Jersey Middle Age Health Trends 2007-2017

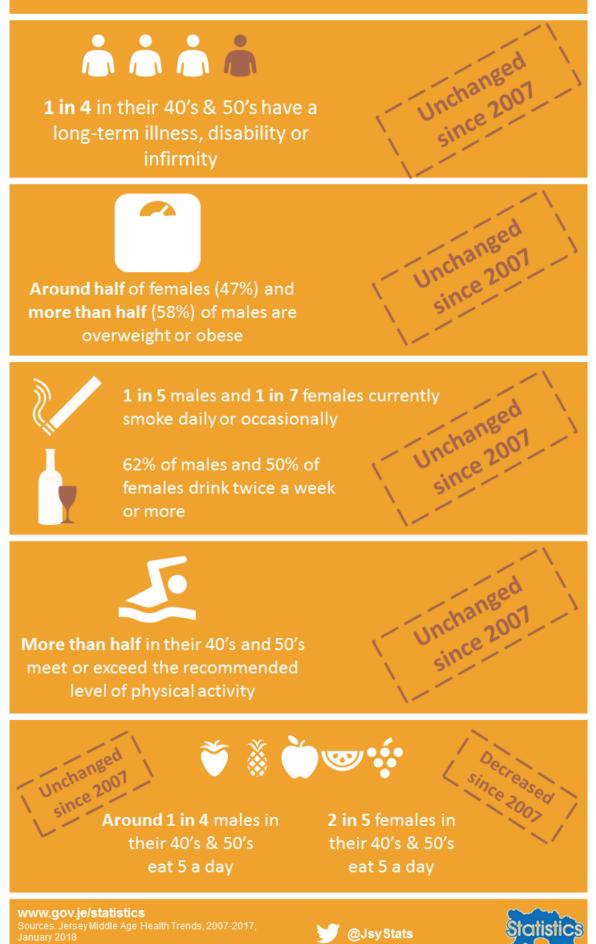
Statistics Unit



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Jersey Middle Age Health Trends 2007-2017



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Introduction

This report analyses how the health and behaviour of adults in Jersey aged between 40 and 59 has changed over the past decade, between 2007 and 2017. The report is based on a similar publication by Public Health England¹ and draws attention to the health and health related behaviours of Islanders in their middle ages, who made up almost a third (31 per cent) of the population at the 2011 census.²

Data presented in this report are taken from the Jersey Annual Social Surveys (JASS) and the subsequent Jersey Opinion and Lifestyle Survey (JOLS) from 2007 onwards. A survey specifically asking questions about Islanders health, the Jersey Health Survey, was conducted in 1999 and where applicable results from this have been mentioned in this report although they are not directly comparable to the JASS and JOLS data due to differences in the survey methodology used. Detailed information on the data sources and processing are given in the Background Notes section of this report.

This report compares selected results from the above surveys for a set of health-related questions covering a broad range of health and lifestyle subject areas such as obesity, smoking, drinking and general health conditions. Comparisons between the different annual surveys have been tested for statistical significance using 95 per cent confidence intervals. For each proportion presented in this report, confidence intervals (expressed as a range of percentage points) typically range between ±4 and ±6 percentage points, therefore differences of less than 10 percentage points are unlikely to be statistically significant. Only statistically significant differences have been described in this report using terms such as 'higher', 'lower', 'increase' or 'decrease'.

¹ Public Health England, Changes in the behaviour and health of 40 to 60 year olds between 1991 to 1993 and 2011 to 2013, published 27 December 2016, available from www.gov.uk

² States of Jersey Statistics Unit, Report on the 2011 Census, published August 2012, available from www.gov.je

Main points

The analysis shows that in comparison to a decade ago:

- males aged 40 to 59:
 - o are just as likely to report having a long-term illness, disability and infirmity
 - o have a similar body mass index (BMI)
 - o report eating a similar amount of fruit and vegetables
 - o report having similar levels of physical activity
 - o are just as likely to smoke daily or occasionally
 - o drink similar amounts and at a similar frequency
 - o are just as likely to be drinking at hazardous drinking levels
- females aged 40 to 59:
 - $\circ \quad$ are just as likely to report having a long-term illness, disability and infirmity
 - o have a similar BMI
 - o eat, on average, almost a whole portion less of fruit and vegetables a day
 - o report having similar levels of physical activity
 - o are as likely to smoke daily or occasionally
 - o drink similar amounts and at a similar frequency
 - $\circ \quad$ are as likely to be drinking at hazardous levels

