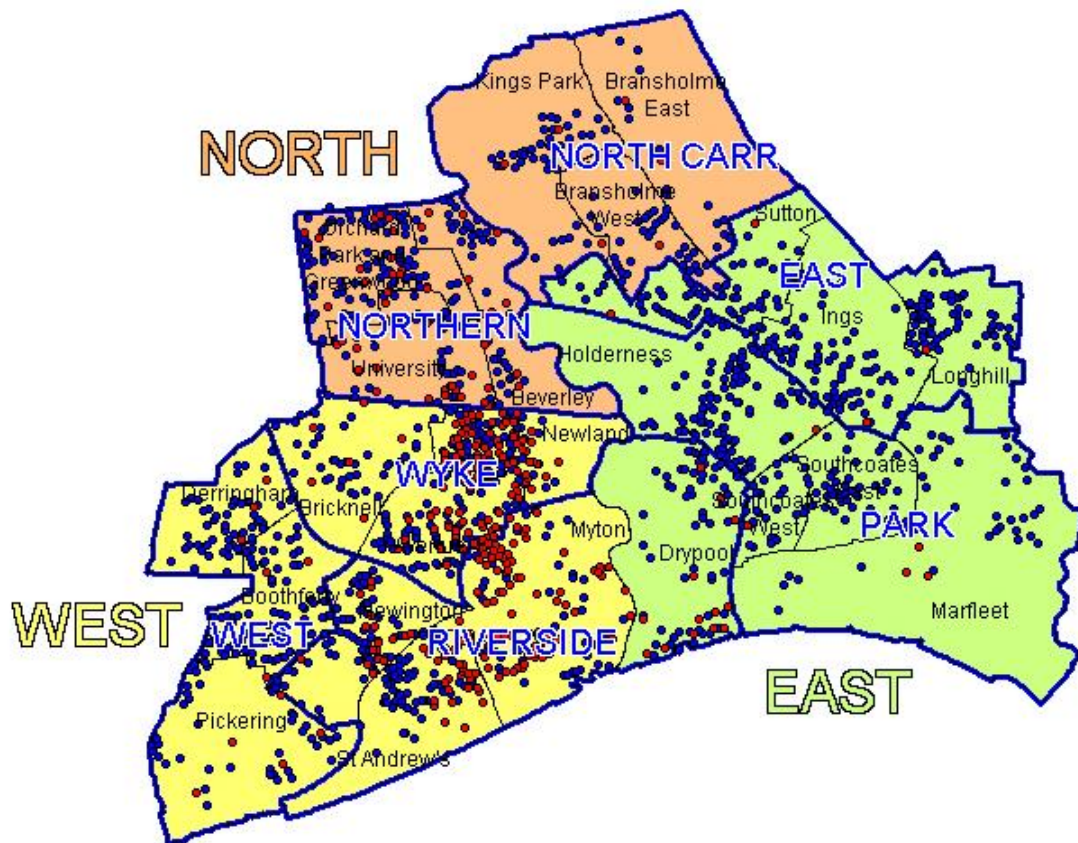


Hull's 2007 Health and Wellbeing Survey Reflector Group Report



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July 2008

Hull's 2007 Health and Lifestyle Survey Reflector Group Report prepared by Annie Oldroyd (Senior Consultant, SMSR Limited) on behalf of Hull Teaching Primary Care Trust.

The funding for the Health and Wellbeing Survey was provided by One Hull.

The Public Health Intelligence team within Hull City Council (previously Hull Teaching Primary Care Trust / NHS Hull at the time of this research) undertook all aspects of the survey with the exception of the fieldwork, data entry and work associated with the reflector groups which were completed by SMSR.

For further information on the Public Health Intelligence team and the survey see: www.hulljsna.com

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1 Introduction

In January 2008, the Public Health Intelligence team at Hull City Council (who were at Hull Teaching Primary Care Trust / NHS Hull at the time of this project) commissioned SMSR Ltd, an independent research company, to undertake a series of reflector groups to enable a qualitative review of some key statistical results of a Hull-wide Health and Wellbeing Survey carried out with 5,249 residents in 2007. The 'main' survey involved 4,086 residents of Hull who were representative of Hull's population in terms of their age, gender, geographical and employment structure. The Black and Minority Ethnic (BME) survey involved 1,163 BME residents of Hull. More information on the surveys can be found on www.hulljsna.com

The survey findings for some subject areas demonstrated that there were reasons for public health concern in respect of a number of health and lifestyle topic areas. The aim of the qualitative study was to consider the areas of concern in relation to:

- Smoking.
- Alcohol consumption.
- Diet.
- Overweight and obesity.
- Exercise.

Its objectives were to gain additional insight into the varying attitudes, opinions and feelings of a number of target groups and improve understanding of the statistical differences identified between men and women, old and young, those living in different areas of the city, and between different ethnic groups.

2 Methodology / Sample

2.1 *Agendas*

The consultation was undertaken using a semi-structured agenda devised by SMSR in conjunction with the Public Health Intelligence team and supported by a series of statistical charts, presented to the groups by either PowerPoint projection or handouts, copies of which can be found in the **Appendix**.

The agendas varied slightly from group to group with emphasis on particular topic areas directed by the Public Health Intelligence team, with each group led by an SMSR facilitator supported by a scribe. Observers from the Public Health Intelligence team attended five of the six groups.

2.2 *Groups*

The groups were recruited by telephone and on a face-to-face basis with a target of 12 attendees for each group. The groups recruited were:

- All female – mixed age and living in the most deprived areas of Hull (18–64 years).
- All male – mixed age and living in the most deprived areas of Hull (18–64 years).
- Male and female – mixed age and living in the least deprived areas of Hull (18–64 years).
- Male and female – 18–24 years.
- Male and female – 60+ years.
- Male and female ethnic minority/immigrant¹ (18–64 years).

¹ As the survey found Africans and Asians tended to have the worst health as a relatively high proportion were asylum seekers, failed asylum seekers or refugees, the Black and Minority Ethnic (BME) reflector group focused on these BME groups.

3 Findings

3.1 General

The following report of findings considers the agenda items set for the all male group and makes comparisons with findings from the other groups. The groups took place during 2008 as follows:

- The all female group was held at the Freedom Centre, Preston Road on the 29th January.
- The all male group was held at the Freedom Centre on the 31st January.
- The mixed sex - least deprived - group was held at the Station Hotel on the 5th February.
- The young people's group was held at the Station Hotel on the 12th February.
- The elderly person's group was held at Age Concern on the 21st February.
- The ethnic minority group was held at 167 Centre on the 13th February.

3.2 Smoking

All groups who discussed smoking considered the statistics for Hull in comparison with smoking rates nationally. They were asked to consider why smoking rates were higher, whether there was enough support for 'would-be quitters' and whether they valued their own health as highly as people in other areas.

Smoking rates were high in all groups and there were a number of reasons given for the higher frequency of smoking among men and women in Hull. Anxiety and worry were important factors and these were related across the groups to specific things: money problems; problems with health and unemployment; pressure of everyday life; deprivation; peer pressure; accessibility of illegal tobacco; boredom; addiction; family illness; unhappiness. Other reasons given included:

- *'It's a habit.'*
- *'It gives you something to do with your hands.'*

The all male group said that smoking rates in Hull were higher because Hull was poorer than elsewhere.

Feelings about the availability and accessibility of guidance and help were mixed. Some people, mostly female, said there was plenty of support if you wanted it but in the all male group 5/8 felt there was not sufficient guidance in the area about stopping smoking and gave information about their personal experience: one had tried unsuccessfully to join a local class; one said his wife had sought help from a GP but she did not want to go to a class and that was the only guidance given.

There was a suggestion from one group (male) for the introduction of no smoking centres and a belief shared by several people that the Primary Care Trust could provide high impact illustrations and programmes about what goes on inside the lungs of a smoker.

