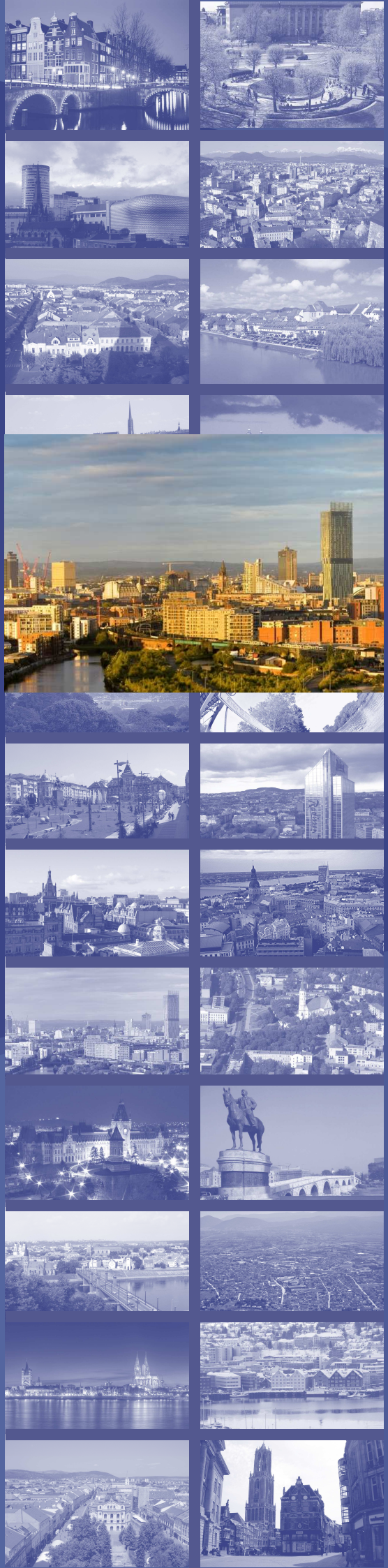


Health Profile:

