Changing for the better:

healthy lifestyles in Coventry 2007-12

Report of the Director of Public Health

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Coventry City Council

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Forward

This is my first report as Director of Public Health for Coventry City Council. It is a national requirement for me to report each year on the major health issues facing the city. This year, I have looked at healthy behaviours in the city and how these have changed over time.

We know more and more about the impact of how we live our lives, on how healthy we are, and how long we can expect to live for. Advances in medical science and technology, improved access to health care and better overall living standards mean that life expectancy is rising in the UK, as in most other Western countries. But we are now facing a situation in which the biggest threat to health comes from the day to day decisions about how we live our life and the environment in which we live.

We now know that four factors: a poor diet, smoking, excessive alcohol consumption and low levels of exercise globally account for nearly a third of the disease burden, preventable deaths and years spent in poor health. In the UK, more than 100,000 smokers die from smoking related causes every year. Nearly 7,000 people die as a result of liver disease caused by alcohol abuse and around 34,000 people die each year as a result of illness due to obesity, caused by a poor diet and physical inactivity.

Coventry is no exception. Over the three years from 2009-11, 2,904 people died prematurely from diseases which could have been prevented. As a city, we rank 126th out of 150 councils and 10th out of 15 cities with similar populations. As a city, we do particularly badly for cancer, lung disease and liver disease, all of which are heavily affected by lifestyle factors such as smoking, diet, exercise and alcohol.

We know that someone who exhibits all four of these unhealthy behaviours has the same chance of dying as someone 12 to 14 years older, who exhibits none of these unhealthy behaviours.

In the past, it was assumed that if you gave people information about the impact that smoking or a poor diet would have on their health, this would be enough to make them change. Although we need to understand what impact our choices are having on our health, we know that this is not enough. Our own experience tells us that making changes is not easy. For example, the environment in which we live does not help. It is often easier and cheaper to buy poor quality food than it is to buy healthy food and, in a throw-back to times when food was scarce, we are genetically pre-disposed to prefer high-calorie, high carbohydrate food to healthier options.

But collectively we can make a change. Smoking rates have fallen across the UK and in Coventry. This is down to a combination of national action (such as the ban on smoking in public places and increases in duty on cigarettes), local action (such as including increasing access to stop smoking services,

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local campaigns such as Coventry's Smokefree Playgrounds) and most importantly, the will-power and determination of smokers themselves who have made a tough decision to quit and stuck with it.

And it's not just about what each individual does; the action of one person can have a huge ripple-effect. We know that we're all influenced by what our friends, family and peers do. Each person that makes a change, whether it's stopping smoking, taking up exercise or cutting down on fizzy drinks acts as a role model for the people around them, helping to make healthy choices the norm across society.

There is much more to be done but this example shows that the right collective action can have a massive impact on health. The proof is there; across the UK we now have lower rates of lung cancer and heart disease than we did when smoking was at its peak, all of which is contributing to the rise in life expectancy that we are seeing. European countries, which have not taken the sort of action to tackle smoking we have seen in the UK, are not seeing the same improvements in these diseases.

My report shows that collective effort may be starting to have an impact in Coventry. Smoking rates are falling, fewer people are drinking excessively, and there are early signs that more people may be taking more exercise and eating healthier diets. Big changes to the face of the city,
including new investment in cycle lanes and the new Friargate scheme are all helping to build a healthier environment, making it easier for us all to do the right thing, without having to make difficult decisions.

This is good news. But there is a lot more to be done, and as a city we have a long way to go. We are now in a similar position to where the rest of the UK was five years ago and the positive changes we have seen have not affected some of the people in the city with the worst health status.

My report sets out what we have done to tackle this and what we need to do next. With the leadership of the Health and Well-being Board and working with the people of Coventry, we need to redouble our efforts to make Coventry a healthy place to live and to support people who have the most to gain, to make the most of their health.

Finally, I would like to thank the thousands of people across the city who, over the last five years, have shown that it can be done. To all those people who have quit smoking, who got on their bicycles and joined us on the ring-road to welcome Lady Godiva back to the city earlier this year or who have taken one small step to improve their health, you are the people who are making this happen.

