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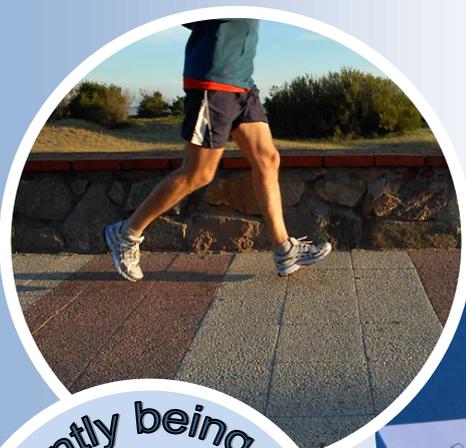
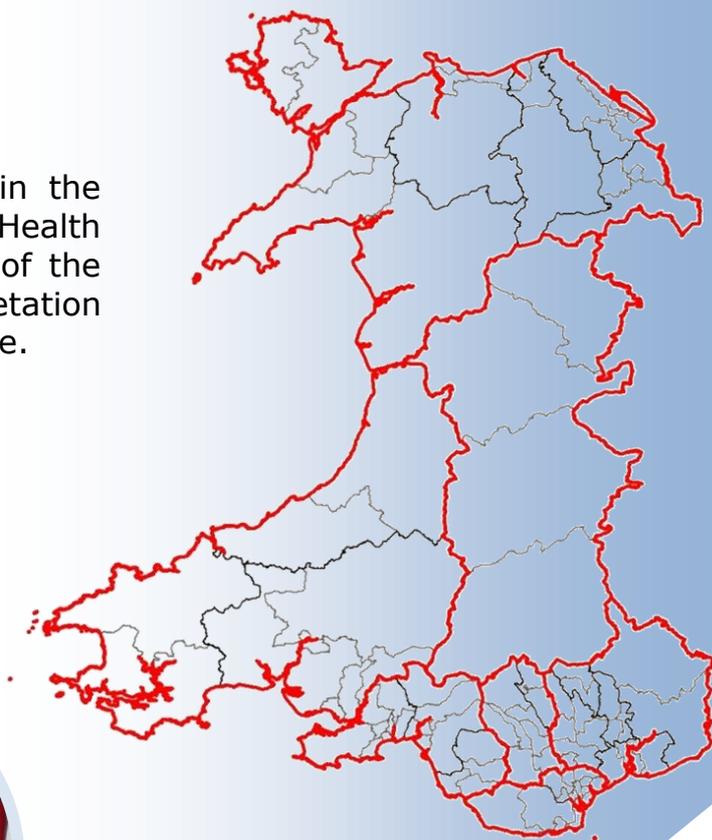
Arsyllfa Iechyd
Cyhoeddus Cymru
Public Health
Wales Observatory



Llywodraeth Cymru
Welsh Government

Sub-local authority analysis of the Welsh Health Survey Indicator Guide

This guide describes the indicators used in the Sub-local authority analysis of the Welsh Health Survey publication. It provides definitions of the indicators used and notes for interpretation relating to the indicators and the data source.



Are you currently being treated for diabetes?
In general, would you say your health is...
How much do you weigh?

March 2012

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1. Indicators

1.1 High blood pressure

What is being measured?	The proportion of adults currently being treated for high blood pressure
How is this indicator defined?	<ul style="list-style-type: none">• Percentage of adults (age standardised) who reported currently being treated for high blood pressure.• The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas.• Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?	<ul style="list-style-type: none">• The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales.• The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.2 Heart conditions

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for heart conditions</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for a heart condition. • Adult respondents were classified as having a heart condition if they reported having been treated for a heart attack; or currently being treated for angina, heart failure or 'another heart condition'. • High blood pressure is not included in this indicator as it is a risk factor for heart disease rather than an actual condition. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.3 Respiratory illness

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for a respiratory illness</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for a respiratory illness. • Respondents were asked if they were currently being treated for a respiratory illness including asthma, pleurisy, bronchitis, or 'another respiratory illness'. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.4 *Mental illness*

