

PHRU

Public Health
Resource Unit



Health and Well-being Survey of the Greater Glasgow Population 2005



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Introduction

The health and well-being survey was conducted in 1999, 2002 and 2005. It is a unique document that gives a picture of personal perceptions of health and illness; use of health services; health behaviours; social health and social capital of the residents of NHS Greater Glasgow. It is used to set targets and establish action plans for health improvement projects across the area. This is the third report, some trends are starting to emerge. However, trends must still be viewed with a degree of caution as further follow-ups are required in order to identify if the changes observed persist over time.

In 2005, 4 CHCP/CHP areas choose to boost their samples. They provide valuable insights into health and well-being at local level and have illuminated some interesting differences across areas.

The data emerging from the survey was extensive. It can be used to explore patterns of health and well-being across gender, age and SIP/non SIP areas (and bottom 15% data zones (ROA) vs the rest (non ROA)).

Boundary for the health and well-being survey

The 2005 survey covers the old NHS Greater Glasgow boundary. The exact boundary of the newly formed NHS Greater Glasgow and Clyde was not decided upon until the fieldwork was almost complete.

Methods

The main survey included a total of 1,954 face-to-face, in-home interviews with adults (aged 16 and over), a further 1,488 were conducted in the boosted areas (South Lanarkshire (249), West Dunbartonshire (505), East Dunbartonshire (228) and East CHCP(506)). This report focuses on the findings from the main survey.

The sample was stratified proportionately by local authority and DEPCAT. Addresses were selected at random from each stratum. Interviewers randomly selected adults in each household by using the “last birthday” technique.

The fieldwork was conducted between August – December 2005. The response rate was 72%. The sample was large enough to analyse all of the following variables; age, gender, SIP/non SIP, most 15% deprived data zones vs other data zones and DEPCATs (based on the Carstairs Deprivation Index).

What do the p values mean?

Statistics have been used to identify if the differences observed between 1999, 2002 and 2005 could be due to chance factors alone or due to a real change. The p values are reported where chance factors alone are unlikely to be the sole explanation for differences observed. A p value of <0.05 means that chance alone could explain the findings only 5 times in 100 ie it is quite likely that differences between two sets of data are real; whereas a p value of <0.01 means that chance alone could explain the findings only 1 time in 100 ie it is even more unlikely that chance alone explains the observed differences.

Confidence intervals are also reported as these demonstrate the uncertainty involved in examining differences between two (or more) sets of observations. For example in table 1 the confidence interval is 5.5 to 16.3. This means that the change between 2002 and 2005 in the proportion of respondents reporting a positive perception of general physical health and well-being is very likely (95 times out of 100) to be between 5.5% and 16.3% (the observed change was 10.9%). Thus confidence interval takes into account the variability in observations when sampling methods are employed.



The findings

Perception of health and illness

Two thirds (68.2%) of respondents reported their health was excellent or good. This was similar to the position in 1999 (there had been a slight reduction in the proportion rating their health as excellent or good in 2002, mainly in SIP areas).

Just over 80% of residents reported a positive perception of their general physical health and well-being. This represented an improvement on the 2002 position and was most marked amongst those living in SIP areas as seen in table 1:

Target: To increase the proportion of the local population reporting positive mental health to 80% *NHS Greater Glasgow and Clyde Performance Framework 2006/7*

Health and well-being survey: 83.7% respondents rate their general mental or emotional well-being positively

Table 1: The percentage reporting positive perception of general physical health and well-being

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	78.9%	70.3%	81.8%
2002	77.0%	64.0%	81.8%
2005	80.3%	74.9%	82.3%
Change 2002-2005	3.3	10.9	n/a
p	<0.05	<0.001	n/a
Confidence Interval	0.7 to 5.9	5.5 to 16.3	n/a

There had been improvements in the proportion of respondents with a positive perception of general mental or emotional well-being. Indeed the target set by NHS Greater Glasgow and Clyde in the 2006/7 performance framework was met as illustrated in table 2:

Table 2: The percentage reporting positive perception of general mental or emotional well-being

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	85.1%	78.6%	87.3%
2002	81.9%	72.6%	85.4%
2005	83.7%	78.7%	85.6%
Change 2002-2005	n/a	6.1	n/a
p	n/a	<0.05	n/a
Confidence Interval	n/a	1.0 to 11.2	n/a

The gains in positive perception of mental and physical health was most marked in SIP areas.



