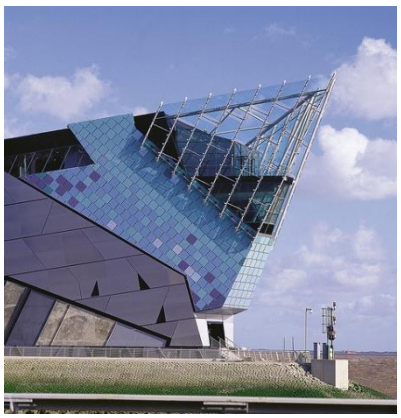
Hull's 2011-2012 Adult Health and Lifestyle Survey:

Summary

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Key points from Hull's Health and Lifestyle Survey 2011-12

- Smoking prevalence among males and females was 34%. This compares to 22% and 18% for males and females respectively for England 2010 (although the England data under-estimates levels of smoking compared to Hull).

- Among all survey respondents 16% of men and 10% of women drank above the recommended alcohol limits in the last week.

- One fifth of respondents ate 5 or more portions of fruits and vegetables per day, a higher percentage among women (22%) than men (18%). But lower than for England 2010 (25% of men, 27% of women).

- Just over a quarter of survey respondents undertook sufficient exercise (based on the national recommendation). The proportion was higher in men (29%) than women (24%). This compared to 39% of men and 29% of women for England 2008.

- 28% of adults in Hull were obese (men and women) compared to 26% of men and women in England 2010.

- Based on the Mental Health Index (MHI), 23% of men and 29% of women in Hull had poor mental health (MHI 0-60), with 24% of men and 18% of women having excellent mental health (MHI>90).

- 30% of men and 27% of women had at least one chronic health condition. Most common health conditions included breathing problems (15%), heart problems/disease (10%) and diabetes (8%).

Contents

Introduction

The aim of the 2011-12 Health and Lifestyle survey was to examine health status and health related behaviour in a representative sample of Hull's adult (16 years and over) population. This enables trends and differences in demographic and lifestyle factors to be examined in order to better plan, improve and redefine services and to reduce the impact of any inequalities. A full report is available at http://www.hullpublichealth.org/.

The 2011-12 survey had a target of 12,000 respondents, each being a Hull resident. Individuals were approached through interviewers knocking on doors; a questionnaire was left for self-completion and the interviewer collected the questionnaire at an agreed later date. Where required, an interview was completed. Quota sampling was used so that the resulting sample was broadly representative of Hull's overall population. The total number of respondents from the survey was 13,553.

Smoking

Smoking prevalence among males and females was 34% for 2011 (***Table 1***). This compares to 22% and 18% for males and females respectively for England 2010[1]. The England data will under-estimate the levels of smoking compared to Hull as it relates to cigarette smoking only. Smoking prevalence was unchanged in men since 2009, with a small increase (1%) for women. Smoking prevalence did decrease amongst the youngest respondents by 14% for men and 4% for women.

Table 1: Smoking prevalence by gender, comparisons with previous Hull surveys (2003/04, 2007 and 2009) and national data from the Health Survey for England (2010)

	Smoking prevalence (%)				
	Hull				England
Gender	2003/2004	2007	2009	2011	2010
Males	41.3	33.5	34.2	34.1	22.0
Females	36.0	29.9	32.8	33.9	18.3

Figure 1 displays smoking prevalence by sub-group. There was a clear relationship between smoking prevalence and age, with 38% of those aged 16-24 years smoking, peaking at 42% in those aged 25-34 years, and then decreasing steadily as age increased to 12% amongst those aged 75+ years. Just under half of those in the most deprived fifth of areas in Hull smoked (48%), decreasing as deprivation decreased to 19% of those in the least deprived fifth of areas.

[1] The Information Centre (2011); cigarette smoking only

Figure 1: Smoking prevalence by sub-groups

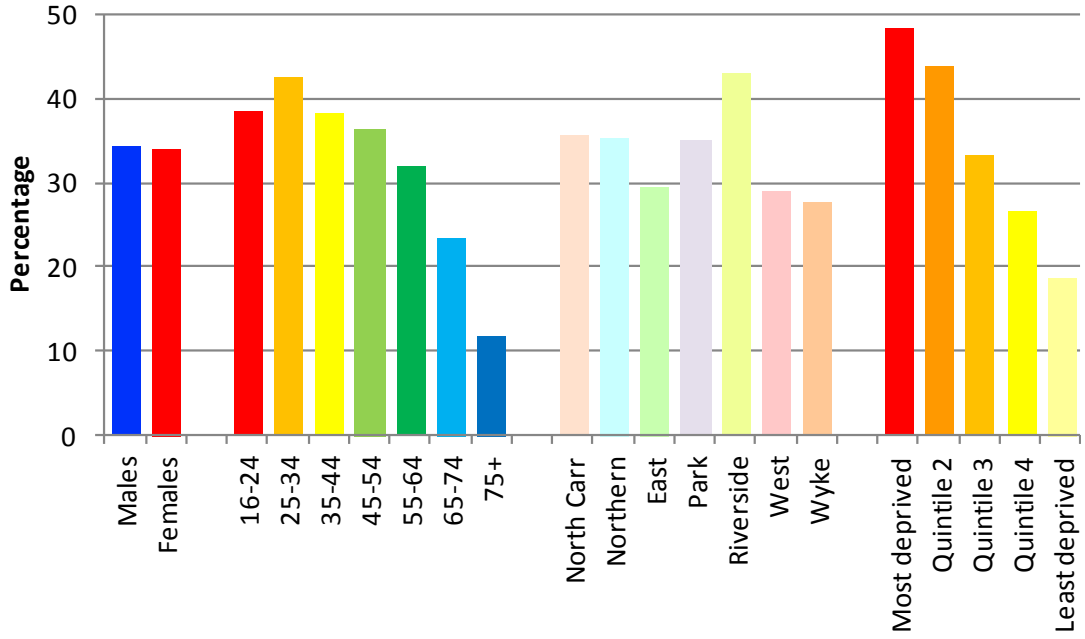


Table 2 shows the smoking prevalence by deprivation quintile, with comparisons from previous Hull surveys, as well as the relative changes in smoking prevalence. There were no consistent trends across all deprivation quintiles. As can be seen, having decreased slightly in both 2007 and 2009, smoking prevalence amongst those living in the most deprived fifth of areas of Hull increased by almost 4% in 2011 to 48%, almost the same as in 2003-04. The only group that saw smoking prevalence decrease with each survey since 2003-04 was those living in the least deprived fifth of areas of Hull, with a smoking prevalence in 2011 of 19%. The second and third most deprived quintiles saw a decrease in prevalence since 2009, although in the case of the second most deprived quintile this was after two successive increases.

