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Isle of Man Health and Lifestyle Survey 2021

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Contributorship

Nadia Butler planned and conducted the analyses of the survey data and drafted the report. Rebecca Bates cleaned the data set and designed the infographic. Charley Wilson second checked the data analyses. Zara Quigg reviewed the report Madeleine Sayle and Charlotte Nicol (and colleagues) planned and implemented the survey and commissioned data analyses and report production. All authors contributed to and edited draft reports, and agreed the final text.

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Isle of Man Health and Lifestyle Survey 2021

The survey aimed to examine general health and wellbeing amongst the Island's adult population. Including a range of questions on a series of key health issues including smoking, alcohol, diet and nutrition, exercise, weight, general health, and wellbeing. In addition, the questionnaire collected information on sociodemographic of participants, and COVID-19 including prevalence of COVID-19, vaccine uptake, and impact of COVID-19 on employment, socialising, relationships, and travel.

Daily tobacco smoking

7.3%

Gender: 6.9% | 7.8%

Age (years): 4.2% | 8.1% | 9.0% | 8.7% | 8.6% | 5.4%

18-24 25-34 35-44 45-54 55-64 65+

High risk drinking

12.4%

Gender***: 17.9% | 7.1%

Age (years)*: 21.4% | 6.9% | 13.2% | 15.2% | 11.4% | 10.7%

18-24 25-34 35-44 45-54 55-64 65+

Binge drinking

19.6%

Gender***: 24.1% | 15.1%

Age (years): 18.5% | 12.2% | 19.7% | 23.2% | 21.7% | 19.7%

18-24 25-34 35-44 45-54 55-64 65+

Poor diet

9.8%

Gender: 10.9% | 8.9%

Age (years)***: 18.2% | 15.6% | 12.8% | 9.3% | 7.8% | 4.5%

18-24 25-34 35-44 45-54 55-64 65+

Low physical exercise

39.4%

Gender*: 37.0% | 41.7%

Age (years): 37.0% | 39.8% | 41.1% | 37.8% | 38.0% | 41.0%

18-24 25-34 35-44 45-54 55-64 65+

Overweight or obese

62.8%

Gender***: 61.7% | 58.8%

Age (years)***: 39.6% | 58.2% | 61.2% | 67.0% | 68.0% | 66.9%

18-24 25-34 35-44 45-54 55-64 65+

Poor general health

14.1%

Gender*: 12.5% | 15.7%

Age (years): 4.2% | 8.1% | 9.0% | 8.7% | 8.6% | 5.4%

18-24 25-34 35-44 45-54 55-64 65+

Low mental wellbeing

18.0%

Gender: 17.4% | 18.6%

Age (years)***: 34.8% | 21.1% | 24.0% | 22.5% | 11.4% | 7.8%

18-24 25-34 35-44 45-54 55-64 65+

High loneliness

27.5%

Gender***: 24.2% | 30.6%

Age (years)***: 75.8% | 53.5% | 53.0% | 47.7% | 40.9% | 40.5%

18-24 25-34 35-44 45-54 55-64 65+

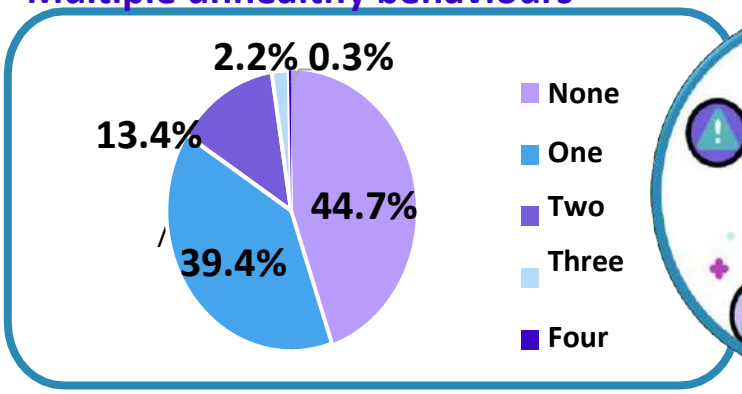
Comparison of 2019 and 2021 surveys on key indicators

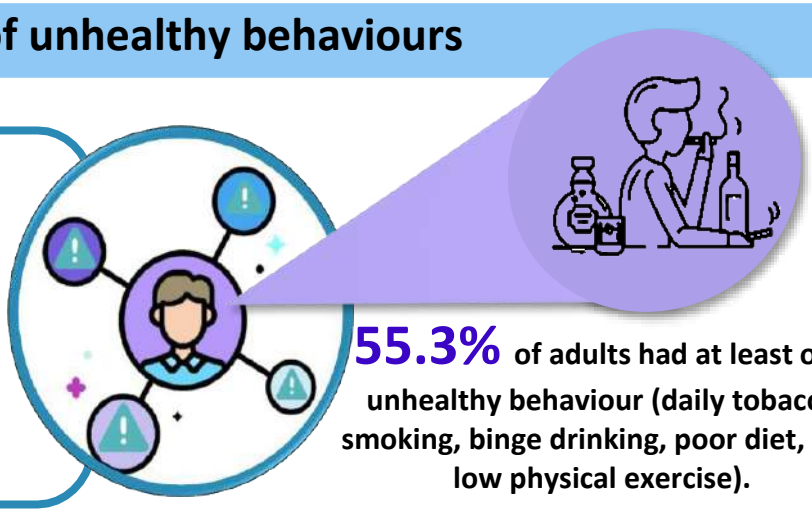
	2019	2021
Daily tobacco smoking*	8.4%	7.3%
High risk drinking	11.1%	12.4%
Binge drinking***	24.8	19.6%
Poor diet*	7.9%	9.8%
Low physical exercise	39.6%	39.4%
Overweight or obese***	8.4%	7.3%
Poor general health	8.4%	7.3%
Low mental wellbeing***	8.4%	7.3%
High loneliness***	8.4%	7.3%

All figures represent weighted data unless stated otherwise with ^ indicating sample level data. *indicates a significant association; *=p<0.05; **=p<0.01; ***=p<0.001.

Clustering of unhealthy behaviours

Multiple unhealthy behaviours



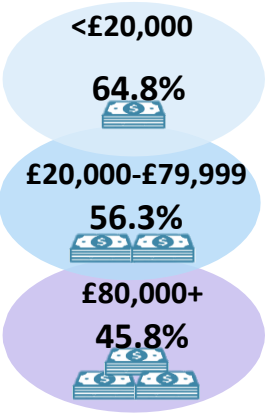


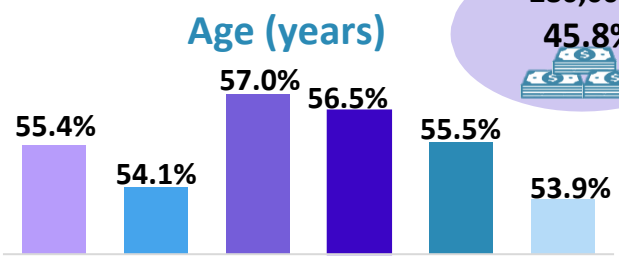
55.3% of adults had at least one unhealthy behaviour (daily tobacco smoking, binge drinking, poor diet, and low physical exercise).

At least one unhealthy behaviour by sociodemographic

55.9%

54.7%





Association between number of unhealthy behaviours and poor health outcomes^

	Poor general health***	Overweight or obese***	Low mental wellbeing***
No unhealthy behaviours	7.5%	58.5%	10.3%
One unhealthy behaviours	16.1%	70.4%	15.0%
Two or more unhealthy behaviours	23.6%	68.9%	28.7%

COVID-19 and associated impacts

Working pattern

(Past week, of those currently employed)

- Worked from home & travelled to work: 25.1%
- Worked from home only: 11.9%
- Travelled to work only: 59.1%
- Not worked from home or travelled to work: 3.9%

Worked from home only: Males 13.1%, Females 10.5%

Relationships since the start of COVID-19

28.3% of adults reported at least one worsening relationship

Males 28.5% Females 28.1%

- Wider community: 13.1%
- Friends: 12.4%
- Work colleagues: 9.9%
- Spouse/ partner: 8.3%
- Other family member: 6.7%
- Children: 3.8%

Willingness to travel since COVID-19

47.9% of adults reported being willing to travel abroad (further than the UK) once restrictions were lifted

Males 54.9%

Females 41.1%

Butler, N. et al. 2022. Isle of Man Health and Lifestyle Survey 2021. *Isle of Man Government.* Contact: n.l.butler@ljmu.ac.uk

Executive summary

The Isle of Man Health and Lifestyle Survey 2021 aimed to examine the general health and wellbeing amongst the Island's adult population, with additional questions related to COVID-19. The questionnaire was conducted online, with a paper-based version available on request. Sampling was conducted in two phases; phase 1 was an invited representative sample (n=7,000) of the Isle of Man population, while phase 2 was open to all members of the public who wished to respond. In total, 2,849 responses were received which equates to 4.1% of the Island's adult population. The questionnaire included a range of questions on a series of key health issues including smoking, alcohol, diet and nutrition, exercise, weight, general health, and wellbeing. In addition, the questionnaire collected information on basic demographics of participants, and a number of questions related to COVID-19 including prevalence of COVID-19, vaccine uptake, and impact of COVID-19 on employment, socialising, relationships, and travel. It used a number of validated instruments for identifying and measuring health-related issues. The Public Health Institute (PHI), Liverpool John Moores University were commissioned to analyse the data from the survey and produce a report presenting the findings[1].

Smoking

- 12.4% of adults were current tobacco smokers. 7.3% of adults smoked tobacco on a daily basis, with a higher proportion of females (7.8%) reporting daily tobacco smoking than males (6.9%). The prevalence of daily smoking was lowest amongst the youngest (18-24 years) and oldest (65+ years) age groups. In sample (unweighted) analyses, daily tobacco smoking was not significantly associated with age or gender. Daily tobacco smoking was significantly associated with: income level (<£20,000, 14.1%, £20,000-£79,999, 6.6%; £80,000+, 2.2%;); home ownership status (does not own home, 14.5%; owns home, 4.9%;); relationships status (single, 10.5%; in a relationship, 5.7%;); and, qualification level (no qualifications, 14.4%; qualifications, 6.5%;).

- 57.4% of smokers were planning to stop smoking.

Alcohol

- 58.1% of adults consumed alcohol in the past week.

- 17.1% of adults drank above the recommended weekly limit for alcohol.

- Using the AUDIT-C tool, 15.5% of adults were classified as abstainers, 45.4% as lower risk, 26.7% as increasing risk, 11.9% as higher risk, and 0.6% as possible dependence. 12.4% of adults had a score of 8 or over on the AUDIT-C and were classed as high risk drinkers[2], with a higher prevalence of males (17.9%) classified as high risk drinkers compared to females (7.1%). The prevalence of high risk drinking was lowest in those aged 25-34 years (6.9%) and was highest amongst those aged 18-24 years (21.4%). In

[1] All figures given in the report are sample data weighted by age and gender to align with the population of the Isle of Man, unless otherwise stated.

[2] Including higher risk and possible dependence categories. Figures differ due to rounding.

sample (unweighted) analyses, high risk drinking was significantly associated with gender and age. High risk drinking was not significantly associated with any other sociodemographics.

- 19.6% of adults were classified as binge drinkers (i.e. consuming six (females)/eight (males) or more standard alcoholic drinks on one occasion, at least once a week), with binge drinking higher amongst males (24.1%) compared to females (15.1%). The lowest prevalence of binge drinking was amongst those aged 25-34 years (12.2%), whilst highest was amongst those aged 45-54 years (23.2%). In sample (unweighted) analyses, binge drinking was significantly associated with gender but not age. Binge drinking was also significantly associated with: qualification level (no qualifications, 27.5%; qualifications, 18.9%); and, place of birth (IoM, 22.0%; other, 18.2%).

Diet and nutrition

- 51.0% of adults had not consumed the recommended five or more pieces of fruit or vegetables on the previous day. 9.8% of adults were classified as having a poor diet (i.e. eating less than 2 pieces of fruit and/or vegetables a day), with a higher proportion of males (10.9%) reporting a poor diet compared with females (8.9%). There was also a decrease of reporting a poor diet with age, those in the youngest age group were most likely to report having a poor diet (18.2%) compared with those in the oldest age group 65+ (4.5%). In sample (unweighted) analyses, having a poor diet was significantly associated with age but not gender. Poor diet was also significantly associated with: income level (<£20,000, 9.8%, £20,000-£79,999, 8.3%; £80,000+, 4.1%); qualification level (no qualifications, 12.3%; qualifications, 7.4%); employment status (employed, 9.4%; unemployed, 6.3%) and, home ownership status (does not own home, 11.8%; owns home, 6.6%).

Exercise

- 45.4% of adults reported sitting down for more than 8 hours a day.
- 23.8% of adults spent 7 hours or more participating in sport or recreational activity in the past week.
- 39.4% of adults were classified as having low physical activity (i.e. taking part in less than 2.5 hours of physical activity (e.g. walking quickly, cycling, sports or exercise) in the past week), with a slightly higher proportion of females (41.7%) having lower physical activity compared with males (37.0%). Participants aged 18-24 years were least likely to report low physical activity (37.0%) whilst the highest prevalence of low physical activity was amongst adults aged 35-44 years (41.1%) and 65+ years (41.0%). In sample (unweighted) analyses, low physical activity was significantly associated gender but not age. The prevalence of low physical activity was significantly associated with: income level (<£20,000, 45.5%, £20,000-£79000, 38.1%; £80,000+, 34.6%); relationships status (single, 42.7%; in a relationship, 38.1%); qualification level (no qualifications, 47.8%; qualifications, 38.4%); place of birth (IoM, 36.1%; other, 42.2%); and, home ownership status (does not own home, 47.7%; owns home, 37.4%).

Weight

- 31.9% of adults were classified as normal weight. 62.8% of adults were classified as overweight or obese (i.e. had a BMI of 25 or more), with a slightly higher proportion of males (61.7%) than females (58.8%) classified as overweight or obese. The highest prevalence of overweight or obese individuals was amongst those aged 55-64 years (68.0%), whilst the lowest was amongst those aged 18-24 years (39.6%). In sample (unweighted) analyses, being overweight or obese was significantly associated with age and gender. The prevalence of being overweight or obese was not significantly associated with any other sociodemographics.

- 38.3% of adults underestimated their weight classification compared to their BMI classification.

General health

- 71.6% of adults had very good/good self-reported general health. 14.1% of adults were classified as having poor general health (i.e. one standard deviation (19.2) below the mean score (77.4) on the EQ VAS measure), with a higher proportion of females (15.7%) having poor health compared with males (12.5%). Participants aged 25-34 years were least likely to have poor health (12.2%) whilst participants aged 18-24 years had the highest prevalence of poor general health (21.9%). In sample (unweighted) analyses, having poor general health was significantly associated with gender but not age. Poor general health was also significantly associated with: income level (<£20,000, 23.1%; £20,000-£79,999, 12.2%; £80,000+, 7.7%); relationship status (single, 19.1%; in a relationship, 11.9%); qualification level (no qualifications, 25.4%; qualifications, 12.9%); employment status (unemployed, 18.8%; employed, 10.2%); and, home ownership status (does not own home, 21.3%; owns home, 11.2%).

- 43.3% of adults had a physical or mental health condition or illness lasting or expected to last 12 months or more.

- 78.0% of adults had attended a dental check within the past five years.

- Approximately six in ten (59.5%) adults aged 60+ years had attended colorectal (bowel cancer) screening in the last five years[3].

- Over seven in ten (73.6%) women aged 50+ years had attended breast mammography (breast cancer screening) in the last five years[4].

- Over seven in ten (70.8%) women aged 25-64 years had attended cervical smear testing in the last five years[5].

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[3] Bowel cancer screening is available on the Isle of Man for men and women aged 60-75, and adults over the age of 75 years by request.

[4] Breast cancer screening is available on the Isle of Man for women aged 50-70, and women over the age of 70 years by request.

[5] Cervical screening is available on the Isle of Man for women aged 25-64 and is done every three years for women aged 25-49 and every five years for women aged 50-64.

Wellbeing

- 11.8% of adults had high mental wellbeing. 18.0% of adults had low mental wellbeing (i.e. one standard deviation (9.7) below the mean (48.1) on WEMWBS), with a higher proportion of females (18.6%) having low mental wellbeing compared with males (17.4%). The highest prevalence of low mental wellbeing was amongst adults aged 18-24 years (34.8%). In sample (unweighted) analyses, low mental wellbeing was significantly associated with age but not gender. Low mental wellbeing was also significantly associated with: income level (<£20,000, 19.1%; £20,000-£79,999, 15.0%; £80,000+, 10.8%); relationship status (single, 20.3%; in a relationship, 12.6%); sexuality (heterosexual, 14.1%; other, 33.7%); employment status (employed, 17.0%; not employed, 12.3%); place of birth (Isle of Man, 18.2%; Other, 13.1%) and, home ownership status (does not own home, 23.7%; owns home, 12.3%).

- 13.1% of adults experienced a large amount of stress.

- 19.7% of adults had bad/very bad sleep quality.

- 29.6% of adults were highly anxious.

- 24.4% of adults had low life satisfaction.

- 26.9% of adults had low happiness.

- 28.9% of adults felt the things they do in life are unworthwhile.

- 27.3% of adults had low social interaction. 48.6% of adults had high levels of loneliness (i.e. always, sometimes or often feeling lonely), with a higher proportion of females (53.6%) having high loneliness compared with males (43.6%). The highest proportion of adults who had high loneliness was amongst those aged 18-24 years (75.8%), and decreased as age group increased, with the lowest prevalence amongst those aged 65+ years (40.5%). In sample (unweighted) analyses, high loneliness was significantly associated with age and gender. High loneliness was also significantly associated with: income level (<£20,000, 61.5%; £20,000-£79,999, 44.5%; £80,000+, 33.2%); relationship status (single, 65.1%; in a relationship, 36.2%); sexuality (heterosexual, 44.5%; other, 58.9%); qualification level (no qualifications, 52.6%; qualifications, 44.9%); and, home ownership status (does not own home, 58.6%; owns home, 41.6%).

Clustering of unhealthy behaviours

- 55.3% of adults had at least one unhealthy behaviour (i.e. daily tobacco smoking, binge drinking, poor diet, and/or low physical exercise). Over four in ten (44.7%) adults had none of the four unhealthy behaviours, 39.4% had one unhealthy behaviour, 13.4% had two, 2.2% had three, and 0.3% had all four unhealthy behaviours.

- A higher proportion of males (55.9%) than females (54.7%) had at least one unhealthy behaviour. The proportion of adults who had at least one unhealthy behaviour was highest amongst aged 35-44 years. The proportion of adults who had at least one

unhealthy behaviour was highest amongst the lowest income group and decreased as income group increased (<£20,000, 64.8%; £20,000-79,999, 56.3%; £80,000+, 45.8%).

- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and poor general health. There was a graded relationship between the number of unhealthy behaviours and poor general health, with the prevalence of poor general health increasing as the number of unhealthy behaviours increased (none, 7.5%; one, 16.1%; two or more, 23.6%).
- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and being overweight or obese. The prevalence of being overweight or obese was lowest amongst those with no unhealthy behaviours and higher amongst those with one or more (none, 58.5%; one, 70.4%; two or more, 68.9%).
- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and low mental wellbeing. There was a graded relationship between the number of unhealthy behaviours and low mental wellbeing, with the prevalence of low mental wellbeing increasing as the number of unhealthy behaviours increased (none, 10.3%; one, 15.0%; two or more, 28.7%).

Comparison of 2019 and 2021 survey findings

- Significantly less adults smoked tobacco daily in the 2021 IoM survey compared to the 2019 IoM survey (7.3% v. 8.4%).
- Significantly less adults were binge drinkers in the 2021 IoM survey compared to the 2019 IoM survey (19.6% v. 24.8%).
- There was no significant difference in the prevalence of high risk drinkers in the 2021 IoM survey compared to the 2019 IoM survey (12.4% v. 11.1%).
- Significantly more adults had a poor diet in the 2021 IoM survey compared to the 2019 IoM survey (9.8% v. 7.9%).
- There was no significant difference in the prevalence of low physical exercise amongst adults in the 2021 IoM survey compared to the 2019 IoM survey (39.4% v. 39.6%).
- Significantly less adults were overweight or obese in the 2021 IoM survey compared to the 2019 IoM survey (62.8% v. 64.3%).
- There was no significant difference in the prevalence of poor general health amongst adults in the 2021 IoM survey compared to the 2019 IoM survey (14.1% v. 14.7%).
- Significantly more adults had low mental wellbeing in the 2021 IoM survey compared to the 2019 IoM survey (18.0% v. 12.3%).
- Significantly more adults had high levels of loneliness in the 2021 IoM survey compared to the 2019 IoM survey (48.6% v. 25.4%).

COVID-19 and associated impacts

- 10.8% of adults tested positively for COVID-19. In sample (unweighted) analyses prevalence of COVID-19 was significantly associated with: age (18-14, 18.4%; 25-34, 16.0%; 35-44, 13.3%; 45-54, 12.3%; 55-64, 7.4%; 65+, 5.8%); income level (<£20,000, 5.8%; £20,000-£79,999, 9.8%; £80,000+, 10.8%); relationship status (single, 6.3%; in a relationship, 10.7%); and, employment status (employed, 12.1%; unemployed, 5.9%).
- 93.6% of adults had received two or more doses of the vaccine for COVID-19.
- Of those who were currently employed, 11.9% of adults had only worked from home in the past week, whilst a quarter (25.1%) of adults had both worked from home and travelled to work. Just over one in ten (11.9%) adults reported changing their career due to COVID-19.
- 28.3% of adults reported at least one relationship worsening since the start of COVID-19. Adults' relationship with the wider community was the highest reported worsening relationship (13.1%), followed by friends (12.4%), work colleagues (9.9%), spouse/partner (8.3%), other family members (6.7%) and children (3.8%).
- 21.9% of adults had not spoken at all to any of their neighbours in the past month Adults were also asked how frequently they communicated with their neighbours prior to March 2020 and rates did not differ much. 1.6% of adults had not spoken at all to their friends or family via the phone in the past month. Adults were also asked how frequently they communicated with their friends or family via the phone prior to March 2020 and rates did not differ much.
- 79.7% of adults reported being willing to travel to the UK and/or abroad once restrictions were lifted. 79.0% adults reported being willing to travel to the UK once restrictions were lifted and 47.9% of adults reported being willing to travel to abroad (beyond the UK).

1. Introduction

Public Health's role is to improve the health and wellbeing of the population. The health intelligence function assesses, measures, and describes health and wellbeing, as well as identifying health risks, needs, and outcomes for the population of the Isle of Man. This is done by collecting, analysing, and interpreting health-related data into meaningful information.

There have been four lifestyle surveys so far:

- 2016 - General health and lifestyle with an interest in drug and alcohol consumption.
- 2017 - Health and lifestyle with a particular interest in gambling.
- 2018 – Department of Health and Social Care (DHSC) staff wellbeing in the workplace.
- 2019 - General health and wellbeing amongst the Island's adult population.

This 2021 survey's main aim is to examine the general health and wellbeing with a particular interest in the impact of Covid-19.

The Health and Lifestyle Survey is an important tool providing an overview of the health and wellbeing of the local population. The survey will provide vital information to enable the Public Health Directorate and stakeholders to set goals, policy and programming decisions – based on robust evidence. It will also allow monitoring of outcomes.

The results of the survey will feed into the Isle of Man Public Health Outcomes Framework (PHOF), which consolidates population level indicators. The results will be used to compare Isle of Man health indicators with other jurisdictions and contribute to Isle of Man Public Health projects.

All questions are for adults aged 18 and over.

2. Methods

2.1 Questionnaire design

The questionnaire asked a range of questions on a series of key health issues including:

- Smoking
- Alcohol
- Diet and nutrition
- Exercise
- Weight
- General health
- Wellbeing

The questionnaire also recorded basic demographic information on participants, including gender, age, income level, sexuality, relationship status, employment status, qualification level, home ownership, place of birth. The questionnaire also included a number of questions specifically related to COVID-19, including prevalence of COVID-19 amongst respondents and vaccine uptake, and impact of COVID-19 on employment, socialising, relationships, and travel.

