
NHS Greater Glasgow and Clyde 2011 Health and Wellbeing Survey

East Renfrewshire Report

Final Report

Prepared for

NHS Greater Glasgow and Clyde

March 2013

Traci Leven Research

Contents

1	Introduction	1
1.1	Introduction	1
1.2	Sample Profile	2
1.3	This Report	3
2	People's Perceptions of Their Health & Illness	4
2.1	Chapter Summary	4
2.2	Self-Perceived Health and Wellbeing	5
2.3	Self Perceived Quality of Life	7
2.4	Illness	7
2.5	Mental Health	10
2.6	Oral Health	11
3	The Use of Health Services	13
3.1	Chapter Summary	13
3.2	Use of Specific Health Services	14
3.3	Dental Services	17
3.4	Involvement in Decisions Affecting Health Service Delivery	18
3.5	Accessing Health Services	21
4	Health Behaviours	27
4.1	Chapter Summary	27
4.2	Smoking	28
4.3	Drinking	30
4.4	Physical Activity	32
4.5	Diet	36
4.6	Body Mass Index (BMI)	37
4.7	Unhealthy and Healthy Behaviour Indices	38
5	Social Health	41
5.1	Chapter Summary	41
5.2	Social Connectedness	41
5.3	Feelings of Safety	44
5.4	Social Issues in the Local Area	46
5.5	Environmental Issues in the Local Area	52
5.6	Perceived Quality of Services in the Area	53
5.7	Individual Circumstances	58
6	Social Capital	62
6.1	Chapter Summary	62
6.2	View of Local Area	62
6.3	Reciprocity and Trust	63
6.4	Local Friendships	64
6.5	Social Support	64
7	Summary of Comparisons with NHS Greater Glasgow & Clyde	65
7.1	Indicators Showing More Favourable Findings	65
7.2	Indicators Showing Less Favourable Findings	66

7.3	Other Significant Differences	67
8	Trend Data	69
8.1	People's Perceptions of their Health and Illness	69
8.2	The Use of Health Services	72
8.3	Health Behaviours	72
8.4	Social Health	75
8.5	Individual Circumstances	77
8.6	Social Capital	79
APPENDIX A: SURVEY METHODOLOGY & RESPONSE		A1
APPENDIX B: DATA WEIGHTING		A9
APPENDIX C: INDEPENDENT VARIABLES		A11
Appendix D: ASSUMPTIONS OF NUMBER OF UNITS OF ALCOHOL IN EACH TYPE OF DRINK (2005 and 2008/2011)		A12
APPENDIX E: ANNOTATED SURVEY QUESTIONNAIRE		A13

1 Introduction

1.1 Introduction

This report contains the findings of a research study on health and wellbeing carried out in 2011 on behalf of NHS Greater Glasgow and Clyde. The fieldwork and data entry were performed by Progressive. Analysis and reporting were performed by Traci Leven Research. It is the follow up in a series of studies which started in 1999 when NHS Greater Glasgow conducted a health and wellbeing study of their population. The study has been repeated every three years. In 2008 the study expanded to take in the area covered by NHS Greater Glasgow and Clyde, this study represents the first follow-up of the expanded study and also allows trends to be explored in the area administered by the former NHS Greater Glasgow.

Background

The original aims of the study were:

- 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.

There have been many policy changes over the decade the health and wellbeing study has been in operation. For example, the dissolution of social inclusion partnership areas (SIPs) as a focus of tackling area based deprivation and the emergence of using the Scottish Index of Multiple Deprivation (SIMD) as the main tool for measuring area based deprivation and focusing of resources; the emergence of Community Health (and Care) Partnerships as a vehicle for integrated planning and delivery of health (and social) care services at a local level and changes to the performance assessment framework have led to an increased focus on some health behaviours such as use of alcohol; diet and exercise.

The health and wellbeing survey was formed around core questions which have remained the same and allow the monitoring of trends over time. However, the survey has also been adapted over time to take into account emerging health and wellbeing issues and new geographies.

The survey provides a snapshot in time of the views and experience of the resident adult population. Whilst we cannot attribute causal relationships between the findings and the changing policy context we can explore our findings alongside wider changes in NHS Greater Glasgow and Clyde (NHSGGC).

Our local survey has provided flexible options to explore health and wellbeing at a local level. In 2011 many of the CH(C)Ps and Glasgow South Sector bought into the survey. Separate reports are available for each of these areas. In addition, Glasgow South West, Glasgow South and East Dunbartonshire 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.

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

Allan Boyd
Norma Greenwood

Senior Analyst
Head of Public Health Resource Unit

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.

In addition the project benefited from the support and advice of the advisory group:

Heather Cunningham	Renfrewshire CHP
Linda de Caestecker	NHS Greater Glasgow and Clyde
Liz Holms	East Renfrewshire CHCP
Russell Jones	Glasgow Centre for Population Health
Jacqui McGinn	West Dunbartonshire CHCP
Karen McNiven	Glasgow City CHP (South Sector)
David Radford	East Dunbartonshire CHP
Clare Walker	Renfrewshire CHP
Helen Watson	Inverclyde CHCP

Objectives

The objectives of the study are:

- to continue to monitor the core health indicators
- to determine whether the changes found in the first three 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 provide the first follow-up 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, 6,101 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 2011. The response rate for all in-scope attempted contacts was 71% as illustrated in Table A3 in Appendix A.

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 Appendix A. The survey questionnaire is in Appendix E.

1.2 Sample Profile

The 590 completed interviews in East Renfrewshire were weighted to account for under/over representation of groups within the sample to ensure the 2011 sample was as representative as possible of the adult population in East Renfrewshire as a whole. A full explanation of the weighting method and the data sources used can be found in Appendix B. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Tables 1.1 - 1.2.

Table 1.1: Age and Gender Breakdown

Base: 589

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	East Renfrewshire % of population (aged 16+)
16-24	8.2%	7.7%	15.8%	16.0%
25-34	9.0%	9.3%	18.2%	18.6%
35-44	7.0%	9.0%	16.2%	16.2%
45-54	7.7%	9.0%	16.6%	16.8%
55-64	5.9%	6.6%	12.5%	12.6%
65-74	6.3%	5.7%	11.9%	10.5%
75+	2.9%	5.8%	8.7%	9.2%

The Scottish Index of Multiple Deprivation (SIMD) 2009 is a relative measure of deprivation used to identify the most deprived areas in Scotland. It is constructed using 38 indicators within 7 'domains' (Income, Employment, Health, Education, Skills & Training, Geographic Access, Housing and Crime) each of which describes a specific aspect of deprivation. The SIMD is a weighted combination of these domains.

The SIMD is based on small geographical areas called datazones. The average population of a datazone in NHSGGC is 820 and unlike previous deprivation measures, which were based on much larger geographies (e.g. postcode sectors, average population 5,000), they enable the identification of small pockets of deprivation. In order to compare the most deprived small areas with other cut-off points, the most deprived 15% datazones are used. There are 6,505 datazones in Scotland. They are ranked from 1 (most deprived) to 6,505 (least deprived). The NHSGGC area contains the most deprived datazone in Scotland and in total 45.3% of the most deprived 15% datazones in Scotland lie within it.

Table 1.2: Most Deprived 15% Datazones Versus Other Datazones

Base: All (590)

Group	% in sample	East Renfrewshire % of population (aged 16+)
Most deprived 15% datazones	3.0%	3.9%
Other datazones	97.0%	96.1%

1.3 This Report

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, comparisons with East Dunbartonshire 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:

- Gender;
- Age (16-44; 45-64; 65+).

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

Indicator	% of sample	Unweighted base (n)
Self-perceived health very good or good (Q1)	80%	589
Positive perception of general physical wellbeing (Q35b)	83%	590
Positive perception of general mental or emotional wellbeing (Q35c)	86%	590
Positive perception of happiness (Q44)	92%	590
Feel definitely in control of decisions affecting daily life (Q45)	55%	589
Positive perception of quality of life (Q35a)	87%	590
Has long term illness/condition that interferes with daily life (Q3)	12%	590
Receiving treatment for at least one condition (Q2)	30%	588
GHQ12 score of 4 or above (indicating poor mental health) (Q13)	10%	590
Have some/all of own teeth (Q10)	94%	590
Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11)	91%	527

Four in five (80%) respondents rated their general health positively. Those aged 65 or over were less likely to rate their health positively.

Just over four in five (83%) respondents rated their physical wellbeing positively. Those aged 65 or over were less likely to rate their physical wellbeing positively.

Just under nine in ten (86%) respondents rated their mental or emotional wellbeing positively.

Just over nine in ten (92%) respondents gave a positive rating of their happiness.

Just over half (55%) of respondents felt 'definitely' in control over the decisions affecting their lives. Those aged under 45 and men were less likely to definitely feel in control.

Just under nine in ten (87%) respondents gave a positive view of their overall quality of life.

One in eight (12%) respondents said that they had a long-term illness or condition that interfered with their daily life. Those aged 65 or over were more likely to have a limiting condition/illness.

Three in ten (30%) respondents were receiving treatment for at least one condition or illness. Those aged 65 or over were more likely to be receiving treatment.

One in ten (10%) respondents had a high GHQ12 score, indicating poor mental health.

Just over nine in ten (94%) respondents had some or all of their own teeth. Those aged 65 or over were less likely to have any natural teeth.

Of those with at least some of their own teeth, 91% said they brushed their teeth twice or more per day. Men were less likely than women to brush their teeth twice or more 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, four in five (80%) gave a positive view of their health, with 31% saying their health was very good and 49% saying their health was good. However, 20% gave a negative view of their health, with 14% saying their health was fair, 5% saying it was bad and 1% saying it was very bad.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their general health (80% East Renfrewshire; 75% NHSGGC).

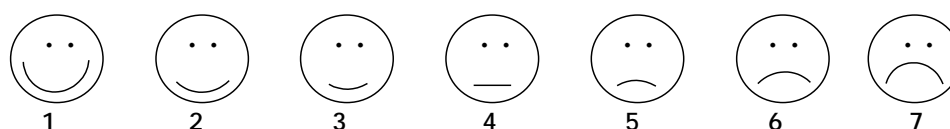
As Table 2.2 shows, those aged under 45 were the most likely to rate their general health positively and those aged 65 or over were the least likely to do so.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Age:								
16-44	42%	53%	3%	2%	<1%	95%	5%	181
45-64	28%	47%	17%	7%	1%	76%	24%	215
65+	8%	40%	37%	12%	2%	48%	52%	193
All	31%	49%	14%	5%	1%	80%	20%	589

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.

More than four in five (83%) respondents gave a positive view of their physical wellbeing, using this scale.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of their physical wellbeing (83% East Renfrewshire; 78% NHSGGC).

As Table 2.3 shows, those aged under 45 were the most likely to have a positive view of their physical wellbeing and those aged 65 or over were the least likely.

Table 2.3: Positive Perception of Physical Wellbeing (Q35b) by Age

	Positive Perception	Unweighted base (n)
Age:		
16-44	92%	181
45-64	83%	216
65+	63%	193
All	83%	590

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 86% of respondents gave a positive view of their mental or emotional wellbeing.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive view of their mental or emotional wellbeing (86% East Renfrewshire; 82% NHSGGC).

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 92% of respondents gave a positive view of their happiness.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive view of their happiness (92% East Renfrewshire; 85% NHSGGC).

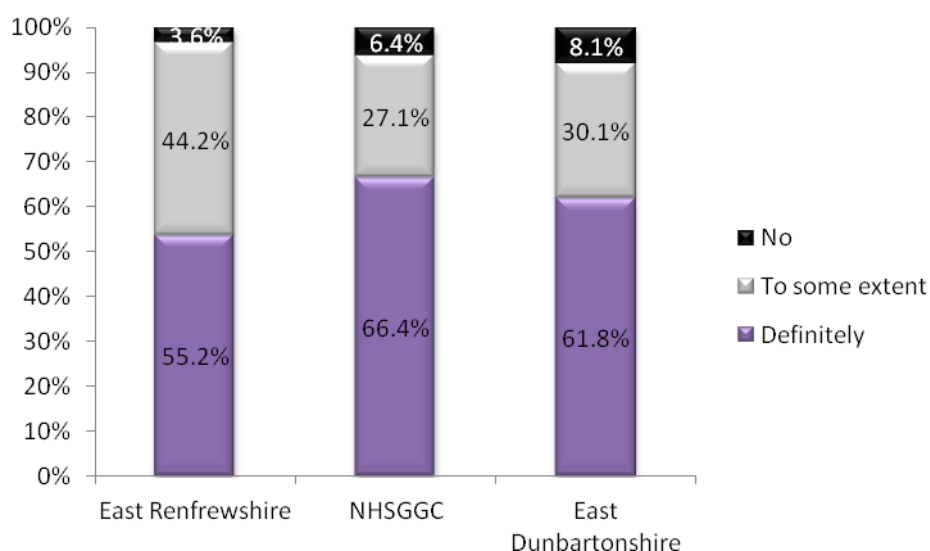
Feeling in Control of Decisions Affecting Life

Respondents were asked whether they felt in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just over half (55%) said that they 'definitely' felt in control of these decisions, while 41% said that they felt in control 'to some extent' and 4% did not feel in control of these decisions.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to feel definitely in control of the decisions affecting their life (55% East Renfrewshire; 66% NHSGGC; 62% East Dunbartonshire).

Figure 2.1: Extent Feel in Control of Decisions Affecting Life (Q45): East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged under 45 were less likely than older respondents to say they definitely felt in control of the decisions affecting their life. Also, women were more likely than men to definitely feel in control. This is shown in Table 2.4.

Table 2.4: Definitely Feel in Control of Decisions Affecting Life (Q45) by Age and Gender

	Definitely Feel in Control	Unweighted base (n)
Age:		
16-44	48%	180
45-64	65%	216
65+	60%	193
Men	49%	246
Women	60%	342
All	55%	589

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 87% of respondents gave a positive rating of their quality of life.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole, but less likely than those in East Dunbartonshire to have a positive view of their overall quality of life (87% East Renfrewshire; 84% NHSGGC; 93% East Dunbartonshire).

2.4 Illness

One in eight (12%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have a limiting condition or illness (12% East Renfrewshire; 19% NHSGGC; 18% East Dunbartonshire).

Of those who said they had a long-term condition or illness that interfered with their day to day activities:

- 41% said that they had a physical disability;
- 12% said they had a mental or emotional health problem; and
- 60% said they had a long-term illness.

Of those with a limiting long-term condition or illness:

- 84% said it interfered with taking up training;
- 79% said it interfered with holding down or obtaining a job;
- 85% said it interfered with taking exercise/physical activity; and
- 78% said it interfered with socialising.

Those aged under 45 were the least likely to have a limiting long-term condition or illness and those aged 65 or over were the most likely. This is shown in Table 2.5.

Table 2.5: Limiting Long-Term Condition or Illness (Q3) by Age

	Long-Term Condition/Illness	Unweighted base (n)
Age:		
16-44	4%	181
45-64	15%	216
65+	28%	193
All	12%	590

Illnesses/Conditions for Which Treatment is Being Received

Three in ten (30%) respondents were receiving treatment for at least one illness or condition.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to be receiving treatment for at least one condition (30% East Renfrewshire; 39% NHSGGC; 41% East Dunbartonshire).

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 13% of those aged under 45 to 66% of those aged 65 or over.

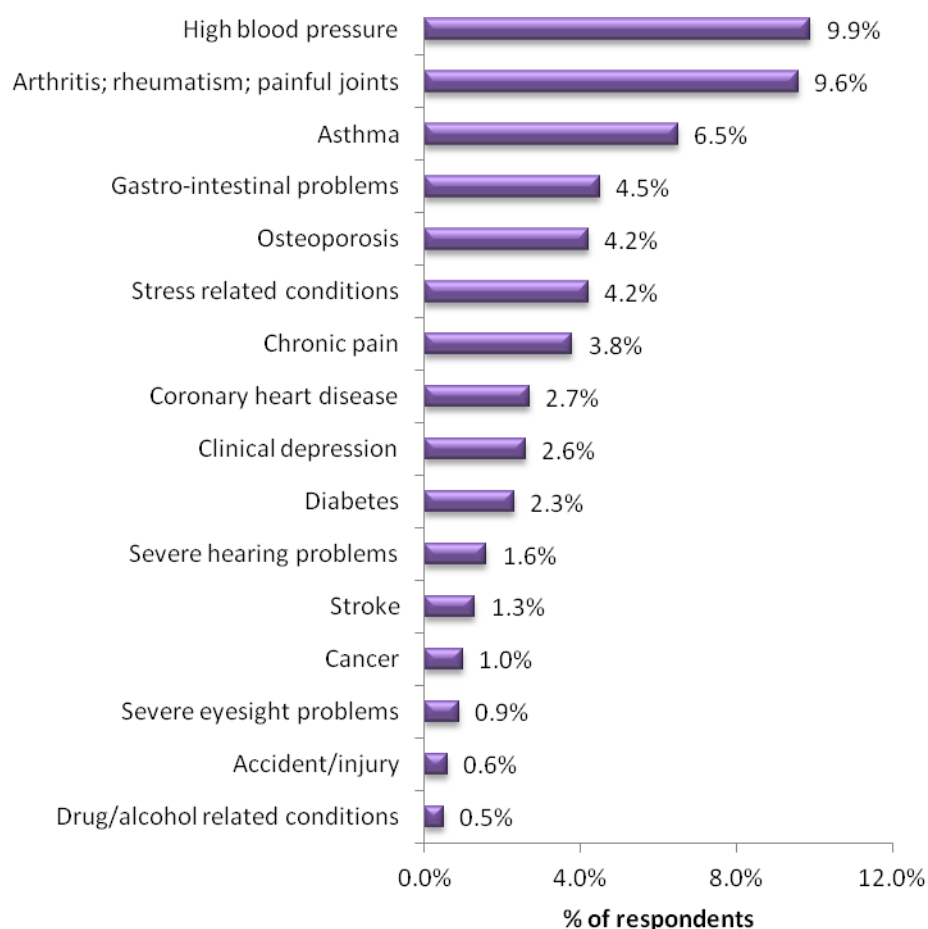
Table 2.6: At Least One Illness/Condition Being Treated (Q2) by Age

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-44	13%	181
45-64	33%	215
65+	66%	192
All	30%	588

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

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

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



Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in East Renfrewshire were less likely to be receiving treatment for:

- Coronary heart disease (2.7% East Renfrewshire; 4.6% NHSGGC);
- Clinical depression (2.6% East Renfrewshire; 4.6% NHSGGC);
- Diabetes (2.3% East Renfrewshire; 5.3% NHSGGC);

- Cancer (1.0% East Renfrewshire; 2.4% NHSGGC);
- Severe eyesight problems (0.9% East Renfrewshire; 2.1% NHSGGC).

Comparison with East Dunbartonshire

Compared to those in East Dunbartonshire, those in East Renfrewshire were less likely to be receiving treatment for:

- High blood pressure (9.9% East Renfrewshire; 14.2% East Dunbartonshire);
- Coronary heart disease (2.7% East Renfrewshire; 5.8% East Dunbartonshire);
- Diabetes (2.3% East Renfrewshire; 6.2% East Dunbartonshire);
- Severe eyesight problems (0.9% East Renfrewshire; 2.4% NHSGGC).

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, 10% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have a high GHQ12 score (10% East Renfrewshire; 15% NHSGGC; 23% East Dunbartonshire).

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) Scores

The survey also used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to assess positive mental health (mental wellbeing). This uses 14 positively worded questions. Scores are derived by summing responses to each of the 14 questions on a 1-5 likert scale. Thus, the maximum score is 70 and the minimum score is 14. The scale is designed to allow the measurement of mean scores in population samples. The provisional mean score for the Scottish population is 50.7.

The overall mean WEMWBS score for respondents was 50.0.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire had lower mean WEMWBS scores than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire (50.0 East Renfrewshire; 51.7 NHSGGC; 52.1 East Dunbartonshire).

Mean WEMWBS scores indicate that mental wellbeing was highest among those aged under 45.

Table 2.7: Mean WEMWBS Score (Q14) by Age

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-44	51.6	180
45-64	49.7	211
65+	46.5	192
All	50.0	583

2.6 Oral Health

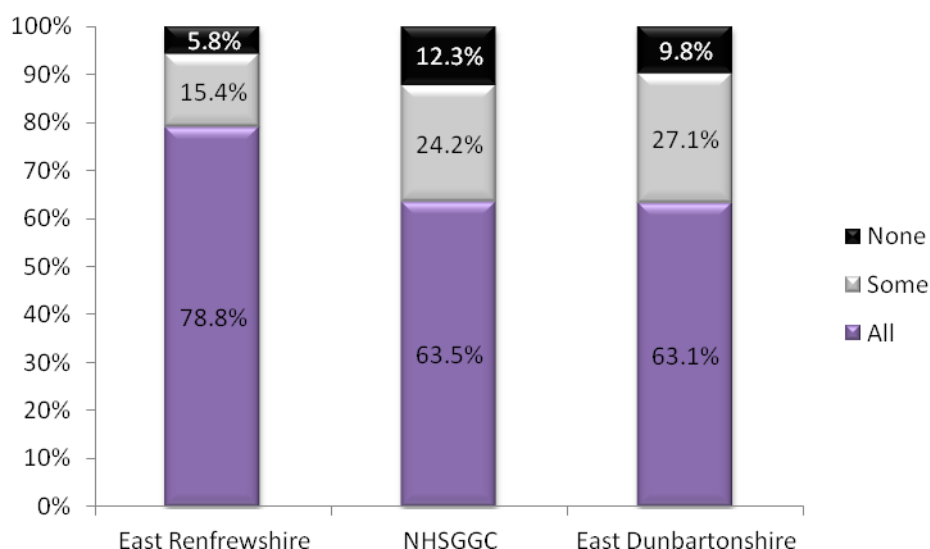
Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. More than nine in ten (94%) respondents said that they had all (79%) or some (15%) of their own teeth, while 6% had none of their own teeth.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

As Figure 2.3 shows, those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have all or any natural teeth.

