THE 2010 **PFIZER HEALTH INDEX**

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Welcome to the 2010 Pfizer Health Index, now in its fifth year. This study details the findings of a nationally representative quantitative research survey of the health and wellbeing of the Irish population.

In keeping with previous years where we have isolated data to look more closely at specific demographics that experience a disproportionate level of ill-health or who struggle to gain access to health services - this year we have analysed the findings by socio-demographic group. It will come as little surprise to many that those in the lower socio-demographic groups experience a much greater health burden than those in the higher socio-demographic groups.

A consistent facet of the 2010 Pfizer Health Index is lower levels of claimed interaction with the health system, whether in terms of visiting the GP for a check-up, as a result of feeling unwell, or indeed going for a voluntary medical screening. In all of these regards the C2 group tends to be more absent.

As the recession continues to bite, we see a large group of people who can neither afford private medical insurance nor are they eligible for a medical card. 44% of those surveyed have private health insurance and 36% have a medical card leaving 25% of the population who have neither health insurance nor a medical card. As might be expected, 64% of those in the ABC1 group have private health insurance and the highest level of medical card cover is among the DE group at 56%. The C2 group would appear the most vulnerable in terms of medical cover with over one third (34%) having neither insurance nor medical card.

Adults from the DE socio-demographic groups are a substantial proportion of the population (28%) and in many areas of the survey, they experience a more marked health burden with a higher incidence of disease. Adults from the C2 socio-demographic group, while not experiencing the same level of disease, have a lower level of engagement with health services and the health system, perhaps reflective of the fact that they often have neither medical insurance nor a medical card.

The Report shows that 50% of people in the lower socio-demographic group (DE) suffer from a health condition compared with 36% of people in the higher socio-demographic group (ABC1). People from lower-demographic groups are 2.5 times more likely to suffer from arthritis, twice as likely to have heart disease and three times more likely to have depression.

There is a much higher level of smoking among the DE group at 34% compared with 27% in the overall population. However, a higher level of people in this group (13%) would like to give-up smoking compared with 8% in the ABC1 group.

About 15% of Irish adults indicate that they may have experienced some extent of healthcare inequality. Women, middle aged and particularly DE adults are the most likely to feel this, with up to a fifth of DE's suggesting that they have experienced such inequality, in comparison with just 12% of ABC1's.

As we face into some of the harshest economic times this country has seen in recent decades, we must try and preserve advances made in healthcare provision and access and we must continually innovate to focus our collective efforts on improving the health of those groups who carry a marked burden of health inequality. The decisions made in these turbulent times will impact our personal and collective health for a lifetime.

Yours sincerely,

David Gallagher
Managing Director
Pfizer Healthcare Ireland

HOW THE SURVEY WAS UNDERTAKEN

The 2010 Pfizer Health Index was conducted as a sample survey of 1,001 adults aged 16 and over, to update perceptions of health and wellbeing of people living in Ireland. The study is a nationally representative survey of the adult population and was quota controlled to reflect the latest census of population in terms of sex, age, region and area of residence. Standard social class quota controls were also imposed, based upon agreed industry estimates.

The research was undertaken between 16th and 17th August 2010.

The Pfizer Health Index has been conducted annually since 2005. In previous years a specific subsidiary focus on non-Irish nationals (2007), men (2008) and the unemployed (2009) was adopted, while 2010's specific focus is on the health status and attitudes of lower socio-demographic groups.

The central thrust of the questionnaire in 2010, as in previous years, was to understand the experience of illness amongst the population at large, the implications of illness for those experiencing a number of serious conditions, to explore general healthcare attitudes and preferences, and the impact of the recession and its implications for individuals and their families. The study was expanded in the current year to incorporate a minor focus on some smaller illnesses and concerns not previously covered. Attitudes to equality of access to healthcare were also added, as was specific questioning around compelling those who have become ill through drinking or smoking, to pay for their own treatment.

FOCUS ON LOWER SOCIO-DEMOGRAPHIC GROUPS

In 2010, the Index explores the greater health burden on those from lower socio-demographic groups. For the purposes of this research, lower socio-demographic groups are those classified as C2 and DE below.

SOCIAL CLASS DEFINITIONS

The market research industry classifies respondents relative to the occupation of the Head of Household. In other words, a working adult, still living in the parental home, will be classified relative to their parents' classification.

A:	These are professional people, very senior managers in business or commerce or top-level civil servants.
B:	Middle management executives in large organisations, with appropriate qualifications. Principal officers in local government and civil service, top management or owners of small business concerns, education and service establishments.
C1:	Junior management, owners of small establishments, and all other non-manual positions.
ABC1's:	All of the above: approximately 39% of the population. Collectively ABC1's are referred to as middle class.
C2:	All skilled manual workers and those manual workers with responsibility for other people. C2s are approximately 23% of the population.
D:	All semi-skilled and unskilled workers, apprentices and trainees to skilled workers.
E:	All those entirely dependent on the state, long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding six months, casual workers and those without regular income.
DE's:	Are approximately 28% of the total population.
C2DE's:	51% of the adult population, and referred to in a group, as working class.
F:	A separate social grade in Ireland, referring to farmers and their dependents. This group has contracted very severely over the past 15 years to about 10% of population, having been over 20% at one stage.

KEY THEMES IN THE 2010 STUDY

A particular focus in the analysis of the 2010 study has been to relate health issues and attitudes to the socio-demographic status of the respondent. The hypothesis that those of lower socio-demographic groups experience poorer general health and much higher levels of illness is well supported by this study. Members of the DE (unskilled blue collar and those living on long term benefit) grade, exhibit health that has deteriorated more noticeably, with higher levels of depression, alcohol dependence, and infections.

The C2 grade appears hardest recession-impacted however. These are typically skilled trades people and the group who had benefitted most through the Celtic Tiger era. The economic contraction has hurt them more, and unemployment and income reduction has had a more profound impact than upon DE's, who often had not worked in any case.

Despite a higher illness incidence there is no escalation in concern about not being well in the current study. Those who are unhealthy seem more accepting, or perhaps are better informed than they were before.

The levels of alcohol consumption are highest among C2 women, whereas many DE women do not drink, but they do have a much greater tendency to smoke.

Interaction with the medical services has significantly reduced in 2010, related presumably to the cost of treatment. The group that stands out most, for avoiding GPs particularly, are C2's who tend to have neither medical insurance nor a medical card. A quarter of the population has neither insurance nor a medical card, but this extends up to a third of C2 adults. 56% of DE's have a medical card, while a quarter of them have neither a medical card nor insurance.

There is quite reactionary and broad view that smokers and drinkers should be made to pay for their own treatment, but encouragingly, there is a reassuring support for greater equality in the health system. 15% feel that they may have experienced some degree of healthcare inequality and 92% believe that healthcare inequality should be eliminated.

Overall the current Index presents a picture of a nation which regards itself as very healthy, but with a level of illness has that has gradually crept up from 36 to 43% over a five year period. There seems to be greater complacency about illness and its effects, with fewer than before regarding themselves as severely affected. Illness incidences for a variety of conditions are notably higher among DE's than in other grades, with as many as 50% of them ill compared with just 38% of ABC1's.

The poorer health status of DE's is linked as much to their age as to other factors: the elderly who have no means other than the State pension are classified as DE's, and as such, they are a group with a higher average age than other social grades. Long term they are more dependent upon the State therefore, and this seems a particularly appropriate consideration in an era where such profound budget cuts are likely.

HEALTH IN CONTEXT

PERSONAL HEALTH ASSESSMENT

The 'average' Irish adult gave their own health a score of almost eight out of 10 in the 2010 Health Index, using a scale where 10 denotes excellent health and 1 very poor health. Over the 6 year period since the research began, this year's Index sees the first real decrease at the top end of the scale, with only 29% of the population giving themselves 9 and 10 ratings, down from 35% in 2009.

Taking into account social demographics (for 2010 alone), there is evidence of negative perceptions of personal health related to social demographics. ABC1's (middle class adults) personal health perceptions score at an average of 8.4 on the ten point scale, but this decreases to 7.9 for C2's (skilled manual workers) and further to 7.1 for those in the DE category (the unskilled working class and unemployed).

Of note, the DE category is also the least likely to rate their own health at either 9 or 10 on the scale, with only 25% giving themselves either score in comparison with 32% of ABC1's and 31% of C2's.

Good Personal Health by Class

	TOTAL					ABC1					C2					DE					F				
	10	*9*	*8*	*7*		*10*	*9*	*8*	*7*		*10*	*9*	*8*	*7*		*10*	*9*	*8*	*7*		*10*	*9*	*8*	*7*	
2005	17	18	26	19	80	18	18	28	21	85	18	19	30	17	84	15	17	22	20	74	16	19	21	19	75
2007	18	19	27	19	83	19	19	29	21	88	20	22	27	15	84	15	17	25	19	76	17	20	27	19	83
2008	15	16	29	21	81	15	14	29	27	85	17	18	32	16	83	13	15	26	19	83	18	20	28	19	85
2009	15	20	29	19	83	17	24	29	19	89	13	20	29	22	84	16	17	26	17	76	11	11	36	16	74
2010	13	16	30	20	79	13	19	33	19	84	16	15	27	21	79	12	13	26	20	71	15	12	37	20	84

Prior to the severe economic contraction of 2008, general perceptions of health across all social classes were increasing incrementally, year on year. Even in the 2009 index, general health perceptions for ABC1's and C2's continued to increase marginally above their previous levels, before suffering a decline in the current year's Index.

Over the same period DE's showed a marked decline from 2008 to 2009, of 7 percentage points, and a further 5 percentage point decrease between the 2009 Index and the current study. In totality, since the onset of the economic crisis of 2008, ABC1's perceptions of health have decreased by just 1 percentage point, C2's by 4 percentage points and DE's by an alarming 12 percentage points. From this it may be presumed that the current economic/financial crisis is having a disproportionate effect on how healthy people feel among the lower socio economic grades.

