Government of JERSEY

Obesity, Diet and Physical Activity 2021

Contents

Introduction

Being a healthy weight, eating a nutritionally balanced diet, and doing regular physical activity are considered important for an individual's overall health and wellbeing.

Health risks associated with obesity

The World Health Organisation defines obesity as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. The issue has grown to epidemic proportions, with over 4 million people dying worldwide as a result of being overweight or obese in 2017[1]. Globally, rates of obesity continue to grow in adults and children. From 1975 to 2016, the prevalence of overweight or obese children and adolescents aged 5–19 years increased more than four-fold, from 4% to 18% globally.

Being overweight or obese are major risk factors for a number of chronic diseases, including cardiovascular diseases such as heart disease and stroke, which are the leading causes of death worldwide. Being overweight can also lead to diabetes and its associated conditions. Rates of diabetes have quadrupled around the world since 1980. Carrying excess weight can lead to musculoskeletal disorders including osteoarthritis. Obesity is also associated with some cancers, and the risk of these noncommunicable diseases grows more serious as the body mass index (BMI) climbs[1].

Obesity in childhood is associated with a wide range of serious health complications and an increased risk of premature onset of related illnesses. Studies have found that without intervention, children and adolescents with obesity will likely continue to be obese into adulthood.

Many of the causes of obesity are preventable and reversable. Although other factors are involved, the fundamental cause of obesity is an imbalance of calories consumed and calories expended. Reducing the number of calories consumed from fats and sugars, increasing the portion of daily intake of fruit, vegetables, legumes, whole grains and nuts, and engaging in regular physical activity (60 minutes per day for children and 150 minutes per week for adults) lowers the risk of obesity.

Diet and physical activity

Having a nutritionally balanced diet and doing regular physical activity are essential for good health. It protects you against many chronic noncommunicable diseases, such as heart disease, diabetes and cancer[2], and supports healthy functioning of your body and mind.

The PHE Eatwell Guide[3] provides a compelling evidence base for eating a healthy diet, yet many people still find it difficult to eat healthily. As global diets have changed in recent decades, there has been an increase in the consumption of unhealthy foods which are energy-dense, and high in fat and free sugars.

The health benefits of a physically active lifestyle are well documented and there is a large amount of evidence to suggest that regular activity is related to reduced incidence of many chronic condition[4]. Staying active can also help improve mental health, quality of life and well-being. There has been a decrease in physical activity due to the changing nature of many types of work, more access to transportation and increased urbanization[1]. In modern life, fewer of us have manual jobs, and technology dominates at home and at work, meaning a conscious effort must be made to build physical activity into our daily lives.

Contents of this report

This report presents the latest available data to help understand and monitor the patterns and trends in obesity in Jersey. Data on child and adult overweight and obesity prevalence is drawn from a number of sources: household surveys, the Jersey Children and Young People's Survey (JCYPS), the annual Jersey Child Measurement Programme (JCMP), data held in Jersey's Primary Health Care system (EMIS), as well hospital admissions data extracted from the hospital data system (TrakCare).

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[1] Obesity overview(who.int)
[2] World Health Organisation - Healthy Diet.
[3] PHE Eatwell guide
[4] Part 5: Physical activity - NHS Digital
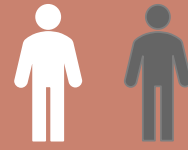
Obesity, 2021

1-in-4
Reception age children are overweight or obese
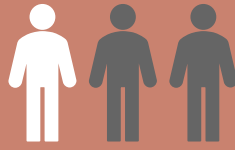
1-in-3
Year 6 children are overweight or obese

1-in-2
adults are overweight or obese

A **greater proportion** of adult **males** are **overweight** or obese than **females**
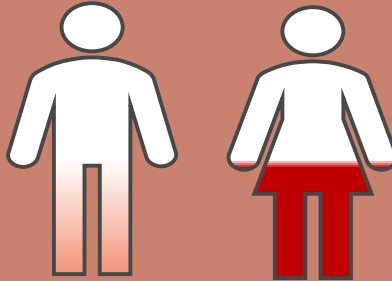
57% **43%**

59% of adults had an **ideal** waist measurement

22% had a waist measurement that indicated an increase of a **very high** cardio-vascular risk

Reception (aged 4-5 years)

Year 6 (aged 10-11 years)

12%

1-in-8 Reception aged children are obese, compared to around

1-in-5 children in Year 6

19%

Chapter 1 - Obesity

The most common method of estimating if a person is a healthy weight is by calculating their body mass index (BMI). The BMI is calculated with a simple formula using a person's height and weight and can then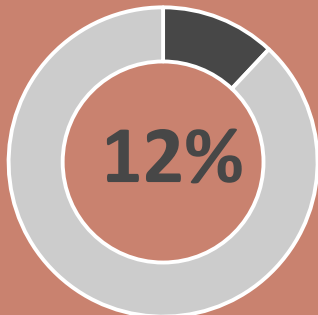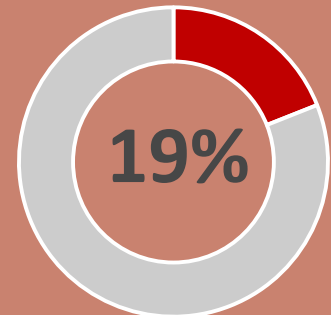 be used to assess if that person may potentially have an increased risk of health problems due to their body weight[5]. BMI can be calculated for both adults and children; however, the interpretation of children's BMI is different to that of adults. BMI is not the only method of assessing whether a person has increased health risk due to their weight. Waist measurement of adults can also be used to estimate an increased risk of chronic diseases.

Adult Obesity

BMI is calculated by dividing a person's weight in kilograms by the square of their height in metres. For example: a person 1.75 metres tall with a mass of 65 kilograms has a BMI of 21.2, and falls within the "normal weight" range.

$$\frac{65}{1.75 \times 1.75} = 21.2$$

The classification of a person's weight status in terms of BMI values is shown in Table 1

Table 1. Descriptive classifications of BMI values

Classification	BMI range
underweight	< 18.5
normal weight	18.5 – 24.9
overweight	25.0 – 29.9
obese	30.0 – 34.9
very obese	35.0 – 39.9
morbidly obese	≥ 40

In Jersey, there are two methods of estimating the level of obesity in the adult population:

1. **Households Surveys:** The Jersey Opinion and Lifestyle Survey (JOLS) and the Health Activity and Wellbeing Survey 2021 (HAWS) asks respondents to report their height and weight. It should be noted that there is academic evidence[6] to suggest that using self-reported height and weight to look at the distribution of BMI amongst populations can lead to an underestimation of actual rates of obesity. Being part of a wider survey, means that the BMI data can be cross-referenced against other lifestyle factors such as diet (see Chapter 2) and physical activity (see Chapter 3).
2. **JQIF obesity register:** Obesity is included as one of the Jersey Quality Improvement Framework (JQIF)[7] health conditions. As such, GPs are incentivised to accurately record patients aged 16 or over that are classified as obese (having a BMI of 30 or over).

Body Mass Index

Self-reported height and weight measurements from survey data in 2021 show that overall, around half of people were classified as "normal weight" (47%), whilst one third (32%) were overweight, and 18% were obese, very obese or morbidly obese. These proportions have remained similar since 2008 (Figure 1). Data from England[8] for the 2020-2021 period showed 25% of adults aged 18+ were classified as obese.

