



# Leicestershire County and Rutland Healthy Lifestyle Survey

**June 2007**

Kate Saffin  
Isobel Perry

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# 1 Executive Summary

This is the first Healthy Lifestyle Survey for Leicestershire County and Rutland (LCR). It based on the HLS run in the four counties of Oxfordshire, Berkshire, Buckinghamshire and Northamptonshire 1985-8, 1991-2 and 1997. In addition further surveys have been undertaken by PHRU for Heartlands PCT (Northants) in 2003 and the Oxfordshire PCTs in 2005.

The survey was offered to 4452 people registered with an LCR general practitioner. In addition to the postal survey respondents were offered the opportunity to complete the survey online, the first time this facility has been available.

## 1.1 Response rates

Response rates to the surveys have been falling since the 1980s when the first one achieved a return of 80%. However, this had dropped to 67% by 1997. Both the surveys for Heartland and Oxfordshire achieved response rates in the region of 50%. This survey achieved an overall response rate of 47%.

Once refusals, those returned to sender, and unidentifiable returns were accounted for we analysed 1,758 forms (including 10 completed online). As in previous surveys older respondents and women are over represented and younger people, especially men are under represented. Responses from people in minority ethnic groups were broadly in line with the ethnic profile of the area, with the possible exception of Indian people from whom we received 29 (1.7%) responses where, as 3% of the population, we would have hoped for about 50.

## 1.2 Key Findings

### 1.2.1 Demography

1. In common with other lifestyle surveys women and older people were over represented.
2. There were no significant differences across the local authorities in any lifestyle area except smoking where Charnwood, Harborough and Rutland are significantly lower than Hinckley & Bosworth.
3. The majority of respondents left school aged 16yrs or less (52%).
4. The majority were married or living with a partner (range 77% in Hinckley to 82% in Harborough).
5. Women were more likely to be working in administrative and secretarial, associate professional and technical occupations or personal services; with men more likely to be in management roles, skilled trades or the associate professional and technical roles.

### 1.2.2 Home

6. The majority of respondents live in a home that they own. About half own their home outright, about half have a mortgage. The area with the greatest number renting from the LA is Oadby and Wigston (7.1%) and North West Leicestershire (5.7%).
7. The majority live in a house (76.9%-86.4% across the LAs).
8. Overall, few were concerned about keeping their house warm in winter, although this varied from none in Harborough to 2.7% in both Blaby and Rutland.

9. More than 89% have smoke alarms fitted in their homes.

### 1.2.3 General Health

10. The majority considered that their health was 'excellent', 'very good' or 'good' (86%) with only 14% considering that their was only 'fair' or 'poor'. There were no significant differences between men and women or by area.
11. Overall, respondents gave *healthy eating, relationships with family and friends, social and faith interests, and enjoying work* as the factors contributing to good health.
12. Over 70% of respondents had 20 or more teeth and had visited a dentist in the last year.
13. Of the small number who had not attended a dentist in the last year, several said it was because they could not find an NHS dentist. Although not statistically significant there were variations across the districts that we consider merit further investigation.

### 1.2.4 Anxiety

14. In line with other HLS the principal sources of worry are '*money*' and '*pressure at work*'. However, in free text replies, it is '*unhealthy eating*' that tops the list of things that they feel is making them less healthy.
15. The neighbourhood issues causing concern are '*speeding traffic*', '*poor public transport*' and '*litter and rubbish*'

### 1.2.5 Smoking

16. Around 15% report that they are current smokers. This compares favourably with the Health Survey for England (2004) which estimated that 27% of men and 28% of women in the East Midlands were smokers. However, this may be affected by the over representation of women and older people.
17. Whilst there are no significant differences in smoking by gender there are significant differences between the managerial, professional (inc associate) and administrative occupations (smoking less) and those in skilled trades, sales, process operatives and elementary occupations (smoking more).
18. The majority of those who smoke believe that it is harmful to their health and many would like to give up. Of those, about two thirds say that they would use professional help. If this calculation is applied to the population based on the above estimates of both 15% (HLS) and 27% (EMPHO) smoking rates it suggests that there are at least 37,700 who smoke, would like to give up and who would consider using professional help. The real figure may be as high as 146,000.
19. The majority are experiencing other people's smoke occasionally. The numbers experiencing other people's smoke *most* or *every day* are small (4% most days and 8% every day) but do appear to be influenced by their occupation with those in elementary and process/plant work more likely to be exposed to smoke than those in the professional occupations. The forthcoming ban on smoking in enclosed places may well improve this.

### 1.2.6 Diet

20. There were no significant differences between men and women, or across the districts in consumption of red meat, fish, pulses or sweet foods.

21. Men seem more likely to be eating chips, red meat, or processed meat products on more than one day a week than women. However, there are no significant differences across the local authority areas.
22. Overall, most respondents were eating at least three portions of fruit or vegetables per day, but less than half are eating five or more portions a day.
23. The younger age groups (18 – 35) appear significantly less likely to be eating five or more portions of fruit or vegetables a day than the older groups (35+).
24. In common with national findings, more than three quarters choose semi-skimmed milk in preference to whole milk

#### 1.2.7 Alcohol consumption

25. Although there was a lower response rate from younger people there does seem to be a significant difference between those drinking above safe limits in the 18-24 group against those over 35, with the older group more likely to be drinking over the safe limit. However, other East Midlands sources suggest that real rates are higher. It is possible that the 18-24s who responded to the survey are those who choose a healthier lifestyle with a sensible approach to alcohol.
26. There is a significant difference between men and women with men more likely to be drinking over safe limits.

#### 1.2.8 Exercise and fitness

27. One in five are taking little or no regular exercise.
28. The younger groups are significantly more likely to be participating in vigorous exercise three or more times a week.
29. *Lack of time* was cited by many as stopping them eating a good diet and the reason they took little exercise
30. Significantly more men are overweight (45%) than women (31%) but there is little difference between the two in obesity (18% men, 17% women)

Overall, the findings are in line with health profile but there are areas of concern that deserve additional investigation and consideration in service planning.

Kate Saffin

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## 2 Introduction

The LAA Healthier Communities Planning Group for Leicestershire commissioned a healthy lifestyle survey for Leicestershire County and Rutland to:

- create a set of baseline information so that changes can be assessed in subsequent surveys, and support the implementation of the LAA and *Choosing Health* White paper.
- assess the level of health inequalities in the local population and inform future action.
- enable comparison in future years in order to assess progress.
- be aware of the national picture and the indicators being used to monitor changes in the level of inequality to 2010 (Department of Health document – ‘*Tackling Health Inequalities*’).
- provide an input into Health Equity Audits whereby Services/Resources can be aligned to the appropriate areas of health need.
- provide opportunities to assess/identify trends and to evaluate interventions at a local population level.

The Community Health Profiles for Leicestershire and for Rutland suggest that overall, the indicators of health for people living in Leicestershire are better than average when compared with England, the East Midlands and with other similar Authorities.

The profile for Leicestershire includes Leicester City where there is significantly lower life expectancy and higher deprivation compared to the rest of the country. The area outside the city has a higher life expectancy and lower deprivation than England as a whole.

Lifestyle indicators give a mixed picture with below average levels of smoking and above average levels of obesity. It is estimated that 1 in 4 adults smoke and 1 in 4 adults are obese. However, once again this includes Leicester city.

In Rutland lifestyle indicators show smoking rates, binge drinking rates and fruit and vegetable intake are all better than the England average. However, it is estimated that over 1 in 6 adults smoke and 1 in 5 adults are obese.

## 3 Methods

This study, in common with the previous surveys carried out in Oxfordshire, Berkshire, Buckinghamshire and the Heartlands area of Northamptonshire, was based on a postal survey and sent to a random sample of 4695 Leicestershire and Rutland residents aged 18-74 registered with a GP in the Leicestershire county and Rutland PCT (LCRPCT) Oxfordshire PCTs.

The sample was randomly drawn from people aged 18-74 registered with a Leicestershire County and Rutland GP and stratified to represent the district council areas. Each participant was sent an invitation letter, information sheet and survey. For the first time the survey was also made available on line.

The online survey was also available to complete more widely via a link from the PCT and district council websites. The results for those outside the random sample are presented separately.

The results are set against the context of other regional or national sources of information on lifestyle.

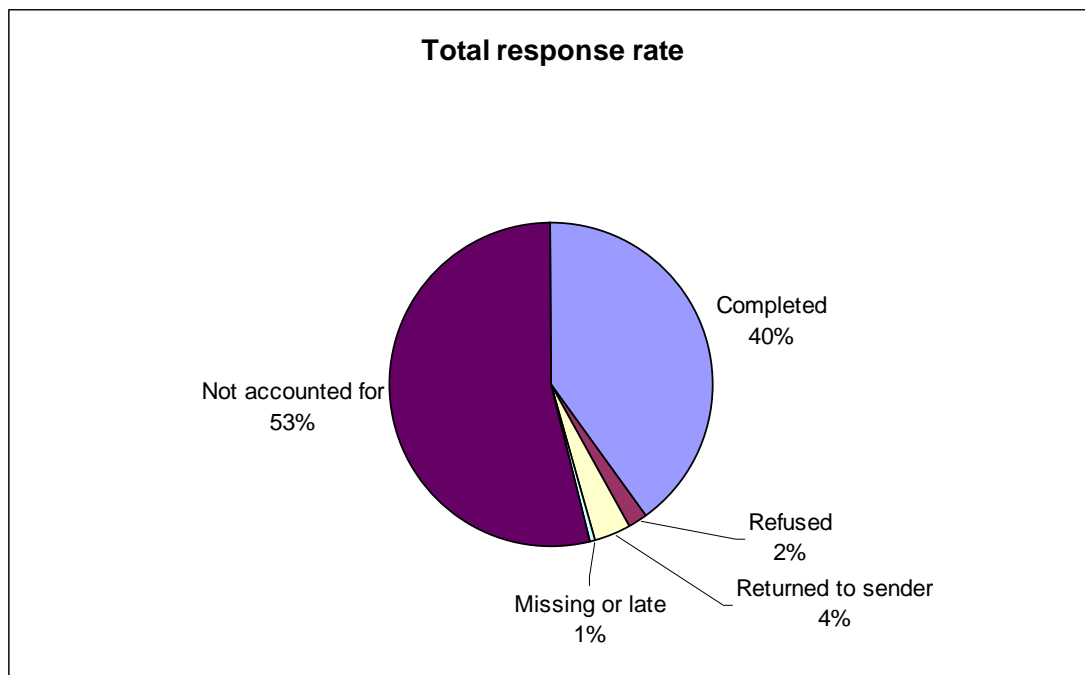
In addition to the report we have prepared a data supplement with a summary of the data tables and a CD with all data tables and SF-12 (well being measure) summaries and charts for each of the district council areas.

## 4 Response rates

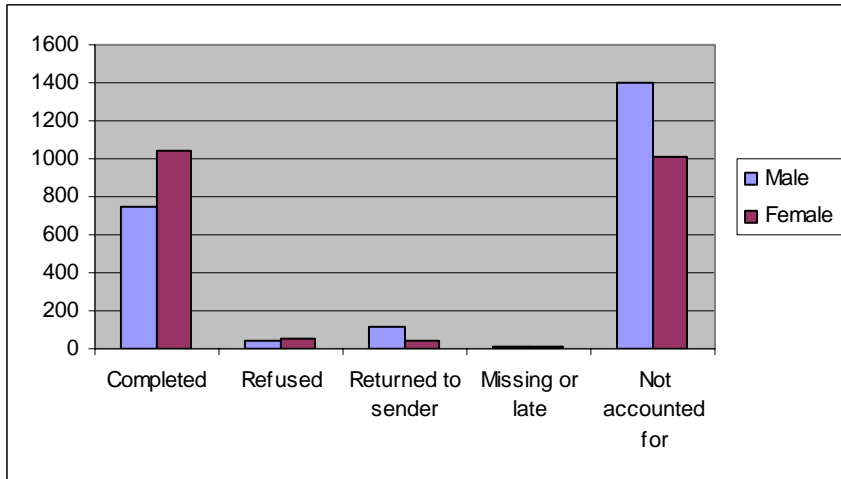
A sample of 4452 people registered with a General Practitioner in the Leicestershire County and Rutland PCT were selected across the eight local authorities in the area. The sample was stratified to ensure that all eight areas were represented in relation to their total populations. There was an overall 47% response rate, including those 'Returned to sender' and those who chose not to take part or returned them too late for analysis.

Response by LA

LA	Invitations sent	Responses	Percentage
Blaby	556	235	42.27
Charnwood	556	192	34.53
Harborough	556	234	42.09
Hinckley and Bosworth	558	207	37.10
Melton	556	237	42.63
North West Leicestershire	558	211	37.81
Oadby and Wigston	556	182	32.73
Rutland UA	556	260	46.76
<b>Total</b>	<b>4452</b>	<b>1758</b>	<b>39.49</b>







In common with previous surveys women were more likely to complete the survey than men.

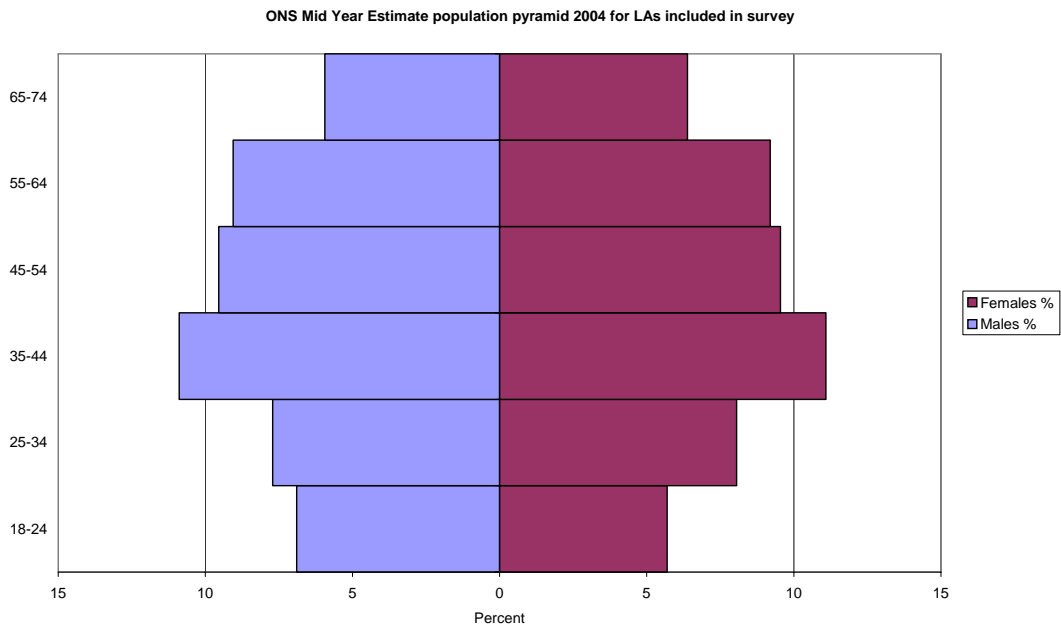
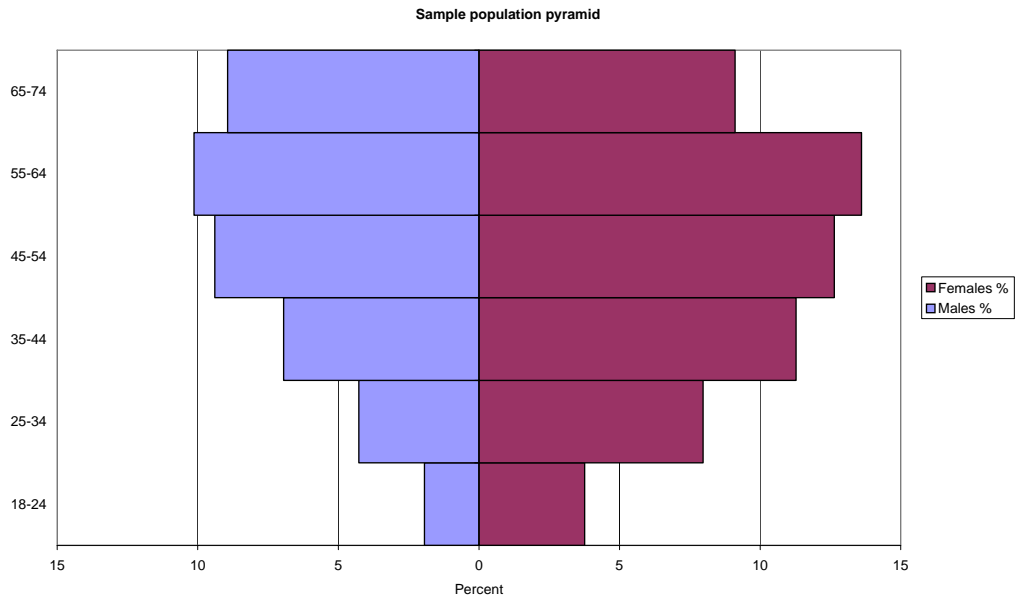
The majority chose to return the paper form with only ten people choosing to complete it online. Their responses are included in the analysis. An additional 99 people completed the survey online via the link on the PCT or LA websites or via an email invitation. These results are summarised separately and presented in an accompanying brief report.

## 5 Demographic characteristics

Of the 1788 completed forms we were unable to identify 20 (based on date of birth and postcode). This may be because the recipient had moved, there were errors on the original registration or the form was completed by someone else in the household.

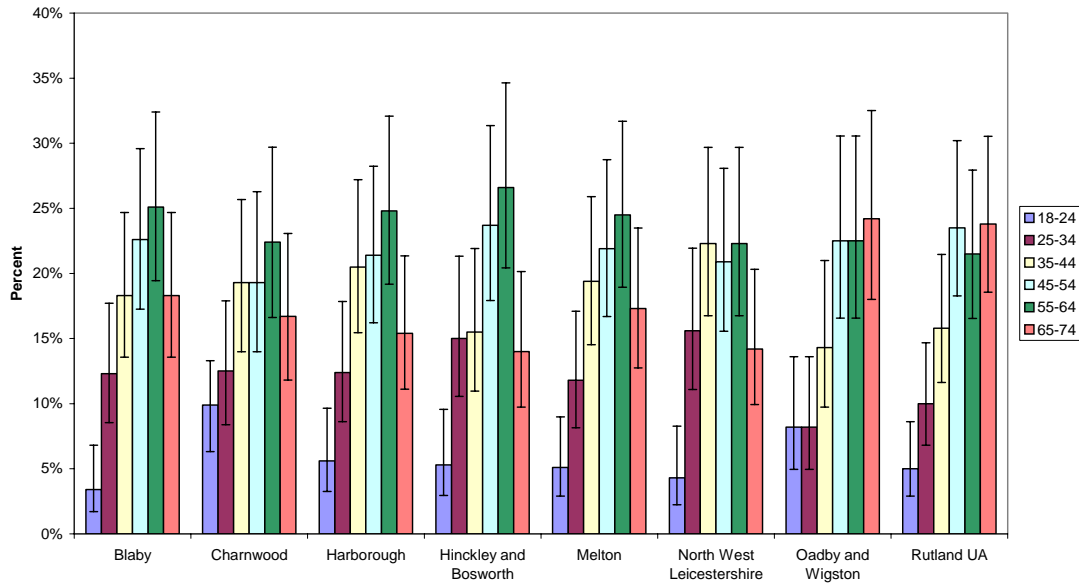
Thus the analysis is based on 1,758 completed surveys.

### 5.1 Age and Gender



When compared to the population profile based on 2004 mid year estimates older respondents and women are over represented and younger people, especially men are under represented.

