

26 March 2019

SB 10/2019

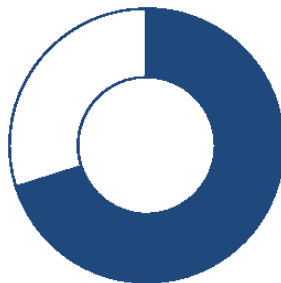


## National Survey for Wales 2017-18: Adult general health and illness

The National Survey for Wales (NSW) replaced the Welsh Health Survey (WHS) as the source of data on general health and illness among adults from 2016-17. 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+.

### GENERAL HEALTH

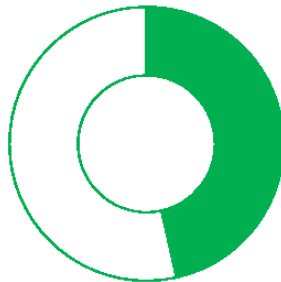
**70%**  
(7 in 10)



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

### ILLNESSES

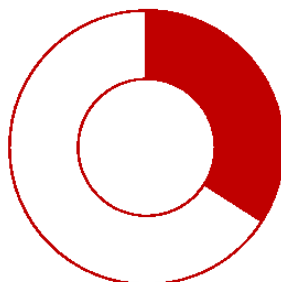
**46%**  
(1 in 2)



reported a  
**long-**  
**standing**  
illness

### LIMITING ILLNESS

**34%**  
(1 in 3)



reported a  
**limiting**  
**longstanding**  
illness

### About this bulletin

This bulletin provides information about general health and illnesses among adults living in Wales from the National Survey for Wales in 2017-18. Some initial results were published in June 2018.

The full questionnaire is available on the [National Survey web pages](#).

Additional tables can be accessed via [StatsWales](#).

### In this bulletin

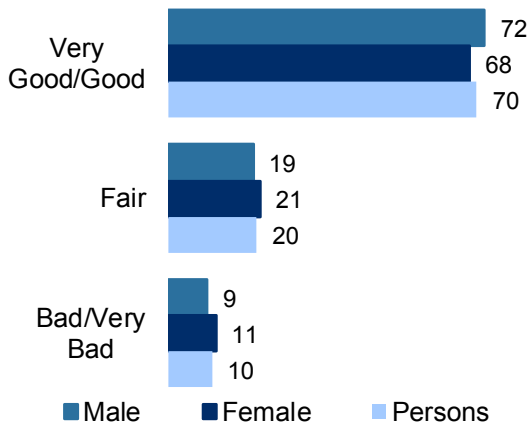
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# General health

## At a glance:

7 in 10 (70 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 (10 per cent) reported their health as 'bad' or 'very bad'. Men were more likely than women to report good or very good health. The proportion of adults who reported 'very good' or 'good' health declined with age. Adults reporting 'good' or 'very good' health decreased as the level of area deprivation increased.

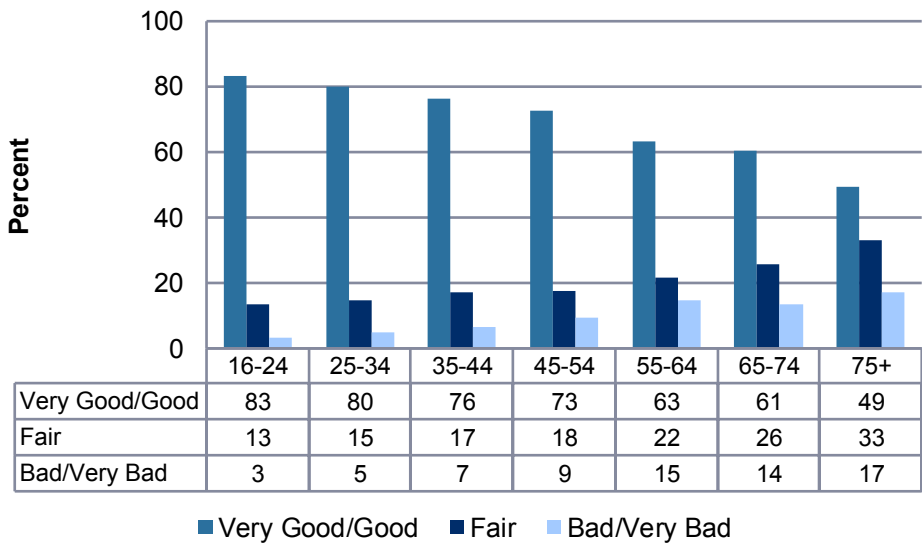
**Figure 1: Percentage of adults, by reported health status and gender**



