



INVESTING FOR HEALTH – THE VIEWS OF THE PUBLIC



Health and Social Services Councils

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1. BACKGROUND

In November 2000, the Department of Health, Social Services and Public Safety (DHSSPS) launched a consultation paper 'Investing for Health' which outlined a proposed strategy to improve the health and wellbeing of the people of Northern Ireland. In total the document raised 22 specific issues on which views were sought. To assist in its response to Investing for Health, the 4 Health and Social Services Councils commissioned Ulster Marketing Surveys (UMS) to ask a number of questions about some of these issues.

The questions were designed to inform the Councils about the public's perceptions of a number of key issues. These views then fed into the Councils' response to Investing for Health. The questions which were asked included: -

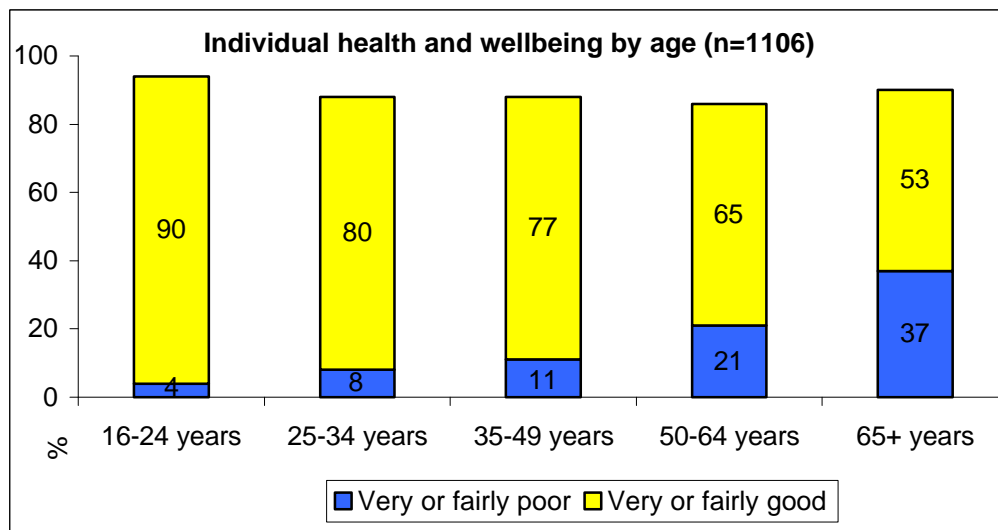
- How does our current health and wellbeing rate?
- What determines good and poor health for individuals and the people of Northern Ireland as whole?
- Which are the most important determinants of health and wellbeing?
- What can individuals, the government and others do to improve our health and wellbeing?

The questions were contained in UMS' Omnibus survey which was conducted between 7th and 14th February 2001. Interviews with 1106 members of the adult population (aged 16+) were conducted throughout Northern Ireland. The following presents a summary of the key findings.

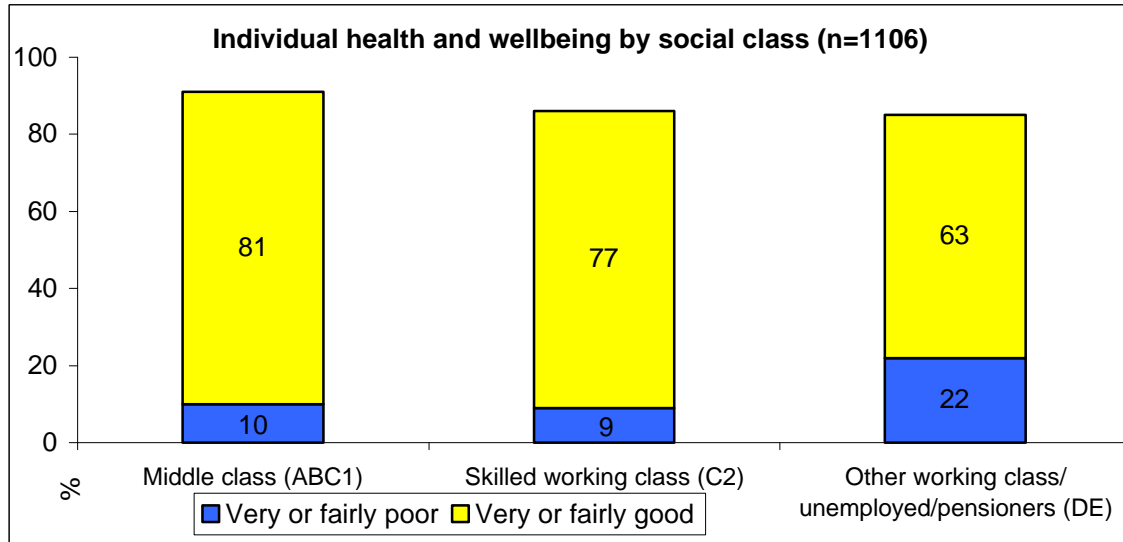
2. PEOPLE’S PERCEPTIONS OF THEIR HEALTH AND WELLBEING

