

**Greater Glasgow Health &
Well-being Study 2005:
East Dunbartonshire Report**

Report prepared for
**GREATER GLASGOW & CLYDE
NHS BOARD**

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INVESTOR IN PEOPLE



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1 INTRODUCTION

This report contains the findings of a research study carried out in 2005 by RBA Research Ltd (with Research Resource Ltd) on behalf of Greater Glasgow NHS Board (NHSGG) and East Dunbartonshire Council. It is part of a larger study covering the entire Greater Glasgow area. This report focuses solely on the results from East Dunbartonshire. The results of the main study can be found in a separate report.

1.1 *Background*

NHSGG is operating to the NHS clinical priorities of cancer, coronary heart disease and stroke, mental health and services to children and young people. However, underpinning its work is its strong commitment to promote positive health and to reduce inequalities in health by developing initiatives that will:

- Strengthen individuals,
- Strengthen communities and encourage them to participate in decision-making on health services and budgets,
- Improve access to services and facilities, and ensure equity of access, particularly in deprived circumstances, and
- Encourage macro-economic and cultural change by addressing the underlying determinants of health and effecting policy change.¹

A number of recent strategic developments also have influenced NHSGG action. They include:

- a. *Towards a Healthier Scotland*,² the government's White Paper on public health which established a national strategy for improving Scotland's health. The White Paper calls for a reduction in health inequalities, a focus on children and young people, and initiatives to reduce cancer and heart disease rates. It advocates improving the life circumstances that

¹ *The NHS in Greater Glasgow: Health Improvement Programme 1999-2004* (1999). Greater Glasgow NHS Board.

² *Working Together for a Healthier Scotland* (1999). White Paper. The Scottish Office Department of Health, Edinburgh.

impact on health, such as social inclusion, jobs, income, housing and education. In addition, lifestyles that lead to illness and premature death need to be addressed, such as lack of exercise, poor diet, smoking, and alcohol and drug misuse. It also calls for work to prevent accidents and to enhance oral, mental and sexual health. The white paper stresses the importance of having appropriate monitoring and evaluation mechanisms in place to assess the effectiveness of interventions and to provide the indicators and targets that will inform and assess progress in specific areas, as well as the progress towards the reduction of health inequalities between different socio-economic groups.

- b. *Creating Tomorrow's Glasgow*, the strategy of the Glasgow Alliance of which NHSGG was a partner, outlined a plan to re-establish Glasgow as a competitive city attracting and retaining jobs, people and opportunities. NHSGG has taken the lead role in ensuring that the health and well-being objective - that Glasgow will be a city where all citizens have the knowledge, services and support to live a safe, active and healthy life by 2010 - is met. The initial health priorities for the Alliance were: children's health, mental health, tobacco, physical activity, and drug and alcohol misuse. These have since been identified as continuing priorities in the Glasgow Community Plan (2005).
- c. *Social Inclusion* has become a major strand of government policy, a key component of which was the creation of Social Inclusion Partnerships (SIPs). The Scottish Executive's strategy³ outlines a framework for tackling poverty and injustice and establishes a number of milestones relevant to SIP strategies. SIPs either work in a geographical area or with a particular issue or population group to prevent social exclusion through innovative partnership approaches. Eleven area-based SIPs (9 in Glasgow City, 1 in Cambuslang/Rutherglen and 1 in Clydebank) and three population-based SIPs had been designated in Greater Glasgow in 1999. Since the baseline survey was conducted, three small SIPs (Toryglen, Penilee and Dumbarton Road Corridor) have been designated under the direction of Glasgow City Council.
- d. *Community planning through partnership working* has been a strategy guiding work recently both within Glasgow and in North and South Lanarkshire, East and West

³ *Social Justice, a Scotland where everyone matters* (1999). Scottish Executive, Edinburgh.

Dunbartonshire and East Renfrewshire. In July 2004, a new £104 million Community Regeneration Fund was established to bring improvements to deprived areas and replaces the existing SIP and Better Neighbourhood Services Fund (BNSF) programmes. This fund's main purpose is to achieve one of the six 'Closing the Opportunity Gap' objectives: "regenerating the most disadvantaged neighbourhoods, so that people living there can take advantage of job opportunities and improve their quality of life". As a result, the fund focuses on the most deprived 15% of areas (datazones) identified by the Scottish Index of Multiple Deprivation (SIMD) 2004. Community Planning Partnerships have developed a 3-year framework to deliver this objective. In Glasgow City, there will be an additional 80,000 people who live in the most deprived 15% of areas that were not previously designated as SIPs.

Strategic themes of the above developments are:

- A focus on children and young people,
- An emphasis on local working within communities to address local needs and issues,
- Increased attention to the prevention of problems, particularly through working with those at highest risk, and
- A need to establish and maintain strong partnerships with other agencies.

The impact of these policy initiatives on the health and well-being of the NHSGG population requires careful and systematic monitoring over time, hence the requirement for this series of surveys. In 1999, a baseline study was carried out by MVA Scotland, with a view to measuring core health indicators. Interviews were conducted with 1,693 NHSGG residents aged 16 and over. The primary aim of the study was to provide baseline data in order to monitor change over time in both SIP and non-SIP areas along a variety of health-related measures. As a result of findings from the baseline study, NHSGG has set priorities to ensure investment is in place to meet the greatest need.

Some of the indicators established during the baseline study were those required to assess progress towards the Public Health White Paper's targets. Examples include:

- % of 45-54 year olds with no natural teeth,
- % current smokers, aged 16-64,
- % exceeding the recommended weekly alcohol limits,
- % aged 16-64 who achieved recommended moderate exercise level,
- % meeting Scottish Diet target on daily fruit and vegetable consumption.

Other indicators were developed to inform local service delivery. Examples include:

- % reporting a long-standing illness/condition that interferes with daily living,
- % perceiving health as excellent or good.

The baseline study identified baseline measures on the core indicators and explored the relationship between different aspects of life and various measures of the physical and mental health and quality of life of the population. Further statistical analysis was commissioned from the Information and Statistics Division (ISD) to identify the relative influence of the different aspects of life on perceived physical health, perceived mental health and quality of life.

The first follow-up of the baseline study was conducted in 2002 by RBA Research, and consisted of 1,802 interviews. This study provided an opportunity to monitor the core indicators and assess changes over time for the total NHSGG population, as well as for those living in SIP and non-SIP areas. The questionnaire used for the 1999 study was used as the basis for the 2002 study, but was revised by the advisory group to counteract some of the problems encountered in 1999. Core questions, however, remained the same to enable changes to be tracked over time.

The results of the study were relevant not only to the NHS, but also to a range of partners whose activities contribute to improving the health, well-being and quality of life of people throughout the Greater Glasgow area. Some of the main findings of the follow-up illustrated:

- The impact of health inequalities and the effect of poverty and deprivation on health, with people in SIP areas recording less favourable responses in almost all aspects of health,
- Evidence of improvements in health since the baseline survey in 1999,
- Encouraging indications that the policy of working in partnership and targeting resources and efforts to SIP areas is resulting in positive changes in both lifestyle behaviours and life circumstances,
- In some aspects of health, the inequality gap between SIP and non-SIP areas is narrowing.

This research was developed and commissioned in early 2005. Later in 2005 a neighbouring health board, NHS Argyll and Clyde, was dissolved. Part of this health board will now come under the boundary of a new health board, NHS Greater Glasgow and Clyde, which takes in the entire former Greater Glasgow NHS Board area and part of the former Argyll and Clyde area. However, this survey focuses on the former NHS Greater Glasgow area

1.2 Objectives

As noted above, the study reported here is the second follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to continue to monitor the core indicators and assess changes over time.

A working group established to facilitate this study has members who have extensive experience with survey research and includes Senior Research Officers from Health Promotion and Information Services and a representative from the Glasgow Centre for Population Health.

The identified objectives of the study are:

1. To continue to monitor the core health indicators in the total NHSGG population
2. To determine whether the changes found in the first follow-up were the beginning of a trend
3. To compare the attitudes and behaviour of those living in SIP areas with those living in non-SIP areas, and assess whether changes in attitudes and behaviour apply across the board, or just in SIP/non-SIP areas, thereby tracking progress towards reducing health inequalities

1.3 Summary of Methodology

On the main survey, 1,934 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the NHSGG area. Of these, 184 (10%) were in East Dunbartonshire, i.e. in proportion to the East Dunbartonshire population. To allow area-based analysis, an East Dunbartonshire booster sample was designed, which resulted in a further 156 interviews. In total, therefore, 340 interviews were carried out in East Dunbartonshire, and the results in this report are based on this sample of 340. (In the 2002 study also, an East Dunbartonshire booster sample was used, resulting in a total East Dunbartonshire sample size of 397.)

The fieldwork was carried out by Research Resource Ltd, under the guidance of RBA Research.

The fieldwork was conducted between 13 August and 11 December 2005. The response rate for all in-scope attempted contacts for the main sample was 72%, and for the East Dunbartonshire booster sample it was 70%.

The sample was stratified proportionately by local authority and DEPCAT (for definition of DEPCAT see Section 1.4), with addresses selected at random within each stratum. Adults were randomly selected within each sampled household.

Unfortunately, RBA made an error in sampling in East Dunbartonshire. This report contains all

in scope interviews and illustrates health and wellbeing for the whole of the East Dunbartonshire area including trends from 2002 to 2005. But unfortunately separate analysis was not possible for Hillhead and Twechar on this occasion.

A full account of the sampling procedures, fieldwork and survey response can be found in Appendix A. The survey questionnaire is in Appendix D.

1.4 Sample Profile

The 340 completed interviews were weighted to account for under / over representation of groups within the sample to ensure the 2005 sample was as representative as possible of the adult population in East Dunbartonshire. A full explanation of the weighting method and the data sources used can be found in the report for the main survey. The breakdown of the final weighted dataset - and how this compares with the known population profile - is shown in Table 1.1.

Table 1.1: Age and gender breakdown (Weighted Data)

Base: All (340)

Age	Men % of sample	Women % of sample	Total % of sample	E Dunbartonshire % of 16+ population
16-24	6.0	7.3	13.3	13.9
25-34	8.7	8.4	17.2	11.5
35-44	9.6	9.6	19.2	19.3
45-54	8.4	8.7	17.0	18.7
55-64	6.8	7.6	14.5	15.6
65-74	5.3	6.2	11.4	11.9
75+	2.8	4.7	7.4	9.1

1.5 This Report

Chapters 2-6 report on all the survey findings, with each subject chapter containing its own summary.

Indicator data for East Dunbartonshire are presented in tables together with the data for the whole of Greater Glasgow. Each table denotes any significant differences with a ‘**’, under the column marked ‘Significant’. These are significant at the 95% confidence level ($p \leq 0.05$).

A full set of chi-square probability values and t-test calculations for each core indicator by all demographic variables is in Appendix C.

1.6 Acknowledgements

First and foremost, we would like to thank the 340 East Dunbartonshire respondents who gave up their time to be interviewed for this study. Without them, there would be no study!

At Greater Glasgow NHS Board and the Glasgow Centre for Population Health, we would like to thank the project Steering Group: Evelyn Borland, Allan Boyd, Russell Jones, Margaret McGranachan, John Thomson, Julie Truman and latterly Norma Greenwood and Phil White. Their enthusiasm for the project, depth of knowledge and support is much appreciated.

The team at Research Resource did a sterling job of collecting and processing the data for this challenging project. The response rate in 2005 is the best so far in this series of research studies, and the whole team is to be congratulated for this achievement. In particular, our thanks go to Elaine MacKinnon, Kirsty Martin and Lorna Shaw.

In addition to the named authors of this report (below), we would like to acknowledge the contribution of the whole RBA team, in particular Cathy Burton, the project manager who kept us all on track!

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May 2006

2 PEOPLE'S PERCEPTIONS OF THEIR HEALTH & ILLNESS

2.1 Chapter Summary

Table 2.1 shows all indicators relating to perceptions of health and illness, and shows how the East Dunbartonshire results compare with those of Greater Glasgow as a whole. On nearly all measures shown in this table, the East Dunbartonshire results are significantly more positive than the results for Greater Glasgow as a whole.

Table 2.1: Indicators for perceptions of health and illness

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	1,934	340	
Self-perceived health excellent or good (Q1)	68.4%	76.8%	*
Positive perception of general physical well-being (Q28b)	80.2%	86.8%	*
Positive perception of general mental or emotional well-being (Q28c)	83.6%	89.2%	*
Positive perception of happiness (Q46d)	85.8%	94.4%	*
Positive perception of quality of life (Q28a)	83.2%	89.3%	*
Feels in control of decisions affecting life (Q45)	96.2%	99.0%	*
Have illness or condition affecting daily life (Q3)	21.6%	18.3%	-
Number of conditions currently receiving treatment for (Q2):			
0	58.2%	60.1%	
1	23.8%	24.4%	
2	10.7%	8.8%	-
3 or more	7.3%	6.6%	
Mean number of conditions for which currently receiving treatment (based on those with at least one condition: n=957 in NHSGG; 171 in East Dunbartonshire)	1.73	1.78	-
GHQ-12 score of 4 or above (indicating poor mental health) (Q11)	12.4%	10.7%	-
Have some/all of own teeth (Q7)	85.8%	85.4%	-
Aged 45-54 years with no natural teeth (Q7) (base: n=308 in NHSGG; 49 in East Dunbartonshire)	6.7%	17.4%	*
Brushes teeth twice a day or more (Q7a) (based on those with at least some of their own teeth: n=1,548 in NHSGG; 269 in East Dunbartonshire)	66.9%	77.4%	*

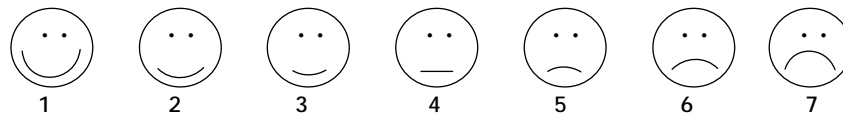
2.2 Self-perceived Health & Well-being

2.2.1 General Health

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair, poor). Three quarters (77%) have a positive view, with 28% saying 'excellent' and 49% 'good'.

