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# **Appendix 23.2**

## **Human Health Baseline**

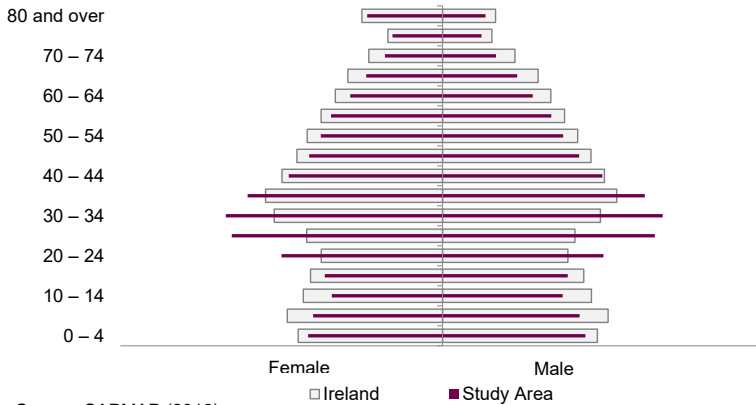
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# Appendix 23.2: Human Health Baseline

## Introduction

Different communities have varying susceptibilities to health impacts and benefits as a result of social and demographic structure, behaviour and relative economic circumstance. The aim of the following information which makes up this human health baseline, is to put into context the local health and socio-economic circumstance of the communities living in the study area (made up of North Inner City, Ballymun, Crumlin-Kimmage, Cabra-Finglas, Ballyfermot-Drumagh, Lucan, Clondalkin, and Celbridge-Leixlip Local Electoral Areas), drawing from available statistics and using national (Ireland) averages as relevant comparators. Where Local Electoral Area-level information is not available, county and/or regional data has been collected as these are considered representative alternative geographies.

## Population, socio-economic circumstance and deprivation

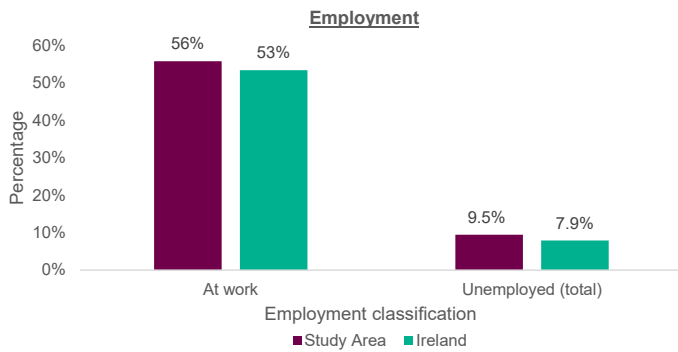


Source: SAPMAP (2016)

There is no disproportionate difference between male and female population within the study area. The population within the study area is relatively youthful in comparison to the national average, where there is a higher proportion of 20 to 39 year olds. Within the study area, all other age categories show a lower proportion of the population comparative to the national average.

The proportion of the population within the study area who are "at work" (i.e. employed) is 3% higher than the national average. Conversely, the proportion of the population within the study area who are unemployed is 1.6% higher than the national average.