2.1 Health and wellbeing of individuals

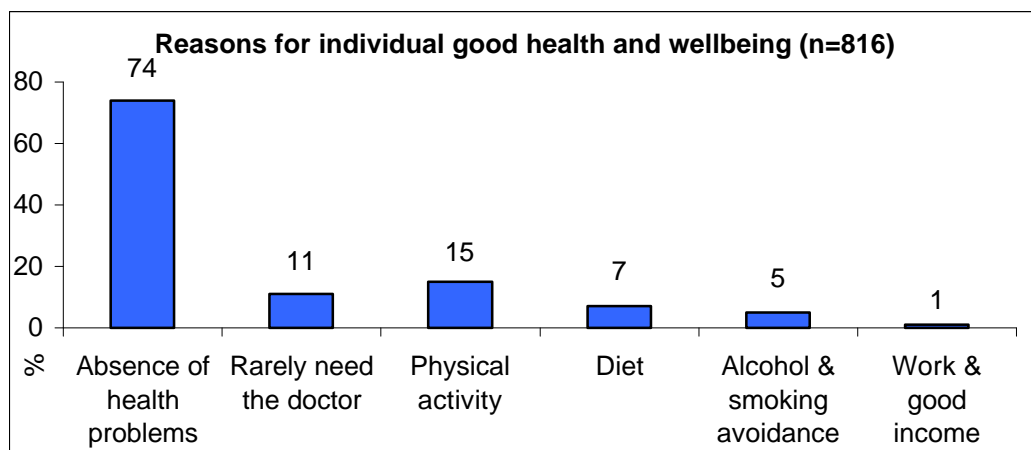
Overall 74% of respondents to the survey perceived their health and wellbeing to have been very or fairly good and 14% considered it to have been very or fairly poor. However perceptions of their health and wellbeing varied depending upon a number of factors. Younger people were more likely to have considered their health and wellbeing as good and older people were more likely to have considered it poor. Less than one in 20 (4%) of those aged between 16-24 years considered their health and wellbeing to have been very or fairly poor compared to 37% of those aged 65 years or over.



The most well-off individuals (those in middle class professions such as architects, engineers and nurses) were most likely to have considered their health and wellbeing as fairly or very good (81%). The least well off (unskilled workers or those in receipt of benefits) were most likely to have considered their health fairly or very poor. More than one in five people (22%) in the lower social groups D and E considered their health and wellbeing poor compared to one in 10 in groups A, B and C1.



When those who considered themselves to have been in good health were asked why this was the case, most gave a reason to justify their perception rather than explain what had determined their good health and wellbeing. Three quarters (74%) said they didn't have any health-related problems and 11% said they rarely or never needed to use the health service. Some however did outline the factors which they considered to have contributed to their good health. These included individual determinants such as; physical activity (15%), diet (6%) and risk avoiding behaviour such as not smoking or drinking (5%). A small proportion mentioned living and working conditions such as having secure employment and a good income (1%).



People who perceived their health and wellbeing to have been poor also tended to outline reasons for their perception rather than what they thought caused their health to have been poor. The majority of people mentioned specific illnesses or health problems such as angina, arthritis etc. Those who did mention factors which could be regarded as health determining factors mostly included individual determinants such as; age (7%), smoking (3%), lack of exercise (3%), diet (2%) and alcohol and drugs (2%).

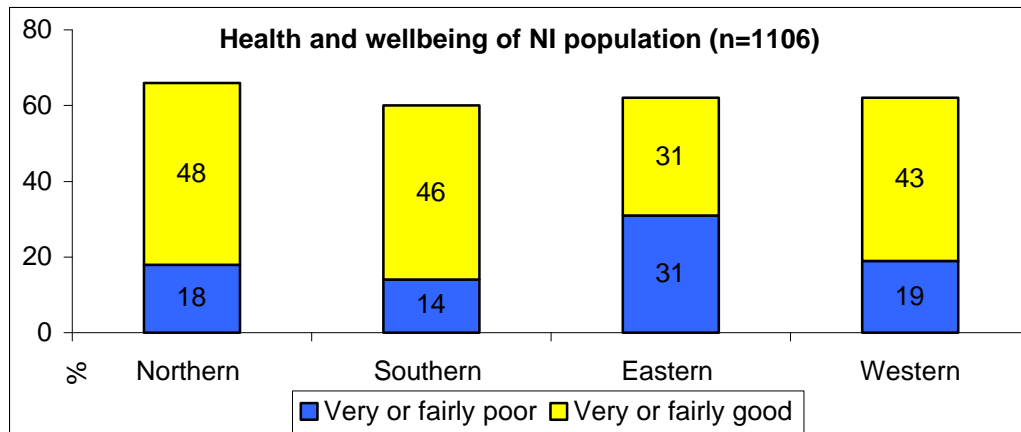
Reasons for individual poor health and wellbeing - % (n=158)							
Health and Wellbeing Issue	%	Health and Wellbeing Issue	%	Health and Wellbeing Issue	%	Health and Wellbeing Issue	%
Long-term illness	16%	Age	7%	Short-term illness	4%	Stress	2%
Heart problems/angina	16%	Diabetes	6%	Blood pressure	4%	Diet and weight	2%
Arthritis	15%	Back problems	6%	Smoking	3%	Alcohol and drugs	2%
Chest/Asthma/breathing problems	10%	Unspecified ill-health	6%	Disability	4%	Stroke	2%
Recent hospital stay	9%	Injury	5%	Cancer	3%	Inadequacies of NHS	1%
Depression/grief	8%	Chronic pain	4%	Lack of exercise	3%	Tired/ feeling run down	1%

One in 10 attributed their poor health and wellbeing to either being depressed (8%) or stressed (2%). A small proportion attributed the cause of their poor health and wellbeing to the inadequacies of the NHS (1%).

