Athlone Community Health Need Assessment

Contents

Foreword

In welcoming the publication of this Athlone Community Health Needs Assessment I am conscious that this document will assist us in identifying ways to make our services more responsive and effective for the wider population. Each year the HSE engage in a service planning process and the feedback contained within this publication will assist in that work.

I commend the project team for their hours of work and most importantly their engagement with many sectors of the Athlone community. They listened attentively and caringly to what people had to say and this is evidence with the Health Needs Assessment. I am very pleased that a collaboration of Westmeath County Council, Athlone Community Services Council, Westmeath Community Development, Public Health, Health Promotion and Primary Care brought this paper to fruition.

A Community Health Needs Assessment is a process that:

- *Describes the state of health of local people;*
- *Enables the identification of the major risk factors and causes of ill health; and*
- *Enables the identification of the actions needed to address these.*

The project team has achieved the ambitious aims set out in this document.

Of course the challenge for all of us now is to action the recommendations of this consultation. Actions informed by the feedback of many people. Actions that have practical implementation and understanding leading to better and more responsive services.

I look forward to the developmental progression of this document and await continuous progress reports on the fulfilment of the visions contained within.

Pat Bennett,
Chief Officer,
Community Health Organisation, Area 8.

Acknowledgements

This Community Need Assessment was developed with the support, dedication and enthusiasm of a number of agencies, groups and individuals. It was a core prerequisite for this report that a partnership was developed to drive and shape the process. The Athlone Community Health Forum, a group of agencies, community groups and individuals who work to highlight and address local health issues, played a pivotal role in bringing people together to share their health experiences for the purpose of this report. The Forum also offered great support to the process with their advice and guidance throughout.

The Community Health Need Assessment Advisory group consists of:
Anne Galvin, Administrative Officer, Community Development Section, Westmeath County Council
Anne Naughton, Clonbrusk Primary Care Centre Manager, Health Service Executive
Colette Anderson, Health Promotion and Improvement Service, Health Service Executive
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Michele Baker, Health Promotion and Improvement Service, Health Service Executive
Thomas Elliffe, Athlone Community Services Council Manager
The advisory group would like to warmly thank:

The people of Athlone, who have given their time and knowledge to inform this process.

Those who completed the questionnaires and attended focus groups. Their passion, honesty and insight was refreshing.

Emma Dolan, Athlone Community Services Council for her research and time.

Those who helped with the distribution of the questionnaires.

The focus group facilitators: Gráinne Powell, Michele Baker, Aisling Warburton, Colette Anderson.

The Department of Public Health for the Demographic data.

Furthermore it is important to acknowledge with much appreciation the crucial role of the staff of the Clonbrusk Primary Care Centre and to the Community and Voluntary Services who supported this report with their time, knowledge and expertise.

We wish to thank our Managers for their time and commitment to this Assessment.

Abbreviations

ACSC CLG	Athlone Community Services Council Company Limited by Guarantee
A&E	Accident and Emergency
AIT	Athlone Institute of Technology
CADS	Community Alcohol and Drugs Services
CAMHS	Child & Adolescent Mental Health Service
CHNA	Community Health Needs Assessment
CIE	Corás Iompair Éireann
CIS	Citizens Information Service
CSDH	Commission on Social Determinants of Health
CSO	Central Statistics Office
DCYA	Department of Children and Youth Affairs
DOHC	Department of Health and Children
DSP	Department of Social Protection
ED	Electoral Division
ENT	Ear, Nose and Throat
FSPA	Family Support Project Athlone
GAA	Gaelic Athletic Association
GP	General Practitioner
HI	Healthy Ireland
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IDA	Irish Development Authority
IWA	Irish Wheelchair Association
LDCP	Local Development Community Programme
MDT	Multi Disciplinary Team
MHS	Mental Health Service
MRDATF	Midland Regional Drug and Alcohol Task Force
MRI	Magnetic Resonance Imaging
MRYS	Midland Regional Youth Services
NUIG	National University of Ireland Galway
OT	Occupational Therapy
PHCT	Primary Health Care Team
PHN	Public Health Nurse
PPN	Public Participation Network
RTE	Raidió Teilifís Éireann
SEAI	Sustainable Energy Authority of Ireland
SIDS	Sudden Infant Death Syndrome
SLT	Speech and Language Therapy
SPC	Specialist Palliative Care
SW	Social Work
U/S	Ultra Sound
WCC	Westmeath County Council
WCD	Westmeath Community Development
WHO	World Health Organisation
WTE	Whole Time Equivalent

Executive Summary

Background

In March 2014 the doors opened on the new Clonbrusk Primary Care Centre, Athlone. The Centre is designed to provide all the health and social care services (primary, secondary and tertiary) at one location to meet the needs of a population of approximately 25,000 people in and around the Athlone area. An advisory group made up of HSE and Community Representatives was established to oversee the Community Needs Assessment. The group consisted of Primary Care Team members, representatives from Local Authority, representatives from Community Development, Health Promotion Officers and Public Health Research Representatives from the HSE. The Community Needs Assessment was carried out from between March 2015 and September 2015.

The four components of this community needs assessment included:

- the gathering and interpretation of epidemiological, social and demographic data
- the estimation of the views of both the local community and service providers
- the collation of present health and social care needs as determined by the local community and local health and social care providers
- the development of recommendations arising from this report.

Community Needs Identified

Community needs were identified through community self-administered questionnaires, focus groups, and service provider questionnaires.

The priority community needs identified by participants were categorised by the advisory group under the following headings:

Funding

Waiting times and access to health services

Mental Health and Health and Well being

Communication

Infrastructure / Transport / Footpaths / Parking / Signage

Antisocial Behaviour

➢ Community / Household Questionnaire

A total of 226 people completed the Community Household Questionnaire.

- 50% of respondents were employed (full / part time)
- 77% described their health as 'good / excellent'
- 39% stated that there were no health issues in their household; 282 conditions were recorded in 137 households (average = 2 conditions per household, range 1 – 8). Asthma was the most common condition recorded in respondent's household.
- 62% never / rarely felt lonely

Respondent's Community:

- 83% of respondents felt safe in their home
- 74% felt safe in their community
- 80% felt a sense of pride in their area
- 52% of respondents stated that they were not members of committees, clubs or groups. 'Lack of spare time' was the reason given by 44% of respondents
- 40% of respondents commented on what needs to be done to make Athlone a happy and healthier place;
    - Address antisocial behaviour / drugs / drink (34%)
    - Health Promotion Awareness (17%)
    - Improved infrastructure (17%)
    - Improved facilities (17%)

Clonbrusk Primary Care Centre:

- The 3 best things about respondent's experience of the health service were;
    - Staff (88%)
    - Efficiency of the service (18%)
    - Communication (12%)
- The 3 things about the service that respondents felt could be most improved were;
    - Waiting Times (48%)
    - Cost of Services (18%)
    - Communication (12%)

➢ Service Provider Questionnaires

26 Statutory Service Providers and 22 Community Voluntary Organisations responded.

Statutory Service Providers

- 38% of respondents operate a waiting list to their service (range = 2 weeks – 10 months)
- 88% felt there was good access to their service
- 81% of respondents felt there are gaps / needs in their service. Gaps identified include:
    - Lack of clerical assistance / ancillary support
    - Insufficient mental health support services
    - Long waiting lists
    - Poor access to diagnostic services
- Suggested measures to be taken to meet these needs include;
    - Additional Whole Time Equivalents
    - Additional funding
    - Improved mental health services
    - Better access to support local services and secondary care services
- 64% of respondents felt the healthcare facilities in Athlone were inadequate. Issues highlighted include;
    - Long waiting lists for services such as home help, physiotherapy, SLT and psychology.
    - The need for additional staff, clinics and support services

Community Voluntary Organisations

- 86% of respondents receive funding
- 50% felt the quality of their service could be improved with funding / additional funding
- Perceived health care needs of their service users include;
    - Health information / awareness re: drug and alcohol misuse, obesity
    - Health checks
    - Mental health supports
    - Transport to and from appointments

- Respondents felt the health care needs of the members / people they represent could be addressed by;
    - Health promotion
    - Additional funding and resources
    - Improvement in the mental health services
    - Housing and improved transport
    - Clear communication on rights and entitlements
    - Integration of services
- Gaps in the health service identified by respondents include;
    - Access to psychological, counselling and social worker out-of-hour services
    - Lack of transport to the services
    - Lack of supported living accommodation
    - Inability to access health services for homeless people

➢ Focus Groups

The focus groups were held with a range of population groups across Athlone generated insightful discussions on health needs. A key area that participants highlighted was the need to make Athlone an environment that supports health and wellbeing. This would entail cleaner and safer communities that have positive communication with health related services to support the navigation and access to these services. Participants noted on many occasions that Athlone boasts many positive attributes such as good neighbourly spirit, local tourist attractions such as the Castle and resources such as the River Shannon. All of these positive qualities can at times be compromised by things such as drug use and anti social behaviour.

The drugs issue was noted as one area that is particularly difficult to manage and needs more planned and careful attention so that Athlone can be a safer place to live. A large proportion of the population of Athlone are involved in clubs, groups and associations of various forms showing the motivation to be active members of the community. Of the percentage that are not involved in community initiatives a lack of spare time and a lack of interest were cited as the most common reasons for not getting involved.

In exploring the role of the Health Services in the Athlone area a range of comments and suggestions emerged. Respondents were broadly happy with the services, especially the

services provided by Midoc, local GP's, Public Health Nurses and the facilities available. The majority of respondents praised the Health Service staff for being approachable, friendly and helpful. However improvements in the areas of waiting times and waiting lists, the cost of services and communication issues were noted as needing attention. In relation to communication advertising of available services to the public was a core issue highlighted.

Respondents expressed the importance of being able to live the lives that they choose to live and to feel empowered to make choices and decisions that impact on their own health and wellbeing. Having good social networks and the ability to take part and enjoy recreational activities was viewed as extremely beneficial to feeling mentally and physically well.

Recommendations

Seven core areas for recommendations emerged;

1) Transport	2) Communication	3) Service provision
4) Safety	5) Education	6) Infrastructure
7) Partnerships.		

The findings highlighted that Athlone needs a better transport system to incorporate the health facilities and that improvements need to be made in relation to how the health service communicates with the public on the services available and how these services can be accessed. Recommendations emerged regarding the management of waiting room times for health services especially the GP services and also the waiting times for specialist services such as psychology. Links need to be made with various services to explore the options to make Athlone a safer community for all. Recommendations were also elicited in the area of improved infrastructure, aimed at generating an aesthetically more appealing, cleaner place with recreational activities that encourage healthier lifestyles for all age groups. An over arching recommendation was to have a collaborative approach in addressing these areas. The development of a comprehensive and robust action plan will form the next phase of the process.

1 INTRODUCTION

1.1 Aims and Objectives

This study aims to identify and collect information on the health and social care needs of the people in the Athlone area using participatory research methods.

This study has five key objectives as outlined below:

- To carry out a local area profile of Athlone.
- To examine the communities experience of the Health Service.
- To uncover the hopes, concerns and aspirations of the local people living in the Athlone area regarding their health.
- To identify key action areas that will lead to the improvement of local community health and well being.
- To implement recommendations

1.2 Background (Why do a Community Needs Assessment for Athlone)

There was a view by local communities and public representatives that the health services in Athlone were under developed. A Community Health Forum was set up locally to take a holistic view of the health needs of the area. This forum included members of the HSE, Community and Residential Groups, Westmeath Community Development and Westmeath County Council. Many needs were identified through the forum and actions were agreed and addressed locally. In order to identify the "bigger picture" a formal Community Health Needs Assessment was agreed, keeping in line with the National Strategy on Community Participation in Primary Care. The aspiration was to identify gaps in services as a multi-agency forum, and thereafter jointly agree recommendations and implement same, where practically possible, or to escalate to those who may be in a position to implement or influence change with evidence provided.

A Community Health Needs Assessment is a process that:

- Describes the state of health of local people;
- Enables the identification of the major risk factors and causes of ill health; and
- Enables the identification of the actions needed to address these.

A community health needs assessment is not a one-off activity. It is a developmental process that can be amended as communities grow and change. A health need assessment is not an end in itself, it is a platform that can be used to shape services and support the planning of public health programmes in the future (Department of Health and Children, 2013).

1.2.1 The Importance of Community in Health Improvement

A community is a group of people who share a sense of belonging and a sense of significance from their association (Dobson and Wright, 1998). It is only with the specific local community in mind that services can be suitably tailored and focused to ensure that service delivery adequately fits and supports the local community. Community profiling aims to explore community resources, facilities, and social structures (Twelvetrees, 2002). All of these networks and resources underpin the workings of communities as people work, rest and play in their daily lives. In-depth exploration of what happens in a local area ensures that work is not duplicated, that participation in services is high, and that services are needs led to compliment the community for which they support.

The Communities in which we live have so much to offer in terms of resources, ideas and social glue which are viewed as essential in Irish Society (Taylor, 2003). The Health Promotion field also views communities as playing an increasingly valuable role in health improvement. This is rooted in the belief that community participation empowers people to understand and to gain control over their own life situations which in turn enhances health and general well-being (WHO CSDH, 2008).

1.2.2 Definitions of Health and the Health Determinants

The World Health Organisation defines health as “A complete state of physical, mental and social well-being and not merely the absence of disease or infirmity. It is a resource for everyday life and not the objective of living; it is a positive concept emphasising social and physical resources as well as physical capacity” (WHO 2006).

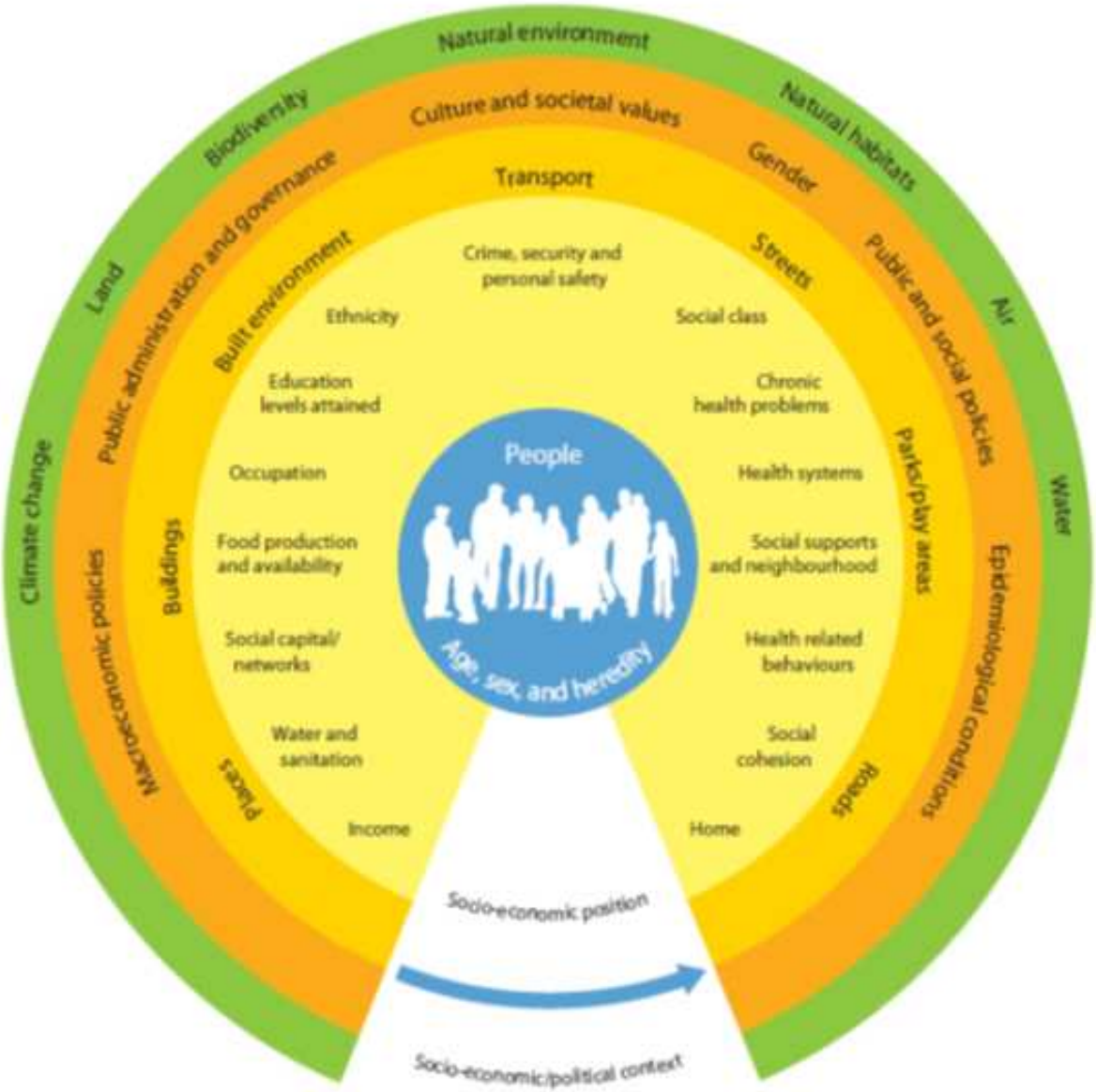
The WHO Independent Commission on Social Determinants of Health (WHO CSDH 2008) identifies that social inequalities in health arise because of inequalities in the conditions of daily life. Inequalities in power, money and resources are core areas that exacerbate health inequalities. The Commission highlights the significance of the determinants of health and health inequalities as: ‘The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal

distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life…….. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.'

Health is a personal, social and economic good, and the health and wellbeing of individuals, and of the population as a whole, is Ireland's most valuable resource. A healthy population is essential to allow people to live their lives to their full potential, to create the right environment to sustain jobs, to help restore the economy and to look after the most vulnerable people in society. A healthy population is a major asset for society, and improving the health and wellbeing of the nation is a priority for the Government and the whole of society. This means that all sectors of society and the whole of Government need to be proactively involved in improving the health and wellbeing of the population (DOHC, 2013).

The primary factors that shape our health are not medical treatments or lifestyles choices but rather the living conditions we experience. These conditions have come to be known as the social determinants of health. The Social Determinants of Health Model, adapted from Dalghren and Whitehead, 1991, clearly describes the factors that influence individual and population health. In this model related factors are shown in concentric circles, but in practice, all factors interact with each other.

The Social Determinants of Health



Source: Dahlgren & Whitehead,1991

The social determinants of health are conditions in which people are born, grow, live, work and age (WHO CSDH, 2008). The social determinants of health remain the most powerful determinants of health standards in modern societies, as even in the most affluent countries people who are less well-off have shorter life expectancies and more illness than the rich. The WHO CSDH 2008, and the subsequent Marmot Review (Marmot, 2010) both identified the importance of addressing the conditions of everyday life that lead to health inequalities.

The HSE recognises that most of the factors that shape our health and wellbeing are, for the most part, outside the direct influence of the health and social care services (HSE, 2005). Therefore, while most of the programmes undertaken by a health and social care system can address the factors that influence the health and wellbeing of the population (Wilkinson and Pickett, 2009), it is only by working in partnership across all sectors that a significant impact can be made on the determinants of health, thereby reducing health inequalities and optimising health gain.

1.2.3 Health Inequalities

Striking differences exist in relation to health outcomes in the Irish populations (Layte *et al,* 2007).

- People living in lower socio-economic groups experience greater rates of chronic illnesses and live shorter lives compared to those in higher socio- economic groups.
- Those who have medical cards attend their GP twice as often as those who do not, their uptake on preventative screening services is lower than people in the higher socio economic groups.
- Babies born to unemployed parents have approximately twice the risk of low birth weight compared to babies born to parents in the highest professional occupation group.
- People who are poor are more likely to live in environments that have a negative impact on their health and wellbeing.
- Health and wellbeing is affected by the level of health and social care services provided and also by the degree of access to them.

Healthy Ireland is our national framework for action to improve the health and wellbeing of the people of Ireland. Irish health trends and the relative difference in trends according to socio-economic group are listed in Appendix I (Department of Health, 2013).

1.2.4 Community Development Approach

The Community Development process is an important aspect of carrying out a Health Need Assessment. Combat Poverty defined Community Development as: ‘A process whereby those who are marginalised and excluded are enabled to gain in self-confidence, to join with others and to participate in actions to change their situation and tackle the problems that face their community’ (Combat Poverty 2000).

Community Development builds community structures and promotes participation. It fosters greater openness and leads to the increased engagement of community organisations with other agencies and services ensuring that they can work together to focus on health inequalities. The Health Need Assessment process employs a strong community development approach in order to involve and support local communities in the identification of health issues as lived and described by them. It also aids the process of uncovering suitable and sustainable solutions that can lead to improved health.

2 COMMUNITY PROFILE OF ATHLONE

Athlone (Irish: Baile Átha Luain meaning "Luan's ford") is a town on the River Shannon near the southern shore of Lough Ree. The town of Athlone is dominated by Athlone Castle which was built in 1210. Athlone is located in the centre of Ireland, on the border of two counties Roscommon in the Province of Connaught and Westmeath in the Province of Leinster. Although the River Shannon forms the historic border between Roscommon and Westmeath, the Local Government Act of 1898 designated all of Athlone (Urban) as belonging to Westmeath, including areas west of the river. In recent years a significant amount of growth has occurred outside of the official town boundaries. Given its central location, Athlone is a natural hub for transport. It is easily accessed by both rail and road with frequent bus and rail schedules. Between 2008 and December 2009 the M6 motorway was built connecting Dublin to Galway and making Athlone even more accessible.

In the last 15 years Athlone like many Irish towns experienced major growth and investment. As the Irish economy begins to recover it is expected that there will be continued growth due to Athlone's accessibility to many neighbouring towns and cities. Developers now see Athlone as having the capacity to serve a catchment population of almost 270,000. Other areas that have developed significantly include local business, sporting facilities, leisure and cultural activities and tourism.

A positive relationship with Retail, Industry and State employment has for many years been the foundation of the Athlone economy. The educational infrastructure in Athlone is also well renowned. A large number of Primary and Second Level Schools can be found within a 10-15 mile catchment area. The Athlone Institute of Technology (AIT) caters for over 5,000 students. The Institute offers part-time and full-time programmes at certificate, diploma, degree and postgraduate levels. The AIT boasts an impressive sports arena consisting of a 400m eight-lane running track and Ireland's first world-class indoor athletics arena with a state-of-the-art indoor running track facilitating the hosting of national and international events.

Athlone's location on the River Shannon has always attracted water enthusiasts to the area to enjoy and partake in activities such as fishing, sailing, cruising, canoeing and boating. The

historical sites of note including Athlone Castle and Clonmacnoise Monastic Site have also drawn people to the area for many years. Many walking, cycling and driving trails as well as a new water park at Bay Sports in Hodson Bay have been developed in recent years for both locals and visitors to enjoy. Athlone town is well-known for the wide variety of restaurants and eateries catering for all tastes and budgets. The Luan Art Gallery has also added a new flavour to the culture of Athlone since it's unveiling. The Athlone Little Theatre and the Dean Crowe Theatre are also lively hotspots for local and national drama, comedy and music events. Athlone hosts a broad selection of events throughout the course of the year ranging from sporting to theatre and music to farmers markets and festivals. The most notable of these successful annual events include the HSE Community Games National Finals, RTÉ All Ireland Drama Festival and triAthlone.

Many excellent sports and leisure facilities can be found in Athlone including Athlone Regional Sports Centre which has a swimming pool, indoor court, gym and astro turf, skateboard park and playground. The strong GAA tradition in Athlone has meant that hurling and football are ingrained in the lives of many local young people and their families. Athlone Town Football Club, Buccaneers Rugby Club and the Athlone Institute of Technology Sports Arena have also helped to put Athlone on the sporting map both through club performances, newly developed facilities and the hosting of national events.

