

South
Gloucestershire 
Viewpoint

Research Report

August 2016 Survey

South Gloucestershire Council

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1 Key findings

Health support services

Generally, for each health area the number of people who knew where to access help outweighed those who did not, with the exception of social isolation where over one third of respondents did not know (35%) and one quarter were not sure (25%).

Tackling local public health issues

Respondents were asked about alcohol and drug consumption, smoking and healthy lifestyles. When asked how much of a problem there is with different alcohol and drug related issues the scores were fairly consistent for each issue. Drinking in public received the greatest not a problem and small problem score (39% and 43%). When asked how satisfied they were with the way the council and other public health providers are tackling alcohol and drug consumption issues in their local area, drinking in public received the greatest satisfaction with over a quarter of respondents feeling satisfied (26%). Young people's drinking received the greatest level of dissatisfaction from respondents (17%).

Smoking related litter was seen as the greatest problem receiving the greatest small and big problem scores (51% and 32% respectively). People smoking in vehicles was also viewed as a big problem by a high number of respondents (23%). When asked how satisfied they were with the way the council and other public health providers are tackling smoking issues, the highest level of dissatisfaction was related to smoking related litter with over a third of respondents feeling dissatisfied (34%).

When asked how much of a problem there is with different healthy lifestyle issues, excess weight in adults and children received the greatest small problem scores (39% and 40% respectively) and greatest big problem scores (48% and 43% respectively). When asked how satisfied they were with the way the council and other public health providers are tackling these healthy lifestyle issues in their local area excess weight in adults and children received the greatest dissatisfaction scores (26% and 28%).

Alcohol and drinking behaviour

In a typical month, over a quarter of respondents have a drink containing alcohol two or three times a week (27%) and over a quarter have a drink containing alcohol between two and four times a month (26%). When asked how many units of alcohol they consume on a typical drinking day over half of respondents consume one or two units of alcohol (55%) and over a quarter consume three or four units of alcohol (29%). The next question asked respondents how satisfied they are with how South Gloucestershire Council addresses drinking behaviour for different age groups, older people received the greatest level of satisfaction (19%) and young people received the lowest satisfaction (14%).

Smoking

The next section asked respondents about their smoking behaviour. The majority of respondents did not smoke (94%), a small proportion smoke cigarettes or tobacco (5%) or use an e-cigarette (2%). The largest proportion of respondents started using an e-cigarette to help them quit smoking (60%), almost a third were currently using one to try to quit smoking (32%) and a small percentage of people had successfully quit smoking by using an e-cigarette (13%). Respondents were also asked where they, visitors or people living in their household smoke. Over half of respondents chose in the garden (56%) and almost

one third said in a designated outdoor smoking area such as in pubs and other buildings (31%).

Mental health and wellbeing

The majority of respondents felt that they have as much social contact as they want with the people they like (83%). When asked how satisfied they feel about the things they do in their life almost half of respondents felt totally satisfied (45%) while slightly over a third felt satisfied (37%). Respondents were also asked how worthwhile they feel the things they do in their life are, where slightly over two fifths of respondents felt totally worthwhile (41%) and two fifths also felt mostly worthwhile (40%). When asked how happy they felt yesterday, over two fifths of respondents felt totally happy (42%) and almost two fifths felt happy (38%). Respondents were also asked how anxious they felt yesterday, where over two fifths felt not anxious at all (43%) and almost a third felt slightly anxious (32%).

Almost half of respondents strongly agreed that they would visit their GP if they felt as though they had a mental health problem (46%) and almost two fifths agreed (39%). Feeling comfortable living near someone with a mental health problem received the greatest neither agree nor disagree score of almost two fifths (38%). Feeling comfortable talking to my employer about a mental health problem received the greatest disagreement scores (22% disagree and 13% strongly disagree).

Physical activity and healthy eating

The next section asked respondents about their physical activity levels, eating habits and views on healthy eating. Almost one fifth of respondents did not do physical activity on any days in that week (19%). The second largest proportion of respondents did physical activity on two days (17%), three days (17%) or every day (17%) in that week. Time was the most frequently chosen factor which prevented respondents from taking part in physical activity (34%). Staying healthy or preventing and or managing ill health (55%) and enjoyment (50%) were most frequently viewed as the factors which motivate respondents to take part in physical activity.

When asked whether they have a healthy diet, one quarter of respondents strongly agreed (25%) and over half agreed (53%). Similarly, one quarter of respondents strongly agreed that they eat five portions of fruit and vegetables a day (25%) and almost two fifths agreed (39%). Over a third of respondents strongly agreed (34%) that they find it easy to make home cooked meals and over two fifths agreed (43%). When asked if they struggle to find affordable healthy options to feed their family there was a high level of disagreement (34% disagreed and 41% strongly disagreed).

Sexual health services

The final section asked respondents for their views on the location and opening times of sexual health services. The majority of respondents have accessed sexual health services through a GP (79%) which was also the preferred way to access these services (80%). There was a significant difference between the number of people who currently access sexual health services at a local sexual health clinic and online when compared to the number of people who would like to access these services in this way. This suggests respondents would like to increasingly access sexual health services in these ways.

When asked what days and times they would like sexual health services to be open the majority of respondents chose Monday to Friday (95%) and evenings (71%).

2 Introduction

2.1 Background

The following report provides a summary of findings from a survey undertaken among members of South Gloucestershire Council's 'Viewpoint' citizens panel. The survey was conducted between 10 August and 28 August 2016. Members of South Gloucestershire Council's Viewpoint citizens panel were asked for their feedback on different public health issues. The results will inform the relevant service areas and support their decision making processes.

2.2 Methodology and analysis

All 1645 panel members were sent an invitation to take part in the survey either by post (28%) or by email (72%). The survey received a response rate of 54% (896 surveys).

The panel aims to be as representative of the population of South Gloucestershire as possible and any over- or under-representations with regards to certain demographics are balanced by weighting the data to match the proportions present in the population. Quantitative data has been weighted by priority neighbourhood and the rest of the district, ward, gender and ethnicity according to population information taken from the 2011 census (Office for National Statistics).

Data has not been weighted by age due to large discrepancies between the distribution of age groups within the sample and within the population. This is to avoid any distortion of results. When reviewing the results it should be considered that there are large discrepancies between the distribution of age groups within the sample as a large proportion of respondents are over the age of 45 years. A full breakdown of the sample profile is available in the Appendix as *Table 1*.

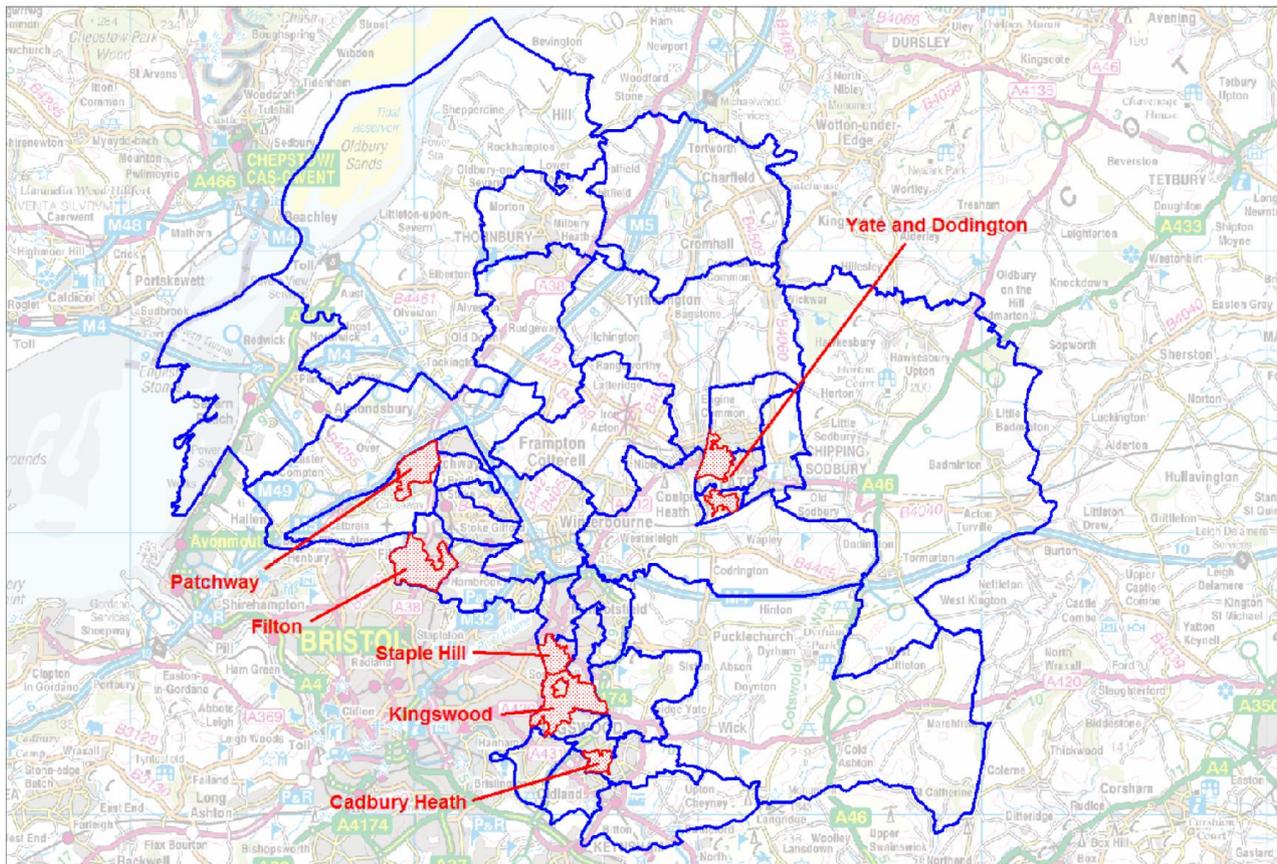
Qualitative data has not been weighted.

The priority neighbourhood areas are:

- Cadbury Heath
- Filton
- Kingswood
- Patchway
- Staple Hill
- Yate & Dodington

The six priority neighbourhoods are small areas which are particularly deprived areas of the district. These areas are illustrated in the map below.

Figure 2: Map of priority neighbourhoods



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Differences between percentage scores of specific sample groups have been tested for significance for each survey question and are shown in the data report.

2.3 Reporting

This report presents survey findings by subject area.

Some of the key significant findings for gender, working age (under 65) in comparison to non-working age (65+), and priority neighbourhoods in comparison to the rest of the district are included in this report.

Sums of percentages reported in this document may deviate from the actual total by 1% due to rounding. Greater deviations from 100% occur where respondents were able to choose multiple options and percentages are based on the number of respondents.

The following separate outputs have been prepared:

Data report

A separate spreadsheet can be produced which shows cross tabulations and significant findings between percentages of respondents for the following independent variables:

- Gender
- Age group
- Working age / non-working age
- Priority neighbourhoods
- Priority neighbourhood / rest of district
- Ethnicity
- Disability
- Wards.

Open text responses

A separate document listing all open responses for each open text question has been prepared.

3 Health support services

The first section focused on the council’s support services.

Respondents were asked if they know where to access information and help regarding different health areas.

Generally, for each health area the number of people who knew where to access help outweighed those who did not, with the exception of social isolation where over one third of respondents did not know where to access help regarding social isolation (35%) and one quarter were not sure (25%). Although over half of respondents knew where to get help for their own emotional health and wellbeing (54%), over one third either did not know or were not sure (35%).

Figure 2: Health support services

Would you know where to access help regarding the following if you required it?
(Q1a~Q1e)

Base: see chart labels

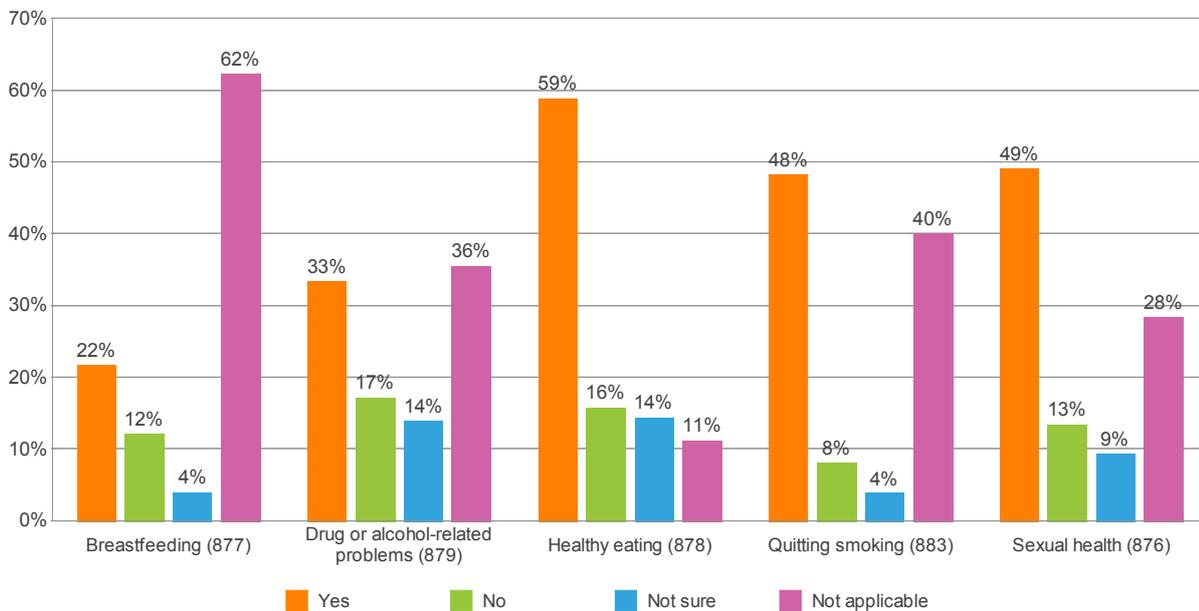
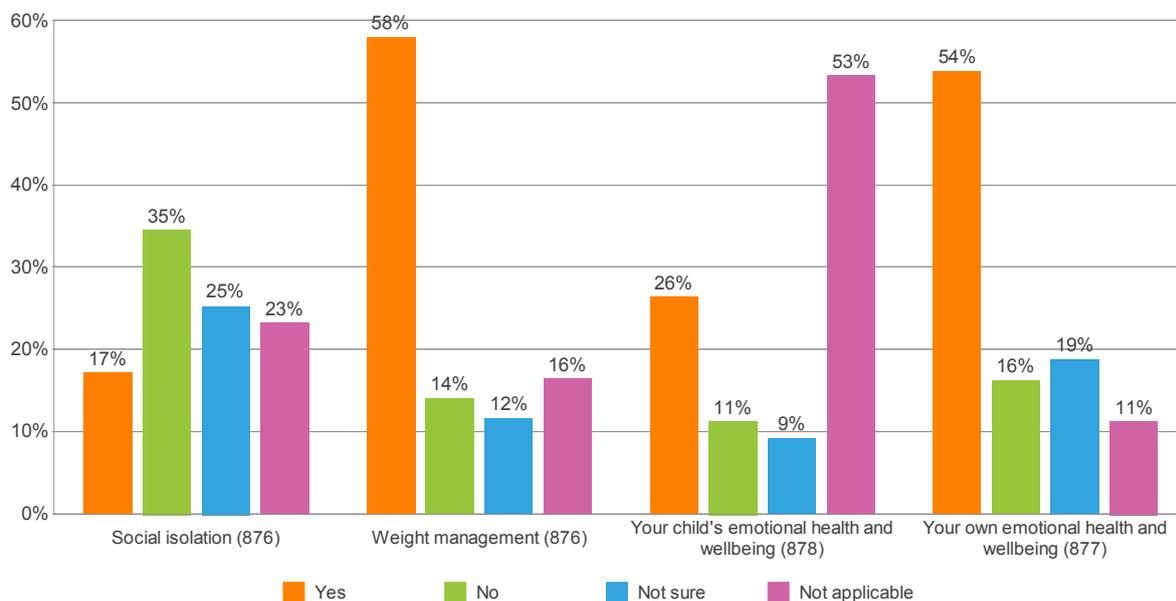


Figure 3: Health support services

Would you know where to access help regarding the following if you required it? (Q1e~Q1i)

Base: see chart labels



There were no significant differences between respondents from priority neighbourhoods when compared to the rest of the district with the exception of knowing where to access sexual health services. For this statement respondents from priority neighbourhoods were significantly more likely to know where to access services than respondents from the rest of the district (51% compared to 39%).

When comparing the responses of respondents of working age and non-working age, respondents of working age were significantly more likely to know where to access all services when compared to those of non-working age with the exception of social isolation where there was no significant difference. Whereas, respondents of non-working age were significantly more likely to feel these services were not applicable to them. For breastfeeding and social isolation those of working age were significantly more likely to be not sure where to access services when compared to those of non-working age (6% compared to 2% and 30% compared to 20%).

When compared to female respondents, male respondents were significantly more likely to not know where to access all services with the exception of social isolation and your child's emotional health and wellbeing where there was no significant difference. Male respondents were also more likely to feel breastfeeding (71% compared to 53%), your child's emotional health and wellbeing (57% compared to 49%) and your own emotional health and wellbeing (14% compared to 8%) was not applicable to them.

When compared to male respondents, female respondents were significantly more likely to know where to access services for breastfeeding (31% compared to 12%), healthy eating (63% compared to 55%), weight management (63% compared to 54%), your child's emotional health and wellbeing (32% compared to 22%) and your own emotional health and wellbeing (62% compared to 47%).

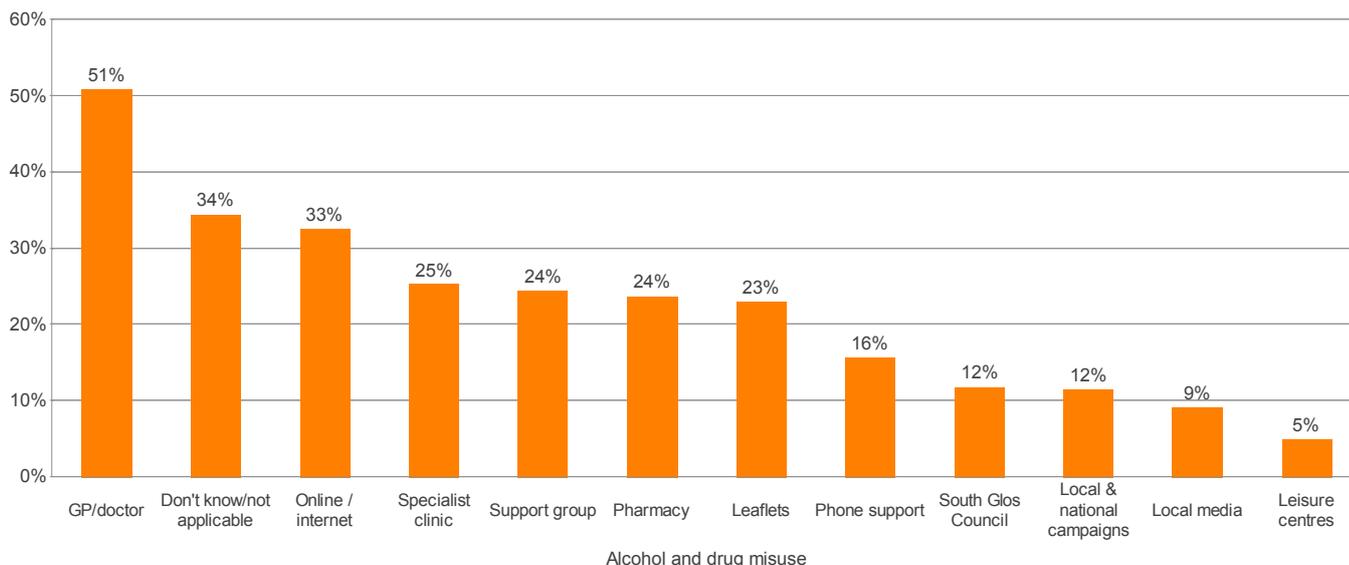
The next question asked respondents how they would like to be able to access help and information on different support services. As respondents were able to tick multiple options the percentages do not equal one hundred percent.