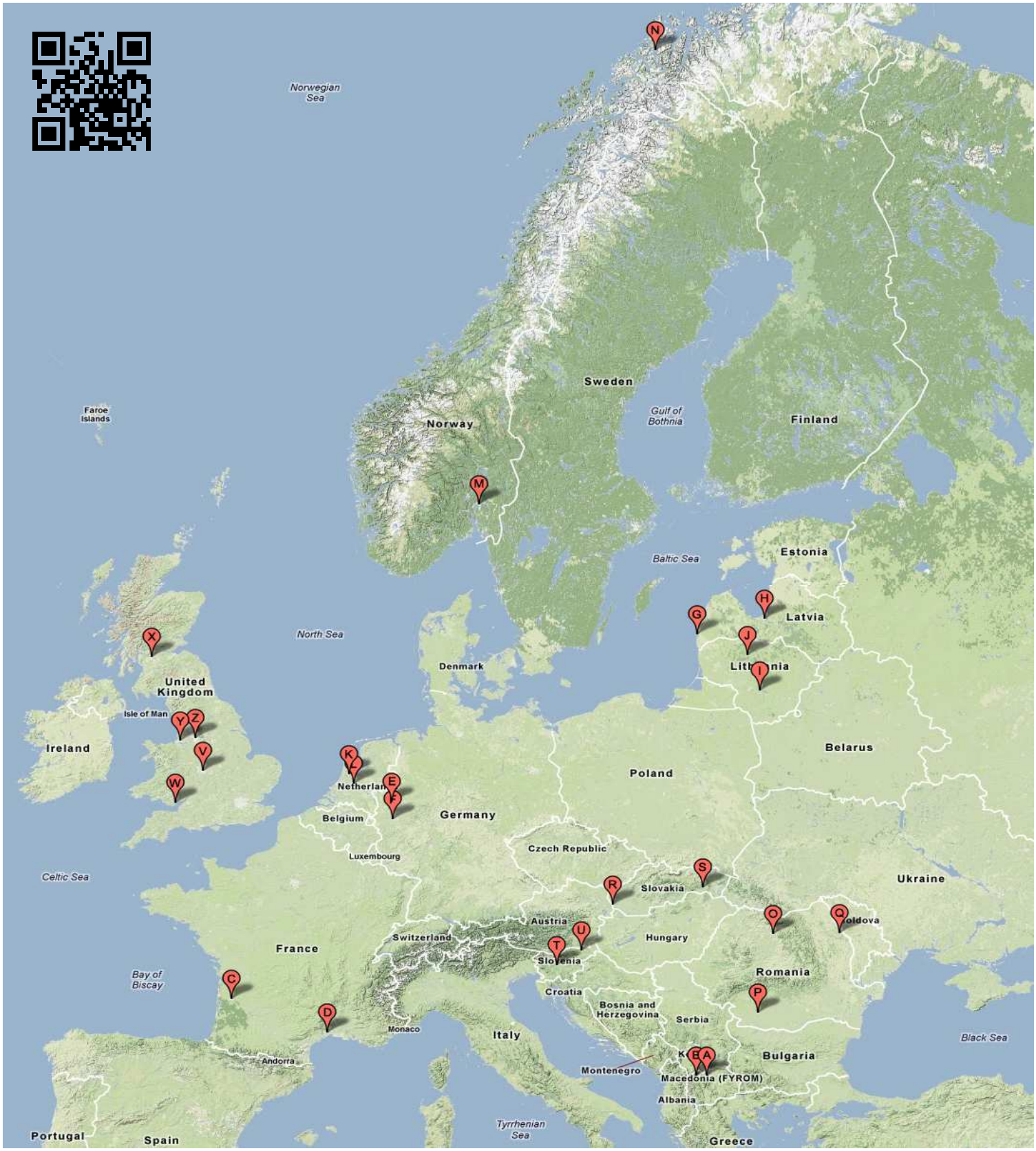
Greater Manchester, United Kingdom

Taking cities to a healthier future

EURO-URHIS 2

European Urban Health Indicators System Part 2

Urban Health Monitoring and Analysis System to Inform Policy



A	Skopje, the former Yugoslav Republic of Macedonia	N	Tromsø , Norway
B	Tetovo, the former Yugoslav Republic of Macedonia	O	Bistrița, Romania
C	Bordeaux, France	P	Craiova, Romania
D	Montpellier, France	Q	Iași, Romania
E	Oberhausen, Germany	R	Bratislava, Slovakia
F	Köln, Germany	S	Košice, Slovakia
G	Liepāja, Latvia	T	Ljubljana, Slovenia
H	Riga, Latvia	U	Maribor, Slovenia
I	Kaunas, Lithuania	V	Birmingham, United Kingdom
J	Šiauliai, Lithuania	W	Cardiff, United Kingdom
K	Amsterdam, The Netherlands	X	Glasgow, United Kingdom
L	Utrecht, The Netherlands	Y	Merseyside, United Kingdom
M	Oslo, Norway	Z	Greater Manchester, United Kingdom

Depression and anxiety were more often reported in Greater Manchester compared to the other EURO-URHIS 2 cities.

All-cause mortality in both males and females is similar in Greater Manchester compared to other EURO-URHIS 2 cities. Mortality from diseases of the respiratory system and mortality from malignant neoplasms in females are substantially higher than the overall EURO-URHIS 2 mean. Mortality from diseases of the circulatory system does not differ.

Heavy episodic drinking in Greater Manchester youth and binge drinking in adults occur more often than in other EURO-URHIS 2 cities. Smoking in both youth and adults occurs less often in Greater Manchester than in other EURO-URHIS 2 cities.

The proportion of overweight or obese adults is higher in Greater Manchester compared to the overall EURO-URHIS 2 proportion.

Health and health determinants in Greater Manchester vary considerably by age, gender, and level of education.

This health profile describes the health situation and associated health determinants in Greater Manchester compared with those observed in other European urban areas.

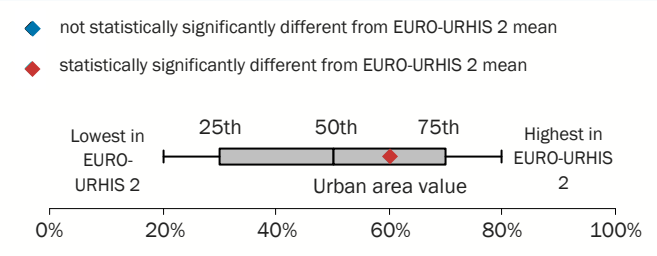
Greater Manchester is one of the urban areas chosen for EURO-URHIS 2 (European Urban Health Indicator System Part 2), a project that aims to identify health problems in urban areas. The EURO-URHIS 2 project describes health and health determinants specific to urban areas in Europe, covering cities in North, East, South, and West Europe. This project may add to information that is already locally available, in that it is the first study to enable reliable comparisons of health status between different cities in Europe. Policy makers can use the information to prioritise topics for urban health policy and for interventions in an evidence-based way.

EURO-URHIS 2 gathered information by collecting data from routinely available registration data, and by conducting youth and adult surveys at the end of 2010. In total, data from 26 urban areas in Europe were available for between-city comparisons and benchmarking.

The routinely available registration data relate to the most recently available year (2002-2008). The youth survey was a school-based survey of 14-16 year olds. In Greater Manchester, 3,466 students completed a valid questionnaire. The adult survey was carried out involving a representative sample of adults aged 19-64 and 65+. In Greater Manchester, 953 19-64 year olds and 1,399 65+ year olds completed valid questionnaires.

Data collection from routinely available registration data and the youth survey were conducted in all ten boroughs of Greater Manchester. Only causes of death were not available for Salford. The adult survey was conducted in Bury, Oldham, Salford, Stockport, and Tameside & Glossop.

More detailed information on the justification of methods and instruments that were used, as well as response rates, selection of cities and indicators, and statistical methodology, can be found on our websites: www.urhis.eu and http://results.urhis.eu. The websites also provide data from other participating urban areas and comparisons between specific cities can be made.



The graphs in this health profile show the health status of the urban area compared to other EURO-URHIS 2 urban areas. The whiskers represent the lowest and highest value within the EURO-URHIS 2 project on a scale of 0 to 100%. The grey bar represents the 25th, 50th, and 75th percentile. The urban area value is shown as a diamond, which is blue when the value is not statistically significantly different from the EURO-URHIS 2 mean and red when the difference is statistically significant (at the 5% level).

