

Health and Lifestyle Survey 2016

Feeding back to you



Why we consulted

Good health is important for happiness and a general feeling of well-being. A healthy population is in a better position to enjoy life, to live longer, to be more productive and to contribute towards economic growth. Conversely, poor health can have a negative impact on life, can affect life chances, and can put a strain on health services. The Council is responsible for providing public health services, and this survey was designed to explore attitudes to making healthy lifestyle choices, future areas of health promotion and to identify inequalities in health.

When we consulted

Phase one: 16th March – 30th April 2016

Phase two: 1st November – 18th December 2016

How we consulted

The consultation was run exclusively with Viewpoint ONLINE members using the Council's online consultation portal.

Feedback

The survey was run in two phases. Phase one was completed in April 2016 at which point the survey had been completed by 628 Viewpoint ONLINE members. The second phase was completed by a further 253 members in December 2016. The total number of Viewpoint ONLINE members taking part was therefore 881. The data has been weighted by the respondents' characteristics of age, gender and ethnicity. The reason for weighting the data is so that the survey results better represent the views of the entire population of Gateshead. Note, in some instances figures may not sum due to rounding.

General health and fitness

73% of respondents said they were in good or very good health, with a further 20% who said their health was fair. 7% said they were in poor or very poor health (This compares to the Census 2011 data for Gateshead of 77% in good health, 15% with fair health and 8% in poor health). The perception of being in poor health increases with age. For example, only 2% of those aged under 35 said they were in poor health compared to 15% of those aged 65 and over – that’s more than twice as high as the average. Respondents who don’t get the recommended level of exercise (150+ minutes per week) and those who have excess weight are significantly less likely to say they have good health than on average (61% and 64% respectively vs 73%).



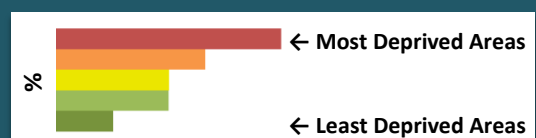
In good health

Although 73% said they were in good health, only 64% thought they were fit. Respondents who smoke, who do not get the recommended level of exercise or who have excess weight are significantly less likely to feel fit than on average (37%, 40% and 51% respectively vs 64%). The perception of fitness differs by gender, with 41% of women saying they feel unfit, compared with 31% of men. Interestingly, there is an indication (though not definitive) that men may feel less fit as they grow older, whereas women are the opposite and actually feel fitter the older they get. This may reflect that the data indicates more women get the recommended level of exercise (150+ minutes per week) the older they get, whereas less men do (although again this is indicative only). Overall, 73% of our respondents get the recommended level of exercise. This is much higher than the 46% reported for Gateshead in the national 2015 Active People Survey. Respondents who smoke are significantly less likely to get the recommended amount at 52%. This may be linked to known factors affecting smokers such as decreased lung capacity and poorer blood circulation which leads to less energy.

What is a ‘social gradient’?

Some results from the survey may show a ‘social gradient’ which means that people living in the most deprived areas e.g. low income areas, are more likely to have a particular lifestyle behaviour than those from less deprived areas.

For example the chart below shows that respondents are more likely to smoke if they live in the most deprived areas (the red bar) and less likely to smoke the less deprived the area they live in.



Smoking and E-Cigarettes

Only 9% of respondents said they smoke regularly or occasionally. This is very low when compared with national smoking prevalence surveys and suggests that the Viewpoint Panel is biased towards non-smoking. For example, the 2015 Annual Population Survey estimated Gateshead’s smoking population was around 18%. A further 33% said they used to smoke but do not smoke at all now. These figures are a positive reflection of our current priority to reduce the harmful effects of tobacco.

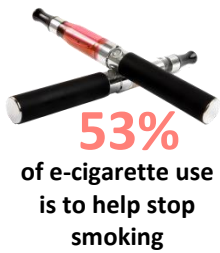
Young people are more likely to smoke than older ones, with 12% of those aged under 35 currently smoking, compared with 3% of those aged 65 or over. There is also a significant ‘social gradient’ for smokers, with a gap of 11 percentage points between those living in the most and least deprived areas.



There appears to be a social gradient linked to getting the recommended level of exercise (150+ minutes per week). Respondents living in the 20% most deprived areas (based on area classification by Index of Multiple Deprivation 2015) are more likely to get the recommended amount of exercise than those in less deprived areas, and in particular are significantly more likely than those in the 40% least deprived areas (80% compared with 64%).



