# NHS Greater Glasgow and Clyde
# 2011 Health and Wellbeing Survey

***West Dunbartonshire 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 588 completed interviews in West Dunbartonshire 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 West Dunbartonshire 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: 588

| Age | Men (% of sample) | Women (% of sample) | Total (% of sample) | West Dunbartonshire % of population (aged 16+) |
|---|---|---|---|---|
| 16-24 | 9.6% | 11.2% | 20.8% | 20.8% |
| 25-34 | 13.6% | 11.9% | 25.6% | 25.4% |
| 35-44 | 8.3% | 7.9% | 16.1% | 16.1% |
| 45-54 | 7.0% | 7.0% | 14.0% | 14.1% |
| 55-64 | 4.8% | 4.8% | 9.7% | 9.8% |
| 65-74 | 3.1% | 3.8% | 7.0% | 6.9% |
| 75+ | 2.3% | 4.6% | 6.9% | 7.0% |

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 (588)

| Group | % in sample | West Dunbartonshire % of population (aged 16+) |
|---|---|---|
| Most deprived 15% datazones | 27.4% | 26.8% |
| Other datazones | 72.6% | 73.2% |

## 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 (16-44; 45-64; 65+).

# 2 People's Perceptions of Their Health & Illness

## 2.1 Chapter Summary

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

**Table 2.1: Indicators for Perceptions of Health and Illness**

| Indicator | % of sample | Unweighted base (n) |
|---|---|---|
| Self-perceived health very good or good (Q1) | 72% | 588 |
| Positive perception of general physical wellbeing (Q35b) | 74% | 588 |
| Positive perception of general mental or emotional wellbeing (Q35c) | 75% | 587 |
| Positive perception of happiness (Q44) | 82% | 586 |
| Feel definitely in control of decisions affecting daily life (Q45) | 66% | 585 |
| Positive perception of quality of life (Q35a) | 81% | 587 |
| Has long term illness/condition that interferes with daily life (Q3) | 22% | 588 |
| Receiving treatment for at least one condition (Q2) | 44% | 588 |
| GHQ12 score of 4 or above (indicating poor mental health) (Q13) | 19% | 588 |
| Have some/all of own teeth (Q10) | 90% | 588 |
| Brushes teeth twice or more per day – based on those with some/all of own teeth (Q11) | 79% | 451 |

Seven in ten (72%) respondents rated their general health positively. Those aged 65 or over were less likely to rate their health positively.

Three in four (74%) respondents rated their physical wellbeing positively. Those aged 65 or over were less likely to rate their physical wellbeing positively.

Three in four (75%) respondents rated their mental or emotional wellbeing positively. Those aged 45 or over were less likely to rate their mental/emotional wellbeing positively.

Four in five (82%) respondents gave a positive rating of their happiness. Those aged 45 or over were less likely to give a positive rating of their happiness.

Two in three (66%) respondents felt 'definitely' in control over the decisions affecting their lives.

Four in five (81%) respondents gave a positive view of their overall quality of life. Those aged 45 or over were less likely to rate their quality of life positively.

One in five (22%) respondents said that they had a long-term illness or condition that interfered with their daily life. Those aged 65 or over were more likely to have a limiting condition/illness.

Just over two in five (44%) respondents were receiving treatment for at least one condition or illness. Those aged 65 or over were more likely to be receiving treatment.

One in five (19%) respondents had a high GHQ12 score, indicating poor mental health. Those aged 45 or over and women were more likely to have a high GHQ12 score.

Nine in ten (90%) respondents had some or all of their own teeth. Those aged 65 or over and women were less likely to have any natural teeth.

Of those with at least some of their own teeth, 79% said they brushed their teeth twice or more per day. Men were less likely to brush their teeth twice or more per day.

## 2.2 Self-Perceived Health and Wellbeing

### General Health

Respondents were asked to describe their general health over the last year on a four point scale (excellent, good, fair or poor). Overall, seven in ten (72%) gave a positive view of their health, with 21% saying their health was very good and 51% saying their health was good. However, 28% gave a negative view of their health, with 15% saying their health was fair, 10% saying it was bad and 4% saying it was very bad.

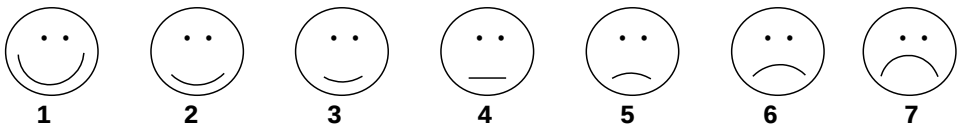
As Table 2.2 shows, those aged under 45 were the most likely to rate their general health positively and those aged 65 or over were the least likely to do so.

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

| | Very good | Good | Fair | Bad | Very bad | V good/ good | Fair/ bad | Unweighted base (n) |
|---|---|---|---|---|---|---|---|---|
| Age: | | | | | | | | |
| 16-44 | 28% | 55% | 9% | 4 | 3% | 84% | 16% | 202 |
| 45-64 | 11% | 53% | 16% | 18% | 3% | 64% | 36% | 194 |
| 65+ | 6% | 31% | 36% | 21% | 6% | 37% | 63% | 192 |
| **All** | 21% | 51% | 15% | 10% | 4% | 72% | 28% | 588 |

### Physical Wellbeing

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




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

Three in four (74%) 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 West Dunbartonshire were less likely to have a positive perception of their physical wellbeing (74% West Dunbartonshire; 78% NHS Greater Glasgow & Clyde).

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

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

| | Positive Perception | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 80% | 202 |
| 45-64 | 67% | 194 |
| 65+ | 57% | 192 |
| All | 74% | 588 |

### Mental or Emotional Wellbeing and Happiness

Using the 'faces' scale, 75% of respondents gave a positive view of their mental or emotional wellbeing.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their mental or emotional wellbeing (75% West Dunbartonshire; 82% NHS Greater Glasgow & Clyde).

Table 2.4 shows that perceptions of mental or emotional wellbeing varied for different age groups. Those aged under 45 were the most likely to give a positive view.

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

| | Positive Perception | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 80% | 202 |
| 45-64 | 69% | 193 |
| 65+ | 65% | 192 |
| All | 75% | 587 |

Respondents were also asked to use the 'faces' scale to indicate how happy they are, taking everything into account. Overall, 82% of respondents gave a positive view of their happiness.

Those aged 45 or over were less likely than younger respondents to have a positive perception of their happiness.

**Table 2.5: Positive Perception of Happiness (Q44) by Age**

| | Positive Perception | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 87% | 201 |
| 45-64 | 74% | 193 |
| 65+ | 75% | 192 |
| All | 82% | 586 |

### 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. Two in three (66%) said that they 'definitely' felt in control of these decisions, while 25% said that they felt in control 'to some extent' and 9% did not feel in control of these decisions.

## 2.3 Self Perceived Quality of Life

Using the 'faces' scale, respondents were asked to rate their overall quality of life. Overall, 81% of respondents gave a positive rating of their quality of life.

Those aged under 45 were more likely than older people to rate their quality of life positively.

**Table 2.6: Positive Perception of Quality of Life (Q35a) by Age**

| | Positive Perception | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-24 | 86% | 201 |
| 25-34 | 73% | 194 |
| 35-44 | 74% | 192 |
| All | 81% | 587 |

## 2.4 Illness

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

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a limiting condition or illness (22% West Dunbartonshire; 19% NHSGGC).

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

- 51% said that they had a physical disability;
- 21% said they had a mental or emotional health problem; and
- 54% said they had a long-term illness.

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

- 94% said it interfered with taking up training;
- 94% said it interfered with holding down or obtaining a job;
- 93% said it interfered with taking exercise/physical activity; and
- 85% said it interfered with socialising.

Those aged under 45 were the least likely to have a limiting long-term condition or illness and those aged 65 or over were the most likely. This is shown in Table 2.7.

**Table 2.7: Limiting Long-Term Condition or Illness (Q3) by Age**

| | Long-Term Condition / Illness | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 15% | 202 |
| 45-64 | 31% | 194 |
| 65+ | 42% | 192 |
| All | 22% | 588 |

### Illnesses / Conditions for Which Treatment is Being Received

More than two in five (44%) respondents were receiving treatment for at least one illness or condition.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to be receiving treatment for at least one condition (44% West Dunbartonshire; 39% NHSGGC).

The likelihood of being in receipt of treatment for at least one illness/condition rose with age – from 29% of those aged under 45 to 89% of those aged 65 or over.

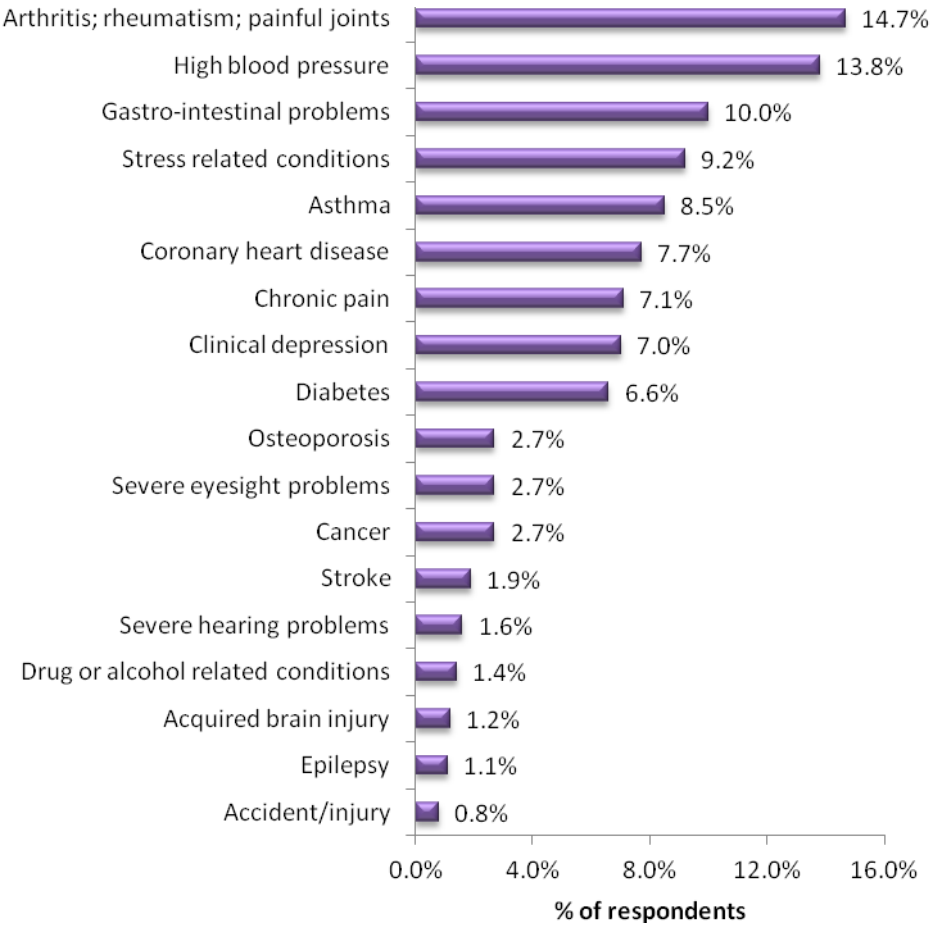
**Table 2.8: At Least One Illness / Condition Being Treated (Q2) by Age**

| | Being Treated for Condition / Illness | Unweighted base (n) |
|---|---|---|
| **Age:** | | |
| 16-44 | 29% | 202 |
| 45-64 | 60% | 194 |
| 65+ | 89% | 192 |
| All | 44% | 588 |

Figure 2.1 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 15% of respondents were being treated. Also, 14% were being treated for high blood pressure.

**Figure 2.1: 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 West Dunbartonshire were more likely to be receiving treatment for:

- Arthritis/rheumatism/painful joints (14.8% West Dunbartonshire; 11.9% NHSGGC);
- Gastro-intestinal problems (9.9% West Dunbartonshire; 5.8% NHSGGC);
- Stress related conditions (9.2% West Dunbartonshire; 5.9% NHSGGC);
- Coronary heart disease (7.7% West Dunbartonshire; 4.6% NHSGGC);
- Chronic pain (7.0% West Dunbartonshire; 3.8% NHSGGC);
- Clinical depression (7.0% West Dunbartonshire; 4.6% NHSGGC); and
- Acquired brain injury (1.2% West Dunbartonshire; 0.5% 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, 19% of respondents had a GHQ12 score of four or more, indicating poor mental health.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a high GHQ12 score (19% West Dunbartonshire; 15% NHSGGC).

Those aged under 45 were less likely than older respondents to have a high GHQ12 score. Women were more likely than men to have a high GHQ12 score.

**Table 2.9: High GHQ12 Score (Q13) by Age and Gender**

| | High GHQ12 Score | Unweighted base (n) |
|---|---|---|
| **Age:** | | |
| 16-44 | 16% | 202 |
| 45-64 | 25% | 194 |
| 65+ | 25% | 192 |
| Gender: | | |
| Men | 16% | 239 |
| Women | 23% | 349 |
| All | 19% | 588 |

**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 49.5.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire had lower mean WEMWBS scores than those in the NHS Greater Glasgow & Clyde area as a whole (49.5 West Dunbartonshire; 51.7 NHSGGC).

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

**Table 2.10: Mean WEMWBS Score (Q14) by Age**

| | Mean WEMWBS Score | Unweighted base (n) |
|---|---|---|
| **Age:** | | |
| 16-44 | 50.7 | 196 |
| 45-64 | 48.0 | 186 |
| 65+ | 46.4 | 187 |
| All | 49.5 | 569 |

## 2.6 Oral Health

### Proportion of Own Teeth

Respondents were asked what proportion of their teeth were their own. Most (90%) respondents said that they had all (60%) or some (31%) of their own teeth, while 10% had none of their own teeth.

The proportion with all or some of their own teeth ranged from 44% among those aged 65 or over to 100% of those aged under 45. Men were more likely than women to have any of their natural teeth.

**Table 2.11: Proportion of Own Teeth (Q10) by Age and Gender**

| | All | Some | None | All/some | Unweighted base (n) |
|---|---|---|---|---|---|
| Age: | | | | | |
| 16-44 | 78% | 21% | <1% | 100% | 202 |
| 45-64 | 41% | 51% | 8% | 92% | 194 |
| 65+ | 8% | 36% | 56% | 44% | 192 |
| Gender: | | | | | |
| Men | 55% | 38% | 7% | 93% | 239 |
| Women | 64% | 23% | 13% | 87% | 349 |
| **All** | 60% | 31% | 10% | 90% | 588 |

### Frequency of Brushing Teeth

Those with at least some of their own teeth were asked how often they brushed their teeth. Four in five (79%) said they brushed their teeth at least twice a day.

Women were more likely than men to brush their teeth at least twice per day (85% women; 72% men).

**Table 2.12: Brushes Teeth Twice or More Per Day (Q11) by Gender**

| | Brushes Teeth 2x or more per day | Unweighted base (n) |
|---|---|---|
| Men | 72% | 197 |
| Women | 85% | 254 |
| All | 79% | 451 |

# 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) | 77% | 588 |
| Outpatient to see doctor at least once in last year (Q7d) | 28% | 588 |
| Accident and emergency at least once in last year (Q7c) | 16% | 588 |
| Hospital stay in last year (q7e) | 19% | 588 |
| Seen Pharmacist for health advice in last year (Q7a) | 16% | 588 |
| Contacted NHS24 in last year (Q7b) | 17% | 588 |
| Used GP out of hours service in last year (q7f) | 6% | 588 |
| Been to the dentist within past six months (Q9) | 50% | 492 |
| Difficulty reaching hospital for an appointment (Q12d) | 15% | 507 |
| Difficulty getting GP appointment (Q12a) | 28% | 531 |
| Difficulty getting hospital appointment (Q12c) | 14% | 409 |
| Difficulty getting GP consultation within 48 hours (Q12f) | 12% | 378 |
| Difficulty accessing health services in an emergency (Q12b) | 15% | 386 |
| Difficulty getting dentist appointment (Q12e) | 5% | 441 |

Just over three in four (77%) respondents had seen a GP in the last year. Those aged 65 or over and women were more likely to have seen a GP in the last year.

Just under three in ten (28%) respondents had visited hospital as an outpatient to see a doctor in the last year. Those aged 65 or over and women were more likely to have been a hospital outpatient in the last year.

One in six (16%) respondents had visited accident and emergency in the last year. Women were more likely to have done so.

One in five (19%) had been admitted to hospital in the last year. Those aged 65 or over were more likely to have been admitted to hospital.

One in six (16%) had seen a pharmacist for health advice in the last year. Women were more likely to have done so.

One in six (17%) had contacted NHS24 in the last year. Women were more likely to have done so.

Six percent of respondents had used the GP out of hours service in the last year. Women were more likely to have done so.

Half (50%) of respondents had visited the dentist within the last six months. Those aged 65 or over and men were less likely to have visited the dentist in the last six months.

One in seven (15%) respondents said that it was difficult for them to reach hospital for an appointment. Women were more likely than men to find this difficult.

Just under three in ten (28%) said that they had difficulty getting a GP appointment. Women were more likely than men to find this difficult.

Fourteen percent of respondents said that it was difficult to get a hospital appointment.

One in eight (12%) said it was difficult to get a GP consultation within 48 hours when needed. Women were more likely than men to say this was difficult.

One in seven (15%) felt that it was difficult to access health services in an emergency. Women were more likely to say this was difficult.

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

## 3.2 Use of Specific Health Services

### General Practitioners (GPs)

Just over three in four (77%) respondents had seen a GP at least once in the last year. Of those who had visited a GP, two in five (42%) had visited the GP either once (21%) or twice (21%) in the last year, although the number of visits made in the last year ranged from 1 to 156. For all those who had visited their GP in the last year, the mean number of GP visits was 5.19.

Those aged 65 or over were more likely than younger respondents to have seen a GP in the last year. Also, women were more likely than men to have seen a GP. This is shown in Table 3.2.