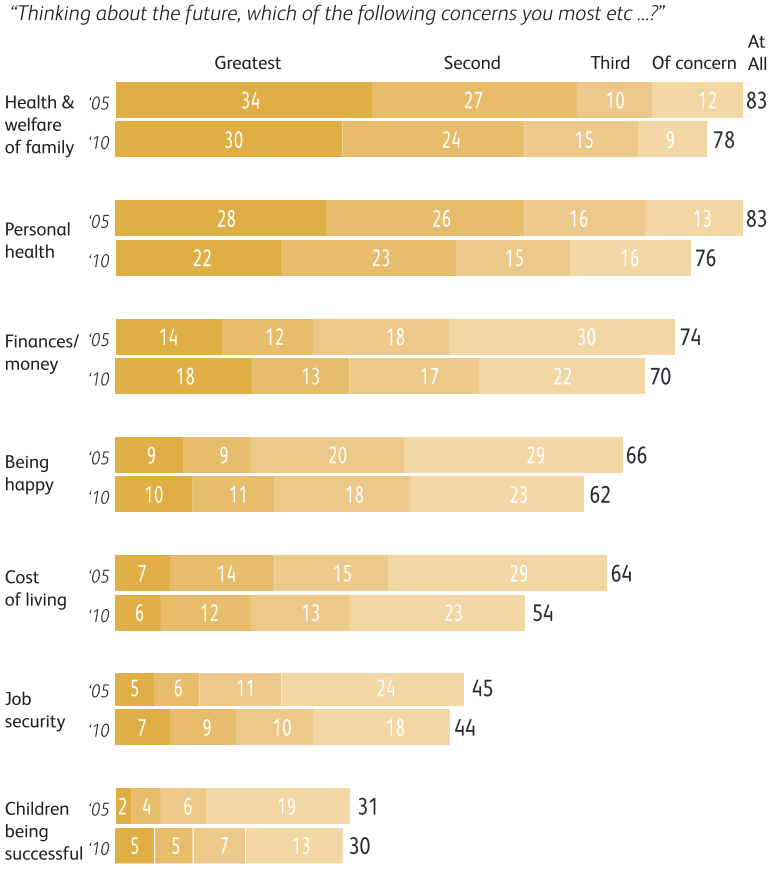
HEALTH AS A PRIORITY

When asked to think about the future and indicate the aspect that prompts the most personal concern, health and welfare of family emerges as the number one worry for 30% of the adult population, followed by personal health at 22% and finances/money at 18%. Concern for personal health has decreased in comparison with the 27% recorded in the 2009 survey, while concern for health and welfare of family has increased.

There is a possibility that this increasing concern for family health may be rooted in the factors related to economic and social uncertainty, outside the control of the individual.

Ranking of Personal Concerns, 2005 - 2010
Base: Adults Aged 16+

"Thinking about the future, which of the following concerns you most etc ...?"



	Gender		Class		
	M	F	ABC1	C2	DE
Health & welfare of family '05	79	87	84	84	82
Health & welfare of family '10	76	81	80	78	77
Personal health '05	83	84	82	82	82
Personal health '10	72	75	75	74	78
Finances/ money '05	73	76	73	78	76
Finances/ money '10	70	69	75	67	67
Being happy '05	63	68	70	61	62
Being happy '10	60	64	61	61	62
Cost of living '05	64	64	56	69	71
Cost of living '10	55	54	51	58	54
Job security '05	50	39	50	48	39
Job security '10	48	41	47	48	39
Children being successful '05	24	38	34	31	28
Children being successful '10	27	33	26	35	31

Money worries remain slightly greater than before and there has been a gradual reduction in prioritisation of personal and family health.

Interestingly, DE's rate personal health highest among all concerns at 78%, the only social grade to rate it above concern for health and welfare of family.

Over a 6 year period there has been a gradual reduction in concern about the cost of living, but a slightly greater focus on happiness and job security as one of the top 3 concerns.

Priorities seem to differ dependent on socio-demographic group - concerns about personal health have reduced to the least extent among DE's over the six year period.

Broad Concern by Socio-Demographic Group
Base: Adults Aged 16+
"Thinking about the future, which of the following concerns you most etc…?"

	All Adults	Gender		Social Class		
		M	F	ABC1	C2	DE
Health & welfare of family	83	76	81	80	78	77
Personal health	83	72	75	75	74	78
Finances/money	74	70	69	75	67	67
Being happy	66	60	64	61	61	62
Cost of living	**64**	**55**	**54**	**51**	**58**	**54**
Job Security	**45**	**48**	**41**	**47**	**48**	**39**
Children being succesful	**31**	**27**	**33**	**26**	**35**	**31**

Money worries remain slightly greater than before and there has been a gradual reduction in prioritisation of family health.

Women are broadly more health and happiness focused, as before, whereas men place marginally greater emphasis on money and job security. Differences by socio-demographic group illustrate greater ABC1 concern with finances, a disproportionate C2 concern with the twin issues of cost of living and children's success, and a predominant focus among DE's on personal health, with less of them concerned about job security, as fewer of them work.

PRIORITISATION OF HEALTH ISSUES

When asked to rate the importance of a series of possible healthcare initiatives, a similar pattern continues to emerge year on year.

The provision of more hospitals or hospital beds remains the over-riding medical priority for Irish people. Following on from this, four key issues - more access to non GP/non hospital services (physiotherapists etc), better access to GPs, the implementation of screening programmes and the provision of more medical cards - emerge in line with each other in importance, and ahead of the other issues.

These priorities are followed to a lesser extent by the perceived requirement to reimburse the cost of medicines, implement public awareness campaigns, and have pharmacists dispense cheaper generic medicines.

Lower tier issues include giving tax incentives to people to be healthier and taxing cigarettes and alcohol more heavily. The lowest ranking priority is taxing food and drink "that people should consume less of", specifically fatty and fast foods.

Top 3 Priorities by Age

		Gender		Age					Class		
	TOTAL	Male	Female	-24	25-34	35-49	50-64	65+	ABC1	C2	DE
	%	%	%	%	%	%	%	%	%	%	%
Provide more hospitals/more hospital beds	72	73	72	(76)	70	(71)	71	76	68	73	(76)
Provide more access to non GP/non hospital services	36	33	(38)	36	33	(36)	33	42	35	36	36
Provide more access to GPs	35	36	33	35	(29)	(33)	38	40	33	31	(39)
Implement screening programmes	33	30	35	25	(32)	34	36	35	(36)	30	28
Provide more medical cards	31	31	31	(36)	34	26	31	30	24	(39)	(35)
Reimburse the cost of medicines	19	22	17	21	19	20	19	16	18	21	19
Implement public awareness campaigns	16	16	16	(18)	(19)	14	14	14	(19)	15	14
Have pharmacists dispense cheaper generic medicines whenever possible	16	16	17	11	17	18	20	12	20	17	[11]
Give people tax incentives to be healthier	16	16	16	15	(21)	(20)	13	10	(19)	13	15
Tax cigarettes and alcohol more heavily	11	11	10	13	10	13	9	8	12	10	10
Tax foods and drinks that people should consume less of (fatty foods/fast foods)	8	8	8	10	11	8	4	7	11	6	6

Priorities don't differ significantly by age, with women and older adults more interested in non GP/non hospital services.

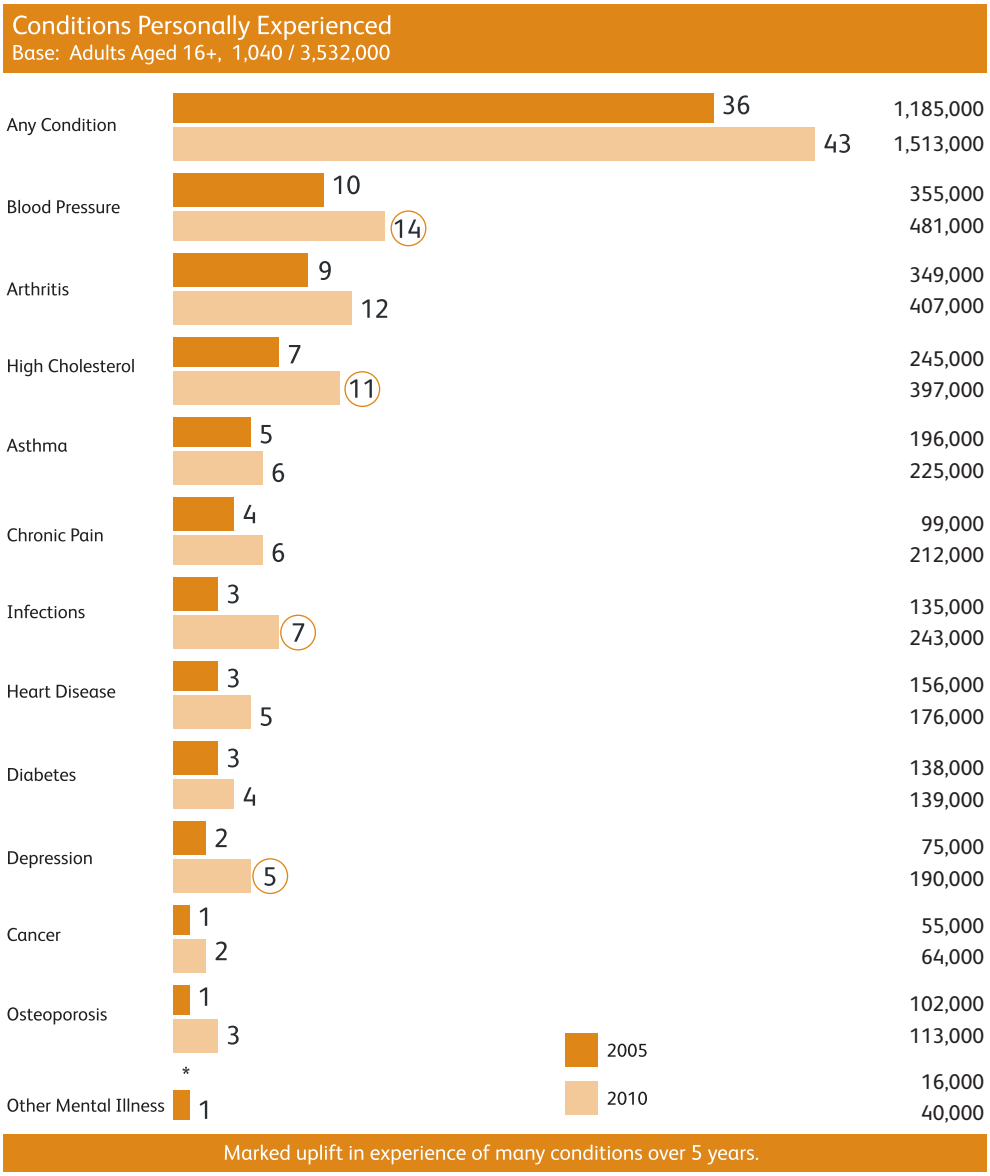
Given the predominance of pensioners, older people and the unemployed in the DE category, it could perhaps be anticipated, that the provision of more hospitals/hospital beds and better access to GPs are their highest priority.

