NHS Greater Glasgow and Clyde
2011 Health and Wellbeing Survey

South Glasgow Report

Final Report

Prepared for

NHS Greater Glasgow and Clyde

March 2013

Traci Leven Research

Contents

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 communities[1] 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	Head of Public Health Resource Unit
Margaret McGranachan	Public Health Researcher
Julie Truman	Senior Researcher

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 NHSGG 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 1,724 completed interviews in South Glasgow 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 South Glasgow 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: 1,721

Age	Men (% of sample)	Women (% of sample)	Total (% of sample)	South Glasgow % of population (aged 16+)
16-24	7.4%	6.8%	14.2%	14.2%
25-34	8.5%	8.2%	16.7%	16.7%
35-44	8.8%	9.3%	18.1%	18.1%
45-54	8.6%	9.3%	17.9%	17.8%
55-64	6.7%	7.3%	13.9%	14.1%
65-74	4.7%	5.8%	10.5%	10.5%
75+	3.3%	5.4%	8.7%	8.7%

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 (1,724)

Group	% in sample	South Glasgow % of population (aged 16+)
Most deprived 15% datazones	34.8%	34.7%
Other datazones	65.2%	65.3%

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 break-downs by demographic (independent) variables. Only comparisons with NHSGGC and independent variables which were found to be significantly different ($p<0.05$) are reported. The independent variables which were tested were:

- Gender;
- Age;
- Age and gender
- Most deprived 15% datazones versus other datazones;
- Whether all household income is from benefits;
- SIMD quintile;
- Whether feel isolated from family and friends;
- Whether have control over decisions affecting daily life;

- Self assessed general health;
- Self assessed physical wellbeing;
- Self assessed mental/emotional wellbeing;
- Self assessed quality of life;
- GHQ12 score (high/low);
- Whether has a limiting illness/condition;
- Whether exposed to second hand smoke (most/some of the time);
- Smoking status;
- Whether exceeds recommended weekly alcohol limits;
- Whether consumes 5+ portions of fruit/veg per day;
- BMI (obese/not obese);
- Whether has any educational qualifications.

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

An explanation of how the independent variables were derived is in Appendix C.

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)	74%	1,724
Positive perception of general physical wellbeing (Q35b)	81%	1,721
Positive perception of general mental or emotional wellbeing (Q35c)	85%	1,720
Positive perception of happiness (Q44)	87%	1,724
Feel definitely in control of decisions affecting daily life (Q45)	64%	1,695
Positive perception of quality of life (Q35a)	86%	1,719
Has long term illness/condition that interferes with daily life (Q3)	20%	1,722
Receiving treatment for at least one condition (Q2)	40%	1,723
GHQ12 score of 4 or above (indicating poor mental health) (Q13)	12%	1,724
Have some/all of own teeth (Q10)	88%	1,722
Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11)	76%	1,373

Three in four (74%) respondents rated their general health positively. Those less likely to rate their general health positively were older respondents, those in the most deprived areas, those without qualifications, those exhibiting factors associated with social exclusion, those with a limiting condition/illness, those with a high GHQ12 score (i.e. poor mental health), obese people and smokers.

Four in five (81%) respondents rated their physical wellbeing positively. Those less likely to rate their physical wellbeing positively included older respondents, those without qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score (i.e. poor mental health), obese people, smokers and those exposed to second hand smoke.

More than four in five (85%) respondents rated their mental or emotional wellbeing positively. Those less likely to rate their mental or emotional wellbeing positively included those aged 55-64, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers, obese people, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Just under nine in ten (87%) respondents gave a positive rating of their happiness. Those less likely to rate their happiness positively included those aged 55-64, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, obese people, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Just under two in three (64%) respondents felt 'definitely' in control over the decisions affecting their lives. Those less likely to feel definitely in control of decisions included those aged under 25, those in the most deprived areas, those without qualifications, those who received all household income from benefits, those who felt isolated from family/friends,

those with a High GHQ12 score, those with a limiting condition or illness, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Eighty six percent of respondents gave a positive view of their overall quality of life. Those less likely to give a positive view included those aged 55-64, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, obese people, those exposed to second hand smoke, smokers and those who consumed fewer than five portions of fruit/vegetables per day.

One in five (20%) respondents said that they had a long-term illness or condition that interfered with their daily life. Those more likely to have a long-term limiting illness/condition included those aged 75 and over, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, obese people and smokers.

Two in five (40%) respondents were receiving treatment for at least one condition or illness. Those more likely to be receiving treatment for a condition/illness were older people, those without qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in eight (12%) respondents had a high GHQ12 score, indicating poor mental health. Those more likely to have a high GHQ12 score included those aged under 25, women, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting illness or condition, obese people, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Nine in ten (88%) respondents had some or all of their own teeth. Those less likely to have any of their own teeth included older respondents, women, those in the most deprived areas, those without qualifications, those whose household income comes entirely from benefits, those who did not definitely feel in control of the decisions affecting their life and those with a limiting condition or illness.

Of those with at least some of their own teeth, 76% said they brushed their teeth twice or more per day. Those less likely to brush their teeth twice or more per day included those aged 55-64, men, those in the most deprived areas, those without qualifications, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, obese people, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

2.2 Self-Perceived Health and Wellbeing

General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, three in four (74%) gave a positive view of their health, with 23% saying their health was very good and 51% saying their health was good. However, 26% gave a negative view of their health, with 17% saying their health was fair, 7% saying it was bad and 2% saying it was very bad.

As Table 2.2 shows, those aged 25-34 were the most likely to rate their general health positively and those aged 75 or over were the least likely to do so. Overall, men were more likely than women to rate their general health positively although this was only true among those aged under 45.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Age:								
16-24	38%	46%	7%	9%	0%	84%	16%	136
25-34	38%	57%	5%	1%	0%	94%	6%	315
35-44	28%	56%	12%	3%	1%	84%	16%	269
45-54	18%	55%	22%	5%	1%	73%	27%	270
55-64	7%	55%	20%	12%	5%	62%	38%	231
65-74	8%	43%	36%	10	2%	52%	48%	275
75+	8%	33%	34%	19%	5%	41%	59%	225
Gender:								
Men	24%	52%	16%	6%	2%	76%	24%	714
Women	21%	51%	18%	8%	2%	72%	28%	1,010
Men 16-44	37%	54%	5%	4%	<1%	90%	10%	291
Women 16-44	32%	53%	11%	4%	<1%	85%	15%	429
Men 45-64	13%	55%	23%	6%	3%	68%	32%	234
Women 45-64	13%	55%	20%	9%	3%	68%	32%	267
Men 65+	6%	39%	39%	13%	3%	45%	55%	188
Women 65+	10%	38%	33%	15%	5%	48%	52%	312
All	23%	51%	17%	7%	2%	74%	26%	1,724

As shown in Table 2.3, those living in the most deprived areas were less likely to give a positive view of their general health and those in the least deprived areas were the most likely to give a positive view of their health. Also, 57% of those with no qualifications gave a positive view of their general health compared to 79% those with at least one qualification.

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

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Bottom 15% datazones	17%	53%	19%	8%	3%	70%	30%	901
Other datazones	26%	50%	16%	7%	1%	76%	24%	823
SIMD quintile								
1 (most deprived)	19%	52%	19%	8%	2%	71%	29%	1,026
2	26%	46%	15%	10%	3%	72%	28%	306
3	25%	50%	17%	6%	1%	75%	25%	194
4	14%	63%	20%	2%	0%	77%	23%	134
5 (least deprived)	45%	47%	6%	2%	0%	90%	10%	64
At least one qualification	25%	54%	14%	6%	1%	79%	21%	1,182
No qualifications	14%	43%	27%	12%	4%	57%	43%	539

Those who exhibited factors associated with social exclusion (receiving all household income from benefits, feeling isolated from family/friends and not definitely feeling in control over decisions affecting one's life) were less likely to have a positive view of their general health. This is shown in Table 2.4.

Table 2.4: Self-Perceived General Health (Q1) by Factors Associated with Social Exclusion

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
All income from benefits	12%	42%	28%	15%	3%	54%	46%	489
Feel isolated from family/friends	18%	35%	29%	15%	2%	54%	46%	143
Not in control of decisions affecting daily life, or only 'to some extent'	18%	45%	21%	13%	4%	63%	37%	610

Table 2.5 shows that a number of health and wellbeing measures were associated with less positive perceptions of general health. These were:

- Having a limiting condition or illness;
- Having a high GHQ12 score (indicating poor mental health);
- Being obese; and
- Being a smoker.

Health and wellbeing measures associated with more positive perceptions about general health were:

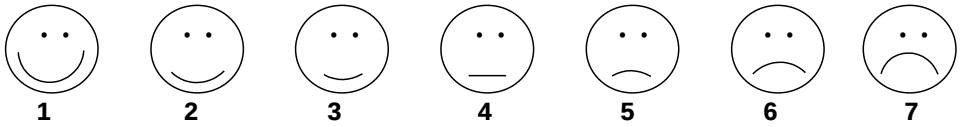
- Exceeding the recommended weekly limit for alcohol consumption;
- Having a positive view of physical wellbeing;
- Having a positive view of mental/emotional wellbeing; and
- Having a positive view of quality of life.

Table 2.5: Self-Perceived General Health (Q1) by Health and Wellbeing Measures

	Very good	Good	Fair	Bad	Very bad	V good/ good	Fair/ bad	Unweighted base (n)
Positive view of physical wellbeing	27%	59%	11%	3%	<1%	86%	14%	1,351
Positive view of mental/emotional wellbeing	25%	56%	14%	4%	1%	81%	19%	1,447
Positive view of quality of life	24%	55%	15%	5%	1%	80%	20%	1,472
High GHQ12 Score	11%	21%	36%	26%	6%	32%	68%	224
Limiting condition or illness	3%	17%	46%	27%	8%	20%	80%	443
Current smoker	16%	54%	20%	7%	3%	70%	30%	566
Exceeds weekly alcohol limit	24%	59%	14%	2%	<1%	83%	17%	306
Obese	7%	46%	31%	11%	4%	54%	46%	269

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.

Eight in ten (81%) respondents gave a positive view of their physical wellbeing, using this scale.

Comparison with NHS Greater Glasgow & Clyde

Compared to the NHS Greater Glasgow & Clyde area as a whole, those in South Glasgow were more likely to have a positive perception of their physical wellbeing (81% South Glasgow; 78% NHS Greater Glasgow & Clyde).

As Table 2.6 shows, those aged 25-34 were the most likely to have a positive view of their physical wellbeing and those aged 75 or over were the least likely.

Table 2.6: Positive Perception of Physical Wellbeing (Q35b) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	88%	135
25-34	94%	315
35-44	86%	269
45-54	81%	270
55-64	69%	230
65-74	71%	275
75+	64%	224
Men 16-44	89%	291
Women 16-44	90%	428
Men 45-64	77%	234
Women 45-64	75%	266
Men 65+	62%	188
Women 65+	72%	311
All	81%	1,721

Table 2.7 shows that those with no qualifications were less likely than those with qualifications to have a positive perception of their physical wellbeing.

Table 2.7: Positive Perception of Physical Wellbeing (Q35b) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
At least one qualification	84%	1,181
No qualifications	70%	537

As shown in Table 2.8, all three factors associated with social exclusion were associated with a lower likelihood of giving a positive view of physical wellbeing.

Table 2.8: Positive Perception of Physical Wellbeing (Q35b) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	67%	487
Feel isolated from friends/family	49%	140
Not in control of decisions affecting daily life, or only 'to some extent'	69%	607

The following health and wellbeing factors were associated with less positive views of physical wellbeing:

- Having a limiting condition or illness;
- Having a high GHQ12 score (indicating poor mental health);
- Being obese;
- Being a smoker; and
- Being exposed to second hand smoke.

Health and wellbeing measures associated with more positive perceptions about physical wellbeing were:

- Having a positive view of general health;
- Having a positive view of mental/emotional wellbeing; and
- Having a positive view of quality of life.

Table 2.9: Positive Perception of Physical Wellbeing (q35b) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	94%	1,209	Limiting condition or illness	41%	441
Positive view of mental health	90%	1,447	Exposed to second hand smoke	77%	706
Positive view of quality of life	88%	1,472	Current smoker	75%	564
High GHQ12 Score	51%	221	Obese	63%	269

Mental or Emotional Wellbeing and Happiness

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

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their mental or emotional wellbeing (85% South Glasgow; 82% NHS Greater Glasgow & Clyde).

Table 2.10 shows that perceptions of mental or emotional wellbeing varied for different age groups. Those aged 25-34 were the most likely to give a positive view (93% in this age

group did so). Those aged 55-64 were the least likely to have a positive view of their mental/emotional wellbeing (79% did so).

Table 2.10: Positive Perception of Mental or Emotional Wellbeing (Q35c) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	84%	135
25-34	93%	315
35-44	84%	269
45-54	86%	270
55-64	79%	230
65-74	87%	274
75+	86%	224
Men 16-44	84%	291
Women 16-44	89%	428
Men 45-64	86%	234
Women 45-64	79%	266
Men 65+	87%	187
Women 65+	86%	311
All	85%	1,720

Those in the least deprived areas and those with qualifications were more likely to have a positive perception of their mental/emotional wellbeing.

Table 2.11: Positive Perception of Mental or Emotional Wellbeing (Q35c) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	80%	898
Other datazones	88%	822
SIMD quintile		
1 (most deprived)	81%	1,023
2	85%	305
3	86%	194
4	95%	134
5 (least deprived)	96%	64
At least one qualification	89%	1,181
No qualifications	75%	536

As Table 2.12 shows, all three factors associated with social exclusion were associated with less positive perceptions of mental or emotional wellbeing.

Table 2.12: Positive Perception of Mental or Emotional Wellbeing (q35c) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	68%	487
Feel isolated from friends/family	55%	140
Not in control of decisions affecting daily life, or only 'to some extent'	71%	606

Table 2.13 shows that more positive views of mental or emotional wellbeing were associated with those with a positive view of their general health, physical health and quality of life. Those least likely to give a positive view were respondents with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness. Other factors associated with less positive views of mental or emotional wellbeing were smoking, being obese, being exposed to second hand smoke and consuming fewer than five portions of fruit/vegetables per day.

Table 2.13: Positive Perception of Mental or Emotional Wellbeing (q35c) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	94%	1,208	Exposed to second hand smoke	80%	705
Positive view of physical health	94%	1,350	Current smoker	77%	564
Positive view of quality of life	93%	1,471	Obese	78%	269
High GHQ12 Score	33%	221	Consumes fewer than 5 portions of fruit/veg per day	83%	1,185
Limiting condition or illness	58%	441			

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 87% of respondents gave a positive view of their happiness.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their happiness (87% South Glasgow; 85% NHS Greater Glasgow & Clyde).

Those aged 55-64 were the least likely to have a positive perception of their happiness and those aged 25-34 were the most likely. Women were more likely than men to have a positive perception of their happiness.

Table 2.14: Positive Perception of Happiness (Q44) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	86%	136
25-34	95%	315
35-44	85%	269
45-54	87%	270
55-64	82%	231
65-74	90%	275
75+	85%	225
Gender:		
Men	85%	714
Women	90%	1,010
Men 16-44	86%	291
Women 16-44	92%	429
Men 45-64	84%	234
Women 45-64	86%	267
Men 65+	85%	188
Women 65+	89%	312
All	87%	1,724

Table 2.15 shows that those living in the most deprived areas and those with no qualifications were less likely to give a positive view of their happiness.

Table 2.15: Positive Perception of Happiness (Q44) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	81%	901
Other datazones	91%	823
SIMD quintile		
1 (most deprived)	82%	1,026
2	90%	306
3	90%	194
4	92%	134
5 (least deprived)	98%	64
At least one qualification	89%	1,182
No qualifications	83%	539

All three factors associated with social exclusion were associated with less positive perceptions of happiness, as shown in Table 2.16.

Table 2.16: Positive Perception of Happiness (Q44) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	76%	489
Feel isolated from friends/family	65%	143
Not in control of decisions affecting daily life, or only 'to some extent'	74%	610

Table 2.17 shows that those with a positive view of their general health, their physical health, their mental/emotional wellbeing and their quality of life were more likely to have a positive perception of their happiness. Those with a high GHQ12 score (indicating poor mental health) and those with a limiting condition or illness were particularly less likely to have a positive view of their happiness. Other measures associated with less positive views of happiness were being obese, smoking, being exposed to second hand smoke and consuming fewer than five portions of fruit/vegetables per day.

Table 2.17: Positive Perception of Happiness (Q44) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	95%	1,210	Limiting condition or illness	66%	443
Positive view of physical health	95%	1,351	Exposed to second hand smoke	84%	708
Positive view of mental/ emotional wellbeing	96%	1,447	Current smoker	84%	566
Positive view of quality of life	96%	1,472	Obese	77%	269
High GHQ12 Score	50%	224	Consumes fewer than 5 portions of fruit/veg per day	86%	1,188

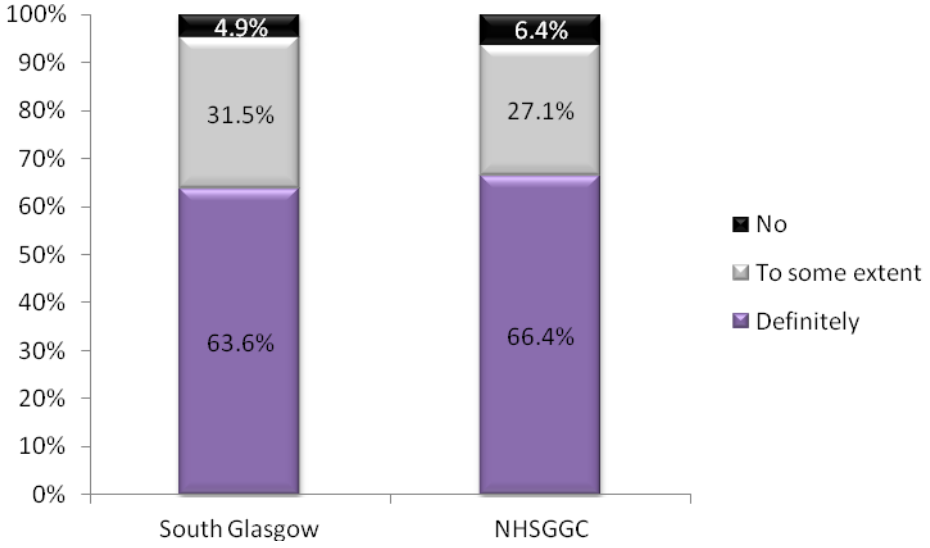
Feeling in Control of Decisions Affecting Life

Respondents were asked whether they felt in control of decisions that affect their life, such as planning their budget, moving house or changing job. Just under two in three (64%) said that they 'definitely' felt in control of these decisions, while 31% said that they felt in control 'to some extent' and 5% did not feel in control of these decisions.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde as a whole to definitely feel in control of decisions that affect their life (64% South Glasgow; 66% NHS Greater Glasgow & Clyde).

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



Those aged under 25 were the least likely to say that they definitely felt in control of the decisions affecting their lives. This is shown in Table 2.18.

Table 2.18: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Age and Gender

	Definitely in Control	Unweighted base (n)
Age:		
16-24	52%	134
25-34	70%	310
35-44	67%	266
45-54	66%	267
55-64	63%	230
65-74	63%	266
75+	58%	219
All	64%	1,695

Those living in the 15% most deprived areas were more likely than those in other areas to say they definitely felt in control of their lives (57% and 67% respectively). Those with no qualifications were less likely than those with at least one qualification to say that they were definitely in control of decisions (51% and 67% respectively).

Table 2.19: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Deprivation and Socio Economic Measures

	Definitely in Control	Unweighted base (n)
Bottom 15% datazones	57%	886
Other datazones	67%	809
SIMD quintile		
1 (most deprived)	57%	1,010
2	58%	295
3	68%	194
4	79%	133
5 (least deprived)	87%	63
At least one qualification	67%	1,173
No qualifications	51%	519

Perceived lack of control over the decisions affecting one's life is used throughout this report as a measure of social exclusion. Respondents exhibiting either of the other two measures of social exclusion (all income from benefits and feelings of isolation) were associated with a lower likelihood of feeling 'definitely' in control over decisions affecting life. This is shown in Table 2.20.

Table 2.20: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Factors Associated with Social Exclusion

	Definitely in Control	Unweighted base (n)
All income from benefits	41%	477
Feel isolated from friends/family	39%	140

Table 2.21 shows that positive views of general health, physical health, mental/emotional wellbeing and quality of life were associated with a higher likelihood of feeling definitely in control of the decisions affecting life. Those less likely to feel in control of decisions were those with a High GHQ12 score, those with a limiting condition or illness, smokers those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Table 2.21: 'Definitely' Feel in Control of Decisions Affecting Life (Q45) by Health and Wellbeing Measures

	Definitely in Control	Unweighted base (n)		Definitely in Control	Unweighted base (n)
Positive view of general health	69%	1,193	Limiting condition or illness	45%	433
Positive view of physical health	69%	1,324	Exposed to second hand smoke	57%	696
Positive view of mental/ emotional wellbeing	70%	1,419	Current smoker	55%	555
Positive view of quality of life	70%	1,444	Consumes fewer than 5 portions of fruit/veg per day	60%	1,169
High GHQ12 Score	30%	219			

2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 86% of respondents gave a positive rating of their quality of life.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their quality of life (86% South Glasgow; 84% NHS Greater Glasgow & Clyde).

Those aged 55-64 were the least likely to have a positive perception of their quality of life and those aged 25-34 were the most likely. Women were more likely than men to have a positive perception of their quality of life. This is shown in Table 2.22.

Table 2.22: Positive Perception of Quality of Life (Q35a) by Age and Gender

	Positive Perception	Unweighted base (n)
Age:		
16-24	84%	135
25-34	95%	315
35-44	84%	268
45-54	88%	269
55-64	80%	230
65-74	86%	275
75+	83%	224
Gender:		
Men	84%	714
Women	89%	1,005
Men 16-44	83%	291
Women 16-44	93%	427
Men 45-64	87%	234
Women 45-64	83%	265
Men 65+	79%	188
Women 65+	89%	311
All	86%	1,719

Table 2.23 shows that less positive views of overall quality of life were given by those living in the most deprived areas and those with no qualifications.

Table 2.23: Positive Perception of Quality of Life (Q35a) by Deprivation and Socio Economic Measures

	Positive Perception	Unweighted base (n)
Bottom 15% datazones	82%	899
Other datazones	89%	820
SIMD quintile		
1 (most deprived)	82%	1,024
2	85%	303
3	91%	194
4	92%	134
5 (least deprived)	98%	64
At least one qualification	89%	1,179
No qualifications	77%	537

Table 2.24 shows that all three factors associated with social exclusion were associated with less positive perceptions of overall quality of life.

Table 2.24: Positive Perception of Quality of Life (Q35a) by Factors Associated with Social Exclusion

	Positive Perception	Unweighted base (n)
All income from benefits	73%	487
Feel isolated from friends/family	66%	140
Not in control of decisions affecting daily life, or only 'to some extent'	70%	606

Respondents with a positive view of their general health, physical health or mental/emotional wellbeing were also more likely to have a positive view of their overall quality of life. Those less likely to have a positive view of their quality of life were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Obese people;
- Those exposed to second hand smoke;
- Current smokers; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 2.25: Positive Perception of Quality of Life (Q35a) by Health and Wellbeing Measures

	Positive Perception	Unweighted base (n)		Positive Perception	Unweighted base (n)
Positive view of general health	93%	1,208	Exposed to second hand smoke	82%	706
Positive view of physical health	94%	1,350	Current smoker	83%	563
Positive view of mental/ emotional wellbeing	94%	1,446	Obese	78%	269
High GHQ12 Score	48%	220	Consumes fewer than 5 portions of fruit/veg per day	85%	1,186
Limiting condition or illness	63%	441			

2.4 Illness

One in five (20%) respondents said that they had a long-term condition or illness that substantially interfered with their day to day activities.

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

- 55% said that they had a physical disability;
- 18% said they had a mental or emotional health problem; and
- 57% said they had a long-term illness.

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

- 88% said it interfered with taking up training;
- 88% said it interfered with holding down or obtaining a job;
- 92% said it interfered with taking exercise/physical activity; and
- 80% said it interfered with socialising.

Those aged 25-34 were the least likely to have a limiting long-term condition or illness and those aged 75 or over were the most likely. This is shown in Table 2.26.

Table 2.26: Limiting Long-Term Condition or Illness (Q3) by Age and Gender

	Long-Term Condition / Illness	Unweighted base (n)
Age:		
16-24	6%	136
25-34	4%	315
35-44	12%	269
45-54	19%	269
55-64	38%	230
65-74	38%	275
75+	47%	225
Men 16-44	7%	291
Women 16-44	8%	429
Men 45-64	24%	232
Women 45-64	30%	267
Men 65+	47%	188
Women 65+	39%	312
All	20%	1,722

Table 2.27 shows that, limiting conditions/illnesses were much more common among those with no qualifications than those with qualifications (35% and 16% respectively). Also, those in the most deprived areas were more likely than those in other areas to have a limiting long-term condition or illness.

Table 2.27: Limiting Long-Term Condition or Illness (Q3) by Deprivation and Socio Economic Measures

	Long-term condition / illness	Unweighted base (n)
Bottom 15% datazones	24%	899
Other datazones	18%	823
At least one qualification	16%	1,182
No qualifications	35%	537

All three measures of social exclusion were associated with a higher likelihood of having a limiting long-term condition or illness.

Table 2.28: Limiting Long-Term Condition or Illness (Q3) by Factors Associated with Social Exclusion

	Long-term condition/ illness	Unweighted base (n)
All income from benefits	40%	487
Feel isolated from family/friends	43%	143
Not in control of decisions affecting daily life, or only 'to some extent'	31%	608

Table 2.29 shows that those less likely to have a limiting long-term condition or illness were:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those who exceed the recommended weekly limit for alcohol consumption;
- Those with a positive view of their mental/emotional wellbeing; and
- Those with a positive view of their quality of life.

Those more likely to have a limiting long-term condition or illness were:

- Those with a high GHQ12 score;
- Obese people; and
- Smokers.

Table 2.29: Limiting Long-Term Condition or Illness (Q3) by Health and Wellbeing Measures

	Long-term condition/ illness	Unweighted base (n)		Long-term condition/ illness	Unweighted base (n)
Positive view of general health	6%	1,209	High GHQ12 Score	55%	223
Positive view of physical health	10%	1,349	Current smoker	24%	565
Positive view of mental/ emotional wellbeing	14%	1,446	Exceeds weekly alcohol limit	13%	305
Positive view of quality of life	15%	1,470	Obese	39%	269

Illnesses/Conditions for Which Treatment is Being Received

Two in five (40%) respondents were receiving treatment for at least one illness or condition.

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 15% of those aged under 35 to 80% of those aged 75 or over.

Table 2.30: At Least One Illness/Condition Being Treated (Q2) by Age and Gender

	Being Treated for Condition/Illness	Unweighted base (n)
Age:		
16-24	16%	136
25-34	15%	315
35-44	26%	268
45-54	39%	270
55-64	67%	231
65-74	71%	275
75+	80%	225
Men 16-44	18%	290
Women 16-44	21%	429
Men 45-64	51%	234
Women 45-64	52%	267
Men 65+	80%	188
Women 65+	72%	312
All	40%	1.723

Those with no qualifications were much more likely than those with at least one qualification to be receiving treatment for an illness or condition. This is shown in Table 2.31.

Table 2.31: At Least One Illness/Condition Being Treated (Q2) by Deprivation and Socio Economic Measures

	Being Treated for Condition/ Illness	Unweighted base (n)
At least one qualification	35%	1,182
No qualifications	57%	538

Table 2.32 shows that all three factors associated with social exclusion were associated with a higher likelihood of receiving treatment for at least one illness or condition.

Table 2.32 At Least One Illness/Condition Being Treated (Q2) by Factors Associated with Social Exclusion

	Being Treated for Condition/ Illness	Unweighted base (n)
All income from benefits	55%	488
Feel isolated from family/friends	56%	142
Not in control of decisions affecting daily life, or only 'to some extent'	48%	609

Table 2.33 shows that the following groups were less likely to be receiving treatment for one or more illness/condition:

- Those with a positive view of their general health;
- Those with a positive view of their physical health;
- Those with a positive view of their mental/emotional wellbeing;
- Those with a positive view of their quality of life; and
- Those who exceed the recommended weekly limit for alcohol consumption.

As would be expected most (97%) of those who said they had a limiting illness or condition were currently being treated for an illness or condition. Having a high GHQ12 score (indicating poor mental health) and being obese were also associated with a higher likelihood of receiving treatment.

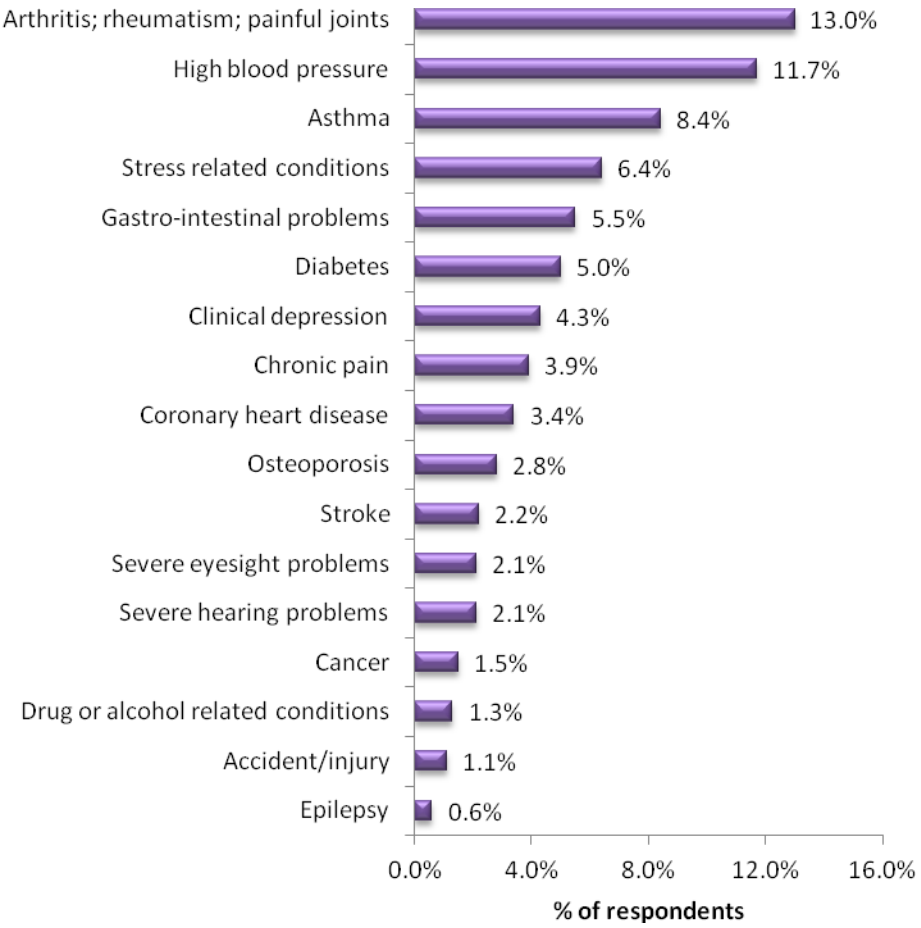
Table 2.33: At Least One Illness/Condition Being Treated (Q2) by Health and Wellbeing Measures

	Being Treated for Condition / Illness	Unweighted base (n)		Being Treated for Condition / Illness	Unweighted base (n)
Positive view of general health	25%	1,210	High GHQ12 Score	74%	224
Positive view of physical health	30%	1,351	Limiting condition or illness	97%	442
Positive view of mental/ emotional wellbeing	34%	1,447	Exceed weekly alcohol limit	28%	305
Positive view of quality of life	35%	1,472	Obese	63%	269

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

The most common condition being treated was arthritis/rheumatism/painful joints, for which 13% of respondents were being treated. Also, 12% were being treated for high blood pressure.

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 South Glasgow were less likely to be receiving treatment for coronary heart disease (3.4% South Glasgow; 4.6% 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, 12% of respondents had a GHQ12 score of four or more, indicating poor mental health.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a high GHQ12 score (12% South Glasgow; 15% NHSGGC).

The likelihood of having a high GHQ12 score varied for different age groups, ranging from 6% of those aged 25-34 to 17% of those aged under 25. Women were more likely than men to have a high GHQ12 score.

Table 2.34: High GHQ12 Score (Q13) by Age and Gender

	High GHQ12 Score	Unweighted base (n)
Age:		
16-24	17%	136
25-34	6%	315
35-44	12%	269
45-54	13%	270
55-64	14%	231
65-74	12%	275
75+	10%	225
Gender:		
Men	10%	714
Women	14%	1,010
All	12%	1,724

Those in the most deprived areas were more likely than others to have a high GHQ12 score. Also, those with no qualifications were more likely than those with qualifications to have a high GHQ12 score.

Table 2.35: High GHQ12 Score (Q13) by Deprivation and Socio Economic Measures

	High GHQ12 Score	Unweighted base (n)
Bottom 15% datazones	15%	901
Other datazones	10%	823
SIMD quintile		
1 (most deprived)	15%	1,026
2	10%	306
3	16%	194
4	2%	134
5 (least deprived)	4%	64
At least one qualification	11%	1,182
No qualifications	16%	539

Table 2.36 shows that all three factors associated with social exclusion were associated with a higher likelihood of having a high GHQ12 score.