The increase in the proportion of people being treated for more than one condition in 2002, reversed in 2005. The picture in the latest survey was similar to the 1999 level (almost 42% report receiving treatment for one or more condition). People in SIP areas were slightly more likely to be receiving treatment than residents of non SIP areas, but the gap between SIP and non SIP areas was starting to close, see table 3:

Table 3: Percentage of people who received treatment for one or more condition(s)

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	41.0%	44.7%	39.6%
2002	43.8%	53.5%	39.7%
2005	41.8%	44.4%	40.8%
Change 2002-2005	n/a	-9.1	n/a
p	n/a	<0.01	n/a
Confidence Interval	n/a	-3.2 to -15.0	n/a

The percentage of people receiving treatment for one or more condition(s) increased with age, as table 4 illustrates:

Table 4: Percentage of people who received treatment for one or more condition(s) by age group

Age Group	Percentage
16-44	22.3
45-64	54.5
65+	81.0

The findings

Target: 5% of 45-54 year old with no natural teeth by the year 2010 *Towards a Healthier Scotland*

Health and well-being survey: 6.6% of respondents aged 45-54 had no natural teeth

Dental health

Overall 86% of residents reported having all (59%) or some (26%) of their own teeth. This left 14% with none of their own teeth. The difference between SIP and non SIP areas had disappeared in the most recent survey (see table 5):

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	84.0	80.1	85.3
2002	83.7	80.2	85.6
2005	85.8	85.8	85.8
Change 2002-2005	N/a	5.6	N/a
p	N/a	<0.05	N/a
Confidence interval	N/a	1.1-10.1	N/a

However when other methods of measuring deprivation were used the difference (though narrowing) persists (for example 91% of DEPCAT 1/2 had some or all of their own teeth compared to 85% of DEPCAT 3/4/5 and 84% of DEPCAT 6/7).

The "Towards a Healthier Scotland" target for dental health had almost been met.



In 1999 almost 80% of respondents were registered with a dentist, this took a dip in 2002, but returned to the 1999 situation in the most recent survey, as table 6 illustrates:

Table 6: The proportion of respondents registered with a dentist

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	79.9	72.1	82.6
2002	73.4	64.8	76.8
2005	79.4	74.6	81.2
Change 2002-2005	6.0	9.8	4.4
p	<0.001	<0.001	<0.01
Confidence Interval	3.3 to 8.7	4.4 to 15.2	1.3 to 7.5

However, in 2005, fewer respondents reported visiting the dentist in the last 6 months compared to 2002 as table 7 illustrates:

Table 7: The proportion of respondents that report visiting the dentist in the last 6 months

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	Not asked		
2002	49.6	35.7	54.7
2005	45.2	36.8	48.3
Change 2002-2005	-4.4	N/a	-6.4
p	<0.01	N/a	<0.01
Confidence Interval	-1.2 to -7.6	N/a	-2.6 to -10.2

On a more positive note, the gap between SIP and non SIP areas had started to narrow for this indicator.

The findings

The use of health services

Just over three quarters of residents (78%) reported visiting their GP in the last year. Older people, women, those in more deprived areas, those in poor physical health, those in poor mental health, those who are obese and those who are physically inactive tended to make more frequent use of their GPs.

The proportion of respondents who had seen their GP in the last year had reduced from 1999-2005, as illustrated in table 8:

Table 8: The percentage of respondents who had seen their GP in the last year

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	82.8	87.9	81.0
2002	80.1	87.8	77.2
2005	78.0	82.1	76.5
Change 1999-2005	-4.8	-5.8	-4.5
p	<0.001	<0.05	<0.01
Confidence Interval	-2.2 to -7.4	-1.4 to -10.2	-1.4 to -7.6

These trends were mirrored in the proportion of respondents that reported visiting an out patient department (30.7% visited an outpatients in 1999, this reduced to 24.6% in 2002 and 22.9% in 2005).

