

THE 2009 PFIZER HEALTH INDEX



Working together for a healthier world™

Welcome to the 2009 Pfizer Health Index. Now in its fourth year, this study details the findings of a nationally representative quantitative market research survey of the health and wellbeing of the Irish population. It examines not just existing perceptions and attitudes, but also looks at the degree to which these have altered in the past four years.

The level of unemployment in Ireland has risen to almost 450,000 over the past year and a principal focus of the 2009 Pfizer Health Index was to focus on how the recession has impacted on the health needs, perceptions and experiences of both those employed and unemployed.

Ultimately it is hard not to conclude that the current recession is a significant and fundamental point of change in the lives of many Irish people, particularly for those who have been directly affected by it. One assumes that if the pace of job losses continue, the impact on society will become more profound, and the demand on our health service will become more considerable.

The 2009 Pfizer Health Index found the average Irish adult gives their own health a score of almost 8 out of 10, using a scale where 10 denotes excellent health and 1 very poor health. These figures have been consistent since the Pfizer Health Index was started almost five years ago. In effect, the Irish population thinks of itself as healthy and has done so over the past number of years. The average health of the recently unemployed is scored as 7.5 out of 10, slightly lower to that of the wider population.

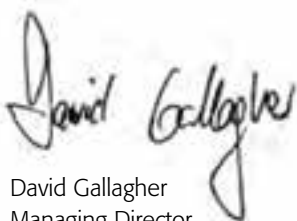
Unsurprisingly perhaps, although personal and family health continue to be a key priority for Irish adults, job security, finances and money are all rising as key issues of concern. The cost of living would appear to have been replaced by greater personal finance and job security concerns. Priorities are changing for Irish adults; people are apprehensive about the financial downturn.

There are some perceived positives revealed by the effect of the recession within this research, in that, for some, it may lead to a healthier lifestyle and a chance for people to re-evaluate their priorities. However that view is principally held by those who are working.

Job loss, reduced pay and working hours are having an effect on peoples self-esteem, as well as creating tension and strain within relationships. In addition for those whose employment has been affected by the recession, the claimed experience of depression lies at 8%, disturbingly ahead of the wider population at 2%. Impact on mental health is clearly an issue for those whose employment status has been directly affected by the recession.

Pfizer Healthcare Ireland is committed to working together for a healthier world. In times of adversity, people, society and industry must pull together and work towards a healthier and happier future.

Yours sincerely,



David Gallagher
Managing Director
Pfizer Healthcare Ireland



HOW THE SURVEY IS UNDERTAKEN

The 2009 Pfizer Health Index was conducted as a nationally representative sample survey of 1,040 adults aged 16 and over to measure the perceptions of health and wellbeing that people living in this country report. The study is a syndicated, nationally representative survey of the adult population and was quota controlled to reflect the latest census population in terms of sex, age, social class, region and area of residence. In addition to the principal nationally representative sample of 1,040 people, a secondary booster sample of 122 recently unemployed people was used throughout the study, to focus specifically on this sector of the community. The booster sample was evenly spread across the country. The research was undertaken between 26th June and 7th July 2009.

The Pfizer Health Index has been conducted three times previously. In previous years a subset focus on non-Irish nationals (2007) and men (2008) was adopted, while 2009's focus is on recession and employment. The central thrust of the questionnaire in 2009, as in previous years, was to understand the experience of illness amongst the population at large, the implications of illness for those experiencing any of a number of serious conditions, and to explore general healthcare attitudes and preferences. The study was expanded in the current year to include a focus on the recession and its implication for individuals and their families.

UNEMPLOYED SAMPLE

The unemployed sample of 122 people consisted of those who had been laid off as a result of the current recession. Among these, 31% had been unemployed for more than a year, 31% unemployed for between six and twelve months and 38% had lost their jobs in the past six months.

Slightly more than a quarter (27%) indicated that their company had closed down whereas the balance said that the company was still in operation.

The vast majority (81%) indicated that they had been compulsorily laid off whereas the balance (just over a sixth) had opted for voluntary redundancy.

Profile of unemployed booster			
	Total	Sex	
		Male	Female
ANALYSIS OF SAMPLE (n=)	(122) 100%	(85) 70%	(37) 30%
SEX			
Male	70	100	-
Female	30	-	100
AGE GROUP	%	%	%
18-24	18	18	19
25-34	35	38	30
35-44	18	18	19
45-49	9	4	22
50-54	7	7	8
55+	13	16	3
SOCIAL CLASS			
ABC1	13	9	22
C2	24	25	22
DE	62	65	57
F	1	1	-

As can be seen, the vast majority (62%) are what would be classified as unskilled workers, with middle class adults only accounting for one in eight (13%) of the unemployed group interviewed.

OVERVIEW OF KEY FINDINGS

As in previous years, the general self classification of one's health by the public remains very positive in Ireland. Most consider themselves to be in reasonably good health and indeed this same positivity is also expressed by those who are experiencing one of a series of listed conditions.

Roughly a third of all adults currently suffer with one of these conditions, although more than 3 in 5 of those affected are aged 50 or over. The newly unemployed are just marginally less likely to have a serious condition, although 8% claim to be depressed, in comparison with just 2% of all adults. In other respects however the unemployed do not report greater prevalence of illness.

Personal and family health remains a key priority but job security, finances and money are all escalating rapidly as issues at present. The cost of living would appear to have lowered as a significant issue in 2009 and has been replaced by greater personal finance and job security concerns. The focus on the cost of living was particularly prevalent in 2008, before we entered a deflationary period, and when many had started to shop across the border.

There is significant evidence that unemployment seems to provide the impetus to take more exercise and to improve one's general health. Many who lost their jobs appear to re-evaluate themselves but interestingly this does not seem to happen until jobs are lost. The life impact of reduced hours of work and reduced salary seems to be less cathartic.

The current recession has most directly impacted upon the 34% of Irish householders who either have lost their jobs, had their pay reduced or who have lost shifts or hours of work. Half of these (55% of them, or 19% of the full adult population) say that this has had a 'very major' or 'large' effect upon their life and circumstances.

Many people experiencing job loss and pay reduction have been forced to make big cuts in personal spending and acknowledge that this causes widespread tension, stress, issues of self esteem and relationship problems.

Some who have lost their jobs appear to be avoiding paying visits to the doctor or indeed purchasing medicine, whether over the counter or prescription.

There is some evidence that the recession may be bringing about a silver lining for some, vis-à-vis the change in pace of their lives and the opportunity to re-evaluate their priorities. However those who are unemployed are less likely to agree with such sentiments.

There is an apparent interest in eating more healthily as a result of the recession and this is as true of both those who are recently unemployed as it is amongst the population at large. Such changes would appear to have been brought about by economic factors as much as by interest in lifestyle change or health.

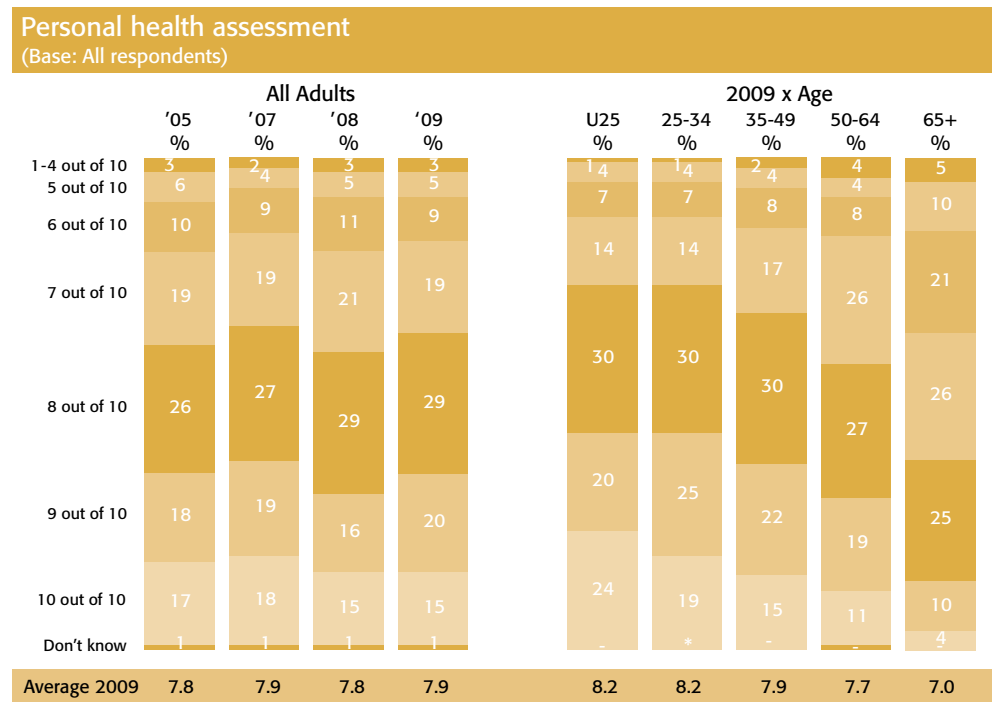
A contrast in the responses of those recently unemployed to those of the adult population serves to illustrate that unemployment causes significant stress and psychological trauma.

The group most affected by the current recession are urban and largely parents and this is particularly the case for those aged 25-50. Such adults are most likely to have substantial mortgages to pay and young children to support. There is no evidence of a class difference in terms of the impact of the recession, although farmers appear to be considerably less significantly impacted than those from either middle or working class backgrounds.

HEALTH IN CONTEXT

PERSONAL HEALTH ASSESSMENT

The average Irish adult gives their own health a score of almost 8 out of 10, using a scale where 10 denotes excellent health and 1 very poor health. In reality, these figures are little changed since the research programme started almost five years ago, with 35% of the population scoring themselves 9 or 10 out of 10 and as many as two thirds (64%) giving themselves an impressive 8, 9 or 10 out of 10.



Personal health perceptions are rated lower as one gets older, but even amongst those over the age of 65, just 36% scored themselves as 6 out of 10 or lower.

Focussing specifically on two groups of the population, namely those who have none of the listed illnesses in focus (i.e. 'healthy'), and those who experience one or more of them ('unhealthy'), we notice some interesting occurrences. The average score amongst the 'healthy' group is 8.3 out of 10 whereas the average perception of personal health amongst the 'unhealthy' group is just under 7 out of 10 (6.96). The margin in self perception of health between healthy and unhealthy adults is not that wide: a gap of just 1.3 on a ten point scale.

