending a general practitioner, as one of the last three health services used, in the year prior to the survey.

Logistic regression models were constructed to clarify the independent associations between the significant variables and the likelihood of attending a general practitioner in the year prior to the survey. Significant factors were retained in the final model (Table 3.32). The relationships presented are those that remained statistically significant or were deemed clinically important after taking account of confounding. The associations are expressed as odds ratios (OR) adjusted for confounding.

RESULTS

Female household members were more likely to have attended their general practitioner in the year prior to the survey than their male counterparts (adjusted OR 1.6, CI 1.3 to 2.1). Household members aged 65 years or more were over two and a half times (adjusted OR 2.6, CI 1.6 to 2.4) more likely to have attended their general practitioner in the year prior to the survey than their younger counterparts. Household members who did not work or study outside the home were also more likely to have attended their general practitioner in the year prior to the survey than those who were studying or working outside the home (adjusted OR 1.5, CI 1.1 to 2.0). Surprisingly, household members living in local authority housing were 50% (adjusted OR 0.5, CI 0.3 to 0.6) less likely to have attended their general practitioner in the year prior to the survey than those living in rented or self-purchased houses. Household members reporting a chronic illness were four times (adjusted OR 4.1, CI 3.0 to 5.6) more likely to have attended their general practitioner in the year prior to the survey than those without a chronic illness. Household members using a hospital service in the last year were two times (adjusted OR 2.1, CI 1.6 to 2.8) more likely to have attended their general practitioner in the year prior to the survey than those not using a hospital service in the same time period.

Table 3.32 Logistic regression model to identify factors associated with attending a general practitioner as one of the last three health services in the year prior to the survey among the Tallaght population (499/1313)

| | Total | Attended GP | Proportion % | Adjusted Odds ratio (95% CI) | p-value |
|--|-------|-------------|--------------|------------------------------|---------|
| Gender | | | | | |
| Male | 627 | 197 | 31.4 | 1 | 0.0002 |
| Female | 686 | 302 | 44.0 | 1.6 (1.3 to 2.1) | |
| Missing | 0 | | | | |
| Age (in years) | | | | | |
| 0 to 64 | 1251 | 458 | 36.6 | 1 | 0.03 |
| 65 or more | 44 | 35 | 79.6 | 2.6 (1.2 to 6.4) | |
| Missing | 18 | | | | |
| At home full time | | | | | |
| No | 994 | 337 | 33.9 | 1 | 0.01 |
| Yes | 307 | 159 | 51.9 | 1.5 (1.1 to 2.0) | |
| Missing | 12 | | | | |
| Local authority housing | | | | | |
| No | 944 | 390 | 41.3 | 1 | <0.0001 |
| Yes | 353 | 98 | 27.8 | 0.5 (0.3 to 0.6) | |
| Missing | 16 | | | | |
| Chronic disease | | | | | |
| No | 1029 | 306 | 29.7 | 1 | <0.0001 |
| Yes | 284 | 193 | 68.0 | 4.1 (3.0 to 5.6) | |
| Missing | 0 | | | | |
| Used a hospital service in the year prior to the survey | | | | | |
| No | 986 | 309 | 31.3 | 1 | <0.0001 |
| Yes | 327 | 190 | 58.1 | 2.1 (1.6 to 2.8) | |
| Missing | 0 | | | | |
| Whole model $\chi^2=218$, $p<0.0001$ | | | | | |

The initial model included variables significant at the 0.05 level and these were gender, age, time spent in the home, house occupancy status, medical card status, chronic illness status, disability status, used a hospital service in the year prior to the survey and waiting for health care at the time of the survey. Significant factors were retained in the final model.

RESULTS

Uptake of childhood vaccines

Motivation for childhood vaccines is done by public health nurses and subsequently the vaccines are administered at general practice. Primary carers reported that 82% of children aged between two and five years residing in their households had completed the routine childhood vaccines while 69% of these children have had the vaccine to prevent meningitis C (Table 3.33).

Table 3.33 Primary carers' reported vaccination uptake for children aged between two and five years residing in their households

| | No. | % |
|---|-----|------|
| Children's vaccination status (excluding meningitis) | | |
| Completed all vaccines | 51 | 82.2 |
| Started but incomplete | 10 | 16.1 |
| Recorded information incomplete | 1 | 1.6 |
| n | 62 | |
| BCG | | |
| Yes | 59 | 96.7 |
| No | 2 | 3.3 |
| n | 61 | |
| DPT and Polio 3 | | |
| Yes | 60 | 96.8 |
| No | 2 | 3.2 |
| n | 62 | |
| HIB3 | | |
| Yes | 59 | 96.7 |
| No | 2 | 3.3 |
| n | 61 | |
| MMR | | |
| Yes | 59 | 95.2 |
| No | 3 | 4.8 |
| n | 62 | |
| Meningitis C | | |
| Yes | 43 | 69.4 |
| No | 19 | 30.6 |
| n | 62 | |

Community nursing service

The Area Health Boards notify mothers (in writing) and public health nurses remind mothers to bring their infants, when they are nine months old, for a developmental assessment by the area medical officers. Over 93% of mothers reported that they had brought their infant for its developmental assessment (Table 3.34).

Table 3.34 Primary carers' reported attendance at nine-month developmental assessment and reasons for non-attendance for children aged between two and five years residing in their household

| | No. | Yes |
|---|-----|------|
| Attended for nine-month developmental assessment | | |
| Yes | 56 | 93.3 |
| No | 4 | 6.7 |
| n | 60 | |
| Reason for not attending | | |
| Did not receive notification | 1 | 50.0 |
| Other | 1 | 50.0 |
| n | 2 | |

According to the primary carers, 2% of the household members were visited by a community nurse in their home, as one of the last three services used in the year preceding the survey (Table 3.35). The primary carers reported that 75% were satisfied with the service while 25% were dissatisfied with the service.

Table 3.35 Primary carers' reported number (%) of the individuals seen by community nurse as one of the last three services used in the year prior to the survey, and level of satisfaction with services.

| | No | % |
|---|------|------|
| Seen by community nurse | | |
| Yes | 28 | 2.1 |
| No | 1285 | 97.9 |
| n | 1313 | |
| Satisfied with care and treatment (scale 1 to 6) | | |
| Yes (1 to 3) | 12 | 75.0 |
| No (4 to 6) | 4 | 25.0 |
| n | 16 | |

Pharmacy services

One fifth of primary carers said that they had no pharmacy service located within walking distance of their homes (Table 3.36). Over 93% (163/175) of households living in less deprived areas were within walking distance of a pharmacy compared to 69% (115/167) of those living in more deprived areas, $p < 0.0001$. Almost 98% of primary carers were satisfied with the quality of service provided at their local pharmacy.