70% of adults reported being in good or very good health. 10% reported bad or very bad health.

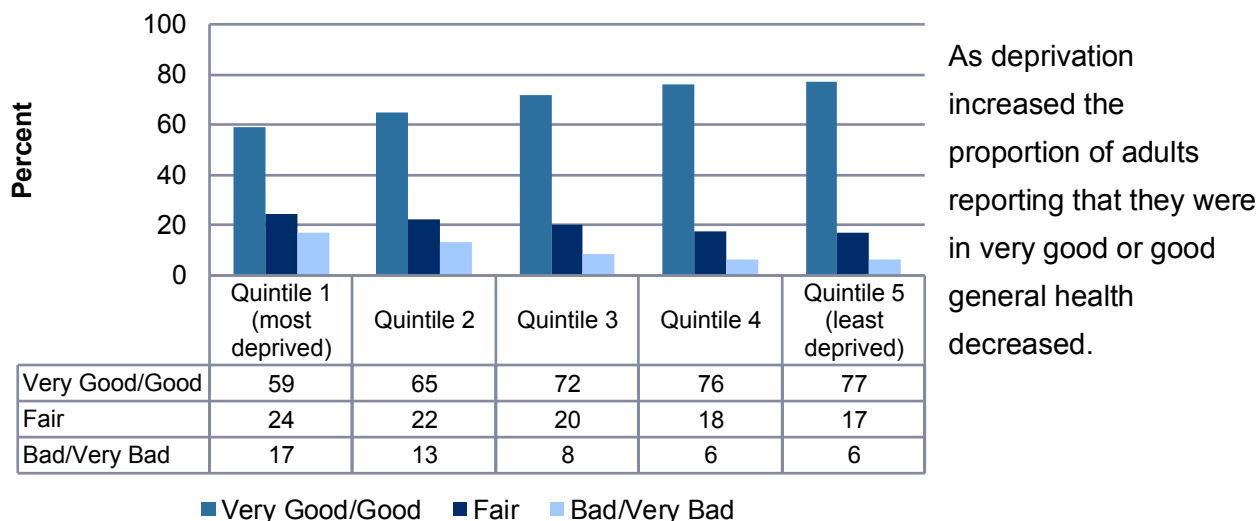
Men were more likely to report very good/good health than women.

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



The percentage of adults who reported their health was very good or good declined with age, ranging from 83% in those aged 16-24 to 49% in those aged 75+.

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



### Adults' reported health status, by health board<sup>1</sup>

The proportion of adults who reported being in good or very good health ranged from 67 per cent in Cwm Taf to 76 per cent in Powys.

### Adults' reported health status by year

Between 2016-17 and 2017-18, those that reported good or very good health decreased by 2 percentage points, whilst those that reported bad or very bad health increased by 2 percentage points. Data from further years is needed before considering if this is a trend or simply a fluctuation.

