Appendices

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Appendix A: Trafford Health Profile 2007

The chart below shows a number of indicators of people's health in this local authority. It shows the local value for each indicator compared to the England worst, England best, England average and Regional average. The circle indicating the local value is shown as amber if it is significantly better or red if it is significantly worse than the England average. An amber circle may still indicate an important public health burden. A white circle is not significantly different from the England average. For technical information about each indicator, see www.communityhealthprofiles.info

Note (numbers in bold refer to the above indicators)
1 % of residents dependent on means-tested benefits. 2003 2 Land (hectares per capita) required to support an average resident’s lifestyle; no significance calculated. 2001 3 % of households on local authority housing register who are statutorily homeless. 2004/05. 4 % in low-income households. 2001 5 % achieving 5 A*-C. 2005/06. 6 Crude rate/1,000 pop 2005/06. 7 8 9 10 11 Not significantly different from England average. All indicators except those marked with an asterisk. 11 Crude rate/1,000 female pop. aged 15-17. 2002-04. 12 13 14 15 %; modelled estimates from the Health Survey for England. 16 17 18 19 20 21 Directly age standardised rate/100,000 pop. aged 65 or over. 2003-05. 22 Crude rate/1,000 live births. 2003-05. 23 Crude rate/1,000 pop. 2003-05. 24 Directly age standardised % 2001. 25 Crude rate claims of benefits/allowances for mental or behavioural disorders. 2003-05. 26 Directly age sex standardised rate/100,000 pop. 2005/06. 27 Crude rate/1,000 pop. aged 15-44; no significance calculated for lower tier authorities. 2004/05. 28 %, 2005/06. 29 Average no. of decayed, missing and filled teeth in children aged 5, data incomplete or missing for some areas. 2005/06. 30 Directly age standardised rate/100,000 pop. aged 65 and over. 2005/06.
Appendix B - Additional Methodology

(Sample size, recruitment procedures & questionnaire design)

The data used in this dissertation was previously gathered in 2006 using the methods listed below:

Sample Size Estimation

A calculation was used to inform the size of the study population, using the calculation as detailed in the paper written by Bland (2000).

\[ n = \frac{15.4 \times p \times (1-p)}{W^2} \]

Where ‘n’ is number of sample participants, ‘p’ is power, ‘W’ is width of confidence interval (10%).

The final sample size was based on the highest value given from performing two power calculations, both of which were related to the proportion of the UK population that fail to achieve current national dietary recommendations. The first was based on the current % of population achieving over the recommended salt intakes, and second for current % of population eating less than the recommended ‘5 a day’ of fruit and vegetables.
• Calculation based on the current % of population eating less than the recommended 5 portions/day of Fruit and Vegetable (Hoare et al., 2004)

Current % of population = 86%, therefore \( p = 0.86 \)

\[
N = \frac{15.4 \times 0.86 \times (1 - 0.86)}{(0.1)^2}
\]

Therefore \( n = 185 \)

• Calculation based on current % of population eating more than the recommended 6g/day of salt (Hoare et al., 2004)

Current % of population = 72%, therefore \( p = 0.72 \)

\[
N = \frac{15.4 \times 0.72 \times (1 - 0.72)}{(0.1)^2}
\]

Therefore \( n = 310 \)

The power calculations indicate that the size of the sample population needed for this survey is a minimum of 310 participants, in order to produce results of statistical significance at the 5% level.

(Source: Mathur, 2006)
Recruitment

The respondents were recruited from the following venues in Trafford Borough:

List of community settings targeted in Trafford MBC (July 2006)

<table>
<thead>
<tr>
<th>Ward Area in Trafford</th>
<th>Community groups &amp; Public amenities that were identified as suitable</th>
</tr>
</thead>
</table>
| Covering all North Trafford | Trafford General hospital outpatients  
Trafford PCT employees |
| Bucklow | Partington Children’s Centre  
Partington Health Centre (GP & dental surgeries, Weightwatchers)  
Partington Library |
| Flixton | Alliston House GP surgery, Urmston  
Urmston Library |
| Urmston |  |
| Davyhulme East & West |  |
| Stretford | Stretford Mall  
Seymour Grove GP surgery & baby clinic, Old Trafford |
| Park |  |
| Longford | Old Trafford community centre  
Old Trafford family centre  
Food & Mood event (St John’s centre) |
| Talbot |  |
| Clifford |  |
| Covering all South Trafford | Altrincham General Hospital outpatients  
Trafford PCT employees |
| Bowdon | Tesco Altrincham  
Sainsbury’s Altrincham |
| Altrincham |  |
| Hale |  |
| Timperley |  |
| Village |  |
| Broadheath |  |
| Brooklands | The Square shopping centre, Sale |
| St Martins | Sale West community centre |
Procedures

The following steps were taken at each community location for the data collection phase:

1) A pre-arranged visit was agreed with the manager of each location. On the day of data collection the researchers (Anika Mathur and Hanna Ellison) arrived and set up in a discreet location, either in the waiting room (e.g. GP surgery) or at the entrance to the location (e.g. supermarkets and libraries).

