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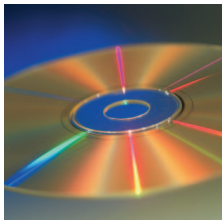
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A Survey of Health and Lifestyles in Kent and Medway - what have we learned?



Dr Ann Palmer

A Survey of Health and Lifestyles in Kent and Medway - what have we learned?

Initial results from a survey of 16,000 people in Kent and Medway carried out in the summer of 2001, giving information about general health, coronary heart disease, cancer, smoking, diet and exercise, older people, mental health, housing and health, and employment and health.

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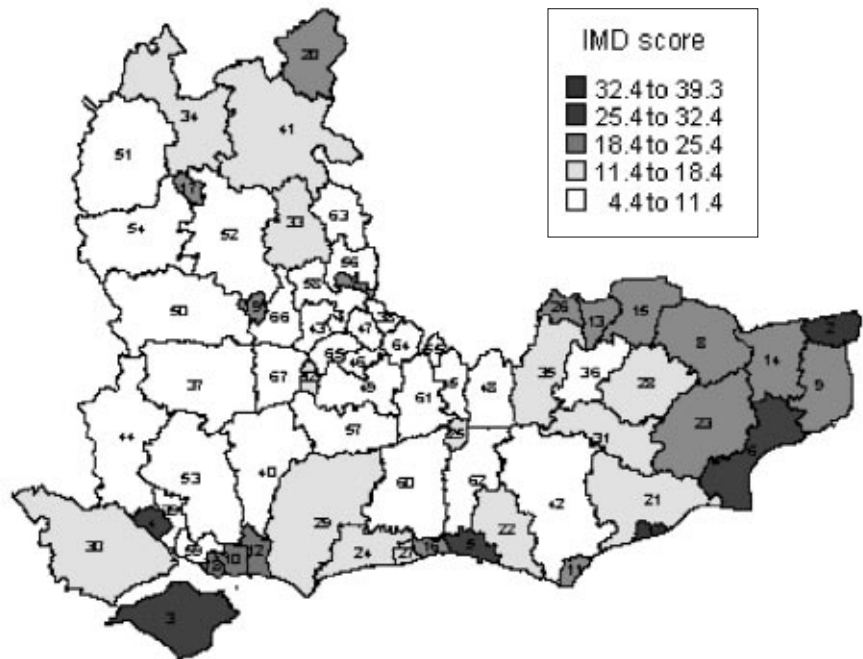
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Table 3 – Percentage of older people with falls risk factors by age (over 65)

Introduction

Kent and Medway Health Authority covers nine Primary Care Trusts (PCTs) and a diverse population of 1.6 million people. Some live in the deprived northern towns from Dartford to Sittingbourne, others in the affluent towns of south west Kent such as Sevenoaks and Tunbridge Wells, some along the coastal regions from Whitstable to Ramsgate to Folkestone, and others in the rural Weald of Kent. Kent and Medway includes some of the most deprived districts in the South East Region (Figure 1).

Figure 1
Local Authorities (LAs) in the South East by Index of Multiple Deprivation (IMD) 2000 Scores¹



Source: *Inequalities in Health in the South East Region*¹

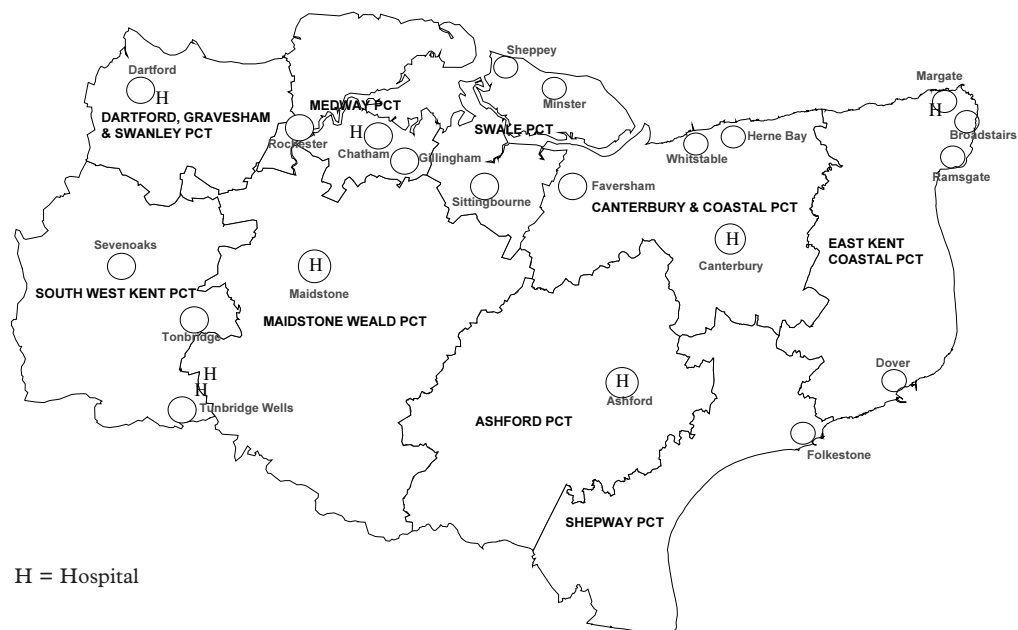
‘within its generally advantaged population, the South East contains areas of social deprivation. Social inequalities are powerful determinants of inequalities in health and these areas are ones which have relatively poor health status’

*Inequalities in Health in the South East Region*¹

¹ Kent and Medway covers LAs 26,13,15,8,14,2,9,35,36,28,31,23 and 6

This Survey aims to describe the health and lifestyles of adults aged 16 and over living in Kent and Medway in summer 2001. It is a large survey of 8071 individuals, comprising a 51% response of one in one hundred people aged 16-74 and one in twenty five people aged 75 and over. It provides information about general health, risk factor behaviour and mental health indicators, as well as how people live and work and their access to primary care health services.

Figure 2
Kent and Medway Primary Care Trusts (PCTs)



Why was the Survey carried out?

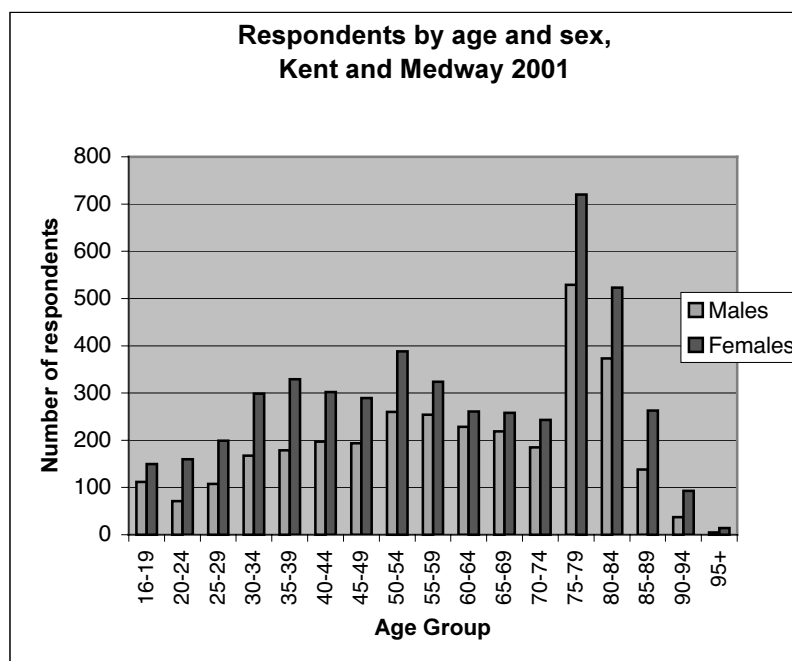
The Kent and Medway Health and Lifestyles Survey was carried out in June 2001 to provide the Health Authority and Primary Care Trusts (PCTs) (Figure 2) with data to assist in monitoring the implementation of the NHS Plan and National Service Frameworks and to provide information for the PCT profiles and inequalities baseline. The results will underpin the work being done on changing clinical practice and acute service transformation. They will also provide the authorities with baseline data for the Health Improvement Programme (HIMP) and their partnership work as well as valuable information for planning local service developments and will enable the Health Authorities to develop PCTs accountability targets.

The Survey has produced a wealth of information relating to key areas in the National Service Frameworks for Mental Health and Coronary Heart Disease and Older People. It also helps understand the action required to meet the targets in 'Saving Lives: Our Healthier Nation'. The Survey provides data about the health and health-related behaviour of the population and will allow further analysis by deprivation levels and of groups such as older people, commuters, smokers and single parents.