Dr Jane Moore
Director of Public Health for Coventry

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Key findings

Changing behaviours

We know that the more healthy and less unhealthy behaviours someone has, the healthier they are likely to be. We also know that if people smoke, have a poor diet, do not exercise and drink excessively, they are more likely to have particularly poor health, with the same chance of dying as someone 12 years older. We also know that these factors do not work in isolation. A smoker may worry that, if they quit, they will snack more and might gain weight and this may be a significant disincentive to them in making a change. But we also know that some people have developed successful strategies for dealing with this, for example by making sure that they have healthy snacks so that they can actually improve their diet, while they stop smoking. We know that making a change can be a powerful incentive to do more, someone who has just done their first ever 5k Race for Life or parkrun may feel empowered to improve their diet.

In order to target services at the right people and create the right environment to help people make the change, we need to understand whether people are actually making several changes – and which ones.

Smoking

During the five years we looked at, smoking rates in the city fell by 3.6%, from 28.1% of adults in the city to 24.5%, around 4,400 less smokers. We estimate that 17 lives each year will be saved as a result of this improvement. This is similar to the national picture but may be slightly better than the rest of the West Midlands which saw a 2% fall from 2006 to 2011. This fall has been particularly significant in men, where smoking fell from 31% in 2007 to 26% in 2012, with particularly large falls in younger men and middle-aged men but there may have been a rise in the 55-64 age group.

More worryingly though, levels in women have showed fewer signs of improvement, falling by just 1%. Historically, more men have smoked than women; what we are now seeing is a levelling off of this difference. There was a decrease in smoking in men aged 16-24 between 2007 and 2012, but levels remained fairly stable for women. This is of concern and needs urgent action to understand the reasons why health messages and campaigns do not appear to be working with this group.

A note on the data

We have used data from Coventry's Household Survey to look at changes over five years from 2007 to 2012 and we compare these to the national position. We look at which parts of the city and which people have made the most progress and where we still have more work to do. We then describe what has been done to try and improve health in the city and what more needs to be done.

Because we cannot speak to everyone, we use data from a sample of people from across the city to estimate the actual picture in Coventry. Although this is the only sensible way to collect data it means that we cannot always be 100% sure that what we have found is true. Once we start looking at specific groups or areas of the city it becomes harder to be sure that the picture we have found is accurate. And sometimes statistical flukes can throw up findings one year, which are not there the next. We use statistical techniques to make sure the conclusions we draw from the data are as robust as possible but in the real world we are not always able to act on the basis of perfect information. We need to draw conclusions based on the best-available data, combined with sensible judgements and this is what we attempt to do in this report.

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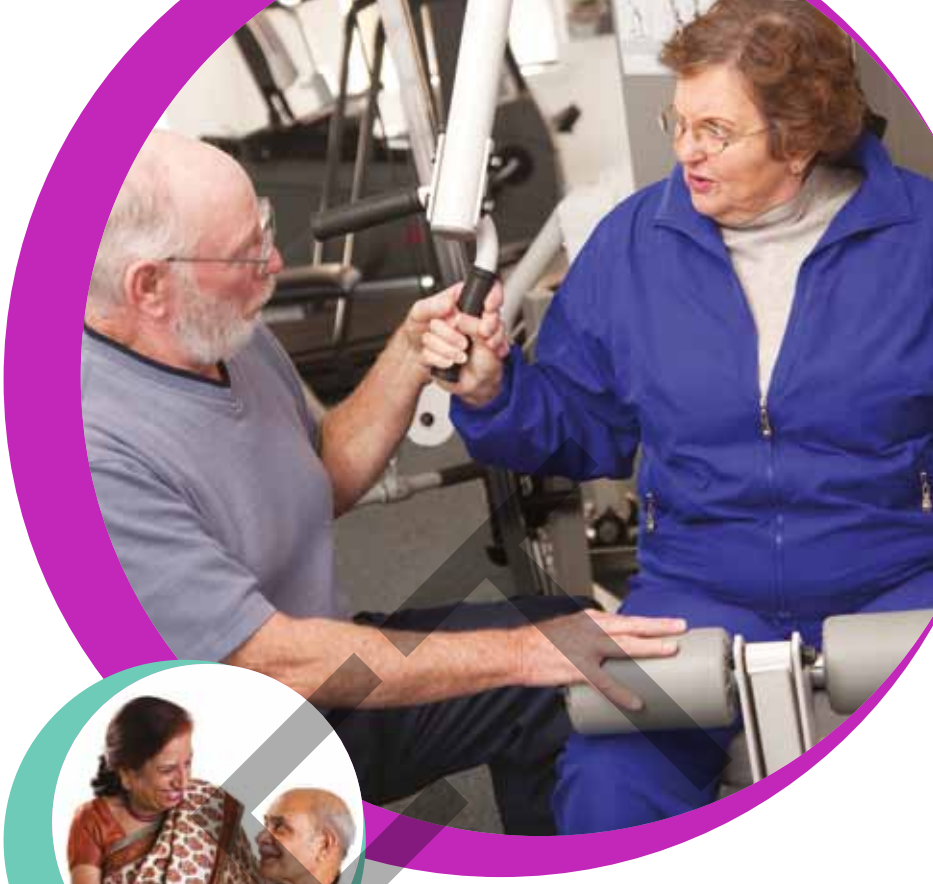
Are we closing the health inequality gap?



