

Joint Strategic Needs Assessment



People make healthy choices for healthy lifestyles - Obesity

Last updated: September 2013

Summary / Key Points

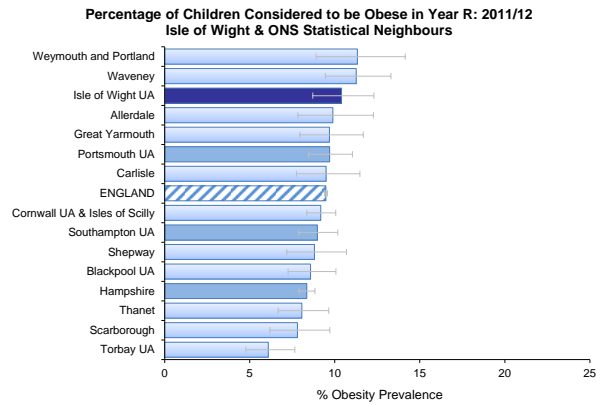
- 10.4% of Reception year children are considered to be obese, higher than the England average.
- 18% of year 6 children are considered to be obese, lower than the England average.
- Obesity prevalence has been higher in boys in both Reception and year 6 until 2011/12 when year 6 girls had a higher prevalence than boys. However, the differences are not significant in any one year.
- Island children partake in less sport than the England average.
- Island children consume more fruit and vegetables than the England average.
- The number of healthy eating adults is lower than the England average.
- Adults participating in sport are higher than the England average.
- GP recorded adult obesity prevalence is higher than the England average and has seen a significant rise in 2011/12.

The level of population need

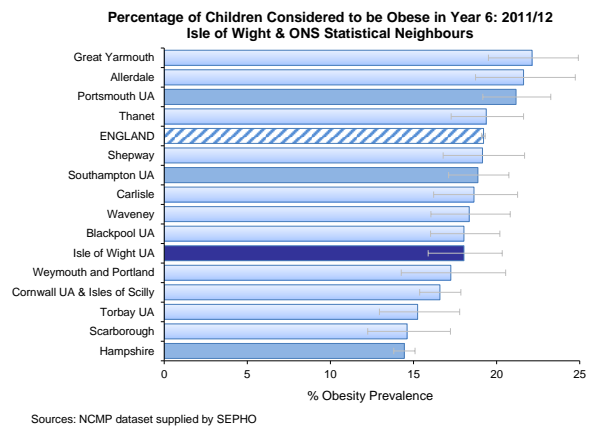
The UK has the highest rate of child obesity in Western Europe and is estimated to cost the NHS around £4.2bn a year (NHE, 2013). Obese children are more likely to become obese adults who are then at greater risk of developing adult related obesity problems such as heart attack and stroke.

Nationally hospital admission rates among children and young people for obesity and obesity related health problems such as asthma, sleep apnoea and pregnancy complications have risen more than fourfold in the last ten years more so among girls and teenagers (NHS Choices, 2013).

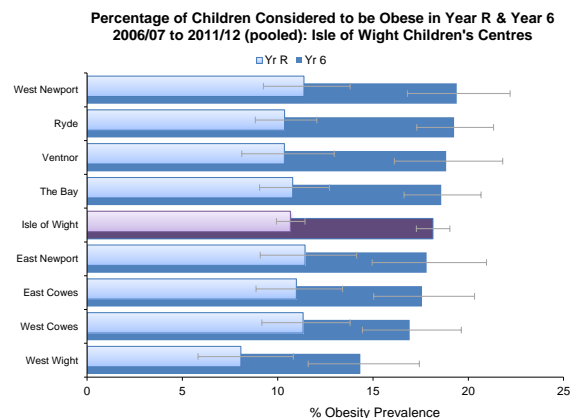
Compared to our statistical neighbours we have a higher rate of obesity in Reception year children but the difference is not significant. The Island prevalence is 10.4% of children compared to the England average of 9.5%.



Compared to our statistical neighbours we have a lower (healthier) rate of obesity in year 6 children with an obesity prevalence of 18% compared to the England average of 19.2%.



