Healthy Ireland Survey 2021
Summary Report

Ipsos MRBI

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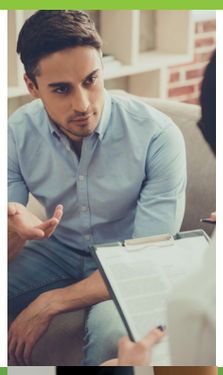
Health Behaviours During the Covid-19 Pandemic



51%
drink more, smoke more, have gained weight or report a worsening in their mental health

29%
have gained weight

30%
report a worsening of their mental health

Average of
3.3
GP visits per person, per year
(down from 4.5 in 2018)

15%
binge drink on a typical drinking occasion
(down from 28% in 2018)

42%
of drinkers are drinking less since the start of Covid-19 restrictions

19%
of mothers who drink are drinking more
(13% of fathers)

Introduction

The Healthy Ireland Survey is an interviewer-administered survey of health and health behaviours of people living in Ireland, commissioned by the Department of Health and carried out by Ipsos MRBI.

The Survey was conducted annually since inception in 2015; five waves, from 2015-2019, were completed using face-to-face interviews with approximately 7,500 people per annum and are available on the Healthy Ireland website*.

As a result of the Covid-19 pandemic and the impact of necessary public health restrictions, it was not possible to complete the 2020 Survey and interviewing has now been switched to telephone to ensure optimal infection control.

Interviewing for this Wave 7 Survey Report, 2021, took place by telephone from October 2020 to March 2021, representing a time during which significant Covid-19 restrictions were necessary, and provides a very valuable snapshot of health-related behaviours during the pandemic.

The Healthy Ireland Survey forms a core element of the Healthy Ireland Framework and subsequent Healthy Ireland Strategic Action Plan, in providing a significant part of the research, monitoring and evaluation required to assess the impact of policy implementation.

The objectives of the Healthy Ireland Survey are to:

- Provide and report on current and credible data in order to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations
- Feed into the Outcomes Framework for Healthy Ireland and contribute to assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focused approach, leading to enhanced responsiveness and agility from a policy-making perspective
- Support the Department of Health in ongoing engagement and awareness-raising activities in the various policy areas and support better understanding of policy priorities

This report provides an overview of results from the seventh wave of this survey. This wave consists of 7,454 interviews conducted with a representative sample of the population aged 15 and older living in Ireland. Respondents were selected using a probability-based methodology and interviewed by telephone. Survey fieldwork was conducted by Ipsos MRBI between October 2020 and March 2021.

* www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/

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

- Smoking
- Alcohol
- Mental Health & Wellbeing
- Social Connectedness
- Suicide Awareness
- GP Utilisation
- Antibiotics
- Diet, Nutrition & Weight Management
- General Health
- Impact of Covid-19 on Health Behaviours & Wellbeing

Where appropriate, survey results are compared to results of the initial five waves of this survey conducted between 2015 and 2019. However, some caution is needed when comparing results to previous waves due to the change in survey methodology.

Survey fieldwork is currently underway on the eighth wave of the survey, and it is expected that the results of that wave will be published in autumn 2022. Wave 8 of the Healthy Ireland Survey will provide a valuable subsequent snapshot of the changes in behaviour occurring as we emerge from the pandemic.

Impact of Covid-19 Restrictions on the Healthy Ireland Survey

Face-to-face fieldwork on the sixth wave of the survey commenced in late-2019, however this was abandoned in March 2020 when the necessary public health restrictions introduced to prevent the spread of Covid-19 meant that interviewers could no longer visit respondents' homes.

Following adaptation of the Healthy Ireland Survey questionnaire and interview methodology to safer telephone interviewing, fieldwork on the seventh wave began in October 2020. Respondents were selected using a random digit dialling approach and were interviewed by specially trained Healthy Ireland Survey interviewers.

While the change in methodology ensured that robust survey data could be produced during the pandemic, it also meant that the data was collected in a different way to previous waves. This introduces the potential of what is known as mode effect (data not being fully comparable due to a change between two data collection approaches – in this case from in-person to over the telephone). For example, in previous survey waves the respondent may have been shown a list of potential responses on a showcard, however this is not possible over the telephone and potentially may impact on the answer given by the respondent.

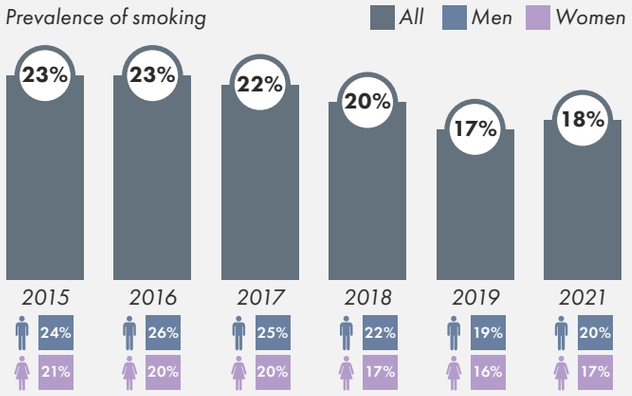
While it is important to note this caution, it is the considered opinion of the researchers that any impact is minimal, unless clearly stated within the report. Further discussion on this issue is included in the accompanying Technical Report.

Smoking

Prevalence of Smoking

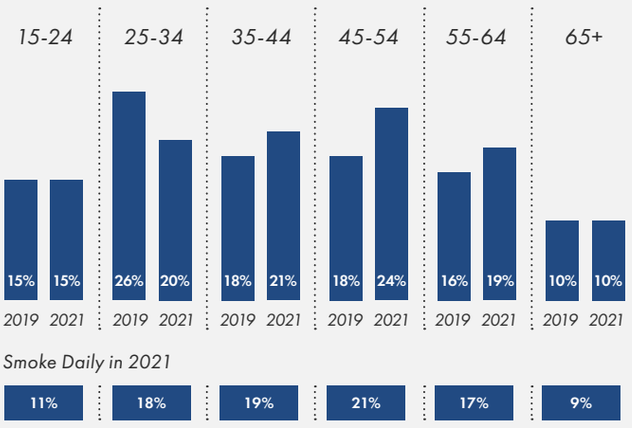
- 18% of the population are current smokers, a decline of 5 percentage points since the first wave of this survey in 2015. 16% smoke daily and 2% smoke occasionally.

Prevalence of smoking



- For the first time, 45 to 54 year olds (24%) are the most likely age group to smoke, with an increase of 6 percentage points since 2019. Rates of smoking among 25 to 34 year olds (20%) - the age group with the highest prevalence of smoking in each previous survey - have declined by 6 percentage points since 2019.

Prevalence of smoking (by age)



- Smoking rates are higher for those who are unemployed (38%) than those in employment (18%). They are also higher among those who have not completed the Leaving Certificate (22%) than those with a Leaving Certificate or higher (17%).
- Within the under-25 age group, men are significantly more likely to smoke than women (19% and 11%, respectively). Men in this age group are also more likely to be daily smokers - 15% and 6%, respectively.

Smoking & Health Outcomes

- In terms of the health effects of smoking, respondents who smoke are less likely (78%) to describe their general health as 'good' or 'very good'. This compares to 85% of non-smokers.
- A third (33%) of daily smokers report having a long-term illness or health problem, compared to 27% of non-smokers.
- Although there is no difference between smokers and non-smokers in terms of visiting a GP in the previous 12 months (both 66%), smokers have a higher average number of visits during this period (4.1 and 3.2, respectively).
- Smokers also report lower levels of mental health, with more than 1 in 5 (22%) identified as having a 'probable mental health problem', compared to 14% of non-smokers.

Quitting Smoking

- 44% of those who smoked in the previous year have tried to quit. 29% of current smokers are either trying to quit or actively planning to do so.
- Those aged under 35 (55%) and occasional smokers (49%) are more likely than those aged 35 and older (38%) and daily smokers (35%) to have tried to quit in the previous year.
- Those without a Leaving Certificate (36%) are less likely to have tried to quit in the previous year than those with a Leaving Certificate or higher (48%).
- 24% of the population are ex-smokers. Men aged 65 and older are most likely to be ex-smokers (43%), compared to 9% of this group who currently smoke.
- 27% of those who attempted to quit smoking in the previous 12 months were successful.
- Among those who successfully quit in the previous year, 70% relied on willpower alone, a substantial increase from 52% in 2019.
- In contrast, 23% of smokers who saw their GP during the previous year discussed ways of quitting, a decline from 38% in 2019.

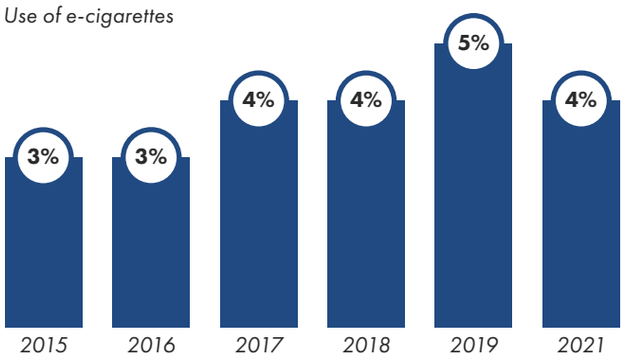
27%
of those who attempted to quit smoking in the previous 12 months were successful

29%
of smokers are trying to quit or are actively planning to do so

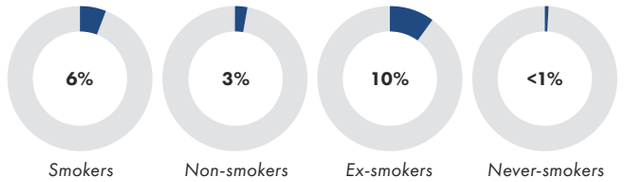
E-Cigarettes

- 4% of the population use e-cigarettes.
- 6% of current smokers and 3% of non-smokers use e-cigarettes. Among non-smokers, e-cigarettes are used by 10% of ex-smokers and less than 1% of those who have never smoked.
- Those aged under 25 are most likely to have used e-cigarettes; 14% have tried them at some point, including 4% who currently use them.
- 18% of those who tried to quit smoking in the previous year used e-cigarettes in this attempt, significantly lower than the 38% doing so in 2019.

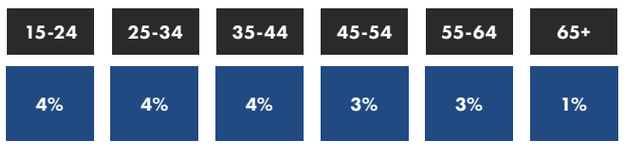
Use of e-cigarettes



Use of e-cigarettes among...



