
NHS Greater Glasgow and Clyde 2011 Health and Wellbeing Survey

Renfrewshire Report

Final Report

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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

Senior Analyst

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.

Norma Greenwood
Margaret McGranachan
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Head of Public Health Resource Unit
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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 582 completed interviews in 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 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: 582

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	Renfrewshire % of population (aged 16+)
16-24	8.5%	7.8%	16.3%	15.7%
25-34	8.4%	8.8%	17.2%	17.4%
35-44	7.9%	9.1%	16.9%	17.1%
45-54	8.2%	9.4%	17.7%	17.7%
55-64	6.2%	6.8%	13.0%	13.0%
65-74	4.3%	5.7%	9.9%	9.9%
75+	3.0%	6.0%	9.0%	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 (582)

Group	% in sample	Renfrewshire % of population (aged 16+)
Most deprived 15% datazones	19.9%	20.1%
Other datazones	80.1%	79.9%

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, and breakdowns 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%	582
Positive perception of general physical wellbeing (Q35b)	66%	582
Positive perception of general mental or emotional wellbeing (Q35c)	69%	582
Positive perception of happiness (Q44)	71%	582
Feel definitely in control of decisions affecting daily life (Q45)	90%	581
Positive perception of quality of life (Q35a)	71%	582
Has long term illness/condition that interferes with daily life (Q3)	12%	582
Receiving treatment for at least one condition (Q2)	34%	582
GHQ12 score of 4 or above (indicating poor mental health) (Q13)	4%	582
Have some/all of own teeth (Q10)	87%	582
Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11)	92%	470

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

Two in three (66%) respondents rated their physical wellbeing positively. Those aged 65 or over were less likely to rate their physical wellbeing positively.

Just under seven in ten (69%) respondents rated their mental or emotional wellbeing positively. Those aged 45 or over were less likely to rate their mental or emotional wellbeing positively.

Seven in ten (71%) respondents gave a positive rating of their happiness.

Nine in ten (90%) respondents felt 'definitely' in control over the decisions affecting their lives.

Seven in ten (71%) 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.

One in three (34%) respondents were receiving treatment for at least one condition or illness. Those aged 65 or over and women were more likely to be receiving treatment.

One in 25 (4%) respondents had a high GHQ12 score, indicating poor mental health.

Just under nine in ten (87%) 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, 92% said they brushed their teeth twice or more per day. Those aged 65 or over were less likely 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 33% saying their health was very good and 47% saying their health was good. However, 20% gave a negative view of their health, with 13% saying their health was fair, 5% saying it was bad and 2% saying it was very bad.

Comparison with NHS Greater Glasgow & Clyde

Those in 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% Renfrewshire; 75% NHSGGC).

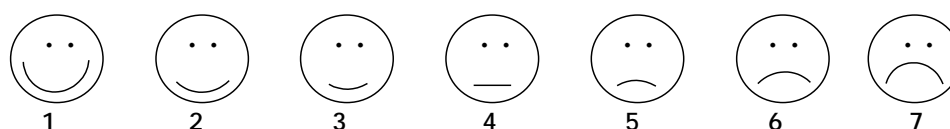
As Table 2.2 shows, those aged under 45 were the most likely to rate their general health positively and those aged 65 or over were the least likely to do so.

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	49%	43%	6%	2%	0%	92%	8%	206
45-64	23%	54%	14%	5%	3%	77%	23%	193
65+	7%	48%	31%	11%	4%	55%	45%	183
All	33%	47%	13%	5%	2%	80%	20%	582

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.

Two in three (66%) respondents gave a positive view of their physical wellbeing, using this scale.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of their physical wellbeing (66% 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	72%	206
45-64	63%	193
65+	55%	183
All	66%	582

Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 69% of respondents gave a positive view of their mental or emotional wellbeing.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive view of their mental or emotional wellbeing (69% Renfrewshire; 82% NHSGGC).

Those aged under 45 were more likely than older respondents to give a positive view of their mental/emotional wellbeing.

Table 2.4: Positive Perception of Mental of Emotional Wellbeing (Q35c) by Age

	Positive Perception	Unweighted base (n)
Age:		
16-44	74%	206
45-64	64%	193
65+	66%	183
All	69%	582

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 71% of respondents gave a positive view of their happiness.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive view of their happiness (71% Renfrewshire; 85% NHSGGC).

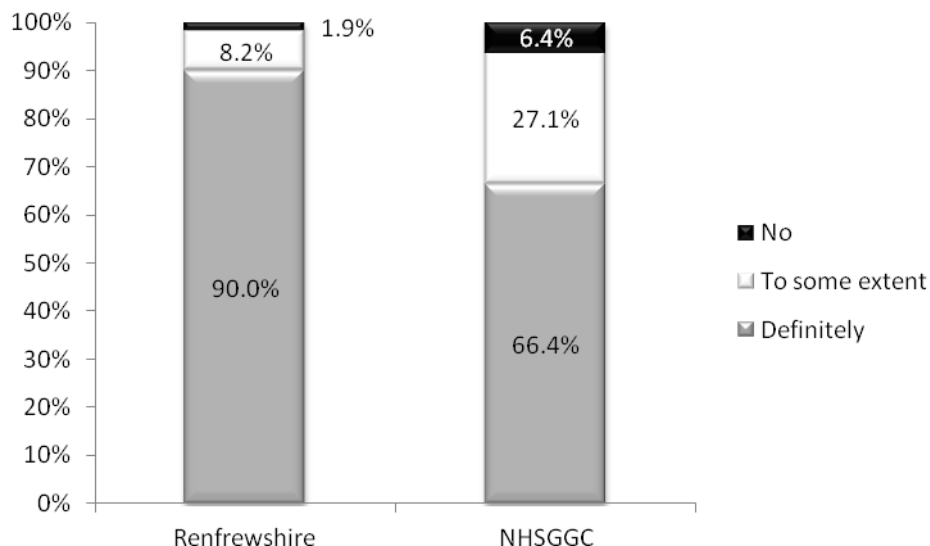
Feeling in Control of Decisions Affecting Life

Respondents were asked whether they felt in control of decisions that affect their life, such as planning their budget, moving house or changing job. Nine in ten (90%) said that they 'definitely' felt in control of these decisions, while 8% said that they felt in control 'to some extent' and 2% did not feel in control of these decisions.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel definitely in control of the decisions affecting their life (90% Renfrewshire; 66% NHSGGC).

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



2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 71% of respondents gave a positive rating of their quality of life.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their overall quality of life (71% Renfrewshire; 84% NHSGGC).

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

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

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

- 45% said that they had a physical disability;
- 16% said they had a mental or emotional health problem; and
- 48% said they had a long-term illness.

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

- 85% said it interfered with taking up training;
- 84% said it interfered with holding down or obtaining a job;
- 84% said it interfered with taking exercise/physical activity; and
- 82% 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%	206
45-64	11%	193
65+	34%	183
All	12%	582

Illnesses/Conditions for Which Treatment is Being Received

One in three (34%) respondents were receiving treatment for at least one illness or condition.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be receiving treatment for at least one condition (34% Renfrewshire; 39% NHSGGC).

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 15% of those aged under 45 to 76% of those aged 65 or over. Also, women were more likely than men to be receiving treatment for at least one condition. This is shown in Table 2.6.

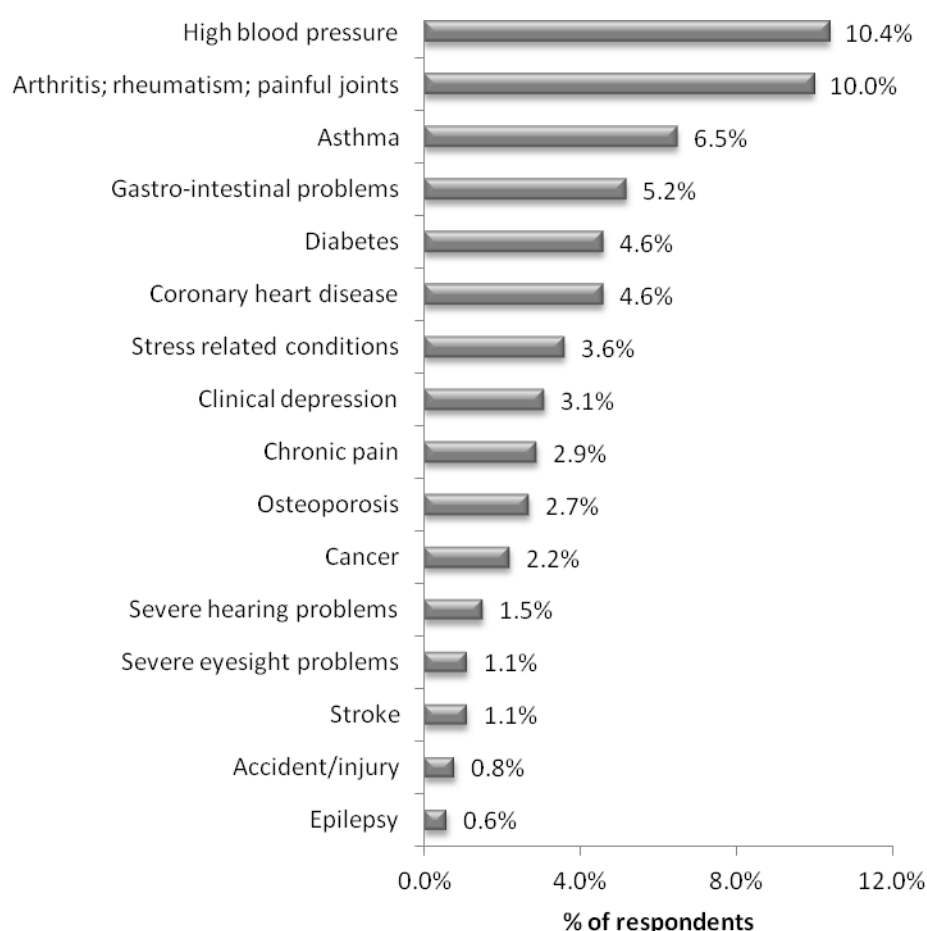
Table 2.6: At Least One Illness/Condition Being Treated (Q2) by Age and Gender

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-44	15%	206
45-64	39%	193
65+	76%	183
Men	29%	223
Women	38%	359
All	34%	582

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 conditions being treated were high blood pressure and 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 Renfrewshire were less likely to be receiving treatment for stress related conditions (3.6% Renfrewshire; 5.9% 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, 4% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were much less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a high GHQ12 score (4% Renfrewshire; 15% NHSGGC).

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 in Renfrewshire was 55.1.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire had higher mean WEMWBS scores than those in the NHS Greater Glasgow & Clyde area as a whole (55.1 Renfrewshire; 51.7 NHSGGC).

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

Table 2.7: Mean WEMWBS Score (Q14) by Age

	Mean Score	WEMWBS	Unweighted base (n)
Age:			
16-44	56.7		203
45-64	54.2		188
65+	52.2		179
All	55.1		570

2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Just under nine in ten (87%) respondents said that they had all (66%) or some (21%) of their own teeth, while 13% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 50% 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	90%	10%	0%	100%	206
45-64	59%	29%	12%	88%	193
65+	13%	37%	50%	50%	183
All	66%	21%	13%	87%	582

Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Nine in ten (92%) said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to brush their teeth twice or more a day (92% Renfrewshire; 80% NHSGGC).

Those aged under 45 were the most likely to brush their teeth twice or more per day and those aged 65 or over were the least likely.

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

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-44	95%	206
45-64	90%	173
65+	80%	91
All	91%	470

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)	82%	582
Outpatient to see doctor at least once in last year (Q7d)	25%	582
Accident and emergency at least once in last year (Q7c)	16%	582
Hospital stay in last year (q7e)	12%	582
Seen Pharmacist for health advice in last year (Q7a)	12%	582
Contacted NHS24 in last year (Q7b)	8%	582
Used GP out of hours service in last year (q7f)	4%	582
Been to the dentist within past six months (Q9)	60%	562
Difficulty reaching hospital for an appointment (Q12d)	7%	534
Difficulty getting GP appointment (Q12a)	14%	569
Difficulty getting hospital appointment (Q12c)	8%	393
Difficulty getting GP consultation within 48 hours (Q12f)	12%	528
Difficulty accessing health services in an emergency (Q12b)	4%	459
Difficulty getting dentist appointment (Q12e)	5%	542

Four in five (82%) respondents had seen a GP in the last year. Women were more likely than men to have seen a GP in the last year.

One in four (25%) 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 six (16%) respondents had visited accident and emergency in the last year.

One in eight (12%) 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 eight (12%) had seen a pharmacist for health advice in the last year.

One in 12 (8%) had contacted NHS24 in the last year.

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

Three in five (60%) respondents had visited the dentist within the last six months. Those aged under 65 were more likely to have done so.

Seven percent of respondents said that it was difficult for them to reach hospital for an appointment. Women were more likely than men to find this difficult.

One in seven (14%) said that they had difficulty getting a GP appointment.

One in 12 (8%) respondents said that it was difficult to get a hospital appointment. Women were more likely than men to find this difficult.

One in eight (12%) said it was difficult to get a GP consultation within 48 hours when needed.

Four percent felt that it was difficult to access health services in an emergency. Women were more likely than men to say this was difficult.

Five percent of respondents said that it was difficult to get an appointment to see the dentist. Women were more likely than men to say this was difficult.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Just over eight in ten (82%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, half (51%) had visited the GP either once (25%) or twice (26%) in the last year, although the number of visits made in the last year ranged from 1 to 118. For all those who had visited their GP in the last year, the mean number of GP visits was 4.06.

Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Renfrewshire were more likely to have seen a GP in the last year (82% Renfrewshire; 74% NHSGGC).

Women were more likely than men to have seen a GP. This is shown in Table 3.2.

