



Gwent Health Authority Caerphilly County Borough Council

Caerphilly Health & Social Needs Study

Stage 3



The Caerphilly Research Collaboration

Caerphilly Health & Social Needs Study: Stage 3

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Executive Summary

- This report presents results for stage 3 of the Caerphilly Health and Social Needs Study, a population questionnaire survey of health and lifestyle and the social and built environment. It builds upon the data published in stages 1 and 2 of the study.
- ➤ Questions were asked on occupational status, housing tenure and conditions, height and weight, smoking, alcohol consumption, diet, physical activity, limiting long-term illness, chronic diseases, accidents and injuries, the SF-36 version 2 health status questionnaire, social capital and household income.
- ➤ 22,290 residents of Caerphilly county borough aged 18 and over were randomly sampled to receive a postal questionnaire. The denominator was adjusted by excluding sampled residents reported by the canvassers to have moved away. This was greatest in younger age groups and males, but as a proportion by ward, was not related significantly to deprivation. The overall response rate was 63%.
- ➤ Data at county borough level show that nearly 12% of female and 14% of male respondents were unable to work due to illness or disability, over 38% reported no educational qualifications and 50% reported a household income less than half of the UK average. One-fifth of the respondents were found to be obese, 28% smoked cigarettes, 17% reported excess alcohol intake and 75% exercised below levels beneficial to health. 54% reported a limiting long-term illness, 22% back pain, 18% cardiovascular disease, and 22% respiratory disease. 22% of respondents felt unhappy about their health status.
- ➤ Data from the SF-36 health status questions found a low overall mean mental health summary score of 46.8 (significantly below the Welsh average of 49.5) and an overall mean physical health summary score of 47.4 (non significantly below the Welsh average of 48.2).
- ➤ The electoral division data in this report show considerable variation within the county borough. 49.5% of 18-64 years olds in Twyn Carno reported no educational qualification compared with 16.2% in St Martins. 67.7% of Twyn Carno respondents have an average annual household income of less than half the national average compared with 31.7% in St Martins. Aberbargoed has the highest percentage of obese males in the county borough with 30.7% compared with 11.9% in Machen. 38.3% of persons in Twyn Carno reported that they were current smokers compared with 19% in Ystrad Mynach.
- ➤ The data shown at electoral division level show close associations between the level of deprivation and health and social needs outcomes.
- The data presented in this report should be used in the development of the Health, Social Care and Well Being strategy by Caerphilly county borough council, Caerphilly Local Health Board and their local partnerships. Policy makers and planners should take note of the importance of area based deprivation and social capital in understanding variation in health status between individuals and areas.

Chapter 1 – Introduction

1.1 Background: the Caerphilly Health & Social Needs Study

The Caerphilly Study Research Collaboration and the four-stage Caerphilly Health & Social Needs Study was established in 1998. The Study was designed to support new partnership working which aimed to take forward the revived public health agenda of reducing health inequalities and improving health. It was recognised that joint planning for local action on health inequalities and cost-effective targeting of resources required epidemiological analysis of data on social, economic and environmental determinants of health and health outcomes at small area level. However, apart from routine ONS Vital Statistics (births and mortality), there were no systematic data available on morbidity, health status and lifestyle determinants of health at ward level in Caerphilly borough, nor indeed Wales, and it was clear that these important gaps in the data should be filled. In addition, many potentially useful datasets held by Caerphilly county borough council (CCBC) had not been assessed and exploited for health needs assessment and planning purposes.

The study consists of four stages:

Stage 1, a review and analysis of routinely available data, was completed and the report published in March 1999:

Gwent Health Authority, Caerphilly county borough council. Caerphilly Health & Social Needs Study. *Stage 1: A study of socio-economic deprivation and health inequalities in Caerphilly county borough*. Caerphilly: Gwent Health Authority, Caerphilly county borough council 1999.

Stage 2, was formally completed in 2001. The report identified a broad range of multi-agency datasets shared between the organizations using the Gwent Information Exchange Protocol (see Cymruweb online http://gwentweb). In Stage 2 the following datasets at ward level were shared by CCBC and GHA: ONS Vital Statistics (Full Bayesian spatially modelled age<75, all-cause and cause-specific mortality, and births), population, 1991 Census data on a wide range of variables and calculated deprivation indices (Townsend, Carstairs, Breadline Britain), unemployment and job seekers allowance (by family composition), income (Paycheck), income support (by family composition), family credit (by family composition), incapacity benefit and severe disablement allowance, attendance allowance and disability living allowance bands (by category), educational attainment (Key Stage 2 and 3), housing conditions (voids and hard to let), council tax bands, Crime and Disorder Act data and hospital utilisation rates.

Further details are available:

- 1. Gwent Health Authority, Caerphilly county borough council. *Caerphilly Health & Social Needs Study: Stage 2.* Report to Wales Office of Research & Development Caerphilly: Gwent Health Authority, Caerphilly county borough council, 2000.
- 2. WORD spotlight 68 http://dspace.dial.pipex.com/word/
- 3. Fone DL, Jones A, Watkins J, et al. Using local authority data for action on health inequalities: the Caerphilly Health and Social Needs Study. *British Journal of General Practice* 2002; 52: 799-804.

A pilot survey for *Stage 3* was undertaken in December 1999, funded by the Chief Medical Officer in Wales. This was a 100% sample questionnaire survey of 4137 residents living in 2400 households situated within 13 enumeration districts in the Upper Rhymney Valley. It was carried out as an additional component to the Neighbourhood Renewal Assessment by the Directorate of Environmental Services, CCBC, for the purposes of declaring a Housing Renewal Area. CCBC gave the Caerphilly Study Research Collaboration the opportunity to include a health and lifestyle questionnaire.

Further details are available in the Report of the Pilot Survey:

Fone DL, Lester N, Jones A, Watkins J. Rhymney *Neighbourhood Renewal area: health status study*. Report to Chief Medical Officer, October 2001.

The results of *Stage 3*, a population based postal questionnaire survey, are summarised in this report. Further details are available from the authors. These include the technical report to the Wales Office of Research and Development (WORD):

Gwent Health Authority, Caerphilly County Borough Council. *Caerphilly Health & Social Needs Study: Stage 3*. Report to Wales Office of Research & Development Caerphilly: Gwent Health Authority, Caerphilly County Borough Council, 2003.

A series of short publications focussing on specific topic areas, such as smoking and obesity, are planned and further analyses will be published on the National Public Health Service website as they are completed.

Stage 4 is planned for 2004/2005. Stage 4 will be qualitative research to explore the "Why" questions relating to relationships between social, environmental and economic deprivation and health, building on the results of Stages 1 to 3.

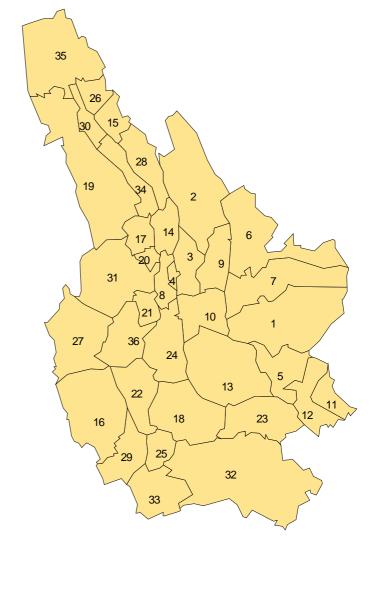
1.2 Information relating to research setting

This is fully described in the Caerphilly Health and Social Needs profile (see online: http://www.gwent-ha.wales.nhs.uk/frameset.htm) and not repeated here. 1991 Census ward geography rather than the 1999 electoral division geography was used in *Stage 3* to maximise the number of wards in the multilevel analyses presented in the technical report to WORD. Figure 1.1 shows a map of Caerphilly county borough with ward boundaries. Table 1.1 identifies the 36 wards and the reference codes and numbers used throughout this report.

Table 1.1: Ward name, code & reference number

Figure 1.1 Caerphilly county borough wards

		Reference
Ward name	Ward code	number
Abercarn	STFA	1
Argoed	STFB	2
Blackwood	STFC	3
Cefn Fforest	STFD	4
Crosskeys	STFE	5
Crumlin	STFF	6
Newbridge	STFG	7
Pengam	STFH	8
Penmaen	STFJ	9
Pontllanfraith	STFK	10
Risca East	STFL	11
Risca West	STFM	12
Ynysddu	STFN	13
Aberbargoed	THFA	14
Abertysswg	THFB	15
Aber Valley	THFC	16
Bargoed	THFD	17
Bedwas & Trethomas	THFE	18
Darran Valley	THFF	19
Gilfach	THFG	20
Hengoed	THFH	21
Llanbradach	THFJ	22
Machen	THFK	23
Maes y Cwmmer	THFL	24
Morgan Jones	THFM	25
Moriah	THFN	26
Nelson	THFP	27
New Tredegar	THFQ	28
Penyrheol	THFR	29
Pontlottyn	THFS	30
St. Cattwg	THFT	31
St. James	THFU	32
St. Martins	THFW	33
Tir-Phil	THFX	34
Twyn Carno	THFY	35
Ystrad Mynach	THFZ	36



Chapter 2 - Methods

2.1 Overview

A self-completing postal questionnaire survey of the Caerphilly county borough resident adult population, funded by WORD.

Ethical approval was granted by the Gwent Local Research Ethics Committee.

2.2 Sampling frame

The sampling frame used was the adult resident population aged 18 and over of Caerphilly County Borough as recorded on the Gwent Health Authority '*Exeter*' system. We took a download of all 132,613 residents from the *Exeter* system on 31 May 2001 containing name, age, sex, address and postcode. Patients registered with a Caerphilly borough GP but not resident in the borough were excluded.

We then matched the sample frame dataset with the CCBC council tax band register to assign the property council tax band to each resident. Using a Geographical Information System, *Mapinfo version* 6.5, the postcode of each resident was georeferenced to assign enumeration district and electoral ward ONS codes and the associated Townsend score¹.

22,290 residents were randomly sampled to receive a questionnaire (see appendix 1 for further details).

2.3 Questionnaire Design

We designed the questionnaire in six sections including questions on self-reported illness and lifestyle that had been previously used and validated in the Welsh Health Survey 1998². Section 1 asked questions on "you and your lifestyle", including age, gender, and lifestyle questions on height and weight, smoking, alcohol consumption, diet, physical activity. Section 2 asked questions about "your health" including limiting long-term illness, chronic diseases, accidents and injuries, the SF-36 version 2 health status questionnaire³ and the MHLC locus of control questionnaire⁴. Section 3 asked questions on "you and your neighbourhood" to derive measures of social capital. Section 4 asked questions about "you and your job" including occupational status (in order to derive Registrar General social class) and educational qualifications. Section 5 asked questions on "your home", including housing tenure and conditions. The final section asked for details of gross household income within three bands.

Each questionnaire was identified by a unique code for use in tracking non-response and as a key code for matching to the sampling frame database. The questionnaire is included in appendix 4.

2.4 Survey Process

2.4.1 Electoral Register Canvassers

In order to try and maximise response, CCBC allowed the study to make use of the electoral registration process in the borough during which Electoral Register Canvassers (canvassers) call on each property to collect the completed electoral registration forms. We timed the survey to link in with this process and used the canvassers as representatives of the research team to collect completed questionnaires in a sealed envelope at the same time as the canvass. If the canvasser found no one at home, they were-asked to visit up to a further two separate occasions to contact the recipient. On the first non-response a slip was posted through the door reminding the recipient about the questionnaire and advising that they would call again.

2.4.2 Questionnaire mail out and return

Beaufort Research, Cardiff was awarded the contract to desk top publish and print the questionnaires and covering letter, pack and post the envelopes, keep track of responses to organise the second and third mailings, and enter the response data into a computer database.

For an unknown reason, 54 of the original 22,290 persons sampled were not sent a questionnaire. Therefore, 22,236 questionnaires were posted on Wednesday 29th and Thursday 30th August 2001. Also included was a freepost return envelope and a covering letter of explanation, signed by the senior GP partner of the recipients practice. In one practice that was not possible, so the letter was signed by Dr John Watkins, Medical Director of Primary Care at Gwent Health Authority and Board member of Caerphilly LHG. A copy of the letter can be found at appendix 2

Canvassers visited each address listed for the recipient(s) and canvassed for completion and return of the questionnaire. Sheets recording canvasser activity, recipient status and completed questionnaires were collected from the canvassers. Prior to the second mail out on 11th of October of 10,486 questionnaires the canvassers were provided with updated area lists prepared by exclusion of returns, moved away/not known at this address, deaths (derived from the *Exeter* database) and refusals to complete. Again canvassers visited each recipient at least three times if necessary in the next fortnight. Using the same process, a third mail out of 5,242 questionnaires were posted on the 8th of February 2002. The canvassers were not used in the third wave. Beaufort Research received completed questionnaires from the third posting up to the cut off date of 5 April 2002.

2.5 Data entry and database preparation

Data entry commenced in April 2002. Each question item and sub-item was coded and data were double entered into an SPSS file. The dataset was received on 31 May 2002. Considerable work was required subsequently on the dataset to identify and eliminate duplicate entries.

2.5.1 Geographical information

The unique ID number allowed matching of the response dataset to the sample frame database from which the sample was generated. This was necessary to add unit postcode to the response dataset so that geographical data could be added. Using the postcode, we geocoded each case in the response dataset to provide an accurate grid reference for each record using *Postpoint*

Professional and *Map Info* GIS software. We then linked the records to an *ED-Line* boundary file in *Map Info* to derive enumeration district and ward codes for each record.

Following the achievement of a clean dataset, frequency tabulations and cross-tabulations were used to check and deal with extreme or unlikely values and internal inconsistencies and to ensure consistent treatment of missing data as system missing.

2.5.2 Recoding of dataset variables

A considerable amount of recoding of individual level variables was required. This included occupational social class, SF-36, locus of control, diet, exercise, housing conditions and measures of social capital. Details are given in the relevant section of the results for each item.

2.5.3 Calculation of weights to adjust for non-response

Age group-gender specific weights were calculated using the method described in the OPCS survey users handbook⁵, as the ratio of the sample frame to response data stratum specific proportions of the total population. This method will adjust for under or over-representation of age group-gender strata in the response dataset but only fully correct for non-response bias if the population means or proportions for the variable under analysis are equal in both sample and response populations. This is of course unlikely to be the case, but without actual data on non-responders this method offers a conventional approach to correct for non-response.

2.6 Presentation of results

Data at county borough level are shown in table format by sex.

Electoral division data are shown in graph and map format. The graphs show those electoral divisions which are significantly higher or lower than the average for the county borough in dark and pale green respectively.

Data for these graphs and maps are found in Appendix 1

Scatterplots showing the relationship between the variables and ward deprivation are available in each section

¹ Townsend P, Phillimore P, Beattie A. *Health and deprivation: inequality and the North.* London: Routledge, 1988.

² The National Assembly for Wales. *Welsh Health Survey 1998. Results of the Second Welsh Health Survey.* Cardiff: The National Assembly for Wales, 1999.

³ Ware JE, Snow KK, Kosinski M. *SF-36 Health Survey: Manual and Interpretation Guide*. Lincoln, RI: QualityMetric Incorporated, 1993, 2000.

⁴ http://www.vanderbilt.edu/nursing/kwallston/mhlcbibliography.htm

⁵ Elliot D. Weighting for non-response. A survey researcher's guide. Office of Population Censuses and Surveys. London: OPCS, 1991.

Chapter 3 - Results

3.1 Questionnaire response

3.1.1 Overall response

A total of 12,408 completed questionnaires were returned. Of the 22,236 residents sent a questionnaire, 2267 were reported by canvassers to have moved away, 84 had died or were too ill to complete a questionnaire, and 98 living in nursing homes were excluded, giving an adjusted denominator of 19,787. The adjusted overall response was therefore 62.7%. The gender was known for all respondents and age was missing for two. 316 respondents had missing or incorrectly input unique ID code and therefore could not be matched to a postcode for georeferencing. No geographical data could therefore be assigned to these respondents.

3.1.2 Exclusions from the denominator

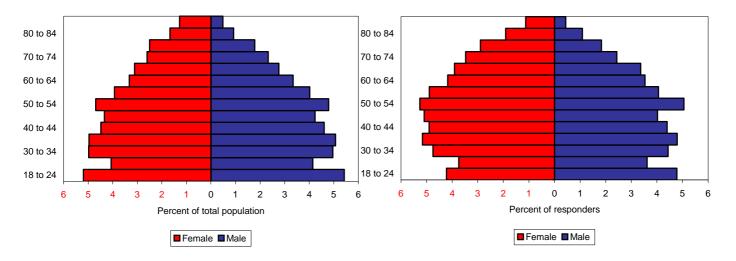
Overall 11% of sampled residents were excluded from the denominator as they had moved away, died, were too ill to complete the questionnaire or were nursing home residents. The age gradient is clear, with greater percent exclusion in younger age groups and the elderly. In the 18-24 age group, 20% of persons had moved away and in those aged over 75, 5% were excluded because they had died, lived in a nursing home or were too ill to complete the questionnaire.

3.1.3 Comparison of response to the sampling frame

Figures 3.1.1 and 3.1.2 compare the population pyramids for the sampling frame (those in Caerphilly county borough aged 18 years and older) and the respondents, clearly identifying the under-representation of younger age groups and the oldest age groups, with the over-representation of the "middle-aged".

Figure 3.1.1 Sample Frame

Figure 3.1.2 Respondents

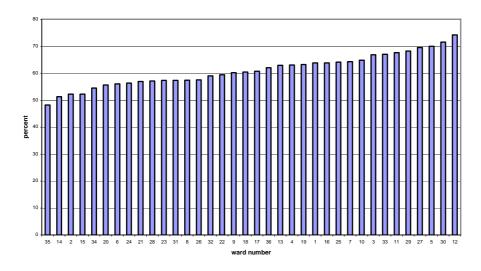


3.1.4 Response by age group and gender

Figure 3.1.3 shows the response by age group for males and females as a percentage of the adjusted denominator. The overall response was significantly higher for females than males (58.3% vs. 66.8%) with an increasing gradient in response across the age groups. Responders were significantly older than non-responders (mean age of responders 50.5 vs. 43.8 for non-responders). In line with all postal surveys, the response was considerably lower in young men.

Figure 3.1.3 Percent response by age group

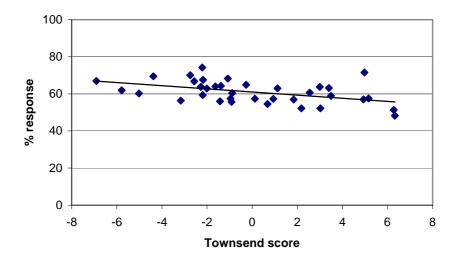




3.1.5 Ward response and social deprivation

Figure 3.1.5 shows how the variation in ward response rates is related to the ward Townsend score, showing a significant declining trend in response with increasing ward deprivation.

Figure 3.1.5 Relation between ward response and Townsend score: persons



Rank correlation coefficient = -0.46, p<0.005

3.2 Socio-demographic status

3.2.1 Registrar General Social Class

Derivation of Registrar General Social Class group of responders¹ was based on the Standard Occupational Classification (OPCS 1991), using survey questions 3, 4 & 5.

