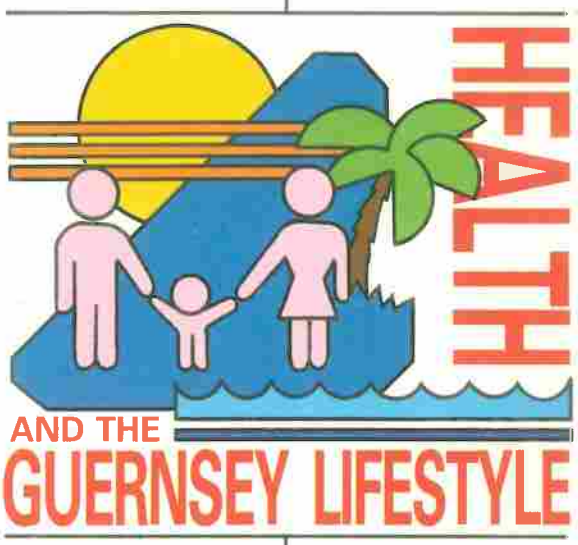

STATES OF GUERNSEY

A STUDY OF LIFESTYLE & HEALTH IN GUERNSEY

by The Community Health Department

in collaboration with the Department of Medical Statistics, University of Southampton.

A study of lifestyle and health in Guernsey in 1988

Contents

Community Health Department in collaboration with Department of Medical Statistics, Southampton University

Acknowledgements

This report is the result of a collaborative effort by many different people. The following contributed in particular ways to the successful outcome of the study.

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We would like to express our sincere thanks to the Wessex Medical School Trust and the Department of Medical Statistics and Computing of Southampton University for their generous funding of this survey.

Finally, the layout and style of the "Apple a Day" lifestyle reports produced by the University of Kent Health Services Research Unit has been an invaluable model in producing this report.

INTRODUCTION

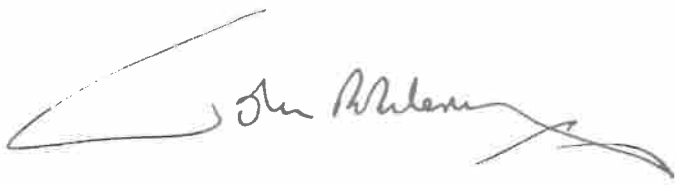
The Board of Health's objective is to provide a high standard of services for the people of Guernsey. Sir Douglas Black's report after he visited Guernsey with his Team in 1985 to review the arrangements for Health Care included an acknowledgement that "there were many excellent features of health care on the Island". However, it is vital that our services keep pace with changing ideas about health care.

The Board is now taking another major step forward in supporting its professional staff to devise and implement a strategy which helps people to choose and adopt a lifestyle that encourages good health. The Board believes that it is as important to "promote good health" as to provide services for those suffering from "ill health".

A crucial first step in devising the strategy was to understand much better the behaviour and attitudes in the local community which can have an effect on health. This booklet sets out the findings of a survey carried out by the Community Health Department in collaboration with the Department of Medical Statistics of the University of Southampton.

Valuable information has been gained from this study which will enable the Board of Health and its staff to highlight priorities for action. It is intended to build on the already established programmes for non-smoking, healthy eating and control of infectious diseases and to add further programmes which drive home the strong commitment to the prevention of avoidable illness and premature death.

I congratulate all those involved in the production of this excellent report. It is interesting. It is informative. I hope you will enjoy it as much as I did.



J.R.R. HENRY, President, Board of Health

WHY WRITE A REPORT?

Change is never popular, and there is no virtue in change just for the sake of change. So if we want to promote the health of the people of Guernsey, it is best to start by finding out more about people's habits, what they think about their health, and what they feel does need changing. This is why the "Your Health" survey was carried out in 1988.

The Board of Health now has this detailed information as a basis for developing policies for the prevention of disease and the promotion of health. The next step is to encourage discussion of this survey by circulating this report widely, so that as many people as possible are aware of the findings and what they mean.

The aims of the survey and the way it was carried out, are explained in the following pages. This is followed by the results and how they are interpreted.

Over the years, and still today, people think of "health care" as meaning the treatment of illness when it occurs. Sickness is often seen as simply bad luck or perhaps someone else's fault. Naturally, doctors have responded to the demand for treatment because this is what the public expect from them. During the last 100 years, however, a few doctors with commitment to public health and the prevention of disease have devoted their energies to making the environment less hazardous, and protection from harm caused by the environment has been accepted as a responsibility of government. Thus there have been dramatic improvements in the way we live - better housing, clean water supplies, effective sewage systems and safer food. This must continue, and there are always new challenges to preserving a healthy environment such as preventing dangers from radiation and from toxic chemicals, but doctors are now increasingly concerned with a third important factor in preserving a nation's health - people's behaviour.

First it is necessary to understand why personal behaviour is so important to keeping healthy. Behaviour is influenced by a number of things - by our family, our friends, the media, and where we live, for example. But by and large, people fit in with the community where they live. However, this community norm may not always be the most healthy way of living. Changing behaviour in a more healthy direction depends on two things - knowing exactly what affects our health, and how, and then making a choice to follow a more healthy lifestyle. This comes down to how an individual reacts to taking risks, and how much importance is attached to carrying on doing things which are enjoyable today, even if there is a risk of damaging health in the long run.

In the real world of today, with its emphasis on personal freedom, it is very difficult for governments or health departments to force people to improve their health - change in behaviour is most effective and most durable if it is the result of a personal, informed wish to change.

Why write a report? continued

Health promotion is a way of translating the idea of prevention of illness into the reality of a healthy life style. We don't **have** to eat and drink too much, to smoke , or to avoid exercise, but we need convincing that the alternative isn't going to mean a miserable existence. Once people discover that a different life style increases their sense of well-being, more will take it up, and once they are in the majority it makes it far easier for the remainder to change as well.

Smoking is a good example. Fifty years ago most people smoked. Today we see the long-term results as epidemics of lung cancer and heart disease. However, smokers today are a minority of the population, but non-smokers don't lead a deprived or restricted life. They manage very well without cigarettes. The health risks associated with smoking are no longer in any doubt, and the majority of people, and their elected governments, find it perfectly acceptable to help smokers who want to give up the habit, and to help children make a voluntary, healthy choice about smoking, before they acquire the habit.

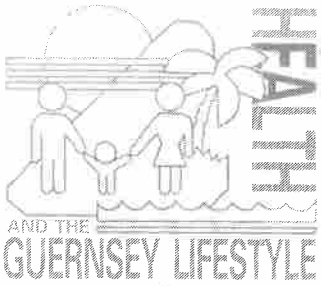
We now know that many other habits also affect health and that a similar approach to that used for the problem of smoking should help people to change their eating habits, to drink sensibly, to take more exercise and to cope better with stress. We can also do a lot more to make healthy choices. It is easier to try new foods if they not only contain less fat and more fibre, but if they are also sold in more variety, with interesting recipes and look good and cost less than less healthy items.

This is where the market place is so important and where advertising can have a big effect. It seems illogical to encourage health education about smoking at school, at the same time as allowing advertisements that encourage youngsters to smoke. Public policy doesn't have to agree to this degree of freedom for the tobacco industry, but it is up to the public to change policy. This health survey can give vital clues about what is or is not acceptable in the Island.

There is bound to be a conflict of interests about ways of reducing the numbers of smokers in the community, but this conflict need not be repeated when promoting healthy eating, healthy drinking and healthy exercise. Indeed, commercial interests in these fields do react very positively to health messages in selling their wares. Health promotion can make a very positive contribution in supporting this kind of marketing.

This then is the background to encouraging much more individual responsibility in choosing a healthy way of life. The Board of Health has to develop a local programme that is going to work in the long term - by seeing that factual information about health matters is reliable and correct, by asking the public to accept that they can make a positive

Why write a report? continued



choice based on that information, and by making sure that local facilities make it easier to follow the healthy choice.

In 1983 the Board of Health gave its commitment to reducing avoidable illness and premature death. Since then, the activities of the Community Health Department in preventing illness have been expanded. The Board is currently considering a detailed programme for prevention containing 72 proposals for action in ten major fields.

