



# Health Counts in Brighton & Hove

Health and lifestyle surveys  
1992 to 2012



Brighton & Hove  
City Council

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# 2012 Health Counts

## Introduction

### Introduction

Health and lifestyle surveys are an important method of gathering information due to their ability to gather robust information by geographical area, their capacity to provide trend data, and their ability to focus on important new issues across the population.

The report focuses on measures of health and wellbeing and of lifestyles and social capital measured in surveys over the last two decades: firstly in 1992 followed by surveys in 2003 and 2012 which contain many of the same questions. In 1992 a health and lifestyle survey (Health Quest) was carried out across East Sussex, Brighton & Hove with a repeat survey in 2003 (Health Counts) and it was repeated again in Brighton & Hove in 2012 (Health Counts 2012).

This report also includes important new information reflecting important Public Health issues in the city. Questions covering sexual health, self-harm and drugs use, as well as the Office for National Statistics defined questions for a measure of happiness and wellbeing were included for the first time in the 2012 survey. East Sussex carried out a similar survey in 2011 and so results are compared between Brighton & Hove and East Sussex where possible.

### Health Quest Survey 1992

In 1992 a health and lifestyle survey was carried out in the former South East Thames Regional Health Authority, an area including the population of East Sussex. In the regional survey a 1% sample was randomly taken of those aged 16 years or over from the Exeter System (GP registers). The response rate was 62%.

In 1992, the survey contained questions in four broad areas which are typically found in health and lifestyle surveys. These were: self-rated health status; use of health services; health-related behaviour; socio-demographic details.

The questionnaire was designed for self-completion, and contained validated questions which had all been developed and tested in previous studies. The 1992 survey was commissioned to go some way towards filling the information gap for assessing health needs, commissioning health care services and setting targets for health improvement.

### Health Counts Survey 2003

During the summer of 2003, a repeat health and lifestyle survey was carried out across East Sussex, Brighton & Hove. A random sample of 2% of the population aged 18 years or over was surveyed. The response rate was 54%. Many of the questions were the same as those in the original 1992 survey so that comparisons could be made. The 2003 survey did, however, include other questions (for example physical activity, diet and neighbourhoods).

## Health Counts Survey 2012

Between April and July 2012 a repeat of the health and lifestyle survey was carried out across Brighton & Hove (a similar survey was conducted in East Sussex in 2011). A random sample of 2.5% of the population aged 18 years or over drawn from GP registration database was surveyed (6,000 people). A response rate of 37% was achieved (n=2,035). An additional one page questionnaire was sent to non responders and for questions in both surveys a response rate of 45% was achieved (n=2,556).

The questionnaire used for the 2012 survey is available at [www.bhlis.org/surveys](http://www.bhlis.org/surveys)

Comparing the characteristics of respondents to that of the Brighton & Hove population, more females responded, there was a higher response rate from older age groups and those living in the least deprived areas of the city. Age, gender and locality were therefore used to weight the responses. See the respondents section of the report for more information.

## Population group tables in this report

The results within the tables are based upon the total respondents to the question(s), and so totals will differ within the report. Most sections of the report contain a table by population group. In these tables the final column gives the statistical significance of the result. This significance is based upon the difference between the population group and **all respondents** to the question of interest within the table. All results are based upon statistical significance with a 95% confidence interval, and the table below gives the definitions of the abbreviations used.

Label	Definition
SigLow	Significantly lower than the value for all respondents
NS	Not significantly different to the value for all respondents
SigHigh	Significantly higher than the value for all respondents

## Department of Health 2012 Health Profiles

Where indicators in the Health Profiles, produced annually, are comparable with data from Health Counts this comparison is made within this report. The profile compared is the 2012 Brighton & Hove local authority Health Profile, available at [http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50375](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50375)

# 2012 Health Counts

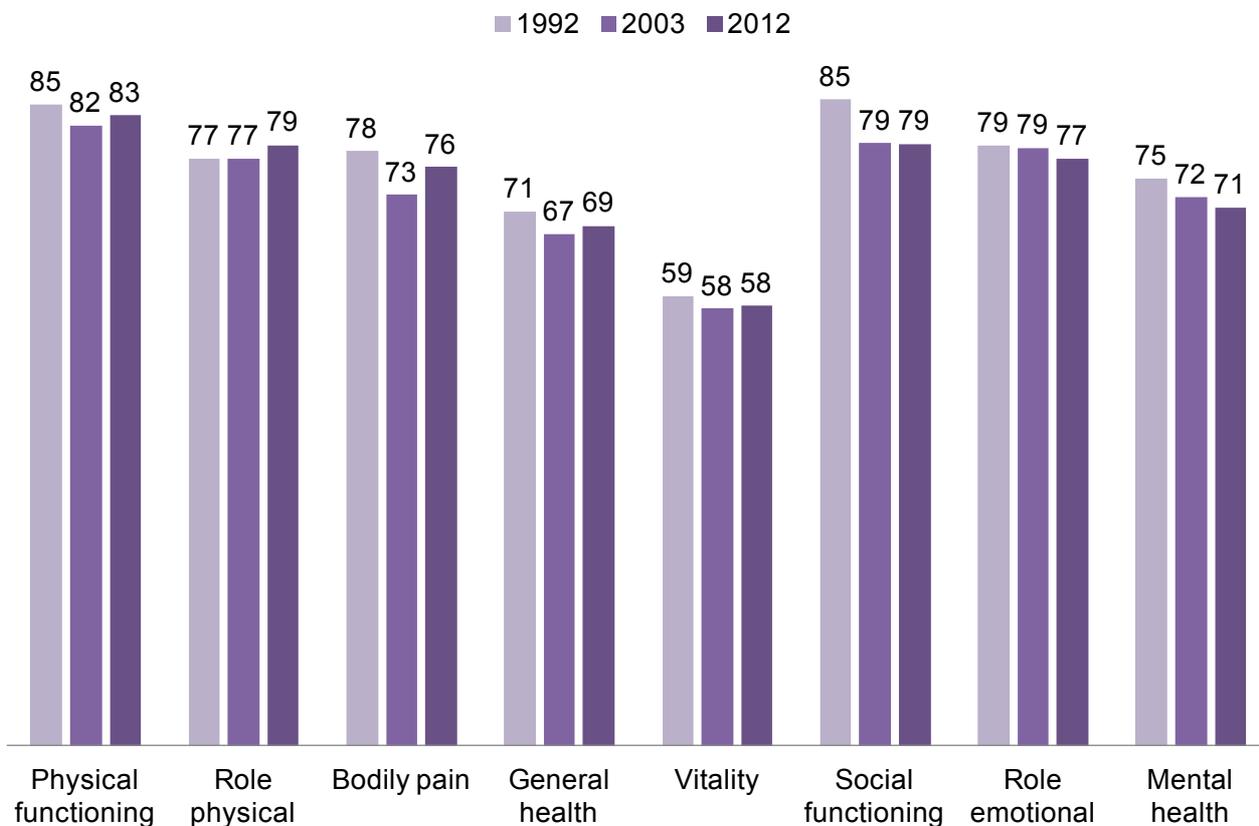
## Short form 36 (SF36)

The SF-36, 'Short Form with 36 questions', is a validated tool which measures overall functional status and wellbeing. It covers three major health attributes and eight health concepts. Each scale ranges from 0-100, where 0 represents the worst state and 100 the best. The table shows the measurement definitions and gives meaning to the scores.

SF36 status measurement definitions		
Concepts	Low	High
<b>PHYSICAL HEALTH</b>		
PHYSICAL FUNCTIONING Physical functioning – extent to which health limits physical activities	Limited a lot in performing all physical activities including bathing or dressing	Performs all types of physical activities including the most vigorous without limitations due to health
ROLE PHYSICAL Role limitations due to physical problems – extent to which physical health interferes with work or other regular activities	Problems with work or other daily activities as a result of physical health	No problem with work or other daily activities as a result of physical health, past 4 weeks
BODILY PAIN Bodily pain – intensity and effect of pain on normal work both inside and outside the home	Very severe and extremely limiting pain	No pain or limitations due to pain, past 4 weeks
<b>GENERAL HEALTH</b>		
Including current health, health outlook and resistance to illness	Believes personal health is poor and likely to get worse	Believes personal health is excellent
<b>MENTAL HEALTH</b>		
VITALITY Vitality/fatigue – energy levels	Feels tired and worn out all of the time	Feels full of energy all of the time, past 4 weeks
SOCIAL FUNCTIONING Social functioning – extent to which physical health or emotional problems interfere with normal social activities	Extreme and frequent interference with normal social activities due to physical and emotional problems	Performs normal social activities without interference due to physical or emotional problems, past 4 weeks
ROLE EMOTIONAL Role limitations due to emotional problems interfere with work or regular activities	Problems with work or other daily activities as a result of emotional problems	No problems with work or other daily activities as a result of emotional problems, past 4 weeks
MENTAL HEALTH General mental health excluding depression, anxiety, behavioural emotional control, general positive effect	Feelings of nervousness and depression all of the time	Feels peaceful, happy, and calm all of the time, past 4 weeks

SF-36 scores have changed little over the three surveys.

### SF-36 Health Status Scores, 1992 to 2012



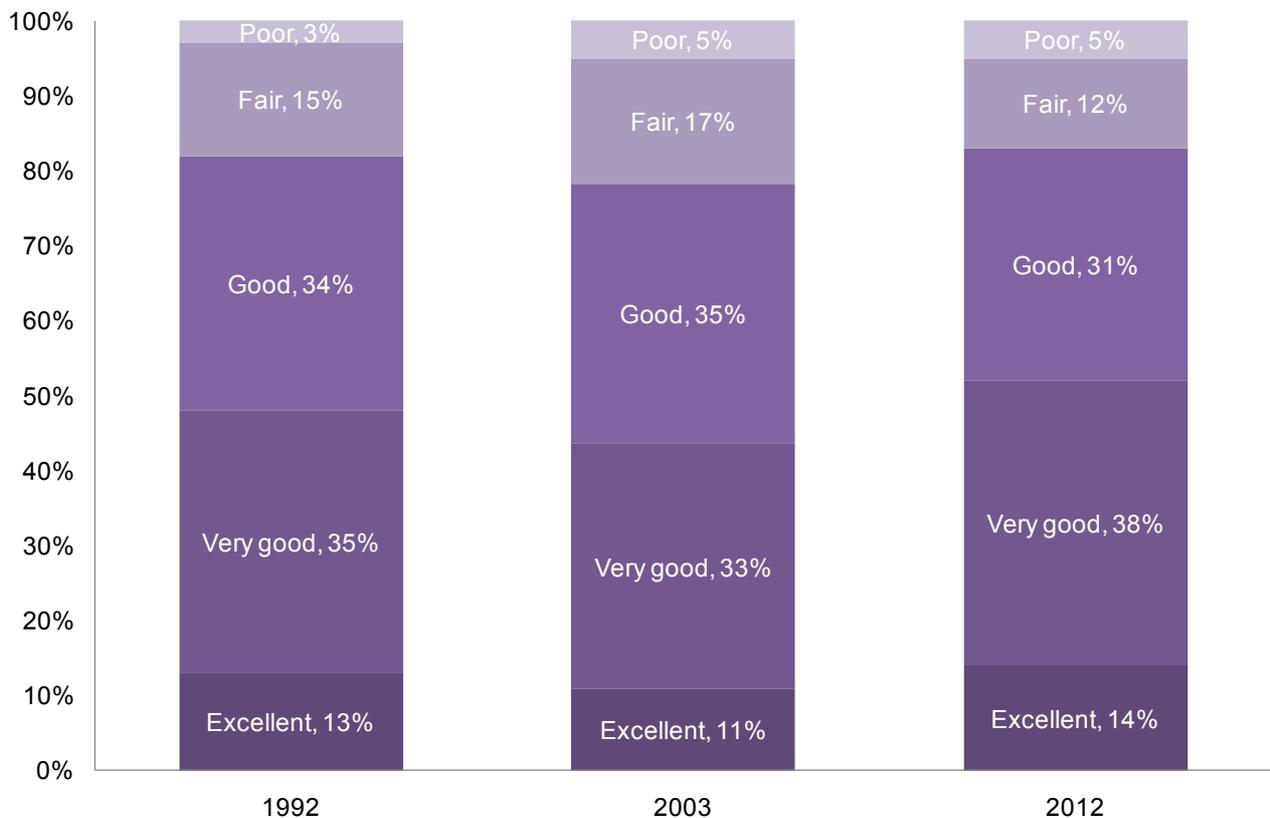
# 2012 Health Counts

## General health

In all three surveys, respondents were asked about their perception of their own health. In 1992, 82% of people in Brighton & Hove perceived themselves to be in good, very good or excellent health and in 2012 this was similar at 83%.

Due to the different way in which this question was asked in the 2011 Census there is no directly comparable data with Health Counts. However, in both surveys the percentage of people reporting good or better health was the same for Brighton & Hove at 83% in Health Counts 2012 and in the 2011 Census.<sup>1</sup>

### In general, would you say your health is ....



When asked how their current health compared to a year ago in 1992, 19% of people in Brighton & Hove said that they are in better health and 14% in worse health. In 2012, the corresponding percentages were 23% and 18%. In East Sussex in their 2011 survey 16% of respondents were in better health than a year ago and 20% in worse health.

<sup>1</sup> 2011 Census data taken from ONS table KS301EW

In general, would you say your health is ....				
	Health Counts			
	1992	2003	2012	
	%	%	%	People
Excellent	13%	11%	14%	287
Very good	35%	33%	38%	771
Good	34%	35%	31%	635
Fair	15%	17%	12%	243
Poor	3%	5%	5%	92
<b>Good or better</b>	<b>82%</b>	<b>79%</b>	<b>83%</b>	<b>1,693</b>
<b>ALL RESPONDENTS</b>				<b>2,028</b>

Compared to one year ago, how would you rate your health in general now?				
	Health Counts			
	1992	2003	2012	
	%	%	%	People
Much better	7%	7%	9%	172
A bit better	12%	13%	14%	286
The same	67%	60%	60%	1,208
A bit worse	13%	17%	15%	307
Much worse	1%	3%	3%	55
<b>ALL RESPONDENTS</b>				<b>2,028</b>

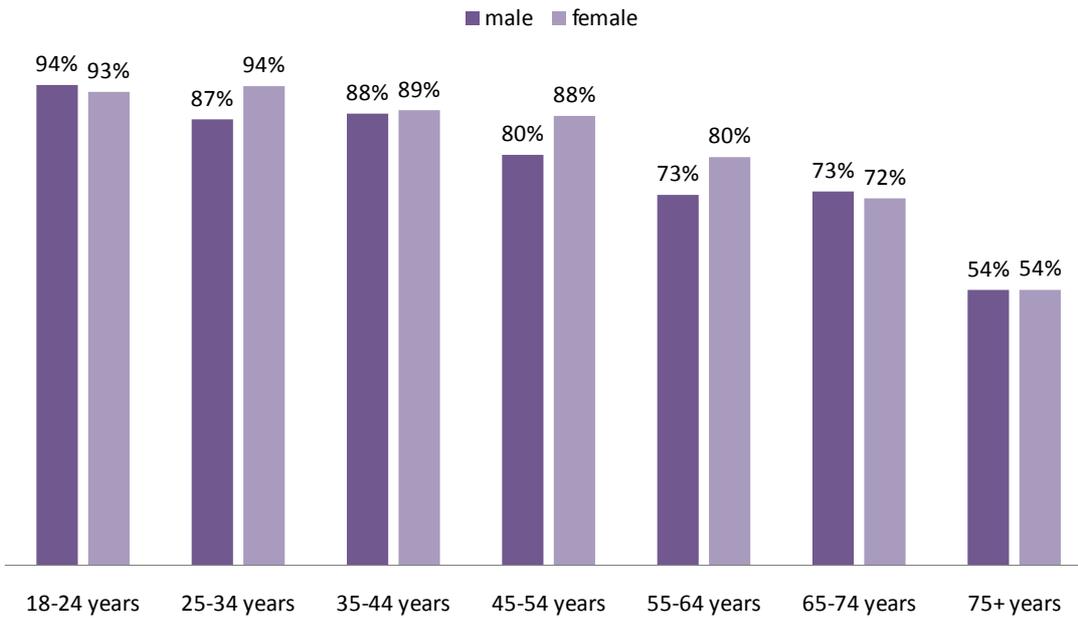
## General health by age and gender

There is a clear relationship between self perceived health and age, with the percentage of respondents who say they are in good or better health falling from 93% of 18-24 year olds to 54% of those aged 75 years or over in 2012.

Overall females are more likely to say that they are in good or better health (85%) than males (82%) though this difference is not statistically significant. It is also not the case across all age groups, with the main differences being seen in 25-34 and 45-64 year olds.

General health perception has a similar pattern to 2003 by age and gender but has improved in all age groups with the exception of 25-34 year old males.

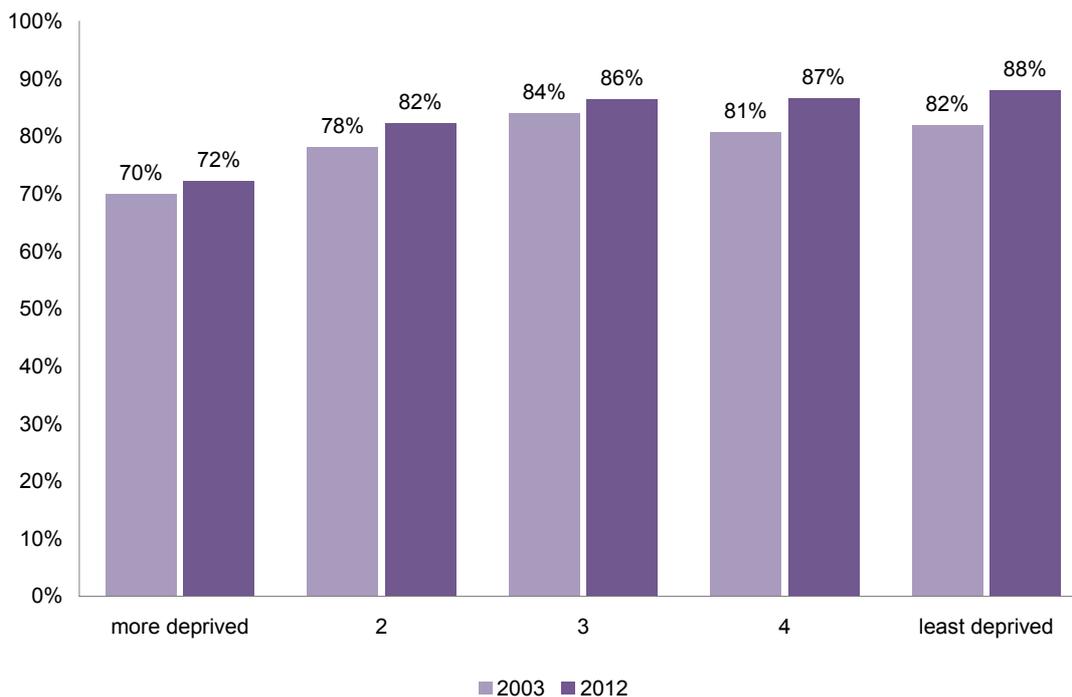
## Percentage of respondents in good or better health by age group and gender, 2012



## General health by deprivation

General health perception has a significant association with deprivation, with a gradient effect for each quintile of deprivation. In 2012, 88% of those living in the most affluent 20% of areas in the city said they were in good or better health compared to 72% of those living in the most deprived 20% of areas. Whilst within each quintile of deprivation self perceived health has improved between 2003 and 2012, inequalities have widened across the city.

## Percentage of respondents in good or better health by quintile of deprivation within Brighton & Hove, 2003 to 2012



## **General health by population group**

LGB, unsure and other respondents (79%) are less likely to say that they are in good or better health than heterosexuals (85%), though neither result is statistically significantly different to all respondents.

Those who are married, in a civil partnership or living as a couple are significantly more likely to be in good or better health (88%) than all respondents, those who are separated or divorced (71%) or widowed (61%) are significantly less likely to be in good or better health. There is no significant difference for single respondents (83%).

BME respondents (88%) are more likely to say that they were in good or better health than White British respondents (83%), though neither result is statistically significantly different to all respondents.

Respondents with no religion (88%) are significantly more likely to be in good or better health than all respondents, Christians are significantly less likely (79%) and those with another religion (83%) are similar to the overall percentage (84%).

As would be expected, those with a limiting long-term illness or disability are significantly less likely to state they are in good or better health (49%) than all respondents. Conversely those without a limiting long-term illness or disability are significantly more likely (96%) to be in good or better health than all respondents.

There is no significant difference in the general health of carers (81%) or non carers (85%) to all respondents.

There is no significant difference in general health between all respondents and those who own their own homes (86%), or rent from a private landlord (86%). But those who rent from a housing association or local authority are significantly less likely to be in good or better health (57%).

In terms of employment status students are in the best general health with 94% in good or better health followed by those in employment (92%) (both significantly higher than all respondents). Respondents who are out of work (59%) or retired (63%) are significantly less likely to be in good or better health. Given the relationship between general health and age, this could go some way to explaining the results for students and those who are retired.

Respondents with a degree level qualification or higher are significantly more likely than all respondents to be in good or better health (92%), but respondents with no qualifications were significantly less likely (62%).

<b>Good or better health by population group</b>				
	<b>%</b>	<b>Count</b>	<b>Total</b>	<b>Significance</b>
<b>SEXUAL ORIENTATION</b>				
Heterosexual	85%	1,485	1,757	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	79%	170	214	NS
<b>ETHNICITY</b>				
White British	83%	1,344	1,625	NS
Black or Minority Ethnic (BME)	88%	328	374	NS
<b>MARITAL STATUS</b>				
Single	83%	491	593	NS
Married, in a civil partnership or living as a couple	88%	997	1,135	SigHigh
Separated or divorced	71%	96	135	SigLow
Widowed	61%	70	115	SigLow
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	49%	263	535	SigLow
No limiting long-term illness or disability	96%	1,421	1,483	SigHigh
<b>CARERS</b>				
Carers	81%	293	361	NS
Non carers	85%	1,376	1,626	NS
<b>RELIGION</b>				
No religion	88%	804	913	SigHigh
Christian religion	79%	728	918	SigLow
Any other religion	83%	134	161	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	86%	908	1,058	NS
Rent from a private landlord	86%	420	488	NS
Rent from a housing association or local authority	57%	107	187	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	94%	190	202	SigHigh
Employed	92%	1,137	1,233	SigHigh
Unemployed and looking for work, unable to work due or caring for home and family	59%	130	220	SigLow
Retired	63%	220	347	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	62%	99	159	SigLow
Degree level or higher	92%	815	887	SigHigh
<b>ALL RESPONDENTS</b>	<b>84%</b>	<b>1,693</b>	<b>2,028</b>	<b>-</b>

# 2012 Health Counts

## Limiting long-term illness

In 2012, 26% of people in Brighton & Hove said that they had a long-standing illness, disability or health problem compared to 33% in 2003, which is a statistically significant improvement, and 31% in 1992. In a similar survey conducted in East Sussex in 2011 a third of residents (33%) had a limiting long term illness.

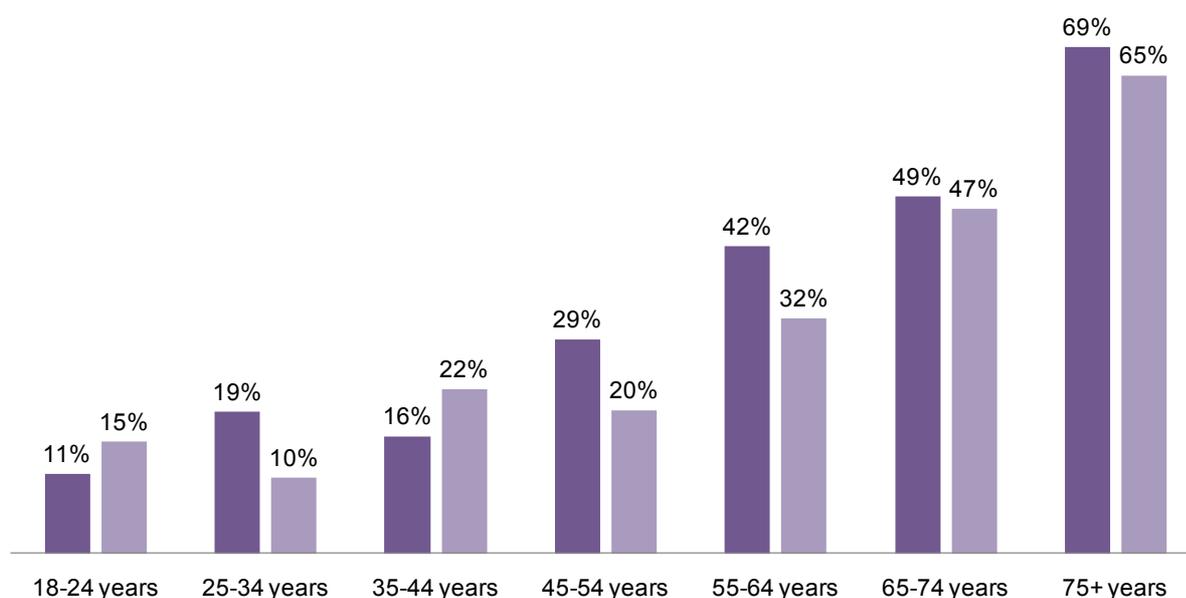
In both 2003 and 2012 surveys local estimates are higher than the nearest Census figures for Brighton & Hove (18.2% in 2001 and 16.3% in 2011).

Limiting long-term illness, disability or health problem which limits daily activities or work (including anything related to old age)				
	Health Counts			
	1992	2003	2012	
	%	%	%	People
Yes	31%	33%	26%	670
No	69%	67%	74%	1,865
<b>ALL RESPONDENTS</b>				<b>2,536</b>

### Limiting long-term illness by age and gender

Percentage of respondents with a long-term illness, disability or health problem which limits daily activities or the work they can do

■ Males ■ Females



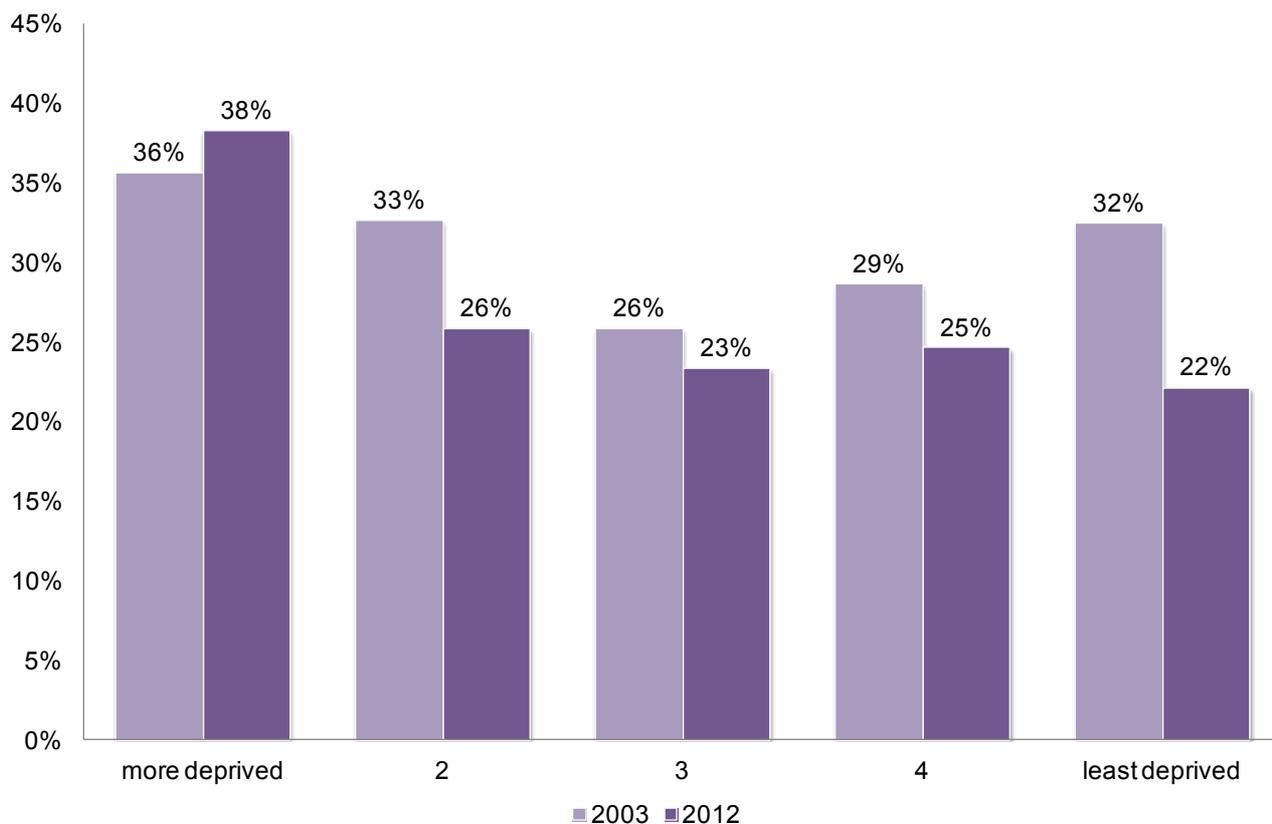
There is a clear relationship between limiting long-term illness and age, increasing from 13% of 18-24 year olds to 67% of those aged 75 years or over in 2012. Overall figures for males and females are similar (27% males, 26% females), though reported limiting long-term illness is higher for males than females in all age groups with the exception of 18-24 and 35-44 year olds.

## Limiting long-term illness by deprivation

Having a limiting long-term illness or disability is significantly associated with deprivation. In 2012, 22% of those living in the most affluent 20% of areas in the city had a limiting long-term illness or disability compared to 38% of those living in the most deprived 20% of areas.

The percentage of respondents with a limiting long-term illness or disability in 2012 is lower in each deprivation quintile than in 2003, with the exception of those living in the most deprived quintile – the percentage here rose from 36% in 2003 to 38% in 2012. This combined with the large improvement in the most affluent quintile, means that inequalities in limiting long-term illness or disability in the City have widened considerably over the last decade.

### Percentage of respondents with a limiting long-term illness, disability or health problem which limits daily activities or work (including anything related to old age) by quintile of deprivation within Brighton & Hove, 2003 to 2012



## **Limiting long-term illness by population group**

LGB and unsure respondents (29%) are more likely to say that they have a limiting long-term illness than heterosexuals (26%), though neither group is statistically significantly different to all respondents.

BME respondents (20%) are significantly less likely to have a limiting long-term illness than all respondents. The figure for White British (28%) is similar to all respondents.

Those who are married, in a civil partnership or living as a couple are significantly less likely to have a limiting long-term illness (21%) than all respondents, those who were separated or divorced (42%) or widowed (56%) are significantly more likely to have a limiting long-term illness. There was no significant difference for single respondents (27%).

Carers (34%) are significantly more likely to have a limiting long-term illness than all respondents.

