

Statistical Bulletin

Health & Social Care Series

OBESITY INDICATORS 2014

Monitoring Progress for the Prevention of Obesity Route Map

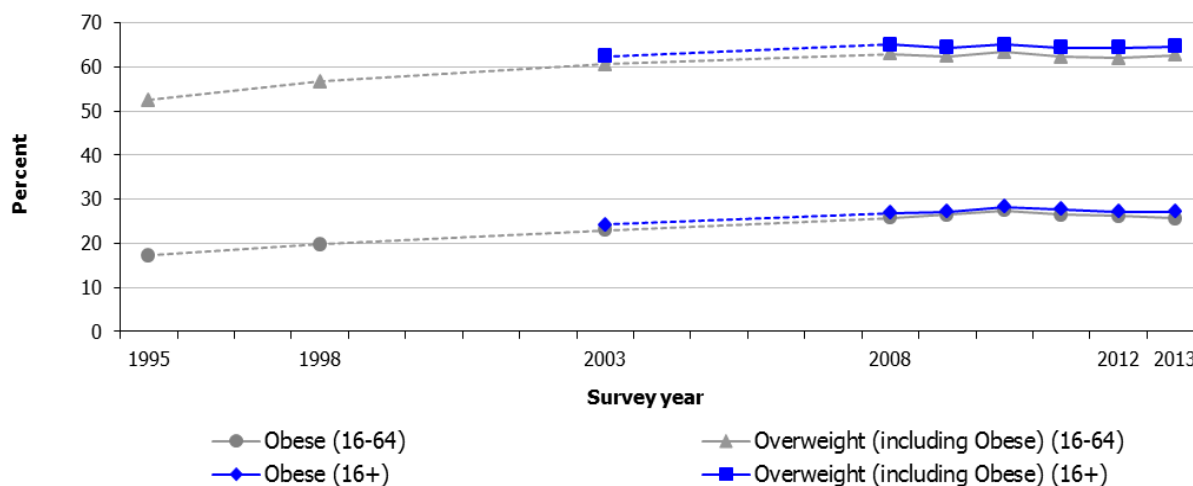
An Official Statistics Publication For Scotland

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MAIN FINDINGS

- In 2013, 27.1% of adults (aged 16+) in Scotland were obese.
- A total of 64.6% were overweight (including obese).
- Between 1995 and 2013, the proportion of adults aged 16-64 who were overweight or obese increased from 52.4% to 62.6%. Over the same period, prevalence of obesity increased from 17.2% to 25.6%.
- The greatest increases were seen between 1995 and 2008 with figures remaining broadly stable since then.

Proportion of adults overweight and obese
1995-2013 (16-64), 2003-2013 (16+)



ABOUT THIS PUBLICATION

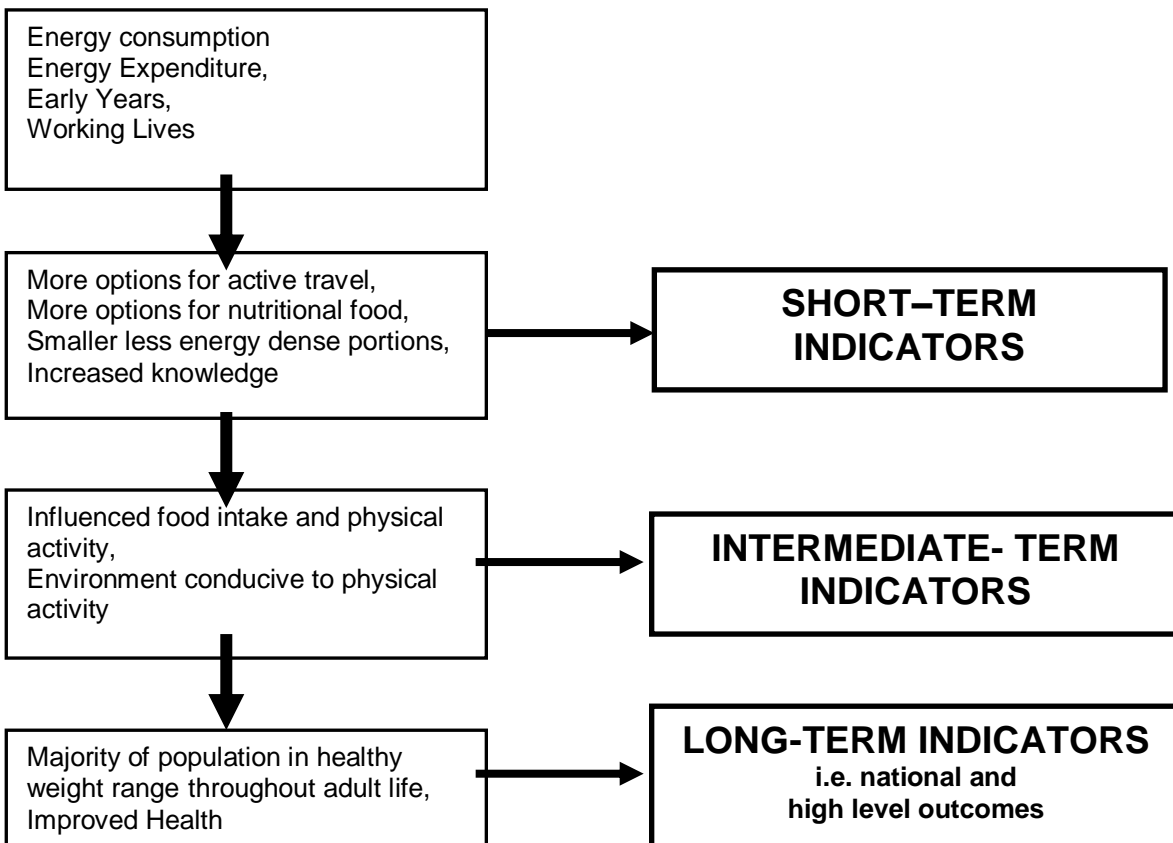
This publication reports the latest results for the indicators selected to monitor progress of the Scottish Government's [Prevention of Obesity Route Map](#). The data for most indicators have been updated to include 2013, although some are more or less recent than this. The indicator framework was informed 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

