Ipsos MORI

Summary of key findings from CLiK 2012 survey

Summary report for NHS Kirklees and Kirklees Council

24 July 2012

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Background

Background

This summary report presents the key findings of the CLiK (Current Living in Kirklees) Survey for 2012. This is a major research study into the health, wellbeing and lifestyle of people aged over 18 years in Kirklees, conducted by Ipsos MORI on behalf of NHS Kirklees and Kirklees Council. It is the fourth CLiK survey to be conducted, and follows from those undertaken in 2001, 2005 and 2008.

The CLiK survey is part of a joint programme of research which includes the recent 'Your Place Your Say' survey. This programme is being steered by the Joint Surveys Project Board (JSPB) led by Dr Judith Hooper, the Director of Public Health for NHS Kirklees and Kirklees Council.

The CLiK survey gathers and updates information about the quality of life, health, behaviours, perceptions and experiences of the adult population of Kirklees. The Council and NHS Kirklees use this information to develop plans and commission services to help residents remain healthy. The data will enable local public bodies to ensure that local services are efficient and responsive to the needs of people in Kirklees. For example, the 2005 survey showed a significant number of adults had a long term health condition and the response of local public services was to help more people manage their own health better by introducing the Expert Patients Programme. The next CLiK survey in 2008 showed that almost a third of the adult population suffered from problems with pain. The results were used to raise awareness of chronic pain across Kirklees and to identify the priorities to provide appropriate health services for local people. Questions covering both of these issues were included in the 2012 CLiK survey so that progress can be monitored.

The data from the CLiK survey is also used to compare Kirklees with similar local authority areas and against the national picture so that the Kirklees results can be placed in context.

Some Key indicators

This section summarises some of the key indicators from the survey. More detailed analyses will be conducted by NHS Kirklees and Kirklees Council.

Key findings summary

- Two in three people rate their health positively (65%) and one in ten (9%) rate it negatively. This is less positive than the most recent national data. Perceptions of personal health vary by income, qualification levels, housing tenure and ethnicity.

- Segmentation analysis shows some polarisation in how people regard their health. People in Kirklees are more likely than the national average to be 'Health Conscious Realists' (i.e. to display positive health behaviours and to feel in control of their lives and their health). However, Kirklees also has more people than the national average who are 'Unconfident Fatalists' (i.e. who show little concern for their health and wellbeing and who are more likely to take drugs and be heavy drinkers).

- Mental wellbeing in Kirklees is somewhat below the latest national average. Mental wellbeing varies significantly by income, qualification levels, housing tenure and ethnicity.

- *Without* being prompted with a list of specific health conditions, three in ten residents (30%) say they have a health condition that limits their day-to-day activities.

- The majority of people drink alcohol (78%). 13% of males consume nine or more units of alcohol, while 18% of females consume seven or more units of alcohol on a typical drinking day, which indicates 'higher risk' alcohol consumption.

- One in five residents (19%) is a current smoker and one in seven (15%) is a regular smoker.

- Only 7% of people say they have used illegal drugs in the last five years, and only 2% say they use them on a weekly basis.

Perceived quality of health

Most Kirklees residents rate their health favourably. Overall, two in three (65%) consider it 'good' or 'very good', and only one in ten (9%) consider it 'bad' or 'very bad'. One in four has 'fair' health (27%).

Nonetheless, Kirklees residents are less positive than the latest data for England overall.[1] The Health Survey for England (HSE) 2010 showed that 76% of people rated their health positively (11 percentage points higher than in Kirklees), although there is less difference in the numbers who report 'poor health' (7% nationally compared with 9% in Kirklees). Please note that the HSE is conducted through a face-to-face method rather than by post, and so the comparison with the CLiK Survey can only be indicative.

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[1] http://www.ic.nhs.uk/pubs/hse10trends. Download the excel file called 'Adult Trend Tables' and look at worksheet called '11 GEN HEALTH'.