The proportion of middle age people who have a long-term illness, disability or infirmity (1 in 4) has remained the same over the past decade



Figure 1 shows the change in males and females aged 40 to 59 claiming to have any long-term illness, disability or infirmity from 2008 to 2017.

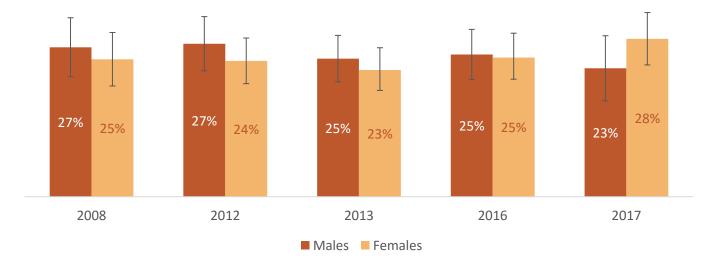
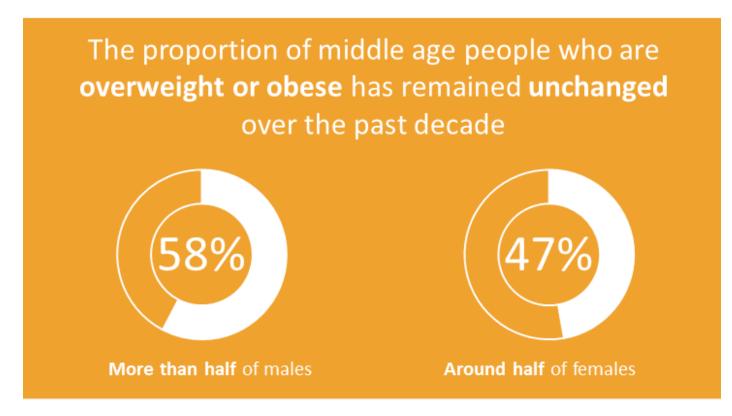


Figure 1: Proportion reporting having a long-term illness, disability or infirmity, by gender, 2008-2017

Source: Jersey Annual Social Surveys (2008 – 2013) and Jersey Opinion and Lifestyle Survey (2016 - 2017)

As shown by Figure 1, the proportion of those with a long-term illness, disability or infirmity has remained essentially stable over the past decade.

Obesity



Analysis of self-reported heights and weights of respondents to the surveys by calculating the Body Mass Index (BMI) provide an indication of whether an individual is of a healthy weight or not.

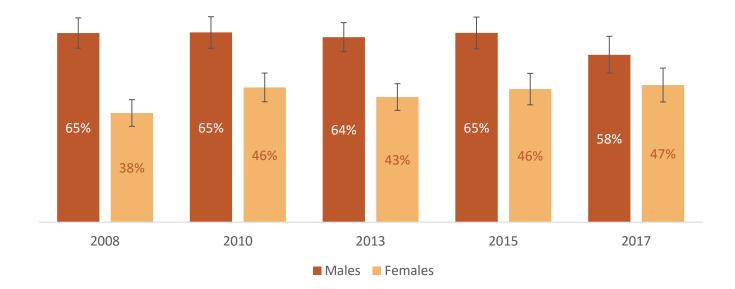


Figure 2: Proportion of respondents aged 40 to 59 with a BMI classified as overweight or obese, 2007-2017

Source: Jersey Annual Social Surveys (2008 – 2015), Jersey Opinion and Lifestyle Survey (2017)

Over the last 10 years, the proportion of males and females classified as being overweight or obese has remained stable, as too has the proportion of those classified as having a healthy weight according to their BMI, as shown in Table 1.