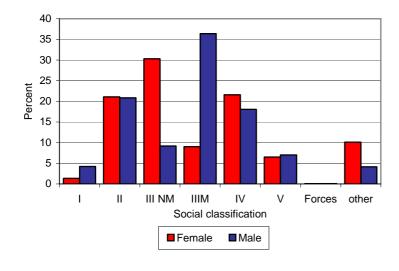
Social class could be derived for 11216 (90.4%) of respondents. Table 3.2.1 summarises responses and shows the weighted percent of respondents in each category. Figures 3.2.1, 3.2.2 and 3.2.3 show the weighted percent of respondents in social classes IV and V by ward and gender.

Table 3.2.1: Social class categories

	M	ale	Fer	nale	Persons		
		Weighted		Weighted		Weighted	
	Number	percent	Number	percent	Number	percent	
I Professional	211	4.2	80	1.4	291	2.6	
II Managerial/Technical	1056	20.9	1294	21.1	2350	21.0	
IIIN Skilled non-manual	447	9.2	1836	30.3	2283	20.4	
IIIM Skilled manual	1912	36.4	560	9.0	2472	22.0	
IV Partly skilled	926	18.1	1326	21.6	2252	20.1	
V Unskilled	346	7.0	417	6.5	763	6.8	
Armed forces	5	0.1	3	0.1	8	0.1	
Other	187	4.1	610	10.1	797	7.1	

The category 'other' in table 3.2.1 above includes those in education, youth training schemes, house-partners (not working), disabled (not working), unemployed (never worked), and full-time carers.

Figure 3.2.1: Social class category by gender



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¹ Office for Population Censuses and Surveys. Standard Occupational Classification, Volume 3. London: HMSO, 1991.

Figure 3.2.2 Percent social class IV & V by ward

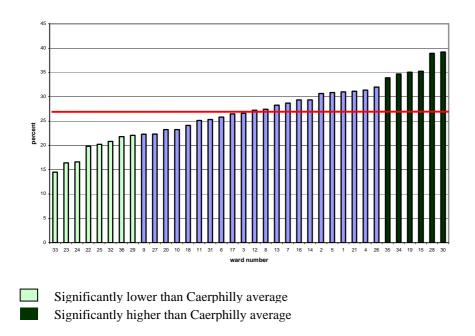
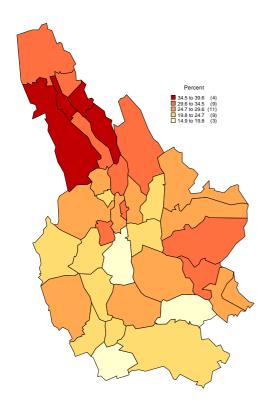


Figure 3.2.3 Percent social class IV & V



3.2.2 Education

Question 42

What is your highest educational qualification?

This question was answered by 10900 (87.8%) of survey respondents. Table 3.2.2 shows the number of respondents and the weighted percentages for the level of highest educational attainment or equivalent by gender. Figure 3.2.4 shows data on respondents aged 18-64 with no qualifications by ward by age and gender and figures 3.2.5 and 3.2.6 show these data by ward.

Table 3.2.2: Categories of highest educational attainment

	M	Male		nale	Persons		
	Number	*Weighted percent	Number	Weighted percent	Number	Weighted percent	
Degree	647	13.3	834	14.5	1481	13.9	
HNC/HND	337	7.2	108	2.0	445	4.6	
A level	430	10.9	549	10.5	979	10.7	
School cert / City & Guilds ordinary level	608	12.0	446	7.4	1054	9.7	
O level or GCSE grades A* to C	603	14.0	1242	21.9	1845	17.9	
O level grade D to E or GCSE grade D to G	222	5.4	294	5.2	516	5.3	
No educational qualifications	2155	37.3	2425	38.4	4580	37.9	
	5002	100	5898	100	10900	100	

 $^{^*}$ Total % may not add up to 100 due to rounding

Figure 3.2.4: Percent no educational qualifications by age and gender

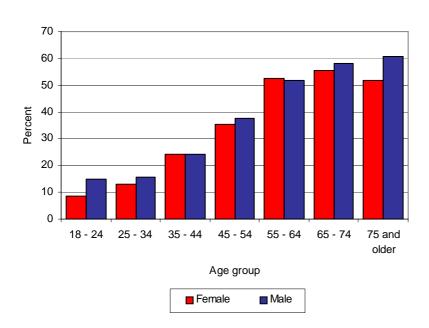


Figure 3.2.5: Percent 18 to 64 year olds with no educational qualifications by ward

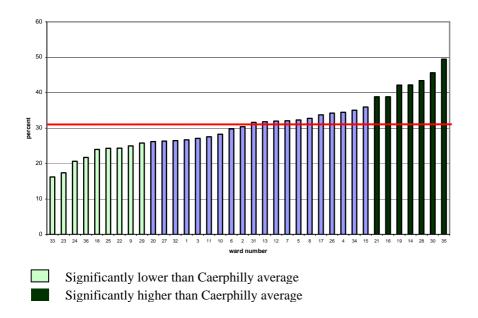


Figure 3.2.6: Percent 18 to 64 year olds with no educational qualifications by ward

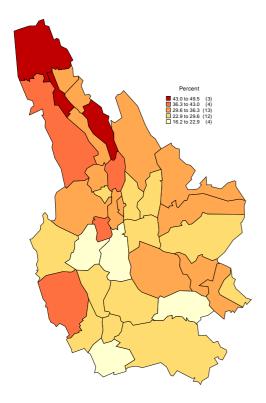
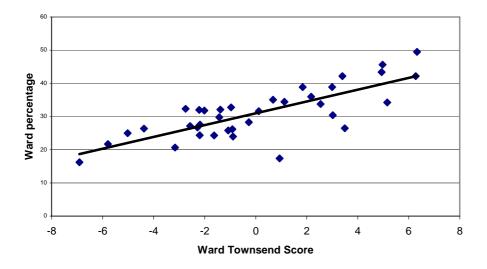


Figure 3.2.7: Relation between ward prevalence of 18-64 year olds with no educational qualifications and ward deprivation



Rank correlation coefficient = 0.78, p<0.001

Figure 3.2.7 shows that no educational qualifications are significantly related to ward deprivation.

3.2.3 Employment Status

Question 37

What best describes your situation?

This question was answered by 11583 (93.4%) of survey respondents. Table 3.2.3 shows the employment status of respondents under retirement age (females less than 60 years of age and males under 65). Figures 3.2.8 and 3.2.9 show ward prevalence of unemployment in respondents under retirement age.

Table 3.2.3: Employment status under retirement age by gender

	Fen	nales	M	ales
		Weighted		Weighted
	Number	percent	Number	percent
Employed	2852	62.7	2698	70.4
Not employed:	1714	37.3	1281	29.6
Seeking work	111	2.6	177	5.0
Full time student	106	2.8	75	2.7
Home/carer	712	16.1	75	1.9
Retired	199	3.9	307	5.9
Disability	581	11.8	636	13.8
Government training scheme	5	0.1	11	0.4

Figure 3.2.8: Percent persons not employed under retirement age by ward

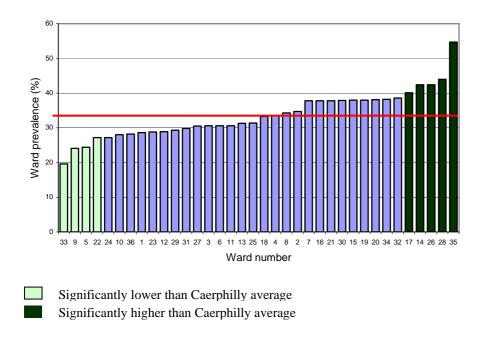


Figure 3.2.9: Percent persons not employed under retirement age by ward

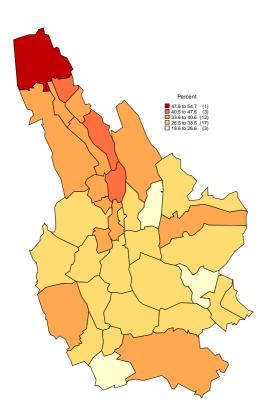
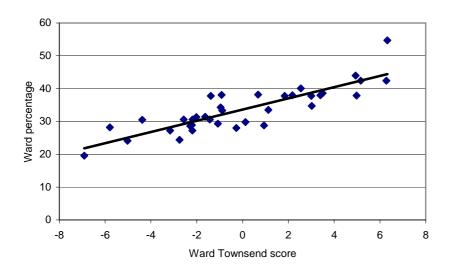


Figure 3.2.10: Relation between ward prevalence of persons not employed under retirement age and ward deprivation



Rank correlation coefficient = 0.86, p<0.001

Figure 3.2.10 shows that not being employed under retirement age is significantly related to ward deprivation.

3.2.4 Household income

Question 50

What is your total current gross weekly or yearly household income from all sources?

This question was answered by 11431 (92.1%) of survey respondents. Table 3.2.4 shows the responses in each gross household income category.

Table 3.2.4: Gross household income by gender

	M	ale	Fer	nale	Per	sons
	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent
Less than £95 per week / Less than £5000 pa	456	8.9	841	13.0	1297	11.0
Between £95 and £215 per week / Between £5000 and £11250 pa	2042	36.1	2664	41.3	4706	38.7
More than £215 per week / More than £11250 pa	2604	55.1	2824	45.7	5428	50.3

We dichotomised these data to recode a new variable defining those with a gross household income of above and below £11.25K, equivalent to less than half the UK national average¹. Figures 3.2.11, 3.2.12 and 3.2.13 show the proportion of respondents with annual household income of less than £11.25K by age and ward.

Figure 3.2.11: Percent annual household income less than £11.25K by age

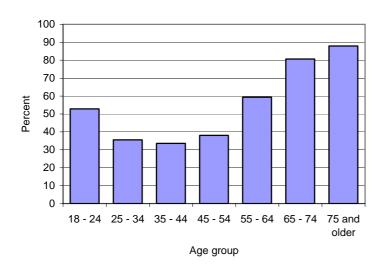
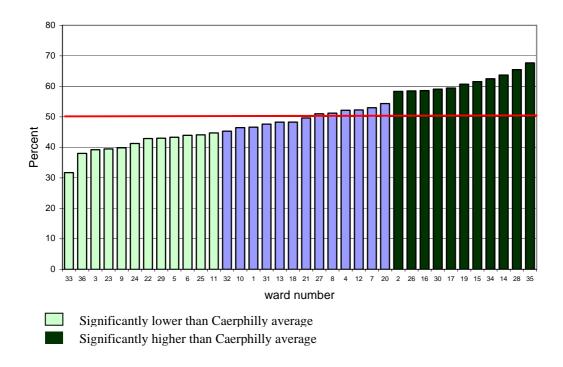


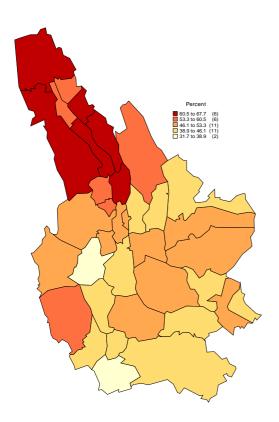
Figure 3.2.12: Percent annual household income less than £11.25K by ward



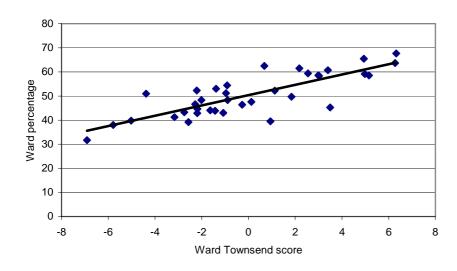
[.]

¹ Sources of gross household income: by household type, 1997-98: Social Trends 30 (www.statistics.gov.uk/STATBASE/xsdataset)

Figure 3.2.13: Annual household income less than £11.25K per annum



 $\label{eq:continuous} \textbf{Figure 3.2.14: Relation between ward prevalence of low income households and ward deprivation }$



Rank correlation coefficient = 0.81, p<0.001

Figure 3.2.14 shows that low household income is significantly related to ward deprivation.

3.3 Lifestyles

3.3.1 Body Mass Index

Questions 3 & 4

Weight and height were reported by 11942 (96.3%) of respondents. From these measurements we calculated Body Mass Index (kg/m²) (BMI). These data were recoded into categories of underweight (BMI <20), normal weight (BMI 20-24), overweight and obese (BMI >25) using the Welsh Health Survey 1998 (WHS98) classification. Overweight and obese were then split to show those overweight (BMI 25-29) and those obese (BMI =>30). Table 3.3.1 shows the frequency and weighted percent of respondents with BMI corresponding to underweight, normal weight, overweight and obese by gender.

Table 3.3.1: BMI classification categories by gender

		Males		Fen	Females		Persons	
			Weighted		Weighted		Weighted	
		Number	percent	Number	percent	Number	percent	
Underweight	BMI < 20	220	3.7	409	6.7	603	5.3	
Normal	BMI 20-24	1935	33.0	2501	41.2	4370	37.1	
Overweight	BMI 25-29	2565	43.7	1933	31.9	4550	37.7	
Obese	BMI => 30	1151	19.6	1228	20.2	2419	19.9	

Figure 3.3.1 shows the prevalence of overweight and obese respondents by age. Figures 3.3.2 and 3.3.3 show the prevalence of obesity by ward for all persons whilst figures 3.3.5 and 3.3.6 show obesity for both males and females by ward.

Figure 3.3.1: Body Mass Index category by age group

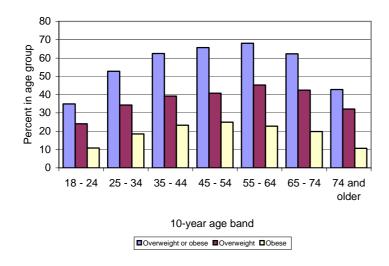


Figure 3.3.2: Percent persons obese by ward

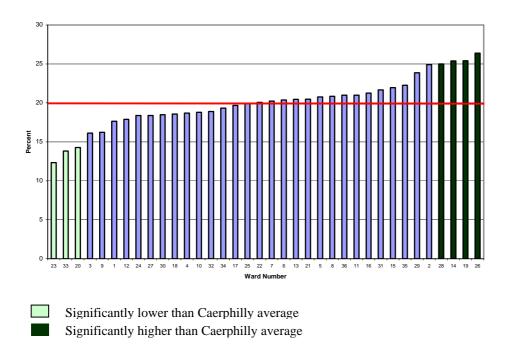


Figure 3.3.3: Percent persons obese by ward

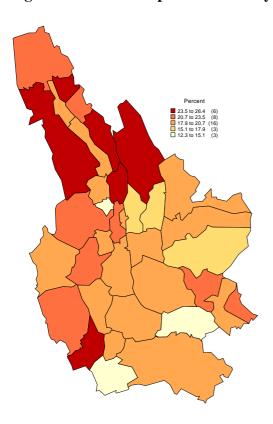
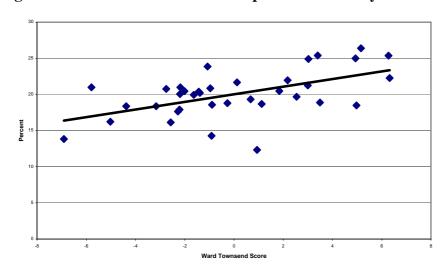


Figure 3.3.4: Relation between ward prevalence obesity and ward deprivation

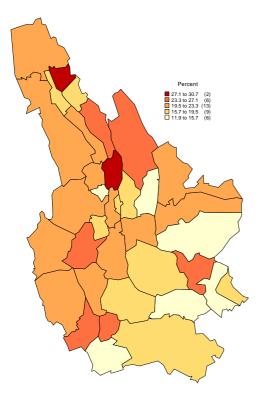


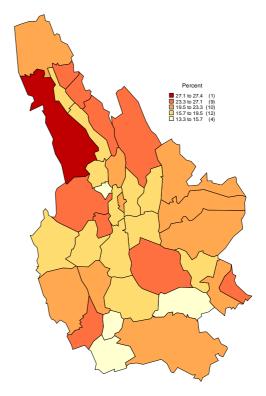
Rank correlation coefficient = 0.55, p<0.001

Figure 3.3.4 shows that obesity is significantly related to ward deprivation.

Figure 3.3.5 Percent males obese by ward

Figure 3.3.6 Percent females obese by ward





3.3.2 Smoking

Question 5

Do you smoke? - Daily/occasionally/used to smoke/never

This question was answered by 12353 (99.6%) of survey respondents. Table 3.3.2 shows smoking status by gender. Tables 3.3.3, 3.3.4 and figure 3.3.7 show smoking prevalence by age and gender.

Table 3.3.2: Smoking status by gender

	Males		Fen	nales	Persons		
		Weighted		Weighted		Weighted	
	Number	percent	Number	percent	Number	percent	
Smoker	1515	28.8	1866	27.7	3381	28.2	
Daily	1241	23.5	1574	23.3	2815	23.4	
Occasionally	274	5.3	292	4.4	566	4.8	
Non-smoker	3976	71.2	4996	72.3	8972	71.8	
Ex-smoker	1726	26.8	1400	19.4	3126	23.0	
Never smoker	2250	44.5	3596	52.9	5846	48.8	

Figures 3.3.8 and 3.3.9 show male and female smoking prevalence by ward. Figure 3.3.10 shows smoking prevalence by ward for all persons.