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[5] BMI can be used to tell if a person is carrying too much weight, but it does not differentiate between excess fat, muscle or bone. It does not take into account age, sex or muscle mass which means very muscular adults may be classed as overweight or obese even though their body fat is low. Pregnancy also affects BMI calculations.

[6] Maukonen et al., 2018. A comparison of measured versus self-reported anthropometrics for assessing obesity in adults: a literature review

[7] Jersey Quality Improvement Framework (JQIF) is a Government of Jersey scheme whereby GPs are incentivised to record patients with any of 12 long-term conditions.
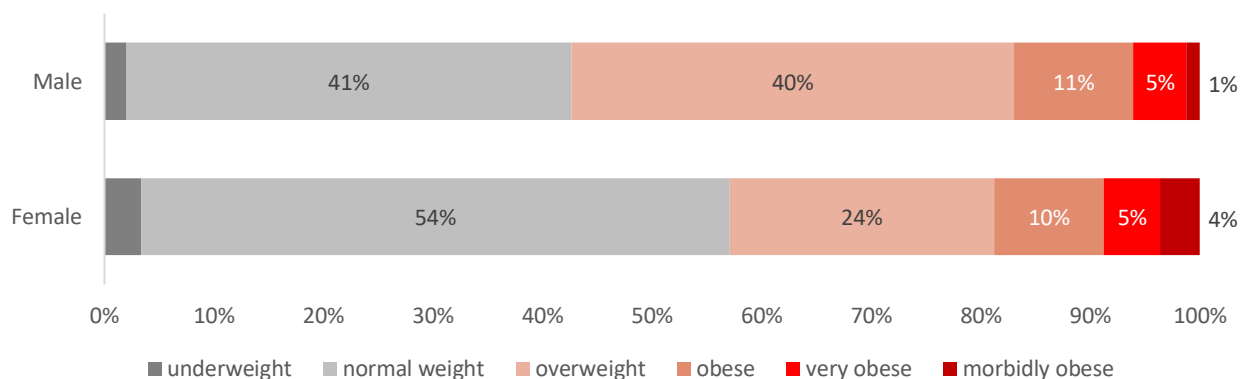
[8] Active Lives | Sport England

Figure 1. Proportion of people falling into the "normal weight" BMI Category, or into the "overweight or obese" categories (including overweight, obese, very obese and morbidly obese), by year (2008 – 2021)
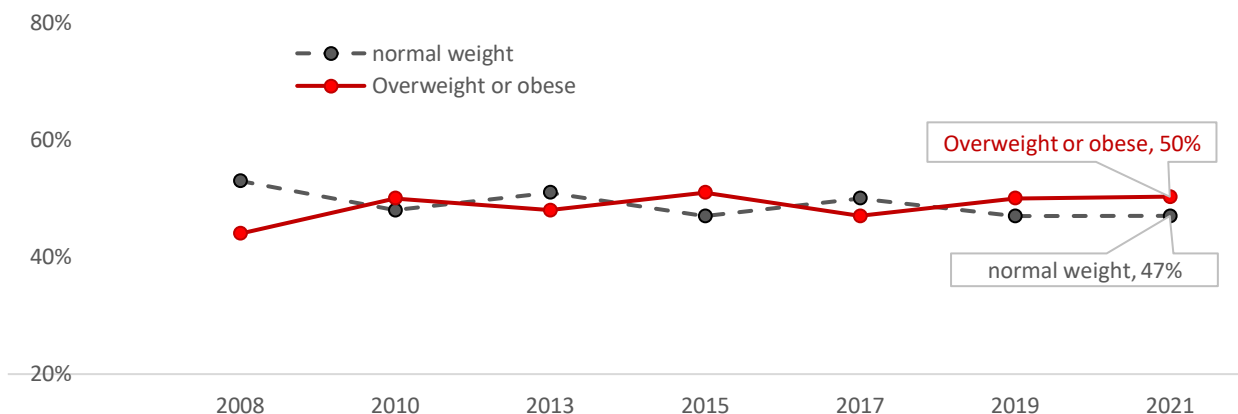
Source: JOLS (2008 – 2019) and HAWS, 2021

In the 2021 survey, a higher proportion of males were overweight or obese (57%) than females (43%) (Figure 2).

Figure 2. Proportion of males and females falling into each BMI weight category

Source: HAWS, 2021

Those who self-reported bad or very bad health were most likely to fall into the obese categories, whilst those reporting very good health were the least likely to fall into the obese categories (Figure 3).

Figure 3. Proportion of people in BMI weight categories, by self-reported general health status
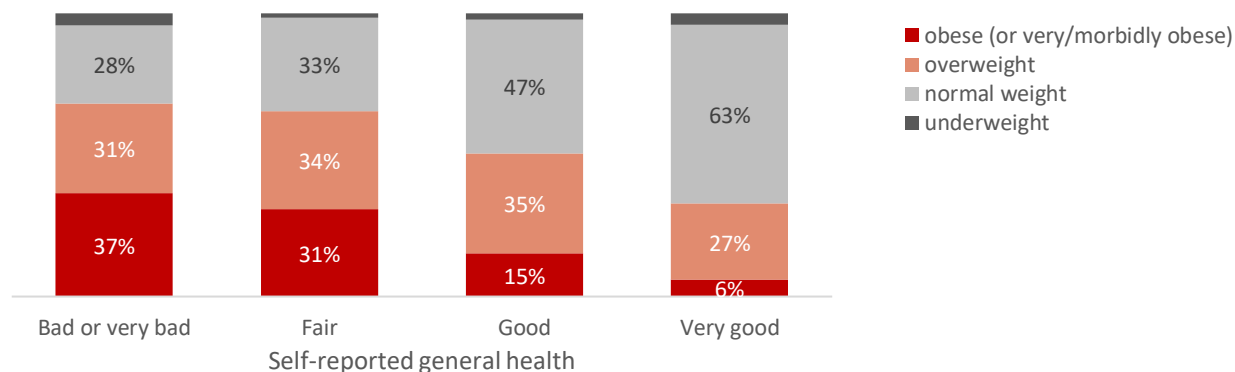
Source: HAWS, 2021

In 2021, the 16-34 year old age group contained the highest proportion (57%) of normal weight adults, compared to 37% of those aged 45-54 year olds.

