

# Our Island Our Health 2008



Annual Report of the  
Medical Officer of Health

States  
of Jersey 

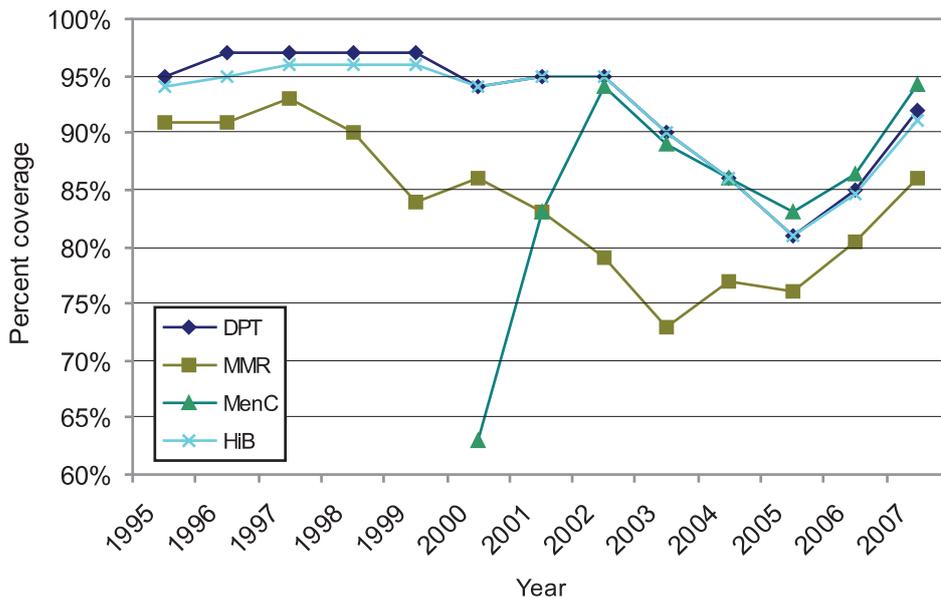
# Foreword



This report 'Our Island, Our Health 2008' is my third annual report, which for me marks almost three years in Jersey as the Medical Officer of Health. I feel I am getting a clearer and accumulating picture of what's good about health in Jersey and where our health challenges lie, both today and in the future. My team and I have gradually found, collected and analysed more and more data which is pertinent to health on the Island. It is important that we continue to do this, as the first step in addressing any problem is to know that the problem exists and how big that problem is.

Reviewing the Island's latest health profile has been very encouraging, as health in Jersey has improved since the last profile was published in 2006. I am particularly pleased with the improvements in our coverage of childhood immunisations although there is still further progress to be made in order to meet our targets (*figure 1*). Cancer screening coverage, while slightly improved, is not likely to improve further without a comprehensive, real-time population

Figure 1 Trends in the coverage of childhood immunisation in Jersey



Source: Public Health

database, which still eludes us. In terms of general health, we are matching English statistics. I have much greater aspirations for Jersey, however: to be a world leader for health rather than being in the middle of an international league table.

This year we will launch the groundbreaking new strategy to improve health status for the Jersey population. The strategy - 'Health for Life' - includes proposals for a wide range of services and interdepartmental actions to transform Island policy to promote good health for all. There are eight priorities on which I recommend we focus our attention:

- Obesity
- Food
- Physical activity
- Tobacco
- Sexual health
- Mental health
- Alcohol
- Illegal drugs

In addition the crosscutting themes, such as healthy schools and making the Island environment conducive to fewer cars and more pedestrians/cyclists, will prove essential if the Island is to be a healthier place in the future and to become a world-leading jurisdiction for health. Those with whom I have discussed the new strategy have been very supportive of the concepts which lie within it.

The next steps will involve assessing the reality of the 'here and now' against the strategic aims within 'Health for Life'. In this report I have started this process looking at how our secondary schools perform against the National Healthy Schools' standards. Whilst it is encouraging that most Jersey schools are well on the way to achieving the standards, school food fails across the Island. Similarly, a reality check audit of takeaway sandwiches revealed high levels of fat, salt and calories. In the 'Food for thought' article within this report we challenge the Island to turn rhetoric into reality with healthy food options being an everyday reality for all.

This year I have seen yet more evidence of the damage done by excessive drinking on the Island.

To add to last year's findings of a high overall alcohol consumption and binge drinking among young adults, the new cancer statistics reveal above-average numbers of cases of head and neck cancer, putting us on a par with Scotland and Northern England. We share with these places a heavy drinking and smoking culture and while smoking prevalence in Jersey is an all-time low (20%), I am not seeing the reductions in harmful drinking that I need to see if we are to turn this situation around for Jersey. The Public Health Intelligence Unit has estimated that alcohol kills 42 Islanders every year; this is almost



Source: Daily Telegraph

certainly an underestimate. I urge faster progress with the Island's alcohol strategy, as I seem to be making similar observations today to those made by my predecessor Dr Darling, as reported in the Daily Telegraph and Morning Post in 1963.

This year we have written a number of articles for different age groups, looking at the very young and at older Islanders. I was interested to find that, by and large, babies and the elderly are pretty healthy but I fear for the health futures of the current working-age population, whose lifestyles are not as good as their parents'. A considerable proportion of young adults, in particular, are heading for an early grave through binge drinking and poor eating habits.

And finally, let's spare a thought for the Island's old and overburdened infrastructure, the basics needed for good health: water, sewers, transport, housing and waste disposal. We cannot afford to consign these underground or out of sight in our minds lest the problems of 'foul odours' and 'contagion' of the past should return.

A handwritten signature in black ink, appearing to read 'R. Geller', is positioned above the printed name and title.

Dr Rosemary Geller, MB ChB, FFPH  
Medical Officer of Health

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**Editor**



Dr Rosemary Geller

**Production Team**



Wendy Buckley



Susan Corbel

**Authors**



Jill Birbeck



Val Cameron



Susan Corbel



Dr Rosemary Geller



Andrew Heaven



Karen Le Cornu



Dr Ivan Muscat



Andrew Pritchard



Steve Smith



Elaine Torrance



Dr Susan Turnbull



Dr Tracey Wade

**Grateful thanks to:**

Andrew Watson, Howard Snowdon, Dr Andrew Mitchell, Dr Peter Bates, Dr Mark Jones, Juliet Webb,  
Dr Ajay Kumar, Jessica Hounsome, Marion Walton, Steve Sands, Naomi Tucker, David Cahill,  
Robert Fairhurst, Lesley Toms, Richard Rolfe, John Thorp, Robert Cook, Yvonne Fleming, Duncan Berry.

## Summary and recommendations

In this, my third health report, I have outlined my clearer and accumulating picture of what's good about health in Jersey and where our health challenges lie, both today and in the future. I am pleased to conclude that the health status of Islanders has improved since my first assessment, three years ago. My aspirations, nevertheless, are that Jersey should move from being in the middle of the international pack for health indicators to become a world leader of good health.

### Every baby matters - infant mortality: looking back, looking forward

It is becoming a tradition to write a historical article drawing on the archives of my predecessors' annual health reports. This year we have studied infant mortality (deaths within the first year of life). It is hard to imagine a more distressing event than the death of one's baby and yet this experience was commonplace for Islanders a century ago, when around one in four babies died before reaching their first birthday. This is no longer the case, however, and Jersey can be justly proud of

one of the lowest infant mortality rates in the world. Improving this important statistic has involved: training and registering midwives; health education and antenatal care; improving housing and home hygiene; developing the hospital maternity unit and appointing the first consultant paediatrician and obstetrician.

On the premise that every baby matters, we can make further progress by reducing smoking, alcohol consumption and obesity in pregnancy, promoting early booking for antenatal care and increasing breast-feeding initiation and duration. More babies die within our more disadvantaged communities on the Island and particular attention needs to be given to help these communities.

### Recommendation

#### *I recommend:*

1. implementing the recent National Institute for Clinical Excellence (NICE) guidelines for antenatal care, paying particular attention to women from poorer communities.



Jersey Midwives 1939

Source: Jersey Evening Post

### Growing older: staying well

In Jersey, as in the rest of the developed world, we have an ageing population. By 2035 around one in three Islanders will be over 65. An assumption is often made that an ageing society would be a dependent one with older people living in poor health and poverty. The majority of older Islanders today, however, report good health, with 94% of people over 65 having no problems with self-care. Older people are, nevertheless, more likely than younger people to suffer from chronic diseases and disabilities.

The increasing number of very old people will mean that this group will need more help to continue living independently in their own homes, which is the preference of the majority (figure 2). This would involve, for example, planning and designing housing and neighbourhoods for this purpose or something quite simple, like handyman help for older women living alone.

Research suggests that each of us has at least ten years of good-quality life at our behest, depending on how we choose to live our lives. Our statistics herald that future generations of older people could have a different health profile from the current generation, as the lifestyle trends of obesity and excessive alcohol consumption in

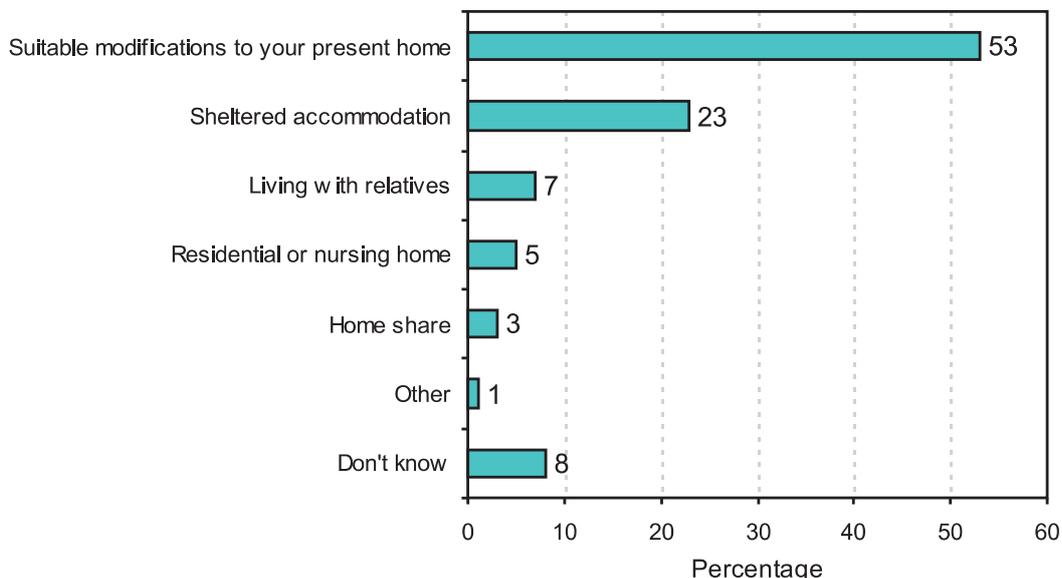
particular impact adversely on health. If unhealthy lifestyles are left unchecked and uninfluenced, the next cohort of pensioners, currently in middle age, will create unsustainable pressure on health services as sicker and more demanding consumers. Maintaining health and quality of life across the lifespan would not only build more fulfilled lives for individuals but would mean a positive contribution to society and the Island's economy.

