

Healthy Wexford County Plan



2020 - 2022

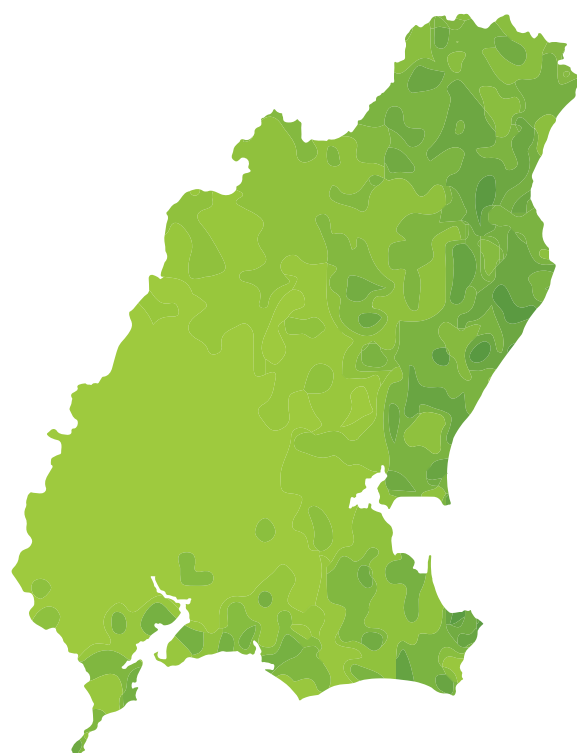
Healthy Wexford County Plan

Contents

Page

Contents

- List of Abbreviations 2
- List of Tables and Figures 3
- Forewords 4
- Section 1: Introduction & Background Context 6
- Section 2: Healthy Wexford Action Plan 10
- Section 3: The National Policy Context 15
- Section 4: Local Policy Context 24
- Section 5: Economic & Health Profile of County Wexford 31
- Appendix 1: Strategies and Action Plans Reviewed 36
- Appendix 2: List of Useful Links 37
- Appendix 3: Lenus Health Profile 2015 Wexford 38
- Appendix 4: Section 5 Tables and Figures 50
- References 56



List of Abbreviations

AIRO	All-Island Research Observatory
BOBF	Better Outcomes Brighter Futures
CHO	Community Health Organisation
CSO	Central Statistics Office
CYPSC	Children and Young People’s Services Committee
DEIS	Delivering Equality of Opportunity in Schools
HLG	High-Level Goal
HSE	Health Service Executive
HCC	Healthy County Committee
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LSP	Local Sports Partnership
MD	Municipal District
NGOs	Non-government Organisations
POWCAR	Place of Work Census of Anonymised Records
PPN	Public Participation Network
SCOs	Sustainable Community Objectives
SDGs	Sustainable Development Goals
SPC	Strategic Policy Committee
SPHE	Social, personal and health education
SWO	Social Welfare Office

List of Tables and Figures

Tables		Page
Table 1:	List of Healthy Ireland Priority Areas and Associated National Policies	12
Table 2:	Analysis of LECF by Priority Area	26
Table 3:	Age Comparison % of Population	39
Table 4:	Key Indicators County Wexford vs Rest of Ireland	43
Table 5:	Key Indicators County Wexford vs Rest of Ireland <i>continued</i>	44
Table 6:	Education Summary 2016	50
Table 7:	Employment Summary 2016	50
Table 8:	Live Register by Age, October 2017 - County and Social Welfare Offices	51
Table 9:	General Health Summary 2016	53
Table 10:	Live Register by Age, October 2017 - County and Social Welfare Offices	54

Figures		Page
Figure 1:	Social Determinants of Health	9
Figure 2:	Healthy Ireland National Strategic Priorities (Healthy Ireland in the Health Services implementation Plan 2015)	11
Figure 3:	Relevant Strategies and Plans	15
Figure 4:	County Wexford PPN Vision for Community Wellbeing	30
Figure 5:	County Wexford area covered by Health Profile 2015 Wexford	38
Figure 6:	Levels of deprivation by Electoral Divisions	40
Figure 7:	Percentage of Wexford population living within levels of deprivation and affluence, compared to Ireland	40
Figure 8:	Number of Live births and live birth rate per 1,000 Population from 2007 to 2012, Compared to the Ireland rate	40
Figure 9:	Live Birth Rate per 1,000 for Females Aged Less than 20 Years for the Census Years 2002, 2006, and 2011	41
Figure 10:	Hospital-Age Standardised Discharge Rate per 100,000 by Area of Residence for the Four principal Causes of Disease 2007 - 2011, compared to Ireland	41
Figure 11:	Trends in Death Rates per 100,000 for the Four Principal Causes of Death from 2007 - 2012 for All Ages, Compared to Ireland	42
Figure 12:	Trends in Death Rates per 100,000 for the Four Principal Causes of Death from 2007 - 2012 for Under 75 years (premature mortality), Compared to Ireland	42
Figure 13:	Pobal HP Deprivation Index	52
Figure 14:	Hospitalisation Rates CHO	55
Figure 15:	Wexford Screening Figures	55

Forewords



**Mr. Tom Enright,
Chief Executive,
Wexford County Council**

A healthy population is essential to allow people to live their lives to their full potential and to create the right environment to sustain jobs, to help restore the economy and to look after the most vulnerable people in society. This means all sectors of society need to be proactively involved in improving the health and wellbeing of the population.

Health and wellbeing is affected by policy decisions taken by the government, the individual choices that people make about how they live, and the participation of people in their communities. This understanding calls for a partnership approach and encourages all sectors of society to get involved in making Wexford a healthier place to live and work.

Healthy Ireland is a Government-led initiative which aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society.

I am delighted to be able to endorse this plan. Wexford LCDC will work with all key stakeholders to bring energy and commitment to achieving the ambitions and targets set out in the strategy.



**Councillor John Hegarty,
Chairperson, Healthy County Committee,
Wexford County Council**

From a health and wellbeing perspective, County Wexford has so much potential, ranging from its natural environment, to its sunnier climate and especially the quality of its people. This Healthy Wexford County Plan, covering the period 2020 - 2022, provides a framework to utilise these advantages for the delivery of a healthier, more active Wexford over the next three years.

The Plan supports the implementation of Healthy Ireland, the national health and wellbeing framework, at local level to improve the health and wellbeing of all in Wexford.

It takes energy, vision and commitment to turn action into demonstrable change and I believe that working in collaboration with our partner organisations we can make this a reality.

I am delighted to present this first ever Healthy Wexford County Plan which will provide a roadmap to a healthier County Wexford. The success of this plan will be enhanced and measured by the contribution that all stakeholders make towards its delivery. Working together we can ensure that County Wexford becomes known nationally and internationally as Ireland's Healthiest County.

Forewords



**Councillor Lisa McDonald, Chairperson,
Wexford Local Community Development Committee,
Wexford County Council**

As Chairperson of the Wexford Local Community Development Committee (LCDC) it gives me great pleasure to introduce the Healthy Wexford County Plan for 2020 - 2022. Wexford LCDC commissioned Waterford Local Development to research health priorities and gaps and to review all Policies, Strategies, Plans and Reports which could inform the development of a Healthy Wexford County Plan.

The Plan envisions a Healthy County Wexford where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility. This vision is supported by the Wexford Local Economic and Community Plan (LECP).

As chairperson of Wexford LCDC I invite you to accompany us all on the journey from Plan to Implementation. I would like to thank the Healthy Ireland Subgroup and the Staff of the Community Section, Wexford County Council for the time and commitment made in bringing this worthwhile plan together. I would also like to thank Mr. Joe Greene from Waterford Local Development who carried out the original research and whose work underpins both the process and the plan.

Finally, I would like to thank all of those who took part in the consultation process, your time and effort has helped to create a plan that is unique and useful for the communities in County Wexford.



1: Introduction & Background Context

1.1 Introduction & Background Context

The development of the Healthy Wexford County Plan presents an ideal opportunity for all sectors of Wexford society to come together in partnership to promote health and wellbeing. This is the first Healthy Wexford County Plan and sets out to support people in attaining greater and more sustained and equitable levels of health and wellbeing.

The vision for a Healthy Wexford is where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Our Plan is guided and underpinned by the National Healthy Ireland Framework 2013 - 2025 which sets out a process for improving the health of the population and reducing health inequalities.

In line with the Healthy Ireland Framework, the plan for County Wexford has four overarching goals (see 1.2) and the delivery of the four Healthy Wexford overarching goals will support the achievement of the seventeen Sustainable Development Goals (SDGs) to which Ireland is a signatory under the 2030 Agenda for Sustainable Development. The national guidance for the county level plan sets six priority areas and the Healthy Wexford County Plan is aligned under these priorities:



PRIORITY 1: Physical activity

PRIORITY 2: Healthy weight

PRIORITY 3: Tobacco free

PRIORITY 4: Sexual health

PRIORITY 5: Alcohol and drug related harm

PRIORITY 6: Mental health

The Healthy Wexford County Plan recognises the need to integrate and implement national policies and plans at local level. It also recognises county policies and local needs.

1.2 The Healthy Ireland Framework

Healthy Ireland, a Framework for Improved Health and Wellbeing 2013 - 2025, was launched in March 2013. It is the national framework for action to improve the health and wellbeing of the country over the coming generation. Healthy Ireland takes a 'whole of Government' and 'whole of society' approach to tackling the major lifestyle issues which lead to negative health outcomes. The Healthy Ireland Framework aims to shift the focus to prevention, seeks to reduce health inequalities, and emphasizes the need to empower people and communities to better look after their own health and wellbeing.

The vision and goals of the Healthy Ireland Framework are:

Vision: A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

- Goal 1:** Increase the proportion of people who are healthy at all stages of life
- Goal 2:** Reduce health inequalities
- Goal 3:** Protect the public from threats to health and wellbeing
- Goal 4:** Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.
(see www.healthyireland.ie for further information)

The overarching goals highlight the lifelong approach, as well as the focus on reducing health inequalities by focusing on the social determinants of health. The national strategy also includes a framework that includes outcomes, indicators and targets for achieving the goals of the strategy at national level.

This supports and compliments the vision statement outlined in the Wexford Local Economic and Community Plan 2016 - 2021 which is to ensure that Wexford is a great place to live, work and play; offering its citizens dignity, security and the capacity to participate to their maximum potential. The Local Economic and Community Plan will create the framework conditions to ensure that this continues to be the case by:

1. **Supporting the enterprise economy,**
2. **Facilitating innovation and entrepreneurship,**
3. **Enhancing the visitor experience,**
4. **Enhancing educational attainment and skills development,**
5. **Developing the rural economy,**
6. **Advancing access and communications infrastructure,**
7. **Fostering leadership and capacity,**
8. **Protecting and utilising the natural, cultural and built environment,**
9. **Contributing to regional growth and international potential,**
10. **Addressing area based poverty and disadvantage,**
11. **Addressing poverty and social exclusion,**
12. **Enhancing community facilities and participation, and**
13. **Improving health and wellbeing.**

In addition to the actions detailed in this plan, other local Healthy Ireland initiatives are also supporting the achievement of the national Healthy Ireland goals at a local level, and will continue to run in synergy with this plan. 'Healthy Ireland at Your Library' is an example of one such initiative being implemented in Wexford and is detailed below.

1.3 Healthy Ireland at Your Library

Public libraries are currently delivering the nationwide Healthy Ireland at Your Library programme that will establish libraries as a valuable source within the community for health information. The Healthy Ireland at Your Library service is available in all local libraries across the country.

Funding granted by Healthy Ireland has enhanced health and wellbeing book collections (digital and hardcopy), and provided funding for staff training, events, and promotion. The Healthy Ireland at Your Library programme will continue to build on this and contribute to improving the health, wellbeing, and overall quality of life of communities and individuals at all life stages. Through the countrywide library network, the Healthy Ireland at Your Library programme will provide a range of resources, services and support to users and communities.

Book stock

A comprehensive collection of books on health and wellbeing will be available in all public libraries.

Online resources

New e-books, e-audio books and e-magazines will be accessible in every library and by remote access.

Health information services

Trained staff will be able to provide information guidance and direction to users with health and wellbeing queries and promote health awareness in the community.

Branding and Promotion

National and local campaigns, promotional materials including roll-up banners and bookmarks, and online promotion through the Libraries Ireland website and social media.

Programmes and events

Talks, discussions and workshops with a focus on physical health, mental health and health literacy.

Staff training

Training sessions for each local authority will build the knowledge and skills of library staff to meet user needs for health information and to respond confidently to user requests and provide direction to relevant health resources.

1.4 Social Determinants of Health

The Healthy Ireland Framework demonstrates that there are many factors, or determinants, which can influence a person’s health and wellbeing. It recognizes that good health is not evenly distributed across Irish society. The circumstances in which people are born, grow, live, work and age all impact on their health, in addition to the individual choices people make about how to live. Analysing health needs from a social determinants perspective means mapping the relationship between the individual, their environment and disease. These layers are commonly considered as the social determinants of health and, according to Dahlgren & Whitehead (1991), they can be described as follows:

1. The first layer is personal behaviour/ ways of living that can promote or damage health.
2. The second layer is social and community influences, which can have a positive or negative impact on health
3. The third layer includes structural factors: housing, working conditions, access to services and provision of essential facilities. In this respect, the environment in which people live is recognized as a major determinant of health and wellbeing.

The social determinants of health model requires any initiative or strategy to be considered in light of its potential impact on communities that experience the greatest health disparities (for more information on the social determinants of health see www.gov.ie/en/publication/030396-healthy-ireland-outcomes-framework).

Figure 1: Social Determinants of Health (taken from Healthy Ireland)



Section 2: Healthy Wexford County Action Plan

2.1 The Vision for a Healthy Wexford is where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

Local Authorities have a significant role in protecting and promoting their citizens' health and wellbeing. Under the Local Government Reform Act (2014), as set out in Putting People First, each Local Authority has set up a Local Community Development Committee (LCDC). This committee has many functions which also involves the development of a Local Economic and Community Plan (LECP).

Wexford County Council has established a Healthy County Committee and the role of this committee is to oversee the protection and promotion of the health and wellbeing of the citizens of County Wexford and to assist in the development and implementation of the Healthy County Plan 2020 - 2022.

Working with a range of organizations' and groups, Wexford LCDC and the Wexford HCC are ideally placed to support and implement Healthy Ireland at a local level in response to local people's needs.

The Healthy Wexford County Plan is also influenced by a number of local strategies and policies.

