
**NHS Greater Glasgow and Clyde
2008 Health and Wellbeing Survey**

Inverclyde Report

Short Report

Prepared for

NHS Greater Glasgow and Clyde

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Executive Summary

The 2008 health and wellbeing survey provides a wealth of information about health behaviours; perceptions of health; use and satisfaction with health service; satisfaction with other services; financial health; social capital; environmental health and anti-social behaviour.

The results can be used to compare the different perceptions of respondents living in the most deprived areas of Inverclyde and other areas; Inverclyde with the rest of NHSGGC; men and women; different age-groups etc.

This executive summary provides a brief snap shot of findings. This report shows priority areas for Inverclyde. There is also a longer report for Inverclyde which gives a comprehensive analysis of the results. All reports can be found at PHRU.net.

General health

- It is encouraging that 65% of respondents rated their health as excellent or good
- 85% of respondents had a positive perception of their quality of life
- However, 39% of respondents were being treated for at least one condition
- 21% had a GHQ12 score above 4 (indicating poor mental health)

Respondents in Inverclyde were more likely to have poor mental health and less likely to have a positive perception of their health than respondents from NHSGGC as a whole.

Use of health services

- Almost three quarters of respondent had seen their GP in the last year
- A quarter had attended an outpatient department in the last year
- 7% had used A and E in the last year and just over 1 in 10 had stayed in hospital in the last year

Of those who had used health services in the last year they were more likely to feel they had been given adequate information about their condition; encouraged to participate in decisions affecting their health and feel their views and circumstances were understood, compared to respondents from NHSGGC as a whole.

Health behaviours

- 41% of respondents from Inverclyde were exposed to second hand smoke most or some of the time
- 57% of respondents who had a drink of alcohol in the last week, had binge drunk in the last week
- 42% met the national recommendations for physical activity
- 26% of respondents ate 5-a-day which is the target for fruit and vegetable consumption
- 47% had a body mass index over 25 indicating they were overweight or obese

Respondents living in Inverclyde were less likely to meet the 5-a-day target than respondents living in other areas of NHSGGC.

Social well-being

- It is encouraging that only 6% felt isolated from friends and family
- Almost all (98%) felt safe in their own home, however only 50% felt safe walking alone after dark
- 77% felt they belonged to their area while 58% feel valued as a member of the community

Respondents from Inverclyde were more likely to agree they belonged to the area.

Financial well-being

- 13% of respondents reported that it would be difficult for them to meet an unexpected sum of £20
- Almost half reported that it would be difficult for them to meet an unexpected sum of £100
- Four in five reported that it would be difficult for them to meet an unexpected sum of £1000

Respondents in Inverclyde were more likely to have difficulty meeting the cost of essential bills than respondents in NHSGGC as a whole.

The survey shows a rich picture about how people in Inverclyde view their health and wellbeing. The findings are a mix of positive and negative findings.

It will be interesting to see how the information from the survey is used to influence policy and practice in Inverclyde.

1 Introduction

1.1 Introduction

This report contains the findings for Inverclyde from a research study on health and wellbeing carried out in 2008 on behalf of NHS Greater Glasgow and Clyde. The fieldwork and data entry was performed by MRUK. Analysis and reporting was performed by Traci Leven Research. It is the fourth in a series of studies conducted by the former NHS Greater Glasgow and the first to include the area administered by the newly formed NHS Greater Glasgow and Clyde.

Background

The health and wellbeing study started in 1999. At that time the aim of the study was:

- to provide intelligence to inform the health promotion directorate;
- to explore the different experience of health and wellbeing in our most deprived communities¹ compared to other areas; and
- to provide information that would be useful for monitoring health promotion interventions.

Our local survey has provided flexible options to explore health and wellbeing at a local level. In 2008 each of the CH(C)Ps bought into the survey. Separate reports are available for each of the CH(C)Ps that comprise NHSGGC. In addition, Glasgow South West, Inverclyde and Renfrewshire bought into the survey at enhanced levels to allow for local exploration between the most deprived areas and other areas. All the reports will be posted on <http://www.phru.net> as they become available.

Trends are available for the area administered by the former NHSGG area; these are available in a separate report which will be placed on <http://www.phru.net>

Thanks are due to the working group that led the survey:

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Margaret McGranachan	Information and Research Manager
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In addition the project benefited from the support and advice of the advisory group:

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Irene Mackenzie	Corporate Inequalities Team
Kathleen McGill	East Dunbartonshire CHP
Clare McGinley	West Dunbartonshire CHP
Karen McNiven	Glasgow South West CHCP

¹ In 1999, our most deprived communities were given additional resources with the aim of reducing the gap between deprived and least deprived areas. The initiative was part of an umbrella programme of support which focused on Social Inclusion Partnership areas.

David Radford	East Dunbartonshire CHP
Uzma Rehman	Glasgow West CHCP
Janice Scouller	Glasgow East CHCP (formerly)
John Thomson	Glasgow North, CHCP
Greg Usrey	Glasgow South West CHCP (formerly)
Clare Walker	Renfrewshire CHP
Helen Watson	Inverclyde CHP

Objectives

The objectives of the study are:

- to continue to monitor the core health indicators
- to determine whether the changes found in the first two follow-ups were the beginning of a trend in the NHSGGC area
- to compare attitudes and behaviour of those living in the bottom 15% SIMD areas and other areas and address whether changes in attitudes and behaviour apply across the board or just in the most deprived/other areas, thereby tracking progress towards reducing health inequalities
- to form a baseline of health and wellbeing measures for NHSGGC
- to provide intelligence for health improvement policy, programmes and information to enhance performance management.

Summary of Methodology

In total, 8,278 (or which 1,073 took place in Inverclyde) face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the NHSGGC area. The fieldwork was conducted between mid August and mid December 2008. The response rate for all in-scope attempted contacts was 70%.

The sample was stratified proportionately by local authority and SIMD quintile (for definition of SIMD see section 1.2), with addresses selected at random from the residential postcode address file within each stratum. Adults were randomly selected within each sampled household using the last birthday technique.

A full account of the sampling procedures, fieldwork and survey response can be found in the main report for Inverclyde.

1.2 This Report

This report is a shortened version of the main Inverclyde report. This report focuses on findings that Inverclyde CHP felt would be most interesting for local policy and practice.

The main Inverclyde report takes a structured approach whereby Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary. For each indicator, tables are presented showing the proportion of the sample which met the criteria, with comparisons with the NHS Greater Glasgow & Clyde (NHSGGC) area as a whole, and break-downs by demographic (independent) variables. Only comparisons with NHSGGC and independent variables which were found to be significantly different ($p < 0.05$) are reported. The independent variables which were tested were:

Age;

- Gender;
- Age and gender
- Most deprived 15% datazones versus other datazones;
- Employment status (whether main wage earner is economically active);
- Whether has any educational qualifications;
- Whether all household income is from benefits;
- Whether feel isolated from family and friends;

- Whether have control over decisions affecting daily life;
- Self assessed general health;
- Self assessed physical wellbeing;
- Self assessed mental/emotional wellbeing;
- Quality of life;
- GHQ12 score (high/low);
- Whether has a long term illness/condition;
- Whether exposed to second hand smoke (most/some of the time);
- Smoking status;
- Whether exceeds recommended weekly alcohol limits;
- Whether a binge drinker;
- BMI;
- Whether consumes 5+ portions of fruit/veg per day;
- Whether eats breakfast every day.

Ethnicity is not included in the above list because (a) only a very small proportion of the sample is from an ethnic minority (reflecting the make-up of the population), and (b) it would be inadvisable to analyse all 'non-white' ethnic groups as one group, as the opinions, behaviour and cultural experiences of these groups do not necessarily have anything in common.

Both the main and this shortened version can be found at:

<http://www.phru.net/rande/Web%20Pages/Health%20and%20Wellbeing.aspx>

2 People's Perceptions of Their Health & Illness

2.1 Chapter Summary

Table 2.1 below shows the indicators relating to perceptions of health and illness.

Table 2.1: Indicators for Perceptions of Health and Illness (Inverclyde)

Indicator	% of sample	Unweighted base (n)
Self-perceived health excellent or good (Q1)	65.1%	1,065
Positive perception of general physical wellbeing (Q53b)	77.4%	1,073
Positive perception of general mental or emotional wellbeing (Q53c)	85.0%	1,073
Positive perception of happiness (Q77)	83.2%	1,073
Feel definitely in control of decisions affecting daily life (Q78)	64.0%	1,052
Positive perception of quality of life (Q53a)	84.9%	1,073
Has long term illness/condition that interferes with daily life (Q3)	22.4%	1,065
Receiving treatment for at least one condition (Q2)	39.3%	1,041
Total number of conditions receiving treatment for (Q2):		
0	60.7%	1,041
1	26.9%	
2 or more	12.4%	
GHQ12 score of 4 or above (indicating poor mental health) (Q15)	20.5%	1,073
Have some/all of own teeth (Q12)	81.2%	1,073
Brushes teeth twice or more per day – based on those with some/all of own teeth	74.5%	785

Two thirds (65%) of respondents in Inverclyde had a positive view of their general health. This was lower than the proportion in NMSGGC as a whole. Within Inverclyde, those less likely to have a positive view of their general health were older people, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score (indicating poor mental health) and obese people.

Three quarters (77%) of respondents in Inverclyde had a positive view of their physical wellbeing. Those less likely to have a positive view of their physical wellbeing were older people, men, those with no qualifications, those who receive all household income from benefits, those who do not feel in control of the decisions affecting their lives, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those who consume fewer than five portions of fruit/vegetables per day.

Most (85%) respondents had a positive view of their mental/emotional wellbeing. Those less likely to have a positive view of their mental/emotional wellbeing were those aged between 45 and 74, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people, smokers and those exposed to second hand smoke.

Four in five (83%) respondents in Inverclyde had a positive view of their happiness. This was lower than the proportion with a positive view in NMSGGC as a whole. Within Inverclyde, those less likely to have a positive view of their happiness were those living in the bottom 15% most deprived areas, those with no qualifications, those exhibiting factors

associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score (indicating poor mental health) and smokers.

Just under two thirds (64%) of respondents felt definitely in control of the decisions affecting their daily life. Those less likely to feel in control of such decisions were those aged 65 or over, those in the most deprived areas, those in economically inactive households, those with no qualifications, those who received all household income from benefits, those with a high GHQ12 score, those with a limiting condition or illness and smokers.

More than four in five (85%) respondents had a positive perception of their overall quality of life. Those less likely to have a positive perception of their quality of life were those aged 45 or over, those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people, smokers and those exposed to second hand smoke.

One in five (22%) had a long-term limiting condition or illness. Those more likely to have a limiting illness or condition were those aged 65 or over, those living in the most deprived areas, those in economically inactive households and those with no qualifications, those who received all household income from benefits, those who did not feel definitely in control of the decisions affecting their lives, those with a high GHQ12 score and obese people.

Two in five (39%) were receiving treatment for at least one illness or condition. Those more likely to be receiving treatment for something were those aged 75 or over, those with no qualifications, those receiving all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in five (21%) respondents had a GHQ12 score of four or more indicating poor mental health. This was higher than the proportion in NHSGGC as a whole. Those more likely to have a high GHQ12 score were those aged 75 or over, those with no qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition or illness and smokers.

Four in five (81%) respondents had at least some of their own teeth. This was lower than the proportion for the NHS Greater Glasgow & Clyde area as a whole. Those less likely to have any of their own teeth were those aged 75 or over, those with no qualifications, those who receive all household income from benefits, those not feeling definitely in control over the decisions affecting their lives, those with a high GHQ12 score and those with a limiting condition or illness.

Of those who had any of their own teeth, three quarters (74%) said they brushed their teeth twice or more per day. This was lower than the proportion for the NHS Greater Glasgow & Clyde area as a whole. Those less likely to brush their teeth at least twice a day were men, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of decisions affecting their lives, smokers, those with a high GHQ12 score, those with a limiting condition or illness, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

2.2 Self-Perceived Health and Wellbeing

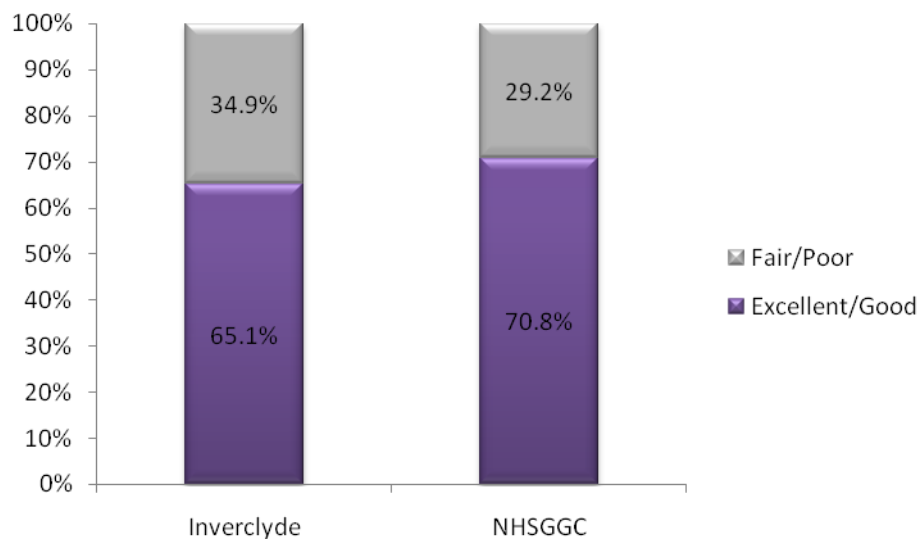
General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, two thirds (65%) gave a positive view of their health, with 15% saying their health was excellent and 50% saying their health was good. However, 35% gave a negative view of their health, with 23% saying their health was fair and 12% saying it was poor.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to the NHSGGC area as a whole, respondents in Inverclyde were less likely to give a positive view of their general health. This is shown in Figure 2.1.

Figure 2.1: Self Perceived General Health: Inverclyde and NHSGGC



As Table 2.2 shows, the younger the respondent, the more likely a positive view of their general health was given. Those rating their general health as excellent or good ranged from 27% of those aged 75 or over to 91% of those aged 16-24.

Table 2.2: Self-Perceived General Health (Q1) by Age and Gender

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
Age:							
16-24	32%	59%	5%	3%	91%	9%	91
25-34	18%	62%	14%	6%	80%	20%	162
35-44	14%	69%	12%	5%	83%	17%	170
45-54	8%	49%	25%	18%	57%	43%	158
55-64	6%	38%	37%	20%	43%	57%	145
65-74	4%	36%	44%	15%	40%	60%	181
75+	2%	25%	45%	28%	27%	73%	155
Men 16-44	16%	66%	10%	8%	82%	18%	173
Women 16-44	22%	63%	12%	3%	85%	15%	250
Men 45-64	8%	36%	35%	21%	44%	56%	147
Women 45-64	6%	51%	26%	17%	56%	44%	156
Men 65+	5%	32%	43%	20%	37%	63%	155
Women 65+	2%	30%	46%	22%	32%	68%	181
All	15%	50%	23%	12%	65%	35%	1,065

As shown in Table 2.3, less than half (44%) of those with no qualifications gave a positive view of their general health compared to three quarters (74%) of those with at least one qualification.

Table 2.3: Self-Perceived General Health (Q1) by Socio Economic Measures

	Excellent	Good	Fair	Poor	Excellent/ Good	Fair/ Poor	Unweighted base (n)
At least one qualification	20%	54%	18%	7%	74%	26%	640
No qualifications	4%	40%	35%	21%	44%	56%	425

Physical Wellbeing

Respondents were presented with a 7-point 'faces' scale, with the expressions on the faces ranging from very happy to very unhappy:



Using this scale, they were asked to rate their general physical well-being and general mental or emotional well-being. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Three quarters (77%) of respondents gave a positive view of their physical wellbeing, using this scale.

Table 2.4 shows that those aged under 45 were more likely to have a positive perception of their physical wellbeing. Also, women were more likely than men to have a positive perception of their physical wellbeing.

Table 2.4: Positive Perception of Physical Wellbeing (Q53b) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	86%	91
25-34	88%	164
35-44	87%	172
45-54	66%	159
55-64	64%	145
65-74	63%	183
75+	56%	156
Men	69%	477
Women	75%	596
Men 16-44	85%	174
Women 16-44	88%	253
Men 45-64	61%	147
Women 45-64	69%	157
Men 65+	57%	155
Women 65+	62%	184
All	77%	1,073

Table 2.5 shows that perceptions of physical wellbeing were less likely to be positive for those living in households with no qualifications.

Table 2.5: Positive Perception of Physical Wellbeing (Q53b) by Socio Economic Measures

	Positive Perception	Unweighted base (n)
At least one qualification	83%	645
No qualifications	64%	428

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their daily life were less likely to give a positive view of their physical wellbeing.

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 85% of respondents gave a positive view of their mental or emotional wellbeing.

Table 2.6 shows that perceptions of mental or emotional wellbeing varied by age groups. Those aged 16-24 were the most likely to give a positive view and those aged between 45 and 74 were the least likely.

Table 2.6: Positive Perception of Mental or Emotional Wellbeing (Q53c) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	96%	91
25-34	90%	164
35-44	88%	172
45-54	80%	159
55-64	78%	145
65-74	81%	183
75+	84%	156
Men 16-44	93%	174
Women 16-44	90%	253
Men 45-64	78%	147
Women 45-64	79%	157
Men 65+	81%	155
Women 65+	83%	184
All	85%	1,073

Respondents without qualifications were less likely to have a positive view of their mental or emotional wellbeing than those with at least one qualification (74% and 90% respectively).

Table 2.7: Positive Perception of Mental or Emotional Wellbeing (Q53c) by Socio Economic Measures

	Positive Perception	Unweighted base (n)
At least one qualification	90%	645
No qualifications	74%	428

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 85% of respondents gave a positive rating of their quality of life.

Those aged 16-24 were the most likely to give a positive view of their overall quality of life and those aged 45 or over were the least likely to do so.

Table 2.8: Positive Perception of Quality of Life (Q53a) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	94%	91
25-34	88%	164
35-44	91%	172
45-54	79%	159
55-64	80%	145
65-74	81%	183
75+	80%	156
Men 16-44	92%	174
Women 16-44	90%	253
Men 45-64	77%	147
Women 45-64	82%	157
Men 65+	77%	155
Women 65+	83%	184
All	85%	1,073

2.4 Illness

One in five (22%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

The likelihood of having a limiting condition or illness increased with age, ranging from 5% of 16-24 year olds to 42% of those aged 65 or over.

Table 2.9: Limiting Long-Term Condition or Illness (Q3) by Age and Gender

	Long-Term Condition/Illness	Unweighted base (n)
Age:		
16-24	5%	91
25-34	10%	164
35-44	11%	172
45-54	26%	159
55-64	31%	145
65-74	42%	183
75+	42%	156
Men 16-44	8%	174
Women 16-44	8%	253
Men 45-64	32%	147
Women 45-64	25%	157
Men 65+	37%	155
Women 65+	45%	184
All	22%	1,065

Table 2.10 shows that limiting conditions/illnesses were more common among those living in the most deprived areas and those with no qualifications.

Table 2.10: Limiting Long-Term Condition or Illness (Q3) by Deprivation and Socio Economic Measures

	Long-term condition/ illness	Unweighted base (n)		Long-term condition/ illness	Unweighted base (n)
Bottom 15% datazones	28%	574	At least one qualification	13%	643
Other datazones	20%	491	No qualifications	43%	422

Those with positive views of their general and physical health, mental/emotional wellbeing and quality of life were less likely to have a long-term limiting condition or illness.

Table 2.11: Limiting Long-Term Condition or Illness (Q3) by Health and Wellbeing Measures

	Long-term condition/ illness	Unweighted base (n)
Positive view of general health	3%	617
Positive view of physical health	12%	767
Positive view of mental/ emotional wellbeing	17%	873
Positive view of quality of life	15%	860

Illnesses/Conditions for Which Treatment is Being Received

Two in five respondents (39%) were receiving treatment for at least one illness or condition.

The likelihood of being in receipt of treatment for at least one illness/condition rises with age – from 12% of those aged 16-24 to 74% of those aged 75 or over.

Those with no qualifications were more likely than those with at least one qualification to be receiving treatment (62% and 29% respectively).