Health perceptions of healthy & unhealthy compared Own health marked out of 10			
	Unhealthy group	2009	
		Healthy group	GAP
Total	6.96	8.30	1.34
Men	6.89	8.29	1.40
Women	7.02	8.30	1.28
U25	7.32	8.48	1.16
25-34	7.26	8.30	1.04
35-49	6.89	8.22	1.33
50-64	6.99	8.41	1.42
65+	6.77	7.63	0.86
ABC1	7.23	8.38	1.15
C2DE	6.87	8.23	1.36
F	6.64	8.21	1.57
Urban	7.02	8.25	1.23
Rural	6.88	8.38	1.50

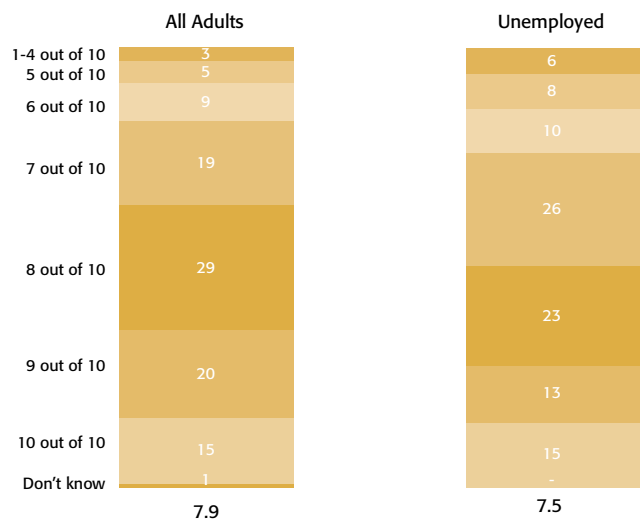
The GAP in health perception between the healthy and unhealthy is continuing to narrow but neither group has become markedly more healthy.

Indeed even if one focuses on the over 65s, where experience of illness is more prevalent, we see that the gap between a healthy 65 year old (7.63) and an unhealthy 65 year old (6.77) is less than 1 (0.86). Clearly, the healthy and unhealthy may factor any illness into the computation of their own personal health (i.e. they may feel healthy relatively speaking), but it does serve to reinforce that the Irish have a largely positive perception of their own health status.

HEALTH & UNEMPLOYMENT

Comparing the health of the full adult population with those who have become recently unemployed as a result of the recession we see little or no gap. The average health of the recently unemployed is scored as 7.5 out of 10, whereas the average health of the population at large is scored at 7.9 out of 10. However, focussing on the extremes in either group we see that 24% of those who are recently unemployed score themselves as 6 out of 10 or worse, in comparison with just 17% of the population at large. This difference may not be remarkable, but may be indicative of an undercurrent of unease about personal health among some who have recently lost their jobs.

Personal health assessment



Difference in health perception between all adults and the unemployed is slight

HEALTH AS A PRIORITY

When asked to think about the future, and indicate the aspect that most concerns one, personal health emerges as the number one worry for 27% of the adult population. Equally, family health is the key concern for 28%. Thus, personal or family health emerge among the top two concerns for more than half of the population and is highly significant as such.

That said, the key shift apparent in the 2009 Index is the escalation in numbers focussing on finances and money as a personal priority, and also on job security. 9% now consider job security their greatest concern compared with just 5% in 2005. Similarly, 18% regard finances and money as their key concern, compared with just 14% before.

Ranking of personal concerns, 2005 - 2009

(Base: Adults aged 16+)

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

		Greatest				Second	Third	of concern	Male	Female	
Health & welfare of family	05	34				27	10	12	83	79	87
	09	28				26	15	15	83	80	87
Personal health	05	28				26	16	13	83	83	84
	09	27				22	15	17	80	78	81
Finances/money	05	14	12	18	30			74	73	76	
	09	18	14	17	26			74	74	74	
Being happy	05	9	9	20	29			66	63	68	
	09	7	10	16	28			60	60	60	
Cost of living	05	7	14	15	29			64	64	64	
	09	8	12	15	32			68	66	69	
Job security	05	5	6	11	24			45	50	39	
	09	9	9	11	23			53	57	49	
Children being successful	05	2	4	6	19			31	24	38	
	09	2	4	7	20			33	29	38	

Job security and money concerns eating into the usual dominance by health

Over a five year period there has been a reduction in the numbers focussing on the importance of being happy. The recent emphasis on job security and financial priorities may have influenced this. Nonetheless, job related worries are less critically important to most people than health.

Priorities differ markedly relating to one's age. Older adults, principally those over the age of 50, are the more intensely focussed on personal health. Family health is a key focus for those aged 35-50, and particularly for women in this age bracket. Personal and family health is much less important for those below the age of 35. A key focus now for those under 35 is financial and monetary issues, as well and job security.

Greatest personal concern x demographics, 2009

(Base: All respondents)

	Total	SEX		AGE					SOCIAL CLASS			AREA	
		Male	Female	-24	25-34	35-49	50-64	65+	ABC1	C2DE	F	Urban	Rural
Base:	1040	520	520	172	223	239	224	182	402	520	118	630	410
	%	%	%	%	%	%	%	%	%	%	%	%	%
Health & welfare of family	28	25	31	13	28	37	30	28	32	25	26	26	31
Personal health	27	27	27	22	19	20	35	48	23	27	46	26	28
Finances/money	18	20	16	27	21	21	10	4	17	19	10	17	18
Job security	9	11	7	12	13	11	7	1	11	9	7	11	7
Cost of living	8	7	8	8	9	7	7	10	7	10	4	8	7
Being happy	7	6	8	15	8	3	4	6	8	6	3	8	5
Children being successful	2	3	2	-	2	1	6	1	2	2	1	3	1
Nothing/DK	1	1	1	4	-	*	2	2	1	2	3	1	1

Young people remain unfocussed on health...money, happiness and job security predominate until health starts to become a concern in mid thirties and beyond.

The focus on job security is apparent across the board, with even those over the age of 50 having recorded significant increases in the need for job security since 2005.

PRIORITISATION OF HEALTH ISSUES

When asked to rank a series of healthcare issues, or possible actions, in terms of their relative importance, a largely similar pattern tends to emerge year on year. The provision of more hospital beds remains the over-riding medical priority for Irish people. This is followed closely behind by three issues, none of which emerge as decisively ahead of the other. The implementation of screening programmes is regarded as critical, as are the facilitation of greater access to GPs and the provision of more medical cards.

These priorities are followed by the perceived need to boost the reimbursement of medicines and the implementation of more public awareness campaigns.

Lower tier issues include giving people tax incentives to be healthier and increasing the level of tax on both cigarettes and alcohol.

The least important priority would be the taxing of food and drink that people should be consuming less of; in other words, imposing specific taxes on fatty or fast foods.

Prioritisation of health issues 2005 - 2009

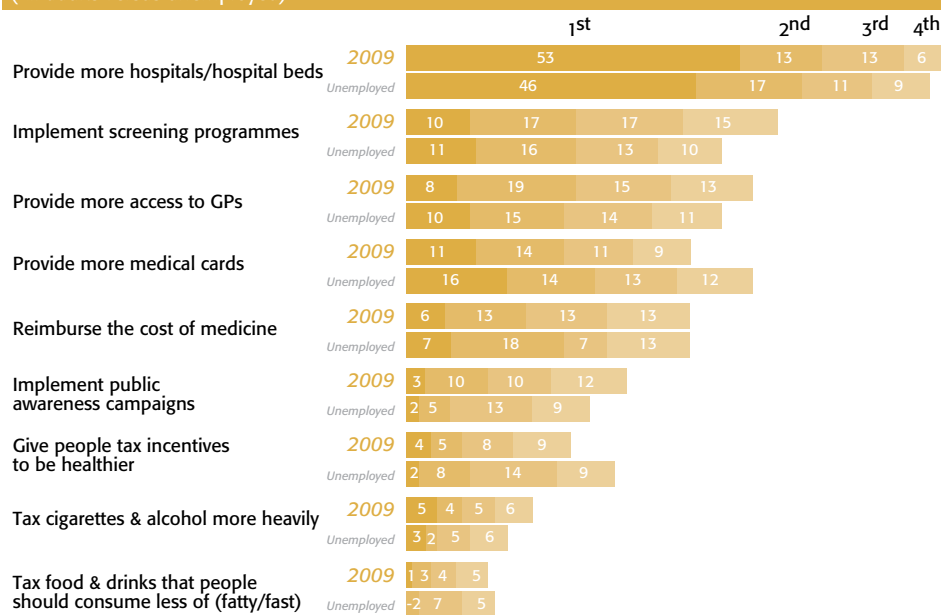
		1st	2nd	3rd	4th	5th
Provide more hospitals/hospital beds	2005	62	15	8	6	3
	2009	53	13	13	6	5
Implement screening programmes	2005	7	16	18	12	14
	2009	10	17	17	15	12
Provide more access to GPs	2005	8	18	15	14	7
	2009	8	19	15	13	10
Provide more medical cards	2005	8	20	12	10	8
	2009	11	14	11	9	10
Reimburse the cost of medicine	2005	4	13	16	14	7
	2009	6	13	13	13	9
Implement public awareness campaigns	2005	2	5	12	11	11
	2009	3	10	10	12	12
Give people tax incentives to be healthier	2005	2	4	7	8	8
	2009	4	5	8	9	9
Tax cigarettes & alcohol more heavily	2005	5	5	4	5	5
	2009	5	4	5	6	5
Tax food & drinks that people should consume less of (fatty/fast)	2005	13	4	4	4	
	2009	13	4	5	5	

Main priorities are largely unchanged but growth; among lower order priorities, in interest in tax incentives & awareness campaigns

At the same time there has been marginal growth in the numbers prioritising the reimbursement of medicines, the provision of more medical cards and the implementation of more widespread screening programmes. However, as indicated, each of these issues is much less importantly perceived than the provision of hospital beds.

