Warrington Adult Health and Wellbeing Survey 2023
General Health and Health Related Behaviour Briefing

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Warrington Borough Council Public Health Team

A comprehensive, large-scale survey of adults aged 18 years and above in Warrington was undertaken during April-June 2023. The survey was sent to a stratified sample of the Warrington population to explore a wide range of factors that are known to impact on an individual's health and wellbeing. A total of 4,932 respondents completed the survey. The findings presented in the General Health and Health Related Behaviour report are crucial for shaping system strategies and commissioning plans to effectively target services, programmes, and interventions to specific population groups with the greatest health need and inequality. The full report is available via the JSNA webpage: Joint Strategic Needs Assessment (JSNA) | warrington.gov.uk This briefing outlines the key findings.

Self-Reported Health

Nearly three-quarters of respondents (71.5%) reported their health to be 'good,' or 'very good.' However, this is lower than reported in the 2013 survey (76.9%) and across England in the 2021 Census (81.6%).

As may be expected, **the percentage of adults reporting good health decreased with age**; from 80.3% of 18-39 year-olds, to 70.3% of 40-64 year-olds and 61.1% of those aged 65+.

There was also a **strong association between feeling in good health and deprivation**, ranging from 63.5% among those living in the most deprived areas to 78.0% in those in the least deprived areas.

Long Term Conditions

More than half of the respondents (56.6%) reported they had a long-term health condition (LTC), compared with a third (32.5%) in the 2013 survey. However, it should be noted that the addition of a list of LTCs in the 2023 survey may have resulted in a greater number of respondents identifying themselves as having an LTC. The most commonly cited LTCs were arthritis or back and joint problems (21%), high blood pressure (16%), mental health conditions (14%) and respiratory conditions including asthma and chronic obstructive pulmonary disorder (10%).

More women than men have an LTC (58.7% versus 54.3%) and the **proportion of respondents reporting an LTC increased with age;** from two-fifths (39.4%) of 18-39 year-olds, to over half (57.8%) of 40-64 year-olds and three-quarters (78.6%) of those aged 65+. The results did not show a strong association between LTC and deprivation. However, increasing age is a key risk factor for LTCs, and as the more deprived areas of Warrington generally have a younger population than the least deprived it is possible that this is masking any association. **Women aged 40-64 years living in the most deprived areas and those aged 65 years and above were significantly more likely to have an LTC, compared with Warrington overall**.

Notably, a quarter (27%) of respondents had at least two LTCs and 1 in 8 (12.8%) reported they had three or more. This is important as multimorbidity, defined as two or more long-term health conditions[i], is associated with poorer quality of life, disability, mental health problems and higher mortality. It is also linked with increased emergency hospital admissions, polypharmacy, and fragmented clinical care. **Overall, residents aged 65 and above and women aged 40-64 years living in the most deprived areas were more likely to have three or more LTCs**.

Nearly 1 in 5 (18.8%) people living with an LTC said it reduced their ability to undertake day-to-day activities a lot, compared with 1 in 10 (10.9%) in 2013. However, **nearly 40% of respondents with an LTC were not confident they had enough information about it.** A fifth (21.3%) said they did not have enough advice to help them manage their LTC and a sixth (16.8%) were unsure.

What does this suggest for local action in Warrington:

- Ensure our local treatment systems are identifying people with multiple LTCs and are dealing with them holistically. This should particularly focus on middle-aged women in deprived areas and those aged 65+.

- For these patients we need to focus on their preferences for care and treatment and their goals, values and priorities overall. This will help to improve the co-ordination of care across services and quality of life for those with multimorbidity.

- Review the information provided for people when they are first diagnosed and make sure they are adequately informed and better able to self-manage their condition as far as possible.

Smoking

Considerable improvements have been made through Public Health interventions to reduce the prevalence of smoking, from 20.4% in 2006 to 13.0% in 2013 and down to 7.1% in 2023, which is substantially lower than the national estimated prevalence of 13.4%[ii]. This includes local interventions such as provision of Stop Smoking Services, targeted training and enforcement to prevent underage sales of tobacco and sales of illicit products and smokefree public places, work places and play areas, as well as national legislation for smokefree sites, reducing point of sale advertising of tobacco products and increased taxation.

