



Health Behaviours in Blackpool

A summary of the Blackpool Lifestyle Survey 2015



Health behaviours in Blackpool 2015

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A summary of the Blackpool Lifestyle Survey 2015

Background

Healthy behaviours such as the sensible drinking of alcohol, being physically active, eating well and managing stress are known to prevent a wide range of health problems across the life course. Behaviours such as smoking tobacco, misusing drug, poor diets, alcohol and unsafe sex put people at particular risk of ill health.

The Blackpool Lifestyle Survey provides analysis about the prevalence of different health behaviours across population groups, the characteristics of people with different health behaviours and indicates how many people participate in more than one risk taking behaviour. Rather than take the form of a single document, the survey specific topics will be available on the [JSNA](#) website that all partners and the public can access.

Methodology

In January 2014 a project group began the process of data gathering and analysis around seven health areas: alcohol, drugs, nutrition, physical activity, sexual health, smoking/tobacco use, and mental wellbeing. The health behaviours survey was sent to 10,000 homes in Blackpool¹ in September 2014. The survey asked respondents about their lifestyle, health and behaviours.

The profile of respondents was similar to the general population of Blackpool in terms of deprivation with 44% of responders living in the most disadvantaged areas. More females (57%) than males answered the survey and 59% of respondents were aged over 60. Less than 3% of responders were young people aged 16-24 compared to 11% in the general population. Although the age profile of responders was higher than the general population, the proportion of older people answering in the most disadvantaged areas was less than in other areas which follows the age distribution of the general population. With an overall response rate of 23% (2,282), the results were weighted for age and gender.

Deprivation Quintile	% population	% responders
1	49%	44%
2	31%	33%
3	16%	19%
4	4%	4%

Following analysis of the findings a stakeholder event was held in February 2015 to engage partners in identifying priorities for improving the health and wellbeing of Blackpool residents from the collated evidence.

¹ The survey was also sent to homes in Lancashire, but the responses in this report reflect the Blackpool area.

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Introduction

Tackling obesity, reducing problem drinking, increasing levels of physical activity and managing stress are about more than just shrinking people's waistlines or getting them to cut back on their drinking. It is about reducing the burden of disease as part of the wider shift from treatment, support and cure, to prevention and protection. This remains an issue as the latest [Longer Lives](#) premature mortality figures show that between the years 2011 and 2013, over 2,000 people died prematurely in Blackpool and the authority is the penultimate worst in the country for deaths under the age of 75.

Health behaviours are shaped and influenced by the settings in which people live; their immediate environment, their family, friends and social networks as well as the culture to which they are exposed. Information and services should be made accessible and available to meet the needs of the different groups/people the health messages are targeted at and this summary aims to understand the relationships between those with health-compromising behaviour and risks of poor physical and mental health.

General Health

Across Blackpool levels of self-reported general health are significantly worse than the national average.

- 13,500 people in Blackpool reported having bad or very bad health.
- 9.5% of the population compared to only 5.4% nationally.
- Residents who rate their health as very bad are seven times more likely to have the lowest mental wellbeing scores than those with very good overall health².
- **Older people (aged 45+) report significantly poorer health than younger people.**
- **People not in work report significantly poorer health than those in work or who have retired.**
- **The more difficult people report their financial situation to be the poorer their health.**

Alcohol

In the UK, more than 90% of adults (nearly 40 million people) drink alcohol. For many, it is part of social and family life, whether it's a glass of wine with Sunday family lunch or a beer when watching sport with friends. However, alcohol consumption has increased dramatically over the last 50 years, nowhere more so than in Blackpool.

- Alcohol specific hospital admissions are two and a half times the national average for young people (under 18).
- Alcohol related mortality and hospital admissions for alcohol related conditions are increasing in females.
- Blackpool has the highest rate of claimants of benefits due to alcoholism in the country.

The role played by alcohol or drug misuse in domestic violence and abuse is still poorly understood. Research has indicated that 21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under the influence of illicit drugs. People are also

² Health Survey for England 2012, Chapter 5-Wellbeing

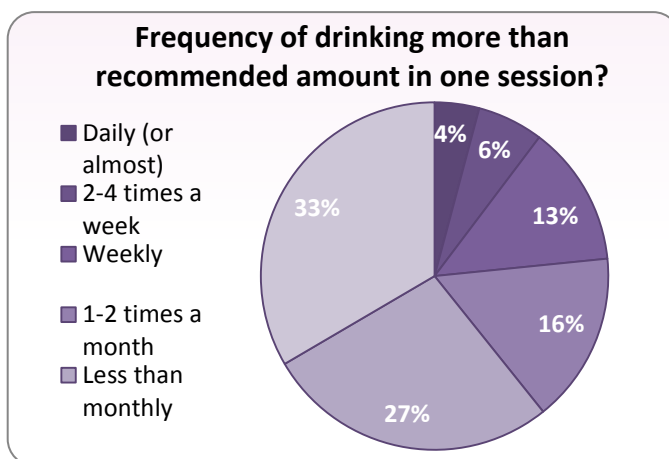
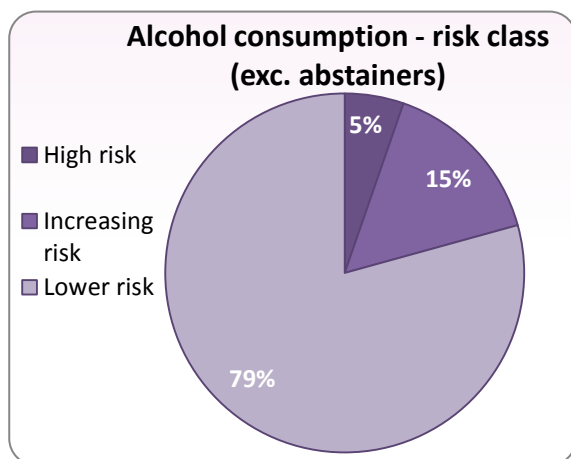
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thought to be at increased risk of substance dependency as a consequence of being the victim of domestic violence³.

Alcohol priorities should focus on those individuals who may be at increased risk, which includes binge drinkers and higher risk drinkers. Whilst young people (under 25's) and older adults (45+) are also potentially at a higher risk, it is important that other groups are identified and supported appropriately.

The lifestyle survey highlighted:

- **One fifth of adults in Blackpool who drink alcohol are at increasing or higher risk of longer-term alcohol-related illness or death.**
- **Proportions of high, increasing and lower risk drinking are similar across deprived and more affluent areas.**
- **Almost a quarter of drinkers in Blackpool report binge drinking, that is drinking six or more units of alcohol if you're female, or eight or more units of alcohol if you're male, in one session in the previous seven days.**
- **Men, the disabled, those who rent and those who are finding things very difficult financially are significantly more likely to binge drink.**
- **Retired people are significantly less likely to binge drink.**
- **Females in the most deprived areas are more likely to binge drink than in other areas, male binge drinking is similar across all areas.**
- **Although binge drinking is highest in the most disadvantaged areas, it also increases in the least disadvantaged areas in working age people (25-59).**



Drug/substance use

Drug use can take many forms, from using new psychoactive substances ('legal highs'/'novel psychoactive substances') or misusing prescribed medication, to cannabis and opiate use. Evidence shows that drug use is closely linked to deprivation, poverty and a chaotic lifestyle as well as having links to other factors such as poor mental health, having a learning difficulty and alcohol misuse.