There is a generally greater demand for medical cards among both C2's and DE's, and DE's place a lower weighting overall on the provision or dispensing of cheaper, generic medicines.

ILLNESS EXPERIENCE

Roughly 43% of the Irish adult population experiences at least one of a list of quite serious medical conditions. Experiencing any one of these conditions has lifted from 36% to 43%, a shift of 7 percentage points, which is quite noteworthy. Although many of these conditions may be low incidence, there is quite pronounced growth in the proportion of the population with blood pressure, high cholesterol, infections and depression.

The most widely experienced condition is high blood pressure, followed by arthritis and high cholesterol.



*Denotes scores that have a value of lower than 0.5%.

Across the board, experience of illness has significantly increased for each of the demographics over the past 6 years. Incidence of 'Any Condition' has risen by 10 % among C2's, 8% among ABC1's and 6% among DE's, the latter group having already had a far higher incidence to start off with.

In relation to general health, the DE grade exhibits the weakest level of overall health and appears to be more prone to specific illnesses. DE's are more likely to suffer any condition (50%) compared with the ABC1 cohort (36%), a differential of almost a quarter. The comparable status of C2's is only marginally worse than that of ABC1's, at 42% with such an illness.

DE's are 2.5 times more likely to suffer from arthritis, twice as likely to have heart disease and up to three times more likely to suffer from depression, which again could be a factor of unemployment, age or both.

Conditions Personally Experienced
Base: Adults Aged 16+, 1,040 / 3,532,000

		ABC1	C2	DE
		%	%	%
Any condition	2005	30	32	44
	2010	38	42	50
Blood pressure	2005	9	7	12
	2010	10	13	16
Arthritis	2005	5	6	16
	2010	7	7	18
High cholesterol	2005	6	6	7
	2010	10	11	13
Asthma	2005	4	6	6
	2010	6	8	6
Chronic pain	2005	4	2	5
	2010	6	5	7
Infections	2005	4	2	2
	2010	7	7	7
Heart disease	2005	2	1	6
	2010	3	7	6
Diabetes	2005	3	2	4
	2010	3	4	4
Depression	2005	2	1	5
	2010	3	5	9
Cancer	2005	0	1	2
	2010	2	2	1
Osteoporosis	2005	1	1	3
	2010	3	1	5
Other mental illness	2005	1	-	-
	2010	0	2	2

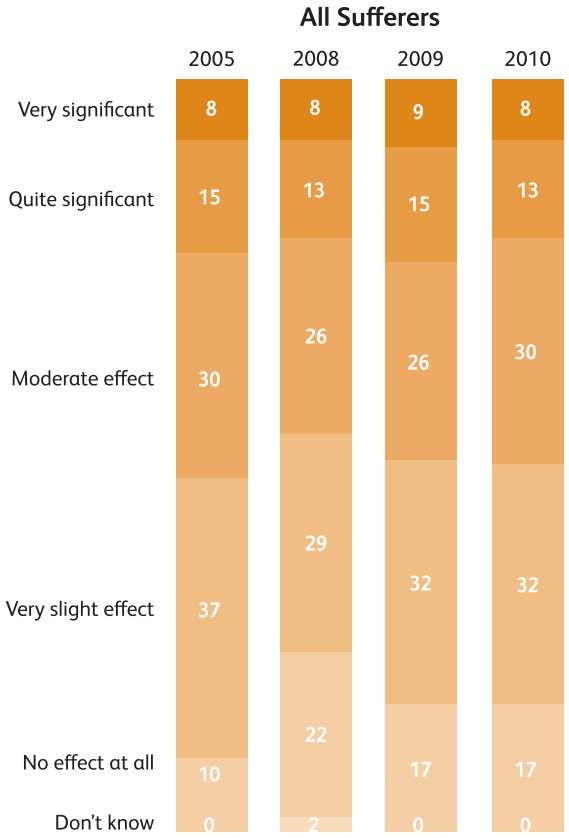
High cholesterol, which has increased across all demographic groups over the 6 year period of the survey, is also marginally more common in the lower social grades. C2's suffer marginally more than ABC1's while DE's suffer the most on this measure. C2's fare worse in relation to asthma and heart disease too.

EFFECT ON QUALITY OF LIFE

22% of Irish adults that suffer from one of the listed serious conditions indicate that the effect on their quality of life is very or quite significant overall. This reflects a 2 percentage point decrease since 2005.

There has also been a corresponding increase by 7 percentage points since 2005, in the number of people indicating that their condition has no effect on their quality of life.

Effect on Quality of Life
Base: Suffer from a Listed Condition: 40%



Significant Effect	2005 %	2010 %	Change
All adults	24	22	-2
Men	23	24	+1
Women	24	20	-4
U35	15	15	=
35-49	19	22	+3
50-64	27	27	=
65+	28	21	-7
Middle Class	18	19	+1
C2	19	21	+2
DE	29	26	-3
Urban	24	24	=
Rural	23	18	-5

Under a quarter have significant life impact, or about 10% of all adults.

There are some differences relating to how different socio-demographic groups perceive the effect of a condition on their quality of life.

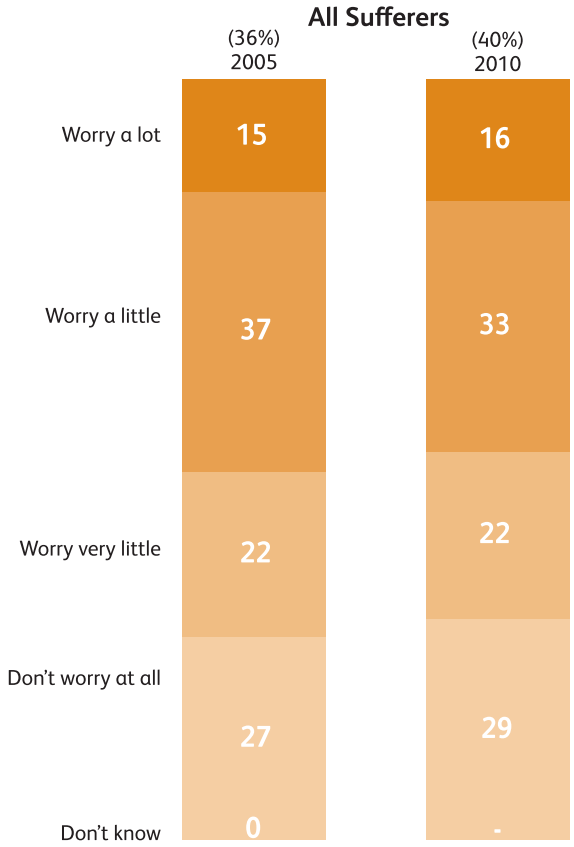
19% of unwell ABC1's indicate that their illness has had a 'quite' or 'very' significant impact on their quality of life, compared to 21% of C2's and 26% of DE. Again, the age dynamic underlying the DE category may be a driving factor, as the impact of any illness on an older individual may seem greater, particularly, given the increased likelihood of arthritis, heart disease and depression in this category.

Men are now more likely than women to perceive their illness as having a more significant effect on their quality of life, a marginal inversion of the pattern seen in 2005.

DETERIORATION OF CONDITION

Almost half of Irish adults, with a listed serious condition, worry to some degree (a little or a lot) about their condition deteriorating. One in six are very worried, and half are worried to at least some extent.

Concern about Worsening of Condition
Base: Suffer from a Listed Condition



Worry about worsening			
	2005 %	2010 %	Change
All adults	51	49	-2
Men	51	50	-1
Women	52	48	-4
U35	41	45	+4
35-49	51	56	+5
50-64	53	46	-7
65+	56	50	-6
ABC1	42	39	-3
C2	52	58	-2
DE	58	58	-
Farmers	57	51	-6
Urban	49	48	-1
Rural	55	52	-3

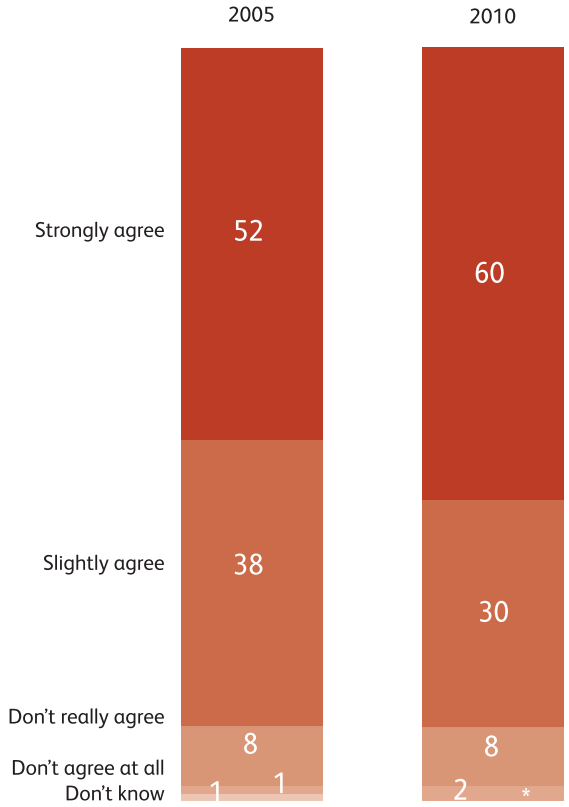
There is a reduction in concern among older adults but a slight growth younger and least concern middle class. Concerns less age-related now and more class (education) related.

Over five years we see concerns increasing for those with an illness aged under 50, but the converse is happening over 50, with a general reduction in concern among those unwell. Older adults may be becoming more accepting perhaps. Differences by social grade are slight.

HEALTH ATTITUDES

In general attitudes to health have improved over the past six years. Currently 90% of the Irish adult population consider themselves to be healthy, with 60% strongly agreeing with this sentiment. Those strongly agreeing have increased since 2005 by 8 percentage points, a notably beneficial shift on this basis.

I Consider Myself to Be Healthy
Base: Adults Aged 16+



Agree at All	2005 %	2010 %	Change
All adults	90	90	=
Men	90	90	=
Women	89	90	+1
U25	97	97	=
25-34	95	92	-3
35-49	92	90	-2
50-64	84	87	+3
65+	76	84	+8
ABC1	92	93	+1
C2	89	91	+2
DE	86	85	-1
Urban	88	89	+1
Rural	91	92	+1

An increase in strong agreement is apparent, and broad agreement by older adults particularly.

