

# East Limerick Traveller Health *Baseline Needs Assessment 2019*



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### Chairperson

Ballyhoura Development CLG has been delighted to partner with the HSE Traveller Health Unit to carry out this piece of research in East County Limerick.

The research report clearly highlights the current health status of the Traveller Population in East County Limerick. These needs require an immediate and focused response and we look forward to working in partnership with the HSE and other service providers in East County Limerick to respond appropriately to these needs.

This piece of work was carried out by means of peer research, where members of the Travelling Community were employed directly by Ballyhoura Development CLG to undertake the fieldwork. This was critical to the success of the research project and a very effective way of engaging with the Travelling Community in East Limerick. The survey identified 424 Traveller Individuals in East Limerick, a 113% increase on the number of Traveller individuals identified by the census in 2016. This is testament to the

hard work and commitment of the Peer Researchers, I would like to thank them for their valuable input and for being valuable members of our staff team throughout the period of the research.

I would also like to thank Sheila Cahill who trained the Peer Researchers, oversaw the research and compiled this comprehensive report.

The Kilmallock Traveller Women's Group and the Kilmallock Traveller Men's Group deserve a special mention, it has been their hard work and commitment that led to this research project. A special thanks to Nora Mooney, Chairperson Kilmallock Traveller Women's group and Arthur McDonagh, Chairperson Kilmallock Traveller Men's group who helped guide the project as members of the Steering group.

I would also like to thank other members of the Steering Group for helping to support and guide the project; Majella Tobin, HSE Traveller Health Unit, Eileen O'Keeffe, Ballyhoura Development CLG, Marian Clarke, Ballyhoura Development CLG, Eugene O'Donnell, Ballyhoura Development CLG and Tony Dowling, Kilmallock Community Council.

I would like to acknowledge the role of Tusla, The Child and Family Agency who fund the role of Community and Family Support worker in Kilmallock, Marian Clarke has been instrumental in engaging with the Travelling Community in Kilmallock and supporting this project.

Finally, I would like to thank the HSE Mid-West Community Healthcare Organisation for funding this vital piece of research. Without the ongoing support and dedication of Majella Tobin, Josephine Fogarty and Sara Ryan this piece of work would not have been possible.

Pádraig Fitzgerald, Chairperson Ballyhoura Development CLG



## Steering Group

As the Chairperson of the Kilmallock Traveller Women's Group I strongly welcome this report. It is long overdue and desperately needed here in East Limerick. When you see the real facts and figures of our health status for me and my community they are utterly shocking.

Some of the outcomes in the report have completely blown me away and in particular the fact there are only 4 members of the Travelling Community in East Limerick over 65 years of age. By the time this report has gone to print this figure has reduced to 3.

The outcomes from the report aren't just findings, they are our real life health issues which at the minute are not being addressed in a way that supports change. That is why we welcome this report with open arms and are so happy to know that change is on the horizon.

The fantastic thing is that we have been given assurance that a primary health care programme will be coming to East Limerick and for us it is not a minute too soon.

We have a fabulous, vibrant hard working group of Travellers here in East Limerick and we are ready to get to work on this project as we know all too well the current health situation and its impacts on our everyday lives.

I would like to thank everyone involved who made this possible, Ballyhoura Development CLG, The Traveller Health Unit, Sheila Cahill, Limerick and Clare Education and Training Board and especially the very talented and special group of women who carried out the peer research, it was them who did the ground work and went door to door to collect this information.

On my final note I thank you all for your help and interest in our community and look forward to working you on our journey to a better and healthier life

Nora Mooney, Chairperson Kilmallock Traveller Women's Group and member of the project steering group.

## HSE Mid West Traveller Health Unit



I am delighted to introduce the East Limerick Traveller Health Needs Assessment Report. It is an important report as it clearly identifies the key issues for Travellers in East Limerick in relation to their health and wellbeing. It is not an easy read as high levels health inequalities experienced by the Traveller Community are clearly articulated:

- There are only 29 Travellers aged 50 years or older in East Limerick, with just 3 over the age of 65 years.
- Travellers' knowledge of health issues was very low with 84% to 94% of respondents stating that they knew nothing or very little about cancer, stress/depression, heart problems/stroke, chest/lung problems and diabetes.
- Almost one-third of Travellers identified feeling embarrassed or uncomfortable as a reason for not accessing health services.

This stark articulation of need provides a very clear and urgent rationale for effective responses to be developed and implemented in partnership with the Traveller Community.

The utilisation of a peer approach in undertaking this research was central in identifying and mapping the Traveller Community in East Limerick and in securing a high response rate to the survey and to eliciting quality information from respondents which has resulted in this excellent report. Indeed, it led to the identification of 113% more Travellers than was enumerated in Census 2016, and the report identifies that this is probably still an underestimate. The peer approach of Travellers working with Travellers is central to the work of the Traveller Health Unit and this Report again supports the importance of this approach. Therefore, it will be important that responses to the issues identified in this Report are underpinned by peer-led approaches. Such responses require services to listen to the lived experiences of Travellers in East Limerick and to work in partnership with the Traveller Community and Peer Workers to respond in a culturally competent manner to their needs.

I would like to thank Sheila Cahill Consulting for co-ordinating and writing the Report, the eight Peer Researchers who worked on this project and who collected the information from the local community, the Research Steering Group who guided the work of the project and Ballyhoura Development for leading and managing the overall project.

The Traveller Health Unit are committed to working with the Traveller Community in East Limerick to improve overall Traveller health and wellbeing in the local community and to reduce the health inequalities identified in this report. This Report will be central in securing the necessary funding to enable this to happen and to measuring the progress being made.

Josephine Fogarty,

Co-ordinator of Traveller Health, HSE Midwest

## 2 Introduction

- 2.1 Ballyhoura Development CLG is the local Development Company operating in South and East County Limerick and North East County Cork. As part of its remit to enhance the quality of life of citizens and foster a proactive and inclusive society it supports two Traveller groups in Kilmallock, County Limerick. Funding support from the HSE Traveller Health Unit has helped these groups to develop awareness in health related activities. Feedback from both groups suggests that the social determinants of health have adversely affected the health of most Travellers in the area. Ballyhoura Development CLG decided to undertake a baseline assessment of the health of Travellers living in East County Limerick. It is envisaged that the information gathered in this research will form the basis of a proposal to secure the funding to establish a Primary Health Care Project for Travellers in East Limerick.
- 2.2 Ballyhoura Development CLG set up a steering committee to oversee the project, comprising representatives from Ballyhoura Development CLG, HSE Traveller Health Unit, the Traveller community and Kilmallock Community Council. Sheila Cahill Consulting was commissioned to carry out this research. This involved the design and development of the research methodologies for the Baseline assessment, the design and delivery of a training programme for the Peer Researchers, ongoing mentoring and support to the Peer Researchers during the research phase and the production of a report detailing the research findings.
- 2.3 Eight peer researchers were recruited from the Traveller community after a recruitment process carried out by Ballyhoura Development CLG.



### 3 Context

- 3.1 The map below shows the Ballyhoura Development CLG catchment area in its entirety, covering South and East County Limerick and North East County Cork. Ballyhoura lies within Community Healthcare Organisation Area 3: namely, the Mid West. Within the Mid West there are four Primary Healthcare Projects for Travellers currently in place, located in West Limerick, Limerick City, Clare and North Tipperary. The East Limerick area, which is the area covered by this research, is bounded in the north, east and south by the county boundaries of Tipperary and Cork. The N20 and Limerick City form the boundaries to the west.



The East Limerick area largely – though not completely - corresponds to the Cappamore-Kilmallock electoral area.

3.2 *Our Geels: All Ireland Traveller Health Study* was published in 2010 <sup>1</sup>. It noted the challenges of establishing the exact size of the Irish Traveller population. An estimated total of 40,129 was arrived at for the whole island, with 36,224 residing in the Republic. No breakdown was readily available for the East Limerick/North Cork area. In the most recent *Census of Population* of 2016, 30,987 Travellers of all ages and sexes were recorded in the Republic of Ireland. Of these, 1,658 were in Limerick City and County, making it one of the counties with the highest number of Travellers <sup>2</sup>. Isolating the Cappamore-Kilmallock electoral area, 199 Irish Travellers were counted on Census night <sup>3</sup>. Small area analysis shows that Travellers were clustered, instead of being evenly distributed throughout the region. For example, 132 Irish Travellers were recorded in Kilmallock <sup>4</sup>, whereas no Irish Travellers were recorded as living in a number of smaller towns in the electoral area such as Kilfinane <sup>5</sup>.

3.3 The *Our Geels* report cautions against taking an overly simplistic view about Travellers and social disadvantage. This caveat notwithstanding, it is known that many Travellers do experience deprivation. It is worthwhile, therefore, to consult the Pobal Deprivation Index for the catchment area <sup>6</sup>. The year 2016 is the most recent version of this. It shows that both Limerick East Rural (-1.07) and Charleville and Mitchelstown in North Cork (-2.60), which make up the Ballyhoura Development CLG catchment area, have marginally below average deprivation rates. However, these figures mask variation at local level, with certain areas having much greater

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<sup>1</sup> [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

<sup>2</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8itd>

<sup>3</sup> <https://www.cso.ie/en/census/census2016reports/census2016smallareapopulationstatistics>  
[Data point T2\_2WIT]

<sup>4</sup> [http://census.cso.ie/sapmap2016/Results.aspx?Geog\\_Type=ED3409&Geog\\_Code=2AE1962917A313A3E05500000000001#SAPMAP\\_T2\\_220](http://census.cso.ie/sapmap2016/Results.aspx?Geog_Type=ED3409&Geog_Code=2AE1962917A313A3E05500000000001#SAPMAP_T2_220)

<sup>5</sup> [http://census.cso.ie/sapmap2016/Results.aspx?Geog\\_Type=ED3409&Geog\\_Code=2AE1962917A313A3E05500000000001#SAPMAP\\_T2\\_220](http://census.cso.ie/sapmap2016/Results.aspx?Geog_Type=ED3409&Geog_Code=2AE1962917A313A3E05500000000001#SAPMAP_T2_220)

<sup>6</sup> <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html>



deprivation scores. For instance, Kilmallock (-10.35) is categorised as disadvantaged and Bruff (-20.27) is classified as very disadvantaged.