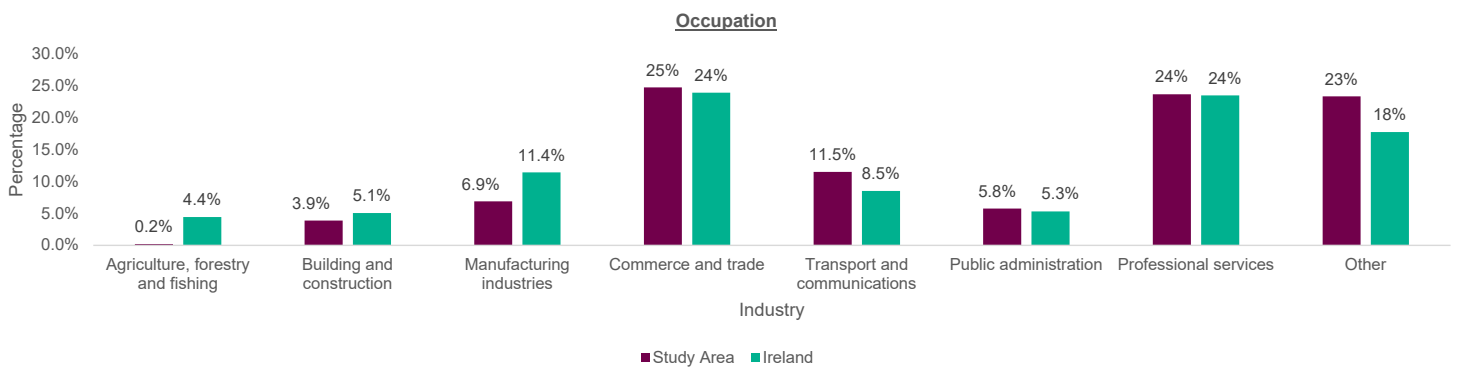
Income in the study area has been consistently higher than the national average since 2011 and has been gradually increasing, in line with the national trend.



Source: SAPMAP (2016)

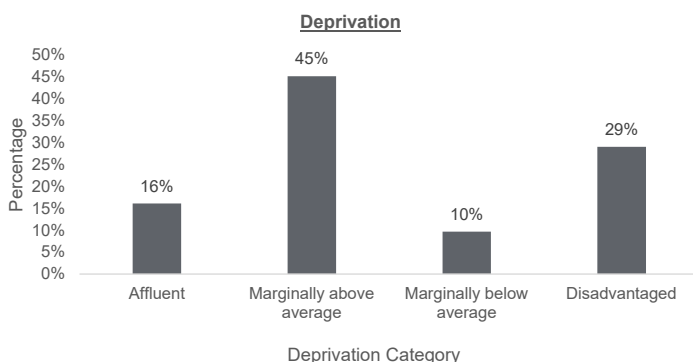


Source: CSO Statbank (CIA01)



Source: SAPMAP (2016)

The majority of the study area population work in the "commerce and trade" industry. This is closely followed by "professional services" and "other" industries. There is a higher proportion of those working in "commerce and trade" and "other" compared to the national average, and an equal proportion of those working in "professional services" compared to the national average. On the other end of the spectrum, there is a much lower proportion of the study area population working in "agriculture, forestry and fishing" and "manufacturing industries" compared to the national average.

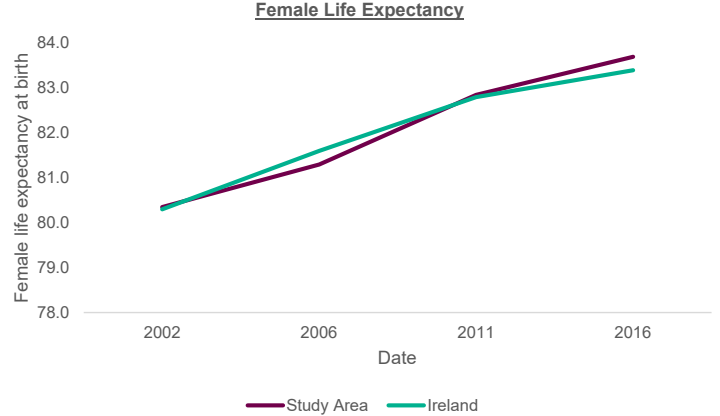
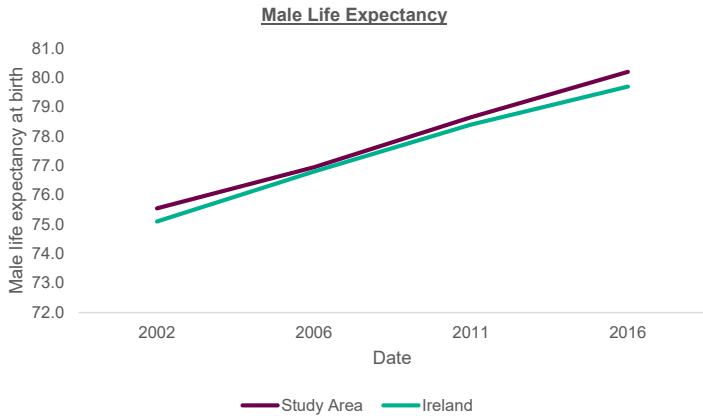


