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Your Health Matters – Community Survey 2024

Summary of Key Points

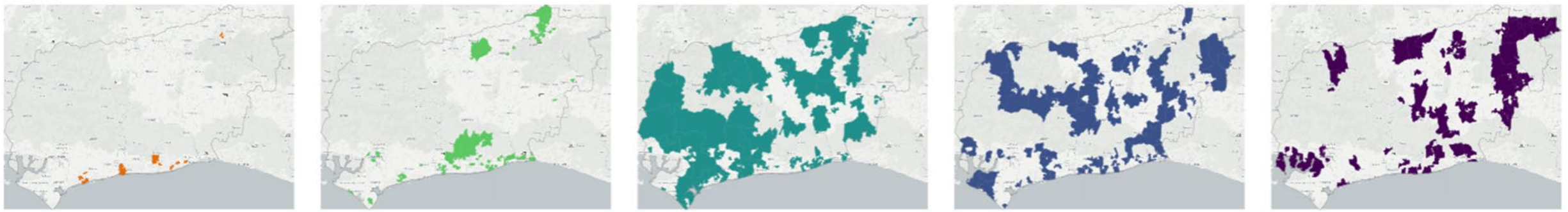
Public Health and Social Research Unit | November 2024

Background to the Survey

- We wanted to understand health behaviours at a local level following the pandemic.
- Contain Outbreak Management Fund (COMF) monies were used to fund a survey (we called the survey Youth Health Matters). COMF funding could only be used up to April 2024, we left data collection to the very last point we were able to, and long after pandemic restrictions were lifted.
- We kept the survey as short as possible, and it is restricted to the remit of COMF, centred on health and health inequalities. Keeping the survey short meant that some subjects were not included, including sexual health, use of healthcare, and drug misuse.
- We wanted more information about the health of people in the most disadvantaged areas. Therefore, the sampling strategy for this survey used deprivation as the key criteria.

West Sussex resident population; neighbourhoods by deprivation quintile;

Based on the English Index of Multiple Deprivation 2019 (IMD 2019);

