

THE 2014 PFIZER HEALTH INDEX

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INTRODUCTION

Welcome to the 2014 Pfizer Health Index, our ninth edition of this report. This annual survey details the findings of nationally representative quantitative research which has charted the health perceptions, attitudes and behaviours of Irish adults, taking a slightly different focus each year. This year the Index looks closely at the effect austerity measures have had on Irish people's health and, with signs of economic recovery, where people's priorities lie.

The research focused on cutbacks that have been made in the context of recent austerity budgets, in an effort to determine which have had the greatest impact on people generally. More than half (53%) of the people in the study nominate health as the area in which cutbacks have had the greatest impact, with health mentioned first, second or third by more than 9 in 10 (93%).

When we look at the groups of society that have been impacted by austerity, almost 3 out of 4 (72%) respondents believe that families with young children have been impacted by austerity budgets, with more than a third (36%) suggesting they have been the hardest hit. The impact on families with young children is sensed more by those aged between 35 and 49, essentially the core family life stage.

We asked participants how they felt about the proposal to extend GP visit cards to all children aged 5 years or under and responses showed strong support with almost half (47%) suggesting that they are strongly in favour of the proposal and over three quarters (76%) broadly in favour of this proposal. Equally there is strong and increasing support for the introduction of free universal healthcare. Ireland has undergone considerable economic change over the last number of years, with austerity measures and cutbacks significant in a number of areas of society, most particularly in our health service.

As our economy shows signs of recovery we asked respondents to identify where investment should be focused moving forward. More than half (51%) of those surveyed feel that the greatest focus needs to be placed on investment in health, and it is voted first or second by 85% of the population; a belief for many that we need to focus investment on health moving forward.

I echo the sentiment of the survey findings, as we move out of austerity in Ireland and across Europe, we must start to shift the focus away from cost cutting and on to investment in healthcare to fuel sustained recovery.

Yours sincerely,



Paul Reid
Managing Director
Pfizer Healthcare Ireland



EXECUTIVE SUMMARY

A number of encouraging shifts are apparent from the 2014 Pfizer Health Index data. Although visits to doctors for medical treatment may have reduced, there is evidence that the general health status of Irish adults is reasonably resilient, and certain indicators in relation to health behaviour are very encouraging too. Most notably, the number of people smoking is at an all-time low with 25% of adults (aged 16 years plus) currently smoking, down significantly from 33% in 2012.

There is a substantial rise in interest in taking exercise, with a claimed ten percentage point growth in the numbers intent on becoming more active in the next three months (from 25% to 35% since 2011.) Equally, there is much greater focus on the need for weight loss and the adoption of a more balanced diet. The stated commitment to do these things is more apparent amongst those with poorer health status overall, and the proportion in poor health who aim to give up smoking stands at 18%, relative to 9% for the population at large, or 7% among those in good health.

There remains significant enthusiasm for the introduction of free universal healthcare access, which remains a commitment of the Government to be introduced through a system of universal health insurance by 2019.

The impact of the recession on the general health of the Irish population is substantial and 28% are of the view that their health was detrimentally affected by it. The greatest impact seen is between the ages of 35 and 64, which would tie in with other data demonstrating that those in the 'family life stage' have experienced more negative implications during the course of the recession.

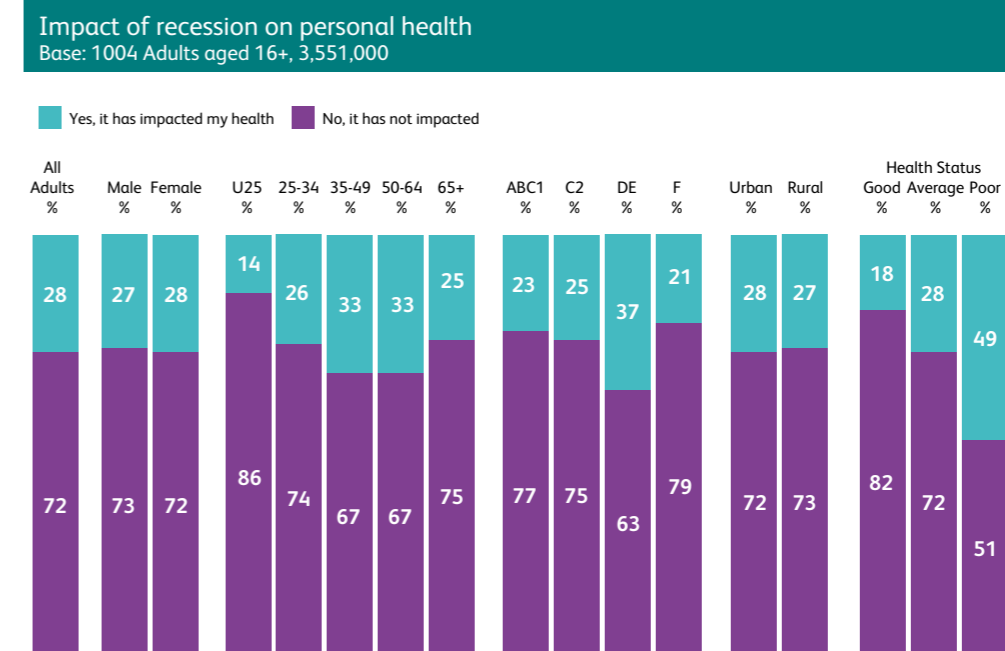
Relatedly, the priorities of many now revolve around ensuring that families with children are treated fairly, and most would prioritise health and social welfare initiatives aimed at this group. When asked to decide the order in which austerity-related measures should be addressed, the majority would prioritise the reversal of healthcare related cuts. Among these, changes which would be beneficial to families with young children should be implemented first. While this may be reflective of the current dialogue around the provision of free healthcare to children aged five and under, it is clear that there is substantial support for this initiative, with 76% considering it worthy of merit and few people against the proposal.

IMPACT OF RECESSION ON PERSONAL HEALTH

Having questioned people in detail about their current health status and perceptions, respondents were asked whether they felt the recession has had a negative impact on their personal health or not.

Almost 3 in 10 adults indicate that the recession has had an impact on their personal health. Those who were more likely to have experienced some form of impact are aged between 35 and 64 years old, and are more likely to be from lower socio-economic groups.

Do you think the recession has had a negative impact on your own personal health or not?



While the pattern is suggestive of a greater recessionary impact in middle age and lower socio-economic groups, it is still important to acknowledge that a quarter of adults from higher socio-economic groups believe that they have equally experienced an impact on their health due to the recession.

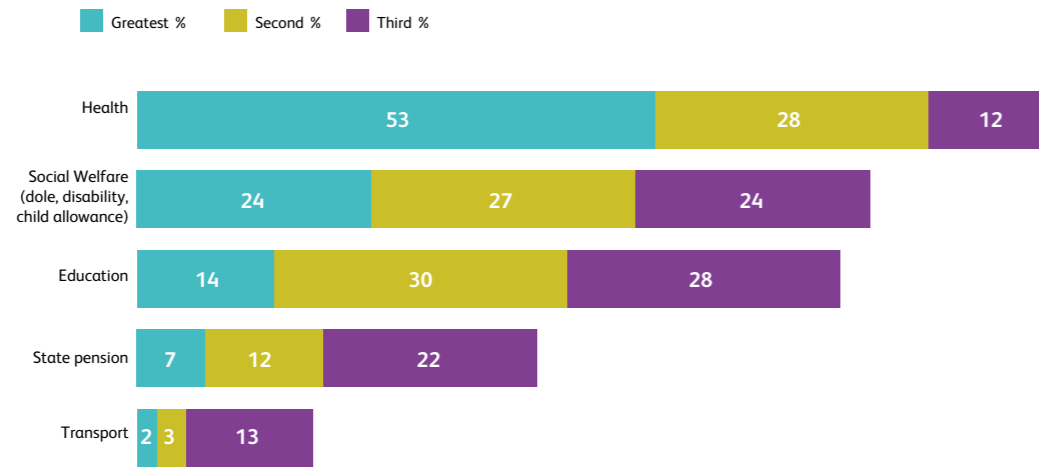
This pattern is not dissimilar from the distribution of recession-related impact generally. In this instance the impact of the recession on health is not any higher in those over 65 years of age.

