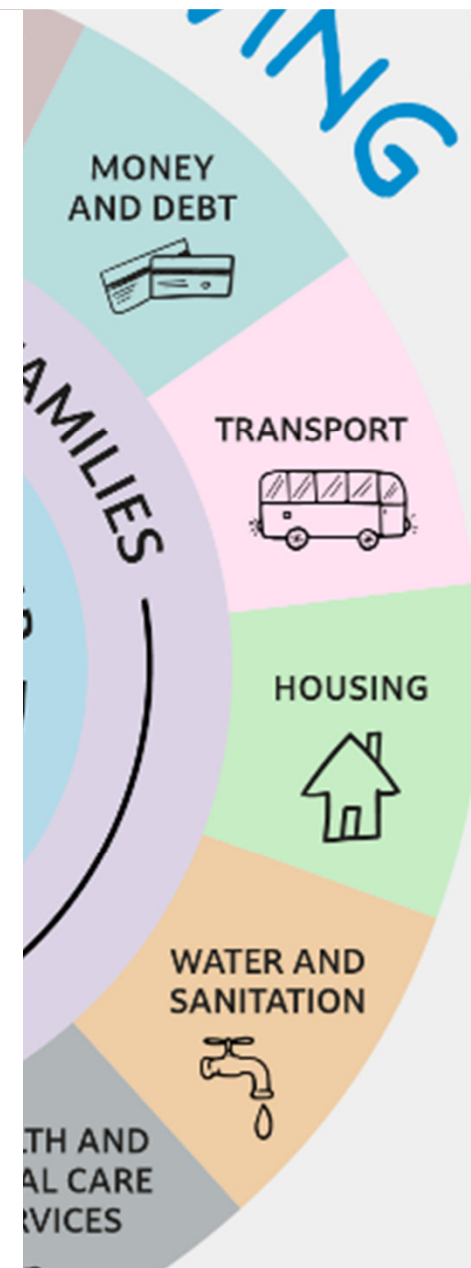




Health and Wellbeing Survey 2023

Results



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During the Spring and Summer of 2023 the Public Health Intelligence team conducted a survey aimed at all adults in the East Riding.

Consisting of more than 60 questions, the survey asked for information on employment and housing, caring, diet, physical health and activity, long term health conditions, mental health, smoking and alcohol use, quality of sleep, matters around COVID 19, family finance and loneliness and social contact.

A continuing campaign of publicity was managed by the ERYC Media team for the five month duration of the survey.

Participants were asked to tell us their postcode, and a number of non identifiable personal details such as gender, and age etc.

This allowed us to allocate respondents in to corresponding LSOAs and therefore determine the IMD Quintile and Decile of the place they live.

We were also able to determine their home classification, being either Rural or Urban, and Coastal or Non-Coastal.

The survey opened on the 27th March, and closed on the 30th of August.

A total of 2698 responses were received, of which, 1051 were to a greater or lesser degree incomplete. Although these numbers were somewhat disappointing, some useful results have been obtained. Some questions, such as experience with COVID 19, status as carers, and smoking and vaping did not reveal any data that was unexpected, so in the interests of brevity, have been excluded from this report. Any data derived from the survey results can be obtained from the intelligence team.

Summary of findings

One of the primary functions of the survey was to find out what differences exist between areas of high deprivation and areas of low deprivation. Because of the moderately poor response rate, it has not been possible to draw any firm conclusions, but a few indicative results have been possible.

The most clear result is that of BMI and Obesity ([page 17](#)) which does suggest that a significant number of people classed as Obese (I, II, or III) do live in areas of greater deprivation when compared with areas of least deprivation. There is also a general tendency for people with normal BMI measurements to live in better off areas. Overall, the BMI/Obesity picture for the East Riding is fairly good with almost a third of respondents falling in to the Normal BMI category, and a similar number in the Overweight BMI category.

The state of mental health amongst the respondents is very positive. The survey employed the Warwick Edinburgh Mental Wellbeing Score tool (WEMWBS) showed that the respondents have given us answers that indicate good mental health, with the majority of respondents returning scores that are very positive. Deprivation was still a factor with WEMWBS scores with a tendency for lower (and therefore less happy) scores being recorded in areas of greater deprivation. For a full explanation of the results see [page 21](#).

The prevalence of Long Term Conditions was also investigated and there is a tendency for people suffering from these to be in more deprived areas, especially with Arthritis, Hypertension and Asthma, although this is a complex picture. ([page 27](#))

Questions asking about the financial position of respondents revealed less stress than might have been expected, but it has to be remembered that the survey cohort only included a small number of younger respondents, so this result has to be treated with care. ([page 10](#))

Respondents were asked to tell us if they currently had difficulty accessing public services. This was a question that revealed clear negative results especially for Primary Care, and Dentistry appointments. ([page 13](#))

More than 50% of respondents in four wards, and 40-50% in a further 11 wards reported that they were having problems accessing Primary Care. For Dentistry, two wards returned more than 60% of respondents, and seven wards with between 40-60% of respondents reported difficulty in getting appointments. Space was given for people to give us their views on the difficulty accessing services, and a large number of responses were received, and are still being analysed.

Other results that do not have clear cut, or have more insignificant findings are found in the main body of this report.



Gender profile

Almost three quarters of the respondents were women. Very few people in the east Riding declared themselves to be non-binary or preferred not to give their gender.

	Count of responses	% of total
Female	1179	72.7%
Male	415	25.6%
Non-binary	2	0.1%
Prefer not to say	25	1.5%

Figure 1

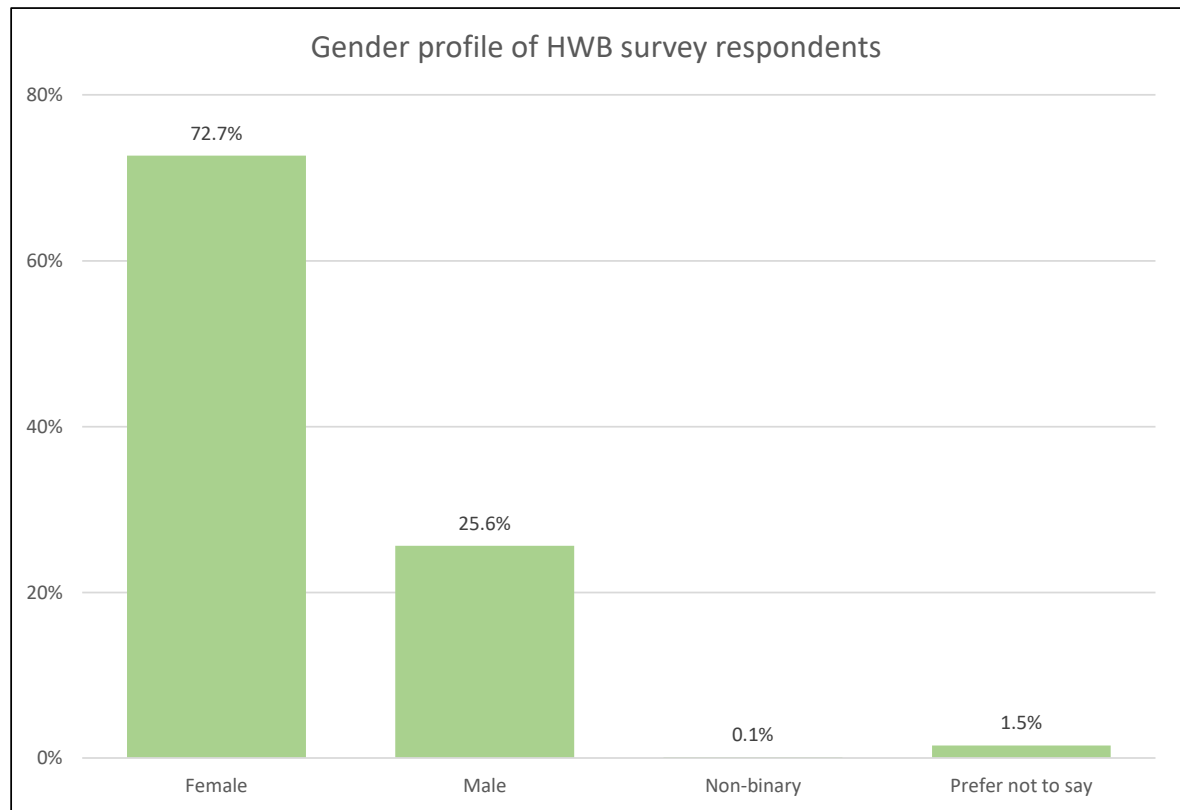


Figure 2

N= 1621



Age profile

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Respondents were asked to indicate their age group. Only a very small number of respondents were aged below 25, with the majority falling in to the 45-64 age group. More than three quarters (76.7%) were aged over 45.

	Count	% of total
Under 18 years	2	0.1%
18-24 years	19	1.2%
25-44 years	333	20.5%
45-64 years	689	42.4%
65-74 years	371	22.8%
75-84 years	168	10.3%
85 years or over	19	1.2%
Prefer not to say	23	1.4%

Figure 3

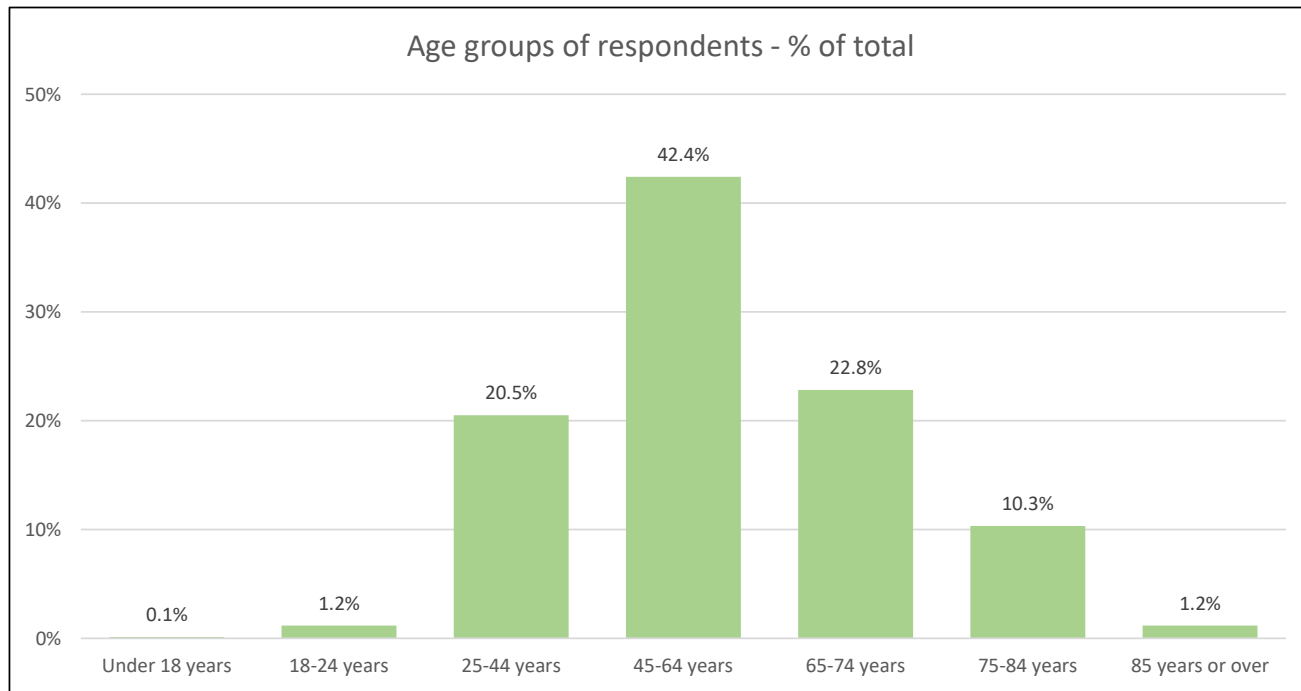
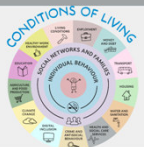


Figure 4

N= 1601



Geographical distribution of respondents

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1524 respondents gave us their home postcode. From this, the rate of return per 10,000 population could be calculated in order to even out the effects of population size of a ward. The three Bridlington wards showed a very strong rate of returns showing the success of local publicity efforts. However, wards in the south-west of the East Riding showed relatively poor response despite their being a good deal of effort to publicise the survey. Toward the end of the survey period, extra resources were used in Goole but this had little effect.