Figure 2.3: Proportion of Own Teeth (Q10) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



The proportion with all or some of their own teeth ranged from 76% among those aged 65 or over to 100% of those aged under 45.

Table 2.8: Proportion of Own Teeth (Q10) by Age

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-44	96%	4%	0%	100%	181
45-64	77%	20%	3%	97%	216
65+	40%	36%	24%	76%	193
All	79%	15%	6%	94%	590

Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Nine in ten (91%) said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to brush their teeth twice or more a day (91% East Renfrewshire; 80% NHSGGC; 78% East Dunbartonshire).

Women were more likely than men to brush their teeth twice a day or more.

Table 2.9: Brushes Teeth Twice or More Per Day (Q11) by Age

	Brushes Teeth 2x or more per day	Unweighted base (n)
Men	86%	221
Women	96%	305
All	91%	527

3 The Use of Health Services

3.1 Chapter Summary

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)	71%	589
Outpatient to see doctor at least once in last year (Q7d)	21%	590
Accident and emergency at least once in last year (Q7c)	7%	590
Hospital stay in last year (q7e)	8%	589
Seen Pharmacist for health advice in last year (Q7a)	10%	590
Contacted NHS24 in last year (Q7b)	5%	590
Used GP out of hours service in last year (q7f)	3%	590
Been to the dentist within past six months (Q9)	70%	577
Difficulty reaching hospital for an appointment (Q12d)	8%	544
Difficulty getting GP appointment (Q12a)	9%	558
Difficulty getting hospital appointment (Q12c)	8%	488
Difficulty getting GP consultation within 48 hours (Q12f)	11%	528
Difficulty accessing health services in an emergency (Q12b)	6%	486
Difficulty getting dentist appointment (Q12e)	3%	524

Seven in ten (71%) respondents had seen a GP in the last year. Those aged 65 or over and women were more likely to have seen a GP in the last year.

One in five (21%) respondents had visited hospital as an outpatient to see a doctor in the last year. Those aged 65 or over were more likely to have been a hospital outpatient in the last year.

One in 14 (7%) respondents had visited accident and emergency in the last year. Those aged 45 or over were the most likely to have visited accident and emergency.

One in 12 (8%) had been admitted to hospital in the last year. Those aged 65 or over were more likely to have been admitted to hospital.

One in ten (10%) had seen a pharmacist for health advice in the last year.

One in 20 (5%) had contacted NHS24 in the last year.

Three percent of respondents had used the GP out of hours service in the last year.

Seven in ten (70%) respondents had visited the dentist within the last six months. Those aged under 65 were more likely to have done so.

Eight percent of respondents said that it was difficult for them to reach hospital for an appointment. Those aged 65 or over were more likely to find this difficult.

One in 11 (9%) said that they had difficulty getting a GP appointment.

One in 12 (8%) respondents said that it was difficult to get a hospital appointment. Those aged 45-64 were less likely than younger or older respondents to find this difficult.

One in nine (11%) said it was difficult to get a GP consultation within 48 hours when needed. Those aged 45-64 were more likely to say this was difficult.

Six percent felt that it was difficult to access health services in an emergency.

Three percent of respondents said that it was difficult to get an appointment to see the dentist. Those aged 45-64 were the most likely to say this was difficult.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Seven in ten (71%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, 64% had visited the GP either once (35%) or twice (29%) in the last year, although the number of visits made in the last year ranged from 1 to 50. For all those who had visited their GP in the last year, the mean number of GP visits was 3.26.

Women were more likely than men to have seen a GP. Those aged 65 or over were the most likely to have seen a GP in the last year and those aged under 45 were the least likely. This is shown in Table 3.2.

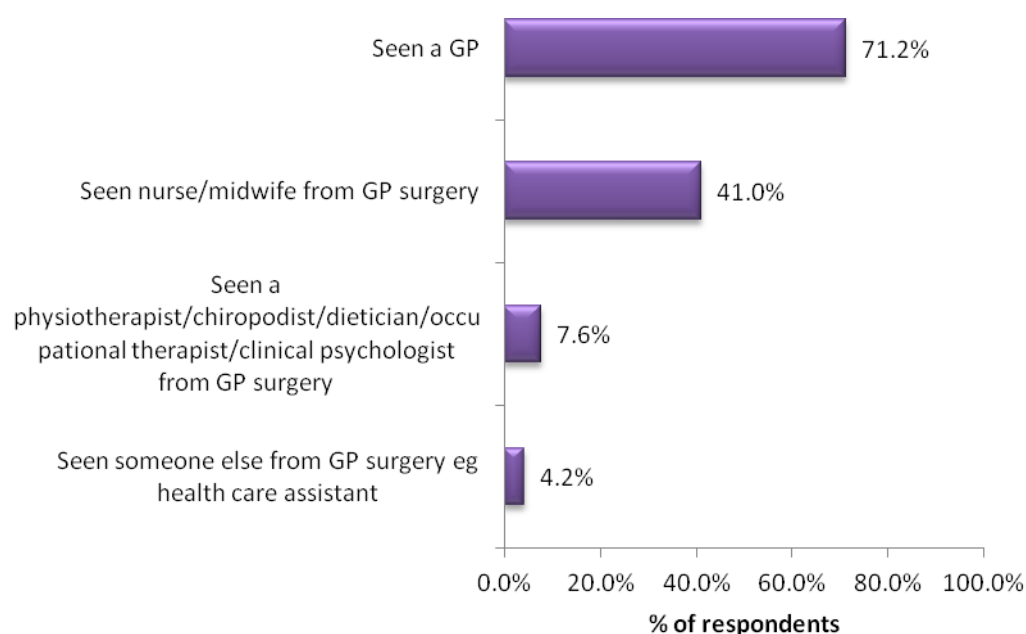
Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Age and Gender

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Age:			
16-44	62%	2.48	181
45-64	76%	3.34	215
65+	87%	4.54	193
Men	66%	3.84	247
Women	76%	2.77	341
All	71%	3.26	589

Other Uses of GP Surgery

Figure 3.1 below shows the extent of other uses of GP surgeries in the last year. In addition to the 71% of respondents who had seen a GP in the last year, 41% had seen a nurse or midwife from the GP surgery (mean number of visits was 2.54). One in twelve (8%) had seen staff such as a physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 5.93). Also, 4% had seen some other type of staff at a GP surgery (mean number of visits was 1.88).

Figure 3.1: Seen Specific GP Practice Staff in Last Year (Q6)



Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have seen a physiotherapist/chiroprapist/occupational therapist/clinical psychologist at their GP surgery in the last year (8% East Renfrewshire; 12% NHSGGC).

Outpatients

One in five (21%) 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, 38% had done so only once, although the number of visits ranged from 1 to 52. The average number of outpatient visits in the last year was 3.68.

Comparison with East Dunbartonshire

Those in East Renfrewshire were less likely than those in East Dunbartonshire to have visited hospital as an outpatient in the last year (21% East Renfrewshire; 28% East Dunbartonshire).

Those aged under 45 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 3.3.

Table 3.3: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Age

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-44	8%	3.54	181
45-64	24%	4.01	216
65+	45%	3.50	193
All	21%	3.68	590

Accident and Emergency

One in 14 (7%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 69% had been once in the last year, but the number of visits ranged from 1 to 10. The mean number of visits was 1.63.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have visited A&E in the last year (7% East Renfrewshire; 14% NHSGGC; 13% East Dunbartonshire).

Those aged under 45 were less likely than older respondents to have visited A&E in the last year.

Table 3.4: Visited Accident & Emergency at Least Once and Mean Number of Visits (Q7c) by Age

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-44	4%	1.49	181
45-64	10%	2.04	216
65+	9%	1.16	193
All	7%	1.63	590

Hospital Admissions

One in 12 (8%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 75% had been admitted once in the last year, although the number of admissions ranged from 1 to 40. The mean number of admissions was 1.77.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have been admitted to hospital in the last year (8% East Renfrewshire; 13% NHSGGC; 14% East Dunbartonshire).

Those aged under 45 were the least likely to have been admitted to hospital and those aged 65 or over were the most likely.

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

	% at least once	Mean number of admissions	Unweighted base (n)
Age:			
16-44	3%	1.94	180
45-64	8%	1.51	216
65+	19%	1.90	193
All	8%	1.77	589

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, 59% had done so only once. The number of visits to the pharmacist for health advice ranged from 1 to 6, and the mean number of visits to the pharmacist was 1.58.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have seen a pharmacist for health advice in the last year (10% East Renfrewshire; 19% NHSGGC).

Contacting NHS24

One in 20 (5%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 70% had done so just once. The number of contacts ranged from 1 to 5 and the mean number of contacts was 1.53.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have contacted NHS24 in the last year (5% East Renfrewshire; 10% NHSGGC; 8% East Dunbartonshire).

Use of GP Out of Hours Service

Three percent of respondents had used the GP out of hours service in the last year. Of those who had used the service, the number of uses of the service ranged from 1 to 3 and the mean number of uses was 1.16.

3.3 Dental Services

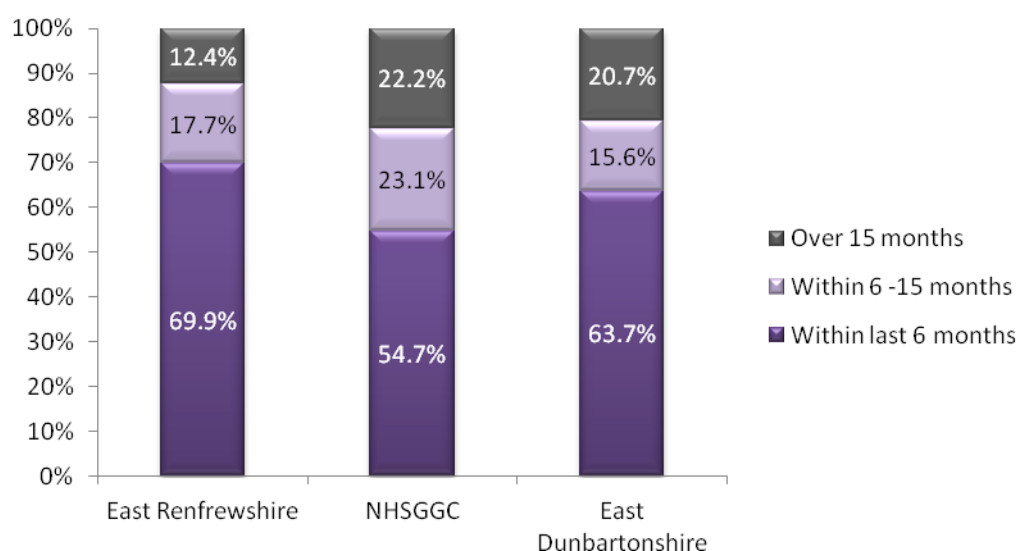
Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, seven in ten (70%) said that they had visited the dentist within the last six months, 18% had visited the dentist between six and 15 months ago, and 12% had last visited the dentist over 15 months ago.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have visited the dentist within the last six months (70% East Renfrewshire; 55% NHSGGC; 64% East Dunbartonshire).

Figure 3.2: When Last Visited Dentist (Q9) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged under 65 were more likely than older respondents to have visited the dentist within the last six months.

Table 3.6: When Last Visited Dentist (Q9) by Age

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-44	74%	17%	8%	175
45-64	72%	18%	10%	216
65+	56%	18%	26%	186
All	70%	18%	12%	577

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, 51% felt that they had 'definitely' been given adequate information about their condition or treatment, 46% felt that they had 'to some extent', and 4% felt that they had not.

Women were more likely than men to say they were definitely encouraged to participate in decisions affecting their health or treatment.

Table 3.7: Given adequate information about condition or treatment (Q8a) by Gender

	Definitely	To some extent	No extent	Definitely/to some extent	Unweighted base (n)
Men	46%	52%	2%	98%	225
Women	56%	40%	5%	95%	322
All	51%	46%	4%	96%	548

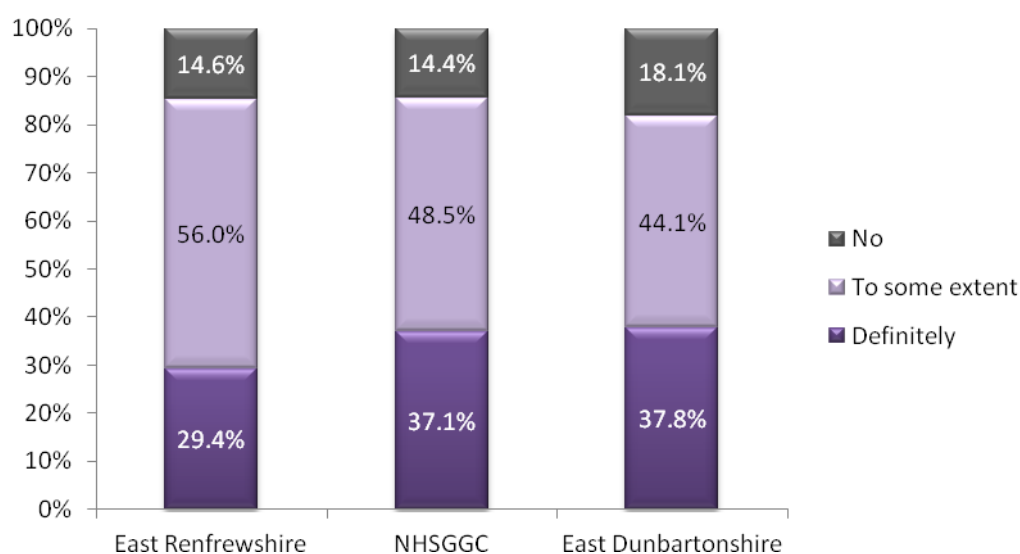
Encouragement to Participate in Decisions Affecting Health or Treatment

Just under nine in ten (85%) 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 (29%) or to some extent (56%).

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to feel they were definitely encouraged to participate in decisions affecting their health or treatment (29% East Renfrewshire; 37% NHSGGC; 38% East Dunbartonshire).

Figure 3.3: Encouraged to participate in decisions affecting health or treatment (Q8b) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



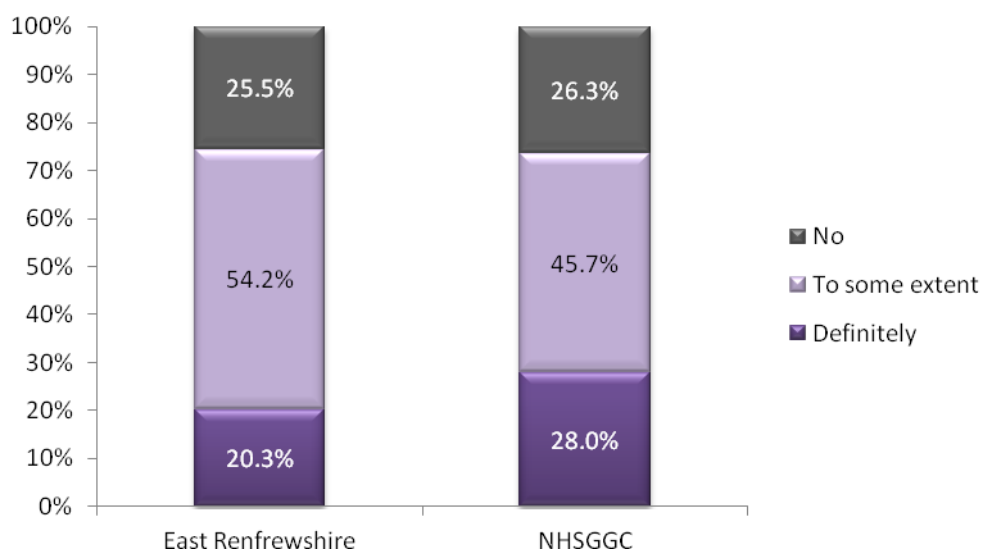
Having a Say in How Health Services are Delivered

Three in four (75%) 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 (20%) or to some extent (54%).

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area to feel that they definitely had a say in how health services are delivered (20% East Renfrewshire; 28% NHSGGC).

Figure 3.4: Have a say in how health services are delivered (Q8c) - East Renfrewshire and NHS Greater Glasgow & Clyde



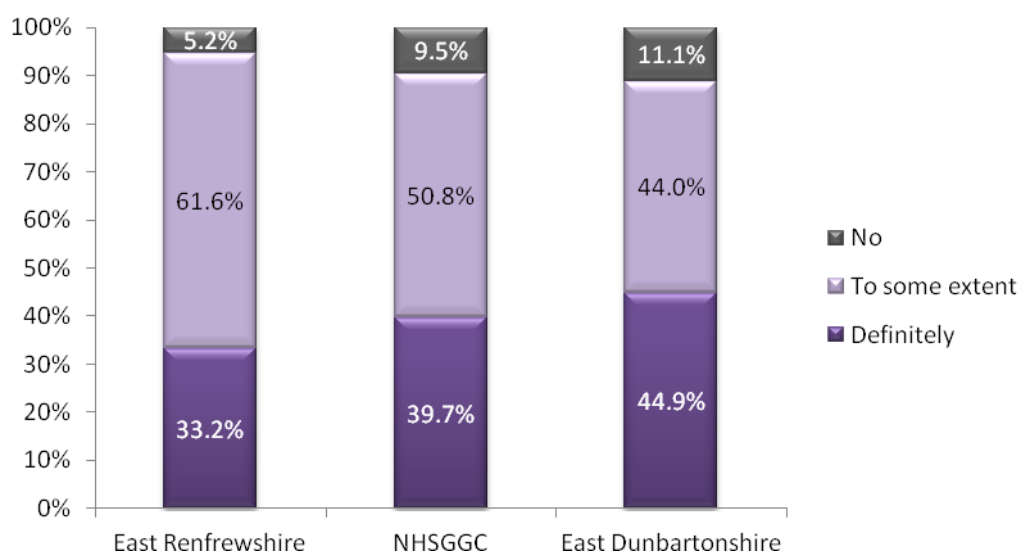
Feel that Views and Circumstances are Understood and Valued

Most (95%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (33%) or to some extent (62%).

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to feel that their views and circumstances were definitely understood and valued (33% East Renfrewshire; 40% NHS Greater Glasgow & Clyde; 45% East Dunbartonshire).

Figure 3.5: Feel that views and circumstances are understood and valued (Q8d) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



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'.

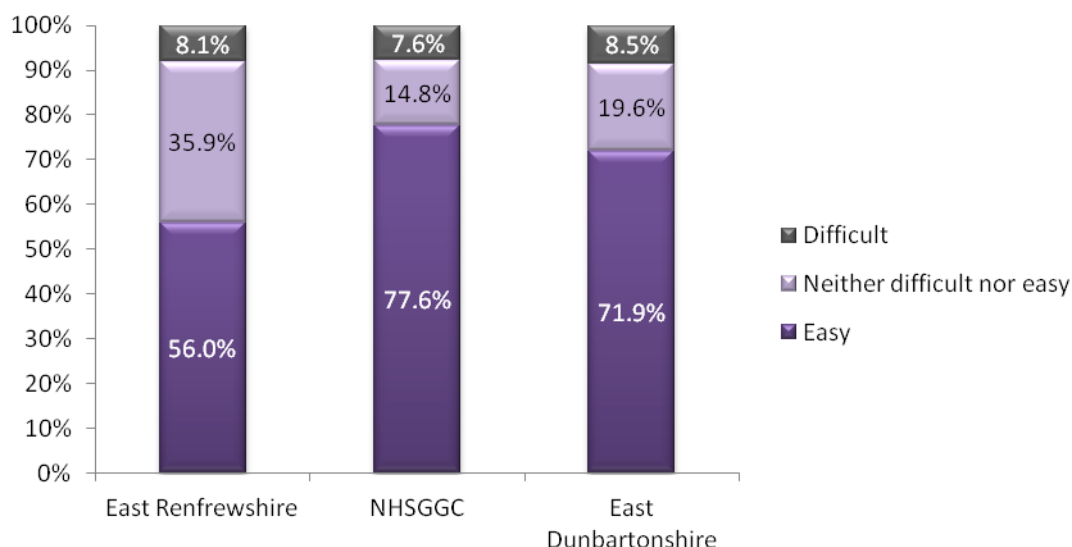
Travelling to Hospital for an Appointment

Just under three in five (56%) respondents indicated that they found it easy to travel to hospital for an appointment, while 36% found it neither difficult nor easy and 8% found it difficult.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Compared to those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire, those in East Renfrewshire were less likely to say it was easy to travel to hospital for an appointment (56% East Renfrewshire; 78% NHSGGC; 72% East Dunbartonshire).

Figure 3.6: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged 65 or over were more likely than younger respondents to say it was difficult to get to hospital for an appointment.

Table 3.8: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Age

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-44	4%	40%	56%	159
45-64	7%	28%	65%	198
65+	19%	36%	45%	187
All	8%	36%	56%	544

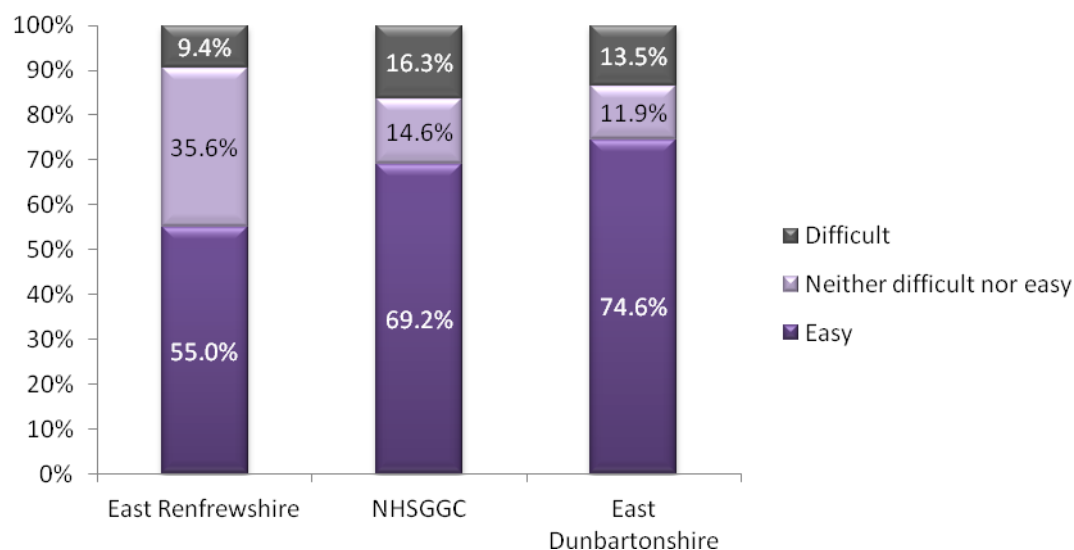
Getting a GP appointment

One in 11 (9%) respondents said that it was difficult to obtain an appointment to see their GP, 36% said that it was neither easy nor difficult and 55% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say that it was easy or difficult to get a GP appointment and more likely to say it was 'neither difficult nor easy'. This is shown in Figure 3.7.