Table 3.3.3: Smoking by age group: male

A go group	Number	Percent	95% CI	Weighted percent	95% CI
Age group	Nullibei	1 er cent		percent	
18 - 24	126	33.5	28.9, 38.4	33.5	30.0, 37.1
25 - 34	229	32.0	28.7, 35.5	32.2	29.6, 35.0
35 - 44	270	28.9	26.1, 31.9	29.0	26.5, 31.6
45 - 54	353	32.1	29.4, 34.9	32.1	29.4, 34.9
55 - 64	269	27.1	24.4, 29.9	27.3	24.5, 30.3
65 - 74	191	21.3	18.7, 24.1	21.1	18.1, 24.5
75 and older	77	16.2	13.2, 19.8	15.9	12.6, 19.9

Table 3.3.4: Smoking by age group: female

				Weighted	
Age group	Number	Percent	95% CI	percent	95% CI
18 - 24	195	37.4	33.4, 41.6	37.4	33.8, 41.3
25 - 34	338	32.2	29.4, 35.1	32.2	29.5, 35.0
35 - 44	376	30.2	27.7, 32.8	30.2	27.6, 32.9
45 - 54	370	28.8	26.4, 31.3	28.8	26.2, 31.5
55 - 64	318	28.3	25.7, 31.0	28.3	25.5, 31.4
65 - 74	182	20.0	17.5, 22.7	19.9	17.2, 23.0
75 and older	86	11.8	9.7, 14.3	11.6	9.4, 14.3

Figure 3.3.7: Smoking prevalence by age and gender

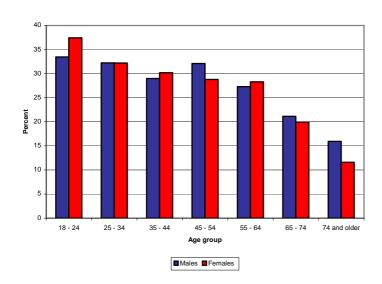


Figure 3.3.8: Percent smoking by ward males

Percent

| \$3.50 to 38.6 (5)
| 31.30 to 35.0 (6)
| 27.6 to 31.3 (70)
| 20.2 to 23.9 (6)
| 20.2 to 23.9 (6)
| 20.2 to 23.9 (7)
| 20.2 to 23.9 (7)
| 20.2 to 23.9 (7)
| 20.2 to 23.9 (8)

Figure 3.3.9: Percent smoking by ward: females

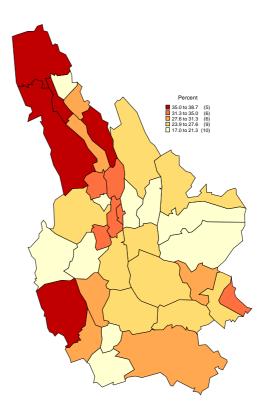


Figure 3.3.10: Percent smoking prevalence by ward (persons)

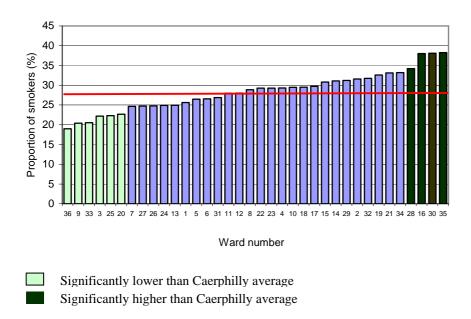
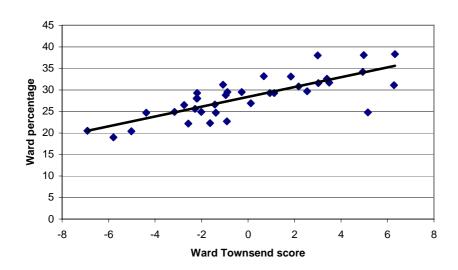


Figure 3.3.11: Relation between ward smoking prevalence and ward deprivation



Rank correlation coefficient = 0.79, p<0.001

Figure 3.3.11 shows that smoking prevalence is significantly related to ward deprivation.

3.3.3 Alcohol consumption

Question 7

In a typical seven-day week, how many units of alcohol would you drink (including weekends)?

This question was answered by 11116 (89.6%) of survey respondents. Data were dichotomised to a new variable 'excess alcohol consumption', defined as more than 14 units per week for females and more than 21 units for males. Table 3.3.5 shows excess alcohol consumption by gender. Table 3.3.6 and figure 3.3.12 show prevalence of excess alcohol consumption for males and females by age.

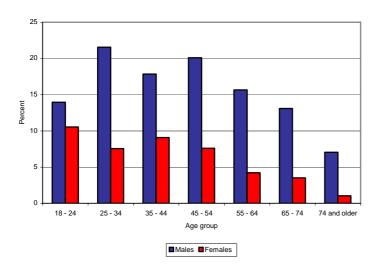
Table 3.3.5: Excess alcohol consumption by gender

			Weighted				
	Number	Percent	95% CI	percent	95% CI		
Male	904	16.4	15.4, 17.4	17.0	16.1, 18.0		
Female	433	6.3	5.7, 6.9	6.5	5.9, 7.2		

Table 3.3.6: Excess alcohol consumption by age-group: females

			Females					Males		
				Wted					Wted	
Age group	Number	%	95% CI	%	95% CI	Number	%	95% CI	%	95% CI
18 - 24	55	10.5	8.2, 13.4	10.5	8.4, 13.2	53	14.0	10.9, 17.9	13.9	11.5, 16.8
25 - 34	80	7.6	6.1, 9.4	7.6	6.2, 9.3	154	21.5	18.6, 24.7	21.5	19.2, 24.0
35 - 44	113	9.1	7.6, 10.8	9.1	7.6, 10.9	167	17.8	15.5, 20.4	17.8	15.8, 20.1
45 - 54	98	7.6	6.3, 9.2	7.6	6.2, 9.3	221	20.1	17.8, 22.6	20.1	17.9, 22.5
55 - 64	48	4.3	3.3, 5.7	4.2	3.1, 5.7	155	15.5	13.4, 17.9	15.6	13.4, 18.1
65 - 74	32	3.5	2.5, 4.9	3.5	2.4, 5.1	120	13.3	11.2, 15.7	13.1	10.7, 15.9
75 and over	7	1.0	0.5, 2.0	1.0	0.5, 2.1	34	7.0	5.1, 9.6	7.1	4.9, 10.0

Figure 3.3.12: Percent excess alcohol consumption by age group and gender



Figures 3.3.13, 3.3.14, 3.3.15 and 3.3.16 show prevalence of excess alcohol consumption for males and females by ward.

Figure 3.3.13: Percent excess alcohol consumption by ward: females

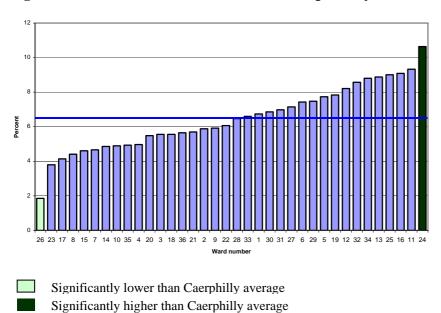


Figure 3.3.14: Percent excess alcohol consumption: females

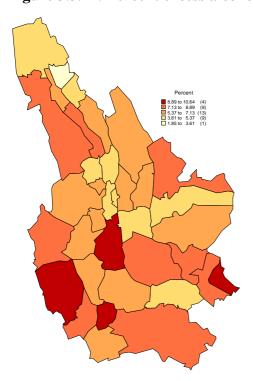


Figure 3.3.15: Percent excess alcohol consumption by ward: males

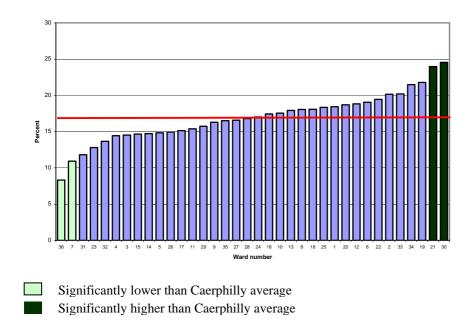


Figure 3.3.16: Percent excess alcohol consumption: males

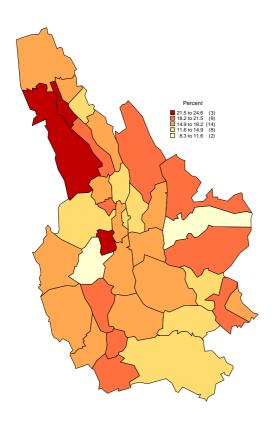
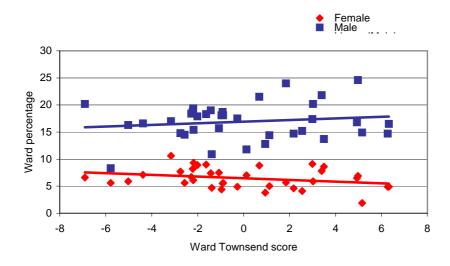


Figure 3.3.17: Relation between ward prevalence of excess alcohol consumption and ward deprivation score



Rank correlation coefficient (males) = 0.15, p>0.1 Rank correlation coefficient (females) = -0.28, p>0.05

Figure 3.3.17 shows that although the trend in males is increasing and in females decreasing, there is no significant relationship between excess alcohol consumption in males or females and ward deprivation.

3.3.4 Physical activity

Question 8

During the past 7 days, how many times did you exercise lasting at least 30 minutes?

This question was answered by 12132 (97.8%) of survey respondents.

We recoded the question responses into two new variables; the first 'some exercise' to categorise respondents that had undertaken at least one bout of light, moderate or vigorous physical activity lasting at least 30 minutes on one day in the preceding week. The second variable, 'beneficial exercise' categorised responses, which indicated that enough physical activity was accrued to benefit health in accordance with the current American College of Sports Medicine (ACSM) guidelines².

Table 3.3.7 Percentage taking 'some exercise' by gender

	Male		Female		Persons	
	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent
Some exercise	4647	87.2	5835	87.1	10482	87.1
Beneficial exercise	1352	27.9	1496	22.9	2848	25.3

² Pate R, Pratt M, Blair SN, *et al.* Physical activity and public health. *Journal of the American Medical Association* 1995;273(5):402–7.

Table 3.3.8 and figure 3.3.18 show the weighted percent of the calculated 'beneficial exercise' by age. Figure 3.3.19 and 3.3.20 show those in each ward who had taken 'beneficial exercise'.

Table 3.3.8: Percent taking beneficial exercise by age-group

Age group	Count	Percent	95% CI	Weighted percent	95% CI
18 - 24	340	38.0	34.9, 41.2	39.3	36.7, 42.0
25 - 34	561	31.9	29.8, 34.1	32.7	30.8, 34.7
35 - 44	628	29.0	27.1, 30.9	29.5	27.7, 31.4
45 - 54	544	23.1	21.4, 24.8	23.1	21.4, 24.9
55 - 64	437	21.1	19.4, 22.9	21.1	19.2, 23.0
65 - 74	262	14.9	13.3, 16.6	14.8	12.9, 16.8
75 and older	76	6.7	5.4, 8.3	6.5	5.1, 8.2

Figure 3.3.18: Percent taking beneficial exercise by age group

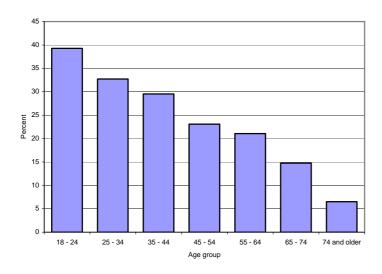
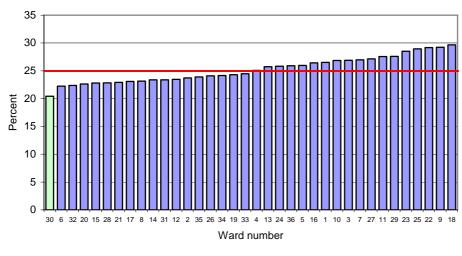


Figure 3.3.19: Percent taking beneficial exercise by ward



Significantly lower than Caerphilly average
Significantly higher than Caerphilly average

Figure 3.3.20: Percent taking 'beneficial exercise' by ward

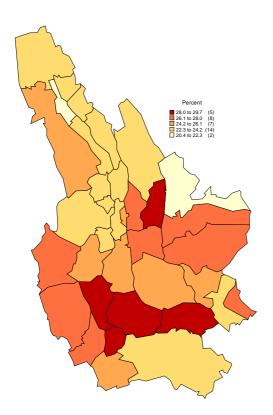
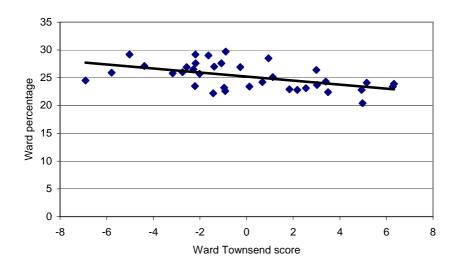


Figure 3.3.21: Relation between ward prevalence of respondents taking beneficial exercise and ward deprivation score



Rank correlation coefficient = -0.52, p<0.005

Figure 3.3.21 shows that beneficial exercise is significantly inversely related to ward deprivation.

3.3.5 Diet and nutrition

Question 9

In an average week, how often (if at all) do you usually eat the following of these foods?

The question on potatoes was answered by 12232 (98.5%) survey respondents, on vegetables by 12226 (98.5%) and on fresh fruit by 12188 (98.2%). Tables 3.3.9, 3.3.10 and 3.3.11 show reported weekly frequency of consumption of potatoes, vegetables or salad and fresh fruit respectively.

Table 3.3.9: Consumption of potatoes by gender

	Male		Female		Persons	
		Weighted percent		Weighted percent		Weighted percent
	Number		Number		Number	
Most days a week	2384	42.7	3365	49.3	5749	46.1
2 to 3 days a week	2382	43.7	2594	38.3	4976	41.0
About once a week	556	11.0	690	10.4	1246	10.7
Rarely or never	124	2.5	137	2.0	261	2.3

Table 3.3.10: Consumption of green vegetables or salad by gender

	Male		Female		Persons	
		Weighted percent		Weighted percent		Weighted percent
	Number		Number		Number	
Most days a week	2209	38.4	3639	52.4	5848	45.6
2 to 3 days a week	2337	43.4	2382	35.3	4719	39.3
About once a week	683	13.8	632	9.9	1315	11.8
Rarely or never	194	4.3	150	2.3	344	3.3

Table 3.3.11: Consumption of fresh fruit by gender

	Male		Female		Persons	
		Weighted percent		Weighted percent		Weighted percent
	Number		Number		Number	
Most days a week	2509	44.2	3828	55.4	6337	49.9
2 to 3 days a week	1222	23.0	1442	21.7	2664	22.4
About once a week	940	18.0	894	13.6	1834	15.8
Rarely or never	742	14.7	611	9.3	1353	12.0

We recoded responses for consumption of 'green vegetables or salad', and 'fresh fruit' to a new variable that categorised respondents by whether they reported consuming one or both at a frequency of 'about once per week' or less. Figures 3.3.22 and 3.3.23 show the ward prevalence of these data.

Figure 3.3.22: Percent consuming green vegetables, salad or fresh fruit about once per week or less by ward

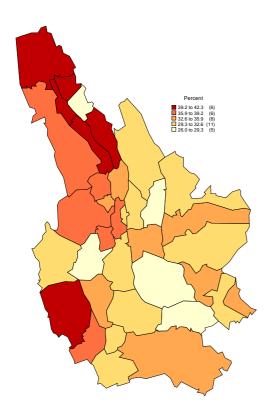


Figure 3.3.23 Percent consuming green vegetables, salad or fresh fruit about once per week or less by ward

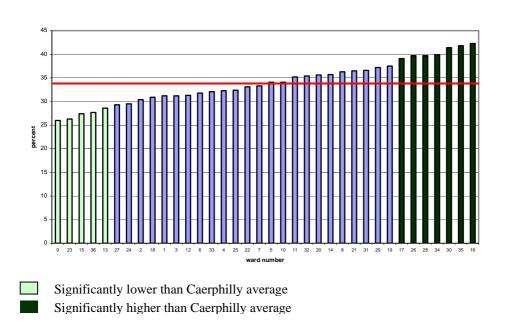
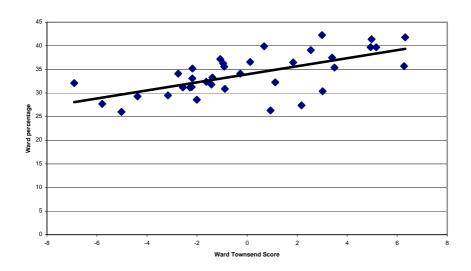


Figure 3.3.24 Relation between ward consumption of vegetables, salad and fresh fruit once a week or less and ward deprivation score



Rank correlation coefficient = 0.65, p<0.001

Figure 3.3.24 shows that the consumption of vegetables, salad and fresh fruit once a week or less is significantly related to ward deprivation.

3.4: General health

3.4.1 Feelings about health

Question 10

How do you feel about your health now?

This question was answered by 12238 (98.6%) of respondents. Table 3.4.1 summarises responses and shows the weighted percent of respondents in each category. Figures 3.4.1 and 3.4.2 show the weighted percent of respondents by ward.

Table 3.4.1: How respondents feel about their health

	M	ale	Fer	nale	Per	Persons		
	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent		
Happiest	544	10.8	599	9.0	1143	9.9		
Нарру	1053	20.3	1348	20.2	2401	20.3		
A bit happy	1536	28.8	2003	29.6	3539	29.2		
Neutral	1034	18.4	1239	18.1	2273	18.3		
A bit unhappy	609	10.5	793	11.4	1402	11.0		
Unhappy	369	6.3	459	6.5	828	6.4		
Most unhappy	298	5.0	354	5.1	652	5.0		

We recoded responses combining respondents who reported being neutral or happy about their health in to one category and respondents who reported being in one of the three 'unhappy' categories in to the other.

Figure 3.4.1 Percent respondents who felt unhappy about their health by ward

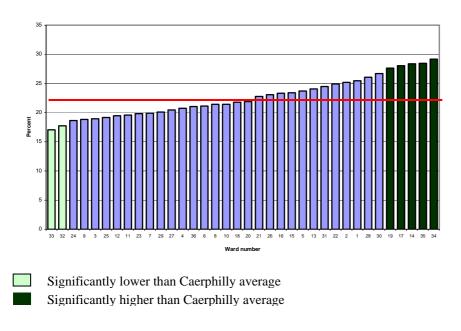


Figure 3.4.2 Percent respondents who felt unhappy about their health by ward

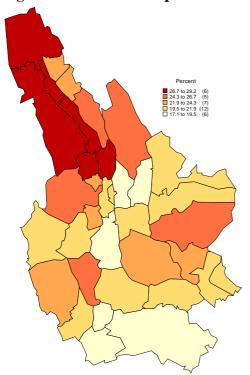
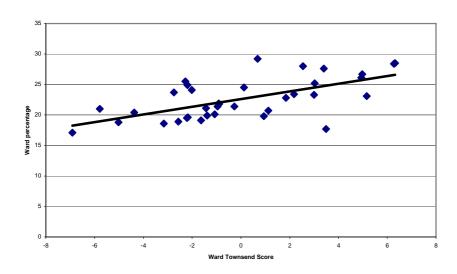


Figure 3.4.3 Relation between those who felt unhappy about their health and ward deprivation score



Rank correlation coefficient = 0.63, p<0.001

Figure 3.4.3 shows unhappiness with health is significantly related to ward deprivation.

3.4.2 Limiting Long term illness (LLTI)

Limiting long term illness is a self reported measure of long term illness, health problems or handicap which limit the person's daily activities or employment options.

Question 11

Do you have any longstanding illness, health problem or disability, which limits your daily activities or the work you can do?

This question was answered by 12304 (99.2%) of respondents. Overall 6677 (54.3%) of respondents reported LLTI. Table 3.4.2 summarises responses and shows the weighted percent of respondents in each category. Figures 3.4.4 and 3.4.5 show the weighted percent of LLTI by ward. Table 3.4.3 shows the weighted percent of respondents reporting limiting long-term mental health problems. Figures 3.4.7 and 3.4.8 show those respondents reporting limiting long term mental health problems by ward.

