



# Warrington Adult Health and Wellbeing Survey 2023 General Health and Health Related Behaviour Report



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Warrington Borough Council Public Health Knowledge and Intelligence Team



## Version control

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1.0	18/10/2023	Final draft for review
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## Executive summary

The findings presented in this report are crucial for shaping public health interventions and strategies and show the importance for targeting interventions towards specific areas of the population.

Considerable improvements have been made through Public Health interventions in Warrington to reduce the prevalence of smoking, from 20.4% in 2006 down to 7.1% in 2023. Despite this, vast inequalities still exist within Warrington, which require future targeted action. Smoking is highest in the most deprived quintile, with prevalence over three times that of the least deprived quintile. Respondents who did not identify as male or female also reported very high smoking prevalence, consistent with national research.

The survey highlights that specific policy and interventions to target vaping are required. Currently vaping prevalence in Warrington (8.7%) is higher than that of smoking (7.1%) and is also associated with greater levels of deprivation. Although the difference in vaping prevalence between deprivation quintiles is smaller than with smoking. It is recommended that interventions specifically focus on those aged 18-39 years, as well as those living in the most deprived areas.

When asked about motivations for vaping, only 28% reported using it to reduce or quit smoking, whilst 34% vaped for enjoyment, 33% perceived it to be a healthier alternative to smoking, and 25% considered it more cost effective than smoking. Notably, over half (53%) of current smokers expressed a desire to quit compared to only 39% of current vapers.

The prevalence of excess weight in Warrington has notably increased between surveys, with small increases between 2006 (53.2%) and 2013 (55.1%), and a substantial increase up to 2023 (60.3%). Prevalence of obesity and severe obesity show a strong link with deprivation, especially amongst women. Severe obesity in women is highest in the most deprived quintile (9.3%), and nearly four times higher than in the least deprived quintile (2.5%). Underweight prevalence in Warrington was low, but higher in women than in men. In females an inverse relationship with deprivation is seen, with prevalence higher among women living in the least deprived areas (3.0%) compared with those in the most deprived areas (1.4%).

Levels of physical activity have also declined, with increased levels of physical inactivity (less than 30 minutes of activity per week). Women, individuals living in deprived areas, and those aged 65+ were more likely to be physically inactive. Factors that prevented physical activity included lack of time (26%), too tired/not enough energy (19%), health issues (18%) and affordability (12%). Women, especially those in deprived areas, were more likely to report time and energy constraints, whilst those aged 65+ were more likely to cite health issues. Overall, women in the most deprived quintile had higher rates of obesity and severe obesity, physical inactivity and were less likely to meet CMO guidelines for weekly physical activity. Interventions targeting this demographic group, and working within constraints of barriers identified, would strongly improve health outcomes for this population group.

Interventions targeting alcohol should be tailored to the specific type of alcohol consumption requiring reduction. Men consistently exhibited riskier drinking behaviours than women. Notably, deprivation showed an inverse pattern with frequency of alcohol consumption. Residents living in the least deprived areas had the highest level of drinking at least 4 times a week, whereas those living in the two most deprived quintiles had the lowest. Whilst binge drinking and unsafe alcohol consumption (more than 14 units per week) did not



show any pattern with deprivation. Men aged 65+ had notably higher rates of frequent alcohol consumption, and men aged 40-64 were more prone to binge drinking and unsafe alcohol consumption.

The survey also supported collection of local gambling data to inform local decision-making. When analysing specific types of gambling activity undertaken at least once per week, men consistently reported higher levels than women across all three gambling indicators. Furthermore, higher proportions of respondents aged 40-64 years reported undertaking gambling activity both including and excluding the national lottery at least once per week. For any online gambling activity, more than twice as many men reported online gambling than women. Notably men aged 18-39 years had substantially higher rates of online gambling, as well as women in the most deprived quintile. This data will support focussed future action planning by the Warrington Gambling Harm Reduction Group.





## Introduction

A comprehensive, large-scale survey of adults in Warrington was undertaken during April-June 2023. The topics explored in the survey cover a wide range of factors that are known to impact on an individual's health and wellbeing. The information which is gathered through these population surveys has proved valuable in understanding and describing health-related behaviour and identifying health inequalities within Warrington. Previous surveys were completed in 2001, 2006 and 2013.

Invitation letters were posted to a named sample of adults (aged 18+ years) living within the Warrington borough boundary, selected by age, gender and postcode to reflect the population profile. In total, 4,932 returns were received<sup>1</sup>. This enables analysis to be undertaken by different population subgroups, for example by gender, age-band and socio-economic deprivation quintile<sup>2</sup>. Figure 1 presents the distribution of deprivation across Warrington.

The survey questions have been grouped into topic areas under five broad themes:

- General health and health related behaviour
- Emotional health and wellbeing
- Finances, cost of living and employment
- Home, neighbourhood and communities
- Access to and experience of health services

This initial report contains analysis of questions on health and lifestyle risk factors. Subsequent reports will be produced with analysis of additional topic areas.

In terms of gender, topics were only analysed separately for men and women. The small number of respondents who identified themselves as transgender, non-binary, preferred not to say, or other, were insufficient to produce robust statistical analysis for each group. Therefore, analysis shows Men, Women and Persons; responses from people who identified as transgender, non-binary, preferred not to say or other, are included in results for Persons.

Analysis by ethnicity has not been undertaken because the number of respondents in each ethnic community other than White, were insufficient to produce robust statistical analysis for each group.

Appendix A outlines information on the demographics of respondents, including age, gender, ethnicity, and socio-economic deprivation.

The Warrington Health and Wellbeing Survey is a bespoke, local resource that specifically looks at inequalities within Warrington. Although some of the questions used in this survey are also used in national surveys, the way in which they have been analysed may be different. Sometimes when national comparators are available,

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<sup>1</sup> To make the analysis representative of the Warrington population, responses were weighted to account for different response rates in sub-groups of the population. The subgroups were defined by age-band, gender and deprivation quintile.

<sup>2</sup> Deprivation quintiles are derived based on the national ranking of the Lower Level Super Output Areas in Warrington, using the Indices of Multiple Deprivation 2019. 'Quintile 1' relates to those local areas in Warrington that fall within the most deprived 20% in England, 'Quintile 5' is those areas falling within the least deprived 20% of areas in England. [English indices of deprivation - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



they have been included in the text to provide a national context. However, please interpret these with caution as it may not be possible to directly compare results from the Warrington Health and Wellbeing Survey with national data.

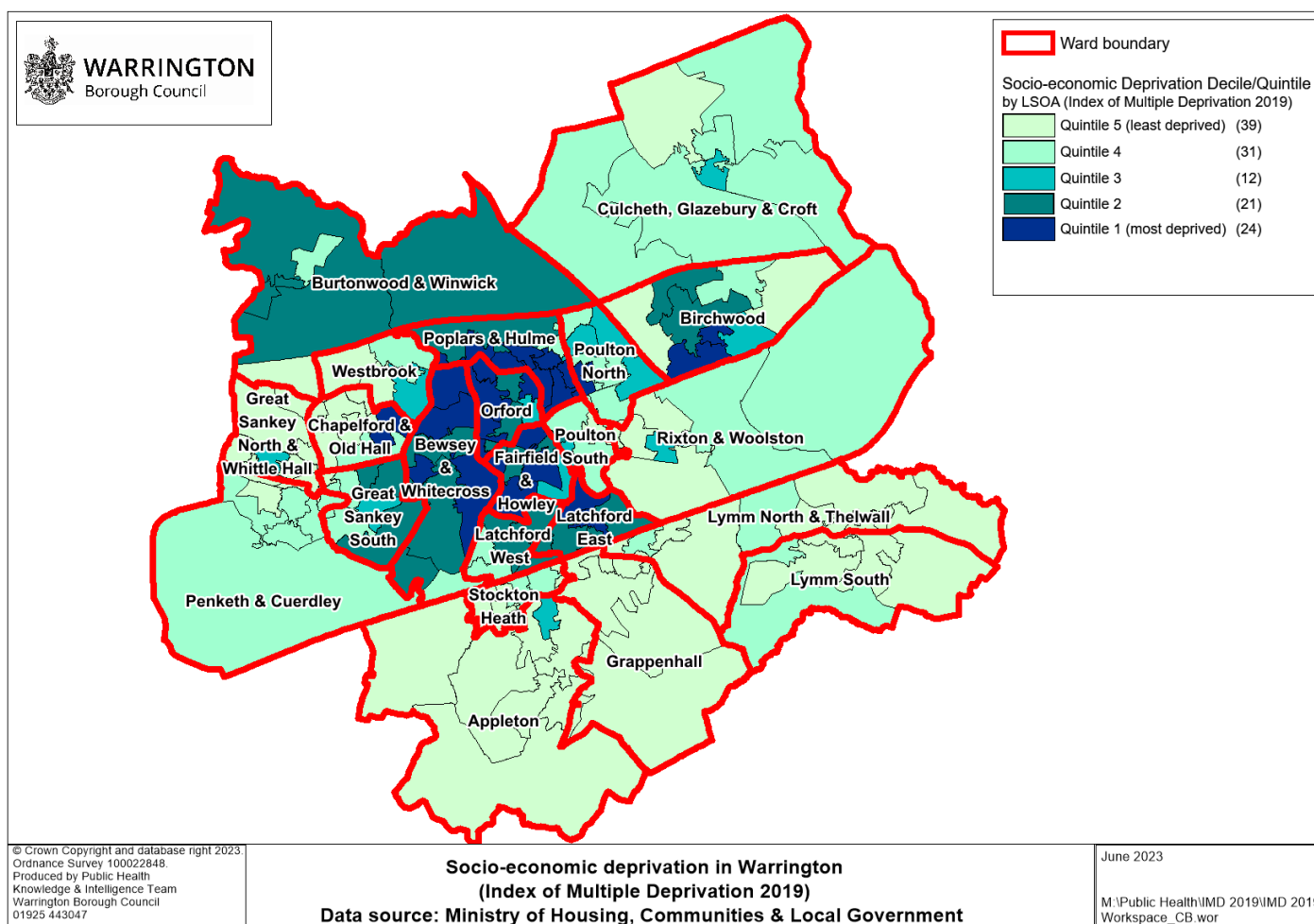


## Socio-Economic Deprivation in Warrington

Socio-economic deprivation is a major determinant of health and wellbeing. It covers a broad range of issues, not merely financial. The English Indices of Deprivation cover seven 'domains'; Income, Employment, Health and Disability, Education, Barriers to Housing and Services, Crime, and Living Environment. The overall Index of Multiple Deprivation 2019 (IMD 2019) is an aggregation of these seven domains. Detailed analysis of deprivation across Warrington is available in the Warrington JSNA<sup>3</sup>.

As shown in Figure 1, the more socio-economically deprived areas of Warrington borough tend to be located in the middle of the borough, with the outskirts being less deprived. The exceptions are areas within Birchwood ward in East Warrington and areas within Burtonwood and Winwick ward in North-West Warrington. See Appendix A for number of respondents by deprivation quintile.

**Figure 1: Map of Warrington Indices of Deprivation 2019 by Lower Super Output Area**



<sup>3</sup> [warrington 2019 deprivation profile report.pdf](#)



## How to read the charts

Several charts in this report follow the layout below. Smoking prevalence in Figure 2 below is used as an example. It can be viewed as three charts in one; the one on the left shows differences between men/women/persons, the middle one shows differences between men/women/persons in each deprivation quintile, and the one on the right shows differences between men/women/persons in each age-band. Topic by topic, different patterns are seen in men/women/persons, deprivation and age-band.

### Left hand section (GENDER)

- Across Warrington as a whole, 6.0% of women (orange bar), 7.9% of men (yellow bar), and 7.1% of persons (purple bar), were current smokers in 2023.

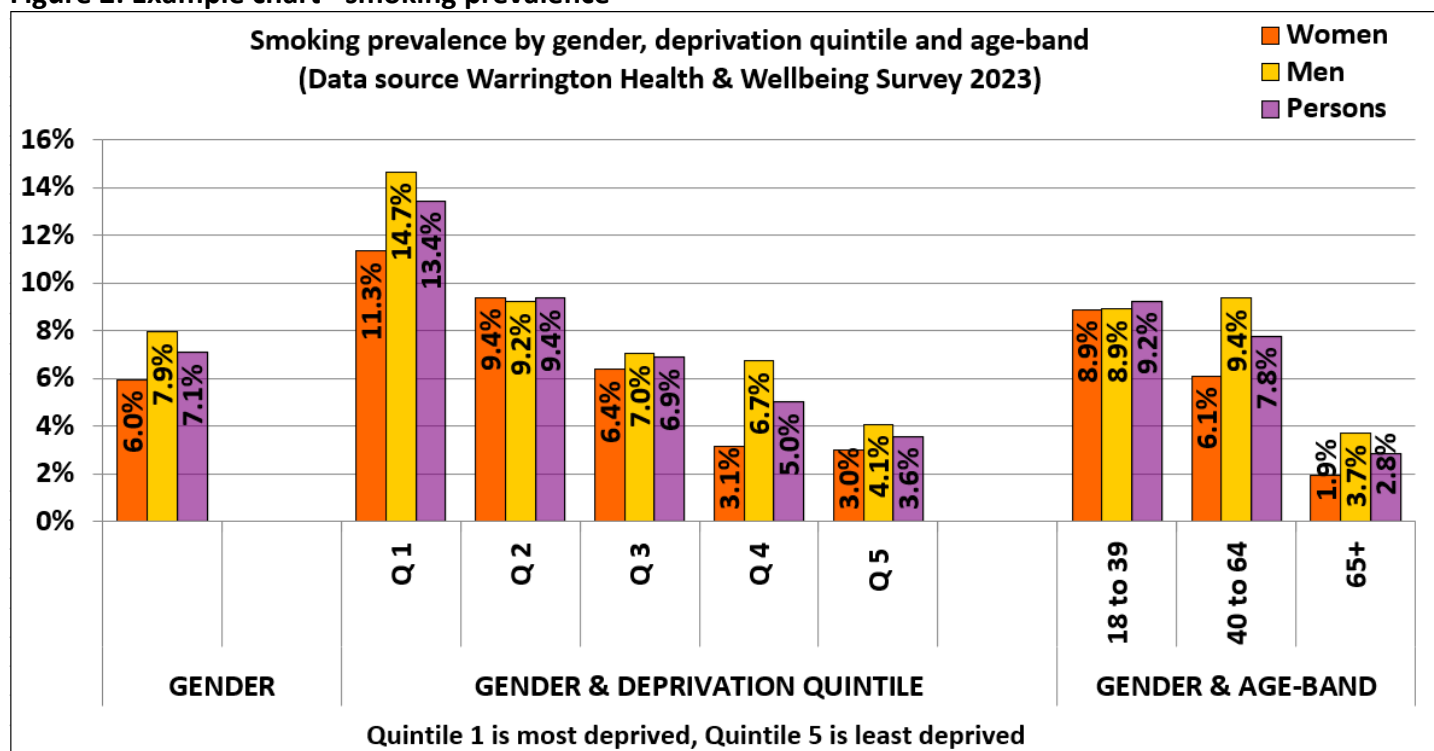
### Middle section (GENDER AND DEPRIVATION)

- A very strong link with deprivation can be seen in men, women and persons, with much higher prevalence in the more deprived areas.
- Persons (purple bars) show a straightforward gradient from Quintile 1 (13.4%) down to Quintile 5 (3.6%). Men (yellow bars) also show a fairly straightforward slope from Quintile 1 (14.7%) down to Quintile 5 (4.1%). Women (orange bars) show a slope from Quintile 1 (11.3%) down to Quintile 4 (3.1%), but it hardly reduces further in Quintile 5 (3.0%).

### Right hand section (GENDER AND AGE-BAND)

- In persons (purple bars), prevalence reduces by age-band, from 9.2% in 18-39 year-olds, to 7.8% in 40-64 year-olds, to only 2.8% in those aged 65+.
- In 18-39 year-olds, prevalence in men and women is the same (8.9%), but in 40-64 year-olds and those aged 65+, it is higher in men than women.
- Note that usually in each group of 3 bars, the prevalence figure of persons is roughly halfway between men and women. However in 18-39 year-olds, prevalence for persons (9.2%) is slightly higher than men and women (8.9%). This is because prevalence is very high in respondents who don't identify as male or female, and who are included only in prevalence for persons.

Figure 2: Example chart - smoking prevalence



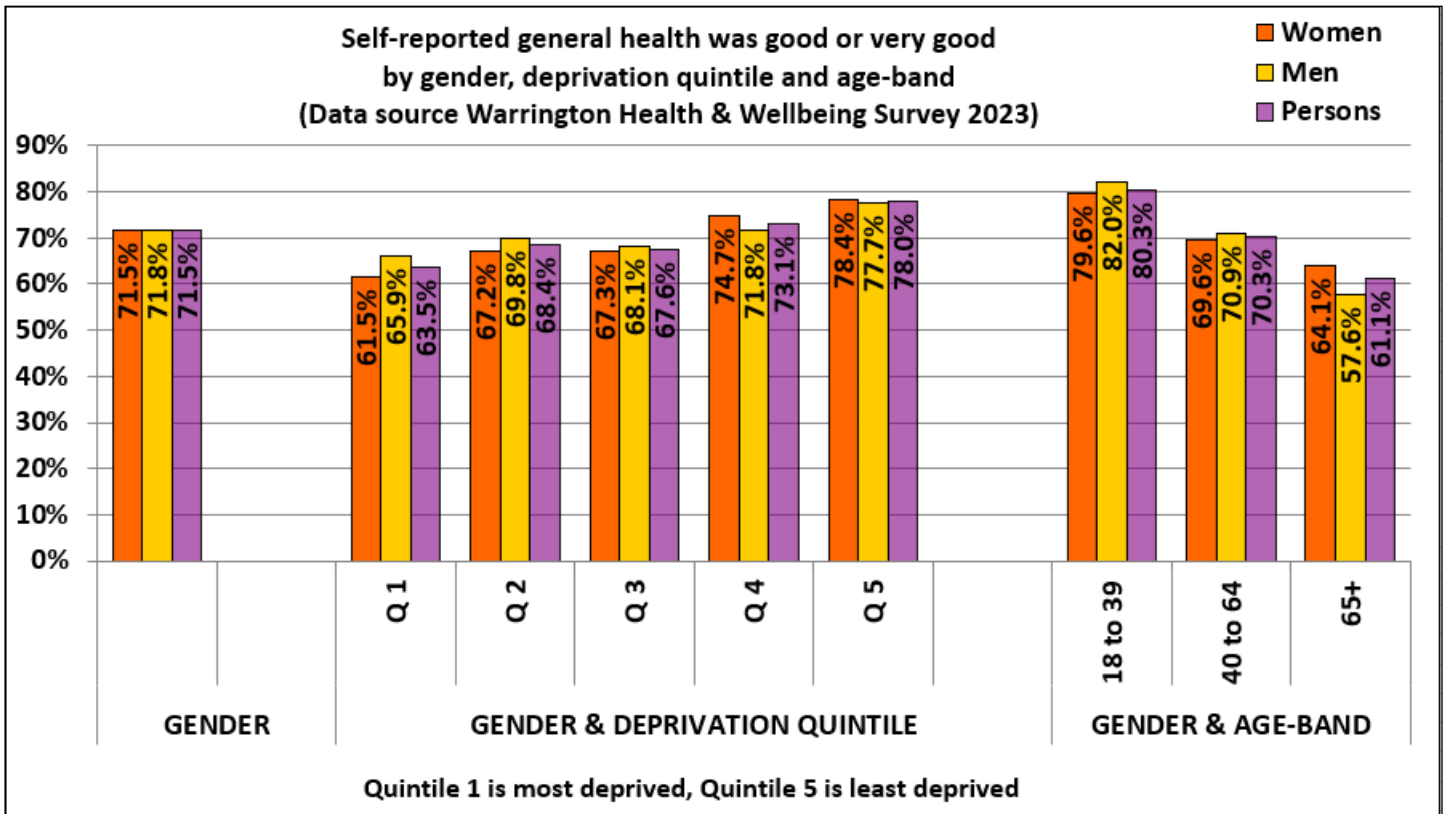
# General health

## Self-reported health

Survey respondents were asked 'How is your health in general?' with options very good, good, fair, bad and very bad. See Figure 3.

- Overall, of 4,876 valid responses, 71.5% of respondents reported their health to be 'good', or 'very good' (grouped for analyses as 'good'). This compares with 76.9% in the 2013 survey and 81.6% for England in the 2021 Census.
- At Warrington level, there was little difference between men (71.8%) and women (71.5%).
- As would be expected, the percentage reporting good health decreased with age; 80.3% of 18-39 year-olds, 70.3% of 40-64 year-olds and 61.1% of those aged 65+.
- There was a strong pattern with deprivation, ranging from 63.5% in the most deprived Quintile 1 to 78.0% in the least deprived Quintile 5.
- Several of the population subgroups were statistically significantly different to Warrington overall, with the general themes of better general health in younger age-bands and in less deprived areas.

