

# Hull's Health and Wellbeing Survey 2003: Summary

## Introduction

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This survey was conducted by the Public Health Development Team on behalf of Eastern and West Hull Primary Care Trusts (PCTs) during 2003. The aim of the survey was to provide information which could be used in the planning and evaluation of current and future services within the area, particularly those services aimed at improving public health. The survey also provides information to a much wider range of organisations and individuals who have an interest in the health and health-related lifestyle activities of the population. A self-completion questionnaire was completed by residents who were aged 16 or over and registered with General Practices within Eastern (1,716) and West (1,560) Hull PCTs giving a final response rate of 50% which compares favourably to other recent general population surveys, especially in urban areas.

## General Health

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### National Target (2004)

The white paper *Choosing Health: Making Healthy Choices Easier* aims to improve the health of the population.

### National Data compared to the Local Situation

The Health Survey for England 2003 revealed that 76% of males and 75% of females rated their health as 'good' or better, compared to 71% of males and 73% of females in Hull (although the categories differed slightly). Overall, 7% of each sex in England rate their health as 'very bad' or 'bad' compared to 9% of males and 6% of females in Hull. Both nationally and locally, the prevalence of poor health, long term illness and limiting long term illness increases with age. Nationally, 44% of men and 46% of women have at least one longstanding illness and 23% of males and 26% of females have a limiting long term illness. This compares to 44% of males and 39% of females in Hull with longstanding illness and 35/45% of men and 27/41% of women in Eastern/West Hull respectively reporting limiting long term illness.

### Local Patterns

Comparing 'excellent' and 'poor' self-reported health across deprivation quintiles in Hull revealed that people in the most deprived areas were half as likely to rate their health as excellent compared to people in the least deprived areas and were three times more likely to rate their health as poor than people in the least deprived areas.

## Exercise

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### National Target

Increase the proportion of individuals undertaking 30 minutes of physical activity on 5 or more days a week to 70% by 2020 (interim target: 50% by 2011).

### National Burden

People with a sedentary lifestyle are more at risk of heart disease, type 2 diabetes, stroke and colon, breast and some other cancers compared to those who are physically active.

### National Data compared to the Local Situation

Nationally, around 50% of young men reach the 30 minutes a day, 5 days a week target whereas only 20-30% of women achieve this. In Hull, around 30% of 16-24 year old males reported exercising vigorously 3 or more times in the last 7 days compared to 10% of 16-24 year old females.

### Local Patterns

About half of people in Hull considered themselves fairly active. Males reported exercising more vigorously and regularly than females and younger people were more likely to feel they did not do enough exercise compared to older age groups. For around half of people, the main reason preventing

them taking enough exercise was lack of time, and for one third, no willpower and illness/disability. Around 20% of females said they didn't exercise because it was too expensive.

## Body Mass Index (BMI)

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### **National Target (2004)**

New targets focus on reducing obesity in children within the context of a broader strategy to tackle obesity in the population as a whole.

### **National Burden**

Obesity is rising in all age groups and accounts for 7% of the disease burden in developed countries, and up to 50% of heart disease. It costs the national economy an estimated £33.7 billion a year.

### **National Data compared to the Local Situation**

Our local BMI calculations revealed that 14% of males and 20% of females in Hull were obese (with a BMI of >30) which is below the national rates of 22% for males and 23% for females. Even allowing for the fact that our survey data is self-reported (and research shows that overweight people do tend to underreport their weight) Hull appears to be no worse than the national average.

### **Local Patterns**

Both locally and nationally, there has been roughly a 60% rise in the obesity level in the last decade. In Hull, the highest levels of obesity are among women, in more materially deprived areas and in the 45-64 year old age groups rising through the age ranges of the 20s and 30s.

## Alcohol

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### **National Target**

There are no targets for alcohol use but there is a government commitment to monitor progress against indicators of harm as part of the alcohol harm reduction strategy.

### **National Burden**

The World Health Organisation (WHO) believes that 9.2% of the overall disease burden in developed countries is due to alcohol misuse; it causes many serious health conditions, up to 70% of admissions to accident and emergency departments and also has social consequences, including crime and lost working days which cumulatively cost around £20 billion a year.

### **National Data compared to the Local Situation**

Both nationally and locally, more men than women and those in younger age groups drink excessively (>21 units per week for males and >14 units for females). In Hull, excessive drinking was highest in 16-24 year olds of both sexes (19% for males and 14% for females).

### **Local Patterns**

Most people who reported drinking in Hull drank safe levels of alcohol during the week and over 50% of females did not report drinking at all, although excessive drinking rates were high for females in the 16-24 and 45-54 year age bands. Males drank more excessively than females and levels of excessive drinking were similar regardless of deprivation.

## Smoking

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### **National Target (2004)**

To reduce smoking among adults from 26% in 2002 to 21% or less by 2010.

### **National Burden**

Half of all regular smokers will be killed by their habit and smoking is one of the key reasons for social class inequalities in death rates. Altogether, smoking costs the National Health Service (NHS) between £1.4 and £1.7 billion every year in England.

### **National Data compared to the Local Situation**

For men, the national average smoking prevalence is 28% and for women it is 26% (2000-2002). In Hull, smoking levels for men are 28% whereas for women, smoking levels are 25% in West Hull and 31% in Eastern Hull.

### **Local Patterns**

Both nationally and locally there are higher rates of smoking for younger age groups and for more deprived areas with 43% of West Hull females aged 16-24 having smoked in the last 7 days.

## **Inequalities**

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### **National Target**

By 2010: To reduce health inequalities by 10% as measured by infant mortality; to reduce the inequalities in mortality from the major killers between the fifth of areas with the worst health and the population as a whole; to tackle the underlying determinants of ill health and health inequalities by reducing adult smoking rates and tackling obesity

### **National Burden**

Despite overall improvements in mortality and morbidity, there are large, and sometimes increasing, differences in health between those at the top and bottom ends of the social scale. Some parts of the country have the same mortality now as the national average in the 1950s.

### **National Data compared to the Local Situation**

The gradient of health inequalities across deprivation quintiles in Hull reflect national trends and since both Hull PCTs are in relatively deprived areas which are known to be associated with higher mortality and morbidity rates, we would expect these rates to be higher in Hull compared to national average figures.

### **Local Patterns**

A deprivation analysis conducted from our survey data revealed clear patterns of inequalities in health where the people in the most deprived areas of Hull were more likely to smoke, drink heavily, be obese and have no academic qualifications than those in the least deprived areas.

*Further reports and information are available from the Public Health Intelligence team at Hull City Council and at [www.hullisna.com](http://www.hullisna.com). Contact us at [publichealthintelligence@hullcc.gov.uk](mailto:publichealthintelligence@hullcc.gov.uk)*

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