The healthcare priorities of those who have been recently unemployed largely correspond with those of the adult population, although they place greater focus on the need to provide more medical cards and increasing accessibility to GPs for everybody

Prioritisation of health issues:
(All adults versus unemployed)

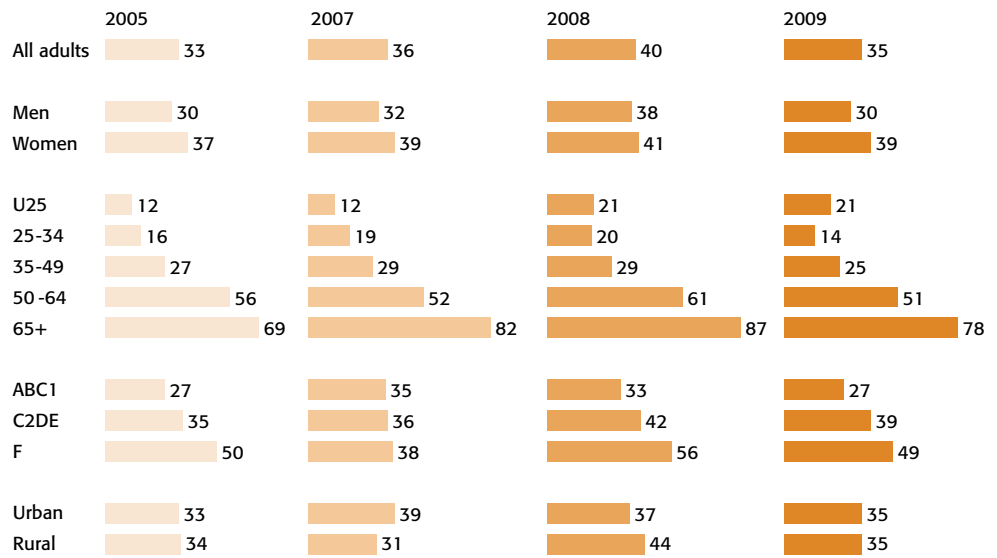


Unemployed priorities focus more on medical cards (and less on hospital beds)

ILLNESS EXPERIENCE

Roughly 35% of the Irish adult population experiences one of a list of serious medical conditions. This level of illness experience is quite similar to that noted in previous years, with those experiencing any of these conditions slightly more likely to be female than male, and really only being principally apparent over the age of 50. As noted in previous years they are more prevalent among working class than middle class groups and in the current year there is no evidence of any urban versus rural disparity.

Incidence of any listed conditions: 2005 - 2009



Levels differ marginally from year to year with just over a third affected in 2009

Thus, the principal characteristics apparent of those who are unwell (with one of these more serious conditions) is that they tend to be older and, to a very slight extent, are more likely to be female and socially disadvantaged (as opposed to being from a more affluent, ABC1 background).

The most widely experienced condition is blood pressure, followed closely by arthritis. Asthma is experienced by about 7% and high cholesterol by about 6%. Thereafter, the conditions which affect fewer people include chronic pain, infections, heart disease and diabetes.

The least widely experienced conditions include depression, cancer and osteoporosis.

62% of those with one of the listed illnesses are aged 50 or over. In essence, the prevalence of serious conditions is largely confined to those who are older.

Conditions experienced x demographics (Base: All respondents)												
	TOTAL		SEX		AGE					SOCIAL CLASS		
	2008	2009	Male	Female	<25	25-34	35-49	50-64	65+	ABC1	C2DE	F
Base:	1004	1040	520	520	172	223	239	224	182	402	520	118
	%	%	%	%	%	%	%	%	%	%	%	%
Any condition	40	35	30	39	22	14	25	51	78	27	39	49
Blood pressure	10	11	9	13	1	1	3	22	38	8	12	19
Arthritis	10	10	9	11	*	2	3	20	36	5	12	22
High cholesterol	7	6	6	7	-	1	4	12	19	6	7	10
Asthma	6	7	4	9	16	4	4	6	4	6	8	6
Infections	4	3	2	4	3	2	2	4	4	2	4	3
Heart disease	5	4	5	2	-	*	1	4	18	2	4	9
Chronic pain	3	4	4	3	*	2	4	8	5	3	4	5
Diabetes	4	4	4	4	2	1	2	5	12	1	5	6
Depression	2	2	3	2	*	1	3	3	3	1	4	2
Cancer	2	1	2	1	-	-	1	2	5	1	1	3
Osteoporosis	3	2	1	3	1	-	1	3	7	1	2	3
Other mental illness	*	*	*	-	-	-	*	-	-	-	*	-
Other	3	3	2	4	-	2	4	4	7	2	4	6

Asthma stands out as uniquely youthful, with most other conditions increasing very significantly with age

DUPLICATION OF CONDITIONS

There is a high level of correlation between the different serious conditions studied. Those with a serious condition such as blood pressure tend to be more likely to suffer from other serious conditions as well.

This is not a new phenomenon, but it is important to remember that many who place a more frequent reliance on the health services are more constant users of it, and affected by multiple conditions or illnesses.

Duplication of conditions
(Base: All respondents)

	Total	SUFFER FROM										
		Heart disease	Cancer	Arthritis	Chronic pain	Osteoporosis	Blood pressure	Asthma	Diabetes	High cholesterol	Depression	Infections
Base:	1040	43	17	121	42	25	124	67	43	74	26	35
	%	%	%	%	%	%	%	%	%	%	%	%
Heart disease	4	100	18	16	8	13	15	6	19	15	5	7
Cancer	1	7	100	1	2	-	3	1	1	4	4	-
Arthritis	10	47	5	100	40	48	35	18	36	31	27	28
Chronic pain	4	9	7	15	100	10	7	4	8	6	20	24
Osteoporosis	2	7	-	9	5	100	8	4	6	8	12	4
Blood pressure	11	45	23	37	19	43	100	10	29	53	15	24
Asthma	7	12	5	12	8	12	7	100	9	5	10	27
Diabetes	4	20	4	13	8	10	10	5	100	12	5	3
High cholesterol	6	27	20	20	11	25	31	5	21	100	20	14
Depression	2	3	6	6	12	15	3	3	3	7	100	-
Other mental illness	*	-	-	-	-	-	-	-	-	-	-	-
Infections	3	6	-	8	19	6	7	12	2	6	-	100
Other	3	8	-	4	5	19	4	3	6	2	5	4

* = N.B. Small base sizes

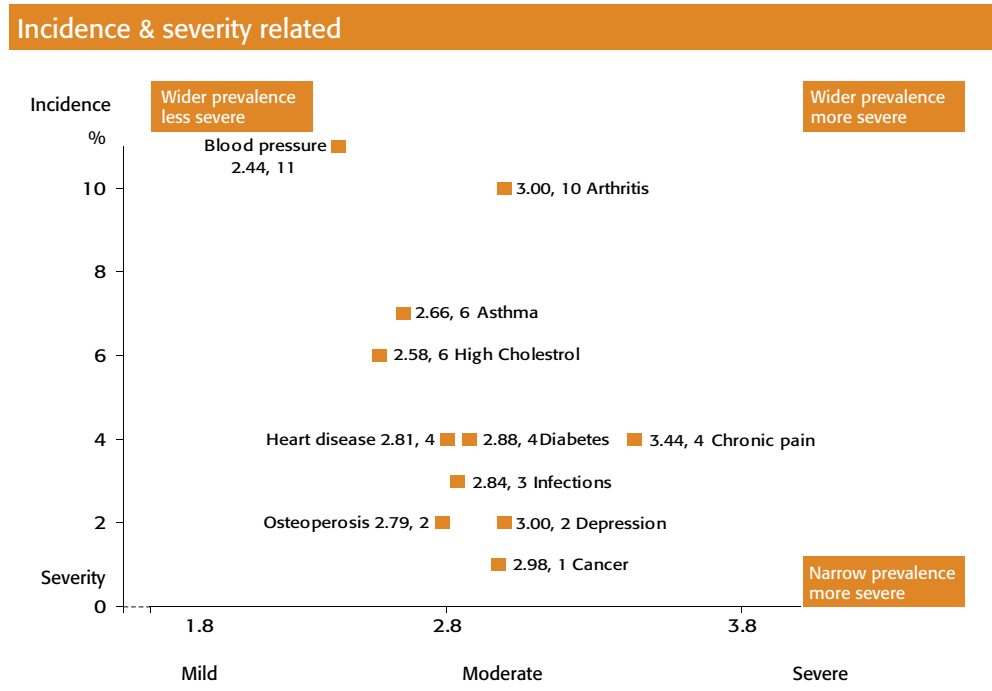
I.e. 53% of these with high cholesterol suffer from blood pressure too

Taking those suffering from cholesterol as an example we see that 53% of them also suffer from high blood pressure. This compares with a national claimed incidence for blood pressure of approximately 11%. Some of this correlation is explained by conditions being 'related' to each other, but some of the correlation is also explicable by age factors, with older people being more likely to suffer from many of these conditions.

SEVERITY OF CONDITIONS

Respondents were asked to categorise their ailments into 'severe', 'moderate' and 'mild' in terms of life impact. The tendency for the majority with most conditions is to regard them as moderate or mild, rather than severe. The conditions that tend to be regarded as the most uniquely severe, or where most of the sufferers with the condition categorise them as severe, are arthritis and chronic pain.

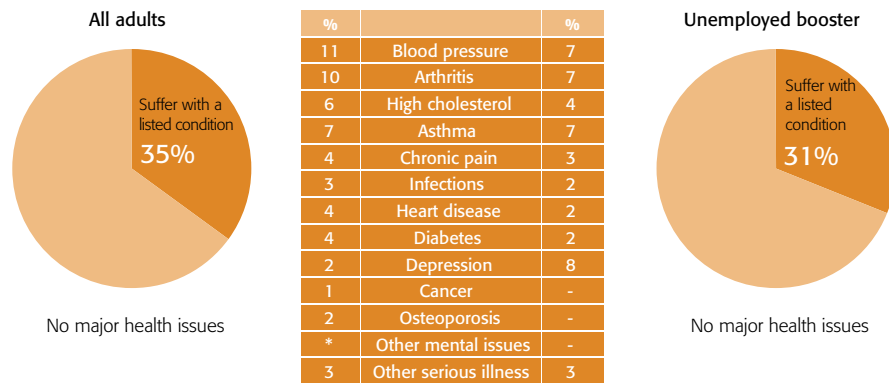
The chart below illustrates the relationship between the incidence or prevalence of a condition (on the y axis) and the average perceived severity of the condition (on the x axis). As can be seen, just 4% of the adult population experience chronic pain, but their average categorisation of it lies somewhere between moderate and quite severe. Thus it is a condition of narrow prevalence but of greater average severity, whereas by contrast, blood pressure has greater prevalence (11%) but is of low perceived severity overall.



