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About NOO

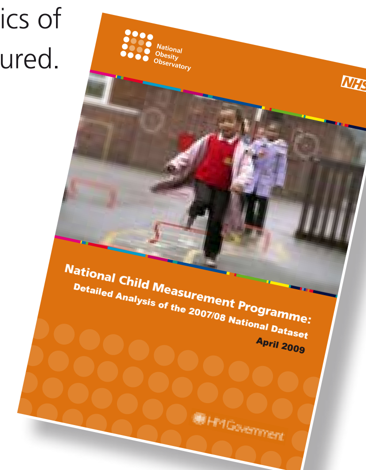
The National Obesity Observatory was established to provide a single point of contact for wide-ranging authoritative information on data and evidence related to obesity, overweight, underweight and their determinants. The observatory works with a range of organisations to support policy makers and practitioners involved in obesity and related issues. NOO is a member of the Association of Public Health Observatories. It is based in Oxford where it sits alongside the South East Public Health Observatory.

new from noo:

National Child Measurement programme – detailed secondary analysis

In April 09 NOO published detailed analysis of the 2007/08 National Child Measurement Programme (NCMP) dataset. The report follows on from the '2007/08 school year headline results' published by the NHS Information Centre in December 2008. It presents detailed secondary analyses to further our understanding of the epidemiology of child height, weight and body mass index (BMI) across the country.

The report includes analyses of data on the prevalence of underweight, healthy weight, overweight and obesity, and compares the 2007/08 data with data from previous years. It also presents analysis of the effects of deprivation and ethnic group; examines the distribution of BMI by age and sex; and analyses associations between obesity prevalence and individual and PCT level characteristics of those measured.



NHS

ISSUE 2 | MAY 2009

NOO news

the Newsletter from the National Obesity Observatory

Welcome to the second issue of NOO News – the newsletter from the National Obesity Observatory (NOO).

This newsletter is produced twice a year for practitioners and other professionals working in obesity and related fields. NOO News provides updates on NOO projects, publications and data analyses; reports and statistics from other organisations; wider news; and forthcoming events.

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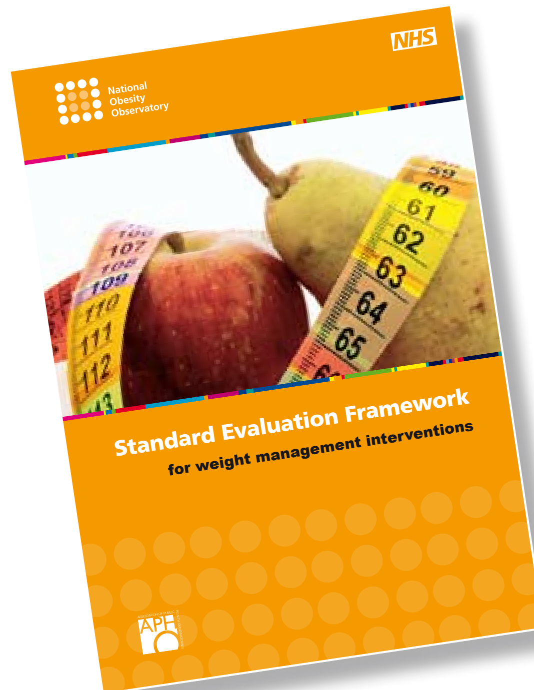
new from noo:

Evaluating weight management interventions

NOO has recently published (March 09) a Standard Evaluation Framework (SEF) to support high quality, consistent evaluation of public health interventions to manage or prevent overweight and obesity in children and adults.

The SEF provides introductory guidance on the principles of evaluation, and lists both 'essential' and 'desirable' evaluation criteria. The supporting guidance describes the criteria in more detail, and provides further information on collecting data. The SEF is essential reading to those commissioning, running and evaluating weight management interventions.