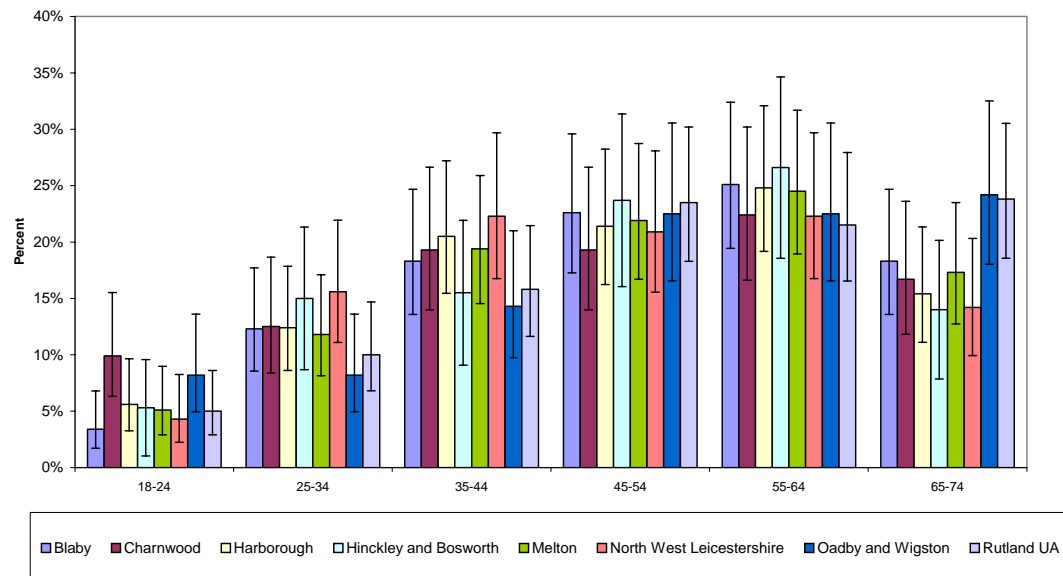
Proportion of responses by Local Authority and Age



The response rate by age across the local authorities was broadly similar (as proportion of responses in each LA):

If we look specifically by age group across the areas:

Proportion of responses by Local Authority and Age



## 5.2 Ethnicity

The numbers of people from minority ethnic groups in LC&R are too small to present graphically. The following table suggests that the responses are broadly in line with the ethnic profile of the area, with the possible exception of Indian people from whom we received 29 responses where, as 3% of the population we would have hoped for about 50.

The very slight difference in 'other white' may be due to several people choosing that option and adding 'English' as a comment.

Ethnicity	Responses	Population estimate
British	93.9%	91.8%
Irish	0.4%	0.7%
Other White	2.1%	1.5%
White & Black Caribbean	0.2%	0.3%
White & Black African	0.1%	0.1%
White & Asian	0.2%	0.3%
Other Mixed	0.2%	0.2%
Indian	1.7%	3.0%
Pakistani	0.0%	0.3%
Bangladeshi	0.1%	0.2%
Other Asian	0.2%	0.3%
Caribbean	0.2%	0.3%
African	0.1%	0.3%
Other Black	0.0%	0.0%
Chinese	0.6%	0.4%
Other ethnic group	0.1%	0.3%
Total	100.0%	100.0%

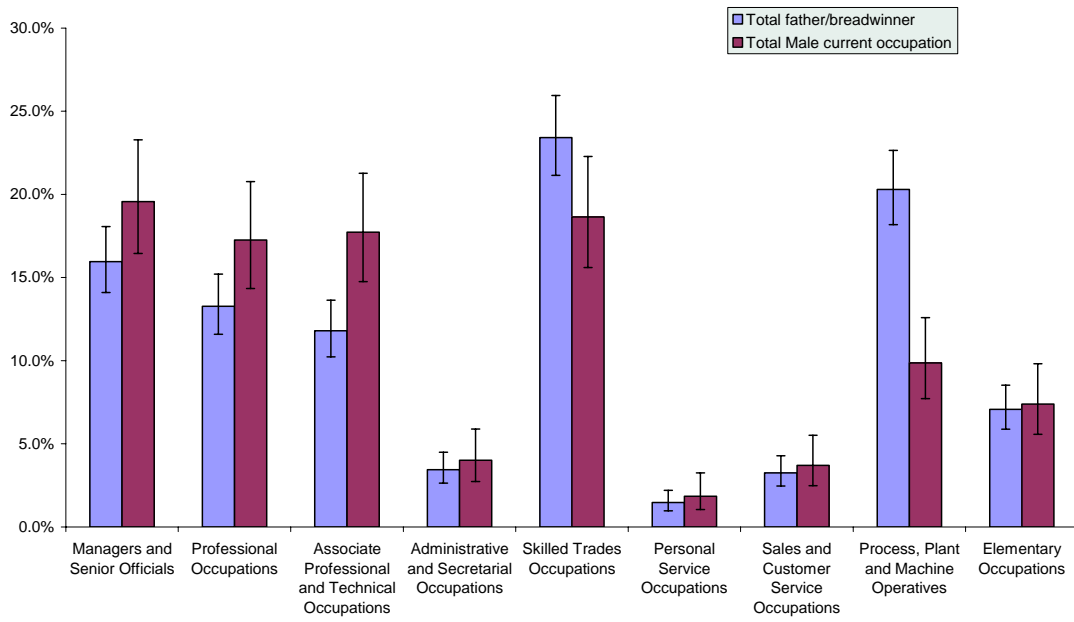
## 5.3 Employment

We used the 2000 Standard Occupational Classification (ONS) to code occupation to major sub-group. The following graphs present the nine principle groups.

There are statistically significant differences between the number of men and the number of women employed in some occupations. There are significantly more women employed in administrative and secretarial, personal service and sales and customer service occupations and significantly more men employed in managerial and senior posts, skilled trades and process, plant and machine operation. There were no significant differences between men and women employed in the professional, associate profession and technical or elementary (cleaning, bar work, unskilled admin e.g. post room) occupations.

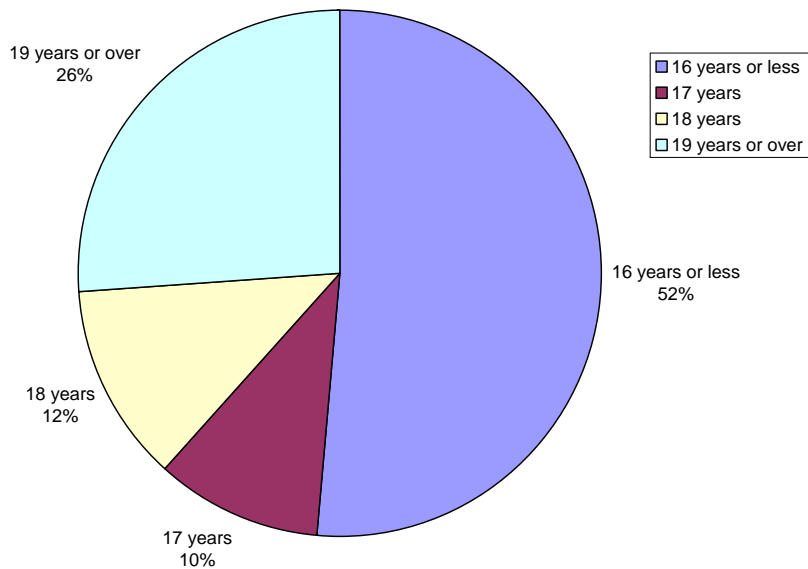
We asked for the respondent father's occupation. The following chart presents an illustration of the shift away from the skilled trades, manufacturing and production work over a generation. We were only able to compare current male occupations; the shift in working patterns and occupations for women would present a different picture.

Comparison of current male occupation to father's occupation



### 5.4 Age at which left full time education

Age at which left full time education

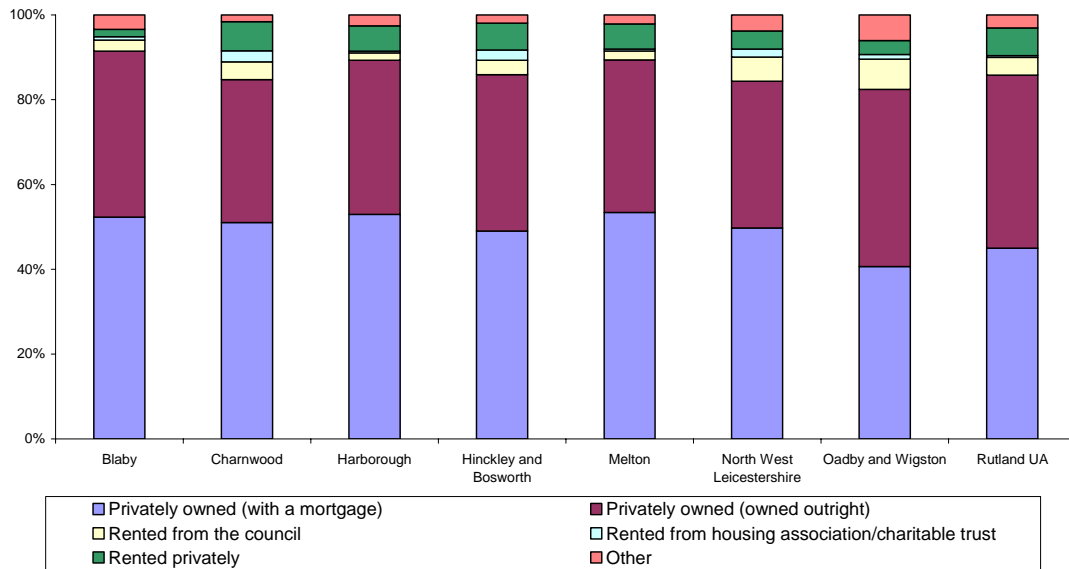


### 5.5 Home

#### 5.5.1 Tenure

The majority of respondents live in a house which they own. About half own their home outright, and about half have a mortgage.

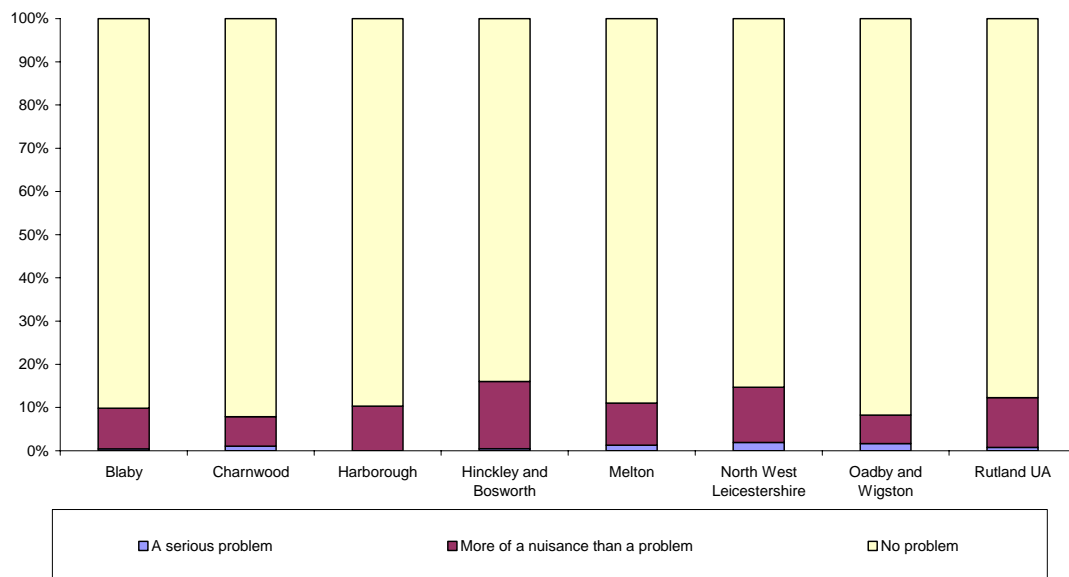
**Type of tenure**



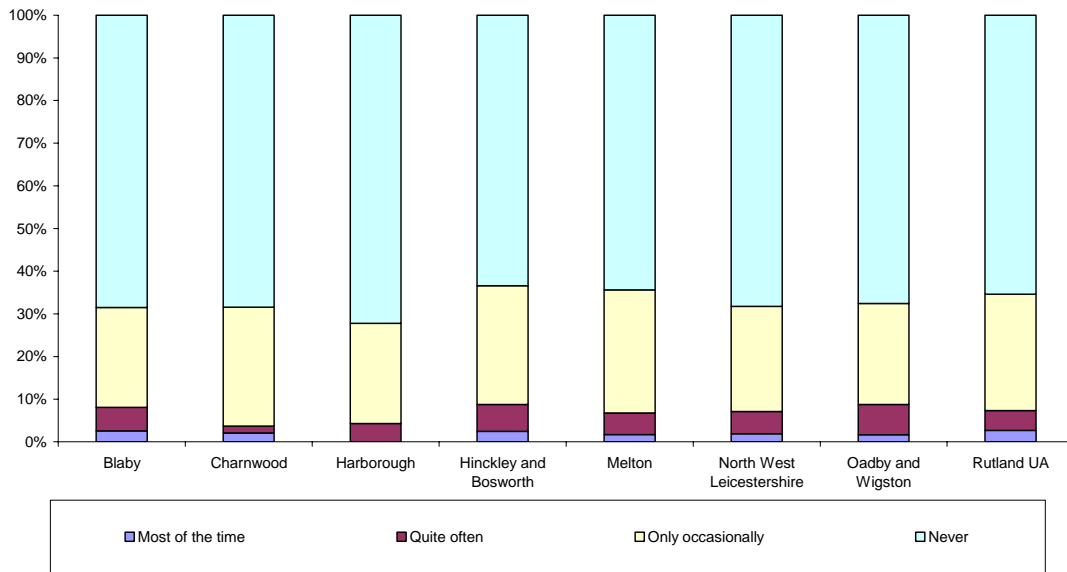
**5.5.2 Keeping their house warm**

There are slight differences across the areas but overall few are concerned about damp or feel that it is difficult to keep their house warm.

**Housing type**



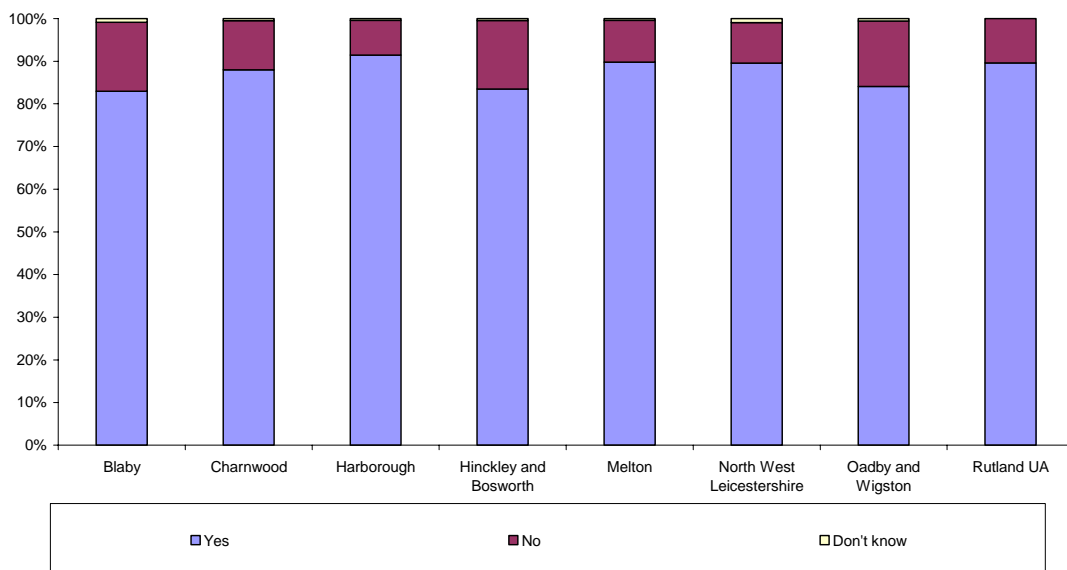
Are there times in the winter when you cannot keep your home warm enough?



### 5.5.3 Smoke alarms

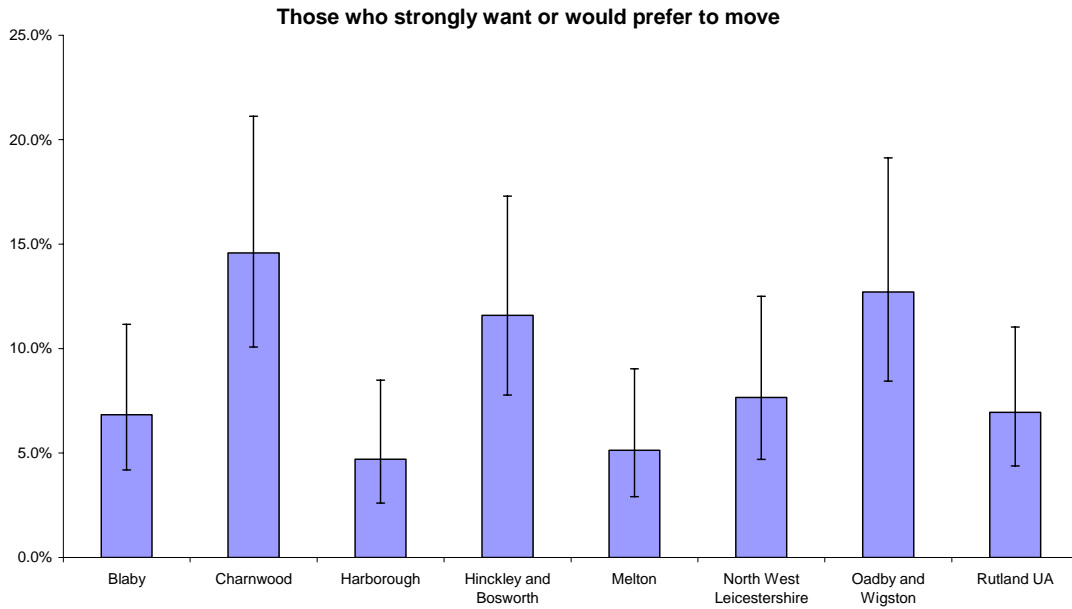
The majority have a smoke alarm fitted.

Does your home have a smoke alarm?



### 5.5.4 Those who would like to move

There is considerable variation across the areas in those who *strongly want* or *would prefer* to move. However, the numbers are very small (range 11-28) and the differences are not statistically significant.