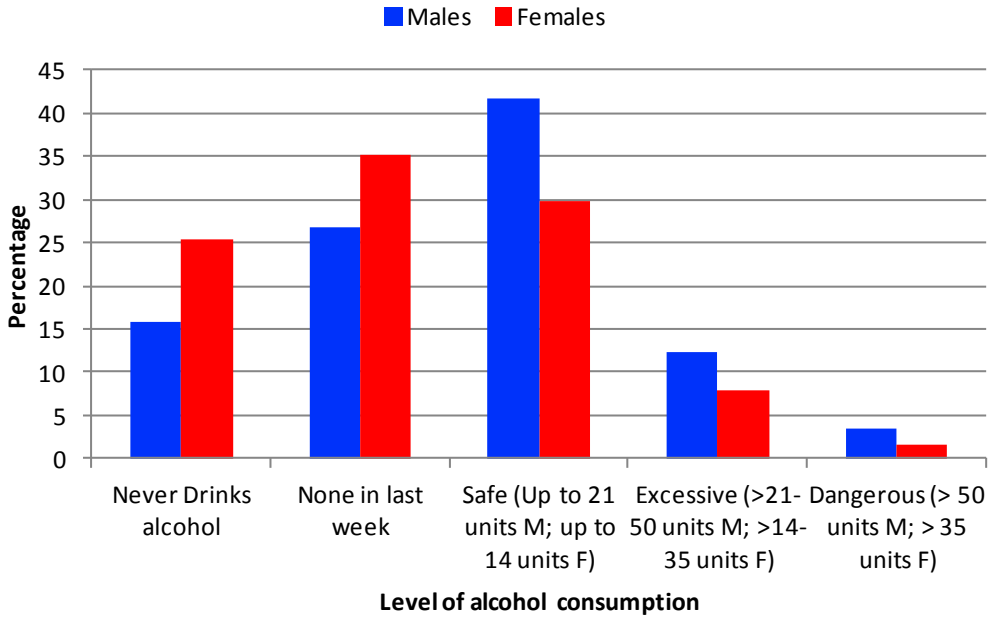
Table 2: Smoking prevalence by deprivation quintile, comparisons with previous surveys

Deprivation quintile	Survey year				Relative change since:		
	2003-04	2007	2009	2011	2003/2004	2007	2009
Most deprived	48.5	47.9	46.6	48.4	-0.3	0.9	3.9
2	41.4	42.7	45.7	43.8	5.9	2.6	-4.1
3	40.6	30.6	33.9	33.1	-18.5	8.0	-2.4
4	35.2	26.2	25.1	26.7	-24.2	1.8	6.1
Least deprived	28.5	20.5	19.0	18.6	-34.6	-9.3	-1.7

Alcohol

The government guidelines on sensible drinking recommend that men should not consume more than 21 units of alcohol per week, and women not more than 14 units per week. Among survey respondents 16% of men exceeded these guidelines as did 10% of women (***Figure 2***) while the median[2] number of units consumed by those who had consumed some alcohol over the previous 7 days was 12.2 for men and 8.0 for women.

Figure 2: Level of alcohol consumption by gender



Binge drinking is defined as the consumption on a single day of eight or more units of alcohol by men, or 6 or more units of alcohol in women. 23% of survey respondents that drink alcohol were classified as binge drinking on at least 1 day per week (28% of men and 19% of women), while only 29% of drinkers (27% of men and 30% of women) reported that they never binge drink.

Those who drink more than the recommended weekly units with those that regularly binge drink (i.e. at least once a week) are combined in ***Table 3*** alongside national (England) data from Statistics on alcohol: England 2012.[3] 13% of men in Hull drink above the recommended weekly limits **and** binge drink at least once a week compared with 8% of women. These percentages are both lower than the corresponding England percentages.

A further 15% of men in Hull binge drink at least once a week but drink within the recommended weekly limits (two thirds higher than for England), as do 10% of women (one quarter higher than for England). Overall, while a far higher percentage in England drink beyond the recommended weekly guidelines (32% of men and 26% of women) than in Hull (19% of men and 13% of women) there are many more binge

[2] Half of survey responders (who drink) consume alcohol units equal to or more than the median.
[3] Information Centre (2012)

drinkers among men in Hull (28%) than in England (23%), but similar percentages of women (19%).

Table 3: Binge drinking and adherence to the recommended weekly guidelines among those who consume at least 1 unit of alcohol per week by gender, comparisons with previous Hull surveys and with England 2010, Statistics on Alcohol: England 2012

Gender and survey	Binge drinking and weekly guidelines (%)			
	Within weekly guidelines		Above weekly guidelines	
	Binge drinking		Binge drinking	
	Yes	No	Yes	No
Males				
England 2010	9.0	59.0	14.4	17.7
Hull 2011	15.1	66.1	13.0	5.9
Females				
England 2010	8.1	65.6	11.1	15.2
Hull 2011	10.5	76.6	8.1	4.8

Diet

More than two-thirds of respondents said they ate a healthy diet (68% of men, 75% of women, see ***Figure 3***), with 5% of respondents stating they did not know whether they ate a healthy diet, and a further 1% stating that they did not know what a healthy diet was. The 'don't knows' were more likely to be male. One fifth of respondents ate 5 or more portions of fruits and vegetables per day, again with a higher percentage among women (22%) than men (18%).

Figure 3: Healthy diet eaten and 5-A-DAY target met by gender

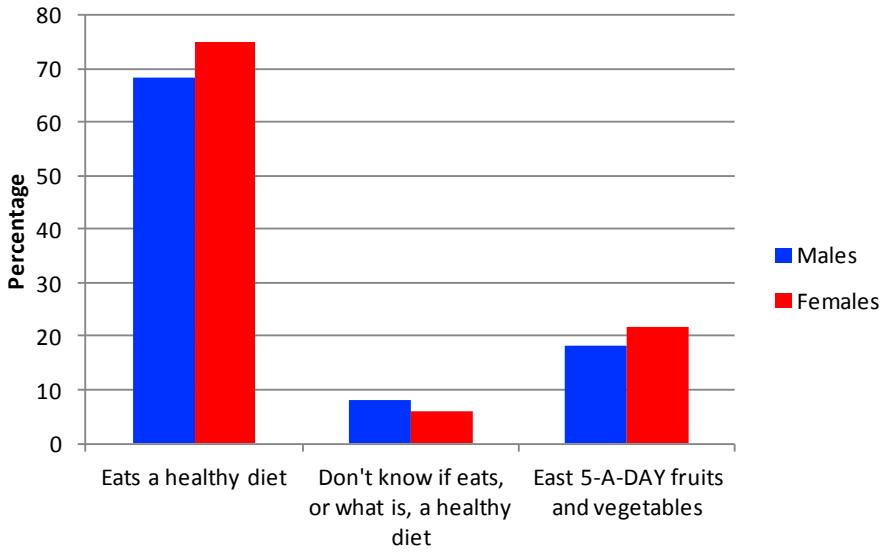


Table 4 presents national data on the percentage of people consuming 5 or more portions of fruits and vegetables per day from the Health Survey for England 2010[4],

[4] The Information Centre (2011)

together with comparisons from previous Hull surveys from 2007 and 2009. As can be seen, the overall percentages of respondents in 2011 in Hull eating the recommended portions of fruits and vegetables were below the percentages in 2010 for England. The absolute difference was 7% for men and 5% for women. The biggest discrepancy between Hull and England by age was seen among women, with half as many Hull women aged 16-24 years (10%) eating 5-A-DAY fruits and vegetables than women in England (21%).