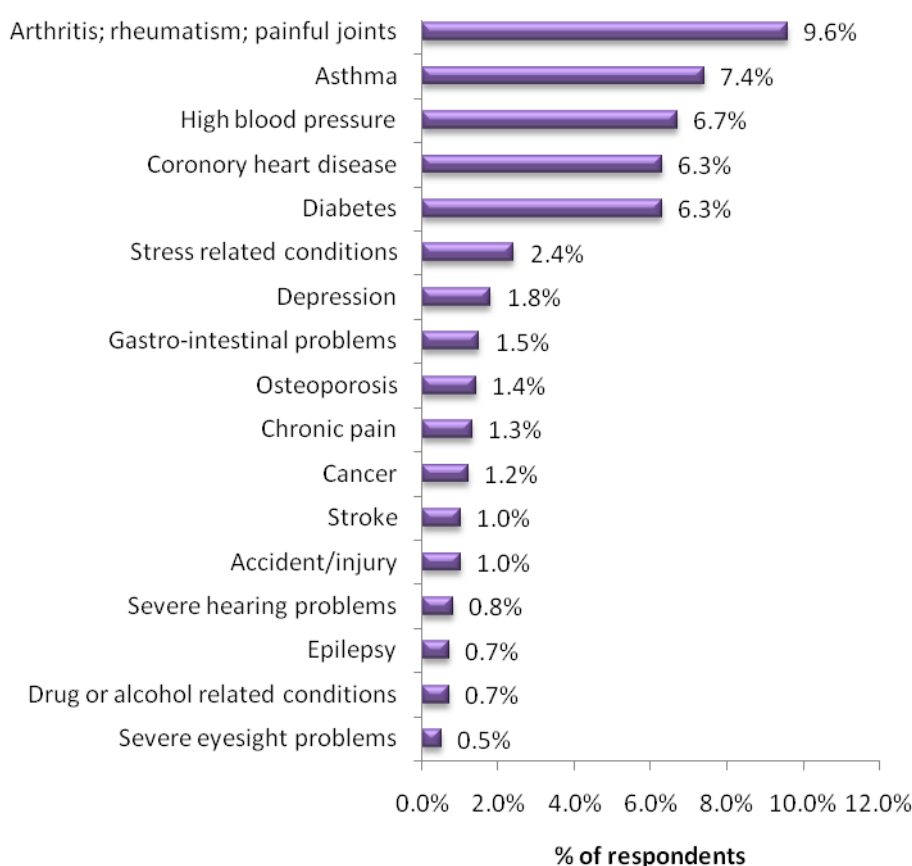
The following groups were less likely to be receiving treatment for one or more illness/condition:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those who were binge drinkers in the last week;
- Those who do not eat breakfast every day;
- Those with a positive view of their quality of life; and
- Those with a positive view of their mental/emotional wellbeing.

As would be expected most (97%) of those who said they had a limiting long-term illness or condition were currently being treated for an illness or condition. Having a high GHQ12 score (indicating poor mental health) also showed a strong relationship with receiving treatment: 81% of those with a high GHQ12 score were receiving treatment for at least one illness or condition. Obese people were also more likely to be receiving treatment.

Figure 2.2 below shows the proportion of respondents who were being treated for each type of illness/condition (for all those conditions where the proportion of respondents with the condition is 0.5% or more).

Figure 2.2: Conditions/Illnesses for Which Treatment is Being Received (Q2)



The most common condition being treated was arthritis/rheumatism/painful joints, for which 10% of respondents were being treated. Also, 7% of respondents were being treated for asthma and 5% were being treated for high blood pressure.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to the NHS Greater Glasgow and Clyde area as a whole, respondents in Inverclyde were more likely to be receiving treatment for high blood pressure or diabetes, but less likely to be receiving treatment for depression or chronic pain.

2.5 Mental Health

GHQ12 Scores

The survey used the General Health Questionnaire (GHQ) to assess the mental health of respondents. The GHQ was designed to be a self-administered questionnaire which could be used to detect psychiatric disorders in the general population. The version used for this survey is based on twelve questions (GHQ12) which ask respondents about their general level of happiness, depression, anxiety, self-confidence, and stress in the few weeks before the interview. Respondents were asked to complete the responses themselves. Interviewers recorded whether they actually did so, or whether they asked the interviewer to help.

Each respondent was given a score between 0 and 12, based on his/her responses to the 12 questions. The number of questions for which the respondent claimed to have experienced a particular symptom or type of behaviour 'more than usual' or 'much more

than usual' over the past few weeks is counted, and the total is the score for that person. The higher the score, the greater the likelihood that the respondent has a psychiatric disorder.

The questions on the GHQ12 ask about changes from normal functioning but not about how long those changes have persisted. As a result, the GHQ detects psychiatric disorders of a range of durations, including those that may be of very short duration. This should be borne in mind when interpreting the results. The prevalence figures presented in this chapter estimate the percentages of the population with a possible psychiatric disorder at a particular point in time and are most useful for comparing sub-groups within the population. It is not possible to deduce the incidence of psychiatric disorders from these data.

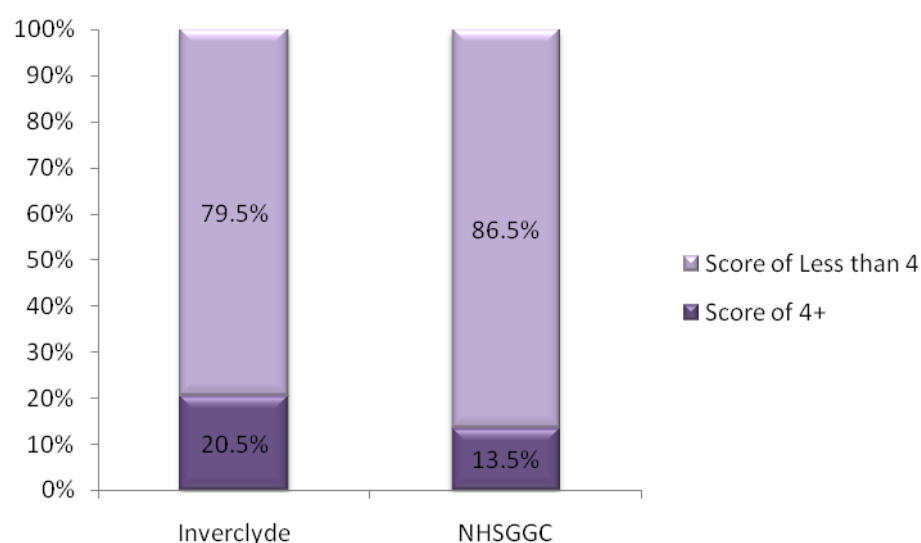
A score of four or more on the GHQ12 has been used to identify those with a potential psychiatric disorder (and references to respondents with a 'high' GHQ12 score refer to those with scores at this level). This is the same method of scoring that is used in the Scottish Health Survey series.

Overall, 21% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to the NHS Greater Glasgow and Clyde area as a whole, respondents in Inverclyde were more likely to have a GHQ12 score of four or more, indicating poor mental health. This is shown in Figure 2.3.

Figure 2.3: Proportion with a High GHQ12 Score (4 or more): Inverclyde and NHSGGC



The likelihood of having a high GHQ12 score increased with age, ranging from 6% of 16-24 year olds to 45% of those aged 75 or over.

Table 2.12: High GHQ12 Score (Q15) by Age and Gender

	High GHQ12 Score	Unweighted base (n)
Age:		
16-24	6%	91
25-34	12%	164
35-44	11%	172
45-54	20%	159
55-64	26%	145
65-74	31%	183
75+	45%	156
Men 16-44	8%	174
Women 16-44	12%	253
Men 45-64	22%	147
Women 45-64	23%	157
Men 65+	30%	155
Women 65+	43%	184
All	21%	1,073

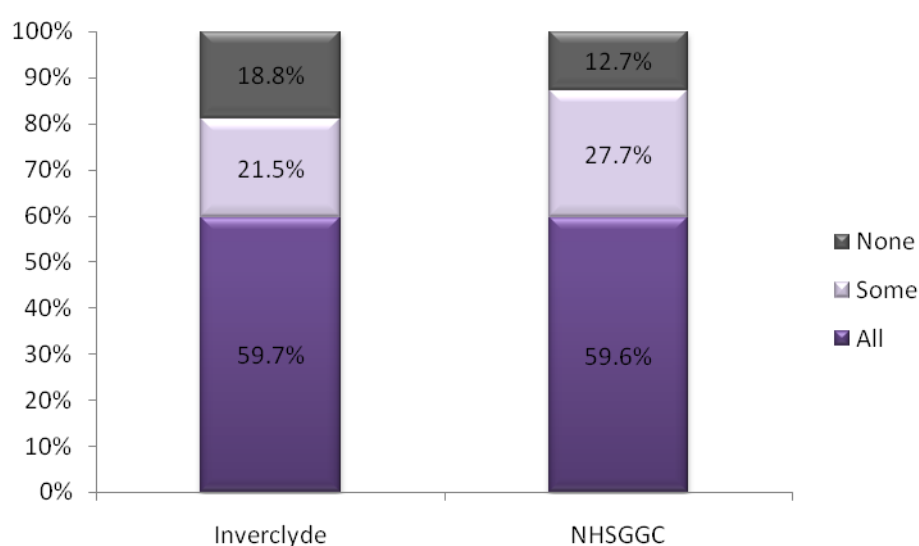
2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Four in five (81%) respondents said that they had all (60%) or some (21%) of their own teeth, while 19% had none of their own teeth.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde were less likely than those in the NHS Greater Glasgow and Clyde area as a whole to have any of their own teeth (81% Inverclyde; 87% NHSGGC). However, as Figure 2.4 shows, a similar proportion had all of their teeth; the difference was attributable to those in Inverclyde being less likely to have 'some' of their own teeth and more likely to have 'none'.

Figure 2.4: Proportion of Own Teeth: Inverclyde and NHSGGC

The national target is for there to be no more than 5% of 45-54 year olds with no natural teeth by 2010. This target was some way from being met, with 10% of those aged 45-54 having no natural teeth.

The proportion with all or some of their own teeth ranged from 27% among those aged 75 or over to 100% of those aged 16-24.

Table 2.13: Proportion of Own Teeth (Q12) by Age and Gender

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-24	98%	2%	0%	100%	91
25-34	89%	10%	1%	99%	164
35-44	90%	9%	1%	99%	172
45-54	61%	29%	10%	90%	159
55-64	36%	46%	18%	81%	145
65-74	11%	34%	55%	45%	183
75+	9%	18%	73%	27%	156
Men 16-44	92%	7%	1%	99%	174
Women 16-44	92%	6%	2%	98%	253
Men 45-64	49%	35%	15%	85%	147
Women 45-64	49%	39%	12%	88%	157
Men 65+	8%	29%	62%	38%	155
Women 65+	11%	25%	64%	36%	184
All	60%	21%	19%	81%	1,073

Those with no qualifications were more likely to say that they had none of their own teeth. This is shown in Table 2.14.

Table 2.14: Proportion of Own Teeth (Q12) by Socio Economic Measures

	All	Some	None	All/some	Unweighted base (n)
At least one qualification	73%	18%	9%	91%	645
No qualifications	30%	30%	40%	60%	428

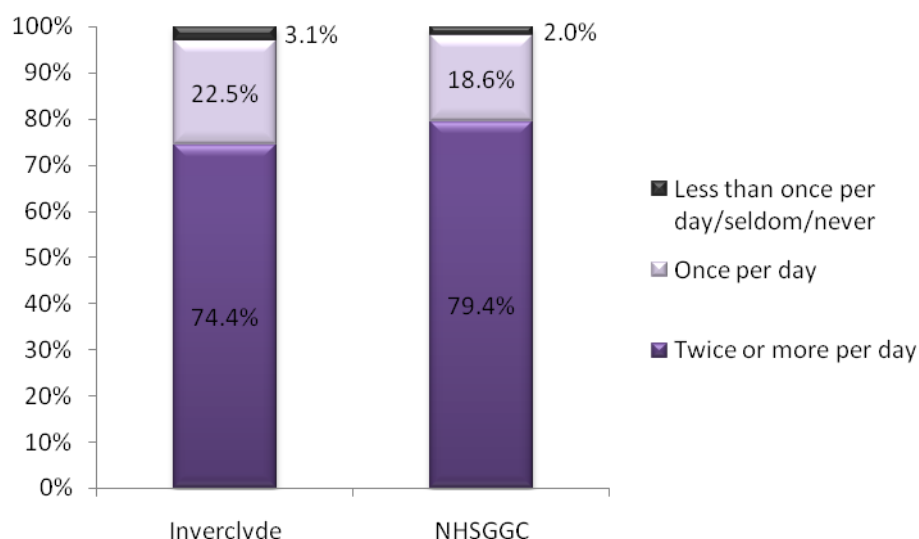
Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Three in four (74%) said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to the NHS Greater Glasgow and Clyde area as a whole, respondents in Inverclyde were less likely to brush their teeth twice or more per day. This is shown in Figure 2.5

Figure 2.5: Frequency of Brushing Teeth: Inverclyde & NHSGGC



Women were more likely than men to brush their teeth at least twice per day (83% of women and 65% of men did so).

Table 2.15: Brushes Teeth Twice or More Per Day (Q13) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Men	65%	339
Women	83%	446
Men 16-44	67%	173
Women 16-44	87%	248
Men 45-64	61%	117
Women 45-64	80%	135
Men 65+	61%	48
Women 65+	77%	63
All	74%	785

3 The Use of Health Services

3.1 Chapter Summary

Table 3.1 provides the indicators relating to use of health services.

Table 3.1: Indicators for Use of Health Services

Indicator	% of sample	Unweighted base (n)
Seen a GP at least once in last year (Q6a)	73.7%	996
Outpatient to see doctor at least once in last year (Q7d)	24.8%	1,023
Accident and emergency at least once in last year (Q7c)	6.6%	1,052
Hospital stay in last year (q7e)	11.3%	1,035
Seen Pharmacist for health advice in last year (Q7a)	9.9%	1,069
Contacted NHS24 in last year (Q7b)	9.0%	1,054
Used GP out of hours service in last year (q7f)	1.5%	1,069
Been to the dentist within past six months (Q11)	53.2%	812
Registered with a dentist (Q9)	76.2%	1,072
Difficulty reaching hospital for an appointment (Q14d)	5.6%	953
Difficulty getting GP appointment (Q14a)	6.0%	1,003
Difficulty getting hospital appointment (Q14c)	18.7%	732
Difficulty getting GP consultation within 48 hours (Q14f)	4.0%	913
Difficulty accessing health services in an emergency (Q14b)	3.5%	899
Difficulty getting dentist appointment (Q14e)	2.7%	712
Someone in home suffered accidental injury in last year (Q17)	2.7%	1,073

Three in four (74%) had seen a GP at least once in the last year. This was lower than the proportion for NHS Greater Glasgow & Clyde as a whole. Those more likely to have seen a GP in the last year were those aged 45 or over, women, those who did not feel definitely in control of the decisions affecting their lives, those with a limiting condition or illness and those with a high GHQ12 score.

One in four (25%) respondents had been a hospital outpatient in the last year. This was higher than the proportion for the NHS Greater Glasgow & Clyde area as a whole. Those more likely to have been a hospital outpatient were those aged 65 or over, those with no qualifications, those who received all household income from benefits and those who did not feel definitely in control of the decisions affecting their daily life, those who received all household income from benefits, those who did not feel definitely in control of the decisions affecting their daily life, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in fifteen (7%) respondents had visited accident and emergency in the last year. Those more likely to have visited A&E were those who received all household income from benefits, those who felt isolated from family or friends, binge drinkers and those with a limiting condition or illness.

One in nine (11%) respondents had been admitted to hospital in the last year. Those more likely to have been admitted to hospital were those aged 75 or over, those with no qualifications, those who received all household income from benefits, those who did not feel definitely in control of the decisions affecting their daily life, those with a limiting condition or illness and those with a high GHQ12 score.

One in ten (10%) respondents had seen a pharmacist for health advice in the last year. This was lower than the proportion in the NHS Greater Glasgow & Clyde area as a whole.

Those more likely to have sought health advice from a pharmacist were those aged 16-24 and those with a positive view of their general health.

One in eleven (9%) had contacted NHS24 in the last year. Those more likely to have done so were those aged 25-34, those who did not definitely feel in control of the decisions affecting their life and those with a high GHQ12 score.

A small proportion (1.5%) of respondents had contacted the GP out of hours service in the last year.

Half (53%) had been to the dentist within the last six months. Those less likely to have visited the dentist within the last six months were those in the oldest age groups, those with no qualifications, those who did not feel definitely in control of the decisions affecting their daily life, those who received all household income from benefits, those with a limiting condition or illness and those with a high GHQ12 score.

Three in four (76%) respondents were registered with a dentist. Those less likely to be registered with a dentist were those in the older age groups, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their lives those with a limiting condition or illness and those with a high GHQ12 score.

One in 18 (6%) respondents said it was difficult to travel to a hospital for an appointment. Those more likely to report difficulty travelling to hospital were those aged 75 or over, women, those with no qualifications, those who felt isolated from family and friends and those with a limiting condition or illness.

One in 17 (6%) respondents said it was difficult to get a GP appointment and one in four (19%) said that it was difficult to get a hospital appointment.

One in 25 (4%) respondents said that it was difficult to get an appointment with a GP within 48 hours when needed. Those aged 55-74 were more likely to have difficulty getting an appointment within 48 hours.

A small proportion (3%) of respondents said that it was difficult to access health services in an emergency. Those who felt isolated from family and friends were more likely to find it difficult to access health services in an emergency.

A small proportion (3%) said that it was difficult to obtain an appointment to see the dentist.

A small proportion (3%) said that someone in their household had suffered accidental injury at home in the last year. Women were more likely than men to say this.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Three in four (74%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, half (51%) had visited the GP either once (23%) or twice (28%) in the last year. The mean number of GP visits was 4.34.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have seen a GP in the last year (74% Inverclyde; 79% NHSGGC).

Figure 3.1: Whether Seen GP in Last Year: Inverclyde and NHSGGC

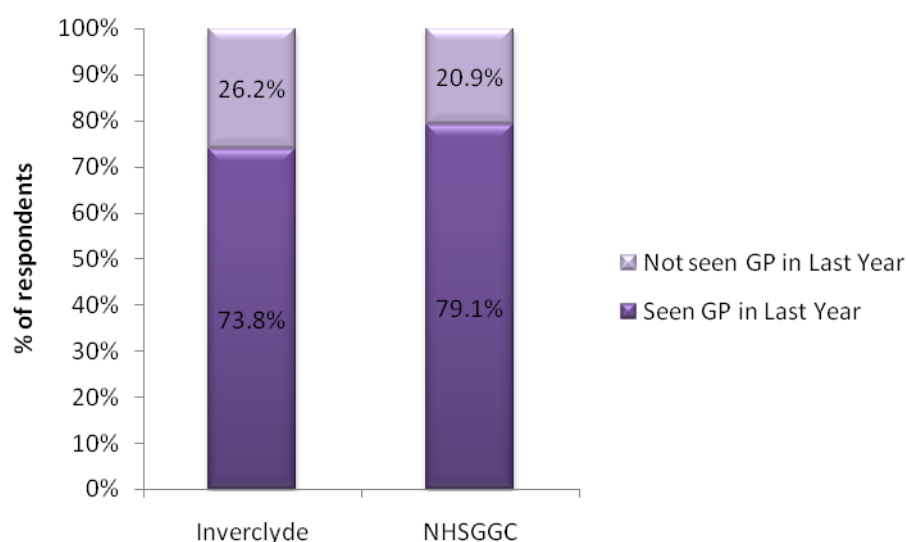


Table 3.2 shows that those aged 45 or over more likely to have seen a GP in the last year. Women were more likely than men to have visited a GP in the last year (79% of women compared to 68% of men).

Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	60%	3.03	87
25-34	66%	4.02	157
35-44	66%	3.49	166
45-54	84%	4.99	147
55-64	80%	4.95	136
65-74	82%	4.51	174
75+	83%	4.80	127
Gender:			
Men	68%	4.01	438
Women	79%	4.58	558
Men 16-44	56%	2.96	166
Women 16-44	72%	3.94	244
Men 45-64	78%	4.99	132
Women 45-64	85%	4.96	151
Men 65+	77%	4.22	140
Women 65+	84%	4.91	161
All	74%	4.34	996

Those with a positive view of their general health and those who consume fewer than five portions of fruit/vegetables per day were less likely to have seen their GP at least once in the last year. Those with a limiting condition or illness and those with a high GHQ12 score were more likely to have seen their GP in the last year.

