

Statistical Bulletin





National Survey for Wales 2016-17: Illnesses

20 Sept 2017 SB 47/2017

The National Survey for Wales has replaced the Welsh Health Survey as the source of data on illnesses among adults. Results from the two surveys are not comparable due to the change in survey methodology. All results in this bulletin relate to adults aged 16+.



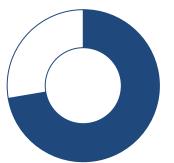
This bulletin provides information about general health and illnesses among adults living in Wales from the National Survey for Wales in 2016-17. Some initial results were published in June 2017.

The full questionnaire is available on the National Survey web pages.

Additional tables can be accessed via StatsWales.

GENERAL HEALTH

72% (7 in 10)



reported 'good' or **'very** good' health

ILLNESSES

47% (1 in 2)

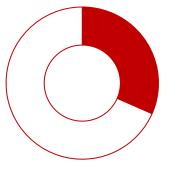


least one longstanding illness

reported at

LIMITING HEALTH PROBLEMS

33% (1 in 3)



Or 1 in 3 being limited due to a health problem/ disability

In this release

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Statistician: Kim Saunders 0300 025 7806 stats.healthinfo@gov.wales

Twitter: @statisticswales Enquiries from the press: 0300 025 8099 Public enquiries 0300 025 5050

Section 1:

General Health



7 in 10 (72 per cent) adults reported being in 'very good' or 'good' health, 2 in 10 (20 per cent) reported their health to be 'fair' and 1 in 10 (8 per cent) reported their health as 'bad' or 'very bad'. The proportion of adults who reported 'very good' or 'good' health declined with age. Adults reporting 'good' or 'very good' health also decreased as the level of deprivation increased.

Figure 1: Percentage of adults, by reported health status and gender

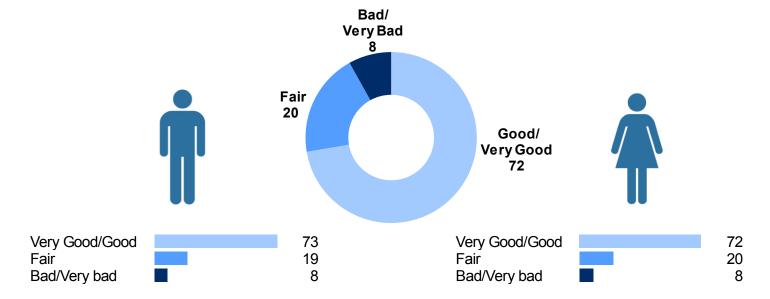
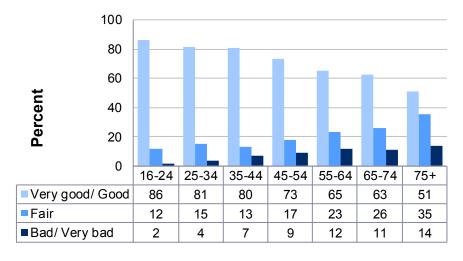
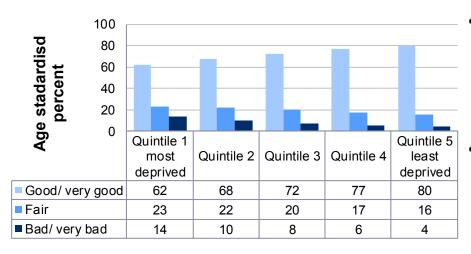


Figure 2: Percentage of adults, by reported health status and age



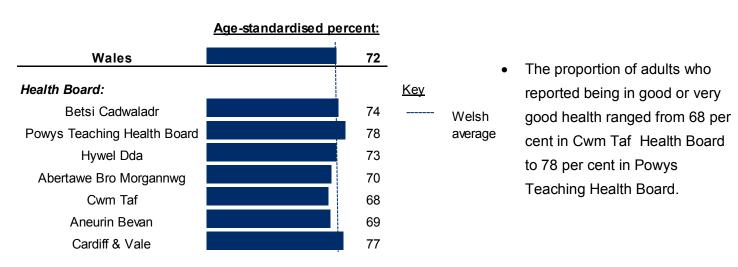
- The percentage of adults who reported their health very good or good declined with age.
- Adults reporting being in bad or very bad health increased with age.