Table 2.36 High GHQ12 Score (Q13) by Factors Associated with Social Exclusion

	High GHQ12 Score	Unweighted base (n)
All income from benefits	23%	489
Feel isolated from friends/family	38%	143
Not in control of decisions affecting daily life, or only 'to some extent'	23%	610

Table 2.37 shows that those with a positive view of their general health, physical health, mental/emotional wellbeing or quality of life were less likely to have a high GHQ12 score.

Those who had a limiting illness or condition were much more likely than others to have a high GHQ12 score. Other factors associated with a higher likelihood of having a high GHQ12 score were being obese, smoking, being exposed to second hand smoke and consuming fewer than five portions of fruit/vegetables per day.

Table 2.37: High GHQ12 Score (Q13) by Health and Wellbeing Measures

	High GHQ12 Score	Unweighted base (n)		High GHQ12 Score	Unweighted base (n)
Positive view of general health	5%	1,210	Exposed to second hand smoke	16%	708
Positive view of physical health	7%	1,351	Current smoker	17%	566
Positive view of mental/ emotional wellbeing	5%	1,447	Obese	17%	269
Positive view of quality of life	7%	1,472	Consumes fewer than 5 portions of fruit/veg per day	14%	1,188
Limiting condition or illness	32%	443			

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 in 14. The scale is designed to allow the measurement of mean scores in population samples. The provisional mean score for the Scottish population is 50.7.

The overall mean WEMWBS score for respondents was 51.7.

Mean WEMWBS scores indicate that mental wellbeing was highest among those aged 25-34.

Table 2.38: Mean WEMWBS Score (Q14) by Age and Gender

	Mean WEMWBS Score	Unweighted base (n)
Age:		
16-24	51.7	132
25-34	54.4	308
35-44	52.7	264
45-54	52.9	260
55-64	48.8	225
65-74	49.6	266
75+	48.6	217
Men 16-44	52.6	285
Women 16-44	53.4	419
Men 45-64	50.6	228
Women 45-64	51.2	257
Men 65+	48.5	178
Women 65+	49.6	305
All	51.7	1,675

Those who live in the least deprived areas and those with qualifications had higher mean WEMEBS scores, indicating better mental wellbeing. This is shown in Table 2.39.

Table 2.39: Mean WEMWBS Score (Q14) by Deprivation and Socio Economic Measures

	Mean WEMWBS Score	Unweighted base (n)
Bottom 15% datazones	50.2	876
Other datazones	52.4	799
SIMD quintile		
1 (most deprived)	51.3	991
2	51.1	298
3	52.5	191
4	51.2	133
5 (least deprived)	58.2	62
At least one qualification	52.2	1,164
No qualifications	49.8	508

Table 2.40 shows that all three factors associated with social exclusion were associated with lower WEMEBS scores, indicating poorer mental wellbeing.

Table 2.40: Mean WEMWBS Score (Q14) by Factors Associated with Social Exclusion

	Mean WEMWBS Score	Unweighted base (n)
All income from benefits	47.8	470
Feel isolated from friends/family	45.7	132
Not in control of decisions affecting daily life, or only 'to some extent'	46.8	584

Health and wellbeing factors associated with lower WEMWBS scores were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being obese;
- Being a smoker;
- Being exposed to second hand smoke; and
- Consuming fewer than five portions of fruit/vegetables per day.

Factors associated with a higher WEMWBS score were having a positive view of general health, physical health, mental/emotional wellbeing and quality of life.

Table 2.41 Mean WEMEBS Score (Q14) by Health and Wellbeing Measures

	Mean WEMWBS Score	Unweighted base (n)		Mean WEMWBS Score	Unweighted base (n)
Positive view of general health	53.7	1,181	Limiting condition or illness	45.4	425
Positive view of physical health	53.7	1,316	Exposed to second hand smoke	50.2	681
Positive view of mental/ emotional wellbeing	53.8	1,411	Current smoker	49.3	541
Positive view of quality of life	53.6	1,431	Obese	48.7	259
High GHQ12 Score	39.8	213	Consumes fewer than 5 portions of fruit/veg per day	50.9	1,155

2.6 Oral Health

Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Most (88%) respondents said that they had all (63%) or some (24%) of their own teeth, while 12% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 32% among those aged 75 or over to 100% of those aged under 35. Men were more likely than women to have any of their natural teeth.

Table 2.42: Proportion of Own Teeth (Q10) by Age and Gender

	All	Some	None	All/some	Unweighted base (n)
Age:					
16-24	98%	2%	0%	100%	136
25-34	91%	9%	0%	100%	315
35-44	80%	19%	1%	99%	269
45-54	70%	27%	3%	97%	270
55-64	33%	55%	11%	89%	229
65-74	18%	42%	40%	60%	275
75+	6%	26%	68%	32%	225
Gender:					
Men	63%	28%	9%	91%	713
Women	63%	21%	15%	85%	1,009
Men 16-44	89%	11%	<1%	100%	291
Women 16-44	89%	10%	1%	91%	429
Men 45-64	49%	46%	5%	95%	233
Women 45-64	59%	33%	8%	92%	266
Men 65+	10%	45%	45%	55%	188
Women 65+	14%	28%	58%	42%	312
All	63%	24%	12%	88%	1,722

Those in the most deprived areas were less likely to have all or some of their own teeth. Also, those with no qualifications were much more likely than those with qualifications to say that they had no natural teeth. This is shown in Table 2.43.

Table 2.43: Proportion of Own Teeth (Q10) by Deprivation and Socio Economic Measures

	All	Some	None	All/some	Unweighted base (n)
Bottom 15% datazones	54%	30%	16%	84%	900
Other datazones	98%	22%	10%	90%	822
SIMD quintile					
1 (most deprived)	56%	28%	16%	16%	1,025
2	66%	19%	14%	14%	306
3	83%	12%	5%	5%	194
4	48%	41%	12%	12%	134
5 (least deprived)	77%	17%	6%	6%	63
At least one qualification	69%	24%	6%	94%	1,180
No qualifications	43%	25%	32%	68%	539

Those who received all household income from benefits and those who did not definitely feel in control of their lives were less likely to have all/some of their own teeth. This is shown in Table 2.44.

Table 2.44: Proportion of Own Teeth (Q10) by Factors Associated with Social Exclusion

	All	Some	None	All/some	Unweighted base (n)
All income from benefits	49%	29%	22%	78%	488
Not in control of decisions affecting daily life, or only 'to some extent'	56%	28%	16%	84%	609

For health and wellbeing measures, those more likely to have all or some of their own teeth were those who:

- Exceeded the recommended weekly limit for alcohol consumption;
- Had a positive view of their general health;
- Had a positive view of their physical wellbeing; and
- Were exposed to second hand smoke most or some of the time.

Those with a limiting condition or illness were less likely to have any of their own teeth.

Table 2.45: Proportion of Own Teeth (Q10) by Health and Wellbeing Measures

	All	Some	None	All/some	Unweighted base (n)
Positive view of general health	71%	22%	6%	94%	1,209
Positive view of physical wellbeing	68%	22%	10%	90%	1,349
Limiting condition or illness	37%	35%	28%	72%	1,445
Exposed to second hand smoke	63%	27%	10%	90%	707
Exceeds weekly alcohol limit	75%	22%	3%	97%	306

Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Three in four (76%) said they brushed their teeth at least twice a day.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to brush their teeth twice or more per day (76% South Glasgow; 80% NHS Greater Glasgow & Clyde).

Those aged 25-34 were the most likely to say that they brushed their teeth twice or more per day. Those aged 55-64 were the least likely to do so. Women were more likely than men to brush their teeth at least twice per day (81% of women and 71% of men did so).

Table 2.46: Brushes Teeth Twice or More Per Day (Q11) by Age and Gender

	Brushes Teeth 2x or more per day	Unweighted base (n)
Age:		
16-24	78%	136
25-34	86%	314
35-44	75%	264
45-54	78%	262
55-64	63%	194
65-74	67%	139
75+	71%	61
Men	71%	593
Women	81%	780
Men 16-44	76%	288
Women 16-44	84%	426
Men 45-64	64%	214
Women 45-64	80%	242
Men 65+	65%	90
Women 65+	70%	110
All	76%	1,373

Those in the most deprived areas and those with no qualifications were less likely to brush their teeth twice or more per day.

Table 2.47: Brushes Teeth Twice or More Per Day (Q11) by Deprivation and Socio Economic Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)
Bottom 15% datazones	32%	712
Other datazones	20%	661
SIMD quintile		
1 (most deprived)	32%	805
2	28%	233
3	10%	172
4	14%	112
5 (least deprived)	20%	51
At least one qualification	80%	1,070
No qualifications	59%	300

Table 2.48 shows that all three factors associated with social exclusion were associated with a lower likelihood of brushing teeth twice or more per day.

Table 2.48: Brushes Teeth Twice or More Per Day (Q11) by Factors Associated with Social Exclusion

	Brushes Teeth 2x or more per day	Unweighted base (n)
All income from benefits	56%	360
Feel isolated from family/friends	64%	114
Not in control of decisions affecting daily life, or only 'to some extent'	62%	459

As Table 2.49 shows, health and wellbeing measures associated with a higher likelihood of brushing teeth at least twice per day were having a positive view of general health, physical health, mental/emotional health and quality of life.

Measures associated with a lower likelihood of brushing teeth twice per day were:

- Having a high GHQ12 score;
- Having a limiting condition or illness;
- Being obese;
- Being a smoker;
- Exposure to second hand smoke; and
- Consuming fewer than give portions of fruit/vegetables per day.

Table 2.49: Brushes Teeth Twice or More Per Day (Q11) by Health and Wellbeing Measures

	Brushes Teeth 2x or more per day	Unweighted base (n)		Brushes Teeth 2x or more per day	Unweighted base (n)
Positive view of general health	79%	1,060	Limiting condition or illness	64%	267
Positive view of physical health	79%	1,121	Exposed to second hand smoke	68%	593
Positive view of mental/ emotional wellbeing	79%	1,162	Current smoker	64%	460
Positive view of quality of life	79%	1,192	Obese	64%	209
High GHQ12 score	64%	166	Consumes fewer than 5 portions of fruit/veg per day	70%	943

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)	75%	1,717
Outpatient to see doctor at least once in last year (Q7d)	19%	1,724
Accident and emergency at least once in last year (Q7c)	13%	1,724
Hospital stay in last year (q7e)	13%	1,724
Seen Pharmacist for health advice in last year (Q7a)	20%	1,719
Contacted NHS24 in last year (Q7b)	9%	1,724
Used GP out of hours service in last year (q7f)	2%	1,724
Been to the dentist within past six months (Q9)	51%	1,532
Difficulty reaching hospital for an appointment (Q12d)	6%	1,532
Difficulty getting GP appointment (Q12a)	10%	1,598
Difficulty getting hospital appointment (Q12c)	16%	1,241
Difficulty getting GP consultation within 48 hours (Q12f)	9%	1,407
Difficulty accessing health services in an emergency (Q12b)	2%	1,418
Difficulty getting dentist appointment (Q12e)	6%	1,362

Three in four (75%) respondents had seen a GP in the last year. Those more likely to have seen a GP were older respondents, women, those with no qualifications, those who felt isolated from family/friends, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in five (19%) respondents had visited hospital as an outpatient to see a doctor in the last year. Those most likely to have been outpatients were those aged 75 or over, women, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score and obese people.

One in eight (13%) respondents had visited accident and emergency in the last year. Those most likely to have visited accident and emergency were 16-24 year olds, those with no qualifications, those exhibiting factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition/illness, smokers and those exposed to second hand smoke.

One in eight (13%) had been admitted to hospital in the last year. Those most likely to have been admitted to hospital were those aged 75 or over, those outside the most and least deprived areas, those with no qualifications, those who received all household income from benefits, those who felt isolated from family and friends, those with a high GHQ12 score and those with a limiting condition or illness.

One in five (20%) had seen a pharmacist for health advice in the last year. Those most likely to have consulted a pharmacist were those outside the youngest and oldest age groups, women, those who received all household income from benefits, those who felt isolated from family/friends, those with a high GHQ12 score and those who exceeded the recommended weekly limit for alcohol consumption.

One in 11 (9%) had contacted NHS24 in the last year. Those most likely to have contacted NHS24 were those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, obese people, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Two percent of respondents had used the GP out of hours service in the last year. Those more likely to have done so were those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting illness or condition, smokers and those exposed to second hand smoke.

Half (51%) of respondents had visited the dentist within the last six months. Those less likely to have visited the dentist in the last six months were those in the oldest age groups, men, those in the most deprived areas, those with no qualifications, those who exhibited factors associated with social exclusion, smokers, those with a limiting condition or illness, those with a high GHQ12 score, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day and those who exceeded the recommended weekly limit for alcohol consumption.

Six percent of respondents said that it was difficult for them to reach hospital for an appointment. Those who were more likely to have difficulty reaching hospital were those aged 65 or over, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

One in ten (10%) said that they had difficulty getting a GP appointment. Those more likely to have difficulty getting a GP appointment were those aged 25-34, those in the most deprived areas, those who received all household income from benefits, those with a high GHQ12 score and obese people.

Sixteen percent of respondents said that it was difficult to get a hospital appointment. Those more likely to say this were those aged 25-44, those in the most deprived areas and those with positive views of their general health.

One in eleven (9%) said it was difficult to get a GP consultation within 48 hours when needed. Those more likely to find this difficult were those in the most deprived areas and those with a high GHQ12 score.

One in 50 (2%) felt that it was difficult to access health services in an emergency.

Six percent of respondents said that it was difficult to get an appointment to see the dentist.

3.2 Use of Specific Health Services

General Practitioners (GPs)

Three in four (75%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, half (49%) had visited the GP either once (23%) or twice (26%) in the last year, although the number of visits made in the last year ranged from 1 to 100. For all those who had visited their GP in the last year, the mean number of GP visits was 4.53.

The proportion of respondents who had seen a GP in the last year varied by age, ranging from 63% of 16-24 year olds to 89% of those aged 65 or over. Women were more likely than men to have visited a GP in the last year (80% of women compared to 71% of men).

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

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Age:			
16-24	63%	4.67	136
25-34	65%	3.78	315
35-44	75%	4.18	269
45-54	71%	4.76	268
55-64	87%	5.47	229
65-74	89%	4.30	274
75+	89%	4.47	223
Gender:			
Men	71%	3.93	710
Women	80%	5.01	1,007
Men 16-44	61%	3.90	291
Women 16-44	75%	4.41	429
Men 45-64	75%	3.88	231
Women 45-64	81%	6.14	266
Men 65+	92%	4.09	187
Women 65+	87%	4.59	310
All	75%	4.53	1,717

The likelihood of having visited a GP in the last year was higher for those with no qualifications. This is shown in Table 3.3.

Table 3.3: Seen GP at Least Once and Mean Number of Visits (Q6a) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
At least one qualification	73%	4.45	1,177
No qualifications	83%	4.78	537

Those who felt isolated from family or friends were more likely to have seen a GP at least once in the last year.

Table 3.4: Seen GP at Least Once and Mean Number of Visits (Q6a) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
Feel isolated from family/friends	82%	7.49	142

The health and wellbeing measures associated with a higher likelihood of visiting a GP in the last year were having a limiting condition or illness, having a high GHQ12 score and being obese. Positive views of general health, physical wellbeing, mental/emotional wellbeing and quality of life were associated with a lower likelihood of having seen a GP in

the last year. Those who exceeded the recommended weekly limit for alcohol consumption were also less likely to have seen a GP in the last year. This is shown in Table 3.5.

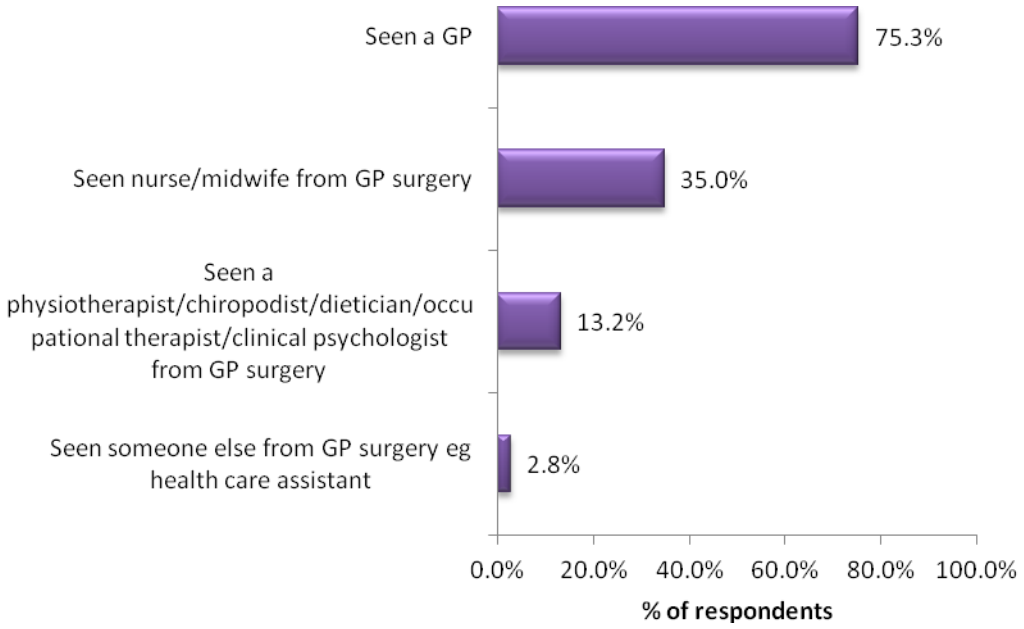
Table 3.5: Seen GP at Least Once and Mean Number of Visits (Q6a) by Health and Wellbeing Measures

	% at least once	Mean number of visits (excluding 'never')	Unweighted base (n)
Positive view of general health	69%	2.98	1,208
Positive view of physical wellbeing	72%	3.60	1,348
Positive view of mental/emotional wellbeing	73%	3.73	1,444
Positive view of quality of life	73%	4.17	1,467
High GHQ12 Score	94%	7.78	223
Limiting condition or illness	97%	7.97	437
Exceeds weekly alcohol limit	70%	3.05	306
Obese	86%	5.92	269

Other Uses of GP Surgery

Figure 3.1 below shows the extent of other uses of GP surgeries in the last year. In addition to the 75% of respondents who had seen a GP in the last year, 35% had seen a nurse or midwife from the GP surgery (mean number of visits was 3.65). One in seven (13%) had seen staff such as a physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 4.36). Also, 3% had seen some other type of staff at a GP surgery (mean number of visits was 4.13).

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



Outpatients

One in five (19%) 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, just over half (56%)

had done so just once (29%) or twice (27%), although the number of visits ranged from 1 to 250. The average number of outpatient visits in the last year was 4.87.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have visited hospital as an outpatient in the last year (19% South Glasgow; 24% NHSGGC).

Those aged under 25 were the least likely to have visited hospital as an outpatient, and those aged 75 and over were the most likely to have done so. Also women were more likely than men to have been hospital outpatients. This is shown in Table 3.6.

Table 3.6: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	14%	4.62	136
25-34	17%	2.53	315
35-44	16%	3.48	269
45-54	19%	3.93	270
55-64	20%	12.43	231
65-74	25%	2.57	275
75+	36%	4.88	225
Gender:			
Men	17%	4.63	714
Women	22%	5.05	1,010
Men 16-44	13%	3.58	291
Women 16-44	18%	3.31	429
Men 45-64	17%	5.26	234
Women 45-64	21%	9.64	267
Men 65+	28%	5.53	188
Women 65+	31%	2.73	312
All	19%	4.87	1,724

Those with no qualifications were more likely to have been a hospital outpatient in the previous year.

Table 3.7: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
At least one qualification	17%	4.45	1,182
No qualifications	26%	5.77	539

Table 3.8 shows that all three factors associated with social exclusion were associated with a higher likelihood of having been a hospital outpatient in the last year.

Table 3.8: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	27%	7.24	489
Feel isolated from family/friends	29%	5.71	143
Not in control of decisions affecting daily life, or only 'to some extent'	23%	6.08	610

Those with positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were less likely to have visited hospital as an outpatient in the last year. Those who exceeded the recommended weekly limit for alcohol consumption were also less likely to have visited hospital as an outpatient. Health and wellbeing measures associated with a higher likelihood of being a hospital outpatient were having a limiting condition or illness, having a high GHQ12 score and being obese.

Table 3.9: Visited Hospital as an Outpatient at Least Once and Mean Number of Visits (Q7d) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	13%	2.66	1,210
Positive view of physical wellbeing	14%	3.15	1,351
Positive view of mental/emotional wellbeing	16%	3.48	1,447
Positive view of quality of life	17%	3.74	1,472
High GHQ12 Score	43%	7.20	224
Limiting condition or illness	45%	6.64	443
Exceeds weekly alcohol limit	10%	3.02	306
Obese	27%	9.82	1,141

Accident and Emergency

One in eight (13%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, two thirds (66%) had been once in the last year, but the number of visits ranged from 1 to 52. The mean number of visits was 1.63.

Those aged 16-24 were the most likely to have visited Accident and Emergency in the last year and those aged 75 or over were the least likely to have done so.

Table 3.10: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	18%	1.71	136
25-34	14%	1.83	315
35-44	10%	1.53	269
45-54	14%	1.45	270
55-64	10%	1.45	231
65-74	13%	2.06	275
75+	8%	1.17	225
All	13%	1.63	1,724

Those with no qualifications were more likely to have visited Accident and Emergency in the last year.

Table 3.11: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Deprivation and Socio Economic Measures

	% at least once	Mean number of visits	Unweighted base (n)
At least one qualification	11%	1.68	1,182
No qualifications	17%	1.54	539

All three measures of social exclusion were associated with a higher likelihood of having visited Accident and Emergency in the last year.

Table 3.12: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	18%	1.73	489
Feel isolated from family/friends	29%	2.22	143
Not in control of decisions affecting daily life, or only 'to some extent'	17%	1.61	610

Those with positive views of their general health, physical and mental/emotional wellbeing and quality of life were less likely to have been to Accident & Emergency in the last year. Those more likely to have been to A&E were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers; and
- Those exposed to second hand smoke.

Table 3.13: Visited Accident and Emergency at Least Once and Mean Number of Visits (Q7c) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	9%	1.47	1,210
Positive view of physical wellbeing	10%	1.48	1,351
Positive view of mental/emotional wellbeing	10%	1.42	1,447
Positive view of quality of life	11%	1.50	1,472
High GHQ12 Score	33%	1.91	224
Limiting condition or illness	24%	2.03	443
Exposed to second hand smoke	16%	1.86	708
Current smoker	17%	1.84	566

Hospital Admissions

One in eight (13%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 67% had been admitted once in the last year, although the number of admissions ranged from 1 to 105. The mean number of admissions was 3.27.

Those aged under 25 were the least likely to have been admitted to hospital and those aged 75 or over were the most likely.

Table 3.14: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	6%	1.39	136
25-34	13%	5.09	315
35-44	12%	1.93	269
45-54	11%	1.39	270
55-64	15%	8.55	231
65-74	17%	1.43	275
75+	20%	1.45	225
Men 16-44	11%	4.92	291
Women 16-44	10%	1.17	429
Men 45-64	11%	9.17	234
Women 45-64	14%	2.10	267
Men 65+	26%	1.25	188
Women 65+	13%	1.71	312
All	13%	3.27	1,724

Those in the most and least deprived areas were less likely than others to have been admitted to hospital. Those with no qualifications were more likely than those with qualifications to have been admitted to hospital. This is shown in Table 3.15.

Table 3.15: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Deprivation and Socio Economic Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Bottom 15% datazones	9%	2.29	901
Other datazones	14%	3.60	823
SIMD Quintiles:			
1 (Most deprived)	10%	2.02	1,026
2	16%	1.44	306
3	17%	8.50	194
4	11%	1.13	134
5 (Least deprived)	10%	1.44	64
At least one qualification	11%	3.94	1,182
No qualifications	18%	1.91	539

Those who received all household income from benefits and those who felt isolated from family and friends were more likely to have been admitted to hospital in the last year.

Table 3.16: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
All income from benefits	17%	5.61	489
Feel isolated from family/friends	18%	1.95	143

Those with positive views of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were less likely to have been admitted to hospital in the last year. Those who had exceeded the recommended limit for alcohol consumption in the previous week were also less likely to have been admitted to hospital in the last year.

Those with a high GHQ12 score and those with a limiting condition or illness were more likely to have been admitted to hospital in the last year. This is shown in Table 3.17.

Table 3.17: Admitted to Hospital at Least Once and Mean Number of Visits (Q7e) by Health and Wellbeing Measures

	% at least once	Mean number of admissions	Unweighted base (n)
Positive view of general health	8%	2.80	1,210
Positive view of physical wellbeing	9%	4.10	1,351
Positive view of mental/emotional wellbeing	11%	3.72	1,447
Positive view of quality of life	11%	3.54	1,472
High GHQ12 Score	31%	1.75	224
Limiting condition or illness	29%	4.01	443
Exceeds weekly alcohol limit	8%	1.32	306

Use of Pharmacy for Health Advice

One in five (20%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 37% had done so only once. The number of visits to the

pharmacist for health advice ranged from 1 to 100, and the mean number of visits to the pharmacist was 2.90.

As Table 3.18 shows, those in the oldest and youngest age groups were the least likely to have sought health advice from a pharmacist in the last year. Also, women were more likely than men to have sought health advice from a pharmacist.

Table 3.18: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Age and Gender

	% at least once	Mean number of visits	Unweighted base (n)
Age:			
16-24	16%	2.84	136
25-34	22%	2.16	314
35-44	21%	4.09	268
45-54	23%	2.70	269
55-64	20%	1.93	230
65-74	25%	3.55	275
75+	11%	2.97	224
Gender:			
Men	17%	3.02	712
Women	23%	2.82	1,007
All	20%	2.90	1,719

Those who received all income from benefits and those who felt isolated from family or friends were more likely to have sought health advice from a pharmacist.

Table 3.19: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Factors Associated with Social Exclusion

	% at least once	Mean number of admissions	Unweighted base (n)
All income from benefits	26%	4.42	487
Feel isolated from family/friends	28%	6.10	142

Obese people and those with positive views of their general health and physical wellbeing were less likely to have seen a pharmacist for health advice. Those with a high GHQ12 score and those who exceeded the recommended weekly limit for alcohol were more likely to have seen a pharmacist for health advice.

Table 3.20: Seen Pharmacist for Health Advice Least Once and Mean Number of Visits (Q7a) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	18%	2.12	1,205
Positive view of physical wellbeing	18%	2.19	1,346
High GHQ12 Score	28%	3.47	1,442
Exceeds weekly alcohol limit	25%	3.41	305
Obese	15%	2.96	269

Contacting NHS24

One in 11 (9%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 61% had done so just once. The number of contacts ranged from 1 to 52 and the mean number of contacts was 1.75.

All three factors associated with social exclusion were associated with a higher likelihood of having contacted NHS24 in the last year.

Table 3.21: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Factors Associated with Social Exclusion

	% at least once	Mean number of contacts	Unweighted base (n)
All income from benefits	14%	2.17	489
Feel isolated from family/friends	23%	1.92	143
Not in control of decisions affecting daily life, or only 'to some extent'	11%	1.91	610

Health and wellbeing measures associated with a higher likelihood of having contacted NHS24 in the last year were having a high GHQ12 score, having a limiting illness or condition, being obese, being exposed to second hand smoke and consuming fewer than five portions of fruit/vegetables per day.

Those with positive views of their general health and physical and mental/emotional wellbeing were less likely to have contacted NHS24 in the last year.

Table 3.22: Contacted NHS24 at Least Once and Mean Number of Visits (Q7b) by Health and Wellbeing Measures

	% at least once	Mean number of contacts	Unweighted base (n)
Positive view of general health	7%	1.66	1,210
Positive view of physical wellbeing	7%	1.64	1,351
Positive view of mental/emotional wellbeing	7%	1.63	1,447
High GHQ12 score	24%	2.21	224
Limiting condition or illness	17%	2.15	443
Exposed to second hand smoke	11%	1.91	708
Obese	13%	1.59	269
Consumes fewer than 5 portions of fruit/veg per day	10%	1.73	1,188

Use of GP Out of Hours Service

Two 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 6 and the mean number of uses was 2.04.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have used the GP out of hours service in the last year (2% South Glasgow; 4% NHSGGC).

All three factors associated with social exclusion were associated with a higher likelihood of having used the GP out of hours service.

Table 3.23: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Factors Associated with Social Exclusion

	% at least once	Mean number of visits	Unweighted base (n)
All income from benefits	4%	2.82	489
Feel isolated from family/friends	9%	2.93	143
Not in control of decisions affecting daily life, or only 'to some extent'	4%	2.16	610

Those with a positive view of their general health, physical and mental/emotional wellbeing and quality of life were less likely to have used the GP out of hours service. Those with a high GHQ12, those with a limiting condition or illness, smokers and those exposed to second hand smoke were more likely to have used the GP out of hours service.

Table 3.24: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Health and Wellbeing Measures

	% at least once	Mean number of visits	Unweighted base (n)
Positive view of general health	1%	1.26	1,210
Positive view of physical wellbeing	1%	1.44	1,351
Positive view of mental/emotional wellbeing	2%	1.38	1,447
Positive view of quality of life	2%	1.59	1,472
High GHQ12 Score	7%	3.05	224
Limiting condition or illness	6%	2.59	443
Exposed to second hand smoke	3%	2.29	708
Current smoker	4%	1.93	566

3.3 Dental Services

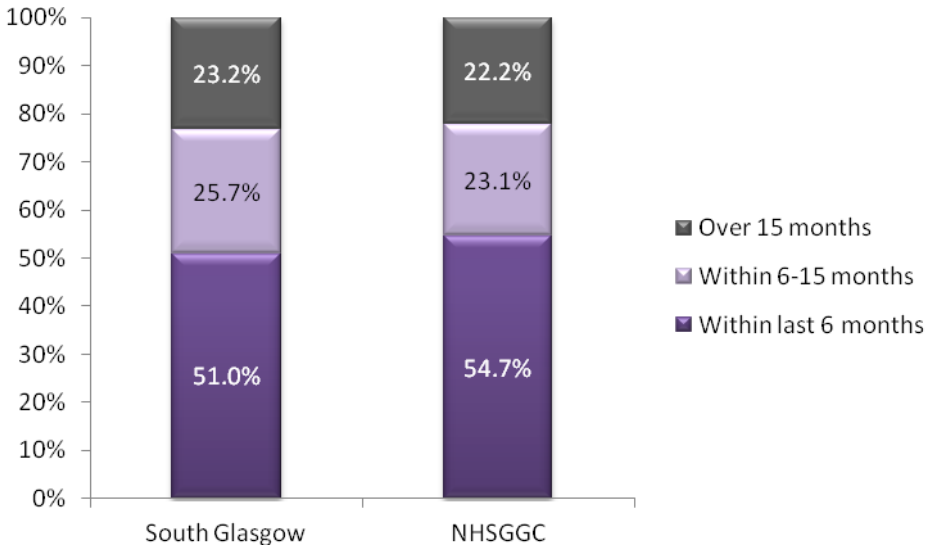
Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, half (51%) said that they had visited the dentist within the last six months, 26% had visited the dentist between six and 15 months ago, and 23% had last visited the dentist over 15 months ago.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have visited the dentist within the last six months (51% South Glasgow; 55% NHSGGC).

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



Those aged 25-44 were the most likely to have visited the dentist within the last six months and those aged 75 or over were the least likely to have done so. Women were more likely than men to have visited the dentist within the last six months.

Table 3.25: When Last Visited Dentist (Q9) by Age and Gender

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Age:				
16-24	56%	22%	22%	135
25-34	62%	26%	12%	297
35-44	58%	28%	13%	250
45-54	55%	30%	16%	258
55-64	44%	24%	32%	209
65-74	33%	22%	45%	228
75+	22%	22%	56%	152
Gender:				
Men	46%	28%	26%	625
Women	56%	23%	21%	907
Men 16-44	54%	27%	19%	269
Women 16-44	63%	25%	12%	413
Men 45-64	42%	29%	29%	212
Women 45-64	58%	25%	17%	255
Men 65+	28%	31%	42%	143
Women 65+	30%	16%	54%	237
All	51%	26%	23%	1,532

Table 3.26 shows that those living in the most deprived areas and those with no qualifications were less likely to have visited the dentist in the last six months.

Table 3.26: When Last Visited Dentist (Q9) by Deprivation and Socio Economic Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Bottom 15% datazones	45%	25%	30%	800
Other datazones	54%	26%	19%	732
SIMD quintile				
1 (most deprived)	45%	25%	30%	910
2	51%	25%	24%	265
3	62%	18%	20%	178
4	54%	35%	11%	124
5 (least deprived)	60%	36%	4%	55
At least one qualification	55%	27%	18%	1,115
No qualifications	37%	21%	42%	414

Table 3.27 shows that all three measures of social exclusion were associated with a lower likelihood of having visited the dentist in the last six months.

Table 3.27: When Last Visited Dentist (Q9) by Factors Associated with Social Exclusion

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
All income from benefits	32%	24%	43%	413
Feel isolated from family/friends	29%	28%	43%	119
Not in control of decisions affecting daily life, or only 'to some extent'	40%	27%	33%	532

Health and wellbeing measures associated with a lower likelihood of having visited the dentist in the last six months were:

- Being a smoker;
- Having a limiting condition/illness;
- Having a high GHQ12 score;
- Being exposed to second hand smoke;
- Consuming fewer than five portions of fruit/vegetables per day; and
- Exceeding the recommended weekly limit for alcohol consumption.