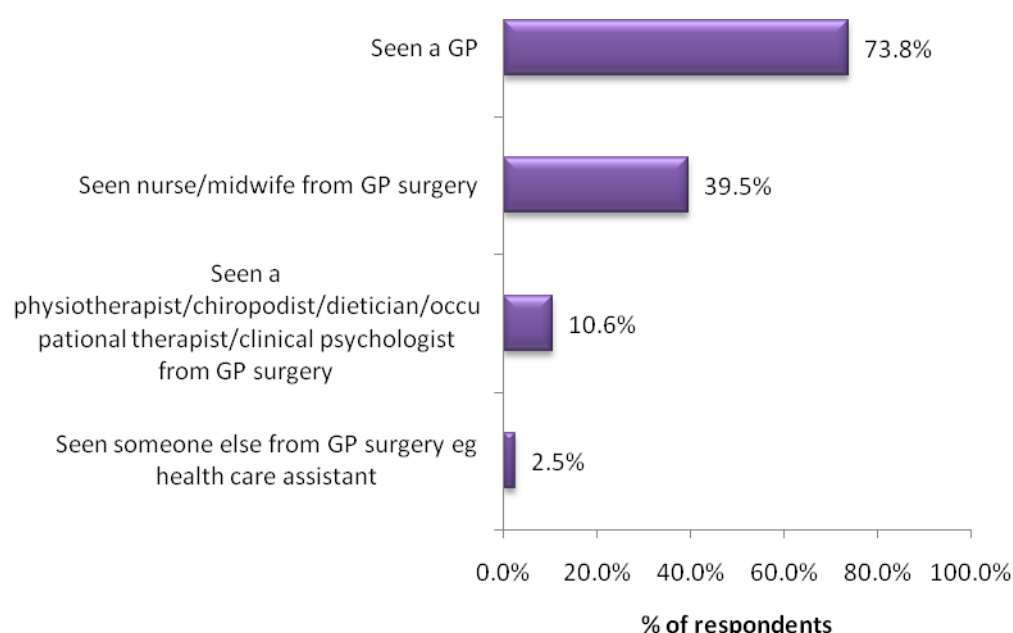
Table 3.3: Seen GP at Least Once and Mean Number of Visits (Q6a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	67%	2.69	612
High GHQ12 Score	82%	7.06	201
Limiting condition or illness	88%	8.24	244
Consumes fewer than 5 portions of fruit/veg per day	69%	4.24	722

Other Uses of GP Surgery

Figure 3.2 below shows the extent of other uses of GP surgeries in the last year. In addition to the 74% of respondents who had seen a GP in the last year, 40% had seen a nurse or midwife from the GP surgery (mean number of visits was 2.78). One in nine (11%) had seen staff such as physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 2.32). Also, 3% had seen some other type of staff at a GP surgery (mean number of visits was 4.07).

Figure 3.2: Seen Specific GP Practice Staff in Last Year (Q6)



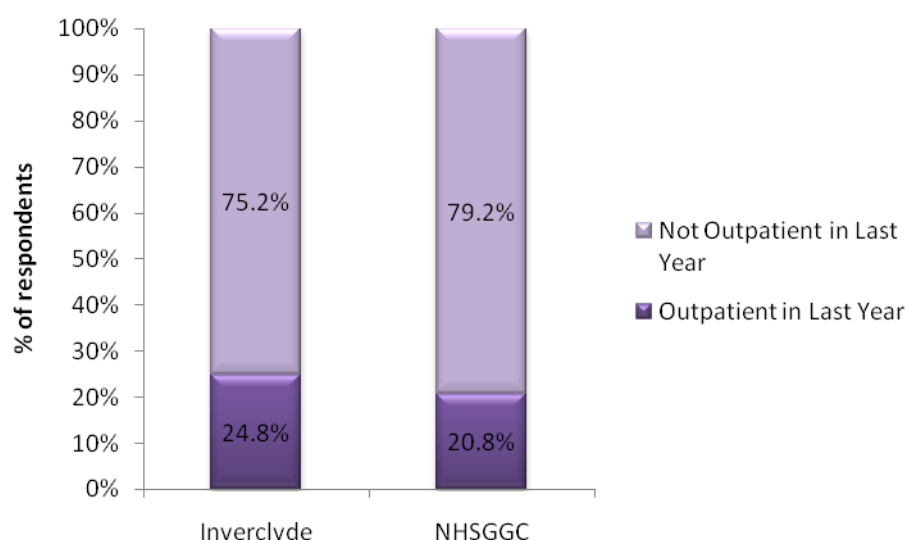
Outpatients

One in four (25%) respondents had visited a hospital outpatient department to see a doctor at least once in the last year. Of those who had made such a visit, the average number of outpatient visits in the last year was 2.35.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to have visited hospital as an outpatient in the last year (25% Inverclyde; 21% NHSGGC).

Figure 3.3: Whether Visited Hospital as an Outpatient in Last Year: Inverclyde and NHSGGC



Those aged 16-24 were the least likely to have visited hospital as an outpatient, and those aged 65 and over were the most likely to have done so. This is shown in Table 3.4.

Table 3.4: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	8%	2.46	89
25-34	23%	3.11	160
35-44	22%	1.85	167
45-54	27%	1.96	150
55-64	28%	3.15	140
65-74	38%	2.07	174
75+	33%	2.08	142
Men 16-44	13%	2.72	166
Women 16-44	22%	2.22	250
Men 45-64	27%	2.93	139
Women 45-64	28%	2.17	151
Men 65+	39%	1.83	147
Women 65+	34%	2.28	169
All	25%	2.35	1,023

Accident and Emergency

One in fifteen (7%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 65% had been once in the last year and the mean number of visits was 1.68.

Hospital Admissions

One in nine (11%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 69% had been admitted once in the last year, and the mean number of admissions was 1.49.

There was not a straightforward relationship between age and likelihood of having been admitted to hospital. However, those aged under 35 were the least likely to have been admitted to hospital and those aged 75 or over were the most likely. This is shown in Table 3.5.

Table 3.5: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Age and Gender

	% at least once	Mean number of admissions	Unweighted base (n)
Age:			
16-24	8%	1.07	89
25-34	8%	1.44	161
35-44	9%	1.05	171
45-54	15%	1.87	153
55-64	7%	1.44	141
65-74	10%	1.71	176
75+	24%	1.47	143
Men 16-44	5%	1.39	171
Women 16-44	12%	1.08	250
Men 45-64	17%	1.87	142
Women 45-64	6%	1.45	152
Men 65+	9%	1.50	147
Women 65+	21%	1.56	172
All	11%	1.49	1,035

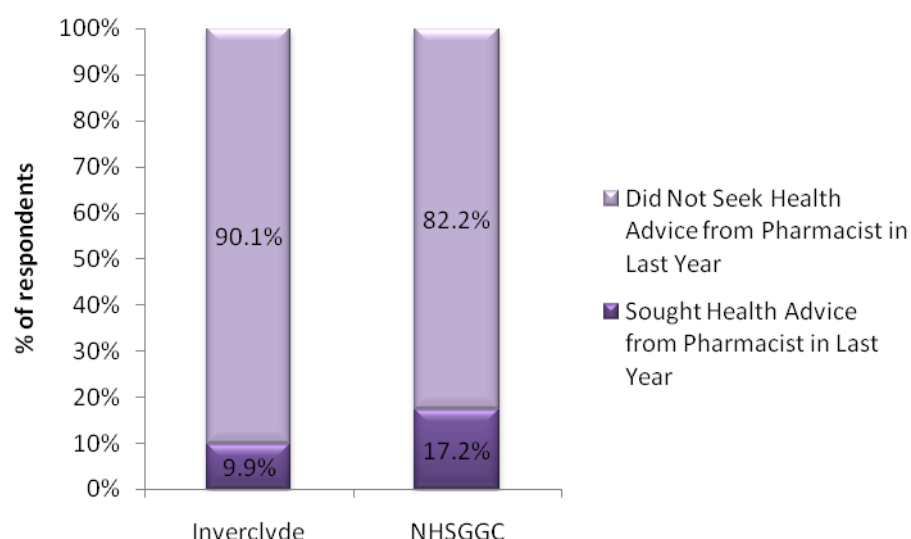
Use of Pharmacy for Health Advice

One in ten (10%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 55% had done so only once, and the mean number of visits to the pharmacist was 1.61.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have sought health advice from a pharmacist in the last year (10% Inverclyde; 17% NHSGGC).

Figure 3.4: Whether Visited Pharmacist for Health Advice in Last Year: Inverclyde and NHSGGC



Those aged 16-24 were the age group most likely to have sought health advice from a pharmacist in the last year.

Table 3.6: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Age

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	16%	1.64	91
25-34	14%	1.29	164
35-44	11%	1.51	171
45-54	11%	1.84	159
55-64	2%	1.24	144
65-74	10%	1.93	182
75+	4%	1.71	155
All	10%	1.61	1,069

Those with a positive view of their general health were more likely to have sought health advice from a pharmacist in the last year.

Table 3.7: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	12%	1.39	623

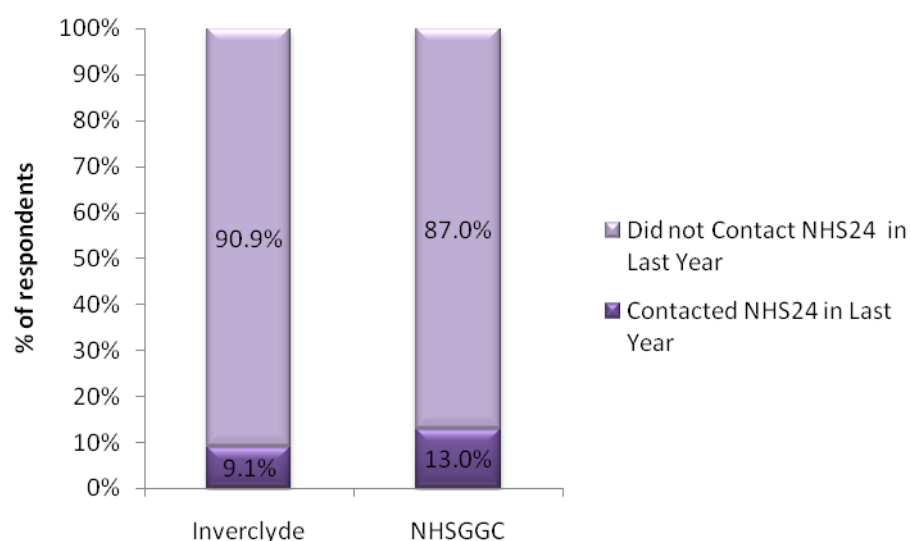
Contacting NHS24

One in eleven (9%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 73% had done so just once, and the mean number of contacts was 1.60.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHSGGC area as a whole, respondents in Inverclyde were less likely to have contacted NHS24 in the last year (9% Inverclyde; 13% NHSGGC).

Figure 3.5: Whether Contacted NHS 24 in Last Year: Inverclyde and NHSGGC



Those aged 25-34 were the most likely to have contacted NHS24 in the last year (18% in this age group had done so).

Table 3.8: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Age and Gender

	% at least once	Mean number of contacts	Unweighted base (n)
Age:			
16-24	9%	1.00	91
25-34	18%	1.83	164
35-44	9%	1.54	171
45-54	13%	1.91	157
55-64	6%	1.19	143
65-74	2%	2.25	178
75+	4%	1.12	148
Men 16-44	8%	1.97	173
Women 16-44	14%	1.30	253
Men 45-64	8%	2.39	145
Women 45-64	12%	1.28	155
Men 65+	0%	1.40	151
Women 65+	3%	1.62	175
All	9%	1.60	1,054

Use of GP Out of Hours Service

A small proportion (1.5%) of respondents had used the GP out of hours service in the last year. Of those who had used the service, the mean number of visits was 3.02.

3.3 Dental Services

Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, half (53%) said that they had visited the dentist within the last six months, a quarter (24%) had visited the dentist between six and 15 months ago, and a quarter (23%) had last visited the dentist over 15 months ago.

Table 3.9 shows that those in the oldest age groups were least likely to have visited the dentist within the last six months.

Table 3.9: When Last Visited Dentist (Q11) by Age and Gender

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-24	70%	23%	7%	80
25-34	64%	20%	16%	135
35-44	60%	22%	18%	152
45-54	49%	30%	21%	128
55-64	57%	23%	20%	112
65-74	26%	26%	49%	119
75+	19%	19%	62%	85
Men 16-44	60%	20%	20%	141
Women 16-44	68%	23%	9%	226
Men 45-64	47%	32%	21%	109
Women 45-64	56%	22%	21%	131
Men 65+	28%	24%	48%	87
Women 65+	21%	21%	58%	117
All	53%	24%	23%	812

Registration with a Dentist

Three in four (76%) respondents said they were registered with a dentist. Of those who were registered with a dentist, 87% received NHS treatment while 13% received private treatment.

The likelihood of being registered with a dentist decreased with age from 92% of those aged 16-24 to 41% of those aged 75 or over.

Table 3.10: Registered with a Dentist (Q9) by Age and Gender

	Registered with a dentist	Unweighted base (n)
Age:		
16-24	92%	91
25-34	86%	164
35-44	82%	172
45-54	78%	158
55-64	78%	145
65-74	62%	183
75+	41%	156
Men 16-44	83%	174
Women 16-44	90%	253
Men 45-64	76%	147
Women 45-64	79%	156
Men 65+	44%	155
Women 65+	48%	184
All	76%	1,072

Table 3.11 shows that those living in the least deprived areas and those with at least one qualification were more likely to be registered with a dentist.

Table 3.11: Registered with a Dentist (Q9) by Deprivation and Socio Economic Measures

	Registered with a dentist	Unweighted base (n)		Registered with a dentist	Unweighted base (n)
Bottom 15% datazones	69%	574	At least one qualification	86%	644
Other datazones	80%	497	No qualifications	54%	428

Table 3.12 shows that those who received all income from benefits and those who did not feel definitely in control of the decisions affecting their life were less likely to be registered with a dentist.

Table 3.12: Registered with a Dentist (Q9) by Factors Associated with Social Exclusion

	Registered with a dentist	Unweighted base (n)
All income from benefits	57%	396
Not in control of decisions affecting daily life, or only 'to some extent'	69%	420

Binge drinkers and those with positive views of their general health, mental/emotional wellbeing or quality of life were more likely to be registered with a dentist. Those with a limiting condition or illness and those with a high GHQ12 score were less likely to be registered with a dentist.

Table 3.13: Registered with a Dentist (Q9) by Health and Wellbeing Measures

	Registered with a dentist	Unweighted base (n)		Registered with a dentist	Unweighted base (n)
Positive view of general health	84%	623	High GHQ12 Score	68%	260
Positive view of mental/emotional wellbeing	78%	881	Long-term condition/illness	58%	296
Positive view of quality of life	79%	866	Binge drinker	84%	178

3.4 Involvement in Decisions Affecting Health Service Delivery

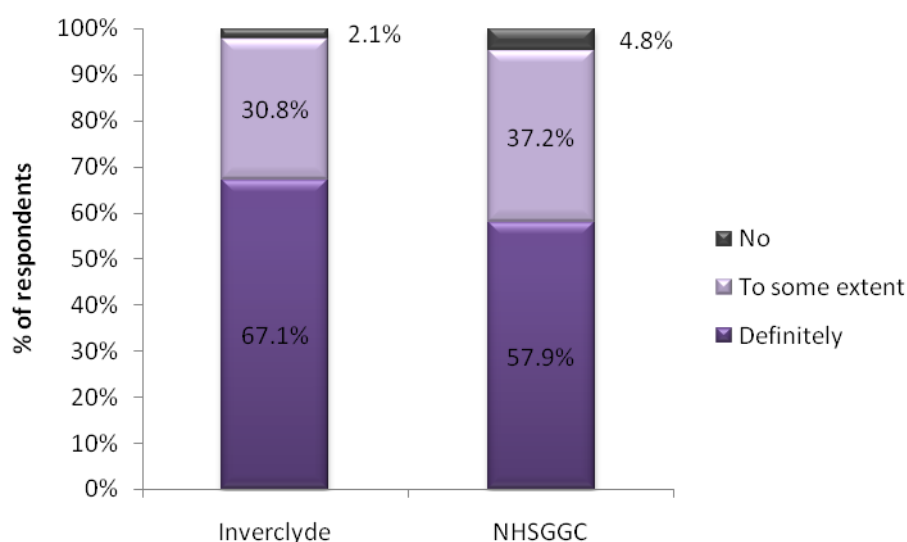
Information about Condition or Treatment

Of those who had accessed any health services over the last year, 67% felt that they had 'definitely' been given adequate information about their condition or treatment, 31% felt that they had 'to some extent', and 2% felt that they had not.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Inverclyde were more likely to feel they had definitely been given adequate information about their condition or treatment (67% Inverclyde; 58% NHSGGC).

Figure 3.6: Whether Given Adequate Information about Condition or Treatment: Inverclyde & NHSGGC



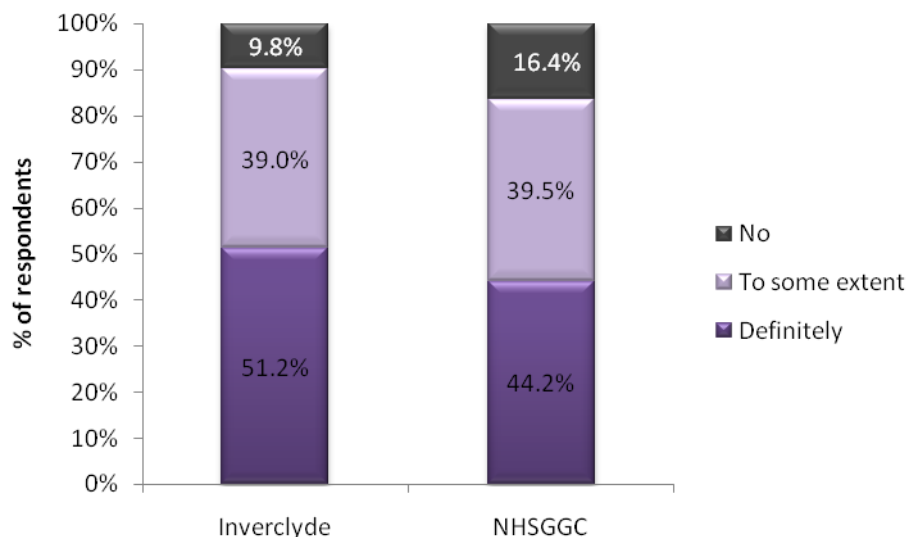
Encouragement to Participate in Decisions Affecting Health or Treatment

Nine in ten (90%) of those who had used health services in the last year felt that they had been encouraged to participate in decisions affecting their health or treatment either definitely (51%) or to some extent (39%).

Comparison with NHS Greater Glasgow & Clyde Area

Figure 3.7 shows that those in Inverclyde were more likely than those in the NHSGGC area as a whole to feel that they were encouraged to participate in decisions affecting their health or treatment.

Figure 3.7: Whether Encouraged to Participate in Decisions Affecting Health or Treatment: Inverclyde & NHSGGC



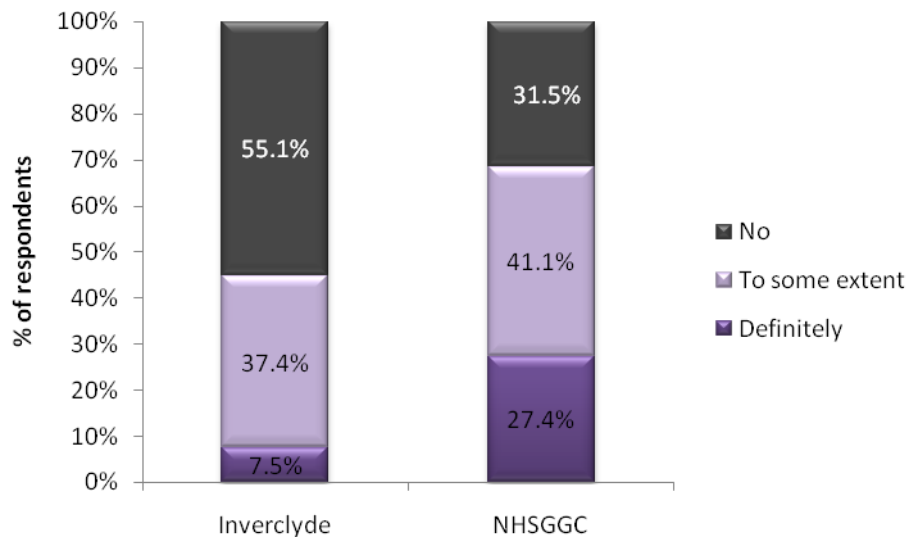
Having a Say in How Health Services are Delivered

Under half (45%) of those who had used health services in the last year felt that they had had a say in how these services are delivered, either definitely (8%) or to some extent (37%).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to feel that they had a say in how health services are delivered. This is shown in Figure 3.8.

Figure 3.8: Whether Have a Say in How Health Services are Delivered



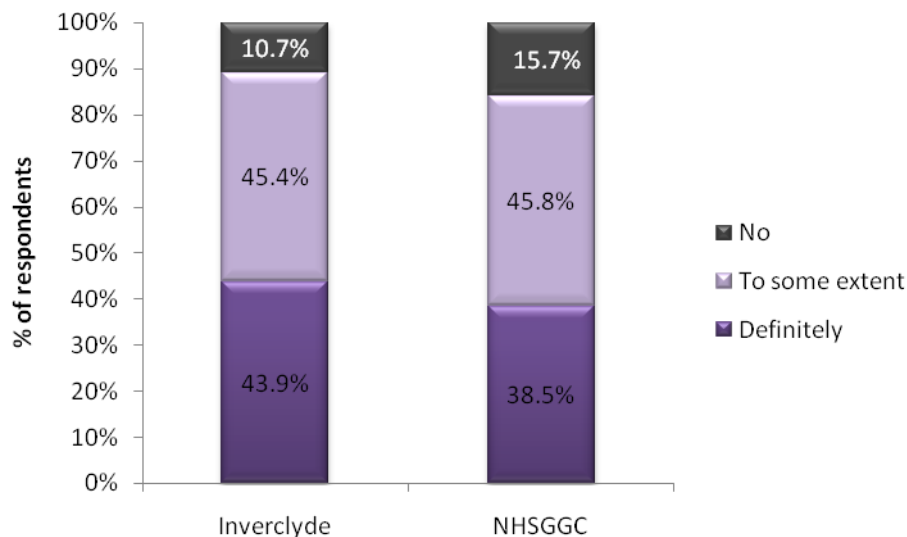
Feel that Views and Circumstances are Understood and Valued

Nine in ten (89%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (44%) or to some extent (45%).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to feel that their views and circumstances were understood and valued.