2.2 Health and wellbeing of the Northern Ireland population as a whole

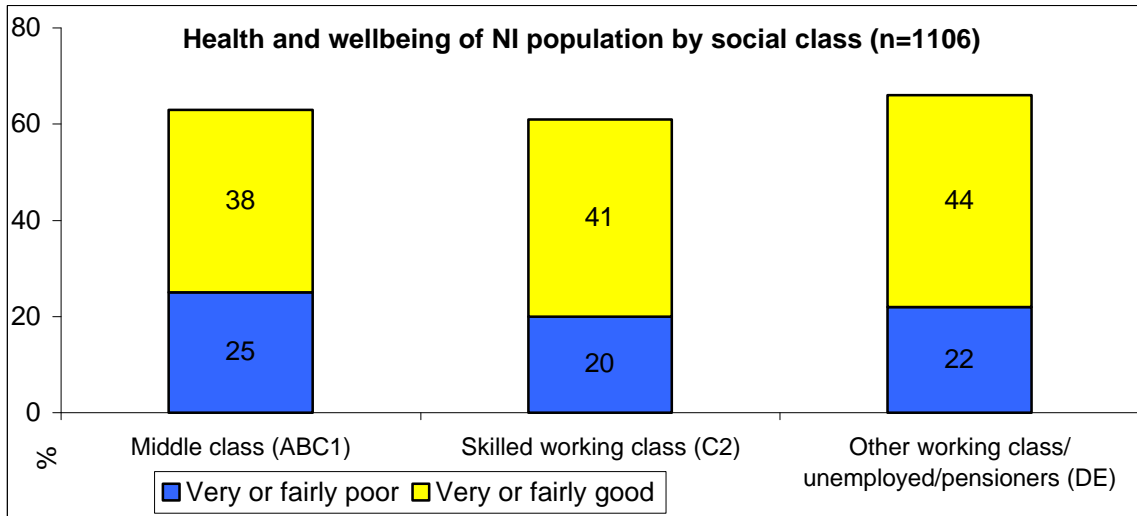
Generally, people did not rate the health and wellbeing of the Northern Ireland population as a whole as highly as their own. Only 40% rated it as very or fairly good (38% - fairly good) compared to 74% who thought their own individual health was very or fairly good. Nearly one in 4 people (23%) thought the health and wellbeing of the NI population was very or fairly poor.

People who lived in the Eastern part of the Province were most likely to have rated the health and wellbeing of the NI population as poor. For every person who thought the health of the Northern Ireland population was good (31%) there was another person who thought it was poor (31%).

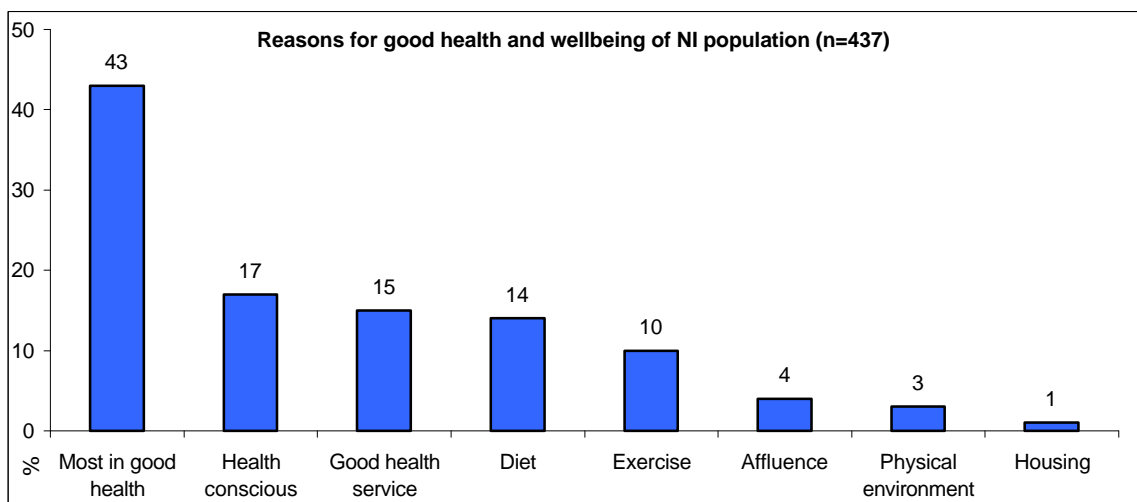


Perceptions of the health and wellbeing of the NI population varied by social class. As described previously the most well off individuals were most likely to have considered their own health and wellbeing as fairly or very good and the least well off were most likely to have considered it fairly or very poor. However this pattern was reversed in relation to how they perceived the health and wellbeing of the Northern Ireland population as a whole.