3.4 The *Our Geels* report remains the most detailed and complex research into Traveller health to date and some of its final remarks are of particular note:

- *“Travellers experience higher mortality than the general population, have benefited very much less considerably from the downturn in mortality in the 2 decades since data were last examined in 1987 and as a consequence the mortality gap has widened. For men in particular the mortality pattern is bleak.”* p. 160
- *“The World Health Organisation (2008) recently declared that mental ill-health is the new global epidemic and Travellers, on the evidence of this study, are inordinately burdened by this issue.”* p. 161
- *“Education is well established as a key health determinant in the general scientific literature ... and emerges from all aspects of this study as a key need.”* p. 162
- *“... there is considerable and feasible room for improvement in the quality of the healthcare encounter.”* p. 169

The following findings from the 2016 census should also be noted:

- *“Irish Travellers continued to have higher rates of disability than the general population with almost 1 in 5 Travellers (19.2%) categorised as having a disability in 2016, up from 17.5 per cent in 2011 ... The most common type of disability was ‘difficulty with pain, breathing or any other chronic illness’ ...”*<sup>7</sup>

A more detailed breakdown of Traveller health and disability for the catchment area was not available from the Central Statistics Office.

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<sup>7</sup> <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8itseah/>

Sheila Cahill Consulting and Whitebarn Consulting have undertaken similar studies<sup>8</sup> in neighbouring areas (Limerick City, West Limerick and North Tipperary), which largely confirm the national picture of health disadvantage for the Traveller population.

3.5 The strategy of the HSE in relation to Traveller Health also forms part of the context for this research and the HSE Mid West Community Healthcare Operational Plan 2018<sup>9</sup> specifies the following priorities for improving Traveller health (pp. 31 – 32):

- *Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers and Traveller and Roma communities*
- *Traveller health – Improve the health status of the Traveller Community and address the social determinants of health for Travellers*
- *Build awareness of Traveller Culture and promote culturally competent service provision to Travellers*
- *Support the Traveller Community to organise for, and to actively participate in, collective action to bring about positive change*
- *Undertake a baseline survey on healthy behaviours, knowledge of health issues, access to health services*
- *Continue to support and develop the Traveller Health Unit (THU) and Primary Healthcare Projects (PHCPs).*

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<sup>8</sup> West Limerick Primary Health Care Project for Travellers Evaluation 2013, Thurles Primary Health Care Programme Baseline Survey Report 2015 and Limerick City Traveller Health Advocacy Programme Survey Report 2016

<sup>9</sup> <https://www.hse.ie/eng/services/publications/serviceplans/service-plan-2018/operational-plans-2018/cho3-hse-mid-west-community-care-operational-plan-2018.pdf>

In addition, the Mid West Traveller Health Unit Strategic Plan 2018 – 2022 <sup>10</sup> states the following:

*The Traveller Health Unit works to improve the health status of Travellers by:*

- *Promoting Healthy lifestyles within the Community*
- *Working for change in the social determinants for Traveller health status, specifically accommodation, education, employment and discrimination*
- *Supporting the development of cultural competence among health service providers*

*Research will be carried out in order to secure funding for a Primary Healthcare Project for Travellers in East Limerick, which would then operate in line with the values, approach and activities in the Traveller Health Unit's strategic plan.*

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<sup>10</sup> *Mid-West CH03 Strategic Plan 2018 – 2022, Traveller Health Unit (2018)*



## 4 Methodology

4.1 After consultation with the steering group it was decided that the methodology would consist of a survey to be carried out by the peer researchers, supplemented by any existing relevant data. The survey was developed with the peer researchers during the early part of the training phase. There was a need to balance the scope of the information to be gained with the need to survey as many Traveller households as possible and it was agreed that the survey needed to be short and user-friendly. The final survey was designed to gather data on:

- the overall size of the Traveller community in East Limerick and its composition in terms of age and gender<sup>11</sup>
- the level of medical cards and GP visiting cards held
- the type of accommodation being used
- the knowledge and accessing of a range of health services and programmes
- the level of knowledge about a range of health conditions

4.2 As there was no Primary Health Care Project in place and GDPR made it impossible to access the contact details of Travellers from other agencies, it was necessary to rely on current local knowledge in locating Traveller households in the East Limerick area. This resulted in an estimate of 129 households being identified for the purposes of the survey.

4.3 The survey was carried out from March to May 2019 with the peer researchers visiting as many locations in East Limerick as possible. They completed a survey, face-to-face, with one adult representative from each household after ascertaining that the respondent was over 18, a member of the Traveller community and willing to undertake the survey. Survey participation was very high with 117 out of 129 estimated households completing a survey, a survey response rate of 90.7%.

4.4 It is believed that there may be Travellers living in parts of East Limerick that lie outside the Cappamore-Kilmallock electoral area and repeated but unsuccessful efforts were made to identify such Travellers. This involved the peer researchers asking for information about other Travellers from members of the community in

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<sup>11</sup> It was decided not ask individual respondents to give their own age but to ask how many males and females within each household were in each age band.

nearby towns and villages and making several visits to try and locate households they had been informed about. It was disappointing that these efforts were unsuccessful in some areas in terms of the accuracy of the data in relation to the Traveller population . However, one consequence is that it does allow for a straightforward comparison with the 2016 census data for the Cappamore-Kilmallock electoral area.

## 5 Results - population

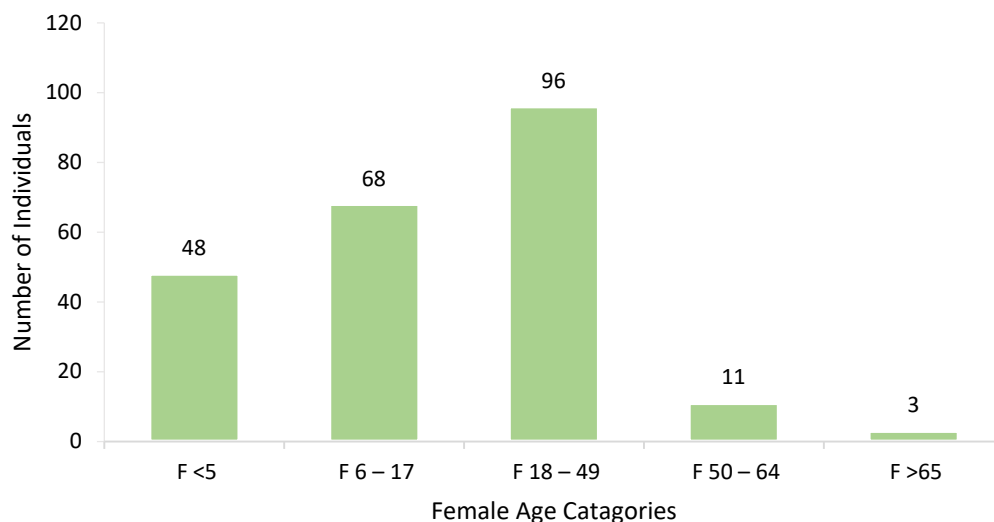
4.1 A total of 117 Travellers responded to the survey, each representing a single household. They gave information on the individuals living in the household by age and gender and the results are presented below.

4.2 Respondents and individuals by gender and total

Category	Female	Male	Total
Total Respondents	92	25	117
Total individuals	226	198	424

78.6% of respondents were female and 21.4% were male, while females comprised 53.3% of the total number of individual Travellers identified in the study and males comprised 46.7%.

4.3 Females by age categories



- Females aged 0 – 5 years = 21.2%
- Females aged 6 – 17 years = 30.1%
- Females aged 18 – 49 years = 42.5%
- Females aged 50 – 64 years = 4.9%
- Females aged 65 years and over = 1.3%

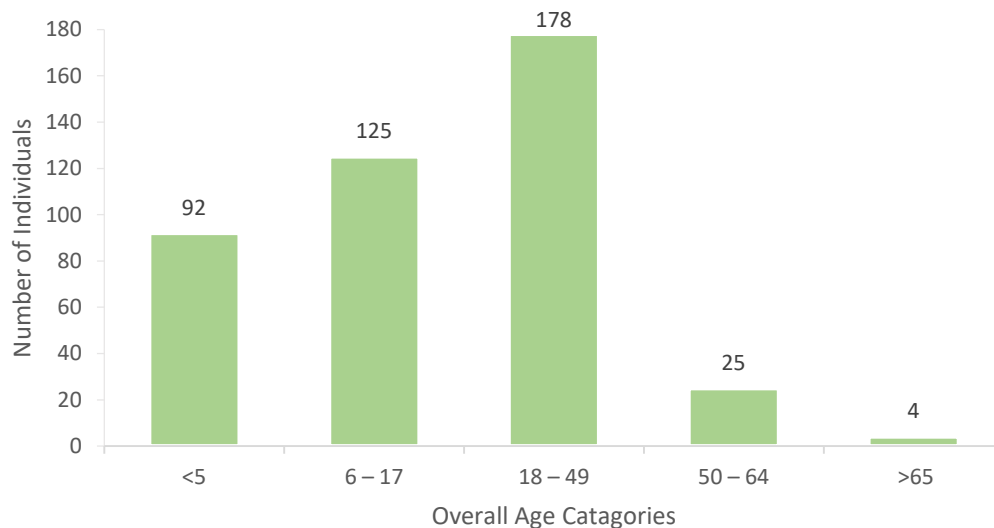


#### 4.4 Males by age categories



- Males aged 0 – 5 years = 22.2%
- Males aged 6 – 17 years = 28.8%
- Males aged 18 – 49 years = 41.4%
- Males aged 50 – 64 years = 7.1%
- Males aged 65 years and over = 0.5%

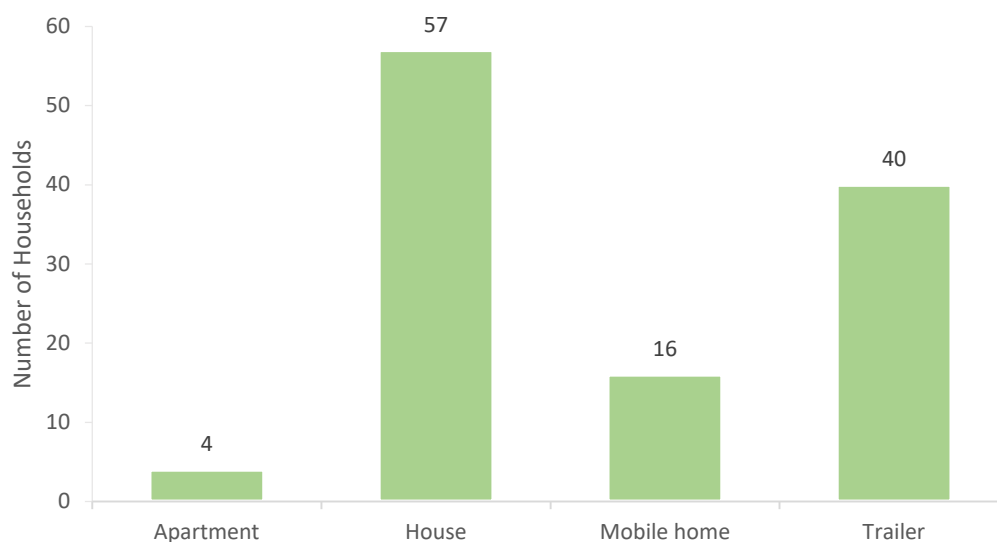
#### 4.5 Total individuals by age categories



- Total individuals aged 0 – 5 years = 21.7%
- Total individuals aged 6 – 17 years = 29.5%
- Total individuals aged 18 – 49 years = 42.0%
- Total individuals aged 50 – 64 years = 5.9%
- Total individuals aged 65 years and over = 0.9%

4.6 Survey respondents were asked questions about the type of accommodation occupied by their household and the results are presented below.