Figure 4. Proportion of people falling into the "normal weight" BMI Category, or into the "overweight or obese" categories (including overweight, obese, very obese and morbidly obese), by age group

Source: HAWS, 2021

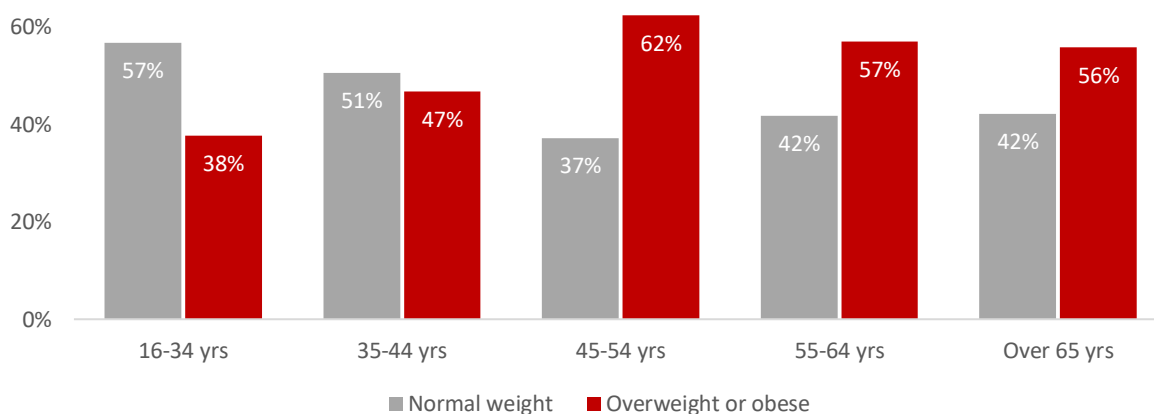## Waist measurement

The waist is measured at the mid-point between the bottom of the rib cage and the top of the hips, which for many people is around the level of the navel, and without breathing in. This is not the same as belt size. A waist measurement of more than 94 cm (37 inches) for men and 80 cm (31.5 inches) for women has been associated with an increased risk of cardio-vascular disease. Those with a waist measurement above 102 cm (40 inches) for men and 88 cm (34.5 inches) for women are considered to be at very high risk as shown in Table 2.

Table 2. Cardiovascular disease risk by waist size

Risk Factor	Men	Women
ideal	94 cm or less	80 cm or less
high	94 to 102 cm	80 to 88 cm
very high	Over 102 cm	Over 88 cm

Self-reported waist measurements from survey data show that overall, the proportion of people with an ideal waist measurement decreased from 71% in 2015 to 59% in 2021. In 2021, around one in four (22%) people had a waist measurement resulting in a very high cardio-vascular risk factor, this is an increase of 10% since 2015 (Figure 5).

Data from the Health Survey for England[9] showed that the proportion of adults (aged 16+) with "very high" waist measurements was 42%. The English data is collected by health visitors, and avoids bias incurred by self-reporting.

Figure 5. Proportion of adults in different cardiovascular risk categories, by year (2013 – 2021)
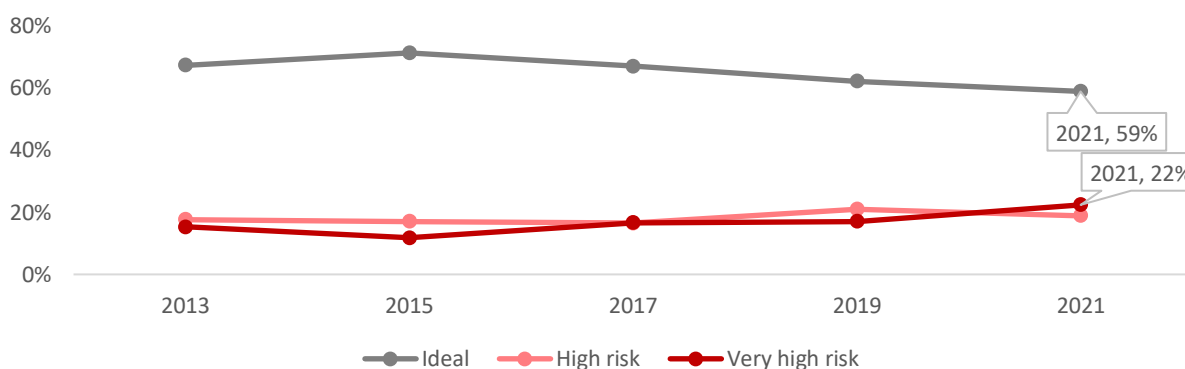

Source: JOLS (2013 - 2019) and HAWS, 2021

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[9] Health Survey for England, 2019: Data tables - NHS Digital

Obesity register

The Jersey Quality Improvement Framework (JQIF) is a Government of Jersey scheme which incentivises GPs to accurately collect data for 12 agreed long-term conditions, based on indicators from UK Quality Outcomes Framework (QOF)[10]. These conditions registers are then used to track the prevalence of those conditions in the Island.

Figure 6 shows the number of adult patients identified by their GP as being obese. In 2021, people on the JQIF obesity register accounted for around 11% of those aged 16 or over[11]. The number on the obesity register saw a drop during the COVID-19 pandemic in 2020, possibly as a result of fewer people visiting their GP in-person, and missing the opportunity to be measured and weighed. The number on the register rebounded during 2021.

Figure 6. Number of Jersey GP practice patients on the JQIF obesity register (2016 − 2021)
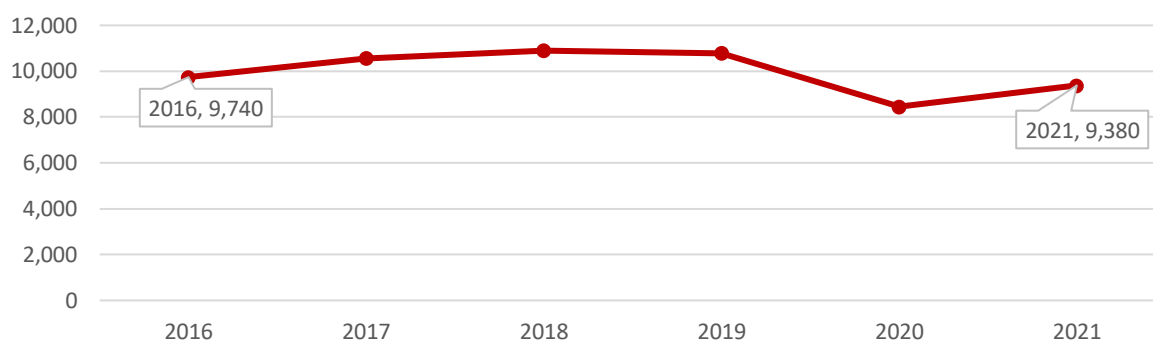
Source: JQIF register

After hypertension, obesity was the most commonly recorded long-term condition, with 9,380 patients registered. Almost three in five people (59%) with obesity have at least one additional morbidity[12] (Figure 7).

Figure 7. Percentage of patients with obesity having 0,1,2 or 3+ additional conditions
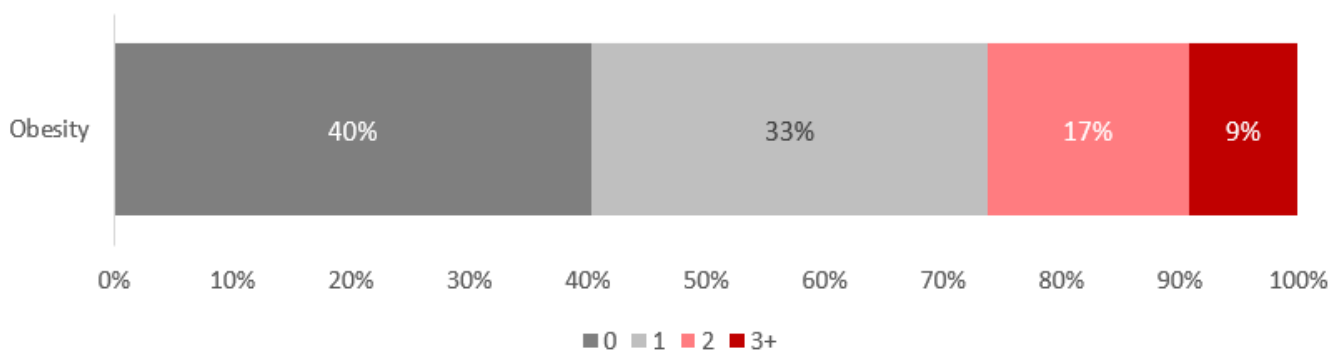
Source: Multi-morbidity 2021

When looking at diseases which co-occurred amongst people with obesity, hypertension and diabetes was the most common. Over 1,100 people had this triad (set of three) diseases at year end 2021 in Jersey (Figure 8).