Ward	COUNT	Rate of returns/10,000 ward population
Bridlington North	119	102.0
Bridlington Central and Old Town	83	93.3
Bridlington South	99	82.0
Driffield and Rural	92	71.5
Cottingham North	45	65.3
Minster and Woodmansey	88	63.9
North Holderness	55	60.1
St Mary's	79	58.0
South Hunsley	47	54.4
Wolds Weighton	75	52.6
Dale	79	52.2
Pocklington Provincial	77	51.3
South East Holderness	63	50.6
Howden	22	49.0
East Wolds and Coastal	59	47.7
Cottingham South	37	46.2
Mid Holderness	52	44.2
Beverley Rural	52	43.8
Willerby and Kirk Ella	50	43.2
Snaith, Airmyn, etc	32	38.7
Hessle	49	38.6
South West Holderness	47	38.5
Goole South	29	33.1
Howdenshire	40	31.0
Tranby	26	30.8
Goole North	28	30.2

Figure 5

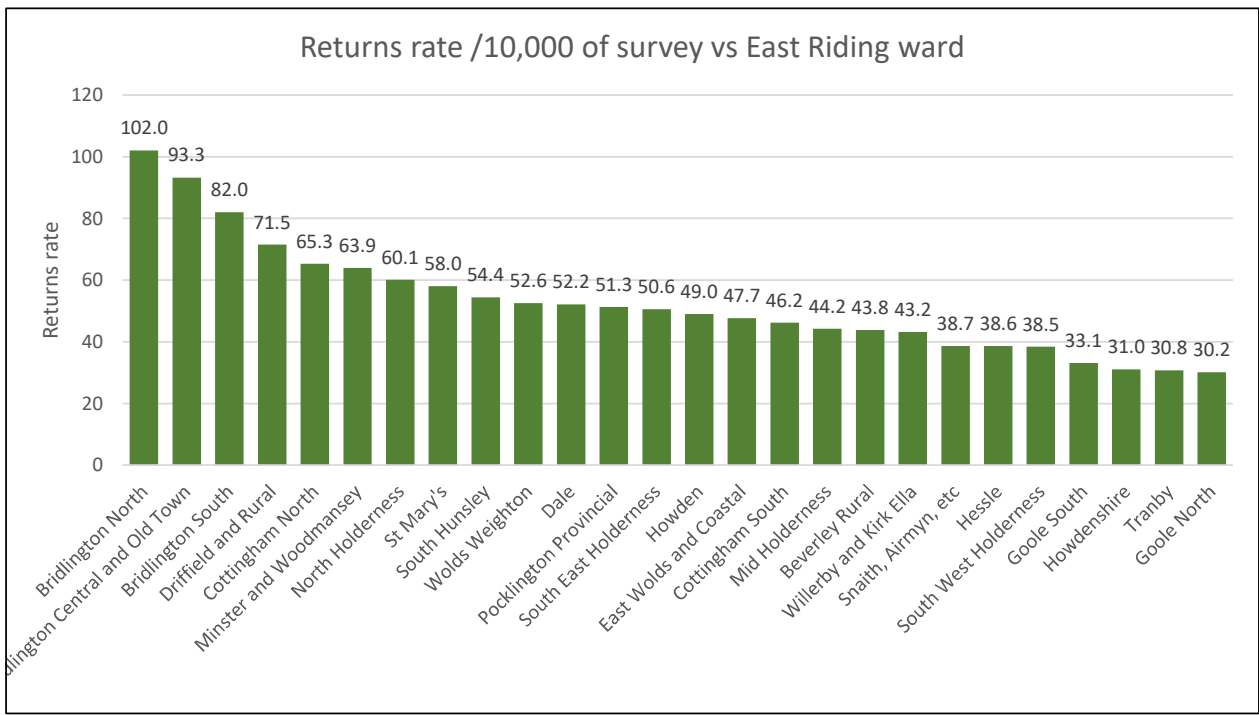


Figure 6

N= 2353



Home area classification

All LSOAs in the East Riding have been classified as either Rural/Urban, and also Coastal/Non-Coastal. Rates from each area are shown in the chart.
Rates in Coastal and Urban classifications are strengthened by the positive rate of return obtained from Bridlington

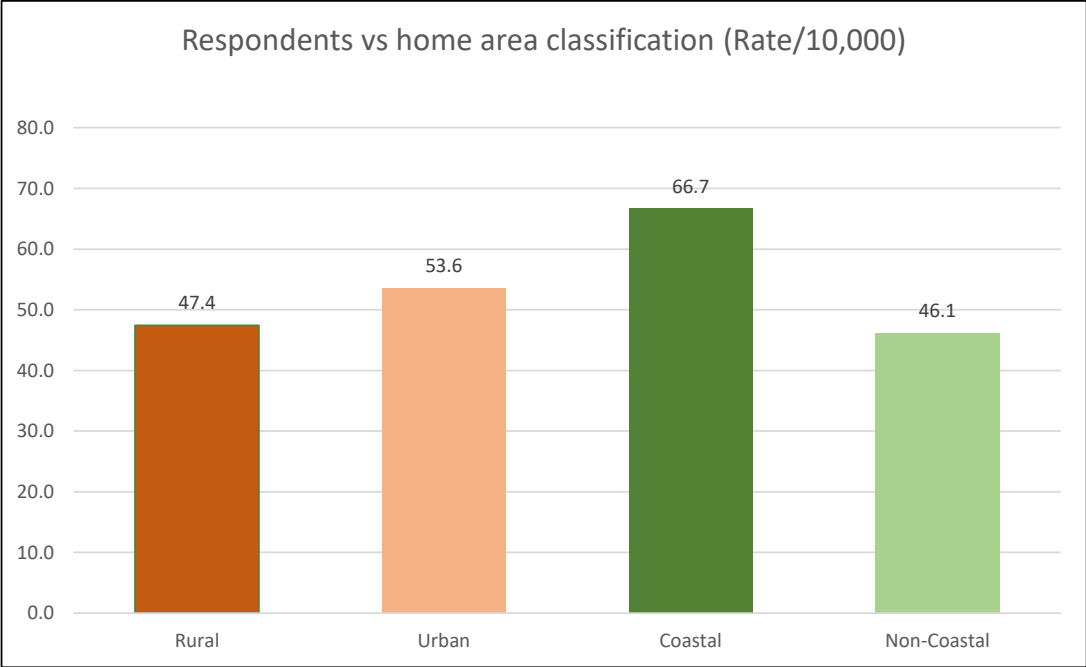


Figure 7

N= 2353



Employment status

As might be expected of the age groups most represented by this survey, a large number of respondents are retired, although a significant percentage are still in full time work with a permanent contract. 5% are employed with a fixed term contract, and a similar number are unable to work due to ill health. Very few are full time students, but 10% are paid only part time.

Descriptor	Count	%
Retired	872	37.1%
Employed with a permanent contract	728	30.9%
Paid part time	237	10.1%
Paid full time	146	6.2%
Employed with a fixed term contract	119	5.1%
Unable to work - long term sick	112	4.8%
Other	139	5.9%

Figure 8

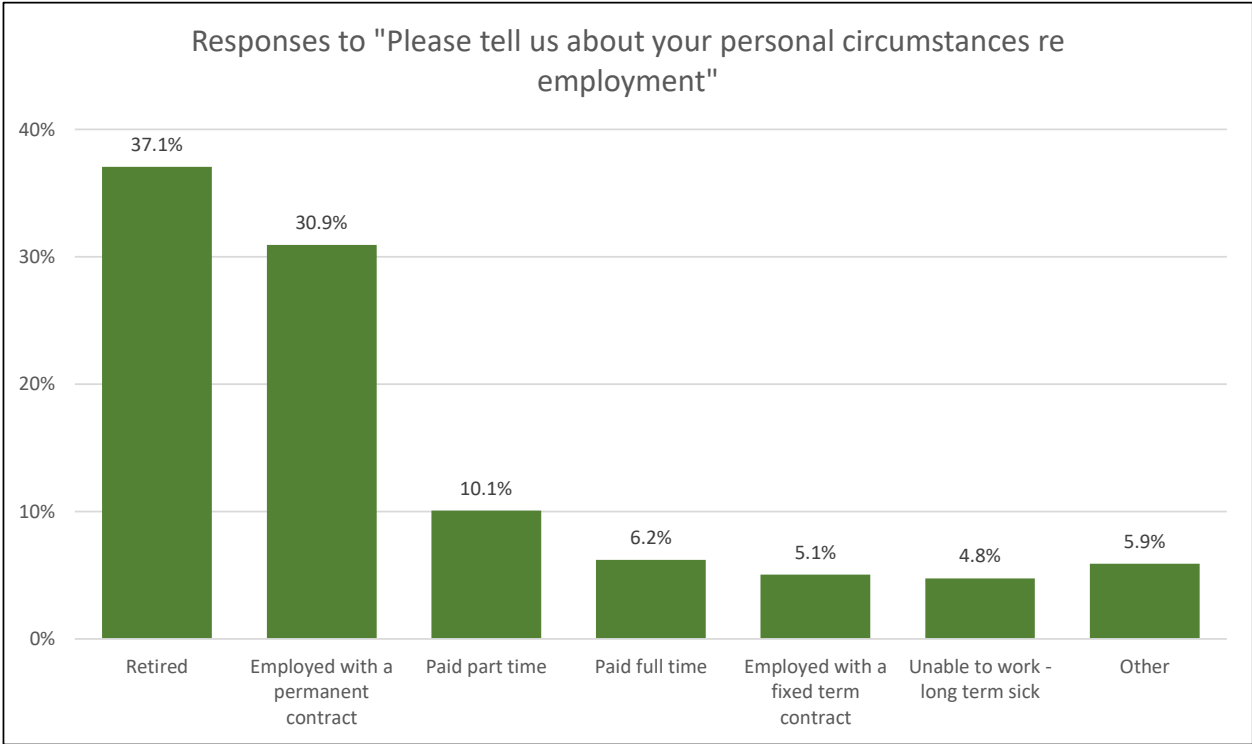


Figure 9

N= 2353

Almost 1500 respondents answered questions designed to indicate financial stress or otherwise. These were analysed according to the IMD of the respondent. (Quintile 1 is MOST deprived, Quintile 5 is LEAST deprived)