Across the Island there are no significant differences detectable between the different children's centre areas on the Island in either Reception year or year 6.



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Over the past five years the prevalence of obesity in Reception year children has slightly increased above the national average but the differences are not significant.

Percentage of Children Considered to be Obese in Year R: 2004/05 to 2010/11 Time Trend



Sources: National Child Measurement Programme Datasets (<http://www.ic.nhs.uk/ncmp>)

Obesity Prevalence Trend 2006/07 - 2011/12

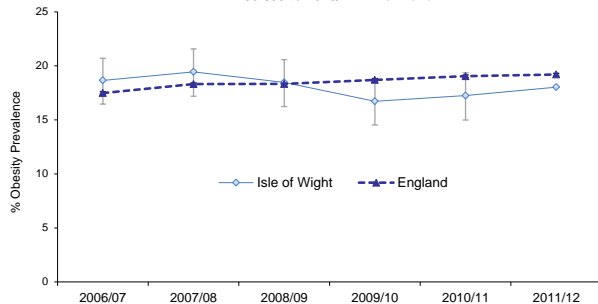
Years	Reception					
	IOW Boys	England Boys		IOW Girls	England Girls	
2006/07	13.8%	10.7%	✘	13.2%	9.0%	✘
2007/08	11.8%	10.4%	✘	8.1%	8.8%	✔
2008/09	10.4%	10.2%	⚠	9.3%	8.9%	⚠
2009/10	12.2%	10.5%	✘	8.3%	9.2%	✔
2010/11	10.6%	10.1%	⚠	9.7%	8.8%	✘
2011/12	10.7%	9.9%	✘	10.1%	9.0%	✘

Years	Year 6					
	IOW Boys	England Boys		IOW Girls	England Girls	
2006/07	19.3%	19.0%	⚠	17.9%	15.8%	✘
2007/08	22.3%	20.0%	✘	16.1%	16.6%	⚠
2008/09	19.5%	20.0%	⚠	17.4%	16.5%	✘
2009/10	17.5%	20.4%	✔	16.0%	17.0%	✔
2010/11	18.4%	20.6%	✔	16.1%	17.4%	✔
2011/12	17.7%	20.7%	✔	18.3%	17.7%	✘

✔ Better than England Average
⚠ No significant difference
✘ Worse than England Average

In year 6 children the prevalence of obesity has fluctuated over the last six years with an increase over the last two years moving closer to the England average.

Percentage of Children Considered to be Obese in Year 6: 2004/05 to 2010/11 Time Trend



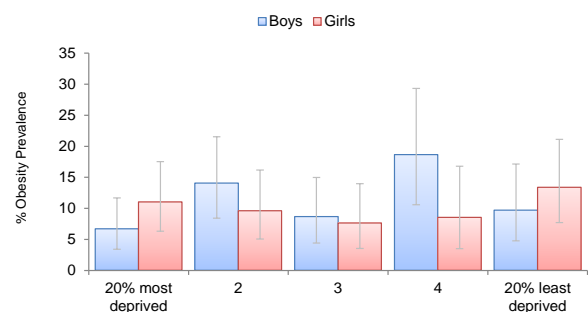
Sources: National Child Measurement Programme Datasets (<http://www.ic.nhs.uk/ncmp>)

Research has shown that children living in poorer areas are more likely to be overweight or obese compared to those living in more affluent areas. The Isle of Wight is ranked the 86th most relatively deprived local authority in England (out of 149) with 1 being the most deprived.

On the Island, obesity prevalence in Reception year children by deprivation quintile (IMD 2010) is higher in boys (18.7%) in the second to least deprived quintile, and higher (13.4%) in the least deprived quintile for girls but there are no significant differences between the areas.

Obesity prevalence in Reception year boys has been consistently above the England average over the last six years, although not significantly so. Obesity prevalence in Reception year girls has been higher than the England average for the last two years, although once again the difference is not a significant one. Obesity prevalence in year 6 boys has been lower than the England average for the last three years which is similar to the year 6 girls with exception to 2011/12 where year 6 girls were higher than the England average.