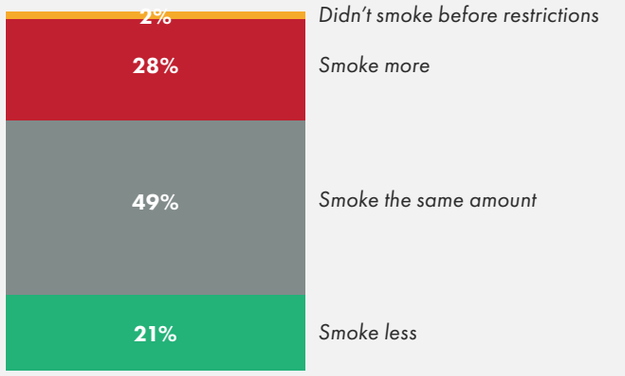
Use of e-cigarettes among non-smokers (by age)



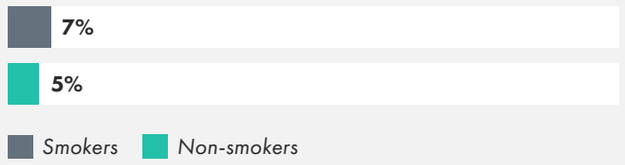
Smoking & Covid-19

- Roughly half of smokers report changes in smoking behaviour over the period of Covid-19 restrictions. 28% of smokers smoke more than before March 2020, while 21% smoke less.
- Those who are unemployed (41%), those who smoke daily (31%) and those whose self-reported health is less than 'good' (46%) are more likely to report that they smoke more. Those aged under 25 (41%) and students (50%) are more likely to report smoking less than before the Covid-19 restrictions were introduced.
- Smokers (7%) are more likely than non-smokers (5%) to report that they had been infected by Covid-19.

Change in smoking behaviour since the start of Covid-19 restrictions (all smokers)



% Reporting a Covid-19 infection (smokers v. non-smokers)



Alcohol

Previous Healthy Ireland Surveys have measured alcohol consumption in the previous 12 months. This wave of the survey has considered alcohol consumption during the previous 6 months in order to restrict the measurement to behaviours during the period of necessary Covid-19 restrictions.

Alcohol

- Overall, 66% of people in Ireland aged 15 and older report consuming alcohol in the previous 6 months.
- Those aged between 15 and 34 are most likely to have consumed alcohol in the last six months - 70% of 15 to 24 year olds and 71% of 25 to 34 year olds report having done so. Those aged 75 and older (47%) are least likely to have consumed alcohol during the same period.
- Men (68%) are more likely than women (63%) to have drunk alcohol in the previous 6 months.
- Over half (57%) of those reporting that they consumed alcohol in the last six months did so at least once a week, with 33% drinking on multiple days each week.
- Almost two out of every three (61%) men who drank alcohol in the last six months did so at least once a week, with 53% of women drinking this frequently. This 8 point gender gap is narrower than the 14 point gap measured in 2018, due to rates of weekly alcohol consumption rising faster among women (8 point increase since 2018) than men (2 point increase since 2018).
- Older drinkers continue to be those who drink most frequently. 62% of drinkers aged 65 and older consumed alcohol at least once a week in the last 6 months, compared to 34% of drinkers aged under 25. Older drinkers are also more likely to drink on multiple days each week (65 and older: 42%, 25 and under: 16%).

66%
have consumed alcohol in the previous 6 months

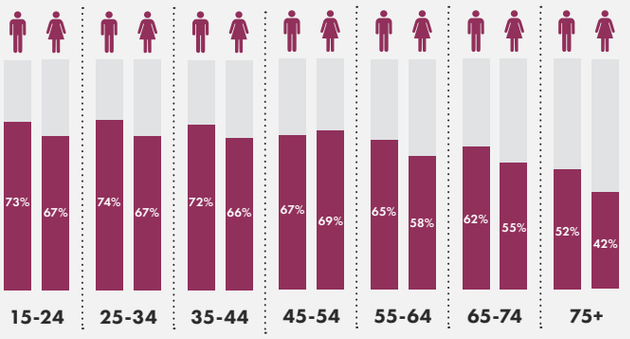
22%
of drinkers binge drink

Binge Drinking

(Defined as drinking six or more standard drinks on a single drinking occasion)

- 15% of the population 15 and older are binge drinkers, which represents 22% of drinkers. This is lower than in the 2018 survey when 37% of drinkers reported binge drinking on a typical drinking occasion.
- 20% of drinkers binge drink at least once a week, and 37% do so at least once a month. These are at similar levels to those measured in the 2018 survey.

% Consumed alcohol in the previous 6 months (by gender and age)



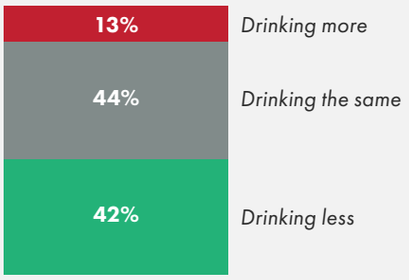
% of drinkers that binge drink (by gender and age)

- Men remain more likely than women to binge drink on a typical drinking occasion (35% and 10%, respectively), and younger people remain more likely to do so than older people (31% of those aged under 25, compared with 13% of those aged 65 and older).

Impact of Covid-19 Restrictions on Alcohol Consumption

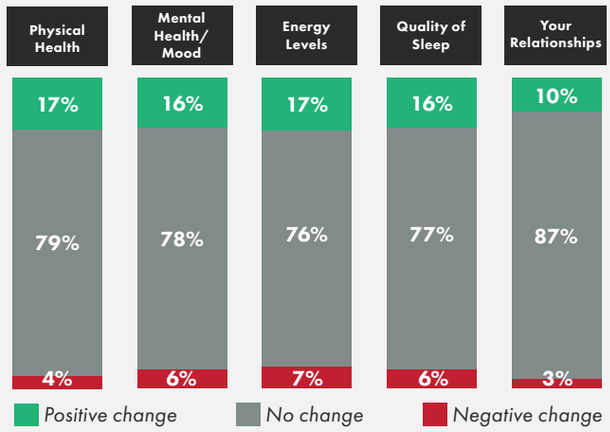
- Just over two out of every five drinkers (42%) say they have been drinking less since the start of the Covid-19 restrictions. A similar proportion (44%) report that their drinking has remained the same, while 13% report drinking more.

Change in drinking behaviour since the start of Covid-19 restrictions

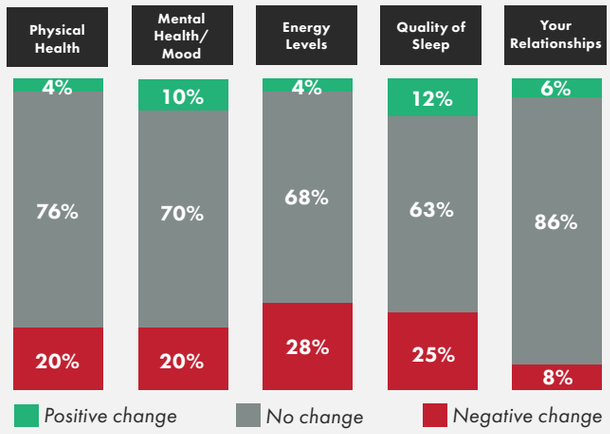


- Parents of children aged under 18 are particularly likely to report an increase in their drinking (16% report an increase), with mothers (19%) more likely than fathers (13%) to report that they are now drinking more.
- The majority of drinkers aged under 35 report a decrease in their alcohol consumption, with 57% of this group saying that the amount they drink is now lower.
- On average, roughly 1 in 6 of those drinking less report positive changes in their physical health, mental health, energy levels or quality of sleep.

Impact of drinking less on...



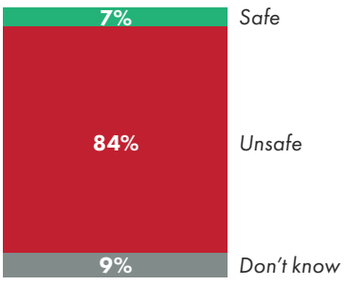
Impact of drinking more on...



Alcohol Consumption During Pregnancy

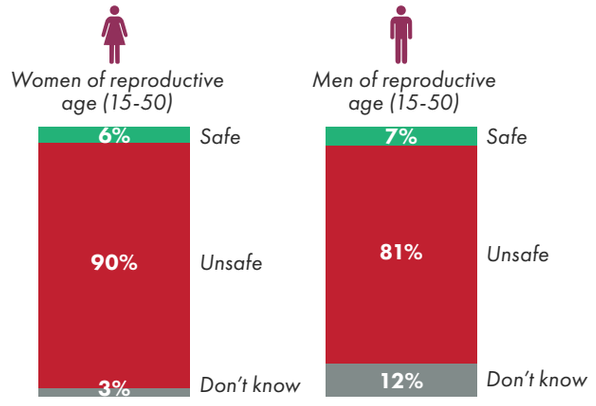
- Respondents were asked whether they think that drinking even a small amount of alcohol during pregnancy is safe or unsafe. A large majority (84%) identify this behaviour as unsafe. Just under 1 in 10 (7%) believe it to be safe, while 9% answered that they did not know.

Drinking even a small amount of alcohol during pregnancy is...



- Women are more likely than men to believe it is unsafe (88% and 79%, respectively). This figure is marginally higher among respondents of reproductive age (15 to 50); 90% for women and 81% for men.
- Younger people are more likely than older people to identify it as an unsafe behaviour (88% of those aged under 35, compared with 77% of those aged over 65), although this is mainly due to a higher proportion of those aged over 65 reporting that they don't know (15%).

Drinking even a small amount of alcohol during pregnancy is...



Mental Health & Wellbeing

Positive mental health was measured using the 'Energy and Vitality Index' (EVI). Respondents were asked four questions relating to their positive mental health over the previous four weeks, including the extent to which they felt 'full of life', 'calm and peaceful', had 'a lot of energy' and had been 'a happy person'. These scores were then aggregated to generate an EVI score for each respondent, a measure of their positive mental health ranging from 0-100. Higher scores indicate greater positive mental health.

Negative mental health was measured using the Mental Health Index-5 (MHI-5). Respondents were asked five questions relating to their negative mental health over the previous four weeks, including the extent to which they felt 'downhearted and blue', 'worn out', 'tired', 'so down in the dumps that nothing could cheer you up' and been 'a very nervous person'. This was used to calculate their MHI-5 score, ranging from 0-100. Lower scores indicate greater levels of psychological distress.

Positive Mental Health

- The average EVI score for the population as a whole is 62.4. This is a decline from the previous survey wave where this question was asked in 2016, when the average EVI score was 67.8.
- 12% of respondents have an EVI score that places them in the 'High Energy and Vitality' group, defined as an EVI score equal to or over one standard deviation from the population mean. The corresponding figure in the 2016 wave was 13%.
- Higher positive mental health is reported by men than women (64.6 and 60.3, respectively).
- Positive mental health is highest among those aged 25 to 34 and those aged 65 to 74 (both 64.0) and lowest among those aged 45 to 64 (60.8). Men aged 25 to 34 report significantly higher positive mental health than women of the same age (66.6 and 61.6, respectively).