NOO will evaluate the usefulness and impact of the SEF over the next two years, informed by both quantitative and qualitative data, including the experiences of people who have used the guidance. If you would like to be involved in this evaluation, require support using the SEF, or if you have other feedback on this work, please contact sef@noo.org.uk



National Obesity Observatory. Standard Evaluation Framework for weight management interventions 19

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3. Standard Evaluation Framework for weight management interventions

This section presents the core elements of the Standard Evaluation Framework. Essential criteria are presented as the minimum recommended data for evaluating a weight management intervention. Desirable criteria are additional data that would enhance the evaluation. The supporting guidance, in section four, describes why particular criteria have been categorised as essential or desirable, and gives further information on collecting data. Click on a cell to be taken to the corresponding explanation.

Part one: intervention details — ESSENTIAL | DESIRABLE

1. Title/name of intervention
2. Aims and objectives (including primary and secondary outcomes)
3. Intervention timescale (exposure, quantity and duration)
4. Intervention delivery dates
5. Duration of funding (including dates)
6. Location and setting
7. Description of intervention:
   - target population;
   - content;
   - delivery method;
   - deliverer;
   - unit of delivery;

   Details of quality assurance mechanisms
8. Rationale for intervention (including theoretical basis)
9. Core staff competencies required
10. Equipment and resources required
11. Incentives for attendance
12. Details of training needs (including quality assurance of training)
13. Method of recruitment and referral
14. Participant consent mechanism
15. Participant admission/exclusion criteria
16. Cost of intervention per participant
17. Cost to participant
18. Detailed breakdown of cost
19. Type of evaluation and evaluation design
20. Details of equality impact assessment
21. Relevant policy and performance context
22. Details of health needs assessments that have been conducted
23. Contact details
24. Commissioner(s) of the intervention and sources of funding
25. Declaration of interest
26. Details of type and extent of any clinical involvement

SEF table of essential and desirable criteria

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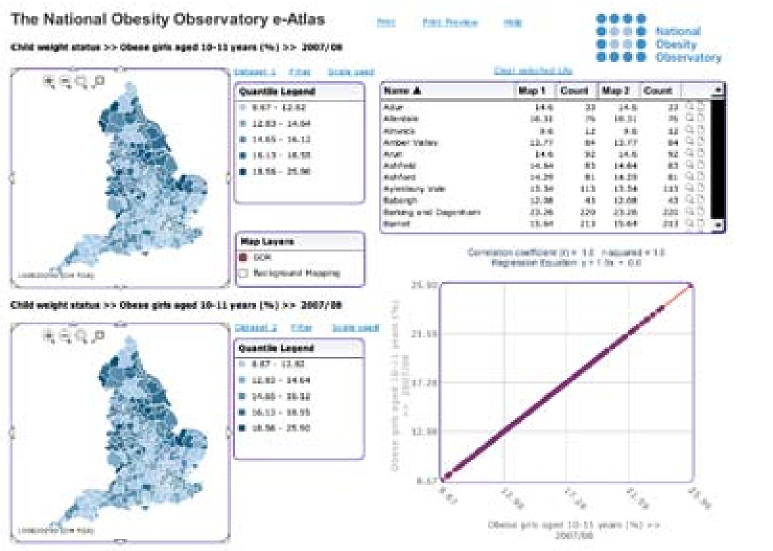
new from noo: Mapping data on obesity and its determinants

NOO is continually exploring innovative ways to display and analyse data on obesity and its determinants, and has recently developed an obesity e-Atlas and dynamic trend map.

The **NOO e-Atlas** is an interactive tool for online mapping and analysis of obesity and related data. The atlas enables users to compare a range of indicators such as prevalence of obesity from the NCMP with for example, deprivation score in the form of IMD. The existing template produces maps and correlation charts, and focuses on data on children.

Over the coming months we plan to extend the e-atlas to encompass a wider range of data sets, including data on adults, as well as potentially introducing a range of other display templates.