2.2.2 Components of Health & Well-being

Respondents were asked to rate different components of their health and well-being, using a 'faces' scale. The scale consisted of seven faces representing different perceptions, ranging from very happy to very unhappy:



Using this scale, they were asked to rate their:

- General physical well-being
- General mental or emotional well-being
- Happiness
- Overall quality of life

Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception.

Overall, almost nine in ten (87%) rate their **general physical well-being** positively and nine in ten (89%) rate their general **mental or emotional well-being** positively. Over nine in ten (94%) rate their **happiness** positively.

Across the sample as a whole, 89% rate their **overall quality of life** positively.

Respondents were asked whether they **feel in control of decisions** that affect their lives, such as planning a budget, moving house or changing job. Nearly all (99%) say they feel in control of these decisions (84% say 'definitely' and 15% 'to some extent').

2.3 *Illness*

2.3.1 Long-term Condition or Illness

One in six (18%) report having a long-term condition or illness that interferes with day-to-day activities.

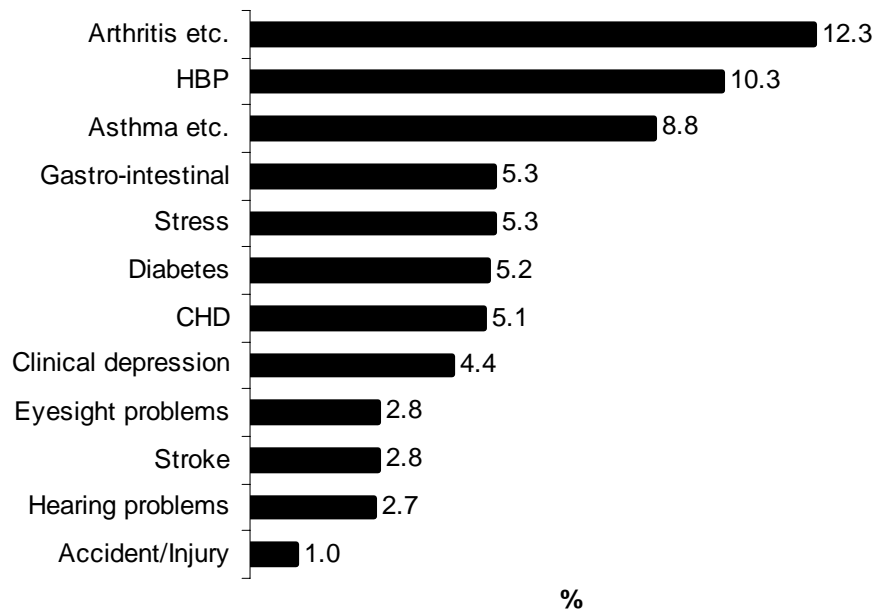
2.3.2 Illnesses/Conditions Being Treated

Two in five (40%) say they are currently being treated for at least one illness or condition. A quarter (24%) say they are being treated for one illness/condition, 9% say they have two and 7% report three or more.

Chart 2.1 shows the conditions reported by 1% or more of East Dunbartonshire residents. It illustrates that the most commonly-reported conditions are: arthritis/rheumatism/painful joints (13%), high blood pressure (10%) and asthma/bronchitis/persistent cough (9%).

Chart 2.1: Illnesses/conditions for which treatment is being received (Q2)

Base: All (340)



2.3.3 Mental Health

The method used to assess mental health was the GHQ-12 scale, which is a validated method of measuring general psychosocial well-being. A score of 4 or more on this scale (range: 0-12) indicates poor mental health. By this measure, one in nine East Dunbartonshire respondents overall (11%) have poor mental health.

2.4 Oral Health

Overall, 85% of East Dunbartonshire respondents say they have some (22%) or all (63%) of their own teeth. Currently, 17% of East Dunbartonshire respondents aged 45-54 say they have no natural teeth, against the Towards Healthier Scotland target of 5% by 2010. This finding should be treated with caution as it is based on only 49 respondents in that age group. Nonetheless, it is statistically significantly higher than the 7% of 45-54 year olds in Greater Glasgow as a whole who have no natural teeth.

Just over three-quarters of those with at least some of their own teeth (77%) say they brush their teeth at least twice a day.

3 THE USE OF HEALTH SERVICES

3.1 Chapter Summary

Table 3.1 shows all indicators relating to the use of health services, and shows how the East Dunbartonshire results compare with Greater Glasgow as a whole. East Dunbartonshire respondents tend to make less use of A&E services but more use of dentist services. They tend to feel less involved in decisions affecting health service delivery. They are more likely to have difficulty accessing health services in an emergency.

Table 3.1: Indicators for use of health services

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	<i>1,934</i>	<i>340</i>	
Seen a GP at least once in last year (Q4a)	78.0%	76.3%	-
Out-patient to see a doctor at least once in last year (Q4c)	22.7%	24.1%	-
Accident & Emergency at least once in last year (Q4b)	14.4%	10.7%	*
Hospital stay at least once in last year (Q4d)	13.0%	14.4%	-
Been to the dentist in last 6 months (Q8)	44.8%	60.5%	*
Registered with a dentist (Q6)	79.3%	80.0%	-
Given adequate info about condition/treatment (Q5a)	78.6%	70.7%	*
Feel that views and circumstances are understood & valued (Q5d)	71.0%	62.8%	*
Encouraged to participate in decisions affecting health or treatment (Q5b)	72.1%	60.7%	*
Have a say in how services are delivered (Q5c)	61.9%	57.1%	-
Difficulty getting GP appointment (Q10a)	11.1%	12.5%	-
Difficulty accessing health services in an emergency (Q10b)	5.2%	8.5%	*
Difficulty getting hospital appointment (Q10c)	8.8%	9.5%	-
Difficulty reaching hospital for an appointment (Q10d)	14.6%	11.0%	-
Difficulty getting GP consultation within 48 hours (Q10h)	6.7%	7.8%	-
Difficulty getting dentist appointment (Q10e)	4.8%	7.1%	-
Accident in the home in the last year (Q12)	9.5%	11.5%	-

3.2 Use of Specific Health Services

Across the sample as a whole, three quarters (76%) say they have **seen a GP** in the past 12 months. The mean number of visits is 3.3.

Across the sample as a whole, a quarter (24%) say they have seen a doctor at a **hospital out-patient department** in the past 12 months. The mean number of visits in the last year is 1.0.

Overall, one in nine (11%) say they have been to **Accident & Emergency (A & E)** in the past 12 months.

Overall, one in seven (14%) say they have been **admitted to hospital** at least once in the past year.

Three in five (60%) say they have been to the **dentist** within the past six months. A further 17% say they have been in the past 6-15 months, while 23% say it is over 15 months since their last visit.

Four in five (80%) say they are registered with a dentist. Of these, 74% are registered with an NHS dentist and 27% are with private practices.

3.3 Involvement in Decisions Affecting Health Service Delivery

Respondents were asked to think about their recent use and experience of health services such as GP, dentist or hospital.

Across the sample as a whole, seven in ten (71%) feel they have **been given adequate information about their condition or treatment** (40% say 'definitely' and 31% 'to some extent').

Across the sample just over three in five (63%) feel their **views and circumstances are understood and valued** (30% say 'definitely' and 33% 'to some extent').

Overall, three in five (61%) feel they have been **encouraged to participate in decisions affecting their health and treatment** (32% say 'definitely' and 28% 'to some extent').

Overall, almost three in five (57%) feel that they **have a say in how health services are delivered** (27% say 'definitely' and 30% 'to some extent').

3.4 Accessing Health Services

Respondents were asked to rate how easy or difficult it is for them to access certain health services, on a scale of 1 (very difficult) to 5 (very easy). For the purposes of reporting, we have defined ratings of 1 or 2 as 'difficult' and ratings of 4 or 5 as 'easy'. For all the services covered on the questionnaire, the majority who gave an opinion rate access as easy.

Overall, one in eight (12%) say it is difficult to get a GP appointment.

Overall, one in twelve (8%) say it is difficult to access health services in an emergency. One in ten (10%) say it is difficult to get a hospital appointment and one in nine (11%) say it is difficult to travel to the hospital for an appointment.

One in twelve (8%) say it is difficult to get a consultation with someone at their GP surgery within 48 hours and one in fourteen (7%) say it is difficult to get a dentist appointment.

3.5 Accidents in the Home

One in eight respondents(12%) say that they or someone in their household has suffered an accidental injury in the home in the past year.

4 HEALTH BEHAVIOURS

4.1 *Chapter Summary*

Table 4.1 shows all indicators relating to health behaviours, and shows how the East Dunbartonshire results compare with those of Greater Glasgow as a whole. It shows that, in relation to smoking, passive smoking, drinking, and high-fat snack consumption, positive health behaviours are more prevalent in East Dunbartonshire than they are across Greater Glasgow as a whole. However, significantly fewer respondents in East Dunbartonshire meet the targets for physical activity compared with Greater Glasgow as a whole.

Table 4.1: Indicators for health behaviours

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	1,934	340	
Currently smoking (Q14)	37.4%	23.9%	*
Heavily addicted smokers (more than 20 cigarettes per day) – based on those currently smoking (n=723 in NHSGG, 90 in East Dunbartonshire)	56.0%	48.5%	-
Exposed to others' smoke most/some of the time (Q13)	54.7%	45.4%	*
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	17.7%	14.1%	-
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n=798 in NHSGG, 169 in East Dunbartonshire)	38.9%	24.8%	*
Admits to binge drinking in last week (Q17) – based on all respondents	25.9%	24.2%	-
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (n=798 in NHSGG, 169 in East Dunbartonshire)	57.0%	42.3%	*
Takes at least 30 minutes of moderate exercise 5+ times per week (Q26-27b)	50.4%	43.7%	*
Takes at least 20 minutes of vigorous exercise 3+ times per week (Q27-27c)	29.1%	19.5%	*
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	58.9%	49.0%	*
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	30.0%	34.4%	-
Consumes breakfast every day (Q23)	73.3%	68.8%	-
Consumes at least 2 portions of oily fish per week (Q22)	29.6%	33.4%	-
Consumes at least 2 high-fat snacks per day (Q21)	32.3%	25.9%	*
Body Mass Index 25 or over (Q25)	42.2%	41.0%	-
More than one of the following unhealthy behaviours: smoking, drinking over the recommended weekly limit of alcohol, overweight, not eating five or more portions of fruit/veg per day, not meeting exercise targets	68.0%	68.5%	-

4.2 Smoking

Overall, a quarter of respondents (24%) are 'smokers' (i.e. say they smoke at least some days). This means that East Dunbartonshire has already met the target for smoking (to reduce the rate to 31% by 2010). Among those who smoke, the mean number of cigarettes smoked per day is 15.9, similar to the 16.7 recorded across Greater Glasgow as a whole. Nearly half (48%) of all smokers are heavily addicted (i.e. smoke more than 20 cigarettes per day).

Almost half (45%) report being exposed to other people's smoke some or most of the time. A further 35% say it happens seldom, leaving 20% saying it never happens.

4.3 Drinking

More than three in four (77%) say they **drink alcohol at least sometimes**, and half (50%) say they do so once a week or more.

Those who say they ever drink were asked to state whether or not they had had a drink in the 7 days preceding the interview. Three quarters of 'drinkers' (74%) say they did, which translates to 57% of all East Dunbartonshire residents, i.e. slightly more than the 50% who indicated at the preceding question that they drink once a week or more.

The current recommended weekly alcohol consumption limit for men is 21 units per week, and for women it is 14 units per week. Respondents were asked to detail their total consumption per day in the last week (interviewers used a diary-style grid to record their answers), and these data were converted into units.

The targets for alcohol misuse are to reduce the incidence of men exceeding the weekly limit to 29% by 2010, and to reduce the incidence of women exceeding the limit to 11% by 2010. Currently, 14% of both men and women in East Dunbartonshire admit to **exceeding the recommended limit** in the week preceding the interview. In other words, the target for men has been exceeded, but the target for women is still some way off.

Among those who say they had a drink in the week preceding interview, a quarter (25%) admit to having exceeded the recommended limit in that week.

For the purposes of this analysis, **'binge drinking'** is defined as a man drinking more than 8 units on a single day, or a woman drinking more than 6. By this definition, 24% of East Dunbartonshire respondents (31% of men and 18% of women) admit to having 'binged' at least once in the week preceding interview.

Of those who drank in the last week, 42% admit to being binge drinkers.

4.4 Physical Activity

Respondents were asked to state the number of days in an average week on which they take at least 30 minutes of moderate physical exercise, such as brisk walking. They were also asked to state the number of days on which they take at least 20 minutes of vigorous exercise, i.e. enough to make them sweaty and out of breath. They were then prompted to find out whether or not they had included physical activity that they do in their job, housework, DIY and gardening. Those who had not were asked to give a revised estimate of their physical activity levels in an average week.

The recommended levels of physical activity are: at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per week. Overall, half (49%) say they meet this recommendation. Over two in five (44%) say they take the recommended amount of moderate activity, and one in five (20%) that they take the recommended level of vigorous activity.

The target is to increase the proportion taking 30 minutes of moderate activity on 5 or more occasions each week to 50% for men and 40% for women by 2005, and 60% and 50% respectively by 2010. Currently, the figures in East Dunbartonshire stand at 53% for men and 35% for women. In other words, the 2005 target for men has been achieved, but the target for women has not.

4.5 Diet

4.5.1 Fruit & Vegetables

The Scottish Diet Action Plan target is for individuals to consume at least five portions of fruit and/or vegetables (excluding potatoes) per day. Overall, a third (34%) say they do this on an average day. The mean number of portions of fruit and vegetables consumed per day is 3.92.