2.1 Demographic Profile of the Athlone Area

The information contained in this section is primarily drawn from the 2011 Census. As not all the Census 2011 data is currently available at Electoral Division (ED) level, some supplementary data is drawn from Census 2006. Electoral Division are the smallest legally defined administrative areas for Ireland for which small area population statistics are published from census data and there is 3,440 legally defined ED's in Ireland. For the purposes of this Community Health Needs Assessment in Primary Care the ED's to be used are Athlone East Rural, Athlone East Urban, Athlone West Rural and Athlone West Urban.

2.1.1 The population in general

The total population of the Athlone area is 19,053 made up of 9,401 males and 9,652 females. Their spatial distribution and gender distribution is presented in Table 2.1. As the table shows, Athlone East Rural has the largest population, just over 7,300, and Athlone West Urban has the smallest with 3,165 people resident.

Table 2.1: Breakdown of Population by ED, 2011

ED Area	Male	Female	All	
			Total	%
Athlone East Rural	3,608	3,699	7,307	38.3
Athlone East Urban	2,072	2,059	4,143	21.7
Athlone West Rural	2,145	2,305	4,450	23.4
Athlone West Urban	1,576	1,589	3,165	16.6
Total	**9,401**	**9,652**	**19,053**	**100**

(Source: Census 2011)

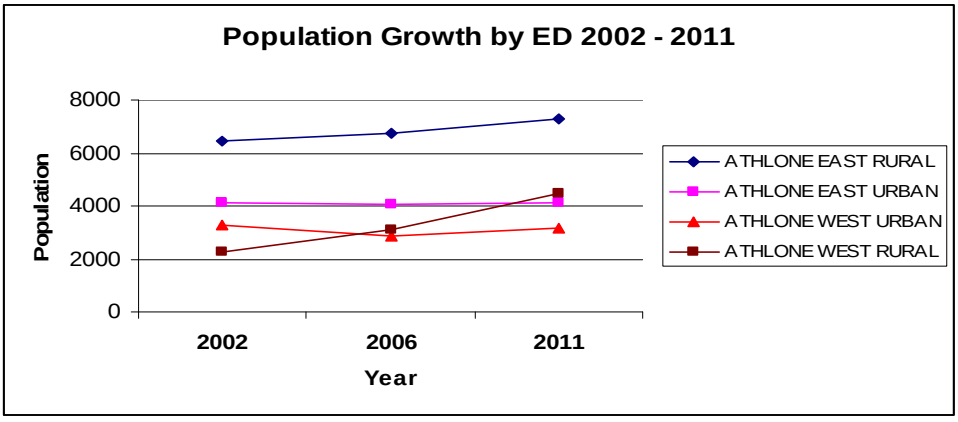
The population of the Athlone area has increased significantly since the Census of 2002, when the population was 16,049, to its 2011 figure of 19,053 – an increase of 18.7%. Most of this increase, however, came between 2006 and 2011 when the population rose from 16,834 to 19,053, an increase of 13.2%.

Table 2.2: Population Growth by ED, 2002 – 2011 (Source Census 2002, 2006, 2011)

ED Area	2002	2006	2011	Actual Change 2002-2011	% Change 2002-2011
Athlone East Rural	6,433	6,754	7,307	874	13.6
Athlone East Urban	4,092	4,075	4,131	39	0.95
Athlone West Urban	3,262	2,883	3,165	-97	-2.97
Athlone West Rural	2,262	3,122	4,450	2,188	96.7
Total	16,049	16,834	19,053	3,004	18.7

(Source: Census 2011)

Figure 2.1: Population Growth by ED, 2002 – 2011



It is not possible to access data on births, deaths and marriages at an ED level but data is available at a county level through the Central Statistics Office (CSO) Vital Statistic: National versus local CSO data for 2012

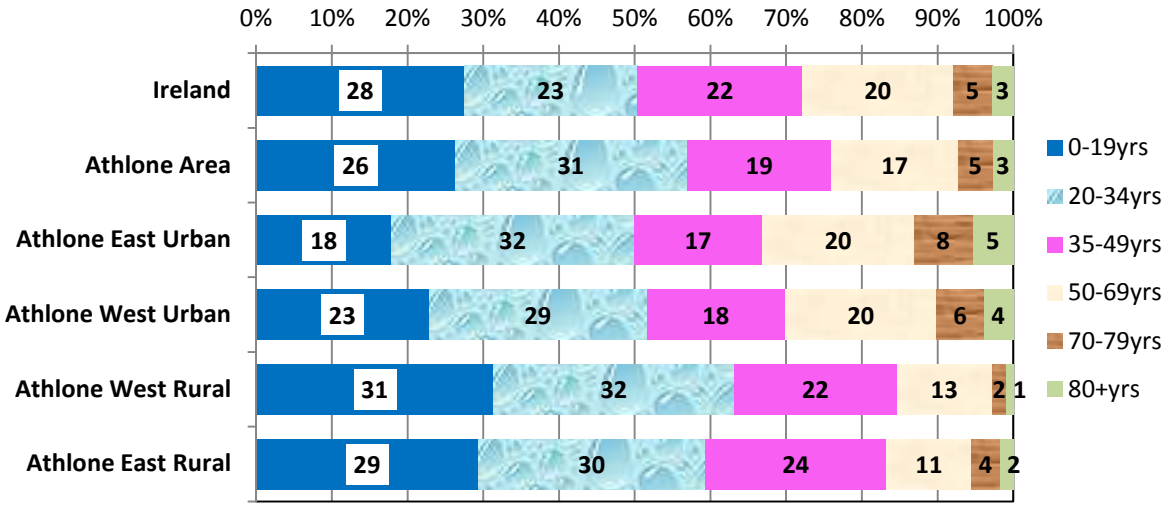
Table 2.3: CSO data 2012

Data for 2012	Nationally	Westmeath	Roscommon
Crude Birth Rate per 1,000 population	15.6	16.7	13.4
Average age of mothers at maternity (years)	32.0	31.3	32.6
Average age of mothers within marriage/civil partnership (years)	33.6	33.1	34.0
Average age of mothers outside marriage/civil partnership (years)	28.9	28.1	29.2
Babies born outside marriage / civil partnership	35.1%	35.8%	28.0%
Death rate per 1,000 population	6.36	6.96	7.4

- **Age Profile**

Figure 2.2 shows that the age profile of the Athlone area in the 2011 census differs from the National average.

Figure 2.2: Age Profile of the population, 2011



(Source, Census 2011)

In the Athlone area the percent of the population under 20 is slightly below the national average (26% v 28%), Athlone East Urban and Athlone West Urban are also below the national average (18% and 23%, respectively). The proportion of young adults in the Athlone area (20-34 years) is higher than the national average (31% v 23%).

The rural EDs of Athlone have a younger population than the urban EDs of Athlone with 83% of the population in rural areas under 50 years of age, while 67% of the Athlone Urban East and 70% of the Athlone Urban West are under 50 years of age. This is more than likely due to recent housing expansion in these areas. For a more in-depth analysis of the age range of the population per ED see Appendix II.

- **Nationality and Ethnicity**

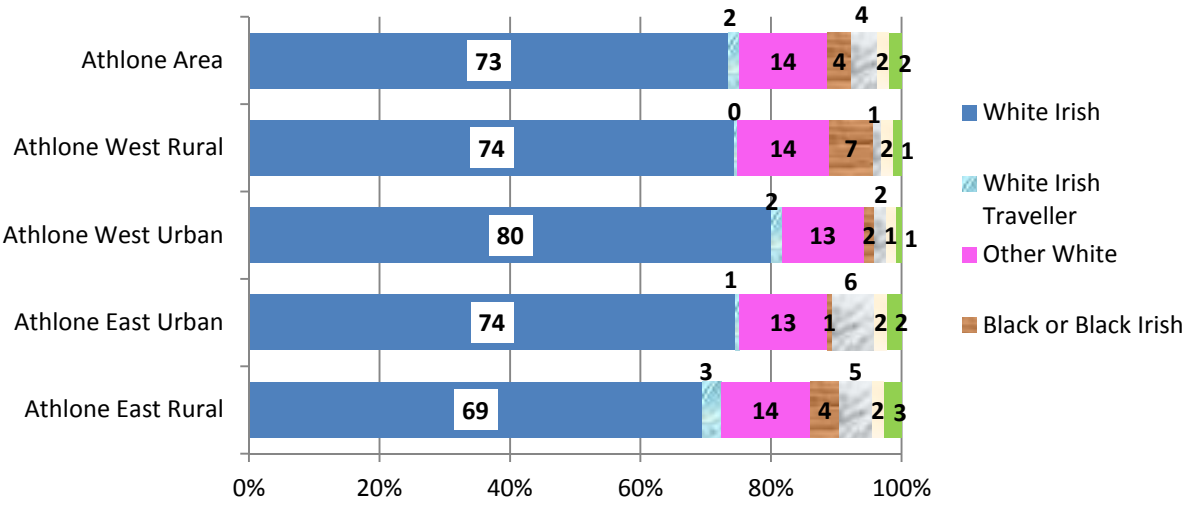
The 2011 census reports that the Athlone area has a more diverse population in terms of nationality than the State as a whole.

Table 2.4: Nationality of the Athlone population (Census 2011)

2011 CSO data	Athlone	Ireland
Irish	77.9	86.8
UK	1.6	2.5
Polish	6.4	2.7
Lithuanian	1.2	0.8
Other European Union	3.8	2.5
Rest of World	8.3	3.5
Not Stated	0.9	1.2

Approximately 78% of the population of the Athlone Area are Irish, compared to a national figure of 87%. All four EDs have a lower proportion of Irish nationals than the State as a whole.

Figure 2.3: Perceived ethnicity of the Athlone population (Census 2011)



73% of Athlone residents define themselves as 'White Irish' compared to 85% nationally. There were 294 members of the Traveller Community resident in the Athlone Area (2% of

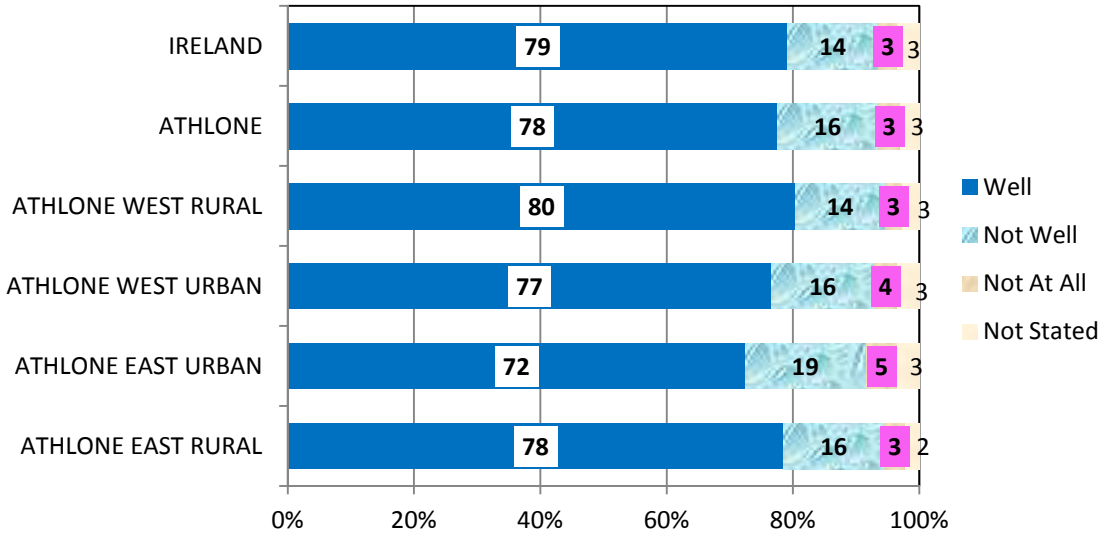
the population), with 70% of Travellers (205/294) living in the Athlone East Rural ED, which was the equivalent of 3% of that EDs population.

Approximately 14% of the residents of Athlone define themselves as 'Other White' compared to 9.1% nationally, 4% define themselves as 'Black or Black Irish' compared to 1.4% nationally.

- **Language**

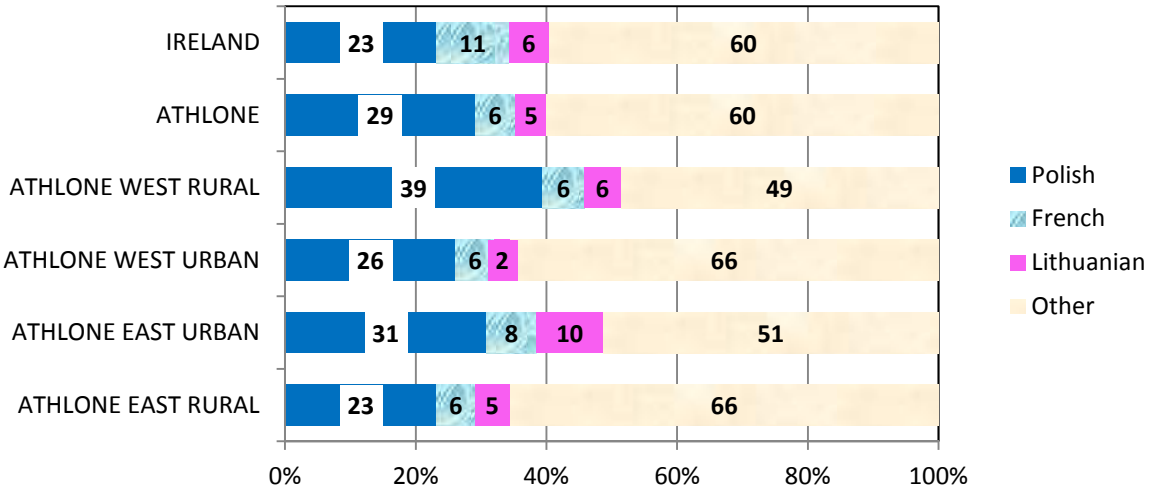
Over three quarters of the respondents of Athlone indicated that they spoke English either 'Very Well / Well' which is similar to the national picture, 3% of respondents indicated that they did not speak English at all, similar to the national rate, this was more pronounced in the Athlone East Urban ED.

Figure 2.4: Ability to speak English (Census 2011)



In Athlone, of those who speak a language other than English, Polish was the most common with 29% indicating that it was their native language, higher than the national average of 23%. Polish was most common in Athlone West Rural (39%) and Athlone East Urban (31%).

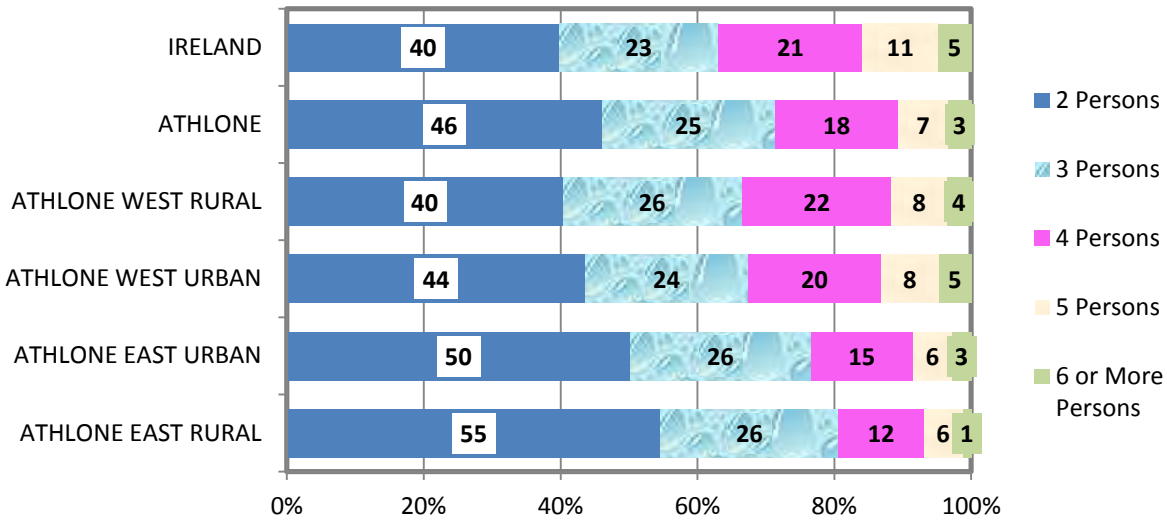
Figure 2.5: Foreign Language by ED (Census 2011)



- **Family Unit**

Athlone as a whole has a greater proportion of two and three person families compared to the national average (46% and 25% v 40% and 23% respectively), see Figure 2.6.

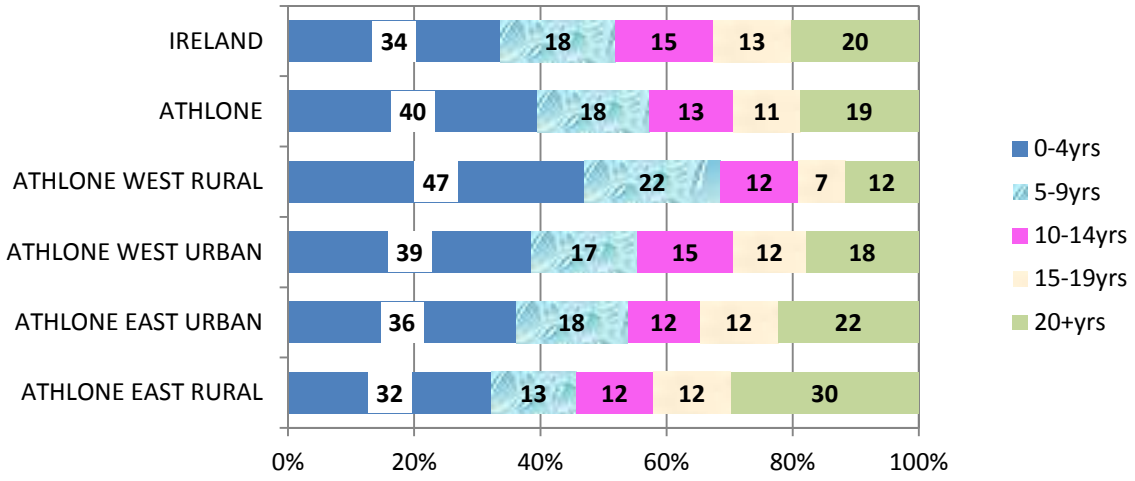
Figure 2.6: Number of families based on persons per family by ED (Census 2011)



Two person families are concentrated in the Athlone East Rural and Athlone East Urban EDs, while there are a greater proportion of families with five or more members in the Athlone West Urban and Athlone West Rural EDs.

Figure 2.7 illustrates the age range of families in Athlone. Athlone has a higher percentage of children in the 0-4years age range than the national average (40% v 34%, respectively). In the Athlone West Rural area 47% of the population is 0-4 years old.

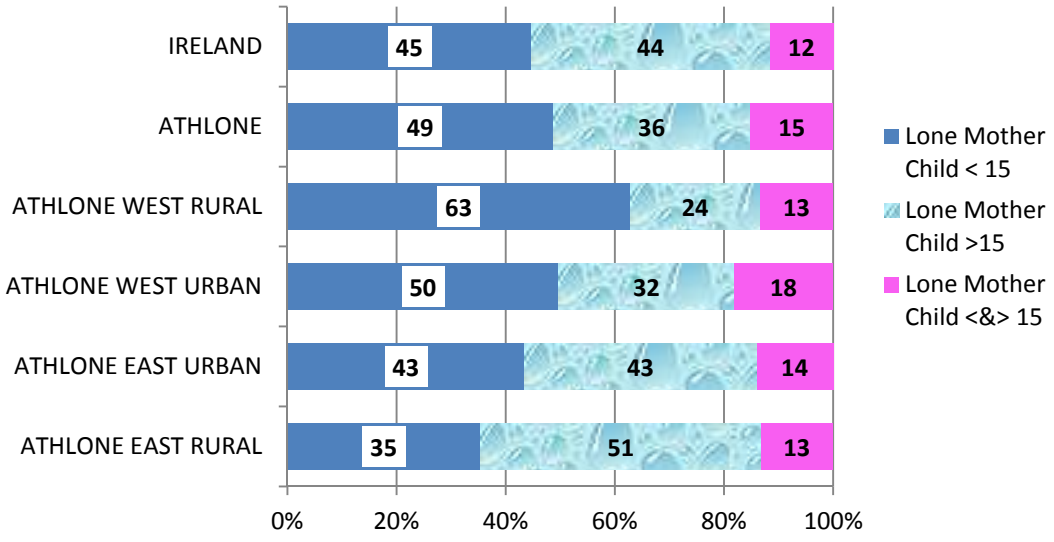
Figure 2.7: Age range of families (Census 2011)



➢ Lone Parents

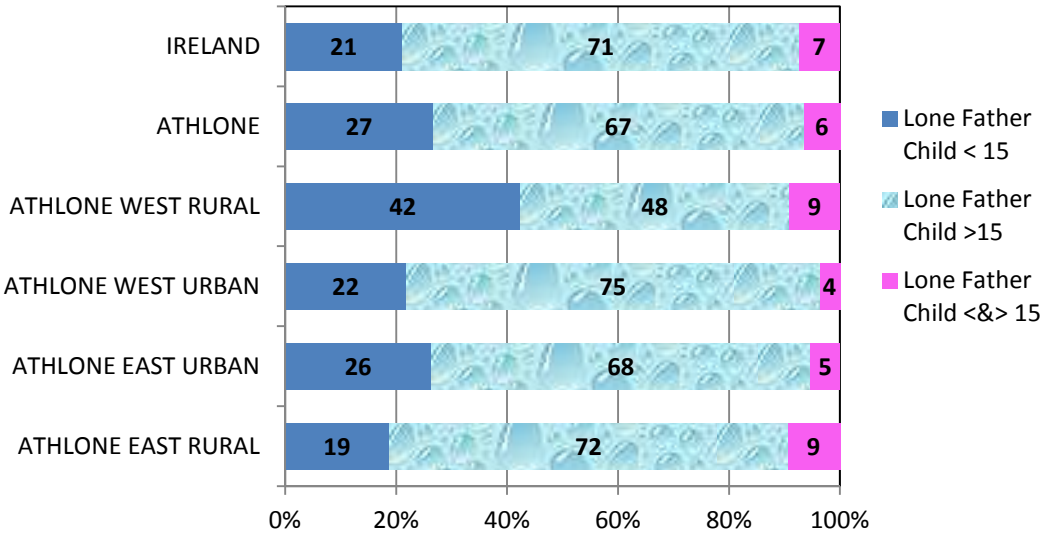
The number of lone mother households recorded in the 2011 census in Athlone was 932, while the number of lone fathers recorded was 139. Figures 2.8 and 2.9 show the percentage across Athlone, of lone mother and lone father families broke down by the age of the children; families with all children less than 15 years, with all children greater than 15 years and families with children less than and greater than 15 years.

Figure 2.8: Percentage lone mothers and children by age (percent of families)



Athlone West Rural has the greatest proportion of lone mother families with children under 15 years, 63% compared to a national figure of 45% and an overall Athlone figure of 49%. Athlone East Rural has the greatest proportion of lone mother families with children over 15 years, 51% compared to a national figure of 44%.

Figure 2.9: Percentage lone fathers and children by age (percent of families)



In Athlone, 27% of lone fathers have children under 15 years only. The national figure for the same category is 21%. The ED of Athlone West Rural had 42% of lone father families having children under 15 years only.

The number of lone father families is quite small in comparison to lone mother (192 children compared to 1554) and children of lone fathers tend to be over 15 years of age which is similar to the national trend.