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[10] [Quality and Outcomes Framework, 2021-22 - NHS Digital](#)
[11] Based on the 2021 Census population figures
[12] [Multi-Morbidity 2021.pdf (gov.je)](#)

Figure 8. Most common occurring triad of disease (Hypertension, Obesity and Diabetes)

Obesity

4,730

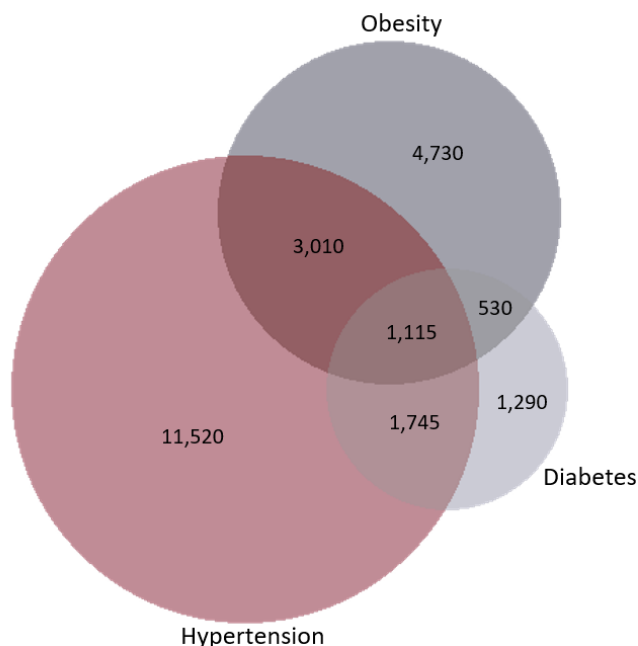3,010

530

1,115

1,290

11,520

1,745

Diabetes

Hypertension

Source: Multi-morbidity, 2021

Comparison of obesity prevalence estimations

In 2021 the estimated obesity prevalence from the GP obesity register (estimated 11% of population aged 16 or over) is lower than the estimate of obesity from the social survey (an estimated 18% of the population aged 16 or over, see page 5). This suggests that there may be a cohort of people who are living with obesity who are not recorded as such by their GP's, either because they have not visited their GP, or have not been measured and weighed by their GP (for a number of reasons). Whilst survey response data is weighted, it is a sample of the population. As such, survey data may not accurately represent the whole of Jersey's population. Both methods of measuring obesity in Jersey's population (GP register and self-reported survey data) are useful for considering trends over time, and for building a picture of obesity in Jersey.

Services for Diabetes in Jersey

In 2021, there were 4,670 patients on the GP diabetes register[13]. The Jersey Diabetes centre works to support people with diabetes and to raise public awareness of the need for testing, in 2021 the centre received 425 new referrals[14] from GP practices and the hospital[15].

Diabetic retinopathy is one of the leading causes of blindness in the developed world, yet it is largely preventable. Regular screening can identify changes before you know they are happening and treat them before they become sight threatening. The Diabetic Retinal Screening team carry out about 5,000 free screening checks annually[16].

Obesity related hospital admission

The association between obesity and increased risk of many serious diseases and mortality is well documented and has led to the National Institute for Health and Clinical Excellence (NICE) developing guidelines on identifying and treating obesity[17].

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[13] Multi-Morbidity 2021.pdf (gov.je)
[14] noting that this includes type 1 diabetes
[15] Diabetes Jersey | Living with Diabetes
[16] Jersey diabetic retinal screening (gov.je)
[17] Overview | Obesity prevention | Guidance | NICE

This section of the report looks at hospital admissions in Jersey and England where obesity was a factor. Data is taken from the hospital TrakCare system[18], it includes hospital admission episodes[19] with a primary or secondary diagnosis of obesity. This does not necessarily indicate obesity as a contributing factor for the admission, but may instead indicate that obesity is a factor relevant to a patient's episode of care (Figure 9).

In year 2018 there were 2,106 obesity-related hospital admissions in Jersey, an increase of 743 on year 2017 (1,363 admissions). Some (though not all) of this increase may be due to clinicians being more likely to record obesity as a secondary diagnosis, than previously. In England, a similar trend has been recorded where in 2018-19 there has been an increase of 23% on 2017-18.

Figure 9. Comparison between Jersey data (calendar year) and England data (financial year) on hospital admissions where obesity was a factor, per 100,000 population by year from 2012 to 2018[20]
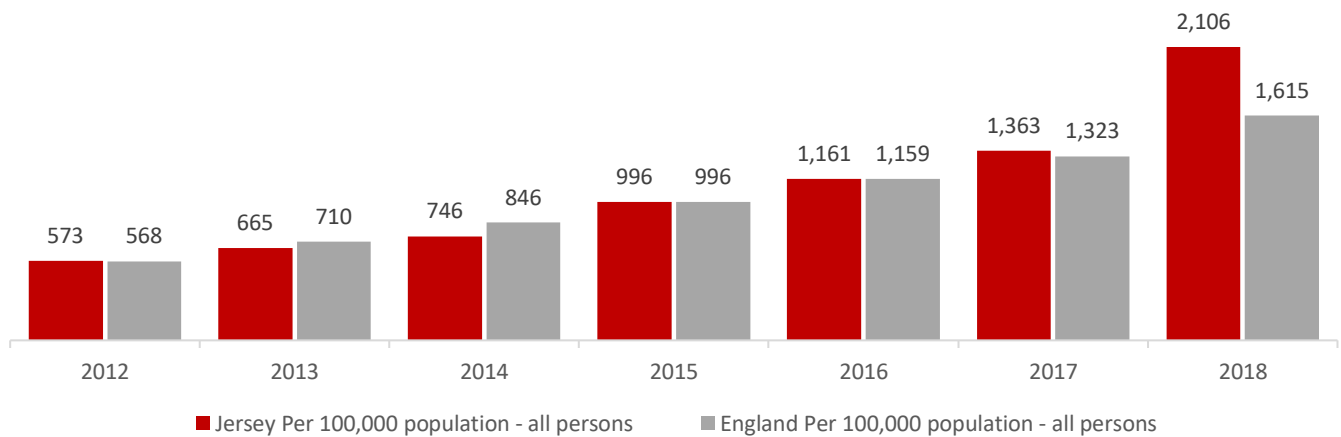
Source: TrakCare system, HCS informatics, NHS Digital[21]. Jersey data shown is not age standardised at this point, this will be calculated when updated population estimates for the 2012-2020 period are available from Statistics Jersey.

Prescription items for the treatment of obesity

This section presents information on the number of individuals and prescriptions for drugs to treat obesity in Jersey. Clinical guidelines state that pharmacological interventions should only be used in conjunction with other interventions such as a balanced diet and exercise programme[22].

The local data presented here is for three anti-obesity medicines: Orlistat, Liraglutide and Semaglutide. The data includes items prescribed in primary care and dispensed in the community, but *excludes* prescriptions written in hospitals, dental prescribing, and private prescriptions.