RANKING THE IMPACT OF CUTBACKS

The research focused on cutbacks that have been made in the context of recent austerity budgets, in an effort to determine which have had the greatest impact on people generally. Interviewees were asked to indicate the areas which they felt had experienced the greatest decline, with the choice of nominating education, health, transport, social welfare and the State pension.

Thinking back upon the recent austerity budget/years, which cutbacks have had the greatest impact on people (or society?) in your view? Which second? And third?

Ranking the impact of cutbacks
Base: 1004 Adults aged 16+, 3,551,000



More than half nominated health as the area in which cutbacks have had the greatest impact. Health was mentioned first, second or third by more than 9 in 10.

Cuts to social welfare, whether dole, disability or child allowance, have had greatest impact for 24%, and were mentioned in the top three by three out of every four people. Cuts to education were less likely to be mentioned first, but are in the top three categories in terms of perceived impact for 72%.

The perceived impact of cuts to the State pension or indeed to transport, seem to be considered more minimally. Health, social welfare and education predominate in the public consciousness.

Thinking back upon the recent austerity budget/years, which cutbacks have had the greatest impact on people (or society?) in your view?

Ranking the impact of cutbacks by demographics
Base: 1004 Adults aged 16+, 3,551,000

| | TOTAL | SEX | | AGE | | | | | SOCIAL CLASS | | | |
|--|-------------|------------|------------|------------|------------|------------|------------|------------|--------------|------------|------------|-----------|
| | | Male | Female | U25 | 25-34 | 35-49 | 50-64 | 65+ | ABC1 | C2 | DE | F |
| Base: | 1004 | 475 | 529 | 145 | 190 | 285 | 229 | 155 | 444 | 221 | 263 | 76 |
| | % | % | % | % | % | % | % | % | % | % | % | % |
| Health | 53 | 54 | 52 | 35 | 49 | 57 | 60 | 61 | 52 | 58 | 47 | 67 |
| Social Welfare (dole, disability, child allowance) | 24 | 23 | 25 | 29 | 27 | 23 | 22 | 17 | 20 | 19 | 34 | 13 |
| Education | 14 | 14 | 15 | 27 | 18 | 14 | 10 | 4 | 18 | 15 | 10 | 10 |
| State Pension | 7 | 7 | 8 | 5 | 5 | 6 | 5 | 17 | 6 | 7 | 7 | 10 |
| Transport | 2 | 3 | 1 | 4 | 2 | 1 | 2 | 1 | 3 | 1 | 2 | - |

For those over 35 years of age, the perceived impact of healthcare related cuts is more evident, whereas the impact of social welfare and education-related cuts is more apparent among those under the age of 25.

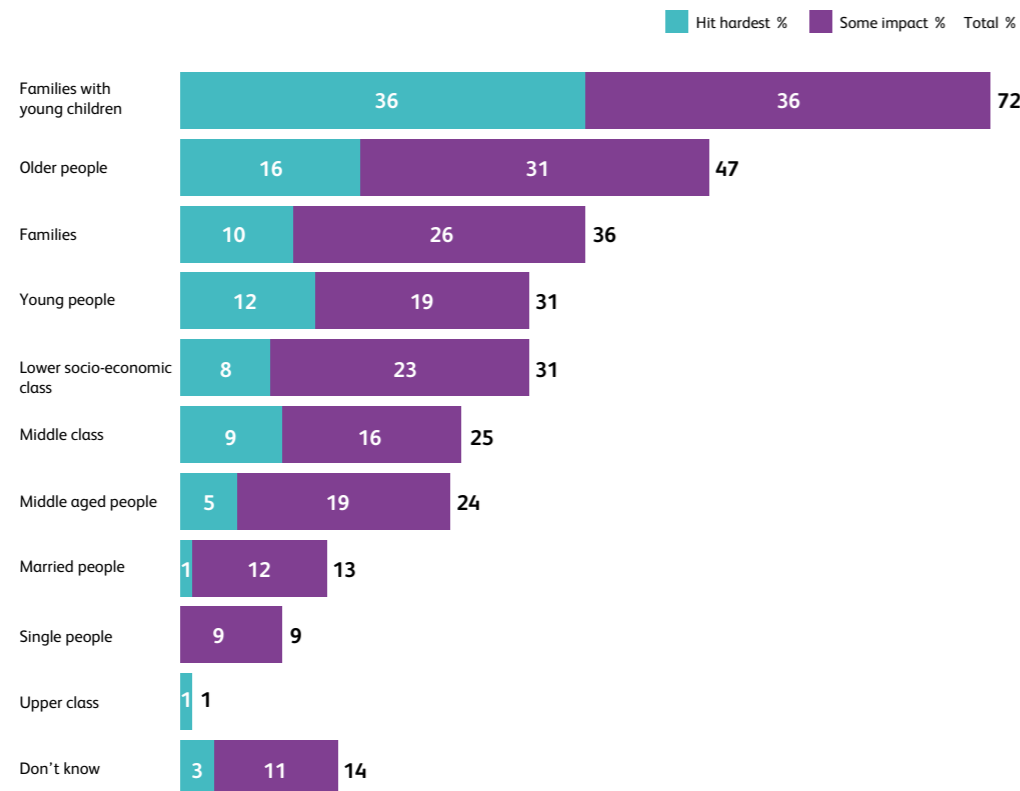
There is limited focus on the perceived impact of changes to the State pension until respondents reach the age of 65, with 1 in 6 pensioners believing that it is the primary cause for concern among them. Among older adults, health remains the number one issue.

IMPACT OF AUSTERITY

Respondents were asked to indicate the groups they felt have been hardest hit by austerity budgets and measures in recent years. They were given the choice of nominating families with young children, older people, young people, singles and so on. In effect, they could nominate age groups, life stage groups and groups of different socio-economic backgrounds.

Which, of these groups do you feel was hit hardest by austerity budgets/measures?

Impact of austerity
Base: 1004 Adults aged 16+, 3,551,000



Almost 72% of respondents believe that families with young children have been impacted by austerity budgets, with more than a third suggesting that they have in fact been the hardest hit. As such, they were twice as likely to be nominated as the hardest hit group than any other listed. 16% felt older people were impacted most by austerity measures whilst 12% felt that young people were hardest hit.

The findings suggest a consensus that the primary difference in impact is related to life stage and there appears to be broad acceptance that the impact has been widely felt, albeit most particularly so by those with younger children.

Which of these groups do you feel was hit hardest by austerity budgets/measures?

Impact of austerity by demographics
Base: 1004 Adults aged 16+, 3,551,000

| | Total | SEX | | AGE | | | | | SOCIAL CLASS | | | | RECESSION HEALTH IMPACT | |
|------------------------------|--------------|------------|------------|------------|------------|------------|------------|------------|--------------|------------|------------|-----------|-------------------------|------------|
| | | Male | Female | U25 | 25-34 | 35-49 | 50-64 | 65+ | ABC1 | C2 | DE | F | Yes | No |
| Base: | 1,004 | 475 | 529 | 145 | 190 | 285 | 229 | 155 | 444 | 221 | 263 | 76 | 276 | 728 |
| | % | % | % | % | % | % | % | % | % | % | % | % | % | % |
| Families with young children | 36 | 38 | 34 | 32 | 39 | 44 | 28 | 33 | 34 | 36 | 37 | 41 | 34 | 37 |
| Older people | 16 | 14 | 17 | 15 | 13 | 9 | 17 | 29 | 15 | 15 | 18 | 12 | 21 | 13 |
| Young people | 12 | 11 | 14 | 20 | 16 | 10 | 7 | 11 | 12 | 12 | 14 | 7 | 13 | 12 |
| Families | 10 | 10 | 10 | 12 | 9 | 10 | 10 | 10 | 8 | 12 | 11 | 9 | 12 | 9 |
| Middle class | 9 | 9 | 9 | 4 | 7 | 10 | 14 | 8 | 13 | 9 | 3 | 11 | 6 | 10 |
| Lower socio-economic class | 8 | 7 | 8 | 7 | 6 | 9 | 11 | 4 | 8 | 8 | 8 | 6 | 7 | 8 |
| Middle aged people | 5 | 6 | 3 | 1 | 5 | 5 | 7 | 2 | 5 | 3 | 5 | 3 | 5 | 4 |
| Married people | 1 | 1 | 2 | 1 | - | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 1 |
| Upper class | * | * | * | 1 | - | - | * | - | * | - | - | - | 0 | 0 |
| Single people | * | - | 1 | 3 | - | * | - | - | 1 | * | - | - | 1 | 0 |
| Don't know | 3 | 4 | 2 | 4 | 4 | 2 | 3 | * | 2 | 3 | 2 | 9 | - | 4 |

