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Your Health Matters – Community Survey 2024

Public Health and Social Research Unit | November 2024



Key Points

- 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. There are some clear differences between the most deprived quintile (and the second quintile) and the rest of the county
- 2) Clustering of poorer health behaviours is more evident in deprived areas. – it is not just about tackling a single issue or behaviour.
- 3) There are some different patterns observed for men and women, men in less deprived areas as likely to be obese than those in more deprived areas. The social gradient appears more consistent for women. This may warrant some different approaches to / targeting of public health interventions.
- 4) Alcohol consumption is a more complex picture. Overall, 1 in 10 adults were concerned about their level 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.
- 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.
- 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 is required to understand food and nutrition.
- 7) The approach to sampling in this survey (dividing the county by deprivation quintile) identified issues around data on behaviour:
 - The problem of using the West Sussex “average” and also the District and Borough averages.
 - The 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-estimation on physical inactivity).

Background to the Survey

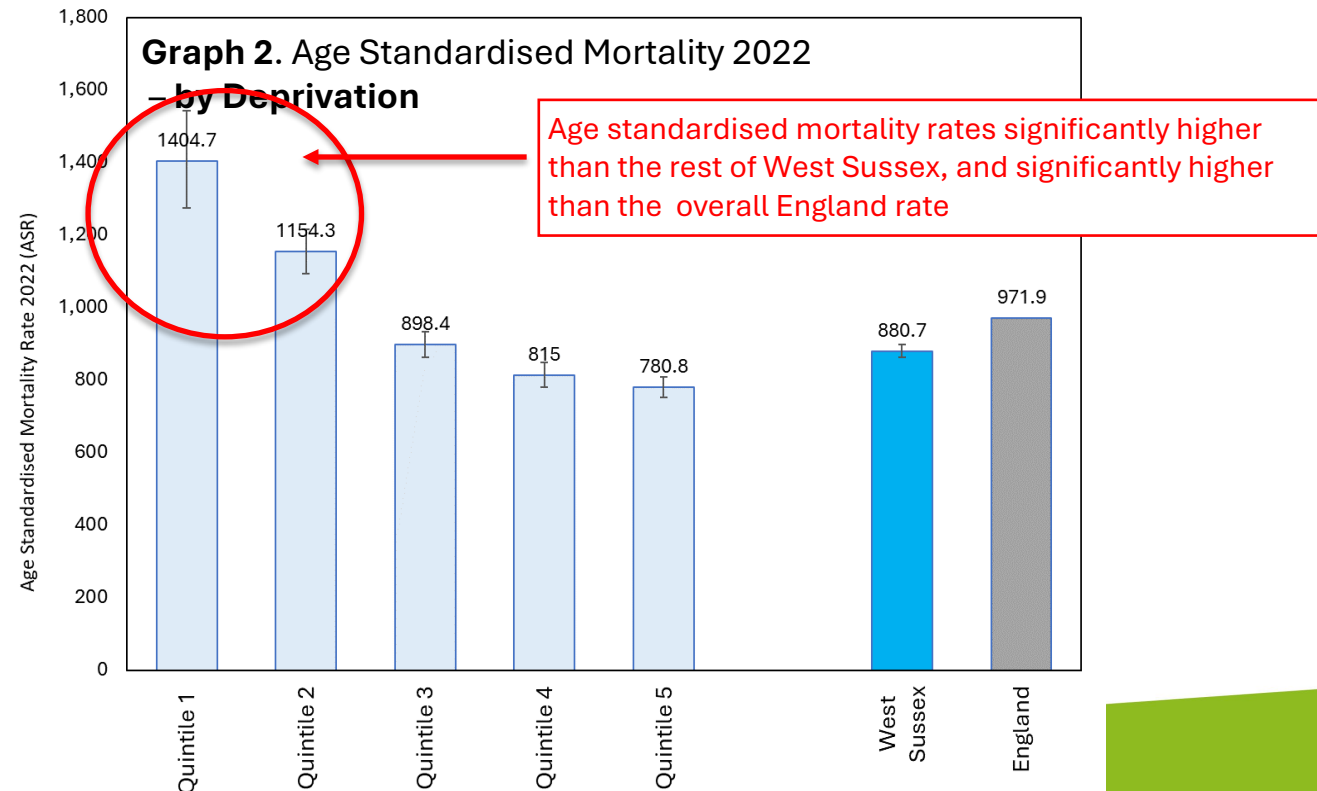
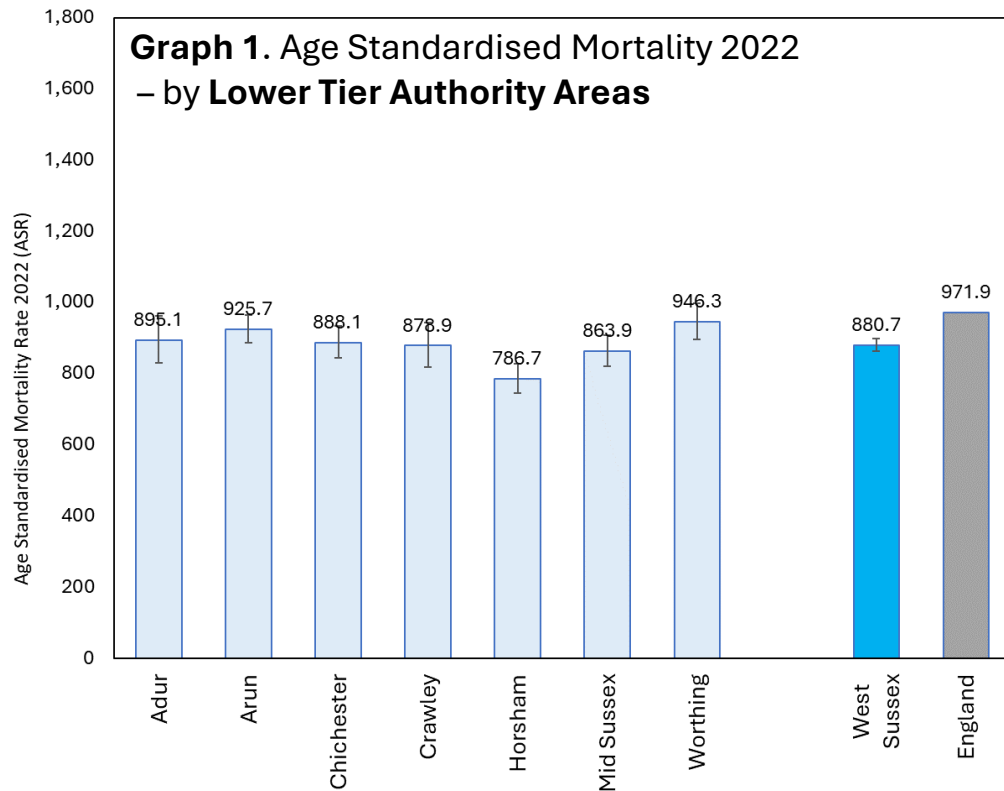


- There is some evidence at a national level that the COVID-19 pandemic impacted many aspects of health and wellbeing and widened health inequalities. We wanted to understand health behaviours at a **local level** following the pandemic.
- As part of the pandemic response, West Sussex, as other councils, received additional Government funding (called the Contain Outbreak Management Fund (COMF)). 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.
- A market research company was contracted to undertake the data collection, they brought considerable experience and expertise of conducting surveys. To minimise costs, following the data collection, the County Council's Public Health and Social Research Team have been undertaking the analyses.
- We did not want to do a survey simply to validate the results of other existing surveys. We have used this survey to expand our knowledge of inequalities within West Sussex. This means data are not presented by administrative boundaries, we already have national surveys that provide information at local authority level. 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.

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.

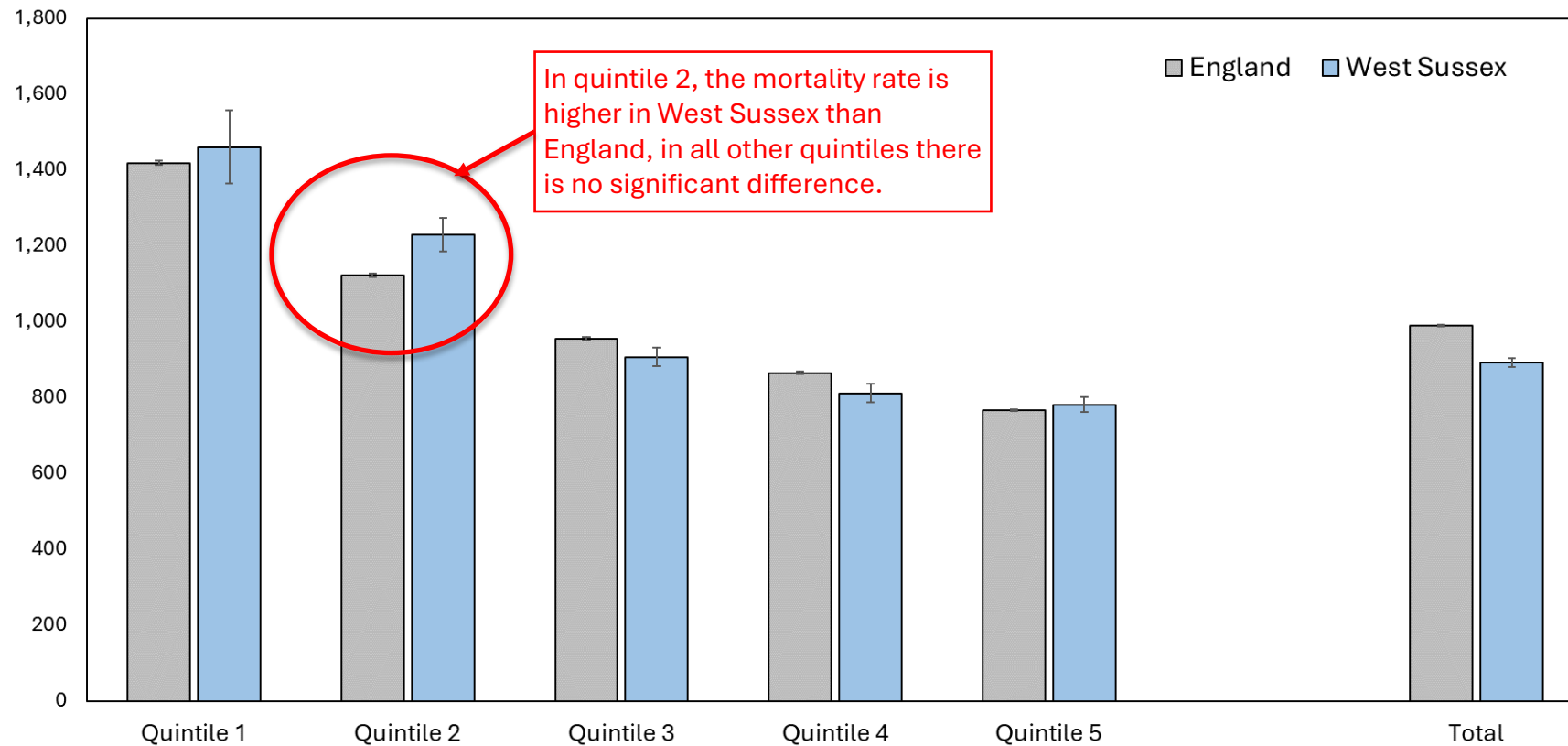


Quintile Mortality Rates

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 also 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.

2021 and 2022 Combined Data - All Age All Cause Mortality by Deprivation Quintile (ASR)



The Social Gradient Explained

It appears a lot in this pack!

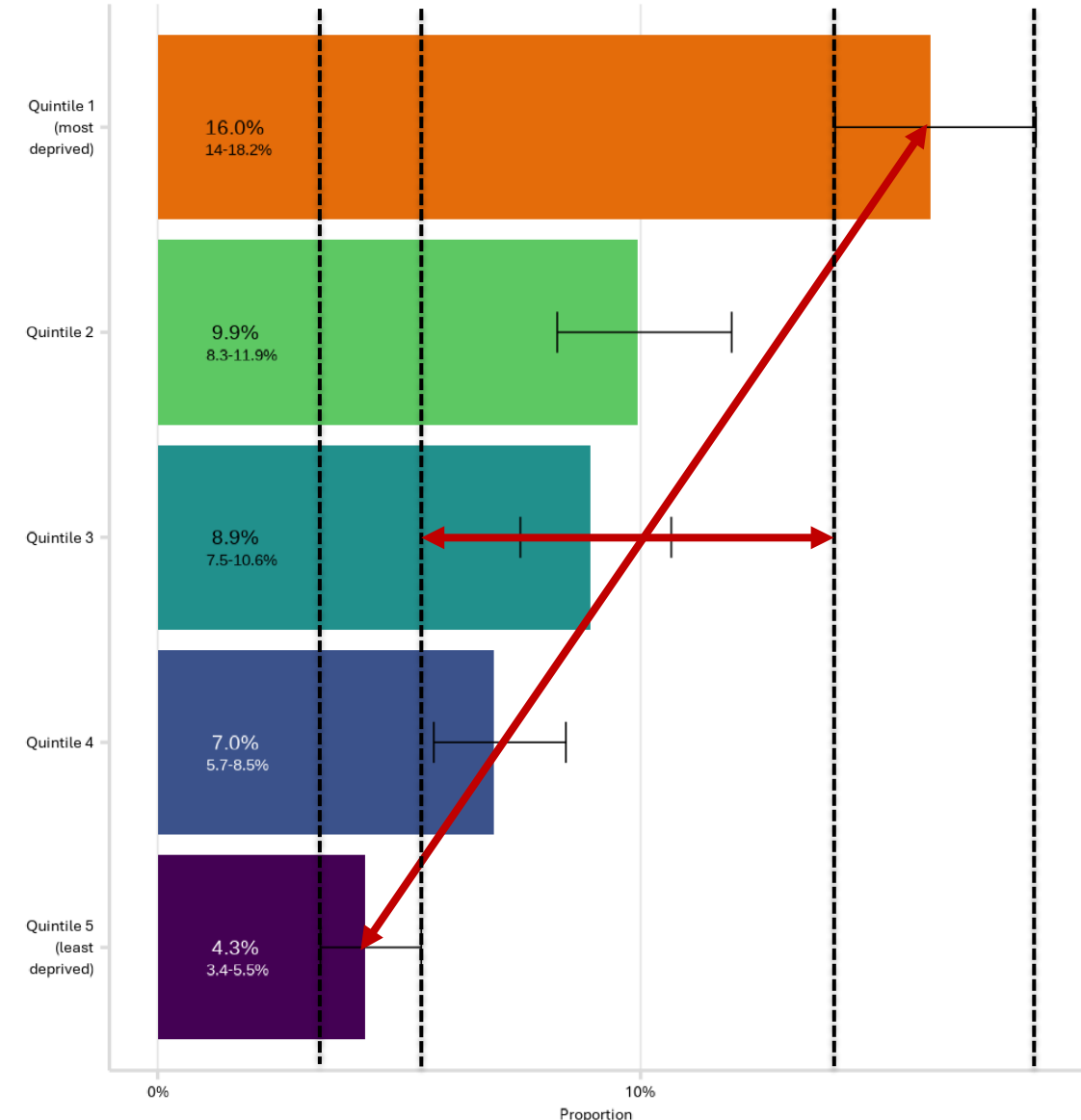
- There is a clear social gradient in health
- People in disadvantage groups often die sooner and spend more years of life living in poorer health
- Simply put, as socioeconomic advantage decreases, burden of ill health increases
- For example, rates of smoking increase with deprivation:

16.0% in the **most deprived**
compared with
4.3% in the **least deprived**

- This difference is significant – confidence intervals don't overlap
- Proportionate universalism aims to 'flatten' the gradient (Marmot, 2010, 2020)
- Policies and interventions should be universal but proportionate to need (i.e. more intensive where need is greater)

Proportion of respondents who currently smoke (regular and occasionally); West Sussex

Your Health Matters; 2024 unweighted data; Provisional



* excludes where smoking status was unknown

Includes those who reported their sex as either 'Other', 'Prefer not to say', or 'Don't know'

The Index of Deprivation – a reminder








- The ID2019 measures relative deprivation, i.e. how deprived one area is compared with another; it doesn't measure absolute deprivation, i.e. how deprived an area is compared with how deprived it was a year ago.
- The index uses seven domains of deprivation: income; employment; education; health; crime; barriers to housing and services; and living environment.
- For each domain there is an individual score and ranking, information from the domains are weighted and combined to provide an overall score and ranking.
- The index has not been updated since 2019 (and much of the data relates to 2015), but the areas of deprivation have remained fairly consistent (in respect of relative deprivation the most deprived areas are along the coast and south-west Crawley).
- There are areas in West Sussex ranked within the most 10% deprived areas in England.
- For further information <https://jsna.westsussex.gov.uk/core/population-data/deprivation/>

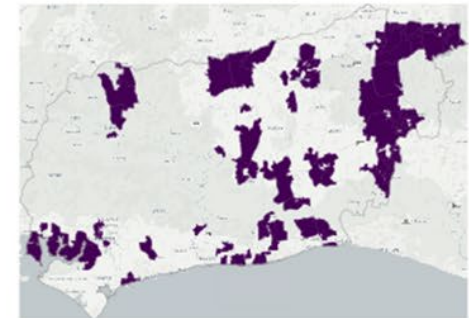
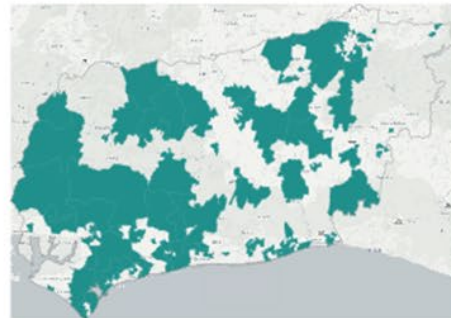
Dividing up West Sussex By Deprivation Quintiles

- Using the Index of Deprivation 2019 we split the county into deprivation quintiles.
- There are a few neighbourhoods in West Sussex within the 20% most deprived areas in England (this is quintile group 1 for our survey analysis), there are areas within the least 20% deprived of all areas in England (quintile group 5 in our survey).
- The population is not evenly split. Using population estimates from 2022 only 33,350 people live in quintile 1, compared with over 280,000 people in quintile 5.
- An [online map](#) is available to understand the quintile geographies