Table 3.4.2: Frequencies of reported reason for LLTI

	M	ale	Female Pers			sons
Condition	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent
One or more conditions	3030	49.5	3647	51.3	6677	50.4
Arthritis	1403	20.7	1908	25.6	3311	23.2
Back pain	1326	21.0	1681	23.0	3007	22.0
Diabetes	340	4.9	299	4.0	639	4.4
Hearing problems	977	13.8	662	9.2	1639	11.4
Vision problems	815	12.2	970	13.2	1785	12.7
Depression	550	9.4	825	11.7	1375	10.6
Stress/anxiety	750	12.7	1185	16.6	1935	14.7
Other mental health issues	151	2.7	123	1.7	274	2.2
Other	1148	18.4	1254	17.3	2402	17.8

Figure 3.4.4 Percent reporting limiting long-term illness by ward

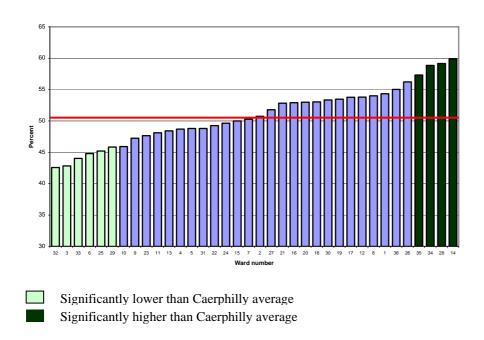


Figure 3.4.5: Percent reporting limiting long-term illness by ward

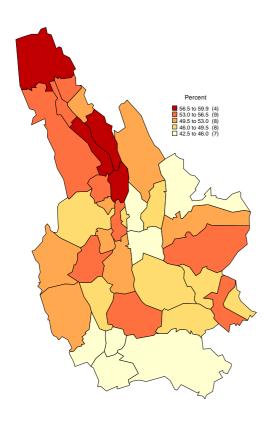
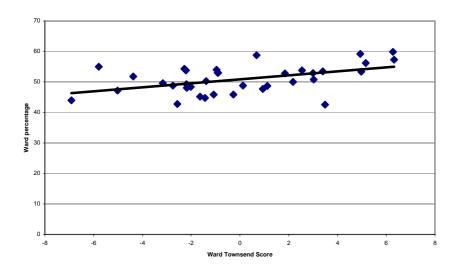


Figure 3.4.6 Relation between limiting long-term illness and ward deprivation score



Rank correlation coefficient = 0.49, p<0.005

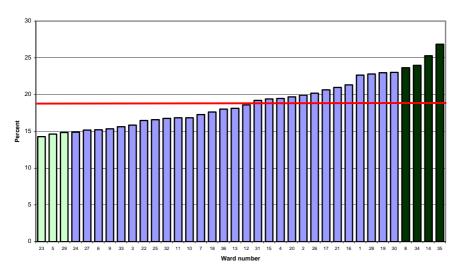
Figure 3.4.6 shows that LLTI is significantly related to ward deprivation.

We recoded a positive response to one or more of the variables, depression, stress/anxiety, and other mental health issue into a new binary variable, limiting long-term mental health problems.

Table 3.4.3: Reported limiting long-term mental health problems

				Weighted	
	Number	Percent	95% CI	percent	95% CI
Total	2461	19.8	19.1, 20.5	18.7	18.0, 19.4
Female	1474	21.4	20.4, 22.4	20.7	19.7, 21.7
Male	987	17.9	16.9, 18.9	16.6	15.6, 17.5

Figure 3.4.7 Percent reporting limiting long-term mental health problems by ward



Significantly lower than Caerphilly average
Significantly higher than Caerphilly average

Figure 3.4.8: Percent reporting limiting long-term mental health problems by ward

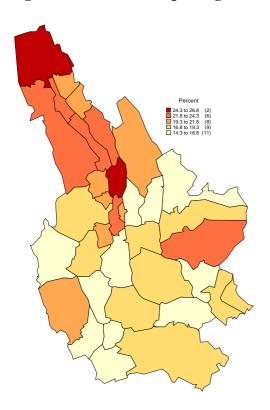
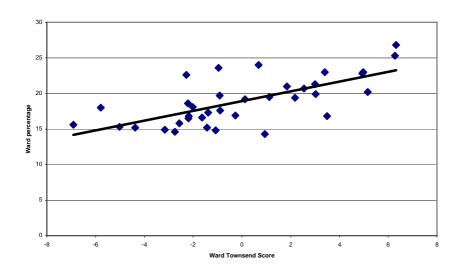


Figure 3.4.9 Relation between limiting long-term mental health problems and ward deprivation score



Rank correlation coefficient = 0.69, p<0.001

Figure 3.4.9 shows that LLTI mental health problems are significantly related to ward deprivation.

3.4.3 Accidents and injuries

Question 13

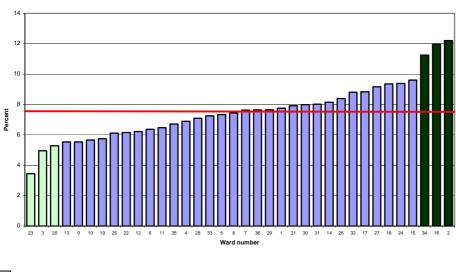
Have you had an accident, injury or poisoning, needing hospital treatment or a visit to Casualty in the past three months?

This question was answered by 12187 (98.2%) of respondents. Table 3.4.4 summarises responses and shows the weighted percent of respondents in each category. Figure 3.4.10 and 3.4.11 show the weighted percent of respondents by ward.

Table 3.4.4: Injuries requiring a visit to accident and emergency by gender

	M	ale	Fei	nale	Per	Persons	
Type of injury	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent	
One or more injuries:	416	8.2	465	6.9	881	7.6	
Break or fracture	70	1.4	95	1.3	165	1.4	
Head injury	48	0.9	33	0.5	81	0.7	
Burn or scald	10	0.2	17	0.3	27	0.3	
Poisoning	19	0.4	12	0.2	31	0.3	
Eye injury	43	0.9	28	0.4	71	0.6	
Cut or puncture	88	1.8	69	1.0	157	1.4	
Bruising	68	1.3	95	1.4	163	1.3	
Sprain, strain or twist	91	1.9	142	2.1	233	2.0	

Figure 3.4.10 Percent reporting accidents and injuries requiring hospital treatment by ward



Significantly lower than Caerphilly averageSignificantly higher than Caerphilly average

Figure 3.4.11: Percent reporting injuries requiring a visit to accident and emergency department by ward

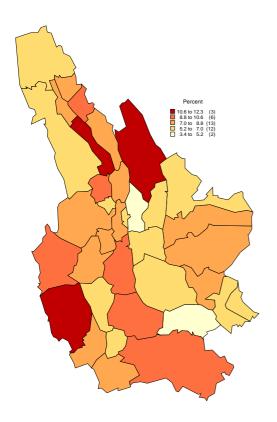
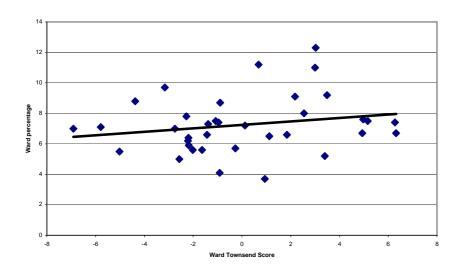


Figure 3.4.12 Relation between injuries requiring a visit to A&E and ward deprivation score $\,$



Rank correlation coefficient = 0.25, p>0.1

Figure 3.4.12 shows that injuries requiring a visit to A&E are not significantly related to ward deprivation.

3.4.4 Cardiovascular disease

Question 15

Have you ever been treated for heart disease or stroke?

This question was answered by 11760 (94.8%) of respondents. Table 3.4.5 summarises responses and shows the weighted percent of respondents in each category. Figures 3.4.13 and 3.4.14 show the weighted percent of respondents by ward.

Table 3.4.5: Cardiovascular disease by gender

	M	ale	Fen	nale	Per	Persons	
Condition	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent	
One or more conditions:	1243	19.9	1153	16.8	2396	18.3	
Angina	420	5.7	336	4.5	756	5.1	
Heart failure	239	4.6	267	4.0	506	4.3	
Other heart disease	161	2.3	172	2.3	333	2.3	
Heart attack	303	4.2	123	1.6	426	2.9	
Hypertension	561	8.1	566	7.6	1127	7.8	
Stroke	159	2.2	147	2.0	306	2.1	

Figure 3.4.13 Percent reporting cardiovascular disease by ward

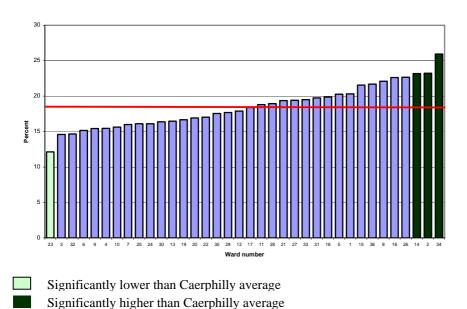


Figure 3.4.14: Percent reporting cardiovascular disease by ward

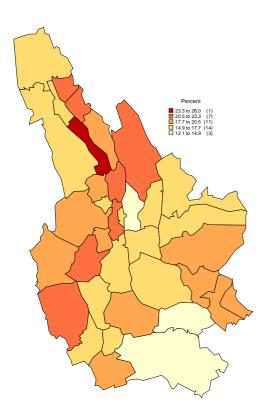
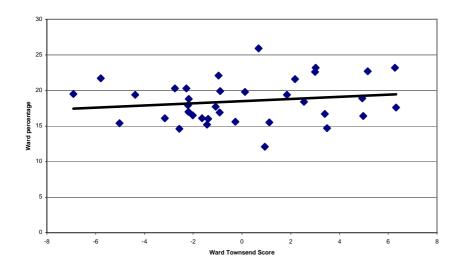


Figure 3.4.15 Relation between cardiovascular disease and ward deprivation score



Rank correlation coefficient = 0.17, p>0.1

Figure 3.4.15 shows that self-reported cardiovascular disease is not significantly related to ward deprivation.

Although we would expect cardiovascular disease to be significantly related to ward deprivation the above graphs include a wide range of conditions of which only some are known to be related to deprivation (e.g. hypertension).

3.4.5 Cancer

Question 16

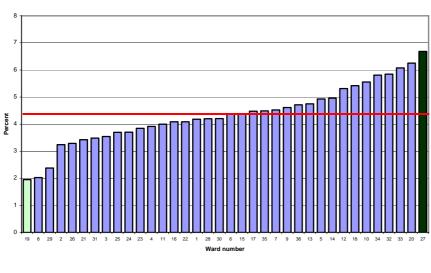
Have you ever been treated for cancer?

This question was answered by 11730 (94.5%) of respondents. Table 3.4.6 summarises responses and shows the weighted percent of respondents in each category. Figures 3.4.16 and 3.4.17 show the weighted percent of respondents by ward.

Table 3.4.6: Cancers by gender

	M	Male		nale	Persons		
Condition	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent	
One or more cancers	219	3.3	360	5.2	579	4.3	

Figure 3.4.16 Percent reporting cancer by ward



Significantly lower than Caerphilly averageSignificantly higher than Caerphilly average

Figure 3.4.17: Percent reporting cancer by ward

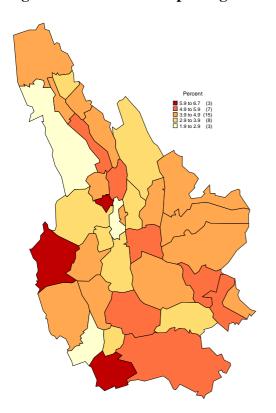
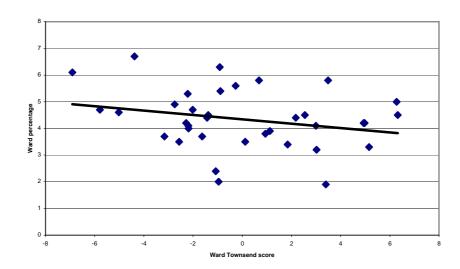


Figure 3.4.18 Relation between all cancers and ward deprivation score



Rank correlation coefficient = -0.25, p>0.1

Figure 3.4.18 shows that self-reported cancer is not significantly related to ward deprivation.

3.4.6 Respiratory disease

Question 17

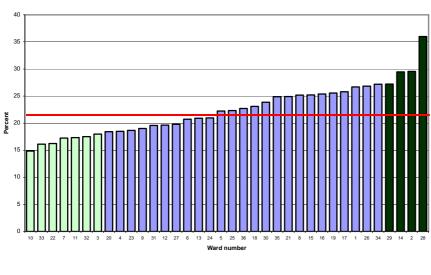
Do you have any chest or breathing difficulties?

This question was answered by 11655 (93.9%) of respondents. Table 3.4.19 summarises responses and shows the weighted percent of respondents in each category. Table 3.4.20 and figure 3.4.6 show the weighted percent of respondents by ward.

Table 3.4.19: Respiratory disease by gender

	M	Iale	Fei	male	Persons	
Condition	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent
One or more conditions:	1416	23.6	1366	20.6	2782	22.1
Asthma	381	6.9	639	9.2	1020	8.1
Pneumoconiosis	165	2.3	8	0.1	173	1.2
Chronic bronchitis/emphysema	435	6.1	278	3.7	713	4.9
Other chest problem	673	10.5	609	8.4	1282	9.4

Figure 3.4.19 Percent reporting respiratory disease by ward



Significantly lower than Caerphilly average
Significantly higher than Caerphilly average

Figure 3.4.20: Percent reporting respiratory disease by ward

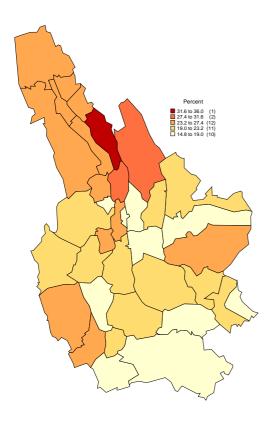
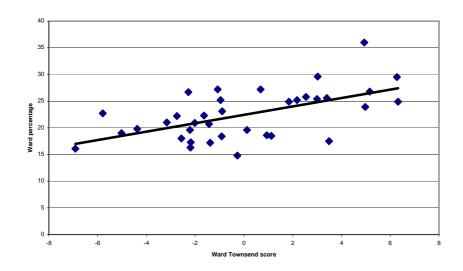


Figure 3.4.21 Relation between respiratory disease and ward deprivation score



Rank correlation coefficient = 0.57, p<0.001

Figure 3.4.21 shows that respiratory disease is significantly related to ward deprivation.

3.5: SF-36 health status

Responses to the SF-36 questions were coded into the eight domains and two component summary scores using the standard algorithm, standardised to American norms³.

Table 3.5.1: SF-36 domain scores: weighted descriptive statistics

	Physical Function	Role Physical	Bodily Pain	General Health	Vitality	Social Functioning	Role Emotional	Mental Health
Number	11908	11354	12315	11754	12149	12326	11582	12021
Missing	500	1054	93	654	259	82	826	387
Mean	45.9	46.6	48.2	45.1	46.1	45.9	45.9	47.0
Std. Deviation	13.6	13.5	12.7	12.0	11.5	13.1	14.6	12.1
Median	52.8	56.9	50.3	47.2	45.8	51.4	55.9	50.0
Minimum	14.9	17.7	19.9	16.2	20.9	13.2	9.2	7.8
Maximum	57.0	56.9	62.1	63.9	70.8	56.8	55.9	64.1
Centiles 25	38.1	37.3	37.2	35.3	39.6	35.0	36.4	38.7
75	57.0	56.9	62.1	55.3	55.2	56.8	55.9	55.6

Table 3.5.2 shows the descriptive statistics for the distributions of the physical (PCS) and mental (MCS) component summary scores. The PCS is calculated from the physical function, role physical, bodily pain, general health and vitality scores and the MCS is calculated from the social functioning, role emotional and mental health scores. Higher scores indicate better health and lower scores worse health.

Table 3.5.2: Raw numbers and weighted descriptive statistics for PCS and MCS

	PCS	MCS
Responded	10739	10739
Missing	1669	1669
Mean	47.4	46.8
Median	52	51
Std. Deviation	12.7	12.8
Minimum	3.4	-5.7
Maximum	77.3	74.2

³ Ware JE, Kosinski M, Dewey JE. *How to score version two of the SF-36 Health Survey*. Lincoln, RI: QualityMetric Incorporated, 2000.

Figure 3.5.1 Mean physical component score (PCS) by ward

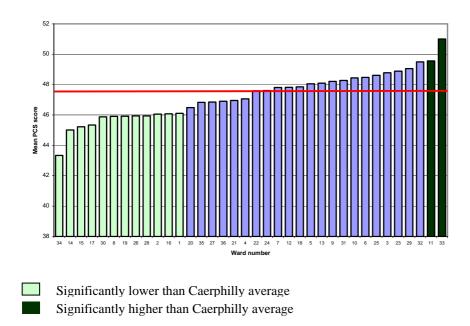


Figure 3.5.2: Mean PCS by ward

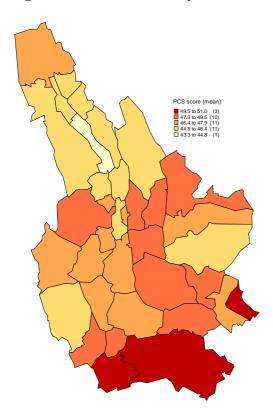
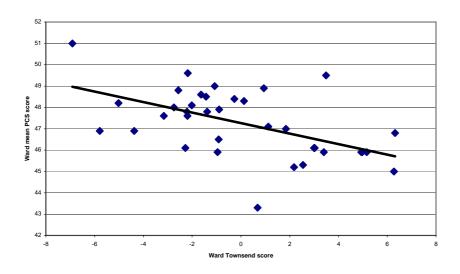


Figure 3.5.3 Relation between PCS and ward deprivation score



Rank correlation coefficient = -0.53, p<0.005

Figure 3.5.3 shows that PCS is significantly inversely related to ward deprivation.

Figure 3.5.4: Mean mental component score (MCS) by ward

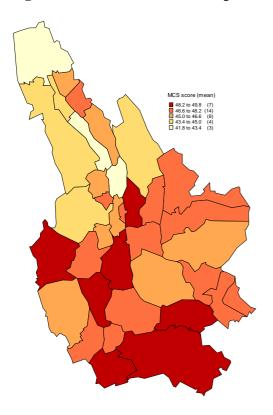


Figure 3.5.5 Mean MCS by ward

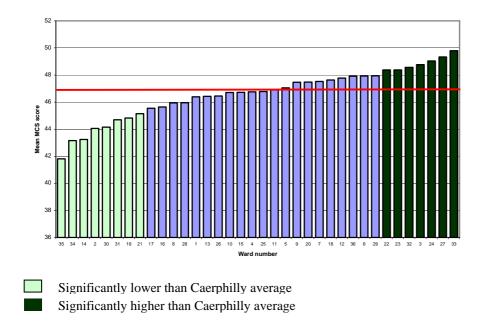
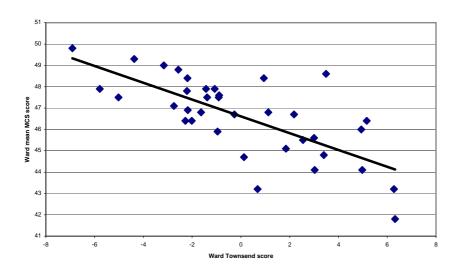


Figure 3.5.6 Relation between MCS and ward deprivation score



Rank correlation coefficient = -0.72, p<0.001

Figure 3.5.6 shows that MCS is significantly inversely related to ward deprivation.