For alcohol and drug misuse roughly half of respondents chose their GP/doctor (51%), over a third did not know or felt the question was not applicable to them (34%) and one third preferred support online or on the internet (33%).

Figure 4: Accessing health and support services – Alcohol and drug misuse

How would you like to be able to access help and information on the following support services if you required them? (Alcohol and drug misuse)

Base: 857

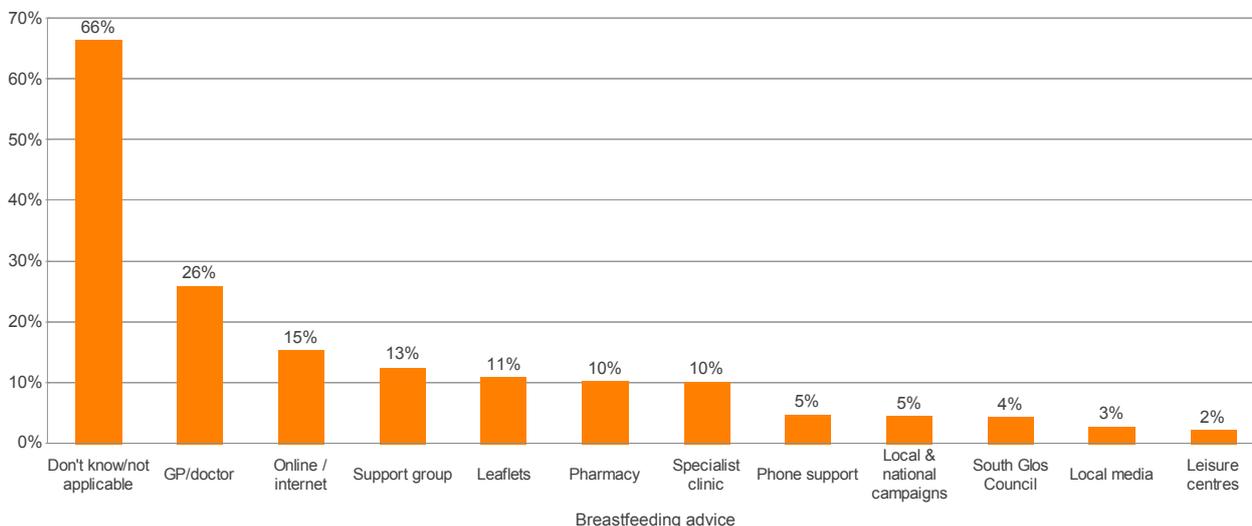


For breastfeeding advice two thirds of respondents felt that this question was not applicable to them (66%). The most popular two ways to access help and information were from their GP/doctor (26%) and online or on the internet (15%).

Figure 5: Accessing health and support services – Breastfeeding advice

How would you like to be able to access help and information on the following support services if you required them? (Breastfeeding advice)

Base: 850

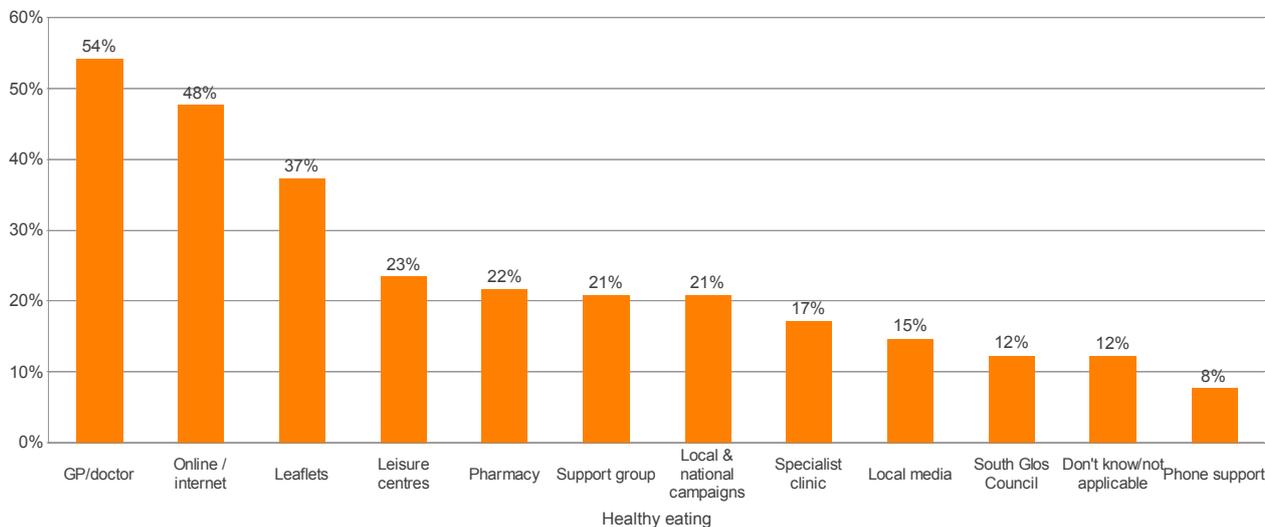


For healthy eating, the most popular ways to access help and information were via a GP/doctor (54%), online or on the internet (48%) and from leaflets (37%).

Figure 6: Accessing health and support services – Healthy eating

How would you like to be able to access help and information on the following support services if you required them? (Healthy eating)

Base: 857

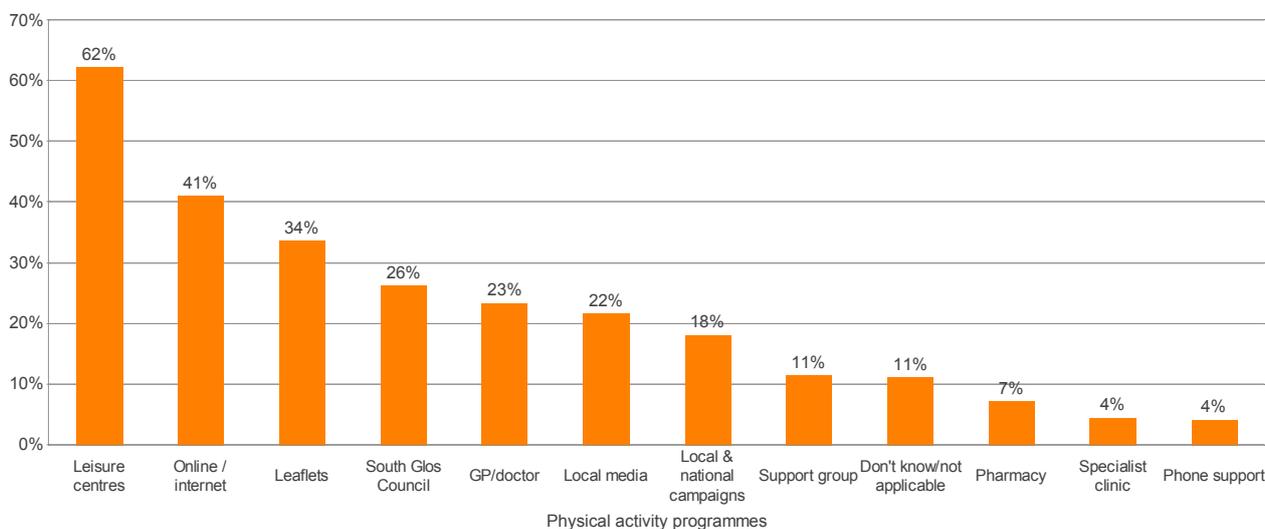


For information about physical activity programmes the preferred options were from leisure centres (62%), online or on the internet (41%) and from leaflets (34%).

Figure 7: Accessing health and support services – Physical activity programmes

How would you like to be able to access help and information on the following support services if you required them? (Physical activity programmes)

Base: 865

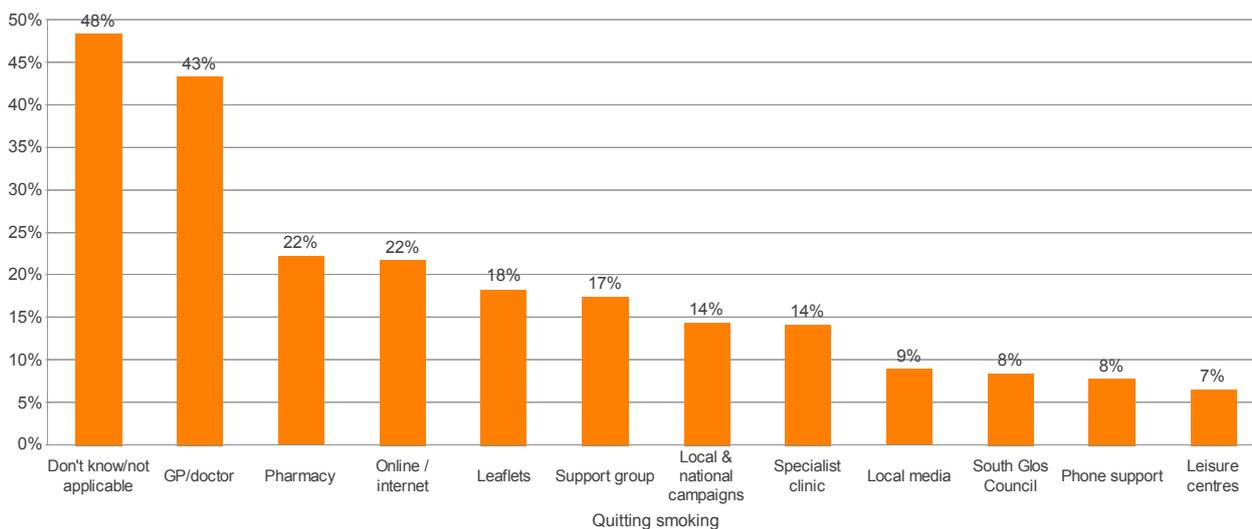


For quitting smoking the most common preferred ways to access help and information were from a GP/doctor (43%), pharmacy (22%) or online and on the internet (22%). Almost half of respondents felt this question was not applicable to them or did not know (48%).

Figure 8: Accessing health and support services – Quitting smoking

How would you like to be able to access help and information on the following support services if you required them? (Quitting smoking)

Base: 857

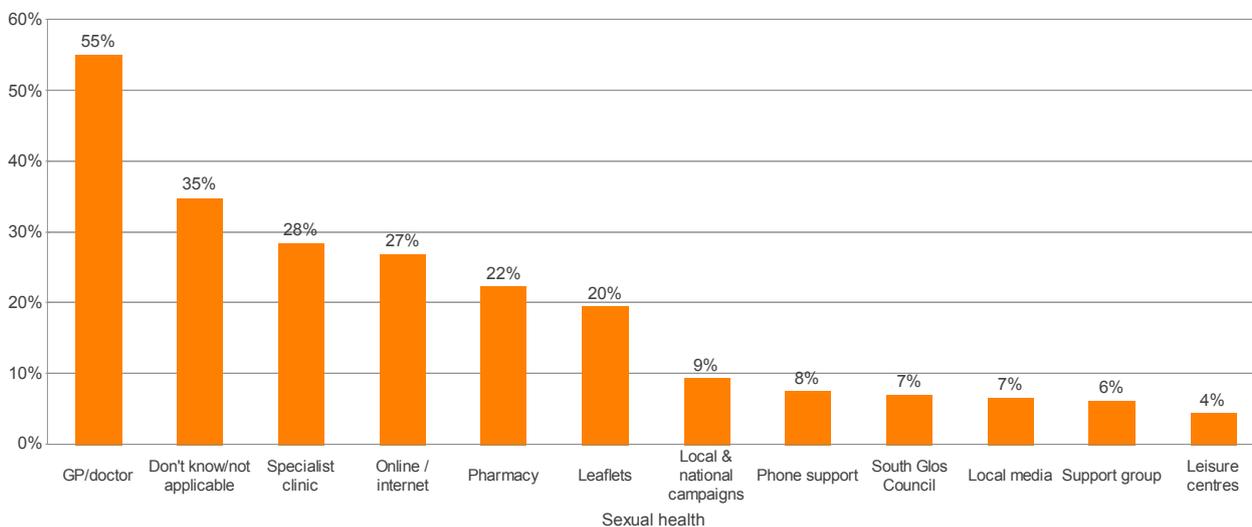


For sexual health the most popular preferred way to access help and information was via the GP/doctor (55%). Over a quarter of respondents also chose a specialist clinic (28%) or online or on the internet (27%).

Figure 9: Accessing health and support services – Sexual health

How would you like to be able to access help and information on the following support services if you required them? (Sexual health)

Base: 854

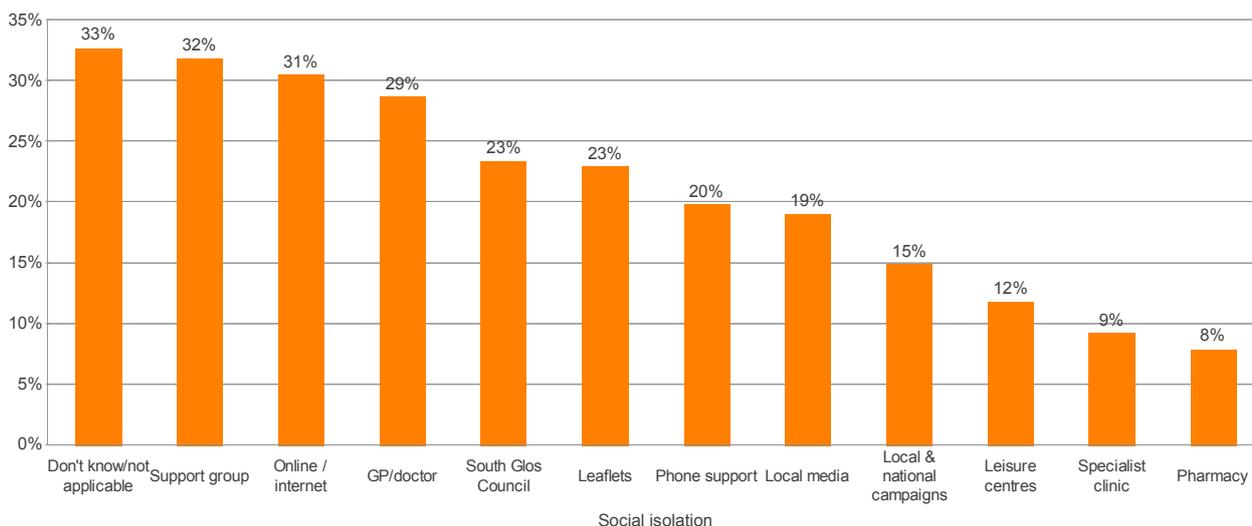


For social isolation there was not a clear most preferred way to access help and support. One third of respondents did not know or thought this question was not applicable to them (33%), almost one third would like to access help and information from a support group (32%) and almost one third preferred online or on the internet (31%).

Figure 10: Accessing health and support services – Social Isolation

How would you like to be able to access help and information on the following support services if you required them? (Social isolation)

Base: 850



For weight management help and information, GP/doctor (62%), online or on the internet (36%) or from a support group (32%) received the greatest scores and were therefore the preferred options.

Figure 11: Accessing health and support services – Weight management

How would you like to be able to access help and information on the following support services if you required them? (Weight management)

Base: 861

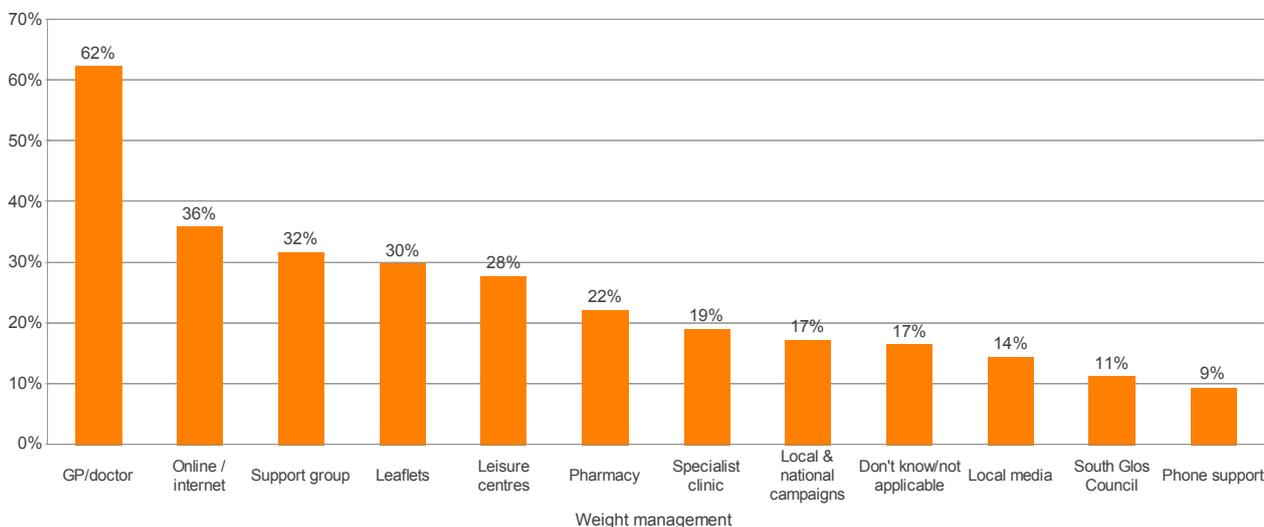
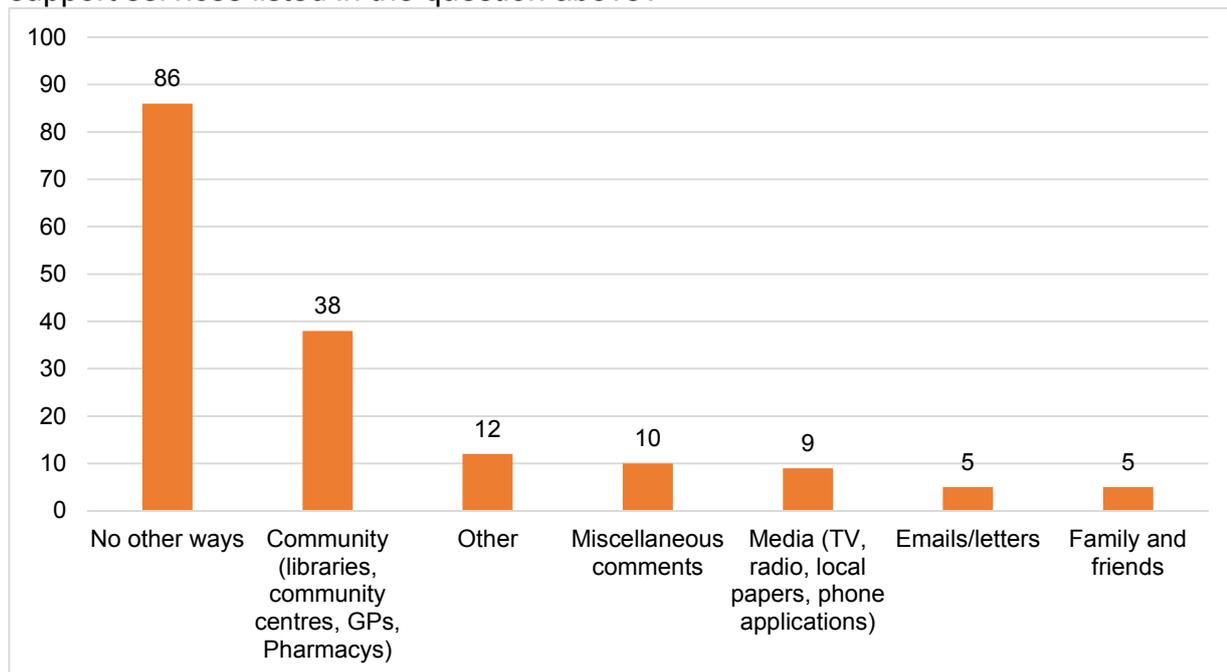


Figure 12: Other ways to access health and support services

Are there any other ways in which you would like to access help and information for the support services listed in the question above?