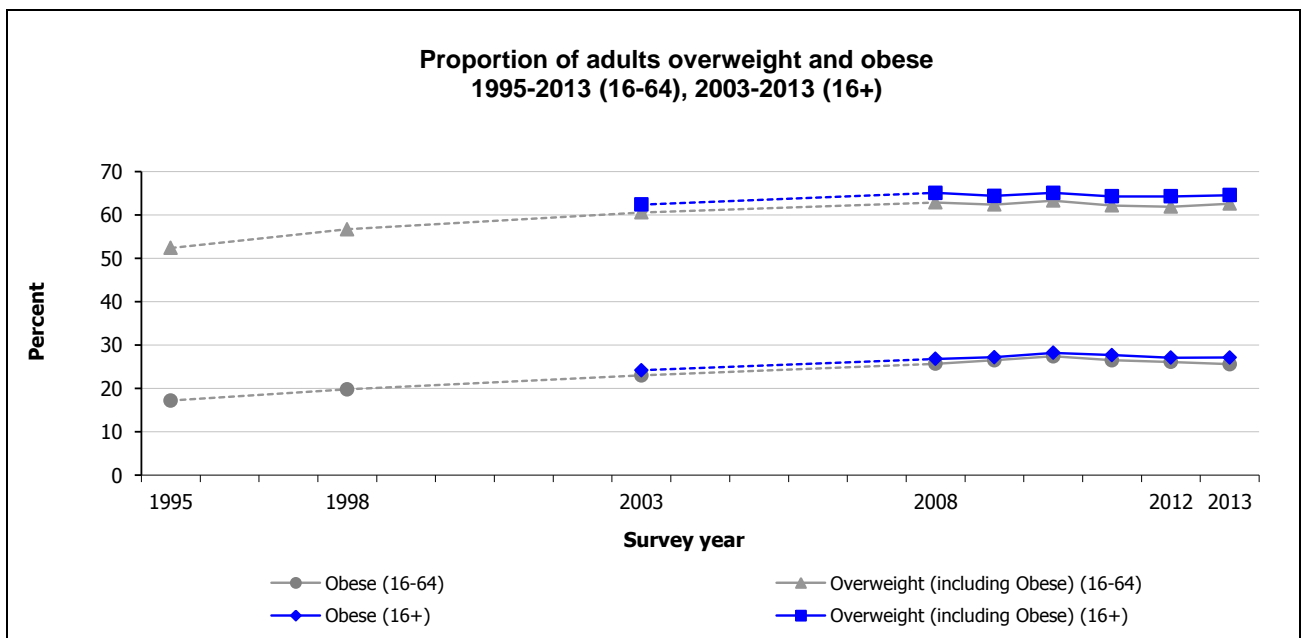
Headline Indicator 1

Proportion of men and women overweight and obese

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, nearly two thirds of adults (64.6%) were overweight or obese (BMI 25+). Within this, more than a quarter (27.1%) were obese (BMI 30+).
- There has been an increase in the proportion who are overweight or obese among both sexes (aged 16-64) since 1995, from 52.4% to 62.6%. Most of this increase was seen between 1995 and 2008, with figures remaining broadly stable since then.
- Both overweight (including obesity) rates and obesity rates were significantly different for men and women, in 2013. Men were more likely than women to be overweight including obese (68.3% compared with 61.0%), whereas obesity prevalence was higher among women than men (29.3% versus 24.9%).
- 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 2013, 35.7% of adults aged 16-24 were overweight or obese, rising to 76.8% of those aged 55-64.



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.

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>

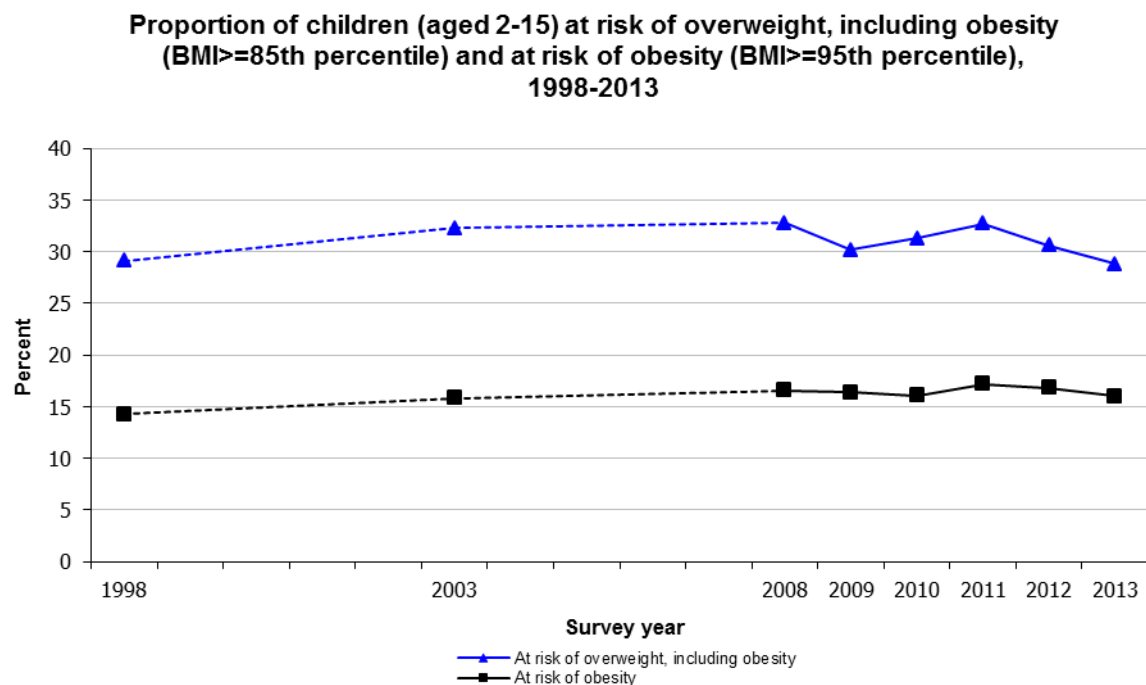
Headline Indicator 2

Proportion of children at risk of overweight and obesity

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, nearly one in six (16.0%) children aged 2 to 15 were at risk of obesity (at or above the 95th percentile), with a further 12.8% at risk of overweight (at or above the 85th percentile, and below the 95th).
- The proportion of children at risk of overweight (including obesity) in 2013 was 28.8%. Prevalence was highest in 2008 (32.8%) and 2011 (32.7%) and lowest in 2013. The decrease between 2011 and 2013 was not statistically significant.
- The 2013 figure for overweight (including obesity) in boys (30.9%) was higher than for girls (26.6%), although this difference was not significant. Prevalence was highest among those children aged 12 to 15 (30.8%).
- A third (34.0%) of boys aged 7-11 were at risk of overweight including obesity. The equivalent figure for girls of the same age was 24.8%.



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 who are 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 overweight (including obese) and 5% to be obese.

Factors influencing this indicator³:

- Parental BMI; children of parents who are of a healthy weight or underweight are less likely to be 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 obese 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 obese. There is no clear association for girls.

³ Based on information from the 2011 Scottish Health Survey: Volume 2- children (chapter 5): <http://www.scotland.gov.uk/Publications/2011/10/1138/0>

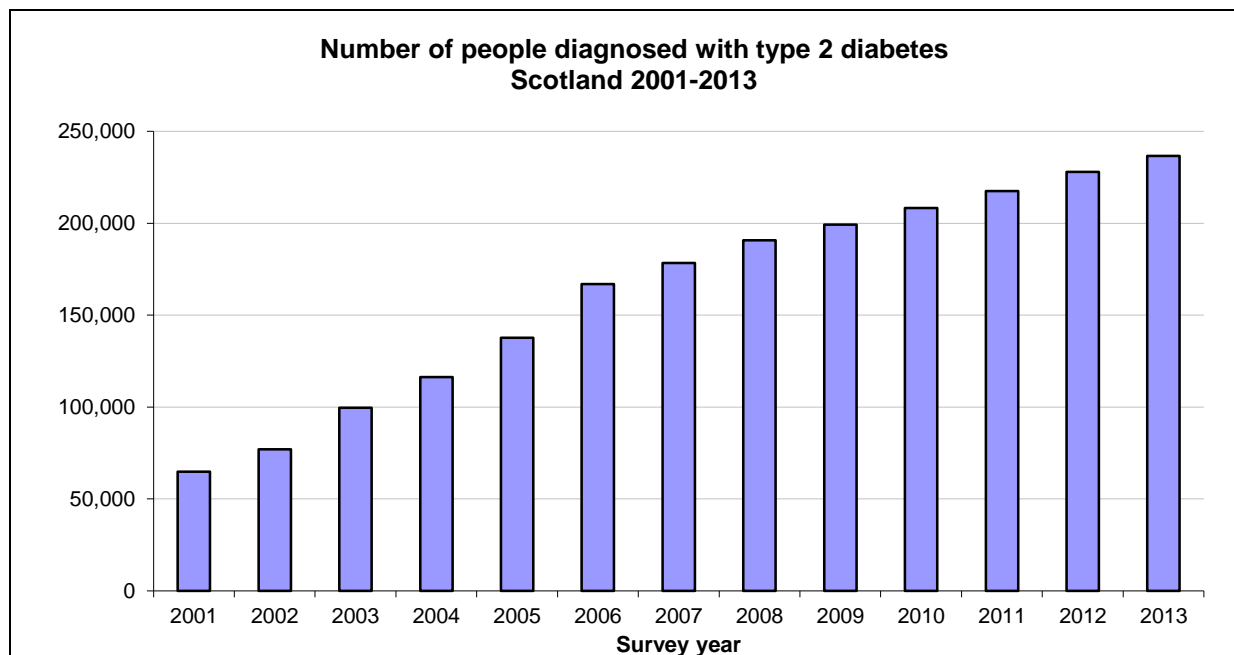
Headline Indicator 3

Prevalence of type 2 diabetes in Scottish population

Indicator Source: Scottish Diabetes Survey

LATEST RESULTS

- At the end of 2013, there were 268,154 people diagnosed with diabetes in Scotland recorded on local diabetes registers. This represented 5.0% of the population.
- 88.2% (236,605) of all cases were Type 2 diabetes.
- 55.0% of patients with a recorded BMI and type 2 diabetes were obese (BMI 30+), and a further 31.8% were overweight (BMI 25-30).
- Prevalence of type 2 diabetes continues to increase steadily⁴.



