FACT SHEET ON

OBESITY

[See linked sheets on diet and nutrition and physical activity]

KEY FACTS

- Obesity is one of the major public health issues in the developing world. It can lead to increased risk of heart disease, type 2 diabetes and some cancers.

- In 2003, 22% of men and 23% of women were obese. By 2010, without intervention, this figure will increase to 33% of men and 28% of women. In 2003, 43% men aged 16 and over and 33% of women within the English population were overweight.

- Childhood obesity in 2-10 year olds in England has risen from 9.9% in 1995 to 14.3% in 2004. If we do nothing, 20% of 2-10 year olds will be obese by 2010, or over 1 million children.

- Although the rise in obesity cannot be attributed to any single factor, it is the imbalance between energy in and energy out that is the root cause.

- The Health Survey for England 1998 showed that 37% of men and 24% of women met the current recommended physical activity target (participation in activity of at least moderate intensity for at least 30 minutes on at least 5 days a week).
- Children have more sedentary leisure pursuits than in the past. Other lifestyles changes have also had an impact, such as children being driven to school rather than walking and less outdoor play (both often due to parental fears about traffic and stranger danger).

- *Tackling Child Obesity – First Steps*, a joint report from the National Audit Office, Healthcare Commission and Audit Commission published earlier this year, put the cost of obesity to the NHS at around £1b a year, with an additional £2.3b – £2.6billion a year to the economy as a whole.

- Obesity is responsible for more than 9,000 premature deaths per year in England (6% of all deaths compared to 10% for smoking), 36% of cases of hypertension, 47% of cases of type 2 diabetes and 15% of angina. In addition, obese people are more likely to suffer from low self-image and confidence, social stigma, reduced mobility and a poorer quality of life.
Inequalities exist

- During the 1990s obesity was significantly higher amongst adults and children in lower socioeconomic groups. It is still highest in the lower socioeconomic groups, but it is increasing for all. The strongest current indicator that a child will be obese is that both parents are overweight or obese.

- In 2001-2002 levels of childhood obesity were highest among semi-routine and routine households (17.1%) and lowest among managerial or professional households (12.4%). The National Statistics Socio-Economic Classification (NS-SEC) suggests that there could be a correlation between parental obesity and socio-economic status.

**WHAT WE HAVE DONE SINCE CHOOSING HEALTH**

- A large number of people and organisations need to be involved in changing behaviours across society. That is why we have established a joint PSA target across the three Government departments with the greatest interest and capacity to address the problem – the Department of Health, the Department of Culture, Media and Sport and the Department for Education and Skills.

- We have introduced an annual national weighing and measuring exercise to record the heights and weights of pupils in Reception and Year 6 in primary schools. The data from this exercise will enable us to get a better understanding of children’s needs in this area and will enable schools, PCTs, Local Authorities and other partners to target resources and interventions where they are most needed. We will be able to use this data to track local progress and target our efforts more effectively.

- Distribution of an Obesity Care Pathway in May 2006, including advice for GPs and a self help guide for their patients who are concerned about their weight.

- Taking forward proposals to change nature and balance of food advertising and promotion to children.

- Development of definitive guidance on prevention and management of obesity (NICE) due in November 2006.


- 75% of schools achieved or working towards Healthy Schools status.

- Investment in school sport and club links.

- Support for families through Children’s Centres and extended schools.

- Introduction of new standards for school meals from September 2006 as well as the development of new training qualifications for catering staff and establishing the School Food Trust. The Government has committed approaching £500 million between 2005 and 2011 to support the transformation of school food across the school day.

- Providing 350 million pieces of fruit per year to schools in England.

- Supporting better information needs for consumers e.g. through front of pack signpost labelling.

- DCMS and DfES are making good progress on the National School Sport Strategy (with £1.5 billion being invested in the five years to 2008) and is on course to meet their target of at least 75% of 5 to 16 year olds doing a minimum of 2 hours of PE and school sport by the end of this year.

- Working with industry on salt, fat and sugar reduction in processed foods.

**WHERE WE ARE HEADING**

- Raising awareness through a social marketing campaign aimed at families and a proactive communications strategy aimed at key delivery stakeholders such as health professionals and teachers.

- Improved targeting of existing universal programmes, such as the School Sports strategy, Healthy Schools, Healthy Start etc so that, where possible, they provide additional support for children who are overweight or obese.

- Targeted interventions based on treatment and secondary prevention of overweight and obese children, based on the available evidence.
Improved work across the delivery chain to ensure incentives and performance management is aligned at national, regional and local level, including further work on supporting the contribution Local Area Agreements can make to tackling obesity.

We will be involving all levels of the delivery chain to ensure consistent messages, particularly to the NHS and front line professionals working with children and their families.

Developing a National Support Team for Obesity to disseminate best practice across Spearhead areas, and to provide intensive support for those areas that need it.

We are working to develop the evidence base about targeted weight management programmes and will be keeping a close watch on emerging evidence and disseminating the results quickly.

We will also work with Primary Care Trusts to implement the forthcoming NICE guidance on tackling obesity, and incorporate the principles that the guidance shows to be effective.

We will draw on the weighing and measuring data to produce a national report setting out national prevalence rates, providing regional and local reports to Strategic Health Authorities, PCTs and Local. We will encourage and support local agencies to better target existing programmes on obesity (e.g. some of the best performing School Sports Partnerships will use the data to target overweight and obese children as part of their programmes).

Schools are healthier places – nearly 18,000 schools are already on the Healthy Schools Programme, of which nearly 10,000 have achieved healthy school status.

Breastfeeding rates increased by 2% or greater each year.

Advertising to children better reflects a healthy balanced diet.

We launch the Healthy Living social marketing campaign linked to ‘small change Big Difference’ and promoting healthy active living messages, especially to parents/carers of under 11s resulting in healthy choices being made and fitter healthier children.

85% of 5 to 16 year olds spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum by 2008.

All schools have school travel plans by 2010 and there is an increase in proportion of children walking and cycling to school.

WE WILL HAVE DELIVERED IF

We halt the year on year increase in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole.

PCTs/LAs and partners (through Local Strategic Partnerships) use the Weighing and Measuring data to monitor local performance and target action.

People want to change their lifestyles and take responsibility for their health, with Government supporting people making these changes and influencing factors that fall within its remit.