West Sussex resident population; neighbourhoods by deprivation quintile;

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

Deprivation quintile  Quintile 1 (most deprived 20%)  Quintile 2  Quintile 3  Quintile 4  Quintile 5 (least deprived 20%)



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

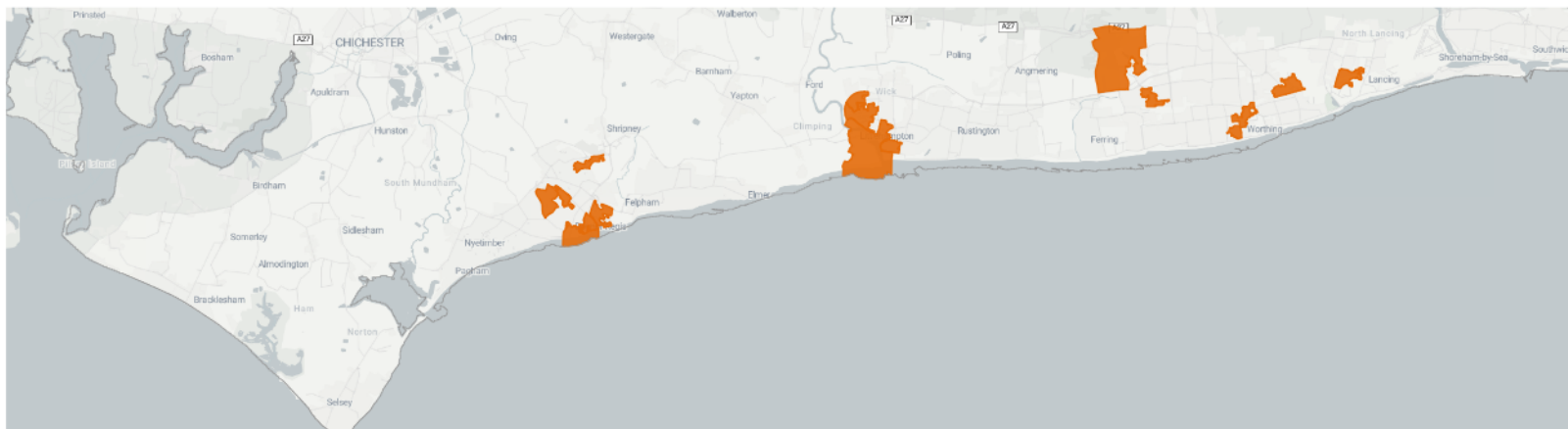
Closer look at the 20% most deprived areas

- These are a key focus in this survey – these are areas in West Sussex which are within the most deprived 20% of all neighbourhoods in England.
- Situated in the coastal strips and south-west Crawley
- They are also a focus for the [NHS Core20Plus5](#) work on inequalities (the 20 meaning the most 20% deprived)



West Sussex 'Core 20' most deprived quintiles along the coast

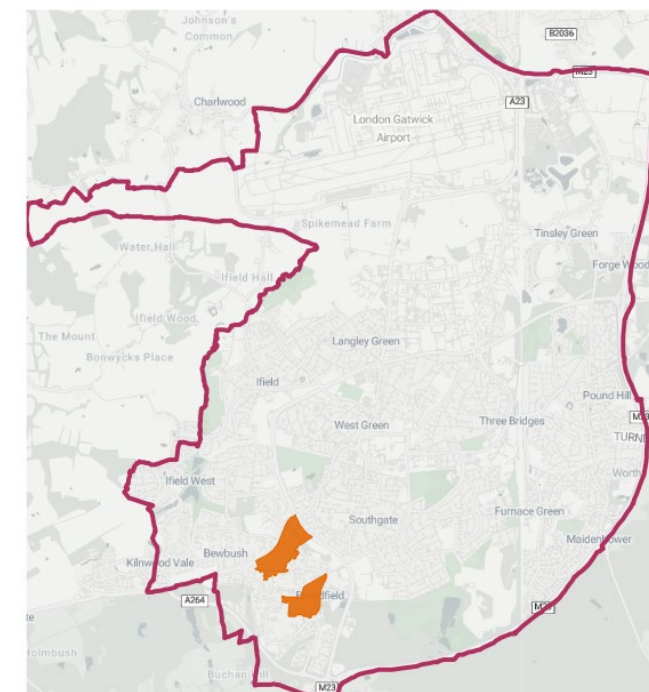
Based on the English Index of Multiple Deprivation 2019 (IMD 2019);



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

West Sussex 'Core 20' most deprived quintiles in Crawley

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



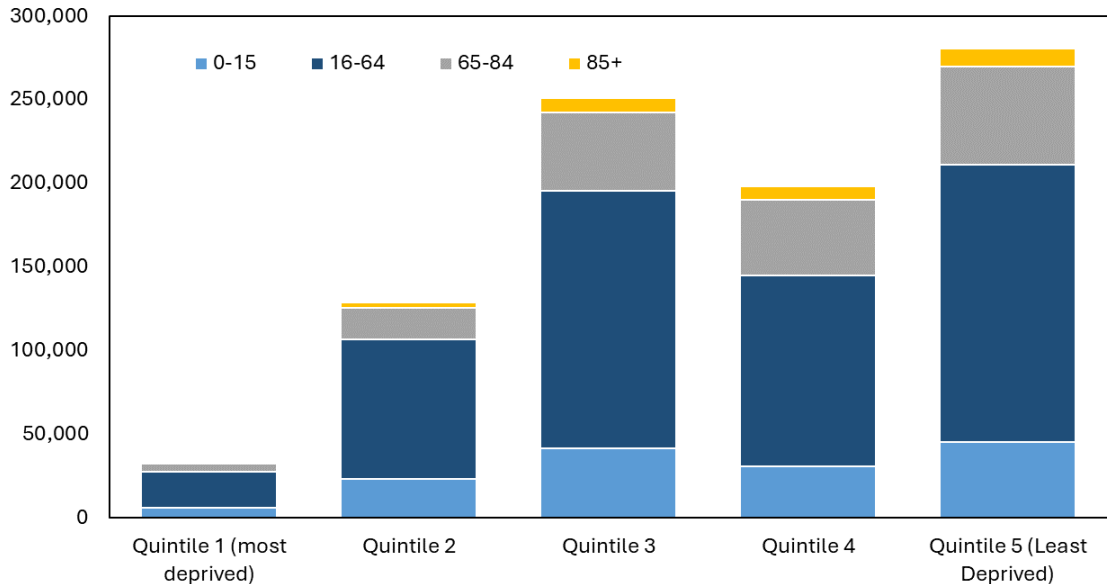
LSOA (2011) based boundaries.
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Quintile Population (2022 MYEs)



- Using 2022 ONS population figures, the most deprived quintile has approximately 33,300 residents, Quintile 5 has the largest population, 280,760 people.
- Four of the seven lower tier authorities have neighbourhoods which rank within the most deprived 20% nationally. In Arun, Quintile 1 accounts for more than 10% of the population.
- All areas, including Horsham and Mid Sussex, have neighbourhoods in Quintile 2 where this survey has also found considerable differences in health behaviours and health status.

Population Age Profile by Deprivation Quintile



	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Adur	1,490	18,740	18,040	16,010	10,400
Arun	18,320	26,610	57,210	45,000	19,230
Chichester	0	11,290	49,350	36,050	29,420
Crawley	3,130	46,310	36,310	14,890	18,870
Horsham	0	5,160	37,700	35,780	70,060
Mid Sussex	0	3,080	17,780	22,890	111,180
Worthing	10,380	17,870	34,540	27,650	21,600
West Sussex	33,330	129,060	250,930	198,260	280,760

Developing the Survey, Survey Questions

- **The tolerance for long surveys is reducing.** We sought to ensure that the survey would not last longer than 20 minutes. We could not include all the subjects we wanted (no questions on sexual health, no questions on drugs, household help, community cohesion).
- **We used (in the main) nationally validated questions** – on subjects such as smoking, vaping, exercise, drinking, mental health, weight and food consumption etc, We included a question on falls, satisfaction with the local area, caring responsibilities, general health, sleep quality, financial security, worries, and background characteristics, including whether there were children in the household.
- **We also spoke with other local authorities (special thank you to Wakefield Council) to understand what had been useful in their surveys** coming out of the pandemic, and what hadn't worked (for example we were advised to steer clear of questions on household income!).
- **A small number of questions were open ended** – we asked people to state the three things they were most worried about, and what might help them be more physically active. Separate thematic analysis is being undertaken to understand open text responses.

Response

- Approximately 30,000 households were sent a survey.
- People could post back or complete online.
- We did some face-to-face interviews at the end (to top up the response rate from young men) and a small amount of people were surveyed via a market research panel (this can help to examine any problems with questions).

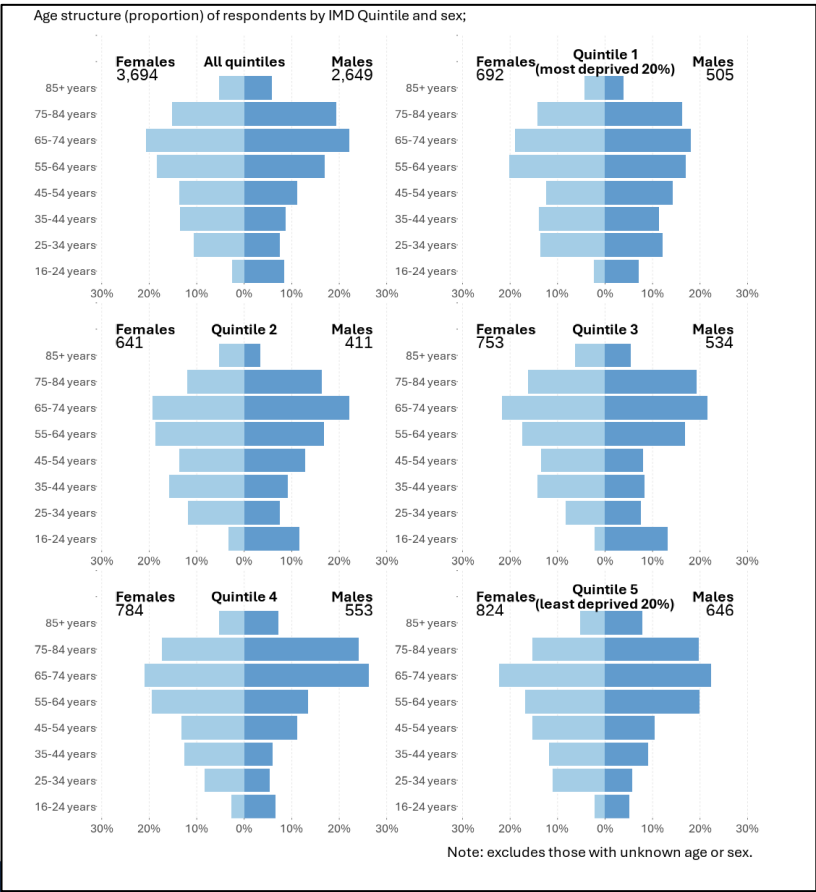
West Sussex Your Health Matters 2024; final sample achieved, by completion route and deprivation quintile

Deprivation Quintile	Invited and returned by post	Invited and completed online	Face to face boosted sample	Market research panel	Total
Quintile 1 (most deprived)	961	193	55	14	1,223
Quintile 2	789	165	49	71	1,074
Quintile 3	927	175	83	118	1,303
Quintile 4	1,023	200	39	90	1,352
Quintile 5 (least deprived)	1,099	253	28	108	1,488
Total	4,799	986	254	401	6,440

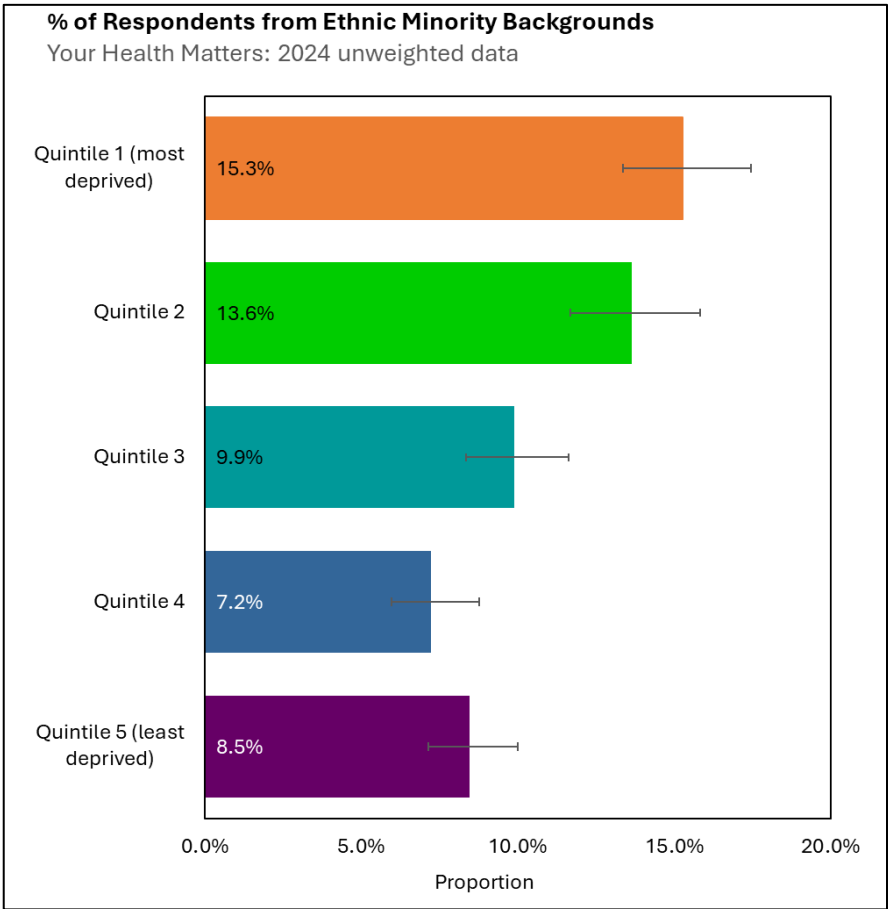
Demographics of Respondents

- **The age profile of respondents differed.** Areas with higher level of deprivation had a younger age profile of respondents. The least deprived areas had higher proportions of respondents from older age groups (Graph 1).
- Quintiles 1 and 2 had a **significantly higher percentage of respondents from ethnic minority backgrounds** (Graph 2).

Graph 1 – Age Structure of the Population



Graph 2 – Ethnic Background of Respondents

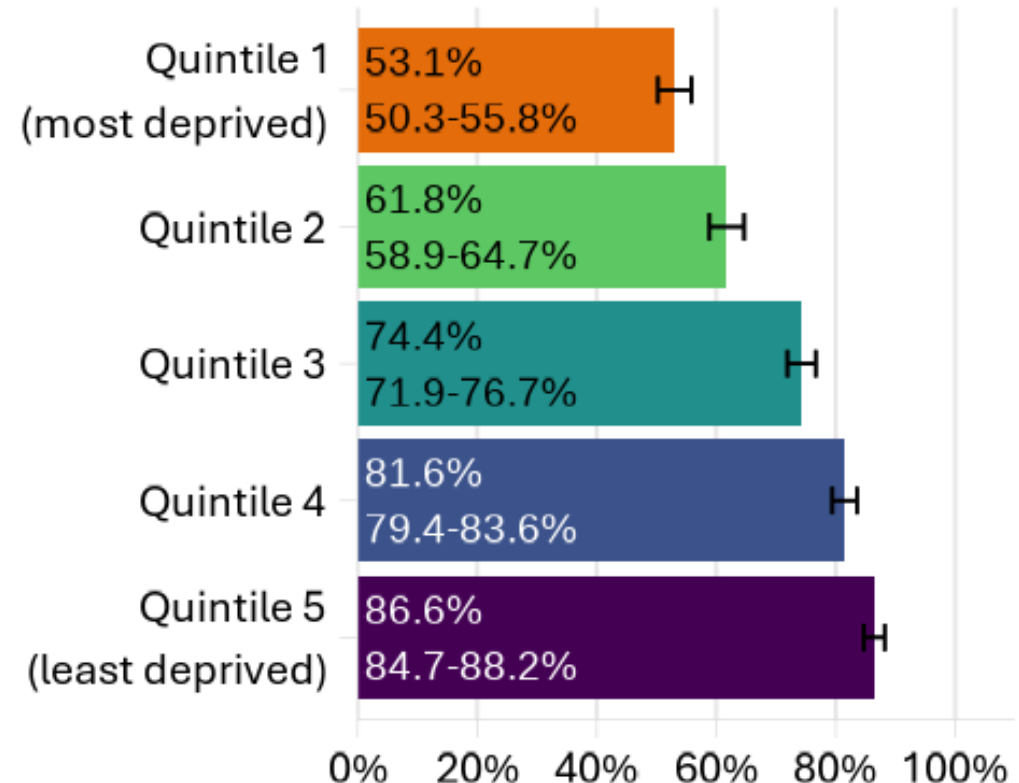


Wider Determinants

- **Home ownership** was a clear marker between each of the quintiles.
- In Quintile 1, 53% of respondents owned their own home (whether outright, with a mortgage or in a shared ownership scheme). This was significantly lower than Quintile 2, which in turn was significantly lower than Quintile 3...
- Tenure could be useful marker for other data collection and analyses.