Figure 3.9: Whether Feel Views and Circumstances are Understood and Valued



3.5 Accessing Health Services

Respondents were asked on a scale of 1 to 5, (1 being 'very difficult' and 5 being 'very easy') how easy or difficult it was to access a number of specific health services. The

tables in this section have categorised responses so that 1 and 2 are 'difficult', 3 is 'neither difficult nor easy', and 4 and 5 are 'easy'.

Traveling to Hospital for an Appointment

Four in five (78%) respondents indicated that they found it easy to travel to hospital for an appointment, while 16% found it neither difficult nor easy and 6% found it difficult (1% said very difficult).

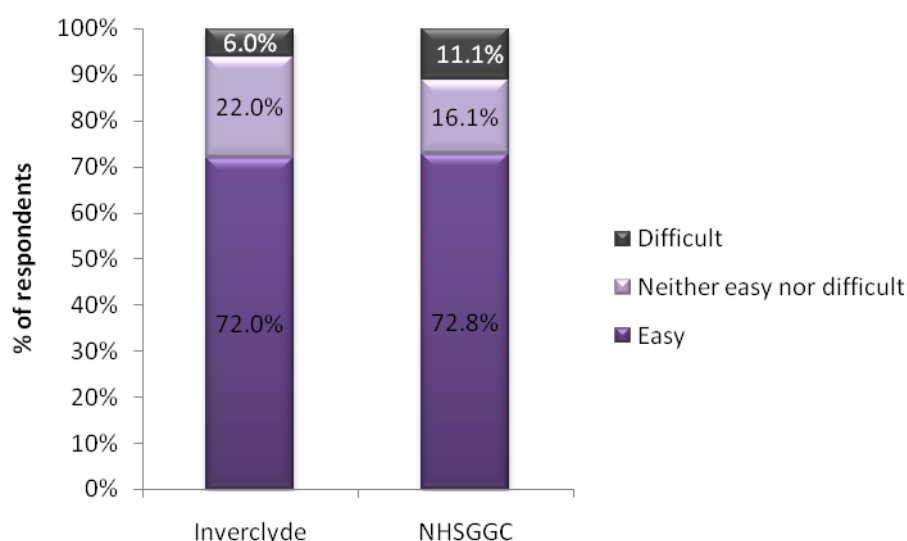
Getting a GP appointment

One in 17 (6%) respondents said that it was difficult to obtain an appointment to see their GP, 22% said that it was neither easy nor difficult and 72% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to report having difficulty getting an appointment to see their GP (6% Inverclyde; 11% NHSGGC).

Figure 3.10 Difficulty/Ease of Getting Appointment to see GP: Inverclyde and NHSGGC



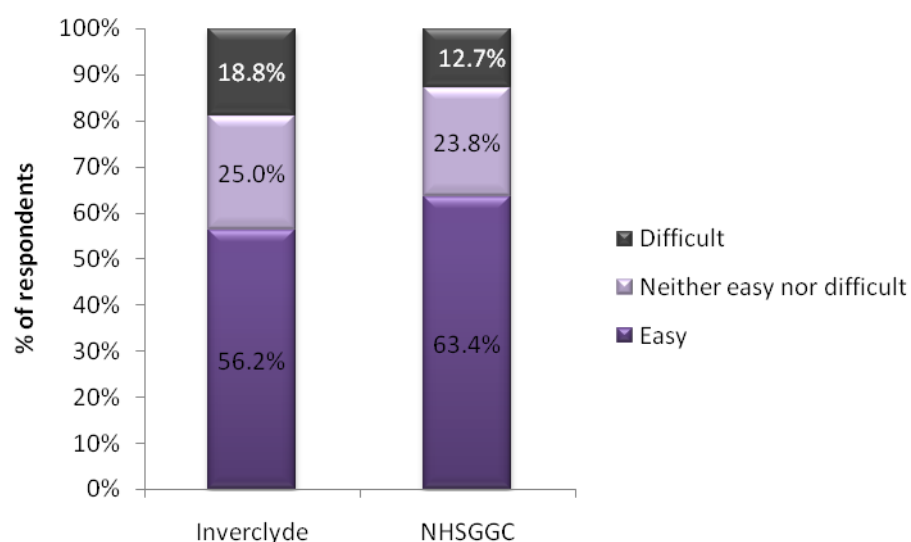
Obtaining an Appointment at the Hospital

One in four (19%) respondents said that it was difficult to obtain a hospital appointment, 25% said that it was neither easy nor difficult and 56% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to say it was difficult to obtain a hospital appointment (19% Inverclyde; 13% NHSGGC).

Figure 3.11: Difficulty/Easy of Obtaining Hospital Appointment: Inverclyde and NHSGGC



Those who had a limiting condition or illness were more likely to find it easy to obtain a hospital appointment.

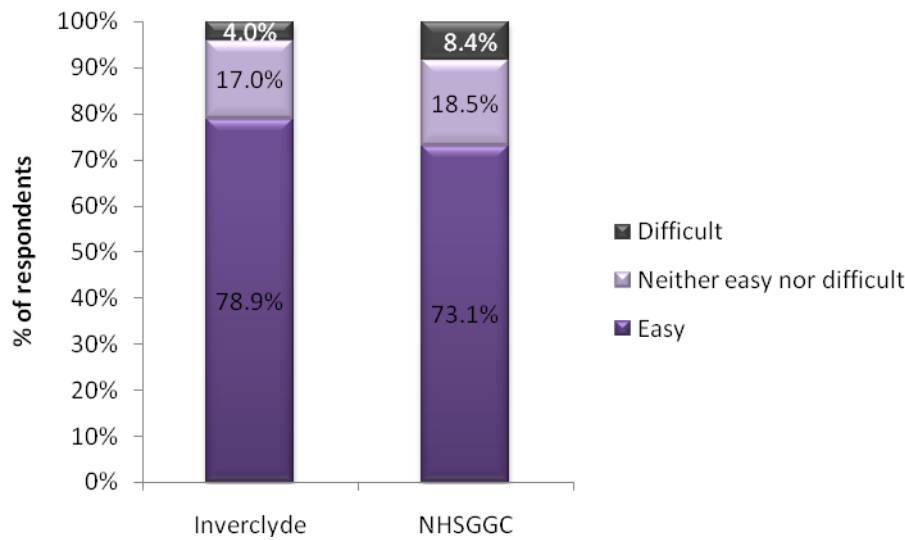
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Four in five (79%) said that it was easy, 17% said that it was neither easy nor difficult and 4% said that it was difficult (including 1% saying very difficult).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to say that it was difficult to get a consultation with a GP within 48 hours when needed (4% Inverclyde; 8% NHSGGC).

Figure 3.12: Difficulty/Ease of Getting a Consultation at GP Surgery within 48 Hours: Inverclyde & NHSGGC



Those aged 55-74 were the most likely to report difficulties obtaining a GP consultation within 48 hours.

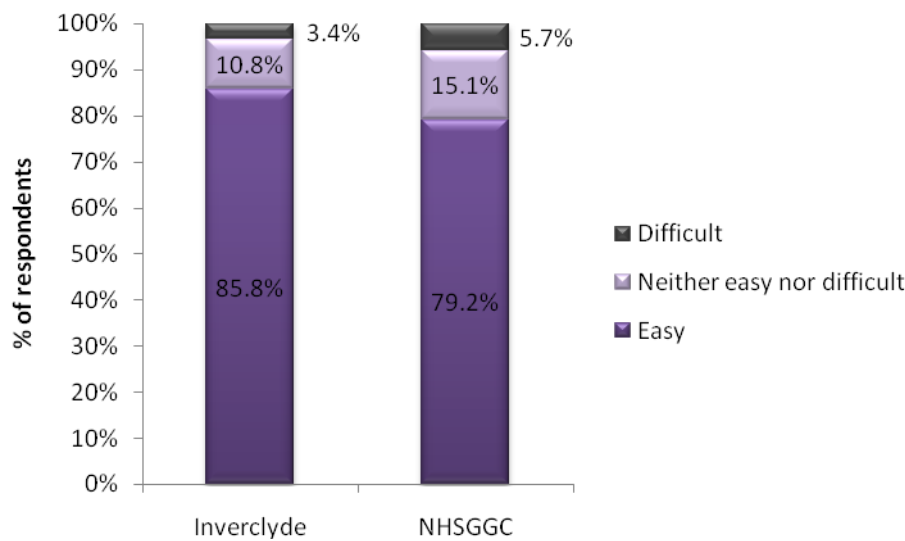
Accessing Health Services in an Emergency

More than four in five (86%) respondents said that it was easy to access health services in an emergency, while 11% said that it was neither easy nor difficult and 3% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to say that it was easy to access health services in an emergency (86% Inverclyde; 79% NHSGGC).

Figure 3.13: Difficulty/Ease of Accessing Health Services in an Emergency: Inverclyde and NHSGGC



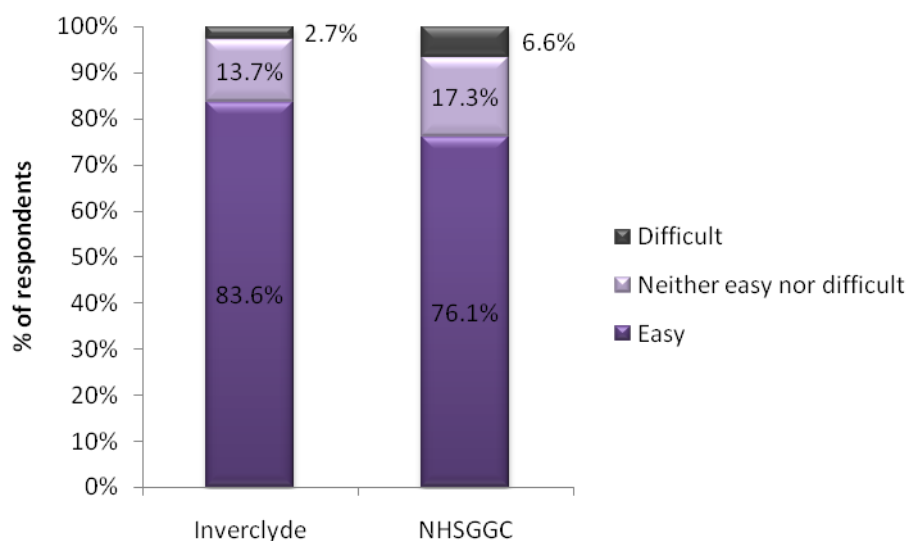
Getting an Appointment to See the Dentist

More than four in five (84%) respondents said that it was easy to get an appointment to see the dentist, while 14% said that it was neither easy nor difficult and 3% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to say that it was easy to get an appointment to see the dentist (84% Inverclyde; 76% NHSGGC).

Figure 3.14: Difficulty/Ease of Getting an Appointment to See the Dentist: Inverclyde and NHSGGC



3.6 Accidents in the Home

Respondents were asked whether in the past year anyone in their household had suffered an accidental injury in the home. One in 37 respondents (2.7%) said that this had happened in the last year.

4 Health Behaviours

4.1 Chapter Summary

Table 4.1 shows the core indicators relating to health behaviours.

Table 4.1: Indicators for Health Behaviours

Indicator	% of sample	Unweighted base (n)
Exposed to second hand smoke most or some of the time (Q21)	40.7%	1,073
Current smoker (Q22)	34.5%	1,073
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers	49.1%	377
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q29)	11.9%	1,060
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q29)	31.0%	334
Binge drinker in the past week (based on all respondents) (Q29)	22.0%	1,062
Binge drinker in the past week (based on all those who drank at all in the past week) (Q29)	57.3%	336
Takes at least 30 minutes of moderate exercise 5 or more times per week OR takes at least 20 minutes of vigorous exercise 3 or more times per week (Q43-Q47)	41.8%	1,073
Participated in at least one sport in the last week (Q48 & Q49)	30.7%	1,035
Consumes 5 or more portions of fruit/vegetables per day (Q32 & Q33)	26.2%	1,067
Consumes breakfast every day (Q38)	70.4%	1,042
Consumes at least 2 portions of oily fish per week (Q36)	24.6%	1,068
Consumes at least 2 portions of high fat snacks per day (Q34)	32.3%	1,065
Consumes at least 5 slices of bread per day (Q35)	7.4%	1,057
Eat takeaway food every week (Q37)	28.5%	
Body Mass Index of 25 or over (Q41 & Q42)	47.1%	878
More than 1 of the following 5 'unhealthy' behaviours: smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/veg consumption, binge drinking	75.5%	864
More than 1 of the following 5 'healthy' behaviours: non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/veg per day, drink within safe limits/not at all	87.2%	782

Two in five (41%) respondents were exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke were those aged 45-54, men, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their daily lives, smokers, those who do not eat breakfast every day, those who exceed the recommended weekly limit for alcohol, binge drinkers and those who consume fewer than five portions of fruit/vegetables per day.

A third (35%) of respondents were smokers. Those more likely to be smokers were those aged 45-54, men, those with no qualifications, those who received all household income

from benefits, those who did not definitely feel in control of the decisions affecting their lives, those exposed to second hand smoke, those who do not eat breakfast every day, those who exceed the recommended weekly limit for alcohol, those with a high GHQ12 score, binge drinkers and those who consume fewer than five portions of fruit/vegetables per day.

Half (49%) of smokers were heavily addicted (i.e. smoked 20 or more cigarettes per day).

One in eight (12%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. Those more likely to have done so were those aged 35-44, men, those who do not eat breakfast every day, smokers and those exposed to second hand smoke.

One in five (22%) respondents had been binge drinkers in the last week. Those more likely to be binge drinkers were those aged 16-24, men, those exposed to second hand smoke, smokers, those with a positive view of their general health, those with a positive view of their mental/emotional wellbeing and those with a positive view of their quality of life.

Two in five (42%) respondents met the target of taking 30 minutes of moderate physical activity on five or more days per week or 20 minutes of vigorous activity on three or more days per week. Those less likely to meet the target for physical activity were older people, those with no qualifications, those who receive all household income from benefits, those who do not definitely feel in control of the decisions affecting their lives, those with a limiting condition/illness and those with a high GHQ12 score.

Three in ten (31%) respondents had participated in at least one sport in the past week. This was lower than the proportion for the NHSGGC area as a whole. Those less likely to have participated in sport in the last week were older people, women, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their lives, those with a limiting condition/illness, those with a high GHQ12 score, smokers, obese people and those exposed to second hand smoke.

A quarter (26%) of respondents consumed five or more portions of fruit/vegetables per day. This was lower than the proportion for the NHSGGC area as a whole. Those less likely to meet this target were men, those receiving all household income from benefits, those who do not eat breakfast every day, those exposed to second hand smoke and smokers.

Seven in ten (70%) respondents ate breakfast every day. This was lower than the proportion for the NHSGGC area as a whole. Those less likely to eat breakfast every day were those aged 16-24, men, binge drinkers, smokers, those exceeding the recommended weekly limit for alcohol, those exposed to second hand smoke, those with a positive view of their general health, those with a positive view of their physical wellbeing and those who consume fewer than five portions of fruit/vegetables per day.

A quarter (25%) of respondents met the target of consuming two or more portions of oily fish per week. Those less likely to meet this target were those aged 16-24, men, those who did not eat breakfast every day, those who were exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Just over three in ten (32%) respondents consumed two or more portions of high fat/sugary snacks per day. Those more likely to do so were those aged 16-24, men, those exposed to second hand smoke and those with positive views of their general health or physical wellbeing.

One in fourteen (7%) respondents met the target of consuming five or more slices (or equivalent) of bread per day. Those less likely to meet this target were women and those who did not definitely feel in control of the decisions affecting their lives.

Three in ten (29%) respondents ate fast food takeaways at least once a week. This was higher than the proportion for NHSGGC as a whole. Those more likely to eat takeaways every week were those aged 16-24, men, those with qualifications, those who exceed the recommended weekly limit for alcohol, those who do not eat breakfast every day, binge drinkers, those exposed to second hand smoke, smokers, those with a positive view of their general health and those with a positive view of their physical wellbeing.

Nearly half (47%) of respondents had a Body Mass Index which indicated that they were overweight or obese. Those more likely to be overweight/obese were those aged 45-64, men and those with a limiting condition or illness.

4.2 Smoking

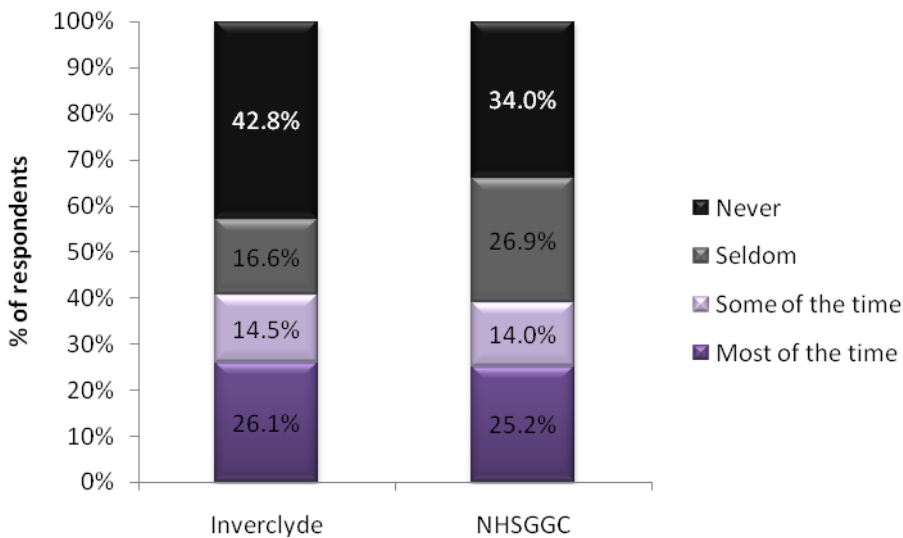
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. Two in five (41%) said that this happened most of the time (26%) or some of the time (14%). A further 17% said that they were seldom exposed to second hand smoke and 43% said that they never were.

Comparison with NHS Greater Glasgow & Clyde Area

Although a similar proportion of respondents in Inverclyde were exposed to second hand smoke most/some of the time, compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to say that they were never exposed to second hand smoke. This is shown in Figure 4.1.

Figure 4.1: How Often Exposed to Second Hand Smoke: Inverclyde and NHSGGC



Those aged 45-54 were the most likely to be exposed to second hand smoke most or some of the time. Those aged 75 or over were the least likely to be exposed to second hand smoke. Also, men were more likely than women to be exposed to second hand smoke most or some of the time.

Table 4.2: Exposure to Second Hand Smoke (Q21) by Age and Gender

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-24	26%	15%	25%	34%	41%	91
25-34	29%	19%	23%	29%	48%	164
35-44	26%	21%	18%	35%	47%	172
45-54	36%	21%	8%	36%	56%	159
55-64	34%	8%	14%	44%	42%	145
65-74	16%	8%	16%	61%	24%	183
75+	7%	4%	16%	73%	10%	156
Gender:						
Men	30%	18%	15%	37%	48%	477
Women	23%	11%	18%	48%	34%	596
Men 16-44	31%	20%	20%	29%	52%	174
Women 16-44	22%	17%	24%	37%	39%	153
Men 45-64	36%	18%	12%	34%	54%	147
Women 45-64	34%	11%	9%	45%	45%	157
Men 65+	12%	12%	12%	63%	25%	155
Women 65+	10%	1%	18%	70%	12%	184
All	26%	14%	17%	43%	41%	1,073

Smokers

A third (35%) of respondents were smokers, smoking either every day (33%) or some days (2%).

Those aged 45-54 were the most likely to be current smokers (48% in this age group were smokers) while those aged 75 or over were the least likely (9% in this age group were smokers). Men were more likely than women to be smokers (42% and 28% respectively).

Table 4.3: Proportion of Current Smokers (Q22) by Age and Gender

	Current smoker	Unweighted base (n)
Age:		
16-24	30%	91
25-34	42%	164
35-44	40%	172
45-54	48%	159
55-64	40%	145
65-74	17%	183
75+	9%	156
Men	42%	477
Women	28%	596
Men 16-44	44%	174
Women 16-44	30%	253
Men 45-64	52%	147
Women 45-64	37%	157
Men 65+	19%	155
Women 65+	10%	184
All	35%	1,073

Table 4.4 shows that those with no qualifications were more likely to be smokers.

Table 4.4: Proportion of Current Smokers (Q22) by Socio Economic Measures

	Current smoker	Unweighted base (n)
At least one qualification	30%	645
No qualifications	44%	428

Table 4.5 shows that those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their lives were more likely to be smokers.