3 ATHLONE AND THE LOCAL HEALTH SERVICE

A strengthening Primary Care system plays a central role as the first and ongoing point of contact for people in the health system. Primary care utilises an interagency and interdisciplinary approach to everyday working to maximise the capacity and enable a higher percentage of patients to be cared for in the community. It is estimated that the Clonbrusk Primary Care Services actually service a population of up to 25,000 people in and around the Athlone area. A significant percentage of patients and clients from the Roscommon Primary Care area attend GP's in the Athlone area. This has been estimated by some GP's as being up as high as 40% on their GP lists. In addition to this some of the 5000 students who attend the Athlone Institute of Technology may also attend the services.

The Primary Care Model has an ultimate goal of providing a 'one stop shop' where patients are able to access a number of health care providers in one centre. This system allows hospitals to concentrate on patients who have more complex needs. The Clonbrusk Primary Care Centre accommodates existing Primary Care services most of which were previously based in St Vincent's Hospital in Athlone and the MIDOC out of hour's emergency GP service. For a list of Primary Care Services available in Athlone see Table 3.1.

Table 3.1: Primary Care Services in Athlone

Service	Service
Addiction Service	Mental Health Service
Audiology	MIDOC
Chiropody	Occupational Therapy
Civil Registration	Ophthalmology
Community Nursing Clinics	Physiotherapy
Continence Advisor	Primary Care Counselling
Community Alcohol and Drug Services	Primary Care Social Worker
Dental & Orthodontic Services	Psychology
Dietician	Public Health Nursing (PHN)
*Disability Services	Radiology
Environmental Health Service	Speech & Language Therapy
GP Doctor Services	Triple P, positive Parenting
Health promotion	Women's Health Clinics
Home Help	Wound Clinic

- *Disability Services also provided in the Community*

3.1 Athlone Community and Voluntary Sector

Athlone Community Services Council published the third edition of the COIN Directory in 2015. This booklet is dedicated to the vast array of community and voluntary bodies operating in the area of Athlone. It is a direct result of the level of requests from organisations and individuals in the community seeking more up-to-date information on existing organisations, people to contact etc. The booklet is a resource for the general community to help them to navigate and pinpoint services that they may wish to use. The services directory gives information on the role and contact details of the organisations. In addition it provides a useful overview of the voluntary sector to those interested in becoming involved in voluntary work. The booklet also includes information on some statutory bodies working in social provision.

4 METHODOLOGY

4.1 How the Needs Assessment was compiled.

The initial step involved identifying all key informants in the community that provide services to the local Athlone population. A number of facilitated sessions took place with the community health forum members to inform the roll out of the needs assessment process. The Athlone Community Health Forum is made up of a number of different agencies who work to highlight and address the issues that affect the health of the community in Athlone. An advisory group made up of HSE and Community representatives was established to oversee the project.

The committee consisted of Primary Care Team members, representatives from Local Government, the Community Sector and the HSE.

Both qualitative and quantitative research methods were employed in this research to ensure a rounded perspective on health was gathered in the local area. An area profile of the Athlone community was undertaken as part of the Needs Assessment Process. This profile of the area served by the Athlone Primary Care Team captured a broad picture of Athlone town and how it operates. The Community Needs Assessment was carried out between December 2014 and September 2015. It was agreed that an inter agency partnership approach was needed to achieve a full Community Needs Assessment as the group were working from a social model addressing the broad determinants of health. This is in line with the Health Ireland Framework, Theme 2, Partnerships and Cross-Sectoral Work.

Since most of the objectives are quantifiable, combinations of quantitative and qualitative approaches were used to gather data. Data was collected through:

- Secondary data analysis
- Questionnaires to community household
- Questionnaires to Local Community Service Providers and Health Service Providers
- Focus groups

The methodology was designed to maximise the reach to all sectors of the community, taking cognisance of issues such as literacy and ethnicity.

Questionnaire data was collated and analysed using SPSS (Statistical Package for the Social Sciences) version 18.0. Data collected will be retained for an appropriate period of time after the report has been completed and signed off. Due to rounding, there may be occasions throughout this report where percentages displayed within any given table or chart may not sum to exactly 100%.

4.2 Household Questionnaires (see Appendix III)

The design of the household questionnaires was informed by qualitative research of literature on Community Needs Assessment. The questionnaire was designed to capture information about the person, perceptions around community, health, healthy behaviours and quality of life. The questionnaire included both open and closed ended questions, which gave respondents the option of providing more comprehensive responses. Draft questionnaires were designed and circulated to members of the committee and community development workers for critical comment (pre-test phase). A Pilot took place in October 2014. A number of modifications and amendments were made to both the content and the wording following recommendations from the pilot.

4.3 Service Provider Questionnaires (see Appendix IV and V)

A questionnaire was developed to gather views from those who deliver health and social care services in Athlone (see Appendix IV and V). A list was compiled of the local service providers (community and health service providers), see Appendix VI. The questionnaire was sent out by post and email to the services identified. Respondents were asked to return the completed questionnaire in an allotted time frame.

4.4 Focus Groups (see Appendix VII)

Focus groups are discussion groups using non direct questions so that participants are not restricted by pre-determined ideas. They give useful insights into perceived needs and experiences that participants have of health and health care provision. Focus groups are good at identifying unmet needs and also allow more community participation in needs assessment. The committee identified 14 target groups (see Table 4.1) to be consulted as part of the Needs Assessment.

Table 4.1: Focus Groups identified by the committee

Intellectual Disability	Older Persons	Travellers
Lone Parents	Parents	Unemployed
Men	Physical/Sensory Disability	Women
Mental Health	Residents	Young People
Non Irish Nationals	Substance Misuse	

Of the 14 target groups identified, eight focus groups (Men/Substance Misuse, Mental Health, Non Irish Nationals, Older Persons, Parents, Physical and Sensory Disability, Travellers and Young People) were held between March and May 2015. Unfortunately, some groups were either unavailable to take part in the sessions or it proved too difficult to fit the focus groups into the allocated time frames (see Appendix VII).

Questions centred on participant's understandings of health, positive and negative health impacts and recommendations for community health improvement.

Each focus group followed the same format with two facilitators, one to facilitate and one person to record the information. The length of the focus groups ranged from 30-45 minutes and attendance ranged from 4 to 18 people. The facilitators of the focus groups met with the groups in their own environment or as part of their own meetings to ensure convenience and comfort.

"Local community is important and we have good community spirit.

I think Athlone is a good town with loads to offer"

5 RESULTS

5.1 Community / Household Questionnaire, Athlone Area

Section A: Information about Respondents and their Family

A total of 226 people completed the 'Community / Household Questionnaire'. Data on the gender of respondents was omitted from seven questionnaires, place of birth was omitted from 38 questionnaires. Figure 5.1 illustrates the gender of respondents, while Table 5.1 and Figure 5.2 details their place of birth. See Appendix VIII for more in-depth details about the respondent's place of birth.

Figure 5.1: Gender of Respondents (n = 219)

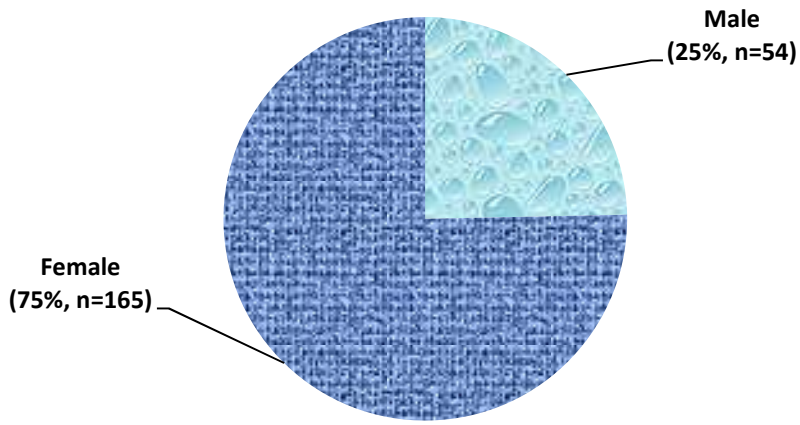
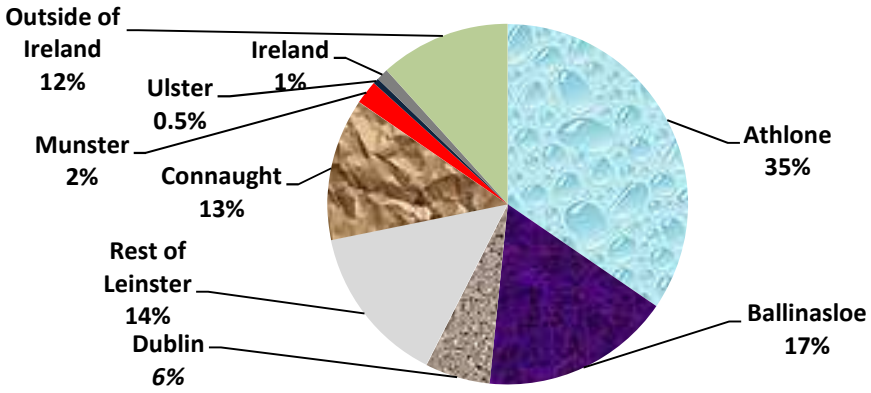


Table 5.1: Place of Birth (n = 188)

Place of Birth	Frequency	Valid Percent
Athlone, Co. Westmeath	65	34.6
Ballinasloe, Co. Galway	32	17.0
Co. Dublin	11	5.9
Rest of Leinster	27	14.4
Connaught	24	12.8
Munster	4	2.1
Ulster	1	0.5
Ireland	2	1.1
Outside of Ireland	22	11.7
Total	**188**	100.0

Figure 5.2: Place of Birth (n=188)

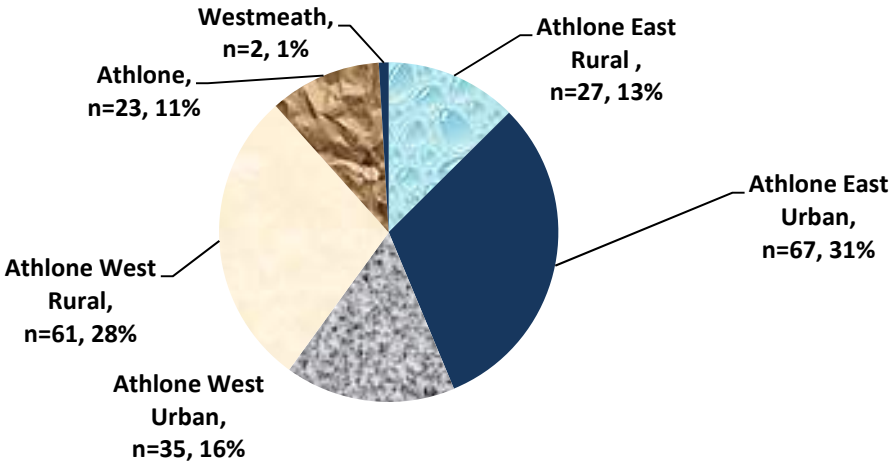


The largest cohort of respondents (35%) were born in Athlone.[1] The Electoral Division (ED) areas respondents reside in is shown in Table 5.2 and illustrated in Figure 5.3, information was omitted from 11 questionnaires.

Table 5.2: Electoral Division Areas of Respondents (n = 215)

ED Area	Frequency	Percent
Athlone East Rural	27	12.6
Athlone East Urban	67	31.2
Athlone West Urban	35	16.3
Athlone West Rural	61	28.4
Athlone	23	10.7
Westmeath	2	0.9
Total	215	100.0

Figure 5.3: Electoral Division Areas of Respondents



Appendix IX provides a breakdown of EDs into local areas. Table 5.3 highlights the number of people residing in respondents household. Data was omitted from one questionnaire. A

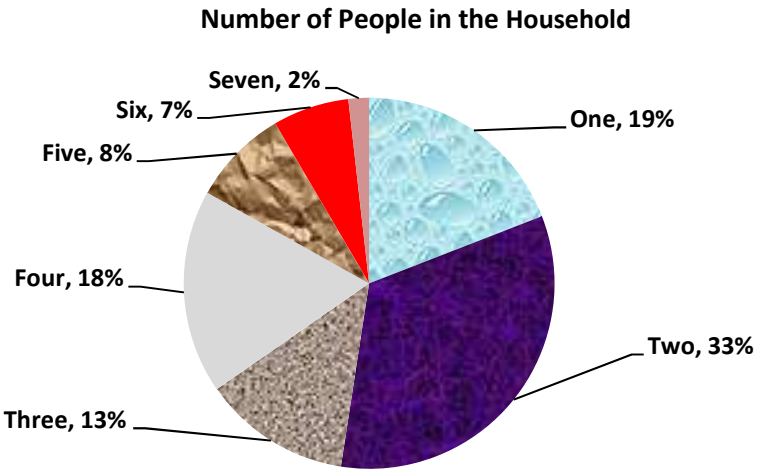
[1] St. Vincent's Care Centre, Athlone, had a maternity unit up to 1980. Since 1980 the maternity units in Mullingar and Portiuncula hospitals have served the population of Athlone

total of 653 people were residing in the 225 households (mean 3 people per household, range 1 – 7 people).

Table 5.3: Number of people in respondents household

Number of People	Frequency	Valid Percent
1	43	19.0
2	75	32.7
3	29	13.3
4	40	18.1
5	19	8.0
6	15	6.6
7	4	1.8
Total	**225**	**100.0**
Data Omitted	1	--

Figure 5. 4: Number of persons in respondent's household (n = 225)



A total of 43 respondents lived in a one person household. Table 5.4 details the age ranges of these respondents.

Table 5.4: Age range (years) of respondents living on their own (n = 43)

19-30 yrs	31-50 yrs	51-65 yrs	66-75 yrs	75+ yrs	Missing	Total
5	11	16	7	3	1	43

Four respondents stated that seven people were residing in their household, Table 5.5 details the age ranges of these respondents.

Table 5.5: Age range (years) of persons residing in a household of 7 people (n = 4).

Household	0-6 yrs	7-12 yrs	13-18 yrs	19-30 yrs	31-50 yrs	51-65 yrs
1	--	1	1	3	--	2
2	--	1	3	1	2	--
3	1	--	2	2	2	--
4	2	2	1	--	2	--

The age range of persons residing in respondents household is illustrated in Figure 5.5. Twelve respondents did not specify the age range of all persons residing in their household. Data was available for 633 persons (age range 0 – 76+ years).

Figure 5.5: Age range of persons (n = 633) residing in respondents (n=225) household

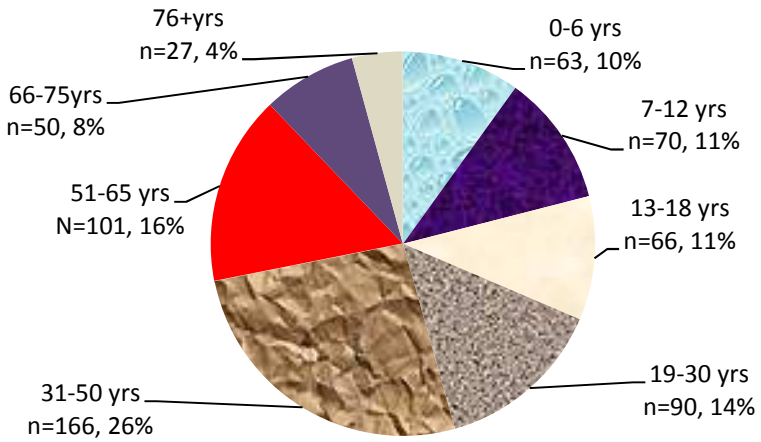


Table 5.6 details the highest level of education for adult members of the household (n = 447).

Table 5.6: Highest level of education for adult members of respondent's household (n=447)

Highest level of education	Frequency	Valid Percent
Primary school or less	59	14.3
Some secondary school	56	13.6
Completed secondary school	102	24.7
Post secondary school / technical training	66	16.0
University Degree	77	18.6
Post graduate degree	53	12.8
Total	**413**	**100.0**
Data Omitted	34	--

The highest level of education received by 25% of adult members in the household (102/413) was the completion of secondary school, 13% had completed a post graduate degree. Table 5.7 gives a cross tabulation of highest level of education in each household versus their DED area. A total of 25 respondents did not give details of the locality they lived in, while 16 other respondents did not have their highest level of education recorded, therefore n = 185.

Table 5.7: Highest level of education v DED area (n = 185)

	Area				
Highest level of Education	**Athlone West Urban**	**Athlone West Rural**	**Athlone East Rural**	**Athlone East Urban**	**Total**
Primary School or less	7	4	1	5	**17**
Some Secondary School / Completed Secondary School	11	11	7	22	**51**
Post Secondary / Technical Training / Degree	16 (47%)	46 (75%)	19 (70%)	36 (57%)	**117**
Total	**34**	**61**	**27**	**63**	**185**

Pearson Chi squared analysis of the 'Highest level of education' versus 'DED Area of Athlone' showed $x^2 = 13.239$, df = 6 and p = 0.039. As $p < 0.05$ there is a significant association (statistical relationship) between the highest level of education and the DED area of Athlone.

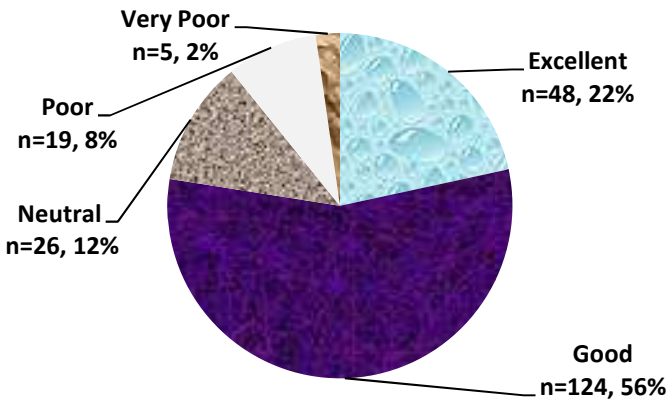
Table 5.8 details the occupation status of adult members of the household when this questionnaire was completed.

Table 5.8: Occupation status of adult members of the household

Current occupation status	Frequency	Valid Percent
Full time paid work	151	36.9
Part time paid work	51	12.5
Part time paid work and volunteers	1	0.2
Part time paid work and part time adult education or training	1	0.2
Retired	73	17.8
Unemployed and seeking work	41	10.0
Full time home maker	24	5.9
Full time adult education or training	21	5.1
Unemployed and not seeking work	14	3.4
Carer for a family member	14	3.4
Training Scheme (CE, Job Bridge)	6	1.5
Illness / Disabilities	4	1.0
Part time adult education or training	3	0.7
Unemployed and seeking work and volunteers	2	0.5
Currently on sick leave from job	1	0.2
Self-employed	1	0.2
Volunteers	1	0.2
Total	**409**	**100.0**
Missing	38	--

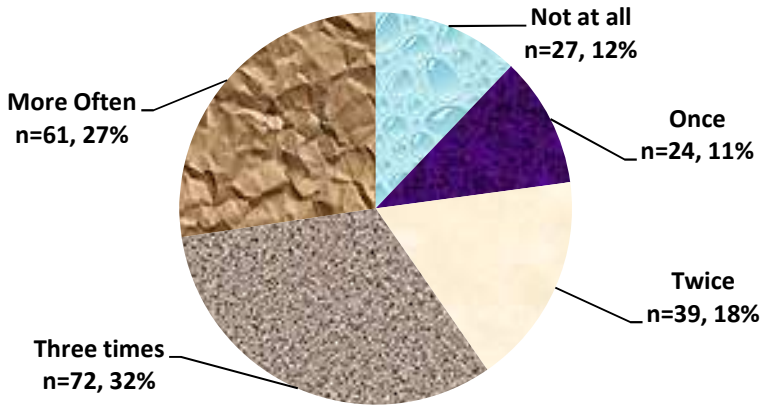
The largest cohort of adults (37%) was in full time paid work. Respondents were asked how they would describe their health in general, Figure 5.6 illustrates their responses. Data was omitted from four questionnaires.

Figure 5.6: How respondents described their health (n=222)



The majority of respondents (77%, 172/222) described their health as "good/excellent". Figure 5.7 illustrates how many times a week, if any, respondents exercised for 30 minutes or more.

Figure 5.7: How often respondents exercise per week for 30 minutes or more (n=223)



The majority of respondents (60%) exercise three or more times per week. A cross tabulation of how often respondents exercised for 30 minutes or more per week (never, ≤ 3 times, > 3 times) versus their perceived health status is shown in Table 5.9. Data on health and/or level of exercises was omitted from six questionnaires.

Table 5.9: How respondents viewed their health versus how often they exercise for 30 minutes or more per week (n=220)

	Exercise			Total
	Never	≤ 3 times	> 3 times	
Health: Excellent/Good	18	104	49	171
Neutral	5	15	6	26
Poor/Very poor	4	14	5	23
Total	27	133	60	220

The largest cohort of people that perceive their health status as 'excellent / good' exercise for 30 minutes or more ≤ 3 times per week (47%, n = 104), while 18 respondents (8%) who perceived their health status as 'excellent / good' stated that they never exercise. Statistical analysis show there is no correlation between respondents exercise level and their perceived health status ($p > 0.05$).

How often respondents drank alcohol is shown in Table 5.10.

Table 5.10: How often respondents drank alcohol (n = 223)

How Often	Frequency	Valid Percent
Never	76	34.1
Daily	1	0.4
Weekly	78	35.0
Monthly	66	29.6
Less than monthly	1	0.4
Occasionally	1	0.4
Total	223	100.0

Table 5.11 details how often respondents would eat five portions of fruit and vegetables daily, while Table 5.12 details the number of smokers in respondent's household.

Table 5.11: How often respondents ate 5 portions of fruit and vegetables daily (n = 223)

How Often	Frequency	Valid Percent
Daily	84	37.7
2 – 3 times per week	104	46.6
Less than Weekly	25	11.2
Never	10	4.5
Total	223	100.0

Table 5.12: Number of smokers in respondents household (n = 223)

Number of smokers	Frequency	Valid Percent
0	138	61.6
1	64	28.6
2	18	8.5
3	3	1.3
Total	223	100.0

Just under half of the respondents (47%) stated that they ate five portions of fruit and vegetables daily 2 – 3 times per week. In the majority of households (62%) no smokers reside. A cross tabulation of the number of smokers versus the number of adults (persons aged 18 years and over) in the household was carried out, see Table 5.13.

Table 5.13: The number of adults (persons aged over 18) in the household versus the number of smokers

	Number of households	Smokers				% households with smokers
		0	1	2	3	
Number of adults: 1	56	40	16	--	--	29%
2	122	81	31	10	--	34%
3	27	7	15	4	1	74%
4	15	8	3	2	2	47%
5	3	2	--	1	--	33%
Total	223	137	62	16	2	

Table 5.13 shows that in a household where only one adult resides (n = 56), 29% are smokers. In households with three adults, 74% (20/27) have a smoker. Three households have five adults residing, two of these households have no smokers, while the other household has 2 smokers.

Respondents were asked whether they or any member of their household have any health condition, see Table 5.14. Data was omitted from one questionnaire. The largest cohort of respondents (n = 88) stated that there were no health issues in their household, 282 conditions were recorded in 137 households (average = two conditions per household, range is equal to 1 - 8).

Table 5.14: The number of health conditions and the frequency per household (n = 225)

Number of Conditions	Frequency	Percent
None	88	39.1%
One	66	29.3%
Two	36	16.0%
Three	14	6.2%
Four	11	4.9%
Five	5	2.2%
Six	3	1.3%
Seven	1	0.4%
Eight	1	0.4%
Total	**225**	**100.0%**

One respondent recorded '8' conditions in their household. Three adults reside in this household, one aged between 31 – 50 years and two aged between 51 – 65 years. The conditions recorded were: Asthma (x2), Arthritis (x2), Bronchitis (x1), Chronic Lung Disease (x1), Depression (x2).