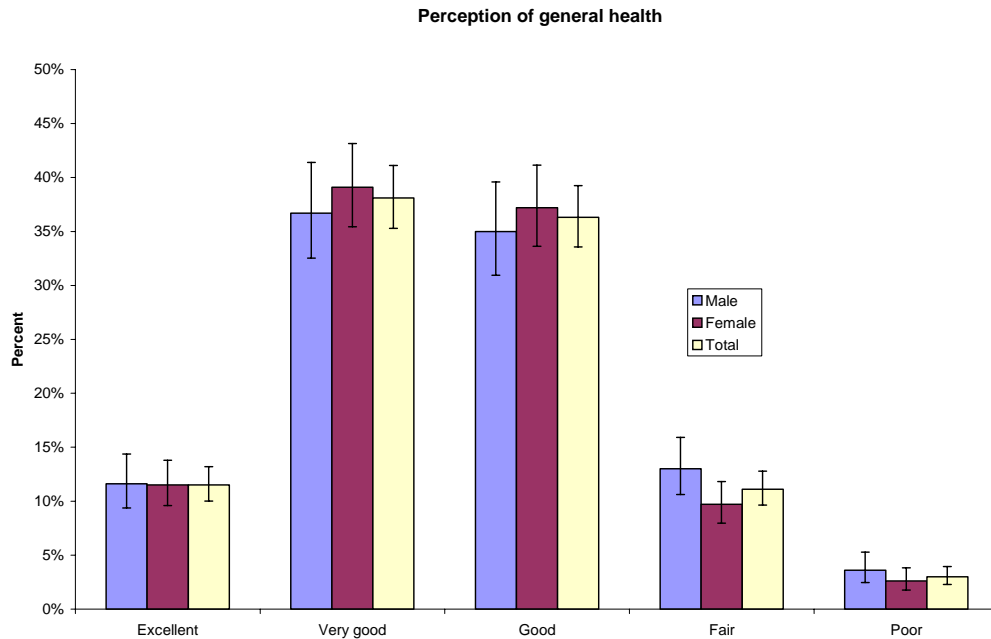




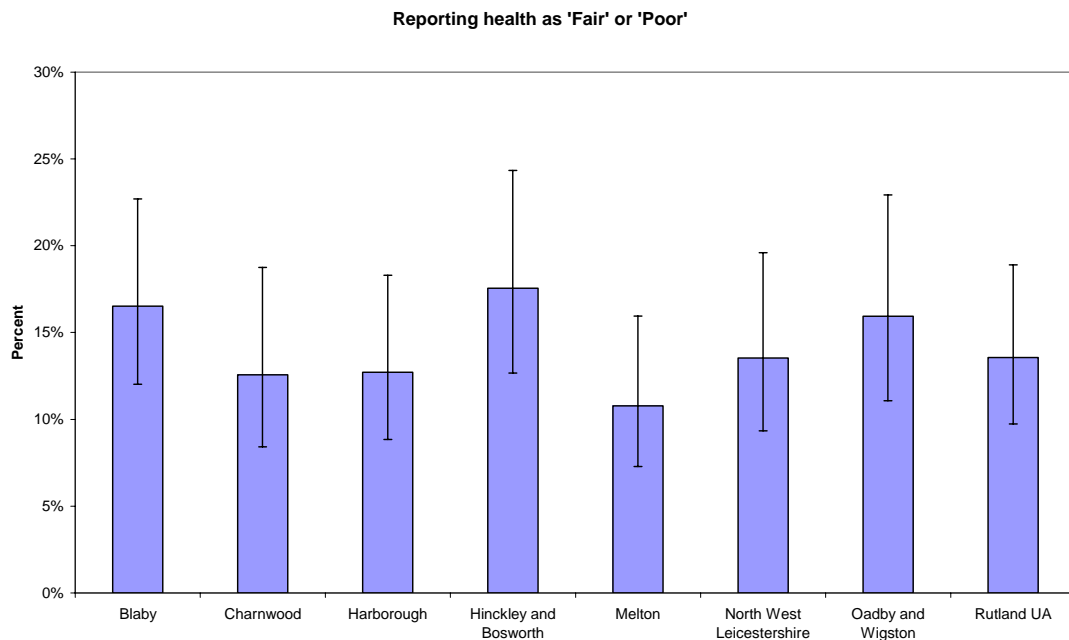
## 6 General health

### 6.1 Overall health

The survey measured this via an established and validated tool, the SF-12v2™. The majority of respondents considered their general health to be 'excellent', 'very good' or 'good' (86%):



There were no significant differences across the local authorities for those who considered their health only 'fair' or 'poor' (14%):



## 6.2 SF12v2<sup>1</sup> Norm-based scores

The SF12v2 scores are referred to as Norm Based Scores, (but are in fact T-scores). They have been derived as follows:

For each domain (Physical functioning etc) a 0-100 score is calculated. This designates the lowest score as 0 and the highest as 100. The mean calculated for 0-100 scale will fall along this 0-100 range. Means will vary between domains because response patterns differ according to the character of the domain.

A z-score is then calculated as follows: "A z-score for each scale is computed by subtracting the mean 0-100 score observed in the 1998 general U.S. population (Table 8.1) for each SF-12v2 scale score (0-100 scale) and dividing the difference by the corresponding Standard Deviation (Table 8.1) from the 1998 population." <sup>2</sup>

The norm-based transformation (T-score) is calculated as follows: "This is accomplished by multiplying each SF12v2 z-score by 10 and adding the resulting product to 50." This allows all the scores to be compared to a common base-line of 50, with a Standard Deviation of 10, even though the original means of the domains varied.

We have created a chart for each domain, showing the score for each LA, and also showing the mean score for that domain for the whole sample as a horizontal line. Charts have also been created showing the scores for each LA. The Y axis values have been set at 40 - 60, or one standard deviation (10) each side of the mean base value, 50, which represents the US 1998 standard population. The developers of the SF-12v2 claim that research has found that norms in developed countries do not differ greatly from this US value. These can be found on the companion data tables CD.

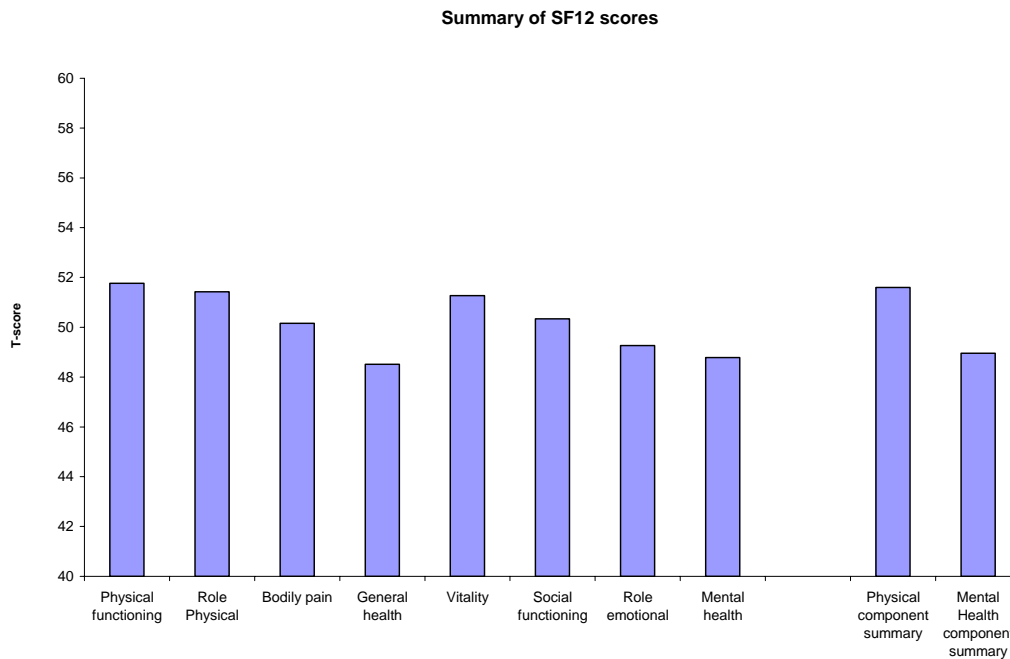
In general, the interpretation of T scores is that any score that falls within one standard deviation either side of the mean is within the expected population of values, and is not therefore a cause for concern. However, it is still legitimate to comment on differences between scores even if they all lie within one standard deviation (as they all do in this survey).

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<sup>1</sup> SF12 is a trademark of Quality Metric who supply the survey and analysis tools under license for specific surveys. Further information is available at <http://www.qualitymetric.com/> and <http://www.sf-36.org/>

<sup>2</sup> Ware J, Kosinski M, Turner-Brooker D, Gandek B (2005)' *SF-12v2™ How to score version 2 of the SF-12 health survey* Boston, Mass

The following chart presents the overall scores for the whole sample.



### 6.2.1 What, in your life, keeps you healthy?

Overall, the key things that respondents attribute good health to are healthy eating, exercise, emotional wellbeing – relationships, family, friends, social and faith interests, enjoying work.

Women were more likely to contribute one or more things that they feel keep them healthy (964) than men (673).

Exercise, with examples ranging from the vigorous – cycling, swimming, gym to moderate but regular – gardening, dog walking, headed the list for both men and women, followed by a good diet.

Satisfying and enjoyable work was important to many, with several praising the health benefits of retirement. Relationships, family and other social networks were important, including faith, specific interests – many of which involved physical exercise e.g. gym, dance, sports such as badminton which may have a social element.

Of the more unusual suggestions, one offered *breathing* as the secret to a healthy life! Another said *‘Living on a narrow boat, and plenty of fresh air’* and finally, one at least suggested that apparently inconvenient housing may have benefits *‘Reasonable diet & living in an old draughty house with plenty of air circulation’*.

### 6.3 Teeth

The majority (over 70%) have twenty or more teeth and have visited the dentist within the last year, usually for a check up.

Of the 424 who had not visited the dentist in the last year, a third (n152, 34%) gave no reason and 79 (17%) said that *'my teeth are all right and I do not need to go'*. Ninety four (21%) said that it was difficult to find an NHS dentist, 74 (16%) that treatment was expensive and 55 (12%) that they were afraid of the dentist.

The number who said that they couldn't find an NHS dentist were small, and not statistically significant, but there seem to be differences across the districts, especially Oadby and Wigston and Rutland that may merit further investigation..

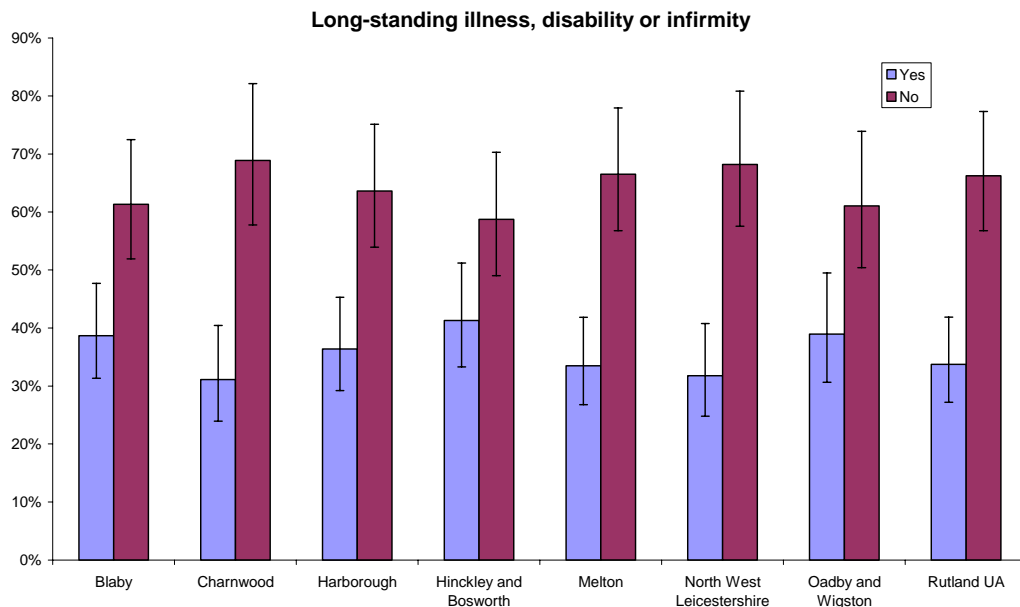
Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Rutland UA	All
7	6	8	9	18	12	15	19	94
10.6%	12.2%	17.4%	14.5%	31.6%	23.1%	27.3%	28.4%	20.7%

### 6.4 Hearing and eyesight

Over 70% had had an eyesight test within the last year and for those who wore glasses or contact lenses, the majority (over 80%) felt that they completely corrected the problem.

## 7 Health needs

### 7.1 Long term conditions

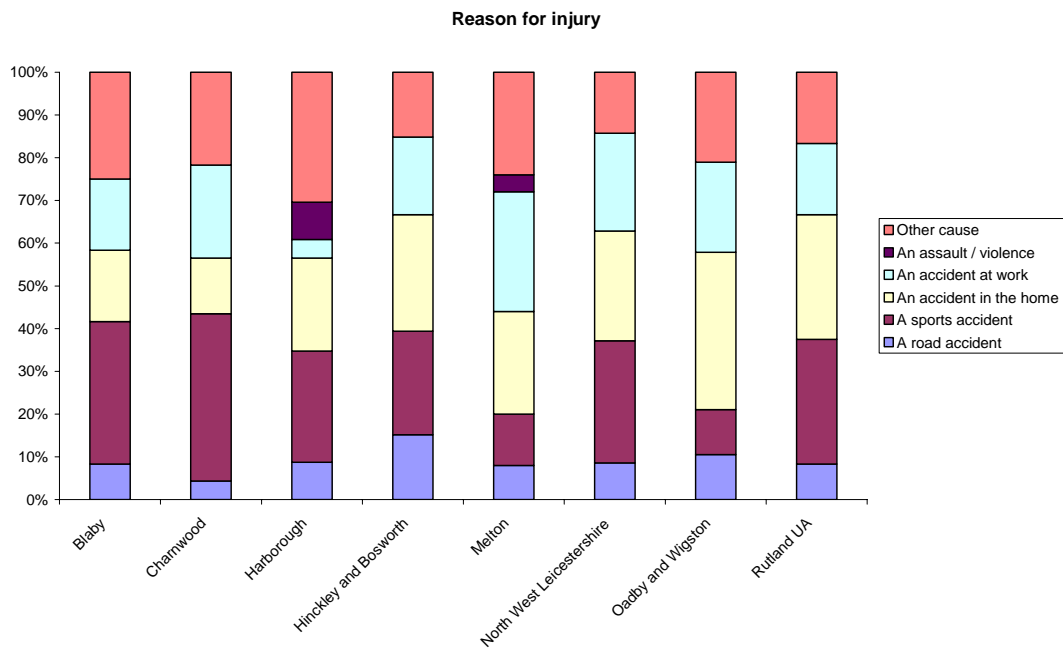


There are no significant differences between areas.

## 7.2 Injuries

13% (230) reported an injury in the previous year. Sports injuries (60) or an accident in the home (57) were the most common reasons, followed by 'other causes' (46) or an accident at work (43). There were 21 road accidents and three resulting from violence or assault.

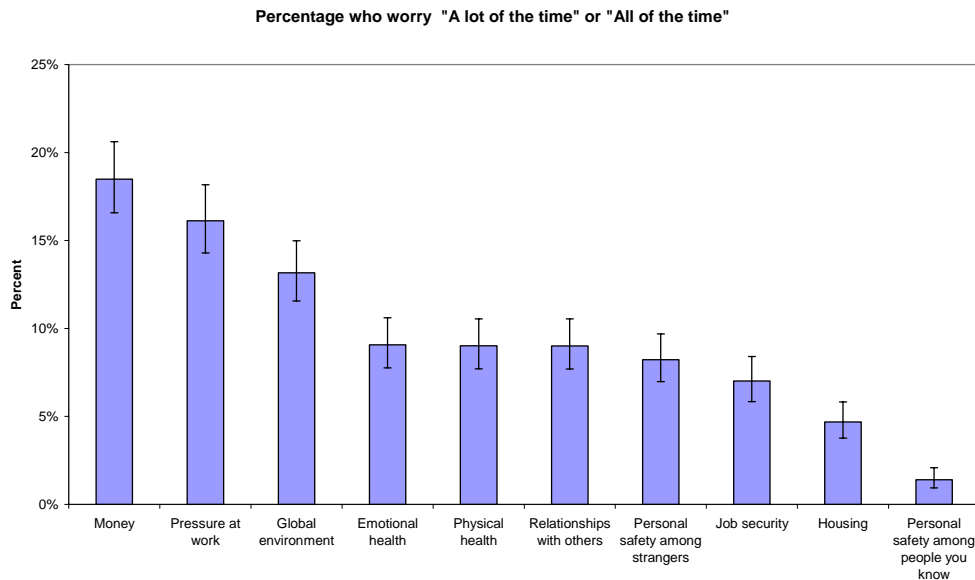
The following chart shows the reasons for injury by locality. Again the numbers are small and not significant but are presented for interest. If there are additional concerns about, for example, the numbers of accidents in the home then further investigation may be warranted.



## 8 Sources of anxiety

### 8.1 Worries

The issues that respondents worry about (in descending order of reporting) are:



These reflect the findings of other HLS in North Northamptonshire (2004) and Oxfordshire (2006). We have not subdivided by area because the numbers are small.

In addition respondents were asked what things in their lives make them healthy or unhealthy. The responses were analysed qualitatively and are presented in ranked order but not quantitatively.

For men, in descending order the issues were:

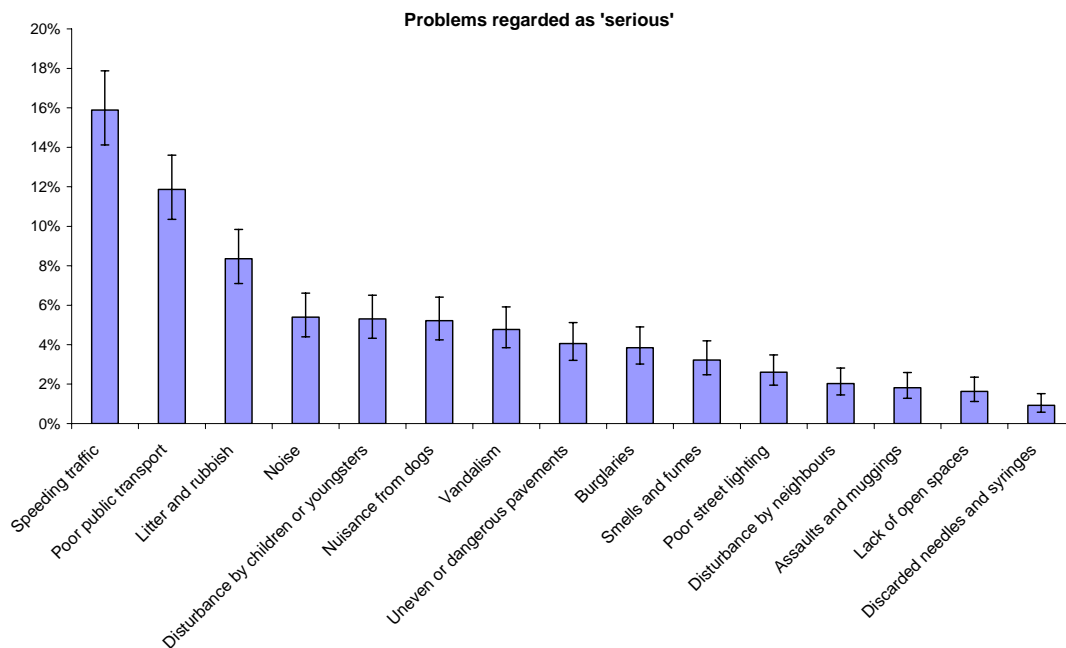
1. Diet related – eating the wrong foods, or at the wrong times, or hurried meals.
2. Work related issues – for most this concerned long hours, driving, pressure or stress at work; for a few it was the lack of work.
3. Lack of exercise, often linked to working long hours.
4. Alcohol, often linked in a trinity with poor diet and lack of exercise.
5. A long term health problem (including that of a partner or spouse). These ranged from minor problems to serious illness. All interfered with feeling 'healthy'.
6. Smoking – this includes the respondent smoking and experiencing other people's smoke.
7. Emotional issues, in particular poor self esteem and depression linked to drinking alcohol and smoking and either under or over eating.
8. Environmental issues – a number mentioned pollution, television, the weather (the survey was circulated in Feb-Mar 07).
9. Lack of sleep and tiredness – again often related to work, but also having young children or other responsibilities.
10. Relationships and family problems.
11. Finance.

Women were more likely to comment than men, with 864 contributing one or more things that they felt made them unhealthy. For women, eating poorly and lack of exercise headed their list.

