

Tackling Obesity in Walsall

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Structure

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Why Obesity?

- Obesity is a “**global epidemic**” (WHO 1998) a “**health time bomb**” (CMO 2003)
- It's the largest Public Health challenge, second to smoking
- Obesity increases the risk of coronary heart disease, cancer, diabetes, high blood pressure and osteoarthritis
- Reducing obesity will increase people's life expectancy and quality of life
- The indirect cost of obesity nationally is estimated at £2.1 billion a year.

Prevalence of Obesity in Walsall

Adults

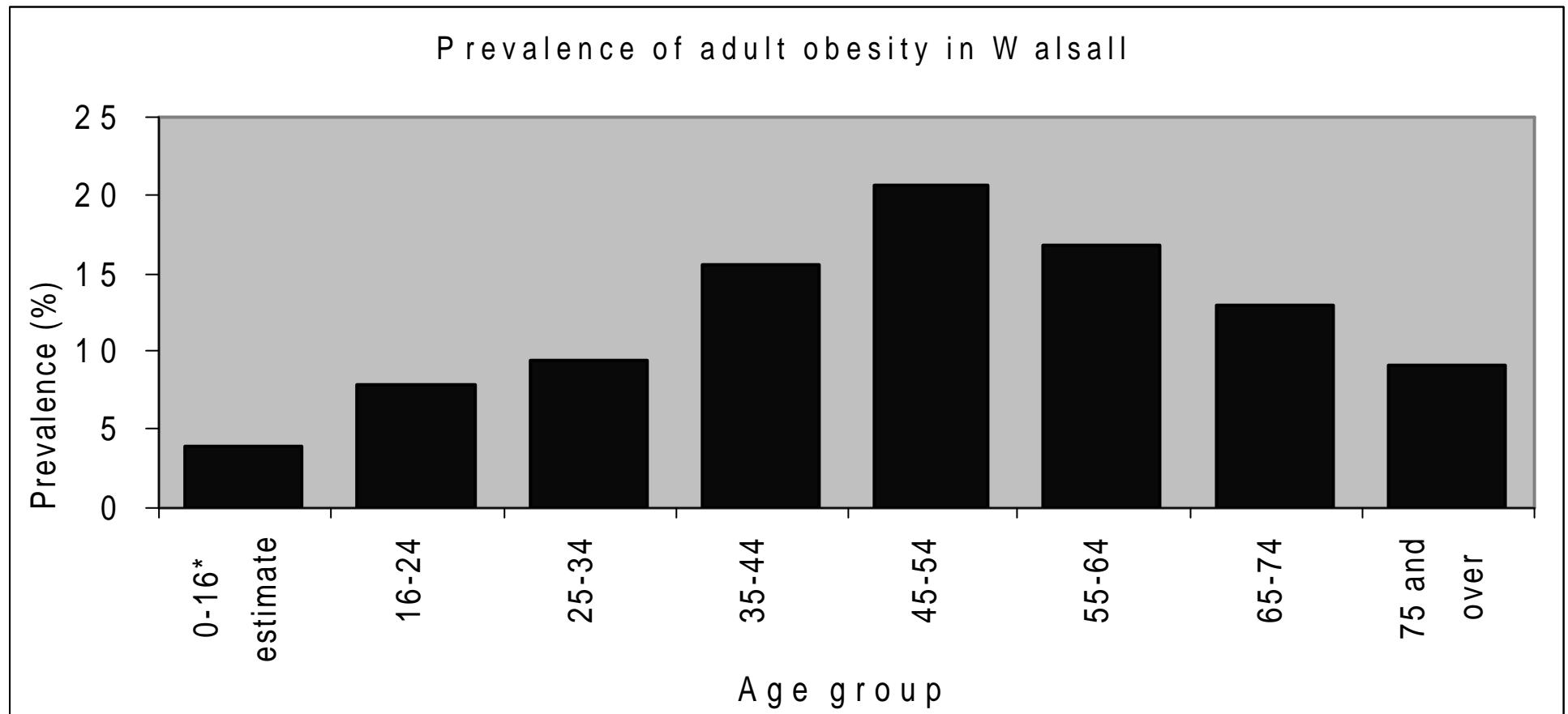
- Approximately* 126,000 adults in Walsall are overweight or obese (62% of the adult population) of these 45,600 are obese (23%)