e-Atlas

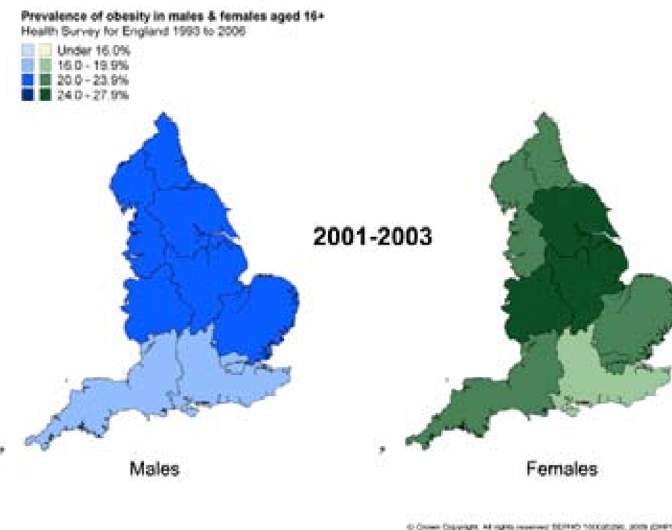


We are keen to receive feedback on this tool so please send comments and suggestions to **info@noo.org.uk**

NOO has also produced dynamic maps displaying regional trends in obesity prevalence for adults from 1993 to 2007. These maps use data from the Health Survey for England and will be updated annually.

Both resources are available on the NOO website **www.noo.org.uk/maps**

HSE Dynamic Maps



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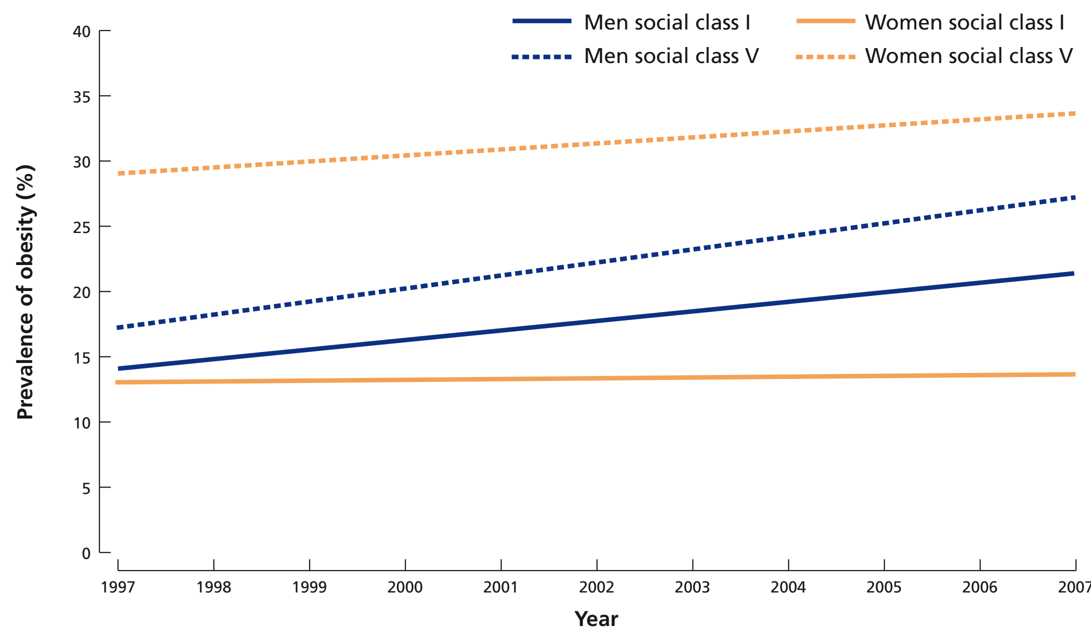
Obesity and deprivation

The importance of deprivation as a key component of health inequality has long been recognised, and it is widely accepted that deprivation is associated with higher rates of poor health. Obesity is no exception – obesity prevalence for both adults and children is known to be highest in the most deprived parts of the UK.

Data from the Health Survey for England (HSE) show that adults in social class V (unskilled manual) have the highest prevalence of obesity whilst the lowest prevalence is found in social class I (professional). This is the case for both males and females, although the pattern between the sexes does differ.

Females in social class I have the lowest prevalence of obesity across the population and prevalence for this group has shown little increase over the period 1997 to 2007. By contrast, females in social class V have the highest prevalence of all adult groups across the population and this has increased substantially over the same time period. The gap in obesity prevalence between the most affluent and the most deprived has increased in both sexes since 1997, with a greater disparity among females than males.