In ranked order their concerns were:

1. Diet related – often concerning eating high carbohydrate foods: sweets, chocolate, cakes, biscuits, ‘treats’.
2. Lack of exercise – unlike the men, some women blamed ‘laziness’ or ‘sitting around’ (themselves) than external forces such as work.
3. Ill health – their own or their spouse/partner, with a small number specifically mentioning their carer role
4. Smoking or experiencing the smoke of others
5. Work related – fewer women specifically quoted driving as an issue, most referred to stress and to juggling work and family.
6. Emotional issues
7. Lack of sleep. The women were more likely to mention children, especially young children or babies as the cause of this.
8. Drinking alcohol
9. Problems in relationships
10. Environmental issues
11. Chocolate. women were three times more likely (37 v 8) to specifically mention chocolate as an issue.

## 8.2 Local environment



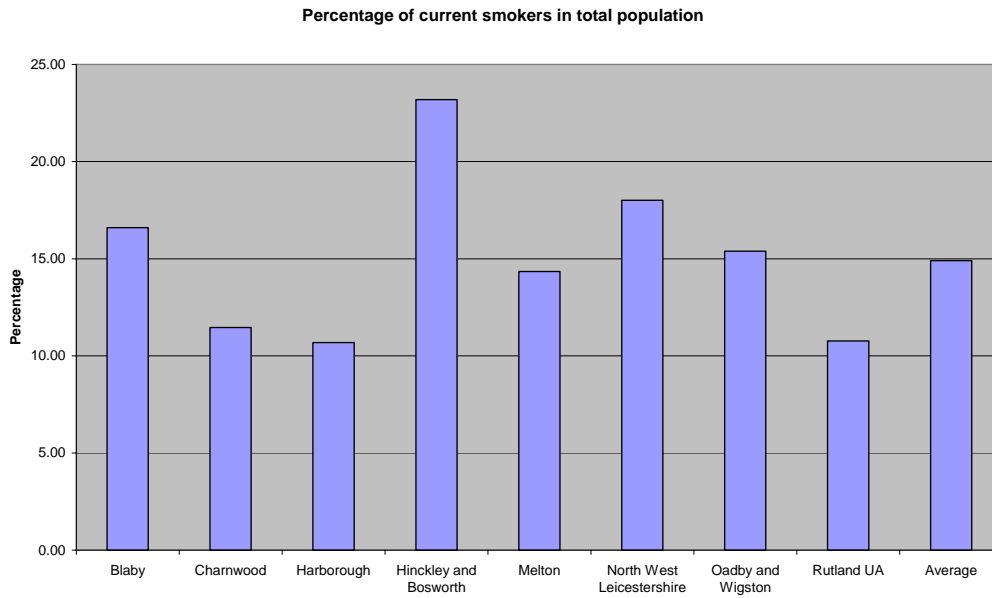
## 9 Lifestyle behaviours

### 9.1 Smoking

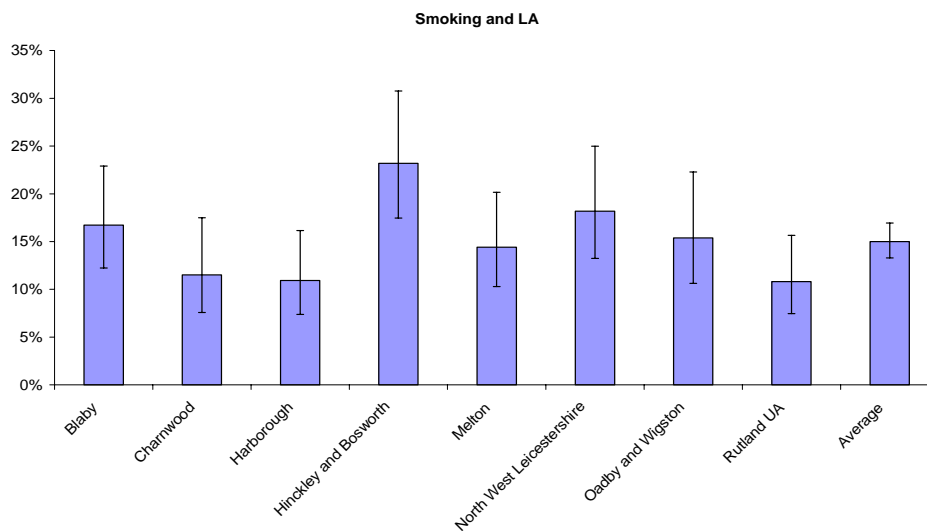
#### 9.1.1 Who smokes?

Overall 822 (47%) have been smokers at some time, with 14.9% currently smoking. This appears to compare favourably with the 2004 General Household Survey findings which estimated that 27% of men and 28% of women in the East Midlands were smokers.

However, there were variations across the districts, with the greatest number of smokers in Hinkley & Bosworth and North West Leicestershire and the least in Charnwood and Rutland. In addition, older people, who are more likely to have given up, are over represented in the sample.



Of those who ever smoked, the pattern is broadly similar:



### 9.1.2 Cigarette consumption

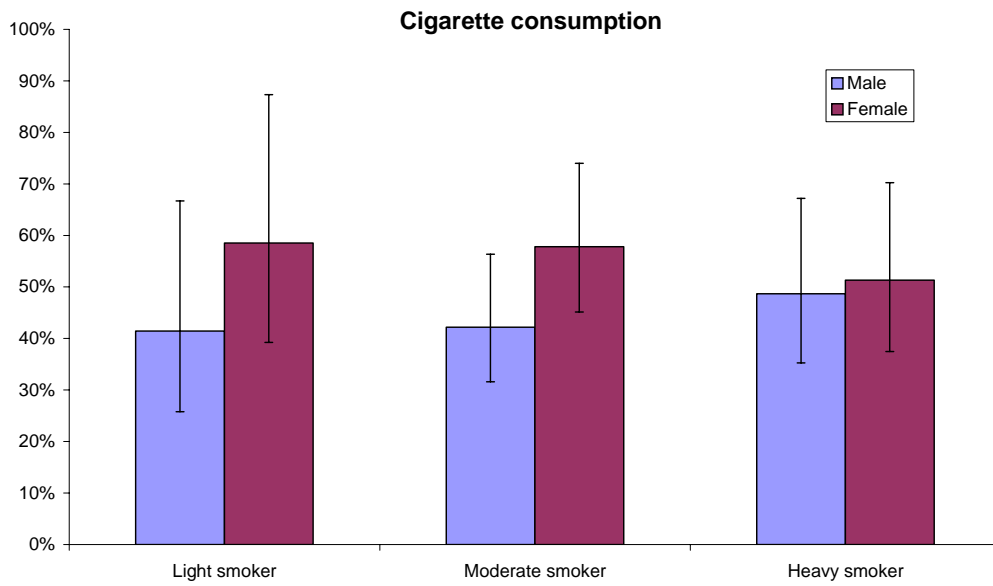
We classified cigarette consumption as:

Light – Less than 10 a day

Moderate – 10-19

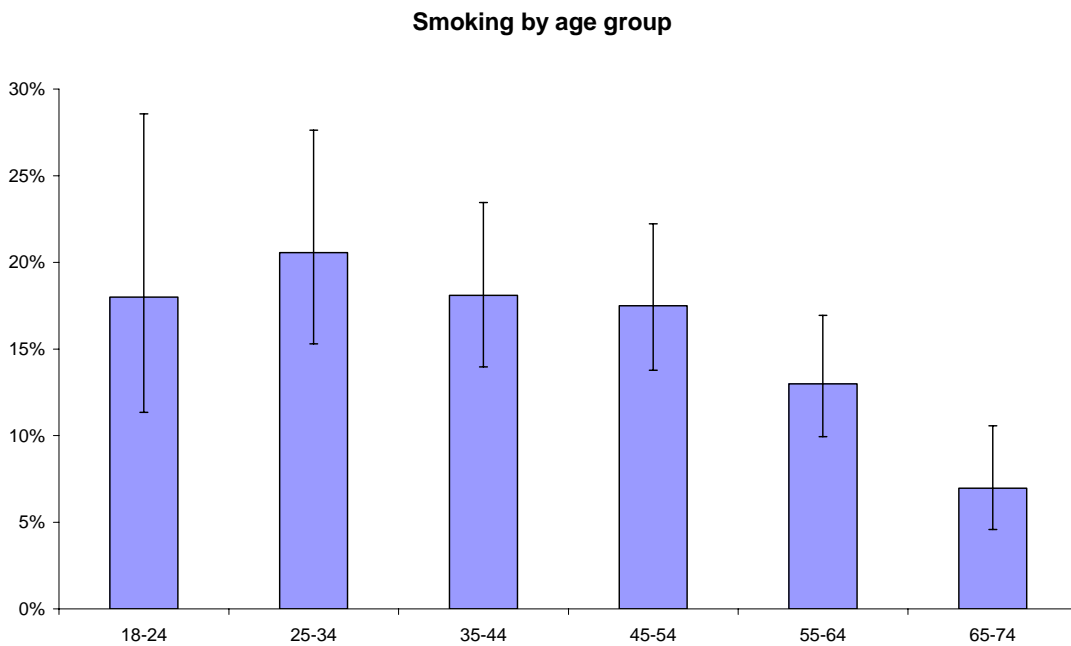
Heavy – 20 plus cigarettes a day





Although women appear to be smoking slightly more than men, there are no statistically significant differences.

**9.1.3 Smoking by age**



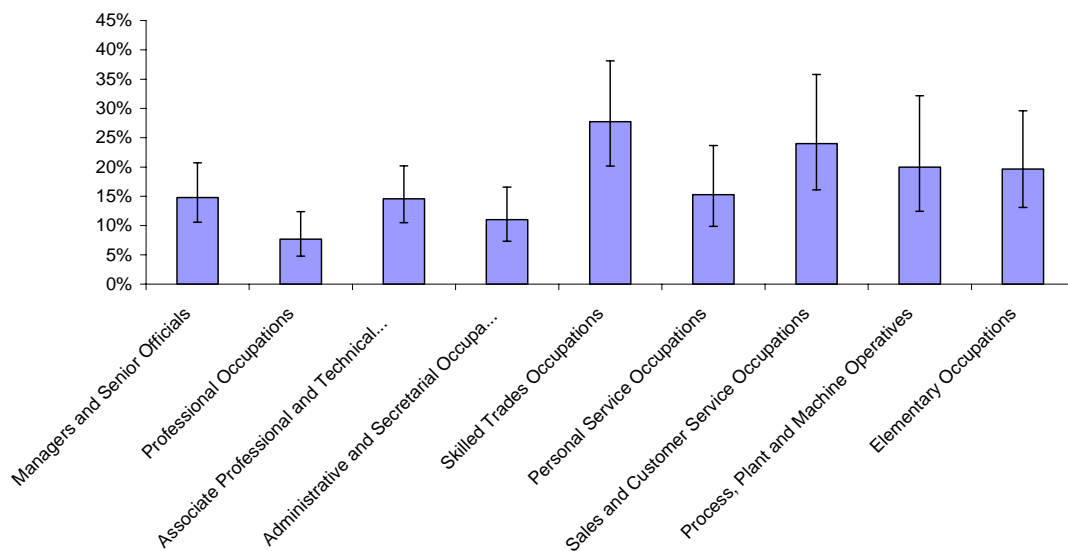
**9.1.4 Smoking and minority ethnic groups**

The number of respondents from minority ethnic groups is small and we cannot estimate, with confidence, the proportion who smoke. This is a general issue for lifestyle surveys.

In 1999, the Health Survey for England focused on the health of ethnic minorities. Special emphasis was placed on the health of the most populous minority ethnic groups: Black Caribbean, Indian, Pakistani, Bangladeshi, Irish and Chinese. Unfortunately, sample sizes in the regions were not large enough to present separately. For England they reported that the highest percentage of male smokers (44%), was found in the Bangladeshi sample group. Both Bangladeshi and Black Caribbean men had higher rates of current cigarette smoking than the general population, with Chinese men having rates over 10% lower than the general population. Cigarette smoking prevalence was very low among South Asian and Chinese women, particularly Bangladeshi women. Only Black Caribbean women had similar smoking rates to the general population. (EMPHO 2006)

9.1.5 Smoking by occupation

**Smoking and occupational group (SOC 2000)**

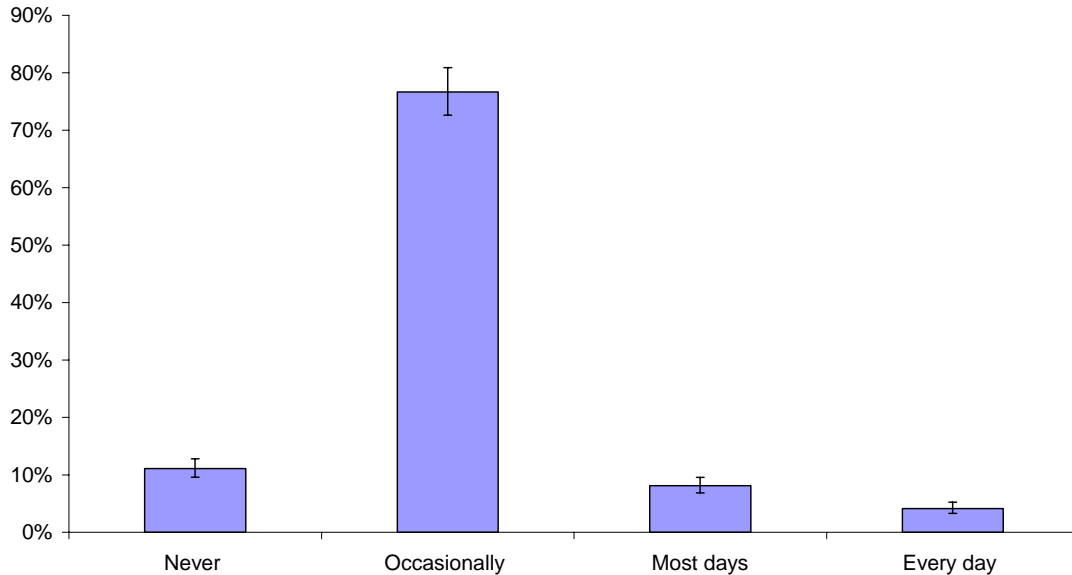


There appear to be significant differences between the managerial, professional (inc associate) and administrative occupations and those in skilled trades, sales, process operatives and elementary occupations.

*Employers in the East Midlands are currently paying the price in terms of 'smoking breaks' and excess sickness absence caused by smoking to the tune of over £340 million of lost productivity every year. (EMPHO 2006)*

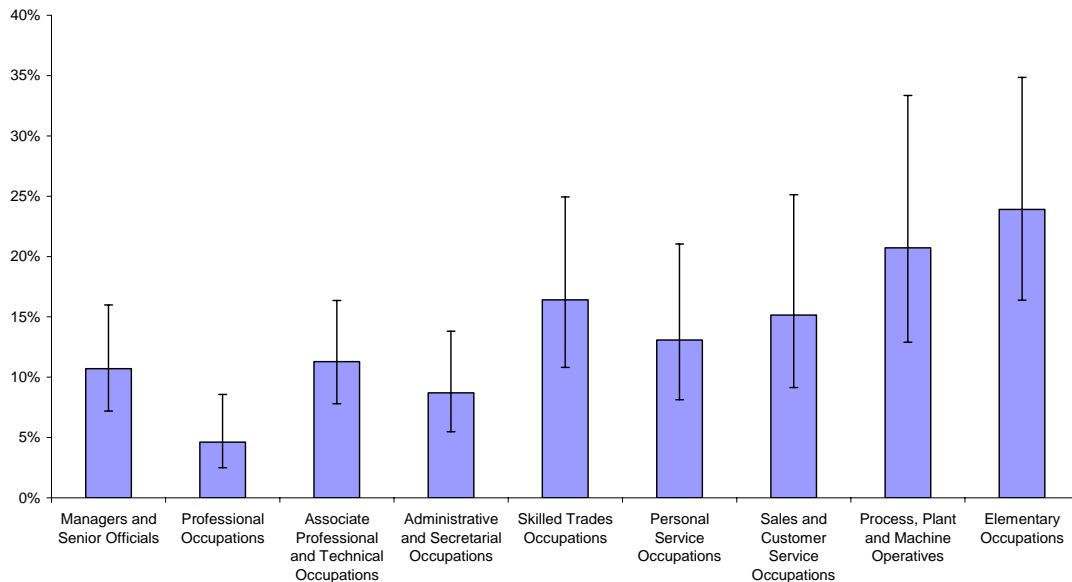
### 9.1.6 Passive smoking

How often do you breathe other people's smoke, as in 'passive smoking'?



The majority are experiencing other people's smoke occasionally. The numbers experiencing other people's smoke *most* or *every day* are small but do appear to be influenced by their occupation with those in elementary and process/plant work more likely to be exposed to smoke than those in the professional occupations. The forthcoming ban on smoking in enclosed places may well improve this.

Passive smoking by occupation "most days" or "every day"



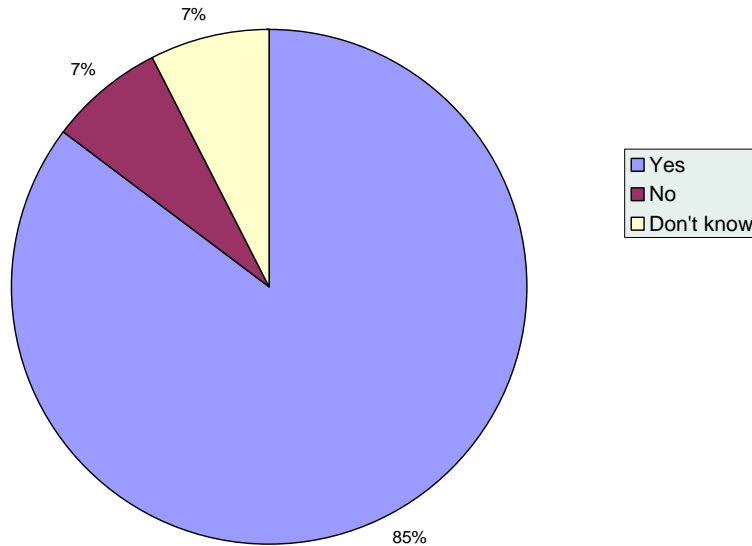
*Tobacco and Harm in the East Midlands 2006-07* states that:

*Second-hand smoke is a serious health and safety hazard in its own right, which can be reduced through comprehensive workplace smoking restrictions. These would not harm the regional economy.*

9.1.7 Stopping smoking

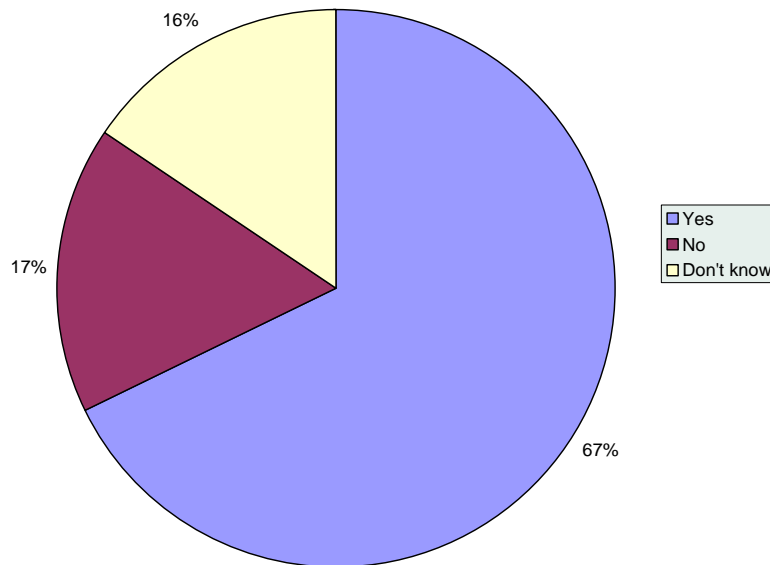
Of those who smoke the majority believe that smoking is harmful to their health:

Do you think the amount you smoke is harmful to your health?