Who responded?

A self completion questionnaire was posted to a random sample of one in one hundred people aged 16-74 and one in twenty five people aged 75 and over registered with a General Practitioner in Kent and Medway and randomly selected from the Health Authority Support Agency database using Statistical Package for Social Sciences (SPSS). Distribution of the questionnaire was timed to coincide with NHS Week at the end of June 2001; some weeks after the Census. Prepaid envelopes were enclosed for return, with one reminder post card sent after two weeks. Poorly responding areas of Dartford, Gravesham and Swanley, Medway and Swale were sent a second reminder enclosing a second copy of the questionnaire.

Figure 3

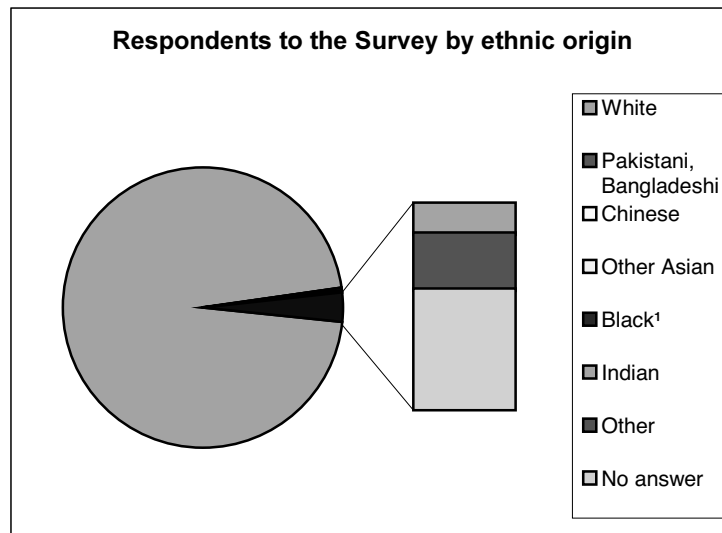


15,958 people were surveyed and 8071 people responded, giving an overall response rate of 51%. The Kent and Medway survey is weighted towards older people: one in 25 people over the age of 75 were surveyed and 57% responded compared with 48% of younger people. The response varied between PCTs, the poorest response coming from Shepway (41% for people aged 16-74) and Dartford, Gravesham and Swanley (51% for people aged 75 and over).

Overall, the response from women was above 50% in every PCT. In only four PCTs was the response above 50% for men, but all achieved over 40%. The number of women in the survey was greater than the number of men at all ages, although the response among men improved with age (Figure 3). As with the Census there was a poor response from young men: there were only 33 male respondents aged under 25. The response rate was lower than the 61-64% obtained in the HealthQuest SouthEast Survey³ in 1992.

61% of respondents were married, one in five widowed and one in eight divorced. More men than women were currently married, while nearly one in four women were widowed; this reflected the number of older people in the sample, and the fact that there were more older women (three out of five of whom were widows).

Figure 4



There were 325 non-white people (4% of respondents) who completed the questionnaire (Figure 4); mostly living in Medway, Dartford and Gravesham.

Statistical analysis

The results have been analysed using Statistical Package for Social Sciences (SPSS). Numbers were fed into Excel for further analysis and for PCT analyses were weighted by age according to response across Kent and Medway. This has enabled some comparison by PCT; although as numbers in PCTs although are low, when broken down by sex, age and category (e.g. current smokers), some age-specific results by PCT are less reliable. This report contains no statistical significance calculations.

How healthy are Kent and Medway people?

'Self-reported health has been shown to be a strong predictor of mortality; it is also associated with the use of health service'

Health in England 1998

Most people said their health was good or excellent, although more than a quarter of respondents stated their health was only fair or even poor. Self-reported health may depend upon the age and sex of respondents: for example, young men (under 25) are more likely to report excellent health than are young women. However in general self-reported health does not differ between men and women until they are older.

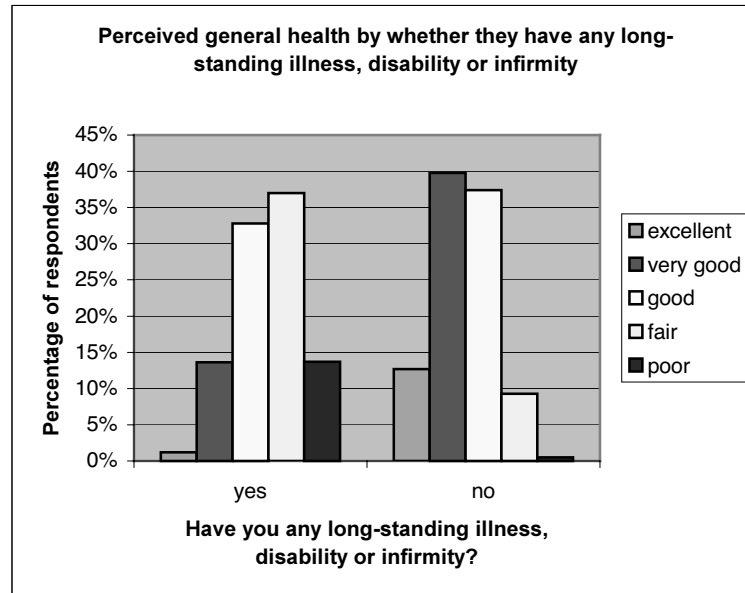
From the age of 45, more women than men reported fair or poor health, the proportions increasing with age: at 75 and over, 39% of men and 47% of women reported fair or poor health.

Four in nine respondents said they had a long-standing illness, disability or infirmity, the prevalence rising with age and, at most ages, being higher in males than females.

One in four respondents said their health was only fair or even poor, the proportions increasing with age: at 75 and over, 39% of men and 47% of women reported fair or poor health.

Four in nine respondents said they had a long-standing illness, disability or infirmity, the prevalence rising with age and, at most ages, being higher in males than females.

Figure 5



People reporting long standing illness were much more likely also to have reported fair or poor health (Figure 5). More older females (aged 75+) in Dartford, Gravesham and Swanley reported poor health and a higher prevalence of long standing illness, disability or infirmity, while more older males in Canterbury and Coastal reported poor health than in other PCTs.

Reducing Heart Disease and Cancers in the Population

'The key lifestyle risk factors, shared by coronary heart disease and stroke, are smoking, poor nutrition, obesity, physical inactivity and high blood pressure. Excess alcohol intake is an important additional risk factor for stroke. Many of these risk factors are unevenly spread across society, with poorer people often exposed to the highest risks.'

Saving Lives: Our Healthier Nation

By taking effective action to promote healthier behaviour and reduce exposure to risk we can make a huge impact on cancer. Two changes above all would have the greatest impact: a reduction of tobacco smoking and adoption of a diet rich in cereals and fruit and vegetables'

Saving Lives: Our Healthier Nation

The Coronary Heart Disease National Service Framework (NSF)⁵ was published in 2000 and establishes clear standards for prevention and treatment of Coronary Heart Disease. It identifies effective interventions and ways of measuring progress towards reducing smoking, promoting healthy eating, promoting physical activity and reducing levels of overweight and obesity.

25% of men and 20% of women were current smokers. One third of men and half the women in the current survey had never smoked. Four out of ten men and three out of ten women were ex-smokers. Comparison with 'Living in Britain' 1998 suggests smoking in Kent and Medway is lower than the national average.