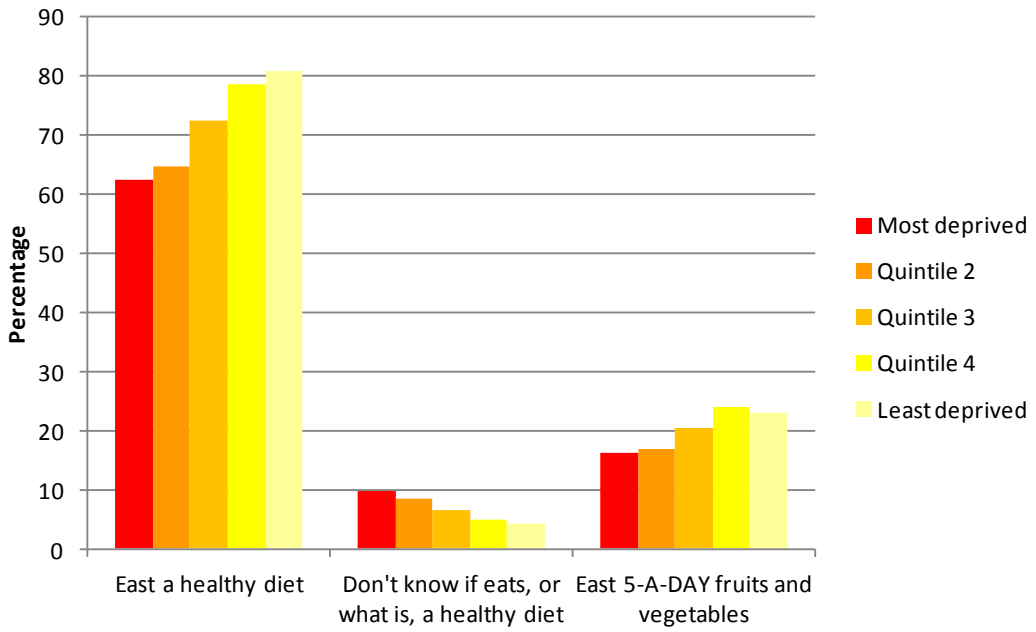
It can also be seen from ***Table 4*** that the percentage eating 5-A-DAY fruits and vegetables has not only decreased since 2009, but was lower even than in 2007. This was true both overall and for each age band with the exception of those aged 75+ years, which saw higher percentages in 2011 than either 2007 or 2009, amongst both men and women. This might be a function both of reduced knowledge about healthy eating as well as the relatively high cost of fresh fruits and vegetables compared with high calorie processed foods, an important consideration given tight household budgets in 2011, given the squeeze on both incomes and benefits.

Table 4: Portions of fruits and vegetables consumed per day by age and gender, comparisons with Health Survey for England 2010

Gender	5 or more portions of fruits and vegetables per day (%)							
	Age band							Total
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
Males								
England 2010	18.7	24.1	24.4	26.7	26.1	32.1	28.9	25.3
Hull 2007	14.9	20.6	19.7	17.3	25.1	30.8	23.7	21.1
Hull 2009	17.8	17.2	25.5	27.6	27.6	29.9	26.6	24.0
Hull 2011	11.2	13.5	16.1	17.2	22.2	27.3	28.8	18.2
Females								
England 2010	21.3	25.1	26.4	30.1	32.2	28.1	23.3	26.8
Hull 2007	13.6	18.0	23.6	24.9	35.6	31.6	30.6	24.8
Hull 2009	19.5	28.4	31.8	32.1	35.6	41.1	32.4	30.8
Hull 2011	10.1	14.6	18.3	24.5	29.3	31.1	35.3	21.9

A clear gradient with deprivation was found, with 63% of the most deprived quintile and 80% of the least deprived quintile eating a healthy diet (see ***Figure 4***). The percentage not knowing what constituted a healthy diet was highest in the most deprived quintile (3%) as was percentage that did not know whether they had a healthy diet (7%). A clear deprivation gradient was seen in the percentages consuming at least five portions of fruits and vegetables per day, ranging from 16% in the most deprived quintile to 23% in the least deprived quintile, although the highest percentage was in the second least deprived quintile (24%).

Figure 4: Healthy diet eaten and 5-A-DAY target met, by local deprivation quintile (IMD 2010)



Physical activity

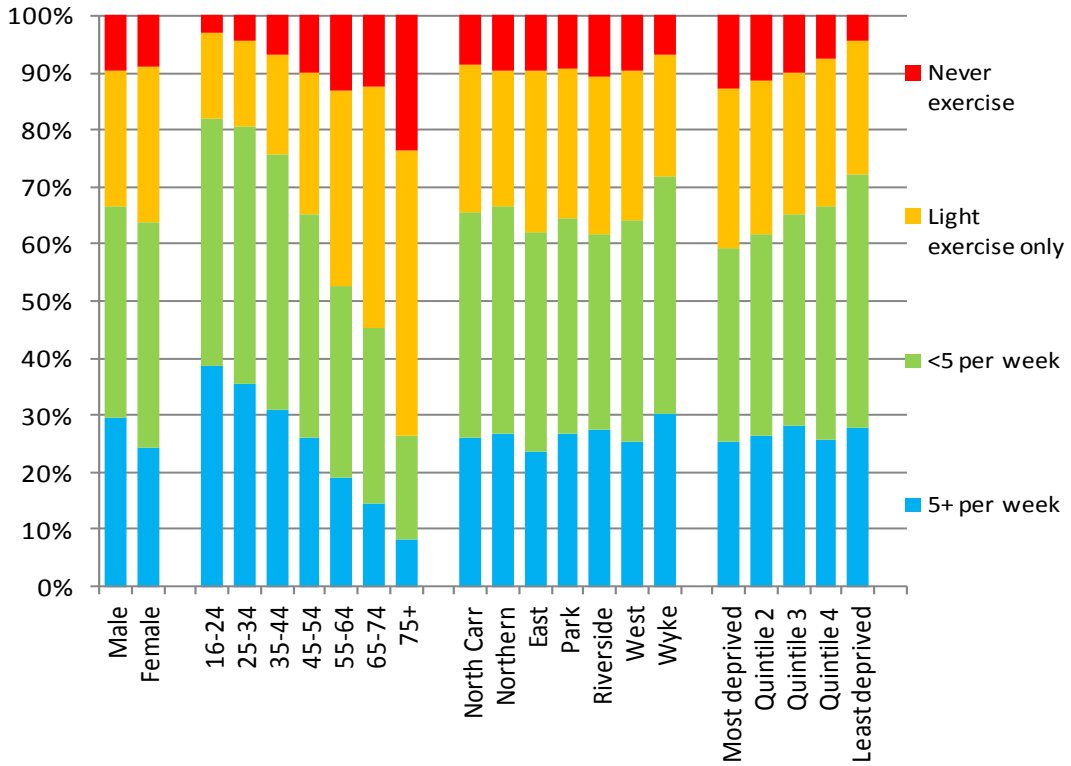
Figure 5 presents the percentages taking various levels of exercise, by subgroup. Just over a quarter of survey respondents undertook sufficient exercise (based on the national recommendation of exercising moderately or vigorously for at least 30 minutes on at least five occasions per week). The proportion was higher in men (29%) than women (24%). This compared to 39% of men and 29% of women for England 2008[5]. 39% of those aged 16-24 years undertook sufficient exercise, compared with 8% of those aged 75+ years, with a clear gradient showing by age.