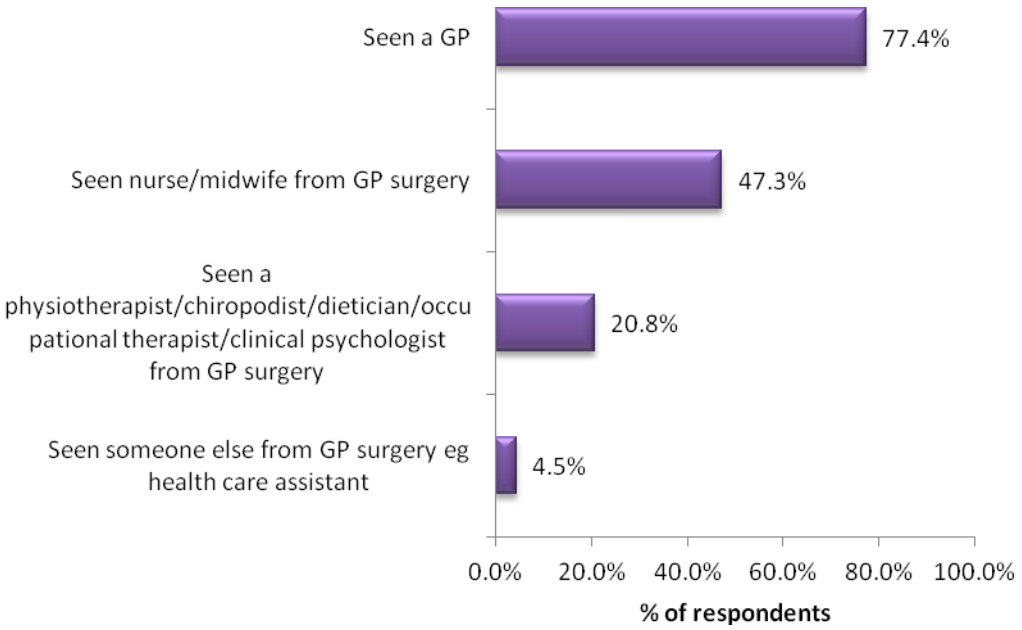
**Table 3.2: Seen GP at Least Once and Mean Number of Visits (Q6a) by Age and Gender**

| | % at least once | Mean number of visits (excluding 'never') | Unweighted base (n) |
|---|---|---|---|
| Age: | | | |
| 16-44 | 75% | 5.06 | 202 |
| 45-64 | 76% | 5.34 | 194 |
| 65+ | 93% | 5.46 | 192 |
| Men | 67% | 5.51 | 239 |
| Women | 87% | 4.96 | 349 |
| **All** | 77% | 5.19 | 588 |

### 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 77% of respondents who had seen a GP in the last year, 47% had seen a nurse or midwife from the GP surgery (mean number of visits was 3.90). One in five (21%) had seen staff such as a physiotherapist, chiropodist, dietician, occupational therapist or clinical psychologist (mean number of visits was 4.15). Also, 4% had seen some other type of staff at a GP surgery (mean number of visits was 2.87).

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




### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have seen a nurse or midwife at their GP surgery in the last year (47% West Dunbartonshire; 40% NHSGGC) or physiotherapist/chiropodist/dietician/ occupational therapist at their GP surgery (21% West Dunbartonshire; 12% NHSGGC).

### Outpatients

Just under three in ten (28%) 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, 31% had done so only once, although the number of visits ranged from 1 to 52. The average number of outpatient visits in the last year was 4.09.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have visited hospital as an outpatient in the last year (28% West Dunbartonshire; 24% NHSGGC).

Those aged under 45 were the least likely to have visited hospital as an outpatient, and those aged 65 and over were the most likely to have done so. Also women were more likely than men to have been hospital outpatients. This is shown in Table 3.3.

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

| | % at least once | Mean number of visits | Unweighted base (n) |
|---|---|---|---|
| Age: | | | |
| 16-44 | 21% | 5.31 | 202 |
| 45-64 | 36% | 3.04 | 194 |
| 65+ | 51% | 3.11 | 192 |
| Men | 22% | 4.10 | 239 |
| Women | 34% | 4.08 | 349 |
| **All** | 28% | 4.09 | 588 |

**Accident and Emergency**

One in six (16%) respondents had been to accident and emergency in the last year. Of those who had visited accident and emergency, 71% had been once in the last year, but the number of visits ranged from 1 to 24. The mean number of visits was 1.74.

Women were more likely than men to have visited Accident & Emergency in the last year.

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

| | % at least once | Mean number of visits | Unweighted base (n) |
|---|---|---|---|
| Men | 12% | 2.00 | 239 |
| Women | 20% | 1.59 | 349 |
| **All** | 16% | 1.74 | 588 |

**Hospital Admissions**

One in five (19%) respondents had been admitted to hospital at least once in the last year. Of those who had been admitted to hospital, 71% had been admitted once in the last year, although the number of admissions ranged from 1 to 12. The mean number of admissions was 1.46.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have been admitted to hospital in the last year (19% West Dunbartonshire; 13% NHSGGC).

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

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

| | % at least once | Mean number of visits | Unweighted base (n) |
|---|---|---|---|
| Age: | | | |
| 16-44 | 14% | 1.51 | 202 |
| 45-64 | 23% | 1.35 | 194 |
| 65+ | 31% | 1.49 | 192 |
| **All** | 19% | 1.46 | 588 |

**Use of Pharmacy for Health Advice**

One in six (16%) respondents had seen a pharmacist for health advice in the last year. Of those who had done so, 41% had done so only once. The number of visits to the pharmacist for health advice ranged from 1 to 12, and the mean number of visits to the pharmacist was 2.35.

As Table 3.6 shows, women were more likely than men to have sought health advice from a pharmacist.

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

| | % at least once | Mean number of visits | Unweighted base (n) |
|---|---|---|---|
| Men | 13% | 1.90 | 239 |
| Women | 20% | 2.62 | 349 |
| **All** | 16% | 2.35 | 588 |

**Contacting NHS24**

One in six (17%) respondents had contacted NHS24 at least once in the last year. Of those who had contacted NHS24, 58% had done so just once. The number of contacts ranged from 1 to 52 and the mean number of contacts was 2.52.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have contacted NHS24 in the previous year (17% West Dunbartonshire; 10% NHSGGC).

Women were more likely than men to have contacted NHS24 in the last year.

**Table 3.7: Contacted NHS24 at Least Once and Mean Number of Contacts (Q7b) by Gender**

| | % at least once | Mean number of contacts | Unweighted base (n) |
|---|---|---|---|
| Men | 12% | 3.08 | 239 |
| Women | 22% | 2.24 | 349 |
| **All** | 17% | 2.52 | 588 |

### Use of GP Out of Hours Service

Six 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 4 and the mean number of uses was 1.64.

Women were more likely than men to have used the GP out of hours service in the last year.

**Table 3.8: Used GP Out of Hours Service at Least Once and Mean Number of Visits (Q7f) by Gender**

| | % at least once | Mean number of visits | Unweighted base (n) |
|---|---|---|---|
| Men | 4% | 1.28 | 239 |
| Women | 8% | 1.82 | 349 |
| **All** | 6% | 1.64 | 588 |

## 3.3 Dental Services

### Frequency of Visits to the Dentist

Of those who were able to say when they last visited the dentist, half (50%) said that they had visited the dentist within the last six months, 29% had visited the dentist between six and 15 months ago, and 20% had last visited the dentist over 15 months ago.

Those aged under 45 were the most likely to have visited the dentist within the last six months and those aged 65 or over were the least likely to have done so. Women were much more likely than men to have visited the dentist within the last six months. This is shown in Table 3.9

**Table 3.9: 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: | | | | |
| 16-44 | 56% | 32% | 12% | 187 |
| 45-64 | 42% | 28% | 30% | 173 |
| 65+ | 34% | 18% | 48% | 132 |
| **Gender:** | | | | |
| Men | 39% | 38% | 23% | 199 |
| Women | 61% | 21% | 18% | 293 |
| **All** | 50% | 29% | 20% | 492 |

## 3.4 Involvement in Decisions Affecting Health Service Delivery

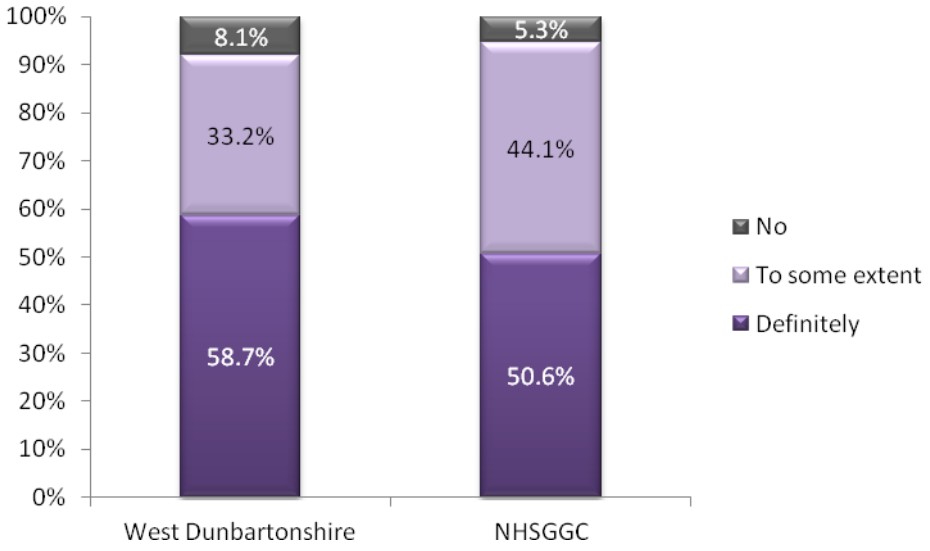
### Information about Condition or Treatment

Of those who had accessed any health services over the last year, 59% felt that they had 'definitely' been given adequate information about their condition or treatment, 33% felt that they had 'to some extent', and 8% felt that they had not.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel they had definitely been given adequate information about their condition or treatment (59% West Dunbartonshire; 51% NHSGGC).

**Figure 3.2: Given adequate information about your condition or treatment (Q8a) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



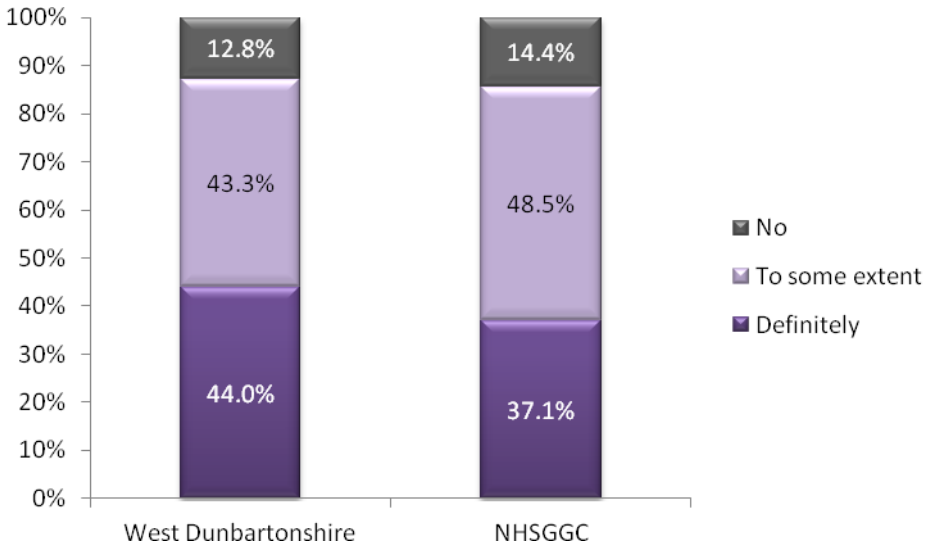

### Encouragement to Participate in Decisions Affecting Health or Treatment

Nearly nine in ten (87%) 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 (44%) or to some extent (43%).

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde to feel they were definitely encouraged to participate in decisions affecting their health or treatment (44% West Dunbartonshire; 37% NHSGGC).

**Figure 3.3: Encouraged to participate in decisions affecting health or treatment (q8b) - West Dunbartonshire & NHS Greater Glasgow & Clyde**



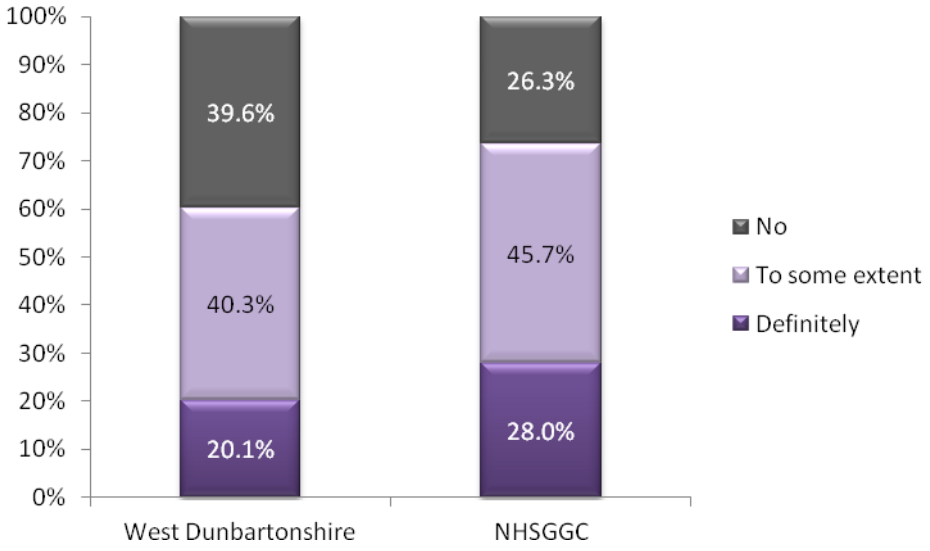

### Having a Say in How Health Services are Delivered

Three in five (60%) of those who had used health services in the last year felt that they had had a say in how these services are delivered, either definitely (20%) or to some extent (40%).

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area to feel that they had a say in how health services are delivered to any extent (60% West Dunbartonshire; 74% NHSGGC).

**Figure 3.4: Have a say in how health services are delivered (Q8c) - West Dunbartonshire and NHSGGC**




Women were more likely than men to say they had a say in how health services were delivered to any extent.

**Table 3.10: Have a say in how health services are delivered (Q8c) by Gender**

| | Definitely | To some extent | No | Definitely / to some extent | Unweighted base (n) |
|---|---|---|---|---|---|
| Men | 20% | 33% | 47% | 53% | 184 |
| Women | 20% | 46% | 34% | 66% | 306 |
| All | 20% | 40% | 40% | 60% | 490 |

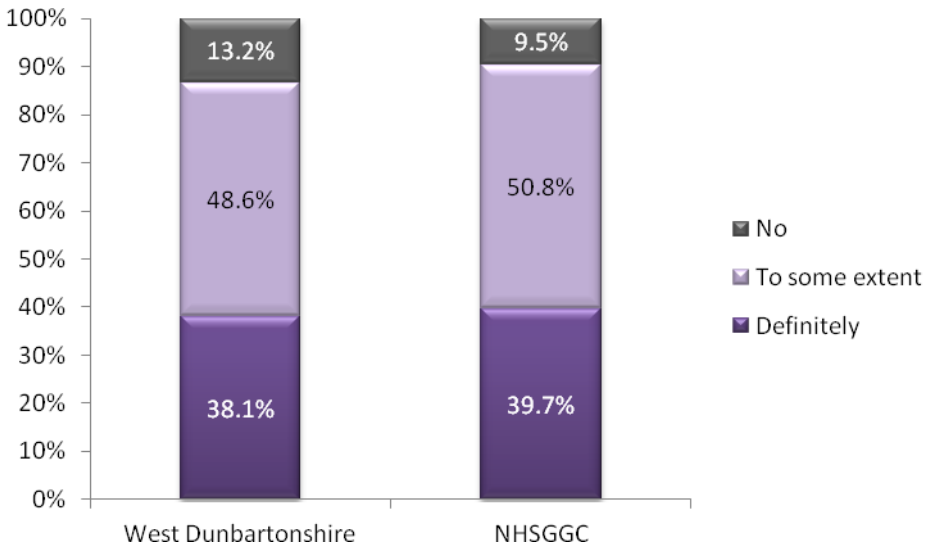
### Feel that Views and Circumstances are Understood and Valued

Just under nine in ten (87%) of those who had used health services in the last year felt that their views and circumstances were understood and valued, either definitely (38%) or to some extent (49%).

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel that their views and circumstances were understood and valued to any extent (87% West Dunbartonshire; 90% NHSGGC).

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




## 3.5 Accessing Health Services

Respondents were asked on a scale of 1 to 5, (1 being 'very difficult' and 5 being 'very easy') how easy or difficult it was to access a number of specific health services. The tables in this section have categorised responses so that 1 and 2 are 'difficult', 3 is 'neither difficult nor easy', and 4 and 5 are 'easy'.

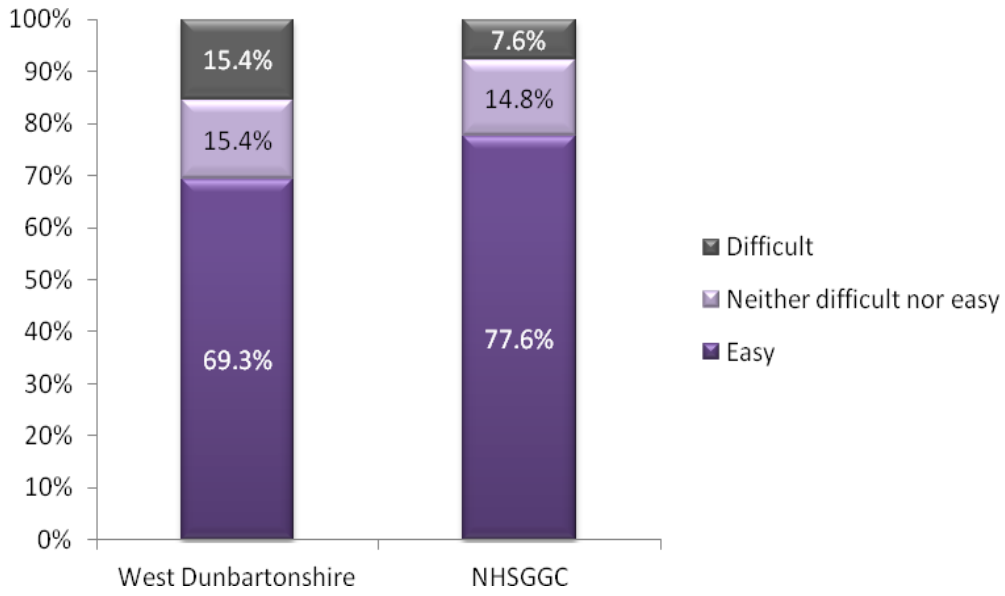
### Travelling to Hospital for an Appointment

Seven in ten (69%) respondents indicated that they found it easy to travel to hospital for an appointment, while 15% found it neither difficult nor easy and 15% found it difficult.

### Comparison with NHS Greater Glasgow & Clyde

Compared to those in the NHS Greater Glasgow & Clyde area as a whole, those in West Dunbartonshire were less likely to say it was easy to travel to hospital for an appointment and more likely to say it was difficult. This is shown in Figure 3.6.

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




Women were more likely than men to say it was difficult to travel to hospital for an appointment.