Respondents with no religion (19%) are significantly less likely to have a limiting long-term illness than all respondents, Christians are significantly more likely (33%) and those with another religion (29%) are similar to all respondents. This could be age related.

There is no significant difference in limiting long-term illness between those who own their own homes (26%) and all respondents. But those who rent from a private landlord (19%) are significantly less likely to have a limiting long-term illness, and those who rent from a housing association or local authority significantly more likely (53%) than all respondents.

In terms of employment status students (14%) are the least likely to have a limiting long-term illness, followed by those in employment (15%) (both significantly lower than all respondents). Respondents who are out of work (53%) or retired (58%) are significantly more likely to have a limiting long-term illness. Given the relationship between limiting long-term illness and age this could go some way to explaining the results for students and those who are retired.

Respondents with no qualifications are significantly more likely to have a limiting long-term illness (57%) than all respondents, but those with a degree level qualification or higher are significantly less likely (17%).

Limiting long term illness by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	26%	451	1,752	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	29%	61	213	NS
<b>ETHNICITY</b>				
White British	28%	449	1,618	NS
Black or Minority Ethnic (BME)	20%	75	373	SigLow
<b>MARITAL STATUS</b>				
Single	27%	162	593	NS
Married, in a civil partnership or living as a couple	21%	242	1,131	SigLow
Separated or divorced	42%	56	134	SigHigh
Widowed	56%	64	115	SigHigh
<b>CARERS</b>				
Carers	34%	122	361	SigHigh
Non carers	24%	396	1,621	NS
<b>RELIGION</b>				
No religion	19%	174	909	SigLow
Christian religion	33%	299	916	SigHigh
Any other religion	29%	46	157	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	26%	273	1,054	NS
Rent from a private landlord	19%	93	487	SigLow
Rent from a housing association or local authority	53%	98	186	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	14%	29	203	SigLow
Employed	15%	179	1,226	SigLow
Unemployed and looking for work, unable to work due or caring for home and family	53%	116	220	SigHigh
Retired	58%	199	346	SigHigh
<b>QUALIFICATIONS</b>				
No qualifications	57%	90	158	SigHigh
Degree level or higher	17%	147	884	SigLow
<b>ALL RESPONDENTS</b>	<b>26%</b>	<b>670</b>	<b>2,536</b>	<b>-</b>

# 2012 Health Counts

## Physical health and wellbeing

Overall scores from the SF-36 are shown earlier in the report. This section gives more detail on some of the questions underlying the SF-36 measures.

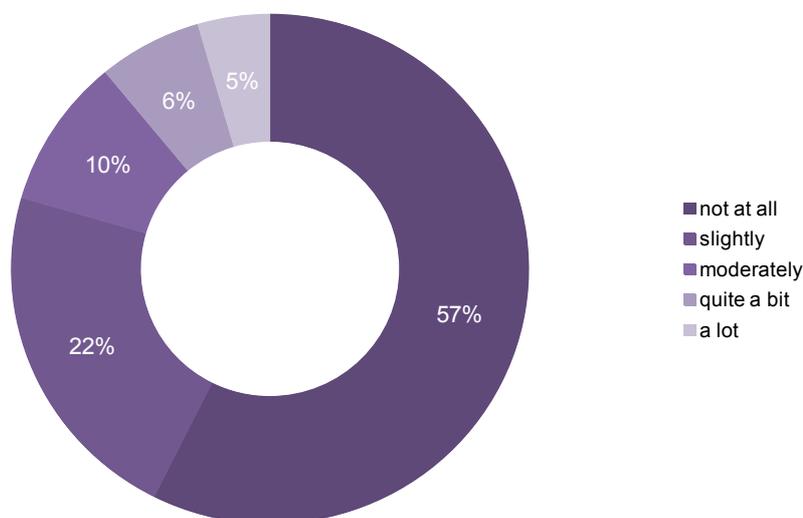
One in five people say that their health limits vigorous activities a lot, increasing to half of respondents when including limiting these activities a little. For the other activities listed, the majority of respondents said that their health did not limit these at all in a typical day.

The following is a list of activities you might do during a typical day. Does your health limit you in these activities? If so, how much? 2012

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Respondents
a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	20%	30%	50%	2,002
b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	9%	14%	77%	2,008
c Lifting or carrying shopping	8%	16%	76%	2,008
d Climbing several flights of stairs	11%	16%	73%	2,006
e Climbing one flight of stairs	6%	11%	83%	2,004
f Bending, kneeling or stooping	10%	20%	71%	2,005
g Walking more than a mile	12%	11%	77%	2,004
h Walking ½ mile	10%	7%	84%	1,999
i Walking 100 yards	7%	7%	87%	1,996
j Bathing and dressing yourself	5%	7%	87%	1,996

As well as physical activities, the survey also asked people to what extent physical health or emotional problems interfered with normal social activities (it is not possible to separate out physical and emotional health here). For the majority of respondents (57%) they do not interfere at all, though for 11% of respondents they interfere quite a bit or a lot.

**During the past 4 weeks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?**



N= 2,011 respondents

In 2012, 23% of respondents had moderate, severe or very severe bodily pain during the last four weeks which has changed little since 1992.

Bodily pain (moderate, severe or very severe) during the last four weeks				
	Health Counts			
	1992	2003	2012	
	%	%	%	People
none	36%	33%	30%	609
very mild	26%	24%	29%	593
mild	15%	17%	18%	359
moderate	15%	18%	15%	298
severe	5%	6%	6%	122
very severe	1%	2%	2%	34
<b>ALL RESPONDENTS</b>				2,016

## Bodily pain by population group

There are no significant differences in moderate to very severe bodily pain by sexual orientation, ethnicity or for carers compared to all respondents. However, moderate to very severe bodily pain was significantly higher in separated or divorced (38%) and widowed (46%) respondents. It was also significantly higher for those renting from a housing association or local authority (43%), unemployed and looking for work, unable to work due or caring for home and family (38%), retired (44%) and those with no qualifications (45%).

<b>Bodily pain (moderate, severe or very severe) by population group</b>				
	<b>%</b>	<b>Count</b>	<b>Total</b>	<b>Significance</b>
<b>SEXUAL ORIENTATION</b>				
Heterosexual	23%	396	1,748	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	17%	37	214	NS
<b>ETHNICITY</b>				
White British	23%	372	1,616	NS
Black or Minority Ethnic (BME)	19%	71	372	NS
<b>MARITAL STATUS</b>				
Single	21%	121	589	NS
Married, in a civil partnership or living as a couple	19%	214	1,133	NS
Separated or divorced	38%	51	135	SigHigh
Widowed	46%	52	113	SigHigh
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	57%	301	527	SigHigh
Non	10%	151	1,475	SigLow
<b>CARERS</b>				
Carers	28%	102	358	NS
Non carers	21%	340	1,622	NS
<b>RELIGION</b>				
No religion	17%	153	912	SigLow
Christian religion	27%	241	909	NS
Any other religion	30%	47	159	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	22%	228	1,055	NS
Rent from a private landlord	19%	93	489	NS
Rent from a housing association or local authority	43%	78	182	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	6%	13	203	SigLow
Employed	16%	199	1,230	SigLow
Unemployed and looking for work, unable to work due or caring for home and family	38%	81	216	SigHigh
Retired	44%	151	344	SigHigh
<b>QUALIFICATIONS</b>				
No qualifications	45%	72	159	SigHigh
Degree level or higher	16%	144	889	SigLow
<b>ALL RESPONDENTS</b>	<b>23%</b>	<b>454</b>	<b>2,016</b>	<b>-</b>

# 2012 Health Counts

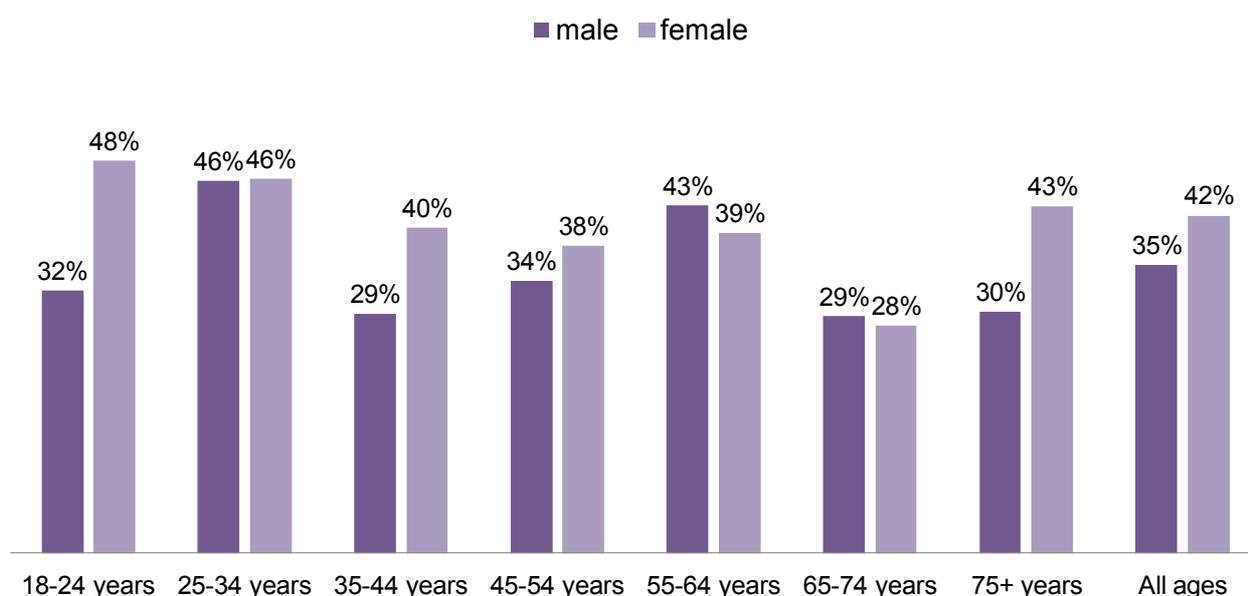
## Emotional wellbeing

Overall scores from the SF-36 are shown earlier in the report. An addition to the SF-36 is a screen for depression which indicates those considered to be at risk of suffering depression (as a percentage). In 2012, 38% of Health Counts respondents are at risk of major depression, changing little over the last twenty years (39% in 2003 and 37% in 1992). This doesn't mean that 38% of respondents are clinically depressed, but it does suggest that over a third of adults in the City may be vulnerable to the condition.

### Risk of major depression by age and gender

Being at risk of major depression is significantly higher for females (42%) than males (36%). There is no consistent pattern with age.

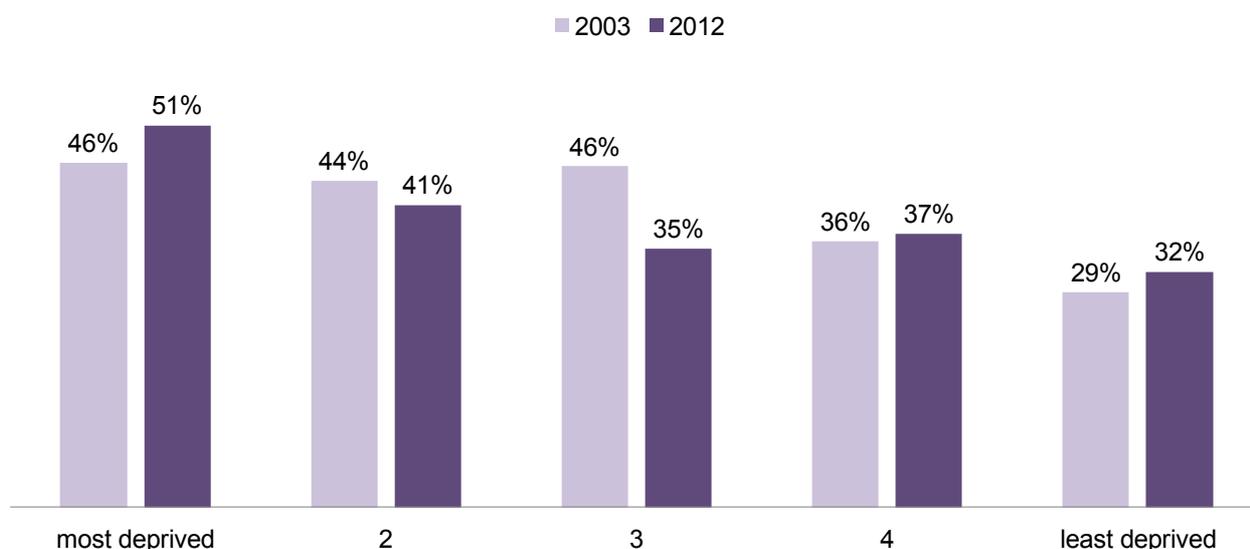
#### Risk of major depression (%) by age group and gender Brighton & Hove, 2012



### Risk of major depression by deprivation

There is a significant association between being at risk of major depression and deprivation. In 2012, in the most deprived quintile of deprivation 51% of respondents are at risk of major depression, compared to 32% of the least deprived. Inequalities in risk of major depression have reduced since 2003, but remain large in 2012.

## Percentage of respondents at risk of major depression by quintile of deprivation within Brighton & Hove, 2003 to 2012



## Risk of major depression by population group

LGB and unsure respondents (46%) are more likely to be at risk of major depression than heterosexuals (37%), though neither group is statistically significantly different to all respondents.

BME respondents (43%) are more likely to be at risk of major depression than White British respondents (37%), but again the difference to all respondents is not statistically significant.

Those who are married, in a civil partnership or living as a couple are significantly less likely to be at risk (31%) than all respondents, with those who were separated or divorced (51%) or single (48%) significantly more likely. There is no significant difference for widowed respondents (40%).

Those with a limiting long-term illness or disability are significantly more likely to be at risk of depression (57%) than all respondents.

Carers (42%) are more likely to be at risk of major depression than all respondents, but not significantly so.

Respondents with a religion other than Christian are statistically significantly more likely to be at risk of major depression (49%) than all respondents.

There is a significantly lower risk of major depression for those who own their own homes (29%) than all respondents. But those who rent from a private landlord (48%) and those who rent from a housing association or local authority (59%) are significantly more likely.

Respondents who are unemployed and looking for work, unable to work due or caring for home and family (67%) are significantly more likely to be at risk of major depression.

Respondents with a degree level qualification or higher are significantly less likely to be at major risk of depression (33%) than all respondents.

At risk of major depression by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	37%	646	1,733	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	46%	98	212	NS
<b>ETHNICITY</b>				
White British	37%	596	1,600	NS
Black or Minority Ethnic (BME)	43%	160	368	NS
<b>MARITAL STATUS</b>				
Single	48%	279	580	SigHigh
Married, in a civil partnership or living as a couple	31%	354	1,124	SigLow
Separated or divorced	51%	68	133	SigHigh
Widowed	40%	46	114	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	57%	295	518	SigHigh
No limiting long-term illness or disability	32%	466	1,458	SigLow
<b>CARERS</b>				
Carers	42%	150	355	NS
Non carers	38%	605	1,600	NS
<b>RELIGION</b>				
No religion	38%	337	897	NS
Christian religion	37%	338	903	NS
Any other religion	49%	78	159	SigHigh
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	29%	303	1,045	SigLow
Rent from a private landlord	48%	234	485	SigHigh
Rent from a housing association or local authority	59%	105	178	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	42%	84	198	NS
Employed	34%	415	1,219	NS
Unemployed and looking for work, unable to work due or caring for home and family	67%	145	215	SigHigh
Retired	34%	115	339	NS
<b>QUALIFICATIONS</b>				
No qualifications	39%	59	152	NS
Degree level or higher	33%	289	877	SigLow
<b>ALL RESPONDENTS</b>	<b>38%</b>	<b>766</b>	<b>1,991</b>	<b>-</b>

# 2012 Health Counts

## Happiness

The coalition government committed to measuring wellbeing and as a result the Office for National Statistics (ONS) developed a Measuring National Wellbeing Programme. The programme was launched in November 2010 to provide a fuller understanding of 'how society is doing' than economic measures alone can provide. The aim of the programme is to develop and publish an accepted and trusted set of national statistics that helps people to understand and monitor national wellbeing.

Between December 2011 and 2012, ONS published research reports giving experimental estimates of responses to subjective well-being questions. Subjective wellbeing estimates, from the large scale Annual Population Survey, were first published at local authority level in July 2012.

The four subjective wellbeing questions asked by the Office for National Statistics from April 2011, all of which were asked on a 0 to 10 scale, where 0 is 'not at all' & 10 is 'completely', are:

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

ONS results for satisfaction with life and how happy people felt yesterday were higher in Brighton & Hove than England. However how worthwhile people feel the things they do are is lower in the city than England, levels of very low or low anxiety were the same.

The 2012 Health Counts survey asked these same questions to allow production of results below the city level, and for population groups. This report sits alongside the Annual Report of the Director of Public Health 2012/13 "Happiness: the eternal pursuit" which focuses further on the associations between health and happiness in the city.

Results from the Health Counts survey showed lower levels of satisfaction with life and feeling the things you do are worthwhile but results for how happy and how anxious people felt yesterday were similar to the Brighton & Hove results from the Office for National Statistics survey.

Happiness and wellbeing measures, Health Counts and Office for National Statistics Annual Population Survey 2012			
	Health Counts Brighton & Hove	ONS Brighton & Hove	ONS England
Medium to high satisfaction with life	71%	81%	76%
Medium to high feeling things you do are worthwhile	74%	80%	84%
Medium to high how happy you felt yesterday	72%	73%	71%
Very low or low anxiety yesterday	61%	60%	60%

Satisfaction and worthwhile are significantly higher in the ONS Annual Population Survey (APS) for Brighton & Hove than the Health Counts Survey. However it is worth noting that the APS is a mixed mode survey and uses both face-to-face and telephone interviews. Different collection methods can affect responses, for example, ONS found that higher average ratings for the 'life satisfaction', 'worthwhile' and 'happy yesterday' questions and a slightly lower average for the 'anxious yesterday' question were provided by respondents interviewed via the telephone compared with those who are asked subjective well-being questions face-to-face. So, this may explain the different results to some extent.

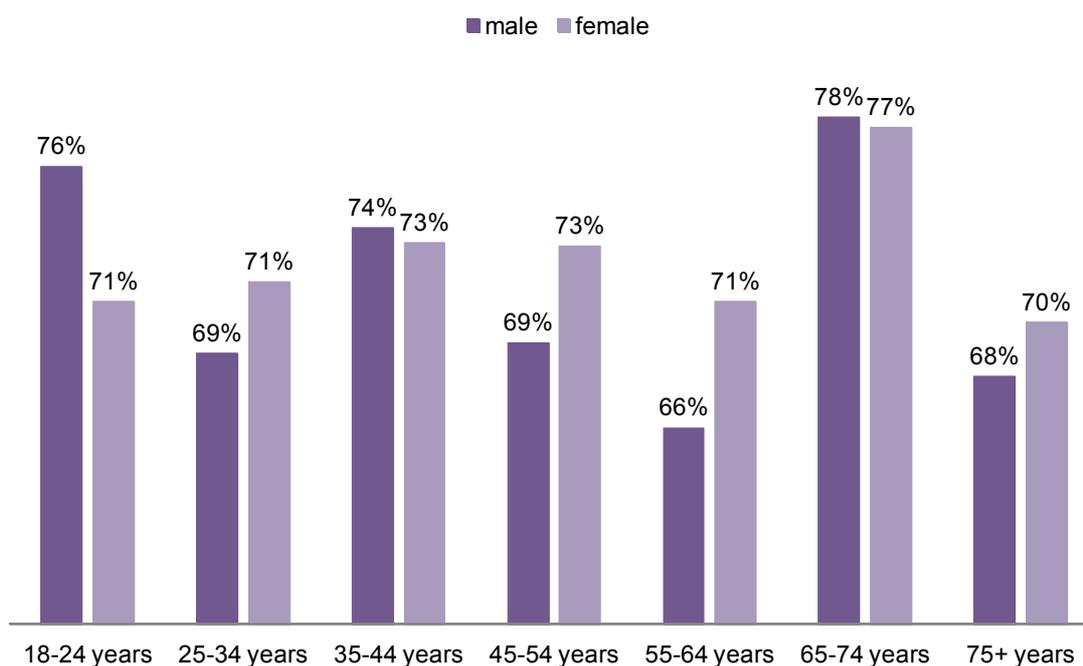
## Happiness by age and gender

Females are significantly more likely to have medium to high satisfaction with life and to feel the things they do are worthwhile. Males however are significantly more likely to have had **very low or low** levels of anxiety on the previous day. There was little difference in how happy people felt on the previous day by gender.

Happiness and wellbeing measures by gender, Health Counts Survey 2012			
	Male	Female	All
Medium to high satisfaction with life	68%	74%	71%
Medium to high feeling things you do are worthwhile	71%	77%	74%
Medium to high how happy you felt yesterday	71%	72%	72%
Very low or low anxiety yesterday	64%	58%	61%

There is no clear pattern seen between happiness and age. Respondents aged 65-74 years are most happy: 78% for men and 77% for women. Though respondents aged over 75 years are least likely to feel that things in their life are worthwhile (65%),

### Medium to high happiness (%) by age group and gender Brighton & Hove, 2012



## **Happiness by deprivation**

There is a significant association between all four happiness and wellbeing questions and deprivation.

## **Happiness by population group**

Heterosexual respondents are more likely to be more satisfied with their life, feel the things they do are worthwhile, have higher levels of happiness and be less anxious than LGB and unsure respondents, however none of these were significantly different to all respondents. There are also no significantly different results for any LGB&U group.

Those who are single are significantly less likely to have high wellbeing across any of the measures than all respondents, as are those who are separated or divorced, with the exception of anxious. However, those who are married, in a civil partnership or living as a couple have significantly higher levels of wellbeing across all measures than all respondents.

There is no significant difference in any of the measures for all BME respondents. Although, respondents from Mixed ethnic groups have significantly worse results for satisfaction (54%), happiness yesterday (57%) and for being less anxious (41%).

There are no significant differences by religion in the broad groupings shown. More detailed analysis shows that Buddhists are most likely to be satisfied with their lives (88%), feel that life was worthwhile (94%) and were most happy (82%). By contrast, Muslim respondents reported lower levels of satisfaction with life (55%), are significantly less likely to feel that the things they did in life were worthwhile (57%), feel happy with their lives (54%), and to have low levels of anxiety (40%).

Those with a limiting long-term illness or disability are significantly less likely, across all four indicators to have higher wellbeing than all respondents.

There is no significant difference in levels of happiness and wellbeing between carers and all respondents.

Respondents who own their own homes do significantly better across all measures, and those who are employed significantly higher for satisfaction with life and feeling the things they do are worthwhile. However, those who rent from a housing association or local authority fare significantly worse across all four measures.

<b>Happiness by population group</b>				
1=Significantly lower than all respondents 2= Significantly higher than all respondents	<b>%</b>			
	Satisfied	Worthwhile	Happy	Less anxious
<b>SEXUAL ORIENTATION</b>				
Heterosexual	72%	75%	72%	62%
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	69%	70%	69%	55%
<b>ETHNICITY</b>				
White British	72%	75%	73%	62%
Black or Minority Ethnic (BME)	71%	72%	68%	55%
<b>MARITAL STATUS</b>				
Single	60% <sup>1</sup>	67% <sup>1</sup>	64% <sup>1</sup>	54% <sup>1</sup>
Married, in a civil partnership or living as a couple	80% <sup>2</sup>	81% <sup>2</sup>	77% <sup>2</sup>	67% <sup>2</sup>
Separated or divorced	57% <sup>1</sup>	64% <sup>1</sup>	58% <sup>1</sup>	55%
Widowed	66%	64%	72%	54%
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	48% <sup>1</sup>	55% <sup>1</sup>	55% <sup>1</sup>	47% <sup>1</sup>
No limiting long-term illness or disability	80% <sup>2</sup>	82% <sup>2</sup>	78% <sup>2</sup>	66% <sup>2</sup>
<b>CARERS</b>				
Carers	67%	74%	72%	60%
Non carers	73%	75%	72%	61%
<b>RELIGION</b>				
No religion	72%	74%	71%	61%
Christian religion	72%	76%	74%	61%
Any other religion	65%	70%	61% <sup>1</sup>	55%
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	78% <sup>2</sup>	81% <sup>2</sup>	78% <sup>2</sup>	67% <sup>2</sup>
Rent from a private landlord	69%	70%	66%	58%
Rent from a housing association or local authority	52% <sup>1</sup>	54% <sup>1</sup>	56% <sup>1</sup>	48% <sup>1</sup>
<b>EMPLOYMENT STATUS</b>				
Student	74%	75%	73%	57%
Employed	77% <sup>2</sup>	80% <sup>2</sup>	75%	65%
Unemployed and looking for work, unable to work due or caring for home and family	41% <sup>1</sup>	49% <sup>1</sup>	51% <sup>1</sup>	43% <sup>1</sup>
Retired	71%	73%	73%	60%
<b>QUALIFICATIONS</b>				
No qualifications	64%	65% <sup>1</sup>	68%	59%
Degree level or higher	78% <sup>2</sup>	81% <sup>2</sup>	75%	64%
<b>ALL RESPONDENTS</b>	<b>71%</b>	<b>74%</b>	<b>71%</b>	<b>60%</b>

# 2012 Health Counts

## Physical activity

A quarter of respondents (25%, or 627 of 2,517 respondents) in the 2012 survey do the recommended level of physical activity a week (a total of 30 minutes or more activity by enough to raise breathing rate on five or more days per week).

Questions about physical activity were not included in the 1992 survey but were in the 2003 survey, so it is possible to compare 2003 with 2012. There was a statistically significant increase in respondents doing the recommended level of physical activity from 15% in 2003 to 25% in 2012.

The Department of Health 2012 Health Profiles provide estimates of the prevalence of adults participating in 30 minutes of physical activity on five or more days per week (Oct 2009-Oct 2011 data).<sup>2</sup> This shows that the prevalence for Brighton & Hove is 15% (adults aged 16 years or over), significantly higher than England (11%). Comparing the local data with the Health Profiles data highlights a significantly higher prevalence of adults participating in 30 minutes of physical activity on five or more days per week than indicated by the profiles.

### **Physical activity at recommended levels by age and gender**

Males are more likely than females to meet the recommendations around physical activity (27% for males and 22% for females), although neither group are significantly different to all respondents.

Males are more likely to meet the recommended physical activity level than females in all age groups with the exception of 55-64 year olds.

### **Physical activity at recommended levels by deprivation**

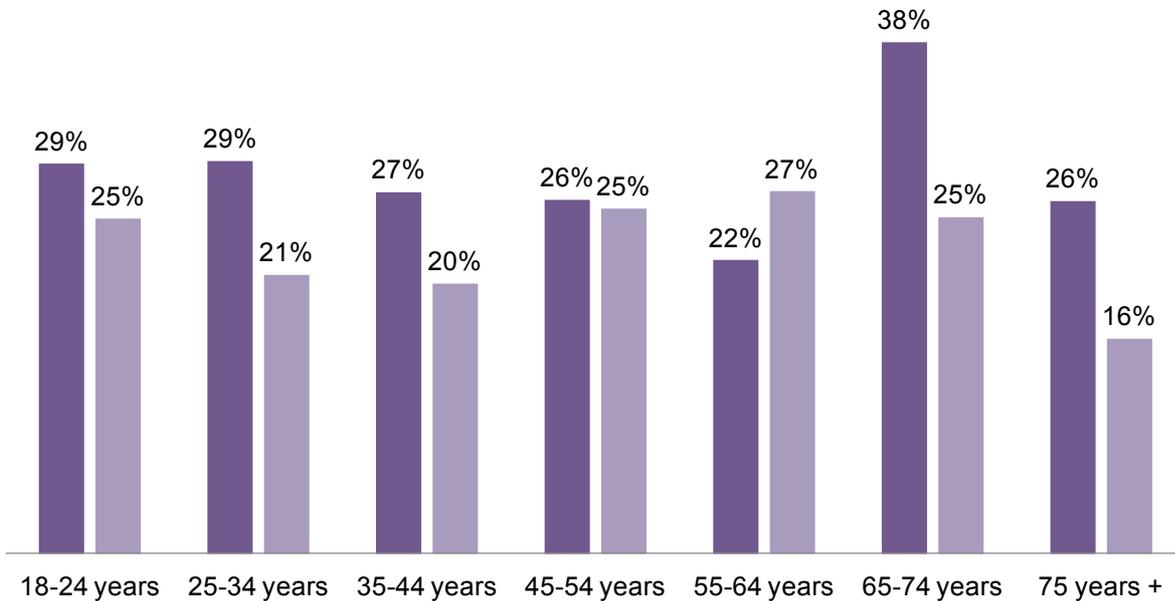
There is not a straight forward relationship between physical activity and deprivation. However, it is important to note that levels of physical activity were still lowest in the most deprived quintile of deprivation in 2012. Additionally, levels of physical activity are higher in all quintiles of deprivation in 2012 than in 2003.

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<sup>2</sup> Data are collected as part of Sport England's Active People Survey (APS) and indicators are published by Sport England see <http://www.sportengland.org/research.aspx>

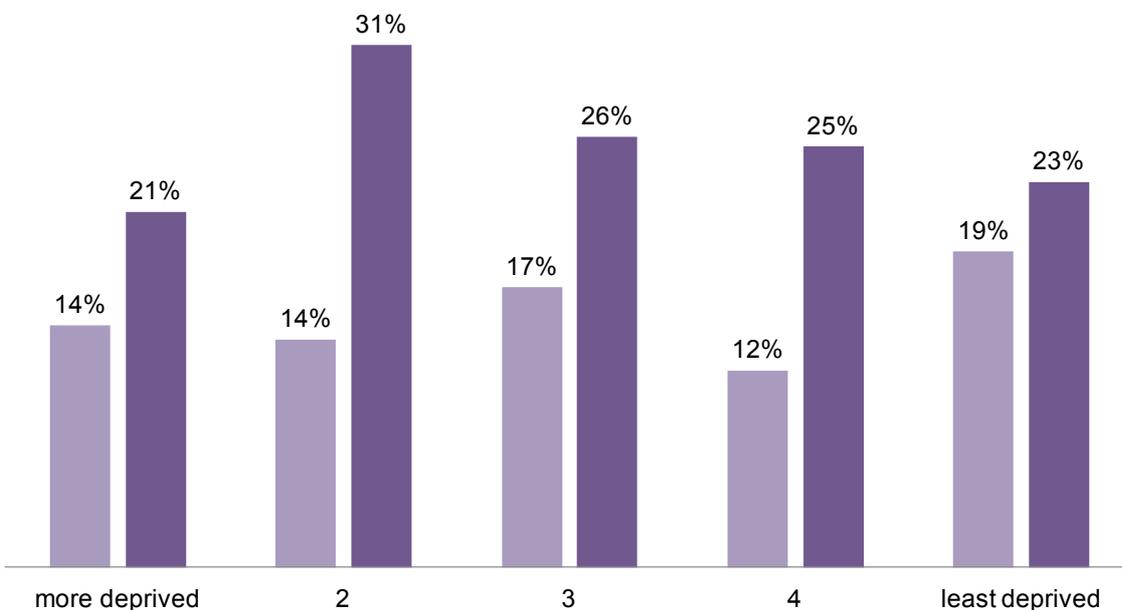
**Percentage of adults doing the recommended level of physical activity in the past week by age group and gender, Brighton & Hove 2012**

■ males ■ females



**Percentage of respondents doing the recommended level of physical activity in the past week by quintile of deprivation within Brighton & Hove, 2003 to 2012**

■ 2003 ■ 2012



**Physical activity at recommended levels by population group**

There is little significant difference in physical activity for any population group. The only significantly different result is for students, who are significantly less likely to meet the recommended physical activity level (16%) than all respondents.

