



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

NHS
Stockport



Stockport JSNA

joint strategic needs assessment

Stockport Adult Lifestyle Survey 2012

January 2013

Contents

Stockport Adult Lifestyle Survey 2012	1
1 Executive Summary	6
1.1. Introduction	6
1.2. Key Findings	6
1.2.1. Prevalence of lifestyle risk behaviours	6
1.2.2. Variation of lifestyle risk behaviours by population group	8
1.3. Implications for health and care commissioning	9
1.4. Summary segmentation	10
2 Methodology	14
2.1. Introduction	14
2.2. Organisation of Report	14
2.3. Survey Design	15
2.4. Sample Selection and Response Rate	15
2.5. Data Quality	16
2.6. Assigning Geography and Deprivation Index	16
2.7. Respondent Profile	17
2.7.1. Gender and Age	17
2.7.2. Perceived Health Status	18
2.7.3. Deprivation	19
2.7.4. Ethnicity	19
2.7.5. Religion	20
2.7.6. Sexual Orientation	21
2.7.7. Carers	21
2.7.8. Children In Home	22
2.7.9. Social Connectedness	22
2.7.10. Healthy Foundations Categorization	22
2.7.11. Overall Respondent Profile	23
3 Multiple Risks	24
3.1. Key Findings	24
3.2. Rationale	25
3.3. Analysis	25
3.3.1. Comparisons	26
3.3.2. Gender	26
3.3.3. Age	27
3.3.4. Perceived Health Status	28
3.3.5. Deprivation	29
3.3.6. Ethnicity	29
3.3.7. Religion	30
3.3.8. Sexual Orientation	30
3.3.9. Carers	30
3.3.10. Children In Home	31
3.3.11. Social Connectedness	31
3.4. Smoking and Other Risks	31
3.5. Excessive drinking and Other Risks	31
3.6. Inadequate Physical Activity and Other Risks	32
3.7. Inadequate Diet and Other Risks	32
3.8. Multiple Risks and Mental Wellbeing	33
4 Mental Wellbeing	34
4.1. Key Findings	34
4.2. Rationale	34
4.3. Analysis	35
4.3.1. Comparisons	35

4.3.2.	Gender	35
4.3.3.	Age	36
4.3.4.	Perceived Health Status	37
4.3.5.	Deprivation	38
4.3.6.	Ethnicity	38
4.3.7.	Religion	39
4.3.8.	Sexual Orientation.....	39
4.3.9.	Carers	39
4.3.10.	Children In Home	39
4.3.11.	Social Connectedness.....	40
5	Smoking.....	41
5.1.	Key Findings	41
5.2.	Rationale	41
5.3.	Smoking Prevalence Analysis	42
5.3.1.	Comparisons	42
5.3.2.	Gender.....	42
5.3.3.	Age	43
5.3.4.	Perceived Health Status	44
5.3.5.	Deprivation	45
5.3.6.	Ethnicity	45
5.3.7.	Religion	46
5.3.8.	Sexual Orientation.....	46
5.3.9.	Carers	47
5.3.10.	Children In Home	47
5.3.11.	Social Connectedness.....	47
5.4.	Passive Smoking	47
5.4.1.	Deprivation.....	48
5.5.	Smoking In Home	48
6	Alcohol.....	50
6.1.	Key Findings	50
6.2.	Rationale	51
6.3.	Binge Drinking Prevalence Analysis.....	51
6.3.1.	Comparisons	52
6.3.2.	Gender.....	52
6.3.3.	Age	53
6.3.4.	Perceived Health Status	54
6.3.5.	Deprivation	55
6.3.6.	Ethnicity	56
6.3.7.	Religion	56
6.3.8.	Sexual Orientation.....	57
6.3.9.	Carers	57
6.3.10.	Children In Home	57
6.3.11.	Social Connectedness.....	58
6.4.	Drinking Risk Prevalence Analysis	58
6.4.1.	Comparisons	58
6.4.2.	Gender	59
6.4.3.	Age	60
6.4.4.	Perceived Health Status	61
6.4.5.	Deprivation	62
6.4.6.	Ethnicity	63
6.4.7.	Religion	63
6.4.8.	Sexual Orientation.....	64
6.4.9.	Carers	64
6.4.10.	Children In Home	64
6.4.11.	Social Connectedness.....	65

6.5.	Daily and weekly alcohol categorisation.....	65
6.6.	Perception of Alcohol Risk	65
6.7.	Drinking Patterns	66
7	Obesity.....	68
7.1.	Key Findings.....	68
7.2.	Rationale	68
7.3.	Obesity Prevalence Analysis.....	69
7.3.1.	Comparisons.....	69
7.3.2.	Gender.....	69
7.3.3.	Age	70
7.3.4.	Perceived Health Status.....	71
7.3.5.	Deprivation.....	72
7.3.6.	Ethnicity	73
7.3.7.	Religion.....	74
7.3.8.	Sexual Orientation.....	74
7.3.9.	Carers	74
7.3.10.	Children In Home	75
7.3.11.	Social Connectedness.....	75
7.4.	Perception of Weight.....	75
7.5.	Obesity and Eating Habits.....	76
7.6.	Obesity and 5 a Day	77
7.7.	Obesity and Physical Activity	78
8	Physical Activity	79
8.1.	Key Findings.....	79
8.2.	Rationale	79
8.3.	Analysis	80
8.3.1.	Comparisons.....	80
8.3.2.	Gender.....	80
8.3.3.	Age	81
8.3.4.	Perceived Health Status.....	82
8.3.5.	Deprivation.....	83
8.3.6.	Ethnicity	84
8.3.7.	Religion.....	84
8.3.8.	Sexual Orientation.....	85
8.3.9.	Carers	85
8.3.10.	Children In Home	85
8.3.11.	Social Connectedness.....	86
8.4.	Location of Physical Activity.....	86
9	Food and Diet.....	88
9.1.	Key Findings.....	88
9.2.	Rationale	88
9.3.	5 A Day Analysis.....	88
9.3.1.	Comparisons.....	89
9.3.2.	Gender.....	89
9.3.3.	Age	90
9.3.4.	Perceived Health Status.....	91
9.3.5.	Deprivation.....	92
9.3.6.	Ethnicity	92
9.3.7.	Religion.....	93
9.3.8.	Sexual Orientation.....	93
9.3.9.	Carers	93
9.3.10.	Children In Home	94
9.3.11.	Social connectedness	94
9.4.	Eating Habits	94
	Appendix 1: Stockport Adult Lifestyle Survey Questionnaire	96

Appendix 2: Data tables for all topics	99
Respondent Profile	99
Multiple Risks	100
Mental Wellbeing	104
Smoking	107
Alcohol- Binge Drinking.....	110
Alcohol- High and Increasing Risk Drinking	114
Obesity	118
Physical Activity.....	121
Food and Diet: 5 a Day.....	124
Appendix 3: Data entry errors.....	129
Appendix 4: Alcohol units information.....	130

1 Executive Summary

1.1. Introduction

The Stockport Adult Lifestyle Survey 2012 has been conducted on behalf of the Stockport Partnership by the Public Health Team at NHS Stockport. NHS Stockport has an ongoing strategy of using lifestyle surveys to estimate the prevalence of key lifestyle behaviours amongst the population of Stockport and to establish how behaviours vary by demographic group.

The data from this survey provides an assessment of health behaviour in Stockport and is a key part of the evidence base for the Joint Strategic Needs Assessment (JSNA), enabling the Partnership to set priorities and develop strategies to improve health and reduce health inequalities by targeting resources at areas of highest need. It provides an update to the 2009 Stockport Health Survey and enables the monitoring of progress of interventions that aim to improve health behaviour.

A postal questionnaire was sent out to a stratified sample of 21,056 Stockport residents aged 18 and over, 8.8% of the population; 6,676 completed surveys were returned, 2.8% of the population. The large sample size enabled analysis of the data by age group, gender, health status and deprivation quintile. Analysis of lifestyles by ethnicity, religion, mental wellbeing, sexual orientation, carers and for those living with children has also been presented wherever possible.

Overall the survey respondents represent a population that is older and slightly more affluent than the current Stockport population. The survey respondents are slightly less ethnically diverse than the population documented by the 2011 census. Respondents were also much more likely to be carers, and also less likely to be in very good health. These differences should be borne in mind when generalising the results of the survey to the whole Stockport population.

The analysis of the 2012 Stockport Adult Lifestyle Survey is presented in seven sections: multiple risks, mental wellbeing, smoking, alcohol, obesity, physical activity and food & diet. A summary of the main findings is outlined below followed by a detailed data analysis. More information is available via the JSNA hub, www.mystockport.org.uk/JSNA

1.2. Key Findings

1.2.1. Prevalence of lifestyle risk behaviours

- This survey suggests that overall an estimated 75,000 – 80,000 (32.4%) adults in Stockport have three or more of the main lifestyle risk behaviours.
- 6,500-8,500 people report having no lifestyle risk behaviours (3.1%)
- 34,000-38,000 report that they currently smoke (14.9%), a level below the estimated Stockport rate of 19%, but to be expected due to the self reporting nature of this survey.
 - The rate of smoking has fallen from 15.8% since 2009.
 - The majority (55%) of smokers report that no-one regularly smokes in their home, for non smokers the rate is even higher at 95%.
 - The survey suggests that the majority of people are not exposed to others smoke on a regular basis, with 75% reporting less than an hour a week.

- All groups have slightly less exposure to others smoke in 2012 than they did in 2009.
- 60,000-65,000 report drinking unhealthily (26.1%).
 - 21.4% said that they don't drink alcohol at all
 - 18.9% binge drank on the day they drank most
 - 16.9% drink at increasing risk levels, 2.9% at high risk levels
 - 35% drink within guidelines and usually have at least one alcohol free day a week.
 - Levels of binge drinking are similar to those in 2009, however the proportion drinking at high risk levels has fallen.
 - Only 39.5% of those who drank last week correctly assessed the risk of their previous week's drinking.
- 37,000-41,000 report being obese (16.2%) – a rise from 15.8% in 2009. Again this is below the estimated Stockport prevalence of 25%, but to be expected due to the self reporting nature of this survey.
 - 2.0% of respondents reported being underweight.
 - Levels of physical activity are lower than average for those who are obese and overweight, dietary habits are however not significantly different.
 - 76.4% of all respondents correctly assessed their weight risk category.
- 173,000-178,000 people report being less physically active than government recommendations (73.6%). Levels of inactivity are similar to 2009, however amongst those who are active the frequency of activity has increased slightly over the last three years.
 - Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.
- 194,000-198,000 report not eating the recommended amounts of fruit and vegetables (82.1%).
 - Fewer than 2% of respondents report eating no fruit or vegetables.
 - The most frequent volume of daily consumption is three portions.
- Unhealthy diet and inadequate physical activity are the two most commonly reported lifestyle risks.
- Although smoking is the least common risk lifestyle risk behaviour overall, those who smoke are much more likely to have other lifestyle risks, a third of smokers have all four risk behaviours and only 1.4% have no other risks.
- 27,000-31,000 people report having low mental wellbeing (12.2%), while 33,000-37,000 people (14.6% of respondents) report above average mental wellbeing.
 - Since 2009 there has been a movement to more average wellbeing, with lower proportions reporting both below and above average wellbeing in 2012.
- There is a strong correlation between lifestyle risk behaviours and mental wellbeing, levels of above average wellbeing are twice as high as average for those with no lifestyle risk behaviours. Those with below average mental wellbeing

are more likely to have unhealthy behaviours than people with average or above average mental wellbeing, especially smoking, physical activity and diet.

1.2.2. Variation of lifestyle risk behaviours by population group

- Males are more likely to have unhealthy behaviours than females, especially smoking, drinking and diet. This trend is not evident for mental wellbeing.
- Younger people are more likely to have unhealthy behaviours than older people, especially smoking, drinking and diet. People age 18-24 are the most likely to have four risk behaviours. However obesity peaks in middle age and lack of physical activity peaks for older people.
- People aged 60-74 have the highest rates of above average mental wellbeing, people aged 40-54 have the lowest. Although numbers are small people aged 85+ have the highest rates of below average wellbeing, suggesting a cycle of mental wellbeing through life, dipping in the 40's, rising through the 60s and falling again at age 85.
- There are strong deprivation profiles for smoking, mental wellbeing, obesity and diet, but unhealthy drinking and physical activity are an issue across Stockport. People in the most deprived areas are the least likely to have no lifestyle risk behaviours and are the most likely to be underweight

Deprivation inequalities ratio: Ratio of most deprived quintile (0-20%) to:							
Ratio of most deprived to:	Low Mental Wellbeing	Current Smokers	Unhealthy Drinkers	Obese	Not Active Physically	Unhealthy Diet	Multiple risk
Stockport average	1.7 : 1	2.1 : 1	0.8 : 1	1.5 : 1	1 : 1	1.1 : 1	1.3 : 1
Least deprived	2.4 : 1	3.8 : 1	0.7 : 1	1.9 : 1	1 : 1	1.2 : 1	1.4 : 1

- People in not good health are more likely to have unhealthy behaviours than people in good health, especially mental wellbeing, smoking, obesity, physical activity and diet. Unhealthy drinking doesn't demonstrate this trend, as many older people in not good health are non drinkers; however young people in not good health do drink at higher risk than average. Across the board young people in not good health have less healthy behaviours than other groups.
- Non white populations are less likely to have unhealthy behaviours than white British populations, however the non white group are more likely to have poorer levels of mental wellbeing and lower levels of physical activity; unhealthy drinking levels are especially low in this group.
- Those who identified themselves as non heterosexual were significantly more likely to report below average levels of mental wellbeing, were less likely be active 5 or more times a week and had higher levels of underweight BMI. For all other themes this group were not significantly different to average.
- Those respondents who have children in their homes some of the time are more likely to have unhealthy behaviours than average; those who have children living with them all of the time are similar to average for most lifestyle risk behaviours. Although overall smoking rates are similar between those who have children living with them and those who don't, the rate who smoke regularly in their own home is significantly lower for those with children.

- Those who provide significant amounts of unpaid care to friends and relatives report below average mental wellbeing and smoking more frequently, they are however, less likely to drink any alcohol at all.
- Those participating in any kind of organisation are less likely to have all four lifestyle risk behaviours and less likely to report below average wellbeing, whilst those not participating are more likely to have all four risks.

1.3. Implications for health and care commissioning

The findings of the 2012 Adult Lifestyle Survey confirm that many of the key trends identified previously are continuing, smoking rates are continue to fall and obesity rates are still rising, albeit not at a statistically significant level. Trends in alcohol consumption are beginning to stabilise and even fall. **The majority of respondents in Stockport report that they are non smokers, do not drink excessively and are not obese.**

However the majority of people in Stockport report physical activity and fruit and vegetable consumption levels below government recommendations, in other words they do not have these positive lifestyle behaviours. **There are therefore still significant shifts to be made in population level patterns of physical activity and diet, commissioning needs to respond to these challenges.**

Only a very small proportion of the overall population, 3.1%, follow all lifestyle recommendations. This presents Stockport with a large challenge.

New findings from this survey show that while smoking is the least common lifestyle risk behaviour overall, those who smoke are much more likely to have other lifestyle risks, a third of smokers have all four risk behaviours and only 1.4% have no other risks. Smoking is also the lifestyle risk behaviour with the largest inequalities gradient; smoking rates are 3.8 times higher in the most deprived areas when compared to the least. **Smokers, despite the falling numbers, are therefore still an important target for behaviour change interventions.**

Alcohol has been emerging as the most significant lifestyle challenge to health in recent years, these findings show that alcohol is still a significant risk, and one that affects people of all ages and across the inequalities gradient. The survey highlights that around a third of respondents drink within guidelines, and that a fifth of respondents do not drink alcohol at all. Although trends suggest that the previously observed rise in alcohol consumption is levelling off, the impact on health care use and outcomes has still to be seen; the impact on reduced life expectancy is still evident. **Alcohol consumption therefore is still an important target for behaviour change interventions.**

The findings reaffirm that lifestyle risk behaviours cluster together and that many people in Stockport face multiple behaviour risks. **Commissioning that moves towards holistic health and care services, and away from siloed models focussed on single risks are still to be highly recommended.** The development of the Healthy Stockport service (holistic lifestyles and wellbeing) will be a significant step in this direction.

The survey emphasises the link between good mental wellbeing and lifestyle risk behaviours, therefore as part of the holistic commissioning of services we should ensure that **all commissioning (not just that to address lifestyles) incorporates improvements in mental wellbeing as a priority, for example by responding to the 5 ways to wellbeing challenge** (see below). New findings in the 2012 survey show how people who are socially connected (e.g. belong to an organisation or

participate in regular activities) and active have fewer lifestyle risk behaviours and are less likely to have low mental wellbeing, highlighting the **importance of an active and purposeful life for general health.**



The survey also highlights the ways in which lifestyle risk behaviours change over the life course, and demonstrates that there are risks at all ages. Young people are more likely to smoke and binge drink, but are equally more likely to be active and have positive wellbeing. As people move into middle age the risk of obesity increases and mental wellbeing decreases. In older age physical activity becomes increasingly challenging. **Commissioners should respond to changing needs across the life course, but should be prepared to offer behaviour change support to clients of any age.**

Inequalities are again a key theme within the findings, analysis by geography shows a strong correlation between lifestyle risk behaviours and deprivation, it has been previously estimated that lifestyles could cause 40% of the gap in life expectancy between the deprived areas and the Stockport average. **Commissioning to support change in deprived areas provides an enduring challenge as the cultural norms in these communities are different to elsewhere.** However people in all areas of Stockport have lifestyle risk behaviours, and indeed unhealthy drinking and insufficient physical activity do not show the same inequality profile as the other lifestyle risks, **commissioning should therefore follow the Marmot (Fair Society Healthy Lives 2010) principle of proportionate universalism responding to need in all areas, but in a way that reflects the increased support necessary in the most challenging areas.**

Inequalities in experience between different equity groups are highlighted wherever possible in the survey. Most equity groups appear to experience lower wellbeing than average, carers are more likely to smoke while BME communities and those who are non-heterosexual are less likely to be physically active than average. It is important to note however that due to the small sample sizes within the survey it has not been possible to fully analyse the trends between all the different communities, and different groups within broader categories. **Commissioners need to recognise the different needs of equity groups, and understand that the needs may vary significantly for groups within the broad categories used in this analysis.**

1.4. Summary segmentation

The two tables on pages 12 and 13 summarise the key data for each lifestyle topic by population segments.

The first table presents the sample size for each population group within the survey and then the percentage of each group who reported poor lifestyle behaviours across

each domain. The data is presented with the 95% confidence interval range and an indication of the significance of these results in comparison to the Stockport average.

The second table presents the range of the estimated number of people in Stockport in each group who undertake these risky behaviours, if the whole population followed the trends reported by our sample.

2012 Adult Lifestyle Survey – Prevalence of risky behaviours by population segments

	Sample Size	Low Mental Wellbeing	Current Smokers	Unhealthy drinking ¹	Obese	Not Active Physically	Unhealthy Diet	Multiple risk ²
All responses (18+)	6676	12.2% (11.4%-13.0%)	14.9% (14.1%-15.8%)	26.1% (25.0%-27.1%)	16.2% (15.3%-17.1%)	73.6% (72.5%-74.6%)	82.1% (81.1%-83.0%)	32.4% (31.3%-33.5%)
Gender								
Females	3345	12.0% (10.9%-13.1%)	12.1% ^L (11.0%-13.3%)	21.1% ^L (19.7%-22.5%)	16.8% (15.5%-18.1%)	75.6% (74.1%-77.1%)	79.3% ^L (77.9%-80.6%)	28.0% ^L (26.4%-29.5%)
Males	3294	12.3% (11.2%-13.5%)	17.7% ^H (16.4%-19.0%)	31.2% ^H (29.6%-32.8%)	15.7% (14.5%-17.0%)	71.5% (69.9%-73.0%)	84.9% ^H (83.6%-86.1%)	36.9% ^H (35.2%-38.6%)
Age Group								
18-49	3209	13.8% (12.6%-15.0%)	18.8% ^H (17.4%-20.1%)	29.8% ^H (28.2%-31.4%)	12.9% ^L (11.7%-14.1%)	73.1% (71.6%-74.6%)	85.0% ^H (83.8%-86.2%)	38.9% ^H (37.3%-40.7%)
50-64	2013	11.0% (9.7%-12.5%)	13.9% (12.4%-15.5%)	30.1% ^H (28.2%-32.2%)	21.1% ^H (19.4%-23.0%)	71.5% (69.5%-73.4%)	77.3% ^L (75.4%-79.1%)	32.1% (30.1%-34.2%)
65+	1436	9.9% (8.4%-11.7%)	7.5% ^L (6.3%-9.0%)	11.9% ^L (10.3%-13.7%)	16.9% (15.0%-19.0%)	77.8% ^H (75.5%-79.9%)	82.3% (80.2%-84.2%)	17.8% ^L (15.8%-19.9%)
2007 National Index of Multiple Deprivation								
1 - Most deprived	659	20.9% ^H (17.9%-24.4%)	30.9% ^H (27.4%-34.5%)	20.7% ^L (17.8%-24.0%)	23.5% ^H (20.4%-27.1%)	72.6% (69.1%-75.9%)	91.2% ^H (88.8%-93.1%)	40.8% ^H (37.0%-44.6%)
2- 2nd most deprived	1025	14.3% (12.3%-16.7%)	21.3% ^H (18.9%-24.0%)	24.3% (21.8%-27.0%)	19.8% ^H (17.5%-22.5%)	72.0% (69.2%-74.7%)	84.6% (82.3%-86.7%)	35.6% (32.7%-38.6%)
3- Mid deprived	1327	13.9% (12.1%-15.9%)	16.3% (14.4%-18.4%)	25.4% (23.1%-27.8%)	16.9% (15.0%-19.1%)	72.8% (70.3%-75.1%)	84.8% (82.8%-86.7%)	32.0% (29.6%-34.6%)
4- 2nd least deprived	1480	10.2% (8.7%-11.8%)	12.2% ^L (10.6%-14.0%)	27.2% (25.0%-29.5%)	15.3% (13.6%-17.3%)	74.9% (72.6%-77.1%)	79.6% (77.5%-81.6%)	32.1% (29.8%-34.6%)
5- Least deprived	2160	8.8% ^L (7.7%-10.1%)	8.1% ^L (7.0%-9.3%)	28.2% (26.4%-30.2%)	12.5% ^L (11.2%-14.0%)	74.3% (72.4%-76.1%)	78.0% ^L (76.2%-79.7%)	28.9% ^L (27.0%-30.9%)
Neighbourhood Management Areas								
All NMAs	379	23.1% ^H (19.0%-27.9%)	33.3% ^H (28.7%-38.3%)	20.1% ^L (16.3%-24.5%)	26.0% ^H (21.7%-30.8%)	74.1% (69.3%-78.3%)	90.5% ^H (87.1%-93.1%)	43.5% ^H (38.5%-48.7%)
Perceived Health Status								
Not good health	1723	27.1% ^H (25.0%-29.3%)	21.5% ^H (19.6%-23.5%)	18.8% (17.0%-20.7%)	27.6% ^H (25.5%-29.8%)	81.1% ^H (79.1%-82.9%)	86.1% ^H (84.4%-87.6%)	30.8% (28.6%-33.1%)
Good health	4945	7.2% ^L (6.5%-7.9%)	12.7% ^L (11.8%-13.6%)	28.6% (27.3%-29.9%)	12.4% ^L (11.5%-13.3%)	71.0% ^L (69.8%-72.3%)	80.7% (79.6%-81.8%)	33.0% (31.7%-34.3%)
Mental Wellbeing Category								
Above Average	933	*	11.1% ^L (9.3%-13.3%)	25.7% (23.0%-28.6%)	14.4% (12.3%-16.9%)	65.8% ^L (62.7%-68.8%)	74.0% ^L (71.0%-76.7%)	25.7% ^L (23.0%-28.7%)
Average	4692	*	13.8% (12.8%-14.8%)	27.1% (25.9%-28.4%)	16.3% (15.2%-17.4%)	73.8% (72.5%-75.0%)	81.7% (80.6%-82.8%)	33.1% (31.7%-34.5%)
Below Average	779	*	24.7% ^H (21.8%-27.9%)	25.1% (26.4%-28.6%)	17.9% (15.3%-20.8%)	79.3% (76.3%-82.0%)	90.9% ^H (88.6%-92.7%)	38.0% ^H (34.6%-41.5%)
Ethnicity								
White British	6058	11.8% (11.0%-12.6%)	14.7% (13.9%-15.7%)	27.5% (26.4%-28.6%)	16.5% (15.6%-17.5%)	73.0% (71.8%-74.1%)	81.8% (80.8%-82.7%)	33.5% (32.3%-34.7%)
Not White	402	16.7% ^H (13.3%-20.8%)	16.2% (12.9%-19.4%)	6.3% ^L (4.3%-9.2%)	13.5% (10.5%-17.3%)	82.4% ^H (78.3%-85.8%)	88.0% (84.5%-90.9%)	20.9% ^L (17.7%-24.4%)

1: Binge drinking, or drinking at high or increasing risk. 2: Three or more of smoking, excessive alcohol use, unhealthy diet, not physically active

Figures in brackets refer to the 95% confidence intervals, L and H indicate if a figure is statistically significantly lower (L) or higher (H) than the Stockport average

2012 Adult Lifestyle Survey – Estimated number of people undertaking risky behaviours by population segments

	Total Population	Low Mental Wellbeing	Current Smokers	Unhealthy drinking ¹	Obese	Not Active Physically	Unhealthy Diet	Multiple risk ²
All responses	238,844	27,000 - 31,000	34,000 - 38,000	60,000 - 65,000	37,000 - 41,000	173,000 - 178,000	194,000 - 198,000	75,000 - 80,000
Gender								
Females	121,961	13,000 - 16,000	13,500 - 16,000	24,000 - 27,000	19,000 - 22,000	90,000 - 94,000	95,000 - 98,000	32,000 - 36,000
Males	116,882	13,000 - 16,000	19,000 - 22,000	35,000 - 38,000	17,000 - 20,000	82,000 - 85,000	98,000 - 101,000	41,000 - 45,000
Age Group								
18-49	127,229	16,000 - 19,000	22,000 - 26,000	36,000 - 40,000	15,000 - 18,000	91,000 - 95,000	107,000 - 110,000	47,000 - 52,000
50-64	56,978	5,500 - 7,000	7,000 - 9,000	16,000 - 18,000	11,000 - 13,000	39,500 - 42,000	43,000 - 45,000	17,000 - 19,000
65+	54,637	5,000 - 6,000	3,500 - 5,000	6,000 - 8,000	8,000 - 10,000	41,000 - 44,000	44,000 - 46,000	8,500 - 11,000
2007 National Index of Multiple Deprivation								
1 - Most deprived	28,279	5,000 - 7,000	8,000 - 10,000	5,000 - 7,000	6,000 - 8,000	19,500 - 21,000	25,000 - 26,000	10,000 - 13,000
2- 2nd most deprived	41,784	5,000 - 7,000	8,000 - 10,000	9,000 - 11,000	7,000 - 9,000	29,000 - 31,000	34,000 - 36,000	14,000 - 16,000
3- Mid deprived	47,619	6,000 - 7,500	7,000 - 9,000	11,000 - 13,000	7,000 - 9,000	33,000 - 36,000	39,000 - 41,000	14,000 - 16,000
4- 2nd least deprived	52,234	4,500 - 6,000	5,500 - 7,000	13,000 - 15,000	7,000 - 9,000	38,000 - 40,000	40,000 - 43,000	15,500 - 18,000
5- Least deprived	68,088	5,000 - 7,000	5,000 - 6,000	18,000 - 21,000	8,000 - 10,000	49,000 - 52,000	52,000 - 54,000	18,000 - 21,000
Neighbourhood Management Areas								
All NMAs	17,556	3,000 - 5,000	5,000 - 7,000	3,000 - 4,000	4,000 - 5,500	12,000 - 14,000	15,000 - 16,000	7,000 - 8,500
Perceived Health Status								
Not good health	61,622	15,000 - 18,000	12,000 - 14,500	11,000 - 13,000	16,000 - 18,000	49,000 - 51,000	52,000 - 54,000	18,000 - 20,000
Good health	177,222	11,500 - 14,000	21,000 - 24,000	48,000 - 53,000	20,000 - 24,000	124,000 - 128,000	141,000 - 145,000	56,000 - 54,000
Mental Wellbeing Category								
Above Average	34,797	-	3,000 - 5,000	8,000 - 10,000	4,000 - 6,000	22,000 - 24,000	25,000 - 27,000	8,000 - 10,000
Average	174,993	-	22,000 - 26,000	46,000 - 50,000	27,000 - 30,000	127,000 - 131,000	141,000 - 145,000	56,000 - 61,000
Below Average	29,054	-	6,000 - 8,000	6,000 - 8,000	4,500 - 6,000	22,000 - 24,000	26,000 - 27,000	10,000 - 12,000
Ethnicity								
White British	213,105	23,000 - 27,000	29,500 - 33,000	56,000 - 61,000	33,000 - 37,000	153,000 - 158,000	172,000 - 176,000	69,000 - 74,000
Not White	15,711	2,000 - 3,000	2,000 - 3,000	700 - 1,500	1,500 - 3,000	12,000 - 13,500	13,500 - 14,500	3,000 - 4,000

1: Binge drinking, or drinking at high or increasing risk. 2: Three or more of smoking, excessive alcohol use, unhealthy diet, not physically active

2 Methodology

2.1. Introduction

The Stockport Adult Lifestyle Survey 2012 has been conducted on behalf of the Stockport Partnership by the Public Health Team at NHS Stockport. NHS Stockport has an ongoing strategy of using lifestyle surveys to estimate the prevalence of key lifestyle behaviours amongst the population of Stockport and to establish how behaviours vary by age group, sex and deprivation.

The results of this survey are a key part of the evidence base for the Joint Strategic Needs Assessment (JSNA); aimed at helping priority setting across the Health and Wellbeing Partnership, the development of strategies to improve health and reduce health inequalities, the monitoring of impact of implemented policies and the effective targeting of resources to areas of need.

The objectives of the survey were to:

- To attain a profile of the mental wellbeing of Stockport residents by age group, sex and deprivation.
- To establish the proportion of Stockport residents who currently smoke by age group, sex and deprivation.
- To investigate alcohol consumption patterns of Stockport residents by age group, sex and deprivation.
- To attain a profile of Body Mass Index (obesity) of Stockport residents by age group, sex and deprivation.
- To investigate fruit and vegetable consumption by age group, sex and deprivation.
- To establish the frequency with which Stockport residents undertake at least moderate physical activity by age group, sex and deprivation.
- To collect information about various population segments to support NHS Stockport's Equality & Diversity Strategy and where possible to also analyse their health behaviours.
- To provide local estimates for all the above which can be benchmarked against regional and national data.
- To provide an understanding of how trends have changed since the previous survey was conducted in 2009.

2.2. Organisation of Report

The remainder of this introduction discusses the survey design and administration. It also summarises issues relating to the response rate and data quality, and contains a profile of the survey respondents.

Following the introduction each specific health topic has a section. These all start with key insights from the analyses and more detailed information follows with a rationale for inclusion followed by an analysis by gender, age, perceived general health status, mental wellbeing, deprivation, ethnicity, religion, sexual orientation, provision of care and those living with children.

Throughout the tables in this report, a superscript L indicates that a value is statistically significantly lower than the figure for all of Stockport and a superscript H indicates a value that is statistically significantly higher.

The appendices include a copy of the survey and data tables for each health topic.

2.3. Survey Design

The survey was administered as a self-completion questionnaire posted to residents' own homes. An effort was made to keep the survey as brief as possible to maximise response rates. Questions were selected to collect quantitative rather than qualitative data and wherever possible nationally validated questions were used.

The survey covered the most of the topics as the 2006 and 2009 surveys plus questions to identify if children lived in the household, involvement in organisations and a social marketing tool, Healthy Foundations. The question to identify carers was amended to ask for time spent caring. Also, in response to the high number of forms which could not be geographically assigned in the 2009 survey, a referencing system was used to assign each form to the Output Area it was posted to, with other geographic information as determined by the most likely assignment of the output area. Very few forms (0.4%) were returned with this code missing or obscured and these are excluded from geographic analysis.

The survey was designed by the Public Health Information Team and the questionnaire was tested within the department. The final survey was distributed and collated by a third party contractor, 1:2:1 Direct Mail. All analysis has been conducted within the Public Health department.

2.4. Sample Selection and Response Rate

A total of 21,056 surveys were sent out to Stockport residents aged 18+, approximately 8.8% of the total population in 2011. The sample was drawn from the GP registration system. A small number (2.2%) were returned to sender marked as recipient not known at this address.

The 2012 survey used the same stratified sampling technique as was developed for the 2009 survey. The population was split into twelve groups; by gender, age (18-34, 35-64, 65+) and deprivation (most deprived quintile, rest of Stockport), and the response rates from 2009 were used to assess what proportion of each population would need to be sampled to achieve a returned sample of around 3% from each group. The sample sizes ranged from 4.4% for men aged 65+ in less deprived areas to 26.2% for young men in the most deprived areas. Within each group a random sample was taken of the appropriate size.

Overall 31.7% of surveys (6,676) were returned; the respondents represented 2.8% of the total Stockport population. The stratification of the sample was mainly successful so that the age, gender and deprivation profile of the sample was much closer to the Stockport population than previously, although not an exact match. Response rate for each stratification group varied between 2.0% and 3.0% of the total population. Overall data was of sufficiently high quality to enable analysis without weighting; although readers should bear in mind the differences between the sample and the population when interpreting results (see section 2.7).

2.5. Data Quality

To check the data entry, a random selection of 150 returned surveys were entered into a separate database, and then that data was compared to the data provided by 1:2:1 Direct Mail.

Of the sample checked, 0.9% of the data entry was incorrect in some way. Seventeen of these surveys had a data entry error on only one question. Another seventeen had two to 22 mistakes in the data entry. Questions most likely to have data entry errors are listed in Appendix 3.

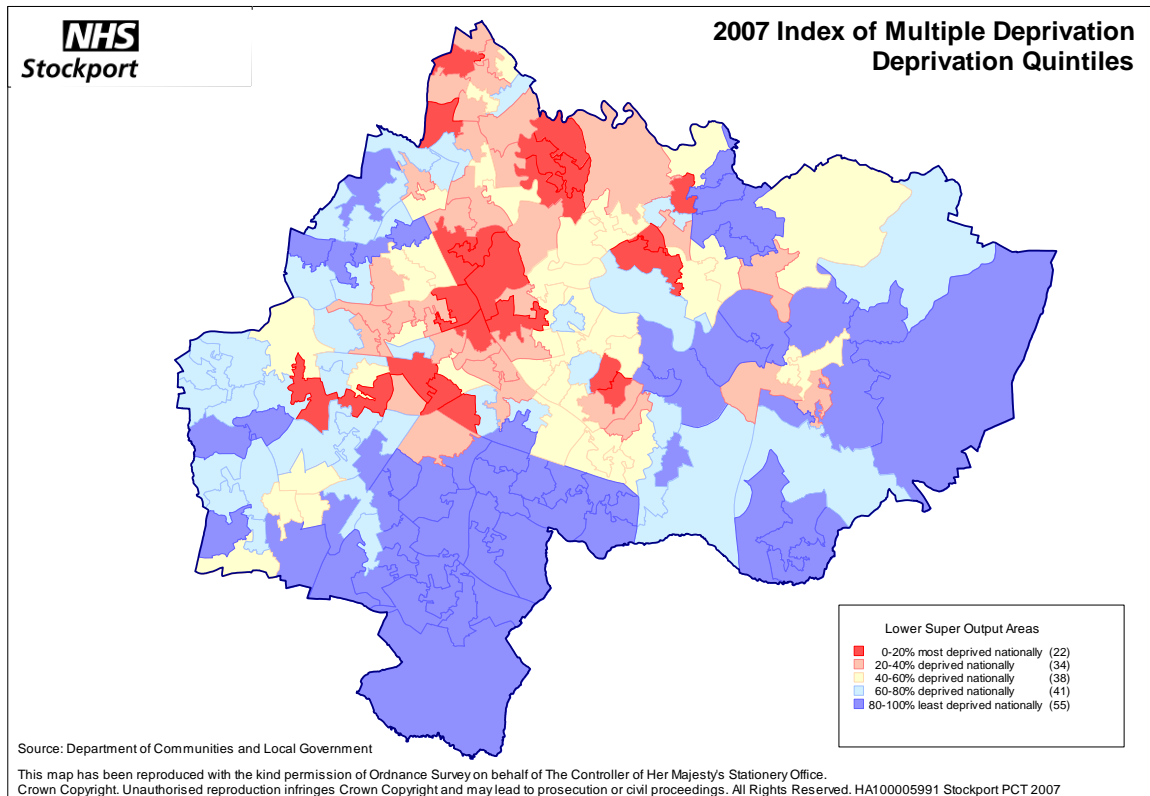
Overall data was of sufficiently high quality to permit analysis without the need for adjustment.

2.6. Assigning Geography and Deprivation Index

In 2009 the question asking for full postcode had a noticeably low response rate, with 11.6% of respondents not providing a postcode that could be matched. In over half these cases, the respondents had given only the start of their postcode, purposefully leaving the rest out; the consequence of this was that in 2009 analysis by geography was problematic as there were over twice as many responses with unknown postcodes as there were responses from any given ward.

In 2012 we therefore decided to take a different approach and, at the point of sampling, coded each survey with a geographic reference relating to the Output Area of the postcode. This code was printed on the survey and then added to the analysis database as part of the general data entry. This code enabled us to aggregate the data into the many geographies needed, but meant that we no longer needed to ask respondents for their postcode. In 0.4% of cases this code was removed or obscured, but geographic analysis in 2012 will be possible for 99.6% of responses.

Throughout this report data is presented by quintile of deprivation, based on the national categorisation of the 2007 Index of Multiple Deprivation. The map below shows how these quintiles are distributed across Stockport.



