

## Obesity

### Headlines

The rise in obesity is one of the biggest threats to health in the UK. Without clear action, the rates of obesity will rise to almost 9 in 10 adults and 2 in 3 children by 2050.

Obesity is associated with an increased risk of earlier death and a range of diseases that have a significant health impact on individuals, such as diabetes, heart disease, cancer and muscular skeletal problems. Additionally, the risk of maternal death from childbirth and infant death are increased. Obesity shortens life expectancy by nine years on average.

Locally, in 2012, over half (54%) of all adults were overweight or obese, which remained unchanged from 2008 suggesting a halt in the rise of obesity in Kirklees. Locally 1 in 5 5-year olds and 1 in 11 14 year olds were overweight or obese in 2011.

### Why is this issue important?

The rise in obesity is one of the biggest threats to health in the UK. In England in 2009 2 out of 3 (66%) men and over half (57%) of women were overweight, of which almost a quarter, 22% of men and 24% of women, were obese<sup>1</sup>. 4 in 5 obese teenagers go on to be obese adults. Without clear action, the rates of obesity will rise to almost 9 in 10 adults and 2 in 3 children by 2050<sup>2</sup>.

Locally, in 2012, over half (54%) of all adults were overweight or obese, especially those aged 46-64 years, over 65 years and men, which remained unchanged from 2008 suggesting a halt in the rise of obesity in Kirklees<sup>3</sup>. 1 in 5 5-year olds and 1 in 3 11-year olds were overweight or obese in 2011<sup>4</sup>.

Obesity is associated with an increased risk of a range of diseases that have a significant health impact, including earlier death, on individuals such as [diabetes](#), heart disease, [cancer](#), muscular skeletal problems, and maternal death from childbirth and [infant death](#).

Annually, obesity is responsible for 9,000 deaths in those aged under 65 years in England, and reduces life expectancy by nine years on average<sup>5</sup>. It is responsible

for the recent rise in maternal deaths. Obese people can experience stigmatisation and bullying, which can lead to depression and low self-esteem. Those with diabetes were twice (40%) as likely to be obese than the overall population (18%), which has important consequences for their risk of further ill health.

The most recent Government publication, “Healthy lives, healthy people: a call to action on obesity in England”<sup>6</sup> has two ambitions for a sustained downward trend in the level of excess weight in children by 2020 and a downward trend in the level of excess weight averaged across all adults by 2020.

## What significant factors are affecting this issue?

Obesity is caused by the imbalance between calories (or energy) taken into the body and calories used by the body and burnt off in physical activity, over a prolonged period. Excess energy results in the accumulation of excess body fat. Therefore it is an individual’s biology, for example, genetics and metabolism, and their eating and physical activity behaviour that are primarily responsible for maintaining a healthy body weight.

Body mass index (BMI) is used to measure whether people are overweight (BMI 25-30) or obese (BMI >30), and relates weight to height.

Addressing obesity links to several behaviour programmes, particularly [food](#), [alcohol](#) and [physical activity](#) (see behaviours section). Locally only 1 in 4 obese people did the recommended amount of physical activity in 2012, which is less than the 1 in 5 in 2008; and remained the lowest out of all the weight categories<sup>3</sup>. Significant external influences such as environmental and social factors, for example, changes in the availability of food, motorised transport and work/home lifestyle patterns, can also influence body weight, known as the obesogenic environment.

## Which groups or communities are most affected by this?

### *Children and young people*<sup>6</sup>

Locally, in 2011, more than 1 in 5 (21%) 4-5 year olds living in Kirklees were either overweight or obese, 2% lower than in 2008/09<sup>7</sup> but this is not statistically significant.

Over 1 in 3 (32%) 10-11 year olds were either overweight or obese in 2011, which was also lower than in 2008/09<sup>7</sup> but not significantly so.

As children move into secondary school weight management continues to be a concern across Kirklees. In 2009, 1 in 5 (18%) 14-year olds reported that they were on a diet or trying to lose weight, but they may not necessarily need to<sup>8</sup>. Nationally, 4 in 5 obese teenagers went on to be obese adults<sup>9</sup>.

### *Adults*<sup>3</sup>

Locally, in 2012, 19% of all adults were obese; highest in those aged 45-64 years (22%) compared to 18% in those aged 18-44 years and 17% in those aged 65 years and over. 1 in 3 (35%) of all adults living in Kirklees were overweight; so over half of all adults were overweight or obese. These figures have not changed much since 2008<sup>10</sup>.

More men living in Kirklees were overweight and obese (61%) compared to women (46%). Those with diabetes, long-term pain, and heart disease were far more likely to be obese or overweight, almost 3 in 4 of those with diabetes, high blood pressure or [cardiovascular disease](#) and 2 in 3 people with pain. 1 in 3 obese people stated that a health condition affected their ability to carry out day-to-day activities.

### [Women of childbearing age](#)<sup>3</sup>

Locally, 2 in 5 (40%) women in Kirklees, aged 18-44, were overweight or obese in 2012 – also unchanged from 2008. This is important for the future health of any potential unborn children.

### *Families*

The likelihood of a child being obese is strongly linked to whether their parents are overweight or obese; 1 in 4 children who have both parents overweight or obese are obese themselves, compared with 1 in 20 who have no parent overweight or obese<sup>11</sup>.

### *Ethnicity*<sup>3</sup>

People from black African and black Caribbean communities were more likely to be obese (27%) than the general population (18%). Obesity was higher in Pakistani mothers of infants who died<sup>12</sup>.

### *Income*

1 in 4 (23%) of those who were obese were in the most deprived quintile of the index of multiple deprivation (IMD). 1 in 8 (12%) obese people were more than twice as

likely to be permanently sick or disabled as those of a healthy weight (5%)<sup>3</sup>.

## Where is this causing greatest concern?

Obesity is an issue across all localities. However [Dewsbury](#) had the highest rate of obese young people and adults and [Batley](#) had the highest number of obese children; nearly 1 in 11 (9%) children aged 4-5 years and 1 in 5 (19%) children aged 10-11 years were obese<sup>4</sup>. Over 1 in 5 (19%) adults were obese and 22% of adults living in Dewsbury were obese<sup>3</sup>. Mirfield has one of the lowest levels of obese (16%) but has over half either overweight or obese indicating a high population of overweight people.

## Views of local people

NHS Kirklees commissioned a series of consultations with obese children, their families and adults to understand the barriers and motivations to weight loss<sup>13</sup>.

These consultations found that:

- adults were put off services by the humiliation of the “weigh-in” and people attending classes who were not seen as very overweight
- cost is a barrier to adults attending weight management programmes
- men perceive conventional weight management services as inappropriate and wanted material targeted at them
- parents feel that there is a lack of activities for children and they feel reluctant to allow children to play out
- children and young people feel they comfort eat as a result of emotional issues i.e. problems with parents and bullying
- parents believe weight gain is a result of an external uncontrollable factor i.e. genetics or medication. Children give other reasons such as availability of cheap junk food, laziness and their parents working long hours, resulting in them eating whatever they can find when they return from school and turning to easy fast food for evening meals.

## What could commissioners and service planners consider?

Innovative approaches to education and raising awareness are needed to motivate the target groups. Key partners and service planners should maximise opportunities to deliver key messages to encourage the public to take personal action and highlight the effective help available to support them. These include national campaigns such as the Change4Life movement<sup>14</sup> and local initiatives such as the Healthyweight4Kirklees<sup>15</sup> website and network which provide advice, support and links to local services.

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