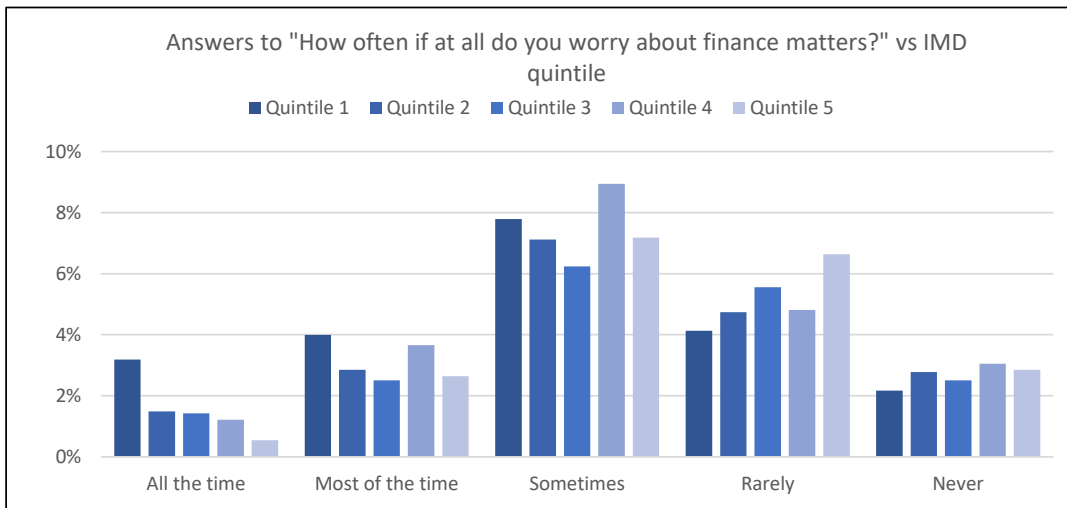


Figure 10

N=1476

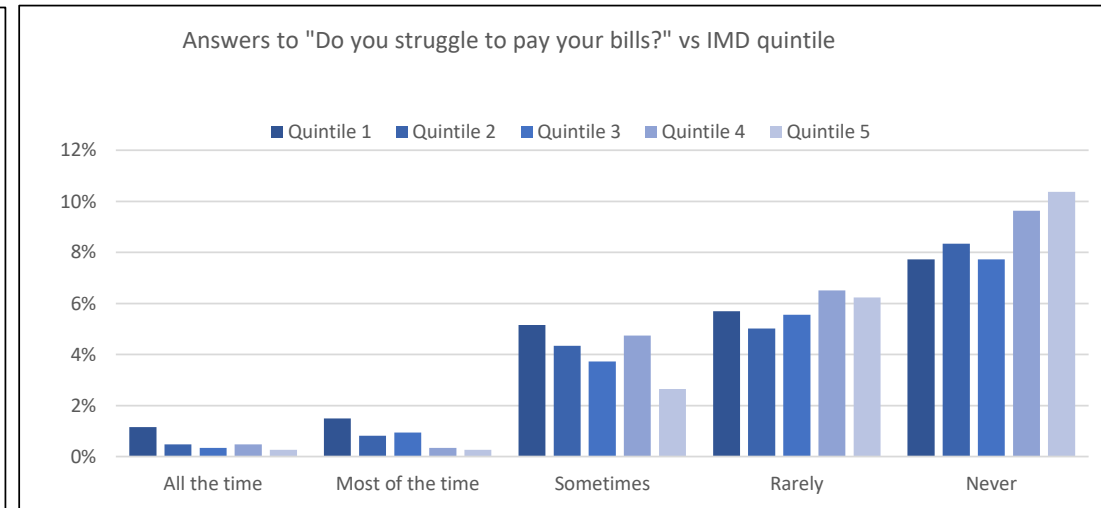


Figure 11

N= 1475

For the first question, the answer "Sometimes" is the most common across all quintiles. Answers "All the time" or "Most of the time" occur clearly in the most deprived quintiles, but not to any significant degree.

This concern regarding finance is not necessarily transferred to real financial problems however, as the large majority of people either rarely or ever have any problems with paying bills. The small number of people that do struggle to pay their bills "all the time" or "most of the time" occur in the lowest quintile.

This effect could be explained by the largest group of respondents being over 45, and therefore perhaps may be more financially stable, if not free of concern about money matters.



Finance

[Contents](#)

Respondents were asked to give their opinion on four statements about their household finances by indicating if they agreed or disagreed with those statements. The resultant responses from the first two are above and ask if they feel they have enough money to pay household bills, and if they feel they have enough money to feed their family properly. Numbers disagreeing, or strongly disagreeing with these statements were very small compared to those agreeing or strongly agreeing. However of the group that disagreed, the largest response came from the most deprived quintile.

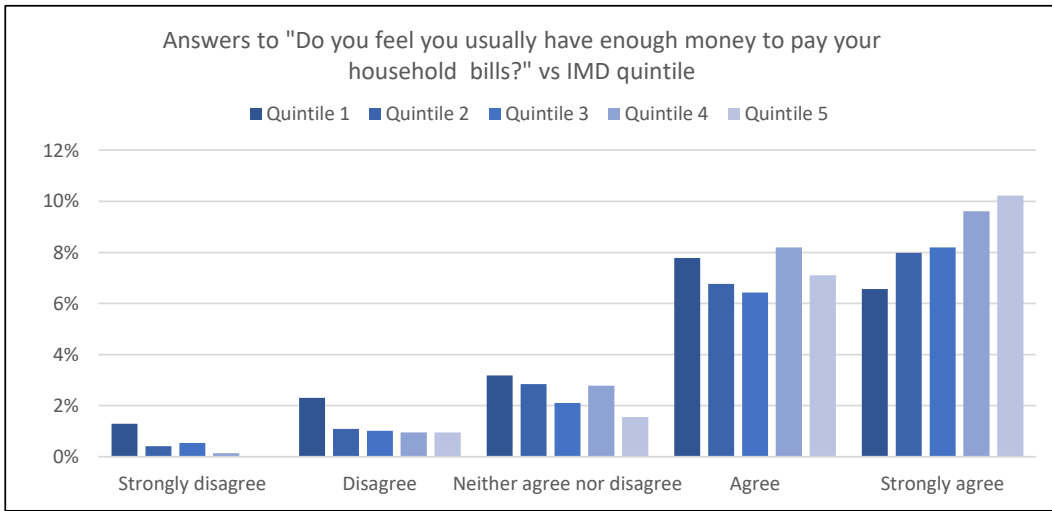


Figure 12

N=1477

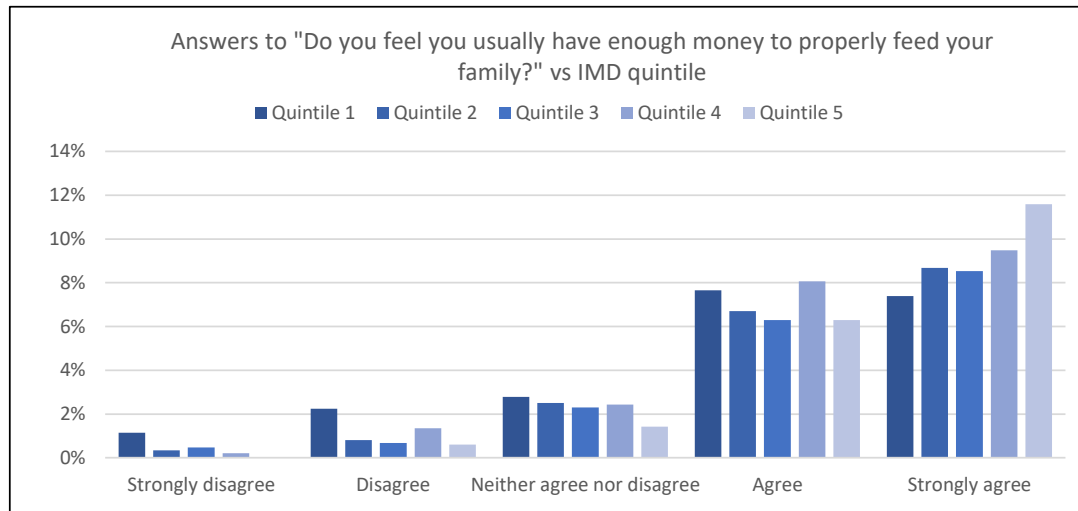


Figure 13

N= 1476



Responses to the final two statements are below. These two statements covered the respondents confidence in meeting credit/loan repayments, and meeting rent or mortgage payments. Responses are generally positive – especially with regard to rent and mortgage payments, but a small number of respondents disagree or strongly disagree that they can cover any credit repayments. These respondents are mainly in the most deprived IMD quintile.

