

Isle of Wight Joint Strategic Needs Assessment: Core Dataset

2009



Domain: Lifestyle and Risk Factors
 Sub-Domain: Other
 Sub-sub- Domain: Obesity

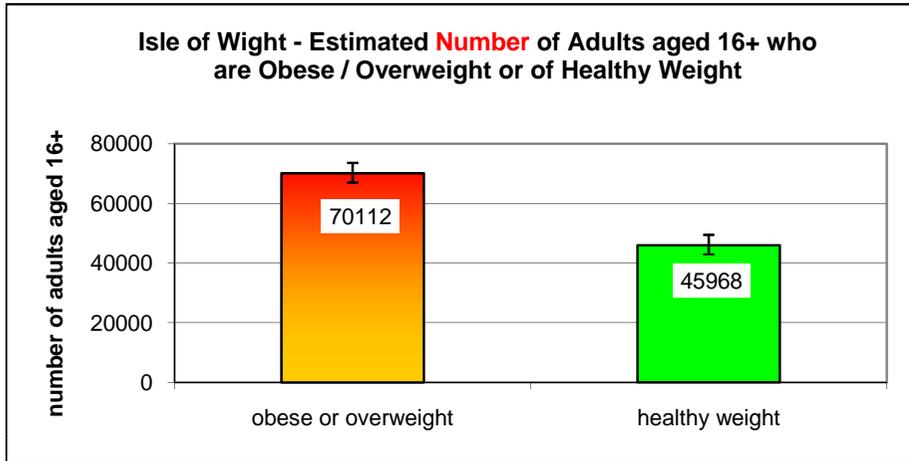
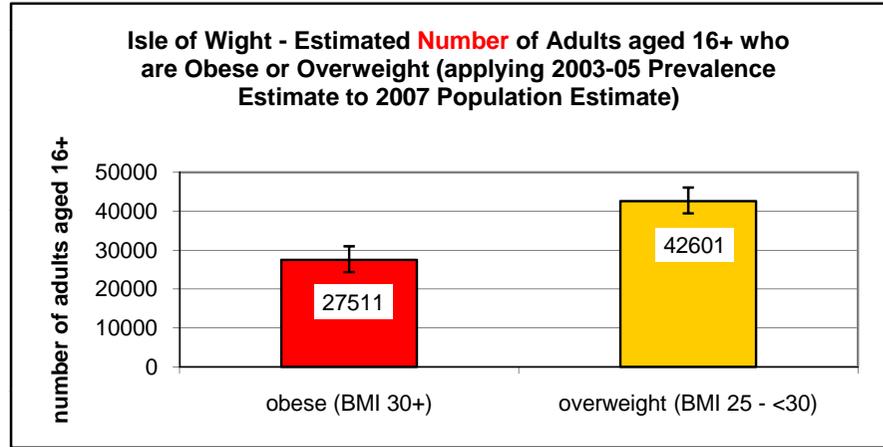
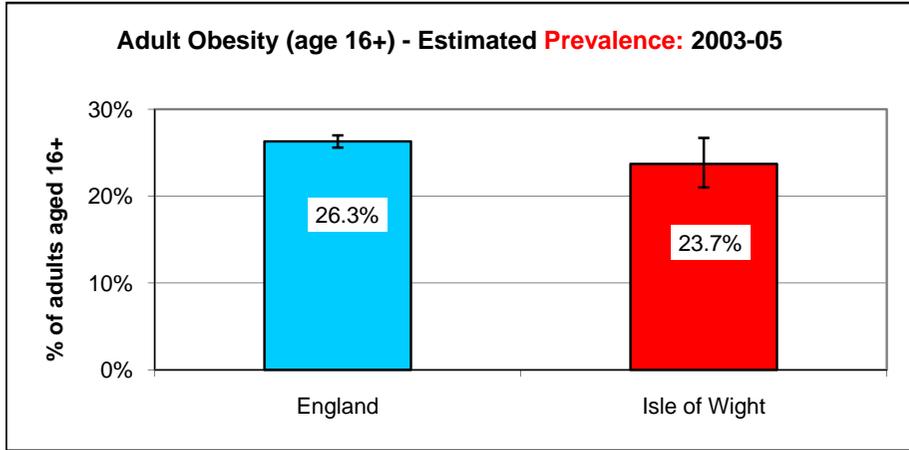
Indicator: Modelled Obesity Prevalence
 Indicator reference: JSNA Core Dataset number 28
 Data Source: Office for National Statistics: Model-Based Estimates
 Indicator definition: [see below](#)