Average EVI Score 62.4

Average EVI Score 2016: 67.8

Negative Mental Health

- The average MHI-5 score is 76.0. This is a decline from an average score of 81.2 in the 2016 survey wave, indicating rising levels of psychological distress among the population as a whole.
- 15% of respondents have an MHI-5 score of 56 or lower, indicating a 'probable mental health problem'. The corresponding figure in the 2016 wave was 10%.
- Those aged 15 to 24 were identified as having the lowest MHI-5 scores (72.4). Women in this age group (69.2) are of especially heightened risk, with results indicating that 27% of young women have a 'probable mental health problem'.
- Those living in Dublin report lower MHI-5 scores than those living outside of Dublin (73.4 and 77.1, respectively).
- Those whose self-reported health is 'bad' (55.9) and those who are unemployed (71.8) are also more likely to have elevated levels of psychological distress, compared to those whose health is 'good' and those who are employed (both 78.0).

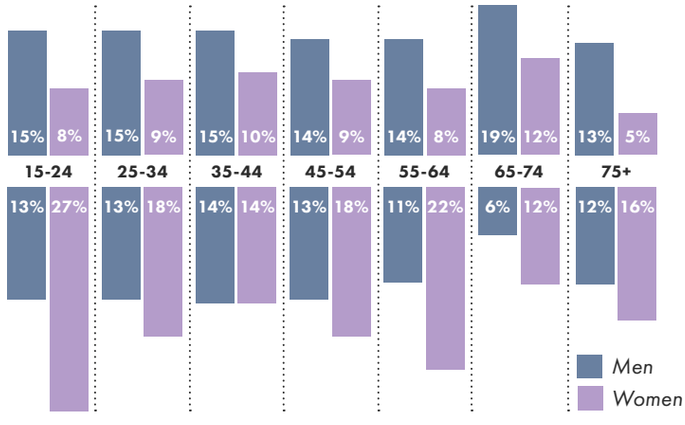
Average MHI-5 Score 76.0

Average MHI-5 Score 2016: 81.2

Positive and negative mental health (by age and gender)

Proportion with positive mental health

(% with an EVI score equal to or over one standard deviation from the mean EVI score for the population, placing them in the 'High Energy and Vitality' group)



Proportion with negative mental health

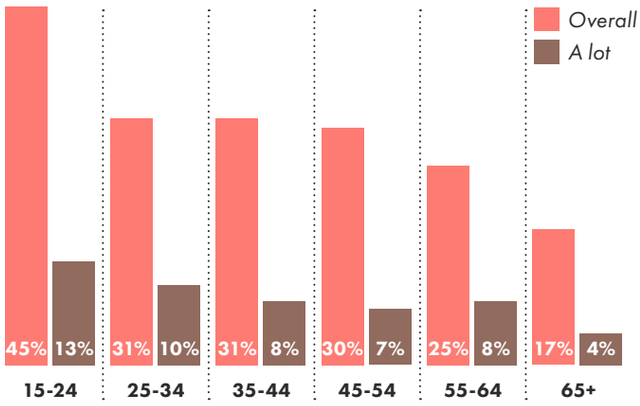
(% with an MHI-5 score of 56 or lower, indicating a probable mental health problem)

Mental Health & Covid-19

- More people report that their mental health worsened during the pandemic than report an improvement. 30% of respondents say their mental health worsened since the beginning of necessary public health restrictions in March 2020. 64% report no change, with only 5% saying their mental health has improved.
- Among those whose mental health has worsened, 28% say it has declined "a lot", while 71% say it has declined "a little".

Decline in mental health compared to before Covid-19 (by age)

Proportion saying their mental health "worsened" during the pandemic (including those saying it worsened "a lot")



- Those aged 15 to 24 (45%), as well as females (34%) and those whose self-reported health is 'bad' (55%) are most likely to say their mental health has declined during the pandemic.

Treatment for Mental Health

- Overall, 23% would like to improve their mental health. This is highest among women aged 15 to 24 (30%), students (28%), those whose self-reported health is 'bad' (36%) and parents (26%).
- Respondents whose mental health had declined "a lot" in the previous six months were asked a number of questions about treatment through a mental health professional. Among this group, 40% have discussed the problem with a mental health professional.

- Women (45%) are more likely to have consulted a mental health professional than men (31%), with women aged 15 to 34 particularly likely to have done so (57%).
- Non-parents (43%) are also significantly more likely than parents (29%) to have spoken to a mental health professional in the previous six months.
- 72% of those who consulted a mental health professional in the previous six months due to a significant deterioration in their mental health cite the Covid-19 pandemic as the reason for doing so.
- 75% of those who consulted a mental health professional said they found it helpful, while 13% said it was unhelpful.

23%
would like to improve their mental health as part of making changes to their health and wellbeing

40%
of those whose mental health worsened "a lot" in the previous six months sought help from a mental health professional

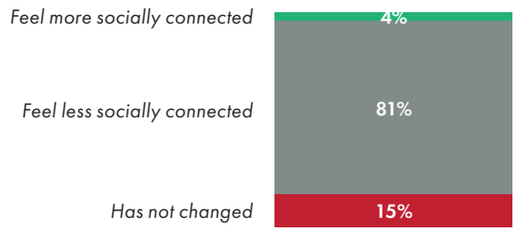
Social Connectedness

This survey module asked respondents about the impact of the necessary COVID-19 restrictions on their social connectedness and the quality of their relationships with other people.

Impact of Covid-19 Restrictions on Overall Social Connectedness

- A large majority (81%) report feeling less socially connected due the Covid-19 restrictions. 15% say that it has not changed, while 4% feel more socially connected.

Change in level of social connectedness since the start of Covid-19 restrictions

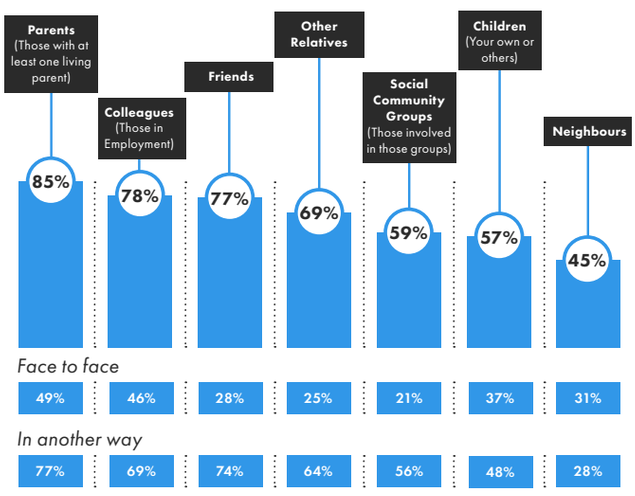


- Those aged between 45 and 54 (85%) and women (83%) are most likely to report feeling less socially connected. Those aged 75 and older are more likely to identify that their level of social connectedness has not changed (24%).

Social Connectedness with Other People

- Respondents were asked about the extent to which they had face-to-face contact and contact through other means over the previous four weeks with a range of different people, including family, friends, neighbours and co-workers.
- While most report that they had contact at least once a week with people across these groups, this contact was predominantly by phone, email or any other electronic means.

Frequency of contact with others at least once a week (during previous 4 weeks)

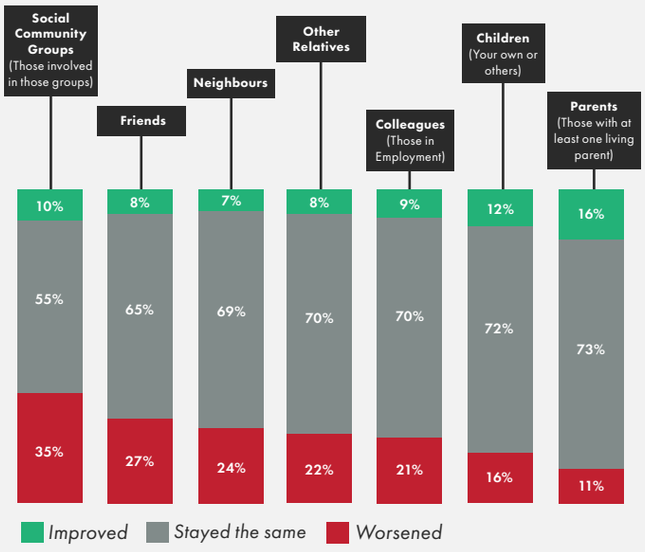


- 85% of those whose parents are still living are in contact with them at least once per week - 49% had face-to-face contact, and 77% had contact in another way.
- Less than half (45%) had contact with neighbours at least once a week, and just under 3 out of 5 (59%) involved with clubs, social or community groups had contact with these groups.

Impact of Covid-19 Restrictions on Quality of Relationships

- The majority report that the quality of their relationships with other people have remained unchanged as a result of Covid-19.

Change in quality of relationships



- A third (33%) of those involved with clubs, social or community groups report that the quality of this relationship has worsened, while 27% report a worsening of their relationships with friends and 23% report the same in respect of their neighbours.
- Those aged under 25 are most likely to report an improvement in the quality of their relationships, with 20% reporting an improvement in their relationship with their parents, 16% reporting an improved relationship with their colleagues and 14% reporting an improvement in their relationship with their friends.

Suicide Awareness

Due to the sensitive nature of this issue, this module on experiences of suicide was self-completed by respondents online. All respondents participating in the Healthy Ireland Survey were asked to provide an email address to receive a survey link to complete this module. 2,282 respondents fully completed the module. Self-selecting into online survey completion has the potential to create non-response bias, based on demographic factors or Internet literacy, which the separate data weighting applied to this module is designed to mitigate. It should be noted, however, that individuals for whom suicide resonates more strongly may have been more likely to take part in this module, meaning that caution is necessary when applying the results of this part of the survey to the overall population.

Experiences of Suicide

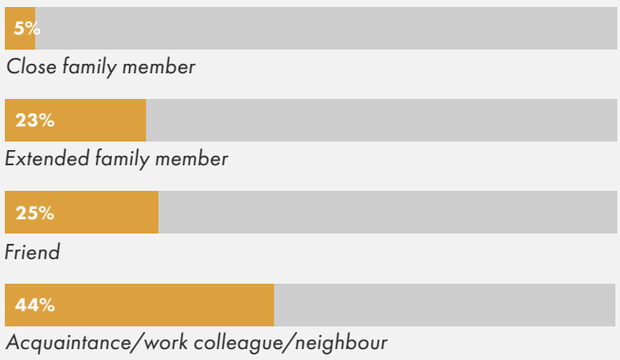
- Around 1 in every 8 respondents (13%) report that they know someone who was 'close or very close' to them that died by suicide. A further 53% report knowing someone who died by suicide who was less close than this.
- When asked about the effect the person's suicide had on them, 17% said the death had "a significant or devastating effect" on their life, with around half of this group (47%) saying it still affects them today.