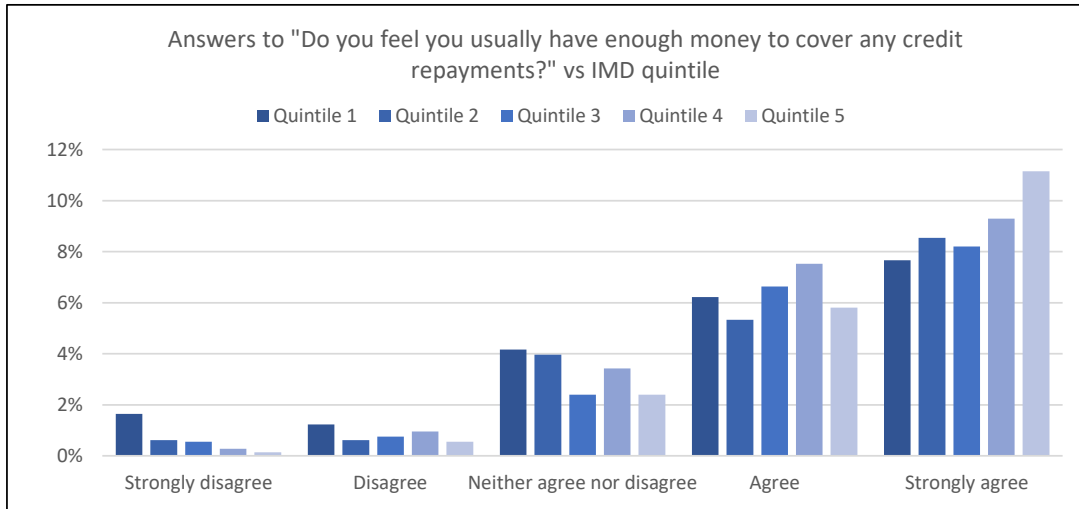


Figure 14

N=1463

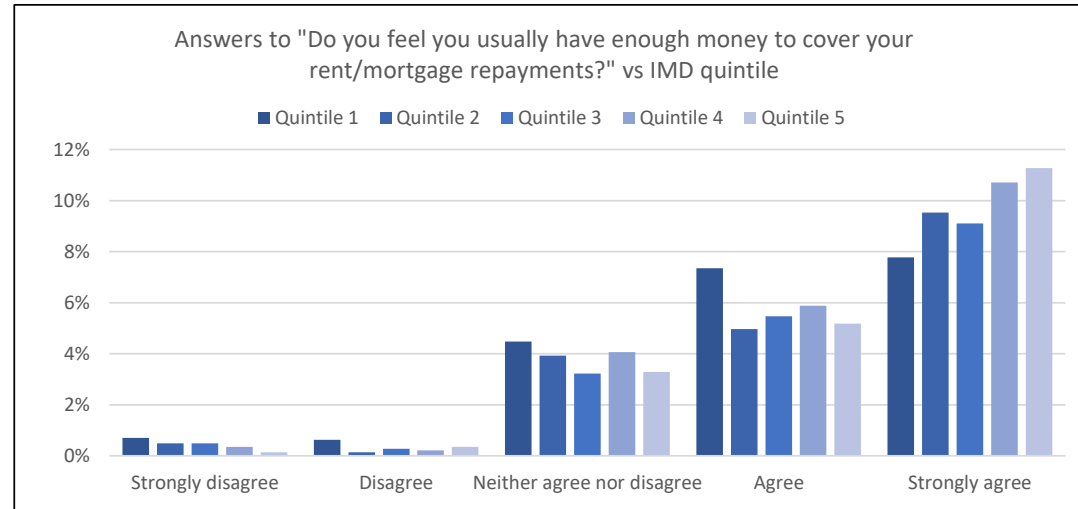


Figure 15

N= 1484



Accessing Services

The survey asks respondents to share their experience when accessing a range of public services including hospital, primary care, NHS dentistry, libraries, public transport, and childcare amongst others. Question 39 of the survey asks survey participants “Do you have any problems accessing any of the following services”. Two services – access to GPs and access to NHS dentistry are showing particularly striking results, and selected results are shown in the charts below.

There is a clear dissatisfaction with access to services – especially Dentistry and Primary Care. Access to GP services is slightly more difficult in Rural areas vs Urban areas and also in Coastal vs Non-Coastal areas.

However, access to Dentistry offers an interesting difference, in that gaining access in Urban areas is much more difficult than Rural areas; and much more difficult in Coastal areas than Non-Coastal areas.

This is probably explained by the fact that the three wards in Bridlington (North, Central and Old Town, and South) returned significantly higher responses that most other wards in the East Riding. This would have the effect of skewing data toward the Coastal and Urban classifications.

People are experiencing a high level of problems when accessing services – especially when we consider that many or most of the people answering “No” to the question may not even be requiring GP or dentistry services. The problem of lack of access to these services may therefore be far higher than the values shown.

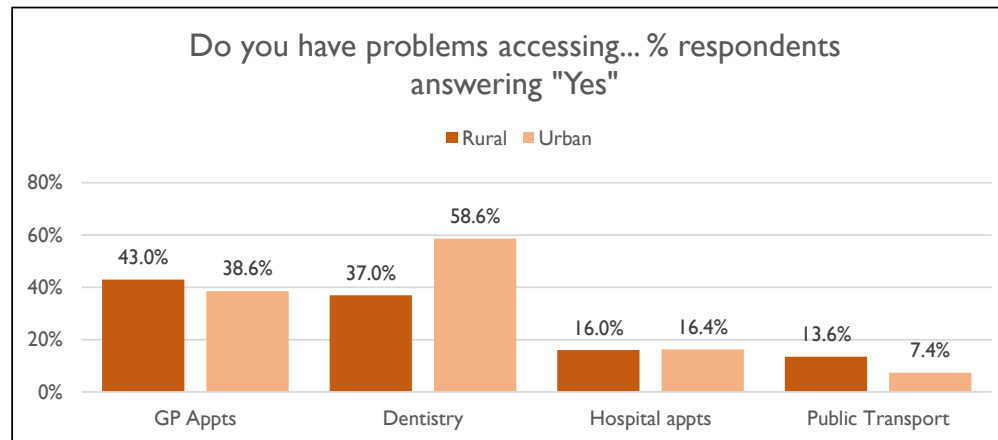


Figure 16

N= 1485

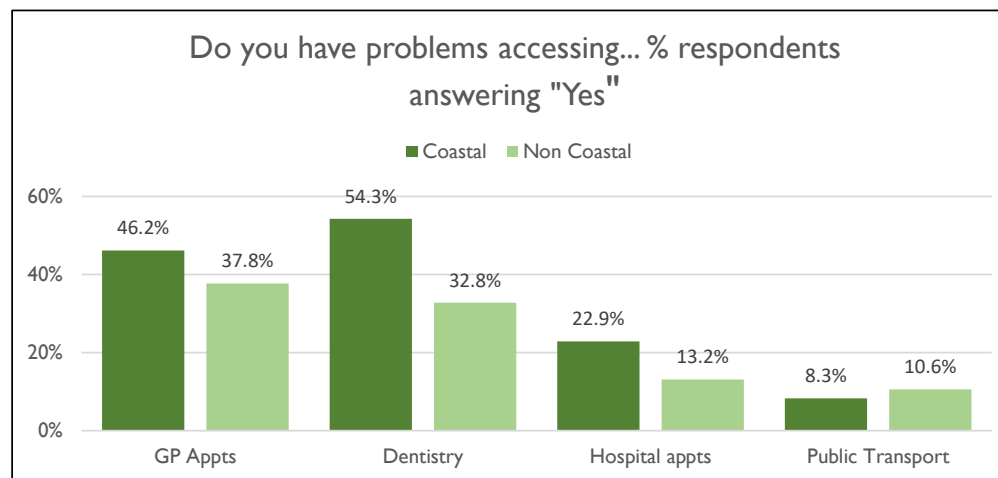
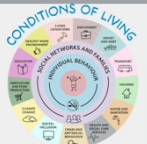


Figure 17

N=1485



Accessing Services

[Contents](#)

Geographical distribution of the access problems of GP access and NHS Dentistry is shown in the chart below. Of the four highest wards showing problems accessing GP services, three of these wards are located in Bridlington. Of which, Bridlington North and South show the most problems accessing Dentistry, but this is also a problem in Goole North in particular.

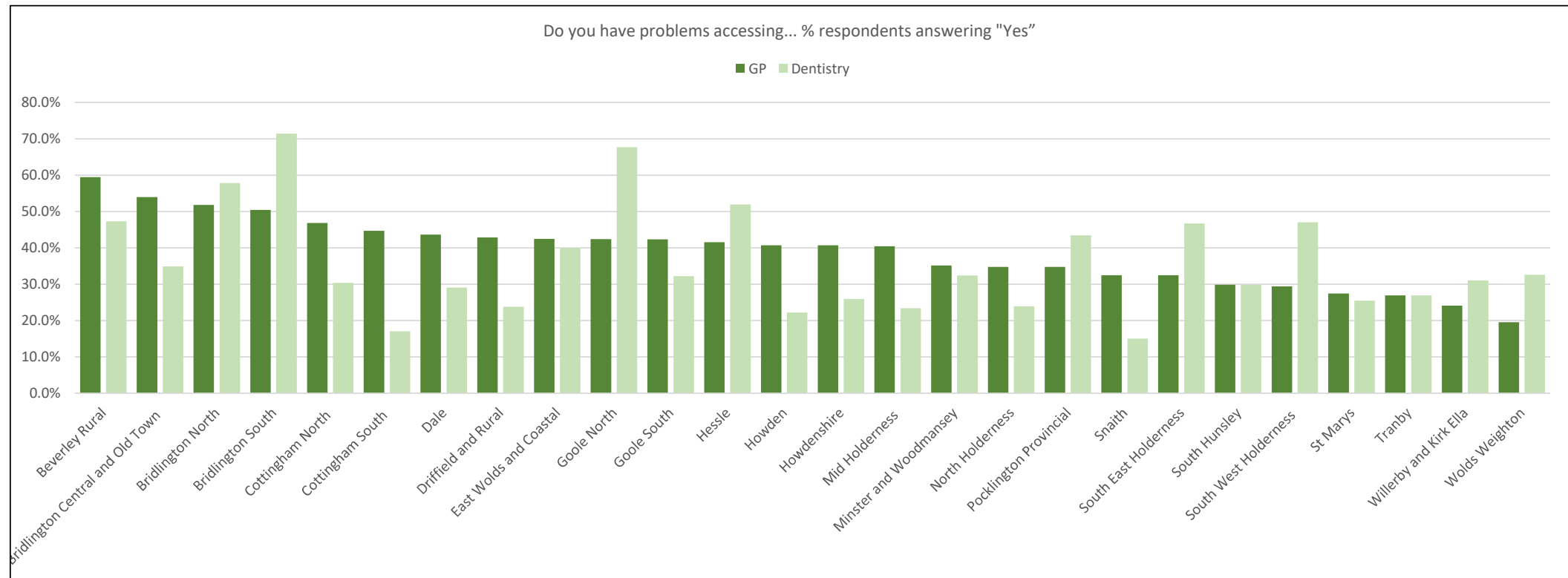


Figure 18

N=1463



Social Contact

In order to determine the level of loneliness in the East Riding we asked a short series of questions on social contact. These asked the respondent if they knew someone (outside of their immediate household) they could trust in an emergency, and the frequency they met with friends and neighbours and other family members. Results are given in percentage responses from each quintile.

This is a fairly positive picture, in that the large majority of respondents did have a person they could trust whom they could help in a crisis or an emergency. It should be borne in mind however that a total of 227 (15%) respondents did not have a trustworthy person whom they could trust, which is a figure for some concern.

The IMD quintile of the respondent appears not to have any particular effect with this question.

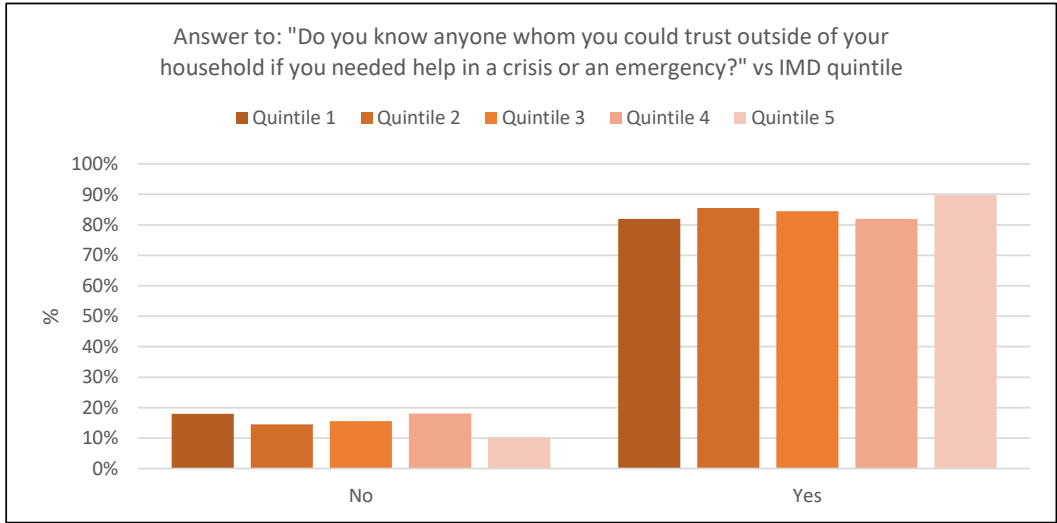


Figure 19

N=1478

Social Contact



Close to 80% of respondents give answers of “Every day”, “Often” or “sometimes” to both questions which is a positive picture.