4.5.2 Breakfast

Respondents were asked to state the number of days per week on which they usually eat breakfast. Overall, seven in ten (69%) say they do so every day, and one in seven (16%) that they never do.

Respondents were then asked to state what they had for breakfast *that morning*. Even if, in some cases, what respondents had for breakfast that morning does not reflect their usual behaviour, we can assume that for every respondent who did *not* eat a healthy breakfast that morning despite usually doing so, there will be another who *did* eat a healthy breakfast that morning even though (s)he does not normally do so. On aggregate, therefore, these data should give us a good picture of a 'typical' day in terms of breakfast-eating behaviour across East Dunbartonshire.

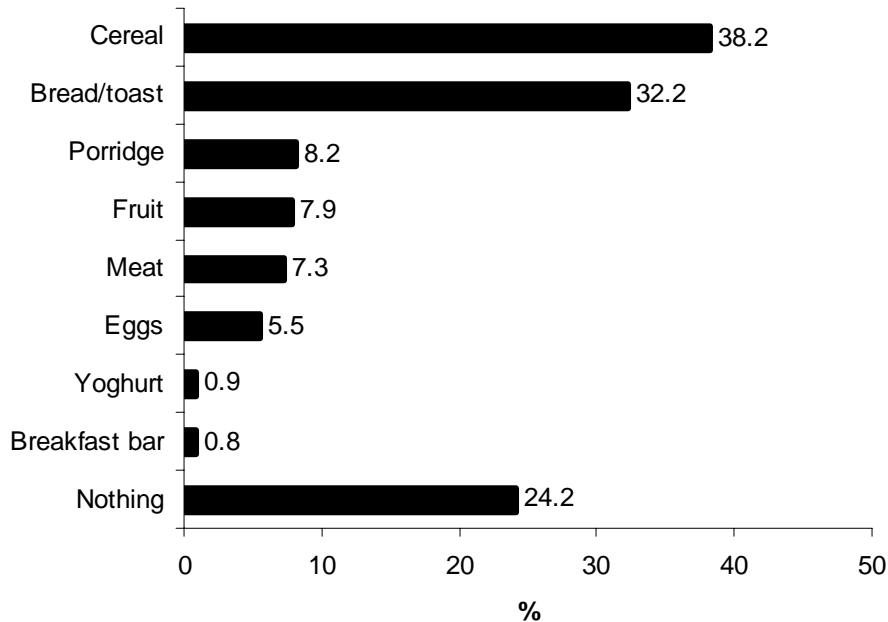
At this question, a quarter (24%) say they ate no breakfast, i.e. more than the 16% who, at the previous question, said that they do not usually eat breakfast. Asking people to give an estimate of their usual behaviour can sometimes lead to slightly inaccurate results, due to poor recall or a desire to give what is perceived to be the 'right' answer. It therefore seems likely that 24% is closer to the 'real' proportion of respondents who do not eat breakfast.

Chart 4.1 shows that cereal and toast are by far the most popular breakfast foods (38% and 32% respectively say they ate these that morning). One in twelve (8%) say they had

porridge, and the same proportion mentions fruit. Seven percent say that they had a meat product such as bacon, sausage or black pudding.

Chart 4.1: Foods eaten for breakfast that morning (Q24)

Base: All (340)



4.5.3 Oily Fish

The Scottish Diet Action Plan target is for individuals to consume at least two portions of oily fish per week. Overall, one in three (33%) say they usually do this. The mean number of portions of oily fish consumed per week is 1.26.

4.5.4 High-fat Snacks

Just over a quarter of East Dunbartonshire respondents(26%) say they eat two or more high-fat snacks (e.g. cakes, pastries, chocolate, biscuits, crisps) on a usual day. The mean number of high-fat snacks consumed per day is 1.17.

4.6 Body Mass Index (BMI)

Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated. Obviously, these figures would have been more reliable had we been able to weigh and measure the respondents rather than rely on their self-reported height and weight, but this is the best approximation available.

A BMI of 25 or over constitutes being above ideal weight, and two in five East Dunbartonshire respondents(41%) fit this description. A BMI of 30 or over constitutes being obese, and 15% fit this description.

4.7 An 'Unhealthy Behaviours' Index

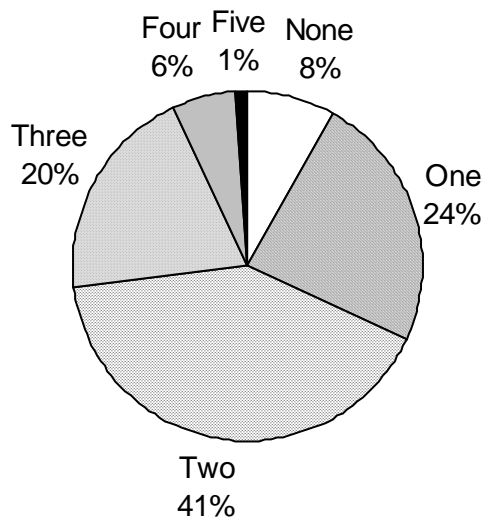
This section looks at the extent to which those who exhibit one 'unhealthy behaviour' are likely to exhibit others. In this analysis, we have looked at five 'unhealthy behaviours' and how they interact:

- Smoking
- Being above ideal weight (i.e. BMI of 25+)
- Not doing the recommended amount of physical activity
- Not eating the recommended quantity of fruit and vegetables
- Drinking more than the recommended weekly limit of alcohol

Chart 4.1 shows that over nine in ten respondents(93%) admit to at least one of these behaviours, but less than 1% admit to all five. The mean number of unhealthy behaviours is 1.96, i.e. similar to the 2.08 observed across Greater Glasgow as a whole. .

Chart 4.1: Number of unhealthy behaviours exhibited

Base: All (340)



5 SOCIAL HEALTH

5.1 Chapter Summary

Table 5.1 shows all indicators relating to social health, and shows how the East Dunbartonshire results compare with those of Greater Glasgow as a whole. In comparison with Greater Glasgow as a whole, the situation in East Dunbartonshire is positive in relation to: a feeling of belonging to the local area, feeling valued as a member of the community and feelings of safety when 'out and about'.

Table 5.1: Indicators for social health

	NHSGG 1,934	East Dunbartonshire 340	Significant (*)
<i>Base: All. Unweighted base:</i>			
Feel isolated from family & friends (Q59)	8.2%	9.5%	-
Belong to a club or association (Q33)	21.0%	23.7%	-
Feel I belong to this local area (Q42b)	71.8%	78.5%	*
Feel valued as a member of my community (Q42d)	52.7%	59.0%	*
People in my neighbourhood can influence decisions (Q42f)	60.2%	62.2%	-
Exchange small favours with neighbours (Q42h)	57.5%	61.9%	-
Identify with a religion (Q66)	70.5%	71.5%	-
Consider self to be religious (Q67)	12.9%	15.9%	-
Consider self to be spiritual (Q68)	9.0%	10.5%	-
Attend religious/spiritual activities at least once a week (Q69)	18.5%	15.2%	-
Treated unfairly due to religious beliefs (Q70)	6.0%	3.9%	-
Feel safe in my own home (Q46c)	92.4%	93.9%	-
Feel safe using public transport (Q46a)	76.2%	77.0%	-
Feel safe walking alone even after dark (Q46b)	59.8%	66.4%	*

5.2 Social Connectedness

5.2.1 Isolation from Family & Friends

When asked if they ever feel isolated from family and friends, one in ten (10%) say 'yes'.

5.2.2 Club Membership

Almost a quarter (24%) say they belong to a social club, association or similar. Over four in five of these are clubs in the local area.

5.2.3 Sense of Belonging to the Community

Three-quarters of respondents(78%) agree with the statement: 'I feel I belong to this local area' (53% agree and 26% agree strongly). Just 3% disagree.

5.2.4 Feeling Valued as a Member of the Community

Three in five respondents(59%) agree with the statement: 'I feel valued as a member of my community' (40% agree and 19% agree strongly). One in twenty (5%) disagree.

5.2.5 Influence within Neighbourhood

Just over three in five (62%) agree with the statement: 'By working together, people in my neighbourhood can influence decisions that affect my neighbourhood' (43% agree and 19% agree strongly). One in twenty (5%) disagree.

5.2.6 Exchanging Favours with Neighbours

Six in ten respondents(62%) say they exchange small favours with people who live near them (e.g. leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other). A fifth (20%) do so with one neighbour, two in five (40%) with 2-5 neighbours and 2% with more than 5.

5.2.7 Religious Identity

Just over seven in ten respondents(72%) say they identify with a religion, predominantly Church of Scotland (37% of all respondents) and Roman Catholic (28% of all respondents). One in 20 respondents(5%) say they identify with a non-Christian religion.

5.2.8 'Religiousness'

Respondents were asked how religious they consider themselves to be on a scale of 1 ('not at all') to 5 ('very much'). Those responding '4' or '5' have been defined as 'very or fairly religious'. On this basis, 16% of East Dunbartonshire respondents consider themselves to be very/fairly religious, whereas two in five (42%) say they are not at all religious.

5.2.9 'Spirituality'

Respondents were then asked how spiritual they consider themselves to be, on the same scale of 1 ('not at all') to 5 ('very much'). Again, those responding '4' or '5' have been defined as 'very or fairly spiritual'. On this basis, 10% of East Dunbartonshire respondents consider themselves to be very/fairly spiritual, whereas almost three in five (58%) say they are not at all spiritual.

There is an extremely high degree of crossover between those who consider themselves to be spiritual and those who consider themselves to be religious – i.e. they are mostly the same individuals (86% of those people who consider themselves very or fairly spiritual also consider themselves very or fairly religious).

When the questionnaire was piloted, it was clear that there was some confusion regarding the difference between the two concepts. In the interviewer instructions for the main survey, therefore, an explanation was provided for use when the respondent asked for one. This explanation read: *"These questions are not asking about activities, just how spiritual they consider themselves to be. This can often take the form of people involved in non-traditional*

spiritual activities (such as meditation, crystals, etc) but it's also worthwhile to note that some people who've been raised in a religious environment, but no longer participate in religious activities, may still feel they have a strong spiritual connection, although no longer consider themselves to be religious."

5.2.10 Frequency of Attending Spiritual or Religious Activities

Almost three in five (59%) say they never attend religious or spiritual activities (excluding weddings, funerals, baptisms etc). One in six (15%) say they do so once a week or more, and one in six (18%) that they attend a few times a year.

5.2.11 Unfair Treatment Due to Religious Beliefs

Just 4% of respondents say they have been treated unfairly because of their religious beliefs (or lack of them).

5.3 Feelings of Safety

A large majority of respondents(94%) agree or agree strongly with the statement: 'I feel safe **in my own home**' (57% agree and 37% agree strongly). Only 1% disagree, and 6% say neither / nor.

Most (77%) agree or agree strongly with the statement: 'I feel safe **using public transport** in this local area' (60% agree and 17% agree strongly). Only 4% disagree.

Two thirds (66%) agree or agree strongly with the statement: 'I feel safe **walking alone** around this local area, even after dark' (51% agree and 15% agree strongly). One in six (16%), however, disagree.

5.4 Social Issues in Local Area

Using the faces scale (see section 2.2.2), respondents were asked which face best describes how they feel about a range of social issues in their local area. Faces 5-7 are classed as a feeling negative about that issue.

Table 5.2 shows the proportion feeling negative about each issue, and how this compares with the results from Greater Glasgow as a whole. Using this measure, the social issues about which East Dunbartonshire respondents are most concerned are: young people hanging around, amount of drug activity, level of unemployment and level of alcohol consumption. The rank order of concerns is similar to that recorded across Greater Glasgow as a whole, but East Dunbartonshire respondents are significantly less likely to be negative about each of the issues listed.

Table 5.2: Proportion with a negative perception of social issues in local area (Q31)

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	1,934	340	
Amount of car crime	9.5%	4.2%	*
Number of assaults/muggings	9.2%	2.9%	*
Number of burglaries	8.4%	3.2%	*
Amount of vandalism/graffiti	14.0%	4.4%	*
Young people hanging around	20.6%	9.3%	*
Level of unemployment	18.3%	7.9%	*
Level of alcohol consumption	18.4%	7.6%	*
Amount of drug activity	20.3%	9.3%	*

5.5 Environmental Issues in Local Area

Again using the faces scale (see section 2.2.2), respondents were asked which face best describes how they feel about a range of environmental issues in their local area. Faces 5-7 are classed as a feeling negative about that issue.

Table 5.3 shows the proportion feeling negative about each issue, and how this compares with the results from Greater Glasgow as a whole. Using this measure, the environmental issues about which East Dunbartonshire respondents are most concerned are: amount of dogs' dirt, amount of rubbish lying around, availability of safe places to play and the number of uneven pavements. East Dunbartonshire respondents are less likely than Greater Glasgow respondents as a whole to be negative about: abandoned cars, vacant/derelict buildings, vacant/derelict land, level of smells from sewers, noise and disturbance, availability of pleasant places to walk, and amount of traffic.

Table 5.3: Proportion with negative perception of environmental issues (Q32)

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	<i>1,934</i>	<i>340</i>	
Number of abandoned cars	3.5%	1.0%	*
Number of vacant/derelict buildings	4.1%	1.5%	*
Amount of vacant/derelict land	4.1%	0.5%	*
Level of smells from sewers	2.8%	0.2%	*
Standard of street lighting	4.7%	3.4%	-
Amount of noise and disturbance	9.0%	2.7%	*
Amount of broken glass lying around	10.4%	9.8%	-
Availability of pleasant places to walk etc	11.7%	6.6%	*
Amount of traffic	11.6%	3.2%	*
Amount of rubbish lying about	15.8%	13.7%	-
Availability of safe play spaces	14.0%	13.2%	-
Number of uneven pavements	9.9%	10.2%	-
Amount of dog's dirt	16.0%	17.6%	-

5.6 Perceived Quality of Services in the Area

Respondents were read a list of seven services/facilities, and asked to rate the quality of each in their area, on a five-point scale (very poor, poor, adequate, good, excellent). Those rating it as 'good' or 'excellent' are classed as having a positive perception.