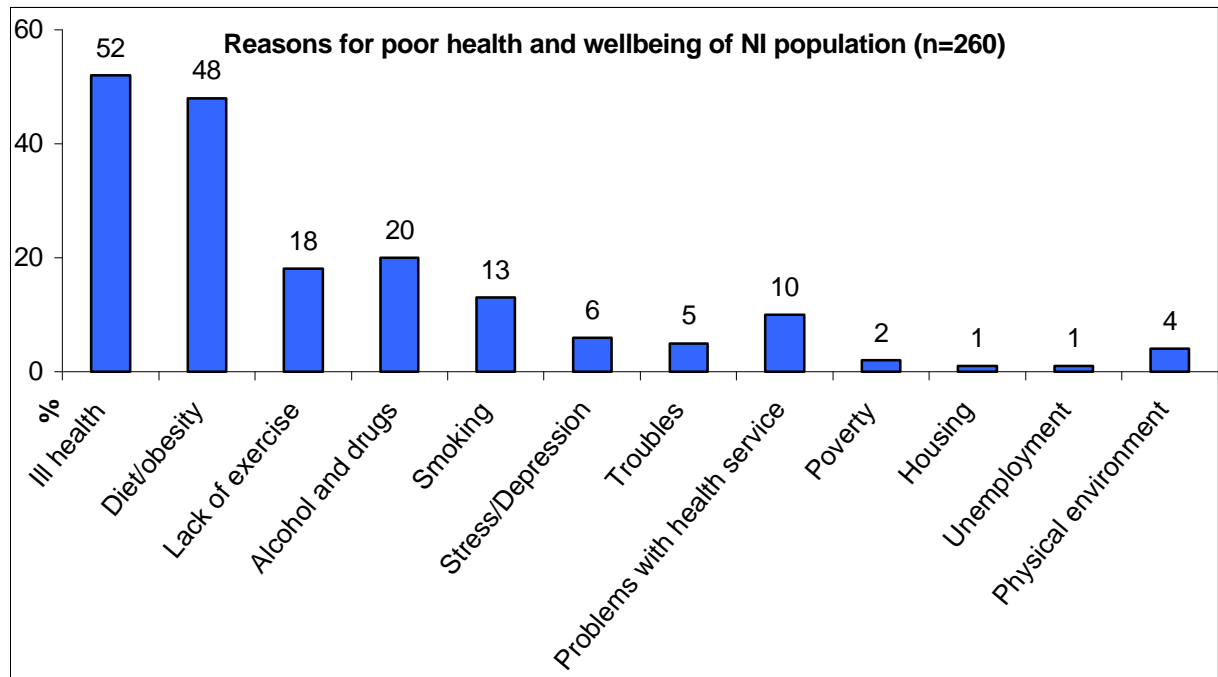
Those who were most well off (groups A, B and C1) were the most likely to have considered the health and wellbeing of the NI population as fairly or very poor (25%). Those who were least well off (groups D and E) were the most likely to have considered the health and wellbeing of the NI population as fairly or very good (44%).



As before, some people who perceived the health and wellbeing of the Northern Ireland population as good outlined reasons for their perception rather than what they thought determined good health for the whole population. Nearly half (43%) simply said that most people were in good health. However determinants of good health and wellbeing which were mentioned by others included individual determinants, living and working conditions and economic, cultural and environmental conditions. Individual determinants mentioned included; health awareness (17%), diet (14%) and exercise (10%). Living and working conditions which were thought to determine good health and wellbeing included; a good health service (15%) and housing (1%). Factors associated with economic cultural and environmental conditions included; affluence (4%) and climate and air quality (3%).



A large proportion of people who thought the health and wellbeing of the NI population was poor also gave an explanation of why they thought this rather than the reasons for it. Over half (52%) pointed to the prevalence of ill health generally and in particular heart disease and cancer.



Factors which others thought determined the poor health and wellbeing of the population included individual lifestyle determinants such as diet (48%), lack of exercise (18%), alcohol and drugs (20%) and smoking (13%). Stress and depression was thought to determine poor health by 6%. Factors associated with living and working conditions included; housing (1%), unemployment (1%) and inadequacies of the health service (10%). Wider economic, cultural and environmental issues were also mentioned as determining poor health. These included the Troubles (5%), poverty (2%) and issues relating to the physical environment such as climate, water and air pollution, traffic, roads and accidents (4%).

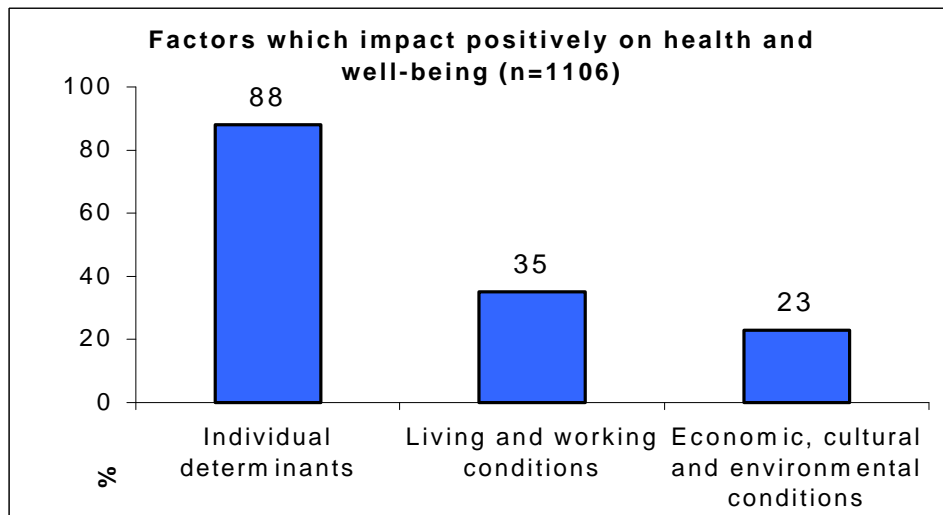
3. PEOPLE'S PERCEPTION OF THE FACTORS WHICH HAVE POSITIVE AND NEGATIVE IMPACTS ON HEALTH AND WELLBEING

3.1 Factors which impact positively on health and wellbeing

The respondents were asked to identify the key aspects which impact positively on the health and wellbeing of the Northern Ireland population. It should be noted that there was a lot of overlap in the responses, as many people gave more than one response.