Table 3.36 Primary carers' reported distance from pharmacy services and satisfaction with usual pharmacy

| | No. | % |
|---|-----|------|
| Pharmacy located nearby | | |
| Yes | 278 | 82.2 |
| No | 60 | 17.8 |
| n | 338 | |
| Satisfied with service at usual pharmacy | | |
| Yes | 306 | 92.7 |
| No | 24 | 7.3 |
| n | 330 | |

RESULTS

Dental services

The primary carers reported that just under 15% of the population had visited a dentist, as one of the last three services used, in the 12 months prior to the survey (Table 3.37 and extended table in Appendix 6). Of these, over three quarters visited a dentist in Tallaght. According to the primary carers, 93% were satisfied with the service while 7% were dissatisfied with the service. Among those who were satisfied, the main reason was the dentist provided good treatment or care (61%). Among those who were dissatisfied, the main causes were incorrect or inadequate treatment (64%) and long waiting periods (19%).

Table 3.37 Primary carers' reported number (%) of the individuals visited their dentist as one of the last three services used in the year prior to the survey, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No | % |
|--|------|------|
| Visited dentist | | |
| Yes | 191 | 14.5 |
| No | 1122 | 85.5 |
| n | 1313 | |
| Satisfied with care and treatment from dentist (scale 1 to 6) | | |
| Yes (1 to 3) | 145 | 93.0 |
| No (4 to 6) | 11 | 7.0 |
| n | 156 | |
| Reason satisfied with care and treatment from dentist (n = 145) | | |
| Nearby | 30 | 20.7 |
| Staff courteous and friendly | 36 | 24.8 |
| Short waiting period | 29 | 20.0 |
| Dentist listened to the problem | 24 | 16.6 |
| Dentist explained the condition | 22 | 15.2 |
| Dentist explained the treatment possibilities | 27 | 18.6 |
| Dentist provided good treatment or care | 89 | 61.4 |
| Service easily available on a 24 – hour basis | 3 | 2.1 |
| Pleasant environment | 7 | 4.8 |
| Affordable | 1 | 0.7 |
| Organised appointments | 5 | 3.5 |
| Reason dissatisfied with care and treatment from dentist (n = 11) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 1 | 9.1 |
| Long waiting periods | 2 | 18.2 |
| Dentist did not listen to the problem | 2 | 18.2 |
| Dentist did not explain the condition | 2 | 18.2 |
| Dentist did not explain the treatment possibilities | 1 | 9.1 |
| Dentist provided inadequate or incorrect treatment | 7 | 63.6 |
| Service difficult to access outside normal working hours | 1 | 9.1 |
| Unpleasant environment | 0 | 0.0 |
| Expensive | 1 | 9.1 |
| No after-care | 0 | 0.0 |

3.10 WAITING FOR HEALTH CARE

Proportion of households with one or more members waiting for health care

According to the primary carers, at least one person in 49 (14%) households was waiting for health care at the time of the survey; three households had two people waiting for health care (Table 3.38).

Table 3.38 Primary carers' reported numbers (%) waiting for health care

| | No. | % |
|--|-----|------|
| On a waiting list for health care | | |
| Yes | 49 | 14.2 |
| No | 295 | 85.8 |
| n | 344 | |
| Number per house on waiting list | | |
| None | 295 | 85.8 |
| One person | 46 | 13.4 |
| Two or more persons | 3 | 0.9 |
| n | 344 | |

Proportion of individuals waiting for health care in participating households

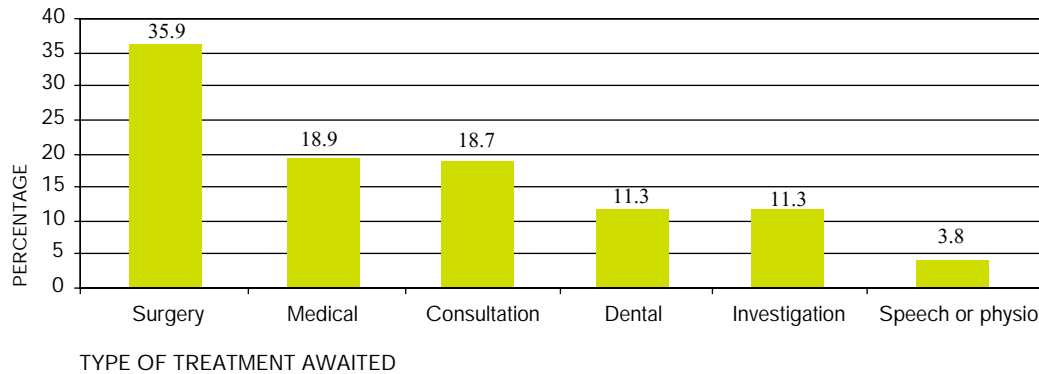
The primary carers reported that 53 (4.0%, 95% CI 3.0 to 5.3) of the 1313 individuals residing in the participating households were waiting for health care at the time of the survey (Table 3.39).

Table 3.39 Primary carers' reported number (%) of the individuals residing in the household waiting for health care, length waiting for service and satisfaction with waiting period.

| | No | % |
|---|------|------|
| On a waiting list | | |
| Yes | 53 | 4.1 |
| No | 1259 | 95.9 |
| n | 1313 | |
| Length of wait in months | | |
| 3 months or less | 12 | 24.1 |
| 4-6 | 8 | 14.8 |
| 7-12 | 15 | 27.8 |
| More than 12 | 18 | 33.3 |
| n | 53 | |
| Area in which service being waited for is to be provided | | |
| Tallaght | 40 | 74.1 |
| Elsewhere | 13 | 25.9 |
| n | 53 | |
| Opinion on waiting time (1 very reasonable to 5 very unreasonable) | | |
| 1 | 4 | 7.8 |
| 2 | 4 | 7.8 |
| 3 | 7 | 13.7 |
| 4 | 4 | 7.8 |
| 5 | 32 | 62.7 |
| n | 51 | |

RESULTS

Figure 3.12 Type of treatment awaited by household members as reported by primary carers (n=53)



The primary carers also reported that, of those who were waiting for health care, 36% awaited surgery, 19% awaited medical treatment, 19% awaited an outpatient's consultation, 11% awaited an investigation and 11% awaited dental care (Figure 3.12). According to the primary carers, of those who were waiting for health care, over three quarters were waiting for more than three months (Table 3.39). The primary carers reported that just under three quarters were waiting for health care in AMNCH Hospital. Over 71% of primary carers thought that the waiting time was unacceptable.