Males	2008	2010	2013	2015	2017
Underweight	<1	1	<1	0	<1
Healthy weight	34	34	36	35	42
Overweight	49	47	47	48	45
Obese	15	18	16	16	13
Severely obese	1	1	1	1	0
Females	2008	2010	2013	2015	2017
Females Underweight	2008 2	2010	2013 2	2015 2	2017 2
Underweight	2	1	2	2	2
Underweight Healthy weight	2 60	1 52	2 55	2 52	2 51

Table 1: Proportion of 40 to 59 year olds by BMI category, 2008-2017, in percent

Source: Jersey Annual Social Surveys (2008 – 2015), Jersey Opinion and Lifestyle Survey (2017)

The proportion of overweight or obese males and females aged 40 to 59 years in 1999, as reported by the Jersey Health Survey, was similar to proportions reported in JASS and JOLS since 2008.

Diet



Middle age females eat, on average, **1 portion** of fruit and vegetables a day **less** than they did a decade ago

The amount of fruit and vegetables eaten by males in this age group has not changed significantly over this period

The UK Department of Health and National Health Service recommend eating five portions of fruit and vegetables a day, based on advice from the World Health Organisation.

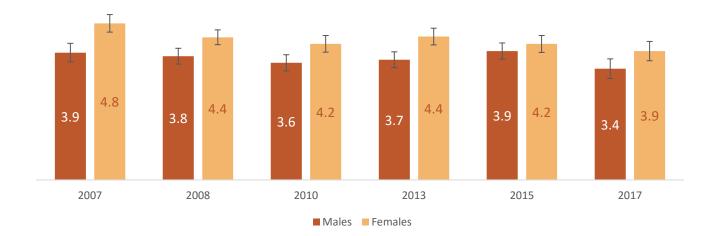


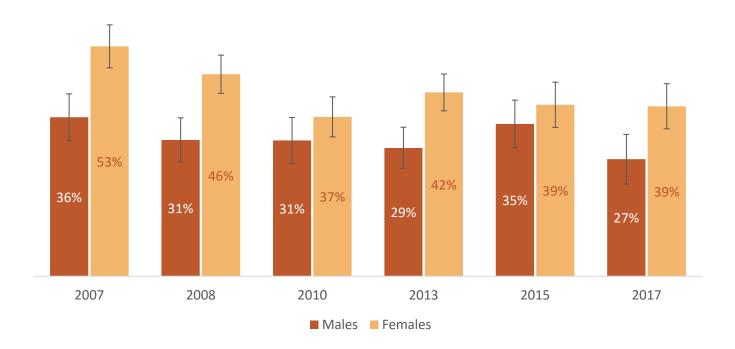
Figure 3: Average number of portions of fruit and vegetables eaten per day

Source: Jersey Annual Social Surveys (2007 – 2015), Jersey Opinion and Lifestyle Survey (2017)

The average number of portions of fruit and vegetables consumed daily in Jersey for those aged 40 to 59 years shows males are eating similar proportions while females are eating slightly less than in 2007.

The proportion of middle age females eating five or more portions of fruit and vegetables a day has also fallen significantly over the past 10 years, from around half (53 per cent) in 2007 to two-fifths (39 per cent) in 2017. The proportion of males in this age group eating five or more portions a day has not changed significantly over the decade, as shown in Figure 4.





Source: Jersey Annual Social Surveys (2007 – 2015), Jersey Opinion and Lifestyle Survey (2017)

Physical activity

The proportion of females meeting the recommended levels of physical activity has not changed over the last decade



The proportion of males meeting the recommendations has fluctuated over the last 10 years

A question about perceived levels of physical activity has been asked consistently since 2007.

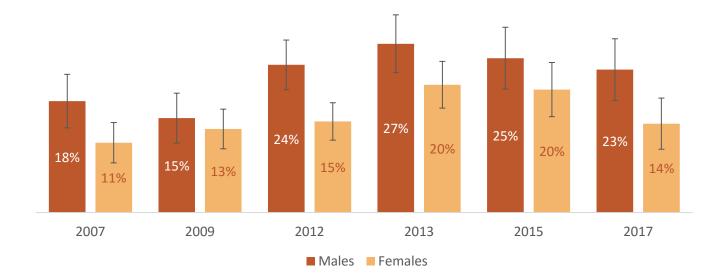


Figure 5: Proportion describing themselves as 'very physically active'

Source: Jersey Annual Social Surveys (2007 – 2015), Jersey Opinion and Lifestyle Survey (2017)

For both males and females aged 40 to 59, the percentage describing themselves as 'very physically active' increased between 2007 and 2013, but has since reduced to levels statistically similar to those seen in 2007.