Physical activity at recommended levels by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	26%	452	1,743	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	22%	47	214	NS
<b>ETHNICITY</b>				
White British	25%	405	1,611	NS
Black or Minority Ethnic (BME)	26%	98	372	NS
<b>MARITAL STATUS</b>				
Single	26%	151	587	NS
Married, in a civil partnership or living as a couple	26%	293	1,130	NS
Separated or divorced	23%	31	134	NS
Widowed	23%	26	114	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	18%	116	656	SigLow
No limiting long-term illness or disability	28%	507	1,843	NS
<b>CARERS</b>				
Carers	25%	91	357	NS
Non carers	25%	411	1,614	NS
<b>RELIGION</b>				
No religion	26%	239	909	NS
Christian religion	24%	216	908	NS
Any other religion	29%	46	159	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	26%	272	1,055	NS
Rent from a private landlord	24%	115	488	NS
Rent from a housing association or local authority	27%	49	181	NS
<b>EMPLOYMENT STATUS</b>				
Student	16%	31	199	SigLow
Employed	28%	349	1,229	NS
Unemployed and looking for work, unable to work due or caring for home and family	19%	41	219	NS
Retired	25%	86	338	NS
<b>QUALIFICATIONS</b>				
No qualifications	23%	36	158	NS
Degree level or higher	26%	230	884	NS
<b>ALL RESPONDENTS</b>	<b>25%</b>	<b>627</b>	<b>2,517</b>	<b>-</b>

## Cycling and walking

The 2012 survey asked questions on cycling and walking for the first time. The majority (83%) of respondents have done no cycling in the last seven days, with 12% cycling on 1-4 days and 5% on five days or more. For those who have cycled in the last seven days the mean number of minutes cycled per day is 46 minutes, ranging from three minutes to five hours.

Most respondents (62%) walk for at least 10 minutes continuously to get to and from places at least five days in a typical week, with 34% doing so everyday. However, 9% of respondents said they did not do this on any day in a typical week.

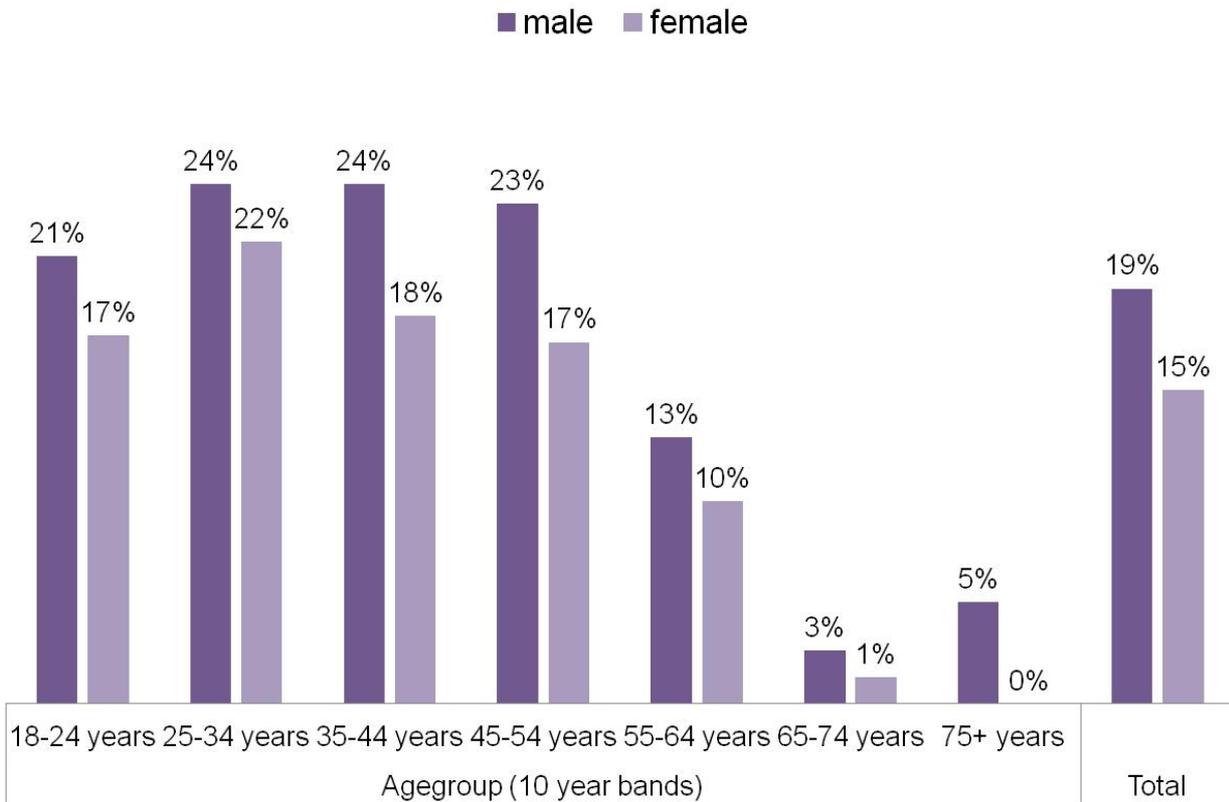
Walking and cycling				
Number of days	Thinking about the last seven days on how many days did you cycle.		In a typical week on how many days do you walk for at least 10 minutes continuously to get to and from places	
	%	Count	%	Count
0	83%	1,649	9%	177
1	4%	88	3%	63
2	3%	61	8%	149
3	3%	53	9%	175
4	2%	45	9%	176
5	3%	56	19%	360
6	1%	15	9%	179
7	1%	21	34%	664
<b>ALL RESPONDENTS</b>		<b>1,989</b>		<b>1,944</b>

## Cycling and walking by age and gender

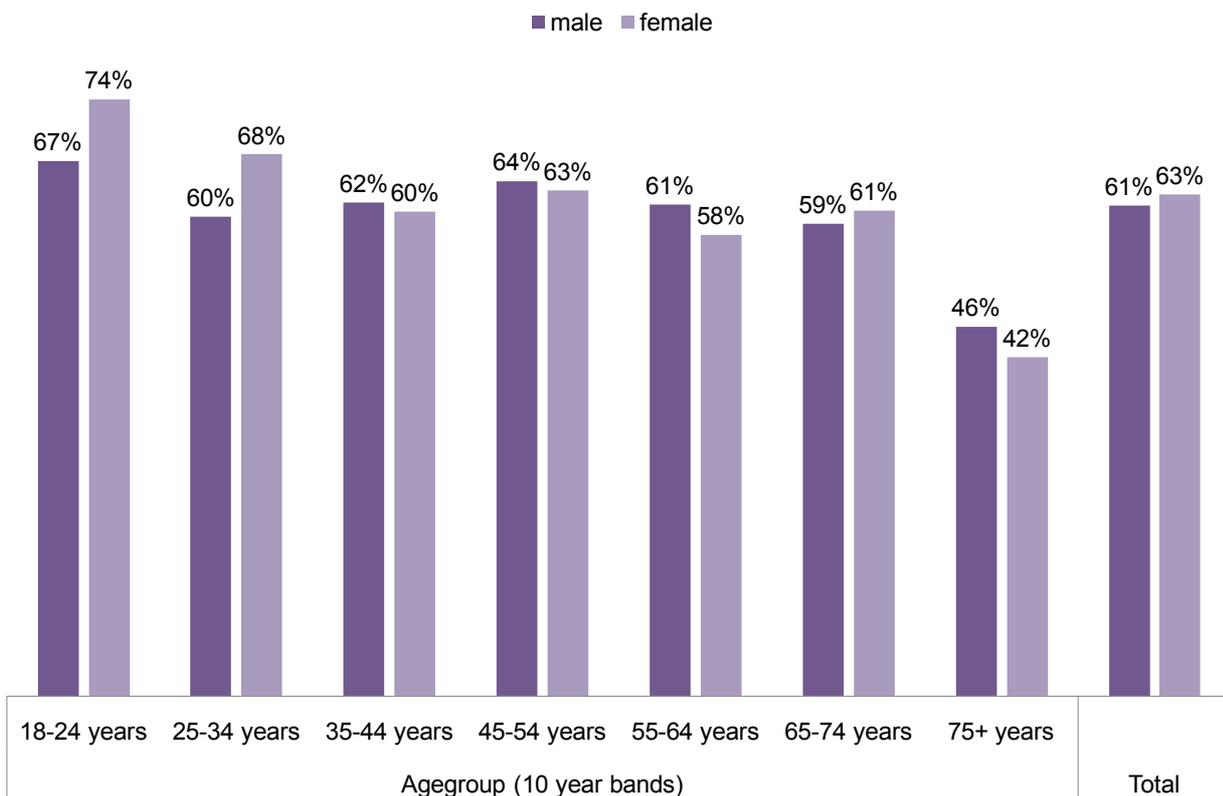
Cycling at least once a week is significantly higher amongst males (19%) than females (15%) and remains high for males up to 54 years, whereas for females it falls after the age of 34 years. Cycling levels are extremely low after the age of 65 years for both males and females.

There is little difference in walking on at least five days in a typical week by gender (61% for males and 63% for females), with the exception of respondents aged 18-34 years where females are more likely to walk on five or more days. Walking is most common among the youngest age group, but then remains at a similar level until the age of 75 years or over, beyond which less than half of males and females are walking at least 10 minutes continuously on five or more days in a typical week (46% males, 42% females).

**Percentage of adults cycling at least one day in the past week by age group and gender, Brighton & Hove 2012**



**Percentage of adults walking for at least 10 minutes continuously a day to get to and from places on at least five days in a typical week by age group and gender, Brighton & Hove 2012**



# 2012 Health Counts

## Diet

The Department of Health 2012 Health Profiles provide an estimate of the prevalence of adults eating five or more portions of fruit and vegetables per day in Brighton & Hove of 30% compared with 29% across England. These are modelled estimates based upon national figures from the Health Survey for England (2006/08 data) adjusted to calculate local authority level estimates based upon their population characteristics. This shows that the prevalence for Brighton & Hove is not significantly different to England.

The 2012 Health Counts results for the City suggest this is a significant underestimate of the figure for Brighton & Hove with 52% of respondents to Health Counts saying that they eat five or more portions of fruit and vegetables per day.

In 2003 the majority of respondents did not eat five or more portions of fruits and vegetables a day with 43% doing so. By 2012 there has been a statistically significant improvement in the City, with the majority of respondents (52%) now eating five portions of fruits and vegetables per day.

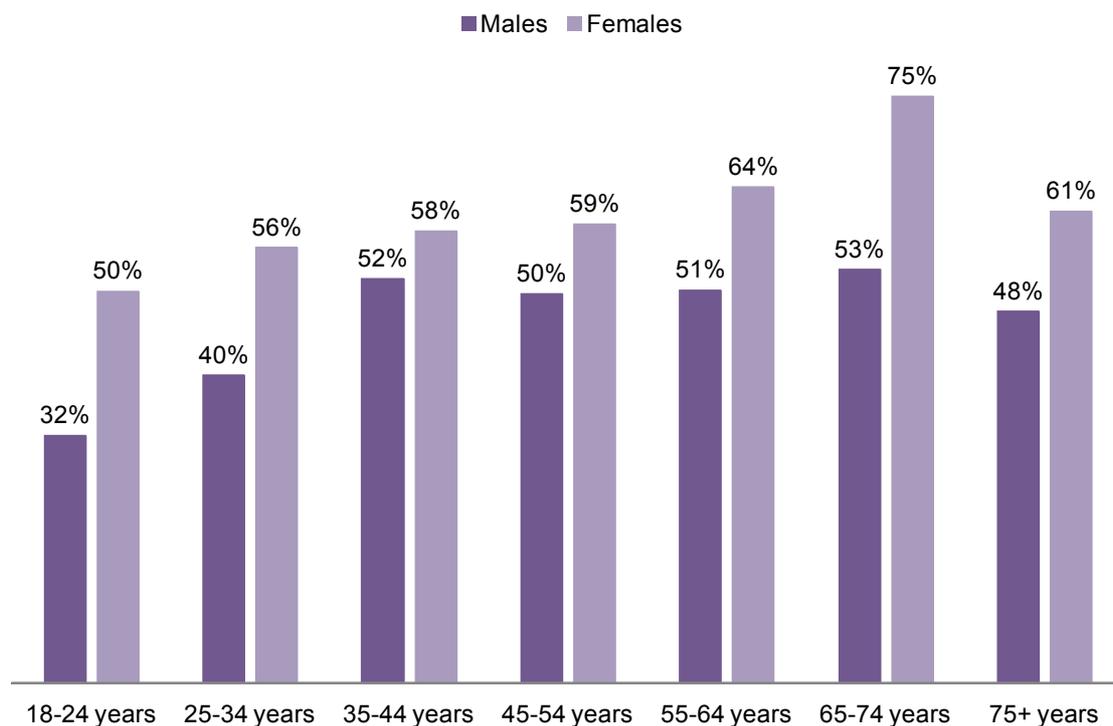
Percentage eating five or more portions of fruit and vegetables per day				
	Health Counts			
	2003		2012	
	%	People	%	People
Less than five	57%	1,123	48%	959
Five or more	43%	831	52%	1,051
<b>ALL RESPONDENTS</b>		<b>1,954</b>		<b>2,011</b>

### Five a day by age and gender

Eating five a day is significantly more common in females (59%) than males (46%) and the figure for females is considerably higher in each age group.

The relationship with age does not appear simple and differs by gender. For females, the percentage of respondents eating five a day increases with age from 18-24 years (50%) to 65-74 years (75%) but falls in those aged 75 years or over. For males there is an increase in the percentage eating five a day from 32% at 18-24 years to 52% of 35-44 year olds, the figures for those aged 45-74 are then similar, with a fall to 48% for those aged 75 years or over.

## Percentage of respondents eating five or more portions of fruit and vegetables per day by gender and age, Brighton & Hove 2012



### Five a day by deprivation

The percentage of respondents eating five or more fruits or vegetables per day is lowest in the most deprived quintile (48%) but there is not a clear relationship with deprivation. The highest percentage of respondents meeting the recommendation is in quintiles 3 and 4 (both 55%) but in the most affluent quintile (quintile 5) the figure is 52%.

### Five a day by population group

Single respondents are significantly less likely to meet the recommendation (44% eating five or more a day) than all respondents, but those who are widowed are significantly more likely (66%).

Respondents who own their own home are significantly more likely to eat five or more portions of fruit and vegetables per day (58%) than all respondents, compared with 41% of those renting from a housing association or local authority (significantly lower than for all respondents).

Four in ten of those who are unemployed and looking for work, unable to work due or caring for home and family meet the recommendation and this is only 22% in those unemployed and looking for work (both significantly lower than all respondents). Around six in ten (61%) retired respondents eat five or more portions of fruit and vegetables (significantly higher than all respondents).

Those with a degree level qualification or higher are also significantly more likely to meet the recommendation for fruit and vegetable consumption than all respondents, with 59% eating five or more fruits and vegetables per day.

At least five portions of fruit and vegetables by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	53%	922	1,750	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	50%	107	213	NS
<b>ETHNICITY</b>				
White British	54%	865	1,616	NS
Black or Minority Ethnic (BME)	47%	174	370	NS
<b>MARITAL STATUS</b>				
Single	44%	257	586	SigLow
Married, in a civil partnership or living as a couple	55%	620	1,133	NS
Separated or divorced	52%	70	135	NS
Widowed	66%	75	113	SigHigh
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	50%	263	525	NS
No limiting long-term illness or disability	53%	781	1,473	NS
<b>CARERS</b>				
Carers	52%	187	359	NS
Non carers	52%	848	1,618	NS
<b>RELIGION</b>				
No religion	53%	483	910	NS
Christian religion	52%	474	911	NS
Any other religion	53%	82	156	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	58%	613	1,055	SigHigh
Rent from a private landlord	49%	238	489	NS
Rent from a housing association or local authority	41%	74	181	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	48%	96	201	NS
Employed	53%	649	1,229	NS
Unemployed and looking for work, unable to work due or caring for home and family	40%	88	219	SigLow
Retired	61%	207	340	SigHigh
<b>QUALIFICATIONS</b>				
No qualifications	46%	73	159	NS
Degree level or higher	59%	524	886	SigHigh
<b>ALL RESPONDENTS</b>	<b>52%</b>	<b>1,051</b>	<b>2,011</b>	

# 2012 Health Counts

## Healthy weight

Body Mass Index (BMI) is the most commonly used indicator of obesity, and is calculated by comparing an individual's weight to height to estimate whether he or she is underweight, a healthy weight, overweight, or obese. In 2010, 42% of adults living in the UK were classified as overweight (BMI  $\geq 25$ ) and a further 24% obese (BMI  $\geq 30$ ).<sup>3</sup>

The Department of Health 2012 Health Profiles provide an estimate of the prevalence of obese adults in Brighton & Hove (this is a modelled estimate using Health Survey for England data for 2006-2008). This suggests that the obesity prevalence for Brighton & Hove (20%) is significantly lower than England (24%).

The 2003 and 2012 Health Counts surveys both asked for self reported height and weight, and self perception of weight. Results should be interpreted with consideration of the impact of self reporting.

In the 2012 survey 14% of respondents giving heights and weights were classified as obese, considerably lower than the estimates for the City based upon the Health Survey for England. There was however a significant increase in obesity prevalence in Health Counts from 2003 (10%) to 2012 (14%), but no significant change in the prevalence of overweight (33% vs. 30%), healthy weight (54% vs. 53%) or underweight (3% in both surveys).

BMI classifications	Health Counts			
	2003		2012	
	%	People	%	People
Underweight (<18.5)	3%	56	3%	60
Healthy weight ( $\geq 18.5$ and <25)	54%	1,040	53%	1,023
Overweight ( $\geq 25$ and <30)	33%	626	30%	575
Obese ( $\geq 30$ )	10%	192	14%	276
<b>ALL RESPONDENTS</b>		1,913		1,934

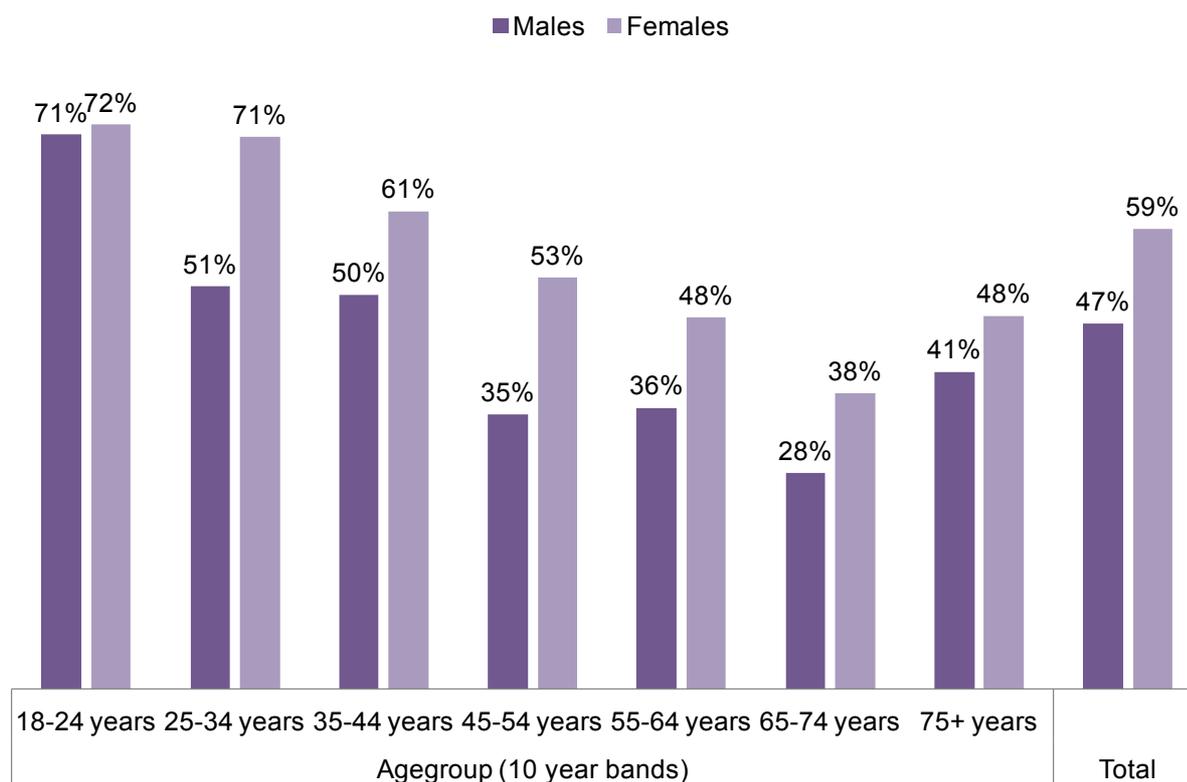
Although based upon self reported height and weight obesity prevalence rose significantly from 2003 to 2012, there was not a significant shift in those whose self perception was that they are a little or very overweight. However, 48% of people still think they are overweight to some degree, according to the 2012 results.

<sup>3</sup> Government Office for Science 2007. Tackling obesity: future choices – project report. Department for Innovation | Universities and Skills

Self perceived weight				
	Health Counts			
	2003		2012	
	%	People	%	People
I am underweight	5%	98	4%	83
I am about the right weight	42%	826	45%	913
I am a little overweight	41%	805	39%	783
I am very overweight	10%	202	9%	185
I am not sure about my weight	3%	50	3%	56
<b>ALL RESPONDENTS</b>		1,982		2,020

## Healthy weight by age and gender

Percentage of respondents whose self reported height and weight fall within the healthy weight BMI range by age and gender, Brighton & Hove 2012

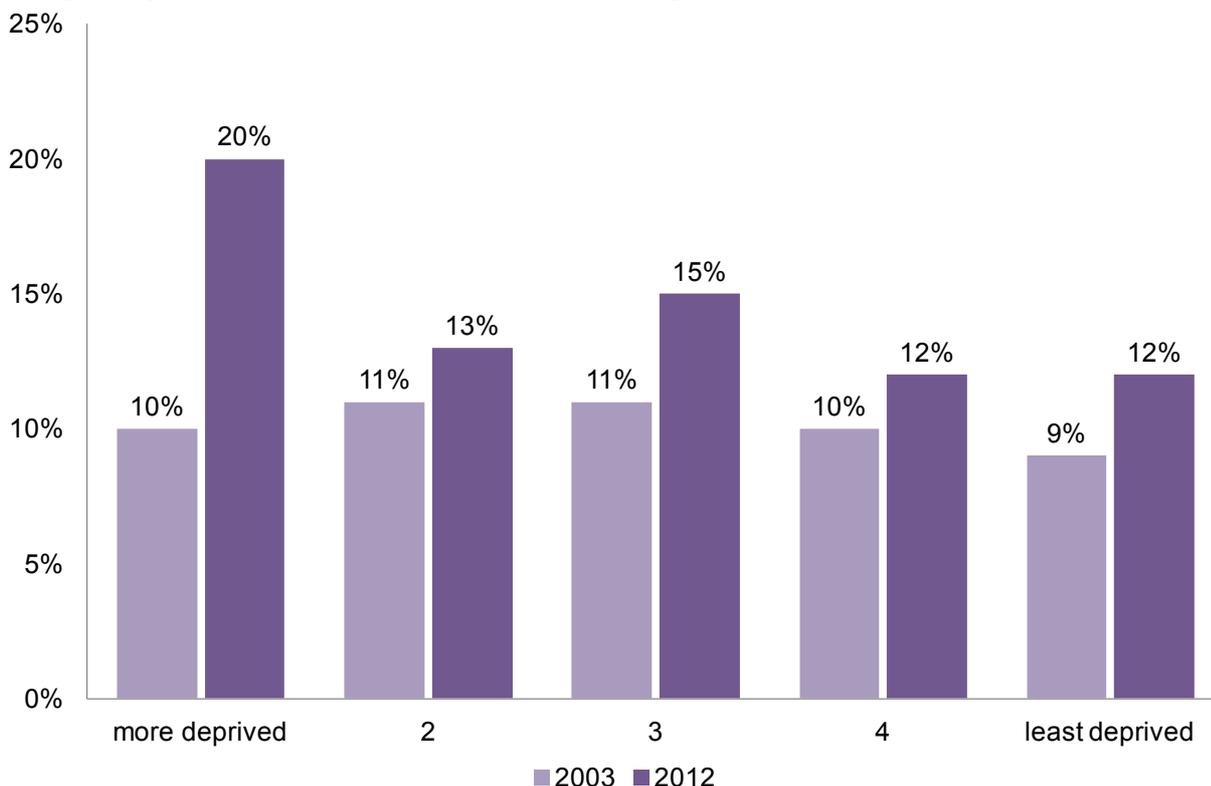


Male respondents (47%) in the 2012 survey are significantly less likely to be a healthy weight than female respondents (59%), and since underweight prevalence is 3% for males and females this therefore means they are more likely to be overweight or obese. Furthermore, males are less likely to be a healthy weight in all age groups. The percentage of respondents of a healthy weight falls with age up until 65-74 years but then rises in those aged 75 years or over.

The pattern for age is similar for self perceived “about the right weight” and so the results are not shown here. There is little difference by gender in this measure however.

## Overweight and obesity by deprivation

**Percentage of respondents who are obese (based upon self reported height and weight) by quintile of deprivation within Brighton & Hove, 2003 to 2012**



Obesity levels showed no inequality in 2003 but this gap has widened in 2012. The most deprived individual is now 1.7 times more likely to be obese than the most affluent.

Rates of combined overweight and obesity actually fall as deprivation increases, showing the opposite pattern to most inequalities in health. However, it is important to note that whilst there was a trend in this opposite than expected direction, levels of combined overweight/obesity are still high in the most deprived quintile of deprivation.

## Healthy weight by population group

These descriptions are based upon healthy weight defined by self reported height and weight, although self perception of weight status by population group is also given in the second table.

Heterosexual respondents (53%) and LGB, unsure and other respondents (56%) are similarly likely to be of healthy weight.

There was some difference in being a healthy weight for BME respondents (59%) and White British respondents (52%), though neither group are significantly different to all survey respondents.

There are no statistically significant differences in healthy weight by marital status.

Carers (42%) are significantly less likely to be a healthy weight than all respondents.

Respondents with no religion (58%) are significantly more likely to be a healthy weight than all respondents. Christians are less likely (47%), though not significantly so and those with a religion other than Christian (54%) are similar to all respondents.

Respondents who own their own homes (50%) are slightly less likely to be a healthy weight than all respondents. Those renting from a private landlord (60%) are significantly more likely to be of healthy weight and those renting from a housing association or local authority (38%) are significantly less likely to be a healthy weight than all respondents.

Students are significantly more likely to be a healthy weight (68%) than all respondents. Retired respondents and those who are unemployed and looking for work, unable to work due or caring for home and family are significantly less likely (both 40%) to be a healthy weight than all respondents.

Respondents with no qualifications are significantly less likely to be a healthy weight (31%) than all respondents, and those with a degree level qualification, or above, significantly more likely (59%).

Healthy weight (based on BMI classification from self reported height and weight) by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	53%	888	1,683	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	56%	117	209	NS
<b>ETHNICITY</b>				
White British	52%	804	1,556	NS
Black or Minority Ethnic (BME)	59%	208	353	NS
<b>MARITAL STATUS</b>				
Single	58%	321	557	NS
Married, in a civil partnership or living as a couple	52%	575	1,103	NS
Separated or divorced	52%	66	127	NS
Widowed	42%	43	102	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	39%	197	499	SigLow
No limiting long-term illness or disability	58%	822	1,423	SigHigh
<b>CARERS</b>				
Carers	42%	147	347	SigLow
Non carers	56%	862	1,551	NS
<b>RELIGION</b>				
No religion	58%	510	873	SigHigh
Christian religion	47%	416	878	NS
Any other religion	54%	82	151	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	50%	505	1,017	NS
Rent from a private landlord	60%	281	471	SigHigh
Rent from a housing association or local authority	38%	66	173	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	68%	128	188	SigHigh
Employed	57%	673	1,191	NS
Unemployed and looking for work, unable to work due or caring for home and family	40%	84	211	SigLow
Retired	40%	128	320	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	31%	46	147	SigLow
Degree level or higher	59%	507	866	SigHigh
<b>ALL RESPONDENTS</b>	<b>53%</b>	<b>1,023</b>	<b>1,934</b>	<b>-</b>

Percentage of people who self define as about the right weight by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	45%	791	1,754	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	47%	101	215	NS
<b>ETHNICITY</b>				
White British	44%	713	1,620	NS
Black or Minority Ethnic (BME)	51%	188	372	NS
<b>MARITAL STATUS</b>				
Single	54%	316	588	SigHigh
Married, in a civil partnership or living as a couple	42%	473	1,135	NS
Separated or divorced	40%	54	136	NS
Widowed	40%	47	117	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	29%	155	528	SigLow
No limiting long-term illness or disability	51%	751	1,478	SigHigh
<b>CARERS</b>				
Carers	34%	124	361	SigLow
Non carers	48%	776	1,622	NS
<b>RELIGION</b>				
No religion	51%	461	907	SigHigh
Christian religion	39%	358	920	SigLow
Any other religion	51%	82	160	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	41%	435	1,059	NS
Rent from a private landlord	53%	256	487	SigHigh
Rent from a housing association or local authority	29%	54	187	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	63%	127	203	SigHigh
Employed	49%	598	1,228	NS
Unemployed and looking for work, unable to work due or caring for home and family	30%	65	220	SigLow
Retired	33%	115	349	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	29%	48	163	SigLow
Degree level or higher	50%	441	887	NS
<b>ALL RESPONDENTS</b>	<b>45%</b>	<b>913</b>	<b>2,020</b>	<b>-</b>

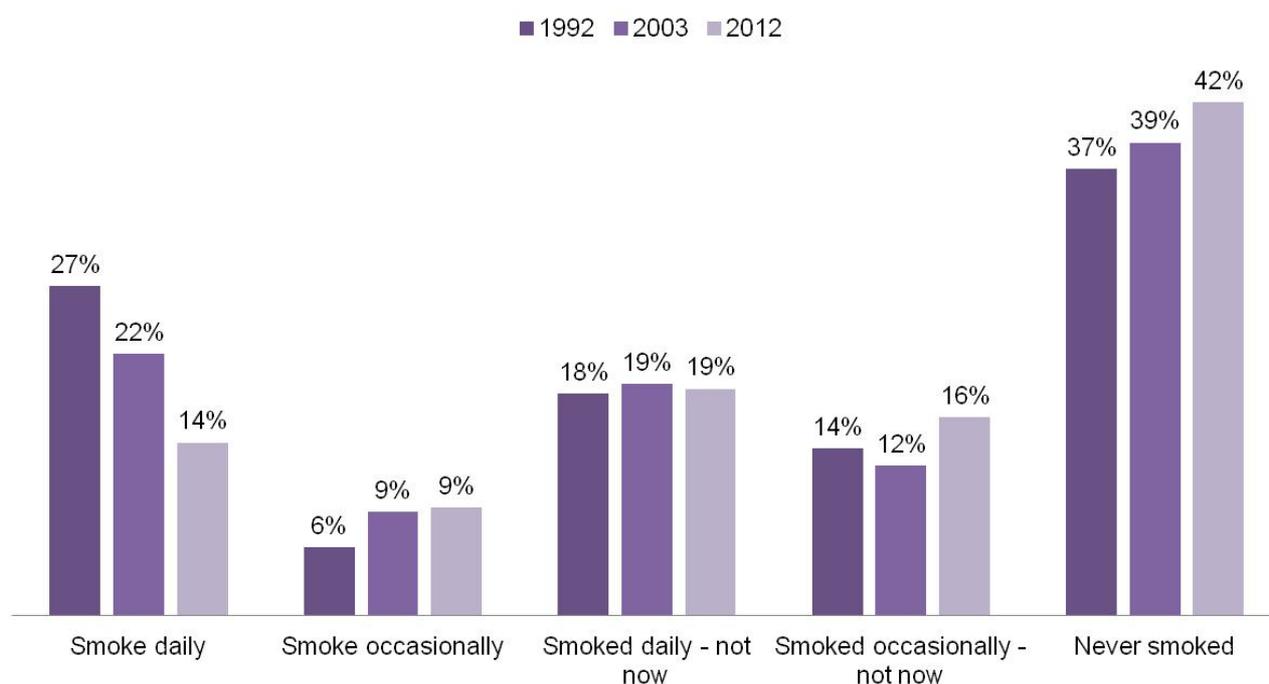
# 2012 Health Counts

## Smoking

In 2012, Health Counts gave a smoking prevalence figure of 23.1% in Brighton & Hove. According to the Integrated Household Survey of all areas in England the smoking prevalence in Brighton & Hove is 22.9% for 2011/12 so the Health Counts results are the same as this national survey. Both give a local prevalence which is higher than England (20%).