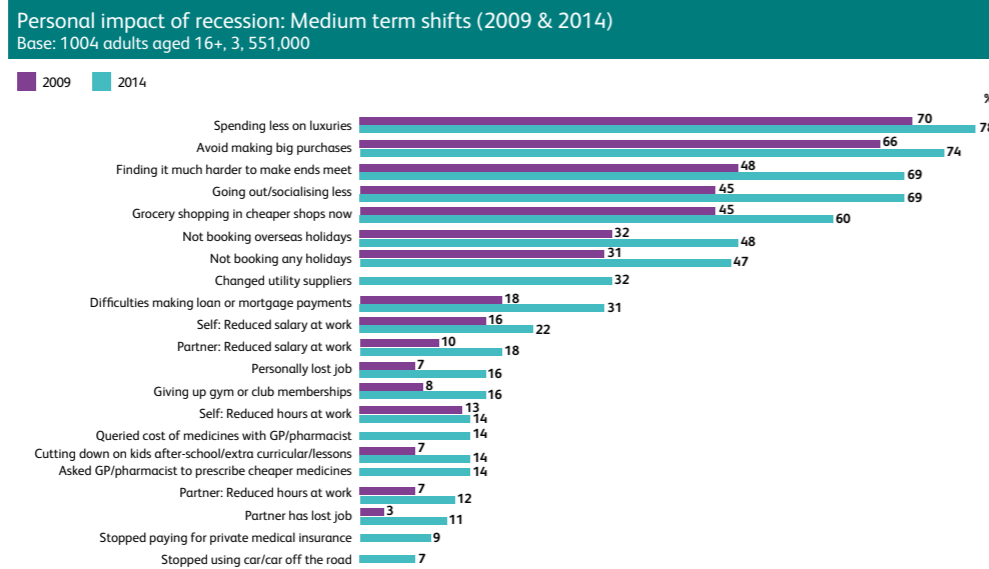
Looking at responses by gender, age and social class magnifies the perception that the impact on families with young children is sensed more by those aged between 35 and 49, essentially the core family life stage.

Older adults were the second most likely to have been nominated as the key casualty of austerity budgets, and this is particularly true when we isolate the responses of adults over the age of 65. However, even among this group, families with young children still tended to be mentioned ahead of older people. Not surprisingly, younger people were disproportionately more likely to be mentioned by those under the age of 25.

CHANGES THAT HAVE COME ABOUT BECAUSE OF THE RECESSION

Respondents were asked to indicate the cutbacks or changes they had made in their own lives since the start of the recession, mirroring a question that has been asked in the previous four Health Index reports.

Which of the following has happened to you or to your immediate family as a result of this current recession?

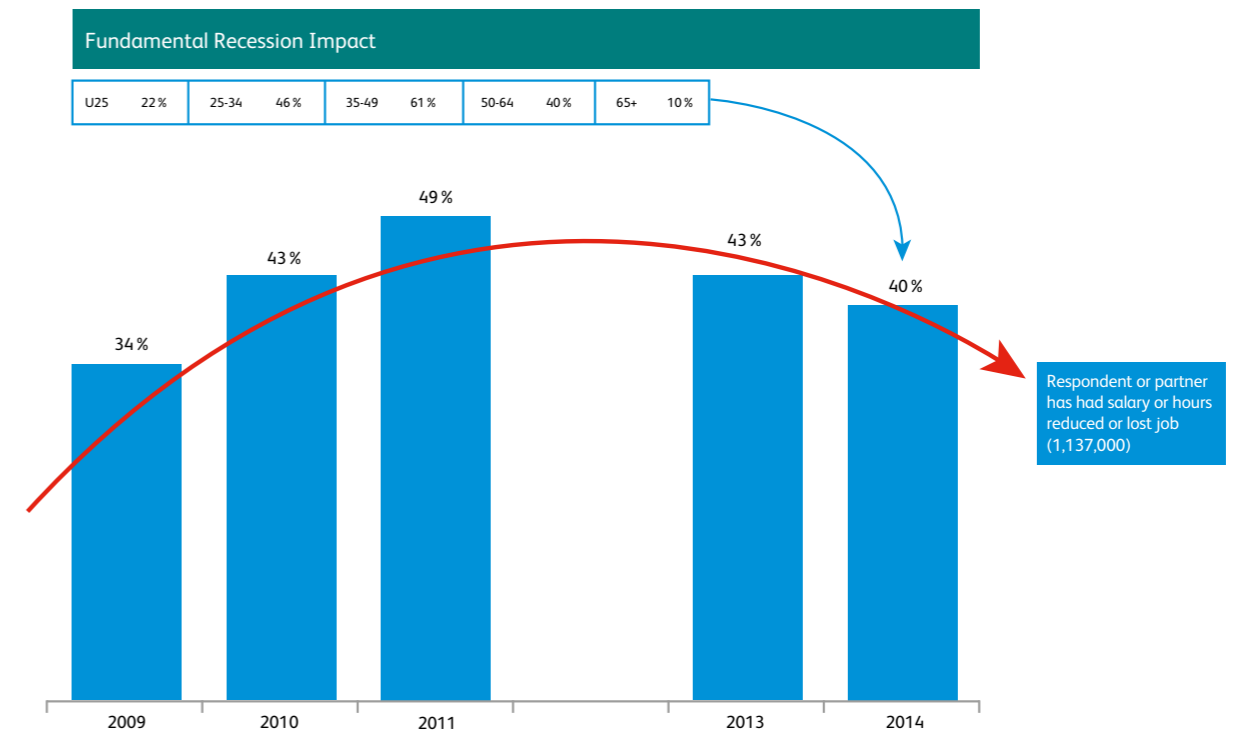


The broad pattern of response remains the same year on year, with most suggesting that they are not buying luxuries and that they are avoiding buying bigger items. Almost 7 in 10 suggested they are finding it harder to make ends meet and a similar proportion say that they are going out or socialising less than they had been before. In both of these regards, the proportions agreeing have substantially risen since 2009, constituting two of the most significant changes registered over the past five years. There has also been quite a sizeable growth in the number suggesting that they are neither booking holidays nor booking overseas holidays, with both levels having risen from roughly a third to a half over the past five years.

16% of the sample suggest that at some stage since the start of the recession they have lost a job, while 11% indicate that their partner has lost their job since the recession started. While these figures have risen since 2009, they have started to fall back since the question was asked in the 2013 Pfizer Health Index.

Almost 1 in 10 adults in Ireland suggest that they have stopped paying for private medical insurance since the start of the recession, and this represents about a fifth of the (previous) market for private health insurance.

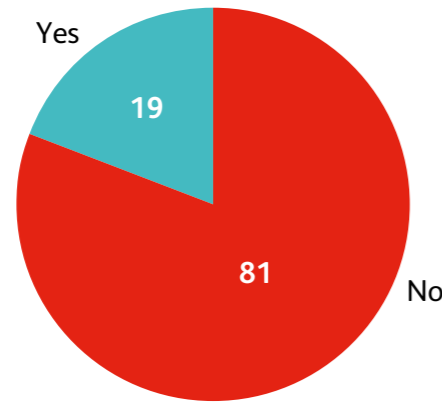
7% of adults indicate that they have stopped using a car, or taken a car off the road, which represents about 1 in 10 Irish motorists. In addition, almost a third of respondents indicate they have changed utility suppliers since the start of the recession.