The picture for attendance in Accident and Emergency looked different. Overall there had been little change since 1999; however significant increases had occurred in the proportion of respondents living in SIP areas that visit A&E, as illustrated in table 9:

Table 9: The percentage of respondents who had visited Accident and Emergency in the last year

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	14.2	11.9	15.1
2002	14.9	17.0	14.1
2005	14.5	17.1	13.5
Change 1999-2005	N/a	5.2	N/a
p	N/a	<0.05	N/a
Confidence Interval	N/a	0.8-9.6	N/a

Involvement in decisions affecting health service delivery

In 2005, 79% of respondents reported being given adequate information about their condition or treatment. Women and those aged over 55 years were more likely to report this. Further, 72% of respondents felt they had been encouraged to participate in decisions affecting their health or treatment. Again, this was more likely to be reported by women and those aged over 55. Almost two thirds of respondents reported they had a say in how health services were delivered, whereas one in five (18%) said they did not.

Respondents were asked how easy it was to access a range of health services. The majority of respondents reported that it was easy or very easy to access services as illustrated in table 10:

Table 10: The proportion of respondents indicating that it was easy (or difficult) to access health services

	Easy (%)	Difficult (%)
Getting an appointment to see your GP	71	11
Accessing health services in an emergency	54	5
Obtaining an appointment at the hospital	43	9
Reaching the hospital for an appointment	57	15
Getting an appointment to see the Dentist	69	5
Getting a consultation at the GP Surgery within 48 hours	62	7

The findings

Health behaviours

Smoking

Just over a third (37.2%) of respondents reported they were current smokers. This represented a return to the 1999 position, after the improvements seen in 2002, as table 11 illustrates:

Table 11: The proportion of respondents that were current smokers

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	37.2	50.3	32.6
2002	33.2	48.6	27.4
2005	37.2	49.7	32.7
Change 2002-2005	4.0	N/a	5.3
p	<0.05	N/a	<0.01
Confidence Interval	0.9 to 7.1	N/a	1.8 to 8.8

Table 11 also demonstrated that the gap in smoking behaviour between SIP and non SIP areas had persisted since the survey started. There was still some way to go before the local target for smoking was met, especially in SIP areas where double the target were reported to be smokers.

Further analysis reveals 18.3% of the Greater Glasgow population were heavy smokers (smoke over 20 cigarettes per day), this represented 49.2% of the smokers in Greater Glasgow. We know from work elsewhere that these smokers are most resistant to engaging in smoking cessation and those that do attempt to quit are least likely to achieve a positive outcome. Thus, the smoking target appears particularly challenging for Greater Glasgow.

There were no changes in the proportion of respondents who reported they were exposed to smoke, some or most of the time since we started recording this information in 2002. Overall 54.9% respondents reported being exposed to smoke, this increased to 62.4% in SIP areas compared to only 52.2% respondents from non SIP areas. However the survey did take place before the smoking in public places legislation.

Target: Reducing the rate of adult smokers in all social classes to 24.3% by 2010. *NHS Greater Glasgow and Clyde performance framework 2006/7*

Health and well-being survey: Greater Glasgow 37.2% smokers (SIP 49.7% smokers; non SIP 32.7% smokers)



Locally the picture is similar to Scotland where 57% reported being exposed to smoke (no change since 1998. Scottish Health Survey 2005).

Target: Reduce the proportion of men exceeding the weekly alcohol limit of 21 units to 29%. *NHS Greater Glasgow and Clyde Performance Framework 2006/7*

Health and well-being survey: 25% of men exceeded the weekly alcohol limit

Target: Reduce the proportion of women exceeding the weekly alcohol limit of 14 units to 11%. *NHS Greater Glasgow and Clyde Performance Framework 2006/7*

Health and well-being survey: 11% of women exceeded the weekly alcohol limit

Alcohol

Seven in ten respondents reported drinking alcohol at least sometimes, one in five reported exceeding the recommended alcohol limit in the preceding week (over 21 units per week for men and over 14 units per week for women). This represented a return to the 1999 position, after a reduction in the proportion of respondents drinking above the recommended levels in 2002, as seen in table 12:

Table 12: The proportion of respondents drinking above the recommended level of alcohol in the preceding week

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	17.6	21.0	16.5
2002	13.1	11.0	13.9
2005	17.7	18.6	17.3
Change 1999-2005	4.6	7.6	3.4
p	<0.001	<0.001	<0.05
Confidence Interval	2.3 to 6.9	3.4 to 11.8	0.7 to 6.1

Table 12 also demonstrated the gap between SIP and non SIP areas appeared to be reducing. However, other measures of deprivation and socio-economic position demonstrated a gap between the more affluent and least affluent. For example, owner occupiers were less likely to exceed the weekly alcohol limit (13%) than housing association residents (22%); only 13% of those in social class A, reported exceeding the weekly alcohol limit compared to 30% of those in social class E. Younger people (under 35's) and men were more likely to exceed the recommended weekly alcohol limit.