### Recommendations

**I recommend:**

2. that the States of Jersey take positive, high-impact action to influence and help Islanders to make healthy lifestyle choices throughout their lifespan
3. the continued and regular monitoring of our population's health and lifestyles, through local surveys, so that we can adapt our health promotion and disease prevention measures accordingly
4. that all States' Departments that have a part to play in enabling older people to remain in their own homes make this objective a priority for the planning and delivery of current and future services

Figure 2 **Where older people want to live**



Source: JISAS barometer, 2003

- that the States of Jersey and other service providers invite older people to participate in the planning and delivery of services.

### Health profile for Jersey 2008

The health profile is a collection of local health statistics which paints a picture of health and disease in Jersey. Health is good and improving in Jersey. There is still progress to be made, however, if Jersey is to address all the 'red' health indicators and even more progress needed if we are to get ahead of England and match the health status of the best-performing countries internationally. Particular challenges for Jersey are to accelerate the downward trend in cancer deaths, increase cancer-screening coverage, tackle excessive alcohol consumption and increase childhood-immunisation coverage to meet our targets.

### Recommendations

**I recommend that:**

- the Government aspires to be a world leader in health by asking all States' Departments to assess new policies and initiatives for their impact on health, ensuring that these policies make a positive contribution to this aspiration
- data for the health profile is updated regularly and further indicators are added as they become available.

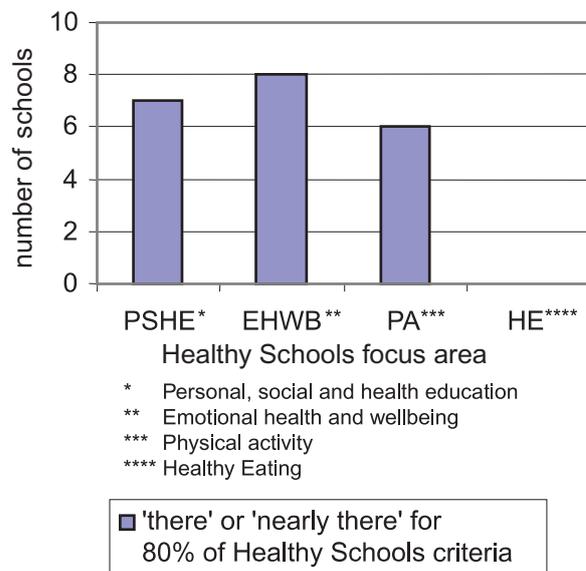
### Food for thought

There is a health crisis looming for Jersey in the 21st century with increasing levels of obesity within our population. A major cause of this problem is the food that we eat. During the last 30 years our diet has changed. The food industry today produces more pre-prepared processed food, with a proliferation of foods which are high in calories, salt, fat and sugar. The human body has taken thousands of years to evolve and cannot evolve successfully within 30 years to run on a different, much richer fuel. I am particularly worried about young working adults who eat out more, eat more takeaway meals and sandwiches and are less likely to eat five portions of fruit and vegetables each day.

In the 2007 social survey, Islanders made it clear that they wanted more healthy food, with a staggering 94% agreeing with the statement 'eating healthily is very important to me'. 87% thought that only healthy foods should be sold in schools. So what is getting in the way of healthy eating? 30% feel that healthy foods are too expensive and some find difficulty in resisting the tempting array of fattening foods surrounding us in our daily life.

The Public Health Department undertook two recent studies to answer the question: 'Can popular aspirations about healthy eating be met by local food producers, retailers, restaurants, pubs and schools?'. We concluded that the answer is probably no. In the first study of lunch time sandwiches, available in retailers across Jersey, 48% of the sandwiches we tested failed to meet nutritional recommendations, being high in fat, saturated fat and/or salt. Our second study looked at secondary school canteen food. No Jersey secondary school would meet the UK food standards for healthy schools' status (figure 3). This is a particular shame since for all the other parameters for healthy schools' status, Jersey secondary schools are doing extremely well.

Figure 3 Jersey secondary schools - progress in meeting Healthy Schools' standards



Source: Public Health

The answers lie in fiscal measures: to remove financial barriers to buying and eating healthy food; food retailers increasing the availability of healthy food; giving clear information to consumers about the nutritional content of food in supermarkets, restaurants and other outlets; and improving the standard of canteen food in the Island's secondary schools.

## Recommendation

### *I recommend:*

8. implementing the action plan for a healthier diet in the Island's 'Health for Life' strategy.

## Healthcare and infection

Catching infections whilst in hospital is a concern for many patients. MRSA and *Clostridium difficile* (*C. difficile*) in particular have hit the headlines during the last few years as infections which can kill or delay a patient's recovery, keeping them in hospital for longer.

Islanders can be reassured that the Health and Social Services Department takes these infections very seriously. We have a low rate of healthcare-associated infections here in Jersey and we intend to keep it that way. The simple measure of staff washing their hands will go a long way to keeping our infection rate down.

Screening patients for MRSA on admission to hospital, and eradicating it, will also contribute to continued low rates of infection. Prompt diagnosis and treatment of MRSA is important. Controlling antibiotic use, particularly for older people, and assiduous hospital cleaning regimes will prevent patients picking up *C. difficile* spores from their environment.

## Recommendations

### *I recommend:*

9. an increased emphasis on infection-control practices and cleanliness, in line with National guidance, in both the hospital and nursing/residential homes
10. increasing and modernising infection screening for patients admitted to hospital, both by broadening our screening, in time, to

all patients admitted to Jersey General Hospital (JGH) and by having a more rapid MRSA diagnostic facility

11. working towards a maximum of 85% acute-ward bed occupancy and an increase in the number of single rooms
12. introducing a pharmacy-supervised antibiotic policy in the hospital and an auditable antibiotic policy in the community.



Ruben Costa

Source: Jersey General Hospital

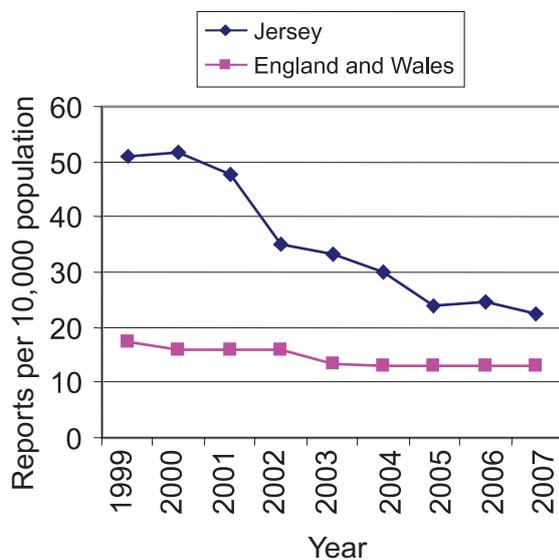
## Food poisoning

Food poisoning can be a life-threatening illness, particularly for children and the elderly. Food poisoning results from consuming food or drink that is contaminated with bacteria or its toxins, leading to a variety of symptoms including fever, nausea, cramps, vomiting and diarrhoea.

Food poisoning reports in Jersey are more numerous than in England and Wales (*figure 4*). *Campylobacter*, which usually originates from raw poultry, is the most common cause of bacterial food poisoning in Jersey. Whilst around 50% of food poisoning results from food contamination in the home, sometimes there can be serious

outbreaks with a large number of people involved through food contamination from commercial food suppliers. There were two such outbreaks of food poisoning in Jersey in 2007.

Figure 4 **Comparing food poisoning in Jersey with the national trend**



Source: Public Health

In the first outbreak, 146 staff at three schools and workers at the Jersey Live event were ill with norovirus gastroenteritis. We tracked down the source of infection to sandwiches prepared on a particular day by a large local sandwich supplier.

In the second outbreak, a man was admitted to the Jersey General Hospital Intensive Care Unit with severe salmonella food poisoning. He was one of 15 people who were ill after eating at a social event in a Jersey sports club. The hospital laboratory found salmonella in a French 'pasteurised' egg white product used to prepare a baked Alaska dessert. The Jersey outbreak resulted in a major product recall across Europe which undoubtedly saved lives and prevented many further outbreaks of food poisoning.

Unlike England and Wales, Jersey does not have an up-to-date food hygiene law. This will be remedied in 2008 when the new law will improve the safety of the food we eat.

## Recommendations

### *I recommend:*

- that further work is carried out to improve personal hygiene and to reduce cross-contamination in the home, with particular reference to reducing *Campylobacter* food poisoning
- that food safety and personal hygiene education is provided to all school children
- that all food businesses develop plans to reduce food-poisoning risks and, in the event of an outbreak, to enable rapid product recall and to ensure business continuity.

## Maintaining the foundations of public health - Island infrastructure

Since the 19th century our public health predecessors have been successful in bringing about radical changes to the cornerstones of public health: fresh water, better housing and effective waste disposal.

Today the Island's infrastructure is overburdened and wearing out: for example, the Bellozanne incinerator and sewage works are 30 years old and have struggled to keep pace with the increases in the Island's population and the increased waste produced.

As an Island, we must protect the quality of our water sources. Nitrates from agricultural fertilisers are the main water pollutants on the Island. For the 14% of Islanders with private water supplies, water contamination is a particular problem.

Unless the volume of traffic reduces, with Islanders choosing more sustainable options, traffic exhaust fumes will continue to increase air pollution, particularly in St Helier town.

Failing to address the Island's infrastructure with sustainable solutions could take us back to the 'foul odours' and 'contagion' of the 1840s.