Despite this, vast inequalities still exist within Warrington. **Smoking prevalence was slightly higher in men** (7.9%) than women (6.0%) and reduces **with age**, from 9.2% in 18-39 year-olds, to 7.8% in 40-64 year-olds, and only 2.8% in those aged 65+. This is possibly because of the reduced life expectancy of people who smoke. **Smoking also shows one of the strongest links with deprivation** with prevalence in the most deprived areas being **four times** that of the least deprived (13.4% versus 3.6%). Positively, over half (53%) of current smokers expressed a desire to quit.

What does this suggest for local Warrington action:

- Continue to target stop smoking support to our most challenged communities including men and those living in the most deprived areas.

- Plan campaigns to de-normalise smoking behaviour and use ‘people like me’ to sell successful quitting stories.

- Support local retailers to help them avoid making illegal sales but also enforce action for underage and illicit sales where they are happening.

- Maximise the impact of the proposed new Smokefree Generation legislation on control of tobacco sales when/if it becomes law.

Vaping

Around 8.7% of Warrington residents currently vape, which is higher than the national estimated prevalence (5.4%). Like smoking there is a wide variation across the population. Vaping is higher in men (9.5%) than women (7.8%) and more common in our most deprived areas; ranging from 13.6% in respondents living in the most deprived areas to 5.3% in the least deprived. Vaping appears to be a particular concern for our younger age population with more than twice as many vaping in the youngest 18-39 age band (15.3%) compared to 40-64 year olds (7.0%).

When asked about motivations for vaping, only 28% reported using it to reduce or quit smoking, whilst 34% vaped for enjoyment, 33% perceived it to be a healthier alternative to smoking, and 25% considered it more cost effective than smoking. Notably, only 39% of current vapers wanted to quit.

What does this suggest for local Warrington action:

- Develop clearly segmented communications on vaping to distinguish between supporting smokers wanting to quit from those that have never smoked from taking up vaping and the risks this poses.
- Maximise the impact of the proposed new Smokefree Generation legislation on control of vaping sales when/if it becomes law.
- Consider planning controls on vaping purveyors to manage the numbers of licensed premises offering vapes.
- Support educational establishments to inform and educate young people about the potential risks of vaping.

Diet and Excess Weight

The prevalence of excess weight in Warrington has notably increased from 55.1% in 2013 to 60.3% in 2023, mirroring the national trend. Obesity levels are also greater. In 2023, 1 in 4 adults (25.8%) in Warrington are obese, compared with 1 in 5 in 2013 (19.3%). In every age-band and almost every deprivation quintile, **prevalence of obesity is higher in women than men**.

Obesity is also strongly linked with deprivation, with prevalence among adults living in the most deprived areas 60% higher than those living in the least deprived (31.3% versus 19.1%). Prevalence of severe obesity is three times higher in the most deprived areas compared with the least deprived (6.3% versus 1.9%). This link is more extreme in women than men (9.3% versus 2.5%).

Underweight prevalence in Warrington is low but higher in women than men. In females an inverse relationship with deprivation is observed, with prevalence higher among women living in the least deprived areas (3.0%) compared with those in the most deprived areas (1.4%).

In terms of diet, a **higher proportion of men than women ate takeaways or fast food** at least once a week, irrespective of age-band or deprivation quintile (37%, versus 29% overall). The inverse is true for home-cooked food, with fewer men eating it at least 5 days a week, compared with women (60.6% versus 66.9%). Weekly fast-food consumption is also higher among residents living in more deprived areas (40%) than those in less deprived (30%). Whereas consumption of home-cooked food is lower (55.1% in quintile 1 and 69.9% in quintile 5).

Notably, **takeaway consumption decreases with age**, with nearly half (47.4%) of 18-39 year-olds eating takeaways/fast food weekly, compared with a third of 40-64 year olds (30.5%) and less than a fifth of those aged 65+ (17.7%). Whilst consumption of home-cooked food at least five days a week was lowest among 18-39 year-olds (57.4%) and highest in those aged 65+ (69.7%). **Consumption of takeaways is also linked with obesity**. Around 1 in 6 adults classified as severely obese (17%) eat takeaways at least three times a week, compared with 1 in 25 of those with a normal weight (4%).