Success with giving up smoking was mixed: in the all male group one young man had successfully quit and although three of the others had made attempts to stop, all had started again when they were faced with problems. In the all women group, 4/14 had quit smoking; two had given up whilst they were pregnant, another after a serious chest infection (after attempting to quit numerous times previously) and another because of the cost of cigarettes. In the young persons' group, another woman had quit when she realised she was pregnant. All the women in the groups said they would quit smoking if pregnant.

In most groups several people considered that Hull was 'devalued' by others, and this made residents feel less good about themselves. A few had some sympathy with the idea that Hull residents valued their health less highly than people in other places but most people disagreed.

Health impacts of smoking were not regarded very seriously by many of the participants and there was a range of comments made about why people continued to smoke.

- *'It doesn't really affect you when you are young but it might catch up with you later.'*
- *'I know people who have smoked from 14-85 years of age and are healthy.'*
- *'Seeing people smoke all their lives, and remain healthy is another reason, why people are less inclined to stop.'*
- *'You could be in trouble at 40 or you could last till you're 85 you do not know which it is going to be.'*
- *'Obesity and a bad chest would not stop people smoking.'*
- *'Some women who smoke when they are pregnant are fine. Pregnancy is a time of worry about bills and other things so it is a difficult time to stop.'*
- *'I didn't know it could hurt the baby. If it can then they should stop.'*

When the young people were asked if they would stop smoking for health reasons (other than pregnancy), they mentioned respiratory disease, but the majority said that they would have to be really struggling for each breath before they would quit. Women in particular were concerned that they might gain weight if they quit smoking.

3.3 Diet

Asked to describe the components of an unhealthy diet there was a consensus across all the groups. The elements listed included: fried stuff; ready meals;

takeaways; pizza; burgers; chips; fatty things; highly salted foods; crisps; cakes and biscuits.

Factors that contributed to the eating of a poor diet were also broadly agreed across the groups. There was a strong feeling from members of all groups that healthy food was more expensive and that people on low incomes had to buy cheap food to feed their families. One man commented that his diet had improved after his children left home as there was more money left to spend on good food.

One individual said that he would never buy fresh fruit and vegetables in case it had been sprayed with something 'bad' in another country.

For the young people, the message about '5 a day' was falling on deaf ears; taste and preference were important issues and many had no familiarity with regular consumption of healthy food. Only 1/10 regularly ate '5 a day' and ate healthily, although 2/3 with young children had made more effort to eat healthily. Several expressed a strong preference for 'junk food'.

The young people felt that their diet was in a large part determined by their parents, as parents did the shopping and decided what to buy. There was broad agreement in all groups that this was the case and an agreement that parental influence was a major factor in what children consumed as they grew up. Despite this there was a suggestion from the 18 – 24 group that even very young children should be able to make their own decisions about what they ate.

Men in the all male group agreed that information and guidance should say something concrete about the goodness of a food as the '5 a day' message was not making much difference to them.

- *'Goodness points would be useful.'*

The BME group were highly aware of the availability of convenience food but most preferred to source a healthy diet locally and cook for themselves. The main problems were related to availability, affordability and quality of fruit and vegetables and there was a desire within the group to have access to a local produce market where good food could be purchased on a daily basis.

People in other groups including the all male, all female, mixed age and sex, and the over 60s also described the difficulty of accessing good fresh food locally and many regretted the disappearance of local fruit and vegetable shops and the 'power' of the supermarkets. The all women group noted that there were at least seven takeaway shops in the immediate neighbourhood.

Convenience and speed were important factors in determining what people purchased and ate on a day-to-day basis and although many people in all groups cooked either occasionally or regularly (mostly older or immigrant) using fresh ingredients this was seen as both time consuming and difficult by a large proportion of participants.

The convenience factor of takeaways was discussed in all the groups and although young people agreed that getting a takeaway still took some considerable time (as it had to be collected or delivered) the time they saved on washing seemed to be particularly important to them.

The young people were less likely to cook than other age groups and though two young women in the group cooked on a regular basis others had no interest in preparation of healthy meals. This did not appear to be because of a lack of knowledge of either the components of a healthy diet or in relation to food preparation. Some women however, living in the most deprived areas of Hull, attributed lack of knowledge about healthy diets and food preparation to others, particularly the young.

Advertising and availability were also regarded as strongly influential in choice of diet and there was some discussion in the all male group about misleading labelling and a suggestion that additional clarity was required to make decisions on purchasing easier.

- *'Maybe it's possible to mark drinks with how many spoons of sugar they contain.'*
- *'Unhealthy foods should be put on different shelves.'*

The young people agreed with the general opinion about labelling of food, in particular in relation to different diseases and conditions caused by poor diet. They subsequently admitted however that they very rarely looked at food labelling.

Across gender groups, the majority of individuals (excluding the 18 –24s) were trying to improve their diets.

In all groups (excluding 18 – 24s) participants had a good understanding of the consequences of eating a poor diet. They listed the consequences as: weight-gain; iron deficiency; diabetes; clogging of the arteries; tiredness and stomach and bowel disease. The younger group felt that the most important consequence of an unhealthy diet was obesity. One of the young mothers in the group said that unhealthy eating and subsequent weight gain would prevent you from running about with your children. She laboured the point, as no-one else in the group appeared to have any opinion on the consequences of eating a poor diet.

Given information about a lack of nutrients in a daily diet and the possibility of osteoporosis, clogged arteries and bowel cancer a couple of the young women said that they were not aware of these risks and that they should be made clear to consumers. Risks should be displayed on packaging so that you knew by eating certain things you could avoid some of the health risks.

In the all male group one man suggested the resurrection of a *'dig for Britain'* campaign that would encourage people to grow their own food. Another suggested that the Primary Care Trust should use its influence to persuade the government to make fresh fruit and vegetables cheaper and more accessible

to poorer people with the possibility, suggested by another, that people on low incomes and benefits should be given fruit and vegetable vouchers that could only be used for healthy food.

Other improvements in support that were called for included additional guidance on the basics of cooking – a skill that was considered to be lost in recent years; this was considered widely to be important for young people. In two of the groups people suggested that where this was being re-introduced in schools, children were being taught to cook ridiculous things: cheese straws and gingerbread men. In the 60+ group and in the mixed group participants suggested that people should be taught how many things you could cook with a pound of minced beef and what to do with a chicken.

Younger people said that they had not really been given advice on healthy eating but thought that they might not be interested anyway. TV messages and other media coverage were not successful in encouraging young people to change their habits; many of the messages were 'too boring'.

There was a suggestion that the Primary Care Trust and other groups should run campaigns, which illustrated the impact of eating a bad diet. Illustrations of really fat, scantily dressed people eating burgers captioned

- *'Eat plenty of these and you can look like me.'*

Leaflets were required so that people on low incomes could learn easily how to feed their family cheaply and healthily;

- *'Feed your family well for £50 a week.'*

There should be a movement for takeaways with *'proper healthy food'* so that people had healthy, convenient choices and a mobile teaching kitchen that could go round the estates teaching everyone how to cook on a budget.

Without exception individuals in all groups had a good overall understanding of the constituents of healthy and unhealthy diets and many agreed that personal choice and preference could not be altered by advice alone. Education about diet had to start early and campaigns should be directed at parents and children not at the older age groups.

3.4 Exercise

Asked about their exercise habits, responses were mixed. Only 2/8 of the all-male group took regular exercise but all walked on a regular basis – though most admitted that this was not energetic walking. The reasons for not taking the recommended levels of exercise included: exercise is too tiring; not bothered; not enough encouragement; exercise is boring; need to exercise with others.

Many people across the groups thought that the targets described were unrealistic and that equipment and gym memberships excluded many people from the opportunity to exercise. There were insufficient local facilities and community gyms (The Freedom Centre was mentioned by individuals in the male and female groups) were often very busy and this meant that equipment was hard to access and people became discouraged if they had to queue. Woodford Gym had been closed since the floods and this had been a big loss to the community there.