#### 4.7 Household by type of accommodation



- Households living in apartments = 3.4%
- Households living in houses = 48.7%
- Households living in mobile homes <sup>12</sup> = 13.7%
- Households living in trailers <sup>13</sup> = 34.2%

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<sup>12</sup> The term 'mobile home' is being used to denote a large caravan or prefabricated structure permanently parked and used as a residence.

<sup>13</sup> The term 'trailer' is being used to denote a vehicle equipped for living in, typically consisting of one room and capable of being towed by a car.

#### 4.8 Accommodation by size of household

Size of household	1	2	3	4	5	6	7	8	9	10	11	12
Accommodation												
Apartment	2	-	2	-	-	-	-	-	-	-	-	-
Trailer	24	3	4	5	-	1	2	1	-	-	-	-
Mobile home	2	1	3	3	1	3	2	-	-	-	-	1
House	6	9	8	9	3	10	7	2	2	1	-	-

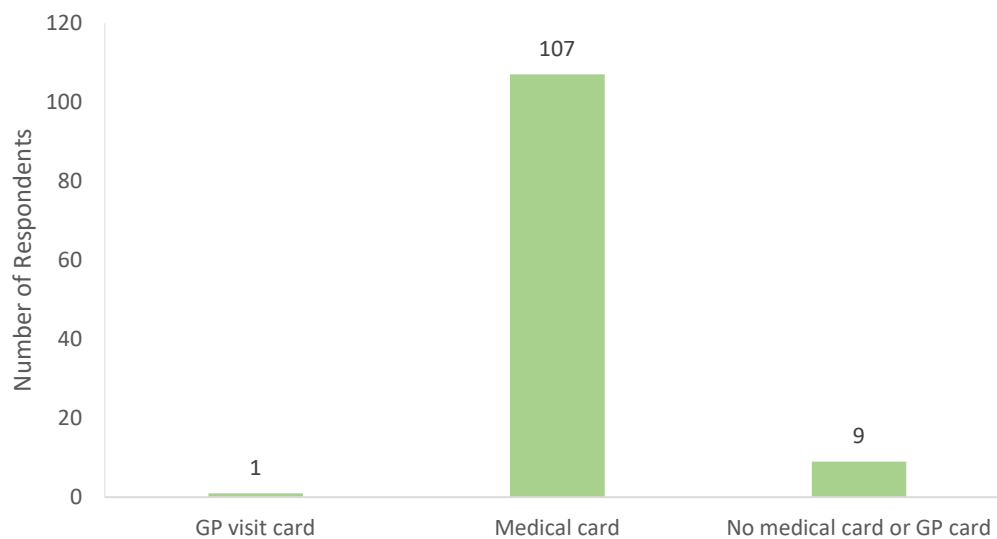
- Ten households of four or more individuals live in mobile homes, including two households of seven individuals and one household of 12 individuals.
- Nine households of four or more individuals live in trailers, including four households of six or more individuals.



## 6 Results – Health services

5.1 Respondents were asked whether or not they held a medical card or a GP visit card and whether they were registered with a GP. The results are presented below.

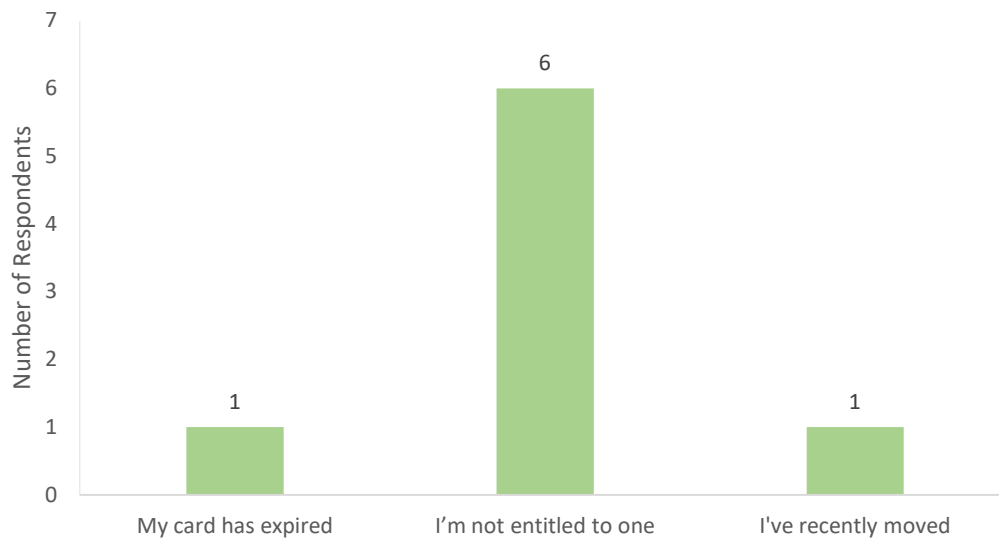
5.2 Do you have an up-to-date medical card or GP visit card?



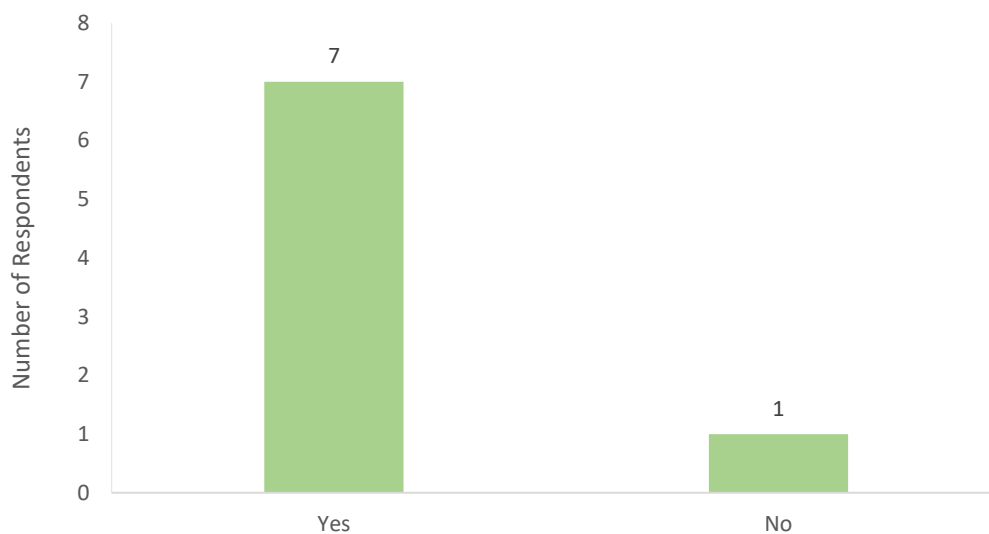
- Respondents with a GP visit card = 0.9%
- Respondents with a medical card = 91.4%
- Respondents with no medical or GP visit card = 7.7%

The nine respondents who indicated that they did not have a medical card or GP visit card were then asked to give a reason. They were also asked if they were registered with a GP. Eight people responded to these questions as illustrated in 5.7 and 5.8.

### 5.3 If you don't have an up-to-date medical or GP visit card, what is the reason?



### 5.4 Are you registered with a GP?

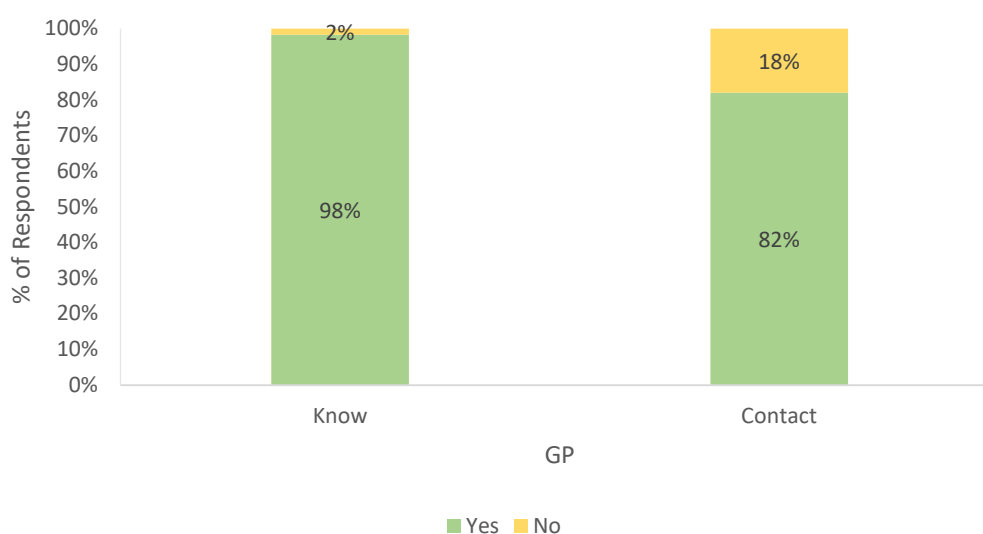


- Yes = 87.5%
- No = 12.5%

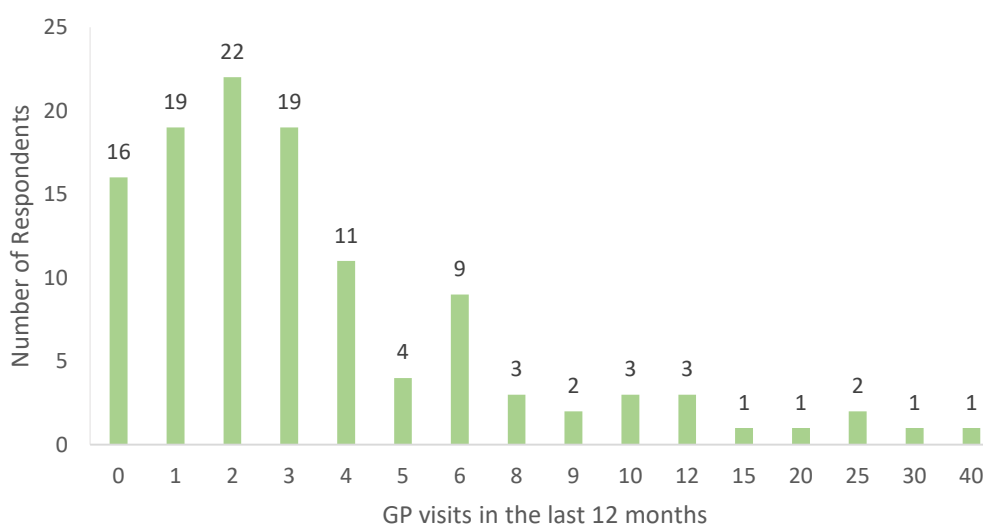
For the one negative response above, the respondent indicated having 'recently moved' as the reason for not being registered with a GP.