In total 161 comments were made in response to this question. Over half of these comments stated that there were no other ways they would like to access help and information for the support services listed (86 comments). Almost a quarter of comments referred to accessing support in the community, suggestions included libraries, pharmacies, churches, GP waiting areas and community centres (38 comments). Other comments referred to family or friends and the media including TV, social media, radio and local papers.

4 Tackling local public health issues

The following questions asked respondents about the scale of public health issues in their area and how well they think the council and other public health providers are tackling them. Respondents were asked about alcohol and drug consumption, smoking and healthy lifestyles.

4.1 Alcohol and drug consumption

When asked how much of a problem there is with different alcohol and drug related issues the scores were fairly consistent for each issue.

Drinking in public received the greatest not a problem score (39%) and small problem score (43%) when compared to other issues. Young people's drinking also received a high small problem score (40%).

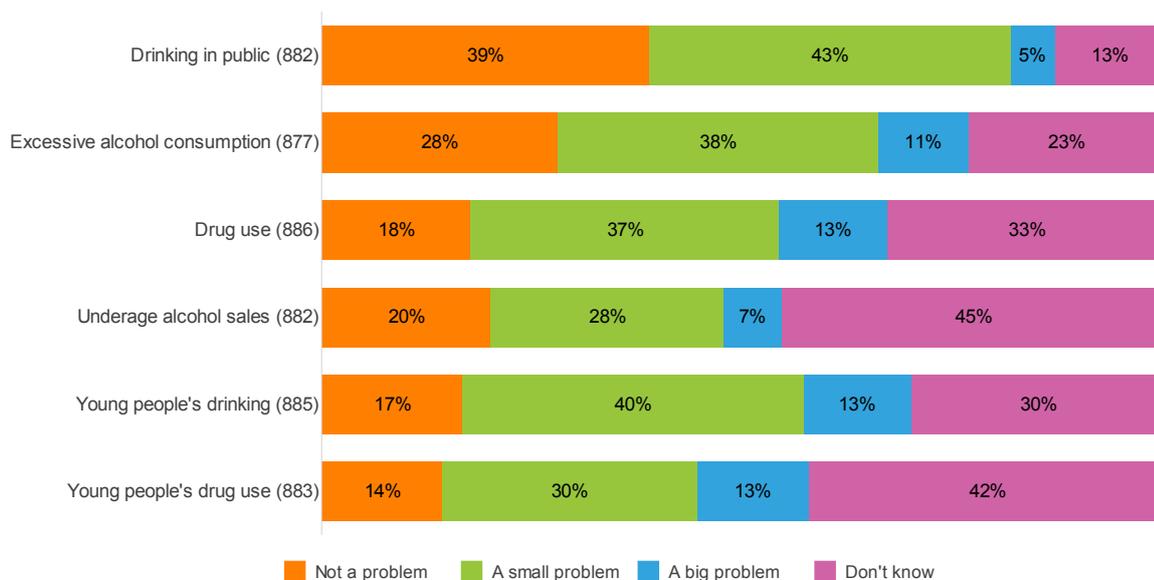
Thirteen percent of respondents felt drug use, young people's drinking and young people's drug use was a big problem.

Underage alcohol sales (45%) and young people's drug use (42%) received the highest don't know scores when compared to other issues which demonstrates a lack of public awareness of these issues.

Figure 13: Alcohol and drug consumption in your local area

In your local area, how much of a problem do you think there is with the following regarding alcohol and drug consumption?

Base: see chart labels



When comparing the responses from respondents of working age and non-working age, respondents of non-working age were significantly more likely to not know how much of a problem all issues are. However, for underage drinking sales non-working age respondents were significantly more likely to feel that there was a big problem (9%

compared to 5%). With the exception of drinking in public, respondents of working age were significantly more likely to feel there is a small problem for all issues when compared to respondents of non-working age.

When comparing the responses from each gender, male respondents were significantly more likely to feel there is no problem with all listed issues, whereas female respondents were significantly more likely to not know, with the exception of drug use and young people's drug use where there were no significant differences.

Respondents from the rest of the district were significantly more likely to feel all issues were not a problem when compared to respondents from priority neighbourhoods. Whereas, respondents from priority neighbourhoods were significantly more likely to feel drinking in public (57% compared to 40%) and excessive alcohol consumption (46% compared to 36%) was a small problem and all other issues were a big problem.

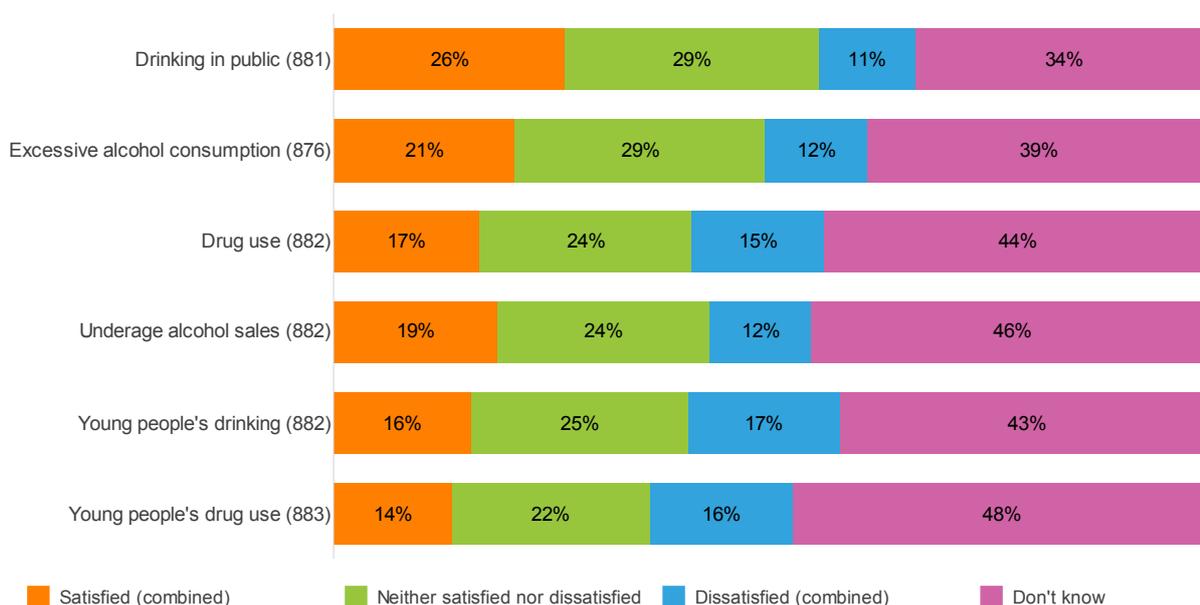
Respondents were then asked how satisfied they were with the way the council and other public health providers are tackling these alcohol and drug consumption issues in their local area. For analysis purposes the positive and negative scores were combined.

The issue which received the greatest level of satisfaction was drinking in public with over a quarter of respondents feeling satisfied (26%). Young people’s drinking received the greatest level of dissatisfaction from respondents (17%). Neither satisfied nor dissatisfied scores were fairly consistent for all issues. There were also consistently high levels of respondents not knowing how satisfied they were for all issues.

Figure 14: Tackling alcohol and drug consumption in your local area

How satisfied are you with the way the council and other public health providers are tackling these alcohol and drug consumption issues in your local area?

Base: see chart labels



When comparing the responses for different age groups, respondents of working age were significantly more likely to feel neither satisfied nor dissatisfied with the way excessive alcohol consumption (32% compared to 26%), underage alcohol sales (27% compared to 21%) and young people’s drug use (43% compared to 53%) are being tackled.

Respondents of non-working age were significantly more likely to feel dissatisfied with how underage alcohol sales are being tackled (14% compared to 9%) and not know about drug use (49% compared to 39%) and young people’s drug use (53% compared to 43%).

When compared to female respondents, male respondents were significantly more likely to feel dissatisfied with the way the council and other public health providers are tackling each of these issues. Female respondents were significantly more likely to not know how satisfied they feel drinking in public (40% compared to 27%), excessive alcohol consumption (13% compared to 9%) and young people’s drinking (47% compared to 38%) are being tackled.

Respondents from priority neighbourhoods were significantly more likely to feel dissatisfied with the way the council and other public health providers are tackling each of these issues.

4.2 Smoking

When asked how much of a problem there is with different smoking issues, smoking related litter was seen as the greatest problem receiving the greatest small and big problem scores (51% and 32% respectively).

Other issues which were also seen as a small problem by a high number of respondents were people smoking in public areas (47%), passive smoking in front of both adults (42%) and children (42%).

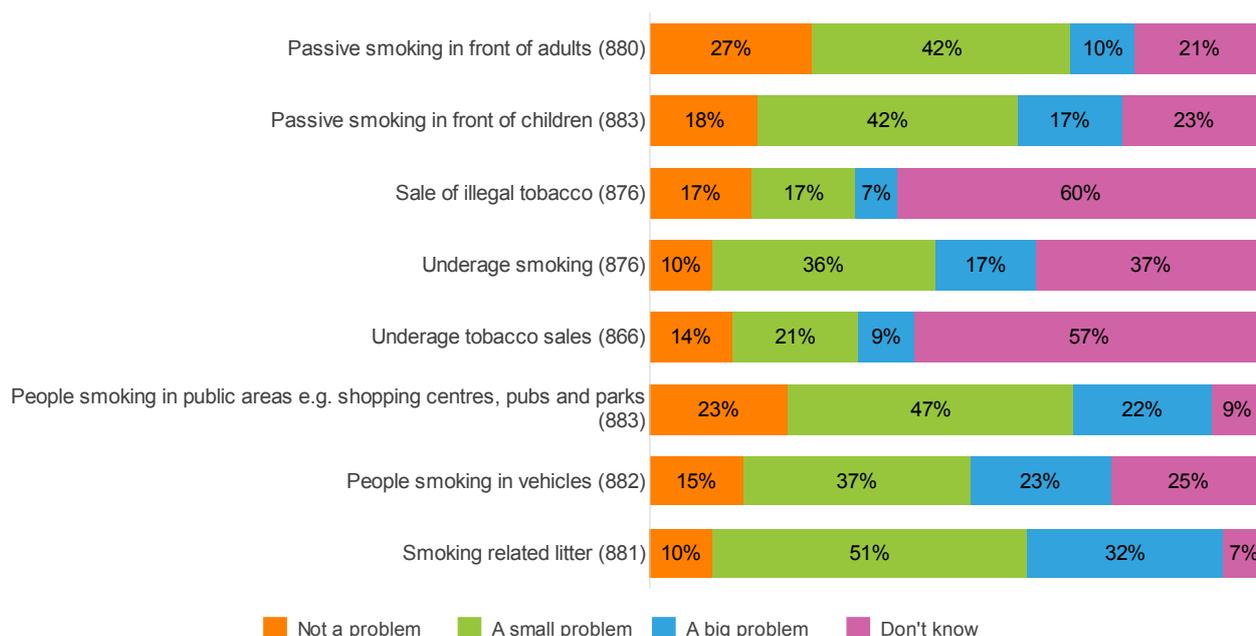
People smoking in public areas was also viewed as a big problem by a high number of respondents (22%), as was to people smoking in vehicles (23%).

The sale of illegal tobacco (60%) and underage tobacco sales (57%) received considerably high don't know scores which suggests there is a lack of public awareness of these issues.

Figure 15: Smoking in your local area

In your local area, how much of a problem do you think there is with the following regarding smoking?

Base: see chart labels



Respondents of working age were significantly more likely, than those of non-working age, to feel passive smoking in front of adults (46% compared to 39%) and underage smoking (40% compared to 32%) was a small problem. Respondents of non-working age were significantly more likely to not know whether passive smoking in front of adults was a problem (24% compared to 18%) and feel that underage smoking (20% compared to 13%) and underage tobacco sales (12% compared to 6%) were a big problem.

When comparing the responses of males and females, male respondents were significantly more likely to feel these issues were not a problem with the exception of the sale of illegal tobacco, people smoking in public areas and smoking related litter where there was not significant differences. Female respondents were significantly more likely to

not know whether there was a problem for all issues with the exception of the sale of illegal tobacco and people smoking in public areas where there were no significant differences.

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to feel that passive smoking in front of both adults (16% compared to 9%) and children (25% compared to 16%), underage smoking (24% compared to 15%) and smoking related litter (43% compared to 30%) were big problems. Whereas respondents from the rest of the district were more likely to feel all issues were not a problem, with the exception of people smoking in public areas and vehicles where there were no significant differences. Respondents from the rest of the district were also more likely to feel there was a small problem with smoking related litter (53% compared to 43%).

Respondents were then asked how satisfied they were with the way the council and other public health providers are tackling smoking related issues in their local area. For analysis purposes the positive and negative scores were combined.

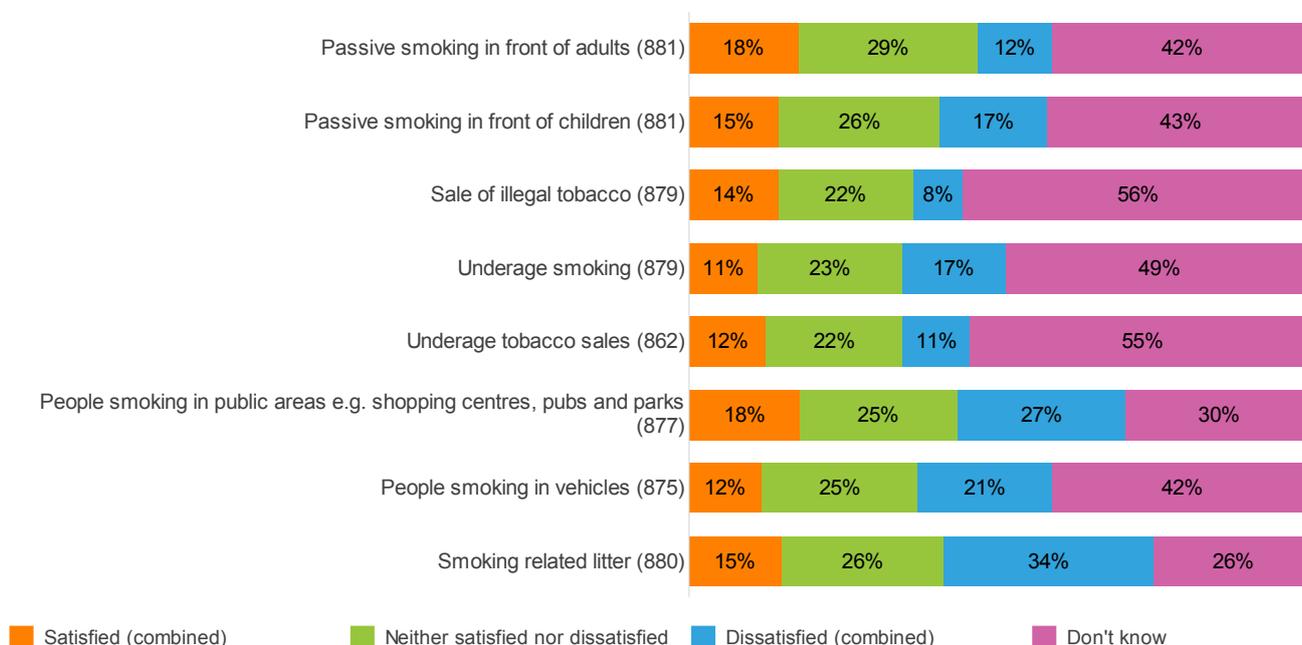
The greatest number of respondents were neither satisfied nor dissatisfied with the way the council and other public health providers are tackling passive smoking in front of adults (29%). Passive smoking in front of children (26%) and smoking related litter (26%) also received high neither satisfied nor dissatisfied scores.

The highest level of dissatisfaction was related to smoking related litter with over a third of respondents feeling dissatisfied (34%). People smoking in public areas also received a high level of disagreement (27%).

Figure 16: Tackling smoking in your local area

How satisfied are you with the way the council and other public health providers are tackling these smoking issues in your local area?

Base: see chart labels



When compared to working age respondents, respondents of non-working age were significantly more likely to feel dissatisfied with how underage tobacco sales are being tackled (14% compared to 9%). They were also more likely to not know how passive smoking in front of both adults (46% compared to 38%) and children (46% compared to 39%) and smoking related litter (29% compared to 23%) are being tackled in their local area. Respondents of working age were more likely to be neither satisfied nor dissatisfied with how passive smoking in front of adults (32% compared to 26%), underage smoking (26% compared to 21%) and underage tobacco sales (25% compared to 18%) were being tackled in their local area. They were also more likely to feel dissatisfied with how passive smoking in front of children is being tackled when compared to those of non-working age (20% compared to 15%).

When comparing the responses of both genders, female respondents were significantly more likely to not know how satisfied they are with how all issues are being tackled. While male respondents were significantly more likely to feel satisfied with how all issues are

being tackled, with the exception of passive smoking in front of children where there was not a significant difference and smoking related litter where they felt significantly more dissatisfied (38% compared to 29%).

When compared to those from the rest of the district, respondents from priority neighbourhood were significantly more likely to feel dissatisfied with how the council and other public health providers are tackling passive smoking in front of adults (19% compared to 11%), underage smoking (23% compared to 16%) and underage tobacco sales (18% compared to 10%). Whereas respondents from the rest of the district were more likely to be neither satisfied nor dissatisfied with how passive smoking in front of adults (31% compared to 18%) and people smoking in public areas (27% compared to 18%) are being tackled.

4.3 Healthy lifestyles

When asked how much of a problem there is with different healthy lifestyle issues the number of respondents who felt that these issues are not a problem is considerably higher than the response to the other areas (alcohol and drug consumption and smoking).

