# Health, Wellbeing, and Healthy Eating in Grimsbury and Hightown: Community Survey

**NOVEMBER 2022** 

**Dear Resident** 

#### Why are you asking what I think?

Oxfordshire County Council Public Health are working on a project with community partners to find out more about health and wellbeing and healthy eating in places across the county. One of these areas is Grimsbury and Hightown. A charity, Community First Oxfordshire, has been asked to talk to local residents to find out more about the following:

- 1. What kind of things (like organisations, services, and people in the community) support health and wellbeing?
- 2. What causes the biggest problems to people's health and wellbeing and what would help improve these?
- 3. How has Covid affected health and wellbeing?
- 4. What do people think about healthy eating?

#### What happens next?

Your views and experiences will help to create a really useful picture of what people in Grimsbury and Hightown think about health and wellbeing and how it can be improved. This will help the County Council and others to plan better for the future and develop services and projects to improve things.

#### Important information about how we will process your responses

This survey is completely anonymised so that anyone who completes it cannot be identified. The analysis of your feedback will be undertaken on behalf of Oxfordshire County Council by Community First Oxfordshire (CFO). By completing this survey, you are consenting for your response data to be shared by Community First Oxfordshire and Oxfordshire County Council. Your data will be processed by CFO and Oxfordshire County Council in accordance with the General Data Protection Regulation (2018). You can read CFO's Privacy Policy at: <a href="https://www.communityfirstoxon.org/privacy-policy/">https://www.communityfirstoxon.org/privacy-policy/</a>. You can read Oxfordshire County Council's Privacy Notice at:

https://www.oxfordshire.gov.uk/council/about-website/privacy-notice#paragraph-5977. CFO will provide an anonymous summary report on survey findings for Oxfordshire County Council. This report will be publicly available.

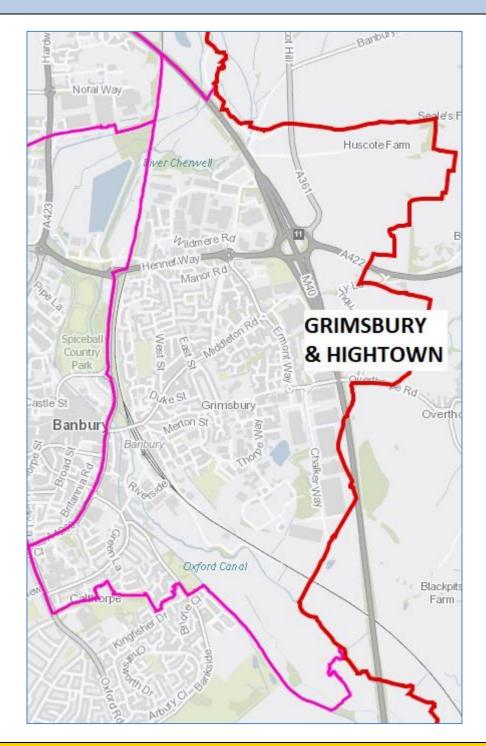
Please return your survey to
Freepost Plus RTUH-ALLT-RAHZ, Community
First Oxfordshire, South Stables, Worton Park,
0X29 4SU



Scan the QR code to complete online



#### PART 1 - DO YOU LIVE IN GRIMSBURY AND HIGHTOWN?



1 - Do you live in the areas labelled Grimsbury and Hightown on the map above? one	Please tick
Yes – please go to Part 2	
No - PLEASE DO NOT COMPLETE THE SURVEY AS YOUR ANSWERS WILL NOT BE RECORDED	

# TURN OVER FOR PART 2 OF THE SURVEY

## PART 2 – ABOUT YOU

2 - What is your age? Please tick one  If you are under 13, please get parental consent to complete this survey.									
Under 13	13-15	16-24	25-44	45-59	60-70	70+			
0 1411					5/				
3 - What gene	der do you ider	ntify as?			Ple	ease tick one			
Male									
Female									
	self in another	way							
Prefer not to	say								
4 - What is your ethnic group? Tick one option that best describes your ethnic group/background									
White English	n/ Welsh/ Scott	ish/ Northern	Irish/ British						
Other white b	ackground								
	le ethnic grou	р							
Asian/ Asian									
	n/ Caribbean/ I	Black British							
Other ethnic o	aroun								