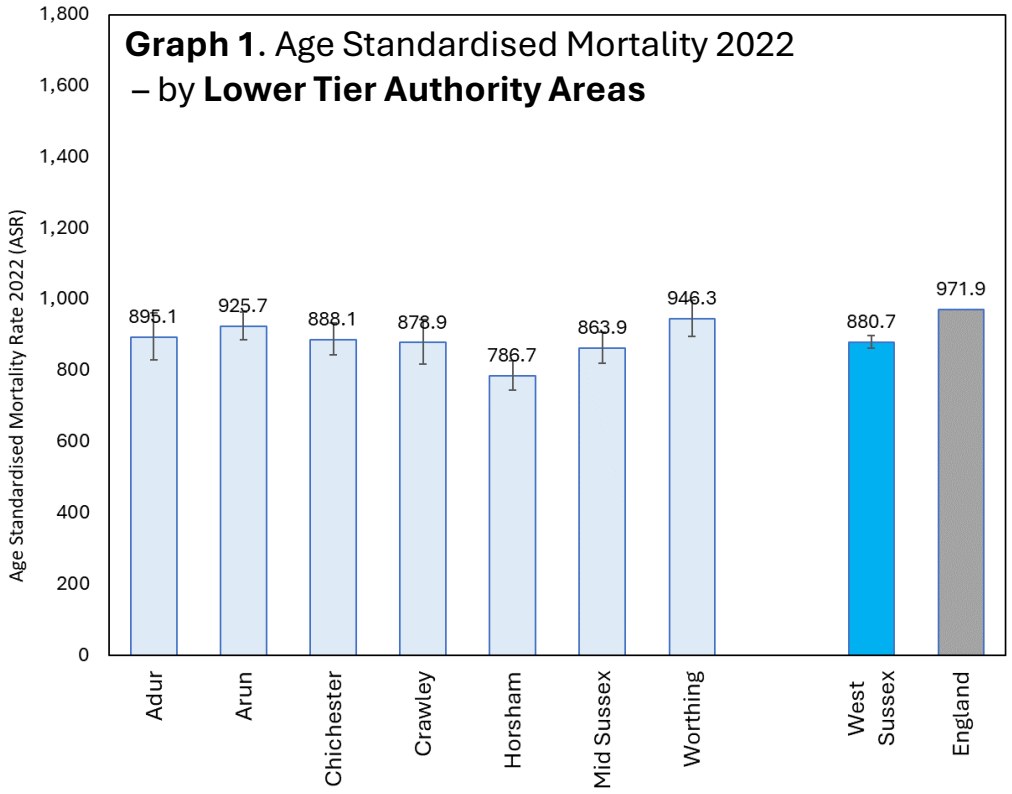


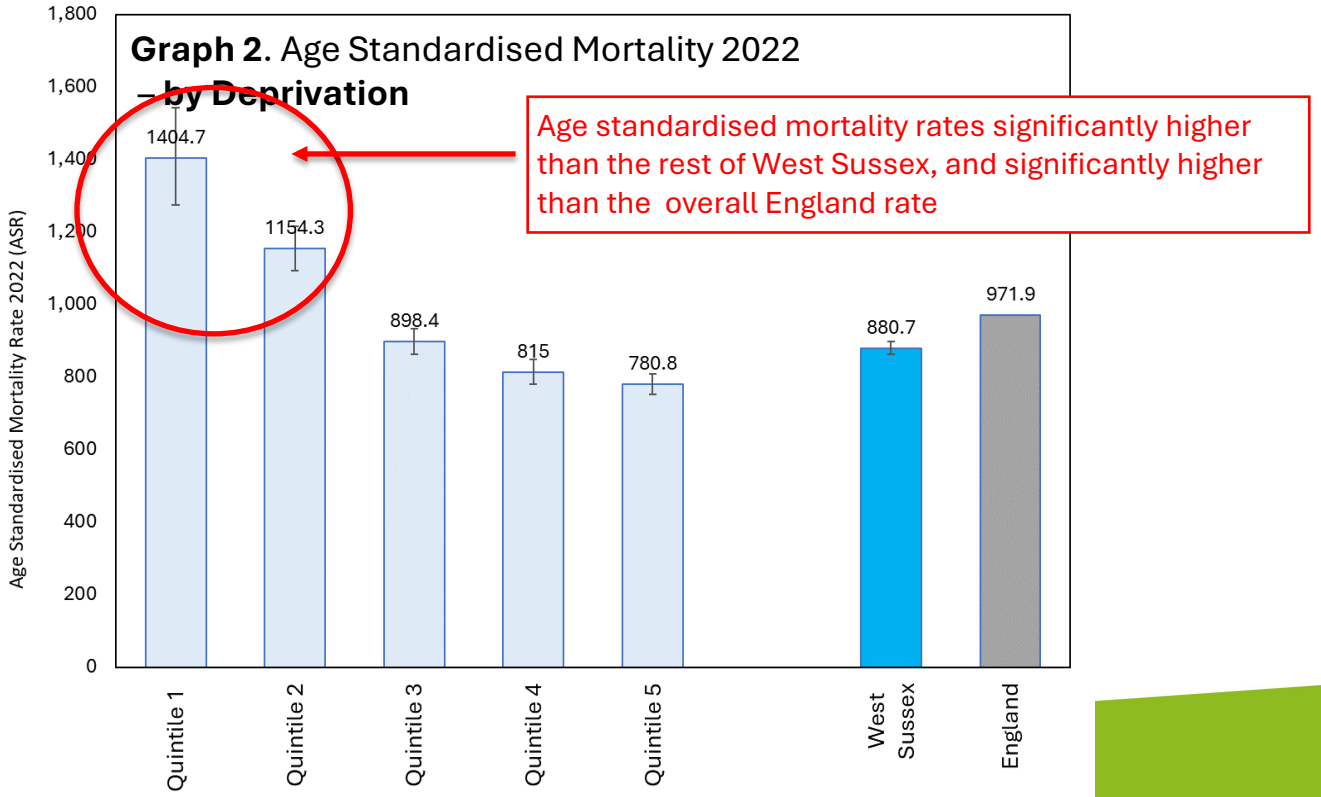
LSOA (2011) based boundaries. © Stadia Maps; © OpenStreetMap contributors

Rationale for Sampling Strategy

Age Standardised Mortality Rate (2022)

- **In 2022 there were 9,861 deaths registered in West Sussex.** If we divide these deaths by administrative geographies (Graph 1), all areas (except for Worthing) have mortality rates that are significantly lower than the England rate. But this masks considerable inequality within the county,
- **If we divide up the 9,861 deaths by deprivation** (based on the usual residence of the person who has died) we see a very different picture (Graph 2). The age standardised mortality rate of people living in the most deprived quintile (and indeed the second most deprived quintile) are significantly higher than England. The mortality rate in the most deprived area is double that of the least deprived.