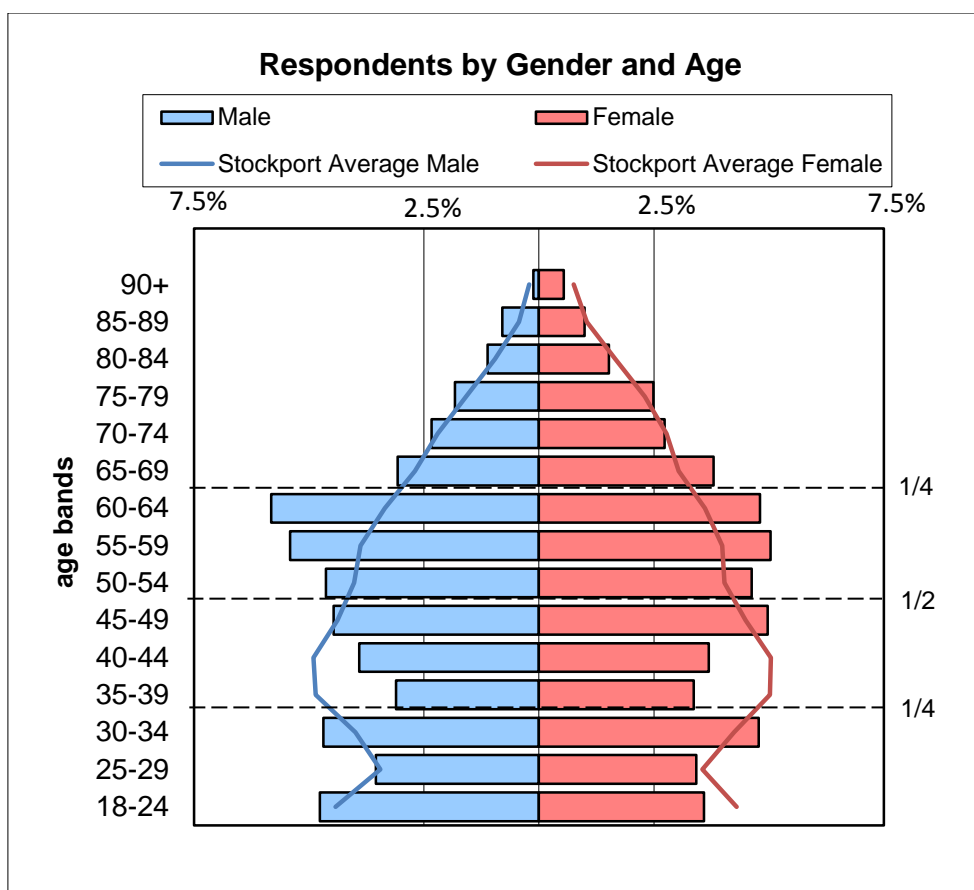
Data for other geographies, namely 2004 electoral wards, Neighbourhood Renewal Priority 1 Areas, Practice Based Commissioning (PBC) Localities and Inclusive and Supportive Communities (ISC) Clusters are presented in the data tables in appendix 2.

2.7. Respondent Profile

The following information sets out the key demographics of the sample. Each of the lifestyle topics is analysed using these breakdowns. Where relevant, comparison is made to the 2011 Census.

2.7.1. Gender and Age

The respondents were split 50.4% female and 49.6% male. A quarter of respondents were under 35, and half under 50, then another quarter under 65.



The graph above compares the respondent age and gender profile to the Stockport average. The survey has a profile that is slightly older than average, especially for males. People between the ages of 35 and 44 are the most under represented group within the survey, while those aged 55 to 64 are over represented.

2.7.2. Perceived Health Status

Respondents were asked to rate their health in general as very good, good, fair, bad or very bad, following the question proposed for the 2011 Census. Those rating their health as good or very good were added together, forming a good health category which included 74.2% of respondents. The 25.8% who were categorised as not having good health had mostly rated their health as fair.

Respondent Profile - Perceived Health Status compared to 2011 Census			
Perceived health status	Survey responses		2011 Census
Very Bad		0.9%	1.2%
Bad		4.2%	4.4%
Fair		20.7%	13.3%
Good		44.6%	33.3%
Very Good		29.6%	47.8%

Compared to the 2011 Census the survey respondents are more likely to report their health as fair and less likely to report their health as very good.

Age analysis of perceived health status showed those under 50 were significantly less likely to see their health as not good, while those 65 and over were significantly more likely to feel their health was not good. Those in the 50-64 age bands showed no significant differences. These natural age breaks in the data were used to add detail to analysis for each topic.

2.7.3. Deprivation

The deprivation profile of the respondents is compared to that of the population as a whole in the table below. There is a slight skew in the responses towards the less deprived areas of Stockport, a similar pattern to that seen in other surveys.

Respondent Profile – 2007 Index of Multiple Deprivation			
National quintile of deprivation	Sample size	Survey responses	Stockport population based on GP registrations
1- Most deprived	659	9.9%	12.3%
2	1025	15.4%	17.9%
3	1327	20.0%	19.9%
4	1480	22.3%	21.8%
5- Least deprived	2160	32.5%	28.0%

2.7.4. Ethnicity

The survey asked people to indicate their ethnicity using the standard format used in the 2011 Census. The response rate for this question was 99.6%. On investigation of responses where additional information was written in, 2 people were reassigned as white British, 2 people were reassigned as Asian other and 1 person was reassigned as mixed other.

Respondent Profile - Ethnicity compared to 2011 Census		
Ethnic Group	Survey responses	2011 Census
White British	91.1%	89.0%
Asian Pakistani	1.7%	2.4%
White Other	1.7%	1.7%
White Irish	1.1%	1.4%
Asian Indian	0.9%	1.0%
Asian Other	0.6%	0.7%
Asian Chinese	0.6%	0.6%
Mixed White & Asian	0.4%	0.5%
Any other group	0.3%	0.3%
Mixed Other	0.3%	0.4%
Arab	0.3%	0.3%
Black African	0.3%	0.3%
Mixed White & Black Caribbean	0.2%	0.6%
Black Caribbean	0.2%	0.3%
Asian Bangladeshi	0.1%	0.2%
Mixed White & Black African	0.1%	0.3%
White Gypsy or Irish Traveller	less than 0.1%	0.0%
Black Other	0.0%	0.1%

The large majority of respondents (91.1%) identified themselves as white British. The next largest groups, each with 1.7% of respondents, are Asian Pakistani and white other. The white Irish make up 1.1% of respondents; this group has an older age profile than the sample as a whole, setting it apart from other minority ethnic groups in the survey which tend to have younger age profiles.

The survey respondents are slightly less ethnically diverse than the population as measured by the 2011 Census. This may be related to the slightly older profile of the respondents.

Some ethnic groups showed a very high correlation with certain religions as shown in the table below.

Religion link to Ethnic Group	
Ethnic Group	Religious correlation
Asian Pakistani	97.4% Muslim
White Irish	89.2% Christian
Black Caribbean	86.7% Christian
Arab	85.0% Muslim
Black African	84.2% Christian

2.7.5. Religion

The response rate for the question on religion was also very good at 99.4% (including the 1.7% who actively answered the question but indicated that they prefer not to state their religion).

The majority of respondents (63.0%) indicated they were Christian; this group had an older age profile than average. The next largest group (30.1%) indicated they had no religion; this group had a younger age profile than average, as do the 2.8% of respondents who indicated they are Muslim. The 1.7% of respondents who answered that they prefer not to state their religion had a slightly younger age profile than the survey as a whole. The 2.3% of respondents who followed another religion are grouped together in subsequent chapters for the purposes of analysis due to low numbers; this group also has a younger age profile than average.

Respondent Profile - Religion compared to 2011 Census		
Religion	Survey responses	2011 Census
Christian	63.0%	63.2%
None	30.1%	25.1%
Muslim	2.8%	3.3%
Prefer not to say	1.7%	6.5%
Other	0.7%	0.3%
Hindu	0.6%	0.6%
Jewish	0.6%	0.5%
Buddhist	0.4%	0.3%
Sikh	0.1%	0.1%

Though broadly similar, respondents to the 2012 Stockport Lifestyle Survey were more likely to be of no religion than the 2011 Census findings.

Some religious groups showed a very high correlation with certain ethnic groups whereas others, most notably Muslims, did not. People who are Muslim come from a range of ethnic backgrounds including Asian, Arab, African and white British.

Ethnic Group link to Religion	
Religion	Ethnic correlation
None	94.9% white British
Christian	94.1% white British
Prefer not to say	87.8% white British
Hindu	84.6% Asian/Asian British Indian
Jewish	84.6% white British
Sikh	83.3% Asian/Asian British Indian

2.7.6. Sexual Orientation

Sexuality is a complex topic, but for simplicity the nationally recommended 5 option question was presented. The response rate for this question was 98.0% (including the 2.4% who actively answered the question but indicated they preferred not to state their sexual orientation).

Respondent profile - Sexual orientation	
Sexual orientation	Survey responses
Lesbian	0.4%
Gay	0.7%
Bisexual	1.5%
Prefer not to say	2.4%
Heterosexual	95.0%

Respondents who indicated they were heterosexual were more likely to be middle aged, and those indicating they were not heterosexual had a younger age profile. The respondents who did not answer or preferred not to say their sexual orientation had an older age profile.

The non heterosexuals surveyed were 89.4% white. Most of the non heterosexuals who were non white were bisexuals.

The non heterosexuals surveyed indicated a broadly similar range of religions to those indicated by all respondents.

The Government estimates that around 6% of the UK population identifies as lesbian, gay or bisexual. As information on sexual orientation is not included in the Census it is not possible to comment on whether our survey response is representative or not.

2.7.7. Carers

Respondents were asked if they cared for someone with long-term illness other than as part of their job, and 26.5% of those who responded indicated they were carers, much more than the 11.3% reported in the 2011 Census.

Respondent Profile - Carers compared to 2011 Census		
Carer status	Survey responses	2011 Census
Not a carer	73.5%	88.7%
1-19 hrs care providers	20.2%	7.4%
20-49 hrs care providers	2.6%	1.4%
50+ hrs care providers	3.7%	2.5%

There are age and gender patterns in the carer data. Women are significantly more likely to be carers (29.4%) and men significantly less likely (23.6%). The respondents aged 18-44 are significantly less likely to be carers (16.2%) while those aged 45+ are significantly more likely to be carers (33.1%). These patterns are more pronounced in those providing 1-19 hrs of care per week, which is the largest component of the carers in the survey.

2.7.8. Children In Home

A new question in this survey asked respondents if any children (under 17) lived in their home. Though this question doesn't specify relationship or number of children in the home, it does give scope to understand how adults' behaviours may impact on children.

Respondent Profile – Children in home	
Children in home	Survey responses
No	70.3%
Yes- all the time	27.9%
Yes- some of the time	2.0%

There is a strong age related pattern in responses. Those aged 30-49 are significantly more likely to have children in their home. Respondents over 55 are significantly less likely to have children in their home.

In the most deprived quintile the age at which children in their homes are significantly higher shifts to between 20-39.

2.7.9. Social Connectedness

Another new question in this survey asked respondents if they regularly participated in the activities of a list of organisations with an option to write in any not listed. Almost half (48.3%) responded that they participated in one or more of the organisations. Because of the set up of the question, respondents who did not answer have been combined with those who indicated they did not participate in any organisation.

Respondent Profile – Social connectedness	
Participation in organisation	Survey responses
Participates in any kind of organisation	48.3%
Does not participate in any organisation	47.8%

There is a definite deprivation profile in the responses to this question. Participation in organisations is significantly lower by those in the most deprived quintile (39.0%) and the second most deprived quintile (40.9%), while participation is significantly higher in the least deprived quintile (56.7%).

2.7.10. Healthy Foundations Categorization

Part of the questionnaire was designed to categorize respondents using the Healthy Foundations model; an attitudinal segmentation tool developed by the Department of Health. Unlike other geodemographic segmentation tools, it is not based on where respondents live, instead a respondent's segment can only be determined by answering 19 questions regarding their attitudes to their health. It assigns

respondents to one of five segments, based on their views of their health and ability to change their health.

Healthy Foundations Category	Brief Description
Hedonistic immortal	Motivated by risk and enjoyment. Feel that anything enjoyable (smoking, drinking) can't be bad for you. Lack of concern for their health. Intend to lead healthy lifestyles – later.
Live for today	Take a short term, fatalistic view of life and health. Don't acknowledge consequences of health choices. Value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult.
Unconfident fatalist	Fairly negative about most things. Don't feel in control of their health. Likely to be depressed and demotivated. Acknowledge unhealthy behaviours but don't feel able to change. Need help to take small realistic steps.
Health conscious realist	Motivated and feel in control of their health. Take a long term view and realistic of their health. Not risk takers, but will take opportunities to improve health.
Balance compensators	Generally positive and like to feel and look good. Take some risks but generally not with their health. Compensate unhealthy activities with healthy. Need to be made aware of long term health risks.

The profile of respondents compared to the national profile is shown in the following table. On average a higher proportion of the respondents are Health Conscious Realists whereas a lower proportion are Unconfident Fatalists or Hedonistic Immortals compared to national data.

Respondent Profile – Healthy Foundations		
Healthy Foundations category	Survey responses	England
Hedonistic immortal	15.9%	19%
Live for today	26.7%	25%
Unconfident fatalist	11.5%	18%
Health conscious realist	29.4%	21%
Balance compensators	16.5%	17%

As the use of this segmentation is experimental, no further analysis of this is made within this report. Instead a separate report will be produced in 2013 looking at the demographics and lifestyles of these groups.

2.7.11. Overall Respondent Profile

Overall the survey respondents represent a population that is older and slightly more affluent than the current Stockport population. The survey respondents are also more likely to be carers. These differences should be borne in mind when generalising the results of the survey to the whole Stockport population.

3 Multiple Risks

3.1. Key Findings

- 78.7% of respondents reported having two or more risky lifestyle behaviours i.e. reported having multiple risks. 32.4% of respondents reported three or more risks; 4.9% of respondents reported all four unhealthy behaviours.
- 3.1% of the population report no lifestyle risk behaviours; 18.2% report one lifestyle risk behaviour.
- Unhealthy diet is the most frequently reported single lifestyle risk behaviour, followed by inadequate physical activity.
- Analysis does not show a significant change from 2009, and shows trends in line with national findings.
- Gender analysis shows that women are less likely to have 3 or 4 lifestyle risk behaviours than men. Similar proportions of men and women have no lifestyle risk behaviours.
- Levels of risk decrease with age; the over 65s are less likely to have 3 or more risky behaviours. Those aged 18-24 are more likely to have all 4 risk behaviours. The proportion of people with no lifestyle risk behaviours peak around ages 50-79 years.
- Younger people reporting poorer general health are more likely to have multiple lifestyle risks; older people in good health are more likely to have one or no risks.
- The likelihood of having 3 or 4 risky behaviours increases as deprivation increases; people in the most deprived areas are significantly less likely to have no lifestyle risks than average.
- Those participating in any kind of organisation are less likely to have all four lifestyle risk behaviours, while those not participating were more likely to have all four risks. These two groups have similar profiles for the remaining combinations however.
- Although smoking is the least common risk lifestyle risk behaviour overall, those who smoke are much more likely to have other lifestyle risks, a third of smokers have all four risk behaviours and only 1.4% have no other risks.

Combinations of lifestyle risk behaviours			
Lifestyle risk behaviour	Sample size	3 other risks	No other risks
Smoke	977	32.9%	1.4%
Excessive drinking	2768	11.6%	6.4%
Inadequate physical activity	4822	6.7%	8.2%
Inadequate diet	5378	6.0%	11.3%

- There is a strong correlation between lifestyle risk behaviours and mental wellbeing, levels of above average wellbeing are twice as high as average for those with no lifestyle risk factors.

3.2. Rationale

The effects on health of smoking, alcohol misuse, lack of fruit and vegetables in diet and physical activity are well documented and they are some of the most important priorities for modifying behaviour and promoting healthy lifestyles.

Individually, each of these factors can have an enormous impact on the length and quality of a person's life. When a person shares in more than one of these behaviours the risk of poor health outcomes is multiplied.

The impact of mental wellbeing is also well documented and when combined with unhealthy lifestyle behaviours again increases the risks to health.

3.3. Analysis

Following the 2012 King's Fund report 'Clustering of unhealthy behaviours over time' (Buck and Frosini), four risk factors – smoking, excessive drinking, inadequate diet and inadequate physical activity – were considered in this analysis. Excessive drinking includes binge drinking and drinking more than the daily guideline. Inadequate diet refers to those respondents who do not usually eat 5+ portions of fruit or vegetables a day. Inadequate physical activity refers to those respondents who do not take moderate exercise 5 times a week or more. If a respondent had not given information on any of the four topics, they were excluded from this analysis.

Multiple risks category		Responses
4 risks	Smoke, Excessive drinking, Inadequate diet, Inadequate physical activity	4.9%
3 risks (27.5%)	Excessive drinking, Inadequate diet, Inadequate physical activity	20.5%
	Smoke, Inadequate diet, Inadequate physical activity	5.0%
	Smoke, Excessive drinking, Inadequate diet	1.6%
	Smoke, Excessive drinking, Inadequate physical activity	0.4%
2 risks (46.3%)	Inadequate diet, Inadequate physical activity	31.5%
	Excessive drinking, Inadequate diet	7.2%
	Excessive drinking, Inadequate physical activity	4.7%
	Smoke, Inadequate diet	2.1%
	Smoke, Inadequate physical activity	0.5%
	Smoke, Excessive drinking	0.2%
1 risk (18.2%)	Inadequate diet	9.2%
	Inadequate physical activity	6.1%
	Excessive drinking	2.7%
	Smoke	0.2%
0 risks	None of these risks	3.1%

A combination of all four risk factors was reported by 4.9% of respondents. Nearly a third (27.5%) had a combination of three risks, with excessive drinking, inadequate diet and inadequate physical activity being the second most common combination of risk factors.

Almost half (46.3%) of respondents had a combination of two risks, with inadequate diet and inadequate physical activity being the most common combination. A further 18.2% of respondents only had a single risk factor.

Just 3.1% of respondents had none of these risk factors.

3.3.1. Comparisons

In 2009 a different definition of multiple risks was used, looking at three risk factors smoking, unhealthy drinking (binge or increasing or high risk drinking) and obesity. Since then national evidence about multiple risks has been published, using a revised definition. Data from the 2009 Stockport survey has been reanalysed to enable comparisons, therefore the information published in this report is not the same as that published previously.

Comparison to the reanalysed 2009 lifestyle survey showed no significant difference in the rates of not having risky behaviour or for the combination of risky behaviours.

Multiple Risks Trends						
	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
All responses 2012	6552	4.9%	27.5%	46.3%	18.2%	3.1%
All responses 2009	7320	5.1%	28.9%	44.3%	18.7%	3.0%

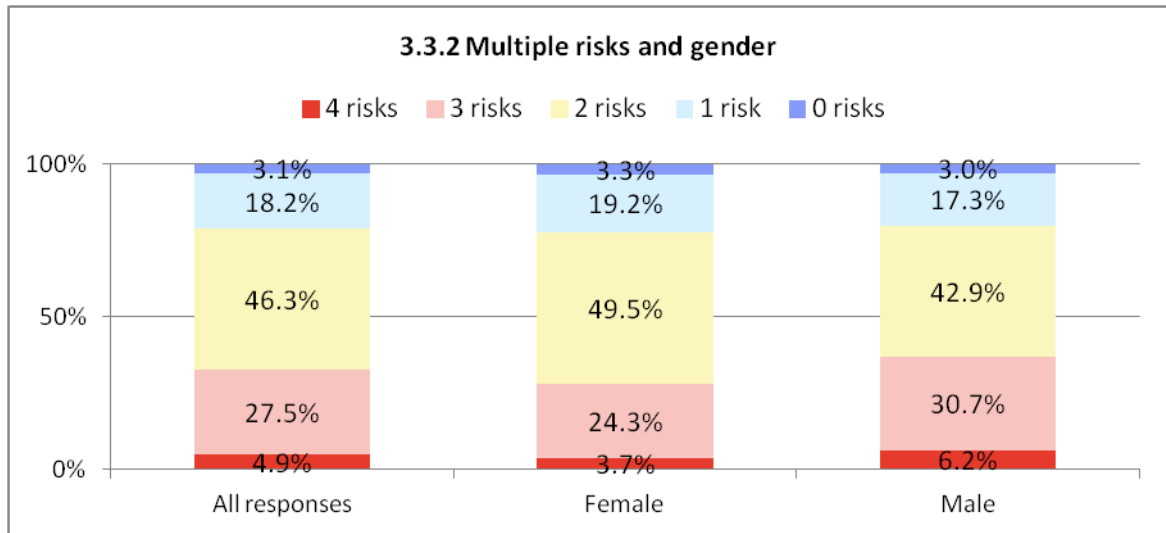
The King's Fund report 'Clustering of unhealthy behaviours over time' (Buck and Frosini, August 2012) analysed the results of the 2008 Healthy Survey for England and found the following results; trends in Stockport do not look significantly different.

National Multiple Risks Trends						
	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Health Survey for England 2008	-	5%	22%	41%	26%	6%

3.3.2. Gender

This survey found no significant difference in multiple risk factors by gender for one or no risks. However, men are more likely to have a combination of 3 of the risk factors, while women are less likely to have combinations of 3 or 4 risk factors.

Multiple Risks and Gender						
Gender	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Female	3692	3.7% ^L	24.3% ^L	49.5% ^T	19.2%	3.3%
Male	3473	6.2%	30.7% ^T	42.9% ^L	17.3%	3.0%

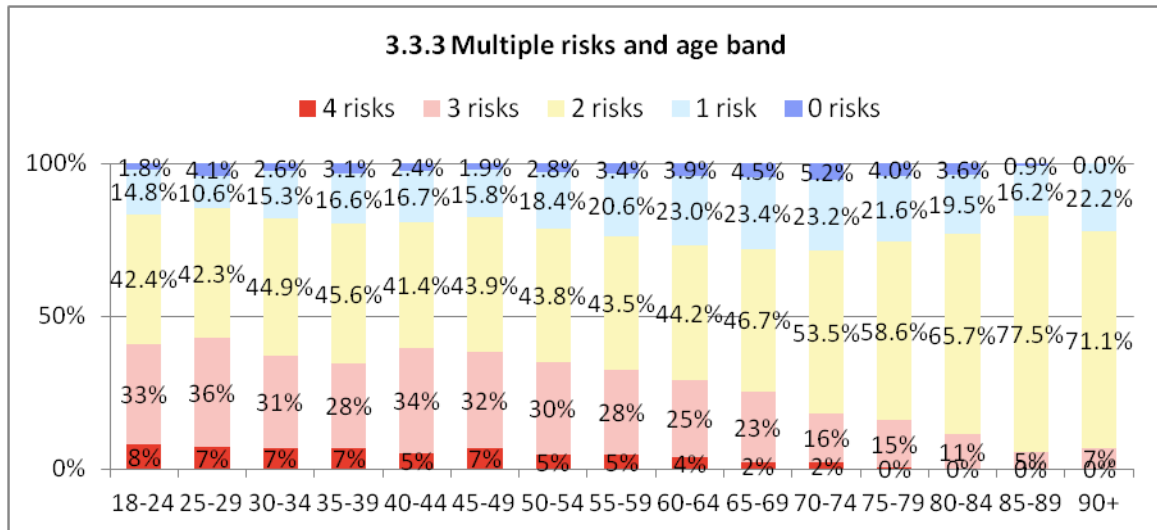


3.3.3. Age

There is a strong age profile for those with 4-3 risky behaviours falling as age increases. However there is an increase in having 2 risks as age increases as people downshift, with those over 70 being significantly more likely to have 2 risk factors.

There is no significant age profile in those with no risk factors, although the proportion drops for those aged 85+ as activity levels and diets change.

Multiple Risks and Age						
Age band	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
18-24	549	8.2% ^H	32.8% ^H	42.4%	14.8%	1.8%
25-29	461	7.4%	35.6%	42.3%	10.6% ^L	4.1%
30-34	621	6.6%	30.6%	44.9%	15.3%	2.6%
35-39	421	6.9%	27.8%	45.6%	16.6%	3.1%
40-44	498	5.2%	34.3% ^H	41.4%	16.7%	2.4%
45-49	626	6.7%	31.6%	43.9%	15.8%	1.9%
50-54	610	4.6%	30.5%	43.8%	18.4%	2.8%
55-59	681	4.7%	27.9%	43.5%	20.6%	3.4%
60-64	695	3.9%	25.0%	44.2%	23.0% ^H	3.9%
65-69	448	2.0% ^L	23.4%	46.7%	23.4% ^H	4.5%
70-74	327	2.1%	15.9%	53.5% ^H	23.2%	5.2%
75-79	278	0.4% ^L	15.5% ^L	58.6% ^H	21.6%	4.0%
80-84	169	0.0%	11.2% ^L	65.7% ^H	19.5%	3.6%
85-89	111	0.0%	5.4% ^L	77.5% ^H	16.2%	0.9%
90+	45	0.0%	6.7% ^L	71.1% ^H	22.2%	0.0%



3.3.4. Perceived Health Status

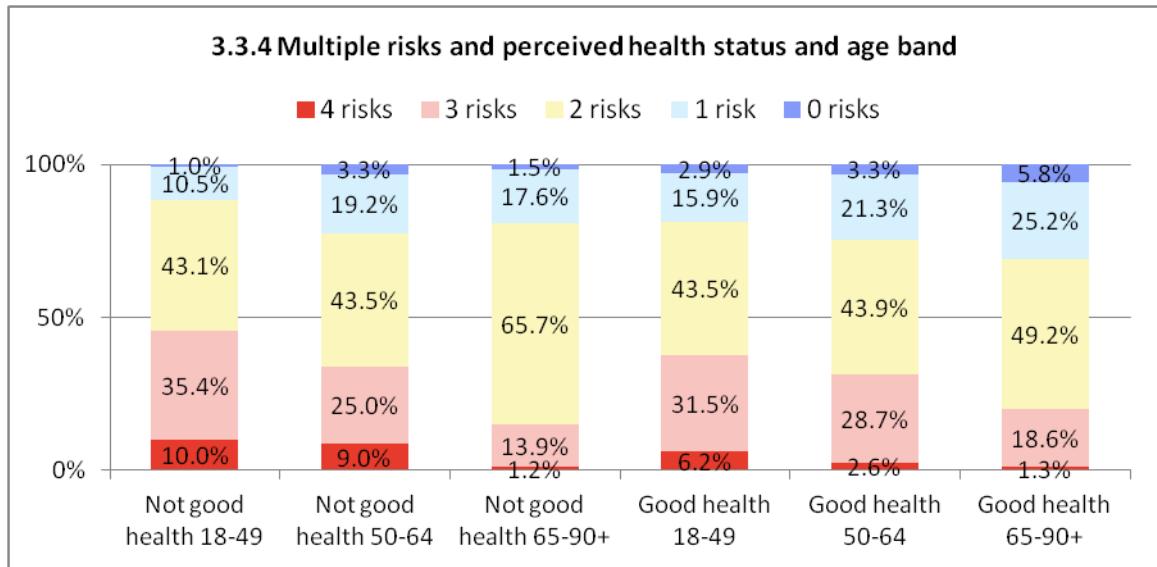
Those who felt they did not have good health are significantly less likely to have none of the risky behaviours, at 1.9%. The respondents who felt they were in good health are not significantly different to the overall Stockport figure.

Multiple Risks and Perceived Health Status						
Health Perception	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Not Good Health	1669	6.5%	24.3%	51.4% ^H	15.9%	1.9% ^L
Good Health	4877	4.4%	28.6%	44.5%	19.0%	3.5%

The proportion of people with 4-3 risky behaviours falls by age for both those who feel they did not have good health and those who feel they have good health.

Younger adults in not good health are significantly more likely to have three or four risk factors; older adults in good health are significantly more likely to have 1 or no risk factors.

Multiple Risks and Perceived Health Status by Age							
Health Perception by Age		Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Not Good Health	49 and under	466	10.0% ^H	35.4% ^H	43.1%	10.5% ^L	1.0% ^L
	50-64	679	9.0% ^H	25.0%	43.5%	19.2%	3.3%
	65 and over	703	1.2% ^L	13.9% ^L	65.7% ^H	17.6%	1.5%
Good Health	49 and under	2522	6.2%	31.5% ^H	43.5%	15.9%	2.9%
	50-64	1854	2.6% ^L	28.7%	43.9%	21.3% ^H	3.3%
	65 and over	942	1.3% ^L	18.6% ^L	49.2%	25.2% ^H	5.8% ^H



3.3.5. Deprivation

There is a strong deprivation profile, with the 4 risk combination of behaviours increasing as deprivation increases. Respondents in the most deprived quintile are significantly more likely to have all 4 risky behaviours and those in the least deprived quintile are significantly less likely to have that combination of risky behaviours.

Multiple Risks and Deprivation						
2007 National IMD Quintile	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
1- most deprived	702	9.4% ^H	31.3%	40.4% ^L	17.4%	1.4% ^L
2	974	6.5%	29.1%	44.7%	17.3%	2.4%
3	1205	4.8%	27.2%	49.3%	15.9%	2.8%
4	1448	4.8%	27.3%	44.0%	20.4%	3.4%
5- least deprived	2018	2.8% ^L	26.1%	48.3%	18.9%	4.0%

3.3.6. Ethnicity

As the majority of respondents identified as white British, it is not surprising that this group shows no significant difference in risky behaviour to the overall figures for Stockport.

When taken together, the not 'white British' groups are significantly less likely to have a combination of 3 risky behaviours, but more likely to have a combination of 2 risks.

Multiple Risks and Ethnicity						
Ethnic Group	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
White British	5956	5.0%	28.5%	45.2%	18.2%	3.1%
Asian Pakistani	113	0.9%	17.7% ^L	68.1% ^H	12.4%	0.9%
White Other	112	3.6%	18.8%	45.5%	27.7% ^H	4.5%
White Irish	69	10.1%	18.8%	58.0%	11.6%	1.4%
Not White	393	3.1%	16.0% ^L	61.1% ^H	16.8%	3.1%
Not White British	575	4.0%	16.9% ^L	57.7% ^H	18.3%	3.1%

3.3.7. Religion

Christians, the majority of respondents, are not significantly different to the overall Stockport figure for risky behaviour.

Muslim respondents are significantly more likely to have a combination of two risk factors, but less likely to have a combination of 3 risk factors or a single risk factor.

Those who follow any other religion are significantly less likely to have a combination of 3 risky behaviours and more likely to have just one risky behaviour.

Those who stated that they had no religion are significantly more likely to have 4-3 risky behaviours than the overall Stockport figure. This could be related to the younger profile of this group.

Multiple Risks and Religion						
Religion	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
None	1976	7.1% ^H	32.3% ^H	39.8% ^L	17.5%	3.3%
Christian	4092	3.9%	25.9%	48.5%	18.6%	3.0%
Muslim	183	1.6%	18.0% ^L	66.7% ^H	11.5% ^L	2.2%
Any other religion	152	5.3%	13.8% ^L	49.3%	26.3% ^H	5.3%
Prefer not to say	114	6.1%	31.6%	42.1%	17.5%	2.6%

3.3.8. Sexual Orientation

No significant difference was found for sexual orientation, though those who preferred not to state their sexual orientation were less likely to have a combination of 3 risky behaviours. National research by Stonewall, however, suggests high risk factors for the LGBT community in terms of smoking and alcohol consumption.

Multiple Risks and Sexual Orientation						
Sexual Orientation	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Heterosexual	6116	4.8%	27.9%	45.8%	18.3%	3.1%
Not heterosexual	166	8.4%	29.5%	48.8%	12.0%	1.2%
Prefer not to say	156	5.1%	19.2% ^L	50.6%	19.9%	5.1%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

3.3.9. Carers

Respondents who provided 50+ hours of care per week were significantly less likely to have a combination of 3 risky behaviours, but no other differences were found in the responses when analysed by hours of care provided.

Multiple Risks and Carers						
Carer status	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Not a carer	4742	5.2%	28.4%	46.2%	17.0 %	3.1%
1-19 hrs care providers	1309	3.7%	27.0%	44.5%	21.1%	3.7%
20-49 hrs care providers	167	7.2%	24.6%	46.7%	19.8%	1.8%
50+ hrs care providers	231	4.8%	19.5% ^L	51.1%	22.9%	1.7%

3.3.10. Children In Home

Those respondents who have children in their homes some of the time are significantly more likely to have a combination of all four risky behaviours (14.2%), and less likely to have a combination of only two risks. Those who had children living in their homes all the time were significantly more likely to have a combination of 3 risky behaviours.

Multiple Risks and Children in home						
Children in home	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
No	4538	4.9%	26.2%	46.4%	19.0%	3.5%
Yes- all the time	1823	4.3%	30.8% ^H	46.4%	16.0%	2.5%
Yes- some of the time	127	14.2% ^H	30.7%	34.6% ^L	19.7%	0.8%

3.3.11. Social Connectedness

Those respondents who do not participate in any organisations are significantly more likely to have a combination of all four risky behaviours (6.7%), and those who do participate in some kind of organisation are less likely to have a combination of all four risks (3.0%).

Multiple Risks and Social Connectedness						
Participation in organisation	Sample size	4 risks	3 risks	2 risks	1 risk	0 risks
Participates in any kind of organisation	3173	3.0% ^L	26.8%	46.8%	19.8%	3.7%
Does not participate in any organisation	3379	6.7% ^H	28.2%	45.8%	16.7%	2.6%

3.4. Smoking and Other Risks

When considering people who smoke, nearly a third have all four risky behaviours and a further 46.7% have three of the risky behaviours.

Very few people (1.4%) only have the one risk factor.

Smoking and Other Risks		Responses
4 risks	Smoke, Excessive drinking, Inadequate diet, Inadequate physical activity	32.9%
3 risks (46.7%)	Smoke, Inadequate diet, Inadequate physical activity	33.4%
	Smoke, Excessive drinking, Inadequate diet	10.5%
	Smoke, Excessive drinking, Inadequate physical activity	2.8%
2 risks (19.0%)	Smoke, Inadequate diet	14.3%
	Smoke, Inadequate physical activity	3.2%
	Smoke, Excessive drinking	1.5%
1 risk	Smoke only	1.4%

3.5. Excessive drinking and Other Risks

When considering people who drink unhealthily, 11.6% have all four risky behaviours and over half (53.3%) have a combination of three of the risky behaviours.

6.4% only have excessive drinking as a risk factor.

Excessive drinking and Other Risks		Responses
4 risks	Smoke, Excessive drinking, Inadequate diet, Inadequate physical activity	11.6%
3 risks (53.3%)	Excessive drinking, Inadequate diet, Inadequate physical activity	48.6%
	Smoke, Excessive drinking, Inadequate diet	3.7%
	Smoke, Excessive drinking, Inadequate physical activity	1.0%
2 risks (28.7%)	Excessive drinking, Inadequate diet	17.0%
	Excessive drinking, Inadequate physical activity	11.2%
	Smoke, Excessive drinking	0.5%
1 risk	Excessive drinking	6.4%

3.6. Inadequate Physical Activity and Other Risks

When considering people who do not get enough physical activity, 6.7% have all four risky behaviours and over a third (35.2%) have a combination of three risky behaviours.

8.3% only have inadequate physical activity as a risk factor.

Inadequate Physical Activity and Other Risks		Responses
4 risks	Smoke, Excessive drinking, Inadequate diet, Inadequate physical activity	6.7%
3 risks (35.2%)	Excessive drinking, Inadequate diet, Inadequate physical activity	27.9%
	Smoke, Inadequate diet, Inadequate physical activity	6.8%
	Smoke, Excessive drinking, Inadequate physical activity	0.6%
2 risks (49.9%)	Inadequate diet, Inadequate physical activity	42.8%
	Excessive drinking, Inadequate physical activity	6.4%
	Smoke, Inadequate physical activity	0.6%
1 risk	Inadequate physical activity	8.2%

3.7. Inadequate Diet and Other Risks

When considering people who do not eat enough fruit and vegetables, 6.0% have all four risky behaviours and a further third (33.0%) have a combination of three of the risky behaviours.

11.3% only have inadequate diet as a risk factor.

Inadequate Diet and Other Risks		Responses
4 risks	Smoke, Excessive drinking, Inadequate diet, Inadequate physical activity	6.0%
3 risks (33.0%)	Excessive drinking, Inadequate diet, Inadequate physical activity	25.0%
	Smoke, Inadequate diet, Inadequate physical activity	6.1%
	Smoke, Excessive drinking, Inadequate diet	1.9%
2 risks (49.8%)	Inadequate diet, Inadequate physical activity	38.4%
	Excessive drinking, Inadequate diet	8.8%
	Smoke, Inadequate diet	2.6%
1 risk	Inadequate diet	11.3%

3.8. Multiple Risks and Mental Wellbeing

Poor mental wellbeing is linked with poor health choices. An analysis of the risky behaviours by mental wellbeing category showed a strong correlation between mental wellbeing and risky behaviours.

Respondents who had 4 risky behaviours were significantly more likely to have below average mental wellbeing. Those who have none of the risky behaviours were significantly less likely to have below average mental wellbeing and more likely to have above average mental wellbeing.

Multiple risks and Mental Wellbeing				
Multiple risk category	Sample size	Mental Wellbeing Category		
		Above Average	Average	Below Average
4 risks	311	8.0% ^L	68.2%	23.8% ^H
3 risks	1748	12.1%	75.7% ^H	12.2%
2 risks	2897	14.4%	73.4% ^H	12.2%
1 risk	1157	18.5% ^H	72.2%	9.3%
0 risks	202	24.8% ^H	71.3%	4.0% ^L

4 Mental Wellbeing

4.1. Key Findings

- 14.6% of respondents reported above average mental wellbeing, 12.2% reported below average mental wellbeing; showing a movement towards more average wellbeing, with lower proportions of people with both above and below average wellbeing.
- There are no significant difference between men and women for mental wellbeing.
- People aged 60-74 have the highest rates of above average mental wellbeing, people aged 40-54 have the lowest. Although numbers are small people aged 85+ have the highest rates of below average wellbeing, suggesting a cycle of mental wellbeing through life, dipping in the 40's, rising through the 60s and falling again at age 85.
- At all ages those who reported poorer general health had higher levels of below average mental wellbeing.
- Mental wellbeing decreases as deprivation increases, a fifth of people in the most deprived areas report having below average mental wellbeing.
- Respondents from non white ethnic backgrounds were more likely to have below average wellbeing, although similar proportions to average have above average wellbeing. Not all ethnic groups show the same pattern however, Asian Pakistanis are significantly more likely to have above average wellbeing.
- Mental wellbeing is one of only two topic areas where there is a definite difference by sexual orientation. Those who identified as non heterosexual are significantly more likely to have below average mental well being.
- Those providing more than 50 hours of unpaid care a week are also more likely to have below average mental wellbeing.
- Although fewer respondents who participate in organisations had below average wellbeing, the analysis did not show a significantly higher rate of above average well being for this group as a whole, however above average wellbeing was significantly higher for those participating in social clubs or sports clubs.

4.2. Rationale

Complete mental wellbeing is both the absence of mental illness and the presence of positive mental health and wellbeing. The positive aspect of mental health encompasses how we think, feel and relate, giving people the resources to cope with life and the confidence to make the most of any opportunities offered. Wellbeing can be encapsulated by the phrase 'feeling good and doing well'.

Having positive mental health or wellbeing benefits physical health by improving protection from heart disease, reducing stroke incidence (and promoting survival), minimising harmful health behaviours such as smoking and drug taking and enhancing overall lifetime mortality rates and life expectancy. Current advice to improve mental wellbeing focuses on the '5 Ways to Wellbeing'; be active, connect, learn, take notice, and give.

The risk factors for suffering mental ill health include: material and relative deprivation, low educational attainment, unemployment, environment: poor housing,

poor resources, violence and crime, adverse life events and poor social networks. Improving mental health and wellbeing can make a contribution to reducing health inequalities.

4.3. Analysis

The survey used the seven question version of the WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) tool in order to assess positive mental wellbeing. To assess the wellbeing scores, each of the seven questions needs to be answered. In 135 cases where only six questions were answered, it was assumed, following guidance, that the seventh question was accidentally skipped over when filling in the survey. A seventh value was therefore derived from the average of the answered questions, to complete the score. If two or more questions were unanswered, no score was assigned and the response was categorised as unanswered. This resulted in 95.9% of the returned surveys being analysed for this report.

