

**ISLE OF MAN**

# **HEALTH AND LIFESTYLE SURVEY 2016**

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## Glossary

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AUDIT	The Alcohol Use Disorder Identification Tool
BMI	Body Mass Index
GTS	Government Technology Service
JSNA	Joint Strategic Needs Assessment
WEMWBS	The Warwick-Edinburgh Mental Well-Being Scale
WHO	The World Health Organisation

## Executive Summary

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### Introduction

The Isle of Man Health and Lifestyle survey 2016 was conducted using an online survey with paper copies being made available to those who requested them. It was done in two phases: phase 1 was an invited representative sample of the islands population (7,000 invitations) whilst phase 2 was opened to all members of the public who wished to respond.

The areas of interest for this survey were:

- General health
- Diet and physical activity
- Smoking
- Alcohol and drug consumption
- Wellbeing

In total, 2,990 responses were received which equates to 4.5% of the adult population. The characteristics of the participants of the survey did not correspond to that of the Isle of Man population. To correct for this the data was weighted so that the results set out represent the characteristics of the wider population.

### General Health

The survey explored a range of issues relating to the general health of the population. Key findings include:

- Nearly three quarters (72.4%) of people in the Isle of Man describe their health as Good or Very Good whilst 5.7% describe it as Bad or Very Bad.
- When asked to rate their health on the day they were completing the survey using a scale of zero to 100 (where 100 is the best health they can imagine and zero the worst) the average score was 79 meaning that people tend to be positive about their health.
- When asked to whether they had any problems or difficulties undertaking a range of day-to-day tasks over half (59.9%) of people indicated that they were experiencing some pain or discomfort. 5% of people said that they were in severe or extreme pain.

## Weight, diet and exercise

The survey explored the weight of the population as well as issues relating to diet and exercise.

Data from the survey was used to calculate people's Body Mass Index (a standardised way of determining whether a person's weight is healthy or not). The data indicates:

- Nearly two thirds (61.1%) of people fell into the overweight or obese categories and 38.6% into the healthy weight category.
- Over half (56.5%) of people thought that they were overweight or very overweight. This compares to the 61.1% who are overweight or obese meaning that there is a slight gap in people's perceptions of their weight.

In relation to diet and food:

- 10.9% of people eat the recommended level of five pieces of fruit and vegetables a day.
- Over half (55.7%) of people said that they eat one or two portions of fruit on a typical day and half (52.2%) of people said that they eat one or two portions of vegetables on a typical day.
- Over a third (36.5%) of people eat convenience foods as a main meal once or twice a week.
- Nearly four in five (79%) people include high calorie and high fat treats in their diet once a week or more.
- 16.4% of people drink non-diet fizzy drinks once a week or more.

In relation to activity and exercise:

- Typically, people spend 6 hours and 39 minutes sitting per day.
- People in the Isle of Man spend on average five hours per week walking to and from places.
- Almost three in four people said that they were active for 150 minutes or more per week – a level of activity that the World Health Organisation considers sufficient to maintain health and fitness.
- Nearly a third (31%) of people said that they lack enough leisure time to do more physical activity.

## Smoking

The survey examined issues relating to smoking on the Isle of Man:

- 52.2% of people have never smoked while 14.5% of people are current smokers.
- Of those who smoke, over two thirds (69%) said that they would like to quit smoking.
- Nearly nine in ten (88.4%) people strongly agreed that lung cancer is linked to smoking and nine in ten (88.8%) agreed that smoking in the home can affect the health of a smoker's family.

## Alcohol

The survey looked at a range of issues in relation to alcohol consumption:

- 41.3% of people drink alcohol on two or more occasions a week.
- 8% of people fall into the category of being binge drinkers – that is, people who drink large quantities of alcohol over a short space of time.
- Wine was the most commonly consumed form of alcohol with a little under half (45.3%) of people indicating that they had drunk one or more units in the last week.
- People's responses about their drinking were used to allocate them into a number of standardised alcohol consumption categories. The data collected indicated that four out of five (80.3%) people fall into the Lower Risk category of drinking.
- One in five (21.5%) people said that they had been affected by the use of alcohol of someone in their family.

## Drugs

The survey looked at the issue of illicit drug use:

- Just under one in three (29.6%) people said that they had ever used illicit drugs (that is, drugs not prescribed by a doctor or healthcare professional).
- Among those who had ever used drugs, cannabis was the most commonly used (27% of people).
- 7.5% of people said that they have been affected by the drug use of someone in their family.



## Wellbeing

The survey looked at a range of issues that describe people's general wellbeing. The data indicated that:

- 43.6% of people rate the quality of their sleep as Good or Very Good.
- Just over half (53.1%) of people said that they have moderate or large amount of stress or pressure in their life.
- People's wellbeing was assessed using a standardised approach to measuring mental wellbeing that allocates people into a number of categories. Using this approach over two in three (67.8%) people fall into the moderate mental wellbeing cohort.
- One in five (20.4%) people said that they regularly volunteer time to a charity or community.
- 8.2% of the population said that they had deliberately harmed themselves.

## Accessing health services

The survey looked at whether people accessed a range of health services.

- Nearly nine in ten (85%) people had had an eye test in the last five years and 87% had visited a dentist.
- Among women who were eligible, two thirds had attended a cervical smear (63%) tests and 43% had had breast screening.
- 24% of people had had a free flu jab in the last 12 months.

## Caring for others

Around one in ten (9%) people said that they care for someone with long-term ill health or a problem related to age.

## Clustering of unhealthy behaviours

The data from the survey was looked at to see how many people have multiple risk factors – specifically binge drinking, smoking, sitting eight or more hours a day and not eating give or more portions of fruit and vegetables a day. The data indicated that:

- 0.7% of people exhibited all four of the risk factors
- 10% exhibited three risk factors (any three in combination)
- 46.3% exhibited two risk factors (any two in combination)

## 1. Introduction

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## 2. Survey methods and technical overview

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The Isle of Man Health and Lifestyle survey 2016 was conducted primarily using an online survey with paper copies being made available to those who requested them. It was done in two phases, phase 1 was an invited representative sample of the islands population (7,000 invitations) whilst phase 2 was opened to all members of the public who wished to respond. All responses were collected during the period 28<sup>th</sup> November 2016 to 16<sup>th</sup> January 2017, the first two weeks of which were only for those from the invited sample.

The areas of interest for this survey were:

- General health
- Diet and physical activity
- Smoking
- Alcohol and drug consumption
- Wellbeing

### Questionnaire design

Questions were asked around the areas of interest as outlined above as well as some basic demographic questions. In the main, questions were based on the Guernsey Healthy Lifestyle Survey 2013<sup>1</sup>, adapted for the Isle of Man where applicable and added to where we had differing interest areas. Sample questions were also obtained from surveys conducted by Public Health England<sup>2</sup>, the Scottish Health Directorates<sup>3</sup> and an American strategy by the National Institutes of Health<sup>4</sup>.

The questionnaire included a number of validated instruments for identifying and measuring health related issues, including:

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<sup>1</sup> Health and Social Services, States of Guernsey Government. *Guernsey and Alderney Healthy Lifestyles Survey*. 2013.

<sup>2</sup> Health Survey England 2015 Documentation available from <http://content.digital.nhs.uk/healthsurveyengland>

<sup>3</sup> Scottish Health Survey 2015, conducted by ScotCen Social Research. Documentation available from <http://discover.ukdataservice.ac.uk>

<sup>4</sup> USA National Pain Strategy [https://iprcc.nih.gov/docs/HHSNational\\_Pain\\_Strategy.pdf](https://iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf)

## EQ-5D

EQ-5D is a standardised measure of health status developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal.<sup>5</sup>

Licensing was obtained for use of the EQ-5D-5L instrument.

The 5-level EQ-5D version (EQ-5D-5L) was introduced by the EuroQol Group in 2009 and it essentially consists of 2 pages: the EQ-5D descriptive system and the EQ visual analogue scale (EQ VAS).

The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The respondent is asked to indicate his or her health state by ticking the box next to the most appropriate statement in each of the five dimensions. This decision results in a 1-digit number that expresses the level selected for that dimension. The digits for the five dimensions can be combined into a 5-digit number that describes the patient's health state.

The EQ VAS records the respondent's self-rated health on a vertical visual analogue scale, where the endpoints are labelled 'The best health you can imagine' and 'The worst health you can imagine'. The VAS can be used as a quantitative measure of health outcome that reflect the patient's own judgement.

## The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

WEMWBS was developed to enable the measurement of mental wellbeing in adults in the UK.

WEMWBS is made up of 14 questions about the individual's mental wellbeing, responses to which are on a 5-point scale ranging from 'none of the time' to 'all of the time'. Responses are then scored and summed to give an overall WEMWBS score. For the purposes of this report, scores have been grouped into 'low mental wellbeing' (scores of 40 or less), 'moderate mental wellbeing' (scores between 40 and 59) and 'high mental wellbeing' (score 60 and over).

Permission to use WEMWBS was obtained from the University of Warwick.

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<sup>5</sup> The EuroQol Group (1990). EuroQol-a new facility for the measurement of health-related quality of life. Health Policy 16(3):199-208.

The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

### **The Alcohol Use Disorder Identification Tool (AUDIT)**

The AUDIT was developed by the World Health Organisation (WHO) as a simple method of screening for excessive drinking. It was developed and evaluated over 20 years and has been found to provide an accurate measure of risk across gender, age and cultures.

The Audit consists of 10 questions about recent alcohol use, alcohol dependence symptoms and alcohol-related problems. Responses are scored and summed to give an overall AUDIT score and then grouped into 4 areas of risk; lower risk, increasing risk, higher risk and possible dependence.

### **Drug taking behaviour**

The questions on drug taking behaviour were adapted from questions used in the Crime Survey of England and Wales<sup>6</sup>. They were sent to the Drug and Alcohol Joint Strategic Needs Assessment (JSNA) Stakeholder group for input.

## **Sample design**

### **Phase 1**

The Cabinet Office of the Isle of Man Government were preparing for an interim census on the island in 2016. They shared their property database with the Public Health Directorate. This database contained all known (at that point) addresses on the island. It should be noted that no information was contained within the database about who might live at a particular address, as no names of occupiers are contained within the property database.

It was decided that 7,000 addresses would be chosen from this database; assuming a 50% response rate and a 50:50 split male/female; this would ensure a large enough proportion

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<sup>6</sup> <https://www.ons.gov.uk/ons/guide-method/method-quality/specific/crime-statistics-methodology/questionnaires/csew-2015-16-adult.pdf> 2015-16 Crime Survey for England and Wales Questionnaire. Section 16.2, page 195-210.

would answer in order to make analysis at gender level statistically significant (approximately 2.5% of the male or female adult population).

The addresses were split into 3-digit postcode areas and proportionally chosen based on previous census data of population numbers for those areas. Within these postcode areas the addresses were chosen using a random sampling method<sup>7</sup>.

Within the invitation letter, another level of randomisation was added by requesting that it should be the person resident at the property whose birthday was next that answered the questionnaire.

## Phase 2

The questionnaire was promoted as 'open access' through media channels and anyone who wished to do so could complete.

## Survey fieldwork and response rate

The Post Office were engaged to provide printing and distribution of letters.<sup>8</sup> Survey invitation letters were posted to households, addressed to 'the occupier', at the beginning of the survey period and then a reminder letter sent a week later. Surveys were completed online or by self-completion of a paper copy (obtained from one of the collection points and returned in the pre-paid envelope to Public Health). For phase 1, access to the online version was only through using an access code which was contained within the invitation letter<sup>9</sup>. For phase 2 this step was removed.

Snap Surveys was chosen as the survey tool as it is already in use within Isle of Man Government and held securely on a central Government Technology Service (GTS) server.

Online survey responses were collated in batches every few days. This ensured that should the server fail at any point not all responses would be lost. Public Health collaborated with GTS in the secure downloading and transfer of responses.

The numbers of responses are detailed in Table 1:

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<sup>7</sup> Applying a random number to each record within Microsoft Excel (using RAND() function) and sorting twice to give a 'double shuffle' effect

<sup>8</sup> A data sharing agreement was signed with the Post Office specifically for this purpose.

<sup>9</sup> Access codes were randomly assigned 7-digit codes and no record was kept as to which household received which number to ensure anonymity

Table 1: Numbers of responses received

Type of response	Number returned
Phase 1 – Online	1,494
Phase 1 – Paper	183
<i>Total Phase 1</i>	<i>1,677</i>
Phase 2 – Online	1,284
Phase 2 – Paper	29
<i>Total Phase 2</i>	<i>1,313</i>
<b>Total Responses</b>	<b>2,990</b>

As Phase 1 was an invited sample we were able to calculate that the response rate for this phase was 24% and represents 2.5% of the adult population of the Isle of Man<sup>10</sup>.

