

Statistical Bulletin

Health & Social Care Series

An Official Statistics Publication for Scotland

OBESITY INDICATORS 2013

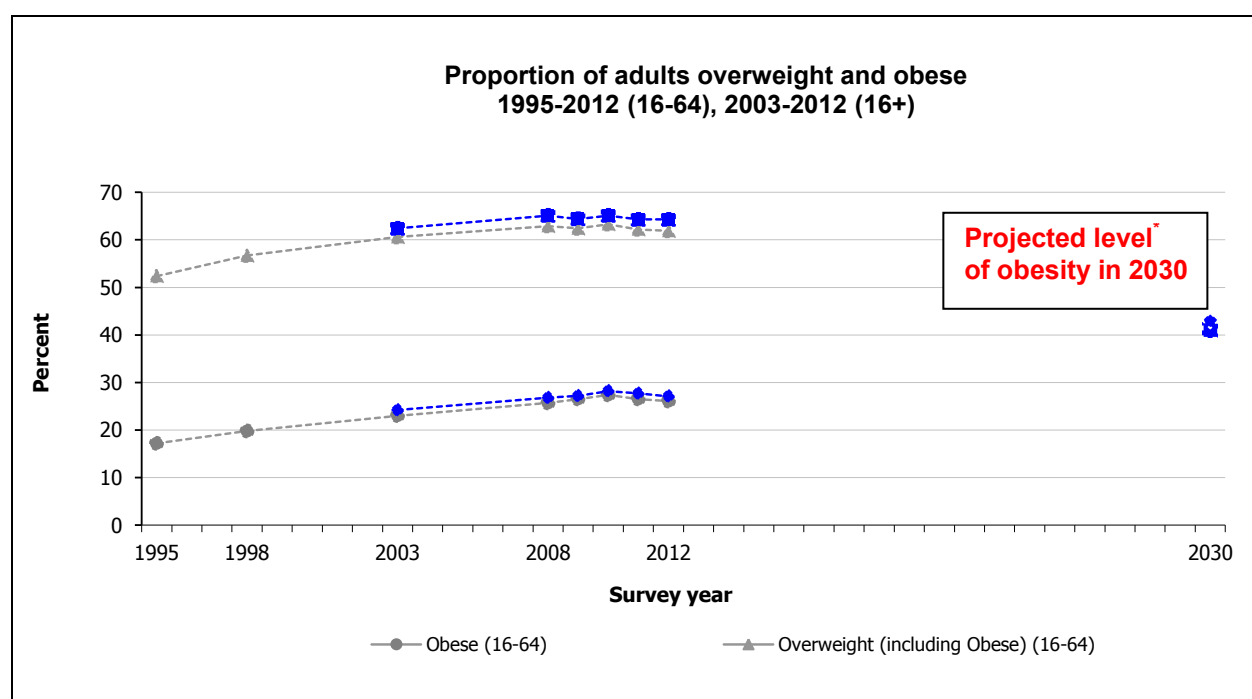
Monitoring Progress for the Prevention of Obesity Route Map

An Official Statistics Publication For Scotland

Publication date: 26 November 2013

MAIN FINDINGS

- In 2012, 27.1% of adults (aged 16+) in Scotland were obese.
- A total of 64.3% were overweight (including obese).
- Between 1995 and 2012, the proportion of adults (16-64) who were overweight or obese increased from 52.4% to 61.9%. Over the same period, the prevalence of obesity increased from 17.2% to 26.1%.
- The greatest increases were seen between 1995 and 2008 with figures remaining broadly stable since then.



Source: Scottish Health Survey

* For details of how the projections were calculated see appendix 3 of the [Route Map](#)

ABOUT THIS PUBLICATION

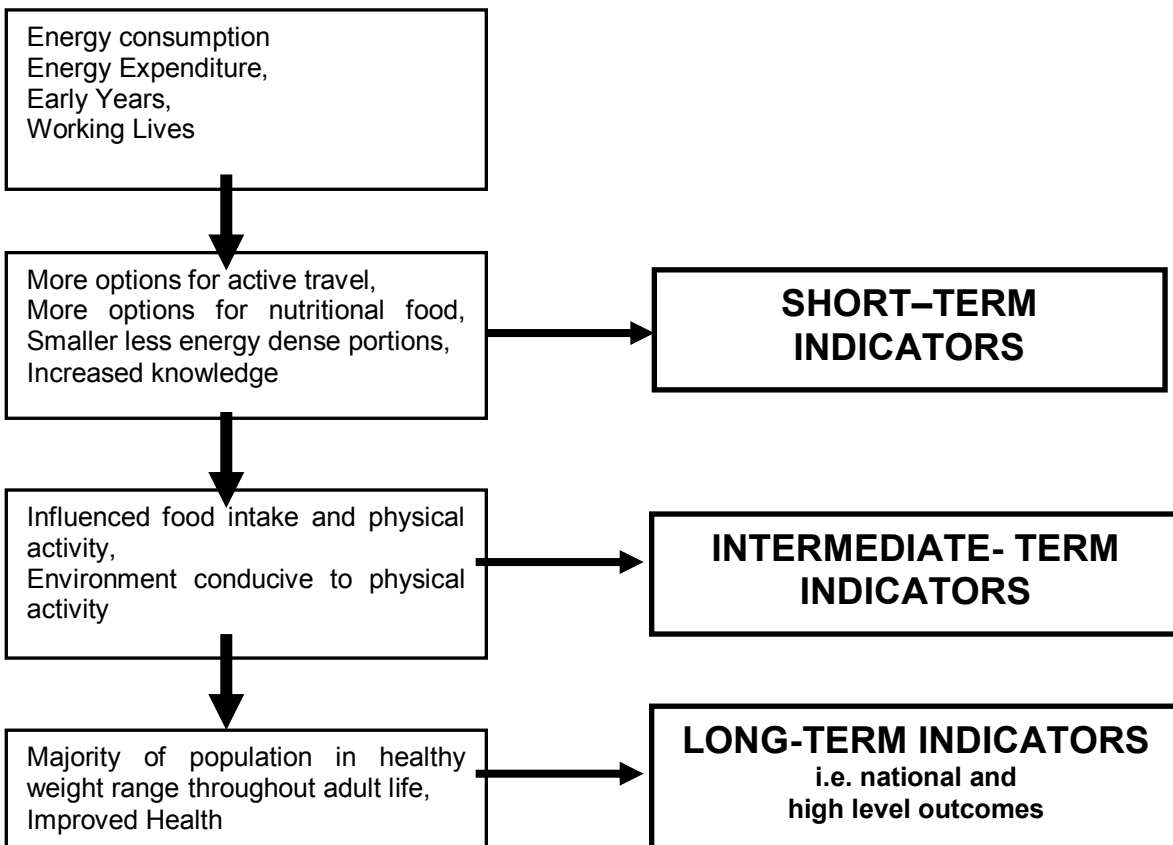
This publication reports the latest results for the indicators selected to monitor progress of the Scottish Government's [Prevention of Obesity Route Map](#). The data for most indicators have been updated to include 2012, although some are more or less recent than this. The indicator framework was informed by NHS Health Scotland's healthy weight outcomes logic model, and by the Scottish Public Health Network's Route Map engagement process.

PREVENTION OF OBESITY ROUTE MAP INDICATOR FRAMEWORK

The indicator framework has been informed by NHS Health Scotland's healthy weight outcomes logic model and by the Scottish Public Health Network's Route Map engagement process¹. A long list of indicators was sent to policy colleagues within the Scottish Government and a range of external experts for comment and to narrow down the list.

Indicators to monitor implementation and outcomes of the Route Map are wide-ranging (i.e. covering those areas of policy likely to have an impact on obesity as well as the specific health measures) and include top-line measures as well as interim indicators of progress. Short-term indicators are a mixture of process and output indicators used to measure the outputs and products of the Route Map e.g. increased understanding of physical activity and diet, more healthy food choices, more options for active travel. Intermediate and long-term indicators are outcome indicators used to measure the ultimate outcomes of the Route Map e.g. from behaviour changes in diet and physical activity to securing goals of healthy weight population and health improvements. The focus of the proposed indicator set is on national measures of progress, but the process of selecting indicators included consideration of measures which could indicate progress at local level and 6 of the final 16 included are measurable at Health Board or Local Authority level. We expect that there will need to be further local development of indicators suitable for local healthy weight strategies to use (although these will not be mandatory).

Obesity Indicator Model



¹ * Obesity- A Route Map towards a Healthy Weight Scotland Report of an Engagement Process, Hannah M, Connacher A, Tyrell L, Scottish Public Health Network, July 2010

INDICATORS FOR SCOTLAND SUMMARY

Long term Indicators

1	Proportion of men and women overweight and obese
2	Proportion of children at risk of overweight and obesity
3	Prevalence of type 2 diabetes in Scottish population

Intermediate term Indicators

4	Total and saturated fat: average intake as a percentage of food energy
5	Added sugars (NMEs): average intake as a percentage of food energy
6	Proportion of adults meeting physical activity guidelines
7	Proportion of adults engaging in sedentary activities
8	Proportion of children meeting physical activity guidelines
9	Proportion of children engaging in sedentary activities

Short term Indicators

10	Number of businesses securing HealthyLiving Award (and HLA Plus)
11	Volume of sales of soft drinks with added sugar
12	Volume of sales of confectionery, biscuits, cakes and pastries
13	Proportion of population who have tried making positive behaviour change in relation to healthy eating and physical activity.
14	Proportion of adults engaging in active travel to work
15	Proportion of children engaging in active travel to school
16	Number of workplaces securing Healthy Working Lives Award