5.5 Respondents were asked a number of questions about their knowledge and use of a range of health services. They were asked if they knew what these services provided ('know') and if they knew how to contact the service ('contact'). They were also asked in most cases how often they had used that service in the last year. The results are presented below.

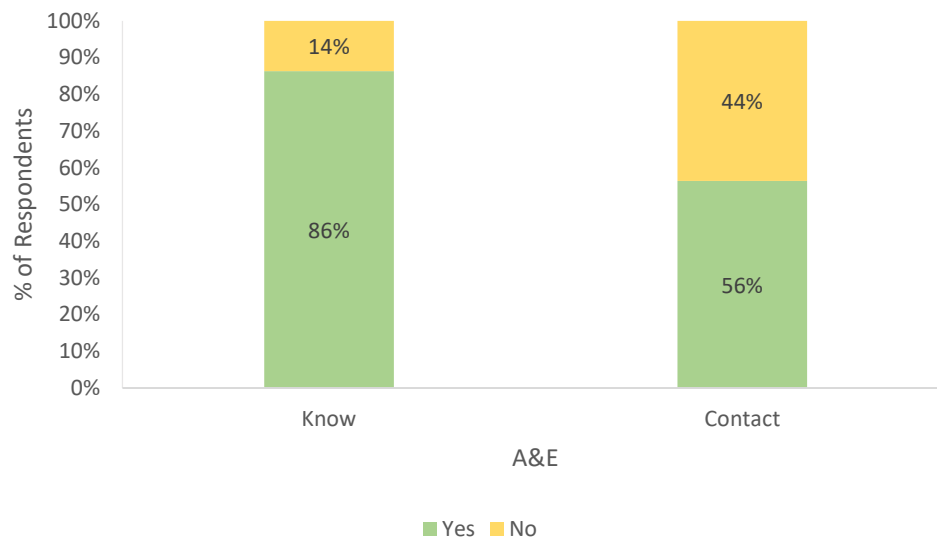
## 5.6 GP



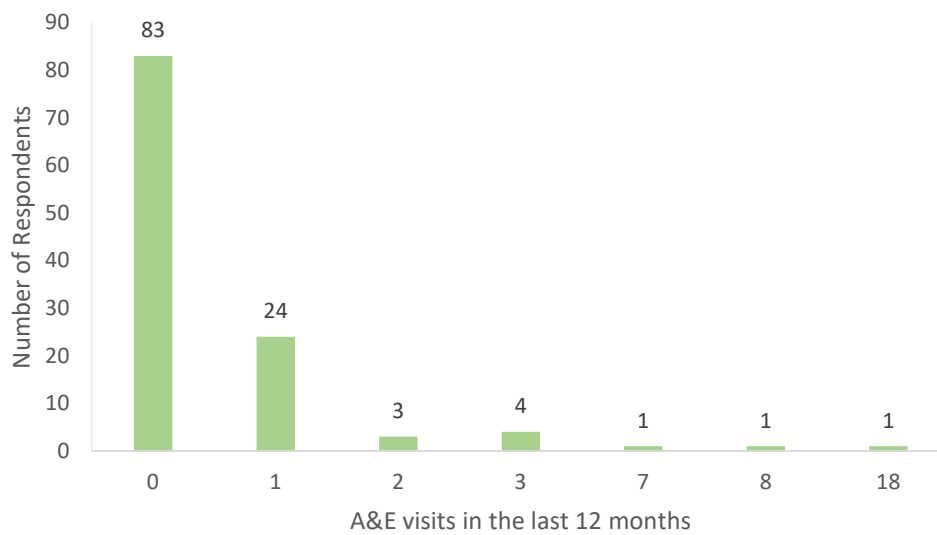
## 5.7 GP visits in the last 12 months



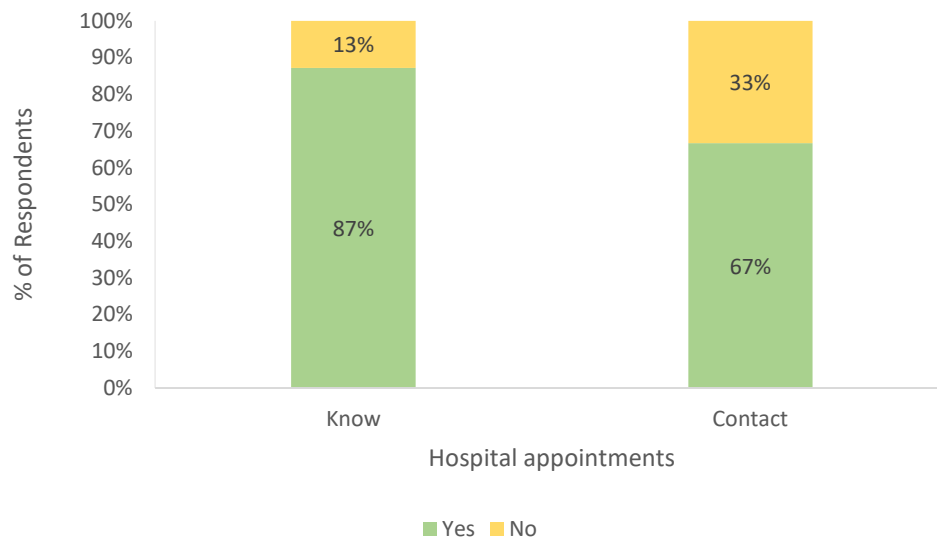
## 5.8 Accident and emergency department



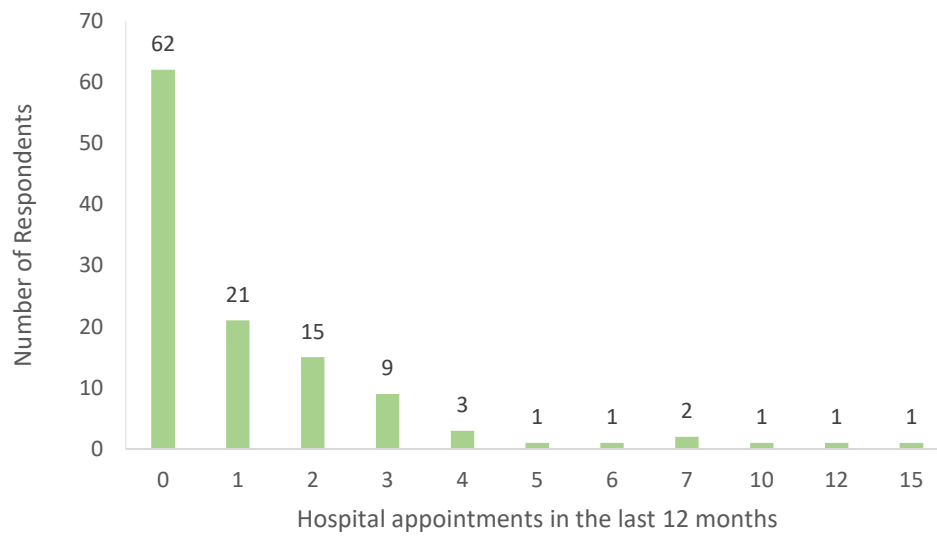
## 5.9 Accident and emergency visits in the last 12 months



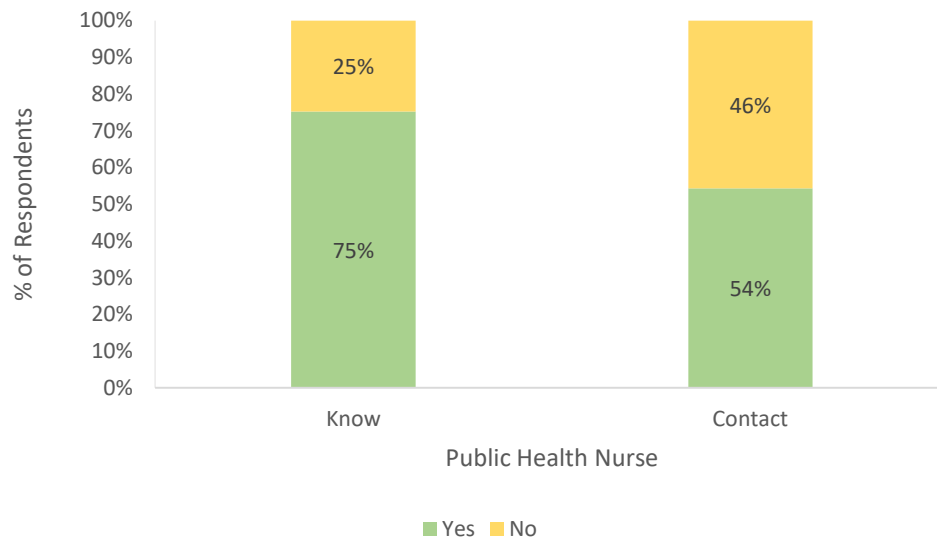
## 5.10 Hospital appointments



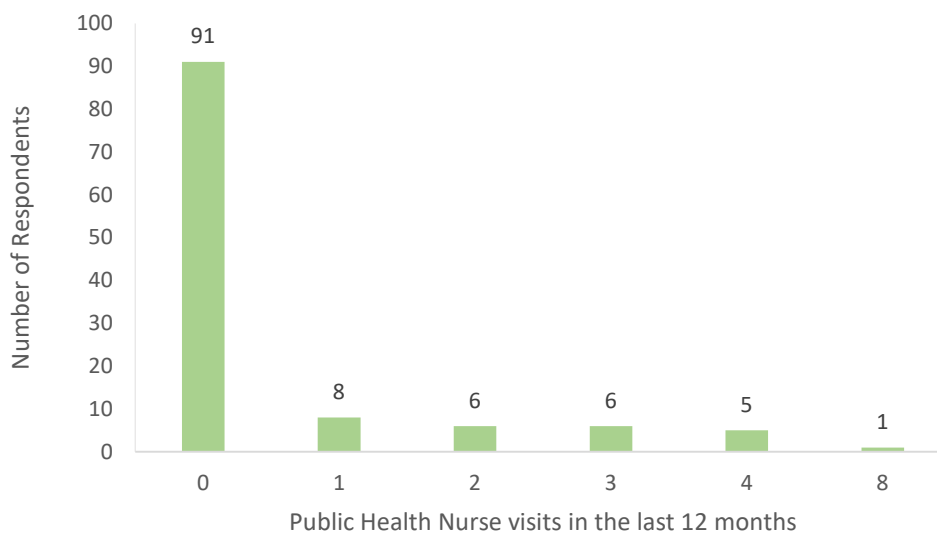
## 5.11 Hospital appointments in the last 12 months