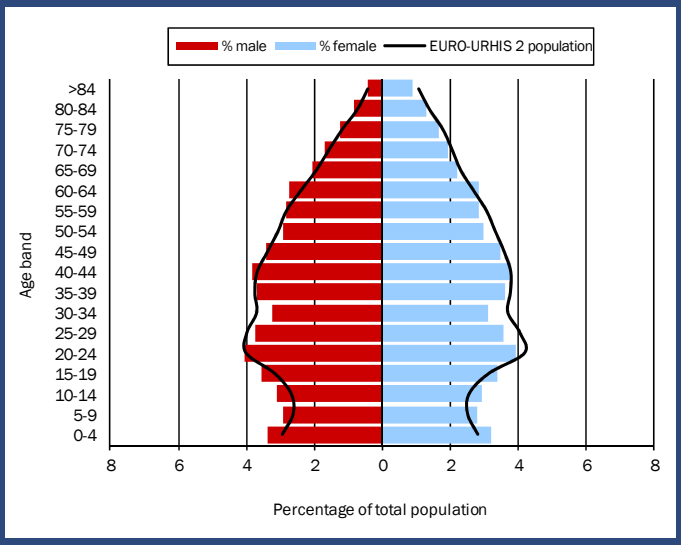


Figure 1. Age distribution

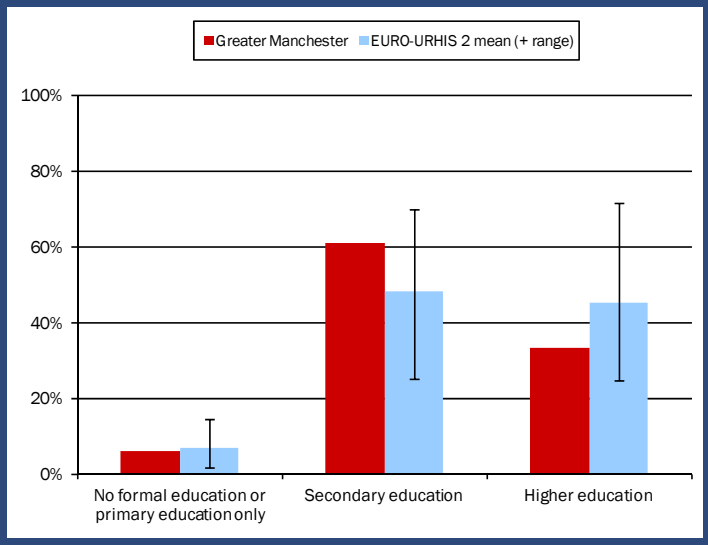


Figure 2. Level of education

Differences in health status may possibly be explained by age and education. Figures 1 and 2 show the age distribution and level of education in Greater Manchester compared to the other EURO-URHIS 2 urban areas. Age did not explain any observed differences in the adult survey between Greater Manchester and other EURO-URHIS 2 urban areas. Education differences between adults from Greater Manchester and other EURO-URHIS 2 cities could explain the significantly different level of the sense of belonging to the immediate neighbourhood.

DISCLAIMER

To achieve maximum quality of the data, all instruments used were based on knowledge of earlier studies and expert consultations, and were piloted, validated, and optimised. The survey questionnaires of EURO-URHIS 2 were based on already existing, validated instruments; selected indicators were as little culturally sensitive as possible. Questionnaires were translated in the local language(s) and, for validation purposes, back-translated into English. Youth survey response rates were generally very high. In the adult survey, a minimum response rate of 30% was required to be included for benchmarking. Despite all our efforts, and as in any survey, the point estimates for certain health indicators in your urban area may deviate from other estimates, and may not be comparable to other local information due to differences in study methodology and indicator definitions. If you would like further information regarding the methodology, please see our websites: http://www.urhis.eu and http://results.urhis.eu.

Health-related Characteristics of Greater Manchester

	Indicator	Greater Manchester	United Kingdom	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Demographic	1. Population size (x1,000)	2,565	61,192	67	264	406	708	2,565	570	23
	2. Population density	1,970	251	27	1,115	2,040	2,840	4,580	1,974	24
	3. Population aged 0-19 years	25%	24%	17%	20%	22%	24%	28%	22%	23
	4. Population aged 65+ years	14%	16%	7%	11%	14%	15%	20%	14%	23
	5. Live births	67	63	39	45	52	58	75	53	24
	6. Teenage pregnancies	33	26	4	7	11	20	33	14	18
	7. Pregnancies after age 35	32	34	7	18	23	33	59	28	18
Socio-economic	8. Unemployment (age 19-64)	5.1%	-	3.6%	4.0%	4.9%	7.2%	10.2%	5.8%	16
	9. Higher level education	33%	-	25%	33%	45%	53%	72%	45%	16
	10. Not enough money	11%	-	5%	11%	16%	22%	61%	21%	16
	11. Low family wealth	8%	-	5%	7%	13%	21%	44%	16%	20
Health System	12. MMR vaccinated	93%	86%	83%	88%	94%	97%	100%	93%	19
	13. DTP vaccinated	95%	92%	83%	93%	95%	97%	99%	94%	19
	14. Cervical smear test	63%	-	41%	62%	70%	76%	83%	68%	16
	15. Cholesterol measurement	41%	-	23%	42%	47%	52%	64%	47%	16
Health Status	16. Life expectancy - male	75.8	77.8	68.2	71.0	75.3	76.1	77.0	73.6	18
	17. Life expectancy - female	80.2	81.9	76.2	78.5	80.2	81.0	82.0	79.7	18
	18. Infant mortality	5.6	4.6	1.3	3.5	4.9	5.7	9.4	5.0	24
	19. Low birth weight	7.9%	7.1%	2.7%	5.2%	6.6%	8.1%	11.8%	6.7%	22

Table 1. Health-related characteristics of Greater Manchester

Source. Indicators 1-7, 12-13, and 16-19: routinely available registration data; indicators 8-10 and 14-15: adult survey; indicator 11: youth survey. Missing data are indicated by "-".
N = number of urban areas that were able to collect data on the specific indicator.