Fig 1
Perceptions of personal health

Q   How is your health in general?
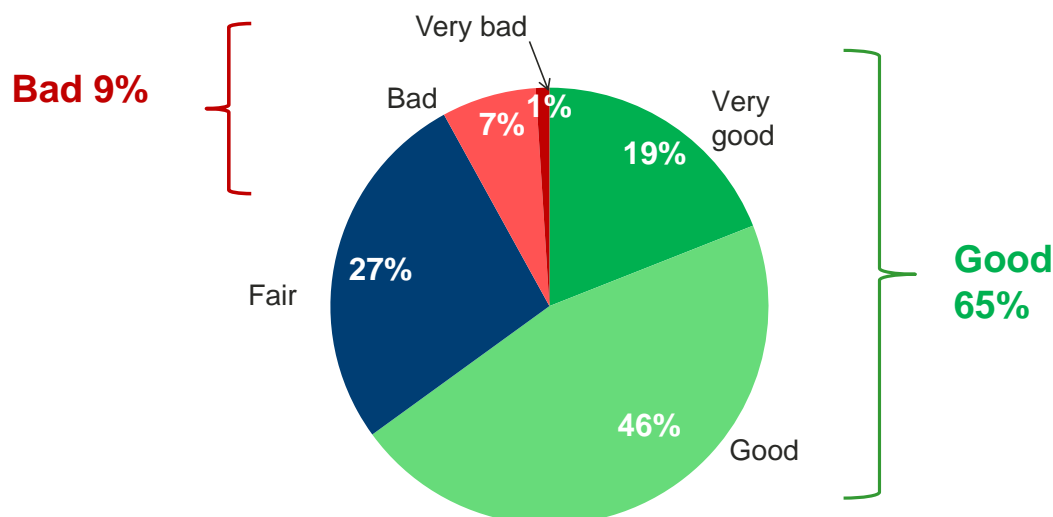
Base: All who answered this question (12,318)

Source: Ipsos MORI

Young people are more likely to rate their health positively (73% of those aged 18-34, vs. 49% of those aged 65 and over); as are women (69%) compared with men (61%). Fewer Pakistani residents rate their health as good (51% vs. 68% of Indians and 66% of White people).

Geographically, good health is most often reported in Holme Valley (72%), Colne Valley (69%), and Mirfield, Denby Dale and Kirkburton (71%); the figure is lowest in Dewsbury (59%) and Huddersfield (61%).

Quality of health increases with some standard measures of socio-economic grade:

- 43% of people without any qualifications rate their health as good, compared with 73% of those with at least an NVQ level 1 qualification.

- Of those with an annual household income below £10,000, 46% rate their health as good. This increases to 85% of those whose household receives over £50,000 a year. People in poverty more often rate their health as bad (27% of those in adult poverty and 26% of those in pensioner poverty, vs. 9% overall).

- People are far more likely to rate their health well if they are owner-occupiers (70%) or private tenants (67%) than if they rent socially (40%) or live rent-free (53%).

Perceptions differ by lifestyle and other measures of health quality:

- Two in five of those with a long-term health condition[2] say they have good health (44%) and it is lower if this condition limits their activities (26%). However, the great majority of those without a condition report good health (84%).

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[2] This data is from an unprompted question, i.e.it did not show respondents a list of specific conditions, the question simply asked if they had any physical or mental health conditions which had lasted or were expected to last 12 months or more.

- Fewer underweight or obese people report good health (52% and 50% respectively, compared with 73% of those with a healthy weight).

- Fewer people consider their health to be good if they are regular smokers rather than non-smokers (49% compared with 68% respectively). Similarly, 49% of those who take drugs every week rate their health positively, compared with 66% of those who do not take any drugs.

- Those who drink alcohol are **more likely** to report good health than those who do not (67% compared with 56%). Without further investigation it is difficult to tell whether this finding is a result of the different socio-economic profiles of those who do and do not drink or a result of alcohol consumption itself.

There are also associations with people's state of mind, and their general perspective on life as determined by the subjective well-being score.

- Residents are far more likely to report good health if their satisfaction with life is high (90%) or medium (79%) rather than low (35%).

- Similarly, 86% of people with a high level of happiness report good health, as do 75% of those with a medium level of happiness. This contrasts with only 42% of those with low happiness.

- Across the five Healthy Foundations categories, the most likely to rate their health positively are Health Conscious Realists (80%), Balanced Compensators (80%) and Hedonistic Immortals (78%). The proportion is far lower among Unconfident Fatalists (30%).