The majority of survey respondents undertook some moderate or vigorous exercise (66% of men, 64% of women), except in the oldest two age groups (with 45% of those aged 65-74 years and 27% of those aged 75+ years doing so). The highest proportion of respondents by Area Committee Area meeting the national recommendation was in Wyke (30%), whilst the lowest proportion was in East (24%). Wyke also had the lowest proportion never exercising (7%) while Riverside had the highest proportion (11%).

Looking at local IMD 2010 deprivation quintiles, the greatest proportion meeting the exercise recommendation were in the middle and least deprived quintiles (28%), while the smallest proportion was in the most deprived quintile at 25%. The most deprived quintile had the highest percentage that never exercised (13%), with the lowest in the least deprived quintile (5%). 59% of the most deprived quintile took some moderate or vigorous exercise lasting at least 30 minutes, while 72% of the least deprived quintile did so.

[5] The Information Centre (2011)

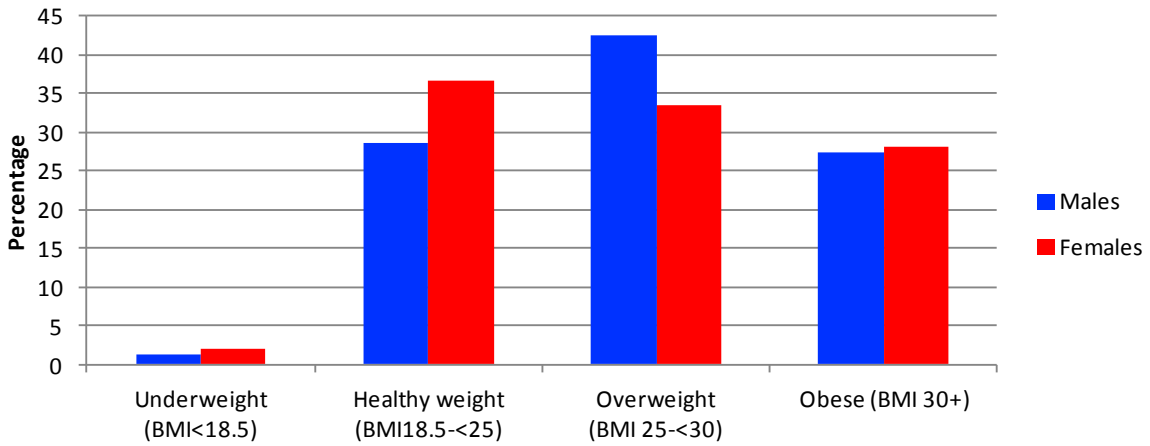
Figure 5: Percentage taking moderate or vigorous exercise of at least 30 minutes duration by subgroup



Obesity and overweight

Around two thirds of survey respondents were overweight or obese (70% of men and 61% of women). Of those classified as overweight or obese, similar proportions of men and women were classified as obese (27% and 28% respectively) although twice as many women as men were classified as morbidly obese, that is with a BMI of greater than 40 (4% of women, 2% of men). Men were more likely to be overweight (43%) than women (33%). Very few respondents were underweight (2% of women, 1% of men) while 37% of women were of a healthy weight, compared with 29% of men (see ***Figure 6***).

Figure 6: Adjusted BMI category by gender



National data on the prevalence of overweight and obese adults can be found in the Health Survey for England[6], the most up-to-date data being for 2010. This data, by 10 year age band and gender is presented in ***Table 5*** together with comparable data from Hull surveys conducted in 2003, 2007, 2009 and 2011. The overall percentage of men obese in Hull has risen in recent years by an average of 1% a year. Hull's male obesity rate is similar to England's. Increases in the percentage obese occurred between 2009 and 2011 in all men aged less than 45 years and in men aged 65+ years, with the largest increase in men aged 75+ years. Only among men aged 45-64 years was the percentage obese lower in Hull 2011 than in England 2010. The percentage of men obese in Hull 2011 was greater than in 2003 or 2007 for every age-group.

Among women, the overall percentage obese is now similar to men, being measured at a slower rate, but from a higher level in 2003. Hull's female obesity rate is now slightly higher (+1.9%) than England's, with percentages obese being higher in Hull in all women aged less than 65 years in 2011 than in England 2010. Percentages of women obese in 2011 were greater than in 2003 or 2007 for each age except for women aged 55-64 years.

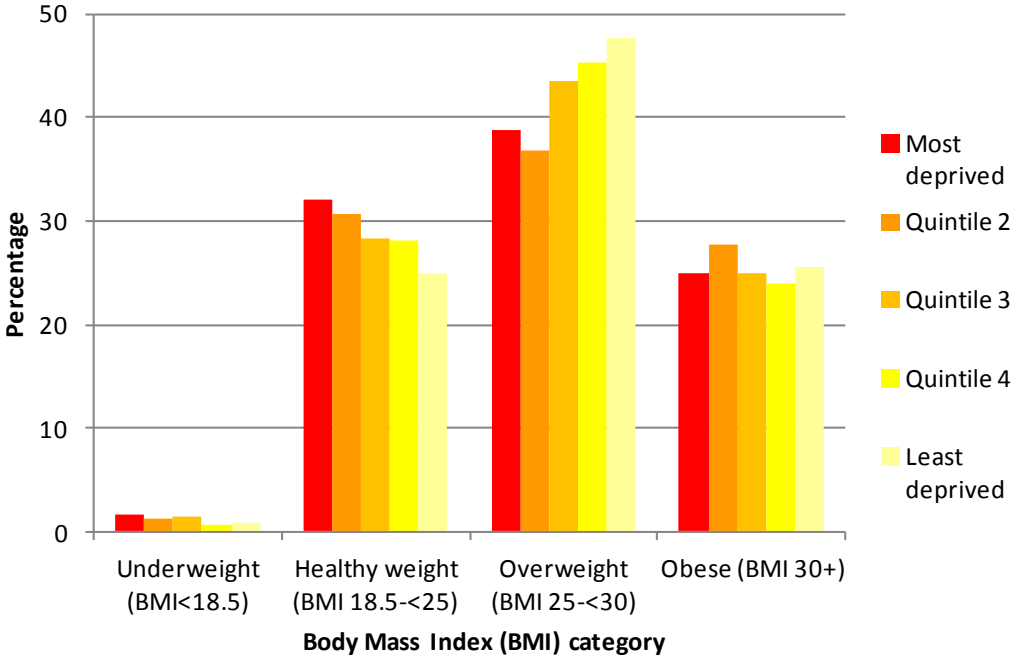
Table 5: Prevalence of overweight and obese adults by gender and age, comparison with previous Hull surveys (2003, 2007, 2009) and England 2010