Source: Transport & Technical Services



Heavy town traffic

## Recommendations

### *I recommend:*

16. implementing, at the earliest opportunity, all parts of the agreed 'States Solid Waste Strategy 2006' with particular regard to the replacement of the non-conforming Bellozanne incinerator plant
17. the early formulation of an Island-wide liquid waste strategy to determine the appropriate level of improvement and extension to the mains drainage network, along with an appropriately-sized and appropriately located replacement for the Bellozanne sewage treatment plant
18. introducing Water Catchment Management Areas to ensure the protection and improvement of valuable ground water aquifers and surface watercourses used for public abstraction
19. implementing and building on the 'Sustainable travel and transport plan' to address the complementary health aims to reduce traffic pollution and to get Islanders out of their cars and onto their feet and their bicycles.

## Beating cancer in Jersey

Cancer is Jersey's number one killer for those under 75. It accounts for 41% of deaths in this age group. Tackling cancer, therefore, is an important public health priority. Some of the biggest cancer killers are almost entirely preventable; more than half of all cancers could

be prevented by lifestyle changes. The chances of surviving some cancers can be improved by active screening programmes combined with modern cancer treatments.

The top three cancers responsible for shortening life most in Jersey are lung cancer, colorectal cancer and breast cancer. Cancer is more common in Jersey than in England, although we have similar rates to Guernsey and the Southwest of England. Islanders are at greater risk from lung cancer, head and neck cancer and skin cancer, in particular. Prostate cancer is also more commonly diagnosed in Jersey with mortality, however, being similar to England. The high rates of head and neck cancer and lung cancer are almost certainly because of the previously high smoking prevalence on the Island and the continuing high alcohol consumption here. With more coastline and more hours of sunshine than other parts of mainland Britain, it is not surprising to find skin cancer is more common in Jersey (*figure 5*), including the more serious form of skin cancer, malignant melanoma.

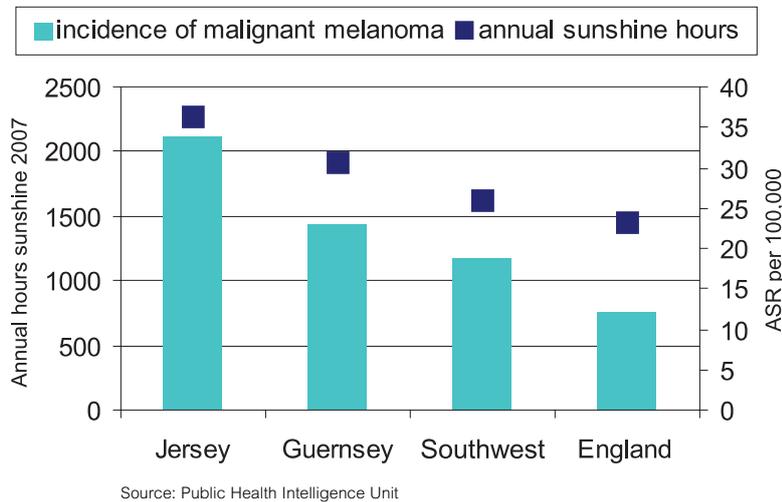
Five-year survival rates, after a diagnosis of cancer, are similar in Jersey to those in England. This suggests that Islanders receive, on the whole, equally good treatment for their cancers as they would in England.

## Recommendations

### *I recommend:*

20. pursuing all possible measures to further reduce smoking and harmful drinking in Jersey
21. setting up a new Jersey Cancer Strategy Group to improve understanding of local cancer patterns and outcomes, and to agree actions to improve prevention, early diagnosis and access to effective treatment
22. redoubling efforts to improve coverage of existing breast and cervical screening programmes through improving the health-screening database
23. reviewing the evidence on the most appropriate and effective approach to colorectal (bowel) screening, with a view to introducing a programme for Jersey.

Figure 5 Malignant melanomas and hours of sunshine



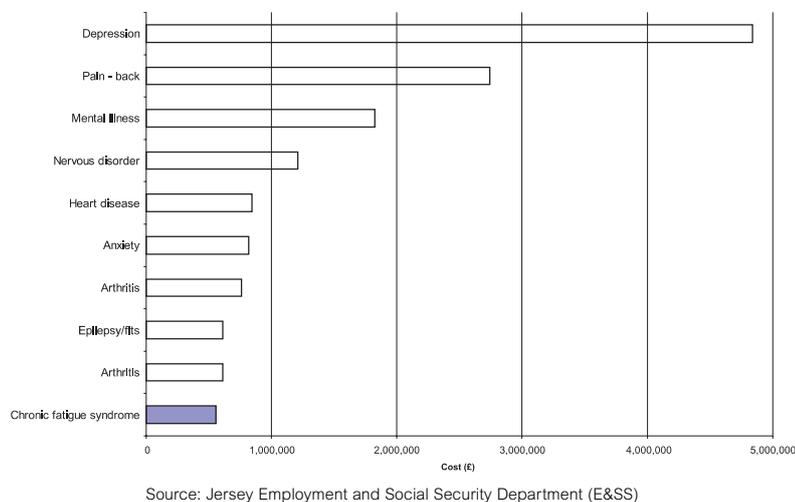
### Depression and anxiety - common problems

Mental illness is one of the biggest causes of misery in our society with, depression and/or anxiety being the commonest conditions. The financial burden of adult mental health problems is immense with £8,463,488 claimed in 2007 by Islanders for short- and long-term incapacity benefit (figure 6). We estimate that 18% - almost

one in five - of the Jersey population have a mental health problem, a figure which is higher than the English estimate of 13%.

Tackling depression and anxiety effectively will be complex and will take time. This would involve reducing social stigma and offering help to sufferers to return to work, reducing overcrowding and noise in people's homes and treating depression and anxiety.

Figure 6 Long-term Incapacity Allowance paid in 2007



NICE has recommended an optimal model of treatment, beginning with mild depression, with diagnosis and self-help programmes, leading on to talking programmes and, if needed, prescribed antidepressant drugs. Prompt assessment and treatment could yield a reduction in the negative impact of these conditions by up to a half.

## **Recommendations**

### ***I recommend:***

24. developing vocational employment services as a stepping stone back to work for those who have suffered from mental illness
25. developing the Psychological Assessment and Therapy Service so that it is able to offer prompt assessment and therapy to those suffering from mild/moderate depression and anxiety, in line with NICE guidelines.

# Chapter 1 Health Statistics

**“Jersey has one of the lowest infant mortality rates in the world”**



# Infant Mortality: looking back, looking forward

It is hard to imagine a more distressing event than the death of one's child and yet this experience was commonplace for Islanders a century ago. Poor hygiene, parental ignorance and a lack of maternity services all contributed to an appalling loss of life. In this article, we take a journey through the pages of my predecessors' health reports which document infant mortality rates and their determinants and solutions from 1889 to the present day.

Infant deaths are deaths between birth and one year of age (*table 1*). The infant mortality rate (IMR) is the number of infant deaths per 1,000 live births. The IMR is an interesting and important health statistic in its own right. It is, in addition, a good indicator of the overall health of a population. Babies' health is sensitive to many factors which influence the health status of whole populations, such as economic development, general living conditions, social wellbeing and the quality of the environment.

From the late 1950s perinatal mortality (*table 1*) was also studied. This measure counts stillbirths and deaths within the first seven days of life. The perinatal mortality rate (PNMR) is a useful barometer for antenatal factors and care, along with the management of labour and delivery.

## Progress throughout the last century

Infant mortality decreased dramatically during the twentieth century, from the loss of around one in four of all babies born in the early 1900s to only one in 240 for Island babies born in 2006 (*figure 1*). This is a tremendous public health success story for the Island and, while not the only place to experience these improvements, Jersey today has one of the lowest IMRs in the world.

## Infant mortality from 1889 to 1937

At the turn of the century, parents did not expect all their children to reach adulthood. Their low expectations were justified, with the greatest toll

Table 1 Definitions of baby deaths

<b>Stillbirth</b>	a baby who has died in the womb, born over 23 weeks gestation
<b>Perinatal death</b>	stillbirths and deaths within the first seven days of life
<b>Neonatal death</b>	death within first 28 days of life after birth
<b>Post-neonatal death</b>	death between four weeks & one year of life after birth
<b>Infant death</b>	babies born alive who die before reaching their first birthday

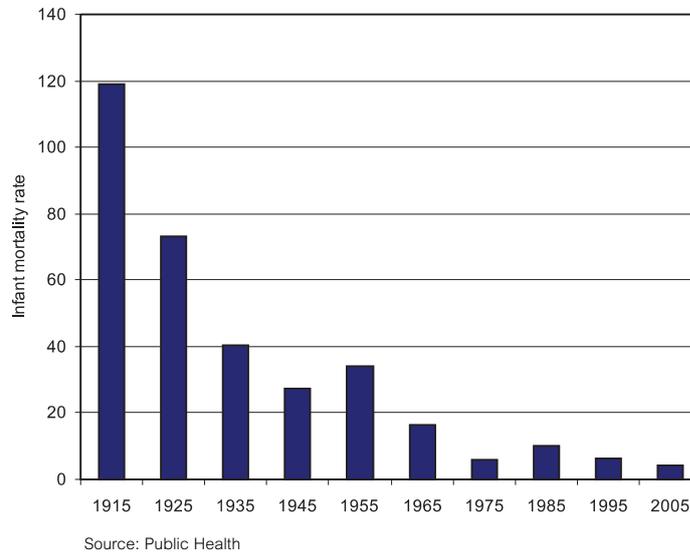
Source: Public Health

occurring in the first year of life. The IMR was reported for the first time in 1913, together with an analysis of causes of death (*figure 2*). Prematurity was the most common cause and to address this, the Midwives Act 1922 set out a process for the registration and supervision of midwives.

By 1928 the second Medical Officer of Health, Lt. Col. Janvrin-Marett reported a reduction in infant mortality. He advised expectant mothers to go into hospital to give birth. The maternity block at the hospital provided an opportunity for midwifery training and in 1924 it was recognised as a training centre by the National Central Midwives Board. A new Voluntary Infant Welfare Centre gave advice and support in the community to mothers during pregnancy and after birth to help them care for their babies.

Overcrowding, particularly in St Helier, was recognised as being 'obstructive to good health' and is mentioned for the first time as a cause of infant mortality: 'the back-to-back type of housing stands condemned and should disappear.'