As a city which faces significant health inequalities and large gaps in life expectancy between different parts of the city, we need to understand not just whether healthy behaviours are changing across the city but also whether these changes are affecting groups with the worst health outcomes.

We have therefore looked at how changes have affected different people across the city.

We found that:

- Men are currently twice as likely to have several unhealthy behaviours as women
- There have been significant improvements in the number of people with three or more unhealthy behaviours in all age groups, except in older age groups, particularly the 55-64 age group
- The level of unhealthy behaviours in those of White ethnic background is higher than for other groups. There have been particularly large improvements across a range of other ethnicities.
- Improvements in healthy behaviours have not been seen in people who are unemployed or economically inactive
- Improvements in healthy behaviours across all socio-economic groups (or deprivation quintiles). However, the biggest changes have been in the least deprived section of society and the smallest changes in the most deprived. So although health may be improving across the city, more progress will be needed to close the inequality gap
- There is an association between unhealthy behaviours and the most deprived parts of the city (measured by Middle Super Output Areas) with a clustering of deprivation and unhealthy behaviours in Wood End, Henley and Manor Farm and Willenhall in particular
- However, some of the greatest areas of deprivation in the city do not have a very high level of unhealthy behaviours, including Upper Foleshill. This may be because of the high proportion of certain ethnic minority communities who do not drink for religious and cultural reasons

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How many people have several unhealthy behaviours?

We looked at how many people had several unhealthy behaviours (out of smoking, poor diet, low levels of exercise and excessive drinking) and how this has changed over time. We looked at the number of unhealthy behaviours people had and those who were high risk (3 or 4 unhealthy behaviours). We found that the proportion of people with four unhealthy behaviours had fallen from 10% to 5% from 2007 to 2012. The biggest decrease was in men, from 12% to 6%. By 2012, the number of people reporting just one unhealthy behaviour had increased from 19% to 27%.

Overall, there was a reduction in those people with high risk from 38% to 24% between 2007 and 2012. Additionally, the proportion of people reporting none of the unhealthy behaviours more than doubled from 3.1% to 6.9%. In the long term, this is likely to translate into significant health benefits.

There are early, and welcome, signs that we are improving quicker than the rest of England, but we still have a long way to go. The improvements we have seen to date put us where England, as a whole, was five years ago. We know that there is a strong link between deprivation and healthy behaviours and the picture in Coventry is similar to other deprived areas but we need to make sure that the accelerated change we have seen continues.

Excessive drinking

Low and moderate levels of drinking are known to be associated with some health benefits. However, drinking more than three units of alcohol for women or four for men, on at least one day per week is associated with worsening health and this risk increases as the overall weekly consumption goes up. Coventry has historically had high levels of excessive drinking, above the average for the West Midlands and for England.

Over the last five years, the city has seen big improvements in the percentage of people drinking within healthy limits, with a drop in excessive drinking from 46.8% in 2007 to 30.5% in 2012. In 2007, 55% of men were drinking too much: by 2012 this had fallen to 38%. Women have always had lower levels of excessive drinking but have also seen a big fall, from 38% to 23%. Although there have been falls in the rest of England, Coventry has seen a more rapid change than England or the West Midlands where alcohol consumption has fallen by 7%. The biggest improvement has been in men and women aged between 25 and 44, but all ages have seen a fall in excessive drinking.