Healthy Foundations Segments in Kirklees

Healthy Foundations is a lifestyle segmentation project, and one of the principal outcomes from the Department of Health's (DH) Ambitions for Health, a strategic framework to maximise the potential of social marketing and health-related behaviour (2008). Through a set of questions on their attitude to their current and future health and lifestyle, people can be categorised into one of five segments that summarise their perspective on health and how, if at all, they think it is connected with their lifestyle.

The following table summarises the characteristics and behaviours of each segment across the national population.

Segment	National profile	Behaviour tendencies
Health Conscious Realists	Female bias in this segment. More likely to live in less deprived areas. Older than average age	They display positive health behaviours. Highly motivated. In control of their lives and their health. Low incidence of drug and smoking use. They eat healthily.
Balanced Compensators	Stronger male bias within this segment. Highest proportion of people in full time work	Generally positive health behaviours. Exercise regularly. Eat healthily. Low prevalence of smoking and drug use
Live For Today's	Tend to come from more deprived areas	Exhibit fairly poor health behaviours. Hold short-term view of life. Fatalistic about life. More likely to smoke and drink heavily. Little concern for their future wellbeing.
Hedonistic Immortals	Segment with a younger average age. More likely to come from less deprived areas	Motivated by environment and risk. Display lack of concern for their health and wellbeing. Most likely to drink heavily. Higher-than-average incidence of drug taking.
Unconfident Fatalists	Segment with an older average age. Tend to live in most deprived areas. Least likely to be in paid work. More likely to be retired	Motivated by environment and risk. Display lack of concern for their health and wellbeing. Most likely to drink heavily. Higher-than-average incidence of drug taking.

Healthy Foundations segments in Kirklees

The following chart shows that Kirklees residents are most likely to be either 'Unconfident Fatalists' (27%), or 'Health Conscious Realists' (26%). One in five is a 'Live for Today' (20%) and one in seven is a 'Balanced Compensator' (15%). People are least likely to be 'Hedonistic Immortals' (11%).

Compared with England overall[3], Kirklees residents are more likely to be either 'Unconfident Fatalists' (by 9 percentage points) or 'Health Conscious Realists' (by 5 percentage points). They are comparatively less likely to be 'Hedonistic Immortals (by 8 percentage points) or 'Live for Today's' (by 5 percentage points).

While some segments are more prominent in Kirklees compared to the national profile, the profile of sub-groups *within* each segment in Kirklees is generally the same as the national segments.

Geographically, Holme Valley residents are more likely than the Kirklees average to be a Health Conscious Realist (32% vs. 26%). Balanced Compensators are more common in Mirfield, Denby Dale and Kirkburton (18% vs. 15% in Kirklees overall). People in Huddersfield are more likely than the Kirklees average to be either a Hedonistic Immortal (12% vs. 11%) or an Unconfident Fatalist (29% vs. 27%). The most negative area is Dewsbury, where residents are more likely than the Kirklees norm to be a Live for Today (24% vs. 20%) or an Unconfident Fatalist (31% vs. 27%).

Fig 2
Healthy Foundations Segments
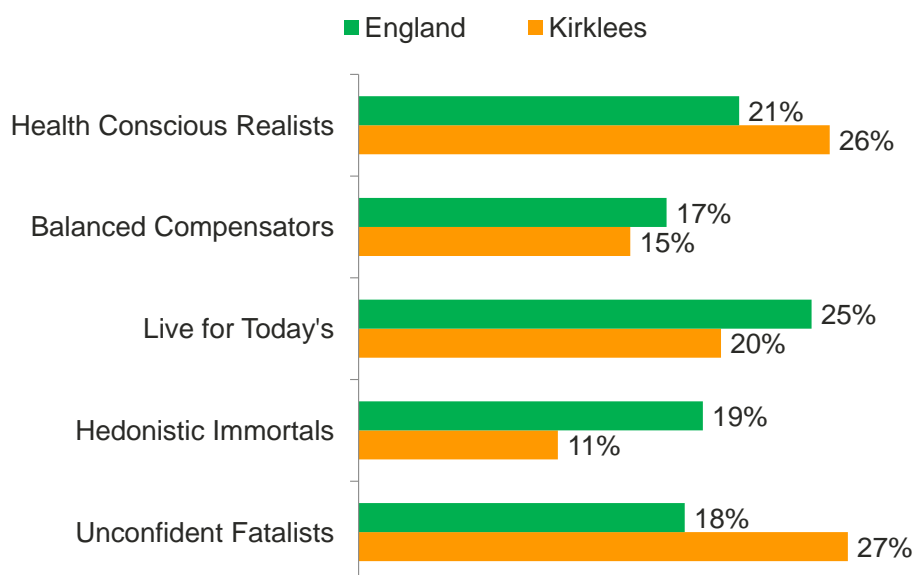
Base: All respondents (12,590)