³ NICE public health guidance 50. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. February 2014

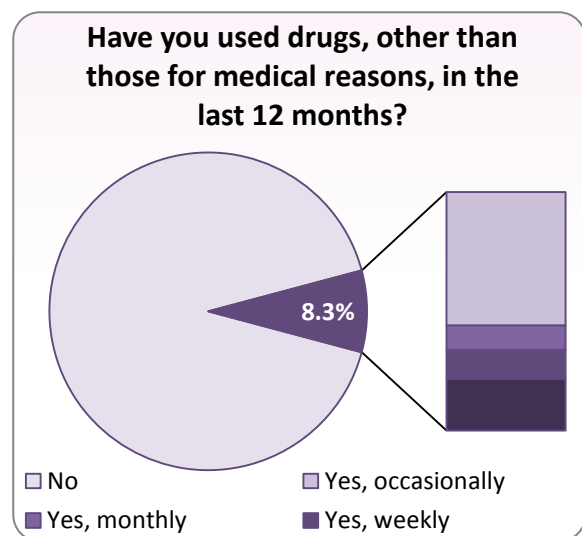
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There is also evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

- Blackpool has higher estimated levels of opiate and crack use of at least two and a half times the national average. Injecting drug use is also estimated to be considerably higher than average at over 3 times the national rate.
- Hospital admissions due to substance misuse in young people aged 15-24 years are significantly higher in Blackpool than the national average.
- The proportion of parents of children (0-15) in drug treatment is two and half times the national average.
- Blackpool has a significantly higher proportion of people in contact with mental health services where they access services for drugs than the national average.
- 9.4% of opiate users and 43.4% of non-opiate users had successful treatment completion (2013).

Priorities around substance misuse should be to promote harm reduction and recovery services for substance misusers and continue to support and develop the work undertaken by partners in substance misuse and dual diagnosis, promoting collaborative working between partner organisations. From the survey it was found:

- **Three quarters of drug users report using cannabis and a quarter use cocaine/crack.**
- **Approximately 10% of users reported using 'legal highs'.**
- **Younger people are more likely to take drugs than older people. The level of drug use was highest among 16 to 19 year olds (almost 22%).**
- **Men, people with a disability, those not in work or who are finding it very difficult to manage financially are significantly more likely to use drugs weekly or more frequently.**
- **People aged under 45 are significantly more likely to report using drugs occasionally than people over 45, as are BME communities and those who are underweight.**



National findings from the [Crime Survey for England and Wales 2013/14](#) support the survey findings and also state:

- Higher levels of drug use are associated with increased frequency of visits to pubs, bars and nightclubs.
- A larger proportion of respondents who lived in more deprived areas were frequent drug users compared with those who lived in the least deprived areas.
- The likelihood of frequent drug use in the last month tended to decrease as household income rose.

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Smoking

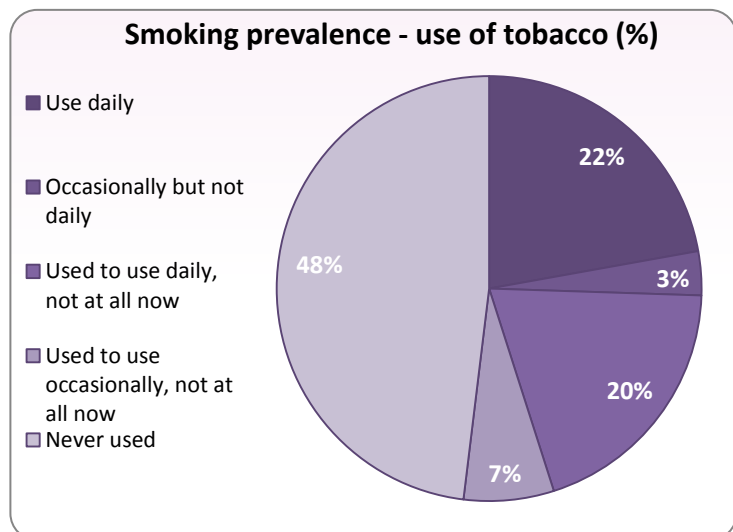
Smoking and tobacco use is the biggest cause of illness and premature death in the UK and is the single most important in factor explaining the difference in death rates between the most and least affluent areas.

A major factor in ill health, it is estimated that up to half of all smokers will die of a tobacco-related disease. Reducing smoking levels and preventing subsequent health problem is one of the most important public health goals, and stopping young people from taking up smoking is vitally important, as the younger the age of smoking uptake, the greater the harm will be. Evidence shows that children are at increased risk of taking up smoking if their parents smoke and that people who smoke also tend to partake in other less healthy behaviours such as taking drugs, being inactive and higher-risk drinking.

- Approximately 26.5% of Blackpool's population aged 18+ smoke compared to only 18.4% nationally.
- This rises to 37% of people in routine and manual occupations.
- The smoking in pregnancy rate is the worst in the country at 27.5%.
- It is estimated 4.3% of 11-15 year olds and 19% of 16-17 year olds regularly smoke.
- 2,384 people (35+) were admitted to hospital with a smoking attributable disease in 2012/13.
- 1,171 people died from smoking attributable diseases in the three year period 2011-13.

At a local level the health behaviours questionnaire has highlighted:

- **More than twice as many people smoke (29%) in the most deprived area compared to all other areas (13%)**
- **37% of those aged 16-24 smoke, which is a significantly higher prevalence than older age groups.**
- **Men and disabled people are significantly more likely to smoke.**
- **Those of healthy weight are significantly more likely to smoke than those under or overweight.**
- **Those who are not in work, who rent and who are finding things financially difficult are significantly more likely to smoke.**
- **51% of smokers report using hand rolled cigarettes.**
- **Males, those not in work and people who are renting are significantly more likely to use hand rolled cigarettes.**
- **Young people (16-24) and females are significantly more likely to smoke manufactured cigarettes.**

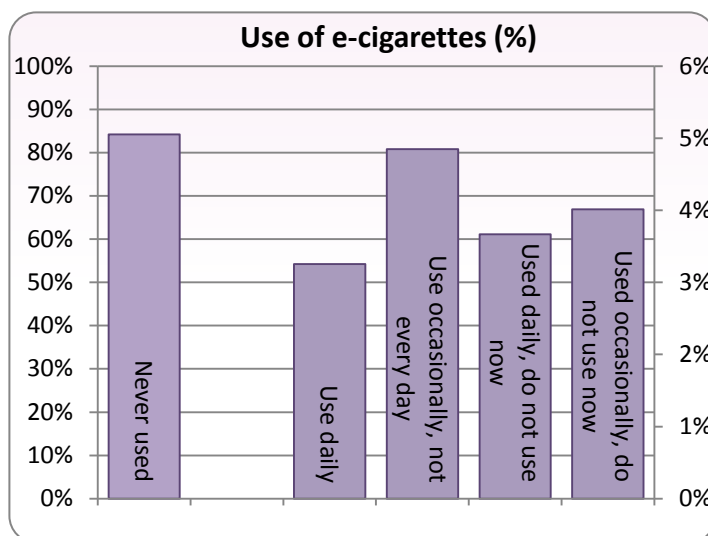


There is a growing trend for electronic cigarettes or 'e-cigarettes', battery operated devices which can be bought from a variety of places. Whether electronic cigarettes are harmless or not is still unclear as the effects of their use have not yet been fully established and it is not known whether the contents of electronic cigarettes could be damaging to young people's health. There is a fear these electronic

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substitutes could be encouraging teenagers to take up the habit by normalising smoking behaviour and giving a perception of a safe alternative.