*Denotes scores that have a value of lower than 0.5%.

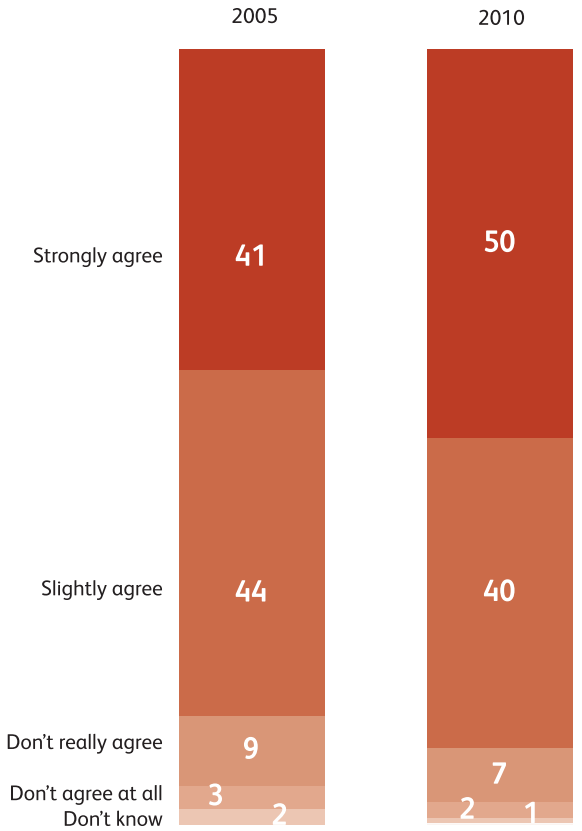
In terms of socio-demographic groups, the DE group rated themselves lowest on this criterion, with 85% perceiving themselves to be healthy, 5% lower than the population average. The DE grade was also the only social grouping to score lower in 2010 than they had done in 2005, although differences among socio-demographic groups is only slight.

Positive attitudes to health invariably diminish as age increases, which is a largely expected outcome. Nonetheless, the greater escalation in perceived personal health has occurred among older adults over time.

HEALTH INTENTIONS: COMMITMENT TO CHANGE

When asked whether they would be prepared to make changes to their lives to become healthier, an overwhelming majority, 9 out of 10 Irish adults, agreed that they would. This is an increase of six percentage points over the corresponding figure from the 2005 survey.

I Am Prepared to Make Changes in My Life to Become Healthier
Base: Adults Aged 16+, 1,001/3,532,000



Agree At All			
	2005 %	2010 %	Change
All adults	86	90	+4
Men	84	89	+5
Women	88	91	+3
U25	81	88	+7
25-34	92	96	+4
35-49	88	92	+4
50-64	86	88	+2
65+	78	82	+4
ABC1	89	92	+3
C2	86	90	+4
DE	82	88	+6
Urban	86	89	+3
Rural	86	91	+5

The commitment to make changes is much stronger, particularly younger, but effectively right across society.

ABC1's are the group most prepared to make changes to their lives with 92% indicating they are prepared to do so, followed closely by C2's at 90% and DE's at 88%. There is a marginal reduction in willingness to change as socio-demographic status decreases, although DE's are the most significantly changed group over time.

Among the more prepared to make changes are women, the 25-34 year old age group and those from rural populations.

HEALTH INTENTIONS

When asked to nominate healthy activities likely to be contemplated in the next 3 months, 40% of the adult population suggested that they would like to become more active and to take more exercise.

A quarter (25%) would like to be less stressed, and around a fifth would like to adopt a more balanced diet (22%) or get more sleep (18%).

These patterns tend to be consistent from year to year, although there is a noticeable inclination towards uptake of exercise among ABC1's and women. ABC1's are also more likely to want to become less stressed, although this might be a reflection on increased levels of concern about finances and money.

DE's as a group are particularly likely to want to give up smoking, which is highest among this category, and to become better informed about their health, more so than any other social grouping. The incidence of smoking stands at 27% in the population overall, at 23% among ABC1's, 27% among C2's and 34% among DE's (and just 19% among farmers).

Short Term Health Intentions*
Base: All Respondents

	TOTAL		Sex		Age					Social Class				Area	
	2005	2010	M	F	15-24	25-34	35-49	50-64	65+	ABC1	C2	DE	F	Urban	Rural
Being active/Taking more exercise	35	(40)	37	(43)	39	(46)	(39)	35	(41)	(49)	36	(32)	34	45	33
Be less stressed	25	25	22	(28)	19	25	(30)	25	23	29	22	24	18	24	27
Adopt a more balanced diet	22	21	18	(23)	25	23	23	19	9	20	20	23	20	21	20
Get more sleep	18	(23)	20	(25)	(27)	18	23	22	(26)	26	22	20	17	24	21
Reduce alcohol intake	5	5	(7)	4	8	6	5	5	2	5	7	4	5	6	4
Give up smoking	8	9	(11)	8	7	(11)	(14)	9	2	8	10	(13)	6	10	9
Work less	5	5	5	5	5	1	4	(9)	6	4	5	4	8	4	6
Become better informed about health	8	9	7	(10)	5	9	8	(11)	(10)	7	8	10	12	6	13
Visit the doctor more often	6	4	4	4	1	2	4	7	7	4	3	5	7	2	5
Don't know/None of these	14	13	16	10	13	8	11	16	9	9	17	16	14	13	13

* Likely to do in the next 3 months

Much focus on exercise young and middle class.

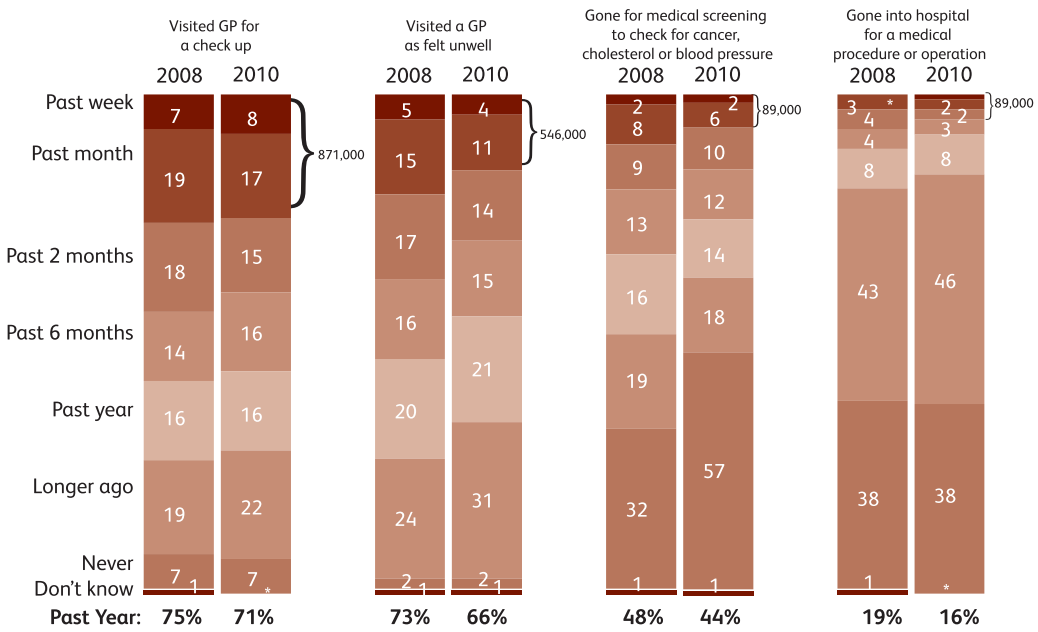
INTERACTIONS WITH MEDICAL SERVICES

There is a broad and general reduction in the level of recent interaction with medical services in 2010.

When the results of the 2010 survey were compared with the corresponding 2008 data, a very distinct trend emerged on all measures of interaction, whether the interaction was visiting a GP for a check-up, visiting a GP because of feeling unwell, for a medical screening event, or attending a hospital for a medical procedure. These reductions in contrast are notable not only for their top line reduction, but also for the reduction in recency of visitation: the past two month pattern is similarly depressed across the board.

Slippage in the area of visiting the GP because the individual felt unwell is particularly pronounced with a fall off of 7 percentage points over 2 years, constituting a dramatic reduction in footfall to GP surgeries.

Recency of Interaction with Mainstream Medical Services

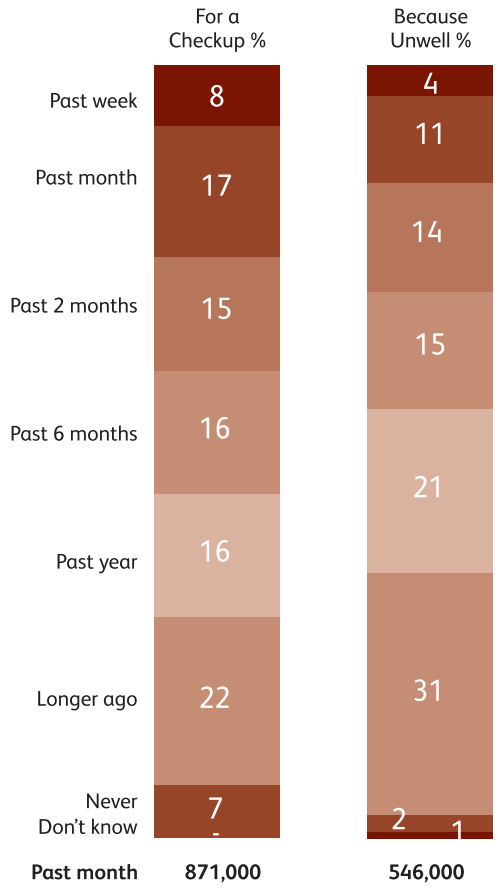


A notable across-the-board reduction.

HEALTHCARE SYSTEM INTERACTION BY SOCIAL DEMOGRAPHICS

Although the proportions visiting a GP for either principle reason (prevention or treatment) is generally much flatter, there is still evidence of a much elevated rate particularly among DE's. 1 in 5 DE's visited the GP in the past month as a result of illness, compared with just 1 in 7 ABC1's.