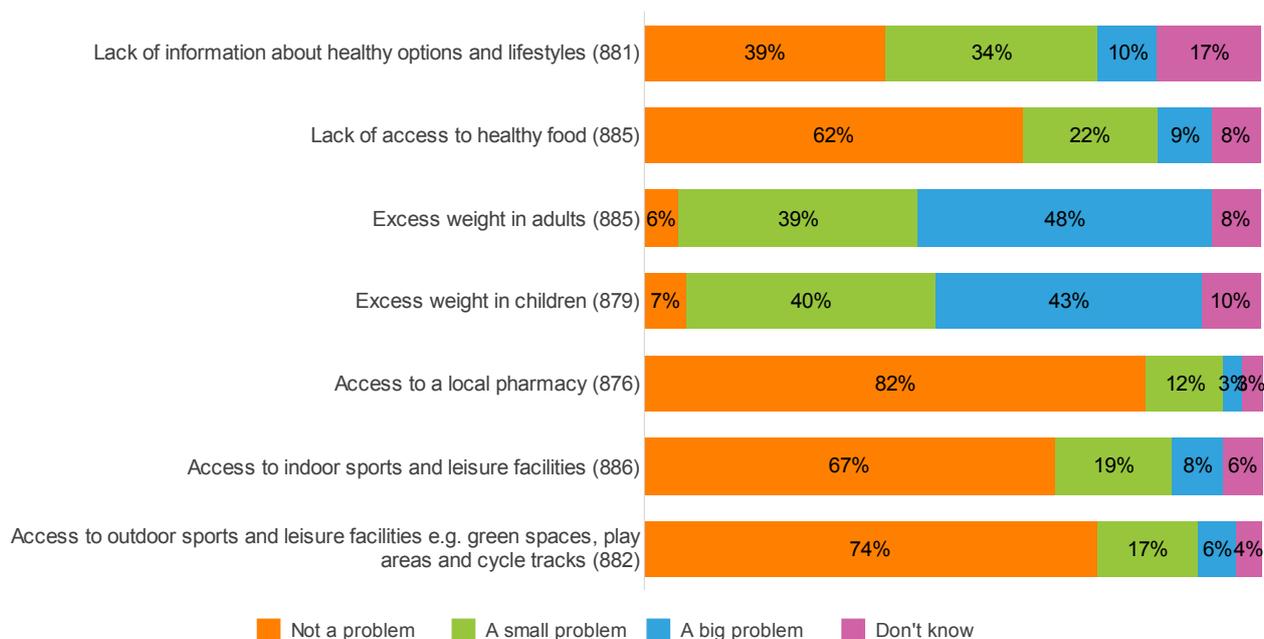
Excess weight in adults and children received the lowest not a problem scores (6% and 7% respectively), greatest small problem scores (39% and 40% respectively) and greatest big problem scores (48% and 43% respectively).

Each of the other issues received high not a problem scores and subsequently lower small and big problem scores with the exception of information about healthy options and lifestyles. Lack of information about healthy options and lifestyles was viewed as a small problem by over a third of respondents (34%).

Figure 17: Healthy lifestyles in your local area

In your local area, how much of a problem do you think there is with the following regarding healthy lifestyles?

Base: see chart labels



When compared to working age respondents, non-working age respondents were significantly more likely to not know how all these issues are being tackled with the exception of having access to a local pharmacy and outdoor sports and leisure facilities. Non-working age respondents were significantly more likely to feel there was not a problem with access to a local pharmacy (85% compared to 78%). Respondents of working age were significantly more likely to feel there is a small problem with the lack of information about healthy options and lifestyles (38% compared to 30%), excess weight in both adults (45% compared to 33%) and children (46% compared to 35%), and access to a local pharmacy (15% compared to 10%). They were also more likely to feel there was a big problem with access to indoor (13% compared to 4%) and outdoor (8% compared to 4%) sports and leisure facilities.

Male respondents were significantly more likely to feel excess weight in both adults (54% compared to 42%) and children (51% compared to 36%) and access to outdoor sports and leisure facilities (8% compared to 4%) was a big problem when compared to female respondents who were more likely to feel that there was a small problem with excess weight in both adults (44% compared to 34%) and children (45% compared to 36%).

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to feel that there is a big problem with the lack of access to healthy food (15% compared to 8%).

Respondents were next asked how satisfied they were with the way the council and other public health providers are tackling these healthy lifestyle issues in their local area. For analysis purposes the positive and negative scores were combined.

Access to a local pharmacy, indoor and outdoor sports and leisure facilities each received satisfaction scores over fifty percent and therefore received low dissatisfaction scores.

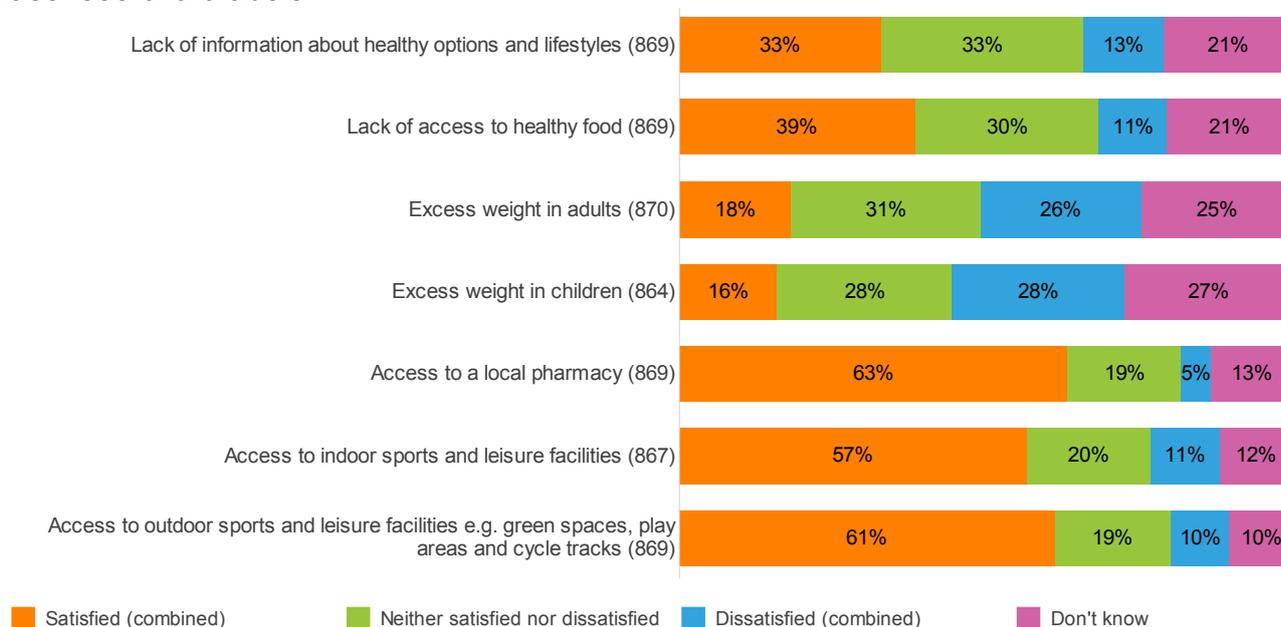
Excess weight in adults and children received the lowest satisfaction scores (18% and 16% respectively) and greatest dissatisfaction scores (26% and 28%).

The greatest number of respondents were neither satisfied nor dissatisfied with the way the council and other public health providers were tackling the lack of information about healthy options and lifestyles (33%).

Figure 18: Tackling healthy lifestyle issues in your local area

How satisfied are you with the way the council and other public health providers are tackling these healthy lifestyle issues in your local area?

Base: see chart labels



When comparing the responses from different age groups, respondents of working age were significantly more likely to feel dissatisfied with how the council and other public health providers are tackling access to a local pharmacy (68% compared to 59%), both indoor (60% compared to 53%) and outdoor (65% compared to 57%) sports and leisure facilities, whereas those of non-working age were significantly more likely to feel satisfied.

When compared to male respondents, female respondents were significantly more likely to not know how satisfied they feel for all issues, with the exception of accessing a local pharmacy where there was not a significant difference and the lack of access to healthy food where they felt satisfied (44% compared to 34%). Male respondents were significantly more likely to feel dissatisfied with how all issues are being tackled, with the exception of the lack of access to healthy food where they felt neither satisfied nor dissatisfied (35% compared to 25%) and accessing indoor sports and leisure facilities where there was no significant difference.

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to feel dissatisfied with how the lack of information about healthy options and lifestyles (19% compared to 12%) and lack of access to healthy food (19% compared to 10%) is being tackled.

5 Alcohol and drinking behaviour

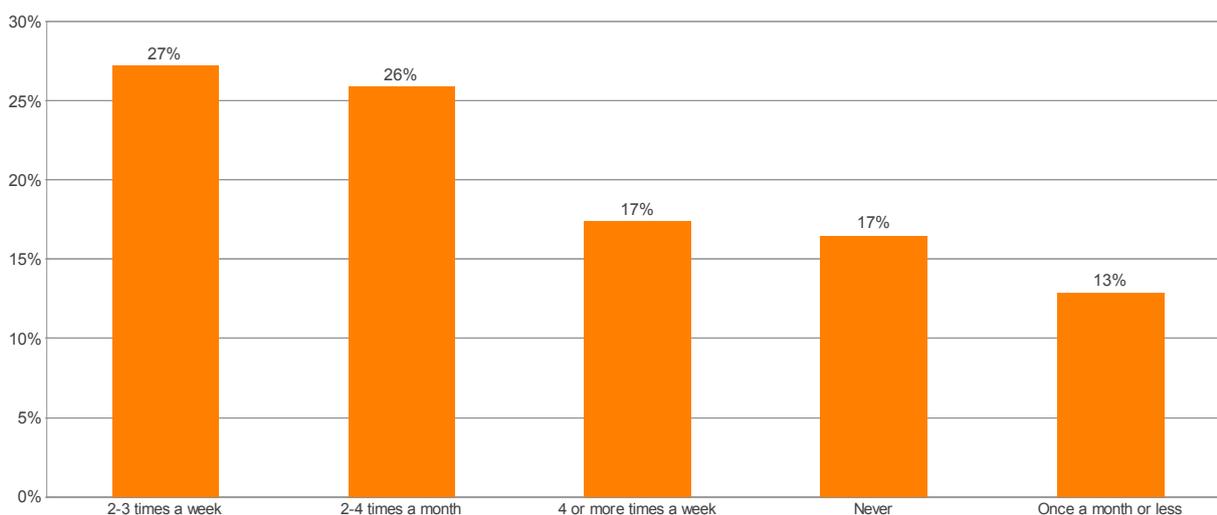
The next section asked respondents about their drinking behaviour.

In a typical month, over a quarter of respondents have a drink containing alcohol two or three times a week (27%) and over a quarter have a drink containing alcohol between two and four times a month (26%). The remainder had a drink containing alcohol four or more times a week (17%), never had an alcohol drink (17%) or had a drink containing alcohol once a month or less (13%).

Figure 19: How often you drink alcohol

In a typical month, how often do you have a drink containing alcohol?

Base: 880



When comparing the responses of different age categories, respondents of non-working age were significantly more likely to never have a drink (20% compared to 13%) or have a drink containing alcohol once a month or less (15% compared to 10%). Whereas, respondents of working age were significantly more likely to have a drink containing alcohol two or three times a week (33% compared to 21%).

When compared to male respondents, female respondents were significantly more likely to never have a drink containing alcohol (21% compared to 12%) or have a drink containing alcohol once a month or less (16% compared to 9%). Whereas, male respondents were more likely to have a drink containing alcohol two or three times a week (32% compared to 23%) or four or more times a week (22% compared to 13%).

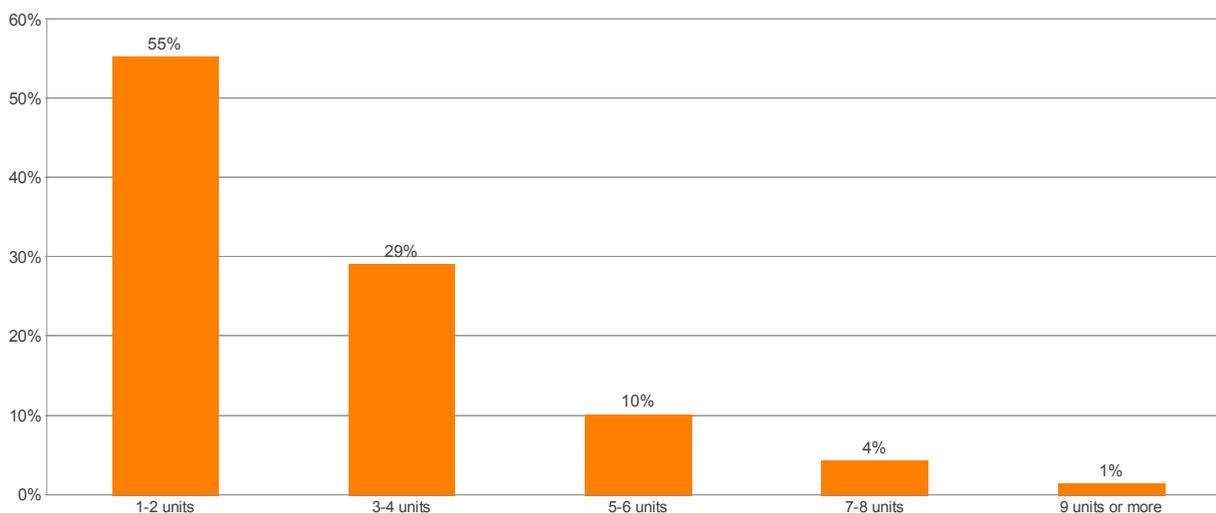
Respondents from priority neighbourhoods were significantly more likely to never drink alcohol when compared to respondents from the rest of the district (23% compared to 15%), whereas respondents from the rest of the district were significantly more likely to drink alcohol four or more times a week (19% compared to 12%).

The next question asked respondents how many units of alcohol they consume on a typical drinking day. Over half of respondents consume one or two units of alcohol (55%) and over a quarter consume three or four units of alcohol (29%). The remainder consume five or six units of alcohol (10%), seven or eight units of alcohol (4%) or nine or more (1%).

Figure 20: Number of units consumed on a typical drinking day

How many units of alcohol would you have on a typical drinking day? *2 units are about one can of beer or one glass of wine.*

Base: 721



Respondents of non-working age were significantly more likely to consume one or two units of alcohol on a typical drinking day (60% compared to 51%), whereas respondents of working age were more likely to consume five or six units of alcohol (12% compared to 8%).

When comparing the responses of both genders, female respondents were significantly more likely to consume one or two units of alcohol on a typical drinking day (63% compared to 48%), whereas male respondents were significantly more likely to consume three or four units of alcohol on a typical drinking day (33% compared to 26%).

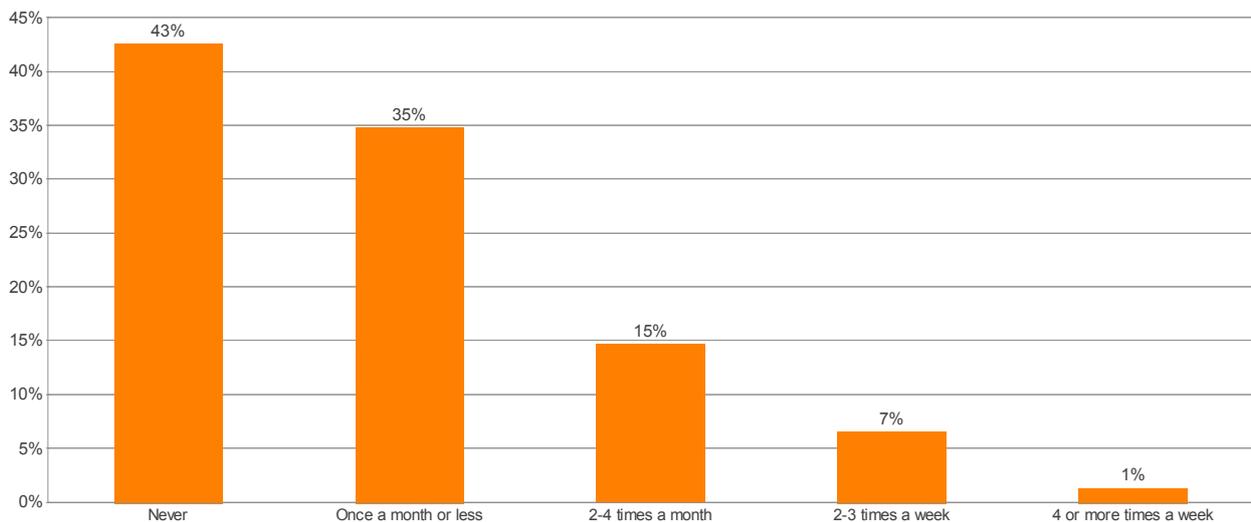
For this question there was not a significant difference in responses from people who live in priority neighbourhoods when compared to the rest of the district.

When asked how often they consume more than six units of alcohol the largest proportion of respondents said never (43%). Over a third of respondents consume more than six units of alcohol once a month or less (35%). The remainder consume six units or more between two to four times a month (15%), two or three times a week (7%) or four or more times a week (1%).

Figure 21: How often you consume more than 6 units of alcohol

How often would you have more than 6 units on one occasion? *6 units are about 3 cans of beer or 3 glasses of wine.*

Base: 735



Respondents of non-working age were significantly more likely to never drink more than six units of alcohol (57% compared to 30%), while respondents of working age were significantly more likely to drink more than six units once a month or less (44% compared to 25%) or between two and four times a month (18% compared to 11%).

When compared to female respondents, male respondents were significantly more likely to consume more than six units of alcohol between 2 and 4 times a month (18% compared to 12%), two or three times a week (10% compared to 3%) and four or more times a week (2% compared to 0%). Whereas female respondents were significantly more likely to choose never (50% compared to 34%).

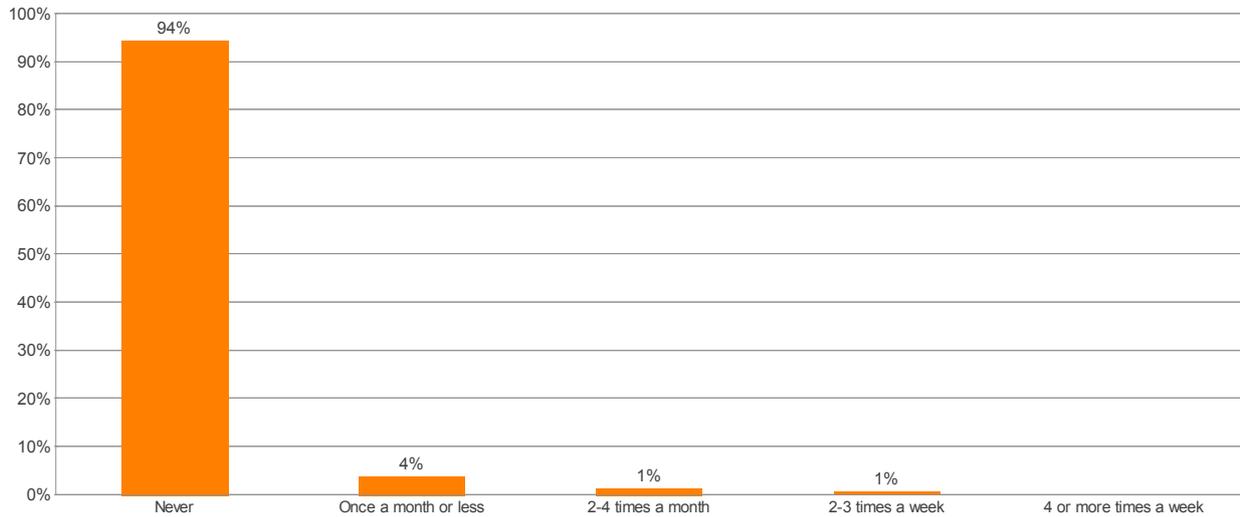
There was not a significant difference in responses from people who live in priority neighbourhoods when compared to the rest of the district.