In contrast, most participants in the all women group felt that they undertook sufficient exercise to conform to national guideline levels: two mentioned going to the gym, another did quite a lot of walking and two felt they got exercise though moving heavy furniture and cleaning in their workplaces. The majority felt that they were getting plenty of exercise as part of their everyday lifestyle however much of this exercise was at a moderate, not a vigorous level.

The 60+ group said that walking and cycling within the confines of the city was often unpleasant and using Hull's open spaces, parks and fields was often not safe, particularly if you were alone. Many of the older age group felt threatened by young people, particularly drug users who frequented places that had once been family leisure areas.

One man said that he was uncomfortable and intimidated if he had to exercise with younger, fitter people and that facilities should cater for age/sex groups separately. This preference was echoed by a female participant of the BME group who said that Muslim women were unable to use mixed sex facilities and that many would appreciate an opportunity to swim and exercise in a situation that excluded men.

A number of people across the groups said that the possibility of more access to gym facilities on prescription should be considered by the health service.

3.5 Weight

Groups were asked to consider the term obesity and to make a judgement about the dress and waist sizes required by people who had become obese.

In the all male group there was broad agreement that a man of average height in sizes over 38" would probably be obese but some argued that a waist size alone was not the determinant. There was a suggestion made that obesity caused discomfort and that if you were overweight but comfortable, irrespective of your waist size, you could not be considered as obese. A young man, who trained seriously, said that if he was weighed he would be classed as overweight but this was because of muscle mass not fat.

Women living in the most deprived areas initially said that a woman of average height in a size 16 dress would be considered obese. Discussion led to reconsideration and in a subsequent vote a few revised their opinion to size 18.

The majority said that an obese woman would be in sizes 20 – 22 or above. People in the young group felt that size 18-20 (one mentioned size 16) or waist size 40-42' would be overweight or obese.

Most people did not regard obesity as a big problem. They thought that the percentages quoted for obesity were wrong as

- *'You don't see loads of fat people wandering around.'*

This point was reiterated by those in the all women group who felt that body mass index was 'just a number on a chart and did not really reflect obesity'.

Three of the 10 young people were slightly concerned that the levels of obesity were so high. Two of these had children, and had made attempts to make their children eat healthy diets, but most were not the slightest bit concerned even when challenged that they could be the generation to change things. One said that when she had a child

- *'My child won't be fat but I won't be in Hull. I'll be in Kirk Ella².'*

3.6 Alcohol

All groups who discussed alcohol considered their perceptions of health risks, the social acceptability of drinking in comparison with smoking, the local problems associated with drinking and their definitions of binge drinking.

Almost all individuals attending the all male group (7/8) perceived smoking as less of a health risk than alcohol consumption and only members of the young person's group disagreed with this perception. Within the 18 - 24 (almost all female) group there was some evidence that the anti-smoking legislation³ had persuaded some young people that the government regarded smoking as more hazardous than drinking – which, they said, was still legal.

Addiction, paranoia, cirrhosis and cancer of the liver were attributed to drinking by the all male group. There was an awareness of other associated problems including the possibility of vagrancy, early death, deterioration of brain function and memory, slurring of speech and impairment of mobility. The largest problem attributed to drinking in the all male group was that of alcohol-induced violence, which all agreed was a problem, but with special emphasis from the younger members of the group.

These perceptions were similar for all the groups who discussed the impact of alcohol and the immediate effects of excessive alcohol consumption were of more concern than long-term health effects. In the all women group, they said there were problems in terms of getting 'wasted', not remembering what had happened, and being vulnerable. The young group iterated this point further

² A suburb of Hull in the East Riding of Yorkshire.

³ It became illegal to smoke in public places on 1st July 2007, and the legal age for purchasing tobacco was raised from 16 to 18 on 1st October 2007.

by mentioning spiked drinks, drunk driving and getting arrested. The men were more concerned over the immediate effects of alcohol in terms of violence. However, despite mentioning the short-term and long-term health risks, the younger participants appeared to be unconcerned and very dismissive of the damage that they might incur through regular, heavy drinking.

There was total disbelief that the survey had shown that a quarter of women in their age group never drank alcohol, and half drank within acceptable limits and did not binge drink; they had a strong, contrary belief that

- *'Everyone did it.'*
- *'It's something that you do when you are young.'*
- *'It's been going on for ever.'*

One young women in the all women group said it was an expected conversation after the weekend:

- *'What did you do at the weekend?' 'I got wasted.'*

Often, the perception of social acceptability depended upon the point of view of the observer and as many people took part in smoking and drinking at the same time it was considered to be difficult to differentiate properly between the two things. Despite this most people across the groups thought that excessive drinking was more socially unacceptable than smoking. Reasons given for its unacceptability included: risk of early death; its association with violence and anti-social behaviour and its impact on other people.

Initially when asked about the social acceptability of drinking and smoking virtually all of those in the all male and all female groups, and most of the young people said that alcohol was more socially acceptable than smoking. Their opinions about the acceptability of smoking seemed to be related to the smoking ban.

When this immediate response was probed further, it was apparent that for most people (with the exception of the young person's group), alcohol was more socially unacceptable than smoking for reasons already discussed. Younger members of the male group felt that alcohol could not be as unacceptable as smoking; *'otherwise the government would have banned it too, and certainly have stopped alcohol advertising.'*

The participants in the BME group were particularly concerned about the impact of heavy drinking on their community and expressed strong feelings about the behaviour of young men in restaurants, about verbal abuse in the street and about the influence drinking had on the peer groups of young men and women. There was a distinction drawn by the BME group between social drinking and binge drinking although this related to the type of alcohol consumed rather than the amount.

Participants in all groups agreed that alcohol was a big problem locally (and in Hull) and that it was the cause of most of the violence in the area.

- Young male comment: *'On New Year's Eve they all got drunk and fought outside my house; bonfire night - any celebration night turns into violence round here.'*
- Older male comment: *'The recent stabbing was drink related.'*

Many of the participants in the young person's group were however unmoved by the social consequences of heavy drinking. One young woman commented that *'people should not go into pubs if they didn't like drunks.'* Pubs were for *'getting drunk in'* and if you wanted to socialise *'you should go to the pictures or the bowling alley.'*

Binge drinking was considered to be common with 6/8 of the all male group and a proportion of all groups admitting to binge drinking. Many people (excluding the BME and the 60+ group) said that they binged regularly at weekends but their definitions of binge drinking varied widely.

- All male group: *'Binge drinking is an all day session.'* *'Drinking all day and night and not going home.'*
- All female group: *'Binge drinking is when you open a second bottle.'* *'Drinking too much over the week'* *'Drinking from 6pm to 1am'* *'Mixing your drinks.'*
- Young people: *'Drinking from 6.00 pm to 3.00 am.'* *'Twelve doubles.'*

Some individuals blamed the happy hour culture in pubs for some of the local problems and one suggested that if you were short of money,

- *'You sling it down your neck as fast as you can.'*

Another female participant said that it was *'cheaper to buy doubles.'*

Across the groups there was a suggestion that binge drinking was something that had to be considered against someone's height and weight as alcohol affected people differently.

Discussions related to consumption of alcohol by unit revealed low levels of understanding within all male, all female and mixed age and gender groups but in most groups individuals were encouraged to examine their personal consumption against the guidelines described.

Again, attitudes in the young person's group were less reflective and showed little understanding of safe levels of consumption either on a daily or weekly basis. Several of the young women were dismissive of the guidelines and one said that she drank *'a litre of vodka before going out on a Friday night.'* There was almost unanimous agreement among the young people that drunkenness was a desirable condition and essential for a *'good night.'*

4 Conclusions

4.1 *Smoking*

Smoking rates were high in all groups with a variety of explanations given for the higher frequency of smoking among men and women in Hull and mixed levels of success for those who had tried to quit. Psychological and economic pressures were cited most frequently as reasons for continued smoking and these were often related to unemployment and social deprivation. Good levels of health service support were recognised by most people but some men said that there was insufficient guidance in the area and there was a shared belief that high impact advertising was an effective way of driving messages home. Though smoking while pregnant was considered to be unacceptable by most people the majority did not regard the health impacts of smoking particularly seriously.