Figure 1 Jersey trend for infant mortality from 1915 to 2005

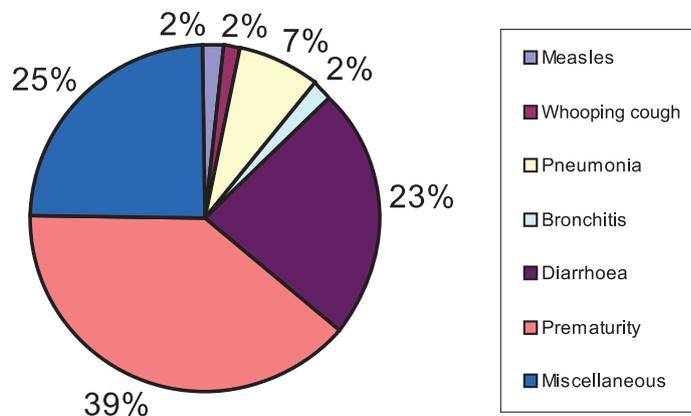


### Infant mortality from 1938 to 1969

In 1940 German forces took over part of the General Hospital, as a result of which the Dispensary at Le Bas Centre became the Maternity Hospital. During the German occupation (1940-1945) the steady fall in the IMR continued despite 'the absence of orange juice and the shortage of vitamin concentrates.' The then Medical Officer of Health, Dr McKinstry, wrote:

'The causes of this steady fall are the better education of parents, smaller families leading to greater care of each child, greater medical knowledge and the work of the Infant Welfare Clinic. Even the most foolish of mothers nowadays does not feed her baby with unsterilised artificial food, so that infantile diarrhoea is almost unknown.'

Figure 2 Causes of infant deaths in 1913



Source: Public Health

## Infant Mortality: looking back, looking forward



Source: Jersey Evening Post

Jersey Midwives 1939

In 1960 Dr Darling noted that the IMR for babies born to single mothers (58.8) was twice that for those babies born to married mothers (28.5). He concluded that the stigma associated with

illegitimate birth during this time resulted in mothers hiding their pregnancies until well-advanced and, therefore, not receiving the appropriate medical care.



Source: Societe Jerseyaise

Housing in St Helier 1873

**Infant mortality from 1970 to 2005**

By 1970 a new cause for low birth weight and perinatal and infant death was discovered: smoking. Dr Williams, the fifth Medical Officer of Health, asked the Jersey Maternity Hospital to undertake a survey which found that babies of mothers who smoked were smaller. American researchers, at the time, found that smoking in pregnancy also caused premature labour.

As a result of a rise in perinatal mortality in the 1970s, Jersey’s first consultant paediatrician was appointed in 1978, followed in 1981 by the appointment of the Island’s first obstetrician. During this decade the work carried out by health visitors and community midwives in ante-natal education was updated to make it more interesting and informative for mothers-to-be. Their efforts paid off and a new low record for both IMR and PNMR was reached.

By the time the seventh Medical Officer of Health, Dr Grainger, wrote his first report in 1988, lives of newborn babies were being saved by a ‘high tech’ approach with emergency air removals to the UK for specialist care. In 1991 parent-held records

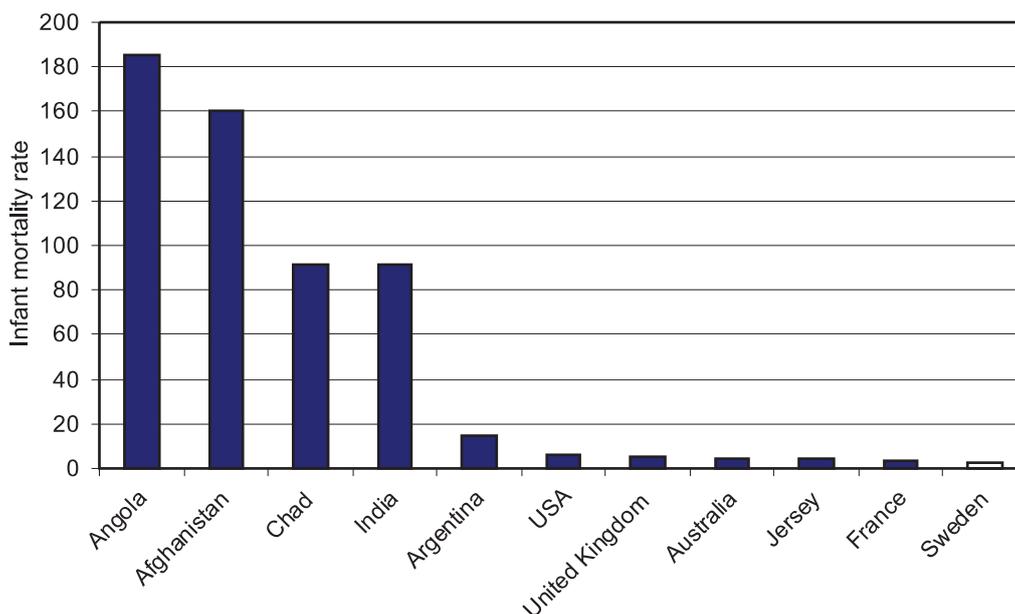
were introduced to encourage parents to be more responsible for their children’s health, growth and development and to allow professionals to share information.

In 2002 Dr Harvey, Jersey’s eighth Medical Officer of Health, commented: “Many things in life can wait. But the child cannot. Now is the time when his bones are being formed, his blood is being made and his mind is being shaped. His name is not tomorrow, it is today.”

**Infant mortality in the 21st century**

Our Island has a low rate of infant mortality today. In 2006, only Sweden and France had lower rates than Jersey (*figure 3*). Unfortunately not all countries in the world enjoy such favourable health statistics. In November 2003 the British Medical Journal reported: ‘With nearly 70% of India’s annual 26 million births taking place at home, doctors attribute most neonatal deaths to birth asphyxia and to neonatal infections and sepsis caused by unhygienic delivery and poor neonatal care.’ Sadly, the IMR in Angola, at 185, is only slightly lower than the IMR in Jersey a hundred years ago.

*Figure 3* **IMR international comparisons in 2006**



Source: Public Health

### Contemporary challenges

Whilst the IMR and PNMR are both good in Jersey, contemporary standards for the care of pregnant women march on and become more honed in the drive to achieve ever better outcomes for women and their babies.

Good antenatal care is the cornerstone of successful pregnancies. In March 2008, NICE published guidance on how to provide the best possible antenatal care. This guidance included:

- early booking (notification of the pregnancy) by 10 weeks of gestation
- 7-10 antenatal visits with midwives and GPs
- lifestyle advice about smoking, alcohol, nutrition and supplements
- the optimal checks, tests and screening programme for foetal abnormalities
- the optimal content of care throughout pregnancy

In Jersey, I would like to see further improvements in antenatal care, including reducing smoking, alcohol consumption and obesity during pregnancy. Excellent progress in reducing

smoking in pregnancy has already been made in Jersey (13% Jersey: 30% England). Reducing obesity during pregnancy will prove to be a considerable challenge with 32% of Jersey pregnant women overweight, of whom 10% are obese (*figure 4*).

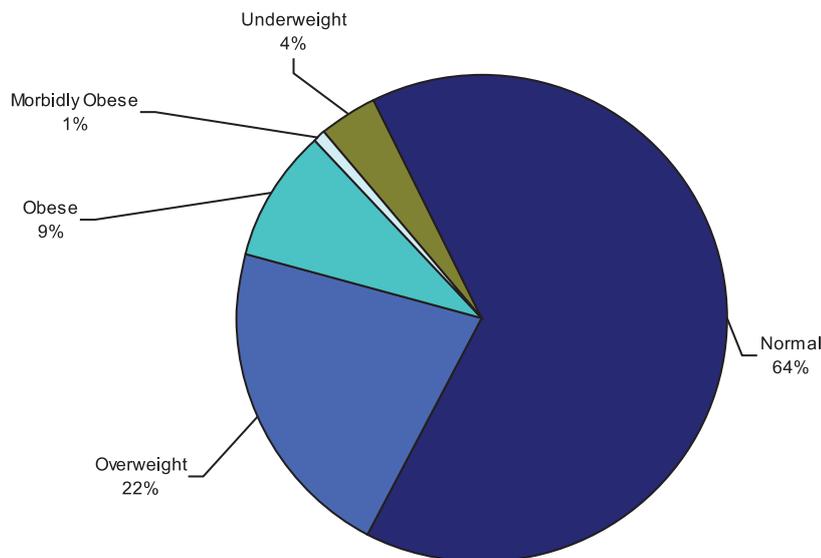
Other improvements could include: expanded testing and screening, reducing the average number of antenatal visits for low-risk women and making the first booking appointment earlier in pregnancy. Poorer communities will need more help and attention to ensure good outcomes for mothers and babies. After birth, breast-feeding for Jersey babies doesn't last as long as the national average and needs improving.

### Recommendations

*I recommend:*

- implementing the recent NICE guidelines for antenatal care, paying particular attention to women from poorer communities.

Figure 4 **Obesity in pregnancy for Jersey**



Source: Jersey Maternity Unit

## Growing older: staying well

***'Physical activity, good eating habits, social relations and a meaningful life are the four pillars of good health among older people'***

National Institute of Public Health Sweden

### Living in an ageing society

An assumption is often made that an ageing society would be a dependent one, with older people living in poor health and poverty. While some health problems are more likely with increasing age, in Jersey two thirds of older people today are in good health and live independently, requiring little or no support from the States, voluntary associations or even their families.

Although we have an ageing population, and need to plan carefully how to manage this trend, it would be of positive benefit to society if older people are able to remain in good health. Contrary to popular belief, children and young people don't have a monopoly on education and health promotion. It is rarely too late to prevent ill health or deterioration into dependency. Even when living with chronic diseases, making it easier for older people to be independent, despite ill health and disability, will be a key feature when planning for the future in Jersey.

The States have recognised that our ageing society has implications for the economy and the services of the Island - including health services and the way they are delivered. Through the initiative 'Imagine Jersey 2035' the Chief Minister has invited discussion on how the Island should plan for, and manage, the increasing elderly population.