Those with positive perceptions of their general health, physical wellbeing, mental/emotional wellbeing and quality of life were more likely to have visited the dentist within the last six months.

Table 3.28: When Last Visited Dentist (Q9) by Health and Wellbeing Measures

	Within Last 6 Months	6-15 months ago	Over 15 months ago	Unweighted base (n)
Positive view of general health	55%	25%	20%	1,108
Positive view of physical wellbeing	54%	25%	20%	1,221
Positive view of mental/emotional wellbeing	54%	26%	20%	1,293
Positive view of quality of life	54%	25%	21%	1,329
High GHQ12 Score	41%	22%	37%	195
Limiting condition or illness	39%	26%	35%	341
Second hand smoke	42%	30%	28%	638
Smoker	38%	29%	34%	498
Exceeds weekly alcohol limit	47%	35%	18%	283
Consumes fewer than 5 portions of fruit/veg per day	46%	27%	27%	1,048

3.4 Involvement in Decisions Affecting Health Service Delivery

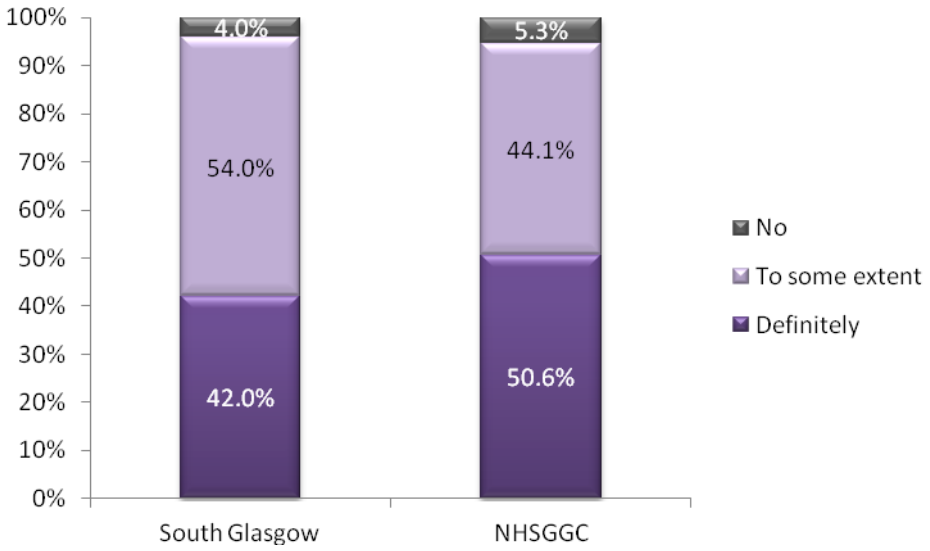
Information about Condition or Treatment

Of those who had accessed any health services over the last year, 42% felt that they had 'definitely' been given adequate information about their condition or treatment, 54% felt that they had 'to some extent', and 4% felt that they had not.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less 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.

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



Women were more likely than men to say they were definitely given adequate information about their condition or treatment.

Table 3.29: Given adequate information about your condition or treatment (Q8a) by Gender

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
Men	38%	59%	3%	97%	611
Women	46%	49%	5%	95%	904
All	42%	54%	4%	96%	1,515

Those with no qualifications were more likely to say they were definitely given adequate information about their condition or treatment.

Table 3.30: Given adequate information about your condition or treatment (Q8a) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
At least one qualification	39%	57%	4%	96%	1,007
No qualifications	51%	45%	4%	96%	506

Those who felt isolated from family and friends were more likely to feel that they were definitely given adequate information about their condition or treatment.

Table 3.31: Given adequate information about your condition or treatment (Q8a) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
Feel isolated from family/friends	54%	41%	5%	95%	131

Those with a positive view of their quality of life were more likely to say they were definitely given adequate information about their treatment/condition. Those who exceeded the recommended weekly limit for alcohol and those with positive views of their general health were less likely to feel they were definitely given adequate information.

Table 3.32: Given adequate information about your condition or treatment (Q8a) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	39%	57%	4%	96%	1,013
Positive view of quality of life	44%	52%	4%	96%	1,278
Exceeds weekly alcohol limit	32%	66%	2%	98%	258

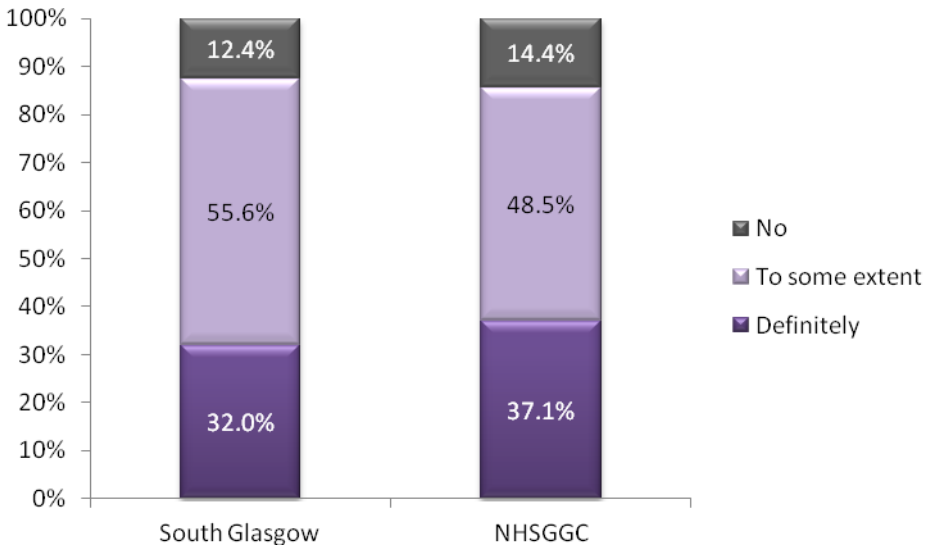
Encouragement to Participate in Decisions Affecting Health or Treatment

Nearly nine in ten (88%) 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 (32%) or to some extent (56%).

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde to feel they were definitely encouraged to participate in decisions affecting their health or treatment (32% South Glasgow; 37% NHSGGC).

Figure 3.4: Encouraged to participate in decisions affecting health or treatment (q8b) - South Glasgow & NHS Greater Glasgow & Clyde



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

Table 3.33: Encouraged to participate in decisions affecting health or treatment (Q8b) by Gender

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Men	29%	60%	11%	89%	584
Women	35%	52%	14%	86%	873
All	32%	56%	12%	88%	1,457

Those in the most deprived areas were less likely than those in other areas to feel they were to any extent encouraged to participate in decisions. Those in the least deprived areas were the most likely to feel they were definitely encouraged to participate in decisions affecting their health or treatment. However, those with no qualifications were more likely than those with qualifications to feel they were definitely encouraged to participate in decisions affecting their health or treatment.

Table 3.34: Encouraged to participate in decisions affecting health or treatment (Q8b) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	32%	52%	16%	84%	777
Other datazones	32%	58%	10%	90%	680
SIMD Quintile:					
1 (most deprived)	34%	50%	16%	84%	874
2	31%	59%	10%	90%	260
3	30%	55%	15%	85%	170
4	21%	76%	3%	97%	103
5 (least deprived)	45%	42%	12%	88%	50
At least one qualification	29%	59%	12%	88%	967
No qualifications	41%	46%	14%	86%	488

Those who felt isolated from family and friends were more likely to say they were definitely encouraged to participate in decisions affecting their health and treatment. Those who did not feel definitely in control of the decisions affecting their life were more likely to feel (to any extent) that they were encouraged to participate in decisions affecting their health or treatment.

Table 3.35: Encouraged to participate in decisions affecting health or treatment (Q8b) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Feel isolated from family/friends	44%	46%	10%	90%	125
Not in control of decisions affecting daily life, or only 'to some extent'	30%	62%	8%	92%	510

For health and wellbeing measures, those more likely to feel they were definitely encouraged to participate in decisions affecting their health/treatment were those with a high GHQ12 score and those with a limiting condition or illness.

Those who exceeded the recommended weekly limit for alcohol and those with positive views of their health or mental/emotional wellbeing were less likely to feel they were definitely encouraged to participate in decisions affecting their health or treatment.

Table 3.36: Encouraged to participate in decisions affecting health or treatment (Q8b) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	28%	58%	14%	86%	962
Positive view of mental/emotional wellbeing	30%	57%	13%	87%	1,205
High GHQ12 score	42%	49%	9%	91%	204
Limiting condition or illness	39%	52%	10%	90%	430
Exceeds weekly alcohol limit	18%	70%	12%	88%	240

Having a Say in How Health Services are Delivered

Three in four (73%) 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 (27%) or to some extent (46%).

Those in the most deprived areas were less likely than others to feel that they to any extent had a say in how health services are delivered. Those in the least deprived areas were the most likely to say they 'definitely' had a say in how health services are delivered. However, those with no qualifications were more likely than those with qualifications to say they definitely had a say in how health services are delivered.

Table 3.37: Have a say in how health services are delivered (Q8c) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Bottom 15% datazones	27%	42%	31%	69%	766
Other datazones	27%	49%	24%	76%	676
SIMD Quintile:					
1 (most deprived)	29%	39%	31%	69%	864
2	28%	51%	21%	79%	258
3	25%	43%	32%	68%	165
4	14%	69%	17%	83%	102
5 (least deprived)	40%	36%	23%	77%	53
At least one qualification	23%	50%	26%	74%	961
No qualifications	37%	34%	29%	71%	479

Those who did not definitely feel in control of the decisions affecting their life were more likely than others to feel that they had a say in how health services are delivered to any extent. This is shown in Table 3.38.

Table 3.38: Have a say in how health services are delivered (Q8c) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	24%	58%	18%	82%	504

For health and wellbeing measures, those less likely to say that they had a say in how health services were delivered (to any extent) were:

- Those who exceeded the recommended weekly limit for alcohol consumption;
- Those with a positive view of their general health; and
- Those with a positive view of their physical wellbeing.

Those more likely to say that they had a say in how health services were delivered (to any extent) were:

- Obese people; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 3.39: Have a say in how health services are delivered (Q8c) by Health and Wellbeing Measures

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
Positive view of general health	24%	46%	31%	69%	956
Positive view of physical wellbeing	27%	44%	28%	72%	1,098
Exceeds weekly alcohol limit	13%	48%	39%	61%	241
Obese	30%	51%	19%	81%	243
Consumes fewer than 5 portions of fruit/veg per day	26%	49%	25%	75%	976

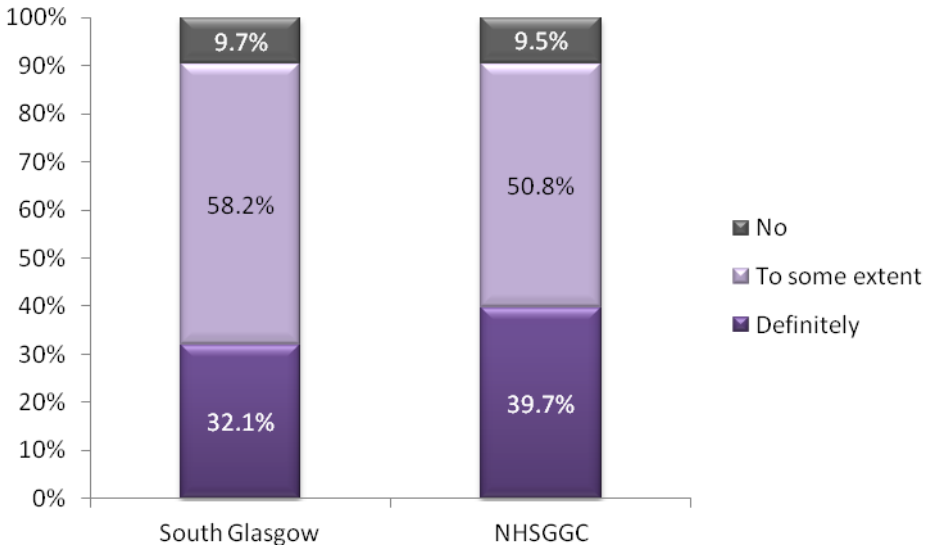
Feel that Views and Circumstances are Understood and Valued

Nine in ten (90%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (32%) or to some extent (58%).

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that they views and circumstances were definitely understood and valued (32% South Glasgow; 40% NHS Greater Glasgow & Clyde).

Figure 3.5: Feel that views and circumstances are understood and valued (Q8d) - South Glasgow & NHS Greater Glasgow & Cyde



Women were more likely than men to say their views and circumstances were definitely understood and valued.

Table 3.40: Feel that views and circumstances are understood and valued (Q8d) by Gender

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
Men	28%	63%	9%	91%	583
Women	35%	54%	10%	90%	874
All	32%	58%	10%	90%	1,457

Those with no qualifications were more likely than those with qualifications to feel that their views and circumstances were definitely understood and valued.

Table 3.41: Feel that views and circumstances are understood and valued (Q8d) by Deprivation and Socio Economic Measures

	Definitely	To some extent	No	Definitely / to some extent	Unweighted base (n)
At least one qualification	29%	62%	10%	90%	973
No qualifications	43%	47%	10%	90%	482

Those who received all household income from benefits were less likely to feel that their views and circumstances were understood and valued to any extent. Those who felt isolated from family or friends were more likely to say they definitely felt that their views and circumstances were understood and valued.

Table 3.42: Feel that views and circumstances are understood and valued (Q8d) by Factors Associated with Social Exclusion

	Definitely	To some extent	No	Definitely/to some extent	Unweighted base (n)
All income from benefits	34%	52%	15%	85%	432
Feel isolated from family/friends	43%	45%	12%	88%	129

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

Four in five (79%) respondents indicated that they found it easy to travel to hospital for an appointment, while 14% found it neither difficult nor easy and 6% found it difficult.

Those aged under 25 were the least likely to say it was difficult to reach hospital for an appointment and those aged 65 or over were the most likely to say this was difficult.

Table 3.43: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	3%	11%	86%	112
25-34	4%	9%	87%	256
35-44	4%	13%	83%	233
45-54	7%	14%	79%	248
55-64	8%	20%	73%	212
65-74	10%	20%	70%	252
75+	9%	18%	73%	216
Men 16-44	5%	7%	88%	237
Women 16-44	3%	15%	83%	364
Men 45-64	7%	19%	74%	213
Women 45-64	8%	14%	78%	247
Men 65+	8%	23%	69%	172
Women 65+	10%	16%	73%	296
All	6%	14%	79%	1,532

All three factors associated with social exclusion were associated with a higher likelihood of saying it was difficult to travel to hospital for an appointment, as shown in Table 3.44.

Table 3.44: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	16%	12%	73%	435
Feel isolated from family/friends	11%	10%	78%	131
Not in control of decisions affecting daily life, or only 'to some extent'	7%	21%	72%	530

Table 3.45 shows that the health and wellbeing measures associated with a higher likelihood of reporting difficulty travelling to hospital for an appointment were having a high GHQ12 score, having a limiting condition or illness, smoking and being exposed to second hand smoke. Also, obese people were less likely to say it was easy to travel to hospital for an appointment.

Table 3.45: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	4%	14%	82%	1,043
Positive view of physical wellbeing	5%	14%	81%	1,175
Positive view of mental/emotional wellbeing	5%	15%	80%	1,273
Positive view of quality of life	5%	14%	81%	1,299
High GHQ12 Score	11%	10%	79%	209
Limiting condition or illness	11%	15%	74%	427
Exposed to second hand smoke	9%	14%	77%	609
Current smoker	10%	14%	75%	485
Obese	6%	21%	73%	251

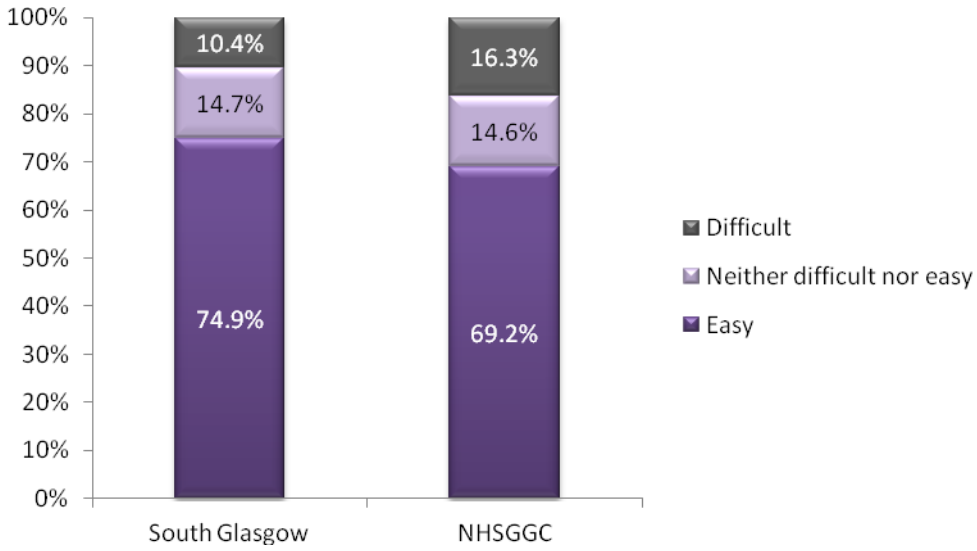
Getting a GP appointment

One in ten (10%) respondents said that it was difficult to obtain an appointment to see their GP, 15% said that it was neither easy nor difficult and 75% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow 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 (75% South Glasgow; 69% NHSGGC) and less likely to say it was difficult (10% South Glasgow; 16% NHSGGC).

Figure 3.6: Difficulty/Ease of Getting Appointment to See GP (Q12a) - South Glasgow & NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to say it was difficult to get an appointment to see their GP and those aged 65 or over were the least likely to say this was difficult.

Table 3.46: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	13%	11%	76%	115
25-34	16%	9%	75%	265
35-44	9%	10%	80%	245
45-54	11%	12%	78%	256
55-64	10%	25%	65%	223
65-74	5%	22%	73%	271
75+	6%	18%	76%	220
Men 16-44	14%	9%	78%	239
Women 16-44	12%	11%	77%	386
Men 45-64	8%	22%	69%	221
Women 45-64	12%	13%	74%	258
Men 65+	6%	22%	72%	184
Women 65+	5%	18%	76%	307
All	10%	15%	75%	1,598

Those in the most deprived areas were more likely to say that it was difficult to get a GP appointment. However, those with no qualifications were more likely than those with qualifications to say it was easy to get an appointment to see a GP.

Table 3.47: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	13%	15%	72%	844
Other datazones	9%	15%	76%	754
SIMD quintile				
1 (most deprived)	13%	14%	73%	954
2	12%	13%	75%	286
3	9%	8%	83%	185
4	2%	35%	63%	113
5 (least deprived)	2%	2%	95%	60
At least one qualification	11%	16%	73%	1,073
No qualifications	10%	10%	80%	522

Those who received all income from benefits were more likely to say it was difficult to get an appointment to see a GP.

Table 3.48: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	13%	10%	77%	463

Those with a high GHQ12 score and obese people were more likely to say it was difficult to get a GP appointment. Those with positive views of their mental/emotional wellbeing and quality of life were less likely to say it was difficult to get a GP appointment.

Table 3.49 Difficulty/Ease of Getting Appointment to See GP (Q12a) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of mental/emotional wellbeing	9%	15%	75%	1,325
Positive view of quality of life	9%	15%	76%	1,354
High GHQ12 Score	18%	12%	70%	220
Obese	16%	21%	63%	260

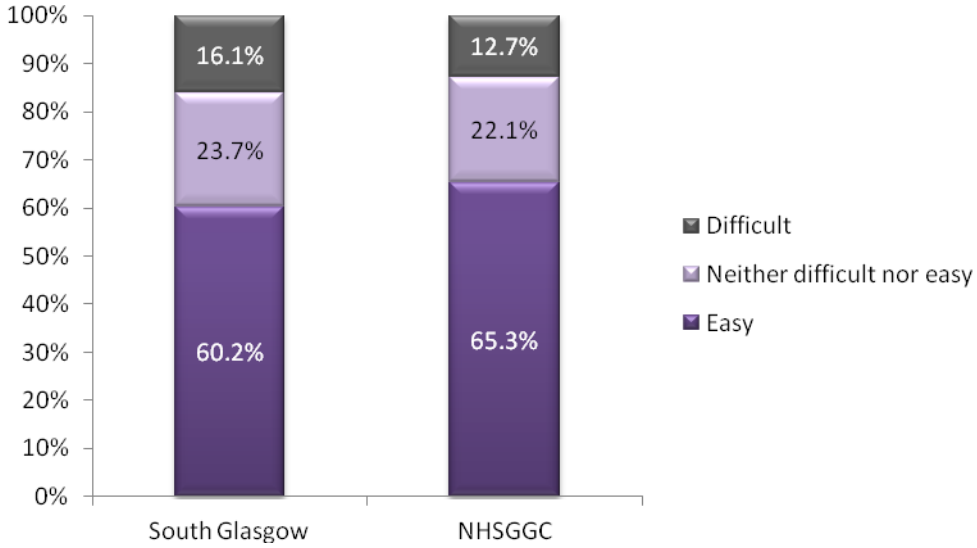
Obtaining an Appointment at the Hospital

One in six (16%) respondents said that it was difficult to obtain a hospital appointment, 24% said that it was neither easy nor difficult and 60% said that it was easy.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was difficult to get an appointment at the hospital 16% South Glasgow; 13% NHSGGC).

Figure 3.7: Difficulty/Ease of Obtaining Hospital Appointment - South Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-44 were the age group most likely to say it was difficult to get a hospital appointment and those aged 75 or over were the most likely to say it was easy.

Table 3.50: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Age and Gender

	Difficult	Neither	Easy	Unweighted base (n)
Age:				
16-24	14%	26%	60%	77
25-34	21%	19%	61%	201
35-44	23%	15%	62%	186
45-54	18%	26%	57%	192
55-64	14%	30%	55%	168
65-74	10%	29%	61%	220
75+	7%	27%	66%	194
Men 16-44	19%	18%	63%	176
Women 16-44	21%	19%	60%	288
Men 45-64	12%	31%	58%	157
Women 45-64	20%	26%	54%	203
Men 65+	6%	32%	61%	148
Women 65+	10%	24%	65%	266
All	16%	24%	60%	1,241

Those in the most deprived areas were more likely than others to say it was difficult to get a hospital appointment. Those in the least deprived areas were the most likely to say it was easy to get a hospital appointment.

Table 3.51: Difficulty/ease of Obtaining Hospital Appointment (Q12c) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	21%	23%	57%	668
Other datazones	14%	24%	62%	573
SIMD quintile				
1 (most deprived)	20%	22%	58%	745
2	15%	27%	59%	213
3	20%	14%	66%	150
4	7%	40%	52%	88
5 (least deprived)	3%	19%	77%	45

Those who received all income from benefits and those who did not definitely feel in control of the decisions affecting their life were more likely to say it was easy to obtain a hospital appointment.

Table 3.52: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	18%	16%	66%	371
Not in control of decisions affecting daily life, or only 'to some extent'	11%	26%	63%	460

Those with a limiting condition or illness were more likely to say it was easy to obtain a hospital appointment. Those with positive views of their general health were more likely to say it was difficult to obtain a hospital appointment.

Table 3.53: Difficulty/Ease of Obtaining Hospital Appointment (Q12c) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	19%	24%	57%	797
Limiting condition or illness	13%	21%	66%	396

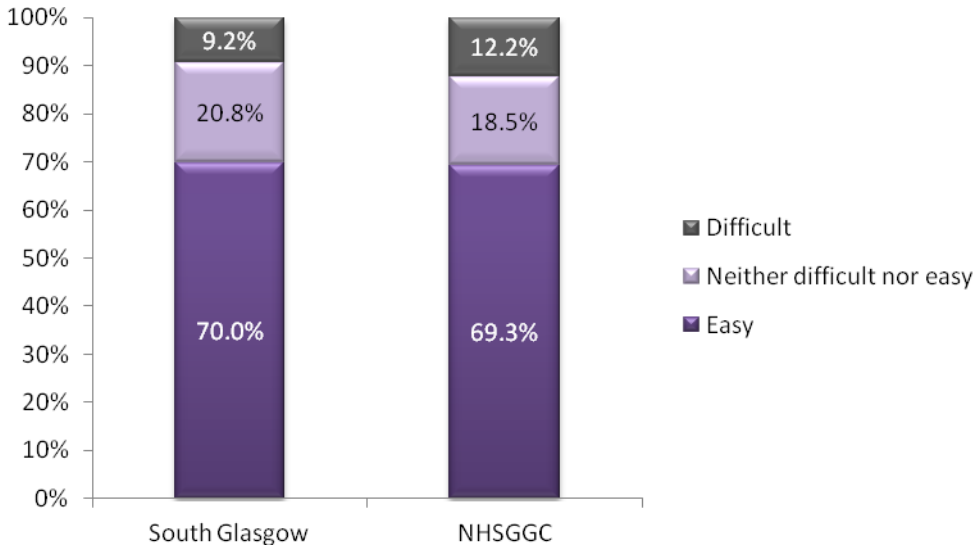
Getting a Consultation at GP Surgery within 48 Hours

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Seven in ten (70%) said that it was easy, 21% said that it was neither easy nor difficult and 9% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was difficult to get a GP consultation within 48 hours (9% South Glasgow; 12% NHSGGC).

Figure 3.8: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) - South Glasgow & NHS Greater Glasgow & Clyde



Those in the most deprived areas were less likely than those in other areas to say that it was easy to obtain a GP consultation within 48 hours and those in the least deprived areas were the most likely to find this easy. However, those with no qualifications were more likely than those with qualifications to say it was easy to obtain a GP consultation within 48 hours. This is shown in Table 3.54.

Table 3.54: Difficulty/ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
Bottom 15% datazones	12%	21%	67%	751
Other datazones	7%	21%	72%	656
SIMD quintile:				
1 (most deprived)	12%	20%	68%	847
2	8%	21%	70%	244
3	9%	16%	74%	160
4	4%	34%	62%	102
5 (least deprived)	0%	9%	91%	54
At least one qualification	10%	22%	68%	952
No qualifications	6%	18%	75%	454

Those who consume fewer than five portions of fruit/vegetables per day were more likely to say it was easy to get a GP consultation within 48 hours. Those with a high GHQ12 score were more likely to say this was difficult.

Table 3.55: Difficulty/Ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
High GHQ12 score	14%	15%	71%	197
Consumes fewer than 5 portions of fruit/veg per day	8%	20%	72%	956

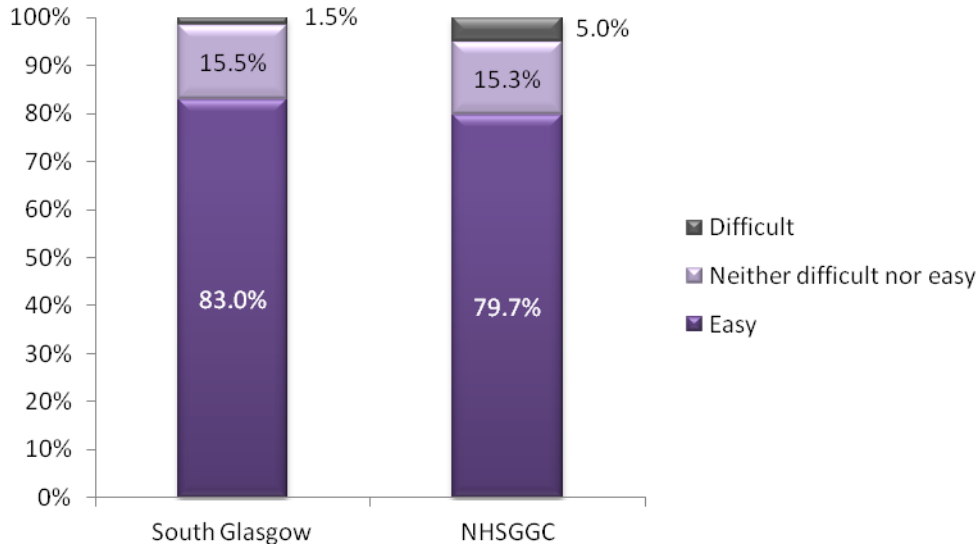
Accessing Health Services in an Emergency

Four in five (83%) respondents said that it was easy to access health services in an emergency, while 15% said that it was neither easy nor difficult and 2% said that it was difficult.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow 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 (83% South Glasgow; 80% NHSGGC).

Figure 3.9: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) - South Glasgow & NHSGGC



Those with no qualifications were more likely than those with qualifications to say it was easy to access health services in an emergency. This is shown in Table 3.56.

Table 3.56: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Deprivation and Socio Economic Measures

	Difficult	Neither	Easy	Unweighted base (n)
At least one qualification	2%	17%	81%	959
No qualifications	1%	11%	89%	458

Those who did not feel in control of the decisions affecting their life were less likely to feel it was easy to access health services in an emergency. However, those who received all

household income from benefits were more likely to say it was easy to access health services in an emergency.

Table 3.57: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Factors Associated with Social Exclusion

	Difficult	Neither	Easy	Unweighted base (n)
All income from benefits	2%	10%	88%	400
Not in control of decisions affecting daily life, or only 'to some extent'	1%	20%	79%	512

Table 3.58 shows that for health and wellbeing measures, those less likely to find it easy to access health services in an emergency were obese people. Those who exceeded the recommended weekly limit for alcohol consumption and those with a positive view of their general health were more likely to feel it was easy to access health service in an emergency.

Table 3.58: Difficulty/Ease of Accessing Health Services in an Emergency (Q14b) by Health and Wellbeing Measures

	Difficult	Neither	Easy	Unweighted base (n)
Positive view of general health	2%	14%	84%	961
Exceeds weekly alcohol limit	1%	10%	89%	251
Obese	2%	22%	76%	241

Getting an Appointment to See the Dentist

More than four in five (84%) respondents said that it was easy to get an appointment to see the dentist, while 10% said that it was neither easy nor difficult and 6% said that it was difficult.

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)	41%	1,721
Current smoker (Q16)	30%	1,724
Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17)	45%	566
Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23)	19%	1,724
Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23)	48%	649
Binge drinker in the past week (based on all respondents) (Q23)	27%	1,724
Binge drinker in the past week (based on all those who drank at all in the past week) (Q23)	68%	649
Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31)	50%	1,697
Participated in at least one sport or activity in the last week (Q32)	90%	1,724
Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25)	32%	1,722
Consumes at least 2 portions of oily fish per week (Q27)	26%	1,723
Consumes at least 2 portions of high fat snacks per day (Q26)	35%	1,723
Body Mass Index of 25 or over(Q28 & Q29)	51%	1,410
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	71%	1,389
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	82%	1,389

Two in five (41%) respondents were exposed to second hand smoke most or some of the time. Those more likely to be exposed to second hand smoke were those aged under 25, men, those in the most deprived areas, those who exhibited factors associated with social exclusion, smokers, those who exceeded the recommended weekly limit for alcohol, those with a high GHQ12 score and those who consume fewer than five portions of fruit/vegetables per day.

Three in ten (30%) respondents were smokers, smoking on at least some days. Those more likely to be smokers were those aged 55-64, men, those in the most deprived areas, those who exhibited factors associated with social exclusion, those exposed to second hand smoke, those with a high GHQ12 score, those who exceed the recommended weekly limit for alcohol consumption, those who consume fewer than five portions of fruit/vegetables per day and those with a limiting condition/illness.

Two in five (39%) respondents drank alcohol weekly. Those more likely to drink alcohol at least once a week were those aged under 65, men, those in the least deprived areas, those with qualifications, smokers, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day, those with a positive view of their general health and those with a positive view of their physical wellbeing.

One in five (19%) respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 48% of those who had drunk alcohol in the last week. Those more likely to have exceeded weekly limits were those aged under 25, men, those with qualifications, those who received all household income from benefits, those exposed to second hand smoke, smokers, those who consumed fewer than five portions of fruit/vegetables per day and those with a positive view of their general health.

One in four (27%) respondents had been binge drinkers in the previous week. This equates to 68% of all those who had drunk alcohol in the last week. Those more likely to be binge drinkers were those aged under 25, men, those with qualifications, those who felt isolated from family/friends, smokers, those exposed to second hand smoke, those who consumed fewer than five portions of fruit/vegetables per day and those with a positive view of their health.

Half (50%) of respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those less likely to meet this target were those aged 65 or over, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition or illness, those with a high GHQ12 score, obese people and those consuming fewer than five portions of fruit/vegetables per day.

Nine in ten (90%) respondents had participated in at least one sport or activity in the last week. Those less likely to have participated in sport/activity in the last week were those in the oldest age groups, those with no qualifications, those who exhibited factors associated with social exclusion, those with a limiting condition/illness, those with a high GHQ12 score and obese people.

Three in ten (32%) respondents met the target of consuming five or more portions of fruit/vegetables per day. Those less likely to meet this target were men, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those with a high GHQ12 score and those exposed to second hand smoke.

One in four (26%) respondents consumed two or more portions of oily fish per week. Those less likely to do so were those without qualifications, those who received all household income from benefits, those who felt isolated from family/friends, smokers, those who consumed fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke.

One in three (35%) respondents exceeded the recommended limit of one high fat/ sugary snack per day. Those more likely to exceed this limit were those aged 16-24, those with no qualifications, those who received all household income from benefits, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Half (51%) of respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, one in five (18%) were obese. Those more likely to be obese were those aged 55-74, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those with a limiting condition or illness and those with a high GHQ12 score.