▪ Individual determinants

The vast majority of respondents (88%) felt that individual determinants of health - primarily relating to maintaining a healthy lifestyle - have a positive impact on health and wellbeing. The main lifestyle issues identified, in order of priority, were eating a healthy diet or weight control; taking regular exercise; avoiding drugs or avoiding/reducing alcohol intake; avoiding smoking and general health awareness or self-care.



▪ Living and working conditions

More than one-in-three respondents (35%) specified that good living and working conditions impact positively on health and wellbeing. Most of these respondents highlighted that a good health service and health education generally are of primary importance. In addition, the

respondents also referred to the importance of good-quality housing and education and good employment opportunities.

- **Economic, cultural and environmental conditions**

Almost one-in-four respondents (23%) highlighted the positive impact of factors relating to economic, cultural and environmental conditions. The majority of these respondents highlighted the importance of a clean environment to health and wellbeing. The respondents also referred to the need for a good income and the contribution of the peace process to social stability. Some respondents emphasized the importance of social networks and family support. In addition, a few of the miscellaneous factors mentioned were an easy pace of life, a positive attitude to life and a good climate.

- **Demographic differences**

There was little difference in the above responses between women and men or younger adults (under 65 years) and older people (65 years or over). Specifically, 86% of women and 96% of men highlighted the importance of individual determinants of health. A third (33%) of women mentioned the importance of living and working conditions, compared to 36% of men. In addition, 16% of women and 19% of men referred to the importance of economic, cultural and environmental conditions.

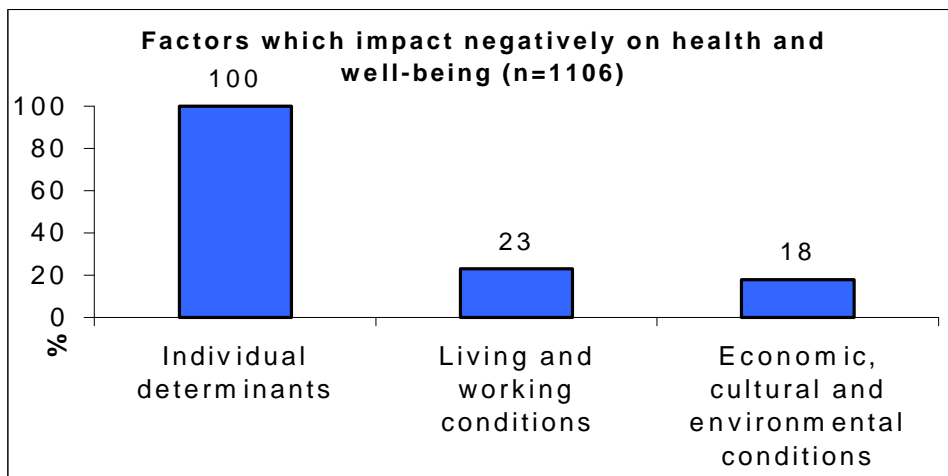
The majority (92%) of people under 65 and 71% of older people cited the importance of individual determinants of health. Just over a third (36%) of people under 65 and 27% of older people cited the importance of living and working conditions. In addition, less than a fifth of younger adults and older people (18% and 15% respectively) referred to the important impact of economic, cultural and environmental conditions.

3.2 Factors which impact negatively on health and wellbeing

- **Individual determinants**

When asked to identify the factors which impact negatively on health and wellbeing, all the respondents again attached primary importance to individual determinants of health, specifically lifestyle factors. Of

course, the individual determinants which had a negative impact were essentially polar opposites of the determinants which positively impacted on health and wellbeing. In other words, eating a poor diet or being overweight; taking inadequate exercise; taking drugs and/or alcohol; smoking and lack of health awareness or poor self-care negatively impacted on health. A small number of respondents also highlighted factors relating to food safety (e.g. BSE) and unsafe sex and teenage pregnancies.



- **Living and working conditions**

Nearly a quarter of the respondents (23%) cited poor living and working conditions as factors which negatively impact on health and wellbeing. Specifically, they referred to problems with the health service, unemployment, poor housing and difficult working conditions (overwork).

- **Economic, cultural and environmental conditions**

Almost a fifth of the respondents (18%) referred to the negative impact of poor economic, cultural and environmental conditions. Such conditions relate to sectarianism and the Troubles; environmental pollution; poverty; crime and lack of park space or play areas for children.