The 1999 Jersey Health Survey found levels of physical activity for both males and females aged 40 to 59 was similar to results for 2017 (14 per cent for males and 8 per cent for females).

Table 2 shows the distribution of self-reported physical activity levels over the past decade, 2007 to 2017.

Males	2007	2009	2012	2013	2015	2017
Very physically active	18	15	24	27	25	23
Fairly physically active	55	61	57	57	55	56
Not very physically active	24	21	17	15	17	21
Not at all physically active	3	3	3	1	3	1
Females	2007	2009	2012	2013	2015	2017
Females Very physically active	2007	2009 13	2012 15	2013 20	2015 20	2017 14
Very physically active	11	13	15	20	20	14

Table 2: Self-reported physical activity status, percentages

Source: Jersey Annual Social Surveys (2007 – 2015), Jersey Opinion and Lifestyle Survey (2017)

The recommended level of physical activity³ for adults is to engage in at least five sessions of moderate intensity activity of at least 30 minutes per week. This may be organised using public facilities, such as a gym, or non-organised such as manual work, jogging or heavy gardening.

Figure 6 shows the proportion of those aged in their 40's and 50's who meet the recommendations. There has been no significant change in the proportion of females who report doing five or more sessions a week over the decade. The proportion of males meeting the recommendations has fluctuated over the decade, with results in 2015 being statistically higher (at almost two-thirds, 63 per cent) than those at the start of the decade (around half, 51 per cent in 2007). However, the latest results for males aged 40 to 59 years in 2017 are not significantly different to those from a decade earlier.

³UK Department of Health, Factsheet 4: Physical activity guidelines for adults (19-64 years), published July 2011, available from www.gov.uk

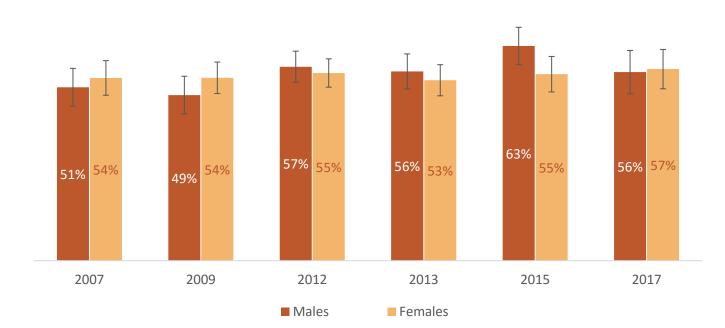


Figure 6: Proportion of respondents undertaking five or more periods of moderate intensity sport or physical activity for 30 minutes of longer, 2007-2017

Source: Jersey Annual Social Surveys (2007 – 2015), Jersey Opinion and Lifestyle Survey (2017)

Smoking



Compared to 10 years ago, the proportion of middle age males and females smoking has remained **the same**.

The proportion of those aged 40 to 59 years who report smoking either daily or occasionally has remained essentially stable since over the last decade, as shown in Figure 7.

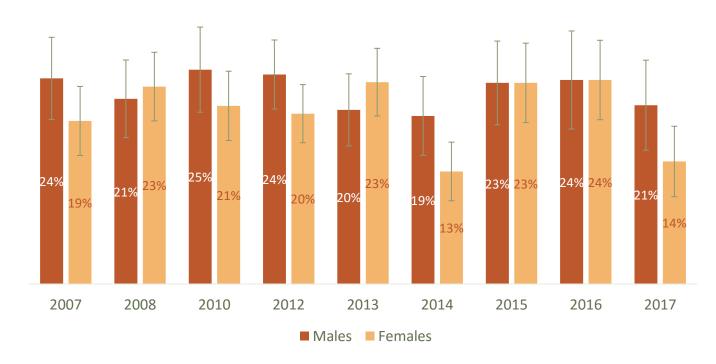


Figure 7: Percentage of daily and occasional smokers (excluding e-cigarettes)

Source: Jersey Annual Social Surveys (2007 – 2015) and Jersey Opinion and Lifestyle Survey (2016 - 2017)

Data from the 1999 Jersey Health Survey showed around one in three males (35 per cent) and around one in four females (28 per cent) reported smoking daily or occasionally.