Attempted Suicide

- 6% of respondents report having attempted to take their own life at some point in the past.
- Those aged 25 to 34 (10%) are the most likely age group to report a suicide attempt, while those aged 65 and older (<1%) are least likely.

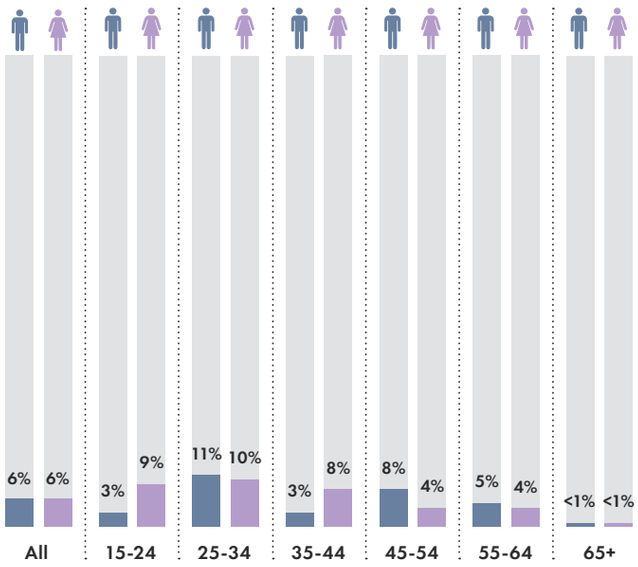
13%
report knowing someone close to them who has died by suicide

Relationship to person who died by suicide



- There is no difference between men and women in their likelihood of having attempted to take their own life. Women aged under 35 (9%) are marginally more likely than men of the same age (7%) to report having attempted suicide.

% Report attempting suicide at some point in the past (by age and gender)



GP Utilisation

This survey module asks respondents about their GP visits over the previous twelve month period. A particular focus in this wave is on changes in GP usage as a result of the necessary Covid-19 restrictions.

Frequency of GP Usage

- 66% report having visited a GP in the previous 12 months with an average of 3.3 visits per person among all aged 15 and older. This average includes those who have not visited a GP.
- This is lower than the previous wave of this survey in 2019 which identified that 73% had visited a GP within the preceding 12 months, with an average of 4.5 visits per person.
- The average number of GP visits among those aged 75 and older has more than halved since 2019, with smaller declines also observed across all other age groups.

Average number of GP visits in the previous 12 months (by age)

ALL	15-24	25-34	35-44	45-54	55-64	65-74	75+
3.3	2.5	2.9	2.8	3.8	4.0	4.2	4.2

2019 : Average number of GP visits

4.5	3.1	4.2	3.5	4.1	4.9	6.2	8.8

- Differences by age and gender remain consistent with previous waves. Older age groups are more likely to report having visited a GP than those who are younger (86% of those aged 75 and older; 59% of those aged 15 to 24).
- Similarly, women (72%) are more likely to have visited a GP than men (60%).
- Women also visit a GP more frequently than men (women: 3.9 visits, men: 2.8 visits).
- Over three-quarters (78%) of those with a medical card report having visited their GP in the previous year, compared to 59% of those without a medical card.

Average number of GP visits in the previous 12 months (by age and gender)

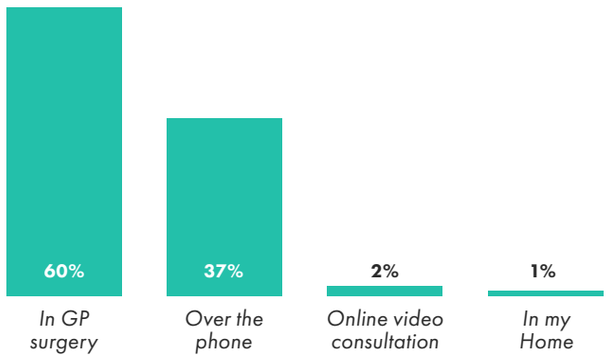
	All	15-24	25-34	35-44	45-54	55-64	65-74	75+
Medical Card/GP Visit Card	4.5	3.2	3.7	3.7	5.3	5.9	4.7	4.4
	5.1	4.5	5.5	4.9	6.8	5.8	4.4	3.9
No Medical Card	1.8	1.2	1.3	1.6	2.2	2.6	2.7	5.1
	3.0	2.7	3.6	2.8	2.7	2.7	3.7	4.7

Men Women

Location of GP Consultation

- The majority (60%) of GP consultations take place in the GP surgery, with 37% taking place over the phone. Other types of consultations included online video (2%) and in-home (1%).
- There is no notable difference by age and gender in respect of the locations of GP consultations, with the exception of those aged 75 or older who are more likely to report that their most recent consultation was in the GP surgery (81%).
- Those living outside Dublin are more likely than those living in Dublin to report that their most recent GP consultation took place in the GP surgery (62% and 54%, respectively).

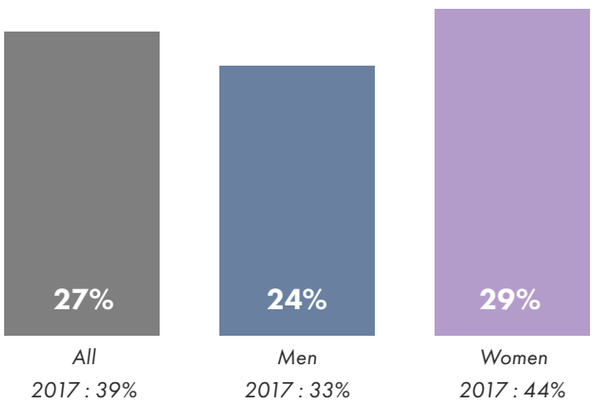
Location of most recent GP consultation



Consumption of Antibiotics

- 27% report taking an antibiotic in the previous 12 months.
- Women (29%) are more likely to report having taken antibiotics than men (24%).

% Consumed antibiotics in the previous 12 months (by gender)



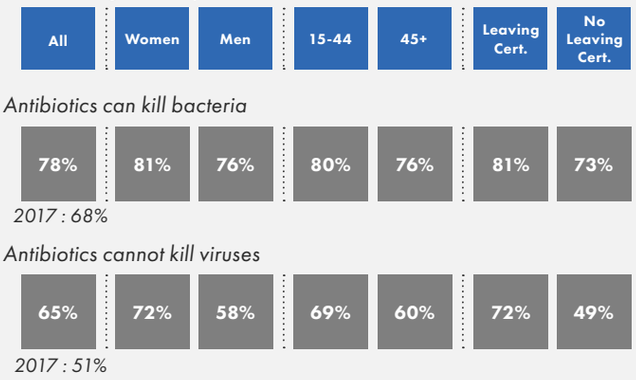
- Those aged 75 and older (35%) are most likely to report taking antibiotics, while those aged 25 to 34 (22%) are least likely.
- Women are more likely than men to report consuming antibiotics across all age groups. The gap is wider among those aged 55 and older (women: 34%, men: 27%) than those aged under 55 (women: 27%, men: 23%).
- 32% of smokers report taking an antibiotic, compared to 26% of non-smokers.
- 35% of those with a full medical card and 27% of those with a GP only medical card report having taken an antibiotic. This compares to 22% who have neither of these cards.

Consumption of antibiotics in previous 12 months (by medical card status)

Understanding of Antibiotics

- To establish understanding of antibiotics, survey respondents were presented with two statements about their use, one accurate and one inaccurate, and asked whether they agreed or disagreed with each statement.
- 78% of respondents correctly agreed that antibiotics can kill bacteria. 65% of respondents correctly disagreed that antibiotics can kill viruses.
- Understanding of antibiotics is higher among women than men. 81% of women correctly agreed with the first statement and 72% correctly disagreed with the second statement, compared to 76% and 58% respectively for men.
- Accurate understanding is highest among those aged 15 to 24, (83% and 68%, respectively). Understanding is lowest among those aged 65 and older (74% and 54%, respectively).
- Those with a Leaving Certificate or higher have significantly better understanding of antibiotics (81% and 72%, respectively), compared to 73% and 49% respectively among those who have not completed the Leaving Certificate.

% Answering correctly to each statement

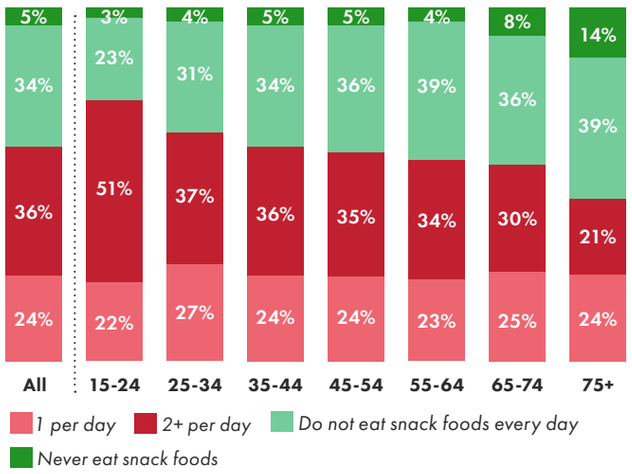


Diet, Nutrition & Weight Management

Consumption of Unhealthy Snack Foods

- Respondents were asked how many snack foods (other than fruit, vegetables or yoghurt) they usually eat each day. 24% report consuming one unhealthy snack food each day, while a further 36% say they consume two or more. 34% report eating snack foods less than daily, and 5% say they never eat them.
- Snacking behaviour remains unchanged from the 2016 survey, when 25% reported consuming one unhealthy snack food a day and 35% consumed two or more.
- Although different ages groups are roughly equally likely to report eating a single unhealthy snack food each day, younger people are significantly more likely to report eating two or more per day, with 51% of those aged under 25 doing so compared to 21% of those aged 75 and older.