However, the figures show that consideration must be given to the people that answer “Rarely” or “Never” to the two questions. These two groups total more than a fifth of the respondents.

Once again, IMD does not seem to have a large effect, but it appears that more deprived areas have slightly larger number of people reporting “Rarely” or “Never” to both questions.

The demographics of the response must also be considered, as the older age group represented in the survey are more likely to have formed more secure social networks.

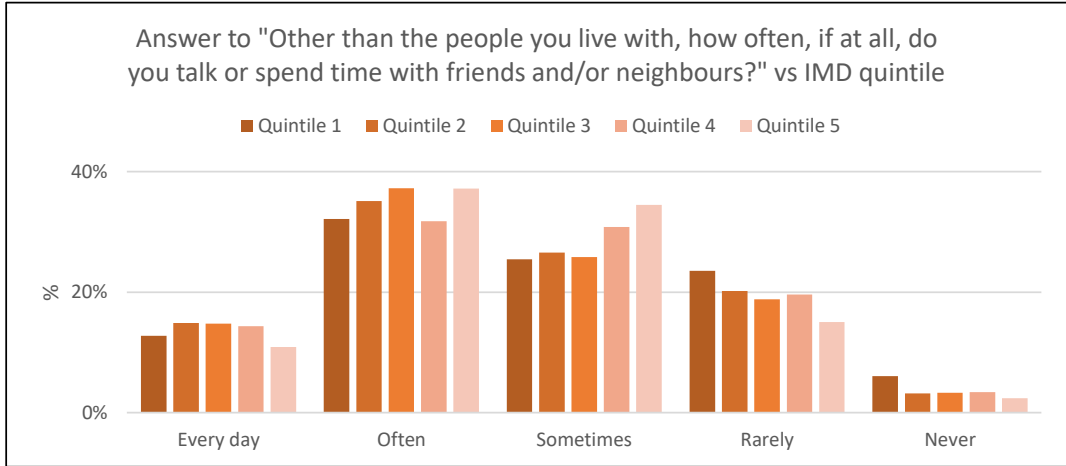


Figure 20

N=1481

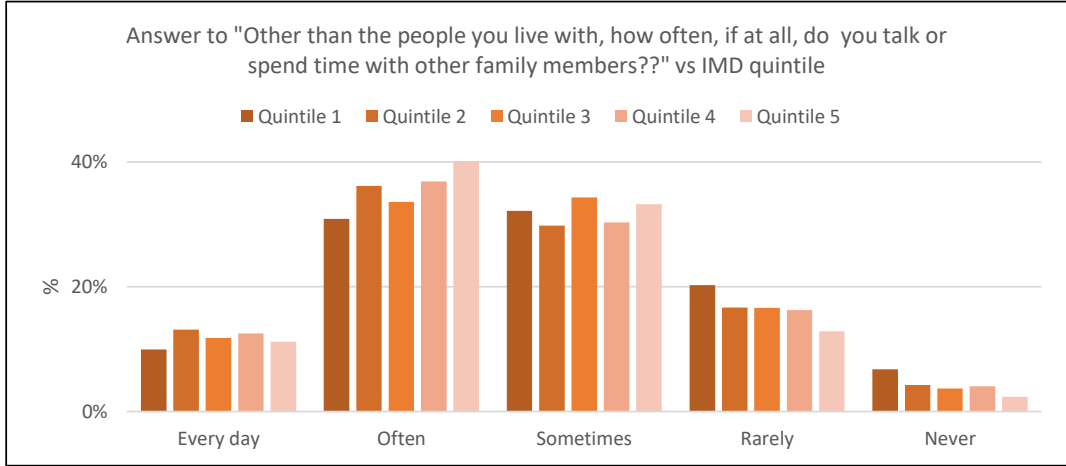


Figure 21

N=1479

Body Mass Index/Obesity



Respondents were asked to record their height and weight. An imperial to metric calculator was included in the online survey to allow them to respond using cm, and kg.
1286 respondents gave useable data.

The Body Mass Index for each person was calculated using their answers and these were analysed together with the individual's IMD quintile to see if a picture of BMI vs Deprivation can be drawn.

BMI data was ordered to a series of descriptors i.e.

- BMI <18.4 = Underweight
- BMI 18.5-25.0 = Normal weight
- BMI 25.1-30.0 = Overweight
- BMI 30.1-35.0 = Obese Class I
- BMI 35.1-40.0 = Obese Class II
- BMI >40.0 = Obese Class III

Basic counts of resultant BMI numbers show a strong tendency toward the recipients being of either "Normal" weight or "Overweight" with fewer individuals being classed as Obese.

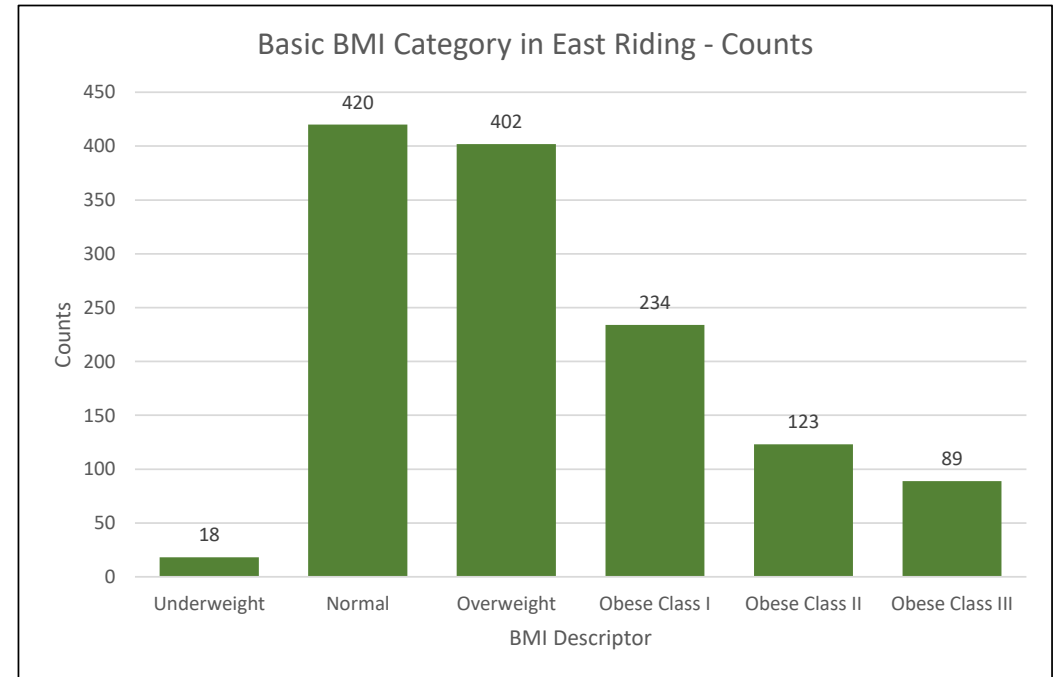


Figure 22

N=1286

Body Mass Index/Obesity



The picture is more interesting when the BMI descriptors are analysed separately vs local IMD quintiles. The IMD quintile is derived from the postcode of the recipient.

In order to reduce the effects of some areas submitting a higher number of responses, crude rates per 100,000 population were used in the charts below.

Of the IMD data, a higher quintile represents a less deprived area and a lower quintile a more deprived area.

The rate of Normal BMI is seen to occur higher in quintile 5 than elsewhere, but not significantly so. IMD quintiles 1-4 have a very similar occurrence of Normal BMI.

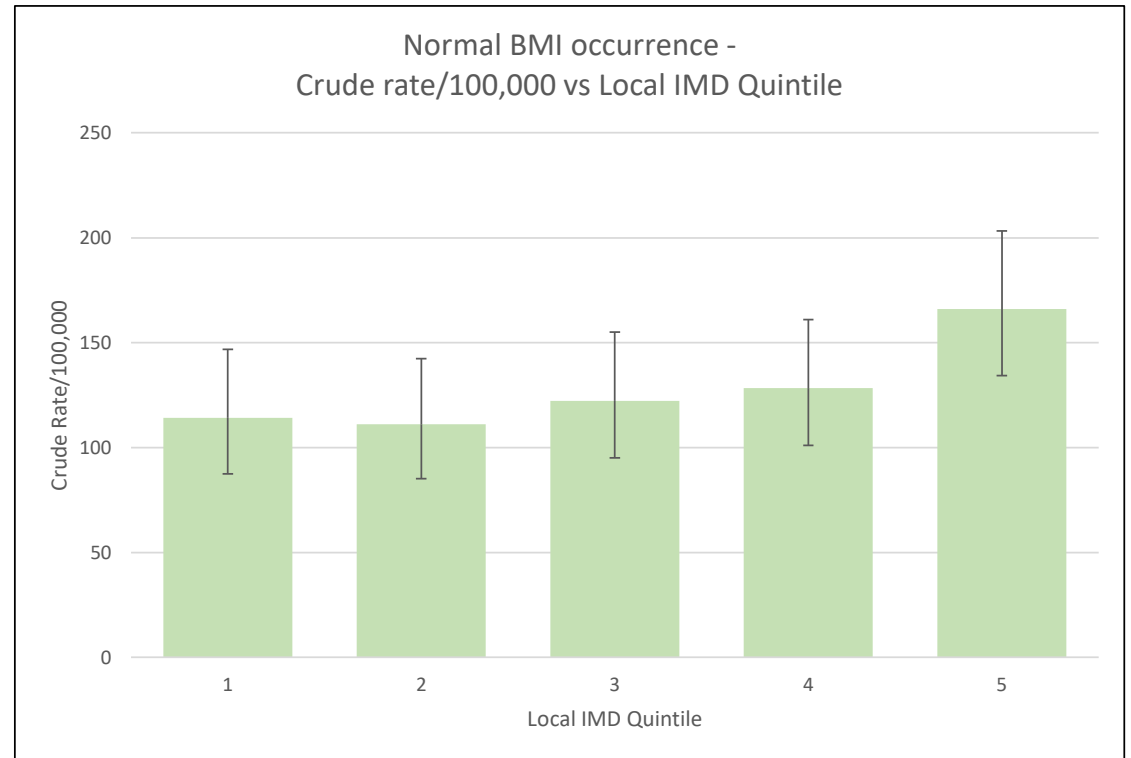


Figure 23

N=1286

Body Mass Index/Obesity



The rate of Overweight BMI is seen to occur higher in quintile 5 and 4 but not significantly so. Of IMD quintiles 1-3, quintile 1 has a slightly higher occurrence of Overweight BMI.

