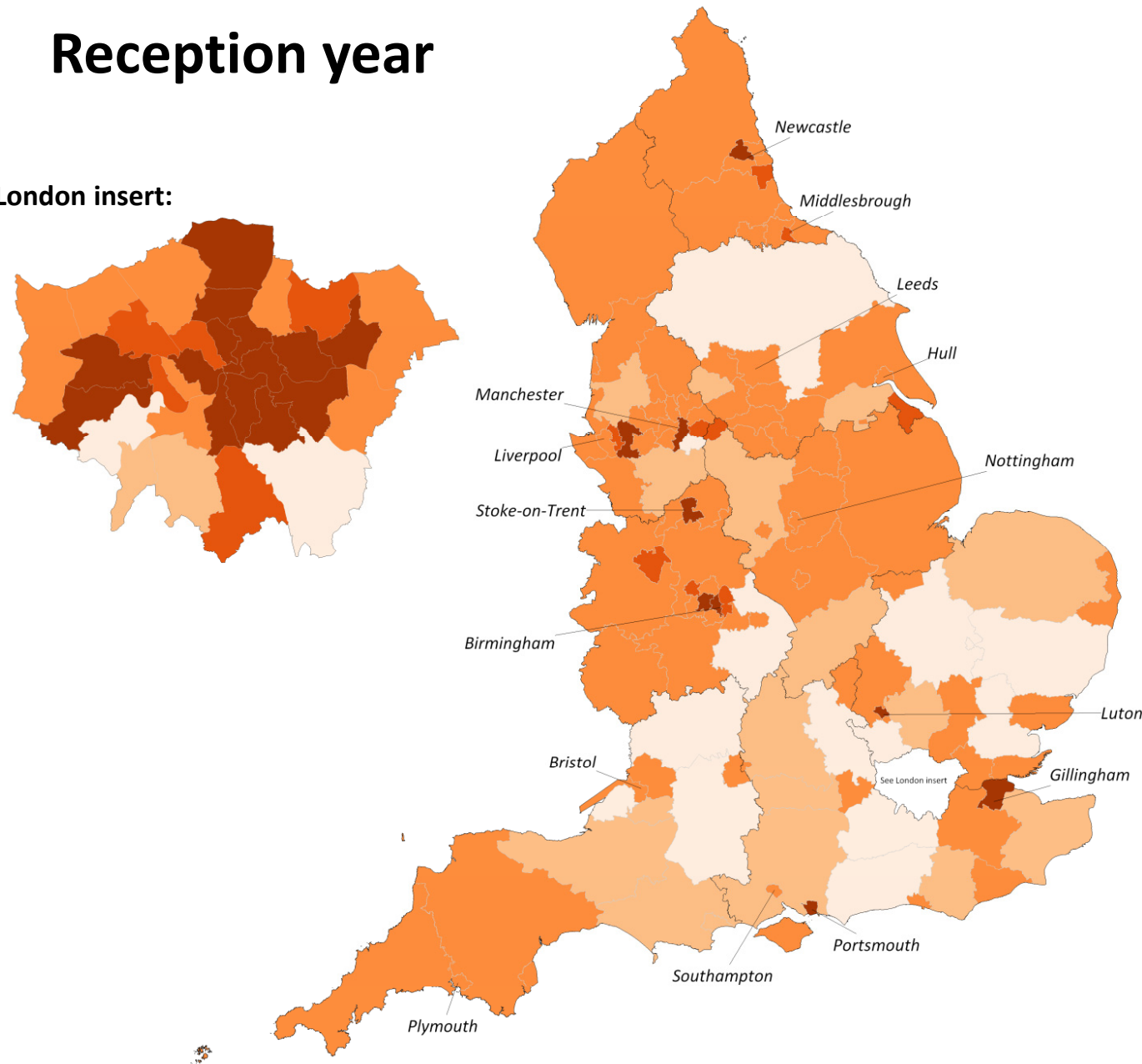


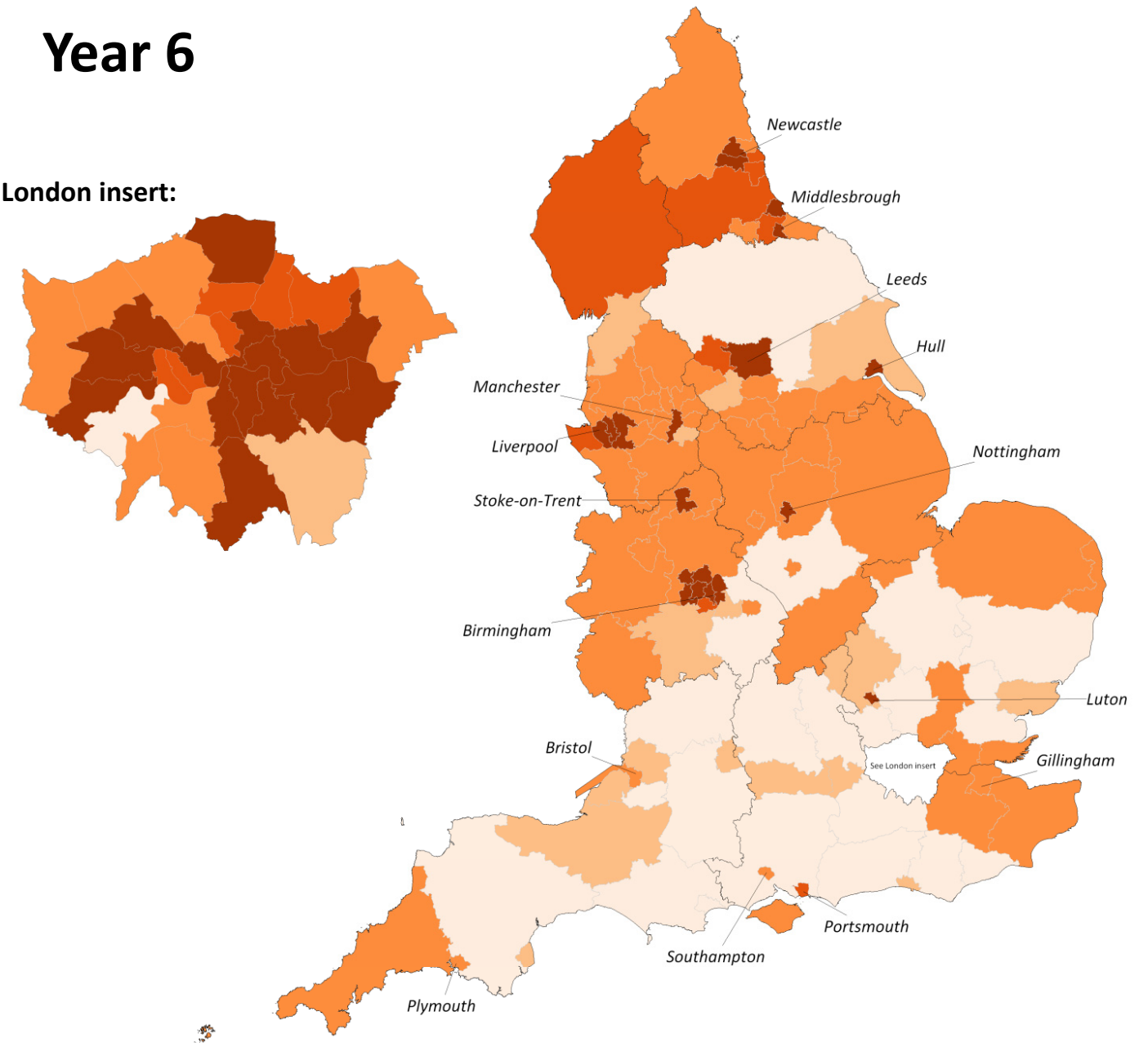
Reception year

London insert:








Year 6

London insert:



PCT Obesity Prevalence NCMP 2008/09

-  Significantly higher than national average ($p < 0.001$)
-  Significantly higher than national average ($p < 0.05$)
-  No significant difference from national average ($p < 0.05$)
-  Significantly lower than national average ($p < 0.05$)
-  Significantly lower than national average ($p < 0.001$)

The 2008/09 National Child Measurement Programme dataset contains over 1 million measurements of school children aged 4-5 years (Reception) and 10-11 years (Year 6). Conventional obesity prevalence figures in table and map format are available from the NHS Information Centre (<http://www.ic.nhs.uk/ncmp>). Children are classified as obese in these figures if their BMI for age and sex is above the 95th centile of the British 1990 Growth Reference.

Despite the very large number of children measured for the NCMP, 95% confidence limits around PCT level child obesity prevalence are still, on average, +/- 1.1% in Reception and +/- 1.5% in Year 6. This margin of error around the published prevalence figures should be taken into account when making comparisons between different areas.

These maps compare the reported obesity prevalence of PCTs to the national average, taking into account the margin of error around the prevalence figures for both England and the PCT. They are different to maps based on actual prevalence figures – PCTs with the highest or lowest reported prevalence are not necessarily shaded in the darkest or lightest colours. Instead, PCTs have been graded based on the certainty with which a PCT's obesity prevalence can be said to be different from the national average using both 95% and 99.9% significance levels. These represent those PCTs which are 'more than likely' to have higher or lower prevalence than the national average (95%), and those where obesity prevalence is 'almost certainly' different to that for England (99.9%).

These maps are based on similar principles to those used in Statistical Process Control (SPC), which are usually shown by means of a control or funnel plot. Obesity prevalence figures for larger PCTs are more robust due to more children being included in the sample. Therefore for very large PCTs we can be confident that even a small difference in reported obesity prevalence between the PCT and the national average is due to a real difference between the two populations. The smaller the PCT the bigger the difference in obesity prevalence needed before we have the same degree of confidence that the observed differences represent a real difference in the underlying obesity prevalence.