Local data shows that in 1992, 27% of people in Brighton & Hove were daily smokers and that in 2012 this had statistically significantly decreased to 14%. The percentage of respondents smoking occasionally rose from 6% to 9% over the last twenty years but overall the smoking prevalence rate (daily and occasional smokers) fell from 33% to 23% - a statistically significant fall.

### Smoking prevalence trend in Brighton & Hove, Health Counts 1992-2012

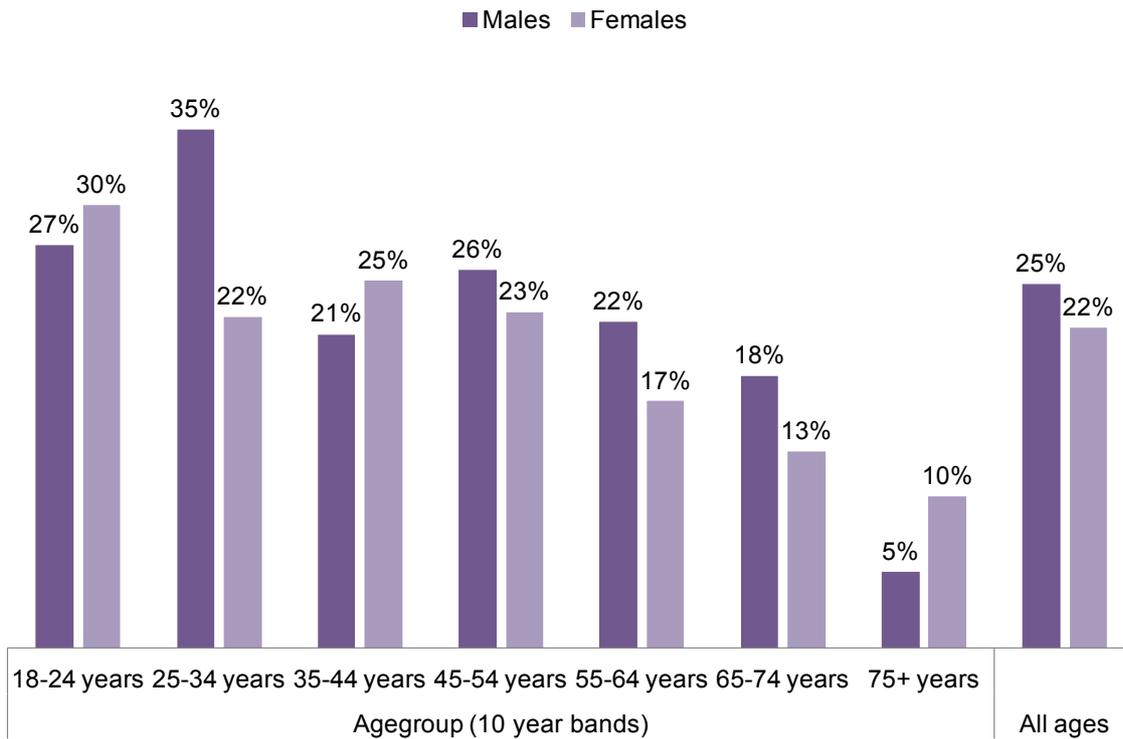


### Smoking by age and gender

There is no significant difference in smoking prevalence between males and females (males 25%, females 22%).

There is however, a clear relationship with age, with smoking prevalence falling with age with a few exceptions – for example in men smoking prevalence increases between the ages of 18-24 years and 25-34 years where it reaches 35% in Brighton & Hove. By the age of 75 years or over, for males and females, smoking prevalence reaches its lowest point (5% for males and 10% for females).

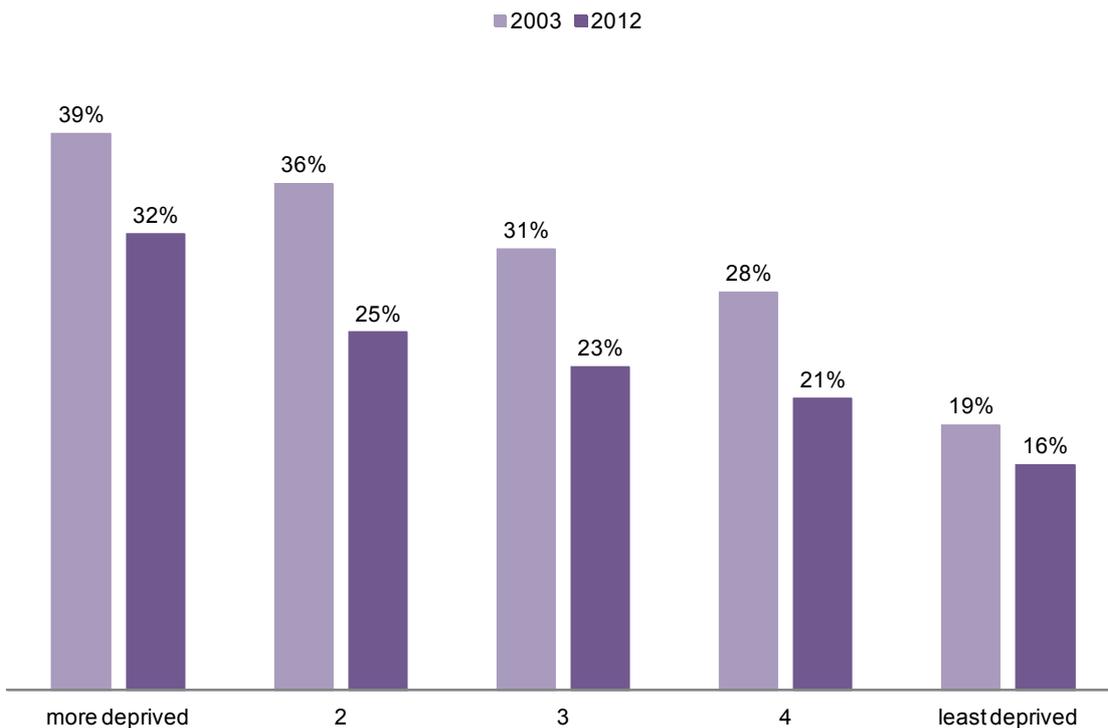
## Smoking prevalence (%) by age and gender, Brighton & Hove 2012



## Smoking by deprivation

Smoking prevalence is strongly associated with deprivation, and large inequalities remain in 2012 although prevalence has fallen in all quintiles of deprivation.

## Daily or occasional smokers (%) by quintile of deprivation, Brighton & Hove 2003 and 2012



## **Smoking by population group**

LGB and unsure respondents (30%) are more likely to say that they smoke than heterosexuals (22%) – though neither group was significantly different to all respondents. The highest smoking prevalence is seen amongst bisexuals (40%) – significantly higher than for all respondents.

There is no difference in smoking prevalence between BME respondents and White British respondents (23%). Smoking prevalence is highest in Mixed ethnic groups (32%), though this is not significantly different to all respondents.

Those who are single are significantly more likely to smoke (33%) than all respondents and those who are married, in a civil partnership or living as a couple significantly less likely (18%). There is no significant difference between all respondents and those who are widowed (16%) or separated or divorced (25%).

Compared with all respondents, there is no significant difference in smoking prevalence by religion, though it is higher in those with no religion (27%).

Those with a limiting long-term illness are significantly more likely to smoke (29%) than all respondents.

There is no significant difference in smoking prevalence between carers (24%) and all respondents.

Respondents who own their own homes (14%) are significantly less likely to smoke than all respondents, but those who rent from a private landlord (31%), or rent from a housing association or local authority (42%) are significantly more likely to smoke daily or occasionally.

Respondents who are unemployed and looking for work, unable to work due or caring for home and family are significantly more likely to smoke (41%) than all respondents. Retired respondents are significantly less likely (13%) to smoke.

Respondents with degree level, or higher, qualifications are statistically significantly less likely to smoke (15%) than all respondents.

Smoking (daily or occasional) by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	22%	383	1,729	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	30%	64	214	NS
<b>ETHNICITY</b>				
White British	23%	363	1,594	NS
Black or Minority Ethnic (BME)	23%	86	371	NS
<b>MARITAL STATUS</b>				
Single	33%	194	585	SigHigh
Married, in a civil partnership or living as a couple	18%	201	1,123	SigLow
Separated or divorced	25%	33	131	NS
Widowed	16%	17	109	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	29%	189	649	SigHigh
No limiting long-term illness or disability	21%	386	1,838	NS
<b>CARERS</b>				
Carers	24%	87	356	NS
Non carers	22%	360	1,601	NS
<b>RELIGION</b>				
No religion	27%	240	905	NS
Christian religion	20%	177	894	NS
Any other religion	19%	30	162	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	14%	147	1,042	SigLow
Rent from a private landlord	31%	152	485	SigHigh
Rent from a housing association or local authority	42%	74	178	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	28%	61	220	NS
Employed	21%	334	1,559	NS
Unemployed and looking for work, unable to work due or caring for home and family	41%	121	296	SigHigh
Retired	13%	53	406	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	23%	36	157	NS
Degree level or higher	15%	133	883	SigLow
<b>ALL RESPONDENTS</b>	<b>23%</b>	<b>578</b>	<b>2,505</b>	<b>-</b>

# 2012 Health Counts

## Alcohol

Advice on recommended levels of alcohol consumption has changed over the course of the three surveys and so it can be difficult to determine trends in drinking above recommended levels. People may have drunk within recommended levels according to the guidance at the time but subsequent guidance may have changed that level of drinking to be above recommended levels.

The 2012 Department of Health Profiles provide an estimate of 24% of adults in the city drinking at increasing risk or higher risk levels, not significantly different to the 22% across England (modelled data based upon 2008/09 data from the General Lifestyle Survey). Increasing risk drinking is defined as usual consumption of between 22 and 50 units of alcohol per week for men and between 15 and 35 units of alcohol per week for women. Higher risk drinking is defined as usual consumption of over 50 units of alcohol per week for men, and over 35 units of alcohol per week for women.

Comparing the local data with the Health Profiles data highlights significant differences, with 17% of respondents stating that they drink above recommended limits: 14% at increasing risk and 4% at higher risk (figures do not sum due to rounding). The percentage of people drinking at increasing or higher risk levels has fallen significantly since 2003 but is higher than 1992 levels.

Increasing or higher risk drinking, Brighton & Hove 1992, 2003 and 2012				
	Health Counts			
	1992	2003	2012	
	%	%	%	People
Never	13%	11%	11%	226
lower risk (<=21 units if male, <=14 units if female)	73%	66%	71%	1,416
increasing risk (>21 and <=50 units if male, >14 and <=35 units if female)	12%	18%	14%	277
higher risk (>50 units if male, >35 units if female)	2%	5%	4%	70
<b>ALL RESPONDENTS</b>				<b>1,989</b>

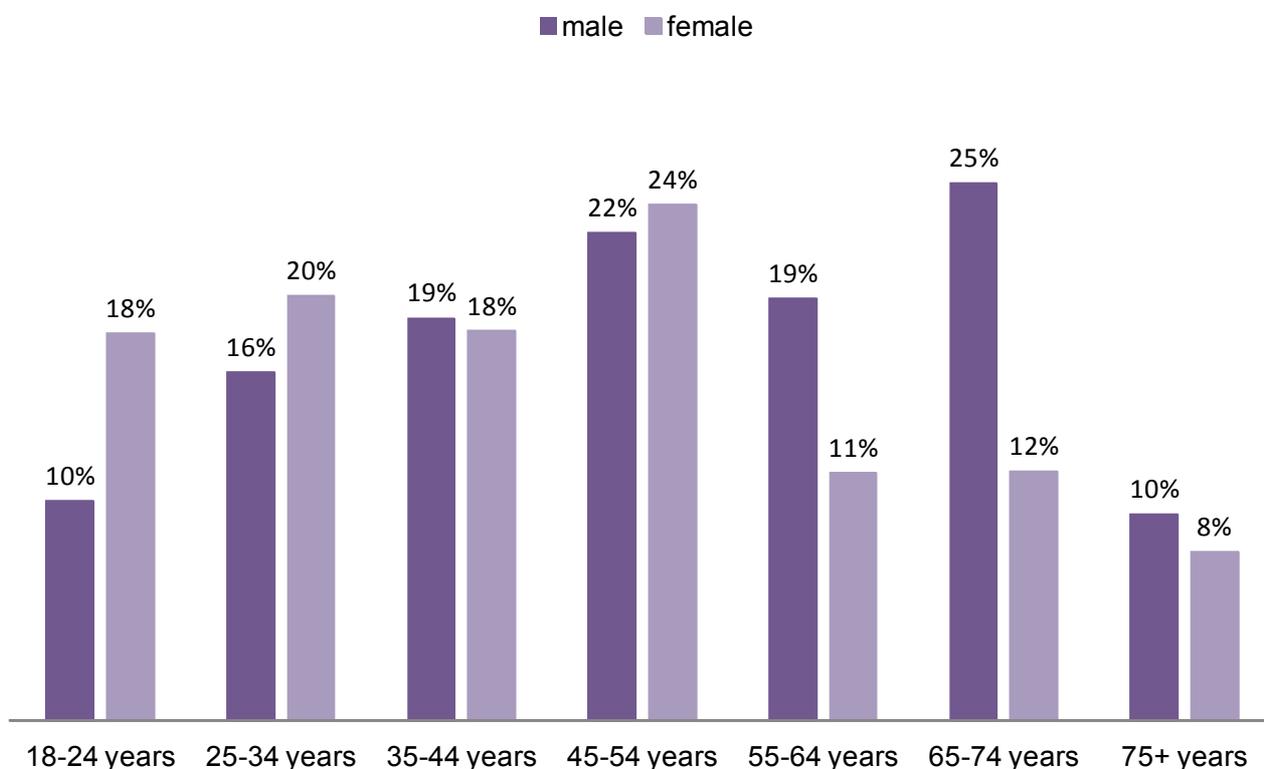
### Increasing or higher risk drinking by age and gender

In 2012 18% of men and 17% of women drink above the recommended levels (21 or more units or more for a man and 14 or more units for a woman). Over the last decade the proportion of men reporting drinking above safe levels has actually fallen by 9% while for women, the proportion has remained stable at 17%.

Among men, unsafe drinking is more common in older age groups, whereas in women it peaks in middle age. Younger women are more likely than younger men to drink above recommended limits.

However, the recommended limits are different for males and females, so the actual consumption levels may be similar, in younger age groups in particular.

### Increasing or higher risk drinking (%) by age and gender, Brighton & Hove 2012

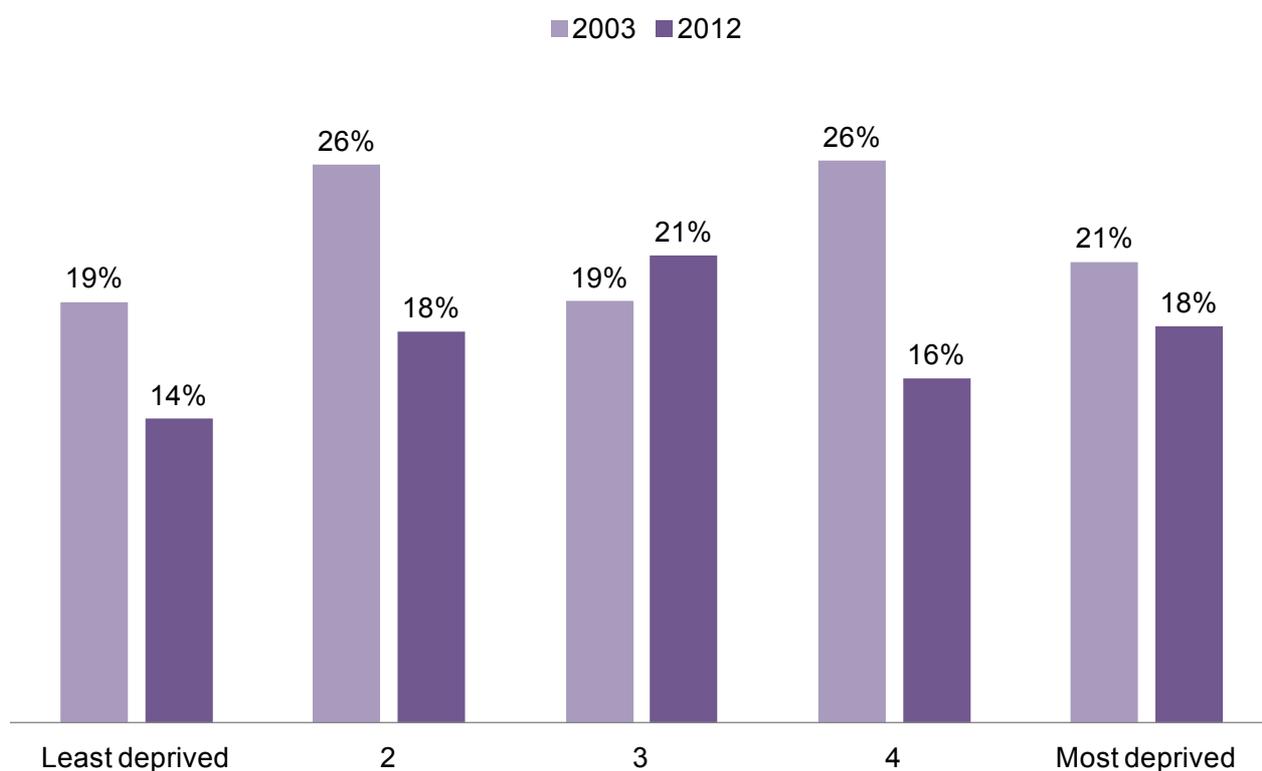


### Increasing or higher risk drinking by deprivation

There is not a significant relationship between increasing or higher risk drinking by deprivation. In 2012 consumption at these levels had fallen since 2003 in all quintiles, with the exception of those living in the middle quintile where increasing or higher risk drinking actually increased.

If just looking at inequalities in higher risk drinking, these have fallen between 2003 and 2012. Higher risk drinking in 2012 no longer shows any association with deprivation in Brighton & Hove.

## Increasing or higher risk drinking (%) by deprivation quintile, Brighton & Hove 2012



### Increasing or higher risk drinking by population group

Drinking at increasing or higher risk was higher for LGB&U or other respondents (23%), but is not statistically significantly different to all respondents.

Also, though higher for White British (19%) than BME respondents (12%), drinking at increasing or higher risk levels is not significantly different to all respondents for White British or BME respondents.

No statistically significant differences (to all respondents) were observed in the percentages based on marital status, employment status, by limiting long-term illness or disability, or for carers.

Increasing or higher risk drinking is significantly more likely in respondents who define themselves as having no religion (24%) than all respondents. Whereas respondents who are Christian (12%), or who have another religion (8%), are significantly less likely to drink at increasing/higher risk levels than all respondents.

Individuals who rent their houses from a housing association or a local authority have significantly lower rate of drinking at higher or increasing risk levels (10%) than all respondents.

Respondents with no qualifications are significantly less likely (10%) than all respondents to drink at increasing or higher risk levels.

Increasing or higher risk drinking by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	17%	297	1,732	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	23%	48	211	NS
<b>ETHNICITY</b>				
White British	19%	303	1,594	NS
Black or Minority Ethnic (BME)	12%	44	371	NS
<b>MARITAL STATUS</b>				
Single	18%	102	580	NS
Married, in a civil partnership or living as a couple	19%	209	1,125	NS
Separated or divorced	16%	21	130	NS
Widowed	11%	12	109	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	15%	76	512	NS
No limiting long-term illness or disability	18%	268	1,465	NS
<b>CARERS</b>				
Carers	16%	57	354	NS
Non carers	18%	285	1,601	NS
<b>RELIGION</b>				
No religion	24%	222	909	SigHigh
Christian religion	12%	110	895	SigLow
Any other religion	8%	12	155	SigLow
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	20%	213	1,046	NS
Rent from a private landlord	20%	99	483	NS
Rent from a housing association or local authority	10%	17	174	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	15%	31	203	NS
Employed	19%	235	1,222	NS
Unemployed and looking for work, unable to work due or caring for home and family	14%	31	215	NS
Retired	13%	44	328	NS
<b>QUALIFICATIONS</b>				
No qualifications	10%	15	157	SigLow
Degree level or higher	20%	176	881	NS
<b>ALL RESPONDENTS</b>	<b>17%</b>	<b>346</b>	<b>2,035</b>	<b>-</b>

# 2012 Health Counts

## Drugs

A question on drugs was included for the first time in 2012.

Most respondents (60%) had never taken drugs not prescribed to them or available at a chemist, 10% had taken drugs in the last four weeks and an additional 7% in the last year (but longer ago than four weeks).

Drug use	2012	
	%	People
Yes, in the last 4 weeks	10%	194
Yes, in the last year	7%	144
Yes, over a year ago	23%	162
Never	60%	1,181
<b>ALL RESPONDENTS</b>		1,982

### Ever taken drugs by age and gender

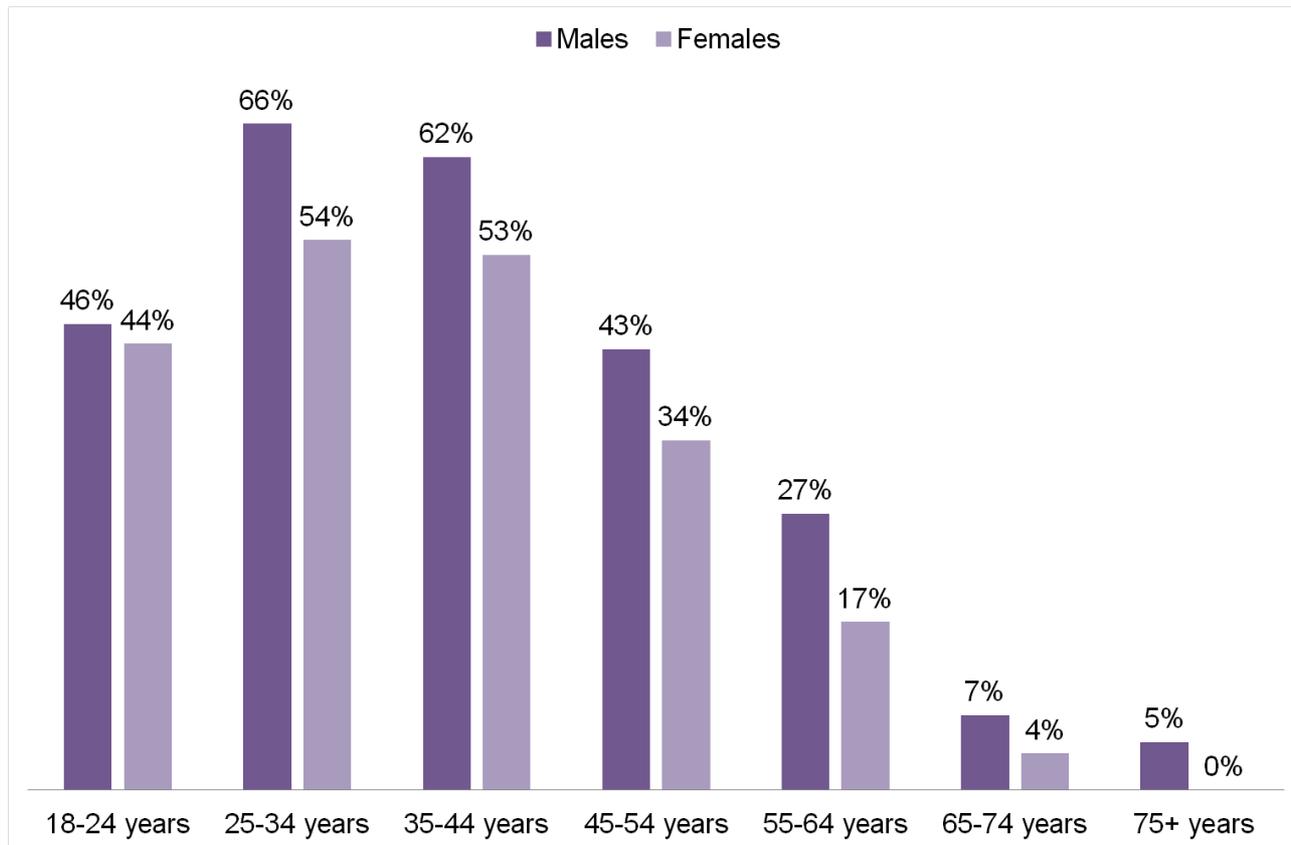
Having ever taken drugs is higher for males than females (45% for males and 36% for females) and this is the case in all age groups.

Having ever taken drugs is highest in those aged 25-34 years and falls in each age band after this age to just 5% of males and 0% of females aged 75 years or over.

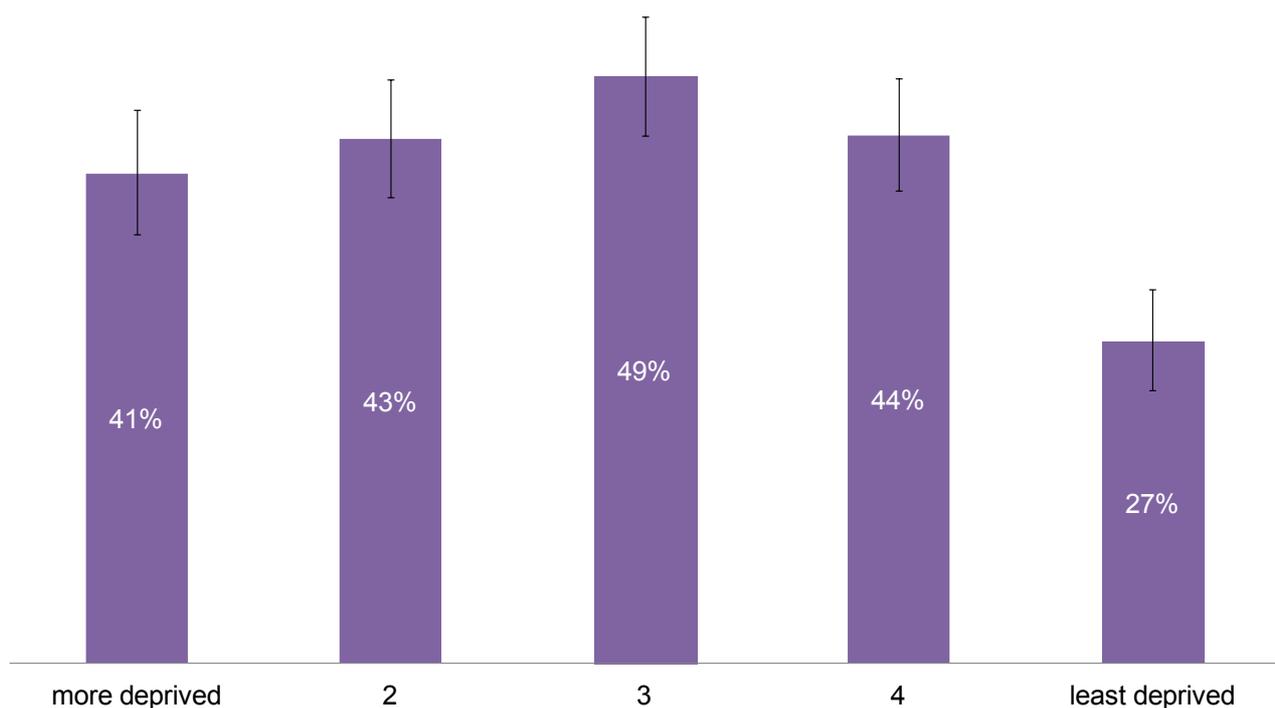
### Ever taken drugs by deprivation

There is not a consistent relationship between having ever taken drugs and deprivation within the City. Whilst the percentage of respondents ever having taken drugs is lowest in the least deprived quintile of deprivation it is highest in the middle three quintiles.

**Percentage of respondents who have ever taken drugs by age and gender, Brighton & Hove 2012**



**Percentage of respondents ever having taken drugs by quintile of deprivation within Brighton & Hove, 2012**



## **Drug use by population group**

LGB and unsure respondents (63%) are statistically significantly more likely to have ever taken drugs than all respondents. The highest percentages are for lesbian/gay women (76%, 28 out of 37 respondents), and bisexual respondents (74%, 32 out of 43 respondents), however, it should be noted that the sample sizes in those groups are small.

Drug use is lower in BME respondents (34%) than White British respondents (42%), though neither is significantly different to all respondents.