⁴ 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.

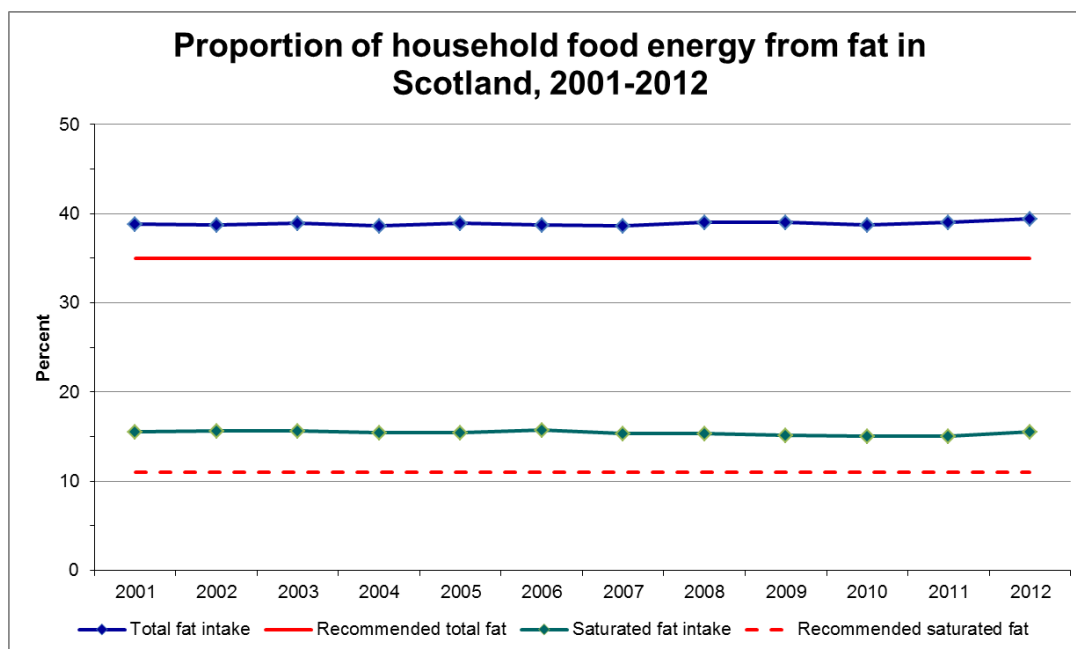
Headline Indicator 4

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

Indicator Source: Food Standards Agency (FSA) Scotland

LATEST RESULTS

- In 2012, 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 15.5%, compared with the recommendation of no more than 11%



- 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.

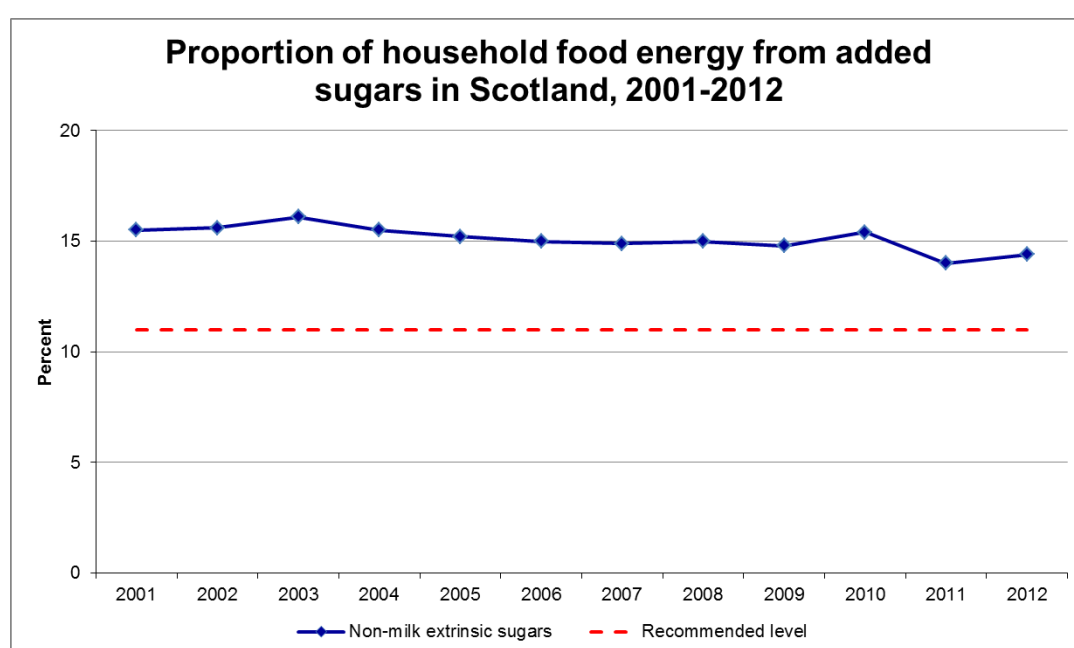
Headline Indicator 5

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, has been approximately 14% since 2011.
- Intakes remain higher than the recommended level of less than 11% of food energy for adults.



- The 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 11% of total energy⁵.

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

⁵ Note that the recommended level was erroneously stated as 10% in previous reports.

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.