	Obese (%)							
	Age band							
Gender	16-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Males								
England 2010	12.7	19.4	27.6	34.5	36.5	28.1	25.6	26.2
Hull 2003	12.6	14.9	23.6	20.7	23.0	21.7	14.1	19.8
Hull 2007	8.4	13.4	18.1	25.6	26.6	25.1	12.9	18.3
Hull 2009	10.6	20.3	27.4	35.7	35.6	33.5	15.6	25.7
Hull 2011	13.1	22.4	29.3	33.3	34.4	34.2	26.1	27.5
Females								
England 2010	11.2	21.3	26.1	30.2	31.8	36.6	27.4	26.1
Hull 2003	12.5	18.0	23.4	25.2	34.4	24.9	19.2	23.2
Hull 2007	9.8	14.7	25.5	29.7	34.0	28.4	16.7	23.1
Hull 2009	12.6	21.9	27.4	34.6	31.6	35.7	17.8	25.7
Hull 2011	16.6	24.8	28.9	33.2	33.4	34.2	23.0	28.0

[6] The Information Centre (2011)

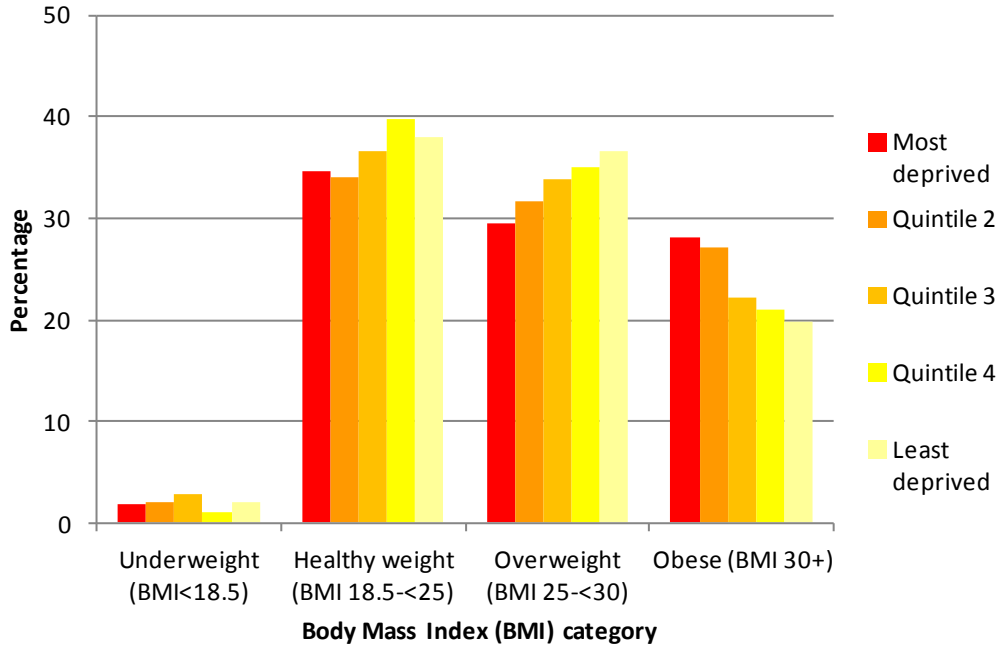
Amongst men, the proportions of respondents classified as being a healthy weight decreased as deprivation decreased (***Figure 7***), with men living in the most deprived fifth (quintile) of areas one quarter more likely to be a healthy weight (32%) than men living in the least deprived fifth of areas (25%). The proportion of male respondents categorised as overweight increased as deprivation decreased, with one fifth fewer men in the most deprived fifth of areas of Hull being overweight (39%) than in the least deprived fifth of areas of the city (48%), although the lowest percentage was in men living in the second most deprived fifth of areas (37%). There was no trend by deprivation in the proportions of men categorised as obese. However, if we aggregate the proportions overweight or obese, we do see an increasing trend as deprivation decreases, with 64% of men living in the most deprived fifth of areas of Hull classified as overweight or obese, compared with 73% of men living in the least deprived fifth of areas.

Figure 7: Adjusted BMI category in males by local IMD 2010 deprivation quintile



Patterns among women were somewhat different (***Figure 8***). The proportions of women of a healthy weight generally increased as deprivation decreased, ranging from 34% in women living in the second most deprived fifth of areas of Hull to 40% of women living in the second least deprived fifth of areas of the city. As with men the proportion of overweight women increased with decreasing deprivation, with the proportion in women living in the most deprived fifth of areas of Hull (29%) one fifth lower than the proportion among women in the least deprived fifth of areas (37%). Unlike with men there was a clear trend with deprivation in the proportions classified as obese, with the proportions decreasing as deprivation decreased. 28% of women living in the most deprived fifth of areas were obese, compared to 20% in the least deprived fifth. These two differing trends for overweight or obese women cancel each other out if we aggregate those classified as overweight with those classified as obese.

Figure 8: Adjusted BMI category in females by local IMD 2010 deprivation quintile