Less than half (47.5%) of adults in Warrington eat the recommended five or more daily portions of fruit and vegetables[iii], a decrease from 56.7% in the 2013 survey. In every age-band and every deprivation quintile, a **higher proportion of women than men said they ate five or more portions of fruit and vegetables a day** (53.7% versus 41.6% overall).

What does this suggest for local Warrington action:

- Continue to prioritise weight management service provision to deprived communities, with a focus on female residents.

- Include diet and healthy weight in care pathways and expand provision of advice to 'Make Every Contact Count' within health, care, workplace and community settings, supported by practitioner training and resources.

- Multisectoral support to capitalise on and localise national communication campaigns e.g., Better Health to raise public awareness of healthier food choices and local opportunities to access weight management support.

- Our most deprived communities eat more takeaways and less home prepared food than other sectors of the Warrington population. We know that in Warrington, exposure to hot food takeaways is five times higher in deprived areas, compared with the least deprived[iv]. Local planning regulations and licensing could be utilised to design out obesogenic environments through restricting takeaway density and opening hours[v] and promoting diversification to nutritious food outlets that support healthier choices in these areas.

- Increasing access to affordable, healthier food, including fruit and vegetables is a priority. Consideration should be given to extending availability through food banks, community pantries, food growing programmes and improved public transport to healthy food outlets[vi], supported by skill-building programmes such as meal planning, budgeting and cooking and access to equipment[v].

- National evidence demonstrates the link between marketing of fast food that is high in fat, sugar and salt (HFSS) and obesity[vii,viii]. Options could be considered to restrict local fast food advertising and advocate for national regulation of unhealthy HFSS food advertising across all media[ix].

- Work with system partners to encourage central government to introduce policy measures to help make healthy choice the easy choice, including nutritional labelling in food outlets[x,xi], restrictions on end of aisle and till-point placement of unhealthy food[xii], food reformulation and portion size regulations[xi], and taxation of HFSS food[xiii].

Physical Activity

In Warrington, levels of physical activity are decreasing, with a substantial proportion of the population not meeting the CMO physical activity recommendations of at least 150 minutes of moderate intensity activity, in bouts of 10 minutes or more, over a week, or at least 75 minutes of vigorous intensity activity per week, or a combination of both[xiv]. The **proportion of physically active adults has reduced** from 76.4% in 2013 to 69.1% in 2023, whilst the level of physical inactivity (less than 30 minutes of activity per week) has increased from 13.3% to 17.9%, in line with national trends.

In every age-band and every deprivation quintile, a **higher proportion of men were physically active** and did strength-based activities at least twice a week than women. This pattern is also demonstrated nationally. **Women living in the most deprived areas had the lowest levels of physical activity** (59.2%).

Respondents living in deprived areas were more likely to be physically inactive. Levels of physical inactivity among adults living in the most deprived areas in Warrington are 56% higher than those in the least deprived (22.7% versus 14.5%). However, there is not a clear pattern between strength-based activities and deprivation. **Physical inactivity also increases with age.** Nearly 1 in 4 (23.7%) of respondents aged 65 years and above are classified as inactive compared with 1 in 5 (18.0%) of 40-64 year olds and 1 in 7 of 18-39 year olds (13.3%). A higher proportion of 18-39 year olds also undertake strength-based activities at least twice-weekly (59.6%) compared with older age groups (51.7% of 40-64 year olds and 54% of 65+).

Participation in cycling is lower among women. Only 1 in 4 respondents (26%) reported that they cycle, with 1 in 8 (8.1%) cycling weekly. A higher proportion of men cycle weekly than women, irrespective of age or deprivation quintile. Overall, 1 in 4 (23.3%) respondents that don't cycle would like to. This ambition was greater in younger age groups and among residents living in the most deprived areas.

The main factors that prevented physical activity included lack of time (26%), too tired/not enough energy (19%), health issues (18%) and affordability (12%). Women, especially those in deprived areas were more likely to report time, energy and cost constraints, whilst those aged 65 years and above were more likely to cite health issues.

