INFORMATION ANALYSIS DIRECTORATE

Health Survey (NI) Technical report 2018/19

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An Roinn Sláinte
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Health Survey (NI):Technical Report 2018/19

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Statistics and research for the **Department of Health** is provided by Information Analysis Directorate (IAD). It comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support the public health survey function and to provide support on public health issues within the Department. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, and the Adult Drinking Patterns Survey.

PHIRB provides support to a range of key DoH strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Alcohol and Drug New Strategic Direction 2011-2016, by maintaining and developing key departmental databases such as, the Drug Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels.

Technical Notes

Fieldwork

The fieldwork for the survey was conducted from April 2018 to March 2019. Data were collected using Computer Assisted Personal Interviewing (CAPI) and where appropriate Computer Assisted Self Interviewing (CASI), from those aged 16 and over in private households in NI.

Sample

The sample for the survey consisted of a systematic random sample of addresses from the Northern Ireland Statistics and Research Agency (NISRA) Address Register (NAR). The NAR is developed within NISRA and is primarily based on the Land & Property Services (LPS) POINTER database. Each address within the NAR is given an address score ranging from 0 to 10 by NISRA which is based on information gleaned from other address based datasets and/or administrative sources. A score of 10 indicates the highest likelihood of the property being an occupiable domestic address.

A total of 6,240 addresses were selected for interview. From an eligible sample of 5,448 addresses, 2,866 households took part, giving a response rate of 53%. At each household, everyone aged 16 or over was selected to participate in the survey. A total of 3,593 interviews were achieved.

Questionnaire

Questionnaires are available online here.

Weighting

The results are based on information that has been weighted by age and sex in order to better reflect the composition of the general population of NI. A number of separate weightings were used to reflect the respondents that participated in particular modules of the survey.

In 2018/19, as part of an ongoing methodological review, a revised weighting methodology has been adopted. For comparison purposes, the trend tables accompanying the report have been updated to reflect the revised methodology.

Sampling error

As the results are based on data collected from a sample of the population, they are subject to sampling error. This should be taken into consideration when interpreting the results. Differences reported are those that are statistically significant at the 95% confidence level.

Percentages

Percentages may not always sum to 100 due to the effect of rounding or where respondents could give more than one answer.

Age range

Unless otherwise specified, results relate to adults aged 16 and over.

Trends

Comparisons of the main findings over time are also included for a range of health topics. Data sources for trend comparisons include the Health Survey NI (HS) from its commencement in 2010/11, the NI Continuous Household Survey (CHS) and the NI Health and Wellbeing Survey (HWBS) where relevant. The text in the main report does not make specific reference to the source but the table below notes the source used for each year by topic.

Year	GHQ12	Warwick Edinburgh	Five-a-day	Adult Obesity	Smoking	Drinking	Sexual Health
2018/19	HS	HS	HS	HS	HS	HS	HS
2017/18	HS	HS	HS	HS	HS	HS	
2016/17	HS	HS	HS	HS	HS	HS	
2015/16	HS		HS	HS	HS	HS	HS
2014/15	HS	HS	HS	HS	HS	HS	HS
2013/14	HS	HS	HS	HS	HS	HS	HS
2012/13	HS			HS	HS	HS	HS
2011/12	HS	HS	HS	HS	HS	HS	HS
2010/11	HS	HS	HS	HS	HS	HS	
2009/10	CHS				CHS		
2008/09					CHS	CHS	
2007/08					CHS		
2006/07					CHS	CHS	
2005/06	HWBS		HWBS	HWBS			
2004/05					CHS		
2002/03						CHS	
2000/01						CHS	
1997				HWBS			

Deprivation Quintile

The NI Multiple Deprivation Measure 2017 (NIMDM) is the official measure of deprivation in NI, and replaces the NIMDM 2010. The NIMDM 2017 allows the 890 Super Output Areas in NI to be ranked in relation to deprivation. Further detail on the measure is available online.

Based on their home address, respondents were allocated to deprivation quintiles throughout this report using the NIMDM 2017. Results from previous health surveys are based on NIMDM 2010.

Longstanding illness & Limiting longstanding illness

To establish the proportion of respondents with a long standing illness, interviewees were asked if they had 'any physical or mental health condition or illness lasting or expected to last 12 months or more'. If this long-standing illness also reduced a respondents 'ability to carry out day-to-day activities' the long-standing illness was then classified as limiting.