When asked how often in the last year they have found themselves unable to stop drinking once they had started drinking, the majority of respondents said no (94%). The remainder chose either once a month or less (4%), between two and four times a month (1%) and two or three times a week (1%).

Figure 22: How often you were unable to stop drinking

How often during the last year have you found you were unable to stop once you had started drinking?

Base: 734



There were no significant differences when comparing the responses of both genders, different age groups and the area where they live (priority neighbourhood or the rest of the district).

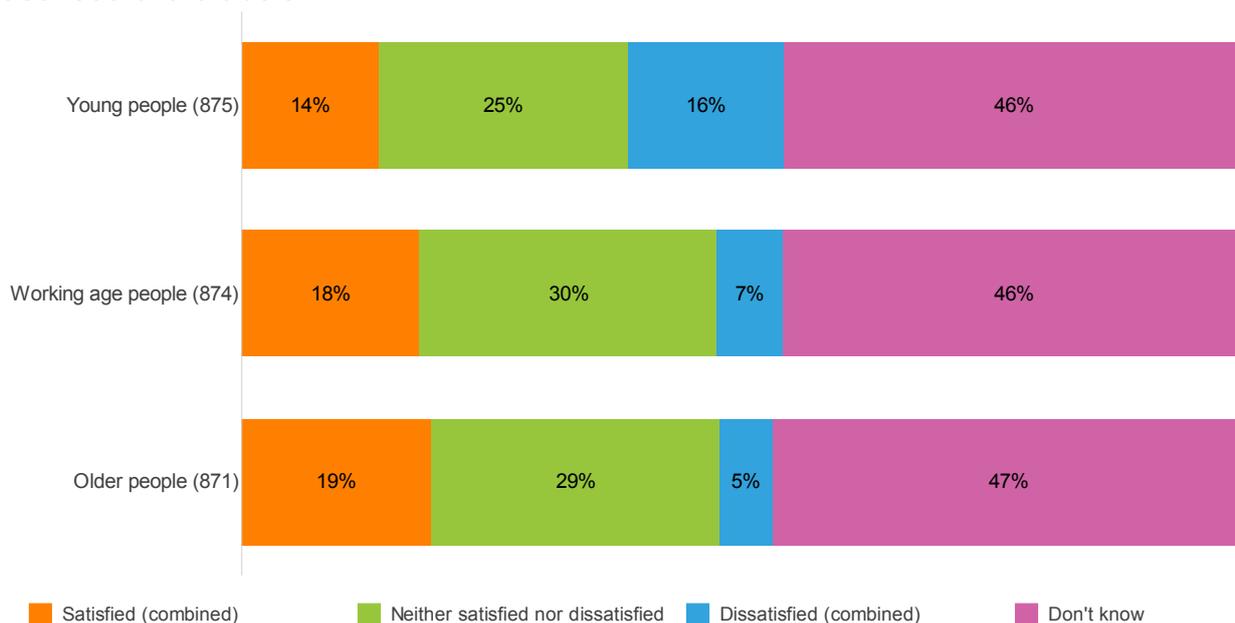
The next question asked respondents how satisfied they are with how South Gloucestershire Council addresses drinking behaviour for different age groups. The satisfaction scores for each age group were fairly similar with the largest proportion of respondents not knowing how satisfied they were (46% or 47%).

The age group which received the greatest level of satisfaction was older people (19%), with young people receiving the lowest satisfaction (14%). Young people also received the greatest dissatisfaction (16%).

Figure 23: Your satisfaction with how South Gloucestershire Council addresses drinking behaviour

How satisfied are you with the way South Gloucestershire Council addresses drinking behaviours of the following age groups?

Base: see chart labels



There was not a significant difference in responses from those of working age when compared to those of non-working age.

Female respondents were significantly more likely to not know how satisfied they were with how the council is addressing drinking in all age groups. Respondents were more likely to feel dissatisfied with how drinking is being addressed for young people (19% compared to 12%) and older people (7% compared to 4%), and satisfied with how it is being addressed for people of working age (21% compared to 15%).

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to feel dissatisfied with how the council is addressing drinking behaviour for older people (9% compared to 5%).

6 Smoking

The next section asked respondents about their smoking behaviour.

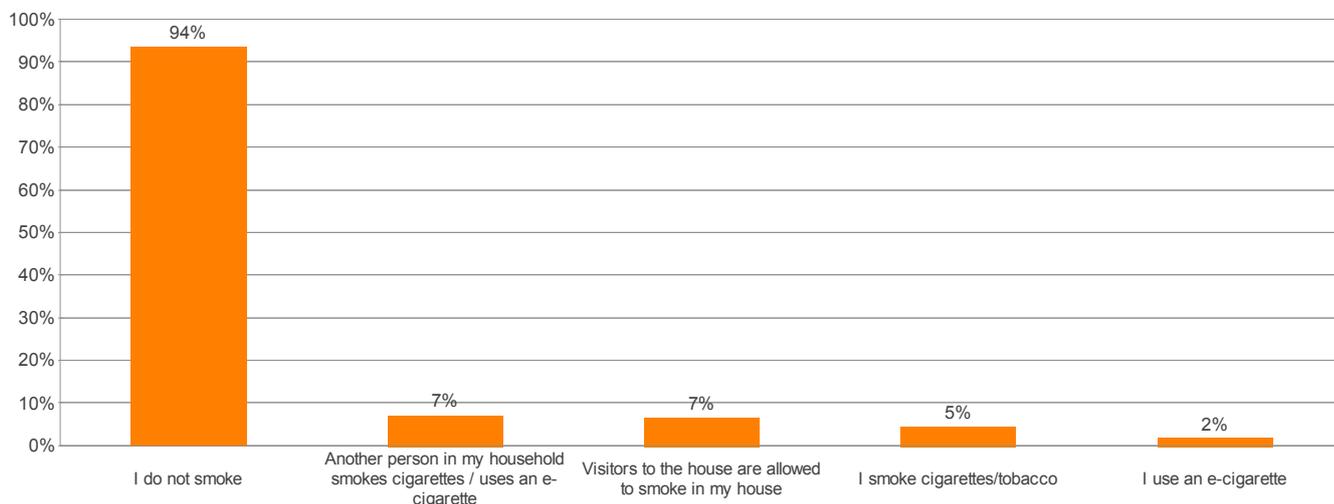
The majority of respondents did not smoke (94%). For the remaining proportion, another person in their household smoked cigarettes or e-cigarettes (7%), visitors were allowed to smoke in their house (7%), they smoked cigarettes or tobacco (5%) or used an e-cigarette (2%).

Please note percentages do not equal one hundred percent as respondents were able to choose multiple options.

Figure 24: Smoking

Which of the following applies to you and your household?
(Please tick all that apply)

Base: 884



When compared to respondents of working age, respondents of non-working age were significantly more likely to allow visitors to smoke in their house (10% compared to 4%).

Respondents from priority neighbourhoods were significantly more likely to use an e-cigarette (5% compared to 1%) when compared to respondents from the rest of the district who were more likely to more smoke cigarettes or tobacco (95% compared to 89%)

There was not a significant difference in responses from male and female respondents.

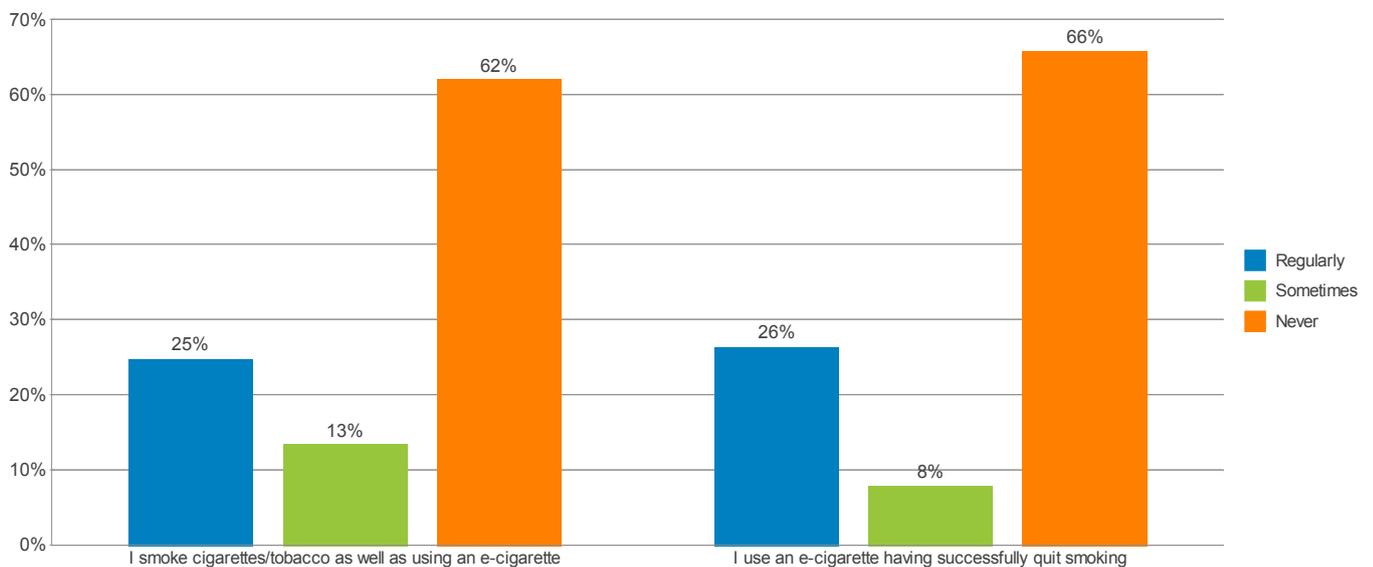
Respondents who use e-cigarettes (2% or 16 respondents) were asked about their use of an e-cigarette. Almost two thirds never smoked cigarettes or tobacco in addition to using an e-cigarette (62%), one quarter did this regularly (25%) and the remainder did this sometimes (13%). Two thirds never use an e-cigarette having successfully quit smoking (66%). Over one quarter of respondents who use e-cigarettes use an e-cigarette regularly having quit smoking (25%) and the remainder sometime use an e-cigarette having quit smoking (8%).

However it is important to consider that the number of responses is significantly lower for the e-cigarette related questions therefore the data may be less accurate.

Figure 25: E-cigarettes

If you use e-cigarettes, how often do you do the following?

Base: 48, 21 respectively



Respondents of working age were significantly more likely to use an e-cigarette regularly having successfully quit smoking (53% compared to 0%) while respondents of non-working age were significantly more likely to have never done this (92% compared to 39%).

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to regularly smoke cigarettes or tobacco as well as using an e-cigarette (45% compared to 16%).

There was no significant difference when comparing the response from male and female respondents.

Respondents who use an e-cigarette were asked why they started using an e-cigarette. The largest proportion of respondents started using an e-cigarette to help them quit smoking (60%), almost a third were currently using one to try to quit smoking (32%) and a small percentage of people had successfully quit smoking by using an e-cigarette (13%).

A small percentage of people started using e-cigarettes rather than starting to smoke cigarettes or tobacco (16%).

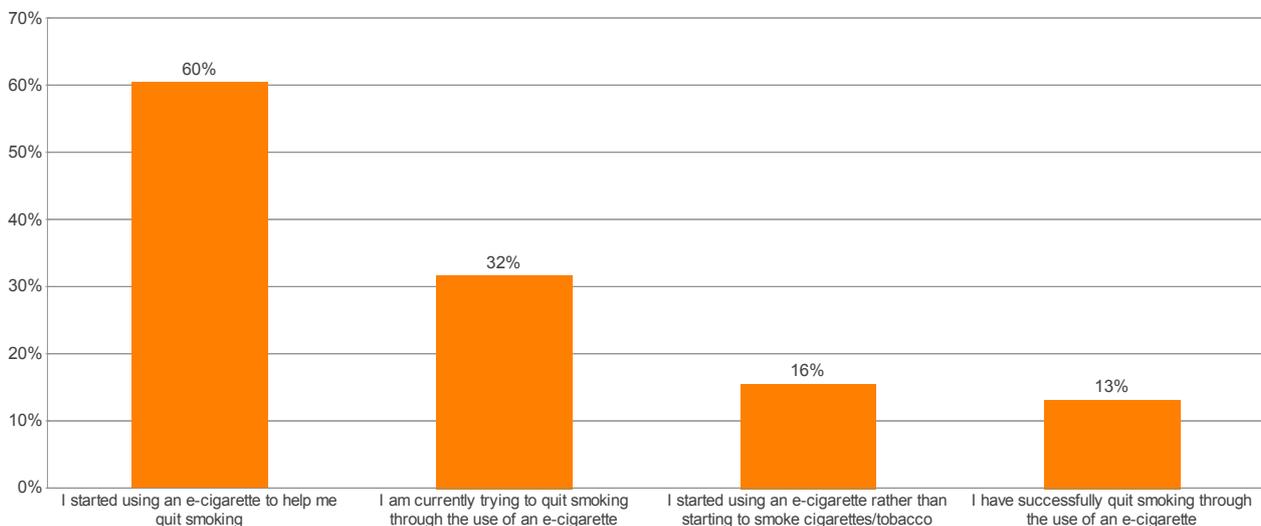
As respondents were able to choose multiple options the percentages do not equal one hundred percent.

Figure 26: E-cigarette usage

If you smoke e-cigarettes, which of the following applies to you?

(Please tick all that apply)

Base: 22



There was not a significant difference in responses from respondents from priority neighbourhoods when compared to the rest of the district or from different age groups.

When compared to male respondents, significantly more female respondents were currently trying to quit smoking through the use of an e-cigarette (60% compared to 10%).

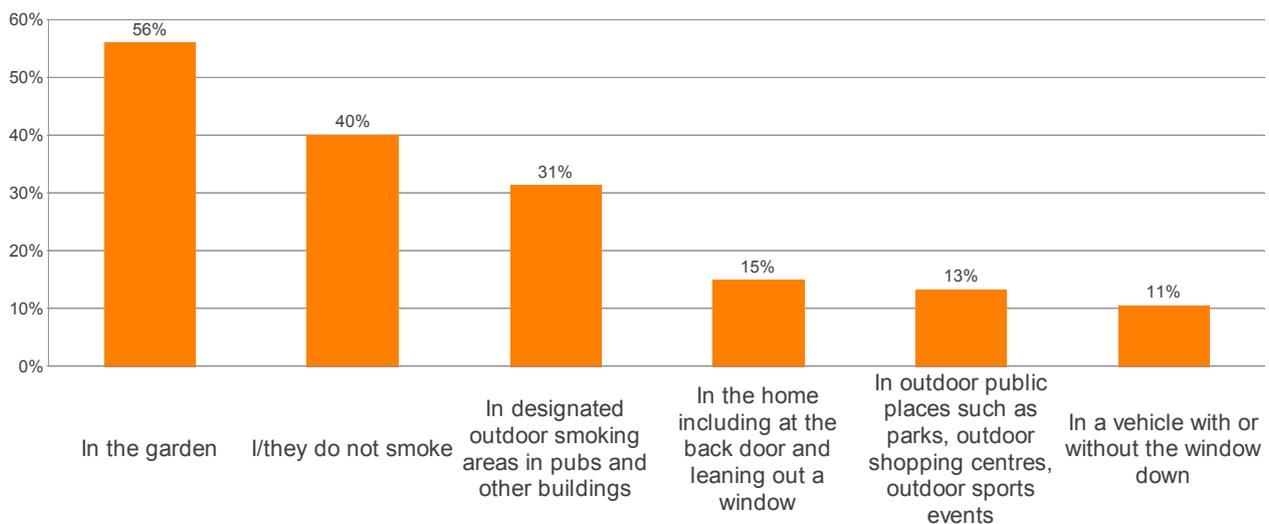
Respondents were asked where they, visitors or people living in their household smoke. Over half of respondents chose in the garden (56%) and almost one third said in a designated outdoor smoking area such as in pubs and other buildings (31%). The remainder chose in the home including at the back door or leaning out a window (15%), in outdoor public places (13%) and in a vehicle with or without the window down (11%).

Two fifths of respondents said that they do not smoke (40%).

Figure 27: Where people smoke

Where do you, visitors or people living in your household smoke?
(Please tick all that apply)

Base: 191



When comparing the responses of males and females, female respondents were significantly more likely to say they, visitors or people living in their household, smoke in the garden (64% compared to 47%) whereas male respondents were significantly more likely to choose in outdoor public places (18% compared to 7%).

Respondents of working age were more likely to say they, visitors or people living in their household smoke in the garden when compared to respondents of non-working age (64% compared to 48%).

There was not a significant difference in responses of respondents from priority neighbourhoods when compared to the rest of the district.

Respondents were next asked where they, visitors or other people in their household smoke around other people.

Almost half of respondents said that they, visitors or other people in their household smoke around other people outside in the garden or other outdoor space (48%). Over a quarter said in a designated smoking area (27%) and the remainder said they do not smoke around other people (15%), in the home including by the back door or leaning out a window (11%) or in a vehicle with or without the window down (6%).

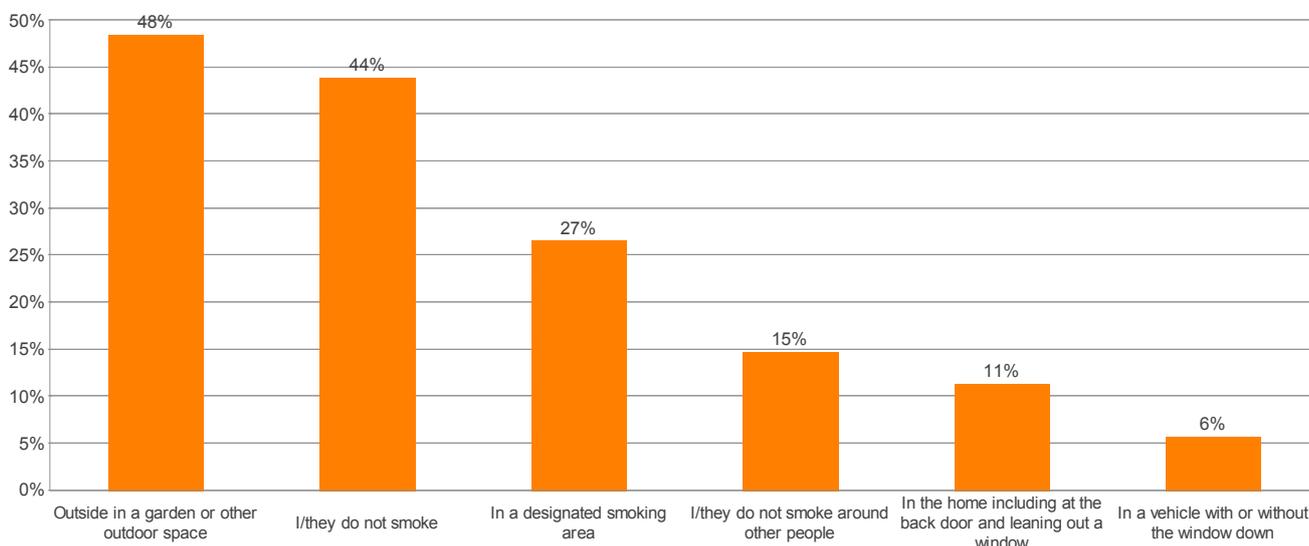
Almost half of respondents do not smoke (44%).

Figure 28: Where people smoke around other people

Do you, visitors or other people in your household smoke around other people in any of the following locations?

(Please tick all that apply)

Base: 194



There were no significant differences when comparing the responses of both genders, different age groups and the area where they live (priority neighbourhood or the rest of the district).