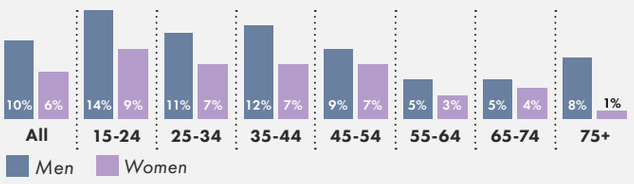
Daily consumption of unhealthy snack foods (by age)



Consumption of Sugary Drinks and Other Drinks

- 29% report drinking sugar-sweetened drinks at least once per week, including 8% who drink them every day.
- Those aged under 25 (12%) are significantly more likely than those aged 65 and older (4%) to say they drink sugar-sweetened drinks daily.
- Men (10%) are more likely than women (6%) to report drinking sugar-sweetened drinks daily, a gender divide which holds across all age groups.
- Smokers (14%) are twice as likely as non-smokers (7%) to report drinking sugar-sweetened drinks daily.
- 25% report drinking diet, low-sugar or no added sugar drinks at least once per week, including 6% who drink them every day. Daily consumption of these drinks is highest among those aged 25 to 34 (9%).

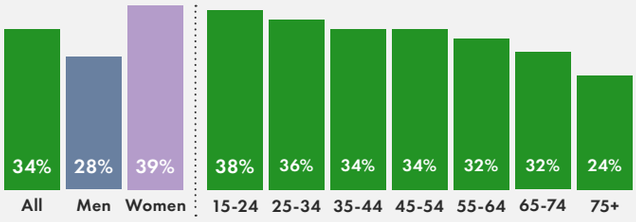
Daily consumption of sugar-sweetened drinks (by age and gender)



Consumption of Fruit and Vegetables

- 65% report eating fruit and 75% report eating vegetables every day. The average reported number of fruits and vegetables eaten each day overall is 2.9.
- Approximately a third (34%) of the population report consuming the recommended five or more portions of fruit and vegetables every day. Consistent with previous survey waves, women (39%) are more likely than men (28%) to do so, while a moderate age gradient also exists here (Those aged under 25: 38%, 75 and older: 24%).
- Fruit and vegetable consumption is linked to a range of other reported health behaviours and attributes; those who say they consume at least 5 portions of fruits and vegetables each day are more likely to self-report 'good' health (35%) and be a non-smoker (36%) and less likely to have a long-term illness or health problem (36%).

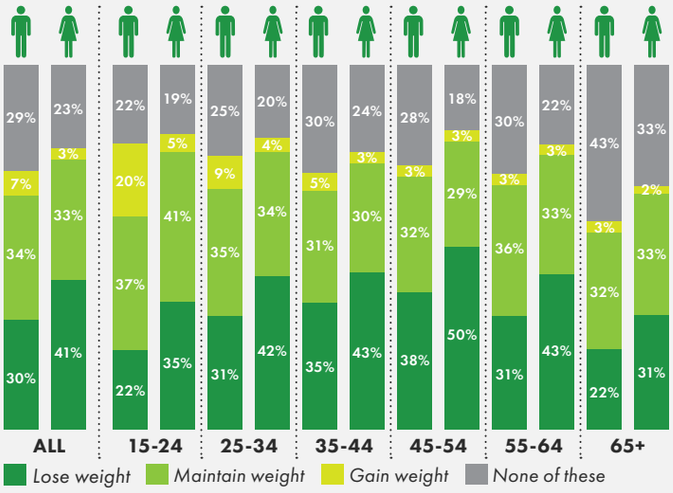
% Report eating 5 or more fruits and vegetables per day (by gender and by age)



Weight Management

- Just over a third (35%) report that they are currently trying to lose weight, while a similar number (33%) are trying to maintain their weight. Five percent are trying to gain weight, while the remainder (26%) are doing none of these.
- Across all age groups women (41%) are more likely than men (30%) to be trying to lose weight.
- Attempts to lose weight are most prevalent among those in the middle age groups, with 40% of those aged between 35 and 64 currently trying to lose weight, compared to 28% of those aged under 25 and 27% of those aged 65 and older.

% Attempting to lose, maintain and gain weight (by age and gender)

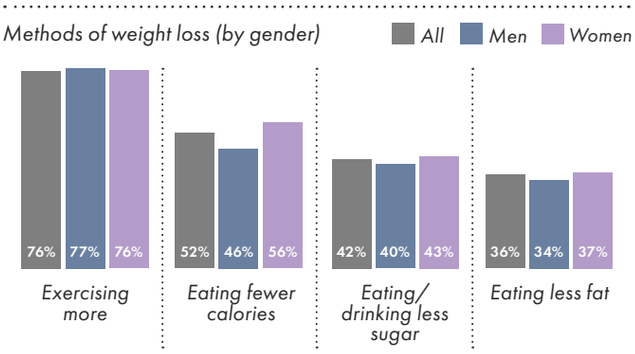


- Respondents whose self-reported health is less than 'good' (43%), parents (43%) and those who are currently employed (38%) are also relatively more likely to be trying to lose weight.
- Men aged under 25 (20%) are disproportionately likely to be trying to gain weight, while smokers (10%) are more than twice as likely as non-smokers (4%) to be trying to do so.

Methods of Weight Management

- The most popular weight loss method is increasing exercise (76%). This is followed by eating fewer calories (52%), eating/drinking less sugar (42%) and eating less fat (36%).
- Diet-related methods of weight loss, such as eating fewer calories, are more popular with women (56%) than men (46%), as well as those who have a Leaving Certificate or higher (53%).
- Among those trying to lose weight, those aged under 35 (84%) are more likely than those aged 35 and older (73%) to report trying to do so through exercise. Younger women (86%) are particularly likely to use exercise for weight loss, although there is no significant difference between men and women overall (77% and 76%, respectively).

Methods of weight loss (by gender)



- Those whose health is 'good' (79%) and those who have a Leaving Certificate or higher (80%) are also more likely to exercise for weight loss.

Weight Management & Covid-19

- Since the start of the necessary Covid-19 restrictions, 29% report having gained weight, while 11% report having lost weight. A majority (58%) say their weight has not changed.
- Women (33%) are more likely than men (25%) to report weight gain during Covid-19, with women aged 35 to 64 particularly likely to report gaining weight (37%).
- In contrast, those aged under 35 (15%), and especially younger women (17%), are more likely than those aged 35 and older (10%) to report losing weight.

29%
have gained weight during Covid-19

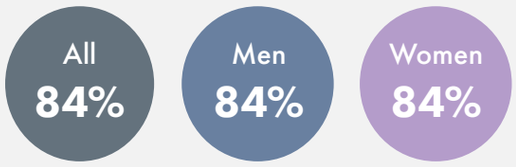
11%
have lost weight during Covid-19

General Health

Self-reported Health

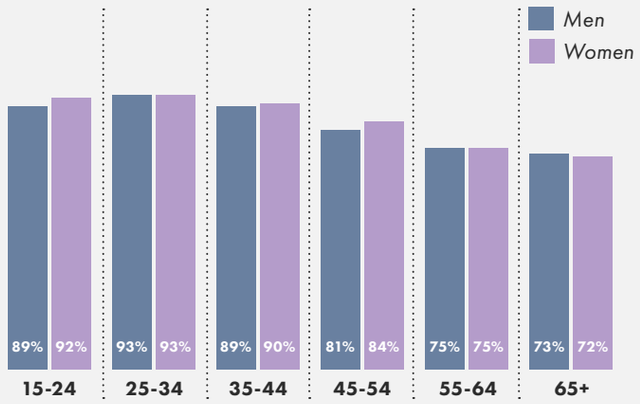
- Respondents were asked to rate their own health on a five-point scale from 'very good' to 'very bad'.
- 84% perceive their health to be 'good' or 'very good'. 3% perceive it to be 'bad' or 'very bad'. These match the figures from the 2019 survey wave, and are broadly unchanged since 2015.

% Rate health as 'good' or 'very good'



- Self-reported 'good' health generally declines with age. Those aged 25 to 34 (93%) are most likely to say their health is 'good', while those aged 65 and older (72%) are least likely to report this.
- Those with a Leaving Certificate or higher (89%) and those in employment (92%) are significantly more likely to rate their health as 'good' than those who have not completed the Leaving Certificate (73%) and those who are unemployed (84%).
- People who have never smoked have significantly higher self-reported 'good' health (89%) than those who currently smoke (78%).

% Rate health as 'good' or 'very good' (by age and gender)



Prevalence of Certain Health Conditions

- 28% of respondents report having a long-term illness or health problem lasting six months or more.
- Prevalence of long-term illness is significantly higher among older people; 52% of those 65 and older report having a long-standing health problem, compared to 13% of those aged under 35.
- Long-term illness is also slightly more common among women (30%) than men (27%).
- Respondents were asked about whether they had been medically diagnosed with any specific long-term conditions, based on a list of 25 of the most common conditions. The most commonly diagnosed conditions are high blood pressure (6%), arthritis (5%), asthma (4%), diabetes (4%) and high cholesterol (3%)*.

**As the 2021 survey was conducted by telephone, respondents were not presented with a list of conditions, as was the case on previous survey waves. As a result, the statistical prevalence of conditions is consistently lower in 2021 compared to previous years.*

Prevalence of long-term health conditions confirmed by a medical diagnosis (by age and gender)

	All	Total	15-24	25-34	35-44	45-54	55-64	65+
High Blood Pressure	6%	6%	<1%	1%	3%	5%	11%	18%
		7%	<1%	1%	2%	5%	12%	20%
Arthritis	5%	4%	1%	1%	2%	3%	7%	12%
		6%	1%	<1%	1%	6%	12%	17%
Asthma	4%	4%	7%	3%	3%	4%	3%	3%
		5%	5%	4%	4%	6%	5%	6%
Diabetes	4%	4%	1%	<1%	2%	4%	8%	10%
		3%	<1%	<1%	1%	2%	5%	9%
High Cholesterol	3%	3%	<1%	<1%	1%	2%	6%	9%
		3%	<1%	<1%	1%	3%	5%	10%

Men Women

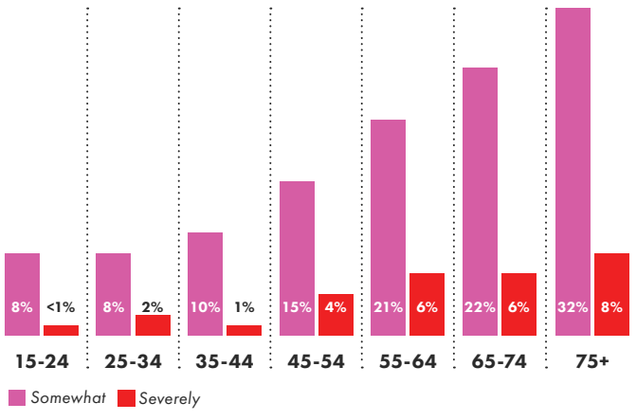
Limitations in Everyday Activities

- 17% report being limited in their everyday activities because of health problems. 14% are somewhat limited and 3% are severely limited.

17%
report being limited in their everyday activities by health problems

- Among those with a long-standing illness or health problem, however, the number experiencing daily limitations is significantly higher (53%), including 43% who are somewhat limited and 10% who are severely limited.
- Two in five (40%) of those aged 75 and older report being limited to some degree by health problems, compared to 9% of those aged under 35.