**Table 3.11: Difficulty/Ease of Travelling to Hospital for an Appointment (Q12d) by Gender**

| | Difficult | Neither | Easy | Unweighted base (n) |
|---|---|---|---|---|
| Men | 9% | 11% | 79% | 191 |
| Women | 20% | 18% | 61% | 316 |
| **All** | 15% | 15% | 69% | 507 |

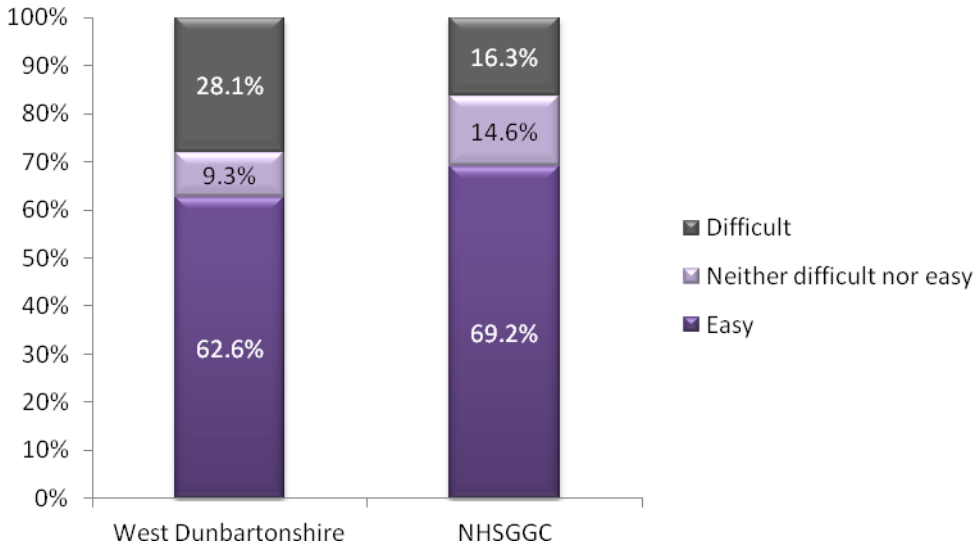
### Getting a GP appointment

Just under three in ten (28%) respondents said that it was difficult to obtain an appointment to see their GP, 9% said that it was neither easy nor difficult and 63% said that it was easy.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was difficult to get a GP appointment (28% West Dunbartonshire; 16% NHSGGC).

**Figure 3.7: Difficulty/Ease of Getting Appointment to See GP (Q12a) - West Dunbartonshire & NHS Greater Glasgow & Clyde**




Women were more likely than men to say it was difficult to get a GP appointment.

**Table 3.12: Difficulty/Ease of Getting Appointment to See GP (Q12a) by Gender**

| | Difficult | Neither | Easy | Unweighted base (n) |
|---|---|---|---|---|
| Men | 17% | 10% | 72% | 203 |
| Women | 37% | 8% | 55% | 328 |
| **All** | 28% | 9% | 63% | 531 |

**Obtaining an Appointment at the Hospital**

One in seven (14%) respondents said that it was difficult to obtain a hospital appointment, 20% said that it was neither easy nor difficult and 66% said that it was easy.

**Getting a Consultation at GP Surgery within 48 Hours**

Respondents were asked how easy or difficult it was to get a consultation with someone at their GP surgery within 48 hours when needed. Just under three in four (73%) said that it was easy, 15% said that it was neither easy nor difficult and 12% said that it was difficult.

Women were more likely than men to say it was difficult to get a GP consultation within 48 hours.

**Table 3.13: Difficulty/ease of Getting a Consultation at GP Surgery Within 48 Hours (Q12f) by Gender**

| | Difficult | Neither | Easy | Unweighted base (n) |
|---|---|---|---|---|
| Men | 7% | 12% | 81% | 203 |
| Women | 16% | 16% | 67% | 327 |
| All | 12% | 15% | 73% | 378 |

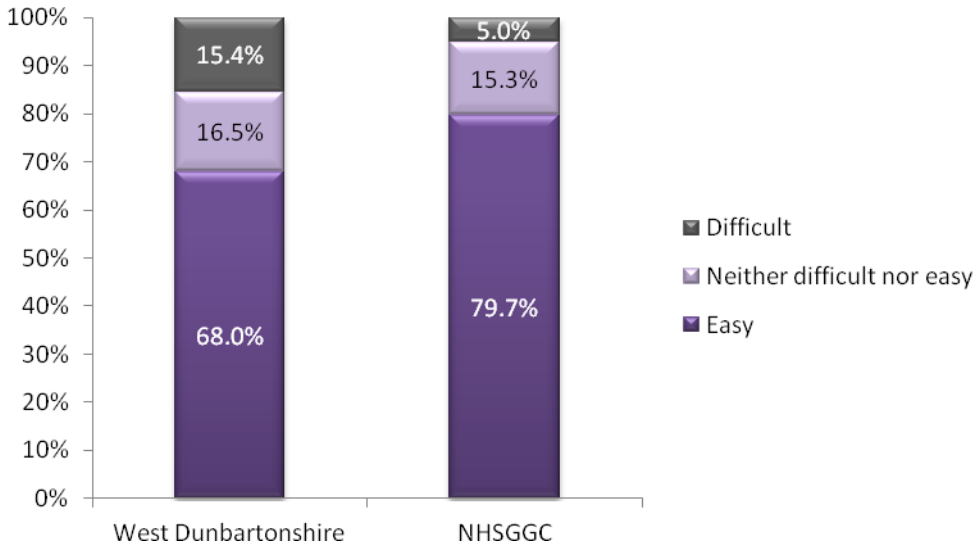
### Accessing Health Services in an Emergency

Two in three (68%) respondents said that it was easy to access health services in an emergency, while 17% said that it was neither easy nor difficult and 15% said that it was difficult.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that it was difficult to access health services in an emergency (15% West Dunbartonshire; 5% NHSGGC).

**Figure 3.8: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) - West Dunbartonshire & NHSGGC**




Women were more likely than men to say it was difficult to access health services in an emergency.

**Table 3.14: Difficulty/Ease of Accessing Health Services in an Emergency (Q12b) by Gender**

| | Difficult | Neither | Easy | Unweighted base (n) |
|---|---|---|---|---|
| Men | 9% | 18% | 73% | 135 |
| Women | 20% | 16% | 64% | 251 |
| All | 15% | 17% | 68% | 386 |

### Getting an Appointment to See the Dentist

More than four in five (85%) 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 5% said that it was difficult.

Those aged 45-64 were more likely than others to say it was difficult to get an appointment to see the dentist.

**Table 3.15: Difficulty/Ease of Getting Appointment to See Dentist (Q12e) by Age**

| | Difficult | Neither | Easy | Unweighted base (n) |
|---|---|---|---|---|
| 16-44 | 3% | 9% | 89% | 172 |
| 45-64 | 11% | 14% | 75% | 161 |
| 65+ | 2% | 12% | 85% | 108 |
| All | 5% | 10% | 85% | 441 |

# 4 Health Behaviours

## 4.1 Chapter Summary

Table 4.1 shows the core indicators relating to health behaviours.

**Table 4.1: Indicators for Health Behaviours**

| Indicator | % of sample | Unweighted base (n) |
|---|---|---|
| Exposed to second hand smoke most or some of the time (Q15) | 44% | 587 |
| Current smoker (Q16) | 39% | 588 |
| Heavily addicted smoker (smoking 20 or more cigarettes per day), based on all smokers (Q17) | 32% | 217 |
| Exceeds recommended limits for weekly units of alcohol (based on all respondents) (Q23) | 17% | 588 |
| Exceeds recommended limits for weekly units of alcohol (based on all those who drank at all in the past week) (Q23) | 39% | 244 |
| Binge drinker in the past week (based on all respondents) (Q23) | 29% | 588 |
| Binge drinker in the past week (based on all those who drank at all in the past week) (Q23) | 68% | 244 |
| Takes at least 30 minutes of moderate exercise 5 or more times per week (Q31) | 74% | 588 |
| Participated in at least one sport or activity in the last week (Q32) | 93% | 588 |
| Consumes 5 or more portions of fruit/vegetables per day (Q24 & Q25) | 37% | 588 |
| Consumes at least 2 portions of oily fish per week (Q27) | 23% | 588 |
| Consumes at least 2 portions of high fat snacks per day (Q26) | 44% | 587 |
| Body Mass Index of 25 or over(Q28 & Q29) | 53% | 553 |
| 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 | 72% | 553 |
| 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 | 63% | 553 |

More than two in five (44%) respondents were exposed to second hand smoke most or some of the time. Those under 45 were the most likely to be exposed to second hand smoke.

Two in five (39%) respondents were smokers, smoking on at least some days. Those aged under 65 were more likely to be smokers.

Two in five (39%) respondents drank alcohol weekly. Those aged 45-64 and men were more likely to drink alcohol weekly.

Seventeen percent of respondents had exceeded the recommended weekly limit for alcohol consumption in the previous week. This equates to 39% of those who had drunk alcohol in the last week. Men were more likely than women to exceed the recommended weekly limit for alcohol.

Three in ten (29%) 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 aged under 65 and men were more likely to be binge drinkers.

Three in four (74%) respondents met the target for physical activity (at least 30 minutes of moderate physical activity 5 times per week). Those aged under 65 were more likely than older respondents to meet this target.

More than nine in ten (93%) respondents had participated in at least one sport or activity in the last week. Those aged under 45 and women were more likely to have participated in a sport or activity in the last week.

Just under two in five (37%) respondents met the target of consuming five or more portions of fruit/vegetables per day.

Just under one in four (23%) respondents consumed two or more portions of oily fish per week.

Just over two in five (44%) respondents exceeded the recommended limit of one high fat/ sugary snack per day. Those aged 65 or over were more likely to exceed this limit.

Half (53%) of respondents were overweight or obese. Using the BMI of 29.2 as a definition of obesity, one in five (18%) were obese. Those aged 45 or over were more likely to be obese.

Just under three in four (72%) respondents exhibited more than one of the following '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 2.10. Those aged 45-64 and men tended to exhibit more unhealthy behaviours.

Three in five (63%) respondents exhibited more than one of the following '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 2.79. Those aged 45-64 and men tended to exhibit fewer healthy behaviours.

## 4.2 Smoking

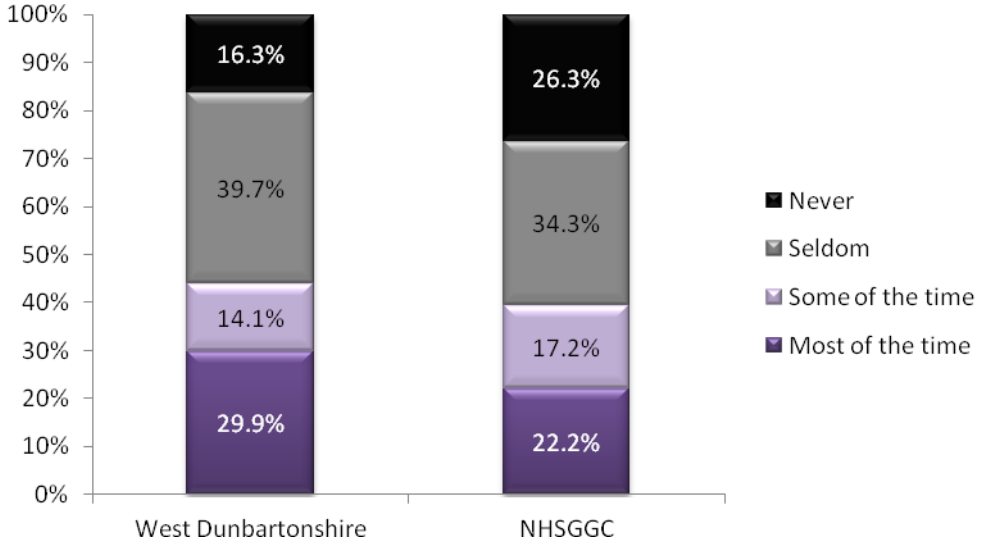
### Exposure to Second Hand Smoke

Respondents were asked how often they were in places where there is smoke from other people smoking tobacco. More than two in five (44%) said that this happened most of the time (30%) or some of the time (14%). A further 40% said that they were seldom exposed to second hand smoke and 16% said they were never exposed.

### Comparison with NHS Greater Glasgow & Clyde

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

**Figure 4.1: Exposure to Second Hand Smoke (Q15) - West Dunbartonshire and NHS Greater Glasgow & Clyde**




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

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

| | Most of the time | Some of the time | Seldom | Never | Most/some of the time | Unweighted base (n) |
|---|---|---|---|---|---|---|
| Age: | | | | | | |
| 16-44 | 35% | 17% | 36% | 12% | 52% | 202 |
| 45-64 | 25% | 9% | 46% | 20% | 34% | 194 |
| 65+ | 15% | 10% | 44% | 31% | 25% | 191 |
| **All** | 30% | 14% | 40% | 16% | 44% | 587 |

**Smokers**

Two in five (39%) respondents were smokers, smoking either every day (36%) or some days (3%).

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to be smokers (39% West Dunbartonshire; 29% NHSGGC).

Those aged 65 or over were less likely to be smokers.

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

| | Current smoker | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 43% | 202 |
| 45-64 | 41% | 194 |
| 65+ | 20% | 192 |
| All | 39% | 588 |

### Heavily Addicted Smokers

Among smokers, the mean number of cigarettes smoked per day was 14.3. A third (32%) of smokers were 'heavily addicted smokers' i.e. smoking 20 or more cigarettes per day.

### Comparison with NHS Greater Glasgow & Clyde

Smokers in West Dunbartonshire were less likely than smokers in the NHS Greater Glasgow & Clyde area as a whole to be heavily addicted (32% West Dunbartonshire; 42% NHSGGC).

### Intention to Stop Smoking

Half (47%) of smokers said that they intend to stop smoking while 33% said they did not and 20% were unsure.

### Comparison with NHS Greater Glasgow & Clyde

Smokers in West Dunbartonshire were more likely than smokers in the NHS Greater Glasgow & Clyde area as a whole to say they intended to stop smoking (47% West Dunbartonshire; 33% NHSGGC).

## 4.3 Drinking

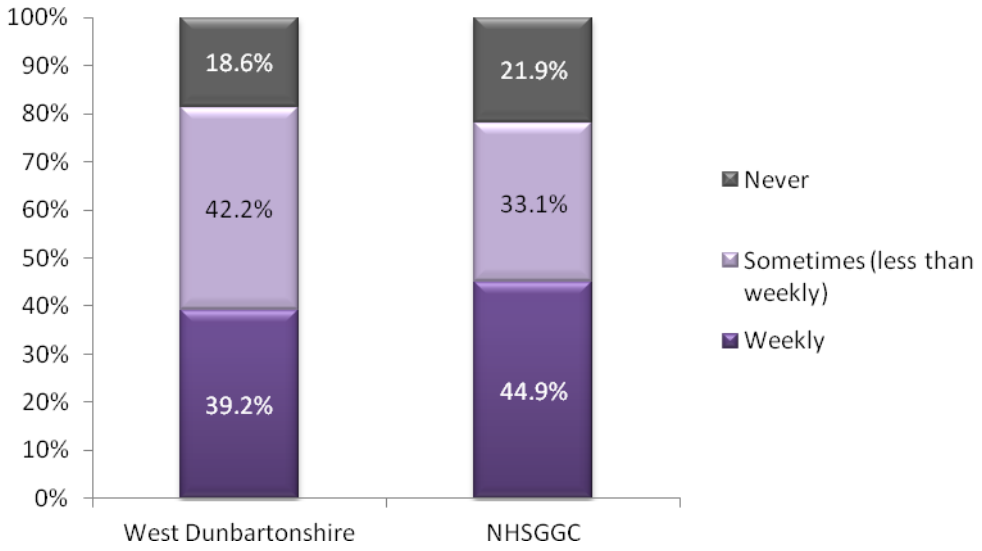
### Frequency of Drinking Alcohol

One in five (19%) respondents said that they never drank alcohol, 42% drank alcohol sometimes, but less than weekly and two in five (39%) drank alcohol at least once a week (including 12% who drank alcohol on three or more days per week).

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to drink alcohol weekly (39% West Dunbartonshire; 45% NHSGGC).

**Figure 4.2: Frequency Drink Alcohol (Q19) - West Dunbartonshire and NHS Greater Glasgow & Clyde**




Those aged 45-64 were the most likely to drink alcohol weekly. Those aged 65 or over were the most likely to never drink alcohol. Men were more likely than women to say they drank alcohol at least once a week. This is shown in Table 4.4.

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

| | Never | Less than weekly | At least once a week | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 15% | 46% | 38% | 201 |
| 45-64 | 19% | 36% | 46% | 194 |
| 65+ | 32% | 36% | 32% | 192 |
| Men | 16% | 35% | 49% | 238 |
| Women | 21% | 49% | 30% | 349 |
| **All** | 19% | 42% | 39% | 587 |

### Alcohol Consumption in Previous Week

Respondents were asked whether they had had a drink containing alcohol in the past seven days. In total, 43% of respondents said they had drunk alcohol in the past week (therefore just slightly higher than 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, 17% of all respondents exceeded their weekly limit. This equates to 39% of all those who had drunk alcohol in the last week.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have exceeded the recommended weekly limit for alcohol consumption in the previous week (17% West Dunbartonshire; 20% NHSGGC).

Men were more likely than women to exceed the recommended weekly limit for alcohol consumption.

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

| | Exceeds Weekly Limit (new measures) | Exceeds Weekly Limit (old measures) | Unweighted base (n) |
|---|---|---|---|
| Men | 25% | 19% | 239 |
| Women | 9% | 6% | 349 |
| All | 17% | 12% | 588 |

### 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, 29% 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.

Those aged 65 or over were the least likely to be binge drinkers. Men were more likely than women to be binge drinkers. This is shown in Table 4.6.

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

| | Binge Drinker (new measures) | Binge Drinker (old measures) | Unweighted base (n) |
|---|---|---|---|
| Age: | | | |
| 16-44 | 33% | 25% | 202 |
| 45-64 | 29% | 25% | 194 |
| 65+ | 12% | 6% | 192 |
| Men | 38% | 30% | 239 |
| Women | 21% | 15% | 349 |
| All | 29% | 22% | 588 |

### Alcohol Free Days

Most (97%) respondents had two or more days in the previous week in which they did not consume alcohol. This equates to 92% of those who had drunk alcohol in the previous week.

## 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. Two in five (40%) said that they had not done this on any day in the last week. One in four (24%) had done so on five or more days in the last week. The mean number of days for all respondents was 2.43.

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

[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.

include housework and work-based activity where relevant. Nine percent said that they had not done this on any day in the last week, and 58% said they had done this every day in the last week. The mean number of days was 5.40.

The target for physical activity is to take 30 minutes or more of moderate physical activity on five or more days per week. Three quarters (74%) of respondents met this target.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to meet the target for physical activity (74% West Dunbartonshire; 51% NHSGGC).