Source: Pobal HP Deprivation Index (2016)

Deprivation statistics are derived for study area Electoral Divisions using the Pobal All-Ireland HP Deprivation Index (2016). The most recent statistics show that the majority of the population living in the study area (45%) are categorised as "Marginally above average", with an average relative score of +5.79 (where average is 0, the minimum is -39.9 and the maximum is +40.3).

It is worth noting that 29% of the study area population are categorised as "Disadvantaged", with an average score of -14.31.

## Life expectancy



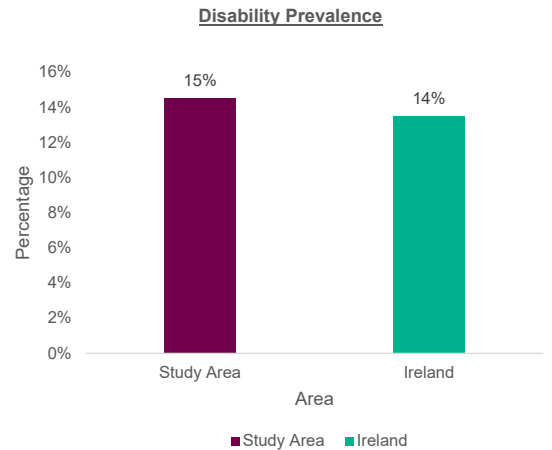
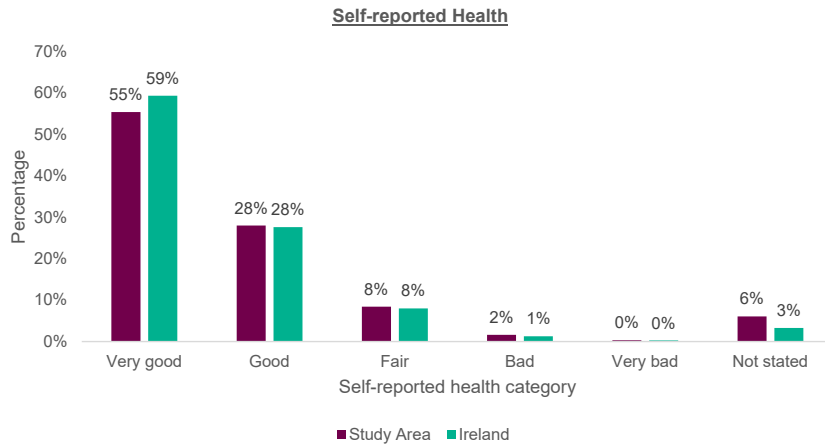
Source: CSO Statbank (VSA30 & VSA31)

Source: CSO Statbank (VSA30 & VSA31)

Male and female life expectancy within the study area have been increasing since 2002 at an average annual rate of 0.33 and 0.24 years, respectively. Both male and female life expectancy in the study area have been consistently similar to the national average since 2002, following the same trend and increasing at very similar rates.

Most recent statistics for the study area show that male life expectancy is 0.5 years higher than the national average, while female life expectancy is 0.3 years higher than the national average.

