

Stockport JSNA

joint strategic needs assessment

Stockport Adult Lifestyle Survey 2012

Summary Report

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1 Introduction

The Stockport Adult Lifestyle Survey 2012 has been conducted on behalf of the Stockport Partnership by the Public Health Team at NHS Stockport. NHS Stockport has an ongoing strategy of using lifestyle surveys to estimate the prevalence of key lifestyle behaviours amongst the population of Stockport and to establish how behaviours vary by demographic group.

The data from this survey provides an assessment of health behaviour in Stockport and is a key part of the evidence base for the Joint Strategic Needs Assessment (JSNA), enabling the Partnership to set priorities and develop strategies to improve health and reduce health inequalities by targeting resources at areas of highest need. It provides an update to the 2009 Stockport Health Survey and enables the monitoring of progress of interventions that aim to improve health behaviour.

A postal questionnaire was sent out to a stratified sample of 21,056 Stockport residents aged 18 and over, 8.8% of the population; 6,676 completed surveys were returned, 2.8% of the population. The large sample size enabled analysis of the data by age group, gender, health status and deprivation quintile. Analysis of lifestyles by ethnicity, religion, mental wellbeing, sexual orientation, carers and for those living with children has also been presented wherever possible.

Overall the survey respondents represent a population that is older and slightly more affluent than the current Stockport population. The survey respondents are slightly less ethnically diverse than the population documented by the 2011 census. Respondents were also much more likely to be carers, and also less likely to be in very good health. These differences should be borne in mind when generalising the results of the survey to the whole Stockport population.

The analysis of the 2012 Stockport Adult Lifestyle Survey is presented in seven sections: multiple risks, mental wellbeing, smoking, alcohol, obesity, physical activity and food & diet. A summary of the main findings and implications for commissioning are outlined below; a copy of the full report including detailed data analysis is available via the JSNA hub, www.mystockport.org.uk/JSNA.

2 Key Findings

2.1. Prevalence of lifestyle risk behaviours

- This survey suggests that overall an estimated 75,000 – 80,000 (32.4%) adults in Stockport have three or more of the main lifestyle risk behaviours.
- 6,500-8,500 people report having no lifestyle risk behaviours (3.1%)
- 34,000-38,000 report that they currently smoke (14.9%), a level below the estimated Stockport rate of 19%, but to be expected due to the self reporting nature of this survey.
    - The rate of smoking has fallen from 15.8% since 2009.
    - The majority (55%) of smokers report than no-one regularly smokes in their home, for non smokers the rate is even higher at 95%.
    - The survey suggests that the majority of people are not exposed to others smoke on a regular basis, with 75% reporting less than an hour a week.
    - All groups have slightly less exposure to others smoke in 2012 than they did in 2009.

- 60,000-65,000 report drinking unhealthily (26.1%).
    - 21.4% said that they don't drink alcohol at all
    - 18.9% binge drank on the day they drank most
    - 16.9% drink at increasing risk levels, 2.9% at high risk levels
    - 35% drink within guidelines and usually have at least one alcohol free day a week.
    - Levels of binge drinking are similar to those in 2009, however the proportion drinking at high risk levels has fallen.
    - Only 39.5% of those who drank last week correctly assessed the risk of their previous week's drinking.
- 37,000-41,000 report being obese (16.2%) – a rise from 15.8% in 2009. Again this is below the estimated Stockport prevalence of 25%, but to be expected due to the self reporting nature of this survey.
    - 2.0% of respondents reported being underweight.
    - Levels of physical activity are lower than average for those who are obese and overweight, dietary habits are however not significantly different.
    - 76.4% of all respondents correctly assessed their weight risk category.
- 173,000-178,000 people report being less physically active than government recommendations (73.6%). Levels of inactivity are similar to 2009, however amongst those who are active the frequency of activity has increased slightly over the last three years.
    - Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.
- 194,000-198,000 report not eating the recommended amounts of fruit and vegetables (82.1%).
    - Fewer than 2% of respondents report eating no fruit or vegetables.
    - The most frequent volume of daily consumption is three portions.
- Unhealthy diet and inadequate physical activity are the two most commonly reported lifestyle risks.
- Although smoking is the least common risk lifestyle risk behaviour overall, those who smoke are much more likely to have other lifestyle risks, a third of smokers have all four risk behaviours and only 1.4% have no other risks.
- 27,000-31,000 people report having low mental wellbeing (12.2%), while 33,000-37,000 people (14.6% of respondents) report above average mental wellbeing.
    - Since 2009 there has been a movement to more average wellbeing, with lower proportions reporting both below and above average wellbeing in 2012.
- There is a strong correlation between lifestyle risk behaviours and mental wellbeing, levels of above average wellbeing are twice as high as average for those with no lifestyle risk behaviours. Those with below average mental wellbeing are more likely to have unhealthy behaviours than people with average or above average mental wellbeing, especially smoking, physical activity and diet.

