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Welsh Health Survey 2012: Initial Headline Results

The Welsh Health Survey (WHS) provides unique information about the health and health-related lifestyle of people living in Wales. It covers a range of health-related issues including health status, lifestyle and health behaviours, and use of health services. This statistical release contains some initial headline results from the 2012 Welsh Health Survey. The main report of the survey will include more detailed information and will be published in September.

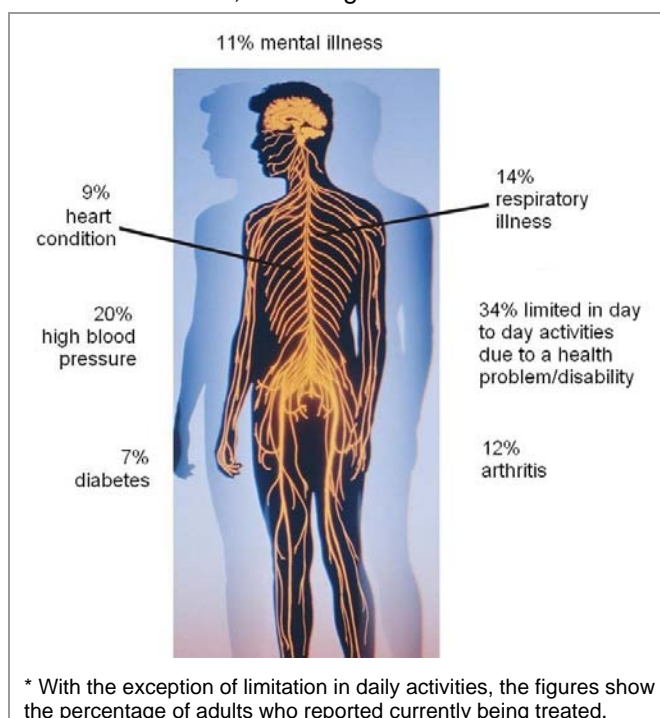
Illnesses

WHS includes questions about general health status, illnesses and other conditions among adults.

Around a half of adults reported being treated for an illness such as high blood pressure, heart condition, arthritis, respiratory illness, mental illness or diabetes. Around a third of adults reported a limitation in their daily activities due to a health problem/disability. 1 in 5 adults reported fair or poor health.

- 20% of adults reported currently being treated for high blood pressure, 14% for a respiratory illness, 12% for arthritis, 11% for a mental illness, 9% for a heart condition, and 7% for diabetes (figure 1).
- 34% of adults reported that their day-to-day activities were limited because of a health problem/disability, including 16% who were limited a lot.
- 20% of adults reported fair or poor general health.
- Since the survey started in 2003/04, there has been a slight increase in adults reporting being treated for high blood pressure, mental illness and diabetes, and a slight decrease for heart conditions and arthritis (figure 2).

Figure 1: Adults who reported being treated for selected illnesses, or having certain conditions*



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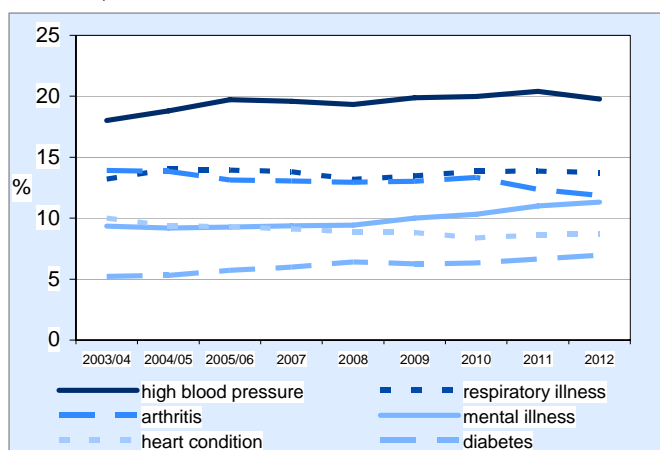
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Figure 2: Adults currently being treated for selected illnesses, 2003/04-2012



Health-related lifestyle

WHS includes several questions about the health-related lifestyles of adults.