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

The Alcohol Use Disorder Identification Test Consumption (AUDIT-C)

The Alcohol Use Disorder Identification Test Consumption (AUDIT-C) consists of the consumption questions from the full AUDIT developed by the World Health Organisation to identify harmful and hazardous alcohol consumption patterns [1]. It is not directly comparable with levels of risk as defined in the full AUDIT as there are different cut offs for each level, thus this will affect the prevalence of levels of risk depending on which tool is used. Direct comparison should therefore not be made between figures in the 2019 survey report (which used the full AUDIT) and the current 2021 report (which uses the AUDIT-C). A separate reanalysis of the 2019 AUDIT data was however also conducted to allow an equivalent comparison of the prevalence of high risk drinking between the survey waves (see section 3.10). The AUDIT-C consists of three questions measuring the frequency and quantity of alcohol consumption. Answers for each question are scored and summed to provide an overall score that indicates an individual's risk of harm from alcohol use. Drinking risk is categorised as:

Low risk	Scores 0 to 4
Increasing risk	Scores 5 to 7
Higher risk	Scores 8 to 10
Possible dependence	Scores 11 to 12

EQ-5D

The EQ-5D is a measure of health status developed by the EuroQol Group which provides a measure of current general health [2]. The EQ VAS measure was used in the current report to determine the prevalence of poor general health. The EQ VAS is a measure of respondents'

self-rated health on a vertical visual scale, where the end points are labelled 'the best health you can imagine' and the 'worst health you can imagine'. Scores are dichotomised to indicate poor general health as >1 standard deviation (19.2) below the mean (77.4) for the sample thus poor general health was operationalised as scores ≤58.

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

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is used as a measurement of mental wellbeing in adults [3]. WEMWBS consists of 14 questions about an individual's current mental wellbeing over the last two weeks. Responses are scored (none of the time=1, rarely=2, some of the time=3, all of the time=5) and summed to provide an overall WEMWBS score, ranging from 14 to 70. WEMWBS scores were grouped into three categories of low, moderate and high mental wellbeing, where low/high represent scores of at least one standard deviation below/above the mean score for the sample (mean 48.1, SD, 9.7):

Low mental wellbeing:	Scores of 38 or lower
Moderate mental wellbeing:	Scores of 39 to 58
High mental wellbeing:	Scores of 59 or above

2.2 Sample design and response rate

For Phase 1 responses (those received between 8th and 21st November 2021)

The Cabinet Office holds a property database of all known addresses on the island and these addresses were shared with the Public Health Directorate. It should be noted that no information was shared about who might live at a particular address as no names of occupiers are contained within the property database. The list was cleaned by the Public Health Directorate to remove non-residential addresses and nursing or residential homes.

It was decided that 7,000 addresses would be chosen from this database as has been for previous lifestyle surveys, with the assumption of obtaining a similar response rate of approximately 25%. The addresses were split into 3-digit postcode areas and proportionally chose based on census data of population numbers for those areas. Within these postcode areas the addresses were chosen using a random sampling method. 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.

For Phase 2 responses (those received between 22nd November and 5th December 2021)

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

Response Rate

Response phase	**Number returned**
Total Phase 1	2,123
Total Phase 2	726
Total Responses	**2,849**

In total, 2,849 responses were received which equates to 4.1% of the adult population.

2.3 Data analyses

Any copies of paper surveys were entered into the online survey system. All data from the online surveys was then transferred to the Public Health Institute (via a secure Sharepoint) in Excel spreadsheets and transferred to the Statistical Package for Social Science (SPSS) v.27 for data cleaning, recoding and analyses. Analyses presented in this report were undertaken using frequencies and cross-tabulations to examine findings by sociodemographic and other factors.

2.4 Data weighting

The characteristics of the participants who completed the survey did not correspond to the characteristics of the Isle of Man population (section 2.6). To account for these differences it was necessary to weight the sample by age and gender to align it with the Isle of Man population[6]. The weights were based on results from the Isle of Man census 2021. The demographic information used from this Census is listed below. All figures given in the report are based on weighted data, unless otherwise stated. Full data tables, including weighted and unweighted data, are available in the Data Annex.

Isle of Man census information 2021

Resident population: 84069

Number of residents over the age of 18: 68884

Age (years) and gender breakdown:

	18-24	25-34	35-44	45-54	55-64	65+	Total
Male	3159	4528	4965	6159	6244	8763	33818
Female	2927	4577	5231	6287	6238	9806	35066
Total	6086	9105	10196	12446	12482	18569	68884

2.5 Reporting conventions

The following caveats and conventions should be considered when interpreting the findings in this report:

- The data is based on valid responses, with non-responses excluded from the reported figure, therefore bases may vary between analyses.
- Data should be interpreted with caution due to the small base sizes involved for some of the outcome measures. Sample base sizes can be found in the annex.
- Rows may not sum to 100% due to rounding.
- All figures presented in the main body of the report are weighted data, unless otherwise stated.
- Where significant differences are reported in bivariate analyses, these are based on unweighted data. Full data tables of weighted and unweighted data are presented in the Annex accompanying this report.
- Findings represent an association only and do not imply causation in any direction.

[6] The population may have differed from the sample on more than these two characteristics.

2.6 Sociodemographics of survey respondents[7]

Gender

Male
42.4%
n=1159

Female
57.6%
n=1574

Place of birth

Isle of Man
30.3%
n=862

Other
69.7%
n=1987

Age (years)

18-24
1.7%
n=46

25-34
7.2%
n=193

35-44
11.3%
n=306

45-54
18.5%
n=498

55-64
23.1%
n=624

65+
38.2%
n=1032

Housing status

Owns home
65.3%
n=1860

Does not own home
34.7%
n=989

Relationship status

Single*
32.4%
n=776
*including divorced/widowed

In a relationship
67.6%
n=1618

Income level

<£20,000
20.0% (n=420)

£20,000-£79,999
62.5% (n=1314)

£80,000+
17.5% (n=367)

Sexuality

Heterosexual
95.9%
n=2224

Other sexualities
4.1%
n=96

Qualification level

Qualifications
89.9%
n=2076

No formal qualification
10.1%
n=232

Employment status

Employed
53.6%
n=1267

Unemployed
46.4%
n=1097

[7] Unweighted data.

3. Findings

Key finding from survey questions are presented in this section, with full data tables included in the Data Annex. All data are adjusted to match the Isle of Man population demographics of adults (on age and sex), unless otherwise stated.

3.1 Smoking

3.1.1 Smoking status

12.4% of adults were current tobacco smokers

- Over half (55.8%) of adults had never smoked tobacco or only tried smoking once or twice, 31.8% of adults were ex-smokers, and 12.4% were current smokers (including daily (see Box 1) and occasional smokers; Figure 1; Table A1).
- The overall prevalence of current smoking was approximately equal for males (12.5%) and females (12.2%; Table A1). The prevalence of ex-smokers was slightly higher amongst males (32.7%) than females (31.0%; Table A1).
- The prevalence of current smoking generally decreased as age group increased and the prevalence of ex-smokers generally increased as age group increased (Figure 2; Table A1).
- The prevalence of current smoking was highest amongst the lowest income group and decreased as income level increased (<£20,000, 18.9%; £20,000-79,999, 13.4%; £80,000+, 5.7%; Table A1). The prevalence of ex-smokers also decreased as income level increased (<£20,000, 34.1%; £20,000-79,999, 32.4%; £80,000+, 28.7%; Table A1)

Figure 1: Smoking status

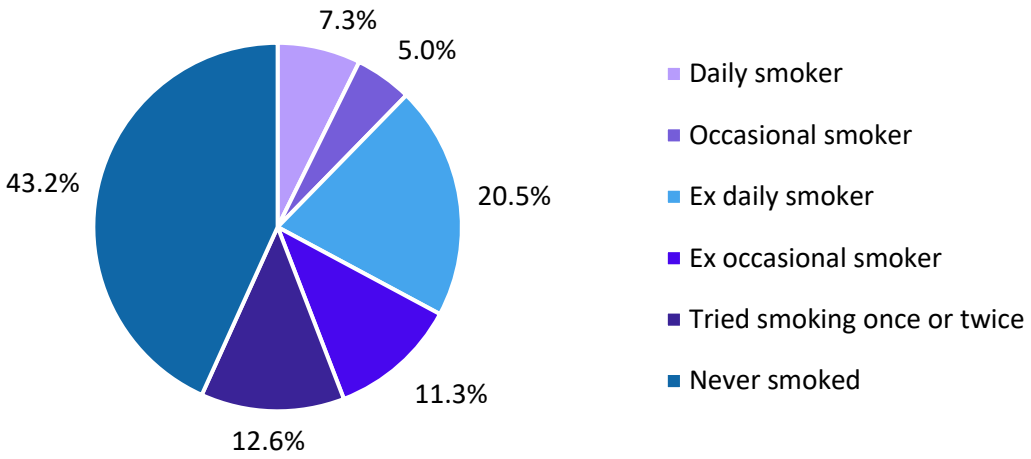
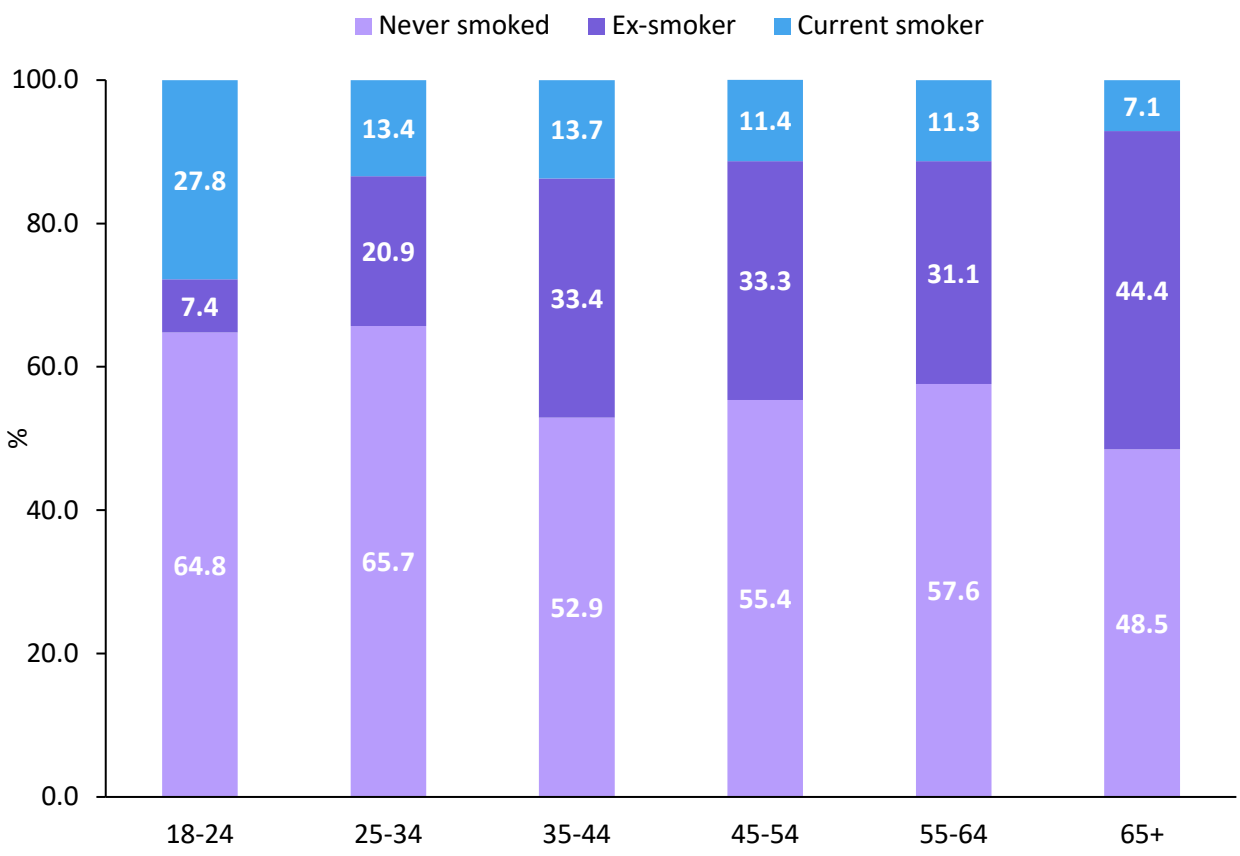


Figure 2: Smoking status by age group (years)

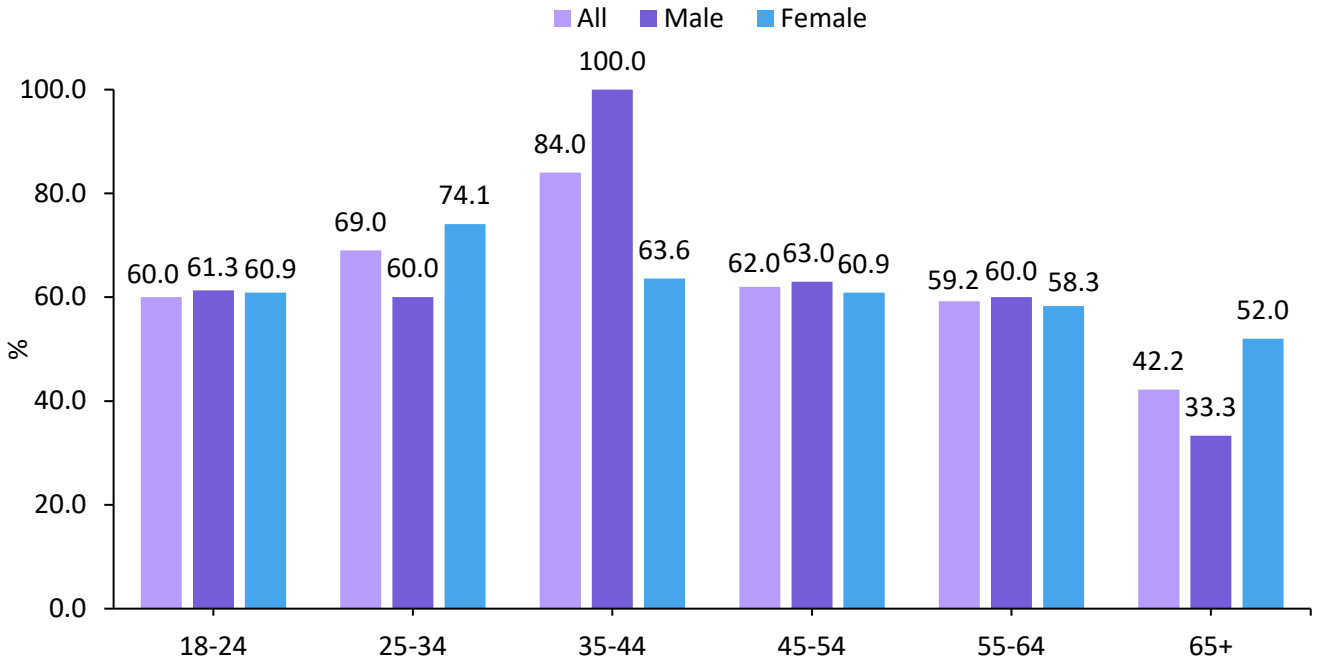


3.1.2 Intentions to stop smoking

57.4% of smokers were planning to stop smoking

- Almost four in ten (37.8%) of smokers planned to stop smoking sometime in the future, 25.1% planned to stop soon, whilst 18.9% were unsure if they were going to stop smoking and 18.2% had no plans to quit.
- Slightly more males (63.8%) than females (61.5%) were planning to stop smoking soon or sometime in the future. The highest proportion of smokers who planned to stop smoking was amongst those aged 35-44 years (84.0%), whilst the lowest proportion was amongst those aged 18-24 years (60.0%; Figure 3).
- Slightly more daily smokers (63.6%) than occasional smokers (61.7%) were planning to stop smoking.

Figure 3: Proportion of smokers planning to stop smoking by age group (years) and gender



Box 1: Health in focus – Daily tobacco smoking

Daily tobacco smoking

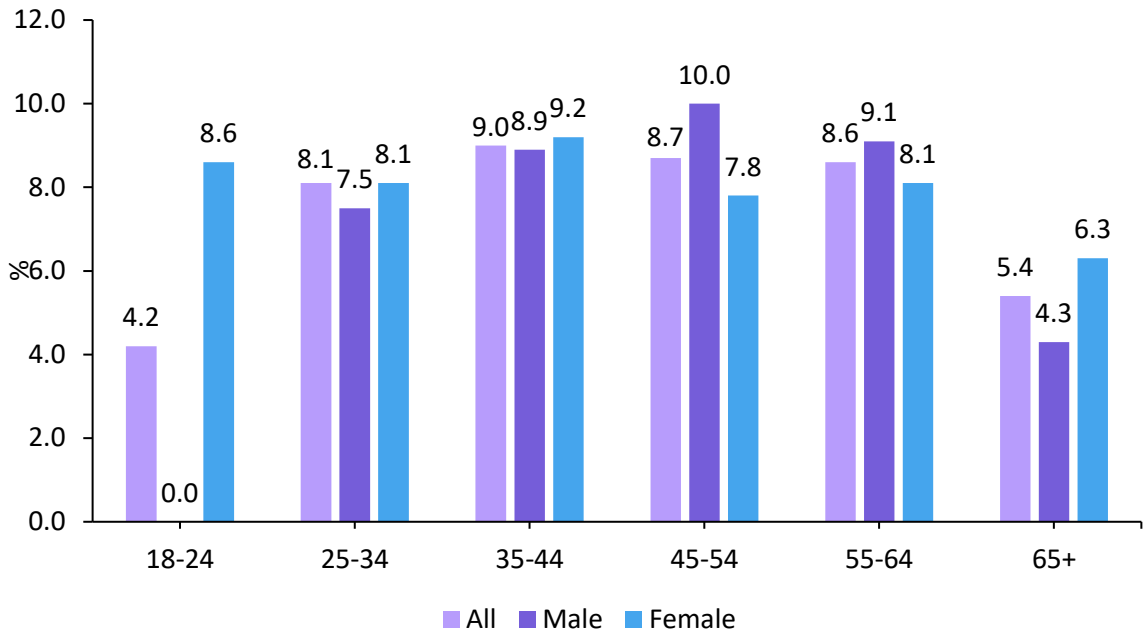
Current smoking of tobacco on a daily basis

7.3% of all adults

- A slightly higher proportion of females (7.8%) than males (6.9%) reported smoking tobacco on a daily basis. The prevalence of daily smoking was lowest amongst the youngest and oldest age groups (18-24 years, 4.2%; 65+ years, 5.4%; Figure 4; Table A2).

- In sample (unweighted) analyses, daily tobacco smoking was not significantly associated with age or gender (Table A2). Daily tobacco smoking was significantly associated with: income level (<£20,000, 14.1%, £20,000-£79,999, 6.6%; £80,000+, 2.2%; p<0.001); relationships status (single, 10.5%; in a relationship, 5.7%; p<0.001); qualification level (no qualifications, 14.4%; qualifications, 6.5%; p<0.001); and, home ownership status (does not own home, 14.5%; owns home, 4.9%; p<0.001; Table A2).

Figure 4: Prevalence of daily tobacco smoking by age group (years) and gender



3.2 Alcohol

The Isle of Man Health and Lifestyle Survey included a range of questions on alcohol use including frequency and quantity of alcohol consumption. It also included the Alcohol Use Disorder Test Consumption (AUDIT-C; see section 2) which includes questions on participants' frequency and quantity of alcohol consumption. Responses to the AUDIT-C are scored to give an overall measure of drinking risk.

3.2.1 Frequency of alcohol consumption

58.1% of adults consumed alcohol in the past week

- The majority (85.0%) of adults drank alcohol at least occasionally, with nearly half (41.0%) drinking at least twice a week (Figure 5).
- A higher proportion of females (16.8%) than males (13.2%) had never drank alcohol. The overall prevalence of drinking at least twice a week was higher amongst males (47.5%) than females (34.7%; Table A3).
- The prevalence of never having consumed alcohol was highest amongst those aged 65+ years (16.9%), whilst consuming alcohol at least twice weekly was lowest amongst those aged 18-24 years and generally increased as age group increased (Figure 6; Table A3).
- The prevalence of never having consumed alcohol was highest amongst the lowest income group and decreased as income level increased (<£20,000, 25.2%; £20,000-79,999, 12.3%; £80,000+, 8.0%; Table A3). The prevalence of alcohol consumption on at least two occasions a week increased as income level increased (<£20,000, 33.2%; £20,000-79,999, 40.5%; £80,000+, 53.9%; Table A3).
- Four in ten (41.9%) adults hadn't drank in the past week, 7.0% of adults drank on every day in the past week, 1.8% on 6 days, 3.7% on 5 days, 5.9% on 4 days, 10.7% on 3 days, 13.5% on 2 days, and 15.4% on one day.

Figure 5: Frequency of alcohol consumption

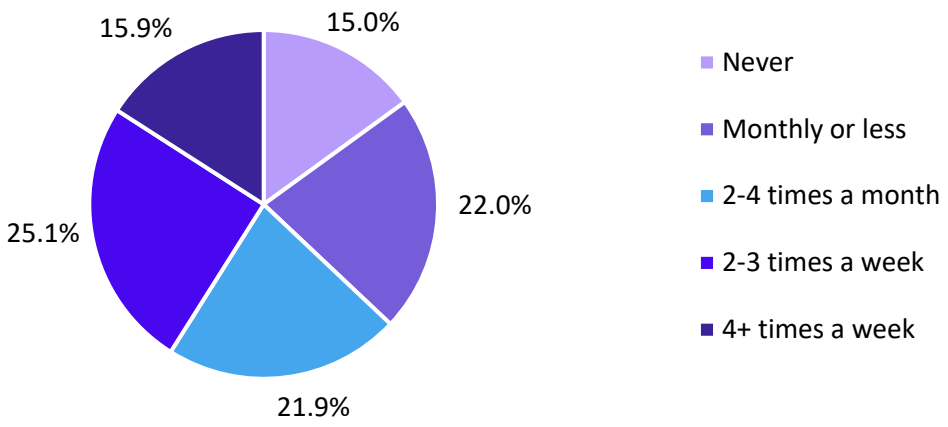
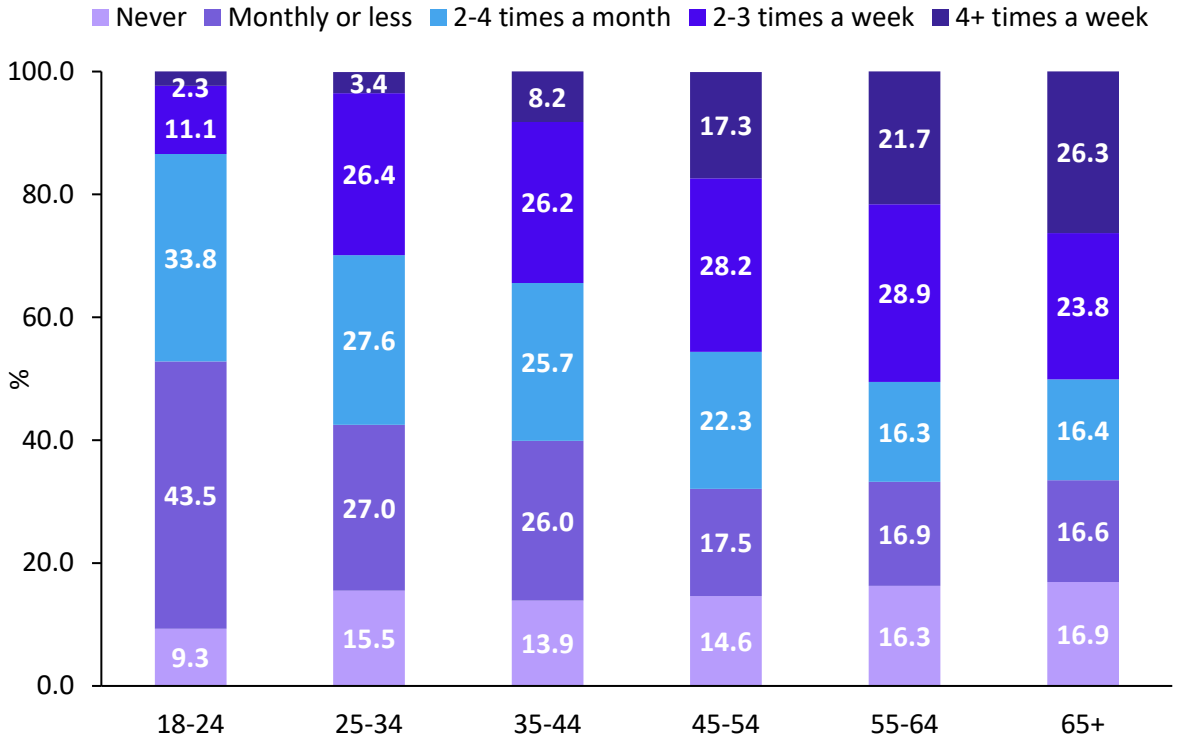


Figure 6: Frequency of alcohol consumption by age group (years)



3.2.2 Quantity of alcohol consumption

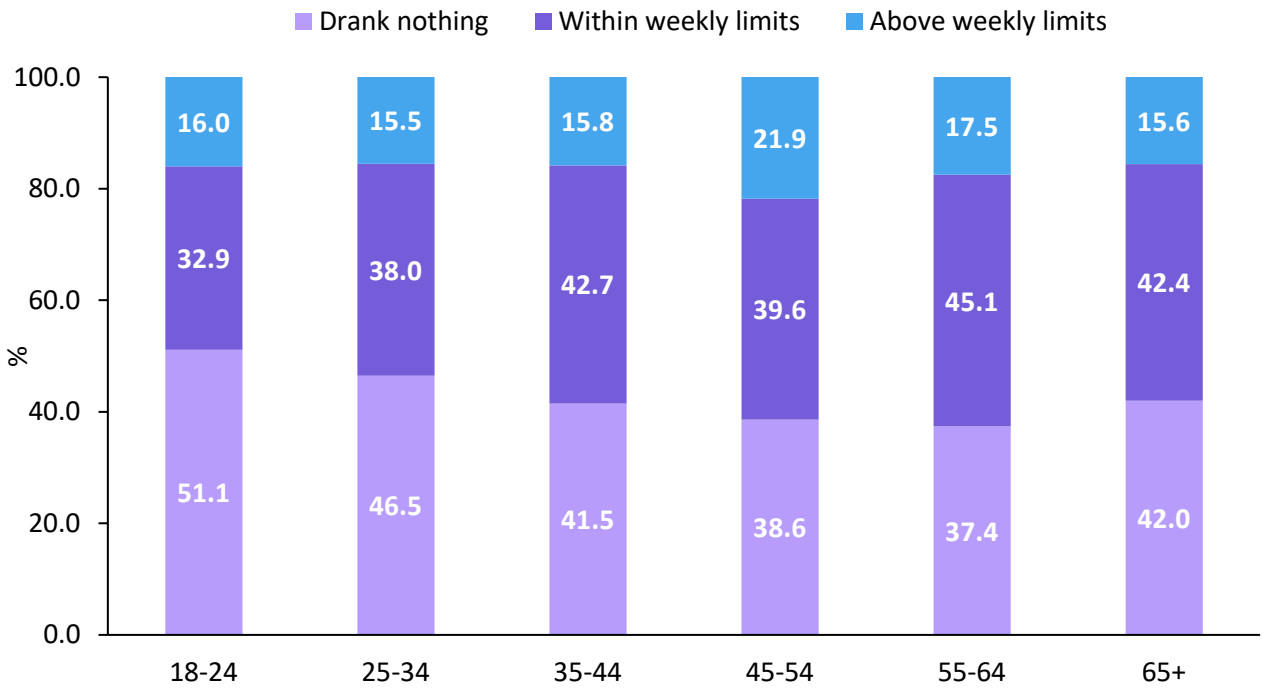
17.1% of adults drank above the recommended weekly limit for alcohol

- Of adults who consumed alcohol, the average number of units consumed in the past week was 13.2 units.
- Men and women are recommended to drink no more than 14 units of alcohol a week[8]. Almost one fifth (17.1%) of adults drank above the recommended weekly limit, whilst 41.0% drank within this limit and 41.9% of adults drank no alcohol in the previous week.
- A higher proportion of males (25.2%) than females (9.3%) drank above the recommended weekly limit in the past week (Table A4). A higher proportion of females (45.8%) than males (37.8%) did not drink alcohol in the past week (Table A4).
- Approximately one in five adults aged 35-64 years drank above the recommended weekly limit in the past week (Figure 7; Table A4). Drinking above the weekly limit was least common amongst those aged 25-34 years and the prevalence of drinking nothing in the past week was highest amongst those in the youngest age group 18-24 years (Figure 7; Table A4).