Figure 3: Percentage of adults, by reported health status and area deprivation



- As deprivation increased the proportion of adults reporting that they were in bad or very bad general health also increased.
- Adults reporting that they were in very good or good health ranged between 62 percent of adults in the most deprived areas to 80 per cent of adults in the least deprived areas.

Figure 4: Percentage of adults, reporting good or very good health by Health Board (agestandardised)



Further information;

Further information on general health can be found in the accompanying StatsWales tables.

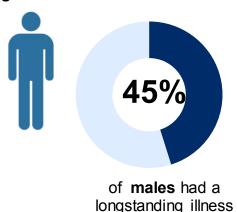
Section 2:

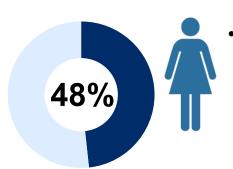
Adults reporting longstanding illnesses by number of reported illnesses



1 in 2 (47 per cent) reported having a longstanding illness. 1 in 5 (21 per cent) of adults reported having two or more longstanding illnesses. The proportion of adults who reported having longstanding illnesses (including those reporting two or more illnesses) increased with age and deprivation.

Figure 5: Percentage of adults by number of reported longstanding illnesses/ disabilities by gender

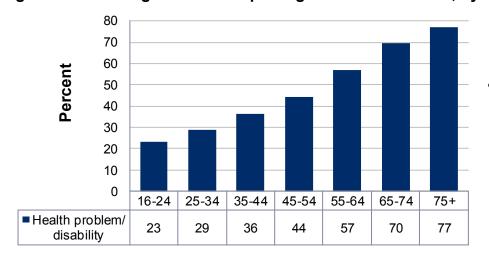




Males and females were similarly likely to report having at least one longstanding illness.

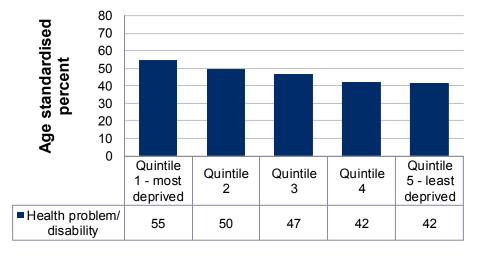
of **females** had a longstanding illness

Figure 6: Percentage of adults reporting at least one illness, by age



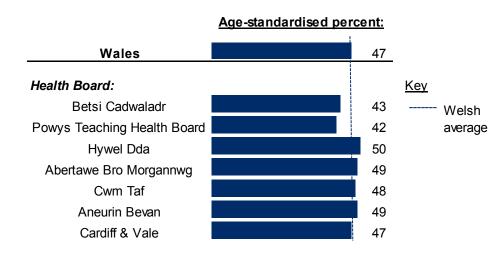
The proportion of adults reporting at least one illness or disability increased with age.

Figure 7: Percentage of adults reporting at least one illness, by area deprivation



 The proportion of adults reporting at least one illness or disability increased with the level of deprivation. This trend was seen across many reported illnesses (<u>Figure 15</u>).

Figure 8: Percentage of adults, reporting a health problem or disability by Health Board (age-standardised)



 The proportion of adults who reported at least one health problem or disability ranged from 42 per cent in Powys Teaching Health Board to 50 per cent in Hywel Dda Health Board.

Figure 9: Percentage of adults by number of reported longstanding illnesses/ disabilities by gender