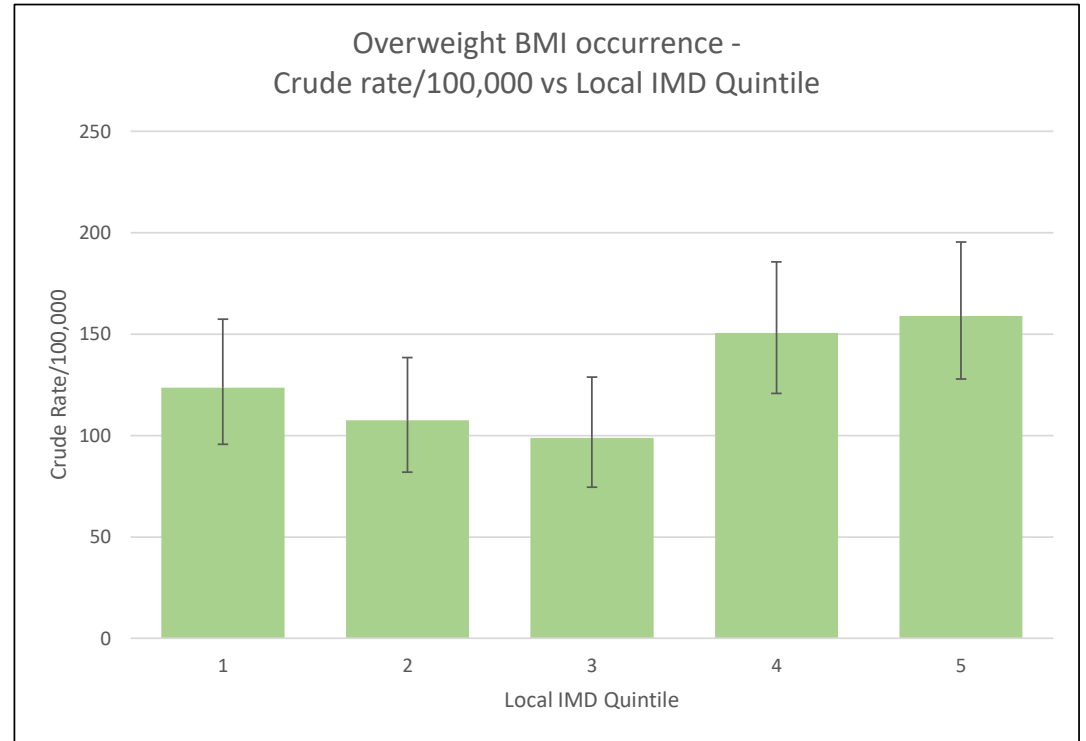


Figure 24

N=1286

Body Mass Index/Obesity



Counts of respondents with any of the three BMI descriptors showing Obese Class I, II, or III are relatively small so were therefore amalgamated to give a picture of how Normal and Overweight descriptors compare against the three Obese descriptors.

In this analysis, the Obese descriptors are more likely to be found in more deprived areas to the point where their occurrence in quintile 1 is significantly higher than in quintile 5.

These results suggest that the likelihood of obesity is greater as deprivation increases, but as the number of respondents to the survey was fairly small and skewed toward older people, no firm conclusions can be reasonably drawn.

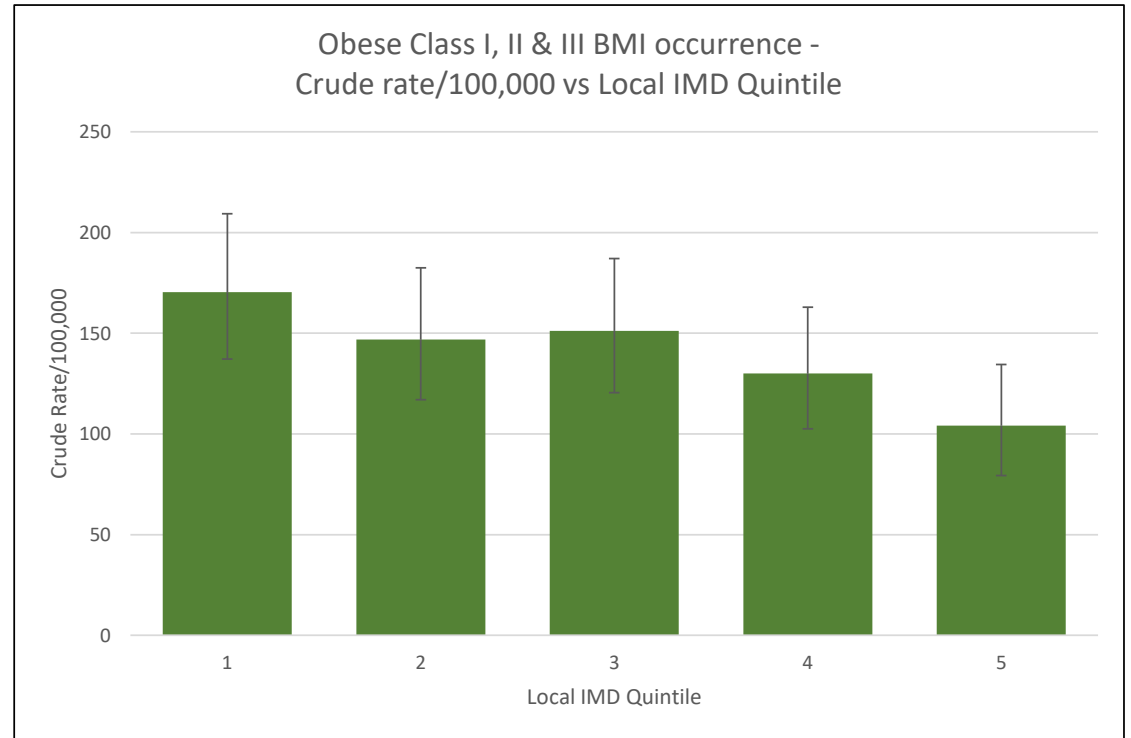


Figure 25

N=1286

Mental Health and “Happiness”



The Warwick-Edinburgh Mental Wellbeing Score (WEMWBS) is a proven means of ascertaining the state of a persons mental health and a level of "happiness". A series of seven questions are asked, and the answers converted to a score of 1-5. Therefore a minimum score is 7 and a maximum is 35. The mid point of these scores is therefore 21.

The questions are:

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make up my own mind about things

Five points are attributed to the answer “All of the time”,

Four points are attributed to the answer “Often”,

Three points are attributed to the answer “Some of the time”,

Two points are attributed to the answer “Rarely”, and

One point is attributed to the answer “None of the time”.

Therefore, the lowest score any individual (answering all the questions) can make is 7, and the highest is 35. Any individuals mental wellbeing can therefore be scored using this method, with a low score representing poorer mental health and a high score representing better mental health.

2058 respondents answered all the WEMWBS answers giving us a useful dataset to measure mental wellbeing and happiness in the East Riding.



Mental Health and “Happiness”

A basic count of the scores was created, and these were sorted in the categories in figure 26.

As can be seen from this simplest of analysis, there are significantly more people in the two ranges above the mid point of 21 than there are below the mid point. There are 78.3% of respondents with scores ranging from 21 to 35 and only 21.7% ranging from 7 to 20.

Another way of illustrating this is to show each individual total in a chart that shows the distribution of the scores. (figure 27).

These two charts are clear that the respondents to the WEMWBS questions are on average, clearly in good mental health. There are a number of people that score towards the lower end of the scale but generally, results are positive. The average WEMWB score for all the respondents is 25.2, which is somewhat above the mid point score of 21.

Once again however, it has to be borne in mind that the overall response was mainly female, and over 40 years of age, so these results cannot reasonably be applied to the population as a whole.

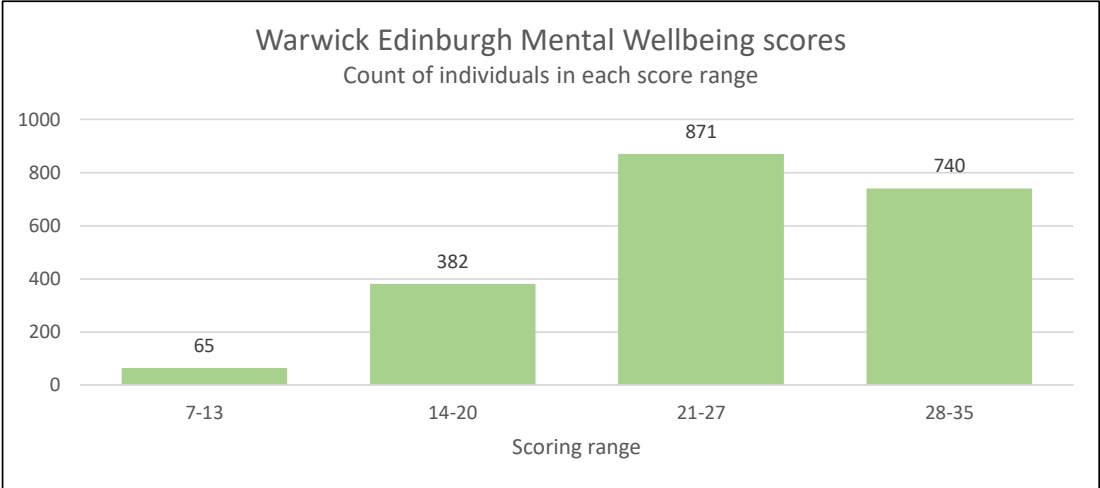


Figure 26

N=2058

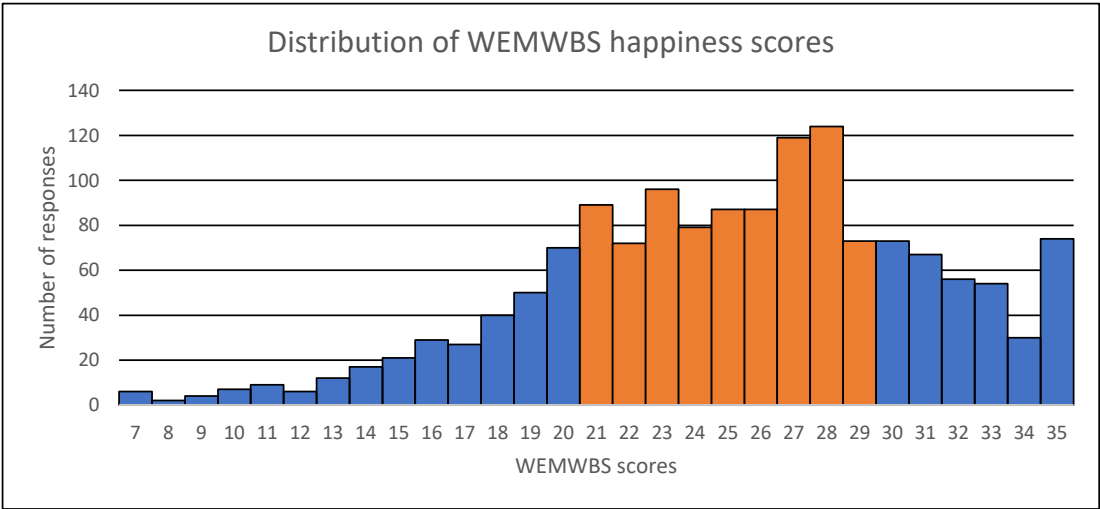
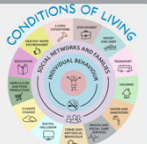


Figure 27

N=2058



Mental Health and "Happiness"

The scores obtained from the survey were divided into Above Average, Average, and Below Average. Average scores were determined as those in the middle 50% range of all those received, which are those between 21 to 29.