This survey is an important stage in providing information for further action. It provides an opportunity to discover how local people behave regarding their health, what they feel about their health, and most important, what would help them to improve their health. This information gives the Board of Health a base for developing its strategy for achieving "Health for All 2000".

We have some targets:-

* to reduce the rate of premature death from -
  heart disease
  cancer
  accidents
  environmental hazards, . . by the year 2000
* maintain the current low level of perinatal, infant and maternal mortality
* to raise the uptake of immunisation against -
  diphtheria, tetanus, polio
  whooping cough
  measles, mumps and rubella . . above 90%

Progress can be made toward these objectives by:-

* formulating and implementing Island wide policies on smoking, diet, the use of alcohol and occupational health and safety.
* ensuring that existing programmes (such as the immunisation of children) are carried out effectively.
* encouraging and helping key workers such as teachers, doctors and nurses to see prevention as an integral part of their work.

As well as this, we must encourage people to take a new look at their personal behaviour. It is difficult to find out whether people are changing their habits without much more information about what is happening at the moment. We must invest in indicators of health to measure this, and to see if we are using effective ways of encouraging these changes.

Why write a report? continued

This report is a start. It has defects, and it doesn't give all the answers, but it does present and discuss some of the results of a survey carried out with the help of a randomly selected sample of adults living in Guernsey in May 1988.

It describes what proportion of this sample behaves in specified ways related to health, and what they thought about those habits. This is a sound base for developing health promotion policies, and must be used and built upon to help people help themselves towards better health.

THE AIMS OF THE STUDY

The survey is a way of measuring people's behaviour and finding out their beliefs and their attitudes to health. With this information, an effective health promotion strategy can be worked out.

Four main objectives

1. To highlight local problems and suggest local solutions.
2. To gather information in order to plan a health promotion programme in the Island, by posing some questions:-

*what do you think about your health?
*what health-related behaviour could be changed, and why?
*what would help and what would hinder people adopting more healthy life styles?
*how has health-related behaviour changed in the past?
*what control do you have over your own health?
*what use do you make of preventive health services in Guernsey?

3. To describe behaviour today so that we can measure changes in the future more accurately.
4. To help more people understand what health promotion is all about in Guernsey.

The First Objective

Local problems and Local solutions

There is a lot of information about the health problems of the U.K., but do we have the same ones and to a greater or lesser degree? Can successful solutions work as well in Guernsey? We need local answers for local problems.

The Second Objective

Gathering information in order to plan Health Promotion in the island.

What do you think about your health?
Health promotion is much more likely to be successful if it is in tune with what people think about their health and what they see as good and bad features. The survey provides some of the answers and suggests approaches which might work.

What health related behaviour could be changed, and why?
It makes sense to concentrate on things that are seen to be wrong, and which people would like to change. If we can find out why people want to make a change, those reasons can be reinforced by health promotion. For example, it helps in promoting a healthy diet to know

The Second Objective continued

if people are more interested in their weight than the state of their hearts. Using one main reason to encourage healthy eating will help improve both of these.

What would help and what would hinder people adopting more healthy life styles?
Having decided to change a habit, people immediately find there are snags. It's helpful to know how these can be overcome, and which are the most important problems. For example, if you want to give up smoking, who can help you most? Specific questions in the survey help to work out the answers.

How has health related behaviour changed in the past?
A comprehensive health promotion programme should tackle as many health problems as possible, but it helps to build on successful models that have been shown to work in the past. Many people have changed their diets recently, so they can offer very helpful advice on why they did so, and how they did it.

What control do you have over your own health?
Questions in the survey are aimed at trying to unravel attitudes, which may be very complicated, about how much an individual can or should do to improve health. How much should other people, and in particular the States, do to make the population more healthy? Should smoking be restricted in restaurants, and if that is a good idea, what about restricting smoking in hospitals?

What use do you make of preventive health services in Guernsey?
Healthy behaviour doesn't just refer to personal habits like eating, taking exercise or not smoking. It also affects the way people use existing, well tried preventive measures such as going to "well person" clinics or accepting immunisation against infectious diseases. Therefore it is important to find out whether people know how to find these services, and whether they use them or not. In this way we can promote the use of preventive services where they are under used, and see that there is an adequate service where it **is** well used.

The Third Objective

To describe behaviour today so that we can measure changes in the future more accurately.

The starting point - 1988 Survey

The survey describes the behaviour and attitudes of people in Guernsey in 1988. It includes such things as the number of adults who would like to give up smoking, or who feel that they are overweight, or who do not take as much exercise as they would like because of the lack of easily available facilities. This is the baseline against which change can be measured.

The next steps

The survey results are used in drawing up plans to prevent illness. These are considered by the Board of Health, in consultation with groups in the Island who are interested in the promotion of good health, to try, for example, to reduce the number of people who smoke, or who feel they are overweight, or who cannot get access to exercise facilities.

The follow up - a second survey in 1993

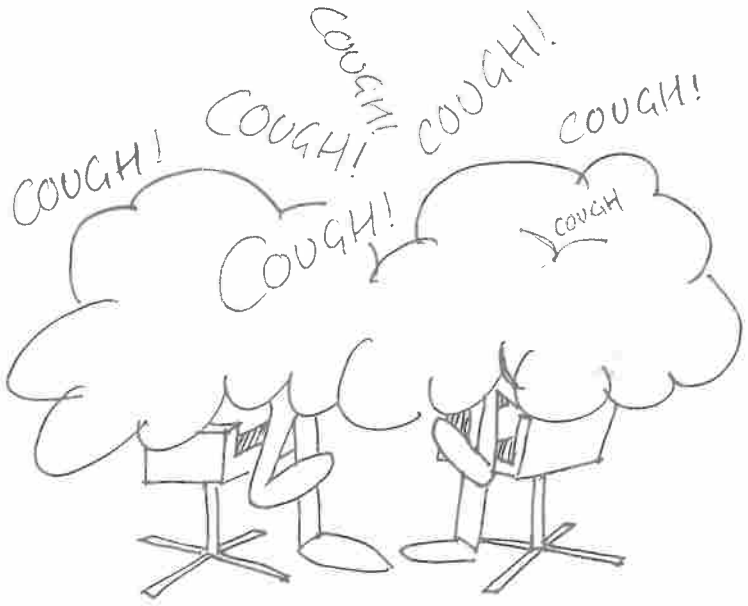
By repeating the survey after an interval of five years, we can see whether or not any changes have occurred in the baseline indicators, and if so, whether the population has changed as a whole or only in part. This will give an indication of the effectiveness of the policy adopted by the Board of Health. It is always difficult to tell how much change is due to health promotion policy, and how much would have happened anyway, but unless change is measured, it can never be accurately compared with other places using different approaches. Healthy behaviour is so important that it cannot simply be left to chance. We must try and measure change to make sure we are moving in the right direction.

The Fourth Objective

To help more people understand what health promotion is all about in Guernsey.

In comparison with the treatment of disease, the prevention of illness and the promotion of health attracts proportionately less interest or attention. It is not dramatic or glamorous, but it is essential.

The Board of Health over the years has been successful in increasing the share of the budget devoted to disease prevention and to Health Promotion. It is vital this continues. As well as providing information that can be used as the basis for this policy, the survey also aims, through the publication and discussion of this report, to increase people's awareness of the scope for health promotion, to increase their commitment to successful health promotion, and to make it easier for health promotion to be accepted as a major Board of Health responsibility. Prevention is not a cheap option - it is an essential way of improving everyone's well-being and of trying to contain the escalating costs of medical treatment. To be effective it will need both resources and commitment.



A SMOKERS' MEETING.

How the study was carried out

The people involved

The study was planned jointly by Dr. Campbell, Head of the Department of Statistics at Southampton University, the Medical Officer of Health and the Health Promotion Officer in Guernsey. The actual survey was carried out with the help of doctor's practices and staff at Lukis House and Southampton University. The results were analysed in Southampton.

Deriving a sample of the population

According to the 1986 Census, there were about 43,000 adults living in the island. It would have been impossible to include them all in the survey; nor was this necessary. The survey was carried out among a sample of the adult population. Approximately 1 in every 50 adults was included in the sample. This gives a sufficient number of people to be representative of the Guernsey population.

The size of the sample.