The 2005 survey indicated the local target for alcohol consumption had been met.

The findings

The figures for Glasgow were similar to the rest of Scotland, where 27% of men, and 14% of women reported consuming more than the recommended amount of alcohol (Scottish Health Survey, 2005).

Binge drinking was defined as a man drinking more than 8 units of alcohol on a single day, or women drinking more than 6 units. Using this definition, 29% respondents reported binge drinking. Almost twice as many men (39%) as women (19%) reported binge drinking. Younger people (under 35's) were more likely to binge drink than older people. Half the men interviewed who were under 35 reported binge drinking in the last week. There was no difference in binge drinking levels amongst SIP and non SIP areas (28% respondents living in SIP areas and 29% respondents living in non SIP areas reported binge drinking in the last week).

Target: 50% of all adults (aged 16+) accumulating a minimum of 30 minutes per day of moderate physical activity on five or more days of the week or 20 minutes of strenuous physical activity on 3 or more days of the week. *NHS Greater Glasgow and Clyde Performance Framework 2006/7*

Health and well-being survey: 57% of respondents currently meet the minimum exercise standards

Physical activity

The recommended levels of physical activity were: at least 30 minutes of moderate activity five or more days per week and/or at least 20 minutes of strenuous activity three or more days per week. 57% respondents reported meeting this target, overall this had not changed significantly since the survey began. However, interesting patterns emerged between different groups, for example the gap between SIP/non SIP areas, had not only disappeared, but started to reverse as illustrated in table 13:

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	54.7	47.8	57.2
2002	54.9	60.5	53.3
2005	57.0	62.5	55.0
Change 1999-2005	N/a	14.7	N/a
p	N/a	<0.001	N/a
Confidence interval	N/a	8.5 to 20.9	N/a



Similarly, small, but not significant increases had been seen in the proportion of people meeting the physical activity targets across Scotland (Scottish Health Survey, 2005). Younger respondents were more likely to meet the physical activity targets than older respondents.

Diet

The Scottish Diet Action Plan target is for individuals to consume at least five portions of fruit and/or vegetables per day, 30% respondents reported they achieved this; which was a dip from the 2002 position where 34% reported eating the recommended amount; but an improvement on the 1999 position. Most of this reduction was accounted for by fewer respondents in non SIP areas meeting the target compared to 2002 as illustrated in table 14:

Table 14: The proportion of respondents eating at least 5 portions of fruit and/or vegetables per day

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	24.5	18.4	26.6
2002	34.1	21.6	38.7
2005	30.2	20.9	33.7
Change 2002-2005	-3.9	N/a	-5.0
p	<0.05	N/a	<0.01
Confidence Interval	0.9 to -6.9	N/a	-1.4 to -8.6

Other measures of deprivation revealed a larger difference between the most affluent and least affluent. For example, 48% of those in DEPCAT 1/2 reported eating the recommended amount of fruit and vegetables compared to only 24% of those in DEPCAT 6/7. The largest difference is between social class A where 67% reported eating the recommended amount of fruit and vegetables compared to 27% of social class E. The average number of portions of fruit and vegetables consumed per day is 3.73. This was similar to the Scottish average of 3.1 portions per day (Scottish Health Survey, 2005). 6% of our sample reported eating no fruit or vegetables in an average day.