In the analysis of the data, the figures relating to job loss, reduction in hours worked and reduction in income is cumulated and the composite figure is used as a measure of fundamental recessionary impact. The proportion that experienced a fundamental impact was as high as 49% in 2011 but has reduced to 40% by 2014. The most severe impact is noted by adults between the ages of 35 and 50, but there has been an improvement in what we describe as fundamental impact between the ages of 25 and 34. This reinforces the suggestion that the recession has hardest hit those in the core family life stage, and particularly those with young children. Those who are pre-family or post-family are less likely to have experienced a fundamental impact.

Thinking about your current level of disposable income, can you see it improving in 2014 or not?

Disposable income



| % in agreement | |
|----------------|-----|
| Male | 24% |
| Female | 15% |
| U25 | 28% |
| 25-34 | 26% |
| 25-49 | 21% |
| 50-64 | 12% |
| 65+ | 8% |
| ABC1 | 26% |
| C2DE | 15% |
| Urban | 20% |
| Rural | 18% |

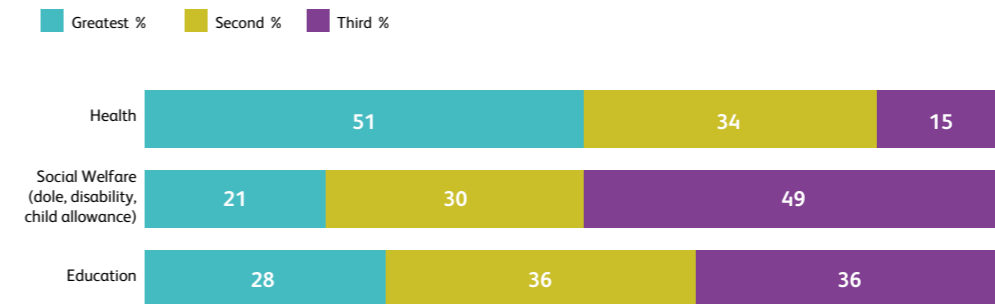
When asked whether people feel their current level of disposable income is likely to improve in 2014 or not, almost 1 in 5 responded that they felt it would. This suggests that the vast majority of Irish adults do not believe there will be an improvement in their personal situation in 2014. An improvement in disposable income is more evident in men and particularly so in adults under the age of 35. The view that income is likely to improve in the year ahead is reflected more by higher socio-economic than lower socio-economic groups. Older adults were less inclined to agree that their current level of disposable income is likely to improve in 2014.

PRIORITISING GOVERNMENT SPENDING

Respondents were asked to indicate how they feel spending and investment should be prioritised as the country emerges from austerity/recession.

As we now emerge from austerity, I would like you to rank in order of your priority where you feel that money/investment should be prioritised going forward? Rank 1st/2nd/3rd

Prioritisation of spend
Base: 1004 Adults aged 16+, 3,551,000



More than half of respondents feel that the greatest focus needs to be placed on investment in health, and it is voted first or second by 85% of the population. It surpasses all other categories, with education tending to be placed in second place overall, and social welfare third. Of the three choices, social welfare, (encompassing dole, disability and child allowance) was ranked third by almost half of the sample.

Results differ somewhat by age group and social class, with a focus on health more pronounced over the age of 35 and being relegated to second place, after education, by those under the age of 25.

Prioritisation of spend (first choice) by demographics
Base: 1004 Adults aged 16+, 3,551,000

| | Total | SEX | | AGE | | | | | SOCIAL CLASS | | | |
|--|-------|------|--------|-----|-------|-------|-------|-----|--------------|-----|-----|----|
| | | Male | Female | U25 | 25-34 | 35-49 | 50-64 | 65+ | ABC1 | C2 | DE | F |
| Base: | 1,004 | 475 | 529 | 145 | 190 | 285 | 229 | 155 | 444 | 221 | 263 | 76 |
| | % | % | % | % | % | % | % | % | % | % | % | % |
| Health | 51 | 51 | 51 | 37 | 50 | 54 | 55 | 54 | 52 | 53 | 46 | 61 |
| Education | 28 | 29 | 27 | 44 | 27 | 27 | 23 | 21 | 33 | 28 | 23 | 19 |
| Social welfare (dole, disability, child allowance) | 21 | 20 | 22 | 20 | 23 | 19 | 21 | 25 | 16 | 19 | 31 | 20 |

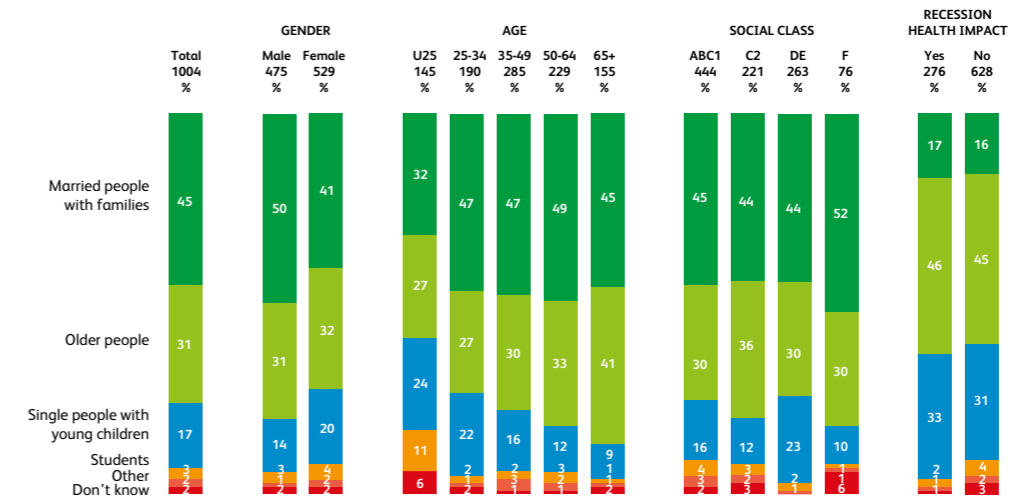
Education is prioritised only among those under 25. Slightly higher focus is placed on social welfare among those from lower socio-economic groups and those aged over 65 years.

Middle class and younger adults are more likely to favour education as a key priority, but across all social grades, health is prioritised ahead of education or social welfare.

As a follow-on question, participants were asked which groups should be first to get greater health benefits. Respondents were presented with the following options: married people with families, older people, single people with young children, and students.

Of the following groups, who do you feel should be first to get greater health benefits (such as medical cards)?

Prioritisation of health benefits by demographic
Base: 1,004 adults aged 16+, 3,551,000



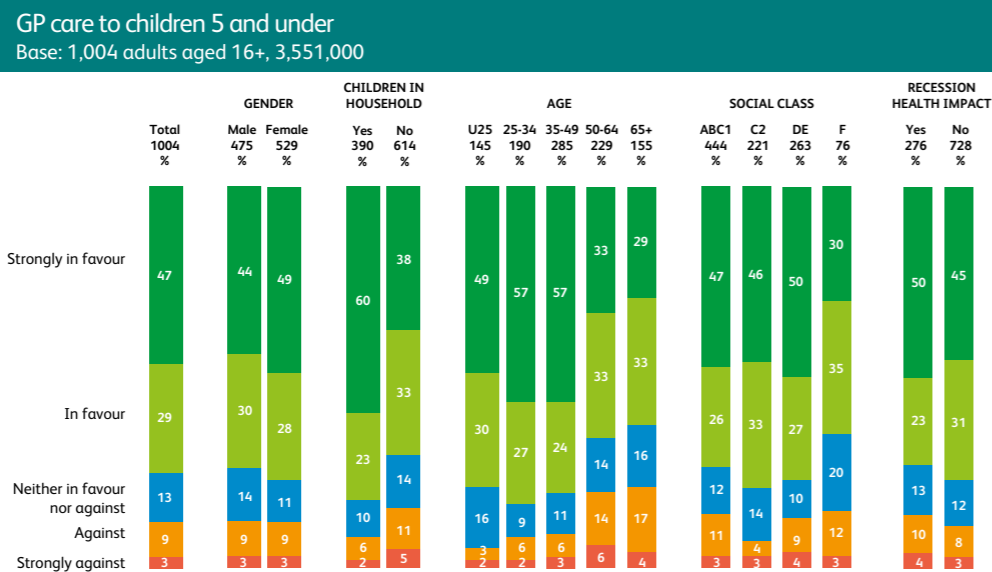
Married people with families attracted highest support, followed by older people then single people with young children.