2.2. Variation of lifestyle risk behaviours by population group

- Males are more likely to have unhealthy behaviours than females, especially smoking, drinking and diet. This trend is not evident for mental wellbeing.
- Younger people are more likely to have unhealthy behaviours than older people, especially smoking, drinking and diet. People age 18-24 are the most likely to have four risk behaviours. However obesity peaks in middle age and lack of physical activity peaks for older people.
- People aged 60-74 have the highest rates of above average mental wellbeing, people aged 40-54 have the lowest. Although numbers are small people aged 85+ have the highest rates of below average wellbeing, suggesting a cycle of mental wellbeing through life, dipping in the 40's, rising through the 60s and falling again at age 85.
- There are strong deprivation profiles for smoking, mental wellbeing, obesity and diet, but unhealthy drinking and physically activity are an issue across Stockport. People in the most deprived areas are the least likely to have no lifestyle risk behaviours and are the most likely to be underweight

Deprivation inequalities ratio: Ratio of most deprived quintile (0-20%) to:							
Ratio of most deprived to:	Low Mental Wellbeing	Current Smokers	Unhealthy Drinkers	Obese	Not Active Physically	Unhealthy Diet	Multiple risk
Stockport average	1.7 : 1	2.1 : 1	0.8 : 1	1.5 : 1	1 : 1	1.1 : 1	1.3 : 1
Least deprived	2.4 : 1	3.8 : 1	0.7 : 1	1.9 : 1	1 : 1	1.2 : 1	1.4 : 1

- People in not good health are more likely to have unhealthy behaviours than people in good health, especially mental wellbeing, smoking, obesity, physical activity and diet. Unhealthy drinking doesn't demonstrate this trend, as many older people in not good health are non drinkers; however young people in not good health do drink at higher risk than average. Across the board young people in not good health have less healthy behaviours than other groups.
- Non white populations are less likely to have unhealthy behaviours than white British populations, however the non white group are more likely to have poorer levels of mental wellbeing and lower levels of physical activity; unhealthy drinking levels are especially low in this group.
- Those who identified themselves as non heterosexual were significantly more likely to report below average levels of mental wellbeing, were less likely be active 5 or more times a week and had higher levels of underweight BMI. For all other themes this group were not significantly different to average.
- Those respondents who have children in their homes some of the time are more likely to have unhealthy behaviours than average; those who have children living with them all of the time are similar to average for most lifestyle risk behaviours. Although overall smoking rates are similar between those who have children living with them and those who don't, the rate who smoke regularly in their own home is significantly lower for those with children.
- Those who provide significant amounts of unpaid care to friends and relatives report below average mental wellbeing and smoking more frequently, they are however, less likely to drink any alcohol at all.

- Those participating in any kind of organisation are less likely to have all four lifestyle risk behaviours and less likely to report below average wellbeing, whilst those not participating are more likely to have all four risks.