- **Each deprivation quintile has distinct rates of home ownership** (*i.e. confidence intervals do not overlap*) – tenure could be useful marker for other data collection

Proportion of respondents who own their house (either with or without a mortgage) by IMD Quintile;



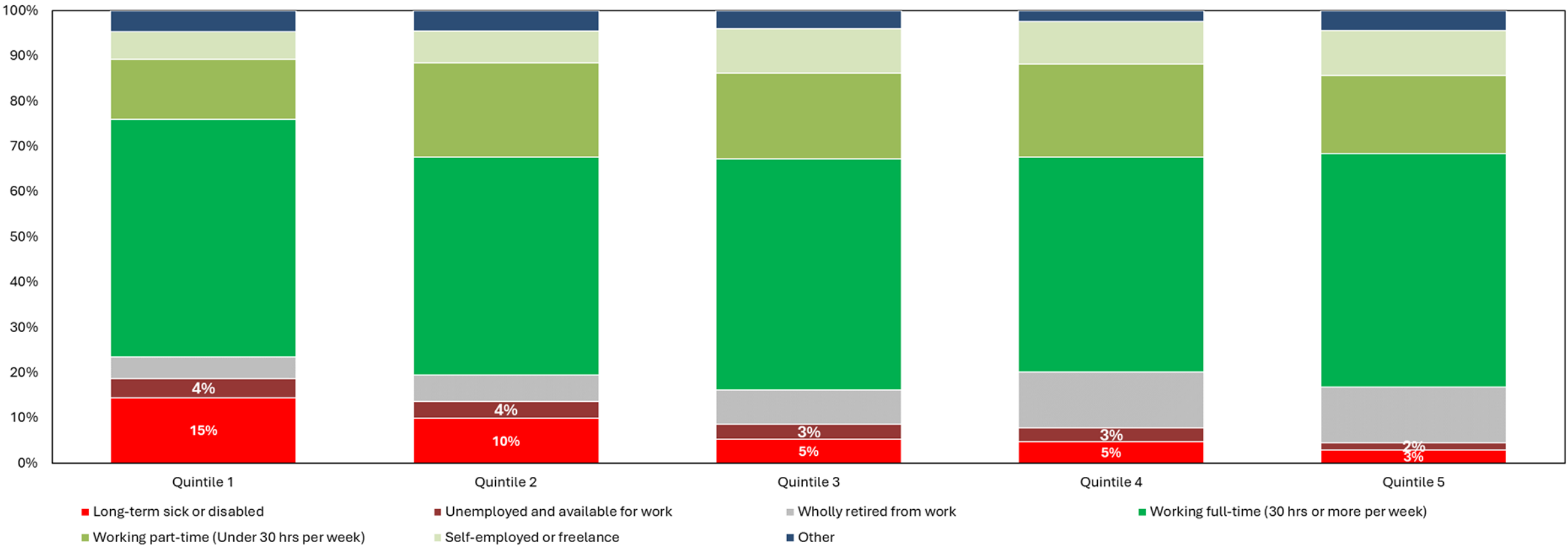
Activity of 16 to 64 year-olds

The graph below excludes people aged 16-64 who are in full time education.

- When asked to describe their current position. 15% of people in Quintile 1 and 10% of people in Quintile 2 said they were long term sick or disabled. These areas are significantly different to the rest of West Sussex. Over 12% of people aged 16-64 years in the least deprived quintiles (4 and 5) said they were wholly retired from work, significantly higher than the rest of West Sussex.
- 1 in 5 of respondents aged 16 to 64 years in Quintile 1 were either unemployed (but available for work) or long term sick or disabled.

Responses to the question

“Which of these activities best describes what you are doing at present? Please select your main activity?”



Cost of Living Pressures

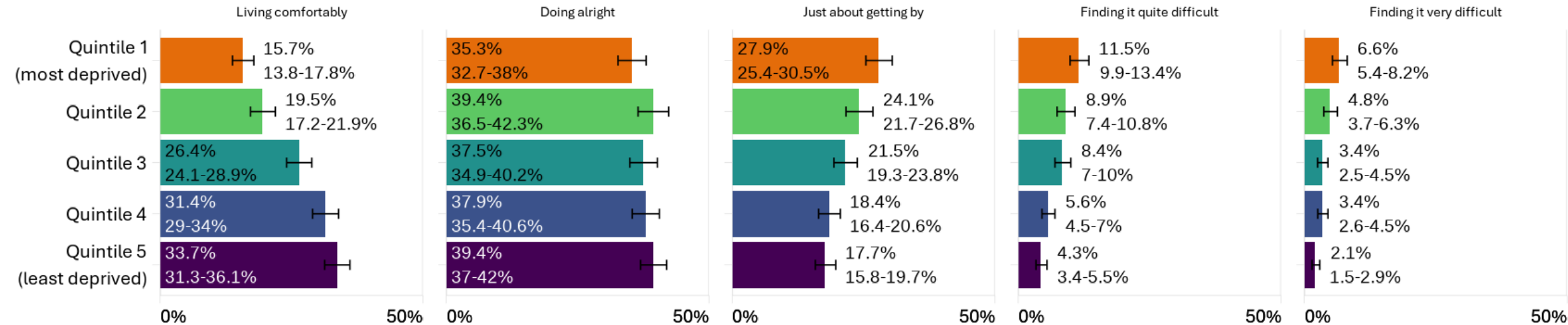


Respondents were asked ‘*How well would you say you are managing financially these days?*’ with the options to say they were living comfortably or finding it quite or very difficult.

- Clear gradients for those reporting that they were living comfortably with one in seven of those in the most deprived quintiles saying they lived comfortably (15.7%, 13.8-17.8%) compared with one in three (33.7%, 31.3-36.1%) in the least deprived quintiles.
18.1% of households in deprived areas said they were finding things difficult or very difficult.

West Sussex Your Health Matters 2024;

Financial comfort/challenge by IMD Quintile;



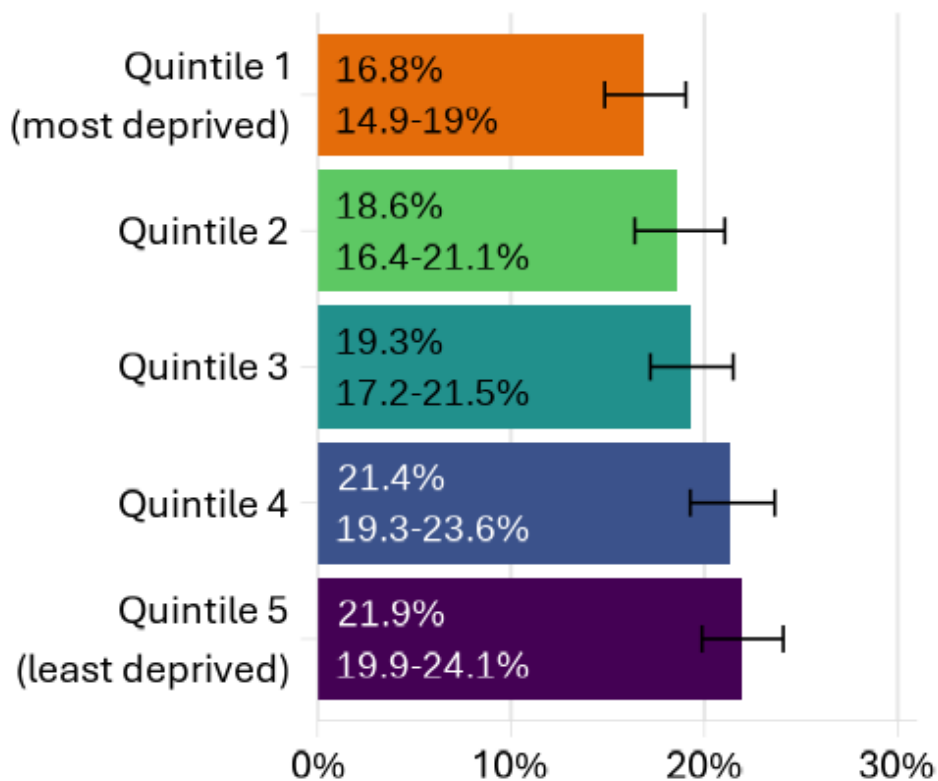
Excludes those who did not answer or answered 'prefer not to say'

Some differences are more nuanced

(and in part reflect the different age profiles of the quintiles)

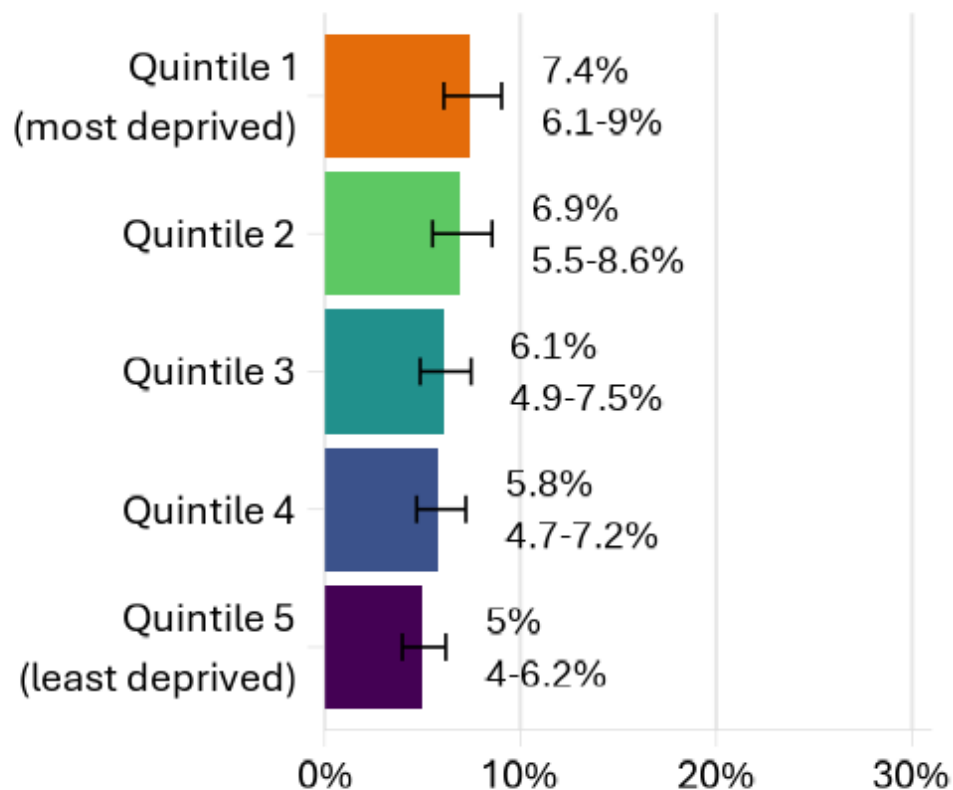
Higher likelihood of being a carer in less deprived areas

Providing any care by IMD Quintile;



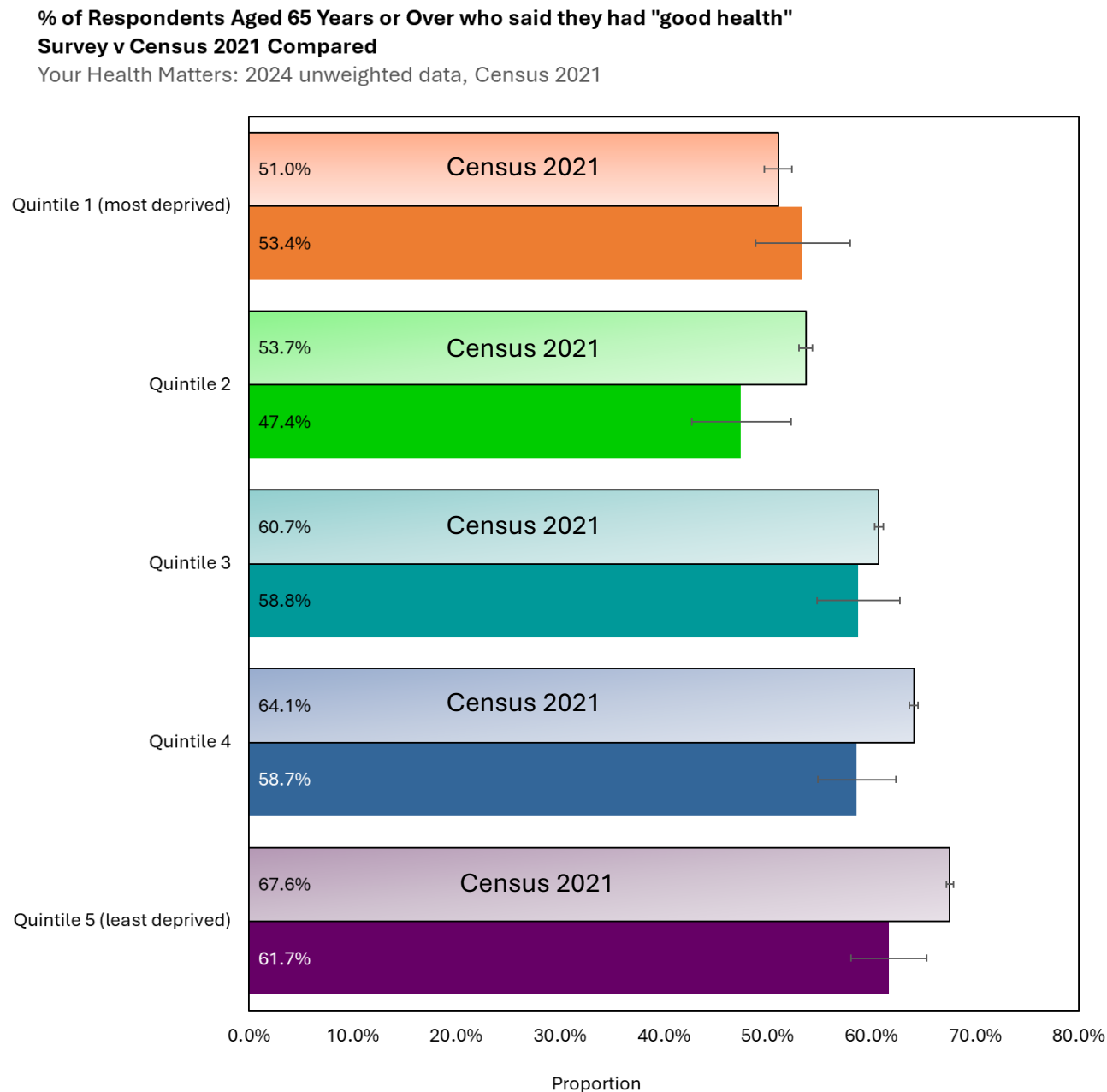
But higher likelihood of caring for 20+ hours in most deprived areas

Providing 20+ hours care by IMD Quintile;



General Health of Over 65 Year Olds

- The survey included a question asking people about their general health. This was the same question used on the 2021 Census. This means we can compare results.
- As we know that older people are more likely to respond to voluntary surveys, this graph compares survey responses from people aged 65+ with the data from the 2021 Census.
- Results are broadly in line with the Census. The Census results showed a stronger social gradient on this question and a lower percentage of survey respondents living in Quintiles 2, 4 and 5 said they had good health, compared with the Census 2021.
- It is acknowledged that responses to questions on health can differ by the type of survey, Your Health Matters was health specific, the Census was not.
- Breaking down this data further and examining results by sex, women had a stronger social gradient than men, with a significantly lower percentage of women in the most deprived areas reporting good health (54%), than women in the least deprived areas (66%).



Mental Health, Loneliness and Sleep

- A number of questions were included to provide an understanding of mental wellbeing, loneliness and sleep.
- Two scales were used, the **Short Warwick-Edinburgh Mental Well-being Scale** (SWEMBS)[®] and the **De Jong Gierveld Scale** which provides a measure of loneliness

Short Warwick-Edinburgh Mental Well-being Scale Statements

- 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

De Jong Gierveld Scale (Short scale) Statements

- I experience a general sense of emptiness
- There are plenty of people I can rely on when I have problems
- There are many people I can trust completely
- I miss having people around
- There are enough people I feel close to
- I often feel rejected

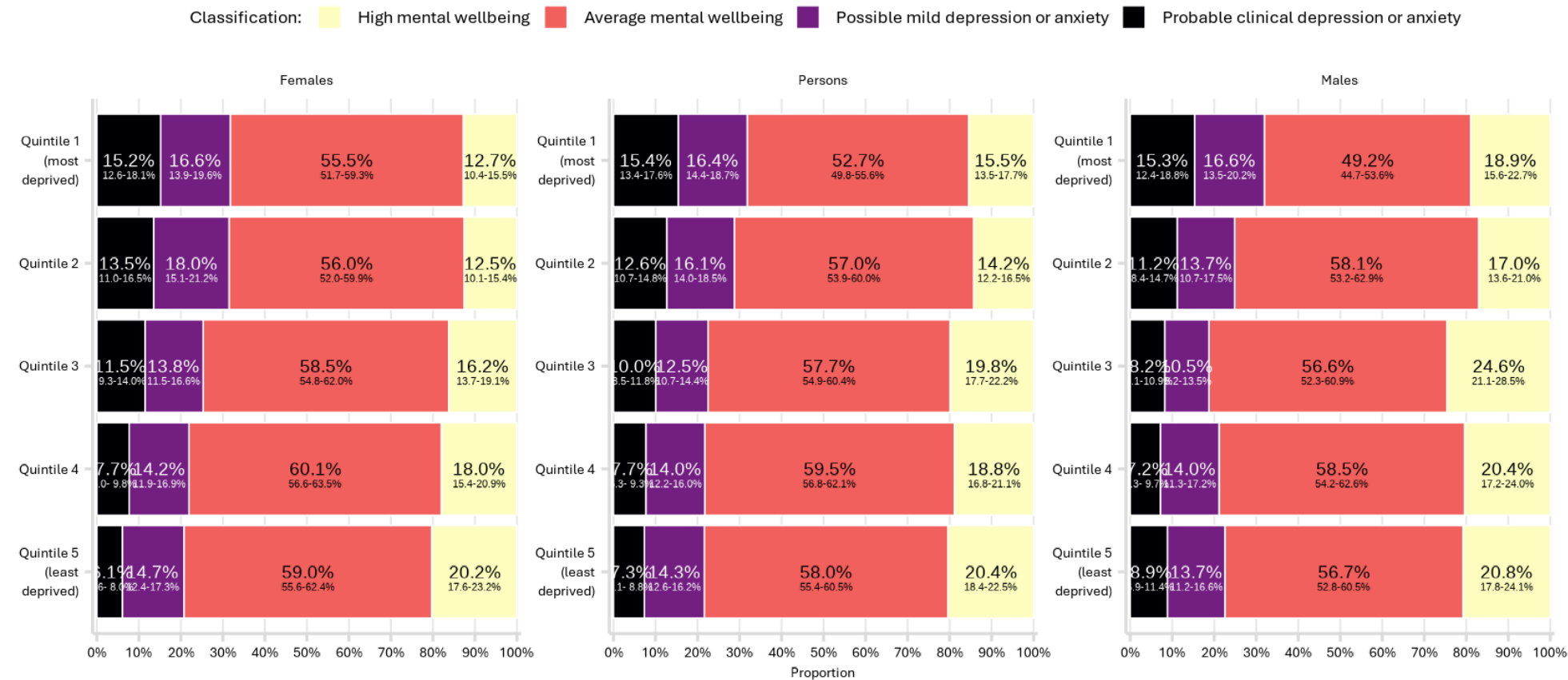
- We included a question about sleep (*"During the last month how would you rate your overall quality of sleep?"*)
- Questions were also asked about where people would seek help if they thought needed it, and there was an open text question asking people to list the three things that most worried them. These questions are being separately analysed.