Source: Ipsos MORI

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[3] Source: Healthy Foundations Life-stage Segmentation Model Toolkit, Dept of Health, April 2010.
http://info.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@hea/documents/generalcontent/cr_045215.pdf

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Developed by researchers at Warwick and Edinburgh Universities in 2006, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a set of 14 questions which asks people about their thoughts and feelings. It is then possible to measure an individual's mental wellbeing. Each question has a 5-point answer scale and a respondent who answers each question will have a final score somewhere between 14 and 70. The higher the score, the more positive is a respondent's state of mind.

The average score for Kirklees residents is 47.4, which is below the national mean for England, recorded in 2010 (51.0), although methodological differences make this comparison indicative.[4] The score varies substantially across many key population sub-groups in Kirklees.

- It is better among women (47.7) than men (47.2)

- It is particularly good for people aged 65-74 (49.1).

- It is higher for white people (47.6) than those of Pakistani (44.8) or mixed ethnic backgrounds (43.2).

- It is best in the Holme Valley (49.2) and Mirfield, Denby Dale and Kirkburton (48.6) but worst in Dewsbury (46.2) and Huddersfield (47.0).

The average score increases with some standard measures of socio-economic grade.

- **Tenure**: it is higher among owner-occupiers (48.6) than social tenants (43.0).

- **Work status**: it is higher if people are in work (48.6) or retired (48.5) rather than unemployed (43.4) or long-term sick or disabled (37.2).

- **Qualifications**: the average score is 44.8 for those without any qualifications, rising to 49.5 for those qualified to NVQ Level 4+.

- **Income**: The average score is 43.9 if the household annual income is less than £10,000 a year; this rises to 51.3 if income exceeds £50,000 a year.

Scores vary by certain lifestyles and the quality of people's health. People have a higher, more positive score if:

- self-assessed health is good (50.4) rather than bad (36.1);

- they do not have any specific long-term conditions (50.7 compared with 45.9 for those who do);

- they are non-smokers (48.3) rather than regular smokers (44.0)

- they do not take drugs (47.7 compared with 42.4 for weekly drug users)

- if they are low or medium risk drinkers (48.7 and 48.8 respectively) rather than high risk (45.4).

- they have a healthy weight (48.2) rather than if they are obese (45.9)

People also tend to have a lower score if they are single parents or live alone (45.8 and 45.9 compared with 47.4 overall).

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[4] Health Survey for England 2010
http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/HSE2010_REPORT/HSE2010_Ch7_Well_being_health_and_work.pdf

Health conditions and behaviours

This section explores the other key health measures gathered in the survey. The results are at a Kirklees level only, as further analysis will be undertaken later.

Problems and disabilities
Without being prompted with a list of specific health conditions, half of residents (49%) say they have at least one long-term health condition. Three in ten (30%) have a limiting condition, and this figure is particularly high among:

- people aged 65 and over (51%);
- social tenants (49%);
- those with no qualifications (46%);
- those with an annual household income below £10,000 (44%);
- the obese (42%);
- regular smokers (38%);
- men (35%); and
- Huddersfield residents (32%).

When prompted with lists of specific problems, people are most likely to say they have depression or another mental health problem (21%), high-blood pressure (20%), sciatica, lumbago or other backache problems (16%) or hearing problems (15%).

Diet and exercise
Nine in ten residents (90%) do at least some **moderate** exercise each week. This is defined as at least 30 minutes of restrained activity such as brisk walking, cycling or golf. Two in three residents (66%) do at least some **vigorous** activity each week, defined as at least 15 minutes of taxing physical effort such as competitive sport, hard manual labour or strenuous gardening. Most residents (63%) do at least some of both types of exercise.