Those who are single are significantly more likely to have ever tried drugs (48%) than all respondents and those who are widowed (9%) or separated or divorced (26%) significantly less likely. There is no significant difference, to all respondents, for those who are married, in a civil partnership or living as a couple (41%). Given the strong age relationship it is important to consider this in the results for different groups.

Those with a limiting long-term illness or disability (32%) and carers (33%) are significantly less likely than all respondents to have ever tried drugs.

Respondents with no religion (60%) are significantly more likely to have ever tried drugs than all respondents. Christians are significantly less likely (21%) to have ever tried drugs than all respondents. Again, given the strong age relationship it is important to consider this in the results for different groups.

Respondents who rent from a private landlord (54%) are significantly more likely to have ever tried drugs than all respondents.

Employed respondents are significantly more likely to have ever taken drugs (49%) than all respondents. The figure is also higher for students (46%), though not significantly so. Retired respondents are significantly less likely (4%) to have ever taken drugs than all respondents, though this is likely to be strongly age related.

Respondents with degree level qualifications or higher are statistically significantly less likely to have ever tried drugs (22%) than all respondents.

Ever taken drugs by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	38%	660	1,721	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	63%	133	211	SigHigh
<b>ETHNICITY</b>				
White British	42%	669	1,591	NS
Black or Minority Ethnic (BME)	34%	126	366	NS
<b>MARITAL STATUS</b>				
Single	48%	280	578	SigHigh
Married, in a civil partnership or living as a couple	41%	458	1,114	NS
Separated or divorced	26%	35	133	SigLow
Widowed	9%	10	113	SigLow
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	32%	164	515	SigLow
No limiting long-term illness or disability	44%	632	1,451	NS
<b>CARERS</b>				
Carers	33%	116	353	SigLow
Non carers	42%	677	1,593	NS
<b>RELIGION</b>				
No religion	60%	541	897	SigHigh
Christian religion	21%	193	901	SigLow
Any other religion	36%	56	154	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	36%	378	1,040	NS
Rent from a private landlord	54%	256	477	SigHigh
Rent from a housing association or local authority	34%	61	179	NS
<b>EMPLOYMENT STATUS</b>				
Student	46%	92	202	NS
Employed	49%	587	1,207	SigHigh
Unemployed and looking for work, unable to work due or caring for home and family	46%	99	214	NS
Retired	4%	14	337	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	36%	57	160	NS
Degree level or higher	22%	195	886	SigLow
<b>ALL RESPONDENTS</b>	<b>40%</b>	<b>800</b>	<b>1,982</b>	

# 2012 Health Counts

## Self harm

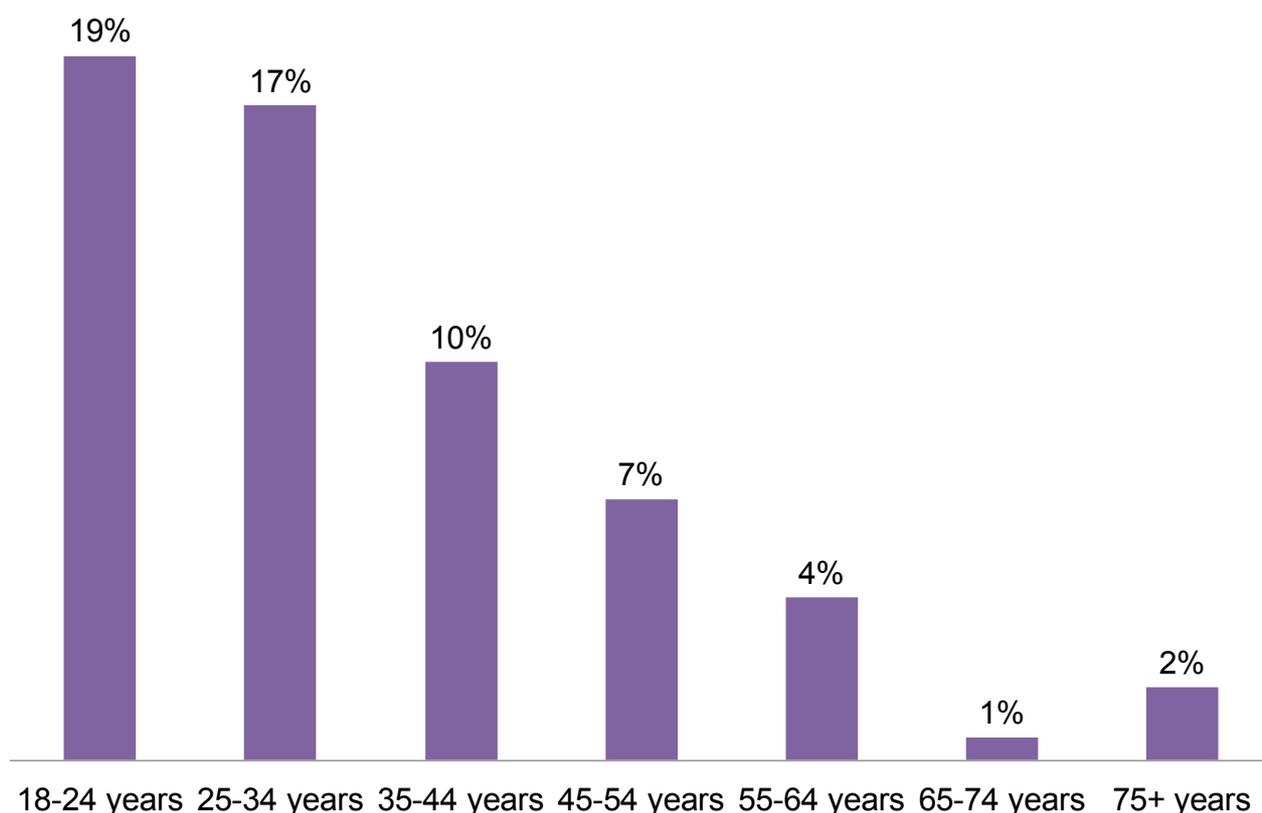
A question on deliberate self-harm was included in the survey for the first time in 2012. It asked respondents "Have you ever harmed yourself in any way but not with the intention of killing yourself?"

One in ten Health Counts 2012 respondents (10% or 205 respondents) said that they had ever deliberately self-harmed, but not with the intention of killing themselves.

### Self harm by age and gender

Self-harm is significantly higher in females (13%) than males (8%). There was also a significant linear association with age – from 19% of 18-24 year olds to 2% of 75+ year olds.

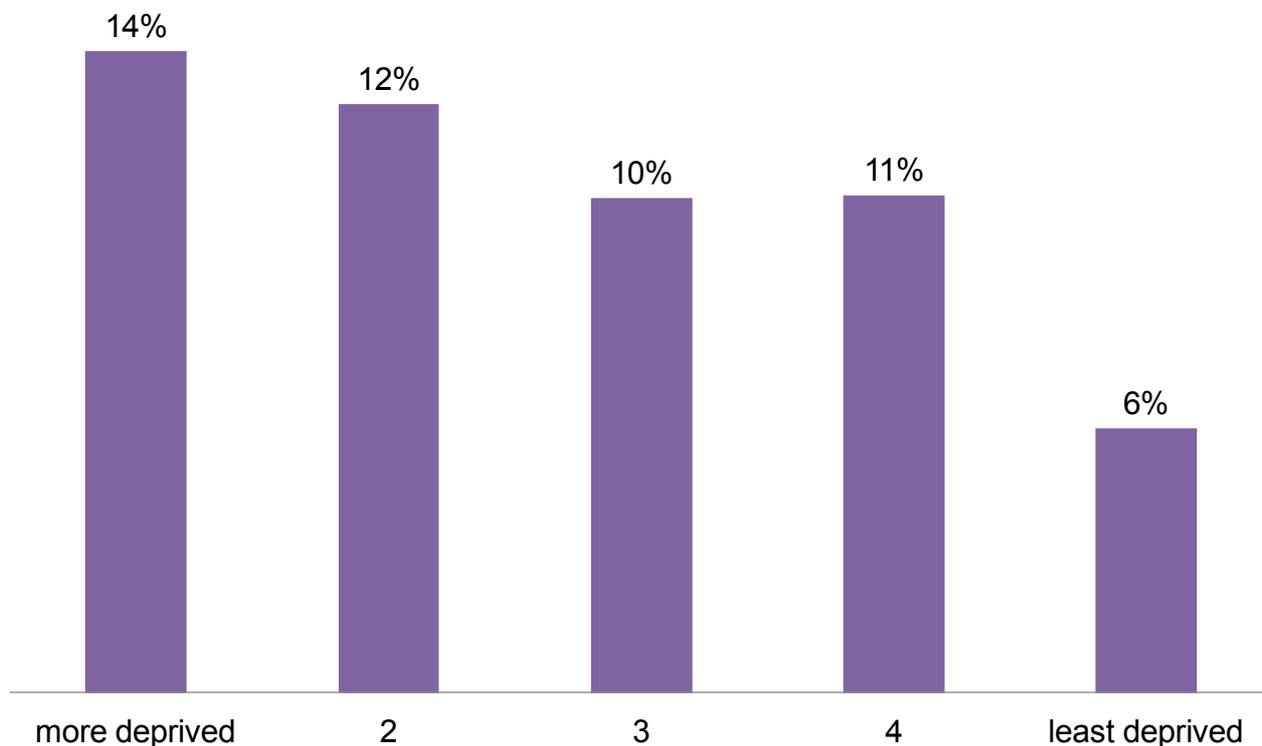
#### Percentage of respondents who have ever self-harmed, by age group in Brighton & Hove, 2012



### Self-harm by deprivation

Self-harm has a significant association with deprivation, increasing in each quintile of deprivation. In 2012, 14% of those living in the most deprived 20% of areas in the City said that they have ever self-harmed compared to 6% of those living in the most affluent 20% of areas.

## Percentage of respondents who have ever self-harmed, by quintile of deprivation within Brighton & Hove, 2012



## Self harm by population group

LGB and unsure respondents (20%) are more likely to say that they had ever self-harmed than heterosexuals (9%), and they are statistically significantly more likely than all respondents to have self-harmed. The highest percentages were for lesbian/gay women (39%) and bisexuals (41%) – both significantly higher than for all respondents. The figure for gay men is 9%.

Those who are single are significantly more likely to have self-harmed (17%) than all respondents and those who are widowed significantly less likely (4%), though this is likely to be age related.

There was little difference between BME (10%) and White British respondents (11%).

Respondents with no religion (14%) were significantly more likely to have self-harmed than all respondents, Christians were significantly less likely (6%). Age may be a factor here.

Respondents who own their own homes (5%) are significantly less likely to have self-harmed than all respondents, but those who rent from a housing association or local authority (21%) or rent from a private landlord (18%) are significantly more likely to have self-harmed.

Students and those out of work are significantly more likely to have ever self-harmed (both 19%) than all respondents. Retired respondents are significantly less likely (2%), though this is likely to be strongly age related. Respondents with no qualifications are less likely to have self-harmed (5%), but this is not statistically significant to all respondents.

Self harm by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	9%	160	1,726	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	20%	42	212	SigHigh
<b>ETHNICITY</b>				
White British	11%	167	1,590	NS
Black or Minority Ethnic (BME)	10%	38	370	NS
<b>MARITAL STATUS</b>				
Single	17%	99	580	SigHigh
Married, in a civil partnership or living as a couple	8%	87	1,115	NS
Separated or divorced	9%	12	132	NS
Widowed	4%	<5	113	SigLow
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	13%	69	512	NS
No limiting long-term illness or disability	9%	134	1,458	NS
<b>CARERS</b>				
Carers	12%	41	354	NS
Non carers	10%	160	1,597	NS
<b>RELIGION</b>				
No religion	14%	126	900	SigHigh
Christian religion	6%	57	896	SigLow
Any other religion	12%	19	156	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	5%	52	1,042	SigLow
Rent from a private landlord	18%	86	477	SigHigh
Rent from a housing association or local authority	21%	37	178	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	19%	38	203	SigHigh
Employed	10%	118	1,215	NS
Unemployed and looking for work, unable to work due or caring for home and family	19%	41	211	SigHigh
Retired	2%	7	335	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	5%	8	159	NS
Degree level or higher	10%	90	870	NS
<b>ALL RESPONDENTS</b>	<b>10%</b>	<b>205</b>	<b>1,984</b>	<b>-</b>

# 2012 Health Counts

## Sexual health

Questions on sexual health were included for the first time in the 2012 Health Counts survey. As it is known that questions on sexual health are more sensitive than other issues covered, it was emphasized within the questionnaire that these questions were voluntary. Some of the questions have lower numbers of people completing them and the numbers of respondents to each question is given with the tables in this report.

The mean (average) number of sexual partners for survey respondents completing the question was 1.7 in the last year and 17.7 in their lifetime so far. The standard deviation, a measure of the spread of responses, was large for the number of partners within respondents' lifetimes.

Number of sexual partners in last year and life time so far		
	2012	
	Last year	Lifetime
Mean number of partners	1.7	17.7
Standard deviation	7.1	133.1
<b>ALL RESPONDENTS</b>	<b>1,664</b>	<b>1,659</b>

The most commonly used contraceptive/STI prevention method used, by respondents or their partner, is condom (23%), followed by the pill (15%). Notably, for 6% of respondents withdrawal is used.

Contraceptive/STI prevention methods used (respondents could tick multiple responses)		
	2012	
	%	People
None, I am not in a relationship	22%	446
None, I am / my partner is sterilised	9%	192
None, other reason	14%	287
Withdrawal	6%	121
Condom	23%	472
Safe period / rhythm / Persona	2%	34
Cap / diaphragm	0.5%	11
Hormonal IUS / Mirena	1%	26
Foam / gels / sprays / pessaries	<5	<5
The pill	15%	311
IUD / Coil	4%	87
Going without sex	3%	67
Female condom	<5	<5
Injections / implants	3%	62
Emergency contraception	0.7%	14
Dental dam	<5	<5
Other	5%	94
<b>ALL RESPONDENTS</b>		<b>2,035</b>

Over a third of respondents have ever had a HIV test (36%) or a chlamydia test (38%), with 11% of respondents having had a HIV test in the last 12 months and 14% a chlamydia test.

Ever had a HIV test				
	HIV test		Chlamydia test	
	%	People	%	People
Yes, in the last 12 months	11%	216	14%	264
Yes, more than 12 months ago	25%	481	23%	434
Never	63%	1,194	62%	1,156
<b>ALL RESPONDENTS</b>		<b>1,891</b>		<b>1,854</b>

Around one in six respondents (16%) have ever had one of these listed common STIs: Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea, and 4% of respondents have had more than one.

Ever been told you have one of the following .....		
	2012	
	%	People
Any of Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea	16%	335
More than one of Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea	4%	74
Genital warts / Human papilloma virus / HPV	6%	132
Syphilis	0.9%	18
Herpes / Herpes simplex virus 2 / HSV-2	3%	69
Chlamydia	5%	93
Non Specific Urethritis / Non Gonococcal Urethritis	4%	91
Gonorrhoea	2%	48
Pelvic Inflammatory disease (PID)	0.9%	19
Vaginal thrush	19%	394
Trichomonas / Trich / TV	0.6%	13
HIV or AIDS	0.9%	19
Yes, but can't remember which	0.9%	19
<b>ALL RESPONDENTS</b>		<b>2,035</b>

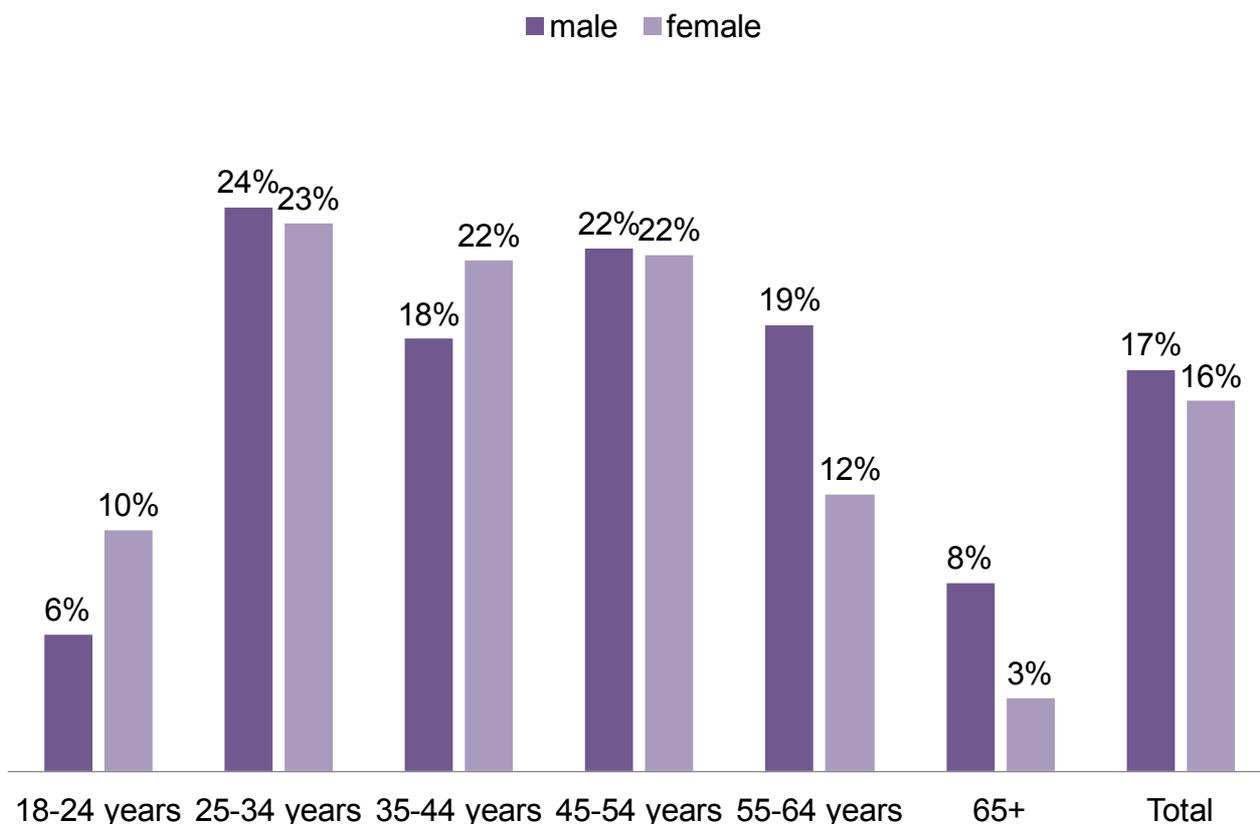
The remainder of this section looks at those that have ever been told that they have any of the following STIs: Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea.

## Ever having had an STI by age and gender

There is little difference in rates of ever having one of the listed STIs by gender (Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea).

However, there are differences within difference age groups, for example males aged 18-24 years are less likely to say they have had an STI than females of that age (6% vs. 10%). Conversely, males aged 55-64 years (19% vs. 12%) and 65+ years (8% vs. 3%) are more likely than females of these ages to state they have ever had a listed STI.

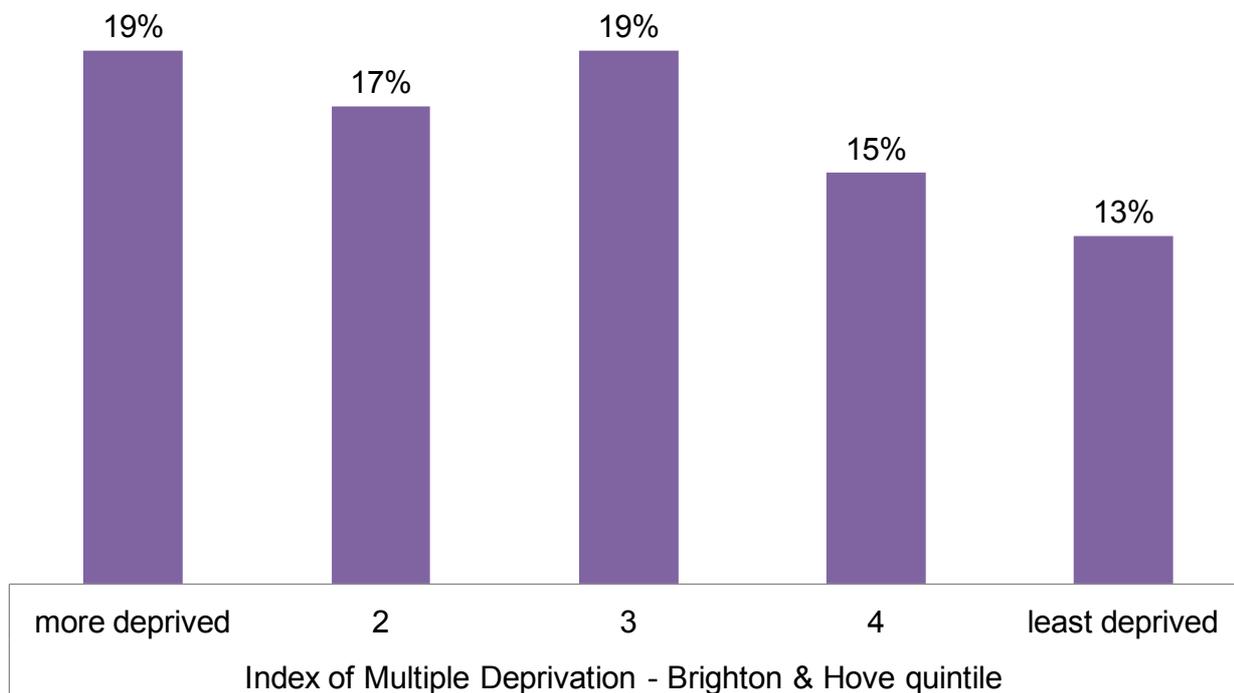
### Percentage of respondents who have ever had a common STI, by age and gender, within Brighton & Hove, 2012



## Ever having had an STI by deprivation

Whilst ever having has an STI is similar for the most deprived quintile through to the middle group, due to the lower rates in to two most affluent quintiles there is a significant association between STIs and deprivation. This is again based upon the following STIs: Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea.

## Percentage of respondents who have ever had a common STI, by quintile of deprivation within Brighton & Hove, 2012



## Ever having had an STI by population group

LGB and unsure respondents (35%) are significantly more likely to say that they have ever had an STI than all respondents. For heterosexual respondents (14%) this was lower. The highest figure was for gay men (49%), significantly higher than for all respondents. The figures for bisexual respondents (27%) and lesbian/gay women (11%) were not significantly different to all respondents.

There was little difference between BME (17%) and White British respondents (16%).

Those who are separated or divorced have the highest STI rate (22%) by marital status, though this is not significantly higher than for all respondents.

Respondents with no religion (22%) are significantly more likely to state that they have had an STI than all respondents, Christians are significantly less likely (11%). Age may be a factor here.

Respondents who rent from a private landlord (22%) are significantly more likely to have had a common STI than all respondents.

Retired respondents are significantly less likely to have had a listed STI (7%) than all respondents, though this is likely to be strongly age related.

Respondents with no qualifications are significantly less likely to have had a common STI (7%) than all respondents, and those with a degree level qualification or higher significantly more likely (21%).

Ever had an STI by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	14%	255	1,763	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	35%	75	215	SigHigh
<b>ETHNICITY</b>				
White British	16%	267	1,630	NS
Black or Minority Ethnic (BME)	17%	64	375	NS
<b>MARITAL STATUS</b>				
Single	19%	113	594	NS
Married, in a civil partnership or living as a couple	16%	180	1,138	NS
Separated or divorced	22%	30	136	NS
Widowed	6%	7	119	SigLow
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	16%	84	536	NS
No limiting long-term illness or disability	17%	247	1,485	NS
<b>CARERS</b>				
Carers	18%	64	361	NS
Non carers	16%	269	1,633	NS
<b>RELIGION</b>				
No religion	22%	203	914	SigHigh
Christian religion	11%	103	924	SigLow
Any other religion	16%	25	160	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	16%	168	1,063	NS
Rent from a private landlord	22%	109	490	SigHigh
Rent from a housing association or local authority	17%	32	187	NS
<b>EMPLOYMENT STATUS</b>				
Student	10%	19	183	NS
Employed	20%	243	1,234	NS
Unemployed and looking for work, unable to work due or caring for home and family	19%	42	221	NS
Retired	7%	26	352	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	7%	12	163	SigLow
Degree level or higher	21%	188	891	SigHigh
<b>ALL RESPONDENTS</b>	<b>17%</b>	<b>328</b>	<b>1,975</b>	<b>-</b>

# 2012 Health Counts

## Social capital

The 2012 Health Counts survey included the following questions on social capital, neighbourhoods and winter warmth:

- Overall how satisfied are you with your local area as a place to live? (2012 and Place Survey 2008<sup>4</sup>)
- How strongly do you feel you belong to you immediate area? (2012 and Place Survey 2008)
- How frequently have you used parks and open spaces in or around Brighton & Hove? (2012)
- How often do you see or speak to your neighbours? (2012 and 2003)
- Supposing you are ill in bed and need help at home. Could you ask anyone to help? (2012 and 2003)
- During the past 3 months, have you felt anxious or stressed by: (2012 and 2003)
  - Your housing conditions
  - Your neighbourhood
  - Air quality
  - Waste / litter
  - Noise
  - Traffic
  - Burglary
  - Theft from, or of, cars
  - Fear of violence against you
  - Fear of violence against your family or friends
  - Fear of losing job (2012 only)
  - Fear of losing home (2012 only)
- Are there times in the winter when you cannot keep your home warm enough? (2012 and 2003)

The tables by population group can be found at the end of this section of the report.

### **Satisfaction with local area as a place to live**

In 2012, 88% of Health Counts respondents are very or fairly satisfied with their local area as a place to live. This compares with 86% in the 2008 Place Survey<sup>4</sup>. Female respondents (90%) are more likely than males (85%) to feel very/fairly satisfied with their local area as a place to live.

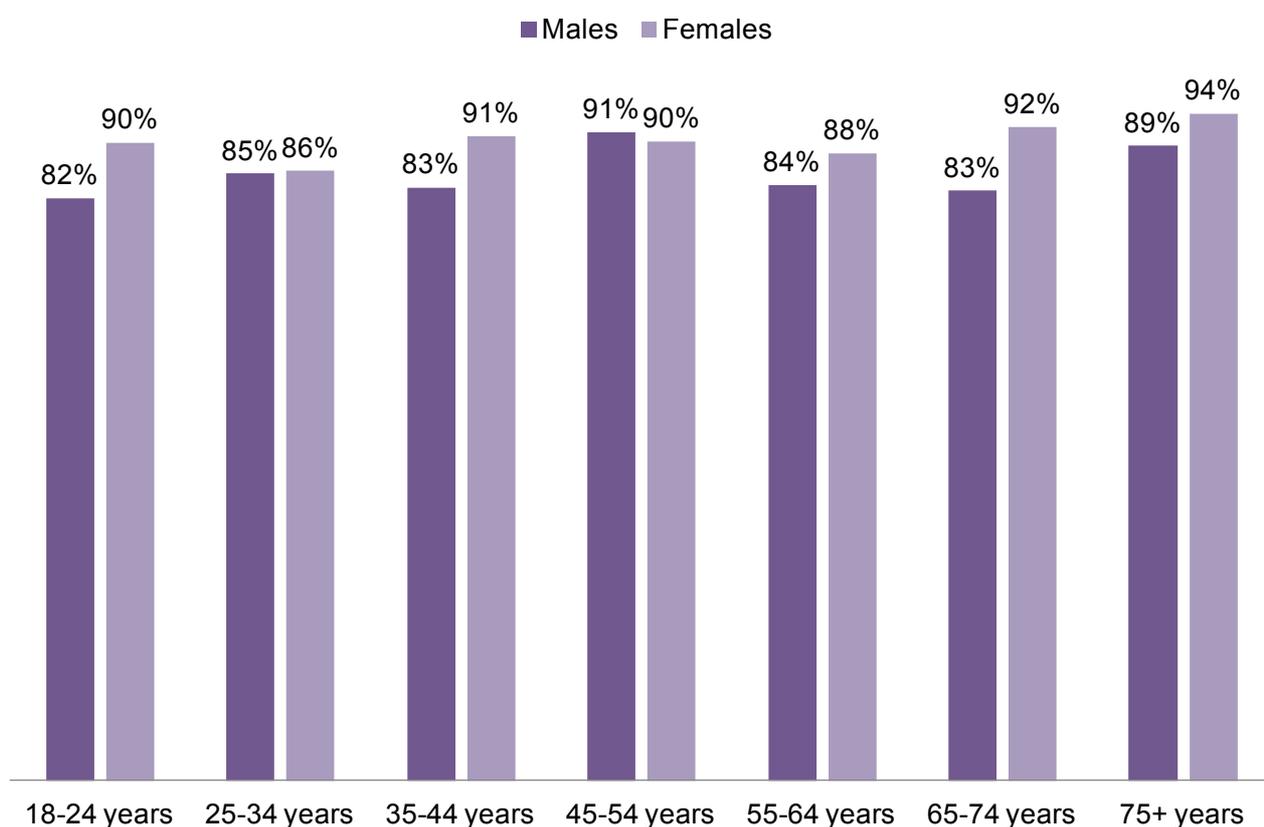
Groups with significantly higher satisfaction with this local area as a place to live are those that own their own home (93%) or have a degree level qualification or higher (93%). Conversely, groups with significantly lower satisfaction are those with a limiting long-term illness or disability (81%), single respondents (82%), respondents renting from a housing association or local authority (71%) and those who are unemployed and looking for work, unable to work due or caring for home and family (71%).