One respondent recorded '7' conditions in their household. Two adults, aged over 75 years reside in this household. The conditions recorded were: Arthritis, Rheumatoid arthritis, Asthma, Depression, Diabetes, Osteoporosis and Stroke. Table 5.15 details the conditions recorded in 137 households.

Table 5.15: Conditions recorded by respondents in 137 households

Number of Conditions	Frequency	Percent
Asthma	76	26.9
Arthritis	40	14.2
Depression	38	13.5
Diabetes	22	7.8
Rheumatoid Arthritis	21	7.4
Cardio Vascular (Heart) Disease	16	5.7
Addiction	13	4.6
Cancer	11	3.9
Osteoporosis	11	3.9
Bronchitis	8	2.8
Stroke	5	2.1
Chronic Lung Disease	5	1.8
Motor Neuron Disease	3	1.1
Multiple Sclerosis	3	1.1
Acquired Brain Injury	2	0.7
Dementia	2	0.7
Prolapsed Disc in Back	1	0.4
COPD	1	0.4
Crohn's Disease	1	0.4
Blood Pressure	1	0.4
Osteopenia	1	0.4
Ulcers	1	0.4
Total Number of Conditions	282	100.0

Asthma was the most common condition recorded (27%). In two households all family members (n = 4) have asthma.

A total of 137 respondents stated that there were health issues (conditions) in their household. A cross tabulation of conditions versus whether there were any smokers residing in the household is shown in Table 5.16. .

Table 5.16: Conditions recorded by respondents (n=137) and the smoking status of the household

Number of Conditions	Frequency	Number of households with smokers	Number of households with no smokers	Data Omitted
Asthma	76 (27%)	39	37	--
Arthritis	40 (14%)	15	25	--
Depression	38 (13%)	19	19	--
Diabetes	22	6	16	--
Rheumatoid Arthritis	21	7	13	1
Cardio Vascular (Heart) Disease	16	4	12	--
Addiction	13	9	4	
Cancer	11	3	8	--
Osteoporosis	11	2	9	--
Bronchitis	8	4	4	--
Stroke	5	1	4	--
Chronic Lung Disease	5	2	3	--
Motor Neuron Disease	3	--	3	--
Multiple Sclerosis	3	2	1	--
Acquired Brain Injury	2	--	2	--
Dementia	2	1	1	--
Prolapsed Disc in Back	1	1	--	--
COPD	1	1	--	--
Crohn's Disease	1	1	--	--
Blood Pressure	1	--	1	--
Osteopenia	1	--	1	--
Ulcers	1	--	1	--
Total Number of Conditions	**282**	**117**	**164**	**1**

Table 5.16 highlights that for households where asthma is recorded as a condition over 50% of those households had smokers. This is a similar finding for households that recorded depression and bronchitis as conditions. Statistical analysis show there is no correlation between health issues (conditions) and whether or not there were smokers in the household ($p > 0.05$).

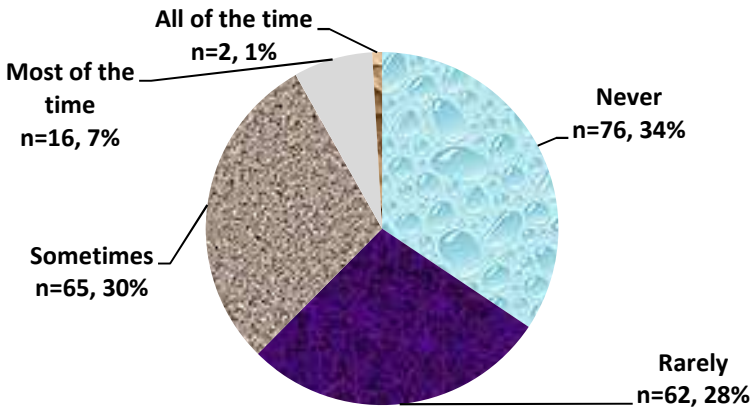
For two respondents their smoking status was unknown. Health conditions recorded for these respondents' household include:

- Household 1: Rheumatoid Arthritis, Arthritis
- Household 2: Addiction (x2), Asthma (x2), Depression (x3), Stroke

Section B: Respondent's Community

Respondents were asked about how often they felt lonely or isolated in the last 12 months, Figure 5.8 illustrates their responses; data was omitted from five questionnaires.

Figure 5.8: How often respondents felt lonely / isolated in the previous 12 months (n=221)



Two respondents stated that they felt lonely 'all of the time'; both were 'unemployed and seeking work'.

Respondents were asked if they felt safe in their own home and their local community. Figures 5.9 and 5.10 illustrate their responses.

Figure 5.9: How safe respondents feel in their own home (n=223)

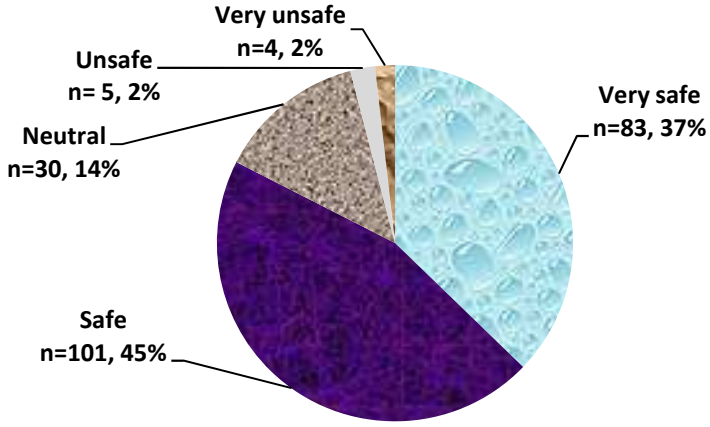
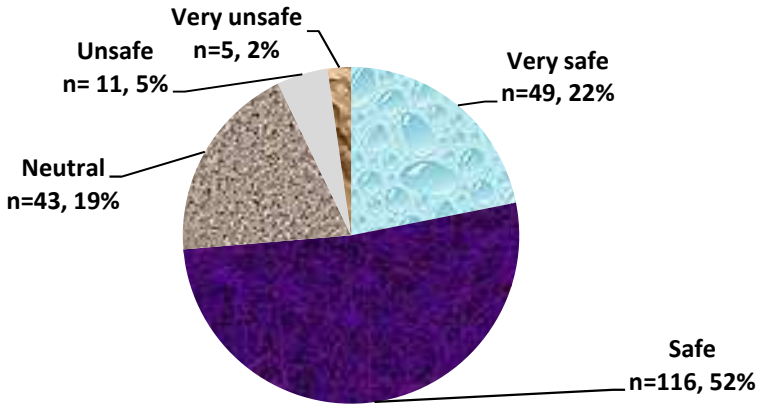


Figure 5.10: How safe respondents feel in their local community (n = 224)



A cross tabulation of whether respondents felt safe in their home and safe in the community is shown in Table 5.17, data was omitted from three questionnaires.

Table 5.17: Safe in the home versus safe in the community (n = 223)

		Safe in Community			Total
		Safe	Neutral	Unsafe	
Safe in Home:	**Safe**	157	22	5	**184**
	Neutral	6	20	4	**30**
	Unsafe	2	--	7	**9**
Total		**165**	**42**	**16**	**223**

The majority of respondents (74%, 165/224) feel safe in their community, while 83% (184/223) feel safe in their home, 157 respondents feel safe in both. Seven respondents (3%) feel 'unsafe' in both their home and community. The majority of these (86%, 6/7) resided in the 'Athlone East Urban ED'; the other respondent, who felt 'unsafe', was from the 'Athlone West Urban ED'.

"Son can't go out playing and stuff gets robbed from shed"

"Drugs and alcohol in the area, no control, unsafe and dangerous, group fighting"

"My house was robbed 3 weeks ago, I was robbed and assaulted in broad day light"

Twenty respondents (9%) were 'neutral' when it came to feeling safe in both their home and community.

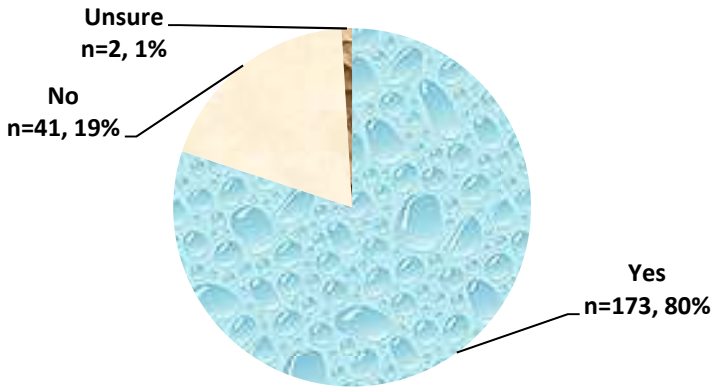
"Lived here all my life, know almost everybody, but young people coming into the estate bringing drugs; don't feel as safe in my home."

"I live in a beautiful place but there are times when anti-social behaviour can make one feel a little threatened"

"*Some very antisocial behaviour in town centre***"**

Respondents were asked whether they felt a sense of pride in their area, Figure 5.11 illustrates their responses. Data was omitted from 10 questionnaires.

Figure 5.11: Whether respondents have a sense of pride in their area (n=216)



The majority of respondents (80%) have a sense of pride in their area. Categories identified as important include:

Community spirit

Good Neighbours

Clean area

Low crime rate

Convenient place to live

Comments include:

"Good community spirit, excellent neighbours"

"Lovely area with a sense of community pride and closeness"

"Everyone is very friendly and respectful to one another and help is there if needed"

"Very quiet and there is a lot of family living in our area, they are very friendly and helpful"

"Good friendly people, clean area"

"Safe place to be, fairly low crime rate"

"I like the town and the river, lake is a great asset"

"I enjoy the country, its natural habitat, and the quiet unspoilt areas of neighbours. The neighbourly feel of the area"

"Central location, quiet and clean. All neighbours are very pleasant and friendly"

"Since family centre opened they are doing a lot of things to make X [named area] *a better place".*

One respondent commented that while the neighbours *'keep their houses well and gardens'* the council have '*destroyed the footpaths'*. This respondent stated that there is '*a derelict pub which is an awful eyesore across from us***'.** Another respondent commented that *'improvements have been made but anti-social behaviour persists'*. Another respondent

agreed with this, she felt that the area has improved and is well maintained, however, she noted that a '*few* [people] *are active on behalf of the many*'.

Forty one respondents (19%) stated that they did not have a sense of pride in their area, the reasons identified include: Antisocial Behaviour
Lack of community spirit
Litter
Vandalism

Comments include:

"Everyone keeps to themselves so no friendly neighbourhood chat or anything"

"A lot of antisocial behaviour, boarded up houses"

"A lot of vandalism lately"

"High / medium rate of drugs / crime in my area"

"Council estate, children allowed to play on street unsupervised - danger, antisocial behaviour "

"Youths riding around on horses, rubbish being dumped in laneways, drugs is also a big problem"

One respondent commented that Athlone would be a better place to live in if *'drugs and robberies could be controlled better in certain areas i.e.* [area named].

Respondents were asked if they were involved in any committees, clubs or groups, Table 5.18 details their response. Data was omitted from three questionnaires.

Table 5.18: Whether respondents were involved in any committees, clubs or groups

Association	Frequency	Valid Percent
Committees	18	8.1%
Clubs	36	16.1%
Groups	29	13.0%
Clubs and Groups	8	3.6%
Committees and Clubs	9	4.0%
Committees and Groups	3	1.3%
All 3	4	1.8%
None	116	52.0%
Total	**223**	**100.0**

Committees, clubs or groups that respondents belong to include:

- Sports clubs – GAA, Soccer, Rugby, Golf, Basketball, Badminton, Boat and Yacht Club, Fishing, Community Games, Martial Arts
- Fitness clubs, Walking and Dancing Groups, Active Age Groups
- Children and Tots Groups – Little Theatre, Rainbows, Star Light Kids Stage School
- Youth Clubs - Foróige
- Associations – ICA, IFA, Parents, Residents, Community Development, Neighbourhood Watch, Tidy Towns, Special Olympics, Irish Haemochromatosis and Irish Wheelchair Association
- Other – Bridge, Gun Club, Art and Patchwork, Knit and Stitch, Book and Cinema, Writers Group, Poetry in the Park, Herbal Life, Irish Association for Counselling and Psychotherapy, Legion of Mary, Prayer Groups, Fair Trade Ireland, Men's Rural Group, Mental Health Group, Order of Malta, Vincent de Paul and Midlands Simon Community.

The majority of respondents (52%, 116/223) are not members of any committees, clubs or groups. Table 5.19 lists the reasons given, 15 respondents gave no reason, while some respondents gave more than one reason.

Table 5.19: Reasons why respondents are not members of any committees, clubs or groups (n=101)

Reason	Frequency	Percent
Lack of spare time	55	54.5%
Lack of interest	15	14.9%
Know nobody in the group	12	11.9%
No groups I'm interested in	12	11.9%
Unsure how to get involved	12	11.9%
Lack of childcare	12	11.9%
Too old to get about (76= yrs)	2	2.0%
Don't get on with some in the group	1	1.0%
Feel Unsafe	1	1.0%
Ill Health	1	1.0%
Kept busy with grandchildren	1	1.0%
Pregnant at the moment	1	1.0%

The largest cohort of respondents cited 'lack of spare time' as the reason for not being involved in any committees, clubs or groups.

Respondents were asked about the principle form of transport used by members of their household, Table 5.20 details their responses. Data was omitted from 3 questionnaires.

Table 5.20: Principal form of transport used

Form of transport	Frequency	Percent
Own Private Car	162	72.6
Walk / Cycle	60	26.9
Public Transport	21	9.4
Taxi	21	9.4
Friend / Relatives Car	19	8.5

For the majority of respondents (73%) the principle form of transport used by members of their household was their own private car.

Section C: Respondents Knowledge and Experience of the Health Service

Respondents were asked how often they attended their GP, Table 21 details their responses.

Table 5.21: How often respondents attend their GP

How often Respondents attend GP	Frequency	Valid Percent
Weekly	9	4.1
Every 2 weeks	7	3.2
Monthly	58	26.5
Every 2 months	1	0.5
3 – 4 times / year	6	2.7
Every 6 months	9	4.1
Yearly	69	31.5
Every 2 years	9	4.1
Every 5 years	3	1.4
When Required	46	21.0
Never	2	0.9
Total	**219**	**100.0**
Missing	**7**	

Comments include:

- **Weekly Attendance**

Nine respondents stated that they attend the doctor weekly, reasons given by respondents were:

- Suffers from Addiction and Depression
- Has a special needs child
- Has a cancer patient in the house
- Attends *'GP weekly, Physiotherapist twice weekly and dietician twice a year'* [2 adults reside in the house, conditions include Diabetes and Arthritis].
- Attends *'weekly, sometimes 2 – 3 times weekly'* [3 adults reside in the house, conditions include Asthma (x2), Arthritis (x2), Bronchitis (x1), Chronic Lung Disease (x1), Depression (x2)].

- **Attends every fortnight**

Seven respondents stated that they attend the doctor every two weeks, reasons given were:

"Because I have HIV I need to be checked more often than others"

"I have a fortnightly appointment with my local GP due to addiction issues"

- **Monthly Attendance**

A total of 58 respondents visit their GP monthly due to the following:

- Low iron
- Fibromyalgia
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes and BP checks
- Back injury - prolapsed disc
- Check ups
- Regular bloods
- Pregnancy
- Having a lot of ailments (Asthma, Diabetes, CVD and Arthritis)
- Kidney patient

Nine respondents visit their GP every 6 months; one respondent stated that he was a '*diabetic*' and visits the practice nurse every 6 months.

- **Yearly Attendance**

The largest cohort of respondents (32%, n = 69) visit their GP yearly, reasons given for attendance include:

- General check-up
- Flu vaccine
- Routine blood check
- Smear test
- Fibromyalgia treatment
- Skin disorder treatment

"Unless sick I attend once a year for a general check up"

- **Attends when necessary**

Twenty-one percent of respondents (n = 46) attend there GP 'when required'.

"Very rarely and only when absolutely necessary"

"Varies, mainly bringing kids when necessary"

"When and only when the need arises very seldom"

Table 5.22 details the services in the Athlone area that respondents are aware of. Four respondents did not answer this question.

Table 5.22: Services in the Athlone area respondents are aware of (n = 222).

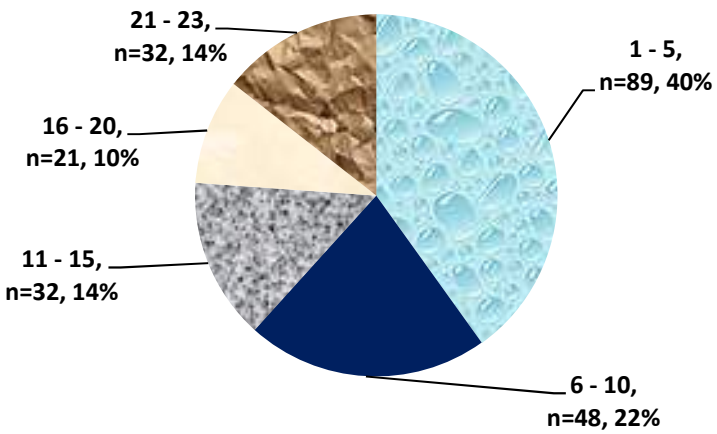
Service	Yes	No	% Aware
1. General Practitioner	218	6	98%
2. MIDOC	161	61	73%
3. Public Health Nurse	145	77	65%
4. Dental & Orthodontic Services*	131	90	59%
5. Physiotherapy	116	106	52%
6. Primary Care Physiotherapy	111	111	50%
7. Speech & Language Therapy	109	103	49%
8. Occupational Therapy	99	123	45%
9. Home Help	89	133	40%
10. Primary Care Social Worker	81	141	36%
11. Chiropody	76	146	34%
12. Addition Service	76	146	34%
13. Mental Health Service	75	147	34%
14. Primary Care Wound Care Nurse	74	148	33%
15. Dietician	73	149	33%
16. Disability Services	70	152	32%
17. Cancer support	69	153	31%
18. P.C. Community Mental Health Nurses	68	154	31%
19. Drug & Alcohol Counselling Service	69	153	31%
20. Environmental Health Officers	60	162	27%
21. Ophthalmology	56	166	25%
22. Audiology	55	167	25%
23. Continence Advisor	42	180	19%

* Other services that respondents stated that they are aware of include Diabetic Nurse and X-ray Service

The majority of respondents (98%) were aware of the GP service, however only 19% were aware of the 'Continence Advisor' service. One respondent that was only aware of her GP service stated that she was *'new to Athlone'* and did not know much about *'services other than my GP'*.

Figure 5.12 details the numbers of services, outlined in Table 5.22, respondents were aware of.

Figure 5.12: Number of services in the Athlone area respondents are aware of (n = 222).



Twenty respondents (9%) were aware of all the services (n = 23) detailed in Table 5.22, while 23 (10%) were aware of only one of the services (median = aware of 7 services).

Respondents were asked how many times in the last 6 months they or a member of their household used one or more of the services listed in Table 5.22 (excluding repeat prescriptions / medical certs). Table 5.23 details their response. Data was omitted from 13 questionnaires.

Table 5. 23: How many times in the last 6 months respondents or a member of their household used one or more of the services

Used the service	Frequency	Percent
Never	28	13.1
Once	37	17.4
2 – 3 times	71	33.3
4 – 6 times	20	9.4
> 6 times	57	26.8
Total	**213**	**100**

The largest cohort of respondents (33%) stated that they or a member of their household have used one or more of the services, listed in Table 5.22, 2 – 3 times in the last 6 months.

Respondents were asked what were the three best things about their experience of the' service used' and what were the three things about the health services that could be 'most improved'.

- **Three best things about the Health Service used in the Athlone Primary Care Centre**

In total 153 (68%) respondents commented on the three best things about their experience with the service they used. Areas identified are listed in Table 5.24.

Table 5.24: Three best things about respondent's experience of the services in Athlone Primary Care Unit (n = 153)

Best things	Frequency	Percent
Staff	134	87.6
Efficiency of the Service	47	30.7
Facility	22	14.4
Accessibility	12	7.8
Availability	11	7.2
Convenient Location	11	7.2
Good Parking	7	4.6

- **Staff (n = 134)**

The vast majority of respondents (88%) praised the staff. Staff were described as *'approachable', 'friendly', 'efficient', 'helpful'* and *'professional in their approach'*.

"Courteous staff; staff doing a great job under difficult and under resourced service"
"Efficient, professional, felt listened to, friendly"
"Friendly, efficient, caring, helpful to my condition, always willing to help"
"Cancer support team were outstanding, my family would have struggled big time without them"
"MIDOC excellent, Nurse fantastic on phone"
"Very helpful, caring, not in a hurry to finish with you"

- **Efficiency of the service (n = 47)**

"Appointments run on time"
"Called me at first possible opportunity"
"The promptness of the service "

- **Facility (n = 22)**

"Beautiful new building nice and clean, appointments ran on time"
"Clean hygienic environment"
"Comfortable environment"
"Beautiful new clean building, feels like it's well organised, nice staff"
"*Space excellent, easy access, good parking"*

- **Accessibility (n = 12)**

"Excellent support and reassurance when needed, close amenity, improved facilities"
"Accessibility, a lot of different types of service"
"All in one place"
"All are easy accessed"

- **Availability (n = 11)**

"There if needed"

- **Convenient Location (n = 11)**

"Convenient for access and good parking"
"Easy to get to PC"
"Local easy to get to, central location"

- **Parking (n = 7)**

"Easy to get parking"
"Good parking"

However, one respondent stated that her contact with the service was *'a negative experience'*, while another stated that it was *'nothing special but satisfactory'*. One respondent felt the GP and MIDOC service were *'very good'* but felt the rest of the services were *'poor'*.

➢ **Areas in the Health Service that could be most improved**

A total of 137 (61%) respondents commented on three things about the health service that could be most improved, see Table 5.25.

Table 5. 25: Areas of the health service that could be most improved (n = 137)

Areas requiring improvement	Frequency	Percent
Waiting Times	66	48.2
Cost of Services	25	18.2
Communication	17	12.4
Time of Appointment	13	9.5
Accessibility	13	9.5
Transport to the PCU	13	9.5
Staff – need for more	13	9.5
Staff – interpersonal skills	6	4.4
Medical Card Issues	10	7.3
Mental Health Service / Issues	10	7.3
Information	9	6.6
Signage	7	5.1
Parking	6	4.4
Home Visits	5	3.6
MIDOC	2	1.5
More Services	12	8.8

- **Waiting times (n = 66)**

Nearly half of the respondents (48%) commented on the need to shorten waiting times for different services.

> *"Shorter waiting lists are much needed in order to help patients receive treatment faster, therefore preventing the problem getting worse"*
> *"Shorter waiting lists, especially for elderly[2]"*
> *"Waiting times from referred to appointment"*
> *"Ambulance service - waiting times totally inappropriate"*
> *"Hospital waiting lists unacceptable"*
> *"MIDOC are slow to return call, waited 45 min for reply"*
> *"Faster reporting times for radiology service" (x2)*
> *"Elderly patients waits too long for household aids and appliances which could prevent falls etc. in the home, in the long-term causes more expense with hospitalisation due to falls etc."*

One respondent blamed long waiting times on *'people taking up valuable time in surgery and hospital with minor complaints'*.