The findings

The Scottish Diet Action Plan recommends no more than 1 high fat or sugary snack per day. There was a large reduction in the proportion of respondents eating more than the recommended amount of snacks. Improvements had been seen in SIP and non SIP areas, but the largest gains had been made in SIP areas. Thus, the gap between SIP and non SIP areas observed in 1999 had now disappeared, as table 15 illustrates:

Table 15: The proportion of respondents eating more than the recommended amount of high fat and sugary snacks

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	54.0	63.8	50.6
2002	32.3	33.4	32.2
2005	32.4	33.4	32.0
Change 1999-2005	-21.6	-30.4	-17.4
p	<0.001	<0.001	<0.001
Confidence Interval	-18.4 to -24.8	-24.4 to -36.4	-14.9 to -22.3

However, there was a difference in the consumption of high fat and sugary snacks amongst the most affluent and least affluent when other measures of deprivation were explored. For example 21%, of those in DEPCAT 1/2 exceeded the target compared to 36% of those in DEPCAT 6/7; only 16% of those in social class A exceeded the target, compared to 41% of those in social class E. Younger people (those under the age of 35) were more likely to report eating over the recommended amount of high fat and sugary snacks.



Obesity

Data from the 2005 survey revealed that the proportion of overweight adults had reduced in SIP areas but increased in non SIP areas. There was little change across the sample as a whole. The gap between SIP and non SIP areas persisted but non SIP areas had higher rates of obesity compared to SIP areas as table 16 illustrates:

Target: Reduce the percentage of overweight adults (defined as a body mass index (BMI) exceeding 25). *NHS Greater Glasgow and Clyde Performance Framework 2006/7*

Health and well-being survey: The proportion of overweight adults has not reduced since 1999

Table 16: The proportion of respondents with a body mass index of 25 or over

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	39.7	41.0	39.3
2002	42.9	45.7	41.7
2005	42.2	37.6	43.9
Change 1999-2005	N/a	N/a	4.6
Change 2002-2005	N/a	-8.1	N/a
p	N/a	<0.01	<0.05
Confidence interval	N/a	-2.3 to 13.9	0.8 to 8.4

The local target relating to BMI had not been met. Men (49%) were more likely to be overweight than women (36%). This gender gap only existed in the 25-64 age group, in the youngest and oldest age groups the BMIs of men and women were very similar. Respondents over the age of 25 were more likely to be above the ideal weight, this peaked in the 55-64 age group where 61% had a BMI above 25.

Unhealthy behaviour index

The data for 2005 was used to compile an index of unhealthy behaviours. The index examined the association between smoking, being above the ideal weight (BMI 25 or above), not doing the recommended amount of physical activity, not eating the recommended quantity of fruit and vegetables, and drinking more than the recommended amount of alcohol.

Nearly all residents admitted to at least one unhealthy behaviour (93%), but only 2% admitted to all five. The average number of unhealthy behaviours is 2.23. Those with the highest number of unhealthy behaviours were: aged 45-54; men (specifically those aged 25-64); those in more deprived areas; those in social classes DE and those with no qualifications.

The findings

Social health

There had been a huge improvement in the proportion of respondents who felt isolated from friends and family. When the survey began in 1999, 17.4% reported feeling isolated, by 2005 this had dropped to 8.4%. Further the difference between SIP and non SIP areas observed in 1999 had disappeared by 2005, as table 17 illustrates:

Table 17: The proportion of respondents who felt isolated from friends and family

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	17.4	26.2	14.4
2002	14.7	20.9	12.5
2005	8.4	8.6	8.3
Change 1999-2005	-9.0	-17.6	-6.1
p	<0.001	<0.001	<0.001
Confidence Interval	-6.8 to -11.2	-12.9 to -22.3	-3.7 to -8.5

However, there was still a difference between the most affluent and least affluent when some socio-economic measures were explored. For example, no respondents from social class A reported feeling isolated from friends and family compared to 10% in social class E.



One in five respondents (21%) reported they belonged to a social club, association or similar. This had decreased since the survey began in 1999. However the gap between SIP and non SIP areas, although still present was starting to close. This was mainly because belonging to a club or association was dropping at a faster rate in non SIP areas compared to SIP areas, as table 18 illustrates:

Table 18: The proportion of respondents who belonged to a social club, association or church group

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	30.2	18.6	34.3
2002	20.2	13.8	22.6
2005	20.9	15.6	22.8
Change 1999-2005	-9.3	N/a	-11.5
p	<0.001	N/a	<0.001
Confidence Interval	-6.5 to -12.1	N/a	-8.1 to -14.9

The majority of respondents felt safe in their own home. Respondents living in SIP areas were less likely to feel safe in their own home than residents of non SIP areas. The gap between SIP and non SIP areas had emerged since the last survey in 2002, as table 19 shows:

Table 19: The proportion of respondents who felt safe in their own home

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	Not asked	Not asked	Not asked
2002	93.1	92.8	93.2
2005	92.1	88.5	93.4
Change 2002-2005	N/a	-4.3	N/a
p	N/a	<0.05	N/a
Confidence Interval	N/a	-0.9 to -7.7	N/a

The findings

The proportion of respondents who felt safe using public transport had dropped since 2002. The gap between SIP and non SIP respondents had closed, but this was generated by a steeper decline amongst non SIP respondents feeling safe using public transport compared to SIP respondents, as table 20 illustrates:

Table 20: The proportion of respondents who felt safe using public transport

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	Not asked	Not asked	Not asked
2002	79.2	77.7	79.7
2005	75.3	74.6	75.5
Change 2002-2005	-3.9	N/a	-4.2
p	<0.01	N/a	<0.05
Confidence Interval	-1.2 to -6.6	N/a	-1.0 to -7.4

Even fewer respondents felt safe walking alone after dark. However, the proportion of respondents who felt safe improved from 1999-2002 and this was sustained in 2005. Respondents living in SIP areas were less likely to feel safe walking alone after dark compared to respondents living in non SIP areas as seen in table 21:

Table 21: The proportion of respondents who felt safe walking alone after dark

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	52.6	40.8	56.7
2002	62.1	57.2	64.1
2005	58.4	54.6	59.7
Change 1999-2005	5.8	13.8	N/a
Change 2002-2005	N/a	N/a	-4.4
p	<0.001	<0.001	<0.05
Confidence Interval	2.6 to 9.0	7.6 to 20.0	0.7 to 8.1

Women and older respondents were less likely to feel safe walking alone after dark.



A large reduction in the proportion of respondents finding it difficult to meet unexpected bills since the survey began in 1999 was observed. This was present across SIP and non SIP areas. Further the gap between SIP and non SIP areas had started to close as seen in table 22:

Table 22: The proportion of respondents that have difficulty meeting an unexpected bill

	£20	£100	£1000
SIP (%)	1.7	25.2	61.3
% change 1999-2005	-10.7	-18.9	-25.3
Non SIP (%)	1.1	10.5	40.2
% change 1999-2005	-2.5	-11.5	-16.1
% difference between SIP/non SIP in 1999	8.8	22.1	30.3
% difference between SIP/non SIP in 2005	0.6	14.7	21.1

Social capital

The proportion of respondents who had a positive perception of their local area as a place to live had increased across SIP and non SIP areas. Further the gap between SIP and non SIP areas, though still present, had started to close as can be seen from table 23:

Table 23: Proportion of respondents with a positive perception of their local area as a place to live

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	78.9	54.4	87.4
2002	72.8	54.0	79.7
2005	82.9	74.7	85.9
Change 2002-2005	10.1	20.7	6.2
p	<0.001	<0.001	<0.001
Confidence Interval	7.5 to 12.7	15.1 to 26.3	3.3 to 9.1

The findings

Across the sample, the proportion of respondents with responsibilities in clubs and associations had reduced. This was mainly driven by respondents living in non SIP areas, as illustrated in table 24:

Table 24: The proportion of respondents with responsibilities in clubs and associations

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	Not asked	Not asked	Not asked
2002	35.9	24.2	38.5
2005	30.4	23.5	32.1
Change 2002-2005	-5.5	N/a	-6.4
p	<0.001	N/a	<0.001
Confidence Interval	-2.5 to -8.5	N/a	-2.8 to -10.0

Fewer respondents reported acting as volunteers in 2005, as seen in table 25. Overall there was little difference between the proportion of men and women who acted as volunteers, however, amongst the age groups where volunteering was most common (35-44 and 55-64 years) women were more likely to act as volunteers.