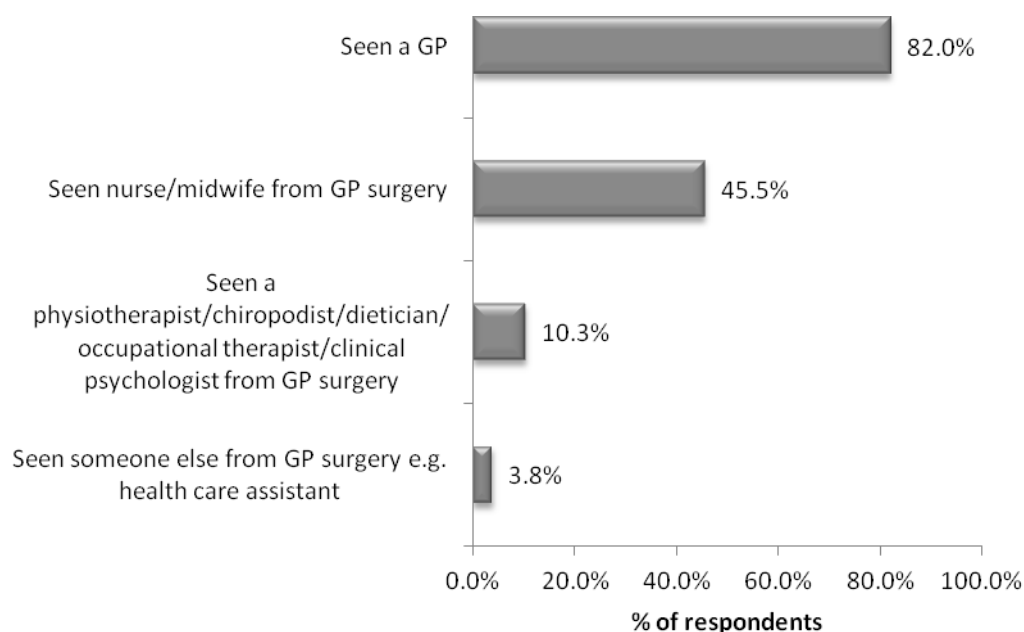
Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Gender

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Men	76%	3.31	223
Women	87%	4.63	359
All	82%	4.06	582

Other Uses of GP Surgery

Figure 3.1 shows the extent of other uses of GP surgeries in the last year. In addition to the 82% of respondents who had seen a GP in the last year, 46% had seen a nurse or midwife from the GP surgery (mean number of visits was 2.72). One in ten (10%) had seen staff such as a physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 3.83). Also, 4% had seen some other type of staff at a GP surgery (mean number of visits was 2.45).

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



Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have seen a nurse or midwife at their GP surgery in the last year (46% Renfrewshire; 40% NHSGGC).

Outpatients

One in four (25%) respondents had visited a hospital outpatient department to see a doctor at least once in the last year. Of those who had made such a visit, 47% had done so only once, although the number of visits ranged from 1 to 20. The average number of outpatient visits in the last year was 2.63.

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	16%	2.94	206
45-64	28%	2.50	193
65+	46%	2.46	183
All	25%	2.63	582

Accident and Emergency

One in six (16%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 85% had been once in the last year, but the number of visits ranged from 1 to 18. The mean number of visits was 1.54.

Hospital Admissions

One in eight (12%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 74% had been admitted once in the last year, although the number of admissions ranged from 1 to 21. The mean number of admissions was 1.95.

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

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-44	7%	2.99	206
45-64	12%	1.50	193
65+	23%	1.43	183
All	12%	1.95	582

Use of Pharmacy for Health Advice

One in eight (12%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 53% had done so only once. The number of visits to the pharmacist for health advice ranged from 1 to 10, and the mean number of visits to the pharmacist was 1.93.

Comparison with NHS Greater Glasgow & Clyde

Those in 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 (12% Renfrewshire; 19% NHSGGC).

Contacting NHS24

One in 12 (8%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 66% had done so just once. The number of contacts ranged from 1 to 8 and the mean number of contacts was 1.89.

Comparison with NHS Greater Glasgow & Clyde

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

Use of GP Out of Hours Service

Four 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 10 and the mean number of uses was 2.02.

3.3 Dental Services

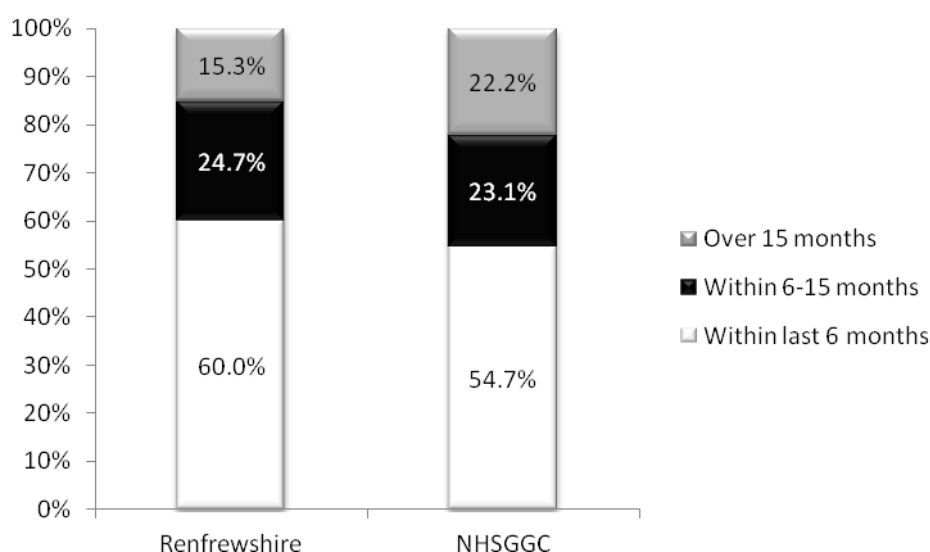
Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, three in five (60%) said that they had visited the dentist within the last six months, 25% had visited the dentist between six and 15 months ago, and 15% had last visited the dentist over 15 months ago.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have visited the dentist within the last six months (60% Renfrewshire; 55% NHSGGC).

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



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

Table 3.5: 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	65%	28%	7%	206
45-64	65%	22%	13%	188
65+	37%	20%	44%	168
All	60%	25%	15%	562

3.4 Involvement in Decisions Affecting Health Service Delivery

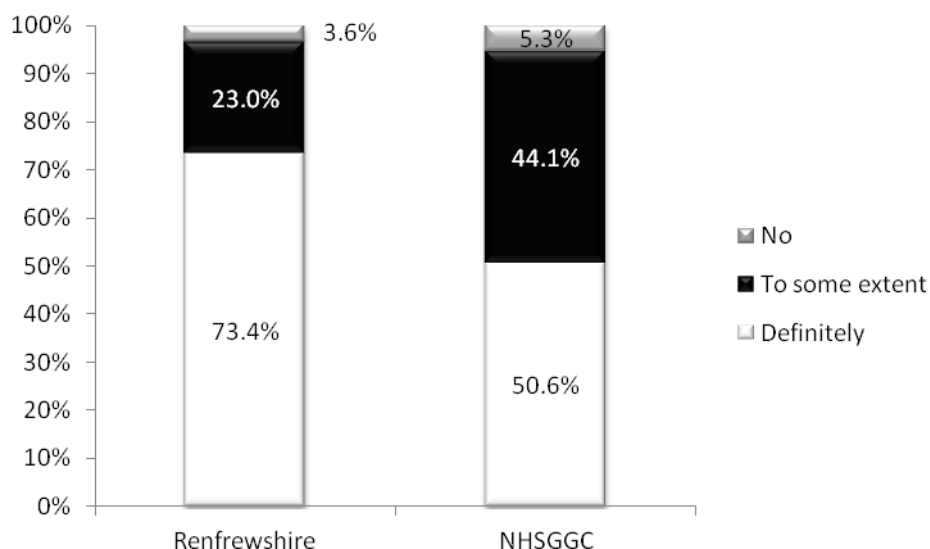
Information about Condition or Treatment

Of those who had accessed any health services over the last year, 73% felt that they had 'definitely' been given adequate information about their condition or treatment, 23% felt that they had 'to some extent', and 4% felt that they had not.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel they had definitely been given adequate information about their condition or treatment (73% Renfrewshire; 51% NHSGGC).

Figure 3.3: Given adequate information about your condition or treatment (Q8a) - Renfrewshire and NHS Greater Glasgow & Clyde



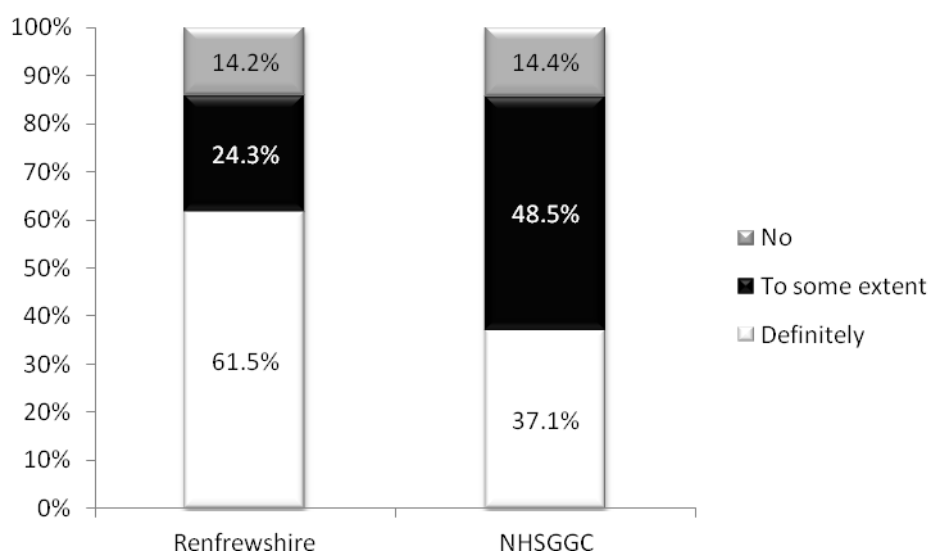
Encouragement to Participate in Decisions Affecting Health or Treatment

Just under nine in ten (86%) 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 (62%) or to some extent (24%).

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel they were definitely encouraged to participate in decisions affecting their health or treatment (62% Renfrewshire; 37% NHSGGC).

Figure 3.4: Encouraged to participate in decisions affecting health or treatment (Q8b) - Renfrewshire & NHS Greater Glasgow & Clyde



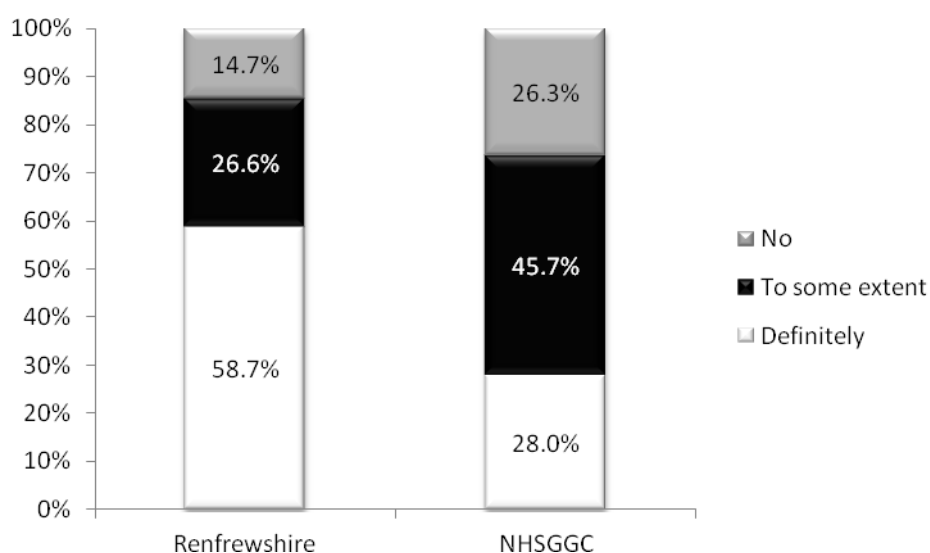
Having a Say in How Health Services are Delivered

Eighty five percent 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 (59%) or to some extent (26%).

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that they definitely had a say in how health services are delivered (59% Renfrewshire; 28% NHSGGC).

Figure 3.5: Have a say in how health services are delivered (Q8c) - Renfrewshire and NHS Greater Glasgow & Clyde



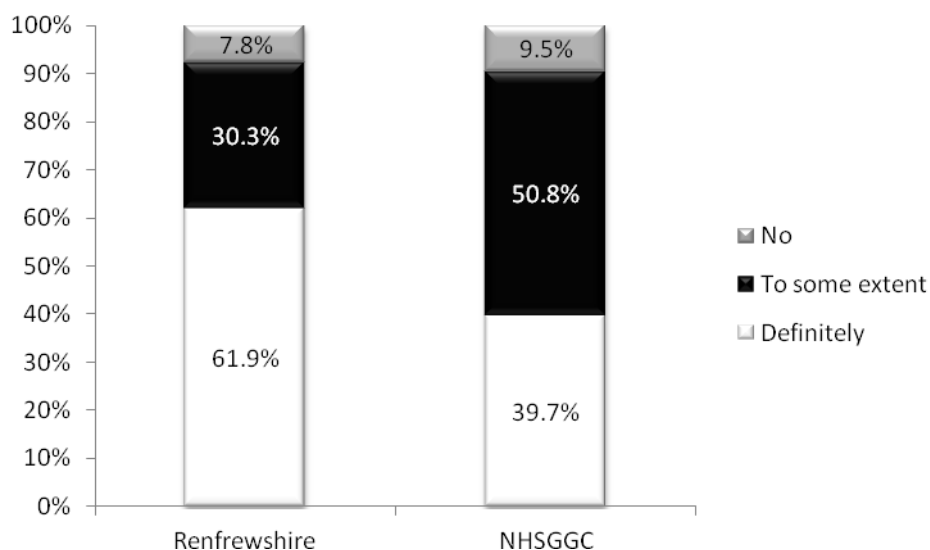
Feel that Views and Circumstances are Understood and Valued

Nine in ten (92%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (62%) or to some extent (30%).

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that their views and circumstances were definitely understood and valued (62% Renfrewshire; 40% NHSGGC).