Seven in ten (71%) 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 2.26. Those who tended to exhibit more unhealthy behaviours were those aged 45-64, men, those in the most deprived areas, those with no qualifications and those exhibiting factors associated with social exclusion.

Four in five (82%) 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 2.66. Those who tended to exhibit fewer healthy behaviours were those aged 45-64, men, those in the most deprived areas, those with no qualifications and those exhibiting factors associated with social exclusion.

4.2 Smoking

Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. Two in five (41%) said that this happened most of the time (24%) or some of the time (17%). A further 34% said that they were seldom exposed to second hand smoke and 25% said they were never exposed.

Those aged under 25 were the most likely to be exposed to second hand smoke, with 54% of respondents in that age group being exposed most or some of the time. Those aged 75 or over were the least likely to be exposed to second hand smoke, with 19% of those in that age group being exposed most or some of the time. Men were more likely than women to be exposed to others' smoke most or some of the time (46% and 36% respectively).

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

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Age:						
16-24	29%	24%	29%	17%	54%	136
25-34	20%	23%	34%	22%	43%	315
35-44	22%	16%	36%	26%	38%	269
45-54	24%	22%	28%	26%	45%	269
55-64	30%	11%	35%	24%	41%	231
65-74	22%	10%	40%	28%	32%	273
75+	15%	4%	41%	39%	19%	225
Men	25%	21%	32%	23%	46%	712
Women	22%	14%	36%	28%	36%	1,009
Men 16-44	23%	27%	29%	21%	49%	291
Women 16-44	25%	15%	37%	23%	40%	429
Men 45-64	33%	18%	27%	22%	51%	233
Women 45-64	21%	16%	35%	28%	37%	267
Men 65+	18%	7%	48%	27%	25%	187
Women 65+	19%	7%	36%	38%	27%	311
All	24%	17%	34%	25%	41%	1,721

Those in the most deprived areas were more likely to be exposed to second hand smoke most or some of the time. This is shown in Table 4.3.

Table 4.3: Exposure to Second Hand Smoke (Q15) by Deprivation and Socio Economic Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Bottom 15% datazones	27%	19%	32%	21%	46%	889
Other datazones	22%	16%	35%	27%	38%	822
SIMD quintile						
1 (most deprived)	28%	19%	32%	21%	47%	1,023
2	27%	16%	25%	31%	43%	306
3	13%	17%	35%	36%	29%	194
4	21%	13%	53%	14%	33%	134
5 (least deprived)	17%	12%	40%	31%	30%	64

Table 4.4 shows that all three factors associated with social exclusion were associated with a higher likelihood of being exposed to second hand smoke most or some of the time.

Table 4.4: Exposure to Second Hand Smoke (Q15) by Factors Associated with Social Exclusion

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
All income from benefits	42%	19%	18%	21%	61%	489
Feel isolated from family/friends	38%	12%	23%	27%	50%	143
Not in control of decisions affecting daily life, or only 'to some extent'	31%	17%	27%	25%	48%	609

For health and wellbeing measures, those more likely to be exposed to second hand smoke most or some or the time were:

- Smokers;
- Those who exceed the recommended weekly limit for alcohol consumption;
- Those with a high GHQ12 score; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those with a positive view of their physical wellbeing, mental/emotional wellbeing and quality of life and obese people were less likely to be exposed to second hand smoke.

Table 4.5: Exposure to Second Hand Smoke (Q15) by Health and Wellbeing Measures

	Most of the time	Some of the time	Seldom	Never	Most/some of the time	Unweighted base (n)
Positive view of physical wellbeing	21%	18%	36%	26%	38%	1,349
Positive view of mental/emotional wellbeing	21%	17%	37%	25%	38%	1,444
Positive view of quality of life	22%	17%	36%	26%	39%	1,470
High GHQ12 score	36%	19%	26%	19%	55%	224
Current smoker	71%	19%	8%	2%	90%	565
Exceeds weekly alcohol limit	37%	22%	25%	16%	59%	1.415
Obese	22%	12%	39%	27%	34%	269
Consumes fewer than 5 portions of fruit/veg per day	28%	17%	30%	24%	46%	1.186

Smokers

Three in ten (30%) respondents were smokers, smoking either every day (28%) or some days (2%).

Those aged 55-64 were the most likely to be current smokers and those aged 75 or over were the least likely. Men were more likely than women to be smokers (33% and 28% respectively).

Table 4.6: Proportion of Current Smokers (Q16) by Age and Gender

	Current smoker	Unweighted base (n)
Age:		
16-24	30%	136
25-34	27%	315
35-44	33%	269
45-54	32%	270
55-64	37%	231
65-74	27%	275
75+	19%	225
Men	33%	714
Women	28%	1,010
Men 16-44	32%	291
Women 16-44	29%	429
Men 45-64	40%	234
Women 45-64	29%	267
Men 65+	24%	188
Women 65+	22%	312
All	30%	1,724

Table 4.7 shows that those in the most deprived areas were more likely to be smokers.

Table 4.7: Proportion of Current Smokers (Q16) by Deprivation and Socio Economic Measures

	Current smoker	Unweighted base (n)
Bottom 15% datazones	38%	901
Other datazones	26%	823
SIMD quintile		
1 (most deprived)	38%	1,026
2	31%	306
3	18%	194
4	22%	134
5 (least deprived)	17%	64

All three factors associated with social exclusion were associated with a higher likelihood of being a smoker.

Table 4.8: Proportion of Current Smokers (Q16) by Factors Associated with Social Exclusion

	Current smoker	Unweighted base (n)
All income from benefits	45%	489
Feel isolated from family/friends	57%	143
Not in control of decisions affecting daily life, or only 'to some extent'	63%	610

Table 4.9 shows that positive views of health, physical and mental wellbeing and quality of life and being obese were associated with a lower likelihood of being a smoker. Those more likely to be smokers were:

- Those exposed to second hand smoke;
- Those with a high GHQ12 score;
- Those who exceed the recommended weekly limit for alcohol consumption;
- Those who consume fewer than five portions of fruit/vegetables per day; and
- Those with a limiting condition or illness.

Table 4.9: Proportion of Current Smokers (Q16) by Health and Wellbeing Measures

	Current smoker	Unweighted base (n)		Current smoker	Unweighted base (n)
Positive view of general health	28%	1,210	Limiting condition or illness	35%	443
Positive view of physical wellbeing	28%	1,351	Second hand smoke	67%	708
Positive view of mental/emotional wellbeing	27%	1,447	Exceeds weekly alcohol limit	48%	306
Positive view of quality of life	29%	1,472	Obese	26%	269
High GHQ12 Score	57%	224	Consumes fewer than 5 portions of fruit/veg per day	36%	1,188

Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 16.8. Just under half (45%) of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

Intention to Stop Smoking

Just over a quarter (27%) of smokers said that they intend to stop smoking while 57% said they did not and 15% were unsure.

Comparison with NHS Greater Glasgow & Clyde

Smokers in South Glasgow were more likely than smokers in the NHS Greater Glasgow & Clyde area as a whole to say they did not indend to stop smoking (57% South Glasgow; 47% NHSGGC).

4.3 Drinking

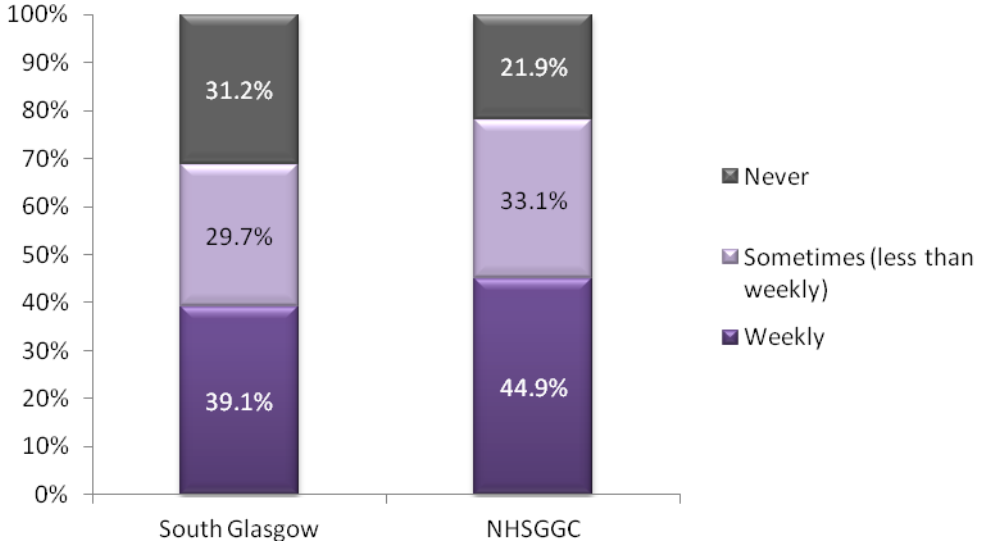
Frequency of Drinking Alcohol

Three in ten (31%) respondents said that they never drank alcohol, 30% drank alcohol sometimes, but less than weekly and two in five (39%) drank alcohol at least once a week (including 14% who drank alcohol on three or more days per week).

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to drink alcohol weekly (39% South Glasgow; 45% NHSGGC) and more likely to say they never drank alcohol (31% South Glasgow; 22% NHSGGC).

Figure 4.1: Frequency Drink Alcohol (Q19) - South Glasgow and NHS Greater Glasgow & Clyde



Those aged 75 or over were more likely than others to say that they never drank alcohol, and less likely to do so weekly. Men were more likely than women to drink weekly (48% of men and 31% of women did so).

Table 4.10: Frequency Drink Alcohol (Q19) by Age and Gender

	Never	Less than weekly	At least once a week	Unweighted base (n)
Age:				
16-24	26%	33%	41%	136
25-34	29%	26%	45%	314
35-44	32%	28%	40%	269
45-54	31%	25%	44%	270
55-64	28%	31%	41%	231
65-74	36%	36%	28%	275
75+	42%	35%	23%	225
Men	26%	25%	48%	714
Women	36%	34%	31%	1,009
Men 16-44	26%	24%	50%	291
Women 16-44	33%	34%	34%	428
Men 45-64	24%	22%	53%	234
Women 45-64	35%	33%	32%	267
Men 65+	32%	35%	33%	188
Women 65+	43%	36%	21%	312
All	31%	30%	39%	1,723

Those in the least deprived areas and those with qualifications were more likely to drink alcohol weekly.

Table 4.11: Frequency Drink Alcohol (Q19) by Deprivation and Socio Economic Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
SIMD quintile				
1 (most deprived)	32%	28%	39%	1,025
2	37%	28%	35%	306
3	36%	32%	33%	194
4	19%	34%	46%	134
5 (least deprived)	10%	31%	58%	64
At least one qualification	26%	31%	43%	1,181
No qualifications	47%	27%	26%	539

For health and wellbeing measures, those more likely to drink alcohol weekly were:

- Smokers;
- Those exposed to second hand smoke;
- Those who consumed fewer than five portions of fruit/vegetables per day;
- Those with a positive view of their general health; and
- Those with a positive view of their physical wellbeing.

Those with a high GHQ12 score and those with a limiting condition or illness were less likely to drink alcohol weekly.

Table 4.12: Frequency Drink Alcohol (Q19) by Health and Wellbeing Measures

	Never	Less than weekly	At least once a week	Unweighted base (n)
Positive view of general health	28%	29%	43%	1,209
Positive view of physical wellbeing	30%	29%	41%	1,351
High GHQ12 score	34%	37%	29%	224
Limiting condition/illness	41%	31%	29%	443
Exposed to second hand smoke	23%	28%	49%	708
Current smoker	19%	27%	55%	565
Consumes fewer than 5 portions of fruit/veg per day	28%	28%	44%	1,188

Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. Two in five (40%) of all respondents said they had drunk alcohol in the past week (therefore similar to the 39% 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 48% of all those who had drunk alcohol in the last week.

Those aged under 25 were the most likely to have exceeded the recommended weekly alcohol limit in the last week and those aged 65 or over were the least likely to have done so. Men were much more likely than women to have exceeded the recommended weekly alcohol limit (26% men; 13% women).

Table 4.13: 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:			
16-24	30%	26%	136
25-34	21%	15%	315
35-44	23%	15%	269
45-54	25%	16%	270
55-64	15%	12%	231
65-74	4%	3%	275
75+	4%	2%	225
Men	26%	21%	714
Women	13%	8%	1,010
Men 16-44	32%	25%	291
Women 16-44	16%	11%	429
Men 45-64	27%	22%	234
Women 45-64	15%	7%	267
Men 65+	7%	5%	188
Women 65+	1%	1%	312
All	19%	14%	1,724

Those with qualifications were more likely than those without qualifications to exceed the recommended weekly limit for alcohol consumption.

Table 4.14: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Deprivation and Socio Economic Measures

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
At least one qualification	21%	15%	1,182
No qualifications	13%	11%	539

Those who received all household income from benefits were more likely to have exceeded the weekly alcohol limit in the last week.

Table 4.15: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
All income from benefits	24%	21%	489

Table 4.16 shows that those exposed to second hand smoke, smokers, those who consumed fewer than 5 portions of fruit/vegetables per day and those with a positive view of their health were more likely to exceed the weekly limit for alcohol consumption. Those with a limiting condition or illness were less likely to exceed the weekly alcohol limit.

Table 4.16: Proportion Exceeding Recommended Weekly Limits for Alcohol (old new and old unit measures) (Q23) by Health and Wellbeing Measures

	Exceeds Weekly Limit (new measures)	Exceeds Weekly Limit (old measures)	Unweighted base (n)
Positive view of general health	22%	15%	1,210
Limiting condition/illness	12%	11%	443
Exposed to second hand smoke	28%	23%	708
Current smoker	31%	27%	566
Consumes fewer than 5 portions of fruit/veg per day	24%	17%	1,188

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, 27% of all respondents had been binge drinkers during the previous week. This equates to 68% of all those who had consumed alcohol in the previous week.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those across the NHS Greater Glasgow & Clyde area to have been binge drinkers in the previous week (27% South Glasgow; 31% NHSGGC).

Those aged under 25 were the most likely to have been binge drinkers in the previous week while those aged 75 and over were the least likely. Also, men were considerably more likely than women to be binge drinkers (37% men; 18% women). This is shown in Table 4.17.

Table 4.17: 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:			
16-24	37%	36%	136
25-34	31%	25%	315
35-44	34%	29%	269
45-54	35%	27%	270
55-64	21%	16%	231
65-74	12%	9%	275
75+	3%	0%	225
Men	37%	33%	714
Women	18%	13%	1,010
Men 16-44	44%	40%	291
Women 16-44	23%	20%	429
Men 45-64	40%	33%	234
Women 45-64	19%	13%	267
Men 65+	11%	9%	188
Women 65+	6%	2%	312
All	27%	23%	1,724

Those with qualifications were much more likely than those with no qualifications to have been binge drinkers in the previous week.

Table 4.18: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Deprivation and Socio Economic Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
At least one qualification	30%	25%	1,182
No qualifications	18%	16%	539

Those who felt isolated from family and friends were more likely to be binge drinkers.

Table 4.19: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Factors Associated with Social Exclusion

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Feel isolated from family and friends	35%	32%	143

For health and wellbeing measures, those more likely to be binge drinkers were:

- Smokers;
- Those exposed to second hand smoke;
- Those consuming fewer than five portions of fruit/vegetables per day; and
- Those with a positive view of their general health.

Those with a limiting condition or illness and those with a high GHQ12 score were less likely to be binge drinkers.

Table 4.20: Proportion Binge Drinking During Previous Week (old new and old unit measures) (Q23) by Health and Wellbeing Measures

	Binge Drinker (new measures)	Binge Drinker (old measures)	Unweighted base (n)
Positive view of general health	31%	25%	1,210
Positive view of physical wellbeing	28%	23%	1,351
High GHQ12 score	20%	20%	224
Limiting condition/illness	16%	15%	443
Exposed to second hand smoke	37%	32%	708
Current smoker	41%	35%	566
Consumes fewer than five portions of fruit/vegetables per day	32%	28%	1,188

Alcohol Free Days

Most (96%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 91% of those who had drunk alcohol in the previous week.

Women were more likely than men to have had two or more alcohol-free days in the last week.

Table 4.21: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Age and Gender

	Two or More Alcohol-Free Days	Unweighted base (n)
Men	94%	714
Women	98%	1,010
Men 16-44	96%	291
Women 16-44	98%	429
Men 45-64	94%	234
Women 45-64	99%	267
Men 65+	91%	188
Women 65+	98%	312
All	96%	1,724

Those who received all household income from benefits and those who felt isolated from family or friends were less likely to have had two or more alcohol-free days in the last week.

Table 4.22: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Factors Associated with Social Exclusion

	Two or More Alcohol-Free Days	Unweighted base (n)
All household income from benefits	93%	489
Feel isolated from family/friends	88%	143

Those with a positive view of their physical or mental/emotional wellbeing or quality of life were more likely to have had two or more alcohol-free days. Those with a limiting condition or illness and smokers were less likely to have had two or more alcohol-free days.

Table 4.23: Proportion who had Two or More Alcohol-Free Days in Previous Week (Q23) by Health and Wellbeing Measures

	Two or More Alcohol-Free Days	Unweighted base (n)
Positive view of physical wellbeing	97%	1,351
Positive view of mental/emotional wellbeing	97%	1,447
Positive view of quality of life	97%	1,472
Limiting condition or illness	93%	443
Current Smoker	94%	566

4.4 Physical Activity[2]

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. Just over half (53%) said that they had not done this on any day in the last week. One in eight (13%) had done so on five or more days in the last week. The mean number of days for all respondents was 1.60.

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. Seventeen percent said that they had not done this on any day in the last week, and a third (32%) said they had done this every day in the last week. The mean number of days was 4.08.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week. Half (50%) of respondents met this target.

Those aged 25-34 were the most likely to meet the target for physical activity and those aged 65 or over were the least likely.

[2] In July 2011 the four UK Chief Medical Officers published new physical activity guidelines, however as this survey was commisioned 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 activty or accumulate 75 minutes of vigorous intensity activity in bouts of 10 minutes or more per week.

Table 4.24: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Age and Gender

	Meet Physical Activity Target	Unweighted base (n)
Age:		
16-24	49%	134
25-34	65%	310
35-44	55%	261
45-54	51%	266
55-64	45%	230
65-74	39%	270
75+	37%	223
Men 16-44	57%	285
Women 16-44	56%	420
Men 45-64	46%	231
Women 45-64	50%	265
Men 65+	39%	185
Women 65+	38%	308
All	50%	1,697

Those with no qualifications were less likely to meet the target for physical activity. This is shown in Table 4.25.

Table 4.25: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Deprivation and Socio Economic Measures

	Meet Physical Activity Target	Unweighted base (n)
At least one qualification	57%	1,165
No qualifications	29%	529

All three factors associated with social exclusion were associated with a lower likelihood of meeting the target for physical activity, as shown in Table 4.26.

Table 4.26: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Factors Associated with Social Exclusion

	Meet Physical Activity Target	Unweighted base (n)
All income from benefits	36%	475
Feel isolated from friends/family	31%	138
Not in control of decisions affecting daily life, or only 'to some extent'	35%	590

For health and wellbeing measures, those less likely to meet the target for physical activity were:

- Those with a limiting condition or illness;
- Those with a high GHQ12 score;
- Obese people; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Those more likely to meet the physical activity target were those with positive perceptions

of their general health, physical and mental/emotional wellbeing and quality of life and those who exceeded the recommended weekly limit for alcohol consumption.

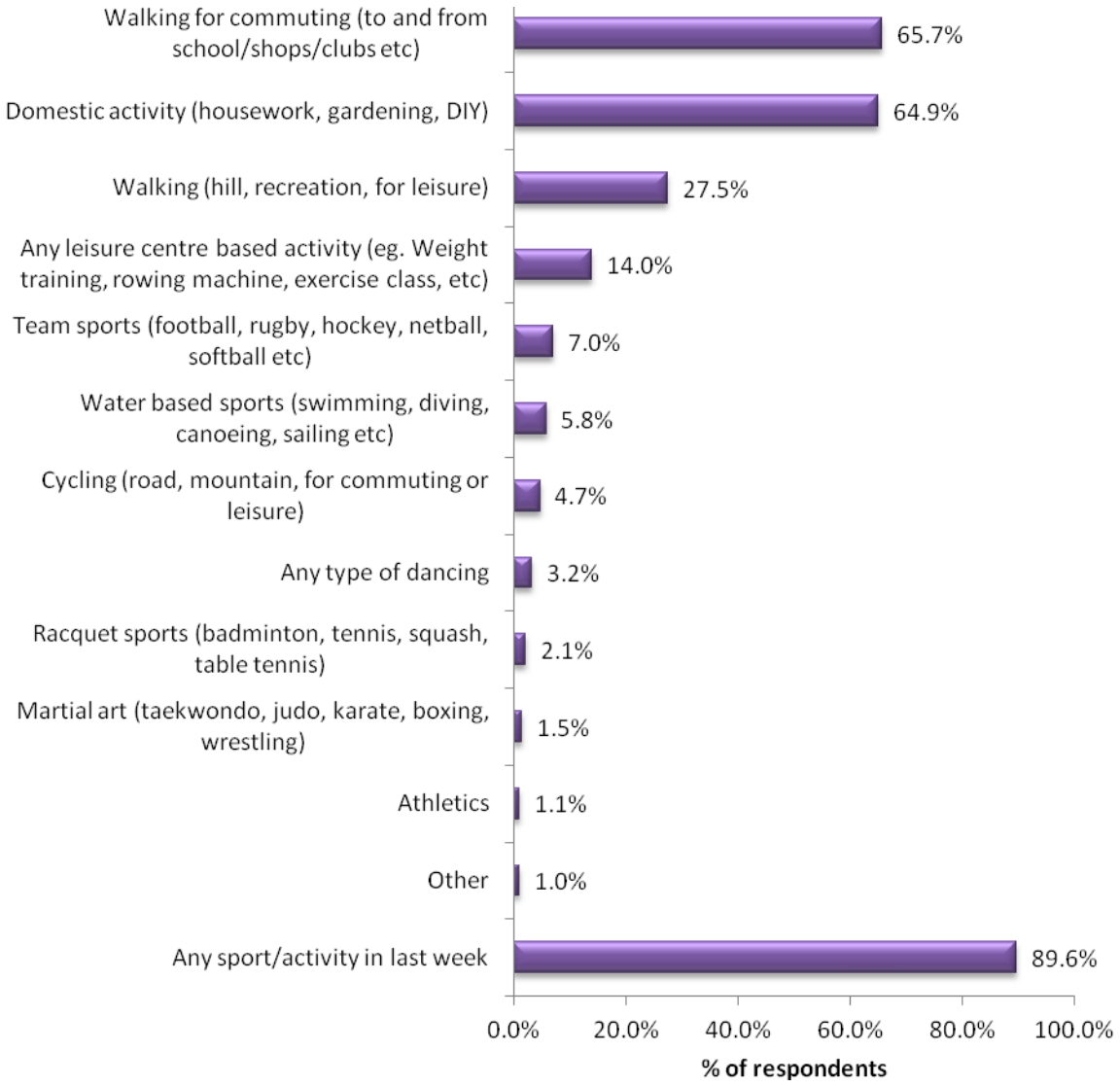
Table 4.27: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31)by Health and Wellbeing Measures

	Meet Physical Activity Target	Unweighted base (n)		Meet Physical Activity Target	Unweighted base (n)
Positive view of general health	57%	1,187	Limiting condition or illness	29%	439
Positive view of physical wellbeing	57%	1,326	Exceeds weekly alcohol limit	56%	302
Positive view of mental/emotional wellbeing	53%	1,425	Obese	40%	266
Positive view of quality of life	54%	1,448	Consumes fewer than 5 portions of fruit/veg per day	48%	1,171
High GHQ12 Score	39%	221			

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

Figure 4.2: Proportion Participating in Sports in the Last Week



Comparison with NHS Greater Glasgow & Clyde

Overall those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have taken part in any sport or activity in the last week (90% South Glasgow; 92% NHSGGC).

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, in the previous week those in South Glasgow were less likely to have taken part in:

- Walking for leisure/recreation (27.5% South Glasgow; 34.6% NHSGGC);
- Team sports (7.0% South Glasgow; 10.4% NHSGGC);
- Water based sports (5.8% South Glasgow; 7.4% NHSGGC);
- Dance (3.2% South Glasgow; 4.4% NHSGGC); and
- Racquet sports (2.1% South Glasgow; 3.0% NHSGGC).

However, compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in South Glasgow were more likely to have taken part in walking for commuting (66% South Glasgow; 58% NHSGGC).

Older respondents were less likely to have done at least one sport or activity in the previous week.

Table 4.28: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Age and Gender

	Participated in Sport/Activity	Unweighted base (n)
Age:		
16-24	92%	136
25-34	94%	315
35-44	95%	269
45-54	93%	270
55-64	85%	231
65-74	82%	275
75+	75%	225
Men 16-44	93%	291
Women 16-44	95%	429
Men 45-64	87%	234
Women 45-64	92%	267
Men 65+	76%	188
Women 65+	81%	312
All	90%	1,724

Those with no qualifications were less likely to have participated in sport or activity in the last week.

Table 4.29: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Deprivation and Socio Economic Measures

	Participated in Sport/Activity	Unweighted base (n)
At least one qualification	93%	1,182
No qualifications	79%	539

All three factors associated with social exclusion were associated with a lower likelihood of having participated in any sport or activity in the past week.

Table 4.30: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Factors Associated with Social Exclusion

	Participated in Sport/Activity	Unweighted base (n)
All income from benefits	82%	489
Feel isolated from family/friends	82%	143
Not in control of decisions affecting daily life, or only 'to some extent'	82%	610

For health and wellbeing measures, those less likely to have participated in sport or activity in the last week were those with a limiting condition or illness, those with a high GHQ12 score and obese people.

Factors associated with a higher likelihood of having participated in sport in the last week were having positive views of health, wellbeing or quality of life and exceeding the recommended weekly limit for alcohol consumption.

Table 4.31: Proportion Who Participated in at Least One Sport or Activity in the Last Week (Q32) by Health and Wellbeing Measures

	Participated in Sport	Unweighted base (n)		Participated in Sport	Unweighted base (n)
Positive view of general health	95%	1,210	High GHQ12 score	80%	224
Positive view of physical wellbeing	94%	1,351	Limiting condition or illness	73%	443
Positive view of mental/emotional wellbeing	92%	1,447	Exceeds weekly alcohol limit	93%	306
Positive view of quality of life	91%	1,472	Obese	86%	269

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:

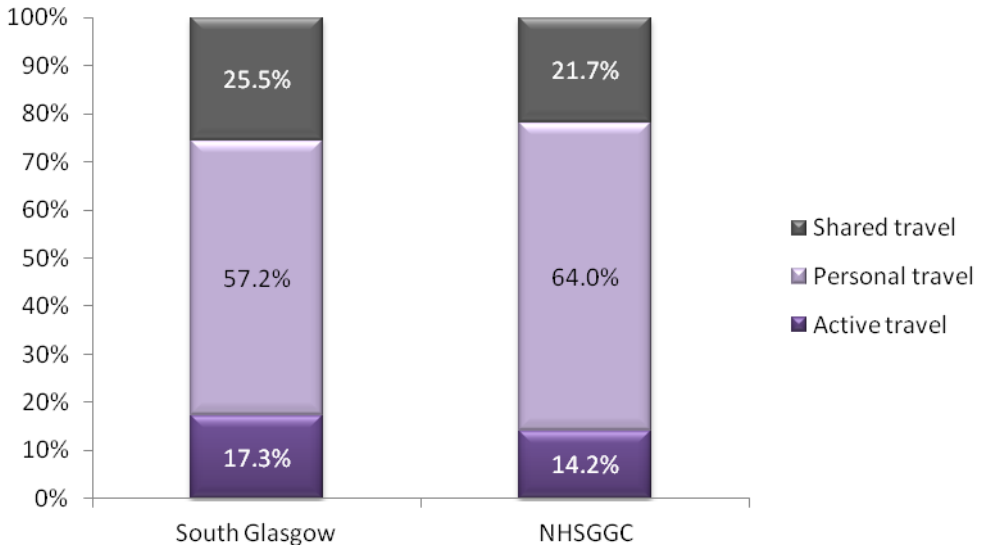
- Active travel (walking and cycling);
- Personal travel (car/van driver or other method);
- Shared travel (car/van passenger, bus or rail).

Of those who travelled to work or education, 17% used active travel, 57% used personal travel and 26% used shared travel.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area to use shared travel methods (26% South Glasgow; 22% NHSGGC) and less likely to use personal travel (57% South Glasgow; 64% NHSGGC).

Figure 4.3: Method of Travel to Work/Education - South Glasgow and NHS Greater Glasgow & Clyde



Those aged under 25 were the most likely to use active travel methods. Those aged 55 or over were the least likely to use active travel methods. Women were more likely than men

to use shared travel methods; men were more likely than women to use personal travel methods. This is shown in Table 4.32.

Table 4.32: Method of Travel to Work/Education (Q34) by Age and Gender

	Active travel	Personal travel	Shared travel	Unweighted base (n)
Age:				
16-24	24%	21%	55%	87
25-34	21%	56%	23%	224
35-44	14%	71%	16%	151
45-54	17%	70%	13%	159
55-64	6%	73%	22%	74
65+	11%	58%	32%	28
Men	19%	63%	18%	345
Women	16%	50%	34%	379
Men 16-44	23%	53%	24%	211
Women 16-44	14%	57%	39%	251
Men 45-64	10%	83%	7%	122
Women 45-64	18%	56%	26%	111
Men 65+	0%	75%	25%	12
Women 65+	17%	42%	42%	16
All	17%	57%	26%	724

Those with no qualifications were more likely to use shared travel methods and less likely to use personal travel methods.

Table 4.33: Method of Travel to Work/Education (Q34) by Deprivation and Socio Economic Measures

	Active travel	Personal travel	Shared travel	Unweighted base (n)
At least one qualification	17%	59%	24%	653
No qualifications	20%	38%	43%	70

All three factors associated with social exclusion were associated with a high likelihood of using shared travel methods. Also, those who felt isolated from family/friends and those who did not feel definitely in control of the decisions affecting their life were more likely to use active travel methods.

Table 4.34: Method of Travel to Work/Education (Q34) by Factors Associated with Social Exclusion

	Active travel	Personal travel	Shared travel	Unweighted base (n)
All income from benefits	15%	27%	58%	33
Feel isolated from family/friends	30%	18%	52%	39
Not in control of decisions affecting daily life, or only 'to some extent'	23%	42%	36%	169

Those with a limiting condition or illness and those with a high GHQ12 score were more likely to use shared travel methods. Obese people and those who consume fewer than five

portions of fruit/vegetables per day were more likely to use person travel methods. Those who exceeded the recommended weekly limit for alcohol consumption were more likely to use active travel methods.

Table 4.35 Method of Travel to Work/Education (Q34) by Health and Wellbeing Measures

	Active travel	Personal travel	Shared travel	Unweighted base (n)
High GHQ12 score	18%	37%	45%	51
Limiting condition/illness	9%	51%	41%	55
Exceeds weekly alcohol limit	22%	58%	19%	174
Obese	11%	68%	21%	530
Consumes fewer than 5 portions of fruit/veg per day	15%	60%	25%	464

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 one in three (32%) respondents met this target. Four percent had no fruit or vegetables in a day.

Women were more likely than men to meet the target for fruit/vegetable consumption.

Table 4.36: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Age and Gender

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
Men	30%	6%	714
Women	34%	3%	1,008
All	32%	4%	1,722

Those with no qualifications were less likely to meet the target for fruit/vegetables consumption.

Table 4.37: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Deprivation and Socio Economic Measures

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
At least one qualification	34%	4%	1,181
No qualifications	26%	7%	538

Those who received all household income from benefits and those who did not feel in control of their lives were less likely to meet the target for fruit/vegetable consumption.

Table 4.38: Proportion Who Consume Target Amount of Fruit/Vegetables (Q24/Q25) by Factors Associated with Social Exclusion

	Meet Fruit/Veg Target	No fruit/veg	Unweighted base (n)
All income from benefits	19%	12%	487
Not in control of decisions affecting daily life, or only 'to some extent'	25%	8%	608

Table 4.39 shows that for health and wellbeing measures those less likely to consume the target amount of fruit/vegetables were:

- Those who exceeded the recommended weekly limit for alcohol consumption;
- Smokers;
- Those with a high GHQ12 score; and
- Those exposed to second hand smoke.

Those with positive views of their mental/emotional wellbeing or quality of life were more likely to meet the target for fruit/vegetable consumption.

Table 4.39: Proportion Who Consume Target Amount of Fruit/Vegetables (Q32/Q33) by Health and Wellbeing Measures

	Meet Fruit/ Veg Target	No fruit/ veg	Un-weighted base (n)		Meet Fruit/ Veg Target	No fruit/ veg	Un-weighted base (n)
Positive view of mental/ emotional wellbeing	34%	3%	1,446	Exposed to second hand smoke	23%	7%	707
Positive view of quality of life	33%	3%	1,471	Current smoker	20%	8%	564
High GHQ12 score	23%	9%	22	Exceeds weekly alcohol limit	17%	6%	306

Oily Fish

One in four (26%) respondents ate two or more portions of oily fish per week.

Those with no qualifications were less likely to eat two or more portions of oily fish per week.

Table 4.40: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Deprivation and Socio Economic Measures

	2+ Portions Oily Fish Per Week	Unweighted base (n)
At least one qualification	28%	1,182
No qualifications	20%	539

Those who received all household income from benefits and those who felt isolated from family and friends were less likely to eat two or more portions of oily fish per week.