Half of Warrington adults use fitness devices to monitor and improve their health. 1 in 3 respondents (32%) use smart watches or pedometers to track fitness and 1 in 4 (23%) use blood pressure monitors.

What does this suggest for local Warrington action:

- Local planning and transport infrastructure should continue to prioritise active design that provides a supportive environment for all residents to be physically active. This includes extending pedestrianised areas and green corridor routes of walking trails and cycle lanes that connect to public transport nodes and networks, and support for local businesses, schools and health facilities to develop active travel plans.

- 1 in 8 respondents cited affordability as a barrier to physical activity. Sports, leisure, community and VCFSE sectors should consider widening the range of sport and recreational activities provided to include inexpensive options that enable all community members to take part in physical activity, especially women living in our most deprived areas. This could utilise our existing green spaces for recreation and exercise to support civic participation in local amenities and social connectivity.

- Develop a support network that helps small sports and leisure clubs to flourish and provide a range of participation opportunities that encourage women, those living in our most deprived areas or aged 65 years and over to be physically active.

- Provide opportunities to support residents, particularly younger adults and those living in deprived areas to regularly cycle, including; bike loan and hire schemes, cycle awareness and bike repair programmes, provision of cycle route maps and secure bike storage, workplace cycle mileage allowance and on-site changing facilities.

- Localisation of national campaigns that segment messaging to people at higher risk of physical inactivity, including those living with long-term conditions (We Are Undefeatable) and women (This Girl Can), supported by a network of physical activity champions across health, care, workplace and community settings to raise awareness of the benefits of physical activity, signpost to local opportunities and support self-management of health, including use of monitoring devices.

Alcohol

Men consistently exhibited riskier drinking behaviours than women, with 16.5% drinking alcohol at least 4 days a week compared with 9.6% of women. In every age-band and every deprivation quintile, a higher proportion of men than women said they drank alcohol at least 4 days a week.

Notably, regular alcohol consumption reverses the trend seen in most other aspects of health i.e., it is greater in less deprived communities. Residents living in the least deprived areas had the highest level of drinking at least 4 times a week (15.6%), whereas those living in the most deprived communities had the lowest (10.0%).

Younger people appear to be adopting a different attitude to alcohol. A growing proportion don't drink or drink in moderated ways, which reflects a national trend. Only 1 in 15 respondents aged 18 to 39 years (6.5%) drink alcohol at least 4 days a week, compared with 1 in 7 of 40-64 year olds (14.1%) and 1 in 5 of those aged 65+ (20.3%).

However, a high proportion of our adult population are drinking at unsafe levels. Nearly a quarter of respondents (21.9%) had unsafe alcohol consumption (more than 14 units a week) and a sixth (16.7%) reported binge drinking at least once a week (drinking more than 6 units on one occasion for women and more than 8 for men). This is particularly a challenge for men, who compared to women, are more prone to binge drinking (20.1% versus 13.2%) and drinking unsafe alcohol levels (31.5% versus 11.7%).

Higher risk alcohol consumption is particularly a feature of our middle aged to older population. Respondents aged 40-64 year-olds were most likely to drink more than 14 units a week (25.7%), followed by those aged 65+ (21.4%). Higher risk drinking also appears to be associated with a greater propensity to binge drink. The higher risk drinking patterns for gender and age are closely aligned for binge drinking, with it featuring more with men and in middle-age to older age groups.

What does this suggest for local Warrington action:

- Review service provision to ensure it is balancing its offer to be appropriate for both less deprived communities as well as the more.

- Develop a communications plan which introduces some carefully targeted and segmented local messaging to reach males and middle-age to older brackets to address risk of higher consumptions levels. Potentially commission some social insight research to understand key drivers for these drinking patterns to inform the communications approach.

- Review consistency of alcohol assessment in health and care environments. Consider standardising use of a consistent assessment tool and clear messaging for practitioners to implement where people are drinking harmfully.

- Be mindful not to compromise the desire of younger ages to use no alcohol options in the nighttime economy and not introduce control measures for adult drinking such as competitive pricing of low alcohol alternatives, which may undercut this.