Table 5.4 shows that the responses of East Dunbartonshire respondents are broadly in line with those of Greater Glasgow as a whole. The only significant differences are that East Dunbartonshire respondents are more likely to be positive about local schools, and more likely to be negative about leisure/sports facilities. Activities for young people and leisure/sports facilities record the highest proportion of negative ratings.

Table 5.4: Perceptions of services/facilities in local area (Q43)

Base: All (NHSGG: 1,934; East Dunbartonshire: 340)

Indicator	Positive Perceptions			Negative Perceptions		
	NHSGG	East Dunbartonshire	Sig (*)	NHSGG	East Dunbartonshire	Sig (*)
Local schools	53.7%	62.3%	*	4.4%	2.0%	*
Public transport	57.2%	53.7%	-	11.1%	13.9%	-
Food shops	51.1%	48.3%	-	15.4%	12.5%	-
Police	32.8%	32.4%	-	17.9%	14.4%	-
Leisure/sports facilities	30.6%	27.1%	-	31.5%	45.4%	*
Childcare provision	19.5%	22.4%	-	12.7%	9.5%	-
Activities for young people	21.8%	22.0%	-	39.1%	43.9%	-

5.7 Individual Circumstances & Financial Situation

Several questions were asked to identify personal circumstances that might lead to social exclusion and/or have an impact on health. These are detailed in Table 5.5. Those in East Dunbartonshire are significantly more likely than Greater Glasgow respondents as a whole to: own a car, have access to the Internet, possess qualifications and have a working adult in the household. They are less likely to be single parents of children aged under 14.

Table 5.5: Indicators for individual circumstances

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	<i>1,934</i>	<i>340</i>	
Has children under 14 (Q47)	32.3%	34.4%	-
Lone parent with children under 14 (Q47)	9.8%	6.6%	*
Widowed/divorced/separated (Q64)	15.6%	13.0%	-
No educational qualifications (Q49)	39.1%	24.9%	*
No employed adults in household (Q47)	40.0%	29.3%	*
Has access to the Internet (Q40)	48.3%	55.6%	*
Owns a car (Q61)	59.2%	79.3%	*
Has caring responsibilities (Q60)	5.5%	5.9%	-

Table 5.6 details the indicators that relate to respondents' financial situation. It shows that East Dunbartonshire respondents tend to have a better financial situation than Greater Glasgow respondents as a whole.

Table 5.6: Indicators for financial situation

Base: All (NHSGG: 1,934; East Dunbartonshire: 340)

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	<i>1,934</i>	<i>340</i>	
Positive perception of adequacy of household income (Q58)	72.2%	86.3%	*
All household income from State benefits (Q56)	27.0%	12.7%	*
Experiences difficulty meeting household expenses (Q53)	42.7%	35.9%	*
Impossible/big problem to find £20 (Q54a)	1.3%	0.5%	-
Impossible/big problem to find £100 (Q54b)	14.6%	2.4%	*
Impossible/big problem to find £1,000 (Q54c)	46.0%	26.3%	*

6 SOCIAL CAPITAL

6.1 Chapter Summary

Table 6.1 shows all indicators relating to social capital, and shows how the East Dunbartonshire results compare with those of Greater Glasgow as a whole. East Dunbartonshire respondents tend to have a more positive perception of: their area as a place to live, their area as a place to bring up children, trust and social support.

Table 6.1: Indicators for social capital

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	1,934	340	
Positive perception of local area as a place to live (Q29)	82.7%	93.4%	*
Positive perception of local area as a place to bring up children (Q30)	75.7%	91.8%	*
Responsibilities in clubs, associations etc (Q34)	6.3%	7.8%	-
'Local activists' (Q35)	7.6%	9.0%	-
Currently act as a volunteer (Q36)	5.0%	5.1%	-
Positive perception of reciprocity (Q42a)	72.3%	74.9%	-
Positive perception of trust (Q42e)	71.4%	81.2%	*
Belongs to social network(s) (Q33)	21.0%	23.7%	-
Values local friendships (Q42c)	69.2%	72.4%	-
Positive perception of social support (Q42g)	71.6%	78.5%	*

6.2 View of Local Area

Respondents were presented with a 7-point 'faces' scale (see section 2.2.2 for details), and asked to rate their local area: (a) as a place to live, and (b) as a place to bring up children. Those selecting any of the three 'smiling' faces (1-3) were categorised as having a positive perception. Overall, 93% have a positive perception of their area as a place to live, and 92% have a positive perception of it as a place to bring up children.

6.3 Civic Engagement

One in twelve (8%) say that, in the last three years, they have had **responsibilities in clubs, associations, church groups or similar** (e.g. committee member, fundraising, organising events or administrative work).

Respondents were presented with a list of actions that could be taken in an attempt to improve things in the local area, and asked which they had personally done in the last three years. Those saying they had done at least one have been categorised as '**activists**'. By this definition, one in eleven (9%) are activists.

One in twenty (5%) say they currently act as a **volunteer**.

6.4 Reciprocity & Trust

Respondents were asked to indicate the extent to which they agree or disagree with the following statements:

1. *"This is a neighbourhood where neighbours look out for each other"*, and
2. *"Generally speaking, you can trust people in my local area"*.

Those agreeing with the first statement are categorised as having a positive view of reciprocity, and those agreeing with the second statement are categorised as having a positive view of trust. Overall, 75% are positive about reciprocity and 81% about trust.

6.5 Social Networks & Local Friendships

Respondents were asked if they belong to any social clubs, associations, church groups or similar, and those indicating that they do are categorised as belonging to a **social network**. According to this definition, one in four (24%) belong to a social network.

Respondents were asked to indicate the extent to which they agree or disagree with the statement: *"The friendships and associations I have with other people in my local area mean*

a lot to me". Overall, almost three-quarters (72%) agree with this statement, i.e. **value local friendships**.

6.6 Social Support

Respondents were asked to indicate the extent to which they agree or disagree with the statement: "*If I have a problem, there is always someone to help me*". Those agreeing with this statement are categorised as having a positive view of social support. According to this definition, three-quarters (78%) are positive about social support.

7 SUMMARY OF INDICATORS RELATING TO NATIONAL TARGETS

Table 7.1: Indicators relating to National Targets

	NHSGG	East Dunbartonshire	Significant (*)
<i>Base: All. Unweighted base:</i>	1,934	340	
Takes at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week (Q26-27c)	58.9%	49.0%	*
Consumes at least 5 portions of fruit and/or vegetables per day (Q18-19)	30.0%	34.4%	-
Aged 45-54 with some/all natural teeth (Q7) (National target= 95%) Base = 308 in NHSGG, 49 in East Dunbartonshire	6.7%	17.4%	*
Heavily addicted smokers (smokes more than 20 cigarettes per day), based on those currently smoking (n=723 in NHSGG, 90 in East Dunbartonshire)	56.0%	48.5%	-
Exceeds recommended weekly units of alcohol (Q17) – based on all respondents	17.7%	14.1%	-
Exceeds recommended weekly units of alcohol (Q17) – based on those who drank at all in past week (n= 798 in NHSGG, 169 in East Dunbartonshire)	38.9%	24.8%	*
Admits to binge drinking in last week (Q17) – based on those who drank at all in past week (n=798 in NHSGG, 169 in East Dunbartonshire)	57.0%	42.3%	*
More than one of the following unhealthy behaviours: smoking, drinking over the recommended amount of alcohol, overweight, not eating 5 portions of fruit and veg a day, not meeting exercise targets.	68.0%	68.5%	-

8 TREND DATA

In this chapter, results from all indicator questions that represent a statistically significant change between 2002 and 2005 are shown. Detail on changes between 1999 and 2002 is not shown here, because the sample in East Dunbartonshire in 1999 was unboosted and therefore too small for much (if any) significant change to be observed.

The formula used to test for significant change is a hypothesis test for two proportions. The 'null hypothesis' is that there is no change since 2002. The following formula yields a 'test statistic' (z):

$$z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}_p(1 - \hat{p}_p) \left[\left(\frac{1}{n_1} \right) + \left(\frac{1}{n_2} \right) \right]}}$$

\hat{p}_1 = proportion observed in 2005
 \hat{p}_2 = proportion observed in 2002
 n_1 = sample size in 2005
 n_2 = sample size in 2002

$$\hat{p}_p = \frac{x_1 + x_2}{n_1 + n_2} = \frac{n_1 \hat{p}_1 + n_2 \hat{p}_2}{n_1 + n_2}$$

If the value of z falls outside of the range (-1.96 to 1.96), we reject the null hypothesis and conclude that there has been significant change since 2002 (at the 95% confidence level).

For those results that show significant change, we have also calculated a confidence interval for the difference between any two sets of results, using the following formula:

$$\left(\hat{p}_1 - \hat{p}_2 \right) \pm 1.96 \sqrt{\frac{\hat{p}_1(1 - \hat{p}_1)}{n_1} + \frac{\hat{p}_2(1 - \hat{p}_2)}{n_2}}$$

For example, the confidence interval shown in Table 7.4 is (-2.9 to -12.1). This means that we can be 95% confident that, had we interviewed the entire population of East Dunbartonshire in the two surveys, the actual difference between the two sets of results would be between -2.9 and -12.1 percentage points.

The tables show the results, and also show p values. Where p is less than 0.05, the change is considered to be significant. Where p is 0.05 or more, the change is not considered to be significant, and the p value is therefore not shown. P values are reported as one of three levels of significance: <0.05, <0.01 and <0.001. A p value of <0.05 means that we can be 95% confident that a 'real' change has taken place. A p value of <0.01 means that we can be 99% confident, and a p value of <0.001 means that we can be 99.9% confident.

Only significant changes over time have been mentioned in the text. Where a change is not significant, the size of the change is not shown in the table, and no p value is shown.

It should be noted that the formulae used in this chapter only strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution, particularly if the result is on the margins of statistical significance.

8.1 People's Perceptions of Their Health & Illness

The proportion rating their general health as 'excellent' or 'good' in 2005 is not significantly different to that observed in 2002. This is in line with the pattern across Greater Glasgow as a whole.

Table 8.1: Proportion with a positive perception of general health

Base: All

	East Dunbartonshire
2002	73.9%
2005	76.8%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Similarly, there has been no significant change in the proportion with a positive perception of their physical well-being. Across Greater Glasgow as a whole, however, there has been a small but significant increase since 2002 in the proportion with a positive perception.

Table 8.2: Proportion with a positive perception of physical well-being

Base: All

	East Dunbartonshire
2002	85.1%
2005	86.8%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

In line with the results from Greater Glasgow as a whole, there has been no significant change since 2002 in the proportion with a positive perception of their mental or emotional well-being.

Table 8.3: Proportion with a positive perception of mental or emotional well-being

Base: All

	East Dunbartonshire
2002	89.0%
2005	89.2%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Between 2002 and 2005 there has been a significant drop in the proportion of respondents saying that they *definitely* feel in control of decisions that affect their life. This reflects the pattern observed across Greater Glasgow as a whole.

Table 8.4: Feeling definitely in control of decisions affecting life

Base: All

	East Dunbartonshire
2002	90.1%
2005	84.0%
Change 2002-2005	-6.1
P	<0.01
Confidence interval	-11.0 to -1.2

There has been no significant change since 2002 in the proportion with a positive perception of their overall quality of life. Again, this reflects the pattern observed across Greater Glasgow as a whole.

Table 8.5: Proportion with a positive perception of overall quality of life

Base: All

	East Dunbartonshire
2002	92.4%
2005	89.3%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Again reflecting the pattern across Greater Glasgow as a whole, there has been no significant change since 2002 in the proportion reporting a long-term condition or illness.

Table 8.6: Illness/condition affecting daily life

Base: All

	East Dunbartonshire
2002	13.8%
2005	18.3%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Since 2002, there has been no significant change in the proportion saying that they are receiving medical treatment for at least one condition. Again, this reflects the situation across Greater Glasgow as a whole.

Table 8.7: Receiving treatment for one or more condition(s)

Base: All

	East Dunbartonshire
2002	34.8%
2005	39.9%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been no significant change since 2002 in the proportion saying they have at least some of their own teeth, and again this is in line with the pattern observed across Greater Glasgow as a whole.

Table 8.8: Proportion with some/all of their own teeth

Base: All

	East Dunbartonshire
2002	88.1%
2005	85.4%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been no significant change since 2002 in the proportion saying they brush their teeth at least twice a day. This is a positive result in the context of a decline on this measure across Greater Glasgow as a whole.

Table 8.9: Proportion brushing teeth at least twice a day

Base: All with at least some of their own teeth

	East Dunbartonshire
2002*	80.9%
2005	77.4%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

* This figure differs slightly from that reported in the 2002 report. This is because in 2005 the question was only asked of those reporting having some or all of their own teeth. The 2002 figures have been adjusted for the reduced base in order to be comparable.

8.2 The Use of Health Services

Since 2002 there has been no significant change in the proportion saying they have seen their GP at least once in the last year, nor the proportion reporting at least one visit to A&E. These results are in line with the pattern across Greater Glasgow as a whole.

There has, however, been a significant increase since 2002 in the proportion saying they have seen a doctor as an out-patient, whereas no such increase is apparent across Greater Glasgow as a whole.

Table 8.10: Use of specific health services

Base: All

East Dunbartonshire	
<i>Proportion seen a GP at least once in last year</i>	
2002	80.1%
2005	76.3%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion been to A&E at least once in last year</i>	
2002	11.4%
2005	10.7%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion been to hospital as out-patient to see a doctor at least once in last year</i>	
2002	17.7%
2005	24.1%
Change 2002-2005	6.4
P	<0.05
Confidence interval	0.5 to 12.3

The proportion saying they are registered with a dentist has fallen significantly since 2002. This is in contrast to the pattern across Greater Glasgow as a whole, where the proportion registered with a dentist has *increased* significantly since 2002.