3 Implications for Health and Care Commissioning

The findings of the 2012 Adult Lifestyle Survey confirm that many of the key trends identified previously are continuing, smoking rates are continue to fall and obesity rates are still rising, albeit not at a statistically significant level. Trends in alcohol consumption are beginning to stabilise and even fall. **The majority of respondents in Stockport report that they are not smokers, do not drink excessively and are not obese**.

However the majority of people in Stockport report physical activity and fruit and vegetable consumption levels below government recommendations, in other words they do not have these positive lifestyle behaviours. **There are therefore still significant shifts to be made in population level patterns of physical activity and diet, commissioning needs to respond to these challenges.**

Only a very small proportion of the overall population, 3.1%, follow all lifestyle recommendations. This presents Stockport with a large challenge.

New findings from this survey show that while smoking is the least common lifestyle risk behaviour overall, those who smoke are much more likely to have other lifestyle risks, a third of smokers have all four risk behaviours and only 1.4% have no other risks. Smoking is also the lifestyle risk behaviour with the largest inequalities gradient; smoking rates are 3.8 times higher in the most deprived areas when compared to the least. **Smokers, despite the falling numbers, are therefore still an important target for behaviour change interventions.**

Alcohol has been emerging as the most significant lifestyle challenge to health in recent years, these findings show that alcohol is still a significant risk, and one that affects people of all ages and across the inequalities gradient. The survey highlights that around a third of respondents drink within guidelines, and that a fifth of respondents do not drink alcohol at all. Although trends suggest that the previously observed rise in alcohol consumption is levelling off, the impact on health care use and outcomes has still to be seen; the impact on reduced life expectancy is still evident. **Alcohol consumption therefore is still an important target for behaviour change interventions.**

The findings reaffirm that lifestyle risk behaviours cluster together and that many people in Stockport face multiple behaviour risks**. Commissioning that moves towards holistic health and care services, and away from siloed models focussed on single risks are still to be highly recommended**. The development of the Healthy Stockport service (holistic lifestyles and wellbeing) will be a significant step in this direction.

The survey emphasises the link between good mental wellbeing and lifestyle risk behaviours, therefore as part of the holistic commissioning of services we should ensure that **all commissioning (not just that to address lifestyles) incorporates improvements in mental wellbeing as a priority, for example by responding to the 5 ways to wellbeing challenge** (see below). New findings in the 2012 survey show how people who are socially connected (e.g. belong to an organisation or participate in regular activities) and active have fewer lifestyle risk behaviours and

are less likely to have low mental wellbeing, highlighting the **importance of an active and purposeful life for general health.**

The survey also highlights the ways in which lifestyle risk behaviours change over the life course, and demonstrates that there are risks at all ages. Young people are more likely to smoke and binge drink, but are equally more likely to be active and have positive wellbeing. As people move into middle age the risk of obesity increases and mental wellbeing decreases. In older age physical activity becomes increasingly challenging. **Commissioners should respond to changing needs across the life course, but should be prepared to offer behaviour change support to clients of any age.**

Inequalities are again a key theme within the findings, analysis by geography shows a strong correlation between lifestyle risk behaviours and deprivation, it has been previously estimated that lifestyles could cause 40% of the gap in life expectancy between the deprived areas and the Stockport average. **Commissioning to support change in deprived areas provides an enduring challenge as the cultural norms in these communities are different to elsewhere.** However people in all areas of Stockport have lifestyle risk behaviours, and indeed unhealthy drinking and insufficient physical activity do not show the same inequality profile as the other lifestyle risks, **commissioning should therefore follow the Marmot (Fair Society Healthy Lives 2010) principle of proportionate universalism responding to need in all areas, but in a way that reflects the increased support necessary in the most challenging areas.**