3.6 Home

3.6.1 Tenure

Question 44

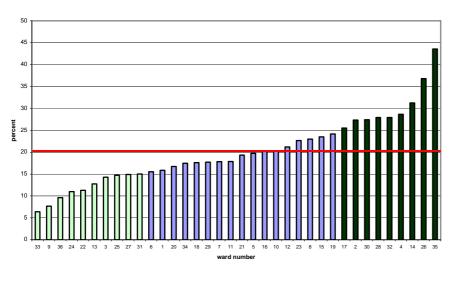
Which of the following statements best describes your home?

This question was answered by 12141 (97.8%) of respondents. Table 3.6.1 summarises responses and shows the weighted percent of respondents in each category. Figure 3.6.1 and 3.6.2 show the weighted percent of respondents by ward.

Table 3.6.1: Breakdown of housing tenure

	Persons			
Status	Number	Percent		
Own or live with owner	9695	79.8		
Rented from local council, Housing Association or Housing Trust	2021	16.3		
Rented from private landlord	326	2.9		
Other	99	1.0		

Figure 3.6.1 Percent respondents reporting that they do own their home



Significantly lower than Caerphilly average
Significantly higher than Caerphilly average

Figure 3.6.2: Percent respondents who do not own their own home by ward

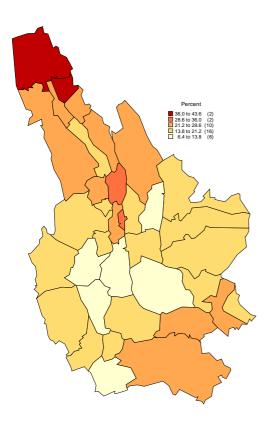
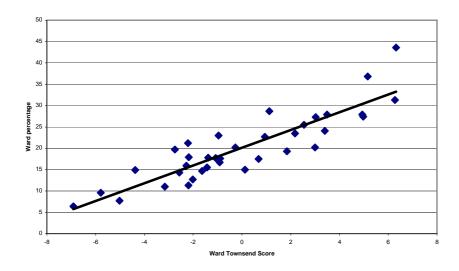


Figure 3.6.3. Relation between non-owner occupation and ward deprivation score



Rank correlation coefficient = 0.89, p<0.001

Figure 3.6.3 shows that non-owner occupation is significantly related to ward deprivation.

3.6.2 Housing conditions

Question 45

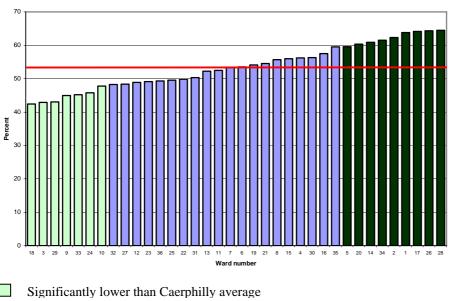
How often do you suffer from problems (heavy condensation; damp; draughts, mould) in your home?

This question was answered by: condensation 11240 (90.1%) of respondents; damp 11157 (89.9%); draughts 11259 (90.7); and mould 11047 (89.0%). Table 3.6.2 summarises responses and shows the weighted percent of respondents in each category. Figures 3.6.4 and 3.6.5 show the weighted percent of respondents reporting any problem more frequently than 'hardly ever', by ward.

Table 3.6.2: Breakdown of housing conditions

	Conde	Condensation Dan		mp	p Draughts			Mould		
Condition	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent	Number	Weighted percent		
Almost always	699	6.3	431	3.9	608	5.4	253	2.3		
Quite often	1002	9.1	1053	9.6	1147	10.4	530	5.0		
Not very often	2346	21.5	1926	17.7	2914	26.1	1585	14.7		
Hardly ever/never	7193	63.2	7741	68.8	6590	58.1	8679	78.0		

Figure 3.6.4 Percent reporting any problem more frequently than 'hardly ever' by ward



Significantly higher than Caerphilly average

Figure 3.6.5 Percent reporting any problem more frequently than 'hardly ever' by ward

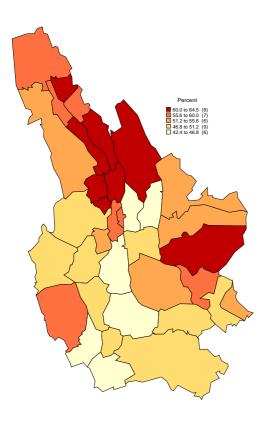
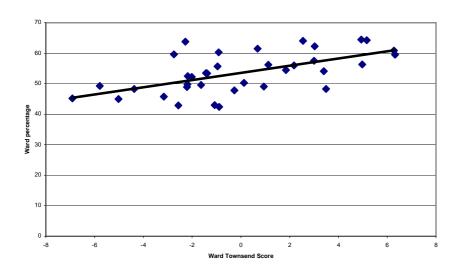


Figure 3.6.6 Relation between problems with housing and ward deprivation score



Rank correlation coefficient = 0.60, p<0.001

Figure 3.6.6 shows that housing problems are significantly related to ward deprivation.

3.7 Social capital

Social capital is a developing theoretical concept which seeks to explain, among other things, why some communities have higher levels of health and well-being than others. One of the first writers on social capital, Putnam offered a definition of social capital as "the features of social organisations such as networks, norms, and social trust that facilitate co-ordination and co-operation for mutual benefit". He argues that social capital is important because these networks, norms and trust in society lead to coordination and communication, acting as a template for future collaboration^{1,2}.

Four measures of social capital that relate to community well-being will be presented in this report. The first two relate to how people feel about living in their neighbourhood, based on question 36. A new variable 'neighbourhood' was derived with two categories: 'Happy', based on a positive response to either of the three smiling faces, or 'Unhappy', based on responses to the neutral or the three sad faces. A second variable 'neighbourhood stability' was based on question 35, derived as the percentage of people living in the same neighbourhood for five or more years.

The final two measures of social capital relate to perceived neighbourhood quality. Using the statistical technique of factor analysis on responses to question 33, two variables, 'quality of the neighbourhood environment' and 'crime & disorder' were derived.

'Quality of the neighbourhood environment' related to reported problems of noise, nuisance from dogs, speeding traffic, uneven or dangerous pavements, lack of safe places for children to play, litter and rubbish, disturbance by children or youngsters. 'Crime and disorder' related to reported problems of assaults and muggings, burglaries, discarded needles and syringes, vandalism, walking around after dark.

Happy living in neighbourhood

Table 3.7.1 shows the proportion of respondents happy and unhappy with living in their neighbourhood.

Table 3.7.1 Happy living in neighbourhood

		Ma	ales	Fen	nales	Persons	
	Code on		Weighted		Weighted		Weighted
	questionnaire	Number	percent	Number	percent	Number	percent
Happiest face	1	1128	19.6	1745	25.2	2873	22.4
	2	1716	32.1	2019	29.9	3735	31.0
	3	1455	26.8	1769	26.1	3224	26.4
Neutral face	4	676	12.9	686	10.3	1362	11.6
	5	210	3.9	238	3.6	448	3.7
	6	147	2.8	161	2.5	308	2.6
Saddest face	7	96	1.9	157	2.4	253	2.2

Overall, 79.8% of respondents were happy and the percentage of respondents happy with living in their neighbourhood varied at ward level from 63% to 91%. This is shown in figure 3.7.1.

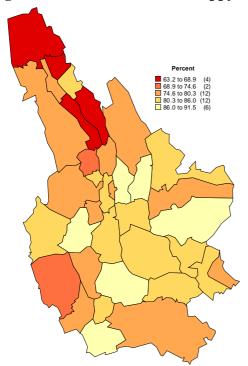


Figure 3.7.1 Percent who feel happy in their neighbourhood

Neighbourhood stability

Overall, 85.5% of respondents had lived in the same neighbourhood for five or more years. The proportion of respondents by ward varied from 76% to 93%, shown in figure 3.7.2.

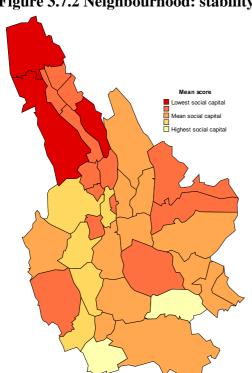


Figure 3.7.2 Neighbourhood: stability

Quality of the neighbourhood environment and Crime & disorder

In order to compare these social capital variables at ward level, average scores were calculated for each variable and the results are shown in figures 3.7.3 to 3.7.4.

Figure 3.7.3 Ward scores: environment

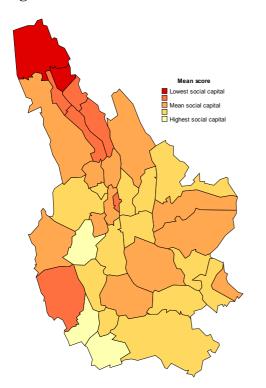
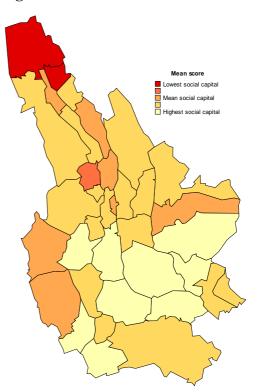


Figure 3.7.4 Ward scores: crime



Comment

There is clearly concern from Caerphilly residents who responded to the survey over the quality of the local environment and problems with crime & disorder. Comparison with the patterns of deprivation and health status shown already in this report suggest that respondents with poorer health tend to live in areas of poorer environmental quality. These areas also have a greater turnover of residents who feel less happy with living in their neighbourhoods.

¹ Putnam R, Leonardi R, Nanetti R. *Making democracy work: civic traditions in Modern Italy*. Princeton University Press, Princeton, 1993.

²Putnam R. Bowling alone: Americas declining social capital. J Democracy 6(1): 65-78, 1995.

Chapter 4 Discussion

4.1 Main results

Some of the more striking results deserve highlighting. Nearly 12% of female and 14% of male respondents were unable to work due to illness or disability, over 38% reported no educational qualifications and 50% reported a household income less than half of the UK average. 19% lived in rented accommodation, 14% reported damp housing and 7% moulds.

20% of respondents were obese, 28% smoked cigarettes, 17% of males reported excess alcohol intake, 12% respondents never ate fresh fruit and 75% exercised below levels beneficial to health. 54% reported a limiting long-term illness, 22% back pain and 11% depression, stress, anxiety or other mental illness. 22% of respondents felt unhappy about their health status. Data from the SF-36 health status questions found a low overall mean mental health summary score of 46.8 (significantly below the Welsh average of 49.5) and an overall mean physical health summary score of 47.4 (non significantly above the Welsh average of 48.2). 8% of respondents reported a recent injury requiring treatment, 18% cardiovascular disease and 22% respiratory disease.

Variation in all of the variables at electoral division has been shown confirming the general relationship between poor health and deprivation in Caerphilly county borough.

4.2 Methodological issues

Our study was faced with the usual limitations that beset all postal questionnaire health surveys, resulting ultimately in ward population estimates that may be biased from non-response. Steps were taken to try and limit the amount of non-response bias operating. This included an evidence based approach to question wording, order and format (consistent question layout and fonts, paper colour, A5 booklet size, contact details on front page), suitably worded covering letter signed, where possible, by the recipients GP, and multiple contacts using canvassers.

Although there are ethical issues arising from the use of financial incentives, especially in vulnerable groups, the Steering Group and Gwent Research Ethics Committee considered the financial incentive of a prize draw acceptable.

We consider that it was worthwhile having three separate questionnaire mail-outs. The first posting and canvasser returns obtained a 46.5% female and 39% male response. The second wave obtained a further 13% response from both male and females and the third exclusively postal wave obtained a further 4.5% from both, taking the response to over 60%. Although there were no age-gender stratum specific differences in response between waves, the additional response gained raised the male younger age group response to over 40%, which although low, was considerably better than if two waves and no canvassers had been employed.

We found the lowest response to the survey was from young males. Response was highest in middle age and declined in the over 85 age groups. Assessment of non-response by ward found an inverse relation between deprivation and response. However we found a similar distribution of respondents to the sample frame by council tax band property value, with a small excess of respondents in band A, the lowest value property band. A similar age gender gradient across all eight council tax bands suggested that we at least achieved a representative sample by housing value.

We adjusted the denominator by excluding sampled residents reported by the canvassers to have moved away. This was greatest in younger age groups and males, but as a proportion by ward, was not related significantly to deprivation.

Overall, as with all postal surveys, our response dataset was not truly representative of the sampling frame population, particularly for males aged under 45 years. However the 63% overall response was good considering the socio-economic characteristics of the borough, and in comparison to the 57.7% response achieved by the Welsh Health Survey 1998¹.

In order to adjust for the age-gender under-representation, we weighted the response dataset using a standard ONS population-based weighting method². Although it is unlikely that the sample means or proportions of variables are equal for responders and non-responders in the same age-gender specific strata, this weighting method goes some way towards reducing non-response bias.

4.3 Conclusions

We believe this study has successfully achieved its objectives and established a firm foundation for subsequent work, both from further analyses of the response dataset and possibilities for further research.

This study has given us the resource of a comprehensive dataset on 12,408 individuals within Caerphilly county borough. There are substantial opportunities for further hypothesis testing in both single level and multilevel analyses and for a wide range of secondary studies to explore in greater depth some health needs issues that have strong policy implications.

Work is underway to link this study with the Housing & Neighbourhoods & Health (HANAH), a collaborative study between the Department of Epidemiology, Statistics and Public Health at the University of Wales College of Medicine and the Centre for Research in the Built Environment, Welsh School of Architecture, Cardiff University.

Finally, we recommend that data presented in this report are used in the development of the Health and Well Being strategy by Caerphilly county borough council, Caerphilly Local Health Board and their local partnerships and that policy makers and planners take note of the importance of area based deprivation and social capital in understanding variation in mental health status between individuals and areas.

¹ The National Assembly for Wales. *Welsh Health Survey 1998. Results of the Second Welsh Health Survey.* Cardiff: The National Assembly for Wales, 1999.

² Elliot D. Weighting for non-response. A survey researcher's guide. Office of Population Censuses and Surveys. London: OPCS, 1991.

Appendix 1

We estimated the sample size on the basis of the precision of the estimates of the relevant ward prevalence rates. The criterion chosen was a prevalence estimate to within $\pm 5\%$ with 95% confidence. The required number is dependent on the actual prevalence and is at a maximum when the prevalence is 50%. The sample size calculation takes the unequal populations of wards into account, so that the sampling fraction and sample sizes varied between wards.

Sample sizes varied between 285 and 366 between wards, making allowance for the finite population correction factor, which depends on the ward population size. The mean sample size was 350 per ward, making a total of 12,600. This assumed a 100% response. We aimed to achieve a 60% response and so we inflated sample sizes to give a total sample size of 22,290 with ward sample sizes varying between 508 and 658.

We took a random sample using the random number generator in *SPSS version 11.0*, and generated the appropriate sample for each ward. When this process had been completed, the sample contained the name, age, sex, address and postcode of the 22,290 sampled residents.

Ward code	Ward name	Population 18+	Number in sample
STFA	Aber Valley	5097	650
STFB	Aberbargoed	2820	615
STFC	Abercarn	3757	634
STFD	Abertysswg	1141	523
STFE	Argoed	1978	585
STFF	Bargoed	4912	648
STFG	Bedwas and Trethomas	5286	651
STFH	Blackwood	6231	658
STFJ	Cefn Fforest	2847	615
STFK	Crosskeys	2626	609
STFL	Crumlin	4504	644
STFM	Darran Valley	1982	585
STFN	Gilfach	1599	563
THFA	Hengoed	3794	634
THFB	Llanbradach	3585	631
THFC	Machen	3250	625
THFD	Maesycwmmer	1727	571
THFE	Morgan Jones	5331	652
THFF	Moriah	2439	603
THFG	Nelson	2971	618
THFH	New Tredegar	2883	616
THFJ	Newbridge	4889	648
THFK	Pengam	3064	621
THFL	Penmaen	3521	630
THFM	Penyrheol	8265	667
THFN	Pontllanfraith	6281	658
THFP	Pontlottyn	1528	558
THFQ	Risca East	5023	649
THFR	Risca West	4245	641
THFS	St. Cattwg	5631	654
THFT	St. James	4790	647
THFU	St. Martins	5497	653
THFW	Tir-Phil	1023	508
THFX	Twyn Carno	1973	585
THFY	Ynysddu	2873	616
THFZ	Ystrad Mynach	3250	625
Totals	•	132,613	22,290

Appendix 2

AA/August 2001

A STUDY OF HEALTH AND WELL-BEING OF PEOPLE LIVING IN CAERPHILLY COUNTY BOROUGH

Dear Sir or Madam

Caerphilly Local Health Group is conducting a survey of the health and well-being of local residents. The Local Health Group is made up of representatives from local family doctors (GPs), nurses, dentists, opticians and pharmacists, and from the local authority and voluntary groups. They are working very closely with all local family doctors and local community organisations to find out what affects people's health in Caerphilly County Borough and to help local planning to improve the health of communities.

You have been chosen at random to receive a questionnaire booklet and we would be very grateful if you could spare the time to answer the questions enclosed. It should take about 20 minutes to complete. Some questions are about your health and lifestyle, and others are about the area in which you live. We think you will find the questions interesting. The questions are different from the questions asked in the Census held in April, as we need different information to help us plan to improve local health and well-being. Your views are important to us - if you have any difficulty in filling in the form you may ask a relative or friend to help you. The Local Health Group would also be pleased to help you. Should you require help please ring our **FREEPHONE Survey Helpline on 0800 328088.**

<u>Please remember your replies will be strictly confidential.</u> We have included a number at the end of the booklet. This is to help us keep track of the booklets. You will not personally be identified in any way in our report and the results will be shared widely within the borough. In addition, one of the study researchers will use some of the survey information as part of his research for a higher degree.

Os hoffech gael copi o'r holiadur hwn yn y Gymraeg, cysylltwch â 01443 864353

Once you have completed the questionnaire, please seal it in the envelope provided. **The envelopes will be collected by our study representatives** and delivered to the Local Health Group office. You do not need to post the questionnaire back, but you may do so if you wish in the FREEPOST envelope provided.

At the end of the survey three questionnaires will be randomly selected. The first selected will receive £250, the second £150 and the third £100 in postal orders.

Thank you for helping us.