This is good news and overall translates into an estimated 16 fewer deaths each year in Coventry. However, we still have a long way to go as, despite making rapid progress, drinking levels for both men and women appear to still be higher than in England as a whole.

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Healthy weight: diet and physical activity in Coventry

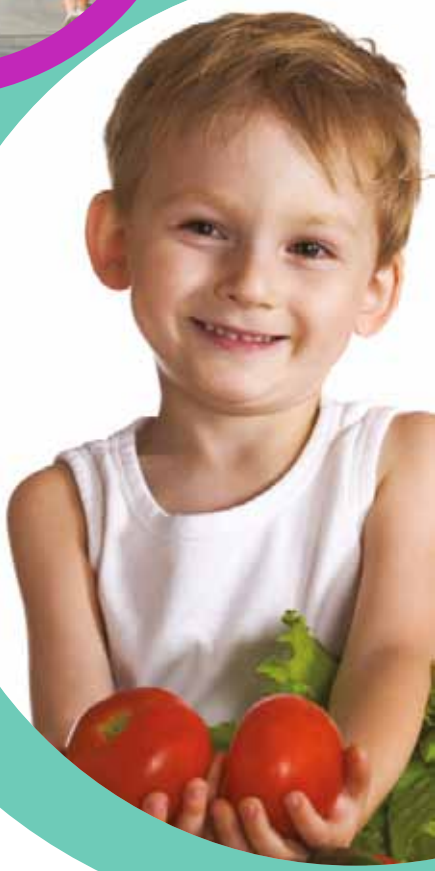
There is increasing evidence of the impact of a healthy diet on health. Five portions of fruit and vegetables is the key measure for assessing a healthy diet, although other factors such as low meat consumption (particularly processed meat), low salt and a diet low in saturated fat are all important. Poor diet, coupled with low levels of physical activity, is associated with a range of health conditions, including certain cancers and cardiovascular disease. Physical activity (30 minutes of physical activity which raises your heartbeat five times a week) is associated with a range of health benefits, including improvements in mental well-being. We estimate that the improvements we have seen in diet and physical activity over the last five years will save around 14 lives each year.

Are we getting our five a day?

Our analysis shows that from 2007 to 2012, the proportion of people having a healthy diet (which we measured by assessing how many people ate five or more portions of fruit and vegetables a day) increased from 21% in 2007 to 28% in 2012. We do not have up-to-date comparative data for England or the West Midlands but this suggests that Coventry is now at a similar level to the rest of England. Women tend to have a better diet than men, suggesting that more needs to be done to encourage healthy eating in men. Locally, we have seen particular improvements in people in middle-age with a 15% increase in the number of men aged 45-54 who are eating five a day and a 24% improvement in women. This is the group which had the lowest levels of healthy eating in 2007, so this improvement is encouraging.

Physical activity

There are signs that there has been an increase in the number of people in the city taking regular exercise. In 2007, 31% of people were reaching recommended levels, compared to 39% in 2012. Women tend to have higher levels of exercise than men, although there has been an increase in both men and women. There is evidence of particular improvements in women aged 25-44 and men aged 16-24. There are some signs of slight improvements in men and women aged 65 and over, although this group has the lowest levels of exercise overall. Older people should continue to be a priority, as this is likely to have benefits for older people's physical and mental health, help reduce social isolation and help older people maintain an independent life for as long as possible.



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What are we doing to tackle these issues?

The issues outlined in this report are not new and there has been a lot of work carried out across the city to drive change.

This includes:

- **Smoking:** from 2009 to 2012, the city's smoking services have supported more than 11,000 people to stop smoking. Coventry's Smokefree Alliance have led the way in promoting local services, running campaigns and developing smokefree spaces, including smokefree playgrounds.

- **Alcohol:** around 1,650 people have been treated through the alcohol service during 2011 and 2012. There have also been a number of campaigns promoting healthy drinking, the harms of drinking in pregnancy. Coventry and Rugby Clinical Commissioning Group have set up a dedicated team in A&E, to identify problem drinkers and sign-post them to appropriate support. Local GPs also provided alcohol screening to their patients.