[8] See https://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/

- The prevalence of drinking above the recommended weekly limit was highest amongst those with the highest income level (£80,000+, 25.2%) and decreased as income level decreased (£20,000-79,999, 20.6%; <£20,000, 11.4%; Table A4).

Figure 7: Past week alcohol consumption by age group (years)



3.2.3 AUDIT-C drinking risk[9]

Answers for each question on the AUDIT-C are scored and then summed to provide an overall score that indicates an individual's risk of harm from alcohol use. Drinking risk is categorised as: lower risk (scores of 1-4), increasing risk (scores of 5-7), higher risk (scores of 8-10) and possible dependence (scores of 11-12). The AUDIT-C also includes a question which measures binge drinking frequency, defined as consuming six (if female) or eight (if male) units of alcohol on one occasion.

- Over half (60.9%) of adults were classified as lower risk drinkers or abstainers, and 26.7% were categorised as increasing risk (Figure 8; Table A5). 12.4% were classified as higher risk or possible dependence (Figure 8; Table A5; Box 2).
- A higher proportion of females (17.4%) than males (13.6%) were categorised as abstainers, and lower risk drinkers (females, 50.8%; males, 39.9% Table A5). A higher proportion of males (28.7%) than females (24.7%) were categorised as increasing risk drinkers (Table A5). More males (16.8%) than females (7.0%) were higher risk drinkers,

[9] Comparisons in prevalence of drinking risk levels between the 2019 and 2021 survey waves should not be made as they used different versions of the AUDIT tool (AUDIT and AUDIT-C respectively). For equivalent comparison of high risk drinking between the 2019 and 2021 survey see section 3.10 where adjustments to the 2019 data were made to allow an equivalent comparison between the years.

and were categorised as possibly dependent drinkers (male, 1.0%; female, 0.1%; Table A5).

- The proportion of adults classified as increasing or higher risk drinkers was lowest amongst those aged 65+ years (Figure 9; Table A5).
- The proportion of abstainers decreased as income level increased (Table A5). The proportion of increasing risk drinkers increased as income level increased (Table A5).
- Over one third (37.9%) of adults never binge drink, 29.6% binge drink less than monthly, 12.9% monthly, 16.6% weekly and 2.9% daily or almost daily (see Box 3).

Figure 8: AUDIT-C drinking risk

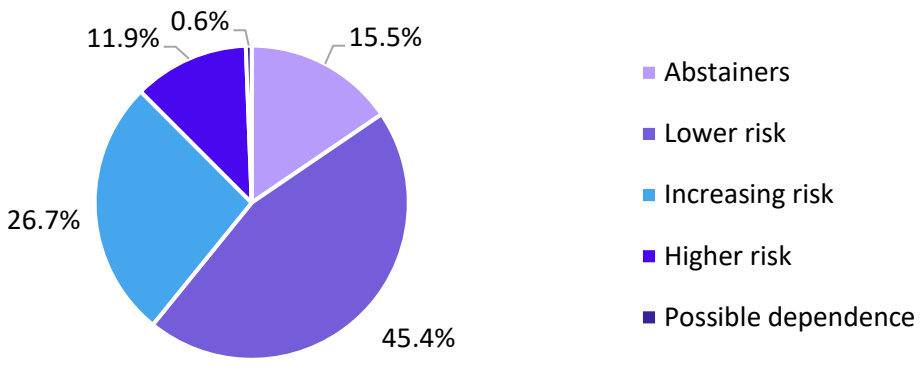
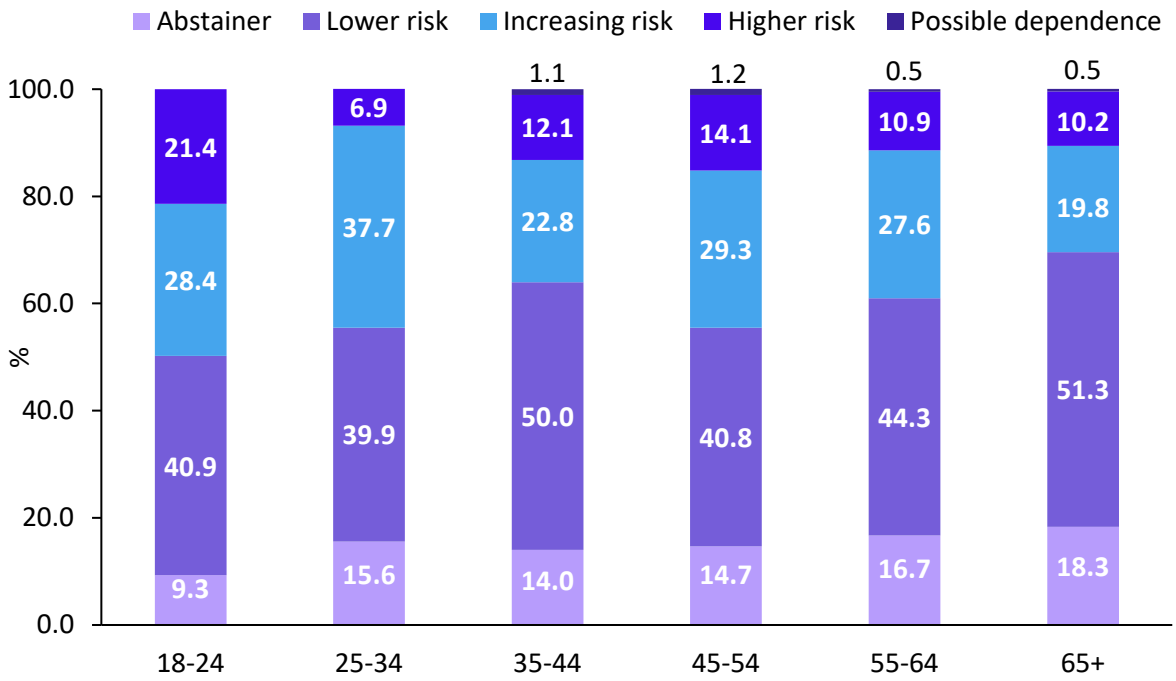


Figure 9: AUDIT-C drinking risk by age group (years)



Box 2: Health in focus – High risk drinking

High risk drinking[9]

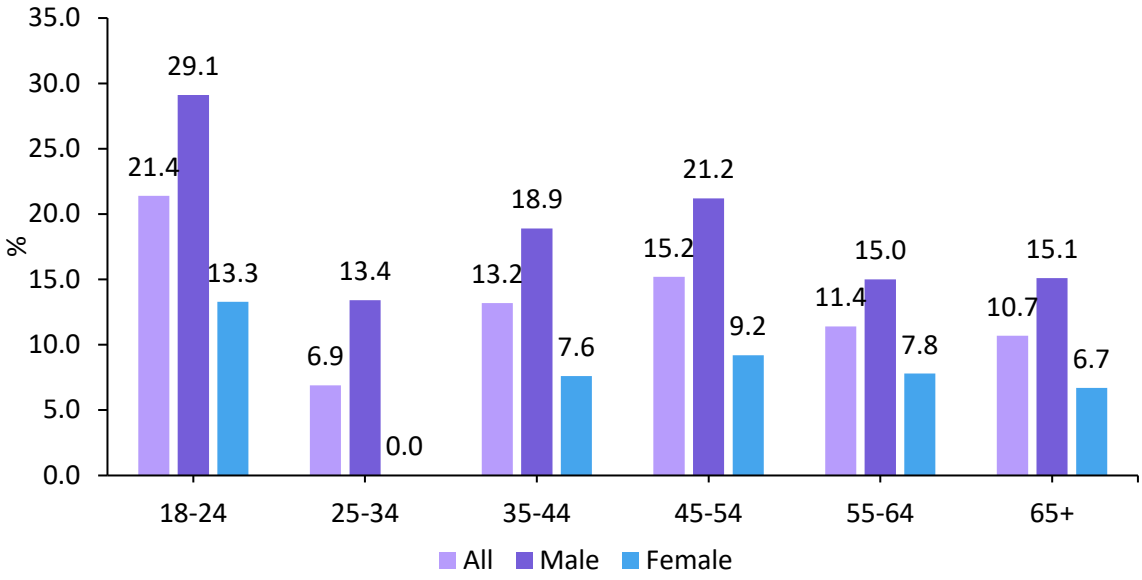
Individuals with a score of 8 or over on the Alcohol Use Disorder Identification Test-Consumption (AUDIT-C).

12.4% of all adults

- A higher prevalence of males (17.9%) were classified as a high risk drinker compared with females (7.1%; Table A6). The prevalence of high risk drinking was lowest in those aged 25-34 years (6.9%) and was highest amongst those aged 18-24 years (21.4%; Figure 10; Table A6).

- In sample (unweighted) analyses, high risk drinking was significantly associated with gender ($p<0.001$) and age ($p<0.05$; Table A6). High risk drinking was not significantly associated with any other sociodemographics (Table A6).

Figure 10: Prevalence of high risk drinking by age group (years) and gender



Box 3: Health in focus – Binge drinking

Binge drinking

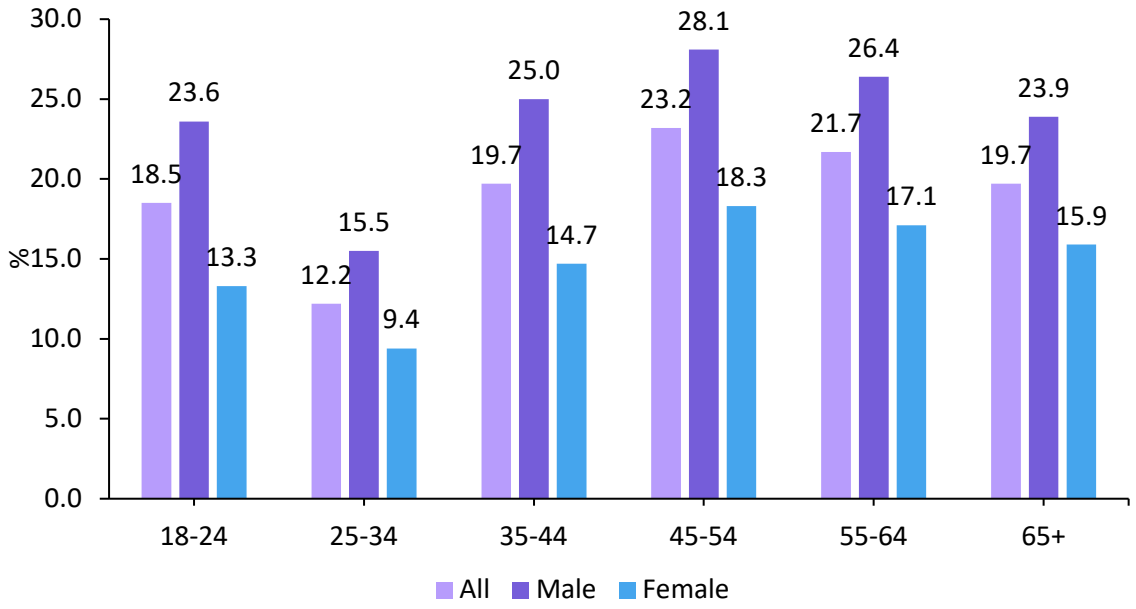
Consuming six (females)/eight (males) or more standard alcoholic drinks on one occasion, at least once a week.

19.6%* of all adults

- A higher proportion of males (24.1%) than females (15.1%) reported binge drinking (Table A6). The lowest prevalence of binge drinking was amongst those aged 25-34 years (12.2%), whilst those highest was amongst those aged 45-54 years (23.2%; Figure 11; Table A6).

- In sample (unweighted) analyses, binge drinking was significantly associated with gender ($p<0.001$) but not age (Table A6). Binge drinking was also significantly associated with: qualification level (no qualifications, 27.5%; qualifications, 18.9%; $p<0.01$); and, place of birth (IoM, 22.0%; other, 18.2%; $p<0.05$; Table A6).

Figure 11: Prevalence of binge drinking by age group (years) and gender



*figures may differ to above due to rounding

3.3 Diet and nutrition

3.3.1 Fruit and vegetable consumption

51.0% of adults had not consumed the recommended five or more pieces of fruit and vegetables on the previous day

- Just under half (49.0%) of adults had consumed the recommended five or more pieces of fruit and vegetables on the previous day (Figure 12; Table A7), 16.2% had consumed four pieces, 15.1% three, 9.9% two. Approximately one in ten (9.9%) adults had consumed one or no fruit and vegetables on the previous day (Figure 12; Table A7; see Box 4).
- A higher proportion of females (52.5%) had consumed five or more pieces of fruit and/or vegetables a day than males (45.6%; Table A7).
- The proportion of adults consuming five or more pieces of fruit and vegetables on the previous day increased as age group increased, with the highest prevalence amongst those aged 65+ years (61.2%; Figure 13; Table A7).
- The proportion of adults consuming five or more pieces of fruit and vegetables on the previous day was highest amongst those with the highest income level (<£20,000, 48.6%; £20,000-79,999, 47.6%; £80,000+, 53.7%; Table A7).

Figure 12: Portions of fruit and vegetables consumed yesterday

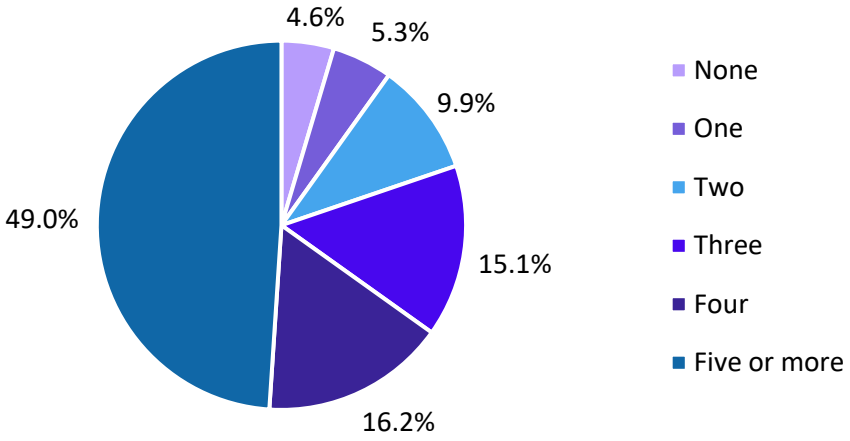
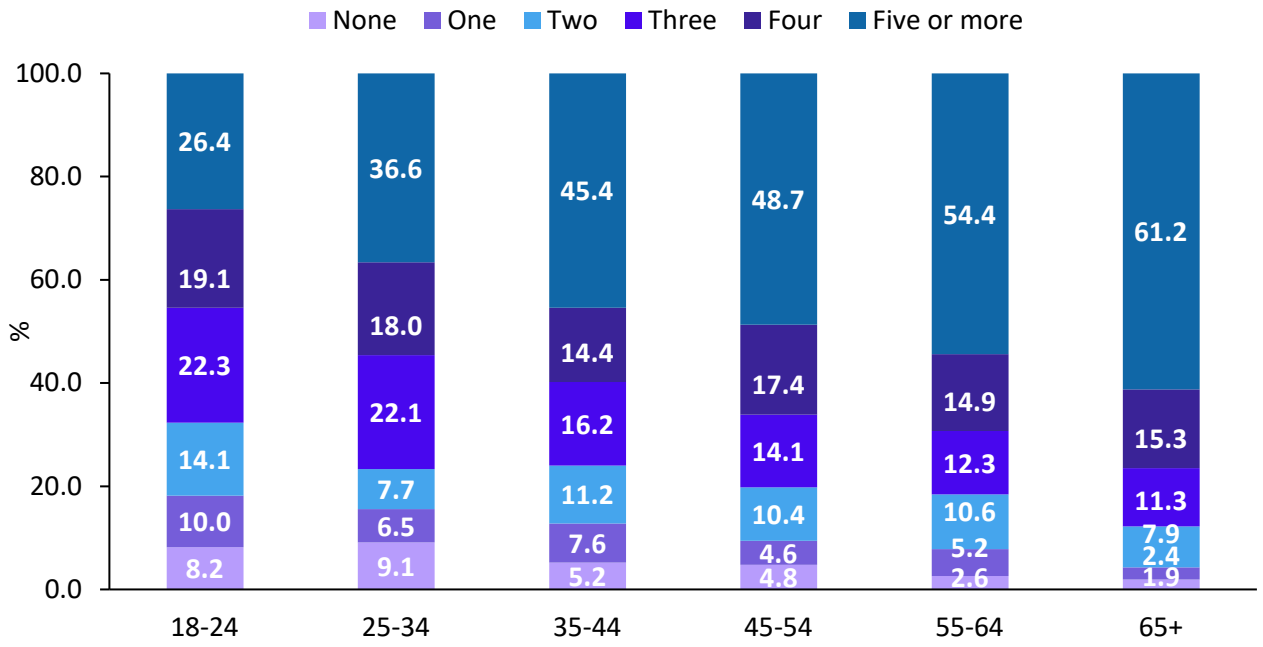


Figure 13: Portions of fruit and vegetables consumed yesterday by age group (years)



Box 4: Health in focus – Poor diet

Poor diet

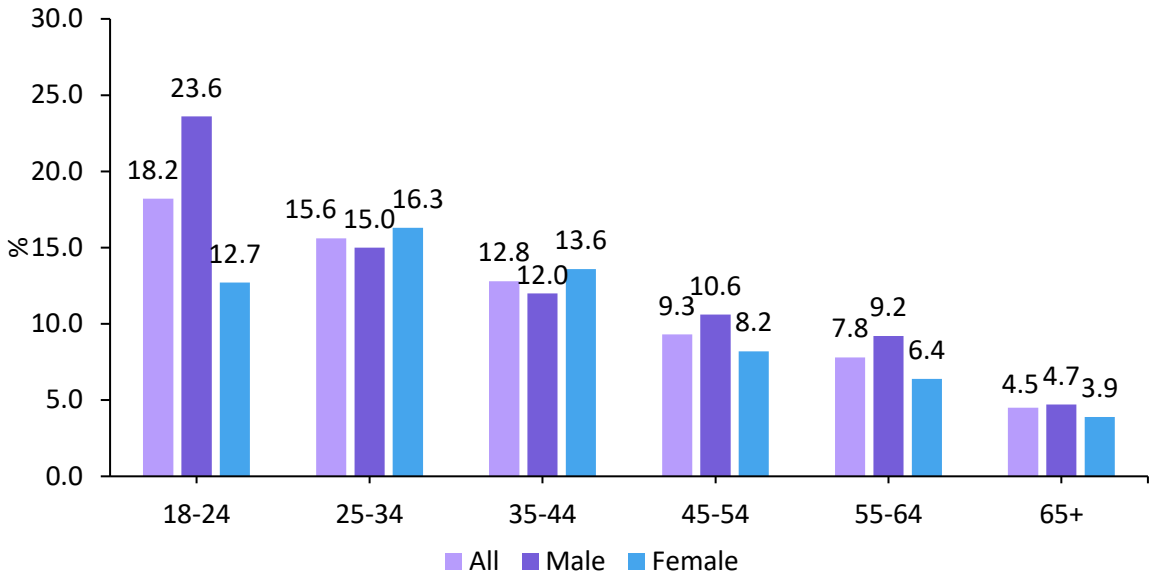
<2 pieces of fruit and/or vegetables a day

9.8% of all adults

- A higher proportion of males (10.9%) reported having a poor diet compared with females (8.9%; Table A8). There was also a decrease of reporting a poor diet with age, those in the youngest age group were most likely to report having a poor diet (18.2%) compared with those in the oldest age group 65+ (4.5%; Figure 14; Table A8).

- In sample (unweighted) analyses, having a poor diet was significantly associated with age (p<0.001) but not gender (Table A8). Poor diet was also significantly associated with: income level (<£20,000, 9.8%, £20,000-£79,999, 8.3%; £80,000+, 4.1%; p<0.01); qualification level (no qualifications, 12.3%; qualifications, 7.4%; p<0.05); employment status (employed, 9.4%; unemployed, 6.3%; p<0.01) and, home ownership status (does not own home, 11.8%; owns home, 6.6%; p<0.001; Table A8).

Figure 14: Prevalence of poor diet by age group (years) and gender



3.4 Exercise

The Isle of Man Health and Lifestyle Survey included a range of questions on exercise including time spent sitting on a typical day and physical activity from sport or recreation in the past week.

3.4.1 Daily activity level

45.4% of adults reported sitting down for more than 8 hours a day.

- Four in ten (42.1%) adults reported sitting between 4 and 8 hours a day (Figure 15). Almost a third (30.4%) of adults reported sitting between 8 and 11 hours, whilst less than one fifth of adults (15.0%) sat for more than 11 hours, similarly (12.5%) reported spending less than 4 hours sitting down (Figure 15; Table A9).
- A higher proportion of males (49.2%) than females (41.6%) reported usually sitting down for more than 8 hours a day (Table A9).
- The proportion of adults sitting down for more than 8 hours a day generally decreased as age increased (Figure 16; Table A9).
- The proportion of adults usually sitting down during the day and not walking about much increased as income level increased (<£20,000, 38.1%; £20,000-79,999, 46.5%; £80,000+, 54.7%; Table A9).