Children

- It has been estimated* that around 8,200 children in Walsall are overweight or obese (15%), of these 2,000 are obese (4%)

(*estimates are made from National Audit Office Data)

Prevalence in Walsall (age)



Obesity prevalence is highest in the 45-54 age group

Prevalence in Walsall (sex and ethnicity)

	Men	Women
White British*	18	15
Indian**	10	22
Pakistani**	17	21
Bangladeshi**	14	35
Black Caribbean***	19	33
Chinese***	6	7

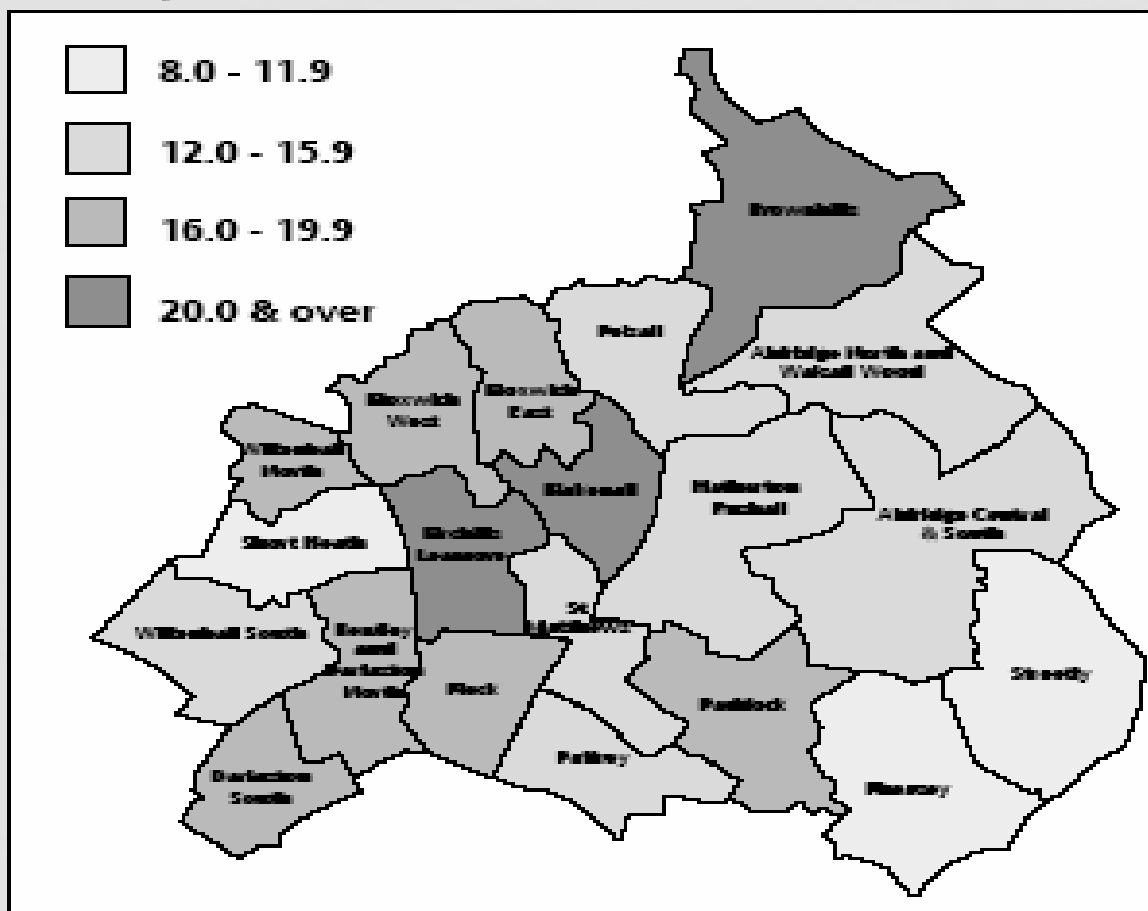
Results from : *West Midlands Lifestyle Survey 2001, ** Asian Lifestyle Survey 2000 and *** Health Survey for England 1999

Obesity prevalence varies by both sex and ethnicity.
The highest prevalence in men is in the Black Caribbean and White British communities. The highest in women is in the Bangladeshi and Black Caribbean Communities.