1. number of inhabitants; **2.** number of inhabitants per km^2; **3.** % of inhabitants aged 0-19 years; **4.** % of inhabitants aged 65 years or older; **5.** number of births per 1,000 women aged 15-44 years; **6.** number of births per 1,000 women aged 15-19 years; **7.** number of births per 1,000 women aged 35-44 years; **8.** % of adults aged 19-64 years who are unemployed; **9.** % of adults who attained higher level education; **10.** % of adults who do not have enough money for daily expenses; **11.** % of youth who live in a low wealth family, as defined by a FAS (Family Affluence Scale) score of ≤3; **12.** % of population who have completed measles, mumps, and rubella (MMR) vaccination courses before school-age; **13.** % of population who have completed diphtheria, tetanus, and poliomyelitis (DTP) vaccination courses before school-age; **14.** % of adult women who have undergone a cervical smear test within the past three years; **15.** % of adults who had their serum cholesterol measured within the last year; **16-17.** number of years that a newborn is expected to live if current mortality rates continue to apply; **18.** annual number of deaths of children under one year of age, per 1,000 births; **19.** % of total live births weighing less than 2,500 grams

Compared to other cities in EURO-URHIS 2, Greater Manchester is an urban area with average population density and an average aged population. The number of annual live births is higher than the overall EURO-URHIS 2 mean. Teenage pregnancies are relatively common.

The percentage of inhabitants with higher level education in Greater Manchester (33%) is relatively low compared to the overall EURO-URHIS 2 mean. The proportion of adults who reported to not have enough money for daily expenses (11%) and the proportion of youth that reported to live in poor families (8%) are significantly lower than the EURO-URHIS 2 mean.

The proportion of females in Greater Manchester who have undergone a cervical smear test and the proportion of adults who had their serum cholesterol measured are significantly lower compared to the other EURO-URHIS 2 cities.

Life expectancy at birth is an indicator for the general health status of a population. In Greater Manchester, male life expectancy is 75.8 years and female life expectancy is 80.2 years, which are both similar to the overall average in EURO-URHIS 2.

Infant mortality is an indicator for population health and quality of health care services. With an infant mortality rate of 5.6 per 1,000 live births, Greater Manchester is comparable to other EURO-URHIS 2 urban areas.

At the population level, low birth weight is an indicator for pregnancy conditions and perinatal care. Low birth weight can at the individual level also result in health problems later in life. Of all newborns in Greater Manchester, 7.9% had a low birth weight, which is comparable to the overall EURO-URHIS 2 mean.

YOUTH HEALTH STATUS

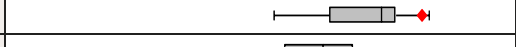
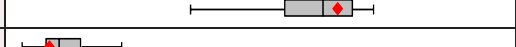
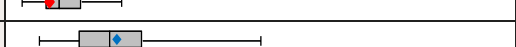
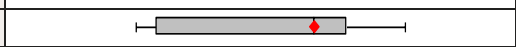
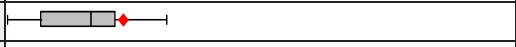
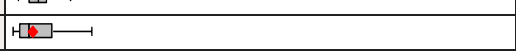
	Indicator	Greater Manchester	EURO-URHIS 2 range (percentiles) 0% 50% 100%	EURO-URHIS 2 mean	N
Health Status	1. Good self-perceived health	87%		92%	20
	2. Elevated risk of psychological problems	24%		20%	20
	3. Psychosomatic symptoms	12%		10%	20
	4. Low back pain	39%		42%	20
Lifestyle Factors	5. Overweight and obesity	-		13%	15
	6. Physical activity ≥2 hours/week	51%		50%	20
	7. Regular fruit consumption	35%		49%	20
	8. Regular vegetable/salad consumption	43%		52%	20
	9. Regular tooth brushing	82%		72%	20
	10. Frequently watching television	65%		60%	20
	11. Daily smoking	9%		12%	20
	12. First smoking ≤13 years	22%		24%	20
	13. Heavy episodic drinking	50%		33%	20
	14. First alcohol ≤13 years	61%		53%	19
	15. Ever used cannabis	24%		16%	20
	16. Unprotected sexual intercourse	7%		4%	20
Environ-ment	17. Crime in area	44%		35%	20
	18. Involved in traffic accident	6%		7%	18
	19. Being bullied	6%		7%	20

Table 2. Health status and determinants in youth (14-16 years)

Source. Indicators 1-19: youth survey. Missing data are indicated by "-".
N = number of urban areas that were able to collect data on the specific indicator.