Table 4.5: Proportion of Current Smokers (Q22) by Factors Associated with Social Exclusion

	Current smoker	Unweighted base (n)
All income from benefits	50%	396
Not in control of decisions affecting daily life, or only 'to some extent'	43%	421

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 20.6. Half (49%) of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

Three in ten (31%) smokers said that they intend to stop smoking.

4.3 Drinking

Frequency of Drinking Alcohol

Over a third (37%) of respondents said that they never drank alcohol, 26% drank alcohol sometimes, but less than weekly and 37% drank alcohol at least once a week (including 6% who drank alcohol on three or more days per week).

Those aged 75 or over were more likely than others to say that they never drank alcohol, and less likely to do so weekly. Men were more likely than women to drink weekly (51% of men and 25% of women did so).

Alcohol Consumption in Previous Week

Respondents were asked whether they had a drink containing alcohol in the past seven days. Just under a third (32%) of all respondents said they had drunk alcohol in the past week (therefore slightly less than the 37% who had said they drank alcohol weekly).

Respondents were asked how many of each type of drink they had consumed on each of the past seven days. Responses were used to calculate the total units of alcohol consumed on each day, and a total number of units for the week. For the 2008 survey, in calculating the number of units, new assumptions were applied for the number of units in each type of drink.

The recommended weekly limit for alcohol consumption is 21 units per week for men and 14 units per week for women. Twelve per cent of all respondents exceeded their weekly limit. This equates to 31% of all those who had drunk alcohol in the last week.

The age group most likely to have exceeded the recommended weekly limit for alcohol was those aged 35-44. Men were more likely than women to have exceeded the weekly limit (18% of men and 6% of women).

Table 4.6: Proportion Exceeding Recommended Weekly Limits for Alcohol (Q29) by Age and Gender

	Exceeds Weekly Limit	Unweighted base (n)
Age:		
16-24	13%	90
25-34	8%	159
35-44	21%	170
45-54	16%	156
55-64	12%	144
65-74	6%	182
75+	0%	156
Men	18%	471
Women	6%	589
Men 16-44	23%	171
Women 16-44	6%	248
Men 45-64	19%	145
Women 45-64	9%	155
Men 65+	6%	154
Women 65+	1%	184
All	12%	1,060

Binge Drinking

Binge drinkers were defined as:

- Men who consumed eight or more units of alcohol on at least one day in the previous week;
- Women who consumed six or more units of alcohol on at least one day in the previous week.

Twenty two per cent of all respondents had been binge drinkers during the previous week. This equates to 57% of all those who had consumed alcohol in the previous week.

The age group 16-24 had the highest proportion of binge drinkers (37%). Also, men were considerably more likely than women to be binge drinkers (33% of men; 12% of women). Nearly half (47%) of men aged 16-44 had been binge drinkers in the previous week. This is shown in Table 4.7.

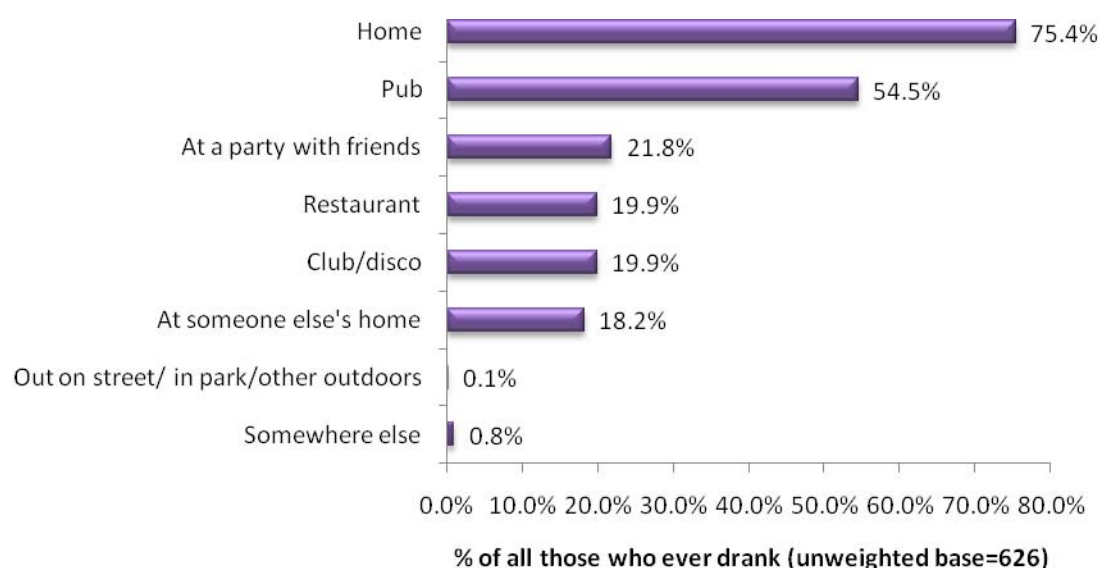
Table 4.7: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q29) by Age and Gender

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Age:			
16-24	37%	28%	90
25-34	21%	18%	159
35-44	32%	26%	170
45-54	28%	25%	158
55-64	16%	14%	144
65-74	6%	5%	182
75+	0%	0%	156
Men	33%	27%	473
Women	12%	10%	589
Men 16-44	47%	37%	171
Women 16-44	14%	12%	248
Men 45-64	29%	25%	147
Women 45-64	17%	16%	155
Men 65+	8%	6%	154
Women 65+	1%	1%	184
All	22%	18%	1,062

Where People Drink Alcohol

Those who ever drank alcohol were asked where they had drunk alcohol in the last six months. Responses are shown in Figure 4.2. The most common places to have drunk alcohol in the last six months were at home and at a pub.

Figure 4.2: Where Consumed Alcohol in the Last Six Months (Based on All Those who Ever Drank Alcohol)



4.4 Physical Activity

Frequency of Physical Activity

Respondents were asked on how many days per week they take at least 30 minutes of moderate physical exercise such as brisk walking. They were also prompted to ensure that they included all physical activity that they do in their job, housework, DIY and gardening. In total, 36% of respondents said that they took at least 30 minutes of moderate activity on five or more days per week.

Respondents were also asked on how many days they took at least 20 minutes of vigorous activity (enough to make them sweaty and out of breath). This also included a prompt to ensure that all activity done in work, housework, DIY and gardening were included. In total, 11% said that they took at least 20 minutes of vigorous activity on three or more days per week.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week OR 20 minutes of vigorous activity on three or more days per week. In total, 42% of respondents met this target.

The proportion of respondents who met the target for physical activity tended to decrease with age – from 60% of those aged 16-24 to 7% of those aged 75 and over.

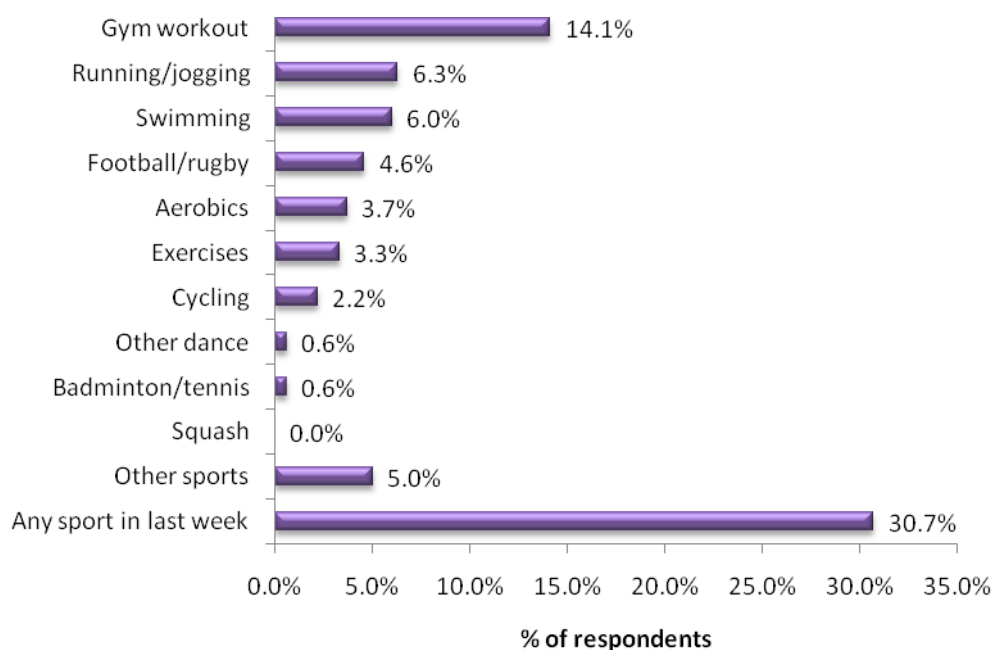
Table 4.8: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week or 20 Minutes or More of Vigorous Activity 3 or More Times Per Week (Q43-47) by Age and Gender

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-24	60%	91
25-34	56%	164
35-44	50%	172
45-54	44%	159
55-64	37%	145
65-74	25%	183
75+	7%	156
Men 16-44	54%	174
Women 16-44	56%	253
Men 45-64	36%	147
Women 45-64	45%	157
Men 65+	19%	155
Women 65+	14%	184
All	42%	1,073

Participation in Sport in the Last Week

Respondents were asked whether they had participated in specific sports in the last week. Responses are shown in Figure 4.3. Overall, 31% of respondents had participated in at least one sport in the last week. The most common sports were gym workouts (14%), running/jogging (6%) and swimming (6%).

Figure 4.3: Proportion Participating in Sports in the Last Week

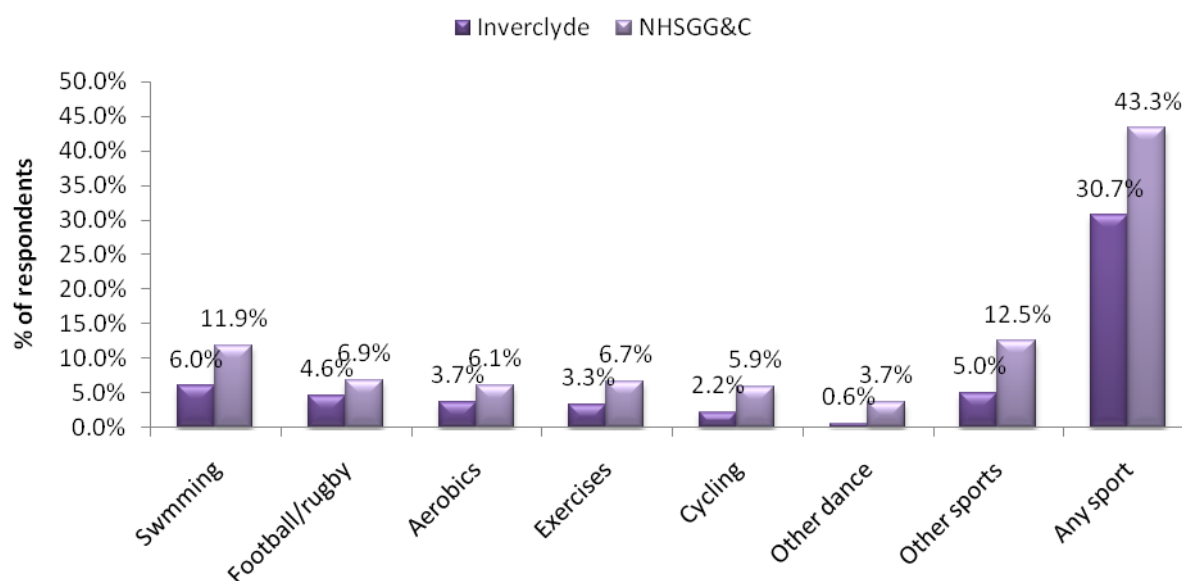


Nearly all (91%) of those who said that they participated in 'other sports' said that this was walking.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to have taken part in any sport in the last week (31% Inverclyde; 43% NHSGGC). Specifically, those in Inverclyde were less likely to have taken part in swimming, football/rugby, aerobics, exercises, cycling, dance and non-listed sports. This is shown in Figure 4.4 below.

Figure 4.4: Proportion Participating in Sports in the Last Week: Inverclyde and NHSGGC (all sports showing a significant difference)



The likelihood of having participated in at least one sport in the last week decreased with age, ranging from 53% of those aged 16-24 to 8% of those aged 75 and over. Men were more likely than women to have participated in sport in the last week (37% of men and 25% of women).

Table 4.9: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Age and Gender

	Participated in Sport	Unweighted base (n)
Age:		
16-24	53%	89
25-34	44%	160
35-44	44%	166
45-54	28%	152
55-64	13%	141
65-74	15%	177
75+	8%	147
Men	37%	463
Women	25%	572
Men 16-44	54%	169
Women 16-44	40%	246
Men 45-64	28%	143
Women 45-64	14%	150
Men 65+	9%	150
Women 65+	13%	174
All	31%	1,035

Those in the most deprived areas and those with no qualifications were less likely to have participated in sport in the last week.

Table 4.10: Proportion Who Participated in at Least One Sport in the Last Week (Q48/Q49) by Deprivation and Socio Economic Measures

	Participated in Sport	Unweighted base (n)		Participated in Sport	Unweighted base (n)
Bottom 15% datazones	20%	561	At least one qualification	40%	634
Other datazones	37%	474	No qualifications	10%	401

4.5 Diet

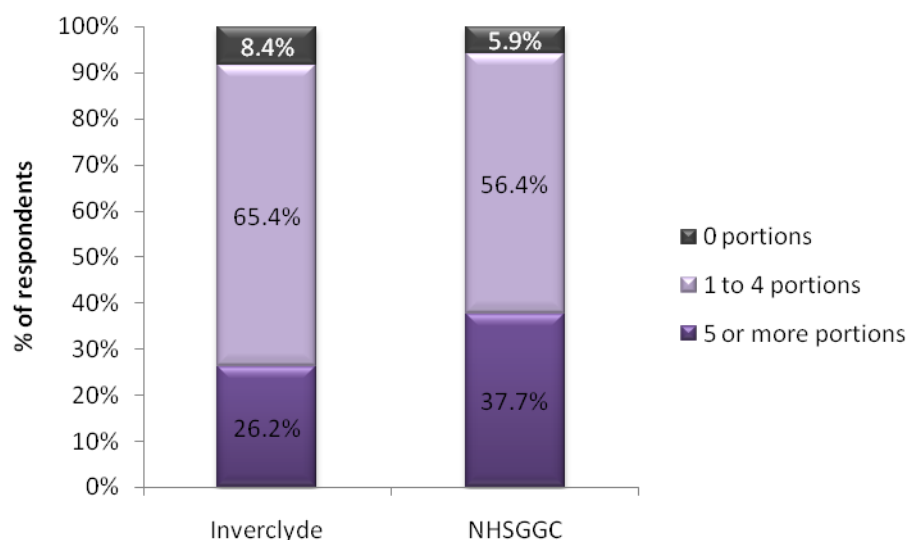
Fruit and Vegetables

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Responses indicate that 26% of respondents met this target. One in 12 (8%) had no fruit or vegetables in a day.

Comparison with NHS Greater Glasgow & Clyde Area

As Figure 4.5 shows, those in Inverclyde were less likely than those in the NHS Greater Glasgow and Clyde area as a whole to meet the target for fruit/vegetable consumption (26% Inverclyde; 38% NHSGGC).

Table 4.5: Number of Portions of Fruit/Vegetables Consumed Per Day: Inverclyde & NHSGGC



Women were more likely than men to meet the target for fruit/vegetable consumption. This gender difference was most pronounced for those aged 16-44.

Table 4.11: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Age and Gender

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Men	20%	11%	473
Women	32%	6%	594
Men 16-44	16%	11%	174
Women 16-44	34%	4%	253
Men 45-64	25%	16%	146
Women 45-64	31%	7%	156
Men 65+	21%	4%	152
Women 65+	30%	8%	183
All	26%	8%	1,067

Those receiving all household income from benefits were less likely to meet the target for fruit/vegetable consumption.

Table 4.12: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Factors Associated with Social Exclusion

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
All income from benefits	20%	18%	393

Breakfast

Respondents were asked on how many days of the week they ate breakfast. Seven in ten (70%) ate breakfast every day, one in ten (10%) never ate breakfast, with the remaining 20% eating breakfast between one and six days per week.

Oily Fish

The recommended target is to consume two or more portions of oily fish per week. One in four (25%) respondents met this target.

High Fat and Sugary Snacks

Just under a third (32%) of respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps). Those aged 16-24 were more likely to exceed the recommended limit for high fat/sugary snacks, and men were more likely to do so than women.

Table 4.13: Proportion Who Exceeded Recommended Daily Limit of 2 Portions of High Fat/Sugary Snacks (Q34) by Age and Gender

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Age:		
16-24	59%	90
25-34	42%	163
35-44	34%	171
45-54	28%	158
55-64	19%	144
65-74	22%	182
75+	20%	154
Men	37%	474
Women	28%	591
Men 16-44	46%	174
Women 16-44	42%	250
Men 45-64	29%	145
Women 45-64	19%	157
Men 65+	28%	154
Women 65+	17%	182
All	32%	1,065

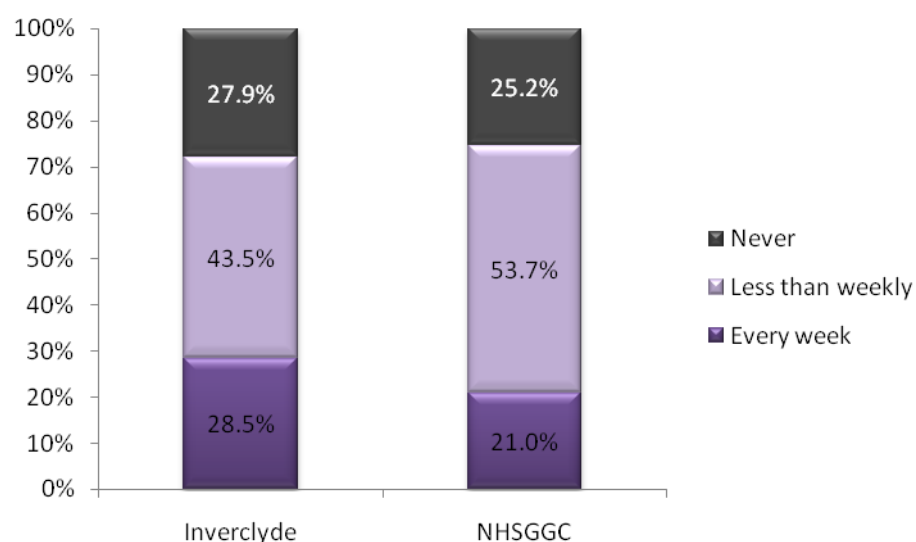
Fast Food Takeaways

Three in ten (29%) respondents said that they ate fast food takeaways one a week or more, while 28% said they never did and 44% did sometimes (less often than once a week).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHSGGC area as a whole, those in Inverclyde were more likely to eat takeaways every week (29% Inverclyde; 21% NHSGGC).

Figure 4.6: Frequency Have Takeaways: Inverclyde and NHSGGC



The likelihood of having takeaways every week declined with age – ranging from 58% of those aged 16-24 to 2% of those aged 75 or over. Men were more likely than women to have takeaways every week.

Table 4.14: Frequency Have Takeaways (Q37) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	10%	32%	58%	91
25-34	11%	51%	38%	164
35-44	8%	55%	36%	172
45-54	15%	47%	38%	159
55-64	36%	53%	10%	145
65-74	63%	33%	3%	183
75+	79%	20%	2%	156
Men	24%	40%	36%	477
Women	32%	46%	22%	596
Men 16-44	6%	35%	59%	174
Women 16-44	13%	58%	29%	253
Men 45-64	24%	53%	23%	147
Women 45-64	26%	47%	28%	157
Men 65+	70%	28%	2%	155
Women 65+	72%	26%	1%	184
All	28%	44%	29%	1,073

Those with qualifications were more likely to have takeaways weekly. This is shown in Table 4.15.

Table 4.15: Frequency Have Takeaways (Q37) by Socio Economic Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
At least one qualification	21%	47%	32%	645
No qualifications	44%	36%	20%	428

Those who received all household income from benefits were more likely than others to say that they never had takeaways.

Table 4.16: Frequency Have Takeaways (Q37) by Factors Associated with Social Exclusion

	Never	Less than weekly	At least once a week	Unweighted base (n)
All income from benefits	43%	35%	22%	396

4.6 Body Mass Index (BMI)

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated.

BMI classification points are defined as follows:

Underweight	BMI below 18.5
Ideal weight	BMI between 18.5 and 24.99
Overweight	BMI between 25 and 29.99
Obese	BMI between 30 and 39.99
Very obese	BMI 40 or over

However, due to a recognised tendency for people to over-report height and under-report weight, a revised cut off for obesity has been applied at 29.2. The tables in this section show both measures of obesity.

Altogether, 47% of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 18% of respondents were classified as obese.

Those aged 45-64 were the most likely to be overweight or obese. Men were more likely than women to be overweight. This is shown in Table 4.17.

