EMBARGOED UNTIL MEETING

GREATER GLASGOW NHS BOARD

Board Meeting
Tuesday 16th September 2003 **Board Paper No. 03\56**

Director of Health Promotion

HEALTH AND WELL-BEING SURVEY OF THE GREATER GLASGOW POPULATION

Recommendations:

The Board is asked to consider the findings, in particular:

- the impact of health inequalities and the effect of poverty and deprivation on health, with people in SIP areas recording less favourable responses in almost all aspects of health
- that there is evidence of improvements in health since the baseline survey in 1999
- the encouraging indications that the policy of working in partnership and targeting resources and efforts to SIP areas is resulting in positive changes in both lifestyle behaviours and life circumstances among people in SIP areas, and that in some aspects of health the inequality gap is closing.

1. INTRODUCTION

This report summarises the main findings of the Health and Well-being Survey of the Greater Glasgow population, carried out September- December 2002.

2. BACKGROUND

The Health and Well-being survey is an important means of gaining information on the health status of people in Greater Glasgow which complements the mortality and morbidity statistics that are regularly collated. The survey collects information on aspects of people's lifestyles, their environment and personal and social circumstances that affect their health. The results therefore are relevant, not only to the NHS, but to local authorities and their community planning partners, to inform planning and activity aimed at improving the health, well-being and quality of life of people throughout the Greater Glasgow area.

A representative sample of 1802 adults (i.e. over 16 years of age) was interviewed about their perceptions, attitudes and behaviour in relation to their physical, mental and social health. A response rate of 67% was achieved.

A similar survey was carried out in 1999, acting as a baseline against which the results of this survey can be compared, giving some indication of changes that have taken place in the past 3 years.

At this stage results have been analysed for the whole sample at a Greater Glasgow area-wide level only, with an indication, where statistically significant, of differences between people living in Social Inclusion Partnership (SIP) areas and

non-SIP areas. More local information will be available after further analysis for Glasgow City, and also for East Dunbartonshire and Cambuslang/Rutherglen, where additional survey work was undertaken. This will also allow a comparison of results from different parts of the NHS board area.

3. KEY RESULTS

The analysis of results in terms of SIP and non-SIP residents highlights the health inequalities that exist in Greater Glasgow. In almost all aspects of health SIP residents provide less favourable responses.

3.1 Perception of health and illness

Substantial differences in perceived health status were identified between SIP and non-SIP areas, with those living in SIP areas consistently having a more negative view of their health than those in non-SIP areas.

Just under a quarter of the sample (23%) report having a long-term condition or illness that interferes with day-to-day activities. (In SIP areas, this proportion is one in three (32%), compared with one in five (20%) in non-SIP areas.) 44% of the sample are currently being treated for an illness or condition, with the most prevalent being arthritis, rheumatism or sore joints (15%), high blood pressure (11%) and asthma, bronchitis, or persistent cough (11%). People in SIP areas were more likely to report that they are currently being treated for stress related conditions, diabetes and drug/alcohol related conditions.

3.2 Use of health services

80% of respondents had visited a GP in the past 12 months, and 50% had visited the dentist in the past 6 months. Residents in SIPs are less likely to be registered with a dentist (65% registered in SIPs, 76% in non-SIP areas). Currently 8.6% of people aged 45-54 say they have no natural teeth compared with the *Towards A Healthier Scotland* target of 5% by 2010.

While there was a relatively similar proportion of people living in SIP areas and non-SIP areas who had been to hospital outpatient departments to see a doctor (17% and 13% respectively), the mean frequency of visits is significantly higher among residents living within SIP areas (1.27 compared with 0.82 for non-SIP areas).

The majority of health service users reported that they felt they had been given adequate information about their condition or treatment (80%), had been encouraged to participate in decisions affecting their health or treatment (70%), have a say in how services are delivered (65%) and feel that their views and circumstances have been understood and valued (74%). There is however a sizeable minority who feel they have not received adequate information (10% overall, 14 % among SIP residents), have not been encouraged to participate in decisions affecting their treatment (18%), have not had a say in how services are delivered (24%) and do not feel their views and circumstances are understood and valued (14%).

When asked how difficult it was to access health services, the responses of residents living in SIP and non-SIP areas were very similar. 36% had difficulty getting an appointment to see their GP, 28% in getting an appointment at hospital and 18% in arranging a home visit from their GP. Only 6% reported difficulty in getting an appointment to see the dentist and 4% reported difficulty in

getting a prescription made up or using other health services such as optician, stress relief, addiction services etc.