A lower proportion of household members (18/645, 3%) living in the less deprived areas were waiting for health care at the time of the survey compared to the proportion (35/668, 5%) living in the more deprived areas ($p = 0.02$)

Factors associated with those waiting for health care

Bi-variate analysis using six groups of variables (demographic characteristics, socio-economic characteristics, chronic illness, disability, health related behaviours, and health services utilised) indicated that several factors were significantly associated with reported waiting for health care at the time of the survey.

Logistic regression models were constructed to clarify the independent associations between the significant variables and the likelihood of reported waiting for health care at the time of the survey (Table 3.40). The relationships presented are those that remained statistically significant or were deemed clinically important after taking account of confounding. The associations are expressed as odds ratios (OR) adjusted for confounding.

Table 3.40 Logistic regression model to identify factors associated with those waiting for health care in the Tallaght population (53/1313)

| | Total | Awaiting health care | Proportion % | Adjusted Odds ratio (95% CI) | p-value |
|--|-------|----------------------|--------------|------------------------------|---------|
| Private health insurance | | | | | |
| Yes | 409 | 10 | 2.4 | 1 | 0.04 |
| No | 898 | 43 | 4.8 | 2.1 (1.1 to 4.5) | |
| Missing | 6 | | | | |
| Chronic disease | | | | | |
| No | 1029 | 25 | 2.4 | 1 | 0.002 |
| Yes | 284 | 28 | 9.9 | 2.5 (1.4 to 4.6) | |
| Missing | 0 | | | | |
| Used a hospital service or attended a GP in the twelve months prior to the survey | | | | | |
| None | 677 | 8 | 1.2 | 1 | 0.0003 |
| Either | 446 | 29 | 6.5 | 4.5 (2.1 to 11.0) | |
| Both | 190 | 16 | 8.4 | 5.3 (2.2 to 13.9) | |
| Missing | 0 | | | | |
| Whole model $\chi^2=48$, $p<0.0001$ | | | | | |

The initial model included variables significant at the 0.05 level and these were: age, access to private health care, chronic illness status, used a hospital service in the 12 months prior to the survey and attended a GP in the 12 months prior to the survey. Significant factors were retained in the final model.

Household members who do not have private health insurance were twice (adjusted OR 2.1, CI 1.1 to 4.5) as likely to report waiting for health care (at the time of the survey) than those who had purchased health insurance. Household members reporting a chronic illness were two and a half times (adjusted OR 2.5, CI 1.4 to 4.6) more likely to be waiting for health care at the time of the survey than those who did not report a chronic illness. Not surprisingly, household members using both the general practitioner and hospital services in the year prior to the survey were over five times (adjusted OR 5.3, CI 2.2 to 13.9) more likely to report waiting for health care than those not using either service in the same time period.

RESULTS

3.11 PRIMARY CARERS' SUGGESTED ADDITIONAL HEALTH NEEDS

Over half of the primary carers identified additional health needs in the Tallaght area. Table 3.41 presents the suggested services and facilities required. Over half of the respondents asked that 'out of hours' general practitioner services be reorganised. They suggested that this service be located either in accident and emergency or attended by a general practitioner from a group practice in Tallaght (rather than the current radio-doctor facility). Forty seven percent of primary carers requested a local maternity service and one quarter requested a service to promote women's health. One sixth of the respondents requested services dedicated to promoting men's health. Not surprisingly, a large number of primary carers requested dedicated services for adolescents and also, extended drug and alcohol treatment services. Although the population profile of Tallaght is young (with half of the population less than 25 years old), many respondents requested improved services for the elderly, in particular for those situated in the community.

Table 3.41 Additional health care services suggested by primary carers

| | No. | % |
|--|-----|------|
| Additional services needed | | |
| Yes | 176 | 51.5 |
| No | 107 | 31.3 |
| Do not know | 59 | 17.3 |
| n | 342 | |
| Suggested additional services (n = 176) | | |
| Maternity service for pregnant women | 83 | 47.2 |
| Out of hours local GP service | 51 | 29.0 |
| GP in accident and emergency | 41 | 23.3 |
| Emergency rescue | 1 | 0.6 |
| Clinic specially to promote women's health | 43 | 24.4 |
| Clinic specially to promote men's health | 28 | 15.9 |
| Clinic specially to promote child health | 29 | 16.5 |
| Contraceptive advice for adolescents | 37 | 21.0 |
| Psychological services for adolescents | 34 | 19.3 |
| Counselling service | 26 | 14.8 |
| Drug/alcohol services | 39 | 22.2 |
| Drug rehabilitation service | 3 | 1.7 |
| Long term care for the elderly | 46 | 26.1 |
| Day care services for the elderly | 39 | 22.2 |
| Respite services for the elderly | 37 | 21.0 |
| Home visits for the elderly | 6 | 3.4 |
| Dental services | 5 | 2.8 |
| Ophthalmic | 2 | 1.1 |
| Heart bypass | 4 | 2.3 |
| Haematology service | 1 | 0.6 |
| Dermatology | 2 | 1.1 |
| Expanded cancer services | 3 | 1.7 |
| MRI scan | 6 | 3.4 |
| EEG | 2 | 1.1 |
| Bus services | 3 | 1.7 |
| Women's shelter | 1 | 0.6 |
| Information | 3 | 1.7 |
| Complementary health | 3 | 1.7 |

DISCUSSION



DISCUSSION

The high response rate indicates a high level of interest in health in the Tallaght area. While respondents were not asked explicitly about their desire to participate in health care decisions, they were pleased to take part in the study and offered pertinent and important ideas about the development of health services in the area. It is good news that the people of Tallaght are pleased to have the hospital in their midst. Over time this level of satisfaction will generate loyalty and pride, which augurs well for the future of the hospital.

Tallaght has a relatively young population profile and the population continues to grow and migrate which has significant implications for the types of health care required. Almost six percent of households were occupied by non-nationals highlighting the need for confidential translation facilities in our health services.

In the Tallaght area, 30% of the population purchase private health insurance and this is much lower than the proportion (45%) for the Irish population as a whole.⁸ One third of the population are not eligible for a medical card and do not have private health care indicating that a sizeable vulnerable minority are dependent on the public services or their own financial resources for healthcare. Socio-economic breakdown of the population indicates that this poses a considerable strain on their financial resources. The proportion without health cover has changed little over the last five years (36% *versus* 35%)¹.