% Somewhat limited and severely limited in their everyday activities by health problems (by age)



Changes to Improve Health and Wellbeing

- 90% indicate a desire to make at least one change in their lives to improve their health and wellbeing.
- Those aged 15 to 24 (95%) are more likely than those aged 65 and older (80%) to want to make changes to improve their health and wellbeing.
- As in previous survey waves, the most common change people would like to make is to be more physically active (43%). This is followed by wanting to sleep better (30%), eat/drink more healthily (27%) and lose weight (24%).
- Gender differences exist in the types of changes respondents report wanting to make. Women are more likely to say they want to relax more (women: 26%, men: 20%) and sleep better (women: 32%, men 27%), while men are more likely to note improved financial security (men: 23%, women: 21%) and quitting smoking (men: 8%, women: 6%).
- There is no significant difference between respondents with different levels of self-reported health ('good': 90%, not 'good': 92%) in terms of desire to make a change to improve health and wellbeing.
- Overall, men (11%) are marginally more likely than women (9%) to not identify any changes they want to make to improve their health and wellbeing.

Most popular changes to improve health and wellbeing (by gender)

	All	Women	Men
Be More Physically Active	43%	41%	45%
Sleep Better	30%	32%	27%
Eat/Drink More Healthily	27%	27%	27%
Control/Lose Weight	24%	26%	22%
Relax More	23%	26%	20%

General Health & Covid-19

- Six percent of respondents reported having been infected with Covid-19. 86% report that the infection was confirmed by a test.
- Those aged between 15 and 24 and those who are unemployed (both 9%) as well as those living in Dublin (8%) are more likely than others to report being infected by Covid-19.
- Roughly three-quarters (77%) report that they suffered mild symptoms with 22% reporting that the symptoms were severe.

6%
report having been infected with Covid-19

Impact of Covid-19 on Health Behaviours & Wellbeing

Introduction

As this survey wave took place during the period of Covid-19 restrictions, it provides a unique opportunity to understand the impact that these necessary public health restrictions had on health behaviours and outcomes.

In addition to the stress resulting from a global pandemic and its potential impact on individual health, the necessary infection control restrictions considerably altered all aspects of regular life. Working lives were significantly disrupted, with many out of work for long periods and many others working from home. School closures placed pressure on families and parents juggling work and remote learning. In-person social interaction was severely curtailed and many recreational activities were no longer possible.

Needless to say, while the restrictions did have a significant impact on daily life, they also played an invaluable role in protecting the healthcare system and the majority of the population from Covid-19 and associated conditions such as Long Covid, until such a time as vaccines could be administered to the majority of the population (at time of publication, over 90% of the population aged 12 and over are fully vaccinated).

In order to understand the impact of these changes on health behaviours and outcomes, a number of specific questions were included on the survey asking about the impact of the necessary infection control restrictions on alcohol consumption, smoking, weight and mental health. These questions are the focus of this section of the report.

In addition to exploring self-reported changes in behaviour across individual measurements, this section also seeks to understand the interaction between different behaviours – for example, the extent to which those who report that their mental health has worsened are also drinking or smoking more, and whether or not those who are drinking more have also gained weight over the same period.

A key consideration is whether these changes in health behaviours are temporary, or if will they outlive the necessary Covid-19 restrictions which are ongoing at the time of writing. This is explored through analysis of the changes that individuals wish to make to improve their health and wellbeing.

Alcohol Consumption

The Covid-19 restrictions have had a small, but noticeable, impact on the proportion that drink alcohol regularly. This wave of the survey finds that 37% of the population aged 15 and older drink alcohol at least once a week. This compares to 41% in the previous measurement in 2018 and is lower than in any of the earlier Healthy Ireland Survey measurements.

An even stronger impact can be seen in self-reported changes in drinking behaviour, with 42% of drinkers reporting that they drink less since the start of the Covid-19 restrictions. A similar proportion (44%) report that their drinking has not changed, while a small minority of drinkers (13%) report that they are now drinking more.

42%

of drinkers report that they drink less compared to before the Covid-19 pandemic

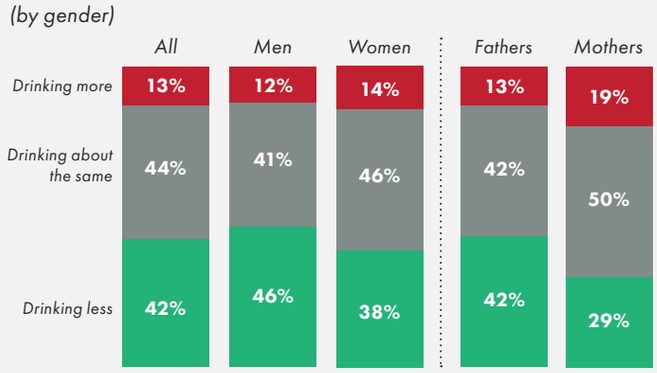
The survey does not measure the reasons behind any changes in drinking behaviours, however for much of the fieldwork period bars and restaurants were closed, and there were restrictions in place limiting the extent to which different households could socialise with one another. Abiding by these necessary public health restrictions meant that it was only possible to drink at home, either alone or with other members of your household.

Previous research by the Health Research Board (Alcohol Consumption in Ireland 2013) identified that 35% of drinkers only consumed alcohol in bars, restaurants, hotels and nightclubs, and also that 86% only consumed alcohol with other people. In this context, it can be expected that limiting opportunities to consume alcohol in these ways will result in changes in alcohol consumption.

The majority in all age, gender and social groups report drinking less or that their drinking has not changed, although some differences exist in terms of the proportion drinking more. Those aged between 35 and 44 are most likely to report drinking more (18%). Parents of children aged under 18 are also more likely to report drinking more (16%), with 19% of parents of two children saying that they drink more compared to the period before Covid-19 restrictions were in place.

The proportion of men drinking regularly (at least once a week) has declined from 48% in 2018 to 42% in 2021. However, the proportion of women drinking regularly has remained broadly unchanged (2018: 35%, 2021: 34%).

Change in drinking behaviour since the start of Covid-19 restrictions (by gender)

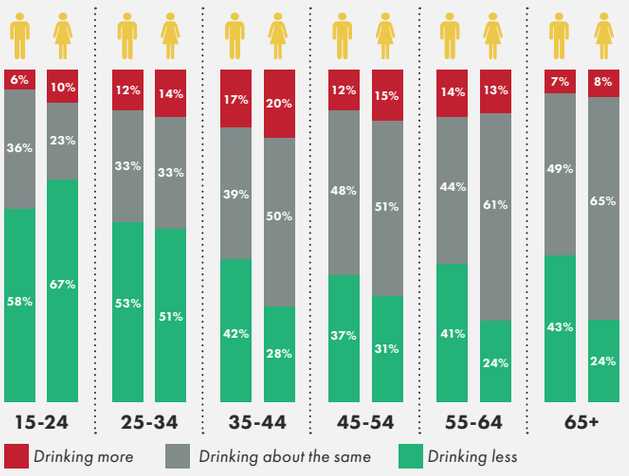


Furthermore, among drinkers, women (38%) are also less likely than men (46%) to report that that they are drinking less. Much of the difference between the genders is accounted for by a higher proportion of women reporting that the amount they drink is unchanged (46% and 41%, respectively), with no meaningful difference between the genders in respect of the proportion drinking more (women: 14%, men: 12%).

However, a strong difference exists between mothers and fathers. Almost 1 in 5 (19%) mothers who drink report that they now drink more. This compares to 13% of fathers reporting the same. Furthermore, mothers are much less likely than fathers to report a reduction in their alcohol consumption (29% and 42%, respectively).

Unsurprisingly, given the necessary public health restrictions on socialising, those aged under 35 are most likely to report drinking less compared to before Covid-19. Almost two-thirds (62%) of drinkers aged under 25 report drinking less, with the majority (52%) of drinkers aged between 25 and 34 also reporting a reduction in their alcohol consumption.

Change in drinking behaviour since the start of Covid-19 restrictions (by age and gender)

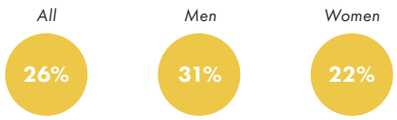


The overall impact of these changes in drinking behaviours also results in a change in the proportion that are binge drinking on a regular basis. Overall, 15% of the population aged 15 and older binge drink on a typical drinking occasion. This is noticeably lower than the 28% of the population reporting the same in 2018.

This reduction can be seen across both genders, with the proportion of men that regularly binge drink declining from 42% to 24%, and the proportion of women that regularly binge drink declining from 14% to 6%. Large reductions in binge drinking can also be seen across all age groups.

A notable concern is that of those drinking more as a result of the necessary public health restrictions, roughly one in four (26%) identify when asked that they would like to cut down the amount of alcohol they drink. This suggests that the majority of those drinking more do not identify that they need to reduce their alcohol consumption to improve their health and wellbeing.

% Of those drinking more who would like to cut down on the amount of alcohol consumed (by gender)



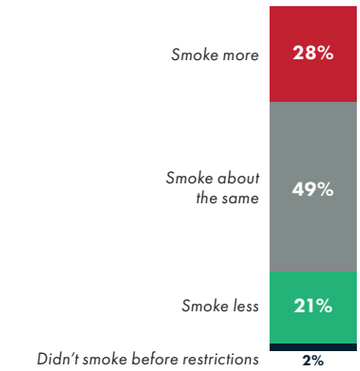
Among those drinking more, men (31%) are more likely than women (22%) to express a desire to reduce the amount of alcohol they consume. No differences exist across age groups nor among parents and non-parents.

Smoking

While the overall prevalence of smoking has not changed since the start of the Covid-19 restrictions, (2021: 18%; 2019: 17%), smokers are reporting considerable changes in their smoking behaviours.

Just over a quarter (28%) of smokers report that they smoke more since the introduction of the Covid-19 restrictions with 21% reporting that they smoke less. This pattern is replicated across smokers of all ages, both genders and all work statuses.

Change in smoking behaviour since the start of Covid-19 restrictions (all smokers)



Some differences are also observed in respect of the numbers of occasional smokers (i.e. smokers who do not smoke every day). These include "social smokers" who perhaps only smoke when in the company of other smokers or with an alcoholic drink. As the necessary public health restrictions have led to fewer social engagements and reduced alcohol consumption, it follows that a reduction in occasional smoking should also be expected.