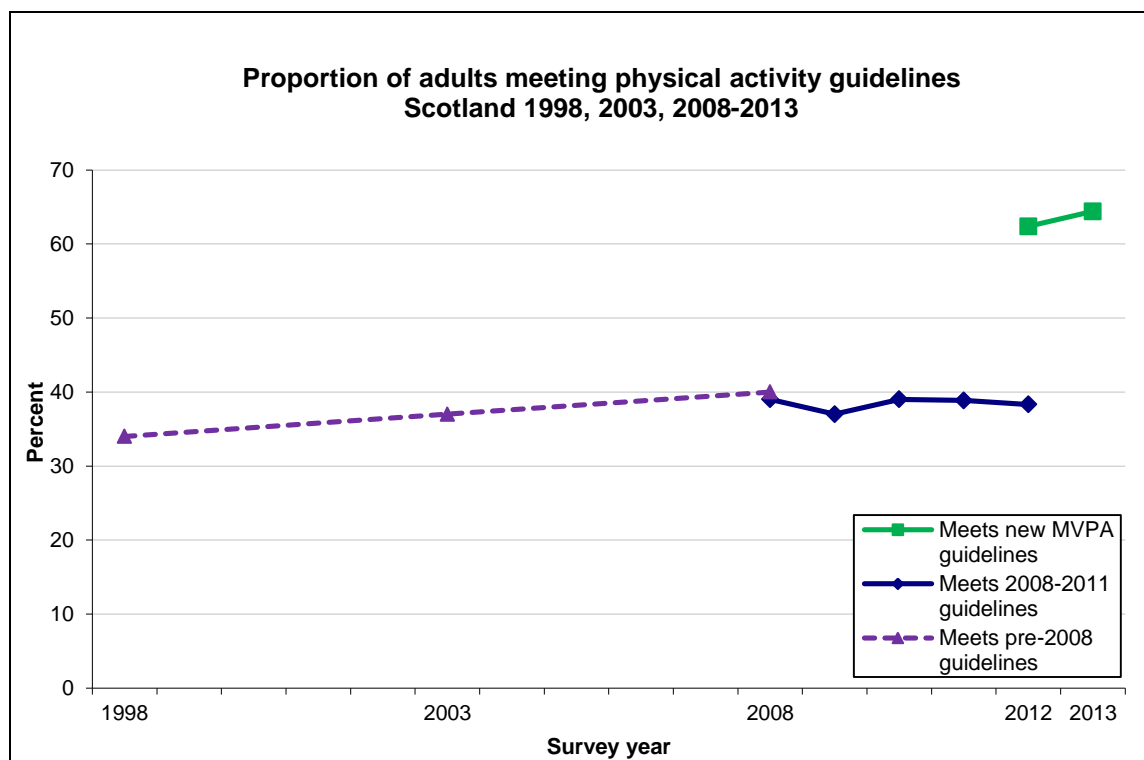
Headline Indicator 6

Proportion of adults meeting physical activity guidelines⁶

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, 64% of adults aged 16 and over met the current moderate/vigorous physical activity (MVPA) guideline. The figure in 2012 was 62%.
- Men were significantly more likely to meet the MVPA guideline than women (71% compared to 58%). The gap was widest among the youngest and oldest age groups: 88% of men aged 16-24 met the guideline, compared with 70% of women of the same age; and 36% of men aged 75 or above met the guideline, compared with 19% of women.
- Between 2012 and 2013, the proportion of men meeting the guideline increased significantly from 67% to 71%. Adherence to the guideline did not change for women between 2012 and 2013 (58% in both years).
- Twenty-six percent of those aged 75 and over were active at the recommended level, compared with 79% of those aged 16-34 and 71% of those aged 35-54.



⁶ Note that physical activity guidelines changed in 2008 and 2011. 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:

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 88% at age 16-24 to 54% for those aged 65-74, and then dropped more sharply, to 36%, at age 75 and over. For women, adherence within the 16-54 age group was more stable with 66% to 73% active at the recommended level. Adherence dropped to 46%-49% at age 55-74 and then to 19% among those aged 75 and over.

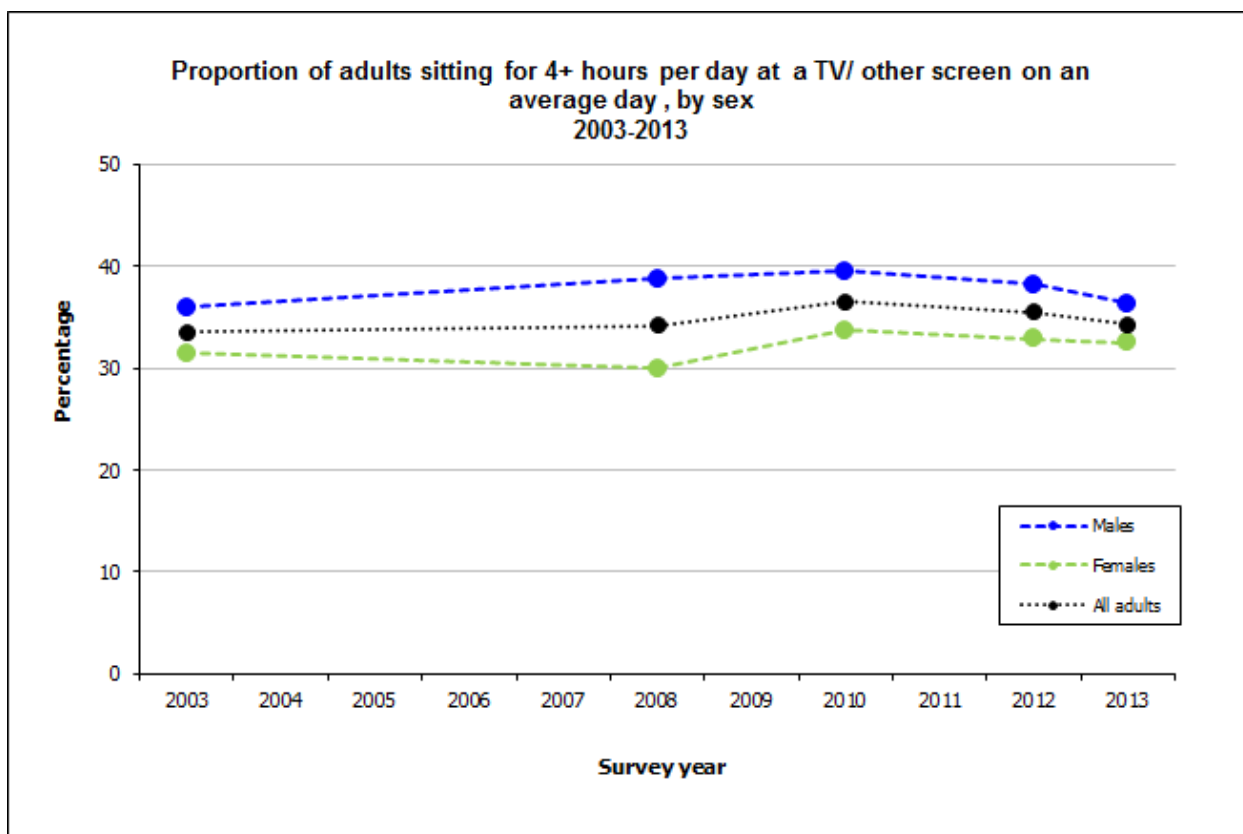
Headline Indicator 7

Proportion of adults engaging in sedentary activities⁷

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, adults reported sitting in their leisure time for a mean of 5.3 hours on weekdays and 6.1 hours on weekend days. Reported sedentary leisure time was broadly similar for men and women (5.4 and 5.3 weekday mean hours, respectively, and 6.1 and 6.0 weekend day mean hours) and remained stable compared to 2012.
- 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 4.3 to 4.6 on weekdays and 5.4 to 5.7 hours on weekend days). Older people (aged 65 and over) were the most sedentary on both weekdays (6.9 to 7.5 hours) and weekend days (7.0 to 7.7 hours).
- The proportion of adults spending four or more hours sitting at a screen or similar display on an average day (excluding time at work) in 2013 was 34% (36% for men, 32% for women).



⁷ 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.