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

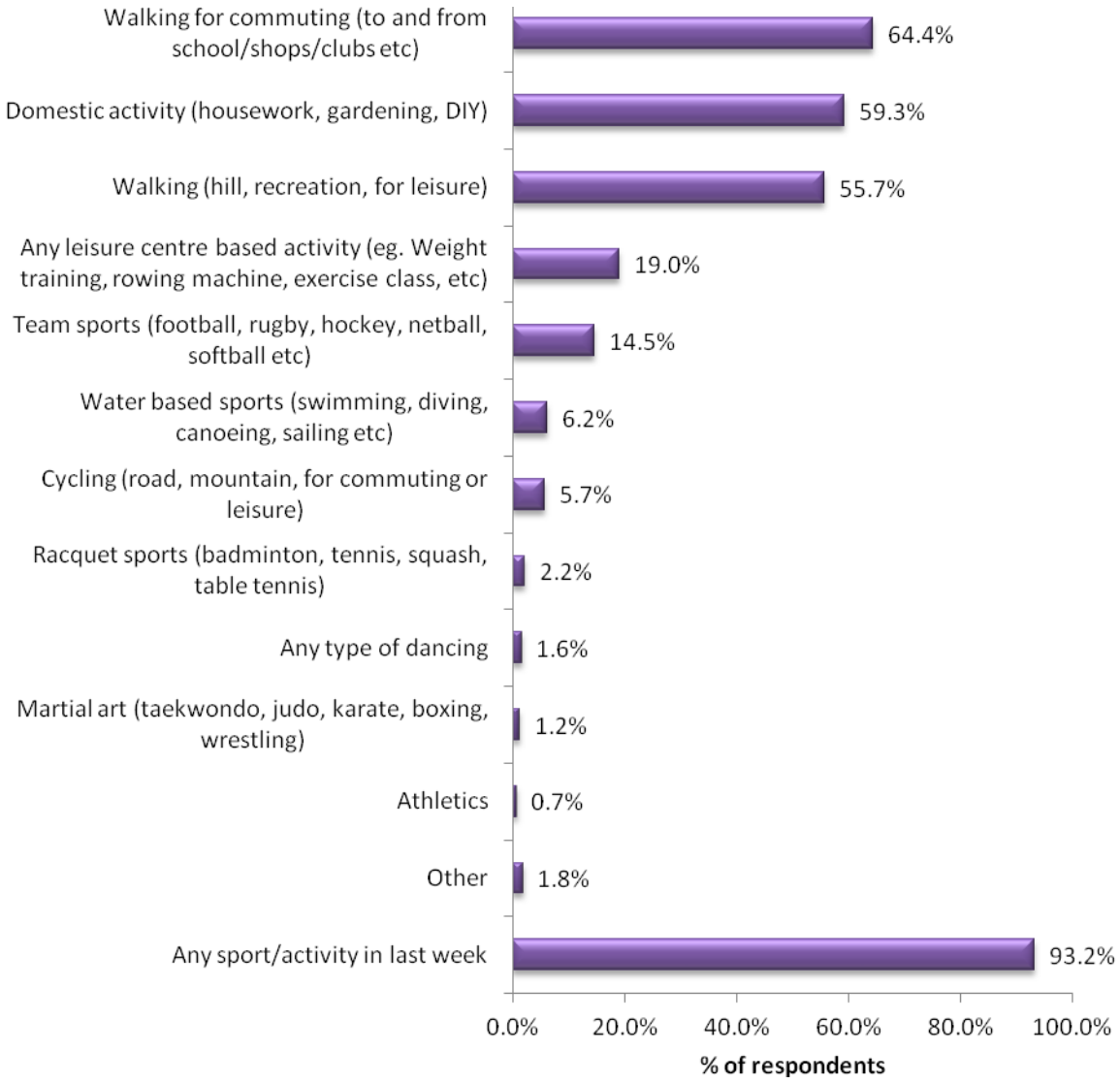
**Table 4.7: Proportion Who Take 30 Minutes or More of Moderate Activity 5 or More Times Per Week (Q31) by Age**

| | Meet Physical Activity Target | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 78% | 202 |
| 45-64 | 73% | 194 |
| 65+ | 60% | 192 |
| All | 74% | 588 |

**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 4.3. 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 4.3: Proportion Participating in Sports in the Last Week**




**Comparison with NHS Greater Glasgow & Clyde**

Overall those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area to have taken part in:

- Walking for commuting (64% West Dunbartonshire; 58% NHSGGC);
- Walking for leisure (56% West Dunbartonshire; 35% NHSGGC);
- Leisure centre based activities (19% West Dunbartonshire; 16% NHSGGC); and
- Team sports (15% West Dunbartonshire; 10% NHSGGC).

However, those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have taken part in:

- Domestic activity (housework, gardening, DIY) (59% West Dunbartonshire; 66% NHSGGC); and
- Dance (1.5% West Dunbartonshire; 4.4% NHSGGC).

Those aged under 45 were more likely than older respondents to have participated in at least one sport or activity in the previous week. Also, women were more likely than men to have participated in at least one sport or activity.

**Table 4.8: 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: | | |
| 16-44 | 96% | 202 |
| 45-64 | 87% | 194 |
| 65+ | 88% | 192 |
| Men | 90% | 239 |
| Women | 96% | 349 |
| All | 93% | 588 |

### 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:

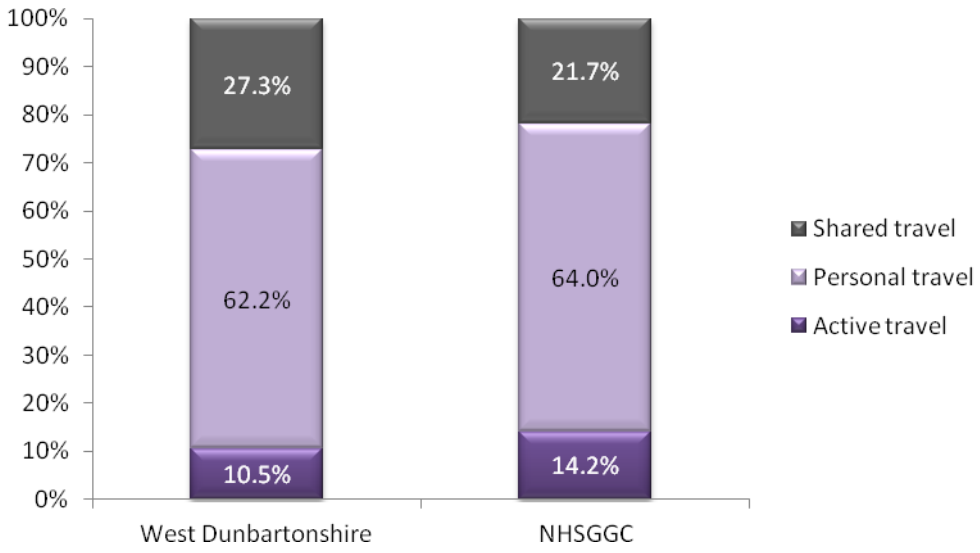
- Active travel (walking and cycling);
- Personal travel (car/van driver or other method);
- Shared travel (car/van passenger, bus or rail).

Of those who travelled to work or education, 11% used active travel, 62% used personal travel and 27% used shared travel.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area to use shared travel methods (27% West Dunbartonshire; 22% NHSGGC).

**Figure 4.4: Method of Travel to Work/Education - West Dunbartonshire and NHS Greater Glasgow & Clyde**




## 4.5 Diet

### Fruit and Vegetables

The national target for fruit and vegetable consumption is to have at least five portions of fruit and/or vegetables per day. Responses indicate that just under two in five (37%) respondents met this target. Five percent had no fruit or vegetables in a day.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to meet the target for fruit/vegetable consumption (37% West Dunbartonshire; 33% NHSGGC).

**Oily Fish**

Just under one in four (23%) respondents ate two or more portions of oily fish per week.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to eat two or more portions of oily fish per week (23% West Dunbartonshire; 28% NHSGGC).

**High Fat and Sugary Snacks**

Just over two in five (44%) respondents exceeded the recommended daily limit of one high fat and sugary snack (e.g. cakes, pasties, chocolate, biscuits, crisps).

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to consume two or more high fat/sugary snacks per day (44% West Dunbartonshire; 36% NHSGGC).

Those aged 65 or over were more likely to exceed the recommended limit for high fat/sugary snacks.

**Table 4.9: Proportion Who Exceeded Recommended Daily Limit of 1 Portion of High Fat/Sugary Snacks (Q26) by Age**

| | Two or More High Fat/Sugary Snacks Per Day | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 40% | 202 |
| 45-64 | 43% | 193 |
| 65+ | 63% | 192 |
| All | 44% | 587 |

## 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 (53%) of respondents had a BMI of 25 or over, indicating that they are overweight or obese. Using the new definition obesity (BMI of 29.2), 18% of respondents were classified as obese.

Those aged 45 or over were more likely than younger people to be obese.

**Table 4.10: Body Mass Index (Q28/Q29) by Age**

| | Under-weight | Ideal | Over-weight | Obese | Very obese | Revised obese (29.2+) | Unweighted base (n) |
|---|---|---|---|---|---|---|---|
| Age: | | | | | | | |
| 16-44 | 3% | 50% | 38% | 9% | 1% | 11% | 187 |
| 45-64 | 2% | 32% | 38% | 25% | 2% | 29% | 180 |
| 65+ | 1% | 41% | 34% | 20% | 4% | 29% | 186 |
| **All** | 3% | 44% | 37% | 14% | 1% | 18% | 553 |

## 4.7 Unhealthy and Healthy Behaviour Indices

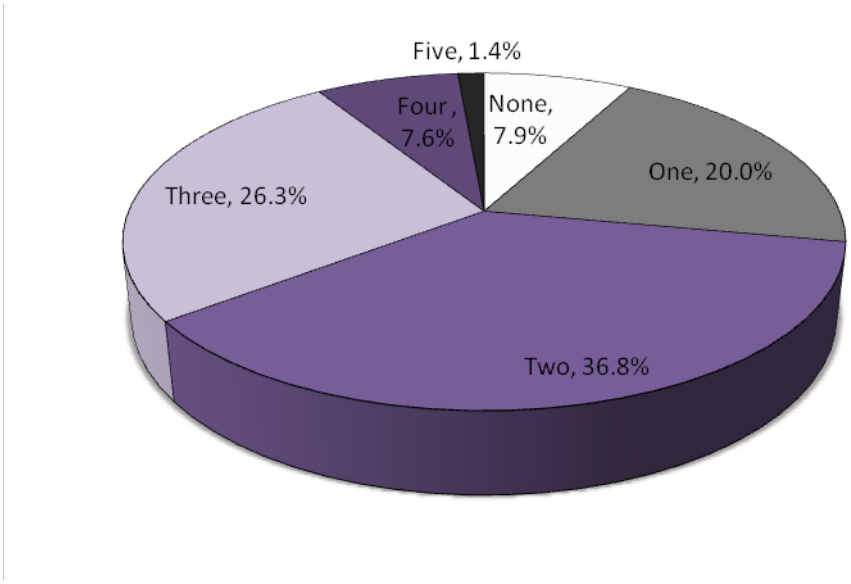
### An Unhealthy Behaviour Index

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 4.5 shows that most respondents (92%) exhibited at least one of these behaviours, but just 1% exhibited all five. The mean number of unhealthy behaviours was 2.10.

**Figure 4.5: Number of Unhealthy Behaviours Exhibited**
Unweighted N=553




**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire tended to have fewer unhealthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole (2.10 West Dunbartonshire; 2.24 NHSGGC).

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

**Table 4.11: Mean Number of Unhealthy Behaviours by Age and Gender**

| | Mean No. of Unhealthy Behaviours | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 2.04 | 187 |
| 45-64 | 2.31 | 180 |
| 65+ | 2.00 | 186 |
| Men | 2.28 | 226 |
| Women | 1.93 | 327 |
| All | 2.10 | 553 |

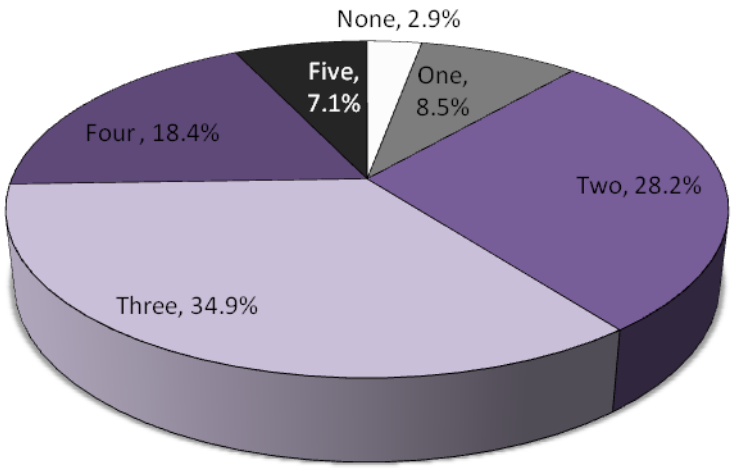
**A Healthy Behaviour Index**

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 4.6 shows that most (97%) exhibited at least one healthy behaviour, and 7% of respondents exhibited all five. The mean number of healthy behaviours was 2.79.

**Figure 4.6: Number of Healthy Behaviours Exhibited**
Unweighted base=553




**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire tended to exhibit more healthy behaviours than those in the NHS Greater Glasgow & Clyde area as a whole (2.79 West Dunbartonshire; 2.64 NHSGGC).

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

**Table 4.12: Mean Number of Healthy Behaviours by Age and Gender**

| | Mean No. of Healthy Behaviours | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 2.86 | 187 |
| 45-64 | 2.54 | 180 |
| 65+ | 2.89 | 186 |
| Men | 2.60 | 226 |
| Women | 2.97 | 327 |
| All | 2.79 | 553 |

# 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) | 13% | 588 |
| Feel I belong to the local area (Q40b) | 80% | 587 |
| Feel valued as a member of the community (Q40d) | 61% | 575 |
| People in my neighbourhood can influence decisions (Q40f) | 75% | 566 |
| Identify with a religion (Q60) | 66% | 581 |
| Treated offensively in last three months (Q61) | 7% | 588 |
| Feel safe in own home (Q43c) | 97% | 586 |
| Feel safe using public transport (Q43a) | 86% | 551 |
| Feel safe walking alone even after dark (Q43b) | 61% | 573 |

One in eight (13%) respondents felt isolated from family and friends.

Four in five (80%) respondents agreed that they belonged to the local area. Those aged under 45 were less likely to agree with this.

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

Three in four (75%) respondents agreed that by working together local people could influence the decisions that affect their neighbourhood.

Two in three (66%) identified with a religion. Those aged under 45 were less likely to identify with a religion.

Seven percent felt they had been treated offensively in the last three months.

Most (97%) respondents felt safe in their own home. Those aged 45-64 and women were less likely to feel safe at home.

Eighty six percent of respondents felt safe using public transport in their local area. Those aged over 45 and women were less likely to feel safe using public transport.

Three in five (61%) respondents felt safe walking alone in their local area even after dark. Those aged 65 or over and women were less likely to feel safe walking alone.

## 5.2 Social Connectedness

### Isolation from Family and Friends

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

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel isolated from family and friends (13% West Dunbartonshire; 10% NHSGGC).

### 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 (18% strongly agreed and 62% agreed), 11% disagreed and 9% neither agreed nor disagreed.

The likelihood of agreeing that they belonged to the local area increased with age - ranging from 75% of 16-44 year olds to 91% of those aged 65 or over. This is shown in Table 5.2

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

| | Agree | Neither/ Nor | Disagree | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 75% | 12% | 13% | 202 |
| 45-64 | 85% | 6% | 9% | 193 |
| 65+ | 91% | 4% | 5% | 192 |
| **All** | 80% | 9% | 11% | 587 |

### Feeling Valued as a Member of the Community

Respondents were asked to indicate the extent to which they agreed or disagreed with the statement "I feel valued as a member of my community". Three in five (61%) agreed with this statement (19% strongly agreed and 52% agreed); 15% disagreed and 25% neither agreed nor disagreed.

Those aged under 45 were the least likely to feel they were valued as a member of the community. Also, women were more likely than men to feel they were valued as members of the community.

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

| | Agree | Neither/ Nor | Disagree | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 53% | 30% | 17% | 195 |
| 45-64 | 70% | 18% | 12% | 192 |
| 65+ | 77% | 14% | 9% | 188 |
| Men | 55% | 30% | 15% | 230 |
| Women | 66% | 20% | 14% | 345 |
| **All** | 61% | 25% | 15% | 575 |

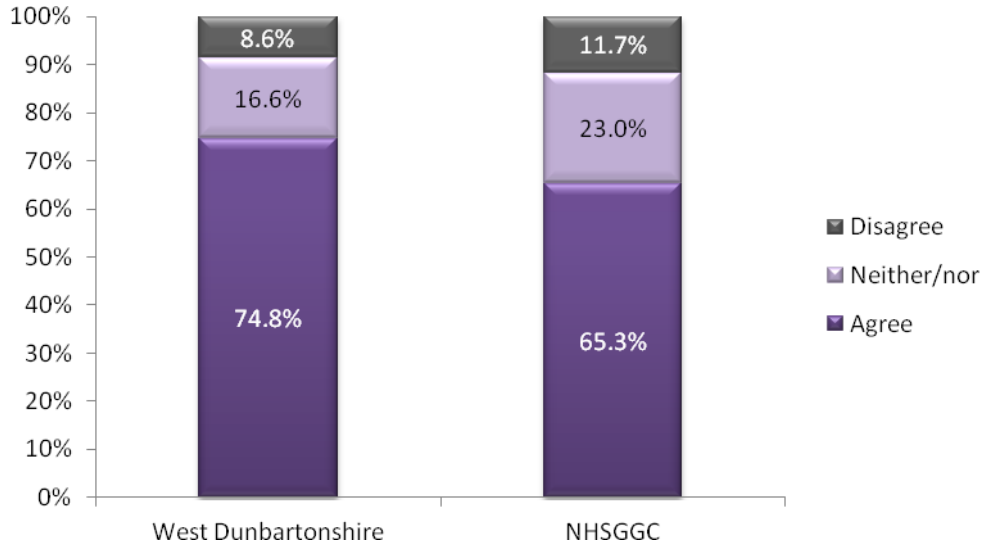
### Influence in the Neighbourhood

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, three quarters (75%) agreed with this statement (10% strongly agreed and 65% agreed), while 9% disagreed and 17% neither agreed nor disagreed.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to agree that people in their area could influence local decisions (75% West Dunbartonshire; 65% NHSGGC).

**Figure 5.1: Can Influence Decisions that Affect Neighbourhood (Q40f) -West Dunbartonshire and NHS Greater Glasgow & Clyde**




### Religious Identity

Two in three (66%) respondents identified with a religion.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to identify with a religion (66% West Dunbartonshire; 61% NHSGGC).

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

**Table 5.4: Religious Identity (Q60) by Age**

| | Have Religious Identity | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 57% | 201 |
| 45-64 | 77% | 191 |
| 65+ | 90% | 189 |
| All | 66% | 581 |

### 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 6.6% of respondents felt they had been treated offensively.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more 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 (6.6% West Dunbartonshire; 4.5% NHSGGC).

Of all those who felt they had been treated offensively (unweighted n=37), the most common types of people/agencies who had treated respondents offensively were:

- Unknown person in a public place (44%);
- Known person in a public place (24%); and
- College/school (19).

## 5.3 Feelings of Safety

### Feeling Safe in Own Home

Most people (97%) agreed that they felt safe in their own home (26% strongly agreed and 71% agreed), while 1% disagreed and 2% neither agreed nor disagreed.

Those aged 45-64 were the least likely to feel safe in their own home. Also, women were less likely than men to feel safe at home.