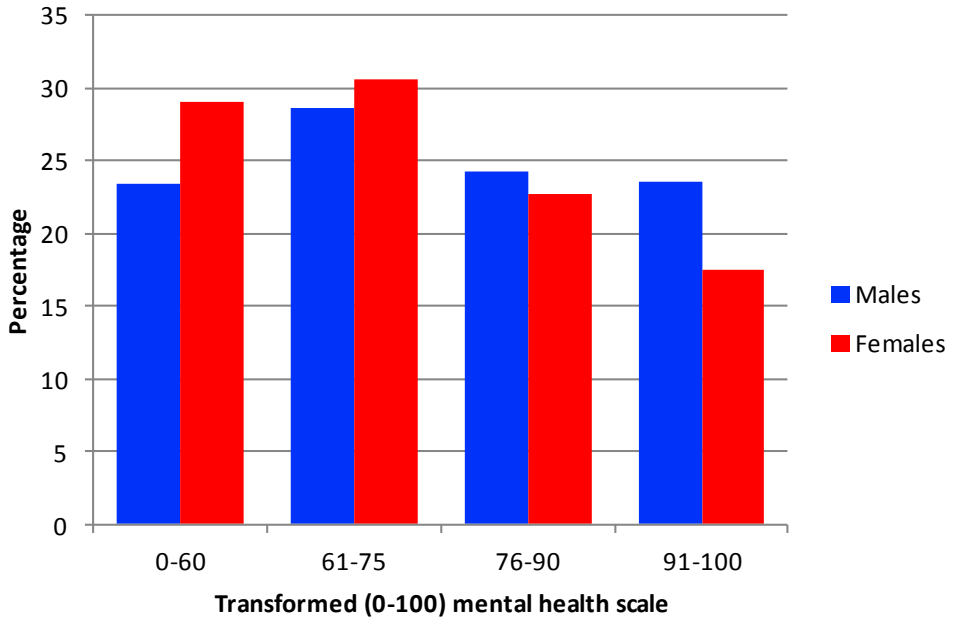


Mental health

The median[7] mental health transformed score was 75 among both men and women. High scores show good mental health and lower scores poorer mental health. 24% of men had a score of 91-100, compared with 18% of women (***Figure 9***). 29% of women scored 0-60 compared with 23% of men. Median scores by age were all 75, although older respondents were more likely to score 91-100 than younger people, with percentages of between 17% and 18% in those aged under 55 years, 24% to 27% in those aged 55 years or older. Median MHI scores by age were all 75, although older respondents were more likely to score 91-100 than younger people, with percentages of between 17% and 18% in those aged under 55 years, 24% to 27% in those aged 55 years or older.

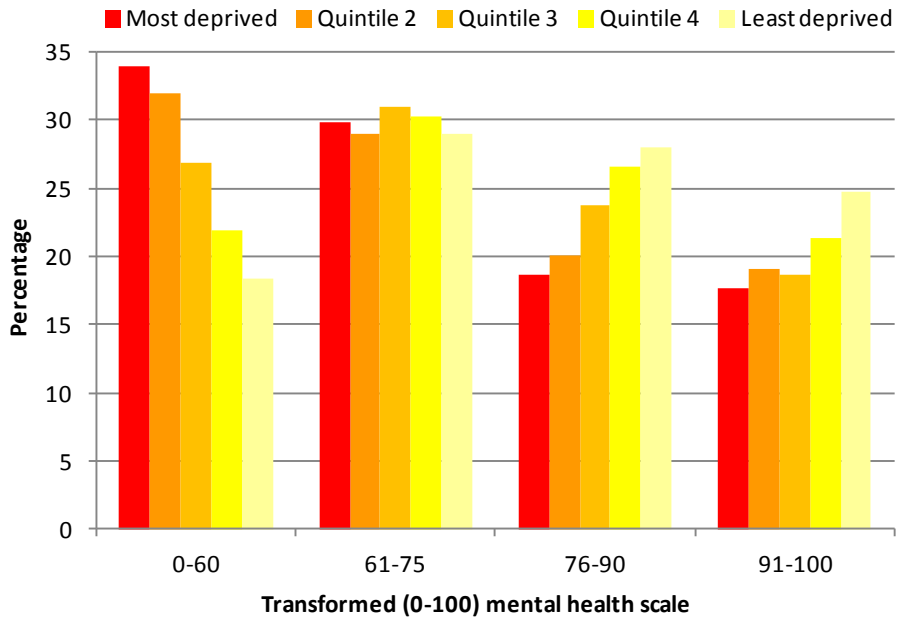
[7] Half of survey responders had a value equal to or less than the median.

Figure 9: Mental health transformed (0-100) scale by gender



The lowest score by deprivation quintile was for the most deprived quintile (median 68.75, 34% scoring 0-60, 18% scoring 91-100), whilst the highest median score (81.25) was found for the least deprived quintile, with 25% scoring 91-100 (***Figure 10***). There were clear trends with deprivation quintile for those scoring 0-60, 76-90 and 91-100. In the former case, the percentage scoring 0-60 (i.e. those with the worst mental health) decreased steadily as deprivation decreased, while for the latter two there were increases in those scoring 76-90 and 91-100 (i.e. those with better mental health) as deprivation decreased, with the differences more marked in those scoring 76-90.

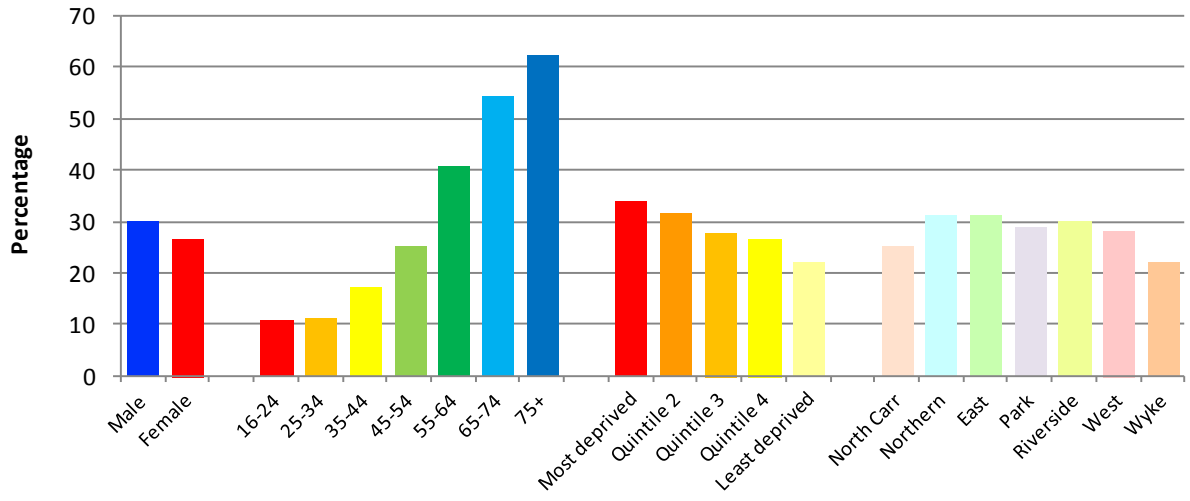
Figure 10: Mental health transformed (0-100) scale by local deprivation quintiles (IMD 2010)



Chronic health conditions

Respondents were asked if they had been diagnosed with any chronic health conditions, namely heart problems or heart disease, breathing problems, previous stroke, diabetes or cancer in the preceding 5 years. The percentages of respondents with at least one of these health conditions are presented in ***Figure 11*** by various subgroups. Slightly more men (30%) than women (27%) reported having a chronic health condition. Unsurprisingly, the percentages reporting having a chronic health condition increased rapidly with age, from 11% of those aged less than 35 years to 62% of those aged 75+. Respondents living in the most deprived fifth of areas of Hull were 50% more likely to report having a chronic health condition (34%) than those living in the least deprived fifth of areas of the city (22%), with a steady gradient by deprivation quintile. Wyke and North Carr were the Area Committee Areas with the lowest percentage of respondents reporting having a chronic health condition (22% and 25% respectively), with around 30% of respondents in other areas. Most common health conditions included breathing problems (15%), heart problems/disease (10%) and diabetes (8%).