Figures 8 and 9 show the self-reported smoking status of males and females aged 40 to 59 years.

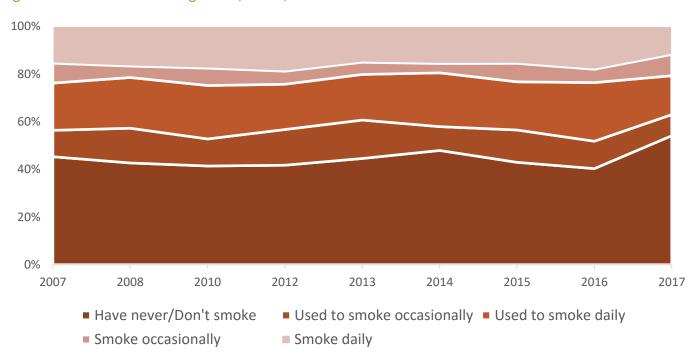


Figure 8: Self-defined smoking status, males, 2007-2017

Source: Jersey Annual Social Surveys (2007 – 2015) and Jersey Opinion and Lifestyle Survey (2016 - 2017)

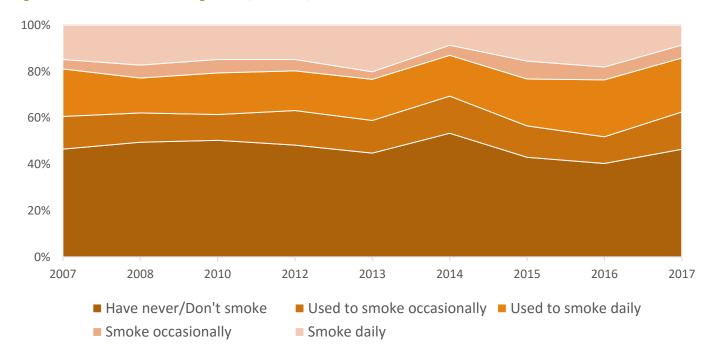


Figure 9: Self-defined smoking status, females, 2007-2017

Source: Jersey Annual Social Surveys (2007 – 2015) and Jersey Opinion and Lifestyle Survey (2016 - 2017)

One in three (32 per cent) males aged 40 to 59 years in 1999 reported not smoking or having never smoked, this was higher in 2017, when over half (54 per cent) reported not smoking or having never smoked. For 40 to 59 year old females, the proportion who report having never smoked has remained essentially flat at around 47 per cent over the same time period.

Teetotalism

The proportion of people aged 40 to 59 years who report never drinking alcohol has remained flat over the last 6 years,⁴ with less than one in ten males and around one in ten females reporting being teetotal (Figure 10).

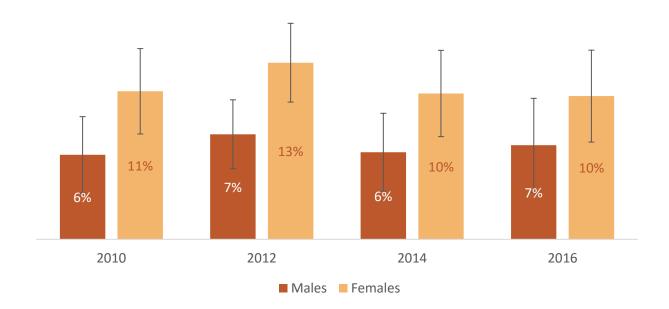


Figure 10: Percentage of respondents who never drink alcohol, 2010-2016

Source: Jersey Annual Social Surveys (2010 – 2014) and Jersey Opinion and Lifestyle Survey (2016)

The 1999 Jersey Health Survey found similar levels of 40 to 59 year olds never drinking; 5 per cent of males and 14 per cent of females.