There is much greater support for married people with families between the ages of 25 and 64, while almost a quarter of adults under the age of 35 would choose to prioritise the needs of single people with young children.

It is among the group over 65 years of age that a preference for older adults emerges, but again, registering somewhat lower than the level of preference for married people with families.

Continuing in the context of families and children, respondents were asked their opinion on the proposal to extend GP visit cards to all children aged 5 years or under.

Would you personally be in favour of or opposed to a proposal to extend GP visit cards to all children aged five years or under (i.e.:1 to 5 inclusive)?



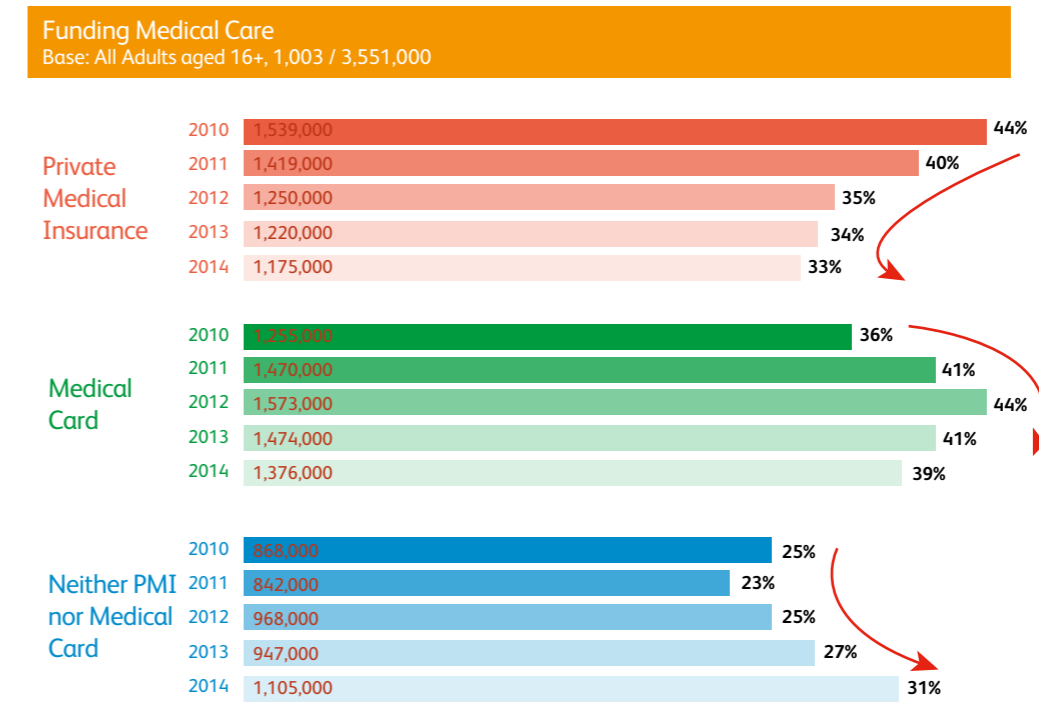
Almost half suggest that they are strongly in favour of this proposal, with as many as three quarters broadly in favour. Opposition to the idea registers no higher than 12%, so the margin of preference is of the order of 6:1.

Support for the proposal is much stronger among parents of young children and among those aged between 25 and 50. A majority at each age group is in support of the proposal, although a third of over 65 year olds are opposed to the proposal or undecided.

HEALTHCARE FUNDING

Since 2010 the proportion of adults holding private medical insurance has declined from 44% of the population to 33% today. The rate of decline was more pronounced between 2010 and 2012, but has slowed in recent years.

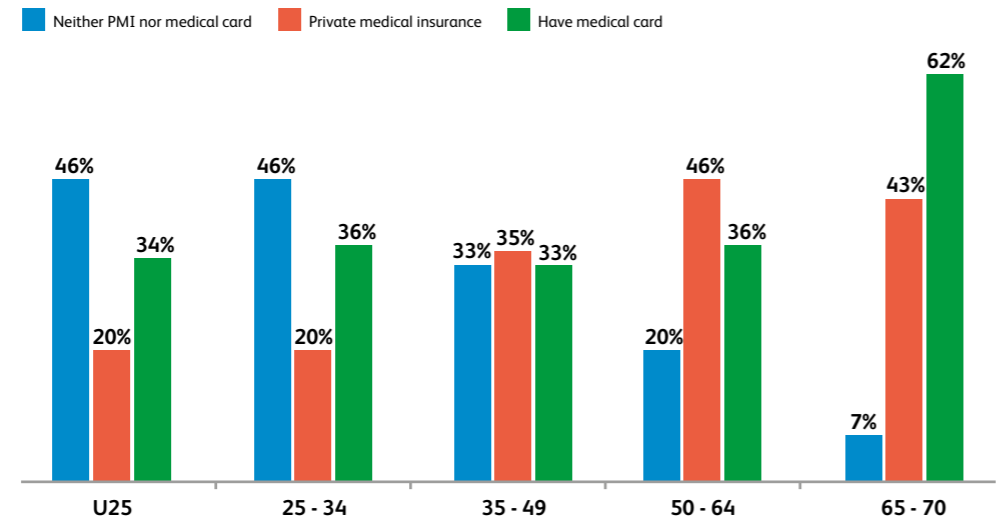
Which of the following descriptions apply to you - I have a medical card, I have private medical insurance, I have neither medical card nor private insurance?



Over the same time period, the number of people with medical cards had climbed to a high of 44% in 2012, but has since retracted to 39% of the population in 2014.

As numbers with both private cover and medical cards has fallen, we see a growth in the number of the people who have neither private insurance nor a medical card. This group constituted only 23% of adults in 2011 but it has risen to 31% today.