If every fiftieth person was chosen from a population of 43,000 adults, there should have been a sample of 860 people. In fact we finished up with 972 names. The difference reflects the fact that the doctor's lists are not an absolutely comprehensive list of all the adults living in the Island. For example, some individuals may have left Guernsey without their names being deleted from their doctor's list, so that list sizes are larger than the current population. Also, some people may never have seen a doctor in the Island, and their names will not be recorded.

The Questionnaire

A questionnaire was sent to each of the 972 in the sample. The questions were carefully worded so that people could understand and answer them without any extra help. Previous experience where similar surveys have been done showed that people could answer the questions without too much difficulty. In Guernsey we found almost all the questions had been answered fully and could be used in the analysis.

The response

Not all the questionnaires were returned but we did get a very good response. The questionnaire was sent out in May 1988. Four weeks later a reminder letter was sent to people who had not replied. In all, 590 usable replies were received from the 972 people to whom the questionnaires were sent, giving a response rate of 61%. However, if the 123 people no longer living at the address given on the doctor's practice lists are discounted, because they never received the questionnaire, the response rate was 75%. This represents just over one in seventy of the population and provides numbers which are statistically significant. This is a good response to a postal survey among a randomly selected group of people.

The Study continued

The responders as a representative proportion of the sample

Compared with the total population, there was under-representation in the survey of younger men (aged 18-29). In contrast, women aged 30-44 were over-represented in the survey. This reflects the way young people visit their doctor. Bearing this in mind, the responders were acceptably representative of the adult population of Guernsey, and the results are therefore likely to be typical of the whole island. This is the best that can be done under local conditions.

The recording of social class

The breakdown of occupations into social classes is based on the standard U.K. definition using the current or most recent job held. When applied to a family unit, the occupation of the husband or male partner determines the classification of the whole family. There are often large differences between social classes and the only way to compare results with the U.K. is to use the same standard method of recording this information.

The standard social class grouping will be used throughout this report.

CLASS 1: PROFESSIONAL OCCUPATIONS, such as chemists, lawyers, surveyors, clergymen, doctors.

CLASS 2: INTERMEDIATE OCCUPATIONS, such as bank managers, nurses, primary school teachers, laboratory technicians and those who manage their own business.

CLASS 3: (NON-MANUAL) SKILLED NON-MANUAL OCCUPATIONS, such as cashiers, shop assistants, secretaries, draughtsmen.

CLASS 3: (MANUAL) SKILLED MANUAL OCCUPATIONS, such as plumbers, electricians, butchers, hairdressers, motor mechanics.

CLASS 4: PARTLY SKILLED OCCUPATIONS, such as guards, warehouse men, groundsmen, postmen, assembly workers, fishermen and glasshouse workers.

CLASS 5: UNSKILLED OCCUPATIONS, such as labourers, messengers, porters, kitchen hands.

Preserving confidentiality

Questionnaires were returned unopened to the Department of Statistics at Southampton University where the answers were converted into numerical codes and put onto magnetic tape for analysis by computer. The figures were analysed in Southampton and the report was then written by the Community Health Department in Guernsey. This ensured that total confidentiality of the replies was maintained.

SMOKING

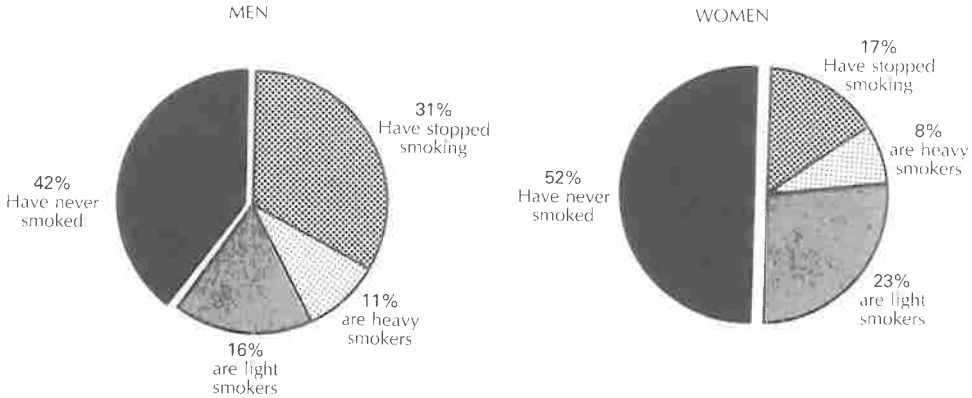
Many connections have been established between ill-health and smoking - about one out of every four smokers die from diseases directly related to smoking. These include:-

* lung cancer - of every ten people who die from lung cancer nine are smokers. In Guernsey over the last five years an average of over 40 people died every year from this cause.
* other forms of cancer including those of the mouth, larynx, oesophagus, pancreas and bladder.
* coronary heart disease - smoking doubles the risk of dying from a heart attack.
* lung diseases including coughs, chest infections, bronchitis and permanent damage like emphysema.

Non-smokers also have an increased risk of developing lung cancer if they live or work with a smoker over a period of time. Children of smokers are more likely to get bronchitis, pneumonia and other chest infections than the children of non-smokers and smoking while pregnant increases the risk of the baby being born weaker and underweight.

How many people smoke ?

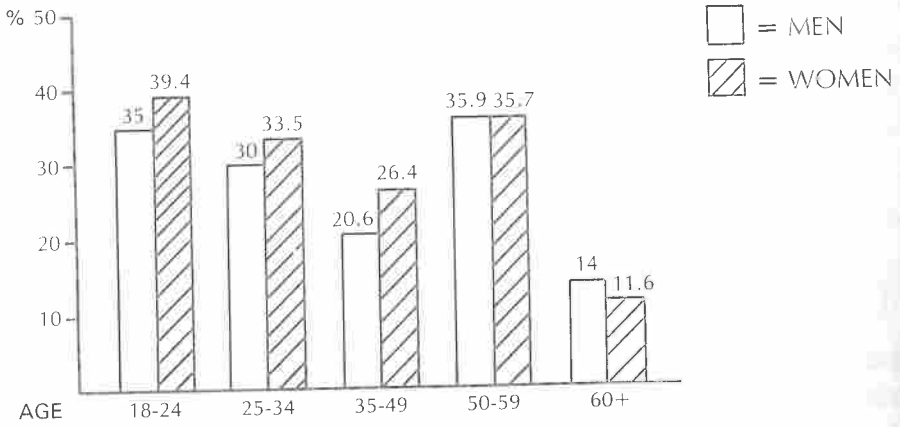
THE RESULTS OF OUR SURVEY SHOWED THAT 27% OF MEN & 31% OF WOMEN SMOKE



This showed a significant difference in the smoking habits between the sexes with more men stopping than women, but more women having never smoked.

Which people smoke?

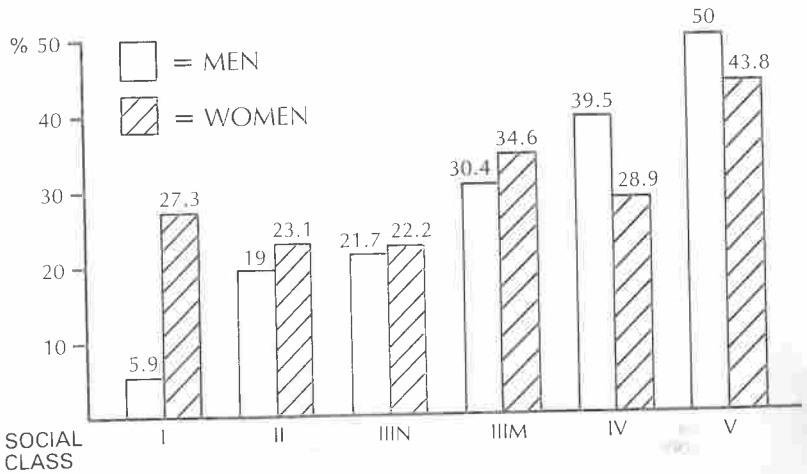
We examined the people who smoked by age and this chart shows the results.



Of the smokers more women than men under the age of 30 smoke.