In total 2,990 responses were received which equates to 4.5% of the adult population, giving a big enough sample than we needed to do analysis at gender level.

## Data weighting

The characteristics of the participants who undertook the survey did not correspond to the Isle of Man population itself. The differences may be due to a number of reasons from sampling issues; non-response among certain population segments; or because the sample design was not able to cover the entire population. For this survey, three groups were shown to have been oversampled – women; the middle-aged and respondents who were degree educated. They were all shown to have participated in the survey at levels greater than the Isle of Man population. When such differences occur it is possible to adjust the sampling weights of the sample so that the marginal totals of the adjusted weights on specified characteristics, referred to as "*control variables*", align with the Isle of Man population. The process is known as "*raking ratio estimation*" (Deming 1940; De Bell et al, 2009), "*raking*", or "*sample-balancing*" and the technique reduces biases from sampling issues inherent in surveys. Raking weights are the results of an iterative process that calculate the weighted totals from the survey to reproduce the wider population characteristics. This method is necessary when only the marginal population percentages are available instead of each individual cell in cross-tabulations, as in this study.

<sup>10</sup> <https://www.gov.im/categories/home-and-neighbourhood/census/>

### 3. Profile of Respondent

In total 2,990 people responded to the survey. The profile of respondents to the survey is set out in this section.

Figure 1: Age of respondents

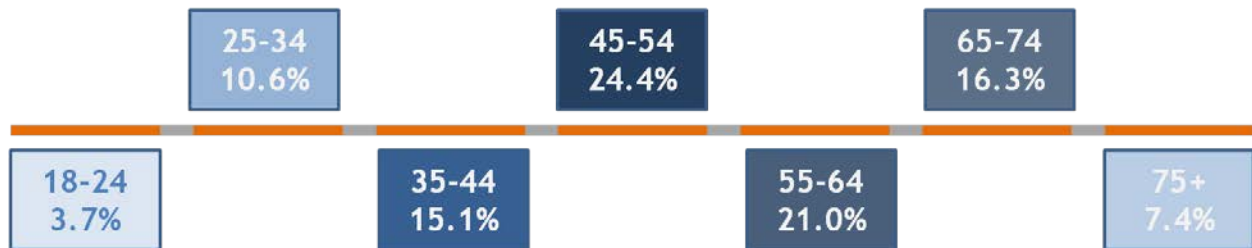


Figure 2: Gender of respondents

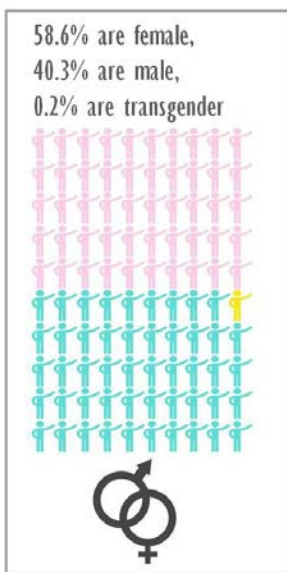


Chart 1: Age spread and gender of respondents

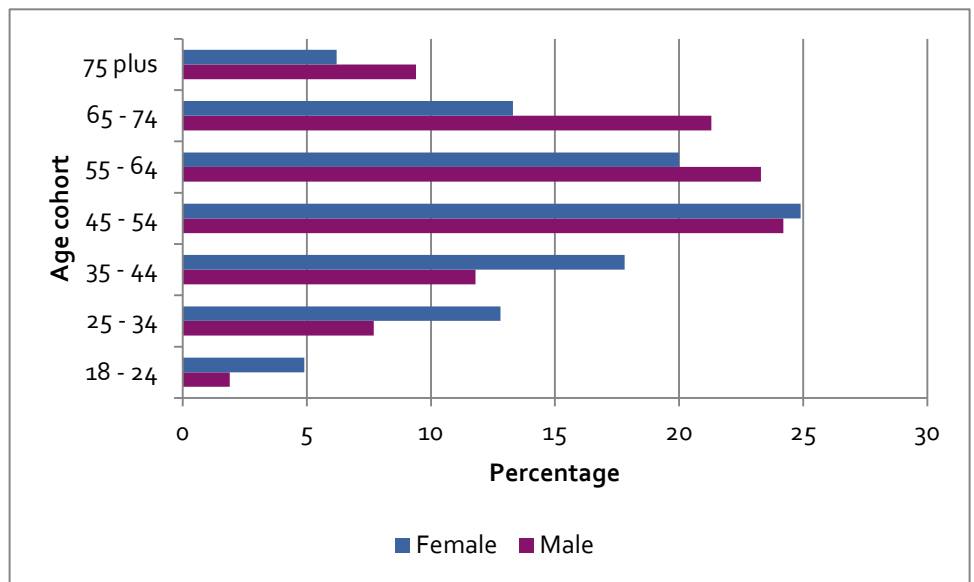




Figure 3: Where respondents to the survey live by postcode

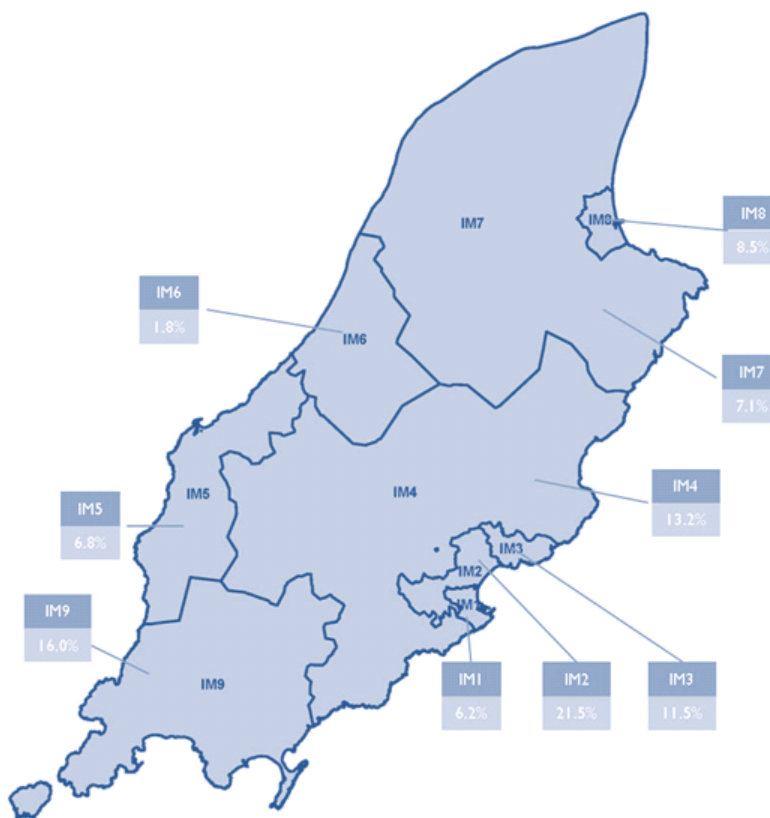


Table 2: Distribution of population and respondents

Postcode	Distribution of actual population	Distribution of survey respondents
IM1	7.0	6.2
IM2	26.1	21.5
IM3	10.4	11.5
IM4	13.7	13.2
IM5	7.4	6.8
IM6	2.0	1.8
IM7	7.0	7.1
IM8	9.4	8.5
IM9	16.9	16.0
No response	-	7.4
Total	100	100

Table 3: Respondents by household income

Household income (£)	% of respondents
Less than 10,000	4.6
10,000 – 19,999	13.1
20,000 – 29,000	15.2
30,000 – 39,000	13.1
40,000 – 49,000	11.3
50,000 – 59,000	9.7
60,000 – 69,000	6.3
70,000 – 79,000	4.7
80,000 – 89,000	3.0
90,000 – 99,000	1.6
100,000+	4.3
No response/unknown	13.2
Total	100

Table 4: Respondents by marital status

Relationship/Marital Status	
% of respondents	
Civil partnership	0.2
Divorced	8.0
Living long term with partner	12.9
Married	51.8
Separated	2.4
Single (never married)	12.5
Widowed	6.9
No response	5.2
Total	100

Table 5: Respondents by housing type

Housing type	
% of respondents	
Accommodation provided with job	0.2
Living rent free or paying a small rent	3.9
Other	0.7
Own home – bought with mortgage	33.4
Own home – bought outright	34.5
Private rental	11.0
Rented from Government for LA	10.5
No response	5.7
Total	100

Table 6: Respondents by ethnicity

Ethnicity	
% of respondents	
Asian/Asian British	0.8
Black/African/Caribbean/Black British	0.2
Mixed/Multiple ethnic groups	0.3
Other ethnic group	0.1
White	93.3
No response	5.3
Total	100

Table 7: Respondents by sexuality

Sexuality	
	% of respondents
Heterosexual/Straight	89.4
Gay/Lesbian	1.3
Bisexual	1.6
Unsure	0.2
None of the above	1.0
Prefer not to answer	0.6
No response	5.9
Total	100

Table 8: Respondent by work type

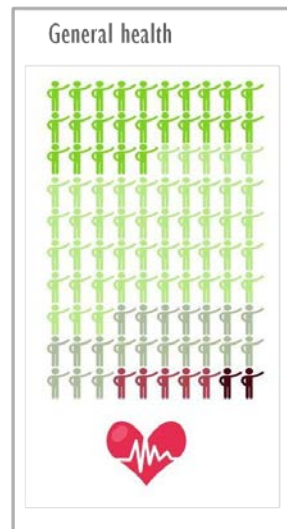
Work situation	
	% of respondents
Employed full time	44.8
Employed part time	10.3
Self-employed	6.3
Full-time student	0.8
Not working for domestic reasons	2.6
Choose not to work	0.4
Unemployed – seeking employment	0.8
Sick/disabled – unable to work	3.5
Retired	23.3
Other	1.7
No response	5.4
Total	100

Table 9: Respondents by qualification

Highest qualification	
	% of respondents
No formal qualification	13.9
GCSE/O Level	32.4
A Level/GNVQ	28.1
Degree or higher	19.2
No response	6.4
Total	100

## 4. General Health

Figure 4: Reporting of general health



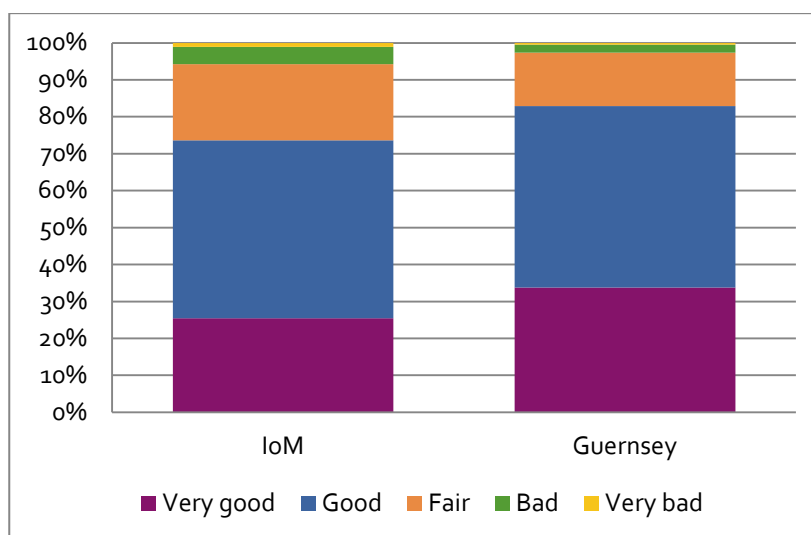
### Self reported general health

People were asked to rate their health on a scale where they could rate their general health as: Very Good, Good, Fair, Bad or Very Bad.

- Nearly three quarters (72.4%) of people in the Isle of Man describe their health as Good or Very Good. 5.7% of people described their health as Bad or Very Bad.
- The proportion of men and women who felt that their health was Good or Very Good was similar (73.8% women and 71.7% male).
- Those in the age group 40 to 49 were most likely to rate their health as Good or Very Good (78.1%). Among those aged 70 and above 66.9% thought that their health was Good or Very Good.
- 60.4% of current smokers said that their current health was Good or Very Good compared to 78% of those who had never smoked.
- 12% of people who smoke every day and one in ten occasional smokers (9.5%) report their health as Bad or Very Bad. This compares to 4.2% of those who have never smoked.

- The lifestyle survey in the Isle of Man in 2009<sup>i</sup> asked people to rate their health. In the 2009 survey, 5.1% of people said that their health was Bad or Very Bad (compared to 5.7% in 2016).
- The lifestyle survey in 2013 asked the residents of Guernsey<sup>ii</sup> to rate their health on the same scale of Very Good to Very Bad. Over four in five (82.9%) people in Guernsey rated their health as Good or Very Good – this compares to 72.4% for people in the Isle of Man. The results are set out at Chart 2 below.