[2] Shorter waiting lists for Speech Therapy and Orthopaedic Replacements were also mentioned by other respondents

- **Cost (n = 25)**
  "Doctor visit for small things for working people are too dear €50 for about 5 minutes or less"
  "Cost for GP and MIDOC too expensive"
  "As we have no medical card we try not to go to the doctor as it is too expensive, usually get advice off the pharmacist"
  "Cost of GP for small children. Money should never be a reason for not bringing a sick child to the doctor"
  "Free GP visits for homeless people who do not have an address and therefore cannot get a medical card or afford medication"
  "Free GP visits for kids"
  "Stop the charges on medicine for medical card holders"

- **Communication (n = 17)**

Communication of the services available or poor communication between the service provider and service user or between services was an issue raised by 17 respondents (12%).

"More information on services available and healthy, lifestyle options"
"Not sure what we are entitled to as a non medical card holder"
"Returning calls, getting back to a patient when on leave, left messages but when practitioner returned no call back"
"Getting back to the person about results by phone"
"More feedback from public and acted on, more feedback/opinions from staff and meetings held to target important issues"
"Communication between departments"

- **Time of Appointments (n = 13)**
  "Can be very difficult to make appointment due to work commitments so evening appointments would be very convenient"
  "Opening hours, a longer day to suit people in full time work and shorter waiting times for appointments"
  "Flexibility - accommodate school and work"
  "Weekend appointments"

- **Accessibility (n = 13)**
  "More accessibility to these services (GP, Hospitals) like a free phone number to call"
  "Access to medication and access to services"
  "Have PCU in Parnell Square"
  "Co-ordinated services"
  "Dental care for children"
  "More service's available"
  "More help for older people as carers"

- **Transport to the Primary Care Unit (n = 13)**
  "Bus service running to and from the town to the PCU is badly needed"
  "Would like if bus was coming here as taxi expensive, need to take taxi 4 times per week"
  "I don't have a car, sometimes to walk from town centre is impossible and to get taxi is too expensive so some transport would be good"
  "In rural areas transport a problem particularly for older persons, those living alone, isolated. Free transport more useful for cities, need to support rural transport"

- **Staff – the need for increased staffing levels (n = 13)**
  "Would benefit from a reception area where you can register on arrival for appointment. Often times, if no one is in corridor, you have to knock on door of practitioner"
  "More experienced social workers"
  "*You need more staff*" [Staff identified by respondents include Child Psychologists, SLT, OT, Doctors, Nurses, Gynaecologist]
  "Too few nurses and not enough staff in lots of areas"
  "Less people in administration and more on the frontline" (n = 3)
  "Less managers and more people on the floor"

- **Staff – interpersonal skills (n = 6)**
  Some respondents felt that some staff demonstrated rudeness, unhelpfulness and required customer service training.

One respondent commented "*within reason accommodate staff to the area that they are best suited to work in i.e. administrative staff some like dealing with public or maybe prefer not. Should be suited in order that they are happy in their workplace and therefore give a better service*".

- **Medical Card Issues (n = 10)**
  "Extend medical cards to Rheumatoid Arthritis sufferers"
  "Medical cards - award on specific health grounds"
  "Medical cards for long term sick regardless of income"
  "Return of the medical card to all persons over the age of 65 years"
  "Remove medication charge for medical card holders"

Three respondents however felt the medical card should not entitle people to free GP visits.

"I think the medical card system is very unfair, there are lots of people who abuse the system and they get free GP visits. Type 2 diabetes gives you an automatic entitlement to a medical card and yet it is self inflicted. I have chronic pain from fibromyalgia and huge prescription bills and I get no help"
"Free GP visits – everybody should pay something. Those on medical cards should at least pay €10 per visit to GP".
"Putting a cap on the amount of GP visits per month on the medical card therefore allowing more flexibility to who may qualify"

- **Mental Health Services / Issues (n = 10)**
  "A lot of work required to improve access to Mental Health Service and CAMHS given the demand for same"
  "Layout of Mental Health service in medical centre [PCU] *... staff room should not be in MHU"*
  "Adult Mental Health should be private and discrete"
  "Mental health to run 24 hour Care Centre"
  "Mental health service way understaffed, if suicidal go private for help or not much hope"
  "Mental Health Services almost non-existent"
  "Increased training to all ages on mental health especially young men and employers"

One respondent felt there should be *'subsidised gym fees'* for patients with specific mental health problems.

- **Information (n = 9)**
  "Information about care for the elderly, what one is entitled to even though we work full time"
  "Information on services, information on who does what"
  "Clearer definition of available services and ways to access them"
  "Designated person to help elderly to complete application forms, inform them where to access services and generally help them with queries"
  "HSE services are not clearly defined, even for professionals attempting to ascertain Departments /Services".

- **Signage (n = 7)**
  "Signage outside the building very poor"
  "More signage inside and outside"
  "Signage and information on where areas are"

- **Parking (n = 6)**
  "Wheelchair parking at new primary care centre is disgraceful; my 73year old mother was soaked to the skin going from car park to main entrance"
  "Need more disabled parking near entrance"
  "The parking at PCU is dangerous, should not be parking at front entrance"
  "Paid parking in fair green to access town centre surgery"

- **Home Visits (n = 5)**
  "GP home visits if the person is not well enough to travel to MIDOC"
  "House visits for elderly rather than having them come out in cold weather"
  "With a large family, attending is sometimes impossible so home visits essential"

- **MIDOC (n = 2)**
  "MIDOC service has too much duplication, receptionist takes details, nurse takes details and when you arrive at doctors same details again"

- **More services (n=12)**

Services identified by respondents include:
"Improve availability of home carers"
"Improved suicide intervention services"
"Regular visits for the health nurse and dieticians if needed"
"Visits by community nurse for dressing of ulcers"
"*Community nurse visiting elderly people*"
"More child psychologist for special needs children"
"Support service for all sick persons not just cancer patients"
"More clinics"
"More front line services in hospitals"
"*Need proper hospital in town*"
"*Services here* [PCU] *to register marriage, birth etc"*

- **Other aspects of the service respondents feel could be improved**
  "Contraception prescriptions should be free, the same as maternity"
  "I would like to see equality between public and private patients"
  "Better organised in the dental place"
  "Bit more involvement from doctor when discussing a loved one that has psychological problems"

"Should provide parents with drug tests to test their children. Help parents to notice the signs"
"Development checks for youngest child often late"
"GP pricing list for procedures"
"Hook on each toilet door to hang our bags, less infection"
"More toys for children while waiting for appointments"
"Coffee shop"
"The size of lift and the noise level"

Based on their experience of the health service, eight respondents stated that they had no suggestions for improvements as they were happy with the service.

"From my point of view and my family's most of our health needs are being met well"
"I found Health Service very good and thank God I don't have to use it very often"
"Not sure they could be better, happy with all aspects"
"Great service and happy with my experiences"
"I find Athlone facilities excellent in comparison with Dublin"

One of these eight respondents noted that people were '*also responsible for their part in looking after their health care'*.

Table 5.26 details in what ways respondents thought it could be easier for them or a member of their family to use the health services in their area. Data was omitted from 13 questionnaires; nine of these respondents had not completed questions 6 – 8, while two respondents had not completed Section C.

Table 5. 26: What would make it easier to use the service (n = 213)

What would make it easier to use the service	Yes	Percent
Shorter waiting lists for appointments	132	62.0%
More information on services available	87	40.8%
Free GP visits	84	39.4%
Lower cost	83	39.0%
Evening appointments	71	33.3%
Transport	55	25.8%
House visits	42	19.7%
Better parking	24	11.3%
More privacy	13	6.1%

The majority of respondents (62%) felt it would be easier to access the service if there were *'shorter waiting lists'*; this was previously identified by respondents as the area where the health services could be most improved.

➢ **Other comments on the Health Services include:**

- Lack of health service facilities in Athlone (n = 7)

  "Athlone as an area really should be capable of performing many functions as oppose to keep sending to hospital [in Ballinasloe]. *Medical centre for example"*
  "[Named Area] *is an estate on its own it needs a GP nearby"*
  "Community services have been cut back so much, home help etc."
  "Loss of Loughloe House Day Resource Centre is a major disadvantage"[3]
  "There is people suffering with skin disorders in the midlands and there should be facilities provided for them instead of travelling"
- Overcrowding Nationally at A&E in Acute Hospitals
- Greater accountability on where money is being spent
- More health information in papers and local shops when events and speakers are in town.
- Education of the youth on health services available.

  "... because lots of young people aren't aware and get over whelmed with freedom after school which leads to drugs and drinking"

One respondent felt there was a need to build '*on the work that is done'*. This respondent previously commented that the services available were '*excellent'*. Another respondent noted that it was '*far better to have early health care presentation, better than leaving health until it becomes a major problem"*.

➢ **<u>How to make Athlone a happy and healthier place</u>**

Respondents were asked whether they had any suggestions on how to make Athlone a healthier and happier place, 91 respondents (40%) commented, see Table 5.27.

Table 5. 27: Respondents opinion on what would make Athlone a happy and healthier place (n = 91)

Areas Identified	Frequency	Percent
Address Antisocial Behaviour / Drugs / Drink	31	34.1
Health Promotion Awareness	15	16.5
Improved Infrastructure	15	16.5
Improved Facilities	15	16.5
Increased Community Involvement	7	7.7
Cleaner Environment	6	6.6
Other Issues	24	26.4

"Eat healthy and live in peace with each other and try to accommodate people's needs without disharmony. Offer friendship"

"Show love to each other :-)"

[3] The Day Care Centre at Loughloe House is still operational. Loughloe House Welfare Home is closed.

➢ **Addressing Anti-social Behaviour**

The largest cohort of respondents (34%) commented on issues resulting in antisocial behaviour in Athlone. Respondents felt anti-social behaviour was the result of inadequate policing, drugs, alcohol and too lenient sentences.

> *"Athlone would be a better place to live in if drugs and robberies could be controlled better in certain areas i.e.* [Area named]".

Suggestions for improvement include:

- Addressing issues in relation to drug and alcohol

  "We need to recognise and address the drug addiction problem"
  "Drinking and smoking culture on street should be controlled, especially teenage groups"
  "Monitoring of drug areas"
  "Arrest all drug dealers and drug users as well"

- Raise awareness about the affect of smoking and drug and alcohol abuse

  "Drinking and smoking abuse awareness for the young ones"
  "Should show video tapes of real people on drugs and their story and show the students what would happen to them, to frighten them!"

- Tougher Prison sentences
  "Harder/tougher punishment for criminals"
  "Lock the juveniles up that are running riot instead of giving chances, reoffending is most likely"

- Increased Garda presence
  "More guards on the street night and day"
  "Stop crime in our streets, more Gardaí"

- Activities
  "More activities for teenagers (non-alcohol based and not just for disadvantage youth), cultured activities such as theatre ..."
  "More youth clubs, need services for young people"
  "Introduce activities whereby young ones can engage themselves"
  "More activities for the youth and elderly to get them out and to find a purpose in their life"
  "More interest to be taken in teenagers in order to help them to focus on positive outlook on life, instead of allowing them free access to negativity, alcohol and drugs, also to help them with any mental health issues and family background"

- Improve safety
  "More lighting, better footpaths"
  "More cameras for safety"
  "More neighbourhood watch"

- Using the army to help the Gardaí make Athlone safer

One respondent felt that Gardaí should do more for people who have been a victim of crime "*Just coz you are from a poor part of the town does not mean you should be treated different*".

- **Health Promotion Initiatives**

Respondent felt there should be more health awareness initiatives in Athlone.

> "*Promotion of healthy lifestyle choices (neighbourhood based talks and activities)*".

Suggestions for improvements include:

- More emphasis on public health issues such as exercise and healthy living
- More public and community based outdoor activities, encouraged by both the HSE and the County Council
- Healthy markets promoting organic fruit and vegetables.
- Forums for sharing health tips, exercise and dietary advice recipes.
- Less takeaways in Athlone
- A ban on all sweets from checkouts and the use of top shelves for drinks with a high sugar content
- Establishment of community groups, such as walk and talk clubs
- Breakfast clubs in schools for disadvantaged children
- Subsidised gym fees for patients with specific mental health problems.

- **Improved Infrastructure**

- Respondents felt there was a need to improve the infrastructure and to introduce walk and cycle ways.

  "Better Roads, better transport system"
  "Do something with traffic; improve road surfaces for walking and cycling"
  "Better development of walking routes, development of cycle routes"
  "More cycle paths, better lighting for walking at night"

- Road works was also an issue for respondents.

  "Athlone in general is a small area, with too much road works and heavy traffic"
  "I think the money spent on the road works at St Vincent's Centre is totally unwarranted"

- **Improved facilities**

Respondents felt there was a need to improve facilities in Athlone.

> *"Athlone could do with a people's park with facilities for everyone i.e. crazy golf, children's paddling area, walks, ponds for wild ducks and row boats, cafeteria, toilet facilities etc."*
> *"More parks for children and families and better care of said places instead of drug dependent people leaving their stuff where children can get to it"*
> *"More outdoor facilities - parks, walks, playground, child friendly activities"*
> *"Some areas where children especially can be brought for walks and cycles, the routes around the town are on rivers edge"*
> *"Better facilities for teenage groups especially 16-18 yrs group"*

"Public exercise areas available free"
"Have a public toilet that is well kept"
"Nursing home and Rehabilitation Centre in Athlone"
"More facilities for people who cannot travel far from home i.e. immobile people and elderly"
"Provision of a building for homeless people"

- **Improved Community Involvement**

Respondents felt there was a need for greater support for *'community involvement'*.

"Fund community groups to a higher level. Support involvement interaction in our local communities. Support retirement groups. Encourage all of us to participate more fully in community life, aiming towards policy development that will make this change".
"Better support for clubs, committee's and voluntary groups"
"More neighbourhood watch in communities"
"More social clubs for >40s"

- **Cleaner Environment**

Five respondents felt there was a need to address issues in relation to litter.

"Improve the litter situation"
"Clean the streets/footpaths"
"Clean and tidy all the wasteland around Athlone"

- **Other areas required to make Athlone a happy and healthier place**

Just over a quarter of respondents that commented (26.4%) identified 'other' issues required to make Athlone a happy and healthier place, these include:

- Address employment issues
  "Obviously employment opportunities is an issue, that is not however exclusive to Athlone"
  "More jobs more hope for the young growing up"
  "More decent employment for older people"
  "Long term unemployed should be made contribute to the upkeep of the town and it might instil a sense of achievement/pride in them"
- Early intervention / education
  "Early intervention for young people at risk, more support for young mothers who are finding it hard to cope, food parcels instead of handing out money"
  "Believe some parents haven't the skills to pass to their children, then they grow up the same"
  "Change the way education is taught in secondary level"
- Free parking in town
  "Free parking in the town to help develop the town as there are too many empty shop units"
  "Parking made free at all times in each part of town"
- Location of a GP surgery on the *'Connacht side of town'* and '*closer to Brawny Square'*
- Local Issues
  "Better access to the Shannon as an amenity area"
  "Leave Railway Bridge as it is for tourists and locals"

"As a service user I have found

the support of staff in the HSE and the help of GROW

has enabled me to continue with life despite setbacks and difficulties and

helped me live life more fully"

5.2 Service Provider Questionnaires

Questionnaires were sent to Service Providers in Athlone – Statutory Services Providers and Community and Voluntary Organisation in the Athlone area. A total of 26 Statutory Service Providers and 22 Community and Voluntary Organisations responded.

Section A: Results from Statutory Service Providers

Table 5.28 details the statutory service providers that responded, their aim and the service they provide.

Table 5.28: Aims and Services Provided by Statutory Service Providers (n = 26)

Statutory Service Provider (age group)	Aim	Services Provided
GPs[4] (n=9) (All age groups)	To provide holistic healthcare. To provide education, treatment and prevention of illness. To provide access to allied services and specialist referrals	Family medicine - Consultations, Examinations, Appropriate Investigation, Counselling, Women's Health, Men's Health, Minor Surgery, Cryo Family Planning. Referrals to other health professions.
PHNs (n = 3) Child and family services. Community (New-born to school age + Post natal mothers. Parents)	To support best health for children and families in the community To monitor child health development, education, advice and support to parents, referrals to appropriate disciplines if needed, and child protection.	We work collaboratively with other services in child welfare and protection. Home visits to new-born babies and post natal mothers. All core development assessments for children in Area 3 until reaching school age, identifying where intervention is required. Referral to other services as required Support to parents in parenting role. Health promotion and nursing service in the community.
PHN for Traveller Health (All age groups)	To improve traveller health and well being	Advocate, Educator, Referral source
Integrated PHN (5 – 7 years and Over 65 years)	To identify nursing care needs to all clients and to address those care needs holistically and equally ensuring that clients have access to services	Integrated PHN service including disability and non-disability
Community Nurse	--	Nursing service
Diabetes Nurse Specialist	To promote good glycaemic control and to help avoid/reduce complications associated with diabetes	Provide Nurse-led Clinics in GP practices to patients with diabetes in Longford / Westmeath

[4] Nine GPs replied: Dr. L. Lowry, Dr. T. Lowry, Dr M. Culligan, Dr M. McGrath, Dr. P. O'Meara, Dr. M. Collins, Dr. J. O'Neill, Dr. M. Brody and Other (no name provided)

Statutory Service Provider (age)	Aim	Services Provided
Continence Advisor (12 – 18 years, Over 65 years for people with bladder/bowel problems).	Continence promotion	Change catheters in men. Supply incontinence wear to all nursing homes and community nursing units in Longford/Westmeath and to community clients. Do vaccinations in secondary schools with the School Immunisation Team. Involved with education in the Regional Centre for Nurse and Midwifery.
Primary Care Social Worker (n = 2) (The service is in theory for all ages, but tends to be accessed mostly by the over 50s).	To provide a directly accessible Social Work Service to the public. To assist with access to other services, information sharing, advocacy etc. To empower people to manage difficult situations in a preventative and person centred way	It is a preventative service, attempting to provide supports to people experiencing stress due to a wide variety of reasons.
Occupational Therapist 18-65 years physical and sensory disabilities, also palliative care and short-term conditions	To promote/enable independent living. To engage people in meaningful activity. Facilitation of appropriate positioning and pressure relief to prevent contractures or pressure ulcers. Support to practice educators and to students that are on placement	Home environment assessment, cognitive assessment, functional assessment, equipment provision (ADL aids, appliances and powered mobility). Reports to local authorities to support housing adaptation grants. Attendance at case conferences for MDT communication, contact with support agencies. Regional Placement Facilitator between NUIG and practice educators.
TUSLA Child and Family Agency - Social Work Team (0-18 years)	Child Protection	Social work and support service
Mental Health Service (18 years +)	Specialist mental health community services	Secondary Adult Mental Health Services for 18-65 yr olds and access to outpatient services for over 65s.
Dental Services Athlone (0-16 years)	Improve the oral health of the population	Dental Services to children 0-16years and special needs children.
Community Dietician (all age groups)	To provide dietary advice to service users for the management of clinical conditions in the community. To promote health and well being among service users.	1 to 1 clinics, group programmes for people with type 2 diabetes, weight management and impaired glucose tolerance, home reviews for house bound clients requiring nutritional support, training for health professionals and media articles.
Specialist Palliative Care (SPC) Service (all age groups)	To provide a SPC Social Work service to our patients and their families.	Specialist Palliative Care Social Support.

How people access respondent's service is shown in Table 5.29.

Table 5. 29: How people accessed respondent's service (n = 26)

How to access respondent's service	Frequency	Percent
Self-referral	23	89%
Direct Referral from GP or hospital consultant	17	74%
Direct referral from health professionals	16	65%
School	2	9%
Gardaí	1	4%
Hospital Dietician	1	4%
Family	1	4%
Agencies	1	4%
Any source in the community, all referrals must have consent	1	4%
Other*	1	4%

*no further details given

The majority of service users (89%) were able to access respondent's service through self-referral. The other three respondent's service was accessed via 'Direct referral from a GP / Consultant' or other 'Health Professionals'.

- **Waiting list**

A total of 16 respondents (62%) stated that they did not operate a waiting list. These include:

- Community Dietician
- Community Nurse
- PHNs (Child and Family Services, Traveller Health, Integrated and Community Services)
- Specialist Palliative Care Service and
- GPs.

Fifteen of these respondents (92%) stated that people could access their service through self-referral. The attendance levels at the majority of these respondent's clinics (93%, 14/15) was 85 - 100%. One respondent stated that their GP service occasionally sends text reminders '*especially if doing procedures'*. The other respondent (Community Dietician), whose service prioritises clients '*based on clinical conditions'*, noted that '*seasonal and clinical condition fluctuations*' resulted in the attendance rate varying from 55 – 85%.

Ten respondents (38%) stated that their service has a waiting list. The average waiting times and number, if given, is shown in Table 5.30. The attendance rate at their clinics is also detailed.

Table 5.30: Respondents who operate a waiting list and levels of attendance at the clinic (n = 10)

Service Provider	Waiting Time	Number on list	Attendance rate at clinic
Mental Health Service	2 weeks for consultant, 10 months for psychology	Omitted	70-84% return patients, below 40% for new
Continence Advisor	3 months	Omitted	40 – 54%
Diabetes Nurse Specialist	4 – 6 weeks	Omitted	85-100%
TUSLA Child and Family Agency - Social Work Team	4 – 6 weeks	40	Omitted
Primary Care Social Worker - Principal SW	2 – 6 weeks	2 – 6	85-100%
Dental Services Athlone	2 – 4 weeks Dental Hygienist	10 – 20	85-100%
OT	3 -4weeks	1-10	85-100%
PC Social- SW	2 – 3 weeks	Omitted	85-100%
PHN	Time based on urgency of need	Omitted	85-100%

One respondent commented that "*Particular clients are serial DNAs but generally people attend without difficulty*", while another respondent felt the '*concept of clinics as the assumed pattern of service delivery is a very medical model*'.

- **Access to the Service**

The majority of respondents (88%, 23/26) felt there was good access to their service for the population of Athlone.

> *"Not just Athlone includes as far as Kilbeggan (Dublin Rd), Loughnavalley (Mullingar Road), and Tang (Ballymahon Rd)* [OT Service].
> *"At present, but the post is currently only funded on a secondment basis, which is due to end in October 2015"* [Specialist Palliative Care Service].

Three respondents, two social workers and a representative from the dental service, felt that there was not good access to their service for the population of Athlone due to limited staffing resources.

> "[there is a need for] *recruitment of dental surgeons*"
> *"Increase resources, of the planned 15 Social Work posts for Longford / Westmeath there are only 2.5 in place"*

- **Gaps in the Service**

The majority of respondents (81%, 21/24) felt there were gaps / needs in their service. Three respondents (OT, GP and PHN for Traveller Health) felt there were no gaps. Data was omitted from two questionnaires. Gaps identified include:

- Lack of clerical assistance / ancillary support
- Shortage of staff / manpower

> *"At present PHN cross covering for vacant or half covered areas affects generic service provided need for full nursing cover within areas"*

- Limited resources
- Insufficient Mental Health support services

  "Insufficient mental health support services for those with mild difficulties".
- Long waiting lists and poor access to diagnostic services - Audiology, Speech and Language Therapy (SLT), Eye clinic, Physiotherapy, Psychology, Counselling for non-medical card patients, Orthopaedics Ear, Nose and Throat (ENT), Gynaecology Clinics and Addiction Services.

  "Long waiting list for home help service and when service is provided the time allocated is very limited per call"
  "There are very long waiting lists for physiotherapy, speech therapists, counselling for non-medical card patients, Orthopaedics (18months), ENT (18 months), Gynaecology clinics. Paediatric clinic in Primary Care - only aware of this recently and don't know the length of the waiting list. Access to u/s [ultra sound] and scans particularly poor. Addiction counselling appears to be only through psychiatrists. Adolescent Mental Health service is poor."
  "Delays in accessing hospital care is a big problem, counselling services can be difficult to access for patients too"
- Inequity of service provision, some areas have social workers and other areas do not.