Have Attended GP for a Check Up in Past Month
Base: 1,001 Adults Aged 16+, 3,532,000

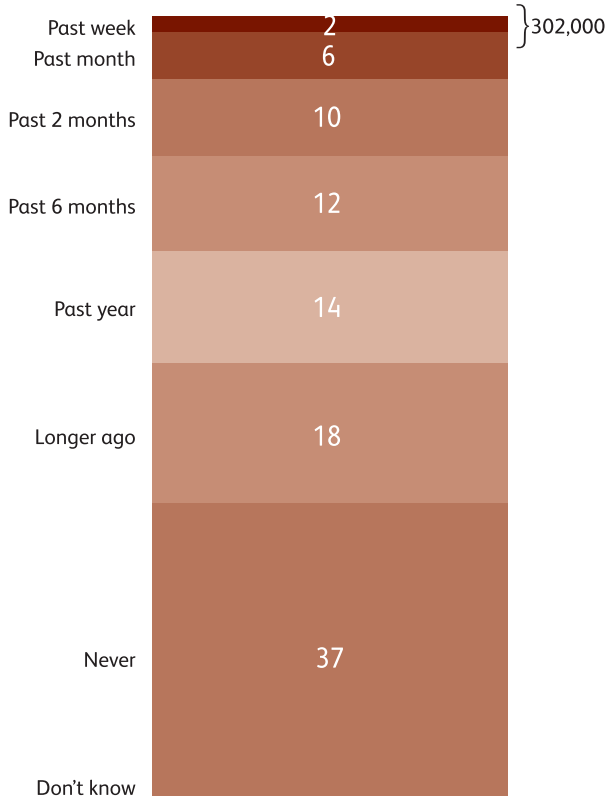


Past Month x Demographics		
	Checkup	Unwell
All Adults	25	15
Male	20	12
Female	30	19
U25	18	20
25-34	19	10
35-49	21	13
50-64	28	17
65+	42	19
ABC1	23	14
C2	26	14
DE	28	20
Urban	26	15
Rural	23	16

Women are much more likely to have attended GP for a check up or because they were unwell. Age patterns are quite different for those unwell.

In relation to attendance at a medical screening, C2's had a marginally lower rate of participation at lower than the screening rates for both ABC1's and DE's, 9% of whom had attended.

Gone for a Medical Screening to Check for Cancer, Cholesterol, Blood Pressure etc.



Past Month by Demographics	
All Adults	8
Male	7
Female	11
U25	2
25-34	5
35-49	9
50-64	10
65+	18
ABC1	9
C2	7
DE	9
Urban	8
Rural	9

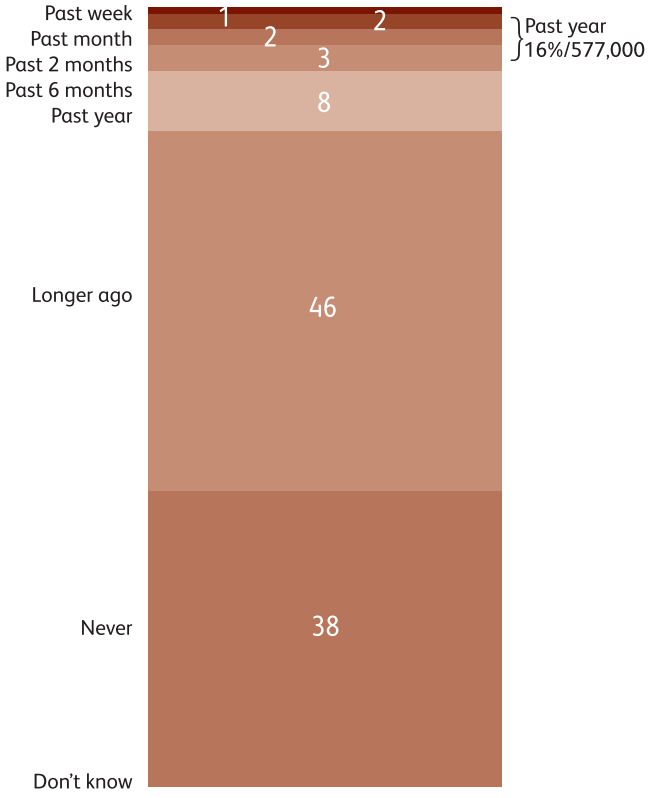
Those availing of screenings are largely female and older.

Screening of over 65s runs at more than double the national rate. Older people and those from lower socio-demographic groups, constitute a more tangible visitor group to GP surgeries than others, while the skilled working class group (C2's) are under-represented, presumably due to issues of having to self-fund.

When it comes to attendance at hospitals for operations or medical procedures, again the C2 group is the least likely to have attended. Due to the more manual nature of their employment, and their common lack of either health insurance or a medical card, this lower rate may be related to economic as much as to health factors. ABC1's were most likely to have attended at 17%, marginally above average, with DE's attending at the full populations' average rate.

Gone into Hospital for an Operation or Medical Procedure

Base: 1,001 Adults Aged 16+, 3,532,000



Past year	
All Adults	16
Male	13
Female	18
U25	10
25-34	14
35-49	16
50-64	(21)
65+	(20)
ABC1	17
C2	13
DE	16
Urban	15
Rural	16

Half a million adults have had a procedure in the past year.
(1% higher than 2009, about 40,000 more).

MEDICAL EXPERIENCES

When asked about other medical experiences, some interesting patterns manifest across the different social groups.

DE's, possibly due to the higher average age profile of this group, were more likely than any other category to have had a mammogram as part of BreastCheck, to have had the regular flu jab (almost one fifth of all adults in this demographic) and were twice as likely as ABC1's to have attended hospital A&E for treatment.

ABC1's on the other hand were more likely to have had their children vaccinated, to have had a cervical smear test, to have attended a private clinic, or to have been vaccinated as part of a public programme.

Recency of Other Medical Experiences
Base: 1,001 Adults Aged 16+, 3,532,000

		Past Week	Past Year	Past 6 Months	Past 3 Months	Past Month	Longer Ago
		%	%	%	%	%	%
Had a mammogram as part of BreastCheck	ABC1	0	6	3	2	0	12
	C2	0	6	1	1	0	11
	DE	0	7	1	3	1	16
Had a cervical smear test	ABC1	0	8	3	3	2	23
	C2	0	8	4	2	1	20
	DE	0	5	4	4	1	23
Allowed children have childhood vaccination	ABC1	1	9	2	2	0	34
	C2	0	7	2	4	2	36
	DE	0	7	2	1	1	37
Attended hospital A&E for treatment	ABC1	0	4	3	2	2	41
	C2	1	7	2	2	1	38
	DE	0	8	3	2	-	39
Had the regular flu jab	ABC1	-	15	2	-	-	6
	C2	-	12	3	-	-	5
	DE	-	19	3	-	-	7
Gone to private clinic for self funded treatment (Swiftcare/Beacon)	ABC1	-	7	3	3	2	10
	C2	-	3	1	0	-	7
	DE	-	2	2	1	-	8
Vaccinated as part of a public programme	ABC1	-	14	5	1	-	6
	C2	-	9	4	1	-	8
	DE	-	10	5	2	-	5

Above average proportion of DE's have had a flu jab in last year.

OTHER PAST YEAR ACTIVITIES (SMOKING, DRINKING, VACCINATIONS ETC) BY DEMOGRAPHICS OF WOMEN

Across the social grades, C2 and DE women, (the latter in particular) were more likely to go to the GP. DE women were also 15 percentage points more likely to have attended GPs as a result of feeling unwell than ABC1's and C2's.

DE women had the lowest level of alcohol use, either at home or in a pub or bar, whereas C2 women are the most likely to have drunk alcohol in the past year. Comparing by class DE women were more likely to have smoked cigarettes in the past year, at a level 11 percentage points higher than that of ABC1's.

Past Year Activities by Demographics
Base: All Women – 514/1,788,000

	TOTAL	Mothers of U15s		Age					Class			
		Yes	No	U24	25-34	35-49	50-64	65+	ABC1	C2	DE	F
	%	%	%	%	%	%	%	%	%	%	%	%
Visit a doctor for a check-up	80	76	82	67	77	80	(82)	(94)	75	79	85	86
Visit a doctor because you didn't feel well	72	71	73	69	76	69	70	78	68	69	(83)	70
Drink alcohol in a pub or bar	62	65	61	68	70	72	63	28	66	70	[52]	58
Drink alcohol at home	57	62	54	50	64	70	55	36	62	63	50	37
Go for a medical screening	51	44	56	15	40	54	(72)	(74)	52	[42]	56	60
Had a cervical smear test	29	(38)	23	13	(40)	(41)	31	8	31	30	28	18
Smoke cigarettes	27	34	22	28	29	32	27	13	23	27	34	19
Had the regular flu jab	22	10	(30)	9	15	11	21	(68)	21	14	(30)	28
Had a mammogram as part of BreastCheck	19	13	23	5	6	18	(48)	21	19	16	22	20
Been vaccinated as part of a public programme	20	22	19	18	(22)	(22)	12	30	25	14	20	17
Go into hospital for an operation or medical procedure	19	18	20	11	19	19	(23)	(23)	20	13	21	24
Gone to hospital A&E for treatment	13	14	13	16	17	12	6	15	12	16	15	6
Allowed children to have childhood vaccines	13	(31)	1	4	25	25	1		13	17	11	5
Gone to a privately funded clinic for treatment that paid for yourself	10	8	11	7	9	12	9	14	16	3	1	10

Half of 50-64 year old women have had a recent mammogram, but just 40% of 25-49 year old women a smear test.

INCIDENCE OF DRINKING OR SMOKING AMONG WOMEN

When females alone were asked about activities that have a potentially detrimental impact on health (smoking cigarettes and drinking alcohol), 62% of women admitted to having drunk alcohol outside the home in the past year, 57% had drunk it at home and over a quarter (27%) had smoked cigarettes. Across the population, female C2's had the highest incidence of drinking outside the home at 70%, and marginally higher rates of drinking domestically than female ABC1's or female DE's.

Past Year Drinking/Smoking
Base: All Women – 514/1,788,000

	TOTAL	Mothers of U15s		Age					Class		
		Yes	No	U24	25-34	35-49	50-64	65+	ABC1	C2	DE
	%	%	%	%	%	%	%	%	%	%	%
Drink alcohol in a pub or bar	62	65	61	68	70	72	63	28	66	70	52
Drink alcohol at home	57	62	54	50	64	70	55	36	62	63	50
Smoke cigarettes	27	34	22	28	29	32	27	13	23	27	34

The majority of all women up to 64 drink at home and out and a quarter stills smoke.