1. % of youth who perceive their health as good, very good, or excellent; **2.** % of youth with an overall Strengths and Difficulties Questionnaire (SDQ) score of 20 or higher; **3.** % of youth who reported a lot of headaches, stomach aches, or sickness during the past six months; **4.** % of youth who experienced low back pain during the past month; **5.** % of youth overweight or obese according to the international BMI cut-offs; **6.** % of youth who participate in vigorous physical activity for more than two hours per week in their free time; **7.** % of youth who eat fruit on most days of the week; **8.** % of youth who eat vegetables and/or salads on most days of the week; **9.** % of youth who brush their teeth more than once a day; **10.** % of youth who watch television for more than two hours on weekdays; **11.** % of youth who smoke tobacco every day; **12.** % of youth who reported first smoking at ≤13 years; **13.** % of youth who drank five or more units of alcohol on one occasion during the past 30 days; **14.** % of youth who reported first drinking alcohol at ≤13 years; **15.** % of youth who ever used cannabis; **16.** % of the total youth population who did not use a condom the last time they had sexual intercourse; **17.** % of youth who reported presence of crime, violence, or vandalism in the area where they live; **18.** % of youth who had a road traffic accident resulting in injury over the past 12 months; **19.** % of youth who have been bullied at least twice in the past couple of months

Health Status and Determinants in Youth

Table 2 gives an overview of the health status and determinants in Greater Manchester youth, as reported from the survey. Self-perceived health is a measure of adolescent well-being. 87% of youth in Greater Manchester perceived their health to be (very) good or excellent, which is significantly lower than the overall EURO-URHIS 2 proportion. In Greater Manchester, a significantly higher proportion of youth were identified with an elevated risk of psychological problems (24%), compared to the overall EURO-URHIS 2 proportion. Psychosomatic symptoms like headaches, stomach aches, and sickness are reported more often. The proportion of youth who reported to have low back pain is significantly lower.

Childhood obesity is related to a higher risk of obesity, disability, and premature death later in life. Physical activity can contribute to maintaining a healthy weight and preventing the occurrence of chronic conditions. Furthermore, physical activity is associated with psychological benefits and with a better school performance in young people. The proportion of youth who reported participation in vigorous physical activity for two or more hours per week is similar in Greater Manchester (51%), compared to the overall EURO-URHIS 2 proportion. Sedentary behaviour is related to overweight and obesity, independent of physical activity. Youth in Greater Manchester watch significantly more television on weekdays compared to other urban areas in EURO-URHIS 2. A healthy diet can lower the risk of obesity. Regular consumption of fruit and vegetables occurs less frequently in Greater Manchester than in other EURO-URHIS 2 urban areas.

Significantly more students in Greater Manchester brush their teeth at least twice a day.

Initiation of smoking and drinking alcohol at a young age is a strong predictor of smoking during adulthood and of later problems with alcohol. The proportion of youth in Greater Manchester who smoke daily (9%) is lower than the overall EURO-URHIS 2 proportion. Drinking alcohol at the age of 13 or younger occurs significantly more often in Greater Manchester than in other EURO-URHIS 2 cities. Heavy episodic drinking of five or more units of alcohol on one occasion was reported significantly more often in Greater Manchester (50%) compared to the total EURO-URHIS 2 population.

Regular cannabis use in young people can lead to impaired cognitive development. 24% of youth in Greater Manchester have ever used cannabis, which is higher than the overall EURO-URHIS 2 proportion.

The proportion of youth who reported they did not use a condom when they last had sexual intercourse is significantly higher compared to the other cities.

Neighbourhood crime, violence, or vandalism was significantly more often reported by youth in Greater Manchester (44%) compared to other cities. The proportion of youth who were victims of bullying in the past couple of months was significantly lower.

ADULT HEALTH STATUS

	Indicator	Greater Manchester	United Kingdom	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Morbidity	1. HIV/AIDS incidence - male	27	16*	2	6	8	23	71	16	19
	2. HIV/AIDS incidence - female	14	9*	0	2	6	12	16	7	19
	3. Tuberculosis incidence	18	14	5	11	17	39	153	33	22
	4. Lung cancer incidence	62	66	29	42	55	62	103	54	13
Mortality	5. All-cause mortality - male	862	729	654	752	834	1,014	1,426	919	19
	6. All-cause mortality - female	654	510	362	495	542	640	821	560	19
	7. Malignant neoplasms - male	240	216	195	230	245	258	336	250	22
	8. Malignant neoplasms - female	173	154	114	143	153	162	232	154	22
	9. Diseases of the circulatory system - male	306	247	154	227	298	456	676	353	22
	10. Diseases of the circulatory system - female	214	156	91	147	199	299	406	220	22
	11. Diseases of the respiratory system - male	121	89	32	55	62	80	158	72	22
	12. Diseases of the respiratory system - female	100	64	12	21	36	50	120	43	22
	13. Transport accidents	4	6	1	3	5	11	16	7	21
	14. Suicide and intentional harm	7	7	4	8	11	15	29	12	22

Table 3. Morbidity and mortality

Source. Indicators 1-14: routinely available registration data. Missing data are indicated by "-".
* Country level data include HIV incidence only.
N = number of urban areas that were able to collect data on the specific indicator.

Health Status and Determinants in Adults

The health status of a population can be assessed by using a number of parameters, such as those referring to acute and chronic disease, mortality, psychological well-being, and self-perceived health. Table 3 and indicators 1-8 of Table 4 show the overall health status among adults in Greater Manchester, compared to other cities in Europe. The results show that in Greater Manchester the incidence of tuberculosis is similar, whereas the incidence of HIV/AIDS is relatively high compared to the overall average in all EURO-URHIS 2 urban areas.

All-cause mortality in males is comparable to other cities, whereas all-cause mortality in females is higher. Female mortality from malignant neoplasms and mortality from diseases of the respiratory system is substantially higher than in other cities, whereas mortality from suicide and intentional harm occurs less often.