Table 8.11: Registered with a dentist

Base: All

	East Dunbartonshire
2002	86.4%
2005	80.0%
Change 2002-2005	-6.4
P	<0.05
Confidence interval	-11.8 to -1.0

There has, however, been no significant change since 2002 in the proportion saying they have been to the dentist within the preceding six months. Again, this is in contrast to Greater Glasgow as a whole, where has been a significant drop in the proportion saying this.

Table 8.12: Been to dentist in last 6 months

Base: All

	East Dunbartonshire
2002	64.4%
2005	60.5%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been a change to the scale used between 2002 and 2005 for the 'access to health services' question (Q10). This is almost certainly the main reason for the large change in ratings, so these results are not shown in this chapter. Future follow-ups of the survey will show whether any of it is due to a 'real' improvement in access to services.

8.3 Health Behaviours

There has been a significant increase between 2002 and 2005 in the proportion saying they currently smoke. However, the 2005 Greater Glasgow result is not significantly different from the 1999 Greater Glasgow result.

There has also been a significant increase since 2002 in the proportion saying that they smoke passively some or most of the time. This is in contrast to the results from Greater Glasgow as a whole, where there has been no significant change since 2002.

Table 8.13: Smoking / passive smoking

Base: All

East Dunbartonshire	
<i>Proportion currently smoking (some days / every day)</i>	
2002	16.4%
2005	23.9%
Change 2002-2005	7.5
P	<0.01
Confidence interval	1.7 to 13.3
<i>Proportion exposed to smoke (some/most of time)</i>	
2002	37.0%
2005	45.4%
Change 2002-2005	8.4
P	<0.01
Confidence interval	1.3 to 15.5

The proportion saying they exceed the recommended weekly units of alcohol has significantly increased since 2002. As with smoking behaviour, this increase reflects the pattern across Greater Glasgow as a whole. Again, however, the 2005 Greater Glasgow result is not significantly different from the 1999 Greater Glasgow result.

Table 8.14: Proportion exceeding recommended alcohol limit in preceding week

Base: All

	East Dunbartonshire
2002	10.1%
2005	14.1%
Change 2002-2005	4.0
P	<0.05
Confidence interval	-0.7 to 8.7

There has been no significant change since 2002 in the proportion saying they take the recommended amount of exercise. This broadly reflects the pattern across Greater Glasgow as a whole, although across Greater Glasgow there has been a significant increase since 2002 in the proportion taking the recommended amount of vigorous exercise.

Table 8.15: Physical activity

Base: All

	East Dunbartonshire
<i>Proportion taking sufficient moderate or vigorous exercise</i>	
2002	53.7%
2005	49.0%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion taking at least 30 mins of moderate exercise 5+ times a week</i>	
2002	48.8%
2005	43.7%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion taking at least 20 mins of vigorous exercise 3+ times a week</i>	
2002	19.7%
2005	19.5%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Since 2002 there has been no significant change in the proportion saying they eat the recommended amount of fruit/vegetables. This contrasts a drop across Greater Glasgow as a whole.

Table 8.16: Proportion eating recommended amount of fruit/vegetables

Base: All

	East Dunbartonshire
2002	40.0%
2005	34.4%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been a significant increase since 2002 in the proportion saying that they eat the recommended amount of oily fish, which is a positive result against a backdrop of no significant change across Greater Glasgow as a whole.

Table 8.17: Proportion eating recommended amount of oily fish

Base: All

	East Dunbartonshire
2002	25.6%
2005	33.4%
Change 2002-2005	7.8
P	<0.01
Confidence interval	1.2 to 14.4

There has been no significant change since 2002 in the proportion saying they eat more than the recommended amount of high-fat snacks, in line with the pattern across Greater Glasgow as a whole.

Table 8.18: Proportion eating more than recommended amount of high-fat snacks

Base: All

	East Dunbartonshire
2002	29.1%
2005	25.9%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been no significant change since 2002 in the proportion with Body Mass Index (BMI) classed as overweight. However, there has been a significant increase in the proportion being obese or extremely obese. This contrasts no significant change across Greater Glasgow as a whole.

Table 8.19: BMI

Base: All

	East Dunbartonshire
<i>Proportion having BMI of 25 or over</i>	
2002	43.8%
2005	41.0%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion having BMI classified as 'obese'/'extremely obese'</i>	
2002	10.0%
2005	14.9%
Change 2002-2005	4.9
P	<0.05
Confidence interval	0.1 to 9.7

8.5 Social Health

There has been no significant change since 2002 in the proportion of respondents who feel isolated from friends and family. Across Greater Glasgow as a whole, however, there has been a significant *decrease* in the proportion feeling isolated, i.e. a lack of improvement is specific to East Dunbartonshire.

Table 8.20: Proportion feeling isolated from family and friends

Base: All

	East Dunbartonshire
2002	7.4%
2005	9.5%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been no significant change in the proportion saying they belong to a club, association, church group or similar. This reflects the pattern across Greater Glasgow as a whole.

Table 8.21: Proportion belonging to a club/association/church group

Base: All

	East Dunbartonshire
2002	26.6%
2005	23.7%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been a significant decrease since 2002 in the proportion who feel a sense of belonging to their local area. Across Greater Glasgow as a whole, there has been no significant change, suggesting that the negative change is specific to East Dunbartonshire.

Table 8.22: Proportion feeling they belong to local area

Base: All

	East Dunbartonshire
2002	86.6%
2005	78.5%
Change 2002-2005	-8.1
P	<0.01
Confidence interval	-2.6 to -13.6

Since 2002 there has been a significant decrease in the proportion of respondents who feel valued as members of the community. Again, this is not true of Greater Glasgow as a whole, perhaps indicating a problem that is specific to East Dunbartonshire.

Table 8.23: Proportion feeling valued as a member of the community

Base: All

	East Dunbartonshire
2002	66.6%
2005	59.0%
Change 2002-2005	-7.6
P	<0.05
Confidence interval	-0.6 to -14.6

Since 2002 there has been a highly significant decrease in the proportion of respondents who feel that local people can influence decisions affecting the neighbourhood. Again, this issue appears to be specific to East Dunbartonshire; across Greater Glasgow as a whole there has been no significant change since 2002.

Table 8.24: Proportion feeling local people can influence decisions

Base: All

	East Dunbartonshire
2002	77.4%
2005	62.2%
Change 2002-2005	-15.2
P	<0.001
Confidence interval	-21.8 to -8.6

Since 2002 there has been a highly significant decrease in the proportion of respondents who feel safe in all three situations shown in table 8.25. Across Greater Glasgow as a whole, there has been no significant change since 2002 in the proportion feeling safe in their own home and the proportion feeling safe walking alone after dark. There has been a significant decrease in the proportion feeling safe on public transport, but the decrease is much larger in East Dunbartonshire than in Greater Glasgow as a whole. In other words, the large decrease in feelings of safety appears to be specific to East Dunbartonshire.

Table 8.25: Feelings of safety

Base: All

	East Dunbartonshire
<i>Proportion feeling safe in own home</i>	
2002	98.9%
2005	93.9%
Change 2002-2005	-5.0
P	<0.001
Confidence interval	-7.7 to -2.3
<i>Proportion feeling safe using public transport</i>	
2002	89.7%
2005	77.0%
Change 2002-2005	-12.7
P	<0.001
Confidence interval	-18.1 to -7.3
<i>Proportion feeling safe walking alone after dark</i>	
2002	80.2%
2005	66.4%
Change 2002-2005	-13.8
P	<0.001
Confidence interval	-20.2 to -7.4

8.6 Individual Circumstances

Since 2002 there has been no significant change in the proportion of respondents who are married, cohabiting or living with their partner. This is in contrast to the pattern across Greater Glasgow as a whole, where there has been a significant increase in the proportion who are married/cohabiting.

Table 8.26: Proportion married/cohabiting/living with partner

Base: All

	East Dunbartonshire
2002	70.0%
2005	71.5%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been a significant drop in the proportion of respondents with children under the age of 14 since 2002. It is, however, worth noting that across Greater Glasgow as a whole there has been a significant *increase* since 1999 in the proportion with children.

Table 8.27: Proportion with children under 14

Base: All

	East Dunbartonshire
2002	41.0%
2005	34.4%
Change 2002-2005	-6.6
P	<0.05
Confidence interval	-13.6 to 0.4

Since 2002, there has been a significant increase in the proportion who are lone parents. This reflects the pattern across Greater Glasgow as a whole, although the increase is smaller in East Dunbartonshire than it is across the whole region.

Table 8.28: Proportion who are lone parents

Base: All

	East Dunbartonshire
2002	3.0%
2005	6.6%
Change 2002-2005	3.6
P	<0.05
Confidence interval	0.5 to 6.7

It is surprising that the proportion of respondents saying they have Internet access has dropped significantly since 2002. Across Greater Glasgow as a whole, this proportion has increased significantly, albeit from a lower base.

Table 8.29: Proportion with Internet access

Base: All

	East Dunbartonshire
2002	64.3%
2005	55.6%
Change 2002-2005	-8.7
P	<0.01
Confidence interval	-15.8 to -1.6

Since 2002 there has been a significant decrease in the proportion of respondents who say they own a car. Across Greater Glasgow as a whole, there has been no significant change, but this masks a significant increase in car ownership in SIP areas and a significant decrease in non-SIP areas. The decrease in East Dunbartonshire is, however, larger than that observed in non-SIP areas of Greater Glasgow as a whole.

Table 8.30: Proportion with car

Base: All

	East Dunbartonshire
2002	87.9%
2005	79.3%
Change 2002-2005	-8.6
P	<0.01
Confidence interval	-14.0 to -3.2

Since 2002 there has been a **significant increase** in the proportion with no qualifications, in line with the pattern across Greater Glasgow as a whole. Again, however, when compared to 1999, the Greater Glasgow figures have not changed significantly.

Table 8.31: Proportion with no qualifications

Base: All

	East Dunbartonshire
2002	13.8%
2005	24.9%
Change 2002-2005	11.1
P	<0.001
Confidence interval	5.4 to 16.8

Since 2002 there has been no significant change in the proportion of respondents who say they gain all their income from State Benefits, but there has been a small increase in the proportion saying they are in receipt of Income Support. Across Greater Glasgow as a whole, there has been no significant change on either of these measures.

Table 8.32: State benefits

Base: All

	East Dunbartonshire
<i>Proportion with all income from State Benefits</i>	
2002	14.4%
2005	12.7%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion on Income Support</i>	
2002	3.3%
2005	5.9%
Change 2002-2005	2.6
P	<0.05
Confidence interval	-0.5 to 5.7

Since 2002, there has been a significant increase in the proportion of respondents who have a positive perception of their household income. This reflects the pattern across Greater Glasgow as a whole.

Table 8.33: Proportion with positive perception of household income

Base: All

	East Dunbartonshire
2002	74.2%
2005	86.3%
Change 2002-2005	12.1
P	<0.001
Confidence interval	6.5 to 17.7

Since 2002 there has been a significant increase in the proportion who say they would have difficulty finding unexpected expenses of £20, £100 and £1,000.

Table 8.34: Difficulty meeting unexpected expenses

Base: All

	East Dunbartonshire
<i>Proportion having difficulties finding unexpected expense of £20</i>	
2002	1.3%
2005	4.0%
Change 2002-2005	2.7
P	<0.05
Confidence interval	0.3 to 5.1
<i>Proportion having difficulties finding unexpected expense of £100</i>	
2002	14.1%
2005	20.2%
Change 2002-2005	6.1
P	<0.05
Confidence interval	0.6 to 11.6
<i>Proportion having difficulties finding unexpected expense of £1,000</i>	
2002	45.4%
2005	52.3%
Change 2002-2005	6.9
P	<0.05
Confidence interval	-0.3 to 14.1

8.7 Social Capital

Since 2002, there has been no significant change in the proportion with a positive perception of their local area as a place to live, nor as a place to bring up children. Across Greater Glasgow as a whole, there has been a significant increase on both of these measures, but the East Dunbartonshire figures are still more positive than the Greater Glasgow ones.

Table 8.35: Positive perception of local area

Base: All

	East Dunbartonshire
<i>Proportion with positive perception of local area as a place to live</i>	
2002	90.4%
2005	93.4%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion with positive perception of local area as a place to bring up children</i>	
2002	89.9%
2005	91.8%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

There has been no significant change since 2002 on any of the three measures of civic engagement shown in table 8.36. In contrast, across Greater Glasgow as a whole, the proportions saying they have responsibilities in clubs and that they have been ‘activists’ have decreased significantly

Table 8.36: Civic engagement

Base: All

	East Dunbartonshire
<i>Proportion with responsibilities in clubs, associations etc</i>	
2002	9.3%
2005	7.8%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion of activists</i>	
2002	8.4%
2005	9.0%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a
<i>Proportion currently acting as volunteers</i>	
2002	6.2%
2005	5.1%
Change 2002-2005	n/a
P	n/a
Confidence interval	n/a

Since 2002 the proportions with a positive perception of reciprocity and of trust have significantly decreased. Across Greater Glasgow as a whole, on the other hand, ratings of reciprocity have *improved* and ratings of trust have not changed significantly since 2002.

Table 8.37: Reciprocity and trust

Base: All

	East Dunbartonshire
<i>Proportion with positive perception of reciprocity</i>	
2002	83.8%
2005	74.9%
Change 2002-2005	-8.9
P	<0.001
Confidence interval	-14.8 to -3.0
<i>Proportion with positive perception of trust</i>	
2002	87.4%
2005	79.6%
Change 2002-2005	-6.2
P	<0.05
Confidence interval	-11.5 to -0.9

The proportion valuing local friendships has significantly decreased since 2002. This pattern is also evident across Greater Glasgow as a whole, but the decrease is larger in East Dunbartonshire.

