

Living Well

Obesity (Adults)

Author(s): Lesley Wyman
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Introduction

During the 1990s and early 2000s the prevalence of obesity among adults has increased sharply. In adults, obesity is commonly defined as a body mass index (BMI) of 30 or more. The proportion of men who were categorised as obese (BMI 30kg/m² or over) increased markedly from only 13% in 1993 to 25% in 2011 and obesity in women rose from 16% in 1993 to 26% in 2011 (*HSE*).

The Foresight Report which was written in 2007 and looked in detail at obesity levels in Britain forecast that following current trends by 2050 as many as 60% of men and 50% of women would be obese.

Obesity has also been rising in children shown by the results of the *National Childhood Measurement Programme (NCMP)* where children in reception year and year 6 are measured in schools across England. In 2011/12, 9.9% of boys and 9.0% of girls (all children 9.5%) in Reception year (aged 4-5 years) and 20.7% of boys and 17.7% of girls (all children 19.2%) in Year 6 (aged 10-11 years) are also classified as obese.

Costs to the NHS that are attributed to obesity and overweight are projected to reach £9.7 billion by 2050 with the wider costs to society being as much as £49.9 billion (*Foresight, 2007*).

What do we know?

Health risks

Obesity is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. The risks of developing these conditions are greatly increased by being obese. For example an obese man is 5 times more likely to develop type 2 diabetes, 3 times more likely to develop colon cancer and 2 ½ times more likely to develop high blood pressure (a major risk factor for CHD and stroke). An obese woman is 13 times more likely to develop type 2 diabetes, 4 times more likely to develop high blood pressure and 3 times more likely to have a heart attack.

Many other conditions are associated with obesity include angina, gall bladder disease, liver disease, ovarian cancer, osteoarthritis and stroke, as well as low self-esteem and depression.

Causes of obesity

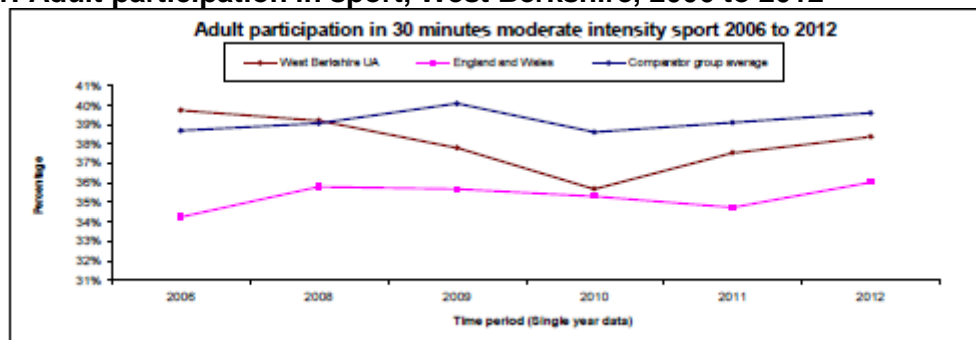
There are many complex and interrelated causes of obesity with behavioural and societal factors combining. The simple equation of energy intake from food and drink consumption exceeding the energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat (NOO) does not tell the whole story. The Foresight report developed a map that showed over 100 different variables that affected the energy equation and these were broadly categorised into 7 themes: biology, food environment, food consumption, societal influences, individual psychology, physical activity, activity environment. All of these factors must be addressed to decrease the steady rise in obesity in our society.

We do not have any robust measures of adult obesity available locally. However, estimated adult obesity prevalence for local areas was created by the *Association of Public Health Observatories in 2008*. These estimate national obesity levels to be at around one quarter of the total adult population – 23.7% with estimates in West Berkshire LA identical to this national figure at 23.7% though this is already likely to be an underestimation of true prevalence. Different areas in West Berkshire are estimated to have varying levels of obesity. Looking at Middle Super Output Areas – these are areas of a minimum population of 5000 and are similar to wards - the estimated prevalence of obesity in West Berkshire ranges from 18% to 28.6%.

The annual active people survey looks at adult participation in sport and six years' worth of data are now available so is able to show whether participation has increased or decreased or stayed the same. The data shows the adult population participating in sport, at moderate intensity, for at least 30 minutes on at least 4 days out of the last 4 weeks.

The proportion of West Berkshire adults participating in 30 minutes of moderate intensity sport has decreased over the last 6 years, although this is a higher participation rate than the 35% national average. The comparator group in the chart below shows the average for the Local Authorities with similar levels of deprivation to West Berkshire.