Impact of Covid-19 on Health Behaviours & Wellbeing

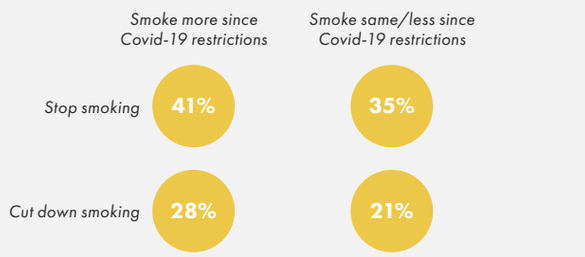
Overall, the proportion of occasional smokers (2%) is broadly the same as it was in the 2019 survey (3%).

However, analysis by age group identifies a decline in occasional smoking among those aged between 25 and 34 (a group typically characterised by higher levels of social engagement). Currently 3% of this age group are occasional smokers, a decline from 7% in 2019. This has led to a decline – from 26% to 20% – in overall smoking prevalence in this age group.

Almost half (44%) of all who have smoked during the previous year made an attempt to quit smoking, and 27% of this group successfully did so. This is broadly in line with what was measured on the previous survey wave (46% and 25%, respectively) suggesting that the Covid-19 restrictions were not a key motivator for many to quit smoking.

Additionally, those who successfully quit smoking during the previous year were asked in which month they made the attempt to quit. This does not identify any noticeable pattern in successful quit attempts during the first few months of the Covid-19 restrictions. January 2021 was the most common month to quit smoking, with 14% of successful quit attempts occurring in that month.

Changes desired to improve health and wellbeing



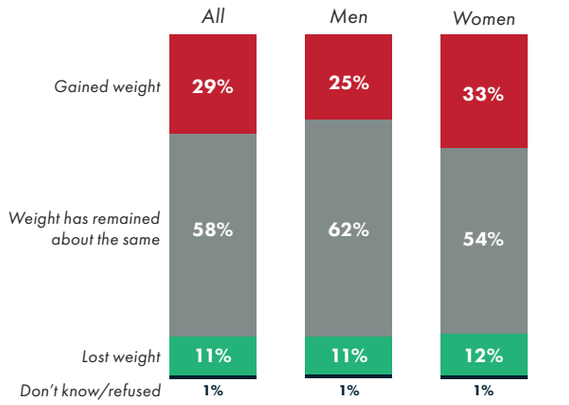
When asked which changes they would like to make to improve their health and wellbeing, 41% of those smoking more say they would like to stop smoking, and 28% say they would like to cut back on the amount they smoke. This compares to 35% and 21% respectively among those who smoke about the same amount or less than before the necessary Covid-19 restrictions.

Diet & Weight

More people report gaining weight since the start of the Covid-19 restrictions than have lost weight in this period. Almost 3 out of 10 people (29%) report that their weight has increased, with 11% reporting a weight loss. The majority (58%) consider their weight to be unchanged.

The previous wave of the Healthy Ireland Survey identified that 60% of the population were overweight, and if respondents have accurately reported this weight gain then it can be assumed that this has increased since then.

Change in weight since the start of Covid-19 restrictions (by gender)



Increases in weight are most commonly reported by women (33%; men: 25%), with the same proportion of women in all age groups from age 25 to 74 reporting increased weight. Almost a third (32%) of parents are reporting that their weight has increased. Again, a gender differential can be observed, with mothers more likely than fathers to report a weight gain (36% and 28%, respectively).

Those aged under 35 are more likely to report that they have lost weight (15%), with women in this age group more likely than men to report a drop in weight (17% and 13%, respectively).

Those who report a weight gain also report a higher consumption of unhealthy snack foods, with 67% reporting that they eat snack foods everyday. This compares to 58% of those who have lost weight or their weight has remained unchanged. They are also more likely to report eating multiple portions of snack foods each day – 44% of those gaining weight compared with 34% of those whose weight has declined or remained unchanged.

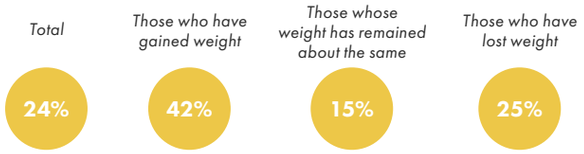
Those reporting increases in other unhealthy behaviours – smoking and drinking alcohol – are also more likely to report an increase in weight. Almost half (49%) of those who are drinking more alcohol report that their weight has increased, as do 42% of those who are smoking more.

Additionally, those reporting that they have fewer social connections since the start of the Covid-19 restrictions are more likely to report a weight gain. Almost a third (30%) of those with fewer social connections report that their weight has increased, compared with 24% of those whose social connections have increased or remained unchanged.

Those gaining weight are also more likely to report a worsening in their mental health. Two out of every five people (40%) whose weight has increased report that their mental health has worsened. This compares with 26% of those who have lost weight or their weight has remained unchanged.

When asked about the changes they would like to make to improve their health and wellbeing, 42% of those who have gained weight report that they would like to control their weight or lose weight. This compares to 15% of those whose weight has not changed over the same period.

Proportion saying they would like to control or lose weight



Additionally, the majority (56%) of those who have gained weight express a desire to be more physically active, and 34% would like to eat or drink more healthily. This compares to 37% and 24% respectively among those whose weight has remained unchanged.

Among those who have gained weight there is no observable difference across gender, age or parental status in terms of the desire to control or lose weight.

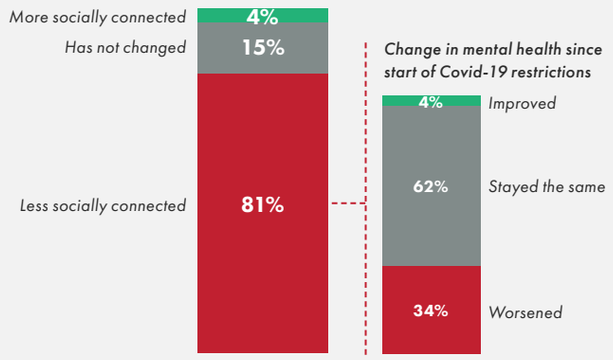
Mental Health and Social Connectedness

The Covid-19 restrictions had a very significant impact on people's social interactions, and for much of the period of restrictions in-person socialising was limited to only those that shared a household or were in a tightly-defined support bubble. As a result the majority (81%) of respondents report that they were less socially connected as a result of the Covid-19 restrictions. This was common across all groups, although those aged 45 to 54 (85%) and women (83%) were somewhat more likely to feel less socially connected.

Furthermore, almost a third (30%) report that their mental health has worsened since the start of the necessary public health restrictions. Again, women are more likely to report this (34%), as are those aged under 25 (45%). A majority (52%) of women aged under 25 report that their mental health has worsened.

The impact of social connectedness on mental health is also demonstrated through the 34% of those who feel less socially connected reporting that their mental health has deteriorated since the start of the necessary Covid-19 restrictions.

Change in level of social connectedness since the start of Covid-19 restrictions

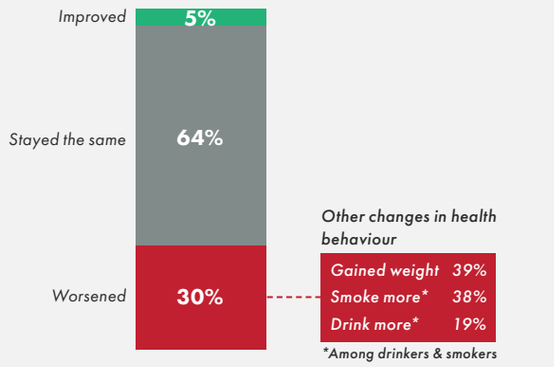


Those who report that their mental health has worsened are also less likely to report 'good' general health. Roughly three-quarters (76%) of those whose mental health has worsened report that they are in 'good' general health. In comparison, 87% of those whose mental health has stayed the same or improved report that they are in 'good' general health.

Equally when looking at health behaviours, those whose mental health has worsened are more likely to report that they are drinking and smoking more than before. Almost one in five (19%) drinkers whose mental health has worsened report that they are drinking more, while one in ten (10%) drinkers whose mental health has stayed the same or improved report the same.

Similarly, among smokers, 38% of those whose mental health has worsened report that they are smoking more, while 22% of smokers whose mental health has stayed the same or improved report the same.

Change in mental health since the start of Covid-19 restrictions



Earlier in this report it is noted that the results suggest rising levels of psychological distress among the population as a whole. Negative mental health was measured using the Mental Health Index-5 (MHI-5). The average MHI-5 score in this wave is 76.0 - a decline from an average score of 81.2 in the 2016 survey wave. A lower MHI-5 score is an indication of higher psychological distress.

Those who self-report that their mental health has worsened since the start of the necessary Covid-19 restrictions have an average MHI-5 score of 64.6. Analysis by other health behaviours identifies that those reporting that they are smoking more also have a much lower MHI-5 score, both when compared to the population generally as well as to other smokers (66.1, compared with 76.1 for those who are smoking about the same amount).

Those whose mental health has worsened are noteworthy in their desire to make changes to improve their health and wellbeing. Almost all (95%) of this group identify at least one change that they would like to make, compared with 88% of those whose mental health has not been affected. Half (50%) report that they would like to be more physically active, with 33% reporting that they would like to reduce the amount of stress in their life or have more positive mental health, and the same proportion (33%) saying that they would like to sleep better.

Summary

It is clear from these results that the impact of the necessary Covid-19 restrictions on health behaviours and outcomes has been mixed in general, although for many it has had a negative impact. Overall, 51% report that they are either drinking more, smoking more, have gained weight or have experienced a decline in their mental health as a result of the necessary Covid-19 restrictions.

51%

are drinking more, smoking more, have gained weight or have experienced a decline in their mental health

The impact has perhaps been felt most strongly by younger people. Sixty percent of those aged under 25 report at least one of these negative changes, compared with 31% of those aged 75 and older. Women are also more likely than men to report one of these changes (56% and 46%, respectively). Combining these together identifies that 64% of women aged under 25 identify at least one of these changes, with much of this due to negative changes in mental health.

These negative changes in behaviours and outcomes are not sustainable and people need to be encouraged and supported in making positive changes as we emerge from the pandemic. Encouraging this change will be challenging, although many are expressing a desire to make improvements.

However, the severity of the challenge is highlighted by the high proportions who do not identify a desire to cut back on the amount they drink or smoke or to lose weight. These groups in particular will need support to ensure that sudden changes in health behaviours do not last long into the future.

Technical Details

The Healthy Ireland Survey uses an interviewer-administered questionnaire with interviews conducted with randomly selected individuals aged 15 and over. This is the seventh wave of the survey conducted between March 2020 and October 2021. It involves 7,454 interviews with a representative sample of those living in Ireland.