Figure 3.7: Difficulty/Ease of Getting Appointment to See GP (Q12a) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged 65 or over were the most likely to say it was easy to get an appointment to see a GP.

Table 3.9: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Age

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-44	10%	43%	48%	167
45-64	11%	33%	56%	202
65+	7%	24%	69%	189
All	9%	36%	55%	558

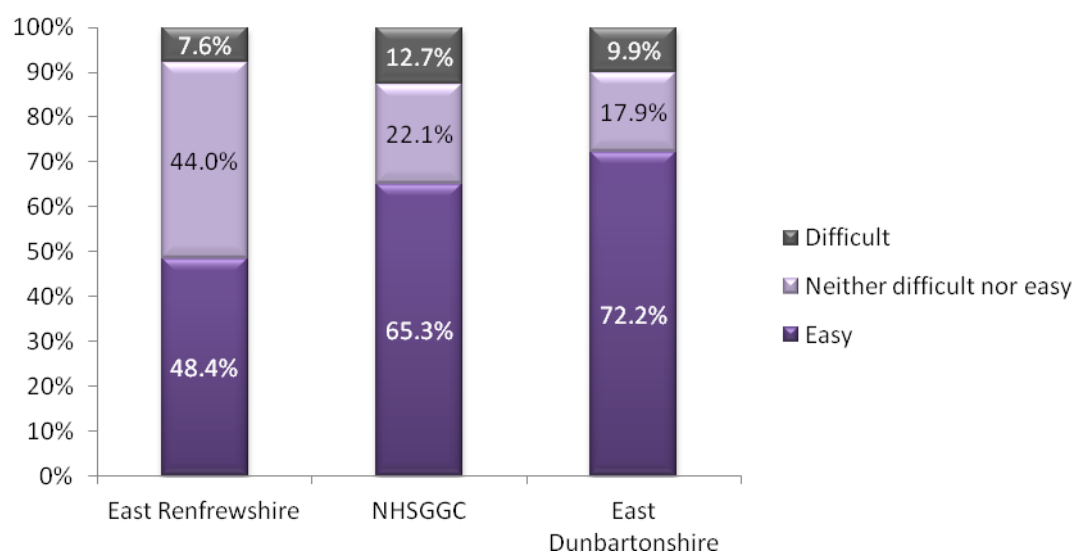
Obtaining an Appointment at the Hospital

One in 12 (8%) respondents said that it was difficult to obtain a hospital appointment, 44% said that it was neither easy nor difficult and 48% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say that it was easy to obtain a hospital appointment but more likely to say it was 'neither difficult nor easy' as shown in Figure 3.8.

Figure 3.8: Difficulty/Ease of Getting Appointment at Hospital (Q12c) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged 45-64 were the most likely to say it was easy to get a hospital appointment and the least likely to say it was difficult.

Table 3.10: Difficulty/Ease of Getting Appointment at Hospital (Q12c) Age

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-44	9%	50%	41%	139
45-64	4%	39%	58%	168
65+	10%	38%	52%	181
All	8%	44%	48%	488

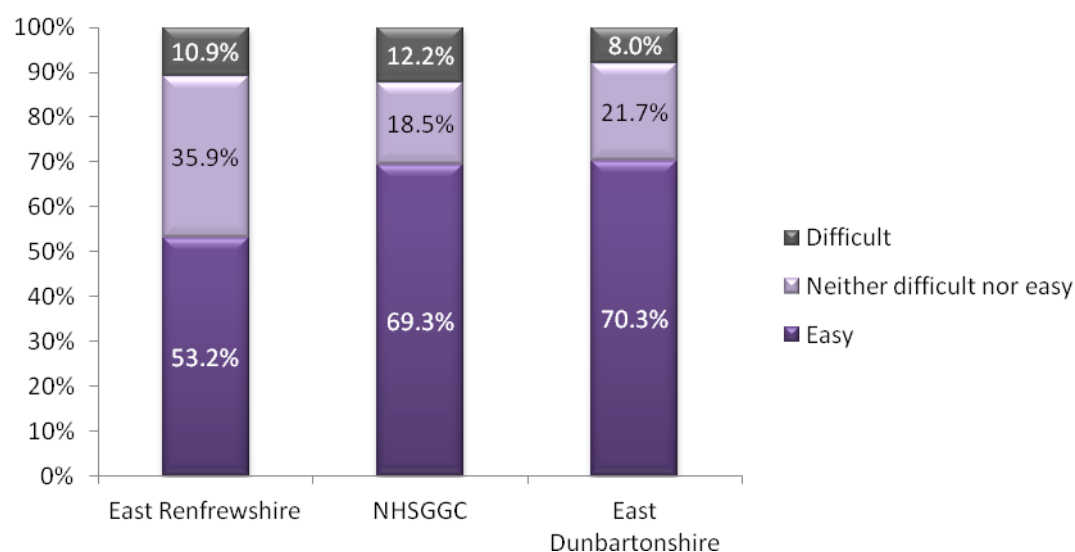
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Just over half (53%) said that it was easy, 36% said that it was neither easy nor difficult and 11% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say it was easy to get a GP consultation within 48 hours (53% East Renfrewshire; 69% NHSGGC; 70% East Dunbartonshire).

Figure 3.9: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged 45-64 were the most likely to say it was difficult to get a GP consultation within 48 hours and those aged 65 or over were the most likely to say it was easy. Also, women were more likely than men to say it was easy to get a GP consultation within 48 hours.

Table 3.10: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-44	10%	46%	44%	153
45-64	14%	28%	57%	190
65+	9%	26%	66%	185
Men	10%	43%	48%	214
Women	12%	30%	58%	313
All	53%	36%	11%	528

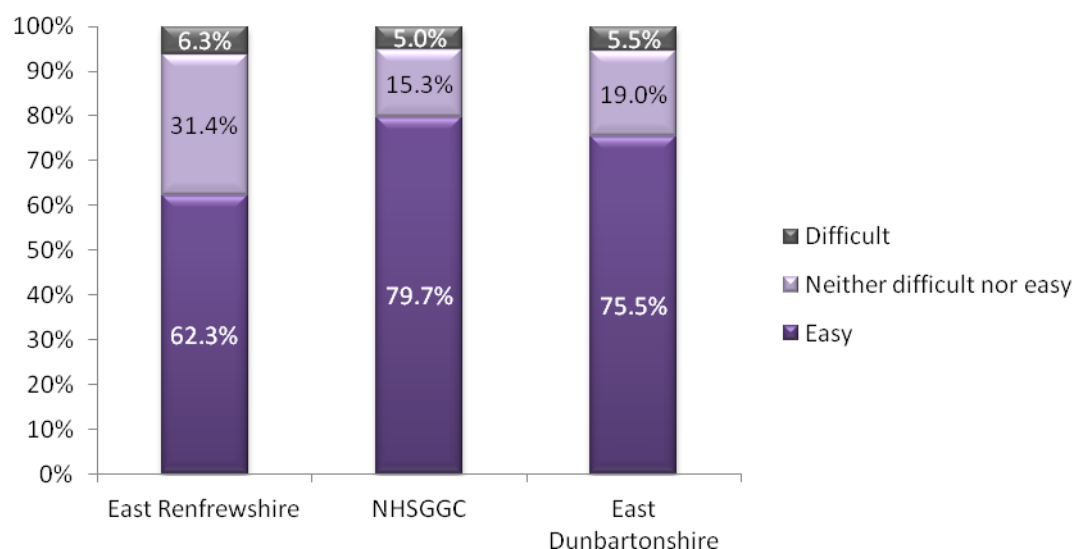
Accessing Health Services in an Emergency

Three in five (62%) respondents said that it was easy to access health services in an emergency, while 31% said that it was neither easy nor difficult and 6% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say that it was easy to access health services in an emergency (62% East Renfrewshire; 80% NHSGGC; 75% East Dunbartonshire).

Figure 3.10: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b)
- East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



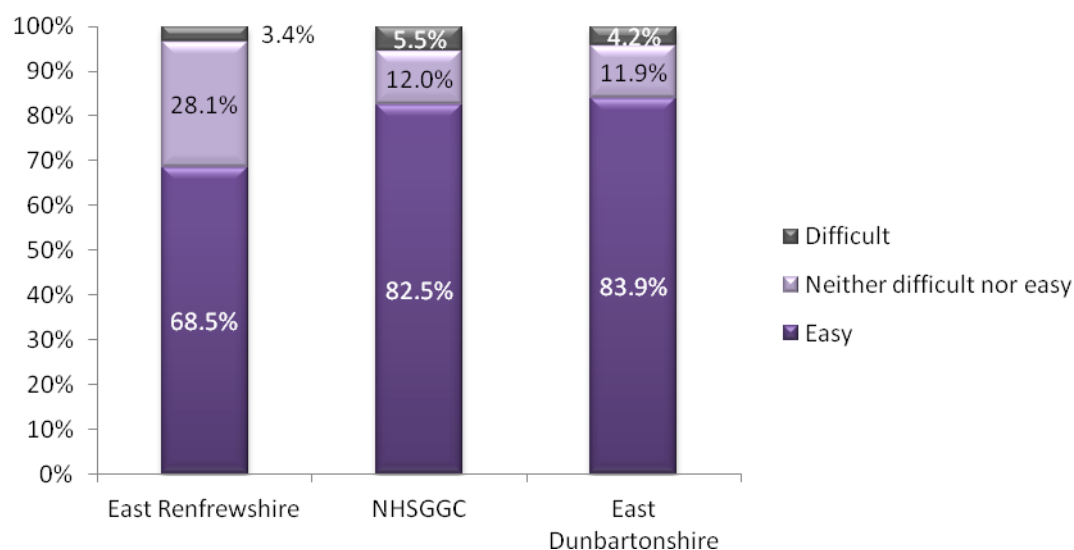
Getting an Appointment to See the Dentist

Two in three (68%) respondents said that it was easy to get an appointment to see the dentist, while 28% said that it was neither easy nor difficult and 3% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say that it was easy to get an appointment to see the dentist (68% East Renfrewshire; 83% NHSGGC; 84% East Dunbartonshire).

Figure 3.11: Difficulty/Ease Of Getting an Appointment to See the Dentist (Q12e)
- East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged under 45 were less likely than older respondents to say it was easy to get an appointment to see the dentist.

**Table 3.12: Difficulty/Ease of Getting an Appointment to See the Dentist (Q12e)
by Age**

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-44	3%	36%	61%	170
45-64	5%	17%	78%	208
65+	1%	23%	76%	146
All	3%	28%	68%	524

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 (Q15)	32%	590
Current smoker (Q16)	15%	590
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17)	32%	96
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	15%	589
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23)	32%	295
Binge drinker in the past week (based on all respondents) (Q23)	25%	589
Binge drinker in the past week (based on all those who drank at all in the past week) (Q23)	54%	295
Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31)	53%	589
Participated in at least one sport or activity in the last week (Q32)	95%	590
Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25)	44%	589
Consumes at least 2 portions of oily fish per week (Q27)	37%	590
Consumes at least 2 portions of high fat snacks per day (Q26)	25%	590
Body Mass Index of 25 or over(Q28 & Q29)	40%	499
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	60%	496
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	66%	496

One in three (32%) respondents were exposed to second hand smoke most or some of the time. Those under 45 were the most likely to be exposed to second hand smoke.

One in seven (15%) respondents were smokers, smoking on at least some days. Those aged 45-64 were the most likely to be smokers.

Half (49%) of respondents drank alcohol weekly. Those aged 45 or over were more likely than younger people to drink alcohol weekly and men were more likely than women to drink alcohol weekly.

One in seven (15%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 32% of those who had drunk alcohol in the last week. Those aged 45-64 were more likely to exceed the recommended weekly limit for alcohol.

One in four (25%) respondents had been binge drinkers in the previous week. This equates to 54% of all those who had drunk alcohol in the last week. Those aged 45-64 and men were more likely to be binge drinkers.

Just over half (53%) of respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those aged under 45 were more likely than older respondents to meet this target.

Most (95%) respondents had participated in at least one sport or activity in the last week. Those aged 65 or over were less likely to have participated in a sport or activity in the last week.

Just over two in five (44%) respondents met the target of consuming five or more portions of fruit/vegetables per day.

Just under two in five (37%) respondents consumed two or more portions of oily fish per week. Those aged under 65 and men were less likely to consume two or more portions of oily fish per week.

One in four (25%) respondents exceeded the recommended limit of one high fat/ sugary snack per day.

Two in five (40%) respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, 14% were obese. Those aged 45-64 and men were more likely to be obese.

Three in five (60%) respondents exhibited more than one of the following five 'unhealthy behaviours' - smoking, BMI of 25+, not meeting recommended levels of physical activity, not meeting the recommended fruit/vegetable consumption, binge drinking. The mean number of unhealthy behaviours was 1.84. Those aged 45-64 and men tended to exhibit more unhealthy behaviours.

Two in three (66%) respondents exhibited more than one of the following five 'healthy behaviours' - non-smoker, within normal BMI range (18.5-24.99), meet the physical activity recommendations, eat 5 or more portions of fruit/vegetables per day, drink within safe limits/not at all. The mean number of healthy behaviours was 2.97. Those aged 45-64 and men tended to exhibit fewer healthy behaviours.

4.2 Smoking

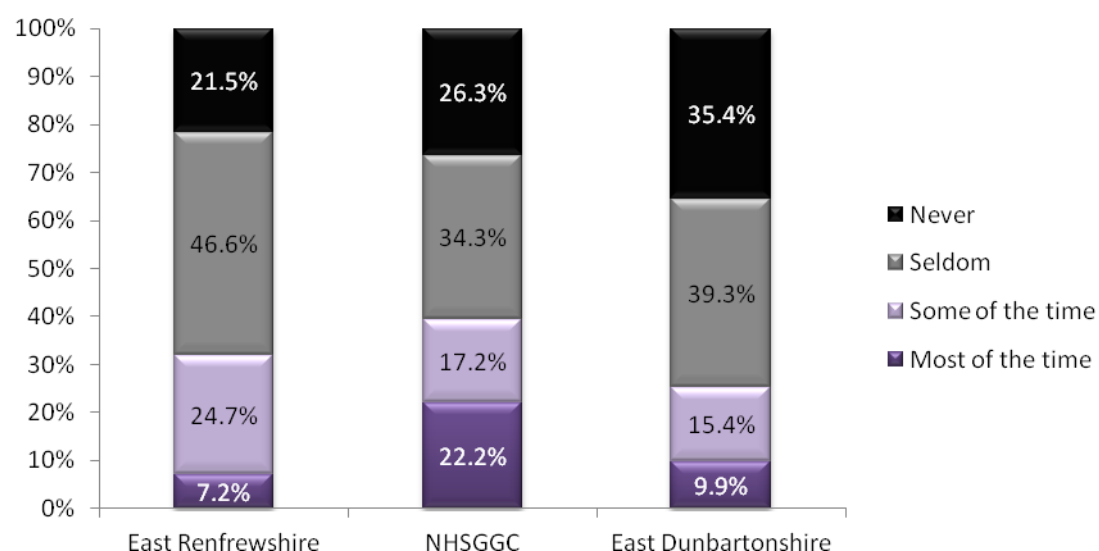
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. One in three (32%) said that this happened most of the time (7%) or some of the time (25%). A further 47% said that they were seldom exposed to second hand smoke and 22% said they were never exposed.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole but more likely than those in East Dunbartonshire to say they were exposed to second hand smoke most or some of the time (32% East Renfrewshire; 39% NHSGGC; 25% East Dunbartonshire).

Figure 4.1: Exposure to Second Hand Smoke (Q15) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Those aged under 45 were the most likely to be exposed to second hand smoke most or some of the time and those aged 65 or over were the least likely.

Table 4.2: Exposure to Second Hand Smoke (Q15) by Age

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-44	5%	35%	44%	16%	40%	181
45-64	12%	18%	51%	19%	30%	216
65+	6%	10%	45%	39%	16%	193
All	7%	25%	47%	22%	32%	590

Smokers

Fifteen percent of respondents were smokers, smoking either every day (12%) or some days (2%).

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be smokers (15% East Renfrewshire; 29% NHSGGC).

Those aged 45-64 were the most likely to be smokers.

Table 4.3: Proportion of Current Smokers (Q16) by Age

	Current Smoker	Unweighted base (n)
Age:		
16-44	12%	181
45-64	23%	216
65+	8%	193
All	15%	590

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 14.6. In total, 32% of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

One in four (23%) smokers said that they intend to stop smoking while 59% said they did not and 17% were unsure.

Comparison with East Dunbartonshire

Smokers in East Renfrewshire were less likely than smokers in East Dunbartonshire to say they intended to stop smoking (23% East Renfrewshire; 50% East Dunbartonshire).

4.3 Drinking**Frequency of Drinking Alcohol**

One in five (20%) respondents said that they never drank alcohol, 30% drank alcohol sometimes, but less than weekly and 49% drank alcohol at least once a week (including 18% who drank alcohol on three or more days per week).

Those aged 45 or over were more likely than younger respondents to drink alcohol weekly. Also, men were more likely than women to say they drank alcohol at least once a week. This is shown in Table 4.4.

Table 4.4: Frequency Drink Alcohol (Q19) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-44	21%	38%	41%	181
45-64	16%	27%	57%	216
65+	25%	16%	58%	193
Men	15%	26%	58%	247
Women	25%	34%	41%	342
All	20%	30%	49%	590

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. In total, 48% of respondents said they had drunk alcohol in the past week (therefore similar to the 49% 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 and 2011 surveys, in calculating the number of units, new assumptions were applied for the number of units in each type of drink which differed from those which were applied in previous surveys. Appendix D shows the assumptions of units in each type of drink for both the current survey (and 2008 survey) and for the surveys up to 2005. The data presented here show indicators for both the new unit measures and the old unit measures for comparison.

The recommended weekly limit for alcohol consumption is 21 units per week for men and 14 units per week for women. Using the new unit measures, 15% of all respondents exceeded their weekly limit. This equates to 32% of all those who had drunk alcohol in the last week.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have exceeded the recommended weekly limit for alcohol in the previous week (15% East Renfrewshire; 20% NHSGGC).

Those aged 45-64 were the most likely to exceed the recommended weekly limit for alcohol.

Table 4.5: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Age

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-44	11%	8%	180
45-64	23%	13%	216
65+	16%	11%	193
All	15%	10%	589

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.

Using the new measures for calculating unit totals, 25% of all respondents had been binge drinkers during the previous week. This equates to 54% of all those who had consumed alcohol in the previous week.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have been a binge drinker in the previous week (25% East Renfrewshire; 31% NHSGGC)

Those aged 45-64 were the most likely to be binge drinkers. Men were more likely than women to be binge drinkers. This is shown in Table 4.6.

Table 4.6: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Age and Gender

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Age:			
16-44	24%	17%	180
45-64	33%	18%	216
65+	18%	12%	193
Men	36%	22%	247
Women	16%	11%	342
All	25%	16%	589

Alcohol Free Days

Most (95%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 89% of those who had drunk alcohol in the previous week.

Those aged under 45 were the most likely to have had two or more alcohol-free days in the previous week and those aged 65 or over were the least likely.

Table 4.7: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Age

	Two or More Alcohol-Free Days	Unweighted base (n)
Age:		
16-44	99%	181
45-64	93%	216
65+	88%	193
All	95%	590

4.4 Physical Activity²

Frequency of Physical Activity

Respondents were asked on how many days in the last week had they taken a total of 30 minutes or more of physical activity which was enough to raise their breathing rate. Half (51%) said that they had not done this on any day in the last week. One in nine (11%) had done so on five or more days in the last week. The mean number of days for all respondents was 1.59.

² In July 2011 the four UK Chief Medical Officers published new physical activity guidelines, however as this survey was commissioned prior to publication of the new guidelines, it uses the previous measure of 30 minutes on 5 or more days per week. The new guidelines are to accumulate 150 minutes (2.5 hours) of moderate intensity activity or accumulate 75 minutes of vigorous intensity activity in bouts of 10 minutes or more per week.

Respondents were also asked, including all types of physical activity, how many days in the last week had they taken at least 30 minutes of moderate physical activity. This would include housework and work-based activity where relevant. Eleven percent said that they had not done this on any day in the last week, and 32% said they had done this every day in the last week. The mean number of days was 4.34.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week. Half (53%) of respondents met this target.

Comparison with East Dunbartonshire

Those in East Renfrewshire were more likely than those in East Dunbartonshire to meet the target for physical activity (53% East Renfrewshire; 42% East Dunbartonshire).

Those aged 65 or over were less likely to meet the target for physical activity.