Figure 11: Percentages of respondents with at least one chronic health condition by gender, age, local IMD 2010 deprivation quintile and Area Committee Area of residence

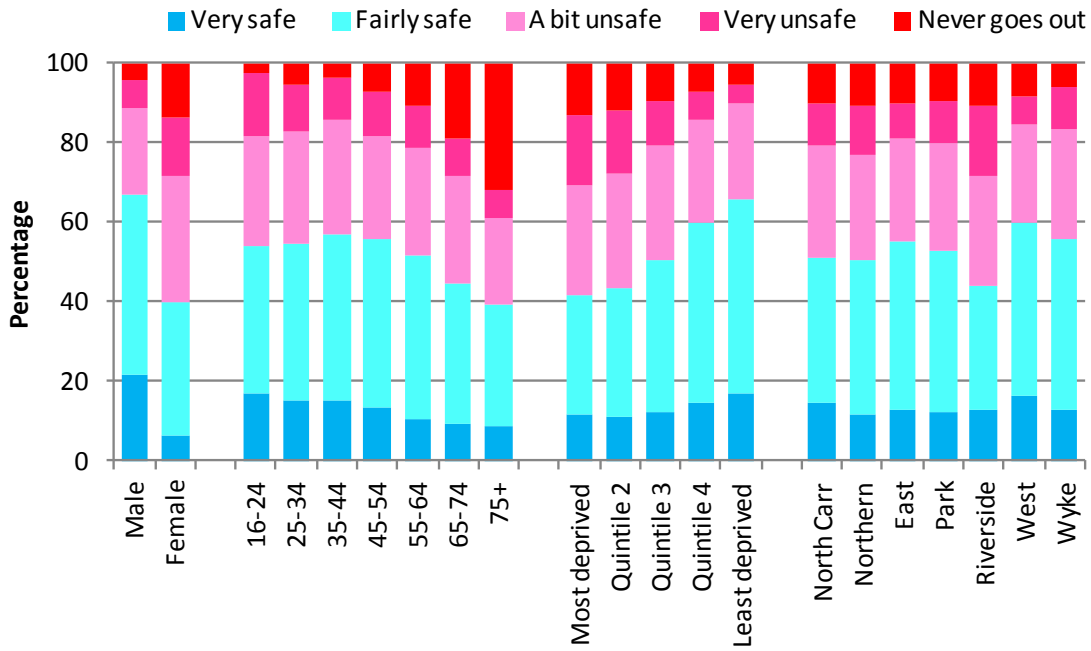


Social capital

There are many definitions of social capital, but an early and influential one is “social capital…refers to the features of social organisation, such as trust, norms and reciprocity, that can improve the efficiency of society by facilitating co-ordinated action” (Putnam, 1993). Around one third of respondents (34% of men and 32% of women) trusted most people in their neighbourhoods, while a further fifth trusted many people (21% of men and 22% of women), with 6% of men and 5% of women stating they trust no one in their neighbourhood and 8% of men and 9% of women stating they didn’t know.

Two thirds of male respondents felt very safe or fairly safe walking alone in their area after dark, compared with only 40% of female respondents (***Figure 12***). More than half of respondents aged under 65 years felt very safe or fairly safe walking alone in their area after dark, with percentages decreasing in older respondents to 45% of those aged 65-74 years and 39% of those aged 75+ years. More respondents aged 75+ years ticked the never goes out option than any other option, the only subgroup where this was the case. There was a consistent gradient by deprivation quintile in the percentage of respondents feeling very safe or fairly safe walking alone in their area after dark, with 42% of respondents living in the most deprived fifth of areas of Hull feeling very safe or fairly safe compared with 66% of respondents living in the least deprived fifth of areas of the city.

Figure 12: Feelings of safety when walking around the local area after dark by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



Fewer than half of respondents said they were well informed about things affecting their area, 42% of men and 44% of women (***Figure 13***), while around half of that number of men (17%) and one third of that number of women (15%) felt they could influence things that affect their area (***Figure 14***). The percentages that felt informed about things affecting their local area increased with age from 32% of respondents aged under 35 years to 58% of respondents aged 75+ years. Similarly the percentages that felt they could influence decisions affecting their local area were around one third the numbers that felt well informed.

Respondents living in the least deprived fifth of areas of Hull were the most likely to feel well informed about things affecting their local area (52%) as well as the most likely to feel they could influence decisions affecting their local area (20%), with the percentages for each of these decreasing as deprivation increased to 36% and 13% respectively of those living in the second most deprived fifth of areas of the city, increasing slightly in those living in the most deprived fifth of areas of the city.

Differences by Area Committee Area were similar, with the percentages of respondents who felt well informed about things affecting their local area ranging from 49% of respondents living in Wyke to 37% of respondents living in East. Percentages of respondents who felt they could influence things affecting their local area ranged from 20% of respondents living in Wyke to 13% of respondents living in East and Northern. Around 30% of respondents did not know whether they were well informed about things affecting their local area, higher in women (33%) than in men (26%), higher in the second most deprived quintile (32%) than in the least deprived quintile (28%), lower in Wyke (27%) than in other Area Committee Areas.

Figure 13: Percentage of respondents who felt well informed about things affecting their local area by gender, age, local IMD 2010 deprivation quintile and Area Committee Area

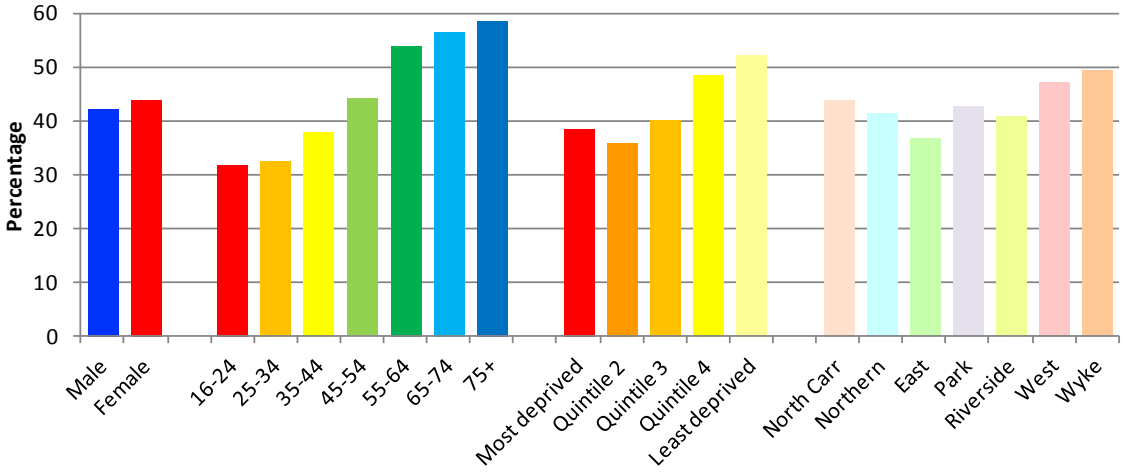
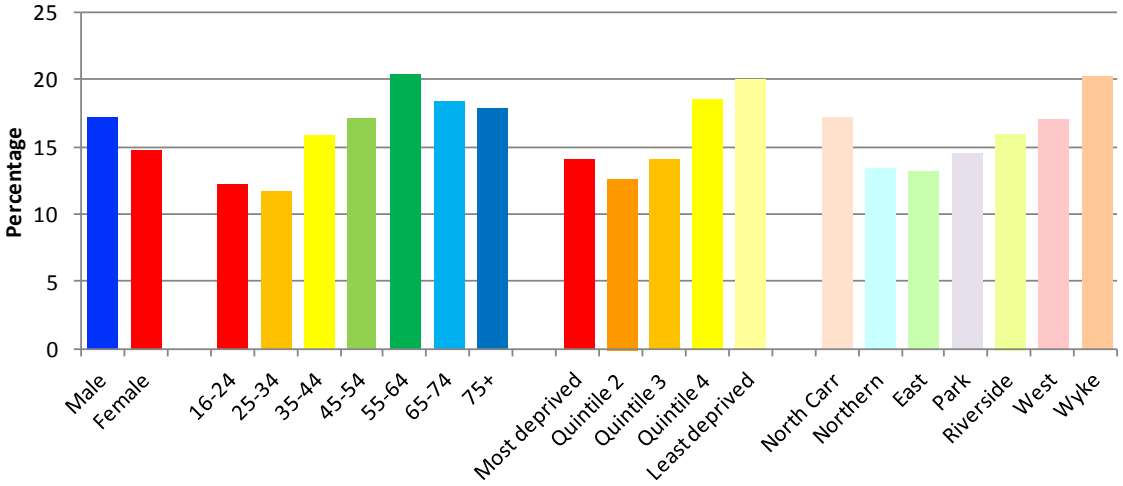