The people of Tallaght value education as is evident from the large numbers who have availed of adult education opportunities. However, a third of the population have only primary school education and this has implications in terms of written communications, development of health education materials and indeed clinical consultations.

According to the primary carers, 65% of households had at least one person who smoked cigarettes, indicating high levels of passive smoking. Among household members 18 years old or over, two-fifths smoked, which is higher than the national figure for cigarette smoking (40% *versus* 31%).⁹ We are of the opinion that drug related problems were under reported to our researchers by household members as requests for extended drug services were frequently made by primary carers. Alcohol misuse remains a more common problem than drug misuse in the wider setting.

High levels of stress are endemic in the area with many resorting to their general practitioner for help. General practitioners are under pressure to prescribe drugs for stress related illness and there is anecdotal evidence of general practitioners resisting this pressure, but little evidence of non pharmacological support for stressed patients.

The teenage population in Tallaght is large and is a significant source of stress for parents, with the majority being concerned about physical violence and drug and alcohol related problems. Families obviously live in fear and dread of their children getting involved in the drugs scene. Unwanted and unplanned pregnancy in adolescents is also a concern with primary carers requesting contraceptive services.

One in ten of the primary carers had experienced violence in the last year and a sizeable proportion of those reporting violence attended the health services for treatment. This highlights two factors, first that the violence experienced resulted in injury and secondly that violence is a health care issue.

There is heavy health service utilisation at both hospital and community levels. The levels of chronic illness and disability indicate high and ongoing dependence on both hospital and general practice. There has been little change in the pattern of chronic illness since 1996¹ although the considerable proportion with arthritic disorders needs to be taken into account in the future planning of services provided in the AMNCH hospital.

While people are pleased to have the hospital in their midst they are critical of waiting times, especially for services within the hospital. With the high level of telephone ownership locally and the availability of information technology within the hospital and in general practice, it is not unreasonable for patients to be given an appointment time in order to remove unsatisfactory waiting times. Although satisfaction with general practice is high, there is criticism of the provision of 'out of hours' services by general practitioners. At no time did people state that they expect to see their own doctor 'out of hours', but they would welcome local general practitioners providing such a service on a rota basis. Accident and Emergency services are heavily used and severely criticised for their long waiting times which health planners need to address innovatively.

Maternity services are a cause for concern in the Tallaght area with a minority having shared care between the maternity hospital and the general practitioner. Although the high smoking rates (Clare Collins personal communication 2002) and low folic acid uptake rates¹⁰ are in line with findings in other studies in the Eastern Region, they are a cause of both public health and clinical concern. Low participation in postnatal care is also evidence of poor maternity services in the area. It seems that the guidelines for shared maternity care are unclear and therefore not implemented in Tallaght. There is a need for service planners and service providers in both hospital and primary care to address this serious deficit in health care provision for a young and vulnerable population.

Vaccine uptake rates are higher in Tallaght than those quoted nationally from the Regional Interactive Child Health System's data by Fitzgerald et al.¹¹

A considerable proportion of primary carers living in the more deprived district electoral divisions of Tallaght said that they had no pharmacy service located within walking distance of their homes.

The proportion of households reporting one or more persons waiting for health care has increased over the last five years (from 9% to 14%)¹ despite investment in waiting lists and the new hospital situated in Tallaght.

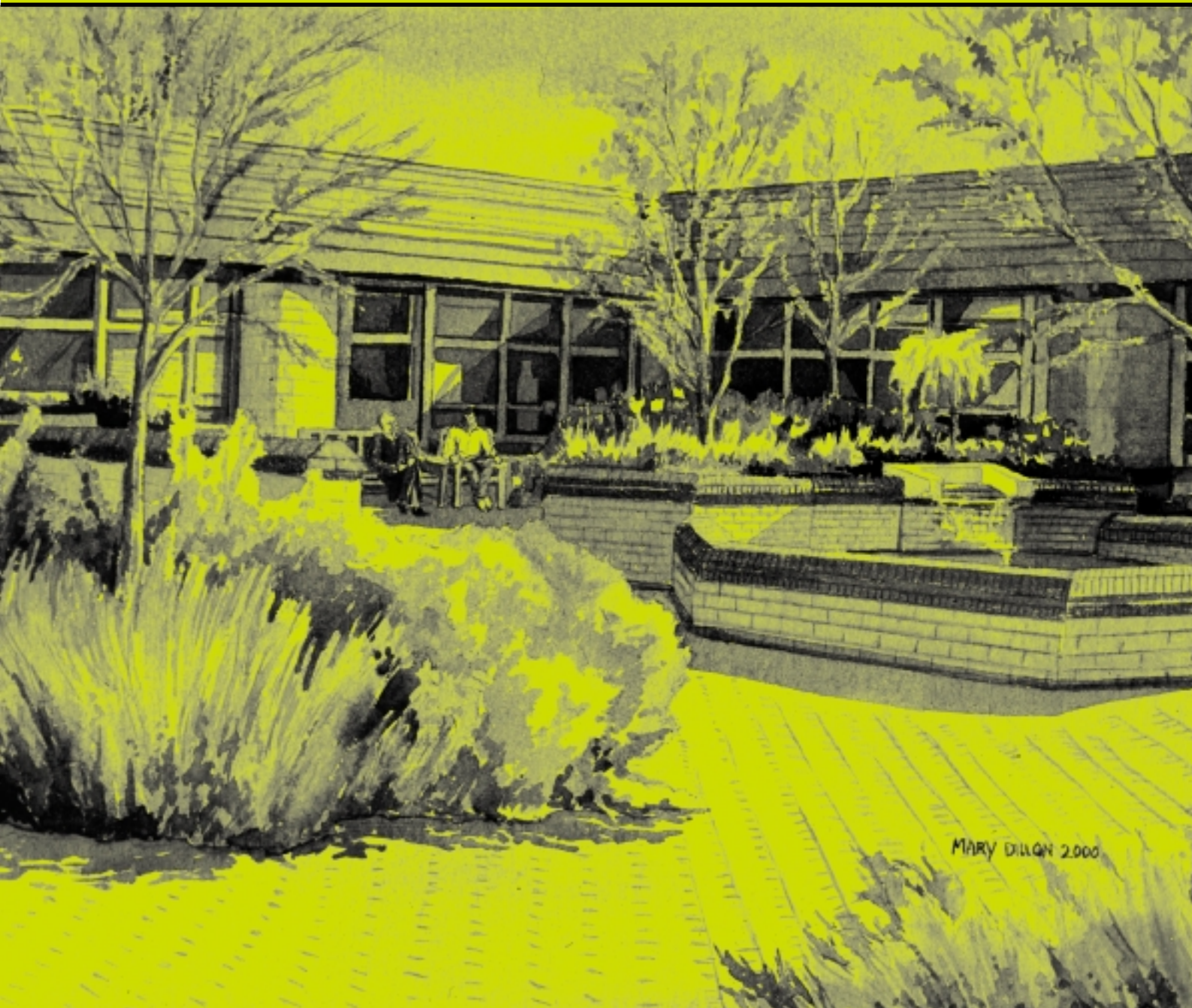
Well over half the sample surveyed came up with ideas for additional services. Not surprisingly maternity services for pregnant women headed the list and was followed by an improved 'out of hours' general practitioners' service.