Table 4.17: Body Mass Index (Q41/Q42) by Age and Gender

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Age:							
16-24	0%	74%	22%	3%	1%	4%	76
25-34	3%	62%	27%	8%	0%	13%	140
35-44	1%	62%	26%	9%	1%	14%	136
45-54	1%	37%	39%	20%	2%	27%	132
55-64	1%	37%	41%	19%	1%	27%	118
65-74	2%	45%	36%	16%	2%	19%	165
75+	0%	49%	41%	10%	0%	18%	110
Gender:							
Men	2%	44%	40%	13%	1%	19%	396
Women	1%	59%	27%	12%	1%	16%	482
Men 16-44	1%	57%	34%	7%	1%	11%	145
Women 16-44	2%	74%	16%	7%	2%	10%	207
Men 45-64	3%	28%	45%	22%	3%	30%	119
Women 45-64	0%	45%	36%	18%	1%	24%	131
Men 65+	2%	41%	44%	12%	0%	19%	132
Women 65+	0%	51%	35%	14%	0%	18%	143
All	1%	52%	33%	13%	1%	18%	878

4.7 Unhealthy and Healthy Behaviour Indices

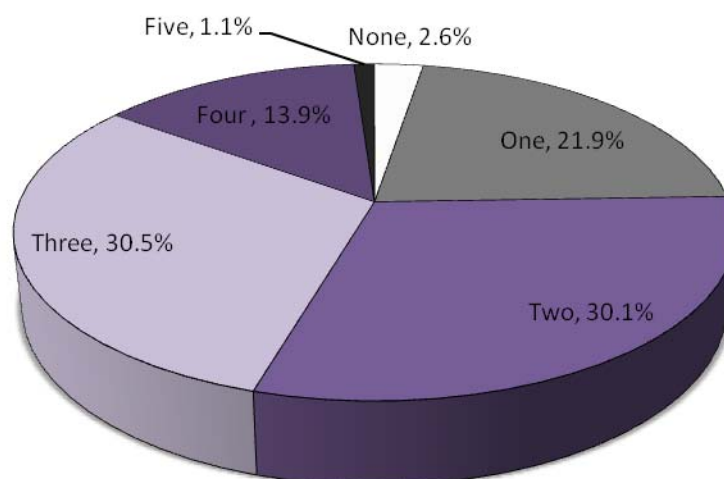
An Unhealthy Behaviour Index

This section examines the extent to which multiple 'unhealthy' behaviours are exhibited by the same people. An 'unhealthy' behaviour index has been derived from the following five unhealthy behaviours:

- Smoking;
- Having a BMI of 25 or over;
- Not meeting the recommended levels of physical activity;
- Not meeting the recommended level of fruit and vegetable consumption; and
- Binge drinking.

Figure 4.7 shows that most respondents (97%) exhibited at least one of these behaviours, but just 1% exhibited all five. The mean number of unhealthy behaviours was 2.34.

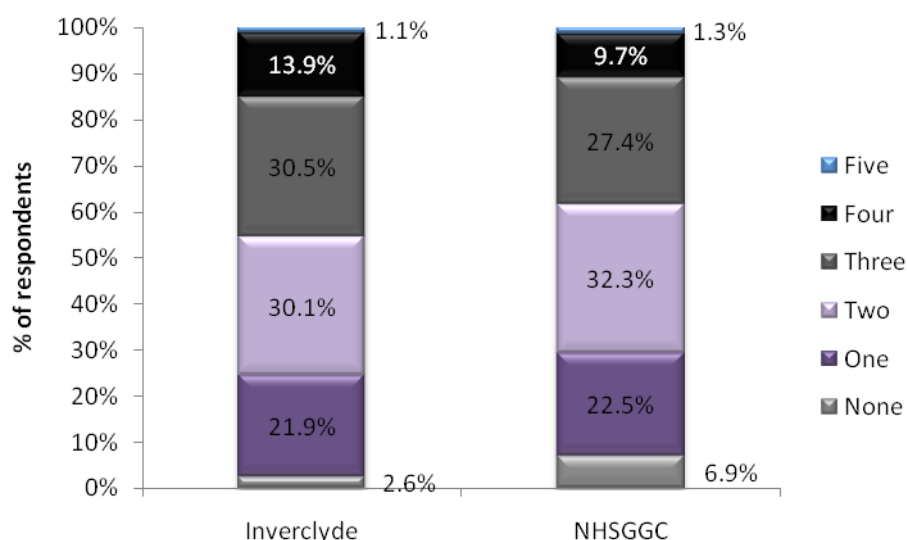
Figure 4.7: Number of Unhealthy Behaviours Exhibited
Unweighted N=864



Comparison with NHS Greater Glasgow & Clyde Area

Respondents in Inverclyde tended to exhibit more unhealthy behaviours than those in the NHS Greater Glasgow and Clyde area as a whole (mean= 2.34 Inverclyde; 2.14 NHSGGC). Just under half (45%) of those in Inverclyde exhibited three or more of the five unhealthy behaviours compared to 38% of those in the NHSGGC area as a whole. This is shown in Figure 4.8.

Figure 4.8: Number of Unhealthy Behaviours Exhibited: Inverclyde and NHSGGC



A Healthy Behaviour Index

A 'healthy behaviour index' was also developed, which examined the extent to which respondents exhibited multiple healthy behaviours. The five healthy behaviours used in the index were:

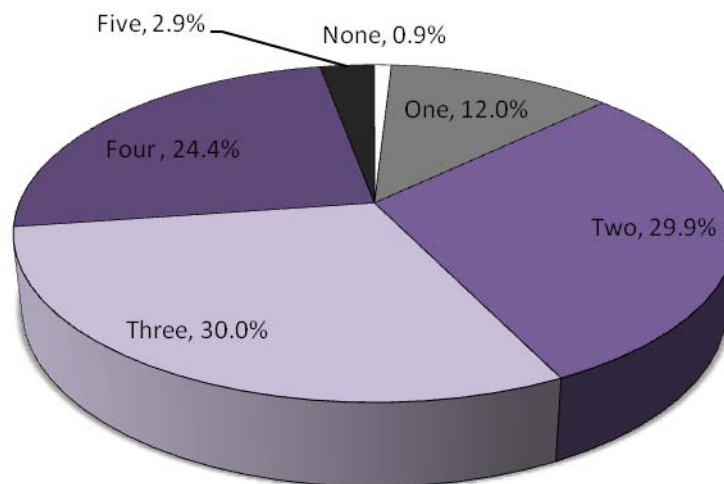
- Not smoking;
- Having a BMI within the ideal range (18.5 to 24.99);
- Meeting the physical activity recommendations;

- Consuming five or more portions of fruit/vegetables per day; and
- Either not drinking or drinking within safe limits (i.e. not bingeing to drinking too much in a week).

Figure 4.9 shows that nearly all (99%) exhibited at least one healthy behaviour, and 3% of respondents exhibited all five. The mean number of healthy behaviours was 2.74.

Figure 4.9: Number of Healthy Behaviours Exhibited

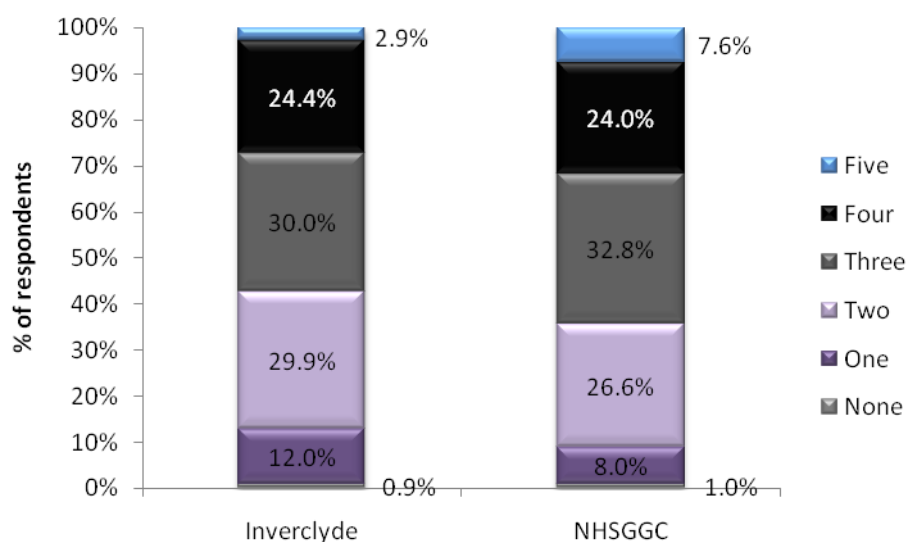
Unweighted base=782



Comparison with NHS Greater Glasgow and Clyde Area

Those in Inverclyde tended to exhibit fewer healthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole (means= 2.74 Inverclyde; 2.93 NHSGGC). In Inverclyde 57% of respondents exhibited three or more healthy behaviours, compared to 64% of those in the NHSGGC area as a whole. This is shown in Figure 4.10.

Figure 4.10: Number of Healthy Behaviours Exhibited: Inverclyde and NHSGGC



4.8 Attitudes to Breastfeeding

Respondents were given three statements relating to breastfeeding in public and asked to state the extent to which they agreed or disagreed with each. The first statement was:

Women should be made to feel comfortable breastfeeding their babies in public.

More than nine in ten (94%) respondents agreed with this (66% strongly agreed and 27% tended to agree) and 6% disagreed (5% tended to disagree and 2% strongly disagreed).

The second statement was:

Women should only breastfeed their babies at home or in private.

One in eight (12%) agreed with this (2% strongly agreed and 10% tended to agree) and 88% disagreed (26% tended to disagree and 62% strongly disagreed).

The third statement was:

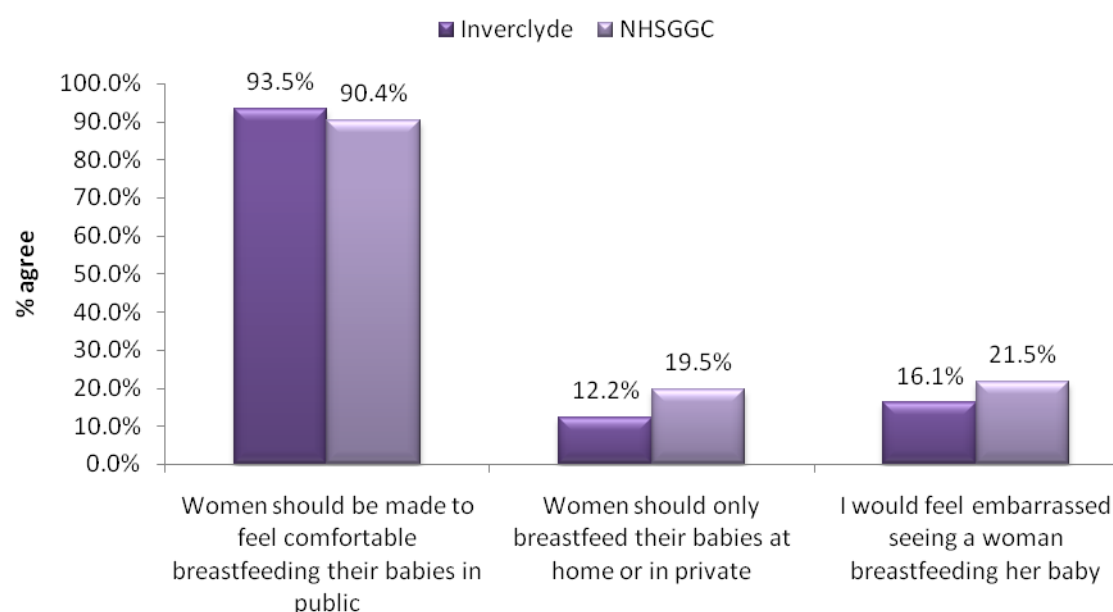
I would feel embarrassed seeing a woman breastfeeding her baby.

One in six (16%) respondents agreed with this (2% strongly agreed and 14% tended to agree). More than four in five (84%) disagreed with this statement (32% tended to disagree and 51% strongly disagreed).

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to agree with the positive statement about breastfeeding in public and less likely to agree with the two negative statements.

Figure 4.11: Proportion Agreeing With Statements about Breastfeeding: Inverclyde and NHSGCC



Those aged 55 and over were more likely than younger respondents to disagree with the positive statement about breastfeeding in public. Those aged 16-24 and those aged 55 or over were more likely than others to agree with the two negative statements about breastfeeding. Men were more likely than women to agree with the two negative statements about breastfeeding in public. This is shown in Table 4.18.

Table 4.18: Agree with Statements Relating to Breastfeeding (Q40) by Age and Gender

	Women should be made to feel comfortable breastfeeding in public	Women should only breastfeed at home or in private	I would feel embarrassed seeing a woman breastfeeding	Unweighted base (n)
Age:				
16-24	98%	15%	24%	72
25-34	95%	7%	11%	144
35-44	97%	6%	7%	147
45-54	98%	6%	14%	144
55-64	88%	16%	18%	119
65-74	81%	28%	31%	137
75+	89%	18%	21%	103
Men	92%*	16%	23%	339
Women	94%*	9%	11%	529
Men 16-44	99%	9%	17%	129
Women 16-44	95%	8%	9%	234
Men 45-64	90%	17%	26%	118
Women 45-64	97%	6%	7%	145
Men 65+	79%	33%	32%	91
Women 65+	89%	19%	22%	149
All	94%	12%	16%	868

* denotes non-significant result.

5 Social Health

5.1 Chapter Summary

Table 5.1 summarises the indicators relating to social health.

Table 5.1: Indicators for Social Health

Indicator	% of sample	Unweighted base (n)
Feel isolated from family and friends (Q73)	5.7%	1,070
Belong to a club or organisation (Q58)	10.1%	1,073
Feel I belong to the local area (Q71b)	77.2%	1,011
Feel valued as a member of the community (Q71d)	58.0%	991
People in my neighbourhood can influence decisions (Q71f)	55.0%	893
Exchange small favours with people living nearby (Q72)	48.7%	1,071
Identify with a religion (Q98)	69.6%	1,054
Experienced at least one form of discrimination over last year (Q100)	2.1%	1,073
Feel safe in own home (Q76c)	97.6%	1,069
Feel safe using public transport (Q76b)	86.9%	842
Feel safe walking alone even after dark (Q76a)	50.5%	987

One in 18 (6%) respondents felt isolated from family and friends. Those more likely to feel isolated from family and friends were those who received all household income from benefits and those with a high GHQ12 score.

One in ten (10%) respondents belonged to a club or association. This was lower than the proportion for NHSGGC as a whole. Those less likely to belong to a club/organisation were those aged under 55, those in the most deprived areas, those who received all household income from benefits, those who did not feel definitely in control of the decisions affecting their lives and those with a high GHQ12 score.

More than three in four (77%) respondents felt that they belonged to their local area. This was higher than the proportion for NHSGGC as a whole. Those less likely to feel that they belonged to their local area were those aged under 35, men, those who felt isolated from family and friends, those who did not eat breakfast every day, those who were exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Three in five (58%) respondents felt valued as a member of their community. Those less likely to feel valued as members of their community were those in the youngest age groups, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who felt isolated from family and friends, those who consumed fewer than five portions of fruit/vegetables per day, those with a limiting condition or illness and smokers.

Just over half (55%) of respondents agreed that local people working together could influence decisions that affect their local area. Those less likely to agree with this were men, socially excluded people, those who consumed fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke

Half (49%) of respondents exchanged small favours with neighbours. Those less likely to do so were those aged 16-24, those in the most deprived areas, those with no qualifications, those who received all income from benefits and those who felt isolated from family and friends.

Seven in ten (70%) respondents identified with a religion. Those less likely to identify with a religion were those aged under 35, men, those with no qualifications, those who did not eat breakfast every day, those with a positive view of their general health and those who consumed fewer than five portions of fruit/vegetables per day.

A small proportion (2%) of respondents had experienced some form of discrimination in the last year.

Most (98%) respondents felt safe in their own home. Those less likely to feel safe in their home were those in the most deprived areas and those with no qualifications,

Just under nine in ten (87%) respondents felt safe using public transport in their area. Those less likely to feel safe on public transport were those in the bottom 15% most deprived datazones, those with no qualifications and those who felt isolated from family and friends.

Half (50%) of respondents felt safe walking alone in their area, even after dark. This was lower than the proportion for the NHS Greater Glasgow & Clyde area as a whole. Those less likely to feel safe doing this were older people, women, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition/illness and those with a high GHQ12 score.

5.2 Social Connectedness

Isolation from Family and Friends

When asked whether they ever felt isolated from family and friends, 6% said yes.

Those aged 55-74 were more likely to belong to a social club, association or similar. In the age group 45-64, men were more likely than women to belong to a club etc.

Table 5.2 shows that those in the most deprived areas were the least likely to belong to club.

Table 5.2: Belong to Social club, Association Etc. (Q58) by Deprivation

	Belong to club etc.	Unweighted base (n)
Bottom 15% datazones	5%	576
Other datazones	13%	497

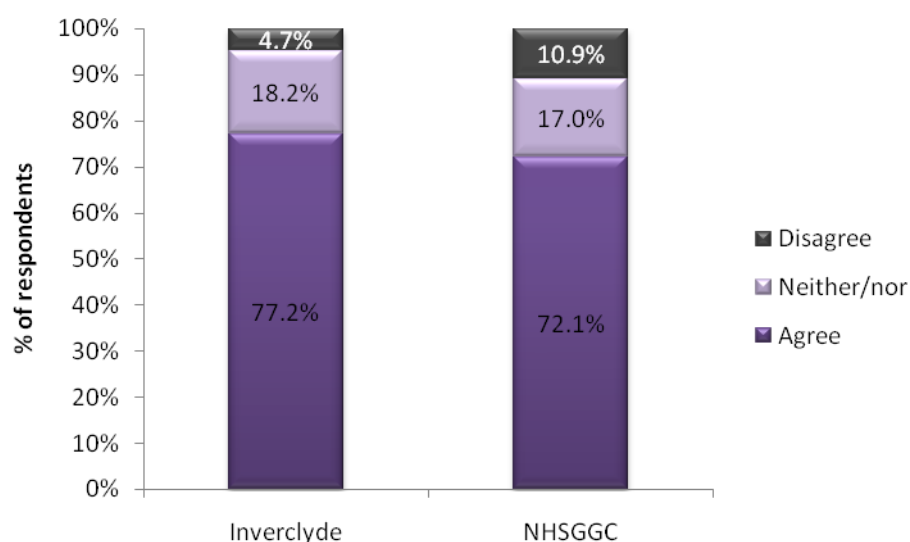
Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". More than three in four (77%) respondents agreed with this statement (24% strongly agreed and 53% agreed), 5% disagreed and 18% neither agreed nor disagreed.

Comparison with NHSGGC

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to agree that they belonged to the local area (77% Inverclyde; 72% NHSGGC).

Figure 5.1: Belong to the Local Area: Inverclyde and NHSGGC



The likelihood of agreeing with the statement about belonging to the local area increased with age. Also, women were more likely than men to agree that they belonged to the local area. This is shown in Table 5.3.

Table 5.3: Belong to the Local Area (Q71b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	68%	29%	3%	86
25-34	67%	23%	10%	156
35-44	75%	19%	7%	160
45-54	77%	19%	4%	148
55-64	81%	12%	7%	140
65-74	87%	11%	2%	176
75+	90%	10%	0%	144
Men	71%	24%	5%	443
Women	82%	13%	4%	568
Men 16-44	61%	32%	7%	159
Women 16-44	80%	14%	6%	243
Men 45-64	78%	17%	6%	139
Women 45-64	81%	15%	4%	149
Men 65+	84%	13%	2%	145
Women 65+	91%	9%	0%	175
All	77%	18%	5%	1,011

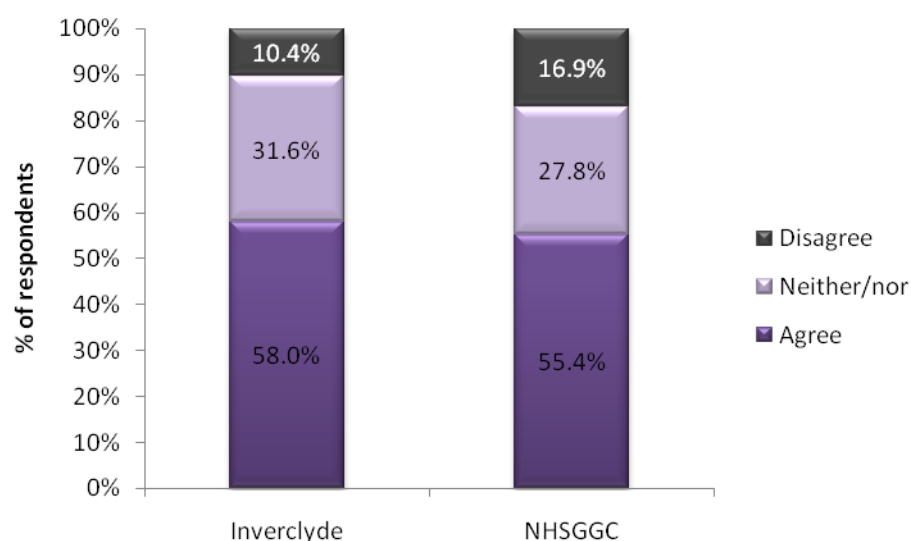
Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Three in five (58%) agreed with this statement (17% strongly agreed and 41% agreed); 10% disagreed and 32% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Inverclyde were less likely than those in NHSGGC as a whole to disagree that they felt valued as a member of their community (10% Inverclyde; 17% NHSGGC).