Figure 3.6: Feel that views and circumstances are understood and valued (Q8d) - Renfrewshire and NHS Greater Glasgow & Clyde



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'.

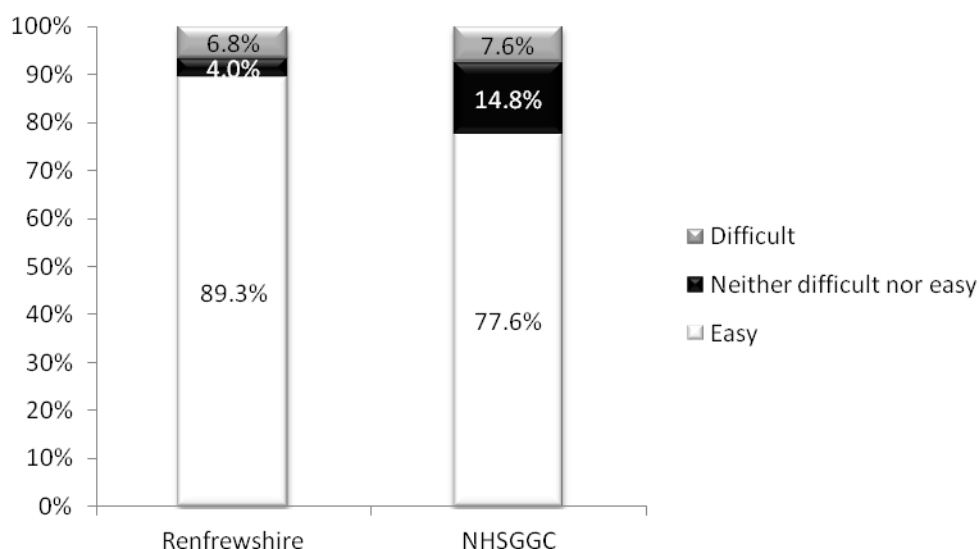
Travelling to Hospital for an Appointment

Just under nine in ten (89%) respondents indicated that they found it easy to travel to hospital for an appointment, while 4% found it neither difficult nor easy and 7% found it difficult.

Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in Renfrewshire were more likely to say it was easy to travel to hospital for an appointment. This is shown in Figure 3.7.

Figure 3.7: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) - Renfrewshire and NHS Greater Glasgow & Clyde



Men were more likely than women to say it was easy to travel to hospital for an appointment.

Table 3.6: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Gender

	Difficult	Neither	Easy	Unweighted base (n)
Men	3%	3%	94%	194
Women	10%	4%	85%	340
All	7%	4%	89%	534

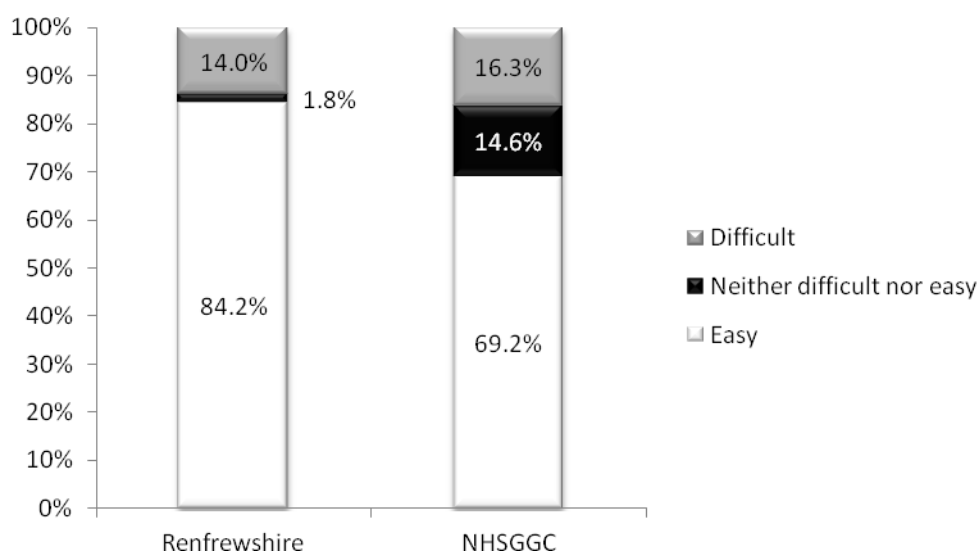
Getting a GP appointment

Eighty four percent of respondents said it was easy to obtain an appointment to see their GP, 2% said that it was neither easy nor difficult and one in seven (14%) said it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to get a GP appointment (84% Renfrewshire; 69% NHSGGC).

Figure 3.8: Difficulty/Ease of Getting an Appointment to See GP (Q12a) - Renfrewshire and NHS Greater Glasgow & Clyde



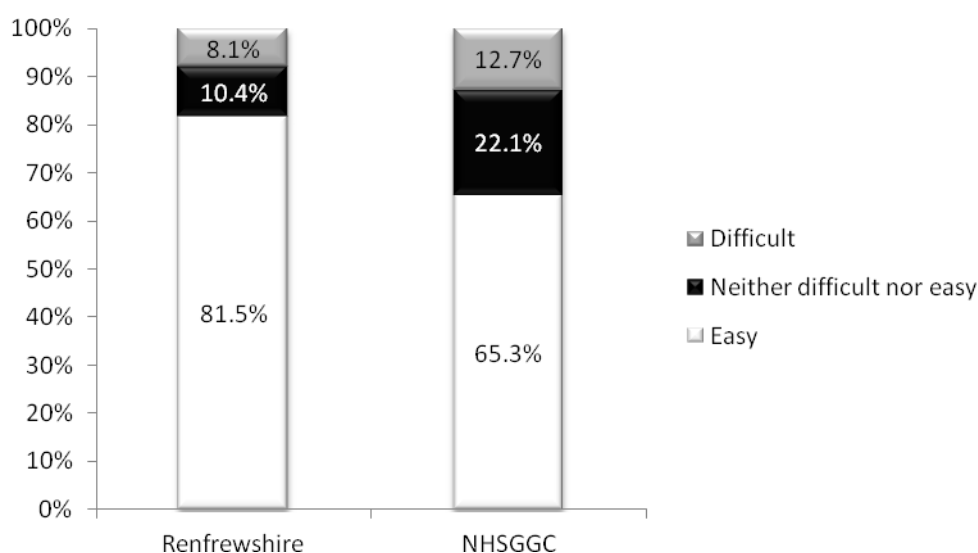
Obtaining an Appointment at the Hospital

Just over four in five (82%) respondents said that it was easy to obtain a hospital appointment, 10% said that it was neither easy nor difficult and one in 12 (8%) said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to obtain a hospital appointment (82% Renfrewshire; 65% NHSGGC).

Figure 3.9: Difficulty/Ease of Getting Appointment an at Hospital (Q12c) - Renfrewshire and NHS Greater Glasgow & Clyde



Men were more likely than women to say it was easy to get a hospital appointment.

Table 3.7: Difficulty/Ease of Getting Appointment at Hospital (Q12c) by Gender

	Difficult	Neither	Easy	Unweighted base (n)
Men	4%	7%	89%	140
Women	11%	12%	77%	253
All	8%	10%	82%	393

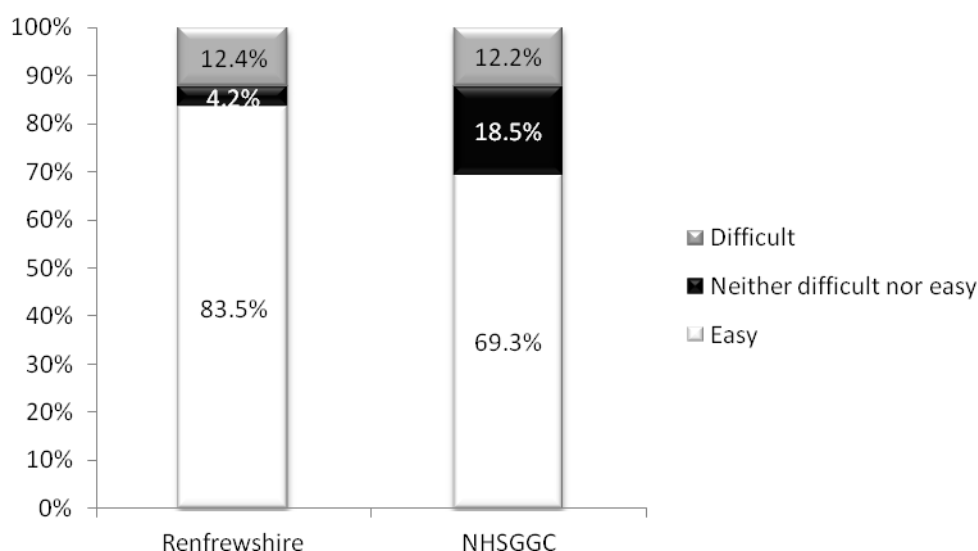
Getting a Consultation at GP Surgery within 48 Hours

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 four in five (83%) said that it was easy, 4% said that it was neither easy nor difficult and 12% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say it was easy to get a GP consultation within 48 hours (83% Renfrewshire; 69% NHSGGC).

Figure 3.10: Difficulty/Ease of Getting a Consultation at GP Surgery within 48 Hours (Q12f) - Renfrewshire and NHS Greater Glasgow & Clyde



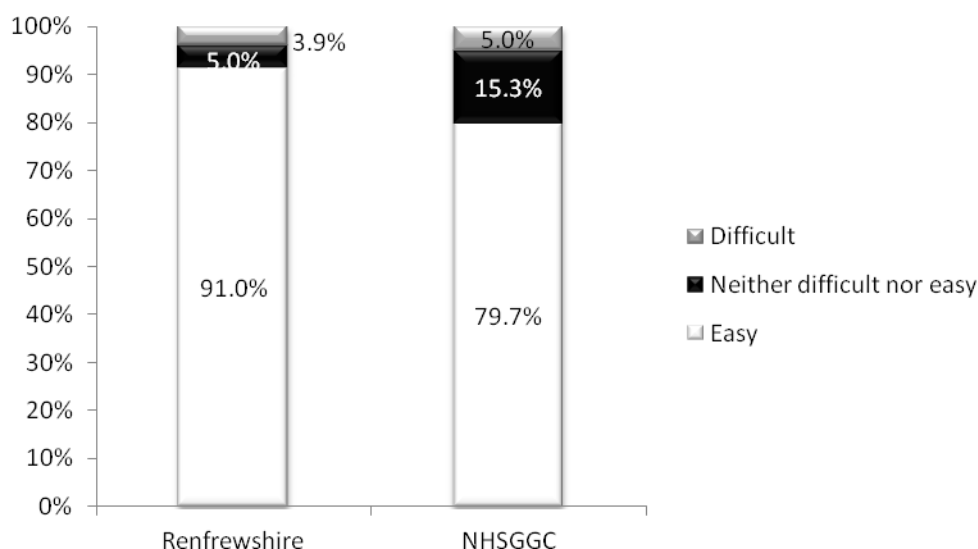
Accessing Health Services in an Emergency

Nine in ten (91%) respondents said that it was easy to access health services in an emergency, while 5% said that it was neither easy nor difficult and 4% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to access health services in an emergency (91% Renfrewshire; 80% NHSGGC).

**Figure 3.11: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b)
- Renfrewshire and NHS Greater Glasgow & Clyde**



Men were more likely than women to say it was easy to access health services in an emergency.

**Table 3.8: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b)
by Gender**

	Difficult	Neither	Easy	Unweighted base (n)
Men	1%	5%	94%	162
Women	6%	5%	89%	297
All	4%	5%	91%	459

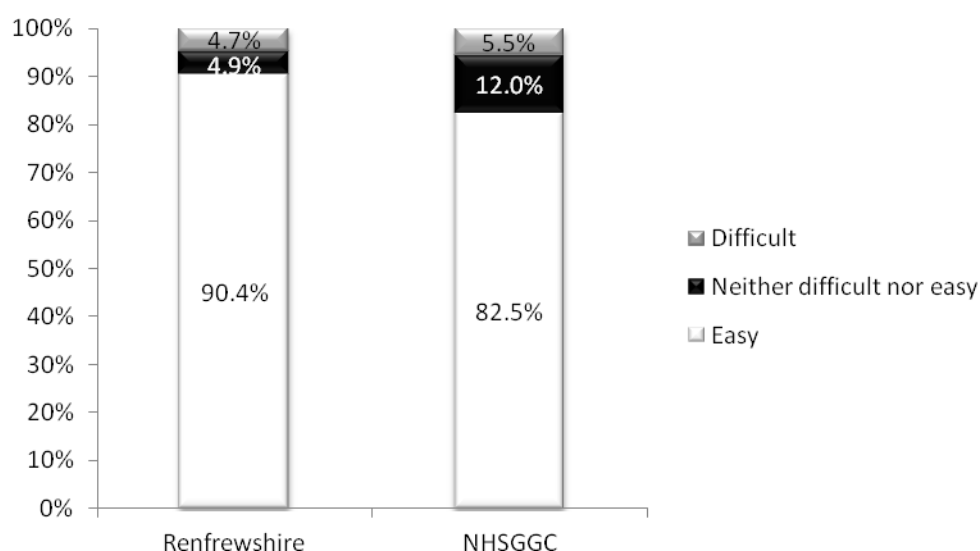
Getting an Appointment to See the Dentist

Nine in ten (90%) respondents said that it was easy to get an appointment to see the dentist, while 5% said that it was neither easy nor difficult and 5% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was easy to get an appointment to see the dentist (90% Renfrewshire; 83% NHSGGC).

**Figure 3.12: Difficulty/Ease Of Getting an Appointment to see the Dentist (Q12e)
- Renfrewshire and NHS Greater Glasgow & Clyde**



Men were more likely than women to say it was easy to get an appointment to see the dentist.

