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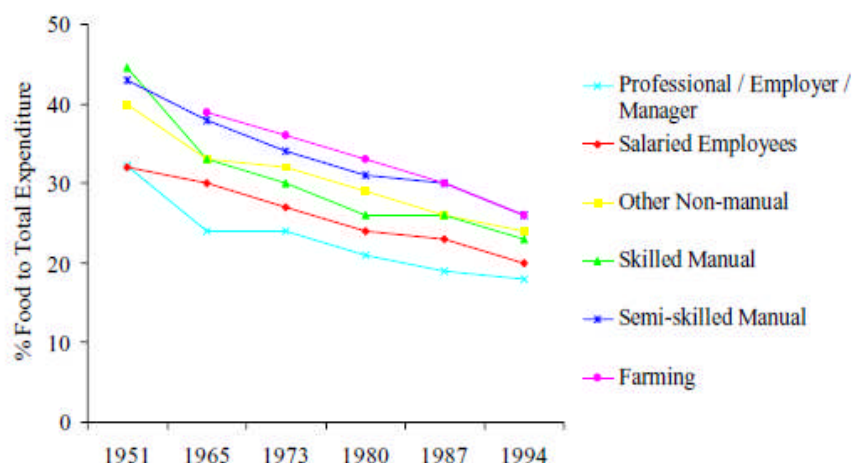
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Health and lifestyle inequalities: the emerging Ireland. By S. FRIEL, C.C. KELLEHER and G. NOLAN *National Nutrition Surveillance Centre, Centre for Health Promotion Studies, National University of Ireland, Galway, Republic of Ireland*

The level of health inequalities has developed in Ireland in a similar way as in other Western developed countries. Socially disadvantaged people suffer worse health outcomes, some dietary related, throughout life compared with others. Using the National Nutrition Survey of 1948 (1950) and Household Budget Survey data (1994), we can see marked social variation in household purchasing patterns over the interim time period (see Figure).



Social variations in household food expenditure

Fresh fruit and vegetables are more commonly purchased by higher socio-economic households, whereas the gradient is in the opposite direction for tinned and frozen fruit and vegetables. Individual consumption patterns also follow these trends. The first national health and lifestyle survey, Friel *et al.* (1999), was carried out in 1998 and collected lifestyle information, including dietary data, from over 6000 Irish adults. The same significant differential between high and low socio-economic groups in fruit and vegetable consumption was observed as that in household purchasing patterns.

Multivariate non-parametric classification tree analyses were used to profile and predict consumption of four or more servings of fruit and vegetables per day. Quite different patterns were observed for males and females, with a complex constellation of social support and socio-economic factors emerging for males, whereas the important factors for predicting the consumption of four or more servings of fruit and vegetables among females were strongly socio-economic in nature, i.e. medical card status, social class and education.

In conclusion, social gradients in purchasing and consumption patterns have been clearly identified in Irish adults, using two different methods. To ensure equitable access to healthy foodstuffs for all groups in the population, the necessary policies and actions need to be developed, based on sound scientific evidence and driven by a range of government departments. This empirical data should help facilitate focused action.

National Nutrition Survey (1950) Parts 1-4, 1948-1950. Dublin: Department of Health.
Household Budget Surveys (1994) Years 1951-1994. Ireland: Central Statistics Office.
Friel S, Nic Gabhainn S & Kelleher CC (1999) The national health and lifestyle surveys SLAN/HBSC. Galway: Centre for Health Promotion Studies.