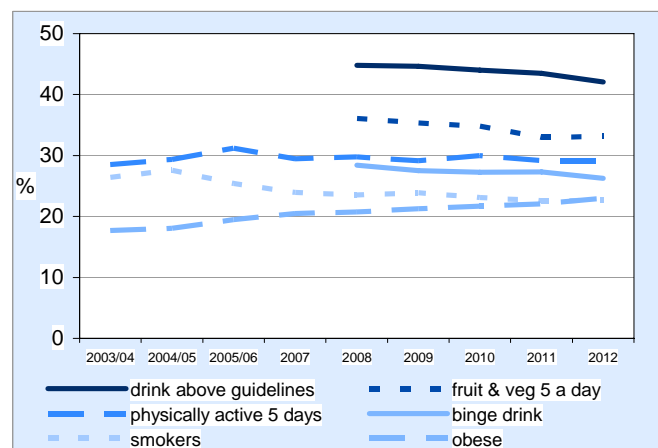
Just under a quarter of adults reported that they smoked, and almost a quarter were obese. Around a quarter of adults reported drinking more than twice the daily guidelines ('binge drinking') at least once the previous week, and around 3 in 10 people reported being physically active on five or more days in the past week.

- 23% of adults reported that they currently smoked.
- 42% of adults reported drinking above the guidelines on at least one day in the past week, including 26% who reported drinking more than twice the daily guidelines (sometimes termed binge drinking). However, people do not necessarily drink at these levels regularly.
- 33% of adults reported eating five or more portions of fruit and vegetables the previous day.
- 29% of adults reported being physically active on 5 or more days in the past week¹.
- 59% of adults were classified as overweight or obese, including 23% obese.
- There has been a slight decrease in smoking rates and a slight increase in levels of obesity since the survey started in 2003/04 (figure 3). There has been little change in physical activity during this time.

¹ Did at least 30 minutes of at least moderate intensity physical activity on 5 or more days in the previous week.

Compared with guidelines, there has been a small decline in levels of drinking and in fruit and vegetable consumption since 2008 (when the current questions were introduced).

Figure 3: Reported lifestyle behaviours in adults², 2003/04-2012



Health of children

Although the main focus of WHS is on adults, it also includes some information about children.

More than 9 out of 10 children were reported to be in good or very good general health.

- 95% of children were reported to have very good or good general health.
- 19% of children were reported as having a long-standing illness, including 6% with a limiting long-standing illness.
- 34% of children were estimated to be overweight or obese, including 19% obese³, although estimates will vary depending on the definition used.
- There has been little change in children's reported health or levels of overweight / obesity since 2007 (when the current questions were introduced).

² See table 2 for definitions.

³ Using a classification system based on the 85th and 95th percentiles of the 1990 UK BMI reference curves, and not comparable with estimates produced on a different basis or with adult estimates. See previous WHS reports for further details. Estimates using international cut-off points instead of UK reference curves tend to be lower, and suggest that around 28% of children would be classified as overweight or obese, including 9% obese.