AILMENTS EXPERIENCE & EMPLOYMENT STATUS

As indicated earlier, 35% of the adult population suffers from one of a number of listed conditions. In contrast, the prevalence of such conditions amongst those who have been recently unemployed stands at just 31%.

**Experience of serious ailments:
(All adults vs unemployed)**



The unemployed are less likely to be ill than the rest of the population but are more likely to have depression

One might conclude, on first glance, that the experience of serious illness is marginally lower among the unemployed. However, the unemployed component of the sample largely mirrors the age of the working population. It is therefore younger on average than the wider adult population sample, as it does not include over 65s. Thus, one might have expected the incidence of serious illness among the unemployed to be significantly lower overall. This is not the case, and by extension, may hint that some serious illnesses do correlate with unemployment.

Comparing individual illnesses we note that the incidence of conditions such as blood pressure and arthritis (more prevalent among the elderly) are generally lower among the unemployed, but the claimed experience of depression at 8%, lies considerably ahead of levels in the general population, at 2%. There would seem to be a relationship between mental illness and unemployment which may warrant attention in the current climate.

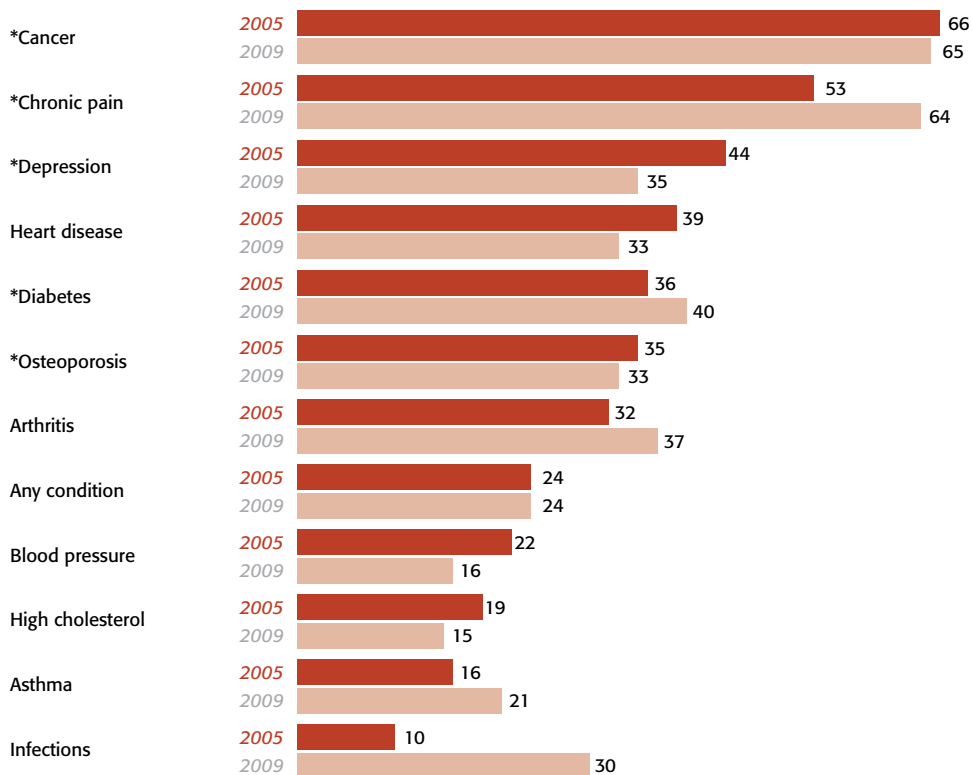
QUALITY OF LIFE EFFECT

24% of those who have one of the listed serious conditions indicate that the effect of their quality of life is very or quite significant overall.

As seen in relation to data about perceived severity, this varies considerably relative to the condition itself.

The 'quality of life impact' of cancer and chronic pain are much greater for example, than the perceived life impact of conditions such as asthma or high cholesterol.

Significant effect on quality of life (Base: Sufferers of each condition)

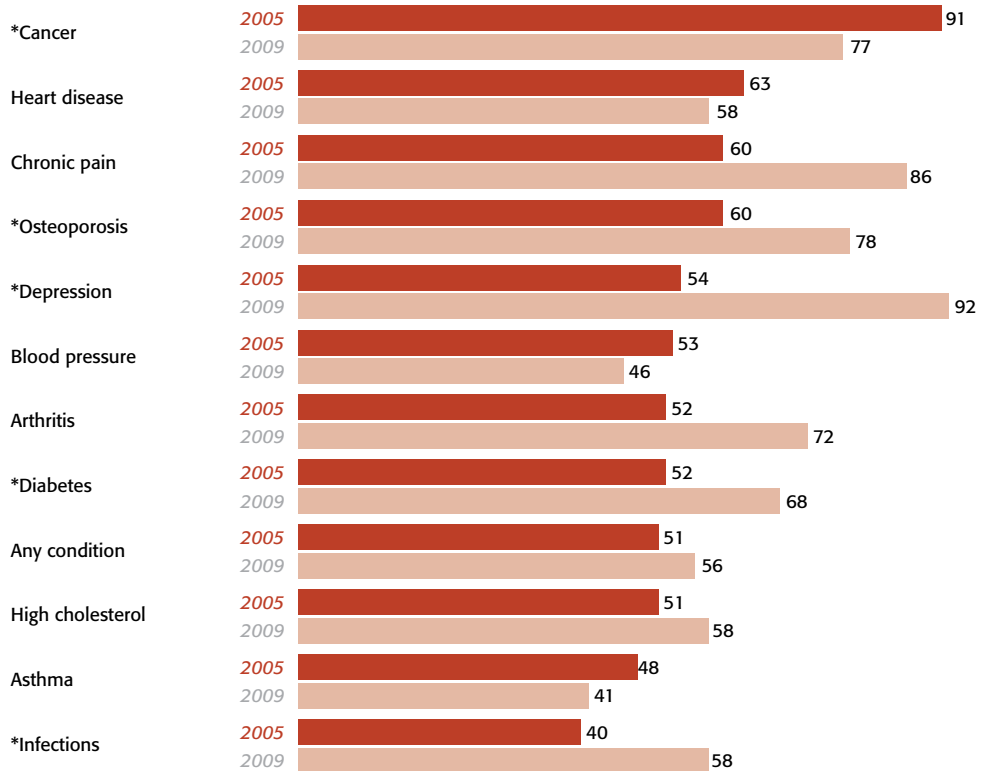


*Small base sizes

DETERIORATION OF CONDITIONS

About a fifth of those suffering with one of these listed conditions worry a lot about the worsening of the condition. More than half (56%) are worried to some extent. Those who are more worried are principally those suffering with depression, chronic pain, osteoporosis and cancer. More than 7 in 10 of each of these are actively worried.

Worry about worsening of condition
(Base: Sufferers of each condition)



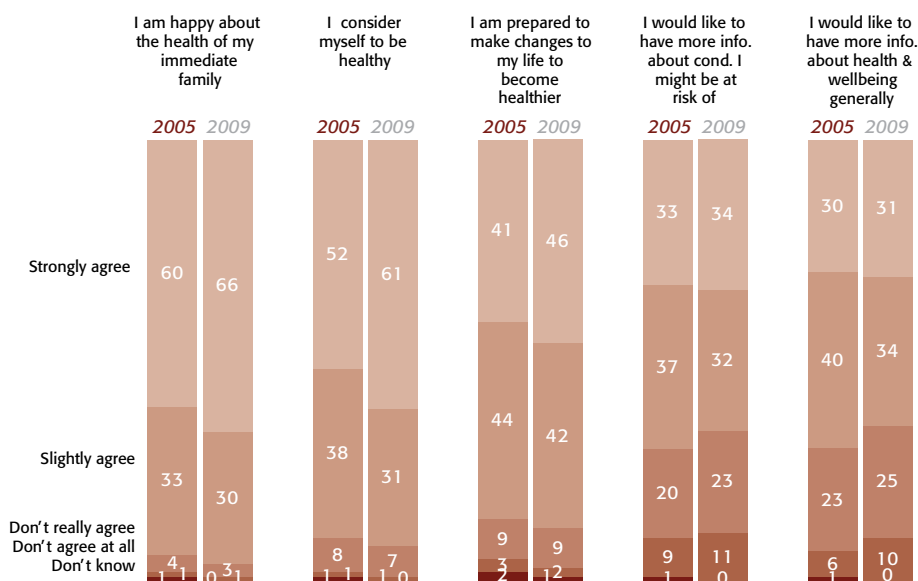
*Small base sizes

In contrast, less than half of those with blood pressure and just 2 in 5 of those with asthma actively worry about the deterioration of their condition.

HEALTH ATTITUDES

The broad pattern of attitudes to health remains consistent from year to year. There has been marginal growth in those who are happy about the health of themselves and their families and equally there is a growth in the numbers who claim they are prepared to make changes in their lives to become healthier. Most adults are increasingly starting to endorse such sentiments.

Attitude to health (Base: All respondents)

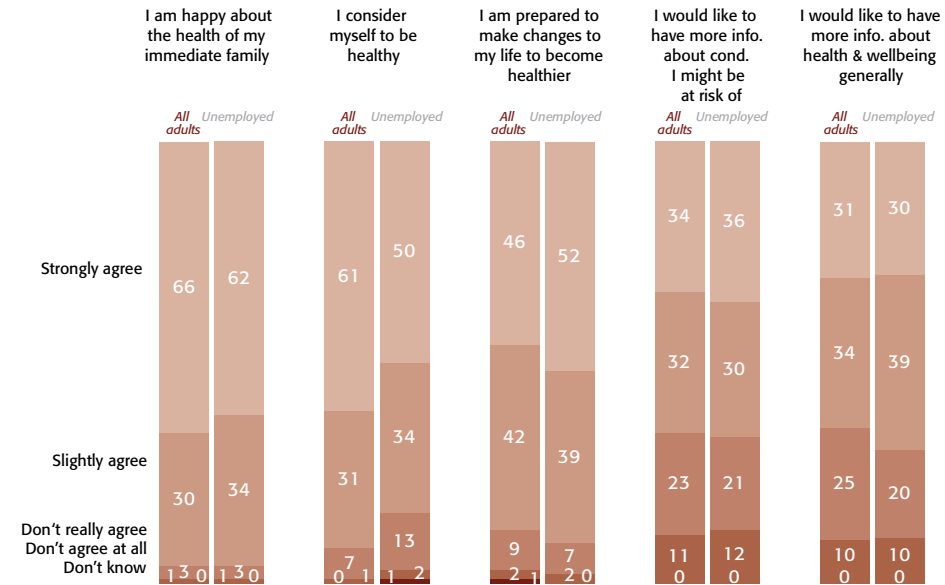


A more pronounced positive response is apparent

In general terms, there are very positive sentiments apparent in relation to health.