Orlistat (Xenical) acts by reducing the absorption of dietary fat, and helps patients avoid gaining weight but will not necessarily cause them to lose weight.

- around 60 individuals had been prescribed Orlistat during 2021
- 85% of these individuals were females, 15% males

Liraglutide (also called Saxenda) is a weight loss medicine that works by making patients feel fuller and less hungry. It is taken as an injection. You can usually only take liraglutide if it is prescribed for you by a specialist weight management service.

- around 140 individuals were prescribed Liraglutide in 2021[23]

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[18] Data provided by HCS Informatics
[19] Admissions do not represent the number of in-patients, as a person may have more than one admission within the year.
[20] England data is based on a financial year. Jersey data is available to 2018 only, due to delays in completion of clinical coding
[21] Digital.nhs.uk | Hospital admission related to obesity
[22] Recommendations | Obesity: identification, assessment and management | Guidance | NICE
[23] Please note that data is not captured on how many patients are receiving treatment for weight management alone

Semaglutide helps patients lose weight and get healthier. The injectable weight loss medication gathered significant attention following clinical trials when participants reduced their weight by more than 10 per cent.[24]

- in Jersey there are around 170 current patients being treated with Semaglutide for blood glucose management who attend the diabetes centre but receive prescriptions from their GP[25]

Figure 10. Number of prescriptions of Liraglutide and Semaglutide (2014 - 2022)
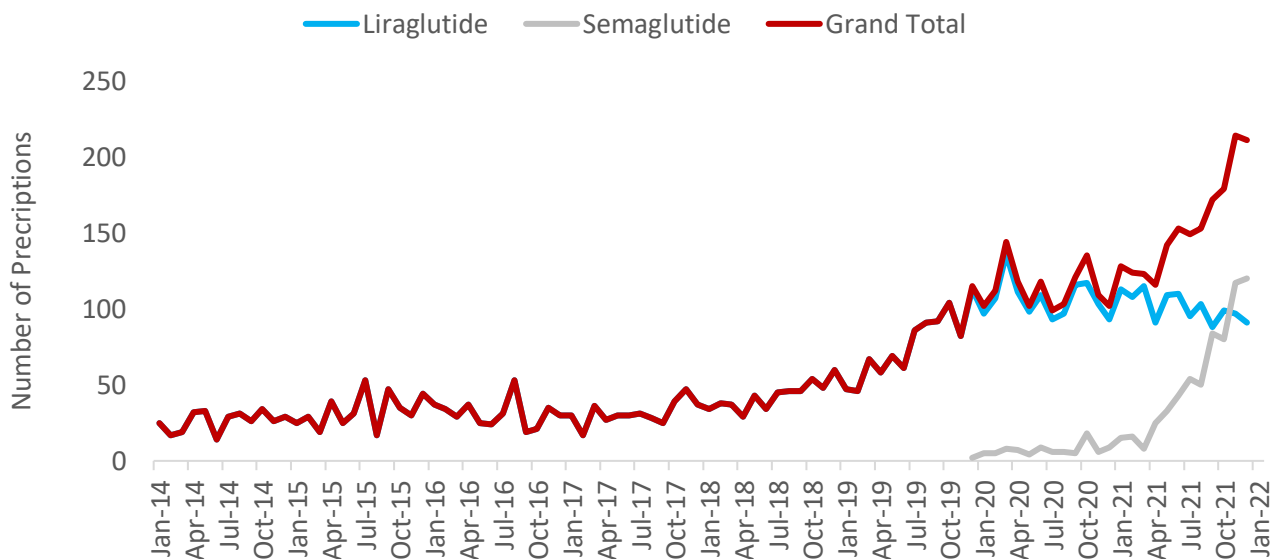
Source: (Pharmaceutical Adviser Services)

- 1,865 items were prescribed for Liraglutide and Semaglutide in primary care in 2021; that is 37% more than in 2020 when there were 1,365 items

Bariatric surgery

Bariatric surgery refers to a range of procedures including gastric bypasses, stomach stapling and gastric band maintenance, often performed to limit the amount of food that an individual can consume. It is mainly used to treat those with a BMI of above 40, and in some cases where BMI is between 35 and 40 if the patient has health problems such as heart disease or diabetes.[26]

The Jersey Bariatric Service offer a primary, Tier 4 (Surgical) weight loss service at the Jersey General Hospital for Jersey patients. Tier 1 and Tier 2 services which are universal health measures and lifestyle changes, are individually offered within the domain of GP based care. Revisional (secondary) bariatric surgery may be considered on a case-by-case basis for recidivism and for surgery related issues.

Appointment time frames can vary dependant on the initial route taken. The average waiting time for the first initial appointment is 468 days. Once patients are listed for surgery, the average wait for routine bariatric surgery is 136 days.

Elective surgical placement of an adjustable Gastric Band is not offered on the island as part of the Bariatric Service but is available in private settings. Private weight loss surgery is also possible in Jersey and on mainland UK.[27]

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[24] NICE recommends new drug for people living with obesity | News | News | NICE
[25] We are not able to confirm that this that these patients are receiving Semaglutide for weight management alone
[26] Overview | Obesity: identification, assessment and management | Guidance | NICE
[27] Bariatric Service Description 20220112.pdf (gov.je)

Child Obesity

Childhood obesity and excess weight are significant health issues for children and their families. They can result in serious implications for a child's physical and mental health, which can continue into adulthood.

The main data source for this part is the Jersey Child Measurement Programme (JCMP) which includes nearly all children in reception year (aged 4-5) and year 6 (aged 10-11). The majority (96%) of all eligible children were measured in 2021/2022, and the full report on the programme can be viewed on gov.je[28].

Child Body Mass Index classification

While children's BMI score is calculated in a similar way as that for adults [weight (kg) / (height (m) * height (m))], these scores are not classified in the same way. To classify a child's BMI score, it is compared with the scores from a reference population[29] of similar sex and age and then classified depending on the centile of the reference population to which it corresponds[30] (see Table 3). The epidemiological classification system is used for this report.

Table 3. Centile boundaries for classification of BMI into weight category - epidemiological

classification	centile boundary, %
underweight	0.0 - 1.9
healthy weight	2.0 - 84.9
overweight	85.0 - 94.9
obese	95.0 - 99.5
severely obese	99.6 - 100

Overweight and obesity prevalence

The Jersey Child Measurement Programme 2021/22 (JCMP)[31] found that around 25% of reception age children in Jersey (age 4-5) were overweight or obese (12% were obese, with a further 14% overweight). These proportions were higher among year 6 children (age 10-11), with 31% recorded as overweight or obese (19% being obese and 12% overweight).