Scores were categorised as above average, average and below average mental wellbeing by using a statistical measure of two standard deviations from the mean. This showed 12.2% of the respondents had below average mental wellbeing and 14.6% had above average mental wellbeing. It should be noted that the score ranges for these categorisations have not changed between 2009 and 2012.

Mental Wellbeing				
	Sample size	Above Average	Average	Below Average
All responses	6404	14.6%	73.3%	12.2%

4.3.1. Comparisons

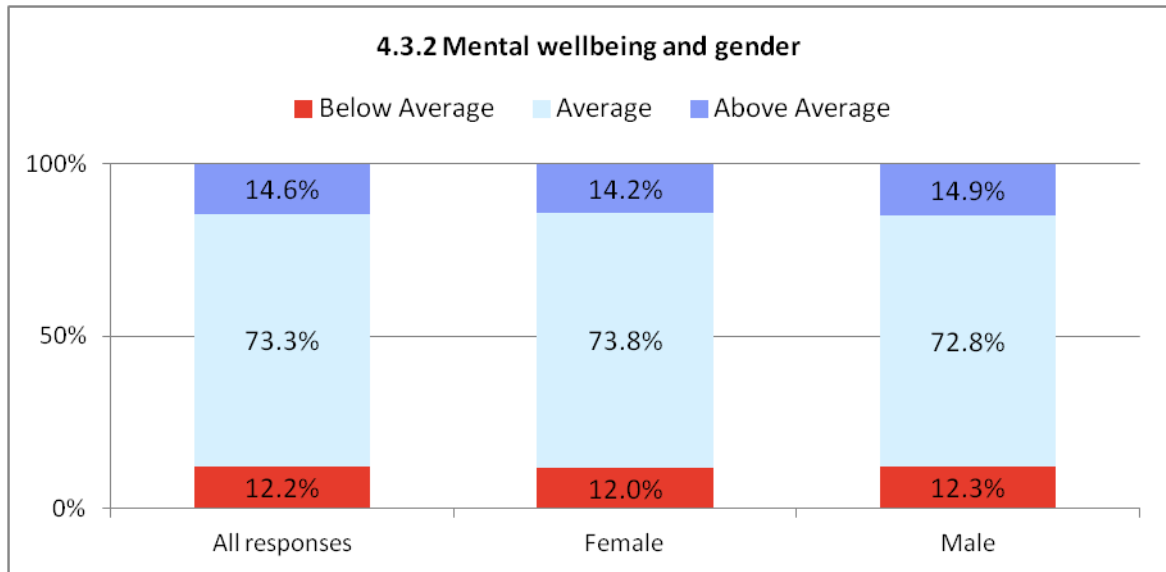
Mental Wellbeing				
	Sample size	Above Average	Average	Below Average
All responses 2012	6404	14.6%	73.3%	12.2%
All responses 2009	6931	16.4%	71.0%	12.5%

The comparison between 2009 and 2012 shows a movement towards average wellbeing, with lower proportions of people with both above and below average wellbeing. In 2009 the North West Regional Wellbeing Survey found 16.8% of people in the region had low mental wellbeing, 62.85 had moderate mental wellbeing and 20.4% had high mental wellbeing.

4.3.2. Gender

Interestingly there was no significant difference in rates of mental wellbeing between men and women, a result similar to that found in 2009.

Mental Wellbeing and Gender				
Gender	Sample size	Above Average	Average	Below Average
Female	3204	14.2%	73.8%	12.0%
Male	3176	14.9%	72.8%	12.3%

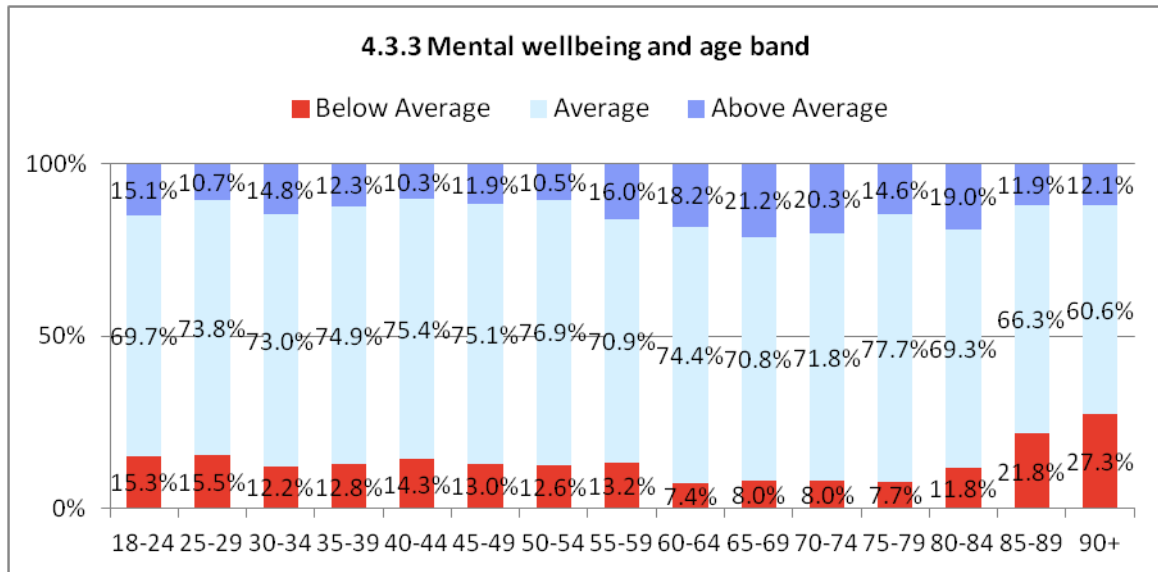


4.3.3. Age

Respondents aged 40-44 and 50-54 were significantly less likely to have above average mental wellbeing. People in their 60s are significantly more likely to have above average mental wellbeing than the overall Stockport figure and significantly less likely to have below average mental wellbeing.

From age 80 there is an increase in the proportion with below average mental wellbeing. Though the numbers are very small, the over 85 age groups are significantly higher for below average mental wellbeing; so it seems possible that there is a risk of low mental wellbeing towards the end of life.

Mental Wellbeing and Age				
Age band	Sample size	Above Average	Average	Below Average
18-24	544	15.1%	69.7%	15.3%
25-29	458	10.7%	73.8%	15.5%
30-34	623	14.8%	73.0%	12.2%
35-39	415	12.3%	74.9%	12.8%
40-44	495	10.3% ^L	75.4%	14.3%
45-49	615	11.9%	75.1%	13.0%
50-54	601	10.5% ^L	76.9%	12.6%
55-59	676	16.0%	70.9%	13.2%
60-64	680	18.2% ^H	74.4%	7.4% ^L
65-69	439	21.2% ^H	70.8%	8.0% ^L
70-74	301	20.3% ^H	71.8%	8.0%
75-79	260	14.6%	77.7%	7.7%
80-84	153	19.0%	69.3%	11.8%
85-89	101	11.9%	66.3%	21.8% ^H
90+	33	12.1%	60.6%	27.3% ^H



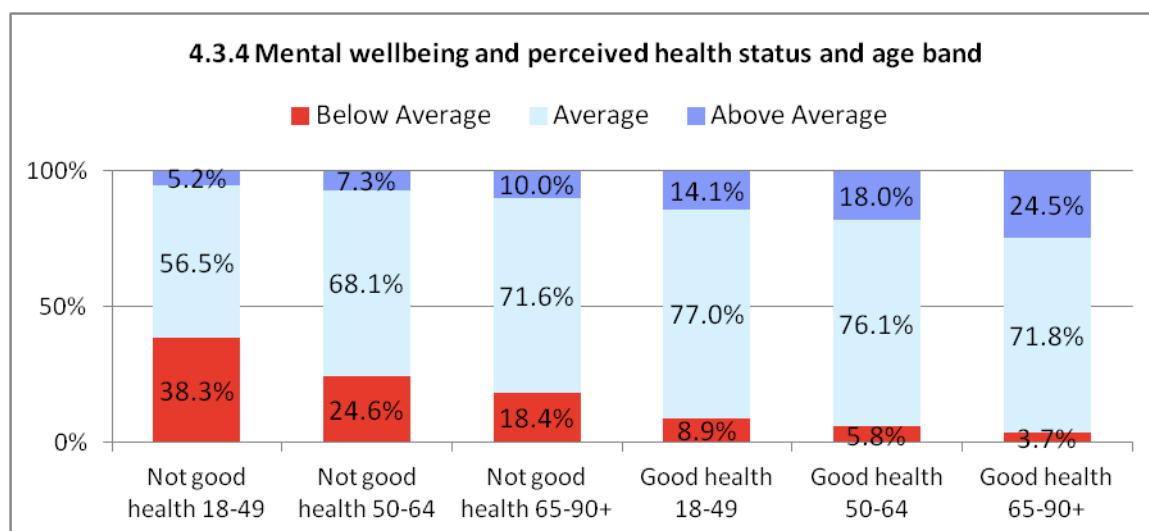
4.3.4. Perceived Health Status

Respondents who felt they did not have good health were significantly more likely to have below average mental wellbeing (27.1%), and less likely to have above average or average mental wellbeing. Those who felt in good health were significantly more likely to have above average mental wellbeing and less likely to have below average mental wellbeing.

Mental Wellbeing and Perceived Health Status				
Health Perception	Sample size	Above Average	Average	Below Average
Not Good Health	1591	7.5% ^L	65.4% ^L	27.1% ^H
Good Health	4806	16.9% ^H	75.9% ^H	7.2% ^L

For each age group those who felt they did not have good health are significantly less likely to have above average wellbeing and more likely to have below average wellbeing. Older people in good health have particularly high levels of mental wellbeing.

Mental Wellbeing and Perceived Health by Age					
Health Perception by Age		Sample size	Above Average	Average	Below Average
Not Good Health	49 and under	519	5.2% ^L	56.5% ^L	38.3% ^H
	50-64	536	7.3% ^L	68.1% ^L	24.6% ^H
	65 and over	532	10.0% ^L	71.6%	18.4% ^H
Good Health	49 and under	2629	14.1%	77.0% ^H	8.9% ^L
	50-64	1420	18.0% ^H	76.1%	5.8% ^L
	65 and over	751	24.5% ^H	71.8%	3.7% ^L



4.3.5. Deprivation

There is a definite deprivation profile in the rates of mental wellbeing. The most deprived quintile is significantly more likely to have below average mental wellbeing and the least deprived quintile is significantly less likely to have below average mental wellbeing. Though the pattern for above average mental wellbeing is similar, the differences are not enough to be statistically significant.

Mental Wellbeing and Deprivation				
2007 National IMD Quintile	Sample size	Above Average	Average	Below Average
1- most deprived	611	11.8% ^L	67.3%	20.9% ^H
2	978	12.3%	73.4%	14.3%
3	1274	13.9%	72.2%	13.9%
4	1426	16.1%	73.7%	10.2%
5- least deprived	2090	15.8%	75.4%	8.8% ^L

4.3.6. Ethnicity

As the large majority of respondents identified as white British it is not surprising that this group shows no significant difference in reported mental wellbeing to the overall Stockport figures.

The Pakistani respondents are significantly more likely to have above average mental wellbeing. However, when taken together, the non white groups are significantly more likely to have below average mental wellbeing.

Mental Wellbeing and Ethnic Group				
Ethnic Group	Sample size	Above Average	Average	Below Average
White British	5830	14.1%	74.2%	11.8%
Asian Pakistani	111	22.5% ^H	65.8%	11.7%
White Other	111	18.0%	65.8%	16.2%
White Irish	61	26.2% ^H	62.3%	11.5%
Not White	383	18.3%	65.0% ^L	16.7% ^H
Not White British	556	19.1% ^H	64.9% ^L	16.0% ^H

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

4.3.7. Religion

Respondents who follow a religion other than Christianity or Islam were significantly more likely to have below average mental wellbeing.

Mental Wellbeing and Religion				
Religion	Sample size	Above Average	Average	Below Average
None	1960	13.3%	73.0%	13.7%
Christian	3980	14.9%	74.2%	10.8%
Muslim	178	18.5%	68.0%	13.5%
Any other religion	145	18.6%	62.8% ^L	18.6% ^T
Prefer not to say	112	10.7%	71.4%	17.9%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

4.3.8. Sexual Orientation

Mental wellbeing is one of only two topic areas where there is a definite difference by sexual orientation. Those who identified as non heterosexual are significantly more likely to have below average mental well being. Interestingly, this is also true of the group who indicated they preferred not to say their sexual orientation.

Mental Wellbeing and Sexual Orientation				
Sexual Orientation	Sample size	Above Average	Average	Below Average
Heterosexual	6001	14.7%	73.6%	11.7%
Not heterosexual	161	13.0%	67.7%	19.3% ^H
Prefer not to say	146	11.0%	67.8%	21.2% ^H

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

4.3.9. Carers

When analysed by caring status, respondents providing 50+ hours of care per week were significantly more likely to have below average mental wellbeing. Other carers were not significantly different to the Stockport average.

Mental Wellbeing and Carers				
Carer status	Sample size	Above Average	Average	Below Average
Not a carer	4630	14.7%	73.1%	12.3%
1-19 hrs care providers	1297	14.6%	74.8%	10.6%
20-49 hrs care providers	163	12.3%	74.8%	12.9%
50+ hrs care providers	226	13.7%	68.6%	17.7% ^T

4.3.10. Children In Home

Respondents who indicated children live in their home some of the time are significantly more likely have below average mental wellbeing (24.4%) and are also less likely to have above average mental wellbeing (7.1%).

Mental Wellbeing and Children In Home				
Children in home	Sample size	Above Average	Average	Below Average
No	4414	15.4%	72.6%	12.0%
Yes- all the time	1806	13.1%	75.0%	11.8%
Yes- some of the time	127	7.1% ^L	68.5%	24.4% ^H

4.3.11. Social Connectedness

Respondents who participate in any kind of organisation are significantly less likely to have below average mental wellbeing, while those who didn't participate in any kind of organisation are more likely to have below average wellbeing.

The analysis did not show a significantly higher rate of above average well being for respondents who participate in any kind of organisation overall, but rates were significantly higher for those participating in social or sports clubs.

Mental Wellbeing and Social Connectedness				
Participation in organisation	Sample size	Above Average	Average	Below Average
Participates in any kind of organisation	3114	16.0%	75.3%	8.8% ^L
Does not participate in any organisation	3290	13.3%	71.4%	15.4% ^H

5 Smoking

5.1. Key Findings

- 14.9% of respondents currently smoke, a level below other estimates for Stockport which suggest a current smoking rate of around 19% (but to be expected as this is a self-reported figure). The rate shows a decline from 2009, but not one that can be said to be statistically significant.
- Women are less likely to be smokers or ex-smokers than men; the smoking rate for men is almost 50% higher than that for women.
- Rates of smoking decline with age and is lowest for those aged 70 plus, however the rate of non smokers is also highest in the 18-24 group, perhaps reflecting a trend of fewer people taking up smoking.
- Younger adults in not good health are significantly more likely to smoke than average; the smoking rate rises is over 30% for this group.
- There is a strong deprivation profile, with smoking rates significantly higher in the two most deprived quintiles and significantly lower in the two least deprived quintiles. Smoking rates in the most deprived areas again are likely to be higher than 30%.
- Though Stockport has one of the lower smoking rates in Greater Manchester, the deprivation profile is steeper than in other boroughs.
- Those providing unpaid care for more than 20 hours a week report significantly higher rates of smoking as do respondents who do not participate in organisations.
- Rates of passive smoking suggest adults are self-segregating into smokers and non smokers; so that non smokers spend significantly less time exposed to other people's smoke than smokers do. Nevertheless, even smokers are unlikely to be exposed to others smoke for more than 10 hours a week, with only 22.8% reporting this level of exposure. All groups have slightly less exposure to others smoke in 2012 than they did in 2009.
- The majority (55%) of smokers report than no-one regularly smokes in their home, for non smokers the rate is even higher at 95%. Smokers who live with children are less likely to smoke in their own home than those living without children.

5.2. Rationale

Smoking is a direct cause of premature mortality, heart disease, cancer and lung disease. 1 in 4 smokers will die as a result of a smoking related disease and smoking is the single biggest preventable cause of death, in Stockport around 525 people die a year because of their smoking habit.

Smoking is also a major driver of health inequalities accounting for much of the higher risk of early death in disadvantaged areas. Adults born before 1956 were more likely to become smokers but rates of quitting were relatively high; adults born after 1956 are less likely to begin smoking but are also less likely to give up; rates of quitting are especially low for manual workers.

5.3. Smoking Prevalence Analysis

This survey found a 14.9% of respondents are current smokers, and 17.8% who used to smoke daily but are now ex smokers. The remainder, 67.3%, who either never smoked or only smoked intermittently, are classed as non smokers.

Smoking Prevalence				
	Sample size	Current smokers	Ex smokers	Non smokers
All responses	6638	14.9%	17.8%	67.3%

5.3.1. Comparisons

Though the percentage of current smokers is lower than found in the previous surveys, it is not a statistically significant decline.

Smoking Prevalence Trend				
	Sample size	Current smokers	Ex smokers	Non smokers
All responses 2012	6638	14.9%	17.8%	67.3%
All responses 2009	7436	15.8%	17.7%	66.5%
All responses 2006	8525	16%	39%*	45%*

*Note: the 2006 responses used a different method to categorize ex and non smokers, and so these figures are not directly comparable

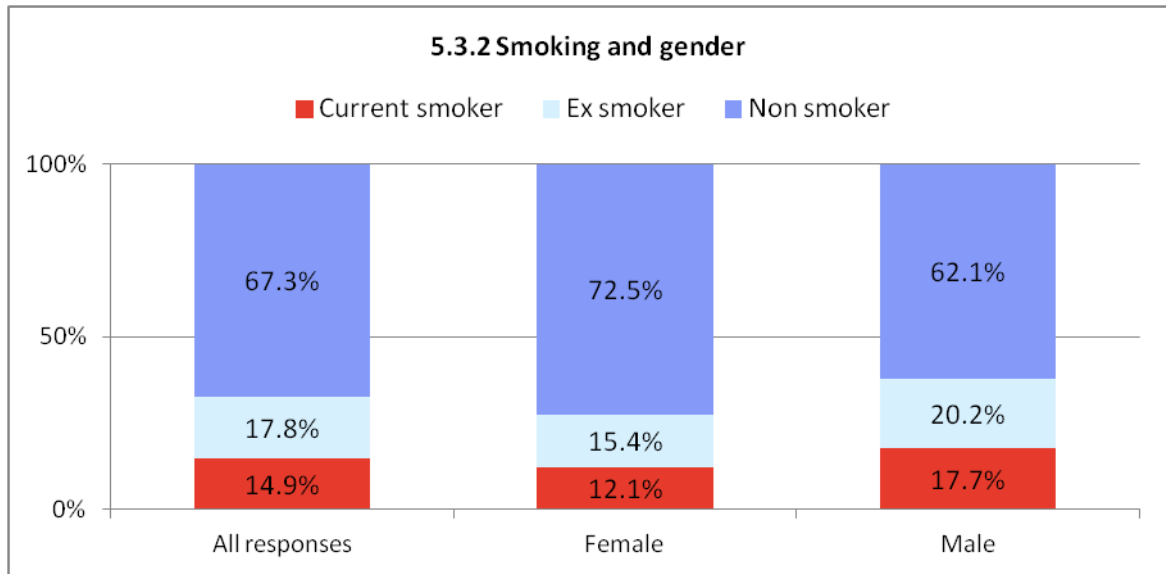
Stockport's smoking rate is lower than the latest England figures collected from the Integrated Household Survey (IHS) in 2011. The national survey found that 20.2% of people in England were current smokers compared to 22% in the North West; the IHS also estimated a smoking prevalence in Stockport of 19.2%, with a confidence range between 17.1% and 21.3%.

This figure is significantly higher than the 14.9% (95% confidence range 14.1% - 15.8%) found locally and perhaps suggests that the levels of smoking reported may be lower than they actually are.

5.3.2. Gender

Women are significantly less likely to smoke (12.1%) and more likely to be non smokers, while men are significantly more likely to smoke (17.7%) and less likely to be non smokers. Men are also significantly more likely to be ex smokers (20.2%), probably because men had higher rates of smoking in the past and so more potential to be quitters.

Smoking and Gender				
Gender	Sample size	Current smokers	Ex smokers	Non smokers
Female	3330	12.1% ^L	15.4% ^L	72.5% ^H
Male	3276	17.7% ^H	20.2% ^H	62.1% ^L



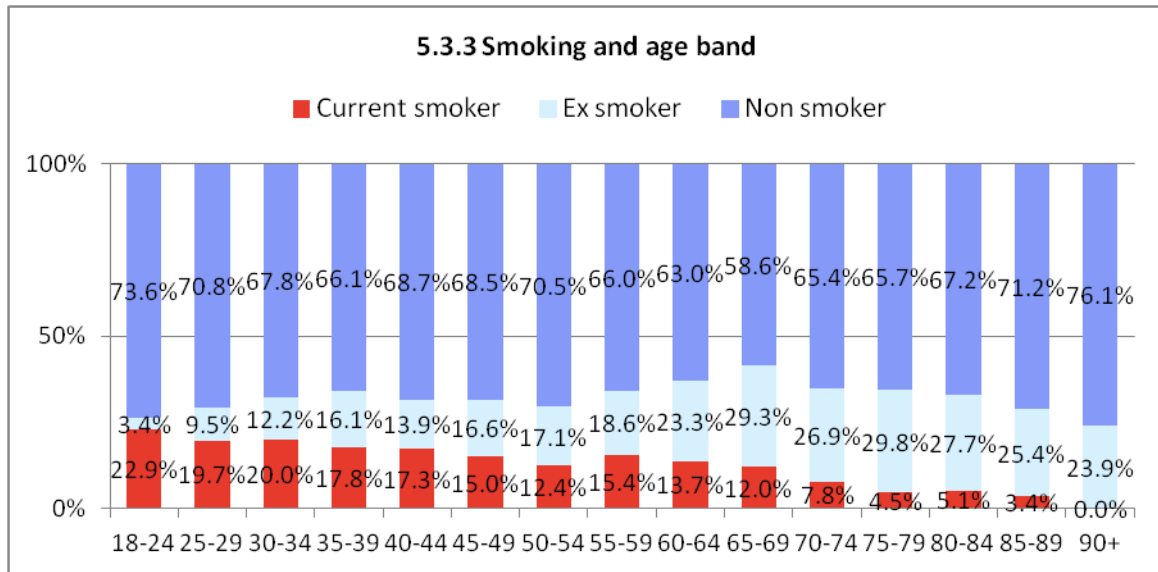
5.3.3. Age

Smoking rates have a pronounced age profile, with a highest rate of smoking, of 22.9%, for those aged 18 to 24, falling to under 10% for the over 70s. This may in part be due to changing behaviour but also may be because more smokers than non smokers may have died prematurely as a result of a smoking related disease.

The profile of non smokers also shows the highest rate in the 18-24 group, perhaps reflecting a trend of fewer people taking up smoking.

The percentage of ex-smokers rises with age, as more people have had time to quit the habit.

Smoking and Age Band				
Age band	Sample size	Current smokers	Ex smokers	Non smokers
18-24	554	22.9% ^H	3.4% ^L	73.6% ^H
25-29	462	19.7% ^H	9.5% ^L	70.8%
30-34	625	20.0% ^H	12.2% ^L	67.8%
35-39	428	17.8%	16.1%	66.1%
40-44	502	17.3%	13.9%	68.7%
45-49	628	15.0%	16.6%	68.5%
50-54	614	12.4%	17.1%	70.5%
55-59	688	15.4%	18.6%	66.0%
60-64	700	13.7%	23.3% ^H	63.0%
65-69	457	12.0%	29.3% ^H	58.6% ^L
70-74	335	7.8% ^L	26.9% ^H	65.4%
75-79	289	4.5% ^L	29.8% ^H	65.7%
80-84	177	5.1% ^L	27.7% ^H	67.2%
85-89	118	3.4% ^L	25.4%	71.2%
90+	46	0.0%	23.9%	76.1%



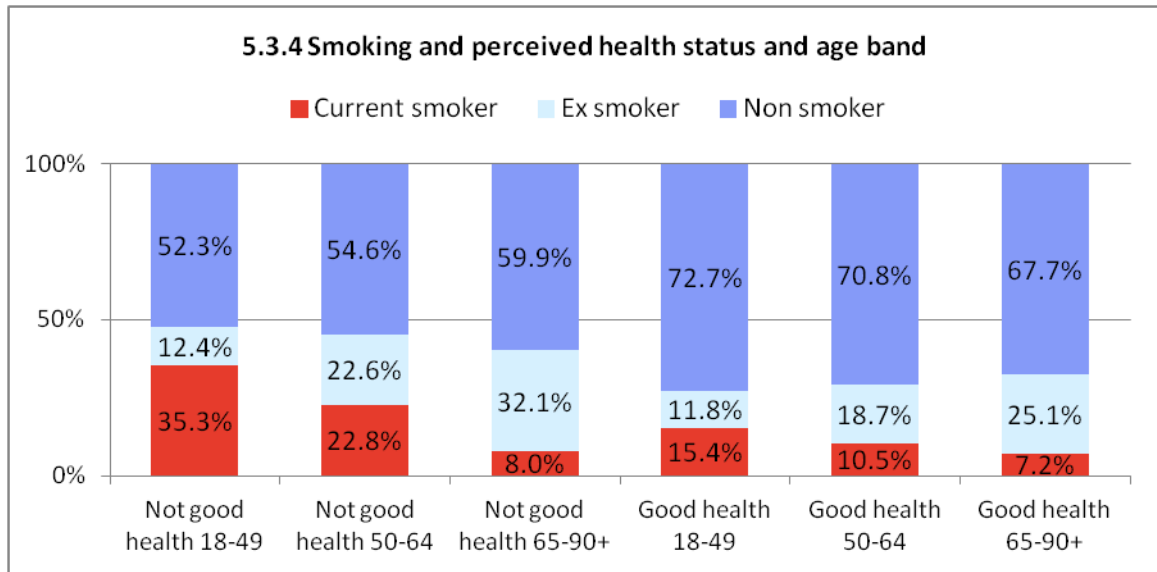
5.3.4. Perceived Health Status

Respondents who felt they did not have good health were significantly more likely to be smokers (21.5%) or ex smokers (22.7%), and less likely to have never smoked (55.8%). Those who felt their health was good are significantly less likely to be smokers (12.7%) and significantly more likely to be non smokers (71.3%).

Smoking and Perceived Health Status				
Health Perception	Sample size	Current smokers	Ex smokers	Non smokers
Not Good Health	1706	21.5% [†]	22.7% [†]	55.8% ^L
Good Health	4924	12.7% ^L	16.0%	71.3% [†]

The proportion of people smoking falls with age for both those who feel they did not have good health and those who feel they have good health. For each age group those who felt they did not have good health are more likely to smoke.

Smoking and Perceived Health Status by Age					
Health Perception by Age		Sample size	Current smokers	Ex smokers	Non smokers
Not Good Health	49 and under	533	35.3% [†]	12.4% ^L	52.3% ^L
	50-64	553	22.8% [†]	22.6% [†]	54.6% ^L
	65 and over	613	8.0% ^L	32.1% [†]	59.9% ^L
Good Health	49 and under	2664	15.4%	11.8% ^L	72.7% [†]
	50-64	1448	10.5% ^L	18.7%	70.8%
	65 and over	804	7.2% ^L	25.1% [†]	67.7%



5.3.5. Deprivation

Deprivation is also closely linked with smoking rates with a clear increase in smoking rates in more deprived areas. People in the two most deprived quintiles are significantly more likely to smoke, and those in the two least deprived are significantly less likely to smoke. The areas in the two most deprived quintiles also have significantly fewer non smokers. The least deprived quintile is the only one with significantly more non smokers (75.2%).

The quintiles show no significant differences in the number of ex smokers.

Smoking and Deprivation				
2007 National IMD Quintile	Sample size	Current smokers	Ex smokers	Non smokers
1 –most deprived	651	30.9% ^H	17.8%	51.3% ^L
2	1017	21.3% ^H	18.4%	60.3% ^L
3	1325	16.3%	18.0%	65.7%
4	1473	12.2% ^L	18.7%	69.1%
5 – least deprived	2147	8.1% ^L	16.7%	75.2% ^H

5.3.6. Ethnicity

A large majority of respondents are white British, and so it is to be expected that this group does not show any significant difference to the Stockport average.

Pakistani respondents are significantly less likely to be ex smokers (5.2%). This group does have a younger age profile, and more non smokers, though not significantly different to the Stockport average.

Considered together, all the non white ethnic groups are not significantly different in levels of current smoking, but are more likely to have never smoked (76.8%), and perhaps in consequence have significantly lower numbers of ex smokers (7.0%). Grouping all the non white British ethnic groups together shows the same pattern.

Nationally, BME groups, particularly Bangladeshi men, exhibit significantly higher rates of smoking (up to 44%). Due to the low number of respondents from different ethnic groups, it is hard to determine the reliability of this data in the local context.

Smoking and Ethnic Group				
Ethnic Group	Sample size	Current smokers	Ex smokers	Non smokers
White British	6028	14.7%	18.4%	66.8%
Asian Pakistani	115	18.3%	5.2% ^L	76.5%
White Other	114	14.0%	23.7%	62.3%
White Irish	72	19.4%	18.1%	62.5%
Not White	401	16.2%	7.0% ^L	76.8% ^H
Not White British	588	16.2%	11.6% ^L	72.3% ^H

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

5.3.7. Religion

People who stated they have no religion are statistically more likely to be smokers (19.2%). This group has a younger profile which may explain this difference.

The Christian respondents are significantly less likely to be smokers (12.7%).

Muslim respondents are significantly less likely to be ex smokers (6.4%). This group does have a younger age profile, and more smokers and non smokers, though not significantly different to the Stockport average.

Considered together, people who follow any other religion are significantly less likely to smoke and significantly more likely to be non smokers.

Smoking and Religion				
Religion	Sample size	Current smokers	Ex smokers	Non smokers
None	1992	19.2% ^H	16.2%	64.6%
Christian	4152	12.7% ^L	19.1%	68.2%
Muslim	188	19.1%	6.4% ^L	74.5%
Any other religion	154	7.8% ^L	12.3%	79.9% ^H
Prefer not to say	115	18.3%	24.3%	57.4% ^L

Note: Due to the low number of respondents, data for other religions cannot be presented separately

5.3.8. Sexual Orientation

The respondents showed no significant difference in smoking habits by sexual orientation.

National reports suggest that 53% of gay men and 56% of lesbian women smoke.

Smoking and Sexual Orientation				
Sexual Orientation	Sample size	Current smokers	Ex smokers	Non smokers
Heterosexual	6185	14.8%	17.9%	67.3%
Not heterosexual	170	20.6%	14.7%	64.7%
Prefer not to say	159	13.2%	16.4%	70.4%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

5.3.9. Carers

Both carers who provide 20-49 hours of care a week and those who provide 50+ hours of care are significantly more likely to be current smokers. This is contrary to what would be expected for their age profile.

Carers who provide 1-19 hours of care show no significant differences to the Stockport average.

Smoking and Carers				
Carer status	Sample size	Current smokers	Ex smokers	Non smokers
Not a carer	4798	14.9%	17.7%	67.4%
1-19 hrs care providers	1322	12.7%	17.9%	69.4%
20-49 hrs care providers	170	23.5% [†]	14.7%	61.8%
50+ hrs care providers	237	21.9% [†]	17.7%	60.3%

5.3.10. Children In Home

Respondents who indicated children live in their home all the time are significantly less likely to be ex smokers (14.7%), but are also significantly more likely to be non smokers. This may be due to the younger age profile of this group.

Respondents who indicated children live in their home some of the time are significantly more likely to be current smokers (23.3%).

Smoking and Children In Home				
Children in home	Sample size	Current smokers	Ex smokers	Non smokers
No	4607	14.9%	19.0%	66.1%
Yes- all the time	1834	14.3%	14.7% ^L	71.0% [†]
Yes- some of the time	129	23.3% [†]	13.2%	63.6%

5.3.11. Social Connectedness

Respondents who participate in any kind of organisation are significantly less likely to be current smokers (9.5%) and more likely to be non smokers (74.1%). Those who did not participate in any organisation show the reverse pattern.

Though some kinds of organisation, such as political parties, social clubs, tenants' groups and trade unions, show no significant difference to the Stockport average, most organisations contribute to the pattern of lower current smokers.

Smoking and Social Connectedness				
Participation in organisation	Sample size	Current smokers	Ex smokers	Non smokers
Participates in any kind of organisation	3212	9.5% ^L	16.5% ^L	74.1% [†]
Does not participate in any organisation	3426	20.0% [†]	19.0%	61.0% ^L

5.4. Passive Smoking

The survey suggests that the majority of people are not exposed to others smoke on a regular basis, with 75% reporting less than an hour a week.

Smokers are much more likely to be exposed to other people's smoke. Non smokers are significantly less likely to be exposed to an hour or more of passive smoking a

week. This suggests that adults in Stockport are segregating themselves based on smoking habits. Nevertheless, even smokers are unlikely to be exposed to others smoke for more than 10 hours a week, with only 22.8% reporting this level of exposure.

Hours per week exposed to other people's tobacco smoke					
	Sample size	>30	11 to 30	1 to 10	<1
All responses	6353	2.2%	2.8%	20.0%	75.1%
Current smokers	884	10.9% ^H	11.9% ^H	38.1% ^H	39.1% ^L
Ex smokers	1134	0.6% ^L	1.0% ^L	18.4%	80.0% ^H
Non Smokers	4320	0.9% ^L	1.3% ^L	16.6% ^L	81.2% ^H

All groups have slightly less exposure to others smoke in 2012 than they did in 2009.

5.4.1. Deprivation

Passive smoking shows a deprivation profile, both for current smokers and non smokers. People in the two least deprived areas are significantly less likely to be exposed to other people's tobacco smoke.

Hours per week exposed to other people's tobacco smoke and Deprivation					
2007 National IMD quintile	Sample size	>30	11 to 30	1 to 10	<1
All respondents					
1- most deprived	603	5.5% ^H	7.8% ^H	29.4% ^H	57.4% ^L
2	959	4.1% ^H	4.0%	26.1% ^H	65.9% ^L
3	1265	2.2%	3.0%	21.7%	73.0%
4	1424	1.8%	2.0%	18.8%	77.5%
5- least deprived	2082	0.8% ^L	1.2% ^L	14.2% ^L	83.9% ^H
Only Current Smokers					
1- most deprived	171	14.6% ^H	18.7% ^H	39.8% ^H	26.9% ^L
2	190	16.3% ^H	11.1% ^H	41.1% ^H	31.6% ^L
3	201	8.0% ^H	10.9% ^H	36.3% ^H	44.8% ^L
4	163	8.6% ^H	10.4% ^H	37.4% ^H	43.6% ^L
5- least deprived	156	5.8% ^H	8.3% ^H	36.5% ^H	49.4% ^L
Ex Smokers and Non Smokers					
1- most deprived	428	1.9%	3.3%	25.2% ^H	69.6% ^L
2	766	1.0%	2.2%	22.3%	74.4%
3	1064	1.1%	1.5%	19.0%	78.4%
4	1256	0.9% ^L	0.9% ^L	16.2% ^L	82.0% ^H
5- least deprived	1923	0.4% ^L	0.6% ^L	12.4% ^L	86.7% ^H

5.5. Smoking In Home

Smokers are much less likely to live in smoke free homes than non smokers, but just over half of smokers reported that no one regularly smoked in their homes (55%). Among ex smokers and non smokers, under 6% lived in a home where someone smoked regularly.

Regular smoking in home			
	Sample size	Yes	No
All responses	6623	11.2%	88.8%
Current smokers	988	45.0% [†]	55.0% [‡]
Ex smokers	1177	4.2% [‡]	95.8% [†]
Non smokers	4458	5.5% [‡]	94.5% [†]

The largest factor in smoking in the home is current smoking behaviour. However, if comparison is made of current smokers only, differences emerge by if children live in the home all or some of the time. Those with children in the home are more likely to have smoke free homes than smokers in general, though they are still significantly less likely to have smoke free homes than the Stockport average.

Current smokers regular smoking in home			
	Sample size	Yes	No
All current smokers	988	45.0%	55.0%
Current smokers with children in the home all or some of the time	290	36.2% ^{*‡}	63.8% ^{*†}
Current smokers without children in the home	688	48.7%	51.3%

*indicates statistical difference to all current smokers, not to Stockport average figures

6 Alcohol

6.1. Key Findings

- This survey found that a fifth of respondents reported that they do not drink alcohol at all, a level slightly lower than that reported in 2009.
- While 29.8% responded that they drank within the daily guidelines over the last week, 18.9% of respondents binge on the day they drank most in the previous week.
- 2.9% of respondents consumed a high risk amount of alcohol over the previous week, a level below that reported in 2009; a further 16.9% drank at increasing risk levels, slightly below the level in the previous survey.
- There is a degree of overlap between the daily and weekly alcohol categories. Most of the respondents who were high or increasing risk drinkers also binge drank or drank over the daily guideline. However 8.7% of the respondents who drank, binge drank on the day they drank most but did not exceed the weekly guideline.
- When considering all respondents who drink, 34% drank within the recommended volume guidance and usually have at least one alcohol free day a week.
- Men are more likely to binge drink and drink a high risk amount over the course of a week than women. Women are more likely to be non drinkers, with a quarter of female respondents reporting this.
- Young adults and people in their 40s are most likely to binge drink, while middle aged adults aged 45-64 are most likely to drink at increasing risk levels and people aged 45-49 are the most likely to drink high risk amounts. Older people are the most likely to be non drinkers, with rates increasing quickly after the age of 70.
- People with poorer general health are almost twice as likely to be non drinkers than those reporting good health, at all ages. Binge and increasing risk drinking rates are higher for those in good health than those in not good health, a finding different to that of other lifestyle behaviours. Younger adults in not good health are however the most likely to drink at high risk levels.
- Links with deprivation are not clear and demonstrate trends that are different to those seen for other lifestyle behaviours; there are more non drinkers in the most deprived areas and levels of unhealthy drinking are not significantly higher. This contrasts with other research indicating higher rates of binge drinking in deprived communities, as well as local data indicating significantly higher rates of alcohol related hospital admissions in deprived areas.
- Those from non white or non Christian religious groups have significantly higher levels of non drinking than average, particularly those from Asian Pakistani or Muslim backgrounds.
- Those providing care for more than 50 hours a week are more likely to be non drinkers and less likely to binge drink.
- Participation in sporting activities is associated both with binge and increasing risk drinking; generally however there is no apparent significant difference in drinking

behaviour between those who participate and those who don't participate in organisations.

- Those who were drinking unhealthy amounts of alcohol and were classed as both binge drinkers and high risk drinkers only identified their drinking as harmful to their health in 35.0% of cases. A further 41.1% of them did say their drinking was probably harmful.

6.2. Rationale

The Department of Health recommends that adults should not regularly drink more than four (men) or three (women) units in a day. It is suggested that in order to gain the benefits of its cardio-protective effects, without the damage that comes from alcohol excess, the ideal pattern of alcohol consumption is to drink a small amount on most days and to have at least one alcohol free day a week. However, individual circumstances should be taken into account, as some risks are increased with any alcohol consumption, and no drinking is advisable under certain circumstances.