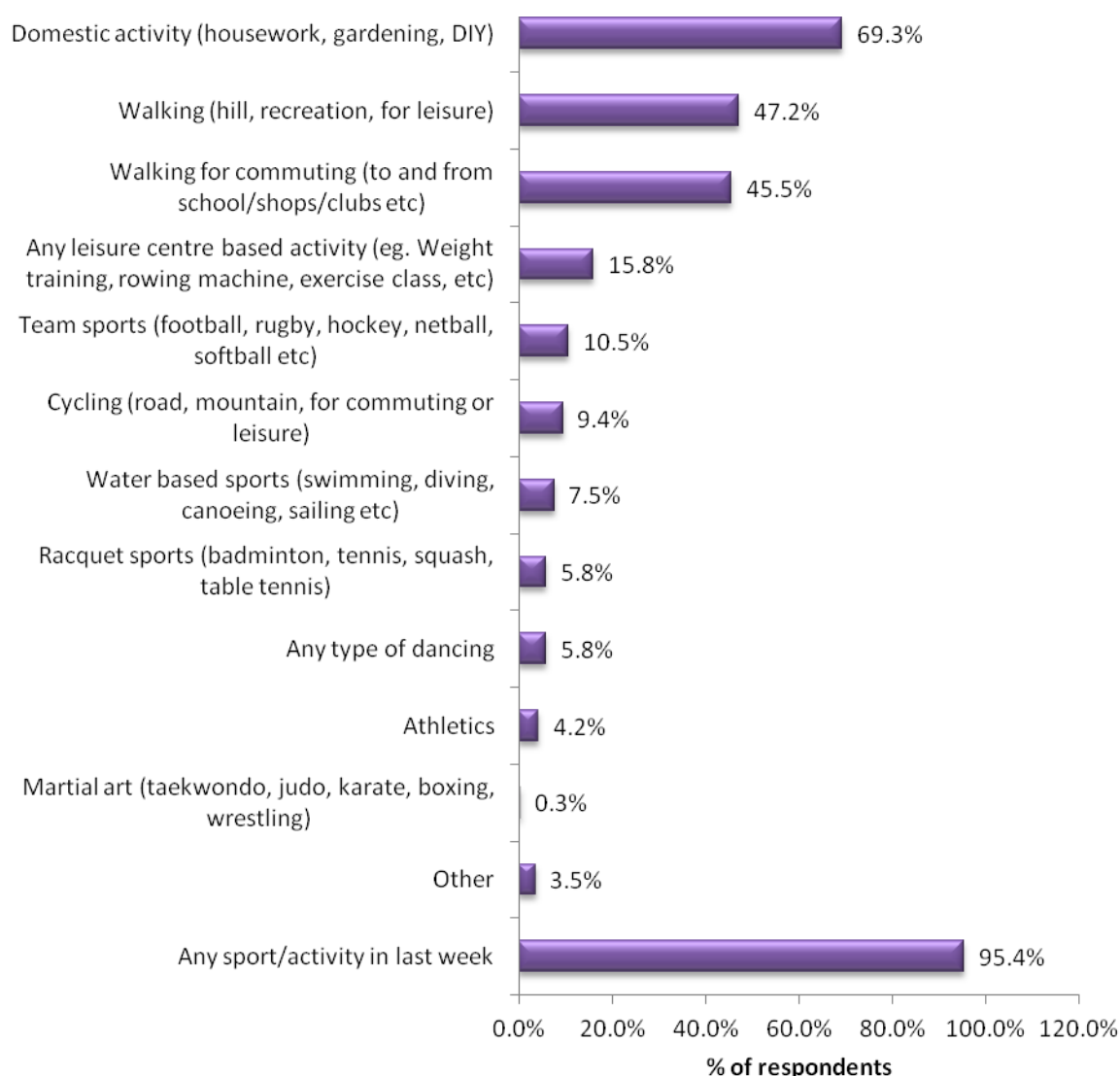
Table 4.8: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Age

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-44	66%	181
45-64	45%	215
65+	34%	193
All	53%	589

Participation in Sport and Activities in the Last Week

Respondents were asked whether they had participated in specific sports and activities in the last week. Responses are shown in Figure 4.2. Overall, most (95%) respondents had participated in at least one sport or activity in the last week. The most common types of activity were domestic activity, walking for recreation and walking for commuting.

Figure 4.2: Proportion Participating in Sports in the Last Week



Comparison with NHS Greater Glasgow & Clyde

Overall those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have taken part in any sport or activity in the last week (95% East Renfrewshire; 92% NHSGGC), and specifically more likely to have taken part in:

- Walking for recreation (47% East Renfrewshire; 35% NHSGGC);
- Cycling (9% East Renfrewshire; 5% NHSGGC);
- Racquet sports (6% East Renfrewshire; 3% NHSGGC); and
- Athletics (4% East Renfrewshire; 2% NHSGGC).

However, those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have participated in walking for commuting (46% East Renfrewshire; 58% NHSGGC).

Comparison with East Dunbartonshire

Overall those in East Renfrewshire were more likely than those in East Dunbartonshire to have taken part in any sport or activity in the last week (95% East Renfrewshire; 91% East Dunbartonshire), and specifically more likely to have taken part in

- Walking for recreation (47% East Renfrewshire; 41% East Dunbartonshire);
- Cycling (9% East Renfrewshire; 4% East Dunbartonshire); and
- Dancing (6% East Renfrewshire; 3% East Dunbartonshire).

However, those in East Renfrewshire were less likely than those in East Dunbartonshire to have participated in walking for commuting (46% East Renfrewshire; 55% East Dunbartonshire).

Those aged under 45 were the most likely to have participated in at least one sport or activity in the previous week and those aged 65 or over were the least likely.

Table 4.9: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Age

	Participated in Sport/Activity	Unweighted base (n)
Age:		
16-44	99%	181
45-64	94%	216
65+	89%	193
All	95%	590

Travel to Work/Education

Respondents were asked how they usually travel to work (or school/college/university if in full-time education). Responses were categorised as follows:

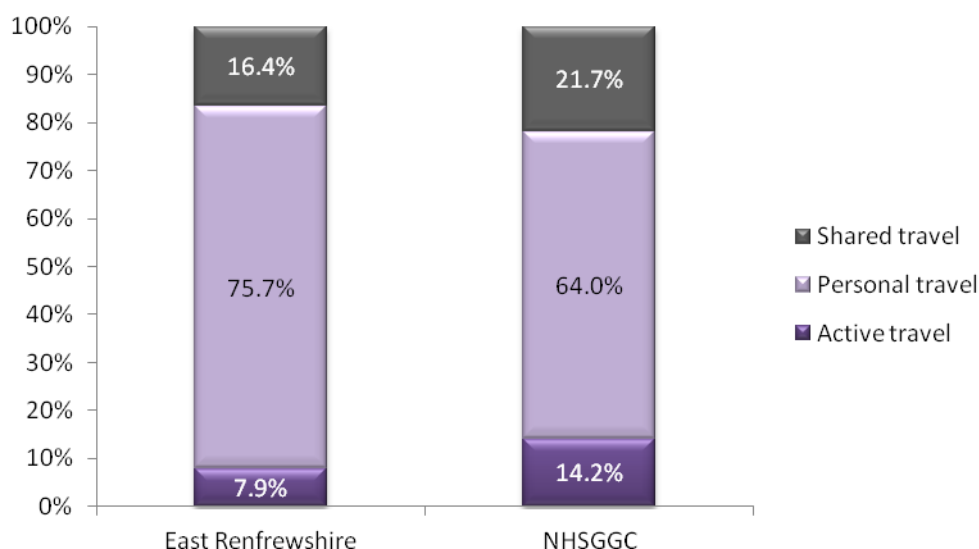
- Active travel (walking and cycling);
- Personal travel (car/van driver or other method);
- Shared travel (car/van passenger, bus or rail).

Of those who travelled to work or education, 8% used active travel, 76% used personal travel and 16% used shared travel.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to use personal travel methods (76% East Renfrewshire; 64% NHSGGC).

Figure 4.3: Travel Methods to Work/Education - East Renfrewshire and NHS Greater Glasgow & Clyde



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 just over two in five (44%) respondents met this target. One percent had no fruit or vegetables in a day.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to meet the target of consuming five or more portions of fruit/vegetables per day (44% East Renfrewshire; 33% NHSGGC; 29% East Dunbartonshire).

Oily Fish

Just under two in five (37%) respondents ate two or more portions of oily fish per week.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to eat two or more portions of oily fish per week (37% East Renfrewshire; 28% NHSGGC; 28% East Dunbartonshire).

Those aged 65 or over were more likely than younger respondents to consume two or more portions of oily fish per week. Also, women were more likely than men to eat two or more portions of oily fish per week.

Table 4.10: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Age and Gender

	Two or More Portions	Unweighted base (n)
Age:		
16-44	36%	181
45-64	33%	216
65+	49%	193
Men	31%	247
Women	44%	342
All	37%	590

High Fat and Sugary Snacks

One in four (25%) respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps).

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to consume two or more high fat/sugary snacks per day (25% East Renfrewshire; 36% NHSGGC; 35% East Dunbartonshire).

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, two in five (40%) respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 14% of respondents were classified as obese.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be obese (14% East Renfrewshire; 19% NHSGGC).

Those aged 45-64 were the most likely to be obese. Men were more likely than women to be obese.

Table 4.11: Body Mass Index (Q28/Q29) by Age and Gender

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Age:							
16-44	13%	57%	20%	7%	2%	10%	151
45-64	3%	43%	39%	15%	1%	22%	191
65+	5%	52%	33%	9%	1%	14%	157
Men	10%	38%	39%	11%	2%	18%	211
Women	7%	64%	19%	9%	1%	11%	287
All	8%	52%	29%	10%	1%	14%	499

4.7 Unhealthy and Healthy Behaviour Indices

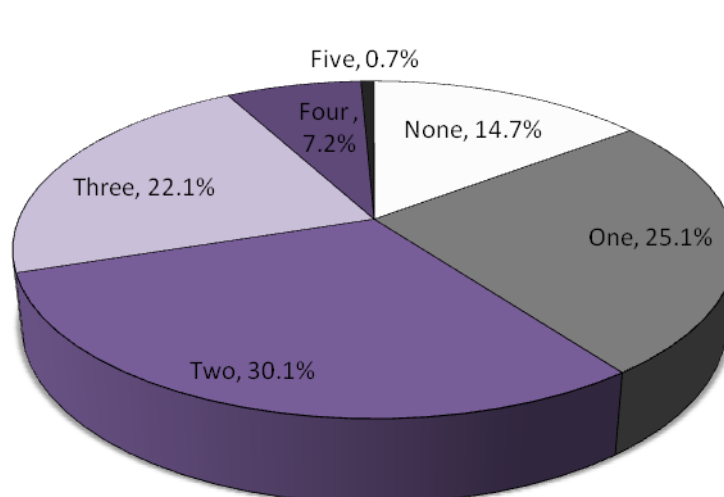
An Unhealthy Behaviour Index

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 4.4 shows that more than four in five (85%) exhibited at least one of these behaviours, but just 1% exhibited all five. The mean number of unhealthy behaviours was 1.84.

Figure 4.4: Number of Unhealthy Behaviours Exhibited
Unweighted N=496



Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire had a lower mean number of unhealthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire (1.84 East Renfrewshire; 2.24 NHSGGC; 2.18 East Dunbartonshire).

Those aged 45-64 tended to exhibit the most unhealthy behaviours. Men tended to exhibit more unhealthy behaviours than women.

Table 4.12: Mean Number of Unhealthy Behaviours by Age and Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Age:		
16-44	1.62	149
45-64	2.20	190
65+	1.85	157
Men	2.14	211
Women	1.59	285
All	1.84	496

A Healthy Behaviour Index

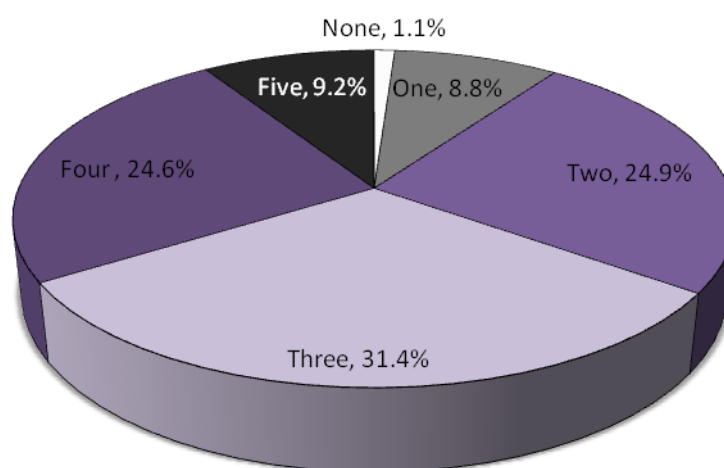
A 'healthy behaviour index' was also developed, which examined the extent to which respondents exhibited multiple healthy behaviours. The five healthy behaviours used in the index were:

- 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 or drinking too much in a week).

Figure 4.5 shows that nearly all (99%) exhibited at least one healthy behaviour, and 9% of respondents exhibited all five. The mean number of healthy behaviours was 2.97.

Figure 4.5: Number of Healthy Behaviours Exhibited

Unweighted base=496



Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire tended to exhibit more healthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole and East Dunbartonshire (2.97 East Renfrewshire; 2.64 NHSGGC; 2.67 East Dunbartonshire).

Those aged 45-64 tended to exhibit the fewest healthy behaviours. Women tended to exhibit more healthy behaviours than men.

Table 4.13: Mean Number of Healthy Behaviours by Age and Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Age:		
16-44	3.18	149
45-64	2.62	190
65+	2.98	157
Men	2.68	211
Women	3.22	285
All	2.97	496

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 (Q41)	10%	588
Feel I belong to the local area (Q40b)	78%	590
Feel valued as a member of the community (Q40d)	61%	590
People in my neighbourhood can influence decisions (Q40f)	59%	574
Identify with a religion (Q60)	63%	586
Treated offensively in last three months (Q61)	5%	590
Feel safe in own home (Q43c)	98%	590
Feel safe using public transport (Q43a)	76%	527
Feel safe walking alone even after dark (Q43b)	71%	578

One in 10 (10%) respondents felt isolated from family and friends.

Just under four in five (78%) respondents agreed that they belonged to the local area. Those aged under 45 were less likely to agree with this.

Three in five (61%) respondents felt they were valued as members of the community. Those aged under 45 were less likely to feel they were valued as members of the community.

Three in five (59%) respondents agreed that by working together local people could influence the decisions that affect their neighbourhood.

Just over three in five (63%) identified with a religion. Those aged under 45 and men were less likely to identify with a religion.

Five percent felt they had been treated offensively in the last three months. Those aged under 45 were more likely than older people to feel they had been treated offensively.

Most (98%) respondents felt safe in their own home.

Three in four (76%) respondents felt safe using public transport in their local area. Women were more likely than men to feel safe using public transport.

Seven in ten (70%) respondents felt safe walking alone in their local area even after dark. Those aged 65 or over and women were less likely to feel safe walking alone.

5.2 Social Connectedness

Isolation from Family and Friends

One in ten (10%) respondents said they ever felt isolated from family and friends.

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". Four in five (78%) respondents agreed with

this statement (17% strongly agreed and 62% agreed), 4% disagreed and 18% neither agreed nor disagreed.

The likelihood of agreeing that they belonged to the local area increased with age - ranging from 72% of 16-44 year olds to 89% of those aged 65 or over. This is shown in Table 5.2

Table 5.2: Belong to the Local Area (Q40b) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	72%	23%	5%	181
45-64	82%	14%	4%	216
65+	89%	9%	2%	193
All	78%	18%	4%	590

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 (61%) agreed with this statement (8% strongly agreed and 53% agreed); 7% disagreed and 32% neither agreed nor disagreed.

Those aged under 45 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 valued.

Table 5.3: Feel Valued as a Member of the Community (Q40d) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	50%	42%	8%	181
45-64	68%	26%	6%	216
65+	78%	16%	6%	193
All	61%	32%	7%	590

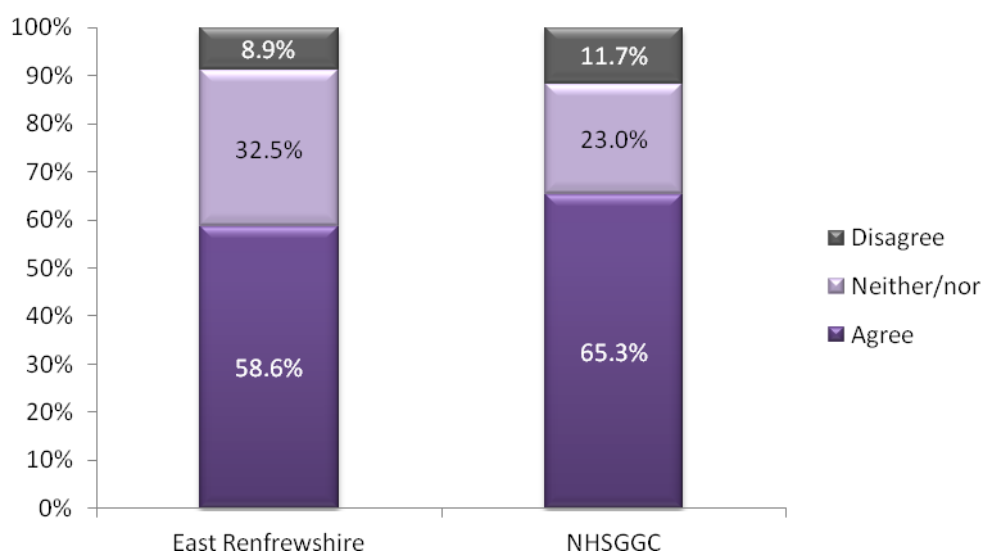
Influence in the Neighbourhood

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". Three in five (59%) agreed with this statement (8% strongly agreed and 51% agreed), while 9% disagreed and 32% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to agree that local people can influence decisions about their neighbourhood (59% East Renfrewshire; 65% NHSGGC).

Figure 5.1: Can Influence Decisions that Affect Neighbourhood (Q40f) - East Renfrewshire and NHS Greater Glasgow & Clyde



Religious Identity

Just over three in five (63%) respondents identified with a religion.

The likelihood of identifying with a religion increased with age, with those aged 65 or over being the most likely to identify with a religion. Women were more likely than men to identify with a religion.

Table 5.4: Religious Identity (Q60) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age:		
16-44	52%	179
45-64	69%	215
65+	83%	192
Men	59%	245
Women	67%	340
All	63%	586

Experience of Being Treated Offensively

Respondents were asked whether they had been treated in a way that they felt was offensive during the last three months. In total 4.8% of respondents felt they had been treated offensively.

Those aged under 45 were the most likely to feel they had been treated offensively in the last three months.

Table 5.5: Experience of Being Treated Offensively in Last Three Months (Q61) by Age

	Treated Offensively	Unweighted base (n)
Age:		
16-44	7.1%	181
45-64	4.1%	216
65+	0.0%	193
All	4.8%	590

5.3 Feelings of Safety

Feeling Safe in Own Home

Most people (98%) agreed that they felt safe in their own home (58% strongly agreed and 40% agreed) while less than 1% disagreed and 2% neither agreed nor disagreed.

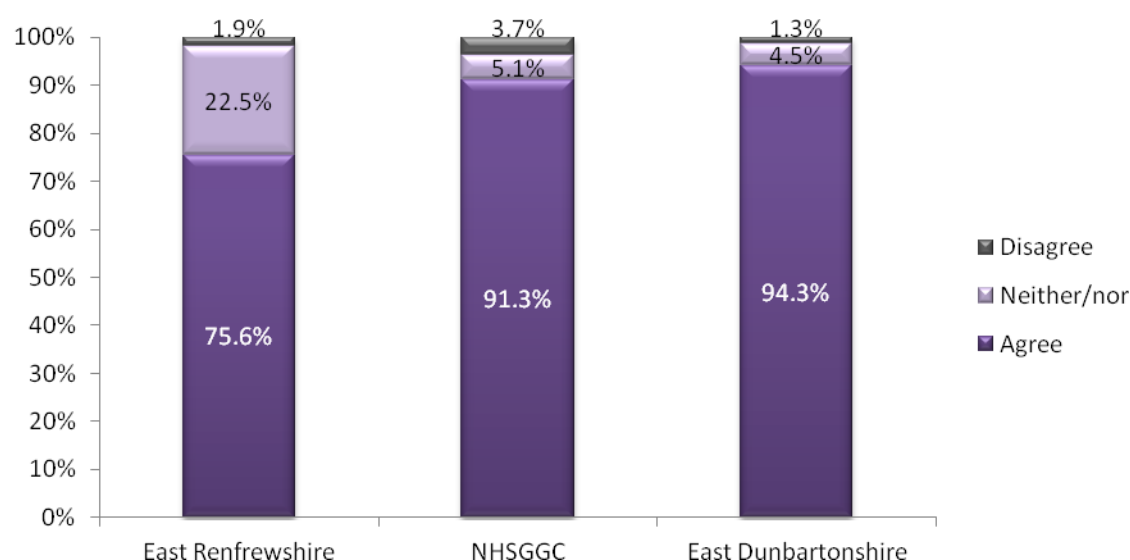
Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". In total, 76% agreed with this (16% strongly agreed and 60% agreed), while 2% disagreed and 22% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to agree that they felt safe using local public transport (76% East Renfrewshire; 91% NHSGGC; 94% East Dunbartonshire).

Figure 5.2: Feel Safe Using Public Transport (Q43a) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Women were more likely than men to agree they felt safe using public transport in their area.