2.2 Healthy Wexford Strategic Priorities

The Healthy Wexford County Plan 2020-2022 sets out the roadmap for implementing the national policy priority programmes at a local level. The priorities for a Healthy Wexford broadly mirrors the National Healthy Ireland priorities as set out below:



Figure 2: *Healthy Ireland National Strategic Priorities (Healthy Ireland in the Health Services implementation Plan 2015)*



Strategic Priorities and Connections

Table 1: List of Healthy Ireland Priority Areas and Associated National Policies

Priority Area	National Policy and Actions
Physical Activity	<ul style="list-style-type: none"> • Get Ireland Active - National Physical Activity Plan • Get Ireland Walking - Strategy and Action Plan (2020 - 2017)
Healthy Weight	<ul style="list-style-type: none"> • A Healthy Weight for Ireland - Obesity and Policy Action
Tobacco Free	<ul style="list-style-type: none"> • Tobacco Free Ireland
Sexual Health	<ul style="list-style-type: none"> • National Sexual Health Strategy (2015 - 2020)
Prevention and reduction of alcohol	<ul style="list-style-type: none"> • Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017 - 2025
Mental Health	<ul style="list-style-type: none"> • Connecting for Life - Wexford: Suicide Prevention Action Plan 2015 - 2020

2.3 The Approach to implementing Healthy Wexford

The approach that Healthy Wexford will adopt to implement these priorities recognises the need to work in collaboration across public, private, voluntary and community sector organisations. We know that many factors affect our health - where we live, our environment, our genetics, our income and education level, our relationship with friends and family.

These factors (often referred to as the ‘determinants of health’) are very often outside the direct influence of health and social services and can only be addressed through partnership working and collaboration. The Healthy Wexford way of working and thinking will involve local people in decision-making processes, will require political commitment, and will focus on organisational and community development.

Strategic Priority 1 & 2: Physical Activity and Healthy Weight:

- Support communities to develop local infrastructure such as trails, playgrounds, nature corridor and parks.
- Promote a culture of active living in schools and work places.
- Provide access to physical activity infrastructure such as beaches and trails to people with Disabilities.
- Integrate physical activity infrastructure (i.e. cycle paths) into new developments.
- Support and expand community food growing programme.
- Provide life skills training.
- Address early childhood obesity.
- Provide meals to elderly community.

Strategic Priority 3: Promoting a Tobacco Free County Wexford:

- Development and delivery of a peer led tobacco free programme as part of the South East Regional Group and South East Community Healthcare Healthy Ireland Implementation Plan 2019 - 2022.

Strategic Priority 4: Improving Sexual Health and Wellbeing and Reducing Negative Sexual Health Outcomes:

- Establish a dedicated sexual health project for young people.
- Enable learning about sexual health with rollout of 'Learning for living', stay safe online initiatives, and in school workshops.

Strategic Priority 5: Reducing Harm and Supporting Recovery from Drug and Alcohol Misuse:

- Promote healthy lifestyle through appropriate educational interventions.
- Provide appropriate mechanisms to enable referral for treatment.
- Promote behavioural change through the Cornmarket project.
- Improve the quality of treatment and reduce stigma.

Strategic Priority 6: Mental Health and Wellbeing:

- Achieving a culture of educational attainment and lifelong learning.
- Delivery of 'Connecting for Life' strategy for County Wexford.
- Community developed wellbeing plans.
- In the built environment - rejuvenation of town and village spaces for the enjoyment of the community.
- Implementing programmes for Roma, Traveller, LGBTI and disadvantaged communities appropriate to their needs.
- Provide safe spaces for youth to meet.
- Promote health and physical wellbeing.
- Utilise the capacities of the Wexford County Library and Creative Wexford to stimulate mental wellbeing.

2.4 Healthy Wexford Action Plan & National Healthy Ireland Priorities

Actions to implement and support the 6 Strategic Priorities of the Healthy Wexford County Plan are contained within the Wexford Local Economic and Community Plan (LECP). Specific objectives, measureable indicators, actions and roles have been identified by the LCDC and partner organisations. Wexford LCDC has in place the necessary arrangements for the monitoring, evaluation and review of these actions.

The Healthy County Committee, supported by the Healthy County Coordinator, will progress these Healthy County related actions and will report on the progress to the LCDC for recording against the LECP.

Section 3: The National Policy Context

Over the past number of years significant work has been undertaken, in consultation with the public, in developing national policies and plans. These include, but are not limited to Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical Activity Plan (2016), A Healthy Weight for Ireland Obesity Policy (2016), Reducing Harm, Supporting Recovery - a health lead response to drug and alcohol use in Ireland (2017) and the National Get Ireland Walking Strategy (2017).

With a focus on the implementation of these plans, there is recognition that these policies and plans have to be integrated and implemented at local level. The Wexford Healthy County Committee and Wexford Local Community Development Committee are ideally placed to understand local needs and issues, and also the assets and networks unique to County Wexford to promote and improve the health and wellbeing of people living in County Wexford.

Figure 3: Relevant Strategies and Plans



3.1 A Healthy Weight for Ireland - Obesity Policy and Action Plan 2016 - 2025

Government policy is intent on reducing the levels of overweight and obesity and its policy goals will be implemented under the Healthy Ireland Framework. The Obesity Policy and Action Plan is also working to be life-course oriented, with a focus on children and families; and prevention focused, with an emphasis on targeting inequalities. There is also a focus on community delivery of programmes to ensure accessibility. The Action Plan involves all sectors in Ireland and includes implementation pathways and indicators to measure progress. The Policy also aims to remove the stigma associated with obesity.

3.2 Better Outcomes Brighter Futures (BOBF)

This is the national strategy for children and young people from birth to age 24. It identifies six high level goals to strengthen the support systems around children, young people and their parents. BOBF is aligned to Healthy Ireland, and seeks to improve all aspects of health and wellbeing, reducing risk taking, promoting healthy behaviour and positive mental health, as well as improving diet and diseases related to overweight and obesity.

The transformational goals that underpin BOBF, and which relate to HI, are:

- Support parents
- Earlier intervention and prevention
- Listen to and involve children and young people
- Ensure quality services
- Strengthen local services and cross government and interagency collaboration and co-ordination.

Implementation of these goals should achieve the following five outcome goals:

That all children and young people:

1. Are active and healthy, with positive physical and mental wellbeing
2. Are achieving their full potential in all areas of learning and development
3. Are safe and protected from harm
4. Have economic security and opportunity
5. Are connected, respected and contributing to their world

Outcome 1 has further aims in particular that children:

- 1.1 Are physically healthy and make positive health choices
- 1.2 Have good mental health
- 1.3 Have a positive and respectful approach to relationships and sexual health
- 1.4 Are enjoying play, recreation, sports, arts, culture and nature.

3.3 Connecting for Life 2015 - 2020

This is the national strategy for reducing suicide and empowering communities and individuals to improve their mental health and wellbeing. Its two key objectives are:

- (i) Reducing the suicide rate in the whole population and amongst specified priority groups, and
- (ii) Reduced rates of presentations of self-harm in the whole population and amongst specified priority groups.

Recommendations that relate very specifically to Healthy Ireland, and involve potential for multiagency responses include;

1. Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk and protective factors
2. Increase awareness of available suicide prevention and mental health services
3. Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups
4. Improve the continuation of community level responses to suicide through planned multi-agency approaches
5. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. family resource centres, sporting organisations)
6. Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations
7. Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups
8. Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse
9. Enhance the supports for young people with mental health problems or vulnerable to suicide.

3.4 A Vision for Change (2006)

A Vision for Change is the Government's policy for Mental Health Services in Ireland. It was developed by an expert group and provides a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness. The goal is that everyone should have access to local, specialised and comprehensive mental health service provision that is of the highest standard.

Recommendations that relate very specifically to Healthy Ireland, and involve potential for multiagency responses include:

1. Mental health promotion should be available for all age groups
2. Services should be recovery orientated
3. Linkages between all providers should be encouraged.

3.5 National Drug and Alcohol Strategy, Reducing Harm, Supporting Recovery

The latest National Drug and Alcohol Strategy, Reducing Harm, Supporting Recovery - a health led response to drug and alcohol use in Ireland 2017-2025, is government policy on drug and alcohol abuse. It sets out an integrated public health approach to drug and alcohol use.

A key focus of the strategy is on promoting healthier lifestyles within society. It includes a 50-point Action Plan from 2017 to 2020, with the scope to develop further actions between 2021 and 2025. The strategy treats substance abuse and alcohol addiction as a public health issue rather than a criminal justice issue.

Strategic actions which can be progressed at the community level include:

- Support SPHE programmes
- Improve supports for young people at risk of early substance use
- Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities
- Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities
- Expand the availability and geographical spread of relevant drug and alcohol services and improve the range of services available, based on identified need
- Improve relapse prevention and aftercare services
- Further strengthen services to support families affected by substance misuse
- Help individuals affected by substance misuse to build their recovery capital
- Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment

- Respond to the needs of women who are using drugs and/or alcohol in a harmful manner
- Expand the range, availability and geographical spread of problem drug services for those under the age of 18
- Improve the response to the needs of older people with long term substance use issues
- Improve outcomes for people with co-morbid mental illness and substance misuse problems
- In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.

3.6 National Physical Activity Plan (2016)

Under this Plan, physical activity levels will be increased across the entire population with the intention that the health and wellbeing of people living in Ireland will be improved. The Plan is aiming to get everybody physically active and spending less time being sedentary. Its goal is that everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life.

This plan outlines that:

- All children and young people should be active, at a moderate to vigorous level, for at least 60 minutes every day
- Adults and older people should be active for at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week)
- People with disabilities should be as active as their ability allows. Aim to meet adult guidelines of at least 30 minutes of moderate-intensity activity on 5 days a week.

The recommendations in this plan that can be implemented at local level include:

- Conduct an annual National Week of Physical Activity and Sport to link in with the European Week of Sport
- Develop guidance to support schools adopt and implement policies that promote the wellbeing of their communities under the Get Active! Framework
- Extend the Active School Flag programme to 500 further schools
- Fully implement the physical education curriculum for all primary and post-primary pupils to meet Department of Education and Skills guidelines
- Include physical activity in the development plans of Department of Children and Youth Affairs- Children and Young People's Services Committees
- Develop and promote walking and cycling strategies in each Local Authority area
- Ensure that the planning, development and design of towns, cities and schools promotes cycling and walking with the aim of delivering a network of cycle routes and footpaths.

- Ensure that the planning, development and design of towns and cities promotes the development of local and regional parks and recreational spaces that encourage physical activity
- Prioritise the planning and development of walking and cycling and general recreational /physical activity infrastructure
- Explore opportunities to maximise physical activity and recreation amenities in the natural environment
- Continue to support the Smarter Travel Workplace and Campus Programmes
- Rollout a new Active Communities Walking Programme in all LSP areas and support over 500 new active community walking groups around the country under the Get Ireland Walking initiative
- Implement and support participation programmes with a focus on disadvantaged communities
- Develop a physical activity for health culture in Ireland through the development of new Get Ireland Running, Get Ireland Cycling, Get Ireland Swimming initiative
- Strengthen and enhance the capacity of the LSPs to further develop locally led plans and more long-term sustainable physical activity programmes
- Develop programmes to address drop out from physical activity and sport
- Extend existing and developing programmes for physical activity for people with disabilities and their families to enhance and deliver a comprehensive health and wellbeing programme.

3.7 National Sexual Health Strategy 2015 - 2020

This is Ireland's first national strategy on sexual health. The vision of this strategy is that everyone in Ireland experiences positive sexual health and wellbeing and has access to high quality sexual health information, education and services throughout their life. It follows Healthy Ireland guidelines and recommendations which can be implemented at community level and include:

- Ensure that all young people will have continued access, and knowledge of how to access, age-appropriate sources of trustworthy and accurate information and support on relationships and sexual health
- Support all children and young people in addressing issues that impact on sexual wellbeing such as stigma, homophobia, gender, ability/disability, mental health, alcohol and drugs
- Develop and promote accessible and appropriate information, resources and supports for parents to enable them to communicate effectively about relationships and sexuality
- Continue to provide to all young people who have left school with information on how and where to access sexual health services appropriate to their needs

- Outreach programmes to inform and support young people in out-of-school settings will be proactive in addressing sexual health needs
- Provide organisations working with young people in out-of-school settings with support and sexual health training to ensure they provide high quality advice, resources and services
- Provide all adults with information aimed at reducing negative sexual health outcomes and promoting sexual wellbeing, throughout life
- Provide accessible crisis pregnancy supports, STI/HIV testing and other supports and counselling for all sexually active adults
- Include broader sexual health information in public health campaigns and information resources
- Ensure that all campaigns and interventions targeting those most at risk of negative sexual health outcomes will be inclusive with regard to the diversity of sexual experiences and identities
- Develop and maintain positive prevention, access to condoms, testing, targeted education and outreach
- Identify and establish links with other relevant strategies, particularly those relating to vulnerable and at-risk groups, to ensure their sexual health needs are addressed
- Develop programmes for those working with vulnerable and at-risk groups to train them to recognise and respond appropriately to the sexual health needs of their clients, recognising and addressing the barriers to accessing services faced by many at risk groups
- Incorporate training on sexual health for professionals who deliver sexual health education and prevention activities or who can incorporate sexual health into their core work as part of continuing professional development
- Complete a mapping exercise of existing sexual health services
- Continue to build on the existing evidence base to understand emerging trends relating to crisis pregnancy and sexual health and undertake new research initiatives to address knowledge gaps.

3.8 Tobacco Free Ireland (2013)

Tobacco is the leading cause of preventable death in Ireland with 5,500 smokers dying each year from tobacco related diseases (HSE Smoking the Facts). This is Ireland's national policy on tobacco control and has set a target to achieve a tobacco-free Ireland by 2025 (less than 5% smoking prevalence) It contains the current policy and legislative context and includes data on smoking. It also sets out a series of recommendations covering, protecting children, regulation of the tobacco retail environment, development of national and international partnerships and the WHO MPOWER goals.

The recommendations which hold potential for implementation at a community level include:

- Continued support for smoke free campuses in health care, governmental and sporting facilities
- Smoke free playgrounds and parks
- Prohibition of vending machines
- Undertaking targeted approaches with specific groups, including young people, lower socio-economic groups, pregnant and post-partum women and patients with cardiac and respiratory disease
- Enhancing programmes aimed at young people to prevent uptake of smoking.

3.9 Get Ireland Walking - Strategy and Action Plan 2017 - 2020

Get Ireland walking, works with Sports Partnerships across Ireland to deliver a national initiative in the area of physical activity. The strategy is aligned with Healthy Ireland and has particular focus on disadvantaged communities and particularly groups with low activity rates. The strategy also links with Healthy Ireland goals to reduce health inequalities. Actions within this plan that can be progressed at the local level include:

- Promote the suite of existing training available to walkers and volunteers, and plan for the development of new training resources that focus on the inclusion of all individuals and sectors of society
- Coordinate a development pathway for walkers, volunteers and programme staff to advance skills and participation in walking
- Encourage the advancement of existing initiatives that promote walking in children and young people in pre-school, primary and post-primary school and community settings
- Support the roll-out of the Woodlands for Health programme in one additional region per annum
- Include walking as a suitable health-enhancing activity in health promotion and patient information resources.

- Promote walking as a health-enhancing activity and integrate sign-posting and referral to walking information, supports and programmes as part of the HSE Making Every Contact Count and Self-Management Support frameworks.
- Develop a toolkit for individuals or groups to conduct local area mapping and to advocate for improvements in access, infrastructure and walkability of the environment in their local communities
- Encourage and support the inclusion of walking into local and national strategies and policies to support pedestrian infrastructure and deliver safe, accessible and attractive walking environments for new and existing settlements
- Create opportunities for improved access to lands for recreational walking.
- Develop and market recreational walking infrastructure.
- Encourage and support independent walkers
- Promote walking for transport and recreation in the workplace and third-level institution settings
- Encourage and support walking activities within the workplace for the greater health and wellbeing of employers and employees
- Explore opportunities for leisure facilities and community sports hubs to support walking and to link with local walking groups in the area
- Gather commitment to a Walking Charter at local and national levels.