**Table 3.9: Difficulty/Ease of Getting an Appointment to see the Dentist (Q12e)
by Gender**

	Difficult	Neither	Easy	Unweighted base (n)
Men	1%	3%	96%	205
Women	8%	6%	86%	337
All	5%	5%	90%	542

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)	44%	582
Current smoker (Q16)	24%	582
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17)	46%	159
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	19%	582
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23)	27%	295
Binge drinker in the past week (based on all respondents) (Q23)	34%	582
Binge drinker in the past week (based on all those who drank at all in the past week) (Q23)	62%	295
Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31)	30%	582
Participated in at least one sport or activity in the last week (Q32)	90%	582
Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25)	33%	582
Consumes at least 2 portions of oily fish per week (Q27)	22%	582
Consumes at least 2 portions of high fat snacks per day (Q26)	42%	582
Body Mass Index of 25 or over(Q28 & Q29)	55%	516
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	82%	516
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	76%	516

Just over two in five (44%) 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 four (24%) respondents were smokers, smoking on at least some days.

Just under half (46%) of respondents drank alcohol weekly. Those aged under 65 were more likely than older people to drink alcohol weekly and men were more likely than women to drink alcohol weekly.

One in five (19%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 27% of those who had drunk alcohol in the last week. Those aged under 45 and men were more likely to exceed the recommended weekly limit for alcohol.

One in three (34%) respondents had been binge drinkers in the previous week. This equates to 62% of all those who had drunk alcohol in the last week. Those aged under 45 and men were more likely to be binge drinkers.

Three in ten (30%) respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those aged under 65 were more likely than older respondents to meet this target.

Nine in ten (90%) respondents had participated in at least one sport or activity in the last week. Men were more likely than women to have participated in a sport or activity in the last week.

A third (33%) of respondents met the target of consuming five or more portions of fruit/vegetables per day.

One in five (22%) respondents consumed two or more portions of oily fish per week. Those aged under 45 were less likely to consume two or more portions of oily fish per week.

Just over two in five (42%) respondents exceeded the recommended limit of one high fat/sugary snack per day.

Just over half (55%) of respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, one in four (25%) were obese. Those aged 45-64 were more likely to be obese.

Four in five (82%) 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 2.54. Men tended to exhibit more unhealthy behaviours than women.

Three in four (76%) 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 2.32. Men tended to exhibit fewer healthy behaviours than women.

4.2 Smoking

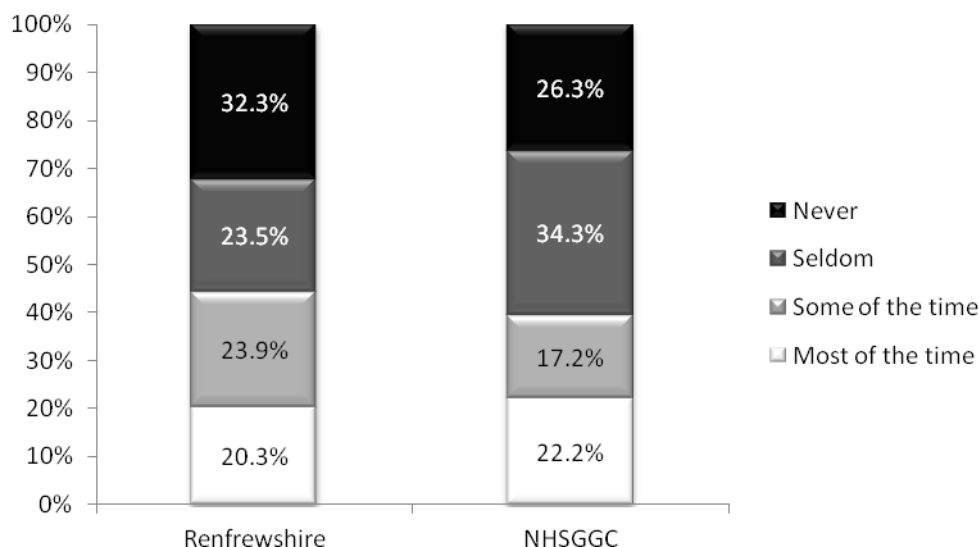
Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. Just over two in five (44%) said that this happened most of the time (20%) or some of the time (24%). A further 24% said that they were seldom exposed to second hand smoke and 32% said they were never exposed.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say they were exposed to second hand smoke most or some of the time (44% Renfrewshire; 39% NHSGGC).

Figure 4.1: Exposure to Second Hand Smoke (Q15) - Renfrewshire and NHSGGC



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	22%	29%	23%	26%	51%	206
45-64	21%	23%	25%	32%	44%	193
65+	14%	12%	23%	51%	26%	183
All	20%	24%	24%	32%	44%	582

Smokers

One in four (24%) respondents were smokers, smoking either every day (22%) or some days (3%).

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be smokers (24% Renfrewshire; 29% NHSGGC).

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 14.9. In total, 46% of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

Two in five (41%) smokers said that they intend to stop smoking, while 39% said they did not and 20% were unsure.

4.3 Drinking

Frequency of Drinking Alcohol

One in five (19%) respondents said that they never drank alcohol, 35% drank alcohol sometimes, but less than weekly and 46% drank alcohol at least once a week (including 13% who drank alcohol on three or more days per week).

Those aged under 65 were more likely than older respondents to drink alcohol weekly. Those aged 65 or over were the most likely to never drink alcohol. Men were more likely than women to say they drank alcohol at least once a week. This is shown in Table 4.3.

Table 4.3: Frequency of Drinking Alcohol (Q19) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-44	14%	35%	50%	206
45-64	14%	40%	46%	193
65+	37%	27%	35%	183
Men	14%	33%	54%	223
Women	23%	38%	39%	359
All	19%	35%	46%	582

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. In total, 54% of respondents said they had drunk alcohol in the past week (therefore just slightly higher than the 46% 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, 19% of all respondents exceeded their weekly limit. This equates to 34% of all those who had drunk alcohol in the last week.

Those aged under 45 were the most likely to exceed the recommended weekly limit for alcohol and those aged 65 or over were the least likely. Men were more likely than women to exceed the recommended weekly alcohol limit.

Table 4.4: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Age and Gender

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Age:			
16-44	23%	18%	206
45-64	20%	16%	193
65+	5%	3%	183
Men	25%	18%	223
Women	13%	11%	359
All	19%	14%	582

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, 34% of all respondents had been binge drinkers during the previous week. This equates to 62% of all those who had consumed alcohol in the previous week.

Those aged 65 or over were the least likely to be binge drinkers and those aged under 45 were the most likely. Men were more likely than women to be binge drinkers. This is shown in Table 4.5.

Table 4.5: 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	44%	38%	206
45-64	30%	27%	193
65+	12%	9%	182
Men	48%	43%	223
Women	21%	17%	359
All	34%	29%	582

Alcohol Free Days

Most (98%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 95% of those who had drunk alcohol in the previous week.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have had two or more alcohol-free days in the previous week (98% Renfrewshire; 96% NHSGGC).

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. Three in ten (31%) 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 2.07.

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. Fourteen percent said that they had not done this on any day in the last week, and 16% said they had done this every day in the last week. The mean number of days was 3.33.

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

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were much less likely than those in the NHS Greater Glasgow & Clyde area as a whole to meet the target for physical activity (30% Renfrewshire; 51% NHSGGC).

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

Table 4.6: 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	33%	206
45-64	33%	193
65+	18%	183
All	30%	582

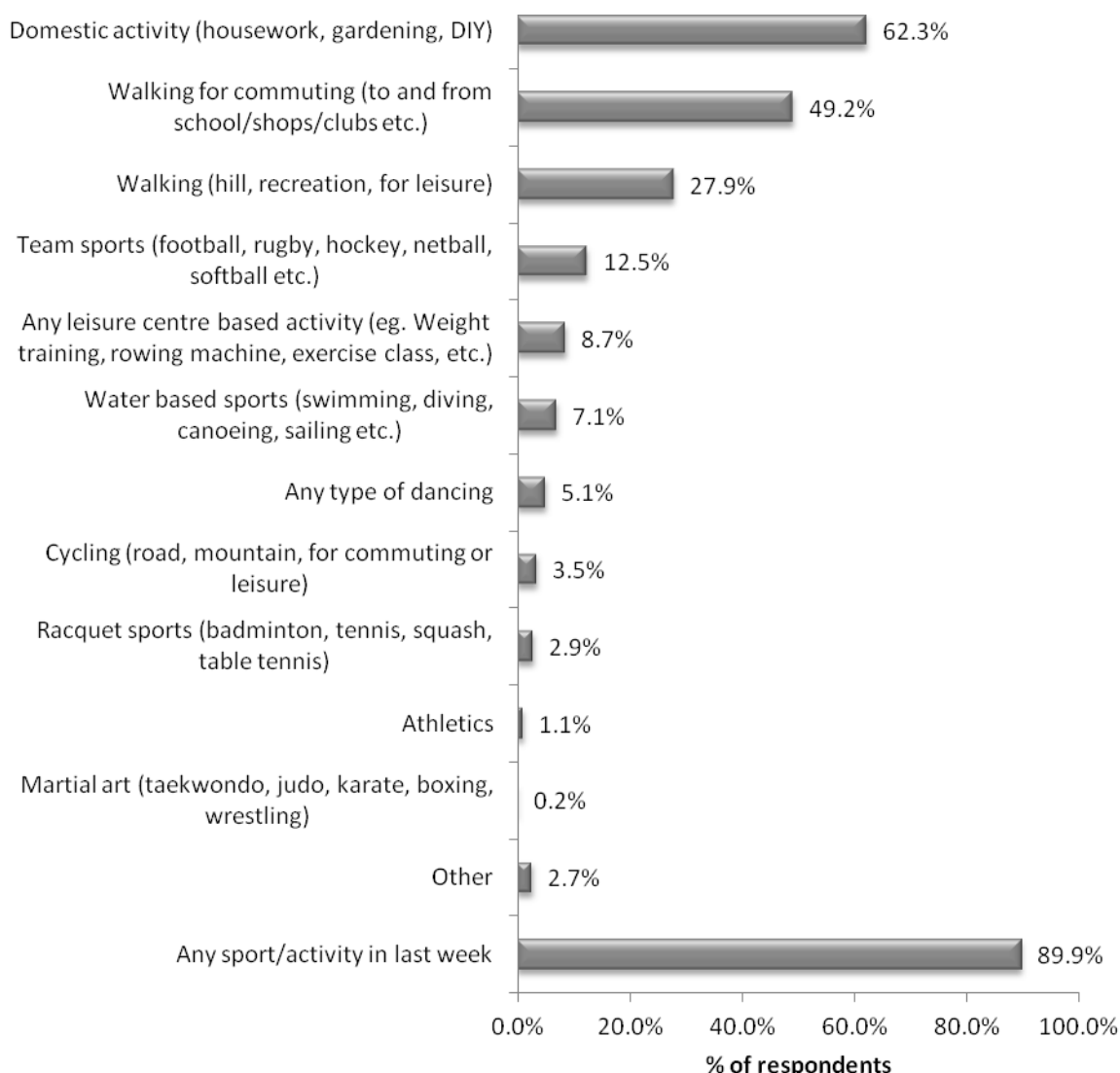
Participation in Sport and Activities in the Last Week

Respondents were asked whether they had participated in specific sports and activities in the last week. Responses are shown in Figure 4.2. Overall, nine in ten (90%) respondents

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.

had participated in at least one sport or activity in the last week. The most common types of activity were domestic activity, walking for commuting and walking for recreation.

Figure 4.2: Proportion Participating in Sports in the Last Week



Comparison with NHS Greater Glasgow & Clyde

Overall those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area to have taken part in:

- Walking for commuting (49% Renfrewshire; 58% NHSGGC);
- Walking for recreation (28% Renfrewshire; 35% NHSGGC);
- Leisure centre based activity (9% Renfrewshire; 16% NHSGGC); and
- Cycling (3% Renfrewshire; 5% NHSGGC).

Women were less likely than men to have participated in at least one sport or activity in the previous week.

Table 4.7: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Gender

	Participated in Sport/Activity	Unweighted base (n)
Men	93%	223
Women	86%	359
All	90%	582

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, 12% used active travel, 69% used personal travel and 18% used shared travel.

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 a third (33%) of respondents met this target. Five percent had no fruit or vegetables in a day.

Oily Fish

One in five (22%) respondents ate two or more portions of oily fish per week.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to eat two or more portions of oily fish per week (22% Renfrewshire; 28% NHSGGC).

Those aged under 45 were less likely than older respondents to consume two or more portions of oily fish per week.

Table 4.8: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Age

	Two or More Portions	Unweighted base (n)
Age:		
16-44	16%	206
45-64	27%	193
65+	29%	183
All	22%	582

High Fat and Sugary Snacks

Two in five (42%) 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

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to consume two or more high fat/sugary snacks per day (42% Renfrewshire; 36% NHSGGC).

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, just over half (55%) of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 25% of respondents were classified as obese.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to be obese (25% Renfrewshire; 19% NHSGGC).

Those aged 45-64 were the most likely to be obese. Men were more likely than women to be overweight, although men and women were equally likely to be obese.

Table 4.9: 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	2%	53%	29%	15%	1%	20%	184
45-64	1%	33%	41%	25%	1%	33%	170
65+	2%	42%	37%	18%	1%	26%	162
Men	1%	39%	40%	19%	<1%	25%	198
Women	2%	49%	29%	19%	1%	25%	318
All	1%	46%	34%	19%	1%	25%	516

4.7 Unhealthy and Healthy Behaviour Indices

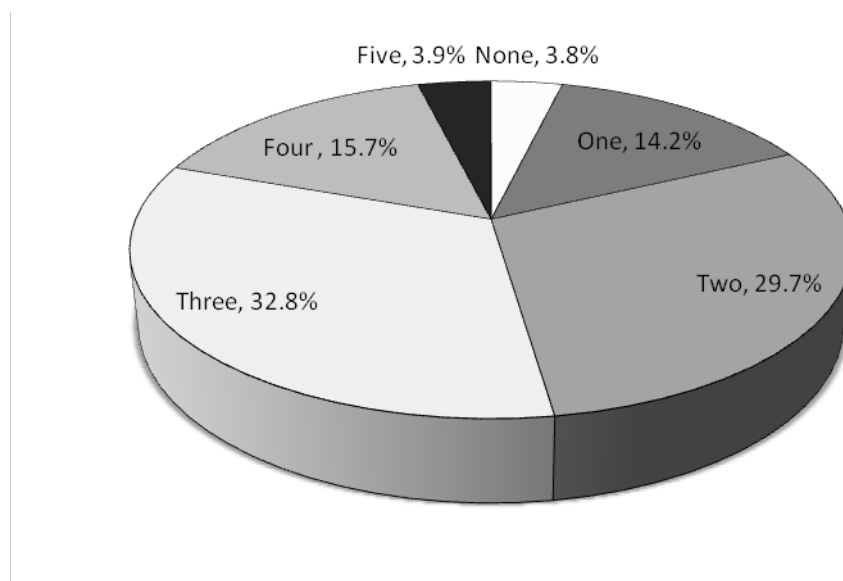
An Unhealthy Behaviour Index

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 4.3 shows that most respondents (96%) exhibited at least one of these behaviours, but just 4% exhibited all five. The mean number of unhealthy behaviours was 2.54.