### PART 3 – LIVING IN GRIMSBURY AND HIGHTOWN

Prefer not to say

5 - What do you like about living in Grimsbury and Hightown?  apply	Please tick all that
Community feeling	
Local shops and services	
Green and open spaces	
Playparks	
Sports facilities	
Community groups and organisations	
Other: please tell us what	

6 - How satisfied are you about Grimsbury and Hightown as a place to live on a scale of 1-5: 1 = not satisfied at all, 5 = very satisfied.							
1	1 2 3 4 5						

7 - Please tell us if you agree or disagree with the following statements: 1 = do not agree at all, 5 = completely agree.  Please tick the relevant box for each							
	1	2	3	4	5		
I feel I can personally influence decisions in Grimsbury and Hightown							
I feel involved in the decision making in Grimsbury and Hightown							
I feel my views are listened to when asked about Grimsbury and Hightown							
I participate in community consultations and Grimsbury and Hightown							
I know where to get information about Grimsbury and Hightown							
I feel I am part of the local community							
8 – On a typical day what mode of tra	nsport do yo	ou use most d	often?	Please tick (	up to 3 only		
Car					<u> </u>		
Bus							
Train							
Taxi							
Motorbike/Moped, E-scooter							
Bicycle							
	Walking						
Walking							
Walking Other							
<del>-</del>	round Grims	bury and Hig	htown?	,	Please tick		
Other  9 - Do you find it easy to get in and a	round Grims	bury and Hig	htown?	,	Please tick		

10 – When community spaces, places, and groups do you use or go to in Grimsbury and Hightown?  Please tick all that apply						
Local community centre						
Local church						
Local mosque						
Other local places of worship						
Parks and playparks						
Country park						
Community groups/ organisations						
Community larder/ food bank/ fridge						
Other: please tell us what						
11. December 1 and a facility was a single to				D/-	<b>k</b> i-l	
11 - Do you feel safe in your neighbou	irnood?			Ple	ase tick one	
Yes						
No						
Please tell us more about your choic	re:					
12 – Please tell whether you agree or all, 5 = completely agree.	disagree wi		ing statemer Please tick th			
	1	2	3	4	5	
I have the skills and/or qualifications to find employment						
There are local opportunities to learn new skills and/or gain qualifications						
I feel able to access local opportunities to learn new skills and/or gain qualifications						
PART 5 – YOUR HEALTH AND WELLBEING						
13 – Do you consider yourself healthy	<i>/</i> ?			Ple	ase tick one	
Yes						
No						

14 - When thinking about the health and wellbeing of you/ your family, what are the FIMPORTANT THINGS for you?  Please tick	FIVE MOST k up to 5 only
Feeling happy	
Less worry	
Dealing well with stress when it happens	
Getting enough exercise	
Sleeping well	
Healthy habits around food and eating	
Being without illness or pain	
Not feeling isolated or lonely	
Other: please tell us what	
15 - Please choose the FIVE MOST IMPORTANT THINGS that help you/ your family to life with a sense of wellbeing?  Please tide	live a healthy ck up to 5 only
Not worrying about money	
Job security	
Job security  Good quality, affordable housing	
Good quality, affordable housing	
Good quality, affordable housing  Access to healthy and affordable food	
Good quality, affordable housing  Access to healthy and affordable food  Good local schools	
Good quality, affordable housing  Access to healthy and affordable food  Good local schools  Adult education and training opportunities	
Good quality, affordable housing  Access to healthy and affordable food  Good local schools  Adult education and training opportunities  Good, locally available services	
Good quality, affordable housing  Access to healthy and affordable food  Good local schools  Adult education and training opportunities  Good, locally available services  Access to the internet	
Good quality, affordable housing  Access to healthy and affordable food  Good local schools  Adult education and training opportunities  Good, locally available services  Access to the internet  Getting exercise (walking, cycling or playing sport)	

	1	2	3	4	5
Financial security					
Job security					
Getting access to healthcare when I need it					
Quality of housing					
Affordability of housing					
Being able to afford healthy food					
Local schools					
Adult education and training					
Locally available services					
Access to the internet					
Getting exercise (walking, cycling or playing sport)					
Access to local green spaces					
Feeling safe in the local community					
17 – What do you do to keep healthy -	mentally, p	hysically, emo		spiritually?	l

17 – What do you do to keep healthy – mentally, physically, emotionally, and spiritually?  Please tick all that apply					
Socialise with friends					
Attend groups and organisations					
Keep active (e.g. playing sport, exercising, gardening, cycling, walking)					
Spend time outside					
Maintain healthy habits around food and eating					
Go to a religious setting or place of worship					
Other: please tell us what					

