

This is an interim report on the health and lifestyles of a random sample of adults from within Coventry Family Health Services Authority. It forms part of a larger project funded by the Department of Health which is undertaking an evaluation of health interventions by community advisory services and primary health care teams on patient outcomes related to lung cancer. The report presents specific health and lifestyle information along with data relating to patients' use of formal contacts and services. This information is essential when identifying health needs and for the development of local health services.

**HEALTH AND LIFESTYLES OF A RANDOM
SAMPLE OF ADULTS IN COVENTRY FAMILY
HEALTH SERVICES AUTHORITY**

An overall response rate of 44% was achieved. Significantly more women than men participated in the survey, between 18 to 27 years of age. Significantly more people aged between 30 and 64 years of age participated in the survey. Significantly more people from the higher social classes responded than from the lower social classes, and significantly fewer respondents were from ethnic minorities. Information collected included demographic data, general health, lifestyle behaviours such as smoking, use of alcohol, diet, self care and use of formal contacts and services.

Health status was measured using the Short Form 36 (SF36) (Ware 1993). As the survey included people over the age of 65 years it makes an important contribution to the field of health measurement using the SF36 in an elderly population. Older people reported the lowest health status, except for mental health where teenagers scored the lowest. Men and women in social class V also had a lower health status.

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Only a minority of people (11%) were vegetarians or ate a diet rich in green vegetables or salad. The majority of people were smokers, with significantly more people in higher social classes than lower classes drinking alcohol, with significantly more women than men never drinking alcohol. Twenty five percent of people smoked cigarettes. A target of 20% has been set within Health of the Nation for the prevalence of smoking to be reduced to by the year 2000. Significantly more women than men never smoked, although there was a trend for more younger women than older women to smoke. No difference was found between men and women and their cigarette consumption, with the heaviest smokers being in the age range 45 to 54 years old.

SUMMARY

This is an interim report on the health and lifestyles of a random sample of adults from within Coventry Family Health Services Authority. It forms part of a larger project funded by the Department of Health which is undertaking an evaluation of health interventions by continence advisory services and primary health care teams on patient outcomes related to incontinence. This report presents specific health and lifestyle information along with data relating to patients' use of formal contacts and services. This information is essential when identifying health needs and for the commissioning of local health services.

An overall response rate of 48% was obtained and provided a sample of 2710 residents aged between 18 to 97 years of age. Significantly more women than men participated in the survey, although men were significantly older than women. Significantly more people aged between 30 and 64 years of age participated in the survey. Significantly more people from the higher social classes responded than from the lower social classes, and significantly fewer respondents were from ethnic minorities. Information collected included demographic data, general health, lifestyle behaviours such as smoking, use of alcohol, diet, self care and use of formal contacts and services.

Health status was measured using the Short Form 36 (SF36) (Ware 1993). As this survey included people over the age of 65 years it makes an important contribution to the field of health measurement using the SF36 in an elderly population. Older people reported the lowest health status, except for mental health where teenagers scored the lowest. Men and women in social class V also had a lower health status.

Only a minority of people (11%) were classified as obese. Most people ate a diet that consisted of green vegetables or salad and fresh fruit. Significant differences in diet were found according to gender, social class and age. The majority of people (71%) would sometimes drink alcohol, with significantly more people in higher social classes than lower classes consuming alcohol. Significantly more women than men never drank alcohol.

Twenty five percent of people smoked cigarettes. A target of 20% has been set within Health of the Nation for the prevalence of smoking to be reduced to by the year 2000. Significantly more women than men never smoked, although there was a trend for more younger women than older women to smoke. No difference was found between men and women and their cigarette consumption, with the heaviest smokers being in the age range from 45 to 54 years old.

A minority of people (14%) lived alone or were carers (10%). Only a minority of people experienced problems with their eyesight or feet and their activities of daily living. Significantly more women than men had minor problems with their feet such as corns or bunions.

The majority of people (91%) had a telephone. Formal contacts and use of services were received by a minority of people, with people over the age of 65 more likely to use these services although the majority of people (84%) had seen their GP or family doctor within the last month to twelve months.

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INTRODUCTION

This is an interim report on the health and lifestyles of a random sample of adults from the population of Coventry Family Health Services Authority (F.H.S.A.). It forms part of a much larger project funded by the Department of Health which is undertaking an evaluation of health interventions by continence services and primary health care teams on patient outcomes related to incontinence.

The purpose of this report is to present specific health and lifestyle information along with data relating to patients use of formal contacts and health services. This information is necessary for identifying the health needs of local populations and for the commissioning of local health services. The introduction of the GP contract (DH 1989a) and Health of the Nation (DH 1992) has placed the emphasis upon health promotion and the setting of targets to improve the health of populations. Along with developments in primary care and public health in general (DH 1993, DH 1994a), this has led to a number of health and lifestyle surveys being undertaken (Roberts et al 1992, Wright et al 1992, Dawson 1993). Information relating to health and lifestyle and the use of health services is necessary for both purchasers and providers for the commissioning of local health services. It was felt this information obtained as part of the larger project on the evaluation of continence services would be relevant and more helpful to share with local purchasers and providers at an interim stage of the project for use in their commissioning of local health services.

The information covered in this report relates to demographic data, general health, lifestyle behaviours such as smoking, use of alcohol, diet, self care and use of formal contacts and services.