And would like to give up:

Would you like to give up smoking?



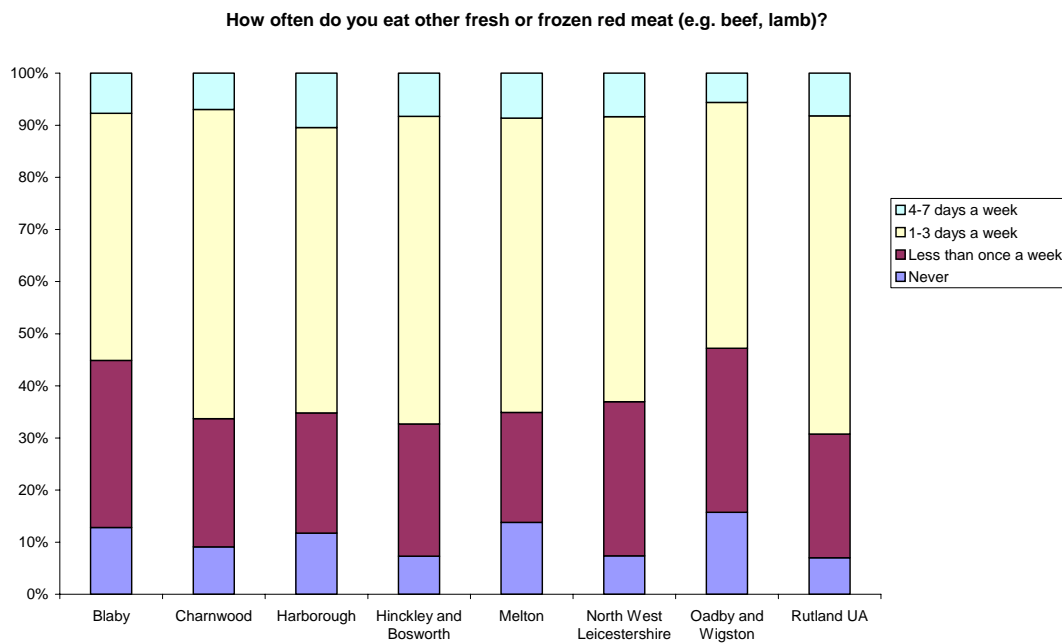
Sixty seven percent of those respondents who would like to give up say they would use professional help. In real terms this is 166 people who smoke, think it is harmful to their health and would like to give up. This is 63.4% of those stating that they are current smokers. If this is applied to the adult population of LC&R based on the HLS finding of 15% smoking the potential number who would like to give up is in the region of 51,296. However, if we take the East Midlands estimate based on the Health Survey for England of 27% the number may be as high as 92,332.

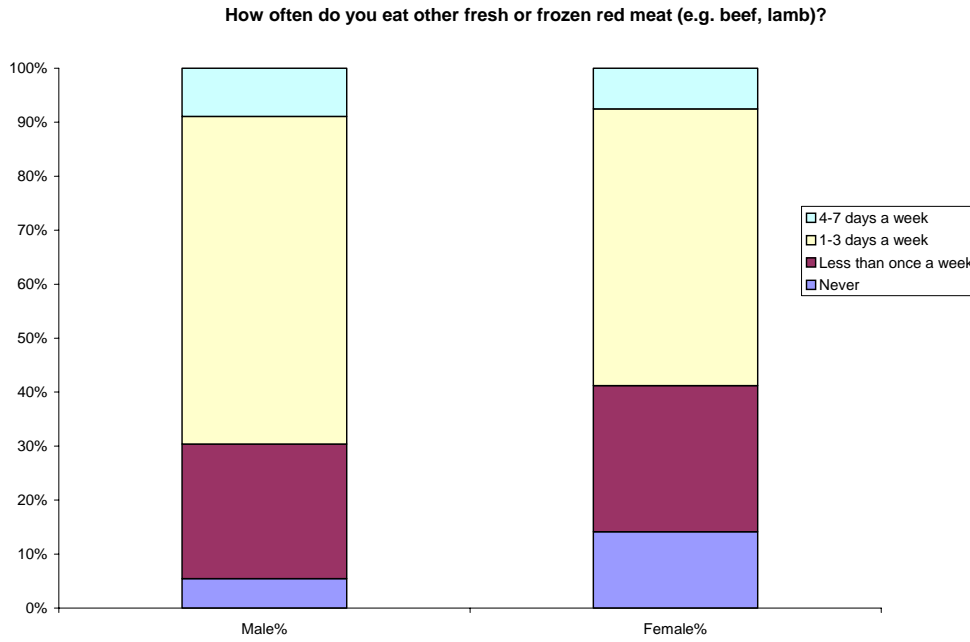
Of our 166, 122 would use professional help. If this calculation is applied to the population based on the above estimates of both 15% and 27% smoking rates it suggests that there are at least 37,700 who smoke, would like to give up and who would consider using professional help. The real figure may be as high as 146,000.

This is a very crude calculation because it is based on total smokers and total population and does not take account of age or geography. However, it does provide an indication of the potential demand for this service. In addition the demand for such services may increase after the introduction of the July 1<sup>st</sup> smoking ban.

## 9.2 Diet

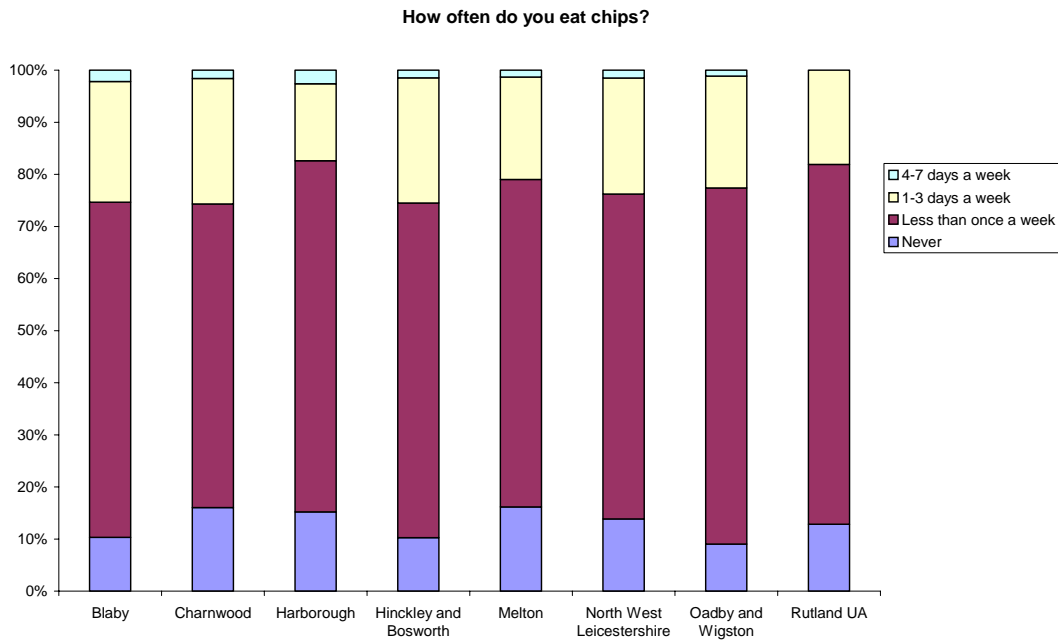
### 9.2.1 Red meat

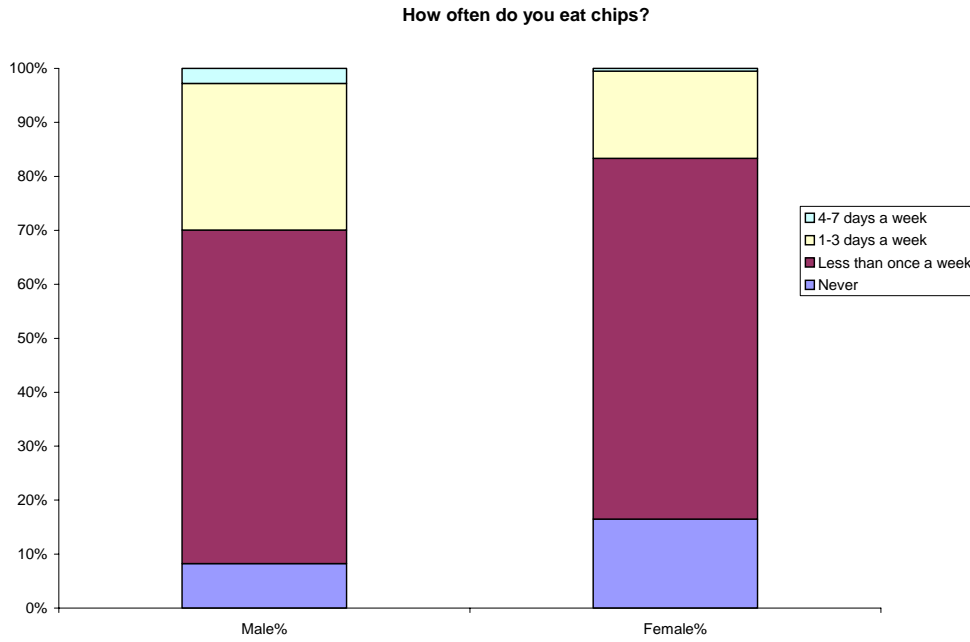




There were no significant differences between men and women, or across the districts, in how often they eat red meat.

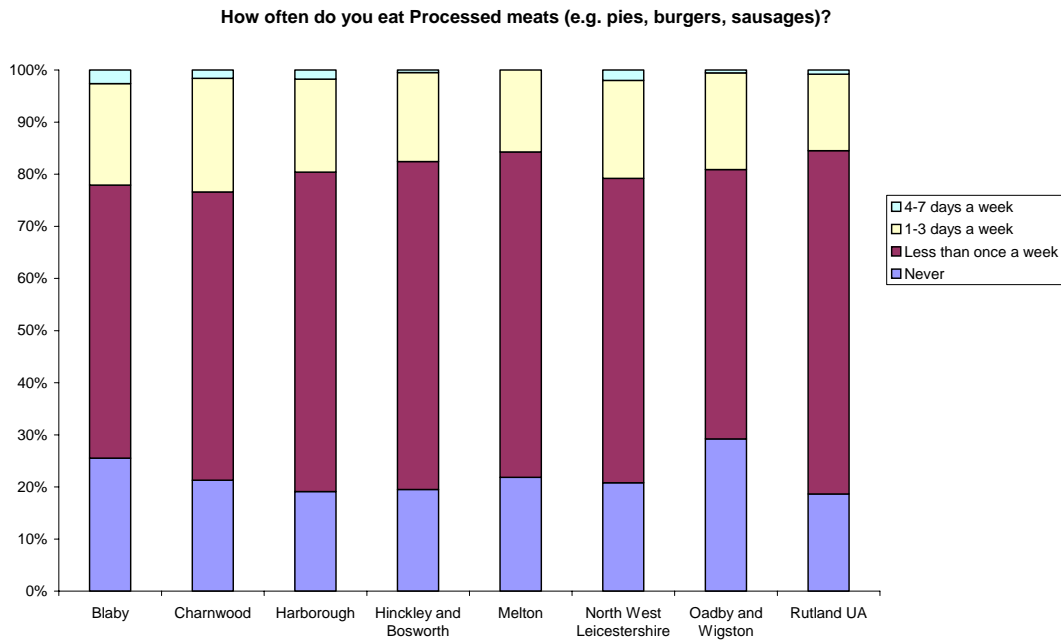
### 9.2.2 Fatty foods: chips

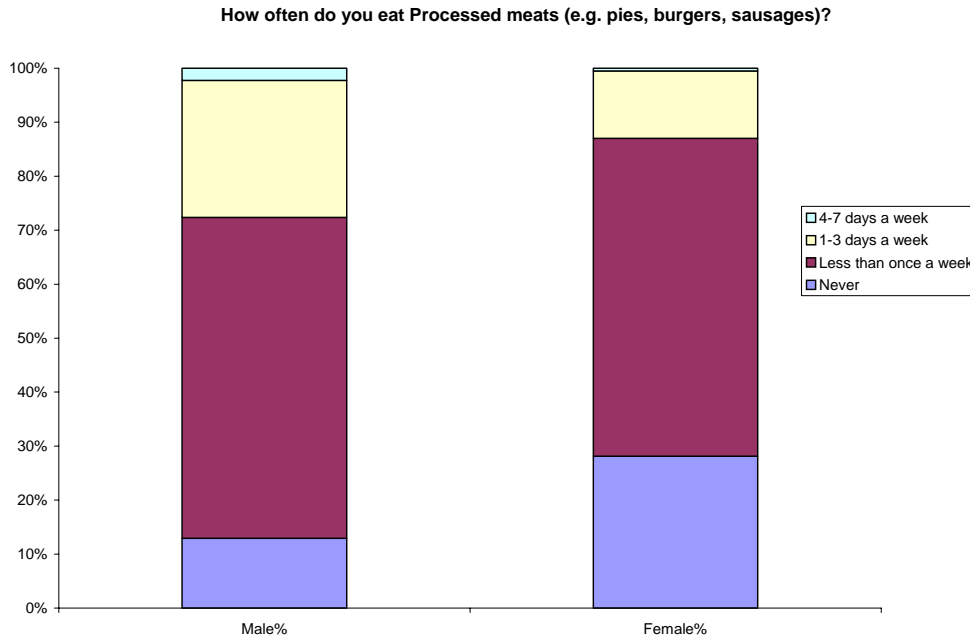




There were no significant differences across the local authorities but men appear more likely to be eating chips on more than one day a week.

### 9.2.3 Fatty foods: processed meat products

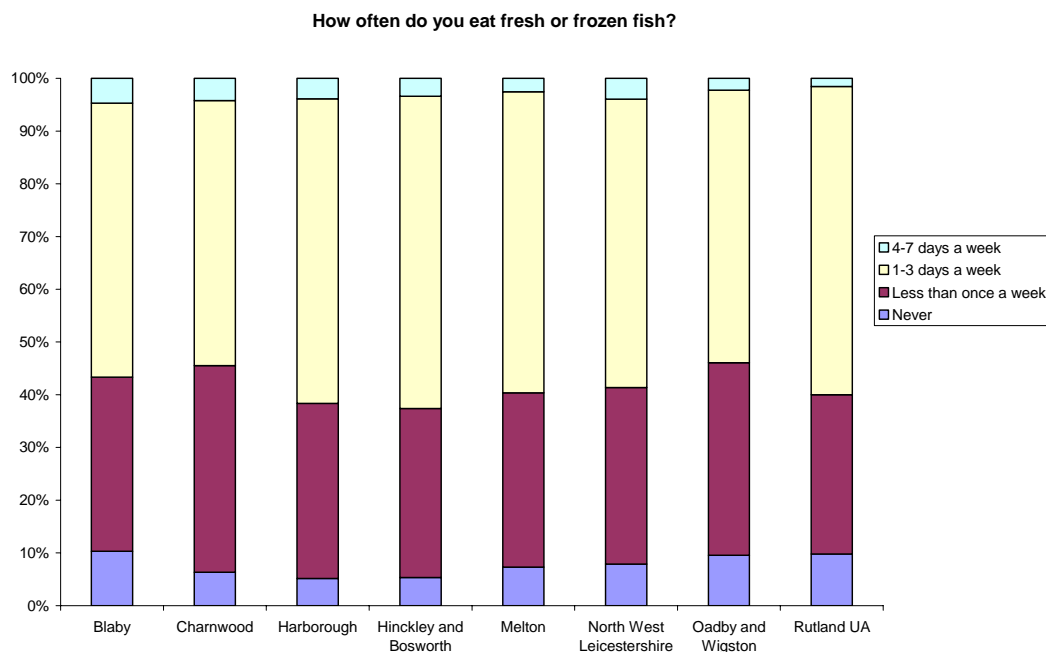




Again, there are no statistically significant differences but men appear to be eating processed meats more often than women.

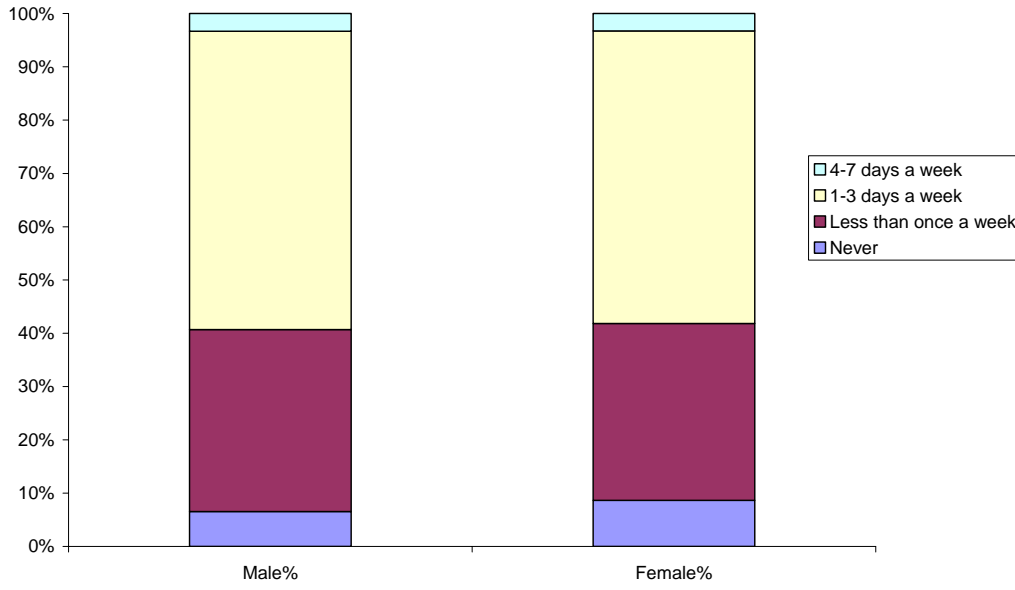
### 9.2.4 Consumption of poultry and fish

The consumption of both poultry and fish appears to be similar across all districts and for men and women.