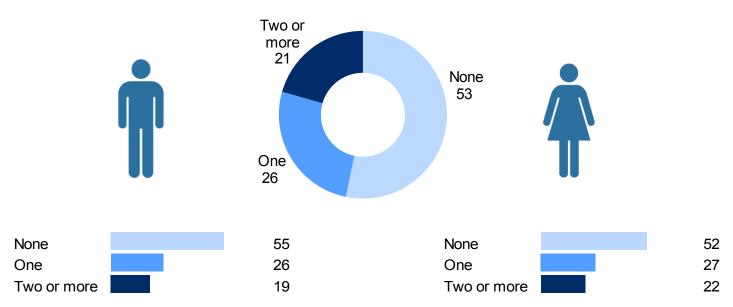
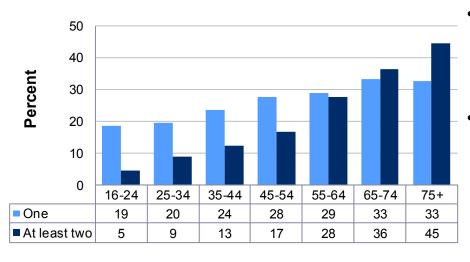
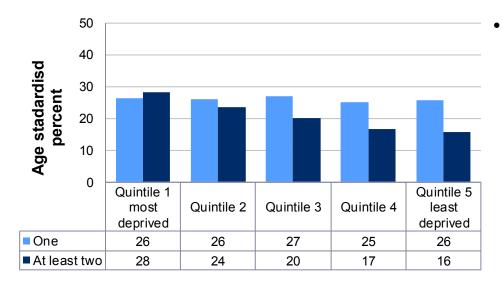


Figure 10: Percentage of adults, by number of longstanding illnesses/disabilities and age



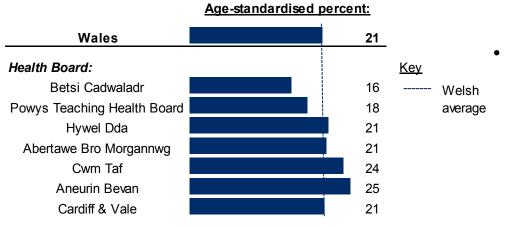
- The number of adults with two or more longstanding illnesses/disabilities increased with age.
- One in twenty (5 per cent) of those aged 16-24 reported at least two longstanding health conditions compared to nearly half of those aged 75+ (45 per cent).

Figure 11: Percentage of adults, by number of longstanding illnesses/disabilities and deprivation



Although the proportion of adults reporting one longstanding health condition was comparable across levels of deprivation, the proportion of adults who reported at least two longstanding health conditions increased with deprivation.

Figure 12: Percentage of adults, reporting at least two health problems or disabilities by Health Board (age-standardised)



The proportion of adults reporting at least two health problems or disabilities ranged from 16 percent in Betsi Cadwaladr to 25 percent in Aneurin Bevan.

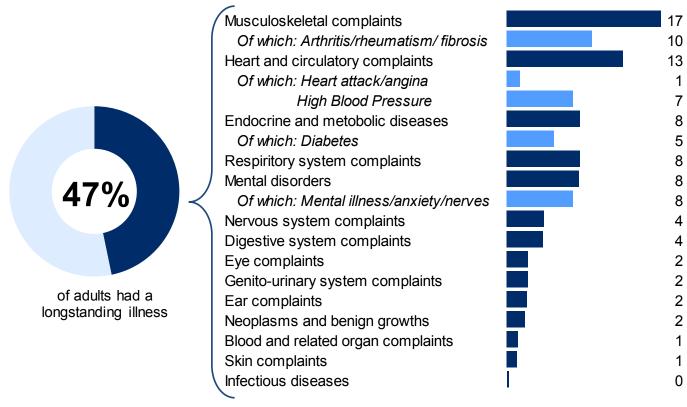
Section 3:

Type of longstanding illness/disability



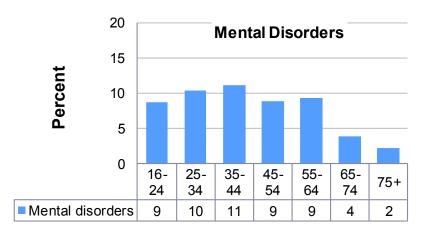
Musculoskeletal disorders (17 per cent) and heart and circulatory related illnesses (13 per cent) were the most commonly reported complaints. With the exception of mental disorders the proportion of adults reporting other common illnesses increased with age. Adults living in the most deprived areas were more than twice as likely to report mental disorders as adults in the least deprived areas.