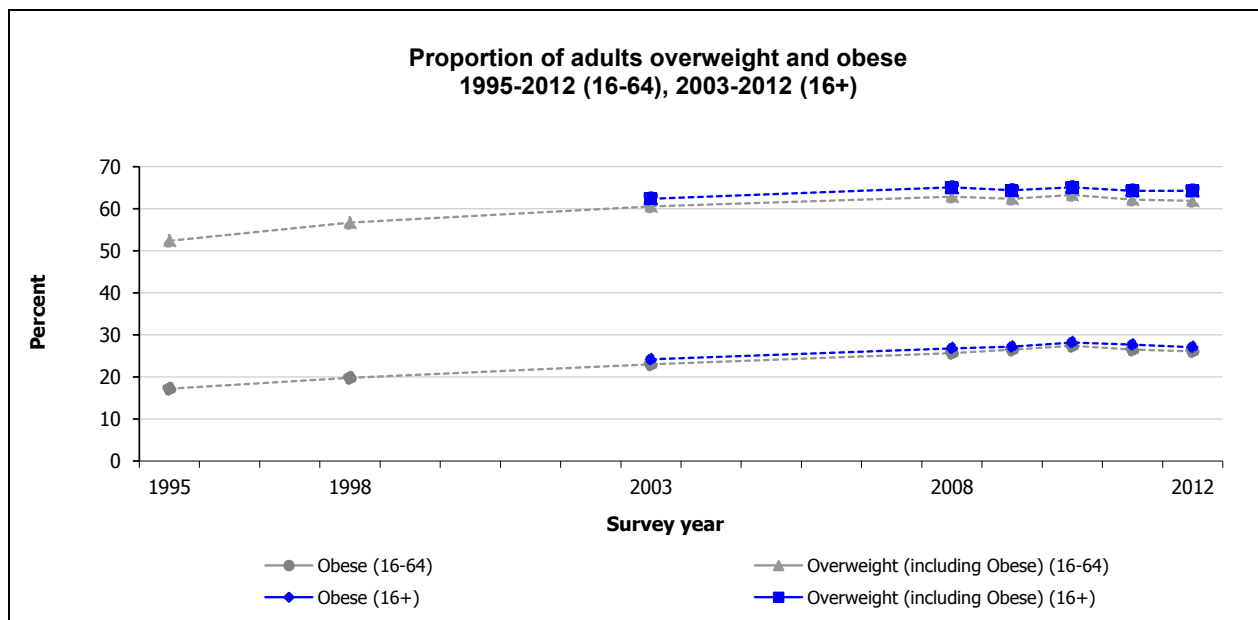
Headline Indicator 1

Proportion of men and women overweight and obese

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, nearly two thirds of adults (64.3%) were overweight or obese (BMI 25+). More than a quarter of adults (27.1%) were obese (BMI 30+).
- There has been a steady increase in the proportion who are overweight or obese among both sexes (aged 16-64) since 1995, from 52.4% to 61.9%. Most of this increase was seen between 1995 and 2008, with figures remaining broadly stable since then.
- Men are significantly more likely than women to be overweight or obese (68.2% compared to 60.4%), although there is no significant difference in the proportions who are obese.
- Prevalence of overweight and obesity increases with age for both men and women, with the sharpest increase seen between ages 16-24 and 25-34. In 2012, 33.9% of adults aged 16-24 were overweight or obese, rising to 77.0% of those aged 65-74.



ABOUT THIS INDICATOR

Desired Outcome:

Majority of Scotland's adult population in normal weight range throughout adult life.

Definitions:

Overweight – BMI 25+

Obese – BMI 30+

Geography available:

National, Health Board.

Equalities data:

Breakdowns by all six equalities groups are possible. Breakdowns for 2008-2011 are available in the Scottish Health Survey topic report on equality groups published in October 2012. <http://www.scotland.gov.uk/Publications/2012/10/8988>

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland's adult population who are overweight and obese. It is used to identify any different patterns (and hence need for specific policy focus) amongst men and women of different ages. It is a long term measure of success of the Route Map.

It is estimated that for the majority of the Scottish population to be a healthy weight then the percentage of obese adults would need to be 11%.

Factors influencing this indicator:

- Physical activity and sedentary behaviour are strongly associated with obesity for men and women.
- For women, obesity is significantly associated with area-level deprivation (SIMD) but not for men²

² The Scottish Health Survey Topic Report: Obesity, October 2011 (updated March 2012)
<http://www.scotland.gov.uk/Publications/2011/10/1138/0>

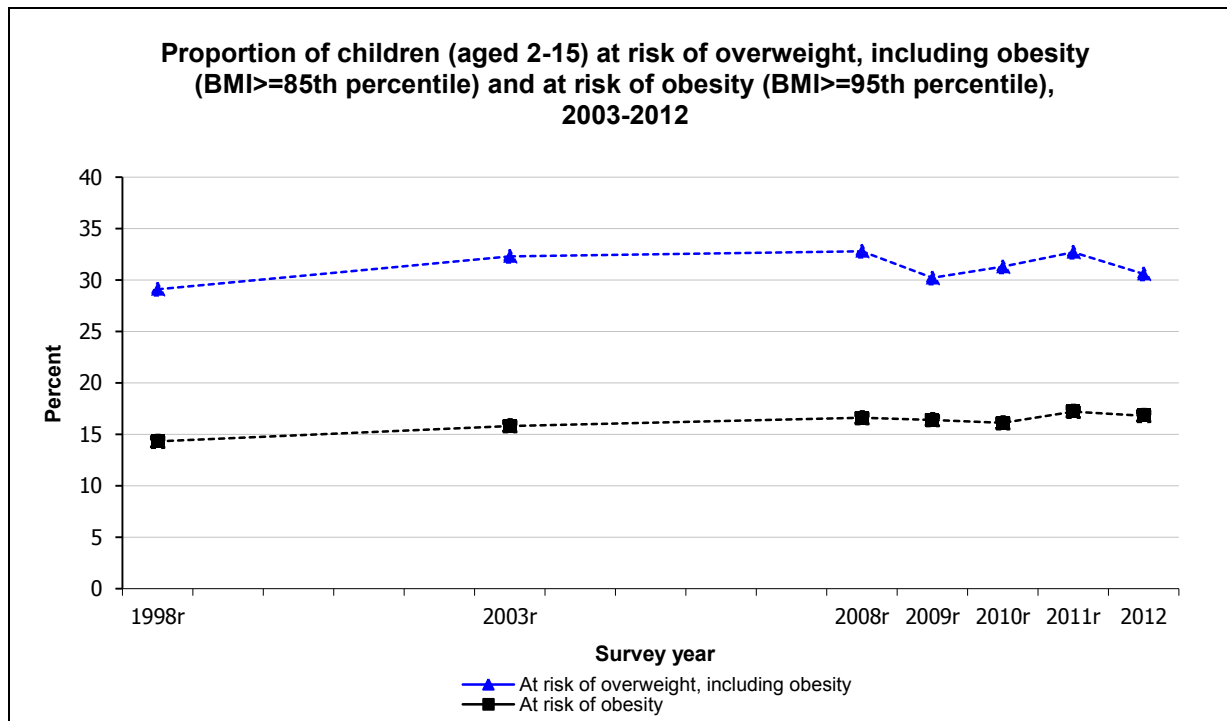
Headline Indicator 2

Proportion of children at risk of overweight and obesity³

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, one in six (16.8% of) children aged 2 to 15 were at risk of obesity (at or above the 95th percentile), with a further 13.8% at risk of overweight (at or above the 85th percentile, and below the 95th).
- There has been a slight increase in the prevalence of children at risk of overweight (including obesity) since 1998, from 29.1% to 30.6%, although this rate has fluctuated in the intervening years. Prevalence in boys increased from 29.0% in 1998 to 33.6% in 2012, while for girls this reduced from 29.1% to 27.4% (note that rates by gender also fluctuated between 1998 and 2012).
- The 2012 figure for overweight (including obesity) in boys (33.6%) was significantly higher than for girls (27.4%). Prevalence was highest among those children aged 12 to 15 (36.1%). Boys' increased likelihood of being at risk of overweight including obese was true across all age groups but was particularly pronounced at age 2-6, with 32.7% classified as such, compared with 22.3% of girls.



³ A number of changes have been made to the presentation of child BMI data since the previous publication. Please see chapter 7 (obesity) in the 2012 Scottish Health Survey for more information: <http://www.scotland.gov.uk/Publications/2013/09/3684/11>

ABOUT THIS INDICATOR

Desired Outcome:

Fewer children in Scotland overweight and obese.

Definitions:

At risk of overweight (including obesity) – BMI at or above 85th percentile

At risk of obesity – BMI at or above 95th percentile.

(Based on UK 1990 reference chart cut-offs).

Geography available:

National, Health Board.

Equalities data:

Breakdowns by four equalities groups may be possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland's children at risk of overweight and obese. It is used to identify any different patterns (and hence need for specific policy focus) amongst children of different ages. It is a long term measure of success of the Route Map.

As the proportion of overweight and obesity in children is measured against a reference population, by definition we would expect 15% to be at risk of overweight and 5% to be at risk of obesity.

Factors influencing this indicator⁴:

- Parental BMI; children of parents who are of a healthy weight or underweight are less likely to be at risk of overweight or obese than children of obese parents.
- Area deprivation; children in the 15% most deprived areas of Scotland are significantly more likely to be at risk of obesity than those living elsewhere (18.7% compared to 14.5%).
- Household income; boys in the lowest income households are more likely than those in other households to be at risk of obesity. There is no clear association for girls.

⁴ Based on information from the 2011 Scottish Health Survey: Volume 2- children (chapter 5): <http://www.scotland.gov.uk/Publications/2011/10/1138/0>

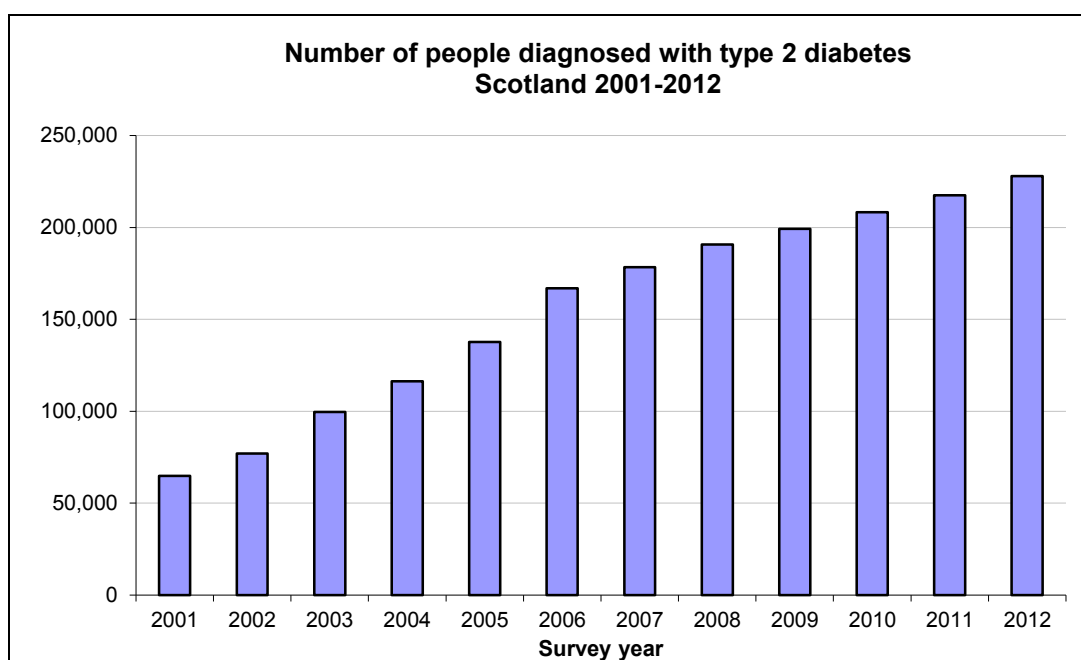
Headline Indicator 3

Prevalence of type 2 diabetes in Scottish population

Indicator Source: Scottish Diabetes Survey

LATEST RESULTS

- At the end of 2012, there were 258,570 people diagnosed with diabetes in Scotland recorded on local diabetes registers. This represented 4.9% of the population.
- 88.2% (227,967) of all cases were type 2 diabetes.
- 55.5% of patients with a recorded BMI and type 2 diabetes were obese (BMI 30+), and a further 31.6% were overweight (BMI 25-30).
- The prevalence of type 2 diabetes continues to increase steadily in Scotland, as in many other countries⁵.