Smoking

'A lifetime non-smoker is 60 per cent less likely than a current smoker to have coronary heart disease and 30 per cent less likely to suffer a stroke'

'Tobacco smoking causes most lung cancer. It is also implicated in many other types of cancer. Overall about a third of all cancer deaths are caused by smoking'

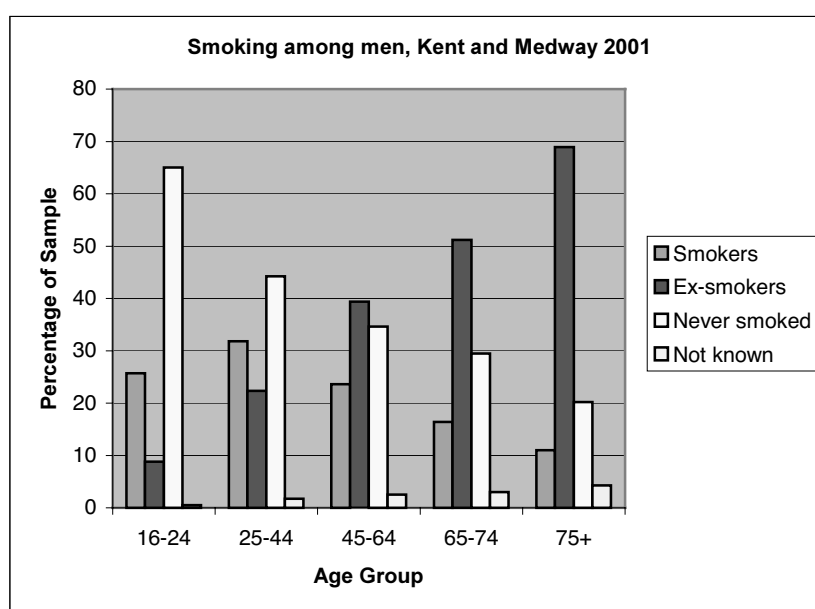
Saving Lives: Our Healthier Nation

When results had been weighted for age, 25% of men and 20% of women were current smokers. 18% of young men and 22% of young women under the age of 25 smoked. The prevalence for men increased to 27% for those aged 25-44, then steadily decreased to 8% for those aged 75 and over. Fewer women were smoking as they got older; 19% at ages 25-44, reducing to 6% at 75 and over (Figures 6 and 7).

The General Household⁶ Survey (1998) found that 30% of men aged 16-19 and 42% aged 20-24 were currently smoking; at 25-34 the figure was 37%. 31% of women aged 16-19 and 39% aged 20-24 were smoking. By comparison, smoking in Kent and Medway appeared lower than the national average.

- One third of men and half the women in the current survey had never smoked. Four out of ten men and three out of ten women were ex-smokers. The number of men who had never smoked decreased with age from two out of three aged 16-25 to only one in five aged 75 and over. Half the women had never smoked, and this remained the same throughout life. (Figures 6 and 7)
- Single and divorced people were more likely to smoke than currently married people. Widowed people smoked less, but they were older, and older people were more likely to be women with a low smoking prevalence and to have given up smoking.
- 40% of smokers smoked fewer than ten cigarettes per day, 31% smoked between 10 and 19. Only 34 people in the survey were smoking more than 30 cigarettes per day.

Figure 6



Current smoking varied between PCTs from 20.0% in Ashford to 29.9% in Medway for men, and from 16.1% in Maidstone Weald to 23.7% in Swale for women. Some PCTs had consistent prevalences: Dartford, Gravesham and Swanley, Medway, and Swale had the highest prevalence of smokers for both men and women, while Shepway was high for men.

Current smoking varied between PCTs from 20.0% in Ashford to 29.9% in Medway for men and from 16.1% in Maidstone Weald to 23.7% in Swale for women. Channel and Shepway PCTs had the highest smoking prevalence among younger women (16-44) whilst Dartford, Gravesham and Swanley and Medway PCTs had the highest prevalence among young men.

In the Kent and Medway Survey 2001 Channel and Shepway had the highest smoking prevalence among younger women (16-44) while Dartford, Gravesham and Swanley and Medway PCTs had the highest prevalence among young men.²

Figure 7

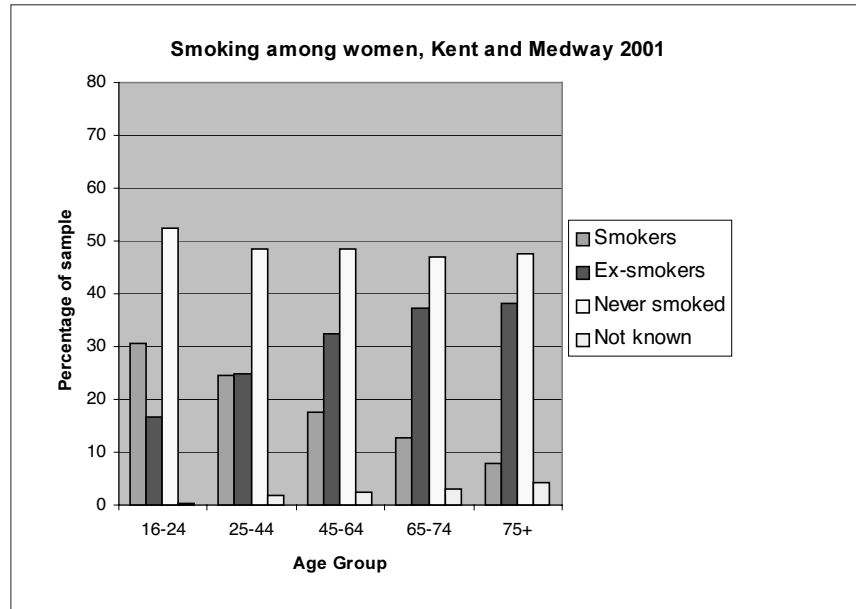
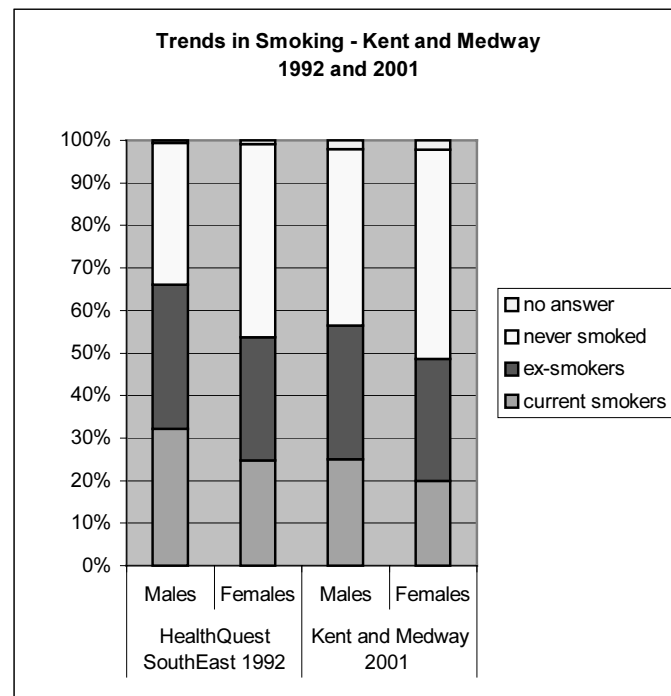


Figure 8



The prevalence of current smoking has reduced since the HealthQuest South East in 1992 by 23% for men and 20% for women (Figure 8), and the Apple a Day Survey in 1985 (when 36% of men and 29% of women in Maidstone were current smokers). The General Household Survey showed a reduction nationally since figures were first collected in 1974, when over 50% of all men and over 40% of all women were current smokers.

Nearly half the current smokers said they would like to give up: one in four had tried to give up last year, 30% had heard of local smoking cessation services but only 32 people had tried them.

² NB PCT analyses have wide confidence intervals and the conclusions may be unreliable.

Half the people surveyed were of normal weight or underweight. 36% were overweight, 11% were obese and 3% grossly obese. 22% of people under the age of 25 were overweight or obese (BMI more than 25). More men had a BMI above 25 than did women.

Healthy eating

'A balanced diet is one which emphasises more fruit and vegetables, fish (especially oily fish), starchy foods such as bread, rice, pasta and potatoes, and involves a smaller proportion of foods containing fat and saturated fat, and less salt (COMA 1994 7)

Coronary Heart Disease NSF

A review of the effectiveness of healthy eating interventions (HEA 1998)⁸ concluded that successful interventions

- focus on diet alone, or diet plus physical activity
- set clear goals and are based on theories of behavioural change rather than provision of information alone
- have personal contact with individuals or groups over a sustained period of time
- provide participants with feedback on any changes in behaviour and risk factors
- promote changes in the local environment, for example through practices in catering outlets and shops

How many people in Kent and Medway are overweight?

People in the survey were asked to estimate their height and weight: there is evidence this is usually very accurate. A measure of obesity is derived by dividing weight in kilograms by height in metres squared (the Body Mass Index or BMI).

Half the people surveyed were of normal weight or underweight. 36% were overweight, 11% were obese and 3.3% grossly obese. We can see from the results of the Apple a Day Survey^{9,10} that there appear to be many more obese people today than in 1985 (Table 1), although the current survey included more older people.

