

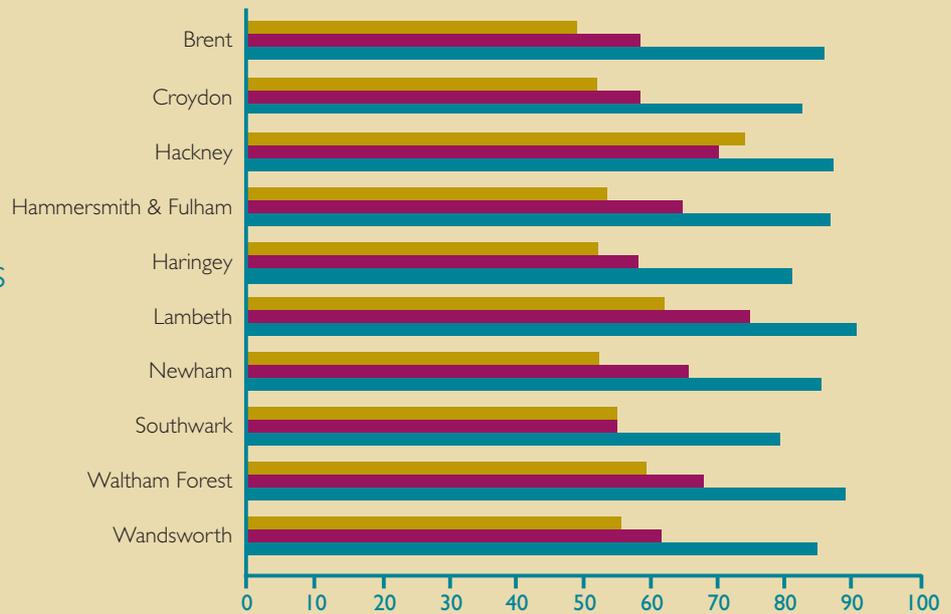
There has been recent debate about differences in health existing between neighbourhoods, even after individual level variables, such as age and sex, have been taken into account. The general consensus is that neighbourhoods do have an independent effect on health. In addition to individual level data, we collected information on the boroughs and postcode districts that the DASH population live in so that we can explore the effects of areas on health.

**Below are a few illustrations of some of the borough-level variation we have found.**

When looking at variations in health we carefully examine patterns in social circumstances as this may explain differences between groups categorised in other ways (e.g. by ethnicity). We are currently investigating social patterning of outcomes such as overweight, high blood pressure and mental well-being.

## standard of living items

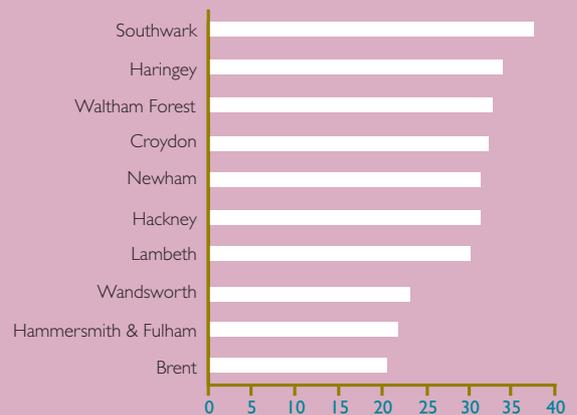
- own bedroom
- access to internet at home
- home computer



Overweight in young people is currently one of the major health issues for us to tackle – tracking the BMI of young people helps us to do this. Overweight and obesity in childhood is associated with obesity in adulthood and a range of health problems such as high blood pressure and diabetes. Levels of overweight were highest in Wandsworth (39%) and lowest in Lambeth (26%).



The proportion of boys and girls reporting that they consumed 5 or more portions of fruit and vegetables per day ranged from 21% in Brent to 37% in Southwark.



## future work



Information from the DASH study will be used to design and test interventions to reduce obesity and sedentary behaviour among primary and secondary school pupils. We very much hope that DASH schools will be willing to participate in this. We will be contacting schools in autumn 2007/ spring 2008.

Feed back from wave 2 of DASH will be available from spring 2008.

During the collection of the DASH data we were particularly impressed by students' interest in the scientific issues of the study and we would like to encourage continued engagement in science. We have arranged for your school to have the opportunity to visit an MRC unit or to have a visit by an MRC scientist, to find out more about research and science. If you would like to pursue this, please contact Dr Sarah Homby, MRC Regional Communication Manager, London. Her email address is [sarah.homby@headoffice.mrc.ac.uk](mailto:sarah.homby@headoffice.mrc.ac.uk) and her telephone number 07920 768 217.