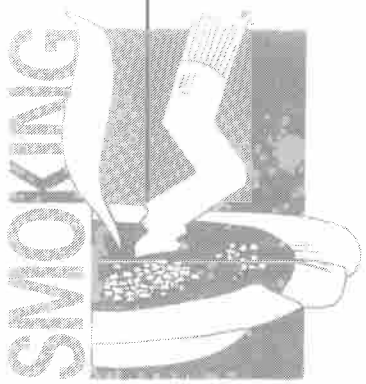
Social Class

We also looked at the social class of people who smoked. Here are the results



They show that the smoking rates increased from Social Class I to Social Class V. The association of smoking habits with social class for women are not statistically significant, although the general trends are similar to men.

Giving up Smoking



We asked "Would you like to give up smoking?" and **61% of all smokers said that they would.**

	YES
Heavy smokers	72%
Light Smokers	56%
Pipe and Cigar Smokers	39%

They gave a variety of reasons for wanting to give up, the most popular being to prevent disease and ill health (95%) and to improve their fitness (87%).

Reasons for giving up	Percentage
To prevent disease and ill-health	95%
To improve fitness	87%
To set a good example to the family	69%
To respect the wishes of non-smokers	58%
To demonstrate self-control	48%
To save money	48%
To be sociable	38%
To be more attractive	29%

In round terms

- almost one-third of the adult population smoke
- nearly two-thirds of smokers would like to give up, the majority to prevent disease and to improve their fitness

We then asked all smokers what kind of help they thought would be most useful if they wanted to give up smoking. We did this by giving them a list of eleven kinds of help and asked them to choose three or add their own if they wished.

Here are the most frequently mentioned forms of help:-

Form of Help	Percentage who felt it was important
Will power	67%
Advice from doctor	31%
Smoking restrictions in public places	28%
Encouragement from family	19%
Booklet of advice and practical tips	18%
Drugs prescribed by doctor	13%
Advice from close friends	9%
More tax on cigarettes	9%
Organised stop smoking groups	7%
Advice from colleagues at work	6%

The results show that two-thirds of smokers thought that will power was the greatest motivator whilst advice from their doctors was seen as the second most important.

Smoking in Public Places

28% also felt that smoking restrictions in public places were important and thought there should be **more** restrictions in the following places -

	Smokers	Non-Smokers
On Buses	38%	65%
In Restaurants and Cafes	35%	83%
In Banks and Post Offices	39%	64%
In Cinemas	37%	70%
In Public Houses	18%	65%
In Hospitals, Surgeries and other Health Premises	60%	83%

Not surprisingly views differed considerably between smokers and non-smokers.

The majority of non smokers thought there should be more smoking restrictions in all the locations mentioned.
60% of smokers felt that there should be more smoking restrictions in hospitals, surgeries, and other health premises.

Smoking and Stress

Finally we asked if people found smoking an effective way to reduce stress. The results were very different for smokers and ex smokers.

69% of smokers though it was very or fairly effective but 78% of ex regular smokers thought it was not effective.

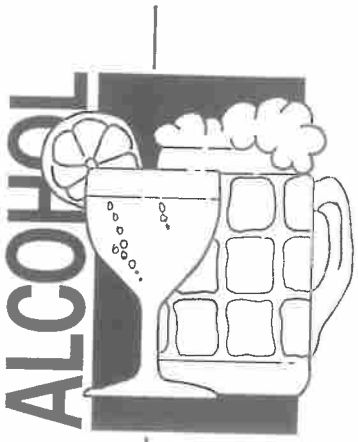
Summary

About one third of the adults in Guernsey smoke daily or occasionally. More women than men smoke and this is most marked in the under 50 age group. These people are most at risk of contracting smoking related diseases in the future. There is evidence in the survey results that the majority of current smokers would like to stop and there was a high degree of awareness amongst them of the health benefits that would result if they did so.

However, in spite of this widespread desire to stop, two thirds of smokers put their faith in will power - obviously a fallible source of motivation for many people. More encouragingly, a third would be receptive to help from their doctor and there is strong evidence that doctors can bring about significant changes in the smoking behaviour of their patients.

It is encouraging to note many people do manage to give up smoking; 10,000 have already succeeded in Guernsey according to our results.

ALCOHOL



The misuse of alcohol is a major preventable cause of illness, death and unhappiness. Alcohol causes damage to health in three ways:-

1. Cumulative harm from long term consumption, including -

brain damage	liver damage
cancer of the oesophagus	stomach ulcers
heart disease	malnutrition
high blood pressure	pancreatitis
chest diseases	sexual disorders
breast cancer	damage to an unborn child during pregnancy

2. Accidents and violence caused by a single bout of drinking - e.g.

accidents at home	suicides
road traffic accidents	assault
fires	criminal damage

3. Social effects -

marital and family breakdown	disruption of relationships
loss of job	trouble with the law
	financial problems

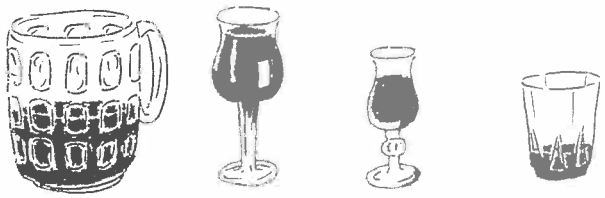
GUERNSEY BEER REACHES PARTS OTHERS CANNOT....
YEAH, USUALLY THE LEGS!

Consumption

To find out about their drinking habits the people in our survey were asked how often they drank and how much alcohol they consumed on these drinking days.

The consumption of alcohol is meaured in UNITS

ONE UNIT IS THE EQUIVALENT OF



½ pint of beer OR 1 glass of wine OR 1 glass of sherry OR 1 measure of spirits

Effect	Weekly Consumption (No. units) Men	Women
No long term health risk	up to 21	up to 14
No damage if spread throughout the week, may cause problems if concentrated on 1 or 2 occasions	22 - 35	15 - 22
Beginning to permanently damage a person's health	36 - 49	22 - 35
Drinking becoming a severe problem Must be causing great permanent damage	over 50	over 36

The survey showed that there were large differences between the sexes with men drinking very much more than women.

12% of Men and 7% of Women were regularly drinking quantities which were likely to cause permanent damage to their health (more than 36 units a week for men and more than 22 units a week for women).

These figures almost certainly underestimate the amount of alcohol that people drink by a large degree as many studies have shown that the amount people say they drink is much less than the volume of alcohol sales in the area.

In Guernsey spirits are measured in 1/5th gill rather than 1/6th, meaning that 1 pub measure is 1¼ units, not one. Even if the figures are taken at face value, it is clear that alcohol is a threat to the health and well-being of a large number of people in Guernsey.

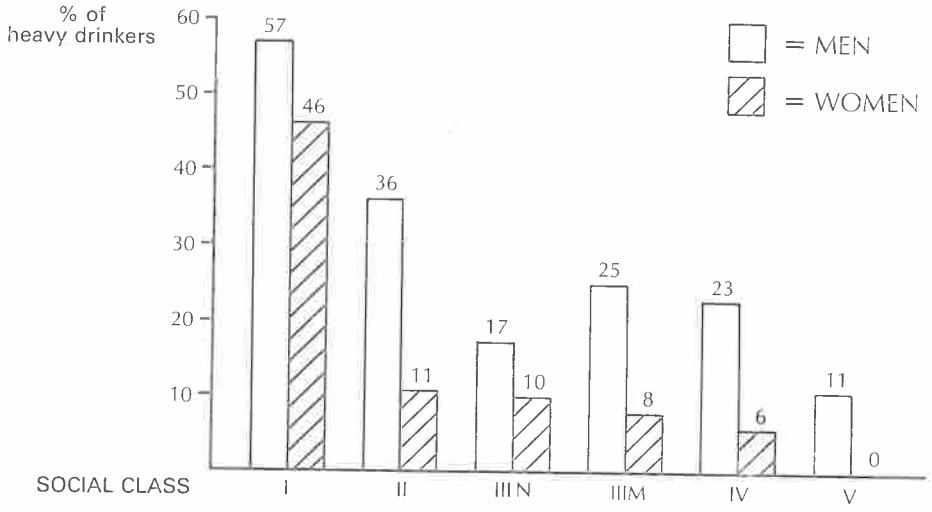
If the figures do underestimate the real amount of excessive drinking then the threat to people's health is correspondingly greater.