Female DE's had by far the lowest incidence of drinking alcohol either in the home or in pubs or bars. They were considerably more likely though to have smoked cigarettes, with one third of this female population group admitting to this over the past year. This compares to less than a quarter of ABC1's (23%) and just over a quarter of C2's (27%).

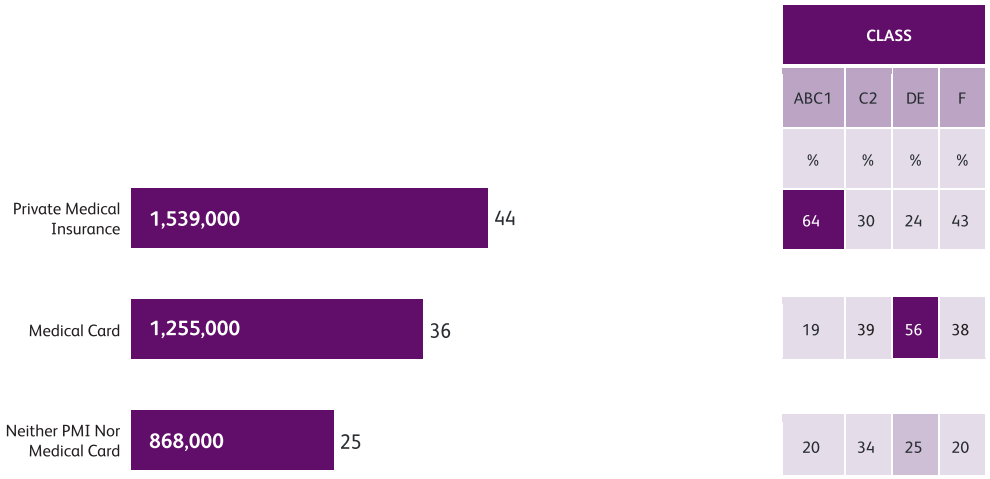
Across all measures ABC1 women were less likely to have drunk alcohol or smoked, whereas DE women are grossly over-represented as smokers, if less prevalent among the ranks of drinking women.

MEDICAL CARE FUNDING

When asked how their medical care is funded, 44% of the adult population indicated that they have private health insurance, 36% a medical card, but a full quarter of the population have neither a medical card nor private medical insurance.

In relation to (PMI) Private Medical Insurance, an imbalance in cover is evident across the social landscape: almost two thirds of ABC1's (64%) have private cover, falling to less than one third (30%) of C2's, and under a quarter (24%) of DE group members.

Funding Medical Care



	CLASS			
	ABC1	C2	DE	F
	%	%	%	%
Private Medical Insurance	64	30	24	43
Medical Card	19	39	56	38
Neither PMI Nor Medical Card	20	34	25	20

28%, or 160,000 with private medical insurance, have been laid off. Most (64%) middle class adults have

Among medical card holders, DE's are the best represented. 56% of DE's have a medical card, compared to 39% of C2's and only 19% of ABC1's.

C2's are the group least likely to have any cover for medical expenses. Over one third (34%) have neither PMI nor the medical card, compared to only a quarter of DE's.

This lack of cover may be a key factor in the lower C2 participation/interaction with medical health professionals and screening programmes compared to either ABC1's and DE's.

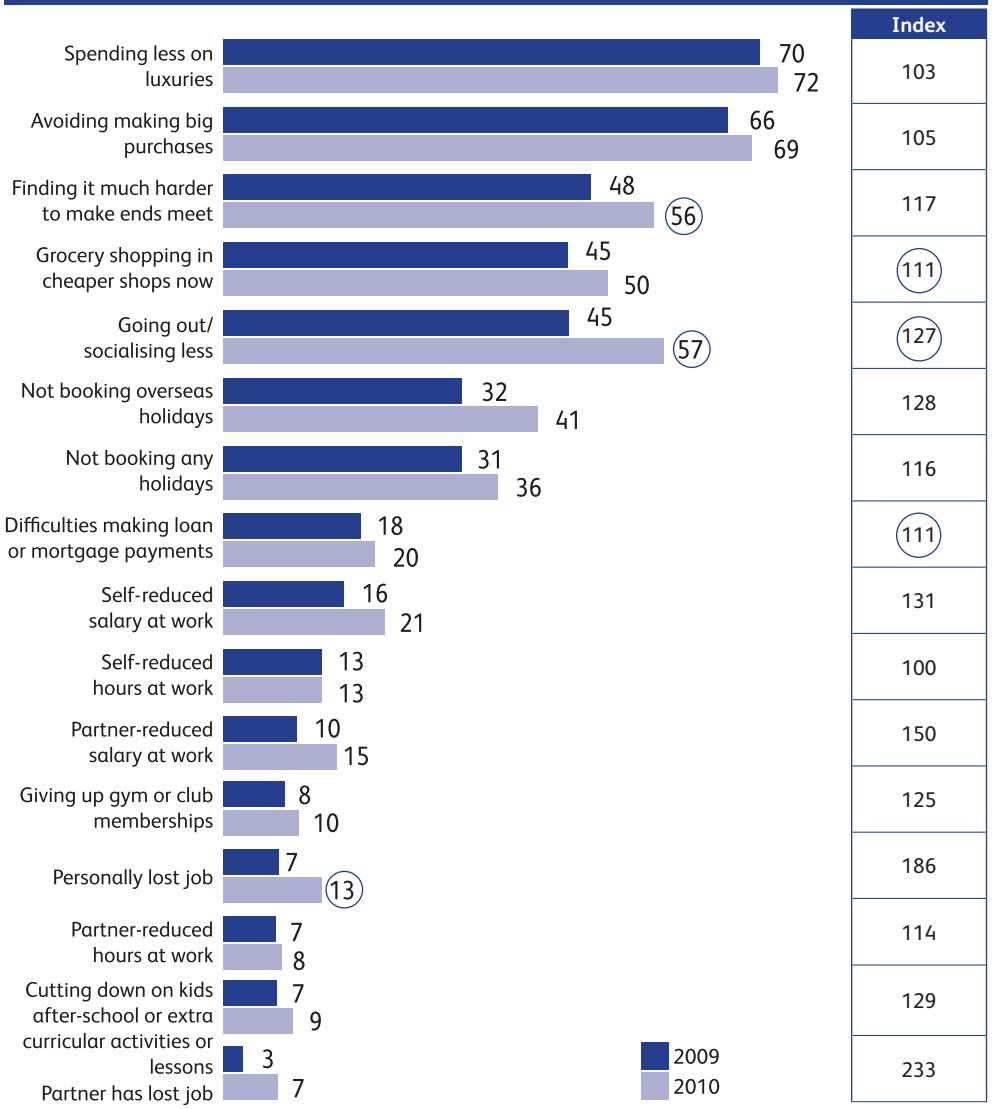
THE RECESSION

ECONOMIC AND SOCIAL IMPACT OF THE RECESSION

When asked about the direct effect the recession has had on day to day living, over half of the Irish adult population (56%) indicated they were now finding it much harder to make ends meet. More than 7 in 10 (72%) Irish adults are now spending less on luxuries and almost the same amount (69%) are avoiding making big purchases.

There was a major increase in people having personally lost their job this year, with 13% reporting this compared to 7% in 2009. This result was mirrored by those reporting their partner has lost their job, at 7% this year compared to 3% in 2009.

Personal Impact of Current Recession
Base: 1,001 Adults Aged 16+, 3,532,000



All impacts have exacerbated with greatest impact on holiday taking and social spend, with a near doubling of unemployment.

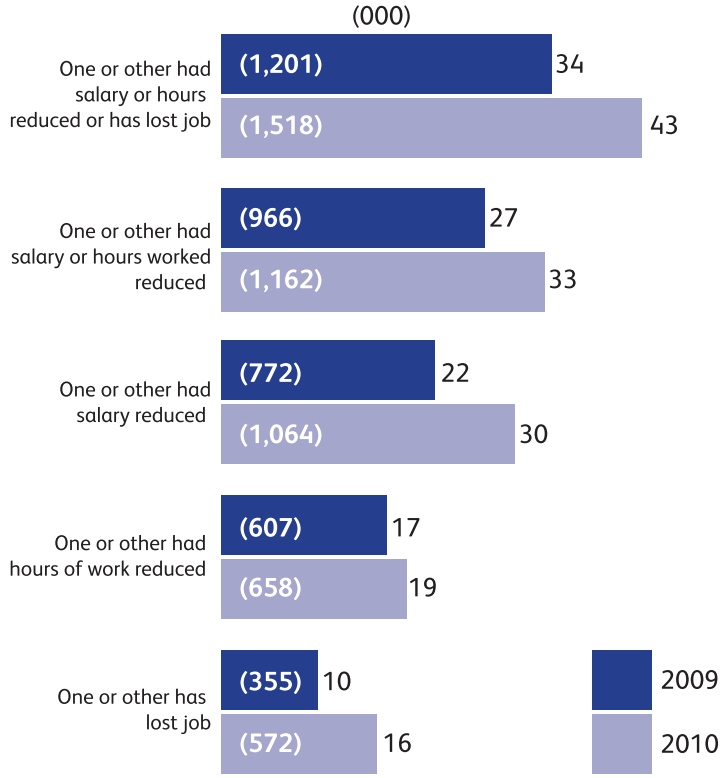
The recession has also had an impact on the purchasing power of adults, with reduced salaries being experienced by 21% of the adult population this year, a five percentage point increase on last year, or a growth by a rate of almost a third year on year.

'FUNDAMENTAL' RECESSION IMPACT

Focussing on what we categorise as 'Fundamental Recession Impact', we look at the intersection of six factors, namely job loss, hours reduction or wages reduction for either one's self or one's partner. 34% were so affected last year, but this has climbed to 43% this year. In other words, more than 2 in 5 Irish homes have been hit severely by the current recession thus far.

Fundamental Recession Impact*
Base: 1,001/3,5232,000 Adults Aged 16+

*Employment related impact experienced by self or partner



43% now live in a home with 'a fundamental recession impact', a rise by a quarter (300,000) year-on-year.
1 in 6 homes have experienced job loss. No evidence of a further increase in working hours reduction however.

16% of households have experienced job loss for one (or both) income earners. All results relating to the recession's direct impact indicate that the magnitude of the effect is continuing to grow rather than dissipate. This effect is also disproportionate when we focus on the lower socio-demographic groups.