Trends in obesity prevalence 1997–2007 by social class and sex



Source: HSE 1997–2007 adapted from Foresight (2007)

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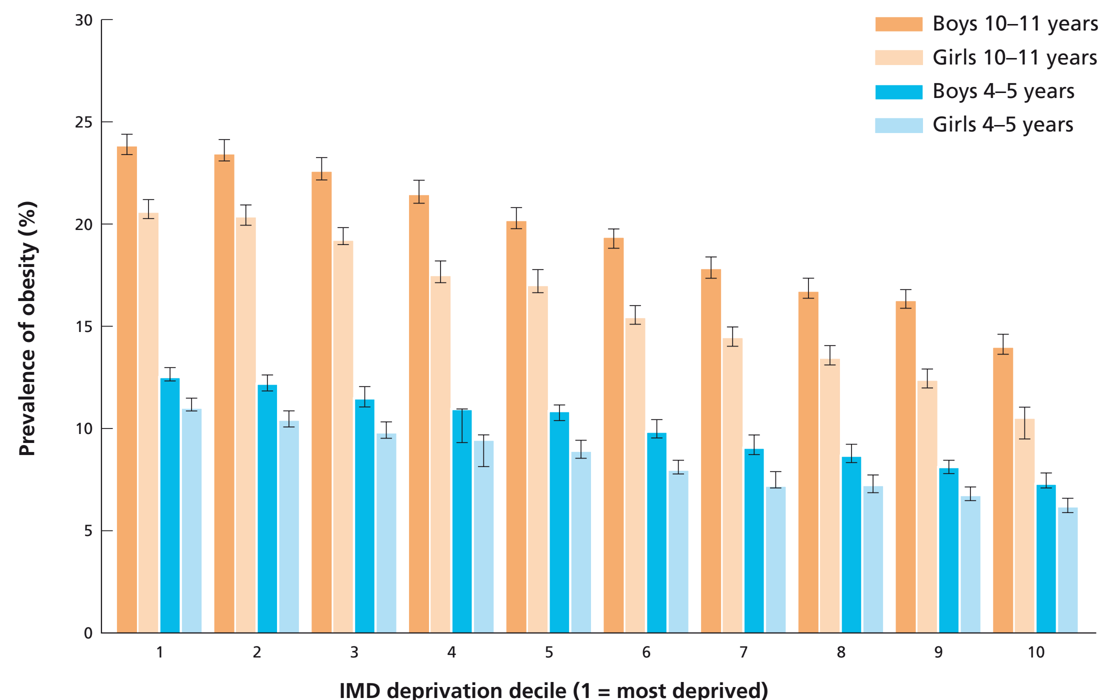
Obesity and deprivation

Whilst the HSE provides good information on childhood obesity prevalence by social class, the National Child Measurement Programme (NCMP) dataset, with data on over 900,000 children, allows more detailed investigation of the distribution and nature of child obesity prevalence than has previously been possible.

Analysis of NCMP data shows that for boys and girls in Year 6 (aged 10–11 years) and Reception (aged 4–5 years) obesity prevalence is closely correlated with deprivation: obesity levels are highest in the most deprived areas and show a linear decrease in prevalence down to the least deprived areas.

Identifying individuals and communities which are most affected (or likely to be affected) by obesity helps us better to understand the determinants of obesity, and allows improved targeting of interventions to tackle the problem. Datasets such as the NCMP provide valuable data to support these analyses. As these datasets develop, so should our understanding of the obesity epidemic and our ability to tackle it.

Prevalence of obesity in the NCMP 2007/08 by age, sex and decile of deprivation (based on the postcode of child)



Source: NCMP 2007/08, IMD 2007

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International comparisons of adult obesity prevalence

Obesity is a major public health issue in most developed countries. International comparisons reveal large differences in reported adult population obesity prevalence – from around 4% in Korea and Japan, to rates of over 30% in the US.