## 5.12 Public Health Nurse

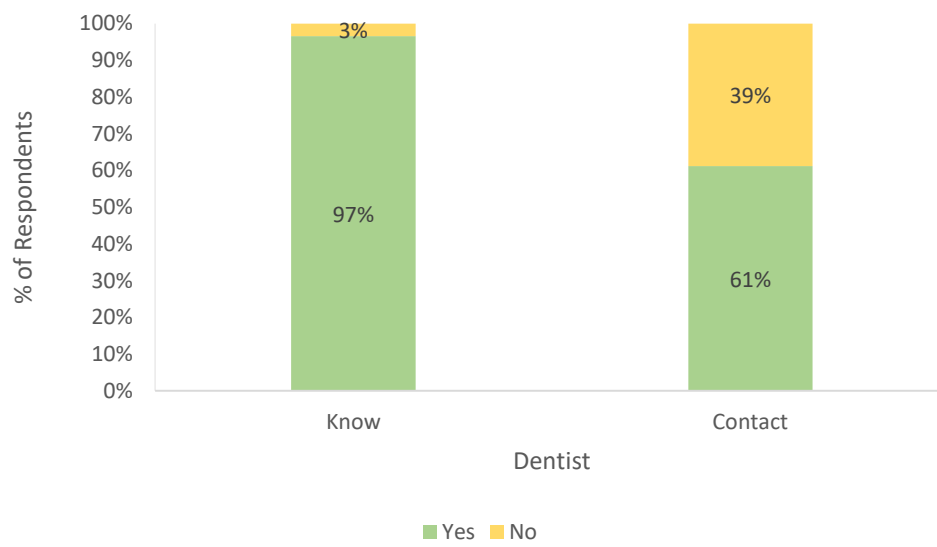


## 5.13 Public Health Nurse visits in the last 12 months

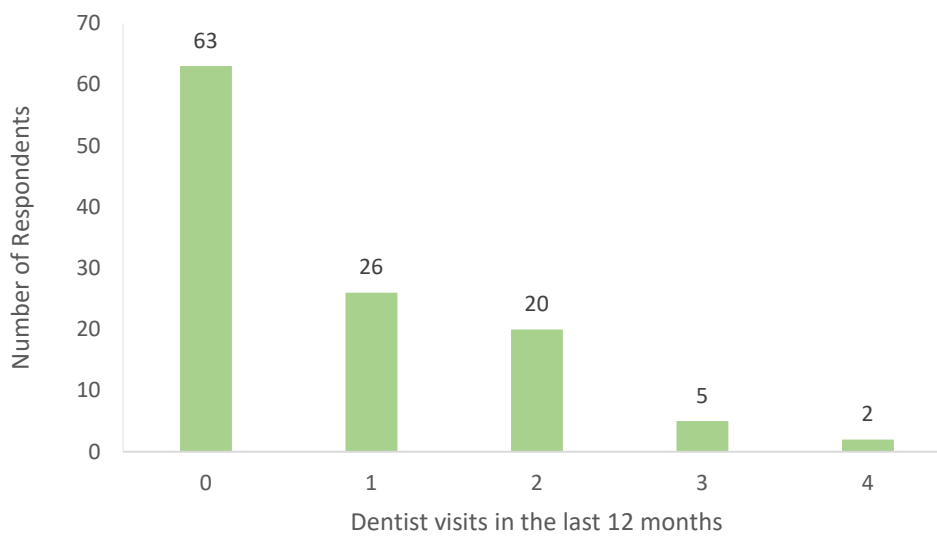




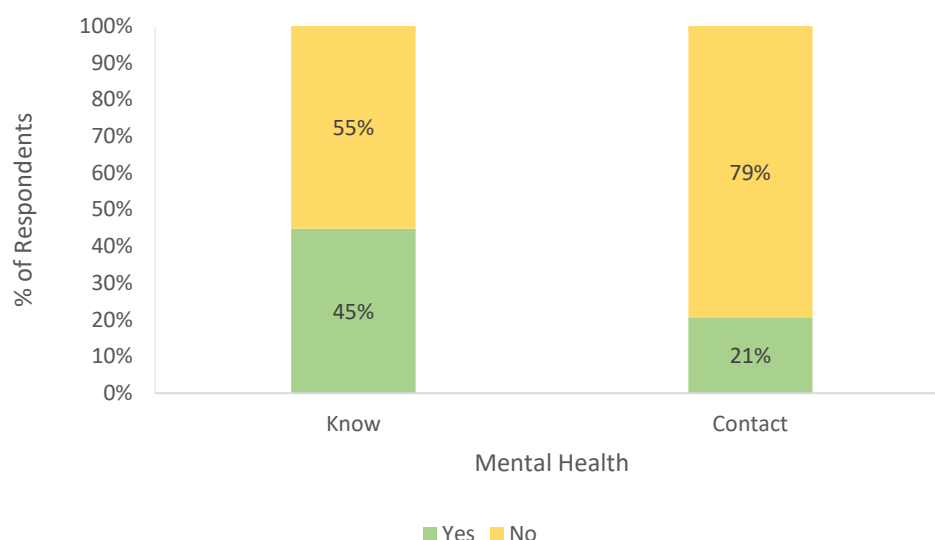
## 5.14 Dentist



## 5.15 Dentist visits in the last 12 months

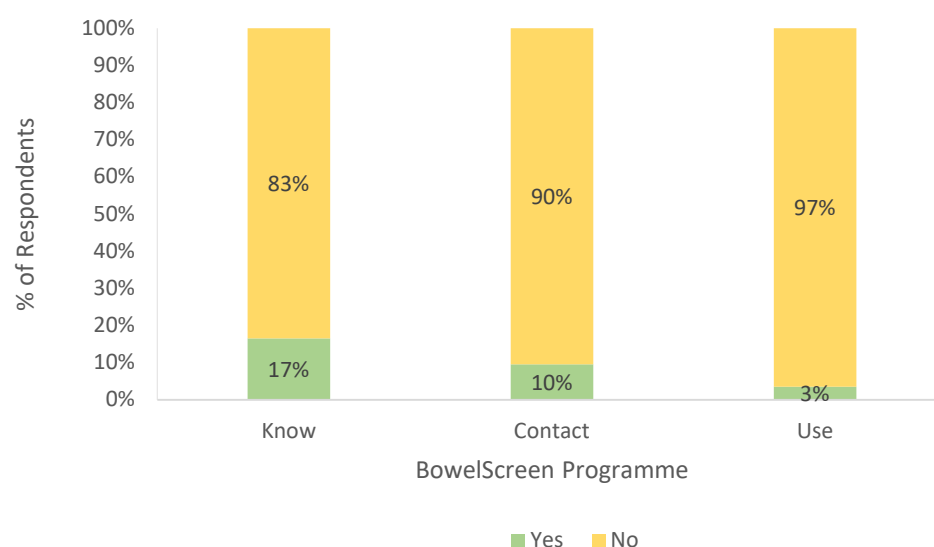


## 5.16 Mental Health Services

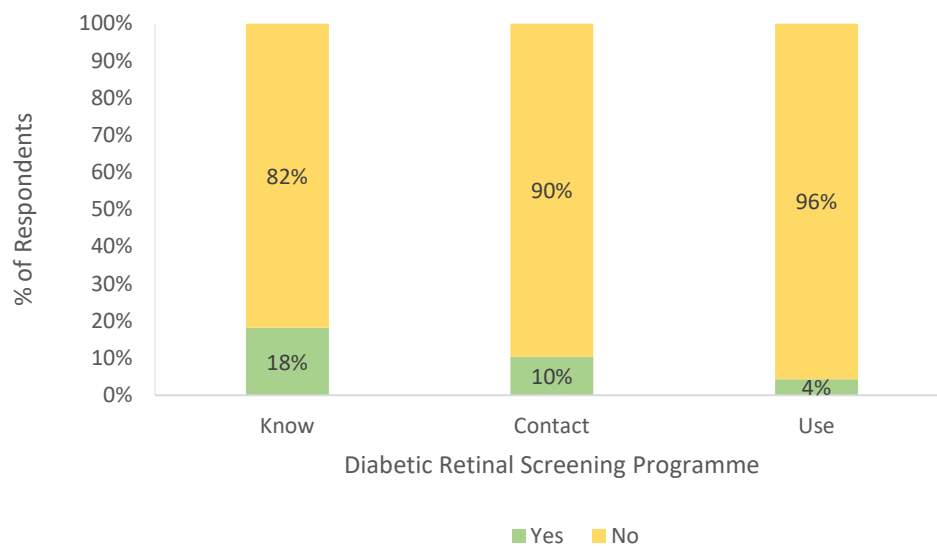


5.17 Respondents were asked a number of questions about some health screening programmes. They were asked if they knew what the programmes did ('know'), if they knew how to contact them ('contact') and if they had ever used the service ('use'). The questions about the BreastCheck programme, the CervicalCheck programme and the Ante-natal clinic were asked of female respondents only. As respondents were not asked their own age it is not possible to ascertain how many female respondents were eligible for the BreastCheck or CervicalCheck programmes.