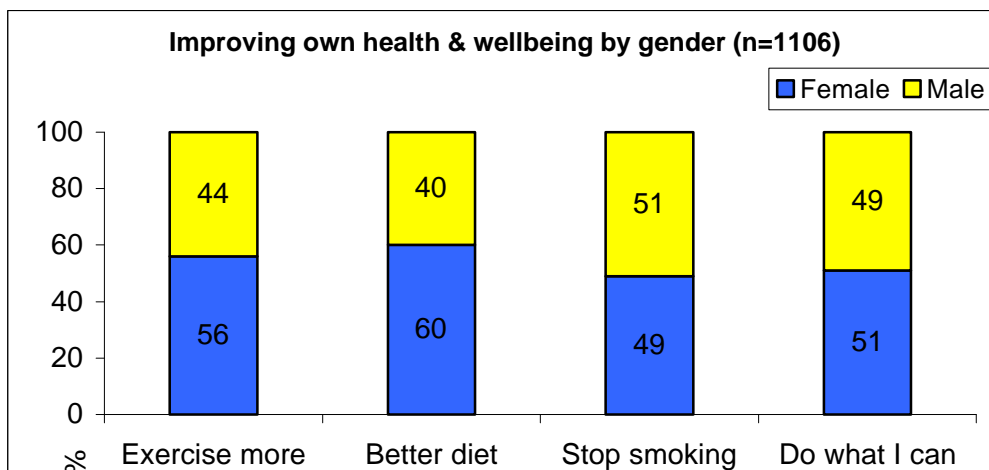
4. PEOPLE’S PERCEPTIONS OF HOW HEALTH AND WELLBEING CAN BE IMPROVED

4.1 Actions individuals could take to improve health and wellbeing

Actions which respondents thought individuals could take to improve their own health and wellbeing mainly related to lifestyle factors. One in two people indicated that they should increase their exercise (47%) and one in three suggested an improvement to their diet (41%). Stopping smoking (14%) was also suggested, along with alcohol reduction (5%) and more relaxation time (4%). Other comments included needing regular sleep, a holiday or a better job (11%). However, some said they were already doing what they could for their health and wellbeing (9%).

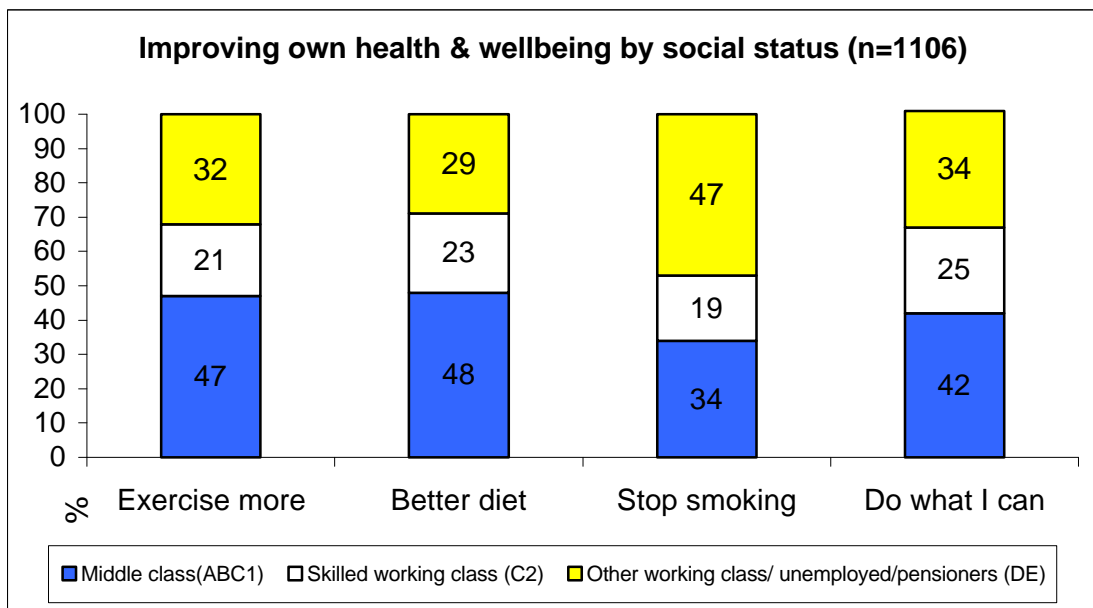
Actions individuals could take to improve health and wellbeing (n=1106)			
Health and well being issues	%	Health and well being issues	%
Increase Exercise	47%	Alcohol Reduction	5%
Better Diet	41%	Relaxation	4%
Smoking Cessation	14%	Other (Regular sleep, follow doctors orders, increase family support, look after yourself, holiday, better job)	11%
Doing what they can already	9%	Did not know	16%

More women than men thought that a better diet and more exercise could improve their health and wellbeing.



People over the age of 65 years were most likely to have said that they already did what they could for their health and wellbeing. Over a third (35%) said they already did what they could compared to 5% of those aged under 25 years.

In terms of social status individuals from groups D and E were more likely to state that their health could be improved by stopping smoking and the more well-off were more likely to think their health could be improved by exercising more and eating more healthily.



4.2 Actions local communities could take to improve health and wellbeing

Similar to the actions respondents thought individuals could take to improve their health and wellbeing, exercise (48%) and eating healthily (20%) were frequently mentioned as actions the local community could take to improve its health and wellbeing. However one in ten people (11%) indicated that health and wellbeing could be improved by taking a community development approach. Specific issues mentioned were that their community should develop networks, engender a community spirit, provide play areas for the young and give support to each other. Health education (9%) was

seen by one in eleven participants as being important, especially when being taught in schools.

Smoking (10%), alcohol (7%), drugs (4%) and violence prevention (3%) were also priority issues for action at a community level. A small percentage suggested more funding for the NHS (2%) and other comments (11%) focused on issues such as reducing traffic, reducing unemployment and better elderly care.