Comparing the health attitudes of adults generally with those of the recently unemployed we see evidence of a greater stated commitment among the unemployed to becoming healthier, but also note that they are marginally less likely, than other adults, to consider themselves healthy. While the majority of them feel that they are healthy, about 15% don't agree in this regard.

Attitude to health: All adults and unemployed compared
(Base: All respondents)



The unemployed are marginally less confident about their own health.

Nonetheless, the difference is not vast, although the commitment to becoming healthier is interesting.

HEALTH INTENTIONS

When asked to nominate activities likely to be undertaken in the next three months slightly more than a third of the adult population suggest that they would like to become more active and take more exercise.

A quarter would like to be less stressed, a fifth to get more sleep, and one in seven would like to adopt a more balanced diet.

While these patterns tend to be largely constant from year to year we note a peaking in interest in becoming active and taking more exercise amongst those up to the age of 35. This would seem to tie in with the generally perceived growth in the numbers taking part in sport and recreation in Ireland at present.

Short term health intentions *														
(Base: All respondents)														
	TOTAL		SEX		AGE					SOCIAL CLASS			AREA	
	2005	2009	Male	Female	15-24	25-34	35-49	50-64	65+	ABC1	C2DE	F	Urban	Rural
Being active/taking more exercise	35	35	33	36	41	39	38	32	17	40	33	18	38	29
Be less stressed	25	26	23	30	25	26	29	27	24	25	27	29	27	25
Adopt a more balanced diet	22	14	12	15	15	13	17	15	7	14	14	13	16	12
Get more sleep	18	21	18	24	27	20	23	17	20	24	19	19	22	20
Reduce alcohol intake	5	5	6	4	5	6	6	6	2	5	6	4	6	4
Give up smoking	8	9	12	7	8	14	12	8	1	8	12	3	10	9
Work less	5	6	8	4	4	3	7	11	6	5	5	19	4	9
Become better informed about health	8	6	5	6	2	7	7	5	9	6	6	6	6	5
Visit the doctor more often	6	4	5	4	2	4	3	5	7	4	4	8	4	5
Don't know/none of these	14	16	17	15	15	14	11	15	30	14	17	20	15	17

* Likely to do in the next 3 months

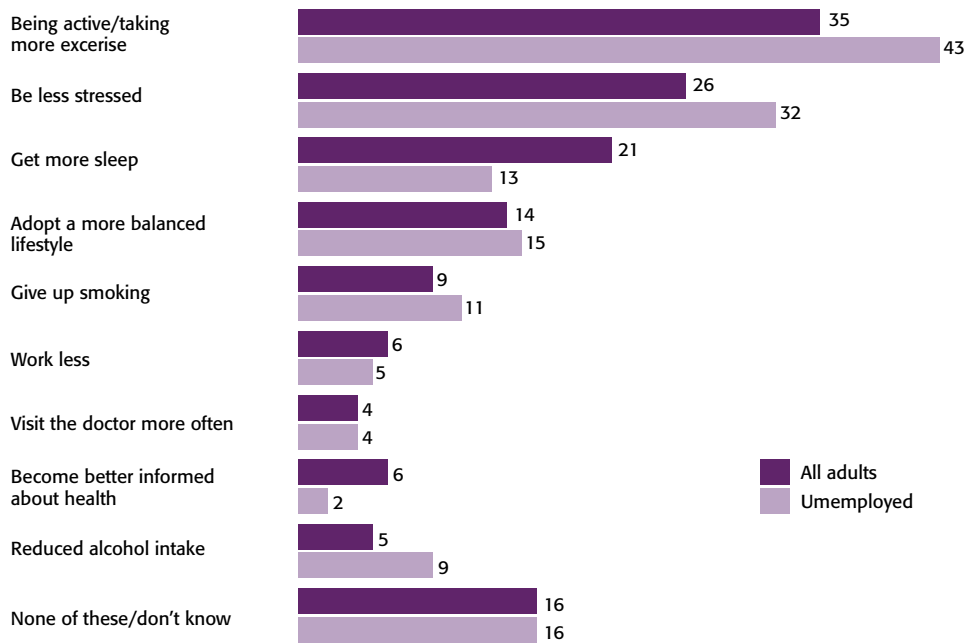
Big peak in exercise interest apparent younger

Younger adults are also much more likely to want to get more sleep, while there is a peaking between 25 and 50 in stated desire to give up smoking. Worrying about the elevation of stress tends to be most prevalent between the ages of 35 and 49.

Comparing the short term health intentions of the adult population with those of the recently unemployed we note a much greater interest among the unemployed in taking more exercise and becoming more active, and also a more elevated perception of the need to be less stressed.

Thus, it seems that those who lose their jobs recognise the importance of becoming more self aware and body conscious.

Short term intentions: All adults vs. unemployed
(Base: All respondents)



Rather than sleep more the unemployed are planning to exercise more and drink less

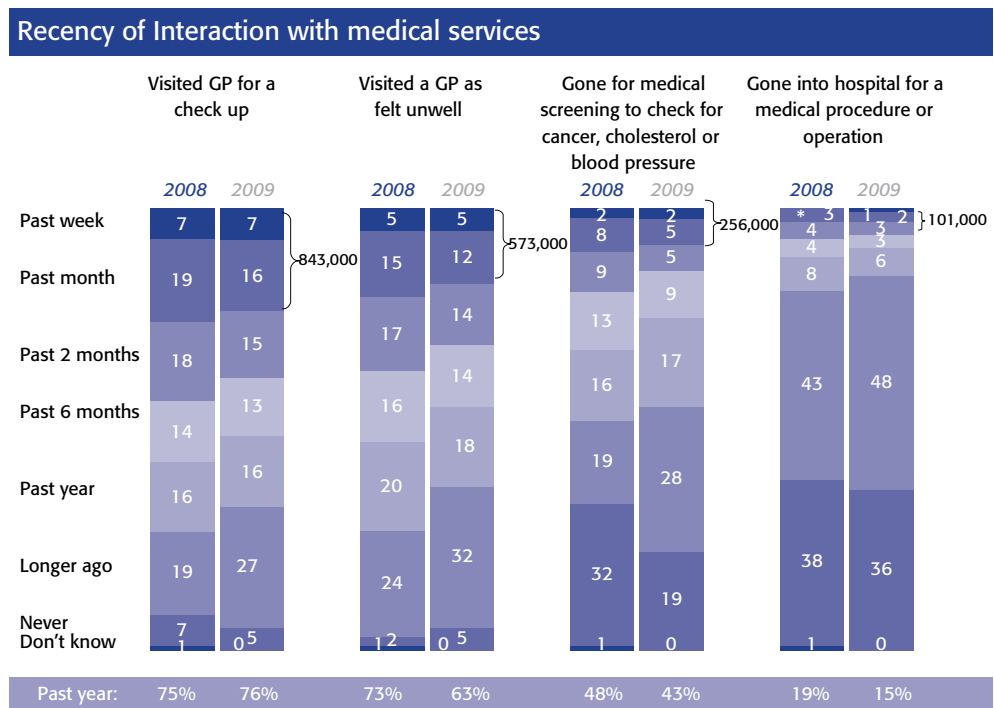
*Small base sizes

INTERACTION WITH MEDICAL SERVICES

For the second time the Pfizer Health Index asked respondents about their interaction, if any, with medical services.

A largely consistent pattern emerges from the previous year, although there is an evident reduction in the numbers visiting doctors because they felt unwell, going for a medical screening, or going into hospital for a medical procedure or operation. These reductions suggest that the population may be more inclined to avoid financial expense in the current environment, and that this may be having an effect on their use of medical services.

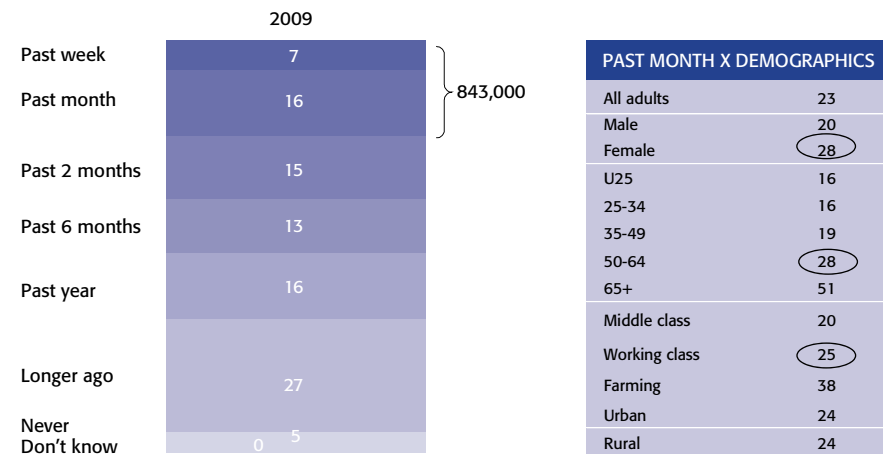
Nonetheless, 23% of the adult population have been to their GP for a check up in the past month. This corresponds with approximately 840,000 people. 570,000 or 17% of the adult population have been to the GP in the past month because they felt unwell. 7% of people have been for screening in the past month, in comparison with about 10% in 2008. 15% have visited a hospital for a medical procedure in the past year, in comparison with 19% in 2008.



Thus, we can see evidence of a slight tailing off in some of these activities and this may be reflective of the reduction in claimed footfall to GP surgeries etc.

Those tending to interact with medical services are more likely to be female and older. Focussing on the group that had been to their GP for a check up in the past month, illustrates that roughly a fifth of men have done so in comparison with almost 30% of women.