**Figure 3: Self-Reported General Health**

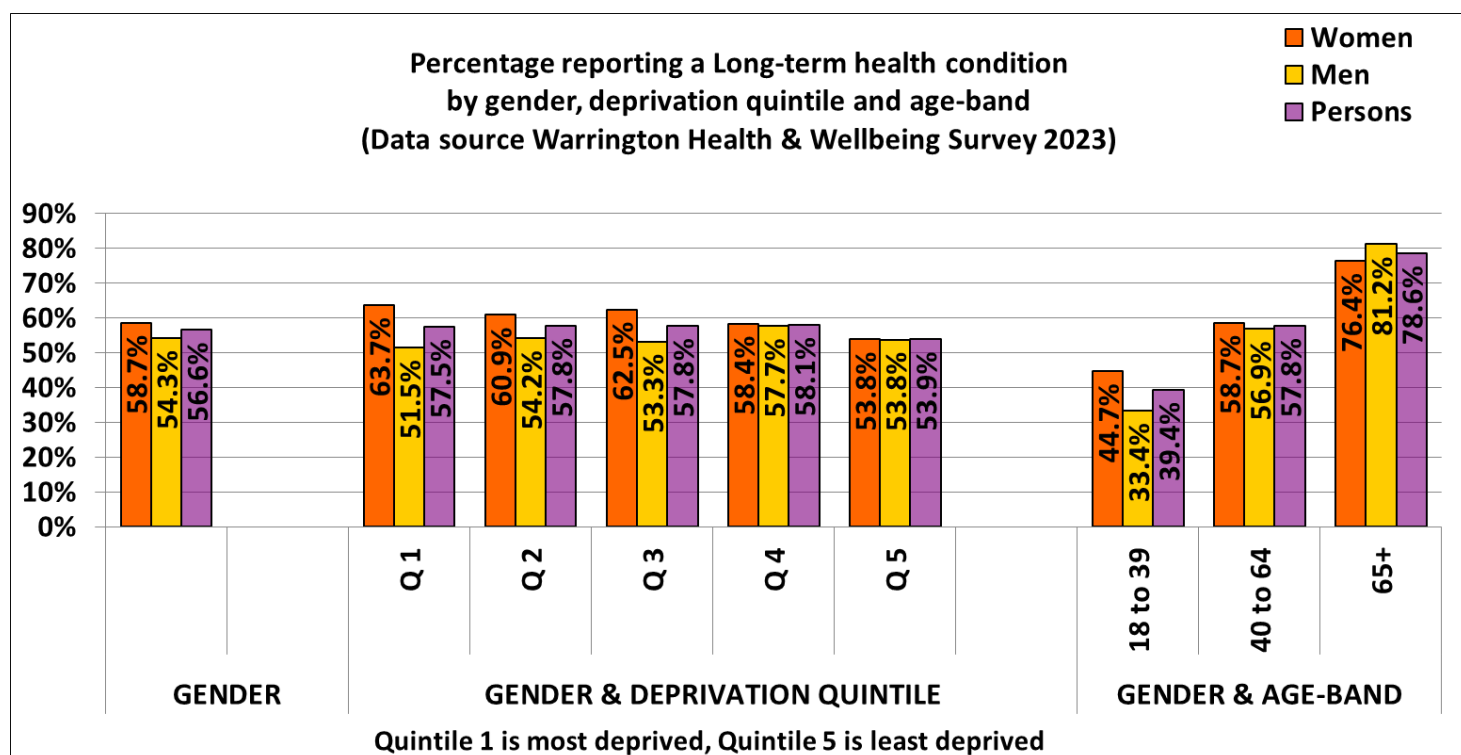


## Long-term health conditions (LTCs)

Survey respondents were asked ‘Do you have any long-term physical or mental health conditions, disabilities or illnesses? By long-term we mean anything lasting or expected to last for 12 months or more. Please include issues related to old age.’. Of the 4,675 valid responses, 56.6% said they had a LTC (See Figure 4). This compares with 32.5% in the 2013 survey. In comparing these two percentages it should be noted that, for this 2023 survey, a list of LTCs was provided for respondents to refer to when answering the question. This list was not provided in 2013 which may have resulted in less respondents identifying themselves as having a long-term condition.

- At Warrington level, significantly more women (58.7%) reported having a LTC than men (54.3%).
- As would be expected, the percentage increased with age; 39.4% of 18-39 year-olds, 57.8% of 40-64 year-olds and 78.6% of those aged 65+.
- The chart shows no strong pattern with deprivation. However, age is a key factor in the prevalence of LTCs, and the more deprived areas of Warrington have a generally younger population than the less deprived areas, and so it’s possible that there is a pattern with deprivation which is masked by the deprived quintiles having a young population.
- All of the 65+ population subgroups were statistically significantly higher to Warrington overall, women aged 40-64 in Quintile 1 was also significantly higher than Warrington overall.

**Figure 4: Long-term health conditions**



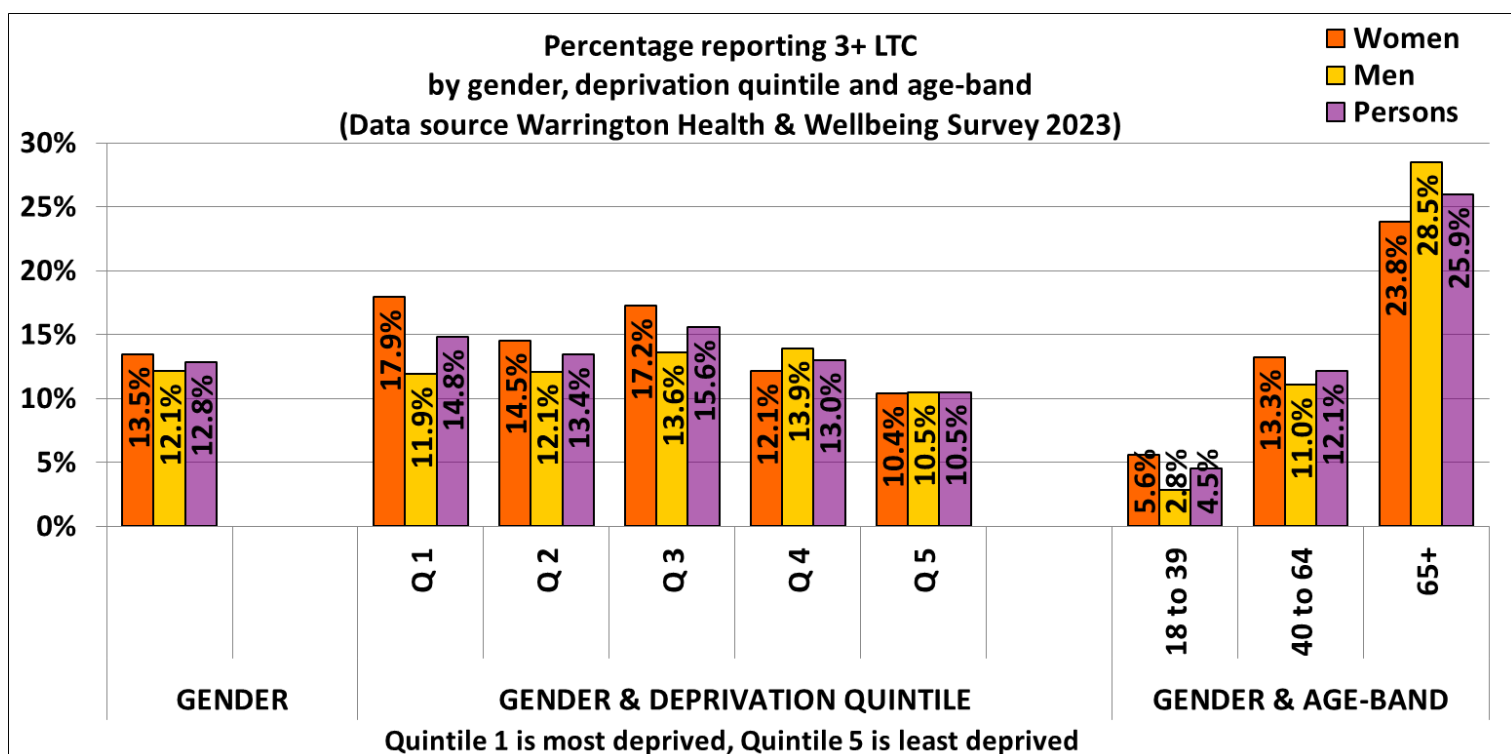
The questionnaire also asked ‘Which, if any, of the following long-term conditions do you have?’ with a list of 16 specific LTCs and an option for ‘Other’ free text responses. From these, it was possible to calculate how many LTCs a respondent had.

### 3 or more long-term health conditions

Of the 4,675 valid responses, 12.8% reported having 3 or more long-term health conditions (see Figure 5).

- A significantly higher proportion of those aged 65+ (25.9%) reported having 3 or more LTCs.
- At Warrington level, a similar proportion of men (12.1%) and women (13.5%) reported having 3 or more LTCs.
- There was not a strong pattern with deprivation. Prevalence was highest in Quintiles 3 (15.6%) and 1 (14.8%) and lowest in Quintile 5 (10.5%), although as previously mentioned, any pattern could be masked due to the generally young population in the deprived quintiles.
- Women aged 18-39 in Quintiles 2, 4 and 5 were statistically significantly lower than Warrington overall, as were men aged 18-39 in all Quintiles, and men aged 40-64 in Quintile 5. Women aged 40-64 in Quintile 1, and women and men aged 65+ in all Quintiles were significantly higher than Warrington overall.

Figure 5: 3+ Long-term health conditions



## Specific long-term health conditions

Table 1 below shows the percentage of respondents who reported having any of the 16 specific long-term health conditions listed in the questionnaire. Participants could report free text 'other' responses, from which the following four additional categories were identified as frequently occurring, and so have also been analysed; skin conditions, gastrointestinal disorders, endocrine disorders and urological conditions (excluding kidney disease). It is possible that if these four additional categories had been specifically listed in the questionnaire, more respondents might have answered 'Yes', and so the percentages for these additional conditions may be underestimates. An LTC may also be under-reported if having that particular LTC makes an individual less likely to respond to the survey, for example dementia or Alzheimer's disease.

**Table 1: Percentage of respondents with specific LTCs**

<b>Long-term physical or mental health conditions, disabilities, or illnesses</b> <i>(Of the 4,675 valid responses to the question on specific long-term conditions)</i>	<b>% of respondents with LTC</b>
Arthritis or ongoing problem with back or joints	21%
High blood pressure	16%
Mental health condition (including anxiety or depression)	14%
A breathing condition such as Asthma or COPD	10%
Deafness or hearing loss	6%
Other long-term condition, illness, or disability	6%
Heart condition, such as angina or atrial fibrillation	5%
Diabetes Type 2	5%
Neurological condition (such as epilepsy)	3%
Autism or autism spectrum condition	3%
Cancer (diagnosis or treatment in the last 5 years)	3%
Gastrointestinal disorder	3%
Kidney or Liver disease	2%
Endocrine disorder	2%
Long Covid	1%
Blindness or partial sight	1%
Skin condition	1%
Diabetes Type 1	1%
Urological condition (excluding kidney problems)	1%
Stroke (which affects your day-to-day life)	0.5%
Dementia or Alzheimer's disease	0.3%
At least 1 LTC	57%
At least 2 LTCs	27%
3+ LTCs	13%

Respondents were asked 'Do any of these conditions reduce your ability to carry out your day-to-day activities?' Of the 2,764 respondents with an LTC who gave a valid response, 18.8% said it reduced their ability





to carry out their day-to-day activities 'a lot', 44.1% said 'a little', 37.2% said 'not at all'. Notably, in the 2013 survey, a lower proportion (10.9%) said they had a LTC that limited their activity 'a lot'.

Respondents were asked '*Do you feel you have enough advice and information about your condition(s) to help you to manage it/them?*' Of the 2,753 respondents with an LTC who gave a valid response, 62.0% said they had enough advice and information about their condition(s), 21.3% said they didn't, and 16.8% were unsure.



# Smoking and vaping

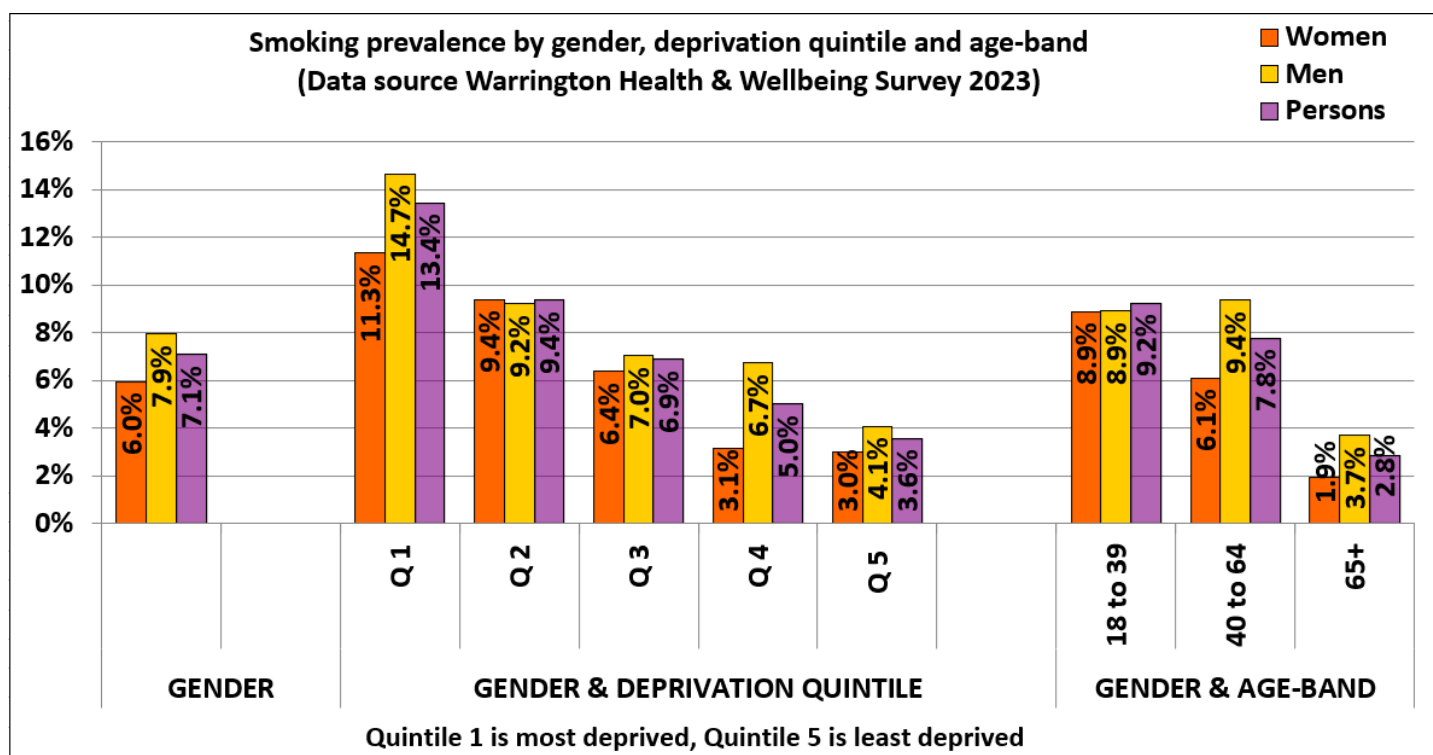
## Smoking prevalence

Overall, of 4,169 valid responses 7.1% of Warrington residents responded that they currently smoke (daily or occasionally). There has been a substantial reduction over time in smoking prevalence, from 13.0% in the 2013 survey and 20.4% in 2006. National prevalence is estimated to be 13.4%<sup>4</sup>.

As Figure 6 shows, there was wide variation within population sub-groups.

- Prevalence was slightly higher in men (7.9%) than women (6.0%).
- In persons, prevalence reduces by age-band, from 9.2% in 18-39 year-olds, to 7.8% in 40-64 year-olds, to only 2.8% in those aged 65+. In 18-39 year-olds, prevalence in men and women is the same (8.9%), but in 40-64 year-olds and those aged 65+, it is higher in men than women.
- Note that in 18-39 year-olds, prevalence for persons is slightly higher than men and women. This is because prevalence is very high in respondents who don't identify as male or female, and who are included only in prevalence for persons. This is in line with national research<sup>5</sup>.
- There was a very strong link with deprivation; in persons, it was by far the highest in Quintile 1 (most deprived) at 13.4%, gradually reducing to 3.6% in Quintile 5. Men also show a fairly straightforward gradient from Quintile 1 (14.7%) down to Quintile 5 (4.1%). Women show a slope from Quintile 1 (11.3%) down to Quintile 4 (3.1%), but prevalence hardly reduces further in Quintile 5 (3.0%).

Figure 6: Smoking prevalence



<sup>4</sup> Annual Population Survey 2021 via Fingertips Public Health Data (Office for Health Improvement & Disparities) [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-tobacco-control-profiles)

<sup>5</sup> [The odds of smoking by sexual orientation in England, 2016 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)



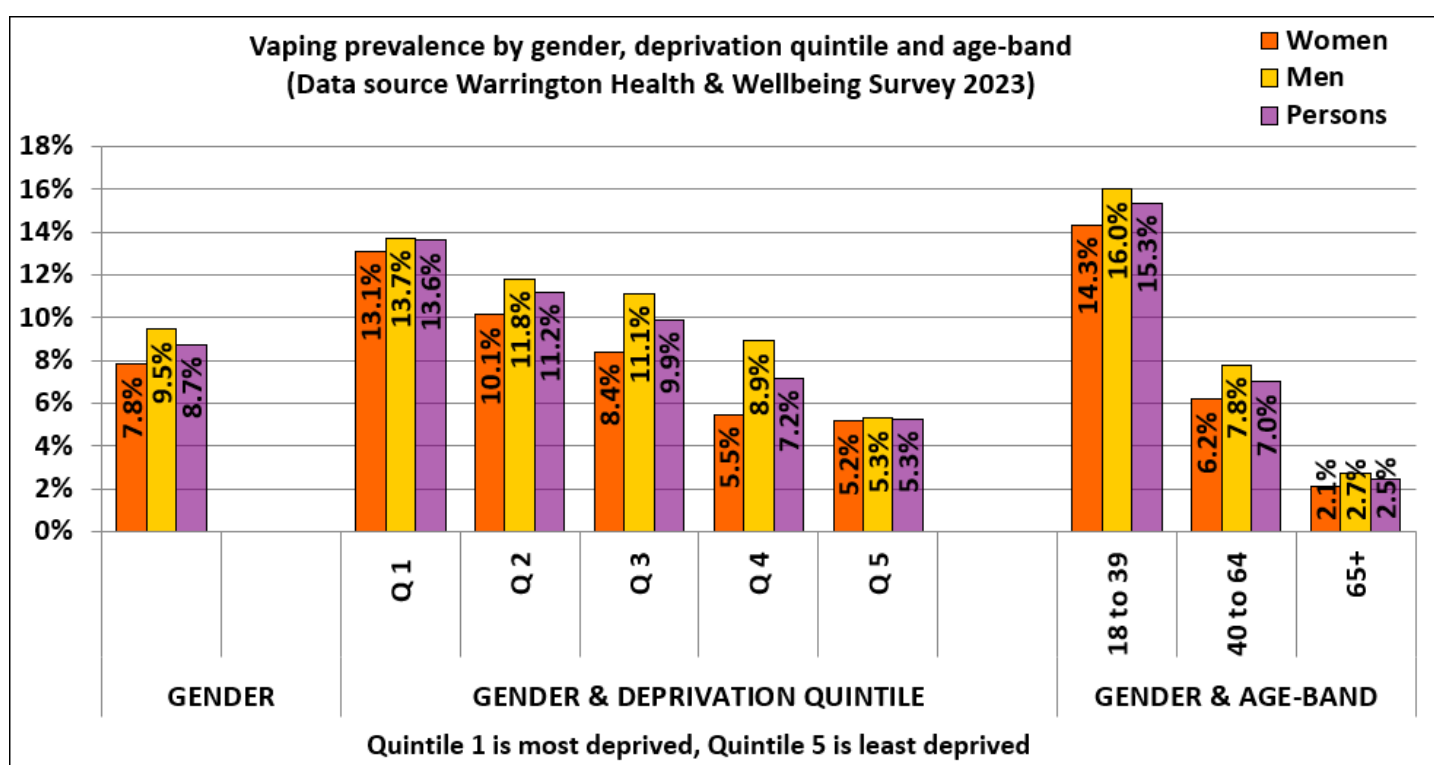
## E-cigarettes / vaping prevalence

Overall, of 4,129 valid responses, 8.7% of Warrington residents responded that they currently vape (daily or occasionally). There is no comparison with the 2013 survey, as it did not contain a question on vaping. National prevalence is estimated to be lower at 5.4% (HSE 2021).

As Figure 7 shows, there was wide variation within population sub-groups.

- Vaping prevalence was slightly higher in men (9.5%) than women (7.8%). This compares with 6.0% men and 4.7% women nationally.
- It was by far the highest in the 18-39 age-band (15.3%), followed by 7.0% of 40-64 year-olds, and only 2.5% of those aged 65+.
- There was a strong pattern with deprivation; it was highest in Quintile 1 (most deprived) at 13.6%, gradually reducing to 5.3% in Quintile 5.

Figure 7: Vaping prevalence



## Quitting smoking/vaping

Respondents were asked whether they wanted to give up smoking/vaping. There were so few respondents who said they smoke, or vape, that is not possible to give a sub-analysis by gender, age-band or deprivation.

- Of 249 respondents who said they currently smoke and who gave a valid answer to whether they'd like to give up, 53% said they'd like to give up, 22% didn't want to give up, and 25% weren't sure.
- Of 305 respondents who said they currently vape and who gave a valid answer to whether they'd like to give up, 39% said they'd like to give up, 31% didn't want to give up, and 30% weren't sure.

## Smoking and/or vaping

Table 2 shows the percentage who smoke and/or vape (of 3,842 valid responses to both the smoking AND vaping questions). Of these, 87% don't smoke OR vape (dark grey shaded), therefore 13% smoke and/or vape. Overall, 3% report that they currently smoke AND vape (light grey shaded).