- **8% of survey responders say they use e-cigarettes while a further 8% say they used to use them but don't any more.**
- **People aged 25-44 are significantly more likely to use e-cigarettes than older people.**
- **Young people (16-24) and those not in work are significantly most likely to report having used e-cigarettes in the past but don't use them now.**



Priorities identified around smoking are to prevent children and young people from smoking (including e-cigarettes), to reduce smoking rates in the adult population and to reduce smoking rates throughout pregnancy.⁴ Ongoing health campaigns continue to promote the stop smoking message and services.

Healthy eating

A poor diet is a risk factor for many of the major health conditions including some cancers, coronary heart disease, diabetes, musculoskeletal problems, depression and hypertension (high blood pressure). Evidence also shows people who do not eat well also have other less healthy behaviours such as higher levels of drinking. A quarter of adults in England are obese and average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, fibre and some vitamins and minerals are below recommendations.

- Less than half the population eat the recommended '5 a day' portions of fruit/vegetables.
- 30% of adults and 22% of children (age 10-11) are obese in Blackpool.
- 7.2% of the population have been diagnosed with diabetes, significantly higher than the national average.
- There are 40 fast food outlets, for every secondary school in Blackpool⁵

There are many factors which impact on healthy eating and the ability to have a nutritious diet. Key research shows that households/individuals who are in poverty or socially disadvantaged have worse dietary-related outcomes. Food poverty is more likely amongst those who have a low income, are unemployed, have a disability, or are a member of a black or minority ethnic community.⁶

The health behaviours survey returned a much lower proportion⁷ of the population eating the recommended '5 a day' than was expected in comparison with other data sources but the collated

⁴ A Three-Year Tobacco Control Strategy for Lancashire 2014-2016, Tobacco Free Lancashire

⁵ School Food Trust, 2008

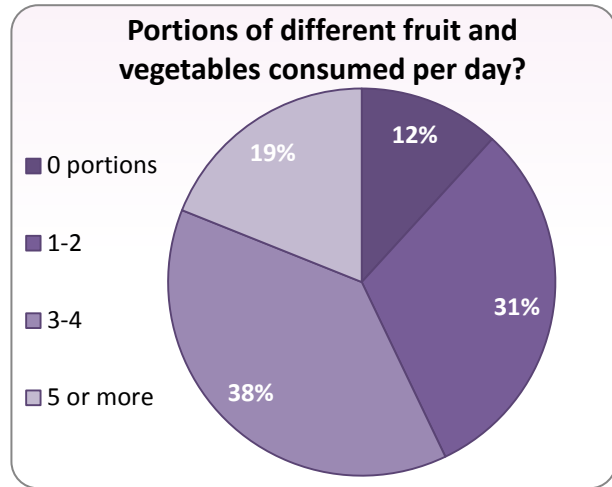
⁶ Press V, 2004. Nutrition and Food Poverty Toolkit, National Heart Forum and Faculty of Public Health

⁷ 19% compared to the Public Health Outcomes Framework estimate of 48%

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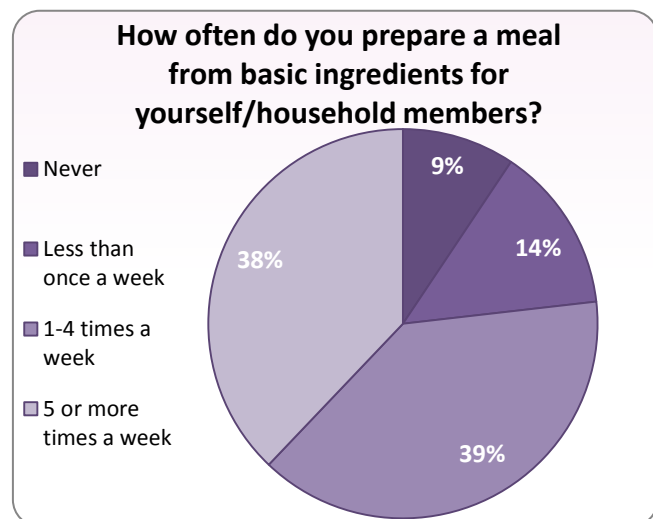
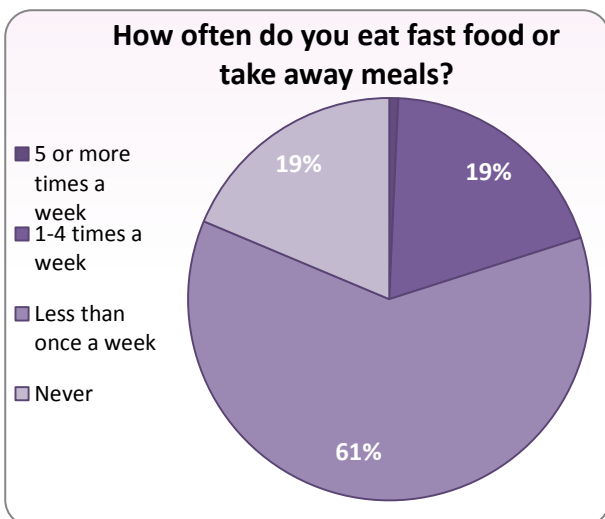
evidence supports the findings that healthy eating is less likely in those who are struggling financially, younger people, those with a disability and the obese.

- **43% of survey responders reported eating less than 3 portions of different fruit and vegetables the previous day.**
- **Of these, 12% didn't eat any fruit or vegetables the previous day.**
- **The number of portions of fruit and vegetables consumed increases with age and financial security.**
- **Males and those out of work consume fewer portions of fruit and vegetables than the general population.**



Income is not the only factor which can influence healthy eating; cooking and storage facilities or the cost of gas/electricity can be problematic for some, as can a lack of knowledge around food preparation. In these situations convenience foods are more likely to be eaten – this includes processed foods and takeaway/fast food.

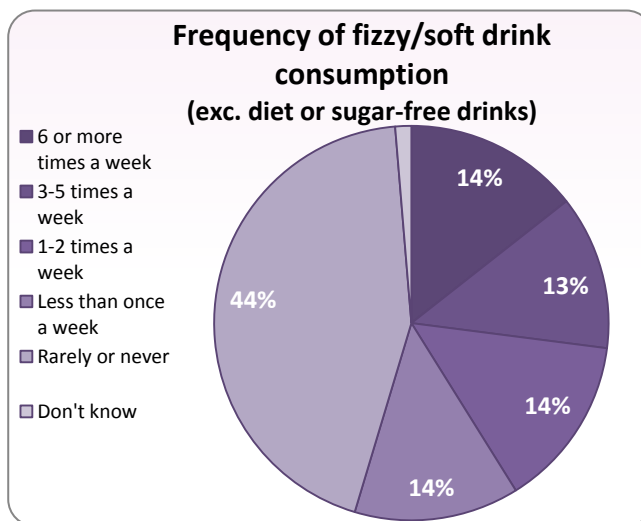
- **20% reported eating fast food or takeaway meals at least once a week.**
- **Almost 10% said they never prepared a meal from basic ingredients.**
- **A further 14% said they prepared a meal from basic ingredients less than once a week.**
- **Younger people (age <45) eat takeaway food more often than older people and those working full time eat takeaway food significantly more frequently.**
- **Those not in work are significantly less likely to prepare a meal from scratch.**



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Soft and fizzy drinks can be high in sugar (which can damage children's teeth) and have few nutrients. Children and adults who have a lot of sugary soft and fizzy drinks are more likely to put on weight and to be overweight or obese.

- **14% of people reported consuming fizzy drinks 6 or more times a week.**
- **People who are obese are significantly more likely to consume fizzy drinks more often.**
- **The number of fizzy drinks consumed decreases with age and financial security.**



Priorities around food and nutrition include:

- Continuing to address and reduce levels of overweight and obesity in children and adults.
- Increasing knowledge, skills and abilities about healthy eating.
- Establishing healthy eating habits in children and families.
- Encouraging a healthy food environment.