Figure 13: Overall percentage of adults reporting an illness/ disability by reported illness and gender - *Please Note: Adults could report more than one longstanding illness.*



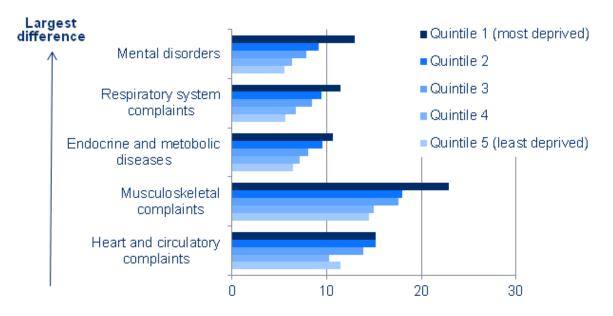
- The most commonly reported illnesses were musculoskeletal (17 per cent) and heart and circulatory (13 per cent). These were the top two conditions reported among both males and females.
- Females were more likely to report musculoskeletal problems (20 per cent) than males (15 per cent).
- Heart and Circulatory complaints were just as likely to be reported among females (13 per cent) as males (14 per cent).

Figure 14: Percentage of adults reporting mental disorders, by age



 With the exception of mental disorders which were more likely to be reported among adults aged under 65, the proportion of adults reporting other common illnesses increased with age.

Figure 15: Percentage of adults reporting the top five illnesses, by area deprivation



- Of the top five reported illnesses, mental disorders illustrated the largest disparity across area deprivation with adults in the most deprived areas twice as likely to report a mental disorder (13 per cent) than adults in the least deprived areas (6 per cent).
- Respiratory system complaints were twice as likely to be reported among most deprived adults (11 per cent compared to 6 per cent).

Further information on longstanding illnesses can be found in the accompanying <u>StatsWales</u> tables.

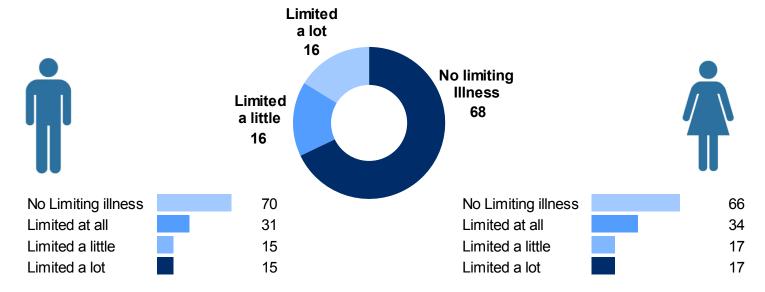
Section 4:

Limiting health problems



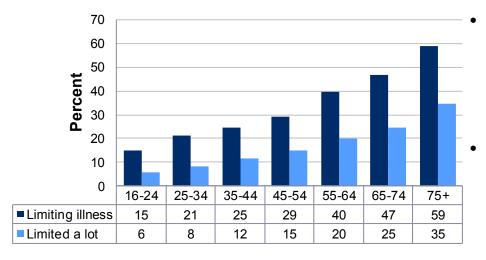
33 per cent of adults reported that they had an illness which limited their activity including 16 per cent who reported the illness(es) limited their activity a lot. 'Musculoskeletal disorders' was the most likely illness reported to impact on daily activity. The proportion of adults reporting limiting illnesses increased with age and level of deprivation.

Figure 16: Percentage of adults reporting a limiting illness or disability by gender



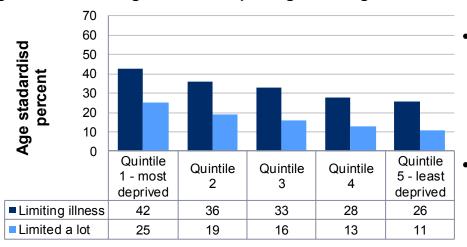
- The three most commonly reported limiting health conditions among adults were musculoskeletal complaints (reported by 15 per cent), mental disorders (7 per cent) and heart and circulatory complaints (6 per cent).
- Among those with a particular condition, adults reporting musculoskeletal conditions (86 per cent), nervous system complaints (84 per cent) and mental disorders (80 per cent) were most likely to report their health problem as limiting.