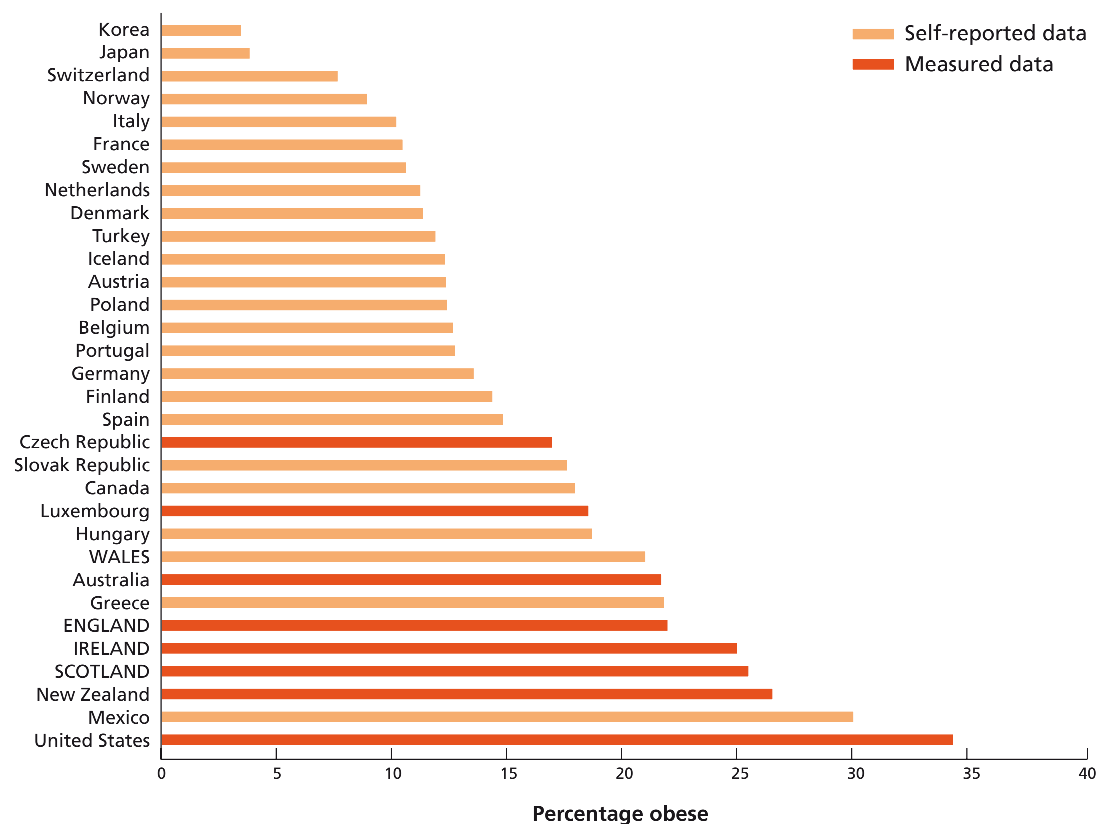
The following chart illustrates the latest available international adult (aged 16+) obesity prevalence, using data from the Organisation for Economic Co-operation and Development (OECD), Health Survey for England, Survey of Lifestyle, Attitudes and Nutrition – Republic of Ireland, Welsh Health Survey and the Scottish Health Survey 2003.

Issues with comparing obesity prevalence internationally

One of the main challenges in comparing data across countries lies in the comparability of the data. In the chart above only eight of the 32 countries listed are based on measured height and weight – the rest are based on self-reported measures. There is evidence from a range of sources that self-reported height and weight tends to underestimate BMI, and it is noticeable that those countries with measured data all show high prevalence.

Aside from measurement issues, most of these data were obtained from national health surveys and are thus likely to be representative of the general population. These data are not age or sex standardised so differences in the age and sex structure of the populations have not been accounted for. Only single year estimates for each country are presented: trend data would be useful for providing a picture of changes in obesity prevalence.

NOO will be producing a more detailed briefing paper on comparisons of international obesity prevalence, including trend analysis, later this year.