Short Warwick-Edinburgh Mental Well-being Scale

- Using the Warwick-Edinburgh Wellbeing Scale questions found that people in the poorer areas of West Sussex were significantly more likely to have “probable clinical depression or anxiety”. The social gradient being more apparent on *poor* mental wellbeing than *good* mental health. A stronger gradient was observed amongst women compared with men.

Prevalence of mental wellbeing (SWEMWBS) by deprivation quintile (nationally ranked) and sex; West Sussex

Your Health Matters; 2024 unweighted data
95% confidence intervals shown in parentheses beneath prevalence

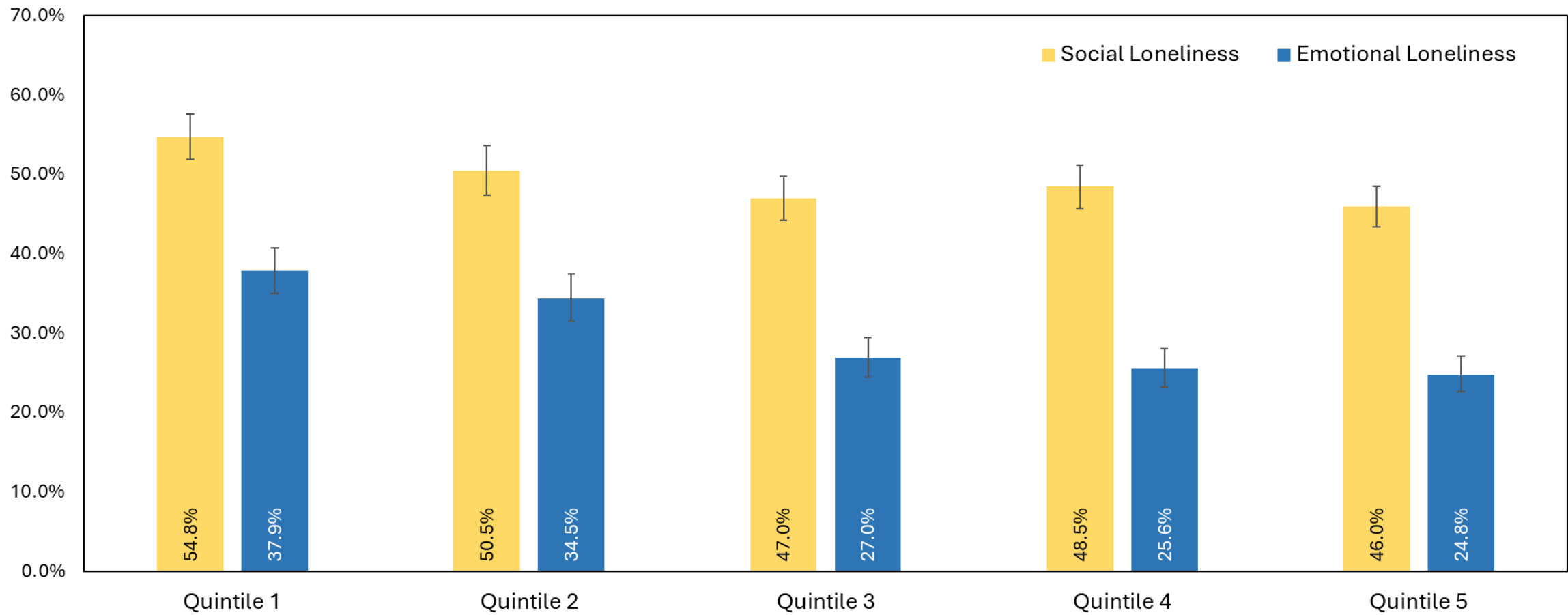


* excludes where mental wellbeing score could not be calculated/was unknown. Categories based on transformed scores
Persons includes those who reported their sex as either 'Other', 'Prefer not to say', or 'Don't know'

Loneliness

- The De Jong Gierveld Scale was used to compare areas in relation to **social loneliness** (which relates to a broader group of contacts or an engaging social network) and **emotional loneliness** (relating to the absence of an intimate figure or a close emotional attachment).
- A gradient was observed in relation to both social and emotional loneliness, with a higher level of loneliness across all quintiles identified in relation to *social* loneliness.

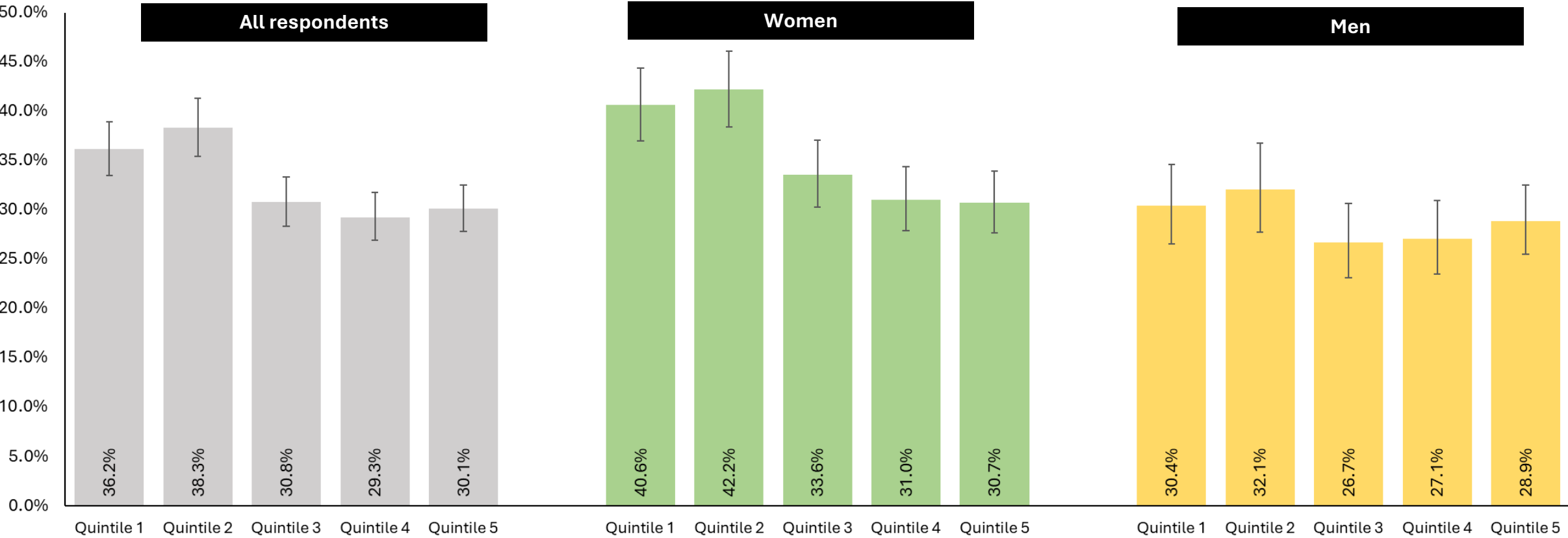
Percentage of Respondents Flagged as Experiencing Social and Emotional Loneliness by Deprivation Quintile



Sleep

- A question was included which asked people to self-assess the quality of their sleep over the preceding month. Respondents in Quintile 1 and Quintile 2 were significantly more likely to report their sleep as being bad or very bad.
- This was also a question where there was a marked difference between the responses of women compared to men. Women were significantly more like to report poor sleep. Over 40% of women in the most deprived areas reporting bad or very bad sleep.

% of Respondents who reported their sleep as being "fairly or very bad"



- The survey identified poorer mental health as a clear marker for poor physical health and poorer health behaviours.
- This relationship is complex and can act both ways - those with poorer mental health being more likely to smoke, less physically active, drink more etc, but these behaviours can also act to reduce mental wellbeing.
- **Of the people identified using Warwick-Edinburgh Wellbeing Scale as having probable clinical depression or anxiety, these were:**
 - More likely to be physically inactive
 - Far more likely to smoke (a third of people in Quintile 1 with probably clinical depression said they were smokers)
 - More likely to be obese (from 1 in 3 people in the most deprived areas to 1 in 4 in least deprived)
 - For people aged 16-64 years, far more likely to be economically inactive, with almost 50% of people with probably clinical depression being economically inactive in the most deprived areas.

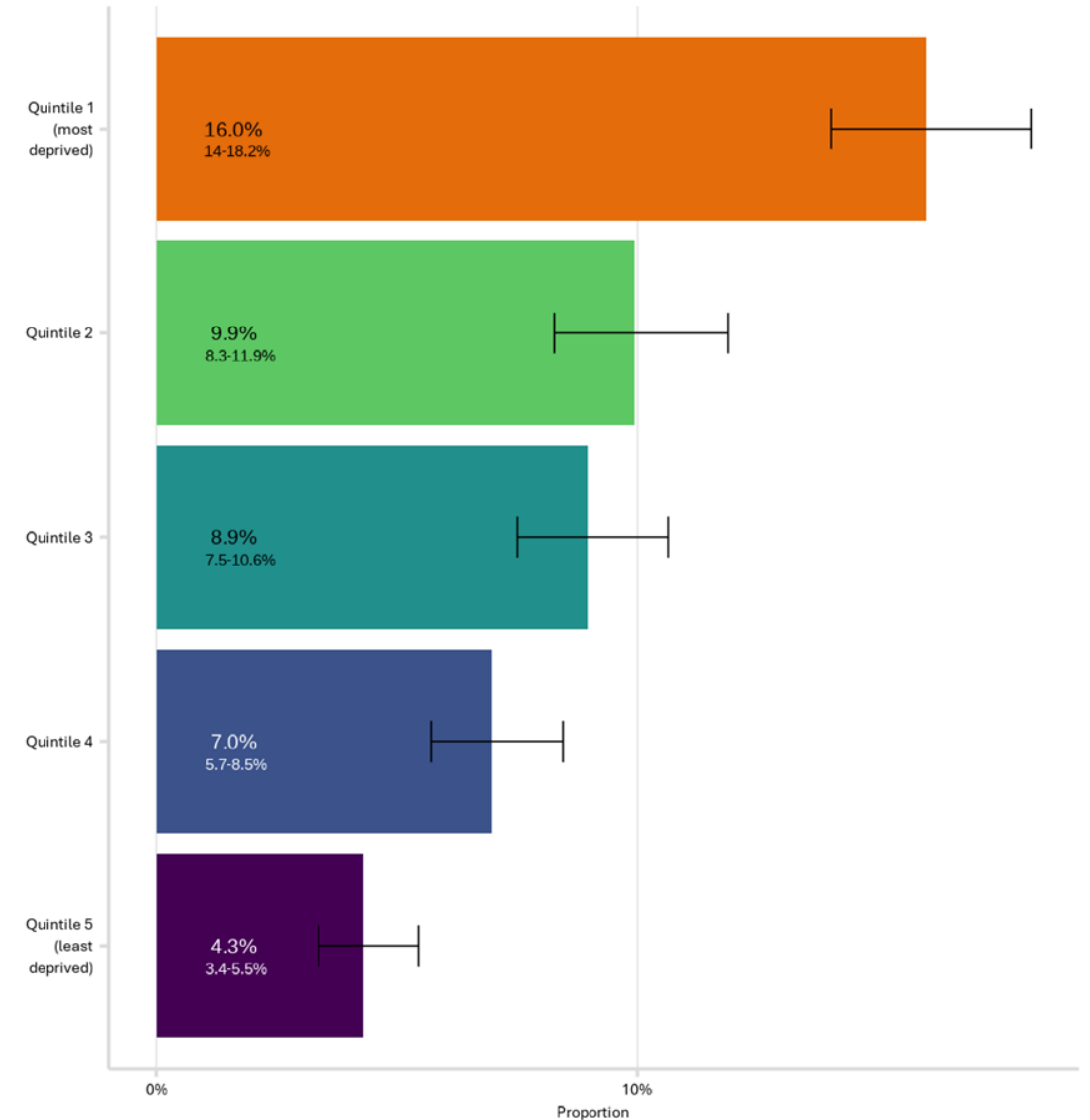
Smoking and Vaping

A number of questions were included on smoking, vaping, and for smokers, questions on the experience of trying to give up and the motivation to stop.

- **In terms of current smokers**, 16% of people in the most deprived areas said they smoked, this fell to 4.3% in the least deprived.
- There was a clear social gradient to smoking status. While men were more likely to smoke than women in deprived areas (17.5% v 14.8%) the social gradient was evident irrespective of sex.
- Within the most deprived areas, 25% of people with low mental wellbeing were smokers, significantly higher than people with high or average mental wellbeing, and there was a higher rate of smoking of people from an ethnic minority background.

Proportion of respondents who currently smoke (regular and occasionally); West Sussex

Your Health Matters; 2024 unweighted data; Provisional



* excludes where smoking status was unknown

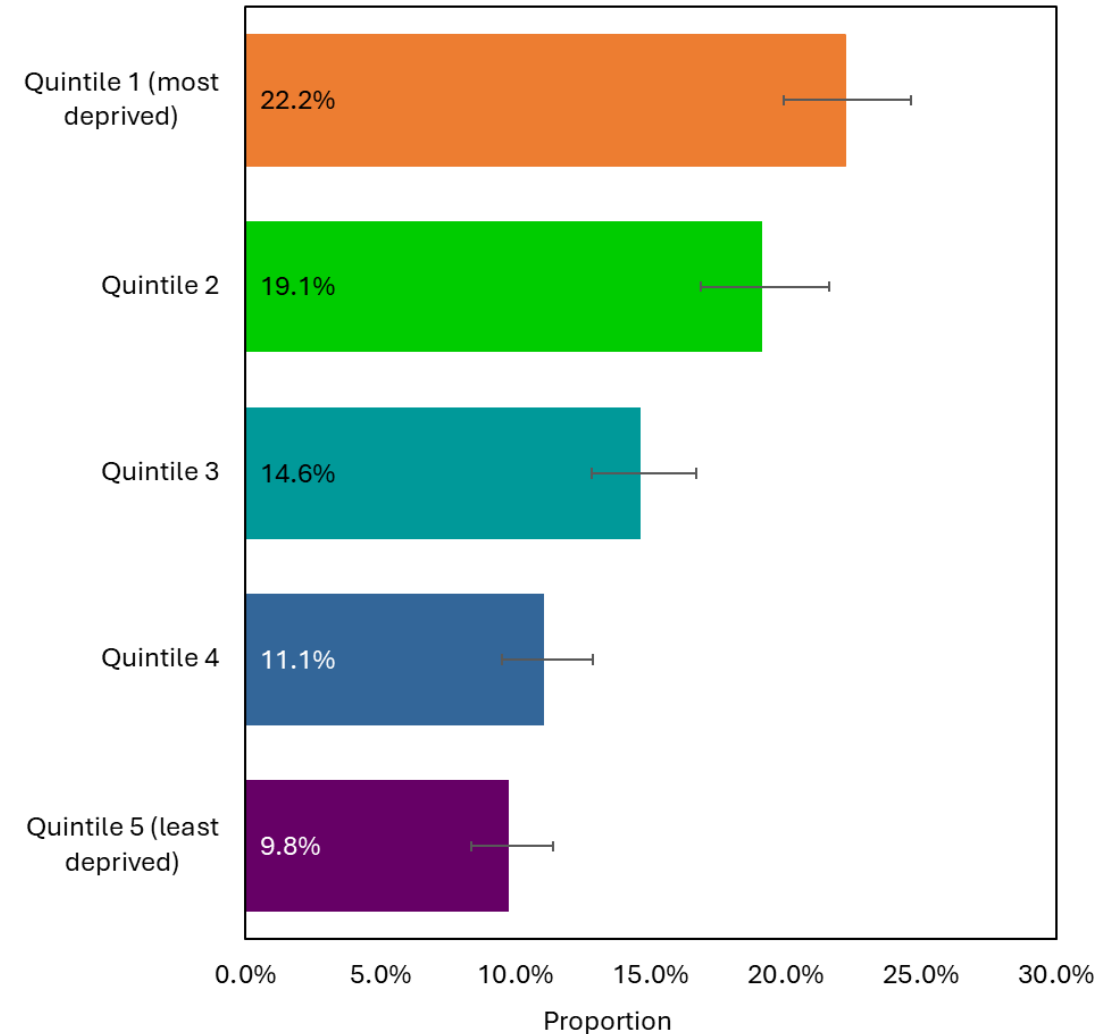
Includes those who reported their sex as either 'Other', 'Prefer not to say', or 'Don't know'

Vaping

- People were more likely to have vaped (ever vaped) in Quintile 1 and Quintile 2 than the rest of the county. With approximately 1 in 5 people having vaped in these areas compared with 1 in 10 in the least deprived area.
- 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).