Figure 19: Percentage of adults reporting a limiting illness or disability by age



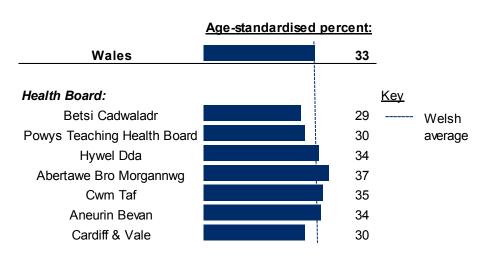
- The proportion of adults reporting that they had an illness or a disability which limited their activity increased with age.
- The proportion of adults who reported being limited a lot also increased with age ranging from 6 per cent in 16-24 year olds to 35 percent of adults aged 75 and older.

Figure 20: Percentage of adults reporting a limiting illness or disability by area deprivation



- The proportion of adults reporting that they had an illness or a disability which limited their activity increased with deprivation.
- The proportion of adults who reported being limited a lot also increased with level of deprivation.

Figure 21: Percentage of adults, reporting a limiting health problem or disability by Health Board (age-standardised)



 The proportion of adults who reported at least one limiting health problem or disability ranged from 29 per cent in Betsi Cadwaladr Health Board to 37 per cent in Abertawe Bro Morgannwg Health Board.

Further information on limiting longstanding illnesses can be found in the accompanying <u>StatsWales tables</u>.

Summary table

Table 1:Illnesses - summary of key variables, adults aged 16+, by socio-demographic factors (a), 2016-17

Per cent

					Number of	Number of			
				Any	longstanding	longstanding			
	General		General	longstanding	illnesses/	illnesses/			
	Health (Good/	General	Health (Bad/	illnesses/	disabilities	disabilities			
	Very Good)	Health (Fair)	Very Bad)	disabilities	(One)	(Two or more)	Limited at all	Limited a little	Limited a lot
All aged 16+	72	20	8	47	26	21	33	16	16
By sex:									
Males	73	19	8	45	26	19	31	15	15
Females	72	20	8	48	27	22	34	17	17
By age:									
16-44	83	13	4	30	21	9	20	12	8
45-64	70	20	10	50	28	22	34	17	17
65+	58	30	12	73	33	40	52	23	29
By WIMD deprivation quintile (age-standardised):									
Quintile 1 (most deprived)	62	23	14	55	26	28	42	17	25
Quintile 2	68	22	10	50	26	24	36	17	19
Quintile 3	72	20	8	47	27	20	33	17	16
Quintile 4	77	17	6	42	25	17	28	15	13
Quintile 5 (least deprived)	80	16	4	42	26	16	26	15	11

National Survey for Wales 2016-17

a) See <u>Definitions</u> for explanations of socio-demographic factors

Definitions

The results in this bulletin are based on respondents own understanding of their health rather than a clinical assessment of their medical condition.

General health

The survey asked adults aged 16 years and over whether how they would say their general health was from the following options; 'Very Good', 'Good', 'Fair', 'Bad' or 'Very Bad'.

For the purposes of this bulletin, responses were then categorised into the following three groups; 'Very good or Good', 'Fair', 'Bad or Very bad'.

Illnesses

The survey asked adults aged 16 years and over whether they currently had any physical or mental condition lasting or expected to last 12 months or more. Any condition lasting or expected to last at least 12 months was referred to as a 'long standing' condition. Information was also collected on adults reporting limitations in day to day activities due to a long term health problem or disability.

Adults reporting a long-term condition were asked what the condition was, and this was assigned to one of the illness categories shown in the following table. These are broadly equivalent to chapters in the international classification of diseases (ICD-10).

Adults could record up to six conditions.

Limited by health problem/disability

The questionnaire asked adults whether their day-to-day activities were limited because of a health problem or disability lasting (or expected to last) at least 12 months. They were able to answer 'yes, limited a lot', 'yes, limited a little' or 'no' for each of the long-term condition they mentioned (see above).