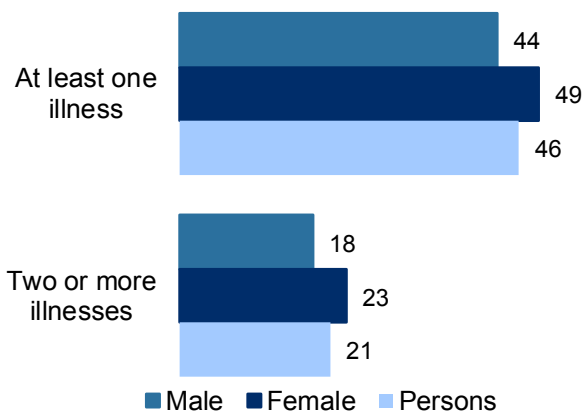
<sup>1</sup> Age-standardised. Based on two years of combined data (2016-17 and 2017-18). See [Local authority / health board estimates](#)

## Longstanding illness

### At a glance:

1 in 2 (46 per cent) reported having a longstanding illness. 1 in 5 (21 per cent) of adults reported having two or more longstanding illnesses. Longstanding illness was more common in women than men. The proportion of adults who reported having longstanding illnesses increased with age and with area deprivation. Musculoskeletal disorders (17 per cent) and heart and circulatory related illnesses (13 per cent) were the most commonly reported complaints.

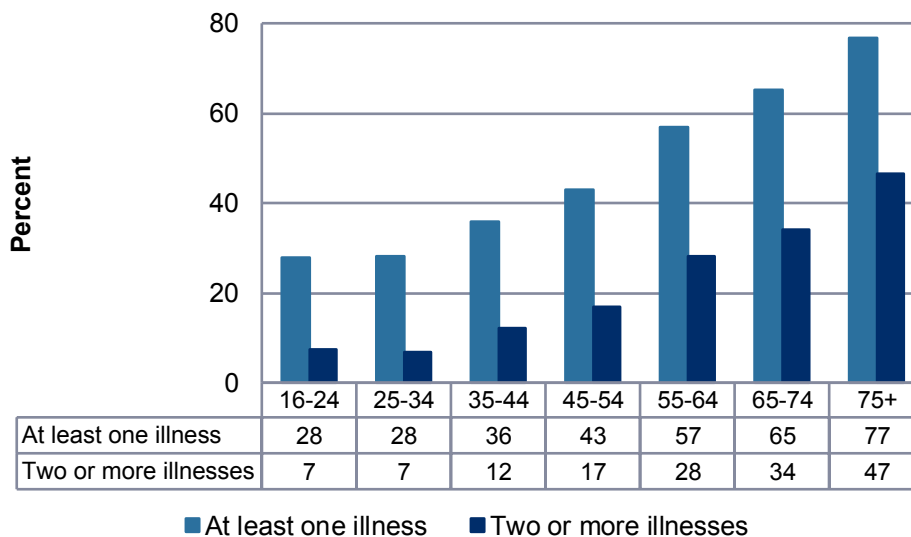
**Figure 4: Percentage of adults reporting longstanding illness, by gender**



46% of adults reported having a longstanding illness, including 21% with two or more illnesses.

Women were more likely than men to report longstanding illness

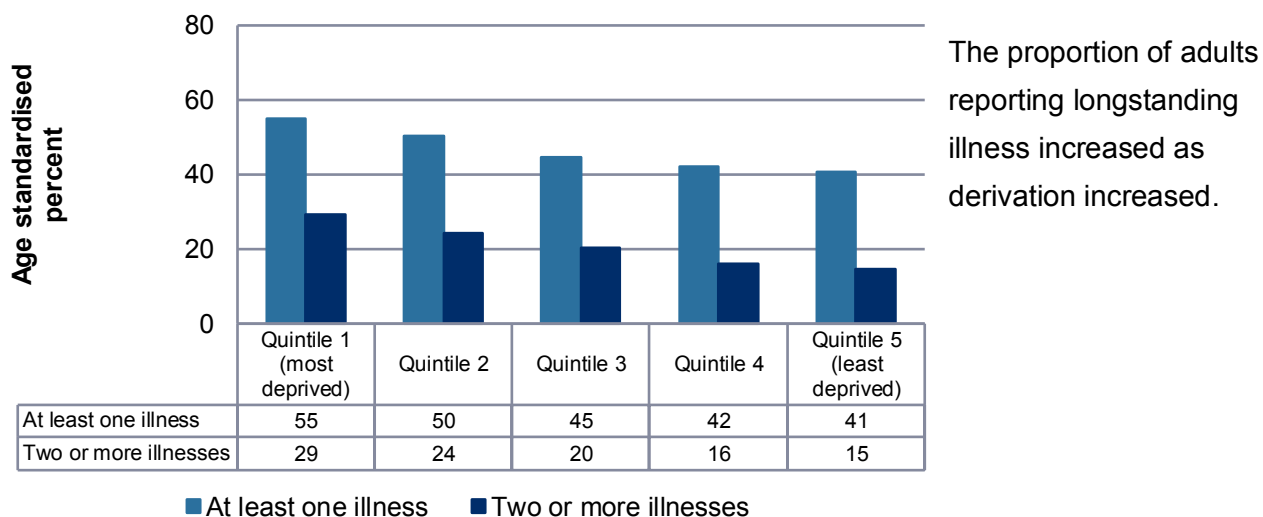
**Figure 5: Percentage of adults reporting longstanding illness, by age**