Which people drink

* Our survey showed that there were no significantly different drinking habits for men by age, but for women the number drinking excessive amounts increased with age up to retirement age.

* The numbers abstaining also increased with age:
  age 18-24 - 10% were abstainers over 60 - 45% were abstainers

We then looked at people's social class and the amount they drank. Heavy drinkers in this chart are men drinking more than 21 units a week and women drinking more than 14 units a week.



The results show that heavy drinking was highest in the professional and non-manual classes and then declined steadily through to the semi-skilled and unskilled manual workers.
This change is more marked for women. On the other hand, the highest levels of abstainers are found in social class V. These trends are completely opposite to those found in smoking.

Changing the pattern of drinking

We asked whether people had changed their drinking habits within the last year.

We found that:-
67% had not changed: 26% were drinking less: 6% were drinking more

Of the 26% of those drinking less, the majority (83%) are now drinking within the recommended safe limits. Slightly more men than women have reduced their drinking.
Half of men aged 18-24 are drinking less than last year and two-thirds of those from the manual class are drinking less.

Drinking pattern continued

We then asked those people who drank whether they would like to change their present level of drinking.

88% were content with the amount they were drinking
8% wanted to drink less
1% wanted to stop completely

only one-third of those thought to be damaging their health by drinking too much said they wanted to drink less or stop completely

We asked those who wanted to drink less what kind of help they thought would help them to do so. We did this by giving them a list of 14 kinds of help and asked them to choose up to three of them.
The most common replies were:-

personal will power	84%
non-alcoholic drinks in pubs	30%
advice from doctor	24%
encouragement and support from close family	22%
encouragement and support from close friends	16%

Summary

Alcohol is a socially acceptable drug which, used in moderation, can bring pleasure and relaxation. However, for those people who are unable to control their drinking it can be a major cause of unhappiness, illness, accidents and death.

More men than women reported drinking alcohol and they drank it in greater quantities. Younger people drank more alcohol than older people and those in the professional and non-manual classes drank more than those in the manual classes. However, a quarter of those surveyed said they were drinking less than last year.

It may be that these drinking habits are part of the lifestyle of these groups and it is probable that they are unaware of the harm they may be doing themselves. The promotion of sensible drinking policies in the workplace might go a long way to reach these groups.

Only 8% wanted to drink less and will-power was the most commonly mentioned aid. However, the fact that some people had so far been unable to keep their drinking at a desired level suggests that will-power is not the sole answer. More practical steps that might be taken include the provision of more non-alcoholic drinks in pubs and advice from doctors as a quarter of those who would like to cut back thought these would be helpful.

DIET

There is worldwide agreement that healthy eating has an important role in the prevention of a number of diseases. Such diseases are:-

Coronary Heart Disease
Bowel Disease
Diabetes
Arthritis
Cancer
Obesity
Hypertension

Evidence shows that, for example -

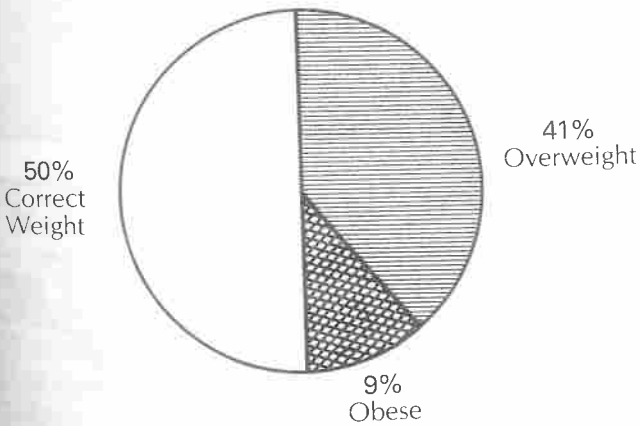
too much fat in the diet increases the risk of heart disease
too little fibre in the diet increases the risk of bowel disease
too much sugar in the diet increases the risk of dental disease

How many people are overweight?

People taking part in the survey recorded their weight and height, from which the body mass index was calculated.

$$\text{Body Mass Index (BMI)} = \frac{\text{weight (in kilograms)}}{\text{height (in metres)}^2}$$

Using this measure, people with a B.M.I. of less than 20 are probably underweight, those with a score of 25 or more are overweight, and those with a score of 30 or more are obese. The results are shown in the chart below.



In round terms
* Four in every ten of the sample were overweight
* almost one in ten was seriously overweight
* the largest number of overweight people were between 45 and 55 years of age
* there were more overweight women than men

Personal views on weight

We also asked people to say whether they thought they were under-weight, the correct weight or overweight. Their replies showed that 82% of men and 71% of women had a realistic picture of their weight. Almost a quarter of women overestimated their correct weight.

What people think about their diet

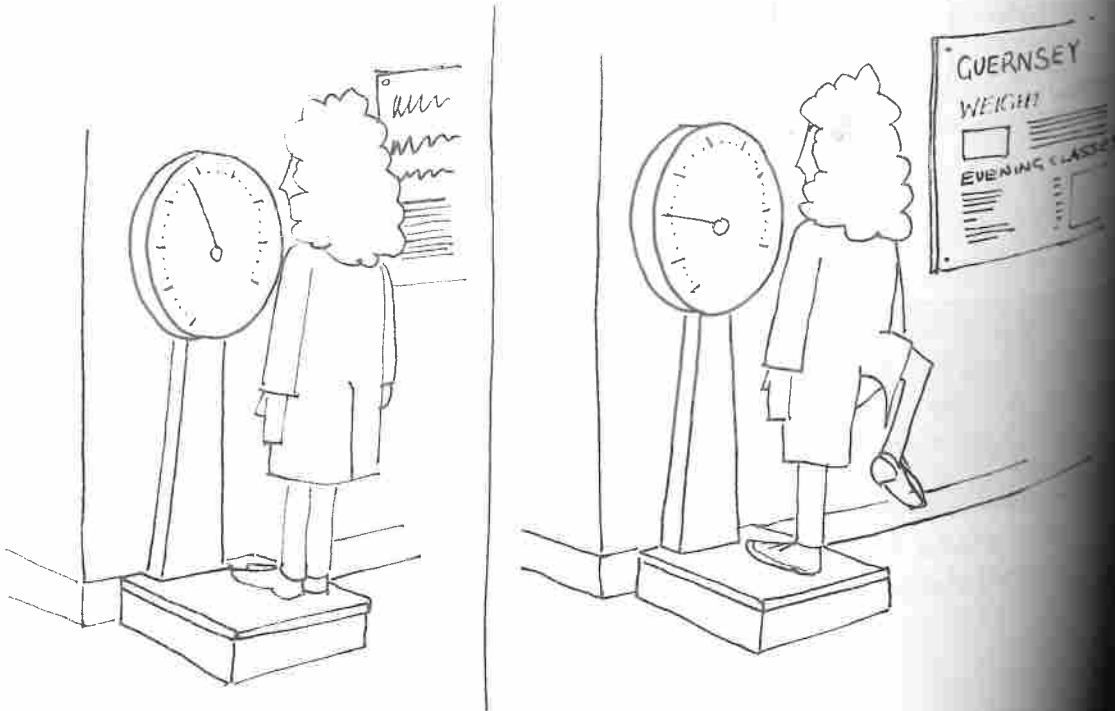
We asked people what they thought about their diets and whether they thought that they were eating the right amounts of certain foods.

The results are shown below

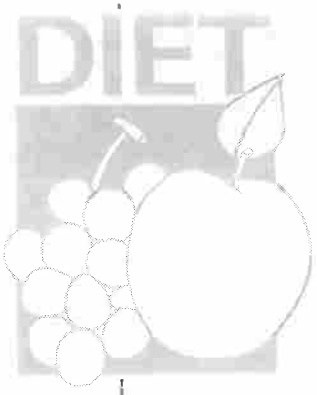
	Eating too much	Eating too little	Eating about right
Sugary Foods	35%	10%	50%
Fatty Foods	22%	8%	65%
Salt	18%	8%	69%
Red Meat	10%	6%	82%
Wholemeal Bread	2%	4%	59%
High Fibre Foods	1%	21%	76%
Fish and Poultry	0%	16%	82%

The key points in this table are

* Majority of people felt they were eating the right amounts of different foods.
* People who thought they were not eating the right amounts of some foods, said they felt they were eating too much sugary and fatty food and/or too little wholemeal bread and other high fibre foods.