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<sup>4</sup> Brighton & Hove City Council. Place Survey 2008. Results available at <http://www.bhlis.org/surveys>

Overall, how satisfied are you with your local area as a place to live? 2012			
	Health Counts		
	2012		
	%	People	
Very satisfied	50%	1004	
Fairly satisfied	38%	760	
Neither satisfied or dissatisfied	7%	148	
Fairly dissatisfied	4%	73	
Very dissatisfied	1%	30	
<b>ALL RESPONDENTS</b>		<b>2,016</b>	

**Percentage of respondents who are very or fairly satisfied with their local area as a place to live, by age and gender, within Brighton & Hove, 2012**



**Sense of belonging**

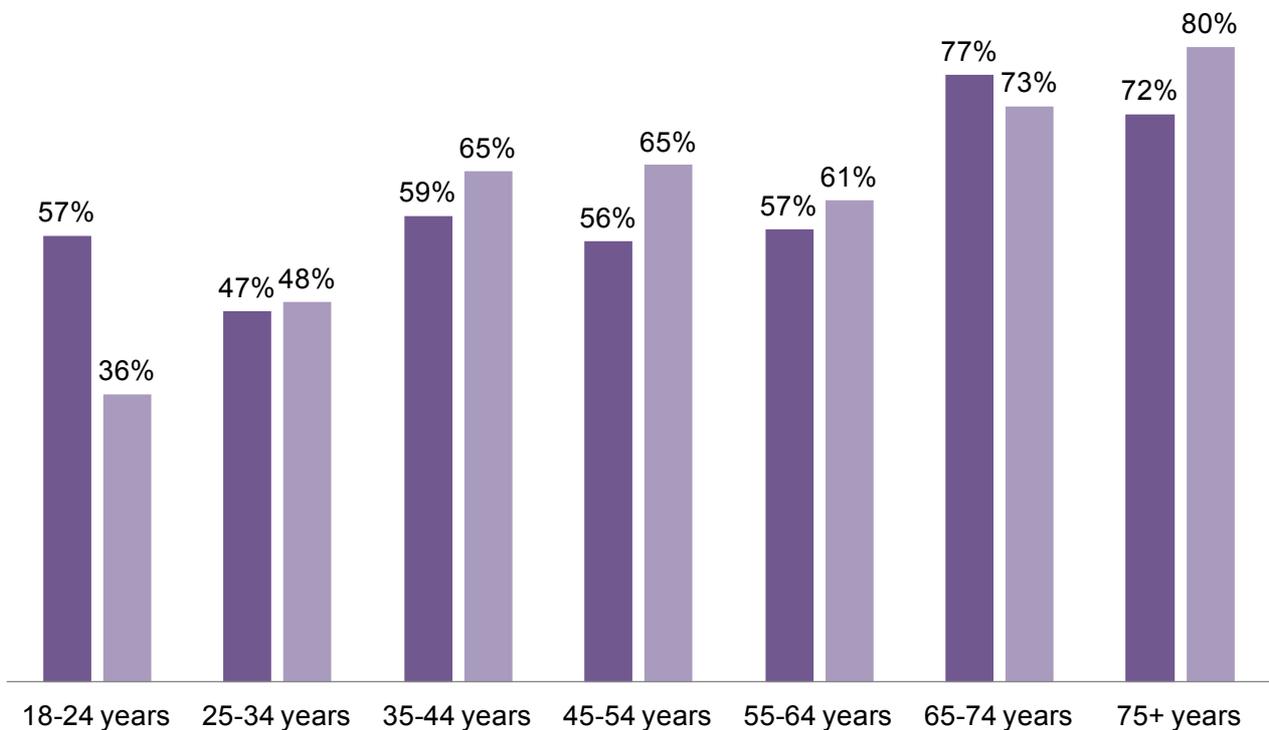
Over half of respondents (58%) feel that they belong to their immediate neighbourhood very/fairly strongly, though over a third (38%) rate their sense of belonging as not very strong or not at all.

How strongly do you feel you belong to your immediate area? 2012		
	2012	
	%	People
Very strongly	18%	365
Fairly strongly	40%	807
Not very strongly	25%	507
Not at all strongly	12%	243
Don't know	5%	93
<b>ALL RESPONDENTS</b>		<b>2,015</b>

Males aged 18-24 are much more likely (57%) than females of this age band (36%) to feel very/fairly strongly that they belong to their immediate neighbourhood. Sense of belonging increases with age for both males and females, with 78% of those aged over 75 years feeling very/fairly strongly that they belong compared to 46% of those aged 18-24 years.

**Percentage of respondents who feel that they very or fairly strongly belong to their immediate local area, by age and gender, within Brighton & Hove, 2012**

■ Males ■ Females



Groups with significantly higher sense of belonging (based upon the percentage of respondents reporting very strongly or fairly strongly) are those who are married, in a civil partnership or living as a couple (64%), widowed (71%), those who own their own home (69%) and those who are retired (75%). Groups with significantly lower sense of belonging are LGB and unsure respondents (48%), single respondents (45%), those who rent either

from a private landlord (42%) or from a housing association or local authority (45%) and students (41%).

## Use of parks and open spaces

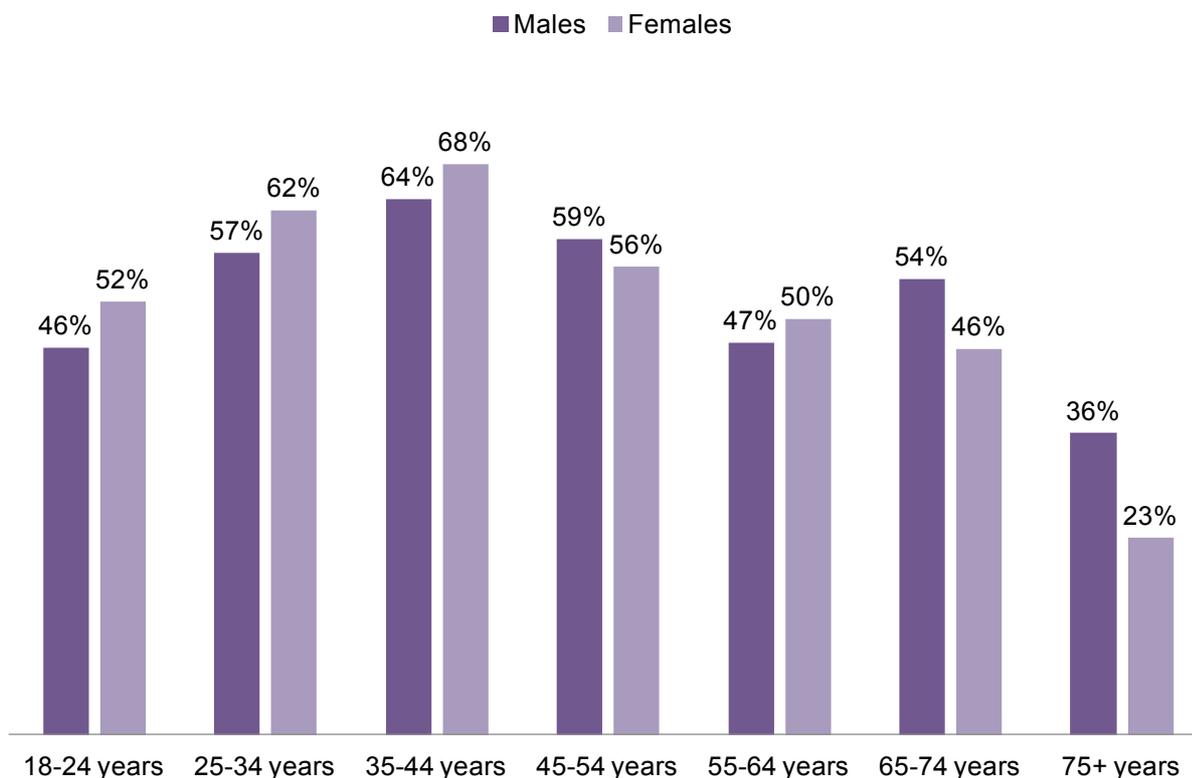
The 2012 Health Counts survey showed that just over half the survey population (54%) reported using parks and open spaces in the city at least once a week.

How frequently have you used parks and open spaces in or around Brighton & Hove, 2012		
	2012	
	%	People
Almost every day	16%	326
At least once a week	38%	769
About once a month	20%	394
Within the last six months	9%	177
Within the last year	5%	100
Longer ago	5%	109
Never used	3%	58
It does not apply	2%	44
Don't know	2%	34
<b>ALL RESPONDENTS</b>		<b>2,013</b>

Females aged 18-44 are more likely than males to use parks or open spaces at least once a week, whereas for those aged 55 years or over males are more likely than females to use parks and open spaces at least one a week.

Groups with a significantly higher proportion of respondents using parks and open spaces in the City in the last week are those who are married, in a civil partnership or living as a couple (60%), those who have no religion (61%) and those who are employed (60%) or have a degree level qualification or higher (64%). Groups with significantly figures are single (47%) and widowed respondents (37%), those with a limiting long-term illness or disability (44%), those who rent from a housing association or local authority (38%), Christian respondents (48%) and those who are retired (42%) and have no qualifications (33%).

## Percentage of respondents who use parks and open spaces in the City at least once a week, by age and gender, within Brighton & Hove, 2012



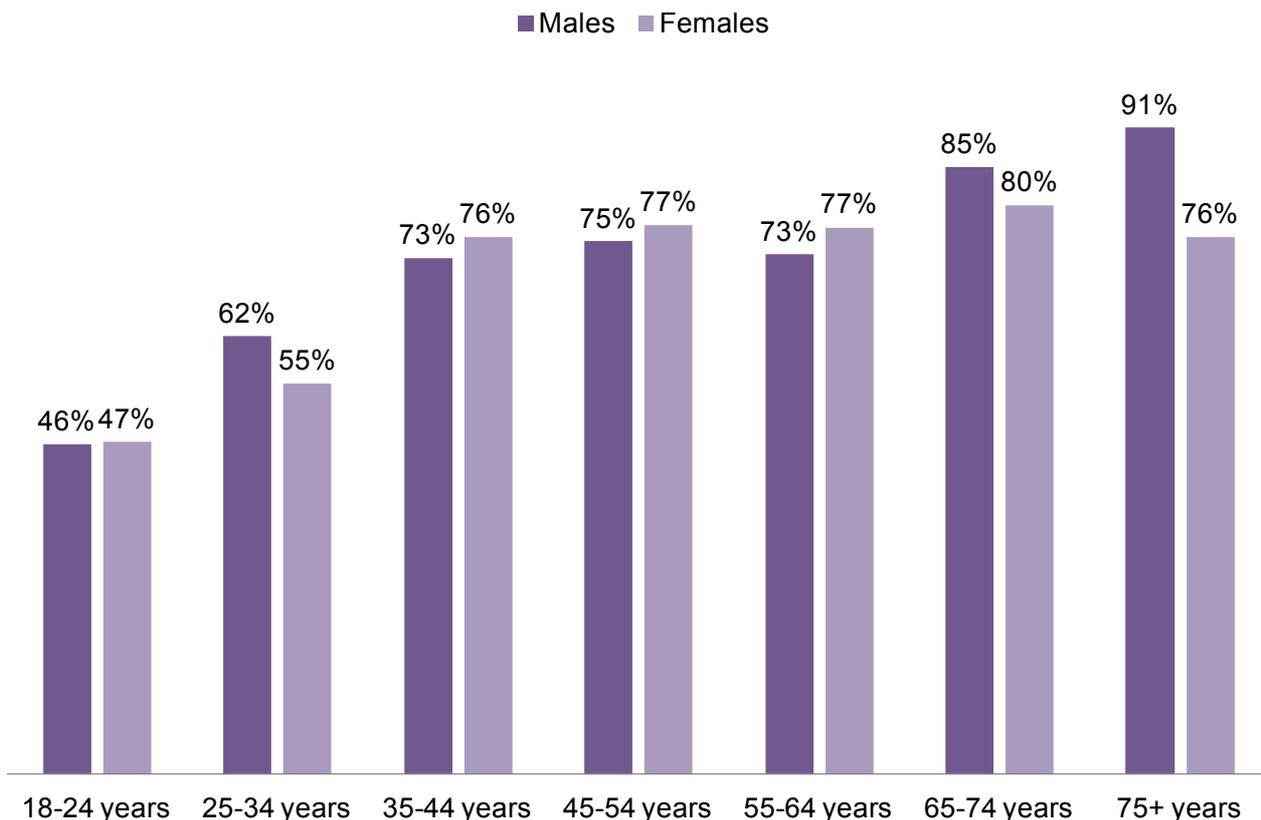
## Neighbours

Overall, 68% of respondents see or speak to their neighbours at least once or twice a week, with 15% of respondents seeing or speaking to neighbours on a daily basis. This is a large decrease from 2003, when 80% of respondents said they saw or spoke to their neighbours at least once or twice a week and is a statistically significant fall.

How often do you see or speak to your neighbours, 2003 and 2012				
	Health Counts			
	2003		2012	
	%	People	%	People
Every day	18%	353	15%	299
3-6 days per week	32%	627	23%	454
Once or twice a week	30%	575	31%	625
Once or twice a month	11%	205	16%	328
Once every couple of months	4%	74	6%	124
Once or twice a year	2%	48	5%	102
Not at all in the last 12 months	3%	57	4%	85
<b>ALL RESPONDENTS</b>		<b>1,939</b>		<b>2,017</b>

Likelihood of seeing or speaking to a neighbour at least once or twice a week is similar for males and females (69% males, 67% females) and increases with age for both males and females. It is also related to how long respondents have lived in Brighton & Hove: rising from 50% of those who have lived in the City for less than four years, 65% of those living here for 4-10 years, 67% for those resident for 11-25 years and 79% of respondents resident in Brighton & Hove for 26 years or more.

**Percentage of respondents who see or speak to neighbours at least once or twice a week, by age and gender, within Brighton & Hove, 2012**



Respondents who are married, in a civil partnership or living as a couple (75%), carers (79%), who own their own home (79%), or who are retired (81%) are significantly more likely than all respondents to see or speak to neighbours at least once or twice a week. Conversely single respondents (56%), those who rent from a private landlord (51%) and students (55%) are significantly less likely to do so.

**Being able to ask for help**

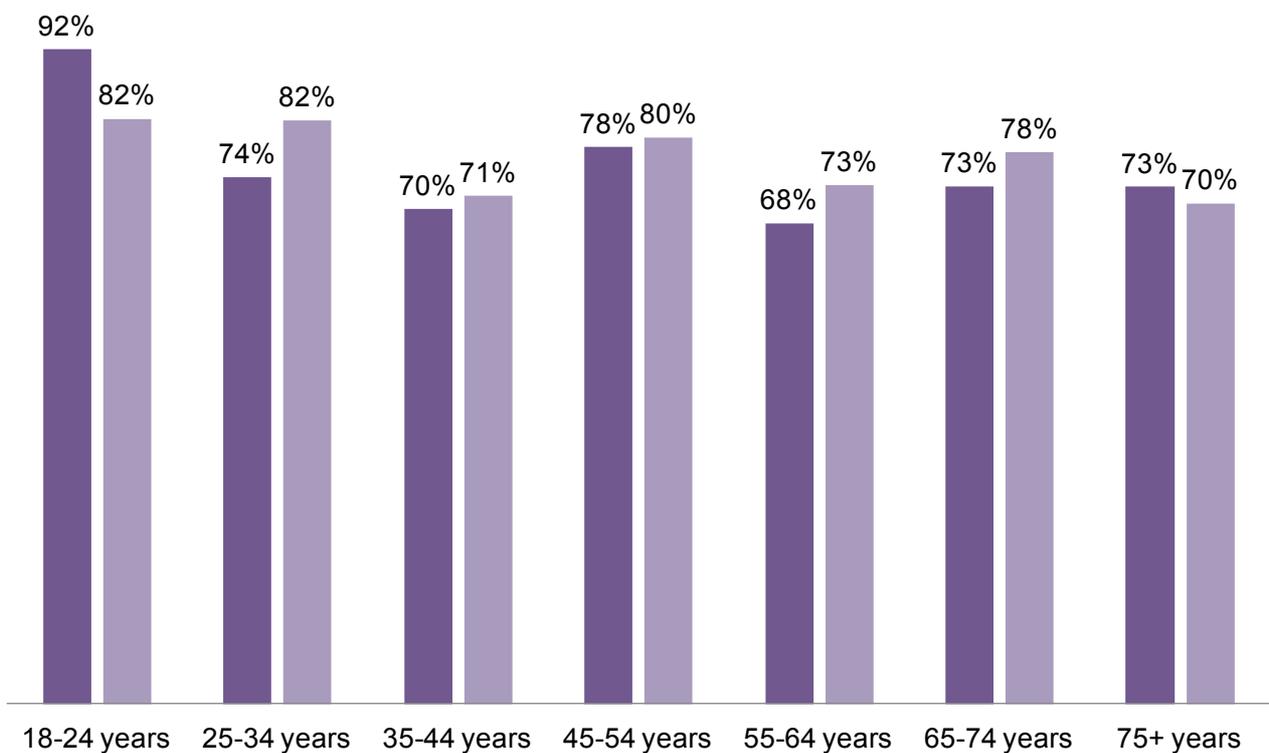
The percentage of respondents who, if ill in bed and needed help, could ask someone for help increased from 69% in 2003 to 76% in 2012, a statistically significant increase.

There is little difference by gender (76% males and 77% females), and it is those aged 18-24 years who are most likely of all age groups to feel they could ask for help at home if needed (87%).

Supposing you are ill in bed and need help at home. Could you ask anyone to help? 2003 and 2012				
	Health Counts			
	2003		2012	
	%	People	%	People
Yes	69%	1,333	76%	1,539
No	13%	252	9%	176
Don't know / it depends	18%	354	15%	303
<b>ALL RESPONDENTS</b>		<b>1,939</b>		<b>2,018</b>

**Percentage of respondents who , if ill in bed and needed help, could ask someone for help, by age and gender, within Brighton & Hove, 2012**

■ Males ■ Females



Respondents who are married, in a civil partnership or living as a couple (81%), and students (86%) are significantly more likely to feel they are able to ask for help if needed than all respondents. Worryingly, respondents with a limiting long-term illness or disability (69%) are significantly less likely, than all respondents to feel they can ask for help, as are separated or divorced respondents (62%), and those who rent from a housing association or local authority (67%), are unemployed and looking for work, unable to work due or caring for home and family (65%) and those with a religion other than Christian (65%).

## Anxiety/ stress due to housing, pollution, crime, fear of violence and finance

The majority of respondents have not felt anxious or stressed by any of the issues listed in the past three months. In addition, there has been an improvement across all areas, with the exception of concern about housing conditions with 20% of respondents in 2012 anxious or stressed due to housing condition some to all of the time compared with 14% in 2003. The percentages of respondents concerned about any of the issues all or most of the time ranged from 1-6%.

The issue with the highest proportion of respondents likely to feel stressed or anxious all/most or some of the time is waste or litter pollution in the City (31%), followed by noise and traffic (both 29%), and by fear of losing their job (27%).

These issues are not presented in the report by age and gender, or for population group, due to space required to present this information, but are available upon request.

During the past 3 months, have you felt anxious or stressed by any of the following? 2012 and (2003 in brackets)				
	All or most of the time	Some of the time	Little or none of the time	Respondents
<b>YOUR HOUSING</b>				
Conditions e.g. damp/cold	4% (3%)	16% (10%)	80% (86%)	1,955 (1,849)
Neighbourhood	2% (3%)	14% (16%)	84% (81%)	1,926 (1,800)
<b>POLLUTION</b>				
Air quality	1% (4%)	11% (18%)	88% (79%)	1,915 (1,782)
Waste / litter	5% (11%)	26% (33%)	69% (56%)	1,918 (1,800)
Noise	5% (8%)	24% (28%)	71% (65%)	1,915 (1,800)
Traffic	5% (10%)	24% (29%)	71% (61%)	1,927 (1,816)
<b>CRIME IN YOUR AREA</b>				
Burglary	2% (6%)	17% (21%)	81% (61%)	1,960 (1,878)
Theft from, or of, cars	1% (6%)	14% (12%)	84% (63%)	1,926 (1,848)
<b>FEAR OF VIOLENCE</b>				
Against you	2% (3%)	12% (21%)	86% (76%)	1,971 (1,871)
Against your family or friends	2% (3%)	12% (23%)	87% (74%)	1,940 (1,848)
<b>FINANCE (2012 only)</b>				
Fear of losing job	6%	21%	73%	1,898
Fear of losing home	5%	14%	81%	1,940

## Winter warmth

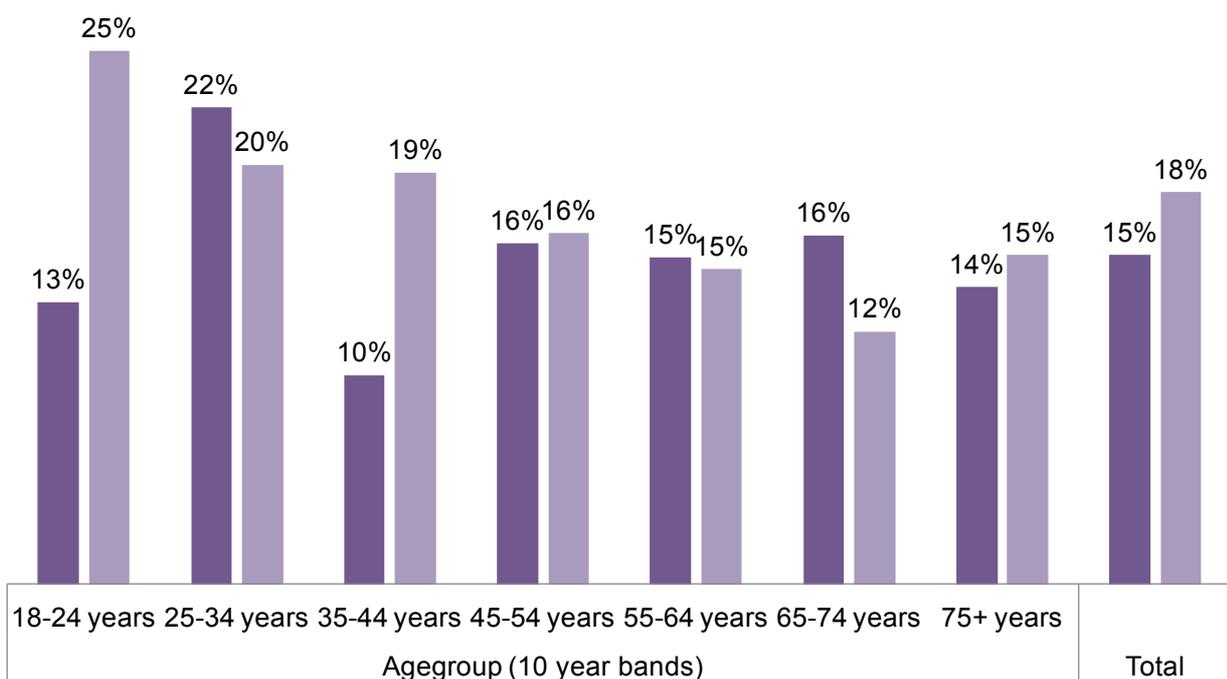
A slim majority of respondents can always keep their homes warm enough in winter (52%). However this has seen a statistically significant fall from 60% in 2003. In both surveys 5% of respondents cannot keep their home warm enough most of the time, but the percentage who cannot keep their home warm enough most of the time or quite often rose from 13% in 2003 to 17% in 2012.

Are there times in the winter when you cannot keep your home warm enough? 2003 and 2012				
	Health Counts			
	2003		2012	
	%	People	%	People
most of the time	5%	98	5%	105
quite often	8%	144	12%	233
only occasionally	27%	522	32%	639
never	60%	1,141	52%	1,039
<b>ALL RESPONDENTS</b>		<b>1,905</b>		<b>2,016</b>

There is little difference by gender (15% of males and 17% of females) or by age group, though the rates are highest in the youngest age groups.

### Percentage of respondents who cannot keep their home warm enough in winter most of the time or quite often, by age and gender, within Brighton & Hove, 2012

■ Males ■ Females



Respondents who own their own home (with or without a mortgage) (10%) and those who have a degree level qualification or higher (13%) are significantly less likely to be unable to keep their home warm in winter most of the time or quite often.

Conversely, respondents who have a limiting long-term illness or disability (24%), rent from a private landlord (30%) or from a housing association or local authority (30%), and those who are unemployed and looking for work, unable to work due or caring for home and family (29%) are significantly more likely to be unable to keep their home warm in winter most of the time or quite often.

Very or fairly satisfied with local area as a place to live by population group				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	88%	1,536	1,750	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	85%	182	213	NS
<b>ETHNICITY</b>				
White British	88%	1,416	1,615	NS
Black or Minority Ethnic (BME)	87%	326	375	NS
<b>MARITAL STATUS</b>				
Single	82%	488	593	SigLow
Married, in a civil partnership or living as a couple	90%	1,020	1,128	NS
Separated or divorced	87%	117	135	NS
Widowed	88%	101	115	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	81%	428	526	SigLow
No limiting long-term illness or disability	90%	1,324	1,475	NS
<b>CARERS</b>				
Carers	88%	315	358	NS
Non carers	88%	1,419	1,620	NS
<b>RELIGION</b>				
No religion	88%	801	908	NS
Christian religion	87%	800	915	NS
Any other religion	86%	139	162	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	93%	981	1,054	SigHigh
Rent from a private landlord	85%	417	488	NS
Rent from a housing association or local authority	71%	132	186	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	90%	182	203	NS
Employed	90%	1,103	1,229	NS
Unemployed and looking for work, unable to work due or caring for home and family	71%	153	216	SigLow
Retired	89%	307	344	NS
<b>QUALIFICATIONS</b>				
No qualifications	85%	135	158	NS
Degree level or higher	93%	817	883	SigHigh
<b>ALL RESPONDENTS</b>	<b>88%</b>	<b>1,765</b>	<b>2,016</b>	<b>-</b>

Very or fairly strongly feel you belong to your immediate neighbourhood				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	59%	1,033	1,750	NS
Lesbian, Gay, Bisexual, Unsure (LGBU) or other	48%	103	214	SigLow
<b>ETHNICITY</b>				
White British	59%	949	1,614	NS
Black or Minority Ethnic (BME)	54%	203	374	NS
<b>MARITAL STATUS</b>				
Single	45%	267	590	SigLow
Married, in a civil partnership or living as a couple	64%	725	1,130	SigHigh
Separated or divorced	57%	78	136	NS
Widowed	71%	81	114	SigHigh
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	59%	309	527	NS
No limiting long-term illness or disability	58%	854	1,474	NS
<b>CARERS</b>				
Carers	63%	225	359	NS
Non carers	57%	926	1,620	NS
<b>RELIGION</b>				
No religion	54%	486	907	NS
Christian religion	62%	568	914	NS
Any other religion	57%	93	162	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	69%	730	1,054	SigHigh
Rent from a private landlord	42%	205	487	SigLow
Rent from a housing association or local authority	45%	84	186	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	41%	84	203	SigLow
Employed	58%	708	1,228	NS
Unemployed and looking for work, unable to work due or caring for home and family	50%	109	217	NS
Retired	75%	257	342	SigHigh
<b>QUALIFICATIONS</b>				
No qualifications	64%	101	158	NS
Degree level or higher	61%	541	882	NS
<b>ALL RESPONDENTS</b>	<b>58%</b>	<b>1,172</b>	<b>2,015</b>	<b>-</b>

Used parks and open spaces in or around Brighton and Hove at least once a week				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	55%	955	1,751	NS
LGB&U, or other	55%	177	213	NS
<b>ETHNICITY</b>				
White British	54%	877	1,616	NS
BME	54%	203	374	NS
<b>MARITAL STATUS</b>				
Single	47%	279	591	SigLow
Married, in a civil partnership or living as a couple	60%	684	1,132	SigHigh
Separated or divorced	53%	71	133	NS
Widowed	37%	42	115	SigLow
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	44%	228	523	SigLow
No limiting long-term illness or disability	58%	856	1,475	NS
<b>CARERS</b>				
Carers	56%	202	359	NS
Non carers	55%	882	1,618	NS
<b>RELIGION</b>				
No religion	61%	555	910	SigHigh
Christian religion	48%	440	913	SigLow
Any other religion	53%	84	158	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	59%	622	1,055	NS
Rent from a private landlord	54%	262	487	NS
Rent from a housing association or local authority	38%	69	182	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	49%	99	203	NS
Employed	60%	741	1,232	SigHigh
Unemployed and looking for work, unable to work due or caring for home and family	47%	103	217	NS
Retired	42%	147	347	SigLow
<b>QUALIFICATIONS</b>				
No qualifications	33%	53	159	SigLow
Degree level or higher	64%	567	886	SigHigh
<b>ALL RESPONDENTS</b>	<b>54%</b>	<b>1,096</b>	<b>2,035</b>	<b>-</b>

<b>See or speak to neighbours at least once or twice a week</b>				
	<b>%</b>	<b>Count</b>	<b>Total</b>	<b>Significance</b>
<b>SEXUAL ORIENTATION</b>				
Heterosexual	69%	1,213	1,752	NS
LGB&U, or other	61%	131	214	NS
<b>ETHNICITY</b>				
White British	70%	1,134	1,619	NS
BME	61%	228	373	NS
<b>MARITAL STATUS</b>				
Single	56%	332	593	SigLow
Married, in a civil partnership or living as a couple	75%	843	1,129	SigHigh
Separated or divorced	69%	92	134	NS
Widowed	74%	86	117	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	70%	370	527	NS
No limiting long-term illness or disability	68%	997	1,475	NS
<b>CARERS</b>				
Carers	79%	284	360	SigHigh
Non carers	66%	1,073	1,622	NS
<b>RELIGION</b>				
No religion	66%	596	907	NS
Christian religion	72%	658	917	NS
Any other religion	64%	101	158	NS
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	79%	834	1,057	SigHigh
Rent from a private landlord	51%	248	486	SigLow
Rent from a housing association or local authority	63%	130	187	NS
<b>EMPLOYMENT STATUS</b>				
Student	55%	111	203	SigLow
Employed	67%	828	1,229	NS
Unemployed and looking for work, unable to work due or caring for home and family	68%	146	216	NS
Retired	81%	281	347	SigHigh
<b>QUALIFICATIONS</b>				
No qualifications	74%	118	159	NS
Degree level or higher	67%	597	886	NS
<b>ALL RESPONDENTS</b>	<b>68%</b>	<b>1,374</b>	<b>2,035</b>	<b>-</b>

If ill in bed and needed help, could ask someone for help				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	77%	1,352	1,755	NS
LGB&U, or other	71%	152	213	NS
<b>ETHNICITY</b>				
White British	78%	1,260	1,618	NS
BME	70%	261	375	NS
<b>MARITAL STATUS</b>				
Single	72%	424	593	NS
Married, in a civil partnership or living as a couple	81%	917	1,132	SigHigh
Separated or divorced	62%	84	135	SigLow
Widowed	68%	78	114	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	69%	367	529	SigLow
No limiting long-term illness or disability	79%	1,164	1,476	NS
<b>CARERS</b>				
Carers	78%	279	360	NS
Non carers	76%	1232	1623	NS
<b>RELIGION</b>				
No religion	78%	707	908	NS
Christian religion	77%	706	917	NS
Any other religion	65%	104	159	SigLow
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	78%	825	1057	NS
Rent from a private landlord	72%	351	487	NS
Rent from a housing association or local authority	67%	124	185	SigLow
<b>EMPLOYMENT STATUS</b>				
Student	86%	175	203	SigHigh
Employed	78%	963	1230	NS
Unemployed and looking for work, unable to work due or caring for home and family	65%	144	220	SigLow
Retired	70%	240	343	NS
<b>QUALIFICATIONS</b>				
No qualifications	74%	119	160	NS
Degree level or higher	78%	693	887	NS
<b>ALL RESPONDENTS</b>	<b>76%</b>	<b>1,539</b>	<b>2,035</b>	<b>-</b>

There are times in the winter when you cannot keep your home warm enough				
	%	Count	Total	Significance
<b>SEXUAL ORIENTATION</b>				
Heterosexual	16%	282	1,755	NS
LGB&U, or other	22%	46	212	NS
<b>ETHNICITY</b>				
White British	16%	256	1,620	NS
BME	20%	74	368	NS
<b>MARITAL STATUS</b>				
Single	19%	113	589	NS
Married, in a civil partnership or living as a couple	14%	156	1,131	NS
Separated or divorced	22%	30	135	NS
Widowed	18%	21	115	NS
<b>LIMITING LONG-TERM ILLNESS OR DISABILITY</b>				
Limiting long-term illness or disability	24%	124	527	SigHigh
No limiting long-term illness or disability	14%	213	1,476	NS
<b>CARERS</b>				
Carers	17%	62	361	NS
Non carers	17%	272	1,627	NS
<b>RELIGION</b>				
No religion	17%	156	909	NS
Christian religion	15%	134	916	NS
Any other religion	25%	39	157	SigHigh
<b>HOUSING TENURE</b>				
Own home (with or without mortgage)	10%	102	1,059	SigLow
Rent from a private landlord	30%	143	484	SigHigh
Rent from a housing association or local authority	30%	56	186	SigHigh
<b>EMPLOYMENT STATUS</b>				
Student	23%	46	203	NS
Employed	14%	176	1,229	NS
Unemployed and looking for work, unable to work due or caring for home and family	29%	65	221	SigHigh
Retired	14%	49	346	NS
<b>QUALIFICATIONS</b>				
No qualifications	19%	31	161	NS
Degree level or higher	13%	113	887	SigLow
<b>ALL RESPONDENTS</b>	<b>17%</b>	<b>338</b>	<b>2,016</b>	<b>-</b>

# 2012 Health Counts

## Respondents

Between April and July 2012 a repeat of the health and lifestyle survey was carried out across Brighton & Hove (a similar survey was conducted in East Sussex in 2011). A random sample of 2.5% of the population aged 18 years and over drawn from GP registration database was surveyed (6,000 people).