Safety margins are small – the first two units a day are beneficial, the next two cancel out any benefit and thereafter any alcohol consumed is harmful. The pattern of beneficial alcohol consumption is, however, not the norm and concern about the negative impacts of alcohol is on the increase. The effects of alcohol misuse in relation to liver cirrhosis are well-known, but its impacts are far wider than this, as it increases a multitude of health and social problems.

Respondents were asked how much they drank on each day in the past week. This information was analysed in two different ways.

- **Binge drinking** was assessed by measuring how many units a respondent consumed on the day they drank most. Drinking twice the recommended daily maximum units in one day is classed as binge drinking.
- **High risk drinking** (previously known as harmful drinking) was assessed by measuring how many units the respondent consumed in the week. A weekly consumption which puts a person at high risk of physical or mental harm is defined as high risk drinking. A weekly consumption below that level, but still increasing the risk of ill effect is defined as increasing risk drinking.

Unit conversions and categorizations are in Appendix 4.

It should be noted that self reported levels of consumption of alcohol only account for around half of the alcohol sold in the UK based on Inland Revenue figures, indicating that such surveys tend to under-estimate true consumption levels across the population. This may be due to inaccurate responses due to poor recollection as well as heavier drinkers perhaps being less inclined to complete such surveys.

6.3. Binge Drinking Prevalence Analysis

This survey found a binge drinking rate of 18.9%, with a further 23.2% of respondents drinking over the daily guideline on the day they drank most. The figure for those drinking within the daily guideline was 29.8%.

A few people, 6.8%, didn't drink in the week surveyed, and 21.4% of respondents were non drinkers.

Binge Drinking Prevalence						
	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last wk	Non drinker
All responses	6637	18.9%	23.2%	29.8%	6.6%	21.4%

6.3.1. Comparisons

There is no significant difference to the 2009 survey regarding those who drank, though that survey did find fewer people who didn't drink in the week surveyed and more non drinkers. The 2006 survey used a different methodology and so those figures aren't directly comparable.

Binge Drinking Prevalence Trend						
	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last wk	Non drinker
All responses 2012	6637	18.9%	23.2%	29.8%	6.6%	21.4%
All responses 2009	7448	20.1%	21.8%	29.4%	4.2% ^L	24.4% ^H
All responses 2006	3765	27.6% ^H				30.4% ^H

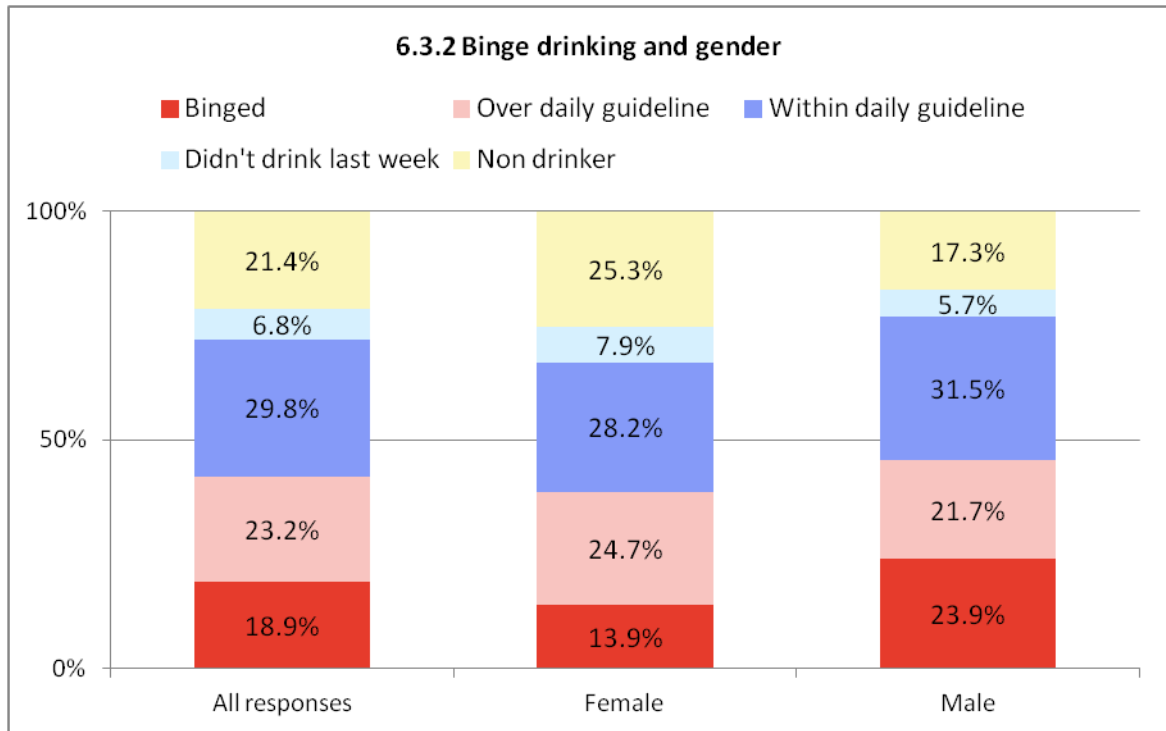
The rate of binge drinking is higher than the 18% for all of Great Britain found in the General Lifestyle Survey 2010, but lower than the 20% rate that survey found for the North West. The significance of these results cannot be tested.

6.3.2. Gender

Men have significantly higher rates of binge drinking (23.9%) than the Stockport average. Men are also significantly less likely to be non drinkers (17.3%).

Women show a reverse pattern, being significantly less likely to binge drink (13.9%), and significantly more likely to be non drinkers (25.3%). Neither gender is significantly different from the Stockport figure for drinking within daily guidelines. This is similar to the gender pattern seen with high risk drinking.

Binge Drinking and Gender						
Gender	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Female	3324	13.9% ^L	24.7%	28.2%	7.9%	25.3% ^H
Male	3284	23.9% ^H	21.7%	31.5%	5.7%	17.3% ^L



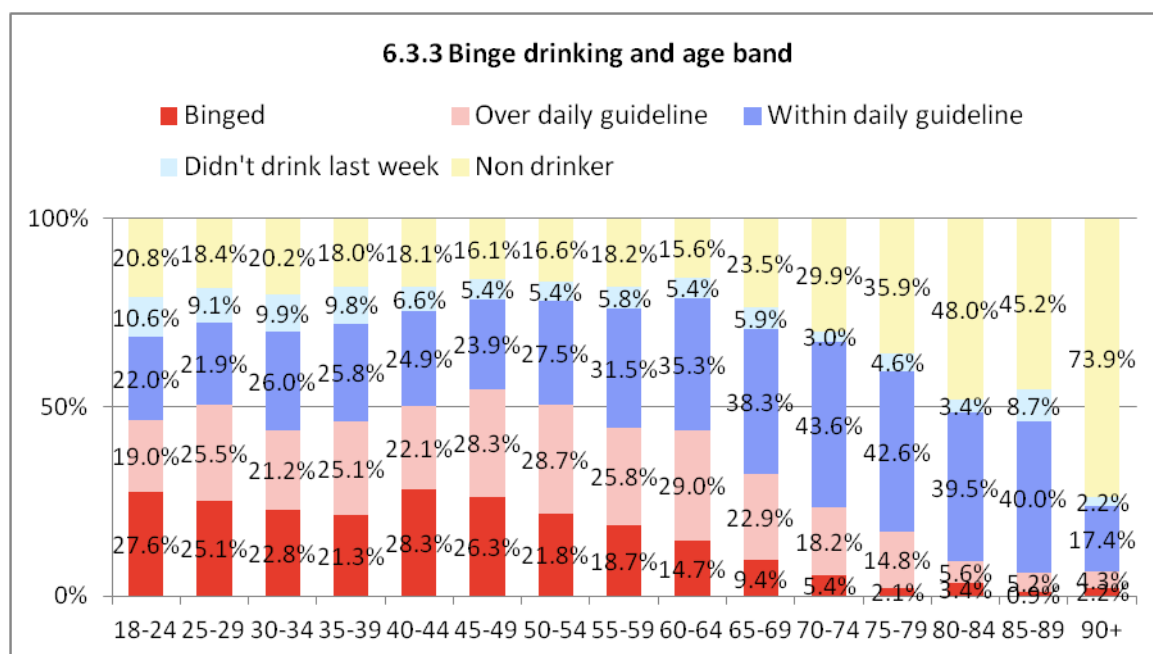
6.3.3. Age

There is a definite age profile in binge drinking, with the rates significantly higher for most of the under 50 age groups, and then significantly lower for the over 60s. It is notable that there is a second peak in binge drinking among the 40-49 year olds.

The rates for drinking within daily guidelines also shows a strong age profile, with those in their 20s significantly less likely to drink within the daily guidelines and the over 65s more likely to drink within daily guidelines.

The over 70s are significantly more likely to be non drinkers, and the 45-54 age groups are significantly less likely to be non drinkers. The under 45s show no significant difference for the amount of non drinkers.

Binge Drinking and Age Band						
Age band	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
18-24	554	27.6% [†]	19.0%	22.0% ^L	10.6% [†]	20.8%
25-29	462	25.1% [†]	25.5%	21.9% ^L	9.1%	18.4%
30-34	628	22.8%	21.2%	26.0%	9.9% [†]	20.2%
35-39	427	21.3%	25.1%	25.8%	9.8%	18.0%
40-44	502	28.3% [†]	22.1%	24.9%	6.6%	18.1%
45-49	628	26.3% [†]	28.3% [†]	23.9% ^L	5.4%	16.1% ^L
50-54	614	21.8%	28.7% [†]	27.5%	5.4%	16.6% ^L
55-59	691	18.7%	25.8%	31.5%	5.8%	18.2%
60-64	703	14.7% ^L	29.0% [†]	35.3% [†]	5.4%	15.6% ^L
65-69	459	9.4% ^L	22.9%	38.3% [†]	5.9%	23.5%
70-74	335	5.4% ^L	18.2%	43.6% [†]	3.0%	29.9% [†]
75-79	284	2.1% ^L	14.8%	42.6% [†]	4.6%	35.9% [†]
80-84	177	3.4% ^L	5.6%	39.5% [†]	3.4%	48.0% [†]
85-89	115	0.9% ^L	5.2%	40.0% [†]	8.7%	45.2% [†]
90+	46	2.2% ^L	4.3%	17.4%	2.2%	73.9% [†]



6.3.4. Perceived Health Status

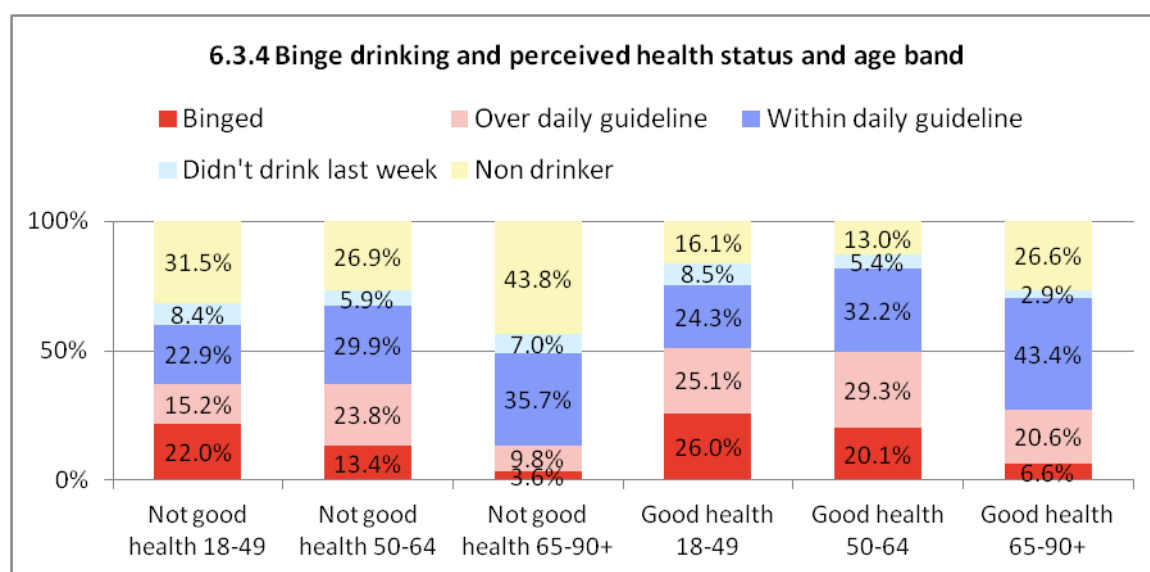
Respondents who felt they did not have good health are significantly less likely to binge drink or to drink over the daily guideline. This may be because they are also significantly more likely to be non drinkers, possibly as their poor health leads them to not drink.

Respondents who feel they have good health are significantly more likely to binge drink than the overall Stockport rate, and also less likely to be non drinkers.

Binge Drinking and Perceived Health Status						
Health Perception	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Not Good Health	1706	12.6% ^L	16.1% ^L	29.8%	7.1%	34.4% ^T
Good Health	4924	21.1% ^T	25.6% ^T	29.8%	6.7%	16.9% ^L

The proportion of people binge drinking falls with age for both those who feel they did not have good health and those who feel they have good health. For all age groups those who felt they did not have good health are less likely to binge drink and more likely to be non drinkers.

Binge Drinking and Perceived Health Status by Age							
Health Perception by Age		Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Not Good Health	49 and under	533	22.0%	15.2% ^L	22.9% ^L	8.4%	31.5% ^T
	49-64	558	13.4% ^L	23.8%	29.9%	5.9%	26.9% ^T
	65 and over	610	3.6% ^L	9.8% ^L	35.7% ^T	7.0%	43.8% ^T
Good Health	49 and under	2666	26.0% ^T	25.1%	24.3% ^L	8.5% ^T	16.1% ^L
	49-64	1449	20.1%	29.3% ^T	32.2%	5.4%	13.0% ^L
	65 and over	802	6.6% ^L	20.6%	43.4% ^T	2.9% ^L	26.6% ^T



6.3.5. Deprivation

Analysis by quintile of deprivation shows no significant differences in the level of binge drinking. This contrasts with other research indicating higher rates of binge drinking in deprived communities, as well as local data indicating significantly higher rates of alcohol-related hospital admissions in deprived areas.

The two most deprived quintiles are significantly more likely to be non drinkers.

The least deprived quintile had significantly higher rates of drinking over or within the daily guideline and also had significantly fewer non drinkers. There is a potential for a decrease in life expectancy in the most affluent areas due to alcohol consumption.

This pattern is similar to the pattern of high risk drinking and may be linked to the binge drinking patterns seen for health status.

Binge Drinking and Deprivation						
2007 National IMD Quintile	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
1-Most deprived	652	16.6%	19.0%	25.9%	7.8%	30.7% ^H
2	1021	19.0%	22.4%	25.8% ^L	7.3%	25.5% ^H
3	1319	19.3%	22.0%	27.7%	6.9%	24.1%
4	1473	21.0%	21.7%	29.9%	6.9%	20.6%
5-Least deprived	2147	17.9%	26.6% ^H	34.0% ^H	5.9%	15.6% ^L

6.3.6. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in drinking, but it is of note that they are less likely to be non drinkers.

The Asian Pakistani respondents are significantly more likely to be non drinkers, and are correspondingly low for the other alcohol consumption categories. The respondents in the white other category are also significantly more likely to be non drinkers and less likely to binge drink or drink over the daily guidelines, though not by as great a margin. The composite groups of not white and not white British respondents also show the pattern of being significantly more likely to be non drinkers and correspondingly low for the other alcohol consumption categories.

Binge Drinking and Ethnicity						
Ethnic Group	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
White British	6030	19.9%	24.4%	30.4%	6.9%	18.4% ^L
Asian Pakistani	115	0.0%	1.7% ^L	0.9% ^L	0.9% ^L	96.5% ^H
White Other	114	10.5% ^L	14.0% ^L	36.0%	8.8%	30.7% ^H
White Irish	71	25.4%	22.5%	29.6%	5.6%	16.9%
<i>Not White</i>	399	5.0% ^L	7.3% ^L	18.5% ^L	4.8%	64.4% ^H
<i>Not White British</i>	585	8.5% ^L	10.4% ^L	23.4% ^L	5.6%	52.0% ^H

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

6.3.7. Religion

Rates of binge drinking vary significantly by different religious groupings. Christians, the largest group in Stockport, are significantly less likely to binge drink and significantly more likely to drink within the daily guidelines.

Muslims in the survey are significantly more likely to be non drinkers, and so levels for the other alcohol consumption categories are significantly lower than the Stockport average.

Those of any other religion are also significantly more likely to be non drinkers, but though significantly lower for binge drinking, are not significantly different to the Stockport average for drinking over the daily guidelines.

Those who have no religion are significantly more likely to binge drink and less likely to drink within the daily guideline or be non drinkers.

Binge Drinking and Religion						
Religion	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
None	1996	26.1% ^H	25.0%	26.6% ^L	8.0%	14.3% ^L
Christian	4151	16.5% ^L	23.4%	32.4% ^H	6.4%	21.4%
Muslim	188	0.5% ^L	2.7% ^L	6.4% ^L	1.1% ^L	89.4% ^H
Any other religion	153	11.8% ^L	15.7%	28.8%	8.5%	35.3% ^H
Prefer not to say	114	15.8%	28.9%	31.6%	7.9%	15.8%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

6.3.8. Sexual Orientation

This survey found no significant differences in binge drinking by sexual orientation. Those who preferred not to state their sexual orientation are more likely to be non drinkers which may relate to their older age profile.

Binge Drinking and Sexual Orientation						
Sexual Orientation	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Heterosexual	6188	19.3%	23.6%	30.0%	7.0%	20.2%
Not heterosexual	168	22.6%	22.0%	29.2%	1.8% ^L	24.4%
Prefer not to say	158	9.5% ^L	15.8%	27.8%	4.4%	42.4% ^H

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

6.3.9. Carers

Carers who provide 50+ hrs of care per week are significantly more likely to be non drinkers, and less likely to binge drink or drink over the daily guideline.

Those providing fewer hours of care per week show no significant difference to the Stockport average.

Binge Drinking and Carers						
Carer status	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Not a carer	4793	20.4%	23.4%	28.7%	7.1%	20.5%
1-19 hrs care providers	1322	16.6%	25.1%	32.1%	6.0%	20.2%
20-49 hrs care providers	169	14.8%	19.5%	35.5%	5.9%	24.3%
50+ hrs care providers	240	8.8% ^L	15.8% ^L	34.2%	5.0%	36.3% ^H

6.3.10. Children In Home

Binge drinking is significantly more likely for people who live with children all or some of the time. The age profile of these groups may play a role in this. Those without children in their home show no differences to the Stockport average.

Binge Drinking and Children in home						
Children in home	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
No	4601	17.3%	22.8%	31.3%	6.7%	22.0%
Yes- all the time	1837	22.4% ^H	24.4%	26.0% ^L	7.2%	19.9%
Yes- some of the time	130	30.8% ^H	20.0%	29.2%	7.7%	12.3% ^L

6.3.11. Social Connectedness

There are no significant differences between those who do not participate in any kind of organisation and all those who participate in any kind of organisation. However, binge drinking is significantly more likely for those in sporting organisations, and drinking over the daily guideline is significantly more likely for those in sporting or education organisations.

Binge Drinking and Social Connectedness						
Participation in organisation	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Participates in any kind of organisation	3209	18.4%	25.6%	32.0%	6.3%	17.7%
Does not participate in any organisation	3428	19.3%	20.9%	27.7%	7.3%	24.8%
Participates in education organisation	818	15.8%	28.5% ^H	31.3%	7.5%	17.0% ^L
Participates in sporting organisation	1251	26.3% ^H	27.7% ^H	29.8%	6.1%	10.1% ^L

6.4. Drinking Risk Prevalence Analysis

This survey found 2.9% of people drank a high risk amount of alcohol in the preceding week, and a further 16.9% drank an increasing risk amount. Just over half, 52.0%, drank within the recommended weekly guideline. A few people, 6.8%, didn't drink in the week surveyed, and 21.4% of respondents were non drinkers.

Drinking Risk						
	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last wk	Non drinker
All responses	6635	2.9%	16.9%	52.0%	6.8%	21.4%

6.4.1. Comparisons

Though the differences are small, the 2009 Adult Lifestyle Survey did find significantly more respondents who drank high risk amounts in the previous week and significantly fewer who drank within the weekly guideline.

The 2006 survey used a different method to analyse weekly alcohol consumption and isn't directly comparable.

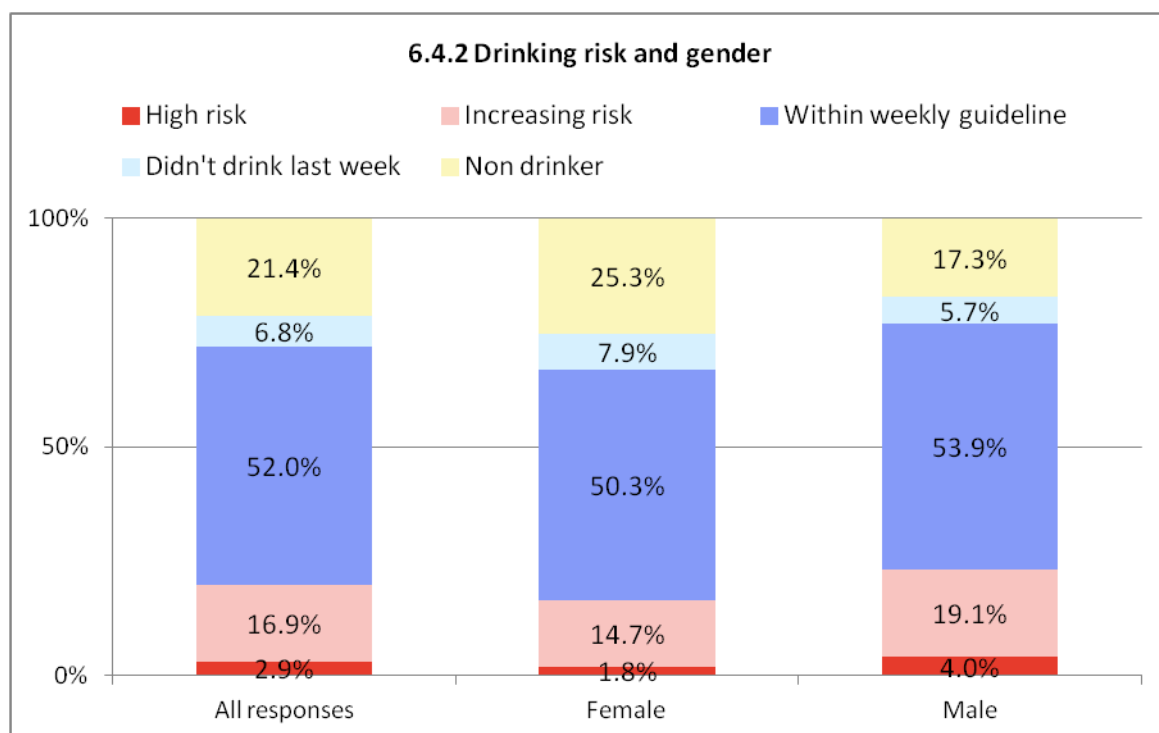
Drinking Risk Trend						
	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last wk	Non drinker
All responses 2012	6635	2.9%	16.9%	52.0%	6.8%	21.4%
All responses 2009	7455	4.1% ^H	17.7%	49.6% ^L	4.2% ^L	24.4% ^H
All responses 2006	8857	23.0%		61.5%		15.5%

The General Lifestyle Survey 2010 found that nationally, 6% of men and 3% of women drank harmful (high risk) amounts. Though the figures for the 2012 Adult Lifestyle Survey are considerably less than that, suggesting an undercount, the general patterns in the data are similar. ONS analysis of 2009 data indicated that 15% of adults in Great Britain describe themselves as non drinkers, and having increased from around 10% in 1998.

6.4.2. Gender

Men have significantly higher rates of high risk drinking (4.0%) and increasing risk drinking (19.1%) than the Stockport average. Men are also significantly less likely to be non drinkers (17.3%). Women show a reverse pattern, being significantly less likely to drink high risk amounts (1.8%) or at increasing risk (14.7%), and significantly more likely to be non drinkers (25.3%). Neither gender is significantly different from the Stockport figure for drinking within weekly guidelines. This is similar to the gender pattern seen with binge drinking.

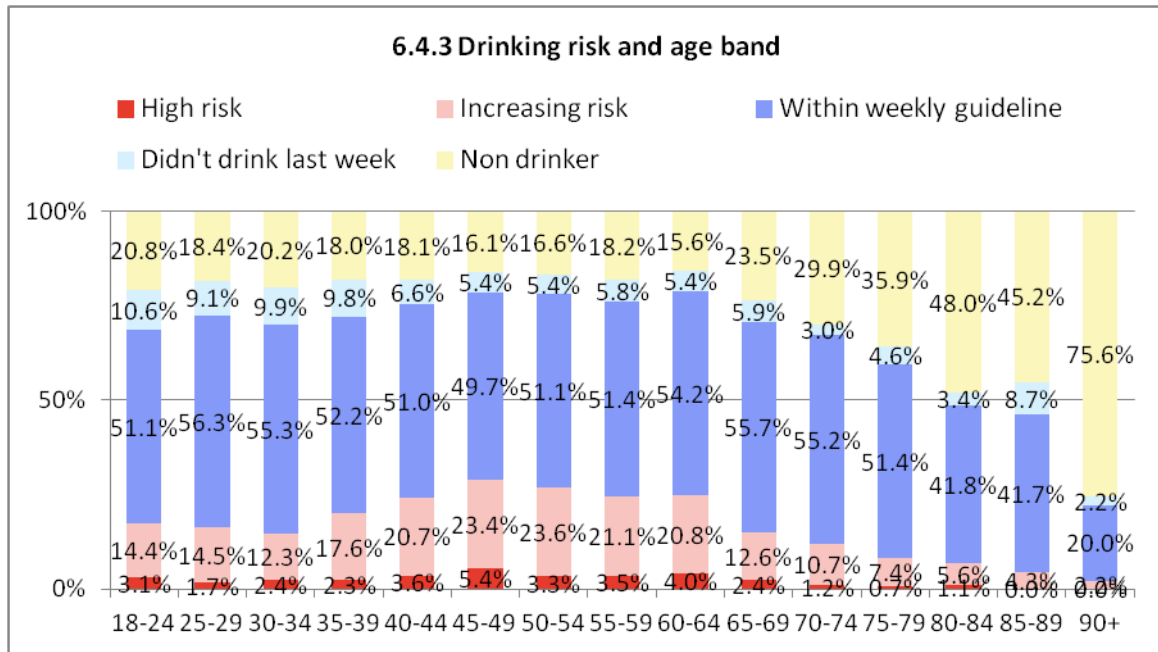
Drinking Risk and Gender						
Gender	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Female	3324	1.8% ^L	14.7% ^L	50.3%	7.9%	25.3% ^H
Male	3284	4.0% ^H	19.1% ^H	53.9%	5.7%	17.3% ^L



6.4.3. Age

The age profile for high risk drinking suggests that excessive weekly consumption of alcohol is more common among middle aged people. A significantly higher proportion of 45-49 year olds drink high risk amounts (5.4%) and increasing risk drinking is significantly higher for those aged 45-65. The respondents aged 65 and over were significantly less likely to drink at increasing risk with those aged 70 and over more likely to be non drinkers.

Drinking Risk and Age Band						
Age band	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
18-24	554	3.1%	14.4%	51.1%	10.6% ^H	20.8%
25-29	462	1.7%	14.5%	56.3%	9.1%	18.4%
30-34	628	2.4%	12.3% ^L	55.3%	9.9% ^H	20.2%
35-39	427	2.3%	17.6%	52.2%	9.8%	18.0%
40-44	502	3.6%	20.7%	51.0%	6.6%	18.1%
45-49	628	5.4% ^H	23.4% ^H	49.7%	5.4%	16.1% ^L
50-54	614	3.3%	23.6% ^H	51.1%	5.4%	16.6% ^L
55-59	691	3.5%	21.1% ^H	51.4%	5.8%	18.2%
60-64	703	4.0%	20.8% ^H	54.2%	5.4%	15.6%
65-69	460	2.4%	12.6% ^L	55.7%	5.9%	23.5%
70-74	335	1.2%	10.7% ^L	55.2%	3.0%	29.9% ^H
75-79	284	0.7%	7.4% ^L	51.4%	4.6%	35.9% ^H
80-84	177	1.1%	5.6% ^L	41.8% ^L	3.4%	48.0% ^H
85-89	115	0.0%	4.3% ^L	41.7%	8.7%	45.2% ^H
90+	45	0.0%	2.2% ^L	20.0% ^L	2.2%	75.6% ^H



6.4.4. Perceived Health Status

There was no significant difference in the rate of high risk drinking in relation to health perceptions.

Those who felt they did not have good health were significantly less likely to drink increasing risk amounts or drink within weekly guidelines, a similar pattern as that seen for binge drinking (see section 6.3.4). This may be because they are significantly more likely to be non drinkers.

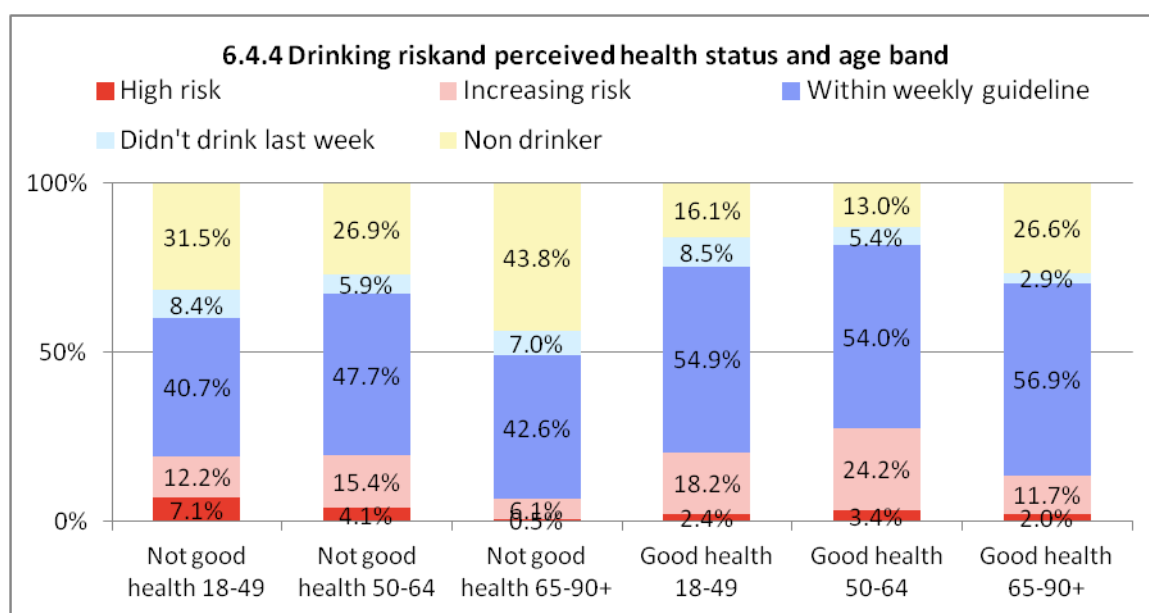
Those who felt they had good health show the reverse pattern, being significantly more likely to drink increasing risk amounts or to drink within weekly guidelines, and being less likely to be non drinkers. These patterns are also similar to those seen for binge drinking.

Drinking Risk and Perceived Health Status						
Health Perception	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Not Good Health	1705	3.8%	11.0% ^L	43.6% ^L	7.1%	34.4% ^H
Good Health	4923	2.6%	18.9% ^H	54.9% ^H	6.7%	16.9% ^L

The proportion of people drinking at high risk falls with age for both those who feel they did not have good health and those who feel they have good health; younger adults who are in not good health are significantly more likely to drink high risk amounts (7.1%).

Those in good health are more likely to drink at increasing risk than those in not good health at all ages. Those in not good health are more likely to not drink than those in not good health at all ages.

Drinking Risk and Perceived Health Status by Age							
Health Perception by Age		Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Not Good Health	49 and under	533	7.1% ^H	12.2% ^L	40.7% ^L	8.4%	31.5% ^H
	49-64	558	4.1%	15.4%	47.7%	5.9%	26.9% ^H
	65 and over	610	0.5% ^L	6.1% ^L	42.6% ^L	7.0%	43.8% ^H
Good Health	49 and under	2666	2.4%	18.2%	54.9%	8.5% ^H	16.1% ^L
	49-64	1449	3.4%	24.2% ^H	54.0%	5.4%	13.0% ^L
	65 and over	802	2.0%	11.7% ^L	56.9% ^H	2.9% ^L	26.6% ^H



6.4.5. Deprivation

Within the most deprived quintile, high risk drinking is not significantly different from the Stockport overall figure, but both increasing risk drinking and drinking within the weekly guideline are significantly lower. The rate of non drinkers in the most deprived areas is significantly higher than the overall Stockport figure.

The least deprived quintile is the only other with any significant difference from the Stockport average, having more people who drink increasing risk or who drink within the weekly guidelines and fewer non drinkers. There is a potential for a decrease in life expectancy in the most affluent areas due to alcohol consumption.

This pattern is similar to the pattern for binge drinking.

Drinking Risk and Deprivation						
2007 National IMD Quintile	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
1-Most deprived	652	4.0%	11.0% ^L	46.5% ^L	7.8%	30.7% ^H
2	1020	3.0%	14.6%	49.5%	7.4%	25.5% ^H
3	1319	2.6%	16.0%	50.4%	6.9%	24.1%
4	1472	2.9%	17.5%	52.0%	6.9%	20.7%
5-Least deprived	2147	2.7%	19.8% ^H	56.0% ^H	5.9%	15.6% ^L

6.4.6. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in drinking, but it is of note that they are less likely to be non drinkers.

The Asian Pakistani respondents are significantly more likely to be non drinkers, and are correspondingly low for the other alcohol consumption categories. The respondents in the white other category are also significantly more likely to be non drinkers though their levels of high and increasing risk drinking are not significantly lower than the Stockport average. The composite groups of not white and not white British respondents also show the pattern of being significantly more likely to be non drinkers and correspondingly low for the other alcohol consumption categories.

Drinking Risk and Ethnic Group						
Ethnic Group	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
White British	6030	3.0%	17.8%	53.9%	6.9%	18.4% ^L
Asian Pakistani	115	0.0%	0.0%	2.6% ^L	0.9% ^L	96.5% ^H
White Other	114	3.5%	9.6%	47.4%	8.8%	30.7% ^H
White Irish	71	5.6%	22.5%	49.3%	5.6%	16.9%
Not White	399	0.8% ^L	3.8% ^L	26.3% ^L	4.8%	64.4% ^H
Not White British	585	1.9%	7.2% ^L	33.3% ^L	5.6%	52.0% ^H

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

6.4.7. Religion

Drinking at high risk does not vary significantly by religious groupings. However, those with no religion are significantly more likely to drink at increasing risk levels and significantly less likely to be non drinkers.

Christians show no significant differences to the Stockport average .

Muslim respondents are significantly more likely to be non drinkers (89.4%) and so are significantly less likely to be in any of the other alcohol consumption categories.

Those respondents who follow any other religion are also significantly more likely to be non drinkers but not by as wide a margin. They are not significantly different to the Stockport average for drinking at high risk (2.0%) but are significantly less likely to drink at increasing risk amounts (9.2%).

Drinking Risk and Religion						
Religion	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
None	1996	3.9%	20.5% ^H	53.3%	8.0%	14.3% ^L
Christian	4151	2.6%	16.2%	53.5%	6.4%	21.4%
Muslim	188	0.0%	1.1% ^L	8.5% ^L	1.1% ^L	89.4% ^H
Any other religion	153	2.0%	9.2% ^L	45.1%	8.5%	35.3% ^H
Prefer not to say	114	4.4%	11.4%	60.5%	7.9%	15.8%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

6.4.8. Sexual Orientation

The respondents showed no significant differences in high risk drinking when analysed by sexual orientation.

Respondents who preferred not to give their sexual orientation are significantly less likely to drink at increasing risk and more likely to be non drinkers; again this is probably due to the older age profile of this group.

Drinking Risk and Sexual Orientation						
Sexual Orientation	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Heterosexual	6188	3.0%	17.3%	52.6%	7.0%	20.2%
Not heterosexual	168	5.4%	16.7%	51.8%	1.8% ^L	24.4%
Prefer not to say	158	1.3%	8.9% ^L	43.0%	4.4%	42.4% ^H

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

6.4.9. Carers

The respondents showed no significant differences in high risk drinking when analysed by carer status.

Those who provide 50+ hrs of care per week are significantly less likely to drink at increasing risk and significantly more likely to be non drinkers.

Drinking Risk and Carers						
Carer status	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Not a carer	4791	2.9%	17.2%	52.3%	7.1%	20.5%
1-19 hrs care providers	1322	3.0%	18.3%	52.5%	6.0%	20.2%
20-49 hrs care providers	169	3.6%	12.4%	53.8%	5.9%	24.3%
50+ hrs care providers	240	2.9%	9.6% ^L	46.3%	5.0%	36.3% ^H

6.4.10. Children In Home

Analysis by children living in the home of respondents showed no significant differences in any of the alcohol consumption categories, though respondents who answered that children lived in their home some of the time are less likely to be non drinkers.

Drinking Risk and Children In Home						
Children in home	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
No	4599	2.8%	16.3%	52.1%	6.7%	22.0%
Yes- all the time	1837	3.0%	17.7%	52.2%	7.2%	19.9%
Yes- some of the time	130	4.6%	23.8%	51.5%	7.7%	12.3% ^L

6.4.11. Social Connectedness

There are no significant differences between those who do not participate in any kind of organisation and all those who participate in any kind of organisation with regards to high or increasing risk drinking. However, increasing risk drinking is significantly more likely for those in social/working men's clubs and sporting organisations.

Drinking Risk and Social Connectedness						
Participation in organisation	Sample size	High Risk	Increasing Risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Participates in any kind of organisation	3209	2.5%	17.7%	55.8% [†]	6.3%	17.7% ^L
Does not participate in any organisation	3426	3.4%	16.1%	48.5% ^L	7.3%	24.8% [†]
Participates in social/working men's club	351	4.0%	26.2% [†]	52.4%	5.1%	12.3% ^L
Participates in sporting organisation	1251	2.4%	22.7% [†]	58.8% [†]	6.1%	10.1% ^L

6.5. Daily and weekly alcohol categorisation

There is a degree of overlap between the daily and weekly alcohol categories. Most of the respondents who were high or increasing risk drinkers also binge drank or drank over the daily guideline. However 8.7% of the respondents who binge drank did not exceed the weekly guideline.

Daily and weekly alcohol categorisation of those who drank in the last week			
	High Risk	Increasing Risk	Drank within weekly guideline
Binged on day drank most	3.8%	13.8%	8.7%
Over guideline on day drank most	0.3%	8.4%	23.6%
Drank within daily guideline	0.0%	1.3%	40.2%

Sample size: 4764

6.6. Perception of Alcohol Risk

The survey asked drinkers to indicate if they thought that drinking the amount they drank in the previous week on a regular basis could harm their health, as a way to check if people understand what amount of alcohol is likely to cause harm. The options offered were yes, probably, not sure and no.