This report contains a wealth of information that deserves to be studied carefully by health care planners and providers in the Tallaght area. We hope that it will be used by the local community to advocate for additional and better services in both the hospital and the community.

REFERENCES

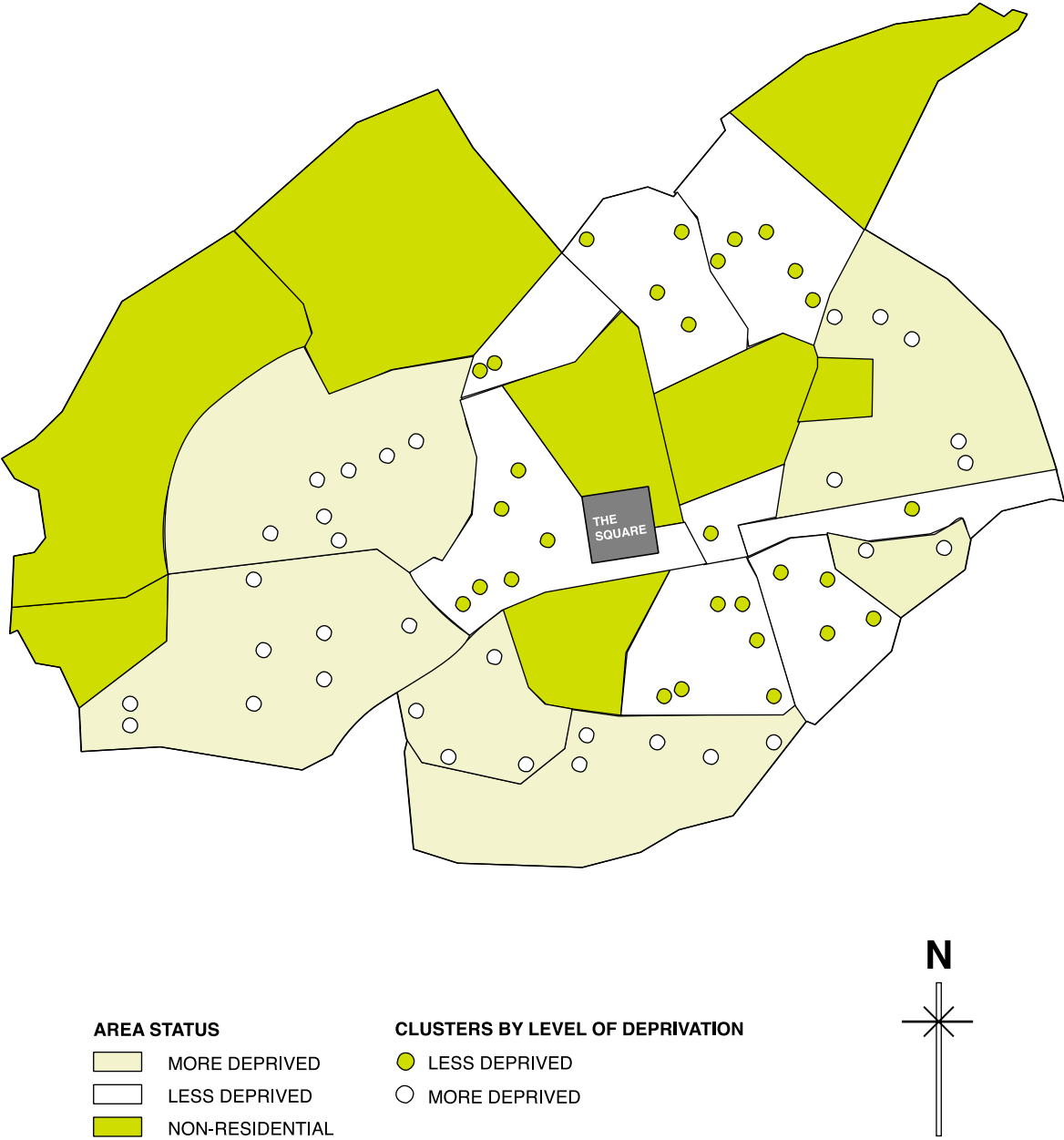
1. The Community Health Group. Community Health Response. Dublin: Jobstown Integrated Development Project, 1996:78.
2. Department of Health and Children. Primary Care - A New Direction. Dublin: Stationery Office, 2001:64.
3. Small Area Health Research Unit. A National Deprivation Index for Health and Health Services Research. Dublin: Department of Community Health and General Practice, Trinity College, 1997:49.
4. Lemeshow S, Robinson D. Surveys to measure programme coverage and impact: a review of the methodology used by the expanded programme on immunization. *World Health Statistics Quarterly* 1985;38:65-75.
5. Primary Health Care Management Advancement Programme. Assessing Community Health Needs and Coverage. 1 ed. Geneva: Aga Khan Foundation, 1993.
6. Sall J, Lehman ASI. JMP Start Statistics: Version 3.2. Belmont New York: Duxbury Press, 1996.
7. STATA Corporation. Reference manual-STATA release 3.1. 6 ed: College Station, 1993.
8. Watson D, Williams J. Perceptions of the Quality of Health Care in the Public and Private Sectors in Ireland. Dublin: The Economic and Social Research Institute, 2001:91.
9. Friel S, Nic Gabhainn S, Kelleher C. The National Health & Lifestyles Surveys. Dublin: Health Promotion Unit, Department of Health & Children, 1999:47.
10. Ward M. Trends in folic acid knowledge and use among antenatal women from 1996-2000. 19th All Ireland Social Medicine Meeting; 2001; Killarney. Committee of the AISMM.
11. Fitzgerald M, O'Flanagan D. Immunisation uptake statistics for Ireland, Quarter 4. Dublin: National Disease Surveillance Centre, 2001.