Proportion of Respondents who said that they had vaped

Your Health Matters: 2024 unweighted data

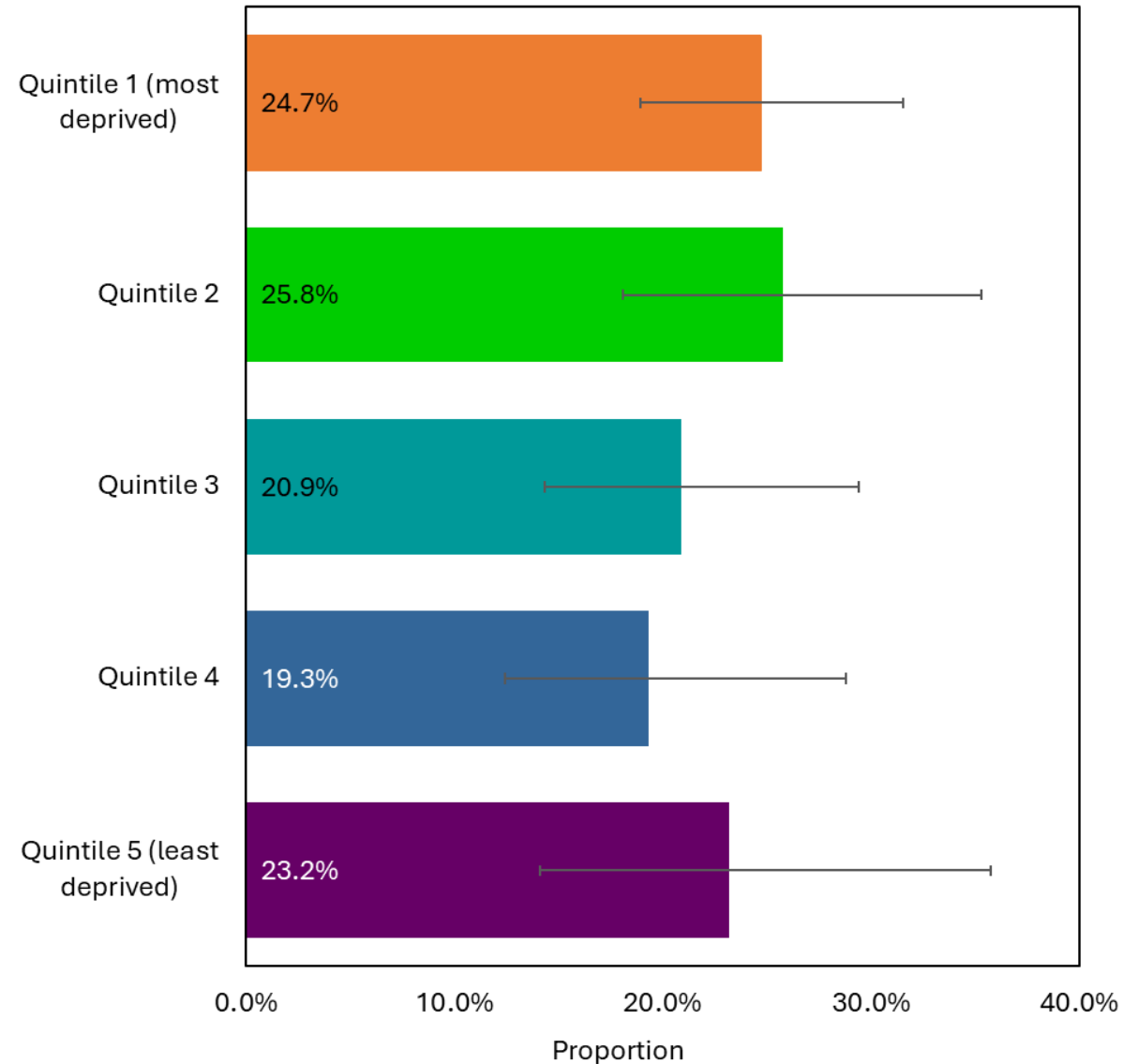


Attitudes to Stop Smoking

- Questions were included that examined the motivation of people, who smoked, to stop smoking.
- In terms of having a strong desire to stop (whether in the medium or short term, or where no time period noted) there was no difference between smokers across the social gradient.
- Between 1 in 5 and 1 in 4 smokers expressed a strong desire to quite across the county.

Smokers who stated a "strong desire" to quit

Your Health Matters: 2024 unweighted data



Behaviours are complicated! So are the data!

Understanding alcohol consumption

- It can be complicated!
- There can be a lot of different ways to reach an 'answer'
- For example, determining alcohol consumption a number of questions are needed to understand whether people are adhering to CMO guidelines, including whether people drink at all, how many days a week people drink alcohol, and also additional questions on units consumed.
- People can give contradictory responses!

Q10 How often do you have a drink containing alcohol? Please choose one answer only.

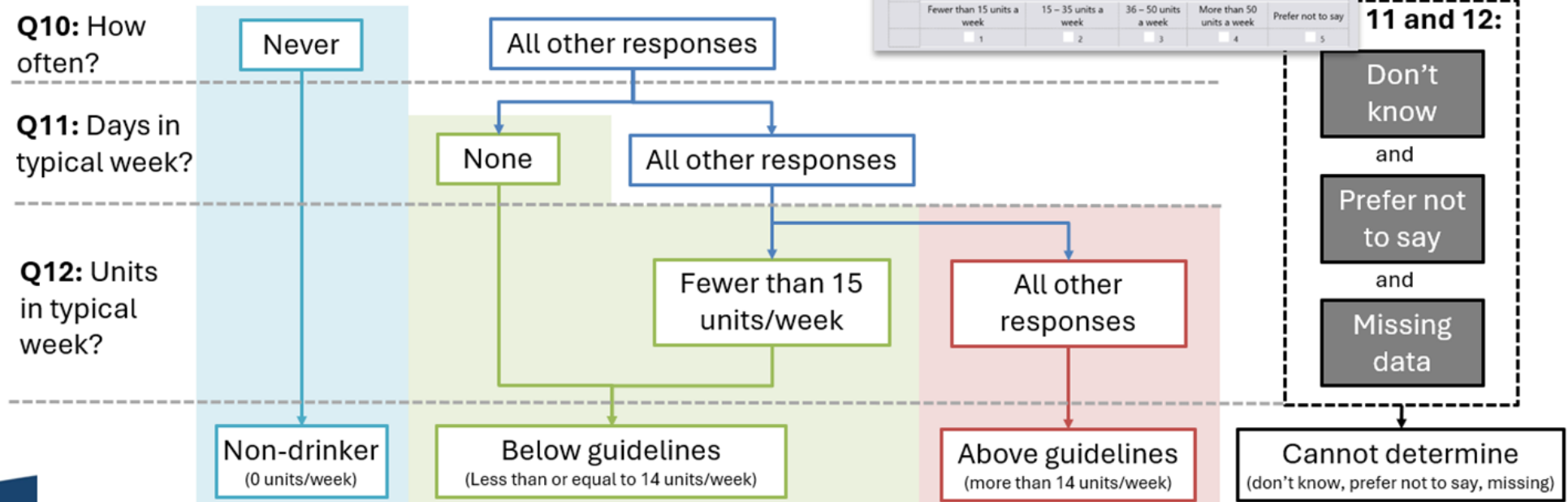
Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4 or more times per week	Don't know	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q11 Answer this question if you said you ever have a drink containing alcohol at Q10... Just thinking about a typical week - how many days do you drink alcohol? Please choose one answer only.

1 day	<input type="checkbox"/> 1	4 days	<input type="checkbox"/> 4	7 days	<input type="checkbox"/> 7	Don't know	<input type="checkbox"/> 9
2 days	<input type="checkbox"/> 2	5 days	<input type="checkbox"/> 5	None (0 days)	<input type="checkbox"/> 8	Prefer not to say	<input type="checkbox"/> 10
3 days	<input type="checkbox"/> 3	6 days	<input type="checkbox"/> 6				

Q12 Answer this question if you said you drink on at least 1 day in a typical week at Q11... How many units of alcohol do you drink in a typical week? If unsure, please use the unit image on the opposite page and estimate. Please choose one answer only.

Fewer than 15 units a week	15 - 35 units a week	36 - 50 units a week	More than 50 units a week	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

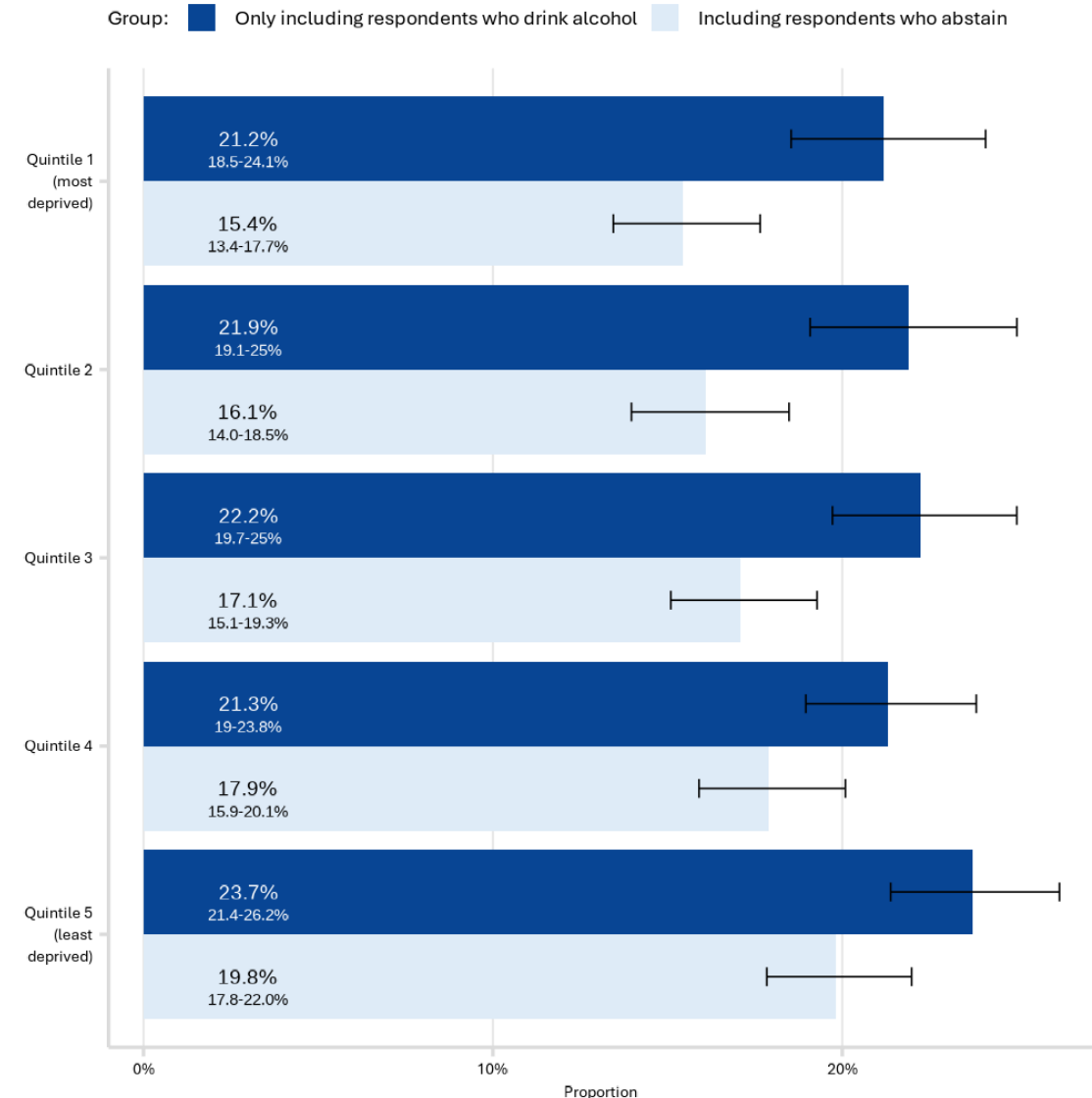


Alcohol Consumption - complex picture

- UK CMO's low risk guidelines for alcohol:
 - Not more than 14 units per week
 - Spread drinking over 3 or more days per week, with several alcohol-free days
- Proportion of adults drinking over 14 units of alcohol a week is **highest** in the **least deprived** (23.7%) and lowest in most deprived (21.2%). This finding has been observed nationally
- The difference in the proportion between the least (19.8%) and most (15.4%) deprived is **significant** when including those who abstain from alcohol
- Levels of abstinence significantly **higher** among the most **deprived** (27.2%) than the least deprived areas (around 16% in quintiles 4 and 5)

Proportion of respondents who are drink more than the CMO's recommendations* (> 14 units per week) by deprivation quintile (nationally ranked)

Your Health Matters; 2024 unweighted data; Provisional



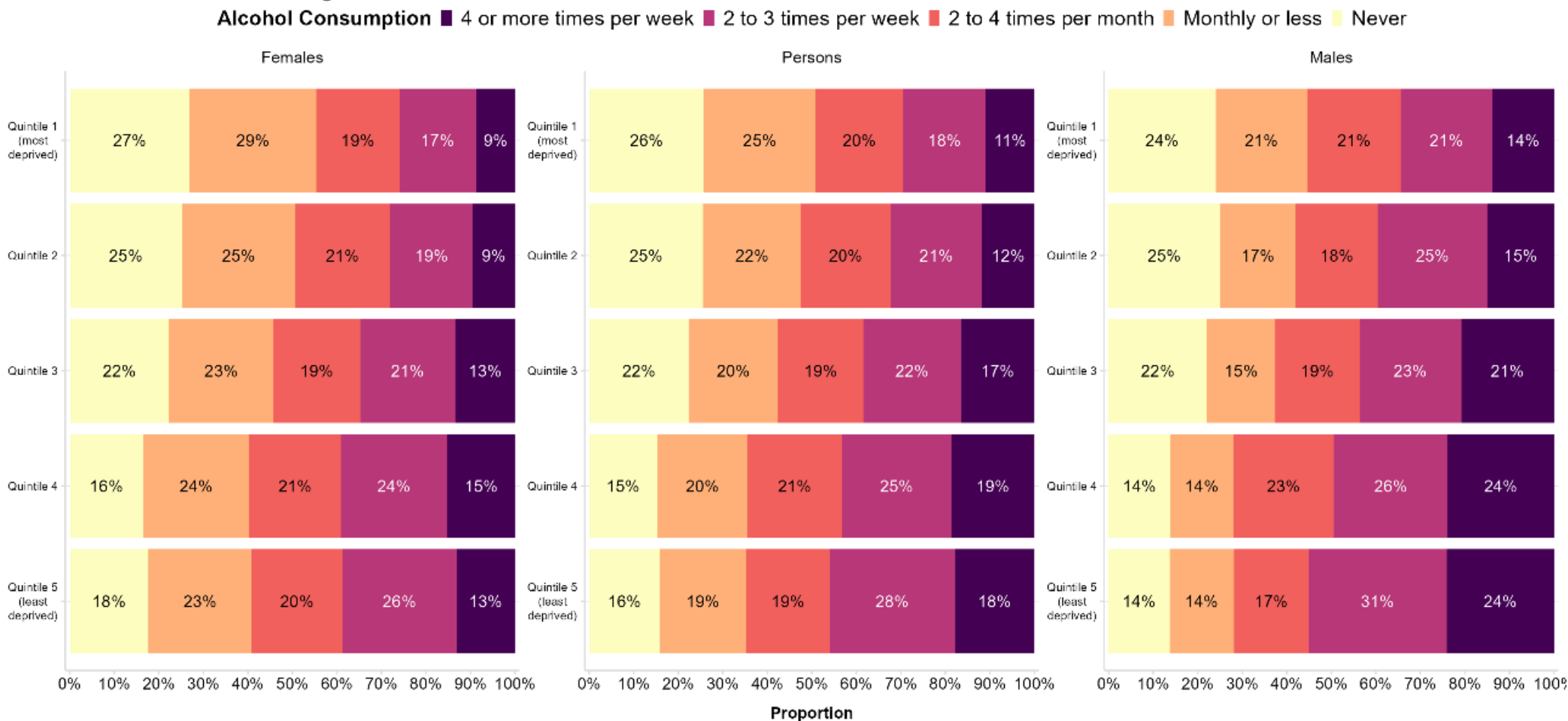
*proportions include/exclude people who abstain from alcohol. Excludes where number of units were unknown (missing and 'don't know') and 'prefer not to say'

Frequency - Drinking Frequency

In the *least* deprived areas, respondents reported drinking more frequently – **this was evident particularly amongst males.**



Alcohol consumption* by deprivation quintile (nationally ranked) and sex; West Sussex
Your Health Matters; 2024 unweighted data



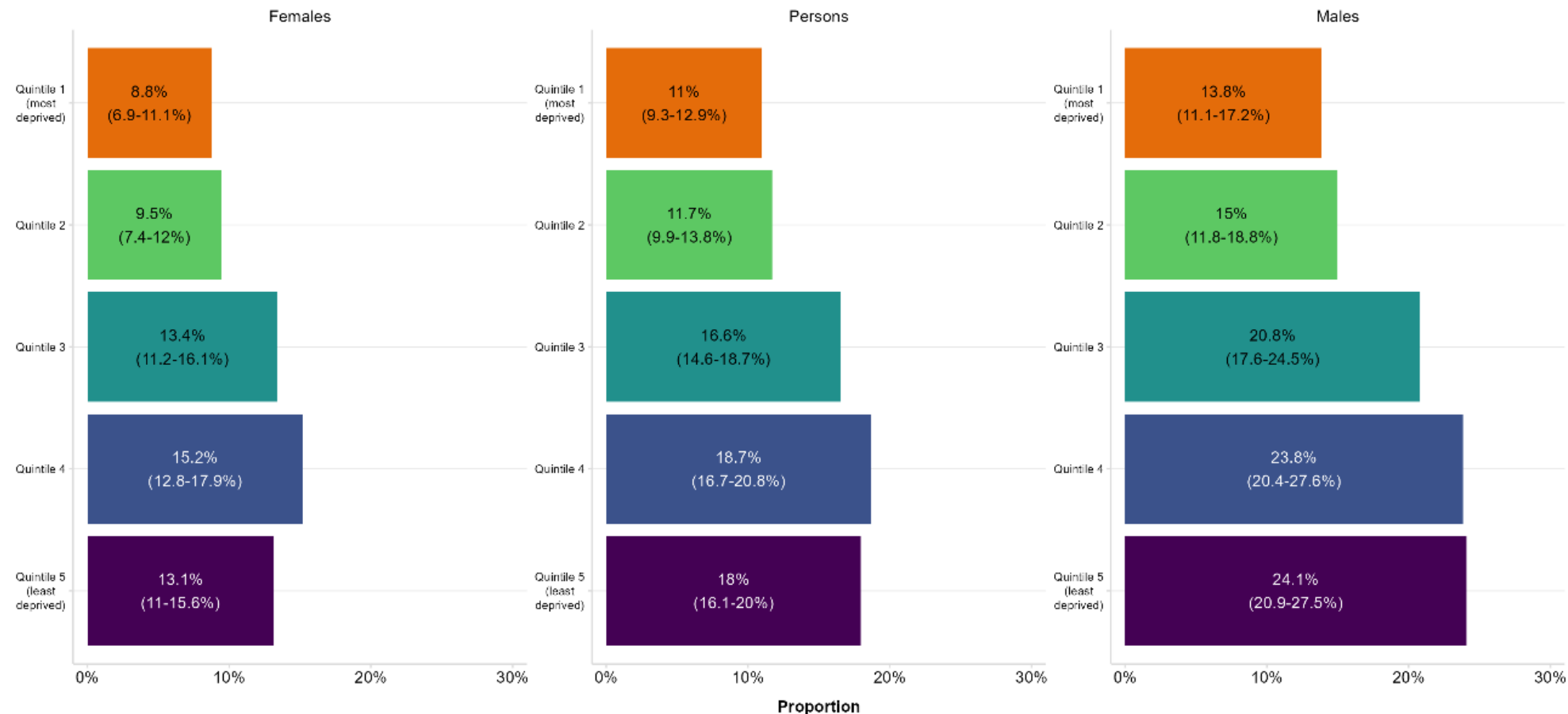
* excludes unknown or 'prefer not to say' responses.
Persons includes those who reported their sex as either 'Other', 'Prefer not to say' or 'Don't know'