One in ten residents is sedentary, i.e. they do no exercise at all (10%). This proportion is higher among:

- those not in work because they are sick or disabled (38%)
- those with a limiting long-term condition (20%);
- people aged 75and over (20%);
- social tenants (18%);
- people without qualifications (18%);
- those with an annual household income below £10,000 (14%);
- Asian people (13%);
- regular smokers (12%);
- Huddersfield residents (11%);

For an average day, most residents consider it likely they will eat at least five portions of fruit or vegetables (64%).

Alcohol

The majority of people drink alcohol (78%; 80% males and 75% female). 13% of males consume 9 or more units of alcohol, while 18% of females consume 7 or more units of alcohol on a typical drinking day, which indicates regular levels of consumption that are harmful to health*.

Of these males and females who reported this pattern of alcohol consumption;

- Only 10% rated their health as being poor
- Majority fell into the Unconfident Fatalists (Health Foundations) category (37% males and 27% females)
- 10% did not do any moderate or vigorous physical activity
- Approximately one quarter of both males and females reported having take-away fast food 1 – 4 times a week
- 21.4% of males and 17.4% of females had used drugs in the last five years
- More than a third of both males and females were ranked in IMD category 1
- Approximately one fifth of both males and females were Huddersfield South residents

Thresholds from the Audit C tool (i.e. obtaining a score of 5 or more) indicate potential increasing or higher risk drinking for 75% of males and 63% of females in Kirklees. However only one fifth of males and 14% of females feels any concern about the amount of alcohol they consume.

Smoking
One in five residents (19%) is a current smoker and one in seven (15%) is a regular smoker.

- People are more likely to be a current smoker if they are unemployed (45%), social tenants (37%), have an annual household income below £10,000 (30%) or have no qualifications (24%).

- The proportion of people who are current smokers is especially high among high-risk drinkers (37%) and those who take drugs (55%).

- Being a current smoker is most common in Dewsbury (24%).

The majority of current smokers (78%) has at least some intention to stop, and one in four (25%) intends to so at some time in the next six months.

Drugs
Only 7% of people say they have used illegal drugs in the last five years, and only 2% say they use them on a weekly basis. Drug use in the last five years is highest among:

- the unemployed (24%);
- high-risk drinkers (21%) and regular smokers (22%);
- 18-24 year olds (20%);
- private tenants (17%) and social tenants (12%); and
- single parents (13%).

Of those who have taken drugs in the last five years, one in five (22%) says that at least once they have been unable to control their actions as a result.

*   Binge drinking definition: 6 units or more in any one episode for women, and 8 units or more in any one episode for men

Dependency

One in ten residents (11%) needs help or support to continue to live in their current home. This proportion is highest among those not in work because they are sick or disabled (62%), those aged 75+ (36%), social tenants (27%), people with an annual household income below £10,000 (22%) and those of a mixed ethnic background (21%).

Of those who need support to stay in their current home, over half are classified as dependent (55%), i.e. they need assistance to bathe, go to the toilet, dress or eat. The rest either need other forms of help around the house (34%) or just need help for trips outside their home (7%).

Caring for someone else

One in five people in Kirklees (19%) provides care and support to someone else because of this person's health problems or old age, and 5% provide more than 20 hours of care each week. One in five carers (22%) also assists more than one person.

Most often, carers support another relative (90%), and the most common recipient of care is a parent (44%) or a spouse (17%).

Only 9% of carers say they have used respite care in the last 12 months. They have mixed views on the support offered to them as a carer; one in three is satisfied (32%) and one in six is dissatisfied (17%). However, they are most likely to have no opinion either way (51%).