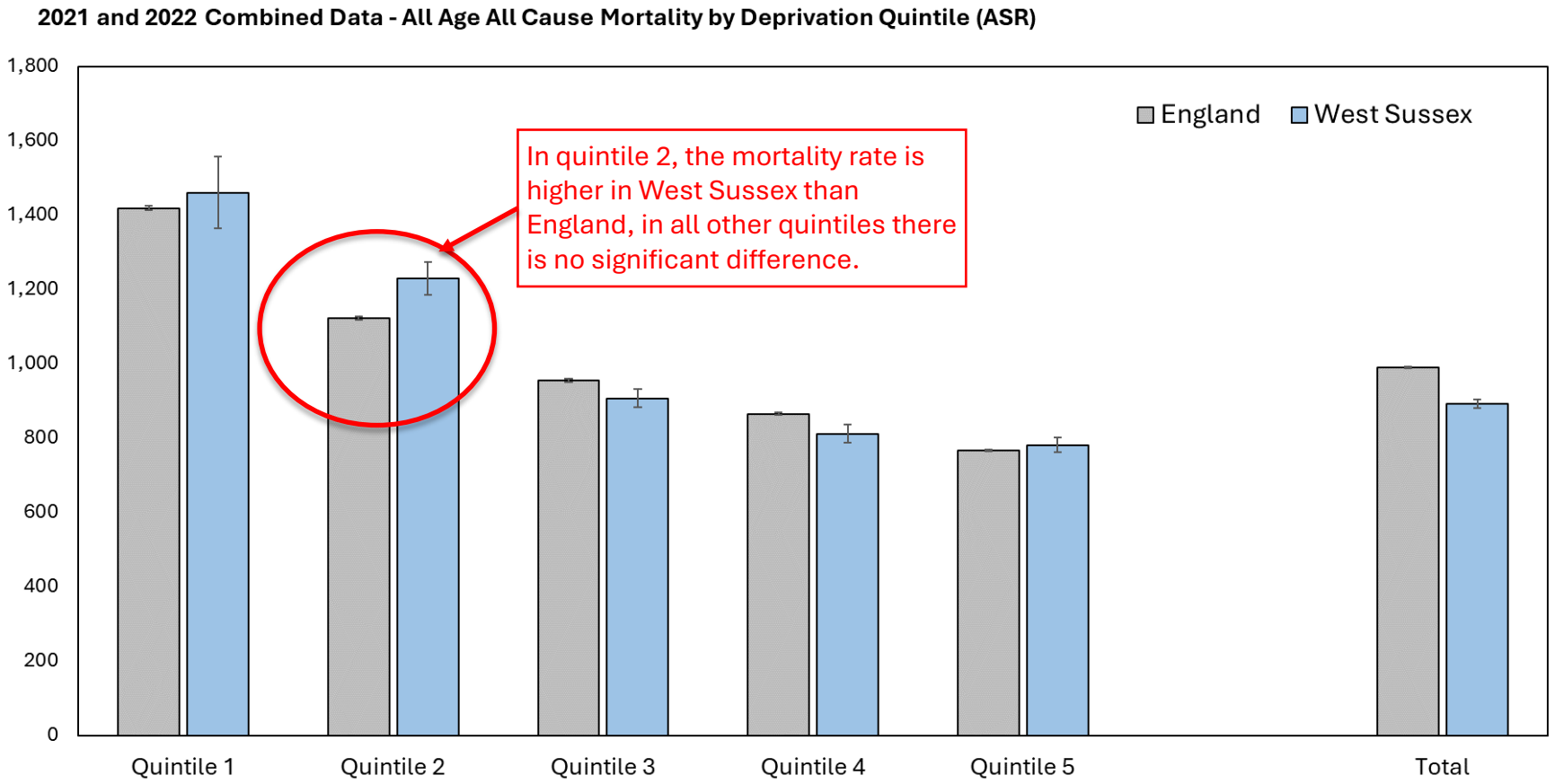




Quintile Mortality Rates – West Sussex Compared with England

Comparison with Health in Cities (2024)

- The 2024 Chief Medical Officer's (CMO) annual report (Health in Cities) included analysis of all age mortality rates broken down by deprivation quintiles. Deaths in 2021 and 2022 were combined. A social gradient is apparent in England and West Sussex.
- England and West Sussex quintiles have comparable mortality rates, except for Quintile 2 where the mortality rate in West Sussex was significantly higher than the England rate.



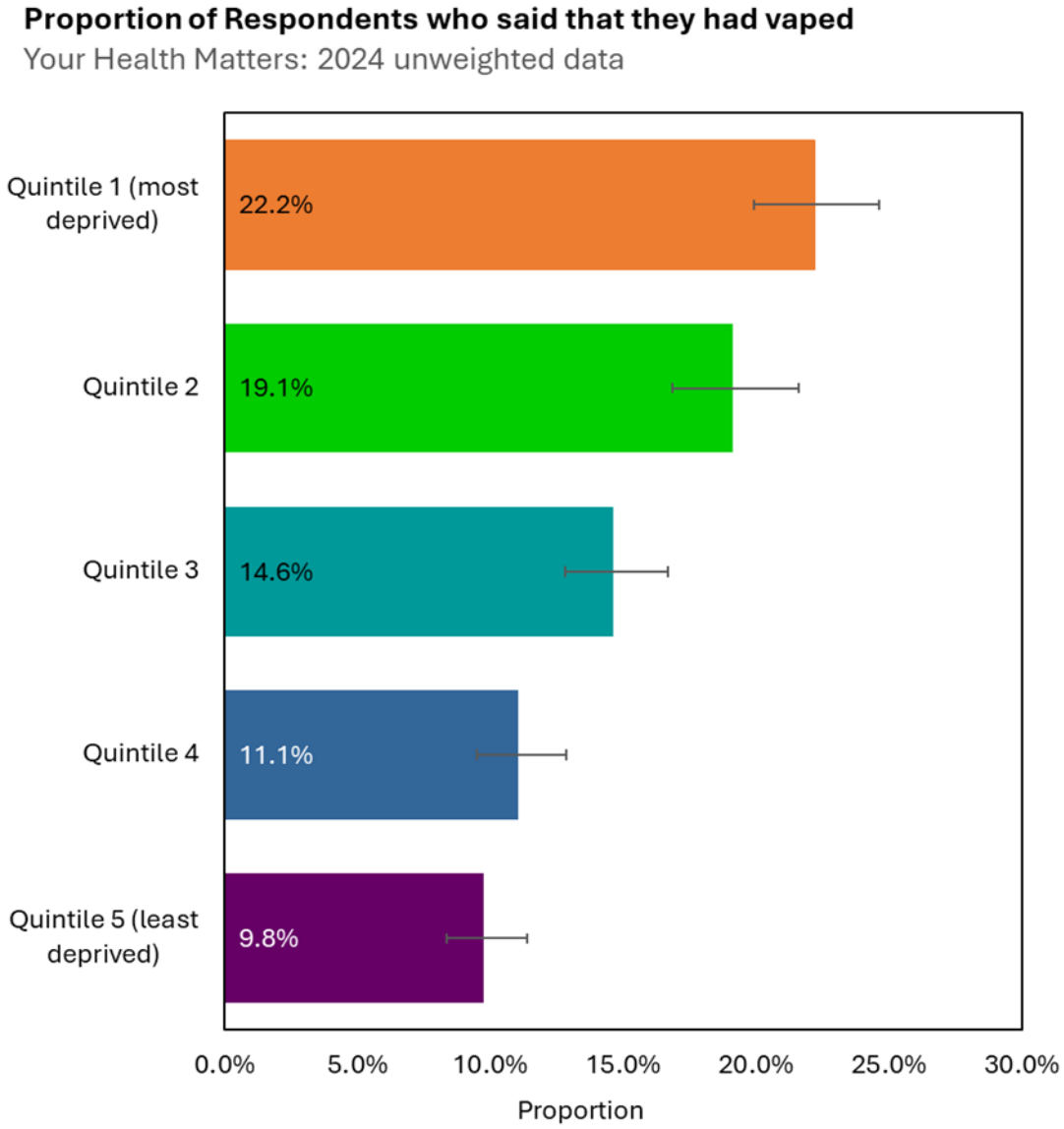
https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2024-health-in-cities

