



**An
Phríomh-Oifig
Staidrimh**

Central
Statistics
Office

**Summary Quality Report:
Healthy Ireland Survey,
Dept. of Health**



Summary Quality Report

For

Healthy Ireland Survey

This documentation applies to the reporting period:

2024

Last edited: 29th April 2025



1. Table of Contents

1.	Table of Contents	3
2.	Introduction	5
3.	Contact	5
4.	Metadata Update	5
4.1.	Metadata last update	5
5.	Statistical Presentation	6
5.1.	Data Description	6
5.2.	Classification System	6
5.3.	Sector Coverage	6
5.4.	Statistical Concepts and definitions	6
5.5.	Statistical Unit	7
5.6.	Statistical Population	7
5.7.	Reference Area	7
5.8.	Time Coverage	7
6.	Unit of Measure	7
7.	Reference Period	7
8.	Institutional Mandate	7
8.1.	Legal Acts and other agreements	7
8.2.	Data Sharing	8
9.	Confidentiality	8
9.1.	Confidentiality – policy	8
9.2.	Confidentiality – data treatment	8
10.	Release Policy	8
10.1.	Release Calendar	8
10.2.	Release calendar access	8
11.	Frequency of Dissemination	8
12.	Quality Management	8
12.1.	Quality Assurance	8
12.2.	User Needs	8
13.	Relevance	9
13.1.	Data Completeness	9
14.	Accuracy and reliability	9
14.1.	Overall accuracy	9
14.2.	Non-sampling Error	9
14.2.1.	Measurement error	10
14.2.2.	Item Non-Response Rate	10
15.	Timeliness and punctuality	10
15.1.	Timeliness	10
15.2.	Punctuality	10
16.	Coherence & Comparability	10
16.1.	Comparability – Geographical	10
16.2.	Comparability over time	10
16.2.1.	Length of Comparable Time series	11
17.	Revisions	11
17.1.	Data Revision Policy	11
17.2.	Data Revision Practice	11
18.	Statistical processing	11
18.1.	Source Type	11
18.2.	Data Collection	11
18.3.	Data Capture	11
18.4.	Data Validation	12
18.5.	Data Compilation	12
19.	Adjustment	13
20.	Additional Notes	13





2. Introduction

The Healthy Ireland Survey is an annual survey conducted with a representative sample of the population aged 15 and older living in Ireland. The sample size is typically in the region of around 7,500 people. Fieldwork to date has been conducted by Ipsos B&A.

The Healthy Ireland Report 2024 presents the initial topline findings from the tenth wave of the Healthy Ireland Survey. This survey, commissioned by the Department of Health and conducted by Ipsos B&A, examines the health and health behaviours of people aged 15 and older, living in Ireland.

The survey is aligned with Ireland's Well-being Framework, launched in July 2021, which seeks to move beyond using just economic measures in gauging our progress as a country, by looking at economic, environmental and social issues together. The Framework focuses on quality of life, with a particular emphasis on equality and sustainability. It consists of 11 dimensions which are made up of different aspects of well-being and is supported by a dashboard of 35 indicators which are available on the [CSO website](#).

Detailed statistics and trends from the Healthy Ireland Survey 2015 - 2024 are available here on [data.cso.ie](#).

3. Contact

Contact organisation: Department of Health

Contact name: Neasán Mac Giolla Bhríde

Contact email address: Stats_Unit@health.gov.ie

4. Metadata Update

4.1. Metadata last update

29/04/2025



5. Statistical Presentation

5.1. Data Description

The Healthy Ireland Survey is an interviewer-administered survey of health and health behaviours of people living in Ireland, commissioned by the Department of Health and carried out by Ipsos B&A. It was initiated in 2015 and forms a core element of the Healthy Ireland Framework and subsequent Healthy Ireland Strategic Plan, providing annual measurements of various issues relating to population health. It is a valuable data series to explore changes in health behaviours over time.

The Survey includes 4 key modules that are repeated every year: General Health, Smoking, Alcohol Use and GP Utilisation. Other modules are added each year depending on policy needs. The 2024 survey included the following modules:

1. [General health](#)
2. [Mental Health and Wellbeing](#)
3. [COVID and Long COVID](#)
4. [GP Utilisation](#)
5. [Smoking](#)
6. [Alcohol Use](#)
7. [Physical Activity](#)
8. [Weight Management, Diet, and Nutrition](#)
9. [Sleep](#)
10. [Caring Responsibilities](#)
11. [Parents and Additional Care Responsibilities](#)
12. [Suicide awareness](#)
13. [Mental health services and information](#)

5.2. Classification System

The 3 main classification systems (sex, age and country of birth) are listed below in Section 5.4. The Healthy Ireland Summary report groups age into 10-year age bands, while the data tables that are published on the CSO's PxStat database using Healthy Ireland data group age into 5-year age bands.