**Table 2: Percentage who smoke and/or vape**

		Do you smoke cigarettes, cigars, roll ups (loose tobacco) or any other tobacco products?				
% who smoke AND/OR vape		Daily	Occasionally but not every day	I used to but don't any more	Never	Total
Do you use e-cigarettes or other vaping products?	Daily	1%	0%	3%	2%	6%
	Occasionally but not every day	1%	1%	1%	1%	2%
	I used to but don't any more	0%	0%	3%	0%	4%
	Never	2%	1%	14%	70%	87%
Total		5%	2%	20%	73%	100%

## Reasons for vaping

Respondents were asked about their reasons for choosing to vape. They could choose as many reasons as they felt applied to them. Analysis was undertaken for the 324 respondents who said they either currently vape or used to, and gave reason(s) as to why, which are outlined in Table 3. Notably, less than a third (28%) of those who currently or used to vape, used e-cigarettes to quit smoking, or reduce how much they smoked. In order of frequency, 34% said 'I enjoy it', 33% said 'healthier than smoking', 28% said to help stop/reduce smoking, and 25% 'cheaper than smoking'. Respondents could report other reasons - a small number said socially (including 'socially/drinking'), habit, stress/anxiety/relaxing, and as an appetite suppressant.

**Table 3: Reasons for vaping**

Reasons for vaping	Percentage of current/ex vapers giving each reason
Because I enjoy it	34%
Healthier than smoking	33%
To help me stop smoking or to reduce how much I smoke	28%
Cheaper than smoking	25%
Other (please specify):	6%

## Effects of Covid-19 pandemic on smoking and vaping

Respondents were asked how they had been affected by the Covid-19 pandemic in relation to several aspects of their life. Of the 450 respondents who said they smoke and/or vape, and who answered the question on Covid-19, 28% said they smoke/vape more since the Covid-19 pandemic, 64% said no difference and 8% said less.

## Excess weight

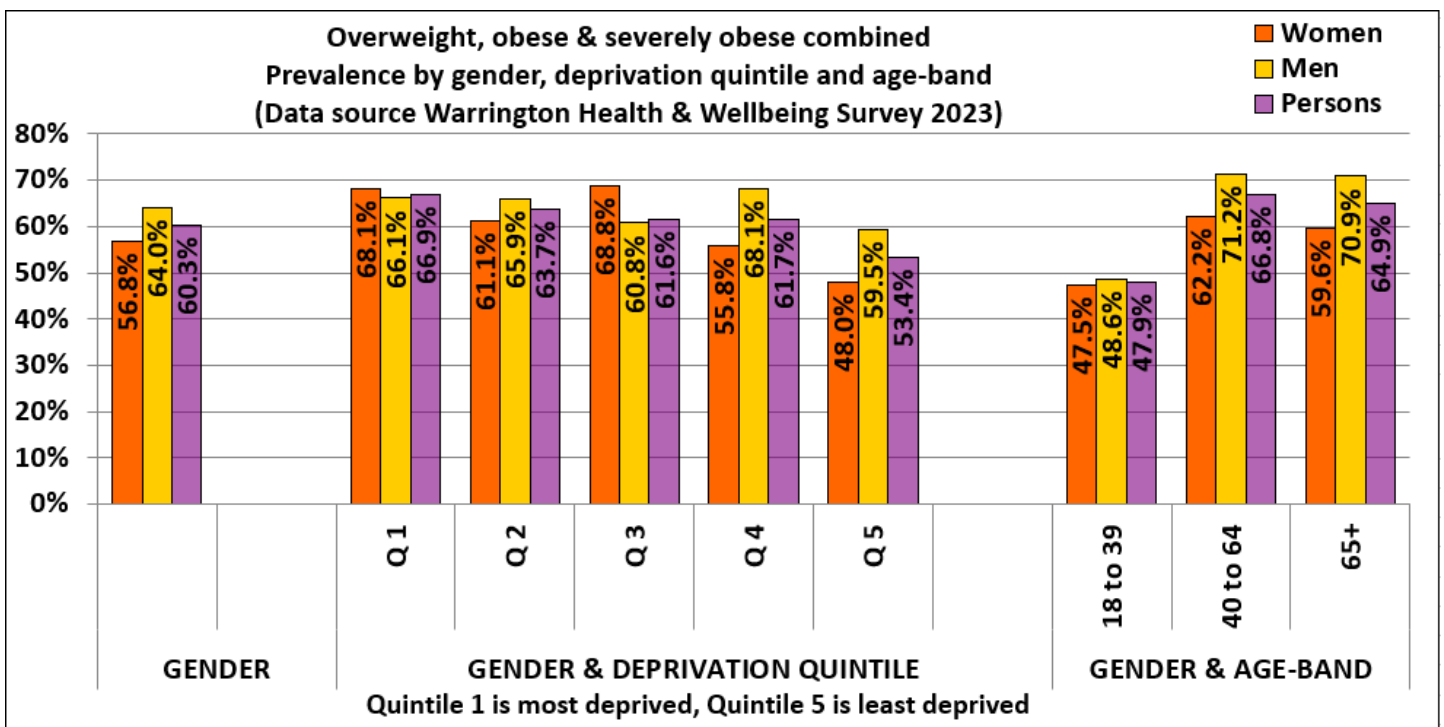
The survey asked respondents to state their weight and height, from which Body Mass Index (BMI)<sup>6</sup> was calculated, and categorised into underweight, healthy weight, overweight and obese (and within the obese category, severely obese).

### All excess weight (overweight, obese and severely obese combined)

(See Figure 8)

- Based on 4,563 valid responses, in 2023 prevalence of overweight/obesity increased substantially to 60.3%, from 55.1% in the 2013 survey and 53.2% in 2006.
- The latest national estimate is 63.8% in 2021/22.
- Excess weight was higher in men (64.0%) than women (56.8%), but that is due to the high proportion of overweight men. Excess weight in men is classified as 39.4% overweight, 21.7% obese and 2.9% severely obese, whereas in women it is 29.8% overweight, 21.9% obese and 5.2% severely obese.
- Excess weight ranged from 66.9% in Quintile 1 to 53.4% in Quintile 5, but this was due to the obese category. Interestingly, *prevalence of the overweight category alone (i.e., excluding obesity) doesn't suggest a relationship with deprivation*.
- By age-band, 47.9% of 18-39 year-olds, 66.8% of 40-64 year-olds and 64.9% of those aged 65+ were overweight/obese.

Figure 8: Excess weight (overweight, obese and severely obese combined)

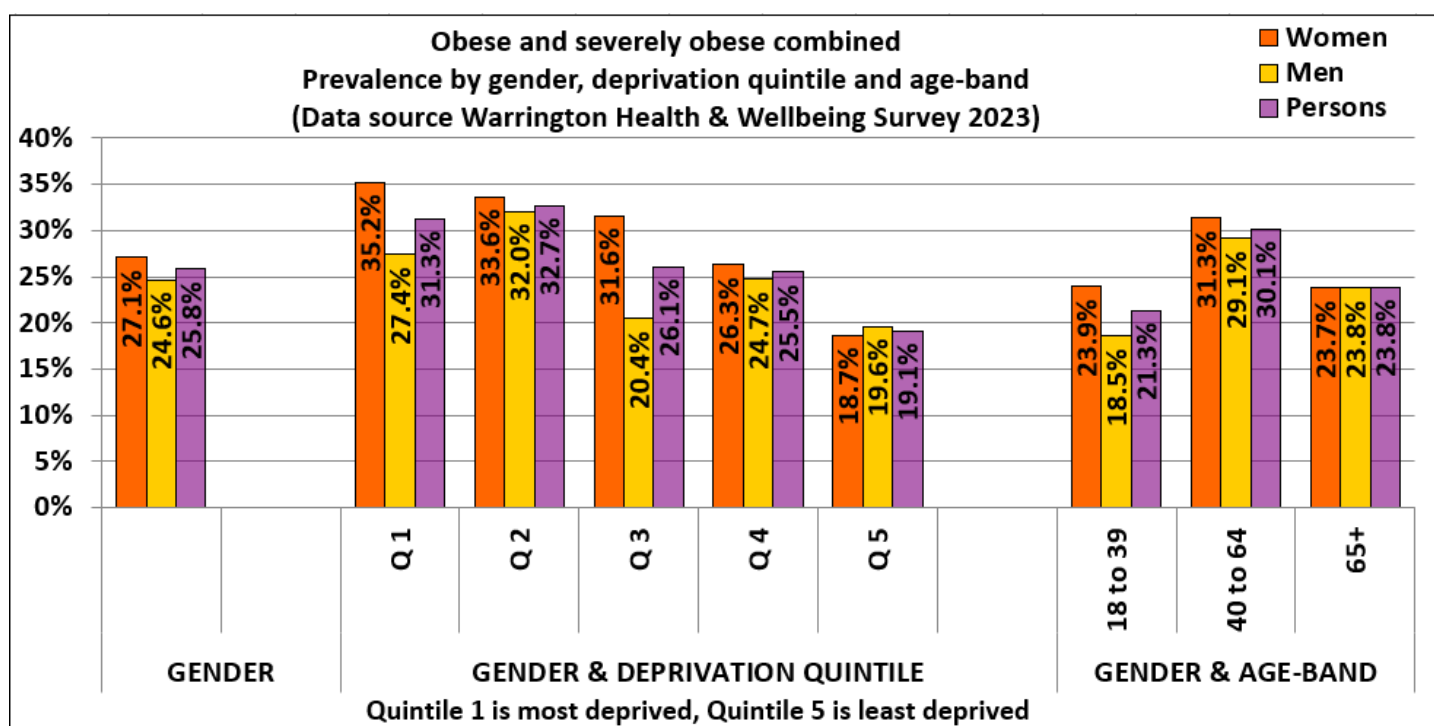


<sup>6</sup> BMI is calculated by dividing weight by height squared, where weight is measured in kilograms and height in metres. BMI is categorised as: below 18.5 underweight, 18.5-24.9 healthy weight, 25-29.9 overweight, 30 or over obese. (Within the obese category, 40+ is severely obese).

## Obesity (obese and severely obese combined)

- In the 2023 survey, obesity prevalence in Warrington overall was 25.8%, a substantial increase from 2013 (19.3%) and 2006 (18.2%) (See Figure 9).
- The latest national estimate of obesity prevalence is 25.9% in 2021/22<sup>7</sup>.
- Obesity prevalence was higher in women (27.1%) than men (24.6%), although this was due to more women in the severe obesity category. (NB it is possible that a small amount of the difference between men and women could be explained if some respondents were pregnant).
- By age-band, obesity was highest in people aged 40-64 (30.1%), followed by 23.8% of those aged 65+ and 21.3% of 18-39 year-olds.
- Obesity prevalence showed a very strong link with deprivation, ranging from 31.3% in Quintile 1 to 19.1% in Quintile 5. There has been a general increase from 2013 when it ranged from 26% in Quintile 1 to 15% in Quintile 5.
- Many population subgroups were statistically significantly higher or lower than Warrington overall. Obesity was significantly higher in 40-64 year-old women in Quintiles 1, 2 and 3, in men and women aged 65+ in Quintile 1, and 40-64 year-old men in Quintile 2. It was significantly lower in 18-39 year-old women and women aged 65+ in Quintile 5, in 18-39 year-old men in Quintiles 1, 3, 4 and 5, and in men aged 65+ in Quintile 5.

Figure 9: Prevalence of obese and severely obese combined (excluding overweight)



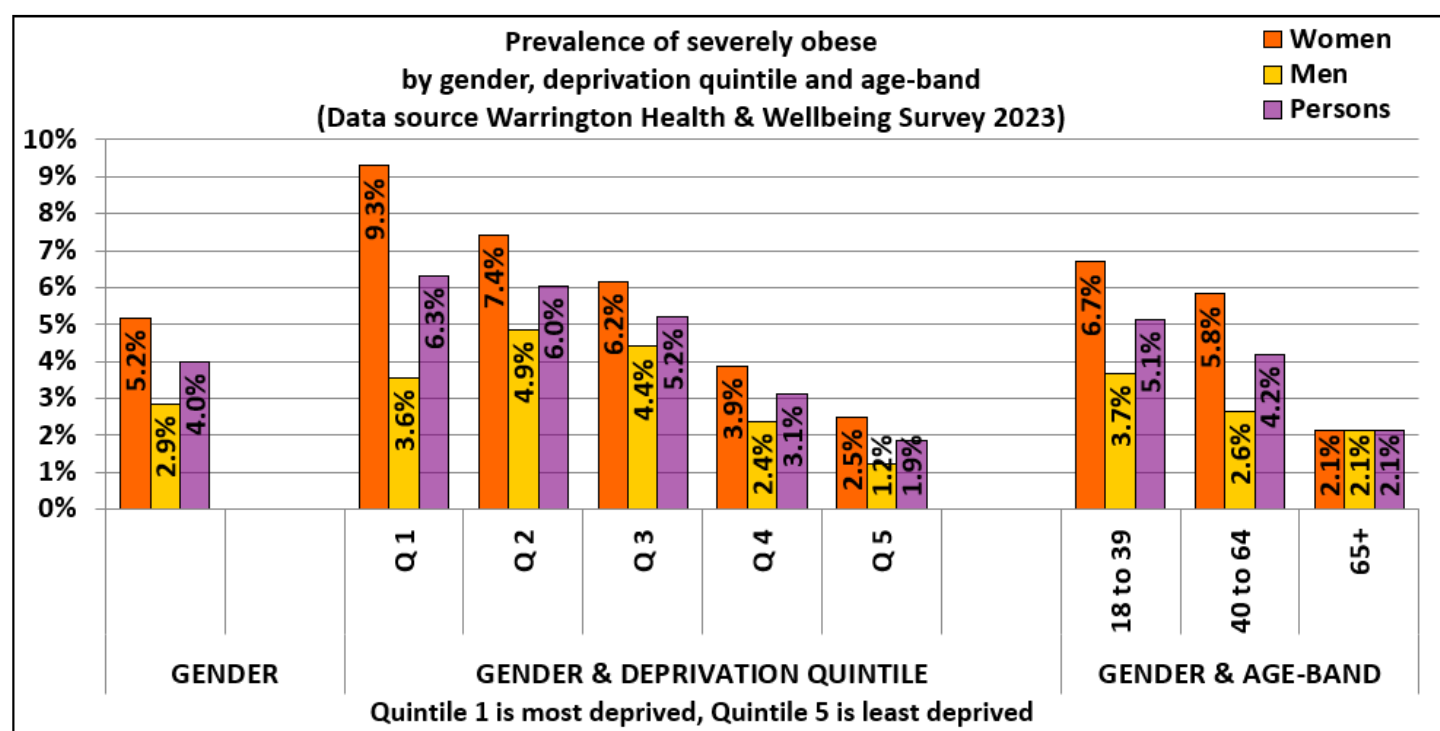
<sup>7</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) use the Active Lives Adult Survey (ALAS) which collects respondents' self-reported height and weight. These are adjusted to account for the tendency of some people to overestimate their height, and/or underestimate their weight, and then used to calculate BMI and weight category for the national estimate. N.B. These adjustments have not been made to heights and weights collected in the Warrington Health and Wellbeing Survey, and so respondents are less likely to be categorised as overweight/obese than in ALAS. Therefore the Warrington estimates for overweight/obese prevalence and obesity prevalence are lower than they would be, had the same adjustments been made.

## Severely obese

(See Figure 10)

- Overall, 4.0% of the survey participants were severely obese (5.2% of women and 2.9% of men).
- In every deprivation quintile and each age-band except 65+, prevalence of severe obesity was much higher in women than men. (NB it is possible that a small amount of the difference between men and women could be explained if some respondents were pregnant).
- Severe obesity reduced with age-band; 5.1% of 18-39 year-olds, 4.2% of 40-64 years-olds and 2.1% of those aged 65+ were severely obese. In 18-39 year-olds, it was much higher in women (6.7%) than men (3.7%), and in 40-64 year-olds, it was much higher in women (5.8%) than men (2.6%). In those aged 65+, it was the same in men and women (2.1%).
- Prevalence of severe obesity showed a very strong link with deprivation, ranging from 6.3% in Quintile 1 to 1.9% in Quintile 5. The link was even more extreme in women, ranging from 9.3% in Quintile 1 to 2.5% in Quintile 5. In men, it didn't fully follow the same pattern; Quintile 1 (3.6%) was lower than Quintile 2 (4.9%) then gradually reduced to Quintile 5 (1.2%).
- Population groups that were statistically significantly higher or lower for severe obesity than Warrington overall were: 18-39 year-old women from Quintiles 1, 2 and 3, and 40-64 year-old women from Quintiles 1 and 2 were significantly higher, and 40-64 year-old men in Quintile 5 were significantly lower.

Figure 10: Prevalence of severely obese

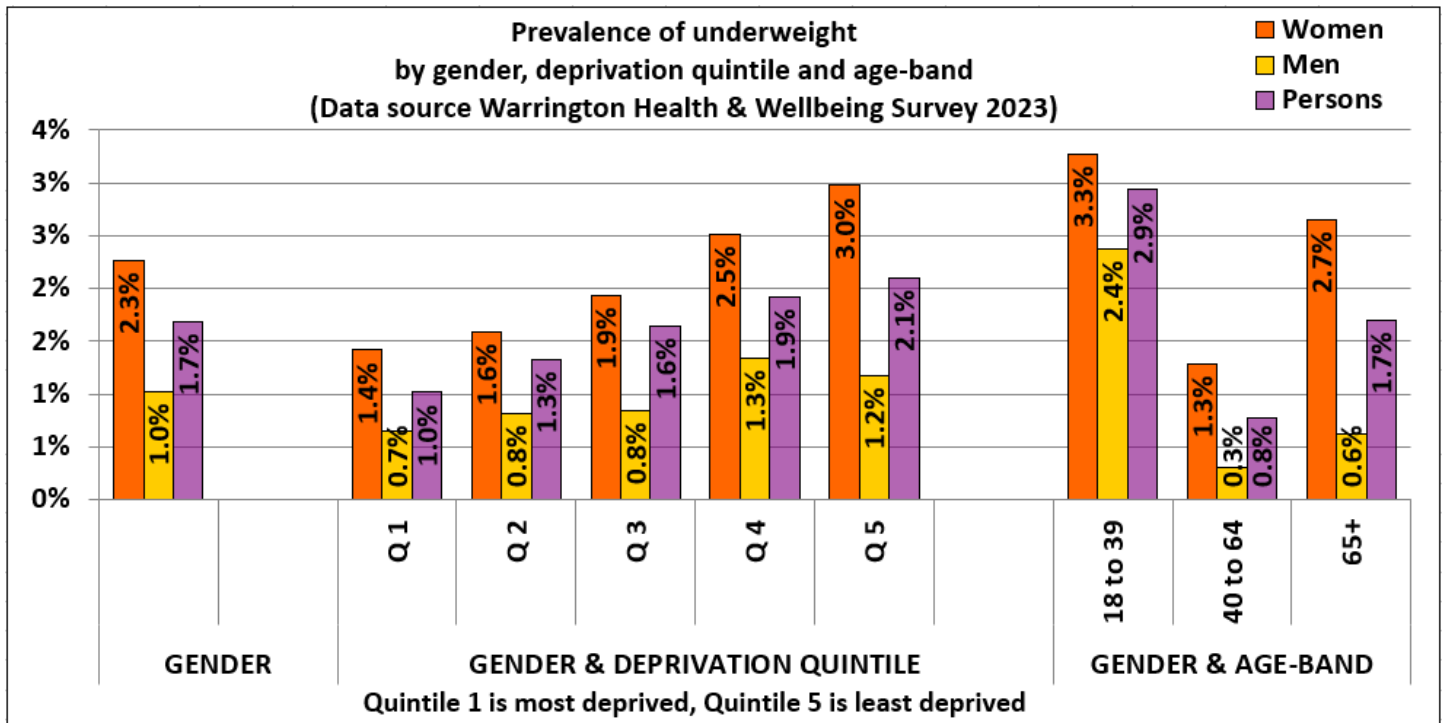


# Underweight

(See Figure 11)

- Overall, 1.7% of survey participants were underweight (2.3% of women and 1.0% of men).
- In every deprivation quintile and age-band, underweight prevalence in women was higher than men.
- By gender and age-band, 18-39 year-olds were most likely to be underweight at 2.9% (3.3% women, 2.4% men). Least likely to be underweight were 40-64 year-olds at 0.8% (1.3% women, 0.3% men). Of those aged 65+ 1.7% were underweight (2.7% women, 0.6% men).
- Prevalence of underweight showed a very strong *inverse* relationship with deprivation, ranging from 1.0% in Quintile 1 to 2.1% in Quintile 5. The link was even more extreme in women, ranging from 1.4% in Quintile 1 to 3.0% in Quintile 5. Men didn't fully follow the same pattern but ranged from 0.7% in Quintile 1 to 1.3% in Quintile 4.
- Women aged 18-39 in Quintile 5 were statistically significantly higher to be underweight than Warrington overall.

**Figure 11: Prevalence of underweight**





## Effects of Covid-19 pandemic on physical activity levels and eating/diet, by weight category

Nationally and locally, prevalence of overweight/obesity has been gradually increasing for years, and it is unknown how much of the increase from the 2013 survey is due to the trend continuing, or whether the Covid-19 pandemic was an additional factor. However, respondents were asked about the impact of Covid-19 pandemic on various aspects of their life.

Table 4 shows, for respondents in each weight category, the proportion who said their levels of physical activity were worse, the same, or better, than before the Covid-19 pandemic.

- Overall, of 3,882 valid responses on the effect of the Covid-19 pandemic on physical activity, 30% said it had a negative impact on their physical activity, 59% said no difference and 12% said a positive impact.
- In 809 people categorised as obese, and who gave a valid response on the effect of the Covid-19 pandemic on physical activity, 37% said it had a negative impact on their physical activity, 54% said no difference and 9% said it had had a positive impact.
- In 141 people categorised as severely obese, 43% said the Covid-19 pandemic had a negative impact on their physical activity, 49% said no difference and 8% said it had had a positive impact.