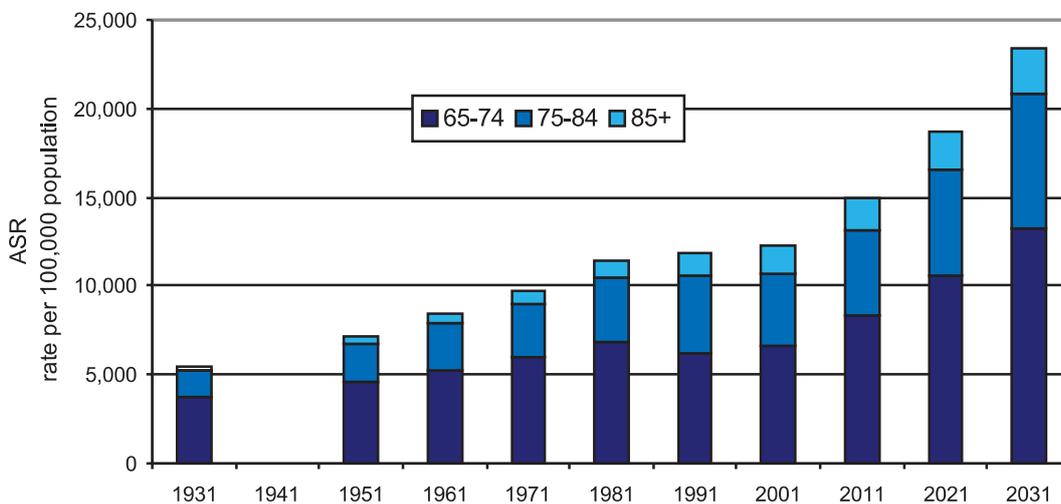
### A picture of health?

In this chapter we have constructed a picture of older people living in Jersey, using data from a range of local sources including the Jersey Annual Social Surveys (2005, 2006 and 2007), the Island-wide Strategy for an Ageing Society (ISAS) barometer, the Social Policy Strategy Group (2003), local mortality data and economic and census data from the States of Jersey Statistics Unit.

### More elderly people

The number of people over the age of 65 is increasing across the developed world and is expected to double by the middle of this next century. Jersey is no exception (*figure 5*) and we estimate that by 2035 around one in three Islanders will be over 65.

Figure 5 **Growing number of Islanders over 65**



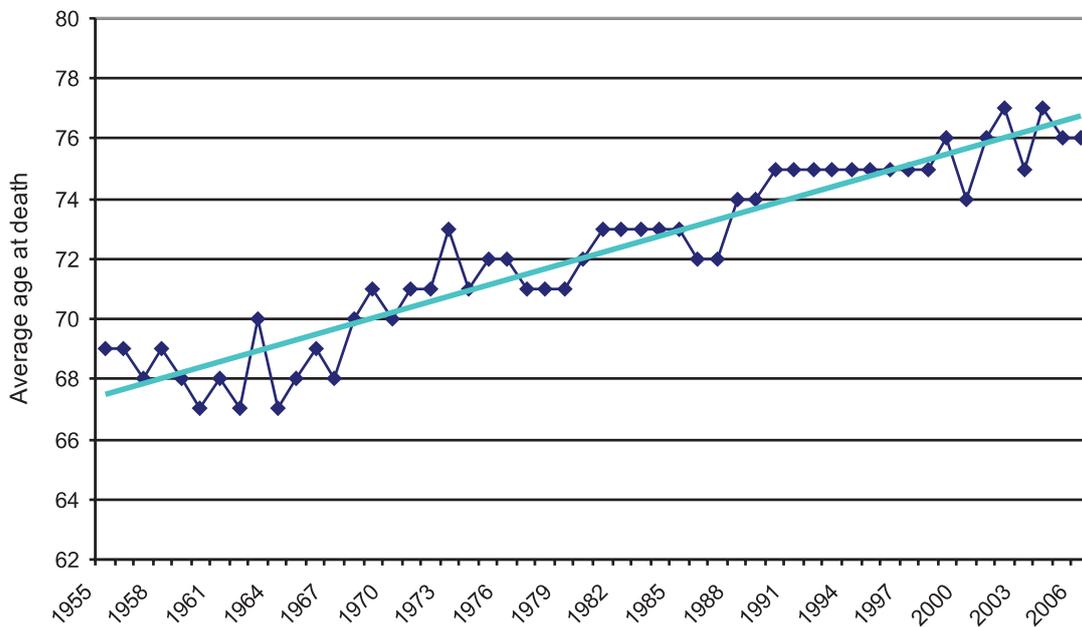
Source: States of Jersey Statistics Unit

In Jersey today people live, on average, eight years longer than they did in the 1950s (*figure 6*). An Islander who was 65 in 2006 could expect to live for another 19 years to reach, on average, 84, and life expectancy at birth is currently around 80 years. Swedish studies indicate that healthy life

expectancy has increased despite some people suffering from chronic diseases in old age.

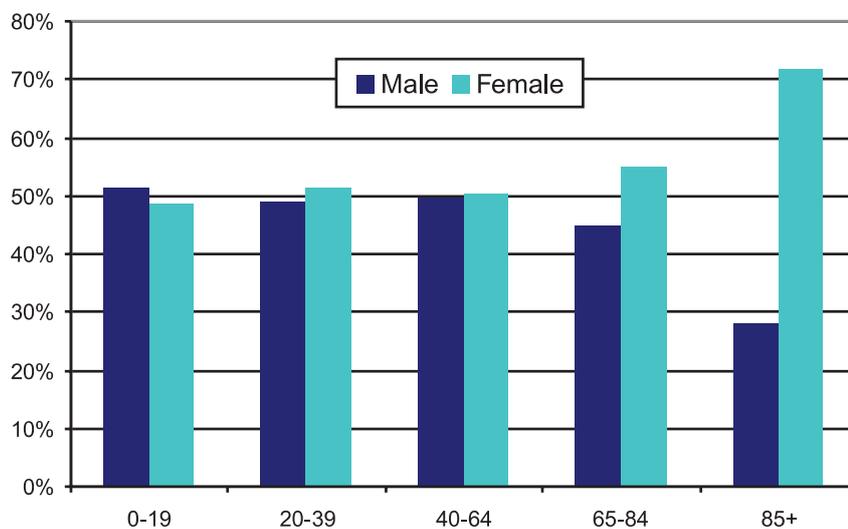
Women live longer than men which means that those over 85 (approximately 60%) are predominantly female (*figure 7*).

**Figure 6 Living longer in Jersey**



Source: Public Health Intelligence, deaths data

**Figure 7 The proportion of males and females in each age group**



Source: 2001 census data

## Income

The majority of older Islanders seem to have a reasonable level of income. 75% feel that their financial situation is secure and 55% describe their situation as comfortable or very comfortable. However, not all older people in Jersey are comfortably off. A third of the over 65s say they have no occupational/employers' or private pension and a quarter said they would be relying solely on a States' pension in retirement. For those who felt their situation was difficult, over half said that public pension benefits were too low or that they had no other supplementary pension. Surveys run by the Jersey Statistics Unit have shown that pensioners are over-represented in the lower income group in Jersey. The chair of Age Concern and the Senior Citizens Association in Jersey has told me that a number of people are worried about their financial future with an increasing cost of living.

## Education

At the time of the 2001 census only 11% of adults had higher educational qualifications (a degree or equivalent) compared to the mainland figure of 16%. Today more young people complete higher education than in the past. When these people reach retirement age, the levels of higher education among the over 65s should therefore increase. As education is closely related to lifetime income, better health and lower risk of disability, this is likely to improve the health of future generations of older people. Better educated seniors, however, have higher expectations of health and other care services and can be more demanding consumers.

## Elderly living alone

Increasingly the elderly live alone (59% over 75). Fewer elderly people live in the same household as their children than in the past. This has implications for health and health care needs as older people who live alone feel their health is generally worse than those who live with others.

On average older people living in Jersey see their families less often than those in EU countries and over 60% reported that families were less willing

to care for elderly relatives than they used to be. Despite this, older people in Jersey are less likely to feel lonely than their counterparts in EU countries. This may be because of more social interaction with friends in Jersey. Many people who live alone have families or friends nearby and about 76% of over 65s have lived in the same neighbourhood for 10 years or more.

Most elderly people in Jersey would prefer to remain independent and to continue living in their own homes as long as their health and finances allow it. Pensioners on low incomes living alone are the most vulnerable and the most in need of support to remain at home. These people are likely to be less active, have smaller social networks and live in poorer accommodation.

## Health status

When asked, older people in Jersey consider their health to be relatively good (*figure 8*). The majority of the over 65s (94%) report having no problems with self care but are more likely than younger people to be in pain (54%) or to have mobility problems (41%). Levels of anxiety and depression in the over 65s appear to be no higher than in the younger population.

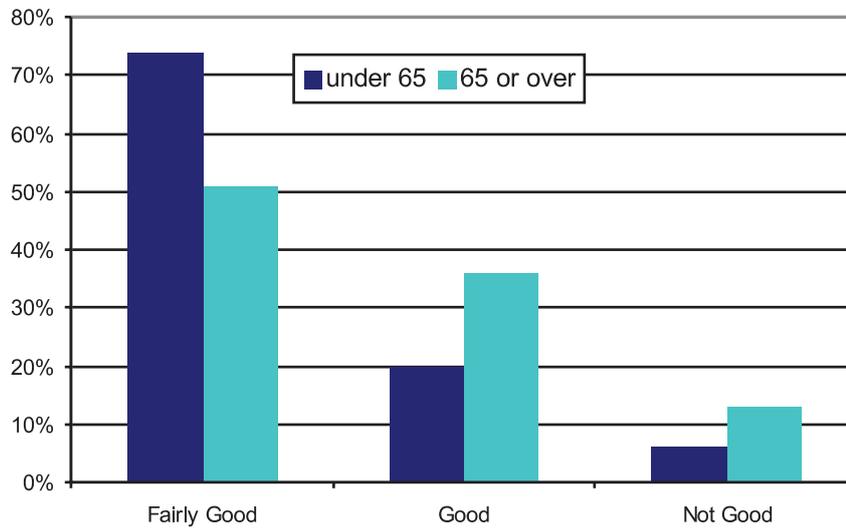
## Disease and disability

As we might expect, older people are more likely than younger people to suffer from chronic diseases and disabilities. Some problems such as hip fractures and Parkinson's disease are virtually confined to the later stages of life. Other common diseases in this age group, such as heart disease, stroke and cancer also occur in middle age but are more common among the elderly. As people get older they are more likely to suffer from one or more chronic conditions such as arthritis, heart failure, diabetes, chest problems, and dementia.

## Causes of death

Over 60% of all deaths in Jersey are deaths of people aged 75 or older. More older people die of cancer and circulatory diseases than in other age groups, accounting for 58% of all local deaths in this age group (*figure 9*).