## 5.18 BowelScreen Programme

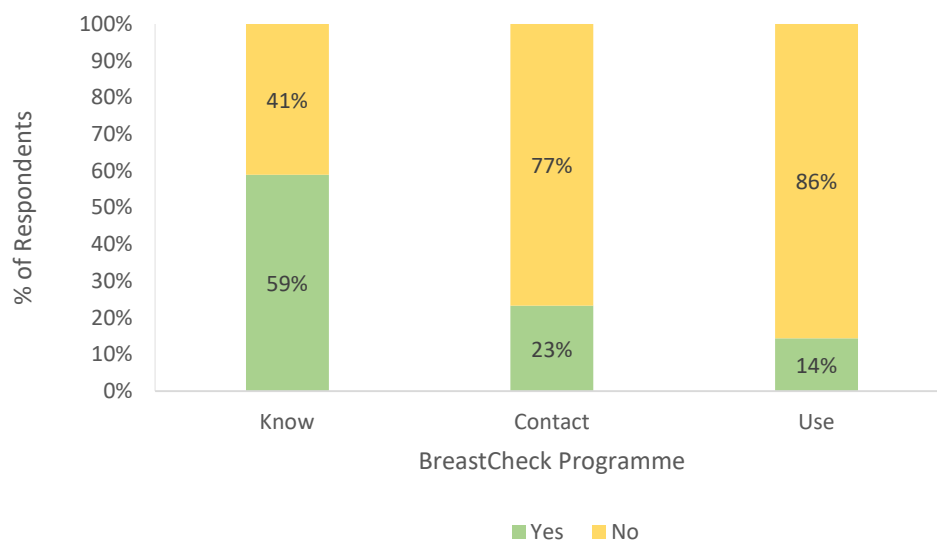


### 5.19 Diabetic Retinal Screening Programme



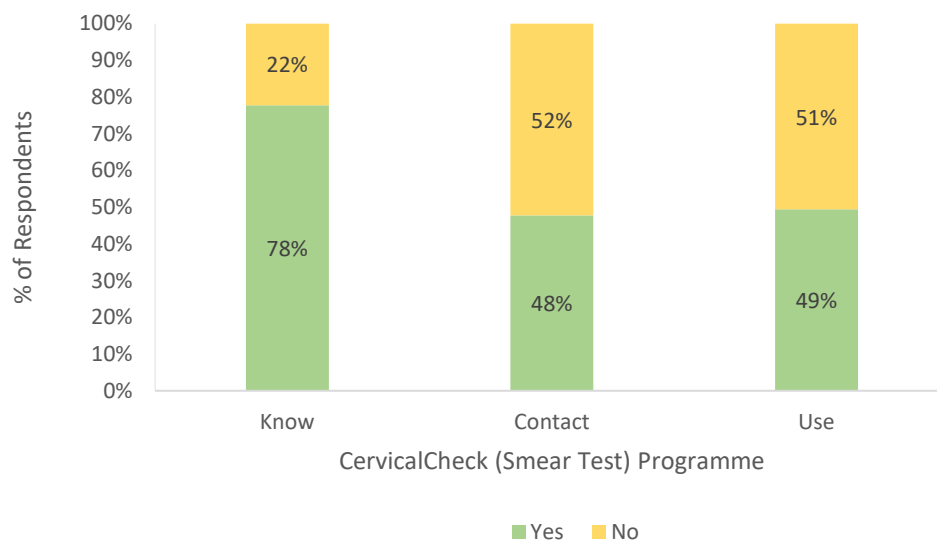
- The Diabetic Retinal Screening Programme is only available to those who are diagnosed with Diabetes.

### 5.20 BreastCheck Programme



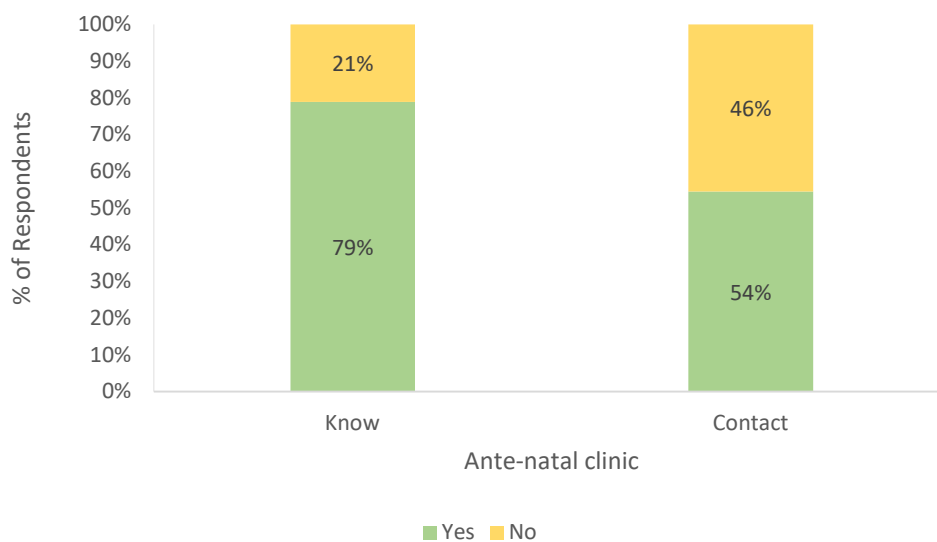
- Only female respondents aged 50 plus would have been eligible for the BreastCheck Programme.

## 5.21 CervicalCheck Programme

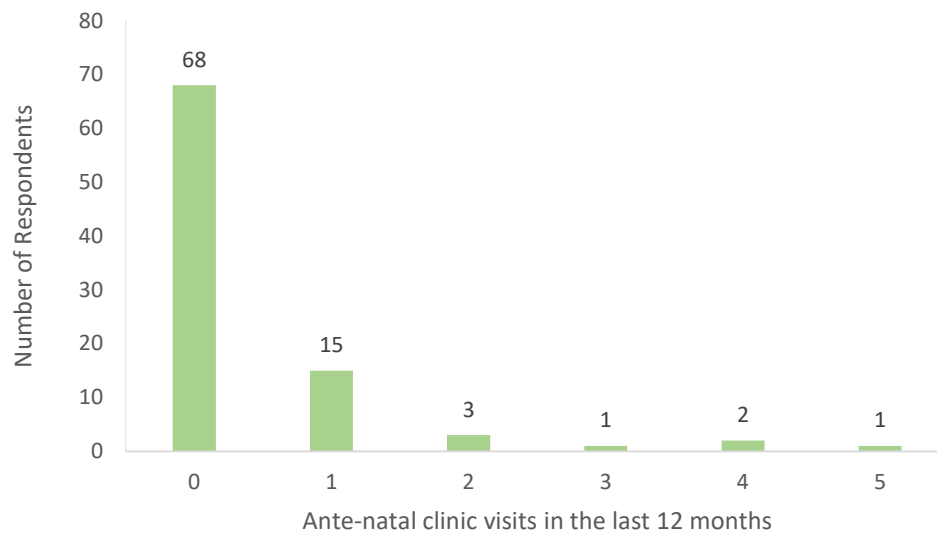


- Only female respondents between 25 and 60 would have been eligible for a free cervical screening test.

## 5.22 Ante-natal clinic

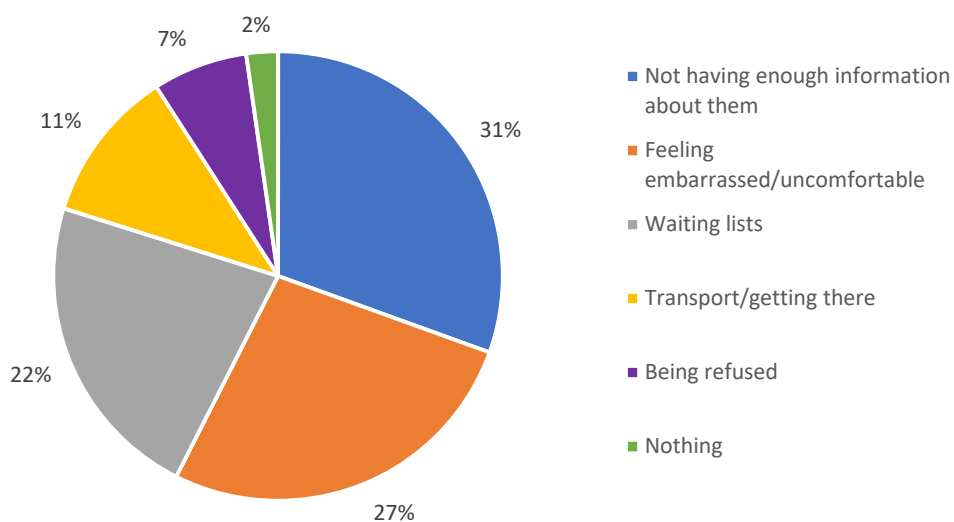


### 5.23 Ante-natal clinic visits in the last 12 months?



5.24 Respondents were asked to identify what factors make it difficult to access health services and could tick as many factors as they felt were relevant. The results are shown in the graph below.

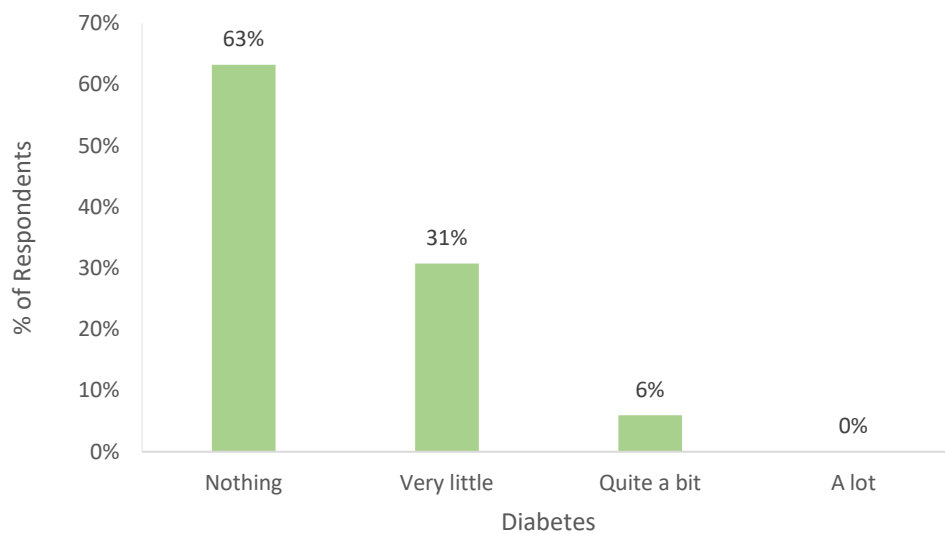
### 5.25 What things make it difficult for you to use health services?



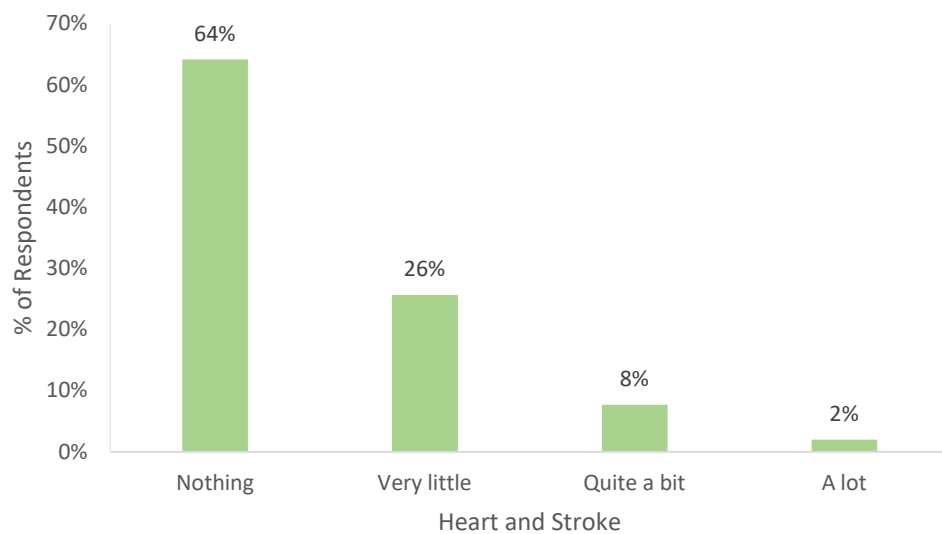
## 7 Results – Health issues

6.1 Respondents were asked how much they knew about a variety of health conditions and how they access information about health issues. The results are presented below.