18 – Which of the following statemen	nts do you agı	ree with?		Plea.	se tick one
I feel lonely all the time					
I feel lonely most of the time					
I feel lonely sometimes					
I rarely feel lonely					
19 – Do you notice any of the followi	ng activities t	aking place i	n Grimsbury a	nd Hightow	n?
		Yes		No	
People smoking					
People drinking alcohol and/or alcoholic drink litter					
People taking drugs and/or drug litter					
20 - If you answered 'yes' to any of	010 where do	way saa tha	ao thinga takin	a place?	
20 - II you allswered yes to ally of	Q17, Where do	you see the	_		that apply
	Inside your home	School gate areas	Parks / green spaces etc.	Shops	Bus stops
People smoking					
People drinking alcohol and/or alcoholic drink litter					
People taking drugs and/or drug litter					
Other location: please tell us here					
21 - What kinds of things about livin to you/ your family's health and we		y and Highto	wn are most c		or difficult
22 – What things in Grimsbury and H	Hightown help	support you	ı/ your family's	health and <i>Te</i>	l wellbeing? ell us below

23 – What do you think would Neithrop?	improve the	e health	and we	ellbeing of peop	ole living in Ru <i>Please tick a</i>	
More community-led activitie	s focused or	n health	and we	ellbeing		
Community events to encour	age interest	in healt	h and w	/ellbeing		
Free or reduced cost access	to events an	d activit	ies			
Taster sessions						
Activities at different times o	f the week/ d	lay				
Activities that bring together	people in dif	ferent a	ige gro	ıps		
Activities and groups which l	ink to what p	eople c	are abo	ut		
Strong community relationsh	ips					
Other: please tell us what						
24 – Would you be interested	in joining wi	th other	r neonle	e in the commu	inity to work o	n projects to
support health and welli		tii otiici	Ресори	The comme		ease tick one
Yes						
Maybe						
No						
Р	ART 6 – I	MPAC	TS 0	F COVID-19	)	
25 – As a resident of Grimsbuto the following on a scale of				5 = completely		
	1	2	2	3	4	5
Felt well supported						
Experienced isolation and loneliness						
Experienced decline in health						
Experienced improvement in health						
Was able to access nature and green spaces						
Was able to access						

services

26 - How do you feel COVID-19 has affected the following on a scale of 1-5: 1 = very negative effects, 5 = hardly any affects.  Please tick the relevant box for each									
		1	2	3	4	5			
Your or your family' and wellbeing in ge									
Community health a wellbeing in genera									
27 – Have you expe	rienced per	sonal stres	ss related to th	e pandemic?	Pi	lease tick one			
No, no stress at all	No, no stress at all								
Yes, mild stress suc such as feeling a lit									
	Yes, moderate stress with frequent worries, often feeling anxious, sad or angry, or having some trouble sleeping								
Yes, severe stress v angry, or having fre			-	emely anxious	, sad or				
						1			
28 – What kind of so community gro			and your family her local servi	ces)?		ndemic (e.g. if not relevant)			
29 - If you answered Q28, how useful do you think this support was for you/ your family on a scale of 1-5: 1 = not useful at all, 5 = very useful.									
1	2		3	4		5			
30 - What services	30 - What services and support, if any, would have helped you cope better with the pandemic?  Tell us below (leave blank if not relevant)								

# PART 7 – YOUR PERSONAL EXPERIENCES OF HEALTH AND WELLBEING

wellbeing. This cou	ke to find out a bit more about your personal experiences of health and little is a little
<ul> <li>Your experience with a local service or project</li> <li>How you overcame a personal challenge</li> <li>Your personal or family experience during the COVID-19 pandemic</li> <li>How you/ your family maintain healthy habits (this could be around food and eating, getting exercise etc.)</li> <li>Something different</li> <li>Please write in the box underneath if you have something to share.</li> </ul>	
r tease write in the box under heath if you have something to share.	
32 - If you would be happy to be contacted about your story, please leave your contact details below.	
We will only use these details to contact you about your experience - they will not be shared with anybody else.	
PLEASE FILL IN THE DETAILS BELOW IF YOU CONSENT FOR COMMUNITY FIRST OXFORDSHIRE TO CONTACT YOU.	
Name	
Email	
Phone	

Many thanks for completing this survey!