Actions the local community could take to improve health and wellbeing (n=1106)			
Health and wellbeing issues	%	Health and wellbeing issues	%
Increase Exercise	48%	Drug Prevention	4%
Better Diet	20%	Violence Reduction	3%
Community Development	11%	More Funding for NHS	2%
Smoking Cessation	10%	Other (Better care for the elderly, reduce traffic, reduce unemployment, doing what they can, relaxation/reduce stress, regular check-ups)	11%
Health Education	9%		
Alcohol Reduction	7%	Did not know	27%

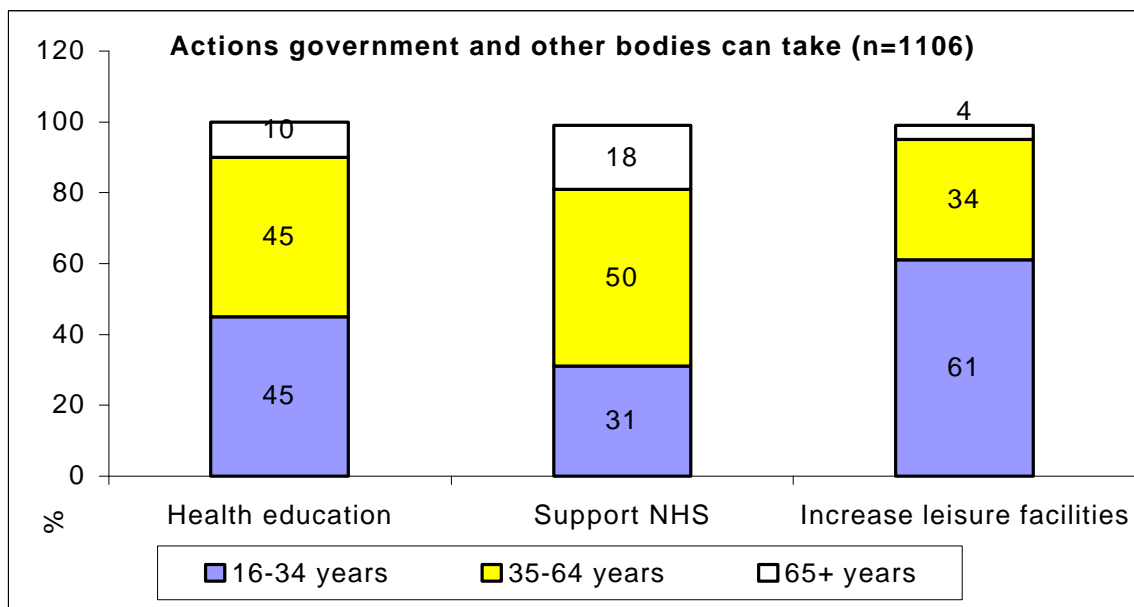
4.3 Actions government and other bodies could take to improve health and wellbeing

The actions which respondents thought external bodies (Government/Assembly, Councils, education sector, HSS, business sector, media etc) could take to improve the health and wellbeing of the local population were varied. These included health education (36%), supporting the NHS (27%), improving public transport and roads (10%) reducing pollution (7%), providing more youth facilities (7%) and anti-sectarianism campaigns (4%). However, lifestyle issues also featured although the focus changed slightly to providing more facilities for exercise (17%) and promoting campaigns against smoking (4%).

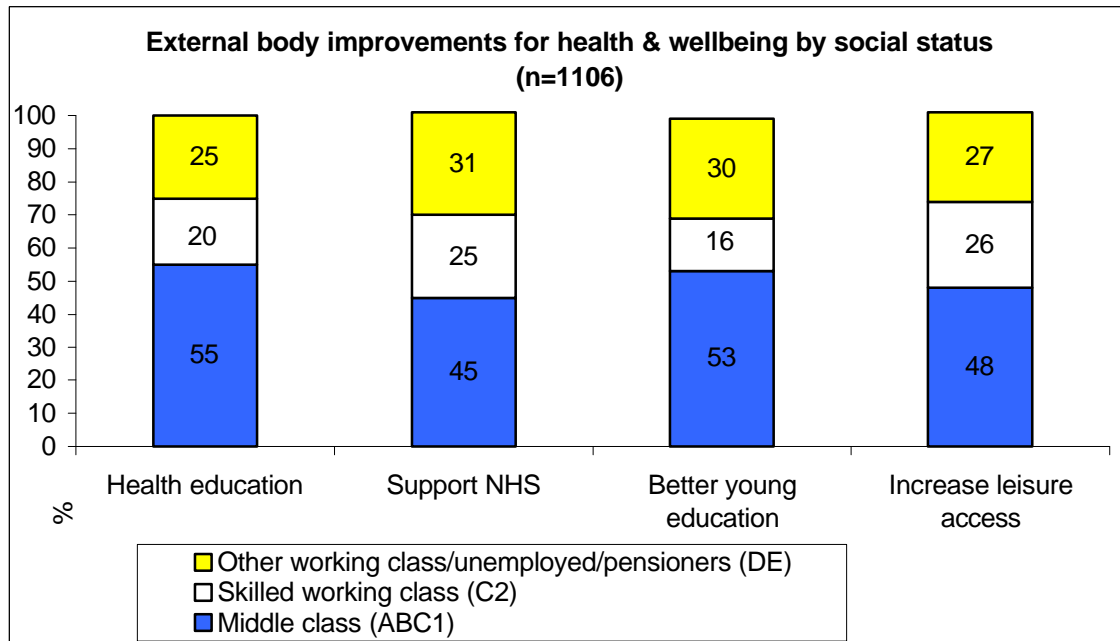
Actions government and other bodies could take to improve health and wellbeing (n=1106)			
Health and well being issues	%	Health and well being issues	%
Health Education	36%	Better Diet	6%
Support NHS Hospital and Services	27%	Anti-Smoking Campaigns	4%
Increase Exercise Access	17%	Anti-Sectarianism	4%
Improve public transport and roads	10%	Other (Increase employment, defeat drugs, ban mobile phones in schools, tolerance in our leaders, road safety, community involvement, reduce crime, reduce poverty)	21%
Reduce pollution	7%		
Youth Facilities	7%	Did not know	25%