Reception Year children Obesity Prevalence: Isle of Wight by Local IMD (2010) deprivation quintile & gender 2011/12



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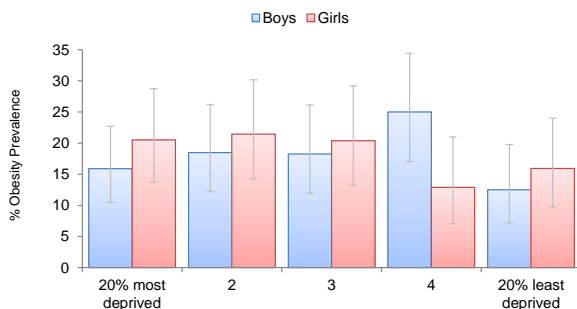


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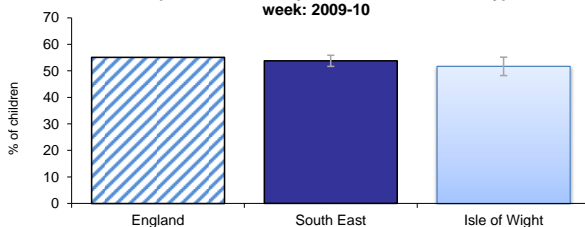
Obesity prevalence for year 6 boys is highest (worse) in the second to least deprived quintile (25%) and in the second to most deprived quintile for year 6 girls (21.4%).

Year 6 children Obesity Prevalence: Isle of Wight by Local IMD (2010) deprivation quintile & gender 2011/12



Children aged between 6 and 18 who participate in at least three hours of high quality PE and sport activity within and beyond the curriculum is 3.5% lower (worse) than the England average and 2.1% below the South East average.

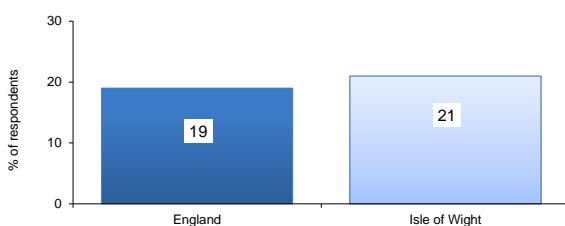
Physically Active Children: % of Young People (Years 1-13) who participate in at least 3 hours of high quality PE and school sport within and beyond the curriculum in a typical week: 2009-10



Data Source: Association of Public Health Observatories - Community Health Profile, 2011

Children aged between 10 and 16 consumed more fruit and vegetables than the England average by 2%, with 3-4 portions and 5 or more portions being higher in Island Children.

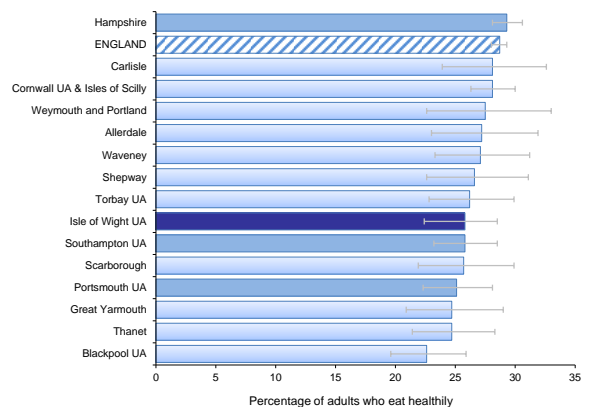
'Tell Us' 4 Survey of Young People aged 10 - 16, 2008-09: Consumption of Fruit & Vegetables Yesterday



Data Source: Ofsted 'TellUs' surveys

The number of healthy eating adults aged 16+ on the Island is 3% lower (worse) than the England average. The Department of Health class Healthy Eating as the number of adults who consume 5 or more portions of fruit and vegetables per day. There is evidence that eating less than 5 portions of fruit and vegetables a day increases the risk of death from chronic diseases such as heart disease, cancer and stroke by up to 20%. It is thought that increasing fruit and vegetable consumption is the second most important cancer prevention strategy after reducing smoking. Recent studies found that increasing just one portion of fruit and veg a day lowered the risk of fatal ischaemic heart disease (Heart Attack) by 4% and the risk of stroke by 6% as well as lowering blood pressure and many other health benefits (DoH, 2012).