Table 5.6: Feel Safe Using Public Transport (Q43a) by Gender

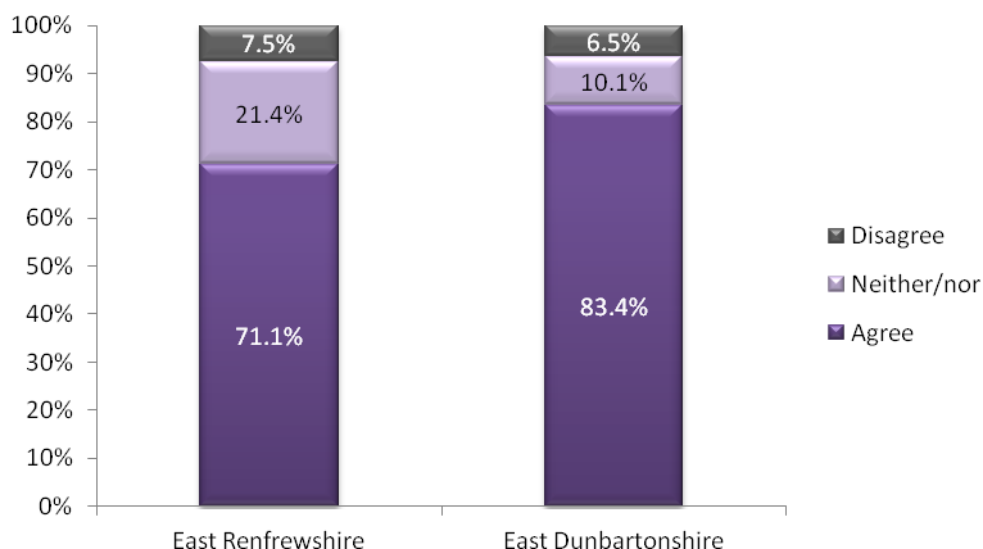
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Men	71%	27%	1%	212
Women	79%	18%	3%	314
All	76%	22%	2%	527

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". Seven in ten (71%) respondents agreed with this statement (17% strongly agreed and 54% agreed), 8% disagreed and 21% neither agreed nor disagreed.

Comparison with East Dunbartonshire

Those in East Renfrewshire were less likely than those in East Dunbartonshire to feel safe walking in their area alone even after dark (71% East Renfrewshire; 83% East Dunbartonshire).

Figure 5.3: Feel Safe Walking Alone Even After Dark (Q43b) - East Renfrewshire and East Dunbartonshire

Those aged 65 or over were the least likely to feel safe walking alone. Women were less likely than men to feel safe walking alone. This is shown in Table 5.7.

Table 5.7: Feel Safe Walking Alone Even After Dark (Q43b) by Age and Gender

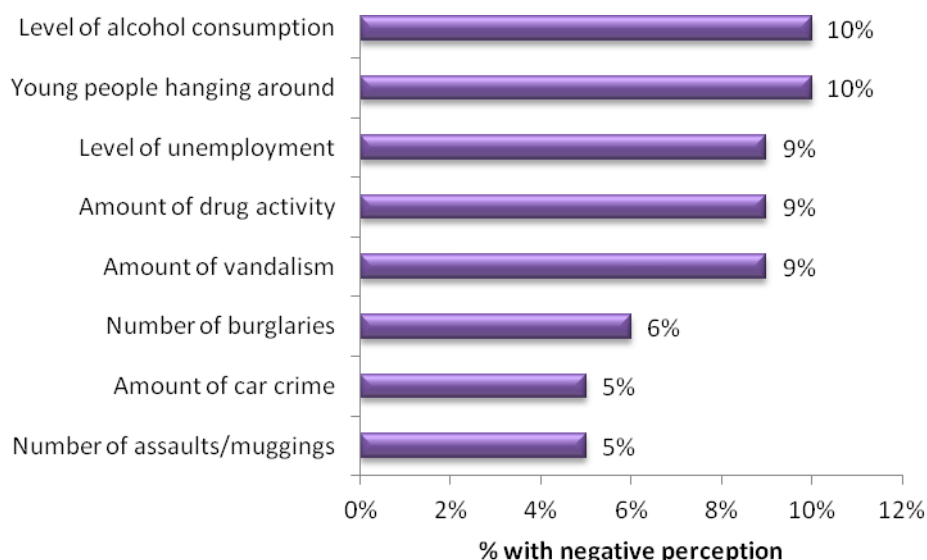
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	73%	21%	6%	181
45-64	75%	18%	7%	212
65+	61%	27%	12%	185
Men	79%	18%	3%	240
Women	64%	25%	11%	337
All	71%	21%	8%	578

5.4 Social Issues in the Local Area

Using the 'faces' scale (see Section 2.2 of this report for full explanation of the 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 alcohol consumption and young people hanging around.

Figure 5.4: Negative Perception of Social Issues in the Local Area (Q38a-h)



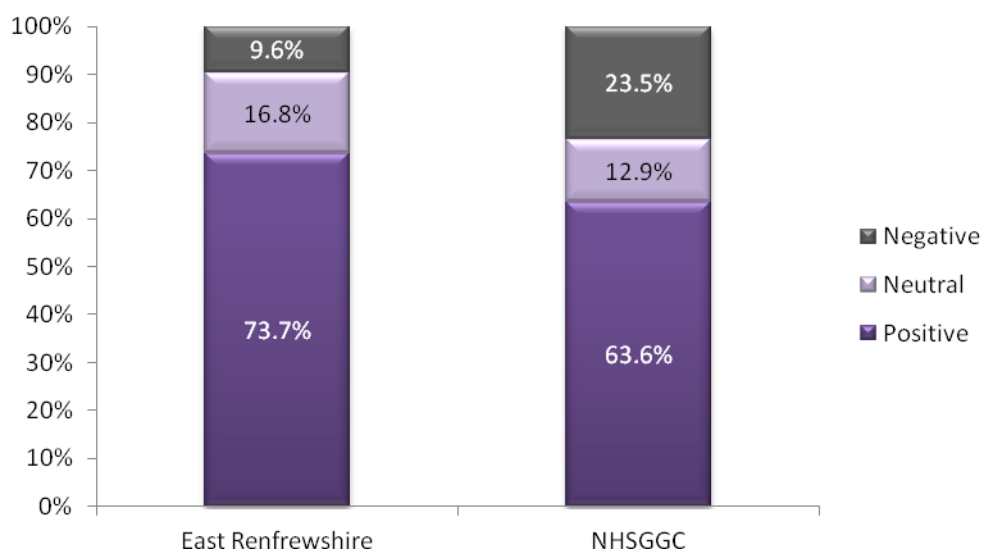
Level of Alcohol Consumption

One in ten (10%) respondents gave a negative perception of the level of alcohol consumption in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of alcohol consumption in their area (10% East Renfrewshire; 24% NHSGGC).

Figure 5.5: Perception of Level of Alcohol Consumption (Q38f) - East Renfrewshire and NHS Greater Glasgow & Clyde



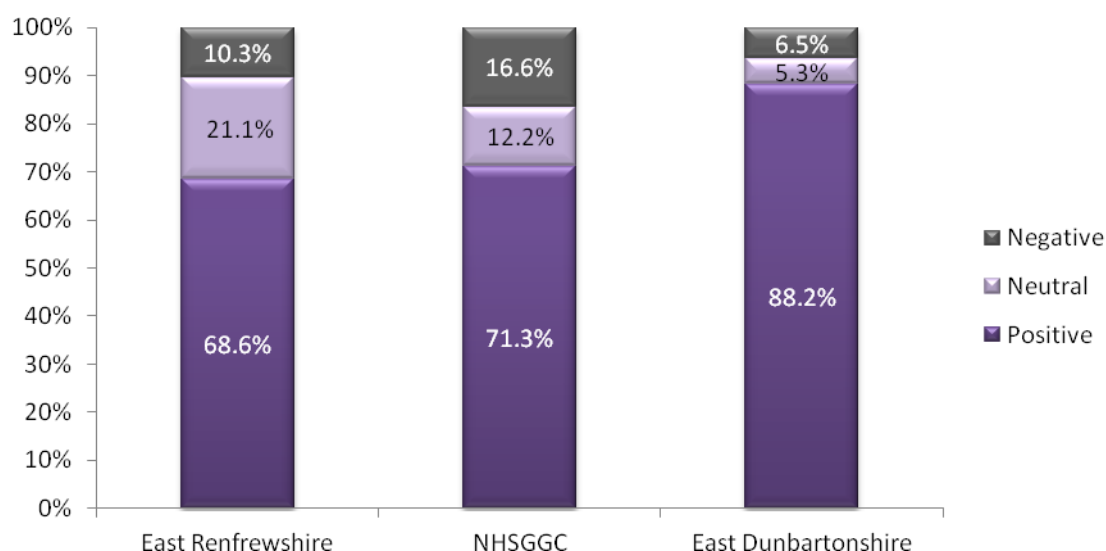
Young People Hanging Around

One in ten (10%) respondents had a negative perception of young people hanging around in their local area.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole, but more likely than those in East Dunbartonshire to have a negative perception of young people hanging around in their area (10% East Renfrewshire; 17% NHSGGC; 7% East Dunbartonshire).

Figure 5.6: Perception of Young People Hanging Around (Q38g) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



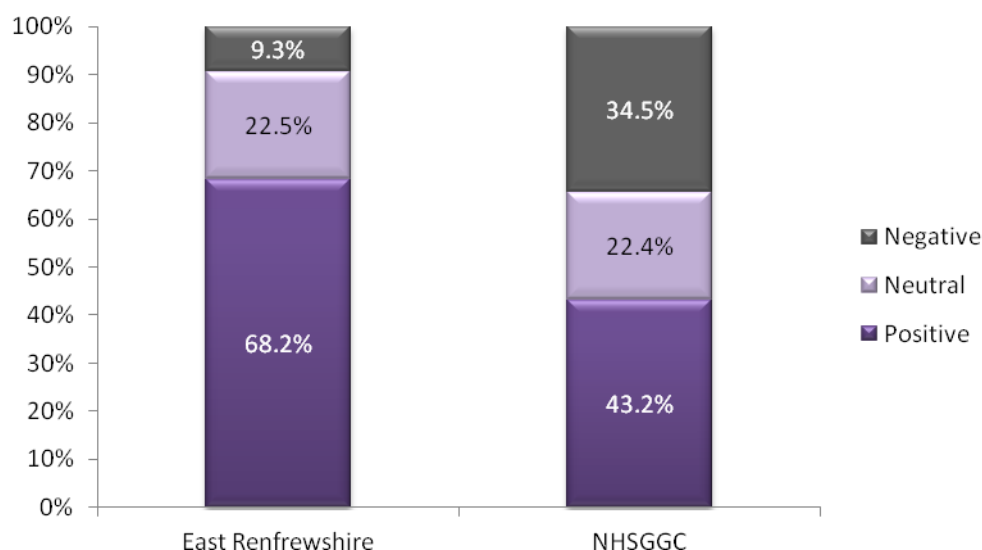
Level of Unemployment

One in 11 (9%) respondents had a negative perception of the level of unemployment in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the level of unemployment in their area (9% East Renfrewshire; 34% NHSGGC).

Figure 5.7: Perception of Level of Unemployment (Q38a) - East Renfrewshire and NHS Greater Glasgow & Clyde



Those aged under 45 were less likely than older respondents to have a negative perception of the level of unemployment in their area.

Table 5.8: Negative Perception of Level of Unemployment (Q38a) by Age

	Negative Perception	Unweighted base (n)
Age:		
16-44	12%	169
45-64	6%	203
65+	6%	162
All	9%	534

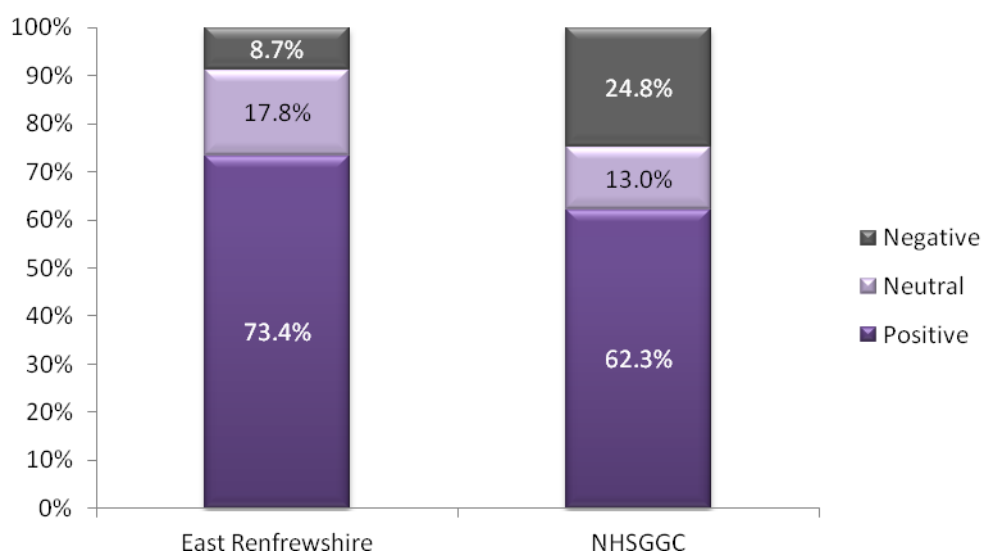
Amount of Drug Activity

One in 11 (9%) respondents gave a negative perception of the amount of drug activity in their local area.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of drug activity in their area (9% East Renfrewshire; 25% NHSGGC).

Figure 5.8: Perception of Amount of Drug Activity (Q38e) - East Renfrewshire and NHS Greater Glasgow & Clyde



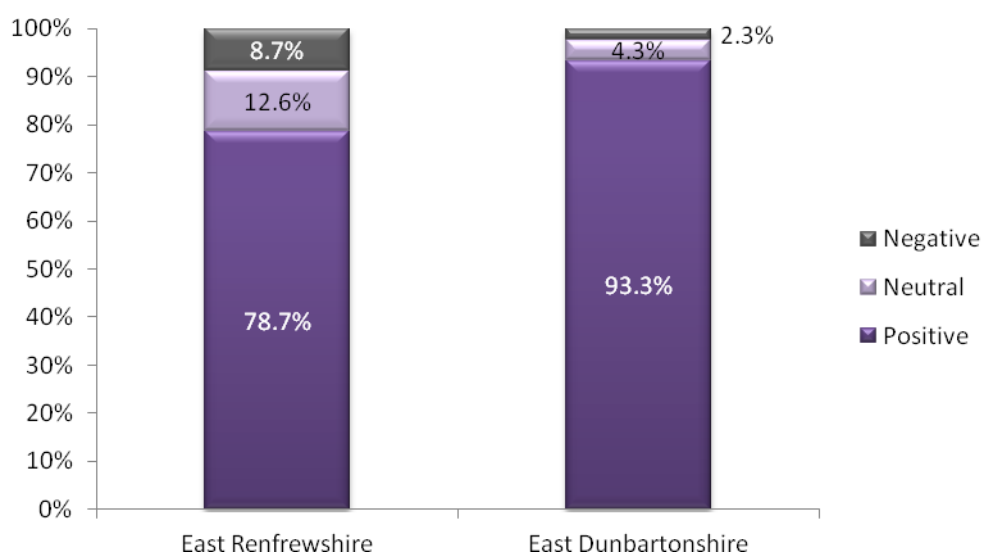
Amount of Vandalism

One in 11 (9%) respondents gave a negative perception of the amount of vandalism in their area.

Comparison with East Dunbartonshire

Those in East Renfrewshire were more likely than those in East Dunbartonshire to have a negative perception of the amount of vandalism in their area (9% East Renfrewshire; 2% East Dunbartonshire).

Figure 5.9: Perception of Amount of Vandalism (Q38c) - East Renfrewshire and East Dunbartonshire



Men were more likely than women to have a negative perception of vandalism in their area.

Table 5.9: Negative Perception of Amount of Vandalism (Q38c) by Gender

	Negative Perception	Unweighted base (n)
Men	11%	233
Women	6%	332
All	9%	566

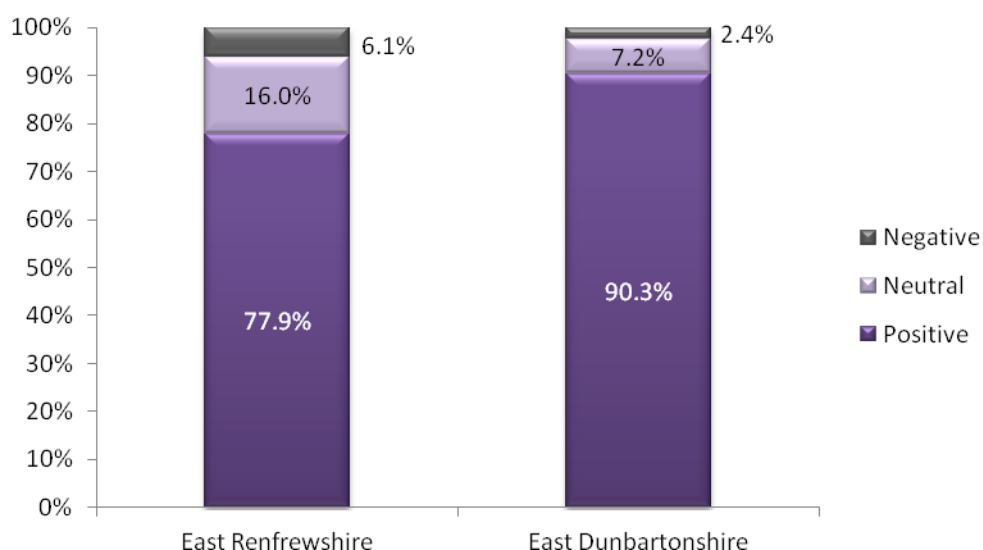
Number of Burglaries

Six percent of respondents expressed a negative perception of the number of burglaries in their area.

Comparison with East Dunbartonshire

Those in East Renfrewshire were more likely than those in East Dunbartonshire to have a negative perception of the number of burglaries in their area (6% East Renfrewshire; 2% East Dunbartonshire).

Figure 5.10: Perception of Number of Burglaries (Q38b) - East Renfrewshire and East Dunbartonshire



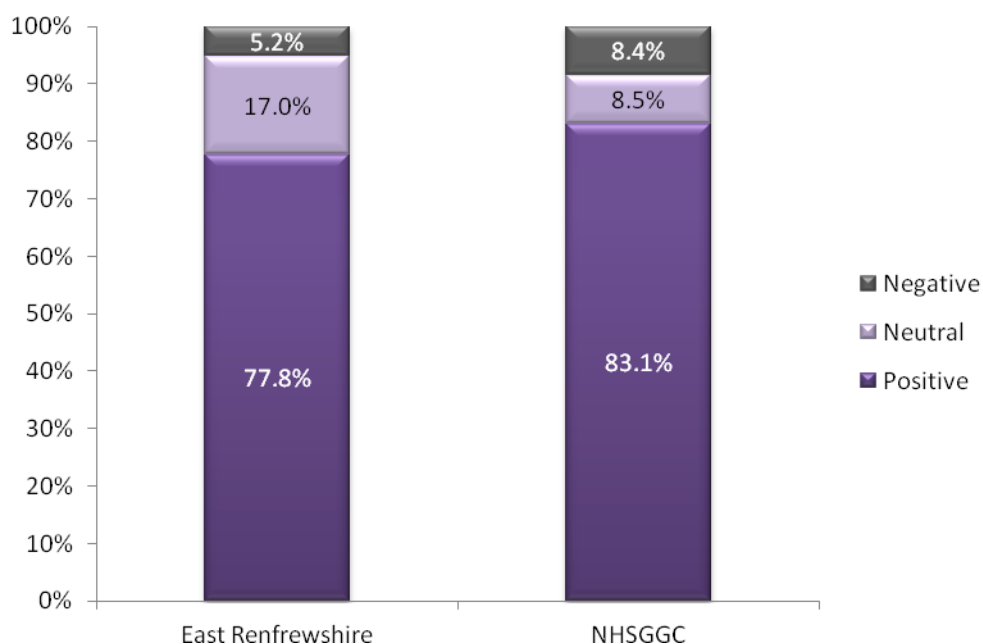
Amount of Car Crime

One in 20 (5%) respondents gave a negative perception of the amount of car crime in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of car crime in their area (5% East Renfrewshire; 8% NHSGGC).

Figure 5.11: Perception of Amount of Car Crime (Q38h) - East Renfrewshire and NHS Greater Glasgow & Clyde



Men were more likely than women to have a negative perception of the amount of car crime in their area.

Table 5.10: Negative Perception of Amount of Car Crime (Q38h) by Gender

	Negative Perception	Unweighted base (n)
Men	7%	226
Women	3%	318
All	5%	545

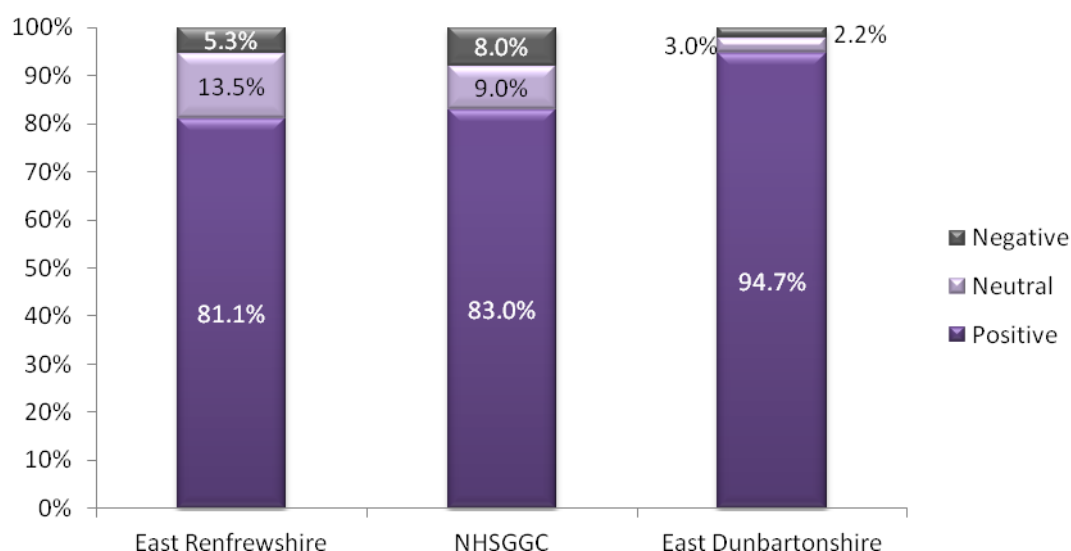
Number of Assaults/Muggings

One in 20 (5%) respondents had a negative perception of the number of assaults/muggings in their area.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole, but more likely than those in East Dunbartonshire to have a negative perception of the number of assaults/muggings in their area

Figure 5.12: Perception of Number of Assaults/Muggings (Q38d) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



Men were more likely than women to have a negative perception of the number of assaults/muggings in their area.