## Physical health - general



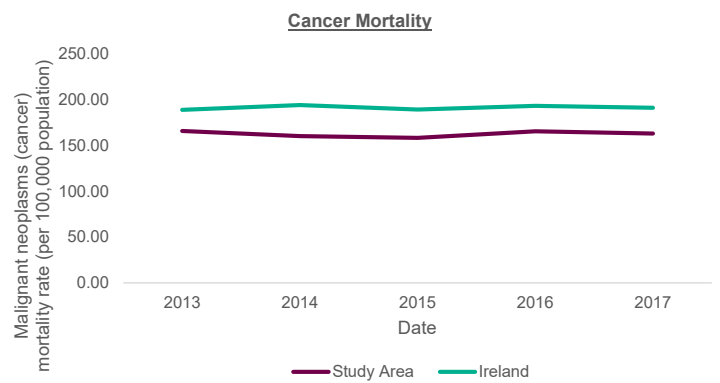
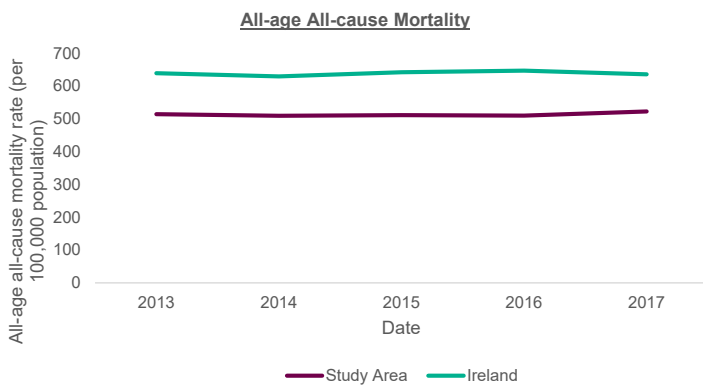
Source: SAPMAP (2016)

Source: SAPMAP (2016)

The proportion of the population living within the study area who rate their health as "very good" is slightly lower than the national average. There is an equal proportion of the population living within the study area who rate their health as "good" and "fair" compared to the national average. The proportion of the population living within the study area who rate their health as "bad" is slightly higher than the national average.

Regarding disability prevalence, there is a slightly higher proportion of the population living within the study area who report to have a disability when compared to the national average.

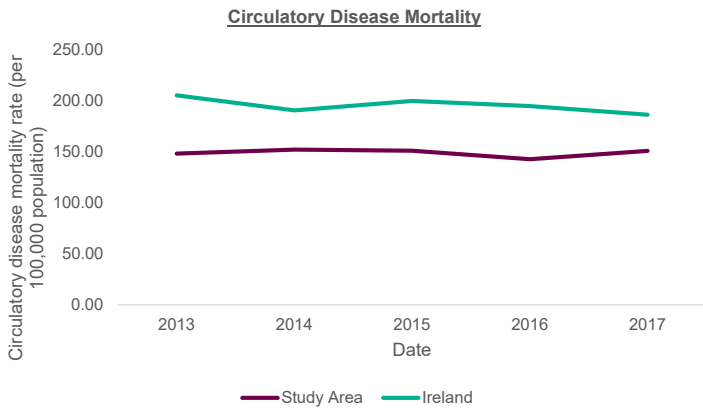
## Physical health - mortality



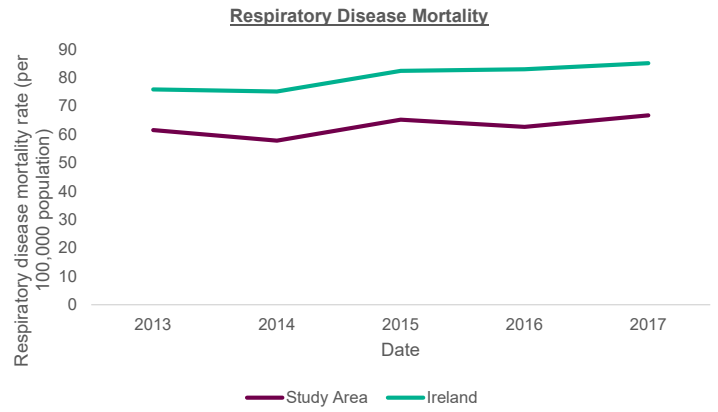
Source: CSO Statbank (DHA12)

Source: CSO Statbank (DHA12)

Since 2013, all-age all-cause mortality within the study area has been consistently below the national average and has remained relatively static, following the national trend. Cancer mortality has also been consistently below the national average, showing a fairly static trend with slight fluctuations since 2013.