**THANK YOU AGAIN FOR YOUR CONTINUED SUPPORT OF THE DASH STUDY**

Please visit the DASH website for more detailed information [www.msoc-mrc.gla.ac.uk/studies/dash/](http://www.msoc-mrc.gla.ac.uk/studies/dash/)

# dash news

DETERMINANTS OF ADOLESCENT SOCIAL WELL-BEING AND HEALTH

MRC

Social and  
Public Health  
Sciences Unit



dash



**Your school** is one of 51 that took part in the DASH study. Around 6,500 students across 10 boroughs completed questionnaires on health behaviours, psychological well-being, social support and social deprivation issues. Participants also had their height, weight, lung function and blood pressure measured. This enormous contribution will enable us to help prevent ethnic disparities in health.

We collected two waves of data. This newsletter gives feedback on wave 1 carried out in 2003 when students were in Years 7 and 8. After that, we planned and conducted a follow-up of the same students in a second wave which took place in 2005/6 when they were in Years 10 and 11. We then set about the long process of entering, cleaning and analysing the data, and are currently interpreting and writing up the results for scientific journals and other audiences. This is why it has taken until now to get back to you.

MRC Social and Public Health Sciences Unit, 4 Lilybank Gardens, Glasgow G12 8RZ

Please visit the DASH website for more detailed information  
[www.msoc-mrc.gla.ac.uk/studies/dash/](http://www.msoc-mrc.gla.ac.uk/studies/dash/)

The DASH Team: Dr **Melissa Whitrow**, **Alison Teyhan**,  
**Seeromanie Harding**, **Maria Maynard**

## why the DASH study is important

Health is affected by experiences throughout life. For example, continued exposure to adverse social conditions, such as deprivation, can lead to poor health in adulthood.

Some ethnic groups experience above average levels of heart disease, high blood pressure and mental ill-health in adulthood. For example, the prevalence of diabetes and hypertension is 2 – 3 times higher among Black Caribbeans than among Whites. The likelihood of having these conditions has been linked to health and social conditions in early life and childhood.

The DASH study is funded by the Medical Research Council, a government-funded but independent body. The study was carried out by scientists from the MRC Social and Public Health Sciences Unit which specialises in the study of social conditions and their link to health.

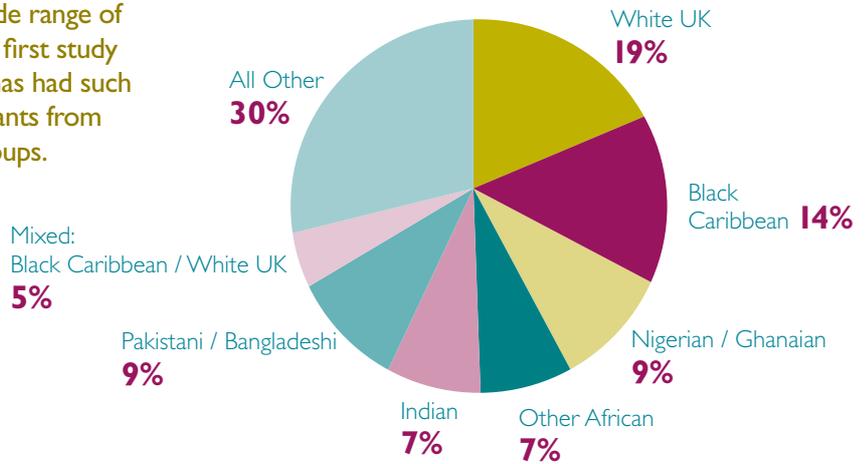
There are over **40** languages spoken among the DASH study participants. We are interested in how cultural identity and migration – indicated by language preference and other factors such as friendship groups – impact on health.