3.3 Health related behaviours

As the following table illustrates, there are a number of areas where the health behaviour of people in Greater Glasgow is in line with core indicators as detailed in the Performance Assessment Framework (PAF). In other areas, there is a greater challenge in meeting the target (and a greater inequality gap between SIP and non- SIP areas). Smoking presents some of those challenges. The results suggest there has been a reduction of 4% overall in smoking. While this proportional change may not be statistically significant at a confidence level of 99.9% - nevertheless, even a very small change in smoking rates would have a significant effect on health in Greater Glasgow and it is therefore an encouraging finding.

The increase in physical activity levels is particularly encouraging. In comparison with 1999 there have been significant increases in physical activity levels (especially in SIPs) and in the consumption of fruit and vegetables, a reduction in numbers of people eating high fat snacks and a reduction in alcohol consumption. (Self-reported alcohol consumption is always susceptible to under-reporting. Nevertheless in comparison with 1999 there has been a significant decrease in consumption, especially in SIP areas). A cause for concern is the high proportion of young women (16 – 24 year olds) who exceed the recommended weekly limit of 14 units of alcohol, but the results also indicate that generally the older a person is the less likely they are to exceed the recommended limits.

PAF indicator	**NHSGG**	**SIP**	**Non-SIP**
Reduce smoking to 33% by 2005 and to 31% by 2010	33%	49%	27%
Men taking at least 30 mins moderate activity 5 days per week – 50% by 2005, 60% by 2010	53%	*No statistical difference between SIP/non SIP areas*	
Women taking at least 30 mins moderate activity 5 days per week – 40% by 2005, 50% by 2010	52%	*No statistical difference between SIP/non SIP areas*	
Diet – 5 portions of fruit and veg. per day	34%	22%	39%
Eating more than 2 high fat snacks per day	32%	*No statistical difference between SIP/non SIP areas*	
Men exceeding 21 units per week reduced to 31% by 2005 and 29% by 2010	18% (all men) 19% (aged 16-24)	*No statistical difference between SIP/non SIP areas*	
Women exceeding 14 units per week reduced to 12% by 2005 and 11% by 2010	8 % (all women) 19% (aged 16-24)	*No statistical difference between SIP/non SIP areas*	

3.4 Social Health

There were large differences found between people living in SIPs and those living in non-SIPs regarding their life circumstances. People in SIPS are less connected, feel less of a sense of belonging and less valued as a member of their community. They also feel less safe in their neighbourhood and have a more negative view regarding problems and the quality of services in their area. (It should be noted however, as detailed in Section 4.3, that while people in SIP areas feel less positive than those in non-SIP areas, their responses are significantly more positive on some aspects of social health than in 1999.)

Perceived Problems in the Local Area

When asked how common a problem a range of issues are in the area, 'young people hanging around' was the most frequently cited, being mentioned by over six out of ten residents (62%) as a very common / fairly common problem. Drug activity, excessive drinking, vandalism / graffiti are mentioned by around half as being very common / fairly common problems (53%, 52% and 49% respectively).

Perceived Environmental Problems in the Local Area

When asked how common a problem a range of environmental issues are in the local area, half (49%) say dog dirt is a very / fairly common problem. Over a third of the residents say traffic and rubbish lying about are very common / fairly common problems (42% and 34% respectively).

Perceived Quality of Services in the Area

Activities for young people, leisure/sports facilities and the police are the services with the poorest ratings. Residents living within SIP areas tend to give lower ratings for all services.

Individual Circumstances

People living in SIP areas are more likely to have children under 14, be a lone parent and be dependent on state benefit. They are also more likely to have no qualifications and live in a household where no one is working (but, as Section 4.3 details, the situation in SIPS has improved in respect of these factors since 1999).

Financial Situation

The survey findings underline the depth of poverty experienced in deprived areas in Greater Glasgow, with 9% of people in SIP areas reporting that it would be impossible or 'a big problem' to meet an unexpected expense of only £20 and 10% saying it would be impossible to find £100, (compared with 2% of non-SIP residents).

4. CHANGE SINCE 1999

In determining what change has occurred since 1999 a confidence level of 99.9% was applied. (This allows us to report that in 99.9 cases out of 100 it is more likely that changes showing up in the survey are indeed the result of real change, and not merely a 'chance' finding.) There were several areas (e.g. a 4% reduction in smoking rates), where the report suggests change is happening – but there is not sufficient change at this stage to be statistically significant.

The majority of change since 1999 has been positive in health improvement terms. It is particularly noteworthy that most positive change has taken place

among residents in SIP areas, suggesting that measures to promote social inclusion and tackle health inequalities are being effective.