Table 4.41: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Factors Associated with Social Exclusion

	2+ Portions Oily Fish Per Week	Unweighted base (n)
All income from benefits	17%	489
Feel isolated from family/friends	18%	143

Table 4.42 shows that for health and wellbeing measures, those less likely to eat two or more portions of oily fish per week were smokers, those who consume fewer than five portions of fruit/vegetables per day and those exposed to second hand smoke.

Table 4.42: Proportion Who Consume Two or More Portions of Oily Fish Per Week (Q27) by Health and Wellbeing Measures

	2+ Portions Oily Fish Per Week	Unweighted base (n)		2+ Portions Oily Fish Per Week	Unweighted base (n)
Exposed to second hand smoke	21%	708	Consumes fewer than 5 portions of fruit/veg per day	20%	1,187
Current smoker	20%	566			

High Fat and Sugary Snacks

Just over a third (35%) of respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps). Those aged 16-24 were more likely to exceed the recommended limit for high fat/sugary snacks.

Table 4.43: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Age and Gender

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Age:		
16-24	49%	136
25-34	32%	315
35-44	38%	269
45-54	31%	269
55-64	28%	231
65-74	37%	275
75+	29%	225
Men 16-44	43%	291
Women 16-44	36%	429
Men 45-64	30%	233
Women 45-64	30%	267
Men 65+	30%	188
Women 65+	35%	312
All	35%	1,723

Those with no qualifications were more likely to exceed the recommended limit for high fat/sugary snacks.

Table 4.44: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Deprivation and Socio Economic Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
At least one qualification	33%	1,182
No qualifications	41%	538

Those who received all household income from benefits were more likely to exceed the recommended daily limit for high fat/sugary snacks.

Table 4.45: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Factors Associated with Social Exclusion

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
All income from benefits	46%	489

Table 4.46 shows that those more likely to consume two or more high fat and sugary snacks per day were those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, smokers, those exposed to second hand smoke and those who consume fewer than five portions of fruit/vegetables per day.

Those with a positive view of their general health or mental/emotional wellbeing were less likely to consume two or more portions of high fat/sugary snacks.

Table 4.46: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Health and Wellbeing Measures

	Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)		Two or More High Fat/Sugary Snacks Per Day	Unweighted base (n)
Positive view of general health	34%	1,209	Current smoker	42%	566
Positive view of mental/emotional wellbeing	33%	1,446	Exceeds weekly alcohol limit	42%	1,417
High GHQ12 score	44%	224	Consumes fewer than 5 portions of fruit/veg per day	40%	1,187
Exposed to second hand smoke	40%	708			

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, half (51%) of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 18% of respondents were classified as obese.

Those aged 55-74 were the most likely to be overweight or obese. Men were more likely than women to be overweight, although a similar proportion of men and women were obese. This is shown in Table 4.47.

Table 4.47: 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:							
16-24	9%	59%	24%	6%	2%	12%	108
25-34	1%	57%	34%	8%	<1%	11%	280
35-44	1%	45%	43%	11%	<1%	14%	231
45-54	0%	38%	46%	13%	2%	19%	220
55-64	1%	36%	40%	21%	3%	29%	182
65-74	1%	39%	40%	20%	0%	27%	222
75+	3%	56%	23%	17%	1%	19%	164
Gender:							
Men	<1%	43%	43%	12%	1%	17%	586
Women	4%	50%	31%	17%	1%	18%	824
Men 16-44	0%	53%	40%	6%	1%	10%	252
Women 16-44	6%	53%	29%	11%	1%	14%	367
Men 45-64	0%	26%	55%	17%	2%	25%	189
Women 45-64	0%	49%	32%	16%	2%	22%	213
Men 65+	2%	46%	30%	22%	1%	27%	144
Women 65+	1%	47%	35%	16%	1%	21%	242
All	2%	47%	37%	13%	1%	18%	1,410

Those in the most deprived areas and those with no qualifications were more likely to be obese, as shown in Table 4.48.

Table 4.48: Body Mass Index (Q28/Q29) by Deprivation and Socio Economic Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Most deprived 15% datazones	1%	43%	36%	17%	2%	24%	745
Other datazones	3%	49%	37%	11%	1%	14%	665
SIMD quintile							
1 (most deprived)	1%	44%	36%	17%	2%	24%	833
2	3%	47%	37%	10%	3%	16%	241
3	4%	50%	38%	8%	0%	10%	163
4	1%	47%	40%	12%	0%	17%	125
5 (least deprived)	0%	61%	33%	6%	0%	8%	48
At least one qualification	2%	48%	37%	12%	1%	17%	1,024
No qualifications	1%	44%	36%	16%	2%	22%	384

Those who received all household income from benefits were more likely to be obese.

Table 4.49: Body Mass Index (Q28/Q42) by Factors Associated with Social Exclusion

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
All income from benefits	1%	49%	34%	15%	1%	22%	378

Those who were exposed to second smoke, smokers and those with positive views of their health, wellbeing or quality of life were less likely to be obese. Those with a limiting condition or illness and those with a high GHQ12 score were more likely to be obese.

Table 4.50: Body Mass Index (Q28/Q42) by Health and Wellbeing Measures

	Under-weight	Ideal	Over-weight	Obese	Very obese	Revised obese (29.2+)	Unweighted base (n)
Positive view of general health	2%	51%	39%	8%	1%	13%	1,014
Positive view of physical wellbeing	2%	49%	38%	9%	1%	14%	1,117
Positive view of mental/emotional wellbeing	2%	48%	37%	12%	1%	16%	1,197
Positive view of quality of life	2%	48%	38%	11%	1%	16%	1,220
High GHQ12 score	7%	40%	30%	20%	4%	25%	176
Limiting condition/ illness	1%	37%	28%	30%	5%	38%	326
Exposed to second hand smoke	1%	50%	39%	8%	2%	15%	588
Current smoker	1%	47%	42%	9%	2%	15%	467

4.7 Unhealthy and Healthy Behaviour Indices

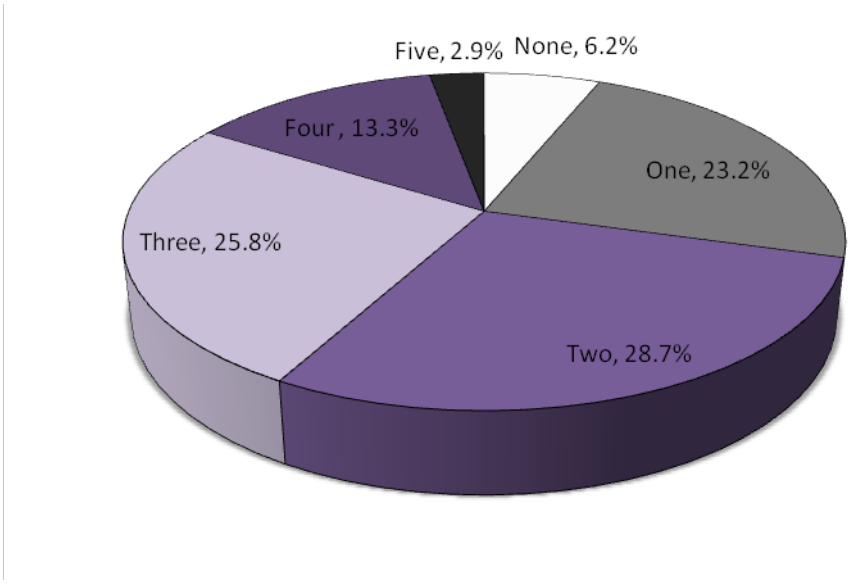
An Unhealthy Behaviour Index

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

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

Figure 4.4 shows that most respondents (94%) exhibited at least one of these behaviours, but just 3% exhibited all five. The mean number of unhealthy behaviours was 2.26.

Figure 4.4: Number of Unhealthy Behaviours Exhibited
Unweighted N=1,389



Those aged 75 or over tended to have the fewest number of unhealthy behaviours. Men tended to have more unhealthy behaviours than women (means of 2.45 and 2.08 respectively). The age/gender group with the highest mean number of unhealthy behaviours was men aged 45-64 (mean of 2.85 unhealthy behaviours). This is shown in Table 4.51 below.

Table 4.51: Mean Number of Unhealthy Behaviours by Age and Gender

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Age:		
16-24	2.08	106
25-34	1.97	277
35-44	2.39	224
45-54	2.54	216
55-64	2.47	181
65-74	2.23	219
75+	1.92	163
Men	2.45	576
Women	2.08	813
Men 16-44	2.32	247
Women 16-44	2.00	360
Men 45-64	2.85	187
Women 45-64	2.17	210
Men 65+	2.05	141
Women 65+	2.13	241
All	2.26	1,389

Those in the most deprived areas and those with no qualifications tended to exhibit more unhealthy behaviours.

Table 4.52: Mean Number of Unhealthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.38	731
Other datazones	2.19	658
At least one qualification	2.20	1,011
No qualifications	2.49	376

Those who exhibited factors associated with social exclusion tended to exhibit more unhealthy behaviours.

Table 4.53: Mean Number of Unhealthy Behaviours by Factors Associated with Social Exclusion

	Mean No. of Unhealthy Behaviours	Unweighted base (n)
All income from benefits	2.78	366
Feel isolated from family/friends	2.66	96
Not in control of decisions affecting daily life, or only 'to some extent'	2.48	469

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 binging or drinking too much in a week).

Figure 4.5 shows that most (97%) exhibited at least one healthy behaviour, and 5% of respondents exhibited all five. The mean number of healthy behaviours was 2.66.

Figure 4.5: Number of Healthy Behaviours Exhibited
Unweighted base=1,389

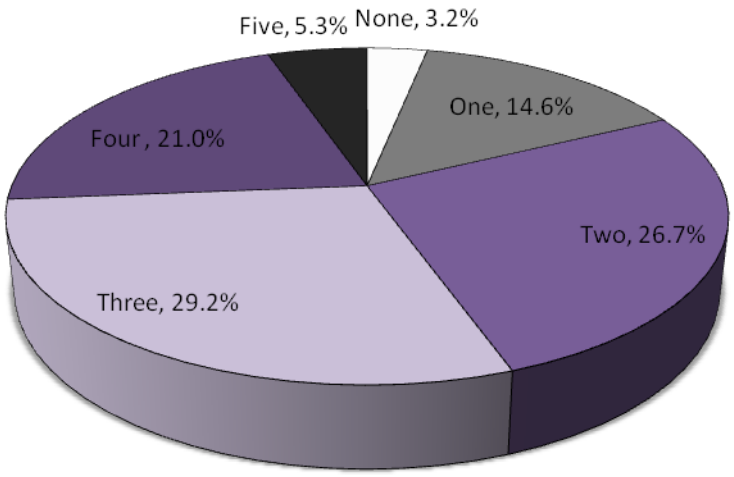


Table 4.54 shows that the age group with the highest mean number of healthy behaviours were those aged 75 or over. Women tended to exhibit more healthy behaviours than men.

Table 4.54: Mean Number of Healthy Behaviours by Age and Gender

	Mean No. of Healthy Behaviours	Unweighted base (n)
Age:		
16-24	2.78	106
25-34	2.93	277
35-44	2.56	224
45-54	2.38	216
55-64	2.44	181
65-74	2.77	219
75+	2.94	163
Men	2.50	576
Women	2.81	813
Men 16-44	2.64	247
Women 16-44	2.86	360
Men 45-64	2.10	187
Women 45-64	2.72	210
Men 65+	2.84	141
Women 65+	2.81	241
All	2.66	1,389

Those with in the most deprived areas and those no qualifications tended to exhibit fewer healthy behaviours.

Table 4.55: Mean Number of Healthy Behaviours by Deprivation and Socio Economic Measures

	Mean No. of Healthy Behaviours	Unweighted base (n)
Bottom 15% datazones	2.56	731
Other datazones	2.71	658
At least one qualification	2.70	1,011
No qualifications	2.47	376

Those who exhibited factors associated with social exclusion tended to have fewer healthy behaviours.

Table 4.56: Mean Number of Healthy Behaviours by Factors Associated with Social Exclusion

	Mean No. of Healthy Behaviours	Unweighted base (n)
All income from benefits	2.16	366
Feel isolated from family/friends	2.26	96
Not in control of decisions affecting daily life, or only 'to some extent'	2.45	469

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%	1,724
Feel I belong to the local area (Q40b)	80%	1,715
Feel valued as a member of the community (Q40d)	59%	1,698
People in my neighbourhood can influence decisions (Q40f)	65%	1,649
Identify with a religion (Q60)	65%	1,721
Treated offensively in last three months (Q61)	3%	1,724
Feel safe in own home (Q43c)	98%	1,721
Feel safe using public transport (Q43a)	94%	1,646
Feel safe walking alone even after dark (Q43b)	62%	1,683

One in 12 (8%) respondents felt isolated from family and friends. Those more likely to feel isolated from family and friends were those with no qualifications, those who received all income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

Four in five (80%) respondents agreed that they belonged to the local area. Those less likely to feel that they belonged to the local area were those aged under 25, men, those in the most deprived areas, those who felt isolated from family/friends, those who did not definitely feel in control of the decisions affecting their life, those with a high GHQ12 score and those who were exposed to second hand smoke.

Three in five (59%) respondents felt they were valued as members of the community. Those less likely to feel valued members of the community were those aged under 25, those in the most deprived areas, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, those exposed to second hand smoke, those with a limiting condition or illness and those who consumed fewer than five portions of fruit/vegetables per day.

Two in three (65%) respondents agreed that by working together local people could influence the decisions that affect their neighbourhood. Those less likely to agree with this were those aged under 25, women, those who exhibited factors associated with social exclusion, those with a high GHQ12 score, those who exceeded the recommended weekly limit for alcohol consumption, those exposed to second hand smoke and those who consumed fewer than five portions of fruit/vegetables per day.

Two in three (65%) identified with a religion. Those less likely to identify with a religion were those aged under 45, men, those in the least deprived areas, those with qualifications, those who exceeded the recommended weekly limit for alcohol consumption, those with a positive view of their general health, smokers, those exposed to second hand smoke, those with a positive view of their physical wellbeing and those with a positive view of their quality of life.

Three percent felt they had been treated offensively in the last three months. Those more likely to feel they had been treated offensively were those aged under 55, those with no qualifications, those who felt isolated from family and friends, those who did not definitely

feel in control of the decisions affecting their life, those with a high GHQ12 score and those with a limiting condition or illness.

Most (98%) respondents felt safe in their own home. Those less likely to feel safe in their home were those with no qualifications, those exhibiting factors associated with social exclusion and those with a high GHQ12 score.

More than nine in ten (94%) respondents felt safe using public transport in their local area. Those less likely to feel safe using public transport were those who received all income from benefits, those who felt isolated from family/friends, those with a high GHQ12 score and obese people.

Three in five (62%) respondents felt safe walking alone in their local area even after dark. Those less likely to feel safe walking alone were older respondents, women, those in the most deprived areas, those with no qualifications, those who received all household income from benefits, those who did not definitely feel in control of the decisions affecting their life, those with a limiting condition or illness and those with a high GHQ12 score.

5.2 Social Connectedness

Isolation from Family and Friends

One in 13 (8%) said they ever felt isolated from family and friends.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel isolated from family and friends (8% South Glasgow; 10% NHSGGC).

The age group most likely to say they felt isolated from family and friends was 16-24 year olds.

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

	Feel Isolated	Unweighted base (n)
Age:		
16-24	13%	136
25-34	4%	315
35-44	10%	269
45-54	2%	270
55-64	10%	231
65-74	10%	275
75+	7%	225
All	8%	1,724

Those with no qualifications were more likely to feel isolated from family and friends.

Table 5.3: Feel Isolated from Family and Friends (Q41) by Deprivation and Socio Economic Measures

	Feel Isolated	Unweighted base (n)
At least one qualification	7%	1,182
No qualifications	11%	539

Feeling isolated from family and friends has been used throughout this report as a measure of social exclusion. The other two measures of social exclusion (receiving all household income from benefits and not feeling definitely in control of decisions) were associated with a higher likelihood of feeling isolated from family and friends, as shown in Table 5.4.

Table 5.4: Feel Isolated from Family and Friends (Q41) by Factors Associated with Social Exclusion

	Feel Isolated	Unweighted base (n)
All income from benefits	16%	489
Not in control of decisions affecting daily life, or only 'to some extent'	13%	610

Those with positive views of their health, physical and mental wellbeing and quality of life were less likely to feel isolated from family and friends. Those more likely to feel isolated were those with a high GHQ12 score, those with a limiting condition or illness, smokers and those exposed to second hand smoke.

Table 5.5: Feel Isolated from Family and Friends (Q41) by Health and Wellbeing Measures

	Feel Isolated	Unweighted base (n)		Feel Isolated	Unweighted base (n)
Positive view of general health	6%	1,210	High GHQ12 Score	25%	224
Positive view of physical wellbeing	5%	1,351	Limiting condition or illness	16%	443
Positive view of mental/emotional wellbeing	5%	1,447	Exposed to second hand smoke	10%	708
Positive view of quality of life	6%	1,472	Current smoker	11%	566

Sense of Belonging to the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel I belong to this local area". Four in five (80%) respondents agreed with this statement (17% strongly agreed and 62% agreed), 9% disagreed and 12% neither agreed nor disagreed.

The likelihood of agreeing that they belonged to the local area increased with age - ranging from 67% of 16-24 year olds to 93% of those aged 75 or over. Also, women were overall more likely than men to agree that they belonged to the local areas, although this was only apparent among those aged under 45. This is shown in Table 5.6.

Table 5.6: Belong to the Local Area (Q40b) by Age and Gender

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	67%	16%	18%	136
25-34	72%	15%	13%	311
35-44	77%	14%	9%	268
45-54	79%	14%	6%	269
55-64	89%	7%	4%	230
65-74	91%	5%	4%	274
75+	93%	5%	1%	224
Gender:				
Men	78%	14%	8%	710
Women	81%	10%	9%	1,005
Men 16-44	69%	20%	11%	288
Women 16-44	75%	9%	15%	427
Men 45-64	85%	10%	5%	234
Women 45-64	82%	12%	5%	265
Men 65+	93%	4%	3%	187
Women 65+	91%	6%	3%	311
All	80%	12%	9%	1,715

Those in the most deprived areas were less likely to agree that they belonged to their local area. Those in the least deprived areas were the most likely to agree with this.

Table 5.7: Belong to the Local Area (Q40b) by Deprivation and Socio Economic Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	77%	15%	8%	894
Other datazones	81%	10%	9%	821
SIMD Quintile:				
1 (Most deprived)	77%	15%	8%	1,019
2	75%	14%	11%	304
3	79%	9%	12%	194
4	91%	7%	2%	134
5 (Least deprived)	94%	6%	0%	64

Those who felt isolated from family and friends and those who did not definitely feel in control of the decisions affecting their life were less likely to feel that they belonged to their local area.

Table 5.8: Belong to the Local Area (Q40b) by Factors Associated with Social Exclusion

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Feel isolated from friends/family	67%	14%	19%	142
Not in control of decisions affecting daily life, or only 'to some extent'	75%	15%	9%	605

For health and wellbeing measures, those less likely to feel that they belonged to the local area were those with a high GHQ12 score and those exposed to second hand smoke.

Table 5.9: Belong to the Local Area (Q40b) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of mental/emotional wellbeing	81%	12%	8%	1,443
Positive view of quality of life	81%	11%	8%	1,466
High GHQ12 Score	68%	12%	20%	222
Second hand smoke	76%	13%	11%	702

Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Three in five (59%) agreed with this statement (11% strongly agreed and 49% agreed); 17% disagreed and 24% neither agreed nor disagreed.

Those aged under 25 were the least likely to feel they were valued as a member of the community and those aged 75 or over were the most likely. This is shown in Table 5.10.

Table 5.10: Feel Valued as a Member of the Community (Q40d) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	45%	23%	32%	132
25-34	57%	27%	16%	309
35-44	52%	26%	22%	265
45-54	57%	27%	15%	266
55-64	68%	22%	11%	227
65-74	71%	19%	10%	273
75+	75%	16%	9%	223
Men 16-44	48%	27%	25%	285
Women 16-44	56%	23%	21%	421
Men 45-64	61%	26%	13%	232
Women 45-64	62%	24%	14%	261
Men 65+	75%	17%	8%	187
Women 65+	71%	18%	11%	309
All	59%	24%	17%	1,698

Those in the most deprived areas were less likely than those in other areas to agree that they felt valued as members of their community.

Table 5.11: Feel Valued as a Member of the Community (Q40d) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Most deprived 15% datazones	53%	23%	24%	885
Other datazones	62%	24%	13%	813
SIMD quintile				
1 (most deprived)	53%	23%	23%	1,008
2	56%	29%	16%	300
3	61%	26%	13%	193
4	69%	19%	11%	134
5 (least deprived)	93%	4%	2%	63

Those who exhibited factors associated with social exclusion were less likely to feel valued as a member of their community, as Table 5.12 shows.

Table 5.12: Feel Valued as a Member of the Community (Q40d) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	52%	20%	28%	482
Feel isolated from friends/family	45%	20%	35%	140
Not in control of decisions affecting daily life, or only 'to some extent'	58%	22%	21%	598

Table 5.13 shows that those less likely to feel valued as a member of their community were:

- Those with a high GHQ12 score;
- Those who exceeded the recommended weekly limit for alcohol consumption;
- Those exposed to second hand smoke;
- Smokers;
- Those with a limiting condition or illness; and
- Those who consumed fewer than five portions of fruit/vegetables per day.

Those with positive views of their physical or mental wellbeing or quality of life were more likely to feel valued as members of their community.

Table 5.13: Feel Valued as a Member of the Community (Q40d) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of physical wellbeing	61%	24%	15%	1,333
Positive view of mental/emotional wellbeing	62%	23%	14%	1,429
Positive view of quality of life	62%	24%	14%	1,453
High GHQ12 Score	36%	26%	39%	220
Limiting condition/illness	55%	24%	21%	436
Second hand smoke	52%	27%	21%	696
Current smoker	55%	23%	22%	553
Exceeds weekly alcohol limit	50%	25%	24%	302
Consumes fewer than 5 portions of fruit/veg per day	57%	24%	19%	1,165

Influence in the Neighbourhood

Respondents were asked the extent to which they agreed or disagreed with the statement, "By working together people in my neighbourhood can influence decisions that affect my neighbourhood". In total, two thirds (65%) agreed with this statement (9% strongly agreed and 56% agreed), while 13% disagreed and 23% neither agreed nor disagreed.

Those aged under 25 were the least likely to agree that people in their areas could influence local decisions, while those aged 75 and over were the most likely to agree with this. Also, men were more likely than women to agree that people in their area could influence local decisions. This is shown in Table 5.14.

Table 5.14: Can Influence Decisions that Affect Neighbourhood (Q40f) by Age and Gender

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Age:				
16-24	57%	29%	14%	128
25-34	62%	23%	15%	299
35-44	60%	26%	14%	255
45-54	62%	24%	14%	259
55-64	68%	19%	14%	225
65-74	73%	19%	7%	264
75+	82%	11%	6%	216
Gender:				
Men	66%	20%	14%	677
Women	63%	25%	12%	972
Men 16-44	60%	24%	16%	274
Women 16-44	60%	28%	13%	408
Men 45-64	68%	17%	15%	224
Women 45-64	61%	25%	13%	260
Men 65+	84%	11%	5%	178
Women 65+	73%	19%	8%	302
All	65%	23%	13%	1,649

All three factors associated with social exclusion were associated with a lower likelihood of agreeing that local people could influence local decisions, as shown in Table 5.15.

Table 5.15: Can Influence Decisions that Affect Neighbourhood (Q40f) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	60%	23%	17%	463
Feel isolated from friends/family	53%	27%	20%	129
Not in control of decisions affecting daily life, or only 'to some extent'	61%	23	16%	572

Table 5.16 shows that those less likely to agree that local people can influence local decisions were:

- Those with a high GHQ12 score;
- Those who exceeded the recommended weekly limit for alcohol consumption;
- Those exposed to second hand smoke; and
- Those who consume fewer than five portions of fruit/vegetables per day.

Table 5.16: Can Influence Decisions that Affect Neighbourhood (Q40f) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of physical wellbeing	67%	22%	11%	1,294
Positive view of mental/emotional wellbeing	67%	22%	11%	1,393
Positive view of quality of life	66%	22%	11%	1,416
High GHQ12 Score	49%	29%	21%	206
Second hand smoke	59%	27%	14%	670
Exceeds weekly alcohol limit	56%	27%	17%	287
Consumes fewer than 5 portions of fruit/veg per day	62%	24%	13%	1,130

Religious Identity

Just under two in three (65%) respondents identified with a religion.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to identify with a religion (65% South Glasgow; 61% NHSGGC).

The likelihood of identifying with a religion generally increased with age, with those aged 75 or over being the most likely to identify with a religion. Those aged under 45 were less likely to have a religious identity. Women were more likely than men to identify with a religion. This is shown in Table 5.17.

Table 5.17: Religious Identity (Q60) by Age and Gender

	Have Religious Identity	Unweighted base (n)
Age:		
16-24	54%	136
25-34	59%	314
35-44	51%	269
45-54	58%	270
55-64	80%	231
65-74	84%	275
75+	90%	223
Gender:		
Men	61%	713
Women	68%	1,008
Men 16-44	54%	291
Women 16-44	56%	428
Men 45-64	63%	234
Women 45-64	72%	267
Men 65+	80%	187
Women 65+	91%	311
All	65%	1,721

Those in the least deprived areas and those with qualifications were less likely to identify with a religion. This is shown in Table 5.18.

Table 5.18: Religious Identity (Q60) by Deprivation and Socio Economic Measures

	Have Religious Identity	Unweighted base (n)
SIMD quintile		
1 (most deprived)	64%	1,025
2	73%	305
3	59%	194
4	70%	134
5 (least deprived)	43%	63
At least one qualification	62%	1,181
No qualifications	73%	537

Those who did not feel in control of the decisions affecting their life were more likely to identify with a religion.

Table 5.19: Religious Identity (Q60) by Factors Associated with Social Exclusion

	Have Religious Identity	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	69%	609

Table 5.20 shows that those less likely to identify with a religion were:

- Those who exceed the recommended weekly limit for alcohol;
- Those with a positive view of their general health;
- Smokers;
- Those exposed to second hand smoke;
- Those with a positive view of their physical wellbeing; and

- Those with a positive view of their quality of life.

Obese people, those with a limiting condition or illness and those with a high GHQ12 score were more likely to identify with a religion.

Table 5.20: Religious Identity (Q60) by Health and Wellbeing Measures

	Have Religious Identity	Unweighted base (n)		Have Religious Identity	Unweighted base (n)
Positive view of general health	60%	1,208	Exposed to second hand smoke	62%	707
Positive view of physical wellbeing	63%	1,349	Current smoker	61%	564
Positive view of quality of life	63%	1,470	Exceeds weekly alcohol limit	47%	306
High GHQ12 score	71%	224	Obese	76%	269
Limiting condition or illness	75%	442			

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 3.2% of respondents felt they had been treated offensively.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to say they had been treated offensively in the last three months (3.2% South Glasgow; 4.5% NHSGGC).

Those aged under 55 were more likely than older respondents to say they had been treated offensively in the last three months.

Table 5.21: Experience of Being Treated Offensively in Last Three Months (Q61) by Age and Gender

	Treated Offensively	Unweighted base (n)
Age:		
16-24	4.5%	136
25-34	3.8%	315
35-44	5.1%	269
45-54	4.2%	270
55-64	0.4%	231
65-74	1.7%	275
75+	0.7%	225
Men 16-44	5.4%	291
Women 16-44	3.3%	429
Men 45-64	1.5%	234
Women 45-64	3.5%	267
Men 65+	1.5%	188
Women 65+	0.5%	312
All	3.2%	1,724

Those with no qualifications were more likely to say they had been treated offensively in the last three months.

Table 5.22: Experience of Being Treated Offensively in Last Three Months (Q62) by Deprivation and Socio Economic Measures

	Treated Offensively	Unweighted base (n)
At least one qualification	2.6%	1,182
No qualifications	5.2%	539

Those who felt isolated from family/friends and those who did not definitely feel in control of the decisions affecting their life were more likely to say they had been treated offensively in the last three months.

Table 5.23: Experience of Being Treated Offensively in Last Three Months (Q62) by Factors Associated with Social Exclusion

	Treated Offensively	Unweighted base (n)
Feel isolated from family/friends	9.6%	143
Not in control of decisions affecting daily life, or only 'to some extent'	5.8%	610

Those with a high GHQ12 score and those with a limiting condition or illness were more likely to say they had been treated offensively in the last three months. Those with positive views of their mental/emotional wellbeing and quality of life were less likely to feel they had been treated offensively.

Table 5.24: Experience of Being Treated Offensively in Last Three Months (Q62) by Health and Wellbeing Measures

	Treated Offensively	Unweighted base (n)		Treated Offensively	Unweighted base (n)
Positive view of mental/emotional wellbeing	2.2%	1,447	High GHQ12 score	10.1%	224
Positive perception of quality of life	2.2%	1,472	Limiting condition or illness	5.7%	443

Of all those who felt they had been treated offensively (unweighted n=49), the most common types of people/agencies who had treated respondents offensively were:

- Unknown person in a public place (57%);
- Known person in a public place (23%); and
- Employment office (13%).

5.3 Feelings of Safety

Feeling Safe in Own Home

Most people (98%) agreed that they felt safe in their own home (42% strongly agreed and 55% agreed), while 1% disagreed and 2% neither agreed nor disagreed.

Those with no qualifications were less likely to say they felt safe at home.

Table 5.25: Feel Safe in Own Home (Q43c) by Deprivation and Socio Economic Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
At least one qualification	98%	1%	1%	1,181
No qualifications	95%	4%	1%	537

Table 5.26 shows that all three factors associated with social exclusion were associated with a lower likelihood of feeling safe at home.

Table 5.26: Feel Safe in Own Home (Q43c) by Factors Associated with Social Exclusion

	Agree	Neither / Nor	Disagree	Unweighted base (n)
All income from benefits	96%	3%	1%	487
Feel isolated from friends/family	93%	5%	2%	142
Not in control of decisions affecting daily life, or only 'to some extent'	95%	4%	1%	608

Those with a positive view of their mental/emotional wellbeing and quality of life were more likely to feel safe at home. Those with a high GHQ12 score were less likely to feel safe at home.

Table 5.27: Feel Safe in Own Home (Q43c) by Health and Wellbeing Measures

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Positive view of mental/emotional wellbeing	98%	1%	<1%	1,447
Positive view of quality of life	98%	1%	1%	1,471
High GHQ12 score	94%	5%	1%	233

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". More than nine in ten (94%) agreed with this (26% strongly agreed and 67% agreed), while 3% disagreed and 3% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel safe using local public transport (94% South Glasgow; 91% NHSGGC).

Figure 5.1: Feel Safe Using Public Transport (Q43a) - South Glasgow & NHS Greater Glasgow & Clyde

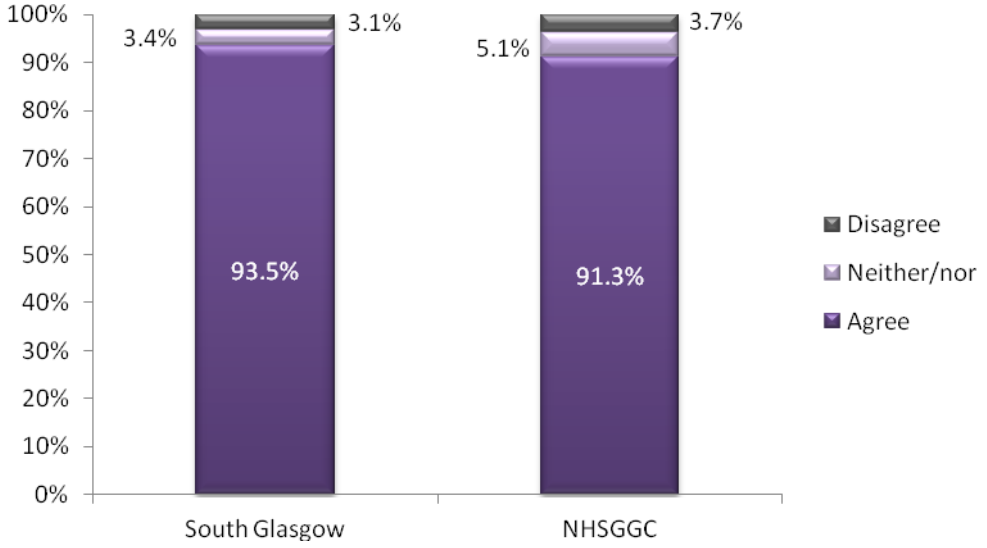


Table 5.28 shows that those who felt isolated from family and friends and those who received all income from benefits were less likely to feel safe on public transport.

Table 5.28: Feel Safe Using Public Transport (Q43a) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	89%	4%	7%	468
Feel isolated from friends/family	88%	8%	4%	133

Table 5.29 shows that for health and wellbeing measures, those less likely to feel safe using public transport were those with a high GHQ12 score and obese people. Those with a positive view of their general health were more likely to feel safe using public transport.