⁵ Between 2001 and 2006, the increase in numbers was partly due to improved recording. The increase observed since 2007 is more likely to reflect a real increase in numbers.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced mortality in obesity related disease.

Equalities:

Breakdowns by gender and age are included in the survey. Ethnic group is collected by the survey but subject to variable response rates and may require several years of data to be combined. Breakdowns by religion, disability and sexual orientation are not available.

Geography available:

National, Health Board from 2009.

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland's population who have type 2 diabetes. The Scottish Public Health Observatory estimates that almost half of type 2 diabetes can be attributed to obesity. Diabetes is an important cause of disability and increases the risk of coronary heart disease and other health problems.

Type 2 diabetes is more common in deprived areas, and becomes much more common with increasing age. Overweight and obesity are also important risk factors: the risk of type 2 diabetes is around ten times higher among those with a BMI over 30 compared to those with a BMI under 30.

Factors influencing this indicator:

- Poor diet (specifically excess energy intake), low levels of physical activity, and the resulting increase in levels of obesity.

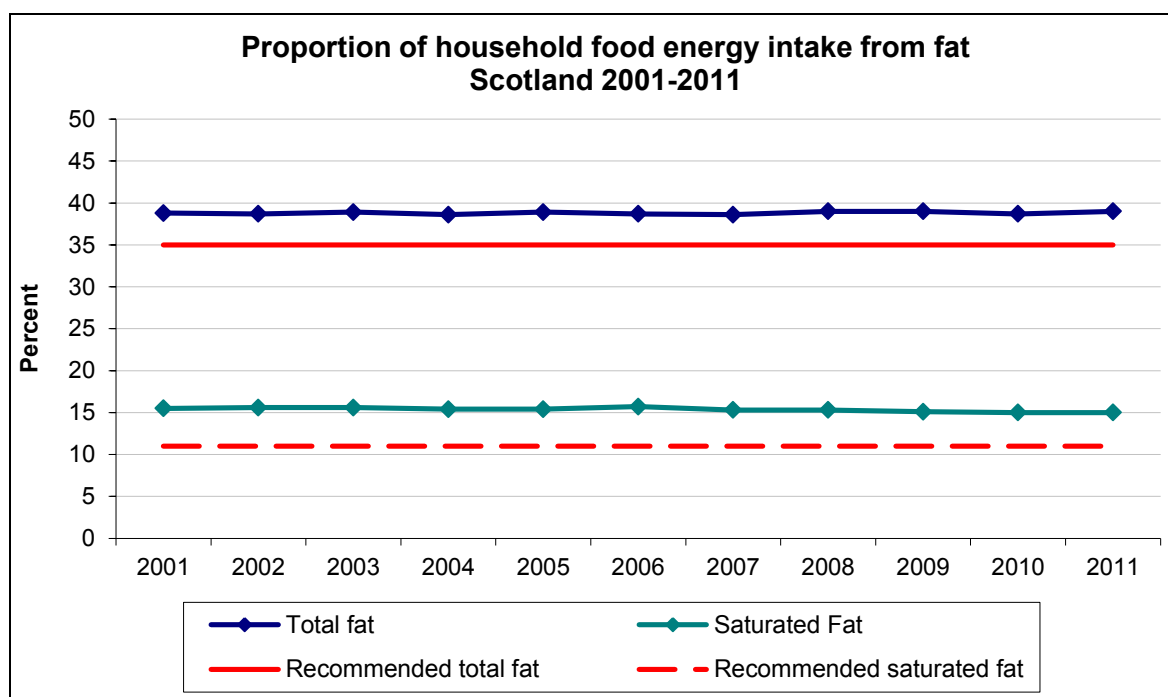
Headline Indicator 4

Total and saturated fat: average intake as a percentage of food energy

Indicator Source: Food Standards Agency (FSA) Scotland

LATEST RESULTS

- In 2011, the percentage of household food energy from all fats remained at 39%, above the recommendation of no more than 35%. The percentage of food energy from saturated fat was 15%, compared with the recommendation of no more than 11%.
- There has been some progress towards the target for saturated fat between 2001 and 2011; the small reduction since 2001 was statistically significant. There was no change in the percentage of food energy obtained from total fat.



- In 2010, the mean intake of total fat as percentage food energy for children was lower than the recommended levels (<35%). However, the intake of saturated fat was above the recommended level of less than 11% food energy for both boys and girls.

Proportion of food energy intake from fat among children in Scotland (aged 3-16), 2006 & 2010

	2006		2010	
	Boys	Girls	Boys	Girls
Total Fat	32.9%	33.0%	32.7%	32.8%
Saturated Fat	13.9%	13.7%	13.3%	13.0%

Source: FSA Scotland, Survey of sugar intake among children in Scotland

ABOUT THIS INDICATOR

Desired Outcome:

Reduced energy intake.

Relevant Route Map action:

All energy consumption actions.

Indicator Sources:

- Food Standards Agency (FSA) Scotland analysis of data from the ONS Living Cost and Food Survey. Estimated nutrient intakes are calculated from household food purchases following secondary analysis to convert purchase data to mean per capita consumption and nutrient intakes and to allow meaningful comparisons to be made between years.
- The FSA Scotland **Survey of sugar intake among children in Scotland** includes figures for children on total and saturated fatty acids as percentage of total energy intake.

Equalities:

Information is collected on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)).

Geography available: Population level information is collected on differences in food and nutrient intake by urban/rural classification.

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of the population consuming energy dense foods. Currently people are eating more saturated fat on average than is recommended (FSAS Barton et al, 2010). Rising levels of obesity indicate that energy intakes currently exceed energy requirements (SHeS). Both these issues raise serious health concerns, particularly in relation to coronary heart disease, high blood pressure, stroke, type 2 diabetes and certain types of cancers (SHeS).

Recommendations for food and nutrient intake are based on advice from the Committee on Medical Aspects of Food and Nutrition Policy (COMA) and the Scientific Advisory Committee on Nutrition (SACN). Published Dietary Reference Values cover a range of intakes for most nutrients and for fat and saturated fat are set as a percentage of daily energy intake for adults.

Factors influencing this indicator:

- Availability, cost, and access to different food types.

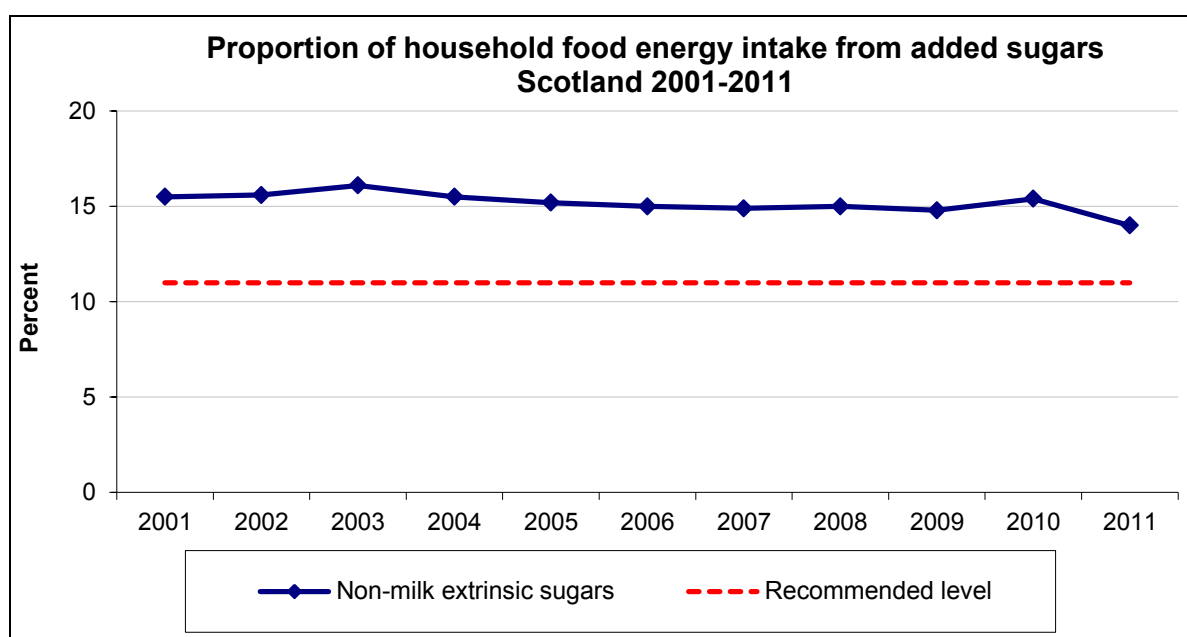
Headline Indicator 5

Added sugars: average intake as a percentage of food energy

Indicator Source: Food Standards Agency (FSA) Scotland

LATEST RESULTS

- The percentage of food energy contributed to by added sugars, having remained stable at around 15 to 16% between 2001 and 2010, reduced to 14% in 2011.
- Intakes remain higher than the recommended level of less than 11% of food energy for adults.



- There proportion of children's energy intake from added sugars fell between 2006 and 2010, from 17.4% of total energy to 15.6% for boys and 15.8% for girls. This reduction was statistically significant.
- However, sugar intake in children remains higher than the recommended level of less than 10% of total energy.

Proportion of food energy intake from added sugars among children in Scotland (aged 3-16), 2006 & 2010

	2006	2010
Boys	17.4%	15.6%
Girls	17.4%	15.8%

Source: FSA Scotland, Survey of sugar intake among children in Scotland

ABOUT THIS INDICATOR

Desired Outcome:

Reduced energy intake.