Yours sincerely

Appendix 3

	% social class IV/V			18-64 no educational qualification			Persons not employed under 65			Annual hh income <11.25K		
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI
Abercarn	105	31.1	26.3, 36.1	74	26.7	21.7, 32.3	75	28.6	23.5, 34.2	173	46.6	41.4, 51.9
Argoed	73	31.2	25.2, 36.8	59	30.4	24.3, 37.2	62	34.7	28.3, 41.7	152	58.3	52.2, 64.3
Blackwood	94	26.9	22.3, 31.5	85	27.1	22.4, 32.3	95	30.6	25.7, 36.0	150	39.2	34.3, 44.3
Cefn Fforest	101	31.2	26.5, 36.6	93	34.5	29.0, 40.3	85	33.5	28.0, 39.4	184	52.2	46.7, 57.5
Crosskeys	107	31.4	26.2, 36.0	90	32.3	26.9, 38.1	66	24.4	19.6, 30.0	167	43.3	38.2, 48.6
Crumlin	77	25.4	21.2, 31.0	77	29.8	24.4, 35.6	78	30.6	25.2, 36.6	143	43.9	38.5, 49.5
Newbridge	94	27.7	24.1, 33.7	91	32.1	26.7, 37.8	98	37.8	32.3, 43.7	188	53.0	47.8, 58.2
Pengam	81	28.1	22.6, 32.9	78	32.8	27.0, 39.0	79	34.3	28.5, 40.7	161	51.2	45.5, 56.9
Penmaen	79	23.0	18.2, 27.0	70	25.0	20.2, 30.4	65	24.1	19.4, 29.5	149	39.8	34.8, 45.1
Pontllanfraith	74	23.4	19.0, 28.2	73	28.3	23.0, 34.1	73	28.0	22.9, 33.7	161	46.4	41.2, 51.8
Risca East	87	24.8	20.9, 29.9	85	27.6	22.8, 32.8	87	30.6	25.6, 36.1	166	44.7	39.6, 50.0
Risca West	100	28.2	22.9, 32.1	83	32.0	26.7, 37.7	76	28.9	23.9, 34.5	206	52.3	47.2, 57.3
Ynysddu	92	29.0	23.6, 33.4	86	31.8	26.4, 37.6	81	31.3	26.0, 37.1	167	48.3	42.8, 53.7
Aberbargoed	72	30.1	24.0, 35.4	83	42.2	35.4, 49.2	85	42.4	35.7, 49.4	171	63.7	57.6, 69.3
Abertysswg	80	35.1	29.3, 41.7	69	36.0	29.4, 43.0	70	38.0	31.5, 45.1	152	61.5	55.2, 67.5
Aber Valley	89	28.8	24.6, 34.6	102	38.9	33.1, 44.8	97	37.8	32.2, 43.8	196	58.6	53.2, 63.8
Bargoed	80	26.8	21.8, 31.7	79	33.8	28.0, 39.9	93	40.1	34.1, 46.4	192	59.4	53.9, 64.7
Bedwas & Trethomas	78	24.8	19.7, 29.1	64	24.0	19.0, 29.6	79	33.3	27.7, 39.4	168	48.3	42.8, 53.7
Darran Valley	100	35.8	29.8, 40.7	97	42.2	35.9, 48.6	87	38.0	32.1, 44.4	173	60.7	54.9, 66.2
Gilfach	58	23.8	18.4, 28.9	51	26.2	20.4, 32.9	69	38.1	31.5, 45.2	139	54.4	48.0, 60.5
Hengoed	88	31.0	26.0, 36.7	94	38.8	32.9, 45.1	89	37.8	31.9, 44.1	151	49.7	43.9, 55.4
Llanbradach	63	20.1	15.9, 24.5	67	24.4	19.6, 29.7	74	27.2	22.4, 32.6	145	42.9	37.6, 48.3
Machen	53	17.2	12.7, 21.0	43	17.4	13.0, 22.7	69	28.8	23.5, 34.8	127	39.5	34.0, 45.1
Maes y Cwmmer	46	17.0	12.6, 21.5	48	20.7	15.7, 26.5	59	27.2	21.7, 33.6	110	41.2	35.4, 47.3
Morgan Jones	71	20.9	16.3, 24.8	75	24.3	19.7, 29.5	91	31.4	26.3, 36.9	169	44.1	39.1, 49.2
Moriah	87	33.0	26.7, 37.7	71	34.2	28.3, 40.6	88	42.4	36.1, 49.0	180	58.5	52.8, 64.0
Nelson	81	24.2	18.2, 27.1	76	26.4	21.5, 31.8	79	30.5	25.3, 36.2	187	51.0	45.8, 56.2
New Tredegar	104	39.4	33.3, 44.9	95	43.4	36.9, 50.1	89	44.0	37.6, 50.7	188	65.5	59.7, 70.8
Penyrheol	82	21.9	18.2, 26.5	84	25.8	21.2, 30.8	92	29.3	24.6, 34.5	172	43.0	38.1, 48.0
Pontlottyn	121	39.5	33.9, 44.8	116	45.6	39.5, 51.8	94	37.9	32.2, 44.0	189	59.1	53.5, 64.4
St. Cattwg	77	25.5	20.8, 30.5	85	31.6	26.3, 37.3	77	29.8	24.6, 35.6	153	47.6	42.1, 53.1
St. James	71	21.3	16.8, 25.4	77	26.5	21.7, 31.8	107	38.6	33.2, 44.3	159	45.3	40.1, 50.6
St. Martins	55	15.0	11.2, 18.5	50	16.2	12.4, 20.8	59	19.6	15.4, 24.5	125	31.7	27.2, 36.6
Tir-Phil	74	33.5	28.7, 41.2	63	35.1	28.3, 42.4	65	38.2	31.3, 45.7	143	62.5	55.9, 68.7
Twyn Carno	81	34.2	28.2, 40.1	93	49.5	42.5, 56.4	105	54.7	47.8, 61.5	161	67.7	61.4, 73.3
Ystrad Mynach	71	22.7	17.6, 26.8	57	21.7	17.0, 27.3	66	28.2	22.9, 34.2	129	38.0	32.8, 43.6

	Obesity (persons)				besity (male	s)	Obesity (females)			
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	
Abercarn	67	17.6	14.0, 21.9	21	13.5	9.1, 19.4	46	21.6	16.3, 28.1	
Argoed	62	24.9	20.0, 30.5	28	26.6	19.7, 34.8	34	23.3	16.9, 31.2	
Blackwood	64	16.1	12.8, 20.2	28	15.8	11.3, 21.8	36	16.4	11.9, 22.2	
Cefn Fforest	64	18.7	14.9, 23.2	27	17.1	12.3, 23.3	37	21.2	15.5, 28.2	
Crosskeys	73	20.8	16.9, 25.3	37	23.6	18.0, 30.3	36	17.9	13.1, 24.1	
Crumlin	64	20.4	16.3, 25.2	26	20.7	14.9, 2.08	38	20.1	14.8, 26.8	
Newbridge	74	20.2	16.4, 24.7	33	20.7	15.3, 27.4	41	19.7	14.6, 25.9	
Pengam	64	20.8	16.7, 25.7	31	22.1	16.3, 29.3	33	19.0	13.5, 25.9	
Penmaen	60	16.2	12.8, 20.5	26	14.4	9.9, 20.3	34	17.6	12.7, 23.9	
Pontllanfraith	63	18.8	15.0, 23.2	30	21.0	15.5, 27.7	33	17.2	12.4, 23.4	
Risca East	78	21.0	17.1, 25.5	26	15.8	11.2, 21.9	52	25.9	20.2, 32.7	
Risca West	74	17.9	14.4, 22.0	27	14.2	10.0, 19.8	47	21.6	16.4, 28.0	
Ynysddu	71	20.5	16.5, 25.1	29	18.1	13.1, 24.4	42	23.3	17.5, 30.4	
Aberbargoed	70	25.4	20.5, 30.9	38	30.7	23.4, 39.2	32	20.6	14.7, 28.0	
Abertysswg	58	22.0	17.3, 27.4	20	18.2	12.1, 26.4	38	24.8	18.5, 32.4	
Aber Valley	70	21.3	17.2, 26.0	30	20.5	15.0, 27.3	40	22.0	16.4, 28.9	
Bargoed	67	19.7	15.7, 24.4	32	20.9	15.3, 27.9	35	18.5	13.3, 25.2	
Bedwas & Trethomas	65	18.6	14.7, 23.2	28	17.9	12.7, 24.7	37	19.2	13.9, 25.8	
Darran Valley	79	25.4	20.9, 30.5	32	22.9	16.9, 30.1	47	27.4	21.0, 34.8	
Gilfach	38	14.3	10.5, 19.1	16	14.7	9.4, 22.2	22	14.7	9.7, 21.6	
Hengoed	63	20.5	16.3, 25.5	23	17.6	12.2, 24.7	40	23.5	17.5, 30.8	
Llanbradach	65	20.1	16.1, 24.7	31	20.7	15.3, 27.3	34	19.5	14.1, 26.3	
Machen	41	12.3	9.1, 16.5	19	11.9	7.8, 17.9	22	13.3	8.8, 19.7	
Maes y Cwmmer	50	18.4	14.2, 23.4	24	19.6	13.8, 27.0	26	17.2	11.7, 24.4	
Morgan Jones	70	19.9	16.1, 24.4	34	25.5	19.3, 32.8	36	15.3	11.0, 20.9	
Moriah	80	26.4	21.8, 31.6	35	27.2	20.7, 34.7	45	26.1	19.9, 33.5	
Nelson	67	18.4	14.7, 22.7	35	20.4	15.2, 26.9	32	16.3	11.6, 22.4	
New Tredegar	75	25.0	20.4, 30.3	33	25.8	19.1, 33.8	42	24.4	18.3, 31.7	
Penyrheol	94	23.9	19.9, 28.3	41	24.2	18.7, 30.8	53	24.0	18.7, 30.3	
Pontlottyn	62	18.5	14.7, 23.0	25	17.9	12.8, 24.5	37	19.2	13.9, 25.8	
St. Cattwg	74	21.7	17.5, 26.5	31	20.0	14.5, 26.9	43	23.9	18.0, 31.0	
St. James	66	18.9	15.1, 23.4	26	15.7	11.1, 21.8	40	22.2	16.5, 29.0	
St. Martins	53	13.8	10.7, 17.7	22	12.6	8.6, 18.1	31	15.4	11.0, 21.3	
Tir-Phil	47	19.3	14.8, 24.8	26	22.4	15.8, 30.8	21	15.7	10.3, 23.2	
Twyn Carno	54	22.3	17.5, 27.9	22	23.0	16.2, 31.6	32	21.5	15.4, 29.1	
Ystrad Mynach	71	21.0	16.9, 25.7	36	24.4	18.3, 31.7	35	17.9	12.8, 24.3	

	Sn	noking (perso	ons)	Sı	moking (male	es)	Smoking (females)			
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	
Abercarn	94	25.6	21.4, 30.3	48	29.1	22.9, 36.1	46	22.4	17.1, 28.8	
Argoed	82	31.6	26.3, 37.4	42	36.4	28.6, 45.0	40	27.2	20.4, 35.2	
Blackwood	82	22.2	18.3, 26.6	40	24.2	18.6, 30.8	42	19.9	14.9, 26.0	
Cefn Fforest	103	29.3	24.8, 34.3	45	26.2	20.4, 32.9	58	32.9	26.1, 40.5	
Crosskeys	96	26.5	22.3, 31.2	39	25.3	19.5, 32.1	57	27.6	21.8, 34.3	
Crumlin	83	26.6	22.0, 31.7	35	28.8	22.0, 36.6	48	24.7	18.9, 31.6	
Newbridge	88	24.7	20.6, 29.3	40	26.7	20.7, 33.6	48	22.8	17.4, 29.2	
Pengam	86	28.8	24.1, 34.1	33	26.0	19.7, 33.4	53	31.6	24.9, 39.3	
Penmaen	69	20.4	16.6, 24.8	30	20.2	15.0, 26.7	39	20.5	15.3, 26.9	
Pontllanfraith	97	29.5	24.9, 34.4	46	33.1	26.5, 40.5	51	26.1	20.3, 32.9	
Risca East	101	28.0	23.6, 32.7	37	22.2	16.8, 28.8	64	33.2	26.9, 40.1	
Risca West	109	28.0	23.9, 32.5	55	32.2	26.2, 38.8	54	24.2	18.8, 30.4	
Ynysddu	84	24.9	20.7, 29.7	37	23.8	18.2, 30.4	47	26.2	20.1, 33.3	
Aberbargoed	87	31.1	25.9, 36.9	34	27.3	20.4, 35.6	53	34.3	27.0, 42.4	
Abertysswg	80	30.8	25.6, 36.6	33	33.6	25.7, 42.6	47	28.7	22.0, 36.4	
Aber Valley	126	38.0	33.1, 43.3	55	37.8	30.9, 45.2	71	38.6	31.8, 46.0	
Bargoed	98	29.7	25.1, 34.8	42	27.9	21.6, 35.2	56	31.4	24.8, 38.7	
Bedwas & Trethomas	100	29.5	24.9, 34.6	47	32.9	26.2, 40.4	53	26.6	20.6, 33.5	
Darran Valley	103	32.6	27.7, 37.9	37	28.4	21.9, 35.9	66	37.0	30.0, 44.6	
Gilfach	59	22.7	18.1, 28.0	27	25.2	18.4, 33.5	32	20.7	14.9, 28.0	
Hengoed	100	33.1	28.1, 38.6	46	34.2	27.0, 42.3	54	31.6	24.9, 39.3	
Llanbradach	96	29.3	24.7, 34.3	43	27.8	21.8, 34.7	53	30.9	24.4, 38.3	
Machen	91	29.3	24.6, 34.5	46	30.7	24.1, 38.1	45	27.4	21.0, 34.8	
Maes y Cwmmer	69	24.9	20.2, 30.3	32	25.2	18.7, 33.0	37	24.6	18.3, 32.3	
Morgan Jones	82	22.3	18.4, 26.7	32	21.9	16.3, 28.7	50	23.0	17.8, 29.1	
Moriah	76	24.8	20.3, 29.8	36	26.5	20.1, 33.9	40	23.0	17.2, 30.1	
Nelson	88	24.7	20.6, 29.4	46	27.8	21.9, 34.6	42	21.4	16.1, 27.9	
New Tredegar	101	34.2	29.1, 39.7	36	31.4	24.2, 39.6	65	36.5	29.6, 44.1	
Penyrheol	122	31.2	26.9, 35.9	58	34.0	27.8, 40.9	64	29.0	23.3, 35.4	
Pontlottyn	130	38.1	33.1, 43.4	58	38.6	31.5, 46.1	72	37.9	31.1, 45.3	
St. Cattwg	86	26.9	22.4, 31.9	38	27.5	21.2, 34.9	48	26.2	20.2, 33.2	
St. James	108	31.7	27.1, 36.7	54	33.3	26.9, 40.5	54	30.3	24.0, 37.5	
St. Martins	76	20.5	16.8, 24.8	38	23.3	17.9, 29.8	38	17.3	12.7, 23.3	
Tir-Phil	76	33.2	27.6, 39.3	37	37.0	28.8, 45.9	39	29.3	22.0, 37.8	
Twyn Carno	94	38.3	32.5, 44.4	35	37.7	29.4, 46.9	59	38.3	30.7, 46.5	
Ystrad Mynach	63	19.0	15.1, 23.5	30	20.6	15.0, 27.7	33	17.0	12.2, 23.3	

	Excess	alcohol cons	umption	Excess alcohol consumption				
		(males)			(females)	0.501.63		
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI		
Abercarn	30	18.4	13.4, 24.8	13	6.7	4.0, 11.2		
Argoed	22	20.2	14.1, 27.9	9	5.9	3.0, 11.2		
Blackwood	22	14.5	10.2, 20.3	11	5.6	3.1, 9.7		
Cefn Fforest	25	14.4	10.1, 20.2	9	5.0	2.5, 9.5		
Crosskeys	25	14.8	10.4, 20.7	16	7.7	4.7, 12.4		
Crumlin	24	19.0	13.5, 26.2	14	7.4	4.4, 12.3		
Newbridge	19	10.9	7.2, 16.3	10	4.7	2.5, 8.6		
Pengam	25	18.1	12.8, 24.9	6	4.4	2.1, 8.8		
Penmaen	25	16.3	11.6, 22.4	12	5.9	3.3, 10.3		
Pontllanfraith	26	17.5	12.6, 23.9	9	4.9	2.6, 9.0		
Risca East	24	15.4	10.9, 21.3	19	9.3	6.0, 14.3		
Risca West	37	18.8	14.1, 24.7	18	8.2	5.2, 12.8		
Ynysddu	31	17.9	13.1, 24.1	14	8.9	5.5, 14.1		
Aberbargoed	18	14.7	9.6, 21.9	7	4.9	2.4, 9.7		
Abertysswg	15	14.7	9.4, 22.2	8	4.6	2.2, 9.2		
Aber Valley	28	17.4	12.5, 23.8	17	9.1	5.7, 14.3		
Bargoed	21	15.2	10.5, 21.4	7	4.1	2.0, 8.3		
Bedwas & Trethomas	26	18.1	13.0, 24.6	11	5.6	3.0, 9.9		
Darran Valley	25	21.8	16.0, 28.9	12	7.8	4.6, 12.9		
Gilfach	19	18.7	12.8, 26.5	9	5.5	2.8, 10.4		
Hengoed	30	24.0	17.8, 31.5	10	5.7	3.0, 10.5		
Llanbradach	31	19.4	14.3, 25.8	10	6.1	3.3, 10.8		
Machen	21	12.8	8.5, 18.8	6	3.8	1.8, 8.0		
Maes y Cwmmer	19	17.0	11.7, 24.1	15	10.6	6.6, 16.8		
Morgan Jones	28	18.3	13.2, 24.9	20	9.0	5.8, 13.6		
Moriah	19	14.9	10.2, 21.4	3	1.9	0.6, 5.3		
Nelson	29	16.6	11.9, 22.6	14	7.1	4.2, 11.8		
New Tredegar	19	16.8	11.5, 23.9	11	6.5	3.7, 11.2		
Penyrheol	29	15.7	11.3, 21.5	16	7.5	4.7, 11.8		
Pontlottyn	34	24.6	18.6, 31.6	13	6.9	4.0, 11.6		
St. Cattwg	14	11.8	7.7, 17.7	12	7.0	4.0, 11.8		
St. James	22	13.7	9.4, 19.4	16	8.6	5.3, 13.7		
St. Martins	36	20.2	15.1, 26.4	15	6.6	3.9, 11		
Tir-Phil	23	21.5	15.1, 29.6	11	8.8	5.0, 15.1		
Twyn Carno	17	16.5	10.8, 24.4	7	4.9	2.4, 9.8		
Ystrad Mynach	13	8.3	4.9, 13.7	11	5.6	3.1, 10.1		