When these results are viewed alongside deprivation quintiles, the results are more interesting. In this case we were able to apply age standardisation to the data meaning that the effect of the age of respondents is less impactful, and is closer to the whole population.

However, this cannot be seen as wholly representative of the East Riding as the numbers of recipients was small compared to the total population.

The results that we have are fairly clear nonetheless in that those who live in Quintile 1 (most deprived) are more likely to be below average "happiness" than those who live in Quintile 5 (Least deprived). (Figure 26)

Figure 29 shows that the results are not necessarily significant as the return rate was not strong enough to give clear results.

To conclude, overall mental health in the East Riding is generally good, but areas of greater deprivation have a much larger number of people that that return lower WEMWBS scores.

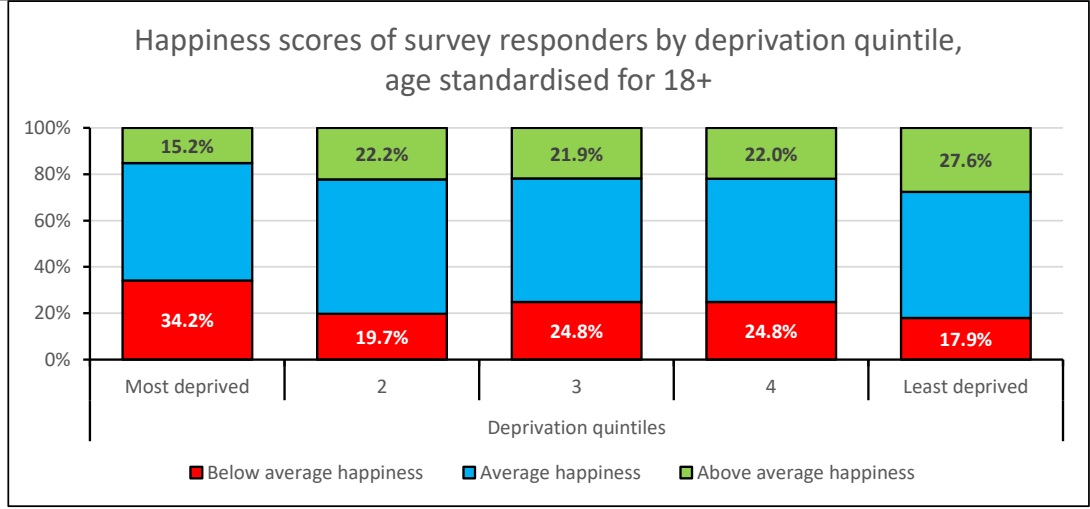


Figure 28 N=2058

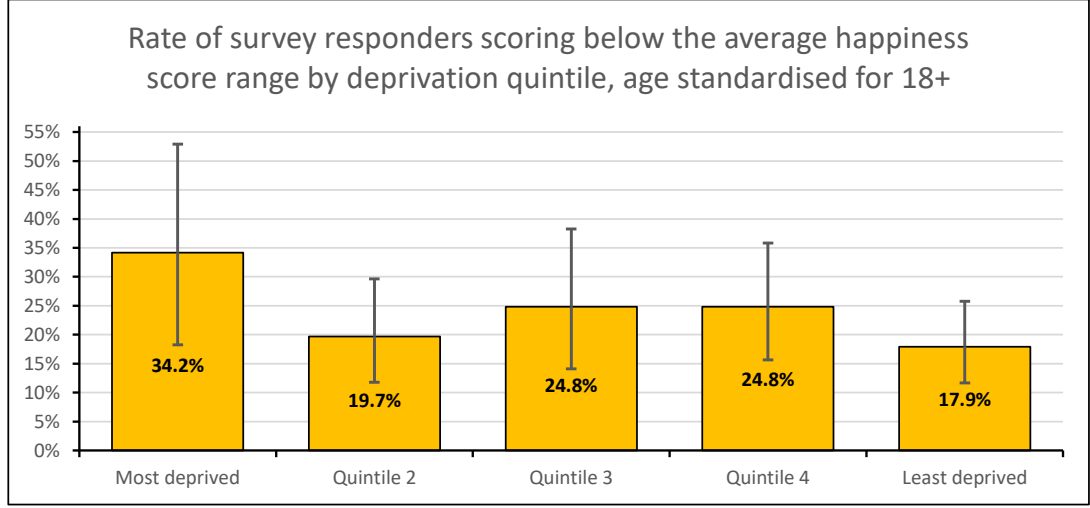
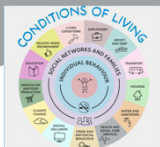


Figure 29 N=2058

Alcohol use



Respondents were asked a range of questions on their alcohol use. These ranged from simple questions regarding frequency of drinking, number of alcohol units, questions on heavy drinking, and questions regarding the negative effects of drinking such as having guilt or remorse after drinking, unable to remember events after drinking, or if the respondent had ever been advised to reduce alcohol use.

From the results shown, it would appear that the respondents (who are mainly female and over 40 years of age) are generally light and infrequent drinkers, with little to suggest any alcohol problems.

The number of people suggesting that their drinking was heavy, of high frequency, and who had experienced some of the negative aspects of alcohol use was very low indeed. Typically, the number of people that suggested they suffered the negative aspects were in single figures out of the total response.

There were no clear differences in the answers given when viewed with IMD quintile, suggesting that at the of the response rate and demographics given, there is no clear difference in alcohol use according to the deprivation level of the respondents.

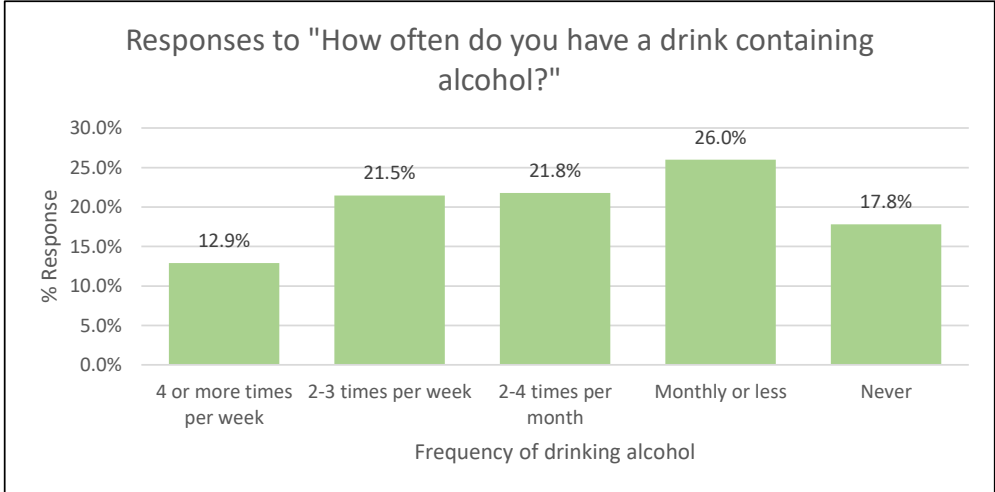


Figure 30

N=1881

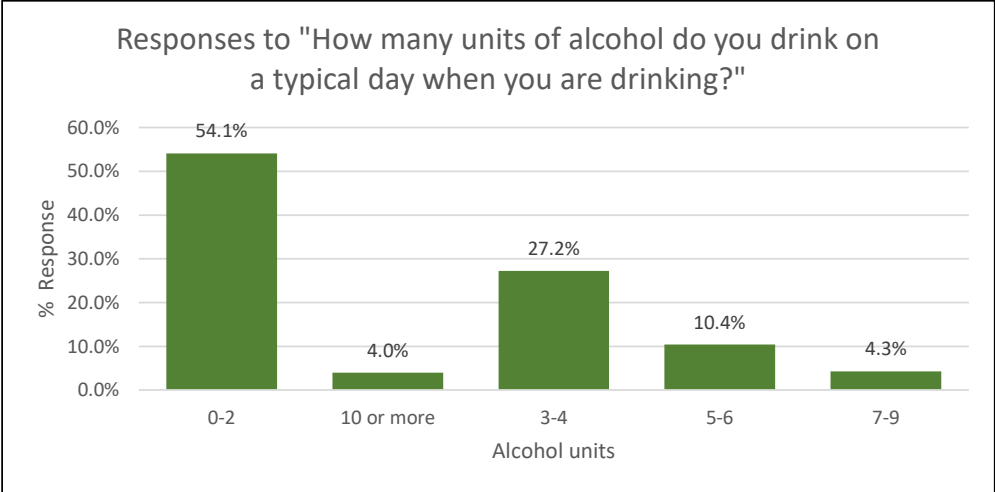


Figure 31

N=1124

Diet



Only one aspect of diet was explored, that being the consumption of fruit and vegetables using the “5 a day” measure.

1725 responses were given to the question “The minimum recommended portions of fresh fruit and vegetables per day is 5 (Each around 80 gram portion size). Do you eat more or less than 5 a day?”.

The chart below shows that the consumption of fresh food using the “5 a day” measure is not particularly good, with only 56% of respondents indicating that they eat 5 or more portions of fruit and vegetable per day.

There is some weak evidence to suggest that the tendency to eat less than 5 a day is more pronounced in more deprived quintiles of the East Riding, but this cannot be used as a firm conclusion.

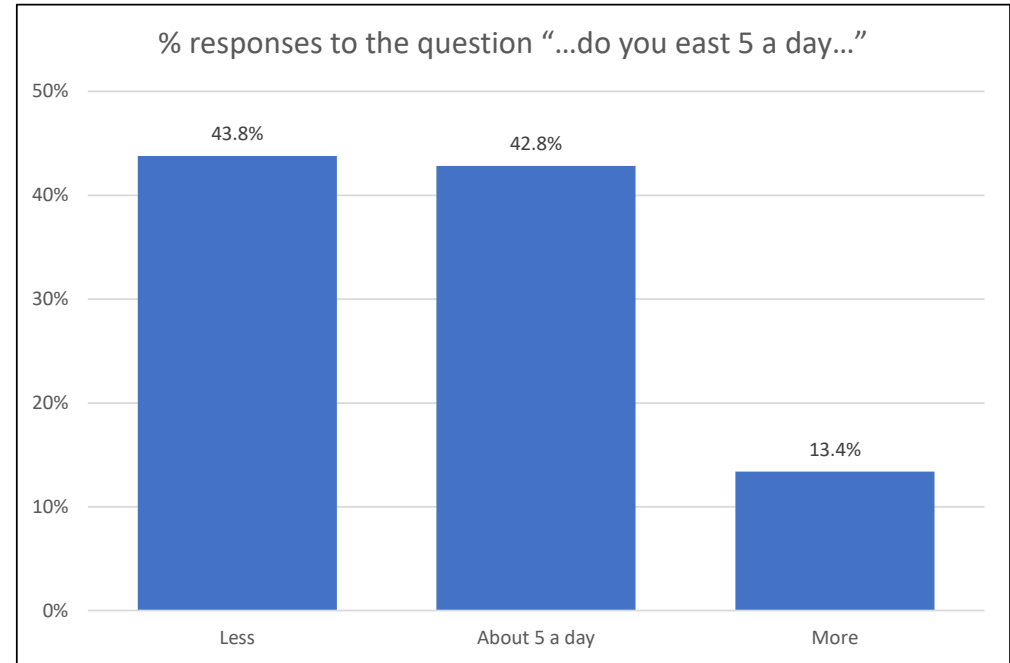


Figure 32

N=1725



Physical Health

We needed to ask a question about Physical Health but the constraints of space meant that we were restricted to asking the simplest of self assessments.