Inequalities in experience between different equity groups are highlighted wherever possible in the survey. Most equity groups appear to experience lower wellbeing than average, carers are more likely to smoke while BME communities and those who are non-heterosexual are less likely to be physically active than average. It is important to note however that due to the small sample sizes within the survey it has not been possible to fully analyse the trends between all the different communities, and different groups within broader categories. **Commissioners need to recognise the different needs of equity groups, and understand that the needs may vary significantly for groups within the broad categories used in this analysis.**

2012 Adult Lifestyle Survey – Prevalence of risky behaviours by population segments								
	Sample Size	Low Mental Wellbeing	Current Smokers	Unhealthy drinking[1]	Obese	Not Active Physically	Unhealthy Diet	Multiple risk[2]
All responses (18+)	6676	12.2% (11.4%-13.0%)	14.9% (14.1%-15.8%)	26.1% (25.0%-27.1%)	16.2% (15.3%-17.1%)	73.6% (72.5%-74.6%)	82.1% (81.1%-83.0%)	32.4% (31.3%-33.5%)
Gender								
Females	3345	12.0% (10.9%-13.1%)	12.1%^{L} (11.0%-13.3%)	21.1%^{L} (19.7%-22.5%)	16.8% (15.5%-18.1%)	75.6% (74.1%-77.1%)	79.3%^{L} (77.9%-80.6%)	28.0%^{L} (26.4%-29.5%)
Males	3294	12.3% (11.2%-13.5%)	17.7%^{H} (16.4%-19.0%)	31.2%^{H} (29.6%-32.8%)	15.7% (14.5%-17.0%)	71.5% (69.9%-73.0%)	84.9%^{H} (83.6%-86.1%)	36.9%^{H} (35.2%-38.6%)
Age Group								
18-49	3209	13.8% (12.6%-15.0%)	18.8%^{H} (17.4%-20.1%)	29.8%^{H} (28.2%-31.4%)	12.9%^{L} (11.7%-14.1%)	73.1% (71.6%-74.6%)	85.0%^{H} (83.8%-86.2%)	38.9%^{H} (37.3%-40.7%)
50-64	2013	11.0% (9.7%-12.5%)	13.9% (12.4%-15.5%)	30.1%^{H} (28.2%-32.2%)	21.1%^{H} (19.4%-23.0%)	71.5% (69.5%-73.4%)	77.3%^{L} (75.4%-79.1%)	32.1% (30.1%-34.2%)
65+	1436	9.9% (8.4%-11.7%)	7.5%^{L} (6.3%-9.0%)	11.9%^{L} (10.3%-13.7%)	16.9% (15.0%-19.0%)	77.8%^{H} (75.5%-79.9%)	82.3% (80.2%-84.2%)	17.8%^{L} (15.8%-19.9%)
2007 National Index of Multiple Deprivation								
1 - Most deprived	659	20.9%^{H} (17.9%-24.4%)	30.9%^{H} (27.4%-34.5%)	20.7%^{L} (17.8%-24.0%)	23.5%^{H} (20.4%-27.1%)	72.6% (69.1%-75.9%)	91.2%^{H} (88.8%-93.1%)	40.8%^{H} (37.0%-44.6%)