Prevalence in Walsall (ward)

The highest prevalence of obesity is in Birchills Leamore and Brownhills (each 21%), followed by Blakenall (20%) and Bentley and Darlaston North and Darlaston South (19%)

Map 9: Prevalence of obesity, persons, % by wards, 2001



Source: West Midland Lifestyle Survey

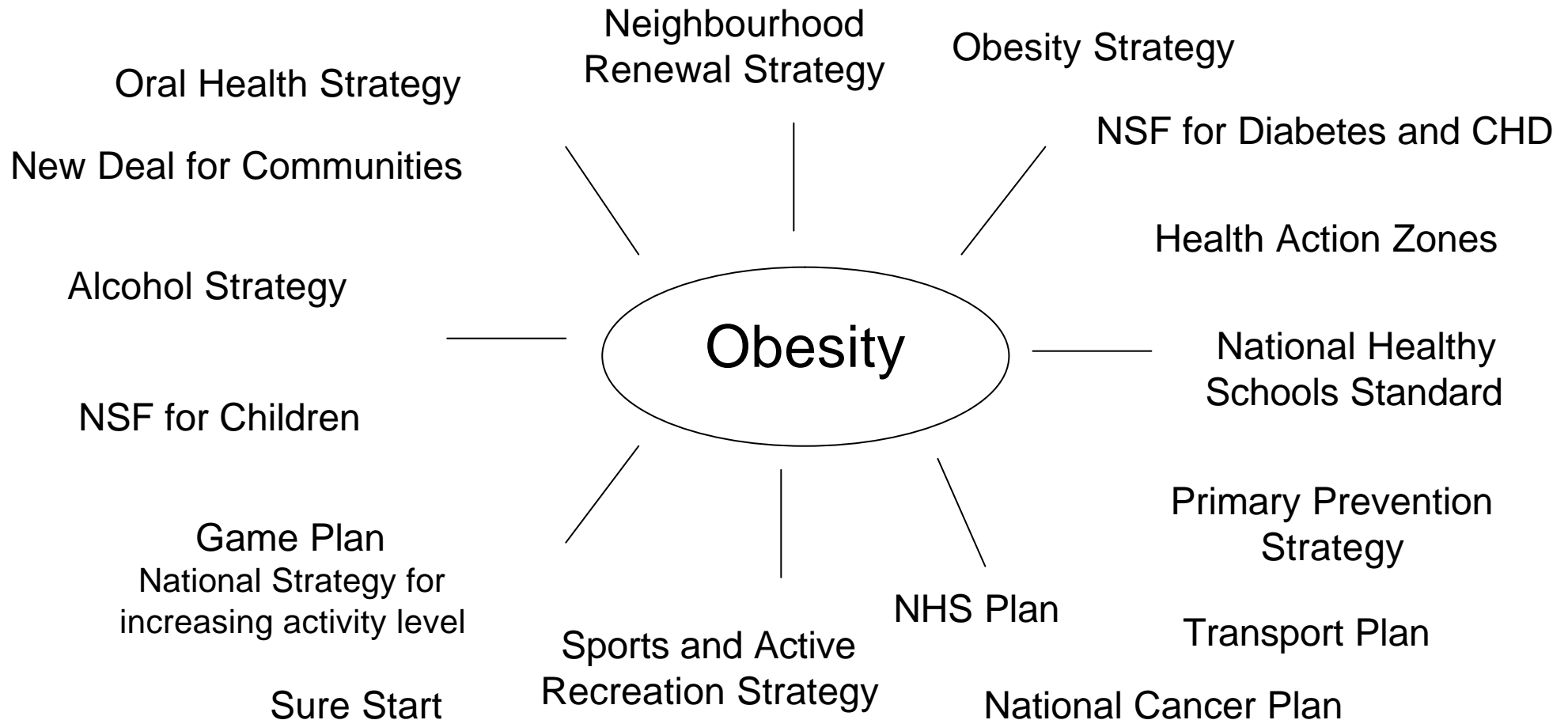
Targets and Guidance

- The high prevalence has led to national and local targets and guidance to reduce obesity. Most recently:
- Wanless Report (2004) urges action on obesity
- Choosing Health: Making Healthy Choices Easier (November 2004, White Paper)
 - “The rapid increase in child and adult obesity ...is stirring up serious health problems for the future if its not addressed now”
 - “The key to success will be effective local partnerships led by local government and the NHS working to a common purpose and reflecting local needs”
 - Action “Campaigns will raise awareness of the health risks of obesity and the steps people can take through diet and physical activity”

Targets and Guidance (cont...)

- Reducing Obesity Prevalence is a Local Delivery Plan Target for the PCT
- ? LSP target
- There is a New Deal Target to reduce obesity by 30% in those receiving support
- Obesity links to around 15 local and national strategies, within the PCT and Local Authority

Links with other Strategies



How do we tackle obesity?

- Obesity occurs when people over eat in relation to the energy they expend.
- The main determinants are;
 - Eating Patterns and
 - Physical Activity levels

Tackling obesity; The Evidence

Prevention

- The evidence of effectiveness for preventing obesity in adults is mixed and inconclusive.

Treatment of overweight and prevention of obesity

- There is limited evidence for the positive effects of self-help peer groups in maintaining weight loss
- There is evidence that physical activity alone, diet alone and physical activity and diet combined are effective interventions for the treatment of overweight and prevention of obesity, and for the treatment of obesity.

Tackling obesity; The Evidence (cont...)

- Behavioural therapy techniques in conjunction with other weight loss techniques are effective in treating obesity in adults
- Evidence supports the use of worksite health promotion programmes
- Training of both health professionals (including GPs) and leaders of self-help weight loss clinics is recommended