Respondents were asked to indicate the state of their physical health with possible answers being "Very Good", "Good", "Fair", "Poor", "Very Poor".

The results are encouraging with 84.9% of 2169 respondents saying that their health is Fair or better.

On first analysis this is particularly encouraging as the cohort of respondents is largely over 40 years of age, but is not nearly large enough to make any population judgements.

Once again, there was no real difference that could be discerned between any of the IMD quintiles.

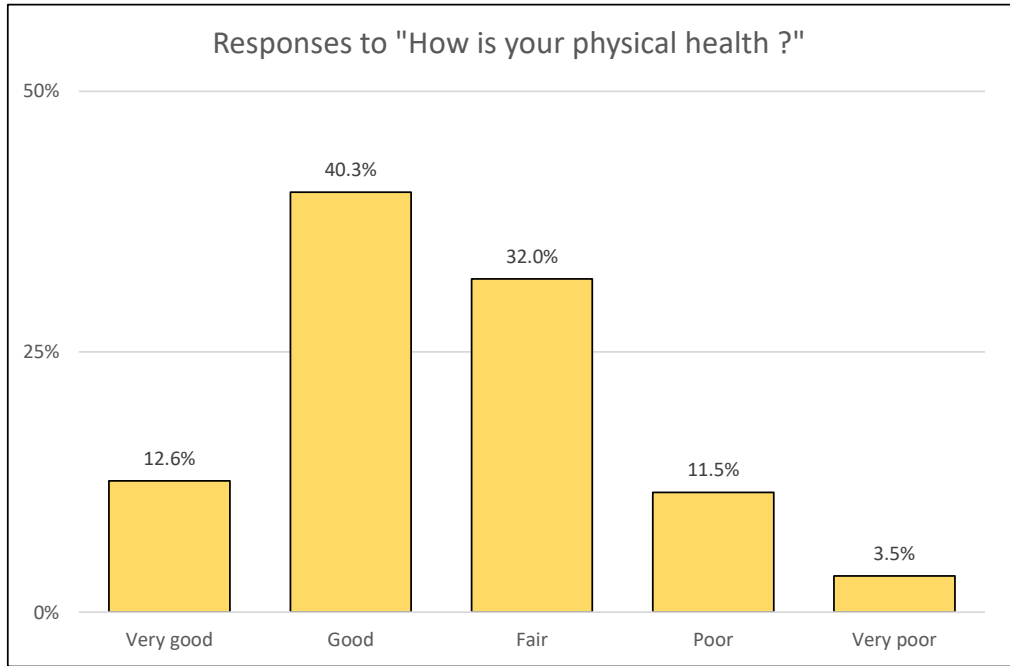


Figure 33

N=2169



Long term conditions

Respondents were asked “Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?” Of those respondents that answered “Yes”, respondents were asked to list the conditions from which they suffer, and the five most common answers given (Diabetes, Hypertension, Athsma, Heart Disease, and Arthritis) were analysed alongside the IMD quintile of the respondent.

There is a tendency of all these conditions to occur more readily amongst respondents from more deprived areas and it is particularly true of the prevalence of Arthritis, Hypertension and Athsma, but IMD is less of a factor with Diabetes and Heart disease.

However, this picture is highly complex, as some respondents answered “Yes” to the first question, but then did not list any condition, whereas some answered “No” but then listed long term conditions.

It is also clear that if an individual suffers from any of these conditions, it does not necessarily mean that they mark down their own physical health by a particularly large degree (see figure 33).

This is a subject that requires extra work, as no real clarity has been brought forward by these results.

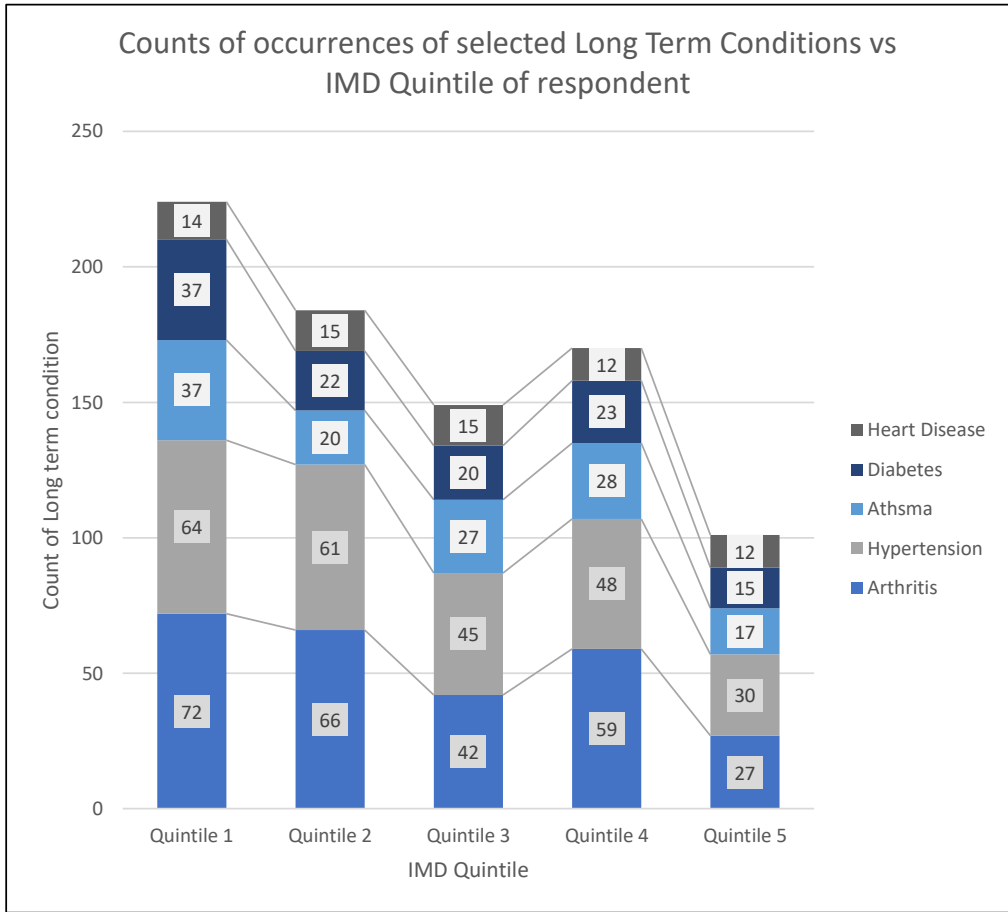


Figure 34

N=1229

Sleep quality



Respondents were asked to indicate how well they sleep by telling us how often they cannot sleep, or how often they wake up and cannot get back to sleep. They were also asked to list the reasons that they thought kept them awake.

A significant minority have very regular problems with their sleep quality.

The factors that keep people awake are those local and directly linked to them. Factors such as the Climate Crisis, and World Events do not seem to figure significantly.

There is evidence that a person living in a deprived area may be more likely to suffer sleep problems, but this is very weak and no conclusions can be drawn.

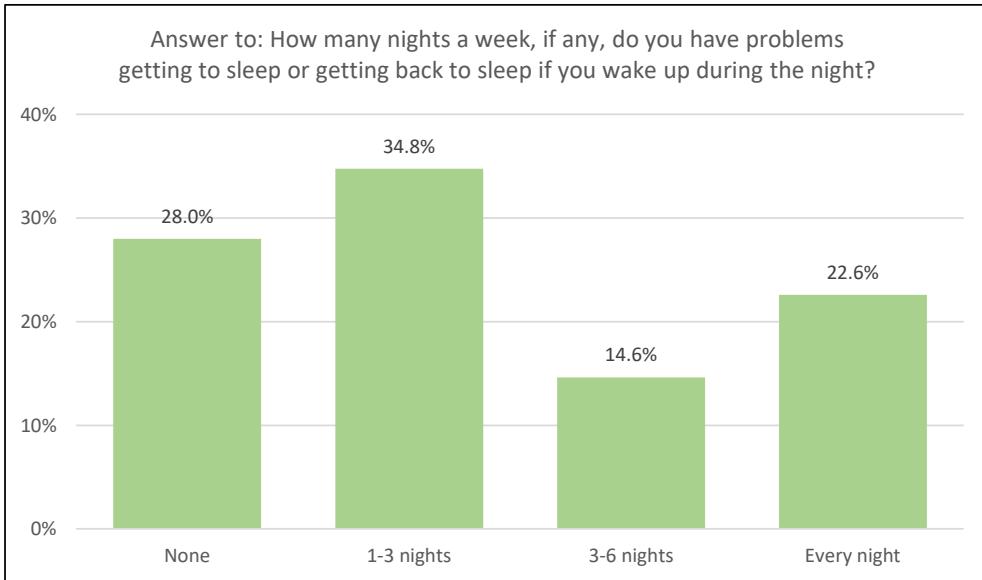


Figure 35

N=1725

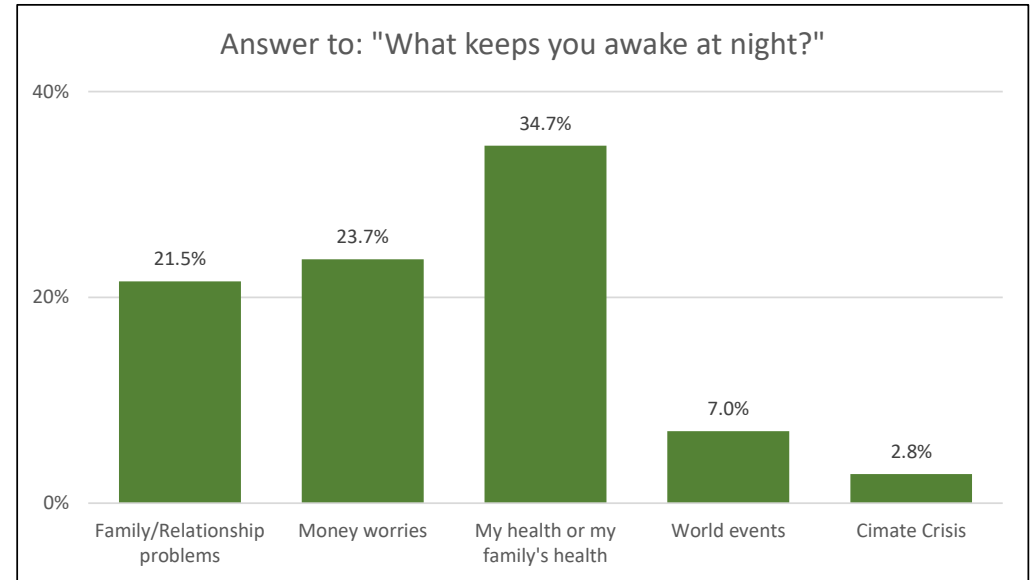


Figure 36

N=1485