**Table 5.5: Feel Safe in Own Home (Q43c) by Age and Gender**

| | Agree | Neither/ Nor | Disagree | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 98% | 2% | <1% | 202 |
| 45-64 | 94% | 1% | 4% | 194 |
| 65+ | 96% | 2% | 1% | 190 |
| Men | 98% | 2% | 0% | 239 |
| Women | 95% | 2% | 3% | 347 |
| All | 97% | 2% | 1% | 586 |

### Feeling Safe Using Public Transport

Respondents were asked the extent to which they agreed or disagreed with the statement "I feel safe using public transport in this local area". In total, 86% agreed with this (6% strongly agreed and 80% agreed), while 8% disagreed and 6% neither agreed nor disagreed.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to feel safe using local public transport (86% West Dunbartonshire; 91% NHSGGC).

**Figure 5.2: Feel Safe Using Public Transport (Q43a) - West Dunbartonshire & NHS Greater Glasgow & Clyde**

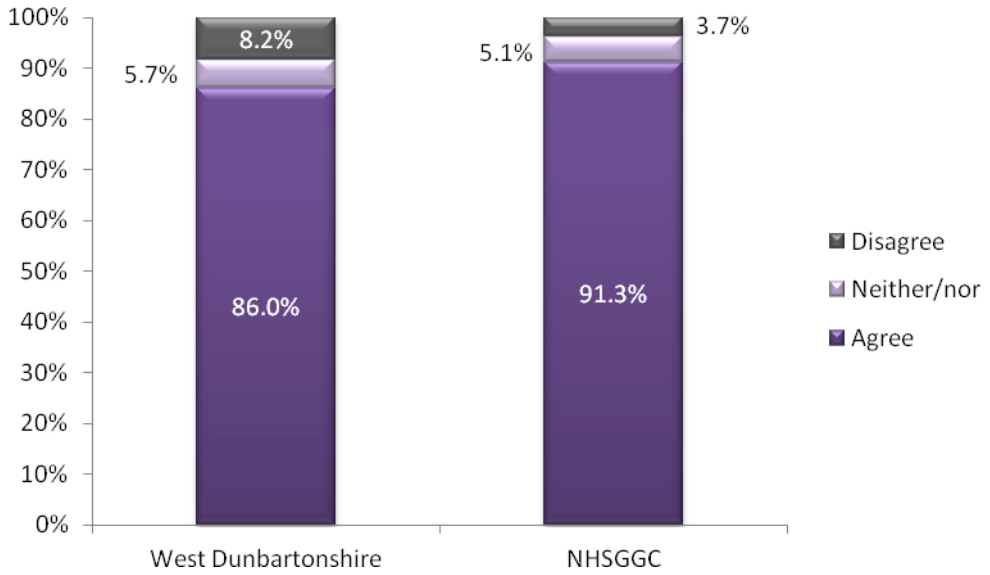



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**Table 5.6: Feel Safe Using Public Transport (Q43a) by Age and Gender**

| | Agree | Neither / Nor | Disagree | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 89% | 4% | 6% | 194 |
| 45-64 | 81% | 8% | 11% | 183 |
| 65+ | 78% | 11% | 11% | 174 |
| Men | 90% | 3% | 7% | 224 |
| Women | 82% | 8% | 9% | 327 |
| All | 86% | 6% | 8% | 551 |

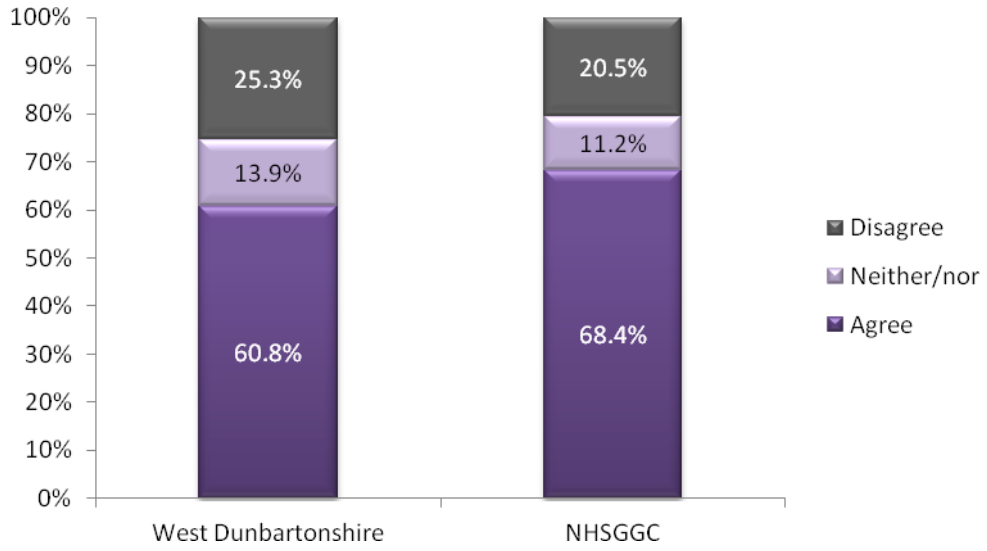
### Feeling Safe Walking Alone in Local Area Even After Dark

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 61% agreed with this statement (6% strongly agreed and 55% agreed), 25% disagreed and 14% neither agreed nor disagreed.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire 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 (61% West Dunbartonshire; 68% NHS Greater Glasgow & Clyde).

**Figure 5.3: Feel Safe Walking Alone Even After Dark (Q43b) - West Dunbartonshire & NHS Greater Glasgow & Clyde**




Older respondents were less likely to feel safe walking alone in their neighbourhood after dark, and women were much less likely than men to feel safe walking alone (81% of men compared to 41% of women felt safe). This is shown in Table 5.7.

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

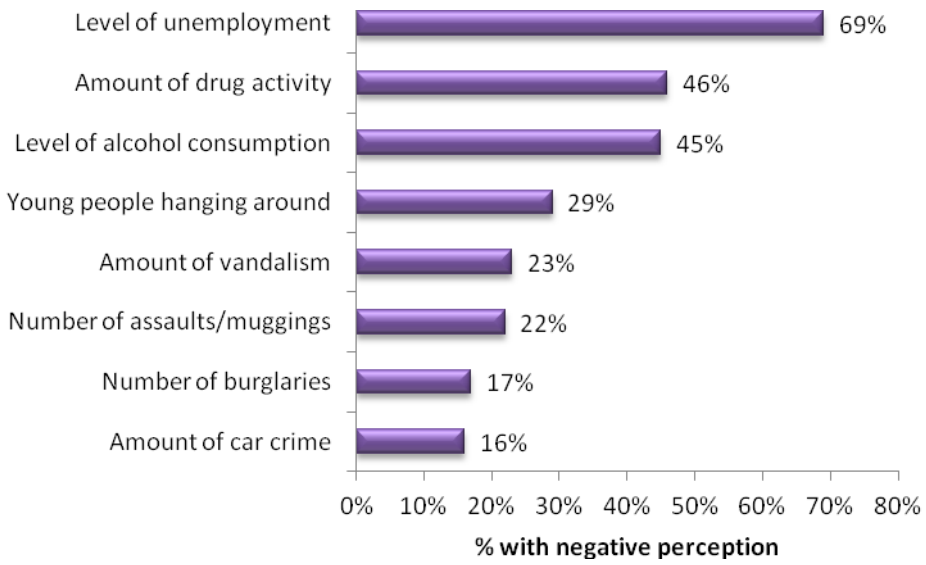
| | Agree | Neither / Nor | Disagree | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 68% | 15% | 17% | 199 |
| 45-64 | 59% | 9% | 32% | 190 |
| 65+ | 32% | 19% | 49% | 184 |
| Men | 81% | 7% | 12% | 236 |
| Women | 41% | 20% | 39% | 337 |
| **All** | 61% | 14% | 25% | 573 |

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



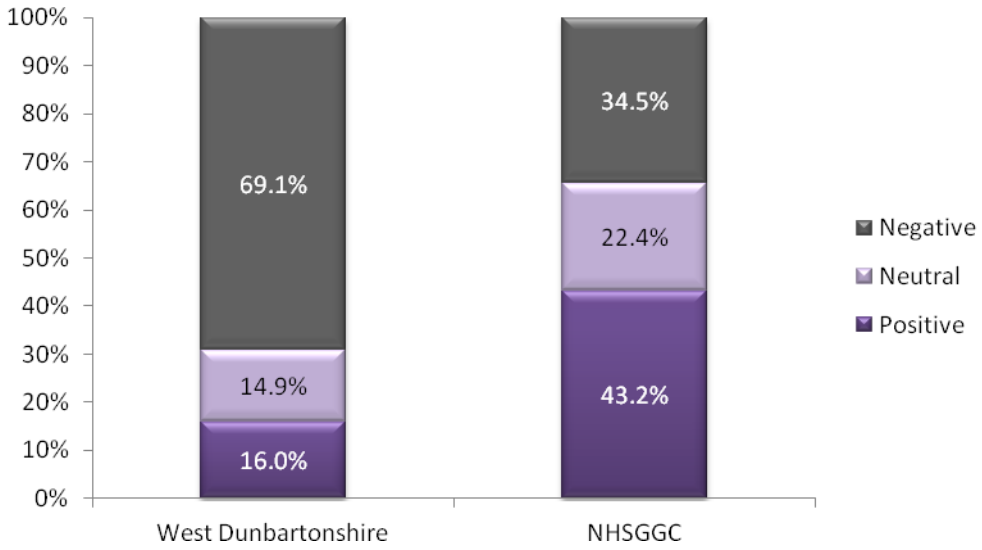

### Level of Unemployment

Seven in ten (69%) of respondents had a negative perception of the level of unemployment in their area.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of unemployment in their area (69% West Dunbartonshire; 34% NHSGGC).

**Figure 5.5: Perception of Unemployment (Q38a) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



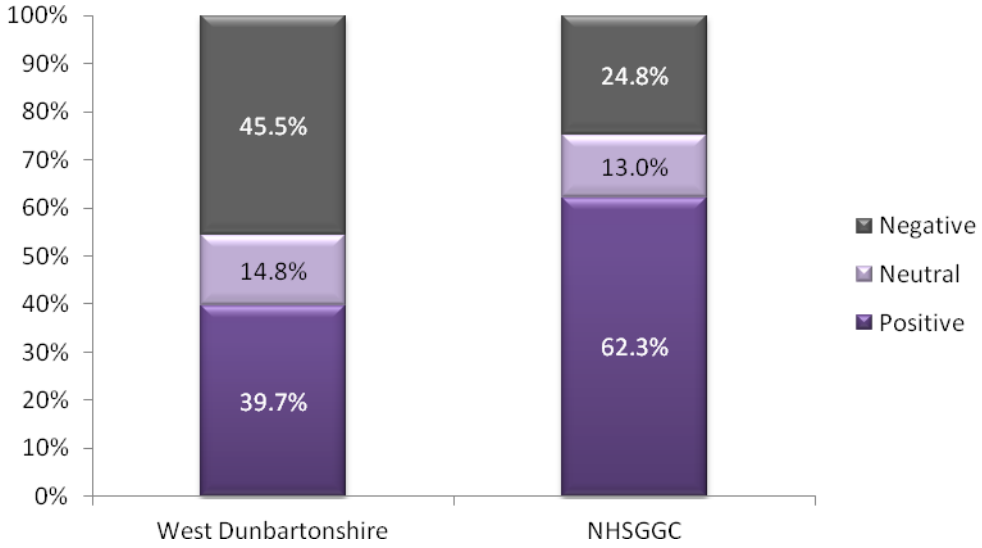

### Amount of Drug Activity

Just under half (46%) of respondents gave a negative perception of the amount of drug activity in their local area.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of drug activity in their area (46% West Dunbartonshire; 25% NHSGGC).

**Figure 5.6: Perception of Amount of Drug Activity (Q38e) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



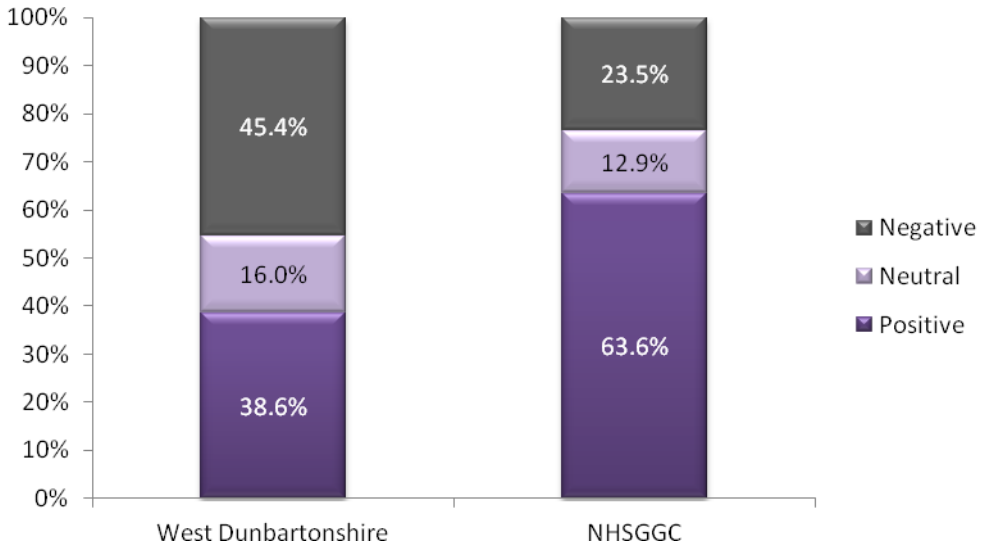

### Level of Alcohol Consumption

More than two in five (45%) respondents gave a negative perception of the level of alcohol consumption in their area.

### Comparison with NHS Greater Glasgow & Clyde

Those is in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to give a negative perception of the level of alcohol consumption in their area (45% West Dunbartonshire; 24% NHSGGC).

**Figure 5.7: Perception of Level of Alcohol Consumption (Q38f) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



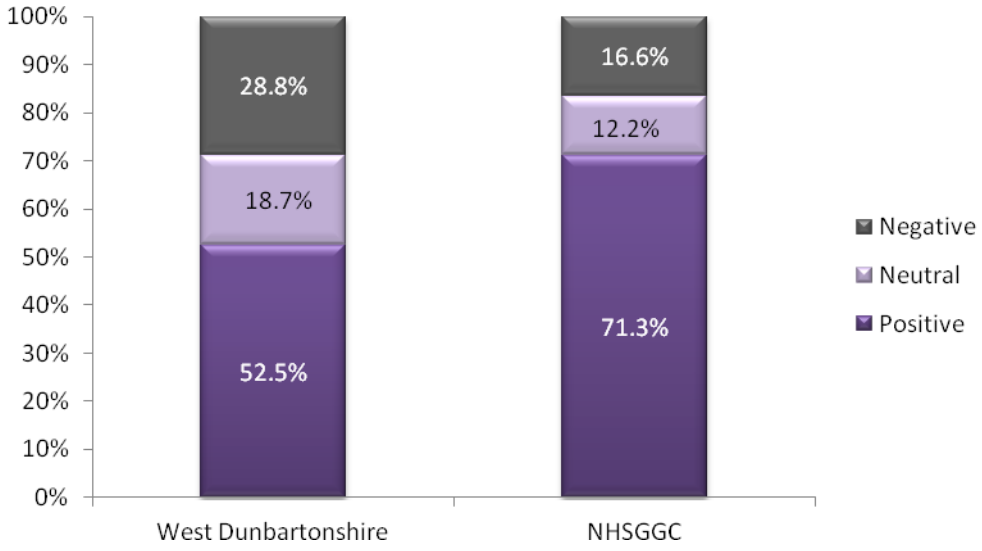

## Young People Hanging Around

Three in ten (29%) respondents had a negative perception of young people hanging around in their local area.

## Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of young people hanging around in their area (29% West Dunbartonshire; 17% NHSGGC).

**Figure 5.8: Perception of Young People Hanging Around (Q38g) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



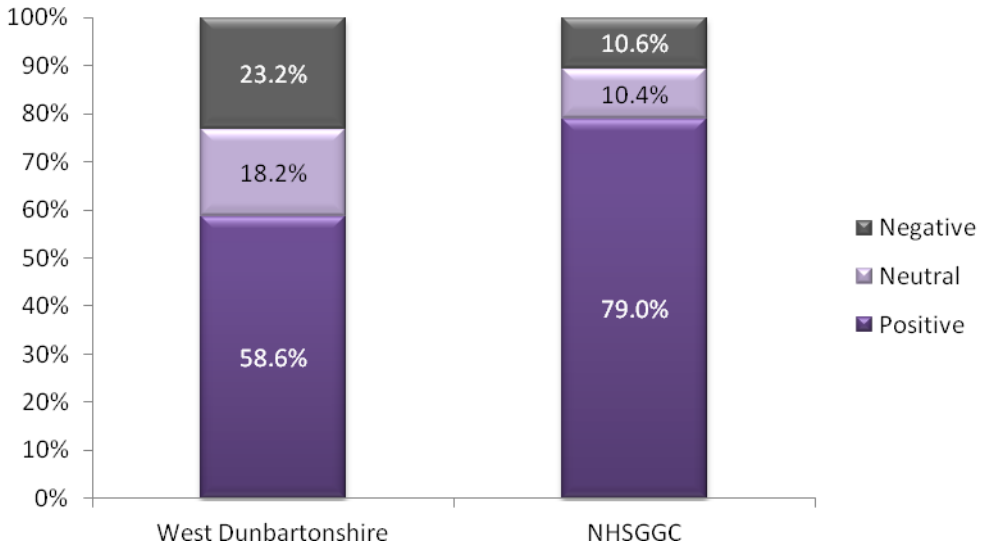

## Amount of Vandalism

Just under a quarter (23%) of respondents gave a negative perception of the amount of vandalism in their area.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of vandalism in their area (23% West Dunbartonshire; 11% NHS Greater Glasgow & Clyde).

**Figure 5.9: Perception of Amount of Vandalism (Q38c) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



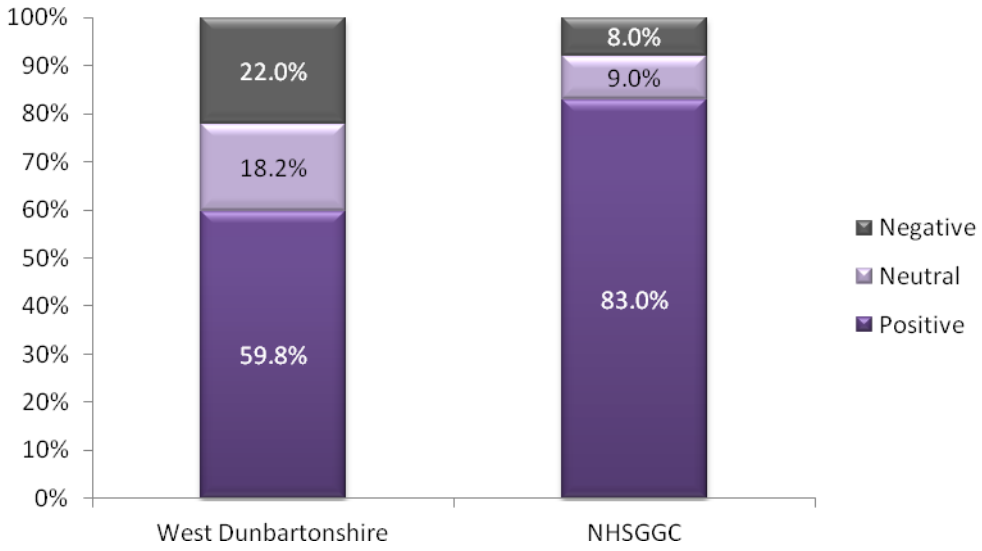

### Number of Assaults/Muggings

Twenty two percent of respondents had a negative perception of the number of assaults/muggings in their area.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much more 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 (22% West Dunbartonshire; 8% NHSGGC).