This means focussing on the populations who have been identified including those who are struggling financially and the obese.

Physical activity

There is compelling evidence to clearly demonstrate that an inactive lifestyle has a substantial negative effect on both individual health and public health. There are few public health initiatives that have greater potential for improving health and wellbeing than increasing physical activity levels. Small increases in activity levels can have significant impact on the reduction of premature mortality, help to control many long term conditions and promote health improvement and quality of life.

- Only 47% of adults in Blackpool are physically active (achieving at least 150 minutes of physical activity per week) compared to 56% nationally.
- More than 44,000 people are classed as inactive in Blackpool.
- The proportion of inactive adults increased from 35% to 38% between 2012 and 2013 and is significantly higher than the national average.
- The cost of inactivity to Blackpool is estimated at almost £3.5 million⁸

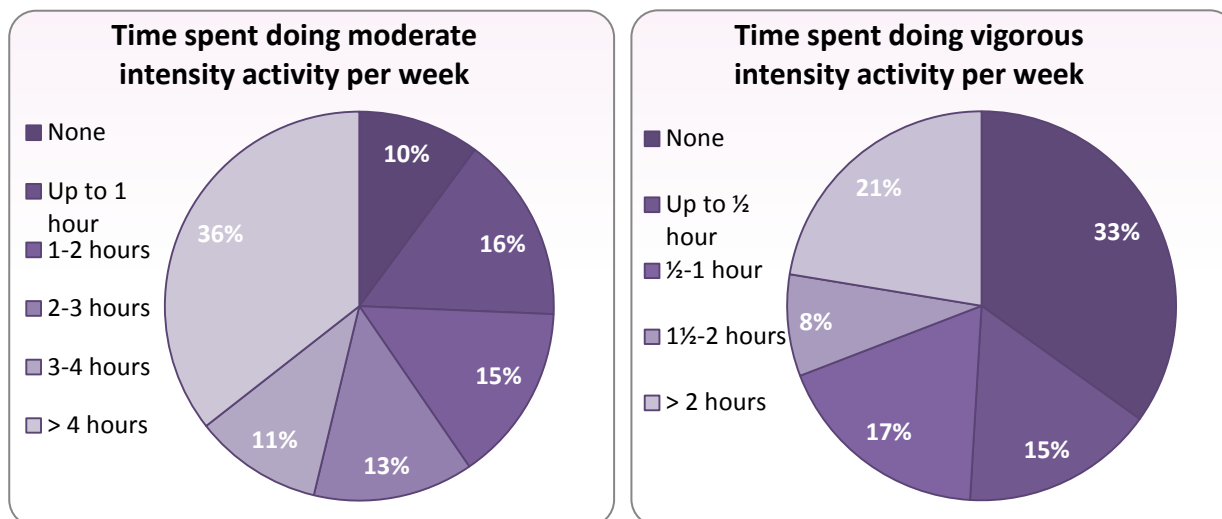
While increasing physical activity levels overall would produce health benefits for Blackpool's population, focusing on those who are less likely to take part in activity would reduce the health gap between those who are regularly active and those who do not take part in exercise, sport or fitness activities. Although the health behaviours survey did not focus on children, evidence shows that activity levels decrease as children get older. Keeping children and young people keen on physical activity is of paramount importance to encourage this behaviour into adult life.

⁸ Sport England commissioned data from British Heart Foundation Health Promotion Research Group – [Local Sport Profile Tool](#)

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Lifestyle survey respondents answered questions relating to activity and it was found that:

- **Males, older people (60+), the disabled, those who are obese, people not in work and those struggling financially spend significantly less time doing moderated intensity activity.**
- **Males, disabled people, the obese, those not in work and retired, and those who rent their home spend significantly less time doing vigorous intensity activity.**



The identified priorities around physical activity are to increase physical activity levels among children, young people and adults, while focusing on the identified groups who are more likely to be inactive. This means reducing levels of inactivity/sedentary lifestyles and building physical activity into daily lives. Making physical activity more available and accessible and identifying barriers and motivators which prevent/encourage people to be active (for example, having a disability) is also important.

Sexual health

While sexual relationships are essentially private matters, good sexual health is important to individuals and to society. The reduction of sexually transmitted infections (STI), teenage pregnancy and abortions (in under 18s) are ongoing priorities for public health.

- New STI diagnosis rates (exc. chlamydia in under 25's) are significantly higher than the national average.
- The chlamydia detection rate (people aged 15-24) is significantly higher than the national target, more women than men are likely to be screened for chlamydia.
- There were 108 conceptions to women aged under 18 in 2013, a rate of 41.7 per 1,000.
- 42% of these led to an abortion.
- The total abortion rate in Blackpool (women aged 15-44) is significantly higher than the national average.

While younger people are at highest risk of contracting a STI there have been increases amongst the over-50 age group. The reasons for the increases have been attributed to divorce/separation rates and the resulting different lifestyles, the increased accessibility of new partners through dating sites and social media, and no requirement for contraception to prevent pregnancy, resulting in reduced condom use.⁹

⁹ FPA, [The Middle-age Spread \(STIs in the over 50's\)](#)

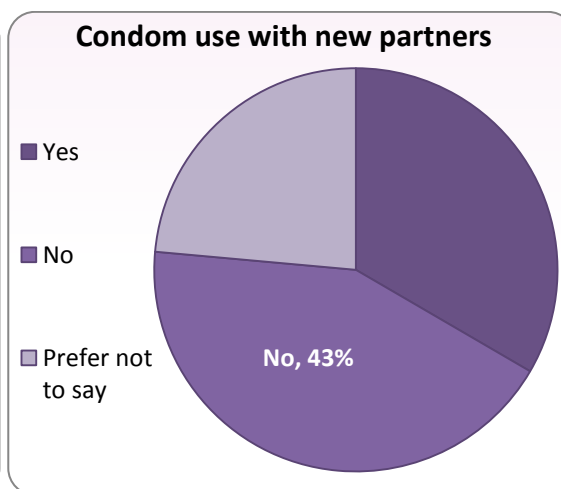
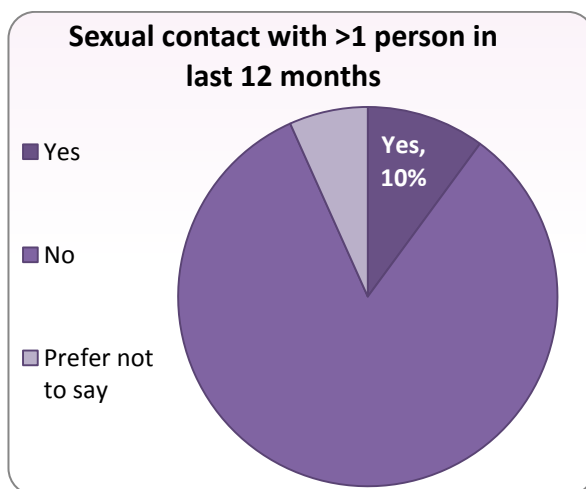
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The relationship between risky behaviours is complex – there are many interrelated factors and it is not always possible to simply address single risk behaviours and see a reduction in STI rates or teenage pregnancy. The factors which increase risky sexual behaviour also incorporate the wider determinants of health and wellbeing.