Table 25: The proportion of respondents that currently act as volunteers

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	8.8	3.2	10.8
2002	7.3	6.9	7.3
2005	5.1	2.5	6.1
Change 1999-2005	-3.7	N/a	-4.7
Change 2002-2005	N/a	-4.4	N/a
p	<0.001	<0.01	<0.001
Confidence Interval	-2.0 to -5.4	1.0 to 6.9	-2.6 to -6.8



Demography

There had been a significant increase in the proportion of respondents who were lone parents. A greater proportion of SIP residents were lone parents compared to non SIP residents, as demonstrated in table 26:

Table 26: The proportion of residents who were lone parents

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	5.2	10.3	3.5
2002	4.9	10.4	2.8
2005	12.2	17.9	10.1
Change 2002-2005	7.3	7.5	7.3
p	<0.001	<0.001	<0.001
Confidence Interval	5.5 to 9.1	3.4 to 11.6	5.5 to 9.1

There had been an increase in the proportion of residents with Internet access across Greater Glasgow. Although there were increases in all areas there was still a gap between SIP areas and non SIP areas, as illustrated in table 27:

Table 27: The proportion of residents who had access to the Internet

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	20.6	10.1	24.3
2002	36.9	20.2	43.1
2005	48.5	37.7	52.5
Change 1999-2005	27.9	27.6	28.2
p	<0.001	<0.001	<0.001
Confidence Interval	25.0 to 30.8	22.7 to 32.5	24.7 to 31.7

The findings

Across the sample as a whole the proportion of residents who owned a car had not changed since the survey began. However, this masks differences in SIP and non SIP areas. The proportion of respondents in SIP areas with a car was increasing, whereas the proportion of respondents in non SIP areas was decreasing. Thus, the gap between SIP and non SIP areas had started to close for this measure, as shown in table 28:

Table 28: The proportion of residents who own a car

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	59.7	37.0	67.6
2002	60.0	35.0	69.5
2005	59.5	44.9	64.9
Change 2002-2005	N/a	9.9	-4.6
p	N/a	<0.01	<0.05
Confidence Interval	N/a	4.1 to 15.7	-1.0 to -8.2

Overall, the proportion of respondents with all their income from state benefits had not changed since 1999, however, there had been a reduction to 1999 levels in SIP areas and an increase in non SIP areas, as illustrated in table 29:

Table 29: The proportion of residents with all income from State Benefits

	Total Sample (%)	SIP (%)	Non SIP (%)
1999	24.5	45.0	17.3
2002	28.4	54.8	18.3
2005	26.8	40.9	21.6
Change 1999-2005	N/a	N/a	4.3
Change 2002-2005	N/a	-13.9	N/a
p	N/a	<0.001	<0.05
Confidence Interval	N/a	-8.0 to -19.8	1.3 to 7.3



Summary

Most people rated their health as excellent or good. There are some encouraging findings such as: more people meeting the recommended targets for physical activity; more people able to meet unexpected bills; more people who have a positive perception of their local area and fewer people feeling isolated from friends and family. However it was disappointing that the gains observed in smoking and alcohol in 2002 had not been sustained in 2005.

General health

- Two thirds of respondents rated their health as excellent or good.
- Compared to 2002 there had been gains in the proportion of respondents who had a positive perception of their physical and mental health
- 6.6% of respondents aged 45-54 had no natural teeth, which is close to the national target of 5%

Use of health services

- Dental registrations had increased since 2002, but the proportion of respondents visiting the dentist in the last 6 months had decreased
- There had been a reduction in the proportion of respondents who had visited the GP in the last year, and an increase in the proportion of respondents from SIP areas who attended accident and emergency

Health behaviours

- Just over a third of respondents were current smokers. Thus, the gains made in 2002 had not been sustained. There was no change in the proportion of respondents exposed to smoke
- One in five respondents exceeded the recommended alcohol limit in the preceding week. This represented a return to the 1999 position, following the gains made in 2002



- 39% of men and 19% of women reported binge drinking in the last week
- The local target of 50% of the population meeting the minimum amount of exercise had been met across Greater Glasgow
- 93% respondents admitted to at least one unhealthy behaviour, but only 2% admit to five (smoking, drinking over the recommended level of alcohol, being above the ideal weight, not eating the required amount of fruit and vegetables and taking less than the recommended amount of exercise)

Social well-being

- Only 8.4% of respondents felt isolated from friends and family. This was an improvement on the position in 1999
- The majority of respondents felt safe in their own home, however there was a reduction in the proportion of respondents from SIP areas who felt safe at home
- There was an improvement in the proportion of residents who had a positive perception of their local area

Financial well-being

- There was a reduction in the proportion of respondents who felt unable to meet unexpected bills of £20, £100, £1000



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