4.2 *Diet*

There was broad understanding of the components of healthy and unhealthy diets and agreement that the cost of a healthy diet barred some people from eating the right food. The poor access to fresh fruit and vegetables in some areas and the availability and the convenience of junk food were major factors, particularly for young people who were also most likely to ignore messages about consumption of good food. A lack of knowledge about shopping and cooking was identified as a serious issue for young families and there were suggestions from several people about how healthy eating education and advertising could be improved and made more effective. Only in the young people's group was there an obvious lack of knowledge and disinterest about the long-term effects of eating badly and the health implications of a persistently bad diet were well understood by most participants.

4.3 *Exercise*

On the whole, women were more likely to be taking regular exercise and conform to national exercise guidelines than men. Though many walked regularly, most were unenthusiastic about exercise and targets were considered to be unrealistic. Things that prevented people from exercising were related to finance, which prevented many from taking gym memberships; insufficient local facilities that caused queuing and discouragement; and reduced access to public spaces, where family and retirement leisure and activity had been curtailed by the abuse of parks and open spaces.

4.4 *Weight*

Opinions about weight were mixed and there was little consensus in either male or female groups about at what stage a clothing size was associated with obesity. Most people did not regard obesity as a big problem though some young people were making an effort to prevent obesity in their children.

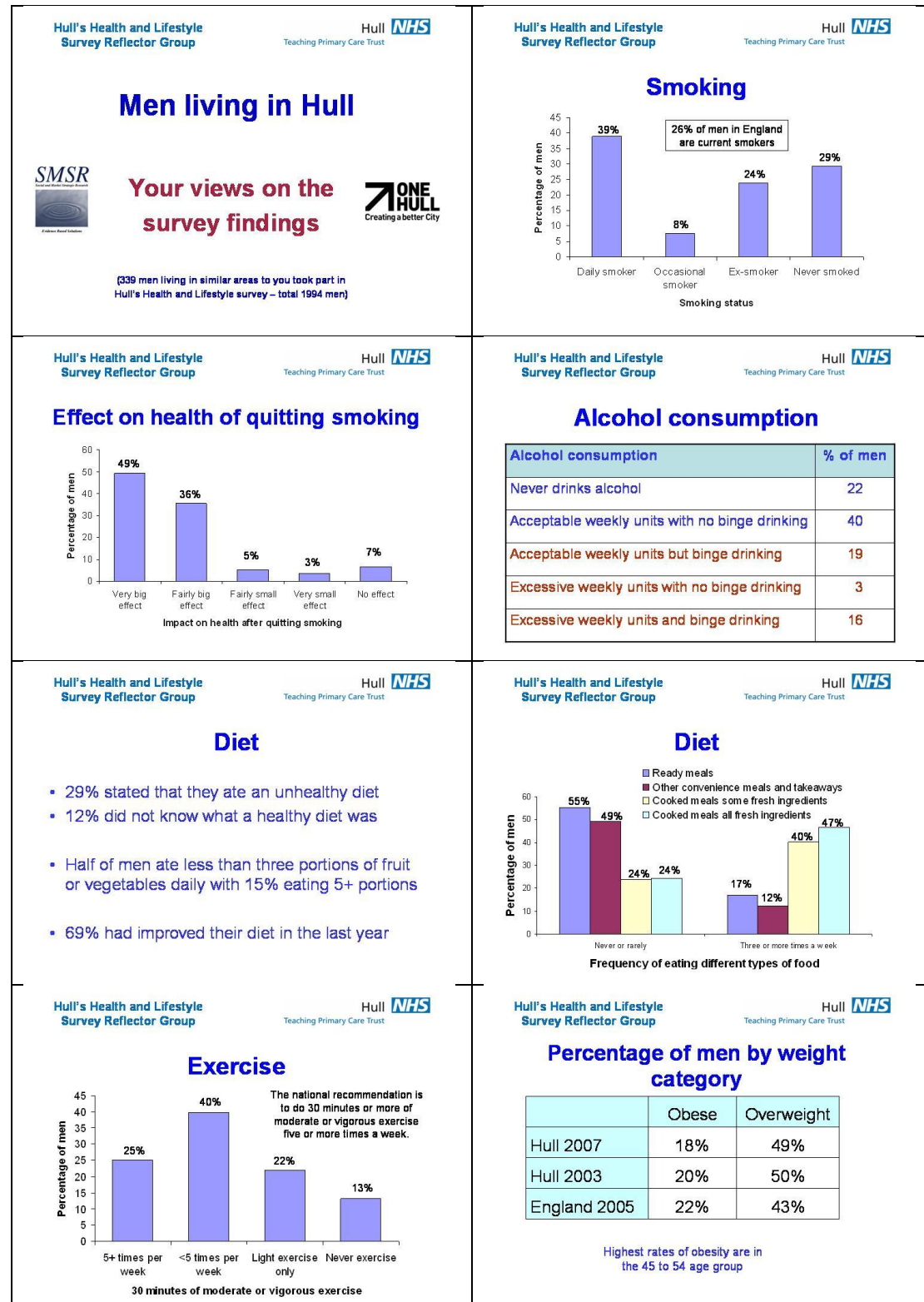
4.5 Alcohol

Perceptions about health risks associated with alcohol were mixed with young people disregarding the seriousness of their drinking habits. Though most over 25s thought that alcohol was more harmful than tobacco the anti-smoking ban had convinced younger people that smoking was more harmful and less socially acceptable. Health and social risks were well recognised across the other groups but the social impact of binge drinking was trivialised by the younger group. Binge drinking was accepted as a social norm by most people despite an understanding of its negative impacts, which included danger to the individual and the community. The BME group expressed the highest levels of fear about alcohol-induced bad behaviour.

5 Appendix

5.1 Men living in the most deprived areas

5.1.1 Presentation



5.1.2 Script

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in?

How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very, etc?

Issue 1: Smoking

45% of men who live in your area are smokers compared with 26% nationally. Why do you think this is?

What health problems do you associate with smoking?

Is there enough support / guidance to help smokers in Hull?

How many of you have stopped smoking? How / why did you give up?

Most people feel that stopping smoking will have a fairly or very big effect on their health. So why do smoking rates in Hull remain so high?

However, 15% said it had no or little effect – can anyone relate to this – explain why some may think along these lines?

Do you think that people in your area (and in Hull) value their health less than people in other areas?

Do things like obesity or ill health make any difference to whether you smoke or not?

Issue 2: Alcohol

How does alcohol compare with smoking – is there a bigger perceived health risk?

Is smoking seen as more socially unacceptable?

Is drinking a problem for men in your area? If so how / why?

How would you define binge drinking? How many drinks in a night would be binge drinking?

Issue 3: Diet

Almost 3 in 10 (29%) of men who live in your area said they eat an unhealthy diet.

How would you describe an unhealthy diet?

What are the main reasons for eating this sort of diet?

How can men be encouraged to improve their diets? Can the Primary Care Trust do anything?

85% of men in your area eat less than 5 portions of 'fruit and veg' a day – is this important or not?

What are the results of not eating enough fruit and vegetables?

How many of you are actively trying to improve your diet? How and why?

Is there enough help / guidance locally/in Hull for you to do this?

What sort of problems might result from eating too much convenience food and ready meals?

Issue 4: Exercise

The majority of men in your area said that they exercised less than 5 times a week. What are the main reasons for this?

What can be done to improve the situation? What are the barriers to regular exercise?

Is 30 minutes of exercise 5 times a week too much? Is it unrealistic? Why?

Do you think that sometimes you are actually taking exercise but you don't realise?

Do you feel that men in this area (or Hull in general) have different attitudes to exercise than people in other areas of the UK?

Issue 5: Weight

How would you define obesity? What waist size on a pair of jeans would you consider obese for a man of average height?

Men in Hull are around the national average for obesity but over the national level for being overweight. Does this surprise you? Why?