The proportion of adults reporting longstanding illness was fairly steady for 16-34 year olds and increased with age thereafter.

Among those aged 75+, over three quarters (77%) reported at least one illness, including almost half (47%) reporting two or more.

**Figure 6: Percentage of adults reporting longstanding illness, by area deprivation**



**Percentage of adults reporting longstanding illness, by health board<sup>2</sup>**

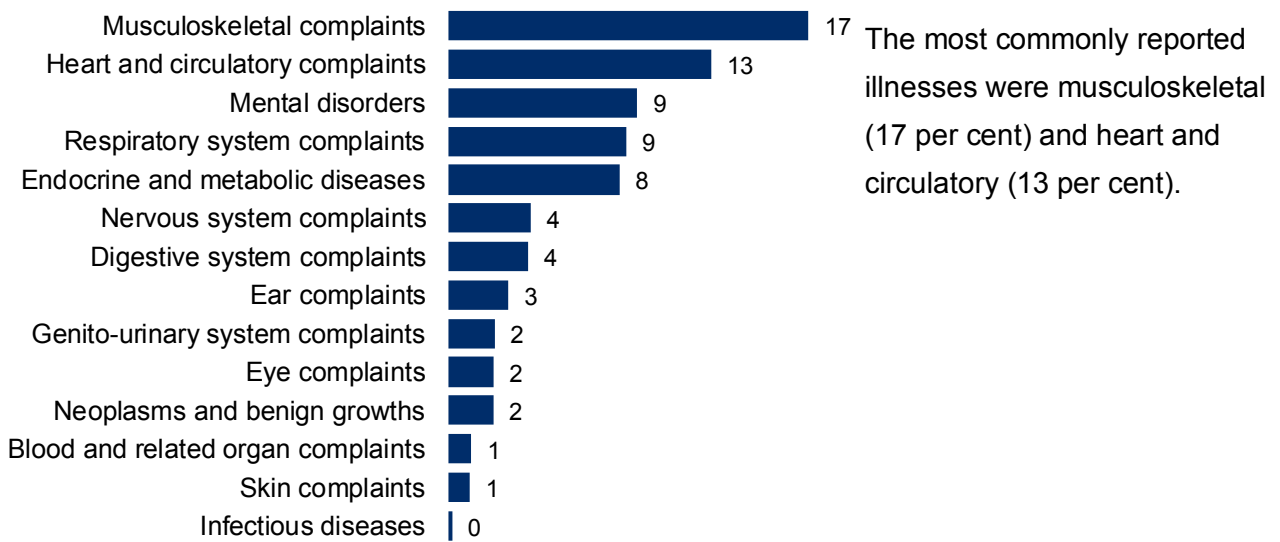
The proportion of adults who reported at least one longstanding illness ranged from 42 per cent in Powys to 49 per cent in Aneurin Bevan and Abertawe Bro Morgannwg.

**Percentage of adults reporting longstanding illness, by year**

Between 2016-17 and 2017-18, there was no significant change in the proportion of adults reporting longstanding illnesses.