Table 1: Adults who reported key illnesses or health status, 2003/04-2012

	High blood pressure (b)	Any heart condition excluding high blood pressure (b)	Any respiratory illness (b)	Any mental illness (b)	Arthritis (b)	Diabetes (b)
	%	%	%	%	%	%
Men aged 16+:						
2003/04	17	11	12	7	11	5
2004/05	17	10	13	7	10	6
2005/06	18	10	13	7	10	7
2007 (a)	19	11	13	7	9	6
2008	18	10	12	7	10	7
2009	20	10	13	7	10	7
2010	20	9	13	8	10	7
2011	20	10	13	8	9	8
2012	20	10	12	8	8	8
Women aged 16+:						
2003/04	19	9	14	11	17	5
2004/05	20	9	14	12	17	4
2005/06	21	8	15	11	16	5
2007 (a)	20	8	15	12	16	6
2008	20	8	14	12	16	6
2009	20	8	14	13	16	6
2010	20	7	15	13	16	6
2011	21	8	15	14	16	6
2012	19	8	15	14	15	6
All aged 16+:						
2003/04	18	10	13	9	14	5
2004/05	19	9	14	9	14	5
2005/06	20	9	14	9	13	6
2007 (a)	20	9	14	9	13	6
2008	19	9	13	9	13	6
2009	20	9	13	10	13	6
2010	20	8	14	10	13	6
2011	20	9	14	11	12	7
2012	20	9	14	11	12	7

(a) From 2007 the fieldwork runs on a calendar year basis.

(b) Currently being treated for illness.

(c) Currently being treated for any of the illnesses specified in the survey, or another chronic illness.

(d) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.

(e) Health in general is fair or poor.

(f) Mean scores (not percentages). Higher scores indicate better health and well-being. SF-36 is a measure of health status, see main report for full details.

(g) Bases vary: those shown are for the whole sample.

Table 1: Adults who reported key illnesses or health status, 2003/04-2012 (continued)

	Limited by health problem / disability (d)				SF-36 Physical component summary score (f)	SF-36 Mental component summary score (f)	Unweighted base (g)
	Any illness (c)	Limited a lot	Limited at all	Fair / poor health (e)			
	%	%	%	%	Mean	Mean	
Men aged 16+:							
2003/04	44	-	-	20	49.3	51.0	7,486
2004/05	44	-	-	21	49.4	50.8	7,437
2005/06	43	-	-	20	49.6	51.1	6,691
2007 (a)	44	-	-	19	49.5	51.1	6,418
2008	44	-	-	19	49.8	51.1	6,119
2009	45	-	-	20	49.5	50.9	7,412
2010	45	-	-	19	49.4	51.0	7,420
2011	45	15	32	19	49.7	51.1	7,458
2012	46	15	31	19	49.8	51.0	7,309
Women aged 16+:							
2003/04	50	-	-	23	48.3	48.6	8,812
2004/05	51	-	-	23	47.9	48.5	8,598
2005/06	52	-	-	23	48.3	48.5	7,614
2007 (a)	52	-	-	22	48.1	48.9	7,499
2008	52	-	-	22	48.2	48.6	7,194
2009	52	-	-	22	48.1	49.0	8,606
2010	52	-	-	21	48.0	48.8	8,579
2011	53	17	36	22	48.1	48.6	8,600
2012	52	17	36	22	48.2	48.4	8,378
All aged 16+:							
2003/04	47	-	-	22	48.8	49.8	16,298
2004/05	48	-	-	22	48.6	49.6	16,035
2005/06	48	-	-	21	48.9	49.8	14,305
2007 (a)	48	-	-	21	48.8	50.0	13,917
2008	48	-	-	20	48.9	49.8	13,313
2009	48	-	-	21	48.8	49.9	16,018
2010	49	-	-	20	48.7	49.9	15,999
2011	49	16	34	21	48.9	49.8	16,058
2012	49	16	34	20	49.0	49.7	15,687

(a) From 2007 the fieldwork runs on a calendar year basis.

(b) Currently being treated for illness.

(c) Currently being treated for any of the illnesses specified in the survey, or another chronic illness.

(d) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.

(e) Health in general is fair or poor.

(f) Mean scores (not percentages). Higher scores indicate better health and well-being. SF-36 is a measure of health status, see main report for full details.

(g) Bases vary: those shown are for the whole sample.