Longstanding illnesses

Iliness Group	Reported Illness
Neoplasms and benign growths	Cancer (neoplasm) including lumps, masses
Endocrine and metabolic diseases	Diabetes
	Other endocrine and metabolic complaint
Mental Disorders	Mental illness/ anxiety/ depression/nerves
	Learning disability
Nervous system complaints	Epilepsy/fits/convulsions
	Migraine/headaches
	Another nervous system disorder
Eye complaints	Cataracts/poor sight/blindness
	Other eye complaints
Ear complaints	Poor hearing/deafness
	Tinnitus/noises in the ear
	Meniere's disease/ear complaints causing balance problems'
	Other ear complaints
Heart and circulatory complaints	Stroke/cerebral haemorrhage/thrombosis
	Heart attack, angina
	Hypertension/high blood pressure/other blood pressure problem
	Other heart problems
	Piles/haemorrhoids
	Varicose veins/phlebitis in lower extremities
	Other blood vessels/embolic complaints
Respiratory system complaints	Asthma
	Hayfever
	Bronchitis/emphysema
	Another respiratory illness
Digestive system complaints	Stomach ulcer/ ulcer/abdominal hernia/rupture
	Complaints of bowel/colon
	Complaints of the teeth/ mouth/ tongue
	Other digestive complaints
Genito-urinary system complaints	Kidney complaints
	Urinary tract infection
	Other bladder problems/ incontinence
	Reproductive system disorder
Musculoskeletal complaints	Arthritis/rheumatism/ fibrosis
	Back problem/slipped disc/spine/neck
	Other problems of bones/joints/ muscles
Infectious diseases	Infectious and parasistic disease
Blood and related organs complaints	Disorders of the blood and blood forming organs
Skin complaints	Skin complaints
Other complaints	Other complaints
Unclassifiable complaints	Unclassifiable complaints
Complaint no longer present	Complaint no longer present

Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is used as the official measure of deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. Respondents to the survey have been split into five groups based on the LSOA they live in (with 20% of LSOAs allocated to each group), and results are compared for the most and least deprived.

Age standardisation

Age standardisation has been used in selected tables in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest. $\sum_{N} N_{c} n_{c}$

 $p' = \frac{\sum_{i} N_{i} p_{i}}{\sum_{i} N_{i}}$

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was adapted from the 2013 European Standard Population. Calculations were done using Stata. The age-standardised proportion p' was calculated as follows, where p_i is the age specific proportion in age group p_i and p_i is the standard population size in age group p_i : $p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$

Therefore p' can be viewed as a weighted mean of p_i using the weights N_i . Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75 and over.

Key quality information

Comparability with results from former Welsh Health Survey

The National Survey for Wales has replaced the Welsh Health Survey as the source of data on health-related lifestyle among adults. Results from the two surveys are not comparable due to the change in survey methodology. The size of the discontinuities can vary depending on the topic. Some additional information is given in a <u>discontinuity report</u>. The scale used to measure general health also changed and results are not comparable.

Background

The National Survey for Wales 2016-17 was carried out by the Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (1 April 2016 – 31st March 2017).

21,666 addresses were chosen randomly from the Royal Mail's Small User Postcode Address File. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

Interpreting the results

Percentages quoted in this release are based on only those respondents who provided an answer to the relevant question. Missing answers occur for several reasons, including refusal or an inability to answer a particular question and cases where the question is not applicable to the respondent.

The results of the National Survey are weighted to compensate for unequal selection probabilities and differential non-response (i.e. to ensure that the age and sex distribution of the final dataset matches that of the Welsh population).

Quality report

A summary <u>quality report</u> is available, containing more detailed information on the quality of the survey as well as a summary of the methods used to compile the results.

Technical report

More detailed information on the survey methodology is set out in the technical report for the survey.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error. Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size

¹ Sampling error is discussed in more detail in the Quality Report for the National Survey.

the wider the confidence interval. Confidence intervals are included in the tables of survey results published on StatsWales.

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the <u>quality report</u> for the survey.

Revisions

More information on our revisions policy.

Release policy

Information about the process for releasing new results is available from the <u>Welsh Government's statistics</u> <u>web pages</u>.

Availability of datasets

The data behind the charts and tables in this release are published in spreadsheets on <u>StatsWales</u>. An anonymised version of the annual datasets (from which some information is removed to ensure confidentiality is preserved), together with supporting documentation, will be deposited with the UK Data Archive. For more information, please contact us (see <u>Feedback</u>).

National Statistics status

The <u>United Kingdom Statistics Authority</u> has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the <u>Code</u> of <u>Practice</u> for Official Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - <u>How do you measure a nation's progress?</u>
- <u>National Indicators.</u>

Further information on the Well-being of Future Generations (Wales) Act 2015.

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at: http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en

Next update

September 2018 (provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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