Figure 8 Graph showing self-reported health status by age group



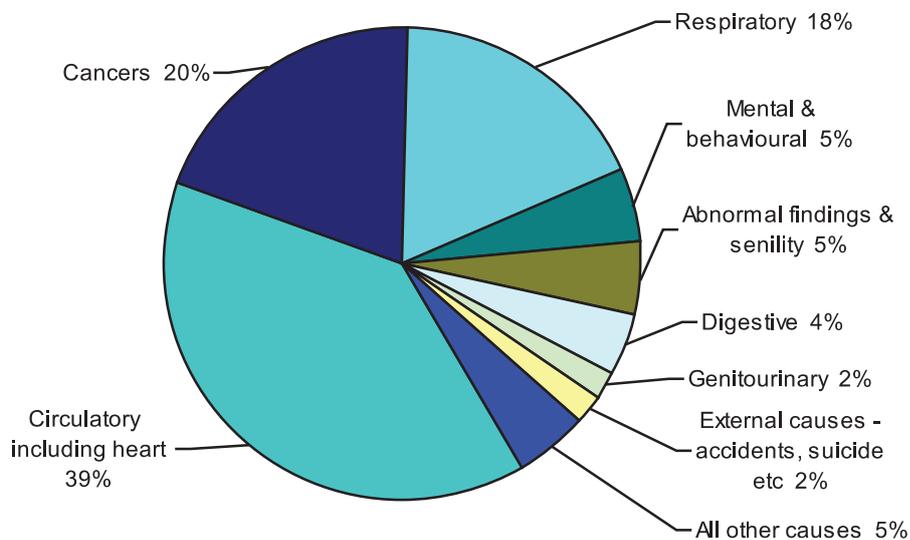
Source: 2005 Jersey Annual Social Survey

### Activity and lifestyle

Local surveys indicate that older people in Jersey generally lead full and active lives and over half of older people agree that growing old has given them a new lease of life. 85% report having very busy or full days which is better than their counterparts in UK and Europe (70%).

The fact that physical activity promotes good health is becoming general knowledge. Jersey surveys indicate that the majority of elderly people take exercise once a week or more and are as likely to be exercising at recommended levels as younger people. Around 10%, however,

Figure 9 Main causes of death in older people



Source: Public Health Intelligence 5 year averages 2002 - 2006

are probably taking no exercise at all. The link between low levels of physical activity and earlier mortality means that the community will need to ensure that older people are able to access and feel safe using parks and public spaces.

As in other age groups, obesity, smoking and drinking too much alcohol will adversely affect health. Jersey's senior citizens, however, seem to lead their lives more healthily than younger Islanders. The over 65s are less likely to smoke, and while they drink more often during the week than younger people they are less likely to drink over recommended limits. The majority of this age group drink 1-7 units a week (68%). Levels of obesity are similar to those for younger age groups but, in addition, being underweight can constitute a serious health problem amongst the very old.



Source: Jersey Evening Post

Mr Emile Thebault from Beaumont

## Implications for the Island

### More older people

Can our health and social care systems, and other services, cope with the greater numbers of older adults? Older people currently use health services more than younger people (*figure 10*). We hope that improvements in health behaviour, better education, medical breakthroughs and financial prosperity will reduce this threat. If the increasing proportion of older people in Jersey becomes inactive and dependent, however, this will have a big impact on services and costs. The key is to make sure that increased lifespan results in more good years, free of disability.

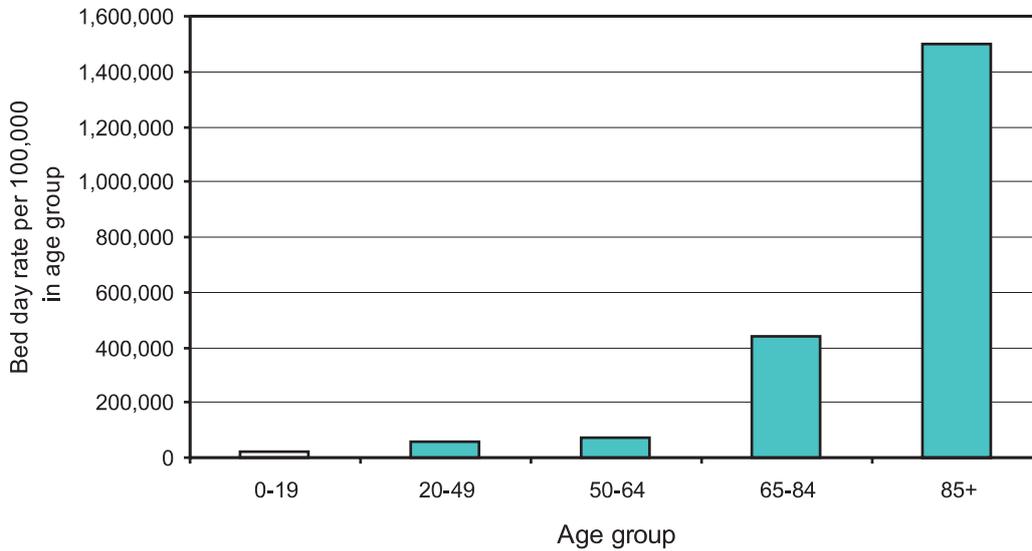
### Independent living

Most elderly people would like to continue to live in their own homes and attach considerable value to their own accommodation. Most do not want to give up their homes to live in sheltered accommodation or nursing homes (*figure 11*). Home represents security, control over daily life, a feeling of independence and identity. This has implications for the maintenance and accessibility of current accommodation and poses the challenge to make new-builds more suitable for older people. Making it easier for them to live independently, despite ill health and disability, should be an objective of all community planners.

A Swedish study has shown that accommodation that is easy to clean, has access to a lift, is situated in close proximity to food shops and has good access to public transport, parks and open areas helps keep the elderly active and in their own homes.

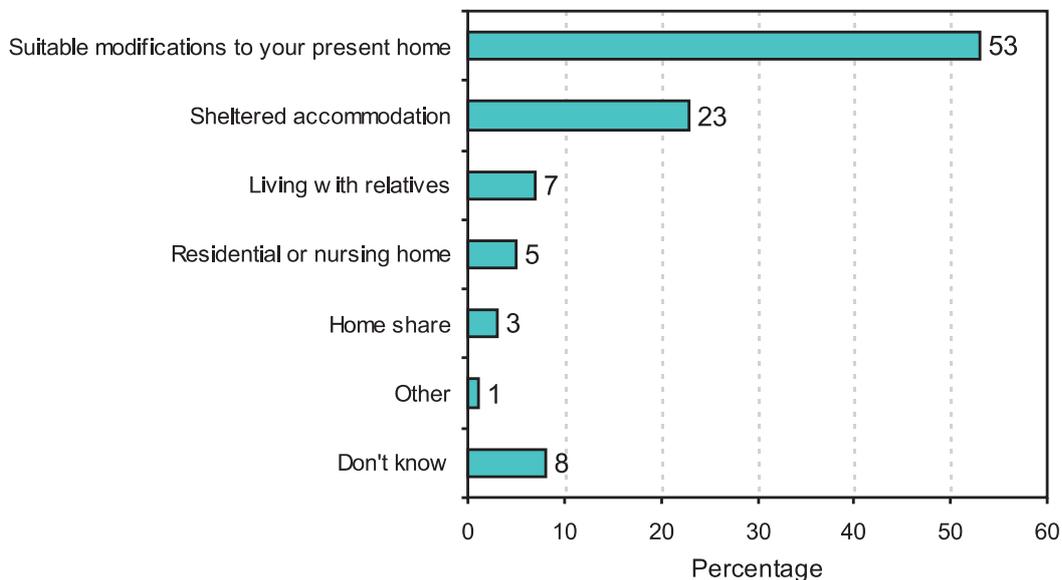
With the majority of the very old being women, given their superior domestic skills, the task of caring for very old people is reduced. Women living alone are likely, nevertheless, to struggle with building maintenance and financial management, arenas where men traditionally tend to have a skill advantage. Older women are likely to need help with these functions e.g. the need for affordable or voluntary 'handy man' help.

Figure 10 Jersey hospital use by age group



Source: Patient Admin System, JGH

Figure 11 Where older people want to live



Source: ISAS barometer, 2003

### Healthy lifestyles and health promotion

Good lifestyle decisions can certainly delay ill health and disability and can even prevent disease altogether. Research suggests that each of us has at least ten years of good quality life at our behest, depending on how we choose to live our lives.

Since health and wellbeing in old age is a reflection of experiences throughout the lifespan, healthy living needs to start before old age, crossing all generations. This said, however, it is never too late to adopt a healthy lifestyle: positive health effects are immediate and increase the longer a person continues along this path.

A key challenge is to understand and promote the factors that keep people healthy as they grow older. In 1999, The World Health Organisation (WHO) developed the concept of 'active ageing'. Active ageing involves a number of dimensions in one's life: physical, mental, social and spiritual. This recognises that it is important for older people to go on playing a role in society and to keep physically active. Individuals who are socially and physically active enjoy better physical and mental health. They also live longer than those who are inactive, all other risk factors being equal. It is important, therefore, that older people have the opportunity to participate in communal activities and have access to affordable continuing education.

### Tailor services to individuals

It is tempting to use statistics to compartmentalise older people into a homogenous group who need the same services. In reality, older people are not a uniform group so their needs may be highly individual. The States and other service providers need to recognise the individual's needs by inviting their participation in the planning and delivery of their services.

### Conclusions

The majority of today's older Islanders are fit, socially active and financially independent. The increasing number of very old people, however, will mean that this group will need more help to continue living independently in their own homes, which is the overwhelming preference of the majority.

Our statistics indicate that future generations of older people will have a different health profile from the current generation: they are likely to be better educated but may have made worse life-style decisions. If unhealthy life-styles are left unchecked and uninfluenced, the next cohort of pensioners, currently in middle age, will create unsustainable pressure on health services as sicker but more demanding consumers.

Maintaining health and quality of life across the lifespan would not only build more fulfilled lives for individuals, but would mean a positive

contribution to society and the Island's economy. Our aspiration is for all Islanders to be able to look forward to a healthy and rewarding old age.

### Recommendations

*I recommend:*

- that the States of Jersey take positive, high impact action to influence and help Islanders make healthy lifestyle choices throughout their lifespan
- the continued and regular monitoring of our population's health and lifestyles, through local surveys, so that we can adapt our health promotion and disease prevention measures accordingly
- that all States' Departments that have a part to play in enabling older people to remain in their own homes make this objective a priority for the planning and delivery of current and future services
- that the States of Jersey and other service providers invite older people to participate in the planning and delivery of services.

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# The Jersey health profile 2008

## What is a health profile?

A health profile is a collection of local health statistics which paints a picture of health and disease in Jersey. The profile helps us to answer key questions about the health status of Islanders:

- What are the 'big killer' diseases in Jersey?
- How does health in Jersey compare with the health of other communities?
- Do Islanders choose healthy lifestyles?
- Is health getting better or worse?
- What is the uptake of preventative services and is this improving?
- What social factors might make our population vulnerable to poor health?