Strong risk factors	Medium to low risk factors
Lower socioeconomic status	Smoking
Low educational attainment	Alcohol use
Younger age at first sexual intercourse	Drug use
An increase in number of sexual partners	Low self-esteem
Unprotected sexual intercourse or inconsistent contraceptive use	Engagement in other risky behaviours such as poor diet/nutrition or tanning
Low impulse control	Incorrect use of contraception
Lack of parental control	Poor communication skill (with sexual partners)
Increased/excessive alcohol use	Lack of access to services
Use of violence/fighting (males)	Incorrect beliefs about sexual practices
Injecting drug use	

Whilst the lifestyle survey findings are not directly comparable to other data sources, they still provide an interesting insight around the sexual health and behaviour of Blackpool’s residents and can be used to guide recommendations.

- **Overall 51% of survey respondents were sexually active; with 76% of 16-24 year olds being sexually active.**
- **Males and young people (16-24) are significantly more likely to have had sexual contact with more than one person in the last 12 months. Sexual contact with more than one person in the last 12 months decreases as people get older.**
- **People who rent and who are in very financially difficult circumstances are also more likely to have sexual contact with more than one person in the last 12 months.**
- **Only a third reported using a condom with a new partner for the first time, more than two fifths (43%) did not use a condom with a new partner for the first time.**
- **Of those who had sexual contact with more than one person in the last 12 months, over half reported not using a condom for the first time.**



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Priorities around sexual health include reducing the prevalence of STI across the population by increasing testing and screening rates and continuing to reduce the rates of under 18 conceptions and abortions, particularly in areas which still have significantly higher rates when compared to England.

Mental health and wellbeing

Mental health problems are among the most common forms of ill health. They can affect people at any point in their lives. Although secondary mental health services work primarily with people who have severe mental illness, many of the people presenting in primary care may have complex problems. A number of factors have been identified as having a negative impact on mental health, including:

- Being unemployed
- Being homeless
- Being poor
- Having a physical illness
- Having a drug or alcohol problem

Mental health, individual resilience and social exclusion are influenced by a range and interaction of different factors across the life course such as social position, education, housing, employment and exposure to crime or violence. Mental wellbeing includes subjective wellbeing (how people feel about themselves and their lives), social wellbeing (relationships and connections) and sense of meaning or purpose. According to the North West Wellbeing Survey 2009, Blackpool had the lowest average scores for wellbeing in Lancashire¹⁰.

- A fifth of adults in Blackpool are estimated to have a common mental health disorder.
- 11% have been diagnosed with depression, almost twice the national average.
- High rates of anxiety are reported in Blackpool.
- There are significantly more adults who's current relationship status is divorced/separated than the national average.

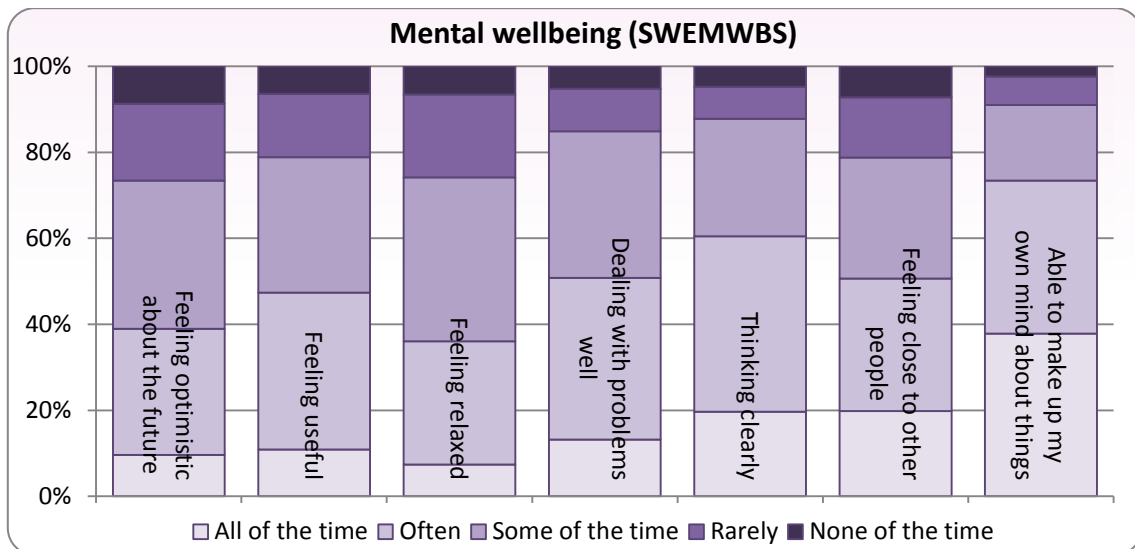
Mental wellbeing

The health behaviours survey used the [SWEMWBS](#) tool to measure wellbeing; feelings of contentment, enjoyment, confidence and engagement with the world which are all a part of mental health and wellbeing. The average score for respondents in Blackpool was 22.6, slightly lower than the national average of 23.6.

- **Males, young (16-24) and middle aged people (45-59) and the disabled were more likely to have lower wellbeing scores, as are people who are finding it difficult to manage financially.**
- **Older people (60+), BME communities and those who are financially secure are more likely to feel positive about things.**
- **Positivity increases in each age group as prosperity increases except in young people**
- **Mental wellbeing decreases as affluence increases for people who are obese.**

¹⁰ Blackpool JSNA, Core Document Chapter 2 Health and Wellbeing in Blackpool, August 2014

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- Females and those from BME communities are more likely to feel optimistic about the future.
- Males, people with a disability and those who are obese are less likely to feel useful.
- Older people (60+) are significantly better at dealing with problems than working age people.
- Middle aged people (45-59), those with a disability and people not in work are significantly less likely to feel close to others
- People with a disability and those people who are not in work find it significantly more difficult to make their own mind up about things.
- Overall, those who are struggling financially and those who are not working are significantly less likely to report feeling optimistic about the future, feeling relaxed or able to deal with problems.

Loneliness

Loneliness and social isolation can affect anyone at any time. There are no obvious symptoms, and it's something people may not be prepared to talk about but life-changing events, such as moving to a new town or bereavement, can lead to acute loneliness. One of the reasons loneliness is so bad for people is because it makes it harder for people to regulate behaviours such as drinking, smoking and over eating.¹¹ There are different reasons why lonely people find it hard to keep themselves in check, but low self-esteem and a wish for instant gratification can be factors.

Loneliness is not just an issue for older people; adolescents may become isolated or withdrawn because they feel overwhelmed by the struggle to establish their own identities and middle age is a time when key risks for loneliness accumulate, such as retirement, children leaving the family home, divorce and bereavement. In older age, loneliness is not inevitable but is more likely to affect pensioners because of bereavement, ill health and poverty. Other groups affected may include immigrants, the unemployed, lone parents, those with long-term mental health problems and disabilities, carers and people living in poverty.¹²