2- 2nd most deprived	1025	14.3% (12.3%-16.7%)	21.3%^{H} (18.9%-24.0%)	24.3% (21.8%-27.0%)	19.8%^{H} (17.5%-22.5%)	72.0% (69.2%-74.7%)	84.6% (82.3%-86.7%)	35.6% (32.7%-38.6%)
3- Mid deprived	1327	13.9% (12.1%-15.9%)	16.3% (14.4%-18.4%)	25.4% (23.1%-27.8%)	16.9% (15.0%-19.1%)	72.8% (70.3%-75.1%)	84.8% (82.8%-86.7%)	32.0% (29.6%-34.6%)
4- 2nd least deprived	1480	10.2% (8.7%-11.8%)	12.2%^{L} (10.6%-14.0%)	27.2% (25.0%-29.5%)	15.3% (13.6%-17.3%)	74.9% (72.6%-77.1%)	79.6% (77.5%-81.6%)	32.1% (29.8%-34.6%)
5- Least deprived	2160	8.8%^{L} (7.7%-10.1%)	8.1%^{L} (7.0%-9.3%)	28.2% (26.4%-30.2%)	12.5%^{L} (11.2%-14.0%)	74.3% (72.4%-76.1%)	78.0%^{L} (76.2%-79.7%)	28.9%^{L} (27.0%-30.9%)
Neighbourhood Management Areas								
All NMAs	379	23.1%^{H} (19.0%-27.9%)	33.3%^{H} (28.7%-38.3%)	20.1%^{L} (16.3%-24.5%)	26.0%^{H} (21.7%-30.8%)	74.1% (69.3%-78.3%)	90.5%^{H} (87.1%-93.1%)	43.5%^{H} (38.5%-48.7%)
Perceived Health Status								
Not good health	1723	27.1%^{H} (25.0%-29.3%)	21.5%^{H} (19.6%-23.5%)	18.8% (17.0%-20.7%)	27.6%^{H} (25.5%-29.8%)	81.1%^{H} (79.1%-82.9%)	86.1%^{H} (84.4%-87.6%)	30.8% (28.6%-33.1%)
Good health	4945	7.2%^{L} (6.5%-7.9%)	12.7%^{L} (11.8%-13.6%)	28.6% (27.3%-29.9%)	12.4%^{L} (11.5%-13.3%)	71.0%^{L} (69.8%-72.3%)	80.7% (79.6%-81.8%)	33.0% (31.7%-34.3%)
Mental Wellbeing Category								
Above Average	933	*	11.1%^{L} (9.3%-13.3%)	25.7% (23.0%-28.6%)	14.4% (12.3%-16.9%)	65.8%^{L} (62.7%-68.8%)	74.0%^{L} (71.0%-76.7%)	25.7%^{L} (23.0%-28.7%)
Average	4692	*	13.8% (12.8%-14.8%)	27.1% (25.9%-28.4%)	16.3% (15.2%-17.4%)	73.8% (72.5%-75.0%)	81.7% (80.6%-82.8%)	33.1% (31.7%-34.5%)
Below Average	779	*	24.7%^{H} (21.8%-27.9%)	25.1% (26.4%-28.6%)	17.9% (15.3%-20.8%)	79.3% (76.3%-82.0%)	90.9%^{H} (88.6%-92.7%)	38.0%^{H} (34.6%-41.5%)
Ethnicity								
White British	6058	11.8% (11.0%-12.6%)	14.7% (13.9%-15.7%)	27.5% (26.4%-28.6%)	16.5% (15.6%-17.5%)	73.0% (71.8%-74.1%)	81.8% (80.8%-82.7%)	33.5% (32.3%-34.7%)
Not White	402	16.7%^{H} (13.3%-20.8%)	16.2% (12.9%-19.4%)	6.3%^{L} (4.3%-9.2%)	13.5% (10.5%-17.3%)	82.4%^{H} (78.3%-85.8%)	88.0% (84.5%-90.9%)	20.9%^{L} (17.7%-24.4%)