Figure 4.3: Number of Unhealthy Behaviours Exhibited
Unweighted N=516



Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire had a higher mean number of unhealthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole (2.54 Renfrewshire; 2.24 NHSGGC).

Men tended to exhibit more unhealthy behaviours than women.

Table 4.10: Mean Number of Unhealthy Behaviours by Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Men	2.86	198
Women	2.29	318
All	2.54	516

A Healthy Behaviour Index

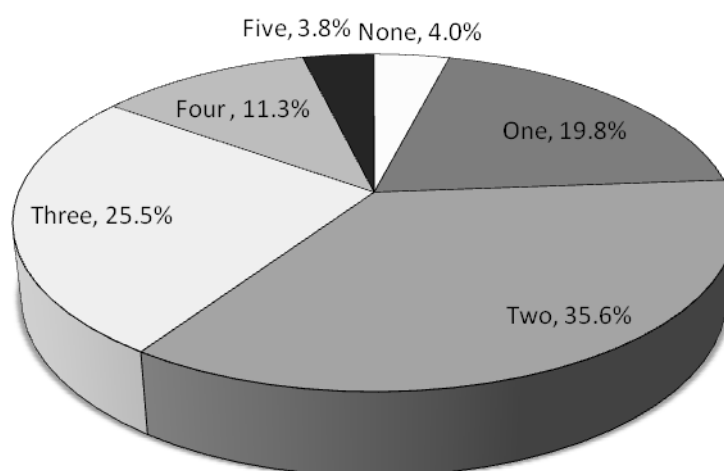
A 'healthy behaviour index' was also developed, which examined the extent to which respondents exhibited multiple healthy behaviours. The five healthy behaviours used in the index were:

- 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 4.4 shows that most (96%) exhibited at least one healthy behaviour, and 4% of respondents exhibited all five. The mean number of healthy behaviours was 2.32.

Figure 4.4: Number of Healthy Behaviours Exhibited

Unweighted base=516



Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire tended to exhibit fewer healthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole (2.32 Renfrewshire; 2.64 NHSGGC).

Women tended to exhibit more healthy behaviours than men.

Table 4.11: Mean Number of Healthy Behaviours by Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Men	2.06	198
Women	2.53	318
All	2.32	516

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)	8%	582
Feel I belong to the local area (Q40b)	84%	582
Feel valued as a member of the community (Q40d)	64%	578
People in my neighbourhood can influence decisions (Q40f)	68%	560
Identify with a religion (Q60)	56%	579
Treated offensively in last three months (Q61)	4%	581
Feel safe in own home (Q43c)	99%	581
Feel safe using public transport (Q43a)	92%	531
Feel safe walking alone even after dark (Q43b)	80%	547

One in 12 (8%) respondents felt isolated from family and friends. Women were more likely than men to feel isolated from family/friends.

More than four in five (84%) respondents agreed that they belonged to the local area. Those aged under 45 were less likely to agree with this.

Just under two in three (64%) 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.

Two in three (68%) respondents agreed that by working together local people could influence the decisions that affect their neighbourhood. Those aged under 65 were less likely to agree with this.

Just under three in five (56%) identified with a religion. Those aged under 45 and men were less likely to identify with a religion.

Four 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 (99%) respondents felt safe in their own home.

Just over nine in ten (92%) respondents felt safe using public transport in their local area.

Four in five (80%) 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 12 (8%) said they ever felt isolated from family and friends.

Women were more likely than men to feel isolated from family and friends.

Table 5.2: Feel Isolated from Family and Friends (Q41) by Gender

	Feel Isolated	Unweighted base (n)
Men	5%	223
Women	11%	359
All	8%	582

Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". More than four in five (84%) respondents agreed with this statement (6% strongly agreed and 78% agreed), 6% disagreed and 10% neither agreed nor disagreed.

The likelihood of agreeing that they belonged to the local area increased with age - ranging from 77% of 16-44 year olds to 95% of those aged 65 or over. This is shown in Table 5.3

Table 5.3: Belong to the Local Area (Q40b) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	77%	15%	7%	206
45-64	89%	6%	5%	193
65+	95%	3%	3%	183
All	84%	10%	6%	582

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". Just under two in three (64%) agreed with this statement (2% strongly agreed and 61% agreed); 10% disagreed and 26% 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.

Table 5.4: Feel Valued as a Member of the Community (Q40d) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	57%	30%	13%	205
45-64	63%	27%	10%	192
65+	84%	14%	2%	181
All	64%	26%	10%	578

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". Two in three (68%) agreed with this statement (3% strongly agreed and 65% agreed), while 6% disagreed and 26% neither agreed nor disagreed.

Those aged 65 or over were more likely than younger people to agree that local people can influence local decisions.

Table 5.5: Can Influence Decisions that Affect Neighbourhood (Q40f) by Age

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	64%	32%	5%	202
45-64	67%	24%	9%	182
65+	81%	16%	3%	176
All	68%	26%	6%	560

Religious Identity

Just under three in five (56%) respondents identified with a religion.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to identify with a religion (56% Renfrewshire; 61% NHSGGC).

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 5.6: Religious Identity (Q60) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age:		
16-44	40%	206
45-64	64%	190
65+	83%	183
Men	49%	221
Women	61%	358
All	56%	579

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 4.4% 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 5.7: Experience of Being Treated Offensively in Last Three Months (Q61) by Age

	Treated Offensively	Unweighted base (n)
Age:		
16-44	6.8%	205
45-64	2.2%	193
65+	0.9%	183
All	4.4%	581

5.3 Feelings of Safety

Feeling Safe in Own Home

Most people (99%) agreed that they felt safe in their own home (29% strongly agreed and 71% agreed).

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, 92% agreed with this (19% strongly agreed and 73% agreed), while 4% disagreed and 4% neither agreed nor disagreed.

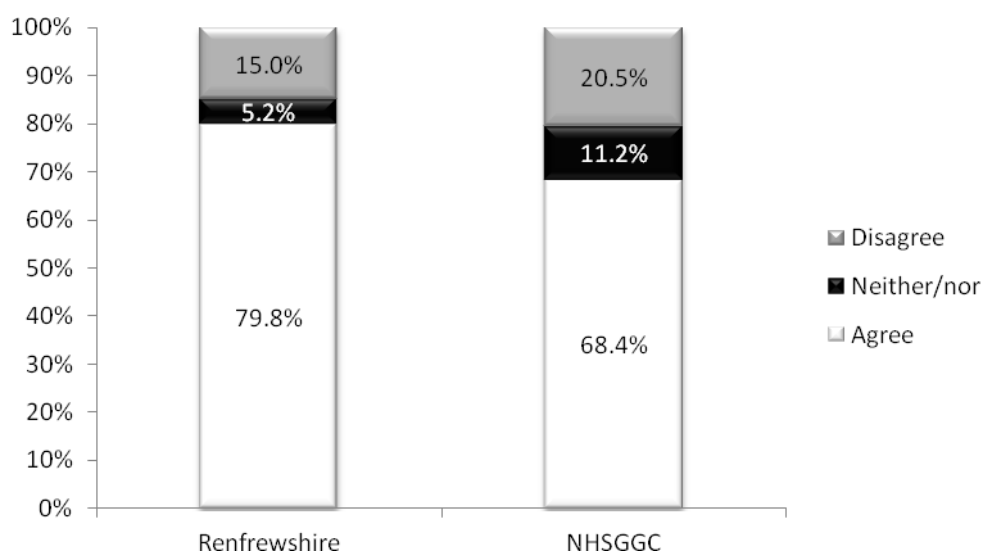
Feeling Safe Walking Alone in Local Area Even After Dark

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". Four in five (80%) respondents agreed with this statement (19% strongly agreed and 61% agreed), 15% disagreed and 5% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel safe walking in their area alone even after dark (80% Renfrewshire; 68% NHSGGC).

Figure 5.1: Feel Safe Walking Alone Even After Dark (Q43b) - Renfrewshire and NHS Greater Glasgow & Clyde



Those aged under 45 were the most likely to feel safe walking alone and those aged 65 or over were the least likely. Women were less likely than men to feel safe walking alone. This is shown in Table 5.8.

Table 5.8: Feel Safe Walking Alone Even After Dark (Q43b) by Age and Gender

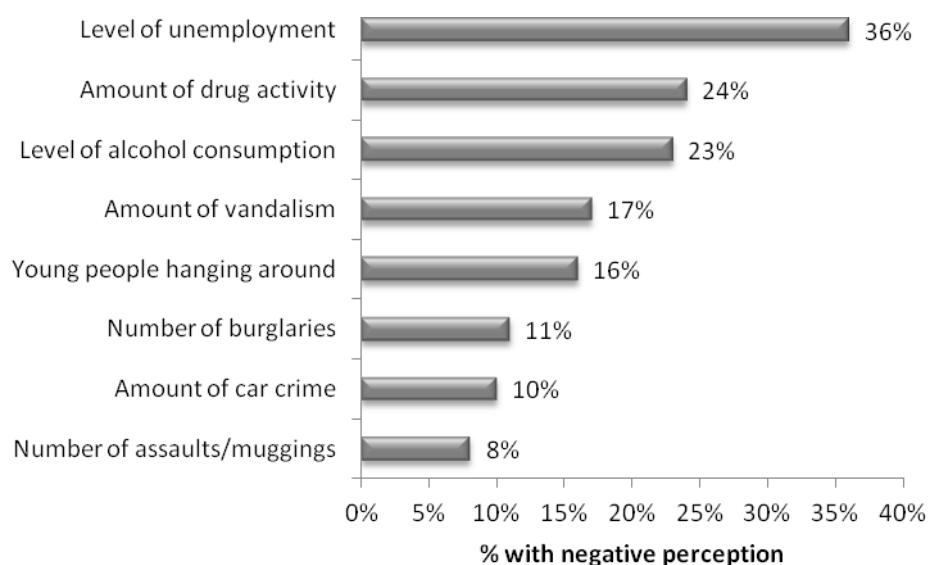
	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-44	87%	4%	10%	203
45-64	78%	4%	18%	184
65+	63%	11%	26%	160
Men	87%	5%	8%	218
Women	74%	5%	22%	329
All	80%	5%	15%	547

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 unemployment, the amount of drug activity and the level of alcohol consumption.

Figure 5.2: Negative Perception of Social Issues in the Local Area (Q38a-h)



Level of Unemployment

Just over one in three (36%) respondents had a negative perception of the level of unemployment in their area.

Amount of Drug Activity

One in four (24%) respondents gave a negative perception of the amount of drug activity in their local area.

Those aged under 65 were more likely than older people to have a negative perception of the amount of drug activity in their area.

Table 5.9: Negative Perception of Amount of Drug Activity (Q38e) by Age

	Negative Perception	Unweighted base (n)
Age:		
16-44	27%	182
45-64	26%	161
65+	13%	140
All	24%	483

Level of Alcohol Consumption

Just under a quarter (23%) of respondents gave a negative perception of the level of alcohol consumption in their area.

Those aged under 65 were more likely than older people to have a negative perception of the level of alcohol consumption in their area.

Table 5.10: Negative Perception of Level of Alcohol Consumption (Q38f) by Age

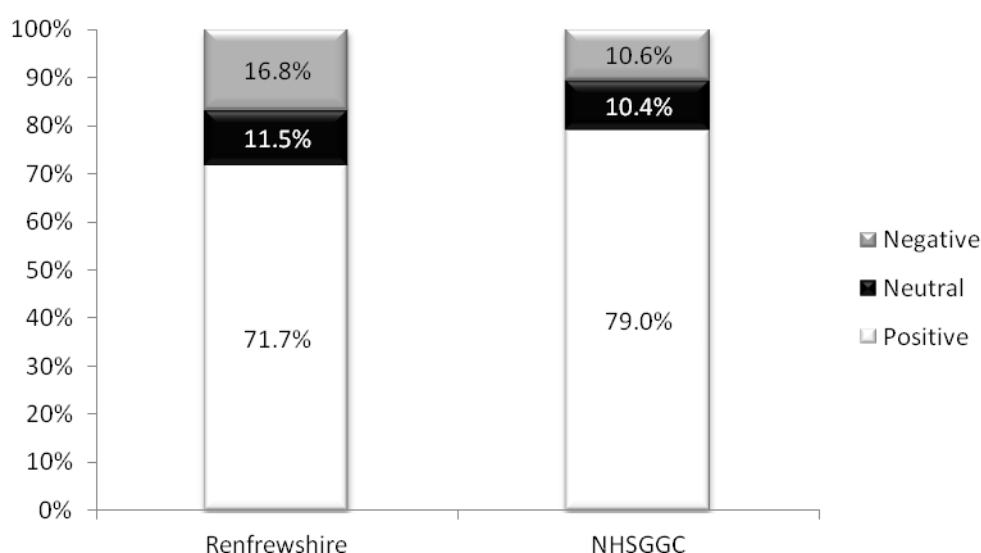
	Negative Perception	Unweighted base (n)
Age:		
16-44	26%	183
45-64	24%	159
65+	12%	141
All	23%	483

Amount of Vandalism

One in six (17%) respondents gave a negative perception of the amount of vandalism in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of vandalism in their area (17% Renfrewshire; 11% NHSGGC).