Health Status and Determinants in Adults (continued)

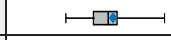
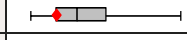
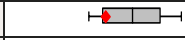
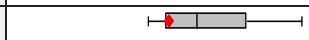
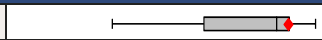
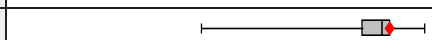
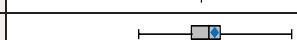
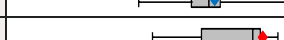
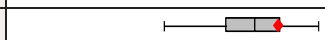
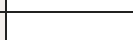
	Indicator	Greater Manchester	EURO-URHIS 2 range (percentiles) 0% 50% 100%	EURO-URHIS 2 mean	N
Health Status	1. (Very) good self-perceived health	71%		64%	16
	2. Psychological problems	24%		23%	16
	3. Depression/anxiety	11%		9%	16
	4. Cardiovascular disease (age 65+)	11%		18%	16
	5. Cancer	2%		2%	16
	6. Asthma or bronchitis	7%		7%	16
	7. Long-standing illness with restrictions	22%		28%	16
	8. Low back pain	36%		45%	16
Lifestyle Factors	9. Regular consumption of fruit/vegetables	62%		53%	16
	10. Regular breakfast	84%		78%	16
	11. Being physically active ≥twice a week	46%		46%	16
	12. Overweight and obesity	56%		50%	16
	13. Daily smoking	14%		18%	16
	14. Passive smoking by non-smokers	10%		13%	16
	15. Binge drinking	29%		17%	16
	16. Cannabis last year (age 19-64)	6%		5%	16
Environment	17. Green areas suitable for recreational activities	88%		84%	16
	18. Belonging to immediate neighbourhood	60%		54%	16
	19. Social cohesion in neighbourhood	58%		52%	16
	20. Exposure to severe noise	12%		14%	16
	21. Damp spots or mould at home	36%		27%	16

Table 4. Health status and determinants in adults (19 years and older)

Source. Indicators 1-21: adult survey. Missing data are indicated by "-".
N = number of urban areas that were able to collect data on the specific indicator.

1. % of adults who perceive their health to be good or very good; **2.** % of adults with a score of four or more on the General Health Questionnaire (GHQ); **3.** % of adults who reported to be diagnosed with or treated for anxiety or depression during the past year; **4.** % of adults aged 65 years and older who were diagnosed with or treated for heart attack, angina, or heart failure during the past year; **5.** % of adults who were diagnosed with or treated for (any kind of malignant) cancer during the past year; **6.** % of adults who were diagnosed with or treated for bronchial asthma or chronic bronchitis during the past year; **7.** % of adults who suffer from any long-standing illness, long-standing effect from injury, disability, or other long-standing condition; **8.** % of adults who had low back pain longer than one day in the past month; **9.** % of adults who eat, on average, four or more portions of fruit and/or vegetables per day; **10.** % of adults who have breakfast at least four times a week; **11.** % of adults who are physically active for at least 30 minutes twice a week or more; **12.** % of adults overweight or obese, defined as a BMI of ≥25 kg/m^2; **13.** % of adults who smoke every day; **14.** % of non-smokers who are exposed to second-hand smoking inside their home; **15.** % of adults who drink six or more portions of alcohol on one occasion, at least once a week (men) or at least once a month (women); **16.** % of adults aged 19-64 years who used cannabis during the past year; **17.** % of adults who perceive the green areas in their neighbourhood to be suitable for active recreational activities; **18.** % of adults who feel that they belong to their immediate neighbourhood; **19.** % of adults who perceive their neighbourhood to be socially cohesive; **20.** % of adults who were exposed to severe noise from outdoors during the past 12 months; **21.** % of adults who had wet or damp spots and/or mould or mildew inside their homes (other than in basements) within the past 12 months

The proportion of people in Greater Manchester who perceive their health to be good or very good (71%) is higher than the average in the other urban areas in EURO-URHIS 2. The percentage of adults who reported psychological problems in Greater Manchester (24%) is comparable. Long-standing illness with restrictions, cardiovascular disease in the elderly, and low back pain were less often reported. Depression and anxiety, on the contrary, are more prevalent.

Several lifestyle factors and environmental determinants can affect health (Table 4, indicators 9-21). Daily smoking, for instance, increases the risk of cancer, particularly lung cancer. Smokers are also at far greater risk of developing heart disease, stroke, and emphysema. Binge drinking is associated with many health problems, which include injuries and violence, sexually transmitted diseases, alcohol dependency, liver disease, and neurological damage. The percentage of persons who smoke daily (14%) and the percentage of persons who reported to be exposed to second-hand smoking inside their home (10%) are significantly lower than in other EURO-URHIS 2 cities. The proportion of adults who regularly drink more than six units of alcohol (29%) is significantly higher in Greater Manchester compared to the overall EURO-URHIS 2 mean.

Being overweight and obese are important determinants of death worldwide. They increase the risk of cardiovascular diseases, diabetes, musculoskeletal disorders, and some cancers. In Greater Manchester, 56% of the adults are overweight or obese, which is higher than the overall EURO-URHIS 2 proportion. Being overweight and obese are related to lack of regular physical activity. Being physically active reduces the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression, and the risk of injury caused by falls. The proportion of adults in Greater Manchester physically active more than twice a week (46%) does not differ from the total EURO-URHIS 2 proportion.