Have attended GP for a check up in past month



Women are much more likely to have attended GP for a check up.

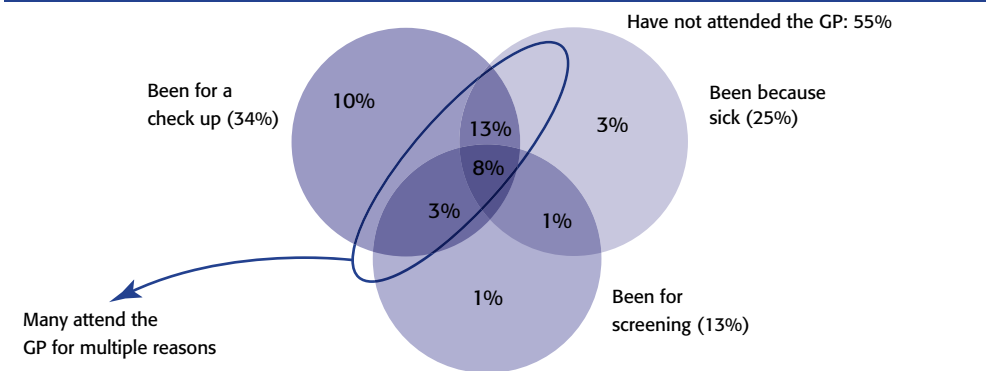
The same patterns are largely true in respect of those visiting doctors because they felt unwell, or going into hospital for medical procedures or operations.

GP USE IN THE PAST THREE MONTHS

Focussing on the group that had visited a doctor in the past three months, we note that 45% of all adults have done so. Conversely, 55% have not. The chart below illustrates the degree of overlap between these groups. In essence, it suggests that there is a high level of correlation between those visiting a GP for a check up and those visiting a GP because they were sick, or because they wanted to be screened for a specific condition. The intersection of the circles in the Venn diagram highlights the extent to which a largely similar group of people can visit the doctor for a variety of reasons.

Focussing on the demographics of the group towards the centre of the graph we see that those most likely to visit the GP for multiple reasons tend to be aged 65 and over and more often female.

GP use past 3 months



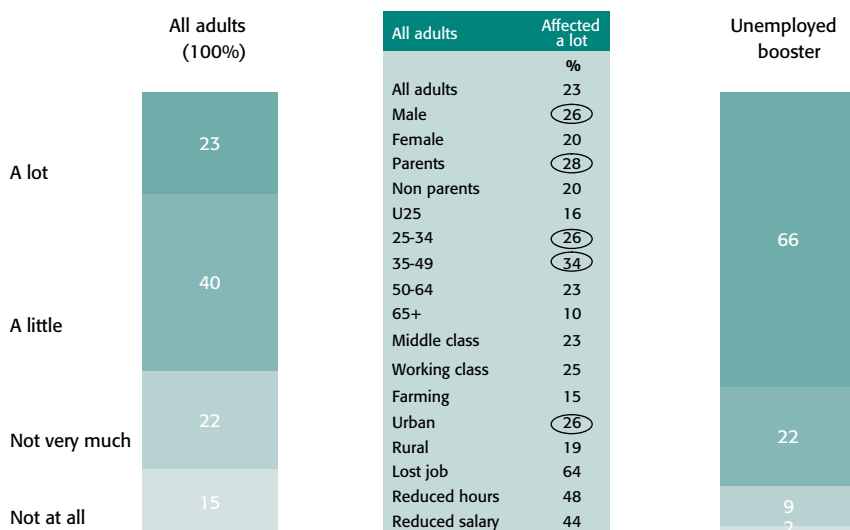
I.e. 13% have been to the GP both for a check up and because they felt sick

THE RECESSION

In the 2009 study the questionnaire was extended significantly to gauge the extent to which the recession has impacted on the adult population generally, and more specifically upon those who have lost their jobs because of the ongoing recession. Even among the population at large, almost a quarter say they have been affected 'a lot' and a further 40% affected 'a little'. Thus, almost 2 out of 3 feel the recession has had some impact upon them.

In comparison, two thirds of those who have been recently unemployed say they have been affected a lot and a further 22% say that the recession has had some impact upon them. Clearly the vast majority feel that they have been personally impacted by the recession.

Extent to which current recession has affected you personally (Base: All adults)



Impact of recession much greater on the unemployed.

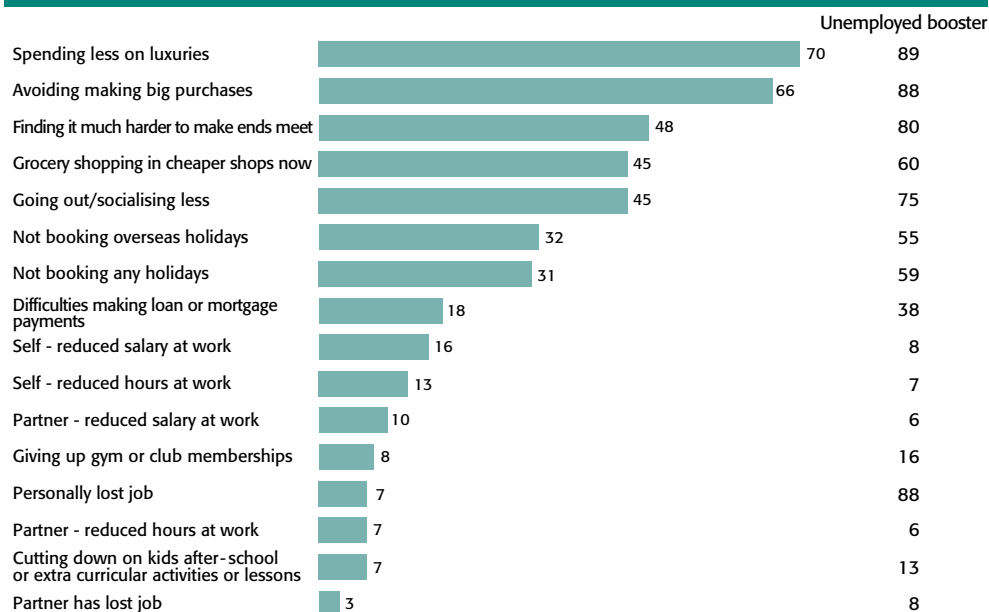
The data for the adult population illustrates that the greatest impact of the recession is apparent among those between the ages of 25 and 50, who are parents and who live in urban areas. There is no particular class difference, although those from farming backgrounds are evidently less impacted than those from either middle or working class backgrounds.

PERSONAL IMPACT OF THE CURRENT RECESSION

The impact of the current recession has been widespread with 7 in 10 claiming to now be spending less on luxuries and two thirds postponing a big purchase. Roughly half of the adult population claim that they are finding it hard to make ends meet and similar numbers are shopping in cheaper retail outlets and socialising much less.

A third indicated that they are neither booking holidays nor indeed overseas holidays.

Personal impact of current recession
(Base: All adults)



There have been many impacts on the ordinary family with fewer luxuries and big ticket items.

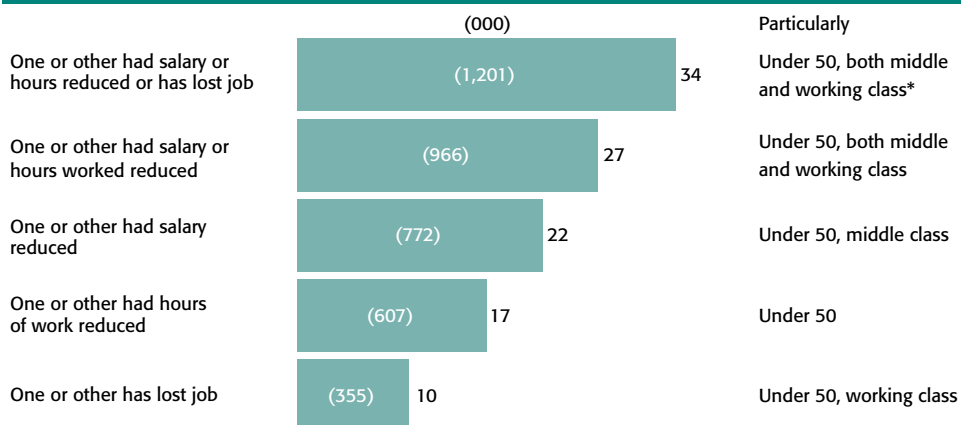
About a fifth are having problems with mortgage or loan repayments at present. The most fundamental impact however relates to the reduction of salary, hours worked or indeed the loss of jobs. 16%, about a seventh of the adult population, indicate that their own salary has reduced at work. 13%, about an eighth, indicate that their hours of work are reduced. Furthermore 7% indicate that they themselves lost their job. Equally, many were affected in a number of ways with themselves and their partner both losing a job for example.

Focussing on these three key issues, namely job loss, reduction in working hours, and reduction in salary, we see that as many as a third of adult population, 1.2 million, has experienced one of these issues, either themselves or their spouse or partner.

A quarter indicated that either they, or their partner, have had their hours of work reduced. 22% indicate that they, or their partner, have had their salary reduced and 10% indicate that they or their partner has lost their job.