Only 39.5% of all respondents who drank in the previous week correctly assessed the risk of their drinking (highlighted in blue bold in the table below), and 15.8% responded that they weren't sure about it.

The respondents who were consuming large amounts of alcohol and were classed as both binge drinkers and high risk drinkers only identified their drinking as harmful in 35% of cases. A further 41.1% of this group did say their drinking was probably harmful; perhaps indicating a willingness to admit there was a problem. However, 9.4% of these people who binge and drink high risk amounts said they did not think that level of drinking could harm their health.

Those who were drinking a healthy amount, not over the daily or weekly guideline, were 74.9% correct in identifying that the amount they drank was not harmful. However, the fact that 4% thought it was harmful, and 8% thought it was probably harmful, shows that there is a lack of understanding of the volume of alcohol that is a health risk.

Perception of harm from alcohol							
On day drank most	Weekly drinking	Sample size	Not Sure	No	Probably	Yes	Not answered
<i>All who drank last wk</i>		4842	15.3%	56.0%	17.5%	7.1%	4.0%
Drinking within guidelines		1915	10.8%	74.9%	8.2%	3.7%	2.3%
Over guideline on day drank most	Drank within weekly guideline	1122	17.4%	63.8%	12.2%	4.2%	2.4%
Binged on day drank most	Drank within weekly guideline	415	20.0%	46.5%	22.4%	8.4%	2.7%
Drank within daily guideline	Increasing risk amount for week	61	18.0%	44.3%	32.8%	4.9%	0.0%
Over guideline on day drank most	Increasing risk amount for week	401	22.9%	35.4%	31.9%	7.0%	2.7%
Binged on day drank most	Increasing risk amount for week	656	20.6%	27.3%	35.5%	14.0%	2.6%
Binged on day drank most	High risk amount for week	180	10.0%	9.4%	41.1%	35.0%	4.4%

Bold = correct assessment

Note other combinations excluded due to small sample size

6.7. Drinking Patterns

The most common drinking pattern among the respondents, with 39.7% of answers, is to drink only on 1 or 2 days a week. This is also the most popular pattern with people who drank within both the daily and weekly guideline in the previous week, with 43.8% of them responding that they drank 1-2 times a week.

Respondents who drank at increasing risk amount are most likely to drink 3-4 times a week (41.2%) and of those who drank a high risk amount, over half (55.7%) drink almost every day.

Drinking Pattern							
Category (not mutually exclusive)	Sample size	Almost everyday	5-6 days a week	3-4 days a week	1-2 times a week	1-2 times a month	less than monthly
All drinkers	5173	8.5%	7.5%	21.7%	39.7%	14.9%	7.7%
Drank within guidelines	1897	7.0%	4.9%	16.8%	43.8%	19.9%	7.7%
Over guideline on day drank most	1533	7.5%	9.8%	26.6%	43.0%	10.4%	2.7%
Binged on day drank most	1250	12.2%	10.2%	30.1%	39.8%	6.1%	1.7%
Increasing risk amount for week	1116	16.1%	18.6%	41.2%	22.3%	1.7%	0.0%
High risk amount for week	194	55.7%	22.2%	14.4%	6.7%	1.0%	0.0%

29.2% of the respondents who drink do so between 3 to 6 days per week. Analysis of this group by the volume of alcohol they drank the previous week showed that over half of them (52.8%) were binge drinking or drinking at increasing or high risk.

When considering all respondents who drink, 34% drank within the recommended volume guidance and usually have at least one alcohol free day a week.

7 Obesity

7.1. Key Findings

- Obesity is increasing in Stockport with 16.2% of respondents now classed as obese. 35.3% of respondents were overweight and 2.0% underweight; therefore only 46.5% of respondents reported weights in the ideal range. Due to the self reporting methodology of this survey this prevalence is known to be an underestimate.
- There are no significant gender patterns for obesity, however men are significantly more likely to be overweight than women.
- There is a general rise in the percent of overweight people as age increases from 18 to 74, rising from 16.7% to 41.9%. People aged 18-24 are also significantly more likely to be underweight. Obesity peaks at ages 55-64 when more than a fifth of the population are in this group.
- Those who feel they do not have good health are significantly more likely to be obese at all ages.
- Among women, obesity increases with deprivation, but this pattern is not found with men. People in the most deprived areas are also more likely to be underweight.
- Non heterosexual respondents are significantly more likely to be underweight than the population as a whole; there are no clear differences in other weight groups however.
- Those who provide 50+ hours of care each week are more likely to be overweight than the rest of the population.
- Respondents who participate in social clubs are more likely to be overweight. No general difference was observed between those who reported participating in any organisation to those who didn't.
- Most obese and overweight people do recognise that they are overweight.
- Poor dietary habits are significantly higher for the 2.0% of respondents who are underweight. The survey showed very few significant differences in eating habits between those of healthy weight and those who were obese or overweight.
- Reported levels of physical activity are lower for obese and overweight people.

7.2. Rationale

Obesity is responsible for more than 9,000 premature deaths per year in England and is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers, and type 2 diabetes. Obesity is linked to both reduced life expectancy and also increased risk during pregnancy and childbirth.

Obesity is also associated with poor mental wellbeing, being linked in particular to low self esteem and social isolation. The current expectation nationally is for rates of obesity to continue to increase.

7.3. Obesity Prevalence Analysis

The survey asked people to provide their height and weight and these measurements were used to calculate the respondents' BMI (Body Mass Index). Self reporting of height and weight is known to be inaccurate, but is still valid for comparison purposes between groups within the survey. 96.3% of the respondents provided information from which BMI could be calculated. The respondents were classed as obese if their BMI was above 30; BMIs under 30 but over 25 were classed as overweight; those between 25 and 18.5 were classed as normal weight and those under 18.5 were classed as underweight.

Of those responding to questions on height and weight, 16.2% are classed as obese. This is more than the 15.8% in the 2009 Stockport Health Survey which used the same methodology, however it isn't significantly more. Rates of overweight have also increased to 35.3%, but again this isn't significantly more than the 35.1% found earlier.

Obesity Prevalence					
	Sample size	Obese	Over-weight	Normal weight	Under-weight
All responses	6431	16.2%	35.3%	46.5%	2.0%

7.3.1. Comparisons

Although obesity and levels of overweight have increased from 2009 there are no significant differences between the two years. However, in 2012, there are significantly higher levels of obesity than there were in 2006. There are also significantly lower levels of normal weight than in 2006. This trend was also evident between in 2009 when there were significantly higher levels of obesity and lower levels of normal weight than in 2006. This may suggest that the increasing rate of obesity has slowed in recent years.

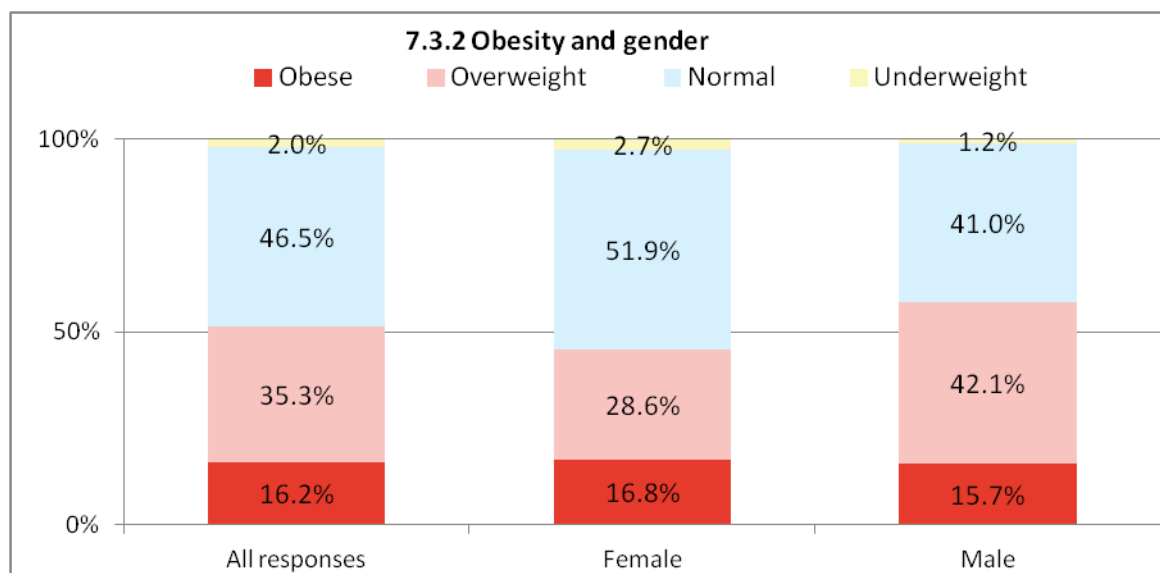
Obesity Prevalence Trend					
	Sample size	Obese	Over-weight	Normal weight	Under-weight
All responses 2012	6431	16.2%	35.3%	46.5%	2.0%
All responses 2009	7282	15.8%	35.1%	47.4%	1.7%
All responses 2006	8573	12.6%	34.5%	50.6%	2.3%

The Health Survey for England 2010 provides the standard figure for obesity rates of 26%, which is far higher than the rate found in this survey. However, the Health Survey for England is conducted face to face, with actual measurements taken by a professional. The self reporting methodology of our survey is more likely to lead to heavier people not giving any information at all, and other respondents underestimating their actual weight. This makes direct comparison between the two surveys impossible.

7.3.2. Gender

Rates of obesity for men and women are not significantly different to the overall rate, suggesting that gender is less of an influence than deprivation. However, a gender pattern is evident for overweight, with females significantly lower at 28.6% and males significantly higher at 42.1% making for a more complex situation.

Obesity and Gender					
Gender	Sample size	Obese	Over-weight	Normal weight	Under-weight
Female	3220	16.8%	28.6% ^L	51.9% ^T	2.7%
Male	3182	15.7%	42.1% ^T	41.0% ^L	1.2% ^L



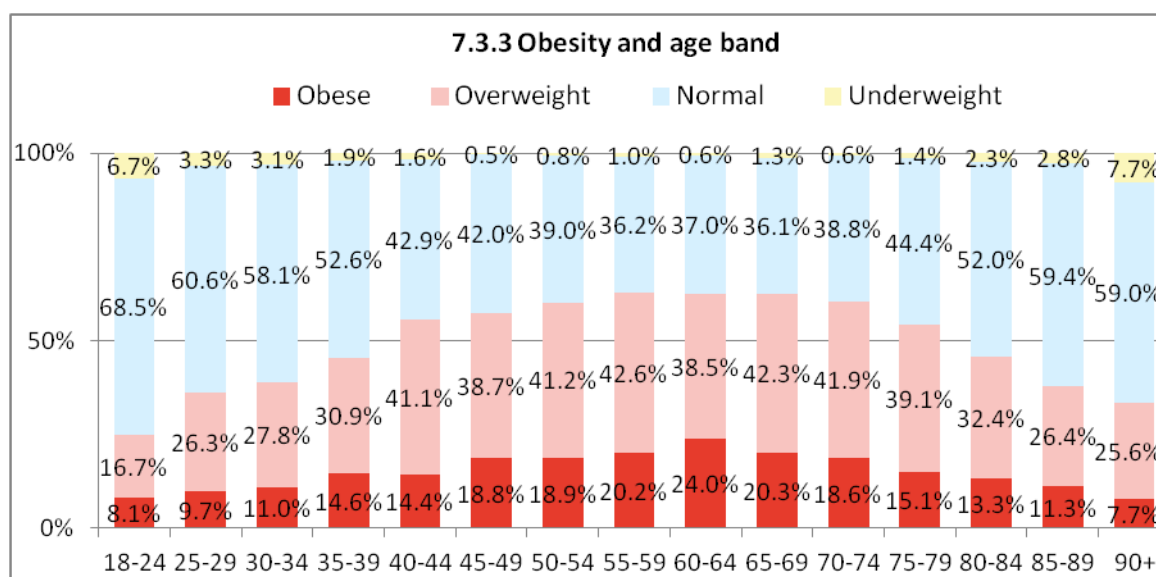
7.3.3. Age

The percentage of people of normal weight decreases from 68.5% in the youngest adult age band to 38.8% by ages 70 to 74. From 50 to 74, there are significantly fewer people classed as normal weight. Ages 75 and over, this trend stops and people are more likely to be of normal weight.

There is a general rise in the percentage of overweight people as age increases from 18 to 69, rising from 16.7% to 42.3% peaking at 42.6% in the 55-59 age band. From 40 to 74, the rate of overweight is significantly higher than the overall rate (with the exception of the 45-49 and 60-64 age groups), but again for ages 75 and over, the trend stops.

Variation in rates of obesity with age has a different profile. Rather than peaking at the 55 to 59 age band, it is highest in the 60 to 64 age band, at 24.0%. From 55 to 64 the rate of obesity is significantly higher than the overall figure, but the rate decreases in older age bands. This suggests that obesity is a lifestyle problem which becomes evident mostly in middle age.

Obesity and Age Band					
Age band	Sample size	Obese	Over-weight	Normal weight	Under-weight
18-24	520	8.1% ^L	16.7% ^L	68.5% ^H	6.7% ^H
25-29	452	9.7% ^L	26.3% ^L	60.6% ^H	3.3%
30-34	608	11.0% ^L	27.8% ^L	58.1% ^H	3.1%
35-39	418	14.6%	30.9%	52.6% ^H	1.9%
40-44	494	14.4%	41.1% ^H	42.9%	1.6%
45-49	602	18.8%	38.7%	42.0%	0.5% ^L
50-54	592	18.9%	41.2% ^H	39.0% ^L	0.8%
55-59	679	20.2% ^H	42.6% ^H	36.2% ^L	1.0%
60-64	684	24.0% ^H	38.5%	37.0% ^L	0.6% ^L
65-69	454	20.3%	42.3% ^H	36.1% ^L	1.3%
70-74	322	18.6%	41.9% ^H	38.8% ^L	0.6%
75-79	279	15.1%	39.1%	44.4%	1.4%
80-84	173	13.3%	32.4%	52.0%	2.3%
85-89	106	11.3%	26.4%	59.4% ^H	2.8%
90+	39	7.7%	25.6%	59.0%	7.7% ^H



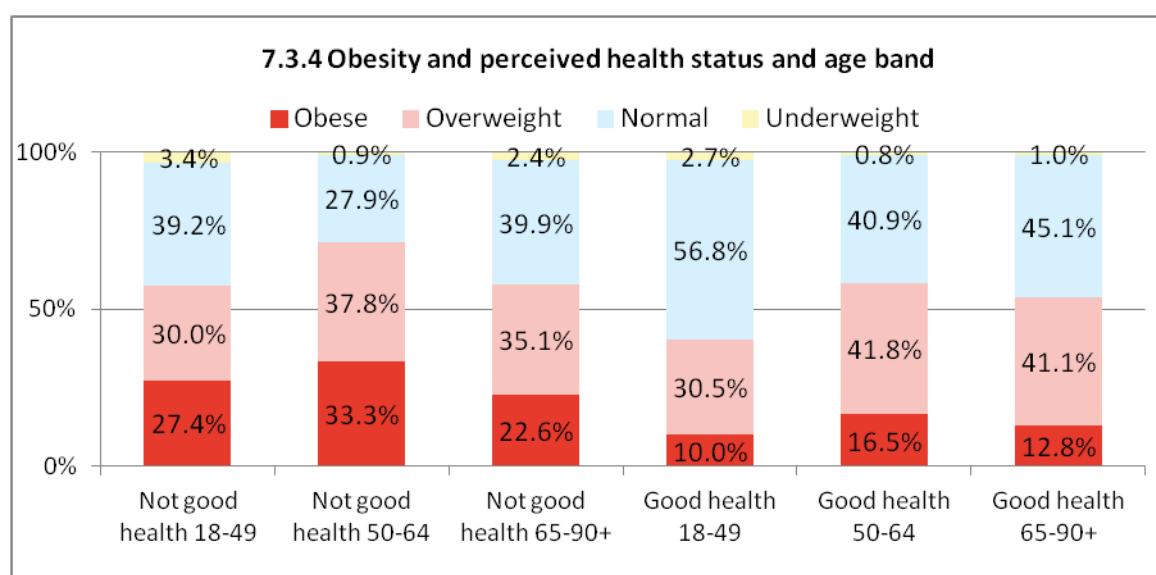
7.3.4. Perceived Health Status

Respondents who felt they did not have good health are significantly more likely to be obese and less likely to be of normal weight. The reverse is true for those who feel they are in good health. Neither group is significantly different to the overall Stockport figure for overweight or underweight.

Obesity and Perceived Health Status					
Health Perception	Sample size	Obese	Over-weight	Normal weight	Under-weight
Not Good Health	1623	27.6% ^H	34.4%	35.7% ^L	2.3%
Good Health	4800	12.4% ^L	35.6%	50.2% ^H	1.9%

The proportion of people who are obese is significantly higher for those who do not have good health at all ages. Interestingly for age groups over 50, those in good health are significantly more likely to be overweight.

Obesity and Perceived Health by Age						
Health Perception by Age		Sample size	Obese	Over-weight	Normal weight	Under-weight
Not Good Health	49 and under	503	27.4% ^H	30.0%	39.2% ^L	3.4%
	50-64	537	33.3% ^H	37.8%	27.9% ^L	0.9%
	65 and over	579	22.6% ^H	35.1%	39.9% ^L	2.4%
Good Health	49 and under	2589	10.0% ^L	30.5% ^L	56.8% ^H	2.7%
	50-64	1417	16.5%	41.8% ^H	40.9% ^L	0.8% ^L
	65 and over	789	12.8% ^L	41.1% ^H	45.1%	1.0%



7.3.5. Deprivation

There is a clear deprivation profile for obesity, with the two most deprived quintiles having obesity rates that are significantly higher than the average figure. This difference is only apparent for females within the most deprived quintiles, with women being significantly more likely to be obese, while men are not significantly different to the overall rate.

With regard to rates of overweight, the deprivation quintiles are not significantly different from the overall figure.

The proportion of people who are underweight is significantly higher in the most deprived quintile which may suggest poor nutrition issues amongst the poorest communities.

Obesity and Deprivation					
2007 National IMD Quintile	Sample size	Obese	Over-weight	Normal weight	Under-weight
1 –most deprived	616	23.5% ^H	32.0%	40.9% ^L	3.6% ^H
2	978	19.8% ^H	33.6%	44.2%	2.4%
3	1275	16.9%	35.6%	45.5%	2.0%
4	1440	15.3%	35.3%	47.6%	1.8%
5 –least deprived	2100	12.5% ^L	37.0%	49.0%	1.5%

Obesity and Deprivation by Gender			
2007 National IMD Quintile by Gender		Sample size	Obese
Female	1 –most deprived	279	28.3% ^H
	2	504	21.8% ^H
	3	655	18.0%
	4	714	14.7%
	5 –least deprived	1058	12.0% ^L
Male	1 –most deprived	330	20.0%
	2	470	17.9%
	3	610	16.1%
	4	724	15.9%
	5 –least deprived	1036	12.9% ^L

7.3.6. Ethnicity

As a large majority of Stockport residents identify as white British, other ethnic groups are represented in very low numbers in the survey. Considered together, all the other ethnic groups do not have significantly different levels of obesity, overweight or underweight. There is a significantly higher rate of normal weight from all ethnic groups other than White British which may imply that the ethnic minorities in Stockport have few concerns with weight management. However as mentioned above due to very low numbers in any ethnicity other than White British it would be unsafe to draw conclusions from the data.

There is some debate about the applicability of the standard BMI categorisations to non white ethnic groups, especially Asian groups. When considered separately or together, Asian groups are not significantly different to the overall Stockport figure for obese or overweight. There are some significantly higher levels of normal weight amongst Asian Indians and for all Asian groups considered together. Nationally, there are high obesity levels among African and Caribbean communities; however the low numbers of respondents mean that separate statistics for this group are not available.

Obesity and Ethnic Group					
Ethnic Group	Sample size	Obese	Over-weight	Normal weight	Under-weight
White British	5846	16.5%	35.8%	45.8%	1.9%
Asian Pakistani	112	19.6%	27.7%	48.2%	4.5%
White Other	113	12.4%	29.2%	55.8%	2.7%
White Irish	71	12.7%	28.2%	56.3%	2.8%
<i>Not White</i>	384	13.5%	31.8%	51.8%	2.9%
<i>Not White British</i>	569	13.2%	30.8%	53.3% [†]	2.8%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

7.3.7. Religion

The majority of respondents are Christian, and so it is not surprising that Christians are not significantly different to the overall Stockport figure. Those who are of another religion are also not significantly different.

Respondents who had no religion are significantly less likely to be obese and significantly more likely to be a normal weight, possibly because this group has a younger age profile. Similarly respondents who specifically chose to not answer the question are significantly less likely to be overweight and significantly more likely to be of normal weight

Obesity and Religion					
Religion	Sample size	Obese	Over-weight	Normal weight	Under-weight
Christian	4030	18.1%	36.1%	44.0%	1.8%
Muslim	181	18.2%	33.1%	45.3%	3.3%
No religion	1939	12.3% ^L	34.7%	50.9% ^H	2.2%
Prefer not to say	109	14.7%	24.8% ^L	57.8% ^H	2.8%
Any other religion	143	15.4%	31.5%	51.0%	2.1%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

7.3.8. Sexual Orientation

This survey found no significant differences in obesity, overweight or normal weight between non heterosexual groups and the overall Stockport figure, either considered separately or together. Non heterosexual groups were found to be significantly more likely to be underweight than the Stockport average. Although the numbers of respondents is low amongst non heterosexual groups, and therefore any conclusions would be tenuous, it would appear that this propensity towards low weight is driven by gay men and bisexuals.

Obesity and Sexual Orientation					
Sexual Orientation	Sample size	Obese	Over-weight	Normal weight	Under-weight
Heterosexual	6019	16.3%	35.3%	46.5%	1.8%
Not heterosexual	156	10.9%	36.5%	45.5%	7.1% [†]
Prefer not to say	148	16.2%	33.8%	47.3%	2.7%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

7.3.9. Carers

The respondents who provided 50+ hours of care per week were significantly more likely to be obese (24.5%) though they are not more likely to be overweight.

Obesity and Carers					
Carer status	Sample size	Obese	Over-weight	Normal weight	Under-weight
Not a carer	4629	15.5%	34.0%	48.3%	2.2%
1-19 hrs care providers	1296	16.4%	38.6%	43.8%	1.2%
20-49 hrs care providers	166	19.9%	37.3%	40.4%	2.4%
50+ hrs care providers	233	24.5% ^{††}	38.2%	34.3% [†]	3.0%

7.3.10. Children In Home

This survey found no significant differences in obesity, overweight or underweight between those who have children in their home and those who don't.

Obesity and Children In Home					
Children in home	Sample size	Obese	Over-weight	Normal weight	Under-weight
No	4457	16.8%	35.6%	45.6%	2.0%
Yes- all the time	1779	14.1%	34.1%	49.6%	2.2%
Yes- some of the time	128	22.7%	35.9%	40.6%	0.8%

7.3.11. Social Connectedness

This survey found no significant differences in obesity, overweight or underweight between those who participate in organisations and those who don't. However, respondents who participate in social clubs are significantly more likely to be obese.

Obesity and Social Connectedness					
Participation in organisation	Sample size	Obese	Over-weight	Normal weight	Under-weight
Participates in any kind of organisation	3125	15.7%	35.0%	47.5%	1.8%
Does not participate in any organisation	3306	16.7%	35.5%	45.6%	2.2%
Participates in social/working men's club	338	25.1% ^{††}	39.3%	34.3% [†]	1.2%

7.4. Perception of Weight

The survey also asked people to classify themselves as overweight, a healthy weight or underweight. No separate option for obese was presented, in order to keep the question simple. Most people (76.4%) did classify their weight correctly.

Those classified as obese based on BMI were almost always correctly assessing themselves as overweight. Only 6.2% classed themselves as a healthy weight.

Overweight people were less likely to correctly classify their weight, with just under a third responding that they were a healthy weight.

People classed as having a healthy weight were correctly classifying themselves in 79.0% of responses. They were more likely to incorrectly classify themselves as overweight than as underweight.

Under half of underweight people classified themselves correctly, with slightly more classifying themselves as a healthy weight.

Obesity and Perception				
BMI Category	Sample size	Overweight	Healthy Weight	Underweight
Obese	1042	93.6%	6.2%	0.2%
Overweight	2256	66.8%	32.8%	0.4%
Normal weight	2978	16.7%	79.0%	4.3%
Underweight	126	0.0%	58.7%	41.3%

Bold = correct assessment

7.5. Obesity and Eating Habits

The survey asked how often respondents ate five categories of food: sugary snacks, sugary drinks, crisps/salty nuts, takeaways, and meals out at restaurants or cafes. This information was analysed by the respondents' BMI category, and then those of non healthy weight were compared to those of healthy weight, in order to find any correlation between eating habits and weight category.

The survey's results showed very few significant differences between those of healthy weight and those who were obese or overweight. There were however more significant differences with those who were underweight.

The few significant differences found in the survey results are probably contrary to what would generally be expected. The obese and overweight people surveyed were significantly less likely to eat sugary snacks frequently whereas the underweight were significantly more likely. This could be evidence of higher levels of dieting in the obese group and poor nutrition habits in the underweight group. However obese respondents were significantly less likely to never eat a takeaway which is more typical to preconceptions.

Of the underweight respondents, where they differed significantly from healthy weights, it was again contrary to expectations. For example, as well as sugary snacks, they were significantly more likely to drink sugary drinks daily and eat crisps or nuts regularly.

It is possible that the data on eating habits is skewed in the same way as data on weight because of the use of self-reporting. A positive body image is more likely to elicit more accurate estimates whereas the obese and overweight may under report given they know the negative effects their diet has on their health or because they aren't fully aware of the amount they are eating. It is also possible that the eating habits of the different weight categories do vary, but by portion size rather than frequency. It's worth noting that the results for physical activity do correlate with BMI categories.

Obesity and Eating Habits						
BMI Category	Sample size	Daily or more	Often, not daily	Once a week	Less than once a week	Never
Eat sugary snacks such as biscuits, cake, sweets or chocolate						
Normal weight	2959	28.3%	41.8%	12.2%	14.6%	3.1%
Obese	1029	21.4% ^L	41.5%	13.8%	19.0% ^H	4.4%
Overweight	2245	23.1% ^L	44.5%	13.6%	15.3%	3.5%
Underweight	126	42.9% ^H	34.1%	7.1%	12.7%	3.2%
All responses	6359	25.6%	42.6%	12.9%	15.5%	3.5%
Drink sugary drinks, such as fizzy pop (not diet)						
Normal weight	2930	6.7%	11.6%	8.4%	25.9%	47.4%
Obese	1017	7.3%	10.9%	7.3%	23.6%	50.9%
Overweight	2216	5.4%	11.0%	8.0%	27.3%	48.2%
Underweight	125	13.6% ^H	17.6%	6.4%	25.6%	36.8% ^L
All responses	6288	6.5%	11.4%	8.1%	26.0%	48.1%
Eat crisps or salted nuts						
Normal weight	2924	7.4%	24.3%	19.0%	35.0%	14.3%
Obese	1014	7.6%	23.6%	17.9%	36.1%	14.8%
Overweight	2210	6.3%	25.1%	17.5%	36.8%	14.3%
Underweight	121	13.2%	34.7% ^H	10.7% ^L	26.4%	14.9%
All responses	6269	7.2%	24.7%	18.1%	35.6%	14.4%
Eat a take-away						
Normal weight	2917	0.5%	3.4%	19.5%	55.3%	21.4%
Obese	1016	0.5%	3.9%	21.9%	56.6%	17.1% ^L
Overweight	2205	0.4%	3.4%	20.2%	57.2%	18.8%
Underweight	123	0.0%	5.7%	21.1%	52.0%	21.1%
All responses	6261	0.4%	3.5%	20.2%	56.1%	19.8%
Eat out at a restaurant or café						
Normal weight	2935	1.2%	7.8%	21.2%	60.6%	9.2%
Obese	1023	0.9%	7.2%	17.3% ^L	62.7%	11.9%
Overweight	2221	1.1%	8.1%	21.3%	60.9%	8.6%
Underweight	123	4.1% ^H	4.9%	15.4%	64.2%	11.4%
All responses	6302	1.2%	7.8%	20.5%	61.1%	9.5%

Confidence intervals are high and low with respect to healthy weight responses

7.6. Obesity and 5 a Day

The survey asked how many portions of fruit and vegetables they ate on a typical day. This information was analysed by the respondents' BMI category, and then those of non healthy weight were compared to those of healthy weight, in order to find any correlation between eating adequate amounts of fruit and vegetables and weight category.

Like the data for eating habits, the analysis of obesity and eating 5 portions of fruit or vegetables a day shows very few significant differences. The obese and overweight people surveyed were not significantly different to those of normal weight in the portions of fruit or vegetables they eat. The underweight people surveyed were

significantly more likely to eat no fruit or vegetables and less likely to eat 4 portions on a typical day.

Obesity and 5 a Day							
BMI Category	Sample size	Portions of fruit or vegetables					
		0	1	2	3	4	5+
Normal weight	2988	1.5%	8.8%	20.3%	29.0%	21.6%	18.8%
Obese	1038	1.7%	10.0%	22.7%	28.9%	20.2%	16.4%
Overweight	2267	1.8%	9.0%	19.5%	30.1%	21.2%	18.5%
Underweight	128	5.5% [†]	9.4%	28.9%	32.0%	10.9% ^L	13.3%
All responses	6663	1.8%	9.2%	20.6%	29.6%	20.9%	17.9%

7.7. Obesity and Physical Activity

The survey asked how many days a week a respondent did at least moderate physical activity for 30 minutes or more. This information was analysed by the respondent's BMI category, and then those not of healthy weight were compared to those who are of healthy weight in order to find any correlation between BMI category and physical activity.

The results show a clear correlation between BMI category and frequency of physical activity. Respondents who are obese and overweight are significantly more likely to be physically active less than once a week or only 1-2 times a week, and are also significantly less likely to be physically active 5 or more times a week. Obese respondents were also significantly less likely to be physically active 3-4 times a week.

Obesity and Physical Activity					
BMI Category	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Normal weight	2968	13.0%	22.9%	33.8%	30.3%
Obese	1031	28.2% ^{††}	27.1% ^{††}	25.6% ^L	19.1% ^L
Overweight	2250	16.5% ^{††}	26.4% ^{††}	32.6%	24.5% ^L
Underweight	126	18.3%	19.8%	31.7% ^L	30.2%
All responses	6614	17.3%	24.6%	31.6%	26.4%

8 Physical Activity

8.1. Key Findings

- 26.4% of respondents report achieving the recommended weekly amounts of physical activity. 17.3% of respondents report being active less than once a week.
- Rates of activity less than once a week are identical to that found in 2009, however amongst those active at least weekly there has been a slight increase in activity levels.
- Similar proportions of both men and women are active less than once a week, however of those who are active, men are likely to do more activity.
- Age trends show that activity levels are fairly consistent until older age when levels start to fall.
- Those who felt they did not have good health are significantly less likely to get adequate physical activity at all ages, and significantly more likely to be inactive, with 32.6% of them being active less than once a week.
- There was no significant difference for recommended levels of physical activity by deprivation, however population of the most deprived quintile were significantly more likely to be active less than once a week.
- Non heterosexuals, Asian Pakistanis and Muslims are less likely to report recommended physical activity levels than average.
- Members of sports organisations unsurprisingly report higher levels of activity than average. Generally people who report participating in some kind of organisation are less likely to be inactive than those who do not.
- Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.

8.2. Rationale

To maintain a healthy lifestyle the Government recommends that individuals undertake 30 minutes of moderate physical activity on at least 5 days a week.

The promotion of physical activity is crucial for preventing and reducing overweight and obesity in all age groups; but it also has much wider protective benefits for broader health and wellbeing for example links to cardio vascular health, cancer prevention and, good mental health. Physical activity can improve quality of life and increase energy levels.

In addition physical inactivity is also an independent risk factor for individual health and is especially linked to higher risks of cancer.

Adults who are physically active have 20-30% reduced risk of premature death, and up to 50% reduced risk of developing the major chronic diseases such as coronary heart disease, stroke, diabetes and cancers.

Guidance around physical activity is constantly evolving and this survey focuses on the 30 minutes of moderate physical activity 5 days a week. Measures around being active every day, vigorous activity, muscle strengthening activity, balance and coordination for older people, and minimising sedentary behaviour have not been

fully developed and are therefore not included in this analysis. Note that people who meet the physical activity guidelines can still be at risk from sedentary behaviour.

8.3. Analysis

Just over a quarter (26.4%) of the respondents indicated that they were achieving the minimum recommended amount of activity a week.

The number stating that they were active less than once a week was 17.3%.

Physical Activity Prevalence					
	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
All responses	6614	17.3%	24.6%	31.6%	26.4%

8.3.1. Comparisons

The proportion reporting reaching the recommended levels of physical activity has increased each year of recording, although not to a statistically significant extent. There has been a significant reduction each year in people doing physical activity one or two times a week from 2006 and 2009 through to 2012. Given that the level of people achieving physical activity less than once a week has remained constant from 2009 and is significantly lower in 2012 than in 2006 it could be argued that people are doing more physical activity today.

Physical Activity Prevalence Trend					
	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
All responses 2012	6614	17.3%	24.6%	31.6%	26.4%
All responses 2009	7419	17.3%	26.8%	30.2%	25.7%
All responses 2006	8538	19.2%	26.9%	28.3%	25.6%

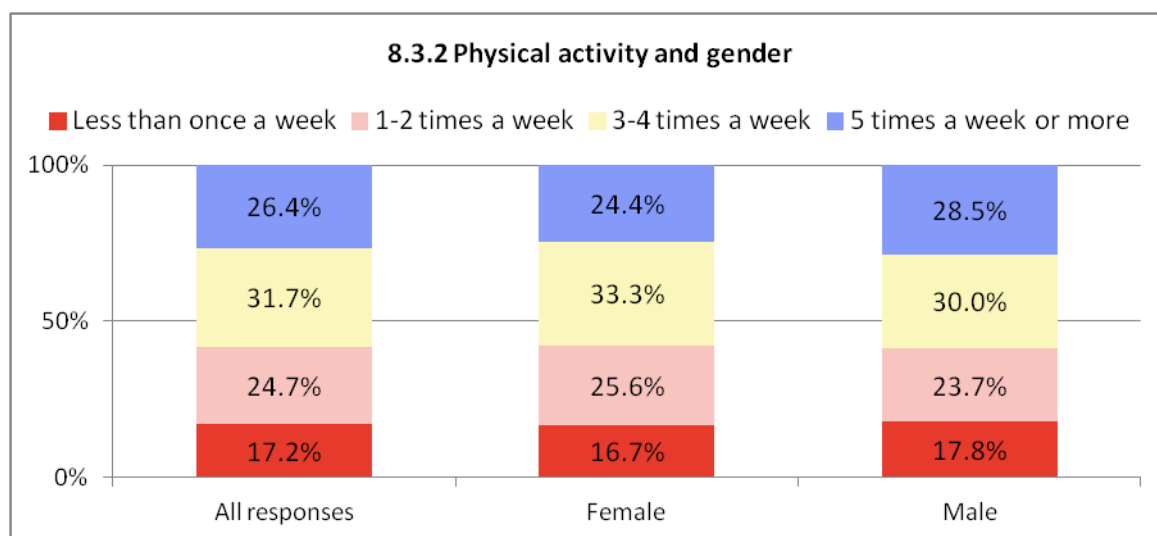
The Health Survey for England 2008 suggests that nationally 34% of adults meet recommended levels of activity; 32% achieve 30 minutes of activity on 1 to 4 days a week and 34% achieve this less than once a week. This pattern is significantly different to that seen in Stockport, where fewer people meet recommended levels of activity but fewer people have very low activity levels.

8.3.2. Gender

Neither gender shows significantly different rates of physical activity to the overall rate.

Nevertheless there is a gender pattern within the more active population. Males were found to be significantly more active 5 or more times a week than females, while males were less likely to be physically active 3 to 4 times; which suggests that within the active population men are more likely to do more activity.

Physical Activity and Gender					
Gender	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Female	3316	16.7%	25.6%	33.3%	24.4%
Male	3265	17.8%	23.7%	30.0%	28.5%

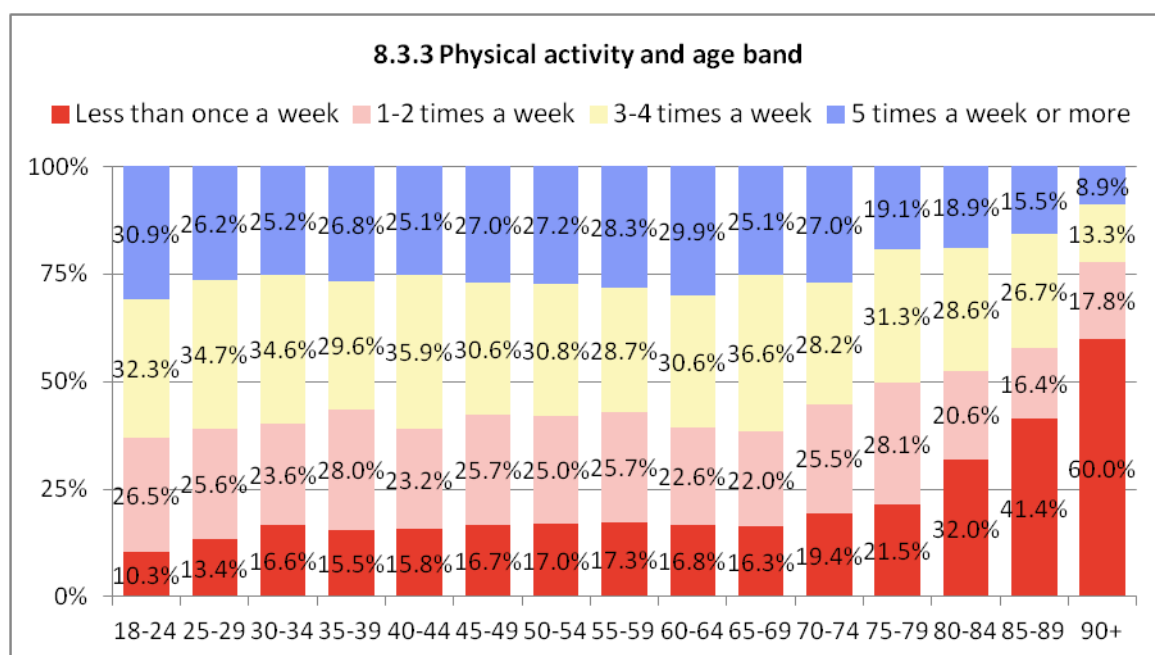


8.3.3. Age

No age group reported a significantly higher percentage of people achieving the recommended levels of physical activity than stated by the overall cohort. The 18-24 age group did report significantly lower levels of low physical activity. The proportion of 18-24 year olds doing physical activity 5 times or more a week is identical to 2009 when that was significantly higher than the overall rate. This suggests that other age groups have since started doing more physical activity, as it is no longer significantly higher.