- **Healthy Weight:** through the Coventry Health Improvement Programme, the NHS and City Council have run a series of programmes to promote physical activity and healthy eating, including the 'One Body One Life' programme, 'Food Dudes' schools programme and local cooking clubs. Other schemes, such as the National Child Measurement Programme and school nursing service help support weight management in children and the local breastfeeding team support new mothers to get the best nutritional start in life.

- **NHS Health Checks:** A new responsibility for local councils, the NHS Health Checks programme, provided by GPs and an outreach team, screen people aged 40 and over for early signs of cardiovascular disease and diabetes and also offer general lifestyle advice.

- **Health trainers:** Coventry's Health Trainer service provides outreach support to communities to improve their health and well-being. During 2012/13 around 570 people were supported.

- **Coventry as a Marmot City:** Since health and well-being became a responsibility for the City Council and partners, through the development of the Health and Well-being Board, a new programme of work has been developed to identify practical steps that can be taken to reduce health inequalities across the city.

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Five key challenges for the City

Recommendations

This report provides a snapshot of what progress we are making as a city to improve healthy behaviours. Although we are making progress, much more remains to be done. In particular, we need to understand why some parts of our city, and some groups, have not been affected by the changes we have seen across the city as a whole. We need to make sure that the services we provide locally, to support people to make a change, are fit for purpose for the people who need them most. We need to use the Coventry Household Survey to measure future progress.

There are five key challenges for the city. I set out 10 key actions to address these challenges which, if implemented, with the support of the Health and Well-being Board will drive progress over the next five years.

1. **Focus on closing the health gap**. Although healthy behaviours have improved across the board, they have improved most in the most affluent parts of the city. If this pattern continues, the health inequality gap will continue to widen. We know that healthy behaviours are closely linked to people's life chances and that factors such as whether children get a good start in life and go on to meaningful employment set the preconditions for their healthy behaviours. The city's Marmot programme, which is overseen by our Health and Well-being Board, contains a detailed action plan to improve life chances and reduce health inequalities. Implementing this is a key priority.

2. **Target the areas of the city and the people where we have seen the least improvement**. Local services, such as stop smoking services, must be open to everyone but should be incentivised to particularly target the eight areas of the city and in the specific groups where we have seen the least improvement. The eight areas are Longford Village, Wood End, Henley and Manor Farm, Stoke and Stoke Heath, Upper Stoke, Wyken Sowe Valley, Torrington and Canley and Lime Tree Park.

3. **Work with local communities to understand what would motivate them to make a change.** We need to talk to local people and local community and voluntary groups to understand their behaviours, what would help them to make a change and how local services can be reconfigured to support this.

4. **Use social marketing, social media & technology to support behaviour change**. We need to make better use of social marketing and social media to target specific health messages at our key audiences. Drawing on the large number of people across the city who have made a change over the last five years, we also need to identify local champions who can act as advocates in their local communities.

5. **Make it easier for people to make the change.** We need to make sure that when people want to make a change, it is easy for them to do so, that services are easy and convenient to access either face-to-face or on-line, and that front-line staff from across the city are trained and able to support people into the right services at the right time.

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Top 10 actions to improve health behaviours

Challenge 1	Challenge 2	Challenge 3	Challenge 4	Challenge 5
Closing the health gap	Target areas of the city and groups where there has been least improvement	Working with local communities to understand their needs	Using social media to drive behaviour change	Making it easier for people to make a change
1. Work across the City Council and with partners to tackle the broader determinants of health by implementing the local 'Marmot' Plan.	**2.** Work with local lifestyle services to incentivise the uptake of services in priority parts of the city and in priority groups.	**3.** Carry out engagement work with people in the following groups to understand the barriers to improving health: • Young female smokers • Physically inactive older people • People who are unemployed **4.** Use social mobilisation techniques to galvanise communities to increase physical activity	**5.** Identify people who have successfully made changes to their health and use social media to promote their stories. **6.** Develop bespoke local campaigns to target priority communities.	**7.** Develop a 'single point of access' for lifestyle services which is integrated with council customer contact points, including the call centre. **8.** Roll out the 'Making Every Contact Count' training programme to support front line staff to promote healthy behaviours. **9.** Roll out the NHS Health Checks programme to support people age 40 or over to change their behaviour and identify preventable disease early. **10.** Use Health Impact Assessment to make sure that the health impacts of council policies and decisions are maximised.