Data standards for sex and general health status that are used in the survey are available here: [CSO Data Standards - CSO - Central Statistics Office](#)

5.3. Sector Coverage

Not applicable.

5.4. Statistical Concepts and definitions

There are several different classifications used in the Healthy Ireland Survey:

Sex:

Male,
Female,
Both Sexes

Age Group:

15 – 19 years
20 – 24 years
25 – 29 years
30 – 34 years



35 – 39 years
40 – 44 years
45 – 49 years
50 – 54 years
55 – 59 years
60 – 64 years
65 – 69 years
70 – 74 years
75 years and
over

Country of Birth:

All Countries
Ireland
UK
EU 15 (excludes Ireland and the UK)
Rest of EU
Rest of World

5.5. Statistical Unit

Individual person.

5.6. Statistical Population

All individuals aged 15 years or older in the State.

5.7. Reference Area

State.

5.8. Time Coverage

2015 – 2024 (excluding 2020)

6. Unit of Measure

Percentage of Total Population.

7. Reference Period

Calendar year.

8. Institutional Mandate

8.1. Legal Acts and other agreements

The Healthy Ireland Survey is aligned with Ireland's Well-being Framework, launched in July 2021, which seeks to move beyond using just economic measures in gauging our progress as a country, by looking at economic, environmental and social issues together. The Framework focuses on quality of life, with a particular emphasis on equality and sustainability. It consists of 11 dimensions which are made up of different aspects of well-being and is supported by a dashboard of 35 indicators which are available on the [CSO website](#).



8.2. Data Sharing

Data is shared by Ipsos B&A with the Statistics and Analytics Unit in the Department of Health via a secure file transfer system.

9. Confidentiality

9.1. Confidentiality – policy

The Department of Health's Statistics and Analytics Unit has a confidentiality policy which is available at this link: [department-of-health-confidentiality-policy.pdf](#)

9.2. Confidentiality – data treatment

For our data tables on PxStat, no cells are published with less than 25 people in them. All are outputs are reported in percentages rather than numbers, as are the tables found in the Summary Report which Ipsos B&A manage.

10. Release Policy

10.1. Release Calendar

The date of dissemination of all statistics released by CSO can be found in the Statistical Work Plan published on CSO.ie. This calendar is regularly updated.

A release calendar is also available on the Statistics and Analytics Unit webpage on Gov.ie which shows the details of the Healthy Ireland Survey release.

10.2. Release calendar access

The Statistical Work Plan of the National Statistical System can be accessed directly from this link: [National Statistical System - CSO - Central Statistics Office](#)

The release calendar on the Statistics and Analytics webpage on Gov.ie can be accessed here at this link: [statistical-release-calendar-a89957fa-c071-4d47-b4c0-78079eb96fc5.pdf](#)

11. Frequency of Dissemination

Annual.

12. Quality Management

12.1. Quality Assurance

The Statistics and Analytics Unit in the Department of Health has the following Quality Statement that outlines the processes that are carried out to ensure quality: [department-of-health-quality-statement.pdf](#)

12.2. User Needs

Before the drafting a new version of the questionnaire to be used in the next wave, a consultation process is held with stakeholders in the Department of Health where expressions of interest are sought for modules/questions they would like to see added. The Healthy Ireland Advisory Group then meets to discuss these additions. The group consists of members from the CSO, HSE, HRB and representatives from



various units in the Department of Health. The Advisory Group prioritise policy needs and work to shorten the questionnaire to the approved length. This process is repeated for each wave of the survey.

13. Relevance

13.1. Data Completeness

Not applicable.

14. Accuracy and reliability

14.1. Overall accuracy

Considerable efforts are made to reduce all forms of bias within the Healthy Ireland Survey, ensuring the data collected accurately reflects the health of the Irish population. This is crucial for informing effective public health policies and interventions.

One major area of focus is reducing sampling and non-response bias (dealt with in the next section in relation to Non-Sampling Error).

Another potential source of error in surveys is measurement error, which can arise from issues related to the questionnaire itself or the way in which data is collected. To minimise measurement error, the Healthy Ireland Survey invests significant time and resources in questionnaire design, validation, and testing. This process involves:

Collaboration with experts: The questionnaire is developed in consultation with a wide range of policy and research experts to ensure that it is relevant, comprehensive, and captures the key aspects of health being measured.