Levels of physical activity are similar at all ages until the over 80s, when people are significantly more likely to be active less than once a week and conversely less likely to be active 5 or more times a week.

Physical Activity and Age Band					
Age band	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
18-24	551	10.3% ^L	26.5%	32.3%	30.9%
25-29	461	13.4%	25.6%	34.7%	26.2%
30-34	627	16.6%	23.6%	34.6%	25.2%
35-39	425	15.5%	28.0%	29.6%	26.8%
40-44	501	15.8%	23.2%	35.9%	25.1%
45-49	627	16.7%	25.7%	30.6%	27.0%
50-54	611	17.0%	25.0%	30.8%	27.2%
55-59	686	17.3%	25.7%	28.7%	28.3%
60-64	702	16.8%	22.6%	30.6%	29.9%
65-69	454	16.3%	22.0%	36.6%	25.1%
70-74	330	19.4%	25.5%	28.2%	27.0%
75-79	288	21.5%	28.1%	31.3%	19.1% ^L
80-84	175	32.0% ^H	20.6%	28.6%	18.9% ^L
85-89	116	41.4% ^H	16.4%	26.7%	15.5% ^L
90+	45	60.0% ^H	17.8%	13.3% ^L	8.9% ^L



8.3.4. Perceived Health Status

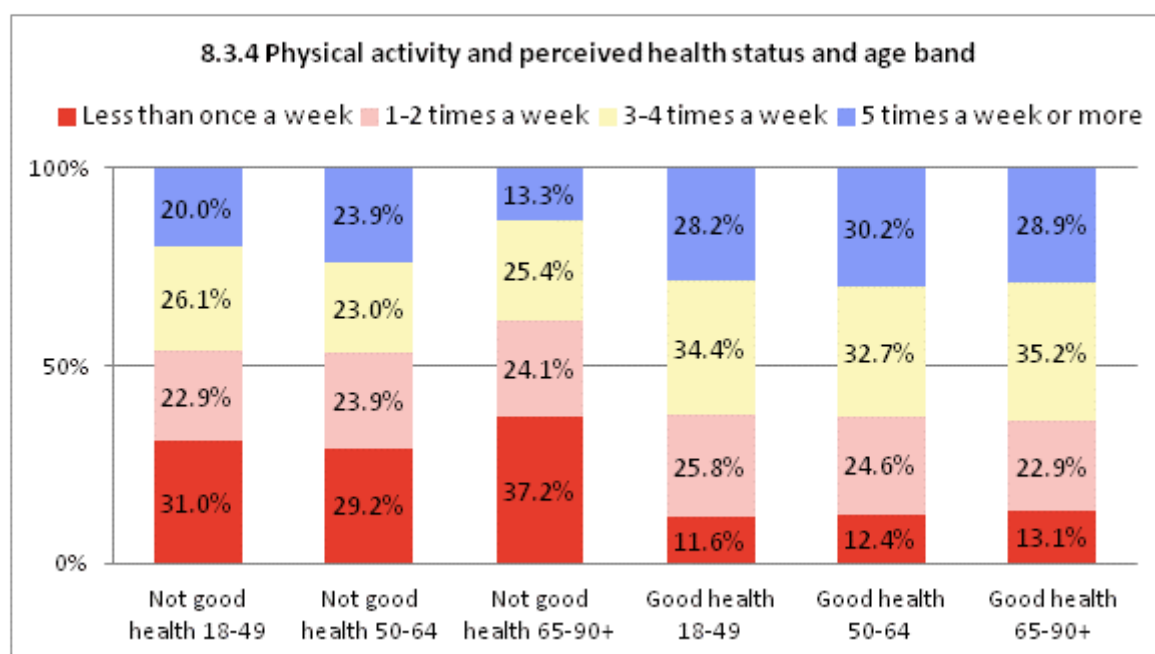
Respondents who felt they did not have good health are significantly less likely to do adequate physical activity, and significantly more likely to be very inactive, with 32.6% of them being active less than once a week.

Those who feel they have good health are significantly less likely to be active less than once a week, and more likely to be active at least 5 times a week.

Physical Activity and Perceived Health Status					
Health Perception	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Not Good Health	1695	32.6% ^H	23.7%	24.8% ^L	18.9% ^L
Good Health	4911	12.1% ^L	24.9%	34.0% ^H	29.0% ^H

The proportion of people who are inactive is significantly higher for those who do not have good health at all ages. On the other hand those with good health are significantly less likely to be active less than once a week at all age groups. Those aged 50 to 64 with good health are significantly more likely to partake in physical activity 5 or more times a week.

Physical Activity and Perceived Health Status by Age						
Health Perception by Age		Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Not Good Health	49 and under	529	31.0% ^H	22.9%	26.1% ^L	20.0% ^L
	50-64	552	29.2% ^H	23.9%	23.0% ^L	23.9%
	65 and over	607	37.2% ^H	24.1%	25.4% ^L	13.3% ^L
Good Health	49 and under	2661	11.6% ^L	25.8%	34.4%	28.2%
	50-64	1446	12.4% ^L	24.6%	32.7%	30.2% ^H
	65 and over	796	13.1% ^L	22.9%	35.2%	28.9%



8.3.5. Deprivation

This survey found only a very slight deprivation profile with regards to physical activity. There was no significant difference between any of the quintiles of deprivation and the overall Stockport figure with regards to getting recommended levels of physical activity.

However, the population of the most deprived quintile were significantly more likely to be active less than once a week and significantly less likely to be active 3 to 4 times a week, suggesting that this group are less active overall.

Physical Activity and Deprivation					
2007 National IMD Quintile	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
1 –most deprived	650	26.0% ^H	21.1%	25.5% ^L	27.4%
2	1018	19.5%	23.5%	29.0%	28.0%
3	1316	16.3%	25.3%	31.2%	27.2%
4	1467	16.2%	25.6%	33.1%	25.1%
5 –least deprived	2138	15.1%	25.2%	34.0%	25.7%

8.3.6. Ethnicity

The large majority of respondents identified as white British, and so it is not surprising to find no significant differences between them and the overall Stockport figures.

Considered together, the not white and not white British ethnic groupings are significantly less likely to do the recommended amount of physical activity, and significantly more likely to be active less than once a week. The key group contributing to the lower levels of adequate activity and high levels of inactivity are the Pakistanis.

Physical Activity and Ethnic Group					
Ethnic Group	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
White British	6007	16.8%	24.3%	32.0%	27.0%
Asian Pakistani	113	29.2% ^H	26.5%	32.7%	11.5% ^L
White Other	114	16.7%	31.6%	26.3%	25.4%
White Irish	72	11.1%	27.8%	36.1%	25.0%
Not White	397	27.7% ^H	27.5%	27.2%	17.6% ^L
Not White British	584	23.5% ^H	28.4%	28.1%	20.0% ^L

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

8.3.7. Religion

The majority of respondents are Christian, and so it is not surprising that Christians are not significantly different to the overall Stockport figure. Those who are of another religion are also not significantly different.

Respondents who had no religion are significantly more likely to be physically active 5 times a week or more, possibly because this group has a younger age profile. Muslim respondents are significantly less likely to be physically active 5 times a week or more.

Physical Activity and Religion					
Religion	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
None	1985	14.9%	22.8%	32.6%	29.7% ^H
Christian	4138	17.8%	25.0%	31.4%	25.8%
Muslim	184	27.7%	30.4%	29.9%	12.0% ^L
Any other religion	155	23.9%	26.5%	25.8%	23.9%
Prefer not to say	115	16.5%	28.7%	31.3%	23.5%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

8.3.8. Sexual Orientation

As the vast majority of respondents identified themselves as heterosexual then it is no surprise that they do not differ significantly from the overall population. Those who identified themselves as non heterosexual were significantly less likely to be active five times a week or more. However the numbers are too small to identify which sub-group is instrumental in causing the significantly lower data.

Physical Activity and Sexual Orientation					
Sexual Orientation	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Heterosexual	6164	16.9%	24.5%	31.8%	26.8%
Not heterosexual	167	20.4%	28.7%	32.3%	18.6% ^L
Prefer not to say	159	23.3%	25.8%	28.3%	22.6%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

8.3.9. Carers

Respondents who provide 1-19 hours of care are significantly less likely to be physically inactive.

Physical Activity and Carers					
Carer status	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Not a carer	4780	18.0%	24.7%	31.8%	25.5%
1-19 hrs care providers	1317	13.7% ^L	25.1%	32.7%	28.5%
20-49 hrs care providers	167	23.4%	17.4%	30.5%	28.7%
50+ hrs care providers	239	18.0%	24.7%	25.5%	31.8%

8.3.10. Children In Home

This survey found no significant differences in levels of physical activity when analysed by children in home.

Physical Activity and Children In Home					
Children in home	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
No	4587	17.9%	31.7%	26.9%	11.9%
Yes- all the time	1831	16.4%	31.7%	25.5%	13.2%
Yes- some of the time	128	10.2%	32.0%	26.6%	6.3%

8.3.11. Social Connectedness

Respondents who do not participate in any organisation are significantly more likely to get physical activity less than once a week (22.3%) and also less likely to get physical activity 3-4 times a week (27.7%). The reverse pattern is seen for respondents who do participate in organisations.

Participants in sporting clubs are more likely to be physically active more often, and extremely unlikely to be active less than once a week.

Physical Activity and Social Connectedness					
Participation in organisation	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Participates in any kind of organisation	3204	12.0% ^L	24.8%	35.9% ^H	27.3%
Does not participate in any organisation	3410	22.3% ^H	24.5%	27.7% ^L	25.6%
Participates in sporting club	1252	4.9% ^L	20.0% ^L	41.9% ^H	33.1% ^H

8.4. Location of Physical Activity

In addition to asking about levels of physical activity respondents were also asked where they got most of their physical activity. The survey presented them with five choices: at work; at home; travelling; leisure/sports; and a space to write in any other location. Information on location of physical activity was analysed by amount of physical activity.

Physical Activity and Location								
Frequency of physical activity	Sample size	At work	At home	Travelling	Leisure / Sports	Multiple Answers	Other	Little/ none
5 times a week or more	1744	17.4%	16.7%	26.1%	36.5%	3.1%	0.2%	0.0%
3-4 times a week	2086	10.5% ^L	23.7% ^H	18.2% ^L	45.8% ^H	1.7% ^L	0.2%	0.0%
1-2 times a week	1622	14.7%	32.2% ^H	17.0% ^L	33.9%	2.0%	0.2%	0.0%
Less than once a week	1080	23.9% ^H	46.0% ^H	15.5% ^L	7.5% ^L	0.9% ^L	1.0%	5.2% ^H
All responses	6532	15.6%	27.6%	19.5%	34.0%	2.0%	0.4%	0.9%

Note: The high and low significance values are relative to the responses to 5 times a week or more

The most common response across all groups was leisure/sports, at 34.0% overall. Compared to the group achieving five times or more a week of activity, those who were active 3-4 times a week were significantly more likely to answer leisure/sports as the main location of activity, and those being active 1-2 times a week were not significantly different. Only 7.5% of people who were active less than once a week ticked this answer, significantly less than those who achieved recommended levels.

The second most common location type for those who were achieving adequate activity is travelling. Interestingly, travelling is significantly lower for all other groups. This suggests that active travel is an important factor in achieving adequate amounts of activity and is likely to be associated with people getting to work and building activity into daily routines.

The third most common answer from those achieving adequate activity is at work. In comparison to those who get adequate amounts of activity, those who are active 3-4 times a week are significantly less likely to get most of their activity at work and those being active 1-2 times a week show no significant difference. Those who are active less than once a week are significantly more likely to choose this answer at 23.9%.

The fourth most common response from those achieving adequate activity is at home. This option shows the opposite pattern to travelling, as it is significantly higher for all other groups in comparison to those who meet recommendations, and at 46% the highest group for this option is those who are active less than once a week. This would suggest that focusing on activity at home is inadequate for most people.

9 Food and Diet

9.1. Key Findings

- 17.9% of respondents report eating the target amount of 5 or more portions a day of fruit and vegetables in their diets. Fewer than 2% of respondent report eating no fruit or vegetables. The most common response was 3 portions at 29.6%.
- Men are less likely than women to eat sufficient portions of fruit and vegetables; however the average consumption for both genders is only 3 portions.
- Young adults (18-29) are most likely not to eat sufficient amounts of fruit and vegetables and the most likely to eat no fruit or vegetables; consumption increases with age to age 65-69 and then falls. Again, however the average consumption for all age groups remains 3 portions.
- Those in not good health are significantly less likely to consume enough fruit and vegetables in their diets; twice as many report eating no fruit or vegetables.
- The likelihood of eating enough fruit and vegetables decreases as deprivation increases; the most common response in the most deprived area is to eat 2 portions a day, and rates of no fruit and vegetables are almost three times higher than average in these areas.
- Non white groups and Muslims are less likely to eat 4 and 5+ portions and more like to eat 1 or 2 portions of fruit and vegetables on an average day. Those who participate in organisations are more likely to eat 4 and 5+ portions and less likely to eat 1 or 2 portions of fruit and vegetables
- Those who do eat 5+ portions of fruit and vegetables a day are generally more likely to have other good eating habits.

9.2. Rationale

Diet has a known impact on health and the incidence of disease, including the major killers of cardiovascular disease and some cancers. A healthy eating pattern is low in fat, salt and sugar and high in nutrients and fibre and has controlled portion sizes.

Fruit and vegetables are promoted as part of an overall healthy lifestyle, helping people to maintain this healthy eating pattern. These items are packed with vitamins and minerals and are an excellent source of fibre and antioxidants; they can help maintain a healthy weight and can help reduce the risk of heart disease, stroke, type 2 diabetes and some cancers.

The national recommendation is that people eat at least 5 portions of fruit and vegetables a day.

9.3. 5 A Day Analysis

Only 17.9% of respondents were eating the recommended amount 5+ portions of fruit and vegetables a day. The most common response was 3 portions at 29.6%; only 1.8% report not eating any fruit or vegetables on an average day.

5 a Day Prevalence							
	Sample size	0	1	2	3	4	5+
All responses	6663	1.8%	9.2%	20.6%	29.6%	20.9%	17.9%

9.3.1. Comparisons

There has been little change in the patterns of reporting portions of fruit and vegetables eaten by respondents since the previous surveys.

Portions of Fruit/Vegetables Trend							
Gender	Sample size	0	1	2	3	4	5+
All responses 2012	6663	1.8%	9.2%	20.6%	29.6%	20.9%	17.9%
All responses 2009	6662	1.9%	9.2%	19.4%	29.2%	22.3%	18.0%
All responses 2006	8575	1.6%	10.8% ^H	19.8%	27.1% ^L	21.4%	19.4%

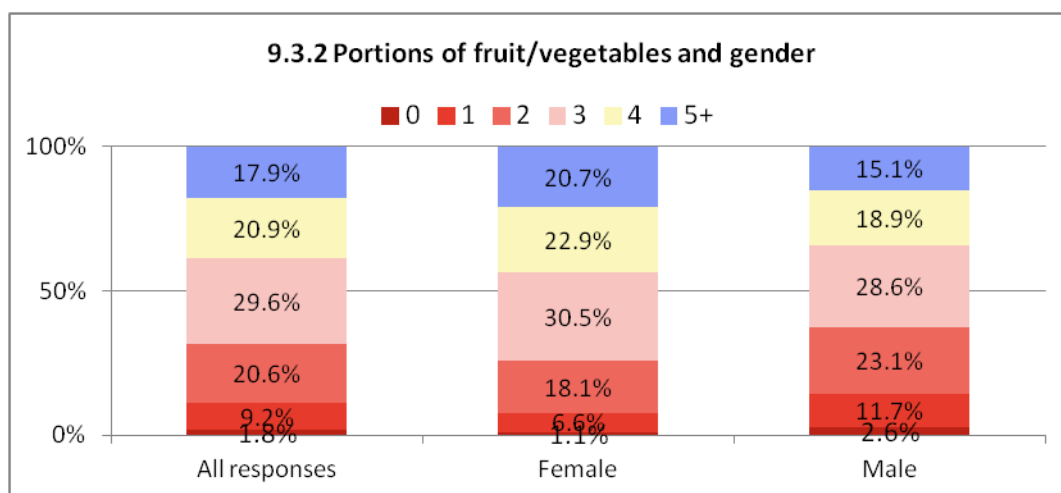
The Health Survey for England 2010 suggests that nationally 26% of adults meet recommended 5 portions of fruit and vegetables a year; a rate higher than that found in Stockport; however, that survey asked several separate questions about specific sorts of fruit and vegetable portions which were summed together; conversely 7% of adults nationally reported no portions of fruit and vegetables, again suggesting that Stockport patterns are less extreme.

9.3.2. Gender

With only 15.1% responding that they get their 5 a day, men are significantly less likely to be eating enough fruit and vegetables compared to the Stockport average. They are also more likely to eat only 1 or 2 portions a day. Women are significantly more likely to eat 5 a day (20.7%) and less likely to eat only 1 or 2 portions a day.

There is no significant difference between men and women for those having no fruit or vegetables as part of their daily diet, though the numbers involved are small.

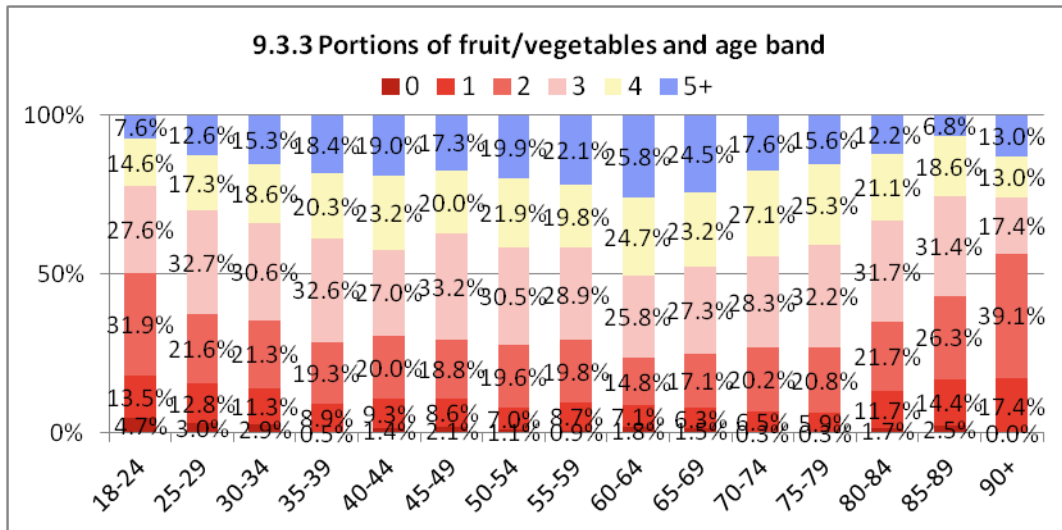
Portions of Fruit/Vegetables and Gender							
Gender	Sample size	0	1	2	3	4	5+
Female	3339	1.1%	6.6% ^L	18.1% ^L	30.5%	22.9%	20.7% ^H
Male	3289	2.6%	11.7% ^H	23.1% ^H	28.6%	18.9%	15.1% ^L



9.3.3. Age

Eating 5+ portions of fruit or vegetables increase with age up to the 65-69 age group, then decreases for the over 70s. The 18-24 year olds are not only significantly less likely to eat 5 or even 4 portions of fruit or vegetables a day, but also more likely to have only 2, 1 or no fruit or vegetable portions in their typical diet.

Portions of Fruit/Vegetables and Age Band							
Age band	Sample size	0	1	2	3	4	5+
18-24	554	4.7% ^H	13.5% ^H	31.9% ^H	27.6%	14.6% ^L	7.6% ^L
25-29	462	3.0%	12.8% ^H	21.6%	32.7%	17.3%	12.6% ^L
30-34	628	2.9%	11.3%	21.3%	30.6%	18.6%	15.3%
35-39	429	0.5%	8.9%	19.3%	32.6%	20.3%	18.4%
40-44	504	1.4%	9.3%	20.0%	27.0%	23.2%	19.0%
45-49	629	2.1%	8.6%	18.8%	33.2%	20.0%	17.3%
50-54	613	1.1%	7.0%	19.6%	30.5%	21.9%	19.9%
55-59	693	0.9%	8.7%	19.8%	28.9%	19.8%	22.1% ^H
60-64	705	1.8%	7.1%	14.8% ^L	25.8%	24.7%	25.8% ^H
65-69	461	1.5%	6.3%	17.1%	27.3%	23.2%	24.5% ^H
70-74	336	0.3%	6.5%	20.2%	28.3%	27.1% ^H	17.6%
75-79	289	0.3%	5.9%	20.8%	32.2%	25.3%	15.6%
80-84	180	1.7%	11.7%	21.7%	31.7%	21.1%	12.2%
85-89	118	2.5%	14.4%	26.3%	31.4%	18.6%	6.8% ^L
90+	46	0.0%	17.4%	39.1% ^H	17.4%	13.0%	13.0%



9.3.4. Perceived Health Status

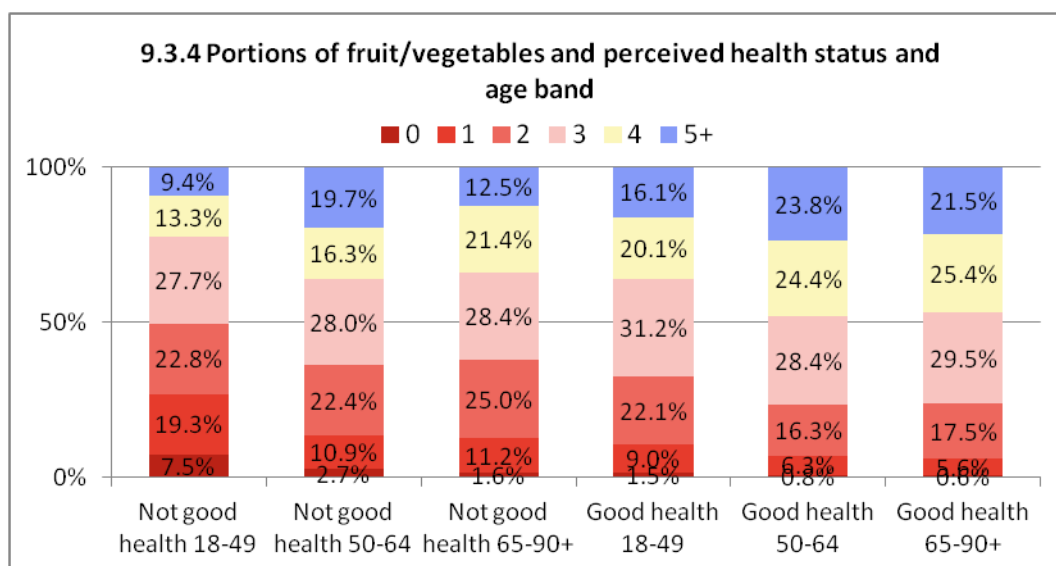
Respondents who felt they did not have good health are significantly more likely to have only 1 or 0 portions of fruit and vegetables daily, and significantly less likely to eat 4 or 5+ portions in their diets.

Those who feel in good health are significantly less likely to have only 1 or no portions of fruit and vegetables in their diets.

Portions of Fruit/Vegetables and Perceived Health Status							
Good Health Status	Sample size	0	1	2	3	4	5+
Not Good Health	1717	3.8% ^H	13.6% ^H	23.5%	28.1%	17.1% ^L	13.9% ^L
Good Health	4939	1.1% ^L	7.7% ^L	19.6%	30.1%	22.2%	19.3%

The proportion of people who eat 5+ portions of fruit and vegetables daily is significantly higher for those who are in good health and in the 45-64 age group. Conversely the proportion of people eating 1 or 0 portions of fruit and vegetables daily is significantly higher for those who are in not good health and are in younger age groups.

Portions of Fruit/Vegetables and Perceived Health Status by Age							
Health Perception by Age	Sample size	0	1	2	3	4	5+
Not Good Health	49 and under	7.5% ^H	19.3% ^H	22.8%	27.7%	13.3% ^L	9.4% ^L
	50-64	2.7%	10.9%	22.4%	28.0%	16.3% ^L	19.7%
	65 and over	1.6%	11.2%	25.0% ^H	28.4%	21.4%	12.5% ^L
Good Health	49 and under	1.5%	9.0%	22.1%	31.2%	20.1%	16.1%
	50-64	0.8% ^L	6.3% ^L	16.3% ^L	28.4%	24.4% ^H	23.8% ^H
	65 and over	0.6% ^L	5.6% ^L	17.5%	29.5%	25.4% ^H	21.5%



9.3.5. Deprivation

The most deprived quintile are significantly less likely to eat 5 or even 4 portions of fruit or vegetables a day, and more likely to eat only 2, 1 or no fruit or vegetable portions in their typical diet. This is exactly opposite to the least deprived quintile, who are significantly more likely to eat 4 or 5+ portions of fruit and vegetables, and less likely to answer 2, 1 or no portions.

Portions of Fruit/Vegetables and Deprivation							
2007 National IMD Quintiles	Sample size	0	1	2	3	4	5+
1 –most deprived	658	4.9% [†]	15.3% [†]	29.3% [†]	29.0%	12.6% [‡]	8.8% [‡]
2	1022	3.3% [†]	12.6% [†]	23.1%	29.1%	16.5% [‡]	15.4%
3	1324	1.7%	11.0%	22.7%	30.3%	19.1%	15.2%
4	1477	1.2%	7.4%	19.2%	28.8%	23.2%	20.4%
5 –least deprived	2158	0.7% [‡]	5.9% [‡]	16.5% [‡]	30.2%	24.8% [†]	22.0% [†]

9.3.6. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in the portions of fruit and vegetables in their diet. The white Irish and white other groups also show no statistical difference to the overall Stockport figure.

Taken together, the non white ethnic groups are significantly less likely to eat 4 or 5+ portions a day, and more likely to only eat 1 or 2, compared to the overall Stockport figure. The Pakistani group demonstrates this pattern, but other non white ethnic groups seem to be contributing as well.

Portions of Fruit/Vegetables and Ethnic Group							
Ethnic Group	Sample size	0	1	2	3	4	5+
White British	6048	1.8%	8.8%	20.3%	29.5%	21.3%	18.2%
Asian Pakistani	115	4.3%	20.0% ^H	37.4% ^H	27.0%	7.8% ^L	3.5% ^L
White Other	115	0.9%	8.7%	18.3%	27.0%	21.7%	23.5%
White Irish	74	0.0%	10.8%	16.2%	28.4%	28.4%	16.2%
Not White	401	2.7%	14.5% ^H	28.2% ^H	30.7%	12.0% ^L	12.0% ^L
Not White British	591	2.0%	13.0% ^H	24.7%	29.6%	15.9% ^L	14.7%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

9.3.7. Religion

Neither Christians, the largest religious group in the responses, nor those who have no religion show any significant differences to the Stockport average for having fruit and vegetables in their usual daily diet.

Muslims are significantly more likely to eat only 1 or 2 portions of fruit or vegetables a day, and less likely to eat 4 or 5+ portions.

Portions of Fruit/Vegetables and Religion							
Religion	Sample size	0	1	2	3	4	5+
None	1995	2.7%	10.7%	20.4%	28.2%	19.7%	18.3%
Christian	4173	1.3%	8.1%	20.4%	30.2%	22.0%	18.0%
Muslim	187	3.2%	19.3% ^H	32.6% ^H	31.0%	8.6% ^L	5.3% ^L
Any other religion	155	1.9%	9.0%	11.6% ^L	29.0%	23.9%	24.5%
Prefer not to say	115	0.9%	7.0%	20.9%	30.4%	22.6%	18.3%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

9.3.8. Sexual Orientation

This survey found no significant differences in eating fruit and vegetables when analysed by sexual orientation.

Portions of Fruit/Vegetables and Sexual Orientation							
Sexual Orientation	Sample size	0	1	2	3	4	5+
Heterosexual	6202	1.7%	9.1%	20.5%	29.4%	21.2%	18.1%
Not heterosexual	170	4.1%	9.4%	20.0%	30.0%	21.2%	15.3%
Prefer not to say	160	4.4%	7.5%	25.6%	28.8%	15.6%	18.1%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

9.3.9. Carers

This survey found few significant differences in eating fruit and vegetables when analysed by carer status.

Portions of Fruit/Vegetables and Carers							
Carer status	Sample size	0	1	2	3	4	5+
Not a carer	4809	1.9%	9.8%	20.7%	29.2%	20.9%	17.6%
1-19 hrs care providers	1326	1.4%	6.5% ^L	17.8%	31.7%	22.5%	20.1%
20-49 hrs care providers	170	1.2%	10.6%	30.6% ^H	25.3%	18.8%	13.5%
50+ hrs care providers	240	2.5%	12.1%	24.2%	30.0%	17.5%	13.8%

9.3.10. Children In Home

This survey found few significant differences in eating fruit and vegetables when analysed by children in the home.

Portions of Fruit/Vegetables and Children In Home							
Children in home	Sample size	0	1	2	3	4	5+
No	4621	1.9%	8.9%	20.0%	29.6%	21.2%	18.4%
Yes all of the time	1839	1.7%	9.5%	21.3%	29.7%	20.6%	17.2%
Yes some of the time	130	0.8%	15.4% ^H	25.4%	27.7%	17.7%	13.1%

9.3.11. Social connectedness

Respondents who do not participate in any kind of organisation are significantly less likely to eat 4 or 5+ portions of fruit or vegetables a day, and more likely to only eat 1 or 2. The opposite is true for those who do participate in organisations.

Of the options on the form, only respondents who were involved in groups for the elderly and/or social clubs were not significantly different to the Stockport average. Other groups all contributed to the pattern, either by being more likely to eat more portions of fruit and vegetables, or being less likely to eat fewer portions.

Portions of Fruit/Vegetables and Social Connectedness							
Participation in organisation	Sample size	0	1	2	3	4	5+
Participates in any kind of organisation	3217	1.2%	6.5% ^L	17.4% ^L	29.7%	24.3% ^H	20.9% ^H
Does not participate in any organisation	3446	2.4%	11.8% ^H	23.5% ^H	29.5%	17.7% ^L	15.1% ^L

9.4. Eating Habits

The survey asked how often respondents ate five categories of food: sugary snacks, sugary drinks, crisps/salty nuts, takeaways, and meals out at restaurants or cafes. This information was analysed by the daily portions of fruit and vegetables in respondents' diet, and then those not eating enough portions were compared to those who are, in order to find any correlation between eating habits and 5 a day habits. In the following table, superscript H and L refer to statistically significantly higher or lower figures when compared to those of respondents who eat 5+ portions of fruit or vegetables, not compared to the Stockport average.

5 a Day and eating habits						
Portions of fruit/vegetables in diet	Sample size	Daily or more	Often, not daily	Once a week	Less than once a week	Never
Eat sugary snacks such as biscuits, cake, sweets or chocolate						
5+	1180	19.9%	38.6%	14.3%	22.2%	5.0%
1 to 4	5283	26.5% ^H	43.6% ^H	12.5%	14.2% ^L	3.2% ^L
0	118	38.1% ^H	28.8%	12.7%	14.4%	5.9%
All responses	6581	25.5%	42.4%	12.9%	15.7%	3.6%
Drink sugary drinks, such as fizzy pop (not diet)						
5+	1173	1.8%	5.7%	6.1%	24.6%	61.9%
1 to 4	5217	7.0% ^H	12.8% ^H	8.5% ^H	26.4%	45.3% ^L
0	116	33.6% ^H	12.9% ^H	4.3%	18.1%	31.0% ^L
All responses	6506	6.6%	11.5%	8.0%	25.9%	48.0%
Eat crisps or salted nuts						
5+	1169	3.8%	18.6%	17.3%	41.7%	18.6%
1 to 4	5204	7.8% ^H	26.2% ^H	18.4%	34.1% ^L	13.6% ^L
0	112	17.0% ^H	29.5% ^H	16.1%	20.5% ^L	17.0%
All responses	6485	7.2%	24.9%	18.1%	35.2%	14.6%
Eat a take-away						
5+	1169	0.3%	0.9%	10.7%	63.5%	24.6%
1 to 4	5195	0.4%	4.0% ^H	22.3% ^H	54.4% ^L	18.9% ^L
0	113	2.7% ^H	13.3% ^H	22.1% ^H	46.9% ^L	15.0%
All responses	6477	0.4%	3.6%	20.2%	55.9%	19.9%
Eat out at a restaurant or café						
5+	1172	0.9%	6.7%	18.3%	67.9%	6.1%
1 to 4	5235	1.2%	7.9%	21.0%	59.6% ^L	10.3% ^H
0	116	1.7%	13.8% ^H	11.2%	44.8% ^L	28.4% ^H
All responses	6523	1.2%	7.8%	20.3%	60.8%	9.9%

Generally, people who get their 5 a day answered that they had good eating habits as well. They were most likely to have a sugary snack often but not daily (38.6%), and most commonly only ate crisps, takeaways and meals out less than once a month. A majority (61.9%) never drink sugary drinks.

For those not getting enough fruit and vegetables, more frequent consumption of sugary snacks and drinks, crisps or salted nuts, and takeaways are significantly higher. Interestingly, choosing to never eat at restaurants or cafes is significantly more likely for those eating 0 to 4 portions of fruit and vegetables a day.

Appendix 1: Stockport Adult Lifestyle Survey Questionnaire

Please check that you have answered all the questions that apply to you and return the completed questionnaire in the envelope provided.

If you have any questions you would like to ask us about this survey or need any help with it please ring 0161 426 5070. If you have any concerns about your health after filling in the survey, feel free to contact the Stockport Lifestyle Service on 0161 426 5085.

Thank you for taking part in the Stockport Health Survey

A free interpreting service is available if you need help with this information:
eds.admin@stockport.gov.uk 0161 477 9000 

如果你需要帮助去了解这份文件的内容，我们可以提供免费的翻译服务。
eds.admin@stockport.gov.uk 0161 477 9000

اگر در مورد این اطلاعات احتیاج به کمک داشته باشید سرویس خدمات مترجمی رایگان موجود است.
eds.admin@stockport.gov.uk 0161 477 9000

Jesli potrzebujesz pomocy odnośnie tej informacji, dostępne są darmowe usługi tłumaczeniowe: eds.admin@stockport.gov.uk 0161 477 9000

آر آپ کو ہم "مترجمان" کے پاس سے مدد کی ضرورت ہے تو ذرا تیزی سے فرم دینا ہے۔
 ای ٹی: eds.admin@stockport.gov.uk نمبر: 0161 477 9000

للحصول على معلومات حول خدمات الترجمة المجانية تواصل معنا على البريد الإلكتروني:
eds.admin@stockport.gov.uk
 أو اتصل على الرقم التالي:
 0161 477 9000

If you would like this information in large print, Braille, as an audio CD, or a PDF document, please contact:
 0161 426 5070
 For the Text Relay service, dial 18001 before the phone number.



STOCKPORT HEALTH SURVEY 2012

This is a survey about health and lifestyles in Stockport. It will help the NHS plan local service. Please read the instructions for each question carefully.

If you do not wish to take part in this survey please return the blank questionnaire in the envelope provided.

ABOUT YOUR HEALTH

1. How is your health in general? Would you say it is ...

Please tick one box only

- Very good
- Good
- Fair
- Bad
- Very bad

2. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. Please tick one box only

- Yes, limited a lot
- Yes, limited a little
- No

FOOD AND DIET

3. On a typical day how many portions of fruit and vegetables do you eat? An example of a typical portion is an apple, a glass of fruit juice or a serving of vegetables. Potatoes should not be included as vegetables. Please tick one box only

- 0
- 1
- 2
- 3
- 4
- 5+

4. How often do you generally:

Please tick one box on each row

	2 or more times a day	Once a day	4 to 6 times a week	2 to 3 times a week	Once a week	Less than once a week	Never
Eat out at a café or restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat crisps or salted nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink sugary drinks, such as fizzy pop (not diet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat sugary snacks such as biscuits, cake, sweets or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ACTIVITY

5. How often do you take at least moderate physical activity for 30 minutes or more in total in a day (this could be 3 lots of 10 minutes or 2 lots of 15 minutes)? 'Moderate' activity makes you breathe harder than normal and feel warm: examples are walking, easy swimming, dancing, cleaning windows, washing or mopping floors, cycling and badminton. Please tick one box only

- Never
- Less than once a week
- 1 – 2 times a week
- 3 – 4 times a week
- 5 times a week or more

6. How do you get most of your physical activity?

Please tick one box only

- At work
 - At home (housework, gardening, exercise equipment etc)
 - Travelling (walking or cycling to work or the shops etc)
 - Leisure / sports (gym, swimming, walking, football etc)
 - Other
- Please specify:

SMOKING

7. Which best describes you? Please tick one box only

- I smoke daily
- I smoke sometimes but not every day
- I used to smoke daily but do not smoke at all now
- I used to smoke sometimes but do not smoke at all now
- I have only smoked a few times
- I have never smoked

8. Do you and/or other people regularly smoke in your home?

Please tick one box only

- Yes
- No

9. In most weeks, how many hours are you exposed to other people's tobacco smoke? Please write as a number in the box

hours

ALCOHOL

10. Do you drink alcoholic drinks? Please tick one box only

Yes No If 'no' please go question 14

11. Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and whom you were with on each day.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Cans or pints of normal strength beer, lager, cider, stout							
Cans or pints of strong beer, lager, stout, cider (6% alcohol or more)							
Single glasses of spirits, such as whisky, vodka, gin, rum							
Small glasses of fortified wines such as sherry, port, martini							
Standard glasses (175ml) of normal strength wine (12%)							
Large glasses (250ml) of normal wine or standard glasses of stronger wine (13.5% or more)							
Bottles of alcopops							

12. Do you think that regularly drinking this amount could harm your health? Please tick one box only

Yes Probably Not sure No

ABOUT YOU

15. Are you male or female?

Male Female

16. What age band are you in? Please tick one box only

18 – 24 25 – 29
 30 – 34 35 – 39
 40 – 44 45 – 49
 50 – 54 55 – 59
 60 – 64 65 – 69
 70 – 74 75 – 79
 80 – 84 85 – 89
 90+

17. What is your ethnic group? Please tick one box only

White
 British, English, Welsh, Scottish, Northern Irish
 Irish
 Gypsy or Irish Traveller
 Other White background

Mixed
 White and Black Caribbean
 White and Black African
 White and Asian
 Other Mixed background

Asian or Asian British
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background

Black or Black British
 Caribbean
 African
 Other Black background

Other ethnic group
 Arab
 Any other group Please specify:

13. Thinking now about all kinds of alcoholic drinks, how often have you had a drink of any kind during the last 12 months? Please tick one box only

Almost every day
 Five or six days a week
 Three or four days a week
 Once or twice a week
 Once or twice a month
 Less than once a month
 Not at all in the last 12 months

WELLBEING

14. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

Please tick one box for each statement

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

18. How tall are you? Please write your details as a number in each box

metres cm

Or

feet inches

19. What is your usual weight? In light clothing, without shoes. Please write your details as a number in each box

kgs

Or

stones pounds

20. Do you feel you are: Please tick one box only

A healthy weight
 Overweight
 Underweight

21. What is your religion?

No religion Jewish
 Christian Muslim
 Buddhist Sikh
 Hindu
 Other Please specify:
 Prefer not to say

22. What is your sexual orientation?

Bisexual
 Gay man
 Straight / Heterosexual
 Lesbian / Gay woman
 Prefer not to say

23. Do you look after, or give any help or support to family members, friends, neighbours or others other than as part of your job because of either:
 - long-term physical or mental ill-health / disability?
 - problems related to old age?