Recession impact on job & income in summary (self/partner)

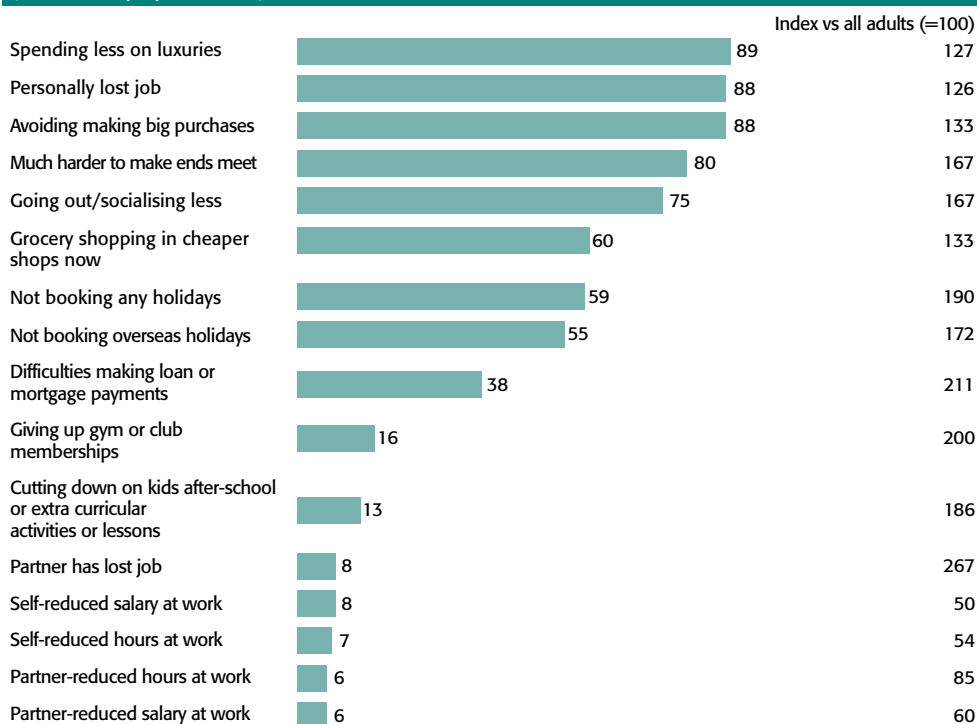
(Base: 1,040/3,526,000 adults aged 16+)



Focussing on those who are unemployed as a result of the current recession we see that they are much more likely to have had to adjust their lifestyle or spending as a result of their new circumstances. 80% are finding it harder to make ends meet. Three quarters are socialising less and 6 in 10 are shopping in cheaper shops. The majority of them claim not to be going on any holidays at all, and almost 4 in 10 are having difficulty meeting mortgage or loan repayments.

Impact of current recession on the unemployed

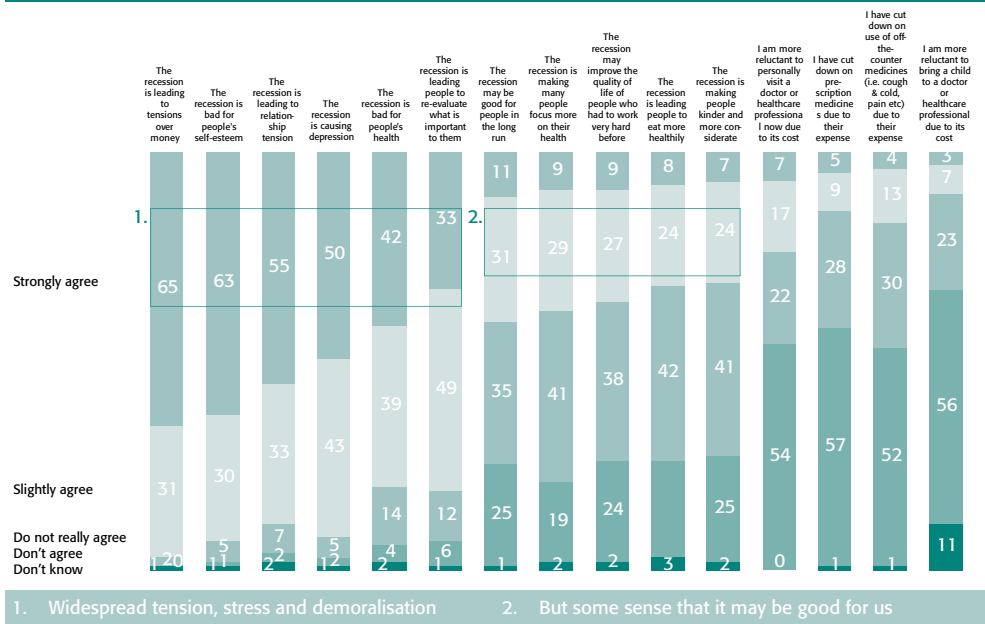
(Base: Unemployed booster)



ATTITUDE TO THE RECESSION

There is widespread agreement that the recession is leading to tension over money and is ultimately bad for peoples self esteem. The majority strongly agree that the recession has caused tension in relationships and has the potential to cause depression.

General public recession attitudes
(Base: All adults)



Interestingly, there is evidence of a minority view, albeit harboured by quite a substantial number, that the recession may be good for some people in the long run.

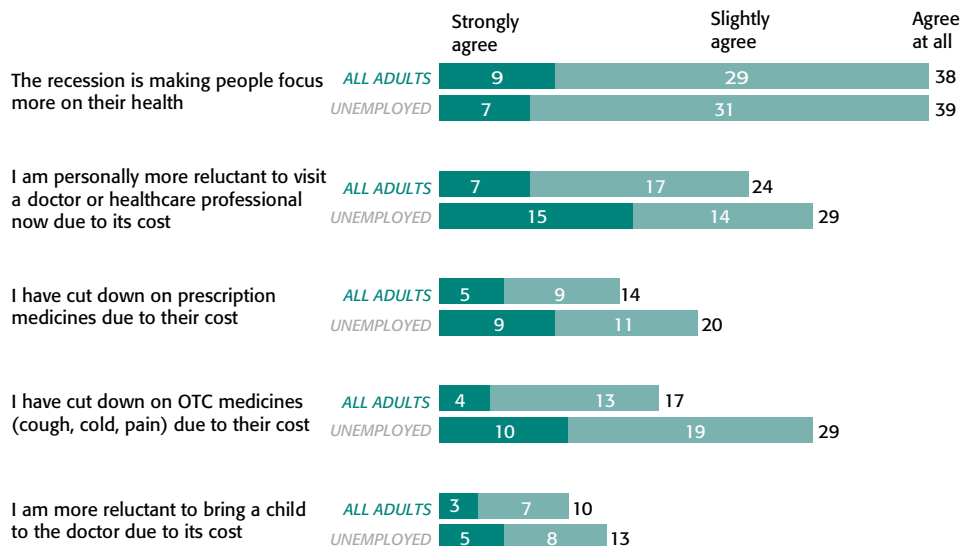
Almost 2 in 5 agree with this to some extent, with 38% suggesting that the recession may help people focus more on their health, and 36% of the view that the recession may improve the quality of life of people who have had to work very hard previously.

A third regard the recession as likely to prompt more healthy eating and just over 3 in 10 feel that the recession may make people kinder and more considerate in the long run. Thus, there is an underlying sense of a silver lining to the recession, although this is very much a subsidiary and secondary aspect, to the primary health and mental impact of those directly experiencing hardship as a result of the economic climate.

The attitudes of the recently unemployed to the recession are largely similar, albeit more pronounced in respect of feeling that the recession is having a significant self esteem impact and causing domestic tension and ill health.

Recession and health

(Base: Adults aged 15+, 1,004/3,454,00)



The unemployed are trying to limit their health spending, but the impact on the rest of the population is significant too.

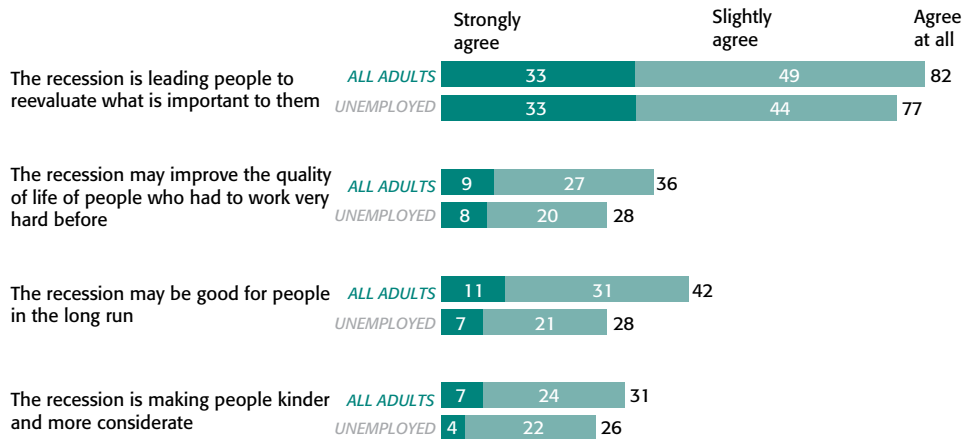
There is significant evidence that unemployed people have made substantial cuts on over the counter medicines, specifically in respect of cough, cold and pain medicines. 29% of the unemployed have cut down on these in comparison with about 17% of the adult population overall.

Similarly in respect of prescription medication about a fifth of unemployed adults claimed to have cut back, in comparison with 14% of adult population generally.

RECESSION: A SILVER LINING?

As mentioned previously there is a view among a substantial proportion of Irish adults that the recession may lead people to re-evaluate what is important to them. Similar sentiments are shared by unemployed people, albeit such notions are generally subscribed at lower levels by this group. Fewer unemployed people agree that the recession may improve the quality of life of people who have had to work harder before, and fewer agree that it may be good for people in the long run.

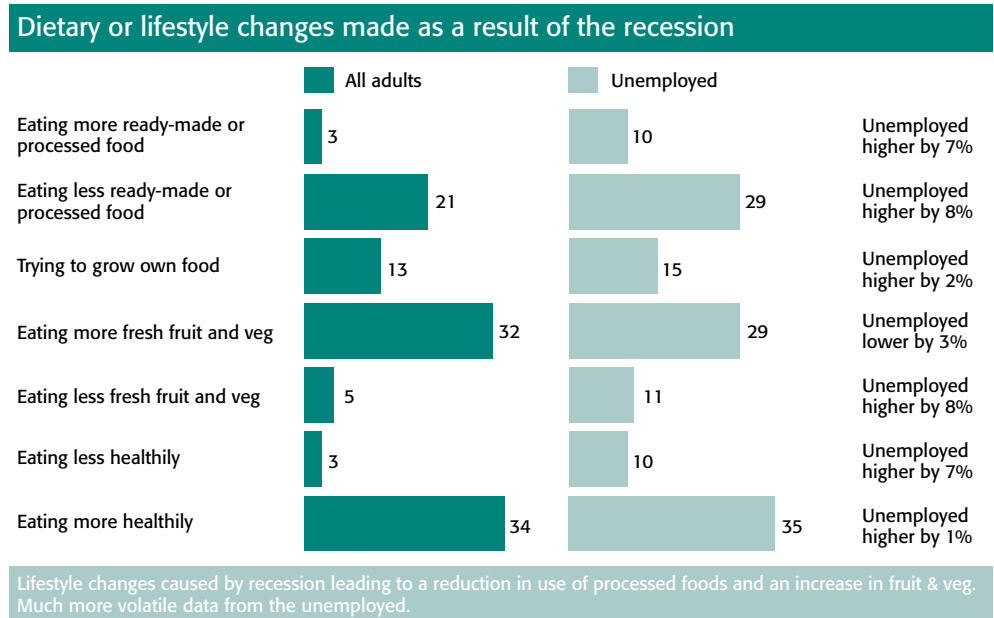
Recession: A silver lining? (Base: Adults aged 15+, 1,004/3,454,00)



Those losing jobs can have a more positive perspective of the personal impact of recession than others (in respect of not having to work as hard).