Key Point 1

There are strong social gradients on some major health behaviours and wellbeing markers, including smoking, physical activity, mental health and general health. The strong social gradient highlights the importance of proportionate universalism - targeting response to areas of greatest need. Some clear differences between the most deprived quintile (and the second quintile).

Example - Vaping

- There was little difference between the vaping experience of women compared with men. As with smoking people with a low mental wellbeing score were more likely to vape compared with those of average or high mental wellbeing.
- We were able to cross reference vaping with smoking history. Of those people who said they had vaped, a relatively small percentage said they had never smoked (2.0% in Quintile 4 to 4.0% in Quintile 1).
- For people who said they were “ex-regular smokers” people were more likely to vape/or have vaped in the most deprived areas (approx. 1 in 3 saying they had vaped) compared with the least deprived areas (approx. 1 in 5 people who were ex-smokers said they had vaped).

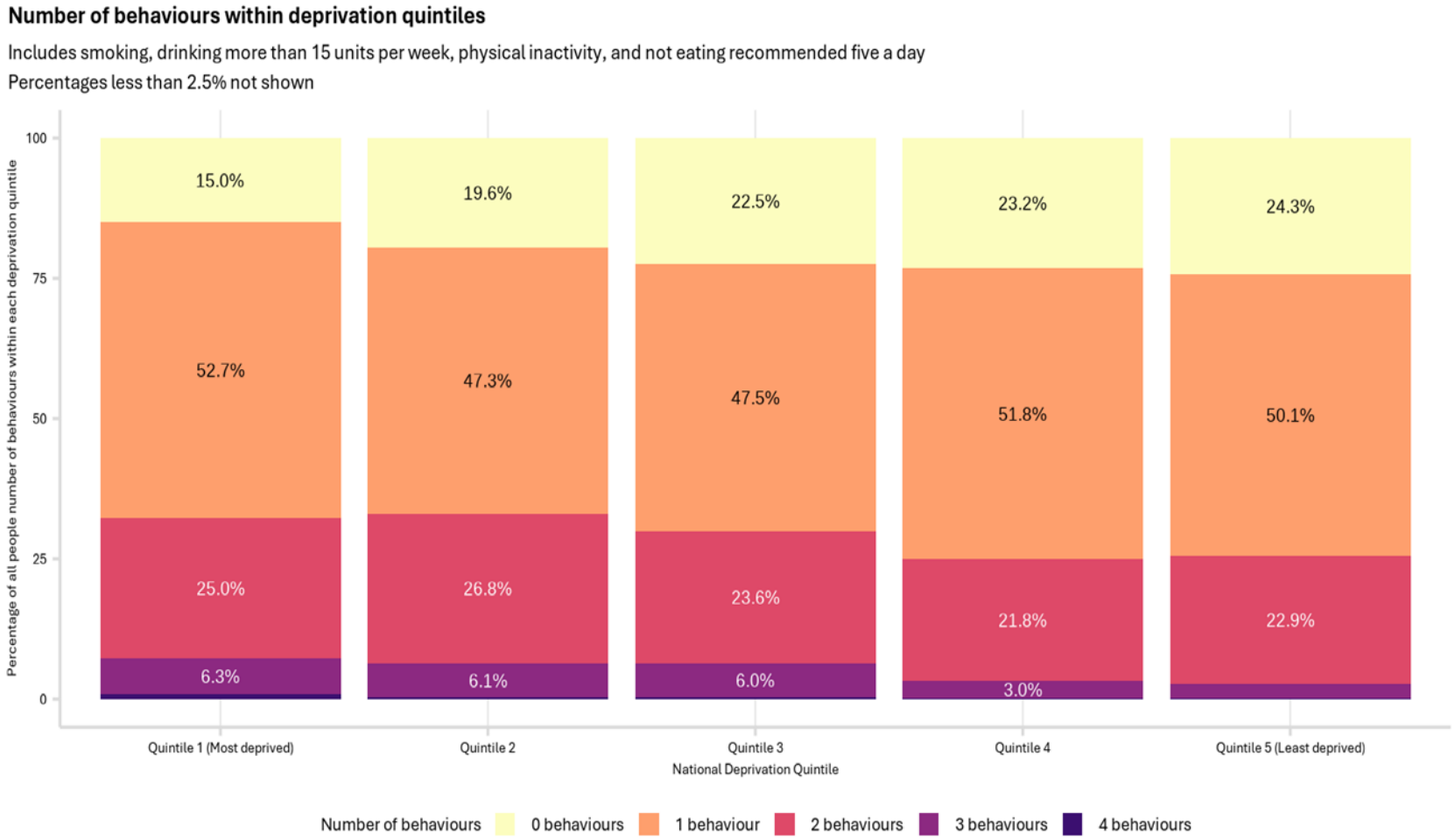


Key Point 2

Clustering of poorer health behaviours is more evident in deprived areas – it is not just about tackling a single issue or behaviour.

Focusing on four health behaviours:

- **Smoking**
- **Drinking <u>more than</u> 15 units** per week
- Doing **<u>less than the recommended minutes</u>** of physical activity
- **<u>Eating less than</u>** the recommended five portions of fruit and vegetables per day



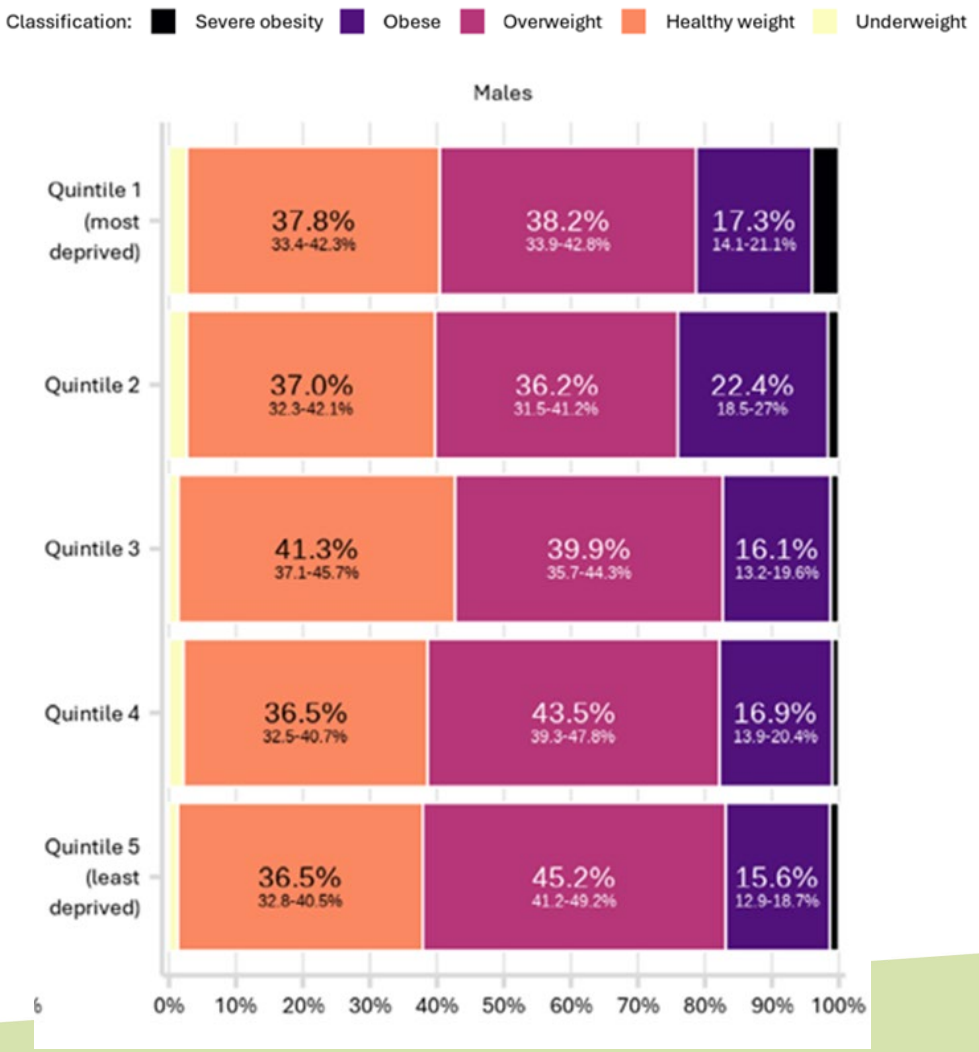
Source: Your Health Matters 2024.
Provisional data. N=4943.