**Table 4: Effects of Covid-19 pandemic on physical health**

<b>Effects of Covid-19 pandemic on physical activity levels</b> <i>(Of 3,882 respondents who gave valid response to the question on the effect of Covid-19 pandemic on physical activity)</i>				
<b>Weight category</b>	<b>Worse than before</b>	<b>Same as before</b>	<b>Better than before</b>	
Underweight	27%	63%	11%	100%
Normal weight	24%	61%	14%	100%
Overweight	29%	59%	12%	100%
Obese	37%	54%	9%	100%
Severely obese	43%	49%	8%	100%
Invalid / Not stated	34%	62%	4%	100%
<b>All</b>	<b>30%</b>	<b>59%</b>	<b>12%</b>	<b>100%</b>



Table 5 shows, for respondents in each weight category, the proportion who said their eating/diet was worse, the same, or better, than before the Covid-19 pandemic.

- Overall, of 3,875 valid responses, 13% said the Covid-19 pandemic had a negative impact on their eating/diet, 73% said no difference and 13% said a positive impact.
- In 809 people categorised as obese, 19% said the Covid-19 pandemic had a negative impact on their eating/diet, 70% said no difference and 11% said it had had a positive impact.
- In 141 people categorised as severely obese, 34% said the Covid-19 pandemic had had a negative impact on their eating/diet, 56% said no difference and 10% said it had had a positive impact.

**Table 5: Effects of Covid-19 pandemic on eating/diet**

<b>Effects of Covid-19 pandemic on eating/diet</b> <i>(Of 3,875 respondents who gave valid response to the question on the effect of Covid-19 pandemic on eating/diet)</i>				
<b>K&amp;I weight category</b>	<b>Worse than before</b>	<b>Same as before</b>	<b>Better than before</b>	
Underweight	13%	76%	11%	100%
Normal weight	9%	75%	16%	100%
Overweight	13%	74%	13%	100%
Obese	19%	70%	11%	100%
Severely obese	34%	56%	10%	100%
Invalid / Not stated	9%	85%	6%	100%
<b>All weight categories</b>	<b>13%</b>	<b>73%</b>	<b>13%</b>	<b>100%</b>



## Consumption of fast food / takeaways by weight category (see Table 6).

Respondents were asked: 'Over the last month, approximately how many times have you eaten takeaway or fast food? e.g. burgers, pies/pasties, kebabs, pizzas, fish and chips, Indian or Chinese takeaway'. Analysis of this question is mainly contained in the section on diet, but Table 6 below analyses it by weight category.

- Overall, of the 3,783 respondents who gave valid answers for height, weight and fast food questions, 1 in 20 (5%) said they'd eaten fast food / takeaways at least 3 times a week in the past month.
- Of the 144 people in the severely obese category, 1 in 6 (17%) said they'd eaten fast food / takeaways at least 3 times a week in the past month, compared to 3%-6% of people in other weight categories.

**Table 6: Frequency eaten fast food/takeaways in past month, by weight category**

Frequency eaten fast food / takeaways in past month, by weight category (3929 respondents gave valid answers to takeaway question)				
Weight category	At least 3 days/week	1 or 2 days/week	Less than one day/ week	
Underweight	3%	27%	70%	100%
Normal weight	4%	26%	70%	100%
Overweight	4%	27%	69%	100%
Obese	6%	30%	64%	100%
Severely obese	17%	30%	54%	100%
Invalid / not stated	1%	44%	55%	100%
<b>Total valid</b>	<b>5%</b>	<b>28%</b>	<b>67%</b>	<b>100%</b>



# Diet

## Fruit and vegetable consumption

Respondents were asked: *'On a typical day, how many portions of fruit and vegetables (fresh, frozen or tinned) do you eat? A portion of fruit can be e.g. a medium sized fruit such as an apple, orange, banana or pear, 2 small fruits such as plums or satsumas, a handful of grapes or berries, a heaped tablespoon of dried fruit, 150ml fruit juice. Only one portion of fruit juice can count towards 5-a-day. A portion of veg can be e.g. 2 broccoli spears or 3 heaped tablespoons of carrots, peas or sweetcorn, 3 celery sticks, 1 medium tomato or 7 cherry tomatoes. Potatoes do not count towards 5 a day. You can count 3 heaped tablespoons of beans or pulses (e.g. baked beans, kidney beans or lentils) towards your 5-a-day. Only one portion of beans/lentils can be counted.'*

See Figure 12.

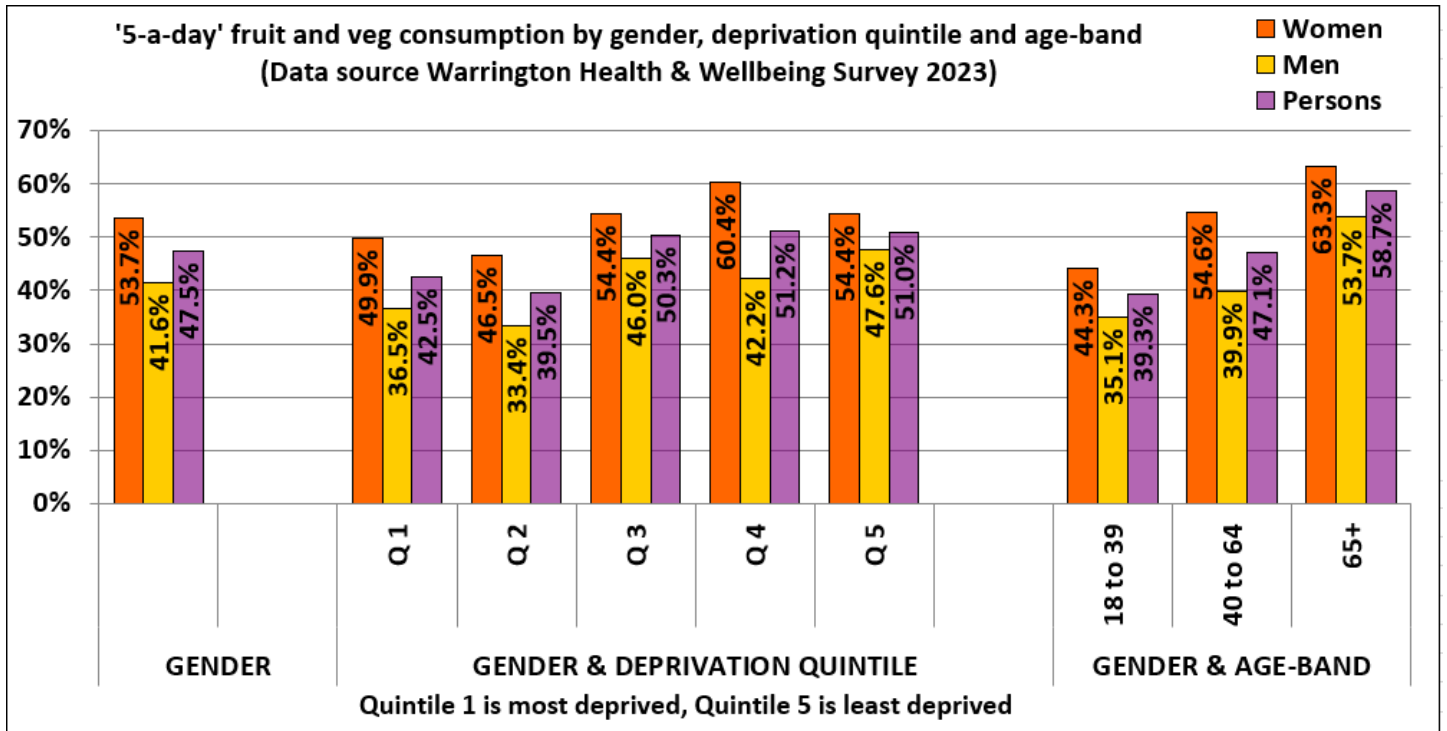
- Of 3,881 valid responses, less than half (47.5%) of respondents said they ate the recommended 5+ portions of fruit/veg a day (a decrease from 56.7% in the 2013 survey). The most recent comparable national estimate is 55.4% in 2019/20<sup>8</sup>.
- Men (41.6%) were significantly worse at eating 5+ fruit/veg a day compared to Warrington overall, and women were significantly better (53.7%).
- In every age-band and every deprivation quintile, a higher proportion of women than men said they ate 5+ fruit/veg per day.
- Fruit/veg consumption improved with age: only 39.3% of 18-39 year-olds, 47.1% of 40-64 year-olds and 58.7% of those aged 65+ said they ate 5+ fruit/veg a day.
- By deprivation, there was a step change between Q1 and Q2 (around 40%) and Q3, Q4 and Q5 (around 50%) eating 5+ fruit/veg.
- Women aged 65+ in every deprivation quintile, and women aged 40-64 in Q4 and Q5, were statistically significantly better at meeting the 5+ fruit/veg recommendation. Men aged 18-39 and 40-64 in Q1 and Q2, and aged 18-39 in Q4 were statistically significantly worse.

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<sup>8</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) More recent national estimates since 2019/20 are not comparable because they are calculated using a different method and using a differently worded question.



Figure 12: Proportion eating the recommended '5-a-day' fruit and vegetables



## Takeaways / fast food and home-cooked food

Respondents were asked: 'Over the last month, approximately how many times have you eaten takeaway or fast food? e.g. burgers, pies/pasties, kebabs, pizzas, fish and chips, Indian or Chinese takeaway', and 'On average, how often do you eat home-cooked food prepared from basic ingredients/from scratch as your main meal'? Table 7 shows the distribution of frequencies of valid responses.

**Table 7: Consumption of takeaways/fast food and home-cooked food**

Frequency	Eat Takeaways / Fast Food	Eat home-cooked food
At least once a day	1%	39%
5 or 6 days a week	1%	26%
3 or 4 days a week	3%	20%
1 or 2 days a week	26%	10%
Once a fortnight	23%	2%
Once a month	19%	1%
Less than once a month	27%	2%
Total	100%	100%
	At least once/week = 32.8%	At least 5 days/week = 63.8%
<i>Total valid responses</i>	3929	3931

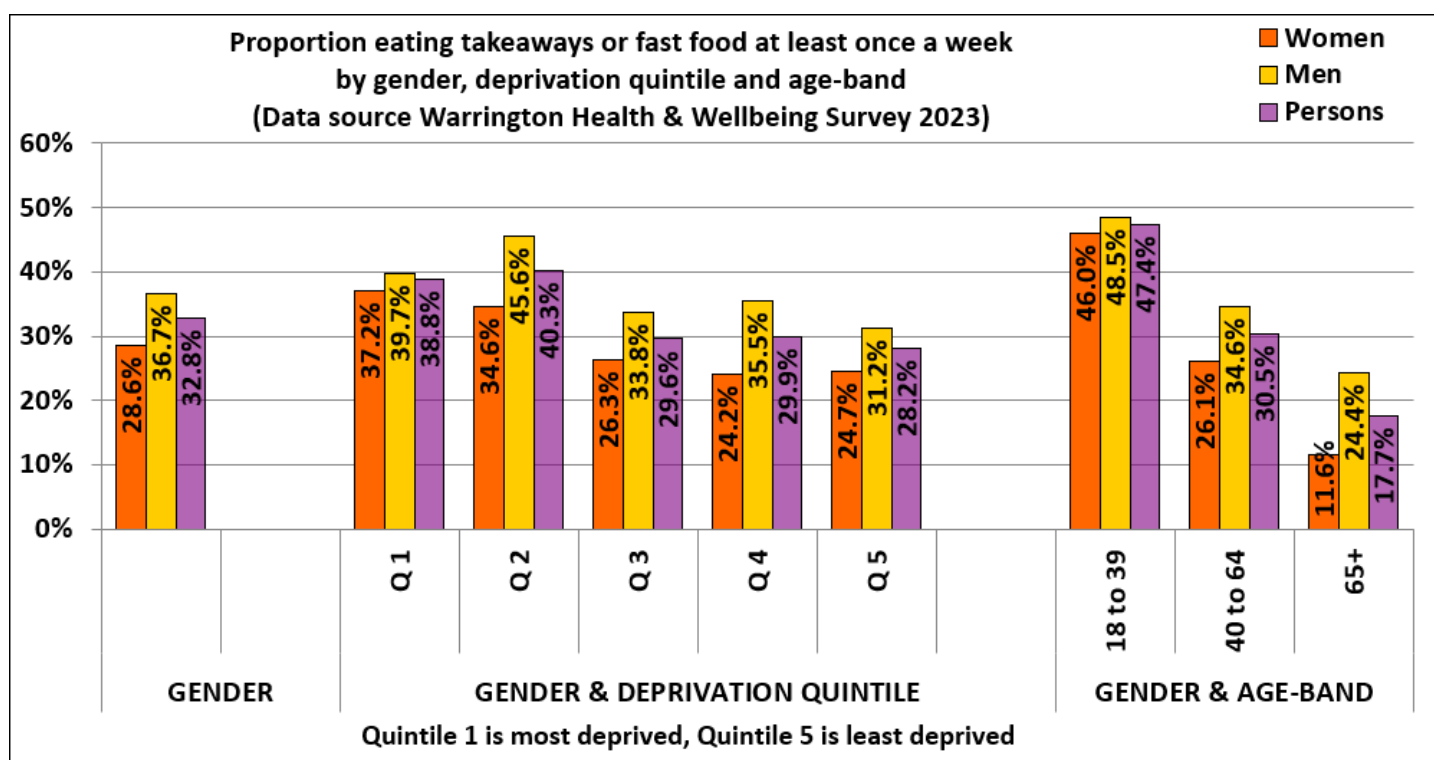


Analysis of the question on consumption of takeaways and fast food showed that:

(See Figure 13)

- Overall, of the 3,929 valid responses, 32.8% of respondents said they ate takeaways or fast food at least once a week (an increase from 28.8% in the 2013 survey).
- The proportion of men (36.7%) who said they ate takeaways or fast food at least once a week was statistically significantly higher than Warrington overall, and women significantly lower (28.6%).
- In every age-band and every deprivation quintile, a higher proportion of men than women said they ate takeaways or fast food at least once a week.
- There were very large differences by age-band; 47.4% of 18-39 year-olds, 30.5% of 40-64 year-olds and 17.7% of those aged 65+ said they ate takeaways or fast food at least once a week.
- By deprivation, there was a step change between Q1 and Q2 (around 40%) and Q3, Q4 and Q5 (around 30%) eating takeaways or fast food at least once a week.
- Many of the population subgroups were statistically significantly different to Warrington overall, with the general themes of higher takeaway consumption in men than women, higher in younger age-bands and higher in more deprived areas.

Figure 13: Proportion eating takeaways or fast food at least once a week

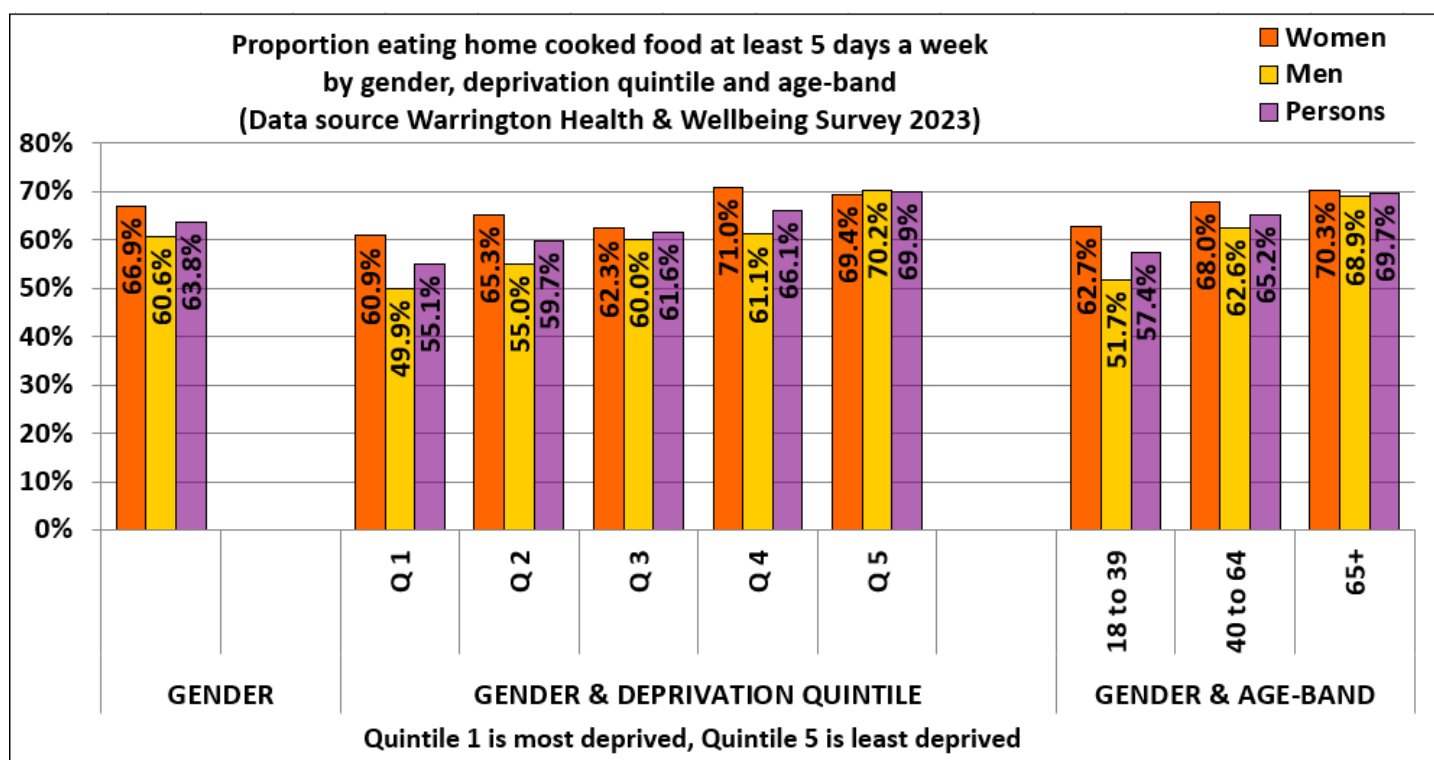


## Home-cooked food

Respondents were asked: 'On average, how often do you eat home-cooked food prepared from basic ingredients/from scratch as your main meal'? See Figure 14.

- Overall, of the 3,931 valid responses, 63.8% of respondents said they ate home-cooked food at least 5 days a week.
- The proportion of men (60.6%) who said they ate home-cooked food at least 5 days a week was lower than women (66.9%).
- In every age-band and almost every deprivation quintile, a lower proportion of men than women said they ate home-cooked food at least 5 days a week.
- The proportion increased by age-band; 57.4% of 18-39 year-olds, 65.2% of 40-64 year-olds and 69.7% of those aged 65+ said they ate home-cooked food at least 5 days a week.
- By deprivation, the proportion gradually increased from 55.1% in Quintile 1 to 69.9% in Quintile 5.
- Many of the population subgroups were statistically significantly different to Warrington overall, with the general themes of lower home-cooked food consumption in men than women, lower in younger age-bands and lower in more deprived areas.

Figure 14: Proportion eating home-cooked food at least 5 days a week



## Effect Of Covid-19 Pandemic On Eating/Diet

Overall, of 3,875 valid responses on the effect of the Covid-19 pandemic on respondents eating/diet, 13% said it had a negative impact, 73% said no difference and 13% said a positive impact.



## Physical activity

The Chief Medical Officer's (CMO) guidance states that adults should aim to be active daily, and that activity should add up to the equivalent of at least 150 minutes of moderate intensity activity, in bouts of 10 minutes or more, over a week, or at least 75 minutes of vigorous intensity activity per week, or a combination of moderate and vigorous<sup>9</sup>.

Respondents were asked about *'the amount of physical activity you do which increases your breathing rate and makes your heart and muscles work harder. Moderate and vigorous activity can be differentiated by the 'talk test': if doing moderate activity, you would be able to talk but not sing whilst vigorous activity you would have difficulty talking without pausing. Include any activities which last for 10 minutes or more'*. Respondents were asked to quantify the amount of moderate and vigorous physical activity they generally do in a week.

## Physical activity

Figure 15 shows the percentage of respondents who met the CMO's recommended amount of at least 150 'equivalent' minutes per week.

- Overall, of the 4,170 valid responses, 69.1% of respondents met the CMO's recommended amount of at least 150 'equivalent' minutes of physical activity, compared to 76.4% in the 2013 survey, and 67.3% in England<sup>10</sup>.
- More men (72.4%) said they did at least 150 'equivalent' minutes than women (65.9%). In every age-band and every deprivation quintile, a higher proportion of men than women said they did at least 150 'equivalent' minutes
- The percentage decreased with age; 72.8% of 18-39 year-olds, 68.7% of 40-64 year-olds and 64.9% of those aged 65+ said they did at least 150 'equivalent' minutes.
- By deprivation, the proportion gradually increased from 63.6% in Quintile 1 to 73.0% in Quintile 5.
- Women aged 40-64 in Quintiles 1 and 2, and women aged 65+ in Quintile 2, were statistically significantly less likely to meet the recommended levels of physical activity than Warrington overall. Men aged 18-39 in Quintile 1, and men aged 40-64 in Quintile 5 were significantly more likely.