Figure 15: Daily activity level (hours)

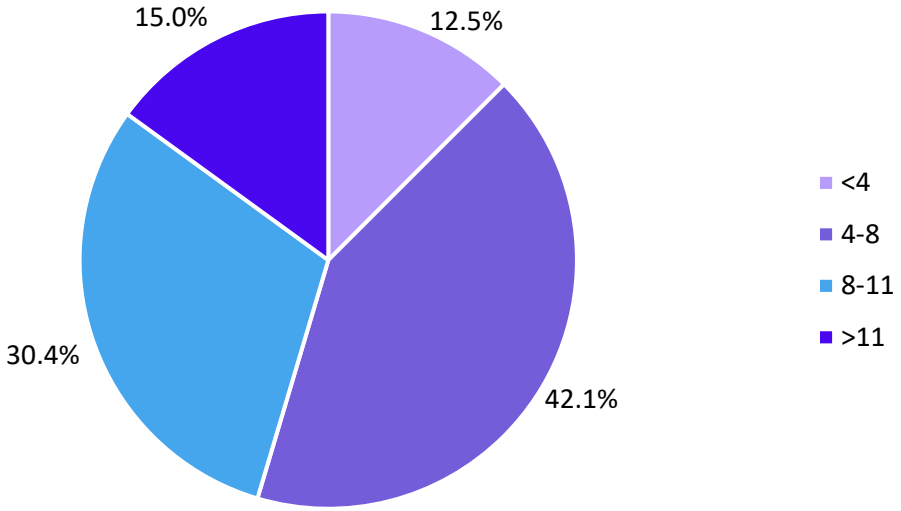
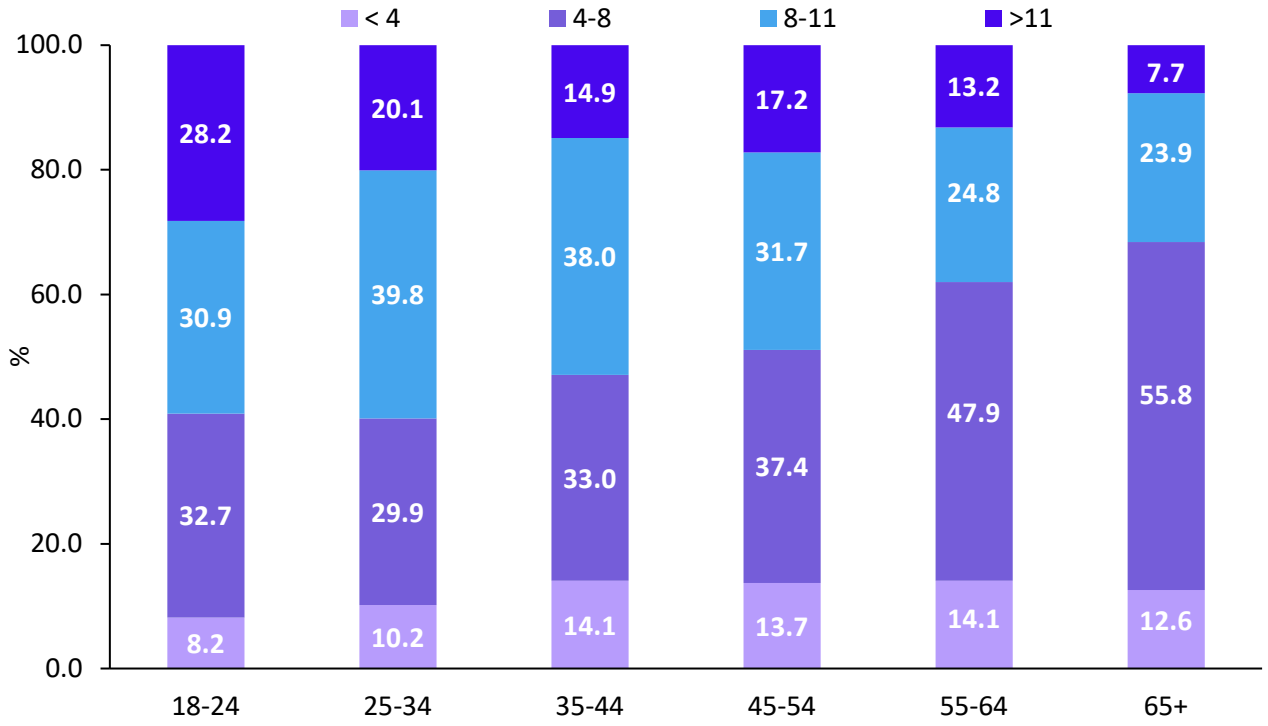


Figure 16: Daily activity level (hours) by age group (years)



3.4.2 Physical activity from sport or recreation

23.8% of adults spent 7 hours or more participating in sport or recreational activity in the past week

- Almost one quarter (23.8%) of adults spent 7 or more hours in the past week taking part in sport or recreational activity that made them slightly breathless and warm, one fifth (22.7%) of adults spent 4:00-6:59 hours, and 34.1% spent 1:00-3:59 hours (Figure 15; Table A10). One fifth (19.5%) of adults spent less than one hour in the past week taking part in sport or recreational activity (Figure 17; Table A10). Overall, six in ten (60.6%) adults took part in the recommended 2.5 hours or more of sport or recreational activity in the past week (see Box 5).
- A higher proportion of males (27.3%) than females (20.4%) spent 7 or more hours in the past week taking part in sport or recreational activity that made them slightly breathless and warm (Table A10).
- The proportion of adults spending 7 or more hours in the past week taking part in sport or recreational activity that made them slightly breathless and warm was highest amongst those in the oldest age groups (55+ years) and lowest amongst those aged 18-24 years (Figure 18; Table A10).

- The proportion of adults spending 7 or more hours in the past week taking part in sport or recreational activity that made them slightly breathless and warm was lowest amongst the middle income group (<£20,000, 24.1%; £20,000-79,999, 23.2%; £80,000+, 24.4%; Table A10).

Figure 17: Physical activity from sport or recreation in the past week (hours, minutes)

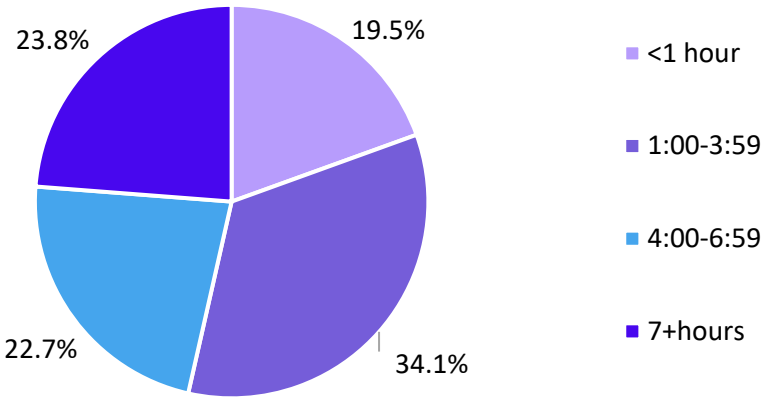
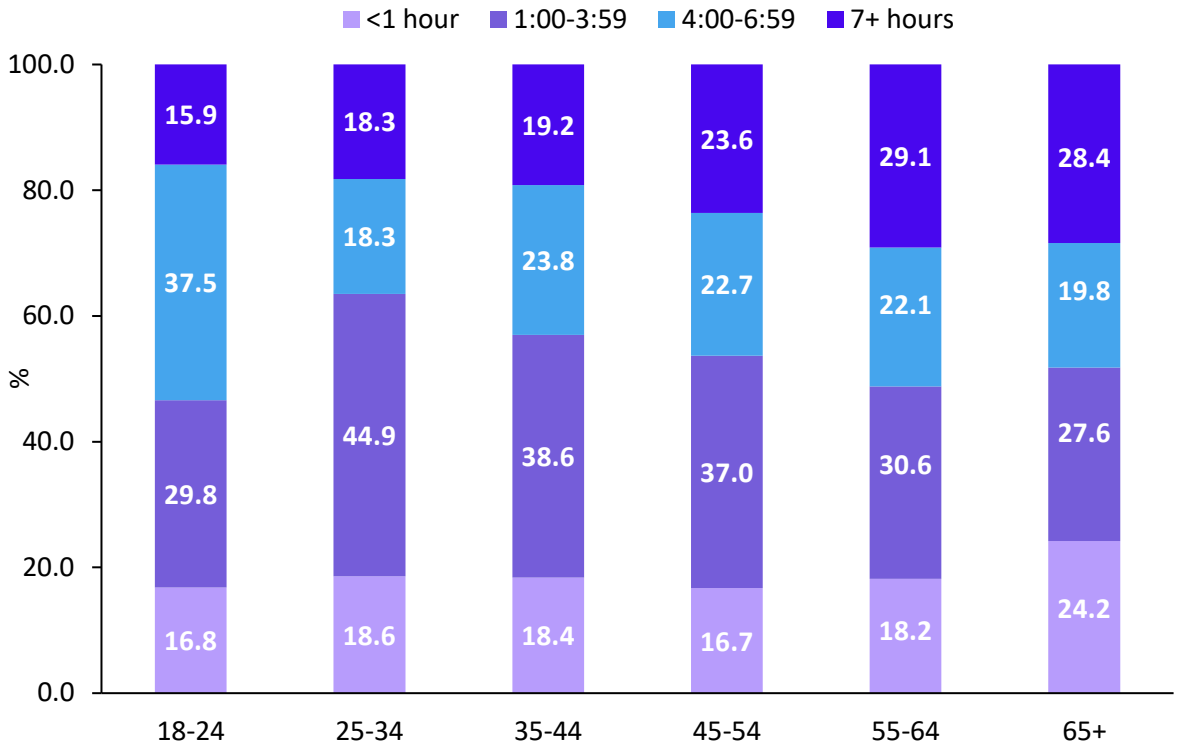


Figure 18: Physical activity from sport or recreation in the past week (hours, minutes) by age group (years)



Box 5: Health in focus – Low physical exercise

Low physical exercise

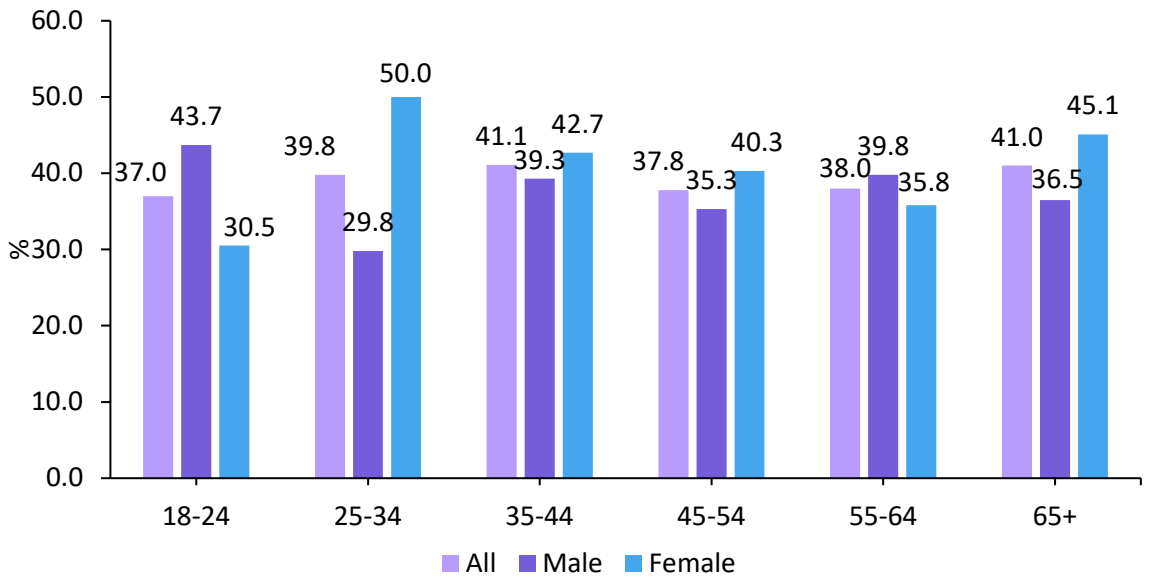
Taking part in less than 2.5 hours of physical activity (e.g. walking quickly, cycling, sports or exercise) in the past week.

39.4% of all adults

- A slightly higher proportion of females (41.7%) reported having lower physical activity compared with males (37.0%). Participants aged 18-24 were least likely to report low physical activity (37.0%) whilst the highest prevalence of low physical activity was amongst adults aged 35-44 years (41.1%) and 65+ years (41.0%; Figure 19; Table A11).

- In sample (unweighted) analyses, low physical activity was significantly associated with gender ($p<0.05$) but not age (Table A11). The prevalence of low physical activity was significantly associated with: income level (<£20,000, 45.5%, £20,000-£79000, 38.1%; £80,000+, 34.6%; $p<0.01$); relationships status (single, 42.7%; in a relationship, 38.1%; $p<0.05$); qualification level (no qualifications, 47.8%; qualifications, 38.4%; $p<0.05$); place of birth (IoM, 36.1%; other, 42.2%; $p<0.01$); and, home ownership status (does not own home, 47.7%; owns home, 37.4%; $p<0.001$; Table A11).

Figure 19: Prevalence of low physical exercise by age group (years) and gender



3.5 Weight

The Isle of Man Health and Lifestyle Survey included questions on height and weight enabling a calculation of individuals' Body Mass Index (BMI), in addition to self-perception of weight and health professional's perception of individual's weight.

3.5.1 Body Mass Index (BMI)

31.9% of adults were classified as normal weight

- Using World Health Organisation classifications of BMI [4], almost one third (31.9%) of adults were classified as normal weight, with a BMI of 18.5-24.9 (Figure 20; Table A12). One in twenty (5.4%) adults were classified as underweight (BMI <18.5; Figure 20; Table A12). Overall, over six in ten (62.8%) adults were overweight or obese (see Box 6). Over one third (35.2%) of adults were overweight (BMI 25.0-29.9). Over one quarter (27.6%) of adults were obese: with 16.5% class 1 obesity (BMI 30.0-34.9), 6.2% class 2 obesity (BMI 35.0-39.9) and 4.9% class 3 obesity (BMI ≥40) (Figure 20; Table A12).
- A higher proportion of females (34.8%) than males (28.7%) had a BMI in the normal weight range (Table A12).
- The proportion of adults with a BMI in the normal weight range was highest amongst those in the youngest age group and showed an approximate decrease as age group increased (Figure 21; Table A12).
- The proportion of adults with a BMI in the normal weight range was highest amongst those in the highest income group and decreased as income group decreased (<£20,000, 29.0%; £20,000-79,999, 32.5%; £80,000+, 34.0%; Table A12).

Figure 20: BMI classifications

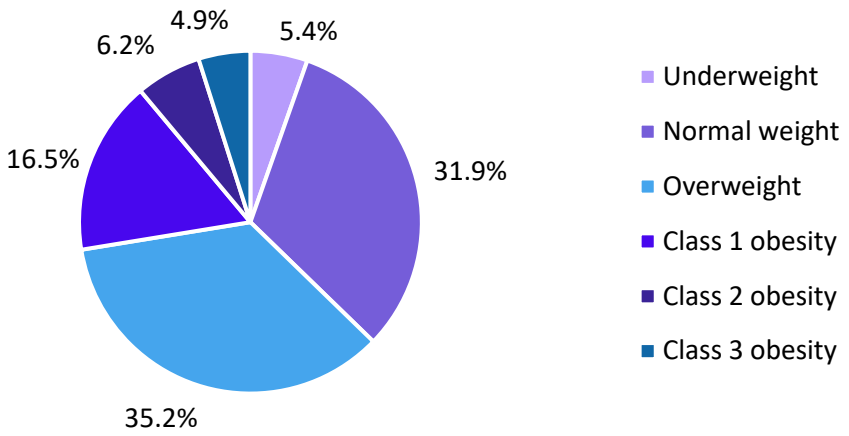
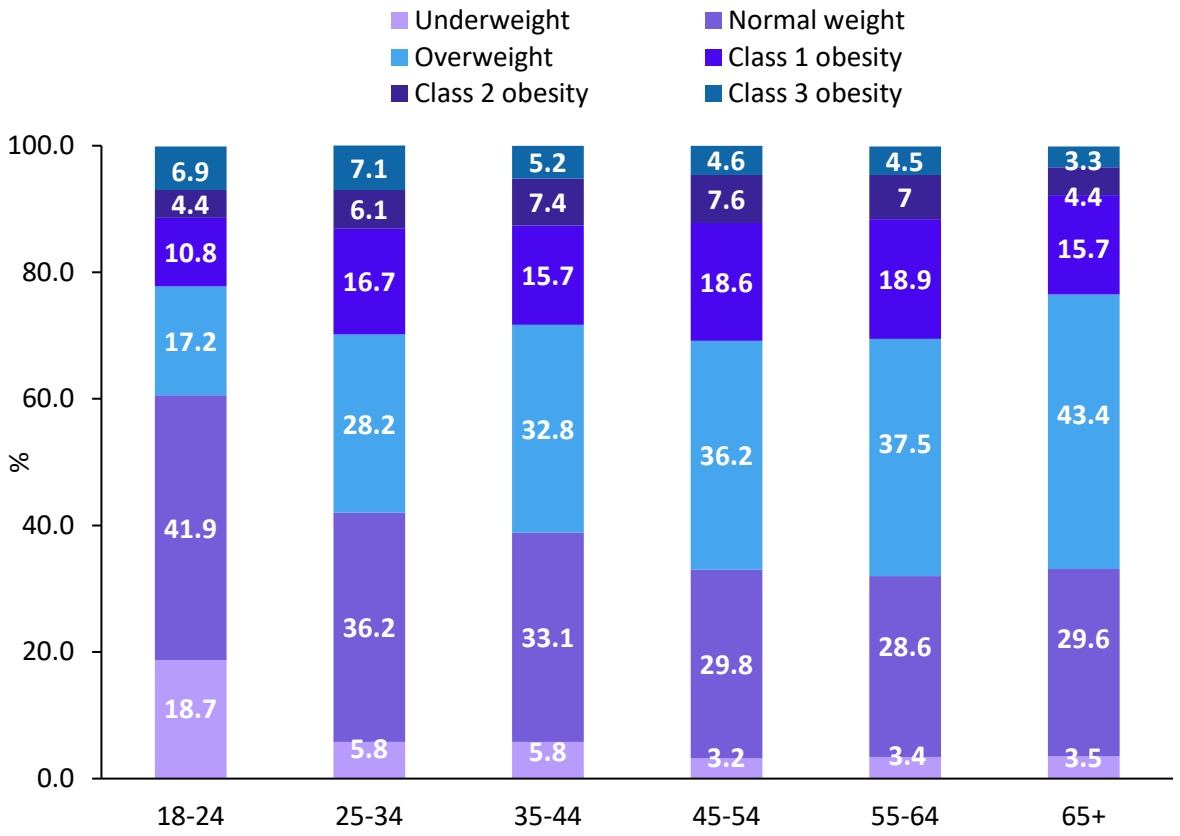


Figure 21: BMI classification by age group (years)



3.5.2 Self-reported weight classification and BMI comparison

38.3% of adults underestimated their weight classification compared to their BMI classification

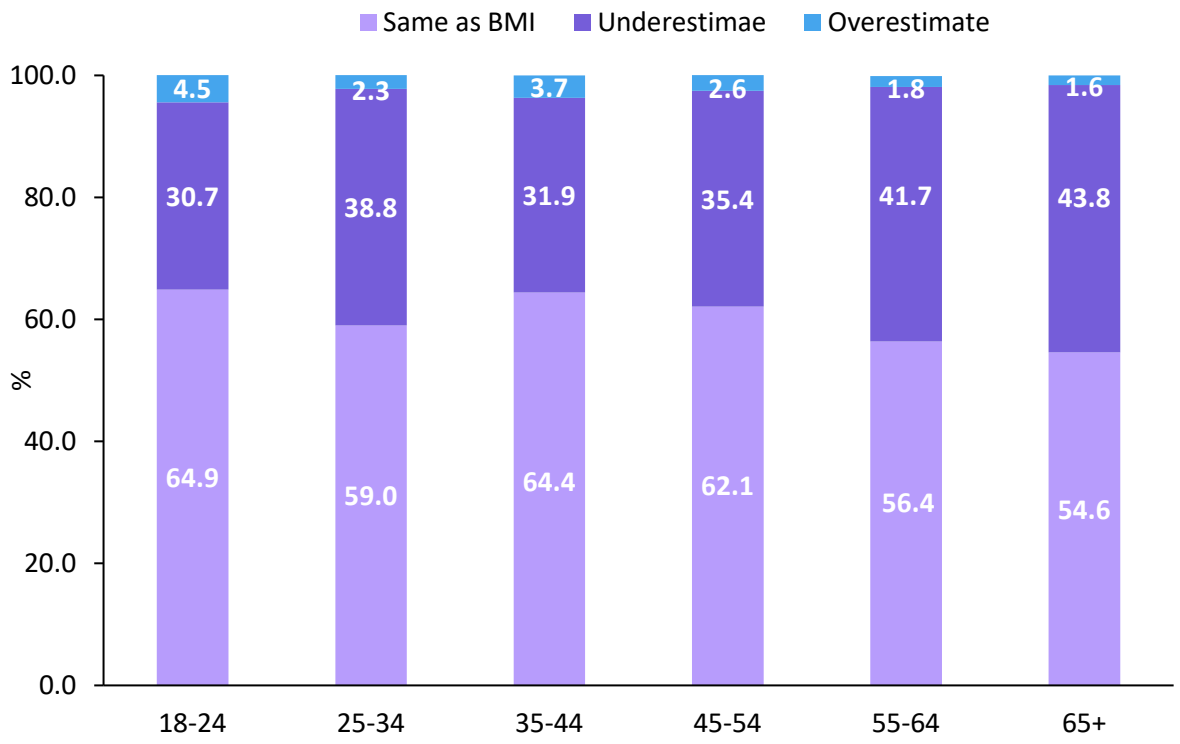
- Four in ten (44.7%) adults believed that they were a healthy weight, whilst 41.2% said they were overweight, 10.1% said they were very overweight, 2.5% reported being underweight and 1.5% were unsure about their weight.
- Three in ten (30.9%) adults had been told by a health professional that they were overweight. Of those who believed they were very overweight, the majority (92.1%) had also been told by a health professional they were overweight. Of those who believed they were overweight, 46.4% had also been told they were by a health professional. Approximately one in twenty adults who reported they were about healthy weight (4.3%) or underweight (5.8%) had been told by a health professional they were overweight. 11.4% of those who were unsure about their weight had been told by a health professional they were overweight.
- Adults self-reported weight category was compared to their BMI category[10] to estimate the proportion of adults who correctly knew they weight, underestimated their weight or overestimated their weight. Almost six in ten (59.3%) adults self-

[10] Self-reported 'very overweight' was coded as correct for BMI's Class 1 obesity, Class 2 obesity, and Class 3 obesity.

reported their weight as the same as their BMI classification, 38.3% of adults underestimated their weight classification (i.e. reported a lower weight classification than their BMI classification), and 2.5% overestimated their weight (i.e. placed their weight in a higher classification than their BMI classification).

- A higher proportion of females (64.9%) than males (53.4%) self-reported their weight classification as the same as their BMI classification. A higher proportion of females (3.7%) than males (1.2%) overestimated their weight classification, whilst a higher proportion of males (45.4%) than females (31.4%) underestimated their weight classification (Table A13).
- The proportion of adults who self-reported their weight classification as the same as their BMI weight classification was highest amongst those aged 18-24 years and lowest amongst those aged 65+ years (Figure 22; Table A13).
- The proportion of adults who self-reported their weight classification as the same as their BMI weight classification was highest amongst the highest income group and decreased as income group decreased (<£20,000, 57.4%; £20,000-79,999, 57.9%; £80,000+, 64.9%; Table A13).

Figure 22: Accuracy of self-reported weight classification by age group (years)



Box 6: Health in focus – Overweight or obese

Overweight or obese

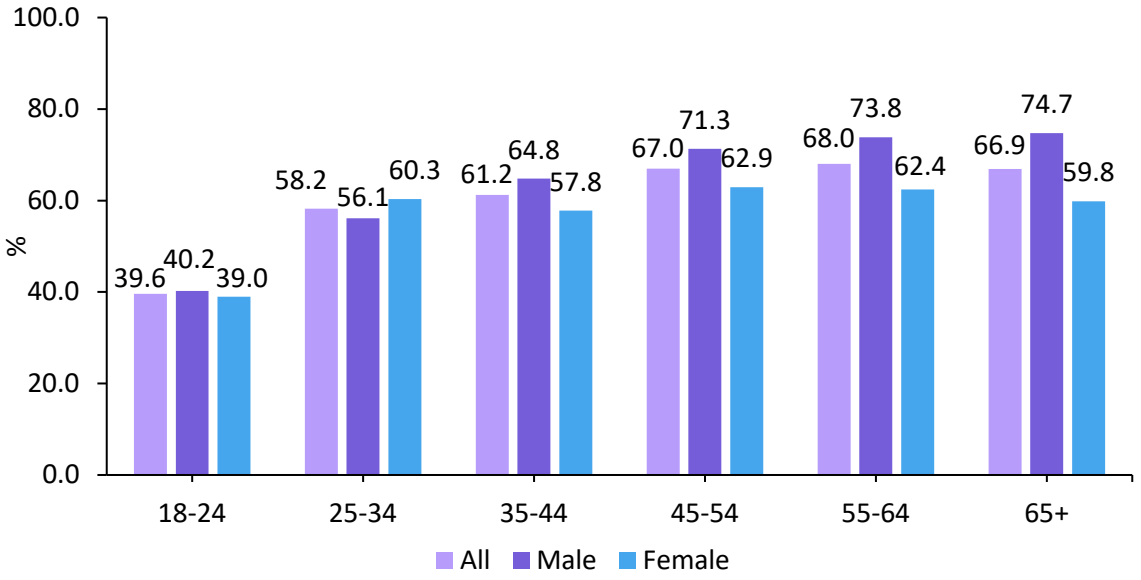
Body Mass Index (BMI) of 25 or more

62.8% of all adults

- A higher proportion of males (61.7%) than females (58.8%) were classified as overweight or obese. The highest prevalence of overweight or obese individuals was amongst those aged 55-64 years (68.0%), whilst the lowest was amongst those aged 18-24 years (39.6%; Figure 23; Table A14).