Figure 11. Proportion of children in Year Reception and year 6 grouped by BMI category
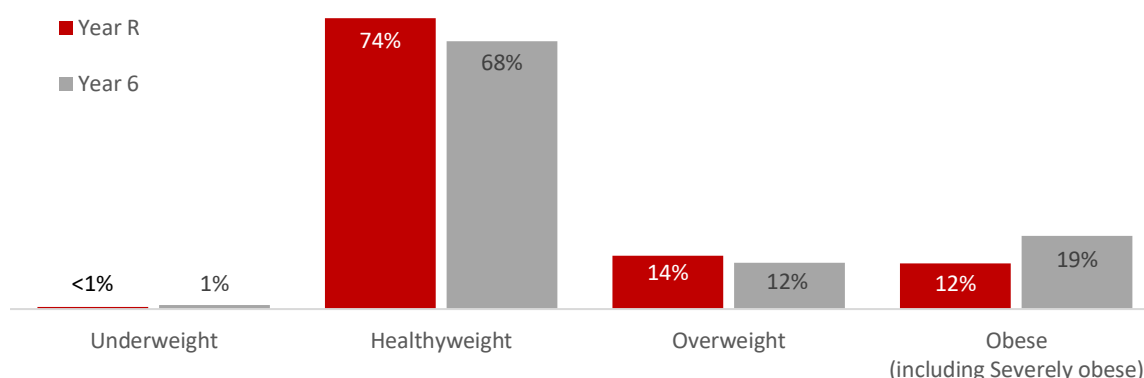
Source: JCMP, 2021

[28] Jersey Child Measurement Report 2021-2022
[29] British 1990 growth reference (UK90) – see 'Growth monitoring with the British 1990 growth reference'. Cole Arch Dis Child.1997; 76: 47-49 as used by ONS in the National Child Measurement Programme
[30] These are the epidemiological boundaries commonly used for comparison purposes at a population level. The child measurement programme also uses the clinical boundaries for some purposes – see Appendix for an explanation.
[31] Child Measurement Report 2021 to 2022 (gov.je)

The JCMP figures for the 2021/22 year show:

- a decrease on the previous year (2020/21), when 30% of children aged 4-5, and 37% of children aged 10-11 were overweight or obese
- the proportion of children categorised as overweight or obese in both Year R and Year 6 was similar for females and males.

Over a three-year-period (2019/20-2021/22), children living in Urban areas in Year 6 were substantially more likely to be overweight or obese than those living in Rural areas.

- in Year 6 (age 10-11), 45% of children in the Urban areas are overweight or obese, compared with 32% in the Semi-urban and 26% in Rural areas

Figure 12. Proportion of children in year reception and year 6 that are overweight or obese grouped by living areas
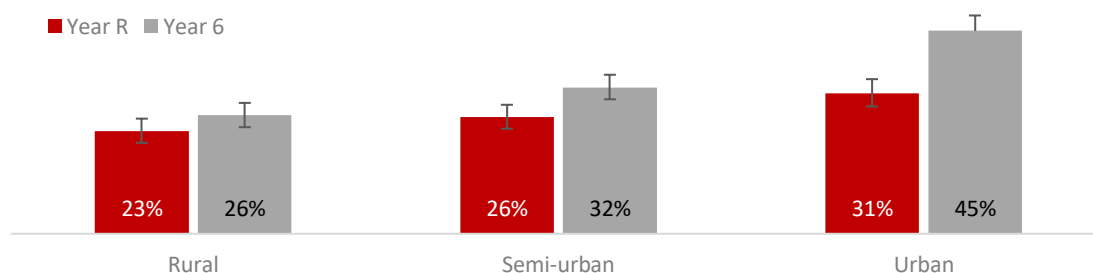
Source: JCMP, 2021

Over a three-year-period (2019/20-2021/22), a higher proportion of children who attended non-fee-paying schools in Year R were overweight or obese (28% of children), as those who attended fee-paying schools (21%); a higher proportion of children who attended non-fee-paying schools in Year 6 were obese (38%) compared to those attending fee-paying schools (23%).

Figure 13. Proportion of children in year reception and year 6 that are overweight or obese grouped by fee and non-fee paying schools
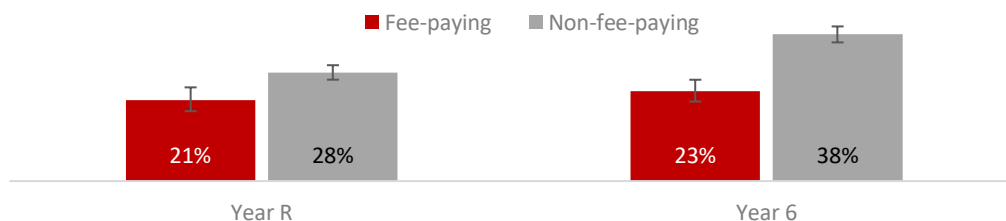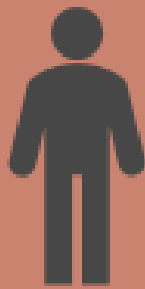

Source: JCMP, 2021

Diet, 2021

31% of Jersey adults ate the **recommended portions** of fruit and vegetables per day
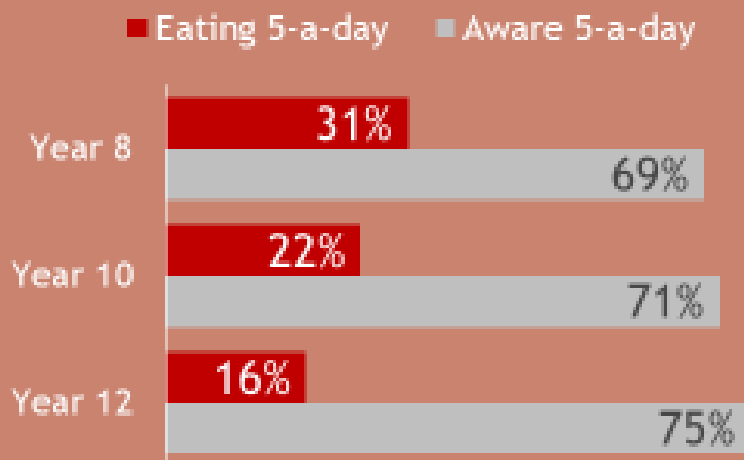
5-a-day

**36%** males ate 5 or more portions of fruit or vegetables the previous day

27% females ate 5 or more portions of fruit or vegetables the previous day

■ Eating 5-a-day ■ Aware 5-a-day

	Eating 5-a-day	Aware 5-a-day
Year 8	31%	69%
Year 10	22%	71%
Year 12	16%	75%

the proportion of young people who were aware about eating 5 portions of fruit and vegetables each day was **greater** than the proportion that actually ate 5 portions

a **smaller** proportion of pupils in **Year 12** ate 5 or more portions of fruit or vegetables the previous day compared to pupils in **Year 4**

Year 12	18%
Year 10	25%
Year 8	31%
Year 6	35%
Year 4	38%
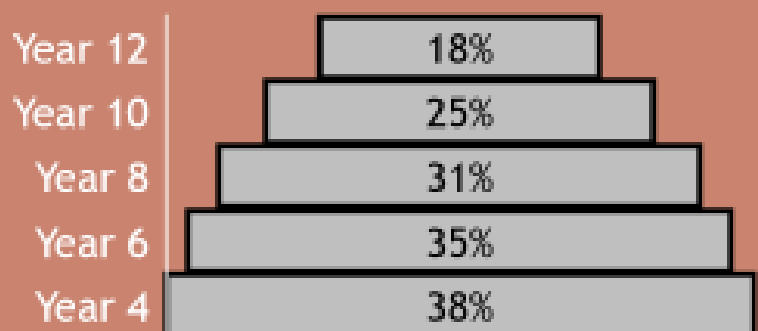
Chapter 2 - Diet

Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death. Current UK diet and nutrition recommendations[32] are to eat at least 5 portions of fruit and vegetables per day for those aged 11 years and over, and to limit free sugars and saturated fat intake.