Table 5.11: Negative Perception of Number of Assaults/Muggings (Q38d) by Gender

	Negative Perception	Unweighted base (n)
Men	8%	229
Women	3%	322
All	5%	552

5.5 Environmental Issues in the Local Area

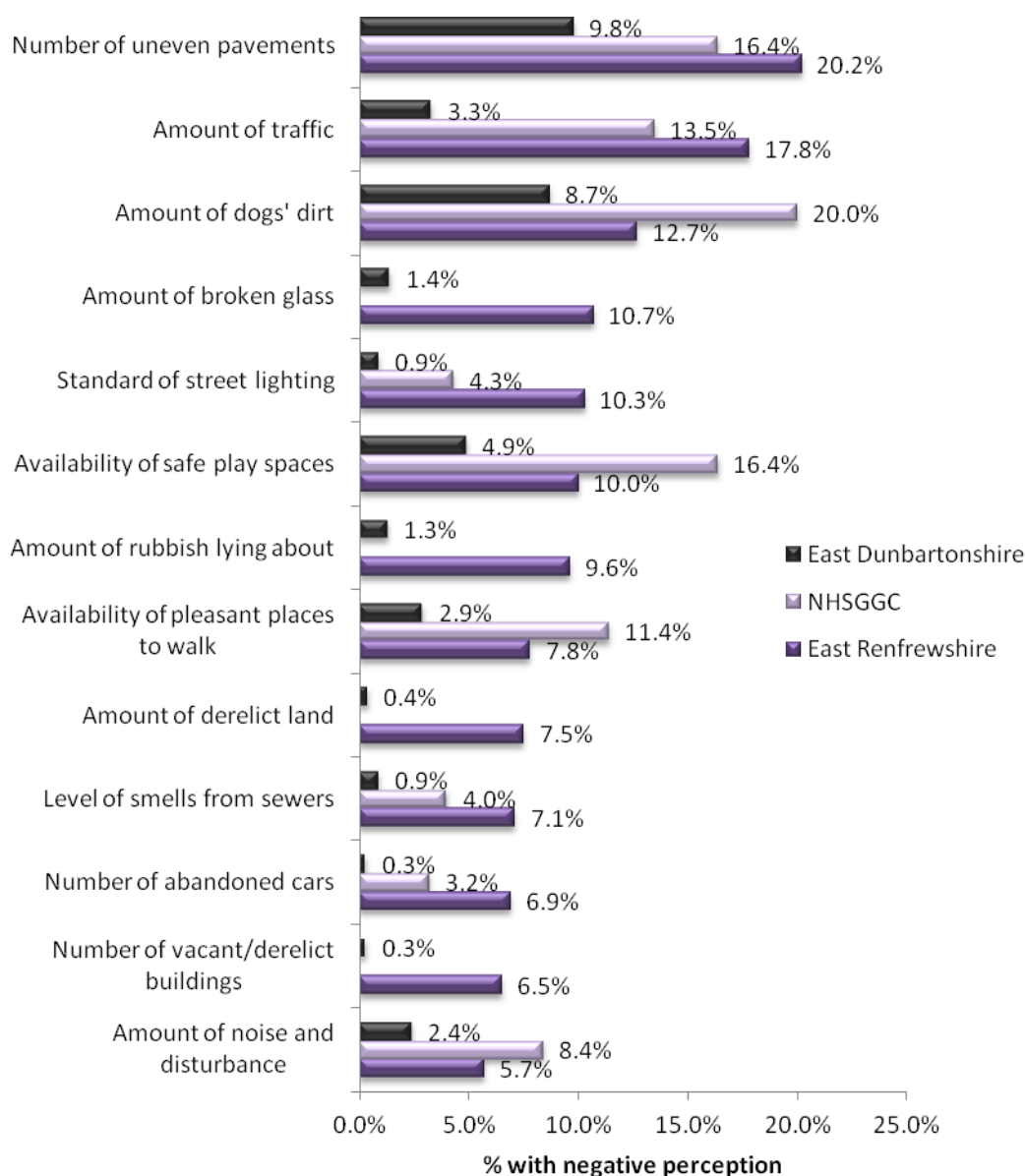
Again using the 'faces' scale (see Section 2.2 of this report for full explanation of the scale), respondent were asked to indicate how they felt about a range of perceived environmental problems. Faces 5 to 7 are classified as negative perceptions and indicate that respondents are concerned about these issues.

The environmental issues which most frequently caused concern were the availability of the number of uneven pavements (20%), the amount of traffic (18%) and the amount of dogs' dirt (13%).

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

For each environmental issue, those in East Renfrewshire were more likely than those in East Dunbartonshire to have a negative perception. For five issues, those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception. However, for four issues those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception. Figure 5.13 shows the proportion of respondents in East Renfrewshire who had a negative perception of each environmental issues together with a the proportion in East Dunbartonshire and the proportion in the NHS Greater Glasgow & Clyde area as a whole (where a significant difference is observed).

Figure 5.13: Negative Perception of Environmental Issues in the Local Area (Q39a-m)

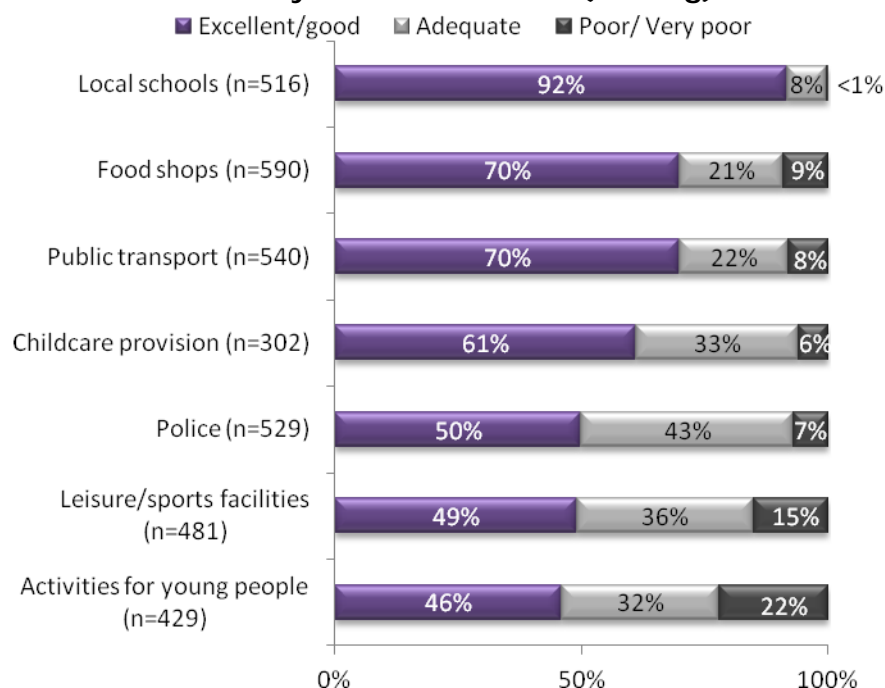


5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.14 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 5.14 shows the number of respondents who gave a rating response for each service.

The service for which the largest proportion of respondents gave a positive rating was local schools. Activities for young people had the fewest proportion of respondents giving a positive rating.

Figure 5.14 Perceived Quality of Local Services (Q42a-g)



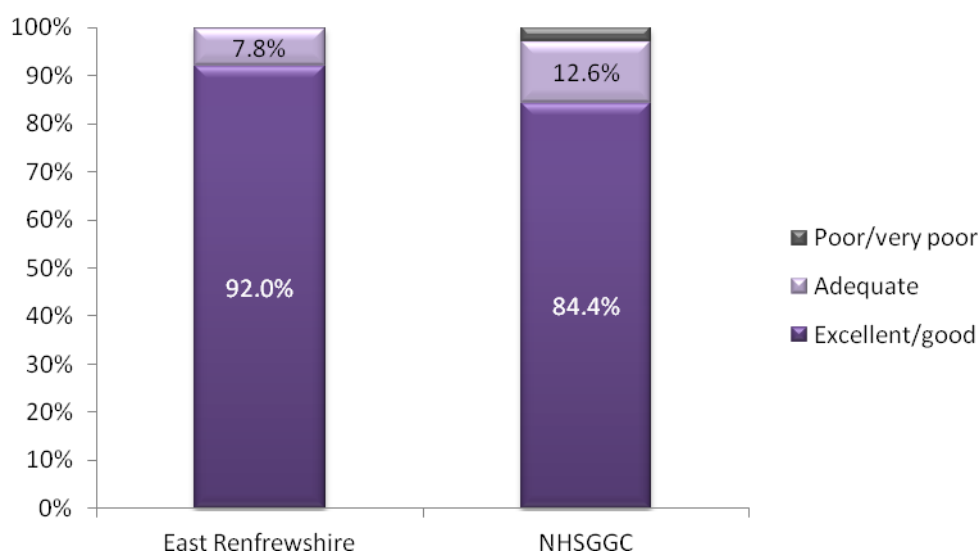
Local Schools

Nine in ten (92%) respondents rated local schools positively, with a further 8% saying they were adequate and less than 1% saying they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow and Clyde area as a whole to give a positive rating of local schools (92% East Renfrewshire; 84% NHSGGC).

Figure 5.15: Perceived Quality of Local Schools (Q42b) - East Renfrewshire and NHS Greater Glasgow & Clyde



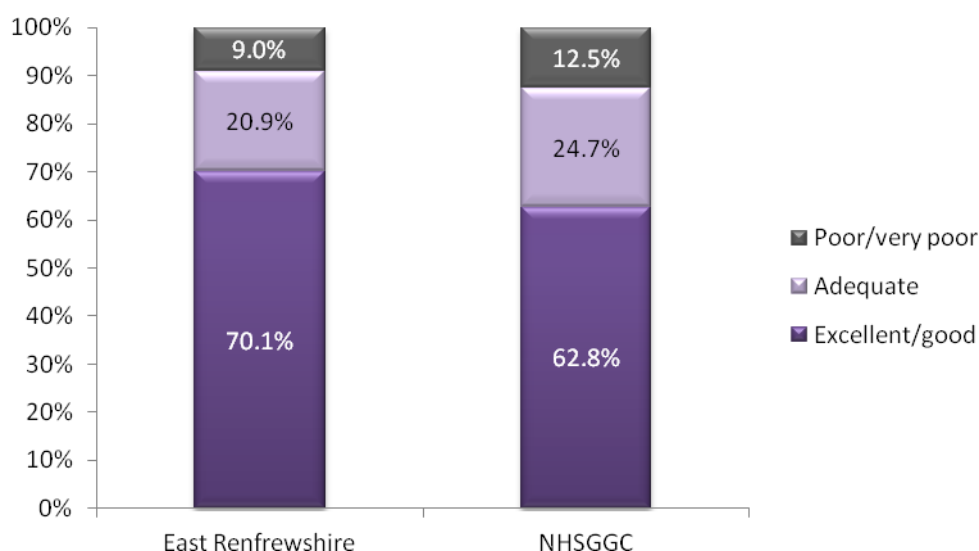
Food Shops

Seven in ten (70%) respondents had a positive view of local food shops while 21% said they were adequate and 9% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of local food shops (70% East Renfrewshire; 63% NHSGGC).

Figure 5.16: Perceived Quality of Food Shops (Q42a) - East Renfrewshire & NHS Greater Glasgow & Clyde



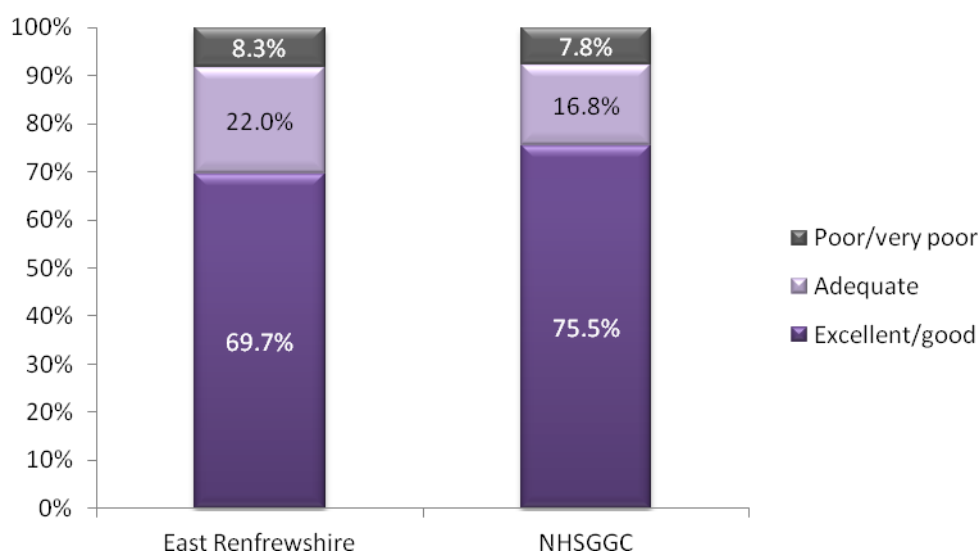
Public Transport

Seven in ten (70%) respondents rated public transport positively, while 22% said it was adequate and 8% considered it poor.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of local public transport (70% East Renfrewshire; 75% NHSGGC).

Figure 5.17: Perceived Quality of Public Transport (Q42c) - East Renfrewshire and NHS Greater Glasgow & Clyde



Childcare Provision

Three in five (61%) respondents rated local childcare provision positively while 33% said it was adequate and 6% said it was poor.

Those aged 45-64 were less likely than others to rate local childcare provision positively.

Table 5.12: Perceived Quality of Childcare Provision (Q42f) by Age

	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Age:					
16-44	68%	26%	6%		136
45-64	46%	45%	9%		110
65+	61%	39%	0%		56
All	61%	33%	6%		302

Police

Half (50%) of respondents rated the local police service positively while 43% said it was adequate and 7% said it was poor.

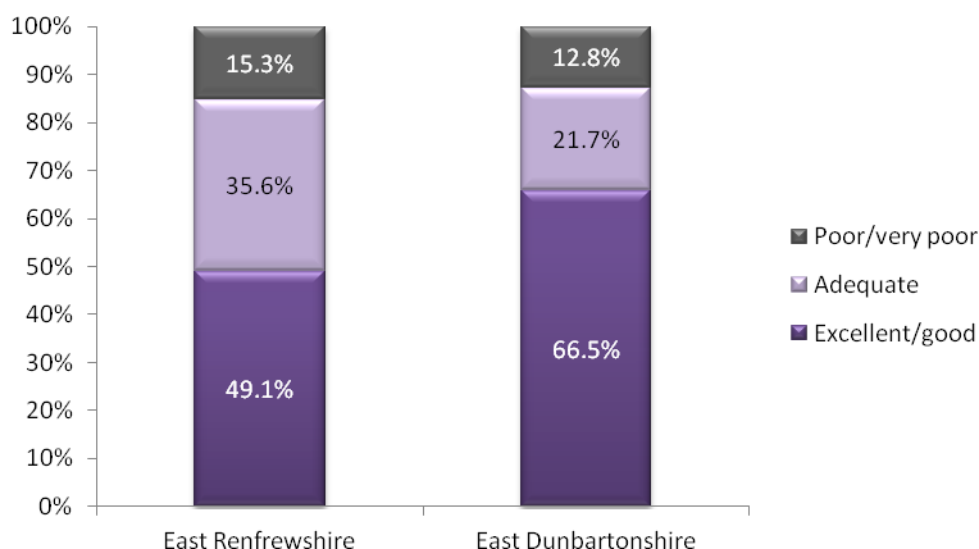
Leisure/Sports Facilities

Half (49%) of respondents gave a positive rating of local leisure/sports facilities while 36% said they were adequate and 15% said they were poor.

Comparison with East Dunbartonshire

Those in East Renfrewshire were less likely than those in East Dunbartonshire to rate local leisure/sports facilities positively (49% East Renfrewshire; 66% East Dunbartonshire).

Figure 5.18: Perceived Quality of Leisure/Sports Facilities (Q42e) - East Renfrewshire and East Dunbartonshire



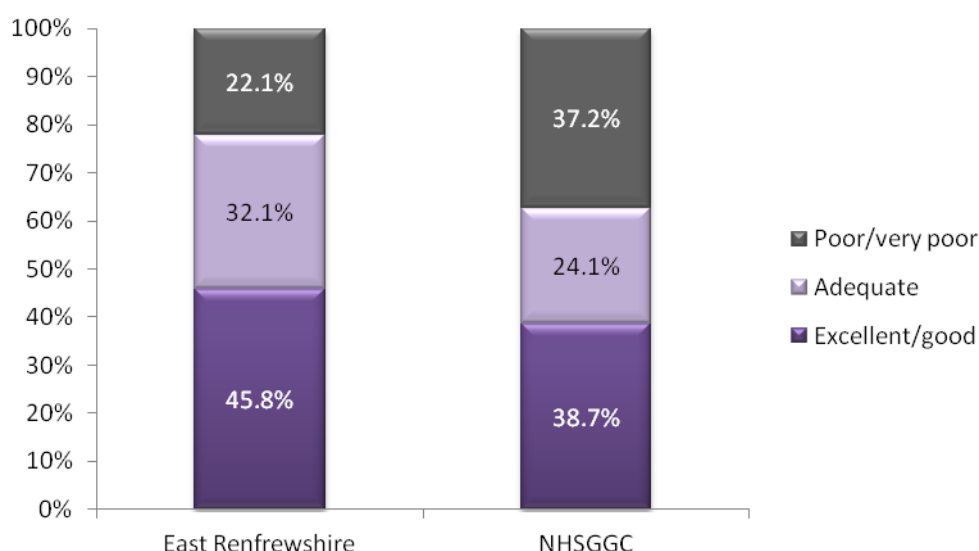
Activities for Young People

Just under half (46%) of respondents rated the quality of activities for young people locally positively, 32% said they were adequate and 22% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local activities for young people positively (46% East Renfrewshire; 39% NHSGGC).

Figure 5.19: Perceived Quality of Activities for Young People (Q42d) - East Renfrewshire and NHSGGC



Those aged 45-64 were the most likely to rate activities for young people positively. Those aged under 45 were the most likely to say activities for young people were poor/very poor.

Table 5.13: Perceived Quality of Activities for Young People (Q42) by Age

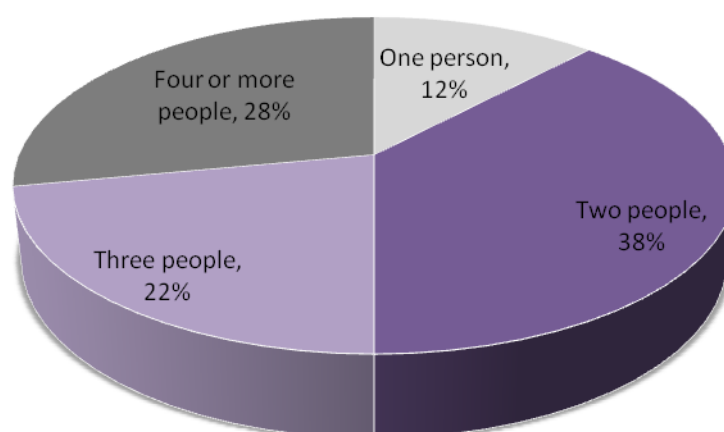
	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Age:					
16-44	18%	29%	53%		165
45-64	29%	38%	33%		178
65+	23%	32%	45%		86
All	22%	32%	46%		429

5.7 Individual Circumstances

Household Size

Twelve percent of respondents lived alone. Figure 5.20 shows the breakdown of household size in East Renfrewshire.

Figure 5.20: Household Size
(Base: 589)



Ethnicity

Respondents were asked their ethnicity. The vast majority (97%) identified themselves as White. The next largest group was Asian (2%). The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

Marital Status

Two in three (66%) of respondents were married, in a civil partnership or living with their partner.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to be married/cohabiting (66% East Renfrewshire; 58% NHSGGC).

The age group most likely to describe themselves as married or cohabiting was 45-64 year olds, of whom 87% were married, in a civil partnership or living with their partner.

Caring Responsibilities

Six percent of respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Those who cared for others were asked how many hours a day they spent caring. Just under half (47%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 15.8.

Educational Qualifications

Six percent of respondents had no educational qualifications.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to say they had no qualifications (6% East Renfrewshire; 20% NHSGGC; 16% East Dunbartonshire).

Those aged 65 or over were the most likely to say they had no qualifications (12%) and those aged under 45 were the least likely (4%).

Proportion of Household Income from State Benefits

Three in five (63%) of respondents said that at least some of their household income came from state benefits, and 7% said that all their household income came from state benefits.

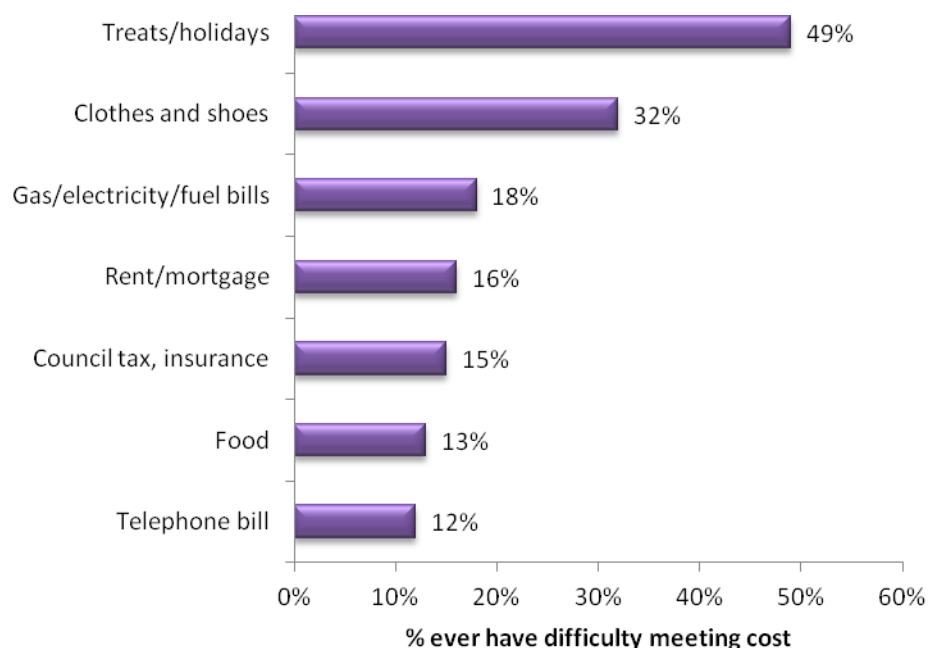
Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to receive all of their income from benefits (7% East Renfrewshire; 18% NHSGGC).