<sup>2</sup> Age-standardised. Based on two years of combined data (2016-17 and 2017-18). See [Local authority / health board estimates](#)

**Figure 7: Percentage of adults reporting an illness, by reported illness (a)**



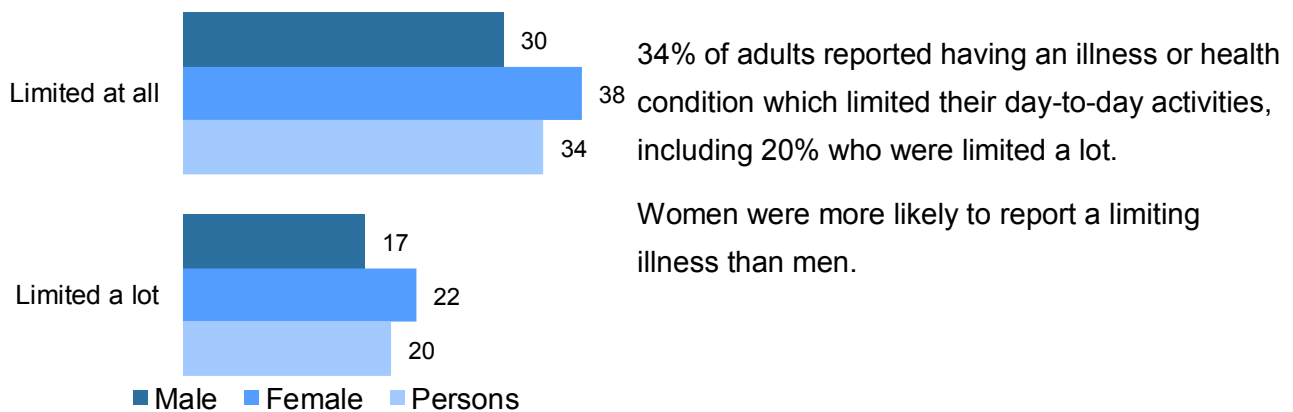
(a) Adults could report more than one longstanding illness. For further information, see [Illnesses](#) under [Definitions](#).

## Limiting illness

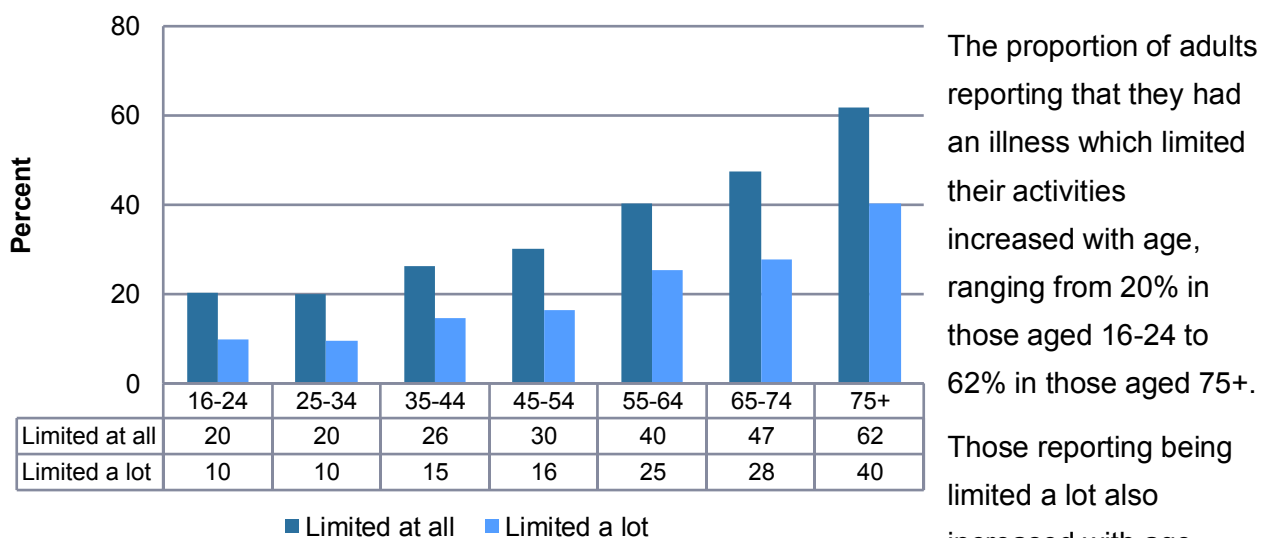
### At a glance:

34 per cent of adults reported that they had an illness which limited their activities including 20 per cent who reported the illness(es) limited their activities a lot. Women were more likely to report limiting illness than men. The proportion of adults reporting limiting illnesses increased with age and area deprivation. 'Musculoskeletal disorders' was the most likely illness reported to impact on daily activities.

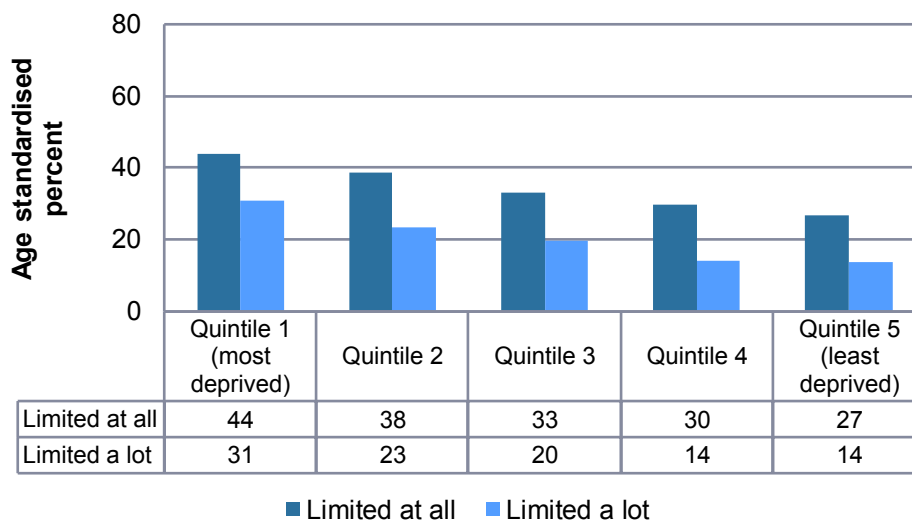
**Figure 8: Percentage of adults reporting a limiting illness, by gender**



**Figure 9: Percentage of adults reporting a limiting illness, by age**



**Figure 10: Percentage of adults reporting a limiting illness, by area deprivation**



The proportion of adults reporting that they had an illness which limited their activities increased with area deprivation, as did those who reported being limited a lot.

### Adults reporting a limiting illness, by health board<sup>3</sup>

The proportion of adults who reported at least one limiting illness ranged from 30 per cent in Betsi Cadwaladr, Powys and Cardiff & Vale to 38 per cent in Abertawe Bro Morgannwg.

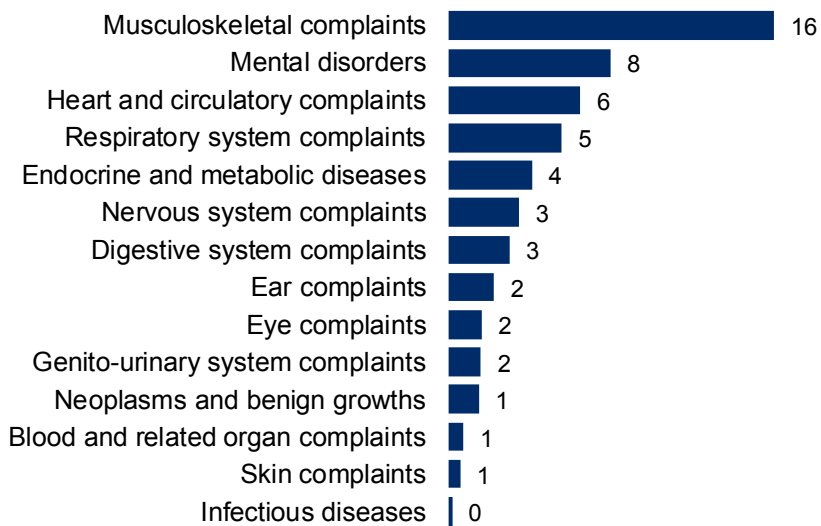
### Adults reporting a limiting illness, by year