The data for this section comes from the Health and Wellbeing survey (2021), previous JOLS surveys and the Jersey household spending survey 2014/2015[33].

Diet trends in adults

In 2021:

- over two thirds (69%) of adults in Jersey had eaten less than the recommended five portions of fruit and vegetables per day (Figure 14)
- a third (36%) of women reported eating at least the recommended daily portion of fruit and vegetables, compared to a quarter (27%) of men
- 7% of adults had not eaten any fruit or vegetables over the previous day
- overall, 25% of people living in social rental accommodation had not eaten any fruit or vegetables over the previous day (Figure 15)

Figure 14. Number of portions of fruit and vegetables eaten in the last 24 hours by gender
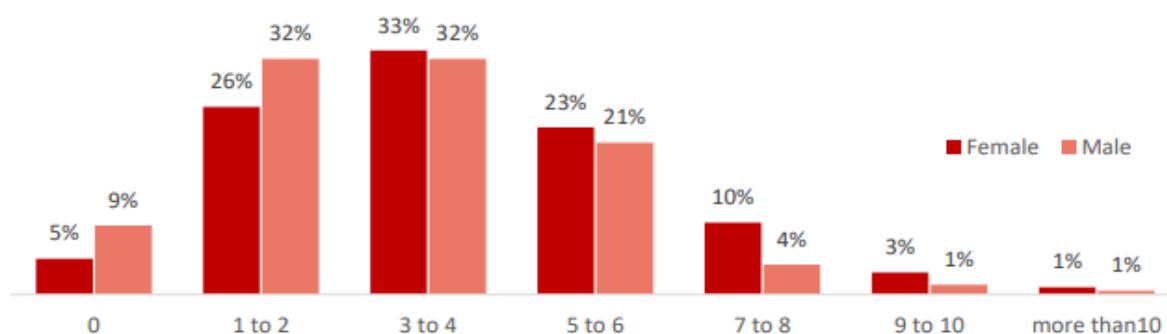
Source: HAWS, 2021

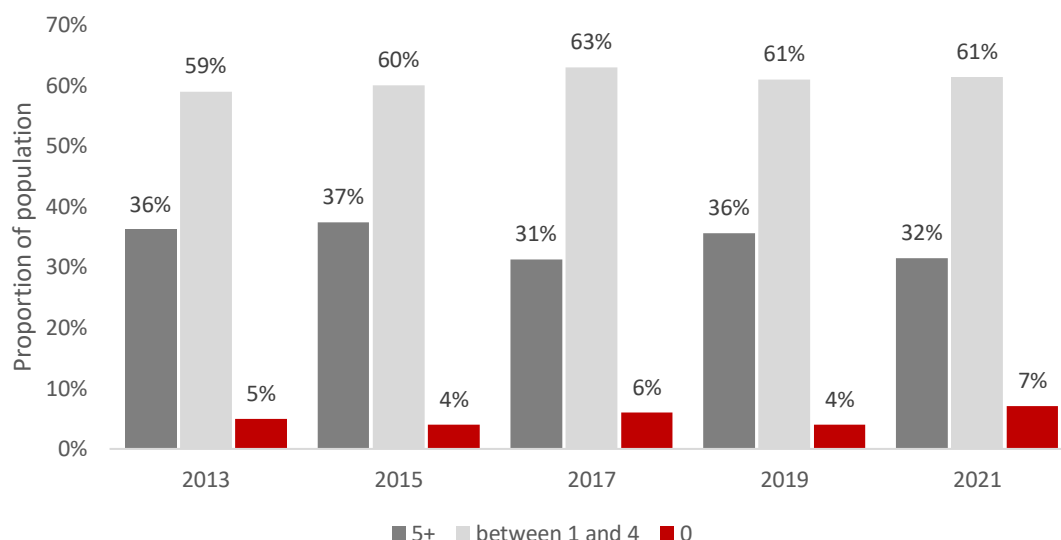*Figure 15. Number of portions of fruit and vegetables eaten in the last 24 hours by tenure*
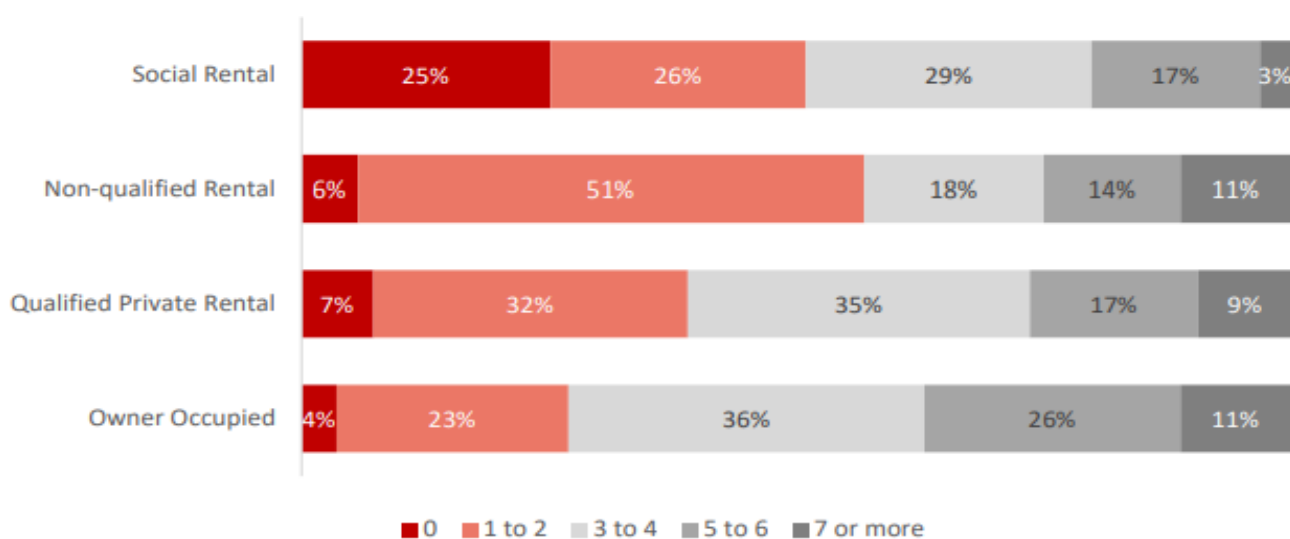
Source: HAWS, 2021

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[32] Eat Well Guide at gov.uk
[33] Jersey Household spending 2014/15

Source: JOLS (2013-2019) and HAWS, 2021

Views on healthy eating

In 2021:

- over 90% of adults agreed that eating healthily is important to them (Figure 17)
- 39% of adults agreed that it is difficult to find affordable fruits and vegetables
- 8% of adults agreed that they don't have adequate facilities to cook healthy meals, and 8% that they don't know what foods to cook to make a healthy meal