Table 5.29: Feel Safe Using Public Transport (Q43a) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	95%	3%	2%	1,169
High GHQ12 Score	87%	6%	7%	204
Obese	89%	4%	7%	257

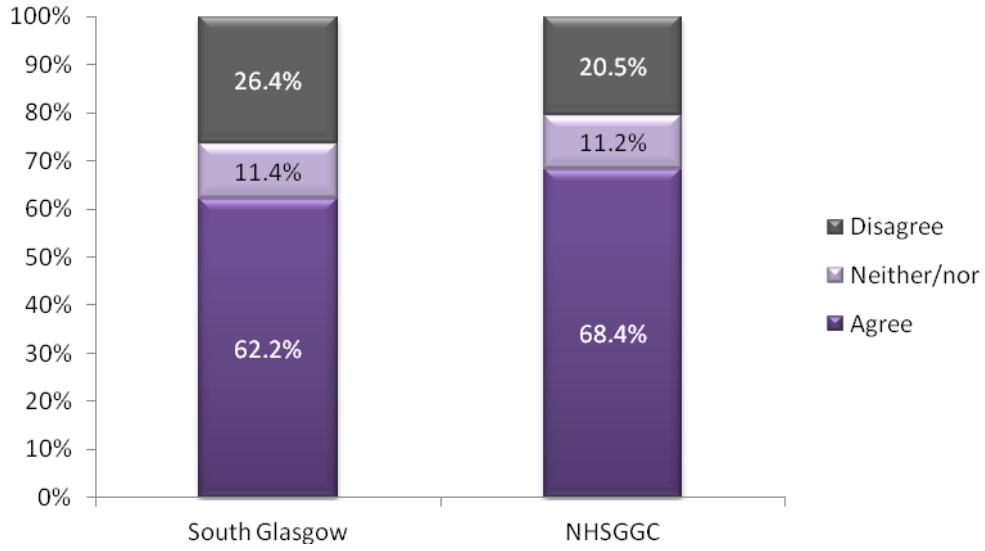
Feeling Safe Walking Alone in Local Area Even After Dark

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe walking alone around this local area even after dark". In total 62% agreed with this statement (17% strongly agreed and 45% agreed), 26% disagreed and 11% neither agreed nor disagreed.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel safe walking alone in their area even after dark (62% South Glasgow; 68% NHS Greater Glasgow & Clyde).

Figure 5.2: Feel Safe Walking Alone Even After Dark (Q43b) - South Glasgow & NHS Greater Glasgow & Clyde



Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were less likely than men to feel safe walking alone (75% of men compared to 50% of women felt safe). This is shown in Table 5.30.

Table 5.30: Feel Safe Walking Alone Even After Dark (Q43b) by Age and Gender

	Agree	Neither / Nor	Disagree	Unweighted base (n)
Age:				
16-24	72%	11%	18%	136
25-34	71%	9%	20%	315
35-44	69%	10%	21%	269
45-54	65%	8%	27%	267
55-64	64%	12%	24%	222
65-74	41%	22%	37%	266
75+	28%	14%	57%	206
Men	75%	8%	17%	703
Women	50%	14%	35%	980
Men 16-44	80%	6%	14%	291
Women 16-44	61%	13%	25%	429
Men 45-64	81%	5%	14%	230
Women 45-64	49%	14%	37%	259
Men 65+	47%	23%	30%	181
Women 65+	27%	17%	57%	291
All	62%	11%	26%	1,683

Table 5.31 shows that those in the most deprived areas were less likely to feel safe walking alone in their area after dark. Also, those with no qualifications were less likely to feel safe walking alone after dark.

Table 5.31: Feel Safe Walking Alone Even After Dark (Q43b) by Deprivation and Socio Economic Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Bottom 15% datazones	53%	12%	34%	884
Other datazones	67%	11%	22%	799
SIMD Quintile:				
1 (Most deprived)	54%	13%	33%	1,003
2	64%	7%	29%	295
3	72%	7%	21%	191
4	67%	19%	14%	133
5 (Least deprived)	65%	11%	24%	61
At least one qualification	67%	11%	22%	1,168
No qualifications	47%	12%	41%	512

Those who received all income from benefits and those who did not feel in control of their lives were less likely to say that they felt safe when walking alone in the local area even after dark.

Table 5.32: Feel Safe Walking Alone Even After Dark (Q43b) by Factors Associated with Social Exclusion

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
All income from benefits	52%	11%	37%	477
Not in control of decisions affecting daily life, or only 'to some extent'	54%	12%	35%	594

Those who exceeded the recommended weekly alcohol limit and those exposed to second hand smoke were more likely to feel safe walking alone after dark. Positive views of health, wellbeing and quality or life were also associated with a higher likelihood of feeling safe walking alone after dark.

Those with a limiting condition or illness and those with a high GHQ12 score were less likely to feel safe walking alone even after dark.

Table 5.33: Feel Safe Walking Alone Even After Dark (Q43b) by Health and Wellbeing Measures

	Agree	Neither/ Nor	Disagree	Unweighted base (n)
Positive view of general health	67%	10%	23%	1,195
Positive view of physical wellbeing	64%	12%	24%	1,330
Positive view of mental/emotional wellbeing	63%	12%	25%	1,417
Positive view of quality of life	64%	11%	25%	1,444
High GHQ12 Score	54%	11%	35%	212
Limiting condition/illness	49%	11%	40%	415
Exposed to second hand smoke	66%	11%	23%	699
Exceeds weekly alcohol limit	77%	8%	15%	305

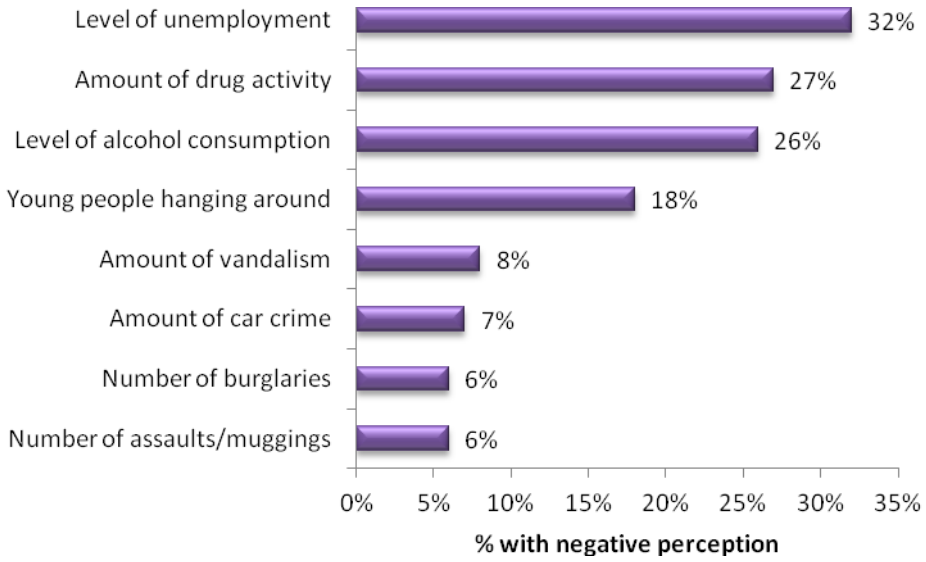
5.4 Social Issues in the Local Area

Using the 'faces' scale (see Section 2.2 of this report for full explanation of the scale), respondent 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 5.3: Negative Perception of Social Issues in the Local Area (Q38a-h)



Level of Unemployment

Just under a third (32%) of respondents had a negative perception of the level of unemployment in their area.

Those aged 35-44 were the age group most likely to have a negative perception of the level of unemployment in their area. Those aged 75 or over were the least likely.

Table 5.34: Negative Perception of Level of Unemployment (Q38a) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	32%	119
25-34	30%	277
35-44	41%	239
45-54	33%	228
55-64	34%	196
65-74	24%	223
75+	18%	161
Men 16-44	38%	258
Women 16-44	32%	197
Men 45-64	32%	159
Women 45-64	34%	377
Men 65+	18%	227
Women 65+	24%	225
All	32%	1,445

Those in the most deprived areas and those with no qualifications were more likely to have a negative perception of unemployment levels.

Table 5.35: Negative Perception of Level of Unemployment (Q38a) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	43%	803
Other datazones	25%	642
SIMD quintile		
1 (most deprived)	44%	905
2	31%	230
3	31%	146
4	1%	121
5 (least deprived)	13%	43
At least one qualification	27%	1,008
No qualifications	46%	436

Those who received all household income from benefits and those who did not definitely feel in control of the decisions affecting their life were more likely to have a negative perception of the level of unemployment in their area.

Table 5.36: Negative Perception of Level of Unemployment (Q38a) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	56%	400
Not in control of decisions affecting daily life, or only 'to some extent'	36%	519

For health and wellbeing measures, those more likely to be concerned about levels of unemployment were:

- Those with a high GHQ12 score;
- Smokers;
- Those exposed to second hand smoke.
- Those who exceeded the recommended weekly limit for alcohol consumption; and
- Those who consumed fewer than five portions of fruit/vegetables per day.

Those with positive views of their physical or mental/emotional wellbeing or quality of life were less likely to be concerned about levels of unemployment.

Table 5.37: Negative Perception of Level of Unemployment (Q38a) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	31%	1,145	Second hand smoke	40%	617
Positive view of mental/emotional wellbeing	30%	1,219	Current smoker	41%	489
Positive view of quality of life	29%	1,232	Exceeds weekly alcohol limit	40%	270
High GHQ12 score	43%	173	Consumes fewer than 5 portions of fruit/veg per day	36%	1,006

Amount of Drug Activity

One in four (27%) respondents gave a negative perception of the amount of drug activity in their local area.

Those aged 25-54 were more likely than others to be concerned about the amount of drug activity in their area.

Table 5.38: Negative Perception of Amount of Drug Activity (Q38e) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	25%	120
25-34	31%	270
35-44	33%	233
45-54	30%	218
55-64	26%	203
65-74	19%	238
75+	16%	166
Men 16-44	36%	257
Women 16-44	25%	366
Men 45-64	27%	198
Women 45-64	29%	223
Men 65+	14%	168
Women 65+	20%	236
All	27%	1,450

Those in the most deprived areas were much more likely than those in other areas to have a negative perception of the amount of drug activity in their area. Also, those with no qualifications were more likely to be concerned about drug activity.

Table 5.39: Negative Perception of Amount of Drug Activity (Q38e) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	42%	797
Other datazones	18%	653
SIMD quintile		
1 (most deprived)	41%	898
2	24%	239
3	23%	154
4	1%	112
5 (least deprived)	3%	47
At least one qualification	24%	1,003
No qualifications	37%	446

Those who received all household income from benefits and those who felt isolated from family and friends were more likely to be concerned about drug activity in their area.

Table 5.40: Negative Perception of Amount of Drug Activity (Q38e) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	43%	420
Feel isolated from family/friends	35%	122

Table 5.41 shows that for health and wellbeing measures, those more likely to be concerned about the amount of drug activity in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Those who exceeded the recommended weekly limit for alcohol consumption;
- Smokers; and
- Those exposed to second hand smoke.

Those with positive views of their physical and mental/emotional wellbeing and quality of life were less likely to have a negative view of the amount of drug activity in their area.

Table 5.41: Negative Perception of Amount of Drug Activity (Q38e) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	25%	1,138	Limiting condition/illness	36%	364
Positive view of mental/emotional wellbeing	24%	1,215	Second hand smoke	32%	626
Positive view of quality of life	25%	1,229	Current smoker	33%	498
High GHQ12 score	45%	195	Exceeds weekly alcohol limit	33%	257

Level of Alcohol Consumption

One in four (26%) respondents gave a negative perception of the level of alcohol consumption in their area.

Those aged under 55 were more likely than older respondents to have a negative view of the level of alcohol consumption in their area.

Table 5.42: Negative Perception of Level of Alcohol Consumption (Q38f) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	25%	124
25-34	29%	277
35-44	32%	237
45-54	30%	228
55-64	21%	204
65-74	17%	241
75+	17%	170
Men 16-44	33%	262
Women 16-44	25%	376
Men 45-64	22%	204
Women 45-64	30%	228
Men 65+	14%	171
Women 65+	19%	240
All	26%	1,484

Those in the most deprived areas were much more likely than those in other areas to have a negative perception of the level of alcohol consumption in their area. Those with no qualifications were more likely to be concerned about alcohol consumption than those who had qualifications.

Table 5.43: Negative Perception of Level of Alcohol Consumption (Q38f) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	40%	809
Other datazones	17%	675
SIMD quintile		
1 (most deprived)	40%	914
2	23%	249
3	21%	157
4	1%	114
5 (least deprived)	3%	50
At least one qualification	23%	1,027
No qualifications	36%	455

Those who received all income from benefits and those who felt isolated were more likely to be concerned about the level of alcohol consumption in the local area.

Table 5.44: Negative Perception of Level of Alcohol Consumption (Q38f) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	42%	424
Feel isolated from family/friends	35%	126

Those with positive views of their physical and mental/emotional wellbeing and quality of life were less likely to be concerned about the level of alcohol consumption in their area. Those more likely to be concerned about the level of alcohol consumption were:

- High GHQ12 score;
- Those with a limiting condition or illness;
- Those exposed to second hand smoke; and
- Smokers.

Table 5.45: Negative Perception of Level of Alcohol Consumption (Q38f) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	24%	1,170	Limiting condition/illness	33%	366
Positive view of mental/emotional wellbeing	23%	1,246	Exposed to second hand smoke	29%	634
Positive view of quality of life	23%	1,259	Current smoker	29%	505
High GHQ12 score	40%	196			

Young People Hanging Around

Just under one in five (18%) respondents had a negative perception of young people hanging around in their local area.

Those aged 25-54 were more likely than others to have a negative perception of young people hanging around.

Table 5.46: Negative Perception of Young People Hanging Around (Q38g) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	15%	132
25-34	21%	304
35-44	23%	260
45-54	21%	261
55-64	16%	223
65-74	14%	265
75+	12%	212
All	18%	1,660

Table 5.39 shows that those in the most deprived areas were much more likely than others to have a negative perception of young people hanging around in their area. Also, those with no qualifications were more likely than those with qualifications to have a negative perception of young people hanging around.

Table 5.47: Negative Perception of Young People Hanging Around (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	33%	882
Other datazones	11%	778
SIMD quintile		
1 (most deprived)	32%	1,003
2	13%	277
3	14%	186
4	2%	130
5 (least deprived)	0%	64
At least one qualification	16%	1,141
No qualifications	25%	516

Table 5.48 shows that those who received all household income from benefits were more likely to have a negative perception of young people hanging around in the local area.

Table 5.48: Negative Perception of Young People Hanging Around (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	26%	466

Those with a high GHQ12 score were more likely to be concerned about young people hanging around in their local area.

Those who had positive views of their mental/emotional wellbeing or quality of life were less likely to be concerned about young people hanging around.

Table 5.49: Negative Perception of Young People Hanging Around (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of mental/emotional wellbeing	17%	1,406	High GHQ12 score	31%	211
Positive view of quality of life	16%	1,424			

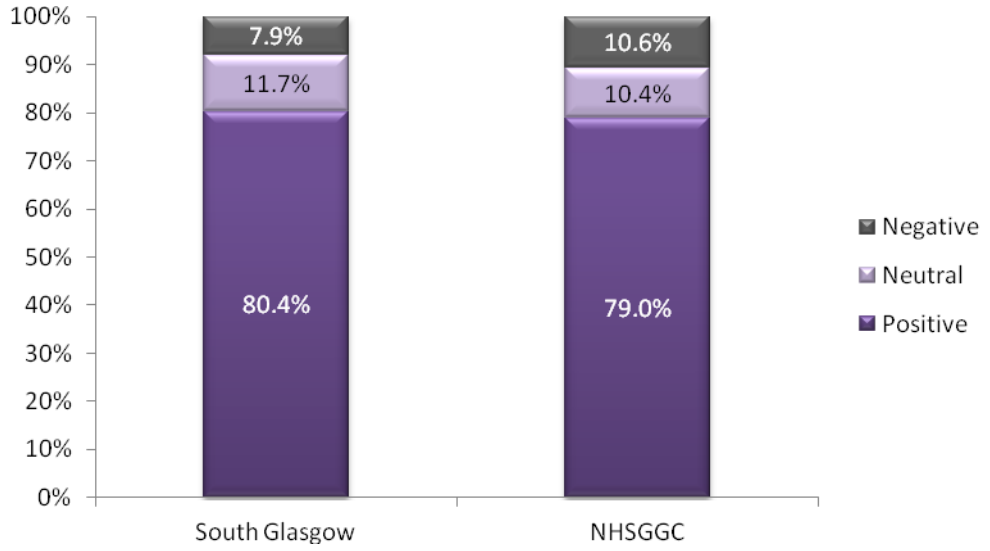
Amount of Vandalism

Eight percent of respondents gave a negative perception of the amount of vandalism in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of vandalism in their area (8% South Glasgow; 11% NHS Greater Glasgow & Clyde).

Figure 5.4: Perception of Amount of Vandalism (Q38g) - South Glasgow and NHS Greater Glasgow & Clyde



Those aged under 35 were the most likely to have a negative perception of the amount of vandalism in their area.

Table 5.50: Negative Perception of Amount of Vandalism (Q38g) by Age and Gender

	Negative Perception	Unweighted base (n)
Age:		
16-24	10%	132
25-34	11%	300
35-44	9%	264
45-54	7%	256
55-64	9%	222
65-74	3%	266
75+	3%	211
Men 16-44	9%	281
Women 16-44	11%	415
Men 45-64	8%	224
Women 45-64	8%	254
Men 65+	4%	182
Women 65+	3%	295
All	8%	1,654

Those in the most deprived areas were more likely to have a negative perception of the amount of vandalism in their area. This is shown in Table 5.51.

Table 5.51: Negative Perception of Amount of Vandalism (Q38g) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	13%	873
Other datazones	5%	781
SIMD quintile		
1 (most deprived)	13%	992
2	4%	282
3	8%	185
4	1%	132
5 (least deprived)	2%	63

Table 5.52 shows that those who exhibited factors associated with social exclusion were more likely to have a negative perception of the amount of vandalism in their area.

Table 5.52: Negative Perception of Amount of Vandalism (Q38g) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	12%	459
Feel isolated from family/friends	16%	132
Not in control of decisions affecting daily life, or only 'to some extent'	12%	579

Those with a high GHQ12 score and those who were exposed to second hand smoke were more likely to have a negative perception of vandalism in their area. Those with positive views of their physical or mental/emotional wellbeing or quality of life were less likely to have a negative perception of vandalism in their area.

Table 5.53: Negative Perception of Amount of Vandalism (Q38g) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	7%	1,312	High GHQ12 score	21%	203
Positive view of mental/emotional wellbeing	6%	1,406	Exposed to second hand smoke	12%	687
Positive view of quality of life	6%	1,424			

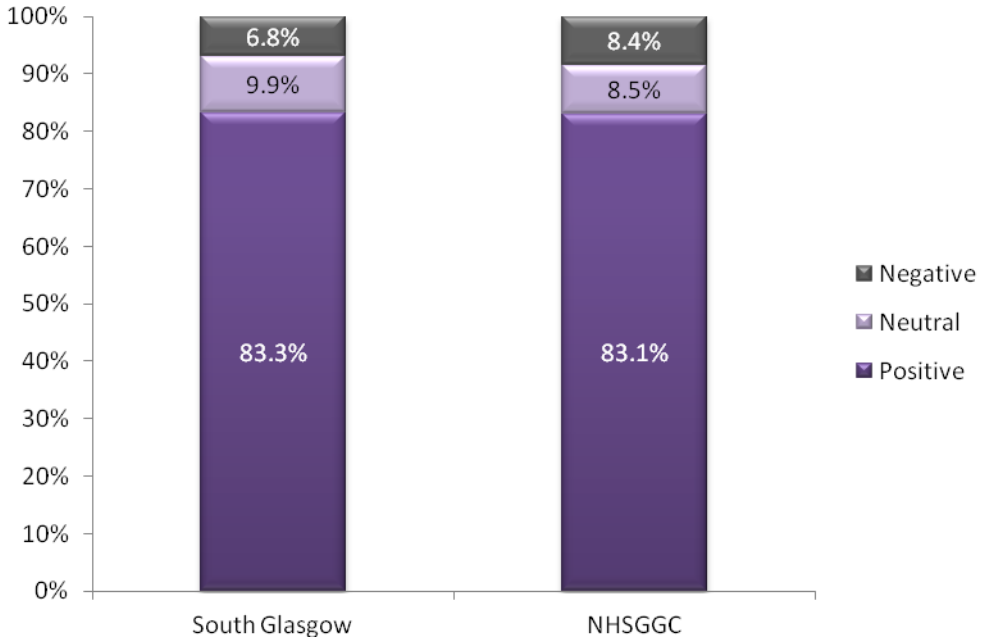
Amount of Car Crime

One in 14 (7%) respondents gave a negative perception of the amount of car crime in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative view of the amount of car crime in their area (7% South Glasgow; 8% NHSGGC).

Figure 5.5: Negative Perception of Amount of Car Crime (Q38h) - South Glasgow & NHS Greater Glasgow & Clyde



Those in the most deprived areas were more likely to have a negative perception of the amount of car crime in their area.

Table 5.54: Negative Perception of Amount of Car Crime (Q38h) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	9%	784
Other datazones	5%	704
SIMD quintile		
1 (most deprived)	9%	885
2	5%	247
3	11%	171
4	1%	125
5 (least deprived)	2%	60

Those who exhibited factors associated with social exclusion were more likely to be concerned about their amount of car crime in their area.

Table 5.55: Negative Perception of Amount of Car Crime (Q38h) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	10%	385
Feel isolated from family/friends	12%	107
Not in control of decisions affecting daily life, or only 'to some extent'	9%	507

For health and wellbeing measures, those who were more likely to be concerned about the amount of local car crime were those with a high GHQ12 score and those with a limiting condition or illness. Those with positive views of their health and wellbeing were less likely to be concerned about car crime.

Table 5.56: Negative Perception of Amount of Car Crime (Q38h) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	6%	1,065	High GHQ12 score	18%	175
Positive view of physical wellbeing	5%	1,190	Limiting condition/illness	10%	362
Positive view of mental/emotional wellbeing	5%	1,274			

Number of Burglaries

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

Those who felt isolated from family and friends were more likely to have a negative perception of burglaries in their area.

Table 5.57: Negative Perception of Number of Burglaries (Q38b) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
Feel isolated from friends/family	18%	118

For health and wellbeing measures, those more likely to be concerned about the number of burglaries in their area were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness; and
- Those exposed to second hand smoke.

Table 5.58: Negative Perception of Number of Burglaries (Q38b) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of physical wellbeing	5%	1,208	High GHQ12 score	13%	184
Positive view of mental/emotional wellbeing	5%	1,289	Limiting condition or illness	10%	380
Positive view of quality of life	6%	1,310	Second hand smoke	8%	626

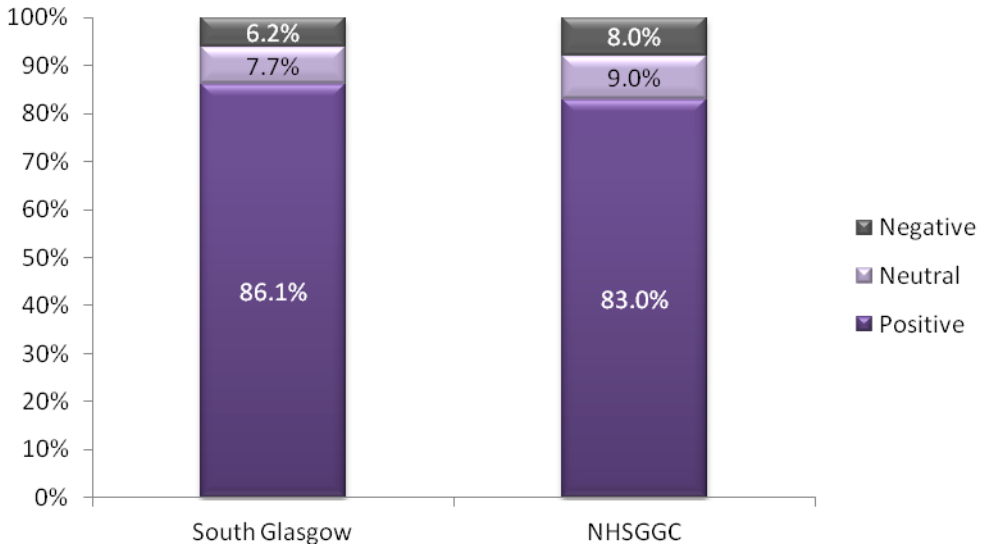
Number of Assaults/Muggings

Six percent of respondents had a negative perception of the number of assaults/muggings in their area.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the number of assaults/muggings in their area (6% South Glasgow; 8% NHSGGC).

Figure 5.6: Perception of Number of Assaults/Muggings (Q38d) - South Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were more likely to have negative perception in the number of assaults/muggings in their local area. This is shown in Table 5.59.

Table 5.59: Negative Perception of Number of Assaults/Muggings (Q38d) by Deprivation and Socio Economic Measures

	Negative Perception	Unweighted base (n)
Bottom 15% datazones	9%	823
Other datazones	4%	739
SIMD quintile		
1 (most deprived)	9%	931
2	5%	266
3	7%	178
4	1%	127
5 (least deprived)	0%	60

All three factors associated with social exclusion were associated with a higher likelihood of giving a negative perception of the number of assaults/muggings in the local area.

Table 5.60: Negative Perception of Number of Assaults/Muggings (Q38d) by Factors Associated with Social Exclusion

	Negative Perception	Unweighted base (n)
All income from benefits	12%	428
Feel isolated from friends/family	17%	120
Not in control of decisions affecting daily life, or only 'to some extent'	10%	554

For health and wellbeing measures, those more likely to have a negative perception of the number of assaults/muggings in their area were:

- Those with a high GHQ12 score;
- Those exposed to second hand smoke;
- Smokers; and
- Those with a limiting condition or illness.

Those with positive views of their health, wellbeing and quality of life were less likely to have negative views of the number of assaults/muggings in their area.

Table 5.61: Negative Perception of Number of Assaults/Muggings (Q38d) by Health and Wellbeing Measures

	Negative Perception	Unweighted base (n)		Negative Perception	Unweighted base (n)
Positive view of general health	5%	1,102	High GHQ12 score	16%	193
Positive view of physical wellbeing	5%	1,240	Limiting condition or illness	9%	398
Positive view of mental/emotional wellbeing	5%	1,325	Exposed to second hand smoke	10%	647
Positive view of quality of life	5%	1,345	Current smoker	10%	510

5.5 Environmental Issues in the Local Area

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

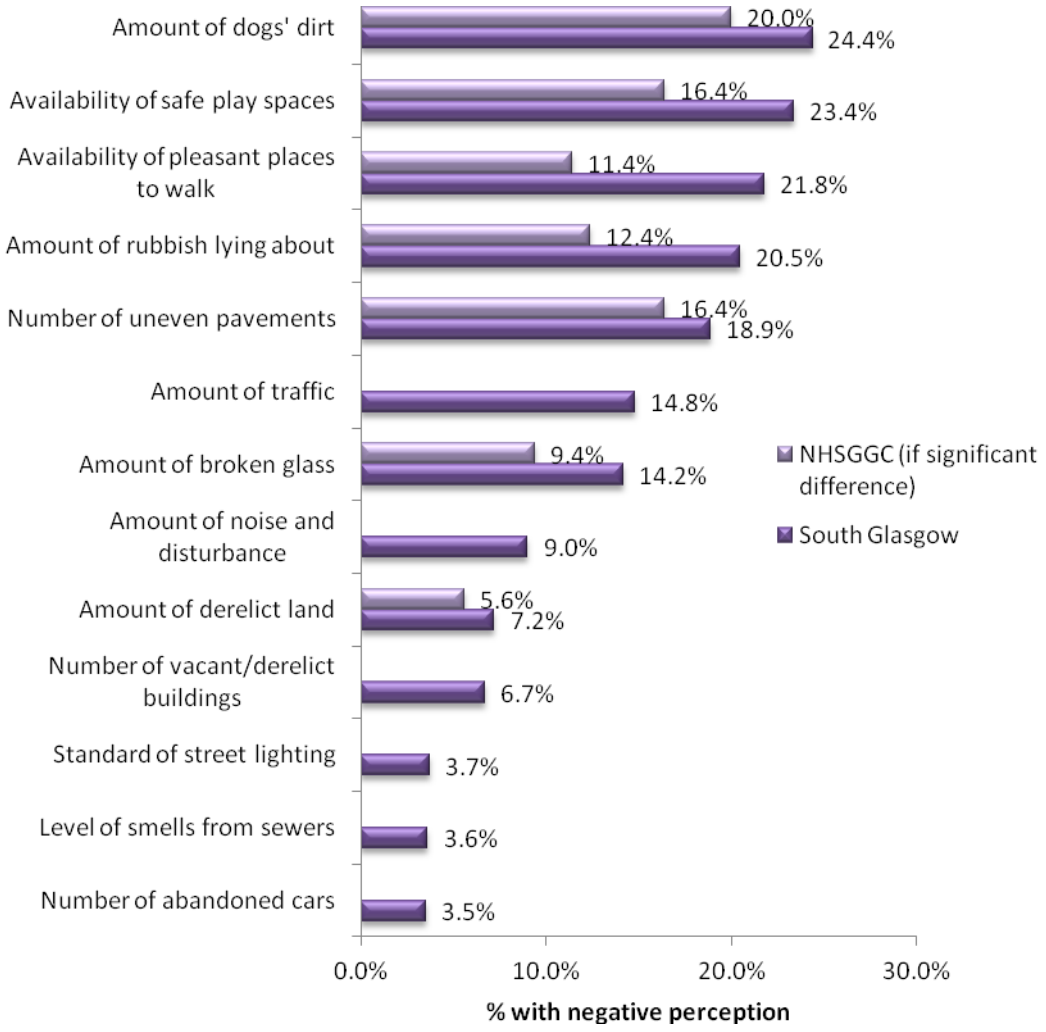
The environmental issues which most frequently caused concern were the amount of dogs dirt (24%), the availability of safe places to play (23%), and the availability of pleasant places to walk (22%).

Comparison with NHS Greater Glasgow & Clyde

Figure 5.7 shows the proportion of respondents in South Glasgow who gave a negative perception of each environmental issue and, where there is a significant difference, the proportion in the NHS Greater Glasgow & Clyde area who gave a negative perception.
Compared to those in the NHSGGC area as a whole, those in South Glasgow were more likely to give a negative perception of:

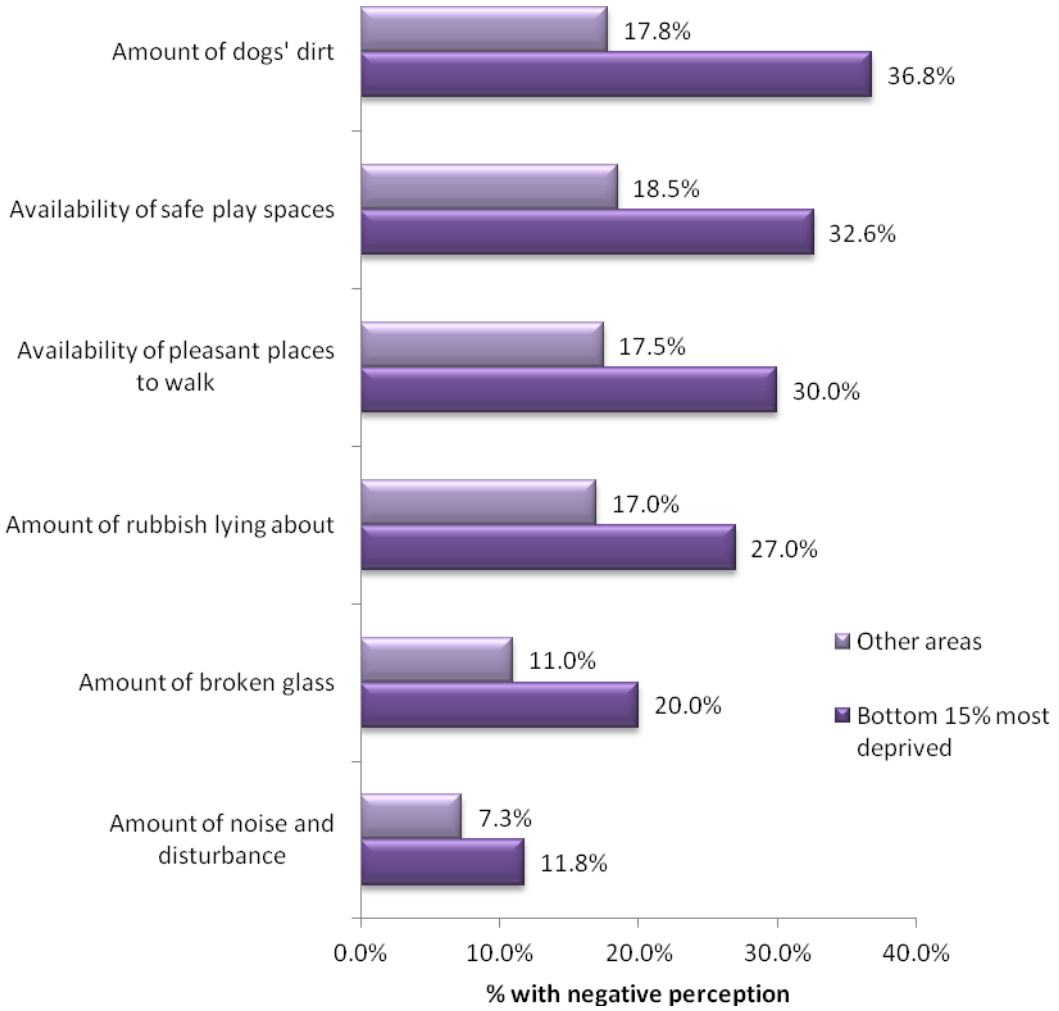
- The amount of dogs' dirt;
- The availability of safe play spaces;
- The availability of pleasant places to walk;
- The amount of rubbish lying about;
- The number of uneven pavements;
- The amount of broken glass; and
- The amount of derelict land.