Please tick one box only

No
 Yes, 1-19 hours a week
 Yes, 20-49 hours a week
 Yes, 50 or more hours a week

24. Do any children aged 17 or under live in the same house as you?

Yes – all of the time
 Yes – some of the time
 No

25. Do you join in the activities of any of the following organisations, on a regular basis? *Please tick as many as apply*

- Education, arts or music group / evening class
- Environmental group
- Group for elderly people (Lunch clubs, etc)
- Parents' / School Association
- Political parties
- Religious group or church organisation
- Social club / working men's club
- Sports club
- Tenants' / Residents' group or Neighbourhood Watch
- Trade Unions (including student unions)
- Women's Group
- Women's Institute / Townsman's Guild
- Youth group (Scouts, Guides, Youth Clubs, etc)
- None
- Other *Please specify*:.....

28. How much do you agree or disagree with these things?
Please tick one box for each statement

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
Following a healthy lifestyle is an effective way to reduce my chances of becoming ill							
If you don't have your health, you don't have anything							
There is nothing more important than good health							
I'm very involved in my health							
I am in control of my own health							
The main thing which affects my health is what I personally do							
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway							
I intend to lead a healthy lifestyle over the next 12 months							

ATTITUDES AFFECTING HEALTH CHOICES

Below are some statements which will help us understand the different ways that people in Stockport think about their health and the choices they make to stay healthy. Please tick the box that best describes your thoughts.

26. These are some things that other people have said. Please tell us how much you agree or disagree with each one?
Please tick one box for each statement

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
I feel good about myself							
I get a lot of pleasure from taking risks							
I generally focus on the here and now rather than worry about the future							
I learn from my mistakes							

27. These are some things that other people have said they would like to have or do over the course of their lives. Could you tell us how important each one is to you personally.

	Very unimportant	Unimportant	Fairly unimportant	Neither important nor unimportant	Fairly important	Important	Very important
To have money, wealth and possessions							
To have an image that others find appealing							

29. For you, would leading a healthy lifestyle be...
Please tick one box on a scale of 1 to 7

Extremely difficult 1 2 3 4 5 6 7 Extremely easy

30. How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?

Please tick one box on a scale of 1 to 7

No 1 2 3 4 5 6 7 Complete control

31. For you, would leading a healthy lifestyle be...
Please tick one box on a scale of 1 to 7

Not enjoyable 1 2 3 4 5 6 7 Enjoyable

32. And still thinking about your own lifestyle at the moment, which of these statements best describes your view? If I don't lead a healthy lifestyle, my health could be at risk...

In the next 12 months
 In the next few years
 In the next 10-20 years
 Much later in my life
 Not at all

33. Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

I am much MORE likely to get seriously ill than other people of my age
 I am a little more likely
 No more or less likely
 I am a little less likely
 I am much LESS likely to get seriously ill than other people of my age

Appendix 2: Data tables for all topics

Respondent Profile

Respondent Profile - Perceived Health Status compared to 2011 Census		
Perceived health status	Survey responses	2011 Census
Very Bad	0.9%	1.2%
Bad	4.2%	4.4%
Fair	20.7%	13.3%
Good	44.6%	33.3%
Very Good	29.6%	47.8%

Respondent Profile – 2007 Index of Multiple Deprivation*			
National quintile of deprivation	Sample size	Survey responses	Stockport population based on GP registrations
1- Most deprived	659	9.9%	12.3%
2	1025	15.4%	17.9%
3	1327	20.0%	19.9%
4	1480	22.3%	21.8%
5- Least deprived	2160	32.5%	28.0%

Respondent Profile - Ethnicity compared to 2011 Census		
Ethnic Group	Survey responses	2011 Census
White British	91.1%	89.0%
Asian Pakistani	1.7%	2.4%
White Other	1.7%	1.7%
White Irish	1.1%	1.4%
Asian Indian	0.9%	1.0%
Asian Other	0.6%	0.7%
Asian Chinese	0.6%	0.6%
Mixed White & Asian	0.4%	0.5%
Any other group	0.3%	0.3%
Mixed Other	0.3%	0.4%
Arab	0.3%	0.3%
Black African	0.3%	0.3%
Mixed White & Black Caribbean	0.2%	0.6%
Black Caribbean	0.2%	0.3%
Asian Bangladeshi	0.1%	0.2%
Mixed White & Black African	0.1%	0.3%
White Gypsy or Irish Traveller	less than 0.1%	0.0%
Black Other	0.0%	0.1%

Respondent Profile - Religion compared to 2011 Census		
Religion	Survey responses	2011 Census
Christian	63.0%	63.2%
None	30.1%	25.1%
Muslim	2.8%	3.3%
Prefer not to say	1.7%	6.5%
Other	0.7%	0.3%
Hindu	0.6%	0.6%
Jewish	0.6%	0.5%
Buddhist	0.4%	0.3%
Sikh	0.1%	0.1%

Respondent profile - Sexual orientation	
Sexual orientation	Survey responses
Lesbian	0.4%
Gay	0.7%
Bisexual	1.5%
Prefer not to say	2.4%
Heterosexual	95.0%

Respondent Profile - Carers compared to 2011 Census		
Carer status	Survey responses	2011 Census
Not a carer	73.5%	88.7%
1-19 hrs care providers	20.2%	7.4%
20-49 hrs care providers	2.6%	1.4%
50+ hrs care providers	3.7%	2.5%

Multiple Risks

	Sample size	Four risks	Three risks	Two risks	One risk	None of the risks
All responses	6552	4.9%	27.5%	46.3%	18.2%	3.1%
Gender						
Female	3692	3.7% ^L	24.3% ^L	49.5% ^H	19.2%	3.3%
Male	3473	6.2%	30.7% ^H	42.9% ^L	17.3%	3.0%
Age band						
18-24	549	8.2% ^H	32.8% ^H	42.4%	14.8%	1.8%
25-29	461	7.4%	35.6%	42.3%	10.6% ^L	4.1%
30-34	621	6.6%	30.6%	44.9%	15.3%	2.6%

	Sample size	Four risks	Three risks	Two risks	One risk	None of the risks
35-39	421	6.9%	27.8%	45.6%	16.6%	3.1%
40-44	498	5.2%	34.3% ^H	41.4%	16.7%	2.4%
45-49	626	6.7%	31.6%	43.9%	15.8%	1.9%
50-54	610	4.6%	30.5%	43.8%	18.4%	2.8%
55-59	681	4.7%	27.9%	43.5%	20.6%	3.4%
60-64	695	3.9%	25.0%	44.2%	23.0% ^H	3.9%
65-69	448	2.0% ^L	23.4%	46.7%	23.4% ^H	4.5%
70-74	327	2.1%	15.9%	53.5% ^H	23.2%	5.2%
75-79	278	0.4% ^L	15.5% ^L	58.6% ^H	21.6%	4.0%
80-84	169	0.0%	11.2% ^L	65.7% ^H	19.5%	3.6%
85-89	111	0.0%	5.4% ^L	77.5% ^H	16.2%	0.9%
90+	45	0.0%	6.7% ^L	71.1% ^H	22.2%	0.0%
Health Perception						
All Not Good Health	1669	6.5%	24.3%	51.4% ^H	15.9%	1.9% ^L
All Good Health	4877	4.4%	28.6%	44.5%	19.0%	3.5%
Health Perception by Age						
Not Good Health 49 and under	466	10.0% ^H	35.4% ^H	43.1%	10.5% ^L	1.0% ^L
Not Good Health 49-64	679	9.0% ^H	25.0%	43.5%	19.2%	3.3%
Not Good Health 65 and over	703	1.2% ^L	13.9% ^L	65.7% ^H	17.6%	1.5%
Good Health 49 and under	2522	6.2%	31.5% ^H	43.5%	15.9%	2.9%
Good Health 49-64	1854	2.6% ^L	28.7%	43.9%	21.3% ^H	3.3%
Good Health 65 and over	942	1.3% ^L	18.6% ^L	49.2%	25.2% ^H	5.8% ^H
Mental Wellbeing Category						
Above Average	917	2.7% ^L	23.0% ^L	45.5%	23.3% ^H	5.5% ^H
Average	4642	4.6%	28.5%	45.8%	18.0%	3.1%
Below Average	756	9.8% ^H	28.2%	46.7%	14.3% ^L	1.1% ^L
Ethnic Group						
White British	5956	5.0%	28.5%	45.2%	18.2%	3.1%
Asian Pakistani	113	0.9%	17.7% ^L	68.1% ^H	12.4%	0.9%
White Other	112	3.6%	18.8%	45.5%	27.7% ^H	4.5%
White Irish	69	10.1%	18.8%	58.0%	11.6%	1.4%
Not White	393	3.1%	16.0% ^L	61.1% ^H	16.8%	3.1%
Not White British	575	4.0%	16.9% ^L	57.7% ^H	18.3%	3.1%
Religion						
None	1976	7.1% ^H	32.3% ^H	39.8% ^L	17.5%	3.3%

	Sample size	Four risks	Three risks	Two risks	One risk	None of the risks
Christian	4092	3.9%	25.9%	48.5%	18.6%	3.0%
Muslim	183	1.6%	18.0% ^L	66.7% ^H	11.5% ^L	2.2%
Any other religion	152	5.3%	13.8% ^L	49.3%	26.3% ^H	5.3%
Prefer not to say	114	6.1%	31.6%	42.1%	17.5%	2.6%
Sexual Orientation						
Heterosexual	6116	4.8%	27.9%	45.8%	18.3%	3.1%
Not heterosexual	166	8.4%	29.5%	48.8%	12.0%	1.2%
Prefer not to say	156	5.1%	19.2% ^L	50.6%	19.9%	5.1%
Carer status						
Not a carer	4742	5.2%	28.4%	46.2%	17.0 %	3.1%
1-19 hrs care providers	1309	3.7%	27.0%	44.5%	21.1%	3.7%
20-49 hrs care providers	167	7.2%	24.6%	46.7%	19.8%	1.8%
50+ hrs care providers	231	4.8%	19.5% ^L	51.1%	22.9%	1.7%
Children in home						
No	4538	4.9%	26.2%	46.4%	19.0%	3.5%
Yes- all the time	1823	4.3%	30.8% ^H	46.4%	16.0%	2.5%
Yes- some of the time	127	14.2% ^H	30.7%	34.6% ^L	19.7%	0.8%
Participation in any organisation						
Participates in any kind of organisation	3173	3.0% ^L	26.8%	46.8%	19.8%	3.7%
Does not participate in any organisation	3379	6.7% ^H	28.2%	45.8%	16.7%	2.6%
Participation in organisation						
Education, arts or music group	813	2.2% ^L	26.3%	46.2%	21.3%	3.9%
Environmental group	101	0.0%	23.8%	42.6%	21.8%	11.9% ^H
Group for elderly people	206	0.5% ^L	16.5% ^L	54.9%	22.8%	5.3%
Parents'/School Association	241	2.1%	26.6%	45.2%	23.2%	2.9%
Political parties	80	0.0%	28.8%	38.8%	23.8%	8.8% ^H
Religious group or church organisation	666	0.3% ^L	17.1% ^L	52.3% ^H	25.2% ^H	5.1% ^H
Social club/working men's club	345	6.4%	32.5%	38.8% ^L	19.1%	3.2%
Sports club	1243	3.4%	28.8%	43.5%	19.7%	4.6%
Tenants'/residents' group or Neighbourhood Watch	154	2.6%	20.8%	48.1%	24.7%	3.9%
Trade Unions (including student unions)	125	2.4%	24.8%	42.4%	28.0% ^H	2.4%
Women's group	168	0.6% ^L	19.6% ^L	56.0% ^H	19.6%	4.2%

	Sample size	Four risks	Three risks	Two risks	One risk	None of the risks
Women's Institute/Townsmen's Guild	43	2.3%	14.0%	60.5%	14.0%	9.3%
Youth group	138	3.6%	26.8%	42.0%	25.4%	2.2%
Other	551	2.7%	23.2%	49.5%	20.3%	4.2%
Wards						
Bramhall North	328	3.4%	25.3%	47.6%	18.3%	5.5%
Bramhall South	326	2.1%	30.4%	41.7%	20.9%	4.9%
Bredbury & Woodley	300	3.7%	28.3%	46.3%	17.7%	4.0%
Bredbury Green & Romiley	313	4.2%	27.8%	47.9%	17.9%	2.2%
Brinnington & Central	245	9.4% ^H	35.9% ^H	38.0% ^L	14.7%	2.0%
Cheadle & Gatley	359	3.3%	29.0%	44.0%	19.2%	4.5%
Cheadle Hulme North	321	3.7%	28.7%	48.6%	17.4%	1.6%
Cheadle Hulme South	321	5.0%	24.9%	49.2%	18.4%	2.5%
Davenport & Cale Green	313	6.7%	26.5%	45.7%	17.6%	3.5%
Edgeley & Cheadle Heath	327	5.5%	27.5%	45.9%	19.6%	1.5%
Hazel Grove	345	4.1%	29.3%	48.4%	16.8%	1.4%
Heald Green	277	6.1%	21.3%	49.5%	20.6%	2.5%
Heatons North	320	5.6%	25.0%	44.7%	21.3%	3.4%
Heatons South	356	5.3%	23.3%	48.0%	19.9%	3.4%
Manor	328	5.8%	29.0%	45.4%	17.4%	2.4%
Marple North	327	4.3%	26.0%	44.0%	19.6%	6.1%
Marple South	320	3.4%	28.4%	47.5%	18.4%	2.2%
Offerton	278	5.8%	28.8%	42.4%	19.4%	3.6%
Reddish North	249	6.8%	35.3% ^H	43.4%	13.3%	1.2%
Reddish South	274	4.4%	23.7%	52.6%	16.8%	2.6%
Stepping Hill	301	6.0%	26.9%	48.5%	15.3%	3.3%
2007 National IMD						
1- Most deprived	702	9.4% ^H	31.3%	40.4% ^L	17.4%	1.4% ^L
2	974	6.5%	29.1%	44.7%	17.3%	2.4%
3	1205	4.8%	27.2%	49.3%	15.9%	2.8%
4	1448	4.8%	27.3%	44.0%	20.4%	3.4%
5- Least deprived	2018	2.8% ^L	26.1%	48.3%	18.9%	4.0%
Neighbourhood Management Area						
Adswold & Bridgehall	85	10.6% ^H	28.2%	42.4%	15.3%	3.5%
Brinnington	99	10.1% ^H	45.5% ^H	32.3% ^L	11.1%	1.0%
Central	116	9.5%	28.4%	44.0%	17.2%	0.9%

	Sample size	Four risks	Three risks	Two risks	One risk	None of the risks
Offerton	61	11.5% ^H	29.5%	31.1% ^L	26.2%	1.6%
PBC area						
Bramhall & Cheadle	1831	3.7%	26.9%	46.3%	19.3%	3.8%
Heatons & Tame Valley	1412	6.3%	28.0%	45.5%	17.6%	2.5%
Marple & Werneth	1260	3.9%	27.6%	46.4%	18.4%	3.7%
Stepping Hill & Victoria	2025	5.6%	27.8%	46.6%	17.5%	2.5%

Mental Wellbeing

	Sample size	Above Average	Average	Below Average
All responses	6404	14.6%	73.3%	12.2%
Gender				
Female	3204	14.2%	73.8%	12.0%
Male	3176	14.9%	72.8%	12.3%
Age band				
18-24	544	15.1%	69.7%	15.3%
25-29	458	10.7%	73.8%	15.5%
30-34	623	14.8%	73.0%	12.2%
35-39	415	12.3%	74.9%	12.8%
40-44	495	10.3% ^L	75.4%	14.3%
45-49	615	11.9%	75.1%	13.0%
50-54	601	10.5% ^L	76.9%	12.6%
55-59	676	16.0%	70.9%	13.2%
60-64	680	18.2% ^H	74.4%	7.4% ^L
65-69	439	21.2% ^H	70.8%	8.0% ^L
70-74	301	20.3% ^H	71.8%	8.0%
75-79	260	14.6%	77.7%	7.7%
80-84	153	19.0%	69.3%	11.8%
85-89	101	11.9%	66.3%	21.8% ^H
90+	33	12.1%	60.6%	27.3% ^H
Health Perception				
All Not Good Health	1591	7.5% ^L	65.4% ^L	27.1% ^T
All Good Health	4806	16.9% ^T	75.9% ^T	7.2% ^L
Health Perception by Age				
Not Good Health 49 and under	519	5.2% ^L	56.5% ^L	38.3% ^T
Not Good Health 49-64	536	7.3% ^L	68.1% ^L	24.6% ^T

	Sample size	Above Average	Average	Below Average
Not Good Health 65 and over	532	10.0% ^L	71.6%	18.4% ^T
Good Health 49 and under	2629	14.1%	77.0% ^T	8.9% ^L
Good Health 49-64	1420	18.0% ^T	76.1%	5.8% ^L
Good Health 65 and over	751	24.5% ^T	71.8%	3.7% ^L
Ethnic Group				
White British	5830	14.1%	74.2%	11.8%
Asian Pakistani	111	22.5% ^T	65.8%	11.7%
White Other	111	18.0%	65.8%	16.2%
White Irish	61	26.2% ^T	62.3%	11.5%
Not White	383	18.3%	65.0% ^L	16.7% ^T
Not White British	556	19.1% ^T	64.9% ^L	16.0% ^T
Religion				
None	1960	13.3%	73.0%	13.7%
Christian	3980	14.9%	74.2%	10.8%
Muslim	178	18.5%	68.0%	13.5%
Any other religion	145	18.6%	62.8% ^L	18.6% ^T
Prefer not to say	112	10.7%	71.4%	17.9%
Sexual Orientation				
Heterosexual	6001	14.7%	73.6%	11.7%
Not heterosexual	161	13.0%	67.7%	19.3% ^H
Prefer not to say	146	11.0%	67.8%	21.2% ^H
Carer status				
Not a carer	4630	14.7%	73.1%	12.3%
1-19 hrs care providers	1297	14.6%	74.8%	10.6%
20-49 hrs care providers	163	12.3%	74.8%	12.9%
50+ hrs care providers	226	13.7%	68.6%	17.7% ^H
Children in home				
No	4414	15.4%	72.6%	12.0%
Yes- all the time	1806	13.1%	75.0%	11.8%
Yes- some of the time	127	7.1% ^L	68.5%	24.4% ^H
Participation in any organisation				
Participates in any kind of organisation	3114	16.0%	75.3%	8.8% ^L
Does not participate in any organisation	3290	13.3%	71.4%	15.4% ^T
Participation in organisation				
Education, arts or music group	802	16.8%	74.7%	8.5% ^L
Environmental group	99	12.1%	81.8%	6.1%
Group for elderly people	195	15.4%	74.9%	9.7%

	Sample size	Above Average	Average	Below Average
Parents'/School Association	243	18.9%	72.8%	8.2%
Political parties	80	18.8%	80.8%	1.3% ^L
Religious group or church organisation	656	16.2%	76.5%	7.3% ^L
Social club/working men's club	341	19.4% ^H	71.3%	9.4%
Sports club	1227	17.8% ^H	75.8%	6.4% ^L
Tenants'/residents' group or Neighbourhood Watch	148	18.9%	72.3%	8.8%
Trade Unions (including student unions)	120	17.5%	71.7%	10.8%
Women's group	165	12.1%	81.8% ^H	6.1% ^L
Women's Institute/Townsmen's Guild	41	22.0%	73.2%	4.9%
Youth group	138	15.2%	80.4%	4.3% ^L
Other	535	15.9%	74.2%	9.9%
Wards				
Bramhall North	330	17.6%	73.3%	9.1%
Bramhall South	325	15.7%	77.2%	7.1% ^L
Bredbury & Woodley	288	12.8%	75.3%	11.8%
Bredbury Green & Romiley	311	14.1%	74.3%	11.6%
Brinnington & Central	234	14.5%	67.5%	17.9% ^H
Cheadle & Gatley	349	16.9%	71.3%	11.7%
Cheadle Hulme North	318	13.2%	73.0%	13.8%
Cheadle Hulme South	309	17.2%	72.2%	10.7%
Davenport & Cale Green	308	12.3%	72.4%	15.3%
Edgeley & Cheadle Heath	318	11.9%	73.0%	15.1%
Hazel Grove	341	12.9%	77.1%	10.0%
Heald Green	264	16.3%	73.5%	10.2%
Heatons North	315	14.6%	74.0%	11.4%
Heatons South	347	16.7%	69.5%	13.8%
Manor	325	15.1%	71.1%	13.8%
Marple North	321	14.6%	76.3%	9.0%
Marple South	307	15.3%	75.9%	8.8%
Offerton	271	13.7%	67.9%	18.5% ^H
Reddish North	242	10.7%	75.2%	14.0%
Reddish South	259	12.7%	75.7%	11.6%
Stepping Hill	297	15.5%	72.4%	12.1%
2007 National IMD				
1- Most deprived	611	11.8% ^L	67.3%	20.9% ^H
2	978	12.3%	73.4%	14.3%
3	1274	13.9%	72.2%	13.9%

	Sample size	Above Average	Average	Below Average
4	1426	16.1%	73.7%	10.2%
5- Least deprived	2090	15.8%	75.4%	8.8% ^L
Neighbourhood Management Area				
Adswold & Bridgehall	86	9.3%	70.9%	19.8%
Brinnington	96	10.4%	68.8%	20.8% ^H
Central	110	16.4%	59.1% ^L	24.5% ^H
Offerton	58	15.5%	64.0% ^L	29.3% ^H
PBC area				
Bramhall & Cheadle	1796	16.3%	73.9%	9.9% ^L
Heatons & Tame Valley	1367	14.0%	72.4%	13.5%
Marple & Werneth	1227	14.3%	75.5%	10.3%
Stepping Hill & Victoria	1989	13.6%	72.0%	14.4%

Smoking

	Sample size	Current smokers	Ex smokers	Non smokers
All responses	6638	14.9%	17.8%	67.3%
Gender				
Female	3330	12.1% ^L	15.4% ^L	72.5% ^H
Male	3276	17.7% ^H	20.2% ^H	62.1% ^L
Age band				
18-24	554	22.9% ^H	3.4% ^L	73.6% ^H
25-29	462	19.7% ^H	9.5% ^L	70.8%
30-34	625	20.0% ^H	12.2% ^L	67.8%
35-39	428	17.8%	16.1%	66.1%
40-44	502	17.3%	13.9%	68.7%
45-49	628	15.0%	16.6%	68.5%
50-54	614	12.4%	17.1%	70.5%
55-59	688	15.4%	18.6%	66.0%
60-64	700	13.7%	23.3% ^H	63.0%
65-69	457	12.0%	29.3% ^H	58.6% ^L
70-74	335	7.8% ^L	26.9% ^H	65.4%
75-79	289	4.5% ^L	29.8% ^H	65.7%
80-84	177	5.1% ^L	27.7% ^H	67.2%
85-89	118	3.4% ^L	25.4%	71.2%
90+	46	0.0%	23.9%	76.1%

	Sample size	Current smokers	Ex smokers	Non smokers
Health Perception				
All Not Good Health	1706	21.5% ^H	22.7% ^H	55.8% ^L
All Good Health	4924	12.7% ^L	16.0%	71.3% ^H
Health Perception by Age				
Not Good Health 49 and under	533	35.3% ^H	12.4% ^L	52.3% ^L
Not Good Health 49-64	553	22.8% ^H	22.6% ^H	54.6% ^L
Not Good Health 65 and over	613	8.0% ^L	32.1% ^H	59.9% ^L
Good Health 49 and under	2664	15.4%	11.8% ^L	72.7% ^H
Good Health 49-64	1448	10.5% ^L	18.7%	70.8%
Good Health 65 and over	804	7.2% ^L	25.1% ^H	67.7%
Mental Wellbeing Category				
Above Average	924	11.1% ^L	17.3%	71.5% ^H
Average	4680	13.8%	18.2%	68.1%
Below Average	772	24.7% ^H	16.7%	58.5% ^L
Ethnic Group				
White British	6028	14.7%	18.4%	66.8%
Asian Pakistani	115	18.3%	5.2% ^L	76.5%
White Other	114	14.0%	23.7%	62.3%
White Irish	72	19.4%	18.1%	62.5%
Not White	401	16.2%	7.0% ^L	76.8% ^H
Not White British	588	16.2%	11.6% ^L	72.3% ^H
Religion				
None	1992	19.2% ^H	16.2%	64.6%
Christian	4152	12.7% ^L	19.1%	68.2%
Muslim	188	19.1%	6.4% ^L	74.5%
Any other religion	154	7.8% ^L	12.3%	79.9% ^H
Prefer not to say	115	18.3%	24.3%	57.4% ^L
Sexual Orientation				
Heterosexual	6185	14.8%	17.9%	67.3%
Not heterosexual	170	20.6%	14.7%	64.7%
Prefer not to say	159	13.2%	16.4%	70.4%
Carer status				
Not a carer	4798	14.9%	17.7%	67.4%
1-19 hrs care providers	1322	12.7%	17.9%	69.4%
20-49 hrs care providers	170	23.5% ^H	14.7%	61.8%
50+ hrs care providers	237	21.9% ^H	17.7%	60.3%
Children in home				
No	4607	14.9%	19.0%	66.1%

	Sample size	Current smokers	Ex smokers	Non smokers
Yes- all the time	1834	14.3%	14.7% ^L	71.0% ^H
Yes- some of the time	129	23.3% ^H	13.2%	63.6%
Participation in any organisation				
Participates in any kind of organisation	3426	20.0% ^H	19.0%	61.0% ^L
Does not participate in any organisation	3212	9.5% ^L	16.5%	74.1% ^H
Participation in organisation				
Education, arts or music group	818	8.3% ^L	13.3% ^L	78.4% ^H
Environmental group	103	7.8%	14.6%	77.7% ^H
Group for elderly people	214	5.1% ^L	25.7% ^H	69.2%
Parents'/School Association	243	9.9%	13.2%	77.0% ^H
Political parties	81	11.1%	18.5%	70.4%
Religious group or church organisation	678	4.4% ^L	13.1% ^L	82.4% ^H
Social club/working men's club	350	15.7%	22.6%	61.7%
Sports club	1253	8.1% ^L	15.2%	76.6% ^H
Tenants'/residents' group or Neighbourhood Watch	155	12.3%	18.7%	69.0%
Trade Unions (including student unions)	126	12.7%	15.1%	72.2%
Women's group	171	7.6% ^L	18.1%	74.3%
Women's Institute/Townsmen's Guild	43	2.3%	14.0%	83.7% ^H
Youth group	138	13.8%	7.2% ^L	79.0% ^H
Other	560	11.4%	20.5%	68.0%
Wards				
Bramhall North	333	6.6% ^L	16.5%	76.9% ^H
Bramhall South	329	8.5% ^L	16.1%	75.4% ^H
Bredbury & Woodley	303	15.5%	18.2%	66.3%
Bredbury Green & Romiley	319	15.7%	21.6%	62.7%
Brinnington & Central	251	30.7% ^H	20.7%	48.6% ^L
Cheadle & Gatley	362	10.8%	16.3%	72.9%
Cheadle Hulme North	327	13.1%	20.2%	66.7%
Cheadle Hulme South	323	12.1%	16.7%	71.2%
Davenport & Cale Green	317	22.4% ^H	17.4%	60.3% ^L
Edgeley & Cheadle Heath	330	20.9% ^H	16.4%	62.7%
Hazel Grove	347	12.1%	20.7%	67.1%
Heald Green	284	15.1%	15.1%	69.7%
Heatons North	323	11.5%	16.7%	71.8%
Heatons South	358	14.0%	17.0%	69.0%

	Sample size	Current smokers	Ex smokers	Non smokers
Manor	336	18.2%	18.2%	63.7%
Marple North	331	10.0% ^L	15.1%	74.9% ^H
Marple South	326	12.9%	19.6%	67.5%
Offerton	282	16.7%	18.1%	65.2%
Reddish North	253	24.5% ^H	18.2%	57.3% ^L
Reddish South	276	15.2%	17.4%	67.4%
Stepping Hill	303	14.2%	17.5%	68.3%
2007 National IMD				
1- Most deprived	651	30.9% ^H	17.8%	51.3% ^L
2	1017	21.3% ^H	18.4%	60.3% ^L
3	1325	16.3%	18.0%	65.7%
4	1473	12.2% ^L	18.7%	69.1%
5- Least deprived	2147	8.1% ^L	16.7%	75.2% ^H
Neighbourhood Management Area				
Adswold & Bridgehall	87	33.3% ^H	12.6%	54.0% ^L
Brinnington	101	38.6% ^H	13.9%	47.5% ^L
Central	121	28.9% ^H	19.8%	51.2% ^L
Offerton	63	33.3% ^H	15.9%	50.8% ^L
PBC area				
Bramhall & Cheadle	1856	10.4% ^L	16.4%	73.2% ^H
Heatons & Tame Valley	1429	18.5% ^H	17.8%	63.7% ^L
Marple & Werneth	1279	13.4%	18.6%	67.9%
Stepping Hill & Victoria	2049	17.5% ^H	18.4%	64.1% ^L

Alcohol- Binge Drinking

	Sample size	Binged	Over daily guide-line	Drank within daily guide-line	Didn't drink last week	Non drinker
All responses	6637	18.9%	23.2%	29.8%	6.6%	21.4%
Gender						
Female	3324	13.9% ^L	24.7%	28.2%	7.9%	25.3% ^H
Male	3284	23.9% ^H	21.7%	31.5%	5.7%	17.3% ^L
Age band						
18-24	554	27.6% ^H	19.0%	22.0% ^L	10.6% ^H	20.8%
25-29	462	25.1% ^H	25.5%	21.9% ^L	9.1%	18.4%
30-34	628	22.8%	21.2%	26.0%	9.9% ^H	20.2%

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
35-39	427	21.3%	25.1%	25.8%	9.8%	18.0%
40-44	502	28.3% ^H	22.1%	24.9%	6.6%	18.1%
45-49	628	26.3% ^H	28.3% ^H	23.9% ^L	5.4%	16.1% ^L
50-54	614	21.8%	28.7% ^H	27.5%	5.4%	16.6% ^L
55-59	691	18.7%	25.8%	31.5%	5.8%	18.2%
60-64	703	14.7% ^L	29.0% ^H	35.3% ^H	5.4%	15.6% ^L
65-69	459	9.4% ^L	22.9%	38.3% ^H	5.9%	23.5%
70-74	335	5.4% ^L	18.2%	43.6% ^H	3.0%	29.9% ^H
75-79	284	2.1% ^L	14.8%	42.6% ^H	4.6%	35.9% ^H
80-84	177	3.4% ^L	5.6%	39.5% ^H	3.4%	48.0% ^H
85-89	115	0.9% ^L	5.2%	40.0% ^H	8.7%	45.2% ^H
90+	46	2.2% ^L	4.3%	17.4%	2.2%	73.9% ^H
Health Perception						
All Not Good Health	1706	12.6% ^L	16.1% ^L	29.8%	7.1%	34.4% ^H
All Good Health	4924	21.1% ^H	25.6% ^H	29.8%	6.7%	16.9% ^L
Health Perception by Age						
Not Good Health 49 and under	533	22.0%	15.2% ^L	22.9% ^L	8.4%	31.5% ^H
Not Good Health 49-64	558	13.4% ^L	23.8%	29.9%	5.9%	26.9% ^H
Not Good Health 65 and over	610	3.6% ^L	9.8% ^L	35.7% ^H	7.0%	43.8% ^H
Good Health 49 and under	2666	26.0% ^H	25.1%	24.3% ^L	8.5% ^H	16.1% ^L
Good Health 49-64	1449	20.1%	29.3% ^H	32.2%	5.4%	13.0% ^L
Good Health 65 and over	802	6.6% ^L	20.6%	43.4% ^H	2.9% ^L	26.6% ^H
Mental Wellbeing Category						
Above Average	929	16.7%	26.3%	30.2%	5.1%	21.7%
Average	4680	19.8%	24.2%	30.0%	7.0%	19.1% ^L
Below Average	774	20.0%	16.9% ^L	26.7%	8.1%	28.2% ^H
Ethnic Group						
White British	6030	19.9%	24.4%	30.4%	6.9%	18.4% ^L
Asian Pakistani	115	0.0%	1.7% ^L	0.9% ^L	0.9% ^L	96.5% ^H
White Other	114	10.5% ^L	14.0% ^L	36.0%	8.8%	30.7% ^H
White Irish	71	25.4%	22.5%	29.6%	5.6%	16.9%
Not White	399	5.0% ^L	7.3% ^L	18.5% ^L	4.8%	64.4% ^H
Not White British	585	8.5% ^L	10.4% ^L	23.4% ^L	5.6%	52.0% ^H
Religion						

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
None	1996	26.1% ^H	25.0%	26.6% ^L	8.0%	14.3% ^L
Christian	4151	16.5% ^L	23.4%	32.4% ^H	6.4%	21.4%
Muslim	188	0.5% ^L	2.7% ^L	6.4% ^L	1.1% ^L	89.4% ^H
Any other religion	153	11.8% ^L	15.7%	28.8%	8.5%	35.3% ^H
Prefer not to say	114	15.8%	28.9%	31.6%	7.9%	15.8%
Sexual Orientation						
Heterosexual	6188	19.3%	23.6%	30.0%	7.0%	20.2%
Not heterosexual	168	22.6%	22.0%	29.2%	1.8% ^L	24.4%
Prefer not to say	158	9.5% ^L	15.8%	27.8%	4.4%	42.4% ^H
Carer status						
Not a carer	4793	20.4%	23.4%	28.7%	7.1%	20.5%
1-19 hrs care providers	1322	16.6%	25.1%	32.1%	6.0%	20.2%
20-49 hrs care providers	169	14.8%	19.5%	35.5%	5.9%	24.3%
50+ hrs care providers	240	8.8% ^L	15.8% ^L	34.2%	5.0%	36.3% ^H
Children in home						
No	4601	17.3%	22.8%	31.3%	6.7%	22.0%
Yes- all the time	1837	22.4% ^H	24.4%	26.0% ^L	7.2%	19.9%
Yes- some of the time	130	30.8% ^H	20.0%	29.2%	7.7%	12.3% ^L
Participation in any organisation						
Participates in any kind of organisation	3209	18.4%	25.6%	32.0%	6.3%	17.7%
Does not participate in any organisation	3428	19.3%	20.9%	27.7%	7.3%	24.8%
Participation in organisation						
Education, arts or music group	818	15.8%	28.5% ^H	31.3%	7.5%	17.0% ^L
Environmental group	103	12.6%	28.2%	35.9%	5.8%	17.5%
Group for elderly people	213	4.7% ^L	20.2%	39.4% ^H	4.2%	31.5% ^H
Parents'/School Association	245	19.2%	26.9%	27.8%	7.3%	18.8%
Political parties	82	18.3%	15.9%	41.5% ^H	3.7%	20.7%
Religious group or church organisation	675	6.4% ^L	20.1%	38.8% ^H	7.7%	27.0% ^H
Social club/working men's club	351	23.6%	28.5%	30.5%	5.1%	12.3% ^L
Sports club	1251	26.3% ^H	27.7% ^H	29.8%	6.1%	10.1% ^L
Tenants'/residents' group or Neighbourhood Watch	154	10.4% ^L	25.3%	32.5%	7.8%	24.0%

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Trade Unions (including student unions)	126	26.2%	20.6%	34.1%	7.9%	11.1% ^L
Women's group	172	5.8% ^L	22.7%	36.0%	5.2%	30.2% ^H
Women's Institute/Townsmen's Guild	44	0.0%	29.5%	40.9%	6.8%	22.7%
Youth group	139	17.3%	24.5%	32.4%	5.0%	20.9%
Other	557	14.0% ^L	25.3%	34.6%	5.7%	20.3%
Wards						
Bramhall North	335	15.8%	29.3% ^H	33.1%	5.7%	16.1%
Bramhall South	329	14.9%	29.2% ^H	36.8% ^H	6.1%	13.1% ^L
Bredbury & Woodley	302	20.9%	20.5%	27.2%	4.3%	27.2% ^H
Bredbury Green & Romiley	320	20.0%	20.3%	31.9%	4.7%	23.1%
Brinnington & Central	254	18.1%	19.7%	24.4%	6.3%	31.5% ^H
Cheadle & Gatley	363	18.5%	23.4%	29.2%	6.1%	22.9%
Cheadle Hulme North	326	22.1%	20.6%	28.8%	7.4%	21.2%
Cheadle Hulme South	324	20.4%	23.5%	30.9%	7.7%	17.6%
Davenport & Cale Green	315	15.6%	24.1%	24.1%	8.6%	27.6% ^H
Edgeley & Cheadle Heath	329	19.1%	21.0%	25.5%	8.8%	25.5%
Hazel Grove	347	19.0%	23.9%	30.3%	6.3%	20.5%
Heald Green	281	15.3%	17.8%	30.2%	3.9%	32.7% ^H
Heatons North	321	22.1%	23.4%	28.3%	8.4%	17.8%
Heatons South	359	18.7%	22.3%	26.2%	7.8%	25.1%
Manor	335	19.7%	23.6%	28.1%	6.3%	22.4%
Marple North	329	17.6%	29.2% ^H	35.0%	7.9%	10.3% ^L
Marple South	323	19.8%	23.8%	34.1%	5.9%	16.4%
Offerton	284	17.6%	25.7%	29.9%	6.7%	20.1%
Reddish North	257	23.0%	20.6%	23.3%	4.7%	28.4% ^T
Reddish South	277	19.9%	16.2% ^L	33.6%	11.2% ^T	19.1%
Stepping Hill	302	19.2%	25.8%	32.8%	6.3%	15.9%
2007 National IMD						
1- Most deprived	652	16.6%	19.0%	25.9%	7.8%	30.7% ^H
2	1021	19.0%	22.4%	25.8% ^L	7.3%	25.5% ^H
3	1319	19.3%	22.0%	27.7%	6.9%	24.1%
4	1473	21.0%	21.7%	29.9%	6.9%	20.6%
5- Least deprived	2147	17.9%	26.6% ^H	34.0% ^H	5.9%	15.6% ^L

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Neighbourhood Management Area						
Adswood & Bridgehall	86	12.8%	20.9%	24.4%	9.3%	32.6% ^H
Brinnington	103	17.5%	19.4%	23.3%	6.8%	33.0% ^H
Central	121	19.0%	16.5%	24.8%	11.6%	28.1%
Offerton	63	15.9%	23.8%	30.2%	6.3%	23.8%
PBC area						
Bramhall & Cheadle	1857	17.6%	24.4%	32.0%	6.0%	20.0%
Heatons & Tame Valley	1436	20.4%	20.8%	27.3%	7.9%	23.7%
Marple & Werneth	1274	19.5%	23.5%	32.1%	5.7%	19.1%
Stepping Hill & Victoria	2045	18.6%	23.5%	28.0%	7.2%	22.6%