3.10 Living Well with a Chronic condition: Framework for Self-Management Support. National Framework and Implementation Plan for Self-Management Support for Chronic Conditions: COPD, Asthma, Diabetes and Cardiovascular disease

The development of the national self-management support framework was an action from Healthy Ireland in the Health Services - National Implementation Plan 2015 - 2017. In Dec 2017 a Self-Management Support Coordinator for chronic conditions was appointed to the South East.

Section 4: Local Policy Context

The Healthy Wexford County Plan is informed by the extensive consultations which were undertaken with the general public and stakeholders in the development of the following:

The Local Economic and Community Plan 2016 - 2021

The Sports Active Wexford Strategic Plan 2017 - 2021

The Age Friendly Strategy, County Wexford 2017 - 2021

Creative Ireland Wexford

The South East Traveller Health Unit Strategic Plan 2015 - 2020

The Wexford Children and Young People's Services Committee Plan (CYPSC) 2017 - 2019

The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses

Connecting for Life Wexford 2015 - 2020

County Wexford PPN Vision for Community Wellbeing 2019

4.1 The County Wexford Local Economic and Community Plan 2016 - 2021 (LECP)

The Wexford LECP, developed after extensive consultation and economic analysis and mindful of the County's Health profile has adopted High Level Goals (HLGs) relevant to achieving a Healthy Wexford. National and Local plans and strategies that informed the development of the LECP, its Sustainable Community Objectives (SCOs) and action plans are listed in the reference section of the plan.

Actions are prioritised under each County Wexford LECP High Level Goal that will deliver meaningful gains in each Healthy Ireland priority area - Physical Activity; Healthy Weight; Tobacco Free; Sexual Health; Reduction in Alcohol and Drug related harm; and Mental Health and Wellbeing.

HLG1

Foster the culture of educational attainment and lifelong learning in County Wexford and provide opportunities to develop educational and workforce skills, to improve work readiness and access to employment

- HLG1 therefore addresses the socioeconomic determinants (employment and education) of achieving good health and wellbeing
- 31 specific objectives
- 50 specific and time bound actions
- 214 specific and time bound actions by partner organisations

HLG2

Support and promote the development of socially inclusive, sustainable communities in County Wexford and ensure that all citizens enjoy optimal health and wellbeing

- HLG2 is focused in building capacity in disadvantaged, (economic, social, lifestyle etc.) groups to identify and implement specific pro health actions and on building the physical infrastructure necessary to attain health wellbeing.
- 50 specific objectives
- 122 specific and time bound actions
- 411 specific and time bound actions by partner organisations

HLG3

Continue to develop and promote County Wexford as a great place to live, work and visit

and

HLG6

Protect and sensitively utilise our natural, built and cultural heritage and together with the Arts, realise their economic potential

Actions under these goals build on the tourism trail infrastructure and are directly related to the healthy Ireland Priority-Physical Activity.

Table 2: Analysis of LECP by Priority Area

Priority Area	No. of Specific Objectives	No. of Actions
Physical Activity	17	35
Healthy Weight	1	2
Tobacco Free	1	1
Sexual Health	2	6
Prevention and reduction of alcohol - related harm	7	14
Mental Health	22	50

The rollout of the Plan is in partnership with Council Departments, Agencies, Communities and NGOs with specific time bound actions that are aligned with Healthy Ireland priorities. The delivery of actions relating to Physical Activity, Healthy Weight and Mental Health and Wellbeing are in many instances led by the same partners in geographical areas ensuring a community wide approach to achieving desired outcomes.

4.2 Sports Active Wexford Strategic Plan 2017 - 2021

The Sports Active Strategic Plan has developed further additional Goals:

- To empower communities to increase sustainable and inclusive participation in lifetime physical activities
- To encourage and enable locally identified low participation groups access opportunities for meaningful participation in physical activity
- To support the key providers in the sport sector promote a sport for all culture and increase participation in recreational sport.



Twenty-three actions have been committed focused on building capacity within sports officers and, communities through focused training initiating an Active programme.

Wexford County Council has an established infrastructure of walking and cycling routes, swimming pools, parks and playgrounds and beaches.

4.3 Age Friendly Strategy Co. Wexford 2017 - 2021

The strategy aligns Co. Wexford's ambition and commitment to it's older people with the national strategy. Consultation and analysis of current state gave rise to actions being developed in the following broad areas:

Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information.

Planned actions in each of these areas address two specific priorities, that of access to physical activity and mental health and wellbeing.



4.4 Creative Ireland Wexford

The Creative Ireland Programme is a culture based programme designed to promote individual, community and national wellbeing. The core proposition of the programme is that participation in cultural activity drives personal and collective creativity, with significant implications for individual and societal wellbeing and achievement. Creative Ireland Wexford has adopted this ambition and developed its action plan. Three of the actions are noteworthy here:

- Arts Ability Programme 2017, an inclusive, participatory arts programme exploring creativity that people experiencing mental health problems and / or intellectual, physical or sensory disabilities. This programme involves 4 centres in the County.
- Creative Ireland Grants scheme 2017, has as its key objective to provide supports to local communities to organise creative activities and projects that will encourage cultural participation.
- Living Arts in Schools, provides children with understanding and experience of contemporary art making in 4 schools per year over 15 weeks. The programme will be extended to a second level Deis school targeting young people at risk of early school leaving.



4.5 South East Traveller Health Unit Strategic Plan 2015 - 2020

The HSE’s South East Traveller Health Unit has been delivering services in partnership with community and men’s health projects, the voluntary sector and the South East Regional Traveller Health Network since 1999. The strategic plan takes a holistic approach to health and emphasises that Traveller health, including mental health, must be considered with reference to the social determinants of health, such as housing, education, employment and access to services.

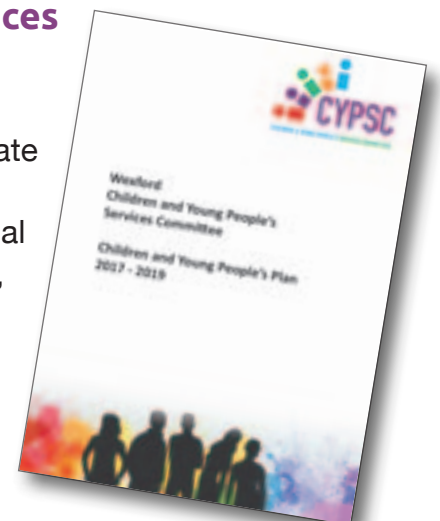


A specific objective of the plan is to bring about change for the better for members of the Traveller community in relation to both mental health and suicide. Its goal is that increased suicide awareness and innovative responses supported by the Traveller Men’s Health Projects will reduce rates of male suicide by 10%.

The strategy goes on to name sixteen actions specifically aimed at men’s health and suicide prevention through targeted services, information, referrals, signposting, cultural capacity, empowerment and self-esteem. The All Ireland Traveller Health Study, the Traveller Health Unit Strategic Plan and Connecting for Life Wexford form a trio of complementary documents that inform and respond to the complex mental health issues experienced by the Traveller community in County Wexford.

4.6 The Wexford Children and Young People’s Services Committee Plan (CYPSC) 2017 - 2019

This relates to the five national outcomes for children, which state that children will be healthy, both physically and mentally, supported in active learning, safe from accidental and intentional harm, secure in the immediate and wider physical environment, economically secure, part of positive networks of family, friends, neighbours and the community and included and participating in society. The plan makes recommendations in relation to mental and emotional health and highlights the increasing numbers of children and young people presenting with emotional and early stage mental health problems.



The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted was the length of time on waiting lists to access services when mental health problems have become more serious.

4.7 The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses

The 2015 Rainbow Report explores the experiences of LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people when engaging with the health services in the South East. The report points out that “the naming of LGBTI people in health policy in Ireland is still only emerging and developing as a coherent practice. However, it has been sufficient to allow a significant Targeting of LGBTI people by services in some instances. Policies in relation to children and in the areas of suicide prevention, mental health, sexual health and drugs have usefully named LGBTI people as a priority group.”

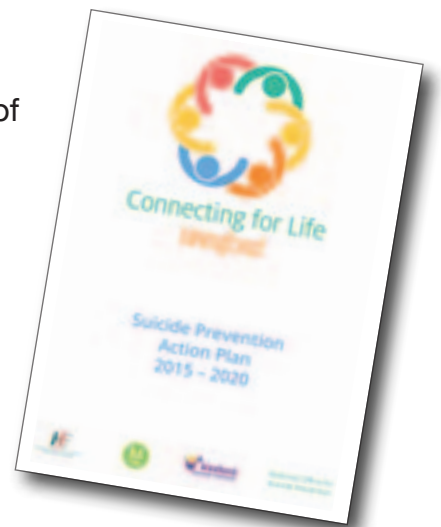


Practical recommendations in the Rainbow Report complement actions outlined in this plan in terms of supporting young people who may be vulnerable to experiencing mental health difficulties.

4.8 Connecting for Life Wexford

Suicide is a significant public health concern for the people of Wexford where the suicide rate has been higher than the national average for more than ten years. Suicide in Wexford has had a devastating effect on individuals and families in what is a relatively small and tight knit community.

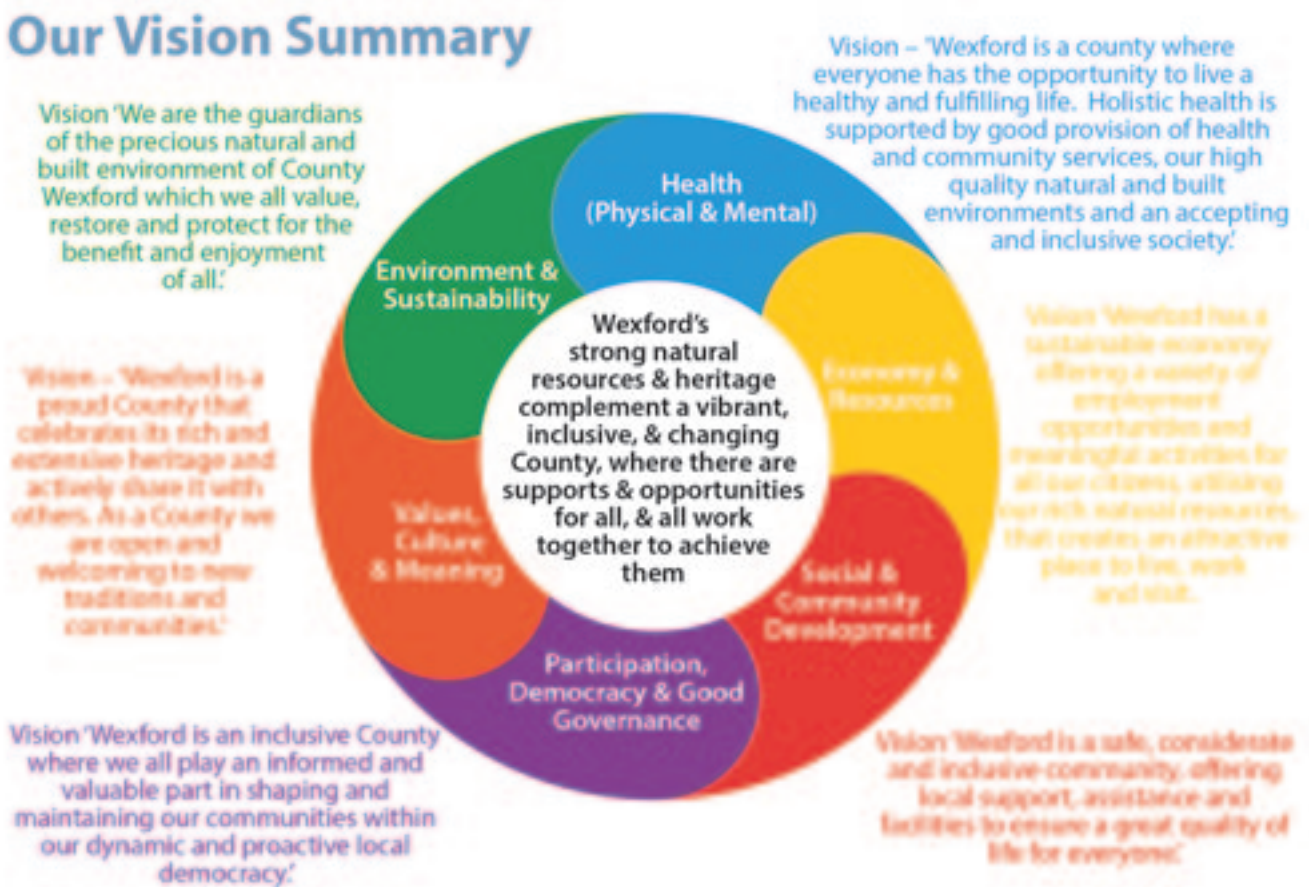
Connecting for Life Wexford is the result of people in the community taking responsibility and coming together to develop a clear, collaborative and joined up response to an issue that is uppermost in people's minds across the entire County. The action plan for suicide prevention was created using a community development approach with a focus on inclusion, trusting relationships and working together to achieve the best possible outcomes for all concerned. The purpose of Connecting for Life Wexford is to support and deliver on national objectives at a local level in County Wexford, to meet local needs. There are 56 specific local actions that are aligned to the vision, goals, objectives and actions in the national strategy.



4.9 County Wexford PPN Vision for Community Wellbeing

During 2019 Wexford Public Participation Network (PPN) undertook a series of consultations among its membership to develop a Vision for Community Wellbeing. The vision includes an over-arching vision for Wexford and visions in six wellbeing domains. A Vision Summary is shown below. Further information on the vision, and more detailed aspects for each wellbeing domain are available on Wexford PPNs website www.wexfordppn.ie

Figure 4: County Wexford PPN Vision for Community Wellbeing



Section 5: Economic and Health Profile of County Wexford

5.1 Socio-Economic Profile of County Wexford

Wexford County Council commissioned the All-Island Research Observatory (AIRO) at Maynooth University to provide a detailed report on the current socio-economic conditions in the county.

This report collated and analysed several different sources of information, including Census 2016 data, non-census data and Central Statistics Office (CSO) Place of Work Census of Anonymised Records (POWCAR) data.

The report presents a detailed socio-economic profile of County Wexford and gives a comprehensive account of the challenges, opportunities, weaknesses and threats facing the county in relation to a range of key indicators.