The change in the percentage of adults reporting a limiting illness between 2016-17 and 2017-18 was not statistically significant; however there was an increase in the percentage reporting being limited a lot. (Note that there was a minor change in the question which may affect comparability.)

<sup>3</sup> Age-standardised. Based on two years of combined data (2016-17 and 2017-18). See [Local authority / health board estimates](#)



**Figure 11: Percentage of adults reporting a limiting illness, by reported illness (a)**



The most commonly reported limiting illness among adults was musculoskeletal complaints (16 per cent).

(a) Adults could report more than one limiting longstanding illness. For further information, see [Illnesses](#) under [Definitions](#).

**Summary table: General health and illness of adults aged 16+, by socio-demographic factors (a)**

	General Health (Good/ Very Good)	General Health (Fair)	General Health (Bad/ Very Bad)	Any longstanding illnesses	2 or more longstanding illnesses	Limited at all by longstanding illness	Per cent Limited a lot by longstanding illness
<b>All aged 16+</b>	<b>70</b>	<b>20</b>	<b>10</b>	<b>46</b>	<b>21</b>	<b>34</b>	<b>20</b>
<b>By sex:</b>							
Males	72	19	9	44	18	30	17
Females	68	21	11	49	23	38	22
<b>By age:</b>							
16-44	80	15	5	31	9	22	11
45-64	68	20	12	50	22	35	21
65+	56	29	15	70	39	54	33
<b>By WIMD deprivation quintile (age-standardised):</b>							
Quintile 1 (most deprived)	59	24	17	55	29	44	31
Quintile 2	65	22	13	50	24	38	23
Quintile 3	72	20	8	45	20	33	20
Quintile 4	76	18	6	42	16	30	14
Quintile 5 (least deprived)	77	17	6	41	15	27	14
<b>By Local Health Board (age-standardised) (b):</b>							
Betsi Cadwaladr	74	19	7	43	16	30	15
Powys	76	18	6	42	19	30	15
Hywel Dda	72	21	8	48	22	35	18
Abertawe Bro Morgannwg	69	21	10	49	22	38	22
Cwm Taf	67	21	13	45	23	34	21
Aneurin Bevan	69	21	11	49	24	35	19
Cardiff & Vale	75	17	8	45	19	30	15
<b>By year:</b>							
2016-17	72	20	8	47	21	33	16
2017-18	70	20	10	46	21	34	20

*National Survey for Wales, 2017-18*

(a) See Definitions

(b) Figures for LHBs are based on two years of data combined (2016-17 and 2017-18)

## **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 health conditions or illnesses lasting or expected to last 12 months or more. These are referred to as longstanding illnesses in this bulletin.

Adults reporting a longstanding illness were asked what the illness 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 illnesses.

### **Limiting illness**

For each longstanding illness mentioned, the survey asked adults whether it limited their ability to carry out normal day-to-day activities. They were able to answer 'yes, a lot', 'yes, a little' or 'not at all' for each of the longstanding illnesses they mentioned (see above). These are referred to as limiting illnesses in this bulletin.