Relevant Route Map action:

All energy consumption actions.

Indicator Source:

- Food Standards Agency (FSA) Scotland, Scottish specific analysis of population level data from the ONS Living Cost and Food Survey.
- Food Standards Agency (FSA) Scotland, Survey of sugar Intake among children in Scotland.

Equalities:

Information is collected on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)).

Geography available: Population level information is collected on differences in food and nutrient intake by urban/rural classification.

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of adults and children consuming energy dense foods. As noted above, rising levels of obesity indicate that energy intakes currently exceed energy requirements with associated health problems.

Factors influencing this indicator:

- Availability, cost, and access to different food types.

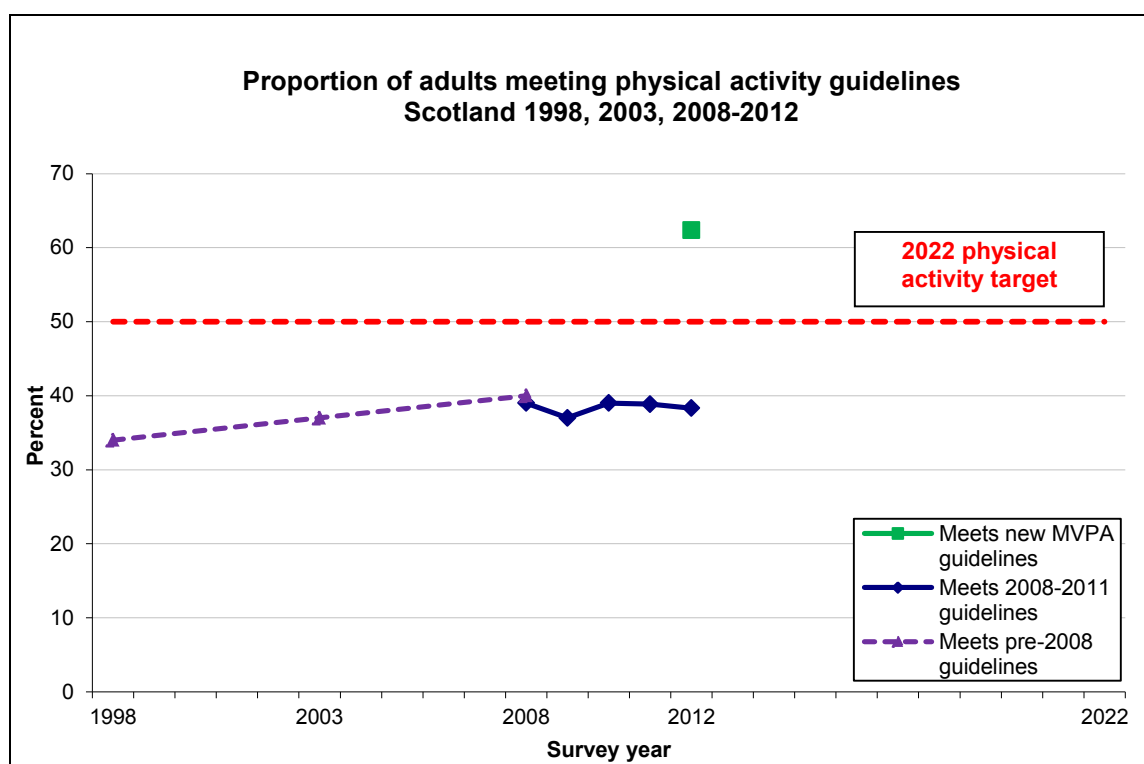
Headline Indicator 6

Proportion of adults meeting physical activity guidelines⁶

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, 62% of adults aged 16 and over met the current moderate/vigorous physical activity (MVPA) guideline.
- Men were more likely to meet the MVPA guideline than women (67% compared to 58%). This gap was widest among those aged 16-24, where 83% of men met the recommendations, compared to 68% of women.
- The proportions of men and women meeting the guideline falls with age. In 2012, 31% of men and 21% of women aged 75 and over met the guideline.
- There has been no significant change since 2008 in the proportion of adults meeting the latest MVPA guideline⁷, nor the guidelines in place until 2011. Between 1998 and 2008, the proportion of adults aged 16-74 meeting the (then-applicable) guideline increased by 6%⁸.



⁶ Note that physical activity guidelines have changed since the previous publication. See chapter 6 (physical activity) in the 2012 Scottish Health Survey for more information:

<http://www.scotland.gov.uk/Publications/2013/09/3684/10>

⁷ The current MVPA guideline can be backdated as far as 2008 using time series estimates. These are not displayed in the chart above but can be seen in Table 6.6 in the 2012 Scottish Health Survey.

⁸ From 34% to 40%. Note that the recommendation guidelines changed in 2008 (previously 30 minutes of activity could be accumulated in periods of at least 15 minutes, but this was changed to periods of at least 10). This change did not lead to a significant revision to the proportion of adults meeting the recommendation.

ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Accumulation of 150 minutes moderate/ 75 minutes vigorous intensity physical activity (or a combination of both) per week, using 2012 definitions of walking pace, sports and time spent very active at work.

Relevant Route Map action:

All energy expenditure actions.

Geography available:

National, Health Board.

Equalities data:

Breakdowns by all six equalities groups are possible. Breakdowns for 2008-2011 are available in the Scottish Health Survey topic report on equality groups published in October 2012. <http://www.scotland.gov.uk/Publications/2012/10/8988>

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of adults who meet physical activity guidelines. The current recommendation, detailed above, is designed to promote general health outcomes and weight maintenance. The recommended level of activity for weight loss is higher.

Factors influencing this indicator:

- Age and gender: Although men were more likely than women to meet the current guideline, adherence to this differed markedly by age for both sexes. The proportion of men who were active at the recommended level declined fairly steadily from 83% at age 16-24 to 56% for those aged 65-74, and then dropped more sharply, to 31%, at age 75 and over. For women, adherence within the 16-54 age group was more stable with 64% to 68% active at the recommended level. Adherence dropped to 52%-53% at age 55-74 and then halved to 21% among those aged 75 and over.

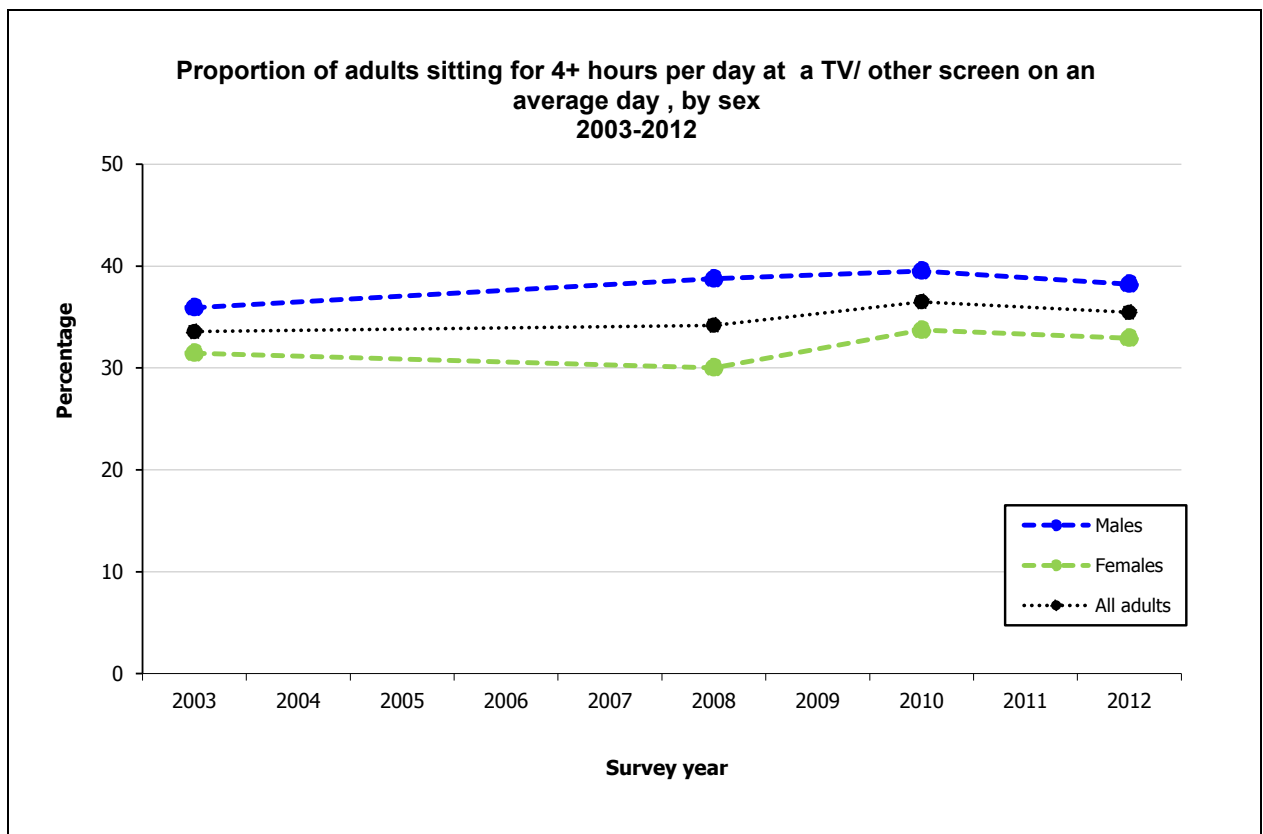
Headline Indicator 7

Proportion of adults engaging in sedentary activities⁹

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, adults reported sitting in their leisure time for a mean of 5.5 hours on weekdays and 6.0 hours on weekend days. Reported sedentary leisure time was broadly similar for men and women (5.5 and 5.4 weekday mean hours, respectively, and 6.1 and 5.9 weekend day mean hours).
- Sedentary activity levels varied by age, with those aged 25 to 54 tending to spend the least time sitting both on weekdays and weekend days (mean hours ranging from 4.6 to 4.9 on weekdays and 5.5 to 5.7 hours on weekend days). Older people (aged 65 and over) were the most sedentary on weekdays (6.5 to 7.5 hours) and weekend days (6.7 to 7.6 hours).
- In 2012, 35.5% of adults (38.2% of men, 32.9% of women) spent four or more hours sitting at a screen or similar display on an average day, excluding time at work. This was a decrease from 36.5% in 2010 (39.5% for men, 33.7% for women).