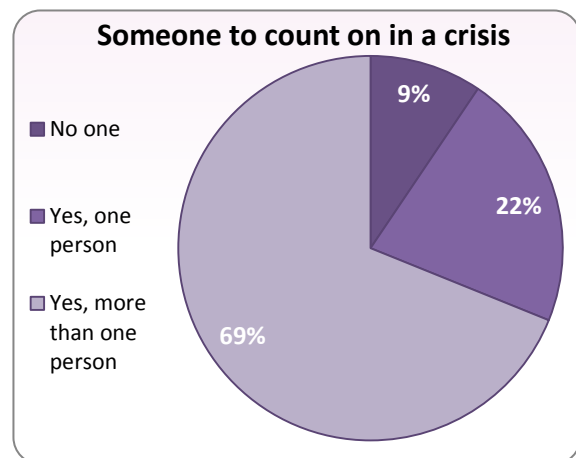
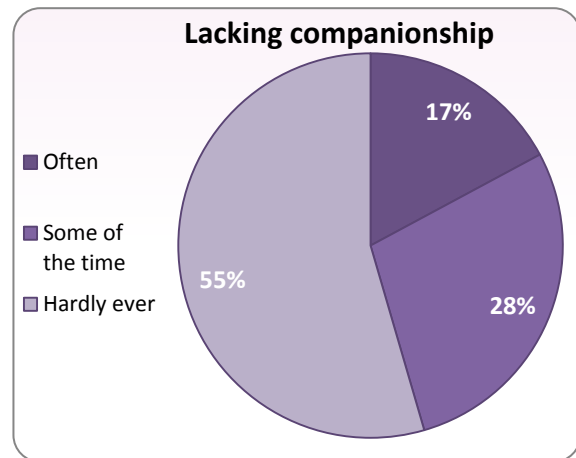
¹¹ Cacioppo, J. T. and Patrick, W. (2008) Loneliness: Human Nature and the Need for Social Connection New York: W. W. Norton and Company

¹² Mental Health Society (2010). [The Lonely Society?](#)

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The lifestyle survey asked respondents about whether they felt they lacked companionship or felt isolated and left out.

- **17% of respondents said they often lacked companionship.**
- **Those from BME communities, disabled people, carers and people renting their home are significantly more likely to feel they lack companionship.**
- **The more difficult a person's financial circumstances the more likely they are to report feeling they lack companionship and are left out and isolated.**
- **Young people aged 16-24, BME communities, those not working, those who rent and disabled people are all more likely to feel they are left out.**
- **Social isolation reduces with improving circumstances.**
- **Young people (16-24) more likely to feel lonely than any other age group.**
- **Older people and those with caring responsibilities are less likely to report feeling lonely.**
- **Almost 50% of respondents who were finding it very difficult financially reported often feeling lonely.**
- **Almost 10% of respondents reported having no-one to count on in a crisis**
- **People in the most disadvantaged areas are most likely to report having no-one to count on in a crisis.**
- **Middle aged people (45-59), those with a disability, people not in work and those who are renting accommodation are significantly less likely to feel they have anyone who they can really count on in a crisis.**



Good mental health and wellbeing allows a person to fully participate in and enjoy life, whilst ensuring they feel in control of their lives and are able to deal with the difficulties and stressors experienced throughout life.

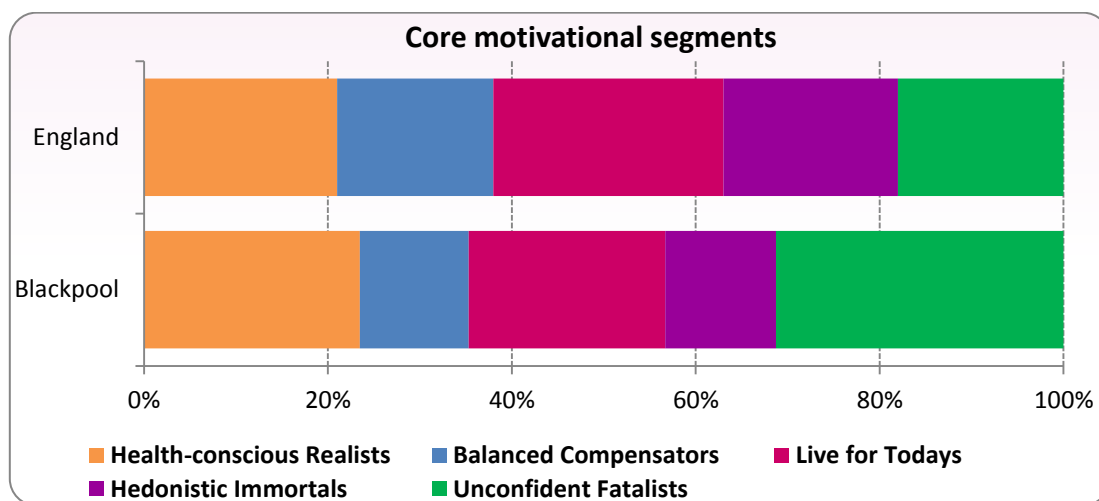
Priorities around mental health are to promote mental health and resilience and challenge societal attitudes towards mental health and to promote opportunities to develop social inclusion, social capital and mentally healthier communities.

Health behaviours and lifestyle motivators

The lifestyle survey incorporated the [Healthy Foundations](#) segmentation tool in relation to the health status, lifestyle behaviours and wellbeing of Blackpool's residents. Using segmentation tools allows us to develop a stronger focus on understanding people and to use these insights to inform local health improvement activities. This information enables us to identify the motivation levels and

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potential for behaviour change among particular groups in Blackpool. Appendix 1 provides further detail on the five segmentation groups.



Research undertaken by the Department of Health suggests that less than two fifths of the population put a high value on their health and are motivated to adopt a healthy lifestyle¹³. The segmentation also shows a link between poor motivation and coming from a more deprived area. In Blackpool it is estimated only 35% of the population are classed as 'health-conscious realists' or 'balanced compensators'; those groups who feel good about themselves and who's health is important to them.

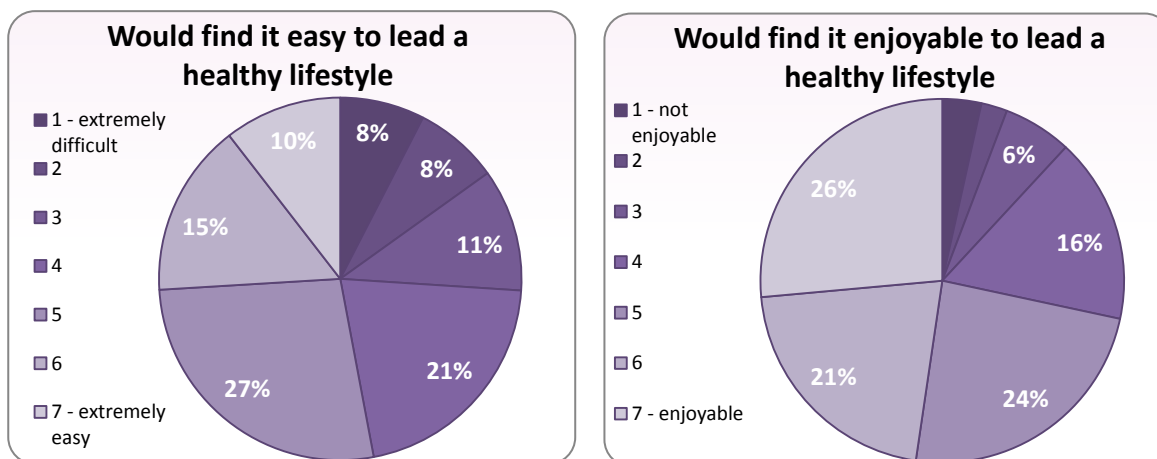
Almost a third (31%) of Blackpool's population are classed as 'unconfident fatalists', people who feel fairly negative and don't feel good about themselves. They feel that a healthy lifestyle would not be easy or in their control and don't feel in control of their health anyway. They are quite fatalistic about health; their current lifestyles are not that healthy, and their health isn't as good as it could be but they are too demotivated to do anything about it.

Results from the lifestyle survey gives an insight into how easy and enjoyable people in Blackpool would find leading a healthy lifestyle to be.