- In sample (unweighted) analyses, being overweight or obese was significantly associated with age ($p<0.001$) and gender ($p<0.001$; Table A14). The prevalence of being overweight or obese was not significantly associated with any other sociodemographics (Table A14).

Figure 23: Prevalence of overweight or obese adults by age group (years) and gender



3.6 General health

The Isle of Man Health and Lifestyle Survey included a range of questions on general health including self-reported general health, health conditions and attending health checks.

3.6.1 Self-reported general health

71.6% of adults had very good/good self-reported general health

- Almost three quarters (71.6%) of adults had very good or good self-reported general health, 22.8% reported having fair general health and 5.6% reported very bad or bad general health (Figure 24; Table A15). Adults were also asked to rate their health on the day of participation in the survey on a scale from 0-100 (where 100 is the best heath you can imagine). The average score was 77.1 (see Box 7).
- A slightly higher proportion of males (72.9%) than females (70.2%) had very good or good self-reported general health, and a higher proportion of males (22.0%) compared to females (23.6%) reported fair general health. More females (6.2%) than males (5.1%) reported very bad or bad general health (Table A15).
- The proportion of adults with good or very good general health was highest amongst those aged 35-44 years and lowest amongst those aged 18-24 years (Figure 25; Table A15).
- The proportion of adults with good or very good general health was highest amongst the highest income group and decreased as income group decreased (<£20,000, 58.9%; £20,000-79,999, 72.4%; £80,000+, 85.3%; Table A15).

Figure 24: Self-reported general health

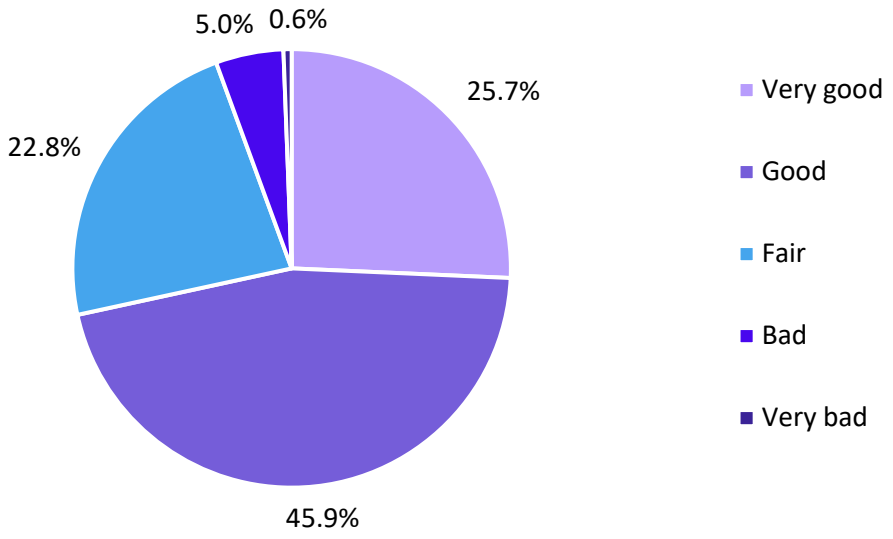
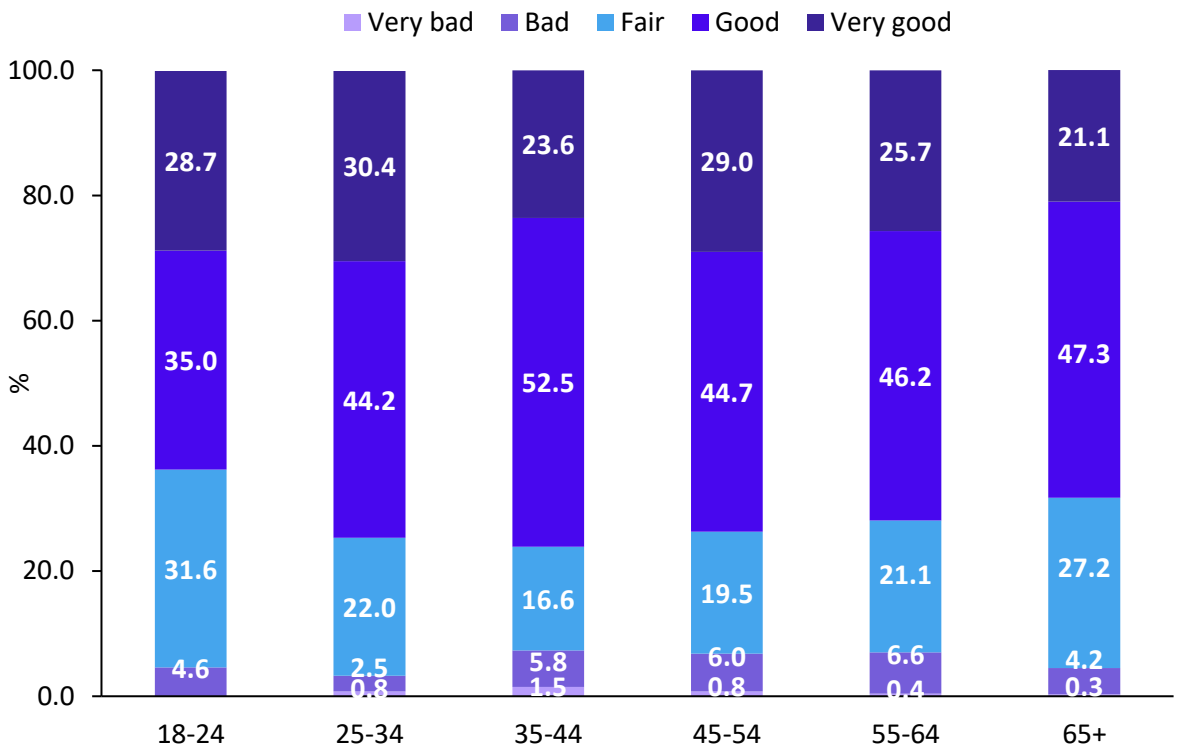


Figure 25: Self-reported general health by age group (years)



3.6.2 Health conditions

43.3% of adults had a physical or mental health condition or illness lasting or expected to last 12 months or more

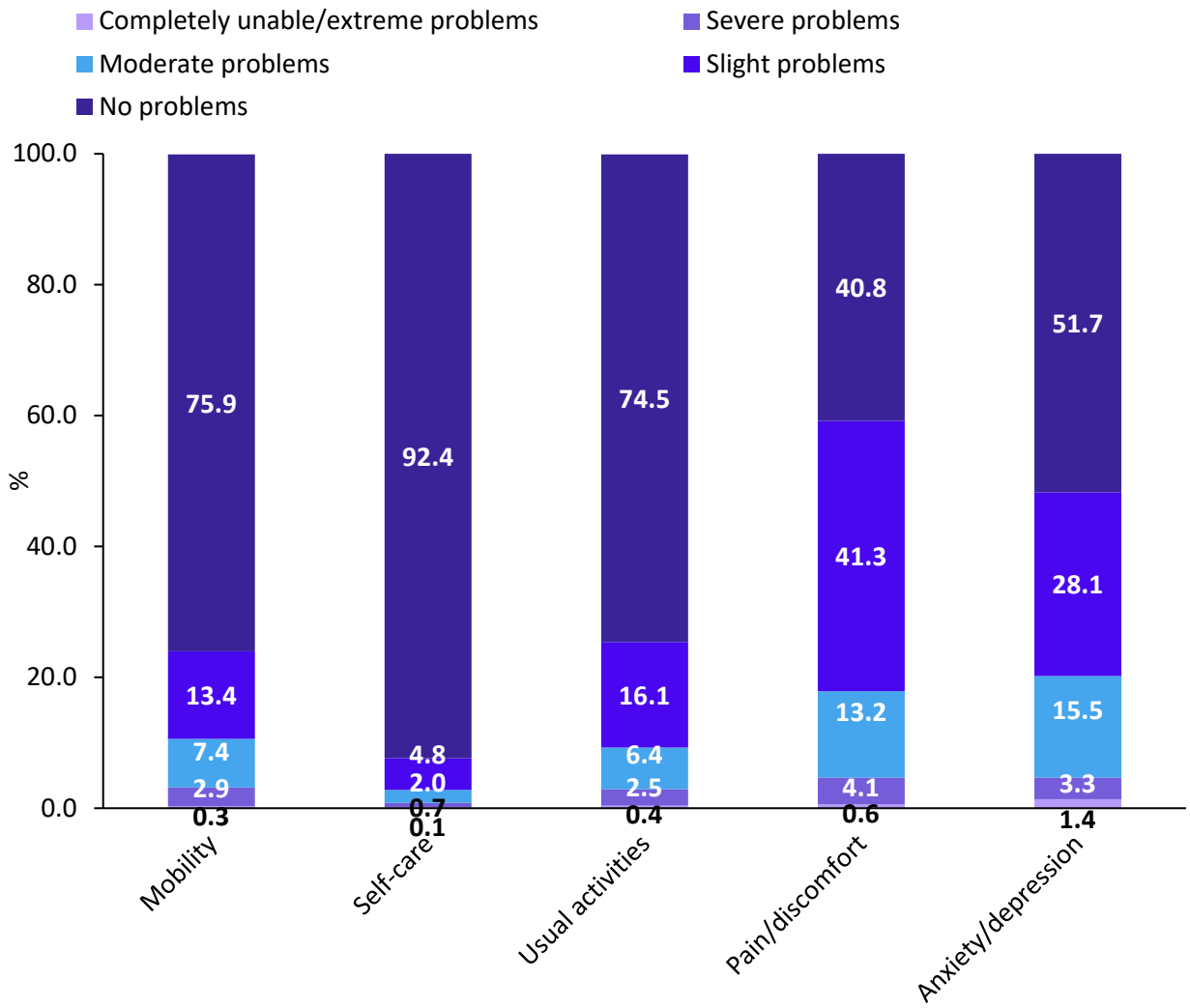
Long-term health conditions

- Four in ten (43.3%) adults had a physical or mental health condition or illness lasting or expected to last 12 months or more. Of those adults who had a condition, over half (56.8%) reported their illness limited their activities a little, 21.9% reported the condition limited their activities a lot, and 21.2% reported the condition did not limit their activities at all.
- A higher proportion of females (45.1%) reported having a health condition compared with males (41.5%; Table A16).
- The proportion of adults with a long-term health condition was highest amongst those aged 65+ years (52.9%) and lowest amongst those aged 25-34 years (32.4%; Table A16).
- The proportion of adults with a long-term health condition was highest amongst the lowest income group and decreased as income group increased (<£20,000, 59.5%; £20,000-79,999, 41.4%; £80,000+, 33.8%; Table A16).

Activities of daily living, pain and mental health problems

- Three quarters (75.9%) of adults had no problems with their mobility (e.g. walking about), whilst 3.2% of adults were unable to walk or had severe mobility problems (Figure 26).
- The majority (92.4%) of adults had no problems with self-care (e.g. washing or dressing themselves), whilst 0.8% of adults were unable to wash or dress themselves or had severe problems doing so (Figure 26).
- Over seven in ten (74.5%) adults had no problems doing their usual activities (e.g. work, study, housework, family or leisure activities), whilst 2.9% of adults were unable to do their usual activities or had severe problems doing so (Figure 26).
- Approximately four in ten adults (40.8%) had no pain or discomfort, whilst 4.7% of adults had extreme or severe pain or discomfort (Figure 26).
- Over half (51.7%) of adults were not anxious or depressed, whilst 4.7% of adults had extreme or severe anxiety or depression (Figure 26).

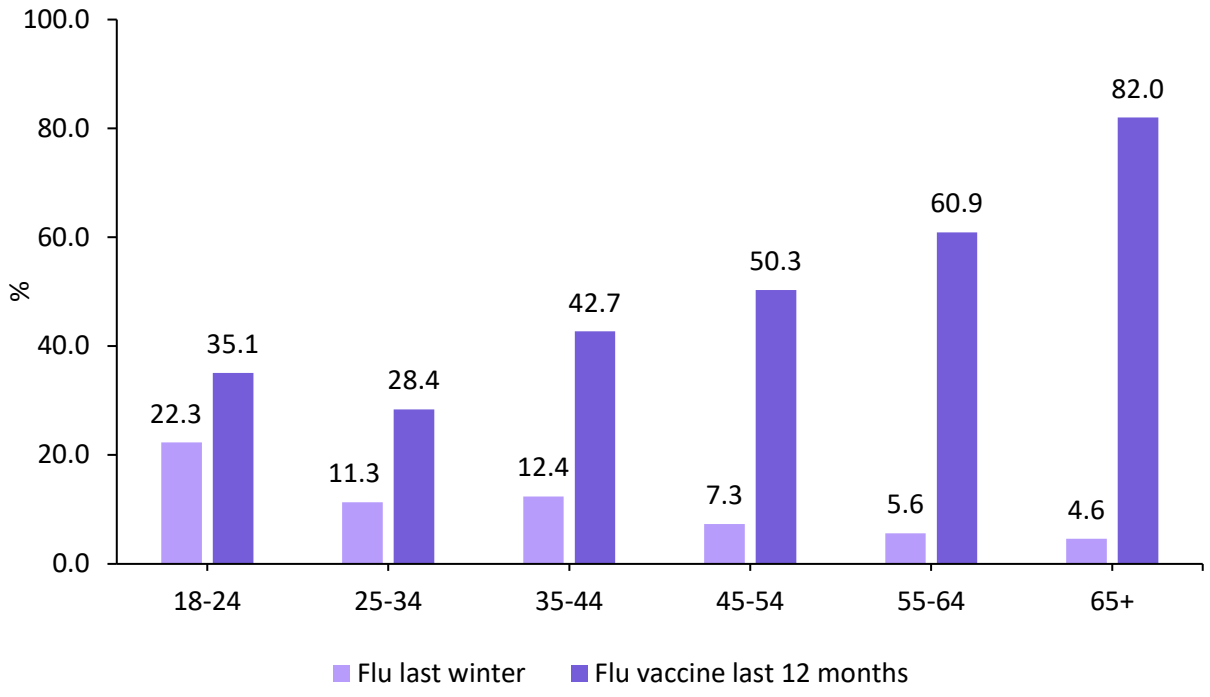
Figure 26: Activities of daily living, pain and mental health problems



Flu

- Les than one in ten (8.7%) adults had the flu last winter[11]. Four in ten (44.6%) adults had not had the flu vaccine in the past 12 months. Of those who had the flu vaccine, the majority (90.8%) received it for free. Of those who had the flu vaccine, 7.3% had the flu last winter, compared to 10.1% of those who did not have the flu vaccine.
- A slightly higher proportion of females (9.4%) than males (8.0%) had the flu last winter, and a higher proportion of females (59.6%) than males (51.0%) had the flu jab in the last 12 months (Table A16).
- The prevalence of flu last winter was highest amongst the youngest age group (18-24 years, 22.3%) and prevalence generally decreased as age group increased (Figure 27; Table A15). The highest proportion of adults receiving the flu vaccine in the past 12 months was amongst those aged 65+ years and there was an approximate decrease as age group decreased (Figure 27; Table A16).
- The prevalence of flu last winter was highest amongst those in the middle income group (<£20,000, 5.5%; £20,000-79,999, 9.9%; £80,000+, 5.4%; Table A15). The proportion of adults who had the flu vaccine last winter was highest amongst the lowest income group and decreased as income group increased (<£20,000, 62.6%; £20,000-79,999, 53.9%; £80,000+, 47.4%; Table A16).

Figure 27: Prevalence of flu and flu vaccine by age group (years)



[11] Defined as a sudden fever, a temperature of 38°C or above, an aching body, feeling tired or exhausted, a dry cough, a sore throat, and/or a headache.

3.6.3 Health checks and screening

81.3% of adults had attended a dental check within the past five years

- Over three quarters (78.0%) of adults had attended a dental check in the last five years. Among those who had not, 26.4% said they had not because the cost was too high, whilst 19.8% said they didn't receive an invite, 15.7% said they didn't feel they needed it, and 6.6% said it was due to COVID-19.
- Three quarters (75.1%) of adults had attended an eye test in the last five years. Among those who had not, 52.6% said they didn't feel they needed it/wasn't applicable, 21.8% said they did not receive an invite and 3.0% said it was due to COVID-19.
- Over one in ten (13.5%) adults had attended a hearing test in the last five years. Among those who had not, 68.8% said they didn't feel they needed it/wasn't applicable, 23.9% said they hadn't received an invite, and 0.3% said it was due to COVID-19.
- Approximately one in twenty (4.8%) adults had attended a sexual health check-up (sexually transmitted diseases) in the last five years. Among those who had not, 84.4% said they didn't feel they needed it/wasn't applicable, whilst 0.3% said it was due to COVID-19.
- Approximately six in ten (59.5%) adults aged 60+ years had attended colorectal (bowel cancer) screening in the last five years[12]. Of those adults aged 60+ years who had not attended, 37.8% said they did not receive an invite, whilst 18.9% said they didn't feel they needed it, 19.9% said it wasn't applicable and 0.6% said it was due to COVID-19.
- Over seven in ten (73.6%) women aged 50+ years had attended breast mammography (breast cancer screening) in the last five years[13]. Of those women aged 50+ years who had not attended, 41.1% said they did not receive an invite, whilst 32.7% said they didn't feel they needed it/wasn't applicable and 3.7% said it was due to COVID-19.
- Over seven in ten (70.8%) women aged 25-64 years had attended cervical smear testing in the last five years[14]. Of those women aged 25-64 years who had not attended, 17.3% said they did not receive an invite, whilst 39.5% said they didn't feel they needed it/wasn't applicable and 4.7% said it was due to COVID-19.

[12] Bowel cancer screening is available on the Isle of Man for men and women aged 60-75, and adults over the age of 75 years by request.
[13] Breast cancer screening is available on the Isle of Man for women aged 50-70, and women over the age of 70 years by request.
[14] Cervical screening is available on the Isle of Man for women aged 25-64 and is done every three years for women aged 25-49 and every five years for women aged 50-64.

- **Box 7: Health in focus – Poor general health**

Poor general health

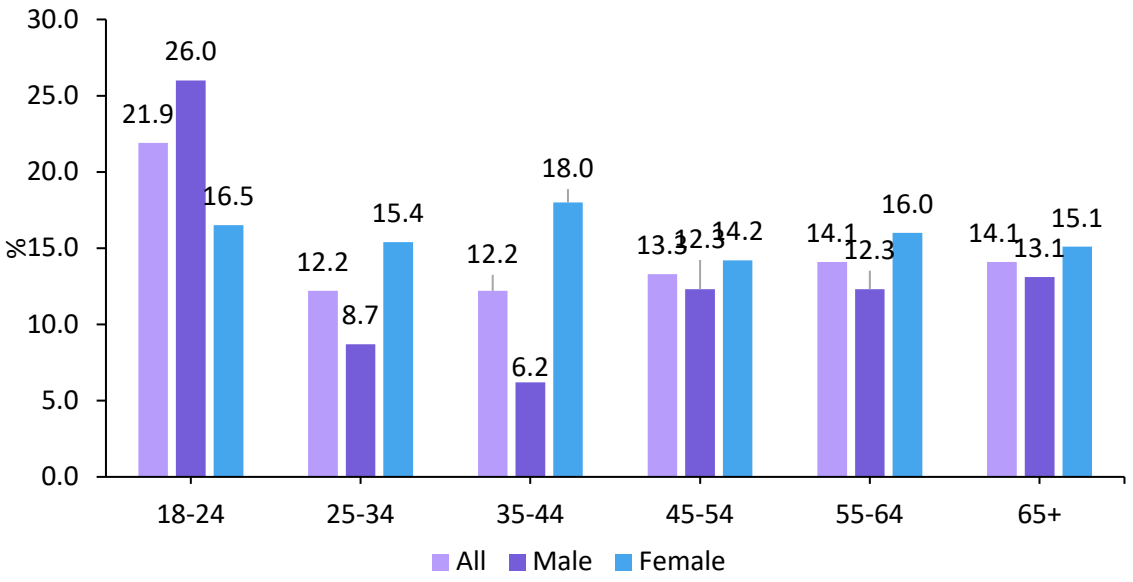
One standard deviation (19.2) below the sample mean score (77.4) on the self-reported health measure (EQ VAS).

14.1% of all adults

- A higher proportion of females (15.7%) had poor health compared with males (12.5%). Participants aged 25-44 years were least likely to have poor health (12.2%) whilst participants aged 18-24 years old had the highest prevalence of poor general health (21.9%; Figure 28; Table A17).

- In sample (unweighted) analyses, having poor general health was significantly associated gender ($p<0.05$) but not age (Table A17). Poor general health was also significantly associated with: income level (<£20,000, 23.1%; £20,000-£79,999, 12.2%; £80,000+, 7.7%; $p<0.001$); relationship status (single, 19.1%; in a relationship, 11.9%; $p<0.001$); qualification level (no qualifications, 25.4%; qualifications, 12.9%; $p<0.001$); employment status (unemployed, 18.8%; employed, 10.2%; $p<0.001$); and, home ownership status (does not own home, 21.3%; owns home, 11.2%; $p<0.001$; Table A17).

Figure 28: Prevalence of poor health by age group (years) and gender (weighted data)



3.8 Wellbeing

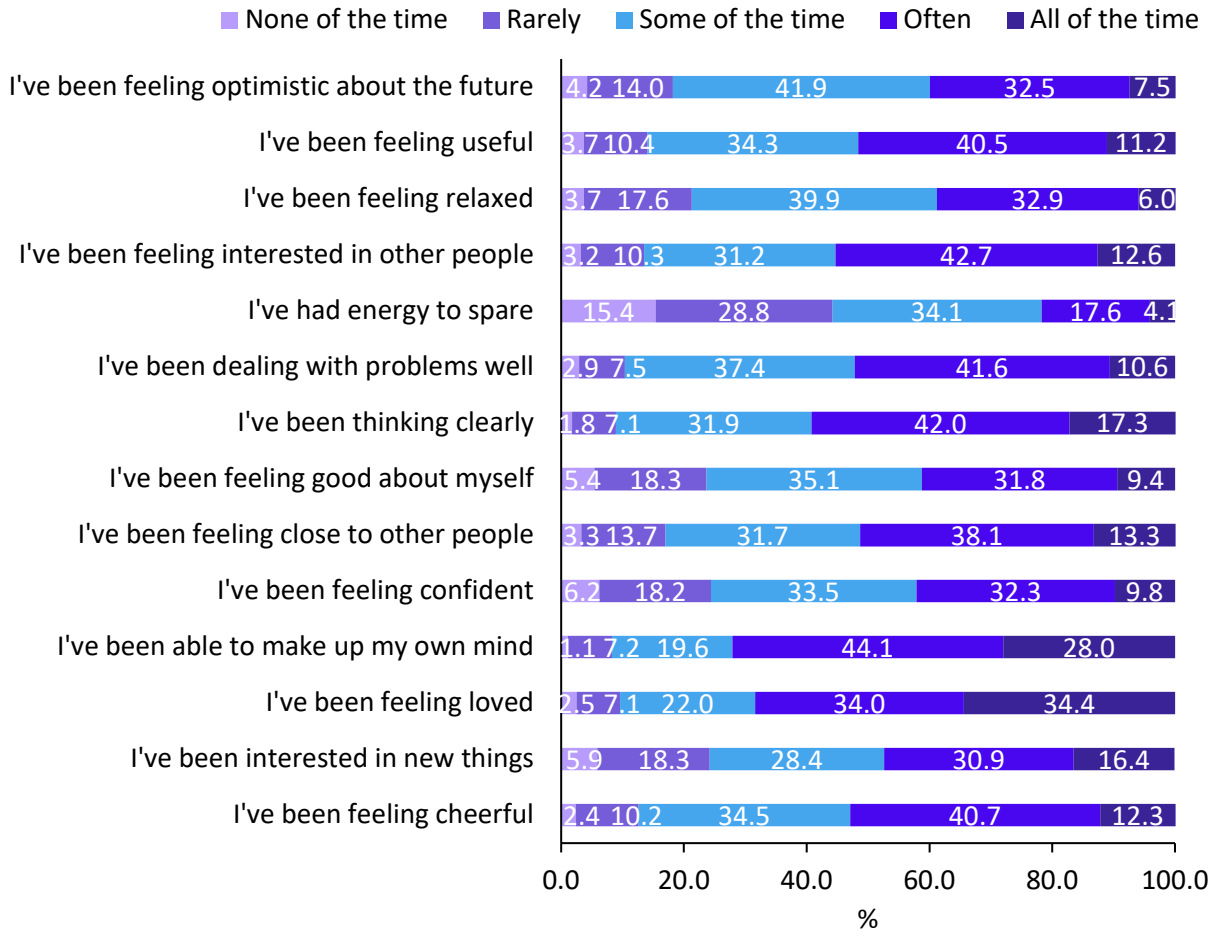
The Isle of Man Health and Lifestyle Survey included a range of questions on wellbeing including mental wellbeing, anxiety, stress, sleep quality, life satisfaction, happiness, feeling life is unworthwhile and social relationships.