The impact of the recession appears to be affecting socio-demographic groups in an uneven manner. Across most measures of impact the C2 grade is shouldering the burden of the crisis to an elevated degree. C2's are more likely to have had to adjust their lifestyles than other social groups. Almost 8 in 10 are now spending less on luxuries and are avoiding making large purchases, compared to 7 in 10 ABC1's and DE's.

A key finding is that two thirds of C2's are now finding it harder to make ends meet, while less than half of ABC1's have indicated this. DE's are also experiencing this to a significant degree, with almost 6 out of 10 (59%) indicating it is harder to make ends meet this year.

Personal Impact of Current Recession by Gender & Health Status

Base: 1,001/3,5232,000 Adults Aged 16+

	All Adults	Sex		Health Status			Social Class		
		Male	Female	Good Health	Average Health	Poor Health	ABC1	C2	DE
Spending less on luxuries	72	71	73	68	73	73	69	78	71
Avoiding making big purchases	69	68	69	65	69	73	66	76	66
Finding it much harder to make ends meet	56	55	56	53	55	61	47	66	59
Grocery shopping in cheaper shops now	50	45	55	48	50	52	46	57	49
Going out/socialising less	57	57	57	57	56	59	53	64	59
Not booking overseas holidays	41	40	42	38	41	45	34	49	44
Not booking any holidays	36	35	37	32	36	39	28	48	37
Difficulties making loan or mortgage payments	20	21	20	21	20	21	15	26	24
Self-reduced salary at work	21	23	19	18	24	18	25	26	14
Self-reduced hours at work	13	14	12	11	13	14	14	16	11
Partner-reduced salary at work	15	10	19	15	15	15	15	22	11
Giving up gym or club memberships	10	10	9	11	7	12	11	9	9
Personally lost job	13	17	8	9	13	16	7	17	19
Partner-reduced hours at work	8	6	10	8	8	9	8	13	6
Cutting down on kids after-school or extra curricular activities or lessons	9	7	10	9	9	8	7	14	8
Partner has lost job	7	4	9	6	7	9	5	7	11
Nothing/No impact	13	-	-	16	11	12	13	11	14

There is an implied, albeit slight, relationship between non-taking of holidays, avoidance of big purchases, and job loss with the experience of poorer health.

Patterns of consumer activity related to social demography have also changed. 57% of C2's are now shopping for groceries in cheaper shops, and almost two thirds are now socialising less. C2's are also less likely to book holidays at home or abroad, with almost half indicating this.

Both C2's and DE's are directly affected by loan issues, with difficulties servicing their mortgage or loan repayments: a quarter of the population in either of these categories are experiencing this, compared to only 15% of ABC1s.

SPECIFIC HEALTH ISSUES

The 2010 questionnaire asked preparatory questions about a series of conditions not queried in previous Pfizer Indices. This tentative introduction is to ensure that continuity with previous data was not sacrificed and incidences for established conditions not depleted.

In addition, the questionnaire queried difficulties experienced in accessing necessary medical treatment, illiteracy, and difficulties paying for medicines. About 1 in 8 has personal experience of obesity, although with no differences by socio-demographic groups. By contrast, there is a significant class-related disparity in accessing necessary medical treatments, at 10% among DE's versus 5% for everyone and 2% for ABC1's.

Personal Experience of Specific Health Issues

		Sex		Age					Social Class			
	TOTAL	Male	Female	-24	25-34	35-49	50-64	65+	ABC1	C2	DE	F
	%	%	%	%	%	%	%	%	%	%	%	%
Overweight/Obesity	12	11	13	6	13	15	14	10	14	11	10	13
Unplanned pregnancy	2	*	4	2	3	3	1		1	3	3	2
Illness brought on by smoking	2	2	1	3	2	2	2	1	1	2	2	3
Alcohol related illness/ issues or problems	1	2	*	1	1	1	1	*	1	2	1	-
Illiteracy or difficulty reading and writing	1	1	2	2	1	2	1	1	*	1	4	-
A difficulty getting into hospital to have an operation that was necessary	2	1	3	2	2	2	4	1	1	1	4	1
A difficulty getting access to other medical services that you need	5	3	7	2	6	4	7	6	2	3	10	8
Difficulty paying for medicines	6	6	6	3	7	5	9	5	5	7	6	6
None of these	75	77	72	83	74	71	72	77	78	76	70	71

The C2 social class also reports the highest incidence of alcohol related illness, correlating with earlier findings in the report, of elevated alcohol consumption among this group, both in-home and in pubs and bars.

Among the DE cohort, illiteracy levels are 4 times higher than those expressed by C2 group members, with no reports of this among ABC1's.

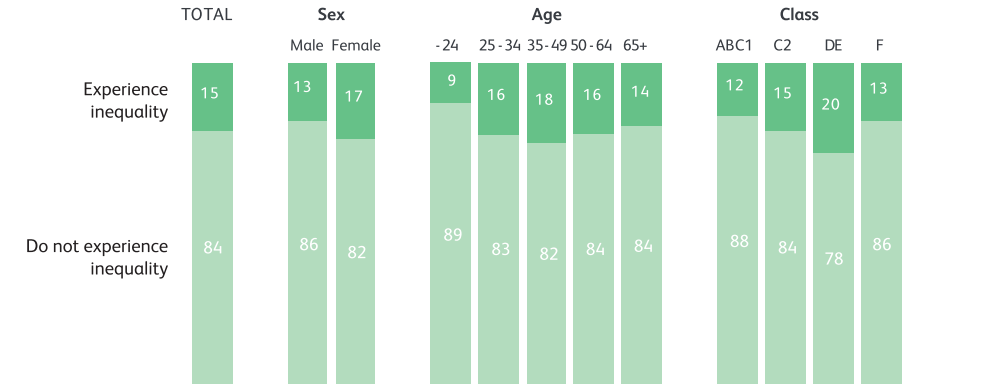
ACCESS

EQUALITY OF ACCESS TO THE HEALTH SYSTEM

In general, 15% of the adult population believe that they experience inferior treatment at the hands of the health services, related to personal factors such as their age, gender or social class/economic situation.

Among the social classes ABC1's perceive the least amount of inequality of treatment, rising to 15% of C2s and one fifth of all DE's (20%).

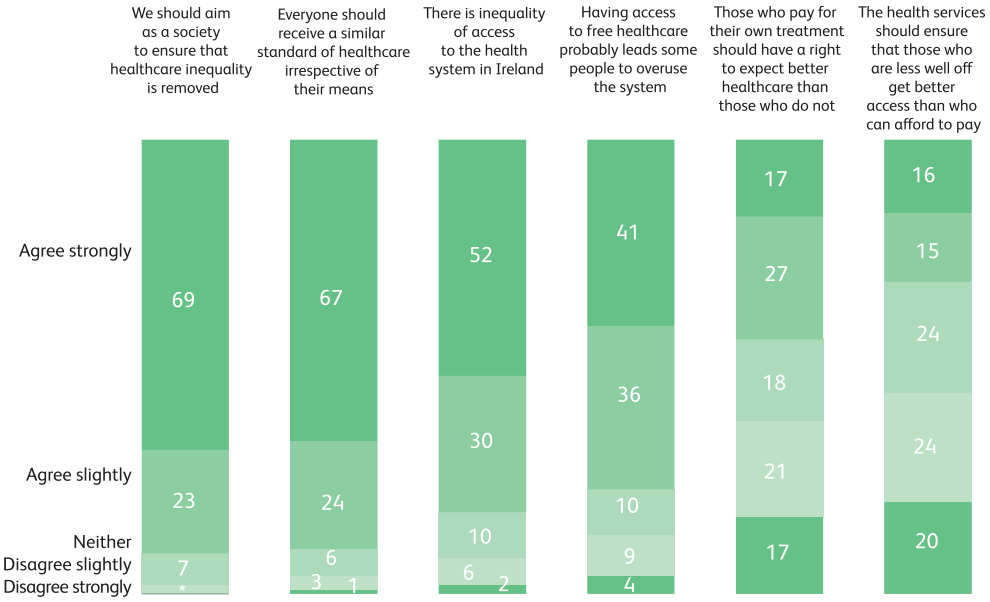
Access to Health System: Personal Perceptions



ACCESS TO HEALTHCARE: CONSUMER ATTITUDES

The current study posed a series of questions around healthcare access, exploring issues such as equality, preferential treatment of those who pay for their healthcare (self-fund), the possible abuse of a free system and whether there should be positive discrimination in favour of those unable to pay for healthcare.

Inequality of Access Issues & Attitudes
Base: 1,001/3,5232,000 Adults Aged 16+



Although there is a large majority in favour of eradicating inequality, a very sizeable minority feel that those who pay should receive more, and 44% disagree that there should be any positive discrimination in favour of the disadvantaged.

Four in five believe that there is inequality in the healthcare system, and over three quarters of Irish adults (77%) believe that access to free healthcare may lead to overuse of the system.

A large majority of the population (92%) is in favour of eradicating inequality from the health service, and 90% of the adult population agree with the proposition that all people should receive the same treatment, regardless of their means.

When attitudes to healthcare access are analysed by demographic criteria, there is little significant variation apparent.

ABC1's (who are more likely to have health insurance) are more supportive of self-funders getting better treatment overall, but even so, just 46% of them expressed this view.

Agreement with Statements About Healthcare Equality by Demographics
Base: 1,001/3,5232,000 Adults Aged 16+

		Gender		Age					Class			
	TOTAL	Male	Female	-24	25-34	35-49	50-64	65+	ABC1	C2	DE	F
	%	%	%	%	%	%	%	%	%	%	%	%
Everyone should receive a similar standard of healthcare irrespective of their means	91	89	93	87	91	91	92	93	91	90	92	86
We should aim as a society to ensure that healthcare inequality is removed	91	92	91	91	93	89	92	91	92	90	91	89
People who smoke or drink excessively must be in some way accountable for their health status	84	83	84	84	79	86	83	87	88	81	80	84
There is inequality of access to the health services in Ireland	82	82	82	76	81	86	85	79	82	82	84	79
Having access to free healthcare probably leads some people to overuse the health system	76	76	77	76	74	74	79	81	78	73	76	77
Those who pay for their own treatment should have a right to expect better healthcare than those who do not	44	47	40	54	38	46	43	37	46	41	40	55
The health services should ensure that those who are less well off get better access than those who can afford to pay	31	32	31	36	30	28	34	31	28	32	37	32
Those who pay for private medical insurance get a worse deal than those who get hospital access for free	20	22	18	16	24	20	22	13	23	19	17	17

There isn't a lot of variation of opinion related to demographic factors.