### Languages spoken at home:

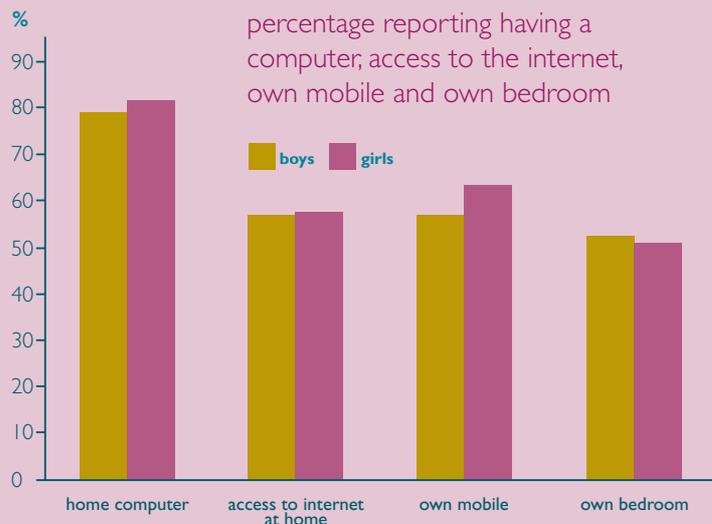
afrikaans  
 akan twi  
 albanian  
 arabic  
 ashanti  
 bengali  
 cantonese  
 efik  
 english  
 fanti  
 farsi  
 fillipino  
 french  
 ga  
 german  
 greek  
 gujarat  
 hakka  
 hebrew  
 hindi  
 ibo  
 igbo  
 krio  
 kurkish  
 lingala  
 luganda  
 mandarin  
 ndebele  
 patios  
 punjabi  
 shona  
 sign language  
 somali  
 spanish  
 swahili  
 sylheti  
 tagalog  
 tamil  
 thai  
 turkish  
 urdu  
 vietnamese  
 yoruba

This figure shows the ethnic breakdown for everyone who took part in our study. As you can see, the DASH study includes a wide range of ethnic groups. We are the first study of adolescent health that has had such a large number of participants from different African ethnic groups.

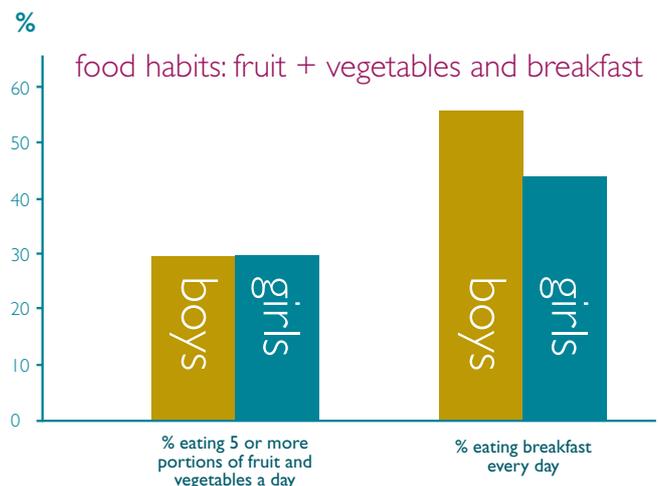
### Ethnic composition of the DASH study participants



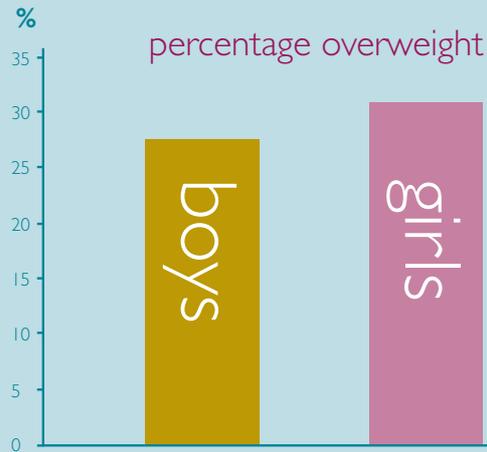
We asked about the things participants and their families owned or had at home. The graph below shows that many had computers but not all of those with computers had access to the internet from home. More girls than boys had their own mobile phone and around 50% of both boys and girls had their own bedroom.