**Figure 5.10: Perception of Number of Assaults/Muggings (Q38d) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



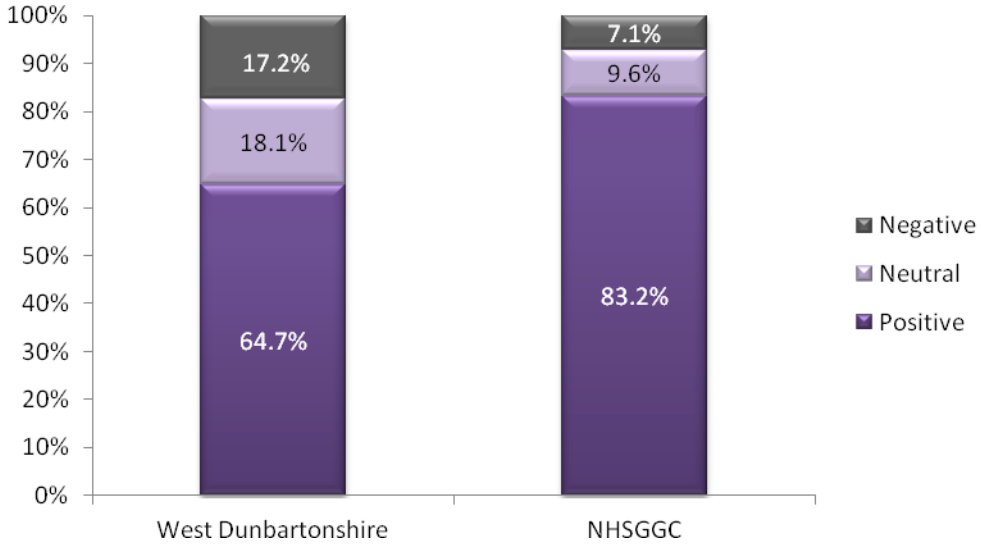

### Number of Burglaries

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

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much more likely than those in the NHS Greater Glasgow & Clyde area as a whole to express a negative perception of the number of burglaries in their area (17% West Dunbartonshire; 7% NHSGGC).

**Figure 5.11: Perception of Number of Burglaries (Q38b) - West Dunbartonshire & NHS Greater Glasgow & Clyde**



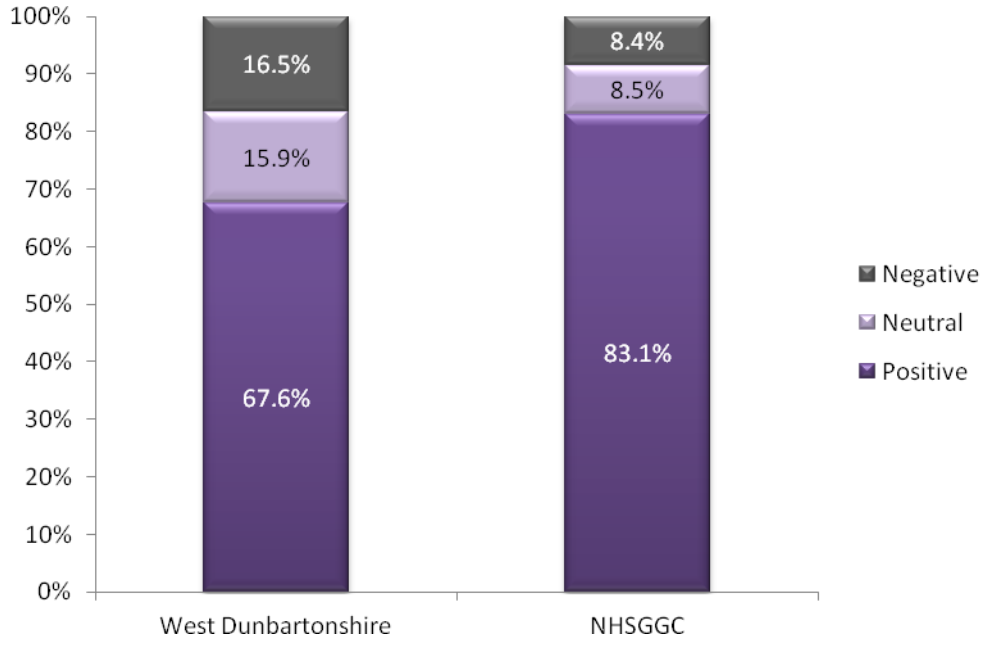

### Amount of Car Crime

Sixteen percent of respondents gave a negative perception of the amount of car crime in their area.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more 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 (16% West Dunbartonshire; 8% NHSGGC).

**Figure 5.12: Perception of Amount of Car Crime (Q38h) - West Dunbartonshire & NHS Greater Glasgow & Clyde**




Those aged 45-64 were the most likely to have a negative perception of car crime in their area.

**Table 5.8: Negative Perception of Amount of Car Crime (Q38h) by Age**

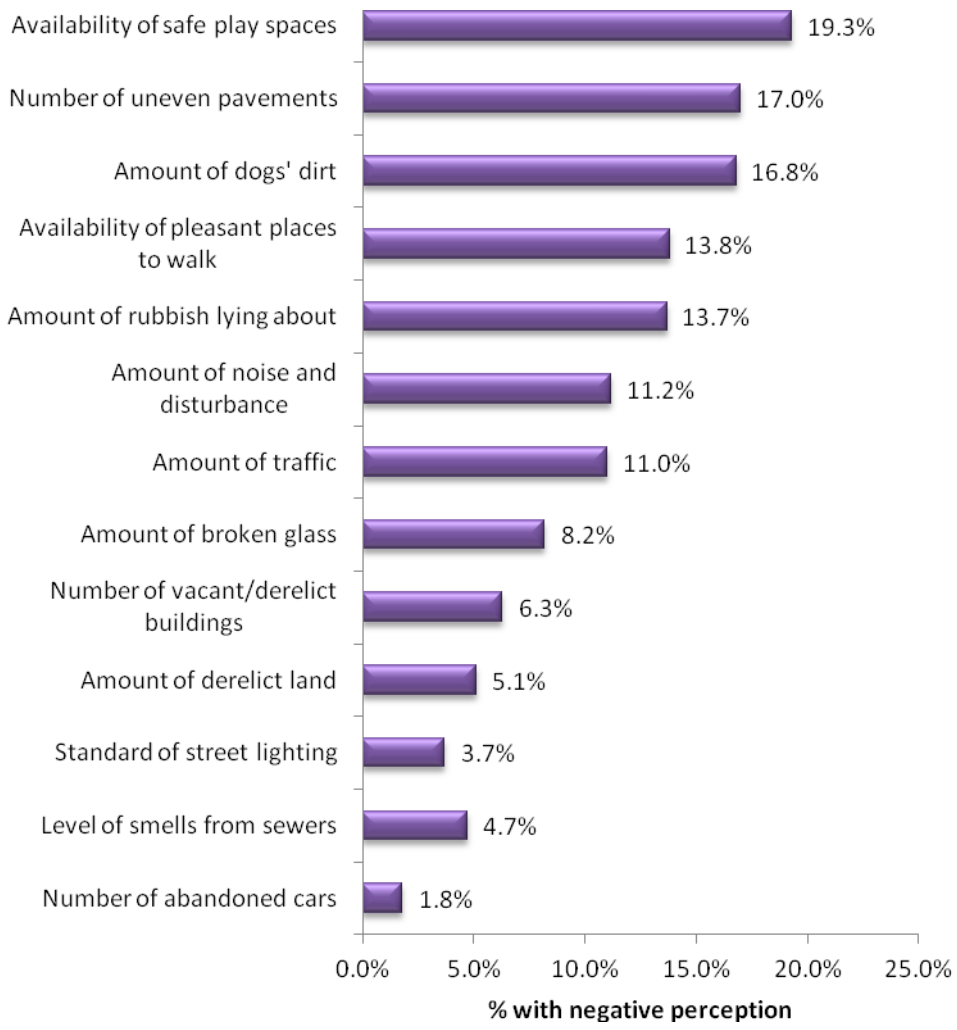
| | Negative Perception | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 13% | 162 |
| 45-64 | 24% | 163 |
| 65+ | 17% | 139 |
| All | 16% | 464 |

## 5.5 Environmental Issues in the Local Area

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

The environmental issues which most frequently caused concern were the availability of safe places to play (19%), the number of uneven pavements (17%) and the amount of dogs' dirt (17%).

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




**Comparison with NHS Greater Glasgow & Clyde**

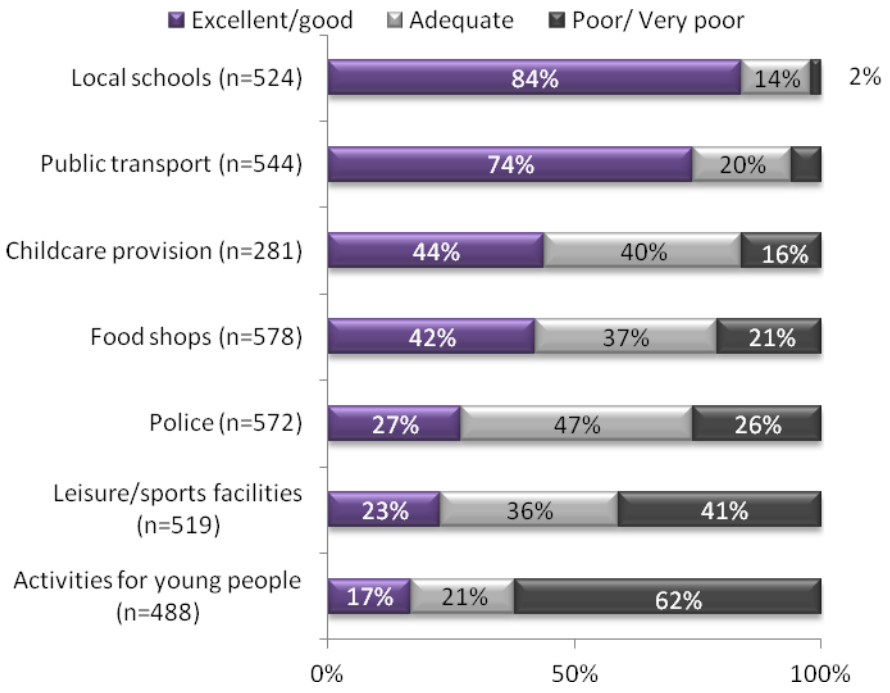
Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a negative perception of the amount of noise and disturbance in their area (11% West Dunbartonshire; 8% NHSGGC).

## 5.6 Perceived Quality of Services in the Area

Respondents were given a list of seven local services and asked to rate each (excellent, good, adequate, poor or very poor). Figure 5.14 shows the responses to each type of service. The number of respondents answering 'don't know' varied for different types of service reflecting the level of use. 'Don't know' responses have been excluded from analysis, and Figure 5.14 shows the number of respondents who gave a rating response for each service.

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

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




### Local Schools

More than four in five (84%) respondents rated local schools positively, with a further 14% saying they were adequate and 2% saying they were poor.

### Public Transport

Three in four (74%) respondents rated public transport positively, while 20% said it was adequate and 6% considered it poor.

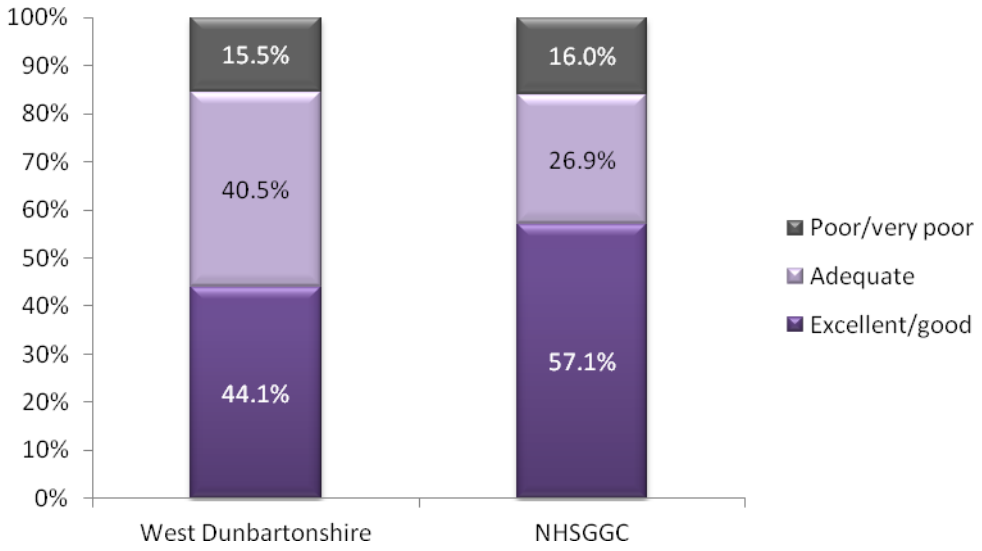
### Childcare Provision

Just over two in five (44%) respondents rated local childcare provision positively while 40% said it was adequate and 16% said it was poor.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local childcare provision positively (44% West Dunbartonshire; 57% NHS Greater Glasgow & Clyde).

**Figure 5.15: Perceived Quality of Childcare Provision (Q42f) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



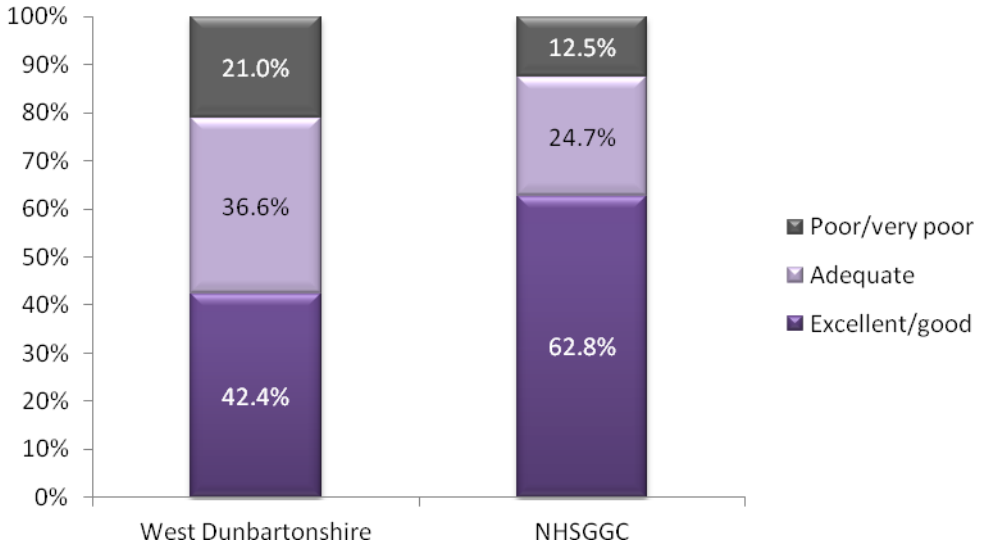

## Food Shops

Two in five (42%) respondents had a positive view of local food shops while 37% said they were adequate and 21% said they were poor.

## Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of local food shops (44% West Dunbartonshire; 63% NHSGGC).

**Figure 5.16: Perceived Quality of Food Shops (Q42a) - West Dunbartonshire & NHS Greater Glasgow & Clyde**



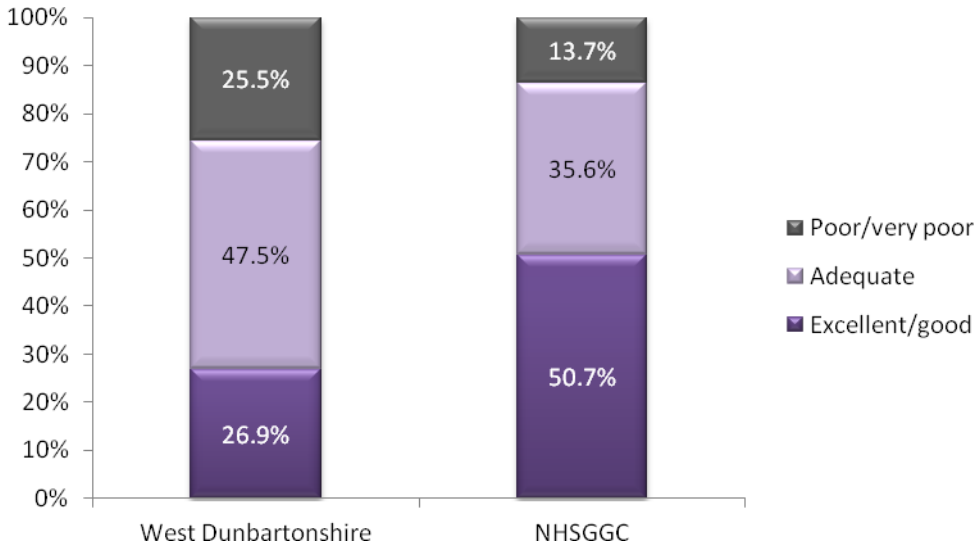

## Police

A quarter (27%) of respondents rated the local police service positively while 47% said it was adequate and 26% said it was poor.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate their local police positively (27% West Dunbartonshire; 51% NHSGGC).

**Figure 5.17: Perceived Quality of Police (Q42g) - West Dunbartonshire & NHS Greater Glasgow & Clyde**



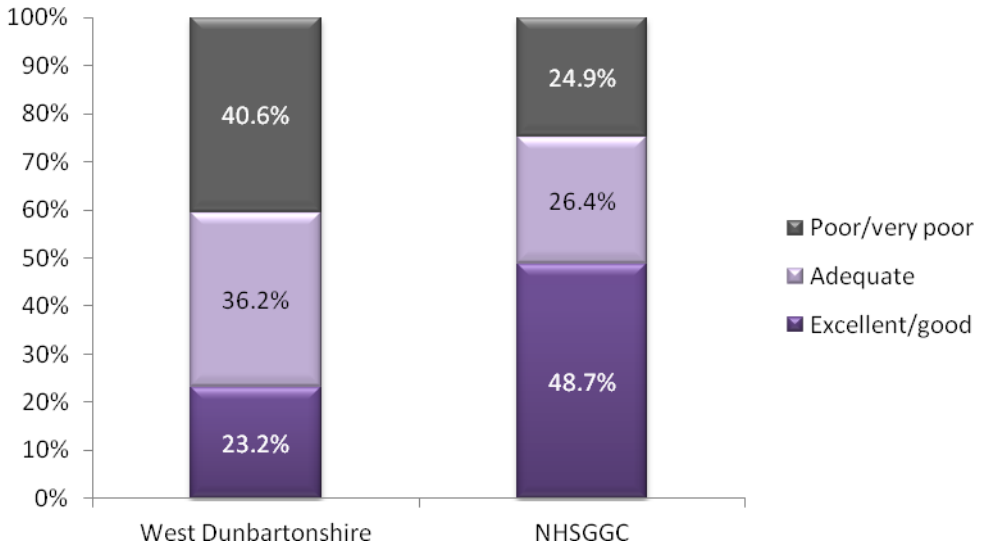

### Leisure / Sports Facilities

Two in five (41%) respondents gave a positive rating of local leisure/sports facilities while 36% said they were adequate and 23% said they were poor.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much less likely than those in the NHS Greater Glasgow & Clyde area as a whole to rate local leisure/sports facilities positively (23% West Dunbartonshire; 49% NHSGGC).