APPENDICES



APPENDIX 1

APPENDIX 1 - Study Area - Tallaght



APPENDIX 2 - Information Leaflets:

Appendix 2a - Letter to participants

The Householder
Tallaght
Dublin 24

June 2001

Dear Householder

The Adelaide and Meath Hospital, Dublin Incorporating The National Children's Hospital seeks to provide high quality health care services and is interested in responding to the health needs of the people living in Tallaght. We have asked the Trinity College Centre for Health Sciences to carry out a survey on our behalf.

We would like to interview the person in your household who looks after the health of the people in the house. We will ask about the health of the household members and satisfaction with the health services provided in the area. We want to find out what other services you think are needed.

In the next two weeks one of our researchers will call on you asking you to take part. Each researcher will carry an identity card. We hope you will be willing to complete the interview, which will take about 30 to 45 minutes. We plan to conduct the interviews between 6 pm and 9 pm each evening. If this time does not suit you, the researcher will arrange an alternative time to call.

You are of course free to refuse to take part in the survey, but this is a good opportunity for you to ensure that you have a say in the planning of the health care services in the area.

All the information collected will be treated in the strictest confidence and will not be disclosed to anyone outside the research team.

Thanking you for reading this letter and looking forward to obtaining your views. If you have any queries whatsoever, please contact Ailbhe @ 6081087 or Deirdre @ 6082293 who will be happy to answer your questions.

Yours sincerely

Michael Lyons
Chief Executive

Tom O'Dowd
Professor of General Practice

Attention!

A voluntary survey
of households health needs and
experiences of health services
will be carried out in Tallaght
shortly.

The purpose of the survey is to
ensure you have a say in future
health care services
and
get the information to plan
better health care for the people
living in Tallaght.

If requested we would be
grateful if you would take part.

Appendix 2c Information sheet for interviewers

Hello, I am show ID

We are research assistants from Tallaght Hospital and Trinity College Dublin and are carrying out the survey on the hospitals behalf. Did you receive a letter in the post?

If yes, as you are aware the hospital is interested in responding to the health needs of the people in Tallaght.

If no, apologise and explain..... *'the hospital is interested in responding to the health needs of the people in Tallaght'*

We would like to interview the person in the household who manages the health of the people in the house.

We will ask questions about your background, health status, health services used, satisfaction with them and other health services you need.

The interview will take 30 to 45 minutes .

You are of course free to refuse to take part in the survey but this is a good opportunity to ensure you have a say in the planning of health services in this area.

All the information will be treated in the strictest confidence and will not be disclosed to anyone outside the research team.

Is this a convenient time to talk to you?

If yes, can I come inside?

If no , can you give me an alternative time?

Once inside ask if you can sit side by side, preferably at a table

Place the flashcards in front of the respondent

Ensure the respondent can see the questionnaire

Remind her that - if there is any question you do not wish to answer please say ***pass***.

Go through the questionnaire following the instructions provided in the questionnaire

When finished recheck the questionnaire to ensure it is complete

Thank the respondent for his/her time

Tell them the health centre numbers for enquiries about public health services such as vaccination, child health and cervical screening. All other enquiries to their own GP.

Before handing the questionnaire in ensure all coding is completed and correct.

APPENDIX 3 & 4

APPENDIX 3 - Survey Team

| | |
|-----------------------|---------------------------------------|
| Ms Jody Byrne | Community Worker |
| Ms Mary Durcan | Medical Student |
| Mr Yousef El-Gohary | Medical Student |
| Ms Mary Fitzpatrick | Community Worker and Radio Presenter |
| Ms Jodi Fitzpartick | Community Worker |
| Mr Toni Leao | Community Worker and Graduate Student |
| Ms Jean Long | Lecturer in International Health |
| Ms Ailbhe Mealy | Executive Officer |
| Ms Edosa Odaro | Medical Student |
| Prof Tom O'Dowd | General Practitioner |
| Ms Frances O'Keefe | Research Fellow |
| Ms Rosalyn O'Loughlin | Research Fellow |
| Ms Nicola Sweeney | Research Assistant |

APPENDIX 4 - Procedures Employed to Ensure Good Ethical Practice

The main ethical problems associated with the research project are as follows:

- The need to ensure informed consent from the primary carer
- The need to ensure confidentiality

The following measures were taken to deal with these issues:

Informed consent

Each household was sent a letter detailing the purpose of each survey, the data collection methods and the proposed dates.

Information leaflets describing the purpose of each study, the data collection methods, the study population, and the use of results were provided to guide the interviewers when visiting the households.

The respondents were then asked if they wish to take part. No inducements were offered. The questionnaire was completed by those who agreed. Agreement to complete the questionnaire was taken as consent for the survey.

Those respondents who did not fully comprehend the explanation, e.g. those with language difficulties, were excluded from the survey.

Maintaining Confidentiality

Confidentiality was assured as no household members surnames were recorded on the questionnaires. Each questionnaire was assigned a number for data entry purposes.

APPENDIX 5 - Satisfaction with Hospital Services

Table 5a Primary carers' reported number (%) of the individuals who used accident and emergency services as one of the last three health services used in the year prior to the survey, number (%) used AMNCH, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|--|------|------|
| Attended accident and emergency department | | |
| Yes | 147 | 11.2 |
| No | 1166 | 88.8 |
| n | 1313 | |
| Attended accident and emergency department in AMNCH | | |
| Yes | 132 | 91.0 |
| No | 13 | 9.0 |
| n | 145 | |
| Level of satisfaction with accident and emergency service (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 56 | 43.1 |
| 2 | 18 | 13.9 |
| 3 | 11 | 8.5 |
| 4 | 15 | 11.5 |
| 5 | 8 | 6.2 |
| 6 | 22 | 16.9 |
| n | 130 | |
| Satisfied with accident and emergency service (scale 1 to 6) | | |
| Yes (1 to 3) | 85 | 65.4 |
| No (4 to 6) | 45 | 34.6 |
| n | 130 | |
| Reason satisfied with service accident and emergency (n = 85) | | |
| Nearby | 17 | 20.0 |
| Staff courteous and friendly | 35 | 41.2 |
| Short waiting period | 29 | 34.1 |
| Doctor/health professional listened to the problem | 18 | 21.2 |
| Doctor/health professional explained the condition | 15 | 17.7 |
| Doctor/health professional explained the treatment possibilities | 8 | 9.4 |
| Doctor/health professional provided good treatment or care | 40 | 47.1 |
| Service easily available on a 24 – hour basis | 7 | 8.2 |
| Pleasant environment | 3 | 3.5 |
| Affordable | 0 | 0.0 |
| Organised appointments | | |
| Reason dissatisfied with accident and emergency (n = 45) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 8 | 17.8 |
| Long waiting periods | 34 | 75.6 |
| Doctor/health professional did not listen to the problem | 7 | 15.6 |
| Doctor/health professional did not explain the condition | 3 | 6.7 |
| Doctor/health professional did not explain the treatment possibilities | 4 | 8.9 |
| Doctor/health professional provided inadequate or incorrect treatment | 11 | 24.4 |
| Service difficult to access outside normal working hours | 0 | 0.0 |
| Unpleasant environment | 9 | 20.0 |
| Expensive | 0 | 0.0 |
| No after-care | 0 | 0.0 |

