

Hull Adult Health and Wellbeing Survey Summary: General Physical Health in Hull

December 2019

Background

Earlier this year, more than 4,000 Hull residents aged over 16 belonging to groups representative of the local population were surveyed about health and lifestyle behaviours. Between March and June, interviewers knocked on doors and asked residents if they would be willing to take part in the comprehensive survey. Participants were left to complete forms in their own time, with interviewers returning to collect them on an agreed date. The response rate was 76 per cent.

Physical Health and why it matters

- Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.¹
- Good physical health prolongs life and helps towards having a healthier and less limited longer life.
- Physical health can also influence mental health. This can further influence behavioural and lifestyle factors as well as affecting other important areas of life such as employment, because of physical disabilities, stress, confidence, motivation, etc.
- One of the three “Hull – Healthier Together and Wellbeing Strategy 2014-2020” target outcomes is that people should have healthier, longer, happier lives.

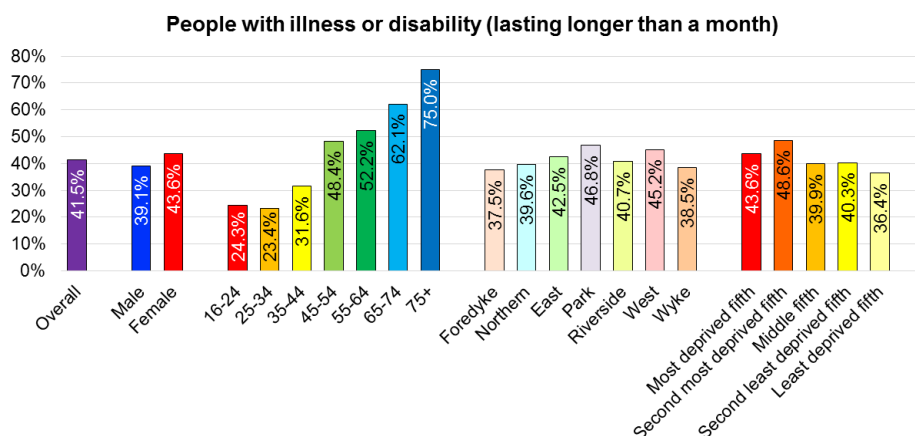
Key Health and Wellbeing Survey findings

- Over two thirds of people said that their health was good, very good, or excellent, whilst 20.7% said their health was fair and 9.6% said that their health was poor.
- Males have slightly better health. 71.3% of males said that they had good, very good or excellent health, whilst the figure for females was 86.5%. 28.7% of males said that they had poor health, whilst the figure for females was 31.5%.
- Whilst young people are expected to be the healthiest, there is still a significant minority who have poor health. 77.6% of 16-24 year olds said that they had good, very good or excellent health, although 17.5% said that they had fair health and 4.8% said that their health was poor.

¹ World Health Organisation, *Health and development*. www.who.int/hdp/en/. 2015, World Health Organisation: Geneva.

- People aged 75+ had the poorest health, and 17.4% described their health as poor. Although 3.9% of them described their health as excellent, 12.5% as very good and 29.5% as good.
- Increased deprivation increases the likelihood of poorer health. 60.9% of people from the most deprived fifth had good, very good, or excellent health, compared with 77.2% of people from the least deprived fifth. 13.8% of people from the most deprived fifth described their health as poor, whilst for the least deprived fifth this figure was 6.4%.
- Four out of 10 people (41.1%) said that they had an illness or disability lasting longer than a month.
- Females are more likely to have a long term illness or disability (females 43.6% and males 39.1%).
- The older you are the more likely you are to have a long term illness or disability. 24.3% of 16-24 year olds said that they had a long term illness or disability whilst the figure for those aged 75+ was 75.0%.
- Levels of deprivation are reflected in the likelihood of a long term illness or disability. 48.6% of those in the second most deprived fifth had a long term illness or disability, whilst for those in the least deprived fifth the figure was 36.4%.

- Limiting illness. 41.5% of people said that they had an illness or disability that had lasted longer than a month and it limited their activities in some way.



- More females than males have a limiting illness or disability. 43.6% of females reported a limiting illness, whilst the same figure for males was 39.1%.
- Age and limiting illness and disabilities. The age group with the lowest levels of a limiting illness or disability was 25-34 years of age (23.4%) whilst the highest was 75+ (75.0%).
- Deprivation is a reflection of limiting long term illness and disability. The lowest levels are in the least deprived fifth where 36.4% of people have a limiting illness or disability, whilst the highest levels are in the second most deprived fifth where 48.6% of people have a limiting illness or disability.

What this means for Hull

- In Hull there are inequalities in relation to health with people living in the more deprived areas having worse health and worse health earlier than those living in less deprived areas. It is necessary to target those living in the most deprived areas and other vulnerable groups, and work with them to help them improve their health and their lifestyle which may be affecting their health.
- People living in more deprived areas and those in vulnerable groups tend to have lower expectations in relation to their health, and may tend to be among the last to change behaviour to improve their health so encouraging people to come forward with their symptoms and seek medical help may be required, and informing people that they do not need to expect poor health and that changing their behaviours and lifestyle, such as quitting smoking, can have immediate effects on their health.
- The figures are also impacted by the fact that many people with poor health or disabilities have impaired employment opportunities and are so more likely to live in relative poverty.