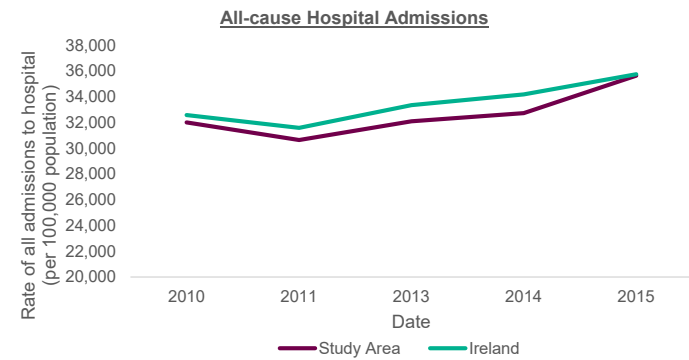
Source: CSO Statbank (DHA12)



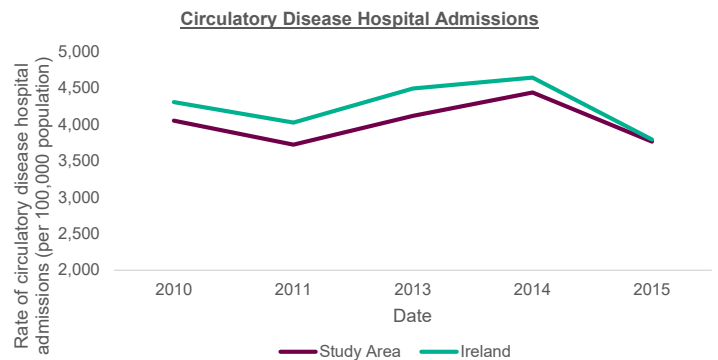
Source: CSO Statbank (DHA12)

Mortality rate from circulatory diseases within the study area has been consistently lower than the national average, showing slight fluctuations since 2013, with figures increasing slightly between 2016 and 2017. Mortality rate from respiratory diseases within the study area has also remained below the national average but has been generally increasing since 2013, following the national trend.

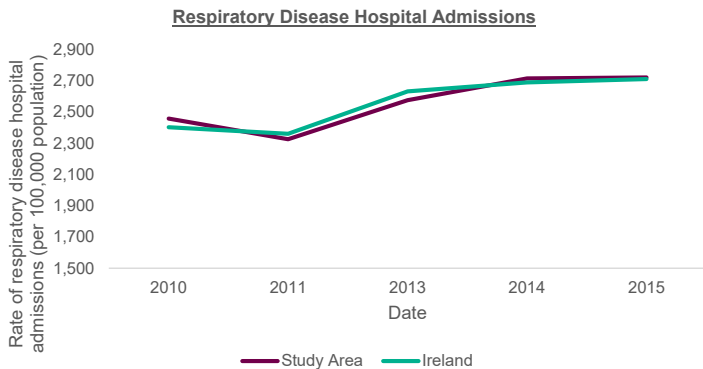
## Physical health - hospital admissions