Cognitive testing: The questionnaire undergoes rigorous cognitive testing with members of the target population to ensure that the questions are clear, understandable, and interpreted as intended.

Pilot testing: Before the full-scale survey is launched, a pilot study is conducted to test the questionnaire and data collection procedures. This helps to identify and address any potential issues before the main survey.

14.2. Non-sampling Error

The minimisation of non-sampling error is achieved through a rigorous two-stage sampling process. While a two-stage sampling process and rigorous contact strategy significantly reduce sampling bias, the potential for coverage error remains. This refers to the possibility that certain groups within the population are excluded from the sample frame.

The Healthy Ireland Survey utilises a random digit dialling approach to minimise this. By randomly generating mobile phone numbers, the survey ensures that all individuals with access to an Irish mobile phone number have an equal chance of being included in the potential sample. However, this approach does mean that individuals without an Irish mobile number, such as recent arrivals to Ireland who haven't yet acquired a local number, may be excluded.

A particular challenge in achieving a representative sample is ensuring adequate representation from groups often under-represented in surveys, such as young people and those with lower levels of education. To address this, the Healthy Ireland Survey employs a rigorous contact strategy. This includes:

Flexible contact times: Recognising that traditional daytime contact methods may not be suitable for everyone, the survey utilises a range of contact times, including evenings and weekends.



Multiple contact attempts: To maximise the chances of reaching individuals, multiple contact attempts are made before a potential respondent is classified as unreachable.

14.2.1. Measurement error

Several strategies are used to help mitigate and address measurement errors:

Questionnaire Design and Testing: Cognitive and pilot testing is used to simplify questions and ensure their appropriateness and easy of answering.

Interviewer Training and Experience: Effective training can reduce interviewer-related errors. All interviewers working on the Healthy Ireland Survey undergo detailed training and many worked on the survey since its initiation in 2013.

Data Quality Checks: Ipsos B&A employs a wide range of quality control checks. At the basic level survey completion times are analysed to ensure they fall within a normal range. Additionally, over 10% of all survey respondents are recontacted to confirm various quality control measures.

External Data Comparisons: Data is compared to other similar measurements (either survey or other forms) to ensure that the measurement is aligned with the expected values and to assess measurement accuracy.

14.2.2. Item Non-Response Rate

Item nonresponse occurs when participants skip specific questions within a survey. This is a particular risk for a health survey asking about health conditions and various behaviours. Given the careful consideration given to survey design and administration (detailed above), item non-response is typically very low (often 1% or less) on this survey. The question with the highest level of non-response is that which asks about the highest number of standard drinks consumed during the previous 12 months, with roughly 5% responding that they do not know. This is most likely due to recall issues given the longer time-period being investigated, and the likely difficulty in recalling the number of alcoholic drinks consumed when a larger volume is consumed.

15. Timeliness and punctuality

15.1. Timeliness

For the 2024 Healthy Ireland Survey, data was collected between October 2023 and April 2024. The Survey was then published in December 2024.

15.2. Punctuality

The Healthy Ireland Survey is scheduled for release in quarter 4 of each year. This timeline has been met each year so far.

16. Coherence & Comparability

16.1. Comparability – Geographical

Not applicable.

16.2. Comparability over time

Not all modules are repeated in every wave of the Healthy Ireland Survey. Questions in these modules tend to remain the same as much as possible, as do the wording of these questions. Additional questions are added in some waves due to policy needs, etc. If wordings of any questions are changed, this is



communicated in the summary report and a note is added to affected data tables on the CSO's PxStat database. The survey wasn't run in 2020 due to the COVID-19 pandemic which resulted in a gap of 1 year in the time series.

16.2.1. Length of Comparable Time series

2015-2019 and 2021-2024. There was no survey conducted in 2020 due to the COVID-19 pandemic.

17. Revisions

17.1. Data Revision Policy

Details on our Revisions policy are found in the following document:

www.gov.ie/pdf/?file=https://assets.gov.ie/203502/aa620091-7be2-40f5-ba95-57d891766ff7.pdf#page=null

17.2. Data Revision Practice

If an error is spotted in either the Summary Report or the Open Data tables after they've been published, it will be revised as quickly as possible. The figure will be double checked, along with other figures that are related to it (e.g. if one age category of a certain variable is incorrect, all age categories will be checked just in case). The incorrect figure will then be revised, and a new version of the Summary Report or Open Data table will be published.

18. Statistical processing

18.1. Source Type

Survey data.