It is encouraging that any positive changes have been recorded since 1999. Three years is a very short timescale in which to measure change in health improvement. Many of the initiatives aimed at improving health cannot expect results in the short term and in a sense are looking to 'generational' timescales. All survey respondents were over 16 years of age – so this research is of limited value in measuring the effectiveness of programmes targeting children and young people.

4.1 Negative Change

There are 4 areas where negative change is apparent. While it is disappointing to have any areas where things appear to have become worse, nevertheless it is noteworthy that in all of these areas the change has taken place mainly in non-SIP areas. There has been not been the same deterioration in SIP areas and as a result the inequality gap has reduced.

- The number of people registered with a dentist has reduced by 7%
- The number of people eating 5 slices of bread per day has reduced by 5%
- The number of people belonging to a club has reduced by 10%
- The number of people expressing a positive view of their local area has reduced by 6%

4.2 Positive change in lifestyle

- The number of people eating 5 portions of fruit and vegetables per day has increased by 10%.

This dietary change has taken place mainly outwith SIP areas. There is some indication of change in SIP areas (but it is not statically significant), suggesting that increasing the consumption of fruit and vegetables among people living in deprived areas is a particular challenge.

- Overall, the number of people eating more than 2 high fat snacks per day has decreased by 22%. In SIPs there has been a 31% reduction. Whereas in 1999 there was a significant gap between SIP and non-SIP areas, they are now on a par.

- Overall the numbers of people exceeding the recommended weekly alcohol limit has decreased by 5% . The reduction in SIP areas is double this at 10%.

- There has been an increase of 12% in the numbers of people taking at least 30 minutes moderate activity 5 times per week. This change is due mainly to change in SIP areas.

- Making positive change for a healthier life depends on an individual feeling they are 'in control' and have the capacity and confidence to do things differently. The increase of 9% in the numbers of people living in SIP areas who feel they have control over decisions that affect their lives is therefore particularly encouraging.

4.3 Positive change in life circumstances

Good health depends, not just on our lifestyle behaviour, but is influenced greatly by the circumstances in which we live. Many of the improvements recorded in life circumstances are due to positive change in SIP areas. People in SIPs feel better about their local environment and their personal, social and economic circumstances have improved.

19% more people in SIP areas feel their area is a good place in which to raise their children

There is an increase overall of 9% in people saying they feel safe walking in their area, even after dark. In SIP areas this has improved by 16%.

There has been a reduction overall of 14% in the numbers of people without educational qualifications . In SIPs there has been a reduction of 21%.

There has been a reduction of 8% overall in the numbers of people living in a household where no one is employed. Among SIP residents, who might generally be expected to have greater difficulty in finding employment, there has been a reduction of 7% in this respect.

There has been a large increase in people having access to the Internet in both SIP and non-SIP areas. However, while the increase has been 10% in SIP areas to a level of 20%, there has been an increase of 19% in non-SIP areas (from 24 to 43%), so there is a growing 'digital divide'.

Another area where positive change has occurred in both SIP and non-SIP areas, but the inequality gap has widened, is in relation to financial circumstances. In non-SIP areas there has been a reduction of 10% in those who find it difficult to meet an unexpected expense of £100. There has been an overall decrease of 35%, (20% in SIP areas) in those who find it difficult to meet an unexpected expense of £1000.

5. CONCLUSION

The health challenge for Scotland has been identified as the need to:

- "improve the health of all the people in Scotland and
- to narrow the opportunity gap and improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap'.

Greater Glasgow is the Health Board area with the largest proportion of Scotland's population and the greatest concentration of deprivation. The need to tackle health inequalities is therefore an overriding priority within the Local Health Plan for Greater Glasgow, with explicit linkages being made between the health and social inclusion agendas and the recognition that work to promote healthier lifestyles must be allied to work to improve life circumstances.

Since 1999 there has been a concerted and coordinated programme of policies and initiatives involving national government, the health board, local authorities and their community planning partners, the Glasgow Alliance, the voluntary sector and communities, targeting those most in need, and specifically those

living in Social Inclusion Partnership areas. These have sought to impact on the broader determinants of health, so that the life circumstances and lifestyles of the Greater Glasgow population can be improved.

While the results of this survey must be treated with due caution, there are encouraging signs that positive change has been achieved in the health of the whole population, and, perhaps more significantly in relation to the policy context, among those living in SIP areas (with the bonus that there are some aspects of health where improvements suggest that the inequality gap has decreased.)

There is still considerable work to be done to reduce the inequality gap between the more affluent and more deprived in Glasgow. The results of this survey suggest that the policies and programmes that have been implemented have laid the groundwork for further efforts to be successful.

Evelyn Borland
Acting Director of Health Promotion
Tel: 0141 201 4606