Multiple Health-Related Behavioural Risk Factors

Co-occurrence of behavioural risk factors can make a big difference to health in terms of reduced quality of life, higher morbidity and risk of premature death[xv]. Over a fifth of respondents (21.6%) reported at least 3 of 5 health related risk factors behaviours: smoker (daily/occasional), overweight/obese, low physical activity (less than 150 minutes/week), excess alcohol consumption (more than 14 units/week) and eating less than 5 portions of fruit and vegetables per day.

Clustering of 3+ risk factors was **higher in men than women** (25.2% versus 17.7%) **and among the middle-aged population** (40-64 year-olds; 25.2%), compared to those aged 18-39 years (18.9%) and 65+ (18.7%). **Multiple risk behaviours are also strongly associated with deprivation.** There was a step change in the proportions reporting 3+ risk behaviours between Quintiles 1 and 2 (27.4% and 26.2%) and Quintiles 3, 4 and 5 (between 17.6% and 20.1%).

What does this suggest for local Warrington action:

- There is a need to continue to strengthen behaviour change services to better support local people with multiple unhealthy risk factors and to increase access to these services.

- It is important to provide behavioural advice and support across a range of different behaviours, including smoking, weight management and physical activity, at the same time/holistically.

- Work with system partners to strengthen pathways into integrated behaviour change services, with a focus on improving access to these for men, 40–64-year-olds and people living in more deprived areas.

- Evidence shows that people may underestimate the impacts of behaviours on health or be asymptomatic. So, there is a need to focus on people who do not feel to be at risk and may be less likely to seek services.

- Dealing with multiple risk behaviours can be very challenging for an individual, which needs to be considered when planning intervention support with them.

Gambling

The survey supported collection of new, local gambling data regarding activity in the last 12 months. This highlights that **more people appear to be gambling in Warrington than the England average** with 60% reporting any gambling, including the National Lottery and nearly half (48%) gambling in ways <u>other</u> than the national lottery. This compares to 50% and 36% nationally, respectively[xvi]. Notably **gambling is more common among men** with nearly two-thirds (64.5%) having participated in gambling in the past year (including the national lottery), compared with half (56.6%) of women. This mirrors the national pattern, although estimates in England are lower; 55% of men and 45% of women[xvi]. Differences were also noted between age bands with higher gambling activity in the past 12 months among the middle-aged 40-64 population (63.5%) than those aged 65+ (59.5%) or 18-39 years (57.0%).

A higher percentage of adults participate in online gambling in Warrington than nationally. Overall, 1 in 6 (15.5%) respondents said they had participated in online gambling in the past 12 months, which is greater than the estimated 1 in 10 (10%) in England[xvi]. In line with other gambling behaviour, twice as many men participate in online gambling than women (21.4% versus 9.7%). Levels of online gambling are highest in the younger, 18-39 age group (20.7%) and reduce steeply with age to 15.5% of 40-64 year-olds and 8.3% of those aged 65+. Notably, over a quarter (27.5%) of 18-39 year-old men had gambled online in the past year.

However, participation in gambling doesn't appear to be strongly linked to deprivation. Gambling activity in the past year, including the national lottery, was highest in Quintile 3 (67.8%) and Quintile 2 (66.1%) and lowest in Quintile 5 (55.0%). Nationally, it was similar across all deprivation quintiles. A similar pattern was also observed with online gambling, which was highest in Quintiles 1 (18.1%) and 3 (17.6%) and lowest in Quintile 4 (12.9%).

A significant number of people in Warrington are gambling weekly. 1 in 4 (25.9%) respondents reported any gambling, including the national lottery at least once a week, 1 in 7 (13.5%) gambled in other ways excluding the national lottery, and 1 in 25 (4.4%) gamble weekly through online bookmakers. Men consistently reported higher levels of weekly gambling than women across all three indicators.

What does this suggest for local Warrington action:

- Introduce school based learning opportunities on gambling-related harms, gambling and related skills workshops, which emerging evidence suggests may provide short term benefit.
- Work with the local gambling industry to promote harm reduction messages for those participating in gambling.
- Provide behavioural counselling support for people with identified problem gambling behaviours.
- Build gambling recovery capital much like that used for the recovery community for drug and alcohol users.

End Notes

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