

HEALTH AND SOCIAL CARE

Scottish Health Survey

Results for Health Boards: 2012/2013/2014

March 2016

Background

This report summarises key statistics from the Scottish Health Survey (SHeS) for each NHS Board area in Scotland.

A detailed set of web tables including these results is available on the [Scottish Health Survey web pages](#).

The survey has been carried out continuously since 2008 and, prior to this, was carried out in 1995, 1998 and 2003. It was designed to:

- estimate the prevalence of particular health conditions in Scotland
- estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours
- look at differences between regions and between subgroups of the population in the extent of their having these particular health conditions or risk factors, and to make comparisons with other national statistics for Scotland and England
- monitor trends in the population's health over time
- make a major contribution to monitoring progress towards health targets.

The 2012-2015 surveys were designed to yield a representative sample of the general population living in private households in Scotland every year. This report is based on SHeS data over the period 2012-2014 and is intended to provide an interim indication of health board level data for adults aged 16+ until results for the 2012-2015 data collection are available in September 2016.

Full information about the Scottish Health Survey is available in the annual main reports and technical reports, including details about survey design, sampling methodology and policy context.

Methods and indicators

The 2012-2014 results include health board data for the following topics:

- Self-assessed general health
- WEMWBS mean scores
- General Health Questionnaire (GHQ-12) scores
- Long-term illness
- Alcohol consumption- drinking guidelines
- Alcohol consumption- mean weekly units
- Smoking
- Overweight
- Obesity
- Fruit and vegetable consumption- by category
- Fruit and vegetable consumption- mean daily portions
- Physical activity
- Cardiovascular (CVD) conditions

Figures are presented by health board for males, females and all adults aged 16 or over. Upper and lower 95% confidence intervals (CIs) are also shown for each estimate, and have also been included in column charts which present results for all adults by board. It is important to consider the CIs when interpreting results, particularly for smaller boards where intervals are likely to be wider.

The Summary of Results section describes where results for any health board differ significantly from the Scotland average.

As the population age profile varies by health board, and age is strongly associated with health outcomes and behaviours, figures by health board are not directly comparable with each other. These results are primarily intended to represent the populations in each health board area.

More information about each of the topics can be found in the latest [SHeS Main Report](#).

Summary of results

Self-assessed general health

The proportion of adults who rate their general health to be good or very good was significantly lower in Dumfries & Galloway (69%), Ayrshire and Arran (70%) and Greater Glasgow and Clyde (71%) than in Scotland as a whole (74%; 75% of men, 73% of women). In Orkney (82%), Grampian (79%) and Lothian (78%), the proportion in good or very good health was significantly higher than the estimate for Scotland.

WEMWBS

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is used to measure mental wellbeing. Those living in Dumfries & Galloway had the lowest mean score (49.0), while residents of Highland, Orkney and the Western Isles had the highest (50.8). However, only mean scores for Ayrshire & Arran (49.1), Grampian (50.7), Greater Glasgow and Clyde (49.3) and Western Isles (50.8) were significantly different to the Scotland figure. The mean score for Scotland was 50.0, and was significantly higher for men (50.3) than for women (49.7).

General Health Questionnaire (GHQ-12) scores

The General Health Questionnaire (GHQ-12) is used to identify individuals showing signs of the presence of a possible psychiatric disorder (as indicated by scores of four or higher). In Orkney (8%), Grampian (12%) and Western Isles (12%), the proportion with scores of 4+ was significantly lower than the proportion in Scotland as a whole (15%). The proportion of adults with scores of 4+ in Glasgow (18%) was significantly higher than in Scotland as a whole. Borders had the highest proportion of 4+ scorers (19%), although this was not significantly higher than the figure for Scotland due to the smaller sample size. In Scotland, significantly more women than men had a score of 4+ (17% compared to 13%).

Long-term conditions

A significantly lower proportion of Grampian residents reported a limiting condition (26%) compared to Scotland overall (31%), while this proportion was significantly higher in Ayrshire & Arran (42%). A significantly higher proportion of Scottish women (34%) than men (29%) reported a long-term condition that limited their daily activities in some way.

Alcohol consumption

In the period 2012-2014, the proportion of adults who drank outwith the government guidelines¹ applicable at the time was significantly lower than the national average (40%) in Western Isles (28%) and Dumfries and Galloway (35%). In Lothian, 44% of adults drank outwith guidelines; this was significantly higher than the proportion across Scotland as a whole. In all health boards, a higher proportion of men than women drank outwith the guidelines, and this difference was statistically significant in all boards except Orkney and Dumfries and Galloway.

Western Isles residents reported the lowest mean number of units consumed on a weekly basis (8.4), significantly lower than the Scotland figure (10.5; 14.1 for men, 7.2 for women). The mean was not significantly higher than the Scottish average in any board area.

Smoking

Around 23% of adults were regular smokers between 2012 and 2014, with prevalence being significantly higher among men than women (24% of men, 21% of women). The proportion of regular smokers in Orkney (18%) and Grampian (20%) was significantly lower than the Scotland figure.

Overweight (including obesity)²

In Scotland, 65% of individuals were overweight or obese. The figure for men (69%) was significantly higher than that for women (61%). Results for a number of boards were significantly different to the Scotland figure. These included lower results for Lothian (59%) and Greater Glasgow & Clyde (61%), and higher results for Ayrshire & Arran (71%), Borders (71%), Lanarkshire (71%) and Western Isles (74%).

Obesity³

In 2012-2014, the obesity rates for adults in Western Isles (38%), Orkney (37%), Ayrshire & Arran (33%), Lanarkshire (32%) and Fife (31%) were significantly higher than the rate for Scotland overall (27%). In Lothian (23%) and Greater Glasgow and Clyde (24%) obesity rates were significantly lower than the Scottish average.

¹ Drinking more than 4 units (men) or 3 units (women) on heaviest drinking day, and/or drank more than 21 units (men) or 14 units (women) in usual week

² BMI 25 or higher

³ BMI 30 or higher

Fruit and vegetable consumption

The proportion of adults consuming the recommended five portions (or more) of fruit and vegetables per day was significantly lower than across Scotland as a whole (21%) among Lanarkshire residents (17%). The proportion in Fife (24%) was significantly higher than the Scotland figure.

Adults in Lanarkshire consumed a significantly lower mean number (2.9) of portions of fruit and vegetables per day compared to the Scottish mean (3.2 portions). The number was significantly higher in Fife (3.4) and Lothian (3.4) compared to the national average.

Physical activity

In 2012-2014, the lowest proportion of adults meeting the physical activity guidelines was observed in Dumfries & Galloway (59%), while the highest was in Lothian (66%). However, neither of these was significantly different to the Scotland figure of 63%.

Cardiovascular (CVD) conditions

The proportion of individuals reporting a doctor-diagnosed CVD condition was significantly higher than the Scottish average of 16% in Ayrshire and Arran (19%). The rate was not significantly lower than the Scottish average in any board.

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How to access background or source data

The data collected for this statistical bulletin:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via the UK Data Service
- may be made available on request, subject to consideration of legal and ethical factors. Please contact scottishhealthsurvey@gov.scot
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

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