Chart 2: Respondent's ratings of their own health (Isle of Man and Guernsey)



## Health today

All respondents to the survey were asked to rate their health on the day they were completing the survey using a scale of zero to 100 where 100 is the best health they can imagine and zero the worst.

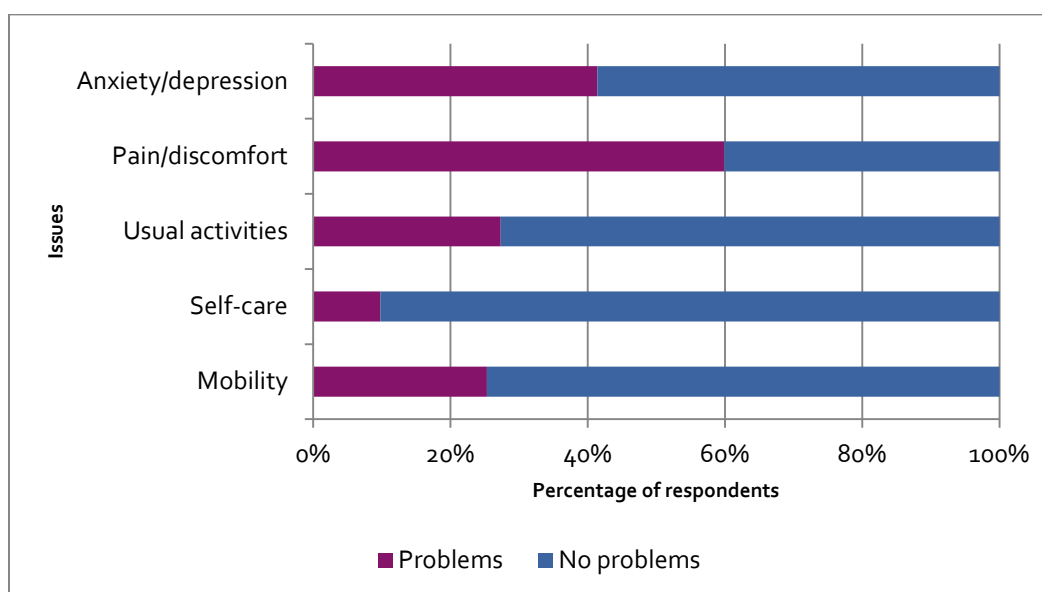
- The average score given by people was 79 meaning that people on the Isle of Man generally tend to be positive about their health. The score was the same for both men and women.
- The age group that gave the highest score were those aged 30 to 39 years (80).
- The score was highest (84) for people in households with a total income of between £70,000 and £89,000. The lowest score (69) was given by those in households with an income of less than £10,000.
- The same question using the same rating system was asked in the lifestyle survey in Guernsey<sup>iii</sup> and a survey in England<sup>iv</sup>. In a 2012 survey in England the average health

rating given was 52.3 and in Guernsey (in 2013) it was 50. This means that, on average, people in the Isle of Man are more positive about their health than people in the comparison populations.

### Quality of life (EQ-5D-5L)

People were asked whether they had any problems or difficulties undertaking a range of day-to-day tasks or experienced issues that impacted on the quality of their life. Specifically people were asked to comment on: their mobility, self-care (washing and dressing), ability to get on with their usual activities, whether they have pain or discomfort, and whether they have anxiety or depression. People were asked to give their assessment for the day they were completing the survey. The responses are set out at Chart 3 below.

Chart 3: Reported issues with daily life

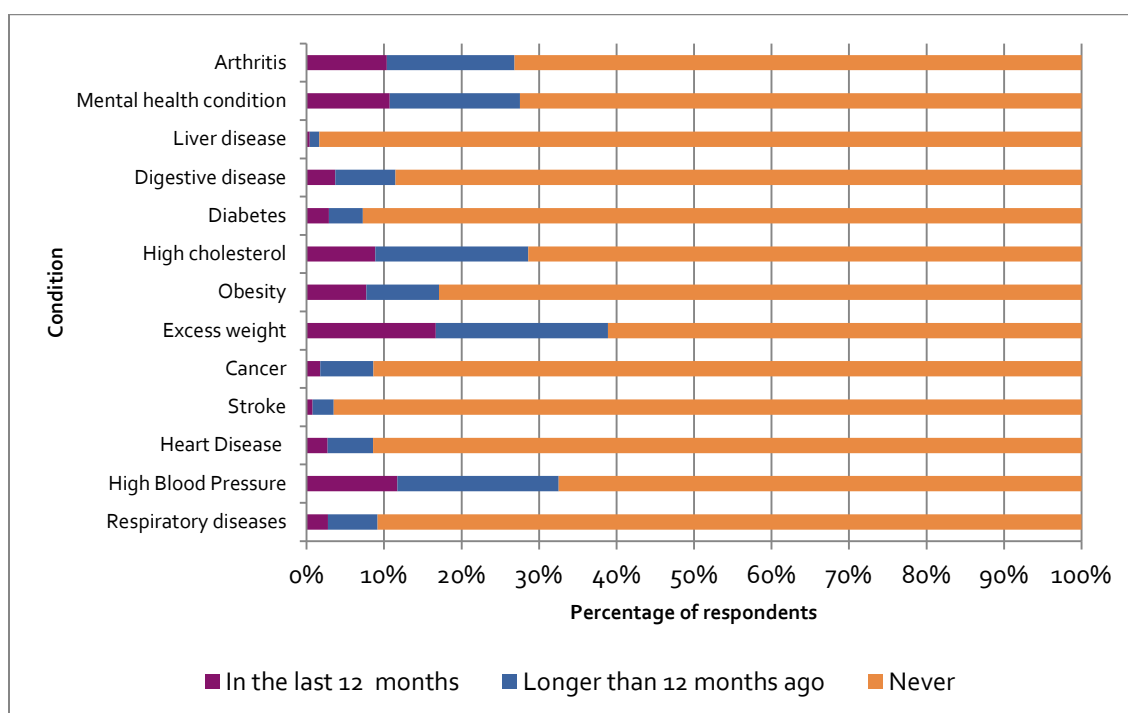


- The most commonly mentioned issue was experiencing pain - 59.9% of people indicated that they were experiencing some pain or discomfort. 5% of people indicated that they were in severe or extreme pain.
- The next most commonly mentioned issue was anxiety and depression - 41.4% of people indicated that they experienced some difficulty with anxiety and/or depression. 4.2% of people stated that they experienced severe or extreme anxiety.

## Health conditions

People were asked whether they had been told by a health professional that they had an illness or ailment in the last 12 months or longer. People were asked to select from a list of common conditions. The responses given by ailment type are set out below at Chart 4.

Chart 4: Experience of common conditions



- 38.9% of people said that a health professional had told them that they had an illness or ailment (either in the last year or longer ago).
- 17.1% said that they had been told that they were obese.
- Data for Guernsey from the 2013 survey indicates that 24.2% of people had been told that they were overweight<sup>11</sup> and 7.3% that they were obese.
- Nearly a third of people (32.5%) said that they had been told by a health professional in the last 12 months or longer ago that they had high blood pressure. This compares to 26.5% in the Guernsey survey.

<sup>11</sup> The term used in the Guernsey survey was "excess weight" which has been treated as synonymous with "overweight" for the purposes of comparison.

- Over a quarter (28.6%) of people had been told that they had high cholesterol. This compares to around one in five (22.1%) for Guernsey.
- Over a quarter (27.5%) of people were told that they had a mental health condition (for instance depression, anxiety or an eating disorder).<sup>12</sup>
- Over a quarter (26.8%) of people were told that they had arthritis.<sup>13</sup>
- 3.8% of daily smokers said that they had been told they had a respiratory disease in the last 12 months. This compares to 2% of those who have never smoked.
- 1.6% of those who smoke daily had been told in the last 12 months that they had a stroke compared to 0.4% of those who had never smoked.
- Those who had never smoked were slightly less likely than their peers to have been told that they were overweight – 13.6% of non-smokers compared to 17.9% of those who smoke daily and 18.2% of those who smoke occasionally.

## People in pain

- Over half (54%) of people said that they are currently troubled by pain or discomfort (either all the time or on and off).
- Those in the age band 55 to 64 years were the most likely to report being in pain (61.1% of those in this age band). Levels of pain dropped in older groups with 59.3% of those aged 65 to 74 and 57% of those aged 75 years plus reporting being in pain. Those aged 18 to 24 years were least likely to report being in pain (42%).
- Of the 1,627 people who said that they were troubled by pain 86% experienced chronic pain (that is they had been in pain or discomfort for more than three months).<sup>14</sup>

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<sup>12</sup> It is not possible to compare data with Guernsey as the Guernsey survey specifically asked about depression rather than mental health more generally.

<sup>13</sup> The Guernsey survey did not ask about arthritis.

<sup>14</sup> Note that, for the purpose of this survey, the definition of chronic pain used was derived from National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain, Department of Health and Human Services, 2016.



## 5. Weight, diet and exercise

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### Body Mass Index (BMI)

Figure 5: Number classed as overweight or obese



The survey asked people to provide information about their height and weight. This allowed a calculation of people's Body Mass Index which is a standardised way of determining whether a person's weight is healthy or not.<sup>15</sup> Once a calculation has been made, a person's weight is allocated to one of four groups: underweight (BMI below 18.5), healthy weight (BMI 18.5 – 24.9), overweight (BMI 25 – 29.9) and obese (30 plus).

- 1,741 respondents gave information about their weight and height.
- Two thirds (61.1%) of people are classified as overweight or obese (with a BMI of 25 or over).
- 38.6% of people fell into the healthy weight category.
- 1.9% of people fell into the underweight category.

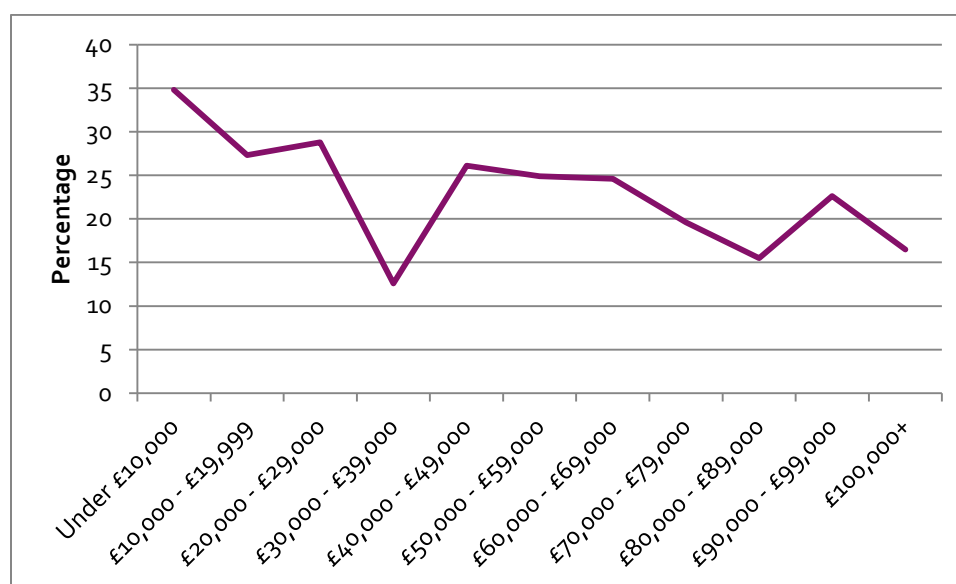
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<sup>15</sup> Specifically – weight (kg) divided by height (m) squared.

## Obesity profile

- 22.6% of people were classified as obese, meaning they had a BMI of 30 or more.
- A slightly higher proportion of women were obese (23.7% of women compared to 21.4% of men).
- Those aged 25 to 34 years were most likely to be obese (26.7%) whilst those aged 75 years and above were the least likely to be obese (13.5%).
- Those who indicated that they were divorced had the highest rates of obesity (27.1%).
- Obesity was most prevalent among those in lower income households with 34.8% of people in households with an income of less than £10,000 falling into this category. The relationship between household income and obesity is set out below at Chart 5.

Chart 5: Obesity rates by household income



- Those who were obese were more likely than those of normal weight to be inactive – that is to be active for less than 150 minutes per week. 20.3% of those of normal weight were active for less than 150 minutes per week compared to 32.4% of those who were obese.

## Obesity comparison

- Data on obesity was collected in the lifestyle survey in Isle of Man in 2009<sup>v</sup>. At that time, 50.4% of people were categorised as obese or overweight meaning that the proportion of people who are overweight or obese has increased over the last seven years.