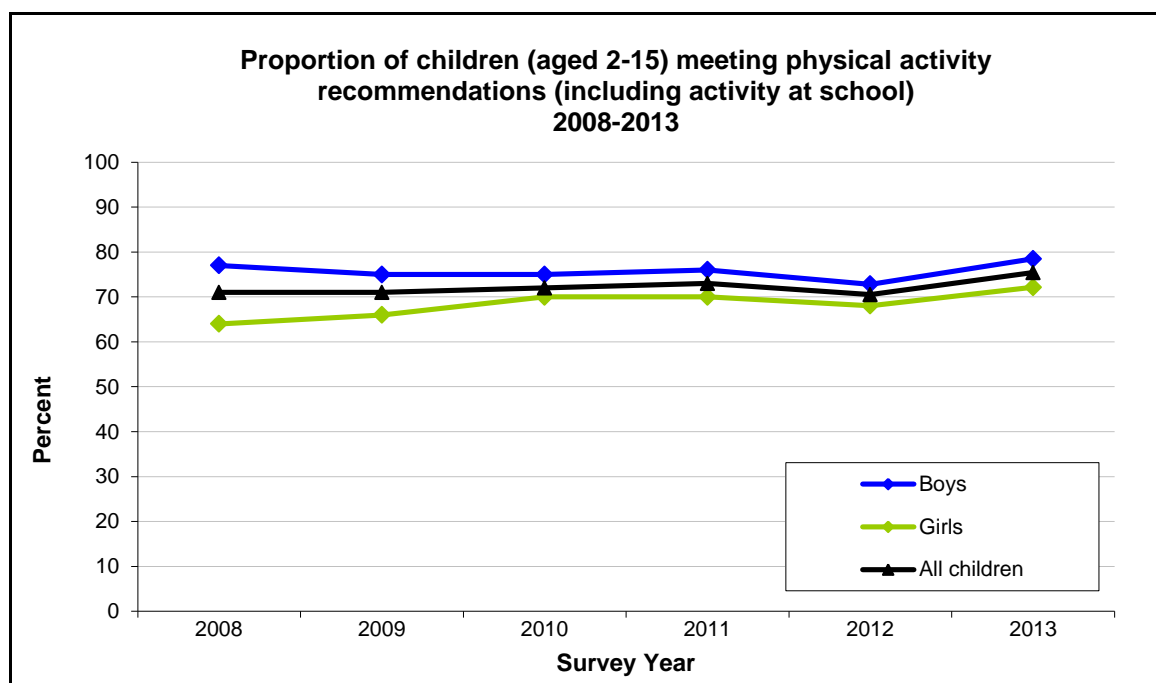
Headline Indicator 8

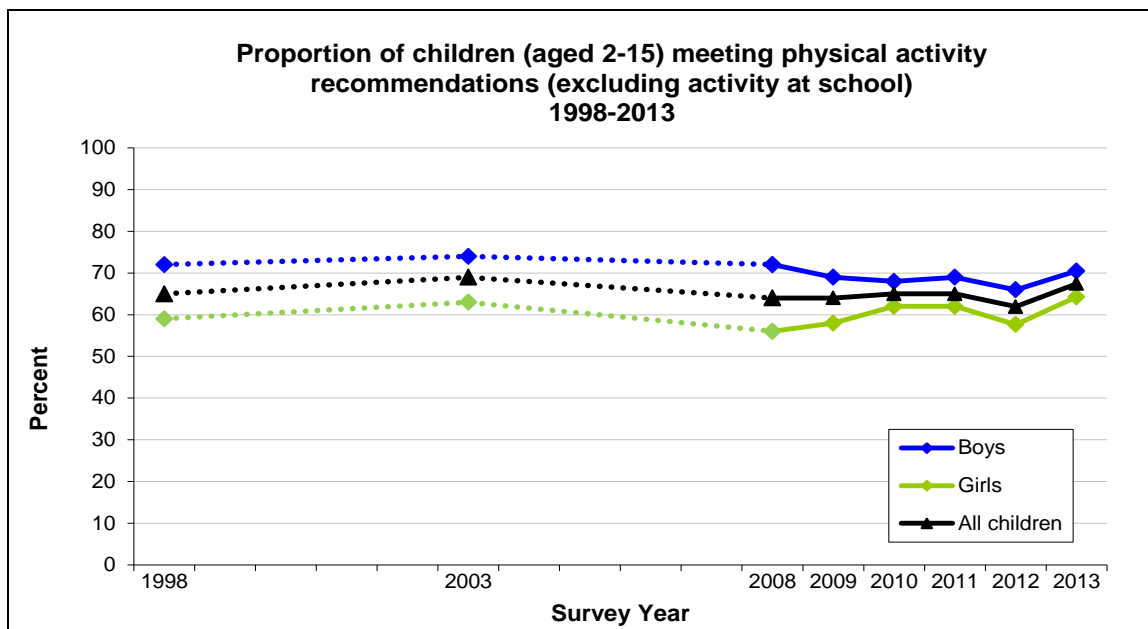
Proportion of children meeting physical activity guidelines

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, 75% of children met the physical activity recommendations (including school-based activity). This is a significant increase on the figures for 2008 and 2009 (71%). Boys (78%) remain significantly more likely than girls (72%) to meet the guideline.
- 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 2008-2013 period (62-67%) 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 51% of girls aged 13-15 meet the recommendations (including school based activity), compared to 68% of boys. A similar gap was observed when school-based activity was excluded, so it is activity outside of school which is significantly lower for girls than boys at this age.





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.

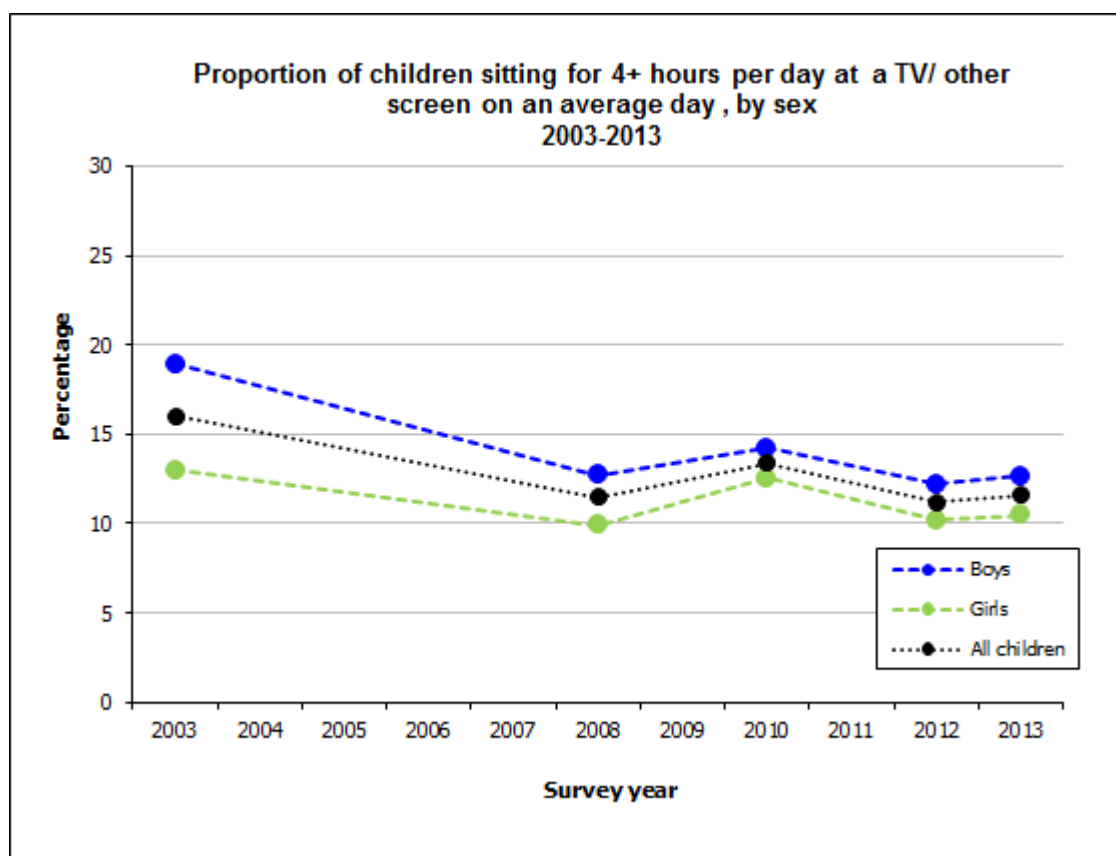
Headline Indicator 9

Proportion of children engaging in sedentary activities

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2013, children (aged 2 to 15 years) spent a mean time of 2.1 hours sitting watching a television or other screen on weekdays and 2.8 hours on weekend days (excluding time at school).
- 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.
- Boys spent more time sitting watching a television or other screen than girls, particularly at weekends when the mean times recorded were 3.0 hours for boys and 2.6 hours for girls.
- The proportion of children spending four or more hours sitting watching a television or other screen on an average day (excluding time in school) in 2013 was 12% (13% for boys, 10% for girls). This small increase from 11% (12% for boys, 10% for girls) in 2012 was not statistically significant.



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 2014, a total of 686 catering establishments, serving 216,990 customers, held the HealthyLiving Award (HLA) or HLA Plus award.
- Of these, 231 are first term HLA awards and 273 are renewed awards. A further 182 establishments hold the HealthyLiving Plus Award.

Number of sites with first term awards

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
2014	686	231	273	182

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 literature⁸ 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 Map⁹ assessed the action as having high impact with medium to high effort.

Factors influencing this indicator:

- Exposure to high energy foods.