Population

- The total population of Wexford in 2016 census is 149,772 representing 3.1% of the state total
- Over a 20 year period (1996 to 2016), Wexford experienced a 43.4% (+43,351) increase in its population base - the fifth highest rate in the State. The more recent growth rate (2006 to 2016) of 13.6% is the seventh highest in the state. The rate of growth has progressively slowed in the last number of years with the growth between 2011 and 2016 (+3%) ranking as the 13th highest rate of growth - below the State average of 3.8%
- Population of persons over 65 has increased by 19.7% the 10th highest in the state
- The Old Age Dependency rate (65+) is 23.2%, above the national average of 20.4%
- The child and youth dependency rate (0-18 years) is 34.8% and is considerably higher than the national rate of 32.3%
- The population in the range 15 to 64 is 84,784 or 63.3% of the population. This rate is lower than the national average of 65.5% reflecting the trend of young adults leaving the county for education or employment
- 43% of the population live on 3.3% of the county's total land mass. Wexford MD has a density figure of 107.6 persons per square Km - almost twice that of any other MD in Wexford
- Wexford has a higher than national and regional rates of traveller population. There are 1508 travellers living in Wexford with an observable spatial pattern. This is a marginal (0.5%) increase over the number recorded in 2011. The highest concentration of Travellers lives in New Ross MD with the highest concentrations in Clonroche, Taghmon, New Ross and surrounding areas.

- County Wexford has the 5th lowest 'Non-Irish National' rate in the country with only 9% (13,244) of its population originating from outside Ireland
- The UK and Polish are by far the largest communities making up 65% of the non-Irish population. Over the five-year period, 2011 - 2016, there has been a decrease in both populations offset by an increase in dual nationality citizens and limited overall growth in counties population.

Education (Table 6, Appendix 4 page 50)

- A total of 24% of the population (15+) have a third level degree or higher (the 4th lowest in the state). 20.2 percent of the population have an education attainment level classed as higher secondary education
- The rate of third level attainment has increased by 21.3% between 2011 and 2016.
- There is only one third level institute within the county, with Carlow IT campus located in Wexford town. As a result, many of those who progress to third level attend institutes outside County Wexford
- At Municipal District level, there is considerable variation in the percentage recorded as No formal/primary only; Wexford MD has 14.5%, Gorey has 14.1%. In contrast, New Ross MD at 17.1 % and Enniscorthy MD has 17.4%. Across the County the highest rates of the lowest level of educational attainment are found in Taghmon (32.4%), Clonroche (33%), Campile (27%), Bunclody (24.2%) and Coolgreany (22.8%)
- The county has the 6th highest rate of low educational achievement (no formal/primary only - 15.8%).

Employment (Table 7, Appendix 4 page 50)

- The labour force participation rate in Wexford is 59.3%, the 12th lowest rate in the Country. However, there is significant spread in rates at the sub-county level - the highest labour force participation rate in the county is in Gorey (63.5%) and the lowest is in Campile (49.4%)
- 83.4% of the labour force is 'At Work' in Wexford. This is the fifth lowest rate in the country and is mirrored by high unemployment rates (see below). There is, however, an uneven distribution of the labour force 'At Work' throughout Wexford with a significant variance between the highest and lowest rates in the county. The highest rate recorded is in Castlebridge (85.4%) and the lowest in Clonroche (59.1%)
- 'Skilled Trades' (18.8%), 'Elementary Occupations' (9.9%) and 'Process, Plant and Machine Operatives' (9.4%) are top performing occupational groups for those in employment residing in Wexford and record considerably higher than average rates when compared to the State averages. These occupational groups are reflective of the 'traditional' occupational groups. In converse to this, Wexford (12.5%) has a significantly lower rate of those in 'Professional Occupations' when compared with the State (17.3%).

Unemployment (Table 8, Appendix 4 page 51)

- In 2016, the unemployment rate in Wexford was 16.6% (11,478 persons out of labour force of 69,237). The national average unemployment rate was 12.9%. The distribution of unemployment throughout Wexford is uneven with the lowest rate recorded in Castlebridge (14.6%), while two areas had rates of approximately 40% - Taghmon (38.1%) and Clonroche (40.9%)
- In October 2017, 10,783 Wexford residents were recorded on the Live Register. Of this total, 12.1% (1,303) were under 25 years of age (youth unemployment). At the Social Welfare Office level (SWO), Enniscorthy SWO (13.9%) had the highest rate of those aged under 25. This rate is higher than the State average of 12.6%.

Disadvantage (Figure 12 Appendix 4 page 42)

- Deprivation levels have improved marginally in Wexford between the years 2011 - 2016. It is the fourth most disadvantaged local authority in the country. The majority of Wexford's population live in small areas that are classed as 'Marginally below average' (56% or 84,039), this is followed by areas 'Marginally above average' (21.2% or 31,703), 'Disadvantaged' (16.4% or 24,612), 'Very Disadvantaged: (4.4% or 6,651) and finally' (1.8%) are classified as 'Affluent'. no areas are classified as 'Very Affluent'
- Based on the Relative Index scores for 2016, Wexford is the 4th most disadvantaged local authority in the country with a score of -4.8 (marginally below average) This is an improvement from 3rd in 2011 but still less than the level of 7th achieved in 2006
- There is a clear spatial pattern with two Affluent Areas in close proximity to Wexford town and Gorey. Areas recording Marginally Above average scores tend to be located in and around major urban settlements. Areas recording scores of Very Disadvantaged are limited to a small number of settlements distributed throughout rural Wexford
- The '65 and over' cohort has rapidly increased in Wexford and now represents 14.7% of the population living in the county. Since 2011 this has increased by 19.7% and was the tenth highest rate of increase in the country
- 1.75% or 2,621 people reported having bad or very bad health in 2016. A further 8% reported their health was 'Fair'
- The total population classed as having a 'Disability' within County Wexford is 22,650. This represents 15.1% of the total population in County Wexford, the 2nd highest in the country and much higher than the State average of 13.5%. Disabilities have quite a balanced distribution throughout the county with slightly higher rates found in urban cores such as Enniscorthy, Gorey and Wexford plus in the surrounding hinterlands
- Of those classed as having a 'Disability' in County Wexford, the most common were chronic illness (16.5%), substantial physical limitations (14.5%), difficulties in participating in activities (12.4%), and difficulty in working or attending school.

Health and Disability (Tables 9 page 53 and 10 page 54, Appendix 4)

- 59% of Wexford's population report their health status as 'Very Good', 28% reported their health as 'Good' while 8% reported their health as 'Fair'. The level reporting very good is lower than both the State and regional figures
- Wexford has moderately high rates of its population with 'Bad' or 'Very Bad Health'. 2,163 (1.4%) people reported 'Bad health' while 458 (0.3%) reported 'Very Bad' health
- There were 22,650 people who stated they had a disability in April 2016, accounting for 15.1% of the population. This is the second highest rate in the state and much higher than state average of 13.5%. This is an increase of 2,516 persons (12.5%) on the 2011 report
- The most common reported reasons for disability were 'chronic illness' (16.5%), substantial physical limitation (14.5%), difficulty in participating in activities (12.4%), and difficulty in working or attending school/college.

5.2 County Health Profile 2015 (page 38)

Appendix 3 sets out a health profile for County Wexford. This profile is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities.

- 'Health Profile 2015 Wexford' identifies the major causes of ill health across all groups and within individual segments and health categories
- The incidence of rates for all cancers is lower or close to the national rate except for malignant melanoma which is the highest in the state. While cancer rates nationally per 100,000 population, have decreased since 2007 this trend is not reflected in Wexford where levels have stayed the same as 2007
- Death rates for all causes are above national averages with only deaths from heart and stroke illness following to national trend of significant reduction
- Wexford has a very high birth rate to females aged 20 or under of 16.7 versus national average of 12.3
- The suicide rate in Co. Wexford is 40% higher than the national rate at 15.9 versus 11.3
- Wexford has the second highest rate of hospital admission for COPD and heart failure in the South East while also experiencing significant admissions for Asthma and Diabetes.

See also Figures 13 (page 52) & 14 Appendix 3 (page 55)

The population of Wexford have exhibited a very positive attitude to preventative health measures as demonstrated by participation in immunization and screening programmes. Immunization rate uptake in Co. Wexford is amongst the highest in the state. Uptake at 24 months for 3rd 6 in 1 of 97% and MMR1 of 97% will impact the health and wellbeing of Wexford's population over time.

Appendix 1: Strategies and Action Plans Reviewed

- Better Outcomes Brighter Future (BOBF) 2014 - 2020
- Strategic Framework for Family Support (TUSLA) (January 2013)
- Taghmon Family Resource Centre Strategic plan
- Europe 2020 Strategy
- CEDRA Report 2014
- Wexford CPD 2103 - 2019
- Wexford Local Development Strategy (December 2015)
- Food Harvest 2020
- National Physical Activity Guidelines June 2009
- Ireland's report card on physical activity in children and youth 2014
- Obesity policy and action plan 2015-2025
- Get Ireland Active - National physical activity plan 2016
- The Health promotion strategic framework, HSE 2011
- National Positive Ageing Strategy 2015
- National Disability Strategy Implementation Plan 2013 - 2015
- National Women's Strategy 2007 - 2016
- The Irish Longitudinal Study on Ageing (2014)
- Physical Education, Physical Activity and Youth Sport Forum (2010)
- Assessment of Economic Impact of Sport in Ireland (2010)
- Visit Wexford Plan, Fáilte Ireland
- Smarter Travel Scheme by the Department of Transport, Tourism and Sport (DTTAS)
- Wexford County Council Litter Management Plan; Wexford County Council Beach Bye Laws
- An Taisce Blue Flag and Green Flag programme
- Putting People First-Action Programme for Effective Local Government (October 2013)
- Ready, Steady, Play! A National Play Policy
- National Disability Strategy; Disability Act 2005 Sectoral Plan
- World Tourism Organisation Recommendations
- Hook Tourism Strategy 2016 - 2020
- "Young Wexford People Talking About Sex": Sexual Attitudes and Behaviours of Young People (aged 12 - 18 years) living in Co. Wexford
- National Sexual Health Strategy 2015 - 2020
- National Drugs Strategy 2009 - 2016
- Restorative Justice Strategy, Probation Service, Department of Justice
- The County Wexford Interagency LGBTI Youth Steering Groups Development Plan
- The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses"

- FDYS Strategic Plan
- Connecting for Life Wexford Suicide Prevention Plan 2015 - 2020
- Comhairle na nÓg plan
- Community Employment Drug Rehabilitation Strategy, Dept. of Social Protection, 2015
- South - East Regional Homeless Strategy
- Wexford Joint Policing Committee Six Year Strategic Plan
- School Completion Programme Annual Retention Plan
- Wexford Libraries Development Plan
- Wexford Town and Environs Development Plan
- Making Great Art Work: Leading the Development of Arts in Ireland Arts Council Strategy (2016 - 2025)
- National Youth Strategy 2015 - 2020
- National Quality Standards Framework for Volunteer-led Youth Groups
- HSE Social Inclusion Department Strategic Plan 2015 - 2017
- Tusla, Family Support Agency Strategic Framework for Family Support within the Family and Community Services Resource Centre Programme
- National Intercultural Health Strategy 2007 - 2012
- Ireland’s National Traveller / Roma Integration Strategy 2017 - 2021
- National Homeless Strategy - The Way Home 2008 - 2013
- National Planning Framework, National Climate Change Framework and associated sector specific plans
- Regional Traveller Health Unit Strategic Plan 2015 - 2020

Appendix 2: List of Useful Links

Breast Check	www.breastcheck.ie
HSE Quit	www.quit.ie
Cervical Check	www.cervicalcheck.ie
HSELand	www.hseland.ie
Pavee Point	www.paveepoint.ie
Get Ireland Active	www.getirelandactive.ie
Health Service Executive	www.hse.ie
Healthy Ireland	www.healthyireland.ie
Health Research Board	www.hrb.ie
Department of Health	www.health.gov.ie
Drug and Alcohol Information and Support	www.drugs.ie
Lenus	www.lenus.ie

Appendix 3: Lenus Health Profile 2015 Wexford

Health Profile 2015 Wexford



Authors Health Service Executive (HSE) Public Health Profile Working Group

Publisher Health Service Executive (HSE)

Link to item <https://www.lenus.ie/handle/10147/584056>

HEALTH PROFILE 2015

Wexford

Population 2011: 145,320 • **Population Change Census 2006 - 2011: +10.3%**

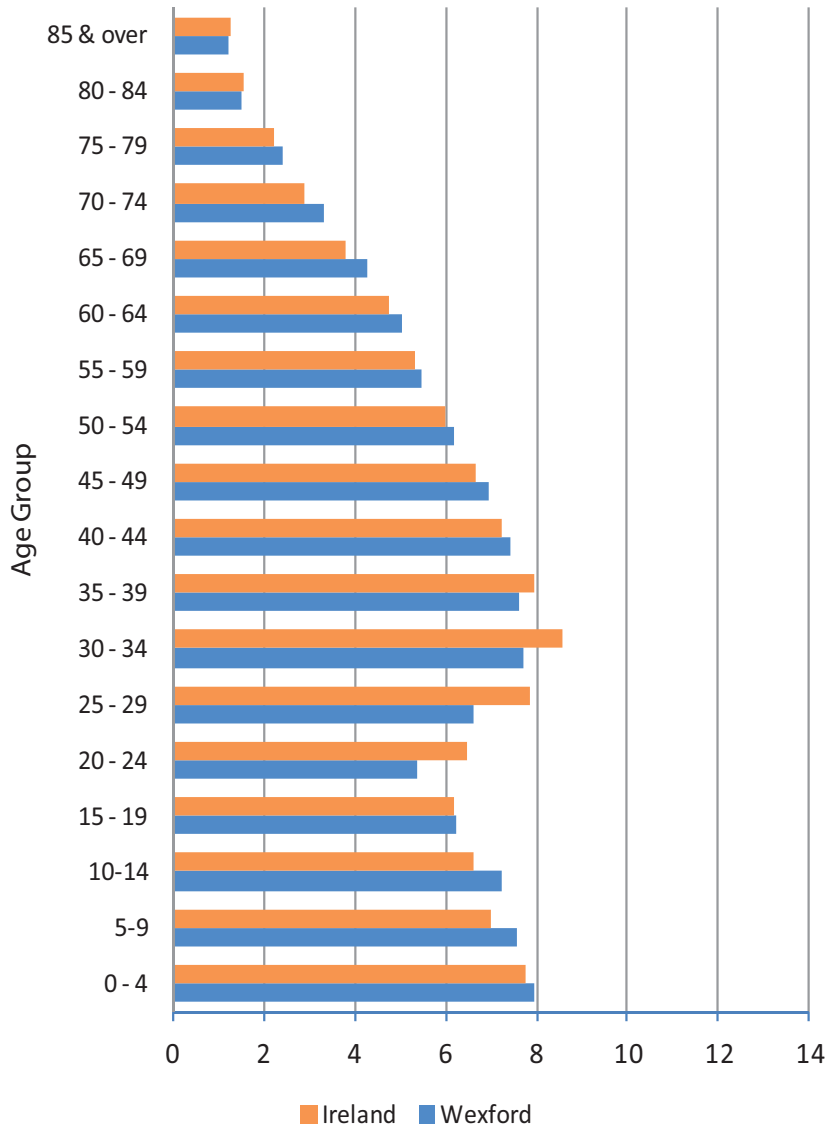
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease data is not available at county level.