Modelled Obesity Prevalence Rate - Adults age 16+: % of Adults aged 16+ who are Estimated to be Obese

Obesity	Prevalence Rate	Confidence Intervals	
		Lower CI	Upper CI
England	26.3%	25.6%	27.0%
Isle of Wight	23.7%	21.0%	26.7%

IW Population aged 16+ 116080 (2007 Mid Year Estimate)

IW Adults Estimated to be:	Estimated Number of People	Lower Estimate	Upper Estimate
Obese	27,511	24,377	30,993
Overweight (but not obese)	42,601	42,279	42,923
Obese or Overweight	70,112	66,656	73,917



COMMENTARY

Obesity is one of the major public health issues in the UK. It is associated with an increased risk of coronary heart disease, type 2 diabetes and some cancers and is responsible for more than 9,000 premature deaths each year in England.

The national prevalence of obesity is measured by the Health Survey for England (HSfE), which surveys a statistically representative sample of the population to measure lifestyle issues at national and regional level. However the HSfE sample is too small to measure obesity at Local Authority level. Local obesity is therefore estimated through Office for National Statistics model-based estimates for Local Authority districts. These estimates are based on HSfE data applied to each Local Authority's local demographic & social characteristics.

The charts above use both sets of information to compare adult obesity on the IW with the national situation, and estimate the number of IW adult residents who are obese and overweight.

The chart **above, left** compares the estimated obesity prevalence on the IW with the actual obesity measure for England. It shows that estimated obesity on the IW is lower than obesity as measured for England. However the 'confidence intervals' for the Isle of Wight estimate, indicating the % range within which the IW estimate is likely to fall, overlap with the England range, meaning that the difference between the two might not be statistically significant.

The chart **above, right** shows the estimated number of adults on the IW who are obese, calculated by applying the estimated prevalence and its 'confidence intervals' to the population aged 16+ (2007). The number of people who are overweight (but not obese) has also been estimated by applying the national prevalence of overweight (2007) to the IW population aged 16+ (2007).

The chart **below, left** compares the obese and overweight adult population with those of healthy weight. The IW has an estimated 70,000+ adults who are obese and overweight, compared with nearly 46,000 of healthy weight.

INDICATOR DEFINITION

Indicator:	Prevalence of obesity among adults - model-based estimate.
Definitions:	Estimated percentage of adults who are obese (BMI of 30+) and/or overweight (BMI of 25 - <30).
Numerator (number of people or events)	Estimated number of adults who are obese (with a BMI of 30+) and/or overweight (BMI of 25 - <30).
Denominator (total population or events)	Resident Population of the specified area in the specified time period. Persons aged 16+ (ONS 2007 Mid Year Estimate)
Geographic Coverage	Local Authority
Time period	2003-05
Data Source(s)	Office for National Statistics http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/neighbourhood-statistics/neighbourhood-statistics:-model-based-estimates-of-healthy-lifestyle-behaviours-at-pco-level-2003-05
Significance for Health	Higher rates indicate worse health. Lower rates indicate better health.
Factors that might affect the Accuracy of this Indicator	A model based estimate is the expected prevalence of obesity for that area based on its population characteristics (as measured by Census / administrative data). It does not necessarily represent actual prevalence.