Thinking about or trying to stop smoking



When those who did smoke were asked how they felt about it, exactly half are thinking about or actively trying to stop smoking at the moment. This is particularly evident in younger people with 64% feeling that way, compared to just 9% of those aged 65 or over.

Just 5% of respondents use e-cigarettes. As with smoking, there is a social gradient, with those in the 20% most deprived areas more likely (9%) to use e-cigarettes than those in the 20% least (1%) or 40% least (2%) deprived areas.

Half (53%) of e-cigarette users are doing so to help them stop smoking cigarettes completely and a quarter (24%) to reduce the amount they smoke. 36% said they used e-cigarettes to reduce harm to themselves from smoking and 20% to avoid harming others around them. 30% said they just wanted to give it a try and 25% wanted to save money compared with smoking.

Alcohol

90% of respondents drink alcohol, but younger people under the age of 35 are significantly less likely to drink weekly or more often at just 32% compared with 62% of those between the ages of 35 and 64 and 67% of those aged 65 or over. Men, are significantly more likely to drink weekly or more often than women, and this is particularly the case for those aged 65+, with 82% of older men drinking that regularly compared with 47% of older women. There is a social gradient evident in those who drink weekly or more often, with those in the 20% most deprived areas significantly less likely to do so (39%) than those in the 40% least deprived areas (71%).

7% of respondents drink alcohol on five or more occasions every week. Again, the profile of these drinkers tends to be older people and in particular older men, with one in five (21%) men aged 65 or over drinking 5 or more times a week.

Based on the amount of alcohol drunk in a typical week, the drinking patterns of our survey respondents mean that one in four (27%) are what's known as 'increasing or higher risk drinkers', that is they are drinking more than 14 units of alcohol every week – the equivalent of 6 pints of average strength beer or 10 small glasses of low-strength wine (This compares to an average figure for Gateshead of 38% recorded in the Health Survey for England 2011-14).



**Are
increasing
or higher
risk drinkers**

34% of respondents are 'binge drinking', that is drinking 6 or more units for women or 8 or more units for men on a single occasion in the last week – 6 units is the equivalent of just over two large glasses of 13% strength wine and 8 units is just over three pints of 4% strength beer (This compares to an average figure for Gateshead of 28% recorded in the Health Survey for England 2011-14). The survey results show that it is those aged 35 to 64 who are more prone to binge drink, and in particular men of that age, with 49% binge drinking. Studies have found that people who smoke are much more likely to drink alcohol than those who don't. Our survey found that 52% of smokers binge drink compared to the average of 34%.

The majority of people (57%) said they were drinking about the same amount as they were 12 months ago, but 38% were drinking less and only 6% were drinking more.

Diet

Fruit and vegetables are a vital source of vitamins and minerals and should make up just over a third of the food we eat each day. It's recommended that we eat at least five portions of fruit and vegetables every day. Pure fruit juice does count, but regardless of how many glasses you drink, the



Have 5+ fruit and veg a day

current guidelines say that it only counts as one of our five a day. Just under half (48%) of respondents are eating 5 a day (This compares to an average figure for Gateshead of 48.5% recorded in the Active People Survey by Sport England for 2015). A further 38% are close, eating 3 to 4 portions a day. 11% have 1 or 2 portions and just 4% say they have none (although this means 1 in 25 people do not have any fruit or veg on a typical day). Indicatively, women are more likely to have 5 a day than men, and this is definitely the case for older women aged 65 or over. 73% of older women have 5 a day, which is significantly higher than any other age and gender group. In comparison, only 44% of older men have 5 a day. Respondents who get less than the recommended level of exercise and those who smoke are significantly less likely to eat 5 a day than on average (32% and 33% respectively vs 48%).



Eat takeaways at least once a week

One in five (20%) of respondents said they eat takeaways once a week or more often, 70% eat them a couple of times a month or less often, and 10% never eat takeaways. Working age people are far more likely to eat takeaway food weekly or more often (24% aged under 35 and 22% aged 35 to 64) than those aged 65 or over (6%). In fact, 31% of 65 or overs said they never eat takeaways, compared with 9% aged 35 to 64 and 2% aged under 35. Respondents who eat less than 5 fruit and vegetables each day are significantly more likely to eat takeaways once a week or more often (30% vs 20%).

Of those who do eat takeaway food, more usually choose to collect it from the takeaway premises, at 43%, than who would usually have it delivered, at 31%. A further 25% sometimes collect it, but sometimes have it delivered. Those who live in less deprived areas are more likely to collect takeaway food, for example only 34% of those in the 20% most deprived areas collect compared with 52% in the 20% least deprived areas. This is useful information as Public Health England's "Healthy people, healthy places briefing - Obesity and the environment: regulating the growth of fast food outlets" points to the strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others.