Health funding by age
Base: All Adults aged 16+, 1,004 / 3,551,000



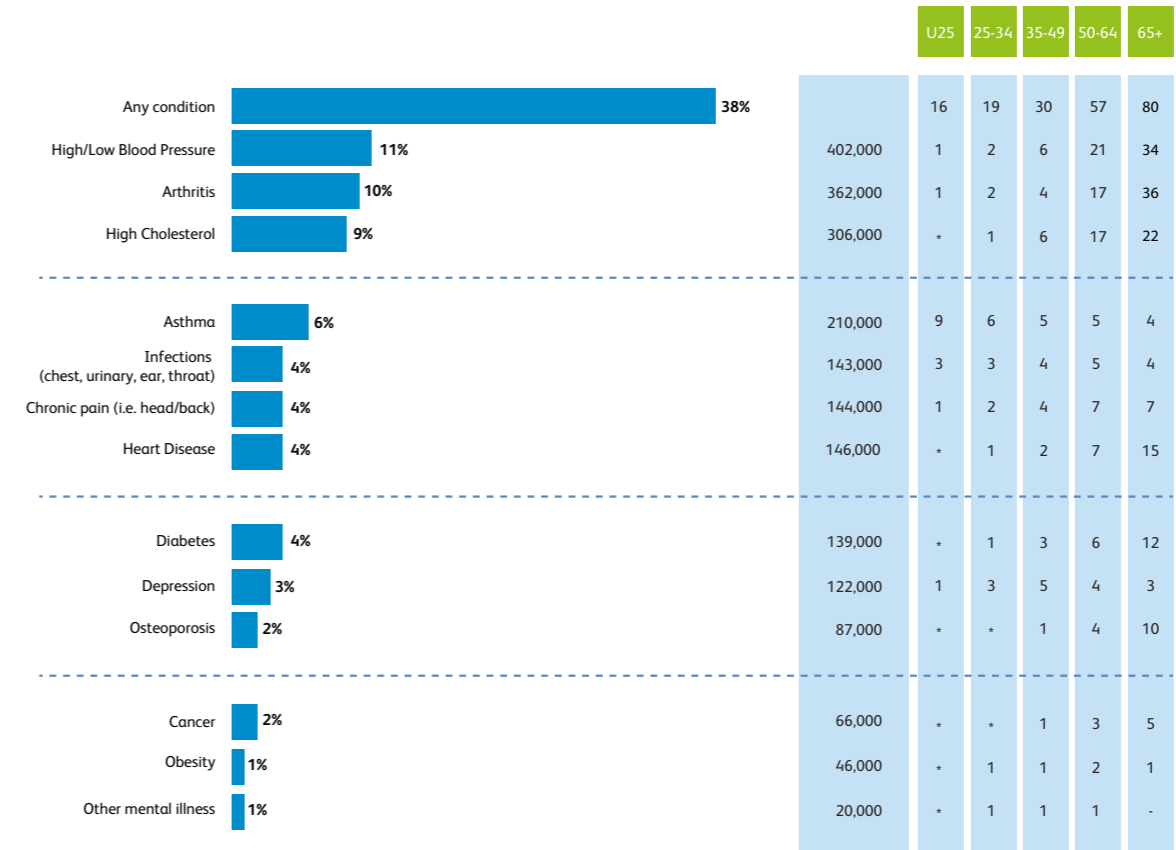
Almost half of adults up to the age of 35 indicate that they have neither a medical card nor private medical insurance. The likelihood of holding private medical cover grows from a fifth to more than a third between 35 and 49 and extends to almost a half (46%) between the ages of 50 and 64.

Looking at cumulated data over eight years we are able to examine disease incidence based on a sample of 8,174 respondents.

Do you suffer from any of the following conditions?

Conditions personally experienced: 2007 to 2014 combined
Base: All Aged 16+, 8,174 / 3,551,000

8 years consolidated data

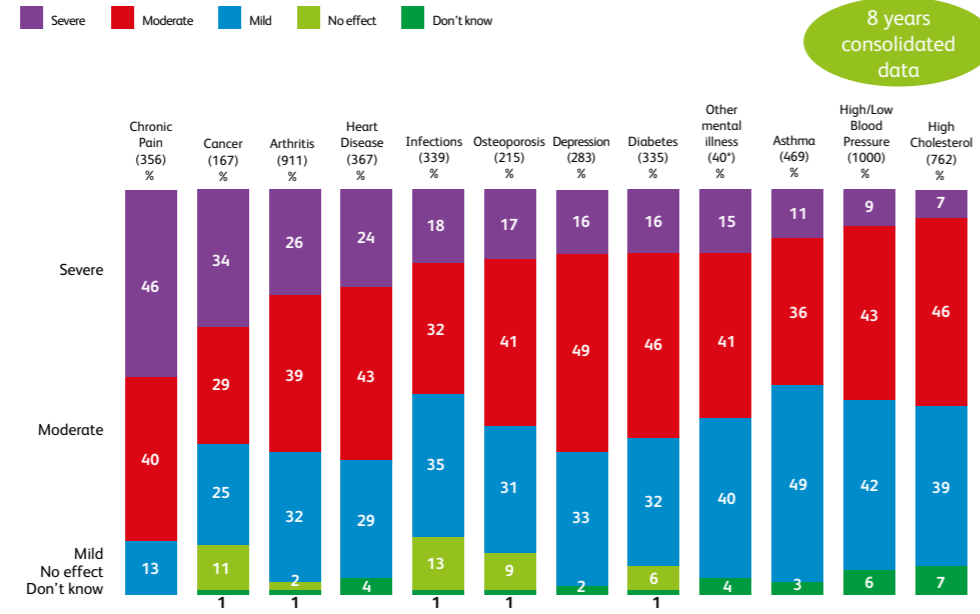


Approximately 4 in 10 adults claim to have one of a number of significant medical conditions. The incidence of most conditions rises substantially with age, with a majority experiencing one or more conditions over the age of 50. Illness experience is much less prevalent in those aged under 50.

The 2014 survey illustrates that 11% of the adult population experience high or low blood pressure, with arthritis experienced by 10% and high cholesterol by 9%.

Would you consider (your condition) to be severe, moderate, mild or of no effect to you at all?

Illness severity
Base: All Respondents 8,174 / 3,551,000



*Small base size

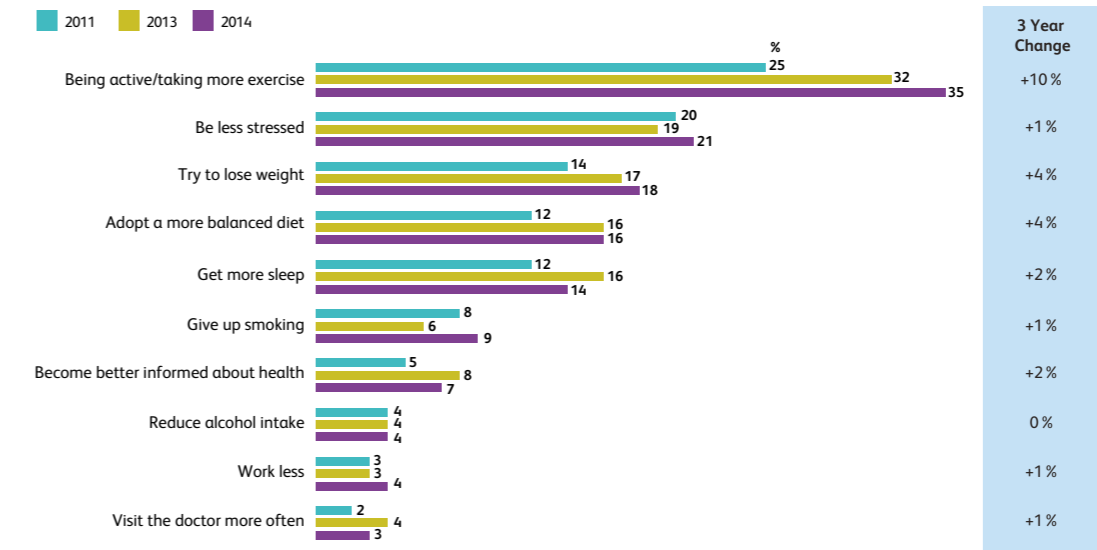
The cumulated data on illness experience shows that perceived severity differs substantially by condition. Those experiencing chronic pain are more likely to regard the condition as more severe, whereas at the other end of the scale, cholesterol, blood pressure and asthma are all broadly seen as much less severe, with many considering them to be 'mild' or of 'limited effect'.

HEALTH INTENTIONS

Respondents were asked about their intention to make positive health changes in the subsequent three months.

Which of the following, if any, do you think you are likely to do in the next three months?

Short term* health intentions
Base: 1004 adults aged 16+, 3,551,000



*Likely to do in the next 3 months

The proportion indicating that they are prepared to make any change in their life to be healthier continues to rise. Three categories in particular have grown over the past three years; with a ten percentage point growth in the number of adults intending to be active and take more exercise, 4% more intending to lose weight, and a similar number hoping to adopt a more balanced diet. Indeed, these are three of the most prevalent responses, with becoming active and taking more exercise establishing a strong first place over the past three years.