⁹ New questions about time spent sitting during leisure time (apart from in front of a screen) were added in 2012. See chapter 6 (physical activity) in the 2012 Scottish Health Survey for more information: <http://www.scotland.gov.uk/Publications/2013/09/3684/10>

ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Time spent sitting during leisure time (including weekdays and weekends).

Relevant Route Map action:

Does not map onto specific obesity action but indirectly relates to energy expenditure actions.

Geography available:

National.

Equalities data:

Breakdowns by all six equalities groups are possible as all are included in the survey. However, some will not have large enough sample sizes and may require several years of data to be combined. Age, gender and (possibly) disability breakdowns should be available, but religion, ethnic group and sexual orientation are not likely to be possible as this question is only in the survey every second year and therefore has a smaller sample size.

Rationale for including this indicator:

The aim of this indicator is to monitor the proportion of adults engaging in sedentary behaviour, such as hours spent sitting at a screen or reading during leisure time. Sedentary time at work is not included in the summary estimates.

Factors influencing this indicator:

- Choice and availability of leisure activities.

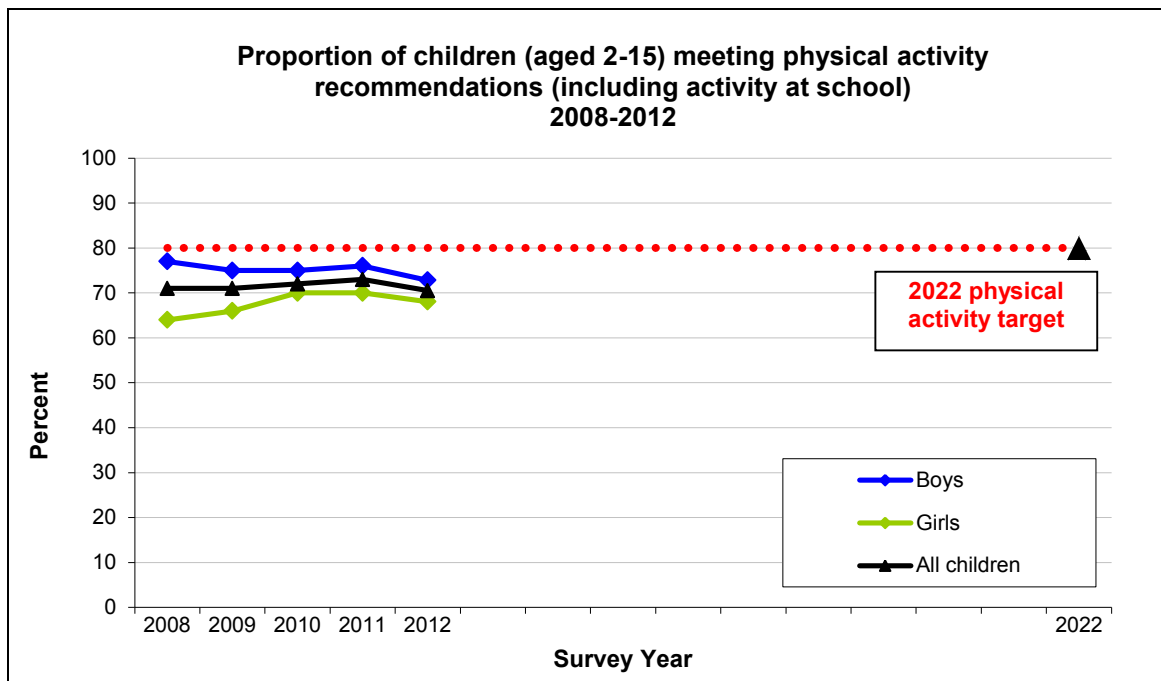
Headline Indicator 8

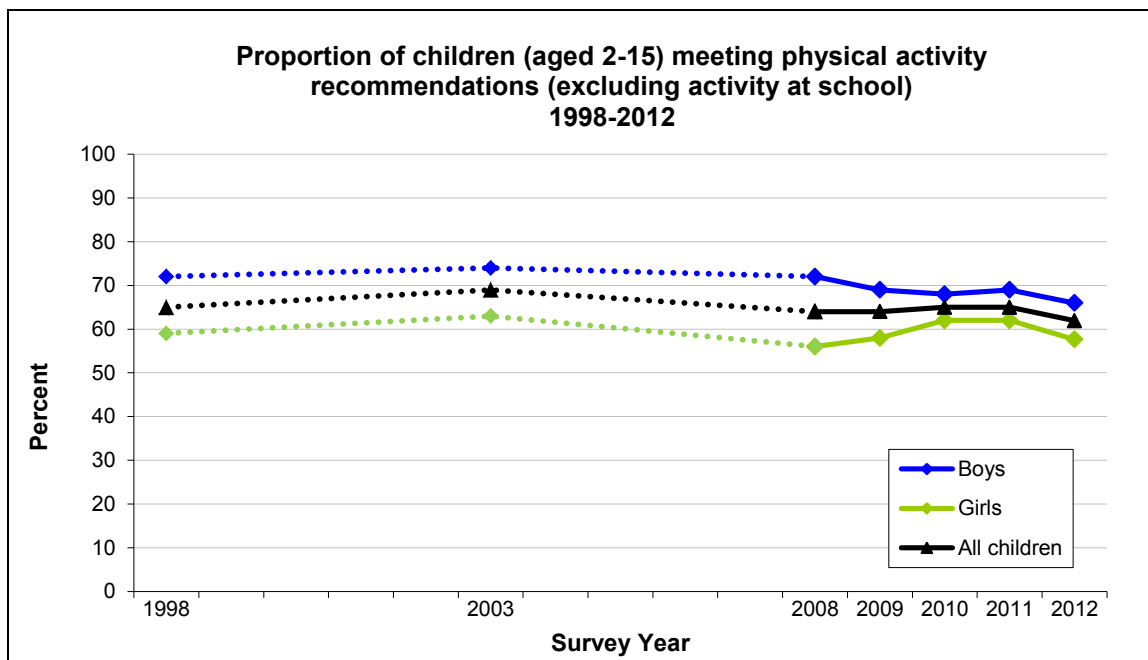
Proportion of children meeting physical activity guidelines

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, 70% of children (73% of boys and 68% of girls) met the physical activity recommendations (including school-based activity). This difference between the genders was statistically significant.
- Prior to 2008, data were only collected excluding school-based activity. Using this measure, the proportion of children meeting the recommendations has been broadly similar in the 2008-2012 period (62-65%) to the results for 1998 (65%).
- Boys are generally more physically active at all ages, but the difference is particularly pronounced in the early teenage years. Only 45% of girls aged 13-15 meet the recommendations (including school based activity), compared to 65% of boys. The gap between genders for all children aged 2 to 15 years, which is narrower than in 2008, has stabilised in more recent years.





ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Accumulating 1 hour or more of moderate intensity physical activity every day of the week. The questions in the Scottish Health Survey were changed in 2008 to include school-based physical activity. It is possible to look at trends since 1998 excluding school-based activity.

Relevant Route Map action:

Early years actions, specifically less sedentary activities for young children.

Geography available:

National, Health Board.

Equalities data:

Breakdowns by four equalities groups are possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale:

The aim of this indicator is to monitor the proportion of children (aged 2-15 years) meeting current physical activity recommendation which is to accumulate 60 minutes or more of moderate intensity physical activity on most days of the week. Although surveys indicate no significant association between children's activity and their BMI research suggests that focusing on physical activity is important as part of a wider weight management strategy for children. The current recommendations are designed to promote general health outcomes and weight maintenance. The recommended level of activity for weight loss is higher.

Factors influencing this indicator:

- Availability of safe outdoor places.
- Access to leisure facilities.

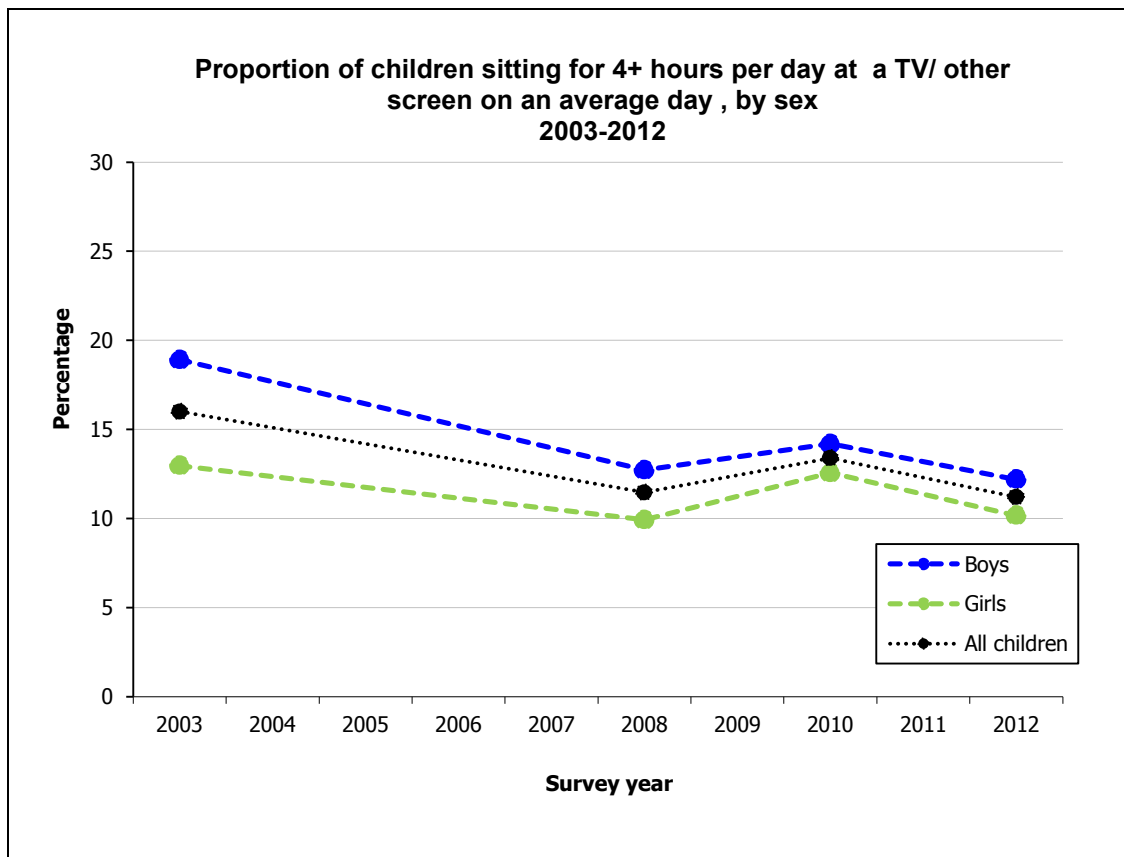
Headline Indicator 9

Proportion of children engaging in sedentary activities

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2012, children (aged 2 to 15 years) spent a mean time of 2.0 hours sitting watching a television or other screen on weekdays and 2.8 hours on weekend days (excluding time at school).
- Boys spent more time sitting watching a television or other screen than girls, particularly at weekends when the mean times recorded were 3.1 hours for boys and 2.6 hours for girls.
- The rates for all children have been relatively stable since 2003, at around 2.0 to 2.3 mean hours on weekdays and 2.7 to 2.9 hours on weekend days.
- In 2012, 11.2% of all children (12.2% of boys, 10.2% of girls) spent four or more hours sitting watching a television or other screen on an average day, excluding time in school. This was a decrease from 13.4% in 2010 (14.2% for boys, 12.6% for girls).



ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Time spent at a screen on an average day (including weekdays and weekends) excluding time at school.

Relevant Route Map action:

Early years actions, specifically less sedentary activities for young children.

Geography available:

National.

Equalities data:

Breakdowns by four equalities groups are possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale for including this indicator:

The aim of this indicator is to monitor the proportion of children engaging in sedentary behaviour such as hours spent sitting at screen on an average day.

Factors influencing this indicator:

- Choice of leisure activities.
- Availability of alternatives to screen-based activity.
- Safe outdoor spaces to play.

Headline Indicator 10

Number of businesses securing HealthyLiving Award (and HLA Plus)

Indicator Source:

NHS Health Scotland

LATEST RESULTS

- In October 2013, a total of 625 catering establishments, serving nearly 206,766 customers, held the HealthyLiving Award (HLA) or HLA Plus award.
- Of these, 185 are first term HLA awards and 315 are renewed awards. A further 125 establishments hold the HealthyLiving Plus Award.

Number of sites with first term awards¹⁰

DATE	CURRENT AWARDS	FIRST TERM	RENEWALS	PLUS
2006	6	6		
2007	140	140		
2008	374	374		
2009	602	496	106	
2010	656	353	283	20
2011	675	295	291	89
2012	680	241	315	124
2013	625	185	315	125

¹⁰ Note that some figures in the previous publication were displayed incorrectly and have been revised.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink in workplaces.

Relevant Route Map action:

Two actions to encourage participation in HealthyLiving award scheme.

Geography available:

National

Equalities data: Not applicable

Rationale for including this indicator

The aim of this indicator is to assess the take-up of HealthyLiving awards by companies. The HealthyLiving Award, introduced in 2006, recognises catering establishments for serving healthier food and finding ways of helping their customers make better food choices. The award is open to all kinds of catering places from sandwich shops to staff restaurants, and increasing the number of establishments with this award will play a part in improving diet across Scotland. For all organisations already participating, the HealthyLiving Award plus offers an opportunity to achieve step increases in the required ratio of healthy options to other options on the menus from participating caterers.

Evidence from existing literature¹¹ suggests a low level of evidence for the effectiveness of consumer targeted incentives but with potentially high levels of population effectiveness. The ScotPHN engagement process for the Route Map¹² assessed the action as having high impact with medium to high effort.

Factors influencing this indicator:

- Exposure to high energy foods.

¹¹ Environmental Scan of Potential Policy Interventions to Tackle Obesogenic Aspects of the Built Environment, Mooney et al 2010

¹² Hannah, Connacher and Tyrell, Obesity – A Route Map towards a Healthy Weight Scotland Report of Engagement Process

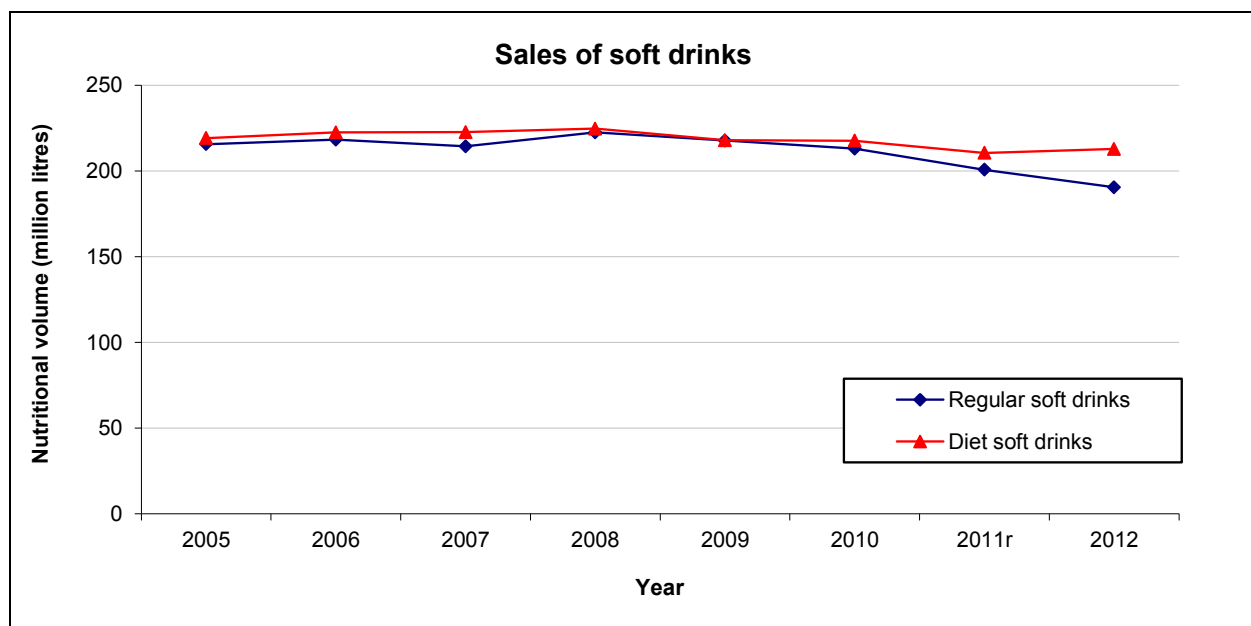
Headline Indicator 11

Volume of sales of soft drinks with added sugar

Indicator Source: Food Standards Agency Scotland (Kantar Worldpanel)

LATEST RESULTS

- The volume of take home soft drinks (including carbonated drinks) purchased by Scottish households remained relatively stable between 2005 and 2010. Since 2010, the volume has dropped by more than 10%, to 190 million litres in 2012¹³.
- The calorie value of carbonated drinks increased from 28 to 30 kilo calories per person per day between 2005 and 2012. However, this has reduced from highs of 32 kilo calories per person per day, observed in 2008 and 2010.
- 'Regular soft drinks' includes juices/fruit drinks, carbonates, squash, and others (such as flavoured milk), but excludes chilled drinks, mineral water and all diet soft drinks.



¹³ Note that data for 2011 have been revised and vary slightly from results presented in the previous publication.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink.

Relevant Route Map action:

Action to work with the Food Implementation Group to reduce sugar levels and portion sizes.

Geography available:

Scotland level only.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to monitor the volume of sales of soft drinks with added sugar in supermarkets in Scotland. There is evidence of an association between sugar-sweetened soft drinks and prevalence of obesity and interventions in this area have been shown to be effective.

Factors influencing this indicator:

- Availability and affordability of healthy choices.

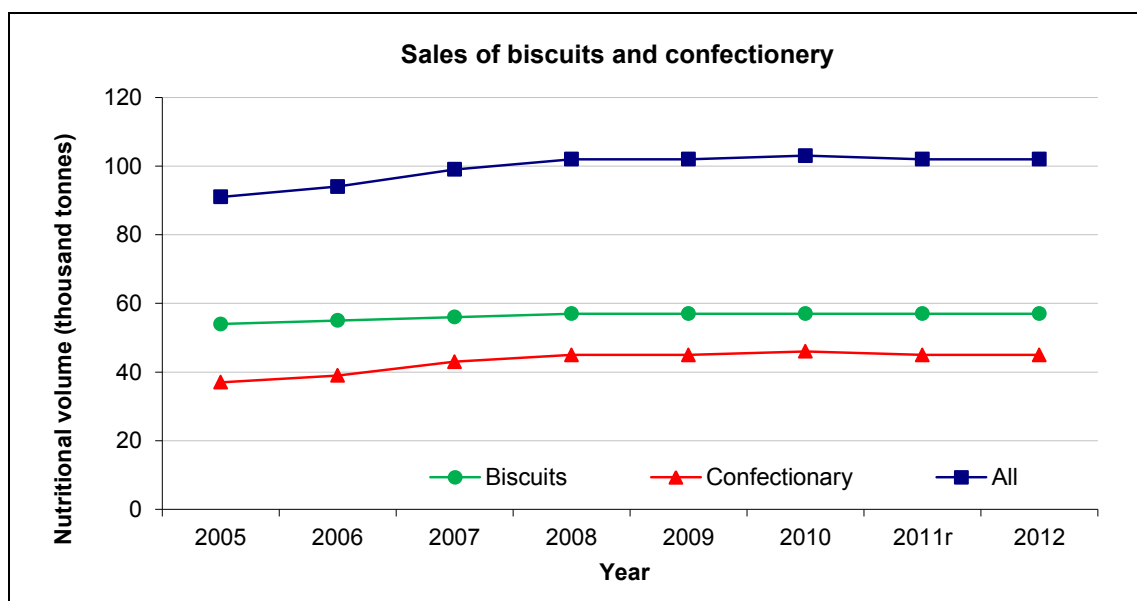
Headline Indicator 12

Volume of sales of confectionery, biscuits, cakes and pastries

Indicator Source: Food Standards Agency Scotland (Kantar Worldpanel)