There was a minor change in the questions for limiting illnesses between 2016-17 and 2017-18 which may affect comparability of data. In 2016-17, respondents were asked whether they had any longstanding illness and whether any of their longstanding illnesses reduced their ability to carry out day-to-day activities. They were then asked what illnesses they had (they could record up to 6 illnesses) and, for each reported illness, whether it limited them. The 2017-18 questions were similar, but respondents were not asked an overarching question on whether any of their longstanding illnesses limited them. For each reported illness, they were still asked whether it limited their activities, but with some minor changes in wording

### Longstanding illnesses

Illness Group	Reported Illness
<b>Neoplasms and benign growths</b>	Cancer (neoplasm) including lumps, masses
<b>Endocrine and metabolic diseases</b>	Diabetes Other endocrine and metabolic complaint
<b>Mental Disorders</b>	Mental illness/ anxiety/ depression/nerves Learning disability
<b>Nervous system complaints</b>	Epilepsy/fits/convulsions Migraine/headaches Another nervous system disorder
<b>Eye complaints</b>	Cataracts/poor sight/blindness Other eye complaints
<b>Ear complaints</b>	Poor hearing/deafness Tinnitus/noises in the ear Meniere's disease/ear complaints causing balance problems' Other ear complaints
<b>Heart and circulatory complaints</b>	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
<b>Respiratory system complaints</b>	Asthma Hayfever Bronchitis/emphysema Another respiratory illness
<b>Digestive system complaints</b>	Stomach ulcer/ ulcer/abdominal hernia/rupture Complaints of bowel/colon Complaints of the teeth/ mouth/ tongue Other digestive complaints
<b>Genito-urinary system complaints</b>	Kidney complaints Urinary tract infection Other bladder problems/ incontinence Reproductive system disorder
<b>Musculoskeletal complaints</b>	Arthritis/rheumatism/ fibrosis Back problem/slipped disc/spine/neck Other problems of bones/joints/ muscles
<b>Infectious diseases</b>	Infectious and parasitic disease
<b>Blood and related organs complaints</b>	Disorders of the blood and blood forming organs
<b>Skin complaints</b>	Skin complaints
<b>Other complaints</b>	Other complaints
<b>Unclassifiable complaints</b>	Unclassifiable complaints
<b>Complaint no longer present</b>	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 analysis 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 (such as health), any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

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  $i$  and  $N_i$  is the standard population size in age group  $i$ :

$$p' = \frac{\sum_i N_i p_i}{\sum_i N_i}$$

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 general health and illness 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 [discontinuity report](#) and [Statistical Article](#) looking at trend discontinuities for general health and illnesses. The scale used to measure general health also changed and results are not comparable. Another source of information on illness is the [Quality and Outcomes Framework](#).

### Background

The National Survey for Wales 2017-18 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 2017-18 (1 April 2017 – 31st March 2018).

23,517 addresses were chosen randomly from the Royal Mail's Small User Postcode Address File. Interviewers visited each address and randomly selected one adult (aged 16+) in the household. They then carried out a 45-minute face-to-face interview with them, covering a range of views, behaviours, and characteristics. A total of 11,381 interviews were achieved with a response rate of 54.5 per cent.

### 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 [quality report](#) 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.<sup>4</sup> Confidence intervals can be used as a guide to the size of the sampling error.

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<sup>4</sup> Sampling error is discussed in more detail in the [Quality Report](#) for the National Survey.

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 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 [quality report](#) for the survey.

### **Local authority / health board estimates**

Sample sizes for questions on general health and illnesses for local authorities and health boards are relatively small, therefore two years of data (2016-17 and 2017-18) have been combined to increase the sample size and improve precision. Even so, it should be noted that the sample size for some areas is still relatively small. Sample sizes are shown in the StatsWales tables, along with 95 per cent confidence intervals to give an indication of the precision of results.

### **National Statistics status**

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for 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 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 the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

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.

### **Release policy**

Information about the process for releasing new results is available from the [Welsh Government's statistics web pages](#), including information on our [revisions policy](#).

### **Availability of datasets**

The data behind the charts and tables in this release are published on [StatsWales](#). 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 below).

### **Further details**

The document is available at: <https://gov.wales/national-survey-wales-population-health>

### **Next update**

To be confirmed

### **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](mailto:stats.healthinfo@gov.wales)

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