3.8.1 Mental wellbeing

Mental wellbeing was measured using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; see section 2). Figure 29 shows the responses to the 14 questions included in the scale and the proportion of adults who gave each response option. Responses to each WEMWBS question are scored and summed into a total WEWMBS score (see section 2). WEWMBS scores were categorised into high (scores of 59 or more), moderate (39-58) or low (38 or lower) mental wellbeing.

11.8% of adults had high mental wellbeing

Figure 29: Responses to the 14 WEMWBS items



- Over one in ten (11.8%) adults had high mental wellbeing, and 70.1% had moderate mental wellbeing (Figure 30; Table A18). Almost one fifth (18.0%) of adults had low mental wellbeing (see Box 8).
- A higher proportion of females (18.6%) than males (11.0%) had high mental wellbeing (Table A18).
- The proportion of adults with high mental wellbeing was highest amongst the oldest (18.2%) age group and showed a general decrease as age group decreased (Figure 31; Table A18).
- The proportion of adults with high mental wellbeing was highest amongst the highest income group (<£20,000, 12.9%; £20,000-79,999, 10.7%; £80,000+, 13.1%; Table A18).

Figure 30: Mental wellbeing

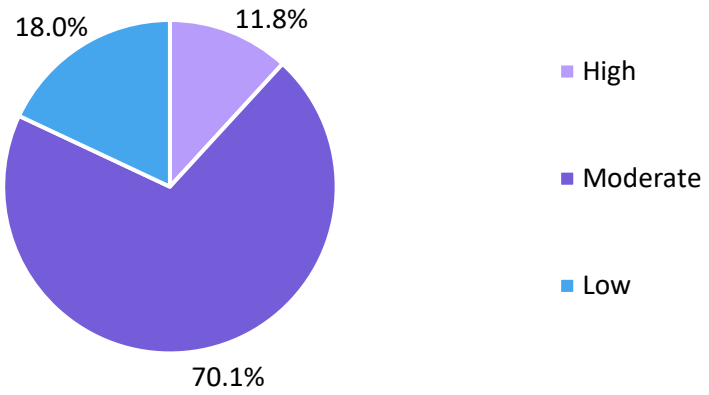
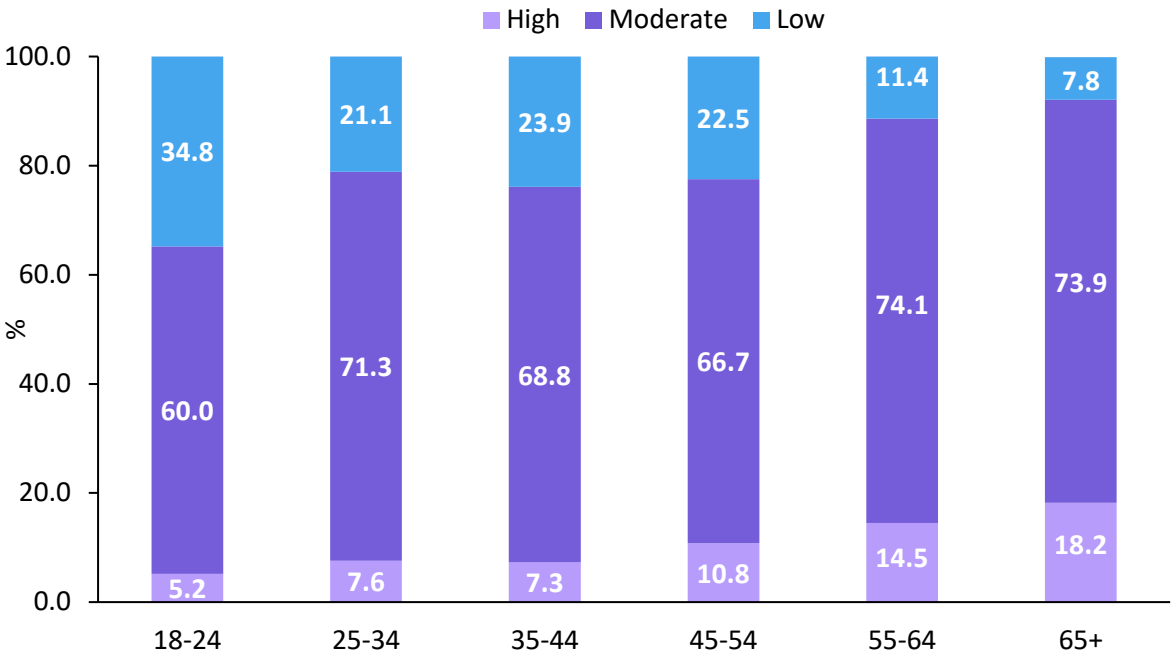


Figure 31: Mental wellbeing by age group (years)



3.8.2 Stress

13.1% of adults experienced a large amount of stress

Level of stress

- More than half (52.0%) of adults were completely free of stress or experienced a small amount of stress, whilst 48.0% experienced moderate or large amounts of stress (Figure 32; Table A19).
- A higher proportion of females (52.5%) than males (43.5%) experienced a moderate or large amount of stress (Table A19).
- The proportion of adults experiencing a moderate or large amount of stress was lowest amongst older age groups (Figure 33; Table A19).
- The proportion of adults experiencing a moderate or large amount of stress was highest amongst the highest income group (<£20,000, 47.4%; £20,000-79,999, 47.9%; £80,000+, 54.3%; Table A19).

Figure 32: Level of stress

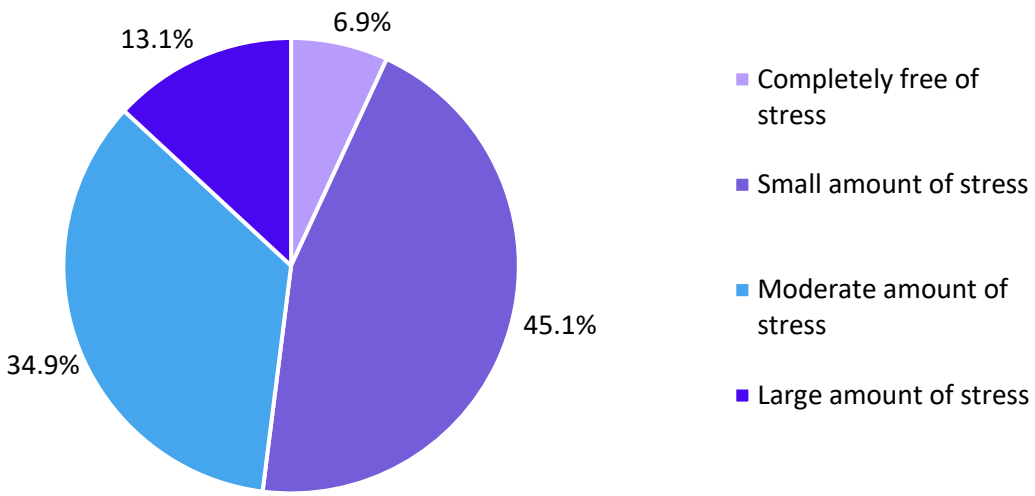
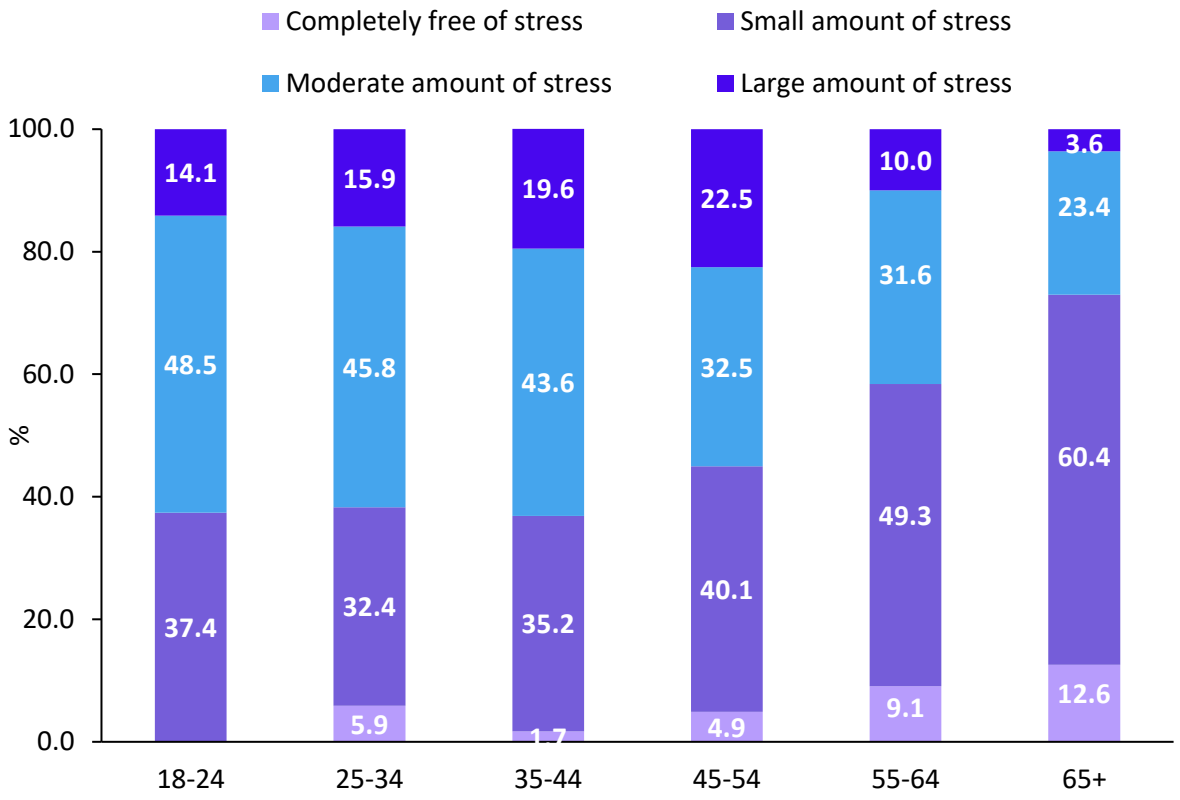


Figure 33: Level of stress by age group (years)

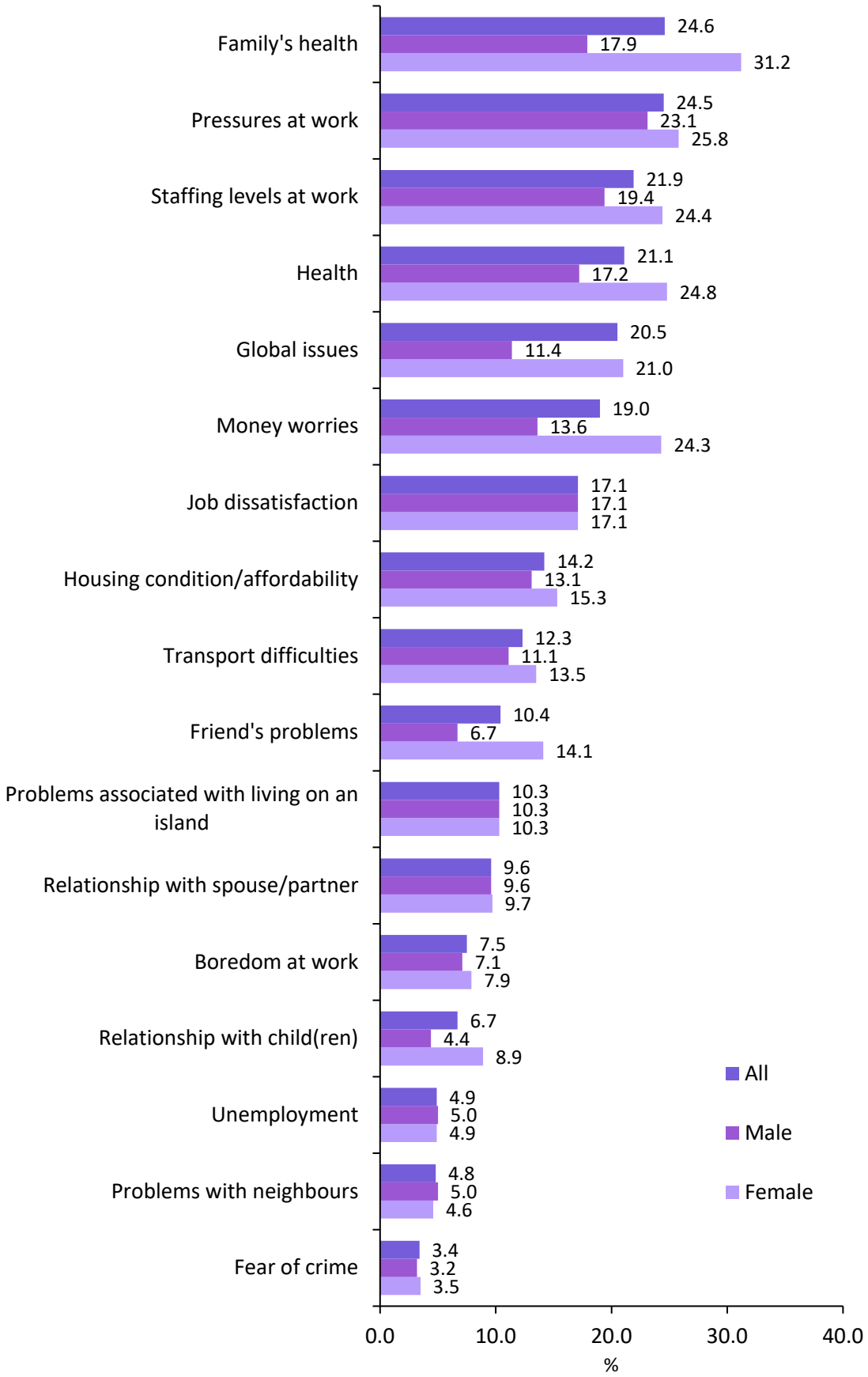


Causes of stress

- Participants were asked about how often a range of different issues caused them stress or anxiety[15]. Family's health was the top reason for stress or anxiety, with 24.6% of adults reporting that it caused them stress or anxiety always or frequently (Figure 32). Other factors which participants reported as always or frequently causing them stress or anxiety were: pressures at work (24.5%); staffing levels at work (21.9%); own health (21.1%); global issues (20.5%); money worries (19.0%); job dissatisfaction (17.1%); housing condition/affordability (14.2%); transport difficulties (12.3%); friend's problems (10.4%); problems associated with living on an island (10.3%); relationship with spouse/partner (9.6%); boredom at work (7.5%); relationship with child(ren) (6.7%); unemployment (4.9%); problems with neighbours (4.8%); and fear of crime (3.4%; Figure 34).
- The most common reason for stress or anxiety for females was family's health (31.2%), whilst for males the most common reason was pressures at work (23.1%; Figure 34).

[15] Respondents were provided with a list of reasons and could tick as many as applicable.

Figure 34: Causes of stress by gender



3.8.3 Sleep quality

19.7% of adults had bad/very bad sleep quality

- Approximately four in ten (39.4%) adults rated their overall sleep quality as very good or good, 40.8% reported their sleep quality was fair, whilst 19.7% reported their sleep quality as bad or very bad (Figure 35; Table A20).
- A higher proportion of females (21.4%) than males (18.0%) rated their overall sleep quality as bad or very bad (Table A20).
- The proportion of adults reporting their overall sleep quality as bad or very bad was highest amongst those in the youngest age group aged 18-24 years (Figure 36; Table A20).
- The proportion of adults reporting their overall sleep quality as bad or very bad was highest amongst the lowest income group (<£20,000, 22.6%; £20,000-79,999, 20.4%; £80,000+, 15.5%; Table A20).

Figure 35: Sleep quality

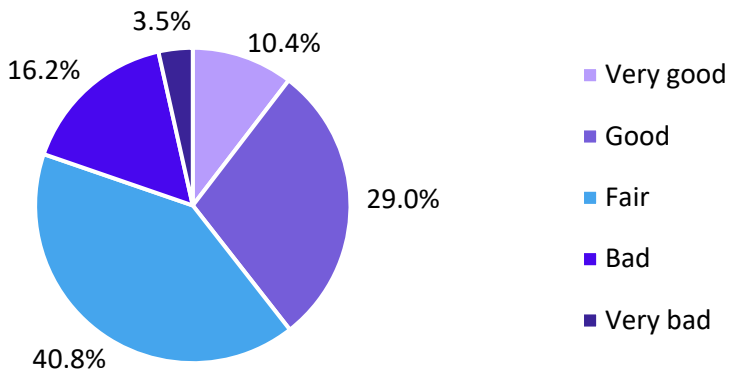
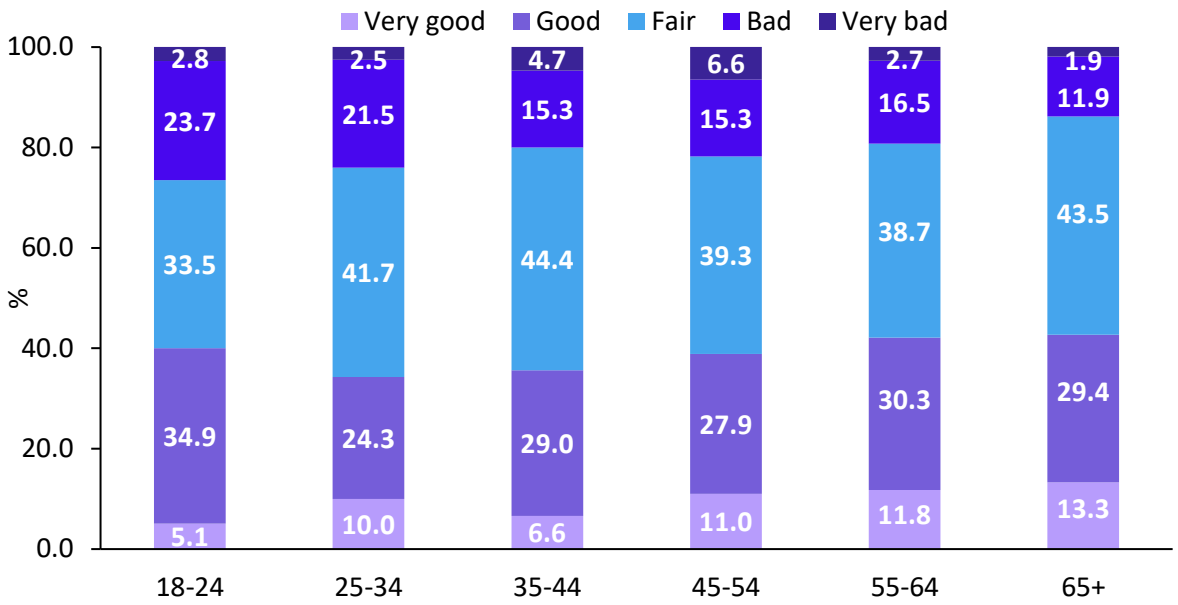


Figure 36: Sleep quality by age group (years)



3.8.4 Anxiety

29.6% of adults were highly anxious[16]

- A higher proportion of females (32.4%) than males (26.9%) were highly anxious on the day of survey participation (Table A21).
- The proportion of adults who were highly anxious was highest amongst those aged 18-24 years (57.1%; 25-34, 30.3%; 35-44, 32.5%; 45-54, 28.1%; 55-64, 23.7%; 65+, 23.6%; Table A21).
- The proportion of adults reporting being highly anxious was highest amongst the middle income group (<£20,000, 26.1%; £20,000-79,999, 30.3%; £80,000+, 30.1%; Table A21).

3.8.5 Life satisfaction

24.4% of adults had low life satisfaction[17]

- A higher proportion of females (25.6%) than males (23.2%) had current low life satisfaction (Table A21).
- The proportion of adults with low life satisfaction was highest amongst those aged 18-24 years (37.9%; 25-34, 21.3%; 35-44, 31.0%; 45-54, 27.3%; 55-64, 20.9%; 65+, 18.1%; Table A21).
- The proportion of adults reporting low life satisfaction was highest amongst the lowest income group and decreased as income group increased (<£20,000, 33.5%; £20,000-79,999, 25.5%; £80,000+, 15.5%; Table A21).

3.8.6 Happiness

26.9% of adults had low happiness[17]

- A higher proportion of females (27.8%) than males (26.0%) had low happiness on the day of survey participation (Table A21).
- The proportion of adults reporting low happiness was highest amongst those aged 18-24 years (38.9%; 25-34, 29.4%; 35-44, 32.3%; 45-54, 29.9%; 55-64, 21.0%; 65+, 20.6%; Table A21).
- The proportion of adults reporting low happiness was highest amongst the lowest income group and decreased as income group increased (<£20,000, 34.2%; £20,000-79,999, 27.3%; £80,000+, 21.8%; Table A21).

[16] Scores ≥6 on a scale of 0 (not at all) to 10 (completely).
[17] Scores <6 on scale from 0 (not at all) to 10 (completely).

3.8.7 Feeling life is unworthwhile

28.9% of adults felt the things they do in life are unworthwhile17

- A higher proportion of males (30.3%) than females (27.5%) reported feeling life is unworthwhile (Table A21).
- The proportion of adults feeling life is unworthwhile was highest amongst those aged 18-24 years (47.1%; 25-34, 32.1%; 35-44, 31.4%; 45-54, 29.9%; 55-64, 23.0%; 65+, 23.0%; Table A21).
- The proportion of adults feeling life is unworthwhile was highest amongst the lowest income group and decreased as income group increased (<£20,000, 37.2%; £20,000-79,999, 28.3%; £80,000+, 22.6%; Table A21).

3.8.8 Social interaction

27.4% of adults have low social interaction[18]

Level of social interaction

- Almost three in ten (27.4%) adults did not have enough social contact or felt socially isolated (i.e., low social interaction), whilst 33.6% had adequate social contact and 39.0% had as much social contact as they wanted (Figure 37; Table A22).
- A higher proportion of males (29.5%) than females (25.3%) had low social interaction (Table A22).
- The proportion of adults reporting low social interaction was highest amongst those aged 35-44 years and lowest amongst those in the oldest age group (Figure 38; Table A22).
- The proportion of adults reporting low social interaction was highest amongst the lowest income group (<£20,000, 36.1%; £20,000-79,999, 26.9%; £80,000+, 25.8%; Table A22).

[18] Had some but not enough social contact with people they like or had little social contact with people and felt socially isolated.