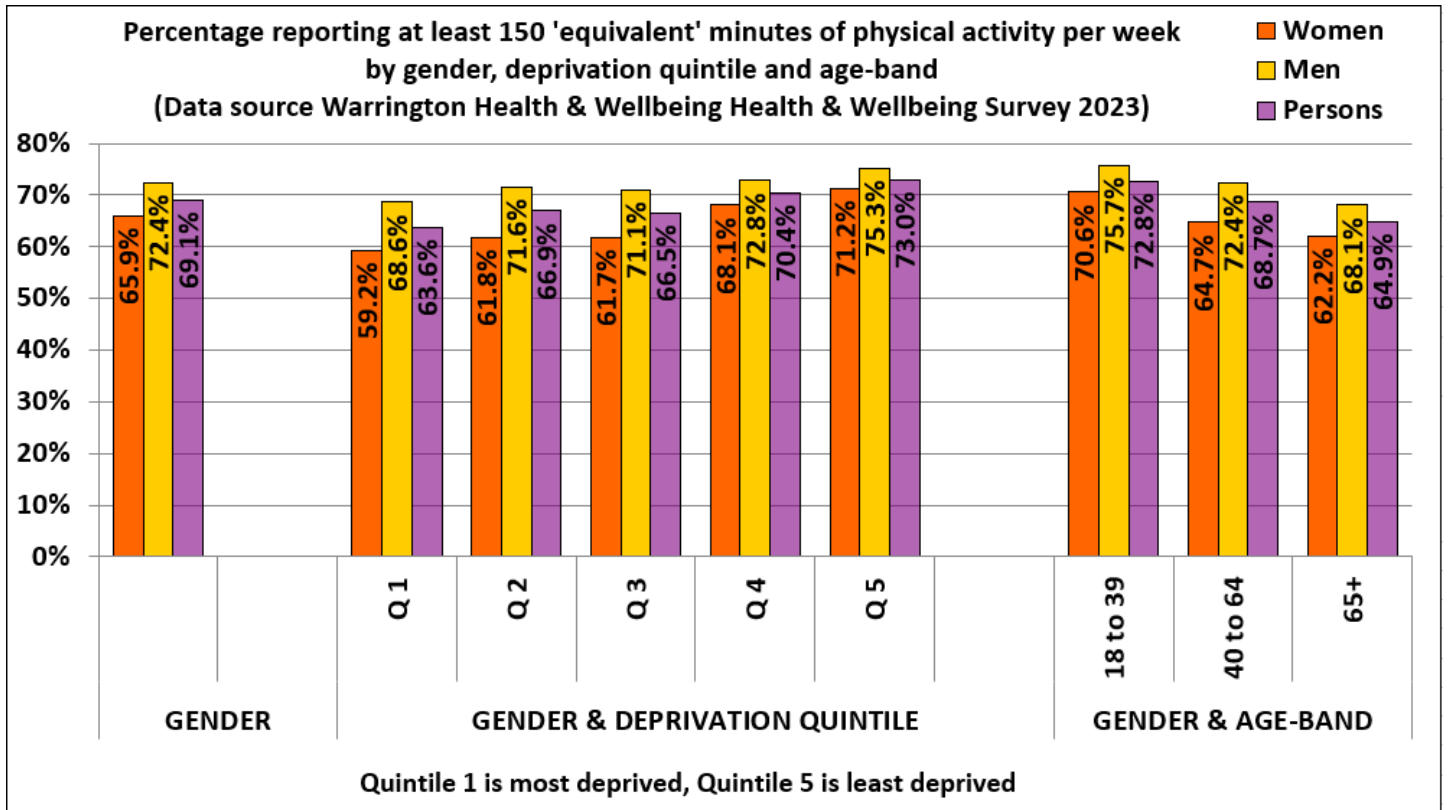
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<sup>9</sup> Comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week, or 150 minutes of moderate intensity activity, or a combination of moderate and vigorous. Vigorous intensity activity is considered to be equivalent to double the minutes of moderate intensity – e.g. 10 minutes of vigorous activity is considered equivalent to 20 minutes of moderate intensity. [Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK \(www.gov.uk\)](#)

<sup>10</sup> Physical Activity Profile 2021/22, OHID, <https://fingertips.phe.org.uk/profile/physical-activity>, (from Active Lives Adult Survey, Sport England) based on people aged 19+, whereas Warrington HW Survey based on 18+.



Figure 15: Physical activity: at least 150 'equivalent' minutes per week

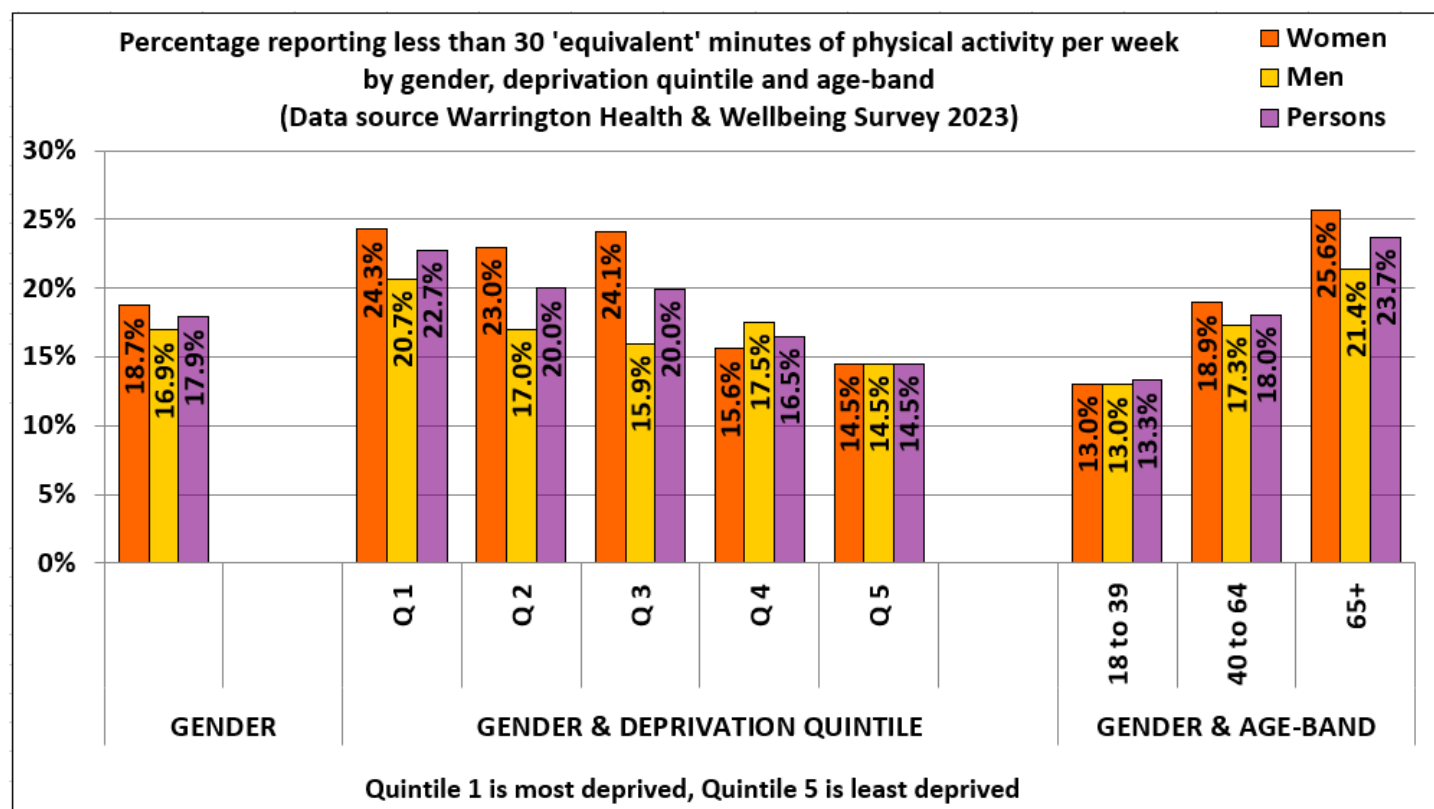


## Physical inactivity

Physical inactivity is defined as doing less than 30 minutes of physical activity per week in bouts of 10 minutes or more. Figure 16 shows the percentage of respondents who reported being physically inactive.

- Overall, of the 4,170 valid responses, 17.9% of respondents said they did less than 30 'equivalent' minutes, compared to 13.3% in the 2013 survey, and 21.1% in England<sup>11</sup>.
- Slightly more women (18.7%) said they did less than 30 'equivalent' minutes than men (16.9%). The gap between men and women is noticeably wider in deprivation Quintiles 1, 2 and 3, with little difference between men and women in Quintiles 4 and 5.
- The percentage increased with age; 13.3% of 18-39 year-olds, 18.0% of 40-64 year-olds and 23.7% of those aged 65+ said they did less than 30 'equivalent' minutes.
- By deprivation, the proportion of physically inactive persons gradually decreased from 22.7% in Quintile 1 to 14.5% in Quintile 5. There was a step change between women in Quintiles 1, 2 and 3 (23.0%-24.3%) and women in Quintiles 4 and 5 (14.5%-15.6%).
- Several of the population subgroups were statistically significantly different to Warrington overall, with the general themes of significantly higher physical inactivity in women than men, higher in older age-bands and higher in more deprived areas.

Figure 16: Physical activity: less than 30 'equivalent' minutes per week



<sup>11</sup> Physical Activity Profile 2021/22, OHID, <https://fingertips.phe.org.uk/profile/physical-activity> (from Active Lives Adult Survey, Sport England) based on people aged 19+, whereas Warrington HW Survey based on 18+.

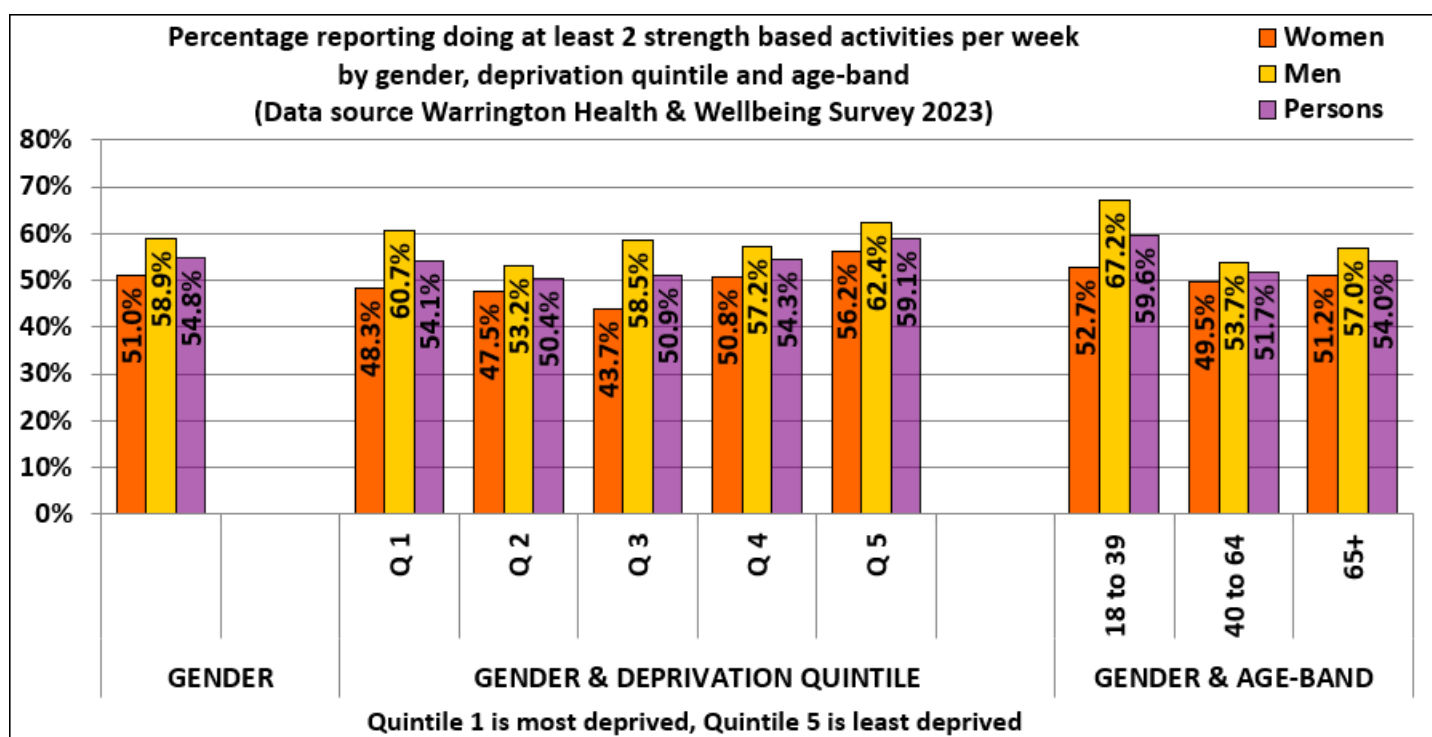
## Strength-based activities

Current CMO guidelines<sup>12</sup> state that ‘at least twice a week, all adults should undertake activities which increase or maintain muscle strength (resistance training)’. Respondents were asked on average, how many days a week they do strength based or muscle strengthening activities (e.g. lifting weights, working with resistance bands, heavy gardening, such as digging and shovelling, climbing stairs, hill walking, cycling, dance, push-ups, sit-ups and squats, yoga).

Figure 17 shows that:

- Overall, of the 4,230 valid responses, 54.8% of respondents said they did at least 2 strength-based activities per week.
- The proportion was higher in men (58.9%) than women (51.0%).
- The proportion varied with age; 59.6% of 18-39 year-olds, 51.7% of 40-64 year-olds and 54.0% of those aged 65+ said they did at least 2 strength-based activities per week.
- There was not a clear pattern by deprivation.
- Women aged 40-64 in Quintiles 1, 2 and 3 were statistically significantly lower at undertaking at least 2 strength-based activities per week than Warrington overall. Men aged 18-39 in Quintiles 1, 3 and 5, and men aged 65+ in Quintile 5 were significantly higher.

Figure 17: Physical activity: at least 2 strength-based activities per week



<sup>12</sup> [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



## Factors preventing more physical activity

Respondents were asked ‘*What factors prevent you from being more physically active?*’ and 4,268 gave valid responses. Some factors had little differences in the different population subgroups, but other factors varied substantially between men/women, age-band and deprivation quintile.

- Overall, 37% of respondents said they were as physically active as they want to be. Of those who also gave a valid answer to their levels of physical activity, 86% met CMO guidelines of at least 150 ‘equivalent’ minutes of physical activity per week, and 14% did not. In general, men were more likely than women, older people more likely than younger people, and people living in the least deprived areas more likely than those in deprived areas, to say they were as physically active as they want to be. Groups statistically significantly *less likely* to report that they were as active as they wanted to be were: 18-39 year-old women in all deprivation quintiles, and 40-64 year-old women in Quintiles 1 and 2. Whereas, those significantly *more likely* to be as active as they wanted to be were: women aged 65+ in Quintiles 4 and 5, 18-39 year-old men in Quintile 1, 40-64 year-old men in Quintile 4, and men aged 65+ in Quintiles 2, 4 and 5.
- As table 8 illustrates, the biggest factors preventing more physical activity were: lack of time (26%), too tired/not enough energy (19%), health issues (18%), and can’t afford to pay for activities (12%).
- Lack of time (26%). In general, women were more likely than men, and the younger age-bands more likely than those aged 65+ to cite lack of time, but deprivation alone had less of an influence. Groups statistically significantly *more likely* to cite lack of time were: 18-39 year-old women in all deprivation quintiles, 40-64 year-old women in Quintiles 4 and 5, and 18-39 year-old men in Quintiles 2, 4 and 5. All sub-groups aged 65+ were significantly *less likely* to cite lack of time.
- Too tired/not enough energy (19%). In general, women were more likely than men, younger age-bands more likely than those aged 65+, and people living in deprived areas more likely than those in less deprived areas, to cite tiredness and lack of energy. Groups statistically significantly *more likely* to report this factor were: 18-39 year-old women in all deprivation quintiles, and 40-64 year-old women in Quintile 1. Those significantly *less likely* to report this were: women aged 65+ in Quintile 5, men aged 65+ in Quintiles 2, 3 and 5, and 40-64 year-old men in Quintile 4.
- Health issues (18%). Age had by far the biggest influence, with those age 65+ much more likely to cite health issues. Gender and deprivation had less influence than age, but women were more likely than men, and people living in deprived areas more likely than those in less deprived areas, to cite health issues. Groups statistically significantly *more likely* to cite this factor were: men and women aged 65+ in almost all deprivation quintiles, and 40-64 year-old women in Quintiles 1 and 2. Those significantly *less likely* to cite this were: 18-39 year-old women in Quintiles 2, 4 and 5, 18-39 year-old men in Quintiles 1, 3, 4 and 5, and 40-64 year-old men in Quintile 5.
- Can’t afford to pay for activities (12%). Gender, age and deprivation all had a strong influence, with women more likely than men, younger people more likely than older people, and people living in deprived areas more likely than those in less deprived areas, to cite affordability. Groups statistically significantly *more likely* to cite this were: 18-39 year-old women in Quintiles 1 to 4, and 40-64 year-old women in Quintile 1. Groups *less likely* to report this were: 40-64 year-old women in Quintile 4, women aged 65+ in Quintile 5, 40-64 year-old men in Quintile 5 and men aged 65+ in Quintiles 4 and 5.



**Table 8: Factors preventing more physical activity**

<b>FACTORS PREVENTING MORE PHYSICAL ACTIVITY</b>	<b>%, Warrington overall</b>
Nothing, I do as many activities as I want to	37%
Lack of time	26%
Too tired/not enough energy	19%
My health issues	18%
I can't afford to pay for activities	12%
I can't due to childcare responsibilities	9%
I don't have the confidence/I feel embarrassed	9%
I don't have anyone to come with me	7%
I don't know what activities are on offer	6%
Other (please specify):	5%
Activities are too far away	4%
Poor public transport	4%
I can't due to other caring responsibilities	3%
No vehicle	3%
Nothing, I don't want to do physical activities	3%
I can't afford to travel to activities	3%
Nothing, I'm not interested in the activities on offer	2%
Problems with access (e.g. disabled access)	1%
Fear of Covid-19	1%

### **Effect Of Covid-19 Pandemic On Physical Activity**

Overall, of 3,882 valid responses on the effect of the Covid-19 pandemic on physical activity, 30% said it had a negative impact on their physical activity, 59% said no difference and 12% said a positive impact.



## Cycling

Respondents were asked about cycling, and given the options shown in Table 9. Overall, of 4,289 valid responses, 26% said they cycle, although only 8% said at least once/week. They were also asked 'Are you new to or have recently returned to cycling (in the last year)?' Of those who said they cycle, 19% said they were new or recently returned to cycling.

**Table 9: Cycling: which describes you?**

<b>Cycling. Which best describes you?</b>	<b>%</b>
I don't cycle because of health issues	13%
I do not cycle and do not want to	38%
I do not cycle but would like to	23%
I cycle less than once a month	12%
I cycle more than once a month (but less than every week)	6%
I cycle at least once a week	8%
Total	100%

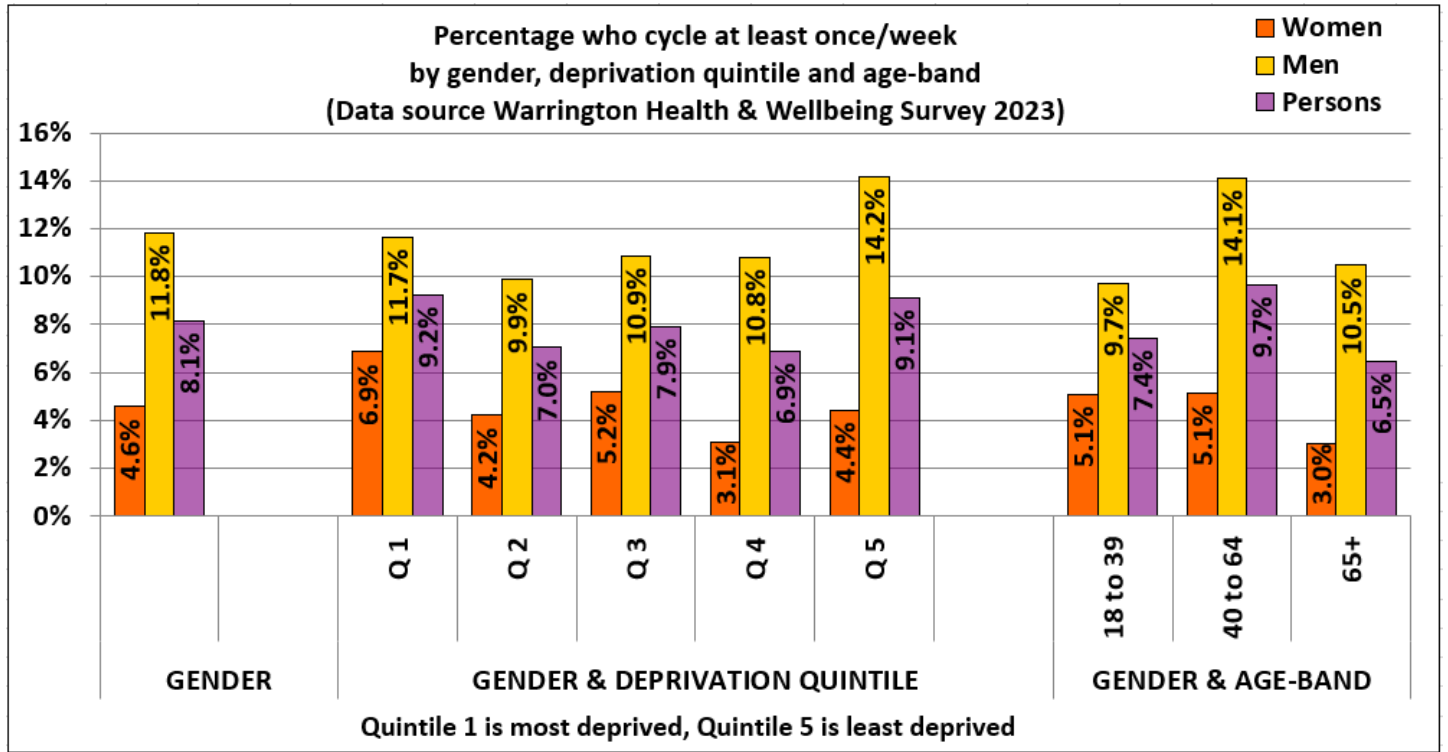
### Cycle at least once a week

People who said they cycle at least once/week. (See Figure 18).