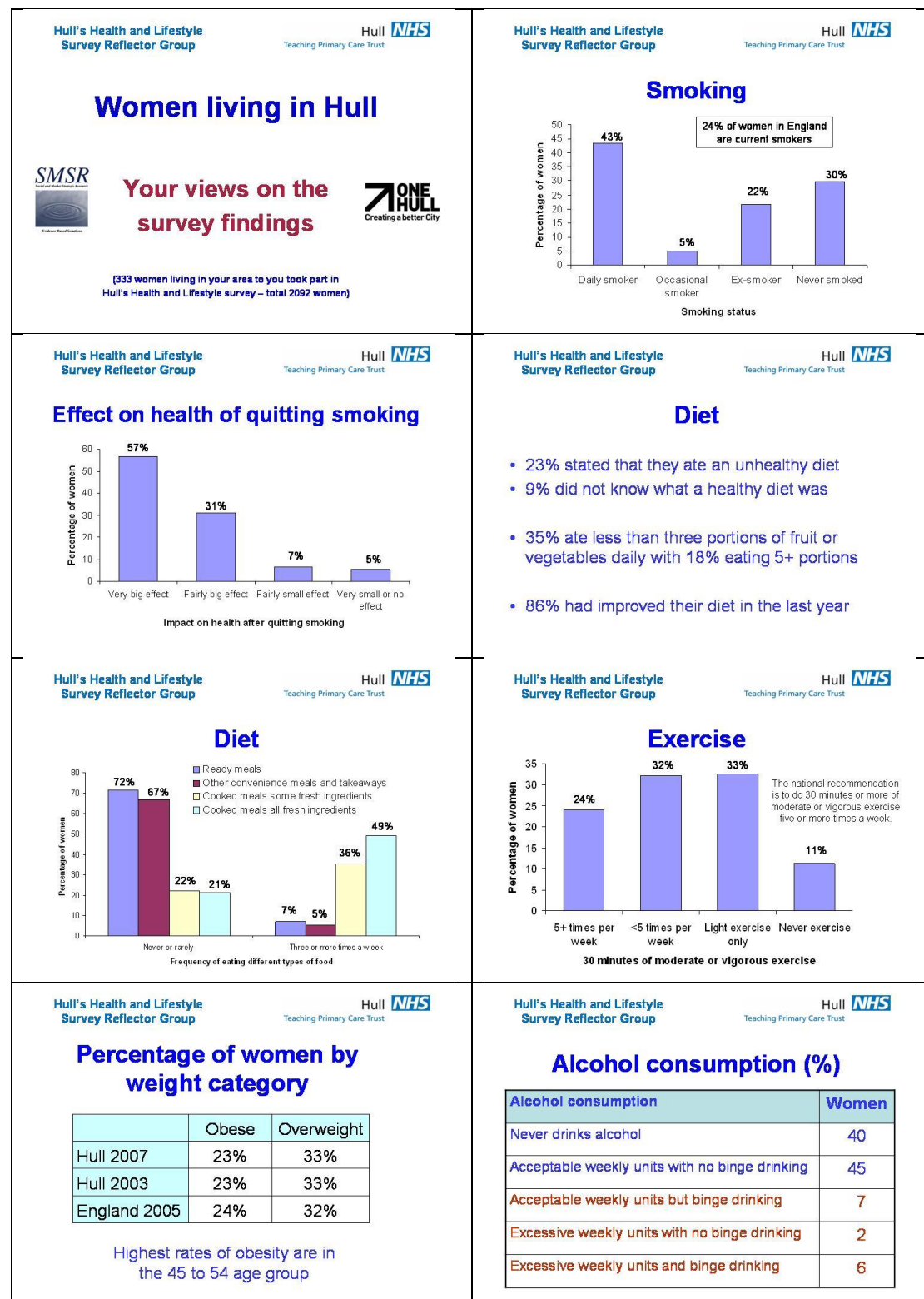
Should we be worried that almost a fifth of men are considered to be obese? Why do you feel the figure is so high? What can be done to reverse the trend?

Is there enough information / guidance available locally (and in Hull) about weight management? What sort of help and information is required?

Do you think that the attitudes to obesity of men in your area (and in Hull) are different from those in other places in the country?

5.2 Women living in the most deprived areas

5.2.1 Presentation



5.2.2 *Script*

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in?

How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very etc

Issue 1: Smoking

48% of women who live in your area are smokers compared with 24% nationally. Why do you think this is?

What health problems do you associate with smoking?

Is there enough support / guidance to help smokers in Hull?

How many of you have stopped smoking? How / why did you give up?

Most people feel that stopping smoking will have a fairly or very big effect on their health. So why do smoking rates in Hull remain so high?

Do you think that people in your area (and in Hull) value their health less than people in other areas?

Do things like pregnancy, obesity and ill health make any difference to whether you smoke or not?

Issue 2: Diet

Almost a quarter of women who live in your area said they eat an unhealthy diet.

How would you describe an unhealthy diet?

What are the main reasons for eating this sort of diet?

How can women be encouraged to improve their diets? Can the Primary Care Trust do anything?

80% of women in your area eat less than 5 portions of 'fruit and veg' a day – is this important or not?

What are the results of not eating enough fruit and vegetables?

How many of you are actively trying to improve your diet? How and why?

Is there enough help / guidance locally/in Hull for you to do this?

What sort of problems might result from eating too much convenience food and ready meals?

Issue 3: Exercise

The majority of women in your area said that they exercised less than 5 times a week. What are the main reasons for this? What can be done to improve the situation? What are the barriers to regular exercise?

Is 30 minutes of exercise 5 times a week too much. Is it unrealistic? Why?

Do you think that sometimes you are actually taking exercise but you don't realise?

Do you feel that women in this area (or Hull in general) have different attitudes to exercise than people in other areas of the UK?

Issue 4: Weight

How would you define obesity? What dress size would you consider obese for a women of average height?

Women in Hull are around the national average for obesity. Does this surprise you? Why?

Should we be worried that almost a quarter of women are considered to be obese?

Why do you feel the figure is so high? What can be done to reverse the trend?

Is there enough information / guidance available locally (and in Hull) about weight management? What sort of help and information is required?

Do you think that the attitudes to obesity of women in your area (and in Hull) are different from those in other places in the country?

Issue 5: Alcohol (only if time)

How does alcohol compare with smoking – is there a bigger perceived health risk?