Table 8.38: Proportion valuing local friendships

Base: All

	East Dunbartonshire
2002	85.2%
2005	72.4%
Change 2002-2005	-12.8
P	<0.001
Confidence interval	-6.9 to -18.7

The proportion with a positive perception of social support has decreased significantly since 2002. There has also been a significant decrease on this measure across Greater Glasgow as a whole.

Table 8.39: Proportion with positive perception of social support

Base: All

	East Dunbartonshire
2002	84.0%
2005	78.5%
Change 2002-2005	-5.5
P	<0.05
Confidence interval	-11.2 to 0.2

APPENDIX A: SURVEY METHODOLOGY & RESPONSE

Sampling

For the main survey sample, it was necessary to adopt a sampling system which would be:

- representative of the population of the NHSGG area as a whole in terms of age, sex, geographical distribution and index of deprivation;
- comparable with the system used in 1999 and 2002, to allow results to be compared across the two surveys;
- replicable, so that future surveys can track indicators over time.

The main sample was stratified by local authority (six authorities) and by DEPCAT (seven categories, grouped into three – 1/2, 3/4/5 and 6/7). The target sample size was set at 2,000 individuals. To achieve this, 200 clusters were sampled in proportion to the population in each stratum, with a view to achieving an average of 10 interviews per cluster. The table below shows the number of clusters in each of the 13 strata.

Table A.1: Sample stratification – main sample

Stratum	Local Authority	DEPCAT Group	No. of Clusters
1	West Dunbartonshire	3/4/5	4
2	West Dunbartonshire	6/7	6
3	East Dunbartonshire	1/2	13
4	East Dunbartonshire	3/4/5	7
5	East Dunbartonshire	6/7	2
6	East Renfrewshire	1/2	11 ⁴
7	East Renfrewshire	3/4/5	1
8	Glasgow City	1/2	6
9	Glasgow City	3/4/5	41
10	Glasgow City	6/7	91
11	North Lanarkshire	3/4/5	6
12	South Lanarkshire	3/4/5	11
13	South Lanarkshire	6/7	1

The sample was drawn from the Postal Address File (PAF) by CACI, to a specification provided by RBA Research. The PAF was sorted into the 13 strata above. Within each

⁴ After the initial round of fieldwork, the original 11 clusters in stratum 6 had not yielded sufficient interviews to allow the appropriate analysis to be conducted in East Renfrewshire due to a low response rate in this stratum. To remedy this, a further 4 clusters were issued, bring the total in this stratum up to 15.

stratum, the PAF was then sorted in alphanumeric order by postcode and house number/name. Interval samples of groups of 150 addresses were then taken, with the number of groups being the number of clusters required in the stratum. This was done as follows:

- the interval was calculated by taking the number of addresses in the stratum and dividing by the number of clusters required. Eg, if there were 1000 addresses in a stratum and four clusters were required, the interval x would be $1000/4=250$;
- a random number was selected between 1 and x and then the group of 150 addresses started at this point on the address list. Eg, if the random number between 1 and 250 was 50, the 150 addresses began at the 50th address in the stratum. The second group of 150 addresses started at address 300, and so on.
- Eighteen addresses were randomly sampled from each group of 150 addresses to form each cluster. Interviewers were required to obtain as many interviews as possible in each cluster, with the assumption that on average, 10 per cluster would be achieved.

For the East Dunbartonshire booster sample, the same principle was used, but the variables used for stratification of the PAF list were: Twechar, Hillhead and ‘rest of ED’, resulting in 3 strata. An estimate was made of the number of interviews likely to be achieved in each stratum as part of the main sample. An appropriate number of clusters was then selected for the booster sample, based on the aim of achieving at least 100 interviews in each of Twechar and Hillhead. Table A.2 shows the number of clusters selected in each stratum.

Table A.2: Sample stratification – East Dunbartonshire booster sample

Stratum	Area	No. of Clusters
1	Twechar	9
2	Hillhead	9
3	Rest of ED	6

Before the addresses were issued to interviewers, NHSGG screened the sample to identify areas containing high levels of ‘deadwood’ (eg business addresses, derelict buildings). Where these were found, they were replaced with other addresses that were a match in terms of the sample strata.

Questionnaire Design and Pilot

The survey questionnaire was based on the questionnaire used in 2002, but some new questions had been added. It was felt that the 2002 questionnaire had reached its maximum practicable length, so the addition of new questions had to be balanced by commensurate cuts elsewhere in the questionnaire. Questions for which the data were deemed to be least useful in 2002 were selected for deletion in 2005.

In turn, the 2002 questionnaire had been based on the one used in 1999, but with some changes to content and order to make the interview run more smoothly. Thus, most of the questions in the 2005 questionnaire can be tracked back to 1999 and/or 2002.

Once a draft questionnaire had been agreed, a pilot survey was conducted. Three interviewers conducted 30 interviews. Pilot interviews were carried out to the following quotas:

Table A.3: Pilot quotas

	Male		Female	
	Under 45 years	45+ years	Under 45 years	45+ years
DEPCAT 1,2	1	1	1	1
DEPCAT 3,4,5	3	2	3	3
DEPCAT 6,7	4	3	4	4

The pilot ensured that:

- the questionnaire structure flowed easily, thereby maintaining the interest of the respondent over the duration of the interview which was not considered to be onerous;
- the routing of questions was complete;
- the questions were understood by a range of respondents. It was recognised that the questions had to be coherent and meaningful to people of different levels of ability.

Following the pilot, a few minor changes were made to the questionnaire, but question wording largely remained as it was in 2002.

Fieldwork

Research Resource Ltd was responsible for the fieldwork element of the project. A team of 8 interviewers attended a briefing session which was conducted by Research Resource and RBA, and which was attended by a representative of the Health & Well-being Survey Steering Group. The briefing session involved full instructions in the conduct of the survey interview. Written instructions were given to all interviewers. A copy of these can be found in the report for the main survey. A further 15 interviewers were briefed by Research Resource when they started work later in the fieldwork period.

Interviewers were assigned a number of clusters. A list of 18 addresses was issued per cluster, with interviewers being instructed to obtain as many interviews as possible from each list. Their instructions were to make at least four calls at an address at different times of the day/days of the week before classifying the address as a non-response.

Respondents were randomly selected within households using the 'next birthday rule'. The person aged 16 or over who would next have a birthday was chosen for interview. In cases where the next birthday was not known, a Kish grid was used to make a random selection. An example grid can be found in the main survey report.

Each sampled address was sent an advance letter from NHSGG explaining the purpose of the survey and requesting co-operation. As a result of this letter, a number of residents contacted NHSGG to 'opt out' of the survey. These addresses were removed from the lists given to interviewers and these households were not contacted further by Research Resource.

Each interviewer was also provided with a 'letter of authorisation' to show on the doorstep. Interviewers were also instructed to carry their Research Resource photo-identity card at all times and to display this to all potential respondents. Each interviewer also carried a stock of leaflets that explained more about the survey and why participation is important. A leaflet was left with every respondent. Copies of the letters and leaflet can be found in the main survey report.

Fieldwork began immediately after the briefing session on 12 August 2005, and the bulk of it (including all the East Dunbartonshire interviews) was completed by 2 December, with most interviews taking place in November. The average interview length was just under 30 minutes. On the main sample, 1,954 interviews were completed, of which 204 were in East Dunbartonshire. A further 228 interviews were completed in the East Dunbartonshire booster sample, making a total of 432.

Unfortunately, RBA made an error in sampling in East Dunbartonshire. 72 interviews that should have been conducted in Twechar were conducted outside East Dunbartonshire. A further 15 interviews were erroneously recorded as Hillhead interviews. This error did not come to light until sometime after the fieldwork was completed, by which time RBA had gone into liquidation. Separate analysis for Hillhead and Twechar was not possible. This report contains all in scope interviews and illustrates health and wellbeing for the whole of the East Dunbartonshire area including trends from 2002 to 2005

Response

Table A.4 shows the outcomes of attempted contacts in the main sample, and Table A.5 shows the outcomes in the East Dunbartonshire booster sample.

Table A.4: Outcome of attempts to interview – main sample

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	1954	71.89%	51.39%
Office refusal (telephone/letter)	136	5.00%	3.58%
No. of people in household information refused	10	0.37%	0.26%
No contact after 4+ calls	158	5.81%	4.16%
No contact with selected person after 1+ visits	134	4.93%	3.52%
Personal refusal by selected person	258	9.49%	6.79%
Proxy refusal on behalf of selected person	22	0.81%	0.58%
Broken appointment, no re-contact	21	0.77%	0.55%
Ill at home during survey period	2	0.07%	0.05%
Away/in hospital during survey period	7	0.26%	0.18%
Selected person has dementia	14	0.52%	0.37%
Inadequate English	2	0.07%	0.05%
Incomplete interview	0	0.00%	0.00%
<i>Total in-scope</i>	<i>2718</i>	<i>100.00%</i>	<i>71.49%</i>
Out of scope (no interview possible)			
Insufficient address	19	n/a	0.50%
Not traced	39	n/a	1.03%
Not yet built / not yet ready for occupation	0	n/a	0.00%
Derelict/demolished	37	n/a	0.97%
Empty/vacant	20	n/a	0.53%

Business/industrial only (not private)	9	n/a	0.24%
Institution only	3	n/a	0.08%
Other	55	n/a	1.45%
<i>Total out-of-scope</i>	<i>182</i>	<i>n/a</i>	<i>4.79%</i>
<i>Untried (cluster quota achieved so address not pursued – treated as ‘out of scope’)</i>	<i>902</i>	<i>n/a</i>	<i>23.72%</i>
<i>Total contacts</i> ⁵	<i>3802</i>	<i>n/a</i>	<i>n/a</i>

⁵ The initial sample consisted of 3,600 addresses (200 clusters x 18 addresses). Where batches of unusable addresses were identified within a cluster, additional contacts were released. Also, as noted above, a further 4 clusters were released in stratum 6 when it became apparent that the response rate was low in this stratum. Hence the total number of contacts is greater than 3,600.

Table A.5: Outcome of attempts to interview – East Dunbartonshire booster sample

Outcome	n	% of in-scope	% of all contacts
In-scope (interview possible)			
Interview obtained	228	69.51%	50.67%
Office refusal (telephone/letter)	17	5.18%	3.78%
No. of people in household information refused	0	0.00%	0.00%
No contact after 4+ calls	39	11.89%	8.67%
No contact with selected person after 1+ visits	4	1.22%	0.89%
Personal refusal by selected person	35	10.67%	7.78%
Proxy refusal on behalf of selected person	4	1.22%	0.89%
Broken appointment, no re-contact	0	0.00%	0.00%
Ill at home during survey period	0	0.00%	0.00%
Away/in hospital during survey period	1	0.30%	0.22%
Selected person has dementia	0	0.00%	0.00%
Inadequate English	0	0.00%	0.00%
Incomplete interview	0	0.00%	0.00%
<i>Total in-scope</i>	<i>328</i>	<i>100.00%</i>	<i>72.89%</i>
Out of scope (no interview possible)			
Insufficient address	4	n/a	0.89%
Not traced	6	n/a	1.33%
Not yet built / not yet ready for occupation	0	n/a	0.00%
Derelict/demolished	7	n/a	1.56%
Empty/vacant	1	n/a	0.22%
Business/industrial only (not private)	0	n/a	0.00%
Institution only	0	n/a	0.00%
Other	0	n/a	0.00%
<i>Total out-of-scope</i>	<i>18</i>	<i>n/a</i>	<i>4.00%</i>
<i>Untried (cluster quota achieved so address not pursued – treated as ‘out of scope’)</i>	<i>104</i>	<i>n/a</i>	<i>23.11%</i>
<i>Total contacts</i>	<i>450</i>	<i>n/a</i>	<i>n/a</i>

Data Coding and Input

Data from open questions were coded using the same code frames as were used in 1999 and 2002, for comparability. NHSGG was involved in re-coding some of the lists of codes, which referred to medical conditions.

A specially devised data entry programme was set up to allow data to be entered directly onto computer. The programme included route, range and logic checks at the time of data entry to ensure that the data were valid.

A second-stage cleaning process was conducted after all the data had been entered. This involved examining frequency counts for all variables and checking extreme values.

Additional core indicator variables were computed and added to the dataset. These were specified by NHSGG.

Data were weighted before analysis. Appendix B details the weighting processes, which replicates that used in 1999 and 2002 to aid comparability.

APPENDIX B: DATA WEIGHTING

A= Actual (unweighted)

H= Weighted by household size

W = Final weighted figures (by age/sex/ROA and household size)

APPENDIX C: DATA ANALYSIS – CHI-SQUARE & T-TEST RESULTS

APPENDIX D: 2005 SURVEY QUESTIONNAIRE

INTRODUCTION

Good morning/afternoon/evening. My name is from an independent research agency called Research Resource. We are carrying out a research study on behalf of the Greater Glasgow NHS Board and we would appreciate it if you could just answer a few questions. SHOW LETTER OF AUTHORISATION IF REQUIRED.

(IF REQUIRED): *(It should take about half an hour.)*

(IF REQUIRED): *(The survey is about your health and related issues such as diet, exercise and how you feel about the area you live in.)*

Q1 *I'd like to start by asking you some questions about your health. How would you describe your health over the past year?*

(READ OUT AND CODE ONE ONLY)

<i>Excellent</i>	1
<i>Good</i>	2
<i>Fair</i>	3
<i>Poor</i>	4

SHOWCARD A

Q2 *Can you tell me all the illnesses or conditions for which you are currently being treated, by indicating the numbers on the card.*

(CODE ALL THAT APPLY)

Coronary heart disease.....	1
Stroke	2
Arthritis or rheumatism or painful joints	3
Clinical depression.....	4
Diabetes	5
Cancer	6
Asthma, bronchitis, or persistent cough.....	7
Epilepsy	8
Stress related conditions, eg difficulty sleeping or concentrating	9
Severe hearing problems.....	10
Severe eyesight problems	11
Accident / injury	12
Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome.....	13
High blood pressure	14
Drug or alcohol related conditions.....	15
Sexually transmitted infections, eg gonorrhoea, syphilis, chlamydia.....	16
Other/s (PLEASE SPECIFY)	

None 17

Q3 Do you have any long-term condition or illness that substantially interferes with your day to day activities?