- Overall, 8.1% of respondents said they cycled at least once a week.
- A much higher proportion of men (11.8%) said they cycled at least once a week than women (4.6%). In every age-band and every deprivation quintile, the proportion was higher in men than women.
- In women, there was little difference by age-band (between 3% and 5%). In men, the proportion cycling at least once/week was highest in 40-64 year-olds (14%), compared to about 10% in the other two age-bands.
- The proportion cycling at least once/week was highest in deprivation Quintile 1 (9.2%) and Quintile 5 (9.1%).
- In women in all three age-bands, the proportion cycling at least once/week was statistically significantly lower than Warrington overall, and significantly higher in 40-64 year-old men.



Figure 18: Proportion who cycle at least once a week



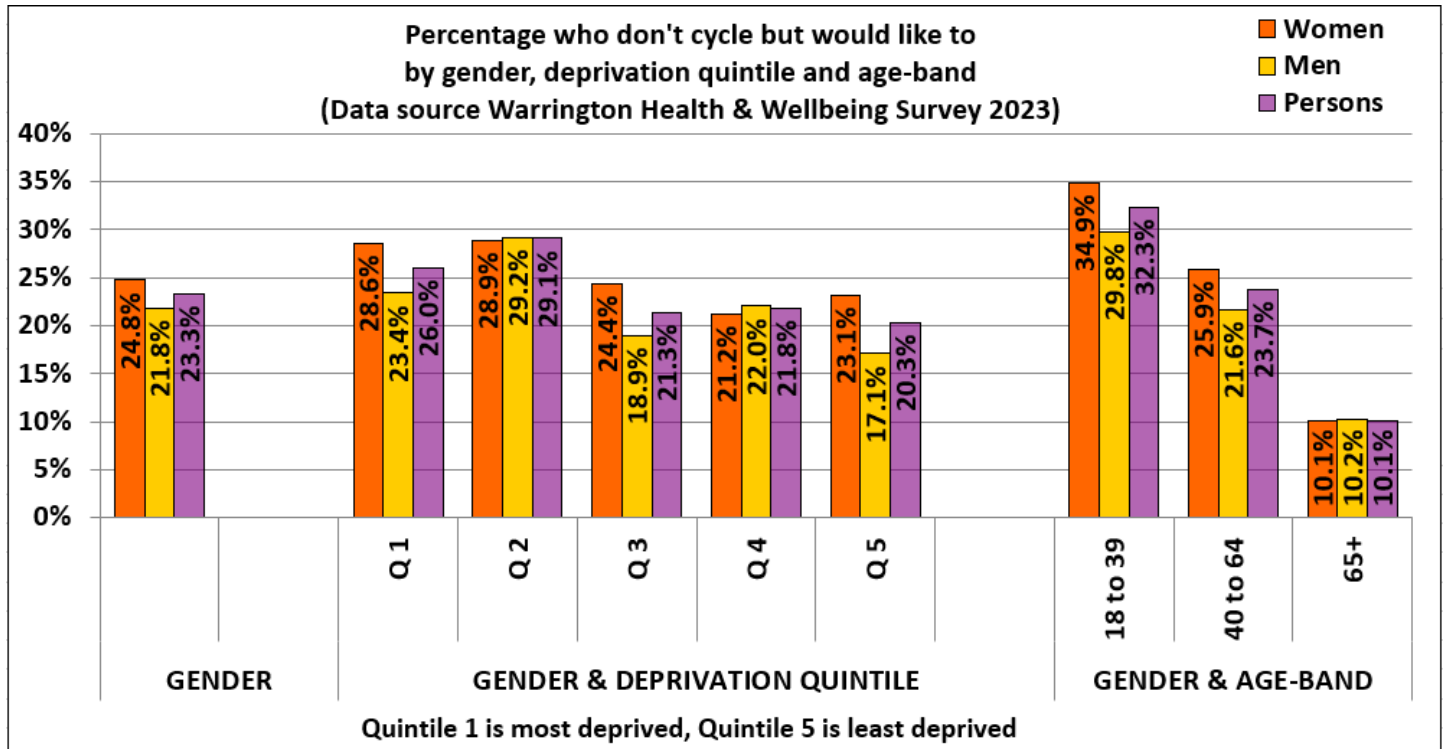


## Don't cycle but would like to

People who said they don't cycle but would like to (See Figure 19):

- Overall, 1 in 4 (23.3%) of respondents said they don't cycle but would like to (24.8% women and 21.8% men).
- By age-band, 32.3% of 18-39 year-olds, 23.7% of 40-64 year olds and 10.1% of those aged 65+ said they don't cycle but would like to.
- The proportion was higher in the more deprived Quintiles 1 and 2 (26.0% and 29.1%) than Quintiles 3, 4 and 5 (20%-22%).

Figure 19: Proportion who don't cycle but would like to



# Alcohol consumption

## Frequency of alcohol consumption

Survey respondents were asked 'How often do you have a drink containing alcohol?'<sup>13</sup>. Figure 20 shows the percentage who said they drink alcohol at least 4 days a week.

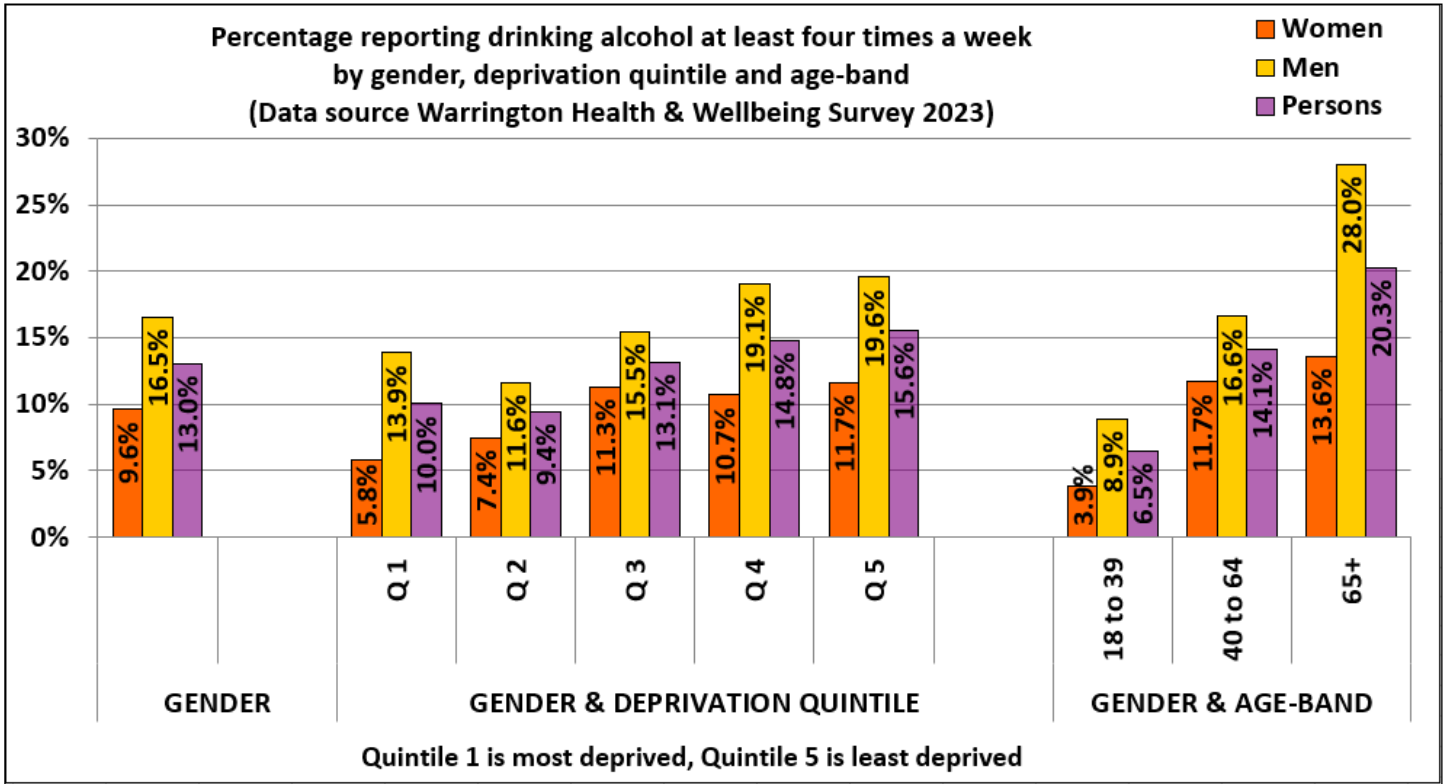
- Overall, of the 4,134 valid responses, 13.0% of respondents said they drank alcohol at least 4 days a week.
- The proportion of men (16.5%) who said they drank alcohol at least 4 days a week was much higher than women (9.6%).
- In every age-band and every deprivation quintile, a higher proportion of men than women said they drank alcohol at least 4 days a week. It was by far the highest in men aged 65+ (28.0%).
- The proportion increased steeply by age-band; only 6.5% of 18-39 year-olds, 14.1% of 40-64 year-olds and 20.3% of those aged 65+ said they drank alcohol at least 4 days a week.
- By deprivation, the proportion gradually increased from 10.0% in Quintile 1 (most deprived) to 15.6% in Quintile 5 (least deprived).
- Many of the population subgroups were statistically significantly different to Warrington overall, with the general themes of lower alcohol consumption in women than men, lower in younger age-bands and lower in more deprived areas. Younger women in all deprivation quintiles were significantly lower than Warrington overall.
- Not shown on the chart, but men aged 65+ in Quintile 5 (34.3%,  $n=59$ ) and men aged 65+ in Quintile 4 (31.3%,  $n=44$ ) were significantly more likely to report that they drank alcohol at least 4 days a week.

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<sup>13</sup> NB This wording is different to that in the Health Survey for England and so there is no national comparator for this question.



Figure 20: Percentage who drink alcohol at least 4 times a week



## Weekly alcohol consumption

Current CMO guidelines<sup>14</sup> state that 'To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis'. The most recent Health Survey for England (2021) uses the following risk categories, based on the number of alcohol units:

- men: low risk (1-14), increasing risk (15-49), higher risk (50+)
- women: low risk (1-14), increasing risk (15-35), higher risk (36+).

Respondents were asked 'Using the alcohol unit guide to help you calculate, please tell us how many units of alcohol you drink in a typical week when you drink alcohol?'

<sup>14</sup> 2016 [UK Chief Medical Officers' Low Risk Drinking Guidelines \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/544042/uk-chief-medical-officers-low-risk-drinking-guidelines.pdf)

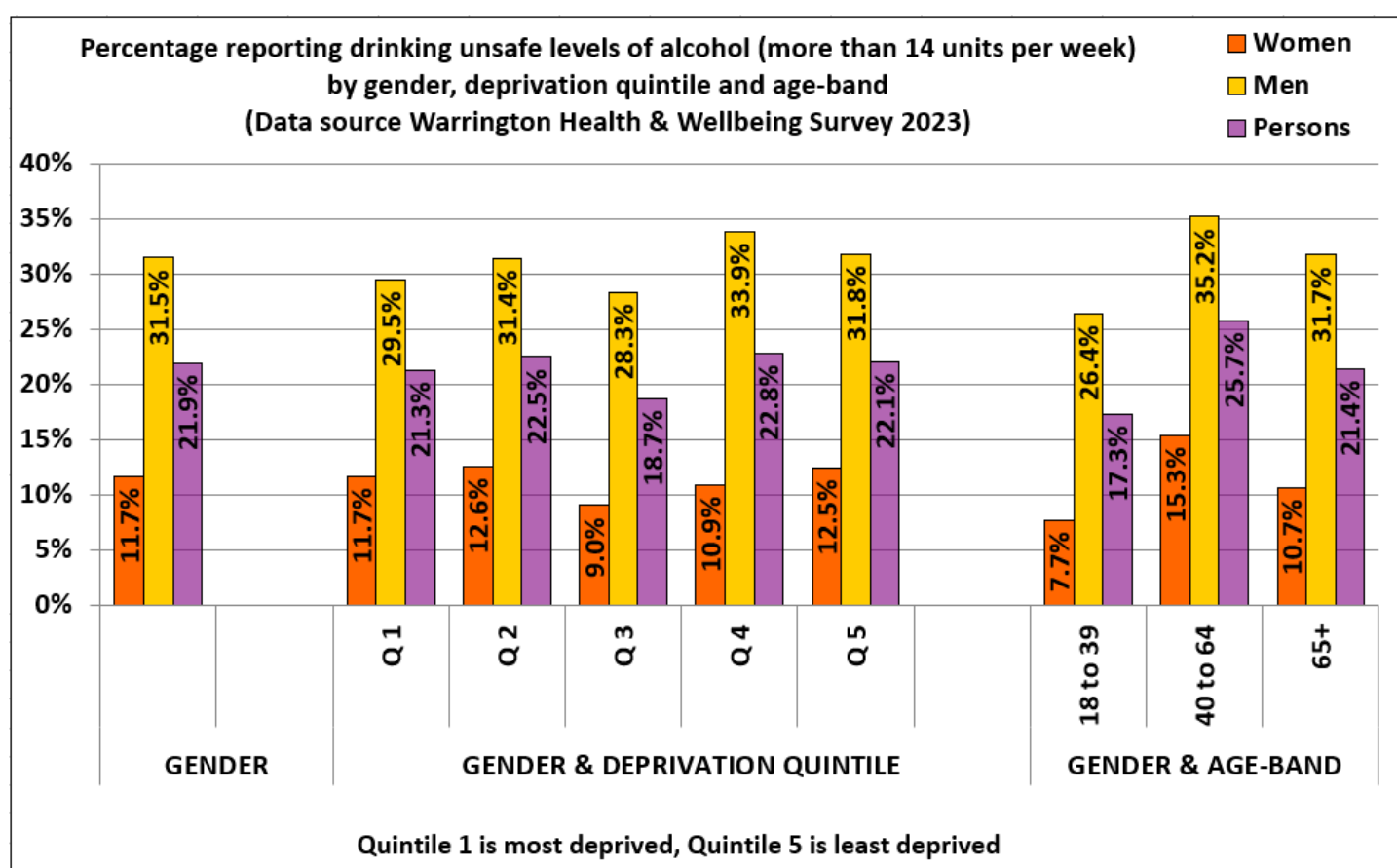


As the wording of this question is different to that used in the 2013 survey, and the data has been analysed differently in order to align with the updated Chief Medical Officers guidelines, the 2023 results are not directly comparable to the 2013 survey.

Figure 21 shows the percentage of respondents who said they drink unsafe levels of alcohol per week (i.e. more than 14 units).

- Overall, of the 3,332 valid responses, 21.9% of respondents said they drank more than 14 units a week. National prevalence is estimated to be 21.3%.<sup>15</sup>
- Almost 3 times as many men (31.5%) said they drank more than 14 units a week than women (11.7%).
- In every age-band and every deprivation quintile, a much higher proportion of men than women said they drank more than 14 units a week.
- 40-64 year-olds (25.7%) were most likely to drink more than 14 units a week, followed by people aged 65+ (21.4%), then 18-39 year-olds (17.3%).
- There was no strong pattern by deprivation.
- Men: all age-band and deprivation subgroups were either significantly *higher* than Warrington overall, or not significantly different. Women: all age-band and deprivation subgroups were either significantly *lower* than Warrington overall, or not significantly different.

Figure 21: Percentage who drink alcohol to unsafe levels (more than 14 units/week)



<sup>15</sup> [Health Survey for England, 2021: Data tables - NHS Digital](#)



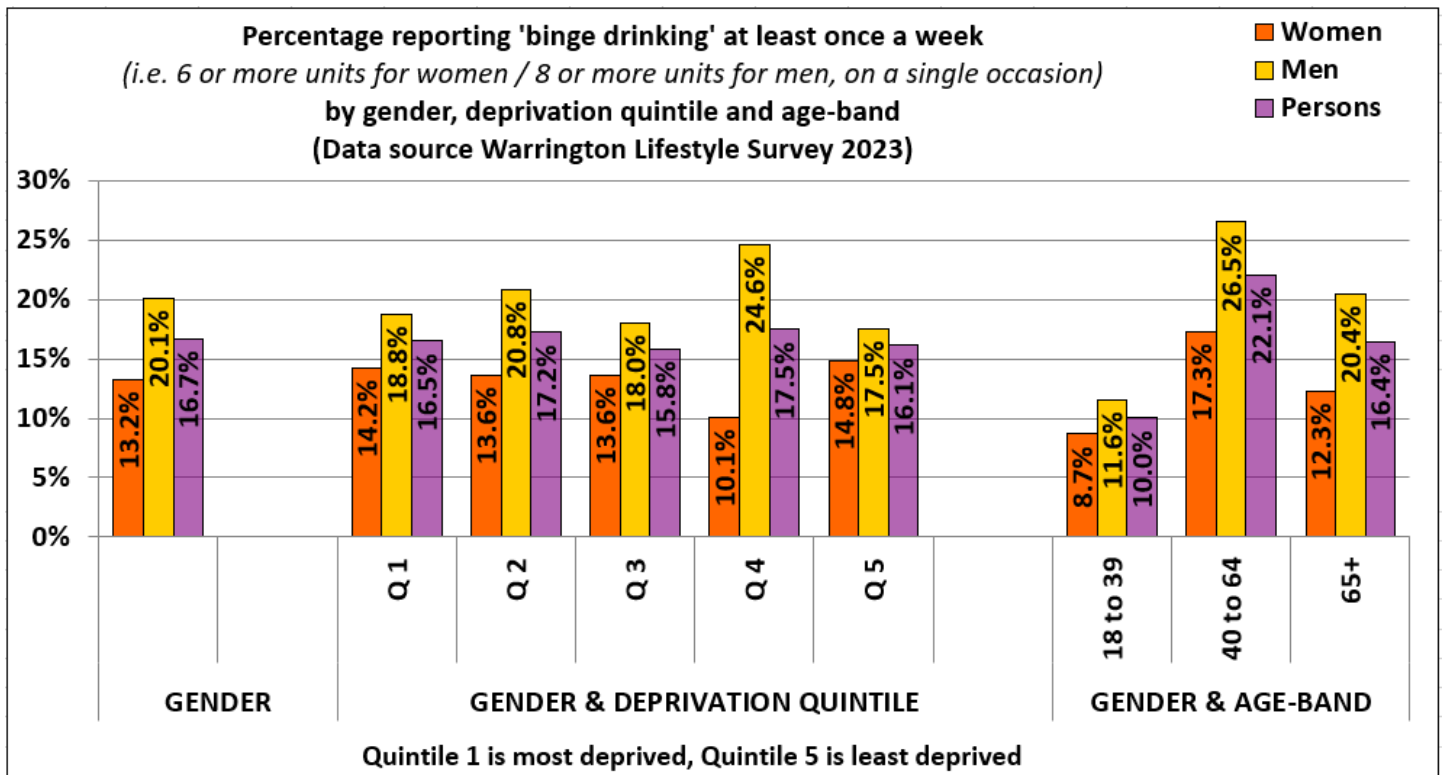
## 'Binge drinking'

Respondents were asked 'How often you have had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?' with the following options: 'Never', 'Once a month or less', 'A couple of times a month', '1-3 times per week', '4-6 times per week', and 'Every day of the week'.

Figure 22 shows the percentage who said they 'binge drink' at least once a week.

- Overall, of the 3,380 valid responses, 16.7% of respondents said they binge drink at least once a week.
- A higher proportion of men (20.1%) than women (13.2%) said they binge drink at least once a week.
- In every age-band and every deprivation quintile, a higher proportion of men than women said they binge drink more than once a week.
- 40-64 year-olds (22.1%) were most likely to binge drink at least once a week, followed by people aged 65+ (16.4%), then 18-39 year-olds (10.0%).
- There was no strong pattern by deprivation.
- In women, all age-band and deprivation subgroups were either significantly lower than Warrington overall, or not significantly different. Men aged 40-64 in almost all deprivation quintiles were statistically significantly higher.

**Figure 22: Percentage who 'binge drink' (6 or more units in a session for women/8 or more units in a single occasion for men)**



## Effect Of Covid-19 Pandemic On Alcohol Consumption

Overall, of 2,567 valid responses on the effect of the Covid-19 pandemic on alcohol consumption, 13% said it had a negative impact on their alcohol consumption, 72% said no difference and 15% said a positive impact.