- In the 2013 Guernsey lifestyle survey<sup>vi</sup>, 51.7% of people were classified as overweight or obese.
- In a 2015 lifestyle survey in England<sup>vii</sup> 63% of people were classified as overweight or obese.
- The data indicates that people in the Isle of Man are more likely to be obese or overweight than people in Guernsey but that rates are about the same as for England.

## Overweight profile

As noted at the beginning of this section, the BMI overweight category is distinct from the obesity category and covers those with a BMI of 25 to 29.9. Therefore figures for those who are overweight do not include those who are obese.

- 38.5% of people fell into the overweight category meaning that they had a BMI of between 25 and 29.9.
- Men were more likely than women to fall into the overweight category (45% of men compared to 34.5% of women).
- Those aged over 75 years were the most likely to be overweight (46.8%) whilst those aged 18 to 24 years were the least likely to be overweight (28.6%).

## Perceptions of weight

People were asked to rate their own weight using a scale where they could assess themselves as: underweight, about healthy, overweight, very overweight or whether they were unsure.

- Over half (56.5%) of people thought that they were overweight or very overweight. This compares to 61.1% of the population who are overweight or obese. This indicates a slight gap in perceptions about how people perceive their weight – that is, fewer people think that they are overweight than actually are.
- 40.2% of people thought that they were about the right weight.
- 1.9% of people thought that they were underweight.
- The Guernsey lifestyle survey (2013) also asked people to rate their weight. 48% of people in this survey thought that they were overweight or very overweight. Indicating that Guernsey also has a gap in perception of weight. However Guernsey residents are only 3.7% different (as opposed to the Isle of Man's 4.6% difference) and therefore the residents of the island are slightly less likely to accurately assess their weight.

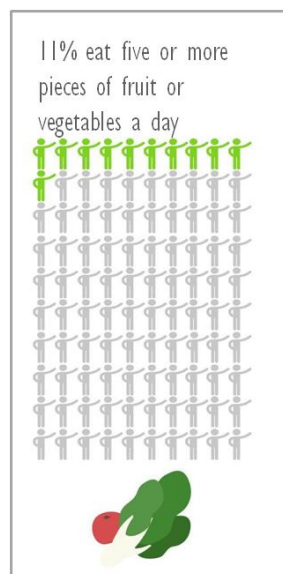
## Weight management

- 13% of the population have attended a weight management programme in the last five years.
- Of those who had attended a weight management programme, over a third (37%) had met their target weight.
- Of those who had attended a weight management programme over half (51%) had maintained some weight loss, 16% maintained all the weight loss, and a third (34%) regained the weight.

## Fruit and vegetable consumption

The survey looked at the levels of consumption of fruit and vegetables on the Isle of Man and the extent to which people eat the recommended level of five pieces of fruit and vegetables a day.

Figure 6: Number eating five or more pieces of fruit or vegetables a day



- Around one in ten (10.9%) people eat five or more pieces of fruit and vegetables on a normal day.
- Over half (55.7%) of people said that they eat either one or two portions of fruit on a typical day. 6.1% of people said that they eat five or more portions of fruit a day. One in ten (9.6%) said that, on an average day, they eat no portions of fruit.

- Over half of people (52.2%) said that they eat one or two portions of vegetables on an average day. 6.9% said that they eat five or more portions. 2.8% said that they eat no portions of vegetables on an average day.
- There were no differences in fruit and vegetable consumption by gender.
- Those in households with an income of £100,000 and above were most likely to report eating five or more portions of fruit and vegetables on a normal day. There was not however a clear link with income as those with a household income of £70,000 to £79,000 were the least likely to eat five portions (7.8%).

### Convenience food and high calorie food consumption

The survey looked at people's eating habits and how healthy these were.

- Over a third (36.5%) of people eat convenience foods as a main meal once or more a week.
- Those with a household income of £70,000 to £79,000 were the most likely (46.4%) to eat convenience foods as a main meal once or more a week
- The proportion of those stating that they "rarely or never" eat convenience food increased by age: 39.8% of those aged 75 and above and 29.8% of those aged 65 to 74 never or rarely eat this type of food compared to 8% of those aged 18 to 24 and 5.7% of those aged 25 to 34 years.
- Nearly half of people (47%) in the Isle of Man think that they are eating as healthily as possible. This compares to Guernsey (2013)<sup>viii</sup> where over half (54.3%) of people think that they are eating as healthily as possible.
- When asked what stops them eating more healthily, around one quarter (26%) of people think that they lack the willpower to eat more healthily. 15% of people think that healthy foods are more expensive. This compares to Guernsey (2013)<sup>ix</sup> where 46.8% of people said that they lacked willpower. People in Guernsey were more likely to think that healthy foods were more expensive (35.5% of people).
- Nearly four in five (79%) people include high calorie and high fat treats (such as cakes, sweets and crisps) in their diet once a week or more.
- Just over half (55%) of people in the Isle of Man said that they would find it helpful if foods were labelled more clearly with information about fat and sugar.

### Fizzy drink consumption

- 16.4% of people drink non-diet fizzy drinks once a week or more.

- There was no difference in consumption of non-diet fizzy drink by gender.
- There was a direct link between consumption of non-diet fizzy drink and age with a steady increase in the proportion of those who never or rarely consume these drinks as people get older: 34.2% of those aged 18 to 24 rarely or never drink non-diet fizzy drinks rising to 82.1% of those aged 75 years and over.
- Nearly a quarter (24.2%) of people drink diet fizzy drinks once a week or more.
- 2.4% of people drink high energy caffeine drinks once a week or more.

## Daily activity

The survey looked at how active people were in their daily lives.

Figure 7: Length of time sitting

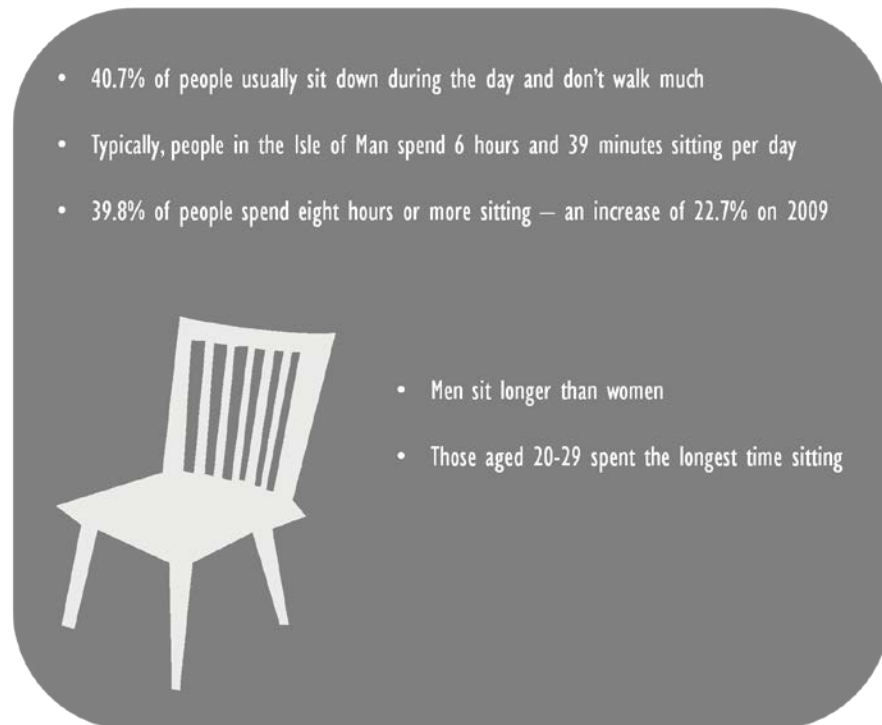


Figure 8: How much time people spending moving



### Weekly physical exercise – 150 mins exercise

The survey was used to find out the proportion of people who exercise for 150 minutes or more a week – a level of activity that the World Health Organisation<sup>x</sup> considers sufficient to maintain and improve health and fitness. Activity can include sports, games, leisure time activity (such as dancing) and getting around (walking and cycling).

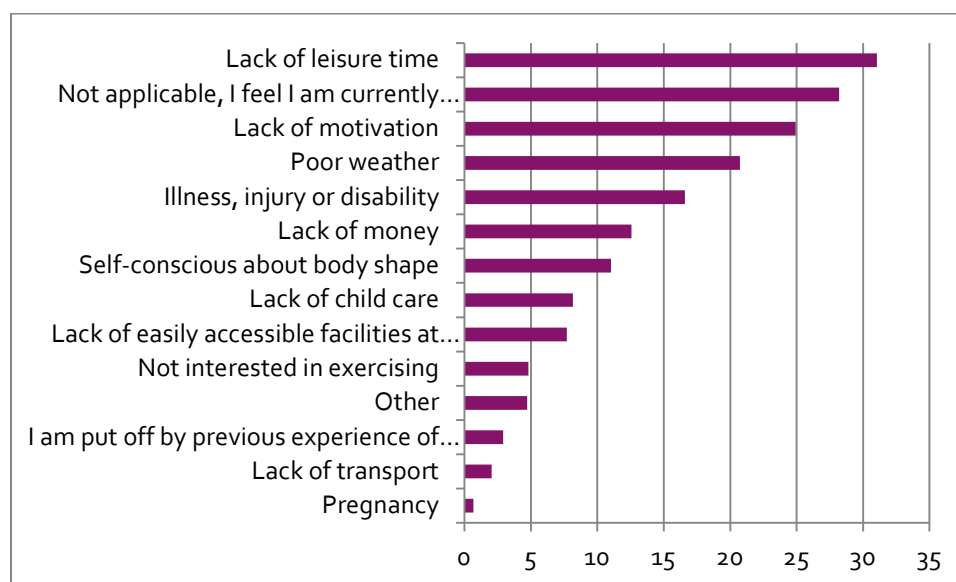
- Almost three in four (72.6%) people said that they were active for 150 minutes or more per week.
- A slightly higher proportion of males were active for 150 minutes or more than females (at 75.5% and 71.3% respectively).
- There was no link between levels of activity and age.
- There was a strong relationship between self-reported health and those who exercised for 150 minutes or more per week – for instance 85.7% of those who reported that their health was Very Good exercised for 150 minutes or more per week compared to 18.2% of those who rated their health as Very Bad. (Note therefore that a proportion of people who rated their health as Very Bad exceeded the 150 minute activity target).

- People were asked, over the last week, how long they had spent taking part in activities that made them slightly breathless or warm (including taking part in sport, brisk walking and heavy gardening). The average amount of time given was four hours per week (with a range of responses given between zero and 32 hours in the last week). This is a significant finding as it indicates that the average amount of activity undertaken is considerably in excess of the 150 minutes set out in the World Health Organisation guidelines.

## Barriers to physical activity

Those people who thought that they were not doing enough physical activity were asked to explain what stops them from doing more. Note that in the chart below, respondents were able to choose more than one option. The reasons cited are set out at Chart 6.

Chart 6: Reasons why people do not exercise



- Over a quarter (28.2%) of people think that they are currently doing enough exercise and so do not think that anything stops them from exercising enough. Note that 72.6% of people report exercising for 150 minutes or more per week therefore a large proportion of people are doing enough exercise to stay healthy.
- Nearly a third (31%) of people said that they lack enough leisure time to do more physical activity.
- A quarter (24.9%) of people said that they lack the motivation to do more physical activity.
- There was no consistent theme in the answers given in the "Other" option.



## 6. Smoking

The survey looked at a range of issues around smoking including whether people smoke, quitting methods and their attitudes to smoking and secondhand smoke.

### Levels of smoking

Figure 9: Number of current smokers



Figure 10: Number smoking daily

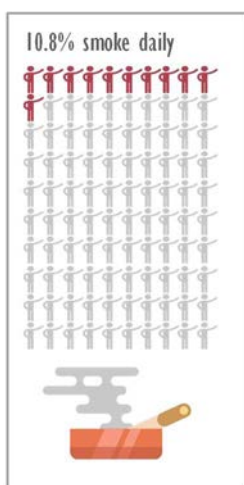
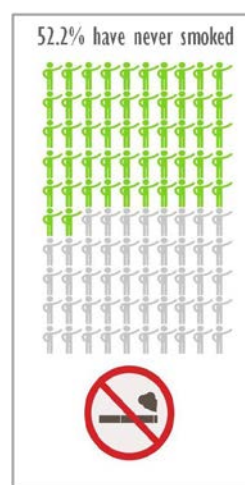


Figure 11: Number having never smoked



- 14.5% of people in the Isle of Man are current smokers (either smoking occasionally or on a daily basis) of whom 10.8% smoke every day
- 52.2% of people have never smoked (defined as never smoked or having tried smoking once or twice)
- 33.3% of people are ex-smokers.
- The lifestyle survey conducted in the Isle of Man in 2009<sup>xi</sup> indicated that 19.1% of people were current smokers meaning that the proportion of people who smoke has dropped since this time.
- Data from the lifestyle survey for Guernsey (2013)<sup>xii</sup> indicates that 13.3% of people are current smokers giving a slightly lower rate of smoking for Guernsey than for the Isle of Man.<sup>16</sup> A health survey for England in 2015 gives a smoking rate of 18%<sup>xiii</sup>.
- Of those who smoke, nearly two thirds (62%) smoke manufactured cigarettes. 41% smoke hand-rolled cigarettes.
- Around one in five people (21%) reported that there were one or more smokers in their house. 68% of people said there were no adult smokers in their household

<sup>16</sup> The Guernsey survey asked about smoking using slightly different variables that included consumption of electronic cigarettes. The comparison is made using Guernsey's own demarcation of what they believe constitute a current smoker.