18.2. Data Collection

From 2015-2019, data collection involved in-person interviews at respondents' homes. In response to the Covid-19 pandemic, Computer Assisted Telephone Interviewing (CATI) using Random Digit Dialling (RDD) was used. This has been used from 2021-2024.

18.3. Data Capture

In response to pandemic restrictions, the Department of Health and Ipsos B&A revised the survey methodology, implementing a telephone-based, interviewer-administered approach using Random Digit Dialling (RDD) starting in 2021. This method has been used for the 2021, 2022, 2023, and 2024 surveys.

When moving to telephone interviewing, the Department of Health and Ipsos B&A engaged in extensive consultations to ensure the revised methodology met key requirements of the survey. These included achieving a broad representation of the target population (aged 15+), employing robust random sampling techniques, maximising response rates, and ensuring accessibility for all population groups.

After careful consideration of the key requirements, a two-stage telephone approach using Random Digit Dialling (RDD) was implemented. A mobile-phone-only sampling frame was adopted due to the near-universal mobile phone ownership among Irish adults (98% of those aged 18 and over).

Employing a mobile-only approach mitigated potential biases inherent in mixed mobile and landline samples, where individuals with access to both devices have a higher probability of selection. Furthermore, the individual ownership of mobile handsets eliminates selection bias associated with shared household landlines.



A Random Digit Dialling approach is preferred to using lists of numbers, which may be limited by their coverage areas. RDD can result in some calls to non-working numbers which means some of the sample is wasted, however, this method of sampling ensures comprehensive area coverage when selecting mobile phone numbers.

To minimise calls to non-working numbers and associated costs, the RDD process uses number blocks allocated to mobile operators by the Commission for Communications Regulation (ComReg). As an example, as ComReg does not issue any 083 prefixes beginning with 21 (e.g., 083 21XXXXX), this number series is excluded from the RDD sampling frame.

Ipsos B&A's trained Computer Assisted Telephone Interviewing (CATI) interviewers made calls to randomly generated mobile numbers. Ipsos B&A has CATI units in Blackrock and Milltown Co. Dublin and Belmullet Co. Mayo. To maximise response rates, up to three call attempts (including the initial call) were made at varying times and days throughout the week, if a number was not initially answered. Once connected, the interviewer screens the respondent to confirm eligibility (aged 15 or older) and provides a brief introduction to the Healthy Ireland Survey topics. Potential participants are then asked if they are willing to participate in the survey. Those who agree are informed that a Healthy Ireland interviewer will conduct the survey interview via a follow-up call in the coming days.

To maintain consistency and leverage the extensive experience of the CATI team, the majority of interviewers for each wave of the Healthy Ireland Survey were also involved in previous waves, including those conducted in person prior to the 2021 survey. This ensures that each wave benefits from the team's long-standing experience on the project. Prior to commencing the interview, interviewers obtain informed consent from respondents who agreed to participate. For participants aged under 18, informed parental consent is also obtained.

18.4. Data Validation

The interviewing software used during fieldwork included automated survey routing and built-in logic checks. The use of this software minimises the need for extensive post-fieldwork data cleaning. To ensure the accuracy of the final data, thorough data checking and editing are performed on the interim and final data outputs, to identify any issues that were not caught during the fieldwork stage.

Survey validation was also conducted on a random selection of interviews across the fieldwork period. This involved re-contacting respondents and reviewing interview recordings to verify the interview process and assess its quality. All this is done by Ipsos B&A who run the survey.

18.5. Data Compilation

Data is compiled in three ways – Firstly through the provision of RMF and AMF datafiles, secondly through a Summary Report produced by Ipsos B&A in consultation with the Department of Health and thirdly through Open Data tables published on the CSO's PxStat database.

In process of producing the Summary Report is iterative in nature involving the exchange of various drafts and review by policy and statistical experts throughout the Department and elsewhere. This typically involves an initial review and discussion of topline survey findings and an exploration of potential areas for analysis across various socio-demographics and other variables of interest. This includes both areas that have been trended over multiple waves as well as new, emerging trends or results to questions that have not been asked previously.

When presenting the analysis, many socio-demographic variables are typically collapsed into easily interpreted groups, such as defined age groups (consistent across the survey report), or grouping respondents into high and lower levels of education.

Additionally, the Statistics and Analytics Unit in the Department of Health produce Open Data tables that are published on the CSO's PxStat database. Age groups are collapsed into 5-year age bands and country of



birth is collapsed into the following 5 groups: Ireland, UK, EU15 (excluding Ireland and UK), Rest of Europe and Rest of World.

19. Adjustment

Not applicable.

20. Additional Notes

Not applicable.