6.2 How much do you know about diabetes?

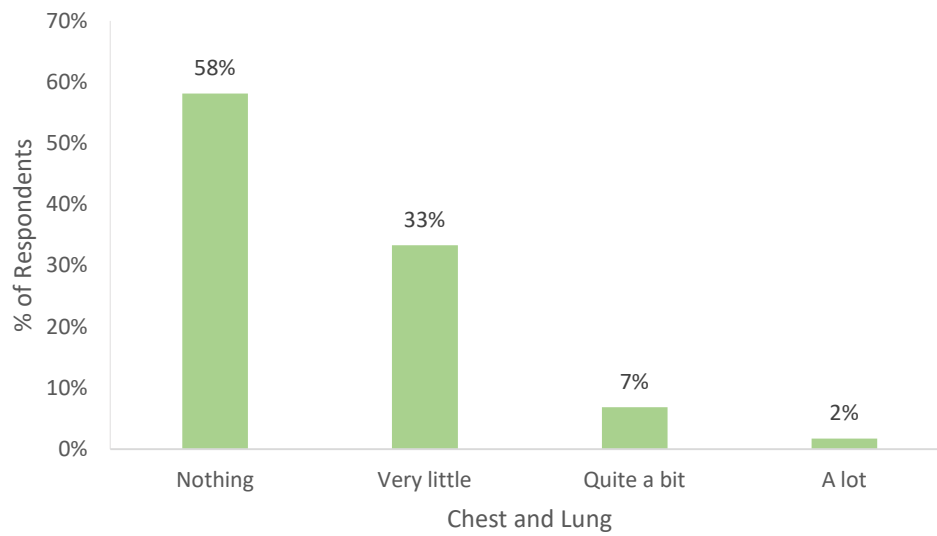


6.3 How much do you know about heart problems or stroke?

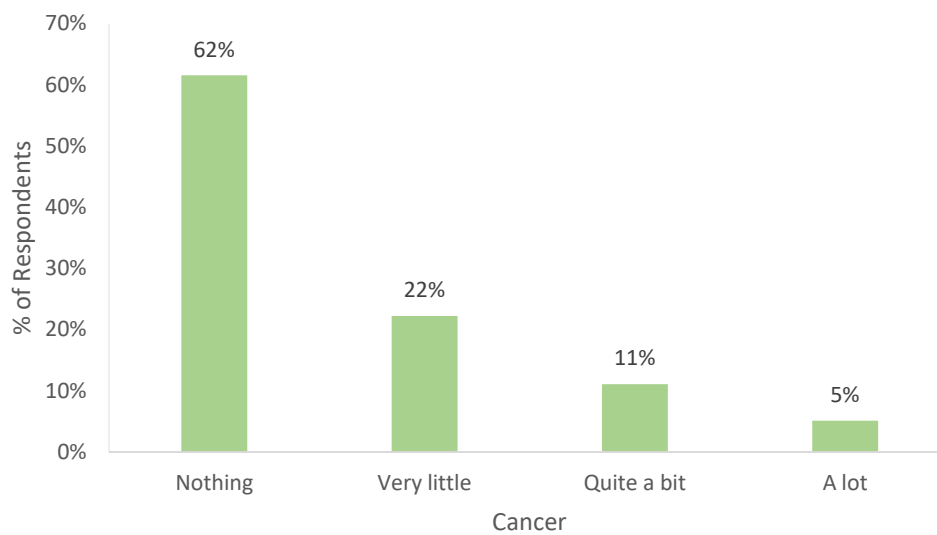




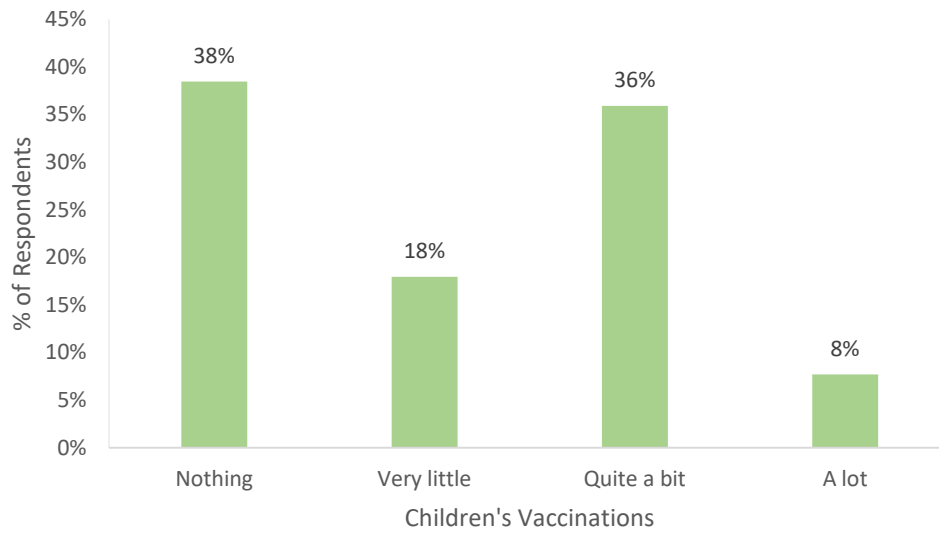
#### 6.4 How much do you know about chest or lung problems?



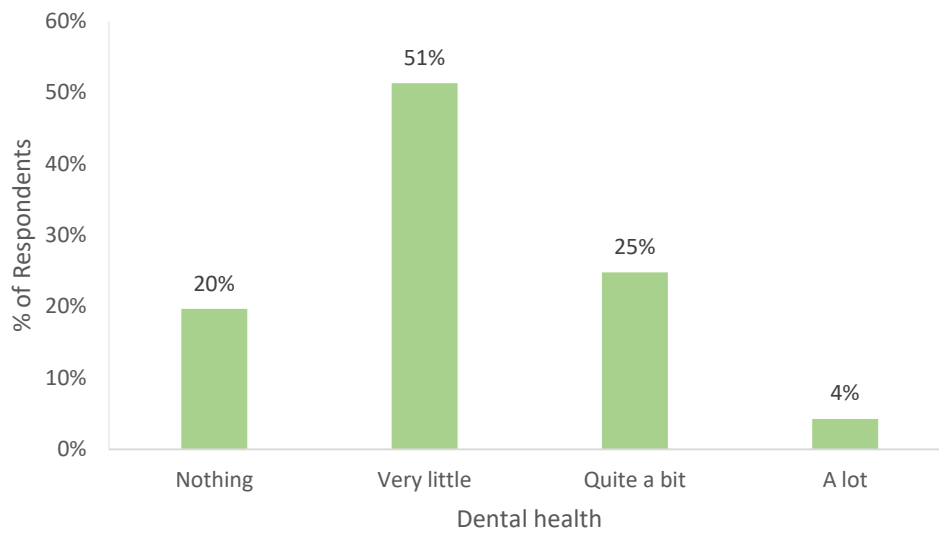
#### 6.5 How much do you know about cancer?



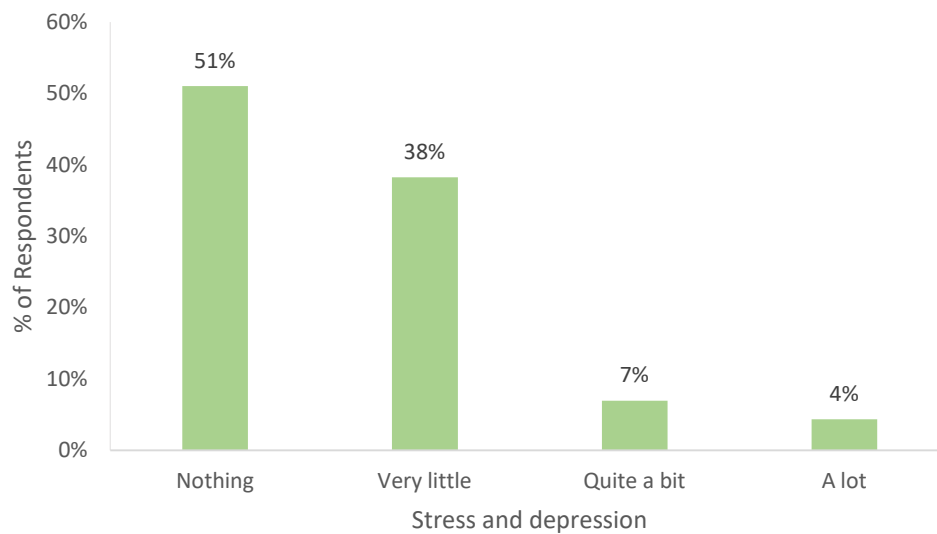
## 6.6 How much do you know about children's vaccinations?



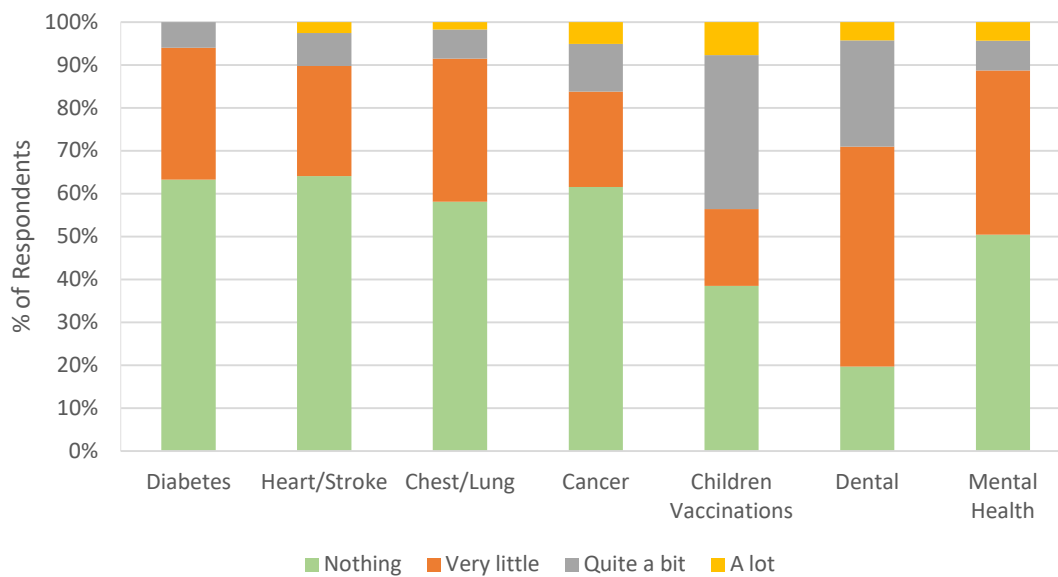
## 6.7 How much do you know about dental health?