Treatment of obesity and morbid obesity

- Best practice guidelines for drug use and surgery for obese patients have been issued

Where are we now?

- The tPCT has drafted an Obesity Strategy
- The Children's Scrutiny Panel is reviewing Childhood Obesity in Jan 2005
- Local Initiatives:
 - Time to Change initiative (looking at healthy eating, physical activity and smoking)
 - Cook and Eat Schemes
 - Community Dieticians provide assessments
 - Weight management groups
 - Young Persons Overweight Clinic
- Patient information on diet has been produced
- Ad-hoc Healthy eating training has been delivered
- Limited work-based activities across Walsall
- Prescribing levels in Walsall are higher than the Black Country and National Average.

Gaps

- The exercise on referral scheme is offered to people who want to increase activity levels. Most people who are referred are overweight. Currently the service meets less than 3% of estimated need.
- Lack of awareness and limited support for the work-based activities
- Very little work has been tailored to the needs of ethnic minority groups
- There is a need to develop a coordinated borough-wide programme of preventative services (including obesity and exercise) rather than relying on short term externally funded projects
- There is no systematic data surveillance at present
- There is no ongoing training for health professionals
- Weight management clinics currently meeting less than 5% of need of those who could benefit

Recommendations

- Tackling the obesity crisis in Walsall requires co-ordinated action from a range of partners.
- Tackling obesity in children is an important and complex issue. The Children's and Young People's Partnership Board should develop a strategy for tackling obesity in children
- Robust data collection and monitoring processes for adult BMI need to be established

Recommendations (cont...)

- There are several gaps and priority areas for action that can be addressed jointly;
 - Adults, especially 35-64 year olds
 - Ethnic Minority Groups, especially Black Caribbean and Pakistani and Bangladeshi women
 - Brownhills Ward (Birchills is partially covered by new deal)
- This could be achieved through:
 - Increasing the opportunities for Physical Activity, e.g. through increasing numbers using exercise on referral
 - Working with Workplaces
 - To monitor this we need to improve surveillance of obesity

Any Questions ?