An overall response rate of 37% was achieved (n=2,035). An additional one page questionnaire was sent to non responders and for questions in both surveys a response rate of 45% was achieved (n=2,556).

### **The survey**

All respondents were sent a postal questionnaire and covering letter in April 2012, followed by a postcard reminder after three weeks and a reminder letter with another copy of the questionnaire three weeks after this. There was a prize draw with the following prizes: £500 (star prize), £100 (two prizes) OR £25 (25 prizes). The survey was conducted by, and ethics approval from, the University of Kent as per the previous surveys

Of the 6,000 surveys sent, the response rate was 33% after the survey and two reminders. Therefore, to increase the response rate, a one page survey was sent to non responders with an additional prize draw for an iPad.

This increased the response rate to the full questionnaire to 37% (2,035) once those who had moved away or died were excluded (56 post office returns, 224 moved and 2 died). An additional 521 people completed the one page survey taking the response rate to questions in both surveys to 46% (2,556).

### **Respondents**

The survey respondents for both the full and one page surveys were broadly similar to the city's population with very slight over representation of older people and under representation of younger adults (those aged 25-34 years) within the survey.

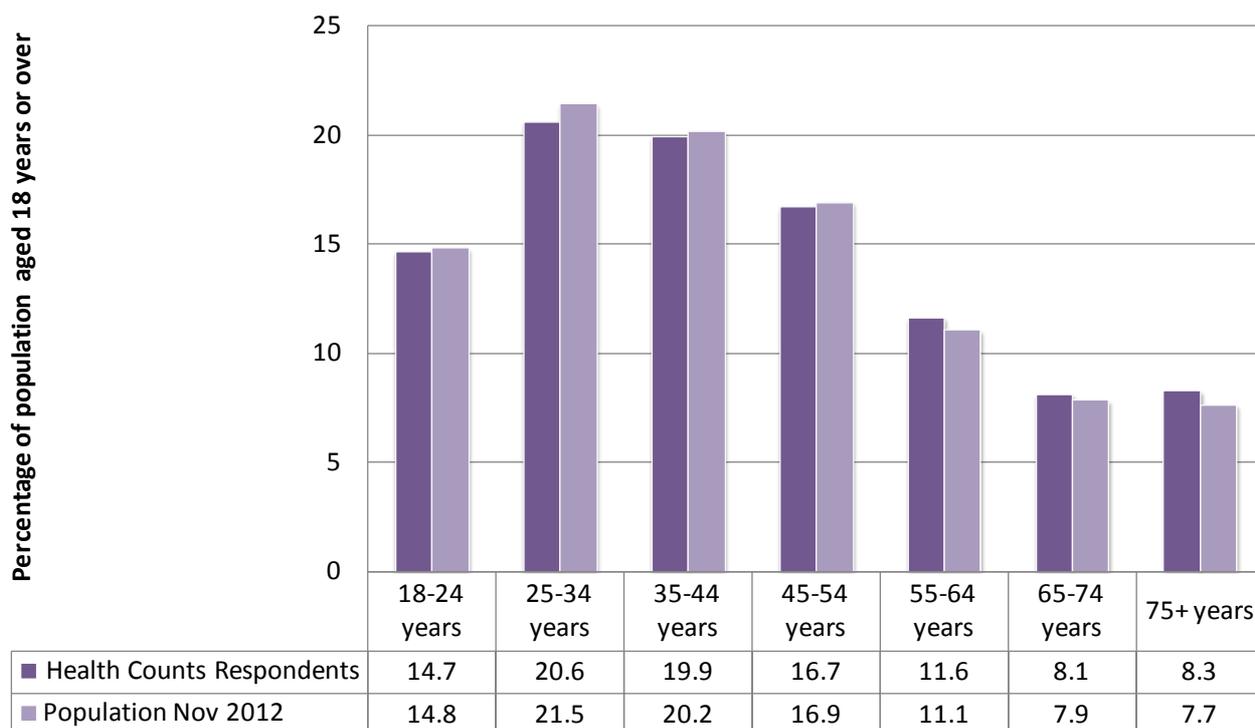
Comparing the characteristics of respondents for the full survey only to that of the Brighton & Hove population, more females responded, there was a higher response rate from older age groups and those living in the least deprived areas of the city. Age, gender and locality were therefore used to weight the responses.

The following shows the comparison for all survey respondents, compared with the population of the City.

## Age and gender

There was a higher proportion of female respondents to the survey (59% female; 41% male) than the resident population (50:50). In terms of age, there was a similar breakdown, but there was a slightly higher response for older people and lower for younger adults.

**Age group comparison - Health Counts respondents and registered population resident in Brighton and Hove, November 2012**



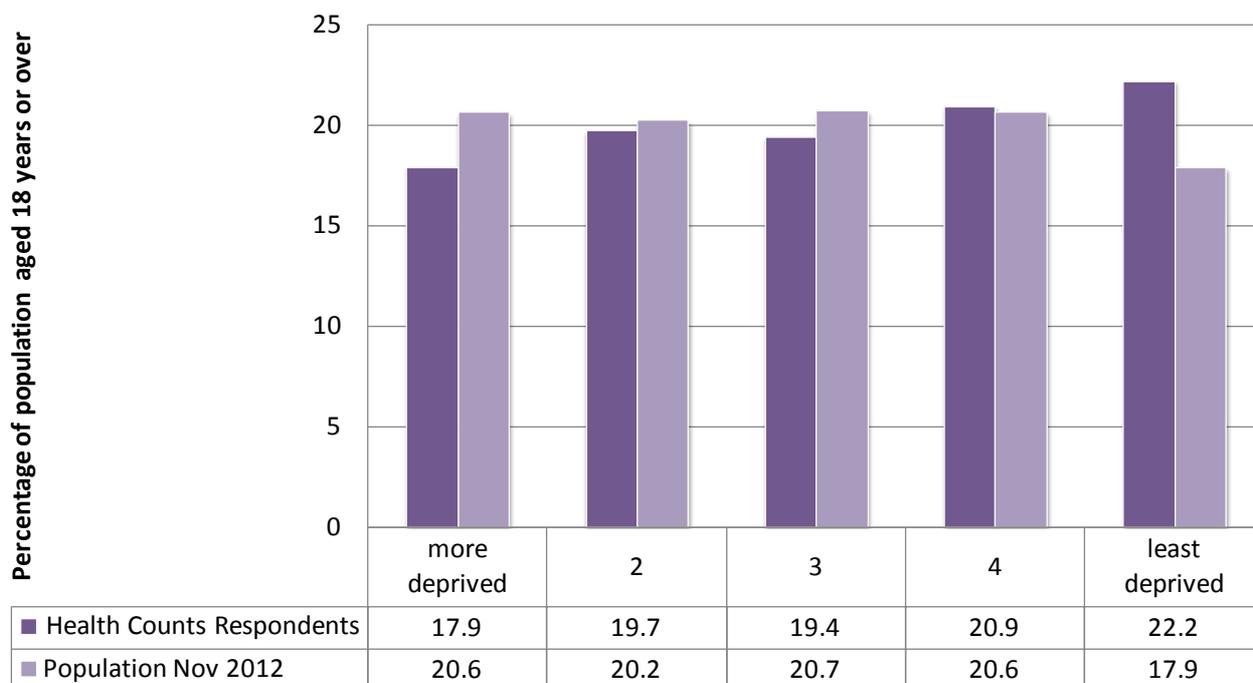
Usual Resident Population				
	2012 population from GP register (resident in Brighton & Hove)		Health Counts respondents	
	People	%	People	%
18-24	35,768	14.8%	375	14.7%
25-34	51,749	21.5%	527	20.6%
35-44	48,717	20.2%	510	19.9%
45-54	40,861	16.9%	427	16.7%
55-64	26,698	11.1%	298	11.6%
65-74	18,997	7.9%	208	8.1%
75+	18,461	7.7%	212	8.3%
<b>18+</b>	<b>241,251</b>	<b>100%</b>	<b>2,556</b>	<b>100%</b>

Source: GP data taken from Exeter 2012

## Deprivation

There was a higher response in most affluent quintile and lower in most deprived quintile of deprivation.

**Index of Multiple Deprivation Quintile (within the city) - Health Counts respondents and registered population resident in Brighton and Hove, November 2012**



## Sexual orientation

One in ten (11%) respondents is lesbian, gay, bisexual, unsure or other. 57 respondents did not give their sexual orientation.

How would you describe your sexuality/sexual orientation, 2012		
	2012	
	%	People
straight / heterosexual	89%	1,764
gay man	6%	118
lesbian / gay woman	2%	37
bisexual	2%	44
unsure	<1%	7
other, please specify	<1%	7
<b>ALL RESPONDENTS</b>		<b>1,978</b>

## Trans

Whilst small in number (18 people), 0.9% of the sample identified as either a gender other than male or female, or did not identify as the gender they were assigned at birth. A separate briefing on the trans sample is being produced as the number of people is too small to present in the tables within this report.

## Religion

In terms of religion/belief, 44.9% of respondents stated that they had no religion compared with the Census 2011 value of 42.4% for Brighton & Hove.

## Ethnicity

The ethnic breakdown of respondents (only asked in the full survey) was broadly similar to the latest Census 2011 estimates of the city's population by ethnic group. In Health Counts 2012, 18.7% of respondents were from BME groups compared with 19.2% on the population aged 18 years or over from the 2011 Census.

Ethnic group				
	Census 2011 (18+ population)		Health Counts respondents	
	Brighton & Hove		Number	%
	Number	%		
<b>All residents</b>	<b>223,422</b>		<b>2,005</b>	
<b>White</b>	<b>201,694</b>	<b>90.3%</b>	<b>1,826</b>	<b>91.1%</b>
English / Welsh / Scottish / Northern Irish / British	180,473	80.8%	1,630	81.3%
Irish	3,576	1.6%	21	1.0%
Other White (inc. Gypsy or Irish Traveller)	17,645	7.9%	175	8.8%
<b>Mixed / multiple ethnic group</b>	<b>5,724</b>	<b>2.6%</b>	<b>57</b>	<b>2.8%</b>
<b>Asian / Asian British</b>	<b>9,305</b>	<b>4.2%</b>	<b>74</b>	<b>3.7%</b>
<b>Black/African/Caribbean/Black British</b>	<b>3,496</b>	<b>1.6%</b>	<b>26</b>	<b>1.3%</b>
<b>Arab</b>	<b>1,633</b>	<b>0.7%</b>	<b>7</b>	<b>0.3%</b>
<b>Any other ethnic group</b>	<b>1,570</b>	<b>0.7%</b>	<b>16</b>	<b>0.8%</b>
<b>Black &amp; Minority Ethnic (BME)</b>	<b>42,949</b>	<b>19.2%</b>	<b>376</b>	<b>18.7%</b>

**Note:** Black & Minority Ethnic (BME) is defined as all ethnic groups other than White English / Welsh / Scottish / Northern Irish / British.

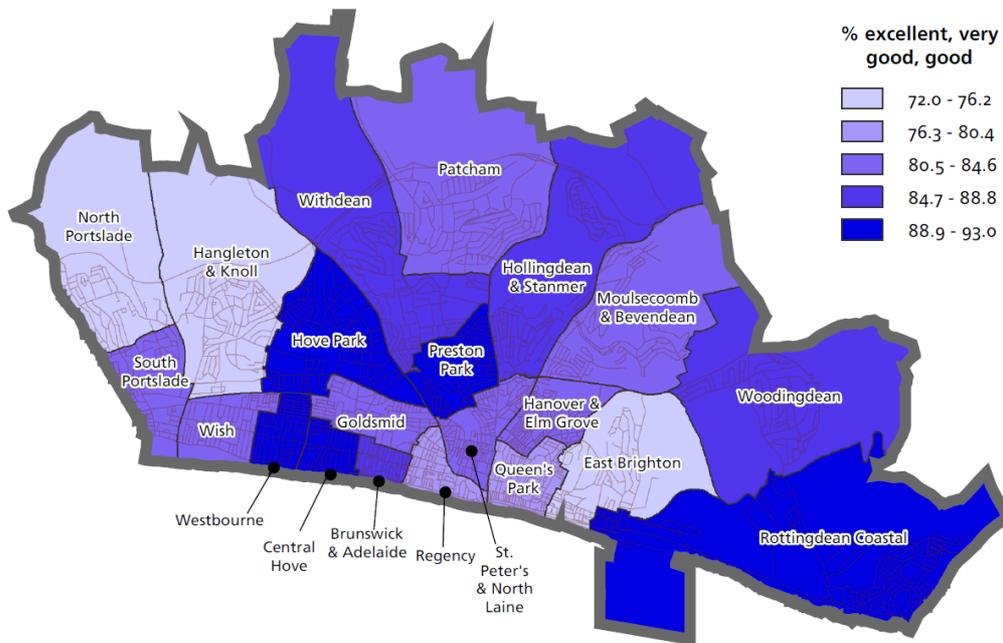
2011 Census data taken from ONS table DC2101EW

# 2012 Health Counts

## Ward maps

### General health

Percentage of adults who said that in general their health is good, very good or excellent, Brighton and Hove 2012

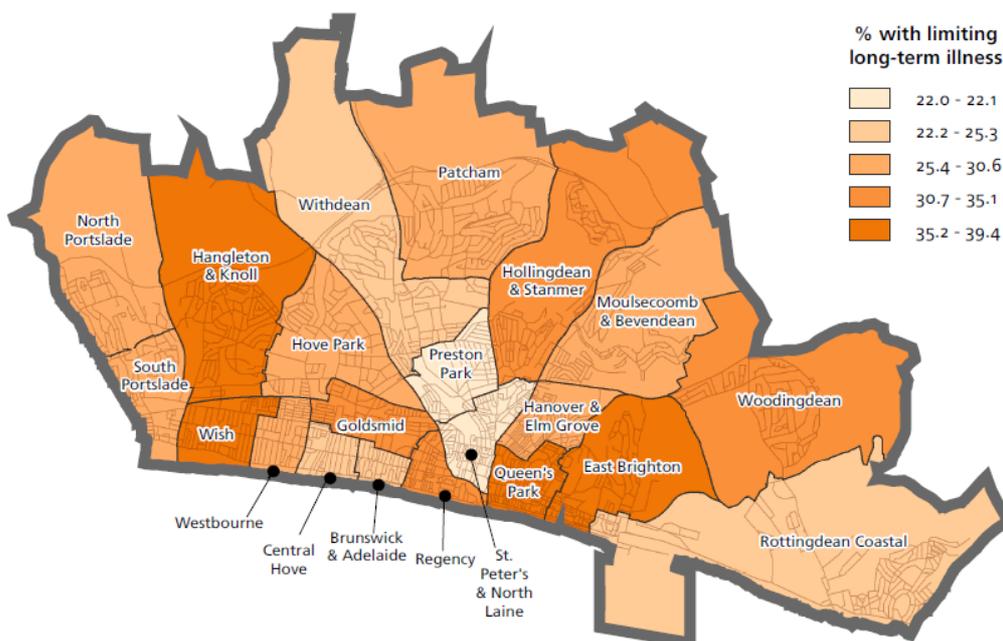


Source: Healthcounts 2012

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### Limiting long-term illness

Percentage of adults who reported a long term disability or health problem by ward 2012

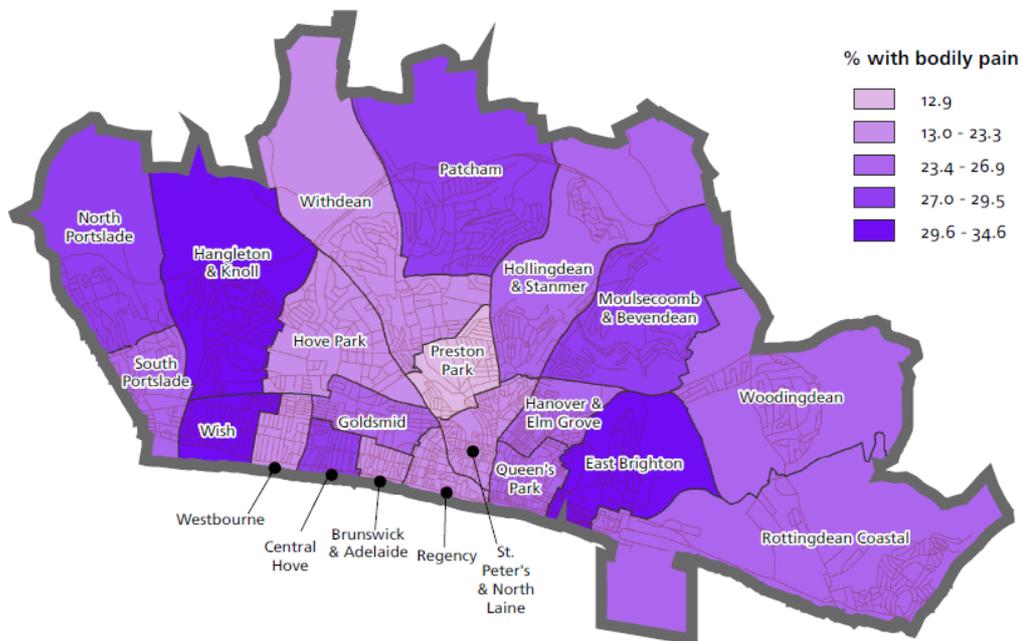


Source: Healthcounts 2012

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## Physical health and wellbeing

Percentage of adults who reported moderate, severe or very severe bodily pain in the previous 4 weeks by ward 2012

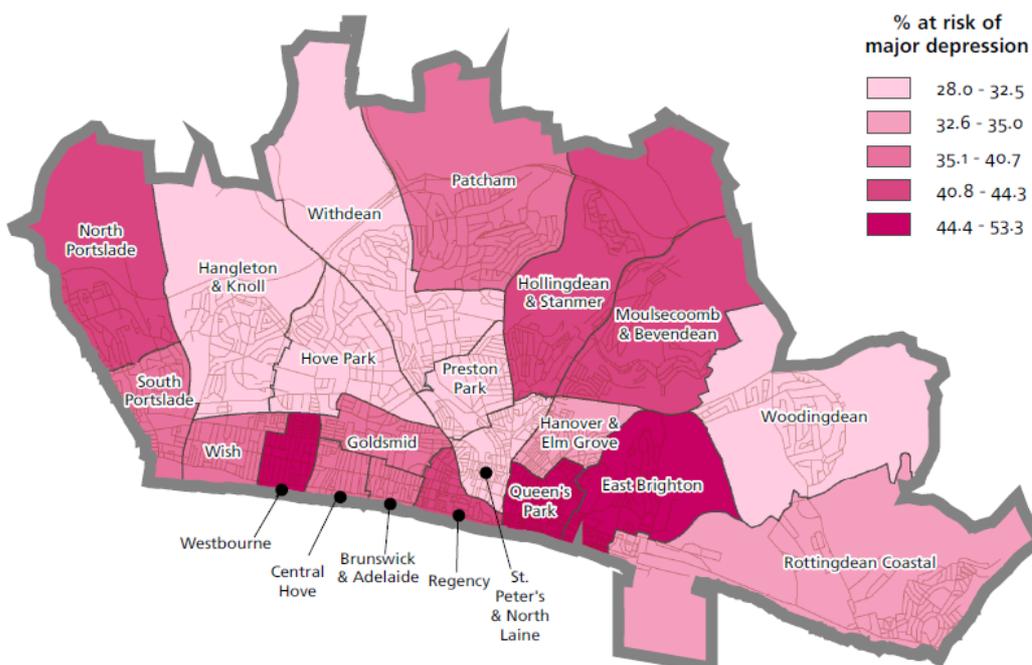


Source: Healthcounts 2012

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## Emotional wellbeing

Percentage of adults at risk of major depression by ward 2012

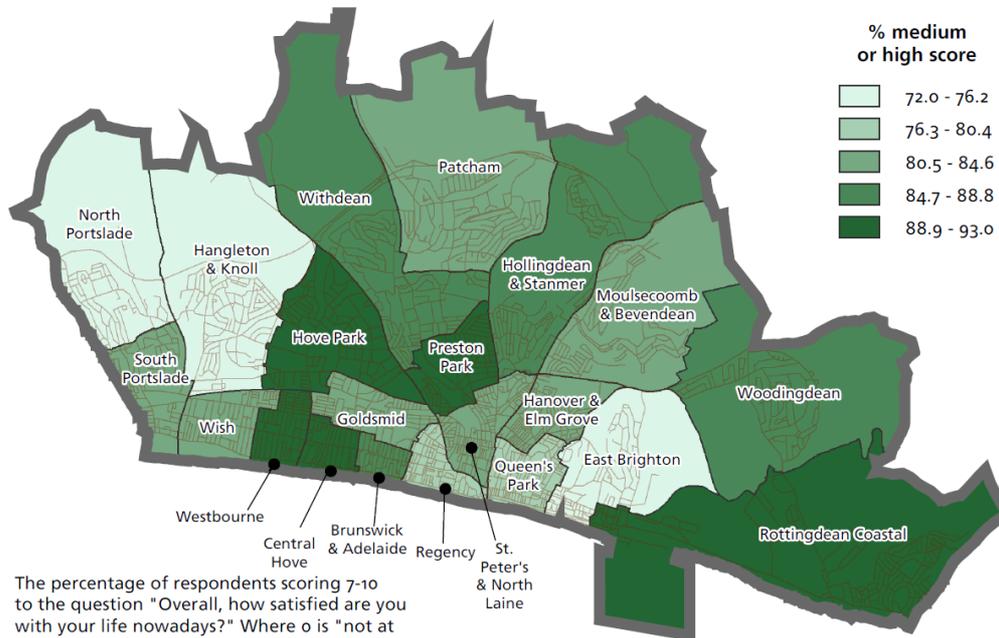


Source: Healthcounts 2012

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# Happiness

Percentage of adults who had a medium or high score for satisfaction with their life, Brighton and Hove 2012

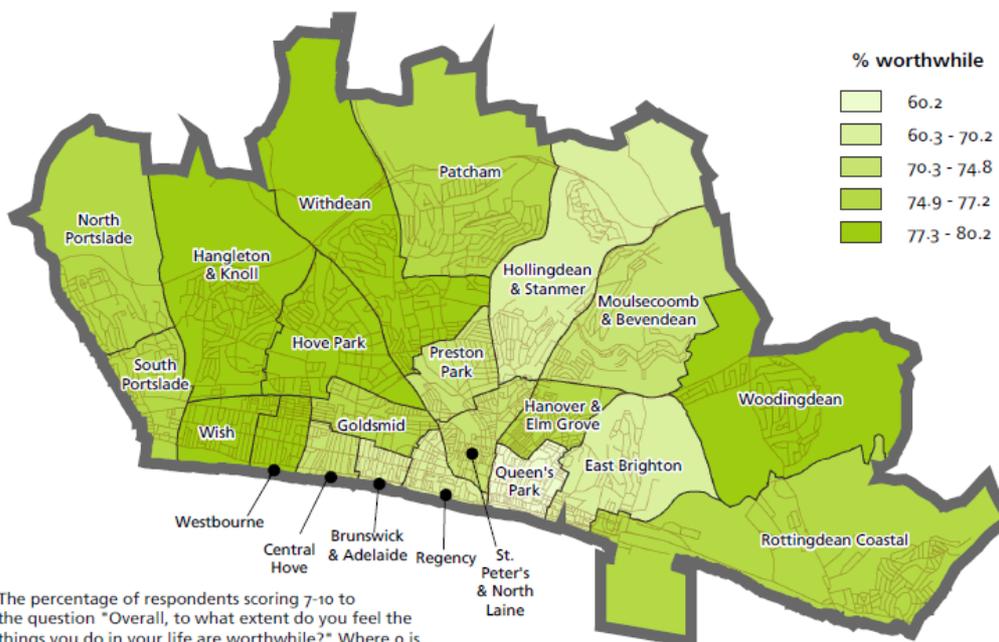


**Note:** The percentage of respondents scoring 7-10 to the question "Overall, how satisfied are you with your life nowadays?" Where 0 is "not at all satisfied" and 10 is "completely satisfied"

**Source:** Healthcounts 2012

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Percentage of adults who had a medium or high score for the extent to which they feel the things they do in their life are worthwhile, Brighton and Hove 2012

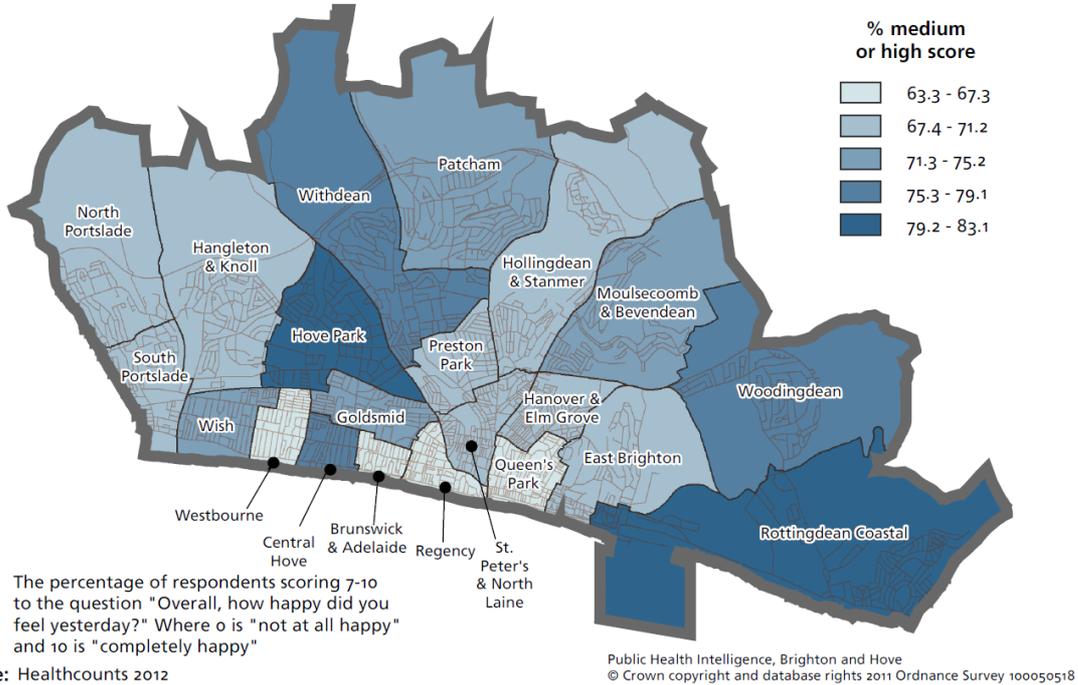


**Note:** The percentage of respondents scoring 7-10 to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?" Where 0 is "not at all worthwhile" and 10 is "completely worthwhile"

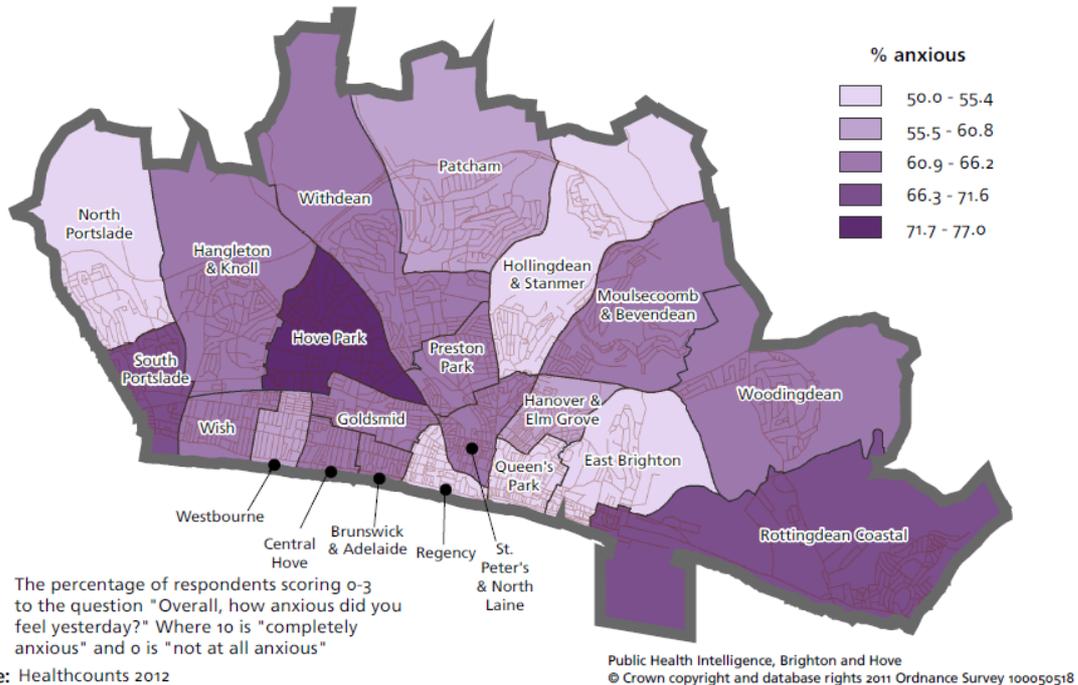
**Source:** Healthcounts 2012

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Percentage of adults who had a medium or high score for how happy they felt yesterday, Brighton and Hove 2012

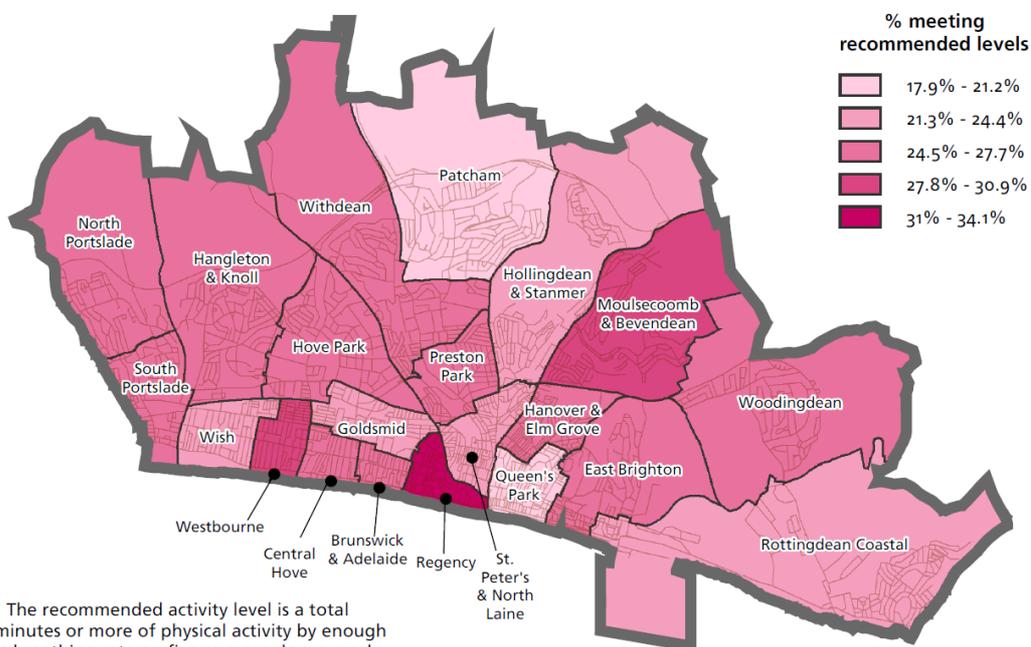


Percentage of adults who had a medium or low score for how anxious they felt yesterday by ward 2012



## Physical activity

Percentage of adults doing the recommended level of physical activity in the past week by ward, Brighton and Hove 2012



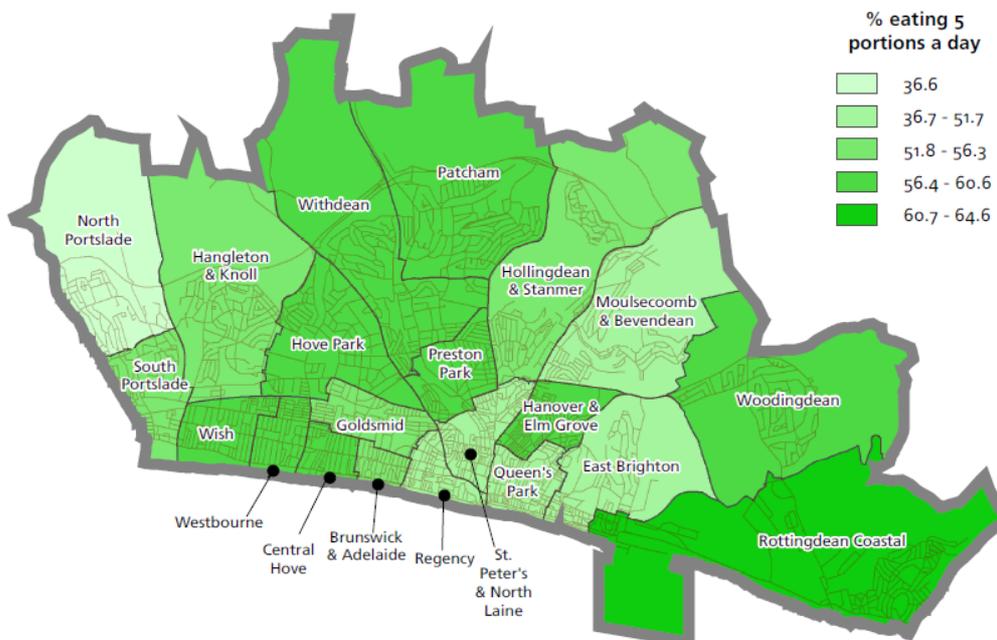
**Note:** The recommended activity level is a total of 30 minutes or more of physical activity by enough to raise breathing rate on five or more days a week.