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Domain:	Lifestyle and Risk Factors	Indicator:	Recorded obesity prevalence - GP Practice QOF data
Sub-Domain:	Other	Indicator reference:	JSNA Core Dataset number 28
Sub-sub- Domain:	Obesity	Data Source:	Information Centre for Health and Social Care
		Indicator definition:	see below

GP-Recorded Prevalence of Obesity: Patients aged 16+ who are on GP Practice Obesity Registers

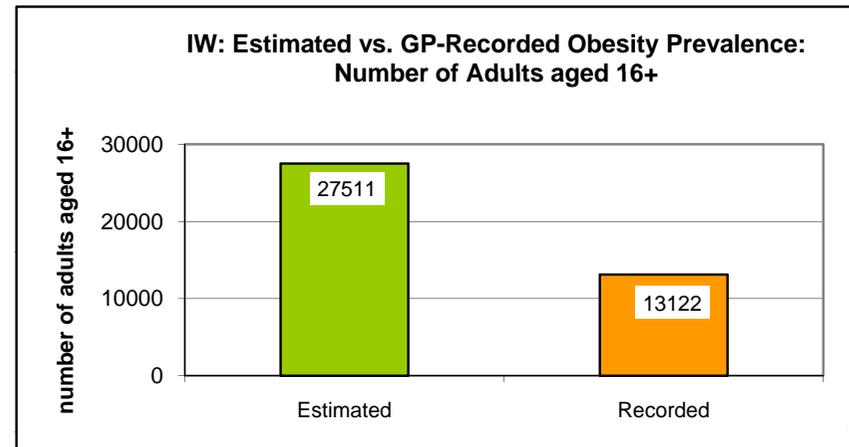
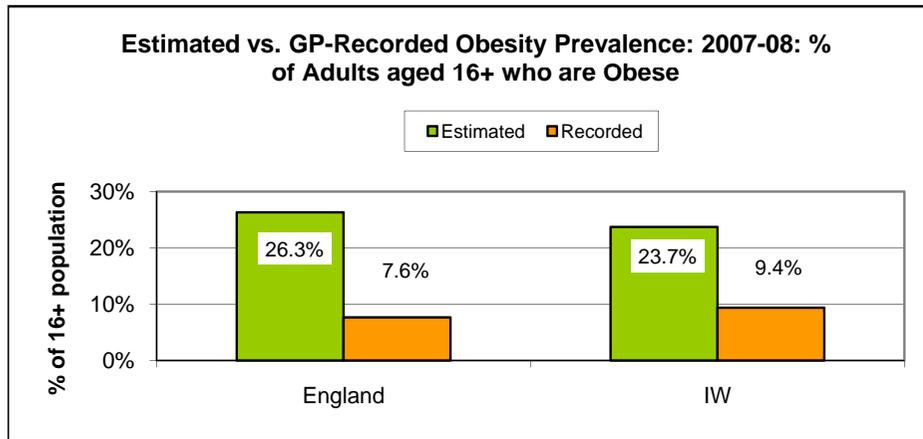
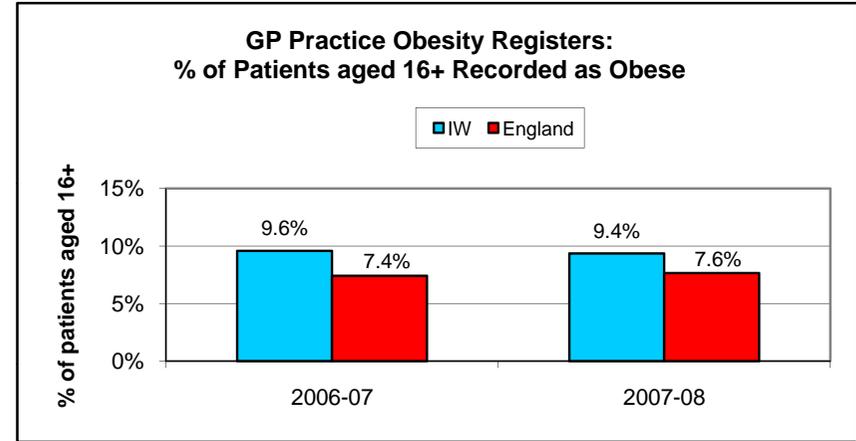
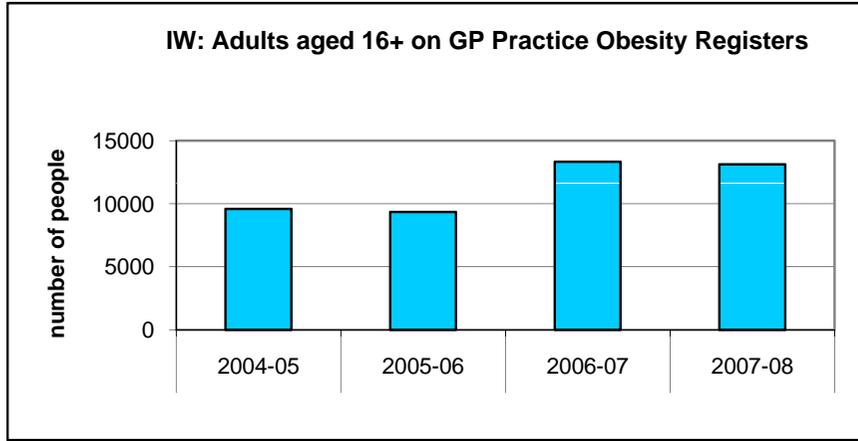
% of Patients	2006-07	2007-08
England	7.4%	7.6%
Isle of Wight	9.6%	9.4%