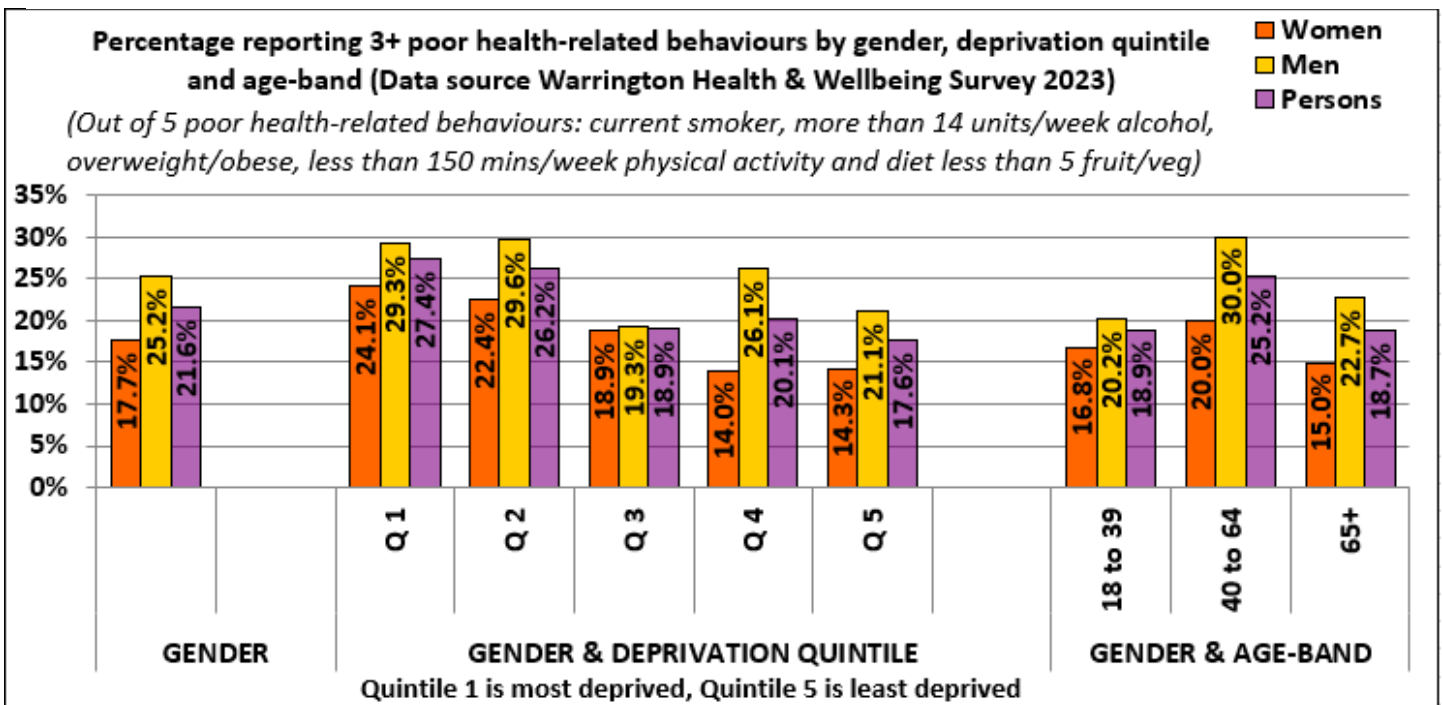
## Multiple health-related behavioural risk factors

In order to look at the clustering of health-related risk factors, analysis was undertaken on respondents having 2 or more, and 3 or more, of the following 5 health-related risk factors: current smoker (daily/occasional), overweight/obese, low physical activity (less than 150 minutes/week), excess alcohol consumption (more than 14 units/week), and diet less than 5 fruit/veg per day. Only respondents who answered at least 4 of the 5 questions were included in the analysis.

Figure 23 shows the percentage of respondents reporting at least 3 of the 5 risk factors considered:

- Overall, of 3,846 valid responses, over a fifth (21.6%) reported at least 3 of the 5 risk factors.
- The proportion was higher in men (25.2%) than women (17.7%).
- The proportion was highest in 40-64 year-olds (25.2%), compared to 18.9% of 18-39 year-olds and 18.7% of those aged 65+.
- By deprivation, there was a step change between Quintiles 1 and 2 (27.4% and 26.2%) and Quintiles 3, 4 and 5 (between 17.6% and 20.1%).
- Many of the population subgroups were statistically significantly different to Warrington overall, with the general themes of higher percentages with 3+ risk factors in men than women, higher in 40-64 year-olds than the other age-bands, and higher in more deprived areas.

Figure 23: Percentage reporting at least 3 of the 5 health-related risk factors considered



## Gambling

Respondents were asked how often they had spent money in the last 12 months on the types of gambling outlined in Table 10 below. Options for responses were: 'I do not do any of these activities', 'Two or more times per week', 'Once a week', 'Less than once a week, more than once a month', 'Once a month', 'Every 2-3 months', or 'Once or twice a year'. Three summary measures were calculated to match those in the most recent Health Survey for England (HSE) 2021<sup>16</sup>. Of 3,606 respondents who gave a valid answer to all parts of the gambling question:

- Any gambling at all, *including* National Lottery: 60% in Warrington compared to 50% in HSE 2021.
  - Any gambling, *excluding* National Lottery: 48% in Warrington compared to 36% in HSE 2021.
  - Any online gambling: 16% in Warrington compared to 10% in HSE 2021.
  - In the Warrington survey, the most common gambling activities were: National Lottery (46%), any other lottery including charity lotteries (30%), and scratchcards, excluding online or newspaper or magazine scratchcards (20%). The most common *online* activity was online betting with a bookmaker on any event or sport (14%).
- 
- Gambling activities at least once a week were also analysed (no national comparator):
  - Any gambling at all, *including* National Lottery at least once/week: 26% in Warrington.
  - Any gambling *excluding* National Lottery at least once/week: 14% in Warrington.
  - Any online gambling at least once/week: 4% in Warrington.
  - The most common types of gambling at least once a week were: National Lottery (26%), any other lottery including charity lotteries (8%), and online betting with a bookmaker on any event or sport (4%). All other gambling activities were 2% or less.

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<sup>16</sup> [Gambling behaviour - NHS Digital](#)





**Table 10: Type of gambling**

<b>Type of gambling</b>	<b>% gambled in past 12 months</b>	<b>% gambled at least once/week (over past 12 months)</b>
Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online	46%	19%
Scratchcards (but not online or newspaper or magazine scratchcards)	20%	2%
Tickets for any other lottery, including charity lotteries	30%	8%
Football pools	4%	1%
Bingo cards or tickets, including playing at a bingo hall (not online)	6%	1%
Fruit or slot machines	5%	1%
Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games	3%	1%
Table games (roulette, cards or dice) in a casino	3%	0.4%
Playing poker in a pub tournament/ league or at a club	2%	0.3%
** Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money	6%	1%
** Online betting with a bookmaker on any event or sport	14%	4%
** Betting exchange (Laying bets against other people / 'peer to peer' betting)	2%	0.5%
Betting in a bookmaker's, by phone or at the track/venue (e.g. horse races, dog races, sporting events)	8%	1%
Spread-betting (Betting the outcome of an event will be higher or lower than bookmaker's prediction)	2%	0.3%
Private betting, playing cards or games for money with friends, family or colleagues	4%	0.4%
Another form of gambling in the last 12 months	3%	1%
<b>Any gambling at all, including National Lottery</b>	<b>60%</b>	<b>26%</b>
<b>Any gambling, excluding National Lottery</b>	<b>48%</b>	<b>14%</b>
<b>Any online gambling (noted by ** in list above)</b>	<b>16%</b>	<b>4%</b>



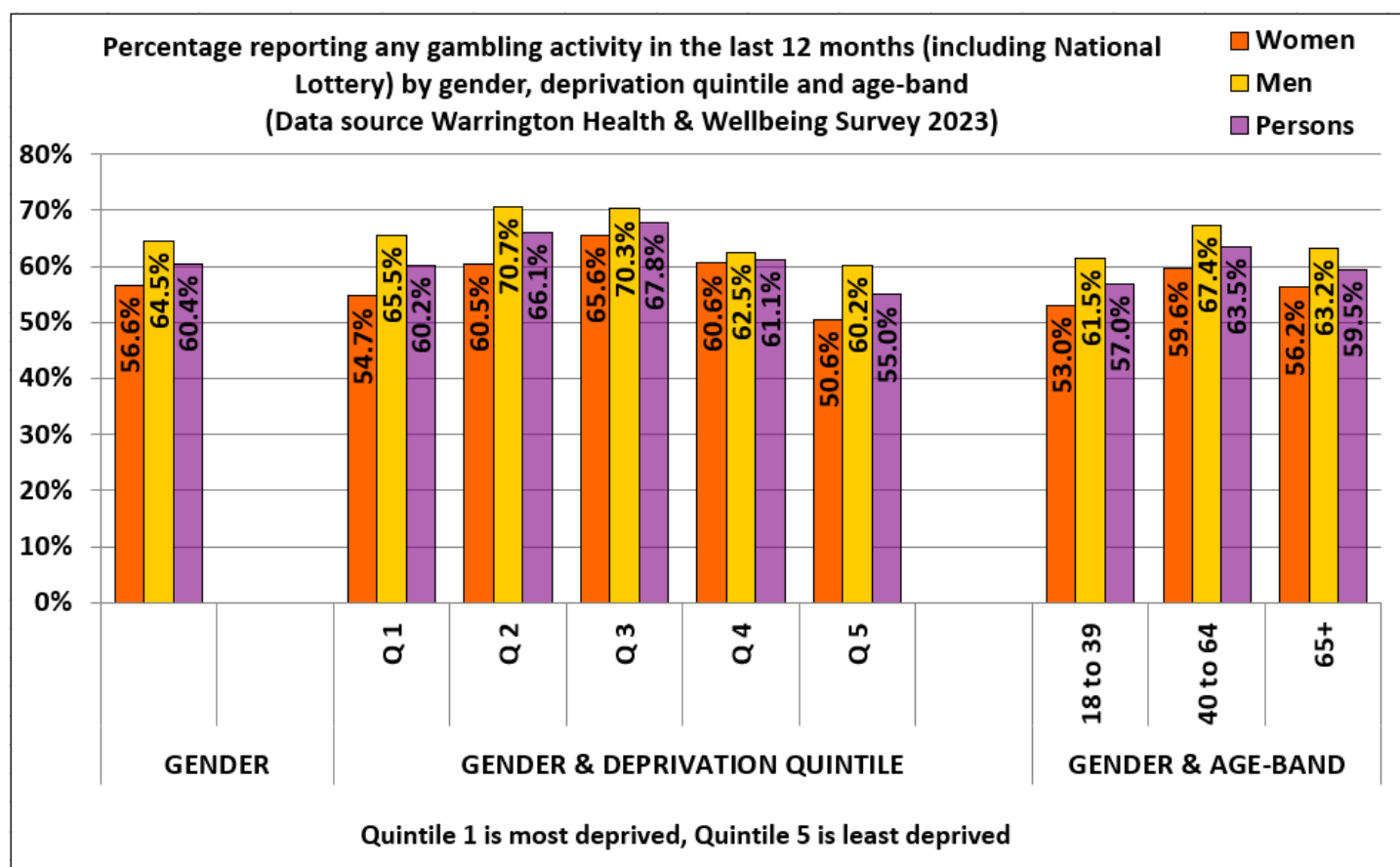
## Any gambling activity in the past 12 months (including national lottery)

Of 3,606 valid responses, 60.4% reported participating in any gambling activity in the past 12 months, compared to the national estimate of 50% (HSE, 2021)<sup>17</sup>. There weren't huge differences or patterns between groups who had participated in gambling in the past year (including National Lottery).

(See Figure 24)

- A higher percentage of men (64.5%) had participated in gambling in the past 12 months than women (56.6%). National estimates were lower (55% of men and 45% of women).
- The percentage was highest in 40-64 year-olds (63.5%), followed by people aged 65+ (59.5%), then 18-39 year-olds (57.0%).
- It didn't show the usual gradient by deprivation; it was highest in Quintile 3 (67.8%) and Quintile 2 (66.1%), and lowest in Quintile 5 (55.0%). Nationally, it was similar across all deprivation quintiles.
- The only two groups statistically significantly lower than Warrington overall were women aged 18-39 and 65+ in Quintile 5. Groups statistically significantly higher were 40-64 year-old men in Quintiles 2 and 3, and men aged 65+ in Quintile 1.

Figure 24: Percentage reporting any gambling activity in the past 12 months (including National Lottery)



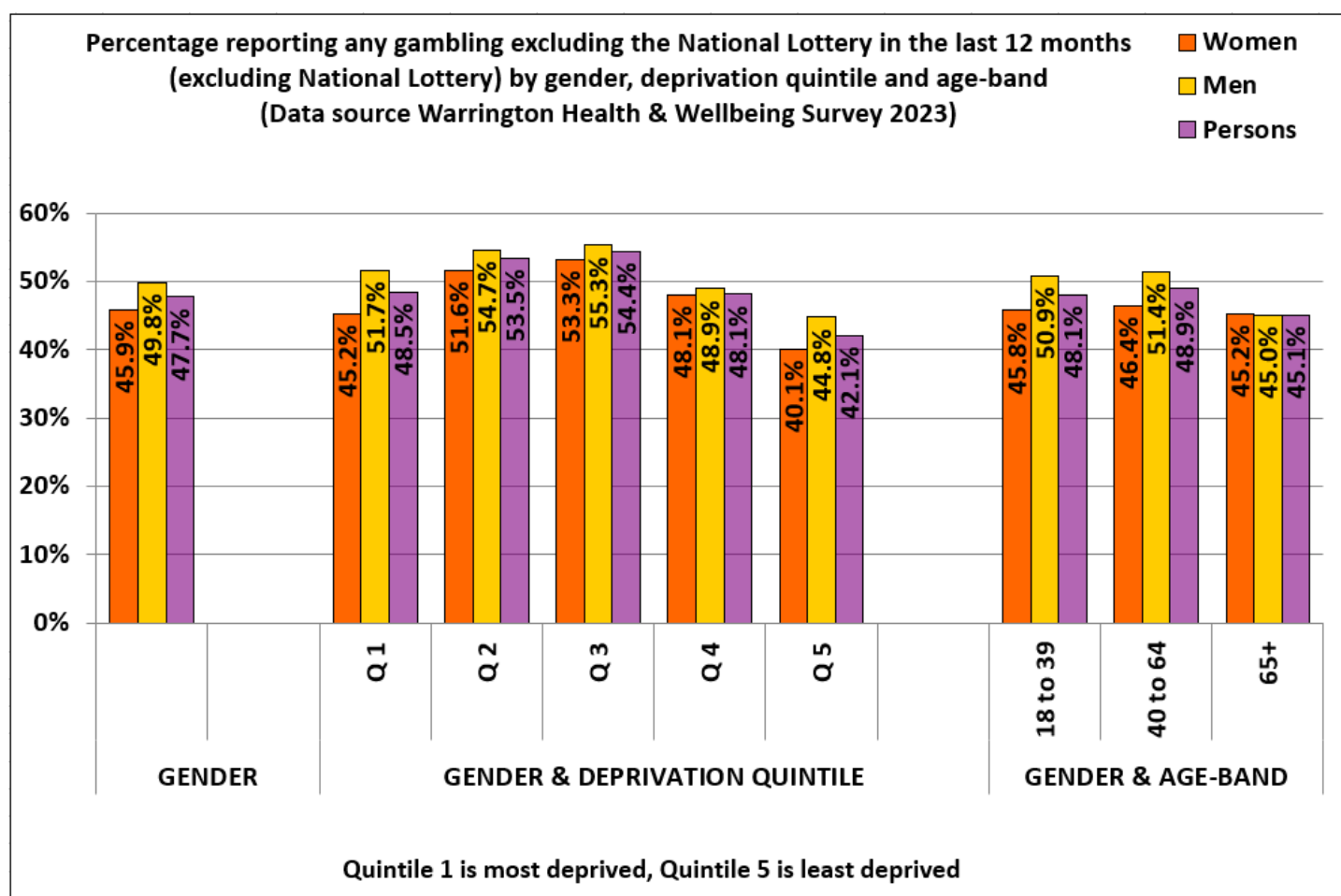
<sup>17</sup> [Gambling behaviour - NHS Digital](#)

## Gambling activity in the last 12 months (excluding national lottery)

Of 3,606 valid responses, 47.7% reported participating in any gambling activity in the last 12 months (excluding National Lottery) compared to the national estimate of 36% (HSE 2021)<sup>18</sup>. Again, there weren't huge differences or patterns between groups who had in gambling in the past year (excluding National Lottery). See Figure 25

- There was a slightly higher percentage of men (49.8%) gambling in the last 12 months than women (45.9%). National estimates were lower (39% of men and 33% of women).
- The percentage was similar in 40-64 year-olds (48.9%) and 18-39 year-olds (48.1%), and slightly lower in people aged 65+ (45.1%).
- It didn't show the usual pattern by deprivation, it was highest in Quintile 3 (54.4%) and Quintile 2 (53.5%), and lowest in Quintile 5 (42.1%). Nationally, it was similar across all deprivation quintiles.
- The only group statistically significantly lower than Warrington overall were 18-39 year-old women in Quintile 5. No groups were statistically significantly higher.

Figure 25: Percentage reporting any gambling activity in the last 12 months (excluding National Lottery)



<sup>18</sup> [Gambling behaviour - NHS Digital](#)

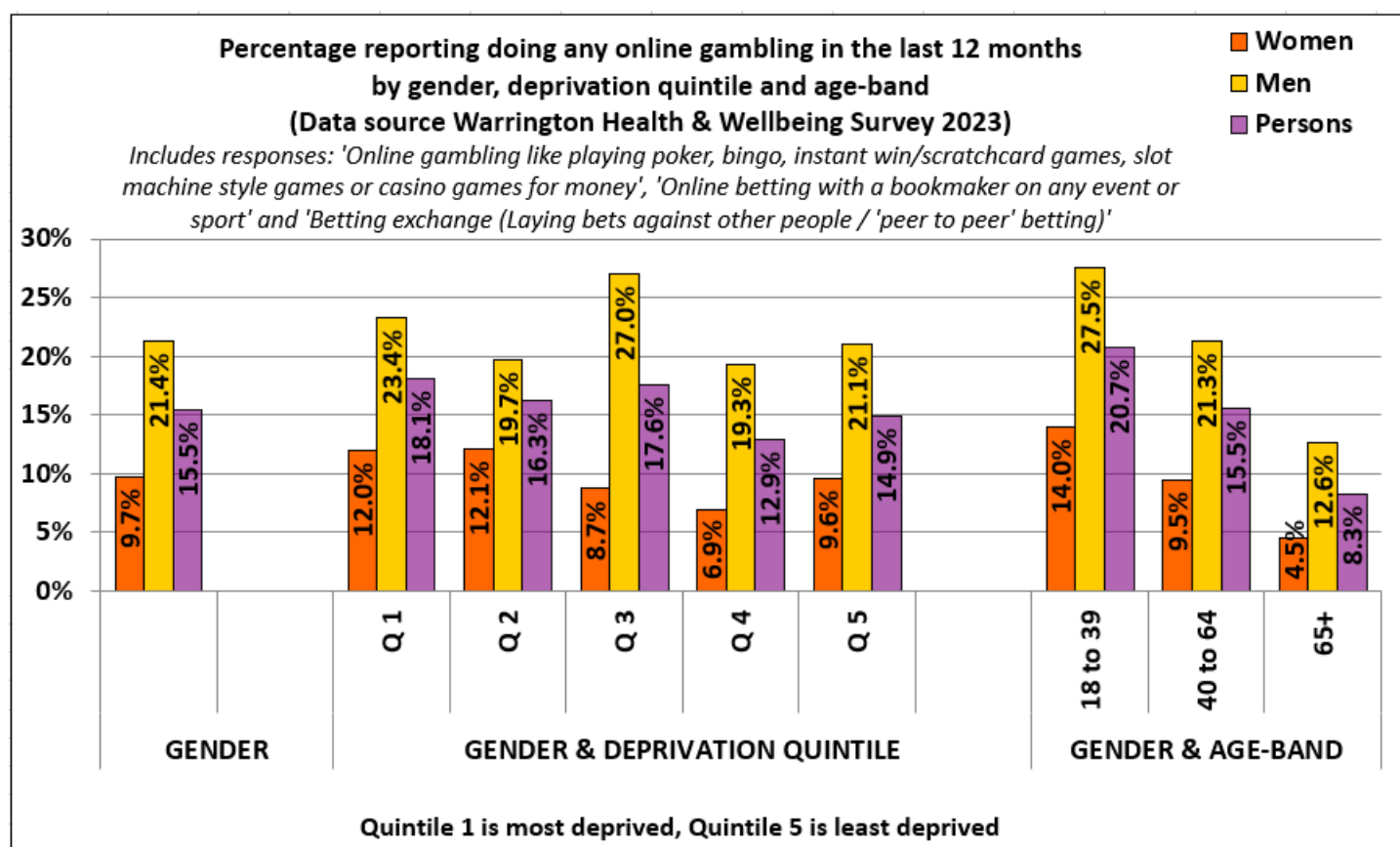
## Percentage reporting any online gambling activity in the past 12 months

This includes responses 'Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money', 'Online betting with a bookmaker on any event or sport', and 'Betting exchange (laying bets against other people / 'peer to peer' betting)'.

Figure 26 shows online gambling activity in the past 12 months:

- Overall, of the 3,606 valid responses, 15.5% of respondents said they had participated in online gambling in the past 12 months compared to the national estimate of 10% (HSE 2021)<sup>19</sup>.
- The percentage was more than double in men (21.4%) than women (9.7%). National estimates were lower (14% of men and 5% of women).
- The percentage reduced steeply with age; 20.7% of 18-39 year-olds, 15.5% of 40-64 year-olds and 8.3% of those aged 65+. Over a quarter (27.5%) of 18-39 year-old men had gambled online in the past year.
- There was no clear pattern by deprivation; Quintile 3 was highest (17.6%) and Quintile 5 lowest (14.9%). Over a quarter (27.0%) of men in Quintile 3 had gambled online in the past year. Nationally, it was similar across all deprivation quintiles.
- Women aged 65+ in Quintiles 2,3, 4 and 5, and 40-64 year-old women in Quintile 4 were statistically significantly lower than Warrington overall. Men aged 18-39 in all Quintiles, and men aged 40-64 in Quintiles 3 and 5 were significantly higher.