⁸ Environmental Scan of Potential Policy Interventions to Tackle Obesogenic Aspects of the Built Environment, Mooney et al 2010

⁹ Hannah, Connacher and Tyrell, Obesity – A Route Map towards a Healthy Weight Scotland Report of Engagement Process

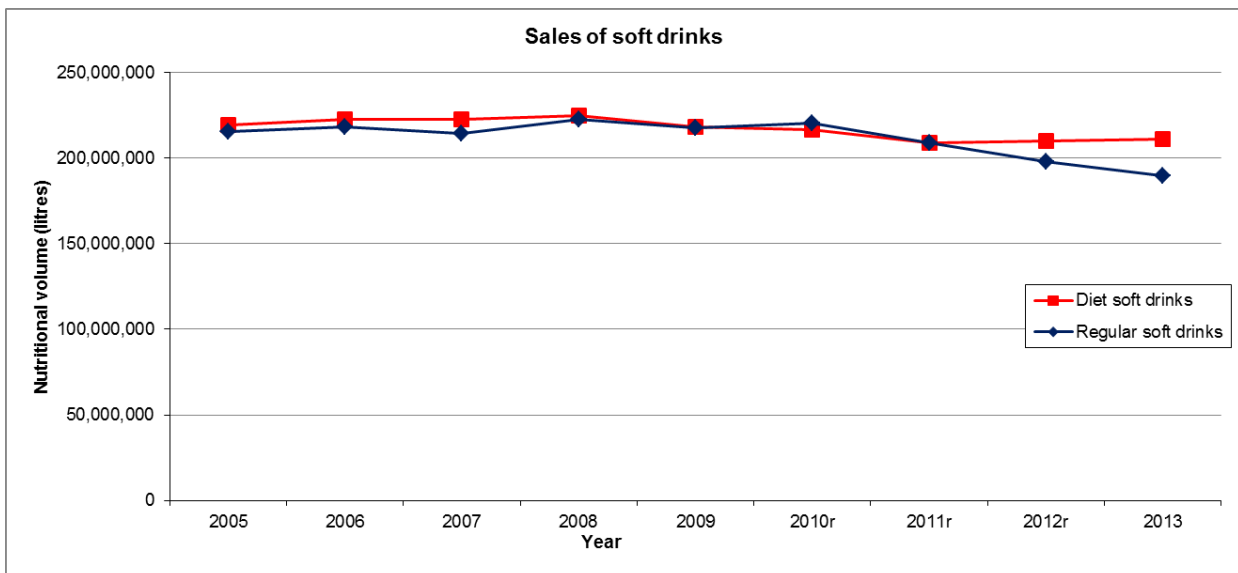
Headline Indicator 11

Volume of sales of soft drinks with added sugar

Indicator Source: Food Standards Agency Scotland (Kantar Worldpanel)

LATEST RESULTS

- The volume of regular take home soft drinks¹⁰ (including carbonated drinks) purchased by Scottish households remained relatively stable between 2005 and 2010. Since 2010, the volume has dropped by 8.6% to 190 million litres in 2013.¹¹
- '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.
- The volume of carbonated drinks purchased by Scottish households peaked in 2008 (316 million litres) and has since declined (290 million litres in 2013).
- The calorie contribution of carbonated drinks increased from 28 kilocalories per person per day in 2005 to 32 kilocalories in 2010. This has reduced to 28 kilocalories in 2013.



¹⁰ note that this was incorrectly described as 'take home soft drinks' in the 2013 edition of this report.

¹¹ note that, following a methodology improvement, data for 2010 onwards have been refreshed 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.

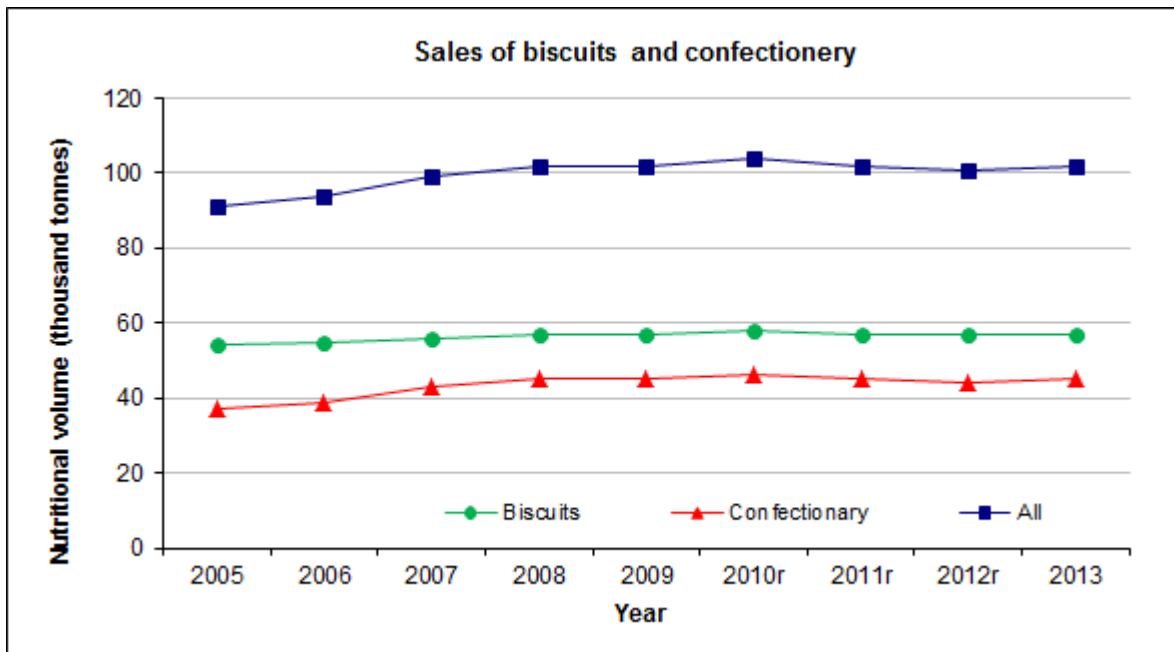
Headline Indicator 12

Volume of sales of confectionery, biscuits, cakes and pastries¹²

Indicator Source: Food Standards Agency Scotland (Kantar Worldpanel)

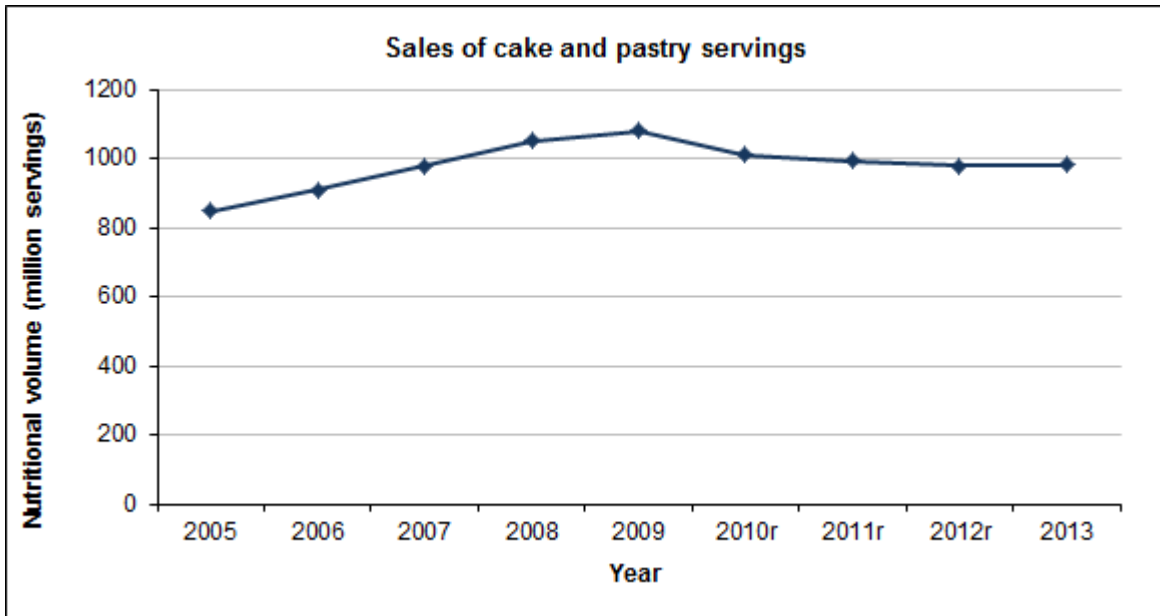
LATEST RESULTS

- In 2013, 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.