Figure 5.3: Perception of Amount of Vandalism (Q38c) - Renfrewshire and NHS Greater Glasgow & Clyde

Those aged under 45 were the most likely to have a negative perception of vandalism in their area and those aged 65 or over were the least likely.

Table 5.11: Negative Perception of Amount of Vandalism (Q38c) by Age

	Negative Perception	Unweighted base (n)
Age:		
16-44	22%	196
45-64	15%	186
65+	7%	167
All	17%	549

Young People Hanging Around

Sixteen percent of respondents had a negative perception of young people hanging around in their local area.

Those aged 65 or over were less likely than younger people to have a negative perception of young people hanging around in their area.

Table 5.12: Negative Perception of Young People Hanging Around (Q38g) by Age

	Negative Perception	Unweighted base (n)
Age:		
16-44	18%	201
45-64	19%	186
65+	7%	165
All	16%	552

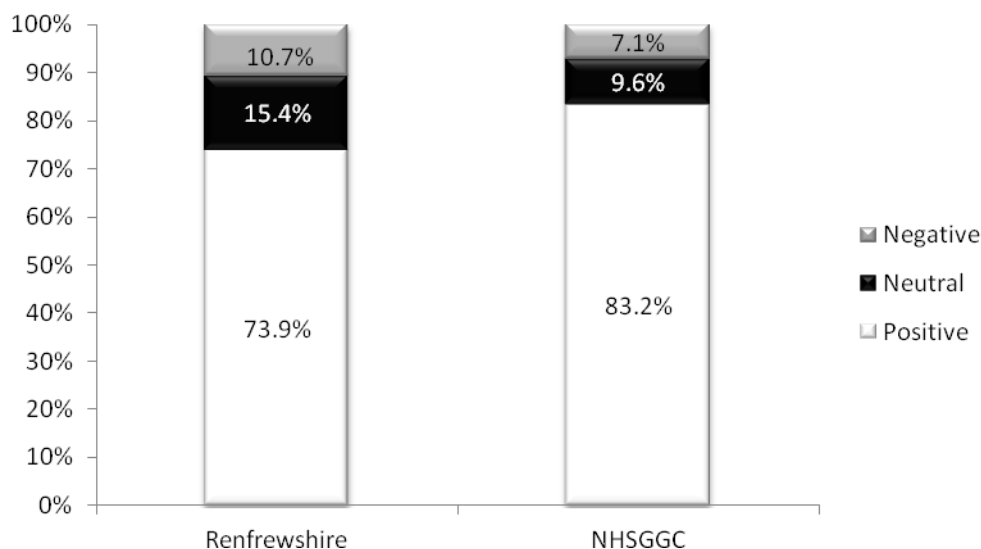
Number of Burglaries

One in nine (11%) respondents expressed a negative perception of the number of burglaries in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the number of burglaries in their area (11% Renfrewshire; 7% NHSGGC).

Figure 5.4: Perception of Number of Burglaries (Q38b) - Renfrewshire and NHS Greater Glasgow & Clyde



Amount of Car Crime

One in ten (10%) respondents gave a negative perception of the amount of car crime in their area.

Those aged 65 or over were the least likely to have a negative perception of the amount of car crime in their area.

Table 5.13: Negative Perception of Amount of Car Crime (Q38h) by Age

	Negative Perception	Unweighted base (n)
Age:		
16-44	10%	187
45-64	14%	180
65+	3%	158
All	10%	525

Number of Assaults/Muggings

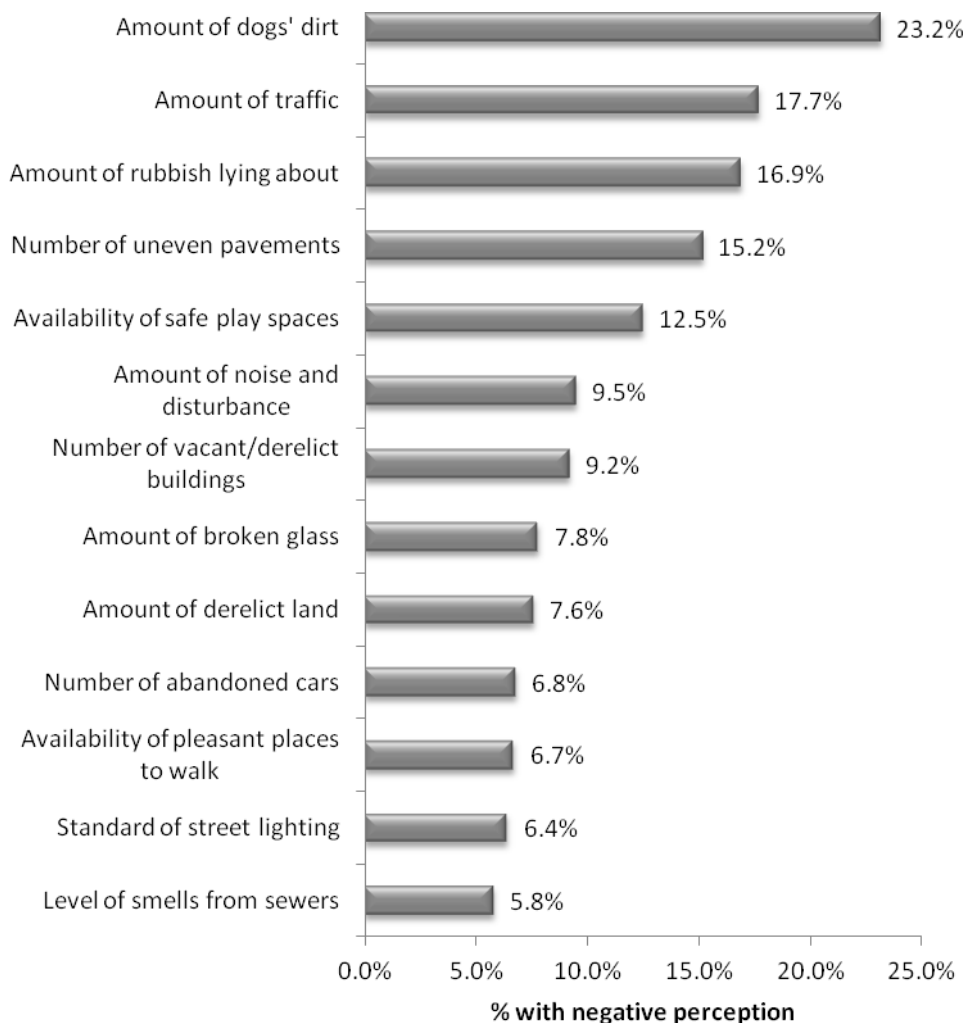
One in twelve (8%) respondents had a negative perception of the number of assaults/muggings in their area.

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), respondents 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 amount of dogs' dirt (23%), the amount of traffic (18%) and the amount of rubbish lying about (17%),

Figure 5.5: Negative Perception of Environmental Issues in the Local Area (Q39a-m)



Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of:

- Amount of traffic (18% Renfrewshire; 13% NHSGGC);
- Amount of rubbish lying about (17% Renfrewshire; 12% NHSGGC);
- Number of vacant/derelict buildings (9% Renfrewshire; 6% NHSGGC);
- Number of abandoned cars (7% Renfrewshire; 3% NHSGGC);
- Standard of street lighting (6% Renfrewshire; 4% NHSGGC);
- Level of smells from sewers (6% Renfrewshire; 4% NHSGGC).

However, those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the availability of safe places to play (12% Renfrewshire; 16% NHSGGC) or pleasant places to walk (7% Renfrewshire; 11% NHSGGC).

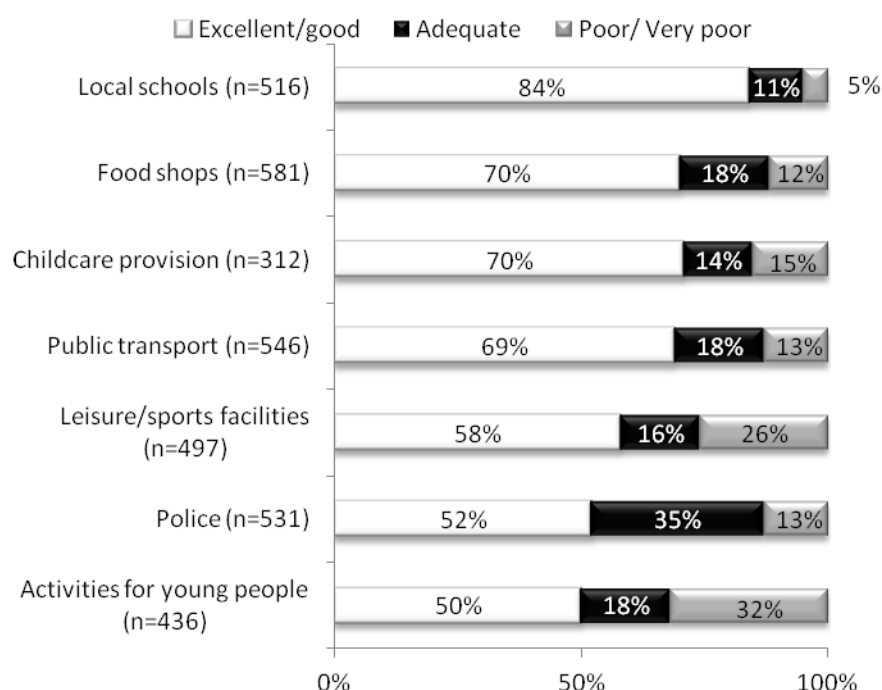
5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.6 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 5.6 shows the number of respondents who gave a rating response for each service.

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

Figure 5.6: Perceived Quality of Local Services



Local Schools

Just over four in five (84%) respondents rated local schools positively, with a further 11% saying they were adequate and 5% saying they were poor.

Women were more likely than men to rate local schools positively.

Table 5.14: Perceived Quality of Local Schools (Q42b) by Gender

	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Men	87%	11%	2%		194
Women	81%	11%	7%		322
All	84%	11%	5%		516

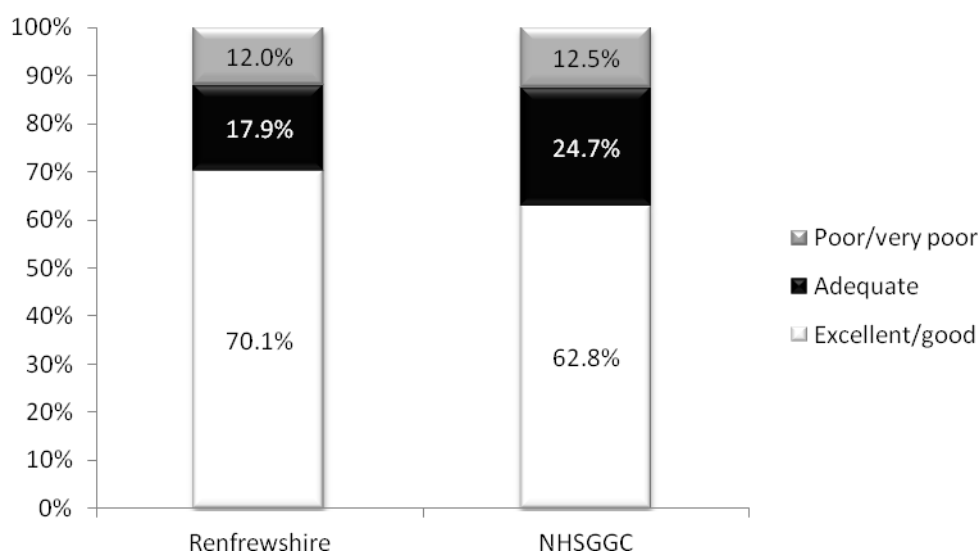
Food Shops

Seven in ten (70%) respondents had a positive view of local food shops while 18% said they were adequate and 12% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in 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% Renfrewshire; 63% NHSGGC).

Figure 5.7: Perceived Quality of Food Shops (Q42a) - Renfrewshire & NHS Greater Glasgow & Clyde



Those aged under 45 were more likely than older respondents to rate local food shops positively. Also, men were more likely than women to rate local food shops positively.

Table 5.15: Perceived Quality of Food Shops (Q42a) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Age:					
16-44	76%	14%	10%		206
45-64	66%	17%	16%		193
65+	61%	29%	10%		182
Men	75%	17%	9%		222
Women	66%	19%	15%		359
All	70%	18%	12%		581

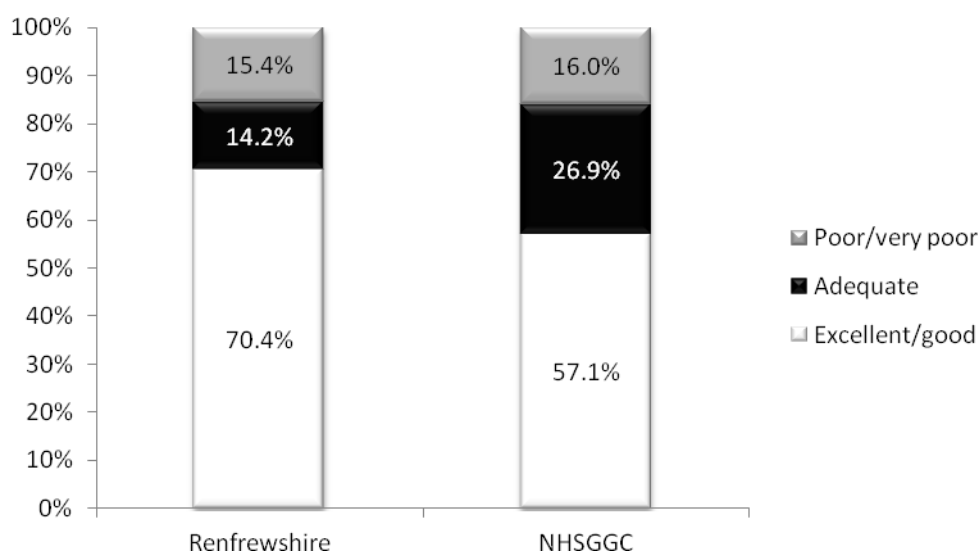
Childcare Provision

Seven in ten (70%) respondents rated local childcare provision positively while 14% said it was adequate and 15% said it was poor.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local childcare provision positively (70% Renfrewshire; 57% NHS Greater Glasgow & Clyde).