## Smoking status by participant demographics

- 14.3% of women are current smokers compared to 13.1% of men.
- Levels of smoking peak among men in the 45 to 54 age group and among women in the 35 to 44 year age group. See Table 10 for a full breakdown by age cohort.

**Table 10: Age profile of smokers and smoking by gender**

Age group	Current smokers		
	All people (%)	Male (%)	Female (%)
18 – 24	7.1	1.9	10.4
25 – 34	18.4	15.2	20.5
35 – 44	20.4	13.9	24.5
45 – 54	26.5	32.9	22.5
55 – 64	15.2	19.0	12.9
65 – 74	9.3	13.3	6.8
75+	2.9	3.8	2.4

- The average age that people started smoking regularly was 17 years.
- In relation to work status, smoking was most common among those who were unemployed (40%) and those who are sick or disabled (35%).
- Levels of smoking decreased by income group for those earning £20,000 and above. See Table 11.

Table 11: Smokers by household income

Household income	Current smoker (%)
Under £10,000	11.0
£10,000 - £19,999	16.4
£20,000 - £29,000	22.0
£30,000 - £39,000	13.4
£40,000 - £49,000	12.4
£50,000 - £59,000	10.5
£60,000 - £69,000	4.6
£70,000 - £79,000	5.1
£80,000 - £89,000	1.3
£90,000 - £99,000	1.1
£100,000+	2.2

### How many cigarettes smoked daily

- Among smokers nearly half (48.8%) smoke 10 or less a day.

### Quitting smoking

- Of those who smoked, over two thirds (69%) said that they would like to quit smoking (either soon or sometime in the future). 15.5% of smokers did not want to quit.
- Just over one in three (36%) smokers said that the smoking ban in work places had made them cut down the amount that they smoke.
- Those who wanted to quit smoking were asked what would be the most helpful way to help them do this (note that people could give more than one option):
  - Over half (58%) thought that using willpower would be the most helpful way to quit
  - Just under one in three (29%) said they would use electronic cigarettes
  - 26% said that they would use encouragement from family and friends
  - 24% would use Nicotine Replacement Therapy
  - Just under one in four (23%) would use hypnosis or acupuncture
  - Around one in five thought advice from a doctor or other Health Professional (22%) would help.
  - 16% would use Quit Kits
  - 15% would use the Quit4You Stop Smoking service

## Use of electronic cigarettes

- 71.8% of people said that they had never used electronic cigarettes.
- 3.2% of people had used electronic cigarettes in the past (either daily or occasionally).
- 4.9% of people continue to use electronic cigarettes including 2.8% of people who use them every day.
- 5.4% of people had never heard of electronic cigarettes.
- There was no difference in the use of electronic cigarettes by gender.
- There was a clear link between use of e-cigarettes and age. 21.6% of those aged 18 to 24 years had tried electronic cigarettes with the proportion steadily dropping from that age onwards down to 1.8% of those aged 75 years or more. 4.7% of those aged 25 to 34 years used electronic cigarettes daily, reducing steadily by age thereafter. (Note however that the low numbers using electronic cigarettes means that these numbers should be read with some caution).

## Rules of smoking in households and in cars

- Nearly half (44%) of all people said that smoking is only allowed outside of their house and just under one in three (32.6%) said that smoking is not allowed anywhere on their property. 2.8% of people said that smoking is allowed anywhere in their house.
- 10.7% of smokers allow smoking anywhere in their house compared to 1.5% of non-smokers. Over a third (37.2%) of non-smokers said smoking was not allowed on their property at all compared to 3.9% of smokers.
- Of those who allowed smoking anywhere in their house, over three quarters (78.5%) had no children in the house while the remainder had one or more child.
- In terms of people's cars, over three in four (76.8%) people said that smoking is not allowed in their car at any time. 3.7% said that smoking is allowed if there are no children in the car and 2.5% said that it is allowed if there are no other passengers.

## Exposure to secondhand smoke

The survey looked at people's exposure to secondhand smoke and attitudes to inhaling other people's smoke.

- Around one in three (31%) people said that they are exposed to other people's tobacco smoke outside of buildings. Around one in five (22%) said that they were exposed to smoke in public places (which may mean Strand Street or public parks). 3% of people said that they were exposed to smoke at home.
- Only 4% of people said they were exposed to smoke at work.
- Almost three quarters of people (73.6%) were worried a little to a great deal about inhaling other people's smoke. One in five (20.2%) were not worried about inhaling other people's smoke.
- 32.1% of smokers were worried a little to a great deal about inhaling other people's smoke compared to 80.2% of non-smokers.
- The level of concern expressed by people in the Isle of Man is lower than in Guernsey (2013) where 89.4% of people were worried a little to a great deal about inhaling other people's smoke.

## Ex-smokers

949 people who responded to the survey were ex-smokers – either having smoked daily or occasionally but who now no longer smoke.

- Of ex-smokers, nearly two in three (61.4%) said it had been more than 10 years since they had last smoked. One in six ex-smokers (16.3%) had quit between one and five years ago.

## Why they decided to quit

Ex-smokers were asked why they decided to quit (note that people could give more than one answer).

- 59.4% decided to quit through their own motivation.
- 29.5% quit because they were worried about future health problems.
- 14.4% quit because a family members wanted them to stop.
- 13.4% quit for financial reasons.
- 13% quit because of health reasons.

- 8.2% quit on advice from a GP.

### How they quit

Ex-smokers were asked what methods they used to quit smoking (note that they could give more than one method):

- Just over three quarters (76.1%) quit on their own (that is, without medication).
- The next most commonly cited method was buying Nicotine Replacement Therapy (bought with their own money) cited by 8.2% of people who quit.
- 7.5% said that they used electronic cigarettes to quit.

### What was most helpful to them in quitting

Ex-smokers were asked to indicate what method was most helpful.

- Three quarters said that their own willpower (going “cold turkey”) was the most helpful way to quit.
- The next most commonly cited method was electronic cigarettes which 6.7% thought was the most helpful way to quit.

### Attitudes to smoking

The survey explored people’s attitudes to smoking and its impact on health.

- Nearly nine in ten (88.4%) people in the Isle of Man agreed or strongly agreed that lung cancer is linked to smoking. 1% of people disagreed with this. This is slightly less than in Guernsey (2013) where 95.8% of people agreed.
- Just under nine in ten (88.8%) people agreed that smoking in the home can affect the health of a smoker’s family. Less than 1% disagreed. This is lower than Guernsey (2013) where 95.4% of people agreed that smoking in the family can affect the health of a smoker’s family.
- Just under nine in ten (88.3%) people agreed that smoking in the car can affect the health of a smoker’s family. Again, this is lower than for Guernsey (2013) where 94.9% agreed that smoking in the car affects health.

## 7. Alcohol

### Frequency of alcohol consumption

The survey asked people how often they have a drink containing alcohol.

Figure 12: Number never drinking alcohol

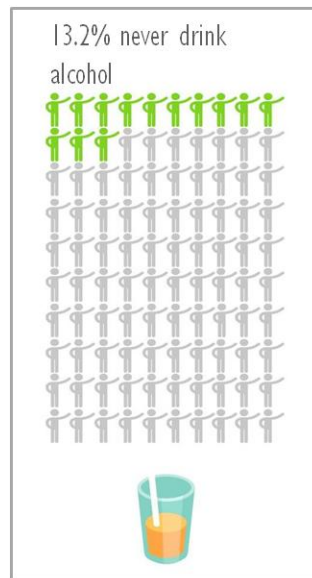
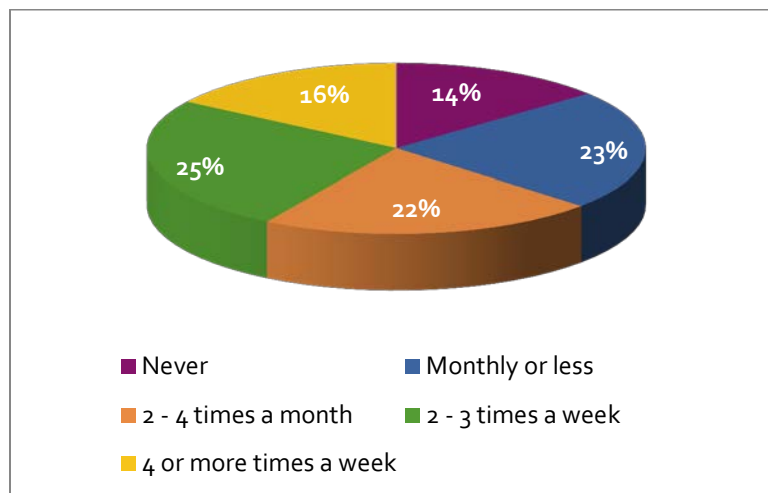


Chart 7: Percentage of drinkers by frequency of drinking



- 41.3% of people drink alcohol on two or more occasions a week. This compares to 53.7% of people in the Guernsey survey (2013).
- 15.9% in the Isle of Man drink on four or more occasions a week. This compares to just under a quarter of people in the Guernsey survey (23.6%)<sup>xiv</sup>.

- 14% of people never drink alcohol (that is they abstain from alcohol). This compares to 9.7% of the population of Guernsey (2013)<sup>xv</sup> meaning that there are a greater number of people who don't drink alcohol in the Isle of Man than Guernsey.
- 70% of people in the Isle of Man said that the amount that they had drunk in the last week was typical of their normal drinking patterns.

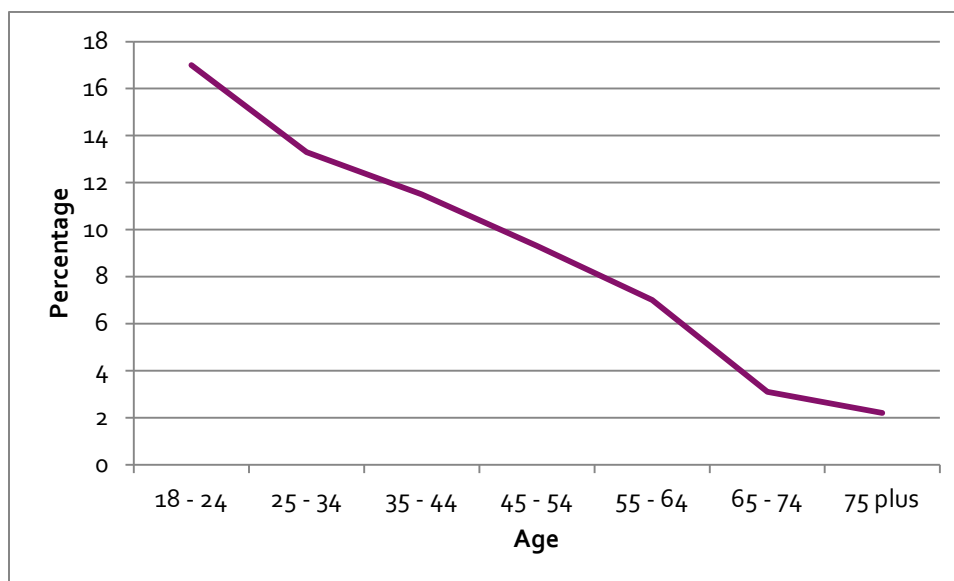
## Binge drinking

The category of binge drinking was developed in order to describe the phenomenon of people drinking large quantities of alcohol over a short space of time (usually one evening). This is to differentiate from those people who consume large amounts of alcohol but over a longer period of time (for instance over the course of a week). Binge drinking is defined as women who drink more than six units in one day and men who drink more than eight units in one day.

- 8% of people in the Isle of Man fall into the category of a binge drinker. This is markedly different from the rate of binge drinking in Guernsey (2013) where 20.8% of people fall into this category.
- The lifestyle survey in the Isle of Man in 2009 indicated that 15.3% of people were binge drinkers meaning that the rate has nearly halved in seven years.
- Men were slightly more likely to be binge drinkers than women with 9.5% men in this group compared to 7.5% of women.
- Binge drinking was closely linked to age. 17% of those aged 18 to 24 years fell into this group and 13.3% of those aged 25 to 34 years. Levels of binge drinking thereafter drop steadily by age cohort. See Chart 8.