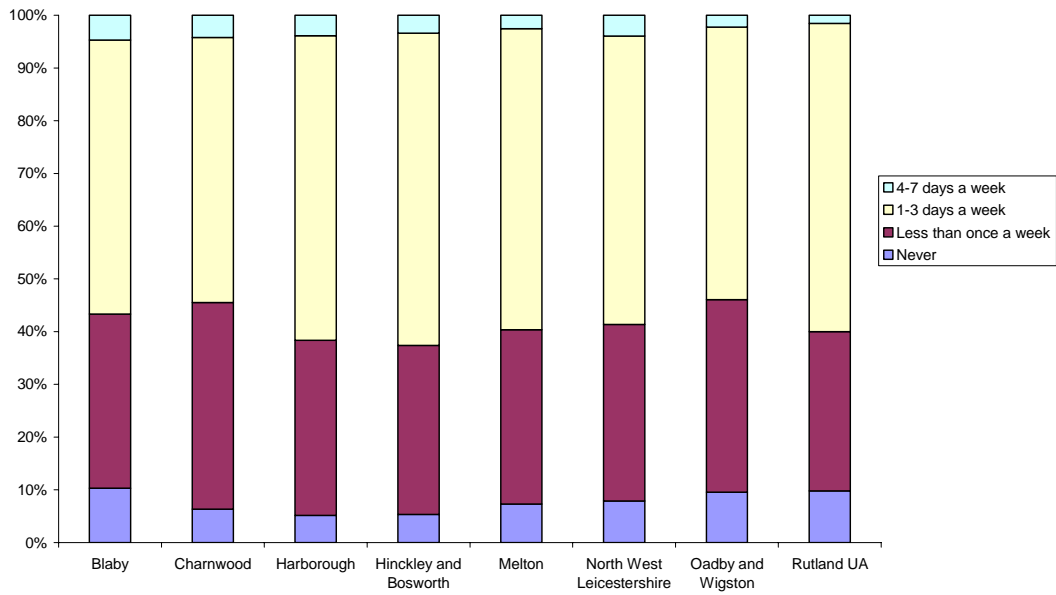




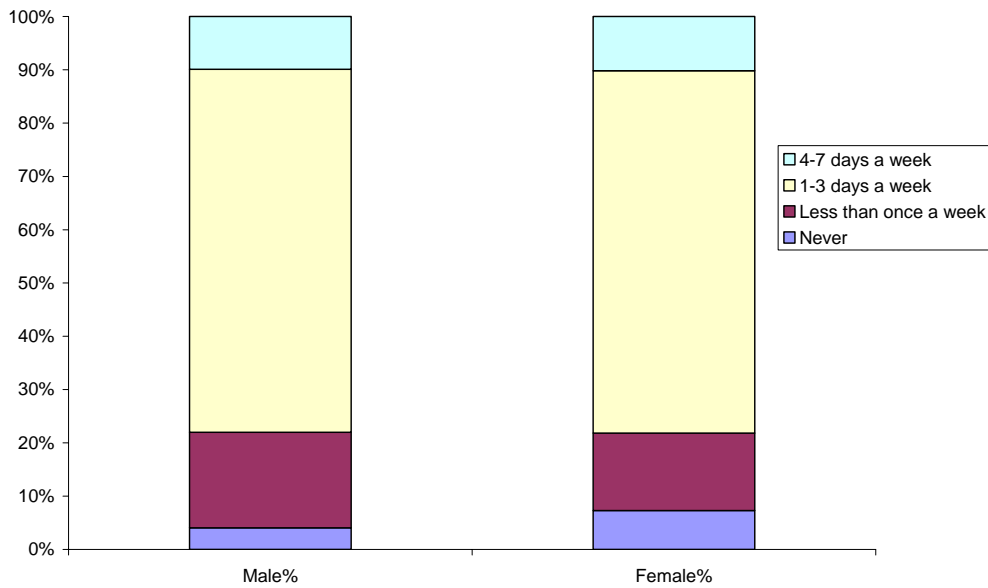
How often do you eat fresh or frozen fish?



How often do you eat fresh or frozen poultry?



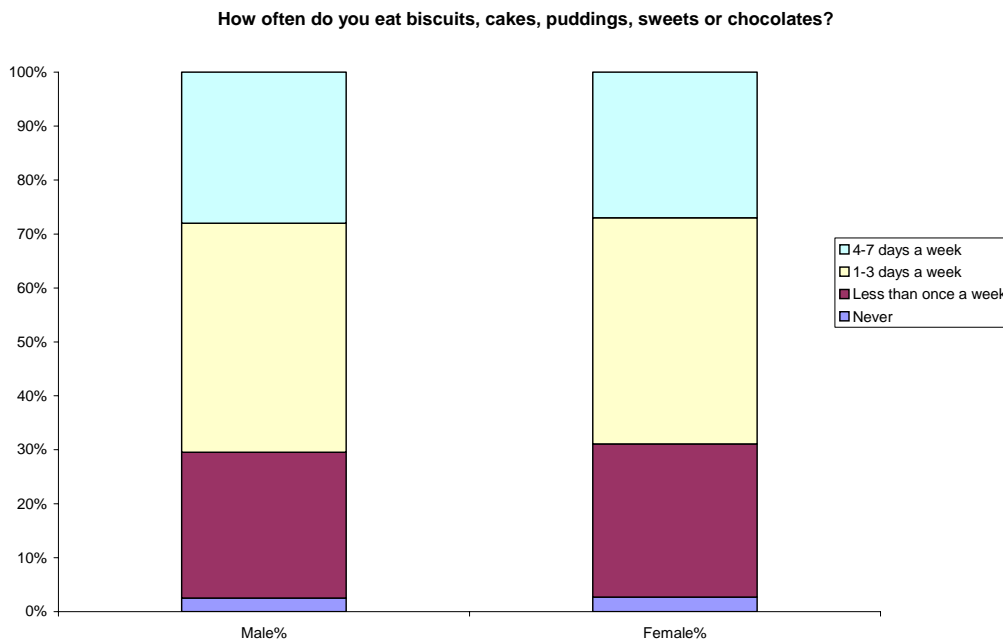
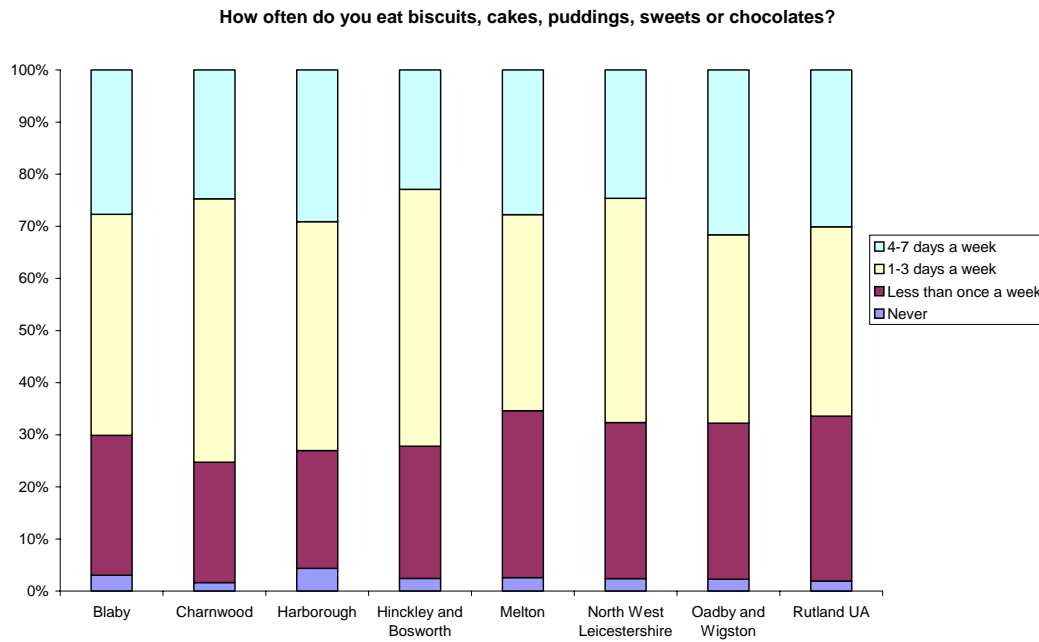
How often do you eat fresh or frozen poultry?



### 9.2.5 Consumption of biscuits, cakes, sweet foods

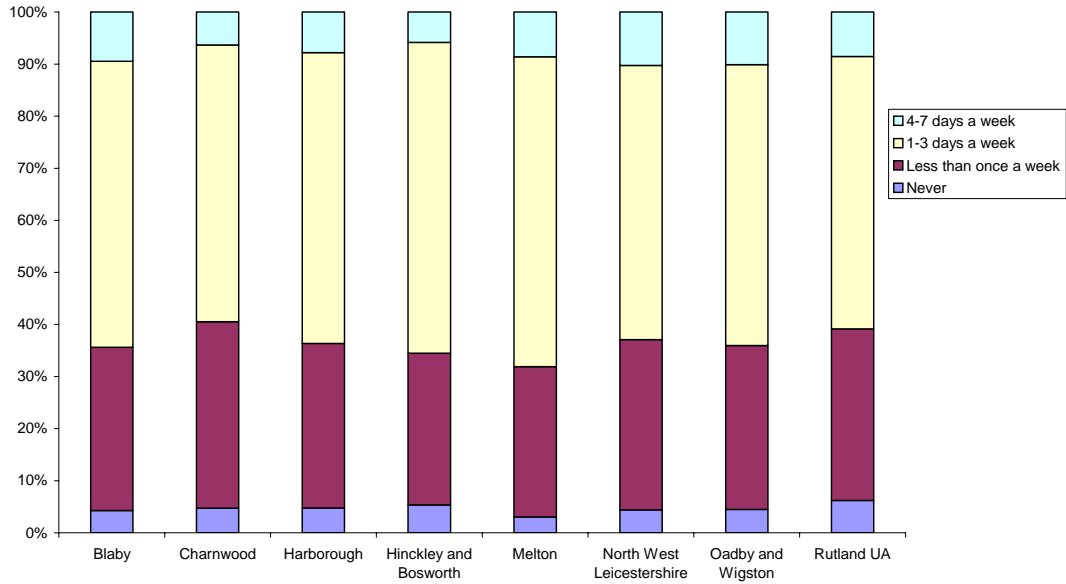
There are no differences between districts.

There appears to be little difference between men and women, despite the comments from women (see below re quality of diet) that chocolate, cakes and biscuits are commonly the things that are stopping them eating a better diet.

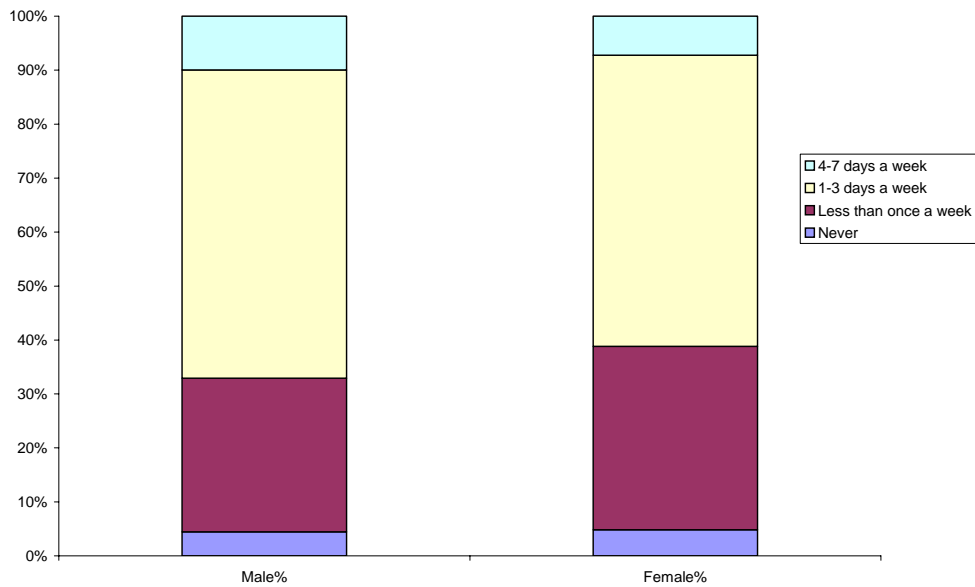


### 9.2.6 Consumption of pulses

How often do you eat Pulses (e.g. lentils, beans, baked beans)?



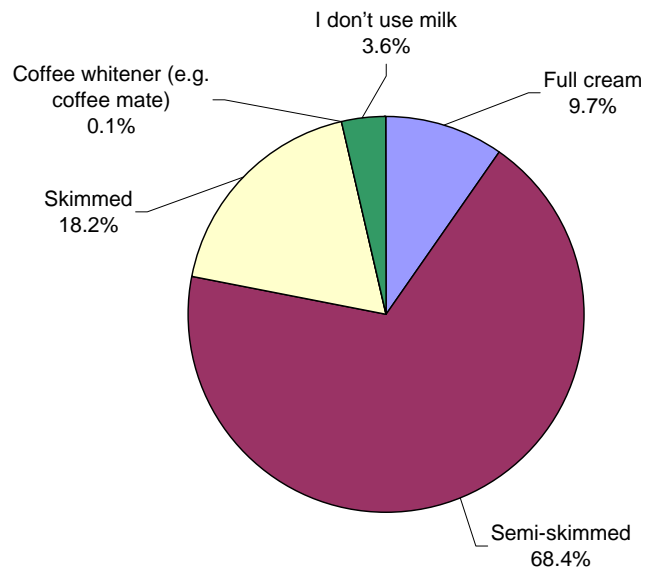
How often do you eat Pulses (e.g. lentils, beans, baked beans)?



There are no significant differences between men and women or across districts.

### 9.2.7 Choice of milk

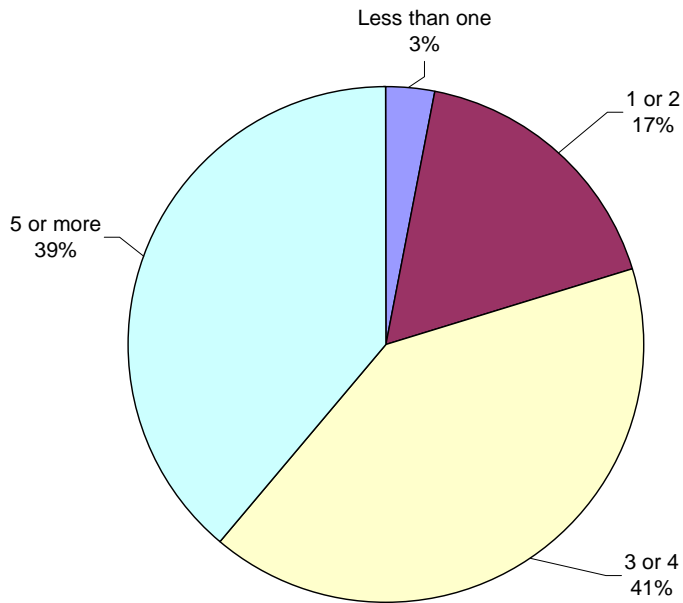
The majority now use semi-skimmed milk. There were no significant differences across districts. As milk is usually a household purchase we did not compare the choice of milk by gender.



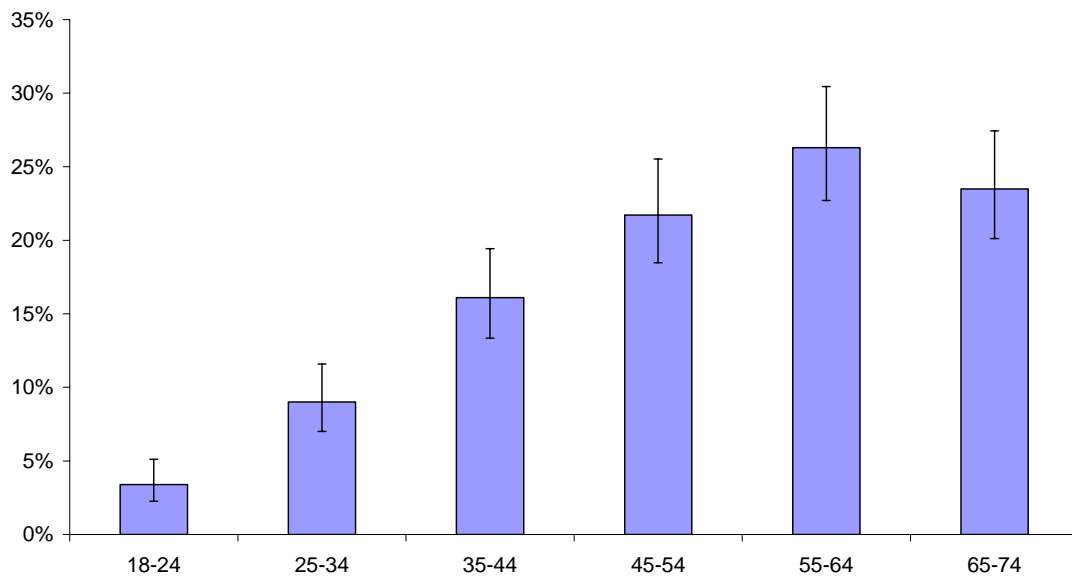
This is broadly similar to a recent survey in Oxfordshire in which 68% used semi-skimmed milk, 11% used full cream and 16% skimmed.

9.2.8 Fruit and vegetable consumption

Overall, most respondents were eating at least three portions of fruit or vegetables per day, but less than half are eating five or more portions a day.

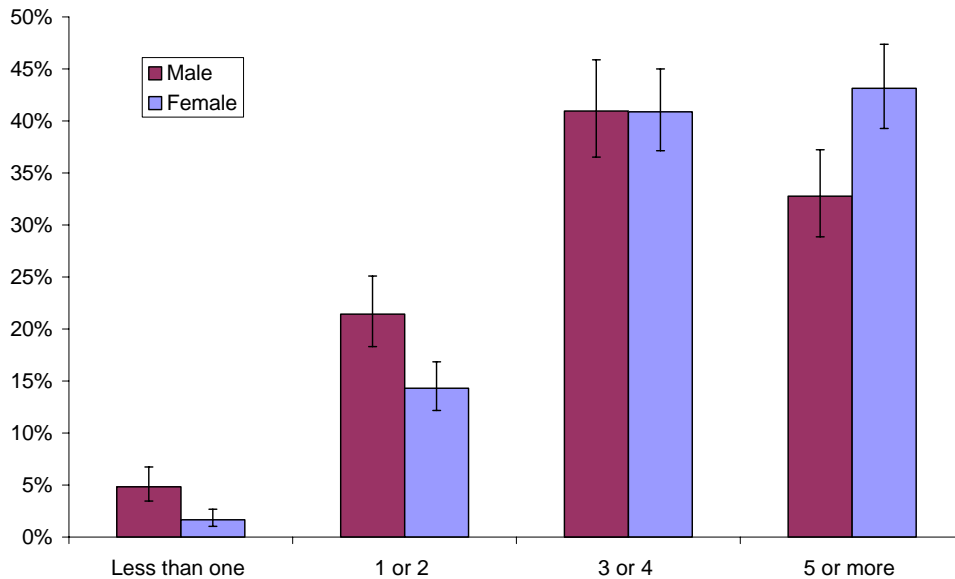


5 or more fruit and vegetables a day by age group



The younger age groups appear significantly less likely to be eating five or more portions of fruit or vegetables a day than the older groups.

5 or more portions fruit and vegetables per day



### 9.2.9 Quality of diet

Men and women were equally likely to consider that the foods *they* eat are harmful (10%) or to want to improve their diet (44% of women, 43% of men). However, women were more likely to then add a comment as to why they find it difficult to do so with 703 (71.45%) commenting against 523 (34.26%) men.

*Time* was given by many as something that stops them eating a better diet. This was often related to work or other commitments such as children’s activities. This included time to prepare meals, shop, and for some the meagre duration of meal breaks at work, commonly 30 minutes.

*Cost* was an issue for many, especially for those on a fixed income. There also seems to be a belief amongst many that ‘*healthy*’ foods are expensive and convenience or poorer quality foods are ‘*cheap*’. Some also related it to increasing prices elsewhere such as energy and said that food is an area where they economise.

Several made comments specific to living alone:

*Live alone - don't bother to cook enough fresh food.*

*Cost - live alone so fresh food tends to go off before I eat it, if I buy too much, but don't have time to keep going to shops.*

*Work* has an impact – some made general comments about work commitments or pressure but many were more specific.