APPENDIX 5

Table 5b Primary carers' reported number (%) of the individuals who attended the outpatients department as one of their last three services used in the year prior to the survey, number (%) used AMNCH, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|--|------|------|
| Attended outpatients' department | | |
| Yes | 174 | 13.3 |
| No | 1139 | 86.7 |
| n | 1313 | |
| Attended outpatients' department in AMNCH | | |
| Yes | 138 | 80.2 |
| No | 34 | 19.8 |
| n | 172 | |
| Level of satisfaction with service in the outpatients' department (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 77 | 51.7 |
| 2 | 22 | 14.8 |
| 3 | 12 | 8.1 |
| 4 | 20 | 13.4 |
| 5 | 5 | 3.4 |
| 6 | 13 | 8.7 |
| n | 149 | |
| Satisfied with service in the outpatients' department (scale 1 to 6) | | |
| Yes (1 to 3) | 111 | 74.5 |
| No (4 to 6) | 38 | 25.5 |
| n | 149 | |
| Reason satisfied with outpatients' service (n = 111) | | |
| Nearby | 25 | 22.5 |
| Staff courteous and friendly | 56 | 50.5 |
| Short waiting period | 42 | 37.8 |
| Doctor/health professional listened to the problem | 27 | 24.3 |
| Doctor/health professional explained the condition | 29 | 26.1 |
| Doctor/health professional explained the treatment possibilities | 27 | 24.3 |
| Doctor/health professional provided good treatment or care | 48 | 43.2 |
| Service easily available on a 24 – hour basis | 5 | 4.5 |
| Pleasant environment | 13 | 11.7 |
| Affordable | 2 | 1.8 |
| Organised appointments | 2 | 1.8 |
| Reason dissatisfied with outpatients' service (n = 38) | | |
| Too far | 1 | 2.6 |
| Staff unfriendly | 5 | 4.5 |
| Long waiting periods | 26 | 68.4 |
| Doctor/health professional did not listen to the problem | 5 | 4.5 |
| Doctor/health professional did not explain the condition | 4 | 10.5 |
| Doctor/health professional did not explain the treatment possibilities | 1 | 2.6 |
| Doctor/health professional provided inadequate or incorrect treatment | 3 | 7.9 |
| Service difficult to access outside normal working hours | 2 | 5.3 |
| Unpleasant environment | 2 | 5.3 |
| Expensive | 1 | 2.6 |
| No after-care | 0 | 0.0 |

Table 5c Primary carers' reported number (%) of the individuals admitted to hospital as one of their last three services used in the year prior to the survey, number (%) used AMNCH, level of satisfaction with services and reasons for satisfaction or dissatisfaction..

| | No. | % |
|--|------|------|
| Admitted to hospital | | |
| Yes | 41 | 3.1 |
| No | 1272 | 96.9 |
| n | 1313 | |
| Admitted to AMNCH | | |
| Yes | 24 | 61.5 |
| No | 15 | 38.5 |
| n | 39 | |
| Level of satisfaction with care and treatment as an inpatient (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 19 | 52.8 |
| 2 | 8 | 22.2 |
| 3 | 1 | 2.8 |
| 4 | 4 | 11.1 |
| 5 | 2 | 5.6 |
| 6 | 2 | 5.6 |
| n | 36 | |
| Satisfied with inpatient care and treatment (scale 1 to 6) | | |
| Yes (1 to 3) | 28 | 77.7 |
| No (4 to 6) | 8 | 22.2 |
| n | 36 | |
| Reason satisfied with inpatient care and treatment (n = 28) | | |
| Nearby | 3 | 28.1 |
| Staff courteous and friendly | 12 | 42.9 |
| Short waiting period | 7 | 25.0 |
| Doctor/health professional listened to the problem | 5 | 17.9 |
| Doctor/health professional explained the condition | 7 | 25.0 |
| Doctor/health professional explained the treatment possibilities | 5 | 17.9 |
| Doctor/health professional provided good treatment or care | 14 | 50.0 |
| Service easily available on a 24 – hour basis | 2 | 7.1 |
| Pleasant environment | 3 | 10.7 |
| Affordable | 0 | 0.0 |
| Organised appointments | 0 | 0.0 |
| Reason dissatisfied with inpatient care and treatment (n = 8) | | |
| Too far | 1 | 12.5 |
| Staff unfriendly | 2 | 25.0 |
| Long waiting periods | 4 | 50.0 |
| Doctor/health professional did not listen to the problem | 1 | 12.5 |
| Doctor/health professional did not explain the condition | 1 | 12.5 |
| Doctor/health professional did not explain the treatment possibilities | 0 | 0.0 |
| Doctor/health professional provided inadequate or incorrect treatment | 4 | 50.0 |
| Service difficult to access outside normal working hours | 2 | 25.0 |
| Unpleasant environment | 1 | 12.5 |
| Expensive | 1 | 12.5 |
| No after-care | 0 | 0.0 |