Chart 8: Binge drinking by age



- Those who were self-employed were the working group most likely to binge drink (13.2%) followed by students (12.5%).
- Binge drinking was least prevalent in those households with the lowest income. 5.9% of people in households with an income of less than £10,000 reported binge drinking and 3.6% of those in households with an income of £10,000 to £19,999.

### Type of alcohol consumed

- Wine was the most commonly consumed form of alcohol with a little under half of people (45.3%) indicating that they had drunk one or more units in the last week.
- Over one in four (28.1%) people had consumed one or more units of normal strength beer in the last week and 2.6% had consumed a strong beer.
- Just over one in four (26.9%) people said that they had consumed one or more units of spirits in the last week.
- Only 1% percent of people in the Isle of Man had consumed one or more alcopops in the last week. Alcopops were consumed by people across all age cohorts.

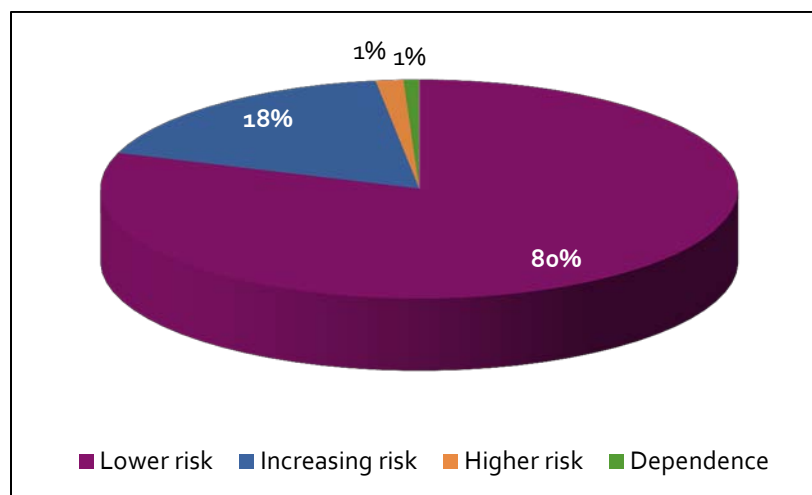
## Quantity of alcohol consumed

- The average amount of wine consumed in the last week was 3.3 units (where a unit is a small glass).
- The average amount of normal strength beer consumed in the last week was 2.4 units (where one unit is a half pint of beer). The average amount of strong beer consumed was 0.2 units.
- The average amount of spirits consumed in the last week was 1.3 units (where a unit is a single measure).

## AUDIT alcohol consumption

A standard way to categorise people's drinking and the affect this might be having on them is the Alcohol Use Disorders Identification Test (AUDIT). This asks a number of set questions which are scored. Depending on the score given people are put into one of four categories which are: lower risk, increasing risk, higher risk and possible dependence. The response in relation to each of the AUDIT categories is set out at Chart 9.

Chart 9: Proportion of respondents by AUDIT category



- Four out of five (80.3%) of people in the Isle of Man fall into the Lower Risk category of drinking.

- A greater proportion of people in the Isle of Man fall into the Lower Risk than in Guernsey (72.4%) and England (77%).<sup>17</sup>
- A higher proportion of women fall into the Lower Risk category than men with 83.8% of women in this group compared to 75.6% of men.
- Those aged 18 to 24 years were the least likely to fall into the Lower Risk category (65.1% of this age cohort). For all other age cohorts three quarters or more of people fell into the Lower Risk category.
- In relation to work status, students were the least likely to fall into the Lower Risk group (47.1%). Those who were not working for domestic reasons were the most likely group to be at lower risk (94.4%).
- Those with a household income of less than £10,000 were the most likely (85.4% of this group) to fall into the Lower Risk group followed by those with an income of between £10,000 and £19,999 (83% of this group).

### Family alcohol usage

- Over one in five (21.5%) people said that they had been affected by the use of alcohol of someone in their family.
- 29.7% of those aged 18 to 24 years said that they had been affected by the use of alcohol of someone in their family. This was the highest proportion of any age cohort.

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<sup>17</sup> Data for Guernsey and England includes the additional category of "Abstainer". Guernsey data is for 2013 and England data for 2015.

## 8. Drugs

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The survey looked at the consumption of illicit drugs and drugs not prescribed by a doctor or healthcare professional.

### Frequency of drug usage

- A little under one in three (29.6%) people in the Isle of Man said that they had ever used drugs. 6% of people said that they had used drugs in the last 12 months and 3.1% have used them in the last month.

### Types of drugs used

- Among those who had used drugs, the most commonly used was cannabis which 27% of said that they had used (even if it was a long time ago). The next most commonly used drugs were cocaine (7% of people) and ecstasy (7%).
- Of those who had used drugs more recently, cannabis was again the most commonly used: 5% of people said that they had used cannabis in the last year and 3% in the last month. Data is available for Guernsey and indicates that 5.1% of people had used cannabis in the last year therefore at almost exact parity with the Isle of Man.

### Where drugs sourced

- Of those who had used drugs (758 people) over half (54%) said that they had got drugs from someone known to them (such as a friend or colleague). 5% said that they had got their drugs from a dealer (either known to them personally or not).
- Of those who had used drugs, over one in three (36%) said that they had bought or been given them at someone else's home.
- Of those who had used drugs, over a third (35%) said that they had used them at someone else's home. Just under one in five (18%) said that they had used at home.

### Family drug usage

- 7.5% of people said that they had been affected by the drug use of someone in their family.
- Those aged 35 to 44 years were the most likely to report that they had been affected by the drug use of someone in their family, closely followed by those aged 45 to 54 years (9.3% and 9.2% respectively). 8.1% of those aged 18 to 24 years said that they had been affected by family drug usage.

## 9. Well-being

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The survey contained a number of questions to understand a number of aspects of people's lives that constitute general well-being.

### Sleep quality

- 43.6% of people rated the quality of their sleep as Good or Very Good over the last month.
- People in Guernsey (2013) rated the quality of their sleep somewhat higher with over half (52.7%) of people saying that their sleep is Good or Very Good.
- Men were more likely to rate their sleep as Good or Very Good compared to women with 47.4% of men indicating this compared to 38.1% of women.
- Those aged under 18 to 24 years were the least likely to rate their sleep as Good or Very Good (29.4%). Those aged 75 years and above were most likely to rate their sleep as Good or Very Good (50.6%).
- Those who were sick or disabled were the least likely of the different work categories to say that they rated their sleep as Good or Very Good (20%). The retired were the most likely to rate their sleep as Good or Very Good (51.4%).

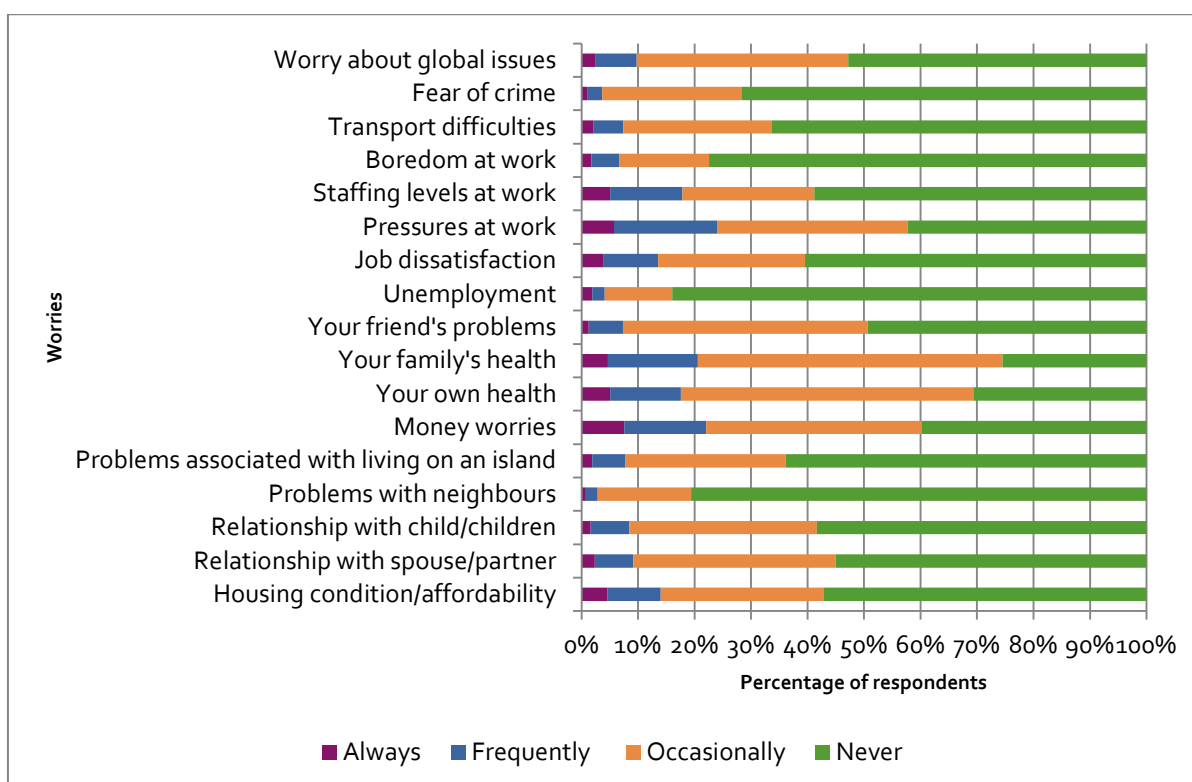
### Stress and anxiety

- Just over half (53.1%) of people said that they have moderate or a large amount of stress or pressure in their life. Over one in three (38.5%) people said that they have a small amount of stress.
- People in Guernsey reported higher amounts of stress with nearly two thirds (65%) of people reporting moderate or large amounts of stress or pressure.
- Women were more likely than men to report moderate or large amounts of stress at 55.4% and 43.9% respectively.
- Of the different occupational groups students reported the highest levels of stress with 79.2% saying that they experience moderate or large amounts of stress. Those who were unemployed were the next group most likely to report moderate or large amounts of stress (68%).

## Causes of stress and anxiety

People were asked to rate 17 factors that can cause stress and anxiety and indicate whether or not they caused them any stress and, if they did, how often they did so: Never, Occasionally, Frequently, Always. People’s attitudes to the potential causes of stress are set out at Chart 10.

Chart 10: Potential causes of stress



- The most common causes of stress were the health of family (74.5% of people reported this causes them some stress), own health (69.3%) money worries (60.2%) and pressures at work (57.7%).

In relation to the specific variables:

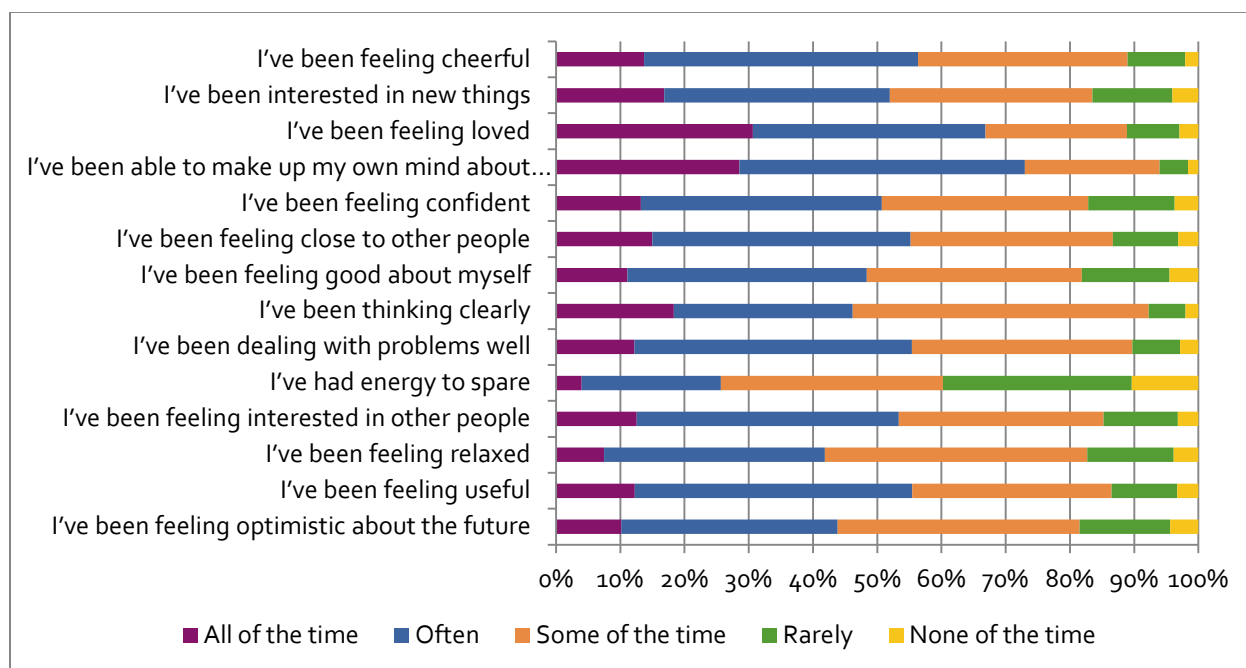
- Those aged 25 to 34 years were the least likely (29.1%) to report that they never worry about housing condition and affordability
- Male respondents were more likely to say that they were never concerned about their relationship with children (58% of males compared to 50.4% of females).