	Green vegetables, salad or fruit once per week or less			Unhappy	about health	(persons)	Beneficial exercise			
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	
Abercarn	107	31.2	26.7, 36.2	99	25.5	21.3, 30.2	86	26.5	22.0, 31.6	
Argoed	75	30.4	25.1, 36.2	69	25.2	20.3, 30.8	55	23.7	18.7, 29.6	
Blackwood	110	31.2	26.7, 36.0	78	18.9	15.3, 23.2	92	26.9	22.5, 31.8	
Cefn Fforest	105	32.3	27.5, 37.4	76	20.7	16.8, 25.3	80	25.1	20.6, 30.1	
Crosskeys	125	34.1	29.5, 39.1	92	23.7	19.7, 28.3	89	26.0	21.6, 30.8	
Crumlin	96	31.8	26.9, 37.2	74	21.1	17.0, 26.0	66	22.2	17.9, 27.3	
Newbridge	113	33.3	28.7, 38.3	79	19.9	16.2, 24.2	93	27.0	22.6, 31.9	
Pengam	104	36.3	31.1, 41.8	69	21.4	17.2, 26.3	68	23.2	18.7, 28.3	
Penmaen	89	26.0	21.7, 30.7	70	18.8	15.1, 23.2	97	29.2	24.6, 34.4	
Pontllanfraith	109	34.1	29.3, 39.2	76	21.4	17.5, 26.0	90	26.9	22.4, 31.8	
Risca East	120	35.2	30.4, 40.2	75	19.6	15.8, 23.9	95	27.6	23.1, 32.5	
Risca West	122	31.3	27.0, 35.9	86	19.5	15.9, 23.6	92	23.5	19.5, 27.9	
Ynysddu	92	28.6	24.0, 33.6	86	24.1	19.8, 28.8	84	25.7	21.3, 30.7	
Aberbargoed	91	35.7	30.2, 41.7	82	28.4	23.3, 34.0	55	23.4	18.4, 29.2	
Abertysswg	71	27.4	22.4, 33.1	69	23.4	18.7, 28.9	52	22.8	17.8, 28.7	
Aber Valley	135	42.3	37.2, 47.6	86	23.3	19.2, 28.1	79	26.4	21.7, 31.7	
Bargoed	118	39.1	34.0, 44.5	99	28.0	23.5, 33.1	65	23.1	18.6, 28.4	
Bedwas & Trethomas	103	30.9	26.2, 36.0	81	21.8	17.8, 26.5	93	29.7	24.9, 35.0	
Darran Valley	109	37.5	32.3, 43.0	89	27.6	23.0, 32.8	66	24.3	19.6, 29.7	
Gilfach	89	35.6	30.1, 41.6	62	21.9	17.3, 27.2	54	22.6	17.8, 28.4	
Hengoed	100	36.5	31.2, 42.1	75	22.8	18.4, 27.8	64	22.9	18.4, 28.2	
Llanbradach	101	33.1	28.3, 38.3	84	24.9	20.6, 29.8	88	29.2	24.3, 34.5	
Machen	86	26.3	21.8, 31.5	64	19.8	15.8, 24.5	86	28.5	23.7, 33.9	
Maes y Cwmmer	73	29.5	24.4, 35.1	54	18.6	14.5, 23.6	68	25.8	20.9, 31.4	
Morgan Jones	113	32.4	27.8, 37.3	72	19.1	15.5, 23.4	100	29.0	24.4, 33.9	
Moriah	114	39.7	34.4, 45.2	76	23.1	18.7, 28.1	64	24.1	19.3, 29.6	
Nelson	95	29.3	24.8, 34.2	79	20.4	16.6, 24.9	92	27.1	22.7, 32.1	
New Tredegar	112	39.7	34.2, 45.3	84	26.1	21.5, 31.3	63	22.8	18.3, 28.2	
Penyrheol	142	37.2	32.6, 42.0	84	20.1	16.5, 24.3	105	27.6	23.4, 32.3	
Pontlottyn	132	41.4	36.2, 46.8	94	26.7	22.3, 31.7	66	20.4	16.4, 25.2	
St. Cattwg	109	36.6	31.6, 42.0	84	24.5	20.1, 29.4	69	23.4	18.9, 28.5	
St. James	114	35.4	30.6, 40.5	66	17.7	14.1, 22.1	77	22.4	18.3, 27.1	
St. Martins	114	32.1	27.6, 36.9	70	17.1	13.6, 21.1	91	24.5	20.4, 29.1	
Tir-Phil	91	39.9	34.0, 46.2	75	29.2	23.8, 35.2	52	24.2	18.9, 30.3	
Twyn Carno	96	41.8	35.9, 48.0	74	28.5	23.3, 34.3	56	23.9	18.9, 29.7	
Ystrad Mynach	86	27.7	23.1, 32.8	75	21.0	17.0, 25.8	84	25.9	21.4, 30.9	

	LLTI			LL	TI mental he	alth	PCS			MCS		
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Mean	SD	Number	Mean	SD
Abercarn	215	54.3	49.2, 59.3	91	22.6	18.7, 27.2	338	46.1	13.6	338	46.4	12.4
Argoed	148	50.8	44.8, 56.7	57	19.9	15.6, 25.1	234	46.1	13.8	234	44.1	14.3
Blackwood	178	42.8	38.0, 47.8	68	15.8	12.5, 19.8	353	48.8	12.1	353	48.8	12.2
Cefn Fforest	184	48.7	43.5, 53.9	73	19.5	15.7, 24.0	310	47.1	12.3	310	46.8	12.0
Crosskeys	198	48.8	43.8, 53.9	58	14.6	11.4, 18.6	319	48.0	12.6	319	47.1	11.5
Crumlin	159	44.8	39.4, 50.3	56	15.2	11.7, 19.5	288	48.5	12.2	288	47.9	12.7
Newbridge	202	50.3	45.2, 55.3	69	17.3	13.8, 21.4	329	47.8	12.6	329	47.5	13.1
Pengam	184	54.0	48.5, 59.4	79	23.6	19.3, 28.7	279	45.9	13.1	279	45.9	13.2
Penmaen	183	47.2	42.2, 52.4	59	15.3	12.0, 19.4	335	48.2	12.2	335	47.5	12.3
Pontllanfraith	178	45.9	40.8, 51.1	64	16.9	13.3, 21.1	318	48.4	12.3	318	46.7	12.5
Risca East	193	48.1	43.1, 53.2	67	16.8	13.4, 21.0	333	49.6	11.7	333	46.9	12.3
Risca West	233	53.8	49.0, 58.6	83	18.6	15.1, 22.6	365	47.8	12.9	365	47.8	12.1
Ynysddu	184	48.4	43.2, 53.7	65	18.1	14.5, 22.5	305	48.1	12.5	305	46.4	13.6
Aberbargoed	175	59.9	53.9, 65.5	75	25.3	20.5, 30.7	221	45.0	14.1	221	43.2	14.8
Abertysswg	149	50.0	44.1, 55.9	56	19.4	15.1, 24.6	233	45.2	13.9	233	46.7	12.6
Aber Valley	196	52.9	47.6, 58.1	78	21.3	17.3, 25.9	294	46.1	13.3	294	45.6	13.4
Bargoed	189	53.8	48.4, 59.1	74	20.7	16.7, 25.3	289	45.3	14.2	289	45.5	13.1
Bedwas & Trethomas	202	53.0	47.8, 58.2	65	17.6	14.0, 22.0	293	47.9	13.3	293	47.6	13.0
Darran Valley	178	53.5	48.0, 58.9	76	23.0	18.7, 27.9	264	45.9	13.2	264	44.8	13.2
Gilfach	153	53.0	47.0, 58.9	55	19.7	15.4, 24.9	235	46.5	13.0	235	47.5	12.5
Hengoed	174	52.8	47.2, 58.4	71	21.0	16.8, 25.9	266	47.0	13.0	266	45.1	14.0
Llanbradach	174	49.3	44.0, 54.6	57	16.5	12.9, 20.7	312	47.6	13.5	312	48.4	12.6
Machen	164	47.7	42.3, 53.1	48	14.3	10.9, 18.5	290	48.9	11.7	290	48.4	11.7
Maes y Cwmmer	149	49.6	43.8, 55.5	46	14.9	11.2, 19.5	260	47.6	12.0	260	49.0	11.0
Morgan Jones	180	45.2	40.3, 50.3	65	16.6	13.2, 20.6	340	48.6	12.6	340	46.8	12.0
Moriah	189	56.2	50.7, 61.6	70	20.2	16.1, 25.0	266	45.9	13.3	266	46.4	12.6
Nelson	202	51.8	46.7, 56.9	59	15.2	11.9, 19.2	325	46.9	12.4	325	49.3	11.4
New Tredegar	192	59.2	53.6, 64.5	74	22.8	18.5, 27.8	255	45.9	12.5	255	46.0	13.5
Penyrheol	200	45.9	41.1, 50.7	65	14.8	11.7, 18.6	375	49.0	11.6	375	47.9	12.0
Pontlottyn	196	53.4	48.1, 58.6	84	23.0	18.9, 27.8	293	45.9	12.9	293	44.1	14.3
St. Cattwg	172	48.8	43.5, 54.2	68	19.2	15.3, 23.8	297	48.3	11.8	297	44.7	13.9
St. James	164	42.6	37.6, 47.8	64	16.8	13.2, 21.0	323	49.5	11.3	323	48.6	11.6
St. Martins	184	44.0	39.2, 49.0	65	15.6	12.4, 19.6	360	51.0	10.2	360	49.8	10.8
Tir-Phil	155	58.8	52.6, 64.9	63	24.0	19.1, 29.7	215	43.3	14.4	215	43.2	14.0
Twyn Carno	150	57.3	51.2, 63.3	68	26.8	21.8, 32.6	206	46.8	12.8	206	41.8	14.2
Ystrad Mynach	197	55.0	49.6, 60.3	65	18.0	14.3, 22.5	306	46.9	13.3	306	47.9	12.5

	A&	E visit for in	jury	Card	iovascular Di	isease		All cancers		Respiratory Disease		
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI
Abercarn	26	7.8	5.0, 10.3	81	20.3	16.5, 24.8	16	4.2	2.5, 6.8	101	26.7	22.4, 31.5
Argoed	32	12.3	8.8, 16.8	65	23.2	18.5, 28.8	9	3.2	1.7, 6.3	79	29.6	24.2, 35.5
Blackwood	19	5.0	3.2, 7.7	63	14.6	11.4, 18.6	16	3.5	2.1, 6.0	71	18.0	14.4, 22.2
Cefn Fforest	23	6.5	4.4, 9.6	59	15.5	12.0, 19.7	15	3.9	2.3, 6.6	68	18.5	14.7, 23.0
Crosskeys	26	7.0	4.8, 10.1	83	20.3	16.4, 24.7	20	4.9	3.1, 7.7	86	22.2	18.2, 26.8
Crumlin	21	6.6	4.4, 9.9	53	15.2	11.5, 19.7	15	4.4	2.6, 7.3	69	20.7	16.5, 25.7
Newbridge	27	7.3	5.1, 10.4	64	16.0	12.5, 20.2	16	4.5	2.8, 7.2	67	17.2	13.6, 21.6
Pengam	23	7.4	5.0, 10.9	73	22.1	17.8, 27.1	8	2.0	0.9, 4.4	78	25.2	20.6, 30.4
Penmaen	20	5.5	3.6, 8.3	61	15.4	12.0, 19.6	18	4.6	2.9, 7.4	68	19.0	15.2, 23.5
Pontllanfraith	20	5.7	3.7, 8.6	61	15.6	12.2, 19.9	20	5.6	3.6, 8.5	56	14.8	11.4, 19.0
Risca East	22	5.9	3.9, 8.8	71	18.8	15.1, 23.2	16	4.0	2.4, 6.6	67	17.3	13.7, 21.7
Risca West	25	6.2	4.2, 9.0	80	17.9	14.4, 22.0	25	5.3	3.5, 8.0	83	19.6	16.0, 23.9
Ynysddu	19	5.6	3.6, 8.6	63	16.5	12.9, 20.8	19	4.7	2.9, 7.6	74	20.9	16.9, 25.6
Aberbargoed	20	7.4	4.8, 11.2	67	23.2	18.5, 28.7	16	5.0	2.9, 8.3	84	29.5	24.2, 35.3
Abertysswg	24	9.1	6.2, 13.2	62	21.6	17.0, 27.0	14	4.4	2.5, 7.6	70	25.2	20.3, 30.9
Aber Valley	37	11.0	8.1, 14.8	79	22.6	18.4, 27.5	14	4.1	2.4, 6.9	87	25.4	20.9, 30.4
Bargoed	26	8.0	5.5, 11.5	66	18.4	14.5, 23.1	16	4.5	2.7, 7.4	89	25.8	21.3, 30.9
Bedwas & Trethomas	30	8.7	6.2, 12.1	73	19.9	15.9, 24.5	21	5.4	3.5, 8.4	83	23.1	18.8, 28.0
Darran Valley	16	5.2	3.2, 8.3	56	16.7	12.9, 21.3	7	1.9	0.9, 4.2	84	25.6	21.0, 30.8
Gilfach	11	4.1	2.3, 7.2	48	16.9	12.9, 22.0	18	6.3	3.9, 9.9	52	18.4	14.2, 23.6
Hengoed	20	6.6	4.3, 10	63	19.4	15.2, 24.3	12	3.4	1.9, 6.2	76	24.9	20.3, 30.2
Llanbradach	21	6.4	4.2, 9.6	58	17.0	13.3, 21.6	15	4.1	2.4, 6.9	55	16.3	12.6, 20.7
Machen	12	3.7	2.1, 6.4	44	12.1	9.0, 16.2	15	3.8	2.2, 6.6	63	18.6	14.7, 23.4
Maes y Cwmmer	27	9.7	6.8, 13.7	48	16.1	12.2, 21.0	12	3.7	2.0, 6.7	62	21.0	16.5, 26.3
Morgan Jones	21	5.6	3.7, 8.4	62	16.1	12.6, 20.3	16	3.7	2.2, 6.2	82	22.3	18.3, 26.9
Moriah	23	7.5	5.0, 11.0	76	22.7	18.3, 27.7	12	3.3	1.8, 5.9	87	26.8	22.1, 32.1
Nelson	32	8.8	6.3, 12.2	73	19.4	15.6, 23.9	26	6.7	4.5, 9.8	75	19.8	15.9, 24.3
New Tredegar	20	6.7	4.4, 10.1	60	18.9	14.8, 23.9	13	4.2	2.4, 7.2	109	36.0	30.7, 41.7
Penyrheol	30	7.5	5.3, 10.5	74	17.7	14.2, 21.8	11	2.4	1.3, 4.5	107	27.2	23.0, 31.9
Pontlottyn	26	7.6	5.2, 10.9	61	16.4	12.8, 20.7	16	4.2	2.5, 6.9	86	23.9	19.6, 28.7
St. Cattwg	23	7.2	4.8, 10.6	68	19.8	15.8, 24.4	13	3.5	2.0, 6.1	69	19.6	15.6, 24.3
St. James	32	9.2	6.6, 12.7	55	14.7	11.3, 18.8	22	5.8	3.8, 8.9	60	17.5	13.8, 21.9
St. Martins	27	7.0	4.9, 10.0	78	19.5	15.8, 23.9	25	6.1	4.0, 9.0	65	16.1	12.7, 20.2
Tir-Phil	27	11.2	7.8, 15.8	68	25.9	20.8, 31.8	15	5.8	3.5, 9.5	71	27.2	21.9, 33.2
Twyn Carno	17	6.7	4.2, 10.5	47	17.6	13.3, 22.8	12	4.5	2.5, 7.9	64	24.9	19.9, 30.7
Ystrad Mynach	24	7.1	4.8, 10.3	74	21.7	17.4, 26.7	16	4.7	2.8, 7.8	72	22.7	18.3, 27.8

	I	Do not own home			Problems with housing			
	Number	Wghtd %	95% CI	Number	Wghtd %	95% CI		
Abercarn	59	15.9	12.5, 19.9	204	63.8	58.5, 68.8		
Argoed	71	27.3	22.3, 33.0	139	62.3	55.9, 68.3		
Blackwood	54	14.3	11.1, 18.1	151	42.9	37.8, 48.1		
Cefn Fforest	104	28.7	24.2, 33.6	161	56.2	50.5, 61.7		
Crosskeys	80	19.7	16.0, 24.1	193	59.6	54.2, 64.7		
Crumlin	50	15.5	12.0, 19.9	147	53.5	47.7, 59.2		
Newbridge	66	17.8	14.3, 22	173	53.4	47.9, 58.7		
Pengam	68	23.0	18.7, 28	155	55.7	49.8, 61.4		
Penmaen	31	7.7	5.4, 10.9	147	45.0	39.7, 50.4		
Pontllanfraith	74	20.2	16.4, 24.7	145	47.8	42.4, 53.3		
Risca East	66	17.9	14.3, 22.1	177	52.5	47.2, 57.7		
Risca West	87	21.2	17.5, 25.4	176	48.9	43.8, 54.0		
Ynysddu	46	12.7	9.7, 16.6	161	52.2	46.7, 57.7		
Aberbargoed	85	31.3	26.0, 37.0	132	60.9	54.4, 67.0		
Abertysswg	64	23.5	18.8, 28.9	135	56.0	49.6, 62.2		
Aber Valley	70	20.2	16.3, 24.7	158	57.5	51.7, 63.1		
Bargoed	81	25.5	21.1, 30.5	178	64.1	58.5, 69.4		
Bedwas & Trethomas	68	17.6	14.0, 22.0	131	42.4	37.1, 47.9		
Darran Valley	71	24.1	19.8, 29.1	137	54.1	48.1, 60.0		
Gilfach	43	16.7	12.7, 21.7	140	60.3	54.0, 66.4		
Hengoed	59	19.3	15.3, 24.1	145	54.5	48.6, 60.3		
Llanbradach	39	11.3	8.4, 15.1	145	49.8	44.3, 55.3		
Machen	70	22.7	18.4, 27.6	135	49.1	43.4, 54.9		
Maes y Cwmmer	32	11.0	7.9, 15.2	115	45.8	39.8, 51.8		
Morgan Jones	57	14.7	11.5, 18.7	160	49.6	44.3, 54.9		
Moriah	118	36.8	31.7, 42.2	163	64.3	58.5, 69.8		
Nelson	55	14.9	11.6, 18.9	156	48.3	43.0, 53.7		
New Tredegar	85	27.9	23.2, 33.2	161	64.5	58.5, 70.1		
Penyrheol	73	17.7	14.3, 21.7	158	43.0	38.1, 48.1		
Pontlottyn	91	27.4	23.0, 32.4	155	56.3	50.4, 62.0		
St. Cattwg	51	15.0	11.6, 19.2	137	50.3	44.6, 56.1		
St. James	97	27.9	23.5, 32.8	142	48.3	42.8, 53.7		
St. Martins	25	6.4	4.4, 9.3	162	45.2	40.1, 50.3		
Tir-Phil	42	17.5	13.2, 22.7	128	61.5	54.8, 67.8		
Twyn Carno	109	43.6	37.7, 49.7	125	59.5	52.9, 65.9		
Ystrad Mynach	33	9.6	6.9, 13.3	147	49.3	43.7, 55.0		

Appendix 4 - questionnaire

CAERPHILLY COUNTY BOROUGH HEALTH & WELL-BEING QUESTIONNAIRE

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	complete all que	r agreeing to estions as this w well-being in you	vill help us	to build		
	Questions 1 to	9 are about you	and your	lifestyle		
1.	Please can you tell us				years	
2.	Are you? (Please tick one box)					
	Male \square	Female				
3.	What is your weight, lightly dressed?	(please write the nu	Stones umber)	(please write	& pounds e the number)	
4.	What is your height?	(please write the nu	Feet umber)	(please write	& inches e the number)	
5.	Do you smoke? (Plea	se tick <u>one</u> box)				
	Daily	Occasionally but not every day	Used to smoke do not smoke		Never smoked	