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

It follows the first five waves conducted between 2015 and 2019. Reports on these initial waves are published on https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave. Fieldwork on these initial waves was conducted in-person in respondents' homes. In October 2019, fieldwork commenced on the sixth survey wave using an in-person approach, although was abandoned at the outset of the Covid-19 pandemic due to introduction of necessary Covid-19 restrictions limiting visits to other households.

Conducting the Healthy Ireland Survey during the Covid-19 Pandemic

During the early stages of the Covid-19 pandemic detailed discussions took place between the Department of Health and Ipsos MRBI to explore potential methodologies that could be used to recommence fieldwork on the Healthy Ireland Survey while necessary public health restrictions remained in place.

Key requirements for any revised methodology included the need for it to ensure the broadest possible representation of the target population. It was required to use a robust sampling methodology that is based upon principles of random selection and implementation of response rate maximisation techniques. Additionally, it needed to ensure that the survey was accessible to all groups in the population.

When identifying the revised approach it was unknown how long the period of necessary Covid-19 restrictions would last and when it may be possible to return to in-person interviewing. On this basis, the new methodology needed to be suitable for long-term maintenance across more than one wave of the Survey.

Considering these factors it was decided to use a two-stage telephone random digit dial approach. With near universal ownership of mobile phones (98% of adults aged 18+ in Ireland personally have and use a mobile phone handset[1]) it was decided to use a sample consisting only of mobile phone numbers. This eliminated any biases that arise through mixed mobile and landline samples where individuals with access to both a mobile and a landline have an increased probability of selection. As mobile handsets are personally owned by an individual, it removes the potential for any selection bias that can arise when selecting an individual from a shared landline phone in a household.

The only way in which to select mobile numbers, whilst also ensuring universal coverage, is to use a Random Digit Dialling (RDD) approach. Whilst this has a high degree of wastage through attempts to contact non-working mobile numbers, it is preferable to any approach which uses lists of known mobile numbers which may include limitations in their coverage.

In order to minimise the wastage (and resulting costs) the starting point for a RDD approach is to use number blocks that have been allocated to mobile phone operators by the Commission for Communications Regulation (ComReg). For example, ComReg has not issued any block of numbers with an 083 prefix that commence with a 2 (i.e. 083 2XXXXXX) so there is no requirement to include this series of numbers within the sampling process.

Randomly generated mobile numbers were contacted by survey interviewers through Ipsos MRBI's Computer-Assisted Telephone Interviewing (CATI) unit in Dublin. In order to maximise participation rates, if a number was not answered multiple attempts were made (up to a maximum of 3) at different times of the day and on different days of the week.

[1] Source: Commission for Communications Regulation, Mobile Consumer Experience Survey of Consumers Summer 2019

Upon speaking to someone the person was initially screened to ensure that they were aged 15 or over and received a brief introduction to the Healthy Ireland Survey asking if they would be willing to participate. They were then informed that they would receive a follow-up call in the following days from a Healthy Ireland interviewer to conduct the interview.

The Healthy Ireland interviewers used on this survey wave are the same interviewers used for in-person interviewing on previous survey waves. This ensured consistency with previous survey waves and ensured this wave benefitted from the extensive experience and training gained by this team from working on the survey for a long period.

When contacting a respondent the interviewer firstly obtained informed consent from the individual (and also parental consent for those aged under 18). Once this was achieved the survey interview proceeded.

Limitations of a Telephone Approach

There are two key limitations of a telephone approach in respect of the Healthy Ireland Survey.

Firstly, previous waves of this survey included reporting by deprivation. This was done using the 2016 Pobal HP Deprivation Index designed by Haase and Pratschke. The index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses.

The index is compiled using CSO Small Areas, and in order to assign an individual to a Small Area it is necessary to identify the exact location of their address. This is not possible through postal addresses as inconsistencies in postal addresses and shared postal addresses in rural areas mean that it is not sufficiently accurate. As such it is only possible to assign individuals to the index using their Eircode.

All respondents were asked to provide their Eircode and were given an explanation as to why this was being requested. However, some respondents did not know their Eircode and others were not willing to provide it. In total 41% of respondents provided this detail and were assigned to the deprivation index. Given the high number of unassigned respondents any analysis by deprivation index cannot be considered as reliable and as a result are not presented in this report.

The second limitation arises through difficulties in administering self-completion surveys by telephone. Various waves of the Healthy Ireland Survey have included modules on sensitive issues which were administered using a self-completion method, with respondents completing it by entering their responses directly into the interviewer's device or on paper.

This wave included a module on experiences of suicide which was deemed to be too sensitive to be administered over the telephone. Instead, respondents were asked at the end of the telephone survey to provide an email address to receive a web link to answer some additional questions relating to suicide. These individuals were sent an email a few days after completing the survey inviting them to complete the suicide module online. Those that did not complete the survey were sent a reminder email approximately one week later. In order to protect the safety and wellbeing of respondents, those completing this module were advised to contact their GP or a provided list of support services should they be affected by any of the issues raised in the survey.

Survey Response Rates

This wave of the survey involved a multi-stage sampling process as outlined above. The breakdown of outcomes at each stage are provided below.

			Percentage of known eligible numbers
Stage 1 - Screening	Working telephone numbers	24,718	
	No contact after 3 attempts	10,186	
	Refusal at stage 1	1,874	13%
	Recruited to stage 2	12,658	87%
Stage 2 – Consent and interview	Completed interviews	7,454	51%
	Refusal at stage 2	2,572	18%
	No contact after 3 attempts	2,283	16%
	Ineligible (unwilling to provide consent, claimed age under 15)	349	2%

This provides an overall response rate of 51% (percentage of known eligible telephone numbers that are contacted that fully complete a survey interview). The survey participation rate (the percentage of individuals agreeing to take part in the survey who fully complete a survey) is 59% (7,454 divided by 12,658).

All survey respondents were asked to provide an email address to receive the survey module on suicide. A total of 4,612 respondents provided an email address, with 2,282 respondents successfully completing this module. This provides a participation rate of 49% (2,282 divided by 4,612), and an overall response rate of 31% (2,282 divided by 7,454).

A key factor influencing participation rates in the suicide module was internet access and confidence completing surveys online. This is evident through lower participation rates among those with lower education (16% of those who left school before completing the Leaving Certificate participated in this module), older respondents (the participation rate among those aged over 65 was 22%), and those who are unemployed (participation rate: 22%).

Additionally, men (participation rate: 27%) were less likely than women (participation rate: 35%) to participate in this module.

Considerations on Changing from Face-to-Face to Telephone Interviewing

One of the key benefits of the Healthy Ireland Survey is that it provides a long-term measurement of health behaviours in order to understand the impact of various policy initiatives. It does this through a robust measurement that remains consistent over time ensuring that reliable comparisons can be made between survey waves.

In embarking on this survey wave it was necessary to change the interviewing methodology from being conducted in-home on a face-to-face basis with participants, to one that was conducted by telephone. While both approaches are considered sufficiently robust to provide accurate population measurements, it is necessary to consider the differences that exist between the two methodologies and how a change between the methodologies could potentially disrupt survey trends.

It is important to note that in transitioning from face-to-face to telephone interviewing a considerable body of work was undertaken to maintain as much comparability as possible with previous waves of the Healthy Ireland Survey. This included detailed questionnaire review by experienced researchers in Ipsos MRBI and the Department of Health as well as survey piloting and cognitive testing.

However, even with these considerable efforts it is important to recognise that some impact on survey trends can be unavoidable and, furthermore, it is often impossible to disentangle real changes in behaviour from "noise" created by the methodological change.

Previous studies have identified a number of specific ways in which survey measurements can be impacted by methodological differences – these are known as mode effects. In respect of this survey there are two mode effects that are necessary to consider – social desirability and satisficing.

Social desirability occurs when the respondent offers a response that does not accurately represent their situation, but instead offers one that is more socially acceptable. It can be more common in telephone surveys as the interviewer and participant have not established the same level of rapport as would be typical in a face-to-face survey, and as such the respondent may be less willing to admit to a behaviour that is less socially desirable. In preparing this survey wave, particular consideration was given to the potential impact that social desirability could have on measurements of smoking – i.e. whether or not respondents would be less likely to reveal over the telephone that they smoke than they would in a face-to-face interview.

Satisficing occurs when a respondent does not give the survey question sufficient attention and offers a convenient or easily-accessible answer. Due to the more restricted engagement between interviewer and respondent it is more likely to occur on telephone surveys than in-person surveys. Silences and pauses in the interview can be less comfortable during a telephone interview so the respondent may seek to minimise these by answering a question more quickly and not giving it adequate attention.

Other practical issues can also create mode effect. For example, showcards were commonly used in earlier waves of the Healthy Ireland Survey in order to provide respondents with answer categories (for example, to provide a list of long-term health conditions in order to measure prevalence of each). It is not possible to use these on telephone surveys which instead need to rely on aural communication. Reading out long lists of answer categories is not conducive to an engaging interview process, so the presentation of questions which previously relied on showcards needed to be changed.

Following extensive questionnaire redesign and testing, a revised questionnaire was agreed. This questionnaire was shorter than in previous waves in order to maximise respondent engagement, and also many of the questions were asked in different ways.

It is the considered view of the researchers that the various steps taken have minimised as much as possible the potential impact of any mode effect in changing from a face-to-face to a telephone methodology. However, there is still potential that individual survey questions have been impacted and are not comparable with previous waves. The major societal and behavioural changes that occurred during the Covid-19 pandemic further complicate this issue and mean that it is impossible to disentangle real change from differences that occurred from altering the survey methodology.

Survey users need to be conscious of this when considering trend data and comparing the findings of this wave to previous waves.

Data Cleaning and Validation

As the survey was conducted through interviewing software, the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding were conducted to ensure the accuracy of the final dataset.

Additionally, 750 interviews were randomly selected for survey validation. Validation was completed through a combination of recontacting individuals and also listening back to recordings that were taken at various points during the interview. This was done to verify the interview process and to assess the quality of interview.

Data Weighting

Whilst the sampling process is designed to deliver a representative sample of individuals throughout the country, differential response levels means that the survey sample is not a fully accurate representation of the population. As such, the aim of survey weighting is to bring the profile of respondents in line with the population profile.

Survey non-response can cause bias if the individuals who do not participate are systematically different to the individuals who take part. For example, it is often the case that young men are the most reluctant participants in social research, hence most weighting schemes include an adjustment for age and sex. By adjusting on known factors (i.e. characteristics for which population data are known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, two weights were produced – a main survey weight and a separate weight for the suicide module. The main survey weight involves weighting adjustments that were made using known population statistics published by the Central Statistics Office. The variables used in this respect were: age by gender, education, work status of the respondent, and region.

Separate weights were also produced for the suicide module. This was done to overcome differences in survey participation for this module (as outlined above). The same variables were used for this process, and these weights were capped at 3 in order to maximise the effective sample size.

Notes

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