2) Each researcher approached people who appeared to be over the age of 18 years old that were waiting or walking past, and asked them whether they would like to take part in a survey run by Trafford Primary Care Trusts, which would take ten minutes of their time. If the person declined to participate, this was deemed as the person not giving their informed consent to take part, and the researcher withdrew the questionnaire and thanked the person for their time.

3) If the person decided straight away that they wanted to take part, thereby giving their informed consent, the researcher advised them to read through the
Participant Information sheet and to commence the survey. The researcher would then prompt the participant to whether they wanted the researcher to fill in the questionnaire on their behalf, or whether they were happy to fill it in themselves.

4) If the person said that they wanted more information before deciding to take part, the researcher gave them a clipboard containing Participant Information sheet, questionnaire and Reference sheet and advised them to read through the information before making a decision. After 5 minutes, the researcher approached the person again and asked them, based on the information, whether they would like to take part. If the person said yes, this was deemed as them giving their informed consent. The researcher then asked if they wanted to fill it in themselves, or whether they would want the researcher to fill it in for them.

5) In the case of participants filling in the questionnaires themselves, the researcher informed each participant that they would be available to participants to answer any questions should they be unclear on any of the information, or should they be unsure of any of the questions. The researcher then returned to their waiting area to wait for the questionnaire to be completed and returned to them.

6) On receiving the completed questionnaire, the researcher thanked the participant for their time and bid goodbye.
Participants with limited understanding of English

1) Initially the researcher asked people (in English) whether they would like to take part.

2) If the person did not understand English, then the researcher requested the community centre translator (if available) to help translate. The translator asked in their native language for their consent to take part, and explained the background of the study based on the information in the Participant Information Sheet. If the participant gave informed consent, the Translator was involved in helping to translate the questionnaire questions to the participant, and in translating the replies back. In this case, the researcher was then responsible for filling in the questionnaire on behalf of the participant.

3) If there was no translator available, the researcher had to deem this as a limitation to the study, withdraw the questionnaire, and thanked the person for his or her time.

4) If the participant understood spoken English, and consented to taking part, the researcher asked them if they were able to read and write English. If they said yes, then the researcher gave them the Participant Information Sheet to read, and the questionnaire to fill in.

5) If the person was unable to read or write in English, and initially consented to taking part, the researcher offered to take them through the Participant Information sheet. The researcher then prompted the person for a second time whether they consented to taking part. If consent was given on the second prompt, the researcher took them through the questionnaire and
wrote down their responses in the questionnaire. If the person declined to take part following the second prompt, the researcher withdrew the questionnaire and thanked the person for their time.

(Source: Mathur, 2006)
Questionnaire Design

The questionnaire was developed using a brief supplied by Trafford PCT identifying the key areas to be surveyed. The PCT directed that quantitative analysis should be undertaken on: Dietary intake, physical activity, cooking skills, intention to change diet, smoking and alcohol consumption. This data was gathered alongside participant information such as age, gender, ethnicity, and residential postcode.

The style of the questionnaire was based on previously validated health and lifestyle questionnaires employed by other Primary Care Trusts in the North West including: Liverpool & Sefton, Wigan & Bolton, Bury, Warrington and East Lancashire PCTs.

A Draft questionnaire was piloted on University of Chester Students before being administered to Trafford residents.

(Source: Mathur, 2006)
Appendix C: Trafford Borough boundaries

(Separate sheet)
Appendix E: Cancer Council Victoria, Food frequency Questionnaire

Dietary Questionnaire

QUESTIONS ABOUT WHAT YOU USUALLY EAT AND DRINK

INSTRUCTIONS:
This questionnaire is about your usual eating habits over the past 12 months. Where possible give only one answer per question for the type of food you eat most often.
(If you can't decide which type you have most often, answer for the types you usually eat.)

- Use a soft pencil only, preferably 2B.
- Do not use any biro or felt tip pen.
- Erase mistakes fully.
- Make no stray marks.

Please MARK LIKE THIS:

1. How many pieces of fresh fruit do you usually eat per day? (Count 1/2 cup of diced fruit, berries or grapes as one piece.)
   ○ I didn't eat fruit
   ○ less than 1 piece of fruit per day
   ○ 1 piece of fruit per day
   ○ 2 pieces of fruit per day
   ○ 3 pieces of fruit per day
   ○ 4 or more pieces of fruit per day

2. How many different vegetables do you usually eat per day? (Count all types, fresh, frozen or tinned.)
   ○ less than 1 vegetable per day
   ○ 1 vegetable per day
   ○ 2 vegetables per day
   ○ 3 vegetables per day
   ○ 4 vegetables per day
   ○ 5 vegetables per day
   ○ 6 or more vegetables per day

3. What type of milk do you usually use?
   ○ none
   ○ full cream milk
   ○ reduced fat milk
   ○ skim milk
   ○ soya milk