Figure 5: County Wexford area covered by Health Profile 2015 Wexford



Age Comparison % of Population

Table 3: Age Comparison % of Population

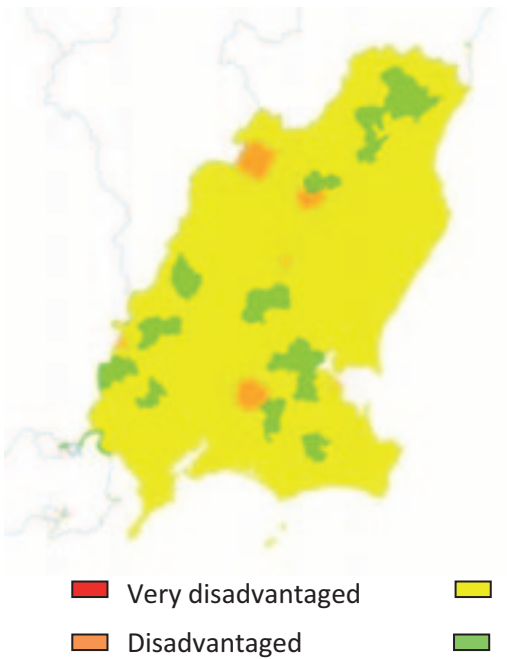


Key Facts

- Has a high birth rate to females aged 20 and under of 16.7 (national is 12.3)
- Incidence rates for all cancers are lower or close to the national rate, except for female malignant melanoma which is highest nationally
- Death rates for all causes and all ages are above the national average
- Suicide rate of 15.9 is higher than the national rate of 11.3
- Immunisation uptake at 24 months for 3rd 6 in 1 of 97% and MMR1 of 97% are higher than the national rates

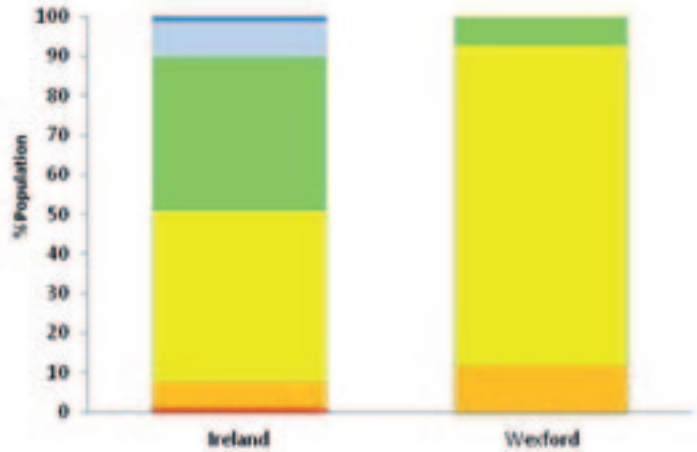
Deprivation

Figure 6: Levels of deprivation by Electoral Divisions



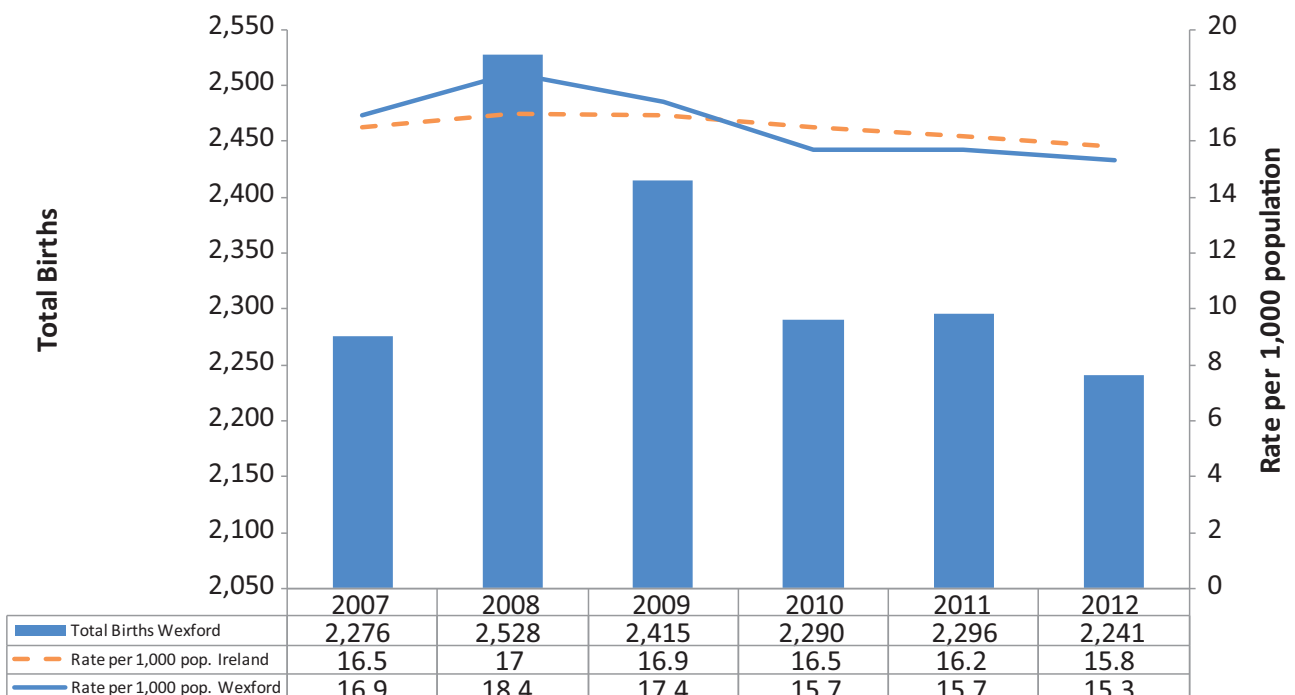
- Very disadvantaged
- Disadvantaged
- Marginally below Average
- Marginally above Average
- Affluent
- Very Affluent

Figure 7: Percentage of the population in this area compared to Ireland who live within levels of deprivation and affluence.



Health Statistics

Figure 8: The number of live births and live birth rate per 1,000 population for the years 2007 - 2012 compared to Ireland rate.



Health Statistics

Figure 9: Live birth rate per 1,000 for females aged less than 20 years for the census years 2002, 2006, and 2011.

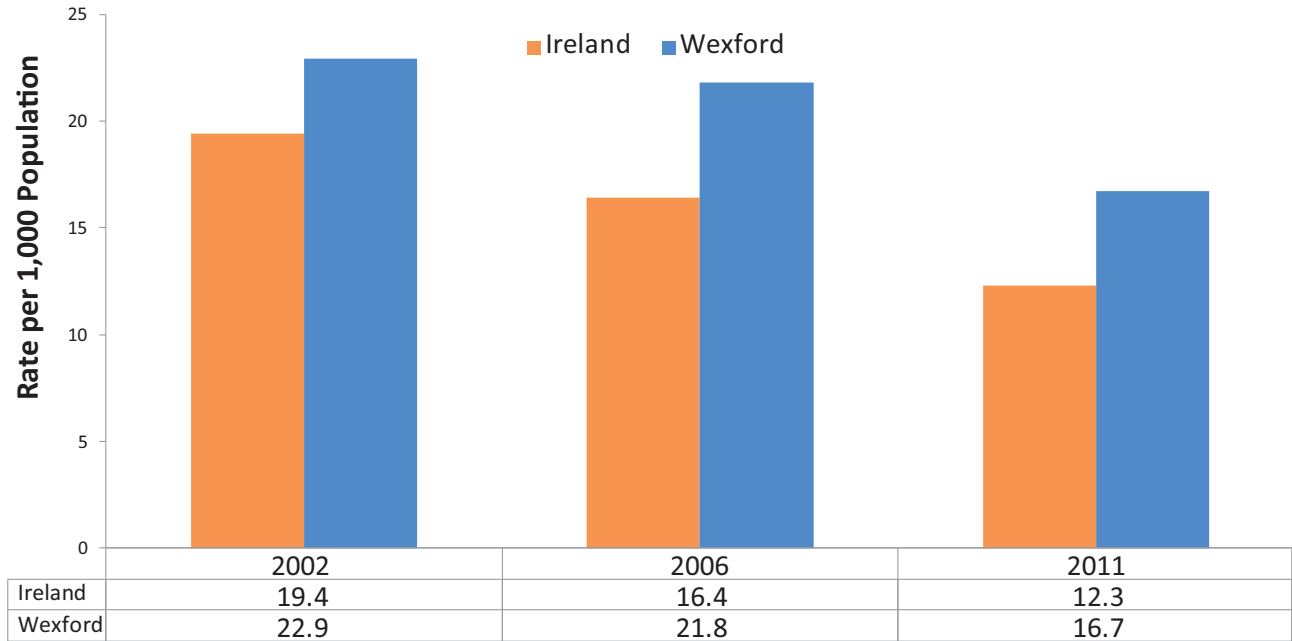
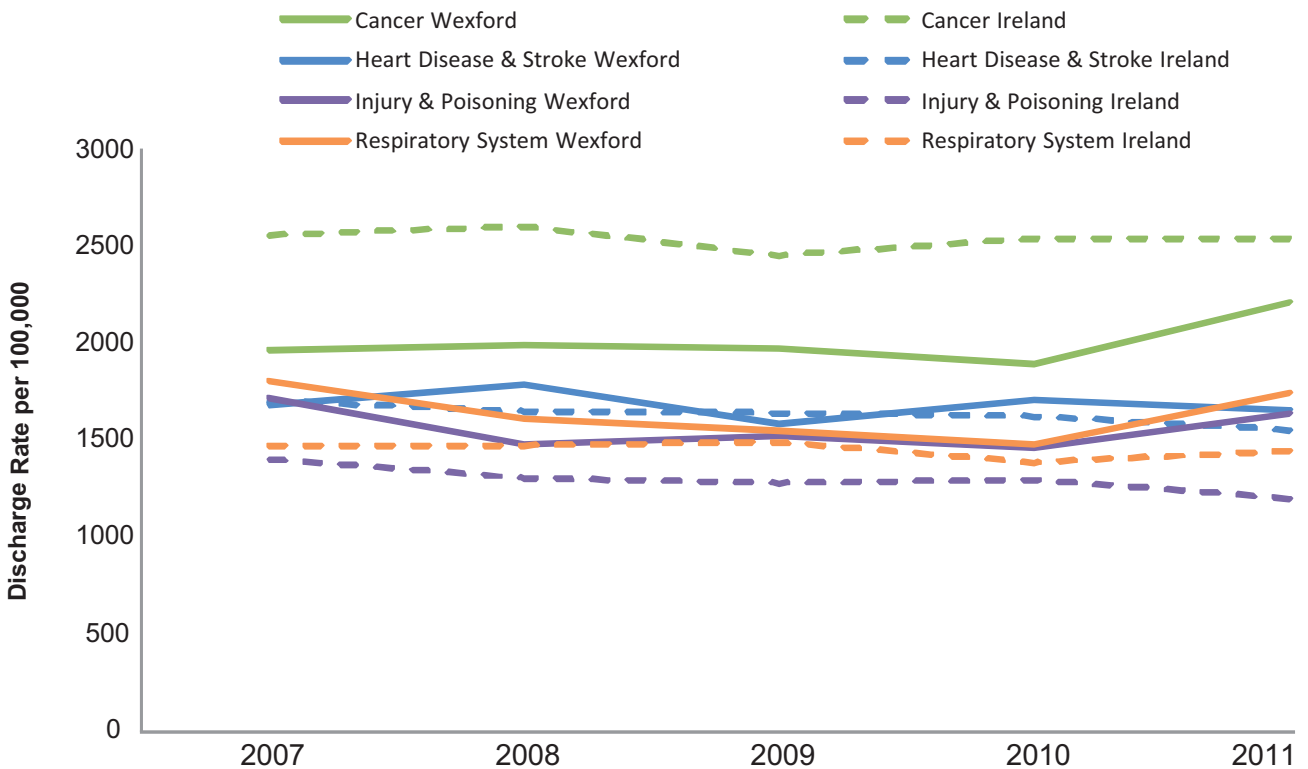


Figure 10: The hospital age standardised discharge rate per 100,000 by area of residence for the four principal causes of disease 2007 - 2011 compared to Ireland.

(For a more detailed explanation of what these disease categories contain see page 47)



Health Statistics

Figure 11: Trends in death rates per 100,000 for the four principal causes of death over the period 2007 - 2012 for all ages compared to Ireland.

(For a more detailed explanation of what these disease categories contain see page 47)