Source: Public Health Well Community Profiles



Source: Public Health Well Community Profiles

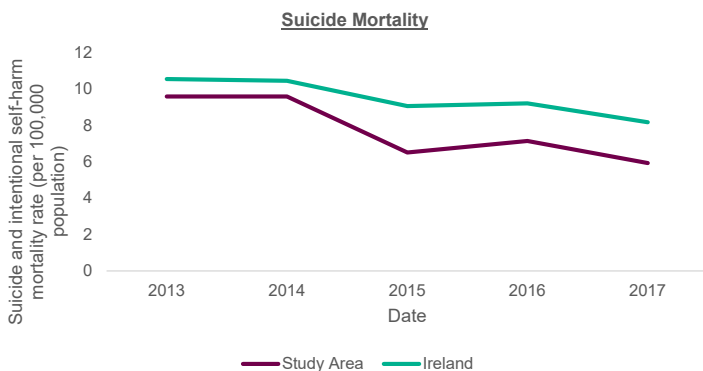


Source: Public Health Well Community Profiles

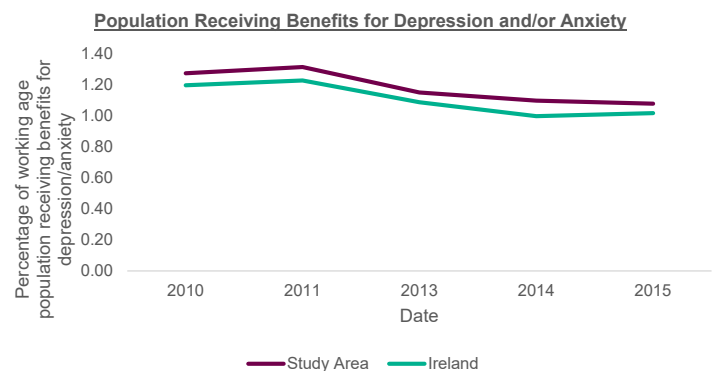
Hospital admission rate for all causes has been increasing in the study area since 2011 and has remained consistently below the national average since 2010, although most recent figures (2015) are only marginally below the national average.

Hospital admissions relating to diseases of the circulatory system within the study area have fluctuated over the years following the national trend, remaining consistently below the national average since 2010. Since 2010, hospital admissions relating to diseases of the respiratory system within the study area have been generally increasing, following the national trend and have fluctuated above and below the national average. Most recent figures for the study area (2015) are marginally higher compared to the national average.

## Mental health

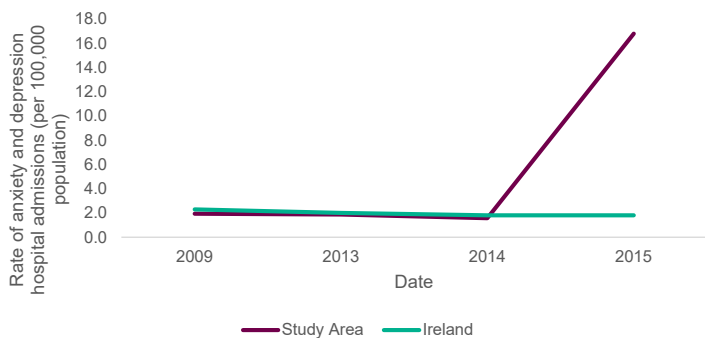


Source: CSO Statbank (DHA12)



Source: Public Health Well Community Profiles

### Anxiety and Depression Hospital Admissions



Source: Public Health Well Community Profiles

The mortality rate from suicide and intentional self-harm within the study area has been decreasing and has been consistently lower than the national average since 2013.

Since 2010, there has been a consistently higher proportion of the study area population who are in receipt of benefits for depression and/or anxiety compared to the national average.

Despite the proportion of the population who are in receipt of benefits for depression or anxiety in the study area decreasing between 2011 and 2015, the rate of hospital admissions relating to depression or anxiety has seen a sharp increase of 15.2 per 100,000 population between 2014 and 2015 (from 1.6 to 16.8 per 100,000 population).

## Lifestyle and behavioural factors

### Drug-related Hospital Admissions



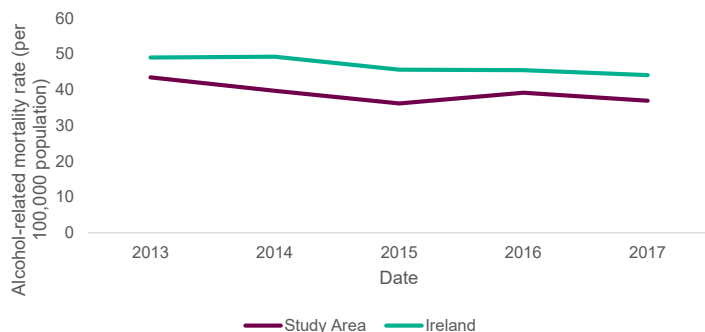
Source: Public Health Well Community Profiles