Health intentions by status
Base: Adults aged 16+, 1004 / 3,551,000

| | TOTAL | PERSONAL HEALTH | | | RECESSION HEALTH IMPACT | |
|-------------------------------------|-------------|-----------------|------------|------------|-------------------------|--------------|
| | | Good | Average | Poor | Has Impacted | Not Impacted |
| Base: | 1004 | 329 | 509 | 166 | 276 | 728 |
| | % | % | % | % | % | % |
| Be active /take more exercise | 35 | 27 | 38 | 43 | 39 | 34 |
| Be less stressed | 21 | 16 | 22 | 27 | 28 | 19 |
| Try to lose weight | 18 | 7 | 21 | 31 | 22 | 16 |
| Adopt a more balanced diet | 16 | 12 | 19 | 16 | 16 | 16 |
| Get more sleep | 14 | 12 | 16 | 16 | 15 | 14 |
| Give up smoking | 9 | 7 | 8 | 18 | 12 | 8 |
| Become better informed about health | 7 | 6 | 7 | 8 | 8 | 7 |
| Reduce alcohol intake | 4 | 1 | 5 | 6 | 5 | 3 |
| Work less | 4 | 3 | 6 | 1 | 3 | 4 |
| Visit the doctor more often | 3 | 2 | 2 | 5 | 5 | 1 |
| Don't know | 5 | 6 | 5 | 7 | 5 | 6 |
| None of these | 23 | 33 | 20 | 12 | 15 | 26 |

Those that state being in average or poor health report to intend to be more active in the short term, and equally have an intention to be less stressed and lose weight. Those who are in poor health are twice as likely as the rest of the population to want to give up smoking in the short term.

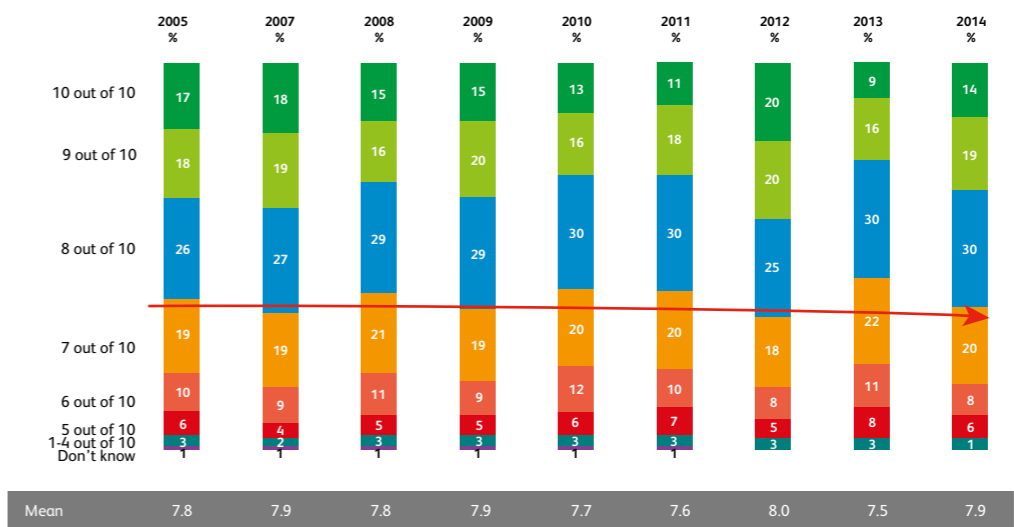
We noted earlier that roughly 28% of the population felt that the recession had in some way negatively impacted their health. Looking at health intentions of people that felt the recession had in some way negatively impacted their health, we see that they are considerably more likely to want to adopt an exercise regime and to want to become less stressed. Weight reduction is also a greater need for them. 1 in 8 claim that they would like to give up smoking in the short term, in comparison with just 1 in 12 of those for whom the recession has not had a substantial health impact.

HEALTH ASSESSMENT

Since the introduction of the Pfizer Health Index, respondents have been asked to assess their own personal health out of ten, where 10 is excellent health and 1 is very poor health.

If you were to assess your own personal health out of 10, where 10 is excellent health and 1 is very poor health, how would you rate yourself?

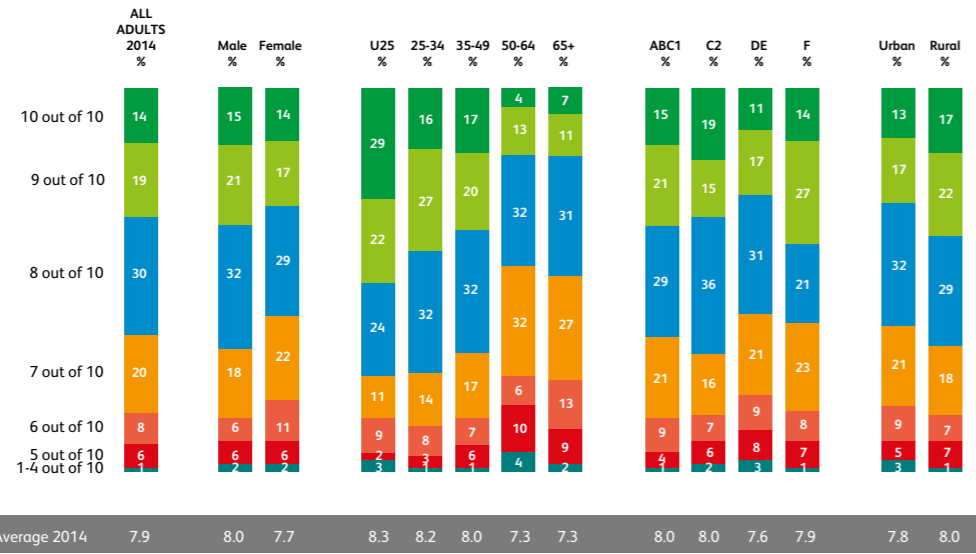
Personal health assessment
Base: All adults aged 16+, 1,004 / 3,551,000



The vast majority give themselves a very positive mark, with 2 out of 3 assessing themselves as 8 out of 10 or better. The proportion scoring their health this high has lifted over the course of the survey, although it fluctuates from year to year.

The average volunteered score, at 7.9 out of 10 is very high, and it should be noted that just 1 in 6 score their own health as below 7 out of 10.

Personal health by demographics
Base: 1,004 adults aged 16+, 3,551,000



Health perception is strongly a function of age but while average scores weaken over the age of 50, this is mainly attributable to the vast majority giving themselves 7 or 8 out of 10, rather than 9 or 10 out of 10, as is more prevalent below the age of 50.

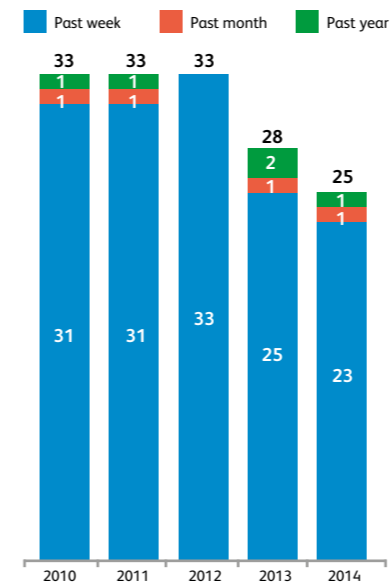
Men tend to be more positive about their own health than women, as do younger adults under the age of 35 years.

SMOKING

The number of respondents who smoke continues to decline year on year. In 2014, 25% of participants reported to smoke, down significantly from 33% in 2012.

When did you last smoke cigarettes?