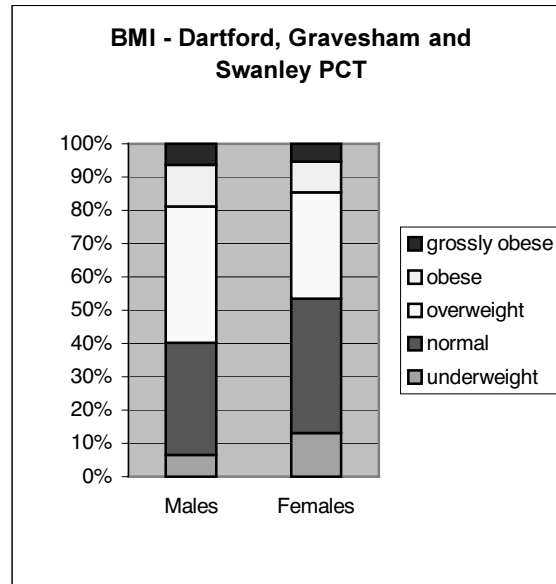
Table 1 Body Mass Index in Kent and Medway 1985 and 2001

Body Mass Index (BMI)	Percentage of Adults (16 and over, males and females) in		
	Canterbury and Thanet 1985	Maidstone 1985	Kent and Medway 2001
Underweight (BMI less than 20)	10%	10%	10%
Normal weight (BMI 20-24)	54%	53%	40%
Overweight (BMI 25-29)	27%	28%	36%
Obese (BMI 30-34)	4%	6%	11%
Grossly Obese (BMI 35 or more)	1%	2%	3%

In this Survey, 22% of people under the age of 25 were overweight or obese. At ages 45-64, two in five people were overweight (BMI more than 25) and 17% were obese (BMI more than 30). While men were more likely to be overweight, women were more likely to be obese. In total, more men had a BMI above 25 than did women.

Shepway had the heaviest men, with 65% overweight or obese (BMI greater than 25); Medway and Swale had the heaviest women with 48% with a BMI over 25; South West Kent had fewest overweight women (38% with a BMI over 25).

Figure 9



Shepway had the heaviest men, with 65% overweight or obese (BMI greater than 25) and in Dartford, Gravesham and Swanley, 60% had a BMI over 25 (Figure 9). In Maidstone Weald and in Shepway, 25% of men were classified as obese (BMI more than 30); this compared with 9% in South West Kent and 12% in East Kent Coastal. Swale and East Kent Coastal had the lowest BMIs for men where 51% had a BMI above 25.

There were no PCTs where as many as half of all women in the sample were classified as overweight or obese: Medway and Swale both had 48% of women with a BMI over 25; South West Kent had fewest overweight women (38% with a BMI above 25); Ashford and South West Kent had 13% with a BMI over 30, whereas Shepway had 20% and Swale 18% with a BMI over 30.

For people who are overweight or obese, a 10% loss in weight can confer considerable health benefits. The goal should be to aim for a BMI in the average range.

How healthily are people eating?

With reference to the Government's Committee on Medical Aspect of Food Policy, (COMA) recommendations, people were asked how many times a week they ate various foods:

- three out of five respondents said they were eating fish at least once a week
- four out of five respondents said they were eating poultry at least once a week, with one in five eating poultry three or more times a week
- four out of five people ate wholemeal bread (43% said they ate wholemeal bread three or more times a week)
- two out of three people said they ate 'high fibre foods' three or more times a week
- 28% said they ate sausages, beefburgers etc. at least once a week, and three out of five people were still eating fried chips (17% eating them at least once a week)
- one in ten ate cream at least once a week. Nine out of ten people ate cheese, three out of ten more than three times a week.

50% of respondents were eating both fruit and vegetables six or more times a week. 85% of all respondents said they ate three or more pieces of fruit and/or vegetables a day; only 16% were eating five or more.

Five a Day

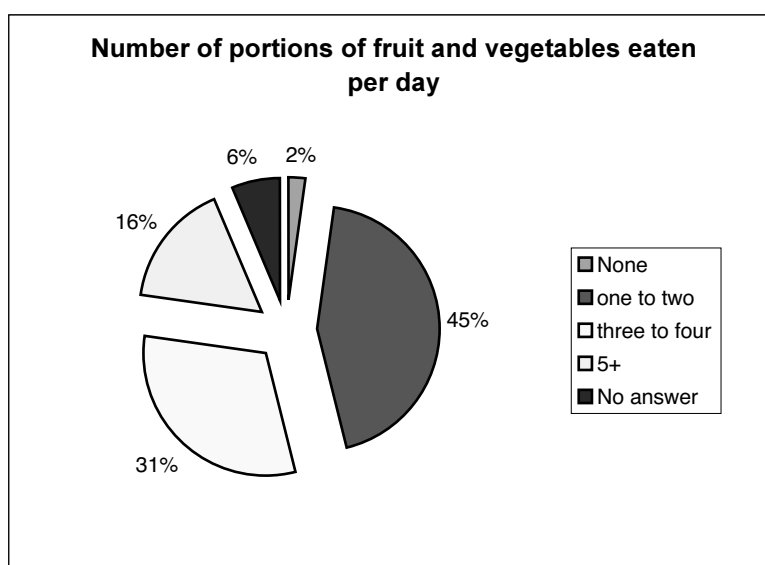
The National Strategy identifies the value of eating five pieces of fruit and/or vegetable a Day¹¹. The Survey asked about consumption of fruit and vegetables in two ways:

‘How many times do you eat the following in a week – fruit, vegetables?’

‘How many pieces/ portions of fruit and/or vegetables do you eat in a typical day?’

The first question established that about half the respondents were eating both fruit and vegetables six or more times a week. However, when questioned about the number of times a week different foods were eaten, it emerged that 20% of people ate fruit only twice a week or less, and that vegetables were more likely to have been eaten three or more times a week. 85% of all respondents said they ate three or more pieces of fruit and/or vegetables a day; but only 16% were eating five or more (Figure 10).

Figure 10



In Swale fewer than one in ten men reported eating five portions a day; in Thanet, Dartford, Gravesham and Swanley, Medway, Swale, Maidstone and Weald less than 40% of men were eating at least three portions a day. and in Medway just under half of all women in the survey were eating at least three portions a day.

Physical activity

‘The risk of Coronary Heart Disease in sedentary people is twice as high, and 60% of men and 70% of women nationally are classed as sedentary.’

Coronary Heart Disease NSF

Keeping physically active provides strong protection against coronary heart disease and stroke. It also has beneficial effects on weight control, blood pressure and diabetes – all of which are risk factors in their own right; protects against brittle bones and maintains muscle power; and increases people’s general sense of well-being.

Saving Lives: Our Healthier Nation

The US Surgeon General¹² recommended a minimum of 30 minutes of moderate exercise, five times a week. (Equivalent to brisk walking for half an hour on a daily basis).

58% of respondents to the Survey said they exercised for 30 minutes' once a week or more often. Only one person in six was taking 30 minutes exercise five times a week. 49% of men and 35% of women in Shepway were exercising three times a week or more. Least exercise was taken in Dartford, Gravesham and Swanley where only 30% of men and 22% of women were exercising three times a week. People of normal weight were more likely to be taking regular exercise than either underweight or overweight people.

People surveyed were asked:

'On average, how often do you undertake any physical activity which lasts 30 minutes or more?'