  "We try to stretch resources but there is a limit. We try group format to reach more people but this is not suitable for all issues"

One respondent (OT) felt it was '*difficult*' to provide the appropriate service in all areas due to the '*fragmented nature of the role i.e. one day in inpatient nursing home, other days in adult disability service with student placement facilitator squeezed in when possible*'.

Two respondents noted that while there are gaps in the service, services that are present in Athlone are working well.

"I think the agencies within the Athlone area work well together in that there is generally good communication between services and a willingness to find solutions to difficulties but there is always room for improvement. Occasional frustrations arise at what appears to be a dragging of heels in sorting particular clients or a reluctance to engage with specific appliances (for example not allowing use of a motorised wheelchair in day service, thereby limiting independent mobility for the client)".
"What's present is generally delivered to a high standard, but there are gaps in some service areas".

Suggested measures to be taken to meet these needs include:

1. Clerical help to assist with appointments, presentations, audits etc. (Continence advisor)
2. Additional Whole Time Equivalents (WTEs)

   "The post needs to be secured via the creation of a permanent WTE" (Specialist Palliative Care Service)

   "More staff ; can't do much development work when overrun with clients" (Social Work Services)
3. Additional funding
4. Improved mental health services

   "We need teams to be fully staffed .... new service areas need to be explored"
5. Better access to support services locally
6. Better ancillary services – diagnostic (MRI, U/S) / therapeutic, home help, hospice, nursing home care
7. Better access to secondary care

   "*Access to diagnostic services and timely access to secondary care"*
8. Better access to allied professionals, psychologists, physiotherapists, addiction counsellors.

- **Health Promotion and Prevention**

The majority of respondents (96%, 25/26) felt their role included a 'Health Promotion and Prevention' element.

> *"A large proportion of our work is health promotion on a one to one basis discussing concerns and providing information on the prevention of ill health. Health Promotion literature from HSE is provided at each point of contact with families".*
> *"Not a formal trained role but I encourage smoking cessation at all times, adopting a more healthy lifestyle, encourage my adult disability clients to engage with support services to address social isolation and refer onto support/rehab groups such as physiotherapist for falls prevention or pulmonary rehabilitation and to Arthritis Ireland for support in managing the condition".*
> *"The psychological supportive element of the role can have a preventative effect in terms of preventing any necessary physical/psychological symptoms"*

Health promotion and prevention elements discussed include:

- Promotion of a healthy lifestyle re: lifestyle advice, antenatal care, smoking cessation, weight management, heart watch programme, promoting exercise, alcohol intake, addressing social isolation and promoting positive mental health

- Falls prevention advice re: continuation of activity
- Preventative dental ill health, fissure sealants, direct advice, oral hygiene
- Advice to parents re: child safety, breastfeeding, sudden infant death syndrome (SIDS), vaccinations, Triple P programme
- Giving talks to outside agencies such as Alzheimer's Society and Active Age.

One respondent noted that *'limited resources'* meant that *'health promotion and prevention is not seen as a priority'* and that *'health promotion and prevention is not provided for as it should and could be'*.

➢ **Health Facilities in the Athlone Community**

Respondents were asked whether, in their opinion, the health facilities in Athlone Community were adequate, Table 5.31 details their responses; data was omitted from three questionnaires.

Table 5.31: Are Healthcare Facilities adequate?

Adequate	Frequency	Percent
No	14	60.9
Yes	8	34.8
Yes and No*	1	4.3
Total	**23**	**100.0**

"The Clonbrusk building is great, but staffing is poor and access to some services (Mental Health) very restricted and on a medical model basis. Also some services are **only available to medical card holders and therefore many on low wages cannot access them."*

5.2.1 Inadequate healthcare facilities

The majority of respondents felt the healthcare facilities in Athlone were inadequate. Issues highlighted include:

- Long waiting lists for services such as home help, psychology, physiotherapy and SLT.

  "Waiting times very long for psychology, speech therapy, physiotherapy"
  "Need quicker access to Physiotherapist, convalescence / rehab facilities, access to psychologist - ridiculous waiting list"
- The need for additional staff, clinics and support services

  "Need more GPs, PHNs and allied professionals especially Psychologists"
  "Could do with an audiology clinic and 'well woman's clinic".
  "Counselling and psychology services in the Midland area are very poor. Roscommon side has much better access"
  "Inadequate Alzheimer's Services and support for clients and carers, no sitting support services to relieve carers".

"Access to affordable health clubs / facilities is necessary. More green spaces needed in housing estates, safe secure play areas / grounds needed in all estates to promote physical activity"

5.2.2 Adequate healthcare facilities

A large cohort of respondents felt the healthcare facilities in Athlone were adequate.

"Adequate, good team working and great staff just need more staff and work together whenever possible"
"I feel there is a good PC structure developing"
"Facilities may be adequate but people's awareness of the facilities is poor"

The majority of respondents (96%, 25/26) had access to work internet and email facilities. The other respondent stated that she had access to the internet but not to email facilities.

Section B: Result from Community and Voluntary Organisation

Questionnaires were sent to a total of 50 Community and Voluntary Organisations (see Appendix V), 22 organisations responded (44%)

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➢ Age Range and Aims / Purpose of the Service Provided

Table 5.32 details respondent's aims and to what age group they provide services for.

Table 5.32: Aims of Community Voluntary Organisations and to what age group they provide services for.

Organisations	Age Range	Aims / Purpose of service provided
Athlone Basketball	6 – 18+ yrs	To encourage the growth of basketball in the Athlone and more generally Midland Area and to provide a fun and safe atmosphere in which kids can learn the sport. To have athletes compete at the highest level of the sport, while also catering for the participation of kids across a wide range of levels and abilities.
Athlone Community Services Council Ltd.	All ages	To provide a range of services in a non-judgemental way in a caring environment by trained staff
Athlone Community Training Centre	16 – 21 yrs	To provide training and education to those who leave the school system early
Athlone Drug Awareness Group		To inform the public about the dangers of substance misuse and brief them on various signs to look out for
Athlone Institute of Technology (AIT) Healthy Campus Initiative	Students	To create a supportive environment, enabling students and staff to increase control over determinants of health and thereby improve their health. To provide relevant information with regard to health To motivate students and staff to act responsibly with regard to their health To provide the opportunity to make healthy choices.
Athlone Midlands Samaritans	All ages, mainly over 18 yrs	The aim of the Samaritans is that fewer people would die by suicide
Barnardos Family Support Project Athlone	0 – 18 yrs & families	To support and promote children and young people's development and help parents in their parenting role
Cáirde Nua	19 – 55 yrs	To provide a safe place for people to express their parenting issues and refer them to relevant agency/supports if required and with consent. To provide members with information on support available. To help members with accessing training, education and employment opportunities. To support the needs of the group by organising activities (leisure, holistic, educational) on an ongoing basis.
Esker House Women's Refuge	Women & children	To provide emergency accommodation to women and children and a safe environment where individualised care and support is offered. To ensure each service user, when she leaves, will have received the optimum level of support during her stay.

Organisations	Age Range	Aims / Purpose of service provided
Gateway Youth Project (Foróige and Athlone Community Taskforce)	10 – 18 yrs	To develop a youth lead service which fosters young people's well being and encourages each young person to realise their full potential. To identify and respond to the needs of young people in a holistic and comprehensive manor. To implement a variety of educational, recreational and social programmes in a safe youth friendly environment. To enable young people to develop their own abilities and attributes, to think for themselves, to make things happen and to contribute to their community and society.
GROW, Midland Region	Over 18 yrs	To provide support and friendship to those who need it in the field of Mental Health. To deliver community education programmes throughout the midland region.
Independent People with Disabilities	All ages	To support people with disabilities in Westmeath, Longford and Roscommon.
Irish Wheelchair Association	18 – 65 yrs	To ensure social inclusion for members. To provide day respite.
Meals on wheels, Athlone	Elderly	To provide meals and keep a watchful eye on people living alone. To help maintain older persons at home for as long as possible.
Merchants Quay Midlands Projects	Over 18 yrs	To reduce the level of individual and community harm experienced in local communities as a result of drug use in the target areas. To provide harm reduction and crisis support services to local drug users where services are unavailable. To work with the families of active drug users and to act as a reliable source of support, information and advice on drug use and related issues.
Midlands Regional Youth Service	10 – 25 yrs	To work in partnership with young people and their communities to develop, coordinate and promote a comprehensive response to youth needs throughout Westmeath and Offaly.
Midlands Simon Community	Over 18 yrs	To address the health needs of the individual and provide a pathway for them to access main stream health care.
Rainbows Ireland	6 – 18 yrs	To provide support for children and young people experiencing grief and loss so that they can adapt to significant changes in their family.
St Hilda's Service	All ages	To provide independence, to promote community participation and community integration. To promote health and education needs.
TONNTA Ltd.	Over 5 yrs	To ensure everyone can take part in community arts
Westmeath Citizens Information Service Ltd	All ages	To support the public through the provision of up-to-date, accurate information to enable and empower them to make an informed decisions in relation to their social and civil rights and entitlements.
Westmeath Community Development	All ages	To provide a friendly home visiting service for the over 60's. Encouraging and Promoting Health and Parenting skills (Community Mothers home visiting service). To promote health in children in primary schools (ACE project). To improve traveller health and access to services (Primary Health Care Project for Travellers).

➢ Brief Overview of the Organisation and the Services they Provide

Table 5.33 details a brief overview of the organisation and the services they provide.

Table 5. 33: Brief overview and services provided by the community voluntary organisation

Organisation	Brief Overview	Services provided
Athlone Basketball	Basketball coaching and games, competitions, events and trips. Develop our members/young players in different aspects of their lives and encourage the participation of minorities in our club.	Participation in sport, specifically Basketball.
Athlone Community Services Council Ltd.	Provide supports for older people (laundry and chiropody service), community childcare, supports for domestic violence, counselling services and parents and toddler groups.	A broad range of community based family support services for the people of Athlone.
Athlone Community Training Centre	Provide training at FETAC/QQI levels 3 and 4 in Catering, Computers, Hairdressing and Beauty Services, Science and Engineering.	Training and education for early school leavers.
Athlone Drug Awareness Group	Work in partnership with the statutory providers to reduce demand for various drugs, organising various strategies/initiatives. Promote drug awareness talks and materials to all sectors. Roll out and facilitate a good work programme from the Midland Regional Drug and Alcohol Task Force (MRDAFT).	Dissemination of drug awareness information material to the general public. Organising events for teenagers - discos, table quizzes, debates etc. Brief people on where to get help in relation to drug use.
Athlone Midlands Samaritans	Provide a confidential, non judgemental, safe space where all people can talk about their feelings. Our service is available 24 hrs a day, every day.	Emotional support service for people in distress/ despair or who are experiencing suicidal thoughts or feelings.
Barnardos Family Support Project Athlone (FSPA)	Barnardos FSPA offers advice and support to children, young people and their families in Athlone and surrounding areas. Work is child-focussed and responds to the individual needs of each child and family.	A family support project that works with children and young people and their families.
Cáirde Nua	Non judgemental support group aiming to support people who are parenting alone both male and female.	Modules from Triple P, Assertiveness Workshops, healthy eating on a budget, sound therapy, mediation, self healing, stress control etc. Opened to male/females who are parenting alone regardless of age.

Organisation	Brief Overview	Services provided
Esker House Women's Refuge	Support the rights of every woman and her children to live their lives free from domestic abuse. Provide a safe environment and comprehensive range of services. Esker House functions as part of Athlone Community Services Council and the wider community network of care.	Counselling, Emergency/ Safe Accommodation (24 hour basis, 365 days a year), Out Reach Services, Access/referral to Medical, Legal, Social Welfare, Local County Council (re: housing), Counselling and Children Services, Support and Information, Advocacy, 24 Hour Helpline, Court Accompaniment.
Gateway Youth Project (Foróige and Athlone Community Taskforce)	The Gateway project is run by Foróige and Athlone Community Taskforce and provides a range of services for young people (10-18yrs) in Athlone town and surrounding areas. The project is committed to providing quality youth work and educational services to the local community that enables young people to reach their full potential.	Drop in, Youth support, Entertaining Events (drug and alcohol free events), Youth homelessness, Youth Forum, Educational Programmes, Youth Citizenship, Albert Schweitzer Leadership for Life Programme, Volunteer Involvement (18+), Health Information, Summer Programmes, Big Brother Big Sister Programme and Foróige Clubs.
GROW, Midland Region	GROW provides weekly support groups in various parts of the midlands for those with any form of Mental Health difficulty or who may be lonely, isolated or suffering from stress. It also provides community education programmes on various aspects of Mental Health.	Community Mental Health support groups for those over 18 years of age and groups in HSE day centres for those with Mental Health difficulties.
AIT, Healthy Campus Initiative	The healthy campus initiative is a partnership between the HSE and AIT. Target population of 6000 people, approximately 1200-1400 new entrants each year. AIT has identified the need to create an informal sustainable platform to embed healthy lifestyle for all who attend this campus.	Healthy Campus outlet to a diverse student and staff population through developing and coordinating health related programmes, policy development and environmental focus.
Independent People with Disabilities	Independent, cross disability body to represent and advocate on behalf of 'all people with disabilities' in the Counties Westmeath, Longford and Roscommon.	Advocates and lobbies for the rights of people with disabilities of all ages. It is hoped that it will become a National Organisation.
Irish Wheelchair Association	Day activation service.	Provide services for people (18-65 years) with Physical and Sensory Disabilities.
Meals on wheels	Provision of nutritious meals to the elderly in their own homes five days per week.	Meals on wheels service to the elderly.
Merchants Quay Midlands Projects	This service has a dual focus, providing a Family Support and Community Harm Reduction Initiative for the Midlands region. It offers support in the form of dedicated outreach services for individuals actively using drugs and Family Support Services focused on the needs of the families of active drug users.	Family support, community harm reduction, needle exchange, rehabilitation and aftercare. Open Door drop-in for homeless service users and also clients in active recovery.

Organisation	Brief Overview	Services provided
Midlands Regional Youth Service	The service seeks to support positive relationships between adult youth workers and young people from targeted communities through activities and programmes, which offer young people life skills and the support that they require to face the challenges they meet along the way.	Provide a range of support programmes to young people who are experiencing difficulties in the school, home and social situation The service runs needs based activities and is available to both community and school settings.
Midlands Simon Community	Free confidential service addressing the needs of the homeless in the midlands.	Health assessment to people over the age of 18 who are homeless or at risk of becoming homeless.
Rainbows Ireland	Support for children and young people experiencing bereavement and loss resulting from parental separation/divorce. Available nationally in schools and family resource centres.	Peer group support for children and young people experiencing bereavement and loss resulting from parental separation/divorce.
St Hilda's Service	Intellectual services for people (adults and children) with intellectual disability. This includes pre-school, day, respite, residential, outreach and in-home support services to people with mild, moderate, severe and profound disability.	Day, respite, residential and outreach services to people with mild, moderate, severe and profound intellectual disability.
TONNTA	We create Street Theatre Performances for Parades and Pageants and Design and Construct Street Puppets and Props to aid Performances.	Street Theatre and Community Arts Group that facilitates Arts projects with all sections of the community.
Westmeath Citizens Information Service (CIS) Limited	Provide face-to-face service to the public. They are supported and funded by the Citizen Information Board. CIS provide free, impartial and confidential information.	Information Advice and Advocacy to the general public regarding social and civil rights and entitlements.
Westmeath Community Development	Westmeath Community Development is a partnership which empowers people and communities to overcome disadvantage and enhance the quality of their lives.	Care and repair service for over 60's. Community Mother's home visiting service for families with young children. Food and Health project for community groups. Primary care health project for travellers . Primary school's Activity Confidence Eating (ACE) programme.

➢ How People Contact and are Referred to the Organisation

Table 5.34 details how people contact the community voluntary organisation's service (n = 22), while Table 5.35 details how people are referred to the service.

Table 5. 34: How people contact respondent's service (n=22)

Contact method	Frequency	Percent
Phone	18	81.0
Self-referral	13	59.1
E-mail	12	54.5
Medical Professional - PHN, OT, HSE staff, Key Workers, GP	10	45.5
Website	4	18.2
Facebook	3	13.6
Family members / friends	2	9.1
Other – Youth Worker, Outreach Services, SMS message, Professional agencies	4	18.2

Table 5. 35: How people are referred to respondent's service (n=21)*

Referral method	Frequency	Percent
Self-referral / Word of mouth	17	80.9
Health Care Professionals – Social Worker (n=3), PHN (n=2), GP (n=2), Traveller Community Health Workers, Community Liaison Nurse, OT, Physio. (n=1).	11	52.4
Family Members / Guardian / Friend	8	38.1
Schools / pre-schools	6	28.6
Primary Care Services and HSE Staff	4	19.0
Medical Professionals (no further details given)	3	14.3
Community Voluntary or Statutory Service Providers (no further details given)	3	14.3
Courts – solicitor or JLOs	3	14.3
Community Groups / Community Mothers Co-ordinator	3	14.3
Department of Social Protection (Intreo)	2	9.5
Professionals working with young people and families	1	4.8
Self-referral, Community Alcohol and Drugs Service (CADS), Gardaí, GPs, P&W, Family Support Network, Junior Liaison Officer (JLO), Social Workers, Prison, Treatment Centres and Hospital	1	4.8
Organisations such as government departments, state agencies, private sector and the community and voluntary sector	1	4.8
Project Co-ordinators and Youth Workers	1	4.8
Barnardos	1	4.8

N=21* As referrals are not made to the Athlone Drug Awareness Group. The group provides advice, information and drug information talks.

➢ How the Organisation is Promoted in Athlone

Respondents promote their service in the Athlone area mainly through:

- Posters and leaflet displays in local schools, GP centres and public locations.
- Advertisements in the local radio and papers, social media and internet
- The Parish bulletin and church gate collections
- Word of mouth, flag and recruitment days
- Attendance at local awareness events and events such as St Patrick's Day parade, Summer Fest and Halloween Party
- Forums / Conferences for local community groups and senior year students
- Information stands in shopping centres
- Interagency collaboration

➢ Funding

The majority of respondents (86%, 19/22) receive funding through:

- Citizen Information Board (funded by the Department of Social Protection)
- Department of Children and Youth Affairs (DCYA)
- Department of Environment
- Department of Justice and Equality
- Donations / Fundraising / Subscription from clients
- Health Service Executive (HSE)
- Longford and Westmeath Education and Training Board
- Midland Regional Drug and Alcohol Task Force (MRDATF)
- Pobal
- Sustainable Energy Authority of Ireland (SEAI)The Local Development Community Programme (LDCP)
- TUSLA (Child and Family Agency)
- Westmeath Community Development Limited, Community and Local Government, Athlone Town Council and Westmeath County Council

Three respondents, however, stated that they did not receive funding (Athlone Basketball, Athlone Midlands Samaritans and Independent People with Disabilities).

> *"No funding received at any stage over the last 10 years despite numerous applications"*
> *"No, not in receipt of central funding and rely on fundraising and donations"*

- **How the Quality of the Service could be improved**

Table 5.36 details how respondents felt the quality of their service could be improved.

Table 5.36: How the Quality of the Service could be improved

Organisations	How the Quality of the Service could be Improved
Athlone Basketball	Funding
Athlone Comm. Services Council Ltd.	Funding
Athlone Community Training Centre	Increased Funding to support our current counselling service, specifically in the area of Mental Health
Cáirde Nua	Increased funding to pay for educational/holistic supports.
Gateway Youth Project	Increased funding for extra workers to meet needs of the youth.
AIT, Healthy Campus Initiative	Increased level of funding would increase the capacity for project development and research and influence more people
Meals on wheels	Provision of realistic funding from the HSE
Midlands Regional Youth Service	Improve funding to employ professional youth workers to meet the changing and emerging needs of young people. Continuing to plan, evaluate and measure outcomes and continued participation in the Quality Standards Framework
Midlands Simon Community	Improve funding and resources (only 2 nurses covering 4 counties)
TONNTA	More Funding
Westmeath Community Development	More Funding
Barnardos Family Support Project	Additional staffing
Irish Wheelchair Association	Increasing the number of days from 2 currently so more persons can access the service, maybe even an over 65 service
Merchants Quay Midlands Projects	Extension of drop-in facilities, opening weekends, additional staff (rehab and aftercare worker)
GROW, Midland Region	Encouraging a spread of age groups in some areas would be a help.
Esker House Women's Refuge	Need an outreach service for women who do not require refuge.
Independent People with Disabilities	Getting more members, outreach to the country will take place in 2015
Athlone Midlands Samaritans	Service User Feedback. Standards are set for the Samaritans which all branches are accessed by
Rainbows Ireland	More resources in office to grow, develop and build capacity
St Hilda's Service	Implementing HIQA regulations. Create access to Primary Health Care Team (PHCT) and professionals.

Half of the respondents (11/22) felt the quality of their service could be improved with funding / additional funding.

> *"The Quality of services has been maintained, however in a culture of ever decreasing budgets, the services available have often been cut and are not always widely available"*

Respondents from the Westmeath Citizens Information Service stated that the service *'has a continuous improvement plan geared towards the European Foundation Quality Excellence Model (EFQM)'* and *'recently secured Gold Star Award through the EFQM'*.

➢ Health Care Needs

What respondents perceive are the health care needs of members / people that they represent are highlighted in Table 5.37.

Table 5. 37: The Perceived Health Care Needs of Service Users

Organisations	The Perceived Health Care Needs of Service Users
Athlone Basketball	Obesity problems
Athlone Community Services Council Ltd.	Pre-health checks, more access to health awareness
Athlone Community Training Centre	Mental Health, Diet, Drug and Alcohol issues
Athlone Drug Awareness Group	Information on drug availability, danger signs and trends
Athlone Midlands Samaritans	A listening ear – being able to talk through feelings can help alleviate distress.
Barnardos Family Support Project Athlone	Mental Health issues for parents, addiction issues, waiting lists for Psychology and CAMHS Assessments
Cáirde Nua	Mental health supports
Esker House Women's Refuge	Mental Health and Addiction issues for women
Gateway Youth Project	Physical Health, Mental Health, Social Health, Spiritual Health
GROW, Midland Region	Support of Mental Health Issues
Independent People with Disabilities	Access to information and increase numbers of places for respite for people in Athlone Local Hospital
Irish Wheelchair Association	Stimulation/a sense of worth and belonging, exit programme from day service, psychological care
Meals on wheels	Integration of services to enable people to stay in their own homes for as long as possible
Merchants Quay Midlands Projects	A need to address the issue of poor housing standards[5], Mental Health/Psychological Care, Dual Diagnosis (often not clearly diagnosed if there is psychiatric illness, blood borne viruses, Hep C, HIV, STIs)

[5] Poor housing results in chronic respiratory/chest infections, lack of/poor heating, poorly ventilated accommodation

Organisations	The Perceived Health Care Needs of Service Users
Midlands Regional Youth Service	Mental Health, Drug Abuse, Alcohol Misuse, Sexual Health and unplanned pregnancies. Fear/lack of self-confidence in seeking help from medical professionals, Diet and Exercise, Help identifying their own health needs or risky behaviour
Midlands Simon Community	Physical health issues as a result of homelessness, Mental Health issues, Health issues from substance misuse/neglect
Rainbows Ireland	Support with significant life/family change that impacts their lives in many ways
St Hilda's Service	Health checks – prostate, eye and ear, Psychological behaviours that challenge, Dietician, Physiotherapy, Occupational Therapy, Orthotics and Mobility
Westmeath Citizens Information Service Ltd	Assistance with: Medical Card/GP Card applications, submissions and appeals, Fair Deal Scheme, Medical Services Rights and Entitlements. Appeals for Domiciliary Care, Carer's Allowance and Respite Care (Social Welfare Payments). Referrals to relevant agency, Government Department. Advocating on behalf of a client. Mental Health - involvement in Green Ribbon Campaign, Littlethings Campaign, Understanding Clients with Mental Health Issues, Personal Welfare and Personal Care (lifestyle).
Westmeath Community Development	Mental Health issues, Parental skills, Traveller Health, Transport to appointments.