Metadata for all other countries can be found at: OECD Health Data 2008 – Version: December 2008 http://www.ecosante.org/oecd.htm. Obese defined as BMI ≥ 30kg/m²

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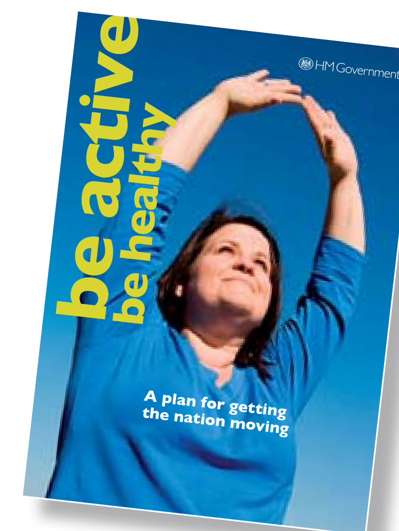
New action plan for physical activity

The Department of Health in partnership with other government departments has recently launched (February 09) a new national action plan for physical activity: Be Active, Be Healthy, A Plan for Getting the Nation Moving. This plan 'establishes a new framework for the delivery of physical activity alongside sport for the period leading up to the London 2012 Olympic Games and Paralympic Games and beyond.' It is mainly focused on adults, as children and young people's physical activity is being taken forward through a number of other government initiatives.

Be Active, Be Healthy includes a breakdown of the healthcare-related costs of physical inactivity to help make the case for increased investment at local level. It also sets out plans for an evidence-based tool allowing PCTs to stratify the cost burden of disease arising from physical inactivity for sub-groups of their population, and for a Health Economic Assessment Tool (HEAT) for walking, to sit alongside the existing World Health Organisation (WHO) **HEAT for Cycling**.

The plan describes a range of actions that will be taken across government, linked to the **Change4Life** campaign and the 2012 Olympics. These include an expansion of the **Walking the Way to Health** scheme and the creation of 2012 walking routes; an incentivised Active Travel campaign; mass participation cycling events; free swimming; and development of the national care pathway for physical activity.

The report also sets out plans for 'energising delivery' of physical activity. These include creation of a new national Physical Activity Alliance. The Interim Steering Group is currently consulting on how the Alliance can best add value and support to the physical activity sector including defining governance options and the organisational structure for the new organisation.



Physical activity surveillance in England

NOO has recently published a briefing paper which aims to identify and describe the main sources of national-level surveillance data on physical activity in adults and children in England.

The paper – **Physical activity surveillance in England: what is measured and where are the gaps?** focuses on data on the population prevalence of physical activity, but also includes key sources of available data on determinants of physical activity (such as characteristics of the built environment). It makes recommendations for improving physical activity surveillance.

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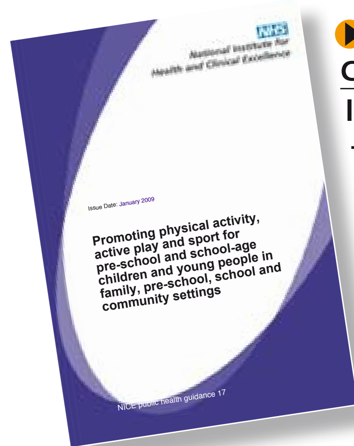
New NICE physical activity guidelines



Promoting Physical Activity for Children and Young People, the latest physical activity guidance from the National Institute for Health and Clinical Excellence (NICE) was published in January 2009.

The guidance is aimed at those who have a direct role in – and responsibility for – promoting physical activity among children and young people. This includes those working in the NHS, education, local authorities, and wider public, private, voluntary and community sectors.

It provides advice on:

- how to promote the benefits of physical activity and encourage participation;
- high level strategic planning for physical activity;
- the importance of consultation with children and young people and how to set about it;
- planning and providing spaces, facilities and opportunities;
- training people to run programmes and activities;
- how to promote physically active travel such as cycling and walking.

The recommendations relate to all children and young people up to the age of 18, with a focus on children aged 11 and under and girls aged 11 to 18.

Healthy Weight, Healthy Lives: One Year On

This new government report (published in April 2009) reviews progress on the delivery of 'Healthy Weight, Healthy Lives: A Cross-Government strategy for England', (launched in January 2008). The aim of the strategy is to support everyone to achieve and maintain a healthy weight. The initial focus is on children, with a target to reduce the proportion of overweight and obese children to 2000 levels by 2020.