Weight and Body Mass Index (BMI)

Based on the height and weight measurements provided by survey respondents it is possible to calculate a Body Mass Index (BMI). A BMI above the healthy weight range or too much fat around your waist can increase your risk of serious health problems like heart disease, type 2 diabetes, stroke and certain cancers.

The majority of respondents fall into the overweight or obese categories. 36% are overweight and 23% are obese. This is a combined overweight and obese proportion of 58% - figures do not sum due to rounding (This compares to an average figure for Gateshead of 69% recorded in the Active People Survey by Sport England for 2013-15). 41% are in their healthy weight zone, and just 0.3% are underweight.

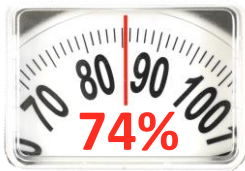


Are overweight or obese

The likelihood of being overweight or obese increases for men aged 35 or over. For example, 75% of men aged 35 to 64 and 74% aged 65 or over are overweight or obese compared with 40% of those under 35. Conversely, the proportion of women who are overweight and obese does not differ with age. This may link to the earlier observations that unlike women, men tend to get less exercise the older they get, drink more calorie containing alcohol and their consumption of 5 fruit and vegetables per day does not improve. Respondents who smoke are significantly more likely to be overweight or obese (73% vs 58%).

Although inequalities studies suggest that overweight and obesity is more prevalent in more deprived areas, this survey data is inconclusive.

We also asked our respondents about their own perception of their weight. Interestingly, 67% thought they were overweight, which is more than the actual proportion who are overweight or obese of 58%. Of those who are actually overweight or obese (based on the measurements they provided), 92% realised they were in that weight zone. Of those who were underweight, 80% realised they were in that weight zone. However, of those who were actually of healthy weight, only 55% realised they were in that weight zone – of the other 45% the vast majority thought they were slightly overweight.



Would like to lose weight

Following this, we asked if respondents would like to change their weight. 3 in 4 people (74%) said they would like to lose weight, 1 in 4 (24%) said they would like to stay the same and only 2% wanted to gain weight. Of those who actually needed to lose weight to reach their healthy weight zone, 92% said they would like to lose weight. Of those who actually needed to gain weight to reach their healthy weight zone, 60% said they would like to gain weight. However, of those who were actually of healthy weight, only 44% said they wanted to stay the same weight – of the other 56% the majority wanted to lose weight.

Emotional Health and Wellbeing

We asked four questions to help us understand more about our respondents’ personal wellbeing. The questions asked were around satisfaction with life, happiness, anxiety and feelings of doing things that are worthwhile. The headline results from these indicators are as follows:

<i>(Overall, how satisfied are you with your life nowadays?)</i>	49% satisfied / dissatisfied 20%
<i>(Overall, how happy did you feel yesterday?)</i>	50% happy / unhappy 23%
<i>(Overall, how anxious did you feel yesterday?)</i>	65% not anxious / anxious 20%
<i>(Overall, to what extent do you feel the things you do in your life are worthwhile?)</i>	58% worthwhile / not worthwhile 15%

(Comparative figures from the national Annual Population Survey by the Office for National Statistics show that in Gateshead for 2015/16 the percentage dissatisfied was 4%, unhappy 10%, anxious 21%, and for 2014/15 not worthwhile 4%)

Across all four indicators, those aged 65 and over score better than younger people, and in particular they are significantly more likely to be ‘satisfied’ (62%) and ‘happy’ (63%).

In our survey, the lifestyle factor that appears to have the biggest impact on emotional health and wellbeing is smoking. Smokers are significantly less likely to feel satisfied with life (31%), happy (28%), or to feel that the things they do are worthwhile (31%) than on average (49%, 50% and 58% respectively). This reflects current health messages that stopping smoking can result in significant benefits to personal wellbeing. Our survey results show that getting less than the recommended level of exercise and not eating 5 fruit and vegetables each day also have a significant detrimental effect on emotional health and wellbeing.

Next Steps

The final results will be reported to the Director of Public Health and Gateshead’s Health and Wellbeing Board to inform future service planning, for example as evidence for commissioning and delivering services. The results will also be used as evidence in Gateshead’s Joint Strategic Needs Assessment which identifies key strategic priorities to improve the health and wellbeing of the population. The JSNA can be accessed at www.gateshead.gov.uk/jsna