Yes1 GO TO Q3a
 No2 GO TO Q4

Q3a Thinking of these conditions and/or illnesses, would you describe yourself as having...?
 (READ OUT AND CODE ALL THAT APPLY)

A physical disability1
 A mental or emotional health problem2
 A long-term illness3
 Other/s (PLEASE SPECIFY)

Q3b How much does it (do they) interfere with the following activities (seriously, moderately, or doesn't)?
 (READ OUT AND CODE ONE FOR EACH)

	<i>Seriously interferes</i>	<i>Moderately interferes</i>	<i>Does not interfere</i>	<i>N/A</i>
a. Taking up training.....	1.....	2.....	3.....	4.....
b. Holding down or obtaining a job	1.....	2.....	3.....	4.....

Q4 Thinking about the past year and your own health:
 (PUT A NUMBER IN EACH BOX. IF 'NEVER', WRITE IN '0'. IF DON'T KNOW, PROBE FOR ESTIMATE. IF CAN'T GIVE ESTIMATE, WRITE IN 'DK')

- a) How many times have you seen a GP?
- b) How many times have you been to accident and emergency?
- c) How many times have you visited a hospital out-patient department to see a doctor? (Do not include visits for an X-ray or other tests)
- d) How many times have you been admitted to hospital (either as a day case or for a longer stay)?

SHOWCARD B

Q5 *Thinking about your recent use and experience of the Health Services such as GP, dentist, or hospital:*

(READ OUT AND CODE ONE FOR EACH)

Defin- To some No Don't Not
itely extent know applicable

- a) *Were you given adequate information about your condition or treatment?* 1 2 3 4 5
- b) *Have you been encouraged to participate in decisions affecting your health or treatment?* 1 2 3 4 5
- c) *Do you feel that you have a say in how these services are delivered?* 1 2 3 4 5
- d) *Do you feel that your views and circumstances are understood and valued?* 1 2 3 4 5

Q6 *Are you registered with a dentist?*

(CODE ONE ONLY)

- Yes1 GO to Q6a
- No2 GO to Q7

Q6a *Is this an NHS or private dentist?*

(CODE ONE ONLY)

- NHS1
- Private2

Q7 *What proportion of your teeth are your own?*

(CROWNS ARE REGARDED AS 'OWN TEETH'.) (READ OUT. CODE ONE ONLY)

- All of them*1 GO TO Q7a
- Some of them*2 GO TO Q7a
- None of them*3 GO TO Q8

Q7a *How often do you brush your teeth?*

(CODE ONE ONLY)

- Twice or more a day1
- About once a day2
- Less than once a day3
- Seldom or never4

Q8 *When was the last time you went to the dentist?*

(READ OUT. CODE ONE ONLY)

- Within the last 6 months*1
- Within 6 months to 15 months*2
- Over 15 months*3

(Q9 deleted)

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on this page simply by ticking the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Have you recently...

(Please tick one box for each statement)

a) ...been able to concentrate on whatever you're doing?	Better than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
b) ...lost much sleep over worry?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
c) ...felt that you are playing a useful part in things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less useful than usual <input type="checkbox"/> 3	Much less useful <input type="checkbox"/> 4
d) ...felt capable of making decisions about things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less capable <input type="checkbox"/> 4
e) ...felt constantly under strain?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
f) ...felt you couldn't overcome difficulties?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
g) ...been able to enjoy your normal day-to-day activities?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4
h) ...been able to face up to your problems?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4
i) ...been feeling unhappy and depressed?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
j) ...been losing confidence in yourself?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
k) ...been thinking of yourself as a worthless person?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4
l) ...been feeling reasonably happy, all things considered?	More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4

Q12 *In the past year, has anyone in your household suffered an accidental injury in the home? Please include any injuries – no matter how small - for which the sufferer was treated at home.*
(CODE ONE ONLY)

Yes1 GO TO Q12a
No2 GO TO Q13

Q12a *How many people had an accidental injury in the home in the past year?*
(WRITE NUMBER OF PEOPLE IN THE BOX)

Q12b *How many of the people who had an accidental injury in the past year were aged under 16 at the time?*
(WRITE NUMBER OF UNDER-16S IN THE BOX)

Q12c *For each person, how many accidents did they have that required treatment from a doctor or a nurse? How many of these were treated at the hospital?*
(WRITE A NUMBER IN THE BOX FOR EACH PERSON WHO HAD ACCIDENTS – INCLUDING THOSE AGED 16 AND OVER)

	DR OR NURSE	AT HOSPITAL
Person 1	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>

Now I would like to ask you some questions about your lifestyle.

Q13 *How often are you usually in places where there is smoke from other people smoking tobacco? Would you say most of the time, some of the time, seldom or never?*
(CODE ONE ONLY)

Most of the time.....1
Some of the time2
Seldom.....3
Never.....4

SHOWCARD C

Q14 *Which of the following statements best describes you at present?*
(CODE ONE ONLY)

I have never smoked tobacco.....1 GO to Q15
I have only tried smoking once or twice.....2 GO to Q15
I have given up smoking.....3 GO to Q15
I smoke some days.....4 GO to Q14b
I smoke every day5 GO to Q14b

Q14a (deleted)

Q14b *On average, how many cigarettes a day do you smoke?*
(WRITE NUMBER OF CIGARETTES IN THE BOX)
(CODE AS '995' IF THE PERSON ONLY SMOKES CIGARS / PIPE / LOOSE TOBACCO)

Q15 *How often do you drink alcohol?*
(READ OUT. CODE ONE ONLY)

- Never*1 *GO to Q18*
- Less than once a month*2 *GO to Q16*
- More than once a month but not weekly*3 *GO to Q16*
- 1-2 days per week*4 *GO to Q16*
- 3-5 days per week*5 *GO to Q16*
- 6-7 days per week*6 *GO to Q16*

Q16 *Have you had a drink containing alcohol in the past 7 days?*
(CODE ONE ONLY)

- Yes1 *GO to Q17*
- No2 *GO to Q18*

SHOWCARD D

Q17 *Using the card, please tell me how much you drank on each day in the past week.*
(START WITH THE PREVIOUS DAY AND WORK BACK THROUGH THE WEEK)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Normal strength beer/lager/stout/cider (eg McEwan's lager, heavy) Pints Cans Bottles							
Strong beer/lager/cider (eg Guinness, Murphy's, Budweiser) Pints Cans Bottles							
Extra strong beer/lager/ cider (eg Tennant's super lager) Pints Cans Bottles							
Single measures of spirits (eg whisky, gin, vodka) (a bottle contains 28 measures)							
Single measures of Martini/sherry/buckfast/Mad Dog 20/20 (a bottle contains 14 measures)							
Glasses of wine at pub or restaurant Small glass Large glass							
Bottles of wine at home $\frac{1}{4}$ bottle $\frac{1}{2}$ bottle Full bottle							
Bottles of alcoholic carbonate (alcopops, such as Smirnoff Ice and Bacardi Breezer)							
Other (please describe)							

Q18 *Now I'd like to ask you some questions about the food you eat. On average, how many portions of fruit do you eat EACH DAY? Examples of a portion are one apple, one tomato, 2 tablespoons canned fruit, one small glass fruit juice.*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q19 *On average, how many portions of vegetables or salad (not counting potatoes) do you eat EACH DAY? A portion of vegetables is 2 tablespoons.*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Q20 (deleted)

Q21 *How often PER DAY do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?*
 (WRITE NUMBER IN BOX. IF LESS THAN ONE, WRITE '0')

Note Q22-23 refers to the number of times per week

Q22 *How often PER WEEK do you usually eat oily fish, taken in sandwiches or as part of a meal? (eg kipper, herring, salmon, trout, mackerel, tuna, sardines or pilchards.)*
 (WRITE NUMBER IN BOX.
 INCLUDE OILY FISH TAKEN AS PART OF A MEAL, EG TUNA PASTA, SALMON FISHCAKES)

Q23 *On how many days PER WEEK do you usually eat breakfast?*
 (WRITE NUMBER BETWEEN 0 AND 7 IN BOX)

Q24 *What, if anything, did you eat for breakfast this morning?*
 (CODE AS MANY AS APPLY)

- Nothing 1
- Breakfast cereal..... 2
- Porridge..... 3
- Bread / toast 4
- Fruit (incl. fresh fruit juice/smoothie, but not fruit squash/cordial) 5
- Yoghurt 6
- Meat (eg bacon, sausage, black pudding) 7
- Egg(s)..... 8
- Breakfast bar, eg Nutrigrain..... 9
- Pastry, eg croissant, pain au chocolat 10
- Other (specify)

Q25a *What is your weight?*
(WRITE IN WEIGHT IN STONES/POUNDS OR KILOGRAMS. IF UNSURE, ASK FOR ESTIMATE.)

Stones Pounds

Or Kilograms

Q25b *What is your height?*
(WRITE IN HEIGHT IN FEET/INCHES OR CENTIMETRES)

Feet Inches

Or Centimetres

Q26 *Thinking now of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.*
(WRITE NUMBER OF DAYS IN BOX)

Q27 *In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?*
(WRITE NUMBER OF DAYS IN BOX)

Q27a *Can I just check, when you answered the last two questions, did you include physical activity that you do in your job, housework, DIY and gardening?*
(CODE ONE ONLY)

Yes - all activities have been included.....1 GO to Q28
No – there are more activities to add2 GO to Q27b

Q27b *Including ALL types of exercise and activity you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as brisk walking? It doesn't have to be 30 minutes all at once.*
(WRITE IN THE TOTAL NUMBER OF DAYS IN BOX)

Q27c *And including ALL types of exercise and activity. In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous exercise (enough to make you sweaty and out of breath)?*
(WRITE IN THE TOTAL NUMBER OF DAYS IN BOX)

SHOWCARD E

Q28 *Looking at the faces on the card:*

a. Which face best rates your overall quality of life?
(WRITE NUMBER IN BOX)

b. Which face best rates your general physical well being?
(WRITE NUMBER IN BOX)

c. Which face best rates your general mental or emotional well being?
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q29 *Now I would like to ask you some questions regarding your local area and community. Please look at the card and could you tell me which face on the scale indicates how you feel about your local area as a place to live.*
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q30 *And how do you feel about this area as a place in which to bring up children?*
(WRITE NUMBER IN BOX)

SHOWCARD E AGAIN

Q31 *I'm going to ask you some questions about various things that may or may not be a problem in your local area. Which face best describes how you feel about ...*
(READ OUT (A) –(H) AND CODE ONE FOR EACH)

- A) *The level of unemployment in your area* 1 2 3 4 5 6 7
- B) *The number of burglaries in your area* 1 2 3 4 5 6 7
- C) *The amount of vandalism / graffiti in your area* 1 2 3 4 5 6 7
- D) *The number of assaults / muggings in your area* 1 2 3 4 5 6 7
- E) *The amount of drug activity in your area* 1 2 3 4 5 6 7
- F) *The level of alcohol consumption in your area* 1 2 3 4 5 6 7
- G) *Young people hanging around in your area* 1 2 3 4 5 6 7
- H) *The amount of car crime in your area* 1 2 3 4 5 6 7

SHOWCARD E AGAIN

Q32 *Now I'd like to ask you about some environmental issues that may or may not be a problem in your area. Which face best describes how you feel about ...*

(READ OUT (I) –(U) AND CODE ONE FOR EACH)

- I) *The amount of rubbish lying about in your area* 1 2 3 4 5 6 7
- J) *The amount of noise and disturbance in your area* 1 2 3 4 5 6 7
- K) *The standard of street lighting in your area* 1 2 3 4 5 6 7

- L) *The amount of vacant/derelict land in your area* 1 2 3 4 5 6 7
- M) *The number of vacant/derelict buildings in your area* 1 2 3 4 5 6 7
- N) *The amount of dog's dirt in your area* 1 2 3 4 5 6 7

- O) *The number of abandoned cars in your area* 1 2 3 4 5 6 7
- P) *The amount of traffic in your area* 1 2 3 4 5 6 7
- Q) *The level of smells from sewers in your area* 1 2 3 4 5 6 7

- R) *The amount of broken glass lying around in your area* 1 2 3 4 5 6 7
- S) *The number of uneven pavements in your area* 1 2 3 4 5 6 7
- T) *The availability of safe play spaces in your area* 1 2 3 4 5 6 7
- U) *The availability of pleasant places to walk etc in your area* 1 2 3 4 5 6 7

Q33 *Do you belong to any social clubs, associations, church groups or anything similar?*

(CODE ONE ONLY)

- Yes 1 GO to Q33a
- No 2 GO to Q35

Q33a *How many do you attend regularly in your local area? And elsewhere?*

(WRITE NUMBER IN EACH BOX. IF 'NONE' WRITE IN '0'.)

Local

Elsewhere

Q34 *In the past 3 years, have you had any responsibilities in the groups you belong to, such as being a committee member, raising funds, organising events, or doing administrative or clerical work?*

(CODE ONE ONLY)

- Yes 1
- No 2

SHOWCARD F

Q35 *In the past 3 years, have you taken any of the following actions in an attempt to help improve things in your local area?*

(CODE ALL THAT APPLY)

- Written to local newspaper 1
 - Contacted an organisation, e.g. the council 2
 - Contacted a local councillor or MSP 3
 - Attended a protest meeting 4
 - Joined an action group 5
 - Joined a decision-making group, e.g. community council
or school board 6
 - Thought about it, but did not do it 7
 - Other action (specify) _____
-
- None of the above 8

Q36 *Do you act as a volunteer?*

(CODE ONE ONLY)

- Yes 1 GO TO Q36a
- No 2 GO TO Q37

Q36a *How many hours (approximately) do you volunteer per week?*

(WRITE NUMBER OF HOURS IN BOX)

Q37 *How long have you lived in this neighbourhood/local area?*

(WRITE IN YEARS AND/OR MONTHS.