Respondents were then asked their views on the measures public services could take to reduce illegal and counterfeit cigarettes and alcohol in the community.

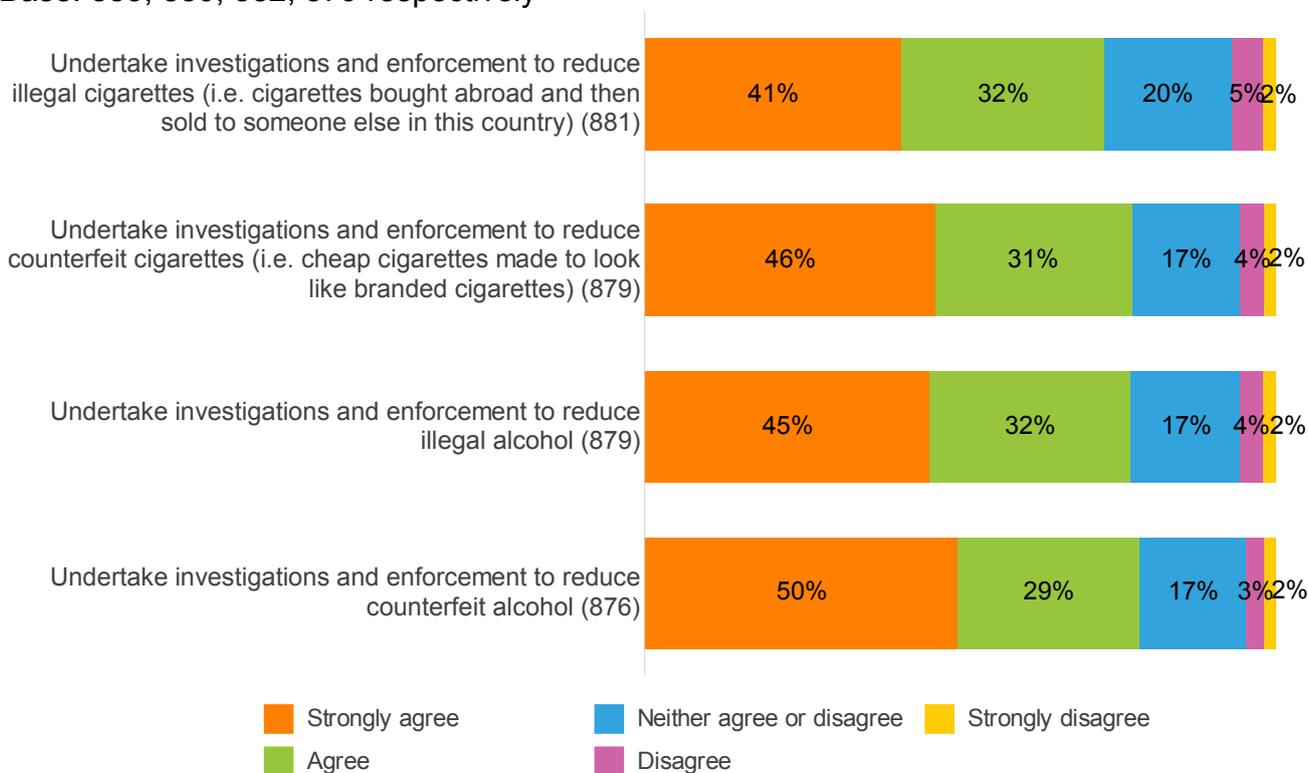
The majority of respondents agreed with each measure public services could take to reduce illegal and counterfeit cigarettes and alcohol in the community. Half of respondents strongly agreed with undertaking investigations and enforcement to reduce counterfeit alcohol which was the greatest strongly agree score (50%).

Agreement scores were fairly consistent across all measures. Undertaking investigations and enforcement to reduce illegal cigarettes received the greatest neither agree nor disagree score (20%).

Figure 29: Tackling smoking

How strongly do you agree or disagree with the following measures public services could take to reduce smoking in your community?

Base: 883, 880, 882, 879 respectively



When compared to those of working age, respondents of non-working age were significantly more likely to strongly agree with all measures, while respondents of working age were significantly more likely to neither agree nor disagree or disagree with all measures.

Respondents from priority neighbourhoods were significantly more likely to agree with undertaking investigations and enforcement to reduce counterfeit alcohol when compared to respondents from the rest of the district (36% compared to 28%).

There was not a significant difference when comparing the responses of male and female respondents.

7 Mental health and wellbeing

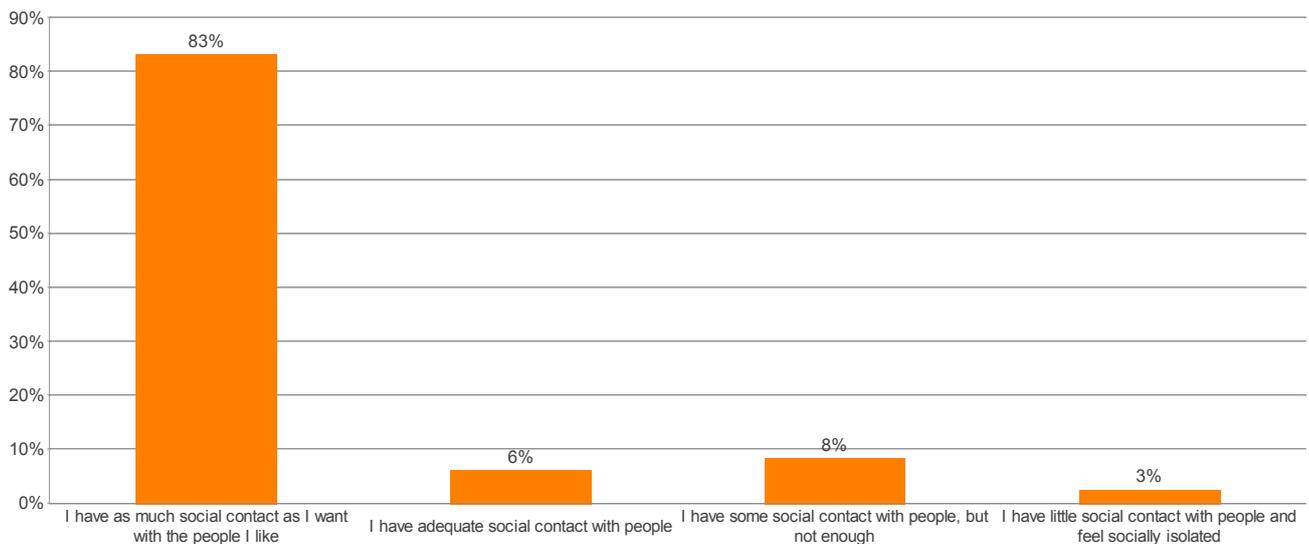
The next section asked respondents about their mental health and wellbeing.

The majority of respondents felt that they have as much social contact as they want with the people they like (83%). The remainder felt as though they have adequate social contact (6%), have some social contact with people but not enough (8%) or have little social contact with people and feel socially isolated (3%).

Figure 30: Your social situation

Which of the following statements best describes your social situation?

Base: 870



When compared to male respondents, female respondents were significantly more likely to feel they have as much social contact as they want with the people they like (87% compared to 79%), while male respondents were more likely to feel they have adequate social contact with people (8% compared to 4%).

Respondents from the rest of the district were significantly more likely to feel as though they have as much social contact as they want with the people they like (85% compared to 75%), when respondents from priority neighbourhoods were more likely to feel as though they have some social contact with people but not enough (14% compared to 7%).

There was not a significant difference in responses when comparing the responses of working age and non-working age respondents.

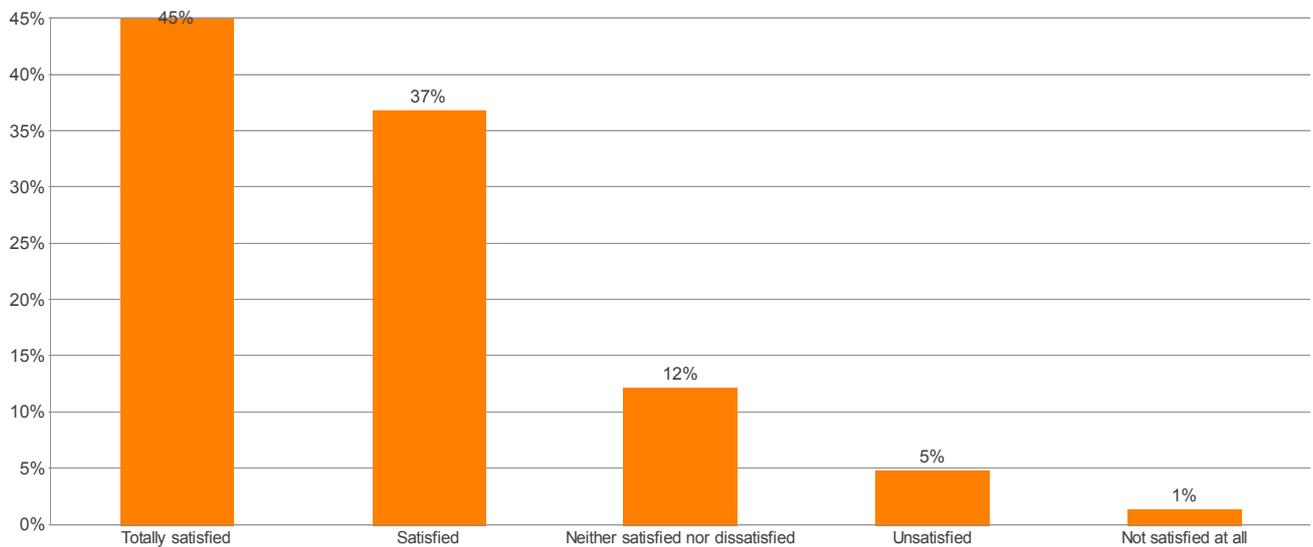
Respondents were asked how satisfied they feel about the things they do in their life on a scale of totally satisfied to not satisfied at all. Almost half of respondents felt totally satisfied with the things they do in their life (45%) while slightly over a third felt satisfied (37%). A small proportion of respondents felt unsatisfied (5%) or not satisfied at all (1%).

Figure 31: How satisfied you feel about the things you do in your life

How do you feel about your life and the things you do in your life?

(Please tick one box)

Base: 872



Respondents of non-working age were significantly more likely to be totally satisfied with the things they do in their life (54% compared to 36%), while respondents of working age were more likely to be satisfied (43% compared to 31%) or unsatisfied (7% compared to 3%).

There were no significant differences when comparing the responses of both genders and the area where they live (priority neighbourhood or the rest of the district).

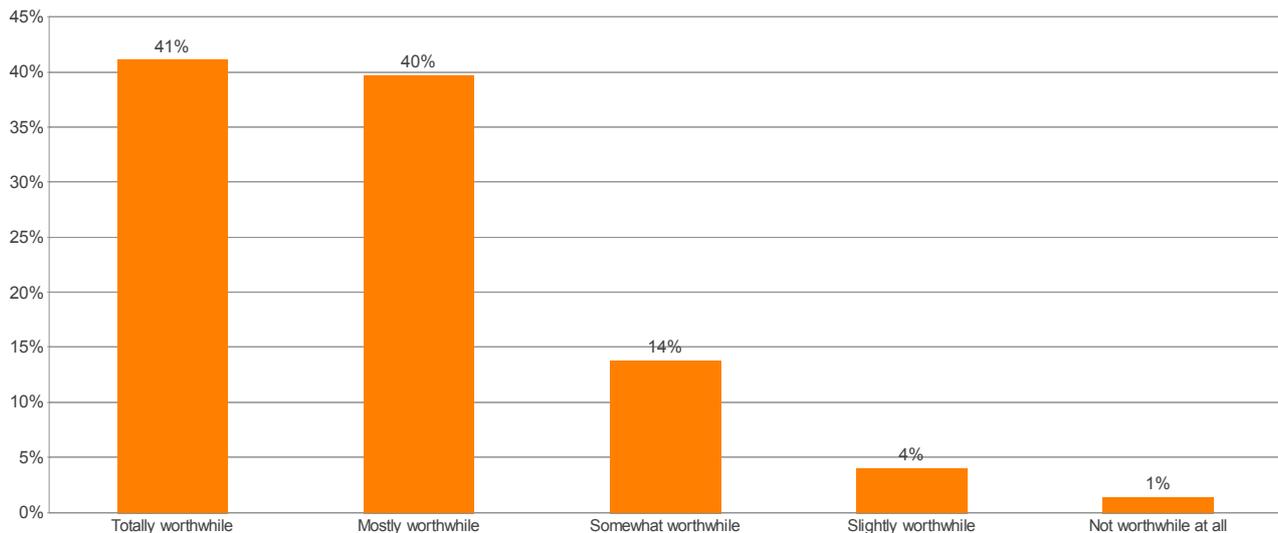
Respondents were asked how worthwhile they feel the things they do in their life are. Slightly over two fifths of respondents felt the things they do in their life are totally worthwhile (41%) and two fifths also felt the things they do are mostly worthwhile (40%). Less than one fifth (14%) felt the things they do are somewhat worthwhile and a small proportion felt the things they do are slightly worthwhile (4%) or not worthwhile at all (1%).

Figure 32: How worthwhile you feel the things you do in your life are

How do you feel about your life and the things you do in your life?

(Please tick one box)

Base: 785



When comparing the responses of both genders, female respondents were significantly more likely to feel the things they do in their life are totally worthwhile when compared to male respondents (44% compared to 37%).

Respondents of non-working age were significantly more likely to feel the things they do in their life are totally worthwhile (50% compared to 33%) while respondents of working age were significantly more likely to feel they are mostly worthwhile (45% compared to 33%).

There was no significant difference in responses from respondents who live in a priority neighbourhood when compared with respondents from the rest of the district.

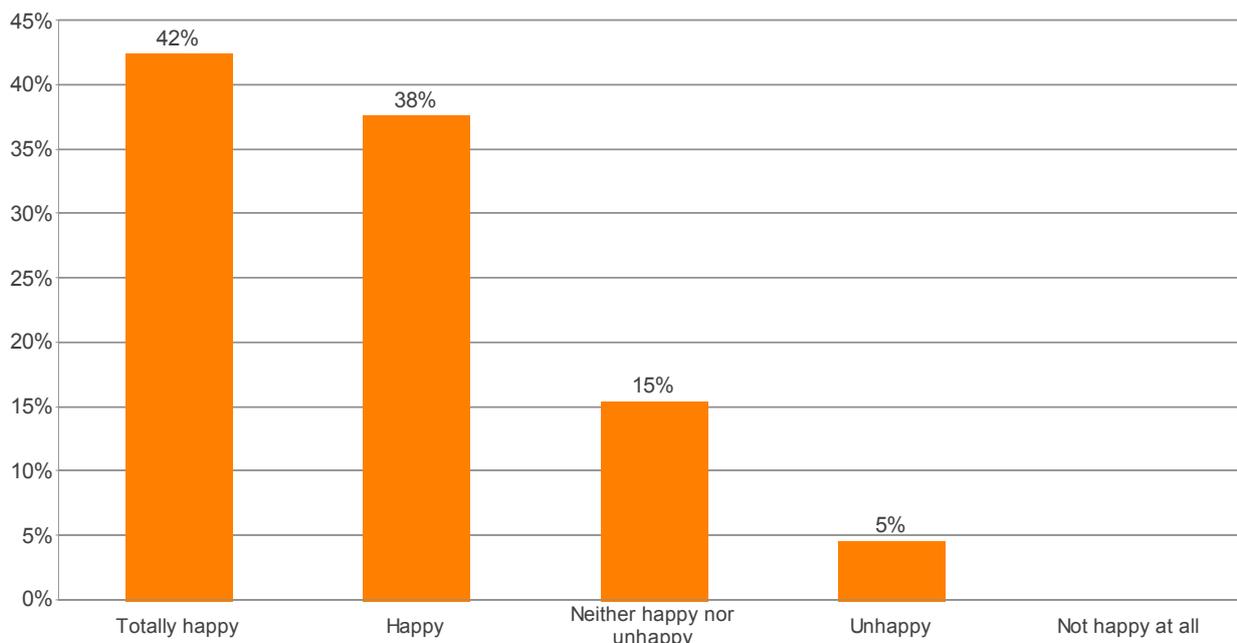
The next question asked respondents how happy they felt yesterday. Over two fifths of respondents felt totally happy (42%) and almost two fifths felt happy (38%). Less than one fifth felt neither happy nor unhappy yesterday (15%), a small proportion of respondents felt unhappy (5%) and no respondents felt not happy at all.

Figure 33: How happy you felt yesterday

How did you feel yesterday?

(Please tick one box)

Base: 872



When comparing the responses of respondents of working and non-working age, respondents of non-working age were significantly more likely to have felt totally happy yesterday (52% compared to 33%) while respondents of working age were significantly more likely to have felt happy (43% compared to 32%). When compared to respondents of non-working age, respondents of working age were also significantly more likely to have felt unhappy (7% compared to 3%).

There were no significant differences when comparing the responses of both genders and the area where they live (priority neighbourhood or the rest of the district).

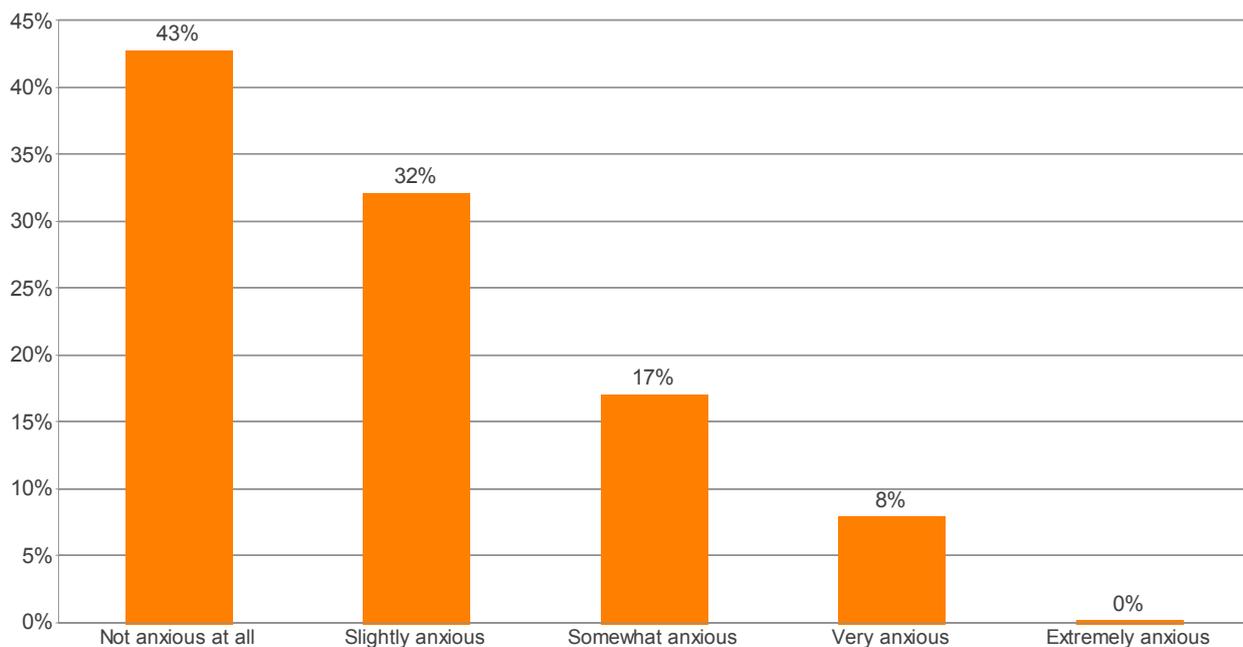
When respondents were asked how anxious they felt yesterday over two fifths felt not anxious at all (43%), almost a third felt slightly anxious (32%) and under one fifth felt somewhat anxious (17%). No respondents felt extremely anxious and a small proportion felt very anxious (8%).