A healthy diet can lower the risk of obesity. Adults in Greater Manchester more frequently eat fruit and vegetables and a regular breakfast was significantly more often reported.

Psychological well-being may be influenced both by the availability of green spaces in the neighbourhood that are suitable for recreational activities and by aspects of social cohesion. In Greater Manchester, 88% perceived their green spaces to be suitable for recreational activities, whereas this proportion is significantly lower in other cities. The percentage of adults who perceived their neighbourhood to be socially cohesive was 58%, which is significantly higher than the overall EURO-URHIS 2 average. Adults in Greater Manchester also significantly more often feel that they belong to their immediate neighbourhood. Exposure to severe noise from outdoors was less often reported, whereas a relatively high percentage of adults in Greater Manchester reported the presence of damp spots or mould and mildew inside their homes.

Indicator			Age		Gender		Education level	
		Total Population	19 - 64	65 +	Male	Female	Secondary level or lower	Higher level
Health Status	1. (Very) good self-perceived health	71%	77%*	52%*	70%	73%	65%*	84%*
	2. Psychological problems	24%	25%*	17%*	23%	24%	23%	24%
	3. Long-standing illness with restrictions	22%	17%*	43%*	24%	21%	28%*	10%*
Lifestyle Factors	4. Overweight and obesity	56%	55%*	62%*	62%*	51%*	60%*	49%*
	5. Daily smoking	14%	15%*	9%*	15%	13%	17%*	8%*
	6. Binge drinking	29%	33%*	15%*	36%*	23%*	31%*	25%*
	7. Regular consumption of fruit/vegetables	62%	59%*	71%*	54%*	70%*	61%	66%
	8. Being physically active ≥twice a week	46%	45%	48%	48%	44%	44%	48%
	9. Social cohesion in neighbourhood	58%	57%*	64%*	55%*	62%*	58%	60%

Table 5. Health and health determinants by demographic groups in Greater Manchester

Source. Adult survey.
Indicators are defined in Table 4. Missing data are indicated by "-".
* Statistically significant difference between subgroups at the 5% level.

Health and Health Determinants by Demographic Groups

Health and health determinants can vary considerably as according to age, gender, and education. Table 5 subdivides a selection of important health indicators in Greater Manchester by subgroup: respondents aged 19-64 and 65+ years, males and females, and adults who achieved secondary level education or lower and higher level education.

Respondents aged 19-64 years in Greater Manchester more often perceived their health to be good or very good than is the case for older respondents. Younger respondents were less often restricted by a long-standing illness and had a lower tendency to be overweight or obese, but more frequently experienced psychological problems, were more likely to be daily smokers or binge drinkers, less frequently ate fruit and vegetables, and less often perceived their neighbourhood as being socially cohesive. Physical activity did not differ by age.

Men and women in Greater Manchester did not differ in self-perceived health or the occurrence of psychological problems. Neither did the percentage of restrictions due to long-standing illness, daily smoking, and physical activity differ between sexes. Men in Greater Manchester had a greater tendency to be overweight or obese, more commonly drank six or more portions of alcohol on one occasion, less frequently ate fruit and vegetables, and less often perceived their neighbourhood as being socially cohesive compared to women.

Adults in Greater Manchester who attained secondary level education or lower less often perceived their health to be good or very good than adults with higher level education. Lower educated respondents were more often restricted by a long-standing illness, had a greater tendency to be overweight or obese, were more likely to be daily smokers, and more commonly drank six or more portions of alcohol on one occasion. The occurrence of psychological problems, fruit and vegetable consumption, physical activity, and perceived social neighbourhood cohesion did not differ by education level.