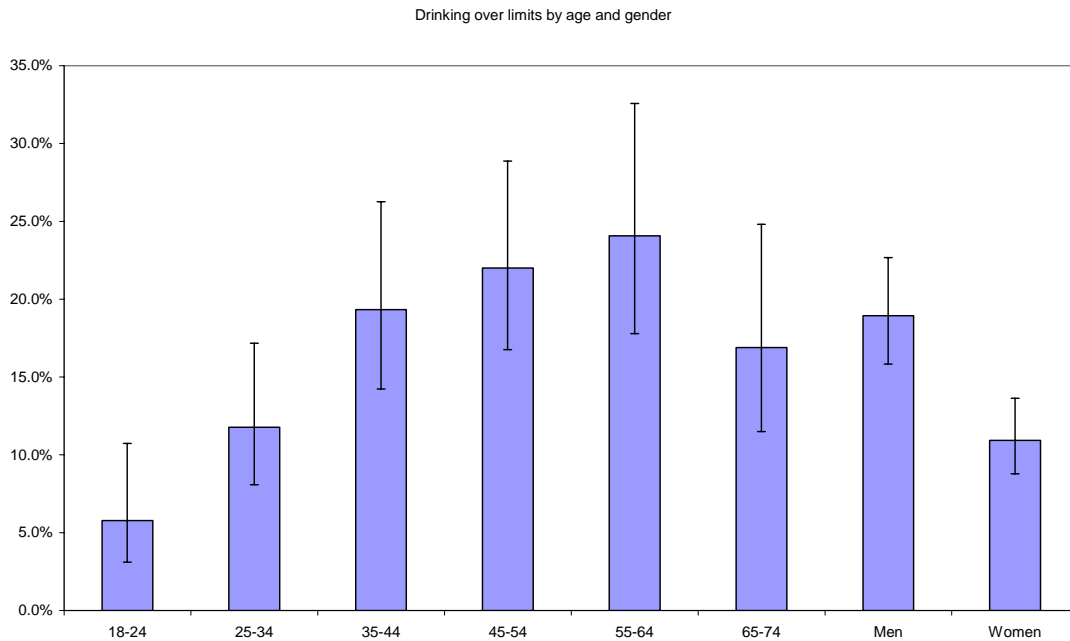
- Getting home late and lacking the time or energy to cook,
- A lack of options for some in work based restaurants or shops (or none), shift work, one said ‘*My shift pattern as I work from 17.00 - 22.00. I don't have a meal break and normally starving after walking around for 4 hours a night*’
- Lacking time to shop. For many the tiredness and rushing associated with work meant a lack of imagination when it came to planning meals, they wanted: ‘*...convenience, fast food. But I would like to find other ways & information on good foods.*’

### 9.3 Alcohol

#### 9.3.1 Who drinks?

Ninety one percent of men and 82% of women reported that they ‘*ever drink*’ alcohol. The *Alcohol Briefing in the East Midlands* (2006) in reviewing the available knowledge, reported that 75% of men and 62% of women had drunk alcohol in the previous week. Both are slightly higher than the national average (in 2004) of 71% of men and 59% of women.

#### 9.3.2 Drinking above safe limits



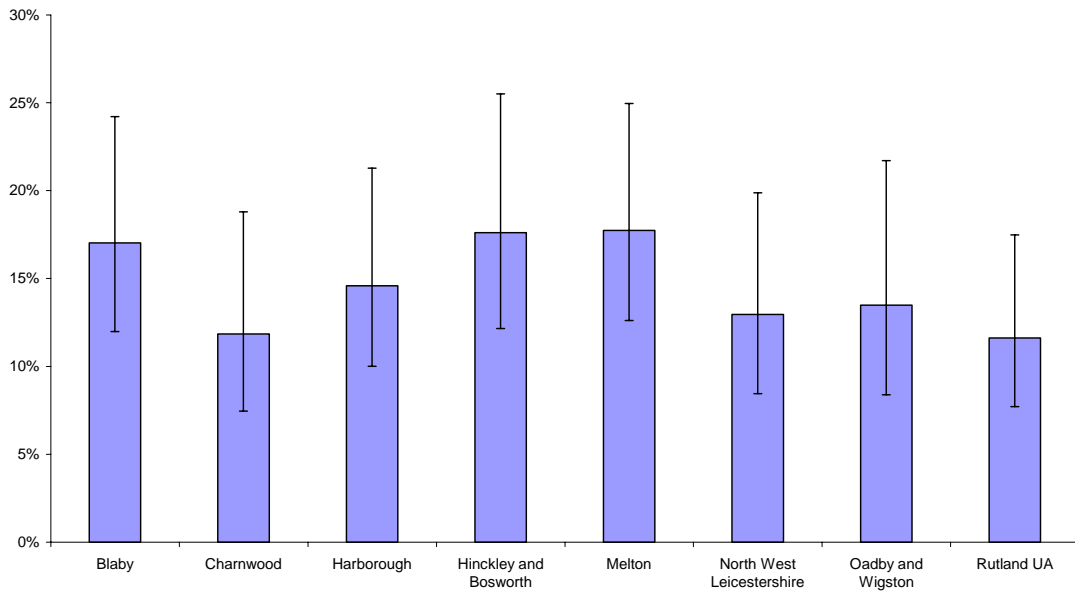
Despite the lower response rate from younger people there does seem to be a significant difference between those drinking above safe limits in the 18-24 group against those over 35. It is likely that the 18-24s who responded are those who choose a healthier lifestyle with a sensible approach to alcohol as other sources suggest that the rate is much higher. The *Alcohol Needs Assessment Research Project (ANARP)* using data from the Psychiatric Morbidity Study observed that the prevalence of hazardous/harmful drinking for those aged 16-64 in the East Midlands was 24.4%. (quoted by the Alcohol Briefing). The East Midlands was however identified as the region with the lowest prevalence of dependent drinkers at 1.6%. However, due to small sample sizes the confidence interval for this data is large; the actual rate could be anywhere between 0.8% and 3.0%.

Our findings confirm the differences between men and women with men more likely to drinking over safe limits.

There appears to be no significant differences across the districts. In synthetic estimates of levels of binge drinking all the Leicestershire county districts and Rutland are below both national and East Midlands averages.

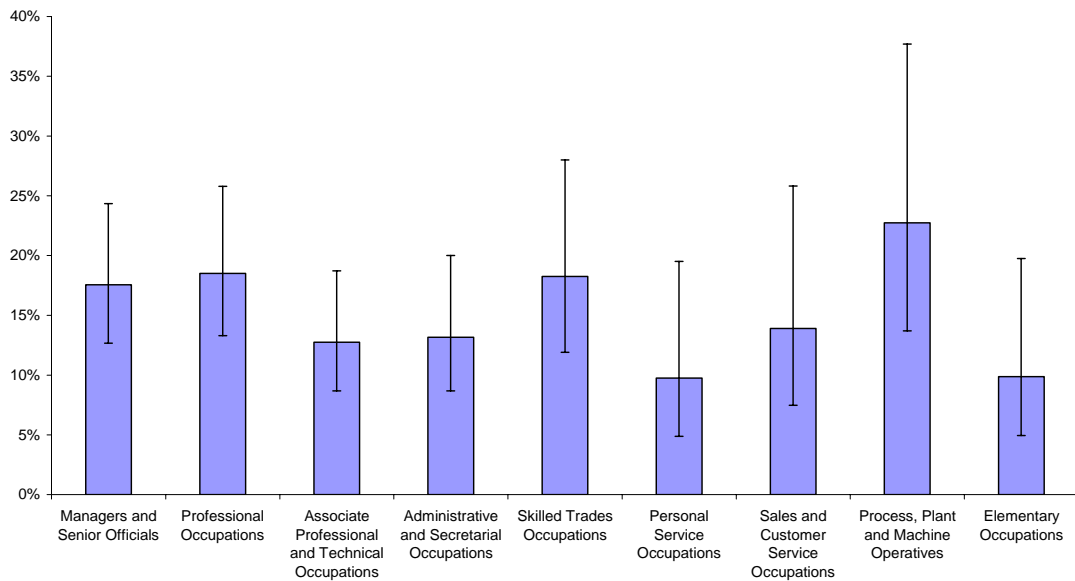


Drinking over limits by Local Authority

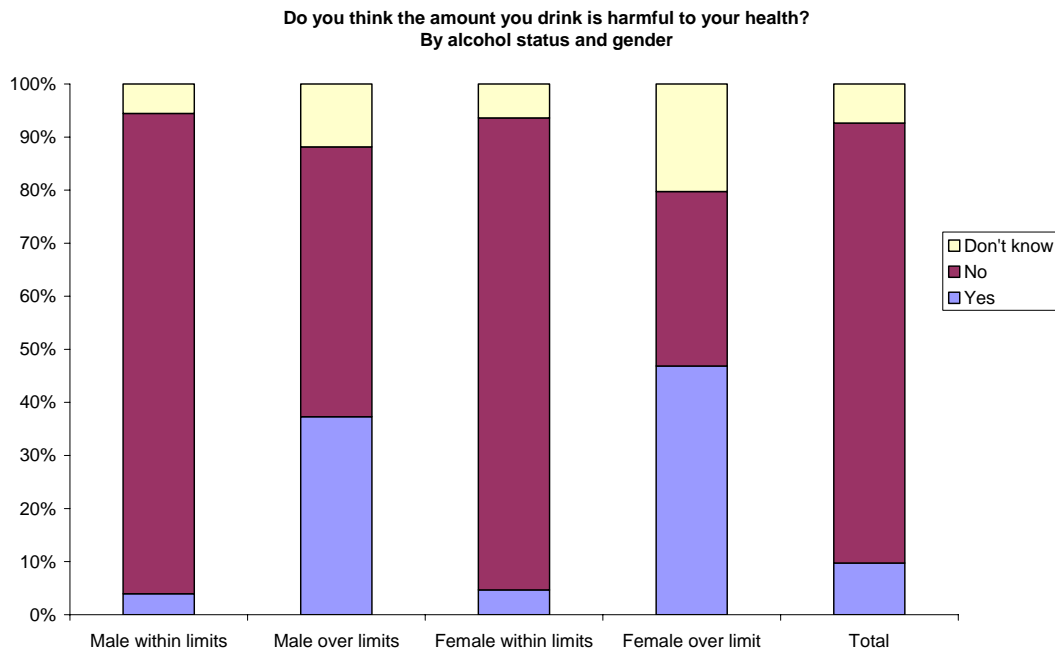


Or by occupation (in contrast to smoking).

Drinking over limits by Occupation



### 9.3.3 Alcohol beliefs



About half of those who are drinking above the recommended limit feel that the amount they are drinking is not harmful their health. Women who are drinking above the limit seem slightly more likely to say they 'don't know' than men are.

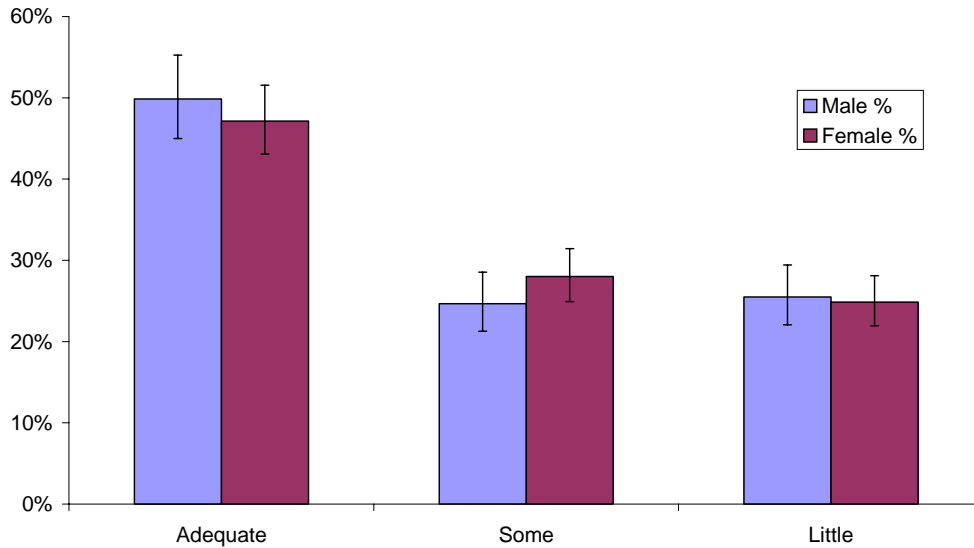
### 9.4 *Physical Activity*

We are defining:

- Little or no exercise as either *vigorous* or *moderate* exercise less than once a week.
- Some exercise as *vigorous* exercise one or two times a week or *moderate* exercise one to four times a week (or a combination).
- Adequate exercise as *vigorous* exercise three or more times a week or *moderate* exercise five or more times a week (or a combination).

9.4.1 Overall levels of exercise

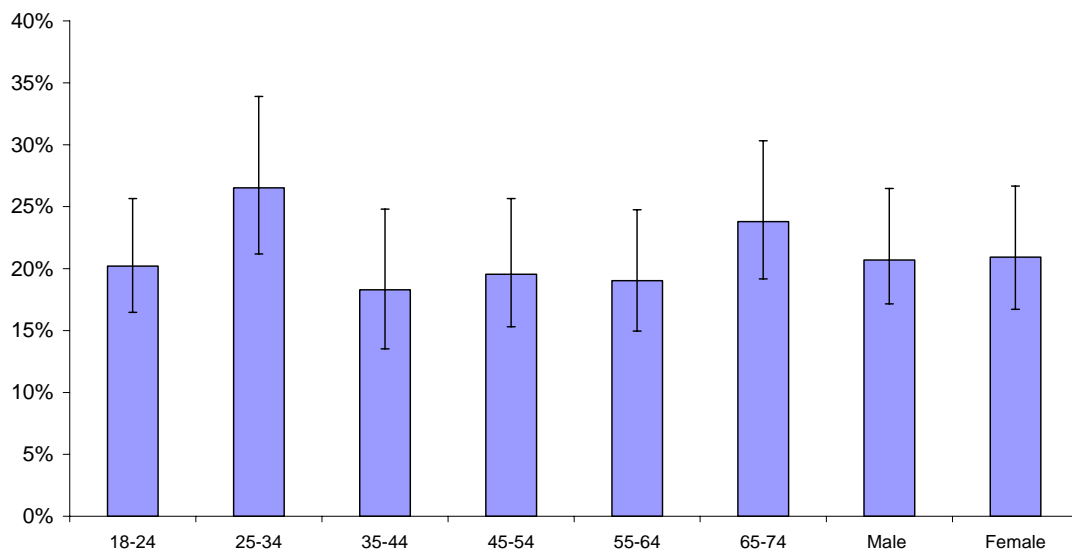
**Assessment of exercise levels**



One in five men and women are taking little or no exercise.

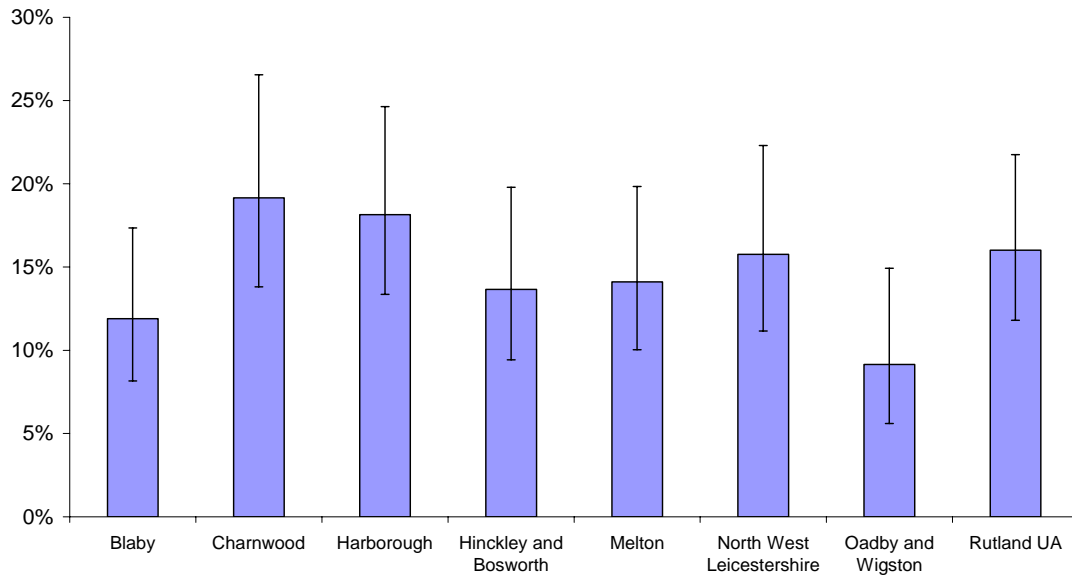
9.4.2 Moderate and vigorous exercise

**Proportion participating in moderate exercise five or more times a week by age and sex**

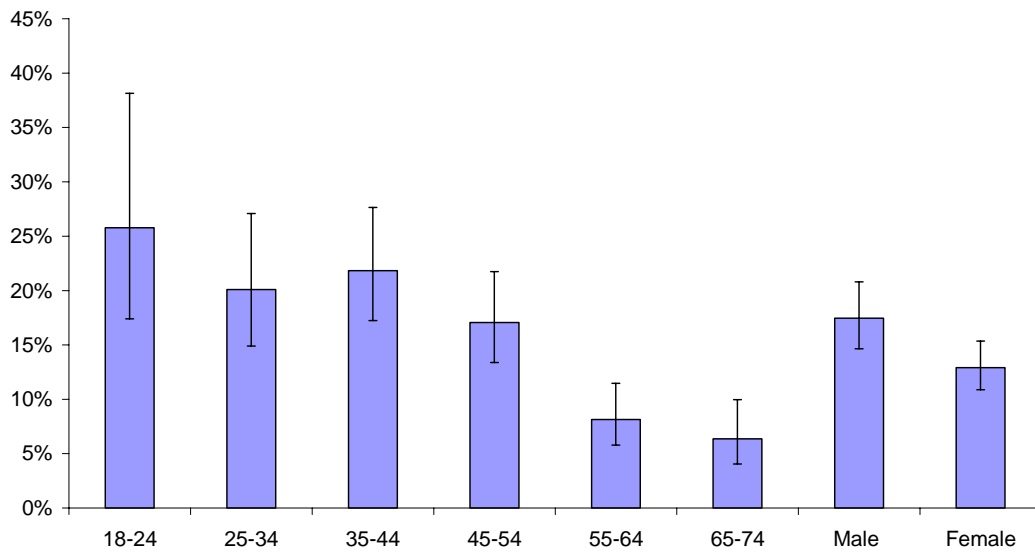


There are no significant differences across either age or gender, or by district:

**Proportion participating in vigorous exercise three or more times a week by LA**

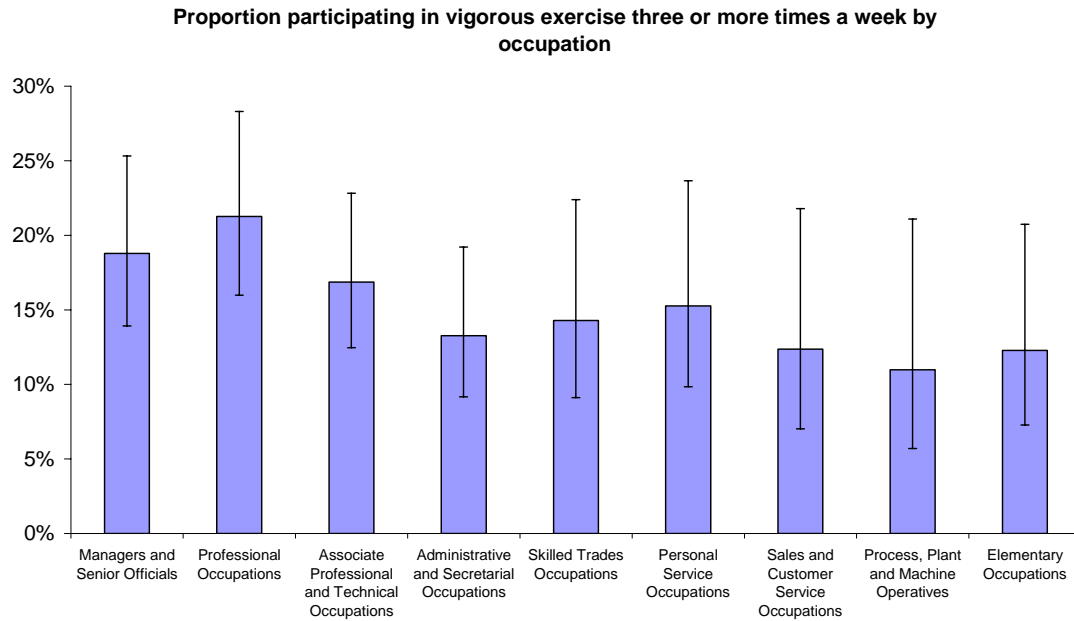


**Proportion participating in vigorous exercise three or more times a week by age and sex**



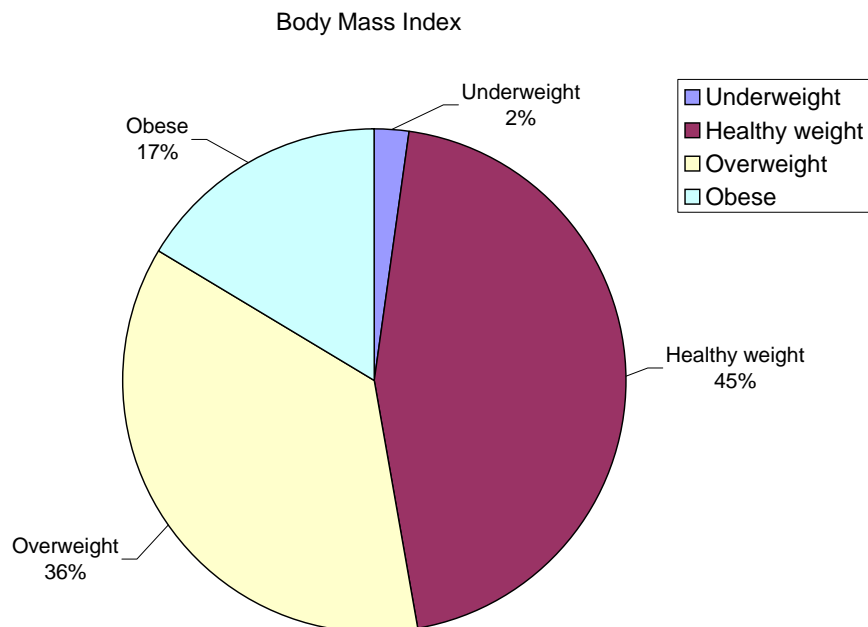
The younger groups are significantly more likely to be participating in vigorous exercise three or more times a week.