Changing Diets



We next asked people if they had changed their diets within the last three years and if they had, what changes had they made.
The results were:-

Changes in Diet for Different Foods

Change:	More Eaten	Less Eaten	None
Fatty Foods	5%	71%	2%
Sugary Foods	8%	64%	27%
Red Meat	9%	55%	35%
Salt	3%	52%	41%
High Fibre Foods	72%	3%	25%
Wholemeal Bread	56%	12%	30%
Fish and Poultry	48%	9%	41%

Main points

* Over half of the sample (62%) had changed their diet within the last three years.
* Those under 25 had made the most changes.

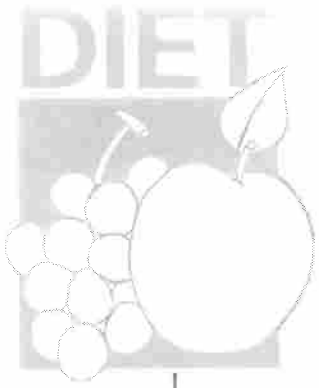
We asked the sample why they had changed.

The main reasons were:-

For health reasons such as to feel fitter	63%
Appearance	13%
On doctor's advice	12%
Change in income	12%

Finally, people were asked what they thought would be the three most important things that would help them change their pattern of eating.

Form of help	Percentage who felt it was important
Own will-power	57%
Advice from a doctor	49%
Encouragement and support from close family	41%
Wider availability of healthy foods	31%
Better food labelling	27%
Leaflets	20%
Organised Weightwatchers	11%



Summary

Food is a focus for family and social gatherings, and is essential to keep the body going. However, eating too much of some foods like sugar and fat, and too little of others - like fibre - can lead to ill health.

Four in every ten of the people interviewed in the survey were overweight. This indicates that 41% of the population of Guernsey are overweight and compares with 36% of the population in the U.K. who are overweight. The survey also indicated that 1 in 10 people are seriously overweight and running the risk of disease and ill health. This is particularly serious for men in the 45-55 age group, when the percentage of men who are overweight is highest. This is also the group with the largest proportion of men suffering from high blood pressure. Being overweight and having high blood pressure are two important risk factors in the development of coronary heart disease.

Looking on the brighter side - over half the sample had changed their diet. Added to this is the fact that the majority felt they were eating the right amount of different foods. For the most part, the changes were away from the sugary and high fat foods towards high fibre foods and fish and poultry. The single most important reason people gave for changing their diet was for health reasons.

These results indicate that people are generally aware of the guidelines on healthier eating, but that there are still approximately 21,000 people in Guernsey who might benefit from minor changes in their diet.

THE GUERNSEY BREAKFAST.

EXERCISE

There is increasing interest in the value of regular physical activity. Exercise is not only enjoyable, but makes a major contribution to health and fitness at all ages.

The major health outcomes of regular exercise are:-

* Improved cardiovascular function
* Increase in sense of mental well-being
* Helps keep weight within normal range
* Improved self-image and social contact
* Decreases blood pressure
* Increased independence and autonomy in the elderly

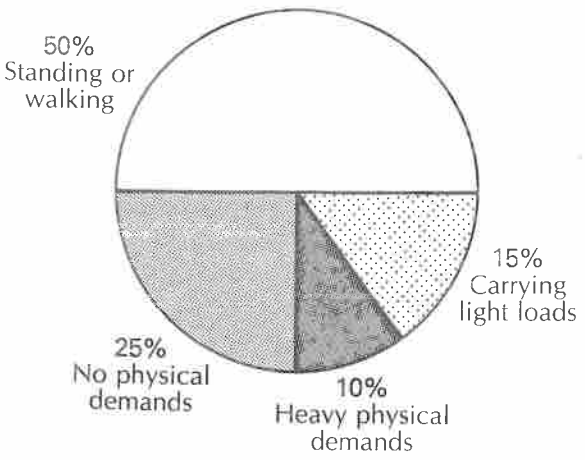
In the survey we looked at attitudes to exercise and how much exercise people did. 'Vigorous exercise' was defined as an activity in which the person got out of breath and any lesser activity defined as 'light exercise'.

The results showed that the amounts of vigorous exercise people took depends on age and social class.

* Men from non-manual groups took more vigorous exercise than men from manual classes.
* The numbers taking vigorous exercise decreases with age.
* One-quarter of men over 68 years and 1 in 7 women were still taking vigorous exercise.

Exercise and Work

People were asked how much physical activity their job involved. The results are shown in the diagram below.



How much exercise

What people think about the exercise they take

We then asked people about their reasons for doing exercise. The results showed:-

91% of people felt that exercise was important for staying in good health.
86% thought that exercise made them feel better.

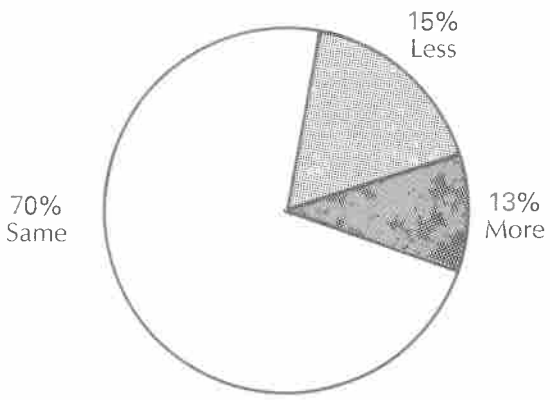
Of those who took exercise, over 95% said it was a good way of releasing tension and 85% a good way of keeping their weight down.

When we asked people if they felt they were taking enough exercise, over 50% said NO

The reasons for lack of exercise were:-	
Lack of incentive	45%
Lack of leisure time	44%
Laziness	15%
Lack of facilities at work	14%
Lack of interesting activities	14%
Illness or disability	14%
Lack of money	12%
Lack of transport	3%

We then asked people how much exercise they were taking compared with last year. The results are shown in the chart below.

Exercise taken compared with last year



Those who were taking more exercise did so -

*To improve general health
*To feel fitter
*To improve appearance

Summary

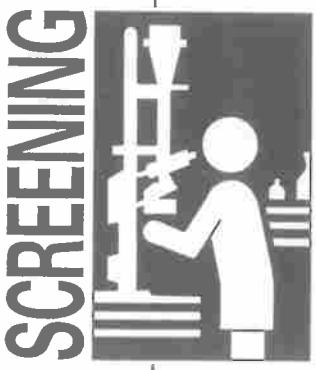
Regular exercise makes people feel better, both mentally and physically, keeps their weight within the normal range for their height and can protect against heart disease.

Lack of incentive and leisure time were said to be the main reasons for not taking enough exercise, and campaigns alone would not be able to overcome this. However, the provision of interesting and inexpensive leisure facilities both in the community and at work, may go some way to overcoming this problem.

Like other behaviours relating to health, exercise patterns form in the teenage years, and activities that encourage young people to continue exercising after leaving school could have tremendous effect on the overall amount of exercise people take. Similarly, people should be encouraged not to cease exercising as they grow older.

GIVE US A LIFT— I'VE GOT
TO BE BACK AT THE OFFICE
BY 2·00 O'CLOCK!

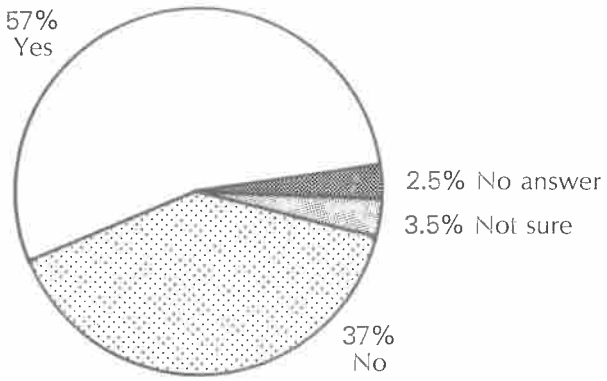
SCREENING



Screening is the examination or investigation of apparently well people to determine the presence or absence of signs of disease, such as heart disease and cancer. In principle, the detection and treatment of disease at an early stage, before the person is aware that anything is wrong, increases the chances of successful treatment. Screening is therefore a form of secondary prevention: it does nothing to protect people against disease in the first place (primary prevention), but it can sometimes minimise the impact of some diseases by treating them at an early stage.