- Those aged 18 to 24 were least likely (50.5%) to say that they never worried about the problems associated with living on an island.
- Men were more likely to report that they never worried about money worries compared to women (at 42.7% and 32.7% respectively).
- There was a clear relationship between money worries and age with each age cohort more likely to never worry about money than the preceding cohort.
- Men were more likely than women to report never worrying about their own health (32.5% and 25.9% respectively).
- Men were much more likely than women to report never being worried about their family's health (31.1% and 18.5% respectively).
- Men were more likely to report never being worried about friend's problems than women (56% and 37.9% respectively).
- Those aged 35 to 44 years were least likely to report never being worried about pressures at work (21.4%) followed by those aged 45 to 54 (22.2%).
- Those aged 75 years and above were least likely (51.6%) to report that they never worried about crime. Those aged 25 to 34 years were least worried about crime (71.2% ever worried about this issue).

### Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

People's wellbeing was assessed using the Warwick-Edinburgh Mental Well-being Scale which is a standardised approach to measure mental wellbeing. It asks people about 14 aspects of people's lives and how they have been feeling about each over the last two weeks. The results in relation to aspects of life in WEMWBS are set out below at Chart 11.

Chart 11: Responses per WEMWBS variable



- Over half of people in the Isle of Man said that often or all of the time they:
  - Have been feeling useful
  - Felt interested in other people
  - Dealt with problems well
  - Felt close to other people
  - Felt confident
  - Were able to make up their own mind about things
  - Felt loved
  - Were interested in new things
  - Felt cheerful
- 39.4% said that they rarely or none of the time had energy to spare.

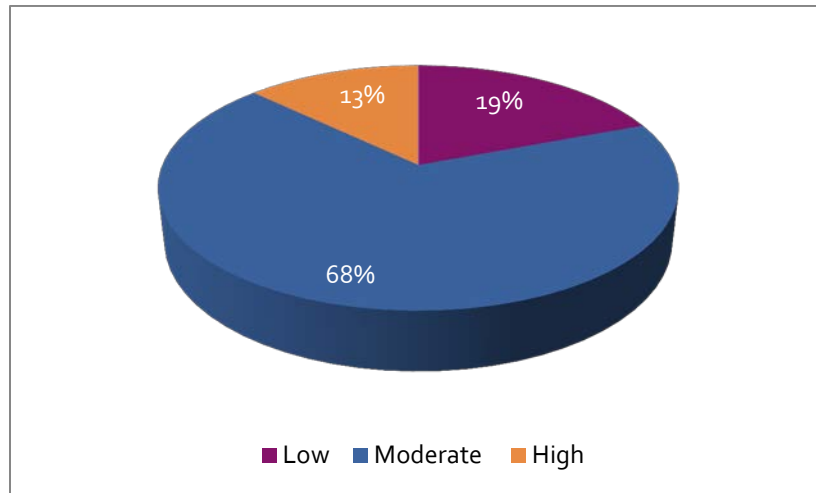
### WEMWBS Categories

WEMWBS can be expressed by scoring the responses given and using the scores to allocate people into a small number of categories: Low mental wellbeing (a score of 40 or less), Moderate mental wellbeing (40 to 59) and High mental wellbeing (60 plus).

- Over two in three (67.8%) people in the Isle of Man fall into the Moderate mental wellbeing cohort and around one in five (19.2%) the High mental wellbeing cohort. The results are set out at Chart 12.

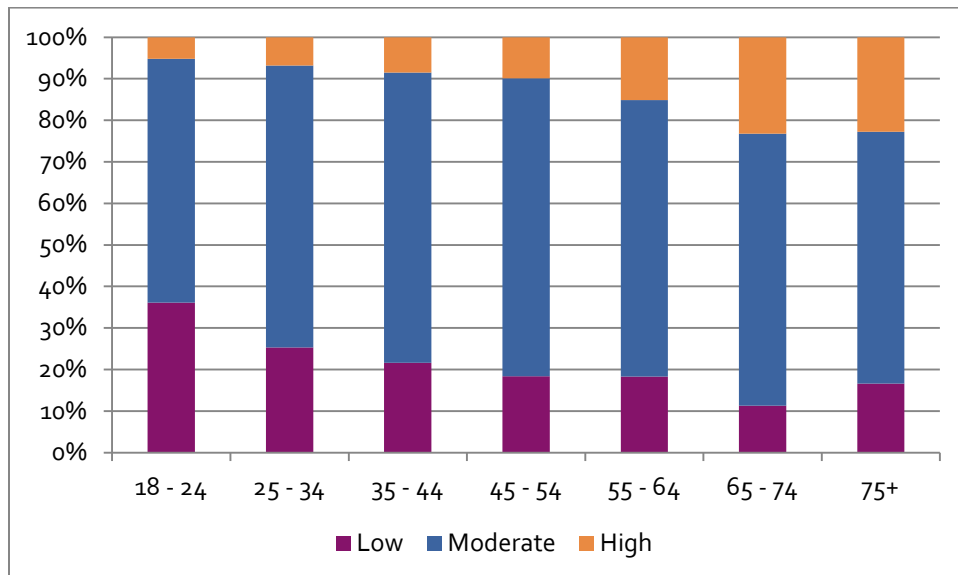


Chart 12: Respondents by WEMWBS categories



- There was no significant difference in WEMWBS category by gender albeit that a slightly higher proportion of women fell into the Low category (21.1% of women compared to 16.3% of men).
- There was a link between WEMWBS category and age with the proportion of those in the High category increasing across each age cohort. The results by age are set out at Chart 13.

Chart 13: WEMWBS categories by age



### WEMWBS Scores

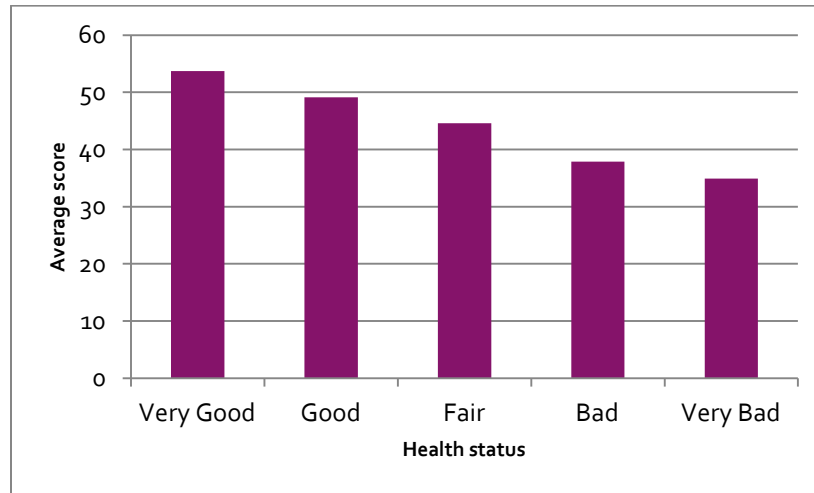
- The average score for people in the Isle of Man was 48.8 putting the average score towards the top end of the moderate wellbeing category.
- There was little difference in score between women and men at 48.4 and 49.5 respectively.
- The data indicates that mental wellbeing increases with household income. Those with a household income of less than £10,000 scored 44.2 on average and those with an income of over £100,000 53.8. See Table 12.

**Table 12: Average WEMWBS score by household income**

Household income	Average WEMWBS score
Under £10,000	44.2
£10,000 - £19,999	47.9
£20,000 - £29,000	47.4
£30,000 - £39,000	48.3
£40,000 - £49,000	49
£50,000 - £59,000	49.6
£60,000 - £69,000	49.2
£70,000 - £79,000	50.3
£80,000 - £89,000	51.5
£90,000 - £99,000	52.4
£100,000+	53.8

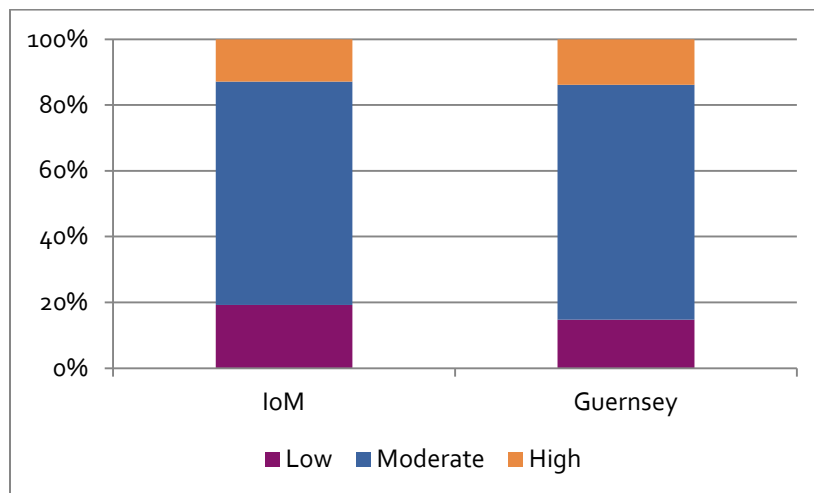
- There was a clear link between mental wellbeing and physical health with those who assessed their own health as Very Good having the highest average score (53.7). See Chart 13.

Chart 13: WEMWBS scores by view of own health



- Those who reported being sick or disabled reported the lowest average wellbeing (39.3). Those who described themselves as choosing not work reported the highest mental wellbeing (54) followed by the retired (51.4) and self-employed (51.2).
- WEMWBS data was available from the 2013 Guernsey lifestyle survey<sup>xvi</sup>. The average score for people in Guernsey was 50 meaning that average mental wellbeing in the Isle of Man is slightly lower (48.8).
- People in Guernsey were more likely to fall into the moderate or high mental wellbeing categories than people in the Isle of Man. See Chart 14.

Chart 14: WEBMWS categories for Guernsey and the Isle of Man



## Participating in activities

38% of people said that they do not take part in group activities. Around one in five (19%) people said that they were involved in a sports team, one in ten (11%) the church and one in ten (10%) in a social club.

One in five (20.4%) people said that they regularly volunteer time to a charity or community group. Of those who volunteer, the average time spent volunteering was 14 hours per month.

## Self harm

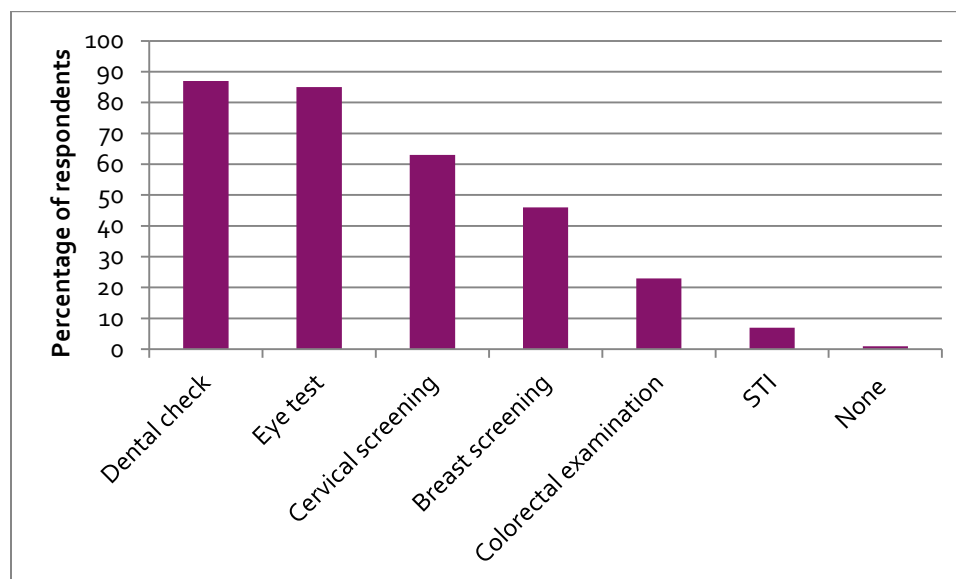
- 8.2% of people said that they had deliberately harmed themselves (but not with the intention of killing themselves).
- There was a marked difference in levels of self harm by gender. Over one in ten (11.8%) females reported having self harmed compared to just under one in twenty males (4.6%).
- Self harm was strongly linked to age. 30.6% of young people aged 18 to 24 years reported having self harmed and over a fifth (22.5%) of those aged 25 to 34 years.