**Source:** Healthcounts 2012

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## Diet

Percentage of adults eating 5 or more portions of fruit and veg a day by ward 2012

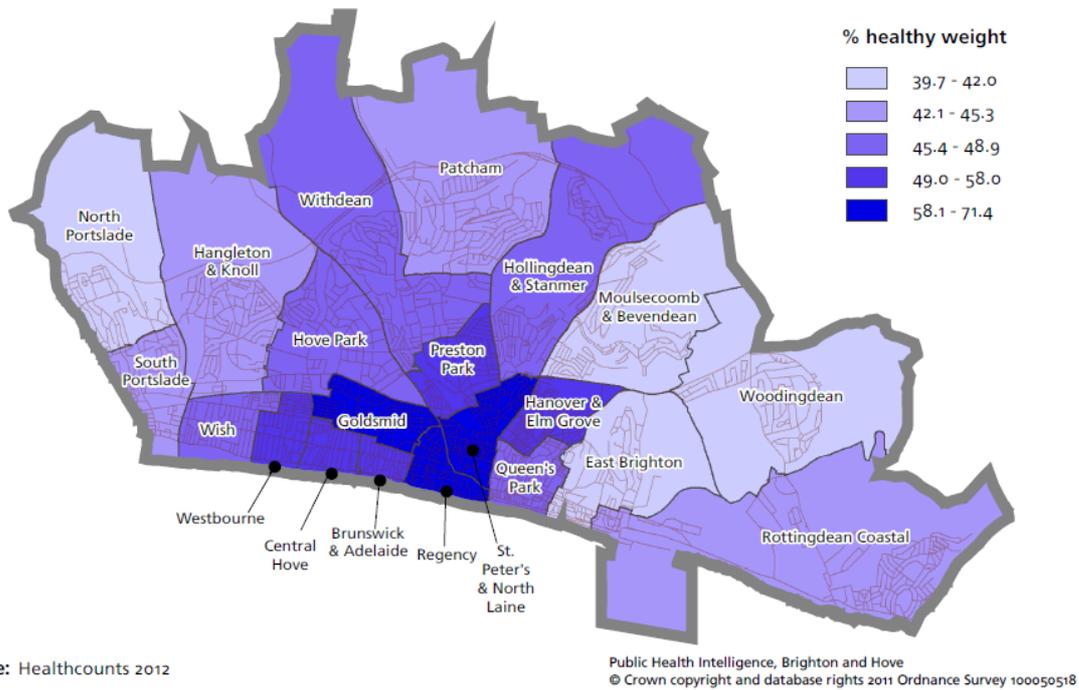


**Source:** Healthcounts 2012

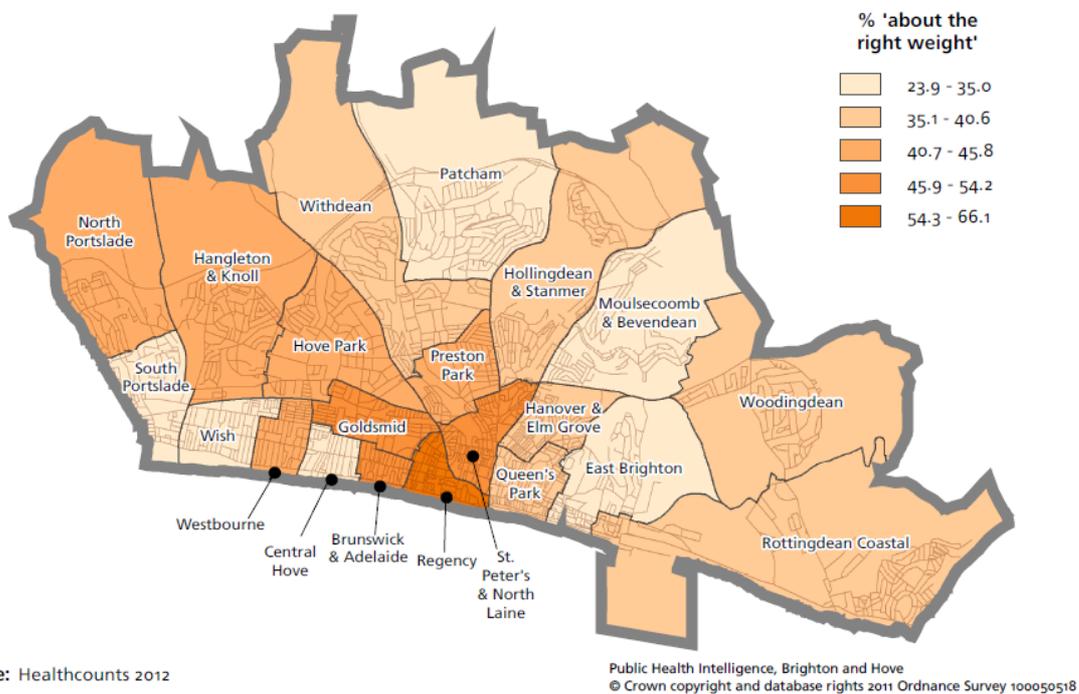
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## Healthy weight

Percentage of adults with a healthy weight based on BMI score calculated from self reported height and weight by ward 2012

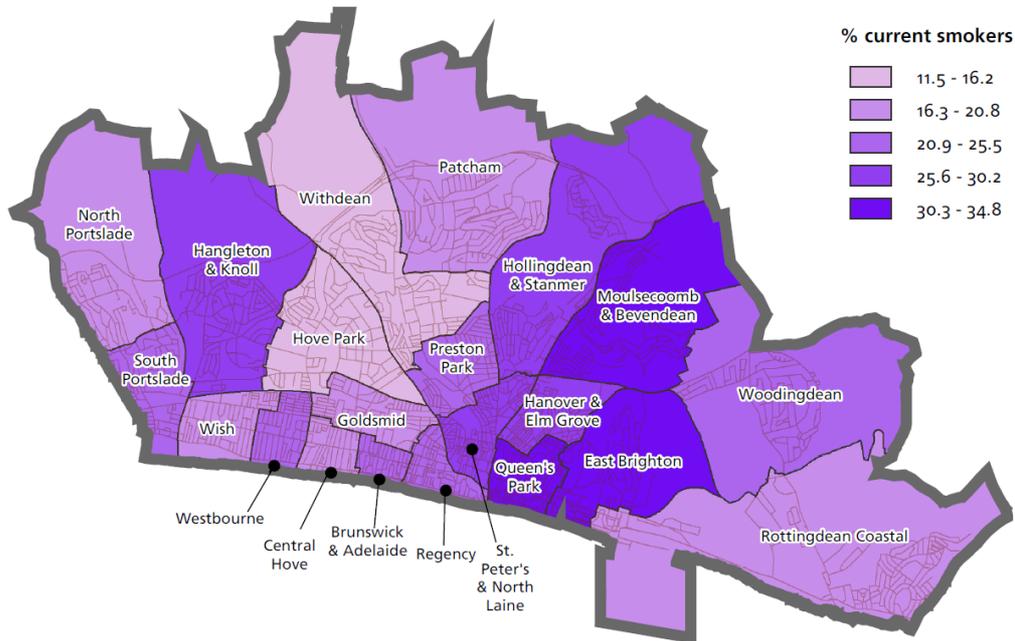


Percentage of adults who self define as about the right weight by ward 2012



# Smoking

Percentage of adults who are current smokers (daily or occasional) by ward Brighton and Hove 2012

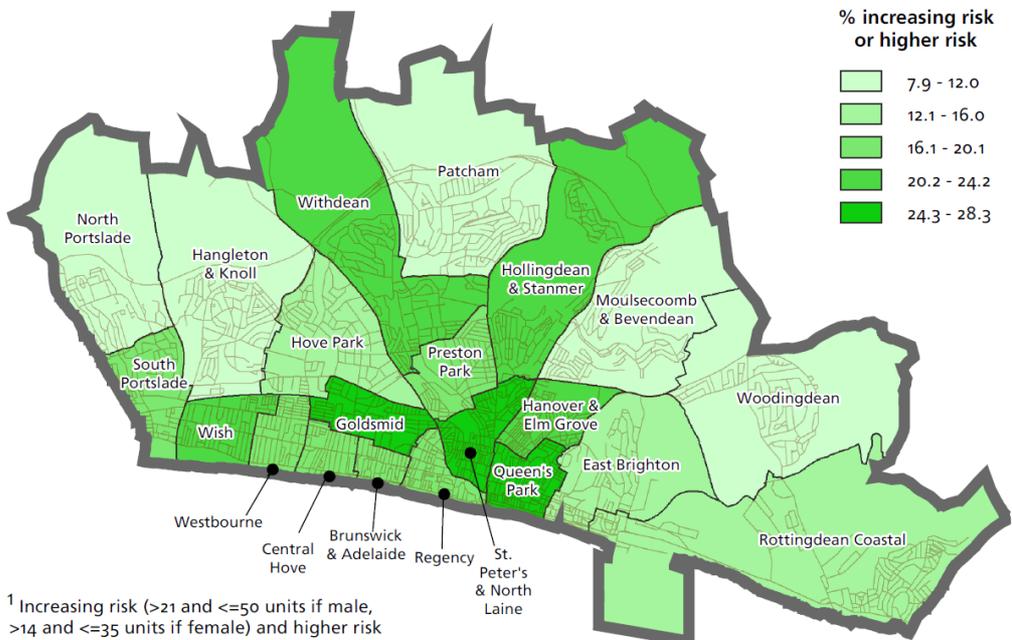


Source: Healthcounts 2012

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# Alcohol

Percentage of adults drinking at increasing risk or higher risk<sup>1</sup> by ward Brighton and Hove 2012



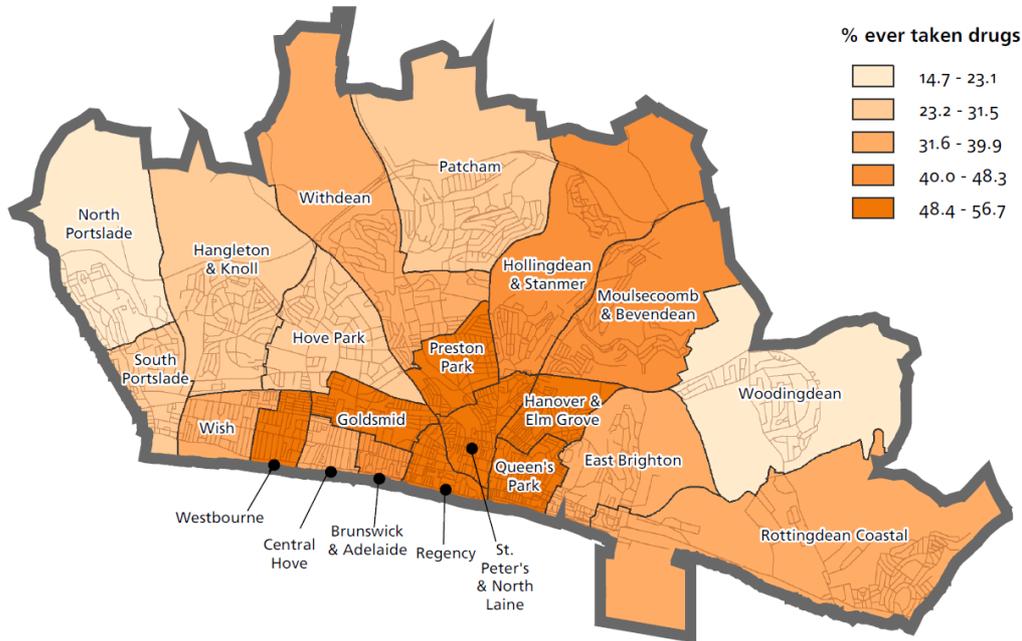
**Note:** <sup>1</sup> Increasing risk (>21 and <=50 units if male, >14 and <=35 units if female) and higher risk (>50 units if male, >35 units if female)

Source: Healthcounts 2012

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# Drugs

Percentage of adults who have ever taken drugs by ward  
Brighton and Hove 2012

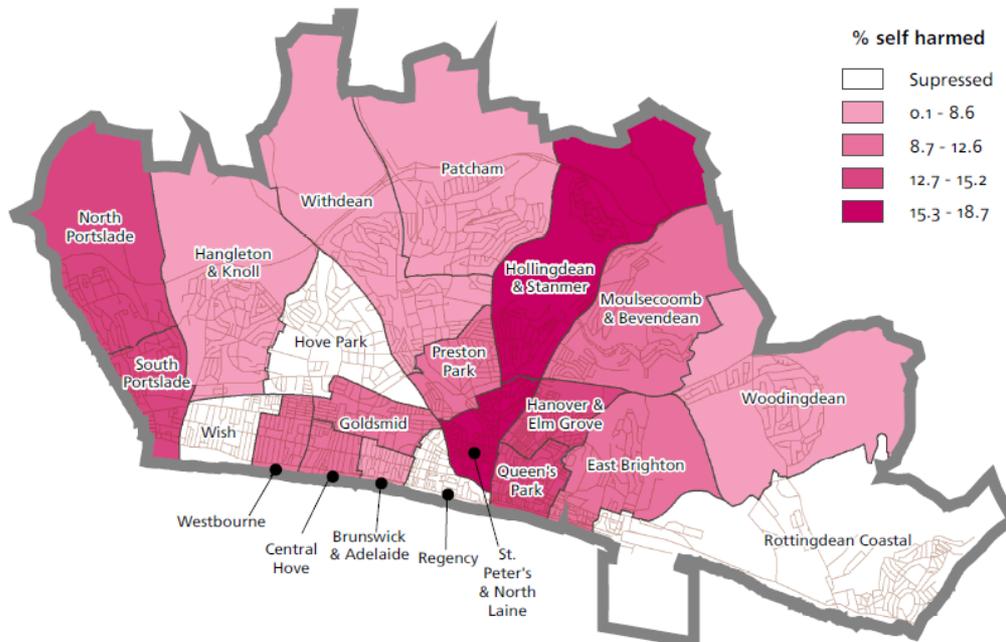


Source: Healthcounts 2012

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# Self harm

Percentage of adults who had deliberately self-harmed, but without  
the intention of killing themselves by ward 2012

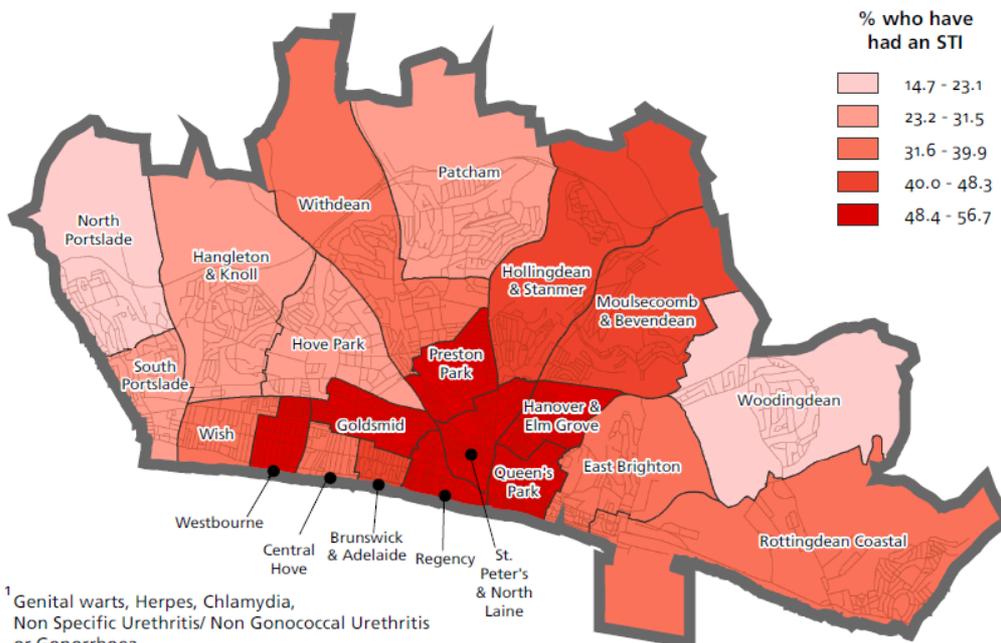


Source: Healthcounts 2012

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## Sexual health

Percentage of adults who have ever had a sexually transmitted disease<sup>1</sup> by ward 2012



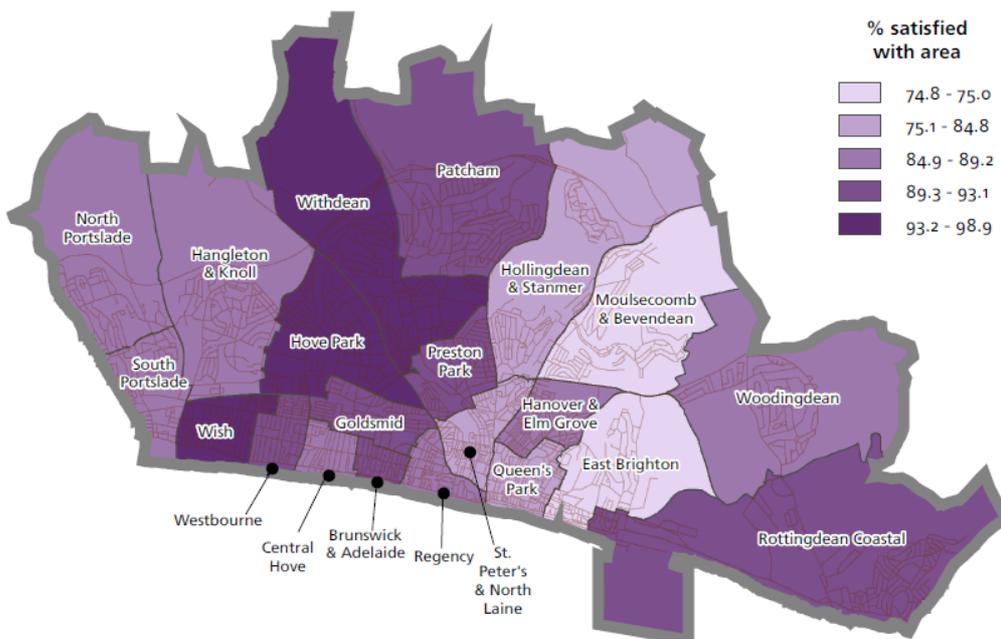
**Note:** <sup>1</sup> Genital warts, Herpes, Chlamydia, Non Specific Urethritis/ Non Gonococcal Urethritis or Gonorrhoea

**Source:** Healthcounts 2012

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## Social capital

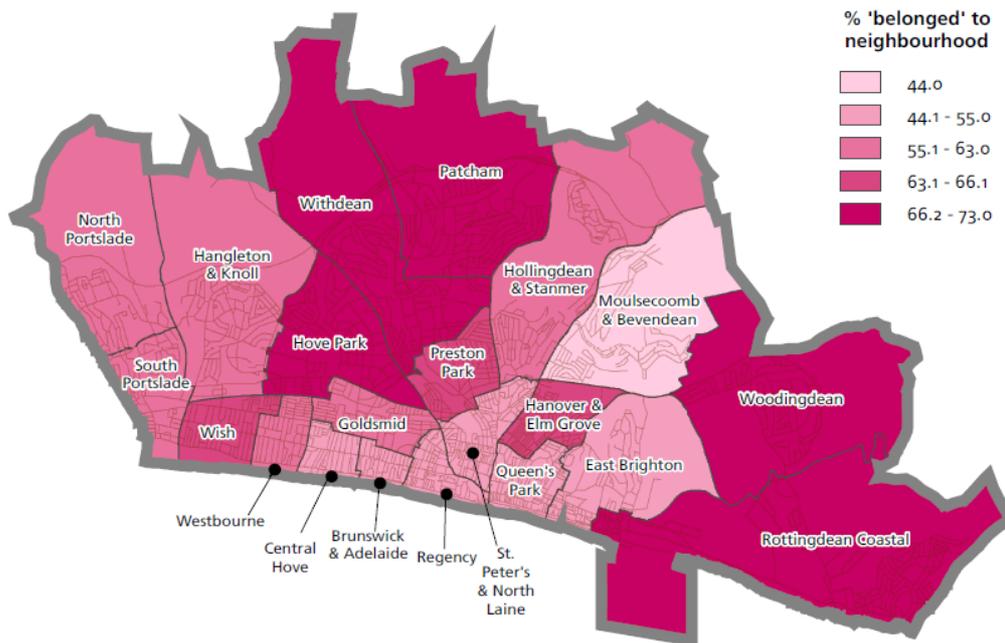
Percentage of adults who were very or fairly satisfied with local area as a place to live by ward 2012



**Source:** Healthcounts 2012

Public Health Intelligence, Brighton and Hove  
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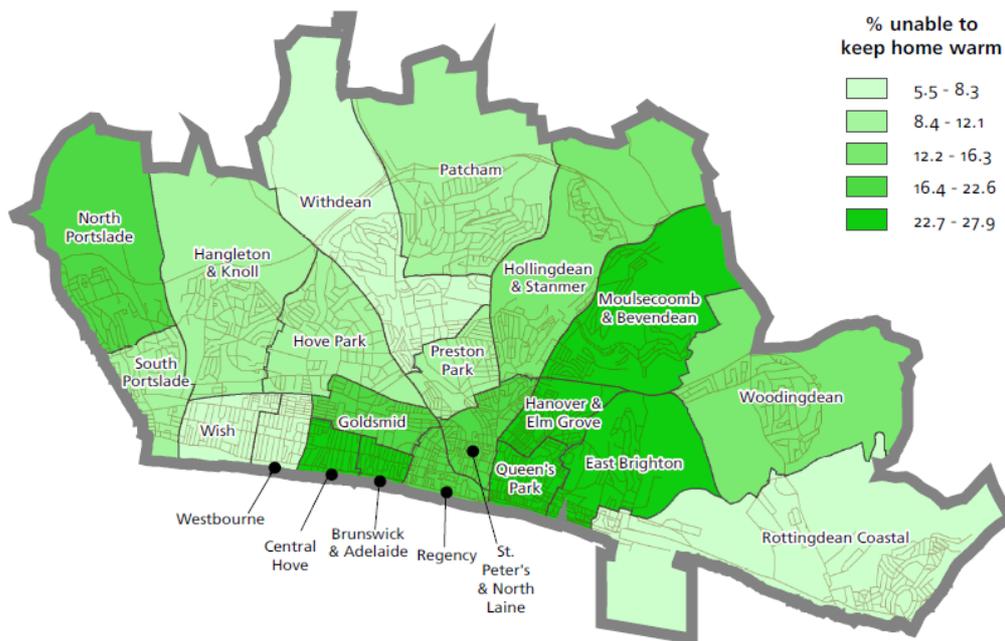
### Percentage of adults who felt they 'belonged' to their immediate neighbourhood by ward 2012



Source: Healthcounts 2012

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### Percentage of adults who were unable to keep their home warm in winter most of the time or quite often by ward 2012

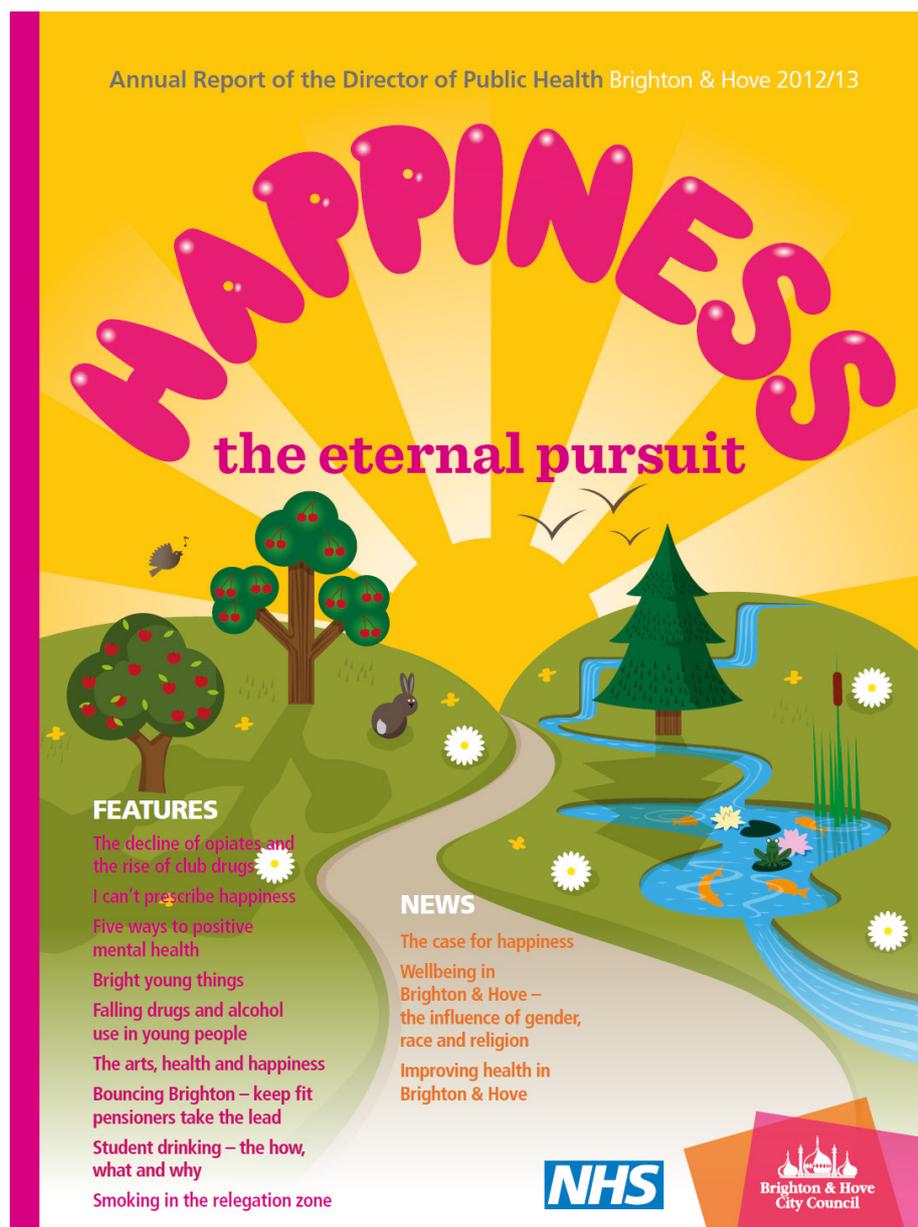


Source: Healthcounts 2012

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A copy of the 2012 questionnaire is available at: [www.bhlis.org/surveys](http://www.bhlis.org/surveys)

The Annual Report of the Director of Public Health, Brighton & Hove 2012/13 looks further at some of the findings from the surveys, with a focus on the associations between health and happiness. A copy of the report can be found at: <http://www.brighton-hove.gov.uk/content/health-and-social-care/health/public-health-annual-report>



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**Brighton & Hove  
City Council**