- In 2013, just under one billion (980 million) servings of cake and pastry were purchased by Scottish households. Purchases have increased from 848 million in 2005, and have fallen slightly since 2009 when purchases were over one billion.

¹² Note that data for 2010 to 2012 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

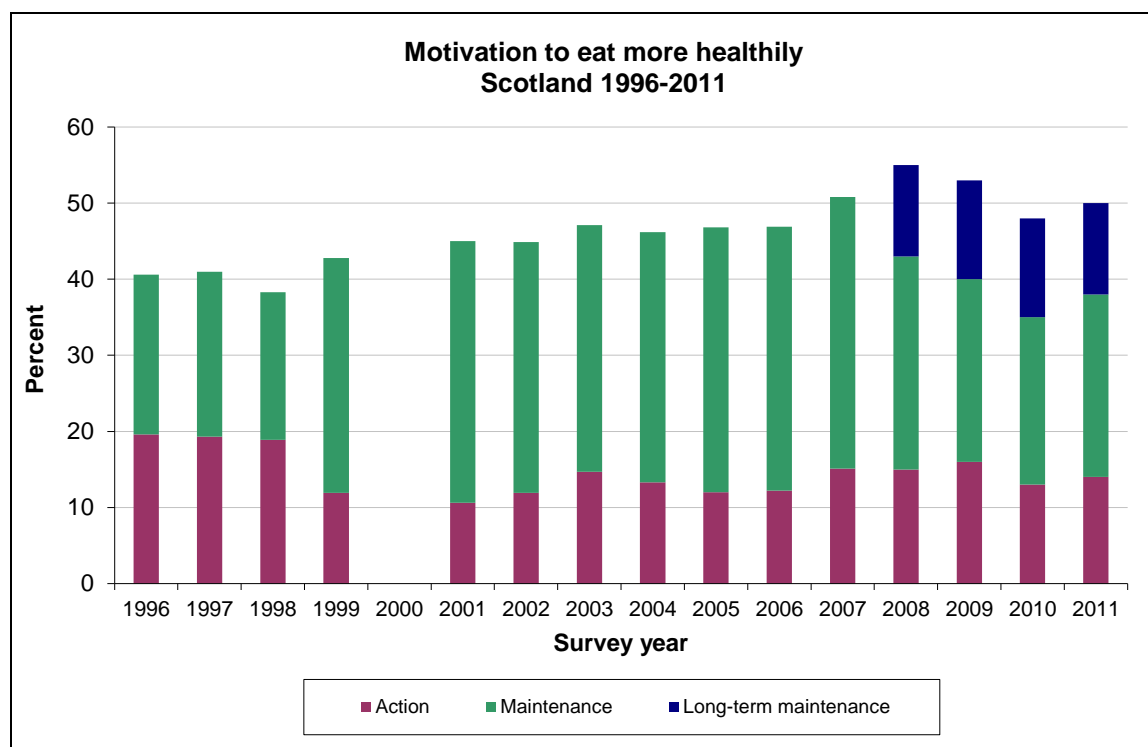
Proportion of adults who have tried making positive behaviour change in relation to healthy eating and physical activity

Please note that 2011 is the latest data available for this indicator and that figures remain unchanged from the November 2013 report.

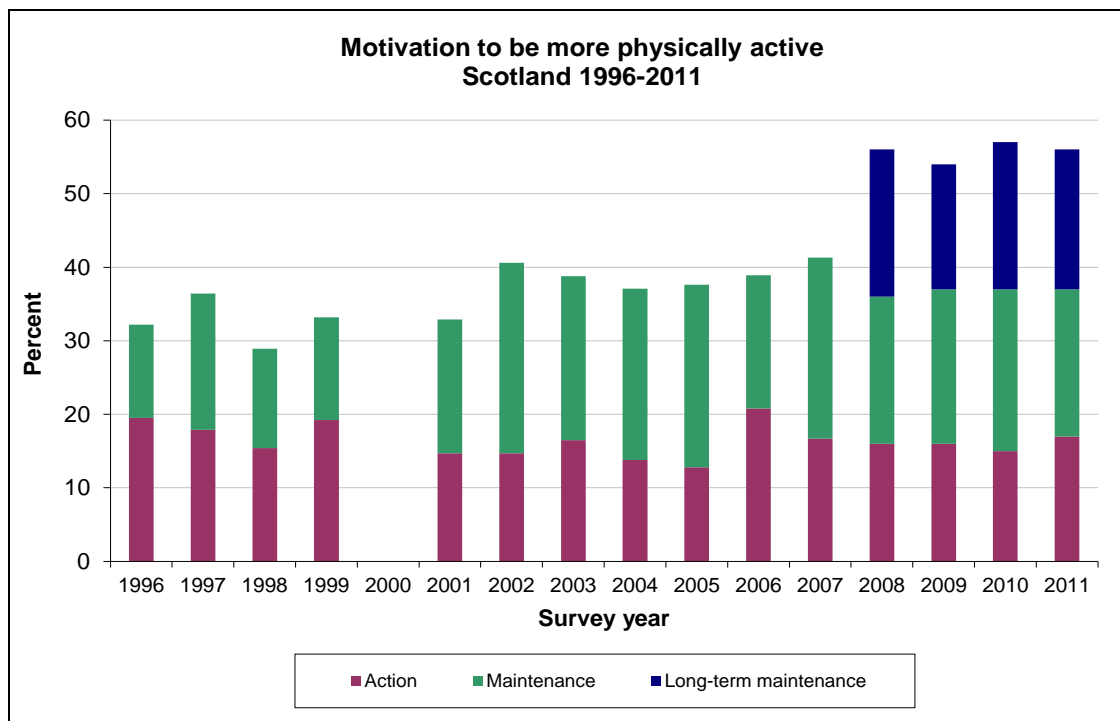
Indicator Source: Scottish Health Survey, Knowledge, Attitudes and Motivations (KAM) module

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.

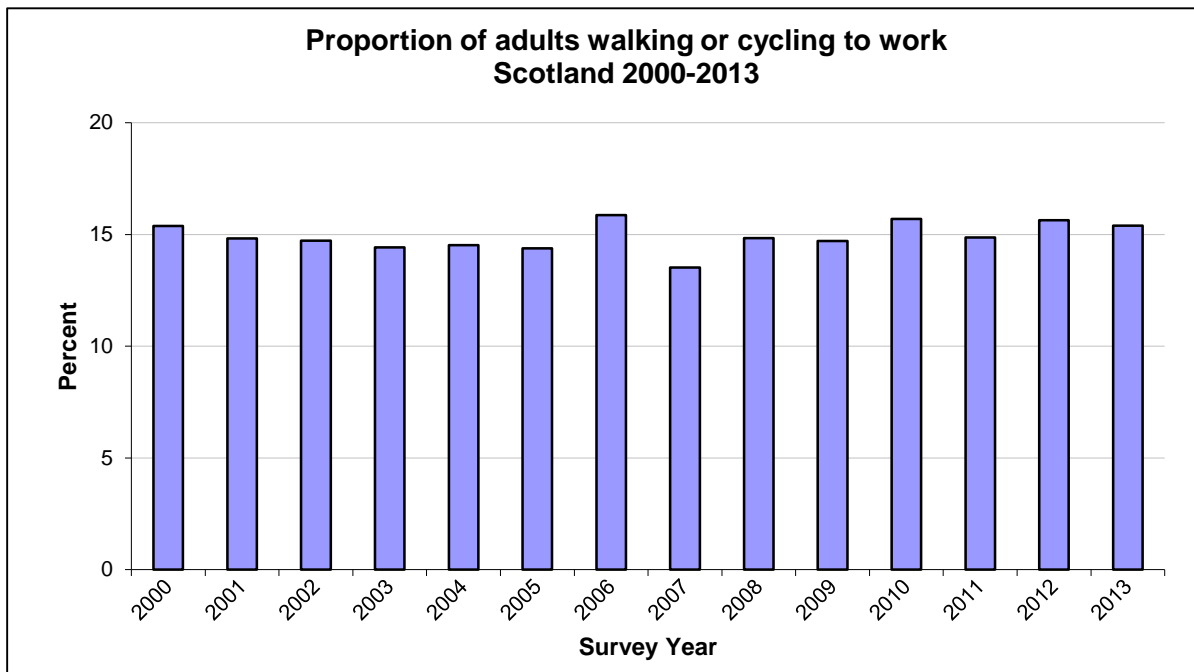
Headline Indicator 14

Proportion of adults engaging in active travel to work

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

LATEST RESULTS

- In 2013, 15% 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.