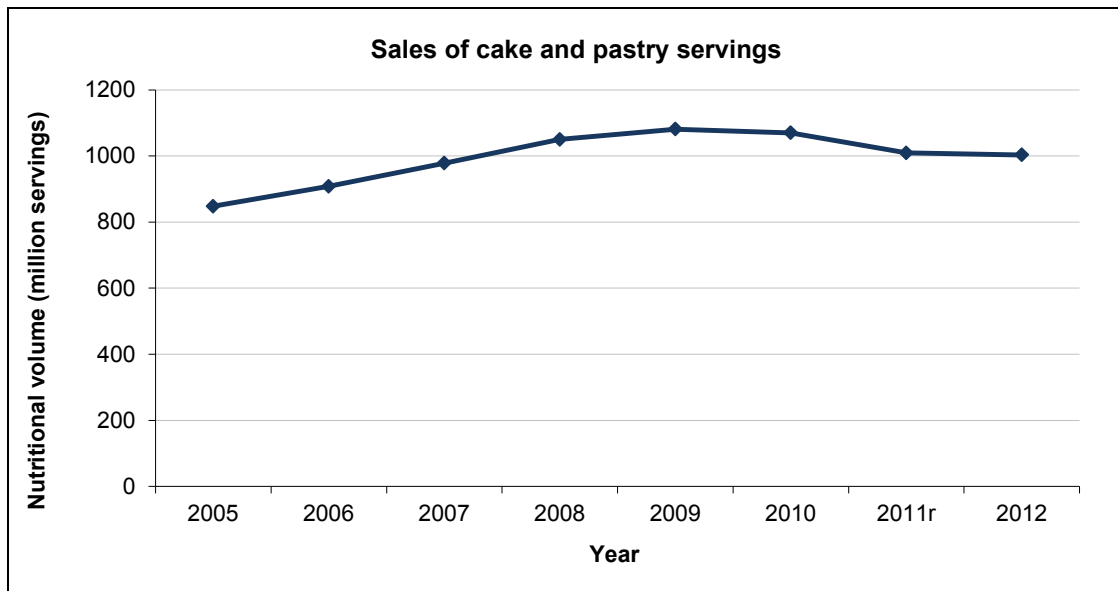
LATEST RESULTS

- In 2012, the total volume of take home biscuits and confectionery purchased by Scottish households was just over one hundred thousand tonnes (102,000). Sales volumes have shown little change since 2008, and have increased from 91,000 tonnes since 2005.¹⁴



- In 2012, more than a billion (1,003 million) servings of cake and pastry were purchased by Scottish households. Purchases have increased from 848 million in 2005, and have been broadly stable since 2008 at just over 1,000 million a year.

¹⁴ Note that data for 2011 have been revised and vary slightly from results published in the previous publication.



ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink.

Relevant Route Map action:

Action to work with retailers to encourage stocking of smaller and less energy-dense portions, with the Food Implementation Group to reduce saturated fat and sugar levels.

Geography available:

Scotland level only.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to monitor the sales by volume of confectionery, biscuits, cakes and pastries in supermarkets in Scotland.

There is evidence that obesity is associated with over consumption of energy dense snack foods such as confectionery, biscuits, cakes and pastries. Moderate evidence exists in the literature for interventions aimed at reducing availability and affordability of energy dense foods and with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having high impact with medium to high effort.

Factors influencing this indicator:

- Availability and affordability of healthy choices

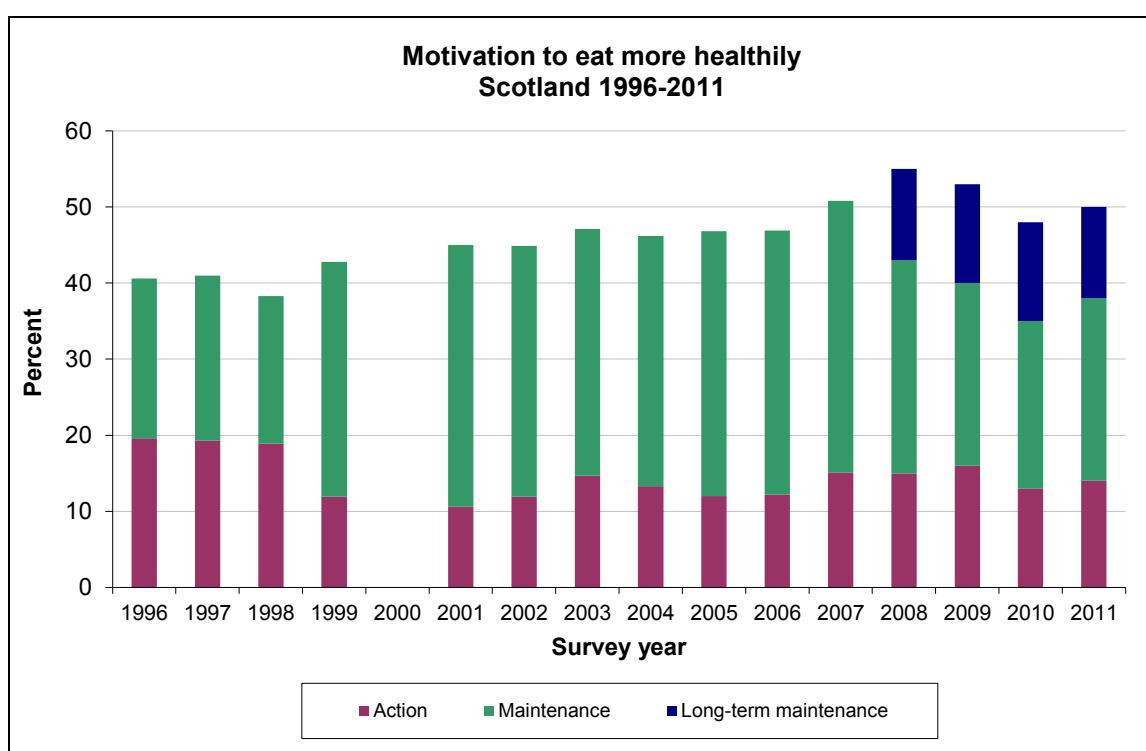
Headline Indicator 13

Proportion of adults who have tried making positive behaviour change in relation to healthy eating and physical activity

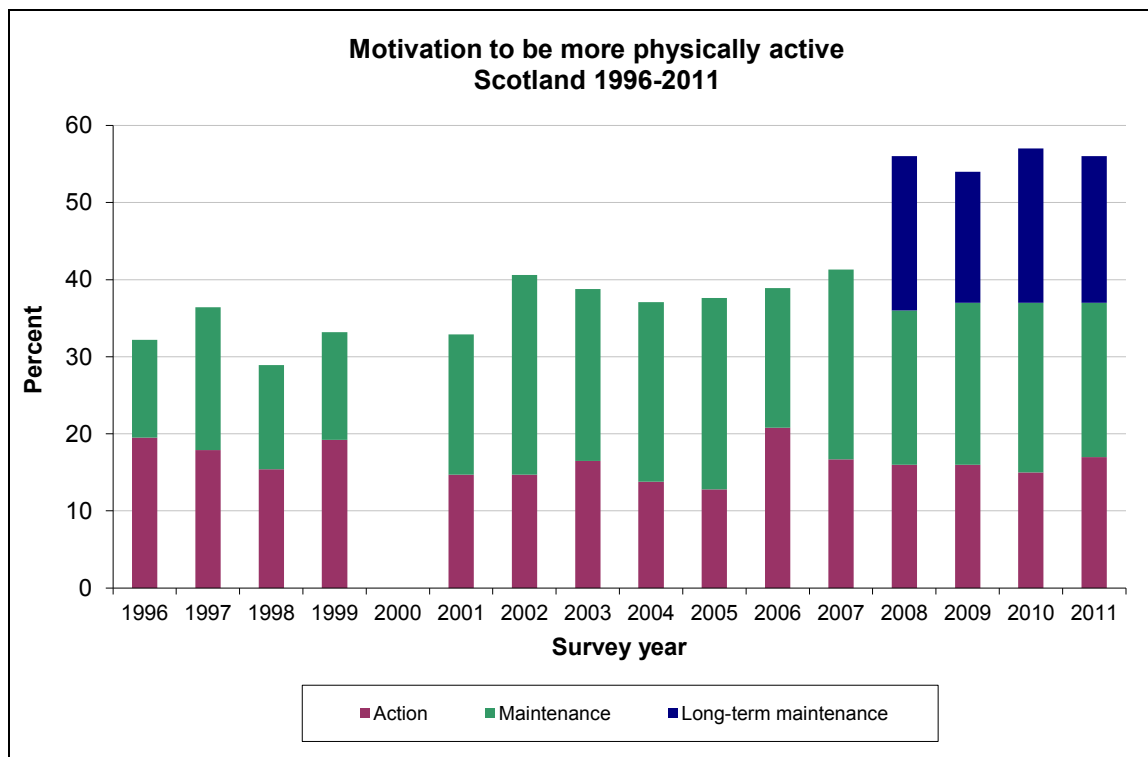
Indicator Source: Scottish Health Survey, Knowledge, Attitudes and Motivations (KAM) module

LATEST RESULTS

- In 2011, 50% of adults had either tried to improve their diet, or already had a healthy diet. Within this group, 14% were unable to maintain their improvements (termed 'action'), 24% maintained their improved diet ('maintenance') and 12% already met the five-a-day recommendation, but were not motivated to improve their diet further in the last year ('long-term maintenance').



- In 2011, 56% of adults had either tried to become more active, or already met the physical activity recommendations. Within this group, 17% were unable to maintain their improvements ('action'), 20% maintained their higher activity ('maintenance'); and 19% already met the physical activity recommendations and were not motivated to become more active ('long-term maintenance').



ABOUT THIS INDICATOR

Desired Outcome:

Increased awareness, knowledge, skills and empowerment.

Relevant Route Map action:

A better understanding of healthy food for the whole population, and using appropriate social marketing to encourage people to be more active.

Indicator Source:

Scottish Health Survey (Knowledge, Attitudes and Motivations (KAM) module).

Geography available:

National.

Equalities data:

Breakdowns by age, gender and (possibly) disability should be available.

Rationale for including this indicator:

The aim of this indicator is to assess levels of awareness of healthy behaviours (in relation to physical activity and eating healthily) amongst the Scottish population, and willingness to sustain such lifestyle changes.

Moderate level of evidence exists in the literature for the effectiveness of mass media activity campaigns and with a high rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having medium to high impact with low to medium effort.

Factors influencing this indicator:

- Knowledge and understanding of healthy choices.
- Availability of opportunities to be more physically active.