⁴ 2010 was the first time this question was included in JASS, although it had previously been included in the Jersey Health Survey in 1999

Alcohol consumption



Alcohol consumption patterns of middle age males and females have not changed significantly since 2010*

*comparable questions about alcohol were not asked prior to this

Alcohol consumption for those aged 40 to 59 years has remained stable since 2010,⁵ as shown in Figures 11 and 12.

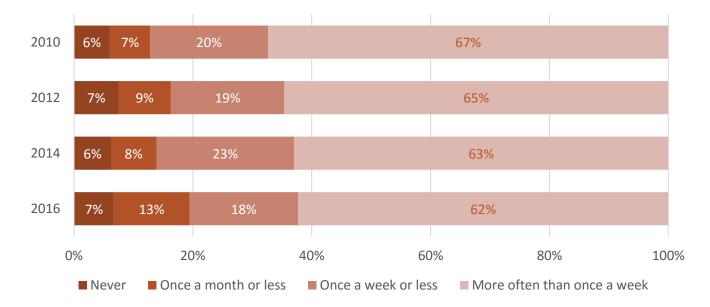


Figure 11: How often respondents aged 40 to 59 drink alcohol, males, 2010-2016

Source: Jersey Annual Social Surveys (2010 - 2014) and Jersey Opinion and Lifestyle Survey (2016)

⁵ 2010 was the first time this question was included in JASS, although it had previously been included in the Jersey Health Survey in 1999

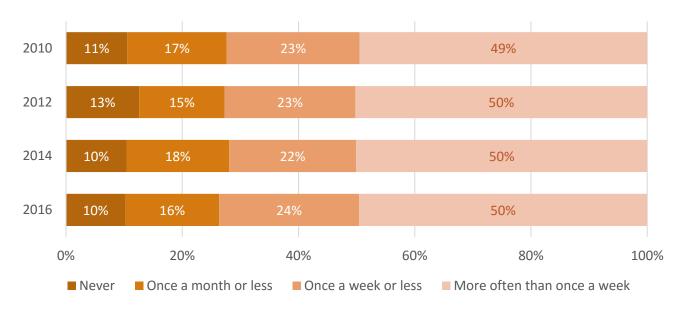


Figure 12: How often respondents aged 40 to 59 drink alcohol, females, 2010-2016

Source: Jersey Annual Social Surveys (2010 - 2014) and Jersey Opinion and Lifestyle Survey (2016)

The Jersey Health Survey also included a question on how often respondents drank alcohol, findings for people aged in their 40's and 50's were similar to the findings presented in Figures 9 and 10. Around two-thirds of males (71 per cent) and around two-fifths (44 per cent) of females reported drinking alcohol more often than once a week in 1999.

In each year of the survey, a greater proportion of males were found to drink more frequently than females.

Figures 13 and 14 show the amount of alcohol drunk on a typical drinking day by those that drink.

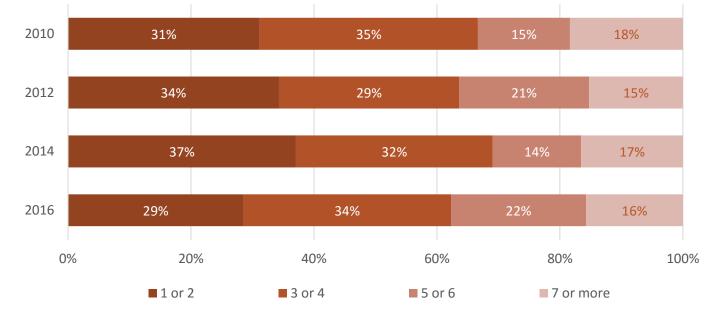
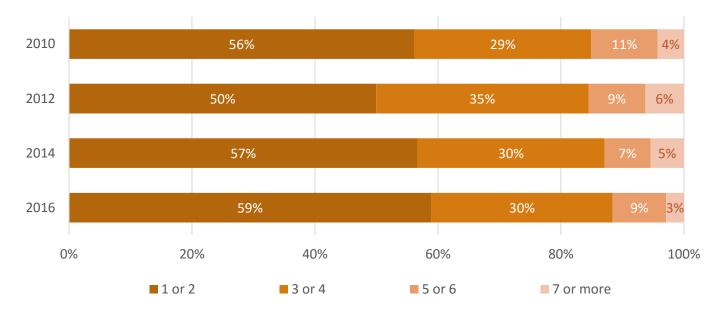