Other actions which were recommended included; reducing crime, taking action on road safety, increasing employment banning mobile phones in schools, community involvement and reducing poverty (21%).

The main demographic influence on these findings was that 16-34 year olds were more inclined to suggest that there was a greater need for more leisure facilities within the Province than those aged 35-64 years and the over 65s especially.



Social status groups A, B and C1 commented more on the need to provide health education and better general education for the young as opposed to groups D and E.



5. IMPLICATIONS FOR INVESTING FOR HEALTH

Overall the findings illustrate a number of important points in relation to Investing for Health. Firstly one in every 7 adults (14%) felt they were in poor health and nearly one in 4 (23%) thought that the health and wellbeing of the Northern Ireland population was poor. The findings have confirmed a number of points which the consultation document sets out in relation to who is most likely to experience poor health and wellbeing.

- Older people were more likely to have considered themselves in poor health than younger people;
- Less affluent people were more likely to have regarded their health and wellbeing as poor than more affluent people;
- Less affluent people were more likely to consider the health and wellbeing of the NI population as good than the more affluent who were more likely to consider it poor. This could possibly be

attributed to a recognition of their own individual relative good or poor health and wellbeing status in comparison with the rest of Northern Ireland;

- While there was very little difference in how individuals in different parts of the Province rated their own individual health and wellbeing, people who lived in the Eastern Board's area were most likely to have regarded the health and wellbeing of the NI population as poor.

- **Determinants of health and wellbeing**

There is a great deal of overlap between the factors identified as determinants of health and wellbeing in this survey with those detailed in Investing for Health. These include factors relating to the individual which have traditionally been the focus of attempts to improve the health and wellbeing of individuals. These included age as well as lifestyle factors such as physical activity, diet and weight management, smoking, alcohol and drugs. Mental health factors such as depression and stress were also considered health determining. However the determinants identified in this survey, like Investing for Health go much wider than the narrow lifestyle choices. They include issues relating to a person's living and working conditions such as housing, unemployment and/or secure employment, having a good income and current provisions by health and social services. The determinants identified also included wider issues relating to economic, cultural and societal factors. Specific issues mentioned included; poverty and affluence, the effects of the Troubles, climate, air and water quality, roads, traffic and accidents.

- **Priority topics**

The consultation document highlighted the intention of the DHSSPS to target a number of lifestyle issues in the public health strategy, namely smoking, physical activity, healthy eating and harm related to alcohol and drug misuse. Indeed, the majority of survey respondents attached primary importance to the impact of these lifestyle factors on health and wellbeing.

The consultation document also referred to an intention to address mental health and sexual health issues as part of a lifestyle and lifestyles programme, and these areas were mentioned as important

by a small minority of the survey respondents. Whilst the prevention of accidents was highlighted as a priority topic in the consultation document, this aspect was mentioned by only a small minority of respondents, namely in relation to road safety and working conditions generally.

However, whilst the respondents also highlighted the important contribution of factors relating to living and working conditions and economic, cultural and environmental conditions to health and wellbeing (e.g. the health service, employment, poverty and crime), these factors have not been translated into priority topics in the consultation document. Instead, the DHSSPS has simply specified where inter-departmental collaboration in these areas will contribute to the public health strategy.

▪ **Actions**

Actions which respondents thought individuals could take to improve their own health and wellbeing mainly related to lifestyle choices – increasing exercise, improving their diet, smoking cessation, alcohol reduction and relaxation were all frequently mentioned. Older people were more likely to comment that they were already doing what they could for their health and wellbeing.

In relation to actions local communities could take there was a strong focus on the need for a community development approach. One in 9 people thought that this community development approach should promote the growth of a local community spirit, more play facilities for the young, address road safety and litter problems. Other issues mentioned which would benefit from a community development approach included lifestyle factors such as physical exercise, healthy eating, smoking, alcohol and drugs and the prevention of violence.

The actions which respondents thought the government and other bodies could take to improve the health and wellbeing of the local population to a large extent related to the wider non-lifestyle type determinants of health and wellbeing. In particular the development of the local infrastructure was highlighted. One in 6 people wanted better access to exercise and leisure facilities. People were also concerned with the environmental issues of pollution levels and transport

efficiency within their community. They thought government and other bodies should take action to improve public transport and the road infrastructure and to reduce pollution. Anti-sectarian campaigns, violence reduction and the elimination of poverty were highlighted and whilst the Investing for Health document discusses making public spaces safer by having freedom from crime and acknowledges poverty as a key determinant of ill-health, it does indicate as to how these issues will be addressed.