Healthy Life Expectancy

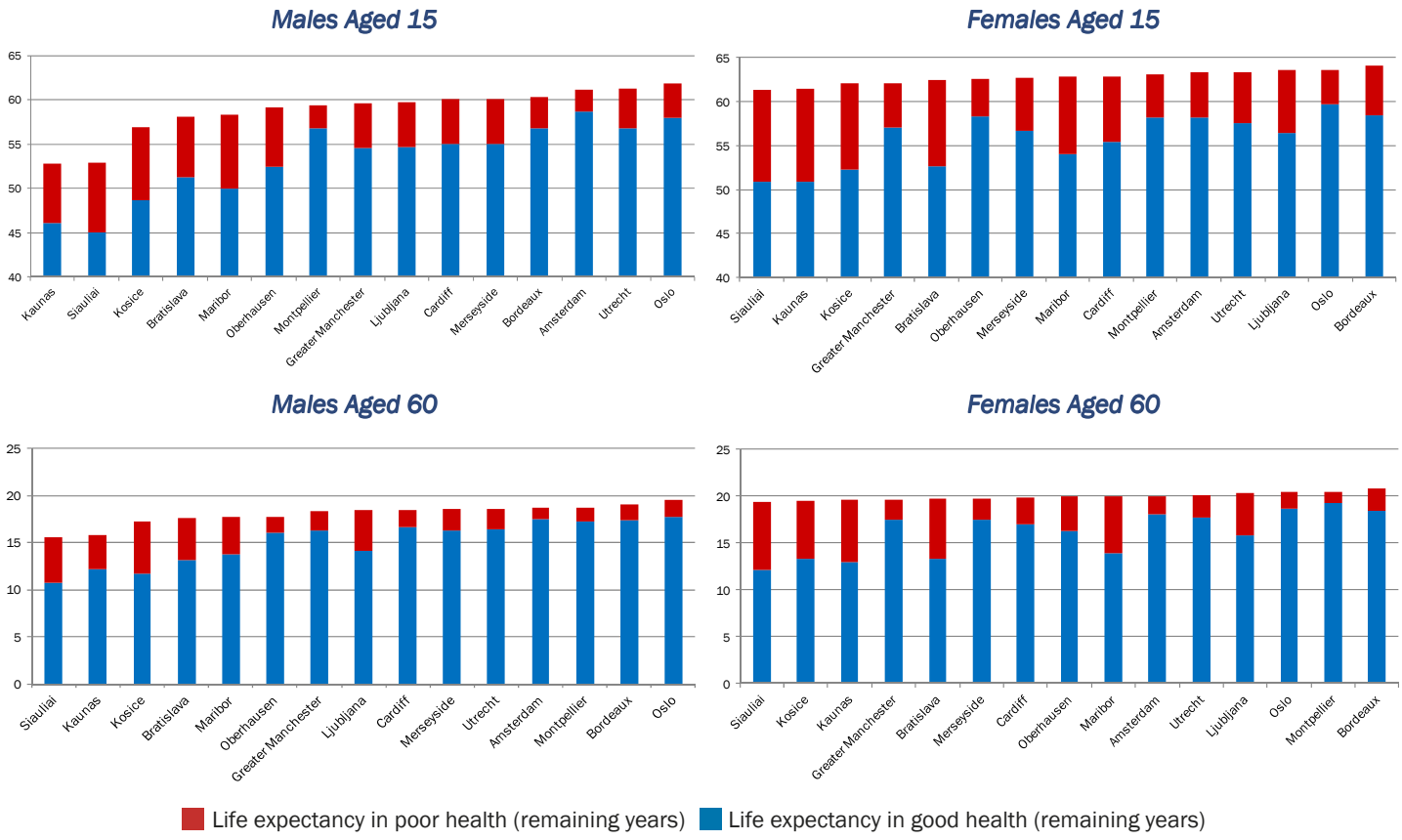


Figure 3. Healthy Life Expectancy

Presented here are estimates of healthy life expectancy (HLE) at ages 15 and 60 for men and women in eligible EURO-URHIS 2 urban areas. HLE was calculated first by estimating life expectancy at each age using recent 5-year averages of all-causes mortality for each urban area. From this, life expectancy was broken down into years living in good and poor perceived health, estimated using responses to the EURO-URHIS 2 adult survey question: How is your health in general?: Very good/Good/Fair/Bad/Very bad/Don't know, and the youth survey question: In general, would you say your health is..?: Excellent/Very Good/Good/Fair/Poor. Those answering very good, good or fair on the adult survey were classed as being in good perceived health, with the remainder in poor perceived health. For the youth survey, fair and poor were categorised as poor perceived health to match the scale applied to the adult survey. It was then possible to calculate the total years in good and poor perceived health and present this as a population level HLE. Full details on this process will be available in the final EURO-URHIS 2 project report, available at www.urhis.eu.

Male life expectancy in Greater Manchester at age 15 was 59.7 years. This was 2.1 years less than the highest in the sample (Oslo, 61.8 years), and 6.9 years more than the lowest (Kaunas, 52.8 years). At this age, males were estimated to spend 54.5 years in good perceived health. This is 4.2 years less than the longest HLE (Amsterdam, 58.7 years) and 9.4 years more than the shortest (Siauliai, 45.1 years).

Male life expectancy in Greater Manchester at age 60 was 18.3 years. This was 1.3 years less than the highest in the sample (Oslo, 19.6 years), and 2.7 years more than the lowest (Siauliai, 15.6 years). At this age, males were estimated to spend 16.3 years in good perceived health. This is 1.4 years less than the longest HLE (Oslo, 17.7 years) and 5.5 years more than the shortest (Siauliai, 10.8 years).

Female life expectancy in Greater Manchester at age 15 was 62.1 years. This was 2.0 years less than the highest in the sample (Bordeaux, 64.1 years), and 0.7 years more than the lowest (Siauliai, 61.4 years). At this age, females were estimated to spend 57.1 years in good perceived health. This is 2.6 years less than the longest HLE (Oslo, 59.7 years) and 6.2 years more than the shortest (Kaunas, 50.9 years).

Female life expectancy in Greater Manchester at age 60 was 19.7 years. This was 1.2 years less than the highest in the sample (Bordeaux, 20.9 years), and 0.4 years more than the lowest (Siauliai, 19.3 years). At this age, females were estimated to spend 17.5 years in good perceived health. This is 1.8 years less than the longest HLE (Montpellier, 19.3 years) and 5.4 years more than the shortest (Siauliai, 12.1 years).

Beneficiaries

The University of Manchester; Municipal Health Service Utrecht; University of Liverpool; The Iuliu Hatieganu University of Medicine & Pharmacy Epidemiology Department; The Norwegian Institute of Public Health; Municipal Health Service Amsterdam; Kaunas University of Medicine; Regional Public Health and Health Promotion Centre (Slovenia); Institute of Health and Work, North Rhine-Westphalia; Slovak Public Health Association; Hacettepe University, Department of Public Health; North West Regional Health Brussels Office; Latvian Public Health Agency; South East European University; National Federation of Regional Health Observatories; Pham Ngoc Thach University of Medicine

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EURO-URHIS 2
European Urban Health Indicators System Part 2
Urban Health Monitoring and Analysis System to Inform Policy

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