➢ How to address the Health Care Needs

How respondents' felt the health care needs of members / people that they represent can be addressed is highlighted in Table 5.38.

Table 5. 38: How respondents feel the Healthcare Needs of their Service Users can be addressed

Organisations	How the Healthcare needs of Service Users can be addressed
Athlone Basketball	Encouraging young people to keep fit and healthy.
Athlone Community Services Council Ltd	More awareness of preventative health care.
Athlone Community Training Centre	Increased funding to support counselling service. Continued support from Health Promotion Team, HSE and Foróige.
Athlone Drug Awareness Group	More resources into education and prevention.
Athlone Midlands Samaritans	Identify outreach opportunities in the local community.
Barnardos Family Support Project Athlone	Address the waiting lists within psychology for children. Improved access to services, More interagency work.
Cáirde Nua	More input from the health service i.e. talks on supports available, Procedures and Policies.
Esker House Women's Refuge	Improvement in the Mental Health services in the Midlands, especially for a person presenting with risk of suicide.
Gateway Youth Project	Providing young people with health and wellbeing programmes.
GROW, Midland Region	Increased attendance at GROW meetings.
Independent People with Disabilities	Better awareness and advertisement of services.
Irish Wheelchair Association	More funding for day services and counselling services.
Meals on wheels	An overall plan and integration of services.
Merchants Quay Midlands Projects	Mobile Health Unit with dressing clinics, doctor and a psychiatric and midwifery nurse, HIV/Hep C clinic for testing.
Midlands Regional Youth Service	Consultation with young people as to how services could be improved. Involving young people in any decisions about their health. Development of relationships with young people and Health Care Professionals. Effective partnerships between organisations that work with young people.
Midlands Simon Community	More housing. More financial assistance. Increase rent ceiling.
Rainbows Ireland	Through our peer support programmes.
St Hilda's Service	Have a nurse with experience working in Primary Care settings to assist and manage the needs of our people in the community with Intellectual Disability. Clinics locally in the Primary Care setting.
Westmeath Citizens Information Service Ltd	Clear communication on rights and entitlements. Easier access to services.
Westmeath Community Development	Address lack of transport. More community based Mental Health services and reduced waiting lists. Training for volunteers on elder abuse and safety.

➢ Perceived Gaps in the Health Service

What respondents perceive as gaps in the health service are detailed in Table 5.39.

Table 5. 39: Gaps in the health service

Community Voluntary Org.	Gaps in the Health Service
Athlone Community Services Council Ltd.	Counselling, there is a higher demand for this service.
Athlone Community Training Centre	Access to Psychological Services Ireland, only available to learners that live in the Roscommon area.
Athlone Drug Awareness Group	No Methadone Services in Mullingar. There is a need to address the issue of discarded needles in public places.
Barnardos Family Support Project Athlone	Early intervention and schools age teams for parents. Uncertainty of the role of the PHN.
Cáirde Nua	Lack of transport to the service.
Esker House Women's Refuge	Lack of supported living accommodation for people with Mental Health issues.
Gateway Youth Project	No After-hours Social Worker contact for child protection concerns or reports.
Independent People with Disabilities	Long A&E wait times. A better homecare package required.
Irish Wheelchair Association	Lack of personal assistant hours.
Meals on wheels	Lack of Integration of services and an overall plan.
Midlands Simon Community	Need a more joint up thinking regarding services collaboration for a faster outcome for the individual If a person has no address, no GP, no medical card they are unable to access health services.
Rainbows Ireland	Little support for children and young people - particularly free services.
St Hilda's Service	Follow up care, delays in accessing consultative care via medical card system.

➢ Contact with Members of the Primary Care Network / Health Service

What contacts respondents have with members of the Primary Care Network / Health Service is highlighted in Table 5.40.

Table 5. 40: What contacts the Organisation has with members of the Primary Care Network / Health Service

Community Voluntary Org.	Contacts
Athlone Basketball	Not many
Athlone Community Services Council Ltd	Only when their services are required
Athlone Community Training Centre	Heath Promotion services, GPs, Access to Psychological Services Ireland
Athlone Drug Awareness Group	Excellent contacts - Health Promotion & Improvement Officer and the Community Alcohol & Drugs Service (CADS)
Athlone Midlands Samaritans	Attended meetings of Joint Athlone Primary Care Network and Community Health Forum Representatives

Community Voluntary Org.	Contacts
Barnardos Family Support Project Athlone	Work closely at times with the Primary Care Social Workers, PHNs and links to Early Intervention Team and School Age Teams.
Cáirde Nua	Have had contact with two members of Health Promotion.
Esker House Women's Refuge	GPs, PHNs, Primary Care Social Worker, Homeless Liaison Nurse, Community Mental Health Nurse.
Gateway Youth Project	Social Workers, CAHMS Department, Family Support Workers, Health Promotion Officer, Barnardos, Education Welfare Officers, Local GPs.
GROW, Midland Region	Suicide Resource Officer. Regular contact with HSE staff when Area Co-ordinators call to health centres. There is an orientation/special group in the psychiatric hospitals. Management meet with HSE annually.
Independent People with Disabilities	Attend all meetings and conferences.
Irish Wheelchair Association	Lots as most situated in same building.
Meals on wheels	Contacts on a regular basis in relation to referral of clients.
Merchants Quay Midlands Projects	Good contacts with HSE through CADs and various staff in theDepartments across the four counties.
Midlands Regional Youth Service (MRYS)	Member of children and young people services committee. Membership of Community Health Forum in Athlone - partnership with PHCT. TUSLA and PHCT members represented on Comhairle na nÓg Steering committee which is facilitated by MRYS. Networking and programme promotion with HSE Health Promotion Personnel. Staff participation in recent HSE evaluation of Athlone and surrounds health service provision.
Midlands Simon Community	Engage only.
Rainbows Ireland	Only when they contact us directly for information on programme availability.
St Hilda's Service	Social Worker, Clinical Psychologist, Vaccination Clinical staff, use of premises for training.
TONNTA	Tonnta facilitate Arts Projects in St Vincent's Hospital and Day Care Centre - this is the only contact we have.
Westmeath Citizens Information Service (CIS) Ltd	Local health service and Primary Care Centre. Have delivered a number of presentations to the PCT and to two Medical Centre Teams.
Westmeath Community Development	All services, have good contacts with these services.

Other comments include:

- *"Need for a better relationship between the HSE and the general public"* [Independent People with Disabilities]
- *"More involvement of community groups in the identification and delivery of meals in localised areas"* [Meals on wheels]
- "*There exists a need to develop more supported housing schemes for clients in active recovery and also for clients post treatment or prison where they are stable and ready to re-engage with society"* [Merchants Quay Midlands Projects]
- "*We are a limited service, totally voluntary, not professional counselling or therapy, yet we are perceived as better than nothing for children. We are constantly trying to ensure that service users understand we are a limited service*" [Rainbow Ireland]
- Athlone Drug Awareness Group felt there was a need for *'a partnership approach between HSE, Council, Gardaí and Simon to address homelessness and drug addiction'*.

5.3 Focus Groups

Over a two month period a number of focus groups took place with a range of groups from the Athlone area (see Appendix VII). The questions centred on people's health experiences and how health could be improved for people living in the locality. Responses varied depending on many factors such as age, mobility and circumstances. Participants shared deep and thoughtful insights into their own health needs and the needs of the community.

The topics covered included positive health influences, negative health influences and suggested health improvements. The information from the focus groups is presented under the emerging themes:

- Health and Wellbeing
- Mental Health
- Supportive Environments
- Family and Community
- Addiction
- Communication and Information
- Infrastructure
- Health Services
- Direct Provision
- Physical and Sensory Disability
- Travellers
- Antisocial Behaviour

Health and Wellbeing

"*If you have health you have everything*" and following from this profound statement facilitators asked … 'What is health and what does it mean to you as individuals?'

- Health means many different things to different people depending on an array of personal, environment and social factors. It was apparent that age and current health status have a substantive bearing on personal health and wellbeing.
- Having a positive outlook on life and surrounding oneself with people who make us feel well was noted throughout all the focus groups as supportive to good health.
- Having a good diet and getting plenty of fresh air and exercise featured throughout the initial part of the focus groups. Health issues and challenges can at times hinder one's ability to do things that are good for health like taking regular exercise and eating well.
- Pride in appearance and having a good personal care routine was highlighted as beneficial to an overall sense of health and wellbeing. This was particularly important to the younger focus group participants who felt that feeling physically clean and fresh increases self esteem "*Having a good complexion and getting enough sun*".
- Feeling well and having the ability to "*live our lives*" on a daily basis was viewed as important. To carry out daily routines and to feel comfortable and well enough to do this was noted as important "*ability to do what needs to be done*". People who had compromised mobility raised this often and indicated that some days it can be a real struggle to accomplish daily tasks due to their presenting health issues. The importance of having places to go and positive ways to spend time was also cited as a positive health contributor "*activities to do and being able to get up in the morning and go about stuff*".
- Not being sick and having freedom from illness came up regularly during the focus groups as people explored personal health *"not having to go to the doctor"*.

Mental Health

The focus group participants brought the area of mental health up on several occasions. Having a healthy mind and body with a positive outlook was seen as having far reaching impacts on general health and wellbeing. It was noted that good mental health is a prerequisite for dealing with many of life's challenges. One participant stated that having good mental health helps to keep control and balance in life.

- The ability to feel content was also commented upon as beneficial in modern life. "*To be on your own but not lonely, looking at your positives and being in a good place mentally"*. To be resilient enough to enjoy one's own company and to recognise the positive traits and resources within oneself was also highlighted as a strength.
- Gratefulness and its benefits were explored as useful to keep one grounded and to help people to appreciate what they have and accept that things are not always perfect. To have aspirations and dreams with realistic goals can support wellbeing in a very practical way. Simple things like getting enough sleep was also noted .
- Having a good sense of humour and enjoying life's little pleasures "*having a laugh… enjoying chocolate"* all add to better self esteem and happy lifestyle.
- Having education around mental health is vital to increase community awareness and understanding of mental health issues. Participants suggested using the social media, television programmes and links with schools and workplaces as areas where mental health can be explored. Participants felt that this awareness raising could be used to change the focus and understanding of the little things that can be done to improve mental health and reduce stigma.
- Speaking about mental health to family, friends, support services and others who show empathy support positive mental health. Re Nua was described as an '*incredible service, like a family… friendly faces that are there to talk to you… feel welcomed and not just a number… no-judgement, it's there to catch you'*

It was noted that skills [life and coping skills] are given to users of the Re Nua services and that '*staff follow up to see if you are using them* [skills] *and feeling the benefit'*.

Supportive Environments

In the focus groups having a supportive environment was recognised as an important dimension of positive health.

- Participants of the focus groups regularly mentioned the need for a reason to get up in the morning and environments that require and support this. The need to have everyday things to look forward to was deemed very important to health and wellbeing. Positive environments with good company, responsibility and nice scenery are all conducive to making everyday life worthwhile, enjoyable and satisfying. Having something to look forward to, such as attending the Irish Wheelchair Association, adds a sense of meaning to life and it was noted that it is often missed on days when it is not open.
- Participants expressed that having the ability and option to work and be productive was imperative to good physical and mental health '*even to work in the garden and in nature*'. This work, although it may need to be very flexible and within a routine, adds to happiness and sense of pride and purpose in oneself.
- Community gardens and other local green spots such as Burgess Park, Portlick and Coosan Point were cited by respondents as having a very positive impact on their overall sense of wellbeing. Proximity to nice scenery like the Shannon improves mood '*Shannon is therapeutic*'.
- The importance of outdoor resources and cultural pursuits around Athlone came up as very favourable to health and wellbeing. The Golden Mile, the Shannon and surrounding lakes, drama, theatre and music were also discussed for their supportive role in making everyday life in Athlone more pleasant.
- Activities and alternatives for young people who don't drink alcohol were highlighted as required during the youth focus group. Things like alternative music venues, alcohol free youth events and Nightclubs for people who don't drink were all mentioned.
- 'Clean Up's' in local communities were viewed very positively, it was noted that Battery Heights has really improved and looks very well. Gardening competitions and other initiatives to get people motivated to take pride in their local communities was also highlighted as a good way of building a more happy and pleasant environment.
- The need for more green areas and safer hang outs for young people was also highlighted throughout the focus groups.

Family and Community

Having a good family support structure and community links was seen as important in numerous focus groups**.**

- Keeping people connected to the community by providing social and emotional support and giving purpose and structure to daily living was seen as essential throughout the focus groups.
- Good company and interaction in the community featured highly when reflecting on what has a positive impact on our health. It was important to surround oneself with *'people that make you feel healthier' and 'having plenty of friends and a good social group'.*
- Spending quality time with the family has a positive impact on health and wellbeing: *'having family time, games, going places'.* Practical issues such as housing and support have a bearing on this.

Addiction

For some of the participants health choices were pivotal in defining health status '*not smoking and staying away from drugs'.* Alcohol and drug addiction issues such as debt, family breakdown, homelessness, fear of prison, poverty, isolation and marginalisation were raised.

- Participants explained how difficult it can be to rebuild life after addiction and to break away from the stigma attached to active addiction. It can also prove challenging to reengage in everyday activities. This leads to frustration, community tension and social exclusion and make things like getting on with neighbours and sometimes family very difficult.
- Focus group participants who had experience of addiction felt that it can be difficult for them to have their voice heard in services and within their local communities due to their addictive lifestyles.
- Being on the same medication for long periods of time worried respondents in terms of the long term health impacts.
- Frequent use of the word 'fear' was associated with becoming homeless, family breakdown, prison sentence and becoming trapped in a cycle of poverty leading to loneliness, isolation and depression.
- One participant highlighted that he needed to go into prison *to 'get help for drug psychosis'*

- Participants expressed a desire to be free from the cycle of their addiction and all that it brings (e.g. prison, debt) and free to make healthy choices
- Participants felt that services need to be better equipped to deal with the fallout from addiction such as sleeping rough. They also felt marginalised in society.
- Positive diversions from drink and drugs provided by Community groups such as community gardens, social evenings, and area clean ups were mentioned.

Communication and Information

More information on how to access and navigate health services was discussed in all the focus groups.

- Participants commented about lack of awareness of services.
- Literacy difficulties were seen as having an adverse impact on health especially in relaying changes to services provision.

Building Community in a Supportive Environment

When asked how we could improve the health and wellbeing of the people in Athlone, participants of the focus groups were very forthcoming with ideas and suggestions.

- For many of the respondents the negative impacts on health related mainly to lack of accessibility to local areas, poor quality footpaths for wheelchair users, lack of activities for older age groups and people who have a disability in the Athlone area.
- The bus service around Athlone was also noted as being quite poor in some areas of the town which makes accessibility to the Health Services or Recreational facilities difficult.
- The waste ground beside the new Primary Care Centre was viewed as very unattractive.
- Participants recommended that more 'pooper scoopers' should be used by the public to ensure cleaner paths for wheelchair users.
- They also discussed the need for more area clean up days to encourage communities to work together to make the environment cleaner and safer. These days can also have an added value of building positive community relationships and a partnership approach to creating more ownership and care of local areas.

Health Services

A positive relationship with health care providers was viewed as very important to ensuring that our health needs are adequately met.

- Participants noted the GP's can play a supportive role by giving advice on managing illness and supporting patients around what they can do to help themselves. This advice was seen as valuable and trustworthy "*GP's give good advice...need to take it*".
- It was highlighted that some health services can be extremely quick and efficient in their approach to community health prevention and protection. Public Health Nurses who visit new babies for weight and general checks were highly commended in this regard.
- Areas reported to have very long waiting times include; specialist services such as for Dermatology, Paediatric Services, Psychology Services and MRI appointments. The long waiting lists for assessments and diagnosis adds to the frustration as people worry that their health will deteriorate.
- Respondents were generally positive about the Primary Care Facility as they felt it was useful to have everything under the one roof.
  "*Primary care is a lovely clean building, you feel safe and happy to ask for services in it"*
- Waiting room time for GPs was generally regarded as too long in most practices. Even with an appointment people can wait for '*hours'* to see their GP.
- It was also reported that it can take too long for the referral from the GP to other specialist services.
- The work load of G.P.'s means one does not have time to discuss health concerns in any great detail with them.
- Participants were unhappy with the referral pathways to specialist services especially having to go through the GP.
- The lack of a Gynaecology-Wellness Clinic was seen as having negative impacts on health and wellbeing.
- The cost of prescriptions is a burden on some families especially if they have a lot of prescriptions to be filled in a short time frame or on an ongoing basis.
- The importance of good accountability and uniformity in service delivery by Health Services was noted as fundamental to good health care.

Anti Social Behaviour

Antisocial behaviour in the community was a common theme during the focus group sessions.

- Some areas of the town experience more anti-social behaviour than others. Participants feel there is a need for more CCTV cameras.
- More Garda presence on the streets and better resourced Gardai was also recommended.
- It was expressed that people have the civil right to live in peace and that antisocial behaviour in communities needs to be dealt with better.

Minority Communities

For people living in marginalised or minority communities specific issues and concerns arose that may not be as prevalent in the community as a whole. Life in direct Provision, life for members of the Travelling Community and living with a disability can present challenges as noted below.

Life in Direct Provision

Integration with the community outside of direct provision was viewed as very important.

- It was noted by respondents that the living standards on direct provision sites were poor. They highlighted cramped accommodation, inability to buy and prepare own foods of choice which may become an issue for long term health maintenance.
- Issues for residents who have been living in direct provision for a lengthy period of time related to the lack of freedom to make their own choices.
- Safety for themselves and their children, allergies, anti social behaviour, mental health and sexual health screening were also concerns raised.

Physical and Sensory Disabilities

For participants who had physical and sensory health issues many powerful sentiments emerged regarding the importance of practical supports that they require. One participant stated that they have *"more recognition of disability since recently becoming disabled myself……..…things like paths and access"*

- Many times it was noted that the need for clear and safe footpaths for increased accessibility and comfort *"paths can be too narrow and too high and this makes it very difficult if you are using a motorised scooter or wheelchair"*.

- Participants commented that the lack of consistent accessibility around town makes going out independently extremely difficult.
- "*Feeling good and the ability to be up and about"* was cited as a key to ensuring a certain degree of independence and freedom.
- Many of the participants they really look forward to the days they spend in services such as the Irish Wheelchair Association. It gives them the opportunity to relax, enjoy friendship, share experiences and have their care needs met.
- Health for many participants related strongly to making decisions about how they spend their time *"having your own independence, planning your own day and not being told what to do"*.

Travellers

Having a positive outlook on life, enjoying the simple pleasures and having fun were viewed as a key component to developing and maintaining good health. Navigating Health Services and long waiting times for services can pose difficulty at times.

- Mental health is a big issue in the Traveller community, it was suggested that a 24 / 48 hour assessment for a person with acute mental health difficulty could make a big difference.
- A positive view was held in relation to the benefits of a Primary Care Service in the Athlone area with all the services in a one stop spot however the waiting times and lack of clarity about the services available was highlighted as a weakness.
- A lot of discussion took place regarding the need for good quality accommodation with adequate sleeping quarters to ensure good health. At times this is not always available and it was highlighted that this can lead to people feeling down and putting their health at risk *"feel down in small, confined spaces….it is important to be free of dampness and to have proper bedrooms*".
- Having independence to make decisions that impact on personal wellbeing and having the ability to plan around personal circumstances was held in high regard with the focus group participants "not being told what to do".

It was also noted that GP's give good advice on how to manage illness and that it is important that this advice is adhered to.

Older People

The long waiting times for specialist health checks and the lengthy waiting room periods in GP practices featured highly in relation to older people. *"Long waiting lists for services and procedures for older people"*

- There was a view that services for Alzheimer's clients had been cut in recent times. The lack of specific services for people living with Alzheimer's in Athlone was viewed as a gap.
- The lack of Home Help Services, unless you can pay privately, can also add to the frustrations.
- The fear of having to go into hospital and having to spend long periods of time on a trolley was also highlighted.
- The closure of the residential service at Loughloe House was viewed as a big loss to the Athlone area.
- More social activities for older people were also highlighted as desirable.
- Activities like gardening and socialising with friends were noted as hugely beneficial to keeping active and engaged in the community.
- To have independence as long as possible and to enjoy the small things in life were discussed as positive factors in health and wellbeing for older people.
- It was suggested that people should be employed to check in on people who are living alone and who are isolated or lonely in their communities.

6 DISCUSSION

Throughout the Community Health Need Assessment process the people of Athlone were engaged in surveys and group discussions to highlight and discuss their thoughts, ideas and suggestions in relation to the health and wellbeing of the people of Athlone. The information gathered has generated a comprehensive picture of Athlone's health status and captures the spirit, motivations and ideologies shared by the community in relation to health.

The majority of respondents feel safe in their communities and in their homes however, they do worry about anti social behaviour and the impact it has on the wider community. The drugs issue was noted as one area that is particularly difficult to manage and needs more planned and careful attention so that Athlone can be a safer place to live. Great pride in the town of Athlone was expressed as respondents commented on the good neighbourly people, the benefits of the river and the good facilities that Athlone boasts. A large proportion of the population of Athlone are involved in clubs, groups and associations of various forms showing the motivation to be active members of the community. Of the percentage that are not involved in community initiatives a lack of spare time and a lack of interest were cited as the most common reasons for not getting involved.

In exploring the role of the Health Services in the Athlone area a range of comments and suggestions emerged. Respondents were broadly happy with the services, especially the services provided by Midoc, local GP's, Public Health Nurses and the facilities available. The majority of respondents praised the Health Service staff for being approachable, friendly and helpful. However improvements in the areas of waiting times and waiting lists, the cost of services and communication issues were noted as needing attention. In relation to communication advertising of available services to the public was a core issue highlighted.

In relation to illnesses, asthma, arthritis and depression were some of the main illness that respondents reported experiencing in the Athlone area. To reduce the prevalence of these conditions Service Providers need to adopt a more holistic approach to ensure that the environmental, social and lifestyle factors that can impinge on these health conditions can be adequately addressed.

Athlone has a diverse community in terms of nationality with slightly higher numbers of people identifying as Non Irish Nationals than the National Average. It's likely that the good access to other towns and cities, amenities such as the river and the positive relationship that Athlone has with retail and commercial industry support this. In action planning to address community health improvement the range of nationalities in the Athlone areas needs to be considered to ensure equity of service provision.

7 CONCLUSION

A comprehensive action plan needs to be compiled as a result of the findings from this research, which brings the key stakeholders together to collectively share resources and experience. No one agency or service can adequately address these health issues as they are broad and far reaching in relation to the health determinants. Communities need to be empowered and involved as a happier healthier space to live, work and play is developed across the area. It was clear from the Need Assessment that people living in Athlone value their independence and the ability to shape and direct their daily lives. People want to have an active role in making Athlone healthier and happier. This was particularly evident with the rich and exciting recommendations and suggestions made by those who took part in the research.

The Recommendations template attached gives a starting point and the beginnings of framework that needs to be well thought out and developed to continue on this path to make Athlone a healthier, happier place to live. It is endeavoured that the Need Assessment process will continue in the Athlone area to ensure that Services grow and develop with a deep and appreciative understanding of local needs. Over the next three years information will be gathered and collated to keep this Assessment up to date with current health trends and views in the Athlone area.