Key Point 3

There are some different patterns observed for men and women, such as men in less deprived areas as likely to be obese than those in more deprived areas. Social gradient appears more consistent for women. This may warrant some different approaches/targeting public health interventions.

Example - Obesity

- In relation to BMI classifications, while a social gradient was evident for female respondents, this was not observed amongst males. There was no significant difference in the percentage of men who were obese in the most deprived areas compared with the least deprived areas.
- The proportion of respondents a healthy weight is lowest in the most deprived quintile (37.0%) and highest in the least deprived (46.6%), lower rates of healthy weight among the most deprived is due to obesity rather than overweight
- Among the most deprived areas, rates of obesity were significantly higher (Quintile 1 and 2; 20.9% to 24.2%) compared to the least deprived (14.9%)



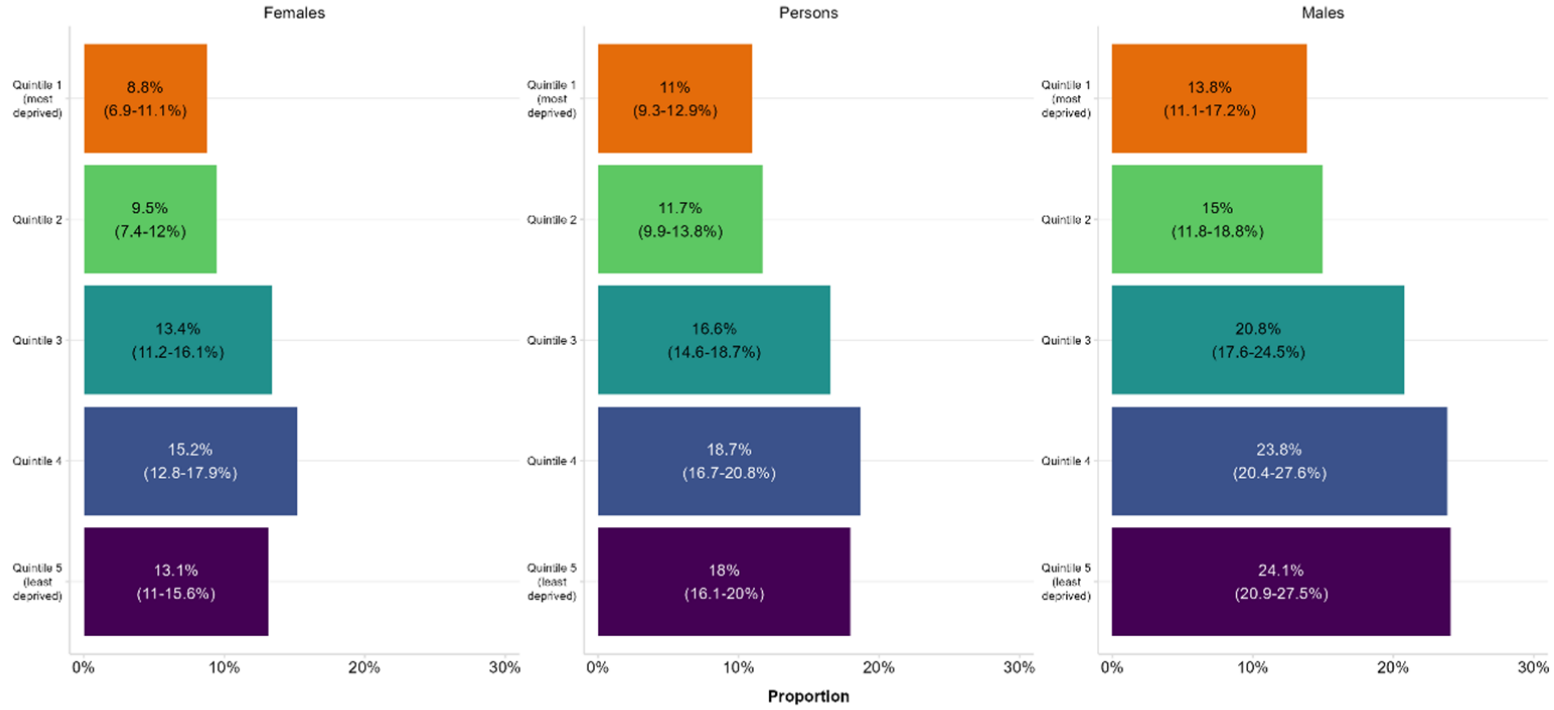
Key Point 4

Alcohol consumption is a more complex picture. Overall, 1 in 10 adults were concerned about their levels of alcohol consumption. While consumption (in terms of frequency per week) was higher less deprived areas, harm (as identified using the Audit C tool) was higher in more deprived areas. This is referred to as the alcohol harm paradox, where less affluent, moderate drinkers have a higher risk of harm than less deprived, heavier drinkers.