USE RESPONDENT'S OWN DEFINITION OF NEIGHBOURHOOD/LOCAL AREA.)

 Years

 Months

Q38 *How long have you lived in your present home?*

(WRITE IN YEARS AND/OR MONTHS)

 Years

 Months

Q39 (deleted)

Q40 *Do you have access to the Internet?*

(CODE ONE ONLY)

- Yes 1 GO to Q40a
- No 2 GO to Q41

Q40a *Is this at home, elsewhere, or both?*

(CODE ONE ONLY)

- Home..... 1
- Elsewhere..... 2
- Both 3

Q41 *Is there anything about your home that affects your health?*
(CODE ONE ONLY)

- Yes 1 GO to Q41a
No 2 GO to Q41b

Q41a *What would that be?*

Q41b *Is your home bought or rented?*
(CODE ONE ONLY)

- Owner occupied/being bought 1
Rented from private owner 2
Rented from local housing association or Glasgow Housing Association. 3
B&B/Hostel 4
Other (specify) _____
Refused 5

SHOWCARD G

Q42 *How much do you agree or disagree with the following statements about living in this local area?*

(READ OUT AND CODE ONE FOR EACH)

- | | Strongly
Agree | Agree | Neither
/nor | Disagree | Strongly
Disagree |
|---|-------------------|-------|-----------------|----------|----------------------|
| a. <i>This is a neighbourhood where neighbours look out for each other.</i> | 1 | 2 | 3 | 4 | 5 |
| b. <i>I feel I belong to this local area.</i> | 1 | 2 | 3 | 4 | 5 |
| c. <i>The friendships and associations I have with other people in my local area mean a lot to me.</i> | 1 | 2 | 3 | 4 | 5 |
| d. <i>I feel valued as a member of my community.</i> | 1 | 2 | 3 | 4 | 5 |
| e. <i>Generally speaking, you can trust people in my local area.</i> | 1 | 2 | 3 | 4 | 5 |
| f. <i>By working together, people in my neighbourhood can influence decisions that affect my neighbourhood.</i> | 1 | 2 | 3 | 4 | 5 |
| g. <i>If I have a problem, there is always someone to help me.</i> | 1 | 2 | 3 | 4 | 5 |

Q42h *Do you ever exchange small favours with the people who live near you? I'm thinking about things like leaving a key to let in a repair man, feeding pets while you are away or picking up things from the shop for each other. IF YES: How many people do you exchange favours with?*

WRITE NUMBER IN THE BOX. IF 'NONE' WRITE IN '0', IF MORE THAN 98 WRITE IN '98'. IF DON'T KNOW, WRITE IN '99'.

SHOWCARD H

Q43 *Please look at the card I've given you and tell me what you think of the quality of services in your area.*

(READ OUT AND CODE ONE FOR EACH)

	Very Poor	Poor	Adequate	Good	Excellent	D/K
a. <i>Food shops</i>	1	2	3	4	5	6
b. <i>Local schools</i>	1	2	3	4	5	6
c. <i>Public transport</i>	1	2	3	4	5	6
d. <i>Activities for young people</i>	1	2	3	4	5	6
e. <i>Leisure/sports facilities</i>	1	2	3	4	5	6
f. <i>Childcare provision</i>	1	2	3	4	5	6
g. <i>Police</i>	1	2	3	4	5	6

Q44 *What is your main form of transport?*
(CODE ONE ONLY)

- Car/motorcycle/moped.....1
 - Public transport (buses and trains).....2
 - Cycling.....3
 - Walking.....4
 - Other (specify)
-
- Never go out.....5

Q45 *Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing job?*
(CODE ONE ONLY)

- Definitely1
- To some extent.....2
- No3

SHOWCARD I

Q46 *How much do you agree or disagree with the following statements about safety in this local area?*

(READ OUT AND CODE ONE FOR EACH)

Strongly Agree Agree Neither /nor Disagree Strongly Disagree

a. *I feel safe using public transport in this local area*..... 1 2 3 4 5

b. *I feel safe walking alone around this local area even after dark*..... 1 2 3 4 5

c. *I feel safe in my own home* 1 2 3 4 5

SHOWCARD J

Q46d *Taking all things into account, which face best indicates how happy you are?*

(WRITE NUMBER IN BOX)

Q47 Now I'd like to ask you about the members of your household.

A: How many people are there in this household (including yourself)?

B: Please tell me their ages.

C: FOR EACH: Is he/she employed or in education?

MAKE SURE RESPONDENT IS PERSON NUMBER 1.

RECORD AS EMPLOYED ONLY IF THIS IS PRIMARY OCCUPATION (E.G. FULL-TIME STUDENTS WITH A PART-TIME JOB SHOULD NOT BE CLASSED AS EMPLOYED.) ENTER NUMBERS IN GRID BELOW.

Person number	Gender 1 = male 2 = female	Age Write in age last birthday	Work status 1 = employed 2 = education 3 = other
1 (respondent)			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD (INCLUDING RESPONDENT):

Q48 (deleted)

SHOWCARD K

Q49 *What is the highest level of educational qualifications you've obtained?*
(CODE ONE ONLY)

School leaving certificate.....	1
'O' Grade, Standard Grade, GCSE, CSE, Senior Cert or equivalent	2
Higher Grade, CSYS, 'A' Level, AS Level, Advanced Senior Cert or equivalent	3
GSVQ/SVQ Level 1 or 2, Scotvec Module, BTEC First Diploma, City and Guilds Craft, RSA or equivalent.....	4
GSVQ/SVQ Level 3, ONC, OND, Scotvec National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	5
Apprenticeship / trade qualification.....	6
HNC, HND, SVQ Level 4 or 5, RSA Higher Diploma or equivalent	7
First Degree, Higher Degree	8
Professional qualifications (specify)	
<hr/>	
None	9

Q50 *I'd like to ask about the main wage earner in the household. If there is no wage earner, this could be the person who draws a pension or simply brings in most of the household's income. Are you the main wage earner in the household?*

Yes	1
No	2

SHOWCARD L

Q51a *Which one of these describes you best?*

IF RESPONDENT IS MAIN WAGE EARNER ('YES' AT Q50), ENTER UNDER 'RESPONDENT' COLUMN. CODE ONE ONLY.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

IF RESPONDENT IS NOT MAIN WAGE EARNER ('NO' AT Q50), ASK Q51B: OTHERS GO TO Q51C.

Q51b *Which of these applies to the main wage earner?*

ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.

IF CURRENTLY OFF WORK OR ON MATERNITY LEAVE, CODE AS EMPLOYED FULL- OR PART-TIME.

	<i>Q51a) Respondent</i>	<i>Q51b) Main wage earner</i>
Employed full-time	1	1
Employed part-time	2	2
Unemployed and seeking work.....	3	3
Unable to work due to illness or disability	4	4
Retired.....	5	5
Looking after home/family	6	6
In full-time education/training	7	7
In part-time education/training	8	8

Q51c (deleted)

Q51d *What is or was the main wage earner's occupation?*

How many people is/was he/she responsible for?

What industry do/did he/she work in? What is/was made or done at the place where he/she work(ed)?

ENTER UNDER 'MAIN WAGE EARNER' COLUMN BELOW. CODE ONE ONLY.

Job (write in)
(if never worked, write
'never worked')

Ask how many people
he/she is/was responsible for.
If none, write in '0'

Industry:

- Manufacturing and mining..... 1
 - Construction.....2
 - Transport.....3
 - Health service4
 - Local or national government5
 - Service industries (eg banking, insurance, travel, entertainment)6
 - Retail services7
 - Catering/food preparation8
 - Professional services (eg teaching, legal, surveying services)9
 - Voluntary or community sector10
 - Other (PLEASE WRITE IN)
-

Q51e OFFICE USE ONLY

Socio-Economic Group

- A1
- B2
- C13
- C24
- D5
- E6

IF RESPONDENT IS UNEMPLOYED AND SEEKING WORK (CODE 3 AT Q51A), ASK Q52. OTHERS GO TO Q53.

Q52 *How long has it been since you were last in paid employment?*
 WRITE IN NUMBER OF YEARS AND/OR MONTHS . IF NEVER WORKED, WRITE IN 'NEVER'

YEARS
 MONTHS

SHOWCARD M

Q53 *How often do you find it difficult to meet the cost of:*
 (READ OUT AND CODE ONE FOR EACH)

	Very Often	Quite Often	Occasi onally	Never	D/K	N/A
<i>a. Rent/mortgage</i>	1	2	3	4	5	6
<i>b. Gas, electricity and other fuel bills</i>	1	2	3	4	5	6
<i>c. Telephone bill</i>	1	2	3	4	5	6
<i>d. Council tax, insurance</i>	1	2	3	4	5	6
<i>e. Food</i>	1	2	3	4	5	6
<i>f. Treats/holidays</i>	1	2	3	4	5	6
<i>g. Clothes and shoes</i>	1	2	3	4	5	6

SHOWCARD N

Q54 *How would your household be placed if you suddenly had to find a sum of money to meet an unexpected expense such as a repair or new washing machine? How much of a problem would it be if it was £20 ..? or £100? Or £1000?*
 (READ OUT AND CODE ONE FOR EACH)

	Impossible To find	A big problem	A bit of a problem	No problem	D/K
<i>a. £20</i>	1	2	3	4	5
<i>b. £100</i>	1	2	3	4	5
<i>c. £1,000</i>	1	2	3	4	5

Q55 (deleted)

SHOWCARD O

Q56 *What proportion of your household income comes from state benefits?*
 (READ OUT. CODE ONE ONLY)

- None*1 GO to Q58
- Very little*2 GO to Q57
- About a quarter*3 GO to Q57
- About a half*4 GO to Q57
- About three quarters*5 GO to Q57
- All*6 GO to Q57
- Don't know*7 GO to Q57

Q57 *Are you or any member of your household in receipt of each of the following?*
 (READ OUT. CODE ALL THAT APPLY)

- Job seekers allowance (JSA).....1
- Income support2
- Disability-related benefits.....3
- Housing benefits4
- Family tax credit5
- Disabled person's tax credit.....6
- Retirement pension7
- Attendance allowance8
- Other pension.....9
- Other (PLEASE WRITE IN)

SHOWCARD P

Q58 *Thinking of the total income of your household, which face on the scale indicates how you feel about the adequacy of that income?*
 (WRITE NUMBER IN BOX)

Q59 *Do you ever feel isolated from family and friends?*
 (CODE ONE ONLY)

- Yes1
- No2

Q60 *Outwith work, are you responsible for caring for someone on a day to day basis? – eg a disabled child, elderly person, etc. (Do not include ‘ordinary’ childcare.)*

Yes 1 GO to Q60a
No 2 GO to Q61

Q60a *On average, how many hours per day do you spend looking after this person(s)?*
(WRITE NUMBER OF HOURS IN BOX)

Q61 *Do you, or any member of your household, own a car?*

Yes 1
No 2

Q62 (deleted)

Q63 (deleted)

SHOWCARD Q

Q64 *Can you tell me which of these descriptions applies to you?*
CODE ONE ONLY

Married..... 1
Cohabiting/living with partner..... 2
Single/never married..... 3
Widowed..... 4
Divorced..... 5
Separated..... 6

SHOWCARD R

Q65 *Which of the groups on this card best describes you?*
(CODE ONE ONLY)

White

Scottish..... 1
Other British 2
Irish 3
Other White background (specify) 4*

Mixed (specify) 5

Asian, Asian Scottish or Asian British

Indian 6
Pakistani..... 7
Bangladeshi..... 8
Chinese..... 9
Other Asian, Asian Scottish or Asian British background (specify) 10

Black, Black Scottish or Black British

Caribbean 11
African 12
Other Black, Black Scottish or Black British (specify) 13

Any other ethnic background (specify) 14

Refused 15

* Gypsy/Travellers should be encouraged to record their ethnic group under ‘Other White – specify’

Q66 *What religion, if any, do you identify with?*
(CODE ONE ONLY)

None 1
Church of Scotland 2
Roman Catholic 3
Other Christian..... 4
Buddhist..... 5
Hindu 6
Jewish..... 7
Muslim..... 8
Sikh 9
Other religion..... 10
Refused 11

Q67 *On a scale of 1 to 5, where 1 is ‘not at all’ and 5 is ‘very much’, how religious do you consider yourself to be?*
(WRITE NUMBER IN BOX)

Q68 *On a scale of 1 to 5, where 1 is ‘not at all’ and 5 is ‘very much’, how spiritual do you consider yourself to be?*
(WRITE NUMBER IN BOX)

Q69 *How often, if ever, do you attend religious or spiritual activities? (Do not include weddings, funerals, baptisms etc.)*
(CODE ONE ONLY)

- Never..... 1
- More than once a week 2
- About once a week..... 3
- 2-3 times a month 4
- Once a month 5
- A few times a year 6

Q70 *Have you ever been treated unfairly because of your religious beliefs (or lack of them)?*

- No 1
- Yes (write in details)..... 2

Q71 *May we have your permission to give the Health Board and its partners your details so they can contact you in the future about similar research studies? The Health Board’s partners are the Glasgow Centre for Population Health (if respondent lives in West Dunbartonshire: and the West Dunbartonshire Partnership).*

- Yes, permission given..... 1
- No, permission not given 2

Q72 *Please record the length of the interview:*

minutes

Q73 *Please record how Q11 was completed.*
(CODE ONE ONLY)

- Self completion 1
- Read out for the respondent 2

THANK AND CLOSE
MAKE SURE FRONT PAGE DETAILS (incl. POSTCODE) ARE COMPLETE & CORRECT
HAND OUT “THANK YOU” LEAFLET
COMPLETE THE CONTACT SHEET AND ATTACH TO THE QUESTIONNAIRE