Figure 5.7: Negative Perception of Environmental Issues in the Local Area (Q39a-m) - South Glasgow and NHS Greater Glasgow & Clyde



For six of the thirteen environmental issue, those in the most deprived areas were more likely than those in other areas to have a negative perception. This is shown in Figure 5.8.

Figure 5.8: Negative Perception of Environmental Issues in the Local Area (Q39a-m) - Bottom 15% Most Deprived Areas and Other Areas

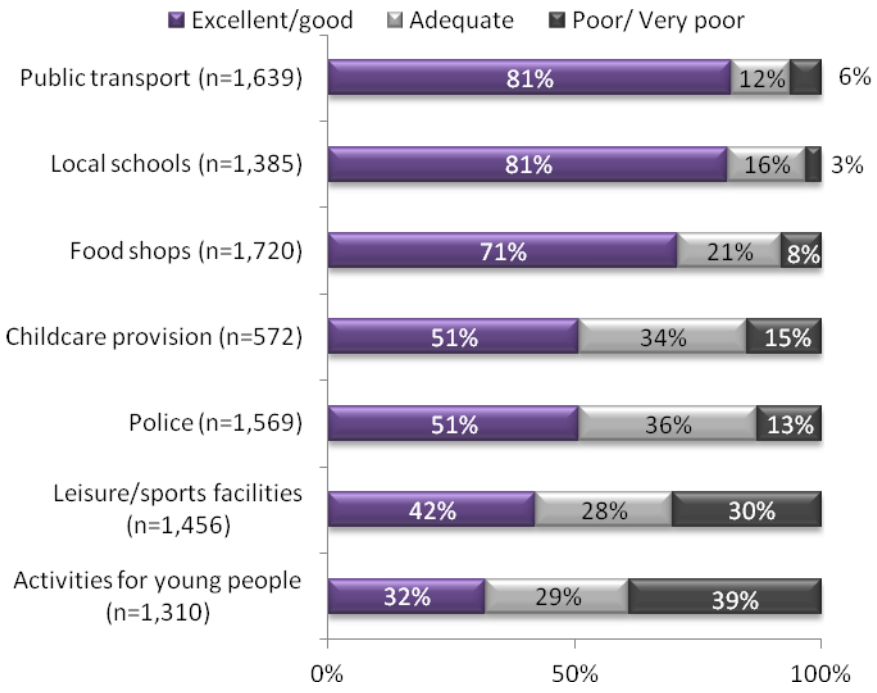


5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.9 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 5.9 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 public transport and local schools. Activities for young people had the fewest proportion of respondents giving a positive rating.

Figure 5.9: Perceived Quality of Local Services



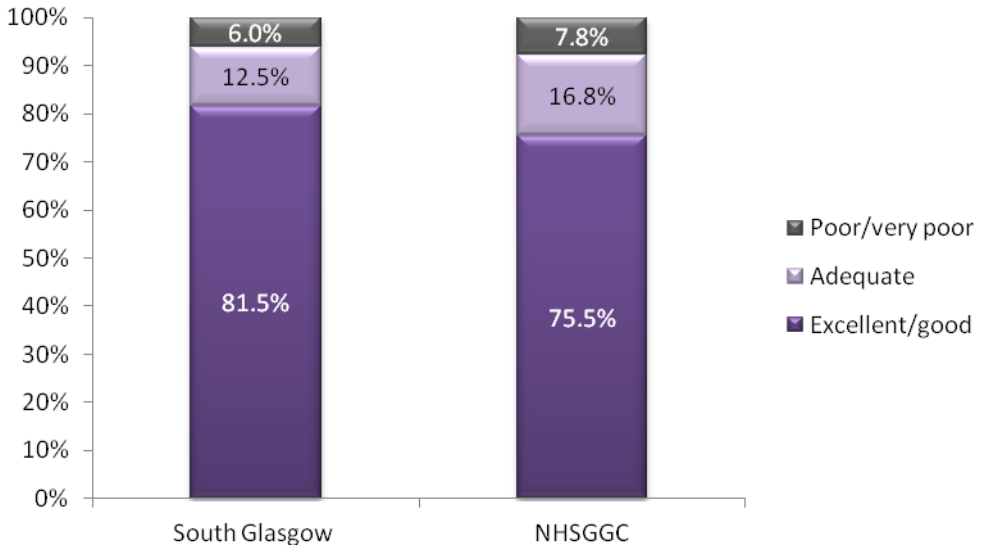
Public Transport

Four in five (81%) respondents rated public transport positively, while 12% said it was adequate and 6% considered it poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of local public transport (81% South Glasgow; 75% NHSGGC).

Figure 5.10: Perceived Quality of Public Transport (Q42c) - South Glasgow & NHS Greater Glasgow & Clyde



Those aged 25-54 were the most likely to rate public transport positively.

Table 5.62: Perceived Quality of Public Transport (Q42c) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	80%	14%	6%	133
25-34	84%	10%	6%	304
35-44	86%	10%	4%	257
45-54	83%	11%	5%	247
55-64	74%	21%	5%	222
65-74	82%	9%	9%	265
75+	81%	11%	8%	208
Men 16-44	83%	12%	5%	278
Women 16-45	83%	10%	6%	416
Men 45-64	79%	18%	3%	217
Women 45-64	79%	14%	7%	252
Men 65+	84%	8%	8%	179
Women 65+	80%	11%	9%	294
All	81%	12%	6%	1,639

Table 5.63 shows that those who did not definitely feel in control of the decisions affecting their life were more likely to rate public transport positively.

Table 5.63: Perceived Quality of Public Transport (Q42c) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	84%	9%	7%	584

For health and wellbeing measures, those less likely to have a positive view of local public transport were those with a high GHQ12 score, obese people and smokers.

Those with a positive view of their general health and physical or mental/emotional wellbeing or quality of life were more likely to rate local public transport positively. Those who exceeded the recommended weekly limit for alcohol consumption were also more likely to have a positive view of local public transport.

Table 5.64: Perceived Quality of Public Transport (Q42c) by Health and Wellbeing Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	83%	12%	6%	1,164
Positive view of physical wellbeing	82%	13%	5%	1,296
Positive view of mental/emotional wellbeing	83%	12%	6%	1,378
Positive view of quality of life	82%	13%	5%	1,405
High GHQ12 score	72%	17%	11%	209
Current smoker	77%	16%	6%	538
Exceeds weekly alcohol limit	85%	13%	3%	293
Obese	75%	14%	11%	255

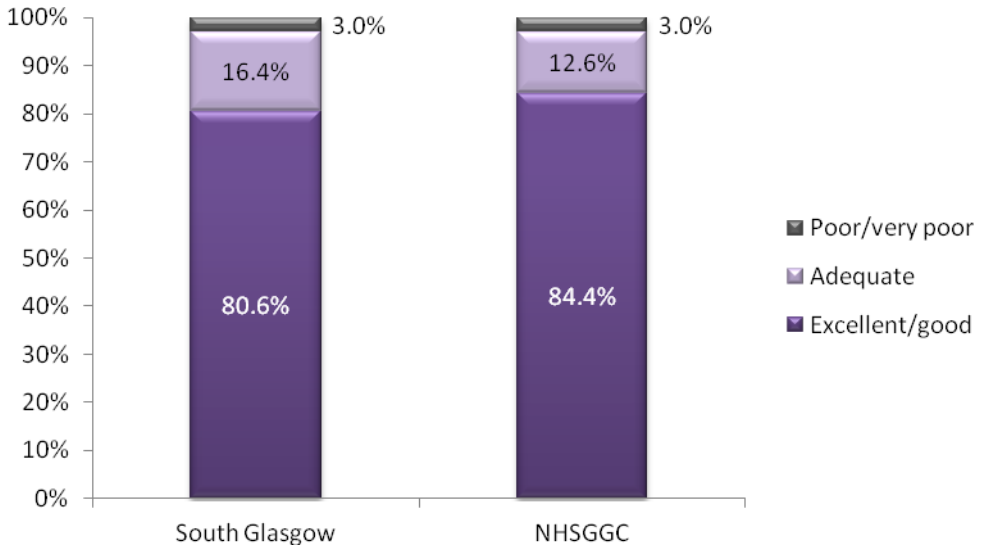
Local Schools

Four in five (81%) respondents rated local schools positively, with a further 16% saying they were adequate and 3% saying they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local schools positively (81% South Glasgow; 84% NHSGGC).

Figure 5.11: Perceived Quality of Local Schools (Q42b) - South Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to rate local schools positively.

Table 5.65: Perceived Quality of Local Schools (Q42b) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	77%	23%	0%	107
25-34	86%	12%	2%	262
35-44	82%	14%	5%	224
45-54	82%	17%	1%	236
55-64	76%	18%	5%	184
65-74	78%	19%	3%	221
75+	82%	10%	8%	148
All	81%	16%	3%	1,385

Those in the least deprived quintile were the most likely to rate local schools positively.

Table 5.66: Perceived Quality of Local Schools (Q42b) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	77%	19%	4%	823
2	86%	10%	4%	238
3	76%	22%	2%	150
4	85%	14%	1%	121
5 (least deprived)	97%	3%	0%	53

Those who received all income from benefits and those who felt isolated from family and friends were less likely to rate local schools positively.

Table 5.67: Perceived Quality of Local Schools (Q42b) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
All income from benefits	75%	17%	8%	370
Feel isolated from friends/family	69%	21%	10%	88

Those with a high GHQ12 score and those with a limiting condition or illness were less likely to rate local schools positively. Those with positive views of their health, wellbeing and quality of life were more likely to have positive views of local schools.

Table 5.68: Perceived Quality of Local Schools (Q42b) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	84%	15%	2%	990
Positive view of physical wellbeing	82%	16%	2%	1,108
Positive view of mental/emotional wellbeing	82%	15%	2%	1,182
Positive view of quality of life	82%	15%	2%	1,200
High GHQ12 score	68%	27%	5%	166
Limiting condition/illness	71%	22%	6%	316

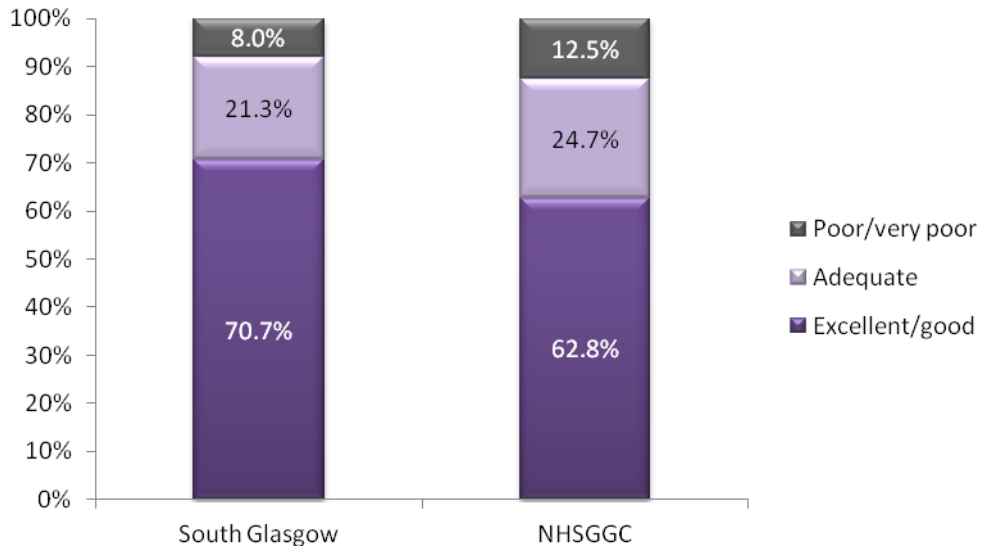
Food Shops

Seven in ten (71%) respondents had a positive view of local food shops while 21% said they were adequate and 8% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of local food shops (71% South Glasgow; 63% NHSGGC).

Figure 5.12: Perceived Quality of Food Shops (Q42a) - South Glasgow & NHS Greater Glasgow & Clyde



Those in the most deprived areas were the least likely to rate local food shops positively while those in the least deprived areas were the most likely to give a positive rating for food shops. This is shown in Table 5.69.

Table 5.69: Perceived Quality of Food Shops (Q42a) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Bottom 15% datazones	66%	22%	12%	899
Other datazones	73%	21%	6%	821
SIMD quintile				
1 (most deprived)	65%	22%	13%	1,022
2	75%	18%	7%	306
3	72%	24%	4%	194
4	79%	21%	0%	134
5 (least deprived)	91%	9%	0%	64

Those who received all household income from benefits and those who felt isolated from family and friends were less likely to rate local food shops positively. However, those who did not definitely feel in control of the decisions affecting their life were more likely to rate local food shops positively.

Table 5.70: Perceived Quality of Food Shops (Q42a) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
All income from benefits	64%	23%	13%	487
Feel isolated from family/friends	60%	29%	11%	142
Not in control of decisions affecting daily life, or only 'to some extent'	74%	17%	8%	606

For health and wellbeing measures, those less likely to rate local food shops positively were:

- Those with a high GHQ12 score;
- Those with a limiting condition or illness;
- Smokers; and
- Obese people.

Those who consumed fewer than five portions of fruit/vegetables per day and those with positive views of their health, wellbeing or quality of life were more likely to rate local food shops positively.

Table 5.71: Perceived Quality of Food Shops (Q42a) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	72%	22%	6%	1,208
Positive view of physical wellbeing	72%	22%	6%	1,348
Positive view of mental/emotional wellbeing	72%	21%	7%	1,444
Positive view of quality of life	71%	22%	7%	1,469
High GHQ12 score	54%	29%	18%	222
Limiting condition/illness	63%	23%	13%	441
Current smoker	66%	22%	11%	563
Obese	68%	19%	13%	269
Consumes fewer than 5 portions of fruit/veg per day	73%	20%	8%	1,185

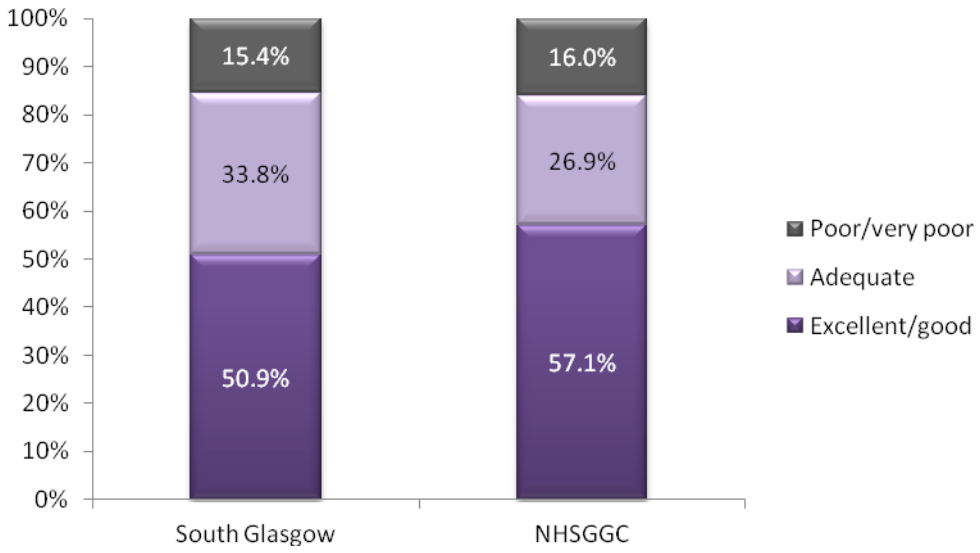
Childcare Provision

Half (51%) of respondents rated local childcare provision positively while 34% said it was adequate and 15% said it was poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local childcare provision positively (51% South Glasgow; 57% NHS Greater Glasgow & Clyde).

Figure 5.13: Perceived Quality of Childcare Provision (Q42f) - South Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to rate local childcare positively and those aged under 25 were the least likely. This is shown in Table 5.72.

Table 5.72: Perceived Quality of Childcare (Q42f) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	28%	43%	30%	52
25-34	66%	24%	10%	148
35-44	57%	27%	16%	113
45-54	45%	41%	14%	104
55-64	53%	35%	11%	55
65-74	49%	35%	16%	67
75+	50%	45%	5%	32
All	51%	34%	15%	572

Those in the least deprived areas were the most likely to rate local childcare positively.

Table 5.73 Perceived Quality of Childcare (Q42f) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
SIMD quintile				
1 (most deprived)	46%	38%	17%	332
2	47%	36%	17%	89
3	52%	25%	23%	75
4	58%	39%	3%	57
5 (least deprived)	89%	11%	0%	19

Table 5.74 shows that those who felt isolated from family and friends were less likely to rate local childcare provision positively.

Table 5.74: Perceived Quality of Childcare Provision (Q42f) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Feel isolated from friends/family	46%	20%	35%	48

Table 5.75 shows that those less likely to rate local childcare provision positively were those with a high GHQ12 score and those with a limiting condition or illness.

Those who exceeded the recommended weekly alcohol limit and those with positive views of their health, wellbeing and quality of life were more likely to have positive views of childcare provision in their area.

Table 5.75: Perceived Quality of Childcare Provision (Q42f) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	54%	33%	13%	417
Positive view of physical wellbeing	52%	35%	13%	452
Positive view of mental/emotional wellbeing	54%	34%	12%	470
Positive view of quality of life	53%	33%	14%	495
High GHQ12 score	38%	33%	29%	93
Limiting condition/illness	47%	29%	24%	122
Exceeds weekly alcohol limit	65%	23%	12%	92

Police

Half (51%) of respondents rated the local police service positively while 36% said it was adequate and 13% said it was poor.

Women were more likely than men to rate the police positively.

Table 5.76: Perceived Quality of Police (Q42g) by Age and Gender

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Men	46%	39%	15%	653
Women	55%	33%	13%	916
Men 16-44	43%	41%	16%	267
Women 16-44	57%	30%	13%	391
Men 45-64	44%	44%	13%	214
Women 45-64	50%	36%	14%	243
Men 65+	59%	28%	12%	171
Women 65+	56%	33%	10%	280
All	51%	36%	13%	745

Those in the least deprived areas were the most likely to rate the police positively.

Table 5.77: Perceived Quality of Police (Q42g) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	48%	33%	19%	850
Other datazones	52%	38%	10%	719
SIMD quintile				
1 (most deprived)	47%	34%	19%	950
2	56%	32%	12%	256
3	53%	33%	13%	186
4	49%	47%	3%	131
5 (least deprived)	77%	23%	0%	46

Those who did not definitely feel in control of the decisions affecting their life were more likely to have a positive view of their local police.

Table 5.78: Perceived Quality of Police (Q42g) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	57%	33%	10%	544

Smokers and those who consumed fewer than five portions of fruit/vegetables per day were less likely to rate local police positively. Those who consumed fewer than five portions of fruit/vegetables per day were more likely to rate the police positively.

Table 5.79: Perceived Quality of Police (Q42g) by Health and Wellbeing Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Limiting condition/illness	44%	37%	18%	384
Current smoker	45%	40%	15%	520
Consumes fewer than 5 portions of fruit/veg per day	54%	33%	14%	1,075

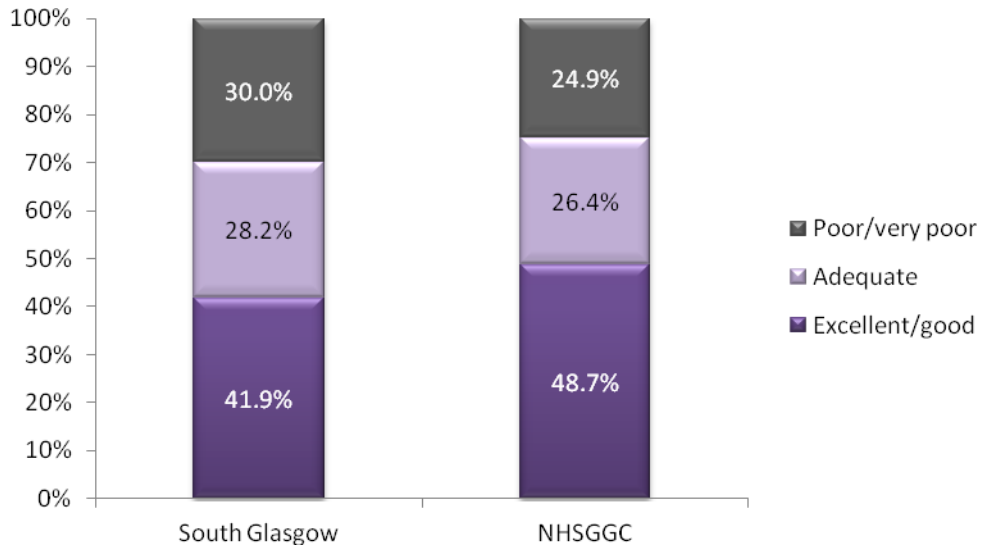
Leisure / Sports Facilities

Two in five (42%) respondents gave a positive rating of local leisure/sports facilities while 28% said they were adequate and 30% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local leisure/sports facilities positively (42% South Glasgow; 49% NHSGGC).

Figure 5.14: Perceived Quality of Leisure / Sports Facilities (Q42e) - South Glasgow and NHS Greater Glasgow & Clyde



Those in the most deprived areas were less likely to rate local leisure/sports facilities positively.

Table 5.80: Perceived Quality of Leisure/Sports Facilities (Q42e) by Deprivation and Socio Economic Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Bottom 15% datazones	36%	29%	35%	774
Other datazones	45%	27%	27%	682
SIMD quintile				
1 (most deprived)	37%	2%	34%	879
2	46%	25%	28%	257
3	43%	18%	38%	165
4	41%	40%	19%	104
5 (least deprived)	62%	30%	8%	51

Those who did not definitely feel in control of the decisions affecting their life were more likely to rate local leisure/sports facilities positively.

Table 5.81: Perceived Quality of Leisure/Sports Facilities (Q42e) by Factors Associated with Social Exclusion

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Not in control of decisions affecting daily life, or only 'to some extent'	45%	31%	24%	496

For health and wellbeing measures, those less likely to rate local leisure/sports facilities positively were those with a high GHQ12 score and those with a limiting condition or illness. Those with a positive view of their general health, physical or mental/emotional wellbeing or quality of life were more likely to have a positive view of leisure/sports facilities.

Table 5.82: Perceived Quality of Leisure/Sports Facilities (Q42e) by Health and Wellbeing Measures

	Excellent/ Good	Adequate	Poor/ Very Poor	Unweighted base (n)
Positive view of general health	44%	26%	30%	1,079
Positive view of physical wellbeing	43%	28%	29%	1,170
Positive view of mental/emotional wellbeing	44%	26%	30%	1,237
Positive view of quality of life	44%	27%	29%	1,261
High GHQ12 score	26%	40%	34%	177
Limiting condition/illness	31%	29%	40%	321

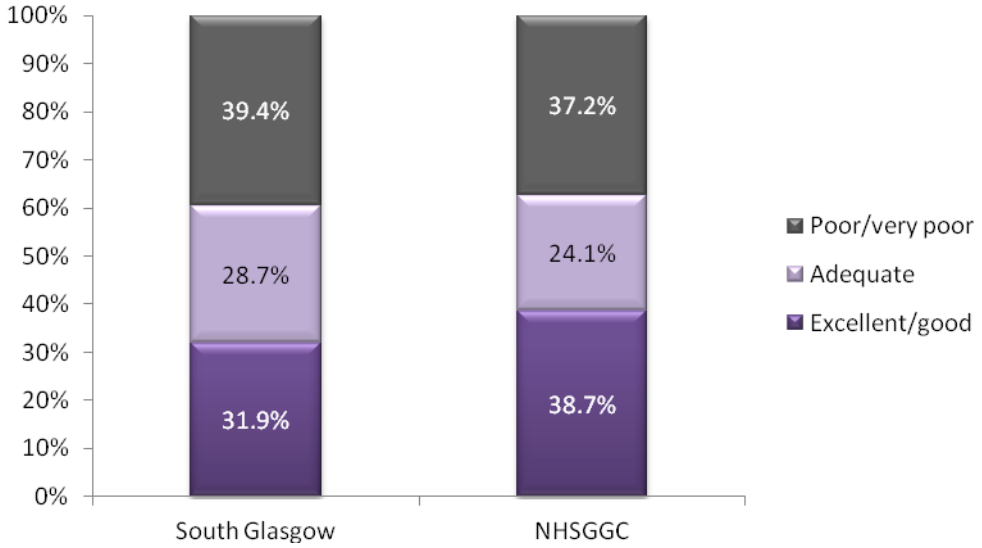
Activities for Young People

One in three (32%) respondents rated the quality of activities for young people positively, 29% said they were adequate and 39% said they were poor.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a positive rating of activities for young people in their area (32% South Glasgow; 39% NHSGGC).

Figure 5.15: Perceived Quality of Activities for Young People (Q42d) - South Glasgow and NHS Greater Glasgow & Clyde



Those aged 25-34 were the most likely to rate activities for young people positively.

Table 5.83: Perceived Quality of Activities for Young People (Q42d) by Age and Gender

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Age:				
16-24	29%	24%	48%	117
25-34	43%	26%	315	274
35-44	29%	29%	42%	238
45-54	35%	27%	38%	230
55-64	22%	36%	42%	166
65-74	31%	32%	37%	178
75+	30%	35%	35%	105
Men 16-44	31%	25%	44%	257
Women 16-44	36%	28%	36%	372
Men 45-64	35%	33%	32%	180
Women 45-64	25%	28%	47%	216
Men 65+	32%	37%	31%	114
Women 65+	29%	30%	42%	169
All	32%	29%	39%	1,310

Those in the most deprived areas were less likely than those in other areas to rate activities for young people positively. Those in the least deprived areas were the most likely to rate activities for young people positively.

Table 5.84: Perceived Quality of Activities for Young People (Q42d) by Deprivation and Socio Economic Measures

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Bottom 15% datazones	28%	25%	48%	723
Other datazones	34%	31%	35%	587
SIMD quintile				
1 (most deprived)	28%	24%	48%	806
2	34%	28%	32%	222
3	32%	26%	42%	139
4	34%	47%	19%	102
5 (least deprived)	58%	30%	12%	41

Those who received all household income from benefits and those who felt isolated from family and friends were less likely to rate local activities for young people positively.

Table 5.85: Perceived Quality of Activities for Young People (Q42d) by Factors Associated with Social Exclusion

	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
All income from benefits	28%	22%	50%	350
Feel isolated from friends/family	24%	18%	58%	84

For health and wellbeing measures, those less likely to rate local activities for young people positively were:

- Those with a limiting condition or illness;
- Those with a high GHQ12 score; and
- Obese people.

Those with positive views of their health, wellbeing or quality of life were more likely to rate local activities for young people positively.

Table 5.86: Perceived Quality of Activities for Young People (Q42d) by Health and Wellbeing Measures

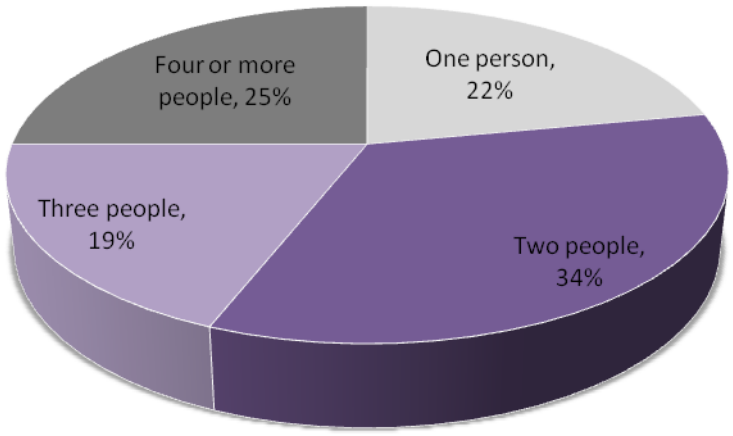
	Excellent / Good	Adequate	Poor / Very Poor	Unweighted base (n)
Positive view of general health	35%	28%	37%	975
Positive view of physical wellbeing	34%	29%	36%	1,058
Positive view of mental/emotional wellbeing	34%	29%	37%	1,118
Positive view of quality of life	34%	29%	37%	1,137
High GHQ12 score	21%	28%	51%	152
Limiting condition/illness	19%	27%	53%	281
Obese	25%	26%	49%	214

5.7 Individual Circumstances

Household Size

One in five (22%) respondents lived alone. Figure 5.16 shows the breakdown of household size in South Glasgow.

Figure 5.16: Household Size
(Base: 1,724)



Ethnicity

Respondents were asked their ethnicity. More than four in five (84%) identified themselves as White. The next largest ethnic group was Asian (14%). The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

Marital Status

Just over half (56%) 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 45-54 year olds, of whom 74% were married, in a civil partnership or living with their partner. More than half (56%) of those aged 75 or over were widowed.

Those in the bottom 15% most deprived areas were less likely than those in other areas to be married, in a civil partnership or living with their partner (47% in the bottom 15% areas and 61% in other areas were married/in a civil partnership/cohabiting).

Caring Responsibilities

One in 20 (5%) 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 one in three (37%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 14.1.

Women were more likely than men to have caring responsibilities (6% and 4% respectively).

Educational Qualifications

A quarter (24%) of respondents had no educational qualifications.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say they had no qualifications (24% South Glasgow; 20% NHSGGC).

The likelihood of having no qualifications increased with age, ranging from 11% of those aged under 25 to 51% of those aged 75 or over. Women were more likely than men to say they had no qualifications (27% and 20% respectively).

Those in the most deprived 15% datazones were more likely than those in other areas to say they had no qualifications (31% and 20% respectively).

Proportion of Household Income from State Benefits

Half (52%) of respondents said that at least some of their household income came from state benefits, and 21% said that all their household income came from state benefits.

Those aged 65 or over were the most likely to say that all their household income came from state benefits (31% in this age group).

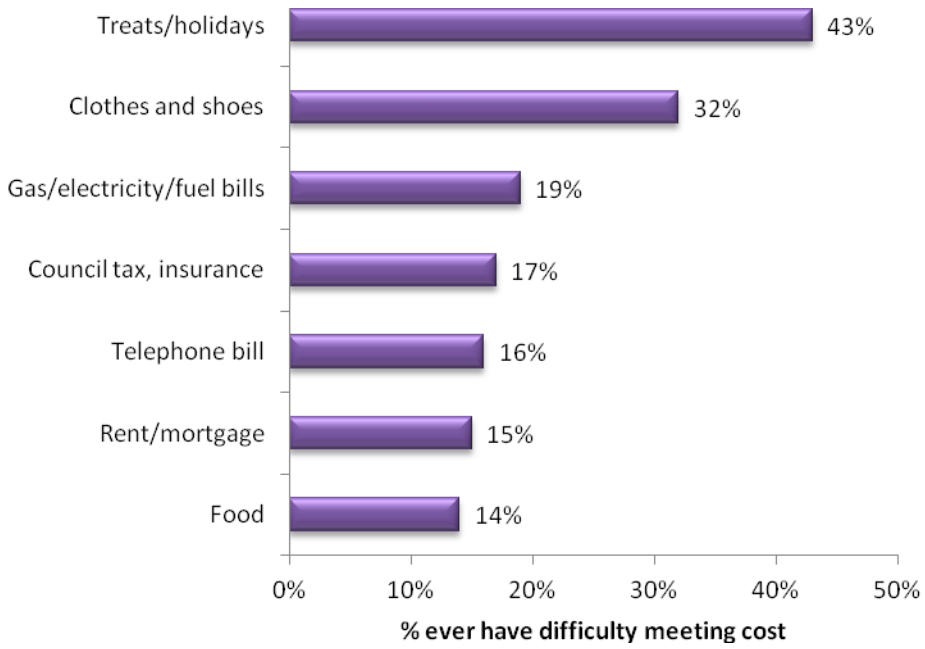
Three in ten (32%) of those in the bottom 15% most deprived areas received all household income from benefits compared with 14% of those in other areas.

Just under half (46%) of those with no qualifications received all household income from benefits compared to 13% of those with qualifications.

Difficulty Meeting the Cost of Specific Expenses

Figure 5.17 shows the proportion of respondents in South Glasgow who said they ever had difficulty meeting specific expenses

Figure 5.17: How Often Have Difficulty Meeting the Costs of Specific Expenses (Q51)



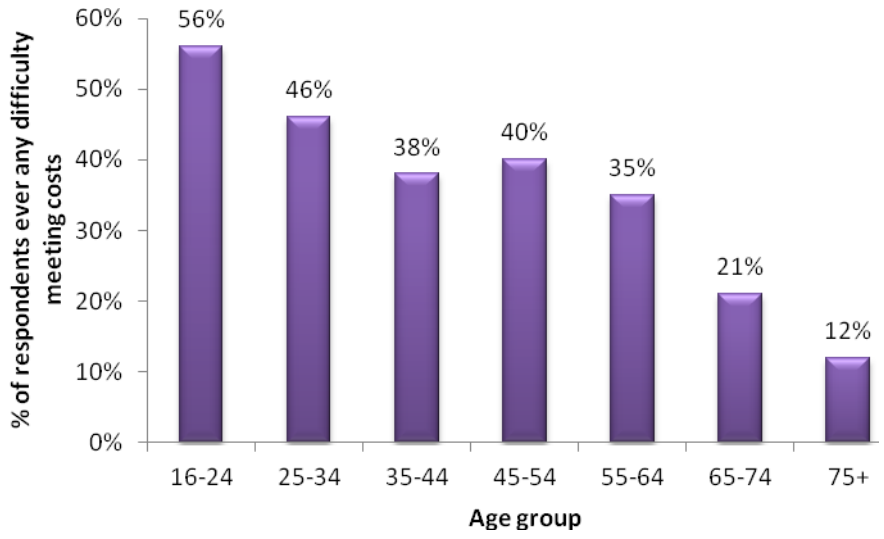
Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have ever have difficulty meeting the cost of food (14% South Glasgow; 17% NHSGGC) or telephone bills (16% South Glasgow; 19% NHSGGC).