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for mental illness</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for a mental illness. • Respondents were asked if they were currently being treated for a mental illness including depression, anxiety or 'another mental illness'. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.5 Arthritis

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for arthritis</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for arthritis. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.6 Diabetes

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for diabetes</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for diabetes. • Respondents were asked whether they were currently being treated for diabetes, making no distinction between type 1 and type 2 diabetes. If they responded positively, they were asked how their diabetes was controlled (by injection, tablets or diet). • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • Some people may not be aware they have type 2 diabetes; the figures could therefore underestimate the proportion of people with the condition. • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.7 Chronic illness

<p>What is being measured?</p>	<p>The proportion of adults currently being treated for chronic illness</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently being treated for any other chronic or long term illness. • Respondents were asked to report being treated for 'any other chronic or long term illness' not mentioned elsewhere in the questionnaire and to specify the main illness, which were coded according to ICD 10 codes. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.8 Limiting long term illness

<p>What is being measured?</p>	<p>The proportion of adults currently reporting a limiting long term illness</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported currently having any long term illness, health problem or disability which limits their daily activities, including problems due to old age. • Respondents were asked for the main cause of their limitation; answers were coded according to ICD 10 codes. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.9 General health status

What is being measured?	The proportion of adults reporting fair or poor health
How is this indicator defined?	<ul style="list-style-type: none"> • The Welsh Health Survey incorporates the Short Form 36 (SF-36) questionnaire. This is a widely used standard set of questions designed to capture data about functional health. • Respondents were asked to rate their general health using a five-point scale ranging from excellent to poor as part of the SF-36. • Percentage of adults (age standardised) who reported a general health status score categorised as fair or poor.
How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?	<ul style="list-style-type: none"> • General health status is self-reported; therefore some people perceive their health status to be better or poorer than it is. • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.10 Physical component summary score

What is being measured?	Mean SF-36 physical component summary score
How is this indicator defined?	<ul style="list-style-type: none"> • The Welsh Health Survey incorporates the Short Form 36 (SF-36) questionnaire. This is a widely used standard set of questions designed to capture data about functional health. • Respondents were asked to complete a standard set of 36 health status questions on their perception of their physical and mental health and the impact it has on their daily lives. Responses are combined to produce scores for eight domains of health and well-being as well as summary scores for physical and mental health. • Mean SF-36 physical component summary score of adults (a higher score indicates better health). All SF-36 scores above or below 50 can be interpreted as being above or below the norm.
How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?	<ul style="list-style-type: none"> • The norm of 50 is based on the general American population of 1998; this may not be relevant to the population of Wales. • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The indicator is based on the respondent's perception of their own health; therefore some physical health conditions may be overestimated or underestimated. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.11 *Mental component summary score*

What is being measured?	Mean SF-36 mental component summary score
How is this indicator defined?	<ul style="list-style-type: none"> • The Welsh Health Survey incorporates the Short Form 36 (SF-36) questionnaire. This is a widely used standard set of questions designed to capture data about functional health. • Respondents were asked to complete a standard set of 36 health status questions on their perception of their physical and mental health and the impact it has on their daily lives. Responses are combined to produce scores for eight domains of health and well-being as well as summary scores for physical and mental health. • Mean SF-36 mental component summary score of adults (a higher score indicates better health). All SF-36 scores above or below 50 can be interpreted as being above or below the norm.
How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?	<ul style="list-style-type: none"> • The norm of 50 is based on the general American population of 1998; this may not be relevant to the population of Wales. • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The indicator is based on the respondent's perception of their own health; therefore some mental health conditions may be overestimated or underestimated. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.12 Smoking

<p>What is being measured?</p>	<p>The prevalence of smoking, that is the proportion of adults who reported smoking daily or occasionally</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported smoking daily or occasionally. • Respondents were asked to report whether they smoked (daily or occasionally), used to smoke (daily or occasionally) or had never smoked. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • Smoking status is self reported; therefore some smokers may underestimate the amount they smoke. • The results do not distinguish between people who report smoking daily and those smoking occasionally. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.13 Physical activity