General Health Questionnaire (GHQ12)

The GHQ12 is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. Responses to these items are scored, with one point given each time a particular feeling or type of behaviour was reported to have been experienced 'more than usual' or 'much more than usual'. A score is then constructed from combined responses to create an overall score of between zero and twelve. A score of 4 or more is classified as a respondent with a possible psychiatric disorder, and referred to as a 'high GHQ12 score'.

General Health Questionnaire (GHQ – 12) ©David Goldberg, 1978

Warwick-Edinburgh Mental Well-being scale (WEMWBS)

This scale contains 14 positively worded statements, such as feeling optimistic, feeling relaxed, thinking clearly, feeling confident and feeling cheerful. Respondents are asked to indicate how often they have agreed with each statement on a scale ranging from '1- None of the time' to '5- All of the time'. A score is then assigned to each respondent with a minimum score of 14 and maximum score of 70. The higher a person's score is the better their level of mental well-being. The scale was not designed with a view to categorising the population according to level of mental well-being (thus no cut-off points have been developed), but rather as a tool for monitoring the mental well-being of groups of people over time or differences between groups.

The WEMWBS was funded by the Scottish Executive National Programme for improving mental health & well-being, commissioned by NHS Scotland, developed by the University of Warwick & the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick & the University of Edinburgh.

Loneliness

The loneliness questions are based on the three-item version of the UCLA scale. This scale asks indirectly about loneliness using the following questions:

How often do you feel that you lack companionship?

How often do you feel left out?

How often do you feel isolated from others?

Responses to each question have been scored to provide a single loneliness score.

Wellbeing

Respondents were asked four questions relating to how they felt about certain aspects of their life; satisfaction with life, feeling that the things they do are worthwhile, happiness, and level of anxiety. They were asked to place themselves on a scale of 0 to 10, with 0 being '*not at all*' and 10 being '*completely*'.

5 a day

The definition of 'Five portions of fruit and vegetables daily' is taken from the World Health Organisations' recommendation that adults should eat a minimum of 400g of fruit and vegetables a day, equivalent to eating five 80g portions of fruit and vegetables per day.

Physical Measurements

Measurements of height and weight were sought from individuals aged two and over in participating households. Measurements were obtained for 2,723 adults (aged 16 or over) and 501 children aged 2 to 15 years old) in 2018/19.

Body Mass Index

Body Mass Index (BMI) is a widely used indicator of body fat levels which is calculated from a person's height and weight. BMI is calculated by dividing weight (kilograms) by the square of height (metres). As part of this survey, height and weight measurements are sought from all individuals aged 2 or above at co-operating households.

Adults

Adults (aged 16 or over) are then classified into the following BMI groups:

BMI (kg/m^2)	Description
Less than 18.5	Underweight
18.5 to 24.9	Normal
25 to 29.9	Overweight
30 to 39.9	Obese
40 and over	Morbidly obese

Children

The classification of Body Mass Index in children (aged 2-15 years) depends on the age and sex of the child as well as their height and weight. The findings in the Health Survey (NI) use International Obesity Task Force (IOTF) cut-off points of the BMI percentiles for children. Using IOTF, overweight is defined as having a BMI at or above the 90^{th} percentile but below the 97^{th} percentile, and obese is defined as having a BMI at or above the 97^{th} percentile.

Children are classified into the following BMI groups:

BMI (kg/m^2)	Description
BMI-for-age <5^{th} percentile	Underweight
BMI-for-age between 5^{th} percentile & 90^{th} percentile	Normal
BMI-for-age between 5^{th} percentile & 90^{th} percentile	Overweight
BMI-for-age >97^{th} percentile	Obese

Note- The Health Surveys for England, Scotland and Wales report this using the UK BMI National Centile Classification Standards to measure obesity among children and, as such, the IOTF results for NI are not directly comparable. The UK Centile Classifications categorises obesity when BMI for age and sex is higher than the 95^{th} percentile with children categorised as overweight when the BMI fell between the 85^{th} and 95^{th} percentiles. Comparable results for NI with the UK national BMI Centile Classification Standards are available on request.