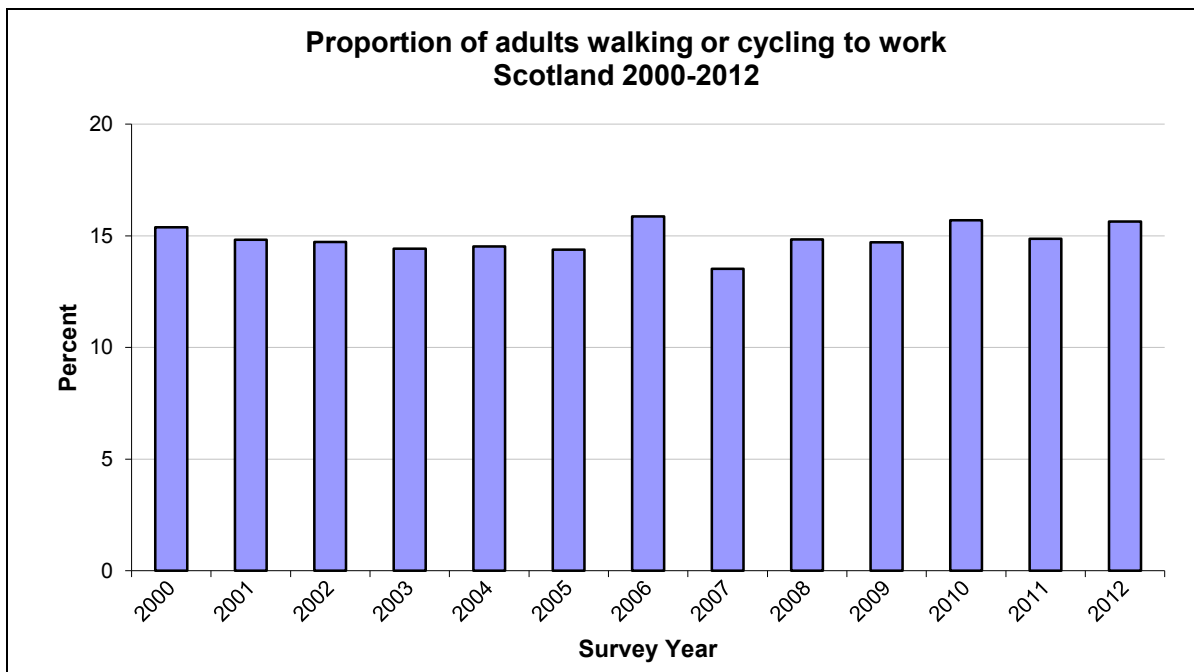
Headline Indicator 14

Proportion of adults engaging in active travel to work

Indicator Source: Transport Scotland (Transport & Travel in Scotland)

LATEST RESULTS

- In 2012, 16% of working adults travelled to work by walking or cycling.
- There has been little change in this proportion over the last decade, with the figures fluctuating at around 13 to 16%.



ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active travel.

Relevant Route Map action:

Deliver cycle action plan.

Indicator Source:

Transport Scotland: Transport & Travel in Scotland bulletin.

Employed adults' (not working at home) usual method of travel to work.

Geography available:

National, Local Authority (every two years).

Equalities data:

Breakdowns by gender, age and disability possible.

Rationale for including this indicator:

The indicator provides a measure of the extent to which adults are choosing physically active means of travel to work (cycling or walking). The indicator supports actions in the Route Map encouraging employers to support employees to use more active means of travelling to and from work.

A low level of evidence exists in literature for the effectiveness of active travel incentives and facilities with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having medium impact with medium to high effort.

Factors influencing this indicator:

- Availability of alternative transport options
- Employer incentives

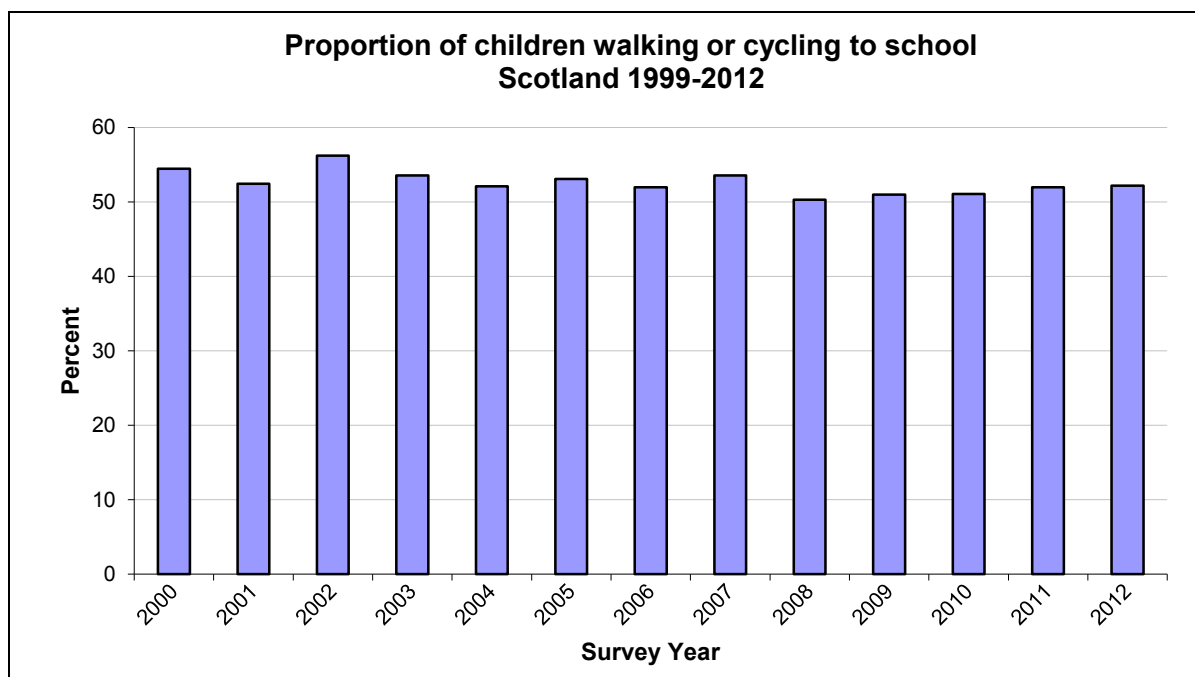
Headline Indicator 15

Proportion of children engaging in active travel to school

Indicator Source: Transport Scotland (Transport & Travel in Scotland)

LATEST RESULTS

- In 2012, 52% of children travelled to school by walking or cycling.
- This proportion has fluctuated between 50 and 56% over the last twelve years, with no clear trend.



ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active travel.

Relevant Route Map action:

Deliver cycle action plan.

Indicator Source:

Transport Scotland: Transport & Travel in Scotland bulletin.

Pupils in full-time education at school usual method to travel to school.

Geography available:

National, Local Authority (every two years).

Equalities data:

Breakdowns by gender, age and disability possible.

Rationale for including this indicator:

This indicator relates to Route Map actions relating to encouraging opportunities for physical activity and sport including safer routes to schools.

Low level of evidence exists in literature for the effectiveness of active travel incentives and facilities with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having medium impact with medium to high effort.

Factors influencing this indicator:

- Availability of safe routes to schools.

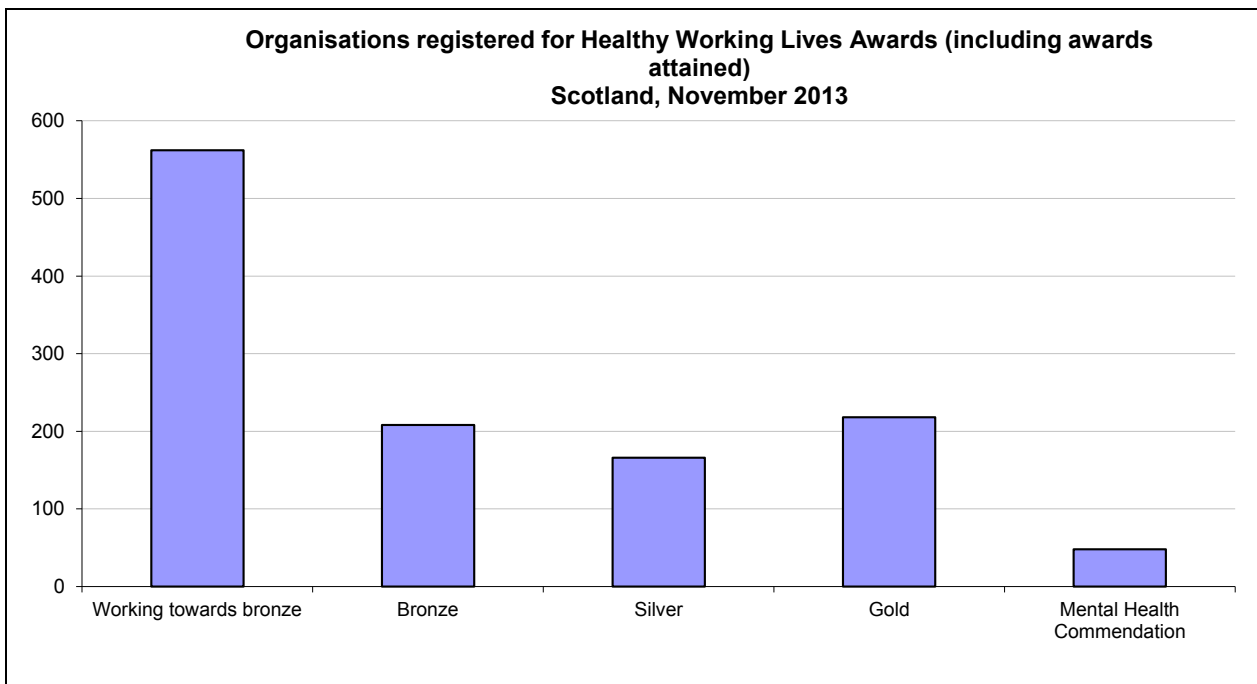
Headline Indicator 16

Number of workplaces securing Healthy Working Lives Award

Indicator Source: Scottish Centre for Healthy Working Lives.

LATEST RESULTS

- In November 2013, there are currently 1,202 organisations registered for the Healthy Working Lives Award Programme, representing a total of more than 682,000 employees.
- Of these, 640 organisations have attained at least a Bronze award. Within this group, 48 companies have received a Mental Health Commendation award.
- A further 562 organisations are actively working towards their first award.



ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active workplaces.

Relevant Route Map action:

Maximise promotion of healthy lives approach in public sector through clear, consistent vision.

Geography available:

National, Health Board.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to assess the take-up of Healthy Working Lives Awards by companies. The indicator will show the level of award (Gold, Silver, Bronze) as well as the number of companies working towards their Bronze award – hence providing both an indication of the general awareness and take-up of the scheme, and the proportion of companies providing the highest level of support.

A high level of evidence exists in literature for the effectiveness of multi-component workplace interventions with a low to moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having high impact with low to medium effort.

Factors influencing this indicator:

- Availability and affordability of healthy choices.

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