Figure 5.2: Feel Valued as a Member of the Community: Inverclyde and NHSGGC



Those aged under 35 were the least likely to feel they were valued as a member of the community and those aged 65 or over were the most likely to feel this. This is shown in Table 5.4.

Table 5.4: Feel Valued as a Member of the Community (Q71d) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	35%	55%	10%	81
25-34	49%	34%	16%	154
35-44	58%	29%	13%	160
45-54	62%	24%	14%	143
55-64	63%	30%	7%	136
65-74	71%	26%	3%	175
75+	73%	22%	6%	141
Men 16-44	45%	38%	17%	153
Women 16-44	50%	39%	11%	242
Men 45-64	58%	33%	8%	133
Women 45-64	66%	21%	13%	146
Men 65+	69%	27%	4%	143
Women 65+	75%	22%	3%	173
All	58%	32%	10%	991

Table 5.5 shows that those in the most deprived areas and those with no qualifications were the least likely to agree that they felt valued as members of their community.

Table 5.5: Feel Valued as a Member of the Community (Q71d) by Deprivation

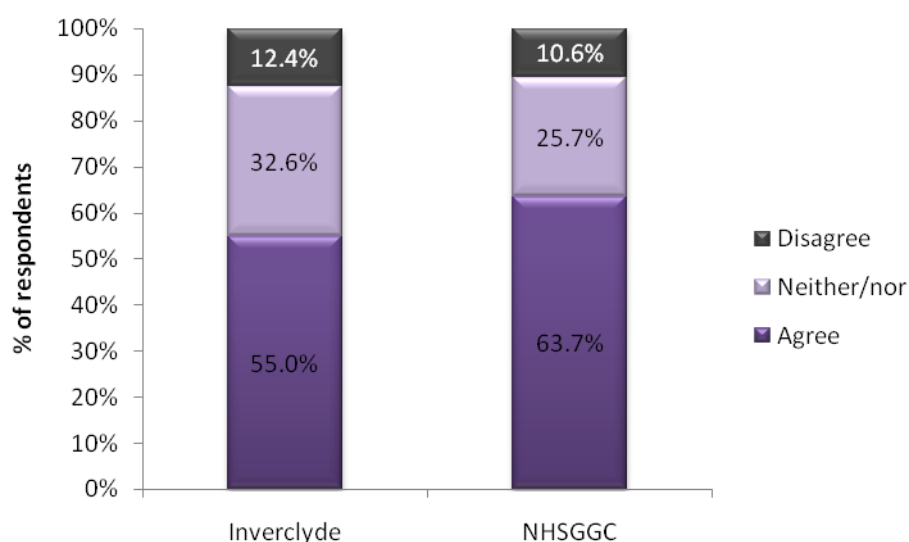
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	50%	36%	14%	519
Other datazones	62%	29%	9%	472

Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". In total, 55% agreed with this statement (14% strongly agreed and 41% agreed), while 12% disagreed and 33% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow and Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to agree that people in their area could include local decisions (55% Inverclyde; 64% NHSGGC).

Figure 5.3: Can Influence Decisions that Affect Neighbourhood: Inverclyde and NHSGGC

Women were more likely than men to agree that local people could influence decisions that affect their neighbourhood. This is shown in Table 5.6.

Table 5.6: Can Influence Decisions that Affect Neighbourhood (Q71f) by Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Men	49%	35%	16%	394
Women	60%	31%	10%	499
All	55%	33%	12%	893

Exchanging Small Favours with Neighbours

Respondents were asked whether they ever exchange small favours with the people who live near them (e.g. leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shops for each other). Half (49%) said that they did (27% did so with one neighbour, 19% did so with two neighbours and 3% did so with three or more neighbours).

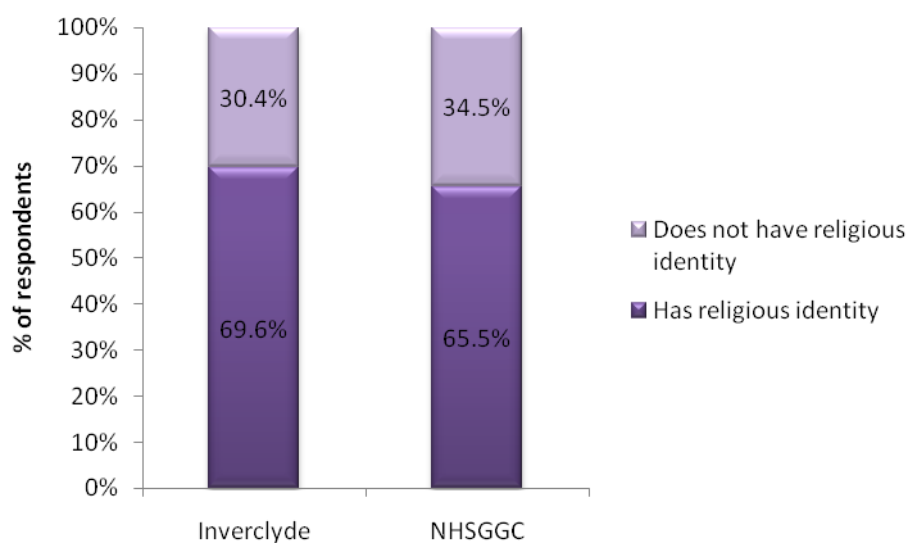
Religious Identity

Seven in ten (70%) respondents identified with a religion.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Inverclyde were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to identify with a religion (69% Inverclyde; 65% NHSGGC).

Figure 5.4: Religious Identity: Inverclyde and NHSGGC



Those with a high GHQ12 score and those with a limiting condition or illness were more likely to have a religious identity. Those who did not eat breakfast every day, those with a positive view of their general health and those who consumed fewer than five portions of fruit/vegetables per day were less likely to have a religious identity.

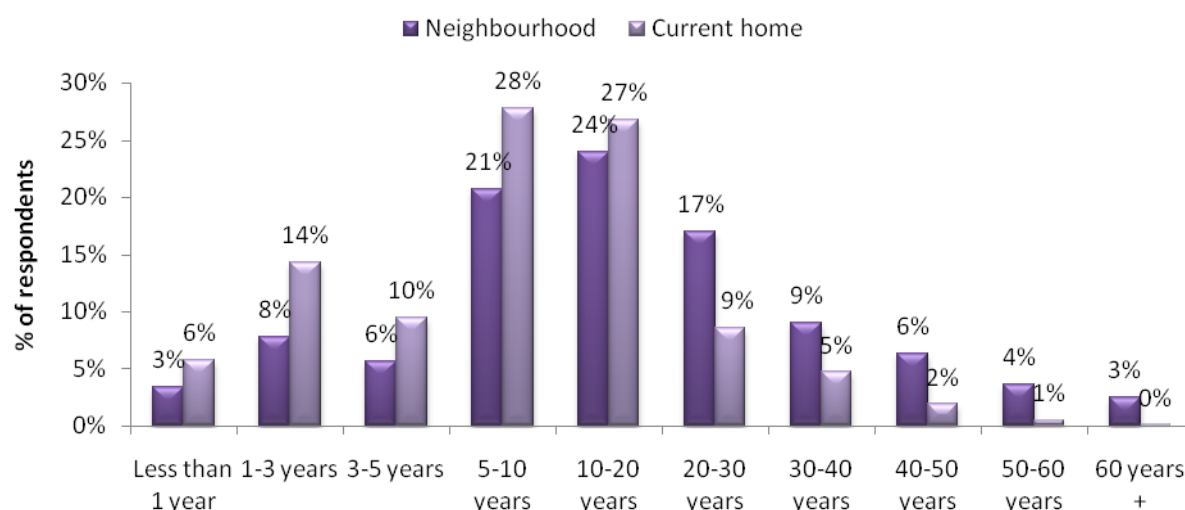
Experience of Discrimination

Respondents were asked whether they had experienced discrimination in the last 12 months on any grounds including accent, age, disability, ethnicity, language, nationality, religion, sex, sexual orientation, skin colour or anything else. In total 2.1% of respondents had experienced at least one form of discrimination in the last year.

5.3 Length of Residency – Neighbourhood and Current Home

Across all respondents, the mean length of residency in the neighbourhood was 18.3 years, and the mean length of residency in the current home was 10.7 years.

Figure 5.5: Length of Residency (Neighbourhood and Current Home)



5.4 Feelings of Safety

Feeling Safe in Own Home

Most people (98%) agreed that they felt safe in their own home (57% strongly agreed and 41% agreed), while less than 1% disagreed and 2% neither agreed nor disagreed.

Those who lived in the most deprived areas and those with no qualifications were less likely to feel safe in their own home, as shown in Table 5.7.

Table 5.7: Feel Safe in Own Home (Q76c) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	94%	5%	1%	573
Other datazones	100%	<1%	0%	496
At least one qualification	99%	1%	<1%	645
No qualifications	95%	4%	1%	424

Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". Nearly nine in ten (87%) agreed with this (26% strongly agreed and 61% agreed), while 4% disagreed and 9% neither agreed nor disagreed.

Table 5.8 shows that for deprivation and socio economic measures, those less likely to feel safe using public transport in their local area were those in the bottom 15% most deprived datazones and those with no qualifications.

Table 5.8: Feel Safe Using Public Transport (Q76a) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	84%	9%	7%	493
Other datazones	89%	9%	2%	349
At least one qualification	90%	8%	2%	368
No qualifications	81%	12%	7%	369

Those who felt isolated from family and friends were less likely to feel safe using public transport in their area.

Table 5.9: Feel Safe Using Public Transport (Q76a) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	68%	24%	8%	50

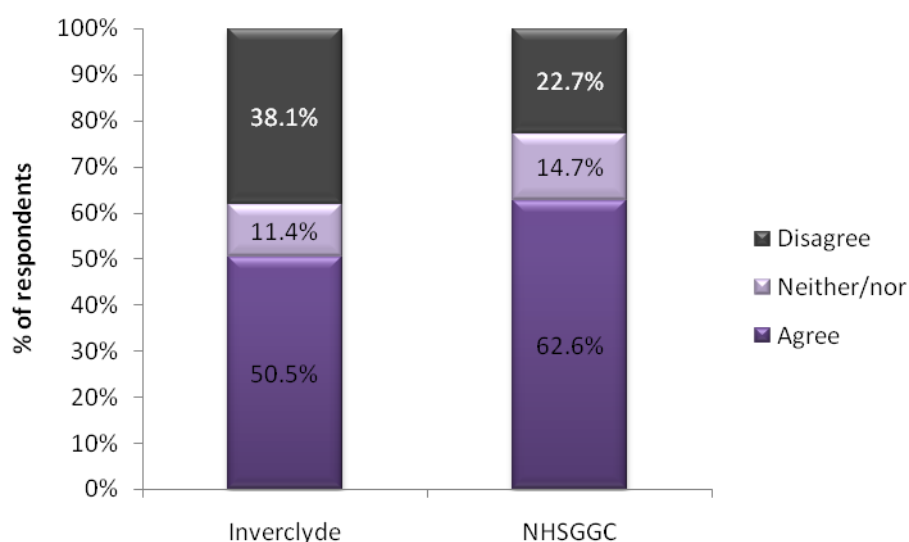
Feeling Safe Walking Alone in Local Area Even After Dark

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total half (50%) agreed with this statement (9% strongly agreed and 42% agreed), 38% disagreed and 11% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were less likely to feel safe walking alone in their area, even after dark (50% Inverclyde; 63% NHSGGC).

Figure 5.6: Feel Safe Walking Alone Even After Dark: Inverclyde and NHSGGC



Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were less likely than men to feel safe walking alone. This is shown in Table 5.10.

Table 5.10: Feel Safe Walking Alone Even After Dark (Q76b) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	57%	11%	33%	88
25-34	54%	14%	32%	155
35-44	62%	5%	33%	157
45-54	51%	17%	33%	147
55-64	46%	12%	42%	137
65-74	41%	7%	52%	168
75+	35%	12%	52%	132
Men	65%	10%	25%	444
Women	37%	13%	50%	543
Men 16-44	72%	9%	20%	161
Women 16-44	44%	11%	45%	239
Men 45-64	66%	11%	24%	136
Women 45-64	32%	19%	49%	148
Men 65+	46%	15%	39%	146
Women 65+	33%	7%	61%	154
All	50%	11%	38%	987

Table 5.11 shows that those in the most deprived areas were the least likely to feel safe walking alone in their area.

Table 5.1: Feel Safe Walking Alone Even After Dark (Q76b) by Deprivation

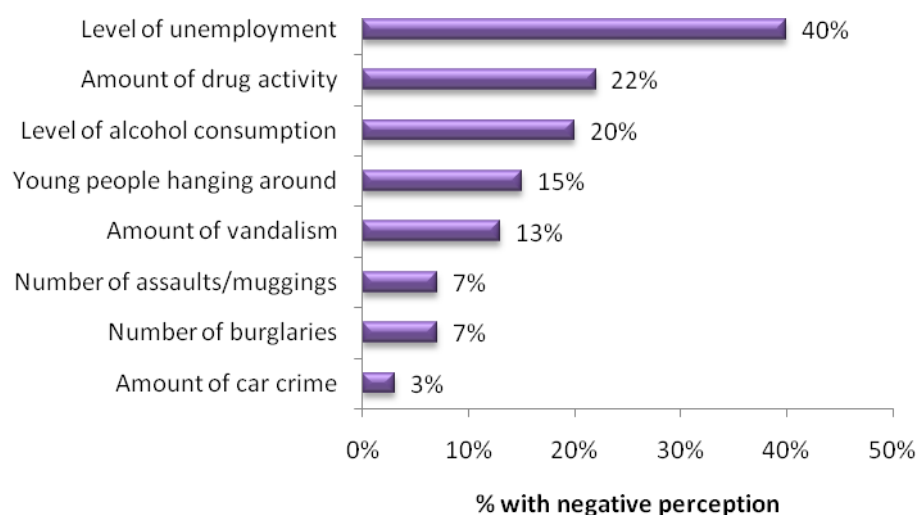
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	36%	15%	49%	529
Other datazones	58%	9%	33%	458

5.5 Social Issues in the Local Area

Using the 'faces' scale, respondents were asked to indicate how they felt about a range of perceived social problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The social issues which most frequently caused concern were the level of unemployment, the amount of drug activity and the level of alcohol consumption.

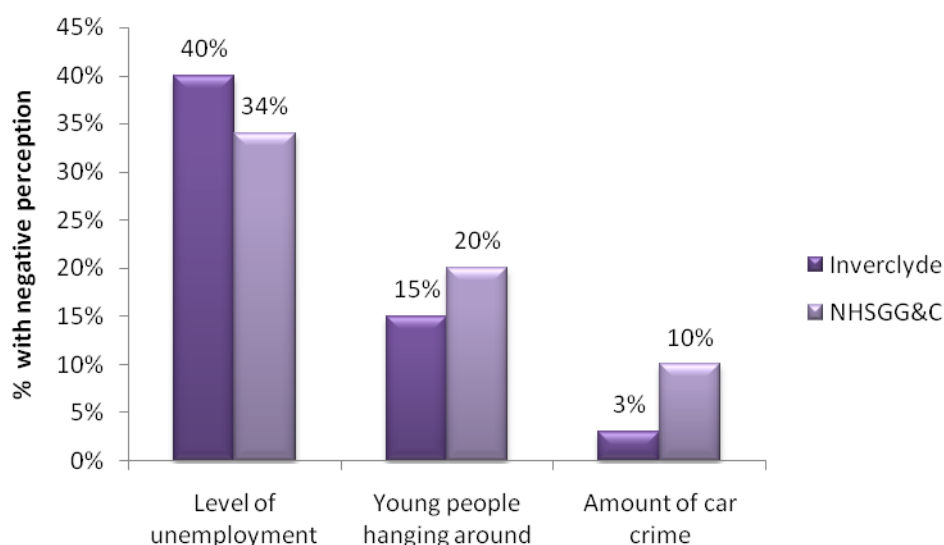
Figure 5.7: Negative Perception of Social Issues in the Local Area (Q56a-h)



Comparison with NHS Greater Glasgow & Clyde Area

As Figure 5.8 below shows, compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to be concerned about the level of unemployment, but less likely to be concerned about young people hanging around or car crime.

Figure 5.8: Negative Perception of Social Issues in the Local Area: Inverclyde & NHSGGC (all issues showing a significant difference)

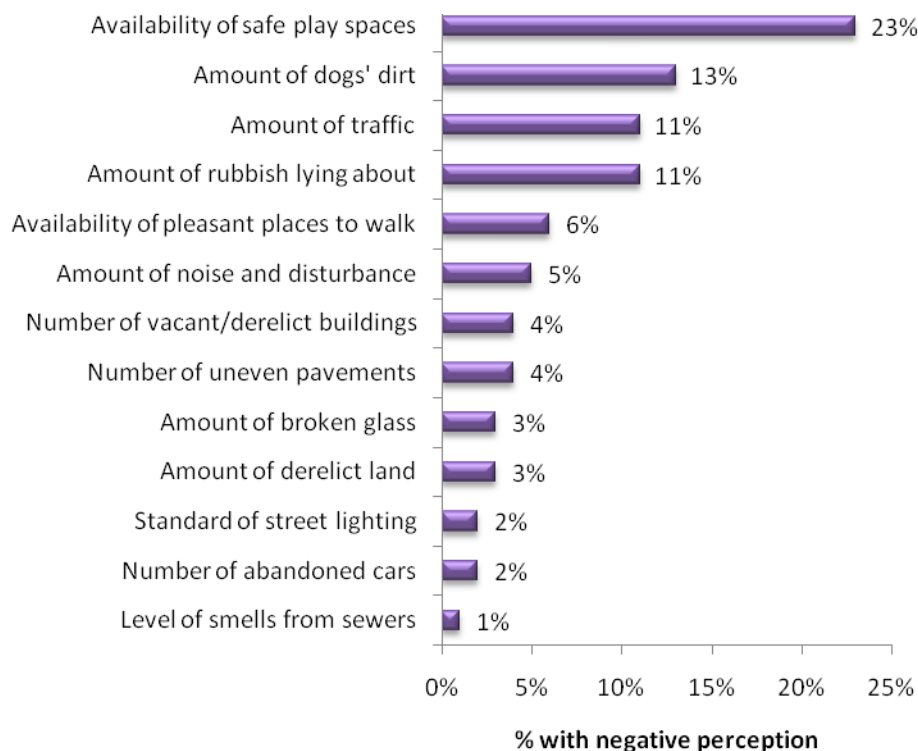


5.6 Environmental Issues in the Local Area

Again using the 'faces' scale, respondent were asked to indicate how they felt about a range of perceived environmental problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The environmental issues which most frequently caused concern were the availability of safe play spaces, the amount of dogs' dirt, amount of traffic and the amount of rubbish lying about.

Figure 5.9: Negative Perception of Environmental Issues in the Local Area (Q57a-m)

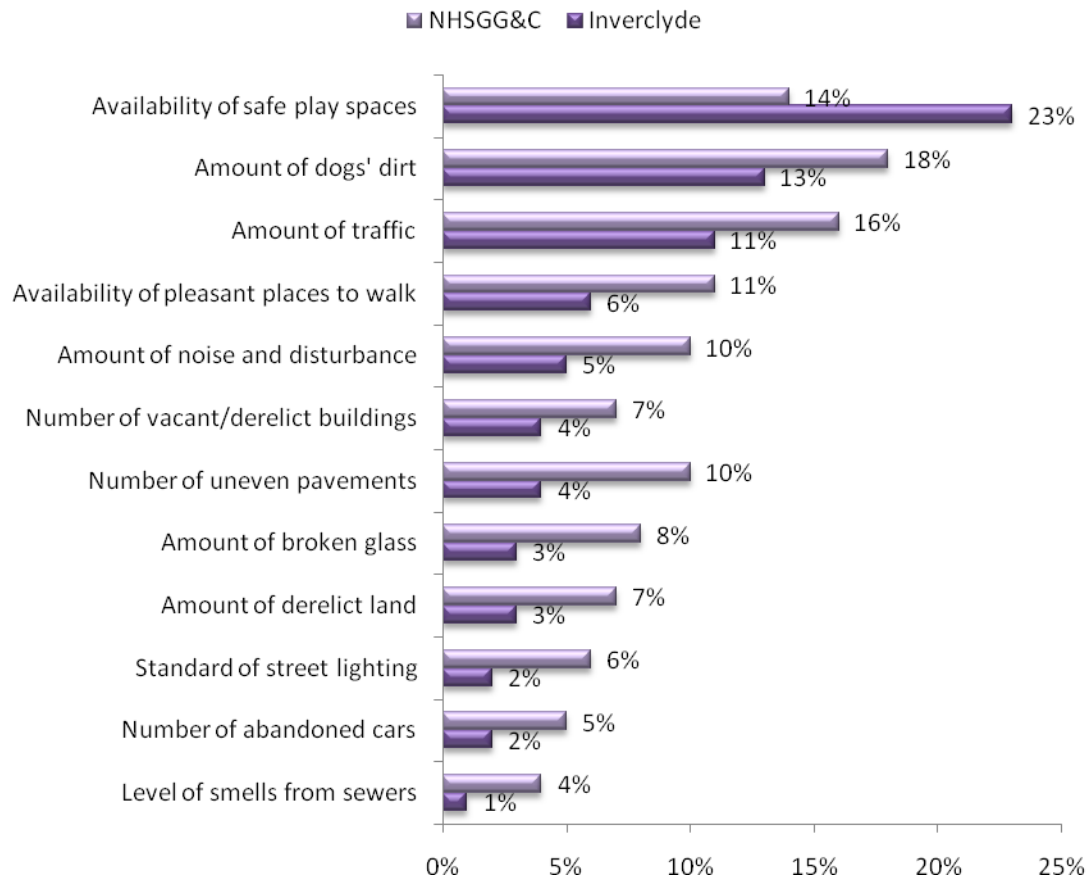


Comparison with NHS Greater Glasgow & Clyde Area

As Figure 5.10 shows, those in Inverclyde were more likely than those in the NHSGGC area as a whole to be concerned about the availability of safe play spaces. However, those in Inverclyde were less likely to be concerned about:

- Amount of dogs' dirt;
- Amount of traffic;
- Availability of pleasant places to walk;
- Amount of noise and disturbance;
- Number of vacant/derelict buildings;
- Number of uneven pavements;
- Amount of broken glass;
- Amount of derelict land;
- Standard of street lighting;
- Number of abandoned cars; and
- Level of smells from sewers.