In addition we looked at vigorous exercise by occupation



## 9.5 Weight

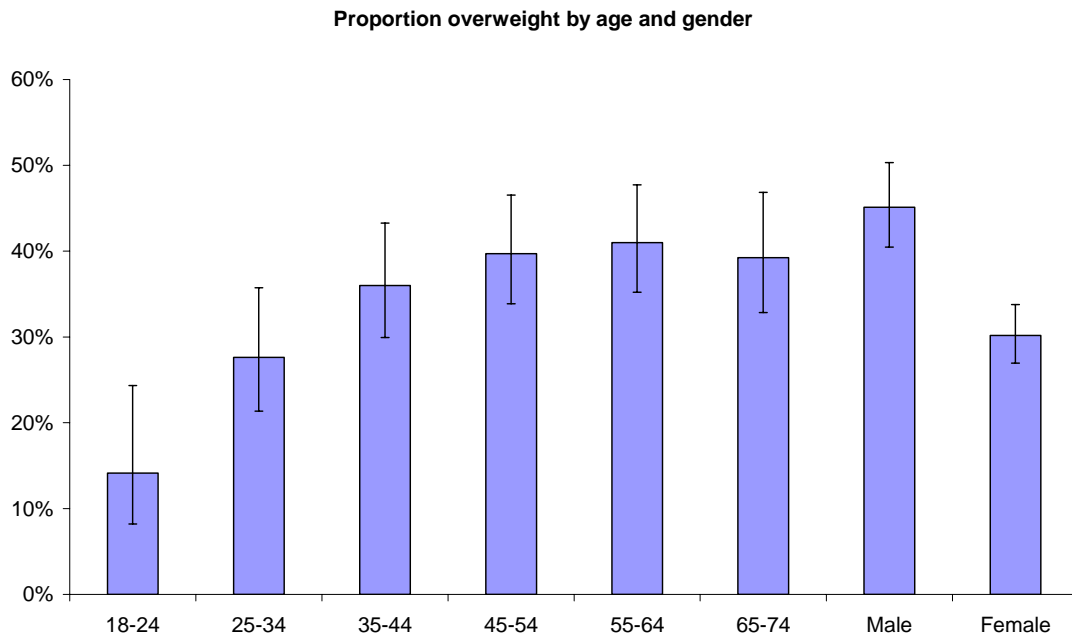
### 9.5.1 Overall distribution of BMI



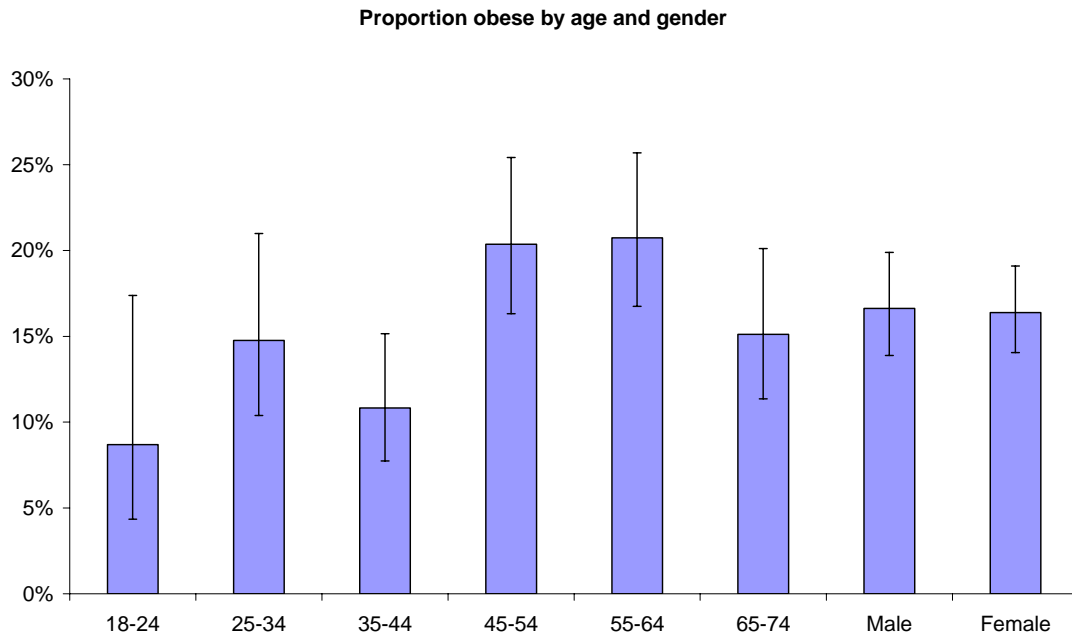
These findings reflect the *Profile of Obesity in the East Midlands 2004* reports:

*...in recent years the prevalence of obesity among East Midlands females has been consistently higher than that in England as a whole. In the most recent period (2000-02) the difference between East Midlands (26%) and England (22%) was statistically significant. In this same period, the prevalence of obesity among East Midlands males (23%) was also comparatively high but was not significantly different from the figure for England as a whole (21%).*

9.5.2 Overweight: age group and gender

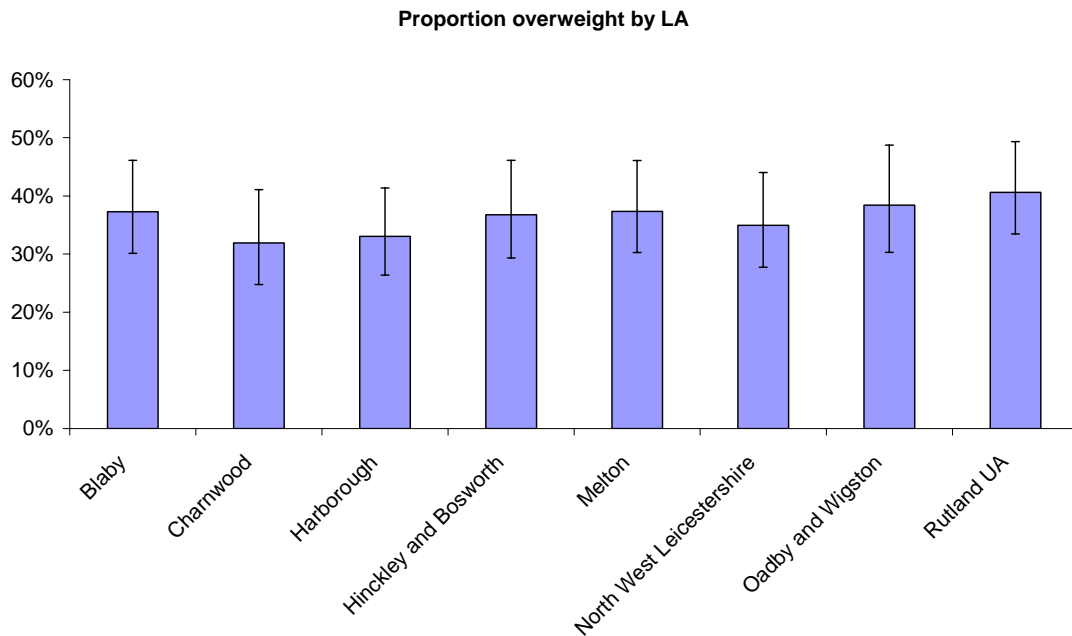


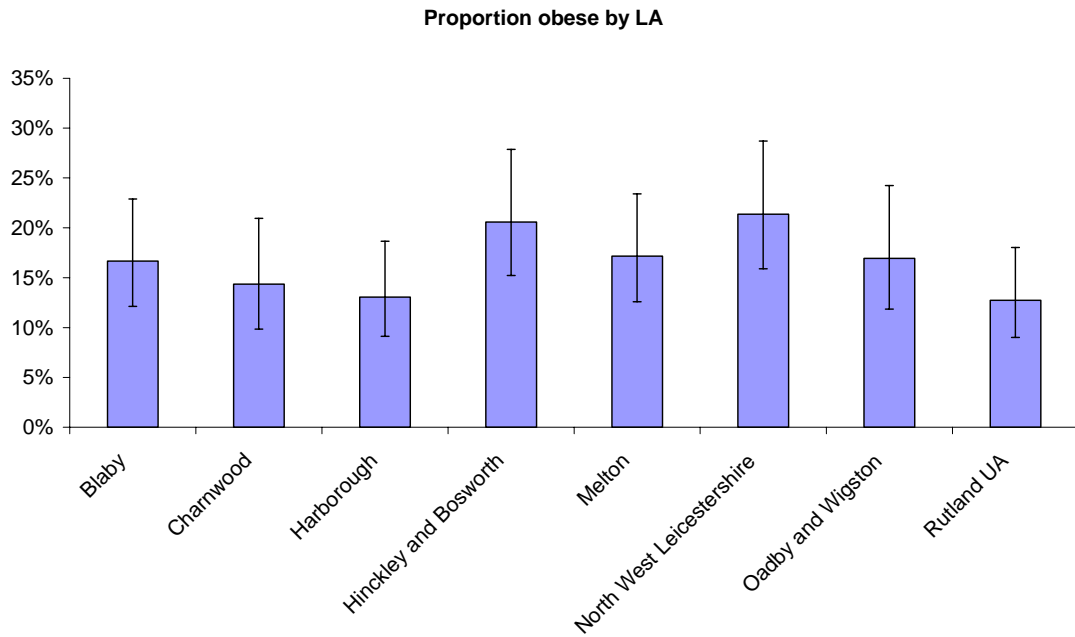
9.5.3 Obesity: age group and gender



9.5.4 Locality: overweight and obesity

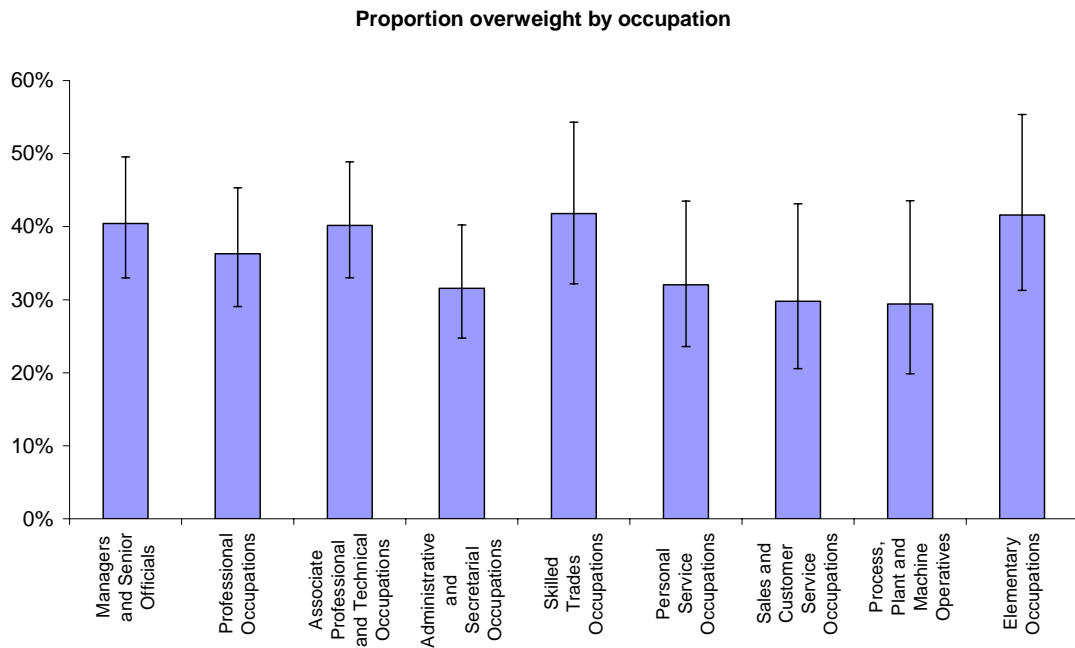
There are no significant differences across the districts.



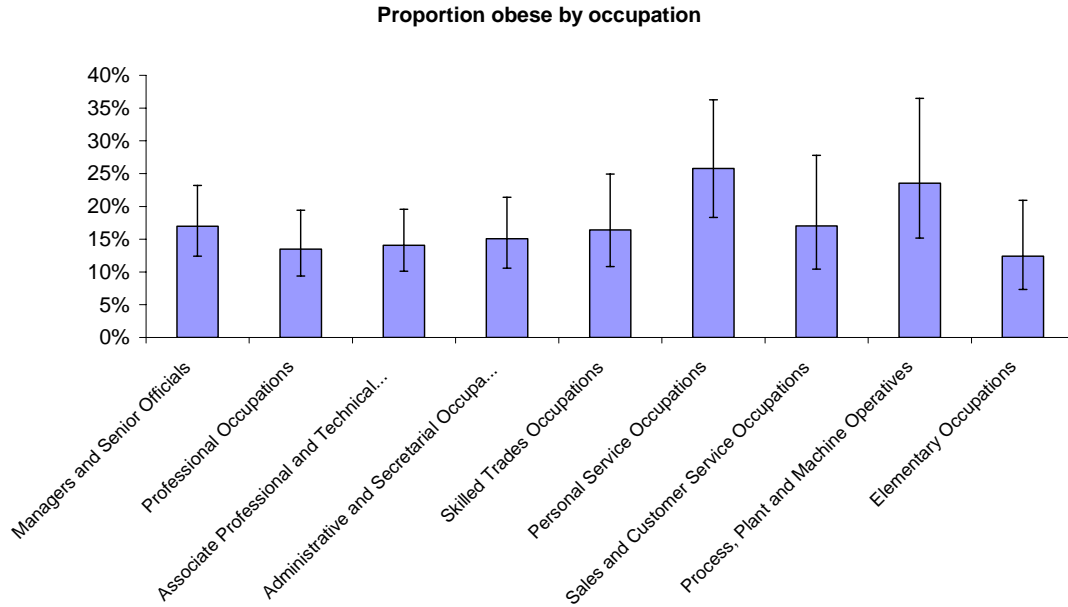


**9.5.5 Occupation: overweight and obesity**

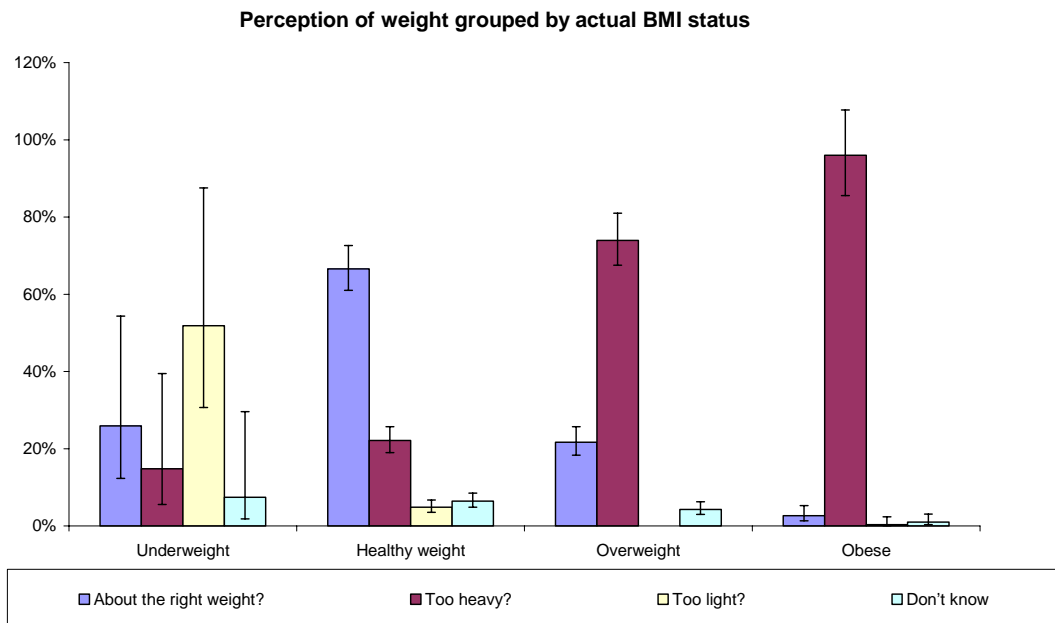
There are no significant differences by occupation.







### 9.5.6 Perception of weight



The majority perceive their weight to be in line with the BMI we calculated, but there are some who are overweight or obese who believe they are a healthy weight. There are also, worryingly, a very small number of those who are underweight who believe themselves to be a healthy weight (7 of 27) or too heavy (4 of 27). These are extremely small numbers and should be treated with caution.

## 10 Summary

See also key findings at Section 1.2

Overall, the findings are in line with the health profile and other sources although the over representation of women and older people means that smoking, and drinking above safe limits may be understated.

The health of men appears to be a cause for some concern with high levels of overweight and some indication that they are eating more fatty and processed foods. A number also commented on *stress* caused by tiredness, work, too much driving and occasionally by the lack of work.

Women also talked of stress, often caused by the juggling of family and work. Many felt that this was affecting their diet and contributing to a lack of exercise.

Although there are few differences across areas, there are significant differences in smoking with higher rates in Hinkley & Bosworth, and some suggestion that those in certain occupations may be experiencing higher levels of passive smoke than others.

The majority who smoke agree that it is harmful and many would like to give up. Of those who would like to give up about two thirds say that they would use professional help. Applied to the larger population suggests that there may be a considerable area of unmet need or demand.

We also feel that the, admittedly small, numbers of those in Oadby and Wigston, and Rutland who say that they have not been to the dentist because it is difficult to find an NHS dentist is worthy of additional investigation.

*Kate Saffin  
Isobel Wright  
June 2007*