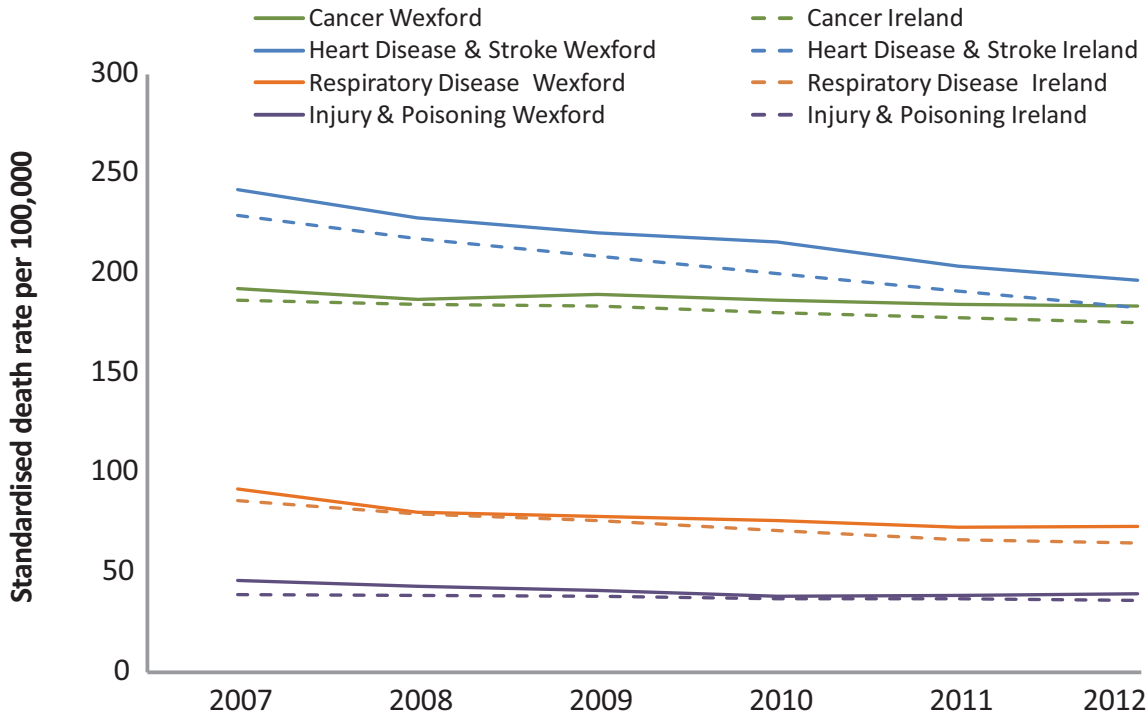
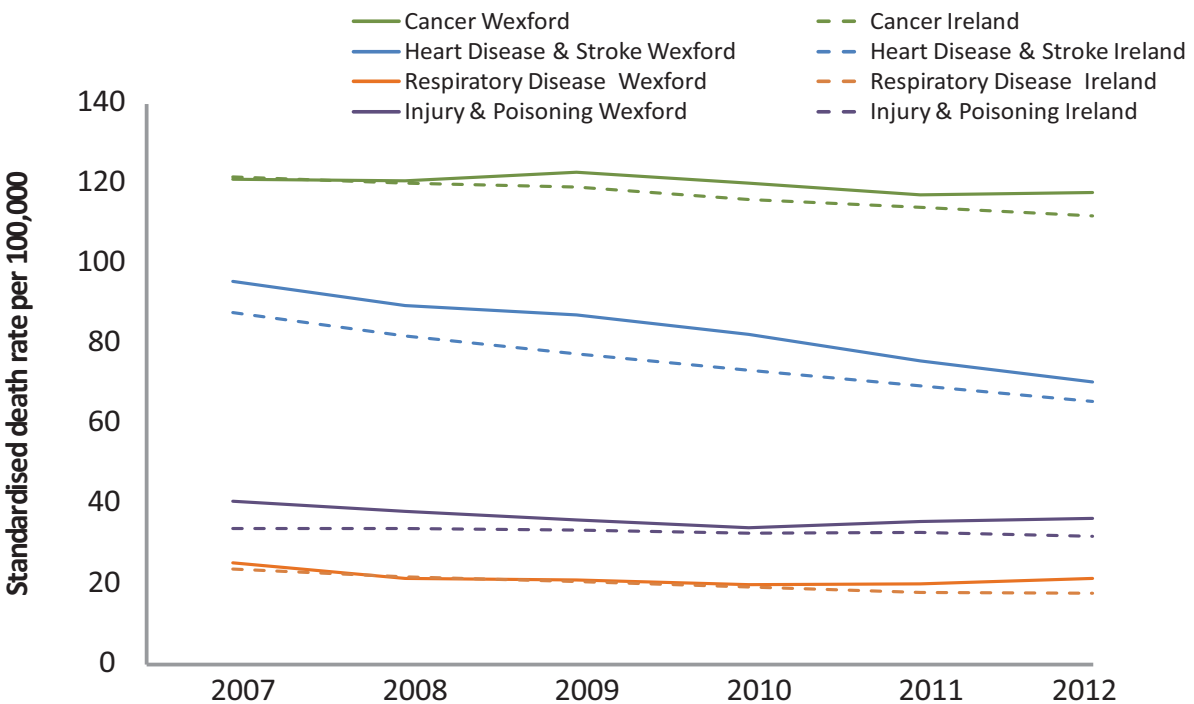


Figure 12: Trends in death rates per 100,000 for the four principal causes of death over the period 2007 - 2012 for under 75 years (premature mortality) compared to Ireland.

(For a more detailed explanation of what these disease categories contain see page 47)



Facts and Health Summary

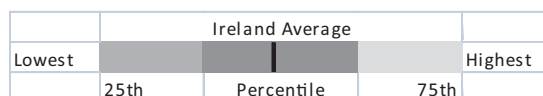
The following charts show how people in this area compare with the rest of Ireland for key indicators. The black circle shows the score for this area and the black line shows the average for Ireland. For some indicators, being above average is preferable, whereas for others the opposite is the case. A more detailed interpretation is given on page 48 and 49.

Note: Indicator *data is for Wexford LHO area (same as county boundary). N/A: not available.

Table 4: Key Indicators County Wexford vs Rest of Ireland

Wexford

Ireland Key



Key:

● Local Measure

Indicator	Local Number	Local Rate/%	Irl Rate	Irl Low	Ireland Range	Irl High
POPULATION INDICATORS CENSUS 2011 %						
1 Population number and % of National	145,320	3.2	2.9	0.7		11.5
2 5 year population change 2006-2011	13,571	10.3	8.2	-4.5		20.1
3 Deprivation relative score	n/a	-5.1	0.2	-6.7		10.6
4 Dependency population ratio	51,431	54.8	49.3	34.9		57.3
5 Persons aged 0-4 years	11,539	7.9	7.8	5.1		9.7
6 Persons aged 5-14 years	21,525	14.8	13.6	9.4		15.7
7 Persons 65 years and older	18,367	12.6	11.7	7.2		15.1
8 Lone parent households	6,147	11.7	10.9	9.1		13.8
9 Persons with no formal or primary education only	17,984	18.5	15.2	8.1		24.9
10 Semi, unskilled and agricultural workers	20,362	14.0	11.7	5.3		16.0
11 Unemployment	16,170	24.0	19.0	11.2		28.6
12 Households local authority rented	4,335	8.3	7.8	4.2		16.0
13 White Irish	126,747	87.9	84.5	73.9		90.6
14 White Irish Traveller	1,501	1.0	0.7	0.2		2.3
15 All other ethnic backgrounds	15,891	11.0	14.9	9.0		24.5
SELF HEALTH REPORTING CENSUS 2011 %						
16 Persons whose health is bad or very bad	2,368	1.6	1.5	1.1		2.6
17 Total persons with a disability (PD)	20,134	13.9	13.0	10.2		18.2
18 PD with blindness or a serious vision impairment	1,693	8.4	8.7	7.7		9.7
19 PD with deafness or a serious hearing impairment	3,188	15.8	15.5	13.3		17.5
20 PD with a condition that limits basic physical activities	8,197	40.7	41.1	34.4		47.8
21 PD with an intellectual disability	1,893	9.4	9.7	7.4		11.5
22 PD with a difficulty in learning, remembering or concentrating	4,731	23.5	23.0	20.8		25.0
23 PD with psychological or emotional condition	2,898	14.4	16.1	13.4		19.5
24 PD with other disability including chronic illness	9,422	46.8	46.2	43.5		48.4
25 PD with a difficulty in dressing/bathing/getting around the home	3,952	19.6	21.1	18.0		26.1
26 PD with a difficulty in working or attending school/college	6,649	33.0	32.7	28.0		37.4
27 PD with a difficulty in going outside home alone	5,180	25.7	27.8	24.4		33.5
28 PD with a difficulty in participating in other activities	6,862	34.1	34.8	31.7		39.8
BIRTH AND NEONATAL STATISTICS						
29 Neonatal mortality by area of residence of mother 2012	10	4.5	2.7	0.0		9.4
30 Infant mortality by area of residence of mother 2012	13	5.8	3.5	1.1		9.4
31 Live births per 1,000 females aged under 20 by area of residence 2011	78	16.7	12.3	5.2		24.1
32 Births rate per 1,000 population registered in 2012	2,241	15.3	15.8	12.2		20.2
33 Breast feeding rates at time of discharge 2012	993	44.4	46.6	32.4		54.4

Facts and Health Summary

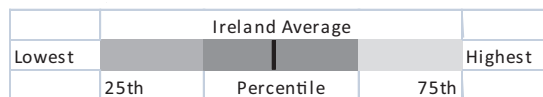
Table 5: Key Indicators County Wexford vs Rest of Ireland continued

Wexford

Ireland Key

Key:

● Local Measure



Indicator	Local Number	Local Rate/%	Irl Avg	Irl Low	Ireland Range	Irl High
CANCER INCIDENCE AGE STANDARDISED RATES 2011						
34 Female all invasive except non malignant skin cancer	273	343.0	370.4	292.0		463.8
35 Male all invasive except non malignant skin cancer	318	424.9	480.1	370.3		561.4
36 Female incidence of malignant melanoma	22	29.0	19.7	4.9		29.0
37 Male incidence of malignant melanoma	11	14.0	18.3	3.2		25.9
38 Male incidence of malignant prostate cancer	100	134.9	159.8	110.9		211.2
39 Female incidence of malignant breast cancer	94	125.1	122.3	87.6		174.5
40 Female incidence of malignant colorectal cancer	30	35.2	40.0	24.7		63.7
41 Male incidence of malignant colorectal cancer	35	46.8	63.1	38.0		74.8
42 Female incidence of malignant lung cancer	29	34.3	37.2	12.9		58.5
43 Male incidence of malignant lung cancer	35	45.3	56.5	23.8		75.4
5 YEAR AGE STANDARDISED DEATHS 2008-2012						
44 Deaths heart disease and stroke - all ages	1,598	196.6	182.8	162.6		252.6
45 Deaths heart disease and stroke - under 65 years	205	34.0	32.7	26.0		37.4
46 Deaths heart disease and stroke - under 75 years	476	70.6	65.7	53.4		78.7
47 Deaths cancer - all ages	1,408	184.0	175.6	156.2		204.6
48 Deaths cancer - under 65 years	393	64.7	62.1	51.1		70.2
49 Deaths cancer - under 75 years	795	117.9	112.0	87.8		127.5
50 Deaths injuries and poisoning all ages	284	39.4	35.8	25.3		46.1
51 Deaths injuries and poisoning - under 65 years	226	36.3	30.8	22.3		43.4
52 Deaths injuries and poisoning - under 75 years	245	36.4	32.1	21.8		42.6
53 Deaths respiratory disease - all ages	603	73.3	64.9	51.8		84.6
54 Deaths respiratory disease - under 65 years	46	7.6	6.4	3.3		9.6
55 Deaths respiratory disease - under 75 years	146	21.5	17.8	12.3		25.4
56 All deaths - all ages	4,818	608.1	563.6	508.1		669.7
57 All deaths - under 65 years	1,070	175.3	163.9	133.8		192.3
58 All deaths - under 75 years	1,987	294.6	274.0	229.0		316.1
MENTAL HEALTH AND SELF HARM RATES PER 100,000						
59 Suicide by area of residence 2007-2013	n/a	15.9	11.3	5.6		17.8
60 Deliberate self harm males 2012	149	218.8	195.1	107.4		469.2
61 Deliberate self harm females 2012	183	262.5	228.0	141.4		527.8
62 Psychiatric In-patient all admission rate 2011	n/a	376.4	413.9	150.5		631.0
63 Psychiatric In-patient first time admission rate 2011	n/a	199.6	133.6	51.3		199.6
HOSPITAL IN-PATIENT DISCHARGE RATE PER 1,000 2012						
64 All discharges	48,990	337.1	334.8	244.3		508.9
65 Discharges malignant cancers	2,404	16.5	17.8	10.3		30.5
66 Discharges cardiovascular disease	2,649	18.2	16.9	12.3		25.6
67 Discharges respiratory disease	2,896	19.9	17.2	13.4		26.3
68 Discharges injuries and poisoning	2,459	16.9	12.2	10.2		17.7
IMMUNISATION UPTAKE 2012*						
69 Immunisation uptake at 24 months: 3rd 6 in 1	n/a	97.0	95.6	92.0		99.0
70 Immunisation uptake at 24 months: MMR1	n/a	97.0	93.3	90.0		98.0

Information

How to interpret the Spine tool

This user guide is designed to aid interpretation of the spine charts on pages 5 and 6 in the health profiles (2015). The spine charts were developed utilising a spine tool developed by the West Midlands Public Health Observatory which is now part of Public Health England. The following explanation on how to interpret these charts is adapted from a document published by the West Midlands Public Health Observatory.

A spine chart is a data visualisation technique to present a number of indicators for an area. Each indicator's statistics are scaled so that the indicator's Ireland average (mean) value forms one dark vertical central line on the chart. An area's value for each indicator is presented as a circle against a shaded background showing the range and inter-quartile range of the local authority values across Ireland.

Range and Inter-quartile range

Behind each local authority indicator value there is a shaded bar representing the range of values for local authorities across Ireland. The darker grey inner area of this bar represents the interquartile range. If areas were put in order of worst to best, the interquartile range would represent the worst and best values of the middle 50% of areas, i.e. those that are neither in the 25% worst nor the 25% best in all of Ireland. If the frequency distribution was a perfect normal distribution then the centre of the dark grey band (the median) would overlap the Ireland value (the mean) and the light grey tails would be equal length. The symmetry of the grey bars can give you a general indication of:

- where there is skew or outliers in a particular direction: the light grey tail will be greater on one side than the other and the dark grey band may also be off-centre. In extreme cases the dark grey band (the interquartile range) may not overlap the mean Ireland value as the centre of the interquartile range is the median rather than the mean average.
- If the majority of areas are very close to the Ireland value but others are more spread out (central dark grey band is much narrower than the length combined of the light grey tails).
- **Mean:** This is another word for the average. It is defined as the sum of the observations divided by the number of observations.
- **Median:** This is the middle value in a range of values which have been put in order of lowest to highest. It is used instead of the mean if the data is skewed.
- **Range:** The range is described as the smallest and largest observations.
- **Interquartile range:** This is the range where the middle 50% of the observations lie.
- **Normal distribution:** This describes data which have a symmetrical distribution, with a characteristic 'bell' shape. If you were to depict the data on a chart the chart would look symmetrical.
- **Skew:** This is used to describe data which does not have a symmetrical distribution. If you were to depict the data on a chart the chart would look lopsided or "skewed".

Information

To watch a training video on Spine Tool interpretation copy the link below:
<http://www.youtube.com/watch?v=480Mswgcg8M> West Midlands Public Health Observatory (now Public Health England).
 Tools: Spine Chart Creator. Available online at <http://www.wmpho.org.uk/tools/> West Midlands Public Health Observatory.
 The Older People's Health and Well-being Atlas: User Guide (November 2012 update). Available online at http://www.wmpho.org.uk/olderpeopleatlas/Atlas/UserGuide_OlderPeopleAtlas.pdf
 Definitions adapted from Public Health textbook on <http://www.healthknowledge.org.uk/>:

Additional information:

National Suicide Research Foundation further information on suicide and self harm is available at www.nsrif.ie
 Infectious Disease Data for all notifiable diseases can be obtained from Health Protection Surveillance Centre
<http://www.hpsc.ie/AboutHPSC/AnnualReports/>
 Further information on health determinants from Census data, such as housing, water supply, time to travel to work, pc ownership, car ownership etc. are available at www.cso.ie.

Acknowledgements:

Public Health England - Public Health England Health Profiles
<http://www.apho.org.uk/>
 West Midlands Public Health Observatory and to Jo Watson (SEPHO) and Doris Hain (ERPHO) for Spine Chart Tool V. 4 obtained at <http://www.wmpho.org.uk/tools/>

For editorial input we would like to thank the following: Gemma Leane and Dr Julie Heslin (HSE South East); Paul Marsden, Carmel Brennan Dr. Ina Kelly (HSE Dublin Mid-Leinster); Judy Cronin, Dr. Breda Cosgrove, Heather Hegarty and Dr Mary T. O'Mahony (HSE South); Aishling Sheridan and Dr Patrick O'Sullivan (HSE North East); Dr Máire O'Connor (HSE East).

Health Profile created by:

Deirdre Goggin, Public Health HSE West,
 Louise Cullen, Public Health HSE North-West
 Maeve O'Leary, Public Health HSE Mid-West.