6. If you smoke: (Please write the number in each box. If you do not smoke please go to question 7)											
	About how many cigarettes of	do you smoke each day?									
	About how many cigars	do you smoke each day?									
About how m	any ounces of pipe tobacco	do you smoke each day?									
PLEASE USE THE FO	PLEASE USE THE FOLLOWING TABLE TO ANSWER THE NEXT QUESTION										
1 pint of beer,	½ pint beer, lager,	1 glass wine,	Single spirit		Double spi	rit					
lager, cider =	cider =	sherry, vermouth =	measure (w vodka, gin e	_	measure =						
2 units	1 units	1 unit	1 unit	,, –	2 units						
 7. In a typical seven day week, how many <u>units</u> of alcohol would you drink (including weekends)? (Please write the <u>number of units</u>) 8. During the past 7 days, how many times did you exercise lasting at least 30 minutes? 											
.	(Please tick <u>one</u> box <u>on each line</u>)				Three or Four Times	Five Times or More					
•	kercise, for example: ru vimming lengths, aerobio	0,000.									
	cise, for example fast v vy housework, heavy ga	0 0									
•	for example walking at light housework, light ga	ũ,									
9. In an average wee		do you usually eat the	following of	these foo	ds?						
		0/0 1	A.I	Б							
	Most day week	3	About once a week	Rarel nev	,						
Potatoes (e.g. boiled on not fried or chips), p	• —				1						
Green vegetabl	les or salad				1						
	Fresh fruit]						

Questions 10 to 19 are about your health. The answers you provide will be analysed to give an overall health score, so we would be grateful if you could answer all of the questions.									
10. How do you feel about your health now? Please circle the number under the face which best shows how you feel. (Please circle one number only.)									
1 2 3 4	5 6 7								
 11. Do you have any longstanding illness, health problem or disability which limits your daily activities or the work you can do? (Please tick one box) Yes (If Yes, please go to question 12) No (If No, please go to question 13) 									
12. Please indicate the nature of your problem. Use the spa describe any circumstances not covered by the availab	•								
Arthritis Back pain (includes aches/lumbago/disc problems) Diabetes Hearing loss/ear problems Poor vision/eyes Depression Stress/anxiety Other mental, psychological or psychiatric disorders	Yes No								

Other problems: brief description

3. Have you had an accident, injury, or poisoning, needing hospital treatment or a visit to Casualty in the past three months?									
Yes	No	(If you answered No, please go to question 15)							
If Yes , what was the injury? (If you have had more than (Please tick <u>all</u> the boxes w		y, please think of the most recent one.) y to you)							
Break or fracture		Poisoning							
Head injury		Eye injury							
Burn or scald		Cut or puncture							
Bruising		Sprain, strain or twist							
Another kind of injury									
14. Where did the accident, injute (Please tick one box only) In the home In traffic At work/school/college Playing sport Somewhere else	ury or poiso	soning take place?							
15. Have you ever been treated	for HEART	T DISEASE or STROKE?							
Yes \square	No	(If you answered No, please go to question 16)							
If Yes please specify your illne (Please tick all the boxes wh		to you)							
Angina		Heart attack (or coronary)							
Heart failure		High blood pressure (hypertension)							
Another heart disease		Stroke							

16. Have	you ever been tr	eated for CANG	CER?				
Yes		No	o 	(If you ans	swered No, µ	please go to	question 17)
	please specify you e tick <u>all</u> the box		to you)				
	Lung cancer Bowel cancer Skin cancer		Breast of Prostate of Bladder of	cancer	 	Other cancer	
17. Do yo	u have any CHE	ST trouble or B	BREATHING	difficulties	?		
Yes		No	o 	(If you ans	swered No, _l	please go to o	question 18)
	please specify yo se tick <u>all</u> the bo.		ly to you)				
			Asthma req	uiring regula	r treatment		
			Pneu	ımoconiosis	(coal dust)		
	Spells of bronchi	tis for over 3 yea	ars/ chronic b	oronchitis / e	mphysema		
			Another che	st or breathi	ng problem		
19 In tho	last six months	havo vou had	any troublo	with your t	ooth or gun	nc?	
io. III tile	iast six months	-	any irouble	with your t	cent of gun	13:	
		Yes No No Not sure]				
	ou have any bad se tick <u>one</u> box)	teeth at the mo	ment?				

answers	s 20 to 30 are about your recent you provide will be analysed to give be grateful if you could answer a	e an overd	all health	
E	al, would you say your health is: <i>(Please tick <u>one</u> t</i> xcellent	рох)		
	Poor do to three months ago, how would you rate your how Much better than three months ago Somewhat better than three months ago About the same mewhat worse now than three months ago Much worse now than three months ago	ealth in genera	al <u>now</u> ? <i>(Pleas</i>	e tick <u>one</u> box)
	wing questions are about activities you might do d in these activities? If so, how much? (Please tick	O J .	,	our health now
		Yes, limited a lot	Yes, limited a little	No, not limited at all
a)	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
b)	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
c)	Lifting or carrying groceries			
d)	Climbing several flights of stairs			
e)	Climbing one flight of stairs			
f)	Bending, kneeling or stooping			
g)	Walking more than one mile			
h)	Walking half a mile			
i)	Walking 100 yards			
j)	Bathing or dressing yourself			

23.	During the <u>past 2 weeks</u> how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health?</u> (Please tick <u>one</u> box <u>on each line</u>)									
			All of the time	Most of the time	Some of the time	A little of the time	None of the time			
	a)	Cut down on the amount of time you spent on work or other activities								
	b)	Accomplished less than you would like								
	c)	Were limited in the kind of work or other activities								
	d)	Had difficulty performing the work or other activities (e.g. it took extra effort)								
24.	24. During the <u>past 2 weeks</u> how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of emotional problems</u> (e.g. feeling depressed or anxious)? (Please tick <u>one</u> box <u>on each line</u>)									
			All of the time	Most of the time	Some of the time	A little of the time	None of the time			
	a)	Cut down on the amount of time you spent on work or other activities								
	b)	Accomplished less than you would like								
	c)	Didn't do work or other activities as carefully than usual								
25.		he past 2 weeks, to what extent has you rmal social activities with family, friends								
		Not at all								
	M	Slightly oderately								
		Quite a bit								
	E	Extremely								

26.	How mud	ch bodily pain have you had during <u>th</u>	e past 2 wee	eks? (Please	tick <u>one</u> bo	x)						
		None										
		Very mild										
		Mild										
		Moderate										
	1	Severe										
	v	ciy severe										
27.	27. During the <u>past 2 weeks</u> , how much did pain interfere with your normal work (including both work outside the home and housework)? (Please tick <u>one</u> box)											
	I	Not at all										
	A	A little bit										
	Mo	oderately										
		uite a bit										
	E	xtremely										
28.	For each	uestions are about how you feel and h question, please give the one answer tick <u>one</u> box <u>on each line</u>)										
		How much of the time <u>during the</u> <u>last 2 weeks</u> :	All of the time	Most of the time	Some of the time	A little of the time	None of the time					
	a)	Did you feel full of life?										
	b)	Have been very nervous?										
	c)	Have you felt so down in the dumps that nothing could cheer you up?										
	d)	Have you felt calm and peaceful?										
	e)	Did you have a lot of energy?										
	f)	Have you felt depressed?										
	g)	Did you feel worn out?										
	h)	Have you been happy?										
	i)	Did you feel tired?										

29.	 During the <u>past 2 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives etc.)? (Please tick <u>one</u> box) 										
		All of the time									
		Most of the time									
		Some of the time									
		A little of the time									
		None of the time									
30.	30. How TRUE or FALSE is <u>each</u> of the following statements for you? <i>(Please tick <u>one</u> box <u>on each line</u>)</i>										
				Definitely true	Mostly true	Not sure	Mostly false	Definitely false			
	а		ill a little more n other people								
	b	I am as healthy as a	anyone I know								
	С	I expect my healtl	h to get worse								
	d	My heal	lth is excellent								

Each item below is a belief statement about your health with which you may agree or disagree. Beside each statement is a scale which ranges from strongly disagree (1) to strongly agree (6). For each item we would like you to circle the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you circle. The more you disagree with a statement, the lower the number you will circle. Please make sure that you answer EVERY ITEM and that you CIRCLE ONLY ONE number per item. This is a measure of your personal beliefs; there are no right or wrong answers.

S N S N S

If I get sick, it is my own behaviour which determines how soon I get well again. 1 2 3 4 5 6 No matter what I do, if I am going to get sick, I will get sick. 1 2 3 4 5 6 Having regular contact with my doctor is the best way for me to avoid illness. 1 2 3 4 5 6 Most things that affect my health happen to me by accident. 1 2 3 4 5 6 Whenever I don't feel well, I should consult a doctor. 1 2 3 4 5 6 Whenever I don't feel well, I should consult a doctor. 1 2 3 4 5 6 Whenever I don't feel well, I should consult a doctor. 1 2 3 4 5 6 My family has a lot to do with my becoming sick or staying healthy. 1 2 3 4 5 6 When I get sick, I am to blame. 1 2 3 4 5 6 When I get sick, I am to blame. 1 2 3 4 5 6 Health professionals, get doctors & nurses, control my health.	31. How much do you agree or disagree with the following statements?	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Vloderately agree	Strongly agree
Having regular contact with my doctor is the best way for me to avoid illness	If I get sick, it is my own behaviour which determines how soon I get well again	1	2	3	4	5	6
Most things that affect my health happen to me by accident. 1 2 3 4 5 6 Whenever I don't feel well, I should consult a doctor. 1 2 3 4 5 6 I am in control of my health. 1 2 3 4 5 6 My family has a lot to do with my becoming sick or staying healthy. 1 2 3 4 5 6 When I get sick, I am to blame. 1 2 3 4 5 6 Luck plays a big part in determining how soon I will recover from an illness. 1 2 3 4 5 6 Health professionals, eg doctors & nurses, control my health. 1 2 3 4 5 6 My good health is largely a matter of good fortune. 1 2 3 4 5 6 The main thing which affects my health is what I myself do. 1 2 3 4 5 6 Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me. 1 2 3 4 5 6 No mat	No matter what I do, if I am going to get sick, I will get sick	1	2	3	4	5	6
Whenever I don't feel well, I should consult a doctor. 1 2 3 4 5 6 I am in control of my health. 1 2 3 4 5 6 My family has a lot to do with my becoming sick or staying healthy. 1 2 3 4 5 6 When I get sick, I am to blame. 1 2 3 4 5 6 Luck plays a big part in determining how soon I will recover from an illness. 1 2 3 4 5 6 Health professionals, eg doctors & nurses, control my health. 1 2 3 4 5 6 My good health is largely a matter of good fortune. 1 2 3 4 5 6 The main thing which affects my health is what I myself do. 1 2 3 4 5 6 Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me. 1 2 3 4 5 6 No matter what I do, I'm likely to get sick. 1 2 3 4 5 6 If I take the right a	Having regular contact with my doctor is the best way for me to avoid illness	1	2	3	4	5	6
I am in control of my health	Most things that affect my health happen to me by accident	1	2	3	4	5	6
My family has a lot to do with my becoming sick or staying healthy	Whenever I don't feel well, I should consult a doctor	1	2	3	4	5	6
When I get sick, I am to blame	I am in control of my health	1	2	3	4	5	6
Luck plays a big part in determining how soon I will recover from an illness.123456Health professionals, eg doctors & nurses, control my health.123456My good health is largely a matter of good fortune.123456The main thing which affects my health is what I myself do.123456If I take care of myself, I can avoid illness.123456Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.123456No matter what I do, I'm likely to get sick.123456If it's meant to be, I will stay healthy.123456If I take the right actions, I can stay healthy.123456	My family has a lot to do with my becoming sick or staying healthy	1	2	3	4	5	6
Health professionals, eg doctors & nurses, control my health	When I get sick, I am to blame	1	2	3	4	5	6
My good health is largely a matter of good fortune	Luck plays a big part in determining how soon I will recover from an illness	1	2	3	4	5	6
The main thing which affects my health is what I myself do	Health professionals, eg doctors & nurses, control my health	1	2	3	4	5	6
If I take care of myself, I can avoid illness	My good health is largely a matter of good fortune	1	2	3	4	5	6
Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me	The main thing which affects my health is what I myself do	1	2	3	4	5	6
example, doctors, nurses, family, friends) have been taking good care of me 1 2 3 4 5 6 No matter what I do, I'm likely to get sick	If I take care of myself, I can avoid illness	1	2	3	4	5	6
If it's meant to be, I will stay healthy		1	2	3	4	5	6
If I take the right actions, I can stay healthy	No matter what I do, I'm likely to get sick	1	2	3	4	5	6
	If it's meant to be, I will stay healthy	1	2	3	4	5	6
Regarding my health, I can only do what my doctor tells me to do	If I take the right actions, I can stay healthy	1	2	3	4	5	6
	Regarding my health, I can only do what my doctor tells me to do	1	2	3	4	5	6

We wish to identify whether people's health & well-being are affected by the neighbourhood in which they live. Questions 32 to 36 will help us to understand about where you live. Please ring one number on each line.

32. How well placed do you think your home is for	Very well placed	Fairly well placed	Average	Not very well placed	Not at all well placed
Getting to work	1	2	3	4	5
Job opportunities (finding employment)	1	2	3	4	5
Food stores with fresh fruit and vegetables	1	2	3	4	5
Your doctors surgery	1	2	3	4	5
The nearest hospital with a casualty department.	1	2	3	4	5
Schools	1	2	3	4	5
Libraries	1	2	3	4	5
Public transport (buses, trains)	1	2	3	4	5
General shopping	1	2	3	4	5
Leisure facilities	1	2	3	4	5
33. In this area, how much of a problem are the following		Serious problem		ome No blem	ot a problem
Vandalism		1	,	2	3
Litter and rubbish		1	,	2	3
Smells and fumes	••••	1	2	2	3
Assaults and muggings		1		2	3
Burglaries		1		2	3
Disturbance by children or youngsters		1		2	3
Speeding traffic	••••	1	2	2	3
Discarded needles and syringes		1	2	2	3
Uneven or dangerous pavements		1	2	2	3
Nuisance from dogs		1	,	2	3
Reputation of neighbourhood		1	Ź	2	3
Lack of safe places for children to play		1	2	2	3
Walking around after dark		1	,	2	3
Noise		1	?	2	3

34. How much do you agree with the following statements about your neighbourhood	Strongly agree	agree	Neither agree or disagree	disagree	Strongly disagree
Overall, I am attracted to living in this neighbourhood	1	2	3	4	5
I feel like I belong to this neighbourhood	1	2	3	4	5
I visit my friends in their homes	1	2	3	4	5
The friendships and associations I have with other people in my neighbourhood mean a lot to me	1	2	3	4	5
Given the opportunity, I would like to move out of this neighbourhood	1	2	3	4	5
If I need advice about something I could go to someone in my neighbourhood	1	2	3	4	5
I believe my neighbours would help in an emergency	1	2	3	4	5
I borrow things and exchange favours with my neighbours	1	2	3	4	5
I would be willing to work together with others on something to improve my neighbourhood	1	2	3	4	5
I plan to remain a resident of this neighbourhood for a number of years	1	2	3	4	5
I like to think of myself as similar to the people who live in this neighbourhood	1	2	3	4	5
I rarely have neighbour over to my house to visit	1	2	3	4	5
I regularly stop and talk with people in my neighbourhood	1	2	3	4	5
Living in this neighbourhood gives me a sense of community	1	2	3	4	5
Overall I think this is a good place to bring up children	1	2	3	4	5

35. How long have you lived in this neighbourhood? (Please write the number of years)		years	OR		
	(If less tha	n one year p	lease write	number of mo	nths)
36. Looking at the face scale, which face best shows Please circle one number under the face which be			n your nei	ghbourhood?	
$\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc\bigcirc$	<u> </u>	Ξ	<u> </u>		
1 2 3	4	5	6	7	
				_	I
Questions 37 to 42 are about you as	nd your jo	b.			
37. Which best describes your situation? (Please tick	(<u>one</u> box)				
Employed (full time or part time)					
Unemployed and seeking work					
Looking after home or children full time					
Full time student/school					
Retired from paid work					
Long term carer					
Permanently unable to work due to illness or disability					
On a Government training scheme					
38. In your present or most recent job, are (WERE) you (Please answer this question even if you are not use the control of the		Please tick <u>o</u>	nne box)		
A manager					
A foreman or supervisor					
An employee (other than a manager or foreman)					
Self-employed (with employees)					
Self employed (without employees)					
I have never been in paid employment					

39. Do you feel secure in your job? Yes		No		
40. What is your job title (if you are not in work state (Please answer this question even if you are not w	· .	e was)?		
40b. Industry sector / field of employment				
41. Main things done in job (Please answer this ques	tion even if you are no	workin	g now)	
42. What is your highest educational qualification? (Please tick <u>one</u> box)			
Degree, prof	essional qualification, N	VQ leve	ls 4/5 or above	
			HNC / HND	
A level	, Advanced GNVQ, NV	Q level 3	3 or equivalent	
School	certificate or Matric/City	& Guilds	s ordinary level	
O level or GCSE grades A* to C, I	ntermediate GNVQ, NV	Q level 2	or equivalent	
O level grade D to E, GCSE grade D to G,	Foundation GNVQ, NV	Q level 1	or equivalent	
	No ec	lucationa	al qualifications	

43. Looking at the faces scale, which face best shows how you feel about your home? (Please circle one number only)							
\odot				000)		
1	2	3	4 5	6 7	ı		
44. Which of the follow	wing statements	best describes	s your home? (P	Please tick <u>one</u> box)			
_	•			es being bought with a mortgage) ation or Housing Trust			
It is rented from a private landlord							
		Other (e.g.	live rent free, or	home comes with job)			
45. How often do you suffer from these problems in your home? (Please tick one box on each line)							
	Almost always	Quite often	Not very often	Hardly ever / never			
Heavy Condensation							
Damp							
Draughts							
Mould							
46. Do you find it too expensive to keep your home as warm as you would like in the winter? (Please tick one box)							

Questions 43 to 47 are about your home.

Yes

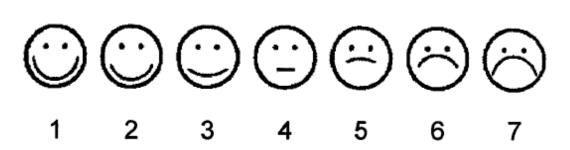
No \square

47.	What type of heating do you use during the winter in your main:
	(Please tick one box for each room)

	Living room	Bedroon
Central Heating		
Fires or stoves		
Electric fire		
Other		

Other studies have found that income has an effect on peoples' health and well-being. We wish to understand how levels of income in a neighbourhood affect people's overall health and well-being in Caerphilly County Borough. Any information given is completely confidential.

48. Looking at the faces scale, which face shows best how you feel about how adequate your household income is taken altogether? Please circle one number only.



49. Would you mind telling us your total current gross weekly or yearly household income from all sources? We do not need to know your exact income, just which of the three income groups best describes your circumstances. Please combine all income for your household – husband/wife/partner/others living in your household. Do not deduct tax, national insurance, superannuation or health insurance payments Count all income including: earnings, pensions, benefits, interest from savings or investments, rent from property, other (e.g. maintenance payments or grants). (Please tick one box)					
Less than £95 per week		Or	Less than £5,000 per year		
Between £95 and £215 per week		Or	Between £5,000 and £11,250 per year		
More than £215 per week		Or	More than £11,250 per year		

Thank you for taking the time to complete the questionnaire. Your answers will enable us to build up a picture of health and well-being in Caerphilly County Borough. Please place the completed questionnaire in the envelope provided and hand to our local study representative when they call. If you would prefer you can post your questionnaire to us using the same envelope. NO STAMP IS NEEDED.