## 11. Accessing health services

### Using health services

People were asked what health services they had used in the last five years. The results are set out at Chart 15.

Chart 15: Health services used in the last five years



- Nearly nine in ten (85%) had had an eye test, and about the same again (87%) had visited a dentist.
- Among women, nearly two thirds (63%) had attended a cervical smear test and just under one in two (43%) had had breast screening.<sup>18</sup>

### Reasons for not accessing healthcare

- Of those who had not attended a dentist appointment (290 people), one in five (22%) said that they thought the cost was too high and one in five (21%) said that they did not think that they needed to see a dentist.
- Of those who had not had an eye test (347 people) over a third of people (39%) said that they did not think that they needed it.

<sup>18</sup> Note that this data is for all women not just those who are in the cohort who are eligible.

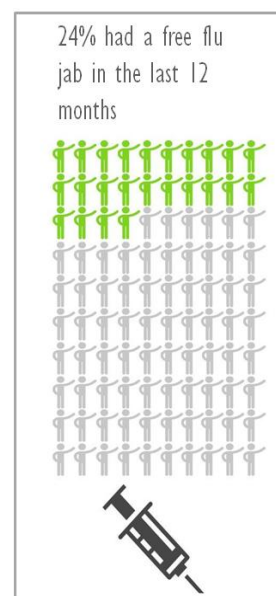
- For the data for bowel screening the results were explored only for those aged 60 to 75 who are the age cohort who would be expected/invited to be screened: 31.8% in the target age range didn't feel that they needed to participate and a fifth (20%) said that they did not receive an invitation. Just under one in ten (8.8%) were too embarrassed.
- For the data for cervical smear tests the results were explored only for women aged 25 to 64 years who are the target audience. 14.8% of women in this cohort were too embarrassed to attend, 15.1% said that they had not received an invitation and 10.9% did not feel they needed it.
- The data for breast screening were explored only for women aged 50 to 70 who are the target audience. 18.6% of women did not feel the need to attend, 16.9% said that they had not received an invitation and 15.2% said that they found it too uncomfortable or painful.

## Flu jab

Figure 13: Number who have not had a flu jab (12 mths)



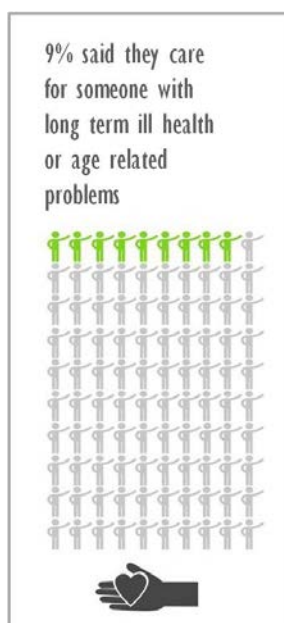
Figure 14: Number who have had a flu jab (12 mths)



- Over two thirds (69%) of people said that they had not had a flu jab in the last 12 months. Nearly a quarter (24%) had had a free flu jab.
- A slightly higher proportion of women than men had not had a flu jab in the last 12 months (70.4% and 67.6% respectively).

## 12. Caring for others

Figure 15: Number of those who care for others with ill health or age related problems



- Around one in ten (9%) people in the Isle of Man said that they care for someone with long-term ill health or problems related to age. This is almost unchanged from a survey in 2009 that indicated that 8% of people were carers.
- The lifestyle survey in Guernsey (2013) indicated that 5.7% of people were carers.
- A higher proportion of women than men indicated that they cared for someone with 10.5% of women saying that they were a carer compared to 6.8% of men.
- Those in the age bracket 55 to 64 years were the most likely to have a caring responsibility at 12.9% followed by one in ten of those aged 45 to 54 years (10.8%). The data indicates that 5.4% of people aged 18 to 24 years care for another person.
- The data indicates that those with a caring responsibility reflect this in their work status. 23.1% of those not working for domestic reasons indicated that they were a carer as did 12.9% of those who were employed part-time.
- Of those who care for another person (268 people) nearly half (49.3%) spend up to nine hours per week on their caring duties. Around one in six people who care for another person do so for 50 or more hours per week.

## 13. Clustering of unhealthy behaviours

The survey results were analysed to understand how many people in the Isle of Man exhibit more than one form of unhealthy lifestyle choice - that is, to see how many people have multiple health risk factors.

A number of key unhealthy behaviours were selected for analysis. These were:

1. Binge drinking
2. Smoking
3. Sitting eight or more hours a day
4. Not eating five or more portions of fruit and vegetables a day

The analysis of the survey data indicated that:

- 20 people (0.7% of respondents) exhibited all four risk factors.
- 300 people (10%) exhibited three risk factors (any three in combination).
- 1,386 (46.3%) people exhibited two risk factors (any two in combination).

The results are set out at Chart 16.

Chart 16: Percentage of people exhibiting two, three or four risk factors

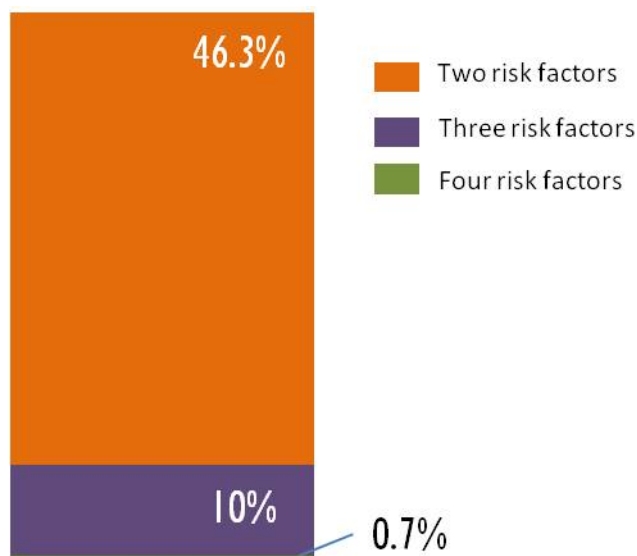




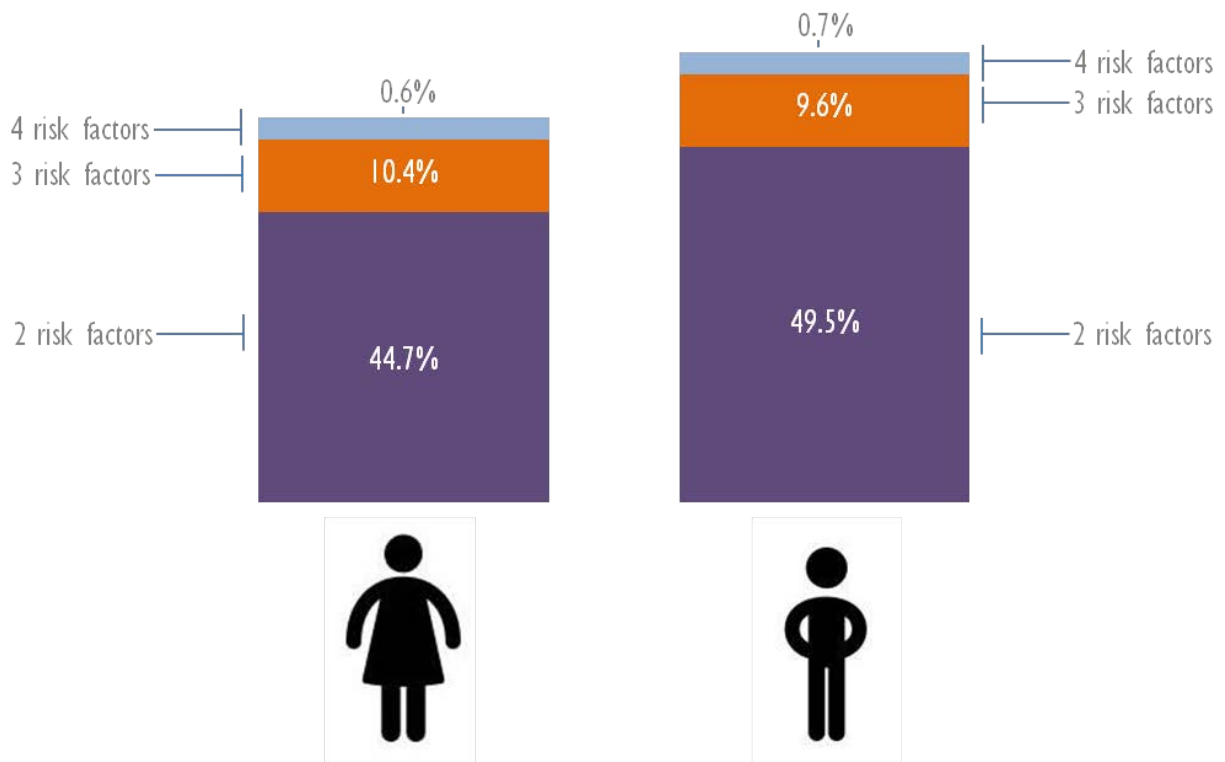
Table 13 sets out the proportion of people who have at least one unhealthy behaviour who also exhibit an additional unhealthy behaviour - so for instance, 91% of smokers also eat low amounts of fruit and vegetables.

**Table 13: Combinations of unhealthy behaviours**

	Smokers	Binge Drinkers	Low Fruit and Veg.	Sedentary
% Smoke	-	21.8	14.1	14.7
% Binge Drink	13.0	-	8.4	11.2
% Low Fruit and Veg.	91.0	91.4	-	9.0%
% Sedentary Behaviour	42.5	54.5	40.7	-

- Men were slightly more likely to exhibit two risk factors than women with the difference between genders levelling off for three and four risk factors.

**Figure 16: Risk factors by gender**



- There was a close link between age and those reporting two or three risk factors. See Table 14.

**Table 14: Number of risk factors by age cohort**

Age group	Four risk factors	Three risk factors	Two risk factors
18 - 24	0.9	22.5	64.0
25 - 34	1.6	16.1	61.1
35 - 44	1.1	15.9	58.1
45 - 44	0.4	11.1	49.5
55 - 64	1.0	7.7	42.9
65 - 74	0.0	3.9	31.1
75+	0.0	0.5	32.4

### Risk cluster profile – all four risk factors

- There were insufficient (n=20) people exhibiting all four risk factors to enable analysis of the profile of this group.

### Risk cluster profile – three risk factors

- There was no apparent link between household income and risk factors with the same proportion of those in households with incomes under £10,000 reporting three risk factors as those in households with an income of between £70,000 and £79,000.
- Those who were unemployed were the occupational group most likely to exhibit three risk factors with just under a third (32%) falling into this category. Full time students were the group next most likely to have three risk factors (20.8%) followed by the sick and disabled (16.2%) and those employed full time (14.8%).

### Risk cluster profile - 2 risk factors

- Of those exhibiting two risk factors a slightly higher proportion were male (49.5%) than female (44.7%). Table 15 sets out distribution of those with two risk factors by gender and age.

Table 15: Distribution of two risk factors by age group

Age group	Male (%)	Female (%)
18 – 24	60.9	64.0
25 – 34	68.1	58.0
35 – 44	65.5	54.5
45 – 44	56.5	44.7
55 – 64	47.3	39.4
65 – 74	35.8	26.0
75+	34.2	30.8

- Those who were sick or disabled were the most likely to exhibit two risk factors (62.9%) followed by those who were employed full time (60.6%) and the unemployed (52%).

## Endnotes

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- <sup>i</sup> Isle of Man Lifestyle Survey, 2009
- <sup>ii</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>iii</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>iv</sup> HSE 2012: Vol 1, Chapter 4: General Mental and Physical Health, The Health and Social Care Information Centre
- <sup>v</sup> Isle of Man Lifestyle Survey, 2009
- <sup>vi</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>vii</sup> HSE 2012: Vol 1, Chapter 4: General Mental and Physical Health, The Health and Social Care Information Centre
- <sup>viii</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>ix</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>x</sup> Global Recommendations on Physical Activity for Health, 18 – 64 years old, WHO, 2011
- <sup>xi</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>xii</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>xiii</sup> Health Survey for England 2015, Adult cigarette smoking, The Health and Social Care Information Centre
- <sup>xiv</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>xv</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013
- <sup>xvi</sup> Guernsey and Alderney Healthy Lifestyle Survey 2013