Difficulty Meeting the Cost of Specific Expenses

Figure 5.21 shows the proportion of respondents in East Renfrewshire who said they ever had difficulty meeting specific expenses

Figure 5.21: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q51)



Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to ever have difficulty meeting the cost of:

- gas/electricity/fuel bills (18% East Renfrewshire; 24% NHSGGC);
- telephone bill (12% East Renfrewshire; 19% NHSGGC);
- food (13% East Renfrewshire; 17% NHSGGC);

However, those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to ever have difficulty meeting the cost of treats/holidays (49% East Renfrewshire; 45% NHSGGC).

Those in East Renfrewshire were more likely than those in East Dunbartonshire to have difficulty meeting the cost of:

- rent/mortgage (16% East Renfrewshire; 11% East Dunbartonshire);
- council tax/insurance (15% East Renfrewshire; 10% East Dunbartonshire);
- food (13% East Renfrewshire; 9% East Dunbartonshire);
- treats/holidays (49% East Renfrewshire; 35% NHSGGC);
- clothes/shoes (32% East Renfrewshire; 24% NHSGGC).

All together, 35% said that they ever had difficulty meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes. This compares to 26% of those in East Dunbartonshire.

Difficulty Finding Unexpected Sums

Seven percent said that they would have a problem meeting an unexpected expense of £20; one in four (27%) said they would have a problem meeting an unexpected expense of £100 and 70% would have a problem finding £1,000 for an unexpected expense.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area to say they would have difficulty meeting unexpected costs of £20 (7% East Renfrewshire; 11% NHSGGC), £100 (27% East Renfrewshire; 36% NHSGGC) or £1,000 (70% East Renfrewshire; 76% NHSGGC).

Those in East Renfrewshire were more likely than those in East Dunbartonshire to have difficulty meeting unexpected costs of £100 (27% East Renfrewshire; 18% East Dunbartonshire) or £1,000 (70% East Renfrewshire; 45% East Dunbartonshire).

Those aged under 45 were the most likely to have difficulty meeting unexpected costs of £1,000. In this age group, 83% said they would have difficulty meeting a cost of £1,000.

Economic Activity

Just under three in four (73%) respondents lived in households where the main wage earner was economically active (in or looking for work).

Sexual Orientation

Most (97%) respondents described their sexual orientation as heterosexual and 3% preferred not to answer.

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 (Q36)	93%	590
Positive perception of local area as a place to bring up children (Q37)	90%	534
Positive perception of reciprocity (Q40a)	69%	587
Positive perception of trust (Q40e)	82%	590
Value local friendships (Q40c)	68%	590
Positive perception of social support (Q40g)	80%	590

In total 93% of respondents had a positive perception of their local area as a place to live and 90% had a positive perception of their local area as a place to bring up children.

Seven in ten (69%) had a positive view of reciprocity in their area and 82% had a positive view of trust in their area. Those aged under 45 were less likely than older respondents to have positive views of reciprocity or trust.

Two in three (68%) respondents valued local friendships. Those aged under 45 were less likely than older respondents to value local friendships.

Four in five (80%) had a positive view of social support. Those aged under 45 were less likely to do so.

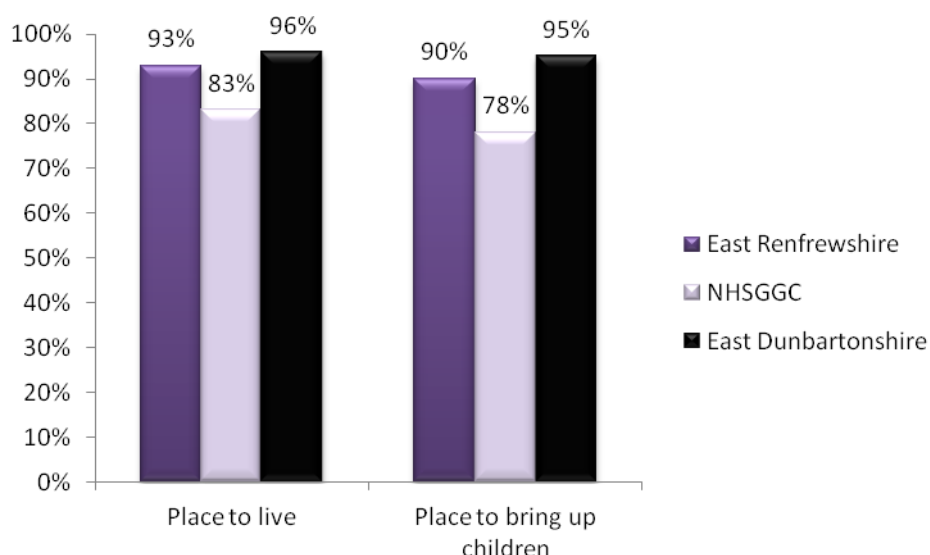
6.2 View of Local Area

Respondents were presented with the seven 'faces' scale (see Section 2.2 of this report for full explanation of the 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, 93% had a positive view of their area as a place to live and 90% had a positive view of the area as a place to bring up children.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole but less likely than those in East Dunbartonshire to have a positive view of their area as a place to live (93% East Renfrewshire; 83% NHSGGC; 96% East Dunbartonshire) or to bring up children (90% East Renfrewshire; 78% NHSGGC; 95% East Dunbartonshire).

Figure 6.1: Positive Perceptions of Area as a Place to Live (Q36) and to Bring Up Children (Q37) - East Renfrewshire, NHS Greater Glasgow & Clyde and East Dunbartonshire



6.3 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, 69% were positive about reciprocity and 82% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to have a positive view of reciprocity (69% East Renfrewshire; 77% NHS Greater Glasgow & Clyde; 81% East Dunbartonshire). However, those in East Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of trust (82% East Renfrewshire; 77% NHS Greater Glasgow & Clyde).

Those aged under 45 were the least likely to have positive perceptions of reciprocity or trust. This is shown in Table 6.2.

Table 6.2: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Age

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Age:				
16-44	60%	180	76%	181
45-64	76%	215	87%	216
65+	83%	192	87%	193
All	69%	587	82%	590

6.4 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.

Comparison with NHS Greater Glasgow & Clyde and East Dunbartonshire

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole and those in East Dunbartonshire to value local friendships (68% Renfrewshire; 78% NHSGGC; 74% East Dunbartonshire).

Those aged under 45 were less likely than older respondents to value local friendships and those aged 65 or over were the most likely.

Table 6.3 Proportion Value Local Friendships (Q40c) by Age

	Value Local Friendships	Unweighted base (n)
Age:		
16-44	58%	181
45-64	73%	216
65+	89%	193
All	68%	590

6.5 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, 80% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde

Those in East Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of social support (80% East Renfrewshire; 84% NHSGGC).

Those aged under 45 were the least likely to have a positive perception of social support.

Table 6.4 Proportion with Positive Perception of Social Support (Q40g) by Age

	Positive Perception	Unweighted base (n)
Age:		
16-44	74%	181
45-64	84%	216
65+	90%	193
All	80%	590

7 Summary of Comparisons with NHS Greater Glasgow & Clyde and East Dunbartonshire

7.1 Indicators Showing More Favourable Findings

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

- More likely to have a positive view of their general health;
- More likely to have a positive view their physical wellbeing;
- More likely to have a positive view of their mental/emotional wellbeing;
- More likely to have a positive view of their happiness;
- More likely to have a positive view of their overall quality of life;
- Less likely to have a limiting condition or illness;
- Less likely to be receiving treatment for at least one condition or illness, and specifically less likely to be receiving treatment for:
 - coronary heart disease;
 - clinical depression;
 - diabetes
 - cancer
 - severe eyesight problems;
- Less likely to have a high GHQ12 score;
- More likely to brush their teeth twice or more per day;
- Less likely to have visited A&E in the last year;
- Less likely to have been admitted to hospital in the last year;
- More likely to have visited the dentist within the last six months;
- Less likely to be exposed to second hand smoke;
- Less likely to be a smoker;
- Less likely to exceed the recommended weekly limit for alcohol consumption;
- Less likely to be binge drinkers;
- More likely to have participated in any sport or activity in the last week, and specifically more likely to have participated in:
 - walking for recreation;
 - cycling;
 - racquet sports;
 - athletics;
- More likely to consume five or more portions of fruit/vegetables per day;
- More likely to consume two or more portions of oily fish per week;
- Less likely to consume two or more high fat/sugary snacks per day;
- Less likely to be obese;
- Less likely to have a negative perception of the following social issues in their area:
 - level of alcohol consumption;
 - number of young people hanging around;
 - level of unemployment;
 - amount of drug activity;
 - amount of car crime;
 - number of assaults/muggings;
- Less likely to have a negative perception of the following environmental issues in their area:
 - amount of dogs' dirt;
 - availability of safe play spaces;
 - availability of pleasant places to walk;
 - amount of noise/disturbance;
- More likely to have a positive view of the following local services:
 - schools;
 - food shops;
 - activities for young people;

- More likely to be married/cohabiting;
- Less likely to say they had no qualifications;
- Less likely to receive all household income from benefits;
- Less likely to have difficulty meeting the costs of:
 - fuel bills;
 - telephone bills;
 - food;
- Less likely to have difficulty meeting unexpected costs of £10, £100 or £1,000;
- More likely to have a positive perception of their area as a place to live;
- More likely to have a positive perception of their area as a place to bring up children; and
- More likely to have a positive perception of trust,

Compared to those in **East Dunbartonshire** those in East Renfrewshire were:

- Less likely to have a limiting condition or illness;
- Less likely to be receiving treatment for at least one illness/condition, and specifically less likely to be receiving treatment for:
 - high blood pressure;
 - coronary heart disease;
 - diabetes;
 - severe eyesight problems;
- Less likely to have a high GHQ12 score;
- More likely to brush their teeth twice or more per week;
- Less likely to have been a hospital outpatient in the last year;
- Less likely to have been to A&E in the last year;
- Less likely to have been admitted to hospital in the last year;
- More likely to have visited the dentist within the last six months;
- More likely to meet the target for moderate physical activity;
- More likely to have participated in any sport/activity in the previous week, and specifically less likely to have participated in:
 - walking for recreation;
 - cycling;
 - dancing;
- More likely to consume five or more portions of fruit/vegetables per day;
- More likely to eat two or more portions of oily fish per week;
- Less likely to consume two or more portions of high fat/sugary snacks per day; and
- Less likely to say they had no qualifications.

7.2 Indicators Showing Less Favourable Findings

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

- Less likely to definitely feel in control of the decisions affecting their life;
- Less likely to definitely feel encouraged to participate in decisions affecting their health/treatment;
- Less likely to definitely feel they had a say in how health services are delivered;
- Less likely to feel their views and circumstances were definitely understood and valued (in relation to health services);
- Less likely to say it was easy to travel to hospital for an appointment;
- Less likely to say it was easy to obtain a hospital appointment;
- Less likely to say it was easy to get a GP appointment within 48 hours when needed;
- Less likely to say it was easy to access health services in an emergency;
- Less likely to say it was easy to get an appointment to see the dentist;
- Less likely to participate in walking for commuting;
- More likely to use personal travel methods for commuting;
- Less likely to agree that local people can influence local decisions;

- Less likely to feel safe using local public transport;
- More likely to have a negative perception of the following environmental issues:
 - number of uneven pavements;
 - amount of traffic;
 - standard of street lighting;
 - level of smells from sewers;
 - number of abandoned cars;
- More likely to have a negative perception of local public transport;
- More likely to ever have difficulty meeting the costs of treats/holidays;
- Less likely to have a positive perception of reciprocity;
- Less likely to value local friendships; and
- Less likely to have a positive view of social support.

Compared to those in **East Dunbartonshire** those in East Renfrewshire were:

- Less likely to have a positive perception of their overall quality of life;
- Less likely to definitely feel they were encouraged to participate in decisions affecting their health/treatment;
- Less likely to say it was easy to travel to hospital for an appointment;
- Less likely to say it was easy to obtain a hospital appointment;
- Less likely to say it was easy to get a GP appointment within 48 hours when needed;
- Less likely to say it was easy to access health services in an emergency;
- Less likely to say it was easy to get an appointment to see the dentist;
- More likely to be exposed to second hand smoke;
- (Among smokers) less likely to intend to stop smoking;
- Less likely to feel safe using local public transport;
- Less likely to feel safe walking alone in their area even after dark;
- More likely to have a negative perception of the following social issues in their area:
 - Number of young people hanging around;
 - Amount of vandalism;
 - Number of burglaries;
 - Number of assaults/muggings;
- More likely to have a negative perception relating to all 13 environmental issues in their area;
- Less likely to have a positive perception of local leisure/sports facilities;
- More likely to have difficulty meeting the costs of:
 - Rent/mortgage;
 - Council tax/insurance;
 - Food;
 - Treats/holidays;
 - Clothes/shoes;
- More likely to have difficulty meeting unexpected costs of £100 or £1,000;
- Less likely to have a positive perception of their area as a place to live;
- Less likely to have a positive perception of their area as a place to bring up children;
- Less likely to have a positive perception of reciprocity;
- Less likely to value local friendships.

7.3 Other Significant Differences

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

- Less likely to have seen a physiotherapist/chiroprapist/occupational therapist/clinical psychologist at a GP surgery in the last year;
- Less likely to have seen a pharmacist for health advice in the last year; and
- Less likely to have contacted NHS24 in the last year.

Compared to those in **East Dunbartonshire** those in East Renfrewshire were:

- Less likely to have contacted NHS24 in the last year.

8 Trend Data

In this chapter, results from all indicator questions that represent a statistically significant change between 2011 and 2008 are shown.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 2008. The following formula yields a 'test statistic' (z):

$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1 - \hat{p}_p) \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$	<p>p_1 = proportion observed in 2011 p_2 = proportion observed in 2008 n_1 = sample size in 2011 n_2 = sample size in 2008</p>
$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$	

If the value of z falls outside of the range (-1.96 to 1.96), we reject the null hypothesis and conclude that there has been significant change since 1999 (at the 95% confidence level).

For those results that show significant change, we have also calculated a confidence interval for the difference between any two sets of results.

$$\left(\hat{p}_1 - \hat{p}_2 \right) \pm 1.96 \sqrt{\frac{\hat{p}_1(1 - \hat{p}_1)}{n_1} + \frac{\hat{p}_2(1 - \hat{p}_2)}{n_2}}$$

For example, the confidence interval for the first difference between 2008 and 2011 shown in Table 8.3 is (-25.4 to -14.8). This means that we can be 95% confident that, had we interviewed the entire population in East Renfrewshire in the surveys, the actual difference between the two sets of results would be between -25.4 and -14.8 percentage points.

The tables show the results, and also show p values. Where p is less than 0.05, the change is considered to be significant. P values are reported as one of three levels of significance: <0.05, <0.01 and <0.001. A p value of <0.05 means that we can be 95% confident that a 'real' change has taken place. A p value of <0.01 means that we can be 99% confident, and a p value of <0.001 means that we can be 99.9% confident.

Only significant changes over time have been mentioned in the text. Where a change is not significant, the size of the change is not shown in the table, and no p value is shown.

It should be noted that the formulae used in this chapter only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

8.1 People's Perceptions of their Health and Illness

There was no significant change between 2008 and 2011 in the proportion of respondents who had a positive perception of their physical wellbeing.

Table 8.1: Positive Perceptions of Physical Wellbeing

Base: All

	All East Renfrewshire
2008	78.8%
2011	83.2%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was also no significant change in the proportion who had a positive perception of their mental or emotional wellbeing.

Table 8.2: Positive Perceptions of Mental or Emotional Wellbeing

Base: All

	All East Renfrewshire
2008	86.7%
2011	85.5%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop between 2008 and 2011 in the proportion who definitely felt in control of the decisions affecting their life.

Table 8.3: Feeling Definitely in Control of Decisions Affecting Daily Life

Base: All

	All East Renfrewshire
2008	75.3%
2011	55.2%
Change (2008-2011)	-20.1%
P	<0.001
Confidence Interval	-25.4 to -14.8

There was no significant change in the proportion who had a positive perception of their overall quality of life.

Table 8.4: Positive Perception of Overall Quality of Life

Base: All

	All East Renfrewshire
2008	90.0%
2011	87.4%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a no significant change in the proportion who had a limiting condition or illness.

Table 8.5: Illness/Condition Affecting Daily Life

Base: All

	All East Renfrewshire
2008	15.0%
2011	12.3%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop in the proportion who were receiving treatment for at least one condition or illness.

Table 8.6: Receiving Treatment for One or More Condition

Base: All

	All East Renfrewshire
2008	41.8%
2011	29.6%
Change (2008-2011)	-12.2%
P	<0.001
Confidence Interval	-17.6 to -6.8

Between 2008 and 2011 there was a rise in the proportion who had any natural teeth.

Table 8.7: Proportion with Some/All of their Own Teeth

Base: All

	All East Renfrewshire
2008	89.2%
2011	94.2%
Change (2008-2011)	+5.0%
P	<0.01
Confidence Interval	+1.8 to +8.2

There was a rise in the proportion who brushed their teeth twice or more per day.

Table 8.8: Proportion Brushing Teeth at Least Twice a Day

Base: Those with at least some of their own teeth

	All East Renfrewshire
2008	73.4%
2011	91.1%
Change (2008-2011)	+17.7%
P	<0.001
Confidence Interval	+13.4 to +22.0

8.2 The Use of Health Services

There was a drop in the proportion who had seen a GP in the last year.

Table 8.9: Proportion Seen a GP in the Last Year

Base: All

	All East Renfrewshire
2008	80.9%
2011	71.3%
Change (2008-2011)	-9.6%
P	<0.001
Confidence Interval	-14.5 to -4.7

There was a drop in the proportion who had been to Accident & Emergency in the last year.

Table 8.10: Proportion Been to A&E in the Last Year

Base: All

	All East Renfrewshire
2008	13.7%
2011	7.0%
Change (2008-2011)	-6.7%
P	<0.001
Confidence Interval	-10.2 to -3.2

There was a drop between 2008 and 2011 in the proportion who had been to hospital as an outpatient in the last year.

Table 8.11: Proportion Been to Hospital as an Outpatient to see a Doctor in the Last Year

Base: All

	All East Renfrewshire
2008	28.5%
2011	20.7%
Change (2008-2011)	-7.8%
P	<0.01
Confidence Interval	-12.7 to -2.3

There was a rise in the proportion who had visited the dentist within the last six months.

Table 8.12: Been to a Dentist in the Last Six Months

Base: All

	All East Renfrewshire
2008	56.2%
2011	69.9%
Change (2008-2011)	+13.7%
P	<0.001
Confidence Interval	+8.2 to +19.2

8.3 Health Behaviours

There was a drop in the proportion of respondents who smoked.

Table 8.13: Proportion Currently Smoking (On Some or Every Day)

Base: All

	All East Renfrewshire
2008	20.3%
2011	14.6%
Change (2008-2011)	-5.7%
P	<0.05
Confidence Interval	-10.0 to -1.4

There was a rise in the proportion of respondents who were exposed to second hand smoke most or some of the time.

Table 8.14: Proportion Exposed to Smoke (Some or All the Time)

Base: All

	All East Renfrewshire
2008	24.2%
2011	31.9%
Change (2005-2011)	+7.7%
P	<0.01
Confidence Interval	+2.6 to +12.8

There was a rise between 2008 and 2011 in the proportion who exceeded the recommended weekly limit for alcohol consumption.

Table 8.15: Proportion Exceeding Recommended Alcohol Limit in Preceding Week (Based on new estimates of units)

Base: All

	All East Renfrewshire
2008	8.6%
2011	15.1%
Change (2008-2011)	+6.5%
P	<0.001
Confidence Interval	+2.8 to +10.2

There was a rise between 2008 and 2011 in the proportion who met the target for moderate physical activity.

Table 8.16: Proportion Meeting the Physical Activity Target of 30 Minutes of Moderate Physical Activity on Five or More Days Per Week

Base: All

	All East Renfrewshire
2008	41.0%
2011	53.3%
Change (2008-2011)	+12.3%
P	<0.001
Confidence Interval	+6.6 to +1.80

Between 2008 and 2011 there was a rise in the proportion who met the target of consuming five or more portions of fruit/vegetables per day.

Table 8.17: Proportion Meeting the Fruit and Vegetable Consumption Target

Base: All

	All East Renfrewshire
2008	37.4%
2011	44.5%
Change (2008-2011)	+7.1%
P	<0.05
Confidence Interval	

There was a rise in the proportion who ate two or more portions of oily fish per week.

Table 8.18: Proportion Eating Two or More Portions of Oily Fish Per Week

Base: All

	All East Renfrewshire
2008	19.2%
2011	37.5%
Change (2008-2011)	+18.3%
P	<0.001
Confidence Interval	+13.2 to +23.4

There was no significant change between 2008 and 2011 in the proportion who exceeded the recommended limit of one high fat/sugary snack per day.