Figure 5.10: Negative Perception of Environmental Issues in the Local Area: Inverclyde & NHSGGC (all issues showing a significant difference)

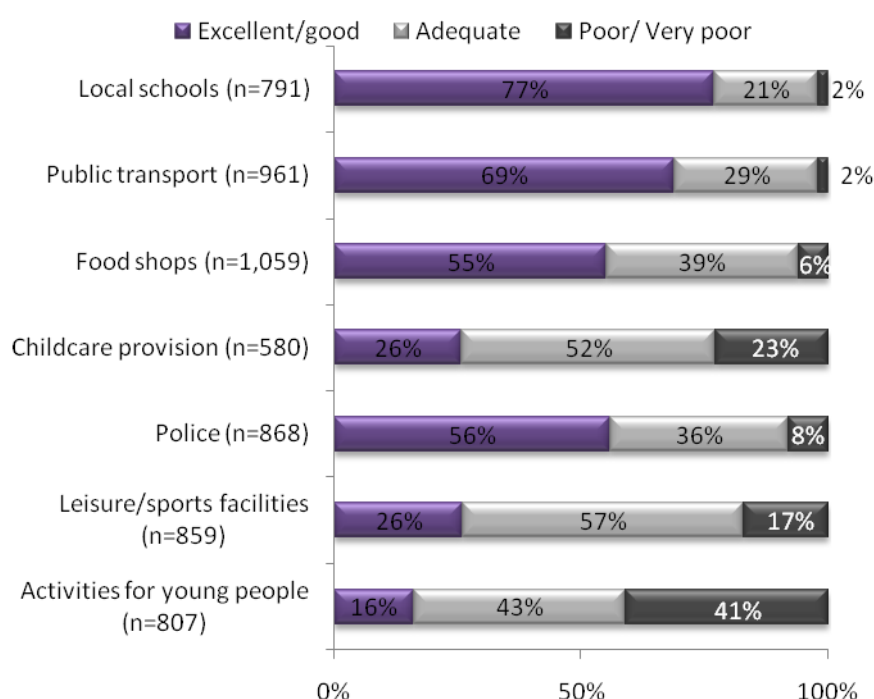


5.7 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.11 shows the responses to each type of service. The number of respondents answering 'don't know' varied for different types of service reflecting the level of use. 'Don't know' responses have been excluded from analysis, and Figure 5.11 shows the number of respondents who gave a rating response for each service.

The services for which the largest proportion of respondents gave a positive rating were local schools and public transport. Activities for young people had the fewest proportion of respondents giving a positive rating.

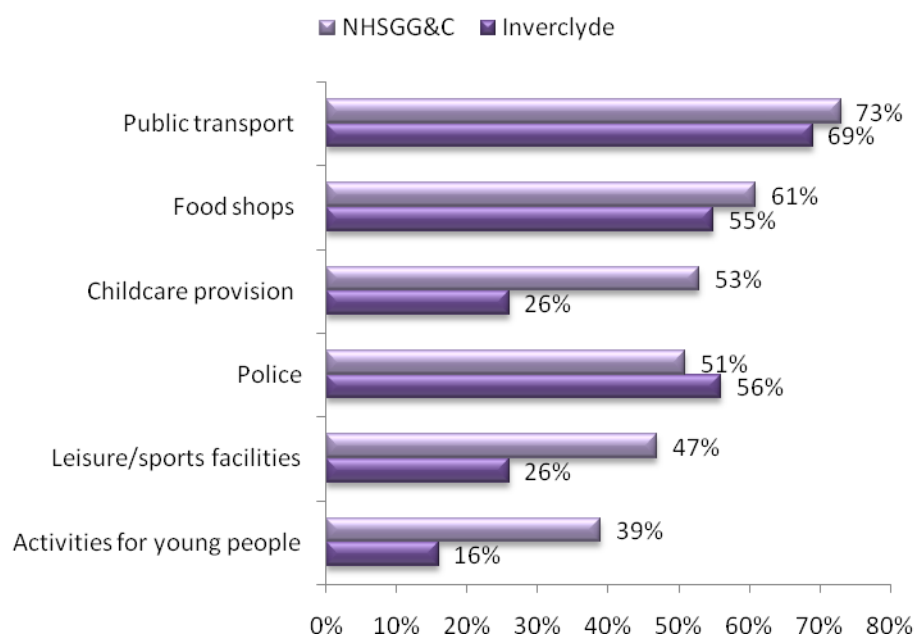
Figure 5.11: Perceived Quality of Local Services



Comparison with NHS Greater Glasgow and Clyde Area

Compared to those in the NHSGGC area as a whole, those in Inverclyde were more likely to have a positive perception of the local police, but less likely to have a positive perception of public transport, food shops, childcare provision, leisure/sports facilities and activities for young people. This is shown in Figure 5.12.

Figure 5.12: Positive Perceptions of Quality of Local Services: Inverclyde and NHSGGC (all services showing a significant difference)



5.8 Individual Circumstances

Household Size

The age group most likely to describe themselves as married or cohabiting was 55-64 year olds, of whom 73% were married or living with their partner. More than half (55%) of those aged 75 or over were widowed.

Those in the bottom 15% most deprived areas were less likely than those in other areas to be married or living with their partner (47% in the bottom 15% areas and 57% in other areas were married/cohabiting).

Internet Access

Just over half (52%) respondents had access to the internet, and half (50%) had access to the internet in their home. Those aged 35-44 were the most likely to have internet access at their home (69% in this age group did), while those aged 75 and over were the least likely to have internet access at home (9% did).

Those in the bottom 15% most deprived areas were less likely than those in other areas to have internet access in their home (34% and 58% respectively).

Overall, those in Inverclyde were less likely than those in the NHSGGC area as a whole to have access to the internet at home (50% Inverclyde; 56% NHSGGC).

Car Ownership

Just under three in five (58%) respondents said that they or someone in their household owned a car. Car ownership was highest among those aged 35-44 (71% of whom owned a car) and lowest among those aged 75 or over (36% of whom owned a car).

Car ownership was lower for those in the bottom 15% most deprived areas than those in other areas (42% and 66% respectively).

Main Form of Transport

Respondents were asked which mode of transport they normally use for most journeys they make. One in seven (14%) said their usual mode was active travel (walking, cycling); more than half (54%) said it was private personal travel (car, motorcycle) and 32% said that it was public travel (bus, train, underground, taxi).

Those aged 16-24 were the most likely to report active travel modes (28%).

Those in the 15% most deprived areas were more likely than those in other areas to say that they usually used public transport (43% in the bottom 15% areas; 26% in other areas).

Caring Responsibilities

One in 38 (3%) respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Of these, the mean number of hours per day spent caring was 16.5.

Educational Qualifications

Just under a third (31%) had no educational qualifications. The likelihood of having no qualifications increased with age, ranging from 8% of those aged 16-24 to 59% of those aged 75 or over.

Two in five (43%) of those in the bottom 15% most deprived areas had no qualifications compared to 25% of those in other areas.

Overall, those in Inverclyde were more likely than those in the NHSGGC area as a whole to say that they had no qualifications (31% Inverclyde; 21% NHSGGC).

Proportion of Household Income from State Benefits

More than half (56%) of respondents said that at least some of their household income came from state benefits, and 28% said that all their household income came from state benefits. Those aged 75 or over were the most likely to say that all their income came from benefits (49% in this age group received all income from benefits).

Two in five (45%) of those in the bottom 15% most deprived areas received all household income from benefits compared with 19% of those in other areas.

Overall, those in Inverclyde were more likely than those in the NHSGGC area as a whole to receive all household income from benefits (28% Inverclyde; 24% NHSGGC).

Difficulty Finding Unexpected Sums

One in eight (13%) said that they would have a problem meeting an unexpected expense of £20; half (48%) said they would have a problem meeting an unexpected expense of £100 and four in five (85%) would have had a problem finding £1,000 for an unexpected expense.

Those in the bottom 15% most deprived areas were more likely to have difficulty finding money for unexpected expenses. In these areas, 22% would have a problem finding £20, 63% would have a problem finding £100 and 93% would have a problem finding £1,000.

Factors about the Home that Affect Health

Just 2% of respondents said that there was something about their home that affected their health. The most common factor that affected health was damp.

Economic Activity

Two in five (44%) of respondents were in employment (39% were employed full time and 5% were employed part time). Of those aged under 75, 65% lived in households where the main wage earner was economically active.

Men were more likely than women to be employed (50% of men and 40% of women were employed).

Those in the bottom 15% most deprived areas were less likely than those in other areas to live in households where the main wage earner was economically active (57% in the bottom 15% areas; 70% in other areas).

Social Class

Social class classifications were derived from information about the occupation of the main wage earner (or former occupation if retired). In total, 6% comprised class A/B, 32% comprised C1/C2 and 62% comprised class D/E. Table 5.33 shows how this varied for those in the bottom 15% most deprived areas compared to other areas.

Table 5.12 Social Class by Deprivation

Base: All (8,278)

	Bottom 15% Datazones	Other Datazones	All
Social Class			
A/B	1%	9%	6%
C1/C2	24%	37%	32%
D/E	75%	54%	62%

6 Social Capital

6.1 Chapter Summary

Table 6.1 summarises the indicator data for social capital.

Table 6.1: Indicators for Social Capital

Indicator	% of sample	Unweighted base (n)
Positive perception of local area as a place to live (Q54)	87.5%	1,073
Positive perception of local area as a place to bring up children (Q55)	85.0%	1,073
Currently act as a volunteer (Q62)	1.6%	1,073
Positive perception of reciprocity (Q71a)	60.1%	950
Positive perception of trust (Q71e)	81.4%	1,003
Value local friendships (Q71c)	67.5%	1,041
Positive perception of social support (Q71g)	78.7%	1,021

Nearly nine in ten (87%) had a positive view of their area as a place to live and 85% had a positive view of their area as a place to bring up children. Those less likely to have positive views of their area as a place to live or to bring up children were those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their lives, those with a high GHQ12 score and smokers.

A small proportion (1.6%) of respondents acted as volunteers.

Three in five (60%) had positive views of reciprocity in their area. This was lower than the proportion for the NHSGGC area as a whole. Those less likely to have positive views of reciprocity were those aged 16-24, socially excluded people, those with a limiting condition or illness, those who do not eat breakfast every day and those with a high GHQ12 score.

Four in five (81%) had positive views of trust in their area. This was higher than the proportion for the NHSGGC area as a whole. Those less likely to have positive views of trust were those in the most deprived areas and socially excluded people.

Two in three (68%) respondents valued local friendships. Those less likely to value local friendships were those aged 16-24, men, those who felt isolated from family and friends and those who consumed fewer than five portions of fruit/vegetables per day.

Four in five (79%) gave a positive view of social support in their area. Those less likely to have a positive view of social support were those aged 16-24, men, those who received all household income from benefits, those who felt isolated from family and friends, those who do not eat breakfast every day, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

6.2 View of Local Area

Respondents were presented with the seven 'faces' scale and asked to indicate how they felt about their area a) as a place to live; and b) as a place to bring up children. Those choosing any of the three 'smiley' faces (1-3) were categorised as having a positive perception. Overall, 87% had a positive view of their area as a place to live and 85% had a positive view of the area as a place to bring up children.

Those in the most deprived areas and those with no qualifications were less likely to have positive views of their area as a place to live or to bring up children.

Table 6.2: Positive Perception of Area as a Place to Live (Q54) and as a Place to Bring Up Children (Q55) by Deprivation and Socio Economic Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Bottom 15% datazones	77%	76%	576
Other datazones	93%	90%	497
At least one qualification	92%	89%	645
No qualifications	79%	76%	428

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their lives were less likely to have a positive view of their area as a place to live or to bring up children.

Those with positive views of their health/wellbeing/quality of life were more likely to have a positive view of their area as a place to live or bring up children. Those with a high GHQ12 score and smokers were less likely to have positive views of their local area as a place to live or to bring up children.

6.3 Volunteering

One in 60 respondents (1.6%) were volunteers. Those who volunteered did so for a mean of 2.35 hours per week.

Comparison with NHS Greater Glasgow & Clyde Area

Those in Inverclyde were less likely than those in the NHSGGC area as a whole to be volunteers (1.6% Inverclyde; 3.8% NHSGGC).

6.4 Reciprocity and Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

"This is a neighbourhood where neighbours look out for each other", and
 "Generally speaking, you can trust people in my local area".

Those agreeing with the first statement were categorised as having a positive view of reciprocity, and those agreeing with the second were categorised as having a positive view of trust. Overall, 60% were positive about reciprocity and 81% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde Area

Those in the youngest age group were less likely to have a positive view of reciprocity, while those aged 65 or over were the most likely to have a positive view.

Those with positive views of their physical wellbeing, mental/emotional wellbeing and quality of life were more likely to have positive views of reciprocity. Those with positive views of their mental/emotional wellbeing and quality of life were also more likely to have positive views of trust.

6.5 Local Friendships

Respondents were asked to indicate the extent to which they agree or disagree with the statement: *"The friendships and associations I have with other people in my local area mean a lot to me"*. Overall, 68% agreed with this statement.

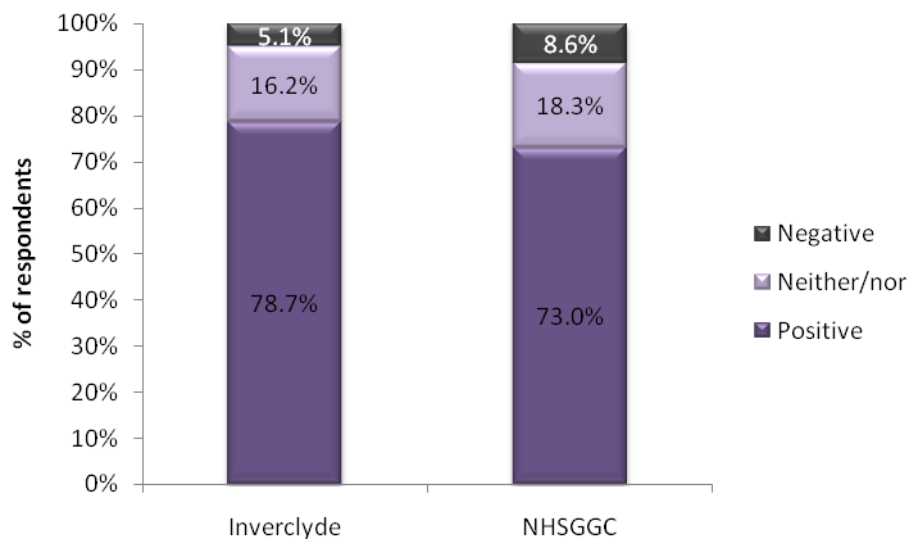
6.6 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: *"If I have a problem, there is always someone to help me"*. Those agreeing with this statement were categorised as having a positive view of social support. According to this definition, 79% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde Area

Compared to those in the NHS Greater Glasgow and Clyde area as a whole, those in Inverclyde were more likely to have a positive view of social support (79% Inverclyde; 73% NHSGGC).

Figure 6.1: Views of Social Support: Inverclyde and NHSGGC



Those aged 65 or over were the most likely to have a positive view of social support and those aged 16-24 were the least likely to do so. Also, women were more likely than men to have a positive view of social support.

Table 6.13: Positive View of Social Support (Q71g) by Age and Gender

	Positive View	Unweighted base (n)
Age:		
16-24	66%	85
25-34	76%	157
35-44	79%	158
45-54	75%	152
55-64	79%	140
65-74	89%	176
75+	91%	150
Men	72%	444
Women	84%	577
Men 16-44	65%	157
Women 16-44	83%	243
Men 45-64	74%	138
Women 45-64	79%	154
Men 65+	85%	148
Women 65+	94%	178
All	79%	1,021

7 Summary of Comparisons with NHS Greater Glasgow & Clyde Area

This chapter presents a summary of the comparisons of indicator data from Inverclyde to those for the NHS Greater Glasgow & Clyde area as a whole.

7.1 Indicators showing More Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Inverclyde were:

- Less likely to be receiving treatment for depression or chronic pain;
- (Of those who had used health services in the last year) more likely to feel they had definitely been given adequate information about their condition or treatment;
- (Of those who had used health services in the last year) more likely to feel that they were encouraged to participate in decisions affecting their health or treatment;
- (Of those who had used health services in the last year) more likely to feel that their views and circumstances were understood and valued;
- Less likely to report having difficulty getting an appointment to see their GP;
- Less likely to say that it was difficult to get a consultation with a GP within 48 hours when needed;
- More likely to say that it was easy to access health services in an emergency;
- More likely to say that it was easy to get an appointment to see the dentist;
- More likely to say that they were never exposed to second hand smoke;
- More likely to agree with the positive statement about breastfeeding in public and less likely to agree with the two negative statements;
- More likely to agree that they belonged to the local area;
- Less likely to disagree that they felt valued as a member of their community;
- More likely to have a religious identity;

Less likely to be concerned about young people hanging around in their area;

Less likely to be concerned about car crime in their area;

Less likely to be concerned about the following environmental issues:

- Amount of dogs' dirt;
- Amount of traffic;
- Availability of pleasant places to walk;
- Amount of noise and disturbance;
- Number of vacant/derelict buildings;
- Number of uneven pavements;
- Amount of broken glass;
- Amount of derelict land;
- Standard of street lighting;
- Number of abandoned cars; and
- Level of smells from sewers.
- More likely to have a positive perception of the local police;
- More likely to have a positive view of trust; and
- More likely to have a positive view of social support

7.2 Indicators showing Less Favourable Findings

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Inverclyde were:

Less likely to give a positive view of their general health;

- Less likely to give a positive view of their happiness;
- More likely to be receiving treatment for high blood pressure or diabetes;
- More likely to have a high GHQ12 score indicating poor mental health;

- Likely to have a lower mean WEMEBS score, indicating poorer mental wellbeing;
- Less likely to have any of their own teeth;
- (Among those with any of their own teeth) less likely to brush their teeth twice or more per day;
- (Of those who had used health services in the last year) less likely to feel that they had a say in how health services are delivered;
- More likely to say that it was difficult to get a hospital appointment;
- Less likely to have taken part in any sport in the last week, and specifically less likely to have taken part in swimming, football/rugby, aerobics, exercises, cycling, dance and non-listed sports;
- Less likely to meet the target for fruit/vegetable consumption;
- Less likely to eat breakfast every day;
- More likely to eat fast food takeaways once a week or more;
- Less likely to belong to a social club/association;
- Less likely to agree that people in their area could include local decisions;
- Less likely to exchange small favours with neighbours;
- Less likely to feel safe walking alone in their area, even after dark;
- More likely to be concerned about the level of unemployment in their area;
- More likely to be concerned about the availability of safe places to play in their area;
- Less likely to have a positive perception of the following local services:
 - public transport;
 - food shops;
 - childcare provision;
 - leisure/sports facilities; and
 - activities for young people.
- Less likely to have internet access at home;
- More likely to have no qualifications;
- More likely to receive all household income from benefits;
- More likely to have difficulty meeting the cost of bills etc;
- Less likely to act as a volunteer; and
- Less likely to have a positive view of reciprocity.

7.3 Other Significant Differences

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Inverclyde were:

- Less likely to have seen a GP in the last year;
- More likely to have visited hospital as an outpatient in the last year;
- Less likely to have sought health advice from a pharmacist in the last year;
- Less likely to have contacted NHS24 in the last year;
- (Among those who drank alcohol) less likely to drink in a restaurant, in someone else's home or outdoors but more likely to drink in a club/disco