- 18% of respondents in the least deprived reported drinking more than 4 units per week, compared to 11% in the most deprived.

- The survey included questions which form part of the Alcohol Use Disorders Identification Test Consumption (AUDIT C) tool. These are questions that help identify people who are hazardous drinkers or who may have an active alcohol use disorder. Using these questions people in the more deprived areas were more likely to be identified as higher risk drinkers or people with a possible alcohol dependency.

Percentage of respondents drinking 4 or more times a week* by deprivation quintile (nationally ranked) and sex; West Sussex Your Health Matters; 2024 unweighted data



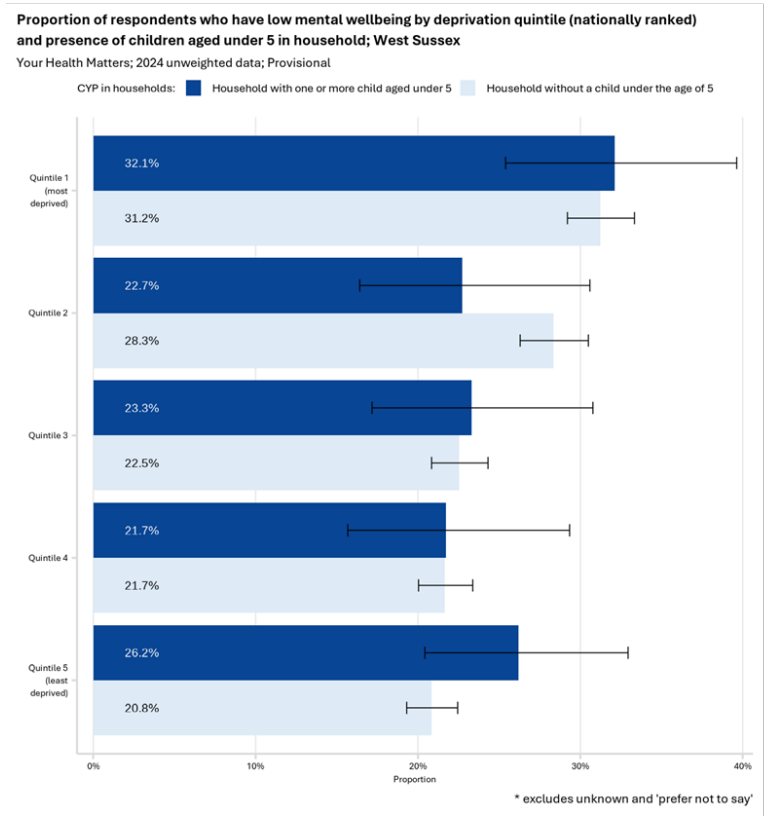
* excludes unknown or 'prefer not to say' responses.
Persons includes those who reported their sex as either 'Other', 'Prefer not to say' or 'Don't know'

Key Point 5

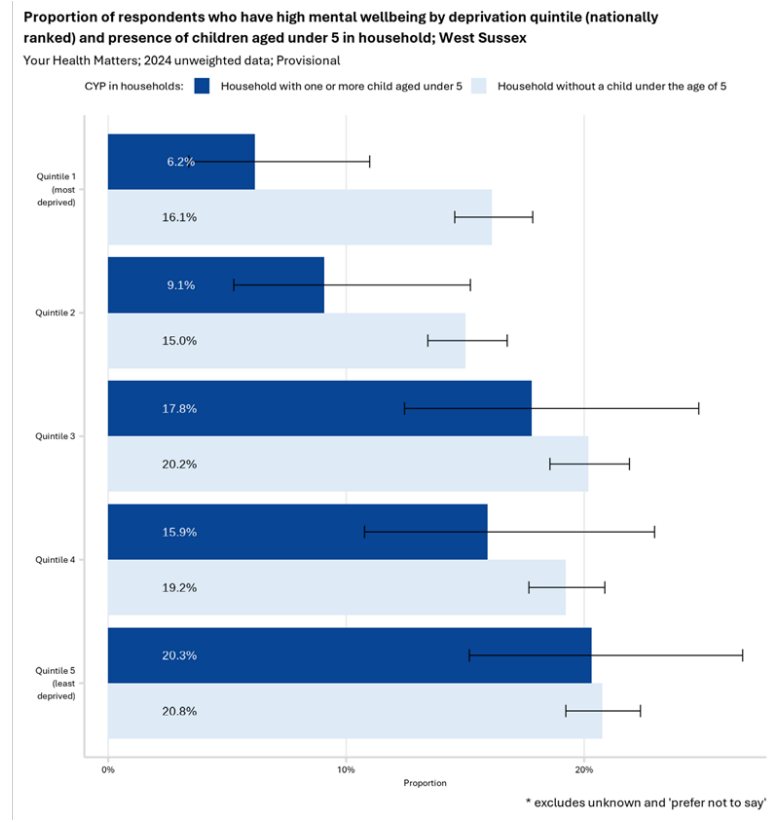
Households with young children should be a key focus – children in deprived areas are more likely to live with a smoker, and less likely to live with a survey respondent with a high level of mental wellbeing.