Frequency - Drinking 4+ times per week

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



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'

AUDIT C Tool

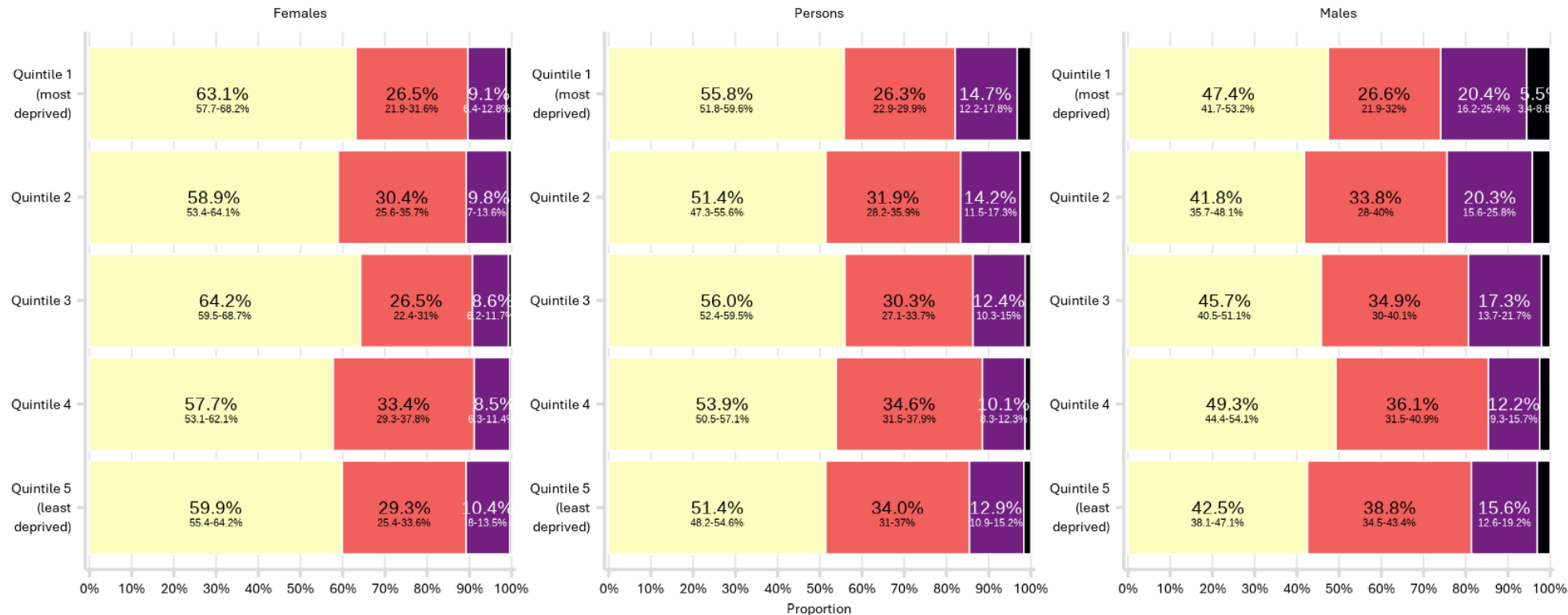
The survey included questions which form part of the Alcohol Use Disorders Identification Test Consumption (AUDIT C) tool. These are questions that help identify people who are hazardous drinkers or who may have an active alcohol use disorder. Using these questions people in the more deprived areas were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

Alcohol use disorders identification test consumption (AUDIT C) category by deprivation quintile (nationally ranked) and sex; West Sussex

Your Health Matters; 2024 unweighted data

95% confidence intervals shown in parentheses beneath prevalence

AUDIT C category: Possible dependence Higher risk Increasing risk Low risk



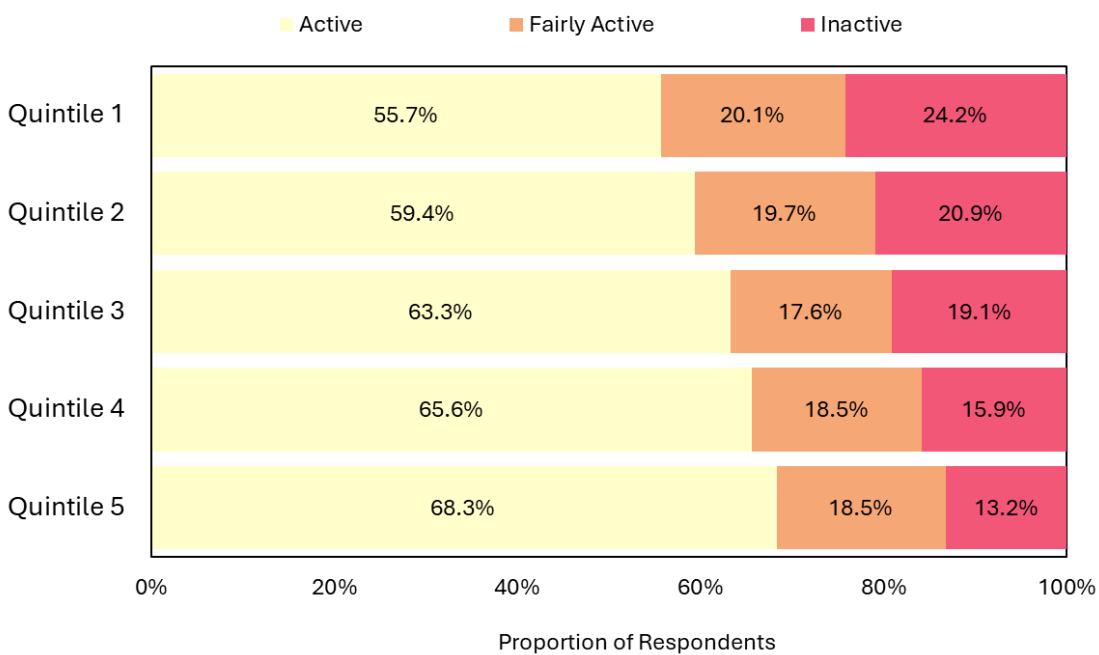
* excludes where AUDIT C category could not be calculated/was unknown.

Persons includes those who reported their sex as either 'Other', 'Prefer not to say', or 'Don't know'

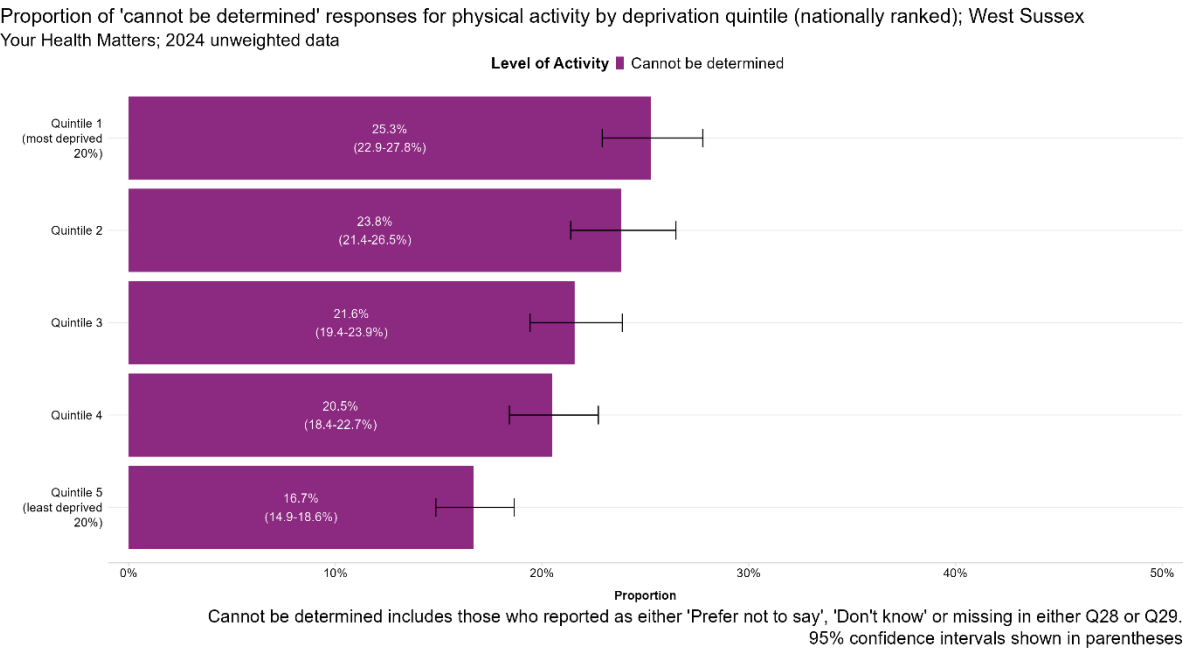
Levels of Physical Activity

- Data were collected on physical activity – on how many minutes a week people do moderate activity or vigorous activity (moderate activity raising heart rate, breathe a little faster and feel warmer, vigorous making someone breather hard and fast).
- 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.

Physical Activity Levels by Deprivation Quintile



Missing Data on Physical Activity by Deprivation Quintile

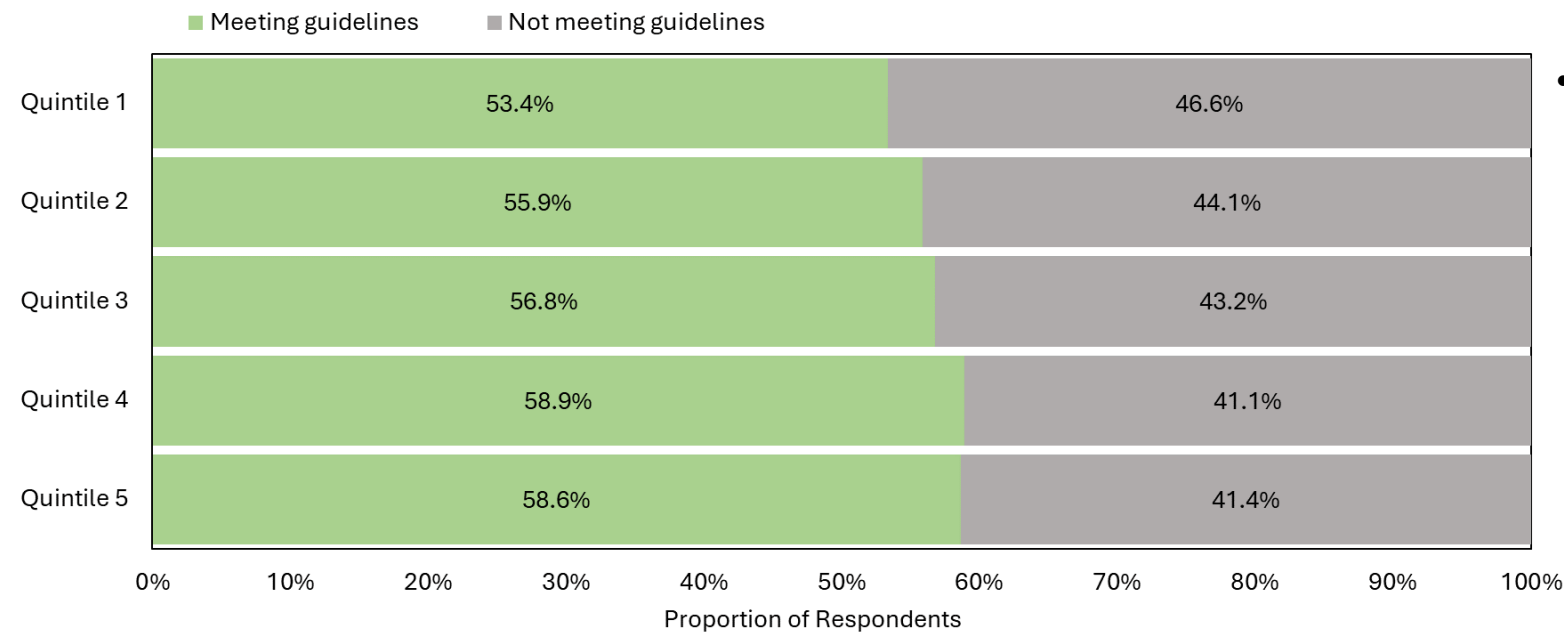


Active (150 minutes or more per week of moderate intensity equivalent activity)
Inactive (fewer than 30 minutes per week of moderate intensity equivalent activity)

Strength Based Activity

- The NHS set out the importance of strength based and “flexibility” exercises. These help increase muscle strength, maintain bone density, improve balance and reduce joint pain and are important at all ages. There was concern that the pandemic had acted to physically de-condition people, particularly older people and people with long term conditions who had shielded.
- Examples of muscle-strengthening activities include:
 - carrying heavy shopping bags
 - yoga
 - pilates
 - tai chi
 - lifting weights
 - working with resistance bands
 - doing exercises that use your own body weight, such as push-ups and sit-ups
 - heavy gardening, such as digging and shovelling
 - wheeling a wheelchair
 - lifting and carrying children

Strength Based Activity by Deprivation Quintile



- On this measure there was no significant difference between areas. With over 40% of respondents, irrespective of deprivation, not meeting guidelines of strength- based activities.

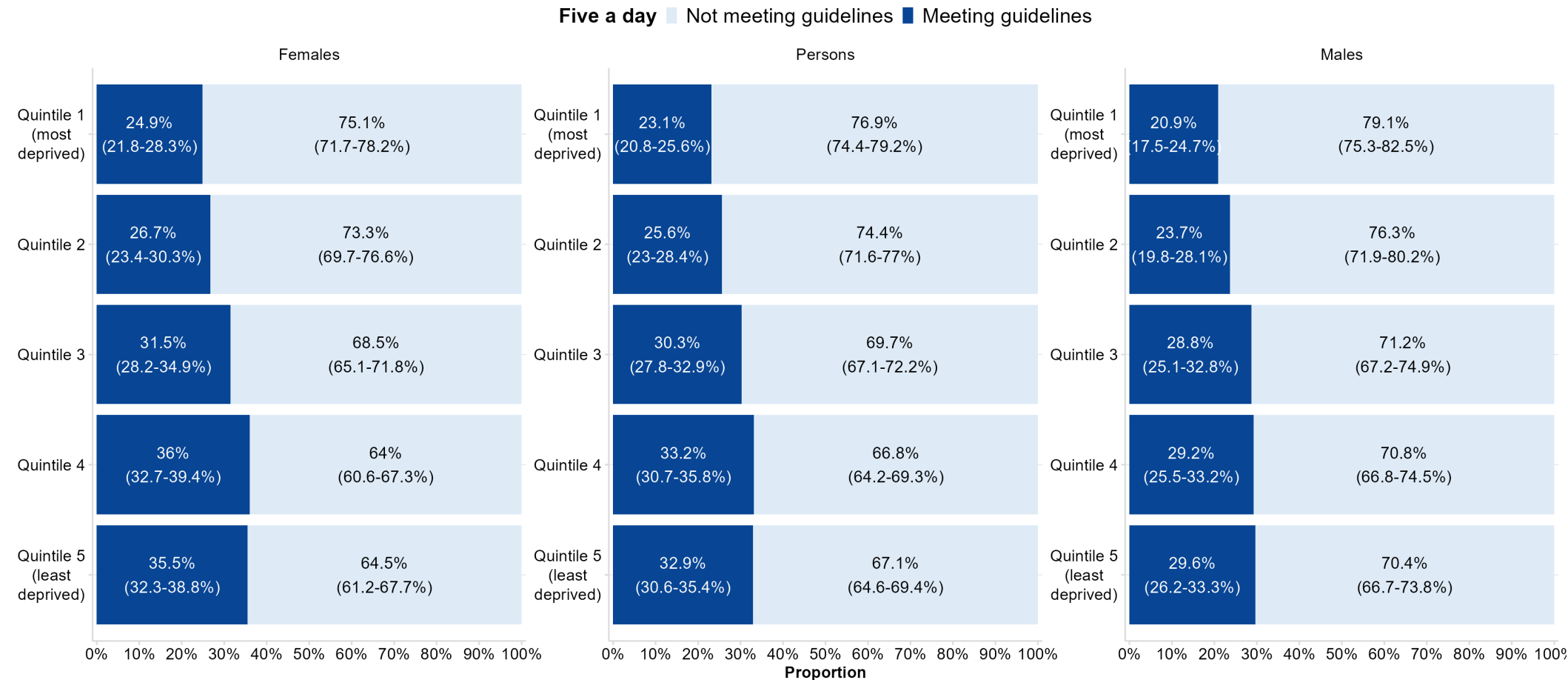
Guidelines = activities that improve strength on 2 or more days a week

'Five a day' fruit and veg consumption

- In relation to consumption of 5 or more portions of fruit a day, while there was a social gradient, in all areas most people did not meet this level of consumption, with men less likely than women to consume 5 a day.