1: Binge drinking, or drinking at high or increasing risk. 2: Three or more of smoking, excessive alcohol use, unhealthy diet, not physically active

Figures in brackets refer to the 95% confidence intervals, L and H indicate if a figure is statistically significantly lower (L) or higher (H) than the Stockport average

2012 Adult Lifestyle Survey – Estimated number of people undertaking risky behaviours by population segments								
	Total Population	Low Mental Wellbeing	Current Smokers	Unhealthy drinking[1]	Obese	Not Active Physically	Unhealthy Diet	Multiple risk[2]
All responses	238,844	27,000 - 31,000	34,000 - 38,000	60,000 - 65,000	37,000 - 41,000	173,000 - 178,000	194,000 - 198,000	75,000 - 80,000
Gender								
Females	121,961	13,000 - 16,000	13,500 - 16,000	24,000 - 27,000	19,000 - 22,000	90,000 – 94,000	95,000 - 98,000	32,000 - 36,000
Males	116,882	13,000 – 16,000	19,000 - 22,000	35,000 - 38,000	17,000 - 20,000	82,000 - 85,000	98,000 – 101,000	41,000 - 45,000
Age Group								
18-49	127,229	16,000 - 19,000	22,000 – 26,000	36,000 - 40,000	15,000 - 18,000	91,000 – 95,000	107,000 - 110,000	47,000 - 52,000
50-64	56,978	5,500 - 7,000	7,000 - 9,000	16,000 - 18,000	11,000 - 13,000	39,500 - 42,000	43,000 - 45,000	17,000 - 19,000
65+	54,637	5,000 - 6,000	3,500 – 5,000	6,000 – 8,000	8,000 - 10,000	41,000 - 44,000	44,000 - 46,000	8,500 - 11,000
2007 National Index of Multiple Deprivation								
1 - Most deprived	28,279	5,000 – 7,000	8,000 - 10,000	5,000 - 7,000	6,000 – 8.000	19,500 - 21,000	25,000 - 26,000	10,000 - 13,000
2- 2nd most deprived	41,784	5,000 - 7,000	8,000 - 10,000	9,000 - 11,000	7,000 - 9,000	29,000 - 31,000	34,000 - 36,000	14,000 - 16,000
3- Mid deprived	47,619	6,000 - 7,500	7,000 - 9,000	11,000 - 13,000	7,000 - 9,000	33,000 - 36,000	39,000 - 41,000	14,000 - 16,000
4- 2nd least deprived	52,234	4,500 - 6,000	5,500 - 7,000	13,000 - 15,000	7,000 - 9,000	38,000 - 40,000	40,000 - 43,000	15,500 - 18,000
5- Least deprived	68,088	5,000 - 7,000	5,000 - 6,000	18,000 - 21,000	8,000 - 10,000	49,000 - 52,000	52,000 - 54,000	18,000 - 21,000
Neighbourhood Management Areas								
All NMAs	17,556	3,000 – 5,000	5,000 - 7,000	3,000 - 4,000	4,000 - 5,500	12,000 - 14,000	15,000 - 16,000	7,000- 8,500
Perceived Health Status								
Not good health	61,622	15,000 - 18,000	12,000 - 14,500	10,000 - 13,000	16,000 - 18,000	49,000 - 51,000	52,000 - 54,000	18,000 – 20,000
Good health	177,222	11,500 - 14,000	21,000 - 24,000	48,000 - 53,000	20,000 – 24,000	124,000 - 128,000	141,000 - 145,000	56,000 - 54,000
Mental Wellbeing Category								
Above Average	34,797	-	3,000 - 5,000	8,000 - 10,000	4,000 - 6,000	22,000 - 24,000	25,000 - 27,000	8,000 – 10,000
Average	174,993	-	22,000 - 26,000	46,000 - 50,000	27,000 - 30,000	127,000 - 131,000	141,000 - 145,000	56,000 - 61,000
Below Average	29,054	-	6,000 - 8,000	6,000 - 8,000	4,500 - 6,000	22,000 - 24,000	26,000 - 27,000	10,000 - 12,000
Ethnicity								
White British	213,105	23,000 - 27,000	29,500 - 33,000	56,000 - 61,000	33,000 - 37,000	153,000 – 158,000	172,000 - 176,000	69,000 - 74,000
Not White	15,711	2,000 - 3,000	2,000 - 3,000	700 - 1,500	1,500 - 3,000	12,000 - 13,500	13,500 - 14,500	3,000 - 4,000

1: Binge drinking, or drinking at high or increasing risk. 2: Three or more of smoking, excessive alcohol use, unhealthy diet, not physically active