APPENDIX 5

Table 5d Primary carers' reported number (%) of the individuals who were admitted as a day as one of their last three services used in the year prior to the survey, number (%) used AMNCH, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No. | % |
|--|------|------|
| Admitted as a day case | | |
| Yes | 45 | 3.4 |
| No | 1268 | 96.6 |
| n | 1313 | |
| Admitted as day case to AMNCH | | |
| Yes | 35 | 79.6 |
| No | 9 | 20.4 |
| n | 44 | |
| Level of satisfaction with care and treatment as an inpatient (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 22 | 52.8 |
| 2 | 7 | 22.2 |
| 3 | 4 | 2.8 |
| 4 | 4 | 11.1 |
| 5 | 1 | 5.6 |
| 6 | 3 | 5.6 |
| n | 41 | |
| Satisfied with care and treatment as a day case (scale 1 to 6) | | |
| Yes (1 to 3) | 33 | 80.5 |
| No (4 to 6) | 8 | 19.5 |
| n | 41 | |
| Reason satisfied with care and treatment as a day case (n = 33) | | |
| Nearby | 2 | 6.1 |
| Staff courteous and friendly | 14 | 42.4 |
| Short waiting period | 8 | 24.2 |
| Doctor/health professional listened to the problem | 6 | 18.2 |
| Doctor/health professional explained the condition | 9 | 27.3 |
| Doctor/health professional explained the treatment possibilities | 5 | 15.1 |
| Doctor/health professional provided good treatment or care | 15 | 45.5 |
| Service easily available on a 24 – hour basis | 1 | 3.0 |
| Pleasant environment | 2 | 6.1 |
| Affordable | 1 | 3.0 |
| Organised appointments | 0 | 0.0 |
| Reason dissatisfied with care and treatment as a day case (n = 8) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 1 | 12.5 |
| Long waiting periods | 4 | 50.0 |
| Doctor/health professional did not listen to the problem | 1 | 12.5 |
| Doctor/health professional did not explain the condition | 1 | 12.5 |
| Doctor/health professional did not explain the treatment possibilities | 0 | 0.0 |
| Doctor/health professional provided inadequate or incorrect treatment | 0 | 0.0 |
| Service difficult to access outside normal working hours | 1 | 12.5 |
| Unpleasant environment | 0 | 0.0 |
| Expensive | 0 | 0.0 |
| No after-care | 0 | 0.0 |

APPENDIX 6 - Satisfaction with Community Services

Table 6a Primary carers' reported number (%) of the individuals who visited their GP one of their last three services used in the year prior to the survey, number (%) used a GP in Tallaght, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No | % |
|--|------|------|
| Visited GP | | |
| Yes | 499 | 38.0 |
| No | 814 | 62.0 |
| n | 1313 | |
| Visited GP in Tallaght | | |
| Yes | 433 | 87.8 |
| No | 60 | 12.2 |
| n | 493 | |
| Level of satisfaction with care and treatment from GP (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 230 | 57.2 |
| 2 | 79 | 19.7 |
| 3 | 35 | 8.7 |
| 4 | 37 | 9.2 |
| 5 | 9 | 2.2 |
| 6 | 12 | 3.0 |
| n | 402 | |
| Satisfied with care and treatment from GP (scale 1 to 6) | | |
| Yes (1 to 3) | 344 | 85.6 |
| No (4 to 6) | 58 | 14.4 |
| n | 402 | |
| Reason satisfied with care and treatment from GP (n = 344) | | |
| Nearby | 77 | 22.4 |
| Staff courteous and friendly | 82 | 23.8 |
| Short waiting period | 53 | 15.4 |
| Doctor listened to the problem | 125 | 36.3 |
| Doctor explained the condition | 67 | 19.5 |
| Doctor explained the treatment possibilities | 68 | 19.8 |
| Doctor provided good treatment or care | 154 | 44.8 |
| Service easily available on a 24 – hour basis | 24 | 7.0 |
| Pleasant environment | 28 | 8.1 |
| Affordable | 1 | 0.3 |
| Organised appointments | 1 | 0.3 |
| Reason dissatisfied with care and treatment from GP (n = 58) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 5 | 8.6 |
| Long waiting periods | 22 | 37.9 |
| Doctor did not listen to the problem | 0 | 0.0 |
| Doctor did not explain the condition | 10 | 17.2 |
| Doctor did not explain the treatment possibilities | 7 | 12.1 |
| Doctor provided inadequate or incorrect treatment | 8 | 13.8 |
| Service difficult to access outside normal working hours | 9 | 15.5 |
| Unpleasant environment | 1 | 1.7 |
| Expensive | 0 | 0.0 |
| No after-care | 2 | 3.5 |

APPENDIX 6

Table 6b Primary carers' reported number (%) of the individuals visited their dentist as one of the last three health services used in the year prior to the survey, number (%) used a dentist in Tallaght, level of satisfaction with services and reasons for satisfaction or dissatisfaction.

| | No | % |
|---|------|------|
| Visited dentist | | |
| Yes | 191 | 14.5 |
| No | 1122 | 85.5 |
| n | 1313 | |
| Visited dentist in Tallaght | | |
| Yes | 144 | 75.8 |
| No | 46 | 24.2 |
| n | 190 | |
| Level of satisfaction with care and treatment from dentist (1 very satisfied to 6 very dissatisfied) | | |
| 1 | 112 | 71.8 |
| 2 | 27 | 17.3 |
| 3 | 6 | 3.9 |
| 4 | 4 | 2.6 |
| 5 | 2 | 1.3 |
| 6 | 5 | 3.2 |
| n | 156 | |
| Satisfied with care and treatment from dentist (scale 1 to 6) | | |
| Yes (1 to 3) | 145 | 93.0 |
| No (4 to 6) | 11 | 7.0 |
| n | 156 | |
| Reason satisfied with care and treatment from dentist (n = 145) | | |
| Nearby | 30 | 20.7 |
| Staff courteous and friendly | 36 | 24.8 |
| Short waiting period | 29 | 20.0 |
| Dentist listened to the problem | 24 | 16.6 |
| Dentist explained the condition | 22 | 15.2 |
| Dentist explained the treatment possibilities | 27 | 18.6 |
| Dentist provided good treatment or care | 89 | 61.4 |
| Service easily available on a 24 – hour basis | 3 | 2.1 |
| Pleasant environment | 7 | 4.8 |
| Affordable | 1 | 0.7 |
| Organised appointments | 5 | 3.5 |
| Reason dissatisfied with care and treatment from dentist (n = 11) | | |
| Too far | 0 | 0.0 |
| Staff unfriendly | 1 | 9.1 |
| Long waiting periods | 2 | 18.2 |
| Dentist did not listen to the problem | 2 | 18.2 |
| Dentist did not explain the condition | 2 | 18.2 |
| Dentist did not explain the treatment possibilities | 1 | 9.1 |
| Dentist provided inadequate or incorrect treatment | 7 | 63.6 |
| Service difficult to access outside normal working hours | 1 | 9.1 |
| Unpleasant environment | 0 | 0.0 |
| Expensive | 1 | 9.1 |
| No after-care | 0 | 0.0 |