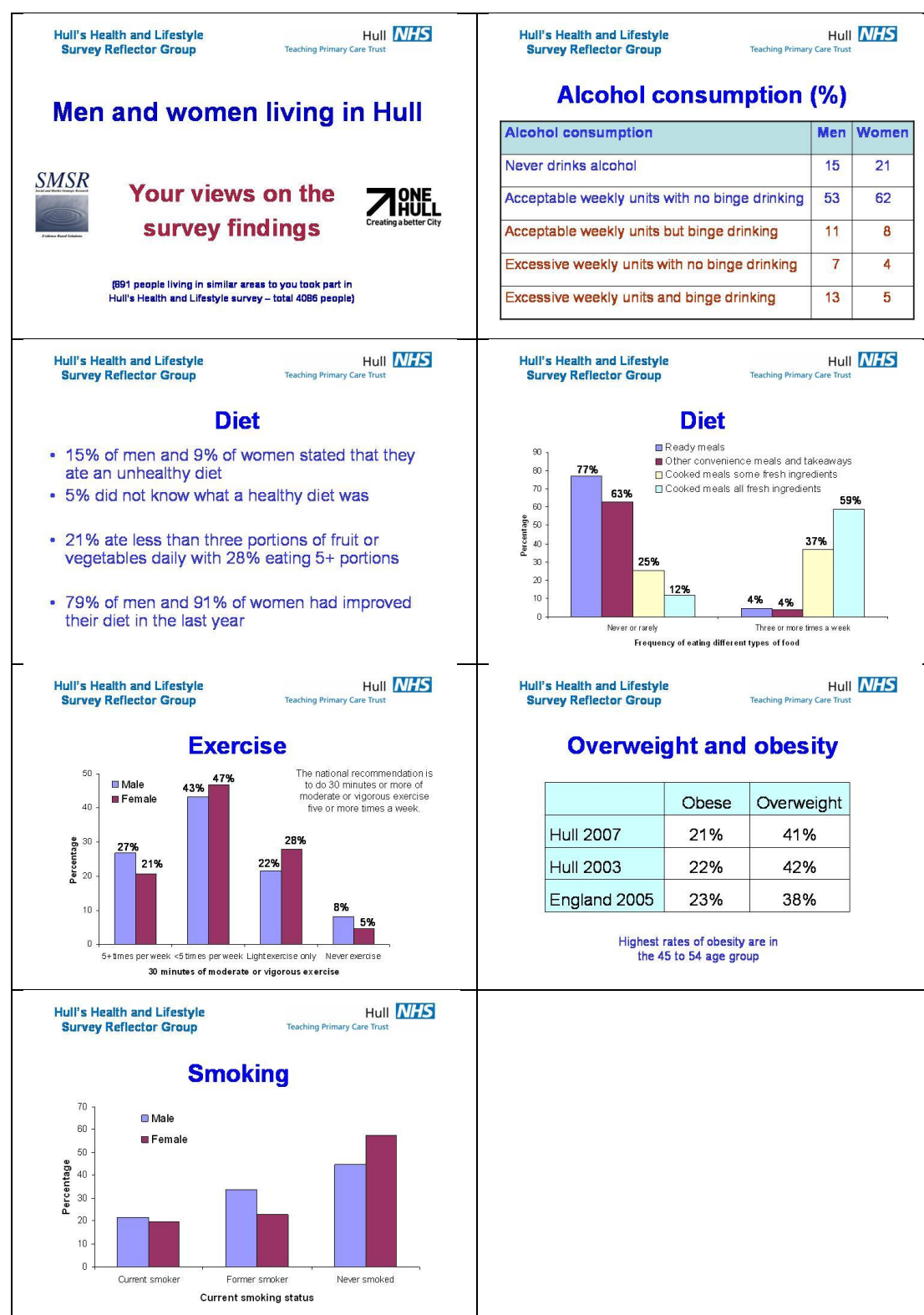
Is smoking seen as more socially unacceptable?

Is drinking a problem for women in your area? If so how / why?

How would you define binge drinking? How many drinks in a night would be binge drinking?

5.3 Men and women living in the least deprived areas

5.3.1 Presentation



5.3.2 *Script*

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in?

How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very etc

Issue 1: Alcohol

How does alcohol compare with smoking – is there a bigger perceived health risk?

Which is more socially unacceptable?

Is drinking a problem for people in your area? If so how / why?

Is it more of a problem in other areas of the city and why?

How would you define binge drinking?

How many drinks in a night would constitute a binge drinking session?

Issue 2: Diet

Only 15% of men and 9% of women said that they ate an unhealthy diet. This result is very low compared with other parts of Hull. Why do you think this is? Are you surprised by these figures?

How would you describe an unhealthy diet?

How can people be encouraged to improve their diets? Can the Primary Care Trust do anything?

21% of residents in your area said they ate fewer than 5 portions of 'fruit and veg' a day. Is this important or not?

What are the results of not eating enough fruit and vegetables?

What sort of problems might result from eating too much convenience food and ready meals?

How many of you are actively trying to improve your diet? How and why?
Is there enough help / guidance locally/in Hull to help you do this?

Issue 3: Exercise

The majority of residents in your area said that they exercised less than 5 times a week. What are the main reasons for this?

What can be done to improve the situation? What are the barriers to regular exercise?

Is 30 minutes of exercise 5 times a week too much? Is it unrealistic? Why?

Do you think that sometimes you are actually taking exercise but you don't realise?

Do you feel that people in this area (or Hull in general) have different attitudes to exercise than people in other areas of the UK?

Issue 4: Weight

People in Hull are around the national average for obesity but over the national level for being overweight. Does this surprise you? Why?

Should we be worried that a fifth of people nationally are considered to be obese?

Why do you feel the figure is so high? What can be done to reverse the trend?

Do you think that the attitudes to obesity of people in your area (and in Hull) different to those in other areas of Hull, if so why?

Is there enough information / guidance available locally (and in Hull) about weight management? What sort of help and information is required?

Issue 5: Smoking (only if time)

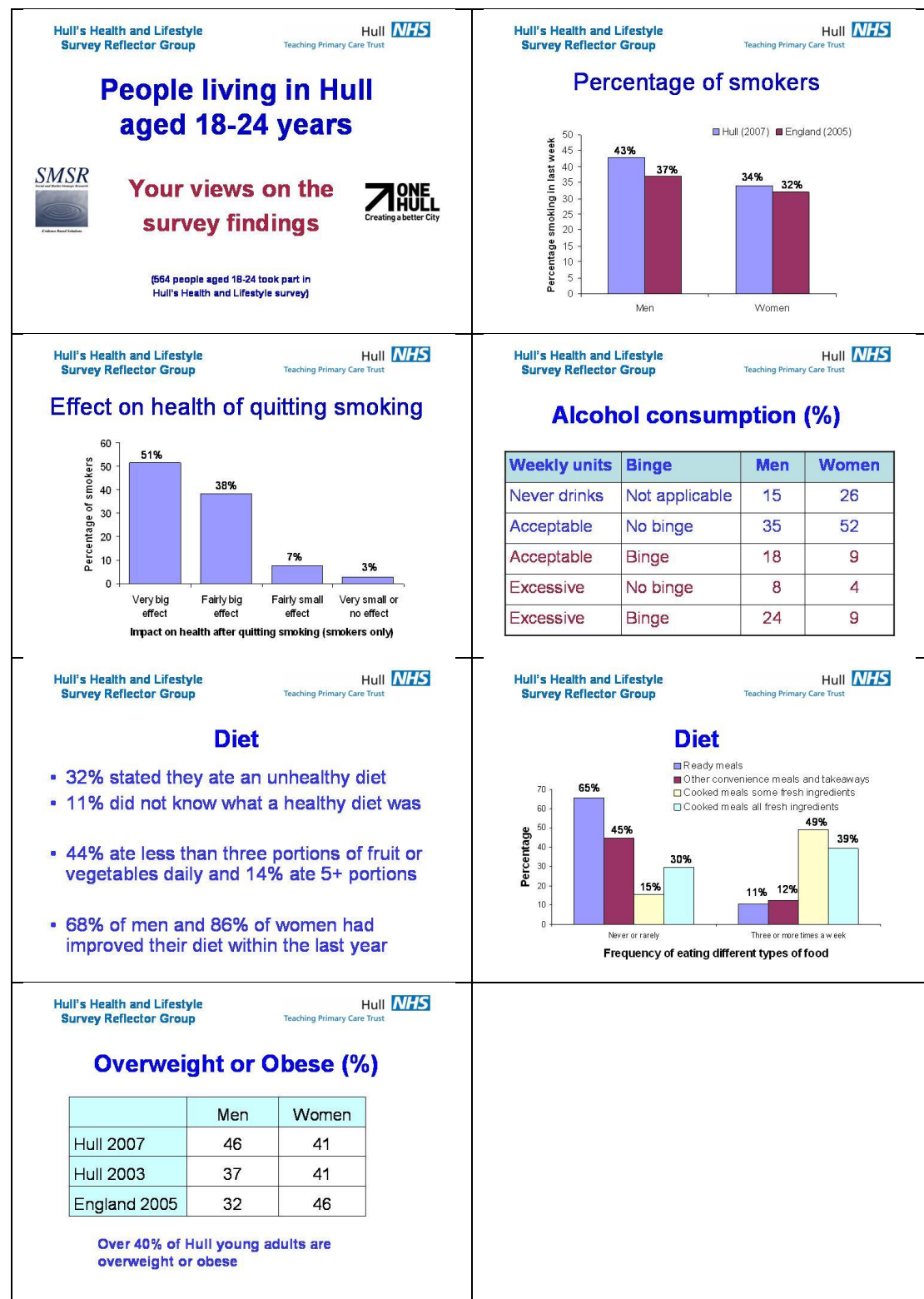
How many of you have stopped smoking? How / why did you give up?