- **Leading a healthy lifestyle is significantly easier for people aged 60+ than for those aged 45-59.**
- **Females, disabled people, the obese and those not working find it significantly more difficult to lead a healthy lifestyle.**
- **The more affluent people report their financial situation to be, the easier they find it to lead a healthy lifestyle.**
- **More than a quarter of the population thought leading a healthy lifestyle would be difficult and 11% said it would not be enjoyable.**
- **Younger people (16-24), the disabled, the obese and those finding it very difficult financially are less likely to find leading a healthy lifestyle enjoyable.**

¹³ Department of Health (2010). Healthy Foundations Life-stage Segmentation Model Toolkit

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Policies, strategies and interventions should take into account the process of behavioural change required in the individual or group. The psychological theory around behaviour change suggests that people's behaviour can be modified through a range of measures from prohibition to information provision¹⁴. Banning a behaviour through legislation and law (such as the smoking ban) can often be the only way to limit a behaviour which causes harm; this has been termed a 'smack'. However, there are other ways behaviours can be influenced or guided in a particular direction through incentives (known as 'hugs'), such as healthy start vouchers,¹⁵ or encouraging behaviour through providing information or different choices ('nudges'). Restricting choice or introducing a disincentive (such as increasing the price of tobacco) is known as a 'shove' (appendix 2). It would be useful to consider behavioural change when looking at actions or recommendations around health behaviours and consideration should be given as to whether universal or targeted interventions are appropriate.

Support/information to make lifestyle changes

For most people the first and most trusted information source is their doctor, although many also seek out supplementary information from a variety of sources. The lifestyle survey asked respondents where they looked for support/information to enable them to make lifestyle changes. Over 50% said they'd expect their doctor to provide it, but a wide variety of other sources were also mentioned.

Younger patients see themselves as more informed than previous generations and younger middle-class people, in particular, no longer regard the medical profession as the fount of all knowledge. Women tend to be more active information-seekers than men, as are people with chronic illnesses and parents with children at home. Many people find that exchange of experiences with friends/family is the most reassuring and efficient way to get support/information and the internet is increasingly used as a source of information, particularly by younger and more educated people.

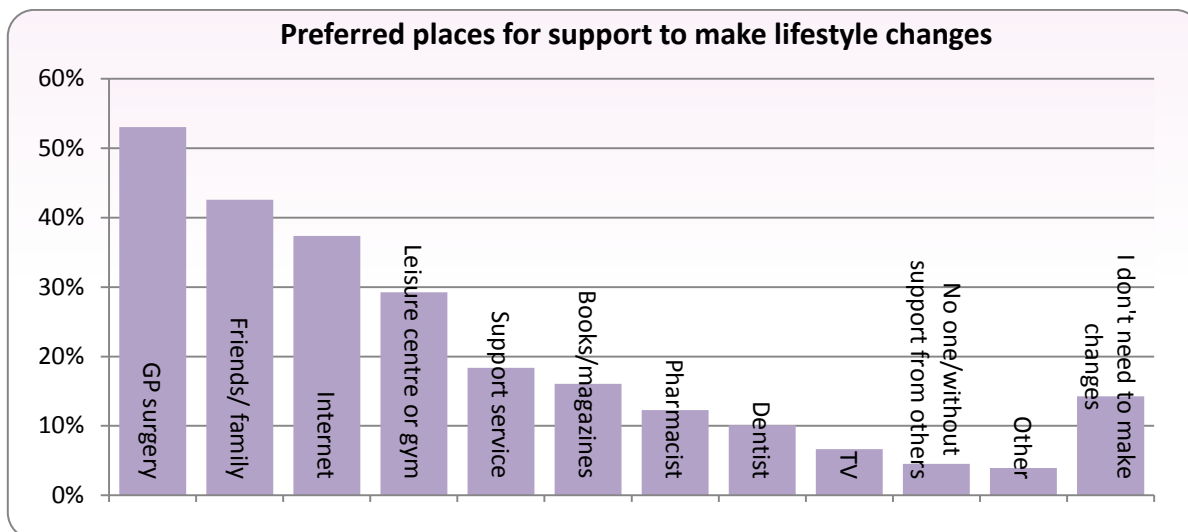
- **Young people (<25) and females are most likely to use friends/family and support services if they want to make lifestyle changes.**
- **Older people and those who are retired are most likely to say they don't need to make any changes.**
- **People who are working are most likely to use friends/family, internet or leisure centre/gym for support or information to make lifestyle changes.**

¹⁴ LGA (2013) Changing behaviours in public health - To nudge or to shove?

¹⁵ The [Healthy Start](#) scheme provides free vouchers every week to spend on milk, fruit and vegetables, and infant formula milk to eligible participants

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- More than 50% of the general population would use their GP for support/information if they wanted to make lifestyle changes, only 12% said they would use a pharmacist.



Results from the Blackpool Residents Survey 2014¹⁶ shows the three most common methods for accessing information about services provided by the Council were currently the 'YourBlackpool' Council newspaper (52%), Blackpool Gazette (51%) and word of mouth (50%). The data suggests that more people would welcome advertising on buses and trams and also information via social media than currently gather information through these channels. A majority of residents (82%) do use the internet now.

Females showed a greater preference for information via posters than males and interest in finding out information via social media varied with age. This is also tied in with internet use, internet users were keener to find out information via the Council website or through social media than non-internet users. A higher proportion of non-internet users expressed preference for information via the Blackpool Gazette compared to average.

There were different information preferences for different areas. Those in the most deprived wards were significantly more likely to prefer leaflets as a source of information compared to those in the least deprived wards. The Gazette and 'YourBlackpool' Council newspaper were particularly appealing methods for accessing information amongst Clifton residents compared to residents in several other wards. Bispham residents were significantly more likely to prefer information via the Council website.

Conclusion

It is difficult to predict how people's attitude to their health and behaviour will change over time. Current trends suggest a growing socio-economic divide as those who are better off take on board health messages and adopt healthier lifestyles and those from more disadvantaged backgrounds do not. The improvements seen in young people's behaviour suggest that they may take a more positive approach to their health as they grow older.¹⁷

¹⁶ Blackpool Residents Survey 2014, Blackpool Council, April 2015

¹⁷ The King's Fund. Time to think differently. <http://www.kingsfund.org.uk/time-to-think-differently/trends/healthy-behaviours>

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The Blackpool lifestyle survey provides a valuable starting point for action, showing that more disadvantaged groups are more likely to have a cluster of unhealthy behaviours – smoking, drinking, low consumption of fruit and vegetables, low levels of physical activity. People in the most disadvantaged groups were significantly more likely to engage in all four poor behaviours.

Public health commissioners and the NHS who wish to address health inequalities will need to find effective ways to help people in lower socio-economic groups to reduce the number of unhealthy behaviours they have. This is likely to work only if a holistic approach is adopted that addresses lifestyles that encompass multiple unhealthy behaviours because:

- the majority of people have multiple, not single risks,
- people have very different combinations of risks,
- who these people are differs systematically.

Most commonly a lifestyle issue will be about encouraging individuals to:

- stop smoking
- eat healthily
- maintain a healthy weight
- drink alcohol within the recommended daily limits
- undertake the recommended amount of physical activity
- improve their mental health and wellbeing.

When looking at actions or recommendations around health behaviours, consideration should be given as to whether universal or targeted interventions are appropriate. For many areas the evidence supports universal interventions as opposed to targeting individuals or small groups.

The survey incorporated the [Healthy Foundations](#) segmentation tool in relation to the lifestyle behaviours and wellbeing of Blackpool's residents. Using the segmentation tool allowed us to develop a stronger focus on understanding people and use these insights to inform local health improvement activities. It provides insight for social marketing around health policy, campaigns and interventions. This information has allowed us to identify the motivation levels and the potential for behaviour change among particular groups in Blackpool.