**Figure 5.18: Perceived Quality of Leisure/Sports Facilities (Q42e) - West Dunbartonshire and NHS Greater Glasgow & Clyde**



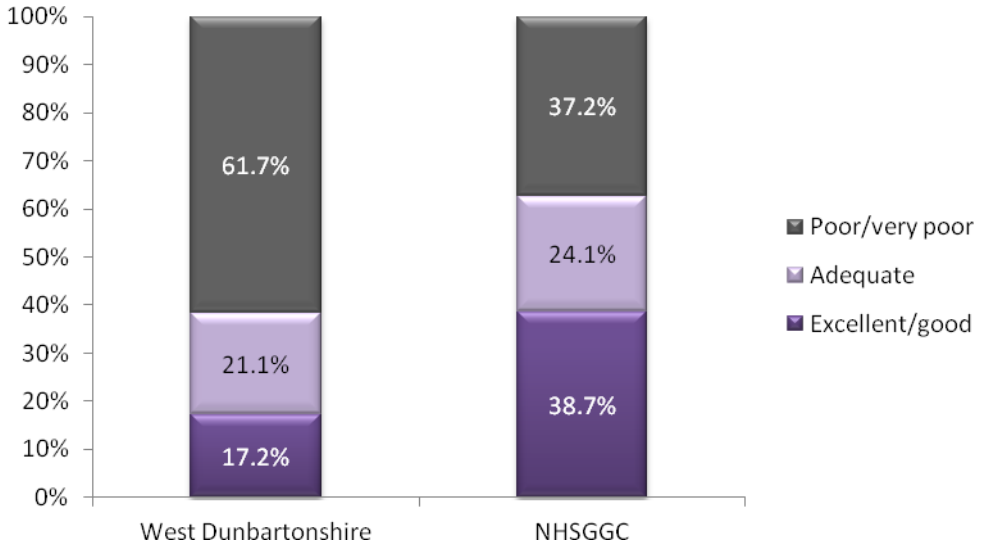

### Activities for Young People

One in six (17%) respondents rated the quality of activities for young people positively, 21% said they were adequate and 62% said they were poor.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were much 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 (17% West Dunbartonshire; 39% NHSGGC).

**Figure 5.19: Perceived Quality of Activities for Young People (Q42d) - West Dunbartonshire and NHS Greater Glasgow & Clyde**




Those aged 45-64 were the least likely to rate the quality of activities for young people positively.

**Table 5.9: Perceived Quality of Activities for Young People (Q42d) by Age**

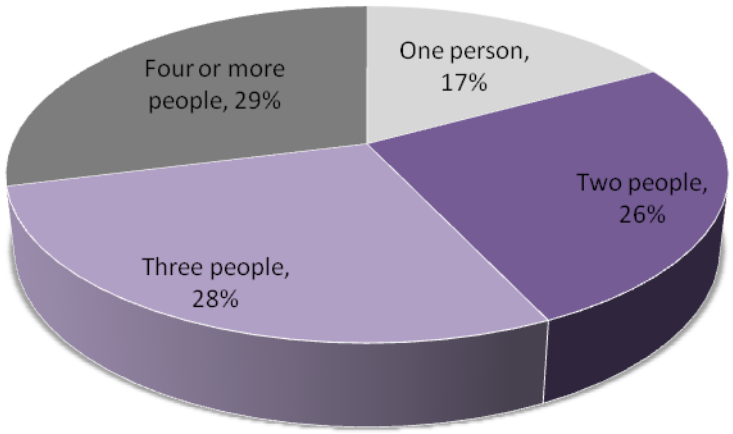
| | Excellent / Good | Adequate | Poor / Very Poor | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 20% | 20% | 60% | 187 |
| 45-64 | 8% | 24% | 68% | 163 |
| 65+ | 18% | 20% | 62% | 138 |
| **All** | 17% | 21% | 62% | 488 |

## 5.7 Individual Circumstances

### Household Size

One in six (17%) respondents lived alone. Figure 5.20 shows the breakdown of household size in West Dunbartonshire.

**Figure 5.20: Household Size**
(Base: 588)




### Ethnicity

Respondents were asked their ethnicity. The vast majority (96%) identified themselves as White. The next largest ethnic group was Asian (3%). The small number of minority ethnic groups prohibits detailed analysis of ethnicity.

### Marital Status

Just over half (52%) of respondents were married, in a civil partnership or living with their partner.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to be married/cohabiting (52% West Dunbartonshire; 58% NHSGGC).

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

### Caring Responsibilities

Eight percent of respondents said that they were responsible for caring for someone on a day to day basis (excluding regular childcare). Those who cared for others were asked how many hours a day they spent caring. Half (49%) said they spent 24 hours per day caring. The mean number of hours per day spent caring was 14.5.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as whole to have caring responsibilities (7.9% West Dunbartonshire; 5.5% NHSGGC).

Those aged 45 or over were more likely than younger respondents to be carers (12% and 5% respectively).

### Educational Qualifications

One in five (19%) respondents had no educational qualifications. Those aged 65 or over were the most likely to say they had no qualifications (52%) and those aged under 45 were the least likely (5%).

### Proportion of Household Income from State Benefits

Three quarters (74%) of respondents said that at least some of their household income came from state benefits, and 25% said that all their household income came from state benefits.

### Comparison with NHS Greater Glasgow & Clyde

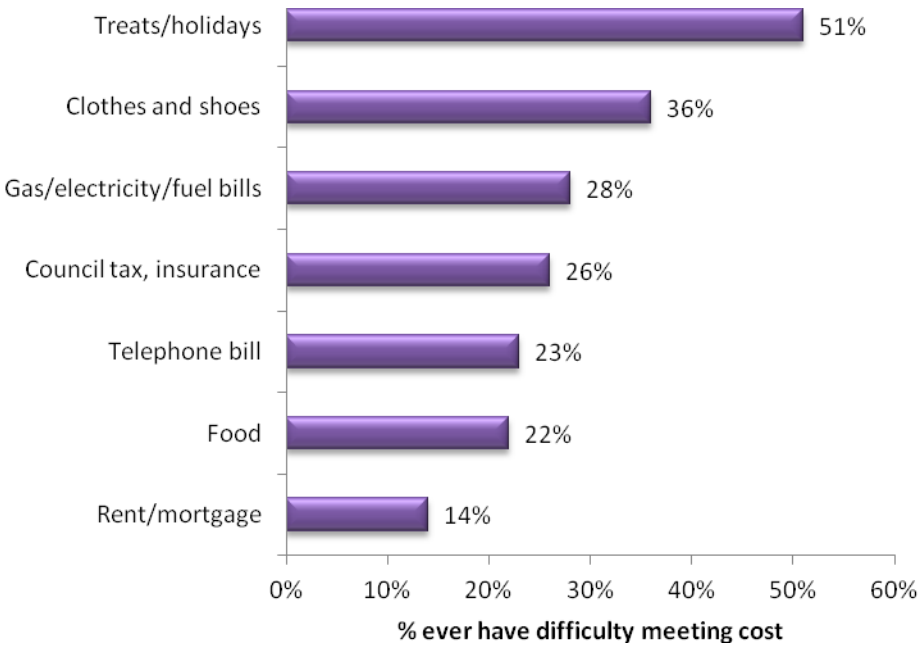
Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to say that at least some of their income came from benefits (74% West Dunbartonshire; 51% NHSGGC).

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).

### Difficulty Meeting the Cost of Specific Expenses

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

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



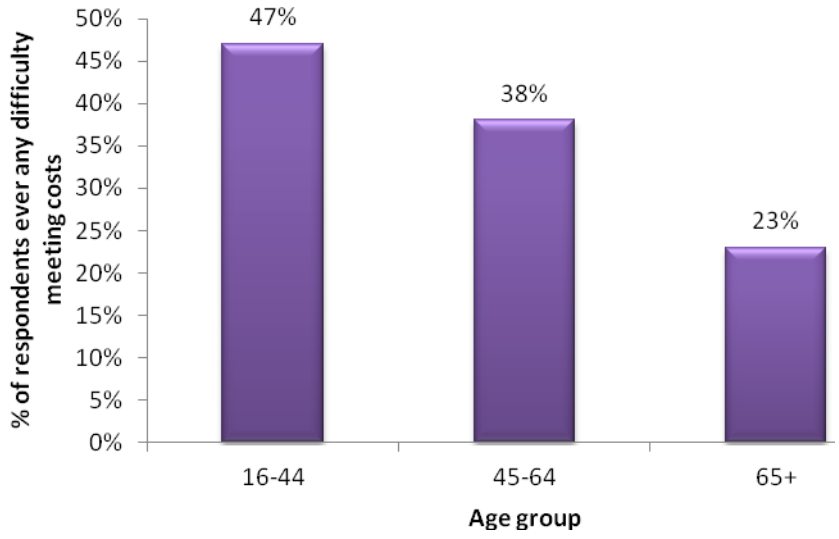

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area as a whole to have ever have difficulty meeting the cost of food (22% West Dunbartonshire; 17% NHSGGC) or treats/holidays (51% West Dunbartonshire; 45% NHSGGC).

All together, 41% said that they ever had difficulty meeting the costs rent/mortgage, fuel bills, telephone bills, council tax/insurance, food or clothes/shoes. This compares to 37% of those in the NHS Greater Glasgow & Clyde area as a whole.

Those aged under 45 were the most likely to have difficulty meeting these costs and those aged 65 or over were the least likely.

**Figure 5.22: Whether Ever Have Difficulty Meeting the Costs of Rent/Mortgage, Fuel Bills, Telephone Bills, Council Tax/Insurance, Food or Clothes Shoes (Q51) by Age**



### Difficulty Finding Unexpected Sums

One in nine (11%) said that they would have a problem meeting an unexpected expense of £20; half (51%) said they would have a problem meeting an unexpected expense of £100 and 82% would had a problem finding £1,000 for an unexpected expense.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were more likely than those in the NHS Greater Glasgow & Clyde area to say they would have difficulty meeting unexpected costs of £100 (51% West Dunbartonshire; 36% NHSGGC) or £1,000 (82% West Dunbartonshire; 76% NHSGGC).

Women were more likely than men to say they would have a problem meeting an unexpected cost of £1,000 (87% women; 77% men).

### Economic Activity

Three in five (62%) respondents lived in households where the main wage earner was economically active (in or looking for work).

### Sexual Orientation

The vast majority (97%) of respondents described their sexual orientation as heterosexual, 2% said they preferred not to say and 1% described themselves as gay or lesbian.

# 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) | 68% | 587 |
| Positive perception of local area as a place to bring up children (Q37) | 63% | 521 |
| Positive perception of reciprocity (Q40a) | 73% | 586 |
| Positive perception of trust (Q40e) | 69% | 578 |
| Value local friendships (Q40c) | 79% | 587 |
| Positive perception of social support (Q40g) | 77% | 580 |

In total 68% of respondents had a positive perception of their local area as a place to live and 63% had a positive perception of their local area as a place to bring up children. Those aged under 45 were less likely to have positive views of their area as a place to live or to bring up children.

Just under three in four (73%) had a positive view of reciprocity in their area and 69% had a positive view of trust in their area. Those aged under 45 were less likely to have positive views of reciprocity or trust.

Four in five (79%) respondents valued local friendships. Those aged under 45 were less likely to value local friendships.

Just over three in four (77%) had a positive view of social support in their area. Those aged under 45 were less likely to have a positive view of social support.

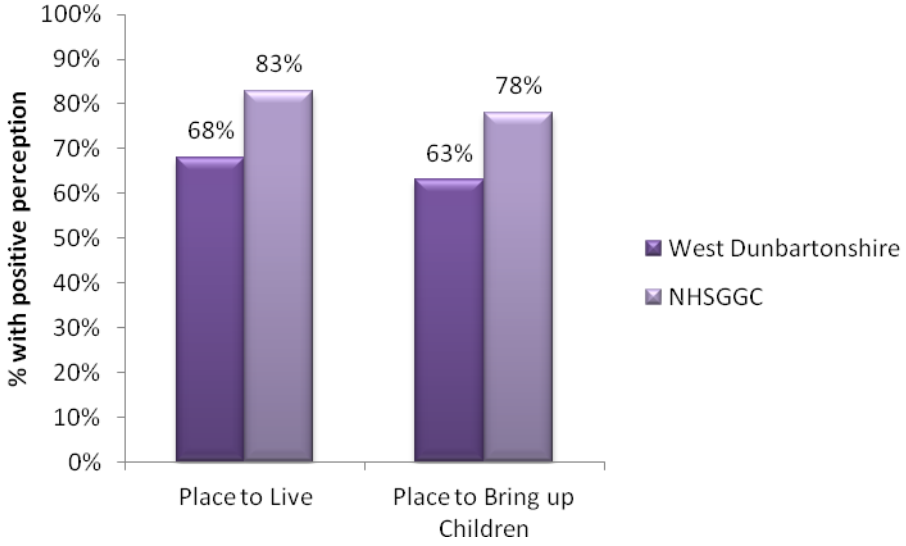
## 6.2 View of Local Area

Respondents were presented with the seven 'faces' scale (see Section 2.2 of this report for full explanation of the scale) and asked to indicate how they felt about their area a) as a place to live; and b) as a place to bring up children. Those choosing any of the three 'smiley' faces (1-3) were categorised as having a positive perception. Overall, 68% had a positive view of their area as a place to live and 63% had a positive view of the area as a place to bring up children.

**Comparison with NHS Greater Glasgow & Clyde**

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of their area as a place to live (68% West Dunbartonshire; 83% NHSGGC) or to bring up children (63% West Dunbartonshire; 78% NHSGGC).

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




Those aged under 45 were the least likely to have positive perceptions of their area as a place to live or to bring up children. This is shown in Table 6.2.

**Table 6.2: Positive Perception of Area as a Place to Live (Q36) and as a Place to Bring Up Children (Q37) by Age**

| | Place to Live | Place to Bring Up Children | Unweighted base (n) |
|---|---|---|---|
| Age: | | | |
| 16-44 | 64% | 57% | 195 |
| 45-64 | 70% | 72% | 177 |
| 65+ | 81% | 79% | 149 |
| All | 68% | 63% | 521 |

## 6.3 Reciprocity and Trust

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

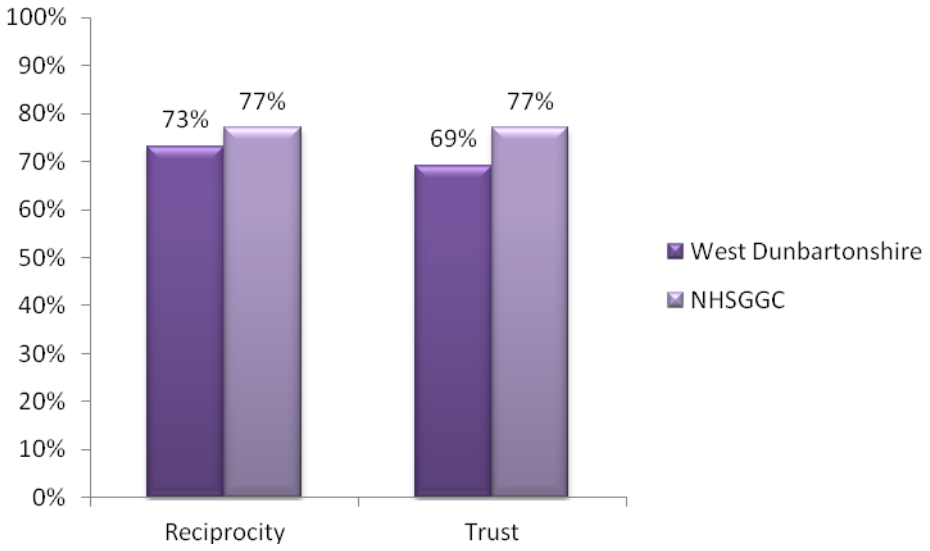
"This is a neighbourhood where neighbours look out for each other", and
"Generally speaking, you can trust people in my local area".

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, 73% were positive about reciprocity and 69% were positive about trust.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have positive views of reciprocity (73% West Dunbartonshire; 77% NHSGGC) or trust (69% West Dunbartonshire; 77% NHSGGC).

**Figure 6.2: Positive Perceptions of Reciprocity (Q40a) and Trust (Q40e) - West Dunbartonshire and NHS Greater Glasgow & Clyde**




Those aged under 45 were the least likely to have positive views of reciprocity and trust. Also, women were more likely than men to have positive views of reciprocity. This is shown in Table 6.3.

**Table 6.3: Positive Perception of Reciprocity (Q40a) and Trust (Q40e) by Age and Gender**

| | Reciprocity | Unweighted base (n) | Trust | Unweighted base (n) |
|---|---|---|---|---|
| Age: | | | | |
| 16-44 | 69% | 202 | 64% | 197 |
| 45-64 | 80% | 192 | 77% | 191 |
| 65+ | 75% | 192 | 78% | 190 |
| Men | 69% | 239 | - | - |
| Women | 77% | 347 | - | - |
| **All** | 73% | 586 | 69% | 578 |

## 6.4 Local Friendships

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*The friendships and associations I have with other people in my local area mean a lot to me*". Overall, 79% agreed with this statement.

Those aged under 45 were the least likely to value local friendships and those aged 65 or over were the most likely.

**Table 6.4 Proportion Value Local Friendships (Q40c) by Age**

| | Value Local Friendships | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 76% | 199 |
| 45-64 | 81% | 191 |
| 65+ | 90% | 190 |
| All | 79% | 587 |

## 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, 77% overall were positive about social support.

### Comparison with NHS Greater Glasgow & Clyde

Those in West Dunbartonshire were less likely than those in the NHS Greater Glasgow & Clyde area as a whole to have a positive view of social support (77% West Dunbartonshire; 84% NHSGGC).

Those aged under 45 were less likely to have a positive view of social support.

**Table 6.5: Positive View of Social Support (Q40g) by Age**

| | Positive view | Unweighted base (n) |
|---|---|---|
| Age: | | |
| 16-44 | 72% | 199 |
| 45-64 | 85% | 191 |
| 65+ | 85% | 190 |
| All | 77% | 580 |

# 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 West Dunbartonshire were:

- More likely to feel they were definitely given adequate information about their condition/treatment;
- More likely to feel they were definitely encouraged to participate in decisions affecting their health/treatment;
- (Among smokers) less likely to be heavily addicted (smoking 20+ cigarettes per day);
- (Among smokers) more likely to say they intend to stop smoking;
- Less likely to drink alcohol weekly;
- Less likely to exceed the recommended weekly limit for alcohol consumption;
- More likely to meet the target for physical activity;
- More likely to participate in the following activities:
    - Walking for commuting;
    - Walking for leisure;
    - Leisure centre based activities;
    - Team sports;
- More likely to use shared travel methods;
- More likely to meet the target of consuming five or more portions of fruit/vegetables per day;
- More likely to agree that local people can influence local decisions; and
- More likely to identify with a religion.