All together, 38% said that they ever had difficulty meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes.

Those aged under 25 were the most likely to have difficulty meeting these costs and those aged 75 or over were the least likely.

Figure 5.18: Whether Ever Have Difficulty Meeting the Costs of Rent/Mortgage, Fuel Bills, Telephone Bills, Council Tax/Insurance, Food or Clothes Shoes (Q51) by Age



Half (50%) of those with no qualifications ever had difficulty meeting these expenses compared to 34% of those who had qualifications. Also, half (49%) of those in the most deprived areas ever had difficulty meeting these expenses compared to 31% of those in other areas.

Difficulty Finding Unexpected Sums

One in eight (12%) said that they would have a problem meeting an unexpected expense of £20; 34% said they would have a problem meeting an unexpected expense of £100 and 75% would had a problem finding £1,000 for an unexpected expense.

Those in the bottom 15% most deprived areas were more likely to have difficulty finding money for unexpected expenses. In these areas, 19% would have a problem finding £20, 47% would have a problem finding £100 and 89% would have a problem finding £1,000.

Economic Activity

Two thirds (66%) of respondents lived in households where the main wage earner was economically active (in or looking for work).

Sexual Orientation

The vast majority (99%) 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)	86%	1,722
Positive perception of local area as a place to bring up children (Q37)	80%	1,603
Positive perception of reciprocity (Q40a)	72%	1,696
Positive perception of trust (Q40e)	75%	1,695
Value local friendships (Q40c)	77%	1,711
Positive perception of social support (Q40g)	87%	1,700

In total 86% of respondents had a positive perception of their local area as a place to live and 80% had a positive perception of their local area as a place to bring up children. Those less likely to have positive views of their area as a place to live or to bring up children were those in the most deprived areas, those with no qualifications, those exhibiting factors associated with social exclusion and those with a high GHQ12 score.

Seven in ten (72%) had a positive view of reciprocity in their area and 75% had a positive view of trust in their area. Those less likely to have positive views of reciprocity or trust were those aged under 25, those in the most deprived areas, those with no qualifications, those who received all income from benefits, those who felt isolated and those with a high GHQ12 score.

Just over three in four (77%) respondents valued local friendships. Those less likely to value local friendships were those aged under 25, those outside the least deprived areas, those with no qualifications and those with a high GHQ12 score.

Just under nine in ten (87%) had a positive view of social support in their area. Those less likely to have a positive view of social support were those aged under 45, those who exhibited factors associated with social exclusion, those with a high GHQ12 score and those exposed to second hand smoke.

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, 86% had a positive view of their area as a place to live and 80% had a positive view of the area as a place to bring up children.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more 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 (86% South Glasgow; 83% NHSGGC).

Those in the age groups 16-24 and 35-44 were the least likely to give a positive rating of their area as a place to live.

Table 6.2: Positive Perception of Area as a Place to Live (Q36) by Age and Gender

	Positive about Area as Place to Live	Unweighted base (n)
Age:		
16-24	82%	135
25-34	89%	315
35-44	82%	269
45-54	85%	270
55-64	85%	230
65-74	92%	275
75+	91%	225
Men 16-44	83%	290
Women 16-44	86%	429
Men 45-64	90%	234
Women 45-64	81%	266
Men 65+	92%	188
Women 65+	92%	312
All:	86%	1,722

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

Table 6.3: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Deprivation and Socio Economic Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Bottom 15% datazones	79%	71%	847
Other datazones	90%	85%	756
SIMD quintile			
1 (most deprived)	80%	70%	952
2	84%	78%	278
3	90%	86%	182
4	100%	98%	129
5 (least deprived)	98%	98%	62
At least one qualification	87%	83%	1,095
No qualifications	83%	71%	505

All three factors associated with social exclusion were associated with a lower likelihood of expressing a positive view of the local area as a place to live or to bring up children.

Table 6.4: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Factors Associated with Social Exclusion

	Place to Live	Place to Bring Up Children	Unweighted base (n)
All income from benefits	77%	71%	449
Feel isolated from friends/family	74%	68%	123
Not in control of decisions affecting daily life, or only 'to some extent'	78%	73%	563

Table 6.5 shows that for health and wellbeing measures those less likely to have positive views of their area as a place to live or to bring up children were those with a high GHQ12 score. Also, obese people, those with a limiting condition/illness, those exposed to second hand smoke and smokers were less likely to have a positive view of their area as a place to live.

Those who had positive views of their health, wellbeing and quality of life were more likely to have positive views of their area as a place to live and to bring up children.

Table 6.5: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Health and Wellbeing Measures

	Place to Live	Place to Bring Up Children	Unweighted base (n)
Positive view of general health	87%	81%	1,126
Positive view of physical wellbeing	89%	83%	1,262
Positive view of mental/emotional wellbeing	90%	82%	1,355
Positive view of quality of life	90%	84%	1,373
High GHQ12 Score	66%	67%	196
Limiting condition or illness	82%	-	442
Second hand smoke	82%	-	706
Current smoker	82%	-	565
Obese	81%	-	269

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, 72% were positive about reciprocity and 75% were positive about trust.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have positive views of reciprocity (72% South Glasgow; 77% NHSGGC).

Those aged under 25 were the least likely to have positive views of reciprocity and trust and those aged 65 or over were the most likely.

Table 6.6: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Age and Gender

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Age:				
16-24	62%	132	64%	134
25-34	70%	304	74%	306
35-44	71%	267	72%	264
45-54	69%	266	74%	265
55-64	76%	227	78%	228
65-74	81%	273	83%	271
75+	83%	224	84%	224
Men 16-44	64%	284	67%	284
Women 16-44	73%	419	74%	420
Men 45-64	77%	230	79%	229
Women 45-64	68%	263	73%	264
Men 65+	85%	186	85%	186
Women 65+	79%	311	82%	309
All	72%	1,696	75%	1,695

Those in the most deprived areas and those with no qualifications were less likely to have positive perceptions of reciprocity and trust.

Table 6.7: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Deprivation and Socio Economic Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Bottom 15% datazones	65%	889	66%	885
Other datazones	76%	807	79%	810
SIMD quintile				
1 (most deprived)	66%	1,013	66%	1,009
2	74%	298	73%	302
3	71%	190	79%	190
4	84%	133	90%	133
5 (least deprived)	84%	62	98%	61
At least one qualification	73%	1,161	77%	1,163
No qualifications	68%	532	67%	529

Table 6.8 shows that those who received all income from benefits and those who felt isolated from family/friends were less likely to have a positive perception of reciprocity or trust. Also, those who did not feel in control of the decisions affecting their life were less likely to have a positive perception of trust.

Table 6.8: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Factors Associated with Social Exclusion

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
All income from benefits	63%	482	63%	478
Feel isolated from friends/family	59%	139	56%	138
Not in control of decisions affecting daily life, or only 'to some extent'	-	-	70%	601

Table 6.9 shows that for health and wellbeing measures, those less likely to have a positive perception of both reciprocity or trust were those with a high GHQ12 score. Also, those exposed to second hand smoke, smokers and those with a limiting condition or illness were less likely to have a positive perception of trust.

Table 6.9: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Health and Wellbeing Measures

	Reciprocity	Unweighted base (n)	Trust	Unweighted base (n)
Positive view of mental/ emotional wellbeing	73%	1,426	77%	1,427
Positive view of quality of life	-	-	76%	1,449
High GHQ12 Score	66%	218	66%	218
Limiting condition or illness	-	-	70%	436
Second hand smoke	-	-	69%	694
Current smoker	-	-	70%	556

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, 77% agreed with this statement.

Those aged 75 and over were the most likely to value local friendships, while those aged under 25 were the least likely to do so. This is shown in Table 6.10.

Table 6.10 Proportion Value Local Friendships (Q40c) by Age and Gender

	Value Local Friendships	Unweighted base (n)
Age:		
16-24	69%	135
25-34	74%	310
35-44	74%	266
45-54	78%	269
55-64	81%	230
65-74	84%	274
75+	87%	224
Men 16-44	74%	286
Women 16-44	72%	425
Men 45-64	81%	234
Women 45-64	78%	265
Men 65+	85%	187
Women 65+	85%	311
All	77%	1,711

Those in the bottom 15% most deprived areas were more likely than others to value local friendships. However, those in the least deprived areas were the most likely to value local friendships. Those with qualifications were more likely than those without qualifications to value local friendships. This is shown in Table 6.11.

Table 6.11: Proportion Value Local Friendships (Q40c) by Deprivation and Socio Economic Measures

	Value Local Friendships	Unweighted base (n)
Bottom 15% datazones	83%	891
Other datazones	75%	820
SIMD quintile		
1 (most deprived)	80%	1,016
2	64%	304
3	71%	194
4	93%	134
5 (least deprived)	94%	63
At least one qualification	79%	1,172
No qualifications	72%	536

Those who did not definitely feel in control of their lives and particularly those who felt isolated were less likely to value local friendships.

Table 6.12: Proportion Value Local Friendships (Q40c) by Factors Associated with Social Exclusion

	Value Local Friendships	Unweighted base (n)
Feel isolated from family/friends	56%	141
Not in control of decisions affecting daily life, or only 'to some extent'	72%	602

Table 6.13 shows those with a high GHQ12 score were less likely to value local friendships. Those who exceeded the recommended weekly limit for alcohol consumption and those with

positive views of their health, physical wellbeing, mental/emotional wellbeing and quality of life were more likely to value local friendships.

Table 6.13: Proportion Value Local Friendships (Q40c) by Health and Wellbeing Measures

	Value Local Friend-ships	Unweighted base (n)		Value Local Friend-ships	Unweighted base (n)
Positive view of general health	79%	1,202	Positive view of quality of life	78%	1,462
Positive view of physical wellbeing	80%	1,342	High GHQ12 score	63%	221
Positive view of mental/emotional wellbeing	80%	1,439	Exceeds weekly alcohol limit	83%	304

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, 87% overall were positive about social support.

Comparison with NHS Greater Glasgow & Clyde

Those in South Glasgow were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of social support (87% South Glasgow; 84% NHSGGC).

Those aged under 45 were less likely to have a positive view of social support.

Table 6.14: Positive View of Social Support (Q40g) by Age and Gender

	Positive view	Unweighted base (n)
Age:		
16-24	82%	132
25-34	82%	308
35-44	82%	268
45-54	88%	266
55-64	94%	226
65-74	92%	274
75+	91%	223
Men 16-44	80%	285
Women 16-44	83%	423
Men 45-64	89%	230
Women 45-64	93%	262
Men 65+	94%	186
Women 65+	90%	311
All	87%	1,700

Those who exhibited factors associated with social exclusion were less likely to have a positive view of social support.

Table 6.15: Positive View of Social Support (Q40g) by Factors Associated with Social Exclusion

	Positive View	Unweighted base (n)
All income from benefits	82%	482
Feel isolated from family/friends	74%	139
Not in control of decisions affecting daily life, or only 'to some extent'	82$	597

Table 6.16 shows that for health and wellbeing measures those less likely to have a positive view of social support were those with a high GHQ12 score and those who were exposed to second hand smoke. Those with a positive view of their health, wellbeing or quality of life were more likely to have a positive view of social support.

Table 6.16: Positive View of Social Support (Q40g) by Health and Wellbeing Measures

	Positive View	Unweighted base (n)		Positive View	Unweighted base (n)
Positive view of general health	88%	1,198	Positive view of quality of life	88%	1,455
Positive view of physical wellbeing	88%	1,336	High GHQ12 score	79%	217
Positive view of mental/emotional wellbeing	88%	1,434	Exposed to second hand smoke	83%	697

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 South Glasgow were:

- More likely to have a positive view of their physical wellbeing;
- More likely to have a positive view of their mental/emotional wellbeing;
- More likely to have a positive view of their happiness;
- More likely to have a positive view of their quality of life;
- Less likely to be receiving treatment for coronary heart disease;
- Less likely to have a high GHQ12 score;
- Less likely to have been a hospital outpatient in the last year;
- More likely to say it was easy to get a GP appointment;
- Less likely to say it was difficult to get a GP consultation within 48 hours when needed;
- More likely to say it was easy to access health services in an emergency;
- Less likely to drink alcohol weekly;
- Less likely to have been a binge drinker in the previous week;
- More likely to participate in walking for commuting;
- More likely to use shared travel methods and less likely to use personal travel methods;
- Less likely to feel isolated from family/friends;
- More likely to identify with a religion;
- Less likely to have been treated offensively in the last three months;
- More likely to feel safe using public transport;
- Less likely to have a negative perception of the following issues in their local area:
    - amount of vandalism;
    - amount of car crime;
    - number of assaults/muggings
- More likely to have a positive perception of local public transport;
- More likely to have a positive perception of local food shops;
- Less likely to ever have difficulty meeting the cost of food;
- More likely to have a positive view of their area as a place to live; 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 South Glasgow were:

- Less likely to definitely feel in control of decisions affecting their life;
- Less likely to brush their teeth twice or more per day;
- Less likely to have visited the dentist within the last six months;
- (Among those who had used health services in the last year), less likely to agree that:
    - they were given adequate information about their condition/treatment;
    - they were encouraged to participate in decisions affecting their health/treatment;
    - their views and circumstances were understood and valued;
- More likely to say it was difficult to get a hospital appointment;
- (Among smokers), more likely to say they did not intend to give up smoking;
- Less likely to participate in:
    - Walking for leisure/recreation;
    - Team sports;

    - Water based sports;
    - Dance;
    - Racquet sports;
- Less likely to feel safe walking alone in their area, even after dark;
- More likely to have a negative perception of the following environmental issues in their area:
    - amount of dogs' dirt;
    - availability of safe play spaces;
    - availability of pleasant places to walk;
    - amount of rubbish lying about;
    - number of uneven pavements;
    - amount of broken glass;
    - amount of derelict land;
- Less likely to have a positive perception of:
    - local schools;
    - local childcare provision;
    - local leisure/sports facilities;
    - activities for young people;
- Less likely to have any qualifications; and
- Less likely to have a positive perception of reciprocity in their area.

7.3 Other Significant Differences

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

- Less likely to have used the GP out of hours service 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.

Data relating to the South Glasgow area are presented for the 2008 and 2011 surveys. Data are also presented for bottom 15% (most deprived) areas and other areas. These are based on the **2006 SIMD classifications** of deprivation.

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):

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1-\hat{p}_p)}\sqrt{\left(\frac{1}{n_1}\right)+\left(\frac{1}{n_2}\right)}}$$

p_1 = proportion observed in 2011
p_2 = proportion observed in 2008
n_1 = sample size in 2011
n_2 = sample size in 2008

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$$

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

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

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

For example, the confidence interval for the first result for bottom 15% areas shown in Table 8.1 is (+1.6 to +9.4). This means that we can be 95% confident that, had we interviewed the entire population in the bottom 15% areas in South Glasgow in the surveys, the actual difference between the two sets of results would be between 1.6 and 9.4 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

Among those in the most deprived areas there was an increase between 2008 and 2011 in the proportion who had a positive view of their physical wellbeing. Thus the gap between the most deprived and other areas has narrowed for this measure.

Table 8.1: Positive Perceptions of Physical Wellbeing
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	79.0%	73.9%	82.6%
2011	81.0%	79.4%	82.1%
Change (2008-2011)	n/a	+5.5%	n/a
P	n/a	<0.01	n/a
Confidence Interval	n/a	+1.6 to +9.4	n/a

There was no significant change in the proportion who were positive about their mental/emotional wellbeing.

Table 8.2: Positive Perceptions of Mental or Emotional Wellbeing
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	84.8%	78.8%	88.9%
2011	85.4%	80.3%	88.6%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

In the most deprived areas there was a drop 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 South Glasgow	Bottom 15% areas	Other areas
2008	66.6%	63.0%	69.1%
2011	63.3%	56.0%	68.4%
Change (2008-2011)	-3.3%	-7.0%	n/a
P	<0.05	<0.01	n/a
Confidence Interval	-6.4 to -0.2	-11.6 to -2.4	n/a

There was an overall rise between 2008 and 2011 in the proportion who felt positive about their quality of life.

Table 8.4: Positive Perception of Overall Quality of Life
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	84.0%	79.2%	87.3%
2011	86.4%	81.8%	89.2%
Change (2008-2011)	+2.4%	n/a	n/a
P	<0.05	n/a	n/a
Confidence Interval	+0.1 to +4.7	n/a	n/a

In areas other than those most deprived there was an increase in the proportion of respondents who had a long term limiting condition or illness. .

Table 8.5: Illness/Condition Affecting Daily Life
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	19.1%	26.2%	14.2%
2011	20.5%	23.3%	18.7%
Change (2008-2011)	n/a	n/a	+4.5%
P	n/a	n/a	<0.05
Confidence Interval	n/a	n/a	+1.0 to +8.0

There was an overall rise in the proportion who were receiving treatment for one or more conditions, although this was only significant for those in areas other than the most deprived.

Table 8.6: Receiving Treatment for One or More Condition
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	35.0%	40.8%	30.9%
2011	40.3%	42.3%	39.1%
Change (2008-2011)	+5.3%	n/a	+8.2%
P	<0.01	n/a	<0.001
Confidence Interval	+2.1 to +8.5	n/a	+3.7 to +12.7

There was no significant change in the proportion who had any natural teeth.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	88.7%	86.2%	90.4%
2011	87.6%	84.2%	89.8%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was no significant change in the proportion who brushed their teeth at least twice a day.

Table 8.8: Proportion Brushing Teeth at Least Twice a Day
Base: Those with at least some of their own teeth

	All South Glasgow	Bottom 15% areas	Other areas
2008	75.0%	66.8%	80.4%
2011	76.0%	66.8%	81.5%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

8.2 The Use of Health Services

In the most deprived areas there was a drop in the proportion who had seen their GP in the last year. The gap between the most deprived and other areas has disappeared for this measure.

Table 8.9: Proportion Seen a GP in the Last Year
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	80.7%	85.2%	77.6%
2011	75.3%	75.9%	74.9%
Change (2008-2011)	-5.4%	-9.3%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	-8.1 to -2.7	-12.9 to -5.7	n/a

There was a rise in the proportion who had been to Accident & Emergency in the last year, although this was only significant for those in areas other than the most deprived.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	7.5%	10.6%	5.3%
2011	12.7%	13.4%	12.3%
Change (2008-2011)	+5.2%	n/a	+7.0%
P	<0.001	n/a	<0.001
Confidence Interval	+3.2 to +7.2	n/a	+4.3 to +9.7

For areas other than the most deprived there was a rise in the proportion who had been a hospital 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 South Glasgow	Bottom 15% areas	Other areas
2008	15.7%	18.0%	14.1%
2011	19.5%	20.5%	18.8%
Change (2008-2011)	+3.8%	n/a	+4.7%
P	<0.01	n/a	<0.01
Confidence Interval	+1.3 to +6.3	n/a	+1.2 to +8.2

There was a considerable increase 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 South Glasgow	Bottom 15% areas	Other areas
2008	41.5%	37.2%	44.4%
2011	51.1%	44.8%	55.1%
Change (2008-2011)	+9.6%	+7.6%	+10.7%
P	<0.001	<0.01	<0.001
Confidence Interval	+6.3 to +12.9	+3.0 to +12.2	+6.0 to +15.4

8.3 Health Behaviours

There was a drop in the proportion who were current smokers.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	33.2%	40.7%	28.0%
2011	30.1%	39.3%	24.3%
Change (2008-2011)	-3.1%	n/a	n/a
P	<0.05	n/a	n/a
Confidence Interval	-6.2 to -0.0	n/a	n/a

There was no significant change between 2008 and 2011 in the proportion who were exposed to second hand smoke.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	37.7%	44.2%	33.0%
2011	40.6%	48.6%	35.6%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was an increase 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 South Glasgow	Bottom 15% areas	Other areas
2008	9.4%	6.7%	11.2%
2011	19.2%	20.2%	18.5%
Change (2008-2011)	+9.8%	+13.5%	+7.3%
P	<0.001	<0.001	<0.001
Confidence Interval	+7.5 to +12.1	+10.4 to +16.6	+3.9 to +10.7

There was a considerable increase in the proportion who met the target for taking 30 minutes or moderate physical activity on five or more days per week.

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 South Glasgow	Bottom 15% areas	Other areas
2008	40.6%	35.4%	44.1%
2011	50.4%	51.8%	49.6%
Change (2008-2011)	+9.8%	+16.4%	+5.5%
P	<0.001	<0.001	<0.05
Confidence Interval	+6.5 to +13.1	+11.9 to +20.9	+0.8 to +10.2

There was a drop in the proportion who met the target of consuming five or more portions of fruit or vegetables per week, although this was only significant for those in areas other than the most deprived.

Table 8.17: Proportion Meeting the Fruit and Vegetable Consumption Target
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	36.6%	30.3%	41.0%
2011	32.2%	28.4%	34.7%
Change (2008-2011)	-4.4%	n/a	-6.3%
P	<0.01	n/a	<0.01
Confidence Interval	-7.5 to -1.3	n/a	-10.8 to -1.8

There was no significant change 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 South Glasgow	Bottom 15% areas	Other areas
2008	24.6%	26.2%	23.4%
2011	26.3%	26.7%	26.0%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was a drop in the proportion who exceeded the recommended limit of one high fat or sugary snack per day.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	41.2%	45.5%	38.1%
2011	35.2%	39.2%	32.6%
Change (2008-2011)	-6.0%	-6.3%	-5.5%
P	<0.001	<0.01	<0.05
Confidence Interval	-9.2 to -2.8	-10.9 to -1.7	-10.0 to -1.0

For those in the most deprived areas there was a rise in the proportion who were overweight or obese.

Table 8.20: Body Mass Index
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
BMI of 25 or over			
2008	42.8%	39.9%	44.8%
2011	51.1%	55.2%	48.6%
Change (2008-2011)	+8.3%	+15.3%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	+5.0 to +11.6	+10.7 to +19.9	n/a
BMI indicting obese/extremely obese			
2008	12.5%	11.8%	13.0%
2011	14.1%	19.0%	11.1%
Change (2008-2011)	n/a	+7.2%	n/a
P	n/a	<0.001	n/a
Confidence Interval	n/a	+3.9 to +10.5	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 South Glasgow	Bottom 15% areas	Other areas
2008	7.8%	8.8%	7.0%
2011	7.9%	7.2%	8.4%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was a considerable increase in the proportion who felt they belonged to their local area.

Table 8.22: Proportion Feeling they Belong to Local Area
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	65.7%	63.9%	67.1%
2011	79.6%	76.8%	81.3%
Change (2008-2011)	+13.9%	+12.9%	+14.2%
P	<0.001	<0.001	<0.001
Confidence Interval	+11.0 to +16.8	+8.7 to +17.1	+10.2 to +18.2

There was also an increase 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 South Glasgow	Bottom 15% areas	Other areas
2008	44.5%	43.4%	45.3%
2011	59.2%	53.9%	62.5%
Change (2008-2011)	+14.7%	+10.5%	+17.2%
P	<0.001	<0.001	<0.001
Confidence Interval	+11.5 to +17.9	+5.9 to +15.1	+12.6 to +21.8

There was no significant change in the proportion who felt that local people could influence decisions.

Table 8.24: Proportion Feeling Local People Can Influence Decisions
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	64.8%	58.9%	68.9%
2011	64.6%	63.2%	65.5%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

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 South Glasgow	Bottom 15% areas	Other areas
2008	98.2%	97.9%	98.4%
2011	97.5%	97.1%	97.7%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was an increase between 2008 and 2011 in the proportion who felt safe using public transport.

Table 8.26: Proportion Feeling Safe Using Public Transport
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	82.8%	83.5%	82.2%
2011	93.5%	93.0%	93.7%
Change (2008-2011)	+10.7%	+9.5%	+11.5%
P	<0.001	<0.001	<0.001
Confidence Interval	+8.6 to +12.8	+6.5 to +12.5	+8.6 to +14.4

There was also an increase 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 South Glasgow	Bottom 15% areas	Other areas
2008	52.1%	47.7%	55.1%
2011	62.2%	53.7%	67.5%
Change (2008-2011)	+10.1%	+6.0%	+12.4%
P	<0.001	<0.05	<0.001
Confidence Interval	+6.9 to +13.3	+1.4 to +10.6	+7.8 to +16.9

8.5 Individual Circumstances

In the most deprived areas there was an increase in the proportion who were married or cohabiting.

Table 8.28: Proportion Cohabiting / Married etc
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	50.3%	38.9%	58.2%
2011	56.1%	48.4%	60.9%
Change (2008-2011)	+5.8%	+9.5%	n/a
P	<0.001	<0.001	n/a
Confidence Interval	+2.5 to +9.1	+4.8 to +14.1	n/a

There was no significant change in the proportion who had children aged under 14.

Table 8.29: Proportion with Children Under 14
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	23.1%	23.3%	22.9%
2011	22.6%	20.4%	23.9%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was no significant change in the proportion who were the only person aged over 16 living in a household with children aged under 14.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	3.6%	5.1%	2.4%
2011	2.5%	3.9%	1.6%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was no significant change in the proportion with no qualifications.

Table 8.31: Proportion with No Qualifications
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	24.8%	33.9%	18.4%
2011	23.7%	32.1%	18.3%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

There was a drop in the proportion who received all household income from benefits.

Table 8.32: Proportion with all Income from State Benefits
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	28.0%	41.7%	18.4%
2011	20.6%	31.6%	13.6%
Change (2008-2011)	-7.4%	-10.1%	-4.8%
P	<0.001	<0.001	<0.01
Confidence Interval	-10.2 to -4.6	-14.6 to -5.6	-8.2 to -1.4

Among those in areas other than the most deprived there was a considerable rise in the proportion who had a positive view of their household income.

Table 8.33: Proportion with a Positive Perception of Household Income
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	56.7%	54.1%	58.5%
2011	68.2%	55.2%	76.4%
Change (2008-2011)	+11.5%	n/a	+17.9%
P	<0.001	n/a	<0.001
Confidence Interval	+8.3 to +14.7	n/a	+13.6 to +22.2

There was a considerable drop in the proportion who said they would find it difficult to find unexpected sums of £100 or £1,000.

Table 8.34: Proportion Having Difficulties Finding Unexpected Expenses

	All South Glasgow	Bottom 15% areas	Other areas
Difficulty finding £20			
2008	2.4%	2.6%	2.2%
2011	2.5%	3.5%	1.8%
Change	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a
Difficulty finding £100			
2008	28.6%	40.2%	20.5%
2011	15.5%	23.3%	10.6%
Change (2008-2011)	-13.1%	-16.9%	-9.9%
P	<0.001	<0.001	<0.001
Confidence Interval	-15.8 to -10.4	-21.2 to -12.6	-13.2 to -6.6
Difficulty finding £1,000			
2008	71.5%	83.8%	63.0%
2011	47.3%	64.3%	36.6%
Change (2008-2011)	-24.2%	-19.5%	-26.4%
P	<0.001	<0.001	<0.001
Confidence Interval	-27.3 to -21.1	-23.4 to -15.6	-30.9 to -21.9

There was no significant change in the proportion of people living 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 South Glasgow	Bottom 15% areas	Other areas
2008	53.8%	44.1%	60.6%
2011	53.6%	47.5%	57.3%
Change (2008-2011)	n/a	n/a	n/a
P	n/a	n/a	n/a
Confidence Interval	n/a	n/a	n/a

Among those in the most deprived areas there was a drop in the proportion who lived in households where no adult was in employment.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	39.8%	48.0%	34.1%
2011	36.0%	42.6%	31.9%
Change (2008-2011)	-3.8%	-5.4%	n/a
P	<0.05	<0.05	n/a
Confidence Interval	-7.0 to -0.6	-10.0 to -0.8	n/a

8.6 Social Capital

There was a rise in the proportion who had a positive perception of their area as a place to live, although this was only significant among those in areas other than the most deprived.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	82.2%	77.7%	85.3%
2011	86.2%	79.3%	90.6%
Change (2008-2011)	+4.0%	n/a	+5.3%
P	<0.01	n/a	<0.001
Confidence Interval	+1.6 to +6.4	n/a	+2.3 to +8.3

There was also a rise in the proportion who had a positive perception of their area as a place to bring up children. This was only true among those in areas other than the most deprived.

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

	All South Glasgow	Bottom 15% areas	Other areas
2008	76.6%	71.2%	80.3%
2011	79.9%	69.7%	86.4%
Change (2008-2011)	+3.3%	n/a	+6.1%
P	<0.05	n/a	<0.001
Confidence Interval	+0.6 to +6.0	n/a	+2.7 to +9.5

There was a rise in the proportion who had a positive perception of reciprocity in their area. Again, this was only significant among those in areas other than the most deprived.

Table 8.39: Proportion with Positive Perception of Reciprocity
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	65.6%	62.2%	67.9%
2011	72.2%	66.6%	75.7%
Change (2008-2011)	+6.6%	n/a	+7.8%
P	<0.001	n/a	<0.001
Confidence Interval	+3.6 to +9.6	n/a	+3.6 to +12.0

There was also a rise 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 South Glasgow	Bottom 15% areas	Other areas
2008	61.7%	59.2%	63.4%
2011	74.6%	67.5%	79.1%
Change (2008-2011)	+12.9%	+8.3%	+15.7%
P	<0.001	<0.001	<0.001
Confidence Interval	+9.9 to +15.9	+3.8 to +12.8	+11.6 to +19.8

There was a rise in the proportion who valued local friendships. The rise was particularly large in the most deprived areas.

Table 8.41: Proportion Valuing Local Friendships
Base: All

	All South Glasgow	Bottom 15% areas	Other areas
2008	62.0%	56.5%	65.8%
2011	77.5%	81.3%	75.0%
Change (2008-2011)	+15.5%	+24.8%	+9.2%
P	<0.001	<0.001	<0.001
Confidence Interval	+12.5 to +18.5	+20.6 to +29.0	+5.0 to +13.4

There was also a considerable 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 South Glasgow	Bottom 15% areas	Other areas
2008	63.8%	64.2%	63.5%
2011	86.5%	87.7%	85.8%
Change (2008-2011)	+22.7%	+23.5%	+22.3%
P	<0.001	<0.001	<0.001
Confidence Interval	+20.0 to +25.4	+19.6 to +27.4	+18.4 to +26.2

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
East Dunbartonshire CHP	222	317	397	159	**1095**
East Renfrewshire CHCP	148	172	220	51	**591**
Glasgow North East	71	129	139	21	**360**
Glasgow North West	95	99	147	74	**415**
Glasgow South	440	539	504	232	**1715**
Inverclyde CHCP	170	202	146	64	**582**
North Lanarkshire CHP	10	20	0	11	**41**
Renfrewshire CHP	162	169	231	20	**582**
South Lanarkshire CHP	30	19	76	10	**135**
West Dunbartonshire CHCP	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 interpretor 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%**
Unresolved attempts (cluster quotas were achieved so the address was untried) – treated as 'out of scope'	3218		
Total contacts	**12560**		

Thus the response rate for the project was 68.8%

Data Coding and Input

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

APPENDIX B: DATA WEIGHTING

Introduction

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

Household Size Weighting

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

The formula for calculating the household size weight was:

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

Where:

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

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

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

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

Where:

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

c_i 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	7	16-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75+
Age/Gender	6	Men 16-44; Women 16-44; Men 45-64; Women 45-64; Men 65+; Women 65+
Bottom 20% vs the rest	2	15% most deprived datazones; Other datazones
SIMD quintile	5	1 (most deprived quintile), 2, 3, 4, 5 (least deprived quintile)
Educational Qualifications	2	No qualifications; At least one qualification
All income from benefits	2	All household income from benefits; Not all household income from benefits
Whether isolated from family and friends	2	Does ever feel isolated from family/ friends; Does not ever feel isolated from family/friends
Whether have control over decision affecting daily life	2	'Definitely' feel in control of decisions; Only feels in control of decisions 'to some extent' or not at all
Self assessed: general health	2	Q1='very good' or 'good; Q1='fair' 'bad' or 'very bad'
Self assessed: physical health	2	Positive perception (Q35b); Neutral or negative perception (Q35b)
Self assessed: mental health	2	Positive perception (Q35c); Neutral or negative perception (Q35c)
Quality of life	2	Positive perception (Q35a); Neutral or negative perception (Q35a)
GHQ12	2	High GHQ12 score (4+); Low GHQ12 score (less than 4)
Limiting illness/condition	2	Has long term condition (yes at Q3); Does not have long term condition (no at Q3)
Second Hand Smoke	2	In places with other smokers 'most of the time' or 'some of the time'; 'Seldom' or 'never' in places where others smoke
Current smoking	2	Current smoker; Not current smoker
Exceeds weekly alcohol limits (based on new units - See Appendix D)	2	Exceeds weekly (gender-specific) alcohol limits; Does not exceed weekly (gender specific) alcohol limits
Obese	2	Not obese (BMI of under 29.2); Obese (29.2 or over)
Fruit and veg consumption	2	Consumes 5+ portions of fruit/veg per day; Consumes fewer than 5 portions of fruit/veg per day

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.