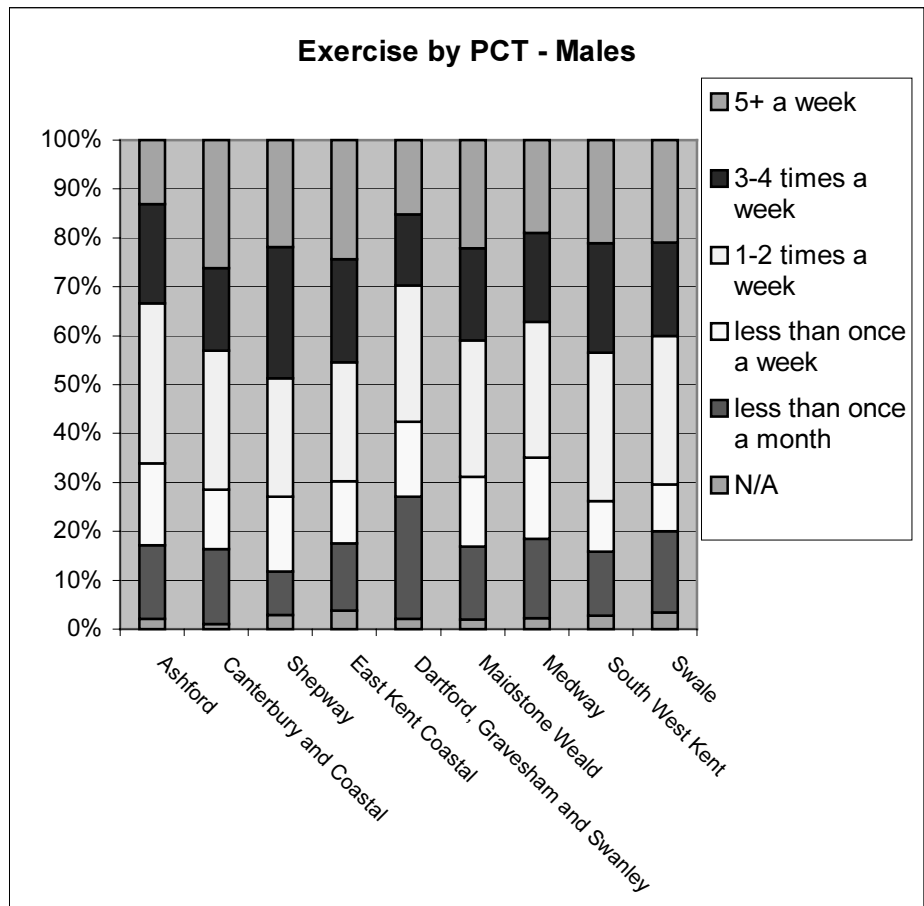
58% of respondents said they exercised once a week or more often. Only one person in six was taking 30 minutes' exercise five times a week. There were no appreciable differences between age or sex groups: older people were more likely to be exercising five times a week, although half the women aged seventy five and over exercised less than once a week.

Who doesn't exercise?

25% of normal weight men and 15% of normal weight women exercised five times a week or more. People of normal weight were more likely to exercise at least once a week than the underweight or overweight, and were much more likely to take more regular exercise.

Significant differences were found between PCTs for prevalence of exercising. 49% of men and 35% of women in Shepway were exercising at least three times a week. Least exercise was taken in Dartford, Gravesham and Swanley where only 30% of men and 22% of women were exercising three times a week (Figure 11).

Figure 11



Looking at younger people aged 25-44 and exercise, men were more likely to exercise than women. There were substantial differences between PCTs, with young people in Dartford, Gravesham and Swanley being less likely to take exercise than people in Ashford, Shepway or Thanet. 45-64 year olds in Shepway, Thanet and South West Kent were more likely to be exercising at least once a week than in other PCTs.

20% of respondents replied that they never drank alcohol, and another 27% that they only drank occasionally. 31% admitted to drinking five or more units of alcohol a week. Drinking above recommended levels was higher in Dartford, Gravesham and Swanley than in other parts of Kent and Medway.

Reasons given for not taking exercise included:

- lack of leisure time – this was important for men of working age
- illness or disability – this was the most common reason given by people aged over 75
- lack of incentive – this was important for men aged 45-64 and for women aged 25-44
- lack of money
- lack of interesting activities
- lack of facilities at work and in the community
- lack of transport, primarily for people under 25 and those aged 75 and over

Alcohol

'The consumption of moderate quantities of alcohol is unlikely to cause harm, there may also be some health benefit. However, habitual and excessive alcohol consumption (about 4 units per day) can raise blood pressure. Alcohol intake also provides energy in the form of calories and needs to be taken into account in maintaining balance for weight control'

Coronary Heart Disease NSF

People were asked:

'How often do you drink alcohol?'

'How many drinks, on average, do you have throughout the whole week?'

'Would you like to change your present level of drinking?'

20% of respondents replied that they never drank alcohol, and another 26.7% that they only drank occasionally.

21% were drinking once or twice a week, 18% on three to six days a week and 11% daily. Overall, 31% admitted to drinking five or more units³ of alcohol a week.

Guidelines recommend drinking no more than 21 units a week for men and 14 for women⁴. This Survey found that men in Kent and Medway drank more alcohol than women. 13.7% of men and 24.5% of women did not drink.

- 6.3% of men in the sample were drinking 21 or more units a week. This was highest in the age range 25-64, falling to 2.9% for men aged 75 and over
- 4.8% of women were drinking 15 or more units a week. This was highest in the age range 25-44 (6.8%) and next highest at ages 45-64 with 6.2% drinking above recommended limits

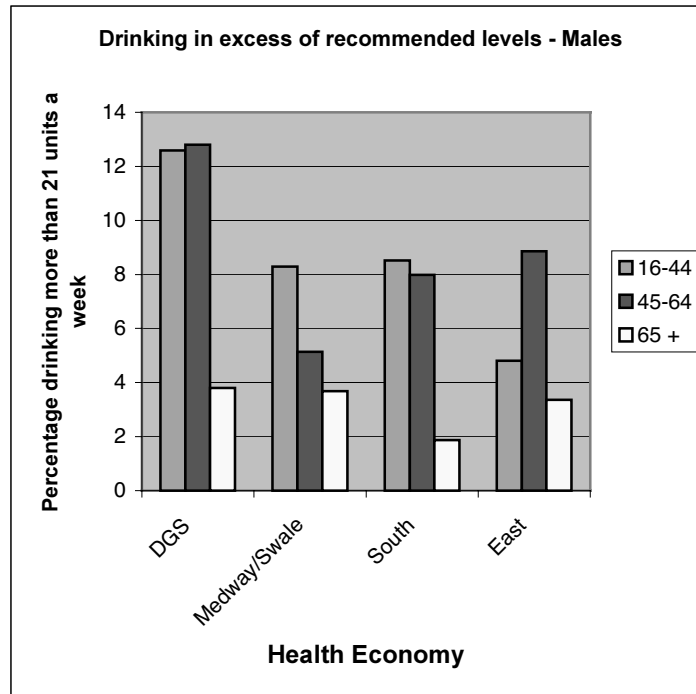
³ Alcohol consumption is measured in 'units'
– one unit is equivalent to
•Half a pint of ordinary strength beer
•A glass of wine
•A glass of sherry, port or vermouth
•A measure of spirits

⁴ Health of the Nation (1992) set a target for England to reduce the proportion of men drinking more than 21 units of alcohol per week to 18% by 2005 (from a 1990 baseline of 28%) and the proportion of women drinking more than 14 units to 7% by 2005 (from 11% in 1990).

One third of people surveyed had two weeks or more when they felt sad, unhappy or depressed; nearly one in five people said they had felt depressed or sad for much of the time in the past year.

18% of people were feeling anxious or stressed about paying debts and household bills some or all of the time. 22% were anxious about problems with their partner, family and friends. 19% were feeling lonely and isolated. 23% were in fear of burglary, and 14-17% in fear of violence against themselves, family or friends. One in ten people said they had felt anxious or stressed about problems with work colleagues and nearly a quarter felt stressed about being under pressure from work.

Figure 12



Patterns of drinking varied across Kent and Medway: for example, the prevalence of men drinking above recommended levels was much higher in Dartford, Gravesham and Swanley than in other parts of Kent and Medway (Figure 12).

Preventing Mental Illness

'Mental health influences how we feel, perceive, think, communicate and understand. Without good mental health, people can be unable to fulfil their full potential or play an active part in everyday life'

'People with mental illness may suffer considerable fear, mental pain and distress, sometimes for many years, taking a considerable toll on themselves and their families. They may be socially excluded because of their mental illness'

Saving Lives: Our Healthier Nation

The survey asked :

'in the past year, have you had two weeks or more during which you felt sad, unhappy or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?'

One third of people surveyed had two weeks or more when they felt sad, unhappy or depressed, or when they lost all interest or pleasure in things they usually cared about or enjoyed. Nearly one in five people said they had felt depressed or sad for much of the time in the past year, one in six men and one in five women said they had felt depressed or sad much of the time in the past two years; there was little age difference except that those under 25 were less likely to have been depressed.

Respondents were asked to indicate:

'how you feel and how things have been with you during the past 4 weeks?'