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



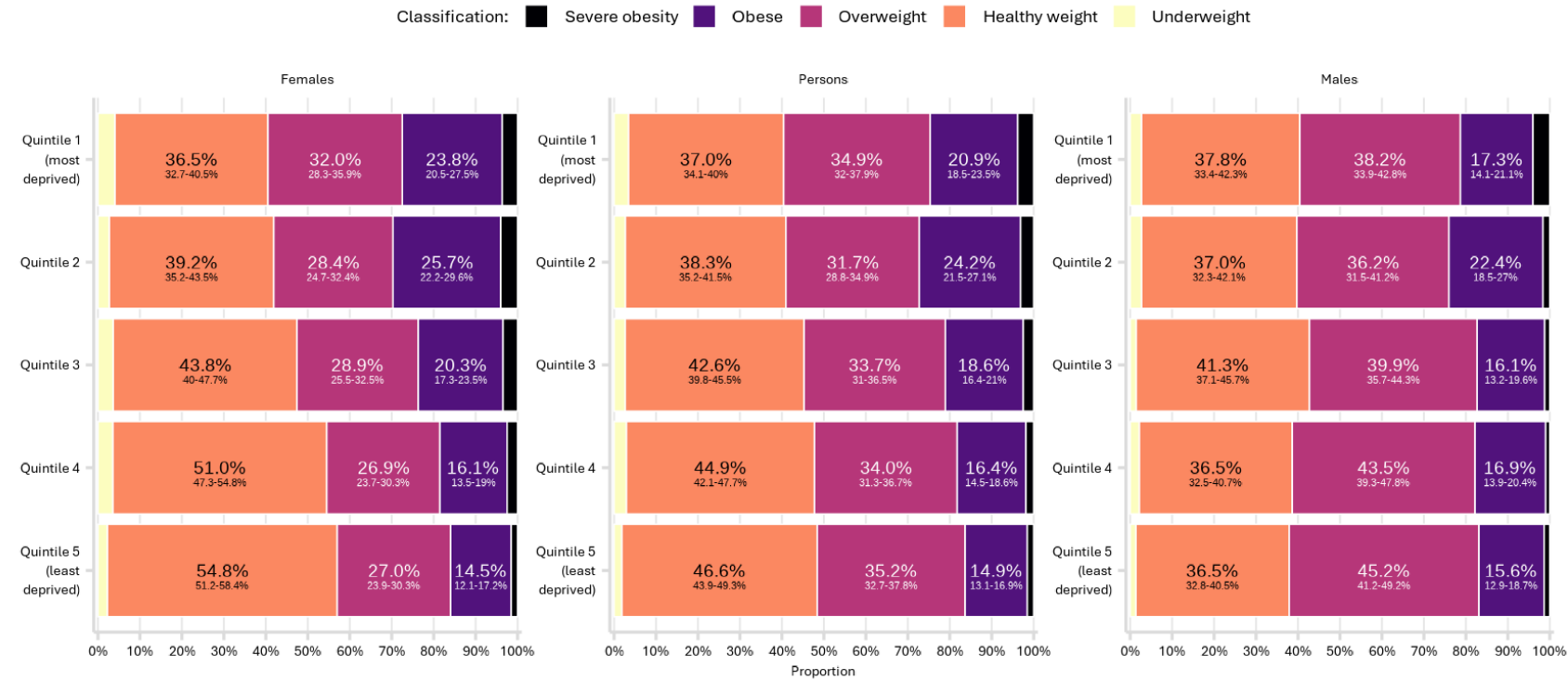
* excludes unknown
95% confidence intervals shown in parentheses

BMI classifications

- 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 with 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%).

BMI classification prevalence by deprivation quintile (nationally ranked) and sex; West Sussex

Your Health Matters; 2024 unweighted data
95% confidence intervals shown in parentheses beneath prevalence



* excludes where BMI could not be calculated/was unknown.

Persons includes those who reported their sex as either 'Other', 'Prefer not to say', or 'Don't know'

Clustering of health behaviours

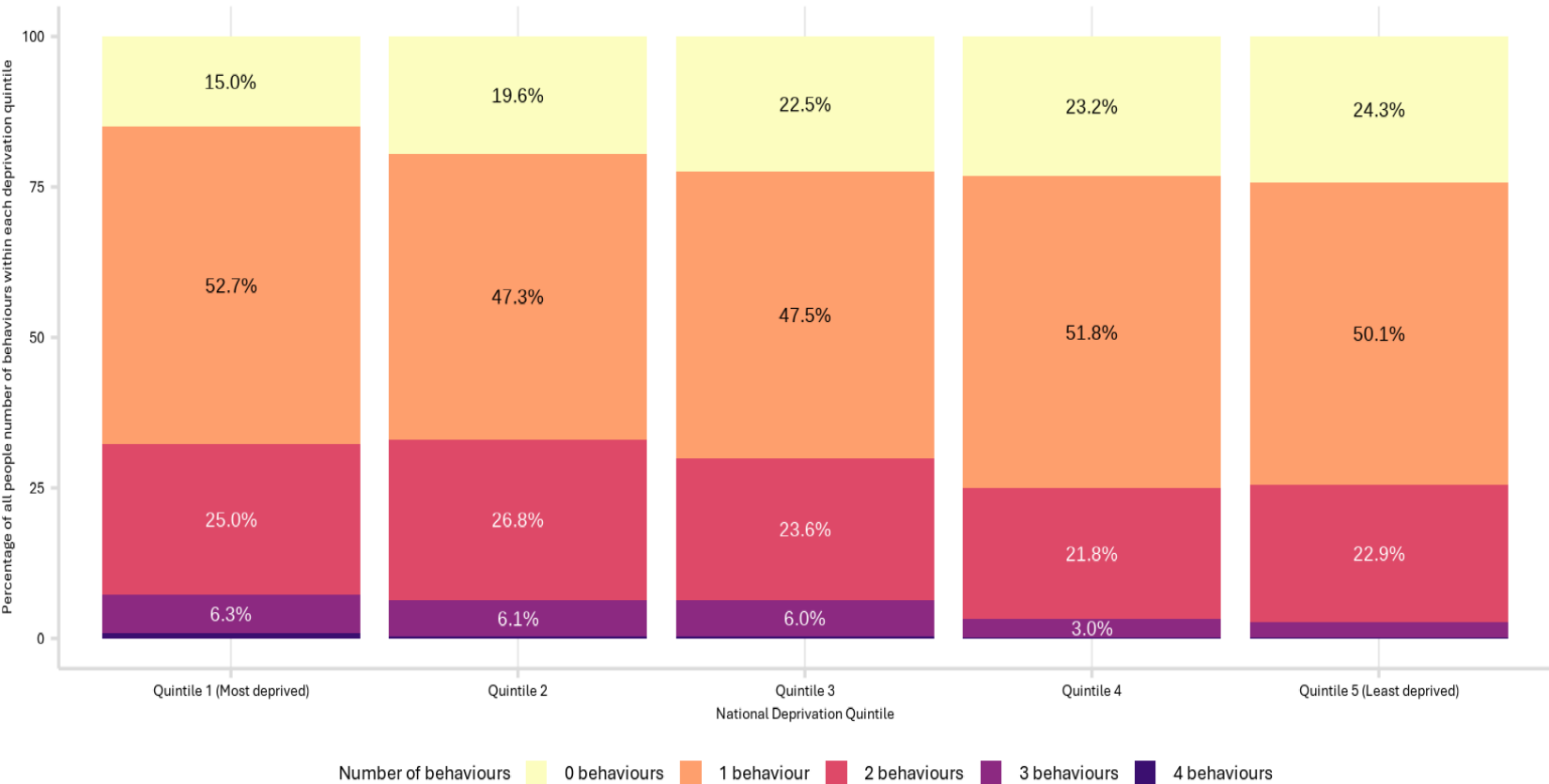
- The survey has enabled us to consider how behaviours *clustered*. In the most deprived areas people were more likely to do a combination of 3 or more behaviours than the least deprived areas. In the least deprived quintile 1 in 4 people did none of the four “poor” health behaviours (i.e. they did not smoke, did not drink above CMO guidelines, were physically active and ate more than 5 or more portions of fruit and veg a day).

Focusing on four health behaviours:

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

Number of behaviours within deprivation quintiles

Includes smoking, drinking more than 15 units per week, physical inactivity, and not eating recommended five a day
Percentages less than 2.5% not shown

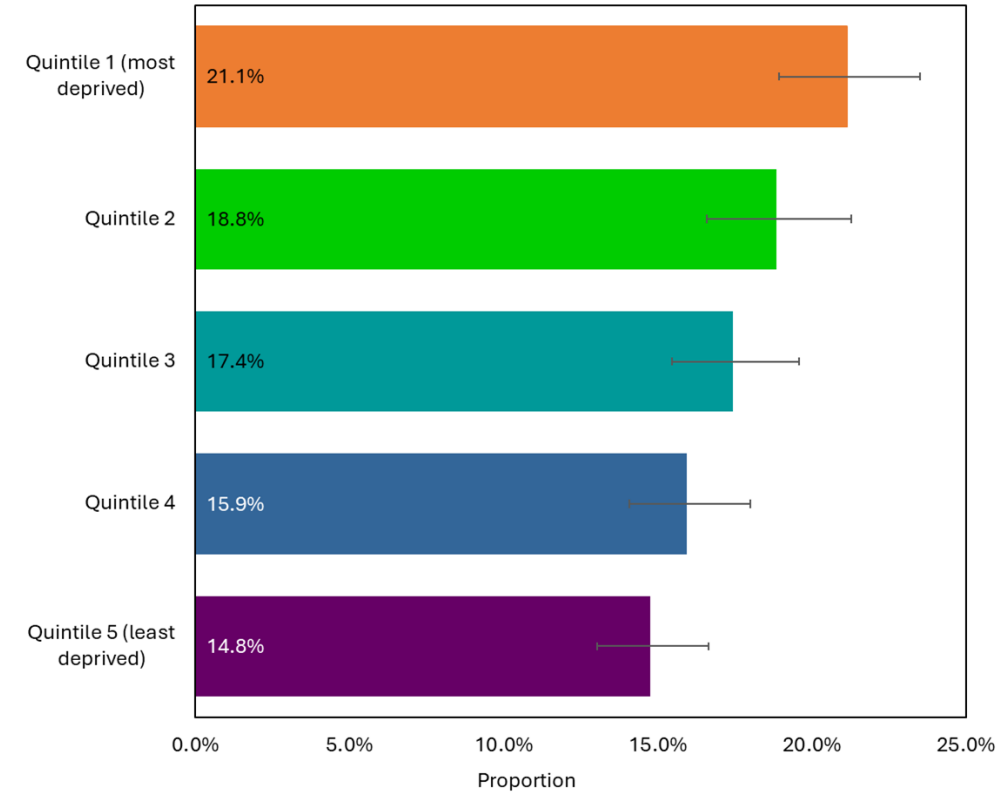


Falls and Seeking Medical Treatment After a Fall

- Two questions were asked about whether people had experienced a fall in the last year and hurt themselves, and then after having a fall if they had required medical treatment.
- In relation to having had a fall, respondents in deprived areas were more likely to have had a fall and hurt themselves, but there was no social gradient in term of treatment.

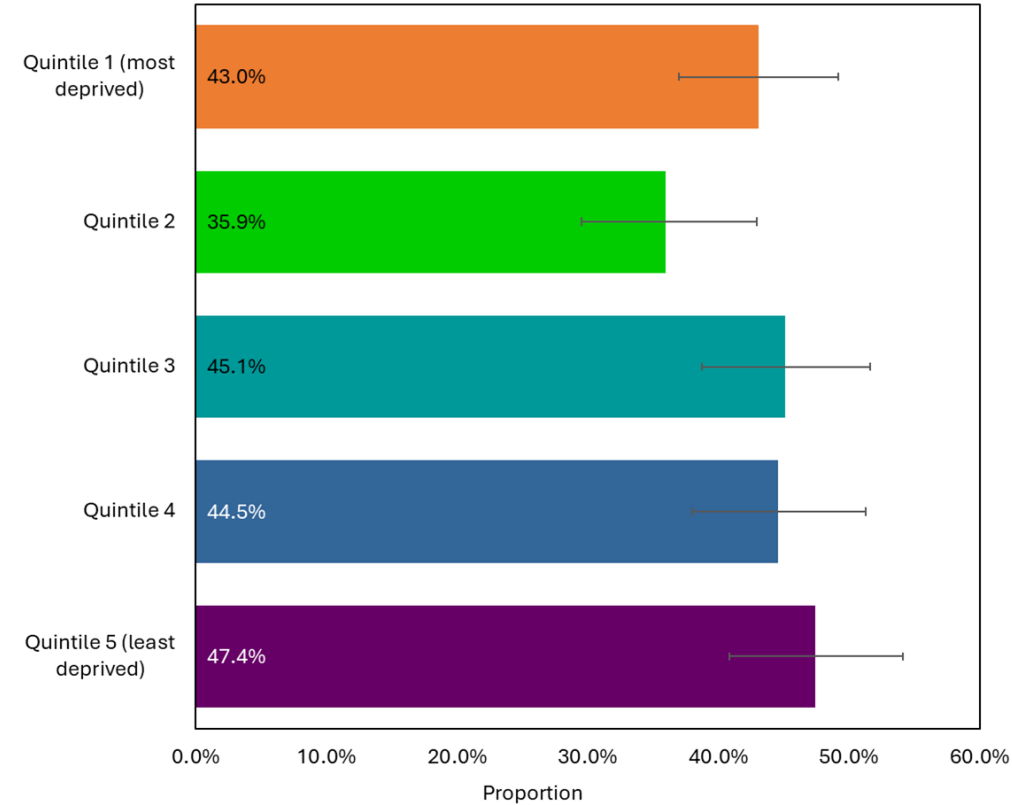
% of Respondents who had a fall and hurt themselves in previous 12 months

Your Health Matters: 2024 unweighted data



% of Respondents who had a fall and needed medical treatment

Your Health Matters: 2024 unweighted data

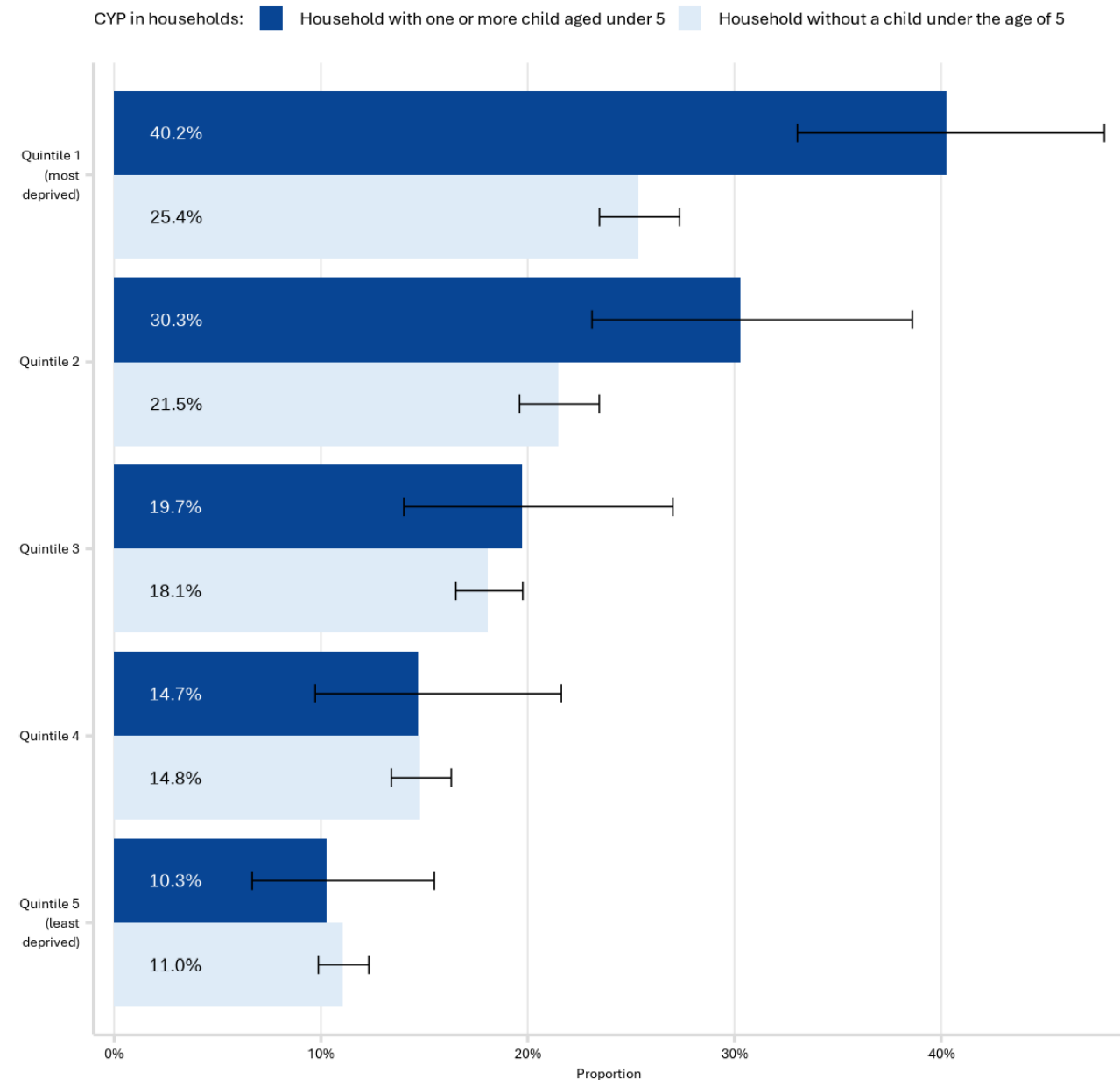


Households with young children

- This survey did not collect data about children, but many of the behaviours observed during childhood can have a lifelong impact.
- Within each quintile, we looked at health behaviours by the presence/absence of children aged under 5 years:
 - **Smoking** - In the most deprived quintile, two fifths of households with a child under the age of 5 also contained a smoker compared to a quarter without young children. This difference was significant only for the most deprived quintile.
 - **Mental health** (see slide overleaf) – 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)
 - **Physical activity** – No clear differences between those with/without young children by quintile
- Analyses don't control for age. Households with older adults may be less likely to also contain young children.