The Jersey health profile was first published in my annual report in 2006 using data from 2003/04 and has now been updated using data for 2006/07. As before, the Jersey data is colour coded to indicate whether the Island is better, worse or similar to English averages. We have colour coded the indicators for Jersey:

- Green – better performance than the English average
- Amber – similar performance to the English average
- Red – poorer performance than the English average

We acknowledge that English averages may not always be the best comparator for Jersey and we have included data from the Southwest of England in order to offer further comparison. I would argue that some health problems in England are considerable and therefore equalling English data is not aiming sufficiently high for Jersey's health aspirations. It is clear, nevertheless, that for indicators where Jersey performs significantly worse than England, our minds must focus on improving these health problems and services for Islanders without delay.

## What does the 2008 health profile tell us?

Overall health in Jersey compares favourably with England. There are more 'green' indicators than 'red' indicators and there is considerable improvement, with fewer 'red' indicators for Jersey since the last health profile was published in 2006.

The key findings of the 2008 health profile are:

- Life expectancy is increasing and death rates are falling in Jersey and in England. This puts Jersey in a similar position to England overall. Death rates from heart disease, other circulatory diseases and cancer are down, but Jersey death rates from cancer have not fallen as much as in England over the same period.
- Fewer people in our community rate their health as poor compared to England.
- Jersey is relatively affluent compared to England yet the educational attainment of the adult population, in terms of the proportion of adults with no formal qualification, remains poorer than in England.
- The coverage of Jersey preventative programmes has improved since the last profile. Childhood immunisation coverage was very low in Jersey but is now catching up with England. We have not yet met our immunisation targets but we are well on the way. Although both breast- and cervical-screening coverage has increased slightly, both are still well below that in England.
- Children's health-behaviour risks show a mixed picture. There has been an overall decrease in the number of children who smoke, but Jersey school girls are more likely to smoke than their counterparts in England. Levels of obesity and consumption of alcohol above sensible adult limits are similar to the UK, where both are considered to be a problem. Teenage pregnancy remains much lower than in England. Levels of tooth decay are also less.

- The majority of our adult population adopt healthier lifestyles than their counterparts in England, as reflected in: smoking prevalence (at 20%; lower than England for the first time ever), diet and physical activity. Per capita consumption of alcohol, however, is high and poses a considerable continuing cause of poor health for the Island.

## Conclusions

Health is good and improving in Jersey. There is progress still to be made, however, if Jersey is to address all the 'red' health indicators and even more progress is needed if we are to get ahead of England and match the health status of the best-performing countries internationally.

## Recommendations

*I recommend:*

- that the Government aspires to be a world leader in health by asking all States' Departments to assess new policies and initiatives for their impact on health, ensuring that these policies make a positive contribution to this aspiration
- that data for the health profile is updated regularly and further indicators are added as they become available.

### HEALTH PROFILE FOR JERSEY

Better performance than England average or target    Performance indistinguishable from England average or target    Worse performance than England average or target

Indicator	Period	Unit	Jersey	England average (target)	South West England
<b>How long we live and what we die of</b>					
Life expectancy at birth	2004-2006	years	80	79	81
Life expectancy at birth - Male	2004-2006	years	78	77	79
Life expectancy at birth - Female	2004-2006	years	83	82	83
Deaths from all causes	2004-2006	*easr per 100,000 pop.	575	610	552
Deaths from circulatory disease	2004-2006	*easr per 100,000 pop.	188	205	185
Deaths from cancer	2004-2006	*easr per 100,000 pop.	171	177	166
Deaths from suicide	2004-2006	*easr per 100,000 pop.	10	6	6
Early deaths - circulatory disease	2004-2006	*easr per 100,000 pop.	72	84	69
Early deaths - cancer	2004-2006	*easr per 100,000 pop.	114	117	108
Deaths from breast cancer for women of screening age	2004-2006	*easr per 100,000 pop.	78	57	56
Years of life lost	2004-2006	*easr per 100,000 pop.	430	458	407
Infant deaths (under 1 year)	2004-2006	*easr per 100,000 pop.	3.1	5.0	4.4
<b>Screening and Immunisation</b>					
Breast screening coverage of eligible population	2004-2006	%	63	(80)	
5 year relative survival rate for breast cancer	2001-2005	%	83	78	85
Cervical screening coverage	2004-2006	%	65	(80)	
DPT immunisation	2006-2007	%	92	94	96
MMR immunisation	2006-2007	%	86	84	86
Men C immunisation	2006-2007	%	94	93	95
Hib immunisation	2006-2007	%	91	94	96
<b>Our communities</b>					
Deprivation score	2001	Carstairs Score range	-1.3	0	
Adults with no formal qualification	2001	%	34	14	11
Feeling in poor health	2005	%	7	14	N/A
Children's tooth decay (5-year-olds)	2004	mean number teeth	1.09	1.49	N/A
<b>The way we live - Children</b>					
15-year-old males who smoke	2006	%	14	13	N/A
15-year-old females who smoke	2006	%	28	20	N/A
15-year-olds drinking above sensible weekly limits	2006	%	8	8	N/A
Obese 4-5-year-olds	2006	%	12	13	N/A
Overweight (and obese) 4-5-year-olds	2006	%	28	27	N/A
Teenage pregnancy (under 18 years)	2005-2007	per 1,000 population	15	42	34
**TOPs to girls under 16-years-old	2005-2007	%	1.1	2.1	N/A
<b>The way we live - Adults</b>					
People who smoke	2007	%	20	24	25
Smoking quit rates - success at 4 weeks	2006	%	64	53	55
Smokers who would like to quit	2005	%	77	72	N/A
Obese adults (adjusted)	2005	%	17	24	26
Healthy eating (5 a day)	2007	%	41	30	28
Average daily intake of fruit and vegetables	2007	portions	4.2	3.8	3.8
Physically active adults-recommended amount of weekly activity	2007	%	52	34	37
Binge drinking(16-24-year-olds) Males 8 or more in 1 session	2006	%	36	41	N/A
Binge drinking(16-24-year-olds) Females 6 or more in 1 session	2006	%	35	25	N/A
Per capita alcohol consumption	2006	litres alcohol per year	14.8	11.8 UK	11.4 France

\* European age standardised rate    \*\* Termination of pregnancy

## Chapter 2 Health Improvement



**“Jersey school meals need improving in order to meet UK ‘Healthy Schools’ Standards”**

## Food for thought

### Health crisis

Like the rest of the developed world, Jersey has an obesity problem. Jersey doctors have added

their voices to mine in alerting Island leaders to the health crisis which is already with us, and is set to get worse if the collective girth of the Island continues to expand unchecked (figure 12).

Figure 12 **Jersey doctors join forces in expressing their concerns about the current and future impact of obesity on the health of Islanders**



*"The increasing levels of obesity mean that the Island could be heading for an abyss of poor health in the future, with today's children having a shorter lifespan than their parents."*

**Dr Rosemary Geller, Medical Officer of Health**



*"I am seeing many more young obese patients with deteriorating kidney function and kidney failure."*

**Dr Ajay Kumar, Consultant Nephrologist**



*"A large number of my patients have heart disease that can be improved by lifestyle changes. In particular, obesity has a significant impact on cardiac conditions in Jersey including high blood pressure, angina and heart rhythm disturbances."*

**Dr Andrew Mitchell, Consultant Cardiologist**



*"In the children's clinic, I have become aware of a cycle of obesity, with obesity being passed on from one generation to the next. When parents are no longer able to participate in physical activities with their children, entertainment becomes increasingly sedentary with television, computer games and the internet. Commonly, children then eat more high-calorie foods to relieve boredom. Without physical exertion, children can sleep poorly; they become tired, leading to further inactivity. In this manner, overweight and obesity may develop in the next generation, with its inherent morbidity and reduced life expectancy."*

**Dr Mark Jones, Consultant Paediatrician**



*"In six years' time my caseload will have doubled - that's 3,000 more people with diabetes in Jersey. Increasingly, people are being admitted to hospital immobile and suffocating under their own weight. Physically examining patients is becoming near-impossible - their diseases are hidden under too many layers of fat."*

**Dr Peter Bates, Consultant in Metabolic Medicine**

Recent statistics paint a pessimistic picture. We estimate that 12,300 adults in Jersey (17%) are obese. An additional 27,500 adults (38%) are overweight, with some growing fatter and therefore at risk of becoming obese in future. Island children are also increasingly at risk from the effects of obesity. Around 150 five-year-olds are overweight (17%) with a further 115 obese (12%). At the age of 12, about 300 Jersey children are overweight (15%) and over 80 are obese (4%). The younger children are fatter than their older peers, which suggests a cohort of children growing up in Jersey with problems ahead. Research shows that children who are overweight during childhood are more likely than their normal-weight peers to become obese adults. If we let this problem continue we are storing up even greater problems for the future.

### What's wrong with our modern diet?

What we eat has changed, particularly during the last 30 years. The food industry, globally and locally, has changed the way that food is produced, prepared, sold and served. The driving forces behind these changes have been to sell more food and to make more profit. On the positive side this has meant more choice and convenience for consumers. On the negative side, it has meant collateral damage to our health along the way. Selling more food means that more food is eaten and by eating more food people are getting fatter. The combination of manufacturing processes, in pre-prepared, processed food in

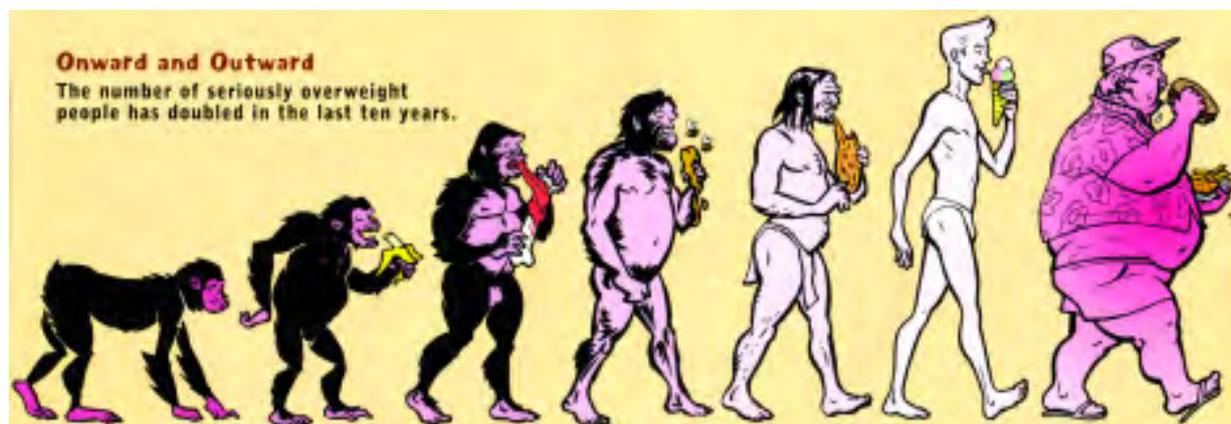
particular, has led to a proliferation of foods which are high in calories, salt, fat and sugar.