## 6.8 How much do you know about stress and depression?



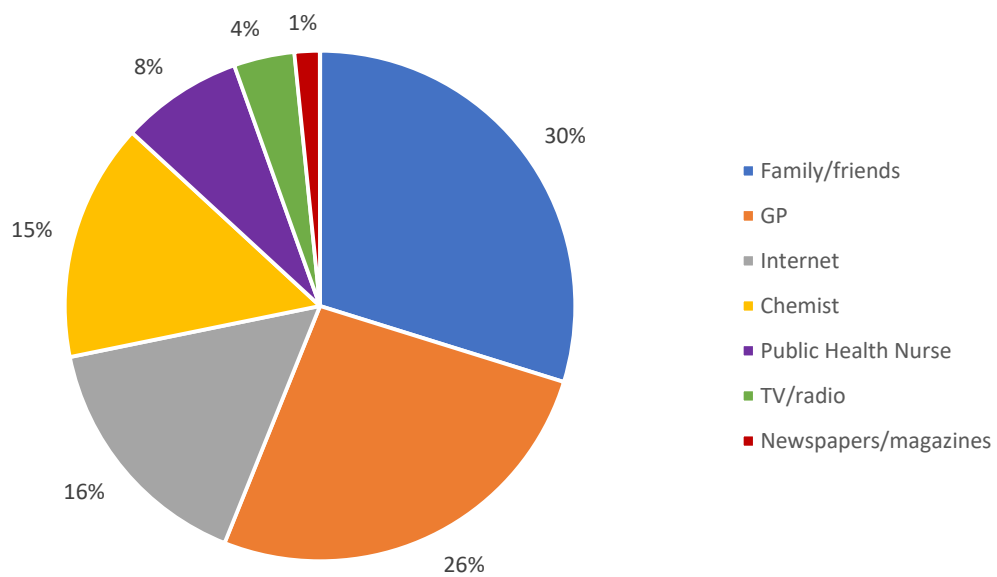
## 6.9 Overview of knowledge of health issues



- For five out of the seven health issues more than 50% of respondents indicated that they knew nothing about them
- 44% of respondents know quite a bit or a lot about child vaccinations and 29% knew quite a bit or a lot about dental care

6.10 Respondents were asked to identify what methods they used to find out about health issues and to tick as many responses as they felt were applicable. The results are shown in the graph below.

6.11 How do you find out about health issues?



- All respondents answered this question.
- Eight respondents ticked one box, all other respondents ticked two or more boxes.

## 8 Analysis

### 8.1 Population

The 2016 census identified 199 individual Travellers in the Cappamore-Kilmallock area whereas the total number of individual Travellers identified in the same area by this survey was 424 – an increase of 113%. Despite the fact that this is a dramatic increase on the census figures, the 424 total may still be an underestimate. 9% of the known households were not surveyed and anecdotal evidence suggests that more Traveller households exist but were not located.

The structure of the Traveller population in East Limerick broadly mirrors that of the Irish Traveller population, with a broad base at the younger ages and reducing sharply at higher ages. As fewer age bands were used in this survey than was the case in *Our Geels: All Ireland Traveller Health Study, 2010* it is not possible to draw direct comparisons. However, the fact that only 29 individual Travellers over the age of 50 were identified in this survey (6.8% of the Traveller population in E Limerick) is stark evidence of the continuing reduced life expectancy of Travellers when compared to the general population.<sup>14</sup>

Of the 117 households surveyed, 61 live in apartments or houses and 56 live in trailers or mobile homes. Of the 36 households made up of 5 or more individuals, 11 households (totalling 77 individuals) live in trailers or mobile homes.

### 7.2 Knowledge and use of health services

The responses to the questions relating to medical cards and GP visit cards indicate that 91% of respondents hold a medical card and only one respondent is not registered with a GP. These responses could be viewed positively in terms of access to health care services. However, the level of medical card ownership can also be seen as evidence of low income.

Respondents knowledge of what specific health services do was high in relation to the GP, A&E, Hospital appointments and the dentist with positive responses ranging from 86% to 98%. When respondents were asked if they knew how to contact them, however, positive responses dropped by an average of 25%. Knowledge of the Ante-natal clinic (79%) and Public Health Nurse (75%) was slightly lower, and only

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<sup>14</sup> Census 2016 found 19.1% of the general population were over 65 years.

54% of respondents know how to contact either service. These slightly lower levels of knowledge are understandable given the more specific nature of the services offered and the fact that the Ante-natal clinic question was only asked of female respondents. Of the health services listed, Mental Health Services were the least well-known with only 45% of respondents knowing what they do and 21% knowing how to contact them.

Of the cancer screening programmes, CervicalCheck was the most well-known with 78% of the female respondents knowing what they do but only 48% knowing how to contact them. BreastCheck was understandably less well known given that it is a service offered primarily to women over 50, with 59% of female respondents knowing what they do but only 25% knowing how to contact them.

The BowelScreen and Diabetic Retinal Screening Programmes were the least well-known with 17% knowing what BowelScreen does and 18% knowing what the Diabetic RetinaScreen does and only 10% knowing how to contact either programme.

In terms of use of health services there was, not surprisingly, a wide variety of usage levels with 86% of respondents visiting the GP at least once in the last year, 46% of respondents seeing the dentist during the last year and only 22% of respondents seeing the Public Health Nurse during that period. The usage levels of cancer screening programmes were significantly lower, with 49% of respondents having ever used CervicalCheck, 14% having used BreastCheck, 4% having used Diabetic RetinaScreen and 3% having used BowelScreen.

### 7.3 Barriers to access

All respondents were asked about the factors that make it difficult to access health services and lack of information about health services was the most often cited (31%) with feeling embarrassed or uncomfortable next (27%). Waiting lists (22%) and transport (11%) were also significant issues with being refused at 7%. Interestingly, 'nothing' only received a response rate of 2%.



#### 7.4 Knowledge of health issues

Respondents indicated a poor knowledge of nearly all of the health issues included in the survey. The chart below shows the percentage of respondents who stated they knew very little or nothing about a range of health issues in this survey and in similar surveys carried out in West Limerick and Thurles.<sup>15</sup>

Health condition	E Limerick	W Limerick	Thurles
Diabetes	94%	50%	63%
Chest or lung problems	91%	75%	66% <sup>16</sup>
Heart problems or stroke	90%	76%	75%
Stress and depression	89%	48%	64% <sup>17</sup>
Cancer	84%	72%	69%
Dental health	71%	35%	36% <sup>18</sup>
Children's vaccinations	56%	32%	19%

#### 7.5 Sources of health information

All respondents were asked how they found out about health issues and the most popular method was family and friends (30%), closely followed by the GP (26%). The internet (16%) and the chemist (15%) were also significant sources of information and the Public Health Nurse received 8% of the responses. The least used methods were TV/radio (4%) and Newspapers/magazines (1%).

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<sup>15</sup> *West Limerick Primary Health Care Project for Travellers Baseline Evaluation Survey, 2011 and Thurles Primary Health Care Programme Baseline Survey Report 2015 (Sheila Cahill Consulting and Whitebarn Consulting)*

<sup>16</sup> In the Thurles survey respondents were asked how much they knew about asthma.

<sup>17</sup> In the Thurles survey respondents were asked how much they knew about mental health.

<sup>18</sup> In the Thurles survey respondents were asked how much they knew about health teeth and gums for children.

## 9 Conclusions

- 9.1 One of the main priorities for this research was to find out how many Travellers are living in the East Limerick area. One of the most striking findings of this research has been the identification of over 113% more Travellers than identified in the 2016 census, with the total of 424 likely to be a conservative estimate. This clearly establishes that there is a significant population of Travellers in East Limerick.

This result was also a testament to the commitment of the peer researchers and their ability to win the confidence of the community. There is no doubt that the peer researchers had a significant impact on the number of respondents who were prepared to identify themselves as Travellers. This underlines the benefit of engaging peers to work within the Traveller community.

- 8.2 While this research was unable to examine all the social determinants of health, it is worth noting that 48% of the households surveyed live in mobile homes or trailers, with 18% of the total Traveller population living in mobile homes or trailers in households of 5 or more individuals. It should also be noted that in the Pobal Deprivation Index for 2016 Kilmallock, which accounted for 53% of the known Traveller households, is classified as disadvantaged.

- 8.3 The other priorities for this research were to ascertain the levels of knowledge about health issues and health services among the Traveller community in East Limerick. Levels of knowledge about a range of health issues are clearly very low even by comparison with the Traveller communities in West Limerick and Thurles. Although the surveys in both West Limerick and Thurles were carried out before the Community Health Workers had started their health education work in the community they did take place at the end of the Community Health Workers two year training period. This would seem to suggest that delivering health education training to Community Health Workers in itself had a positive impact on the knowledge of health issues within those Traveller communities.

In addition, the evidence from the West Limerick Primary Health Care Project for Travellers is that the work of such projects can significantly increase levels of knowledge about health issues. For example, an evaluation undertaken in 2013

found that knowledge about cancer, chest and lung problems, heart problems and strokes and diabetes improved by over 25% within a two year period.<sup>19</sup>

- 8.4 Levels of knowledge about general health services within the East Limerick Traveller community are good but knowledge about how to contact those services are less so, while knowledge about cancer screening programmes are lower still. Lack of information is cited as the biggest barrier to accessing health services.
- 8.5 The size of the Traveller population, the lack of knowledge about health issues and the fact that the lack of information about health services is the most significant barrier to accessing those services would seem to provide a compelling case for the provision of a Primary Health Care project for the Traveller community living in East Limerick.

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<sup>19</sup> [http://www.whitebarn.info/u/cms/wlphcpt\\_report\\_fv\\_151013.pdf](http://www.whitebarn.info/u/cms/wlphcpt_report_fv_151013.pdf)

## 10 Acknowledgements

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Majella Tobin, Traveller Health Unit HSE

Arthur McDonagh, Kilmallock Traveller Representative

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**BALLYHOURA**  
DEVELOPMENT CLG

HSE Mid West  
Community Healthcare



**Traveller Health Unit**  
Supporting Traveller Health and Wellbeing