The **'One Year On' report** highlights developments over the past year and sets out future plans to achieve this target around the following themes:

1) helping people make healthier choices;

2) creating an environment that promotes healthy weight;

3) effective services for those at risk;

4) strengthening delivery, highlighting progress within each area and setting out future priorities.

The National Obesity Observatory is noted in the report for making significant progress on a number of key areas, which include: the standard evaluation framework for weight management interventions; mapping surveillance data, and providing innovative analytical and data presentation tools. Future tasks for NOO identified in the report include widening the standard evaluation framework to encompass other obesity related community interventions, continuing to broaden the work around data mapping, and developing a series of evidence briefings to support policy and practitioners.

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Waist circumference and health

High levels of central adiposity are linked with elevated risk of obesity-related conditions, such as type 2 diabetes, hypertension and heart disease.

According to **National Institute for Health and Clinical Excellence (NICE) guidelines**, men with a waist circumference of 94 cm or more and women with a waist circumference of 80 cm or more are at increased risk of health problems. If men's waist circumference is 102 cm or more, and women's 88cm or more, even at a healthy weight (BMI 18.5–25 kg/m^2), they are at increased risk of developing health problems.

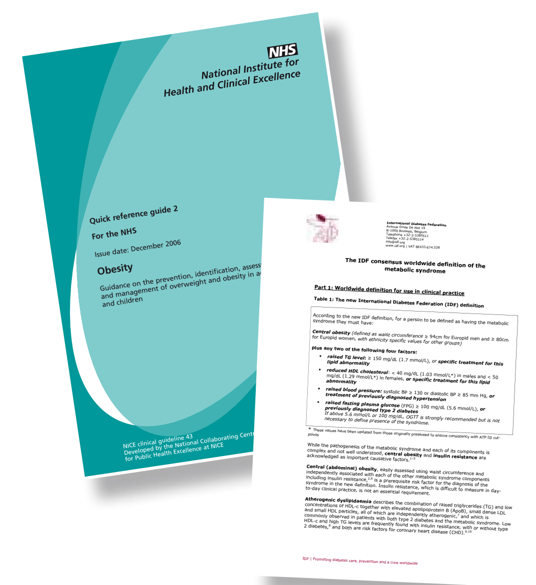
Based on data from the Health Survey for England, between 1993 and 2006 the proportion of the adult population in England with an increased waist circumference (a measure of 'central adiposity') rose from 20% to 32% for men and from 26% to 41% for women – approximately a 60% relative increase for both groups.

Measures of central adiposity in adults may be a better predictor of future ill health than BMI as intra-abdominal fat (which is reflected in waist circumference) is thought to be more likely to cause ill health than fat deposited in other parts of the body. People of South Asian origin are more prone to carrying excess fat centrally than the White population and show raised obesity-related risk at lower BMI and lower waist circumference levels. Therefore it is particularly important for South Asian communities to be aware of the health risks of increased waist circumference. The **International Diabetes Federation** (IDF) and the **World Health Organisation** (WHO) have proposed lower waist circumference thresholds for adults of South Asian origin: 90cm or more for men, and 80cm or more for women.

The WHO has advised that an individual's relative risk of obesity-related ill health can be more accurately classified using both BMI and waist circumference than by either alone. NICE recommends that, in adults, waist circumference should be used in addition to BMI to measure central obesity and disease risk in individuals with a BMI less than 35kg/m^2. This is most useful in a clinical context where waist circumference can be used alongside BMI to identify individual adults at increased risk of obesity-related health problems.

In terms of population monitoring, BMI has some advantages over measures of central adiposity. It involves a lower level of physical contact, and height and weight can be more reliably measured than waist circumference following basic training; measuring waist circumference reliably requires more extensive training. BMI is frequently used for published prevalence figures, both within the UK and outside while waist circumference is not, and using BMI allows us to compare current prevalence with historical figures and those from other countries.

NOO will be producing a full briefing on the use of, and current trends in, waist circumference later in 2009.