The survey has provided a strategic overview of health behaviours in Blackpool and the health and wellbeing board will be instrumental in guiding the further actions required which will see actions implemented across the district.

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Appendix 1 - Pen portraits of each Healthy Foundations segmentation

Summary of motivation differences between segments

	Health Conscious Realist (HCR)	Balanced Compensator (BC)	Live for Todays (LFT)	Hedonistic Immortals (HI)	Unconfident Fatalists (UF)
Profile	21%	17%	25%	19%	18%
	Segment with an older than average age	Stronger male bias within this segment	Tend to come from more deprived areas	Segment with a younger average age	Segment with an older average age
	They are more likely to live in less deprived areas	Highest proportion of people in full time work		More likely to come from less deprived areas	Tend to live in most deprived areas
	Female bias in this segment				Least likely to be in paid work, more likely to be retired
Behaviours	Display positive health behaviours	Generally positive health behaviours	Exhibit fairly poor health behaviours	Motivated by environment and risk	Exhibit the most negative health behaviours
	In control of their lives and their health	Low prevalence of smoking and drug use	More likely to smoke and drink heavily	Display lack of concern for their health and wellbeing	Hold negative perceptions of a healthy lifestyle
	Low incidence of drug and smoking use	Eat healthily	Little concern for their future wellbeing	Higher-than-average incidence of drug taking	Often fatalistic about their own health
	Eat healthily.	Exercise regularly	Hold short-term view of life	Most likely to drink heavily	
	Highly motivated		Fatalistic about life		

Health Conscious Realist - They are motivated people who feel in control of their lives and their health. They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships, rather than just aspiring to looking good. They tend not to take risks and take a longer term view of life, and that applies to their health too. Their health is very important to them and they feel that a healthy lifestyle is easy to achieve and enjoyable. They also take a realistic view of their health: of all the segments they are the least fatalistic about their health, and don't think they are any more or less likely than other people to get ill. Unlike the "Balanced Compensators", they don't use compensatory mechanisms. This may be because they are so health conscious, there's no need for them to balance out health behaviours.

Balanced Compensators - They are positive and like to look and feel good about themselves. They get some pleasure from taking risks. However, they don't take risks with health. Health is very important to them, and something they feel in control of. A healthy lifestyle is generally easy and enjoyable. They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future. If they do take some health risks, they will use compensatory mechanisms to make up for this, such as going for a run in the morning having eaten a big meal or drunk too much the night before.

Live for Todays - They definitely like to "live for today" and take a short term view of life. They believe that whatever they do is unlikely to have an impact on their health, so what's the point? They tend to believe in fate, both where their health is concerned, but also for other things in life. They value their health but believe that leading a healthy lifestyle doesn't sound like much fun, and think it would be difficult. They don't think they are any more likely than anyone else to get ill in the

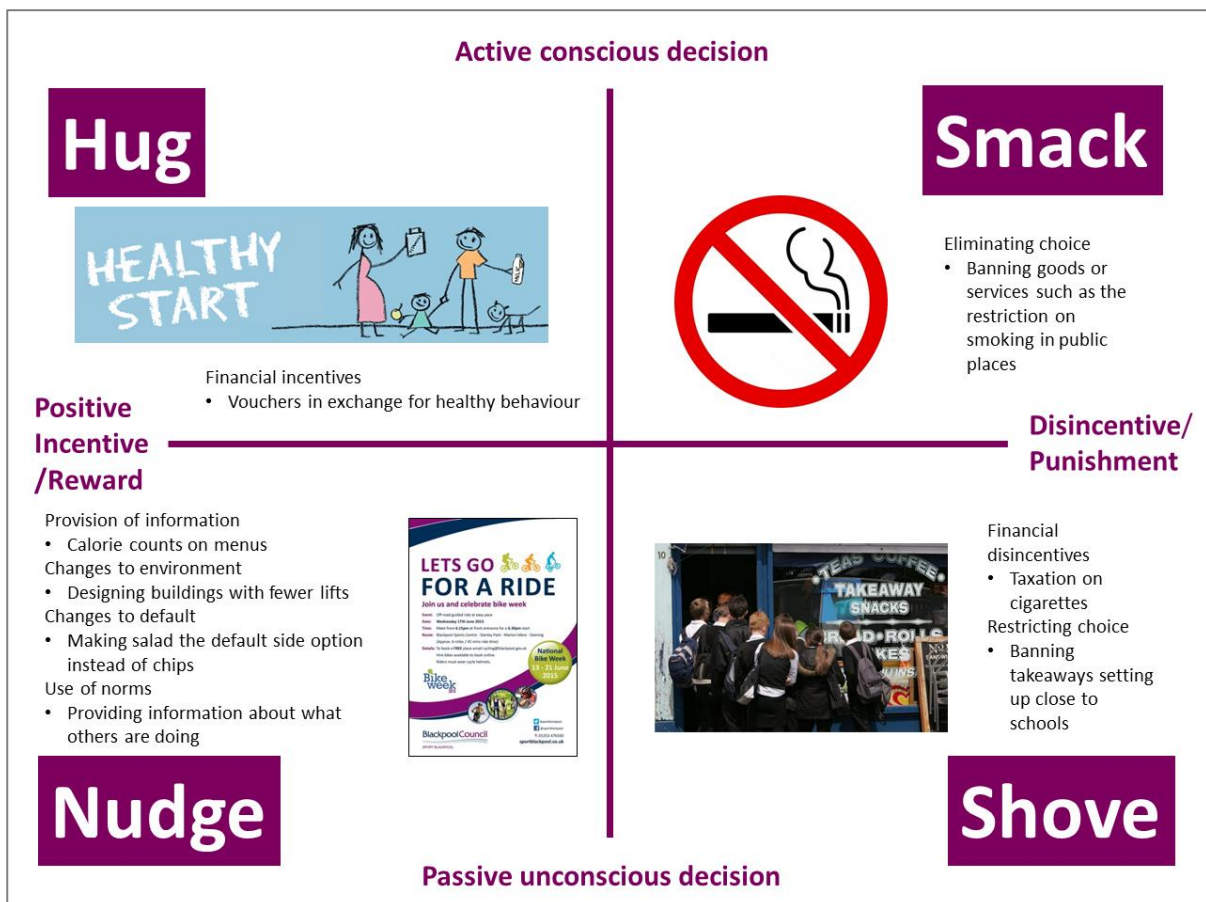
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future. They tend to live in deprived areas which get them down and they don't feel that good about themselves, but feel more positive about life than the "Unconfident Fatalists". They are the segment who are most resistant to change and don't acknowledge that their health needs to change, unlike the "Unconfident Fatalists".

Hedonistic Immortals - They are people who want to get the most from life. They do not mind taking risks – as this is part of leading a full life. They feel good about themselves and are not that motivated by material wealth or possessions. They know that their health is important to avoid getting ill in the future, but feel pretty positive about their own health at the moment and don't think they will be getting ill any time soon. Maybe because of that they do not really value their health right now. They do not have a problem with leading a healthy lifestyle: it would be fairly easy and enjoyable to do so, and they certainly intend to live healthily. However they feel that anything which is enjoyable, such as smoking and drinking, cannot be all bad.

Unconfident Fatalists - Overall, they feel fairly negative about things, and don't feel good about themselves. A significant proportion feel depressed. They feel that a healthy lifestyle would not be easy or in their control. Generally they don't feel in control of their health anyway. They are quite fatalistic about health and think that they are more likely than other people of the same age to get ill. Their current lifestyles are not that healthy, and their health isn't currently as good as it could be. They know their health is bad, and that they should do something about it, but they are demotivated.

Appendix 2 – Encouraging behaviour change



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