Table 2: Adults who reported key health-related lifestyles, 2003/04-2012

Per cent

		Maximum daily alcohol consumption		Consumption of fruit and vegetables	Exercise or physical activity done	Body Mass Index		
	Smoker	Above guidelines (b)	Binge (c)	Meets guidelines (d)	Active on 5 or more days a week (e)	Overweight or obese (f)	Obese (g)	Unweighted base (h)
Men aged 16+:								
2003/04	27	-	-	-	36	59	17	7,486
2004/05	29	-	-	-	36	60	18	7,437
2005/06	27	-	-	-	38	61	19	6,691
2007 (a)	25	-	-	-	36	62	20	6,418
2008	25	52	35	35	38	62	21	6,119
2009	26	52	34	34	36	62	21	7,412
2010	25	51	34	33	37	63	22	7,420
2011	24	50	33	32	36	62	22	7,458
2012	25	48	31	32	36	64	23	7,309
Women aged 16+:								
2003/04	26	-	-	-	22	49	18	8,812
2004/05	26	-	-	-	23	50	18	8,598
2005/06	24	-	-	-	25	51	20	7,614
2007 (a)	23	-	-	-	23	51	21	7,499
2008	22	38	22	37	22	53	21	7,194
2009	22	38	21	37	23	52	21	8,606
2010	22	37	21	36	24	52	21	8,579
2011	21	38	22	34	23	53	22	8,600
2012	21	36	21	34	23	53	23	8,378
All aged 16+:								
2003/04	26	-	-	-	29	54	18	16,298
2004/05	28	-	-	-	29	55	18	16,035
2005/06	25	-	-	-	31	56	19	14,305
2007 (a)	24	-	-	-	29	57	21	13,917
2008	24	45	28	36	30	57	21	13,313
2009	24	45	27	35	29	57	21	16,018
2010	23	44	27	35	30	57	22	15,999
2011	23	43	27	33	29	57	22	16,058
2012	23	42	26	33	29	59	23	15,687

(a) From 2007 the fieldwork runs on a calendar year basis.

(b) Drank more than the daily guidelines of 4 units (men) or 3 units (women) on heaviest drinking day in the past week. Based on all adults (drinkers and non-drinkers).

(c) Drank more than twice the daily guidelines (i.e. more than 8 units (men) or 6 units (women)) on heaviest drinking day in the past week. Based on all adults (drinkers and non-drinkers).

(d) Ate at least 5 portions of fruit & vegetables the previous day.

(e) Did at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week.

(f) Body Mass Index (BMI) of 25+.

(g) Body Mass Index (BMI) of 30+.

(h) Bases vary: those shown are for the whole sample.

Table 3: General health and long-standing illness in children, 2007-2012*Per cent*

	Good / Very good general health	Long-standing illness (a)	Limiting long- standing illness (b)	Unweighted base (c)
Boys aged under 16:				
2007	93	21	7	1,352
2008	94	21	7	1,424
2009	94	22	6	1,624
2010	94	23	8	1,557
2011	94	20	7	1,657
2012	95	20	7	1,537
Girls aged under 16:				
2007	94	18	6	1,316
2008	94	17	5	1,229
2009	95	19	5	1,599
2010	95	16	5	1,520
2011	95	15	4	1,510
2012	94	17	4	1,406
Children aged under 16:				
2007	94	20	7	2,668
2008	94	19	6	2,653
2009	94	20	6	3,223
2010	95	20	6	3,077
2011	95	18	5	3,167
2012	95	19	6	2,943

(a) Has long-standing illness, disability or health problem.

(b) Has long-standing illness, disability or health problem which limits daily activities.

(c) Bases vary: those shown are for the whole sample.