8 RECOMMENDATIONS

Theme	*Action*	*Lead Agency*	*Timeframe*
Transport *Westmeath County Council advocates with the National Transport Authority to improve bus service provision within Athlone Town and in particular to the main health services facilities.*	• Meet and liaise with the National Transport Agency to amend the current bus route to include the Athlone Primary Care Centre. • Explore improved transport opportunities with Longford Westmeath Rural Transport Scheme. • Seek to improve current transport provision including frequency of service and expanded routes.	National Transport Agency Westmeath County Council Longford Westmeath Rural Transport Scheme Health Services Executive	
Communication *The HSE will seek to improve all aspects of Communication with service users.*	• Facilitate Customer Service Training for all Health Service staff. • Facilitate improved access to the COIN Directory. • Review all forms of Communication with the public through, service user feedback surveys,' Your Service Your Say' Leaflets and 'You said, we did' comment cards. • Improve signage at health facilities. • Improve knowledge of local health services available • Increase knowledge of entitlements provided by Primary Care Reimbursement Scheme and Department of Social Protection	Health Services Executive Athlone Community Services Council	
Services *The HSE reviews service provision in light of the findings of this report.*	• Mental Health Division conduct a needs analysis of service provision in Athlone and identify gaps for improvement. • Identify ways to improve waiting room times for patients in GP practices. • Identify ways to address waiting lists to enhance access to services • Review service opening hours to improve access and availability • Promote the 'Befriending Service' provided by Westmeath Community Development. • Review the reintroduction of a "Well Woman Clinic" • Improve awareness of appropriate referral pathways	Health Services Executive Westmeath Community Development Athlone Community Service Council Midlands GP Forum	

Safety *All agencies work together to help people feel safe in their homes and communities.*	• Link with the Westmeath Joint Policing Committee to address issues of anti-social behaviour • Identify deficits in CCTV provision through the Community Health Forum • Increase awareness about the negative impact on the community of drug and alcohol addiction and abuse. • Increase awareness of the services provided by Helplink South through the Senior Alert Scheme	Gardai Westmeath County Council Health Services Executive Midland Regional Drugs Alcohol Taskforce Helplink South Public Participation Network	
Education *Empower local communities to take control of their health*	• Highlight and support access to education and promote the value of education across the community. • Improve awareness of existing services to address key issues such as obesity, Mental Health, suicide awareness, advice and assistance, drug and alcohol education & parenting. • Support the improvement of community activities for those with addiction issues • Support Local Communities to apply for funding streams.	Health Promotion Community & Alcohol Drugs Services Department Social Protection Health Service Executive Midland Regional Drugs Alcohol Taskforce Department of Education & Skills Education and Training Board Education & Welfare Board	
Infrastructure *Improve people's health through an improved environment.*	• Explore opportunities for communities to enhance the aesthetics' of the town to improve a sense of pride and community integration through the use of the arts • Work with Westmeath County Council to address the Determinants of Health • Advocate for additional play and green areas • Empower local communities to develop a greater responsibility for a cleaner environment. • Review traffic management at Clonbrusk Primary Care Centre.	Westmeath County Council Health Service Executive	
Partnerships *Influence the broader determinants of health under the Healthy Ireland Framework*	• Implement the Healthy Ireland Framework across local partnerships • Utilize a collaborative approach to address the health needs of the local community thereby involving health, education, justice, sporting and recreational groups • Include local statutory and voluntary organisations at the outset of new initiatives to maximise their effectiveness.	Local Community Development Company Westmeath County Council Health Service Executive Department of Justice & Equality Westmeath Sports Partnership	

Next Steps:

Consultation with the key stakeholders to develop and implement an action plan for the Athlone area over the next 5 years (2016-2021). This action plan should act to coordinate a shared vision of health and well being encompassing the agendas and plans of the array of agencies that act as conduits for health in the area.

To carry out yearly focus groups and small scale surveys with key groups of service users and local people to keep the data up to date and to keep progress on track with current thoughts and to accommodate change.

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Appendix I

Healthy Ireland Statistics

In 2013 a National Irish Framework for improved health and wellbeing was published. The framework was called HI or Healthy Ireland. The vision of this framework is to develop "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". In this section of the report we will highlight some of the key points describing the national picture of health relating to the areas of obesity, sexual health, mental health and smoking.

Overweight and Obesity

• In Ireland, 61% of all adults and 25% of 3-year-olds are overweight or obese; 26% of 9 year-olds have a body mass index outside the healthy range.

• Three in four people over fifty in Ireland are either overweight or obese.

• Body mass index, cholesterol and blood pressure are persistently higher amongst low-income social classes. Poorer individuals and those with lower levels of education have the highest levels of obesity.

• 9% of 3-year-olds in lower socio-economic groups are obese compared to 5% in higher socioeconomic groups and at least one fifth of children in all social classes are overweight.

Mental Health

• Mental health is a growing health, social and economic issue and it is expected that depressive mental illnesses will be the leading cause of chronic disease in high-income countries by 2030. One in every four people will experience mental health problems during his/her lifetime.

• More Irish young people die by suicide than in other countries. In Ireland, the mortality rate from suicide in the 15-24 age group is the fourth highest in the EU, and the third highest among young men aged 15-19.

• One in 20 of participants aged over 50 years in an Irish longitudinal study on ageing (TILDA) reported a doctor's diagnosis of depression, with a similar number reporting a diagnosis of anxiety.

• Levels of depression and admissions to psychiatric hospital are higher among less affluent socioeconomic groups. Mental health problems are also related to deprivation, poverty, inequality and other social and economic determinants of health. Economic crises are, therefore, times of high risk to the mental wellbeing of the population and of the people affected and their families.

Smoking

• Around one million people in Ireland smoke tobacco products.

• 12% of children aged between 11-17 years are current smokers.

• Smoking rates are highest (56%) amongst women aged 18-29 years from poor communities, compared to 28% of young women from higher social classes.

• The annual death toll from smoking-related diseases in Ireland is at least 5,200, with many thousands more, and their families, affected through chronic illness and disability.

• One in every two smokers will die of a tobacco related disease; these diseases include a wide range of cancers, as well as respiratory and cardiovascular diseases.

Alcohol and Drugs

• The alcohol consumption rate for Ireland is one of highest in Europe at 11.9 litres per capita in 2010.

• Alcohol is responsible for approximately 90 deaths every month, which include many alcohol-related cancers and heart diseases. High alcohol consumption may also contribute to obesity, through the additional calories consumed by regular drinkers.

• Alcohol is a contributory factor in half of all suicides.

• Use of illegal drugs in the last year is reported at 7% of adults between aged 15-64 years.

• Drug use was the direct and indirect cause of 534 deaths in 2008, including deaths attributed to heroin, methadone, benzodiazepines, and medical and trauma deaths.

• Between 1998 and 2007, benzodiazepines were implicated in nearly one-third (31%) of all deaths by poisoning, with the annual number increasing from 65 in 1998 to 88 in 2007. In 2010, over 900,000 GMS prescription items related to benzodiazepines.

Sexual Health

• There were 20 births per 1,000 to mothers aged 15 – 19 in 2001, and 12 per 1,000 in 2011.

• In 2011, there were 13,259 notifications of sexually transmitted infections (STIs) in Ireland, which represents a 12.2% increase over 2010, and continues the upward trend observed since

1995. Chlamydia Trachomatis accounted for 48.3% of notifications. Survey data suggest an increase over time in the number of adults reporting that they had been screened for and/or diagnosed with HIV or an STI.

• In 2011, 320 people were diagnosed with HIV; this represents a 3% decline over 2010 and continues the downward trend in new HIV diagnoses observed since 2008. Trends to date clearly illustrate the near and longer term challenges for health and social care services and the consequent impacts on individuals, families, communities and society. As described previously, there is now a higher proportion of people living longer and whilst there has been improvement for some lifestyle risk factors, others show a marked deterioration. Estimates for the growth of chronic conditions over the next 30 years point to a problematic, extremely costly and unsustainable future for the health services. It is essential that these problems are addressed now or the next generation will face a future defined by rising ill health and crippling health costs.

Appendix II

Age range of the Population in each of Athlone's Electoral Divisions

Age Range (years)	ATHLONE East Rural	ATHLONE West Rural	ATHLONE East Urban	ATHLONE West Urban	Total
0-4	624	523	211	228	**1586**
5-9	529	388	141	174	**1232**
10-14	426	310	161	144	**1041**
15-19	564	176	227	176	**1143**
20-24	**857**	246	419	278	**1800**
25-29	703	525	**509**	**348**	**2085**
30-34	634	**644**	392	285	**1955**
35-39	557	458	234	208	**1457**
40-44	463	299	234	178	**1174**
45-49	392	198	234	191	**1015**
50-54	332	180	220	170	**902**
55-59	316	147	211	160	**834**
60-64	276	145	196	170	**787**
65-69	230	88	201	134	**653**
70-74	156	53	182	112	**503**
75-79	116	31	135	85	**367**
80-84	63	21	114	66	**264**
Ovr85	69	18	110	58	**255**
Total Population	**7307**	**4450**	**4131**	**3165**	**19053**

Note: Figures highlighted in red represent the largest number of people in that age range for that ED

Appendix III

Community / Household Questionnaire

The Athlone Primary Care Team is working to provide the best possible service to the community in Athlone and the surrounding area. As part of this work it wants to find out the experiences and health needs of the people in the area. By filling in this questionnaire about your health and social needs in your area, you will help greatly in this work.

Please note:

- All questionnaires will be treated with confidentiality.
- The data will be analysed by a research team and only the overall data from the survey will be used in any report.
- No data will be used which might identify any individual or individual household.
- Once this analysis has been completed all questionnaires will be destroyed

Section (A): INFORMATION ABOUT YOU & YOUR FAMILY

1. ***Gender:*** ❒ ***Male*** ❒ ***Female*** ***Place of birth***_____

2. ***What locality do you live in?***_____

3. ***How many people in the household are in each of the following age-groups?***

Age-group (Years)	**0-6**	**7-12**	**13-18**	**19-30**	**31-50**	**51-65**	**66-75**	**76+**
Number of people								

4. ***What is the highest level of adult education of the adult members of the household?***

Level of Education	**Number of Adults**	**Level of Education**	**Number of Adults**
(a) Primary School or less		(b) Some secondary school	
(c) Completed secondary school		(d) Post secondary school/technical training	
(e) University Degree		(f) Post graduate degree	

5. ***What is the current occupation status of the adult members of the household?***

Occupation Status	**Number of Adults**	**Occupation Status**	**Number of Adults**
(g) Full time paid work		(h) Unemployed and not seeking work	
(i) Part-time paid work		(j) Retired	
(k) Full time home maker		(l) Carer for a family member	
(m) Full-time adult education or training		(n) Volunteers	
(o) Part-time adult education or training		(p) Training Scheme (CE, Job Bridge)	
(q) Unemployed and seeking work			

6. ***In general, how would you describe your health?***

❒ Excellent ❒ Good ❒ Neutral ❒ Poor ❒ Very Poor

7. ***How many times a week do you exercise for 30 minutes or more?***

❒ Once ❒ Twice ❒ Three times ❒More often ❒ Not at all

8. **How often do you drink alcohol?** ❒ Daily ❒Weekly ❒Monthly ❒ Not at all

9. **How often would you eat five portions of daily fruit and vegetable?**

❒ Once ❒ Twice ❒ Three times ❒More often ❒ Not at all

10. **Please state the number of smokers in your household if any?** _____

11. **Does any member of your household have any of the following conditions?**

Condition	Number of persons	Condition	Number of persons
Motor Neurone Disease		Asthma	
Multiple Sclerosis		Bronchitis	
Parkinsons		Chronic Lung Disease	
Alzheimers		Diabetes	
Dementia		Addiction	
Huntingtons		Depression.	
Rheumatoid Arthritis		Cardio-vascular (Heart) Disease	
Cancer		Osteoporosis	
Stroke		Arthritis	
Acquired Brain Injury			

Section (B): QUESTIONS ABOUT YOUR COMMUNITY

1. How often have you felt lonely or isolated in the last 12 months?

❒ Never ❒ Rarely ❒ Sometimes ❒ Most of the time ❒ All of the time

2. How safe do you feel in your own home?

❒ Very Safe ❒ Safe ❒ Neutral ❒ Unsafe ❒ Very Unsafe

3. How safe do you feel in your local community?

❒ Very Safe ❒ Safe ❒ Neutral ❒ Unsafe ❒ Very Unsafe

4. Do you feel a sense of pride in your area? ❒ *Yes* ❒ *No*

Please explain briefly:_____

_____

5. ***Are you involved in any of the following?*** ❒ Committee's ❒ Clubs ❒ Groups

If yes, what organisations?_____

_____

If no, why not?

Reason	Please tick appropriate box
Lack of interest	
Lack of spare time	
Know nobody in the group	
No groups that I am interested in	
Unsure how to get involved	
Lack of childcare	
Other	

6. What is the principal form of transport used by the members of your household? (Please tick)

Transport	Please tick appropriate box	Transport	Please tick appropriate box
Walk / Cycle		Public Transport	
Friend/Relatives Car		Taxi	
Own private car		Power chair/Mobility Scooter	

Section (C): ***Knowledge & Experience of the Health Service***

1. How often do you attend your GP?

❒ Monthly ❒ Yearly ❒ Every Two years ❒ Every 5 years ❒ Never ❒ Other

Please comment: _____

_____

2. What Health Services are you aware of in the Athlone area? (Please tick all that apply)

Service	Tick	Service	Tick
GP Doctor		Mental Health Service	
Public Health Nurse (PHN)		Primary Care Social Worker	
Primary Care Wound Care Nurse		Home Help	
Primary Care Physiotherapy		Dietician	
Chiropody		Disability Services	
Addiction Service		Continence Advisor	
Occupational Therapy		MIDOC	
Speech & Language Therapy		Physiotherapy	
Cancer support		Environmental Health Officers	
Primary Care Community Mental Health Nurse		Audiology	
Ophthalmology		Dental & Orthodontic Services	
Other (please specify):		Drugs & Alcohol Counselling Service	

3. How many times in the last 6 months have you or a member of your household used one or more of these services above? Excluding repeat prescriptions/medical certs.

❒ Never ❒ Once ❒ 2-3 times ❒ 4-6 times ❒ More than 6 times

4. What were the three best things about your experience of the service(s) you used?

_____

_____

_____

5. Based on your experience, what were the three things about the health services that could be most improved?

_____

_____

_____

_____

6. In what ways do you think it could be made easier for you or a member of your household to use the health services in the area?

Service	Please tick	Service	Please tick
More information on services available		Shorter waiting lists for appointments	
Transport		Lower Cost	
Free GP Visits		Evening appointments	
Better parking		House visits	
More Privacy		Other	

Please comment: _____

_____

7. If you have any other comments on the health services that you would like to make, please complete below. _____

_____

_____

8. ***Have you any suggestions on how to make Athlone a healthy and happier place to live?***

_____

_____

_____

Thank you for taking the time to complete this questionnaire and for helping to make the health services in the Athlone Primary Care Team area as good as possible for you and your community in the future.

Appendix IV

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Service Provider Questionnaire

Name of Service Provider: _____

Job Title/ Role: _____

1. Please outline the services that you provide and to what age group?

_____

_____

2. What is the aim of the service you are providing?_____

_____

3. How do people access your service: (tick as appropriate)

❒ Direct referral from a GP or hospital consultant?

❒ Direct referral from health professionals e.g. PHN, SW, OT etc.

❒ Self referral ❒ Other (please specify): _____

4. **Do you operate a waiting list?** ❒ Yes ❒ No

If yes, what is your average waiting 'Time' _____ 'Number' _____?

5. **How would you rate the attendance levels at your clinic**?

❒ 85-100% ❒ 70-85% ❒ 55-70% ❒ 40-55% ❒ below 40%

Please comment: _____

6. **Is there good access to your service for the population of Athlone?** ❒ Yes ❒ No

If no, in your opinion how can this be improved? _____

_____

_____

7. **In your opinion are there gaps/needs in your service?** ❒ Yes ❒ No

If yes, what measures can be taken to meet these needs? _____

_____

8. **Does your role include a Health Promotion and Prevention element?**

❒ Yes ❒ No

If yes, please describe: _____

_____

9. In your opinion are the Health Facilitates in the Athlone Community adequate?

❒ Yes ❒ No

Please Comment: _____

_____

10. **Do you have access to work internet and email facilities?** ❒ Yes ❒ No

Any further comments?_____

_____

Thank you for taking the time to complete this questionnaire

Please return to Grainne Powell at grainne.powell@hse.ie or post to Grainne Powell, Health Promotion Service, Clonbrusk Primary Care Centre, Clonbrusk Athlone.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Appendix V

Community Voluntary Organisation Questionnaire

Community Voluntary Organisation: _____

Name of Group: _____

Contact Person: _____

Address: _____

Phone number: _____

1. **What services do you provide and to what age group?** _____

_____

_____

2. **Can you give a brief overview/ blurb of your service?** _____

_____

_____

3. **What are the aims/ purpose of the service you provide?** _____

_____

_____

4. **How do people contact your service?** _____

5. **Are you in receipt of funding, if yes where do you get funding?** _____

_____

6. **How could the quality of your service be improved?** _____

_____

7. **How are people referred to your service?** _____

_____

8. **How do you promote your service in the Athlone area?** _____

_____

9. **What do you perceive are the health care needs for members/people that you represent?** _____

_____

10. **How do you think these needs could be addressed?** _____

_____

11. **What contacts would you have with members of the Primary Care Network/Health Service?** _____

_____

12. **Are you aware of any gaps in the Health Service?** _____

_____

13. **Any other comments?** _____

_____

Do you consent to the publication of a short blurb from above about your organisation in the Community Health Needs Assessment? ❒ Yes ❒ No

Thank you for taking the time to complete this questionnaire

Please return to Grainne Powell at grainne.powell@hse.ie or post to Grainne Powell, Health Promotion Service, Clonbrusk Primary Care Centre, Clonbrusk Athlone.

Appendix VI

Community and Voluntary Sectors in Athlone that were Contacted

1. Athlone Basketball Club
2. Athlone Chamber of Commerce
3. Athlone Community Mothers
4. Athlone Community Radio
5. Athlone Community Service Council ltd
6. Athlone Community Training Centre
7. Athlone Drug Awareness Group
8. Athlone GAA
9. Athlone ICA
10. Athlone Institute of Technology
11. Athlone Midlands Rape Crisis Centre
12. Athlone Midlands Samaritans
13. Athlone Meals on Wheels
14. Athlone Special Olympics
15. Athlone Swimming Club
16. Athlone Town FC
17. Anna Liffey Drug Project
18. Aware
19. Barnardos Athlone
20. Buccaneers RFC
21. Cairdre Nua
22. CURA Athlone
23. Dr. Steven's Resource Centre
24. Esker House Women's Refuge
25. Family Resource Centres
26. Gateway Youth Project (Athlone Community Task Force and Foróige)
27. GROW Midland Region
28. Helplink South
29. Independent People with Disabilities
30. Irish Careers Association
31. Irish Wheelchair Association
32. Merchant Quay Athlone & Open Door Men's Project
33. Midlands Support Agency
34. Midland Regional Youth Service
35. Money Advice and Budget Service
36. MS Ireland
37. NAD (Assisting Deaf and Hard of Hearing People)
38. National Associates of Travellers Centres
39. New Horizon (Athlone Refugee and Asylum Seeker Support Group)
40. Rainbows Bereavement Project
41. Rehab Care Athlone
42. Simon Community Athlone
43. St Hilda's Services
44. Society of St Vincent De Paul
45. Tonnta Ltd (Community Arts Group)
46. Westmeath Citizens Information Services Ltd, Athlone
47. Westmeath Comhairle na nÓg
48. Westmeath Community Development
49. Westmeath VEC, Adult Education Service
50. Westmeath Sports Partnership

Appendix VII

FOCUS GROUP QUESTIONS AND THE NAMES OF GROUPS THAT TOOK PART

1. What does being healthy mean to you?
2. What are the positives influences on your health?
3. What are the negatives influences on your health?
4. What do we need to make Athlone a healthier and happier place to live? (as an individual and as a community)

Groups that took part in the Focus Group:

- Older Persons,
- Mental Health,
- Parents,
- Physical and sensory disability,
- Non Irish Nationals,
- Men/ Substance Misuse,
- Young People and Travellers.

Appendix VIII

Respondent's Place of Birth

Place of Birth	Frequency	Valid Percent
Athlone	65	34.6
Ballinasloe	32	17.0
Co. Dublin	11	5.9
Co. Carlow	1	0.5
Co. Longford	3	1.6
Co. Louth	1	0.5
Co. Offaly	5	2.7
Co. Westmeath	16	8.5
Co. Wexford	1	0.5
Co. Galway	15	8.0
Co. Roscommon	5	2.7
Co. Mayo	2	1.1
Co. Sligo	2	1.1
Co. Cork	3	1.6
Co. Kerry	1	0.5
Co. Cavan	1	0.5
Ireland	2	1.1
Outside of Ireland*	22	11.7
Total	**188**	**100.0**
Data omitted	38	

***England (n=5), America (n=4), Latvia (n=3), Poland (n=3), Ghana (n=1), Holland (n=1), Kurdistan (n=1), New Zealand (n=1), Nigeria (n=1), Pakistan (n=1), Vietnam (n=1)

Appendix IX

Locality Respondents reside in

District	Locality	Frequency
Athlone East Urban (n=67)	Arcadia	4
	Ashdale	2
	Assumption Road	1
	Auburn Heights	1
	Ballykeeran	3
	Ballymahon Road	2
	Beech Park	2
	Beechville	1
	Bonavalley	1
	Brawney Square	9
	Brick Island	1
	Cartrontroy	4
	Church Street	1
	Clonbrusk	2
	Cypress Gardens	2
	Garnafeile, Athlone	1
	Griffith Street, Athlone	1
	Irishtown, Athlone	3
	Marine View, Athlone	1
	Mayfield Grove	2
	Newtown Terrace, Athlone	1
	Northgate St	1
	Retreat Heights	1
	Retreat Manor	1
	Retreat Nursing Home	1
	Retreat Park, Athlone	1
	Sarsfield	5
	Sli an Afrrinn, Athlone	2
	Sonas Bungalow, Ballymahon Rd	1
	St Francis Tce, Athlone	1
	St Kieran's Tce	1
	Tormey	2
	Town centre	1
	Willow Park	2
	Wolfe Tone Tce, Strand Area	1
	Woodlands Grove, Athlone	1
Athlone East Rural (n = 61)	Athlone East Rural	1
	Ballinahown	3
	Baylin, Mount Temple	3
	Castledaly	2

	Cloghanboy	2
	Clonown	2
	Coosan	16
	Cornamaddy, Athlone	4
	Creggan, Athlone	1
	Drumaconn	1
	Drumraney, Athlone	2
	Garrycastle	2
	Glasson	11
	Mount Temple	4
	Moydrum	4
	Tang	1
	Woodville, Athlone	2
Athlone West Urban (n=35)	**Ave Maria Row**	1
	Barge on River Shannon	1
	Batteries	9
	College Park	1
	Columbas Terrace, Athlone	1
	Ione Grove	1
	Lyster Street	1
	Meadow lane	1
	Millbank	1
	Monksland	9
	Parnel Square, Athlone	1
	Pearse Court, Athlone	1
	Shannon Wair, The Docks	1
	St Anne's	2
	St Pauls Terrace, Athlone	2
	St Peters	1
	Talbot Avenue, Athlone	1
Athlone West Rural (n=26)	**Roscommon Road**	3
	Baylough, Athlone	9
	Bealnamulla	1
	Carraghmore	1
	Connaught Street	4
	Drum	2
	Kiltoom	5
	River Village	1
	Athlone	24
	Westmeath	2
	Missing	11
Total		226