Figure 14: Percentage of respondents who felt able to influence decisions that affect their local area by gender, age, local IMD 2010 deprivation quintile and Area Committee Area



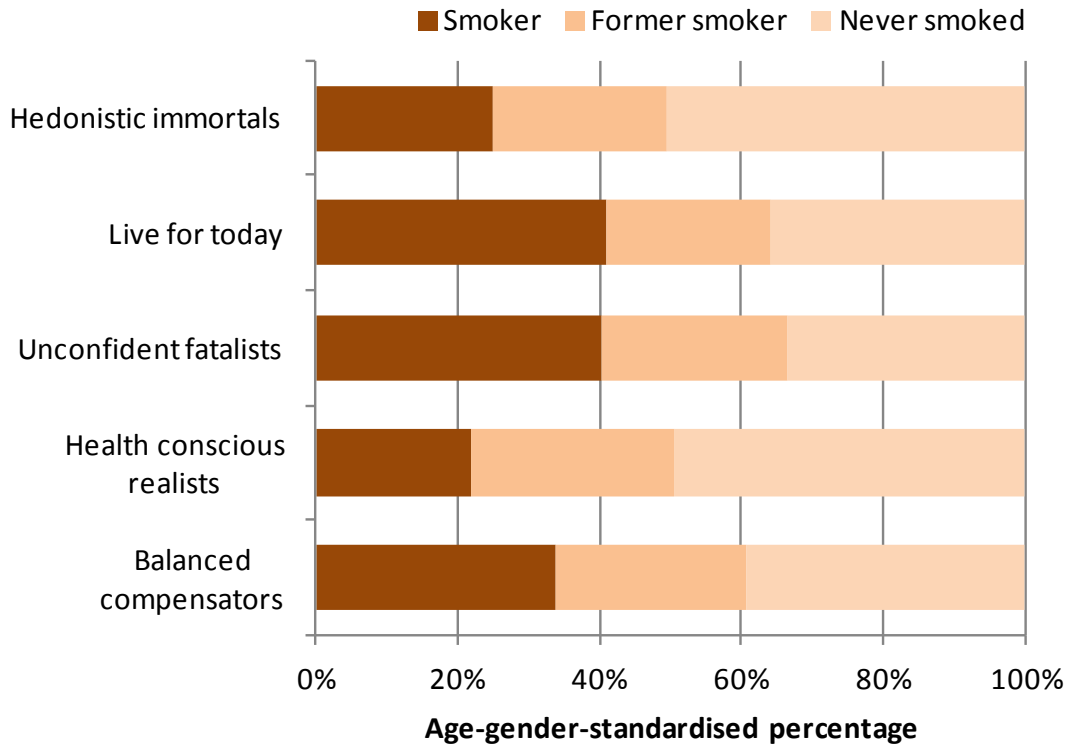
Healthy Foundations

Healthy Foundations is a lifestyle segmentation tool developed through survey and large scale qualitative research, based on 19 'golden' questions about an individual's feelings about health, attitudes to a healthy lifestyle, control that respondents feel they have over health, ease of leading healthy lifestyle and attitudes towards future health/ill health. The segmentation tool is used to assist commissioners to target services, better understand motivational and environmental drivers of multiple poor health behaviours and how a person's attitudes and motivations interact with social circumstances.

Healthy Foundation groups include Health Conscious Realists (display positive health behaviours), Balanced Compensators (generally positive health behaviours), Live for Today (fairly poor health behaviours), Hedonistic Immortals (display lack of concern about own health and well-being) and Unconfident Fatalists (most negative health behaviours).

The current smoking status of respondents by Healthy Foundations types are shown in ***Figure 15***. The highest smoking prevalence was found among the 'Live for Today' and 'Unconfident Fatalist' categories (41% and 40% respectively). One third of 'Balanced Compensators' (34%) were currently smokers, while 'Health Conscious Realists' had the lowest prevalence of smoking (22%), followed by 'Hedonistic Immortals' (25%).

Figure 15: Smoking status by Healthy Foundations type



Further Information

For further information on this survey and other surveys, and more information about Hull and health inequalities, as well as other publications and documents produced by the Public Health Sciences team, formerly part of NHS Hull, please visit our website: http://www.hullpublichealth.org.

Public Health Sciences

The Public Health Sciences team are now located in the old nursery at Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB.

What we can do for you:

Epidemiologists

- Help understand the health and wellbeing needs of Hull's population in terms of the following:
    - Population
    - Age / gender
    - Deprivation (IMD)
    - Ethnicity
    - General physical and mental health status of population
    - Prevalence of risk factors (smoking, alcohol, obesity, diet, exercise, etc)
    - Prevalence of diseases
    - Hospital admission rates
    - Mortality and life expectancy
- Questionnaire design and survey design and advice
- Evaluation of services/interventions
- Health needs assessments
- Explanation of and help in using statistical terms like confidence intervals, standardisation, etc
- Explanation of data including data presented in tables or plots/charts, etc
- Predictive modelling / predicting future trends or needs or towards targets
- Mapping, analyses and presentation of a wide range of segmentation tools (including ACORN, Healthy Foundations and IMD), social marketing and behavioural insight, inequality, etc to assist psychographic and socio-economic differentiation
- Provide a critical friend to all those collecting and using health-related data and information

Clinical Policy Support

- What NICE guidance is published or in progress
- Critical appraisals and evidence overviews – evidence of cost/clinical effectiveness of drugs and treatments

www.hullpublichealth.org

www.jsnaonline.org