Table 8.19: Proportion Eating More than the Recommended Amount of High Fat and Sugary Snacks

Base: All

	All East Renfrewshire
2008	25.5%
2011	24.7%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

Between 2008 and 2011 there was a drop in the proportion of respondents who had a BMI which indicated that they were overweight/obese.

Table 8.20: Body Mass Index

Base: All

	All East Renfrewshire
BMI of 25 or over	
2008	50.8%
2011	39.8%
Change (2008-2011)	-11.0%
P	<0.001
Confidence Interval	-16.7 to -5.3
BMI indicting obese/extremely obese	
2008	11.4%
2011	11.2%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

8.4 Social Health

There was a rise in the proportion who felt isolated from family and friends.

Table 8.21: Proportion Isolated from Family and Friends

Base: All

	All East Renfrewshire
2008	5.4%
2011	10.0%
Change (2008-2011)	+4.6%
P	<0.01
Confidence Interval	+1.6 to +7.6

There was a rise between 2008 and 2011 in the proportion who felt they belonged to the local area.

Table 8.22: Proportion Feeling they Belong to Local Area

Base: All

	All East Renfrewshire
2008	71.4%
2011	78.5%
Change (2008-2011)	+7.1%
P	<0.01
Confidence Interval	+2.1 to +12.1

There was a rise between 2008 and 2011 in the proportion who felt valued as a member of their community.

Table 8.23: Proportion Feeling Valued as Member of their Community

Base: All

	All East Renfrewshire
2008	53.5%
2011	60.7%
Change (2008-2011)	+7.2%
P	<0.001
Confidence Interval	+1.5 to +12.9

There was no significant change between 2008 and 2011 in the proportion who felt that local people can influence local decisions.

Table 8.24: Proportion Feeling Local People Can Influence Decisions

Base: All

	All East Renfrewshire
2008	63.2%
2011	58.6%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop in the proportion who felt safe in their own home.

Table 8.25: Proportion Feeling Safe in Their Own Home

Base: All

	All East Renfrewshire
2008	99.2%
2011	97.8%
Change (2008-2011)	-1.4%
P	<0.05
Confidence Interval	-2.8 to -0.0

There was no significant change in the proportion who felt safe using public transport in their area.

Table 8.26: Proportion Feeling Safe Using Public Transport

Base: All

	All East Renfrewshire
2008	78.0%
2011	75.6%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a rise between 2008 and 2011 in the proportion who felt safe walking alone in their area even after dark.

Table 8.27: Proportion Feeling Safe Walking Alone After Dark

Base: All

	All East Renfrewshire
2008	52.1%
2011	71.1%
Change (2008-2011)	+19.0%
P	<0.001
Confidence Interval	+13.5 to +24.5

8.5 Individual Circumstances

There was no significant change between 2008 and 2011 in the proportion of respondents who were married/cohabiting.

Table 8.28: Proportion Cohabiting/Married etc

Base: All

	All East Renfrewshire
2008	62.0%
2011	65.6%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change between 2008 and 2011 in the proportion of respondents who lived in households with children aged under 14.

Table 8.29: Proportion with Children Under 14

Base: All

	All East Renfrewshire
2008	24.4%
2011	22.5%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change in the proportion of respondents who were the only adult living in households where there was a child aged under 14.

Table 8.30: Proportion who Are Lone Parents of Children Under 14

Base: All

	All East Renfrewshire
2008	1.5%
2011	1.6%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop between 2008 and 2011 in the proportion who had no qualifications.

Table 8.31: Proportion with No Qualifications

Base: All

	All East Renfrewshire
2008	12.4%
2011	5.9%
Change (2008-2011)	-6.5%
P	<0.001
Confidence Interval	-9.8 to -3.2

Between 2008 and 2011 there was a drop in the proportion of respondents who lived in households receiving all income from state benefits.

Table 8.32: Proportion with all Income from State Benefits

Base: All

	All East Renfrewshire
2008	15.9%
2011	6.6%
Change (2008-2011)	-9.3%
P	<0.001
Confidence Interval	-12.9 to -5.7

There was no significant change in the proportion who had a positive perception of their household income.

Table 8.33: Proportion with a Positive Perception of Household Income

Base: All

	All East Renfrewshire
2008	79.8%
2011	82.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

Between 2008 and 2011 there was a drop in the proportion who said they would have difficulty meeting an unexpected cost of £100.

Table 8.34: Proportion Having Difficulties Finding Unexpected Expenses

	All East Renfrewshire
Difficulty finding £20	
2008	0.8%
2011	0.2%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a
Difficulty finding £100	
2008	10.6%
2011	5.8%
Change (2008-2011)	-4.8%
P	<0.01
Confidence Interval	-7.9 to -1.7
Difficulty finding £1,000	
2008	42.8%
2011	46.6%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change in the proportion who lived in households where the main wage earner was employed full time.

Table 8.35: Proportion of Main Wage Earners Employed Full Time

Base: All

	All East Renfrewshire
2008	60.0%
2011	59.4%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop in the proportion living in households where no adults were employed,

Table 8.36: Proportion of Respondents in Households with No Adults in Employment

Base: All

	All East Renfrewshire
2008	34.9%
2011	25.4%
Change (2008-2011)	-9.5%
P	<0.001
Confidence Interval	-14.7 to -4.3

8.6 Social Capital

Between 2008 and 2011 there was no significant change in the proportion of respondents who had a positive perception of their area as a place to live.

Table 8.37: Proportion with a Positive Perception of Local Area as a Place to Live

Base: All

	All East Renfrewshire
2008	94.0%
2011	93.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was also no significant change in the proportion who had a positive perception of their area as a place to bring up children.

Table 8.38: Proportion with Positive Perception of Local Area as a Place to Bring Up Children

Base: All

	All East Renfrewshire
2008	92.1%
2011	90.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

Between 2008 and 2011 there was no significant change in the proportion who had a positive perception of reciprocity.

Table 8.39: Proportion with Positive Perception of Reciprocity

Base: All

	All East Renfrewshire
2008	73.8%
2011	69.3%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a rise between 2008 and 2011 in the proportion who had a positive perception of trust in their area.

Table 8.40: Proportion with Positive Perception of Trust

Base: All

	All East Renfrewshire
2008	76.0%
2011	81.7%
Change (2008-2011)	+5.7%
P	<0.05
Confidence Interval	+1.0 to +10.4

There was no significant change in the proportion who valued local friendships.

Table 8.41: Proportion Valuing Local Friendships

Base: All

	All East Renfrewshire
2008	71.4%
2011	68.4%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a rise in the proportion who had a positive perception of social support.

Table 8.42: Proportion with a Positive Perception of Social Support

Base: All

	All East Renfrewshire
2008	66.3%
2011	80.1%
Change (2008-2011)	+13.8%
P	<0.001
Confidence Interval	+8.8 to +18.8

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Authorship

This appendix has been prepared by Progressive, who were responsible for the survey fieldwork.

Sampling

It was necessary to adopt a sampling system which would be:

- representative of the population of the Board's area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in previous years, to allow results to be compared across all surveys;
- replicable, so that future surveys can track indicators over time.

The sample was stratified by local authority, sample type (main, boost, enhanced boost and by SIMD). The target sample was 6145.

To achieve this, 618 clusters were sampled in proportion to the population in each local authority, with a view to achieving an average of 10 random interviews per cluster.

The sampling itself was conducted and sourced by NHS Greater Glasgow and Clyde in agreement with Progressive and took the following approach. Allan Boyd, Senior Information Analyst, NHS GGC took on the key role of sourcing and designing the sample approach based on the approach taken in previous surveys.

Sample was based on:

- A Postcode Address File generated sample of 12,560 for the NHS GGC area split into constituent CH(C)P areas including addresses from Glasgow City, East Dunbartonshire, East Renfrewshire, Renfrewshire, Inverclyde, West Dunbartonshire, South and North Lanarkshire
- Postcode definitions were supplied by NHS GGC
- Each sample point was defined by an output area (data zone) and sample points were randomly generated.

The sample was split into several parts (see Table A1)

- a main sample of 2,400 interviews
- enhanced boost samples of 1,291 for Glasgow City South sector and 900 for East Dunbartonshire CH(C)P
- basic boosted sample of 1,554 for East Renfrewshire, Renfrewshire, Inverclyde and West Dunbartonshire CH(C)P areas
- there were no boosts required for Glasgow City North East, North West nor North and South Lanarkshire
- The main sample was representative of NHS GGC population in terms of CHCP and SIMD (15% most deprived areas) within each CHCP (definitions were supplied by NHS GGC)
- The basic boost samples were evenly spread across the CH(C)P areas

Table A1: Sample breakdown

Areas	Main Sample		Basic Boost	Enhanced Boosts				Total
	15%	Others	All	15%	Others	20%	Others	
NE Glasgow	190	174						364
NW Glasgow	135	261						397
South Glasgow	166	280		429	318			1193
South West Glasgow				302	242			544
East Dunbartonshire	6	205				509	391	1111
East Renfrewshire	6	166	424					596
Renfrewshire	60	282	256					598
Inverclyde	56	106	432					595
West Dunbartonshire	45	106	442					593
South Lanarkshire	31	85						116
North Lanarkshire	0	39						39
Total	695	1705	1554	731	560	509	391	6145
South Sample inc SW boost	166	280		731	560	0	0	1737
Total Sample inc SW boost	695	1705	1554	731	560	509	391	6145

NOTE: the figures above were estimates used prior to the actual sample being provided and hence the figures above are slightly different to those in Tables 2 (splitting the interviews by waves and by sample points).

The Glasgow South enhanced boost sample was multi-level; the South boost required over sampling in the 15% most deprived areas and within this there had to be enough interviews obtained from the former South West CHCP to allow analysis at 15% and other areas levels (see Table A1).

The East Dunbartonshire enhanced boost sample was also required for the 20% most deprived SIMD areas and other areas with substantial over sampling in the 20% most deprived areas.

The required outputs from the selected sampling agency (UK Changes) were:

- Full address (4 fields)
- Postcode
- Output area
- Local Authority name
- CH(C)P code (inc 3 sectors within new Glasgow City CHCP and a flag to identify those from the old South West CHCP)
- Datazone
- SIMD score
- SIMD rank
- PAFMOC (household number per dwelling)

Fieldwork

In terms of rolling out the fieldwork Progressive and NHS GGC decided that it would be beneficial for the randomness of the sampling for the project if the sample points could be distributed across the survey period in a random fashion (as compared to doing it by local authority or by CH(C)P, for example). This was felt to be the optimum approach that would ensure that each sample point was randomly allocated to a wave and as such that there was no bias in the results that could be related to when or where the interviews were conducted. This approach was taken to ensure that, for example, if there was a locally based issue in relation to health or crime (a sharp rise in crime or a murder, for example) that interviews for that area would not be conducted all at the same time but would be spread over the four waves. It was agreed that this suggested design made sense and was agreed as a way forward for all of the selected sample points. This also meant that the changing weather (and the possible impacts this might have on health and well being) would not have a locational impact as a result of sampling.

The four waves of the fieldwork and the random selection of sampling points was carried out using the approach noted below:

1. A single sample file was set up from the sample worksheets provided by UK Changes (these were split by CH(C)P area)
2. A unique ID was added for each address in the combined sample
3. A 'tag' was added to each of the 618 sample points so we knew which sample type each sample point had been sourced from
4. Using the rand() function in Excel each sample point (of which there were 618) was allocated a random number and these were then sorted numerically and then split into
 - a. Wave 1 (approx. 25% of the total number of required interviews) – to be conducted August to mid September
 - b. Wave 2 (approx. 33% of the total number of required interviews) – to be conducted mid September to mid October
 - c. Wave 3 (approx. 33% of the total number of required interviews) – to be conducted mid October to mid November
 - d. Wave 4 (approx. 9% of the total number of required interviews) – to be conducted mid November to mid December
5. The wave sample point selections were then checked using pivot tables in Microsoft Excel to detail the number of sample points per wave by CH(C)P and Local Authority

These tables are replicated below and were used as a guide to ensure that targets were met during the four waves of the fieldwork.

Table A2: Final interviewing numbers per CHP per wave

CHP	August- mid Sept Wave 1	Mid Sept- mid Oct Wave 2	Mid Oct- mid Nov Wave 3	Mid Nov- mid Dec Wave 4	Grand Total
<i>East Dunbartonshire CHP</i>	222	317	397	159	1095
<i>East Renfrewshire CHCP</i>	148	172	220	51	591
<i>Glasgow North East</i>	71	129	139	21	360
<i>Glasgow North West</i>	95	99	147	74	415
<i>Glasgow South</i>	440	539	504	232	1715
<i>Inverclyde CHCP</i>	170	202	146	64	582
<i>North Lanarkshire CHP</i>	10	20	0	11	41
<i>Renfrewshire CHP</i>	162	169	231	20	582
<i>South Lanarkshire CHP</i>	30	19	76	10	135
<i>West Dunbartonshire CHCP</i>	161	247	138	42	588
Grand Total	1509	1913	1998	684	6104

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2008, but had been revised by NHS GGC to ensure that the questionnaire fitted with current policy and thinking. For example, the questionnaire had been shortened and several new questions had been added. There was also some minor updating of key demographic and characteristic questions and these were mostly relating to the harmonisation questions that had been issued by the Scottish Government.

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted ten interviews each and interviews were carried out to the following quotas:

Pilot Quota Sheet

Total	10/interviewer	
Male	Min 4	
Female	Min 4	
16 – 35	Min 3	
36 – 55	Min 3	
55+	Min 3	
AB	Min 2	
C1	Min 2	
C2	Min 2	
CE	Min 2	

Respondent:	Occupation/ industry sector (+ as much job detail to allow you to SEG) of CIE in household.	SEG:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;
- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2008 for the vast majority of the questions asked. Near the end of the questionnaire design process the Scottish Government issued a set of guidance notes on key harmonisation and comparison questions and some of these changes were discussed and in the end were included in the final draft of the working questionnaire. The changes were not major and tended to cover socio-demographic questions only.

One important point of note is that guidance from the Market Research Society also pointed to a requirement to include some extra options for respondents, allowing them the opportunity not to answer questions – again this was also a critical aspect of utilising CAPI

interviewing for the project where the flow and full completion of the surveys requires that respondents can actually answer a question in a way that they would want – in many cases this included the inclusion of 'don't know', 'not applicable' or 'prefer not to say' responses. Again, these are highlighted when comparing the 2008 survey questionnaire with the 2011 final survey questionnaire – these options were often not visually included in show cards used (a normal and standard approach) but were included in the CAPI script if respondents could not provide an informed response to a question asked.

Fieldwork

A team of 21 interviewers attended a briefing session which was conducted by Progressive executive staff and the fieldwork supervisor and which was attended by NHS GGC staff. The briefing session involved full instructions in the conduct of the survey interview and these were based on the notes used during the pilot making changes and amendments where necessary. Written instructions were given to all interviewers. Additional fieldwork staff were briefed separately as the full team used could not attend the two half days sessions that were organised – these were conducted by fieldwork supervisors and executive staff from Progressive.

Interviewers were assigned a number of sample points. A list of 20 random addresses was issued per cluster, with interviewers being instructed to obtain at least 10 interviews from each sample point issued. Their instructions were to make at least four calls at an address at different times of the day and on different days of the week before classifying the address as a non-response. A contact sheet was completed by the interviewer for each address and this outcome was logged so that response rates could be fully monitored throughout the four waves of the fieldwork period. The same codes were used as had been used in previous surveys to ensure consistency in coding of, in particular, reasons for non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. The Kish grid was also used where an address included multiple households.

Each sampled address was sent an advance letter from NHS GGC explaining the purpose of the survey and requesting involvement. As a result of this letter, a number of residents (approx 3%) contacted NHS GGC and Progressive to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Progressive.

Each interviewer was also provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their MRS photo-identity card at all times and to display this to all potential respondents.

Response

Fieldwork began on August 8th 2011, and the target was to have four waves of interviews conducted between August and December 2011. The four waves were designed to ensure that each wave had a random selection of the available sampling points (a total of 618 sample points were developed through the sampling approach). To ensure that the selection of the sample points was random these were selected using a random number generator in Microsoft Excel and then placed in order – this ensures that each wave has a random selection of sample points and as such, the timing of the interviews was not focused in any one CHCP/geographic location.

The table overleaf shows the outcome of attempted contacts:

Table A3: Outcome of Attempts to Interview

Outcomes	2011 n	2011 % of in- scope	2011 % of all contacts
In-scope (interview possible)			
Interview obtained	6104	68.8%	48.6%
Office refusal (telephone/letter)	385	4.34%	3.07%
Number of people in household information refused	62	0.70%	0.49%
No household contact after 4+ calls	954	10.75%	7.60%
Household contact achieved but contact with selected person not achieved after 5+ visits	304	3.43%	2.42%
Personal refusal by selected person	961	10.83%	7.65%
Proxy refusal on behalf of selected person	42	0.47%	0.33%
Broken appointment, no recontact	8	0.09%	0.06%
Ill at home during survey period	4	0.05%	0.03%
Away/in hospital during survey period	19	0.21%	0.15%
Selected person has dementia	9	0.10%	0.07%
English not first language. Consent to use an interpreter was not achieved	23	0.26%	0.18%
Incomplete interview	0	0.00%	0.00%
Total in-scope	8875	100.0%	70.66%
Out of scope (no interview possible)			
Insufficient address	0		0.00%
Not traced	55		0.44%
Not yet built / not yet ready for occupation	0		0.00%
Derelict/demolished	133		1.06%
Empty/vacant	115		0.92%
Business/industrial only (not private)	56		0.45%
Institution only	7		0.06%
Other: Buzzer entry – no access (59); Gated entry – no access (23); Sample achieved (11); Security dogs (7); Parish church (1)	101		0.80%
Total out-of-scope	467		3.72%
<i>Unresolved attempts (cluster quotas were achieved so the address was untried) – treated as 'out of scope'</i>	3218		
Total contacts	12560		

Thus the response rate for the project was 68.8%

Data Coding and Input

A specially devised data entry programme was set up to allow data to be entered directly onto computer through the CAPI machine, as such there was no direct data inputting as this was part of the actual survey instrument. The CAPI programme included route, range and logic checks based on the final questionnaire.

APPENDIX B: DATA WEIGHTING

Introduction

Data were weighted to ensure that they were as representative as possible of the adult population in the NHSGGC area. This appendix describes the weighting processes.

Household Size Weighting

In this survey, households were selected at random and therefore had equal probability of selection. However within the household the probability of an individual's selection is not necessarily equal to that of others, since it is inversely proportional to the number of people available to be selected. For example, in a single-person household the probability of selection is exactly 1 whereas in a four-person household the probability of selection is 1/4. The logic of this implies that the respondent from the single-person household represents one person (him/herself) while the respondent from the four-person household is in fact representing four people. It is normal to allow for this bias by 'weighting' the sample to give the respondent from the four-person household four times the 'weight' of the respondent from the one-person household. It is usual to calculate this weighting in such a way that the sum of the weights matches the sample size.

The formula for calculating the household size weight was:

$$Wf = F \times \frac{T}{A}$$

Where:

- Wf is the household size weighting factor for a respondent living in a household size F .
- F is the household size
- T is the total number of respondents
- A is the total number of adults in all households where a successful interview took place.

Weighting by Age/Gender/Bottom 15%/CH(C)P

Firstly the household size weighting was applied to the dataset. This produced the new 'actual' counts to which we applied the age/sex/bottom15%³/CH(C)P weighting frame to produce the final weighting factors. This ensured that the weighted data would reflect the overall Greater Glasgow and Clyde population in terms of age, gender, bottom 15%/other areas and CH(C)P areas. The formula for this stage of the weighting process was:

$$Wi = \frac{ci}{C} \times \frac{T}{ti}$$

Where:

Wi is the individual weighting factor for a respondent in age/gender/bottom15% versus other areas/CH(C)P area group i

ci is the known population in age/gender/bottom15% versus other areas/CH(C)P area group i

³ Bottom 20% in the case of East Dunbartonshire

C is the total adult population in the NHS Greater Glasgow and Clyde area

T is the total number of interviews

t_i is the number of interviews (weighted by the household size weighting factor) for age/gender/bottom15% versus other areas/CH(C)P area group i

APPENDIX C: INDEPENDENT VARIABLES

The table below lists the independent variables used for the analysis in this report, showing for each the number of categories and how these categories were formed.

Independent Variable	Number of categories	Categories
Gender	2	Men; Women
Age	3	16-44; 45-64; 65+

Appendix D: ASSUMPTIONS OF NUMBER OF UNITS OF ALCOHOL IN EACH TYPE OF DRINK (2005 and 2008/2011)

The table below shows the assumed number of units of alcohol in each type of drink that were used for the calculation of unit consumption in 2005, and the new assumptions that have been applied in 2008 and 2011

	UNIT ASSUMPTION USED FOR ANALYSIS 2005	UNIT ASSUMPTION USED FOR ANALYSIS 2008 and 2011
Normal strength beer - pints	2.30	2.80
Normal strength beer - cans	1.80	2.20
Normal strength beer bottles	1.00	1.70
Strong beer - pints	2.80	3.40
Strong beer - cans	2.25	2.60
Strong beer - bottles	1.80	2.00
Extra strong beer - pints	5.00	5.10
Extra strong beer - cans	4.00	4.00
Extra strong beer - bottles	3.00	3.00
Single measures spirits	1.00	1.00
Single measure martini/sherry/buckfast etc	1.00	1.00
Small glass wine	1.00	1.75
Large glass wine	2.00	3.50
1/2 bottle wine	4.50	5.25
Full bottle wine	8.75	10.50
Small bottle of alcopops	1.50	1.40
Large bottle of alcopops	n/a	5.45

APPENDIX E: ANNOTATED SURVEY QUESTIONNAIRE

The survey questionnaire is presented here. Where relevant, questions show:

- The number of respondents who answered the question (with “don’t know”, refused and missing responses removed). These are **unweighted** and shown as “(n=)” after the question;
- The percentage of respondents who gave each response. These are **weighted**.

In some cases, the mean response rather than the percentage giving individual responses is given. These are also weighted.