Figure 34: How anxious you felt yesterday

How did you feel yesterday?

(Please tick one box)

Base: 783



When compared the respondents of working age, respondents of non-working age were significantly more likely to have not felt anxious at all yesterday (52% compared to 35%) while respondents of working age were significantly more likely to feel slightly anxious (35% compared to 29%). Respondents of working age were also significantly more likely to have felt very anxious (11% compared to 4%).

There were no significant differences when comparing the responses of both genders and the area where they live (priority neighbourhood or the rest of the district).

Overall, the statements referring to visiting a GP if I felt as though I had a mental health problem and feeling comfortable talking to someone about a mental health problem received much greater agreement scores than the other statements.

Almost half of respondents strongly agreed that they would visit their GP if they felt as though they had a mental health problem (46%) and almost two fifths agreed (39%). Almost a third of respondents strongly agreed that they would feel comfortable talking to someone about a mental health problem (29%) and over two fifths agreed (42%).

Feeling comfortable living near someone with a mental health problem received the greatest neither agree nor disagree score of almost two fifths (38%).

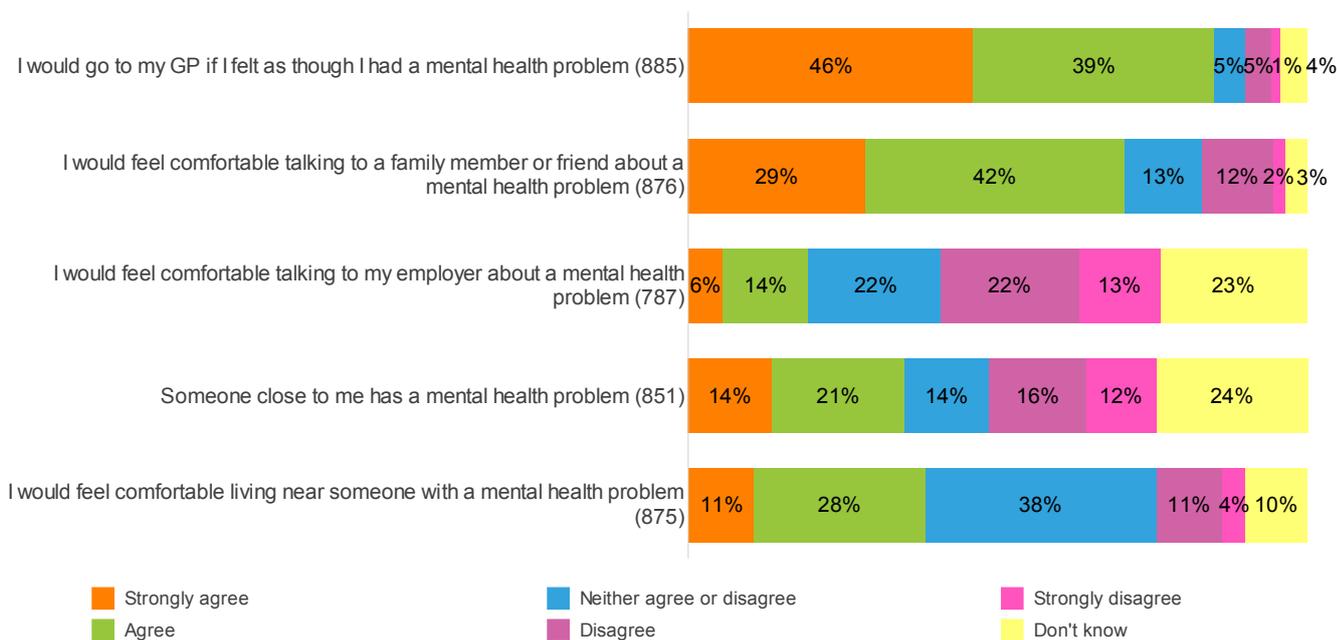
Feeling comfortable talking to my employer about a mental health problem received the greatest disagreement scores (22% disagree and 13% strongly disagree). Overall this means that over one third of respondents would not feel comfortable talking to their employer about a mental health problem (35%).

Almost a quarter of respondents did not know how strongly they agreed or disagreed with feeling comfortable talking to their employer (23%) or whether someone close to them has a mental health problem (24%).

Figure 35: Mental health and wellbeing

Please indicate how strongly you agree or disagree with the following statements.

Base: see chart labels



When comparing the response from different age groups, respondents of non-working age were significantly more likely to not know whether they agree with all statements when compared to respondents of working age. Respondents of working age were significantly more likely to agree (42% compared to 36%), neither agree nor disagree (7% compared to 3%) or disagree (6% compared to 3%) that they would go to their GP if they felt as though they had a mental health problem, whereas respondents of non-working age were more likely to strongly agree (52% compared to 41%).

For the statement referring to talking to your employer about a mental health problem, respondents of working age were more likely to agree (20% compared to 7%), disagree (30% compared to 13%) or strongly disagree (16% compared to 10%) while respondents of non-working age were more likely to neither agree nor disagree (25 compared to 19%). When asked whether someone close to them has a mental health problem, respondents of working age were significantly more likely to strongly agree (17% compared to 10%) or agree (26% compared to 17%), whilst respondents of non-working age were more likely to disagree (19% compared to 12%).

When compared to male respondents, female respondents were significantly more likely to strongly agree with feeling comfortable talking to family member or friend (32% compared to 25%) and that someone close to them has a mental health problem (16% compared to 11%). Whereas male respondents were more likely to not know whether someone close to them has a mental health problem (30% compared to 19%). Female respondents were also more likely to disagree that they would feel comfortable talking to their employer about a mental health problem (27% compared to 18%).

Respondents from priority neighbourhoods were more likely to not know whether someone close to them has a mental health problem when compared to respondents from the rest of the district (31% compared to 23%).

8 Physical activity and healthy eating

The next section asked respondents about their physical activity levels, eating habits and views on healthy eating.

When asked how many days in the past week they have done a total of 30 minutes or more of physical activity, the response was fairly spread across the different options.

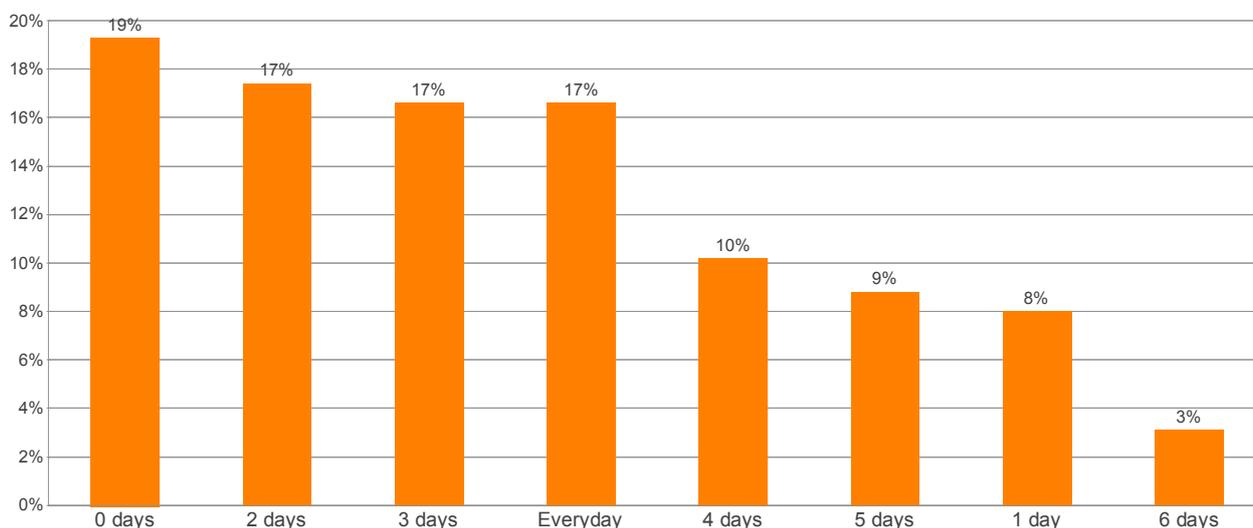
Almost one fifth of respondents did not do physical activity on any days in that week (19%). The second largest proportion of respondents did physical activity on two days (17%), three days (17%) or every day (17%) in that week.

Figure 36: How often you do physical activity

In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?

This may include sport, exercise, brisk walking or cycling. This should not include housework or physical activity that may be part of your job. Please tick one box.

Base: 883



Respondents of non-working age were significantly more likely to have not done any physical activity in that week (26% compared to 13%), while respondents of working age were more likely to have done physical activity four days in that week (12% compared to 8%) or five days in that week (12% compared to 6%).

When comparing the responses from male and female respondents, female respondents were significantly more likely to have done physical activity two days in that week (20% compared to 15%) while male respondents were more likely to have done physical activity every day in that week (22% compared to 12%).

There was not a significant difference in responses from respondents from a priority neighbourhood when compared to the rest of the district.

Respondents were asked what factors prevent them from taking part in physical activity. The most frequently chosen factor was time which was chosen by over a third of respondents (34%).

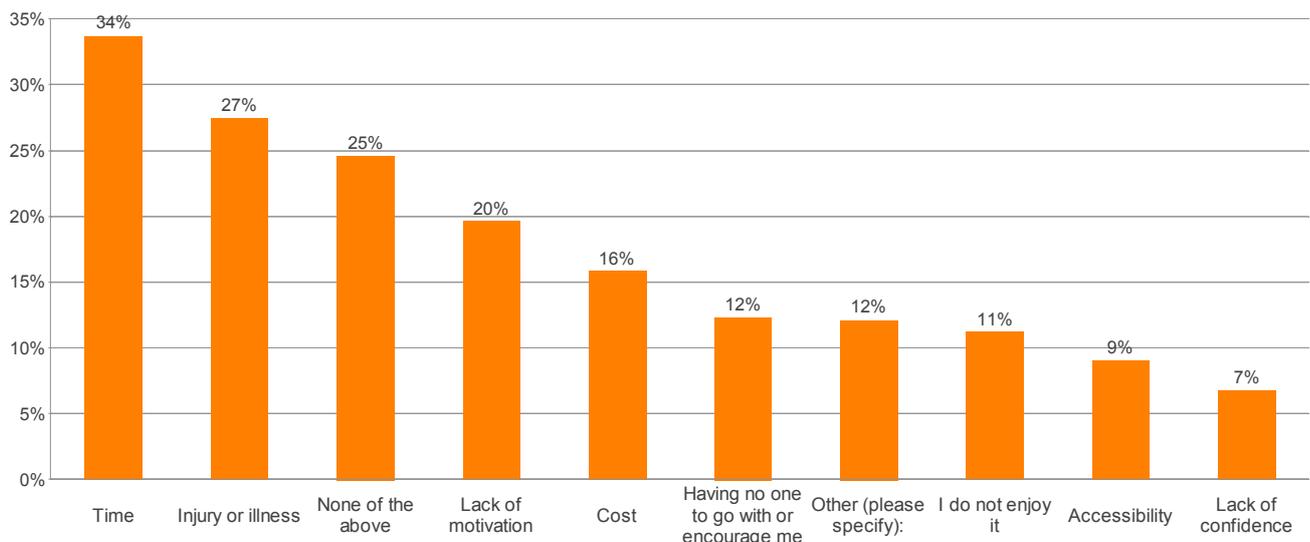
Over a quarter of respondents said that injury or illness prevents them from taking part in physical activity (27%) and one quarter said none of the above (25%). One fifth of respondents felt as though motivation prevents them from taking part in physical activity (20%).

Figure 37: Factors preventing you from taking part in physical activity

Which of the following factors prevent you from taking part in physical activity?

(Please tick all that apply)

Base: 837



Over one hundred comments (104) were made in response to the ‘other’ option. Many responses referred to issues listed in the question options. The most frequent responses referred to a specific an illness or injury (41 comments), their age preventing them from being physically active (18 comments) or their caring responsibility either for a family member or child (11 comments).

When compared to respondents of working age, respondents of non-working age were significantly more likely to feel injury or illness (33% compared to 22%), none of the factors (30% compared to 20%) or other factors (18% compared to 7%) prevents them from taking part in physical activity. For all other factors, with the exception of not enjoying it where there was no significant difference, working age respondents were significantly more likely to feel these factors prevent them from taking part in physical activity.

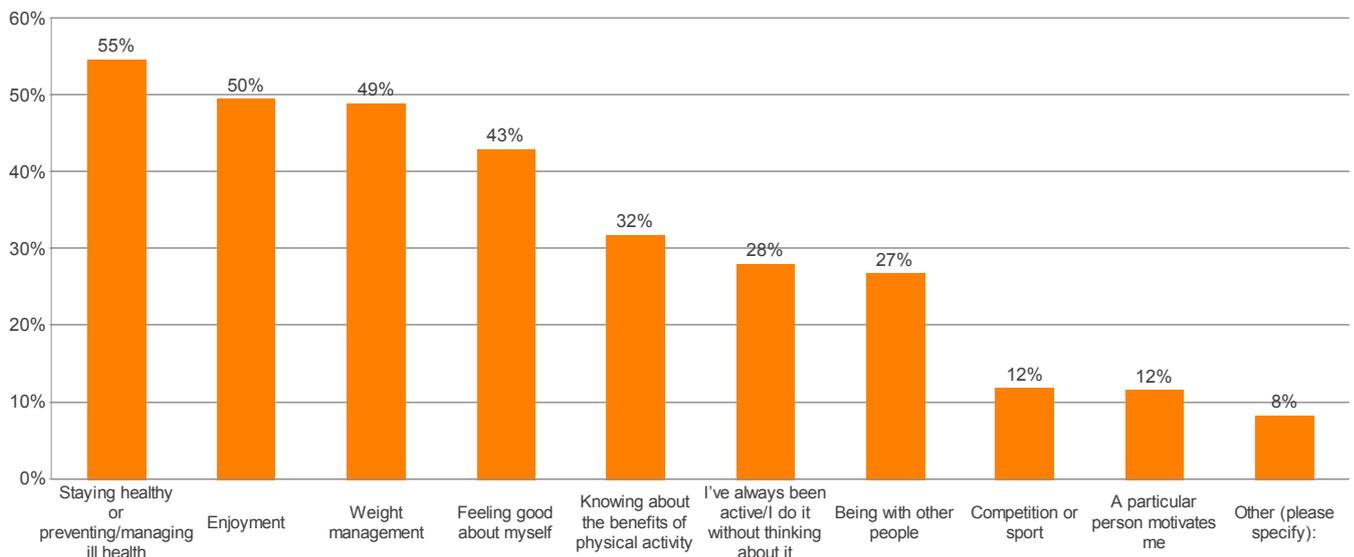
When comparing the responses from male and female respondents, male respondents were significantly more likely to feel none of the above factors prevent them from taking part in physical activity (30% compared to 19%). Whereas female respondents were more likely to feel cost (20% compared to 12%), having no one to go with or encourage them (17% compared to 8%), not enjoying it (13% compared to 9%), lack of confidence (9% compared to 4%) and time (38% compared to 30%) prevents them from taking part in physical activity.

When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to feel cost (22% compared to 15%) and having no one to go with or encourage them (19% compared to 11%) prevents them from taking part in physical activity.

When asked what motivates them to take part in physical activity the top four responses were staying healthy or preventing and or managing ill health (55%), enjoyment (50%), weight management (49%) and feeling good about myself (43%).

The percentages do not equal one hundred percent as respondents were able to choose multiple options.

Figure 38: Motivation to take part in physical activity
 What does, or would, motivate you to take part in physical activity?
 (Please tick all that apply)
 Base: 856



Seventy comments were made in response to the 'other' option. Almost half of these comments (32) referred to barriers which prevent them from taking part in physical activity. Other comments referred to having more opportunities and activities locally, their dog, improving their wellbeing and having more time.

When comparing the responses from respondents of working and non-working age, respondents of working age were more likely to feel enjoyment (59% compared to 40%), feeling good about myself (54% compared to 32%) and weight management (58% compared to 40%) would motivate them to take part in physical activity. Whereas respondents of non-working age were significantly more likely to respond that they have always been active or do it without thinking about it (32% compared to 24%) or feel other factors would motivate them to take part in physical activity (11% compared to 5%).

Female respondents were significantly more likely to feel being with other people (30% compared to 22%) and enjoyment (56% compared to 44%) would motivate them to take part in physical activity. While male respondents were more likely to feel that they have

always been active and do it without thinking about it (32% compared to 25%) or a competition or sport (16% compared to 7%) would motivate them to take part in physical activity.

When compared to respondents from priority neighbourhoods, respondents from the rest of the district were significantly more likely to feel a competition or sport would motivate them to take part in physical activity (13% compared to 6%).

The next questions asked respondents about healthy lifestyles and diet.

The first four statements received high levels of agreement. When asked whether they have a healthy diet, one quarter of respondents strongly agreed (25%) and over half agreed (53%).

Similarly, one quarter of respondents strongly agreed that they eat five portions of fruit and vegetables a day (25%) and almost two fifths agreed (39%). When asked whether they are concerned about what they eat one fifth of respondents strongly agreed (20%) and almost half of respondents agreed (46%).

Over a third of respondents strongly agreed (34%) that they find it easy to make home cooked meals and over two fifths agreed (43%).

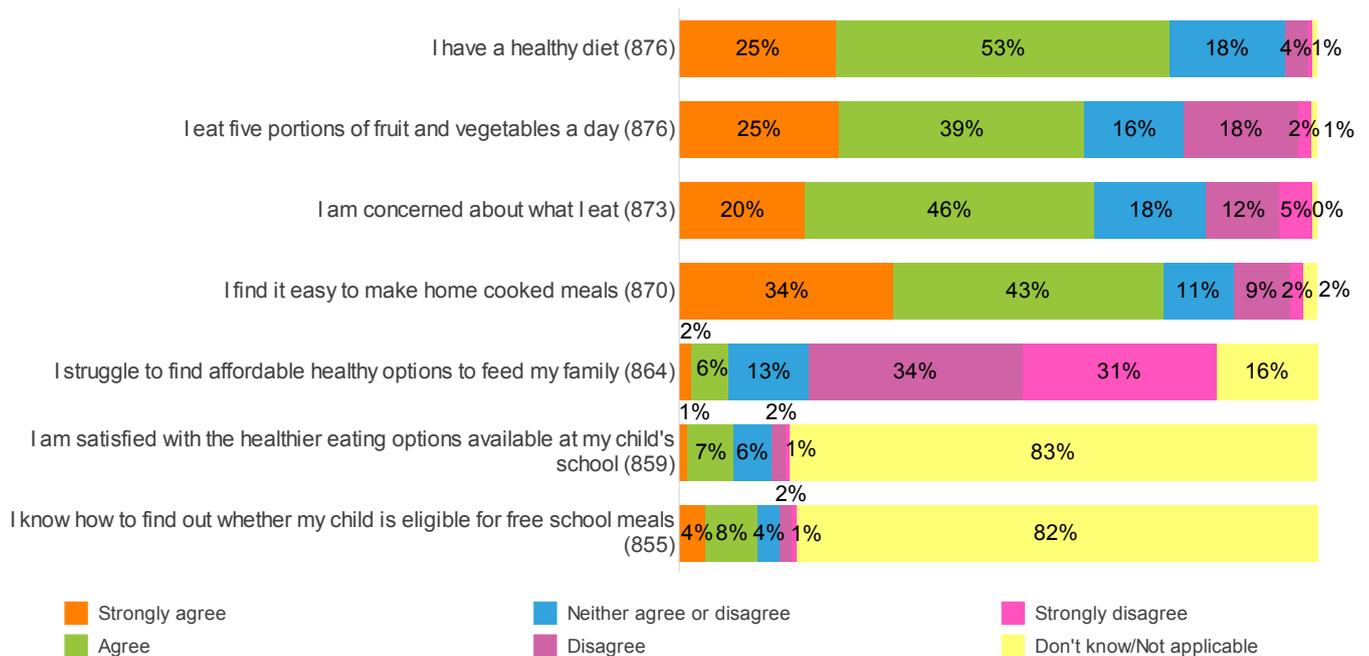
When asked if they struggle to find affordable healthy options to feed their family there was a high level of disagreement (34% disagreed and 41% strongly disagreed).