Incidence of Smoking
Base: 1,004 adults aged 16+, 3,551,000



| | GENDER | | HEALTH | | | HEALTH COVER | | |
|------|--------|----------|--------|-----------|--------|----------------|---------------------|-----------|
| | Male % | Female % | Good % | Average % | Poor % | Medical Card % | Private Insurance % | Neither % |
| 2010 | 35 | 27 | 25 | 33 | 33 | 38 | 17 | 36 |
| 2011 | 35 | 27 | 25 | 33 | 33 | 38 | 17 | 36 |
| 2012 | 35 | 30 | 30 | 32 | 40 | 39 | 17 | 39 |
| 2013 | 27 | 24 | 16 | 26 | 34 | 37 | 11 | 23 |
| 2014 | 27 | 27 | 21 | 27 | 39 | 38 | 11 | 29 |

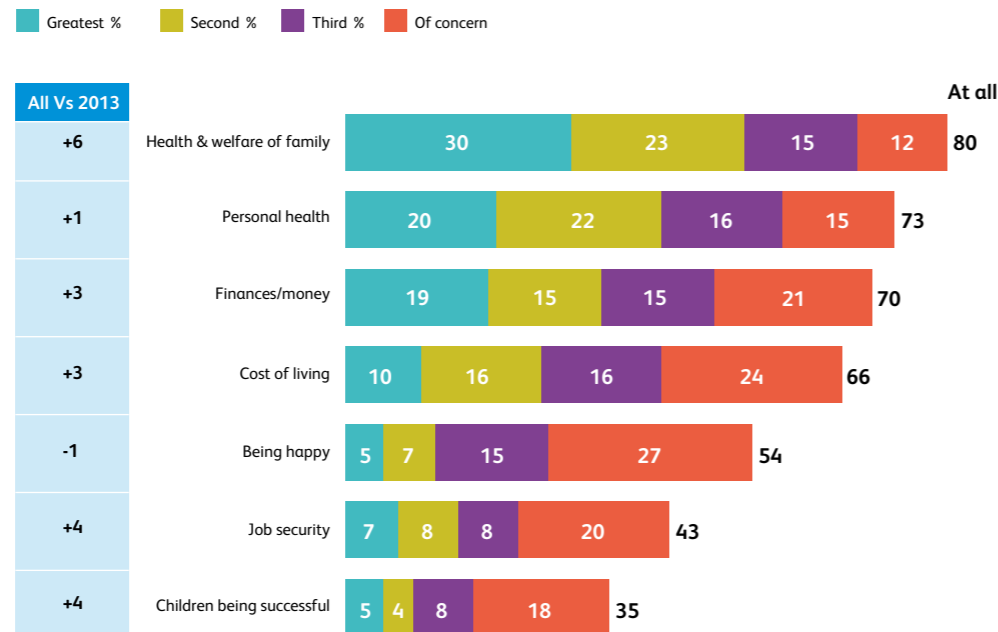
It is also noteworthy that the incidence of smoking among those who believe they are in good health stands at just 21%, rising to 27% among those who believe themselves to be in average health, and 39% among those who believe they are in poor health.

THE PRIORITISATION OF HEALTH

Since the introduction of the Pfizer Health Index, a series of questions has been posed to ask the public how they prioritise health relative to other facets such as finances and money, happiness, job security and so on.

Thinking about the future which of the following would concern you most? Which second? Third? And which others are of concern to you at all?

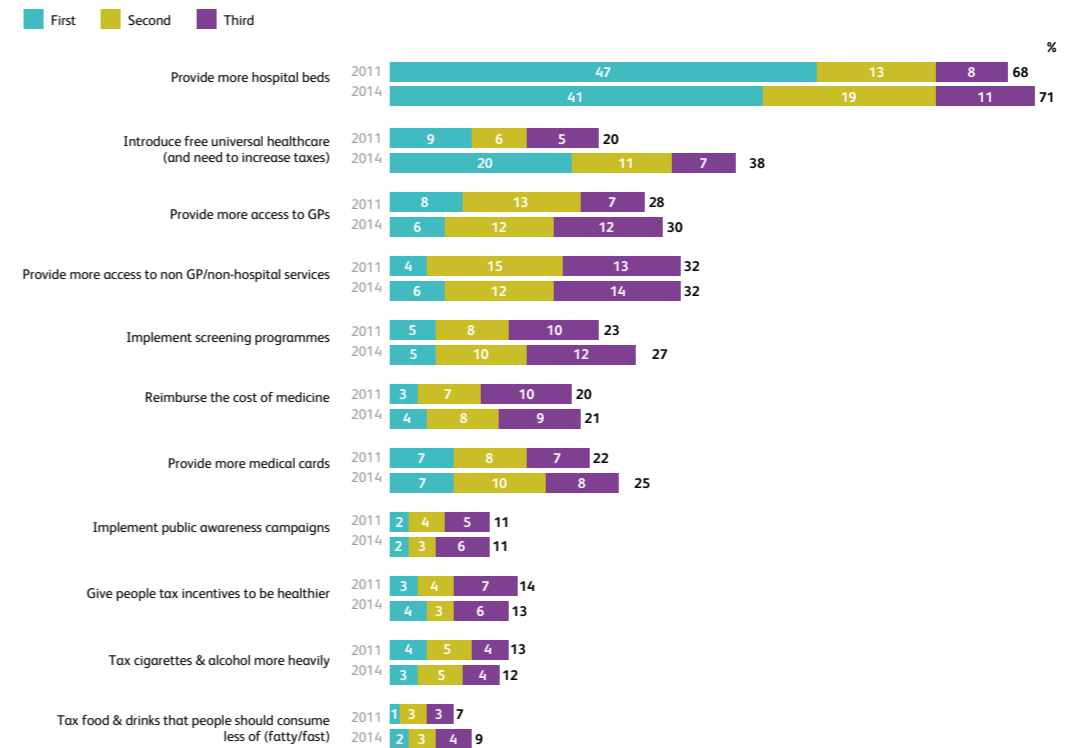
Ranking of personal concerns, 2014
Base: Adults aged 16+



Comparing 2014 data to that collected in 2013, we see an increase in the prioritisation of the health and welfare of one's family. Indeed, both personal health and family health have risen as overall priorities. We also see much greater focus being placed on finances and money as well as on the cost of living.

If you were made Minister for Health, could you give me the order in which you would address the following priorities? Only rate those you feel you would want to address.

Medium term change* in prioritisation of health issues 2011-2014



Since the initiation of the Index the vast majority of adults place greatest focus on providing more hospitals or indeed hospital beds. This remains the number one concern for most, but the introduction into the survey of free universal healthcare, even with the need to increase taxes, has served to depress the extent to which hospital beds are the number one priority. A fifth now give their first vote to the introduction of free universal healthcare, the proportions scoring it first, second or third, have doubled to 38% since it was first mooted in 2011.

There is also a greater perceived need to provide more medical cards and to implement screening programmes.

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 40% 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 22% 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:** Represents approximately 30% of the total population.
- C2DE's:** 52% of the adult population and referred to as lower socio-economic.
- 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 7% of population, having been over 20% at one stage.

HOW THE RESEARCH WAS UNDERTAKEN

The 2014 Pfizer Health Index was conducted as a sample survey of 1,004 adults aged 16 and over, with interviewing undertaken on a face-to-face basis, in-home.

The purpose of the survey is to update national perceptions of health and wellbeing, using a questionnaire which has remained broadly the same since the study was introduced nine years ago. Greater focus has been placed on certain aspects from year-to-year and the broad topic in focus in 2014 is the recovery from recession and the impact it has had on the national health and psyche.

The Pfizer Health Index has been conducted annually since 2005. Data on disease incidence and experience has been cumulated across the various years, providing us with a more stable and robust dataset, and enabling greater focus on individual diseases and conditions.

The study is a nationally representative survey of the adult population and uses quota controls to reflect the latest census of population in terms of gender, age, region and area of residence. Standard social class quota controls are also imposed based upon industry agreed estimates. Social class is determined by the occupation of the Head of Household or Chief Income Earner, and the following terminologies are used; AB, people from higher professional and managerial backgrounds; C1, those from lower middle class backgrounds; C2, those from skilled working class backgrounds; D, those from unskilled working class backgrounds; E, those who survive solely on State payments (and/or who don't have a private pension) and F, farmers and their dependants. Sampling points are chosen in proportion to population within a predetermined regional framework, and interviewing is distributed across 63 sampling locations, which are chosen randomly within this regional structure.

Fieldwork on the research was undertaken between 31st March and 9th April of 2014.

Interviewing is undertaken by highly trained and closely supervised members of Behaviour & Attitudes interviewer panel, and detailed back checks on completed interviews are undertaken. The interview itself is administered on small portable netbook computers; the questions are asked and the data entered by the interviewer, rather than by the respondent. The data is transmitted in an encrypted format.