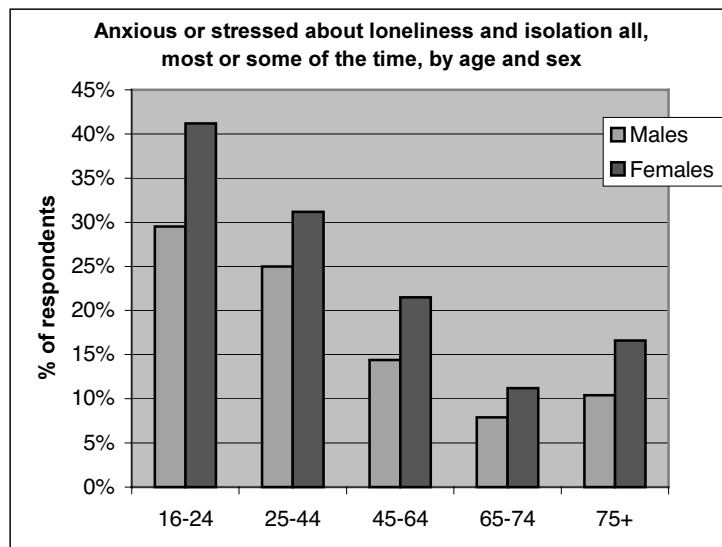
- 8% said they had felt so down in the dumps that nothing could cheer them up for a good bit of the time
- one in ten had felt downhearted and low a good bit of the time
- one in three said they felt tired a good bit of the time.

Stress

‘Stress has been identified as a major contributory factor to both physical and mental health; more specifically, several studies have shown that psychological factors are implicated in the development of cardiovascular disease’
 Health in England 1998

‘Health in England’ found that 24% of men and 29% of women had suffered from a substantial amount of stress over the past twelve months, while only 8% of men and 6% of women said they were completely free of stress in that period.

Figure 13



The Kent and Medway Survey looked at particular causes of stress, finding that finance, relationships and fear of crime and violence were significant.

The survey asked:

‘during the past 3 months, have you felt anxious or stressed by any of the following?’

- 18% of people felt anxious or stressed about paying debts and household bills some or all of the time, women being rather more anxious than men about household bills. People under 45 were most likely to be feeling stressed about debts. People aged 25-64 were anxious about household bills, but 36% of women over 65 did not answer the question
- 22% were anxious about problems with their partner, family and friends and 19% were feeling lonely and isolated (Figure 13). Both were more common among women and young people, while loneliness increased after the age of 75
- 23% were in fear of burglary, and 14-17% in fear of violence against themselves, family or friends. People over 45 were more likely to worry about burglary; theft from cars affected people from the age of 25, particularly men aged 45-74. Fear of violence affected all ages, particularly men under 25 and those aged 45-74, and women aged 25-44

40% of respondents were currently employed – 6% self-employed, 24% employed full-time and 10% part-time.

One in six respondents said they were giving help or support to family, friends or neighbours who suffered from long-term physical or mental disability or problems related to old age.

Working in Kent and Medway

40% of respondents were currently employed – 6% self-employed, 24% employed full-time and 10% part-time. One in three people had a partner currently in paid employment.

One in six respondents said they were giving help or support to family, friends or neighbours who suffered from long-term physical or mental disability or problems related to old age. 11.8% of respondents gave up to twenty hours a week, 1.7% between 20 and 49 hours a week and 3.1% of our respondents (one in 32) were giving more than fifty hours a week to helping others.

People were asked if they or anyone in the household was receiving state benefits:

- 9.1% received Income Support
- 1.4% received Family Credit
- 2.6% received Working Family Tax Benefit
- 6.7% received Disability Living Allowance
- 8.5% received Housing Benefit
- 1.2% received Job Seekers Allowance

Work related stress

One in ten people said they had felt anxious or stressed about problems with work colleagues and nearly one in four were stressed about being under pressure from work. Job security and unemployment were important to 11% and 8% of respondents respectively.

14.3% of people employed full-time said they were anxious or stressed by job or work pressure all or most of the time, and half had experienced this some of the time. 44% of these people reported feeling sad, unhappy or depressed in the past two weeks.

Self employed people also suffered work pressure, 9% all or most of the time and 40% most of the time. Part-time employment seemed less stressful, but nevertheless more than a third experienced stress at least some of the time. Relationships with work colleagues were more a problem for full-time employed people, with 28% experiencing stress at least some of the time.

One in four people currently employed were anxious about job security at least some of the time; stress related to job security was more likely among the self employed or people employed full-time. 41% of the 92 unemployed people in the Survey were anxious or stressed about unemployment most or all of the time.

The survey asked:

‘during the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?’

Two out of fifteen people had cut the amount of time spent at work or on other activities as a result of emotional problems (e.g. feeling depressed or anxious), but this was most significant among people who were unable to work (45%). One in four people had accomplished less than they would like for the same reasons, again most significantly among those unable to work. 93% of the men and 96% of the women unable to work said they had long-standing illness.

Seven out of ten people in the Survey aged under 65 reported they travelled to work; 7.1% of working people said they worked at home. Three out of five people drove a car to work; only 6% travelled as passengers. One in ten go to work on foot. 11.5% of people travelling to work reported they were commuters (to London), 14% of these took longer than two hours to reach work.

Travel to work

The survey asked:

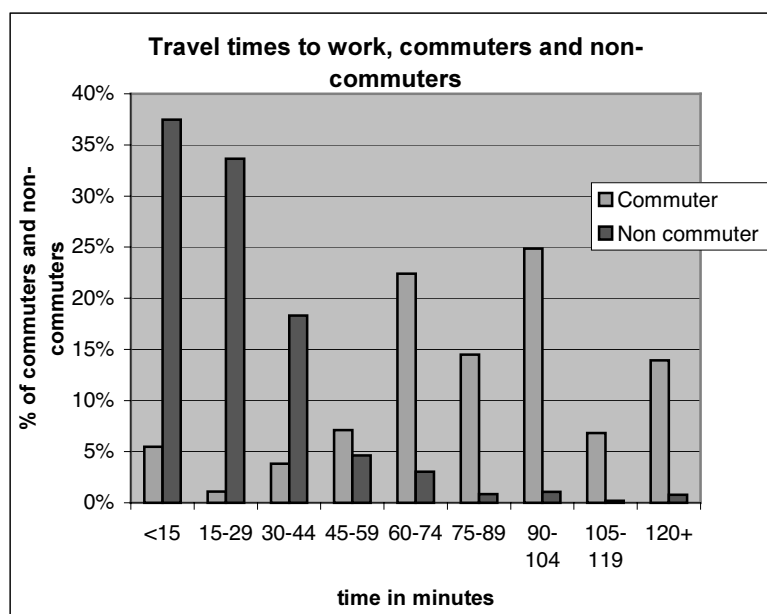
'How do you usually travel to work?'

'Do you work in London (a commuter)?'

Seven out of ten people in the survey aged under 65 reported they travelled to work; 7.1% of working people said they worked at home. Three out of five people drove a car to work; only 6% travelled as passengers. One in ten walked to work.

11.5% of people travelling to work reported they were commuters (i.e. going to London). Half of these travelled to work by train, 8.5% by bus and 34% by car. More than four out of five commuters travelled for longer than an hour and 14% longer than two hours. People not commuting to London were mostly in work within half an hour, only 6% travelling for longer than an hour (Figure 14).

Figure 14



Half of commuters reported they were stressed by job or work pressure at least some of the time, compared to 40% who did not commute. The self-employed were the most stressed commuters, 16% being stressed all the time, compared to 8.5% of self-employed people who did not commute. However, employed people not commuting were equally stressed.

There was no obvious relationship between travel time and work-related stress. People working at home were least likely to suffer work stress, as were people riding motor cycles or walking. People travelling by train were most stressed, followed by people driving a car.

Maintaining Good Health and Independence into Older Age

A higher proportion of males than females at all ages from 65 were in receipt of a private pension; 66% of men aged over 65 said they were receiving a private pension.

The proportion of people taking four or more medicines a day increased with age: the survey showed that people in poor health were more likely to be taking four or more medicines a day. People with long-standing illness or disability were nearly four times as likely to be taking medicines as people with no disability. One in three men and two in five women aged 75 and over were taking four or more different medicines.

‘Overall life expectancy has increased dramatically over the past 100 years. In 1997, life expectancy at birth in the UK was 75 years for men and 80 years for women compared with just 50 years for men and 54 years for women in 1911’

‘Lifestyle has a major impact on the susceptibility of individuals to cardio-vascular disease, cancer and respiratory disease, for example through cigarette smoking and poor nutrition, as well as physical environment and housing conditions’

Health in the South East Region

The Kent and Medway Survey, which was sent to 1 in 25 older people aged 75 and over, included 2704 people aged 75 and over who responded (a 57% response rate). In every older age group there were more females than males (Table 2). 65% of men were still married while 57% of women were widowed.