Alcohol- High and Increasing Risk Drinking

	Sample size	High risk	Increasing risk	Drank within weekly guideline	Didn't drink last week	Non drinker
All responses	6635	2.9%	16.9%	52.0%	6.8%	21.4%
Gender						
Female	3324	1.8% ^L	14.7% ^L	50.3%	7.9%	25.3% ^H
Male	3284	4.0% ^H	19.1% ^H	53.9%	5.7%	17.3% ^L
Age band						
18-24	554	3.1%	14.4%	51.1%	10.6% ^H	20.8%
25-29	462	1.7%	14.5%	56.3%	9.1%	18.4%
30-34	628	2.4%	12.3% ^L	55.3%	9.9% ^H	20.2%
35-39	427	2.3%	17.6%	52.2%	9.8%	18.0%
40-44	502	3.6%	20.7%	51.0%	6.6%	18.1%
45-49	628	5.4% ^H	23.4% ^H	49.7%	5.4%	16.1% ^L
50-54	614	3.3%	23.6% ^H	51.1%	5.4%	16.6% ^L
55-59	691	3.5%	21.1% ^H	51.4%	5.8%	18.2%
60-64	703	4.0%	20.8% ^H	54.2%	5.4%	15.6%
65-69	460	2.4%	12.6% ^L	55.7%	5.9%	23.5%
70-74	335	1.2%	10.7% ^L	55.2%	3.0%	29.9% ^H
75-79	284	0.7%	7.4% ^L	51.4%	4.6%	35.9% ^H
80-84	177	1.1%	5.6% ^L	41.8% ^L	3.4%	48.0% ^H
85-89	115	0.0%	4.3% ^L	41.7%	8.7%	45.2% ^H

	Sample size	High risk	Increasing risk	Drank within weekly guideline	Didn't drink last week	Non drinker
90+	45	0.0%	2.2% ^L	20.0% ^L	2.2%	75.6% ^H
Health Perception						
All Not Good Health	1705	3.8%	11.0% ^L	43.6% ^L	7.1%	34.4% ^H
All Good Health	4923	2.6%	18.9% ^H	54.9% ^H	6.7%	16.9% ^L
Health Perception by Age						
Not Good Health 49 and under	533	7.1% ^H	12.2% ^L	40.7% ^L	8.4%	31.5% ^H
Not Good Health 49-64	558	4.1%	15.4%	47.7%	5.9%	26.9% ^H
Not Good Health 65 and over	610	0.5% ^L	6.1% ^L	42.6% ^L	7.0%	43.8% ^H
Good Health 49 and under	2666	2.4%	18.2%	54.9%	8.5% ^H	16.1% ^L
Good Health 49-64	1449	3.4%	24.2% ^H	54.0%	5.4%	13.0% ^L
Good Health 65 and over	802	2.0%	11.7% ^L	56.9% ^H	2.9% ^L	26.6% ^H
Mental Wellbeing Category						
Above Average	929	1.9%	18.5%	52.7%	5.1%	21.7%
Average	4678	2.7%	17.8%	53.4%	7.0%	19.1% ^L
Below Average	774	6.2% ^H	12.7% ^L	44.8% ^L	8.1%	28.2% ^H
Ethnic Group						
White British	6030	3.0%	17.8%	53.9%	6.9%	18.4% ^L
Asian Pakistani	115	0.0%	0.0%	2.6% ^L	0.9% ^L	96.5% ^H
White Other	114	3.5%	9.6%	47.4%	8.8%	30.7% ^H
White Irish	71	5.6%	22.5%	49.3%	5.6%	16.9%
Not White	399	0.8% ^L	3.8% ^L	26.3% ^L	4.8%	64.4% ^H
Not White British	585	1.9%	7.2% ^L	33.3% ^L	5.6%	52.0% ^H
Religion						
None	1996	3.9%	20.5% ^H	53.3%	8.0%	14.3% ^L
Christian	4151	2.6%	16.2%	53.5%	6.4%	21.4%
Muslim	188	0.0%	1.1% ^L	8.5% ^L	1.1% ^L	89.4% ^H
Any other religion	153	2.0%	9.2% ^L	45.1%	8.5%	35.3% ^H
Prefer not to say	114	4.4%	11.4%	60.5%	7.9%	15.8%
Sexual Orientation						
Heterosexual	6188	3.0%	17.3%	52.6%	7.0%	20.2%
Not heterosexual	168	5.4%	16.7%	51.8%	1.8% ^L	24.4%
Prefer not to say	158	1.3%	8.9% ^L	43.0%	4.4%	42.4% ^H
Carer status						
Not a carer	4791	2.9%	17.2%	52.3%	7.1%	20.5%
1-19 hrs care providers	1322	3.0%	18.3%	52.5%	6.0%	20.2%

	Sample size	High risk	Increasing risk	Drank within weekly guideline	Didn't drink last week	Non drinker
20-49 hrs care providers	169	3.6%	12.4%	53.8%	5.9%	24.3%
50+ hrs care providers	240	2.9%	9.6% ^L	46.3%	5.0%	36.3% ^H
Children in home						
No	4599	2.8%	16.3%	52.1%	6.7%	22.0%
Yes- all the time	1837	3.0%	17.7%	52.2%	7.2%	19.9%
Yes- some of the time	130	4.6%	23.8%	51.5%	7.7%	12.3% ^L
Participation in any organisation						
Participates in any kind of organisation	3209	2.5%	17.7%	55.8% ^H	6.3%	17.7% ^L
Does not participate in any organisation	3426	3.4%	16.1%	48.5% ^L	7.3%	24.8% ^H
Participation in organisation						
Education, arts or music group	818	2.6%	16.5%	56.5%	7.5%	17.0%
Environmental group	103	1.9%	17.5%	57.3%	5.8%	17.5%
Group for elderly people	213	0.9%	8.9%	54.5%	4.2%	31.5%
Parents'/School Association	245	2.4%	14.7%	56.7%	7.3%	18.8%
Political parties	82	2.4%	18.3%	54.9%	3.7%	20.7%
Religious group or church organisation	675	0.7%	8.6%	56.0%	7.7%	27.0%
Social club/working men's club	351	4.0%	26.2%	52.4%	5.1%	12.3%
Sports club	1251	2.4%	22.7%	58.8%	6.1%	10.1%
Tenants'/residents' group or Neighbourhood Watch	154	0.6%	18.2%	49.4%	7.8%	24.0%
Trade Unions (including student unions)	126	4.8%	22.2%	54.0%	7.9%	11.1%
Women's group	172	1.2%	12.2%	51.2%	5.2%	30.2%
Women's Institute/Townsmen's Guild	44	0.0%	4.5%	65.9%	6.8%	22.7%
Youth group	139	1.4%	12.9%	59.7%	5.0%	20.9%
Other	557	2.9%	15.6%	55.5%	5.7%	20.3%
Wards						
Bramhall North	335	3.3%	19.7%	55.2%	5.7%	16.1%
Bramhall South	329	1.8%	22.8% ^H	56.2%	6.1%	13.1% ^L
Bredbury & Woodley	302	4.3%	14.9%	49.3%	4.3%	27.2% ^H
Bredbury Green & Romiley	320	3.1%	16.9%	52.2%	4.7%	23.1%
Brinnington & Central	254	5.5%	10.2% ^L	46.5%	6.3%	31.5% ^H

	Sample size	High risk	Increasing risk	Drank within weekly guideline	Didn't drink last week	Non drinker
Cheadle & Gatley	363	1.9%	17.6%	51.5%	6.1%	22.9%
Cheadle Hulme North	326	1.8%	20.2%	49.4%	7.4%	21.2%
Cheadle Hulme South	324	2.5%	21.6%	50.6%	7.7%	17.6%
Davenport & Cale Green	316	1.3%	14.9%	47.8%	8.5%	27.5% ^H
Edgeley & Cheadle Heath	329	1.8%	16.7%	47.1%	8.8%	25.5%
Hazel Grove	345	3.5%	11.6% ^L	58.0%	6.4%	20.6%
Heald Green	281	3.9%	11.7%	47.7%	3.9%	32.7% ^H
Heatons North	321	3.7%	18.4%	51.7%	8.4%	17.8%
Heatons South	359	2.5%	17.0%	47.6%	7.8%	25.1%
Manor	335	2.4%	15.2%	53.7%	6.3%	22.4%
Marple North	329	3.3%	17.6%	60.8% ^H	7.9%	10.3% ^L
Marple South	322	4.0%	18.3%	55.3%	5.9%	16.5%
Offerton	284	3.5%	13.7%	56.0%	6.7%	20.1%
Reddish North	257	2.7%	15.2%	49.0%	4.7%	28.4% ^H
Reddish South	277	2.5%	17.3%	49.8%	11.2% ^H	19.1%
Stepping Hill	302	2.6%	19.9%	55.3%	6.3%	15.9%
2007 National IMD						
1- Most deprived	652	4.0%	11.0% ^L	46.5% ^L	7.8%	30.7% ^H
2	1020	3.0%	14.6%	49.5%	7.4%	25.5% ^H
3	1319	2.6%	16.0%	50.4%	6.9%	24.1%
4	1472	2.9%	17.5%	52.0%	6.9%	20.7%
5- Least deprived	2147	2.7%	19.8% ^H	56.0% ^H	5.9%	15.6% ^L
Neighbourhood Management Area						
Adswood & Bridgehall	86	0.0%	12.8%	45.3%	9.3%	32.6% ^H
Brinnington	103	7.8% ^H	4.9% ^L	47.6%	6.8%	33.0% ^H
Central	121	5.8%	13.2%	41.3% ^L	11.6%	28.1%
Offerton	63	1.6%	7.9%	60.3%	6.3%	23.8%
PBC area						
Bramhall & Cheadle	1857	2.5%	19.3%	52.3%	6.0%	20.0%
Heatons & Tame Valley	1436	3.3%	15.9%	49.2%	7.9%	23.7%
Marple & Werneth	1273	3.7%	17.0%	54.5%	5.7%	19.1%
Stepping Hill & Victoria	2044	2.6%	15.3%	52.3%	7.2%	22.6%

Obesity

	Sample size	Obese	Over-weight	Normal weight	Under-weight
All responses	6431	16.2%	35.3%	46.5%	2.0%
Gender					
Female	3220	16.8%	28.6% ^L	51.9% ^H	2.7%
Male	3182	15.7%	42.1% ^H	41.0% ^L	1.2% ^L
Age band					
18-24	520	8.1% ^L	16.7% ^L	68.5% ^H	6.7% ^H
25-29	452	9.7% ^L	26.3% ^L	60.6% ^H	3.3%
30-34	608	11.0% ^L	27.8% ^L	58.1% ^H	3.1%
35-39	418	14.6%	30.9%	52.6% ^H	1.9%
40-44	494	14.4%	41.1% ^H	42.9%	1.6%
45-49	602	18.8%	38.7%	42.0%	0.5% ^L
50-54	592	18.9%	41.2% ^H	39.0% ^L	0.8%
55-59	679	20.2% ^H	42.6% ^H	36.2% ^L	1.0%
60-64	684	24.0% ^H	38.5%	37.0% ^L	0.6% ^L
65-69	454	20.3%	42.3% ^H	36.1% ^L	1.3%
70-74	322	18.6%	41.9% ^H	38.8% ^L	0.6%
75-79	279	15.1%	39.1%	44.4%	1.4%
80-84	173	13.3%	32.4%	52.0%	2.3%
85-89	106	11.3%	26.4%	59.4% ^H	2.8%
90+	39	7.7%	25.6%	59.0%	7.7% ^H
Health Perception					
All Not Good Health	1623	27.6% ^H	34.4%	35.7% ^L	2.3%
All Good Health	4800	12.4% ^L	35.6%	50.2% ^H	1.9%
Health Perception by Age					
Not Good Health 49 and under	503	27.4% ^H	30.0%	39.2% ^L	3.4%
Not Good Health 49-64	537	33.3% ^H	37.8%	27.9% ^L	0.9%
Not Good Health 65 and over	579	22.6% ^H	35.1%	39.9% ^L	2.4%
Good Health 49 and under	2589	10.0% ^L	30.5% ^L	56.8% ^H	2.7%
Good Health 49-64	1417	16.5%	41.8% ^H	40.9% ^L	0.8% ^L
Good Health 65 and over	789	12.8% ^L	41.1% ^H	45.1%	1.0%
Mental Wellbeing Category					
Above Average	894	14.4%	34.8%	49.3%	1.5%
Average	4547	16.3%	35.8%	46.1%	1.8%
Below Average	748	17.9%	34.0%	44.8%	3.3%
Ethnic Group					
White British	5846	16.5%	35.8%	45.8%	1.9%
Asian Pakistani	112	19.6%	27.7%	48.2%	4.5%

	Sample size	Obese	Over-weight	Normal weight	Under-weight
White Other	113	12.4%	29.2%	55.8%	2.7%
White Irish	71	12.7%	28.2%	56.3%	2.8%
Not White	384	13.5%	31.8%	51.8%	2.9%
Not White British	569	13.2%	30.8%	53.3% ^H	2.8%
Religion					
None	1939	12.3% ^L	34.7%	50.9% ^H	2.2%
Christian	4030	18.1%	36.1%	44.0%	1.8%
Muslim	181	18.2%	33.1%	45.3%	3.3%
Any other religion	143	15.4%	31.5%	51.0%	2.1%
Prefer not to say	109	14.7%	24.8% ^L	57.8% ^H	2.8%
Sexual Orientation					
Heterosexual	6019	16.3%	35.3%	46.5%	1.8%
Not heterosexual	156	10.9%	36.5%	45.5%	7.1% ^H
Prefer not to say	148	16.2%	33.8%	47.3%	2.7%
Carer status					
Not a carer	4629	15.5%	34.0%	48.3%	2.2%
1-19 hrs care providers	1296	16.4%	38.6%	43.8%	1.2%
20-49 hrs care providers	166	19.9%	37.3%	40.4%	2.4%
50+ hrs care providers	233	24.5% ^H	38.2%	34.3% ^L	3.0%
Children in home					
No	4457	16.8%	35.6%	45.6%	2.0%
Yes- all the time	1779	14.1%	34.1%	49.6%	2.2%
Yes- some of the time	128	22.7%	35.9%	40.6%	0.8%
Participation in any organisation					
Participates in any kind of organisation	3125	15.7%	35.0%	47.5%	1.8%
Does not participate in any organisation	3306	16.7%	35.5%	45.6%	2.2%
Participation in organisation					
Education, arts or music group	793	12.9%	32.9%	51.7% ^H	2.5%
Environmental group	99	15.2%	35.4%	47.5%	2.0%
Group for elderly people	202	18.3%	35.6%	45.0%	1.0%
Parents'/School Association	238	16.4%	29.4%	52.1%	2.1%
Political parties	80	12.5%	36.3%	51.3%	0.0%
Religious group or church organisation	656	15.5%	32.9%	49.1%	2.4%
Social club/working men's club	338	25.1% ^H	39.3%	34.3% ^L	1.2%
Sports club	1226	13.1% ^L	34.8%	50.9% ^H	1.2%
Tenants'/residents' group or Neighbourhood Watch	146	13.7%	34.9%	50.7%	0.7%

	Sample size	Obese	Over-weight	Normal weight	Under-weight
Trade Unions (including student unions)	123	14.6%	39.0%	46.3%	0.0%
Women's group	168	14.3%	35.1%	48.2%	2.4%
Women's Institute/Townsmen's Guild	42	14.3%	38.1%	45.2%	2.4%
Youth group	132	16.7%	31.1%	48.5%	3.8%
Other	539	18.7%	36.9%	42.5%	1.9%
Wards					
Bramhall North	327	12.2%	36.4%	49.5%	1.8%
Bramhall South	318	12.6%	39.3%	46.2%	1.9%
Bredbury & Woodley	287	19.2%	37.6%	42.2%	1.0%
Bredbury Green & Romiley	310	13.9%	38.7%	45.5%	1.9%
Brinnington & Central	241	22.0%	34.4%	39.4%	4.1%
Cheadle & Gatley	355	14.6%	35.8%	49.0%	0.6%
Cheadle Hulme North	317	15.5% ^H	37.9%	45.4%	1.3%
Cheadle Hulme South	314	15.3%	36.9%	45.5%	2.2%
Davenport & Cale Green	307	20.2%	30.9%	47.9%	1.0%
Edgeley & Cheadle Heath	316	19.6%	36.7%	40.8%	2.8%
Hazel Grove	333	18.0%	33.6%	45.3%	3.0%
Heald Green	275	16.7%	31.6%	49.1%	2.5%
Heatons North	311	13.5%	33.8%	50.8%	1.9%
Heatons South	350	11.7%	35.4%	50.6%	2.3%
Manor	324	15.1%	37.7%	44.8%	2.5%
Marple North	327	9.5% ^L	34.9%	54.7% ^H	0.9%
Marple South	320	14.4%	35.6%	48.1%	1.9%
Offerton	268	27.2% ^H	30.2%	41.8%	0.7%
Reddish North	249	21.3%	35.7%	39.8%	3.2%
Reddish South	267	19.1%	33.0%	44.6%	3.4%
Stepping Hill	293	14.7%	34.1%	49.8%	1.4%
2007 National IMD					
1- Most deprived	616	23.5% ^H	32.0%	40.9% ^L	3.6% ^H
2	978	19.8% ^H	33.6%	44.2%	2.4%
3	1275	16.9%	35.6%	45.5%	2.0%
4	1440	15.3%	35.3%	47.6%	1.8%
5- Least deprived	2100	12.5% ^L	37.0%	49.0%	1.5%
Neighbourhood Management Area					
Adswold & Bridgehall	83	27.7% ^H	32.5%	37.3%	2.4%
Brinnington	94	22.3%	30.9%	44.7%	2.1%
Central	117	23.1%	28.2%	42.7%	6.0% ^H
Offerton	60	35.0% ^H	16.7% ^L	46.7%	1.7%

	Sample size	Obese	Over-weight	Normal weight	Under-weight
PBC area					
Bramhall & Cheadle	1808	14.0%	36.2%	48.1%	1.7%
Heatons & Tame Valley	1386	16.8%	34.3%	46.1%	2.8%
Marple & Werneth	1244	14.1%	36.7%	47.8%	1.4%
Stepping Hill & Victoria	1971	19.1% ^H	34.4%	44.4%	2.0%

Physical Activity

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
All responses	6614	17.3%	24.6%	31.6%	26.4%
Gender					
Female	3316	16.7%	25.6%	33.3%	24.4%
Male	3265	17.8%	23.7%	30.0%	28.5%
Age band					
18-24	551	10.3% ^L	26.5%	32.3%	30.9%
25-29	461	13.4%	25.6%	34.7%	26.2%
30-34	627	16.6%	23.6%	34.6%	25.2%
35-39	425	15.5%	28.0%	29.6%	26.8%
40-44	501	15.8%	23.2%	35.9%	25.1%
45-49	627	16.7%	25.7%	30.6%	27.0%
50-54	611	17.0%	25.0%	30.8%	27.2%
55-59	686	17.3%	25.7%	28.7%	28.3%
60-64	702	16.8%	22.6%	30.6%	29.9%
65-69	454	16.3%	22.0%	36.6%	25.1%
70-74	330	19.4%	25.5%	28.2%	27.0%
75-79	288	21.5%	28.1%	31.3%	19.1% ^L
80-84	175	32.0% ^H	20.6%	28.6%	18.9% ^L
85-89	116	41.4% ^H	16.4%	26.7%	15.5% ^L
90+	45	60.0% ^H	17.8%	13.3% ^L	8.9% ^L
Health Perception					
All Not Good Health	1695	32.6% ^H	23.7%	24.8% ^L	18.9% ^L
All Good Health	4911	12.1% ^L	24.9%	34.0% ^H	29.0% ^H
Health Perception by Age					
Not Good Health 49 and under	529	31.0% ^H	22.9%	26.1% ^L	20.0% ^L
Not Good Health 49-64	552	29.2% ^H	23.9%	23.0% ^L	23.9%
Not Good Health 65 and over	607	37.2% ^H	24.1%	25.4% ^L	13.3% ^L

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Good Health 49 and under	2661	11.6% ^L	25.8%	34.4%	28.2%
Good Health 49-64	1446	12.4% ^L	24.6%	32.7%	30.2% ^H
Good Health 65 and over	796	13.1% ^L	22.9%	35.2%	28.9%
Mental Wellbeing Category					
Above Average	925	12.1% ^L	20.3% ^L	33.4%	34.2% ^H
Average	4667	15.5%	25.3%	33.0%	26.2%
Below Average	767	30.6% ^H	24.4%	24.3% ^L	20.7% ^L
Ethnic Group					
White British	6007	16.8%	24.3%	32.0%	27.0%
Asian Pakistani	113	29.2% ^H	26.5%	32.7%	11.5% ^L
White Other	114	16.7%	31.6%	26.3%	25.4%
White Irish	72	11.1%	27.8%	36.1%	25.0%
Not White	397	27.7% ^H	27.5%	27.2%	17.6% ^L
Not White British	584	23.5% ^H	28.4%	28.1%	20.0% ^L
Religion					
None	1985	14.9%	22.8%	32.6%	29.7% ^H
Christian	4138	17.8%	25.0%	31.4%	25.8%
Muslim	184	27.7%	30.4%	29.9%	12.0% ^L
Any other religion	155	23.9%	26.5%	25.8%	23.9%
Prefer not to say	115	16.5%	28.7%	31.3%	23.5%
Sexual Orientation					
Heterosexual	6164	16.9%	24.5%	31.8%	26.8%
Not heterosexual	167	20.4%	28.7%	32.3%	18.6% ^L
Prefer not to say	159	23.3%	25.8%	28.3%	22.6%
Carer status					
Not a carer	4780	18.0%	24.7%	31.8%	25.5%
1-19 hrs care providers	1317	13.7% ^L	25.1%	32.7%	28.5%
20-49 hrs care providers	167	23.4%	17.4%	30.5%	28.7%
50+ hrs care providers	239	18.0%	24.7%	25.5%	31.8%
Children in home					
No	4587	17.9%	23.6%	31.7%	26.9%
Yes- all the time	1831	16.4%	26.4%	31.7%	25.5%
Yes- some of the time	128	10.2%	31.3%	32.0%	26.6%
Participation in any organisation					
Participates in any kind of organisation	3204	12.0% ^L	24.8%	35.9% ^H	27.3%
Does not participate in any organisation	3410	22.3% ^H	24.5%	27.7% ^L	25.6%

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Participation in organisation					
Education, arts or music group	816	11.5% ^L	24.6%	36.9% ^H	27.0%
Environmental group	102	7.8% ^L	19.6%	40.2%	32.4%
Group for elderly people	212	21.2%	22.2%	32.1%	24.5%
Parents'/School Association	244	9.0% ^L	26.2%	38.5%	26.2%
Political parties	80	11.3%	20.0%	41.3%	27.5%
Religious group or church organisation	677	16.7%	28.7%	30.9%	23.8%
Social club/working men's club	348	14.7%	22.7%	31.9%	30.7%
Sports club	1252	4.9% ^L	20.0% ^L	41.9% ^H	33.1% ^H
Tenants'/residents' group or Neighbourhood Watch	155	10.3% ^L	17.4%	40.0%	32.3%
Trade Unions (including student unions)	127	11.8%	21.3%	30.7%	36.2% ^H
Women's group	173	15.6%	30.1%	31.8%	22.5%
Women's Institute/Townsmen's Guild	43	20.9%	27.9%	32.6%	18.6%
Youth group	138	10.1% ^L	22.5%	39.1%	28.3%
Other	557	13.1% ^L	26.0%	35.0%	25.9%
Wards					
Bramhall North	330	11.8% ^L	28.8%	33.9%	25.5%
Bramhall South	328	15.5%	24.1%	34.1%	26.2%
Bredbury & Woodley	302	16.2%	22.2%	32.5%	29.1%
Bredbury Green & Romiley	318	16.7%	24.2%	32.4%	26.7%
Brinnington & Central	251	26.3% ^H	21.5%	29.1%	23.1%
Cheadle & Gatley	362	20.4%	26.8%	29.6%	23.2%
Cheadle Hulme North	323	14.2%	28.5%	35.0%	22.3%
Cheadle Hulme South	322	18.3%	25.5%	32.9%	23.3%
Davenport & Cale Green	317	19.2%	22.7%	29.7%	28.4%
Edgeley & Cheadle Heath	331	19.0%	21.8%	28.1%	31.1%
Hazel Grove	346	16.5%	28.3%	32.7%	22.5%
Heald Green	279	19.7%	24.7%	30.1%	25.4%
Heatons North	322	17.1%	24.2%	30.4%	28.3%
Heatons South	359	17.8%	25.3%	30.6%	26.2%
Manor	331	13.0%	22.7%	33.5%	30.8%
Marple North	330	13.0%	20.6%	37.0%	29.4%
Marple South	325	15.4%	28.3%	29.8%	26.5%
Offerton	281	21.0%	23.8%	25.3%	29.9%
Reddish North	253	19.8%	25.3%	30.4%	24.5%

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Reddish South	277	19.5%	24.5%	30.0%	26.0%
Stepping Hill	302	16.9%	21.9%	35.8%	25.5%
2007 National IMD					
1- Most deprived	650	21.4% ^H	26.5%	25.3% ^L	26.8%
2	1018	17.8%	25.3%	28.8%	28.2%
3	1316	17.9%	26.9%	28.2%	27.0%
4	1467	16.6%	26.8%	31.1%	25.4%
5- Least deprived	2138	14.2%	26.8%	34.1%	24.9%
Neighbourhood Management Area					
Adswood & Bridgehall	86	25.6%	23.3%	25.6%	25.6%
Brinnington	103	29.1% ^H	18.4%	35.9%	16.5%
Central	119	21.8%	26.1%	22.7%	29.4%
Offerton	62	29.0% ^H	12.9%	22.6%	35.5%
PBC area					
Bramhall & Cheadle	1842	16.6%	26.6%	32.6%	24.2%
Heatons & Tame Valley	1430	19.8%	24.5%	30.1%	25.6%
Marple & Werneth	1275	15.3%	23.8%	32.9%	27.9%
Stepping Hill & Victoria	2042	17.5%	23.5%	31.0%	28.0%

Food and Diet: 5 a Day

	Sample size	Portions of fruit/vegetables in a day					
		0	1	2	3	4	5+
All responses	6663	1.8%	9.2%	20.6%	29.6%	20.9%	17.9%
Gender							
Female	3339	1.1%	6.6% ^L	18.1% ^L	30.5%	22.9%	20.7% ^H
Male	3289	2.6%	11.7% ^H	23.1% ^H	28.6%	18.9%	15.1% ^L
Age band							
18-24	554	4.7% ^H	13.5% ^H	31.9% ^H	27.6%	14.6% ^L	7.6% ^L
25-29	462	3.0%	12.8% ^H	21.6%	32.7%	17.3%	12.6% ^L
30-34	628	2.9%	11.3%	21.3%	30.6%	18.6%	15.3%
35-39	429	0.5%	8.9%	19.3%	32.6%	20.3%	18.4%
40-44	504	1.4%	9.3%	20.0%	27.0%	23.2%	19.0%
45-49	629	2.1%	8.6%	18.8%	33.2%	20.0%	17.3%
50-54	613	1.1%	7.0%	19.6%	30.5%	21.9%	19.9%
55-59	693	0.9%	8.7%	19.8%	28.9%	19.8%	22.1% ^H

	Sample size	Portions of fruit/vegetables in a day					
		0	1	2	3	4	5+
60-64	705	1.8%	7.1%	14.8% ^L	25.8%	24.7%	25.8% ^H
65-69	461	1.5%	6.3%	17.1%	27.3%	23.2%	24.5% ^H
70-74	336	0.3%	6.5%	20.2%	28.3%	27.1% ^H	17.6%
75-79	289	0.3%	5.9%	20.8%	32.2%	25.3%	15.6%
80-84	180	1.7%	11.7%	21.7%	31.7%	21.1%	12.2%
85-89	118	2.5%	14.4%	26.3%	31.4%	18.6%	6.8% ^L
90+	46	0.0%	17.4%	39.1% ^H	17.4%	13.0%	13.0%
Health Perception							
All Not Good Health	1717	3.8% ^H	13.6% ^H	23.5%	28.1%	17.1% ^L	13.9% ^L
All Good Health	4939	1.1% ^L	7.7% ^L	19.6%	30.1%	22.2%	19.3%
Health Perception by Age							
Not Good Health 49 and under	534	7.5% ^H	19.3% ^H	22.8%	27.7%	13.3% ^L	9.4% ^L
Not Good Health 49-64	558	2.7%	10.9%	22.4%	28.0%	16.3% ^L	19.7%
Not Good Health 65 and over	617	1.6%	11.2%	25.0% ^H	28.4%	21.4%	12.5% ^L
Good Health 49 and under	2671	1.5%	9.0%	22.1%	31.2%	20.1%	16.1%
Good Health 49-64	1452	0.8% ^L	6.3% ^L	16.3% ^L	28.4%	24.4% ^H	23.8% ^H
Good Health 65 and over	808	0.6% ^L	5.6% ^L	17.5%	29.5%	25.4% ^H	21.5%
Mental Wellbeing Category							
Above Average	933	1.0%	4.5% ^L	13.1% ^L	29.7%	25.7% ^H	26.0% ^H
Average	4685	1.6%	8.3%	20.7%	29.9%	21.3%	18.3%
Below Average	777	4.1% ^H	18.3% ^H	25.9% ^H	28.2%	14.4% ^L	9.1% ^L
Ethnic Group							
White British	6048	1.8%	8.8%	20.3%	29.5%	21.3%	18.2%
Asian Pakistani	115	4.3%	20.0% ^H	37.4% ^H	27.0%	7.8% ^L	3.5% ^L
White Other	115	0.9%	8.7%	18.3%	27.0%	21.7%	23.5%
White Irish	74	0.0%	10.8%	16.2%	28.4%	28.4%	16.2%
Not White	401	2.7%	14.5% ^H	28.2% ^H	30.7%	12.0% ^L	12.0% ^L
Not White British	591	2.0%	13.0% ^H	24.7%	29.6%	15.9% ^L	14.7%
Religion							
None	1995	2.7%	10.7%	20.4%	28.2%	19.7%	18.3%
Christian	4173	1.3%	8.1%	20.4%	30.2%	22.0%	18.0%
Muslim	187	3.2%	19.3% ^H	32.6% ^H	31.0%	8.6% ^L	5.3% ^L
Any other religion	155	1.9%	9.0%	11.6% ^L	29.0%	23.9%	24.5%
Prefer not to say	115	0.9%	7.0%	20.9%	30.4%	22.6%	18.3%

	Sample size	Portions of fruit/vegetables in a day					
		0	1	2	3	4	5+
Sexual Orientation							
Heterosexual	6202	1.7%	9.1%	20.5%	29.4%	21.2%	18.1%
Not heterosexual	170	4.1%	9.4%	20.0%	30.0%	21.2%	15.3%
Prefer not to say	160	4.4%	7.5%	25.6%	28.8%	15.6%	18.1%
Carer status							
Not a carer	4809	1.9%	9.8%	20.7%	29.2%	20.9%	17.6%
1-19 hrs care providers	1326	1.4%	6.5% ^L	17.8%	31.7%	22.5%	20.1%
20-49 hrs care providers	170	1.2%	10.6%	30.6% ^H	25.3%	18.8%	13.5%
50+ hrs care providers	240	2.5%	12.1%	24.2%	30.0%	17.5%	13.8%
Children in home							
No	4621	1.9%	8.9%	20.0%	29.6%	21.2%	18.4%
Yes- all the time	1839	1.7%	9.5%	21.3%	29.7%	20.6%	17.2%
Yes- some of the time	130	0.8%	15.4% ^H	25.4%	27.7%	17.7%	13.1%
Participation in any organisation							
Participates in any kind of organisation	3217	1.2%	6.5% ^L	17.4% ^L	29.7%	24.3% ^H	20.9% ^H
Does not participate in any organisation	3446	2.4%	11.8% ^H	23.5% ^H	29.5%	17.7% ^L	15.1% ^L
Participation in organisation							
Education, arts or music group	819	0.7%	4.9% ^L	17.5%	26.3%	26.0% ^H	24.7% ^H
Environmental group	102	0.0%	4.9%	8.8% ^L	19.6% ^L	30.4% ^H	36.3% ^H
Group for elderly people	212	0.5%	6.6%	16.0%	33.0%	22.2%	21.7%
Parents'/School Association	246	0.4%	5.3%	13.8% ^L	24.8%	28.0% ^H	27.6% ^H
Political parties	82	0.0%	8.5%	11.0%	22.0%	26.8%	31.7% ^H
Religious group or church organisation	678	0.9%	5.5% ^L	15.5% ^L	30.1%	23.3%	24.8% ^H
Social club/working men's club	351	2.8%	9.4%	21.1%	29.1%	19.9%	17.7%
Sports club	1252	0.6% ^L	5.5% ^L	15.7% ^L	31.7%	24.2% ^H	22.2% ^H
Tenants'/residents' group or Neighbourhood Watch	155	1.3%	7.1%	16.1%	27.7%	25.2%	22.6%
Trade Unions (including student unions)	127	0.8%	7.1%	18.9%	25.2%	21.3%	26.8% ^H
Women's group	175	1.1%	2.3% ^L	16.0%	30.3%	28.0%	22.3%

	Sample size	Portions of fruit/vegetables in a day					
		0	1	2	3	4	5+
Women's Institute/Townsmen's Guild	44	0.0%	2.3%	6.8% ^L	38.6%	22.7%	29.5%
Youth group	139	0.0%	2.9% ^L	18.0%	28.1%	28.8%	22.3%
Other	559	1.3%	5.9% ^L	14.8% ^L	25.4%	27.4% ^H	25.2% ^H
Wards							
Bramhall North	335	1.2%	6.0%	17.0%	30.7%	21.8%	23.3% ^H
Bramhall South	330	0.3%	5.2% ^L	16.1%	26.7%	29.7% ^H	22.1%
Bredbury & Woodley	302	2.6%	10.3%	24.5%	28.1%	16.9%	17.5%
Bredbury Green & Romiley	320	1.9%	8.1%	21.9%	30.6%	20.6%	16.9%
Brinnington & Central	256	3.1%	18.4% ^H	29.7% ^H	29.7%	10.2% ^L	9.0% ^L
Cheadle & Gatley	364	0.5%	8.2%	19.5%	27.2%	22.3%	22.3%
Cheadle Hulme North	326	2.1%	9.8%	17.8%	30.4%	21.8%	18.1%
Cheadle Hulme South	324	1.9%	5.6%	19.1%	28.4%	24.1%	21.0%
Davenport & Cale Green	319	3.1%	10.0%	21.6%	29.5%	16.9%	18.8%
Edgeley & Cheadle Heath	332	3.0%	13.6% ^H	24.1%	27.1%	18.4%	13.9%
Hazel Grove	348	1.7%	8.0%	19.5%	34.2%	21.0%	15.5%
Heald Green	284	0.4%	10.9%	25.0%	28.2%	20.4%	15.1%
Heatons North	322	0.9%	7.1%	21.4%	28.0%	22.0%	20.5%
Heatons South	360	1.4%	6.7%	17.5%	33.6%	19.4%	21.4%
Manor	335	3.3%	13.1% ^H	22.1%	30.1%	19.1%	12.2% ^L
Marple North	332	0.9%	6.0%	12.3% ^L	28.0%	28.3% ^H	24.4% ^H
Marple South	328	0.3%	7.9%	19.5%	27.4%	26.2%	18.6%
Offerton	286	2.4%	8.7%	27.3% ^H	29.7%	15.4%	16.4%
Reddish North	258	3.5%	14.7% ^H	21.7%	32.2%	15.9%	12.0% ^L
Reddish South	275	2.9%	10.2%	22.2%	30.2%	18.9%	15.6%
Stepping Hill	303	1.3%	9.2%	17.5%	31.7%	23.1%	17.2%
2007 National IMD							
1- Most deprived	658	4.9% ^H	15.3% ^H	29.3% ^H	29.0%	12.6% ^L	8.8% ^L
2	1022	3.3% ^H	12.6% ^H	23.1%	29.1%	16.5% ^L	15.4%
3	1324	1.7%	11.0%	22.7%	30.3%	19.1%	15.2%
4	1477	1.2%	7.4%	19.2%	28.8%	23.2%	20.4%
5- Least deprived	2158	0.7% ^L	5.9% ^L	16.5% ^L	30.2%	24.8% ^H	22.0% ^H
Neighbourhood Management Area							
Adswold & Bridgehall	88	5.7% ^H	13.6%	22.7%	36.4%	6.8% ^L	14.8%
Brinnington	104	5.8% ^H	23.1% ^H	27.9%	28.8%	7.7% ^L	6.7% ^L
Central	123	3.3%	14.6%	32.5% ^H	28.5%	16.3%	4.9% ^L

	Sample size	Portions of fruit/vegetables in a day					
		0	1	2	3	4	5+
Offerton	64	6.3% [†]	12.5%	29.7%	25.0%	10.9%	15.6%
PBC area							
Bramhall & Cheadle	1861	1.0%	7.1% ^L	18.7%	28.6%	23.7%	20.8% ^H
Heatons & Tame Valley	1439	2.3%	10.8%	21.9%	30.9%	17.7% ^L	16.4%
Marple & Werneth	1282	1.4%	8.0%	19.4%	28.5%	23.2%	19.4%
Stepping Hill & Victoria	2057	2.4%	10.8%	22.2%	30.2%	18.9%	15.5%

Appendix 3: Data entry errors

Based on sample of 150 returned surveys.

Question number	Topic	Surveys with error	% with error
11	Alcohol consumed in week	12	8.0%
26-33	Healthy foundations	12	8.0%
18-19	Height/weight	6	4.0%
13	Alcohol frequency in year	3	2.0%
22	Sexual orientation	2	1.3%
4	Eating habits	2	1.3%
5	Physical activity frequency	2	1.3%
6	Physical activity how	2	1.3%
7	Smoking	2	1.3%
	Geographic Code	2	1.3%
10	Alcohol yes/no	1	0.7%
12	Alcohol perception	1	0.7%
14	Mental wellbeing	1	0.7%
16	Age	1	0.7%
17	Ethnic group	1	0.7%
20	Weight perception	1	0.7%
2	Limiting long term illness	1	0.7%
21	Religion	1	0.7%
3	Five a day	1	0.7%
8	Smoke in home	1	0.7%
9	Passive smoke	1	0.7%

Appendix 4: Alcohol units information

Alcoholic drink	Units conversion
Pint of normal strength beer, lager, stout	2
Pint of strong beer, lager, stout, cider (6% alcohol or more)	4
Single glass of spirits	1
Small glass fortified wines	1
Standard glasses (175 ml) or normal strength wine (12.5%)	2
Large glass (250 ml) of normal wine or standard glass of stronger wine (13.5% or more)	3
Bottle of alcopop	1.5

Binge drinking category, based on units consumed on day drank most		
	Female	Male
Binged	>6	>8
Over daily guideline	>3 and ≤6	>4 and ≤8
Within daily guideline	>0 and ≤3	>0 and ≤4

Drinking risk category, based on units consumed in week		
	Female	Male
High risk	≥35	≥50
Increasing risk	≥15 and <35	≥22 and <50
Within weekly guideline	>0 and ≤14.9	>0 and ≤21.9