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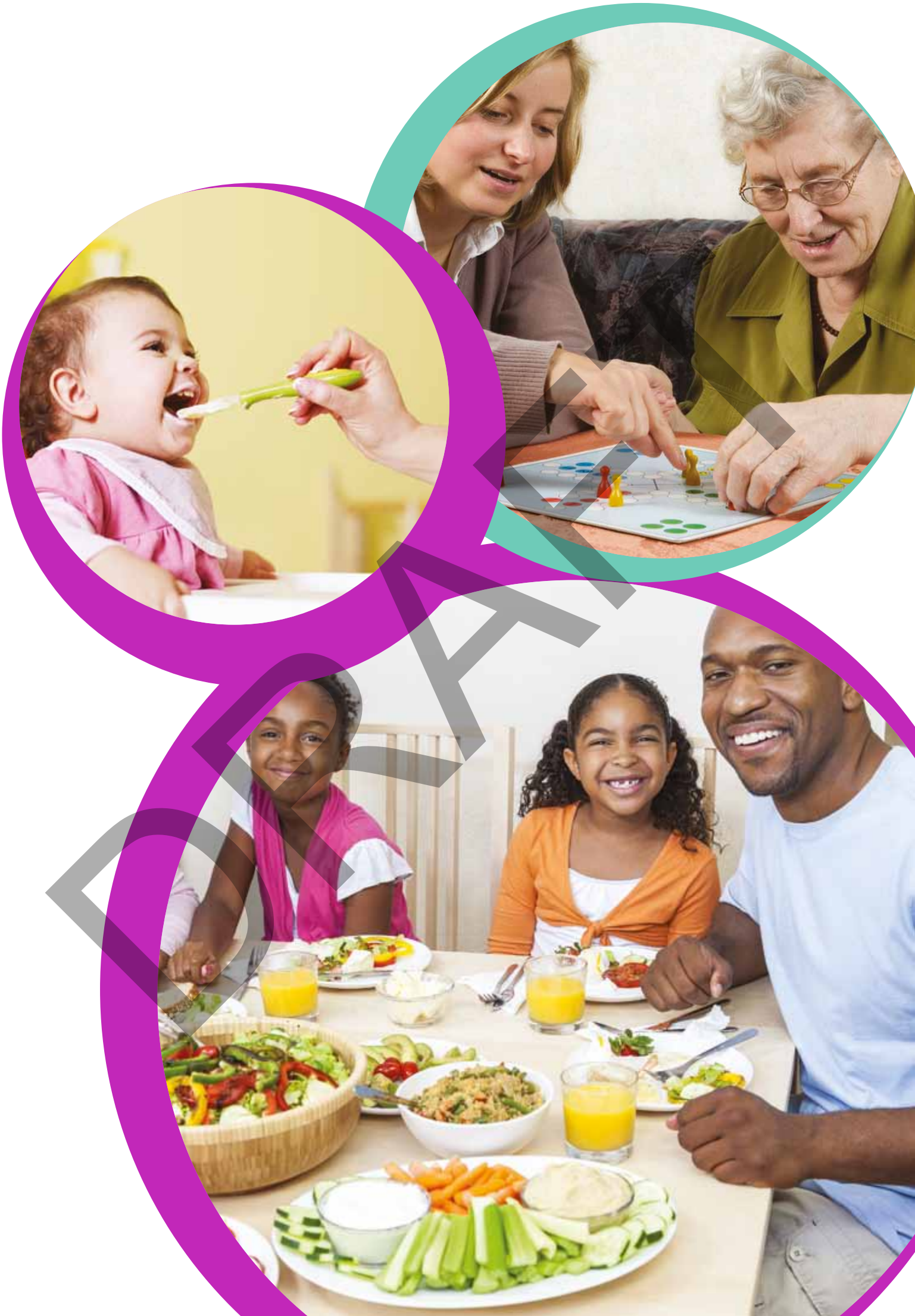

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