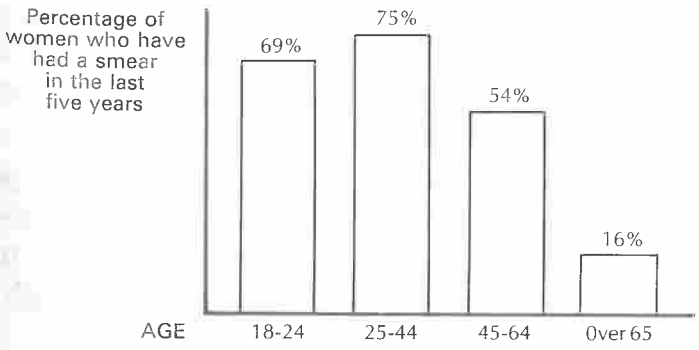
Cervical Screening

We asked the 327 women in the survey whether they had had a cervical smear, or womb cancer test in the past 5 years. Here are the replies:-



In round terms
*nearly two thirds of the adult women in Guernsey HAVE had a cervical smear
*but one third have NOT

There were, however, differences at different ages. The following charts show the proportions of women in each of four age groups, who said they HAD had a cervical smear.



Cervical Screening continued

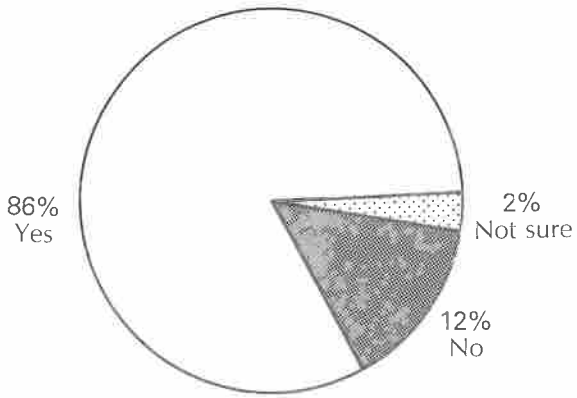
However, in one particular group - young married women aged 18-27 only 1 in 10 had not had a smear taken.

The Key Points in this chart are:-

* even among women in the younger age groups (18-44), a quarter said they had not had a cervical smear.
* the likelihood of having had a recent smear diminishes as age increases whilst the risk of cancer increases with age

Hypertension Screening

We asked the 590 people in the survey whether they had had their blood pressure measured in the previous five years by a doctor or a nurse.
Here are their replies:-



In round terms

* about 6 in every 7 of the adults in Guernsey HAVE had their blood pressure taken in the previous five years
* about one in eight have NOT

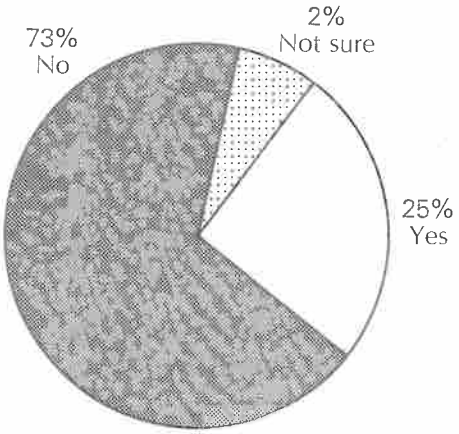
There were slight, but expected differences of age and gender in the proportion of people who had had their blood pressure taken. It was markedly lower than average among men aged 18-27, and higher than average among women of all ages.

It is a cause for concern that men in the age group 48-57 with the highest blood pressures, are also those less likely to have had their blood pressure measured (nearly a quarter had not been checked). It is estimated that 8% of men in this age group are suffering from high blood pressure which has gone unchecked.

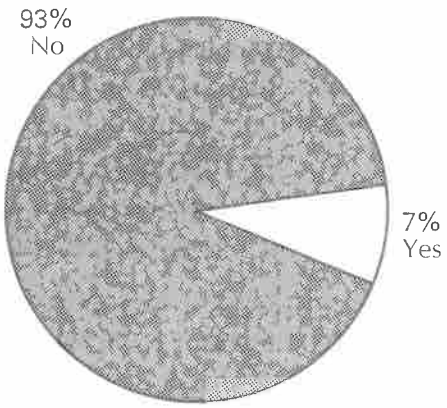
Health Checks

We asked the 590 people who responded to the survey whether they had had a health check during the last five years. Many of these health checks involve not only screening, but include a review of an individual's lifestyle and an opportunity to consider making a change where this might be beneficial. They involve action on the part of apparently well people to maximise their health.

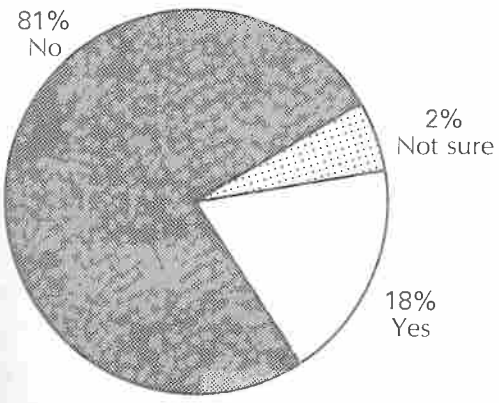
Here are the replies:



Well woman/person check



BUPA or Insurance check



Check at Work

A quarter of the sample said their doctor had invited them for a health check in the last five years. In all, 45% of the sample had had one of these general health checks, indicating that nearly half the population considered them to be valuable.

A Summary

The maintenance of good health is not only a matter of eating and drinking sensibly, avoiding smoking and taking reasonable exercise. Medical care also has an important part to play by diagnosing disease at an early stage, before the patient is aware that something may be wrong, and offering early treatment. In this survey, people were asked about their use of three forms of screening: for cervical cancer, high blood pressure and general health checks.

The results may be summarised in the form of the traditional school report: not bad, but could do better. Only two out of every three women aged between 18 and 64 said they had ever had a cervical smear, and, although we did not ask when the last smear had been taken, it is likely that a lower proportion had had it taken within the three years that are now recommended as the optimum interval between screens.

Six out of every seven adults said they had had their blood pressure recorded in the previous five years, and nearly half had had a health check in the last five years.

Our results suggest that more people could benefit from using the health screening services which are available in Guernsey.

Family doctors and the Guernsey Chest and Heart Association do have a vital part to play in the prevention of disease and promotion of health, and careful thought needs to be given to ways of overcoming the constraints that many people evidently feel about seeing their doctors in order to prevent disease.

STRESS & SLEEP

Stress is a response by the body to unusual demands through a chain of reactions involving the brain, nervous system and the release of various hormones. Stress has a positive and a negative side.

On the one hand it gives us the capacity for "fight or flight" - the surge of energy that enabled us to kill for survival in prehistoric times now helps us to run a race, win a competition or meet a deadline. However, the other side of the coin is that if the pressures are kept up for too long, the responses become harmful, unhealthy and counter-productive. Stress has been implicated in the cause of many diseases and although not the only factor involved, prolonged stress reaction may trigger or promote -

High blood pressure	Migraine
Heart attacks	Backache
Angina	Poor sleep
Strokes	Depression
Peptic ulcers	Nervous breakdown
Asthma	Skin allergies

It can also affect our thinking and emotions, for example, causing forgetfulness, lack of concentration, loss of temper, frustration and anxiety.

How stressed were people in our survey?

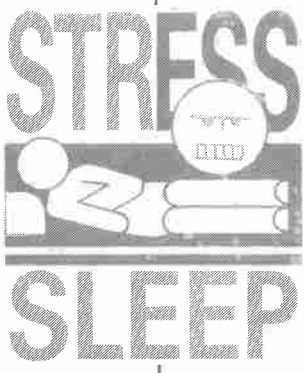
To find out, we asked three types of questions

- on anxiety
- on sleep problems and
- on social role

An overall score was awarded according to how people answered each section.