- Did not collect data from children, but many of the behaviours observed during childhood can have a lifelong impact
- Within each quintile, looked at health behaviours by presence/absence of children aged under 5:
  - **Mental health** – In the most deprived quintile, respondents in households with young children were less likely to have high mental wellbeing (6.2%) than those without young children (16.1%). Not the case for other quintiles, with very similar rates at quintile 5 (20.3% with under 5s, 20.8% without).

Poorer Mental Health and Wellbeing



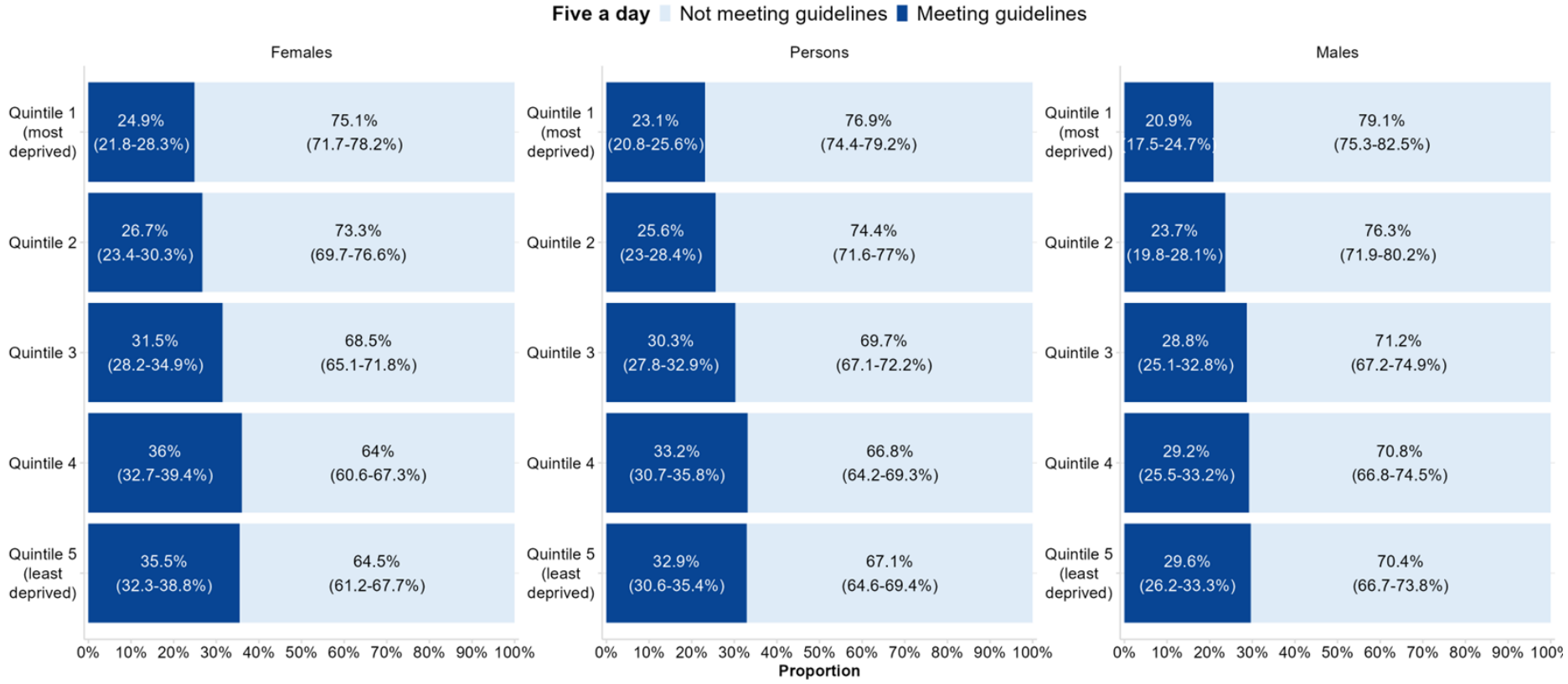
Higher level of Mental Health and Wellbeing



Key Point 6

Most respondents said that they are not consuming 5+ portions of fruit and veg, irrespective of deprivation, though with less than a quarter of respondents in the most deprived areas consuming 5+ portions a day. More work required on food and nutrition.

Proportion of respondents* meeting the '5-a-day' fruit and vegetable consumption recommendations, by deprivation quintile (nationally ranked) and sex; West Sussex
Your Health Matters; 2024 unweighted data



* excludes unknown
95% confidence intervals shown in parentheses

Key Point 7

This approach to surveying identified issues around data on behaviour:

- The problem of using the West Sussex “average” and also the District and Borough average.
- Survey has enabled us to compare “non-response” rates on specific questions, and where this may lead to bias in normal approaches (such as possible over or under-estimations on physical inactivity).

Example – Physical Activity

- Using responses, Quintile 1 and Quintile 2 had significantly higher inactivity levels compared with the rest of the county. In the most deprived areas of the county 1 in 4 people are inactive. *Inactivity* gradient is more pronounced than the activity level.
- This question illustrated the issue of data itself having bias. A quarter of people in the most deprived had missing data, there may be an under-estimation of inactivity levels when excluded.