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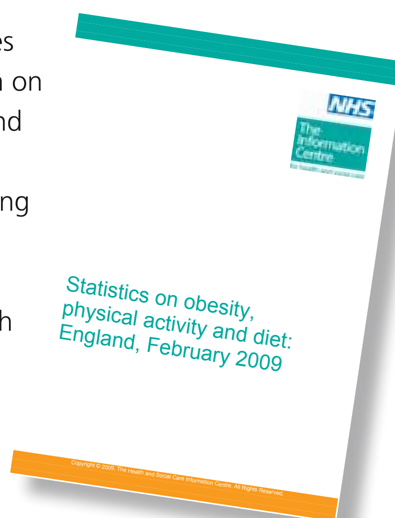
Statistics on obesity, physical activity and diet

The NHS Information Centre (NHS IC) has recently published a statistical report on obesity, physical activity and diet in England. The report presents a range of information drawn together from a variety of sources. It covers:

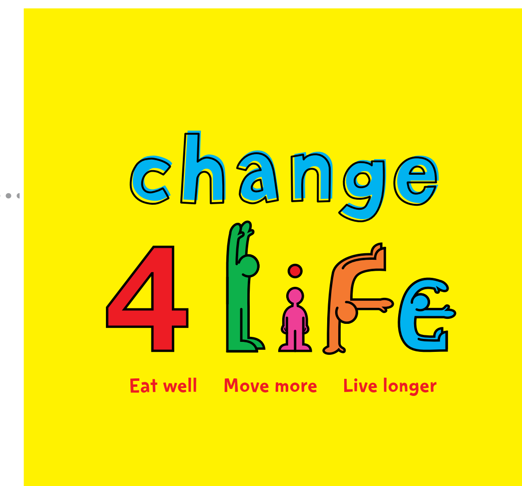
- overweight and obesity prevalence among adults and children;
- physical activity levels among adults and children;
- trends in purchases and consumption of food and drink and energy intake.

The report combines data from a variety of sources and includes information on attitudes and knowledge about leading a healthy lifestyle among both adults and children.



Change4Life: measuring the impact

The Change4Life marketing campaign aims to change the behaviours of English families that lead to people (particularly children) becoming overweight or obese. The campaign supports the Healthy Weight Healthy Lives programme target to reduce the percentage of obese children under 11 to 2000 levels by 2020.



Marketing activity and key messages will be monitored at population level via a major tracking study, comprising a representative sample of the main campaign audiences. This will measure the impact of the programme on awareness, attitudes, understanding of key messages, intent to change and self-reported behaviour change, as the campaign progresses. The tracking survey will be complemented by a more detailed academic evaluation of the Change4Life programme led by Professor Jane Wardle at University College London.

Tracking research by the Change4Life team shows that, at the end of March 2009, 68% of mothers (and 60% of the general public) had heard of Change4Life and 77% of mothers (and 66% of the public) recognised the Change4Life logo. Among mothers who saw the Change4Life adverts 79% agreed that they made them think about their children's health over the long term. There have been 500,000 visits to the Change4Life website and 275,000 people responded to the How are the Kids questionnaire to request a Change4Life action pack.

Through continuous tracking and wider evaluation, Change4Life intends to generate an evidence base to inform not only the refinement of the programme, but also future campaigns.

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Events and conferences

Promoting Behaviour Change: Effective Behavioural Interventions

Association for the Study of Obesity
Tuesday 2 June 09
Leeds Metropolitan University

Obesity – a reality check? Towards a deeper understanding

The Royal Society of Medicine
Wednesday 3 June 09
The Royal Society of Medicine,
1 Wimpole Street, London W1G 0AE

Obesity and its management

Association for the Study of Obesity
Wednesday 24–Friday 26 June 09
Liverpool
11th Annual Training Meeting in collaboration with the University of Liverpool, Department of Medicine.

Tackling early childhood obesity

Capita
Tuesday 30 June 09
London

The National Obesity Conference: Reversing the tide of obesity

Govnet
Wednesday 1 July 09
London

2009 National Obesity Forum Conference

National Obesity Forum
Monday 5–Tuesday 6 October 09
London

19th Workshop of the European Childhood Obesity Group (ECOG)

Thursday 17–Saturday 19 September 09
Dublin, Ireland

Inclusion of these events does not imply endorsement by NOO

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