HSE Public Health Profile Working Group:
 HSE West: Dr Diarmuid O'Donovan, Dr David Evans, Deirdre Goggin.
 HSE North West: Dr Louise Doherty, Dr Eve Robinson, Louise Cullen.
 HSE Mid-West: Dr Marie Casey, Maeve O'Leary.

Enquiries and feedback on the health profile can be sent to ph.profile@hse.ie

Definitions and References

Page 38 - 39

Population, Population Change, Population Age Comparison - data is taken from the Census of Ireland 2011. www.cso.ie

Page 40

Deprivation by Electoral Division, Trutz Haase Deprivation Index 2011. This is a composite measure based on the Census of Ireland 2011 - for more detailed information on composition data see www.pobal.ie.

Live Births and birth rate per 1,000 population for years 2007- 2012. Sources: Report of Vital Statistics 2007, May 2010 Table 2.19. Report on Vital Statistics 2008, Feb 2011 Table 2.19. Report on Vital Statistics 2009, May 2012 Table 2.21. Report on Vital Statistics 2010, Nov 2012 Table 2.21. Report on Vital Statistics 2011, Oct 2013 Table 2.21 . Vital Statistics 4th Quarter & Yearly Summary 2012, May 2013 Table 2.2. www.cso.ie.

Page 41 - 42

Live birth rate per 1,000 population to females under 20 years of age for years 2002, 2006, and 2011 census years. Note: 2011* is based on single year of age for census year 2011. Sources: Report on Vital Statistics 2002, Jan 2005 Table 2.2. Report on Vital Statistics 2006, June 2009 Table 2.2. Report on Vital Statistics 2011, Oct 2013 Table 2.2 www.cso.ie.

Age standardised hospital discharge rate per 100,000 population for the principal causes of disease - the number of in-patient & day case hospital discharges by area of residence for the years 2007-2011 per 100,000 population for the four

principal diagnoses: Neoplasms (ICD 10 (C00-D48)); Diseases of the circulatory system (ICD 10 (I00-I99)); Diseases of the respiratory system (ICD 10 (J00-J99)); External causes (ICD 10 (S00 - T98 & V01 - Y89)). PHIS2013 H1. Age-standardised Data for Principal Diagnoses 1994 - 2011. Data Tools at Health Well <http://www.thehealthwell.info/data-resources>.

Age standardised mortality data for all ages and those aged under 75 males and females 2007-2012 for the principal causes of death. <http://www.thehealthwell.info/phs-tables>. (Age-standardisation adjusts rates to take into account how many old or young people are in the population being looked at. When rates are age-standardised differences in the rates over time (in this case 5 years) or between geographical areas do not simply reflect variations in the age structure of the populations. If rates are not age-standardised, a higher rate in one county is likely to reflect the fact that it has a greater proportion of older people).

Definitions and References

Page 43

- (1-28) Data taken from the Census of Ireland 2011. www.cso.ie
- (1) Percentage of population of this area as a percentage of the national population.
- (2) Percentage of population change between the Census of Ireland years 2006 - 2011.
- (3) Deprivation relative score. The calculated deprivation level for this area. A scoring is given to the area based on a national average of zero and ranging from roughly -40 (being most disadvantaged) to +40 (most affluent). For more information see www.pobal.ie.
- (4) Dependency ratio – the proportion of the population in the 0-14 and 65 years and over age groups as a proportion of the 15-64 age group.
- (5-7) Percentage of the population of this area in the 0-4, 5-14 and 65 years plus age groups.
- (8) Percentage of lone parent households over the total number of households.
- (9) Percentage of persons aged 15 and over who have either no formal education or whose highest level of education is at primary school level over the number of persons aged 15 and over who have ceased education.
- (10) Percentage of persons in labour force who are semi, unskilled or agricultural workers.
- (11) Percentage of persons aged 15-64 available in the labour force who are unemployed including first time job seekers.
- (12) Percentage of households which are local authority rented over the total number of households.
- (13-15) The percentage of persons of white Irish, Traveller and all “other ethnicity”.
- (16) Percentage of persons who reported that their health is either bad or very bad.
- (17) Percentage of persons in this area who state they have a disability.
- (18-28) Percentage of persons with this type of disability out of all disabilities.
- (29) Neonatal mortality 2012 rates: Deaths of infants, under 28 days, per 1,000 live births, classified by area of residence of mother. Fourth Quarter and Yearly Summary 2012, May 2013 page 52 Table 2.14. www.cso.ie. Note: Neonatal mortality rates in some areas are based on very small numbers, which means they are subject to considerable fluctuation and caution should be exercised in their interpretation.
- (30) Infant mortality rates 2012: Deaths of infants under one year, per 1,000 live births, classified by area of residence of mother. Vital Statistics Fourth Quarter and Yearly Summary 2012, May 2013 Table 2.2. www.cso.ie. Note: Infant mortality rates in some areas are based on very small numbers, which means they are subject to considerable fluctuation and caution should be exercised in their interpretation.
- (31) Age standardised rate live births per 1,000 females under 20 for 2011. Note: based on single year of age for Census year 2011. Report on Vital Statistics 2011, Oct 2013 Table 2.2 www.cso.ie.

Definitions and References

- (32) Births registered within the year of 2012 by area of residence of mother - Rate per 1,000 population.
Note: Annual Rates based on 2012 population. Vital Statistics 2012 4th Quarter & Yearly Summary, May 2013 Table 2.2 www.cso.ie.
- (33) Breast feeding rates by Infant's type of feeding on discharge, numbers and percentages of Total live births. Perinatal Statistics Report 2012, Health Research and Information Division, ESRI November 2013 www.esri.ie.
- (34-43) Cancer European age standardised incidence rates per 100,000 for 2011. National Cancer Registry Ireland - Data and Statistics. www.ncri.ie/.
Note: NMSC -Non Malignant Skin Cancers.(44-58) 2008-2012 5 year age standardised mortality rate per 100,000 for the principal causes of death. <http://data.thehealthwell.info/NTI/indicators/tables>.
- (59) Suicide rate per 100,000 by area of residence Ireland and Counties for 2007-2013 -National Suicide Research Foundation www.nsrif.ie.
- (60-61) Male and female deliberate self harm age standardised rate per 100,000 by city and county per registry report, 2012. www.nsrif.ie.
- (62-63) Psychiatric Inpatient Admission rates per 100,000 and Psychiatric Inpatient first time admission rate per 100,000 2011. Data Tools at Health Well <http://www.thehealthwell.info/data-resources>
- (64-68) Number of Patients discharged by area of residence by principal diagnosis crude rate per 1,000 population 2012. : Neoplasms (ICD 10 (C00 - D48)); Diseases of the circulatory system (ICD 10 (I00 - I99)); Diseases of the respiratory system (ICD 10 (J00 - J99)); External causes (ICD 10 (S00 - T98 & V01 - Y89)).
Data Tools at Health Well <http://www.thehealthwell.info/data-resources>
- (69-70) Immunisation uptake at 24 months for 3rd dose of 6 in 1 and 1st dose of MMR for 2012. Health Protection Surveillance Centre <http://www.hpsc.ie/A-Z/VaccinePreventable/Vaccination/immunisationUptakeStatistics>

Page 44

Appendix 4: Section 5 Tables and Figures

Table 6: Education Summary 2016 (Source CSO 2016 & AIRO 2018)

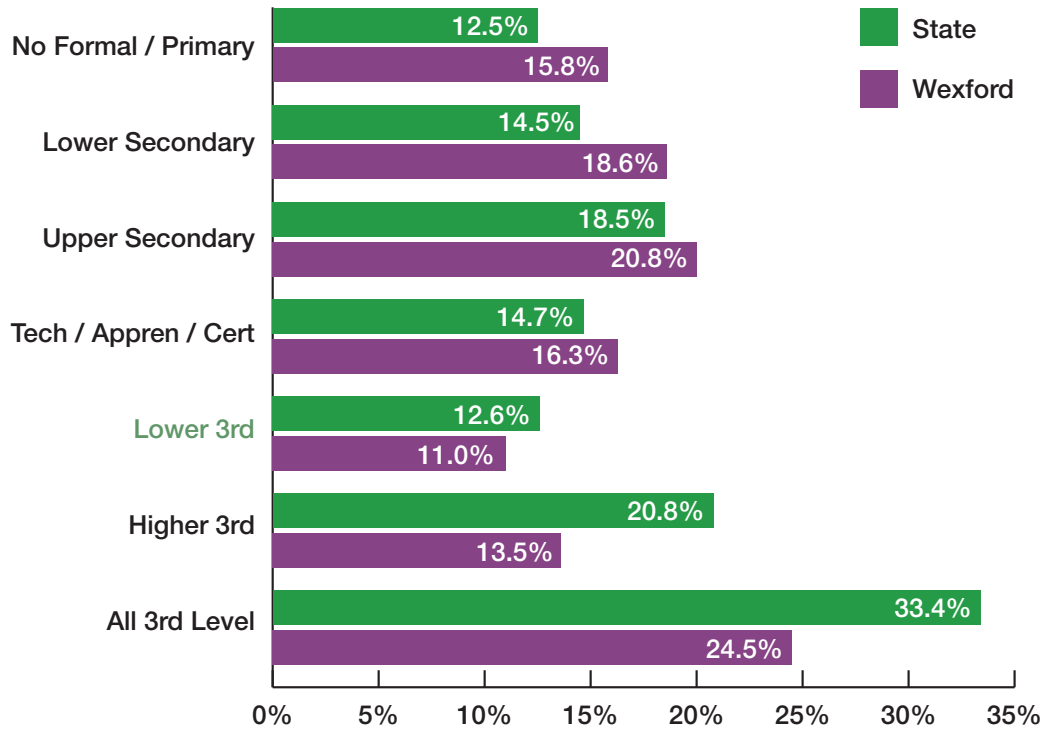


Table 7: Employment Summary 2016 (Source CSO 2016 & AIRO 2018)

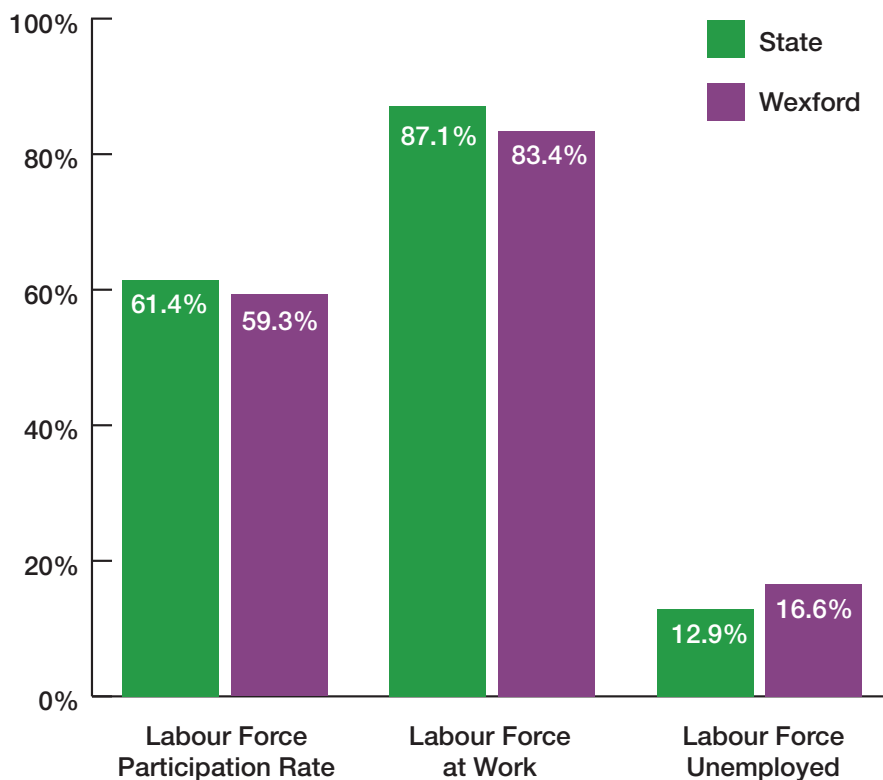


Table 8: Live Register by Age, October 2017 – County & Social Welfare Offices (Source CSO 2016 & AIRO 2018)

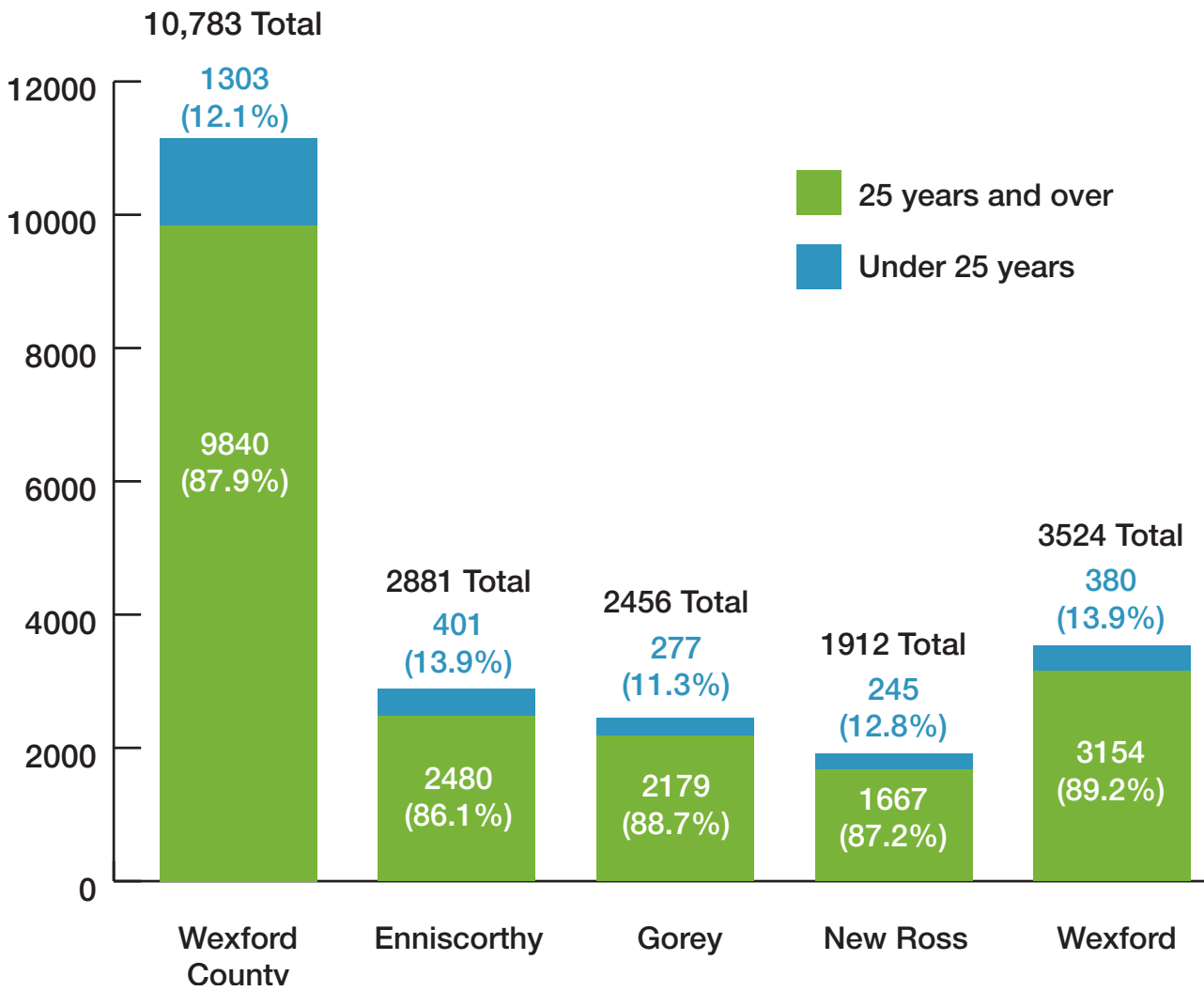


Figure 13: Pobal HP Deprivation Index (Source CSO 2016 & AIRO 2018)