Table 4: Overweight / obesity in children (a), 2007-2012

Per cent

	Overweight or obese	Obese	Unweighted base (b)
Boys aged 2-15:			
2007	35	20	906
2008	34	17	832
2009	35	20	1,045
2010	38	23	999
2011	36	21	1,085
2012	35	20	922
Girls aged 2-15:			
2007	37	19	859
2008	31	15	710
2009	33	18	974
2010	34	16	972
2011	34	18	960
2012	33	19	806
Children aged 2-15:			
2007	36	20	1,765
2008	33	16	1,542
2009	34	19	2,019
2010	36	19	1,971
2011	35	19	2,045
2012	34	19	1,728

- (a) Estimates of overweight and obesity are based on Body Mass Index (BMI). The cut-off points above which children are classed as overweight or obese vary by age and sex, and are based on the 85th (overweight) and 95th (obese) percentiles of the 1990 UK BMI reference curves. Estimates using other definitions will be different. Fuller details are given in the main report.
- (b) Bases shown are for children aged 2-15 with valid height and weight measurements.

Notes

Overview of survey design

WHS was established in 2003 and runs all year round. During the 2012 survey, around 16,000 adults and 3,000 children participated in the survey.

The survey was based on a representative sample of people living in private households in Wales. A random sample of addresses from the Postcode Address File (PAF) was selected. By surveying the general population, WHS is able to measure the health and lifestyle of a cross-section of the population, not just those who are in ill health or have regular contact with health services.

WHS 2012 was carried out by NatCen Social Research on behalf of the Welsh Government. Interviewers conducted a short interview with a responsible adult in the household, covering basic socio-demographic information about the household. Self-completion questionnaires were then left for completion by all adults in the household (aged 16+), for later collection by the interviewer. In households with children, a maximum of two children were randomly selected for inclusion in the survey. For selected children, questionnaires were left for completion (with older children completing their own questionnaires) and height and weight measurements were taken by the interviewer (for children aged 2 and over).

Further details of WHS methodology, definitions and questions are given in annual reports and technical reports, available on the Statistics for Wales website⁴.

Differences in methodology and questions mean that, in general, results from WHS are not comparable with health surveys in the other UK countries.

Uses of WHS results

The information collected through WHS meets a range of important needs and is used in many ways, including to:

- provide national estimates of health and health-related lifestyle

- examine differences between population sub-groups (eg age, sex, social class) and local areas (health boards and local authorities)
- provide evidence to inform and monitor targets, indicators and policies for promoting better health, such as the *Programme for Government, Our Healthy Future* and *Together for Health*.
- provide local authority level information for development of joint local health, social care and wellbeing strategies.

It is used by a wide range of users, including those working in national and local government, NHS organisations, research and academic settings. It is also useful to a wider general audience, particularly those in Wales.

Key quality information

- a) There are no planned revisions to the statistics in this release, but if revisions were made, they would be in accordance with the Revisions, Errors and Postponements Policy for Statistics for Wales.
- b) The small proportion of people not covered by the PAF, including those living in institutions, was not covered by the survey. It should be noted that people in institutions are likely to be, on average, in poorer health than those in private households – this should be kept in mind when considering the results from the survey.
- c) Interpretation of the results should take account of the questionnaire design, as the mode of collection (self-reporting on paper) and the questions themselves affect the information collected. The survey relies on a self-completion questionnaire. The results, therefore, reflect people's own understanding of their health rather than a clinical assessment of their medical condition and their own interpretation of the health services they have used.
- d) Survey results are weighted to take account of unequal selection probabilities, and for differential non-response, i.e. to ensure that the age and sex distribution of the responding sample matches that of the Welsh population.

⁴ www.wales.gov.uk/statistics

e) This release is based on data collected by the WHS between January and December 2012. During this period, a household interview was obtained with 78% of eligible households in the sample. Self-completion questionnaires were obtained for 81% of adults and 77% of selected children in participating households, and height and weight measurements were obtained for 58% of eligible children in those households.

f) Missing answers occur for several reasons, including refusal or inability to answer a particular question, and cases where the question is not applicable to the informant. Missing answers have been omitted from all tables and analyses.

g) Base numbers (sample sizes) of respondents replying to individual questions vary slightly. The tables provide an indication of overall base numbers - that is, all those taking part in the survey, although a small number may not have answered particular questions. It should be noted that the design of the survey means that the effective sample sizes will be somewhat smaller than the sample sizes, so these should be interpreted as a guide to precision only.