Is there enough support / guidance to help smokers in Hull?

What additional things could the Primary Care Trust do to help people give up smoking?

5.4 Young people

5.4.1 Presentation



5.4.2 Script

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in? How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very etc

Issue 1: Smoking

A higher percentage of young people who live in Hull are smokers (Males – 43% for Hull v 37% for England: Females – 34% for Hull v 32% for England). Why do you think this is?

What health problems do you associate with smoking?

Is there enough support / guidance to help smokers in Hull? Do you know where to go to get help to quit?

How many of you have stopped smoking? How / why did you give up?

Most people feel that stopping smoking will have a fairly or very big effect on their health. So why do smoking rates in Hull remain so high? However, 10% said it had no or little effect – can anyone relate to this – explain why some may think along these lines?

Do you think that people from different parts of Hull value their health differently? If so, where and why?

Do you think that people in Hull value their health less than people in other areas of the UK?

Do things like pregnancy, obesity and ill health make any difference to whether you smoke or not?

Issue 2: Alcohol

How does alcohol compare with smoking – is there a bigger perceived health risk?

Is smoking seen as more socially unacceptable?

Is drinking a problem in Hull? If so how / why?

How would you define binge drinking? How many drinks in a night would be binge drinking?

What health risks are there for drinking too much?

Issue 3: Diet

A third of young in Hull said they eat an unhealthy diet and 11% did not know what a healthy diet was. Is this more or less than you would expect? Why?

How would you describe an unhealthy diet? What are the main reasons for eating this sort of diet?

How can people of your age be encouraged to improve their diets? Can the Primary Care Trust do anything?

44% of men and women in your area eat less than 3 portions of 'fruit and vegetables' a day – is this important or not?

What are the results of not eating enough fruit and vegetables?

How many of you are actively trying to improve your diet? How and why?

Is there enough help / guidance locally/in Hull for you to do this?

What sort of problems might result from eating too much convenience food and ready meals?

Issue 4: Weight

How would you define obesity? What waist size on a pair of jeans or a dress would you consider obese for a man or woman of average height?

Young women in Hull are around the national average for being overweight or obese but men are significantly higher (+14%) than the national level. Overall 40% of young adults in Hull are overweight or obese. Does this surprise you? Why?

Should we be worried these figures?

Why do you feel the figure is so high? What can be done to reverse the trend?

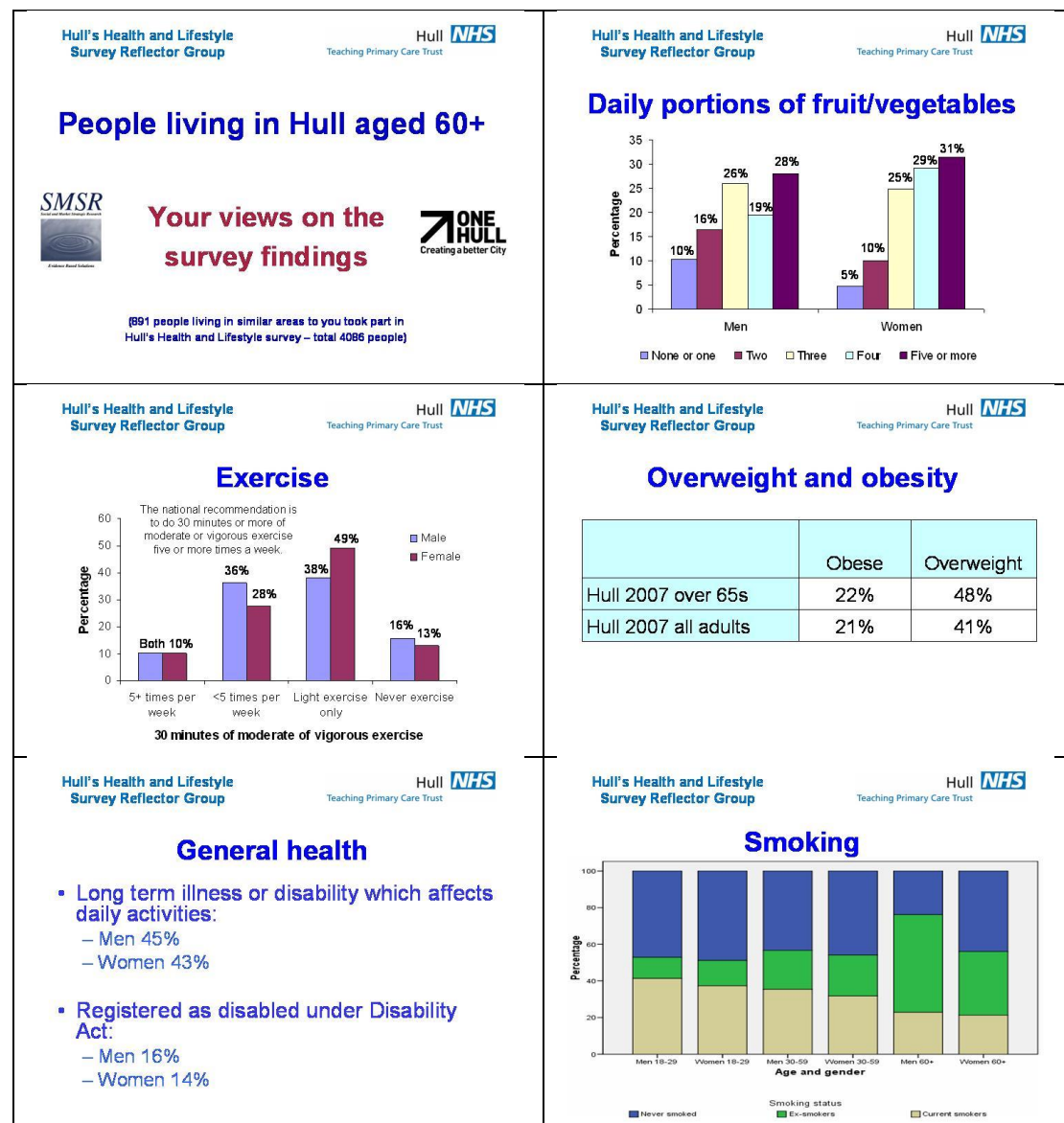
Is there enough information / guidance available locally (and in Hull) about weight management? What sort of help and information is required?

Do you think that the attitudes to obesity of young people vary throughout Hull?

Is Hull different from those in other places in the country? How, why?

5.5 People aged 60+ years

5.5.1 Presentation



5.5.2 Script

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in?

How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very etc

Issue 1: Diet

How would you describe an unhealthy diet?

Do you think residents of your age groups do eat a healthy diet and why do you say this?

How can residents be encouraged to improve their diets? Can the Primary Care Trust do anything?

Almost half of residents over the age of 60 eat 3 portions or less of 'fruit and veg' a day – is this important or not?

What are the results of not eating enough fruit and vegetables?

How many of you are actively trying to improve your diet? How and why?

Is there enough help / guidance locally/in Hull for you to do this?

What sort of problems might result from eating too much convenience food and ready meals? Is this an issue for the over 60's?

Issue 2: Exercise

The majority of residents over the age of 60 said that they exercised less than 5 times a week. What are the main reasons for this, is it just the age factor? What can be done to improve the situation? What are the barriers to regular exercise?

Is 30 minutes of exercise 5 times a week too much for those aged over 60? Is it unrealistic? Why?

Do you think that sometimes you are actually taking exercise but you don't realise?

Do you feel that people in this area (or Hull in general) have different attitudes to exercise than people in other areas of the UK?

Issue 3: Weight

How would you define obesity? What waist size on a pair of jeans for a man or dress size for a woman would you consider obese for a person of average height?