Table 2

Number of older people in the survey aged 75 and over, by age and sex

Age Group	Males	Females	Total
75-79	529	720	1249
80-84	373	523	896
85-89	138	263	401
90-94	37	93	130
95+	5	14	19
Total	1082	1613	2695

Economic position

In the UK women can normally retire at 60 and men at 65. In this Survey, 66% of men aged over 65 said they were in receipt of a private pension. A higher proportion of males than females at all ages from 65 was receiving of a private pension.

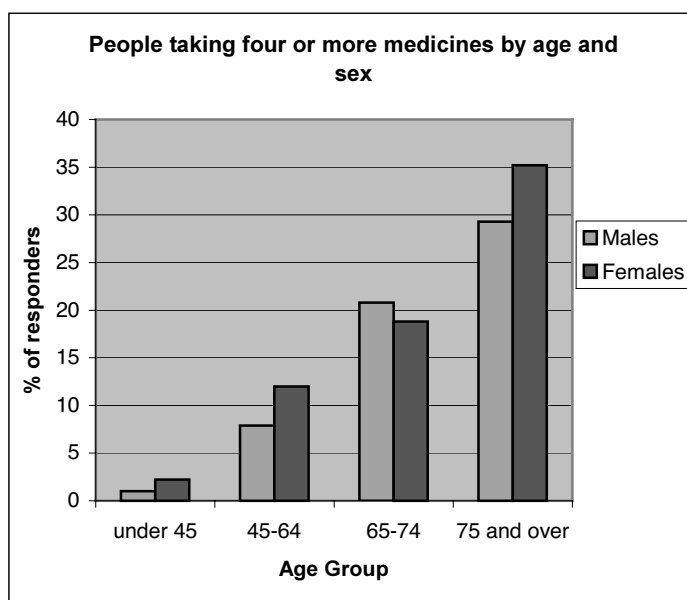
Medicines management

The NSF for older people requires that anyone taking four or more medicines should be seen for a six monthly review. 16% of people in the Survey were taking four or more medicines. The number of different medicines taken increased with age (Figure 15) – one in three men and two in five women aged 75 and over were taking four or more different medicines.

The Survey showed that people in poor health were more likely to be taking four or more medicines a day. Three quarters of people in excellent health, three out of five in very good health and two in five in good health took no medicines, compared to fewer than one in five with fair and one in twenty with poor health. People with long-standing illness or disability were nearly four times as likely to be taking medicines as people with no disability.

The prevalence of Parkinson's Disease was 1% in people aged 65-74 and 2.3% for ages 75 and over. The prevalence of stroke among 65-74 year olds was 3.0% for men and 1.6% for women, and for those aged 75 and over was 5.5% and 6.1% respectively.

Figure 15



Risk of falls

CHSS has developed a risk scoring for falls¹³, applicable to people aged 65 and over. Five questions were used to identify falls risk:

- history of falls
- 4+ prescribed medicines
- history of stroke or Parkinson's Disease
- balance and / or gait problems
- ability to rise from a chair of knee height without arms.

The Survey asked questions to establish the presence of these risk factors. People answering yes to two or more risk factors are estimated to have a 43% chance of falling, and for three or more it is estimated they have a 57% chance of falling within the next six months.

- 28 men and 30 women said they had Parkinson's Disease, representing the prevalence of 1% of people aged 65-74 and 2.3% of those aged 75 and over.
- 77 men and 121 women said they had had a stroke which left them with weakness in arms or legs. Twenty were aged under 65. The prevalence of stroke among 65-74 year olds was 3.0% for men and 1.6% for women, and 5.5% and 6.1% respectively for those aged 75 and over.
- 14% of men and 16% of women said they had problems with their balance. The prevalence increased from 6% of men under the age of 65 and 4% of women under 45 to one in three over the age of 75. 57% of people in poor health said they had problems with their balance. Two-thirds of people with balance problems said their health was fair or poor compared to one in four people with no balance problems. More than four out of five people having balance problems said they had long-standing illness, disability or infirmity compared to one-third of those with no balance problems.
- One in three men and one in five women said they could not rise from a chair without using their arms. The proportion rose steadily from the age of 35, the increase being greater among women than men.

The survey found that 20% of people aged 65-74 and 25% of people aged 75 and over had a 43% risk of falling in the next six months. In addition there were 5% of people aged 65-74 and 13% aged 75 and over were estimated to have a 57% risk of falling in the next six months.

- Nearly one in six people (more women than men) had fallen within the past six months. For most ages and both sexes between eight and ten per cent of people had fallen: in men this number rose from the age of 75, when one in five men had fallen while more than a quarter of women aged 75 and over had fallen.

Table 3
Percentage of older people with Falls Risk Factors by age (over 65).

Age group	Number of Risk Factors			
	0	1	2	3 or more
Males				
65-74	14%	60%	20%	5%
75 and over	18%	45%	24%	13%
Females				
65-74	25%	51%	19%	5%
75 and over	24%	38%	25%	13%

In this Survey there was very little difference between the risk among men and women; it is estimated that 20% of those aged 65-74 and 25% aged 75 and over have a 43% risk of falling in the next six months. In addition five percent of people aged 65-74 and 13% aged 75 and over had a 57% risk of falling in the next six months (Table 3).

Housing

‘Shelter is a basic need that will contribute to maintaining and achieving good health. The opportunity of decent housing promotes social cohesion, well-being and self-dependence. Those earning low incomes in the South East will not be able to afford good housing and many have little prospect of being able to buy their own homes’

Health in the South East Region

The report of the Regional Director of Public Health says that access to affordable housing is a particular issue as accommodation in the South East is more expensive both to buy and to rent. Public sector rented housing is expensive compared to the national picture, although Medway was the cheapest local authority in the South East in the first quarter of 2002 (Land Registry).

Across Kent and Medway, seven out of ten people in this Survey were living in owner-occupied accommodation, 5% were living with parents or family and 3% were living with others. 18% of respondents were living in rented accommodation. Patterns of home ownership did not appear to vary much whether people were town or countryside dwellers. 57% of respondents were living in towns, 32% in villages and 7% in the countryside. Seven out of ten respondents were living in houses, 16% in bungalows and 4% in ground floor flats with 6% living in upstairs flats.

One in ten people were having some problems with damp in their home: 1.5% said damp or condensation was a serious problem. 2.7% said they could not keep their home warm enough in winter most of the time. One in fifteen people aged over 75 was unable to keep warm enough quite often or most of the time.

Damp and cold housing

'There are clear links between cold, damp housing and an increased risk of ill health or even death; whilst it is likely that socio-economic deprivation is an indicator of poor housing conditions amongst older age groups and those with disabilities, it is likely that significant numbers of previously affluent people may continue to live in large homes that they can no longer afford to heat, and are experiencing fuel poverty..... poor nutrition may also be a problem for older people during the winter months'

Health in the South East Region

'In Britain there are more than 40,000 more deaths during winter months than expected from death rates in other months of the year. Much of this rise is due to cardiovascular and respiratory disease. Around two thirds of this winter excess can be attributed to the effects of cold'

Cold Comfort¹⁴

The Survey asked:

'is damp or condensation a serious problem in your home?'

One in ten people were having some problems with damp in their home. 122 people (1.5%) said damp or condensation was a serious problem and 8% said it was a nuisance. Three out of ten people who said they had a serious problem with damp were anxious about it all or most of the time, and one-third said they felt anxious some of the time. Serious dampness was more common in privately rented accommodation. 14% of all younger people aged under 45 said damp housing was a nuisance for them.

The Survey asked:

'are there times in the winter when you cannot keep your home warm enough?'

217 people (2.7%) said they could not keep their home warm enough in winter most of the time; another 4% said quite often they could not keep warm enough. Nearly half the people not keeping warm enough most of the time were in owner occupied accommodation; however fewer than one in fifty in owner occupation could not keep warm most of the time, compared to one in eight in privately rented unfurnished accommodation.

The survey found that one in fifteen people aged over 75 was unable to keep warm enough quite often or most of the time. There were 32 pensioners living alone who said they could not keep warm enough most of the time (2.7% of the 1193 pensioners living alone).

Does cold and damp affect people's health?

People reporting poorer general health were more likely to report problems with dampness or condensation in their housing. People with long-standing illness, disability or infirmity were only slightly more likely to report they had a serious problem with damp or condensation.