Figure 1: Adult participation in sport, West Berkshire, 2006 to 2012



Source: Active People Survey

Public Health England has recently produced an assessment of the health impact of physical inactivity. The assessment uses the results of the Active People Survey as an indicator of current physical activity level and shows the percentage of cases of selected conditions that are estimated to be preventable if 100% of the population

became active to the levels recommended by the Chief Medical Officer. The percentages of cases of selected conditions estimated to be preventable in West Berkshire if 100% of residents became active are shown in the table below.

Table 1: Percentage of selected conditions estimated to be preventable if 100% of population became active

| Condition | Percent cases preventable |
|-------------------|---------------------------|
| CHD | 10 |
| Breast cancer | 23 |
| Colorectal cancer | 19 |
| Diabetes | 13 |

Source: Public Health England

Current activities and Services

Tier 1 obesity services are primary preventative in nature and focus on raising awareness and developing skills in the general population that will help them to maintain a healthy weight throughout adulthood. This includes physical activity and healthy eating and also addressing the wider environmental aspects of healthy diet availability and physical environment.

In West Berkshire the following services and activities are being commissioned to help combat adult obesity:

- Promoting play areas in new building projects
- Development of an interactive, online map of parks and green spaces in West Berkshire with info about types of sports and activities available, e.g. tennis courts, golf courses etc.
- 6 week healthy cooking courses running in 2 areas of deprivation
- Support for Health Walks across the district, targeting a variety of groups including older people, new mothers and toddlers and families
- New Bikeability courses for adults
- Promoting and expanding Exercise on Referral scheme, including enabling people on low incomes to participate in the local scheme.
- Develop workplace challenge activities to help people eat a healthier diet and be more physically active for West Berkshire Council employees.
- Promote and expand the Eat Out Eat Well Scheme involving local restaurants and cafes to provide healthy options.
- Working with local Transport planners to increase cycling and walking across West Berkshire.
- Development of an Obesity Strategy and update Obesity Care pathway

Tier 2 obesity services

- Eat 4 Health weight management service commissioned for West Berkshire, Wokingham and Reading
- Weight management service within primary care, including pre-diabetes roll out in West Berkshire
- Weight management groups run by dieticians for West Berkshire, Wokingham and Reading

Tier 3 obesity services

- Explore continuation and possible expansion of a multi-disciplinary specialist weight management service for people who are morbidly obese or are not

able to lose weight using tier 2 service (currently Barometer only running in West Berkshire and Wokingham)

- Evaluate tier 3 specialist weight management service running in Royal Berkshire Hospital

Tier 4 obesity service

- Bariatric surgery commissioned by Area Team, under Specialist Commissioning.

What is the data telling us?

Given the complexity of obesity and the enormity of the risks of being obese, only a multi-agency approach is likely to have any effect on the growing numbers of overweight and obese adults in our society. The Foresight report indicated the breadth of the approach that needs to be taken, addressing the wider environment around healthy eating and physical activity as well as the individual lifestyle behaviour change.

There are differences in obesity prevalence due to both age and sex. The prevalence of obesity and overweight increases with age, being lowest in the 16-24 year age group, and generally higher in the older age groups among both men and women. There is a decline in prevalence in the oldest age group, particularly in men. Overall, for women, obesity prevalence increases with greater levels of deprivation, however in men, only occupation-based and qualification-based measures show differences in obesity rates by levels of deprivation.

Highest level of educational attainment can be used as an indicator of socioeconomic status. For both men and women obesity prevalence decreases as levels of educational attainment increases.

Women from Black African groups appear to have the highest prevalence of obesity and men from Chinese and Bangladeshi groups have the lowest. Women appear to have a higher prevalence in almost every minority ethnic group, with a significant difference between women and men among the Pakistani, Bangladeshi and Black African groups. There is no straightforward relationship between obesity and ethnicity.

Recommendations for consideration

- Obesity services accessible in all areas, including rural areas where transport may be an issue.
- Access to physical activity opportunities may be reduced where people have no access to a leisure centre or a community centre.
- A strategic approach needs to be taken to decrease overweight and obesity in the adult population, for example through a Berkshire wide Obesity Network.

National and local strategies

National Heart Forum (2007) Lightening the load: tackling overweight and obesity. A toolkit for developing local strategies to tackle overweight and obesity in children and adults.

[National Institute for Health and Clinical Excellence. Obesity, London: NICE 2006.](#)

[Roberts K, Cavill N, Rutter H. National Obesity Observatory. Standard Evaluation Framework for Weight Management Intervention \(2009\).](#)

Preventing obesity and helping people to manage their weight, NICE Local government public health briefing May 2013

[Healthy Lives, Healthy People: A call to action on obesity in England, Department of Health, 2011](#)

Other chapters you might be interested in

Diabetes
CVD
Transport
Housing

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437