### Alcohol-related Hospital Admissions



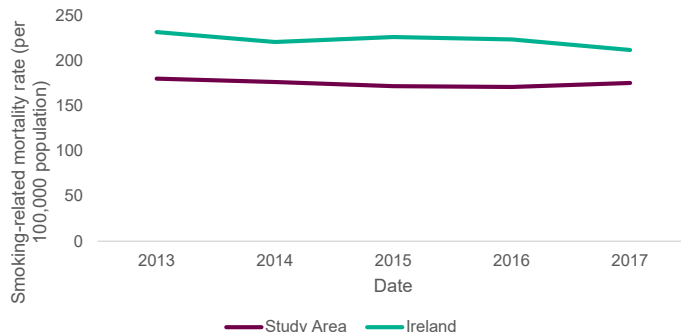
Source: Public Health Well Community Profiles

### Alcohol-related Mortality



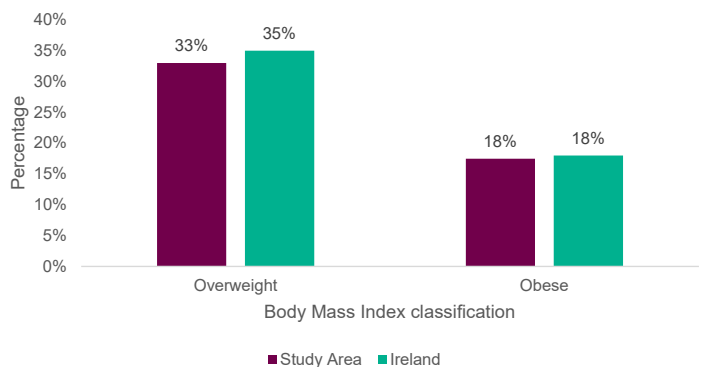
Source: CSO Statbank (DHA12)

### Smoking-related Mortality



Source: CSO Statbank (DHA12)

### Body Mass Index (BMI) Classification



Source: Public Health Well Community Profiles

Drug-related hospital admissions in the study area have been increasing since 2011 and have remained consistently higher than the national average.

Alcohol-related hospital admissions in the study area have been increasing since 2013 and have been consistently higher than the national average, although the trends remain similar.

Conversely, the alcohol-related mortality rate in the study area has shown an overall decrease since 2013, and has remained consistently lower than the national average. Similar to hospital admissions, the trend within the study area is similar to the national average.

Smoking-related mortality rate in the study area has been relatively static since 2013, and has remained consistently lower than the national average over these years.

The proportion of the population in the study area who are overweight is lower than the national average by 2%, while the proportion of the population who are obese is equal to the national average.

## Conclusion

There is a relatively young population living in the study area, with a higher proportion of 20 to 39 year olds compared to nationally. Employment and income in the study area are higher than the national average, where there is a higher proportion of the population working in "commerce and trade" and "other" industries and a lower proportion of the population working in "agriculture, forestry and fishing" industries compared to nationally. In terms of deprivation, the majority of the population in the study area are categorised as "marginally above average".

While self-reported health within the study area is slightly worse than the national average, mortality for all causes, cancer, circulatory disease and respiratory disease are all consistently lower than the national average. Hospital admissions for all causes and circulatory disease are consistently lower than the national average, while hospital admissions for respiratory disease are similar to the national average.

Regarding mental health, while mortality from suicide and intentional self-harm in the study area is lower than nationally, in recent years there is a higher amount of hospital admissions relating to depression and anxiety, and a consistently higher proportion of the population in receipt of benefits for anxiety and depression compared to the national average.

As proxy indicators for lifestyle and behavioural risk factors, alcohol and drug-related hospital admissions in the study area are consistently higher than the national average. While this is the case, alcohol-related mortality is consistently lower than the national average. Smoking-related mortality in the study area is also lower than the national average. The proportion of the population who are overweight or obese is lower than and equal to the national average, respectively.

Overall, health and wellbeing circumstance in the study area is generally better or similar to the national average. However, it is noted that this does not exclude the possibility that some individuals would not conform to this overall profile.