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

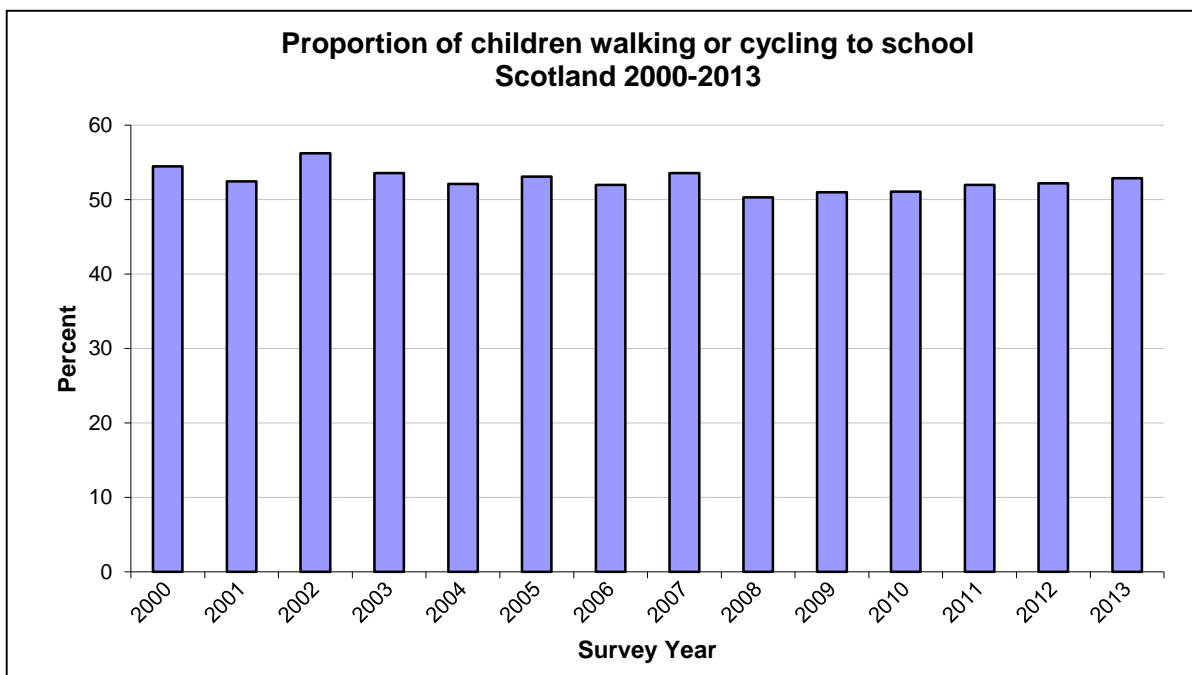
Headline Indicator 15

Proportion of children engaging in active travel to school

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

LATEST RESULTS

- In 2013, 53% of children travelled to school by walking or cycling.
- This proportion has fluctuated between 50% and 56% over the last thirteen 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.

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.

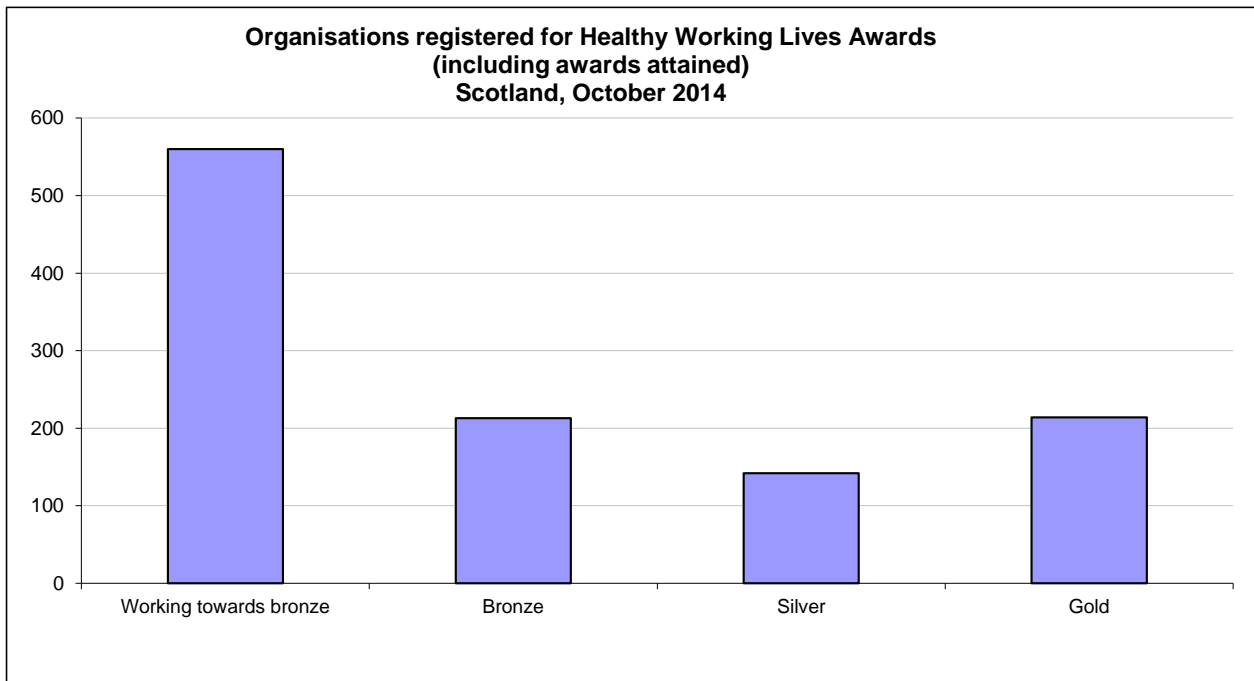
Headline Indicator 16

Number of workplaces securing Healthy Working Lives Award¹³

Indicator Source: Scottish Centre for Healthy Working Lives.

LATEST RESULTS

- In October 2014 there are currently 1,129 organisations registered for the Healthy Working Lives Award Programme, representing a total of more than 685,000 employees.
- Of these, 569 organisations have attained at least a Bronze award. A further 560 organisations are actively working towards their first award.



¹³ Please note that the Mental Health Commendation award, for which the number of recipients has been presented in previous reports, no longer exists.

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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Correspondence and enquiries

For enquiries about this publication please contact:

Daniel Adams

Public Health, Analytical Services Division

Telephone: 0131 244 5332

e-mail: daniel.adams@scotland.gsi.gov.uk

For general enquiries about Scottish Government statistics please contact:

Office of the Chief Statistician, Telephone: 0131 244 0442,

e-mail: statistics.enquiries@scotland.gsi.gov.uk

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The data collected for this statistical bulletin

are available in more detail through Scottish Neighbourhood Statistics

are available via an alternative route (for Scottish Health Survey indicators please see the UK Data Service website: <http://ukdataservice.ac.uk/>)

may be made available on request, subject to consideration of legal and ethical factors. Please contact [Scottish Health Survey@scotland.gsi.gov.uk](mailto:Scottish_Health_Survey@scotland.gsi.gov.uk) for further information about any of the indicators.

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