h) Tables A1-A3 in Appendix A contain approximate 95% confidence intervals for a selection of key measures for recent years. Confidence intervals were calculated using the statistical package Stata. These provide an indication of the precision of the estimates. A confidence interval can be calculated around a survey estimate and gives a range within which the true value is likely to fall. There is a 95% chance that that the 95% confidence intervals include the true value. In general, the smaller the sample size the wider the confidence interval. As a rough guide to interpretation, when comparing two years, if the confidence intervals around the estimates overlap, it can be assumed that the estimates are not statistically significantly different - this approach is not as rigorous as doing a formal statistical test, but is straightforward, widely used and reasonably robust.

i) From 2007, fieldwork has run on a calendar year basis (January - December) and includes more detailed data for children than previously. Prior to that, fieldwork covered the twelve month periods October 2003 -

September 2004 (2003/04), October 2004 - September 2005 (2004/05) and November 2005 - October 2006 (2005/06).

For more information on quality, see the WHS Quality Report.

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Further information

This release includes some initial headline results from the 2012 Welsh Health Survey. More detailed results from the survey will be published later this year in an annual report and associated statistical bulletin. Prior to the release of the annual report, requests for small amounts of information may be considered provided they are limited in scope and do not disrupt the production of the annual report / bulletin.

For more details of the survey and its outputs, see the WHS web pages.

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

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Appendix A – selected confidence intervals

Table A1: Approximate 95% confidence intervals (ci) for adults who reported key illnesses or health status, 2003/04 – 2012

	High blood pressure (b)		Any heart condition excluding high blood pressure (b)		Any respiratory illness (b)		Any mental illness (b)		Arthritis (b)		Diabetes (b)	
	%		%		%		%		%		%	
	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci
All aged 16+:												
2003/04	17	19	9	11	13	14	9	10	13	15	5	6
2004/05	18	20	9	10	13	15	9	10	13	15	5	6
2005/06	19	21	9	10	13	15	9	10	12	14	5	6
2007 (a)	19	21	9	10	13	14	9	10	12	14	6	6
2008	19	20	8	9	13	14	9	10	12	14	6	7
2009	19	21	8	9	13	14	9	11	12	14	6	7
2010	19	21	8	9	13	14	10	11	13	14	6	7
2011	20	21	8	9	13	14	10	12	12	13	6	7
2012	19	20	8	9	13	14	11	12	11	12	7	7

For footnotes, see below.

Table A1: Approximate 95% confidence intervals (ci) for adults who reported key illnesses or health status, 2003/04 – 2012 (continued)

	Limited by health problem / disability (d)								SF-36 Physical component summary score (f)		SF-36 Mental component summary score (f)		Unweighted base (g)
	Any illness (c)		Limited a lot		Limited at all		Fair / poor health (e)						
	%		%		%		%		mean		mean		
	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	
All aged 16+:													
2003/04	46	48	.	.	.	.	21	23	48.5	49.1	49.5	50.0	16,298
2004/05	47	49	.	.	.	.	21	23	48.3	48.9	49.4	49.9	16,035
2005/06	46	49	.	.	.	.	20	22	48.7	49.2	49.5	50.1	14,305
2007 (a)	47	49	.	.	.	.	20	22	48.5	49.1	49.8	50.3	13,917
2008	47	49	.	.	.	.	20	21	48.7	49.2	49.6	50.1	13,313
2009	47	49	.	.	.	.	20	21	48.5	49.0	49.7	50.2	16,018
2010	48	50	.	.	.	.	19	21	48.5	48.9	49.6	50.1	15,999
2011	48	50	16	17	33	35	20	21	48.7	49.1	49.6	50.0	16,058
2012	48	50	15	16	33	35	20	21	48.7	49.2	49.5	49.9	15,687

(a) From 2007 the fieldwork runs on a calendar year basis.

(b) Currently being treated for illness.