Figure 13: Number of units of alcohol drunk by 40 to 59 year olds on a typical day when drinking, males, 2010-2016

Source: Jersey Annual Social Surveys (2010 – 2014) and Jersey Opinion and Lifestyle Survey (2016)

Figure 14: Number of units of alcohol drunk by 40 to 59 year olds on a typical day when drinking, females, 2010-2016



Source: Jersey Annual Social Surveys (2010 – 2014) and Jersey Opinion and Lifestyle Survey (2016)

The 1999 survey showed a smaller proportion of male drinkers aged in their 40's and 50's drinking five or more units of alcohol on a typical drinking day (28 per cent) than in 2017 (39 per cent). The proportion of female drinkers in this age group drinking five or more units was similar in 1999 (8 per cent) to the latest JOLS data (12 per cent in 2016).

Hazardous drinking

Hazardous drinking, as defined by the WHO,⁶ is a pattern of alcohol consumption carrying risks of physical and psychological harm to the individual.

The Fast Alcohol Screening Test (FAST) is a 4-item screening tool designed to highlight potential hazardous or harmful drinking behaviours. It should be noted that surveys of the local household population are likely to underrepresent alcohol dependent adults, who are more likely to be homeless or in an institutional setting. Moreover, problem drinkers who do live in private households may be less able or willing to participate in surveys.

⁶ Saunders J.B., Aasland O.G., Babor T.F., et al, Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II, Addiction, 1993;88791-804

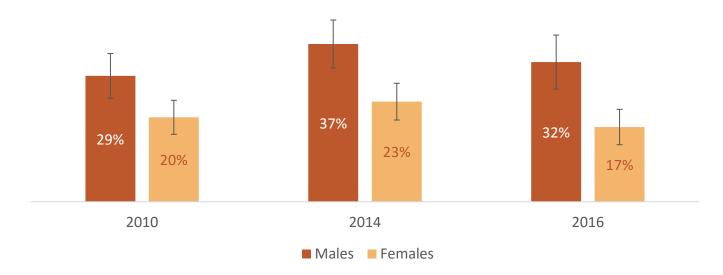
Table 3: FAST Questions

FAST	Scoring system					
FAST	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: A total of 3 or more indicates hazardous drinking

Source: Public Health England http://www.alcohollearningcentre.org.uk/

Figure 15: FAST Alcohol Screening Test (FAST): the percentage of drinkers classified as drinking at hazardous levels, 2010-2016



Source: Jersey Annual Social Surveys (2010 – 2014) and Jersey Opinion and Lifestyle Survey (2016)

For males and females aged 40 to 59, the overall proportion classified as drinking at 'hazardous' levels in terms of alcohol consumption has remained fairly consistent between 2010 and 2016.

Around two-fifths (41 per cent) of males drinkers aged 40 to 59 years were found to be drinking at hazardous levels in 1999. For females in the same age group, a similar proportion to that in 2016 (17 per cent) were drinking at hazardous levels.

Comparison to England

Research and analysis by Public Health England⁷ (PHE) using data from the Health Survey for England since 1991 uses a similar but not directly comparable methodology. Themes that emerged from the PHE analysis showed an increase in the proportion of obese men and women, a reduction in tobacco and alcohol consumption and increases in the proportion of those with selected chronic conditions.

The analysis presented in this report covers a shorter period to the PHE report. Findings show there has been little change in the proportion of obese males and females in Jersey in the last decade; no evidence of a reduction in tobacco or alcohol consumption; and similar levels of self-reported physical activity.