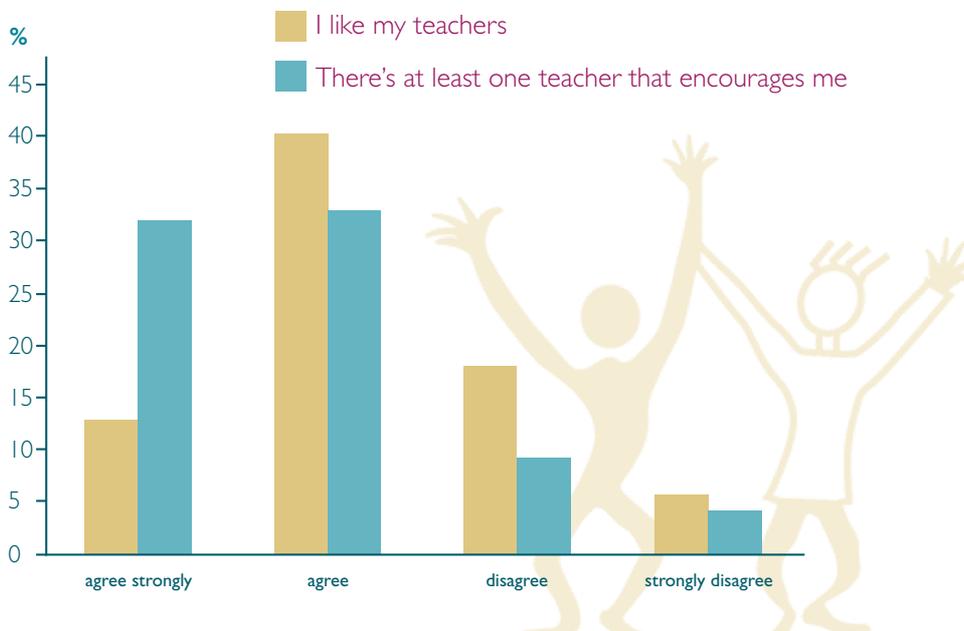
We asked students about some of their food habits. Scientists recommend that we eat five or more portions of fruit and vegetables every day. This graph shows that nearly 30% of girls and boys are managing to do this. We also asked how often they ate breakfast. Boys were more likely to eat breakfast every day than girls.



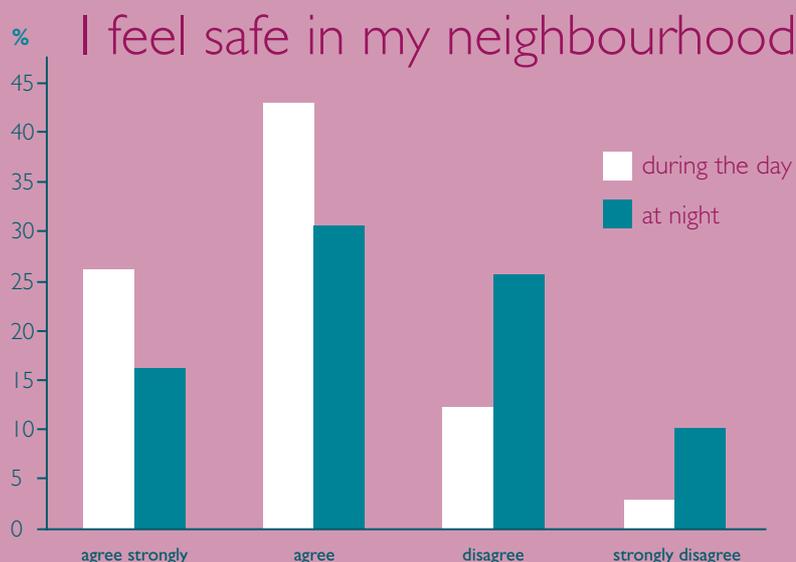
We measured the height and weight of each student, from which we calculated the Body Mass Index, or BMI. This gives us an estimate of body fat. It is important that everyone avoids eating too many high fat and sugary snacks and drinks, and includes lots of activities in their daily lives to avoid being overweight. The graph shows that girls were a little more likely to be overweight than boys.



We asked about the school and the area participants live in. The graph below shows that most students agreed that they liked their teachers and that there was at least one teacher who encourages them.



This graph indicates that most students felt safe in the area where they lived, but generally felt safer during the day than at night.



## These are some of the careers students said they would like in the future

- dancer
- choreographer
- receptionist
- cartoonist
- FBI agent
- optician
- paramedic
- rapper
- inventor
- comedian
- butcher
- egyptologist
- journalist
- mathematician
- fisherman
- food critic
- butler
- electronic engineer
- film critic
- geologist
- doctor
- model
- pilot
- snowboarder
- spy
- ice rink steward
- translator
- editor
- counsellor
- air traffic controller
- speech therapist
- rock climber
- professional swimmer
- scientist
- stagehand
- travel agent
- zoologist
- wedding co-ordinator
- vet
- joiner
- potter
- driving instructor
- dermatologist
- electrician