Figure 5.8: Perceived Quality of Childcare Provision (Q42f) - Renfrewshire and NHS Greater Glasgow & Clyde



Men were more likely than women to give a positive rating of local childcare.

Table 5.16: Perceived Quality of Childcare Provision (Q42f) by Gender

	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Men	76%	16%	8%		107
Women	66%	13%	21%		205
All	70%	14%	15%		312

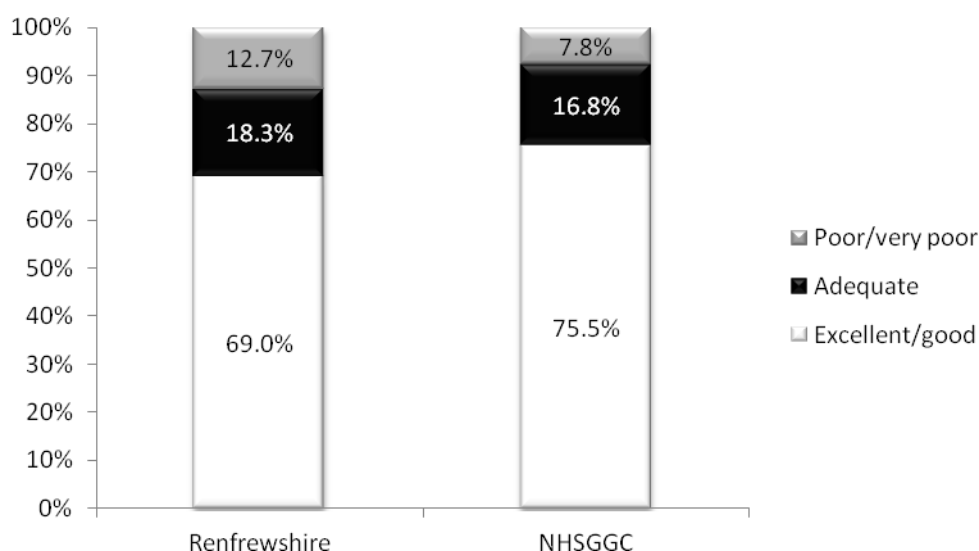
Public Transport

Just under seven in ten (69%) respondents rated public transport positively, while 18% said it was adequate and 13% considered it poor.

Comparison with NHS Greater Glasgow & Clyde

Those in 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 (69% Renfrewshire; 75% NHSGGC).

Figure 5.9: Perceived Quality of Public Transport (Q42c) - Renfrewshire and NHS Greater Glasgow & Clyde



Those aged under 45 were the most likely to rate public transport positively and those aged 65 or over were the least likely.

Table 5.17 Perceived Quality of Public Transport (Q42c) by Age

	Excellent/ Good	Adequate	Poor/ Poor	Very	Unweighted base (n)
Age:					
16-44	74%	16%	10%		189
45-64	67%	15%	18%		180
65+	60%	28%	12%		177
All	69%	18%	13%		546

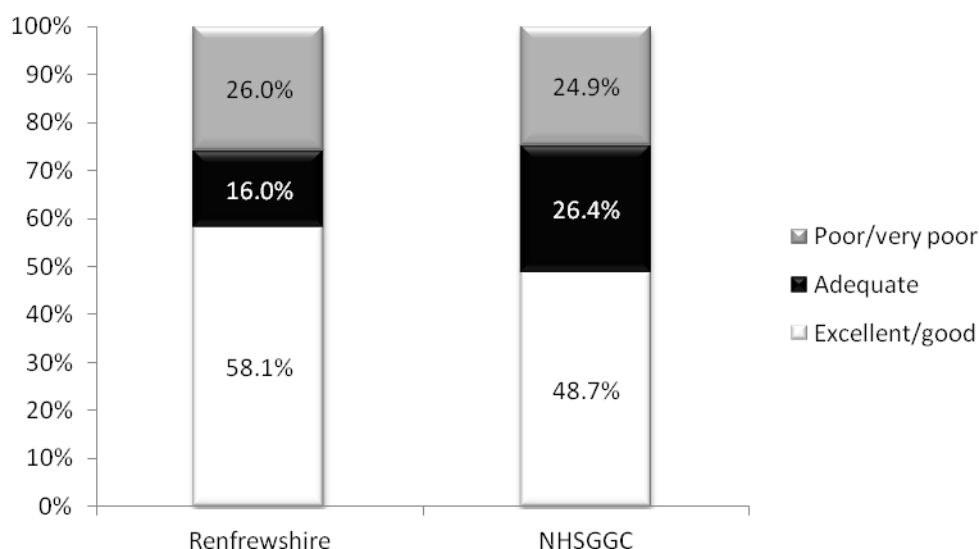
Leisure/Sports Facilities

Just under three in five (58%) of respondents gave a positive rating of local leisure/sports facilities while 16% said they were adequate and 26% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local leisure/sports facilities positively (58% Renfrewshire; 49% NHSGGC).

Figure 5.10: Perceived Quality of Leisure/Sports Facilities (Q42e) - Renfrewshire and NHS Greater Glasgow & Clyde



Police

Just over half (52%) of respondents rated the local police service positively while 35% said it was adequate and 13% said it was poor.

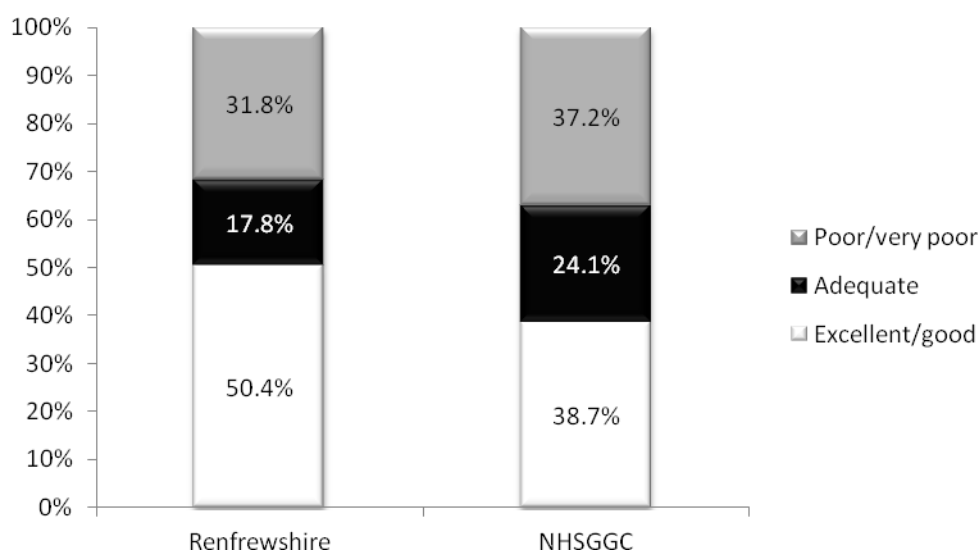
Activities for Young People

Half (50%) of respondents rated the quality of activities for young people positively, 18% said they were adequate and 32% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local activities for young people positively (50% Renfrewshire; 39% NHSGGC).

Figure 5.11: Perceived Quality of Activities for Young People (Q42d) - Renfrewshire and NHSGGC



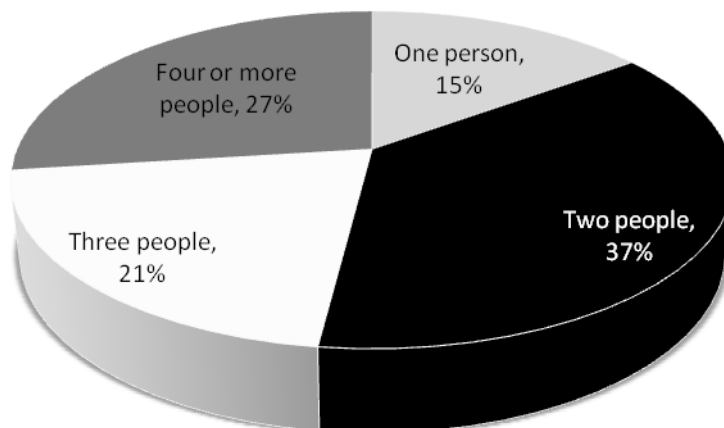
5.7 Individual Circumstances

Household Size

Fifteen percent of respondents lived alone. Figure 5.12 shows the breakdown of household size in Renfrewshire.

Figure 5.12: Household Size

(Base: 582)



Ethnicity

Respondents were asked their ethnicity. The vast majority (98%) identified themselves as White. The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

Marital Status

Just under two in three (64%) of respondents were married, in a civil partnership or living with their partner.

The age group most likely to describe themselves as married or cohabiting was 45-64 year olds, of whom 78% were married, in a civil partnership or living with their partner.

Caring Responsibilities

Seven 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. More than two in five (43%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 14.7.

Those aged 45-64 or were the most likely to be carers (12% in this age group had caring responsibilities). Women were more likely than men to be carers (11% and 3% respectively).

Educational Qualifications

One in seven (14%) respondents had no educational qualifications.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to say they had no qualifications (14% Renfrewshire; 20% NHSGGC).

Those aged 65 or over were the most likely to say they had no qualifications (44%) and those aged under 45 were the least likely (3%).

Proportion of Household Income from State Benefits

A third (33%) 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.

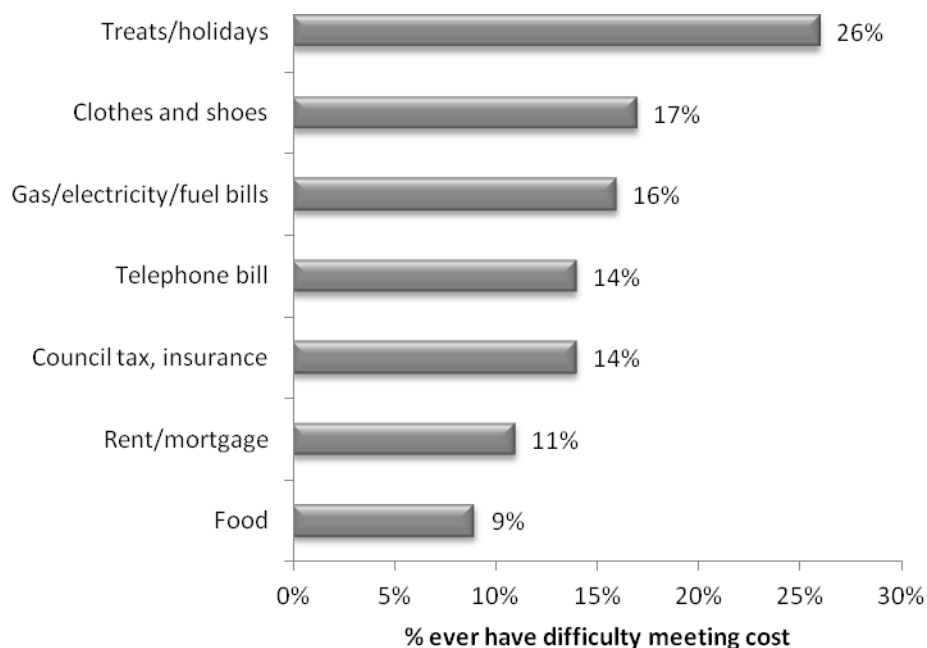
Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to receive any of their income from benefits (33% Renfrewshire; 51% NHSGGC).

Difficulty Meeting the Cost of Specific Expenses

Figure 5.13 shows the proportion of respondents in Renfrewshire who said they ever had difficulty meeting specific expenses

Figure 5.13: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q51)



Comparison with NHS Greater Glasgow & Clyde

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

- rent/mortgage (11% Renfrewshire; 15% NHSGGC);
- fuel bills (16% Renfrewshire; 24% NHSGGC);
- telephone bill (14% Renfrewshire; 19% NHSGGC);
- food (9% Renfrewshire; 17% NHSGGC);
- treats/holidays (26% Renfrewshire; 45% NHSGGC);

- clothes and shoes (17% Renfrewshire; 32% NHSGGC).

All together, 22% 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 37% of those in the NHS Greater Glasgow & Clyde area as a whole.

Difficulty Finding Unexpected Sums

Six percent said that they would have a problem meeting an unexpected expense of £20; one in three (34%) said they would have a problem meeting an unexpected expense of £100 and 77% would have a problem finding £1,000 for an unexpected expense.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area to say they would have difficulty meeting unexpected costs of £20 (6% Renfrewshire; 11% NHSGGC).

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 two in three (64%) respondents lived in households where the main wage earner was economically active (in or looking for work).

Sexual Orientation

The vast majority (99.9%) of respondents described their sexual orientation as heterosexual.

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)	71%	581
Positive perception of local area as a place to bring up children (Q37)	66%	573
Positive perception of reciprocity (Q40a)	78%	579
Positive perception of trust (Q40e)	85%	578
Value local friendships (Q40c)	84%	582
Positive perception of social support (Q40g)	88%	578

In total 71% of respondents had a positive perception of their local area as a place to live and 66% had a positive perception of their local area as a place to bring up children.

Four in five (78%) had a positive view of reciprocity in their area and 85% had a positive view of trust in their area. Those aged under 65 were less likely than older respondents to have positive views of reciprocity or trust.

Just over four in five (84%) respondents valued local friendships. Those aged under 65 were less likely than older respondents to value local friendships.

Just under nine in ten (88%) had a positive view of social support.