Figure 26: Percentage reporting any online gambling activity in the last 12 months



<sup>19</sup> [Gambling behaviour - NHS Digital](#)



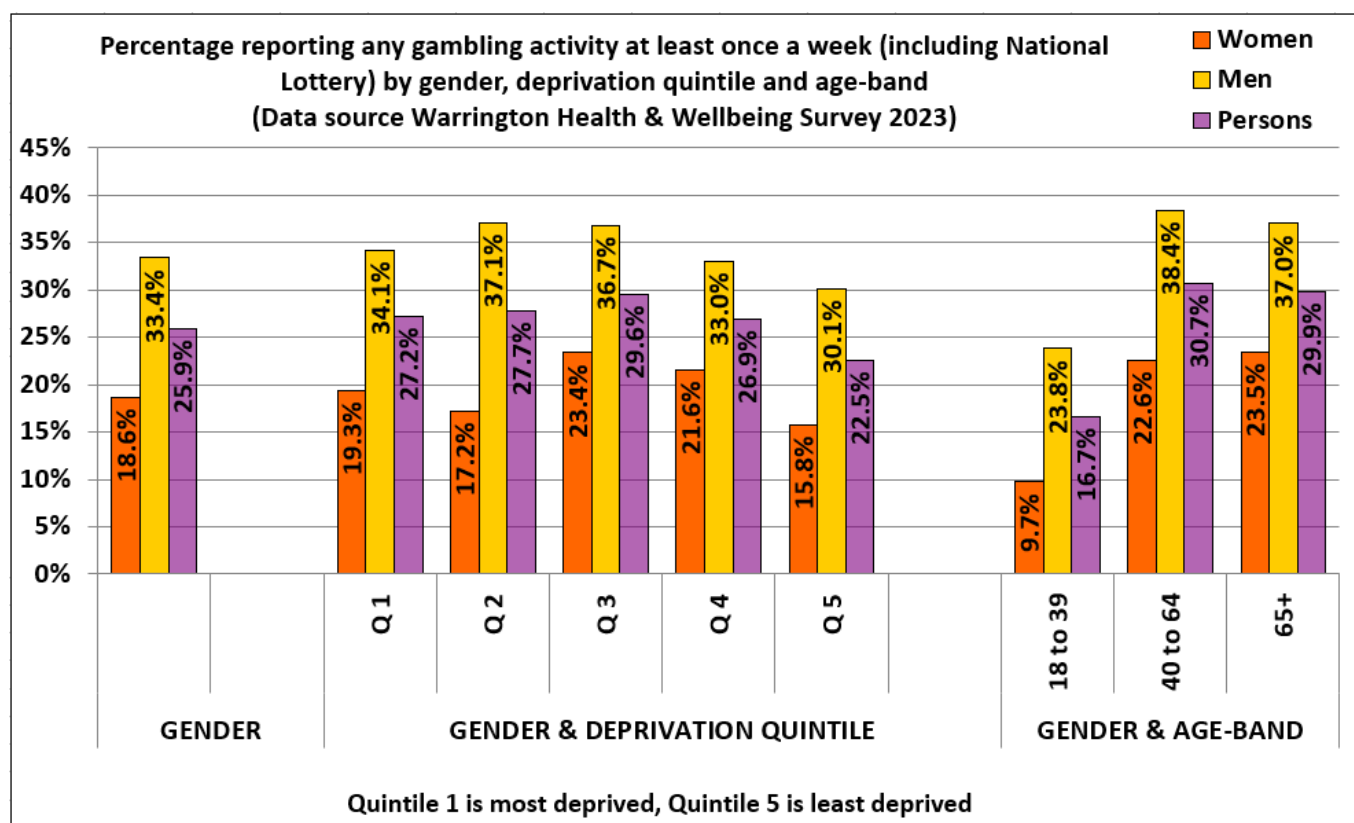
## Any gambling activity at least once a week *including national lottery* (over the past 12 months)

Of the 3,606 valid responses, 25.9% reported participating in any gambling activity (*including the National Lottery*) at least once per week (over the past 12 months).

Figure 27 shows all gambling activity (*including National Lottery*) at least once a week (over the past 12 months):

- Men (33.4%) had a statistically significantly higher percentage compared to Warrington overall, and women (18.6%) were significantly lower.
- The percentage was highest in 40-64 year-olds (30.7%), followed very closely by people aged 65+ (29.9%), then 18-39 year-olds (16.7%).
- It didn't show the usual gradient by deprivation; it ranged from 22.5% in Quintile 5 to 29.6% in Quintile 3.
- Women aged 18-39 in Quintiles 1, 2, 4 and 5, and women aged 65+ in Quintile 5 were statistically significantly lower than Warrington overall. Men aged 40-64 in all Quintiles, and men aged 65+ in Quintiles 1, 2 and 4 were statistically significantly higher than Warrington overall.

**Figure 27: Percentage reporting any gambling activity (including National Lottery) at least once a week**



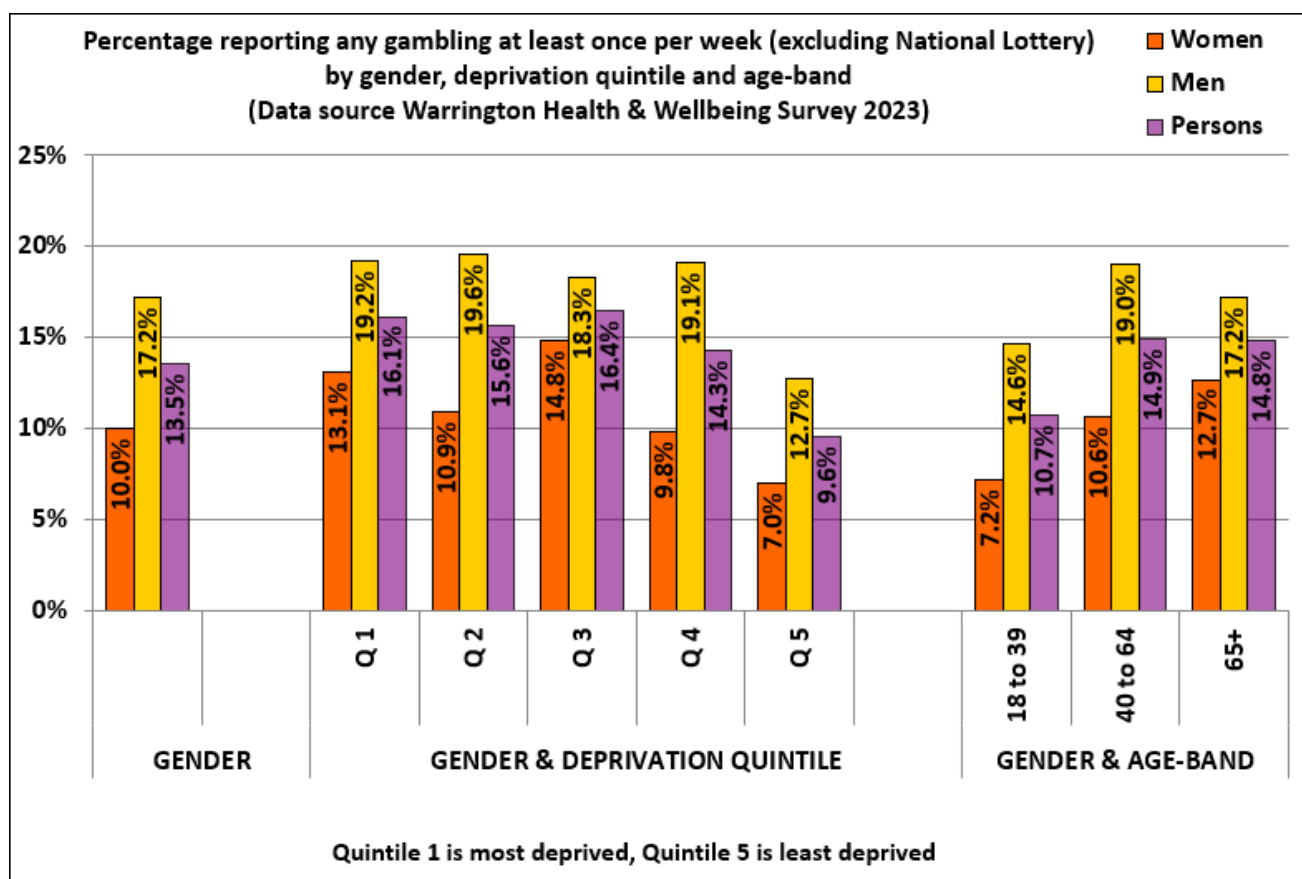
## Gambling activity at least once per week *excluding national lottery* (over the past 12 months)

Of 3,606 valid responses, 13.5% reported participating in any gambling (*excluding National Lottery*) at least once per week (over the past 12 months).

Figure 28 shows any gambling (*excluding National Lottery*) at least once per week over the last 12 months:

- Men reported a significantly higher percentage (17.2%) of gambling at least once a week compared to Warrington overall, and women were significantly lower (10.0%).
- The percentage was higher in the older two age bands; 14.9% in 40-64 year-olds, and 14.8% in those aged 65+, compared to 10.7% of 18-39 year-olds. In women, it increased with age, from 7.2% in 18-39 year-olds, to 10.6% in 40-64 year-olds and 12.7% in those aged 65+. In men, the highest percentage was in 40-64 year-olds (19.0%), and lowest in 18-39 year-olds (14.6%).
- Quintiles 3 (16.4%) and 1 (16.1%) had the highest percentage, and Quintile 5 had the lowest (9.6%).
- Women aged 18-39 in Quintiles 2 and 5, and women aged 65+ in Quintile 5 were statistically significantly lower than Warrington overall. Women aged 65+ in Quintile 2, and men aged 65+ in Quintile 1, men aged 40-64 in Quintiles 2 and 4 were significantly higher.

**Figure 28: Percentage reporting any gambling (excluding National Lottery) at least once per week**



## Percentage reporting any online gambling at least once per week (over the last 12 months)

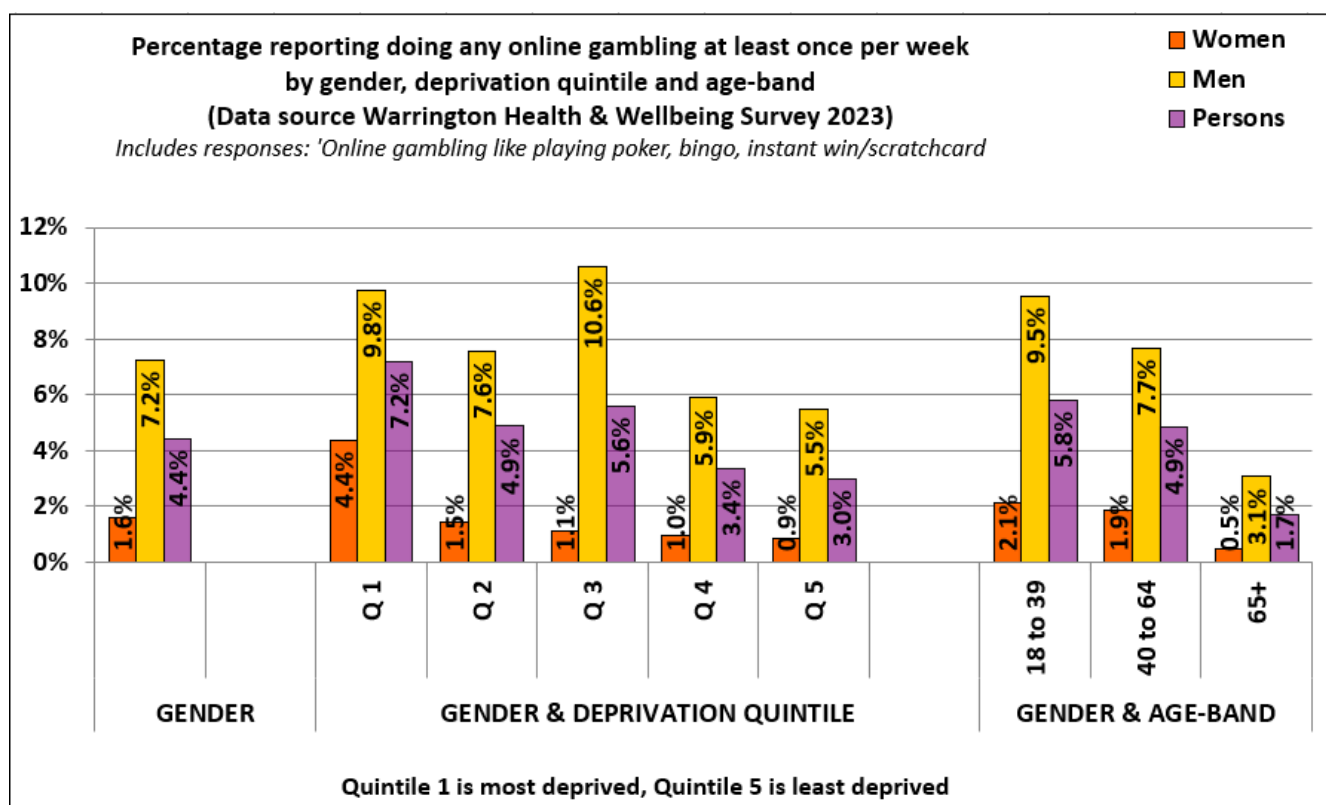
This includes responses 'Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money', 'Online betting with a bookmaker on any event or sport', and 'Betting exchange (laying bets against other people / 'peer to peer' betting)'.

Of the 3,606 valid responses, 4.4% reported having participated in online gambling at least once per week in the past 12 months.

Figure 29 shows online gambling activity at least once per week in the past 12 months:

- Men had a statistically significantly higher percentage (7.2%) of online gambling at least once per week in the past year than Warrington overall, whilst women had significantly lower (1.6%). The percentage in men was more than four times that of women.
- The percentage reduced with age; 5.8% of 18-39 year-olds, 4.9% of 40-64 year-olds and 1.7% of those aged 65+. Nearly one in ten men aged 18-39 reported online gambling at least once per week in the past year.
- By deprivation, it ranged from 3.0% in Quintile 5 to 7.2% in Quintile 1. There is a stark difference between women in Quintile 1 (4.4%), and women in the other quintiles (between 0.9% and 1.5%). More than one in ten men in Quintile 3 reported online gambling at least once per week.
- Women aged 65+ in Quintiles 4 and 5, and women aged 40-64 in Quintile 4 were statistically significantly lower than Warrington overall. Men aged 18-39 in Quintiles 1, 2 and 4, and men aged 40-64 in Quintiles 1, 2 and 3 were significantly higher.

**Figure 29: Percentage reporting any online gambling activity at least once per week**



## Effect Of Covid-19 Pandemic On Gambling Behaviour

Overall, of 722 valid responses on the effect of the Covid-19 pandemic on gambling behaviour, 8% said it had a negative impact, 84% said no difference and 8% said a positive impact.





## Effects of Covid-19 Pandemic

The survey was undertaken during April-June 2023, over 3 years after restrictions were first introduced in March 2020. Respondents were asked about the impact of the Covid-19 pandemic on various aspects of their life: *'We know that the COVID-19 pandemic has impacted on all of us in different ways and to different degrees. We would like to understand more about whether you feel the pandemic has affected you, your feelings of wellbeing, and your participation in social and physical activities since the lifting of restrictions'*, with 13 aspects listed. Table **11** contains the results.

The Covid-19 pandemic seems to have had a negative effect on a proportion of respondents on the following aspects: physical activity, emotional wellbeing, stress/anxiety, loneliness/isolation, quality of sleep, financial circumstances, smoking/vaping, caring responsibilities, activities outside the home, and volunteering:

- 30% of respondents said their physical activity levels were worse compared to 12% who said they were better.
- 26% of respondents said their emotional wellbeing was worse compared to 6% who said it was better.
- 27% of respondents said their levels of stress/anxiety were worse compared to 5% who said they were better.
- 19% of respondents said their feelings of loneliness/isolation were worse compared to 6% who said they were better.
- 17% of respondents said their quality of sleep was worse compared to 4% who said it was better.
- 25% of respondents said their financial circumstances were worse compared to 11% who said they were better.
- Of respondents who smoked/vaped, 19% said they smoked/vaped more compared to 8% who said less.
- Of respondents who had caring responsibilities, 21% said they had more caring responsibilities compared to 8% who said less.
- 27% of respondents said they did less activities outside the home compared to 13% who said they did more.
- 19% of respondents said they did less volunteering/assisting at activities compared to 11% who said they did less.

Aspects for which a similar proportion of respondents said that the Covid-19 pandemic had a positive impact, as said had a negative impact were eating/diet, alcohol and gambling:

- 13% of respondents said their eating/diet was worse and 13% said it was better.
- 13% of respondents said they drank more alcohol and 15% said they drank less.
- 8% of respondents said they gambled more and 8% said they gambled less.

There were no aspects for which more respondents reported a positive effect of the Covid-19 pandemic, than reported a negative effect.



**Table 11: Effects of Covid-19 pandemic**

<b>Aspect of lifestyle</b>	<b>Worse than before</b>	<b>Same as before</b>	<b>Better than before</b>	<b>Total</b>	<i>No. valid unweighted responses</i>
Physical activity levels	30%	59%	12%	100%	3882
Eating/diet	13%	73%	13%	100%	3875
Emotional wellbeing	26%	67%	6%	100%	3893
Feeling stressed/anxious	27%	68%	5%	100%	3891
Feeling lonely/isolated	19%	75%	6%	100%	3881
Quality of sleep	17%	79%	4%	100%	3887
Financial circumstances	25%	64%	11%	100%	3895
<b>Aspect of lifestyle</b>	<b>More than before</b>	<b>Same as before</b>	<b>Less than before</b>	<b>Total</b>	<i>No. valid unweighted responses</i>
Smoking/vaping	19%	74%	8%	100%	701
Alcohol consumption	13%	72%	15%	100%	2567
Gambling	8%	84%	8%	100%	722
Caring responsibilities	21%	71%	8%	100%	1511
<b>Aspect of lifestyle</b>	<b>Less than before</b>	<b>Same as before</b>	<b>More than before</b>	<b>Total</b>	<i>No. valid unweighted responses</i>
Activities outside the home	27%	61%	13%	100%	3543
Volunteering/assisting at activities	19%	70%	11%	100%	1613



## Health/fitness monitoring devices.

Respondents were asked whether they regularly used any of the health fitness monitoring devices listed in Table 12 to assess or improve their health. The most common device was a fitness tracker/smart watch/pedometer (32%), followed by a blood pressure monitor (23%) and an app on a smartphone (21%). Over half (55%) said they used at least one of the six devices listed in the survey.

**Table 12: Percentage using the listed health/fitness monitoring devices**

<b>Percentage using the listed health/fitness monitoring devices</b> <i>(Of 4751 respondents who gave valid response)</i>	
App on your smartphone	21%
Fitness tracker/smart watch/pedometer	32%
Health kiosk	0.2%
Blood pressure monitor	23%
Glucose monitor	3%
Oximeter	5%
<b>Uses at least one of the listed fitness/health monitoring devices</b>	<b>55%</b>



## Appendix A – Demography of respondents

### Respondents by gender

Table 13: Respondents by gender

No. respondents by gender	
Female	2467
Male	2421
Non-binary, Transgender or 'Other' (free text response) have been combined, as there are too few in each group to analyse and report separately	20
Prefer not to say	24
Total	4932

### Respondents by age-band

Table 14: Respondents by age-band

No. respondents by age-band	
18-39	1377
40-64	2054
65+	1501
Grand Total	4932

### Respondents by deprivation quintile

Table 15: Respondents by deprivation quintile

No. respondents by age-band	
Quintile 1 (most deprived)	815
Quintile 2	830
Quintile 3	461
Quintile 4	1208
Quintile 5 (least deprived)	1618
Grand Total	4932

## Ethnicity

Over a quarter of respondents did not provide their ethnic group; 1,221 gave no response and 43 chose 'Prefer not to say'. Table 16 shows the ethnicity of respondents. Census 2021 figures are given for comparison.

**Table 16: Respondents by broad ethnic group**

Respondents by broad ethnic group	No. of respondents	Percentage (as a % of all who gave a valid response)	Census 2021
Asian / Asian British	240	6.5%	3.3%
Black, Black British, Caribbean or African	28	0.8%	0.7%
Mixed or Multiple ethnic groups	21	0.6%	1.6%
White English / Welsh / Scottish / Northern Irish / British	3,177	86.6%	88.1%
All other White combined due to very small numbers in some ethnic groups. Includes Census categories 'Irish', 'Gypsy/Irish Traveller', 'Roma', 'Any other white background' and 'White unspecified'.	190	5.2%	5.4%
Other ethnic group	12	0.3%	0.9%
<b>Total known ethnicity</b>	<b>3,668</b>	<b>100%</b>	<b>100%</b>
<i>Unknown: 'Prefer not to say'</i>	43		
<i>Unknown: no response</i>	1,221		

## Breakdown of sample by population subgroup (to match Warrington borough's overall population and the percentage of respondents in each population subgroup).

As can be seen in Table 17 the ideal percentage of respondents does not exactly match the actual percentage of respondents, because there were different response rates in each subgroup. In order to make estimates representative of the Warrington population, each subgroup was weighted for the analysis.

**Table 17: Breakdown of sample by population subgroup**

	Ideal % of respondents in each of 30 population subgroups (to match overall Warrington resident population)						Actual % of respondents in each of 30 population subgroups					
	Female			Male			Female			Male		
IMD 2019	18-39	40-64	65+	18-39	40-64	65+	18-39	40-64	65+	18-39	40-64	65+
<b>Quintile 1</b>	3.9%	3.7%	1.6%	4.2%	4.1%	1.4%	3.4%	3.7%	1.2%	2.6%	4.0%	1.7%
<b>Quintile 2</b>	3.6%	3.6%	1.7%	3.6%	4.0%	1.4%	2.8%	3.7%	2.0%	2.8%	3.4%	2.0%
<b>Quintile 3</b>	1.3%	1.7%	1.2%	1.3%	1.7%	1.0%	1.3%	2.0%	1.5%	1.1%	1.8%	1.7%
<b>Quintile 4</b>	3.2%	4.9%	3.7%	3.6%	5.2%	3.1%	3.3%	4.7%	3.9%	2.8%	4.7%	5.1%
<b>Quintile 5</b>	4.4%	7.3%	4.4%	4.2%	7.1%	3.9%	4.2%	6.9%	5.7%	3.5%	6.8%	5.7%
Total	<b>100%</b>						<b>100%</b>					