## 7.2 Indicators Showing Less Favourable Findings

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

- Less likely to have a positive perception of their physical wellbeing;
- Less likely to have a positive perception of their mental/emotional wellbeing;
- More likely to have a limiting condition or illness;
- More likely to be receiving treatment for at least one illness or condition, and specifically more likely to be receiving treatment for:
    - Arthritis/rheumatism;
    - Gastro-intestinal problems;
    - Stress related conditions;
    - Coronary heart disease;
    - Chronic pain;
    - Clinical depression; and
    - Acquired brain injury.
- More likely to have a high GHQ12 score;
- More likely to have been to a hospital outpatient appointment in the last year;
- More likely to have been admitted to hospital in the last year;
- Less likely to feel that they have a say in how health services are delivered;
- Less likely to feel that their views and circumstances were understood and valued (in relation to health services);
- Less likely to say it was easy to travel to hospital for an appointment;
- More likely to say it was difficult to get a GP appointment;
- More likely to say it was difficult to access health services in an emergency;
- More likely to be exposed to second hand smoke most or some of the time;
- More likely to smoke;

- Less likely to participate in the following activities:
    - Domestic activity;
    - Dance;
- Less likely to consume two or more portions of oily fish per week;
- More likely to exceed the recommended limit of one high fat/sugary snack per day;
- More likely to feel isolated from family/friends;
- More likely to have been treated offensively in the last three months;
- Less likely to feel safe using public transport in their area;
- Less likely to feel safe walking alone in their area even after dark;
- More likely to have a negative perception of the following social issues in their area:
    - Unemployment;
    - Amount of drug activity;
    - Level of alcohol consumption;
    - Young people hanging around;
    - Amount of vandalism;
    - Number of assaults/muggings;
    - Number of burglaries;
    - Amount of car crime;
- More likely to have a negative perception of the amount of noise/disturbance in their area;
- Less likely to have a positive rating of the following local services;
    - Childcare provision;
    - Food shops;
    - Police;
    - Leisure/sports facilities;
    - Activities for young people;
- Less likely to be married/cohabiting;
- More likely to have caring responsibilities;
- More likely to receive income from benefits;
- More likely to have difficulty meeting the costs of food or treats/holidays;
- More likely to have difficulty meeting unexpected costs of £100 or £1,000;
- Less likely to have a positive perception of their area as a place to live;
- Less likely to have a positive perception of their area as a place to bring up children;
- Less likely to have a positive perception of reciprocity;
- Less likely to have a positive perception of trust;
- Less likely to have a positive perception of social support.

### 7.3 Other Significant Differences

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

- More likely to have seen a nurse/midwife at their GP Surgery in the last year;
- More likely to have seen a physiotherapist, chiropodist, dietician or occupational therapist at their GP surgery in the last year; and
- More likely to have contacted NHS24 in the last year.

# 8 Trend Data

In this chapter, results from all indicator questions that represent a statistically significant change between 2011 and 2008 or between 2011 and 2005 are shown.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 2008 or 2005. 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 or 2005
$n_1$ = sample size in 2011
$n_2$ = sample size in 2008 or 2005

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}$$

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 difference between 2008 and 2011 shown in Table 8.1 is (-11.9 to -2.3). This means that we can be 95% confident that, had we interviewed the entire population in West Dunbartonshire in the surveys, the actual difference between the two sets of results would be between -11.9 and -2.3 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

Between 2008 and 2011 there was a drop in the proportion of respondents who had a positive perception of their physical wellbeing.

**Table 8.1: Positive Perceptions of Physical Wellbeing**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 68.7% |
| 2008 | 80.7% |
| 2011 | 73.6% |
| Change (2008-2011) | -7.1% |
| P | <0.01 |
| Confidence Interval | -11.9 to -2.3 |

There was also a drop between 2008 and 2011 in the proportion who had a positive perception of their mental or emotional wellbeing.

**Table 8.2: Positive Perceptions of Mental or Emotional Wellbeing**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 75.0% |
| 2008 | 90.1% |
| 2011 | 75.2% |
| Change (2008-2011) | -14.9% |
| P | <0.001 |
| Confidence Interval | -19.1 to -10.7 |

There was no significant change in the proportion who definitely felt in control of the decisions affecting their daily life.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 63.9% |
| 2008 | 62.2% |
| 2011 | 65.7% |
| Change (2008-2011) | n/a |
| P | n/a |
| Confidence Interval | n/a |

There was a drop between 2008 and 2011 in the proportion who had a positive perception of their overall quality of life.

**Table 8.4: Positive Perception of Overall Quality of Life**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 74.9% |
| 2008 | 89.5% |
| 2011 | 81.2% |
| Change (2008-2011) | -8.3% |
| P | <0.001 |
| Confidence Interval | -12.3 to -4.3 |

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

**Table 8.5: Illness/Condition Affecting Daily Life**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 26.3% |
| 2008 | 17.2% |
| 2011 | 22.2% |
| Change (2008-2011) | +5.0% |
| P | <0.05 |
| Confidence Interval | +0.5 to +2.5 |

There was also a rise between 2008 and 2011 in the proportion who were receiving treatment for at least one condition or illness.

**Table 8.6: Receiving Treatment for One or More Condition**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 47.4% |
| 2008 | 32.1% |
| 2011 | 44.4% |
| Change (2008-2011) | +12.3% |
| P | <0.001 |
| Confidence Interval | +6.8 to +17.8 |

Between 2005 and 2011 there was a rise in the proportion who had any natural teeth.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 82.2% |
| 2008 | 86.5% |
| 2011 | 90.1% |
| Change (2005-2011) | +7.9% |
| P | <0.001 |
| Confidence Interval | +4.0 to +11.8 |

There was a rise between 2005 and 2011 in the proportion who brushed their teeth twice or more per day.

**Table 8.8: Proportion Brushing Teeth at Least Twice a Day**
Base: Those with at least some of their own teeth

| | All West Dunbartonshire |
|---|---|
| 2005 | 64.2% |
| 2008 | 73.9% |
| 2011 | 78.7% |
| Change (2005-2011) | +14.5% |
| P | <0.001 |
| Confidence Interval | +9.5 to +19.5 |

## 8.2 The Use of Health Services

There was a drop between 2005 and 2011 in the proportion who had seen a GP in the last year.

**Table 8.9: Proportion Seen a GP in the Last Year**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 84.0% |
| 2008 | 74.1% |
| 2011 | 77.4% |
| Change (2005-2011) | -6.6 |
| P | <0.01 |
| Confidence Interval | -11.1 to -2.1 |

There was a rise between 2008 and 2011 in the proportion who had been to Accident & Emergency in the last year.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 19.9% |
| 2008 | 5.0% |
| 2011 | 16.1% |
| Change (2008-2011) | +11.1% |
| P | <0.001 |
| Confidence Interval | +7.6 to +14.6 |

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

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 26.2% |
| 2008 | 21.7% |
| 2011 | 28.3% |
| Change (2008-2011) | +6.6% |
| P | <0.01 |
| Confidence Interval | +1.7 to +11.5 |

There was a drop between 2008 and 2011 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 West Dunbartonshire |
|---|---|
| 2005 | 46.3% |
| 2008 | 63.1% |
| 2011 | 50.5% |
| Change (2008-2011) | -12.6% |
| P | <0.001 |
| Confidence Interval | -18.2 to -7.0 |

## 8.3 Health Behaviours

There was no significant change in the proportion of respondents who smoked.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 39.9% |
| 2008 | 34.2% |
| 2011 | 39.0% |
| Change (2008-2011) | n/a |
| P | n/a |
| Confidence Interval | n/a |

Between 2005 and 2011 there was a drop in the proportion of respondents who were exposed to second hand smoke most or some of the time.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 62.5% |
| 2008 | 38.7% |
| 2011 | 44.0% |
| Change (2005-2011) | -18.5% |
| P | <0.001 |
| Confidence Interval | -24.0 to -13.0 |

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

**Table 8.15: Proportion Exceeding Recommended Alcohol Limit in Preceding Week (Based on old estimates of units)**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 24.4% |
| 2008 | 7.5% |
| 2011 | 12.0% |
| Change (2008-2011) | +4.5% |
| P | <0.01 |
| Confidence Interval | +1.1 to +7.9 |

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

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 35.9% |
| 2008 | 60.9% |
| 2011 | 74.4% |
| Change (2008-2011) | +13.5% |
| P | <0.001 |
| Confidence Interval | +8.2 to +18.8 |

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

**Table 8.17: Proportion Meeting the Fruit and Vegetable Consumption Target**

Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 23.3% |
| 2008 | 47.5% |
| 2011 | 36.9% |
| Change (2008-2011) | -10.6% |
| P | <0.001 |
| Confidence Interval | -16.2 to -5.0 |

There was a drop between 2005 and 2011 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 West Dunbartonshire |
|---|---|
| 2005 | 32.2% |
| 2008 | 27.5% |
| 2011 | 22.8% |
| Change (2005-2011) | -9.4% |
| P | <0.001 |
| Confidence Interval | -14.4 to -4.4 |

There was a rise between 2008 and 2011 in the proportion who exceeded the recommended limit of one high fat/sugary snack per day.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 46.1% |
| 2008 | 25.8% |
| 2011 | 44.0% |
| Change (2008-2011) | +18.2% |
| P | <0.001 |
| Confidence Interval | +12.9 to +23.5 |

Between 2008 and 2011 there was a rise in the proportion of respondents who were overweight or obese.

**Table 8.20: Body Mass Index**
Base: All

| | All West Dunbartonshire |
|---|---|
| **BMI of 25 or over** | |
| 2005 | 51.9% |
| 2008 | 42.3% |
| 2011 | 53.1% |
| Change (2008-2011) | +10.8% |
| P | <0.001 |
| Confidence Interval | +5.1 to +16.5 |
| | |
| **BMI indicting obese/extremely obese** | |
| 2005 | 16.6% |
| 2008 | 9.2% |
| 2011 | 15.8% |
| Change (2008-2011) | +6.6% |
| P | <.001 |
| Confidence Interval | +2.8 to +10.4 |

## 8.4 Social Health

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

**Table 8.21: Proportion Isolated from Family and Friends**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 15.3% |
| 2008 | 6.3% |
| 2011 | 12.6% |
| Change (2008-2011) | +6.3% |
| P | <0.001 |
| Confidence Interval | +3.0 to +9.6 |

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

**Table 8.22: Proportion Feeling they Belong to Local Area**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 74.5% |
| 2008 | 88.1% |
| 2011 | 79.7% |
| Change (2008-2011) | -8.4% |
| P | <0.001 |
| Confidence Interval | -12.6 to -4.2 |

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

**Table 8.23: Proportion Feeling Valued as Member of their Community**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 74.5% |
| 2008 | 88.1% |
| 2011 | 60.8% |
| Change (2008-2011) | -27.3% |
| P | <0.001 |
| Confidence Interval | -32.0 to -22.6 |

There was a rise between 2005 and 2011 in the proportion who felt that local people can influence local decisions.

**Table 8.24: Proportion Feeling Local People Can Influence Decisions**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 55.6% |
| 2008 | 76.1% |
| 2011 | 74.9% |
| Change (2005-2011) | +19.3% |
| P | <0.001 |
| Confidence Interval | +14.0 to +24.6 |

There was a rise between 2005 and 2011 in the proportion who felt safe in their own home.

**Table 8.25: Proportion Feeling Safe in Their Own Home**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 87.8% |
| 2008 | 97.8% |
| 2011 | 96.7% |
| Change (2005-2011) | +8.9% |
| P | <0.001 |
| Confidence Interval | +5.9 to +11.9 |

There was a drop between 2008 and 2011 in the proportion who felt safe using public transport in their area.

**Table 8.26: Proportion Feeling Safe Using Public Transport**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 70.8% |
| 2008 | 90.9% |
| 2011 | 86.0% |
| Change (2008-2011) | -4.9% |
| P | <0.01 |
| Confidence Interval | -8.5 to -1.3 |

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

**Table 8.27: Proportion Feeling Safe Walking Alone After Dark**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 54.1% |
| 2008 | 76.4% |
| 2011 | 60.7% |
| Change (2008-2011) | -15.7% |
| P | <0.001 |
| Confidence Interval | -20.9 to -10.5 |

## 8.5 Individual Circumstances

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

**Table 8.28: Proportion Cohabiting / Married etc**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 65.7% |
| 2008 | 61.9% |
| 2011 | 52.1% |
| Change (2008-2011) | -9.8% |
| P | <0.001 |
| Confidence Interval | -15.4 to -4.2 |

There was a rise between 2008 and 2011 in the proportion of respondents who lived in households with children aged under 14.

**Table 8.29: Proportion with Children Under 14**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 34.0% |
| 2008 | 25.7% |
| 2011 | 33.3% |
| Change (2008-2011) | +7.6% |
| P | <0.01 |
| Confidence Interval | +2.4 to +12.8 |

There was a rise between 2008 and 2011 in the proportion of respondents who were the only adult living in households where there was a child aged under 14.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 9.3% |
| 2008 | 2.1% |
| 2011 | 5.6% |
| Change (2008-2011) | +3.5% |
| P | <0.01 |
| Confidence Interval | +1.3 to +5.7 |

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

**Table 8.31: Proportion with No Qualifications**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 40.3% |
| 2008 | 7.4% |
| 2011 | 18.7% |
| Change (2008-2011) | +11.3% |
| P | <0.001 |
| Confidence Interval | +7.5 to +15.1 |

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

**Table 8.32: Proportion with all Income from State Benefits**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 23.7% |
| 2008 | 17.3% |
| 2011 | 24.6% |
| Change (2008-2011) | +7.3% |
| P | <0.001 |
| Confidence Interval | +2.7 to +11.9 |

Between 2008 and 2011 there was a drop in the proportion who had a positive perception of their household income.

**Table 8.33: Proportion with a Positive Perception of Household Income**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 62.8% |
| 2008 | 76.6% |
| 2011 | 48.5% |
| Change (2008-2011) | -28.1% |
| P | <0.001 |
| Confidence Interval | -33.4 to -22.8 |

Between 2005 and 2011 there was a drop in the proportion who said they would have difficulty meeting an unexpected cost of £20. Between 2008 and 2011 there was a rise in the proportion who said they would have difficulty meeting an unexpected cost of £100 or £1,000.

**Table 8.34: Proportion Having Difficulties Finding Unexpected Expenses**

| | All West Dunbartonshire |
|---|---|
| **Difficulty finding £20** | |
| 2005 | 2.4% |
| 2008 | 1.2% |
| 2011 | 0.5% |
| Change (2005-2011) | -1.9% |
| P | <0.01 |
| Confidence Interval | -3.2 to -0.6 |
| | |
| **Difficulty finding £100** | |
| 2005 | 21.9% |
| 2008 | 9.0% |
| 2011 | 18.5% |
| Change (2008-2011) | +9.5% |
| P | <0.001 |
| Confidence Interval | +5.6 to +13.4 |
| | |
| **Difficulty finding £1,000** | |
| 2005 | 54.3% |
| 2008 | 36.6% |
| 2011 | 59.1% |
| Change (2008-2011) | +22.5% |
| P | <0.001 |
| Confidence Interval | +16.9 to +28.1 |

There was a drop between 2008 and 2011 in the proportion who lived in households where the main wage earner was employed full time.

**Table 8.35: Proportion of Main Wage Earners Employed Full Time**

Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 58.2% |
| 2008 | 62.2% |
| 2011 | 47.4% |
| Change (2008-2011) | -14.8% |
| P | <0.001 |
| Confidence Interval | -20.4 to -9.2 |

There was no significant change in the proportion living in households where no adults were employed,

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 36.7% |
| 2008 | 34.9% |
| 2011 | 31.4% |
| Change (2008-2011) | n/a |
| P | n/a |
| Confidence Interval | n/a |

## 8.6 Social Capital

Between 2008 and 2011 there was a drop in the proportion of respondents who had a positive perception of their area as a place to live.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 72.4% |
| 2008 | 88.5% |
| 2011 | 67.9% |
| Change (2008-2011) | -20.6% |
| P | <0.001 |
| Confidence Interval | -25.2 to -16.0 |

There was also a drop between 2008 and 2011 in the proportion who had a positive perception of their area as a place to bring up children.

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

| | All West Dunbartonshire |
|---|---|
| 2005 | 65.3% |
| 2008 | 88.0% |
| 2011 | 63.3% |
| Change (2008-2011) | -24.7% |
| P | <0.001 |
| Confidence Interval | -29.4 to -20.0 |

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

**Table 8.39: Proportion with Positive Perception of Reciprocity**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 69.5% |
| 2008 | 84.3% |
| 2011 | 72.6% |
| Change (2008-2011) | -11.7% |
| P | <0.001 |
| Confidence Interval | -16.4 to -7.0 |

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

**Table 8.40: Proportion with Positive Perception of Trust**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 66.9% |
| 2008 | 87.8% |
| 2011 | 69.0% |
| Change (2008-2011) | -18.8% |
| P | <0.001 |
| Confidence Interval | -23.4 to -14.2 |

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

**Table 8.41: Proportion Valuing Local Friendships**
Base: All

| | All West Dunbartonshire |
|---|---|
| 2005 | 75.4% |
| 2008 | 87.5% |
| 2011 | 79.2% |
| Change (2008-2011) | -8.3% |
| P | <0.001 |
| Confidence Interval | -12.5 to -4.1 |

There was a drop between 2008 and 2011 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 West Dunbartonshire |
|---|---|
| 2005 | 74.9% |
| 2008 | 90.0% |
| 2011 | 77.1% |
| Change (2008-2011) | -12.9% |
| P | <0.001 |
| Confidence Interval | -17.1 to -8.7 |

# 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 interpreter was not achieved | 23 | 0.26% | 0.18% |
| Incomplete interview | 0 | 0.00% | 0.00% |
| ***Total in-scope*** | ***8875*** | ***100.0%*** | ***70.66%*** |
| | | | |
| **Out of scope (no interview possible)** | | | |
| Insufficient address | 0 | | 0.00% |
| Not traced | 55 | | 0.44% |
| Not yet built / not yet ready for occupation | 0 | | 0.00% |
| Derelict/demolished | 133 | | 1.06% |
| Empty/vacant | 115 | | 0.92% |
| Business/industrial only (not private) | 56 | | 0.45% |
| Institution only | 7 | | 0.06% |
| Other:<br>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 | 3 | 16-44; 45-64; 65+ |

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

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

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

# APPENDIX E: ANNOTATED SURVEY QUESTIONNAIRE

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

- The number of respondents who answered the question (with "don't know", refused and missing responses removed). These are **unweighted** and shown as "(n=)" after the question;

- The percentage of respondents who gave each response. These are **weighted**.

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