Figure 37: Level of social interaction

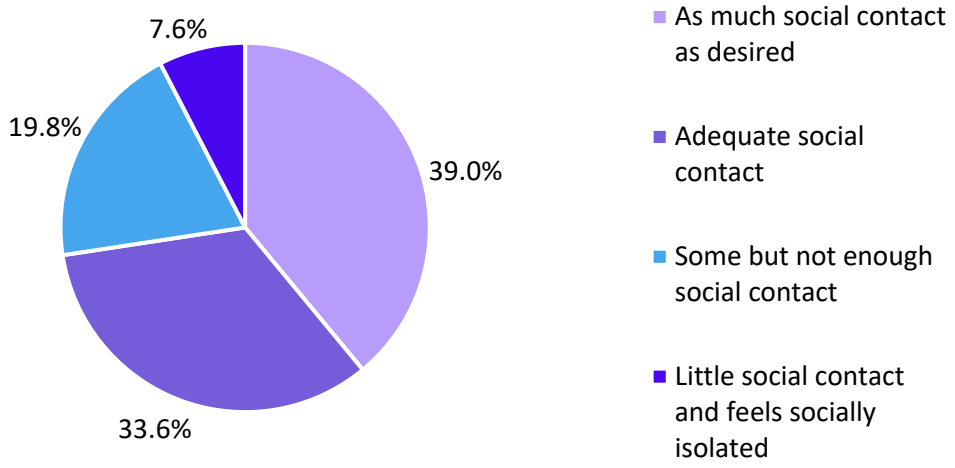
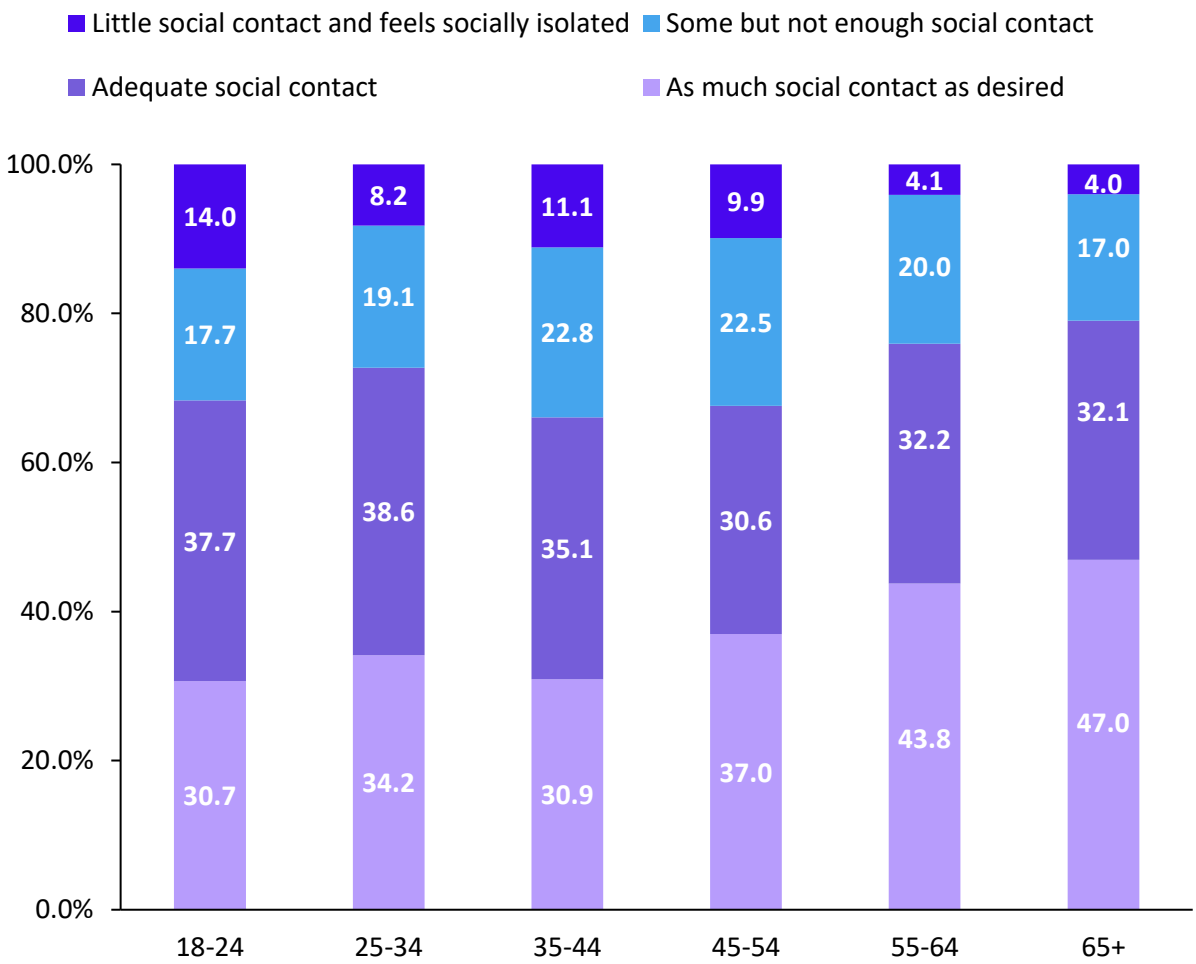


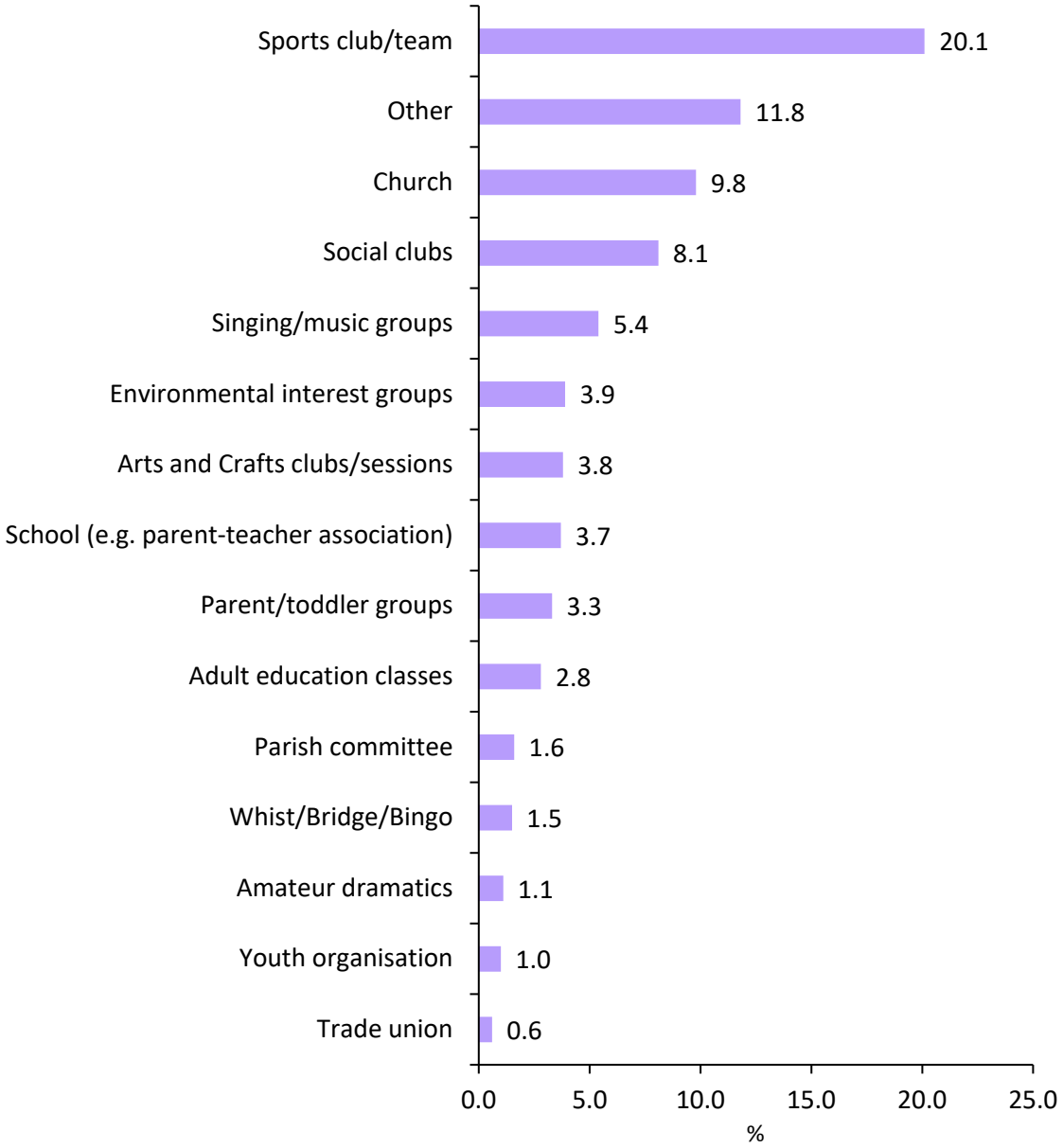
Figure 38: Level of social contact by age group (years)



Engagement in social activities

- Just under half (48.2%) of adults regularly took part in at least one activity with a group or organisation. The most common social activity was engagement in sports clubs or teams[19] (20.1%; Figure 39). One fifth (21.3%) of adults regularly volunteered their time for a registered charity or organisation (e.g. a youth or community group).

Figure 39: Social activities



[19] Respondents were provided with a list of reasons and could tick as many as applicable.

Box 8: Health in focus – Low mental wellbeing

Low mental wellbeing

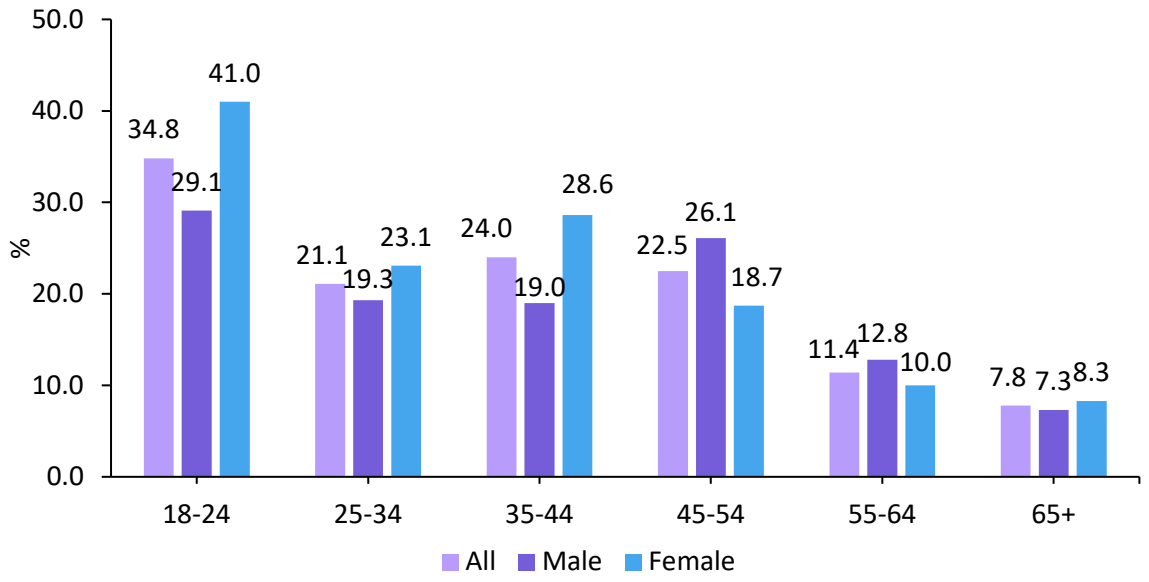
One standard deviation (9.7) below the average score (48.1) on WEMWBS

18.0% of all adults

- A higher proportion of females (18.6%) had low mental wellbeing than males (17.4%). The highest prevalence of low mental wellbeing was amongst adults aged 18-24 years (34.8%; Figure 40; Table A23).

- In sample (unweighted) analyses, low mental wellbeing was significantly associated with age (p<0.001) but not gender (Table A23). Low mental wellbeing was also significantly associated with: income level (<£20,000, 19.1%; £20,000-£79,999, 15.0%; £80,000+, 10.8%; p<0.01); relationship status (single, 20.3%; in a relationship, 12.6%; p<0.001); sexuality (heterosexual, 14.1%; other, 33.7%; p<0.01); employment status (employed, 17.0%; not employed, 12.3%; p<0.01); place of birth (Isle of Man, 18.2%; Other, 13.1%; p<0.01) and, home ownership status (does not own home, 23.7%; owns home, 12.3%; p<0.001; Table A23).

Figure 40: Prevalence of low mental wellbeing by age group (years) and gender



Box 9: Health in focus – High loneliness

High loneliness

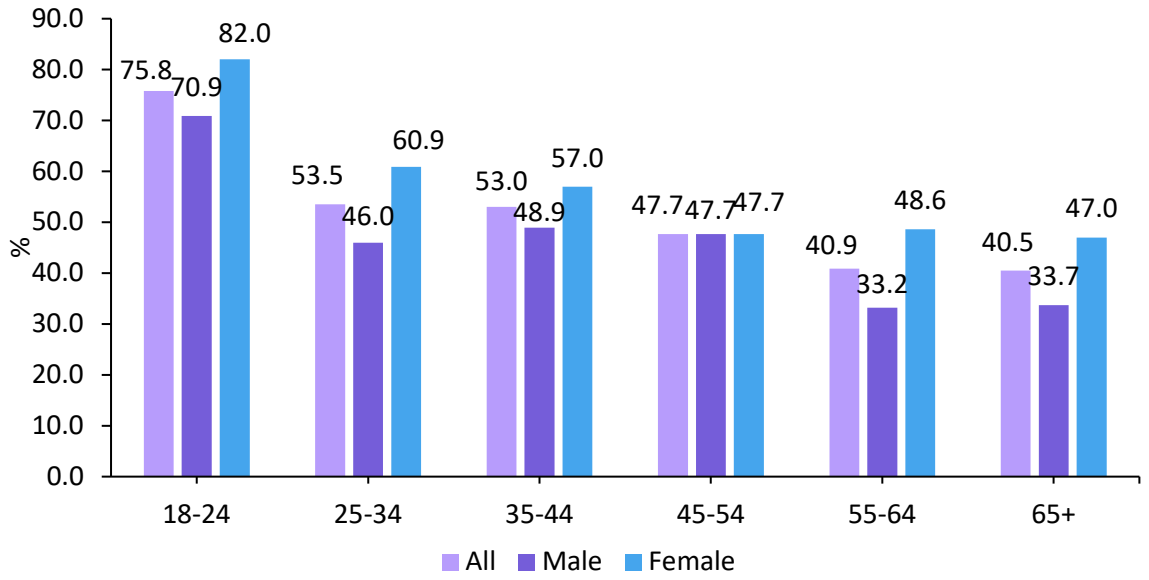
Always, often, or sometimes feeling lonely.

48.6% of all adults

- A higher proportion of females (53.6%) had high loneliness compared with males (43.6%). The highest proportion of adults who had high loneliness was amongst those aged 18-24 years (75.8%), and decreased as age group increased, with the lowest prevalence amongst those aged 65+ years (40.5%; Figure 41; Table A23).

- In sample (unweighted) analyses, high loneliness was significantly associated with age ($p<0.001$) and gender ($p<0.001$; Table A23). High loneliness was also significantly associated with: income level (<£20,000, 61.5%; £20,000-£79,999, 44.5%; £80,000+, 33.2%; $p<0.001$); relationship status (single, 65.1%; in a relationship, 36.2%; $p<0.001$); sexuality (heterosexual, 44.5%; other, 58.9%; $p<0.01$); qualification level (no qualifications, 52.6%; qualifications, 44.9%; $p<0.05$); and, home ownership status (does not own home, 58.6%; owns home, 41.6%; $p<0.001$; Table A23).

Figure 41: Prevalence of high loneliness by age group (years) and gender (weighted data)



3.9 Clustering of unhealthy behaviours

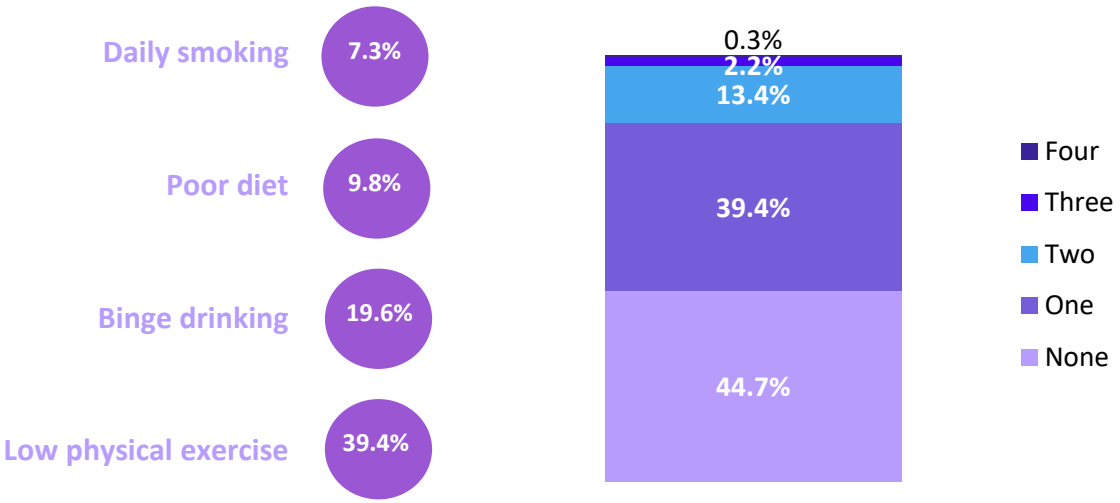
Derived variables created from questions on smoking, alcohol consumption, diet and physical exercise were used to examine the clustering of unhealthy behaviours amongst adults on the Isle of Man. For the purposes of this analysis: smoking was defined as daily tobacco smoking (see Box 1); alcohol consumption was defined as binge drinking (see Box 3); poor diet was defined as <2 pieces of fruit and/or vegetables a day (see Box 4); and low physical exercise was less than 2.5 hours of physical activity in the past week (see Box 5).

3.9.1 Types and extent of clustering

55.3% of adults had at least one unhealthy behaviour

- The most prevalent unhealthy behaviour was low physical exercise (39.4% of adults), followed by binge drinking (19.6% of adults), poor diet (9.8% of adults) and daily tobacco smoking (7.3% of adults; Figure 42).
- Over four in ten (44.7%) adults had none of the four unhealthy behaviours, 39.4% had one unhealthy behaviour, 13.4% had two, 2.2% had three, and 0.3% had all four unhealthy behaviours (Figure 42; Table A24).

Figure 42: Clustering of unhealthy behaviours



- Amongst adults who had a poor diet, over two thirds (67.6%) had at least one other unhealthy behaviour (Table 1). Amongst adults who had a poor diet: 58.3% also had low physical exercise; 22.7% were also binge drinkers; and, 14.2% were daily smokers (Table 1).
- Amongst adults who smoked daily, almost three quarters (73.9%) had at least one other unhealthy behaviour (Table 1). Amongst adults who smoked daily: 53.1% also had low physical exercise; 32.2% were also binge drinkers; and, 18.6% had a poor diet (Table 1).
- Amongst adults who were binge drinkers, three quarters (75.6%) had at least one other unhealthy behaviour (Table 1). Amongst adults who were binge drinkers: 39.6% also had low physical exercise; 32.2% were also daily smokers; and, 11.3% had a poor diet (Table 1).
- Amongst adults who had low physical exercise, more than one third (35.5%) had at least one other unhealthy behaviour (Table 1). Amongst adults who had low physical exercise: 19.6% were binge drinkers; 14.0% had a poor diet; and, 9.6% smoked daily (Table 1).

Table 1: Combinations of unhealthy behaviours

	Poor diet	Daily smoking	Binge drinking	Low physical exercise
% with at least one other unhealthy behaviour	67.6	73.9	75.6	35.5
Type of unhealthy behaviour				
% Poor diet	-	18.6	11.3	14.0
% Daily smoking	14.2	-	32.2	9.6
% Binge drinking	22.7	32.2	-	19.6
% Low physical exercise	58.3	53.1	39.6	-

3.9.2 Clustering of unhealthy behaviours and sociodemographics

- A higher proportion of males (55.9%) than females (54.7%) had at least one unhealthy behaviour (Figure 43; Table A24).
- The proportion of adults who had at least one unhealthy behaviour was highest amongst aged 35-44 years (Figure 44; Table A24).
- The proportion of adults who had at least one unhealthy behaviour was highest amongst the lowest income group and decreased as income group increased (<£20,000, 64.8%; £20,000-79,999, 56.3%; £80,000+, 45.8%; Figure 45; Table 24).

Figure 43: Clustering of unhealthy behaviours by gender

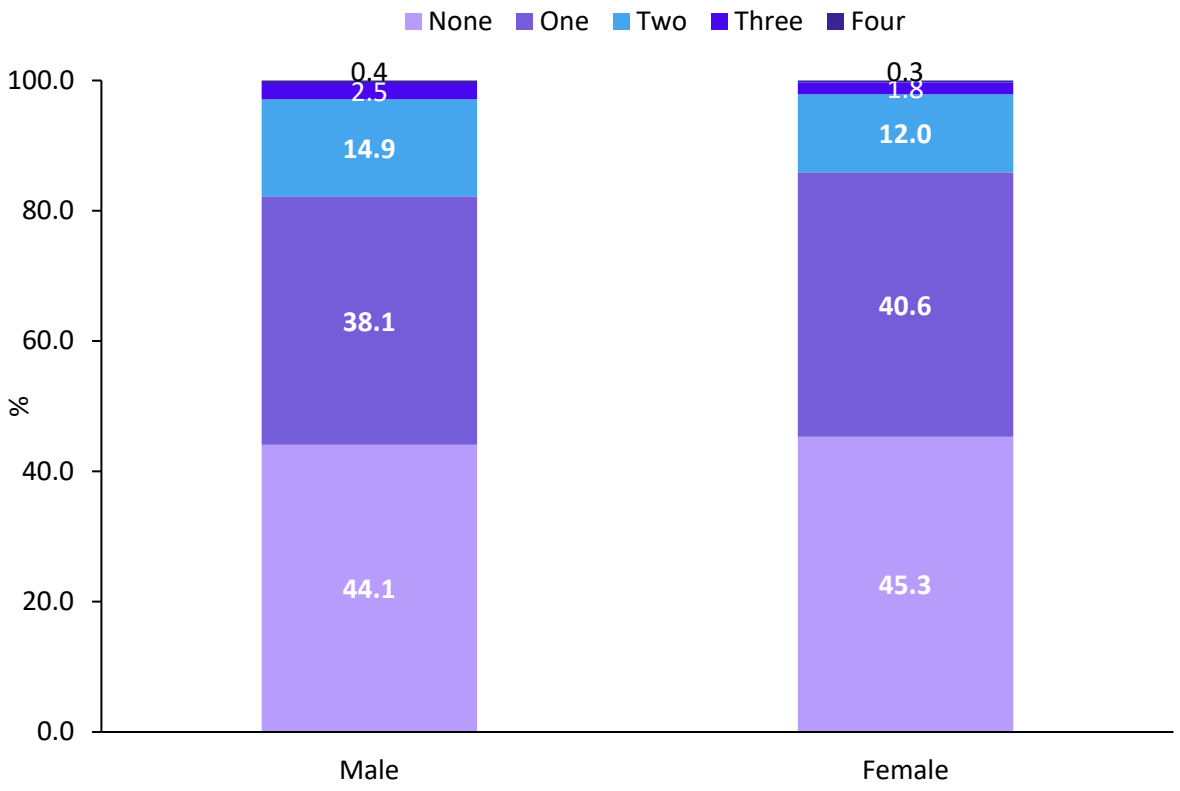


Figure 44: Clustering of unhealthy behaviours by age group (years)

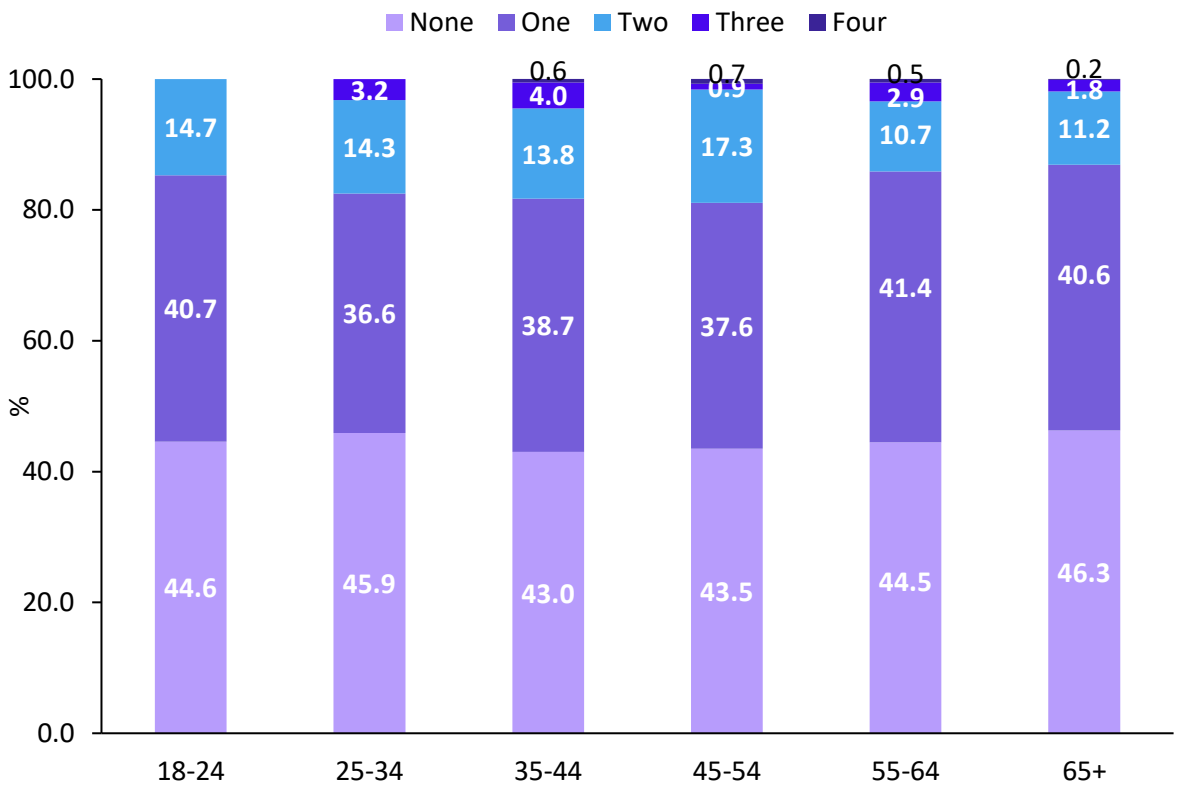
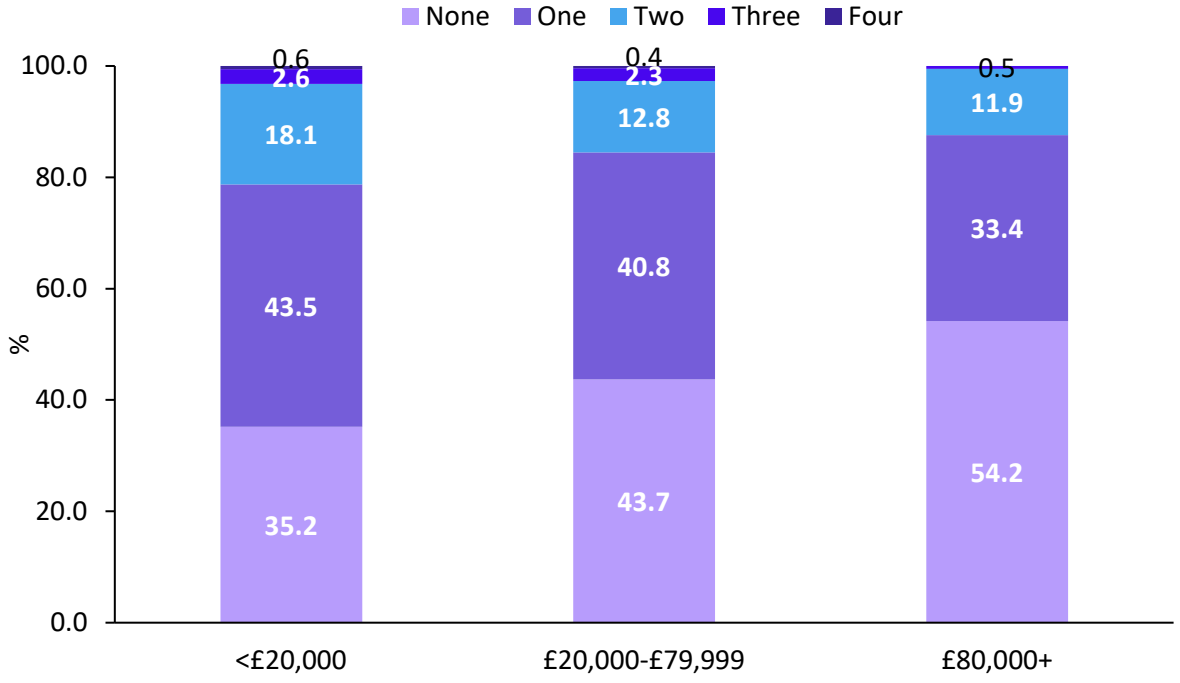


Figure 45: Clustering of unhealthy behaviours by income level



3.9.3 Clustering of unhealthy behaviours and health outcomes

Poor general health

- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and poor general health. There was a graded relationship between the number of unhealthy behaviours and poor general health, with the prevalence of poor general health increasing as the number of unhealthy behaviours increased (none, 7.5%; one, 16.1%; two or more[20], 23.6%; p<0.001).