Modelled estimated prevalence of adults who eat healthily: 2006 to 2008



Sources: Produced by the National Centre for Social Research and based on Health Survey for England data 2007-08. Notes: Accessed via the Health Profiles 2010 www.apho.org.uk

It is estimated that 27.4% of adults (16+) on the Island are obese with a BMI of over 30. Obesity has serious health consequences and is associated with all-cause mortality and decreased life expectancy (DoH, 2012). A BMI calculation is formed using measured height and weight but is not always straight forward. Modelled estimates suggest that the Island is likely to have a significantly higher prevalence of adult obesity compared to the England average, which increases the Islands population risk of developing heart disease, hypertension (high blood pressure), stroke and diabetes. It is estimated that nationally, obesity costs the NHS over £1 billion per year and costs society as a whole £3.5 billion a year.

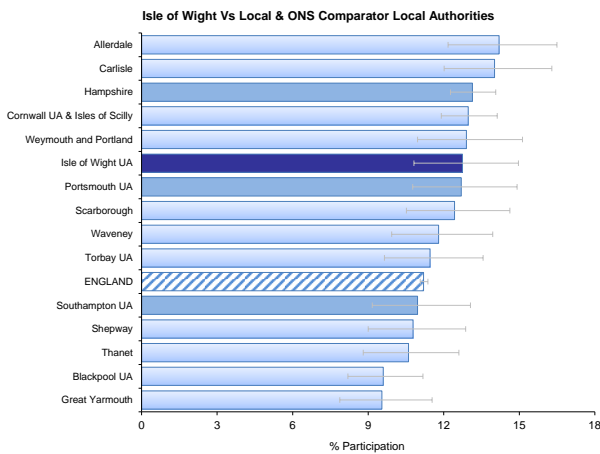
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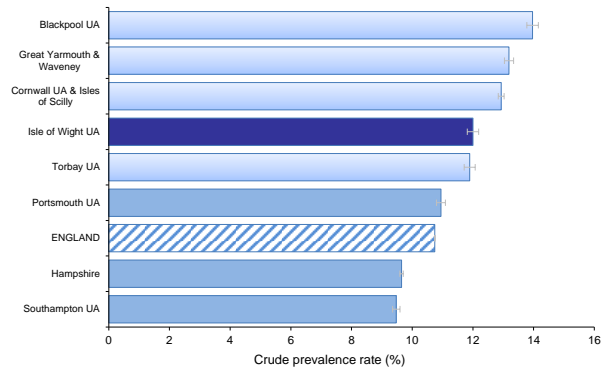
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Percentage participation in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, persons, aged 16 and over 2009-2011



Survey estimates taken from the Sport England Active People Surveys 4 and/or 5

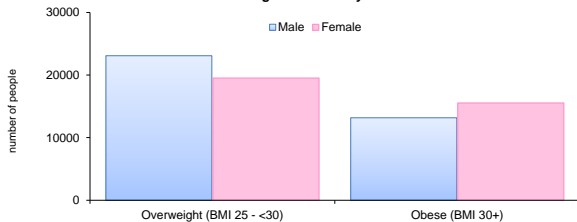
Crude obesity prevalence - Isle of Wight and its ONS Peers: 2011/12



Sources: Quality and Outcomes Framework as at end of July 2012 accessed via NHS Information Centre Copyright © 2012, The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved. Notes: In QOF a person is defined as obese if they have a BMI of equal to or greater than 30. These are crude rates of people on obesity register (for ages 16+ only) as a proportion of the total number of people registered (16+). The underlying age structure of the population cannot be taken into account in this statistic

A BMI of between 25 and 30 suggests that a person may be overweight. Across the Island there are estimated to be a higher number of men in the overweight category compared to females, and more females in the obese category than males. Obese men and women have 5.2 and 12.7 times the risk of developing Type 2 Diabetes respectively compared to their healthy weight counterparts, and have 2.6 and 4.2 times the risk of suffering a Myocardial Infarction (Heart Attack). In addition, over the period 2001/02 to 2011/12 in almost every year more than twice as many females than males nationally were admitted to hospital with a primary diagnosis of obesity (HSCIC, 2013).