Proportion of respondents in a household with at least one smoker by deprivation quintile (nationally ranked) and presence of children aged under 5 in household; West Sussex

Your Health Matters; 2024 unweighted data; Provisional



* excludes unknown and 'prefer not to say'

Households with young children

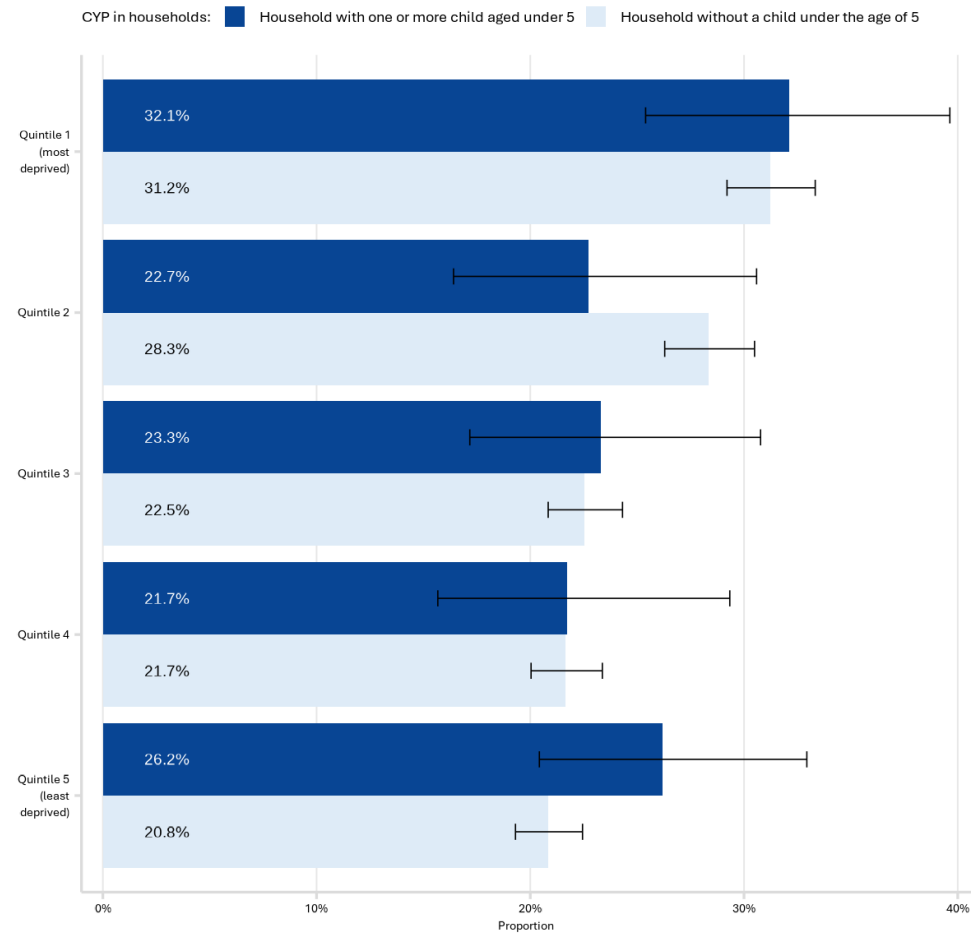
Living with Adults with Low and High Mental Wellbeing



- Respondents who reported there being a young child in the household were far less likely to report high mental wellbeing. The gradient was evident in relation to positive or good mental health not relation to poorer or low mental wellbeing.

Proportion of respondents who have low mental wellbeing by deprivation quintile (nationally ranked) and presence of children aged under 5 in household; West Sussex

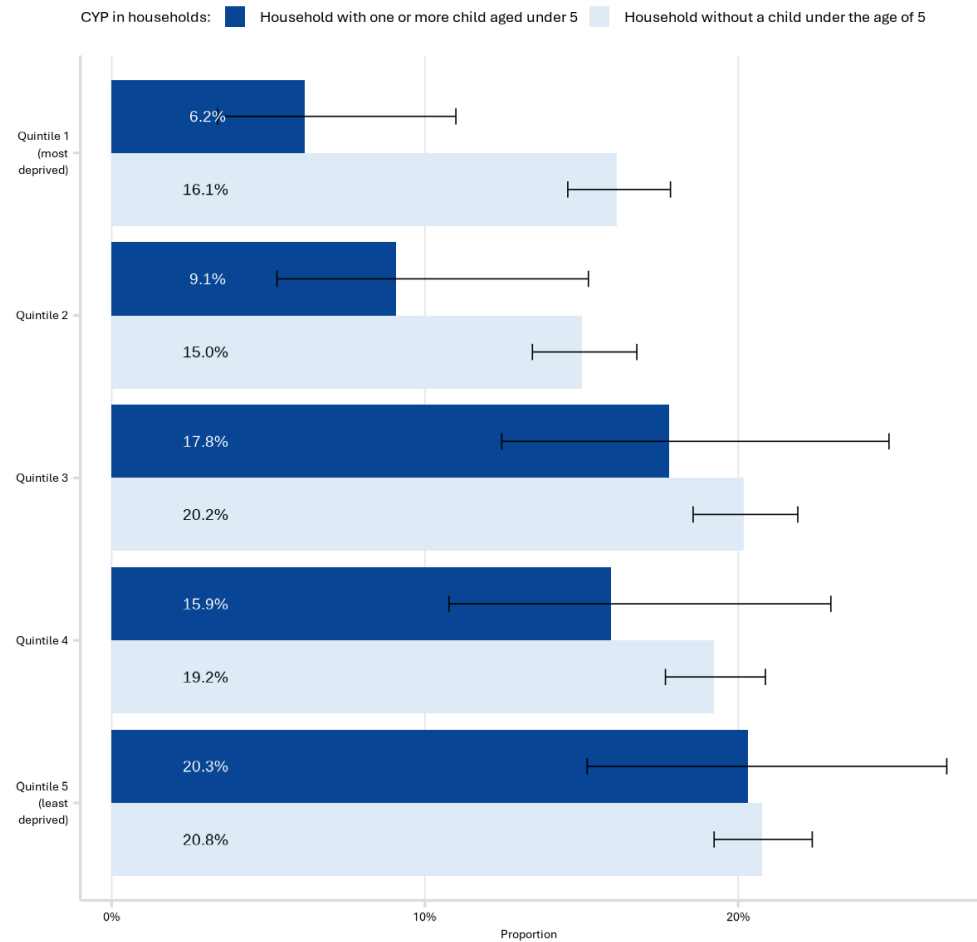
Your Health Matters; 2024 unweighted data; Provisional



* excludes unknown and 'prefer not to say'

Proportion of respondents who have high mental wellbeing by deprivation quintile (nationally ranked) and presence of children aged under 5 in household; West Sussex

Your Health Matters; 2024 unweighted data; Provisional



* excludes unknown and 'prefer not to say'

Quintile 1 - Areas within the Most Deprived 20% Nationally



Areas along the coastal strip & south-west Crawley.

Population of approximately **33,330 people** (Quintile with the smallest population)

In this area.....53% of respondents said they were homeowners, 18% said they were finding things financially difficult or very difficult, 22% of respondents said they had lived in their current home for 2 years or less, 19% of respondents aged 16-64 years said they did not work and were long term sick or disabled or were unemployed and available for work, 7.4% of respondents provided 20+ hours a week of unpaid care.

Smoking & Vaping	Alcohol Consumption	Physical Activity & Inactivity	WeightFruit & Veg Consumption	Clustering of Behaviours	Mental Health, Loneliness & Sleep
<ul style="list-style-type: none">16% smoke22.2% said they had vapedOf those who smoke 1 in 4 have a strong desire to quitHouseholds with a dependent child more likely to contain a smoker, 40.2% of households with a 0- to 4-year-old has a smoker	<ul style="list-style-type: none">21.2% of respondents drinking above CMO guidelines11% drinking alcohol at least 4 times a week.18% of respondents classified as higher risk or probable alcohol dependent using AUDIT C tool questions	<ul style="list-style-type: none">55.7% of respondents were physically active, 24.2% inactive.46.6% of respondents did not meet the strength-based activity guidelines.	<ul style="list-style-type: none">20.9% of respondents were obese, (23.9% of female respondents compared with 17.3% of male).76.9% of people said they did not consume 5 or more portions of fruit and veg a day.	<ul style="list-style-type: none">15% of respondents did not smoke, drink above guidelines, were physically active and ate 5+ portions of fruit and veg a day.7.3% did at least 3 of.. smoking, drinking above guidelines, physically inactive & not eating 5+ portions of fruit and veg.	<ul style="list-style-type: none">15.4% of respondents were identified as having probable clinical depression or anxiety.54.8% of respondents identified as having social loneliness (lack of a broader group of social contacts), 37.9% emotional loneliness (absence of a close emotional attachment).36.2% of respondents described their sleep in the last month as being bad, or very bad.






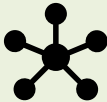

Quintile 2



All Districts and Boroughs have areas in this quintile.

Population of approximately **129,060 people**.

In this area.....62% of respondents said they were homeowners, 14% said they were finding things financially difficult or very difficult, 18% of respondents said they had lived in their current home for 2 years or less, 14% of respondents aged 16-64 years said they did not work and were long term sick or disabled or were unemployed and available for work, 7% of respondents provided 20+ hours a week of unpaid care.

			 		
Smoking & Vaping	Alcohol Consumption	Physical Activity & Inactivity	WeightFruit & Veg Consumption	Clustering of Behaviours	Mental Health, Loneliness & Sleep
<ul style="list-style-type: none">• 9.9% smoke• 19.1% said they had vaped• Of those who smoke 1 in 4 have a strong desire to quit• Households with a dependent child more likely to contain a smoker, 30.3% of households with a 0- to 4-year-old has a smoker.	<ul style="list-style-type: none">• 21.9% of respondents drinking above CMO guidelines• 12% drinking alcohol at least 4 times a week.• 16.7% of respondents classified as higher risk or probable alcohol dependent using AUDIT C tool questions	<ul style="list-style-type: none">• 59.4% of respondents were physically active, 20.9% inactive.• 44.1% of respondents did not meet the strength-based activity guidelines.	<ul style="list-style-type: none">• 24.2% of respondents were obese, (25.7% of female respondents compared with 22.4% of male).• 74.4% of people said they did not consume 5 or more portions of fruit and veg a day.	<ul style="list-style-type: none">• 20% of respondents did not smoke, drink above guidelines, were physically active and ate 5+ portions of fruit and veg a day.• 6.3% did at least 3 of.. smoking, drinking above guidelines, physically inactive & not eating 5+ portions of fruit and veg.	<ul style="list-style-type: none">• 12.6% of respondents were identified as having probable clinical depression or anxiety.• 50.5% of respondents identified as having social loneliness (lack of a broader group of social contacts), 34.5% emotional loneliness (absence of a close emotional attachment).• 38.3% of respondents described their sleep in the last month as being bad, or very bad.








Quintile 3



All Districts and Boroughs have areas in this quintile.

Population of approximately **250,930 people.**

In this area.....74% of respondents said they were homeowners, 12% said they were finding things financially difficult or very difficult, 17% of respondents said they had lived in their current home for 2 years or less, 12% of respondents aged 16-64 years said they did not work and were long term sick or disabled or were unemployed and available for work, 6% of respondents provided 20+ hours a week of unpaid care.

			 		
Smoking & Vaping	Alcohol Consumption	Physical Activity & Inactivity	WeightFruit & Veg Consumption	Clustering of Behaviours	Mental Health, Loneliness & Sleep
<ul style="list-style-type: none">• 8.9% smoke• 14.6% said they had vaped• Of those who smoke 1 in 5 have a strong desire to quit• Households with a dependent child more likely to contain a smoker, 19.7% of households with a 0- to 4-year-old has a smoker	<ul style="list-style-type: none">• 22.2% of respondents drinking above CMO guidelines• 17% drinking alcohol at least 4 times a week.• 13.8% of respondents classified as higher risk or probable alcohol dependent using AUDIT C tool questions	<ul style="list-style-type: none">• 63.3% of respondents were physically active, 19.1% inactive.• 43.2% of respondents did not meet the strength-based activity guidelines.	<ul style="list-style-type: none">• 18.6% of respondents were obese, (20.3% of female respondents compared with 16.1% of male).• 69.7% of people said they did not consume 5 or more portions of fruit and veg a day.	<ul style="list-style-type: none">• 22.5% of respondents did not smoke, drink above guidelines, were physically active and ate 5+ portions of fruit and veg a day.• 6.4% did at least 3 of.. smoking, drinking above guidelines, physically inactive & not eating 5+ portions of fruit and veg.	<ul style="list-style-type: none">• 10% of respondents were identified as having probable clinical depression or anxiety.• 47% of respondents identified as having social loneliness (lack of a broader group of social contacts), 27% emotional loneliness (absence of a close emotional attachment).• 30.8% of respondents described their sleep in the last month as being bad, or very bad.







Quintile 4



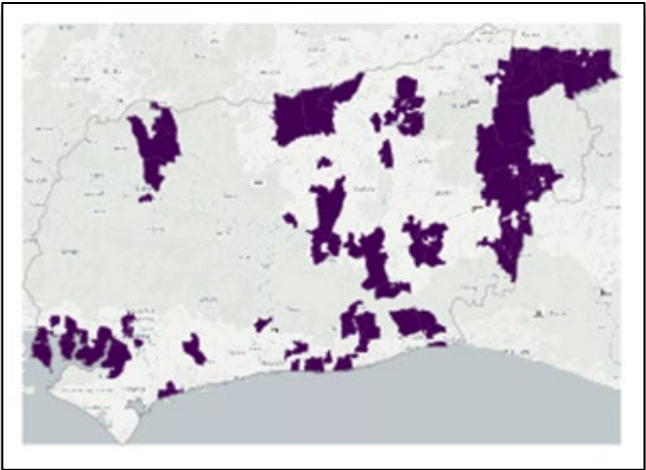
All Districts and Boroughs have areas in this quintile.

Population of approximately **198,260 people**.

In this area.....82% of respondents said they were homeowners, 9% said they were finding things financially difficult or very difficult, 15% of respondents said they had lived in their current home for 2 years or less, 9% of respondents aged 16-64 years said they did not work and were long term sick or disabled or were unemployed and available for work, 6% of respondents provided 20+ hours a week of unpaid care.

					
Smoking & Vaping	Alcohol Consumption	Physical Activity & Inactivity	WeightFruit & Veg Consumption	Clustering of Behaviours	Mental Health, Loneliness & Sleep
<ul style="list-style-type: none">• 7% smoke• 11.1% said they had vaped• Of those who smoked 1 in 5 have a strong desire to quit• Households with a dependent child more likely to contain a smoker, 14.7% of households with a 0- to 4-year-old has a smoker	<ul style="list-style-type: none">• 21.3% of respondents drinking above CMO guidelines• 19% drinking alcohol at least 4 times a week.• 11.3% of respondents classified as higher risk or probable alcohol dependent using AUDIT C tool questions	<ul style="list-style-type: none">• 65.6% of respondents were physically active, 15.9% inactive.• 41.1% of respondents did not meet the strength-based activity guidelines.	<ul style="list-style-type: none">• 16.4% of respondents were obese, (16.1% of female respondents compared with 16.9% of male).• 66.8% of people said they did not consume 5 or more portions of fruit and veg a day.	<ul style="list-style-type: none">• 23.2% of respondents did not smoke, drink above guidelines, were physically active and ate 5+ portions of fruit and veg a day.• 3.2% did at least 3 of.. smoking, drinking above guidelines, physically inactive & not eating 5+ portions of fruit and veg.	<ul style="list-style-type: none">• 7.7% of respondents were identified as having probable clinical depression or anxiety.• 48.5% of respondents identified as having social loneliness (lack of a broader group of social contacts), 25.6% emotional loneliness (absence of a close emotional attachment).• 29.3% of respondents described their sleep in the last month as being bad, or very bad.






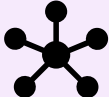

Quintile 5 - Areas within the Least Deprived 20% Nationally



All Districts and Boroughs have areas in this quintile.

Population of approximately **280,760 people** (Quintile with the largest population)

In this area.....87% of respondents said they were homeowners, 6% said they were finding things financially difficult or very difficult, 13% of respondents said they had lived in their current home for 2 years or less, 5% of respondents aged 16-64 years said they did not work and were long term sick or disabled or were unemployed and available for work, 5% of respondents provided 20+ hours a week of unpaid care.

			 		
Smoking & Vaping	Alcohol Consumption	Physical Activity & Inactivity	WeightFruit & Veg Consumption	Clustering of Behaviours	Mental Health, Loneliness & Sleep
<ul style="list-style-type: none">• 4.3% smoke• 9.8% said they had vaped• Of those who smoked 1 in 4 have a strong desire to quit• Households with a dependent child more likely to contain a smoker, 10.3% of households with a 0- to 4-year-old has a smoker	<ul style="list-style-type: none">• 23.7% of respondents drinking above CMO guidelines• 18% drinking alcohol at least 4 times a week.• 14.6% of respondents classified as higher risk or probable alcohol dependent using AUDIT C tool questions	<ul style="list-style-type: none">• 68.3% of respondents were physically active, 13.2% inactive.• 41.4% of respondents did not meet the strength-based activity guidelines.	<ul style="list-style-type: none">• 14.9% of respondents were obese, (14.5% of female respondents compared with 15.6% of male).• 67.1% of people said they did not consume 5 or more portions of fruit and veg a day.	<ul style="list-style-type: none">• 24.3% of respondents did not smoke, drink above guidelines, were physically active and ate 5+ portions of fruit and veg a day.• 2.7% did at least 3 of.. smoking, drinking above guidelines, physically inactive & not eating 5+ portions of fruit and veg.	<ul style="list-style-type: none">• 7.3% of respondents were identified as having probable clinical depression or anxiety.• 46% of respondents identified as having social loneliness (lack of a broader group of social contacts), 24.8% emotional loneliness (absence of a close emotional attachment).• 30.1% of respondents described their sleep in the last month as being bad, or very bad.