4. How much milk do you usually use per day? (Include flavoured milk and milk added to tea, coffee, cereal, etc.)
   ○ none
   ○ less than 250 ml (1 large cup or mug)
   ○ between 250 and 500 ml (1-2 cups)
   ○ between 500 and 750 ml (2-3 cups)
   ○ 750 ml (3 cups) or more

5. What type of bread do you usually eat?
   ○ I don't eat bread
   ○ high fibre white bread
   ○ white bread
   ○ wholemeal bread
   ○ rye bread
   ○ multi-grain bread

6. How many slices of bread do you usually eat per day? (Include all types, fresh or toasted and count one bread roll as 2 slices.)
   ○ less than 1 slice per day
   ○ 1 slice per day
   ○ 2 slices per day
   ○ 3 slices per day
   ○ 4 slices per day
   ○ 5-7 slices per day
   ○ 8 or more slices per day

7. Which spread do you usually put on bread?
   ○ I don't usually use any fat spread
   ○ margarine of any kind
   ○ polyunsaturated margarine
   ○ monounsaturated margarine
   ○ butter and margarine blends
   ○ butter

8. On average, how many teaspoons of sugar do you usually use per day? (Include sugar taken with tea and coffee and on breakfast cereal, etc.)
   ○ none
   ○ 1 to 4 teaspoons per day
   ○ 5 to 8 teaspoons per day
   ○ 9 to 12 teaspoons per day
   ○ more than 12 teaspoons per day

9. On average, how many eggs do you usually eat per week?
   ○ I don't eat eggs
   ○ less than 1 egg per week
   ○ 1 to 2 eggs per week
   ○ 3 to 5 eggs per week
   ○ 6 or more eggs per week

10. What types of cheese do you usually eat?
    ○ I don't eat cheese
    ○ hard cheeses, e.g. parmesan, romano
    ○ firm cheeses, e.g. cheddar, edam
    ○ soft cheeses, e.g. camembert, brie
    ○ ricotta or cottage cheese
    ○ cream cheese
    ○ low fat cheese

Please fill in the date you completed this questionnaire:

<table>
<thead>
<tr>
<th>DAY</th>
<th>MTH</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>○ JAN</td>
<td>○ 2004</td>
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<td>○ FEB</td>
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<td>○ APR</td>
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<td>○ DEC</td>
<td>○ 2015</td>
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</table>
For each food shown on this page, indicate how much on average you would usually have eaten at main meals during the past 12 months. When answering each question, think of the amount of that food you usually ate, even though you may rarely have eaten the food on its own.

If you usually ate more than one helping, fill in the oval for the serving size closest to the total amount you ate.

11. When you ate potato, did you usually eat:
   - A: 60g
   - B: 100g
   - C: 150g
   - D: 200g
   - E: 250g
   - F: 300g
   - G: More than G
   - H: Less than A

12. When you ate vegetables, did you usually eat:
   - A: 125g
   - B: 250g
   - C: 375g
   - D: 500g
   - E: More than C
   - F: Less than A

13. When you ate steak, did you usually eat:
   - A: 100g
   - B: 125g
   - C: 150g
   - D: 175g
   - E: More than C
   - F: Less than A

14. When you ate meat or vegetable casserole, did you usually eat:
   - A: 100g
   - B: 180g
   - C: 270g
   - D: More than C
   - E: Less than A
Source: Cancer Council Victoria, 2008
Appendix F: Balance of Good Health

(separate sheet)
### Appendix G: Local Alcohol Profile for England - Trafford

Profile of alcohol related harm - Trafford

<table>
<thead>
<tr>
<th>Indicator</th>
<th>England Average</th>
<th>North West Average</th>
<th>Trafford Average</th>
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<tbody>
<tr>
<td>Months of life lost - males</td>
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<td>Months of life lost - females</td>
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<tr>
<td>Alcohol-specific mortality - males</td>
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<td>Alcohol-specific mortality - females</td>
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<td>Mortality from chronic liver disease - males</td>
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<td>Mortality from chronic liver disease - females</td>
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<td>Alcohol-attributable mortality - males</td>
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<td>Alcohol-attributable mortality - females</td>
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<td>Alcohol-specific hospital admission - under 18s</td>
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<td>Alcohol-specific hospital admission - males</td>
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<td>Alcohol-specific hospital admission - females</td>
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<td>Alcohol-attributable hospital admission - males</td>
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<td>Alcohol-attributable hospital admission - females</td>
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<tr>
<td>Hospital admissions for alcohol-related harm (NI 39)</td>
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<td>Alcohol-related recorded crimes</td>
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<td>Alcohol-related violent crimes</td>
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<td>Alcohol-related sexual offences</td>
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<td>Claimants of incapacity benefits - working age</td>
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<td>Mortality from land transport accidents</td>
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<td>Hazardous drinking (synthetic estimate)</td>
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<td>Harmful drinking (synthetic estimate)</td>
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<td>Binge drinking (synthetic estimate)</td>
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<td>Employees in bars - % of all employees</td>
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</tbody>
</table>

Appendix H: Local Alcohol Profile for England - Manchester

Profile of alcohol related harm - Manchester