The human body has taken thousands of years to evolve and is designed to function optimally on the very basic food that our hunter/gatherer ancestors would have collected - plainly cooked meat, fish, poultry, potatoes, flour, fruit and vegetables. Imagine putting unleaded petrol into a diesel vehicle and watching how far you could drive it before the engine spluttered and seized up. In a sense, this is what we are doing to our bodies, which cannot evolve within 30 years to run on a different, much richer fuel (*figure 13*).

Where we eat has also changed. National trends show that there are increasing numbers of us who eat out. In Jersey one in ten people eats out at a restaurant, café or pub more than once a week. In addition takeaway food is a key feature of the Jersey diet, with 19% of Islanders eating a takeaway meal at least once a week. Research studies consistently find that food consumed outside the home tends to be higher in salt, fat and sugar when compared to home-made food. There is also a trend to eat ready-made convenience food at home; 5% of Islanders will eat at least one pre-prepared meal a day with a further 51% eating one pre-prepared meal a week. These meals tend to be higher in fat, salt and preservatives.

Young Jersey adults are heading for worse health problems from middle age into later life

Figure 13 **The evolution of man?**



Source: Comic Company 'Are you getting enough' illustration by Ed Hillyear

compared to today's older generation. Young adults eat more takeaway meals and sandwiches (figures 14 and 15) and are less likely to eat five portions of fruit and vegetables each day (figure 16).

### What do Islanders want?

The majority of Islanders feel that eating healthily is important to them. In the social survey for 2006, food came top in Islanders' assessment of the

factors which have most affect on their health. A staggering 94% agreed with the statement 'Eating healthily is very important to me'; indeed, 81% of Islanders reported that they'd made changes to their diet during the last 12 months in order to eat more healthily. The most popular change was eating five portions of fruit and vegetables a day. People also reported other changes they have made to their diets, with two thirds of Islanders making attempts to cut down on sugary and fatty foods. Children at school also

Figure 14 Takeaway meals in Jersey - age groups compared

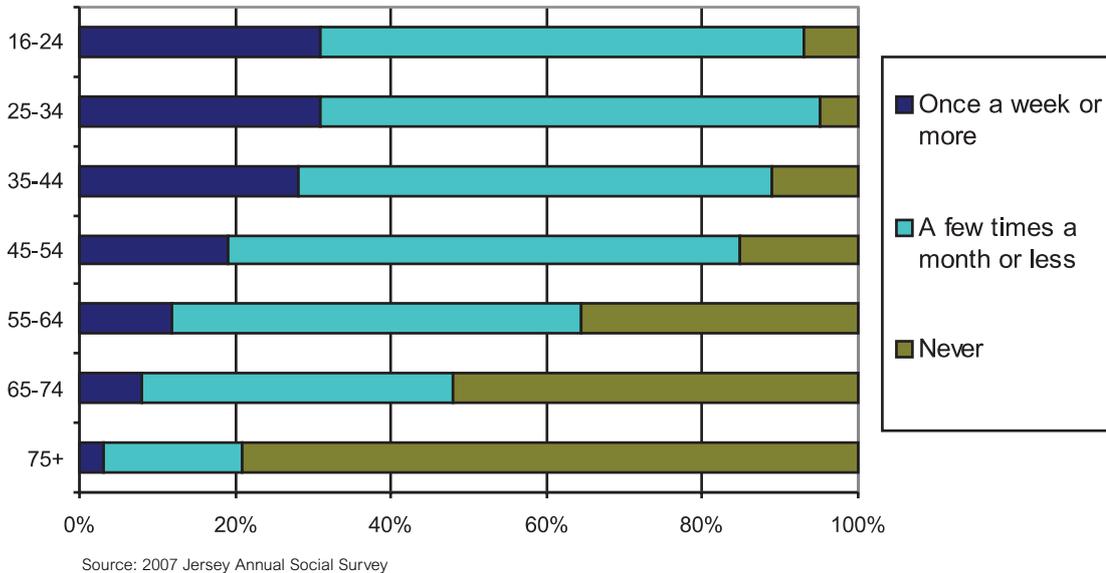


Figure 15 Takeaway sandwiches in Jersey - age groups compared

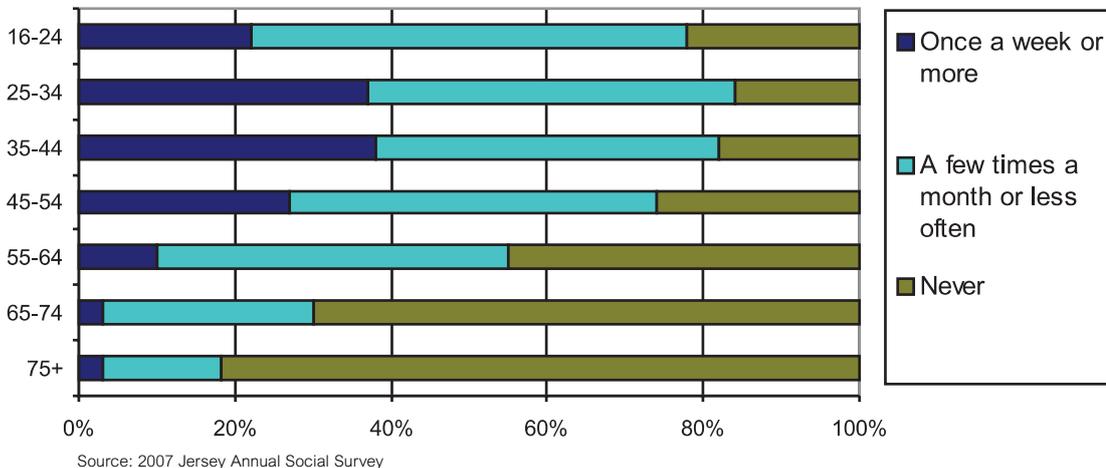
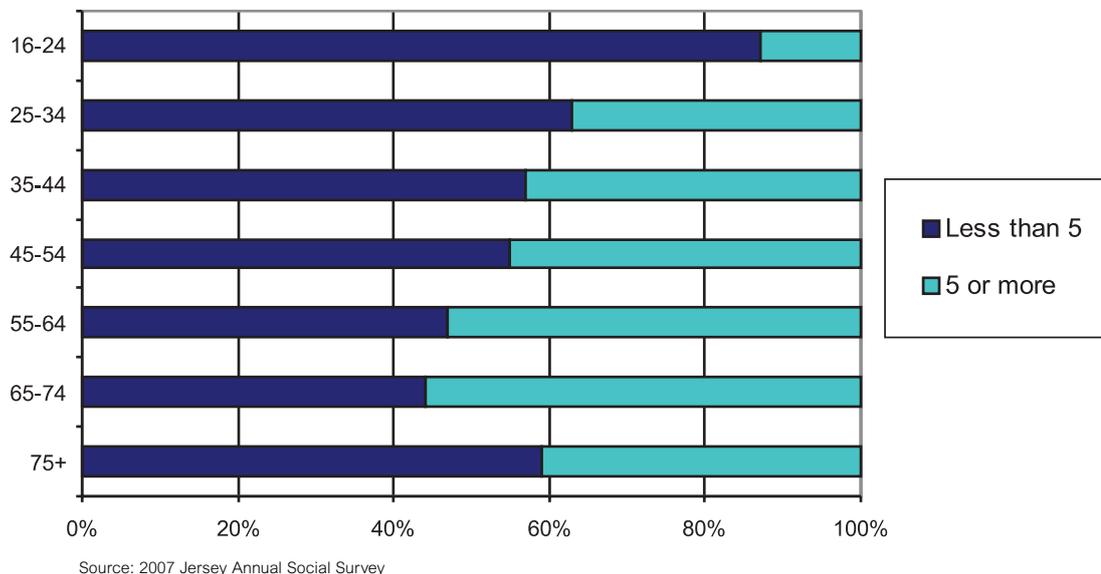


Figure 16 **Eating five-a-day fruit and vegetables - age groups compared**



want to eat healthy food: in the most recent schools' survey, over half the young people surveyed considered their health when choosing their food. Jersey adults went a step further: 87% thought that only healthy food should be sold in schools.

### How easy is it to eat healthily in Jersey today?

So what's getting in the way of healthy eating? Nothing: according to 42% of us (figure 17). It seems, however, that some Islanders feel that healthy foods are too expensive (30%) that they take too long to prepare and that, with so much to tempt the eye and the stomach, finding the willpower to resist can be really difficult. It seems that our school children agree that, according to 59% of young people, the easy availability of unhealthy foods in schools makes it more difficult to make healthy choices.

Can popular aspirations about eating healthily be met by local food producers, retailers, restaurants/pubs and schools? To begin to answer this question, the Public Health Department undertook two studies examining the everyday realities facing those who want to eat healthily.

### Study one - lunchtime sandwiches

A lunchtime sandwich is a common feature in many Islanders' diets. Approximately a third of people aged between 25 and 44 eat a takeaway sandwich at least once a week; around 12% eat one every day.

We bought a selection of five popular lunch - time sandwiches from five main sandwich outlets in Jersey. Each sandwich's ingredients were analysed to test their fat and salt content and calorific value, in order to gauge how well they met the healthy eating aspirations of Islanders.

Our results were not encouraging: nearly a quarter (24%) of the sandwiches tested contained high levels of saturated fat - as defined by the Food Standards Agency (FSA) - and almost three quarters (72%) contained more than 2g of the recommended maximum daily intake of 6g of salt. Of the 25 sandwiches purchased from various outlets, 48% could be labelled as 'high' in either fat, saturated fat or salt (according to FSA signposting criteria) (table 2). An adult eating the most 'unhealthy' sandwich would consume approximately 40% of their recommended daily intake of calories and salt and 80% of their daily intake of fat.