<p>What is being measured?</p>	<p>The proportion of adults reporting meeting physical activity guidelines in the past week</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported meeting physical activity guidelines in the past week. • Respondents were asked on which days in the past week they did at least 30 minutes of light, moderate and vigorous exercise or physical activity. • Blocks of activity lasting more than ten minutes, which were done on the same day, count towards the full 30 minutes. Respondents were asked to include physical activity which is part of their job. Examples of each type of activity are: <ul style="list-style-type: none"> Light activity: housework or golf Moderate activity: heavy gardening or fast walking Vigorous activity: running or aerobics • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • Physical activity is self-reported; therefore some people may overestimate or underestimate the amount of physical activity they have undertaken during the past week. • There may be misclassification, for example, some housework may be 'moderate' rather than 'light'. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.14 Overweight or obese

<p>What is being measured?</p>	<p>The proportion of adults who are overweight or obese based on self-reported height and weight measurements</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who are overweight (BMI over 25) or obese (BMI over 30). • Respondents were asked to report their height and weight. • In order to define overweight or obesity, a measurement is required which allows for differences in weight due to height. • The Body Mass Index (BMI) is calculated as weight in kilograms (kg) divided by squared height (m²). • Overweight is defined as BMI 25+kg/m². BMI 30+kg/ m² is defined as obese. • BMI was calculated for all respondents, excluding pregnant women, with valid height and weight measurements. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • BMI does not distinguish between mass due to body fat and mass due to muscular physique, nor does it take account of the distribution of fat. • Height and weight are self-reported; therefore some people may underestimate or overestimate their height and weight. • There is evidence to suggest that the relationship between body fat and BMI differs across ethnic groups. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.15 Obese

<p>What is being measured?</p>	<p>The proportion of adults who are obese based on self-reported height and weight measurements</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who are obese (BMI over 30). • Respondents were asked to report their height and weight. • In order to define obesity, a measurement is required which allows for differences in weight due to height. • The Body Mass Index (BMI) is calculated as weight in kilograms (kg) divided by squared height (m²). • Obesity is defined as BMI 30+kg/m². • BMI was calculated for all respondents, excluding pregnant women, with valid height and weight measurements. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • BMI does not distinguish between mass due to body fat and mass due to muscular physique, nor does it take account of the distribution of fat. • Height and weight are self-reported; therefore some people may underestimate or overestimate their height and weight. • There is evidence to suggest that the relationship between body fat and BMI differs across ethnic groups. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.16 Contact with a GP

<p>What is being measured?</p>	<p>The proportion of adults who talked to GP in the past two weeks</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age standardised) who reported speaking to their GP about their own health in the past two weeks (either in person or by telephone). • Respondents were asked whether they had spoken to a GP about their own health in the past two weeks. Those who had were asked how many times they had done so, and whether they had received a prescription. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.

1.17 Hospital attendance from accidents injury and poisoning

<p>What is being measured?</p>	<p>The proportion of adults who attended hospital because of an accident in past three months</p>
<p>How is this indicator defined?</p>	<ul style="list-style-type: none"> • Percentage of adults (age-standardised) who reported having an accident, injury or poisoning needing hospital treatment or a visit to casualty in the past three months. • Respondents were asked if they had needed hospital treatment or a visit to casualty in the past three months due to an accident, injury or poisoning. • The results are standardised using 2007 mid-year population estimates for Wales, to adjust for the effect of age in comparisons between areas. • Age-standardised percentages are the results that the area would have had if its population had the same age distribution as that of Wales as a whole.
<p>How accurate and complete will the data be for this indicator? Are there any problems, notes for interpretation or warnings with the data in relation to this indicator?</p>	<ul style="list-style-type: none"> • The Welsh Health Survey was designed to be representative of the general adult population and is the most regular comprehensive survey of lifestyle, health and use of health services in Wales. • The Welsh Health Survey does not include adults living in institutional settings such as care homes or nursing homes etc. It should be noted that people living in institutions are likely to be on average, in poorer health than those in private households. This should be kept in mind when considering results from this survey.