DIET

Interestingly about a third of all adults say that they are eating more healthily as a result of the recession. A similar figure is apparent among the recently unemployed.



There would seem to be direct evidence of a reduction in the claimed consumption of processed food and a further claimed increase in the consumption of fresh food and vegetables. About 1 in 8 indicate that they are trying to grow their own food and about a tenth of the recently unemployed indicate that they are eating less ready meals or processed foods.

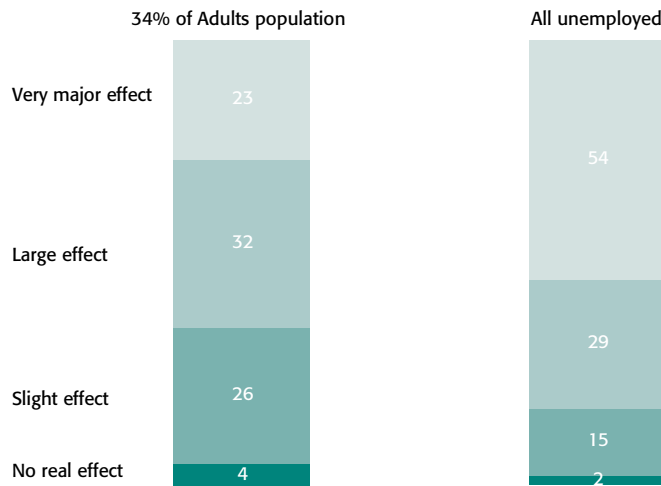
Nonetheless among the recently unemployed the same singular commitment to eating more healthily is less apparent. There is also a group of recently unemployed who feel that they are probably eating less healthily nowadays than they were when they had been employed full time.

LIFE IMPACT OF THE RECESSION

Among the general public sample it has been noted that 34% had experienced job loss, reduced hours of work or reduced salaries (affecting either themselves or their spouse).

They were questioned about the significance of the affect of this on their lives. 55% of the general public group (i.e. the above 34%) who have lost hours, pay or jobs (i.e. 19% of all adults) indicate that it has had a major or large affect upon their lives. When comparing this data with figures from the booster of unemployed adults the corresponding figure for that group suggests that 83% feel that their unemployment has had a very major or large effect upon their lives. Therefore the impact of unemployment is probably greater than the impact of reduced hours or reduced salary.

Effect job loss/reduction in working hours has had on life and circumstances
 (Base: All who have lost their job/working fewer hours etc)



The majority who have lost work or hours indicate a large impact at a minimum

Continuing to focus on the third of the adult population who have been affected in this way, a further analysis was conducted to contrast the life impact of those who had lost their job, with those who had experienced reduced hours or who had experienced a reduced salary. As had been hypothesised earlier the life impact of job loss is considerably more profound than the impact of reduced hours or indeed reduced salary.

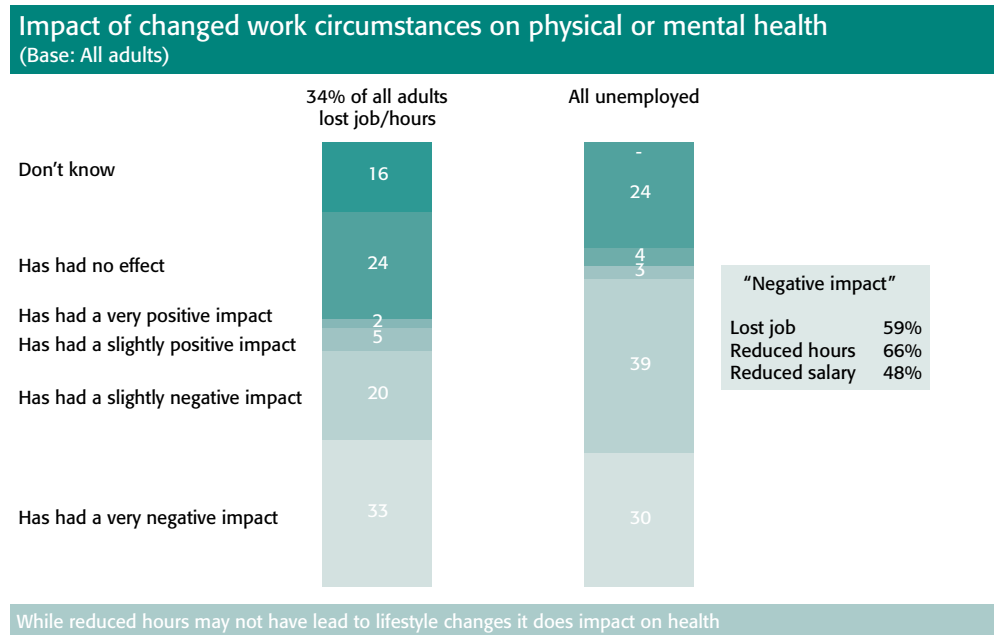
A reduction in salary has the most modest impact, with a major or large effect on just 46% of those so affected. The life impact of reduced hours is major or large for 64%, while their life impact of losing a job is major or large for 78%.

The implications of changing one’s working pattern, whether through job loss, reduced hours or reduced salary, can become quite profound when one loses one’s job. Almost 6 in 10 of the unemployed booster have significantly refocused their lives with 17% going back to study, 17% retraining for a different career, 16% taking up completely different occupations, and 16% deciding to become house husbands. Conversely if we look at the group in the adult population, who are not necessarily unemployed but who have experienced reduced hours or reduced salary, we see that the life impact to date is much more modest. Unemployment would appear to be the catalyst that propels some to take more fundamental decisions about the direction of their lives.

Life changes x personal impact				
	All affected	Lost job	Reduced hours	Reduced salary
	(100%)	(28%)	(51%)	(64%)
Self/partner became a house husband	12	16	13	9
Retraining for a different career	5	13	4	4
Going back to study	5	8	5	6
Taking up a completely different occupation	5	9	6	4
Removing kids from childcare	4	10	3	4
Starting own business	4	8	5	4
Doing voluntary work	4	5	3	2
None of these	68	46	67	73

IMPACT OF CHANGED WORK CIRCUMSTANCES ON PHYSICAL OR MENTAL HEALTH

Focussing on the third of the adult population who have reduced hours of work, or salary, or who have lost their jobs, we see that about 4 in 10 indicate that it has had no significant impact on their physical or mental health. The balance, however, would suggest that their change in circumstances has had some impact on them. 53% suggest that it has had a negative impact, whereas 7% believe it has had a positive impact, although most of these indicate that the effect is slightly rather than significantly positive.



DURATION OF THE RECESSION

The average expected duration of the recession is estimated at about 2 years and 3 months among the population at large. The greatest number make estimates of somewhere between 12 months and 4 years, but the spread of responses is wide.

A similar spread of responses was elicited by those recently unemployed, although many are considerably more pessimistic, estimating durations of five years and greater in some instances.



While reduced hours may not have lead to lifestyle changes it does impact on health

SUMMARY

As in previous years the general self classification of one's health by the public remains very positive in Ireland. Most consider themselves to be in reasonably good health and indeed this same positivity is also expressed by those who are experiencing one of a series of listed conditions, such as cancer, health disease, arthritis and depression.

Roughly a third of all adults currently suffer with one of these conditions, although more than 3 in 5 of those affected are aged 50 or over. The newly unemployed are just marginally less likely to have a serious condition, although 8% are depressed, in comparison with just 2% of all adults. In other respects however the unemployed do not exhibit greater prevalence of illness.

Personal and family health remains a key priority but job security, finances and money are all escalating rapidly as issues at present. The cost of living would appear to have been downgraded as a significant issue in 2009 and replaced by greater personal finance and job security concerns. The focus on the cost of living was particularly prevalent in 2008, before the recession started to bite significantly, and when many had started to shop across the border.

There is significant evidence that unemployment seems to provide the impetus to take more exercise. Many who lose their jobs appear to reevaluate themselves but interestingly this does not seem to happen until jobs are lost. The life impact of reduced hours of work and reduced salary seems to be less cathartic.

The current recession has most directly impacted the 34% of Irish householders who have either lost their jobs, had their pay reduced or who have lost shifts or hours of work. Half of these (55% of them, or 19% of the full adult population) say that this has had a 'very major' or 'large' effect upon their life and circumstances.

Many people experiencing job loss and pay reduction have been forced to make very deep cuts in personal spending, and acknowledge that this causes widespread tension, stress, issues of self esteem and relationship problems.

Some who have lost their jobs would appear to be avoiding paying visits to the doctor or indeed purchasing medicine, whether over the counter or prescription.

There is some evidence that the recession may have some upside for some, vis-à-vis the change in pace of their lives and the opportunity to reevaluate their priorities. However those who are unemployed are less likely to agree with such sentiments.

There is an apparent interest in eating more healthily as a result of the recession and this is as true of both those who are recently unemployed as it is amongst the population at large. Such changes would appear to have been brought about by economic factors as much as by interest in lifestyle change or health.

A contrast of the response of those recently unemployed with those of the adult population serves to illustrate that unemployment causes significant stress and psychological trauma.

The group most affected by the current recession are urban and largely parents and this is particularly the case for those aged 25-50. Such adults would evidently be the most likely to have substantial mortgages and small children to act as a drain on their resources. There is no evidence of a class difference in terms of the impact of the recession, although farmers appear to be considerably less significantly impacted than those from either middle or working class backgrounds.

TECHNICAL NOTE

The Pfizer Health Index is undertaken on Behaviour & Attitudes National Barometer Survey, a quota controlled survey of 1,040 adults aged 16 and over, with fieldwork face-to-face and in home. In addition to the principal sample of 1,040, a secondary booster sample of 122 recently unemployed were surveyed. 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 26th June and 7th July 2009.