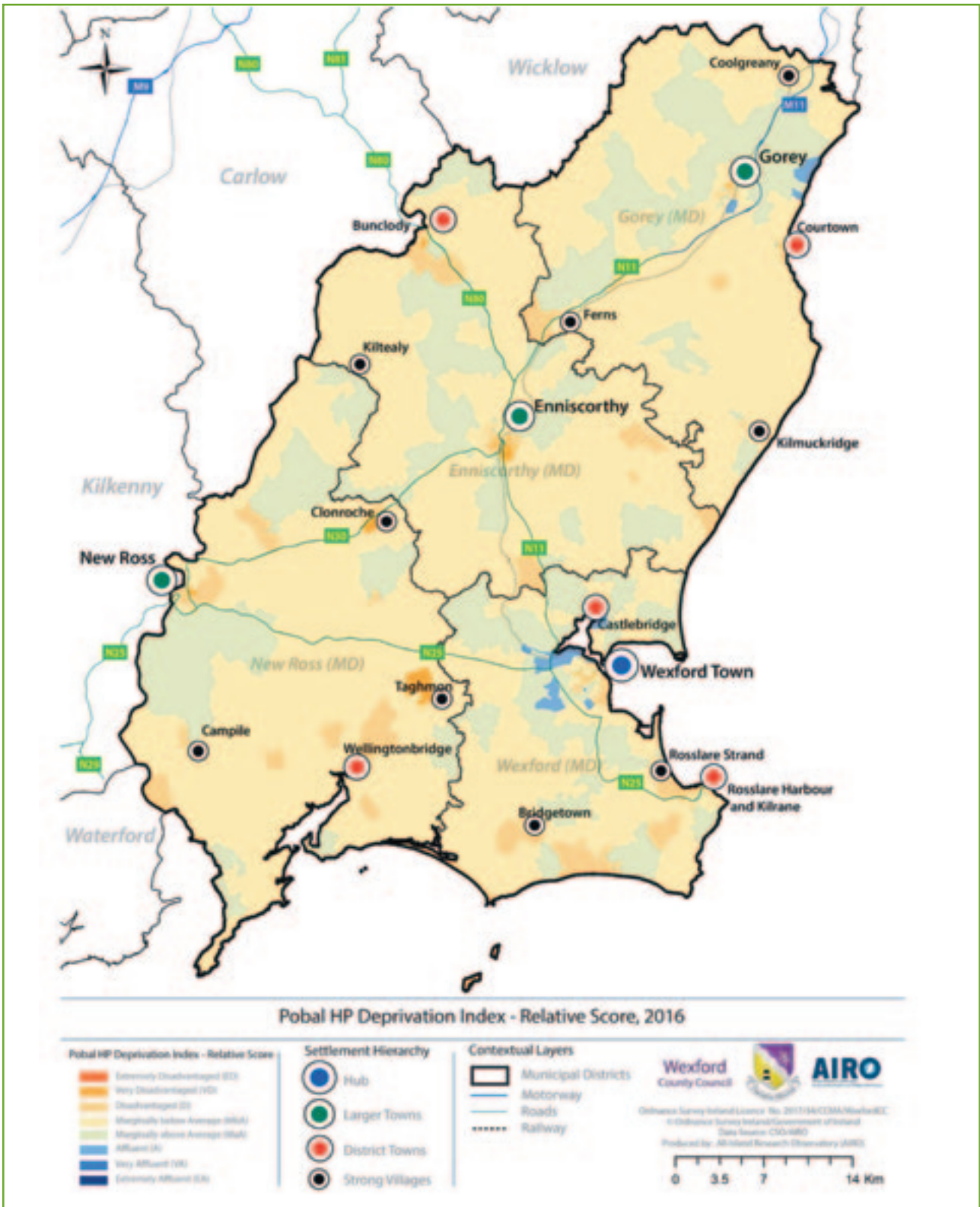


Table 9: General Health Summary 2016 (Source CSO 2016 & AIRO 2018)

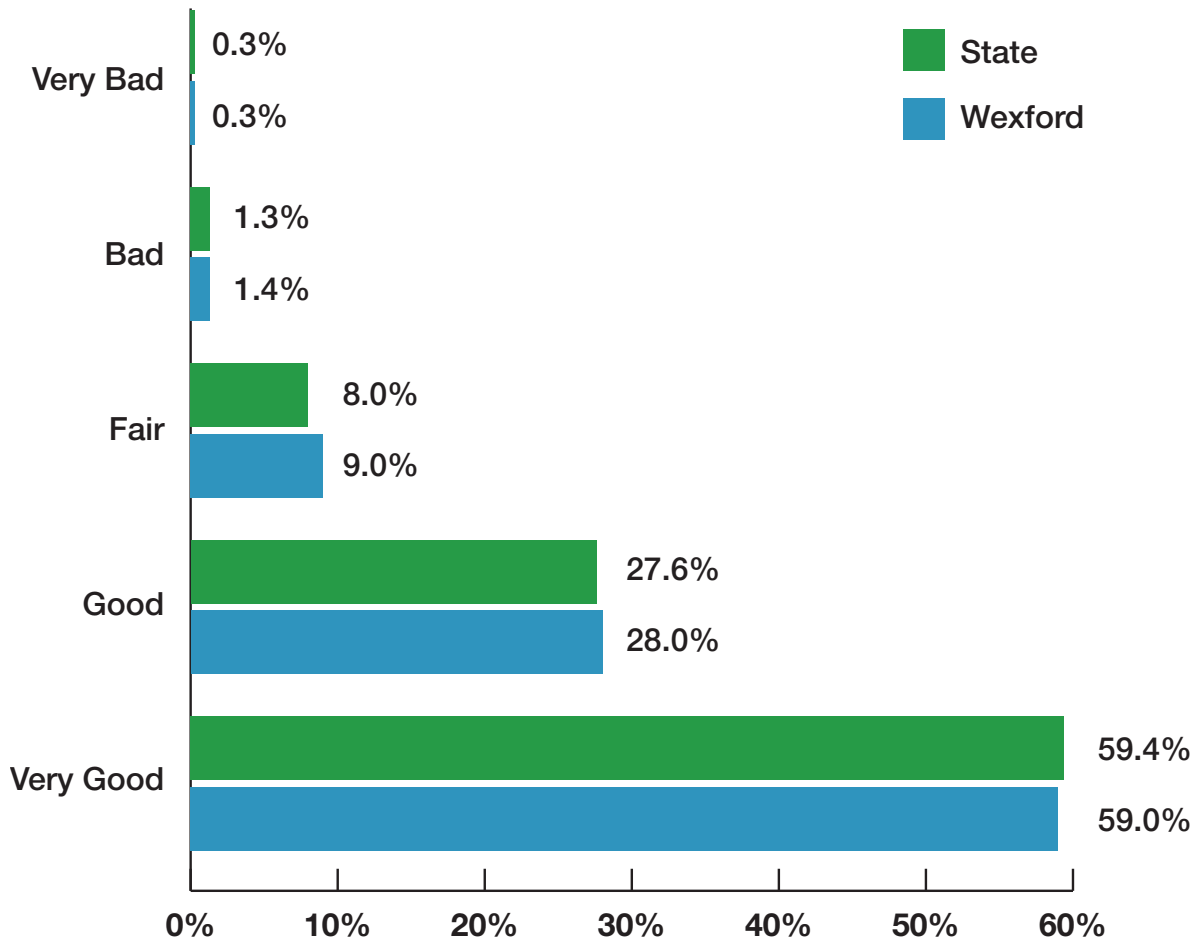


Table 10: Live Register by Age, October 2017 - County & Social Welfare Offices (Source CSO 2016 & AIRO 2018)

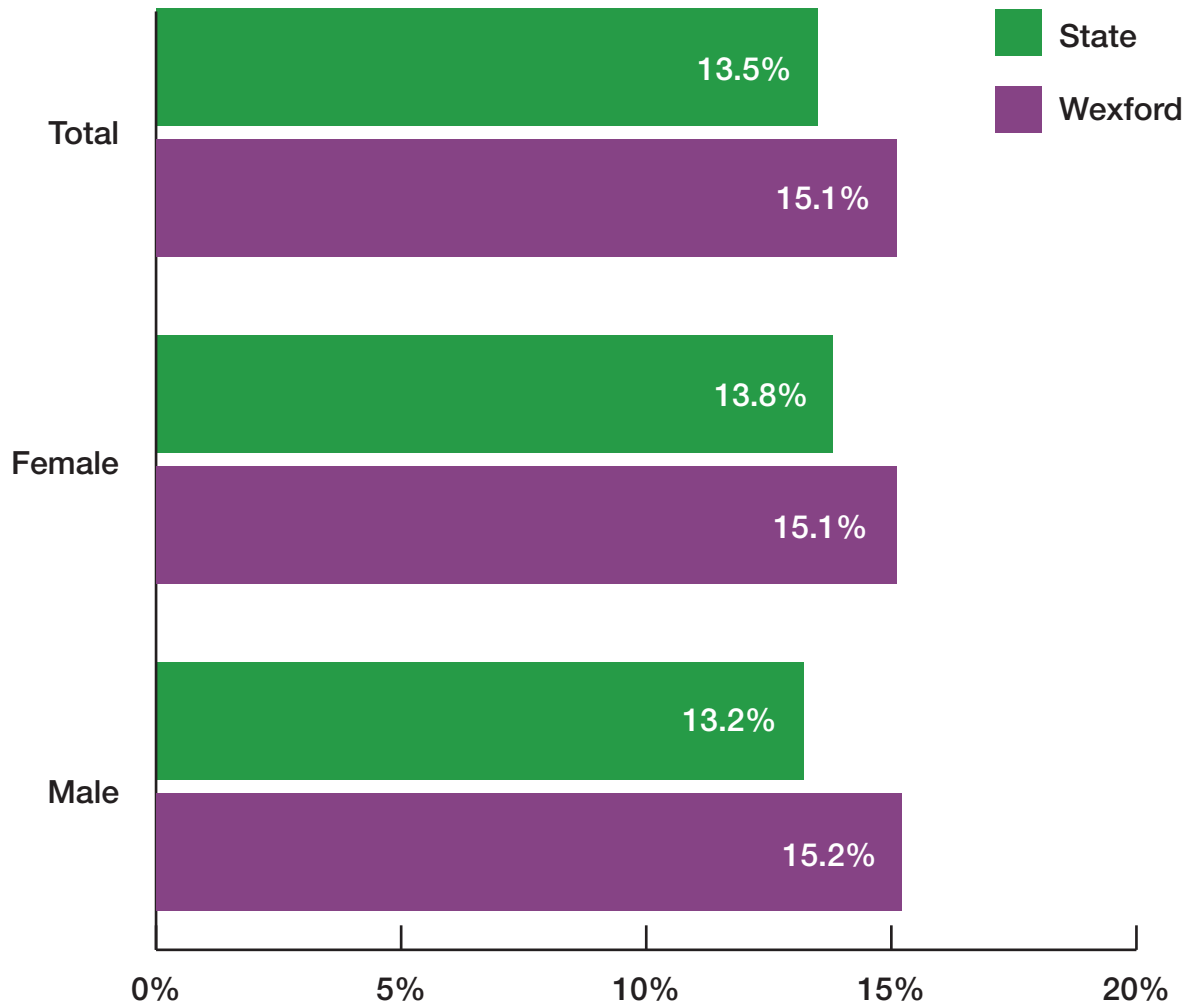


Figure 14: Hospitalisation Rates Community Health Organisation



Figure 15: Wexford Screening Figures

Bowel Screening: 2012 - 2015

Screened	% of eligible	% eligible male	% eligible female
Co Wexford	23.60%	22.26%	24.96%
Ireland	42.87%	39.47%	46.29%

Note: Service did not send out invitations to Wexford in 2015/2016.

Breast Check:

Screened	% of eligible
Co. Wexford	81%
Ireland	77%

Colon Cancer Screening: 5 year coverage (25 to 60 year olds).

Screened	% of eligible
Wexford	82.2%
Ireland	78.2%

References

Social Determinants of Health - Dahlgren and Whitehead (1991) & Grant and Sarton 2006
www.healthyireland.ie

Healthy Ireland and Department of Health (2019) 'Healthy Ireland outcomes framework'.
Available at: www.gov.ie/en/publication/030396-healthy-ireland-outcomes-framework

HSE (2015) 'Health Profile 2015 Wexford'. Dublin: Health Service Executive.
Available at: <http://hdl.handle.net/10147/584056>

Putting People First - Action Programme for Effective Local Government, October 2012,
Department of Environment, Community and Local Government

A Healthy Weight for Ireland - Obesity policy and Action Plan 2016 - 2025

Better Outcomes Brighter Futures (BOBF) 2014 - 2020

Connecting for Life 2015 - 2020

A Vision for Change 2006

National Drug and Alcohol Strategy, Reducing Harm, Supporting Recovery

National Physical Activity Plan (2016)

National Sexual Health Strategy 2015 - 2020

Tobacco Free Ireland (2013)

Get Ireland Walking - Strategy and Action Plan 2017 - 2020

Living Well with a Chronic Condition: Framework for Self-Management Support. National
Framework and Implementation Plan for Self-Management Support for Chronic
Conditions: COPD, Asthma, Diabetes and Cardiovascular Disease

County Wexford Local Economic and Community Plan 2016 - 2021 (LECP)

Sports Active Wexford Strategic Plan 2017 - 2021

Age Friendly Strategy Co. Wexford 2017 - 2021

Creative Ireland Wexford

South East Traveller Health Unit Strategic Plan 2015- 2020

The Wexford Children and young People's Services Committee Plan (CYPSC)
2017 - 2019

The Rainbow Report: LGBTI Health Needs and Experience and Health Sector
Responses 2015

Connecting For Life Wexford - Suicide Prevention Plan 2015 - 2020

Public Health England - Public Health England Health Profile: <http://www.apho.org.uk/>

West Midlands Public Health Observatory and to Jo Watson (SEPHO) and Doris Hain
(ERPHO) for Spine Chart Tool V. 4 obtained at: <http://www.wmpho.org.uk/tools/>



www.wexfordcoco.ie
Telephone: 053 9196000



Riailas na hÉireann
Government of Ireland