⁷ Public Health England, Changes in the behaviour and health of 40 to 60 year olds between 1991 to 1993 and 2011 to 2013, published 27 December 2016, available from www.gov.uk

Background Notes

Data Sources

Published by	Report	Published	Website
Bristol University and States of Jersey Health and Social Services Department	The Jersey Health Survey 1999	September 2001	www.bris.as.uk
States of Jersey Statistics Unit	Jersey Annual Social Survey	2005 – 2015	www.gov.je
States of Jersey Statistics Unit	Jersey Opinions and Lifestyle Survey 2016	November 2016	www.gov.je
States of Jersey Statistics Unit	Jersey Opinions and Lifestyle Survey 2017	December 2017	www.gov.je
Public Health England	Changes in the behaviour and health of 40 to 60 year olds between 1991 to 1993 and 2011 to 2013	December 2016	www.gov.uk

Methods

Social surveys have been conducted annually by the States of Jersey Statistics Unit since 2005. These self-completion postal and online surveys are sent to randomly selected Jersey resident households to collect detailed information on a wide range of social issues. The survey has a set of core questions covering demographics, economic activity and household structure. Although not specific to health, these surveys also contain a set of health-related questions every year.

The Jersey Health Survey 1999 was an interviewer-led telephone survey, with subsequent opt-in postal self-completion questionnaire.

This report compares selected results from the above surveys to questions that have remained broadly consistent for respondents aged 40 to 59 years at the time of completing the survey.

For further information about the Statistics Unit and access to all Statistics Unit publications please see, www.gov.je/statistics

Accuracy and reliability

For each survey, a random household sample was selected to receive the survey. Response rates to each survey are shown below:

Report	Sample size	Response rate
The Jersey Health Survey 1999	3,400	60%
Jersey Annual Social Survey 2005	3,500	50%
Jersey Annual Social Survey 2006	3,500	43%
Jersey Annual Social Survey 2007	3,400	46%
Jersey Annual Social Survey 2008	3,500	54%
Jersey Annual Social Survey 2009	3,300	54%
Jersey Annual Social Survey 2010	3,200	51%
Jersey Annual Social Survey 2012	4,200	59%
Jersey Annual Social Survey 2013	3,400	58%
Jersey Annual Social Survey 2014	3,200	52%
Jersey Annual Social Survey 2015	3,200	52%
Jersey Opinions and Lifestyle Survey 2016	3,300	46%
Jersey Opinions and Lifestyle Survey 2017	3,300	42%

In addition to the overall good response rates, statistical weighting techniques were used to compensate for different patterns of non-response from different sub-groups of the population.

Confidence Intervals and statistical significance

The principle behind sample surveys, like those used in this analysis, is that by asking questions of a representative subset of a population, conclusions can be drawn about the overall population without having to approach every individual. Provided the sample is representative, the results will be unbiased and accurate. However, the sample results will always have an element of statistical uncertainty, because they are based on a sample and not the entire population.

The 95 per cent confidence intervals have been calculated for each round of the social survey. The following maximum confidence intervals for proportions (expressed as a range of percentage points) are as follows:

Males aged 40-59 years

Females aged 40-59 years

Jersey Annual Social Survey 2007
Jersey Annual Social Survey 2008
Jersey Annual Social Survey 2009
Jersey Annual Social Survey 2010
Jersey Annual Social Survey 2012
Jersey Annual Social Survey 2013
Jersey Annual Social Survey 2014
Jersey Annual Social Survey 2015
Jersey Opinions and Lifestyle Survey 2
Jersey Opinions and Lifestyle Survey 2

irvey 2007	±6	±5
irvey 2008	±5	±5
irvey 2009	±6	±5
irvey 2010	±6	±5
irvey 2012	±5	±4
irvey 2013	±5	±5
irvey 2014	±6	±5
irvey 2015	±6	±5
estyle Survey 2016	±7	±5
estyle Survey 2017	±6	±6

As a result of the confidence intervals described above, results which show small changes or differences, e.g. of up to 10 percentage points, should be treated with some caution, as the differences will not be significant.

However, for larger differences, of over 10 percentage points, the chance that such a difference is due to sampling (rather than being a true measure of a difference or change in the overall population) is small.

Contact details

All enquiries and feedback should be directed to:

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