HEALTH CARE ACTIVITIES AND HEALTH INSURANCE COVER

There appears to be significant differences in health related activities dependent on the extent or nature of health cover attributed to the individual.

In the main, those without either private medical insurance or a medical card (primarily the C2 social group) are significantly less likely to visit a GP for either a check-up or because they felt unwell, to go for a medical screening, to get a regular flu jab/smear test or go to hospital for operations.

Past Year Activities by Health Status/Cover
Base: All Adults Aged 16+, 1,001/3,532,000

		Personal Health			Medical Cover		
	TOTAL	Good	Average	Poor	Medical Card	Private	Neither
	100%	28%	51%	21%	34%	46%	24%
	%	%	%	%	%	%	%
Visit a doctor for a check-up	71	58	73	(85)	(85)	71	[57]
Drink alcohol in a pub or bar	70	69	72	64	60	(76)	69
Visit a doctor because you didn't feel well	65	54	64	(82)	74	64	56
Drink alcohol at home	62	56	(68)	57	50	(70)	63
Go for a medical screening	45	33	48	(55)	51	52	29
Smoke cigarettes	30	[22]	31	(41)	34	[23]	35
Had the regular flu jab	19	13	18	(29)	32	18	9
Go into hospital for an operation or medical procedure	16	[8]	15	(30)	(23)	16	9
Been vaccinated as part of a public programme	17	14	18	19	22	18	10
Had a cervical smear test	15	14	17	11	15	(18)	10
Gone to hospital A&E for treatment	13	9	12	(19)	15	12	9
Allowed children to have childhood vaccines	12	12	12	12	10	13	13
Had a mammogram as part of BreastCheck	10	7	10	15	10	(14)	6
Gone to a privately funded clinic for treatment that paid for yourself	9	7	10	9	6	(18)	1

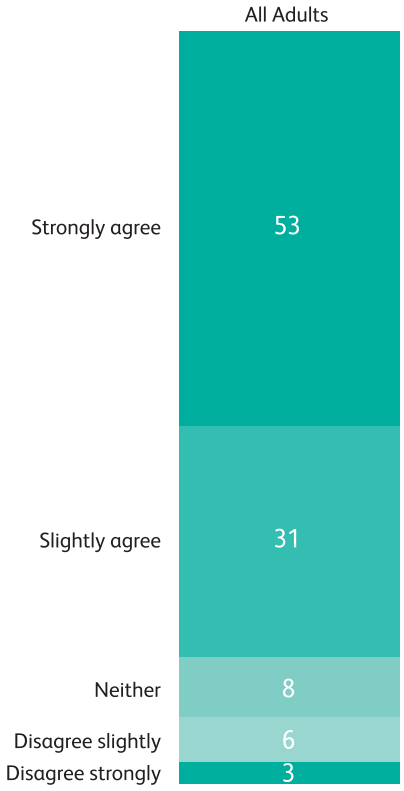
Those with private cover drink more while medical card holders tend to smoke. Those in poor health and on medical cards use more services while those with private cover avail of voluntary programmes much more.

PERSONAL RESPONSIBILITY AND ACCOUNTABILITY

When asked about their attitude to taking individual responsibility and account for ones actions, which may directly affect individual health, the responses deviated significantly based on certain variables.

In general, 84% of the adult population is in favour of the proposition that those who smoke and drink must be held accountable for their health status and cost of their healthcare. Across the social divide this result remains pretty constant, with each group being in excess of 80% agreement.

Those who smoke or drink excessively must be held in some way accountable for their health status & the cost of their own healthcare



	Social Class			Personal Health			Concern about conditions		
	ABC1	C2	DE	Good	Aver-age	Poor	Worry a lot	Worry a little	Don't worry
	%	%	%	%	%	%	%	%	%
Strongly agree	56	50	50	58	51	50	47	47	(54)
Alighly agree	32	31	30	26	33	31	25	35	(29)
Neither	6	10	(12)	8	8	6	6	8	8
Disagree slightly	3	8	7	6	5	8	(16)	6	7
Disagree stronly	3	2	2	2	3	4	(5)	3	2

There is a very reactionary sentiment apparent here.

Although there is broad agreement with this in all socio-demographic groups, DE's are a little less likely to be supportive, but tend marginally towards ambivalence, rather than disagreement, as a consequence.

Those with poorer average health are less disposed to this idea, although more than 4 in 5 of them are nonetheless supportive. A fifth of those who worry a lot about health conditions they are experiencing disagree that they should be held in some way accountable for the cost of their illness, whereas the vast majority who are sick but who don't worry that much about their long term prognosis, support the proposition.

SUMMARY

As has traditionally been the case with the Pfizer Health Index the public has a very positive perception of their own health, with substantial majorities scoring themselves as 10, 9, or 8 out of 10 each year. Nonetheless, in the current year, there has been a reduction in the higher scores, with those from the more disadvantaged backgrounds giving themselves more modest assessments. The rate of decline in individual assessment has been most pronounced amongst those from the DE socio-demographic group, upon whom the 2010 study has adopted a particular focus.

Adults from the DE socio-demographic groups are a substantial proportion of the population (28%) and from many areas of the research it is apparent they experience a more marked health burden with a higher incidence of disease. Adults from the C2 socio-demographic group while not experiencing the same level of disease, often have neither medical insurance nor a medical card and their lower level of engagement with health services and the health system would appear to reflect this.

The Irish still place a high priority on personal health, with personal and family health predominating as a concern across all social groups. However, a growing proportion is placing significant priority on job security and particularly, finances and money, as the recession continues to bite. The DE group worry less about job security, as fewer are employed, but lay marginally greater emphasis on their own health as a result.

The provision of more hospital beds is the overriding healthcare priority in Ireland, as it traditionally has been. The next highest priority is to provide greater access to non-GP, non-hospital services such as physiotherapists and so on. Otherwise better access to GPs, more screening programmes, and the provision of more medical cards are key, substantial issues for the public. Those from the DE socio-demographic group are particularly concerned about the need for more hospital beds, better access to GPs and the provision of more medical cards. They are less concerned than others about the provision of cheaper generic medicines by GPs.

An interesting facet of the current survey is that 43% of the adult population now experiences one of a number of listed serious medical conditions. This level has climbed from 36% in 2005, constituting a substantial increase over a five year period. The most pronounced upward shifts are in relation to blood pressure, high cholesterol, infections and the experience of depression.

The general experience of illness is much greater amongst DE's, at 50%, than amongst ABC1's at 36% or indeed C2's at 42%. Thus, illness experience between middle and skilled working class adults is largely similar, whereas D's and E's stand apart by virtue of their greater incidence of illness.

Over time the perceived impact on the quality of life of those suffering from one of these listed conditions has gradually decreased. Just under a quarter of those suffering from one of these conditions suggests that it has a 'significant' effect on their quality of life. Furthermore most don't worry so much about the possible exacerbation of conditions they may be suffering from and, if anything, there is greater complacency about personal health status than any growth in perceived concern.

Although the vast majority of Irish adults consider themselves to be healthy, almost 9 in 10 indicate that they are prepared to make changes in their lives to become even healthier. Broadly speaking there is a stated intention among many to become more active and to take more exercise, although this is typically indicative of the behaviour of women and middle class adults. Just a third of DE's intend to become more active, in comparison with 49% of ABC1's. DE's stand apart from other groups in respect of their stated commitment to giving up smoking and becoming better informed about their health. 13% of DE's would like to give up smoking in comparison with just 8% of ABC1's. The incidence of smoking among DE's is 34% but registers at just 27% amongst ABC1's.

A consistent facet of the 2010 Pfizer Health Index is of lower levels of claimed interaction with the health system, whether in terms of visiting the GP for a checkup, as a result of feeling unwell, or indeed going for a voluntary medical screening. In all of these regards the C2 group tends to be more absent. It should be noted that the majority of ABC1's have private medical cover, while many DE's have a medical card. The C2 group tends to fall in between and is more likely to be self-funding as a consequence. As a result of this, they have a lower incidence of interacting with the medical services where less essential. Similarly they are less likely to have availed of vaccinations or screening programmes, and the uptake of these is much more common among ABC1's.

44% of Irish adults indicate that they have private medical cover and 36% a medical card. A quarter of the adult population, just under 900,000, have neither private medical insurance nor a medical card. This grouping is disproportionately likely to be skilled working class, C2. The majority of DE's (56%) have a medical card and the vast majority of ABC1's (64%) have private medical insurance.

It is starkly evident from the current survey that the impact of the recession has substantially escalated. Of particular note we see that 57% are going out and socialising less (in comparison with 45% last year) and a fifth are now experiencing difficulties in making loan or mortgage repayments. More than half of the adult population (56%) indicate that they are already finding it much harder 'to make ends meet'. Turning to what we classify as 'fundamental recession impact' we see that 43% of all homes have been affected by job loss, reduced hours of work, or a reduced rate of pay. The corresponding level in 2009 was 34%, and the rate of recent unemployment as a result of the current recession stands at 16%, in this survey versus 10% last year. Recession impact is pronounced across the board, but interestingly those from the skilled working class (C2) group are affected disproportionately while DE's are somewhat more accepting overall.

About 15% of Irish adults indicate that they may have experienced some extent of healthcare inequality. Women, middle aged and particularly DE adults are the most likely to feel this, with up to a fifth of DE's suggesting that they have experienced such inequality, in comparison with just 12% of ABC1's.

A quite reactionary trend is apparent, with more than 4 in 5 Irish adults (84%) agreeing to some extent that those "who smoke or drink excessively must be held in some way accountable for their health status and the cost of their own healthcare". Even the most socially disadvantaged tend to agree with this, which is a little alarming. Against this, there is very broad support that, as a society, we should ensure that healthcare inequality is removed, and that everyone should receive a similar standard of healthcare irrespective of their means.

TECHNICAL NOTE

The Pfizer Health Index is undertaken on Behaviour & Attitudes National Barometer Survey, a quota controlled survey of 1,001 adults aged 16 and over, with fieldwork face-to-face and in home. Interviewing conforms with the standards dictated by Behaviour & Attitudes' membership of ESOMAR (the European Society of Opinion and Marketing Research) and the Market Research Society (UK). A rigorous back check of completed work is undertaken and interviewers are fully trained and closely supervised. Fieldwork was completed across 60 randomly selected sampling points with each interviewer completing an allotted number of interviews at the chosen point and was undertaken between 16th and 17th August 2010.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