People in Hull are around the national average for obesity but over the national level for being overweight. Does this surprise you? Why?

The over 65's are more obese and overweight than the hull average – why do you think this is? What can be done to reverse the trend for your age group?

Is there enough information / guidance available locally (and in Hull) about weight management. What sort of help and information is required?

Do you think that the attitudes to obesity of people in your area (and in Hull) are different from those in other areas of Hull, if so why?

Issue 4: Disability

Four in ten men and women over 60 said they had an illness or disability which limited their daily activities. Are you surprised by this?

What kind of illnesses and disabilities to people in your age group have? In what way do they limit your daily activities? How serious are the limitations?

Do you accept it as a consequence of getting older or do you feel that something can be done?

What kind of help do you think should be available, if any? Would equipment help to aid mobility such as walking sticks or installing handles beside stairs or in the bathroom? Would equipment help aid dexterity, such as grabbers or equipment to open tins of food?

Issue 5: Smoking (only if time)

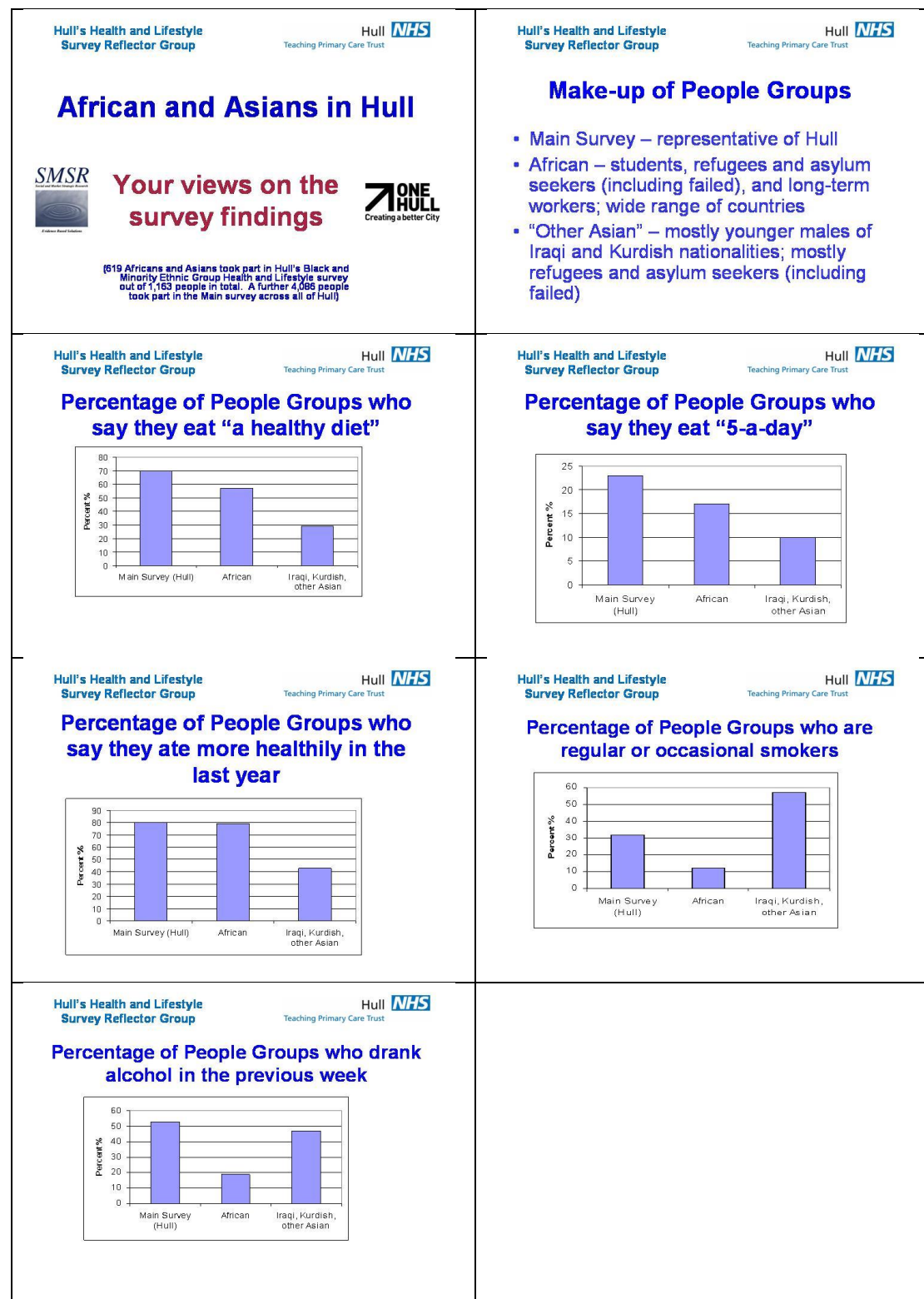
In your age group, just over 20% of men and women smoke daily or occasionally, compared to around 40% of men and women aged 18-29 and around a third of men and women aged 30-59 years. Does this surprise you?

More than half of men and more than one-third of women aged 60+ have quit smoking. How many of you have stopped smoking? How / why did you give up?

Do you think that people in your area (and in Hull) value their health less than people in other areas?

5.6 BME

5.6.1 Presentation



5.6.2 Script

Introduction

Why SMSR, reason for the focus group, confidentiality etc.

The Primary Care Trust is...

Warm Up

Which area do you live in?

How long have you lived in the area?

I would like you to tell me how healthy you feel. Do you feel very healthy, fairly healthy, quite unhealthy or very unhealthy?

Do you think you live a very healthy lifestyle, fairly healthy lifestyle, not very etc

Issue 1: Diet

Compared with the general city average (70%), 58% of African respondents said that they eat a healthy diet and just 29% of Iraqi, Kurdish and other Asian respondents said that they eat a healthy diet!

Is this more or less than you would expect? Why?

How would you describe an unhealthy diet?

What are the main reasons for eating this sort of diet?

How can people of your background be encouraged to improve their diets?
Can the Primary Care Trust do anything?

People in the main survey (representative of Hull) were also much less likely to eat 5 portions of fruit and vegetables a day – Why is this and is this important or not?

What are the health risks of not eating enough fruit and vegetables?

How many of you are actively trying to improve your diet? How and why? Is there enough help / guidance locally/in Hull for you to do this?

Are there any difficulties around eating a healthy diet in this country i.e. accessing ingredients, cost etc?

Issue 2: Smoking

Compared with the general city average (32%), 12% of African respondents said that they were regular or occasional smokers and 57% of Iraqi, Kurds or other Asians said that they were smokers. Why are there such differences between the three cultures?

What health problems do you associate with smoking?

Is there enough support / guidance to help smokers in Hull?

How many of you have stopped smoking? How / why did you give up?

Do you think that people from different parts of Hull value their health differently? If so, where and why?

Do you think that people in the UK value their health less or more than people in other parts of the world?

Do things like pregnancy, obesity, ill health make any difference to whether you smoke or not?

If you have recently arrived in the UK, have you smoked more or less since living in the UK – Why?

Issue 3: Alcohol

Compared with the general city average (53%), 18% of African respondents said that they had drunk in the last week and 48% of Iraqi, Kurds or other Asians said that they had drunk in the last week. Why are there such differences between the three cultures?

How does alcohol compare with smoking – is there a bigger perceived health risk? What are the health risks?

Is smoking seen as more socially unacceptable?

Is drinking a problem in Hull / UK? If so how / why?

How would you define binge drinking? How many drinks in a night would be binge drinking? Do you know how many units different types of alcohol contain?

If you have recently arrived in the UK, have you drunk more or less since living in the UK – Why?

Issue 4: Weight (If time)

How worried are you about your weight?

How important is it as a health issue?

How would you define obesity? What waist size on a pair of jeans or a dress would you consider obese for a man or woman of average height?

Is there enough information / guidance available locally (and in Hull) about weight management? What sort of help and information is required?