Number of Patients	age 15 - 75		age 16+	
	2004-05	2005-06	2006-07	2007-08
Isle of Wight	9,586	9,351	13,326	13,122

Estimated compared with Recorded Prevalence

% prevalence	2003-05	2007-08	Gap
	Estimated	Recorded	
England	26.3%	7.6%	18.7%
IW	23.7%	9.4%	14.3%

Number of People who are Obese	2009	2007-08	Difference (Under-recorded)
	Estimated (age 16+)	Recorded (all ages)	
Isle of Wight	27,511	13,122	14,389



COMMENTARY

The QOF is the Quality and Outcomes Framework, a voluntary annual reward and incentive programme for all GP surgeries in England which is part of GP contracts. QOF includes a number of 'disease registers', which count patients recorded by GP Practices as having specific 'diseases', of which obesity is one. Obesity Registers include patients with a BMI of 30+, in order to offer ongoing care to them. In QOF terms, higher numbers and % of people recorded would be seen as a good thing, as this means that more people in the population with the condition are being identified and offered support and treatment.

The chart **above, left**, shows the number of people recorded on IW GP obesity registers over time, with an upward trend over time, which also incorporates an expansion in the age range recorded.

The chart **above, right**, compares the % of the GP Practice population recorded on hypertension registers in the IW and England. Obesity registers have only been included in QOF for 2 years so there is no clear trend over time, but the IW's recorded prevalence is higher than England's.

The chart **below, left**, compares the estimated vs. recorded obesity prevalence for England and the IW. The IW has a higher recorded prevalence and a lower estimated prevalence than England, and so its 'gap' representing unrecorded obese adults is, in % terms, smaller than England's.

The chart **below, right**, compares the IW's estimated vs. recorded obesity prevalence in terms of number of people. The gap represents an estimated 14,000 people who are obese but without this being recorded by their GP, so that they are not necessarily offered support.

INDICATOR DEFINITION

Indicator:	Recorded obesity prevalence by GP Practices - QOF data
Definitions:	Number of patients aged 16+ classified as obese (with a BMI of 30+)
Numerator (number of people or events)	Number of patients who are recorded as obese on GP Practice registers.
Denominator (total population or events)	Resident Population of the specified area in the specified time period. GP Registered Patients aged 16+
Geographic Coverage	Primary Care Trust
Time period	As of 1 April 2008
Data Source(s)	Information Centre for Health and Social Care http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/audits-and-performance/the-quality-and-outcomes-framework/qof-2007/08/data-tables
Significance for Health	Higher rates indicate higher levels of recording by GP Practices. Lower rates indicate lower levels of recording by GP Practices.
Factors that might affect the Accuracy of this Indicator	The Information Centre itself notes that "It is important to emphasise that QOF registers do not necessarily equate to prevalence, as may be defined by epidemiologists...it is difficult to interpret year-on-year changes in the size of QOF registers, for example a gradual rise in QOF prevalence could be due partly to epidemiological factors (such as an ageing population) or due partly to increased case finding." GP Practice data might under-record prevalence because patients who are obese are not diagnosed or recorded as such. This is illustrated by the data and charts comparing Estimated with GP-Recorded obesity.