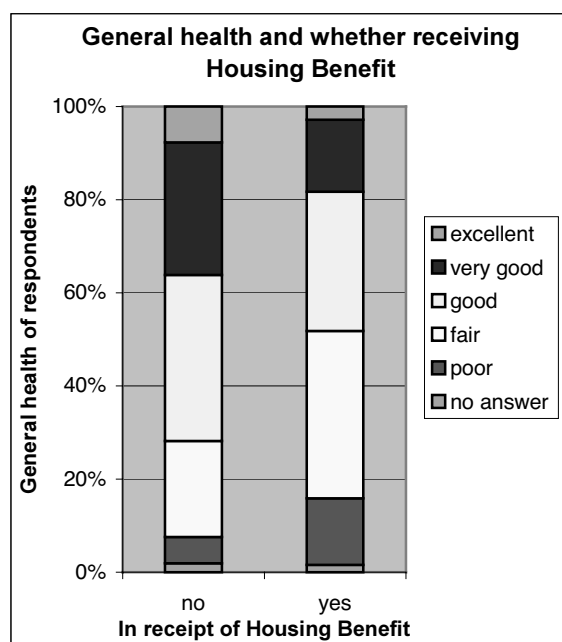
People on Housing Benefit

8.5% of respondents were receiving Housing Benefit. Two-thirds were retired and one in ten was unable to work. The number on Housing Benefit rose after the age of 75 and one in five women aged over 80 was claiming benefit.

8.5% of respondents were receiving Housing Benefit. They were more likely to report poorer health and long-standing illness, disability or infirmity (11.5% compared to 5.7% not receiving). They were also more likely to have reported feeling sad, unhappy or depressed for two weeks in the past year.

1.7% of respondents reported feeling anxious or stressed by their housing neighbourhood most or all of the time, and they were also more likely to be feeling lonely and were less likely to be in owner-occupied accommodation.

Figure 16



People receiving Housing Benefit were more likely to report poorer health and long standing illness, disability or infirmity (11.5% compared to 5.7% not receiving) (Figure 16). They were also more likely to have reported feeling sad, unhappy or depressed for two weeks in the past year.

Neighbourhood anxieties and social cohesion

138 respondents (1.7%) reported feeling anxious or stressed by their housing neighbourhood most or all of the time. One in five people living in accommodation rented from the local authority and one in five living in Housing Association accommodation felt anxious about their neighbourhood at least some of the time, compared to nine per cent who were owner occupiers.

People feeling anxious or stressed about their neighbourhood were also more likely to be feeling lonely. 30% felt lonely most of the time, and 22% some of the time compared to 3% and 15% respectively for people who were stressed by their neighbourhood little or none of the time. People feeling stressed and lonely were less likely to be living in owner occupied accommodation.

Access to Primary Care

Access to a GP

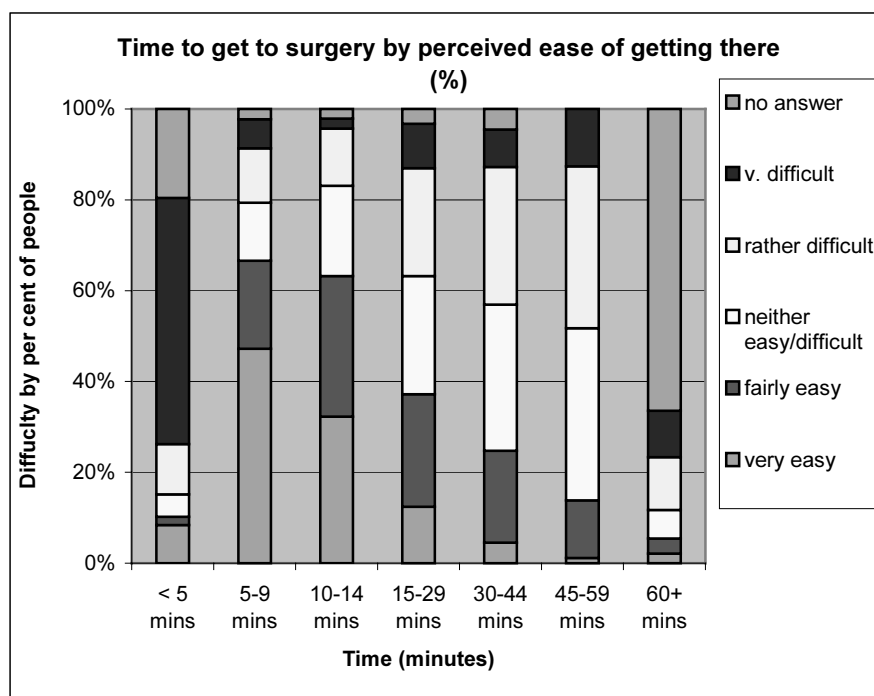
Nearly three out of ten people said they had spoken to a doctor during the previous two weeks. Women were more likely to have been in contact with the doctor, especially those under 25. Women in the age range 25-44 were more likely than other groups to have spoken for a child. Three out of ten people aged 75 and over, and one in four people aged 65-74 had spoken to the doctor about themselves in the past two weeks. One in five women aged under 25 had also spoken to the doctor.

More than two out of five people in the Survey had received a prescription. Three quarters of those talking to the doctor for themselves received a prescription, and half of those speaking for others received a prescription.

Nearly three out of ten people said they had spoken to a doctor during the previous two weeks; women were more likely to have been in contact with the doctor, especially younger women who were more likely than others to have spoken for a child.

More than two out of five people in the survey had received a prescription. Three quarters of those talking to the doctor about themselves received a prescription and half of those speaking for others received a prescription.

Figure 17



58% said they were registered with their nearest practice, 30% said theirs was not the nearest. 8% said there were others at about the same distance. 33% of respondents lived within one mile of the surgery. People in Mid Kent (Ashford, Maidstone, Malling and the Weald) were most likely to register with their nearest GP, while Swale had fewest people registered with their nearest GP. As expected, the closer people lived the easier they found it to get to the surgery; however there were a significant number living within five minutes or less than one mile who found it very difficult to get there (Figure 17). Two out of five people said they found it very easy to get to the GP surgery, 3% found it rather difficult and 2% very difficult.

46% of respondents said they had long standing illness, disability or infirmity. Of these, 9.5% said it was difficult to get to the surgery compared to 0.6% who had no disability. Fewer disabled people found it difficult if they lived 2-3 miles away, presumably because they used transport, while at 4 miles 12.5% found it difficult. One in four disabled people walked to the surgery, most others going by car, while 5.6% had the doctor call.

Nearly one in five women aged 75 and over took more than thirty minutes to reach the surgery. 140 men and 586 women in the Survey lived more than ten miles from the surgery, 43% of all those living more than ten miles from the surgery were aged over 75.

People were asked how they normally got to the doctor's surgery.

- 3% said the doctor always called
- 55% went by car – 15% with someone else driving, 40% driving themselves
- 28% walked all the way
- 4% used public transport

58% said they were registered with their nearest practice, 30% said theirs was not the nearest. 33% of respondents lived within one mile of the surgery. The closer people lived the easier they found it to get to the surgery; however there was a significant number who lived within five minutes or less than one mile but found it very difficult to get there. One in four disabled people walked to the surgery, most others went by car, 5.6% had the doctor call.

Three quarters were registered with a dentist, 22% with an NHS dentist and 51% with a private dentist. 25% of people thought they would need treatment if they went to a dentist tomorrow. 49% of people had visited the dentist in the last six months; another 14% had visited within the year and another 9% within two years. This left nearly one third of people who had left it longer. One in two hundred people had never seen a dentist.

Access to a dentist

Three quarters of respondents are registered with a dentist, 22% with an NHS dentist and 51% with a private dentist. 25% of people thought they would need treatment if they went to a dentist tomorrow. 34% of people not registered with a dentist thought they would need treatment, compared with 23% registered with an NHS dentist and 24% with a private dentist. Younger people and women were more likely to be registered with an NHS dentist; fewer than one in three people aged over 75 were registered, possibly because many have lost their teeth.

49% of people had visited the dentist in the last six months, while another 14% had visited within the year and another 9% within two years. This left nearly one-third of people who had left it longer, and one in two hundred who had never seen a dentist. Two out of three people registered had seen their dentist within the past six months. People who had not visited for five years, or who had never visited, were less likely to perceive they needed treatment than those who had not visited for between one and five years.

Recommendations for Further Work

Survey data can be compared to HealthQuest SouthEast (the Dataset is held at CHSS) and to the Health Survey of England and the General Household Survey (Living in Britain). The Survey was carried out just after the 2001 Census, thus there is scope for combining information from both data sets.

It is intended to produce a series of Topic Reports, to include Smoking, Diet and Exercise, Older People, Carers, Mental Health, Housing and Health, Rurality and Health and Deprivation and Health.

Suggestions for further work are welcome, and individual organisations are invited to ask for specific information.

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