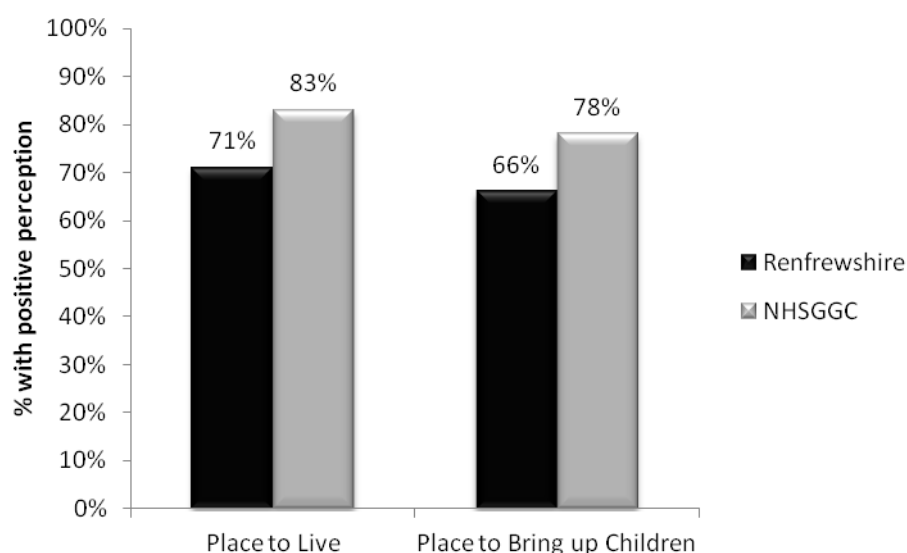
6.2 View of Local Area

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, 71% had a positive view of their area as a place to live and 66% had a positive view of the area as a place to bring up children.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their area as a place to live (71% Renfrewshire; 83% NHSGGC) or to bring up children (66% Renfrewshire; 78% NHSGGC).

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



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, 78% were positive about reciprocity and 85% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of trust (85% Renfrewshire; 77% NHSGGC).

Those aged under 45 were the least likely to have positive perceptions of reciprocity. Those aged under 65 were less likely than older respondents to have a positive view of 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	74%	206	82%	204
45-64	80%	191	83%	192
65+	88%	182	94%	182
All	78%	579	85%	578

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, 84% agreed with this statement.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to value local friendships (84% Renfrewshire; 78% NHSGGC).

Those aged under 65 were less likely than older respondents to value local friendships.

Table 6.3 Proportion Value Local Friendships (Q40c) by Age

	Value Local Friendships	Unweighted base (n)
Age:		
16-44	81%	206
45-64	82%	193
65+	95%	183
All	84%	582

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, 88% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde

Those in Renfrewshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of social support (88% Renfrewshire; 84% NHSGGC).

7 Summary of Comparisons with NHS Greater Glasgow & Clyde

7.1 Indicators Showing More Favourable Findings

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

- More likely to have a positive view of their general health;
- More likely to definitely feel in control of the decisions affecting their life;
- Less likely to have a limiting condition or illness;
- Less likely to be receiving treatment for at least one condition or illness;
- Less likely to be receiving treatment for stress related conditions;
- Less likely to have a high GHQ12 score;
- More likely to brush their teeth twice a day or more;
- More likely to have visited the dentist within the last six months;
- More likely to definitely feel they were given adequate information about their condition or treatment;
- More likely to definitely feel they were encouraged to participate in decisions affecting their health/treatment;
- More likely to definitely feel they had a say in how health services are delivered;
- More likely to definitely feel their views and circumstances are understood and valued (in relation to health services);
- More likely to say it was easy to travel to hospital for an appointment;
- More likely to say it was easy to get a GP appointment;
- More likely to say it was easy to get a hospital appointment;
- More likely to say it was easy to get a GP consultation within 48 hours;
- More likely to say it was easy to access health services in an emergency;
- More likely to say it was easy to get an appointment to see the dentist;
- Less likely to be a smoker;
- More likely to feel safe walking alone in their area even after dark;
- Less likely to have a negative perception of the availability of safe places to play in their area;
- Less likely to have a negative perception of the availability of pleasant places to walk in their area;
- More likely to give a positive rating of the following local services:
 - Childcare provision;
 - Leisure/sports facilities;
 - Activities for young people;
- Less likely to receive any income from benefits;
- Less likely to ever have difficulty meeting the cost of:
 - Rent/mortgage;
 - Fuel bills;
 - Telephone bills;
 - Food;
 - Treats/holidays;
 - Clothes and shoes;
- Less likely to have a problem meeting an unexpected cost of £20;
- More likely to have a positive view of trust in their area;
- More likely to value local friendships; and
- More likely to have a positive view of social support.

7.2 Indicators Showing Less Favourable Findings

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

- Less likely to have a positive perception of their physical wellbeing;
- Less likely to have a positive perception of their mental/emotional wellbeing;
- Less likely to have a positive perception of their happiness;
- Less likely to have a positive perception of their quality of life;
- More likely to be exposed to second hand smoke most or some of the time;
- Less likely to meet the target for moderate physical activity;
- Less likely to have taken part in the following sports/activities in the previous week:
 - Walking for commuting;
 - Walking for recreation;
 - Leisure centre based activities;
 - Cycling;
- Less likely to have consumed two or more portions of oily fish per week;
- More likely to exceed the recommended daily limit of one high fat/sugary snack per day;
- More likely to be obese;
- Less likely to identify with a religion;
- More likely to have a negative perception of vandalism in their area;
- More likely to have a negative perception of the number of burglaries in their area;
- More likely to have a negative perception of the following environmental issues in their area:
 - Amount of traffic;
 - Amount of rubbish lying about;
 - Number of vacant/derelict buildings;
 - Number of abandoned cars;
 - Standard of street lighting;
 - Level of smells from sewers;
- Less likely to give a positive rating of local public transport;
- Less likely to have a positive view of their area as a place to live; and
- Less likely to have a positive view of their area as a place to bring up children.

7.3 Other Significant Differences

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

- More likely to have seen a GP 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.

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 2008 (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 8.1 is (-18.5 to -9.5). This means that we can be 95% confident that, had we interviewed the entire population of Renfrewshire in the surveys, the actual difference between the two sets of results would be between -18.5 and -9.5 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 a drop 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 Renfrewshire
2008	79.7%
2011	65.7%
Change (2008-2011)	-14.0%
P	-18.5 to -9.5
Confidence Interval	<0.001

There was also a drop 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 Renfrewshire
2008	83.9%
2011	69.4%
Change (2008-2011)	-14.5%
P	<0.001
Confidence Interval	-18.8 to -10.2

There was a rise 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 Renfrewshire
2008	67.6%
2011	90.0%
Change (2008-2011)	+22.4%
P	<0.001
Confidence Interval	+18.8 to +26.0

There was a drop 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 Renfrewshire
2008	84.9%
2011	70.6%
Change (2008-2011)	-14.3%
P	<0.001
Confidence Interval	-18.5 to -10.1

There was a drop between 2008 and 2011 in the proportion who had a limiting condition or illness.

Table 8.5: Illness/Condition Affecting Daily Life

Base: All

	All Renfrewshire
2008	20.1%
2011	12.0%
Change (2008-2011)	-8.1%
P	<0.001
Confidence Interval	-11.6 to -4.6

There was no significant change 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 Renfrewshire
2008	38.3%
2011	34.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

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 Renfrewshire
2008	83.0%
2011	86.9%
Change (2008-2011)	+3.9%
P	<0.05
Confidence Interval	+0.4 to +7.4

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 Renfrewshire
2008	80.5%
2011	91.9%
Change (2008-2011)	+11.4%
P	<0.001
Confidence Interval	+8.2 to +14.6

8.2 The Use of Health Services

There was no significant change 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 Renfrewshire
2008	79.0%
2011	82.0%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change 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 Renfrewshire
2008	12.8%
2011	16.0%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change 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 Renfrewshire
2008	28.5%
2011	25.3%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was no significant change 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 Renfrewshire
2008	57.6%
2011	60.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

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 Renfrewshire
2008	35.2%
2011	24.3%
Change (2008-2011)	-10.9%
P	<0.001
Confidence Interval	-15.3 to -6.5

There was no significant change 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 Renfrewshire
2008	43.0%
2011	44.2%
Change (2005-2011)	n/a
P	n/a
Confidence Interval	n/a

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 Renfrewshire
2008	12.2%
2011	18.6%
Change (2008-2011)	+6.4%
P	<0.001
Confidence Interval	+2.7 to +10.1

There was a drop 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 Renfrewshire
2008	39.8%
2011	30.1%
Change (2008-2011)	-9.7%
P	<0.001
Confidence Interval	-14.4 to -5.0

Between 2008 and 2011 there was a drop 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 Renfrewshire
2008	42.5%
2011	33.4%
Change (2008-2011)	-9.1%
P	<0.001
Confidence Interval	-13.9 to -4.3

There was a drop 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 Renfrewshire
2008	31.1%
2011	22.1%
Change (2008-2011)	-9.0%
P	<0.001
Confidence Interval	-13.3 to -4.7

There was a rise 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 Renfrewshire
2008	35.0%
2011	41.9%
Change (2008-2011)	+6.9%
P	<0.01
Confidence Interval	+2.0 to +11.8

Between 2008 and 2011 there was a rise in the proportion of respondents who had a BMI of 35 or over.

Table 8.20: Body Mass Index

Base: All

	All Renfrewshire
BMI of 25 or over	
2008	49.9%
2011	54.1%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a
BMI indicting obese/extremely obese (30+)	
2008	16.1%
2011	19.9%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

8.4 Social Health

There was no significant change in the proportion who felt isolated from family and friends.

Table 8.21: Proportion Isolated from Family and Friends

Base: All

	All Renfrewshire
2008	6.7%
2011	8.2%
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 they belonged to the local area.

Table 8.22: Proportion Feeling they Belong to Local Area

Base: All

	All Renfrewshire
2008	75.2%
2011	84.3%
Change (2008-2011)	+9.1%
P	<0.001
Confidence Interval	+5.2 to +13.0

There was no significant change 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 Renfrewshire
2008	60.5%
2011	63.7%
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 that local people can influence local decisions.

Table 8.24: Proportion Feeling Local People Can Influence Decisions

Base: All

	All Renfrewshire
2008	56.1%
2011	67.9%
Change (2008-2011)	+11.8%
P	<0.001
Confidence Interval	+7.1 to +16.5

There was no significant change in the proportion who felt safe in their own home.

Table 8.25: Proportion Feeling Safe in Their Own Home

Base: All

	All Renfrewshire
2008	98.4%
2011	99.2%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

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 Renfrewshire
2008	89.6%
2011	91.7%
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 Renfrewshire
2008	63.8%
2011	79.8%
Change (2008-2011)	+16.0%
P	<0.001
Confidence Interval	+11.7 to +20.3

8.5 Individual Circumstances

There was a rise between 2008 and 2011 in the proportion of respondents who were married/cohabiting.

Table 8.28: Proportion Cohabiting/Married etc

Base: All

	All Renfrewshire
2008	57.0%
2011	63.8%
Change (2008-2011)	+6.8%
P	<0.01
Confidence Interval	+2.0 to +11.6

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 Renfrewshire
2008	21.3%
2011	23.2%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a

There was a drop 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 Renfrewshire
2008	3.8%
2011	2.0%
Change (2008-2011)	-1.8%
P	<0.05
Confidence Interval	-3.4 to -0.2

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 Renfrewshire
2008	20.2%
2011	14.4%
Change (2008-2011)	-5.8%
P	<0.01
Confidence Interval	-9.5 to -2.1

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 Renfrewshire
2008	24.8%
2011	7.3%
Change (2008-2011)	-17.5%
P	<0.001
Confidence Interval	-20.8 to -14.2

There was a drop 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 Renfrewshire
2008	75.2%
2011	60.4%
Change (2008-2011)	-14.8%
P	<0.001
Confidence Interval	-19.5 to -10.1

Between 2008 and 2011 there was a drop in the proportion who said they would have difficulty meeting an unexpected cost of £100 or £1,000.

Table 8.34: Proportion Having Difficulties Finding Unexpected Expenses

	All Renfrewshire
Difficulty finding £20	
2008	1.2%
2011	1.5%
Change (2008-2011)	n/a
P	n/a
Confidence Interval	n/a
Difficulty finding £100	
2008	20.0%
2011	7.8%
Change (2008-2011)	-12.2%
P	<0.001
Confidence Interval	-15.4 to -9.0
Difficulty finding £1,000	
2008	59.2%
2011	40.7%
Change (2008-2011)	-18.5%
P	<0.001
Confidence Interval	-23.4 to -13.6

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 Renfrewshire
2008	58.0%
2011	52.3%
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 Renfrewshire
2008	36.4%
2011	27.0%
Change (2008-2011)	-9.4%
P	<0.001
Confidence Interval	-13.9 to -4.9

8.6 Social Capital

Between 2008 and 2011 there was a drop 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 Renfrewshire
2008	83.3%
2011	71.0%
Change (2008-2011)	-12.3%
P	<0.001
Confidence Interval	-16.6 to -8.0

There was also a drop between 2008 and 2011 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 Renfrewshire
2008	82.9%
2011	66.5%
Change (2008-2011)	-16.4%
P	<0.001
Confidence Interval	-20.8 to -12.0

Between 2008 and 2011 there was a rise in the proportion who had a positive perception of reciprocity.

Table 8.39: Proportion with Positive Perception of Reciprocity

Base: All

	All Renfrewshire
2008	71.4%
2011	78.4%
Change (2008-2011)	+7.0%
P	<0.01
Confidence Interval	+2.8 to +11.2

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 Renfrewshire
2008	78.2%
2011	84.8%
Change (2008-2011)	+6.6%
P	<0.01
Confidence Interval	+2.8 to +10.4

Between 2008 and 2011 there was a rise in the proportion who valued local friendships.

Table 8.41: Proportion Valuing Local Friendships

Base: All

	All Renfrewshire
2008	72.7%
2011	84.0%
Change (2008-2011)	+11.3%
P	<0.001
Confidence Interval	+7.4 to +15.2

There was also 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 Renfrewshire
2008	78.6%
2011	87.8%
Change (2008-2011)	+9.2%
P	<0.001
Confidence Interval	+5.6 to +12.8

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 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.