(c) Currently being treated for any of the illnesses specified in the survey, or another chronic illness.

(d) Day-to-day activities limited because of health problem or disability lasting (or expected to last) at least 12 months.

(e) Health in general is fair or poor.

(f) Mean scores (not percentages). Higher scores indicate better health and well-being. SF-36 is a measure of health status, see main report for full details.

(g) Bases vary: those shown are for the whole sample.

Table A2: Approximate 95% confidence intervals (ci) for adults who reported key health-related lifestyles, 2003/04-2012

Per cent

			Maximum daily alcohol consumption				Consumption of fruit and vegetables		Exercise or physical activity done		Body Mass Index				<i>Unweighted base (h)</i>	
			Above guidelines (b)				Meets guidelines (d)		Active on 5 or more days a week (e)		Overweight or obese (f)		Obese (g)			
Smoker	lower ci	upper ci	lower ci	upper ci	Binge (c)	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	
All aged 16+:																
2003/04	25	28	.	.	.	.	.	.	28	29	53	55	17	18	16,298
2004/05	26	29	.	.	.	.	.	.	28	30	54	56	17	19	16,035
2005/06	24	27	.	.	.	.	.	.	30	32	55	57	19	20	14,305
2007 (a)	23	25	.	.	.	.	.	.	29	30	55	58	20	21	13,917
2008	23	24	44	46	27	29	35	37	29	31	56	58	20	22	13,313	
2009	23	25	44	46	27	28	34	36	28	30	56	58	20	22	16,018	
2010	22	24	43	45	26	28	34	36	29	31	56	58	21	22	15,999	
2011	22	23	43	44	26	28	32	34	28	30	56	58	21	23	16,058	
2012	22	23	41	43	25	27	32	34	28	30	58	59	22	24	15,687	

(a) From 2007 the fieldwork runs on a calendar year basis.

(b) Drank more than the daily guidelines of 4 units (men) or 3 units (women) on heaviest drinking day in the past week. Based on all adults (drinkers and non-drinkers).

(c) Drank more than twice the daily guidelines (i.e. more than 8 units (men) or 6 units (women)) on heaviest drinking day in the past week. Based on all adults (drinkers and non-drinkers).

(d) Ate at least 5 portions of fruit & vegetables the previous day.

(e) Did at least 30 minutes of at least moderate intensity physical activity on 5 or more days the previous week.

(f) Body Mass Index (BMI) of 25+.

(g) Body Mass Index (BMI) of 30+.

(h) Bases vary: those shown are for the whole sample.

Table A3: Approximate 95% confidence intervals (ci) for long-standing illness and overweight / obesity in children, 2007-2012

Per cent

	Good / Very good general health		Long-standing illness (b)		Limiting long-standing illness (c)		Overweight or obese (d)		Obese (d)		<i>Unweighted base (e)</i>
	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	lower ci	upper ci	
Children (a):											
2007	92	95	18	21	5	8	33	38	18	22	2,668
2008	93	95	18	21	5	7	30	35	14	18	2,653
2009	93	95	19	22	5	6	32	37	17	21	3,223
2010	94	96	18	21	5	7	34	39	17	22	3,077
2011	94	96	17	20	5	6	33	38	17	21	3,167
2012	94	95	17	20	5	7	32	37	17	21	2,943

(a) Children aged under 16 for general health and long-standing illness, children aged 2-15 for overweight / obesity.

(b) Has long-standing illness, disability or health problem.

(c) Has long-standing illness, disability or health problem which limits daily activities.

(d) Estimates of overweight and obesity are based on Body Mass Index (BMI). The cut-off points above which children are classed as overweight or obese vary by age and sex, and are based on the 85th (overweight) and 95th (obese) percentiles of the 1990 UK BMI reference curves. Estimates using other definitions will be different.

(e) Bases vary: those shown are for the whole sample aged under 16; bases for those aged 2-15 are lower, see table 4 for details.