We found that of our sample:-

one in 7 was suffering from anxiety
one in 10 found it difficult to play a satisfying social role
one in 12 was suffering from insomnia
Some people (about one in 6 of this group) suffered from all three symptoms



State of Health & Stress

We then asked people to describe their current physical health and compared it with their psychological health scores.

We found that the poorer the state of physical health a person was in, the more likely they were to be suffering from stress.

We also found that many more women than men suffered from stress.

Which remedies are effective for stress?

To find out which remedies were most effective in relieving stress, we asked people's views on a variety of methods.

The results were:-

	Effective	Ineffective
Resting and relaxing	**88%**	**4%**
Discussing the problem with another person	**88%**	**5%**
Taking some exercise	**67%**	**13%**
Attempting to forget stressing problems	42%	31%
Having a few drinks	37%	36%
Spending more time working	31%	42%
Having a cigarette	**23%**	**61%**

How well do people sleep?

We then asked people how well they slept.

58% said they usually slept well
7% said they seldom slept well

We asked whether people regularly used anything to help them sleep. The majority of our sample said that they never used anything,

but of those who did:-

12% regularly had milk drinks at bedtime
9% regularly took sleeping tablets as a sleeping aid
4% regularly used alcohol at bedtime

Summary

Some stress is a necessary part of everyday life, but too often our stress responses are over active with no release for the pent up reactions.

A fair percentage of our sample admitted to suffering from the effects of stress and it could be that many people do not recognise the symptoms in themselves.

However, it was encouraging that over three-quarters of our sample saw resting and relaxing as an effective way to manage stress rather than being a workaholic or resorting to smoking or drinking and so, perhaps, more suppport should be given to teaching effective stress management techniques.


ISLAND DEVELOPMENT
COMMITTEE
APPLICATION REPLY

SUMMARY & CONCLUSIONS

by Dr. Peter Lawrence, Medical Officer of Health

The World Health Organisation strongly supports the "Health for All 2000" initiative in which a key feature is the concept of multidisciplinary action on a broad front in Health Promotion. A large number of countries throughout the world have adopted these ideas as the core of successful Health Promotion strategies and the Guernsey Health Promotion Unit strongly endorses this approach.

We live in an age of continuing crises over the cost of health care. All the developed countries are finding that the tremendous technical advances in medicine mean that much more (and much more expensive) treatment is now available to many more people - but governments cannot afford to pay for it. Concern over keeping expenditure within the budgets available diverts attention from the idea that it would be much more sensible to try and prevent illness in the first place.

Unfortunately, it takes a very long time - indeed, a whole lifetime - to get the full benefit from prevention. So in the interim, treatment costs are not likely to get smaller, and will be in direct competition with the cost of preventive services. We are in a very real chicken and egg situation, but it would be foolish to delay efforts at prevention. Because the treatment of illness is so expensive, there will never be much money left over for prevention. Unless we spend more on prevention, we cannot prove it works (and therefore deserves more effort and money) - so we go on spending more on treatment.

The Guernsey "Your Health" survey suggests ways of breaking out of this vicious circle. The results of the survey highlight the main problem areas:-

* One in three adults in Guernsey smoke
* One in ten drink sufficient alcohol to permanently damage their health
* Four in ten adults in Guernsey are overweight - and one in ten of these is seriously overweight
* Half the adults in Guernsey take little or no vigorous exercise
* One third of women under the age of 65 have never had a cervical smear, and one in five men aged between 45 and 64 have not had their blood pressure taken for at least five years.

Guernsey is not alone in having this sort of health profile, and in some respects it is better than the U.K. But there are no grounds for complacency - illness and premature death need not be so common, as we now know so much more about the risk factors for disease, and how they can be reduced.

Summary & Conclusions continued

Looking on the brighter side, many more people now understand the connection between behaviour, life style and illness, and many more do wish to do something about changing their life style. Nearly two-thirds of smokers said they would like to give up the habit, because they recognised the way in which it was harming their health. Some 4000 individuals want to reduce the amount of alcohol they drink, or to stop drinking, and this includes one-third of the heavy drinkers. About one-third of adults know they are overweight: a large proportion of them acknowledge that they eat too much sugar and fatty foods. Half the sample felt they did not take enough exercise.

These findings show that there would be considerable support for practical ways of changing behaviour in a more healthy direction. Nevertheless, we do have to face a lot of inbuilt resistance to change, and the flesh is often weaker than the spirit. It is also a fact of life that it is only with advancing years that the young come to realise they are not immortal, and that it would be a good idea to cut down on the risks they take with their health. Everyone takes some risks in satisfying their immediate appetites - whether it is for another cream cake or another pint of beer - and this must be accepted. But commonsense suggests that even if the occasional risk has to be accepted, we don't have to make a habit of taking frequent and repeated risks.

Another real difficulty is preserving the democratic right to harm ourselves if we want to.

The independent Guernseyman resents authority when it interferes with his private life. This is why there is so much emphasis in health promotion on seeking to persuade, never to enforce, and on encouraging change as a result of a personal, informed decision. At the same time, positive encouragement to take up unhealthy behaviour, for example by supporting tobacco advertising, could be considered morally and ethically wrong, even though it may still be legal.

When it comes to the sort of personal behaviour discussed in this report, freedom of choice is very much in the political arena. Most people agree that it would be unreasonable to make cigarette smoking illegal, but the majority, including smokers, would not today positively encourage youngsters to smoke. The next stage in the argument, of limiting the tobacco industry's freedom to advertise, is very much a matter for public opinion and political action. Historically it is true that many of the biggest changes in improving the public health have been the result of legislative and political action and this will always be an important way of making major changes.

To come down to practicalities, and realistic proposals for improving people's health, what can be done?

It is worth looking at measures that other countries have adopted, or are considering, and seeing which would be possible in Guernsey. Elsewhere, a comprehensive health promotion strategy has been based on four main proposals:-

Firstly, Fiscal Measures

High prices will discourage sales. Some countries have adjusted taxation so that, for example, the price of cigarettes is high enough to deter sales. The temptation of smoking and heavy drinking could be reduced by abolishing duty free customs allowances. A special sales tax on health harming products could be used to pay for some of their ill effects. Tax concessions or financial incentives could be used to encourage employers to provide sports facilities, to improve canteen facilities, to provide smoke-free premises, and to support groups such as "Smoke Stop", and "Look After Yourself".

Secondly, legislation and environmental control

Other countries have found restrictive legislation both acceptable and helpful. These include more restrictions on smoking in public places, making tobacco advertising illegal, informative labelling of food, and more stringent control of drunken driving. Such measures are only possible where public feeling is strong and where there is heightened awareness of the harm caused by tobacco, alcohol and unhealthy food.

Thirdly, Political measures

Preventive measures, rather than treatment facilities, could be given a higher political profile, with a specific requirement that all departments must consider health consequences in the widest context when making any policy statements or producing plans for new developments. For example, developing new industry may not only be hazardous from the consequences of pollution, but it can also be very damaging to social structure if it results in overcrowding, traffic congestion and stress. Another way of keeping prevention on the political agenda is to require a health authority to specify particular preventive targets, together with a timetable for implementation, when preparing strategic and operational plans. They could then be held accountable for any failure to meet their targets.

Fourthly, Educational

There is tremendous scope for improving and widening the educational approach in order to raise people's consciousness of health issues and to create a public opinion that asks for and supports the measures outlined above. Much is being done, and should continue to be done in schools and colleges, firms and businesses, and by public and voluntary organisations.

Summary & Conclusions continued

These approaches should be considered in Guernsey. A start has already been made. For example, the Board of Health has, in recent years, set in train a number of preventive activities designed to raise the levels of health in the Island in several different ways. These include:-

* Setting up a Health Promotion Unit
* Supporting national and local campaigns such as National No Smoking Day, World AIDS Day, and Drinkwise Day
* Providing training for individuals to develop their Health Education role
* Encouraging screening services for the early detection of disease
* Funding immunisation campaigns

Looking ahead, improving the health of the population depends very much on seeking the co-operation, and nurturing the help, of those who work outside the control of the Board of Health. This report highlights the need for change, and it is encouraging that there is a lot of evidence of a desire to change. It is now up to the community to complement the efforts of the Board of Health.

The prevention of illness is possible, is happening, and can be accelerated - if we start using the information collected in this report in a positive way.