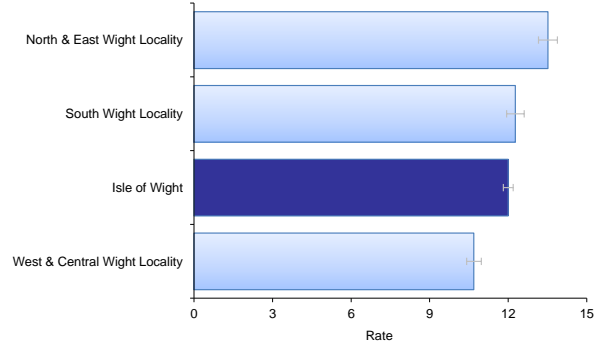
Isle of Wight Population age 16+: Estimated Numbers who are Overweight or Obese by Gender



Data Source: Health Survey for England (2010) extrapolated on to ONS Mid Year Population Estimates (2010) for the IW

Across the Island the population in the North and East Wight Locality has a higher crude rate of GP recorded obesity with significant differences between all three localities.

Crude obesity prevalence - Isle of Wight localities: 2011/12



Sources: Quality and Outcomes Framework as at end of July 2011 accessed via NHS Information Centre Copyright © 2012, The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved. Notes: These are crude rates and therefore do not take any account of the underlying age/sex distribution of the population. Localities are defined according to GP practices.

The crude obesity prevalence on the island which is based on patients recorded as obese on their GP record is 12%, 1.25% above the England average. QOF data is based on people aged over 16 with a BMI of over 30; the underlying age structure of the population cannot be taken into account for these statistics.

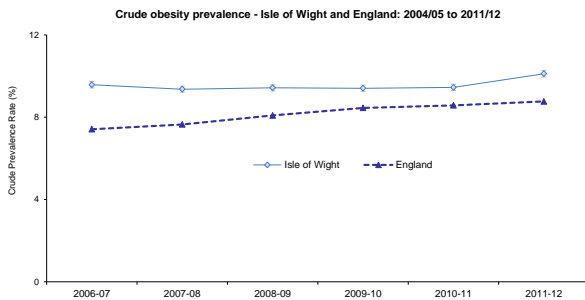
The GP recorded crude obesity prevalence for the Island has remained fairly level from 2007/08 to 2010/11 while the England average has steadily increased. In 2011/12 the Island has seen a significant increase with its highest level of recorded obesity. Both the local and national increases in recorded prevalence are likely to be a result of increased awareness and recording in GP practices, rather than an increase in obesity prevalence in the population per say.



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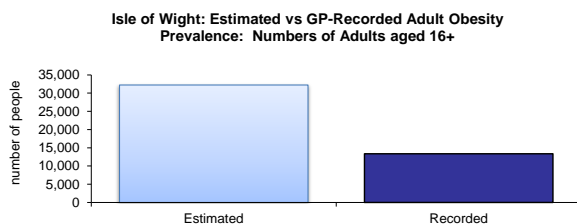
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For example, a weight loss initiative funded by Public Health in 2011/12 may have resulted in more people with a BMI of over 30 attending their GP surgery and therefore improved the recording of obesity in primary care.



Sources: Quality and Outcomes Framework accessed via NHS Information Centre Copyright © 2012, The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved.
Notes: In QOF a person is defined as obese if they have a BMI of equal to or greater than 30. These are crude rates of people on obesity register (for ages 16+ only) as a proportion of the total number of people registered (any age). The underlying age structure of the population cannot be taken into account in this statistic.

Despite this, the prevalence of recorded obesity in primary care is 81% lower compared to the estimated prevalence for the Island. This large gap indicates that there are still a large number of obese people on the Island unknown to and / or unrecorded by their GP, and who therefore might not be receiving appropriate support or interventions.



Data Source: Quality Outcomes Framework, 2011-12 (GP Recorded Data); APHO Model-Based Estimate (2006-08) applied to 2011 Mid Year Population Estimate (estimated)

References

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