A high number of respondents did not know or found the final two statements not applicable to them (83% or 710 and 82% or 698 respectively).

Figure 39: Healthy lifestyles

Please indicate how strongly you agree or disagree with the following statements:

Base: see chart labels



When compared to respondents of working age, respondents of non-working age were significantly more likely to strongly agree with the first three statements which each refer to diet and healthy eating. Working age respondents were more likely to neither agree nor disagree (22% compared to 14%) or disagree (6% compared to 1) with having a healthy diet, disagree with eating five portions of fruit and vegetables a day (22% compared to 13%) and neither agree nor disagree (20% compared to 15%) with being concerned about what they eat. Working age respondents were also significantly more likely to disagree with finding it easy to make home cooked meals (11% compared to 6%).

Respondents of non-working age were more likely to not know or find the final three statements not applicable to them. While working age respondents were more likely to

either strongly agree (3% compared to 1%) or agree (9% compared to 3%) with struggling to find affordable healthy options to feed my family. Working age respondents were also more likely to have a view on the final two comments when compared to non-working age respondents.

When comparing the responses of male and female respondents, male respondents were significantly more likely to neither agree nor disagree with the first four statements which refer to diet and healthy eating. While female respondents were more likely to strongly agree with these four statements with the exception of having a healthy diet where there was not a significant difference. Additionally, male respondents were also more likely to strongly disagree with being concerned about what they eat (7% compared to 4%) and female respondents were more likely to disagree with struggling to find affordable healthy options to feed their family (38% compared to 29%).

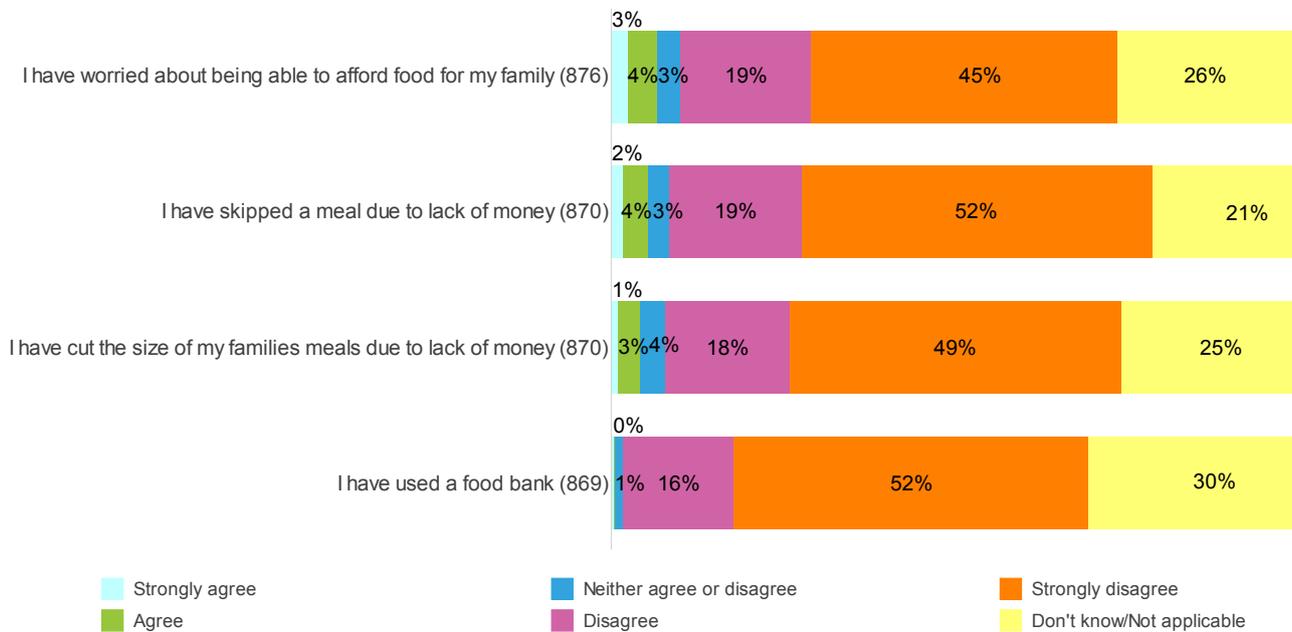
When compared to respondents from the rest of the district, respondents from priority neighbourhoods were significantly more likely to neither agree nor disagree with being concerned about what they eat (26% compared to 16%). Respondents from priority neighbourhoods were also significantly more likely to agree with struggling to find affordable healthy options to feed my family (12% compared to 4%), while respondents from the rest of the district were more likely to strongly disagree (32% compared to 24%).

The next question asked respondents about food affordability. Responses were fairly consistent for all statements. Almost one fifth disagreed, almost or slightly over half of respondents strongly disagreed and between twenty and thirty percent of respondents did not know or found the statements not applicable to themselves.

Figure 40: Feeding your family

Have you done any of the following in the past year?

Base: see chart labels



When compared to working age respondents, non-working age respondents were significantly more likely to not know or feel that these statements were not applicable to them. Working age respondents were significantly more likely to agree with having worried about being able to afford food for their family (8% compared to 1%) and strongly disagree with having used a food bank (58% compared to 46%)

When comparing the responses of male and female respondents, male respondents were significantly more likely to strongly disagree with all statements, with the exception of using a food bank where there were no significant difference. Female respondents were more likely to disagree with having skipped a meal due to lack of money (23% compared to 17%) while male respondents were more likely to strongly disagree (56% compared to 47%).

When compared to respondents from priority neighbourhoods, respondents from the rest of the district were significantly more likely to strongly disagree with all statements, with the exception of having skipped a meal due to the lack of money where there was not a significant difference. Respondents from priority neighbourhoods were significantly more likely to agree with having skipped a meal due to lack of money (7% compared to 3%) and having cut the size of their families meals due to lack of money (6% compared to 3%).

9 Sexual health services

The final section asked respondents for their views on the location and opening times of sexual health services.

The first questions asked respondents where they have accessed services and where they would like to access services. The majority of respondents have accessed sexual health services through a GP (79%) which was also the preferred way to access these services (80%).

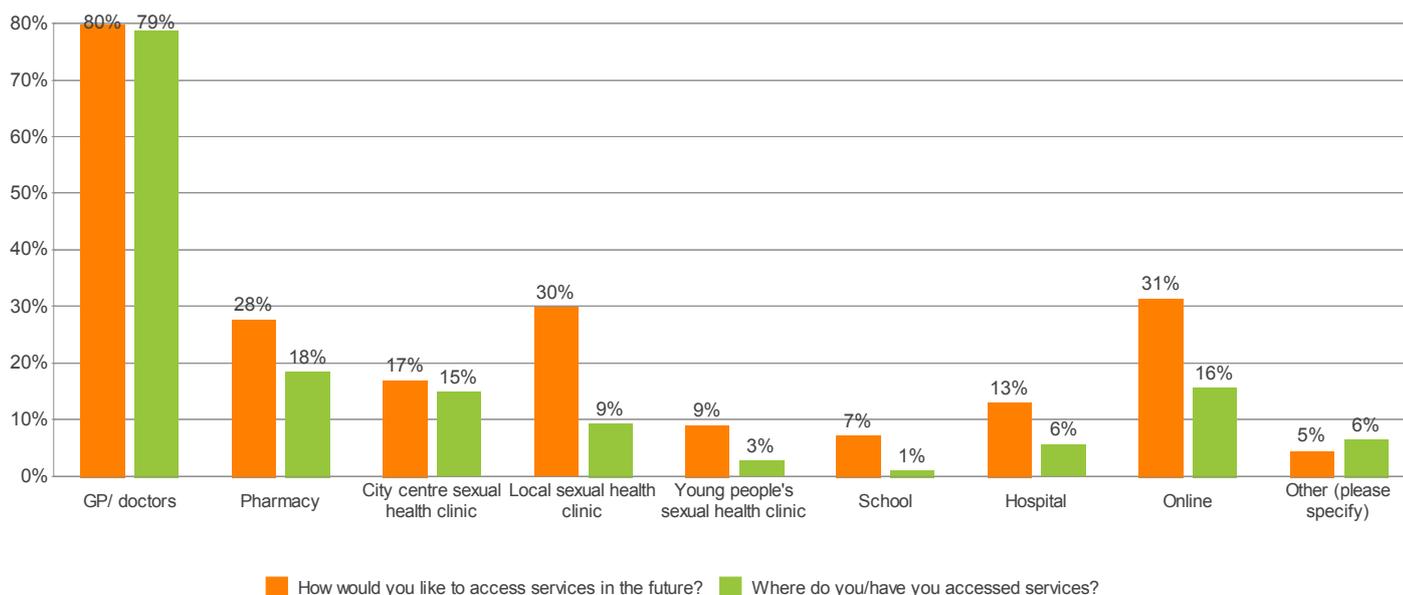
There was a significant difference between the number of people who currently access sexual health services at a local sexual health clinic and online when compared to the number of people who would like to access these services in this way. This suggested respondents would like to increasingly access sexual health services in these ways.

Figure 41: Accessing sexual health services

Accessing sexual health services

(Please tick all that apply)

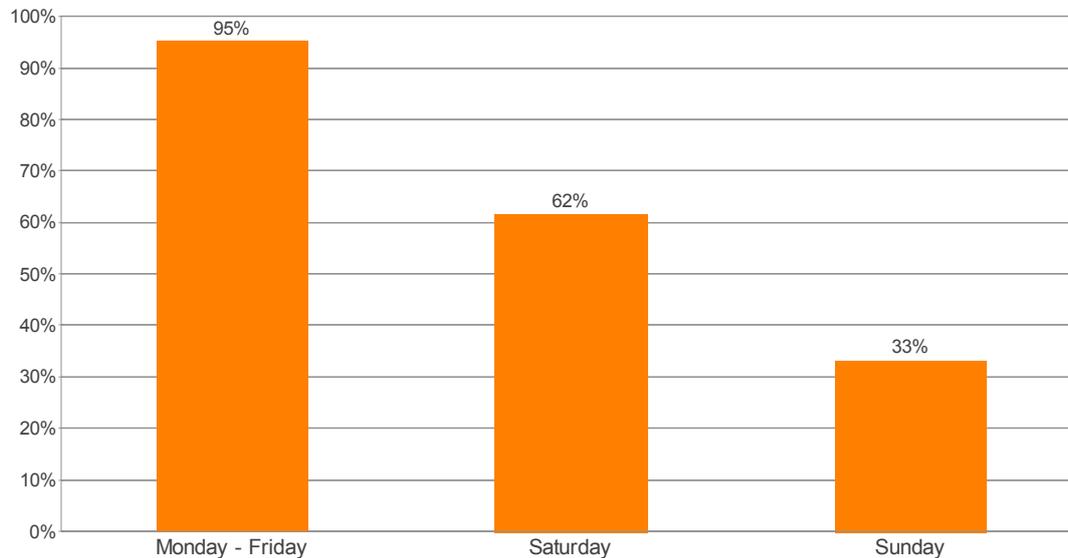
Base: 372, 376



When asked what days they would like sexual health services to be open the majority of respondents chose Monday to Friday (95%), almost two thirds chose Saturday (62%) and one third chose Sunday (33%). As respondents were able to choose multiple options the percentages do not equal one hundred percent.

Figure 42: Preferred days for sexual health services to be open
What days of the week would you like sexual health services to be open?
(Please tick all that apply)

Base: 389

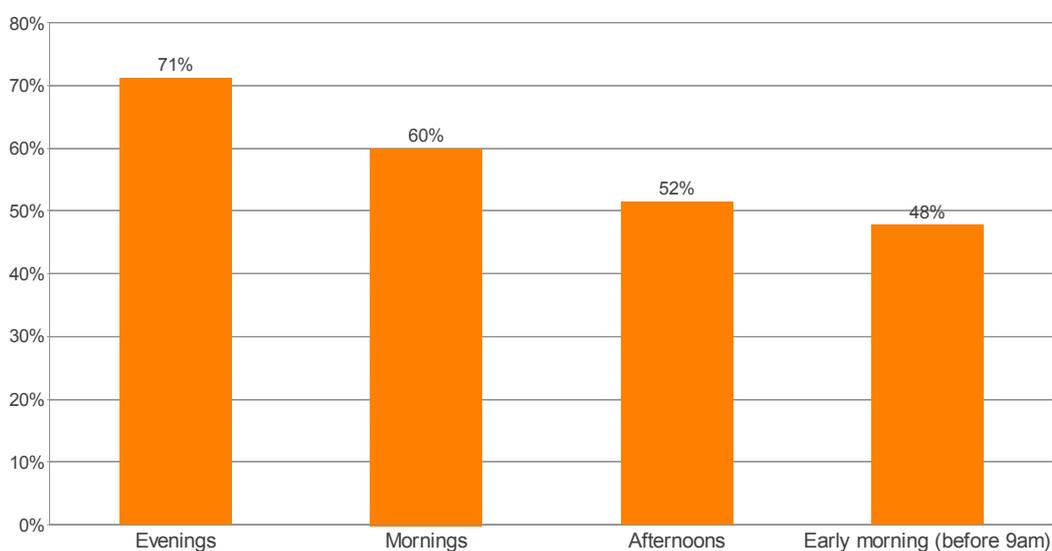


Respondents were then asked what times they would like services to be open. The majority of respondents chose evenings (71%), almost two thirds chose mornings (60%), over half chose afternoons (52%) and under half chose early morning (before 9am) (48%).

As respondents were able to choose multiple options the percentages do not equal one hundred percent.

Figure 43: Preferred times for sexual health services to be open
What times would you like sexual health services to be open?
(Please tick all that apply)

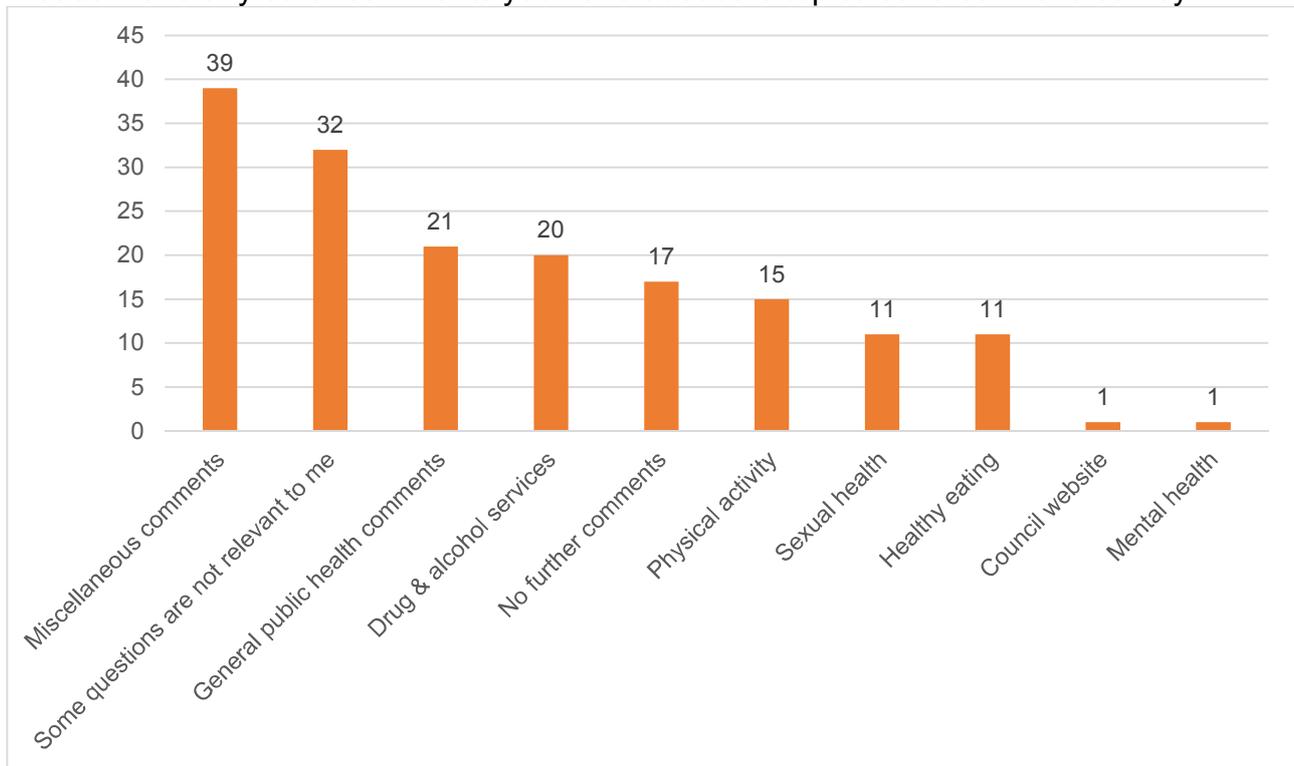
Base: 384



10 Any other comments

Figure 44: Any other comments

Please make any other comments you have about the topics covered in this survey.



In total 147 comments were made in response to this question. Over one quarter of these comments made miscellaneous comments about various issues (39) and slightly under one quarter referred to some questions in the survey not being relevant to themselves (32). Other topics mentioned were general public health comments (21) and specific areas such as drug and alcohol services (20), physical activity (15), sexual health (11) and healthy eating (11).

11 Appendix

The table below shows the sample profile prior to weighting and the Census 2011 data which is used to weight the responses.

Table 2: Sample profile

	Unweighted sample base	Unweighted %	Weights % (Census 2011)
Sample base	893	100.00%	
Priority neighbourhoods and rest of district			
Kingswood	52	5.80%	5.50%
Filton	34	3.80%	2.90%
Yate & Dodington	27	3.00%	3.00%
Staple Hill	29	3.20%	2.20%
Cadbury Heath	19	2.10%	1.20%
Patchway	13	1.50%	1.75%
Rest of district	719	80.50%	83.50%
Gender			
Male	426	47.70%	49.63%
Female	449	50.30%	50.37%
Prefer not to say	18	2.00%	
Age Group			
16-24	2	0.20%	13.87%
25-34	23	2.60%	14.80%
35-44	94	10.50%	17.90%
45-64	331	37.10%	32.57%
65+	440	49.30%	20.87%
Prefer not to say	3	0.30%	
Ethnicity			
White	803	89.90%	94.98%
BME	16	1.80%	5.02%
Prefer not to say	74	8.30%	