Overweight or obese

- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and being overweight or obese. The prevalence of being overweight or obese was lowest amongst those with no unhealthy behaviours and higher amongst those with one or more (none, 58.5%; one, 70.4%; two or more[14], 68.9%; p<0.001).

Low mental wellbeing

- In sample (unweighted analysis) there was a significant association between number of unhealthy behaviours and low mental wellbeing. There was a graded relationship between the number of unhealthy behaviours and low mental wellbeing, with the prevalence of low mental wellbeing increasing as the number of unhealthy behaviours increased (none, 10.3%; one, 15.0%; two or more[14], 28.7%; p<0.001).

[20] Categories of two, three and four unhealthy behaviours were collapsed for bivariate analyses to ensure adequate sample size for statistical testing.

3.10 Comparison of 2019 and 2021 survey findings on key indicators

This section presents comparisons of the prevalence of key health and wellbeing indicators from the most recent 2021 IoM health and wellbeing survey with the previous 2019 IoM health and wellbeing survey. Derived variables created from questions on smoking, alcohol consumption, diet, physical exercise, BMI, general health, mental wellbeing and loneliness were used to explore any differences between survey waves on key indicators.

Daily tobacco smoking

- Significantly less adults smoked tobacco daily in the 2021 IoM survey compared to the 2019 IoM survey (7.3% v. 8.4%; $p<0.05$).

Binge drinking

- Significantly less adults were binge drinkers in the 2021 IoM survey compared to the 2019 IoM survey (19.6% v. 24.8%; $p<0.001$).

High risk drinking

- There was no significant difference in the prevalence of high risk drinkers in the 2021 IoM survey compared to the 2019 IoM survey (12.4% v. 11.1%; NS).

Poor diet

- Significantly more adults had a poor diet in the 2021 IoM survey compared to the 2019 IoM survey (9.8% v. 7.9%; $p<0.05$).

Low physical exercise

- There was no significant difference in the prevalence of low physical exercise amongst adults in the 2021 IoM survey compared to the 2019 IoM survey (39.4% v. 39.6%; NS).

Overweight or obese

- Significantly less adults were overweight or obese in the 2021 IoM survey compared to the 2019 IoM survey (62.8% v. 64.3%; $p<0.001$).

Poor general health

- There was no significant difference in the prevalence of poor general health amongst adults in the 2021 IoM survey compared to the 2019 IoM survey (14.1% v. 14.7%; NS).

Low mental wellbeing

- Significantly more adults had low mental wellbeing in the 2021 IoM survey compared to the 2019 IoM survey (18.0% v. 12.3%; $p<0.001$).

High loneliness

- Significantly more adults had high levels of loneliness in the 2021 IoM survey compared to the 2019 IoM survey (48.6% v. 25.4%; $p<0.001$).

3.11 COVID-19 and associated impacts

This section presents key findings from a number of questions specifically related to COVID-19, including prevalence of COVID-19 amongst respondents and vaccine uptake, and impact of COVID-19 on employment, socialising, and relationships.

3.11.1 Prevalence of COVID-19

10.8% of adults tested positive for COVID-19

- A slightly higher proportion of males (11.0%) than females (10.6%) tested positive for COVID-19 (Table A25).
- The proportion of adults who tested positive for COVID-19 was highest amongst those aged 18-24 years and decreased as age group decreased (Table A25).
- The proportion of adults who tested positive for COVID-19 was lowest amongst the lowest income group (<£20,000, 7.3%; £20,000-79,999, 11.6%; £80,000+, 11.6%; Table A25).
- In sample (unweighted) analyses prevalence of COVID-19 was significantly associated with: age (18-14, 18.4%; 25-34, 16.0%; 35-44, 13.3%; 45-54, 12.3%; 55-64, 7.4%; 65+, 5.8%; $p<0.001$); income level (<£20,000, 5.8%; £20,000-£79,999, 9.8%; £80,000+, 10.8%; $p<0.001$); relationship status (single, 6.3%; in a relationship, 10.7%; $p<0.001$); and, employment status (employed, 12.1%; unemployed, 5.9%; $p<0.001$; Table A25).

3.11.2 COVID-19 vaccination

93.6% of adults had received two or more doses of the vaccine for COVID-19

- The majority (93.6%) of adults had received two or more doses of the COVID-19 vaccine, whilst 2.0% had received one dose and 4.3% had received none (Figure 46; Table A26).
- A slightly higher proportion of females (94.6%) than males (92.6%) had received two or more doses of the COVID-19 vaccine (Table A26).
- The proportion of adults who had received two or more doses of the COVID-19 vaccine was highest amongst the oldest age group and generally decreased as age group decreased (Figure 47; Table A26).
- The proportion of adults had received two or more doses of the COVID-19 vaccine was highest amongst the highest income group (<£20,000, 92.9%; £20,000-79,999, 94.1%; £80,000+, 94.8%; Table A26).

Figure 46: COVID-19 vaccine uptake

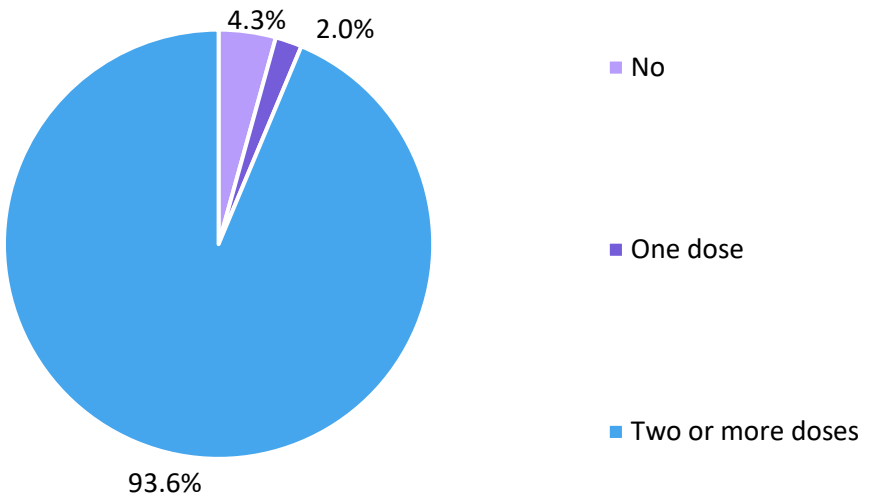
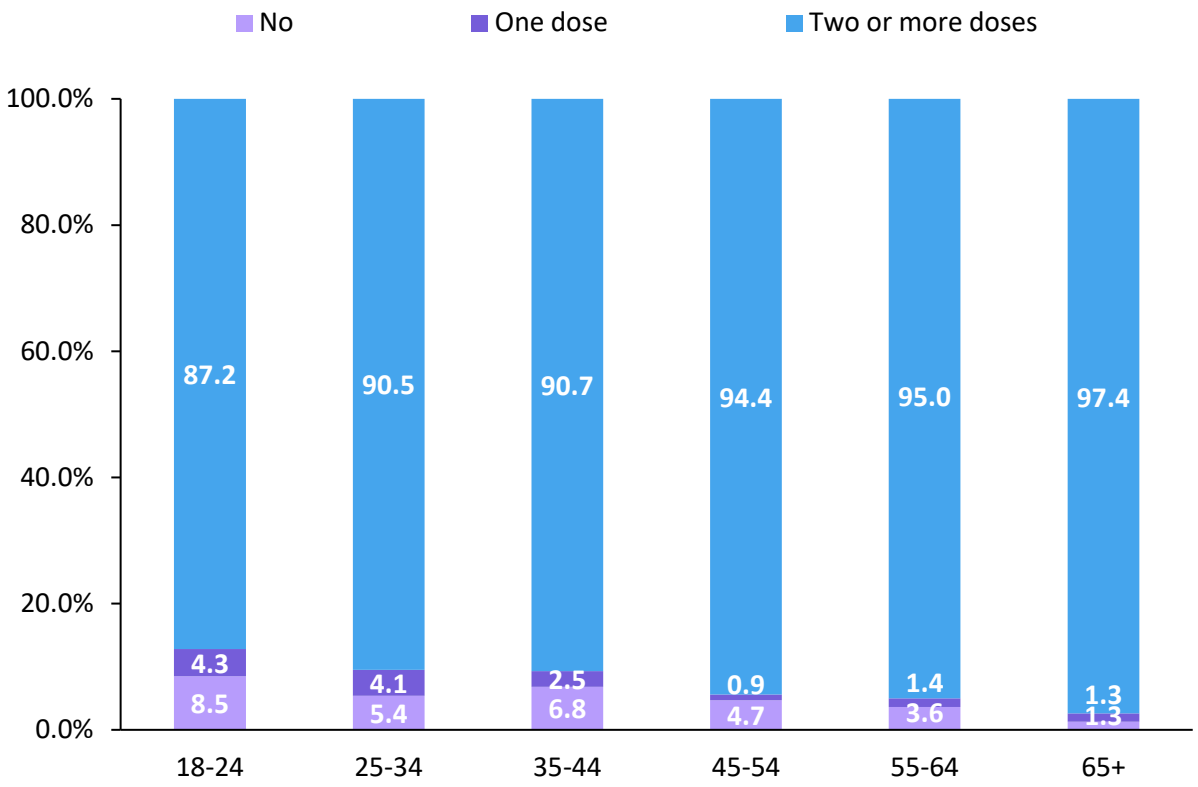


Figure 47: COVID-19 vaccine uptake by age group (years)



3.11.3 Working pattern

11.9% of adults had only worked from home in the past week

- Of those who are currently employed approximately just over one in ten (11.9%) adults had worked from home only in the last week. The majority of adults had travelled to work only (59.1%), whilst a quarter (25.1%) of adults had both worked from home and travelled to work, and a minority (3.9%) had not worked from home or travelled to work (Figure 48; Table A27). Just over one in ten (11.9%) adults reported changing their career due to COVID-19.
- A slightly higher proportion of males (13.1%) than females (10.5%) had worked from home only (Table A27).
- The proportion of employed adults who had worked from home only was highest amongst the oldest age group and was lowest amongst the youngest age group (Figure 49; Table A27).
- The proportion of employed adults who had worked from home only was highest amongst the highest income group (<£20,000, 11.7%; £20,000-79,999, 8.5%; £80,000+, 19.9%; Table A27).

Figure 48: Working pattern from the past week

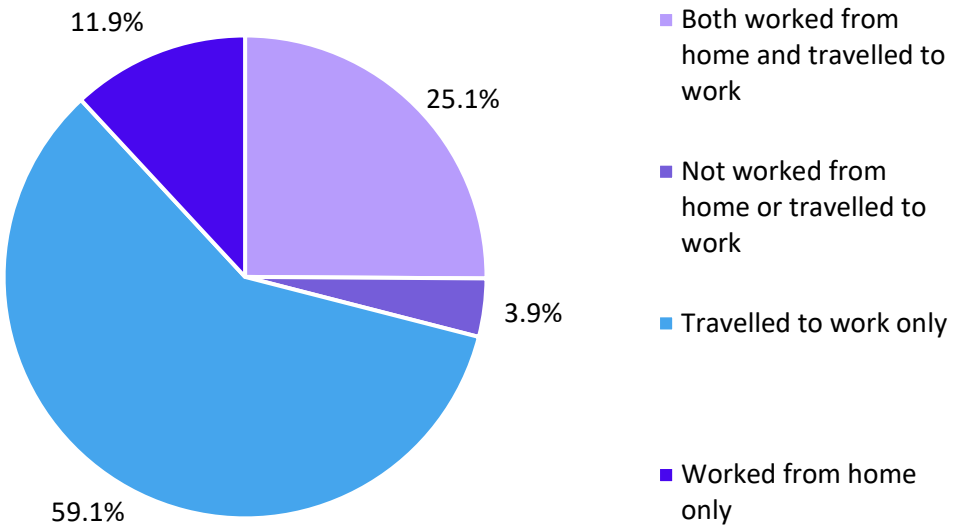
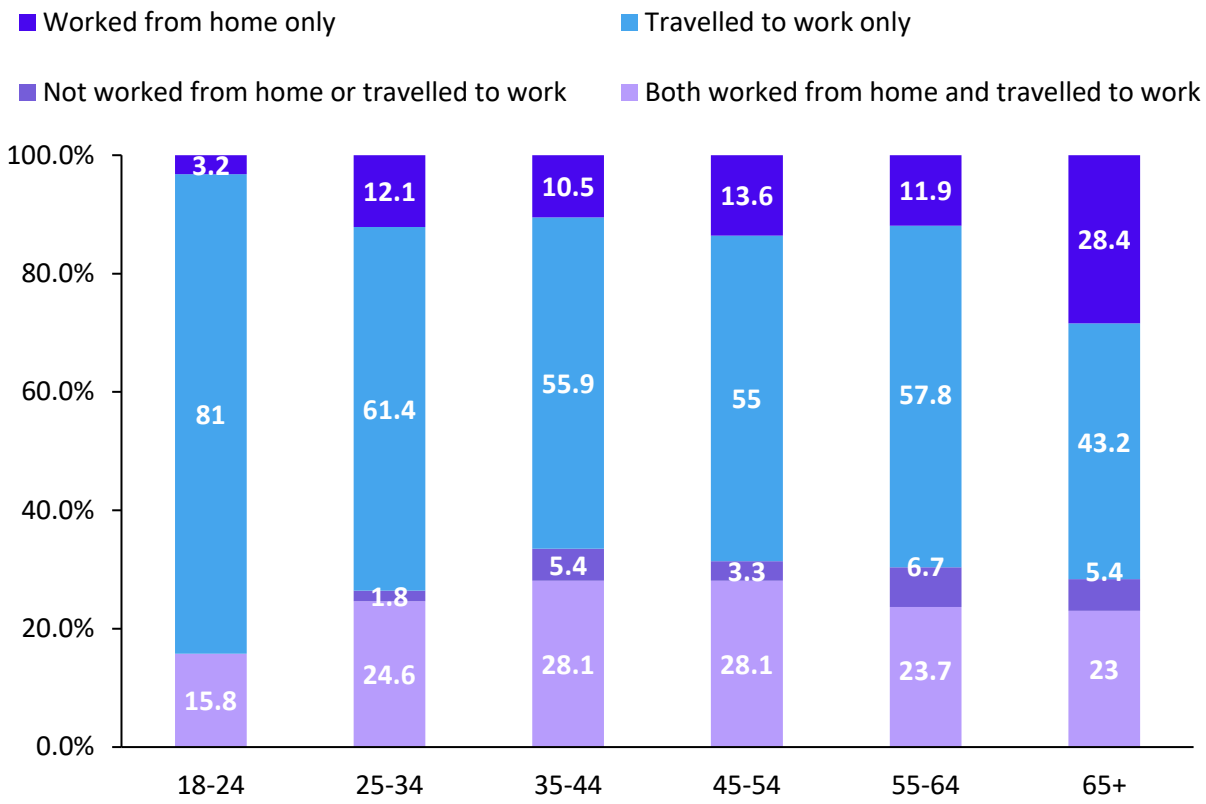


Figure 49: Working pattern from the past week by age group (years)



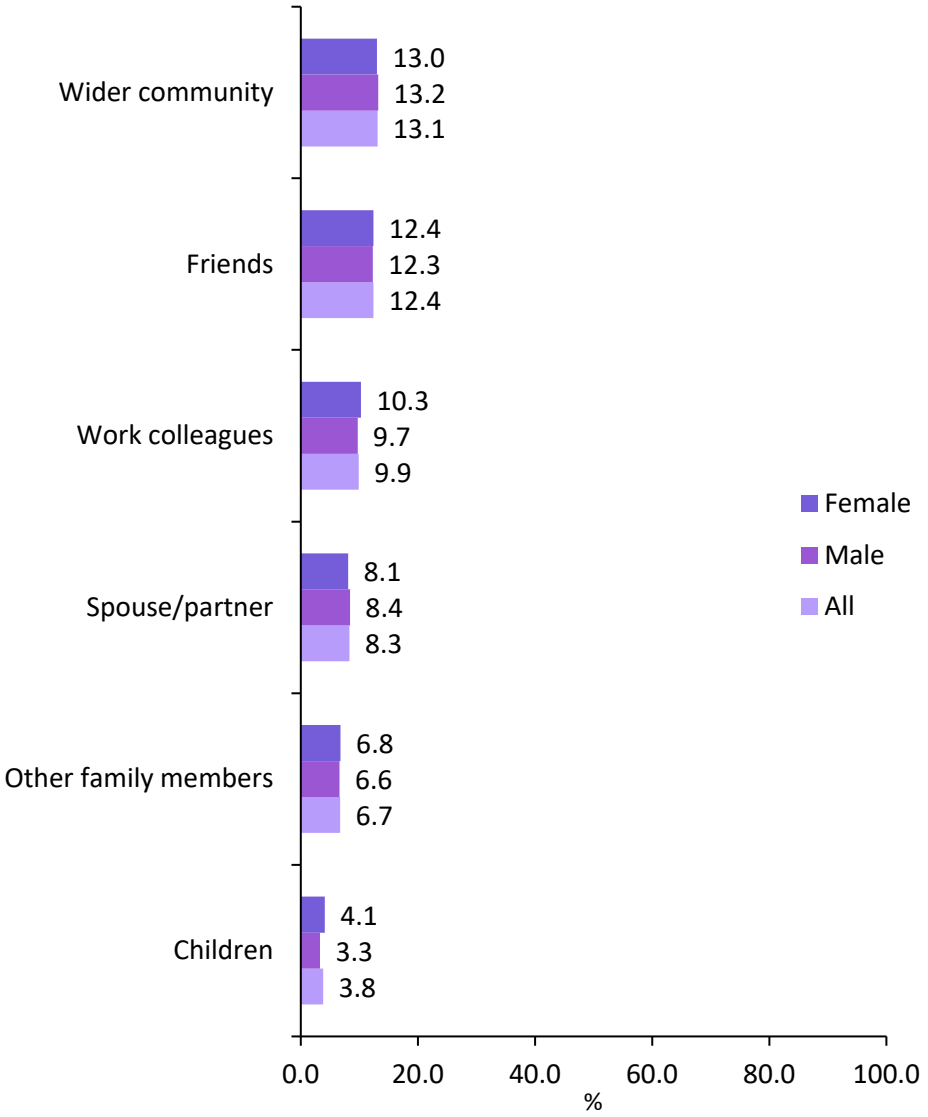
3.11.4 Relationships and socialising during COVID-19

28.3% of adults reported at least one relationship worsening since the start of COVID-19

Worsening relationships since start of COVID-19

- Adults' relationship with the wider community was the highest reported worsening relationship (13.1%), followed by friends (12.4%), work colleagues (9.9%), spouse/partner (8.3%), other family members (6.7%) and children (3.8%; Figure 50; Table A28).
- A slightly higher proportion of females (28.5%) than males (28.1%) reported at least one worsening relationship since COVID-19.
- The proportion of adults who reported at least one worsening relationship since COVID-19 was highest amongst the 25-34 age group (40.4%).
- The proportion of employed adults who reported at least one worsening relationship was highest amongst the highest income group (<£20,000, 27.4%; £20,000-79,999, 30.0%; £80,000+, 31.1%).

Figure 50: Worsening relationship during COVID-19



Socialising during COVID-19

- In the month prior to survey participation, one fifth (21.9%) of adults had not spoken at all to any of their neighbours, whilst 46.8% had spoken to their neighbours a few times during the month, 24.0% a few times a week, and 7.3% nearly every day. Adults were also asked how frequently they communicated with their neighbours prior to March 2020 and rates did not differ much (not at all, 19.8%; a few times a month, 45.4%; a few times a week, 26.8%; nearly every day, 8.1%).
- In the month prior to survey participation, only 1.6% of adults had not spoken at all to their friends or family via the phone, whilst 11.6% had spoken to them a few times during the month, 28.2% a few times a week, and 58.6% nearly every day. Adults were also asked how frequently they communicated with their friends or family via the phone prior to March 2020 and rates did not differ much (not at all, 1.4%; a few times a month, 13.1%; a few times a week, 30.5%; nearly every day, 55.1%).

3.11.4 Willingness to travel after COVID-19

79.7% of adults reported being willing to travel to the UK and/or abroad once restrictions were lifted

- Eight in ten (79.0%) adults reported being willing to travel to the UK once restrictions were lifted, whilst 11.1% were unsure and 9.9% said they were unwilling. Approximately half (47.9%) of adults reported being willing to travel to abroad (beyond the UK) once restrictions were lifted, whilst 24.2% were unsure and 27.8% said they were unwilling.
- The same proportion of males (79.8%) and females (79.6%) were willing to travel (Table A29).
- The proportion of adults willing to travel to the UK and/or abroad was highest amongst those aged 25-34 years (90.2%) and lowest amongst those aged 65+ years (67.4%; Table A29).
- The proportion of adults willing to travel to the UK and/or abroad was highest amongst those amongst the highest income group and decreased as income decreased (<£20,000, 68.6%; £20,000-79,999, 80.5%; £80,000+, 93.7%; Table A29).

Factors influencing decision to travel

- Four in ten (38.5%) adults reported safety against the virus would be a factor in their decision to travel or not, whilst 24.1% reported that price was a factor, 22.7% reported flexibility to change or cancel, and 14.7% said it was for another reason.
- Of those unwilling to travel to the UK and/or abroad, one third (33.1%) of adults reported that they would wait 6 to 12 months before travelling, 10.6% said they would wait longer than 12 months, 7.0% said they would wait less than 6 months. One fifth (20.9%) of adults said they were not interested in travelling, whilst 28.3% said they were unsure.

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