Profile of respondents – population characteristics

Category	Unweighted number	Unweighted %	Weighted number	Weighted %
Gender				
Male	4526	36.8	6057	49.3
Female	7762	63.2	6223	50.7
Age				
18-24	362	2.9	1275	10.3
25-34	1168	9.5	2116	17.2
35-44	1701	13.8	2436	19.7
45-54	1993	16.1	2154	17.5
55-64	2676	21.7	1910	15.5
65-74	2452	19.9	1308	10.6
75+	1992	16.1	1139	9.2
Women of child bearing age (18-44)	2435	19.3	3639	28.9
Ethnic group				
White	11195	91.7	10182	83.5
Asian	715	5.9	1676	13.7
Mixed	69	0.6	86	0.7
Black	180	1.5	183	1.5
Other	49	0.4	69	0.6
CCG Area				
North Kirklees NKHA	5240	41.6	5284	42.0
South Kirklees CCG	7350	58.4	7306	58.0
Committee Area				
Batley, Birstall and Birkenshaw	1474	11.7	1564	12.4
Dewsbury	1401	11.1	1601	12.7
Huddersfield	4022	31.9	4109	32.6
Mirfield, Denby Dale and Kirkburton	1728	13.7	1624	12.9
Spen Valley	1707	13.6	1568	12.5
The Valleys	2258	17.9	2124	16.9
Colne Valley	1160	9.2	1091	8.7
Holme Valley	1098	8.7	1033	8.2
Quintile				
1 Least deprived	3007	23.9	3515	27.9
2	3345	26.6	3401	27.0
3	2324	18.5	2110	16.8
4	2294	18.2	2130	16.9
5 Most deprived	1620	12.9	1434	11.4
Religion				
Christian	8765	71.6	7189	58.7
Muslim	644	5.3	1481	12.1
Other	280	2.3	391	3.2
None	2549	20.8	3188	26.0
Sexuality				
Heterosexual	9760	82.1	9938	83.2
LGBT (Net)	194	1.6	285	2.4
None	1368	11.5	1154	9.7
Not prepared to say	568	4.8	563	4.7

Category	Unweighted number	Unweighted %	Weighted number	Weighted %
Household composition				
Any with children	2476	19.7	3636	28.9
Only adults aged 18-64	4503	35.8	5086	40.4
Any pensioners	4382	34.8	2597	20.6
Unclassifiable/no information given	1314	10.4	1367	10.9
Occupation				
Routine and manual	1801	35.6	2337	37.8
Not routine and manual	3251	64.4	3839	62.2
Qualified to NVQ Level 2 or higher				
Yes	5985	51.9	6982	59.0
No	5556	48.1	4847	41.0
Carer				
Yes	2555	21.2	2293	19.0
No	9477	78.8	9798	81.0
Health condition that will last 12 months+ (unprompted, no list)				
No	5368	43.9	6271	51.2
Yes	6866	56.1	5981	48.8
Limiting condition	4394	35.9	3669	29.9
Not limiting	2386	19.5	2233	18.2

Profile of respondents – health behaviours

Category	Weighted number	Weighted %
Healthy Foundations Segments		
Health Conscious Realists (HCR)	3315	26.3
Balanced Compensators (BC)	1936	15.4
Live for Today's (LFT)	2493	19.8
Hedonistic Immortals (HI)	1414	11.2
Unconfident Fatalists (UF)	3432	27.3
Smoking		
Non- or ex-smoker	9940	81.4
Current smokers	2278	18.6
Regular smokers	1877	15.4
Occasional smokers	400	3.3
'Niche' tobacco users	187	1.7
Audit C tool		
Men (score of less than 5)	1166	25
Men (score of 5 or more)	1602	37
Women (score of less than 5)	3425	75
Women (score of 5 or more)	2724	63
Binge drinking (measured as 7+ units on one occasion for women and 9+ units for men at Q40)		
Men	621	10.3 (all male residents)
		13.2 (all male drinkers)
Women	802	12.9 (all female residents)
		18.0 (all female drinkers)
Exercise		
Physically active (at least 150 minutes of exercise each week)	4492	36.5
Less than recommended 150 minutes of exercise each week	7823	63.5
Weight		
Underweight	254	2.2
Healthy weight	5161	43.7
Overweight	4061	34.3
Any obese	2163	18.2
Any overweight	6230	52.5
Unclassifiable	194	1.6
General health condition		
Good	7975	64.6
Fair	3292	26.7
Bad	1077	8.7

Category	Weighted number	Weighted %
Any long-term health conditions (Q21)	8339	68.4

Any impairments (Q22)	4819	41.2
Any problems with....		
...mobility	3043	25.4
...pain discomfort	6091	51.2
...anxiety/depression	4579	39.0
...self-care	1201	10.1
...usual activities	3585	29.7
EQ-5D mean VAS score (i.e. health rating on a scale of 0-100)	12176	74.4
WEMWBS mean score	10859	47.4 (possible range between 14 and 70)
ONS Wellbeing (0-10 scale)		
Life satisfaction mean score	12402	6.7
Worthwhile mean score	12260	6.9
Happiness mean score	12309	6.7
Anxiety mean score	12239	3.4