Figure 17. People were asked how much they agreed or disagreed with statements relating to healthy eating (2021)
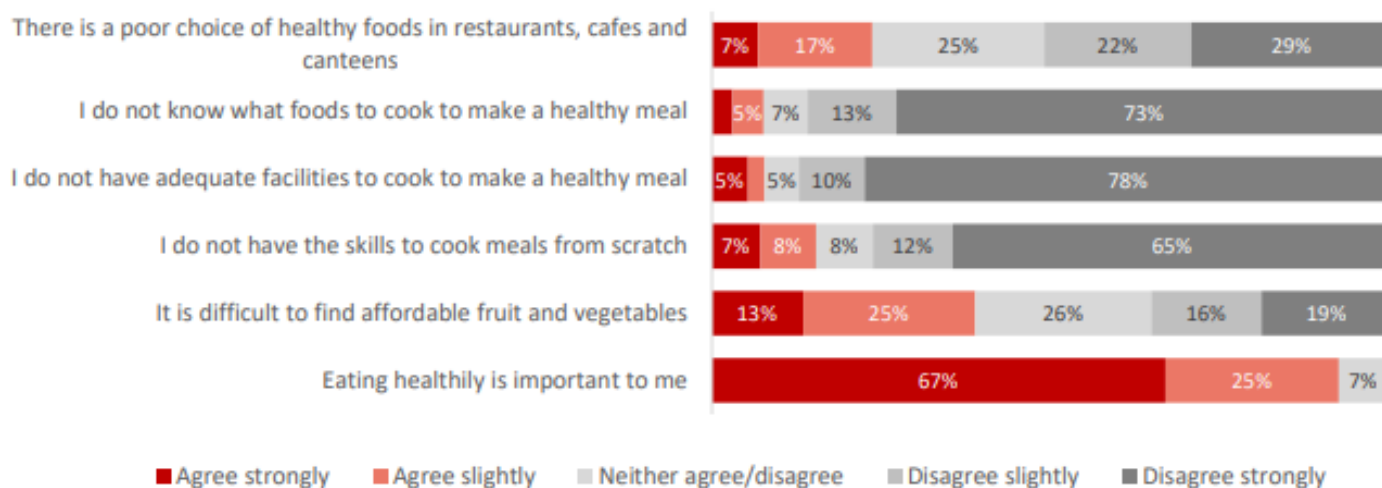
Source: HAWS, 2021

Household purchases of food and drink

The data for this report is collected with the Living Costs and Household Income Survey[34], which is carried out once every five years. The survey was last completed in 2014-15. The 2019-20 survey had to be cut short due to the Covid-19 outbreak in March 2020. Statistics Jersey started the 2021-22 LCHIS in September 2021, the full report on all of the results is scheduled to be published in the first half of 2023.

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[34] Living Costs and Household Income Survey

In 2014-2015 The total weekly average expenditure has been calculated at £760.60, the amount that an average household spent per week on all food and drink, including alcoholic drinks and food eaten out was £149.40 which accounts to almost 20%.

| Total expenditure £149.40				
Household £96.80 (65%)			Eating out £52.60 (35%)	
Food and drink £85.80 (58%)	Alcohol £11.00 (7%)		Food and drink £43.50 (29%)	Alcohol £9.10 (6%)

Diet trends in children and young people

Healthy eating is essential for children's good health, growth and development. Healthy eating in childhood means they will have less chance of developing chronic diseases like heart disease, type 2 diabetes, obesity and some cancers. It will also mean they feel better and enjoy life more[35].

The data for this section comes from the Jersey Children and Young People's survey[36].

Children, just like adults, should aim to eat 5 or more portions of fruit and vegetables every day, as they are a great source of fibre and vitamins and minerals.

- in 2021, 38% of Year 4 school children ate 5 or more portions of fruit or vegetables the previous day compared to 18% of Year 12 children

Figure 18. Proportion of young people who ate 5-a-day yesterday
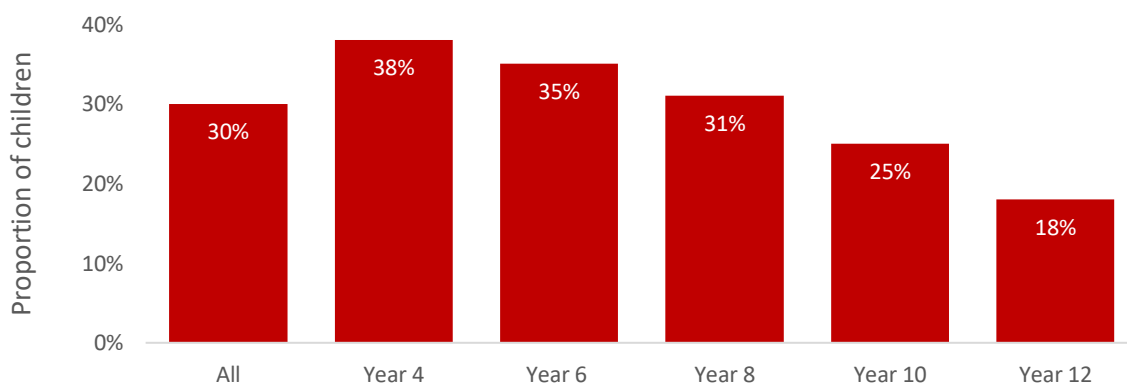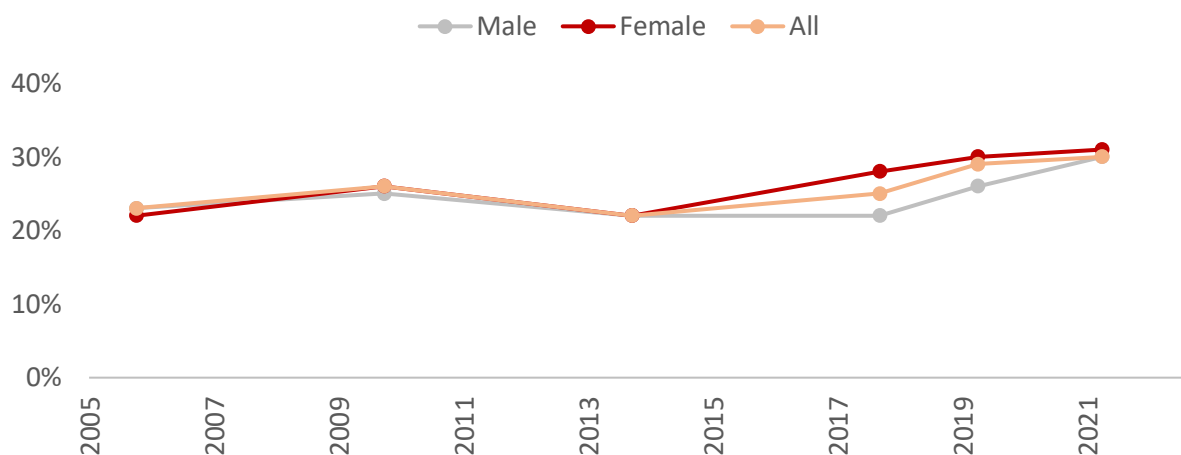

Source: JCYP, 2021

- the proportion of young people who ate 5 portions of fruit and vegetables decreased with age
- pupils in fee paying schools were significantly more likely to have eaten their 5-a-day (38%) compared to pupils in non-fee paying schools (27%)

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[35] Healthy eating for children | healthdirect
[36] Jersey Children and Young People's Survey (gov.je)

Figure 19. Proportion of young people eating at least 5 portions of fruit and vegetables each day: 2006 - 2021 (Years 6, 8 and 10)

Source: JCYP, 2021

The proportion of young people who were aware about eating 5 portions of fruit and vegetables each day was greater than the proportion that *actually* ate 5 portions (Figure 20)

Figure 20. Young people's knowledge and practice of eating five portions of fruit and vegetables each day ('5-a-day')
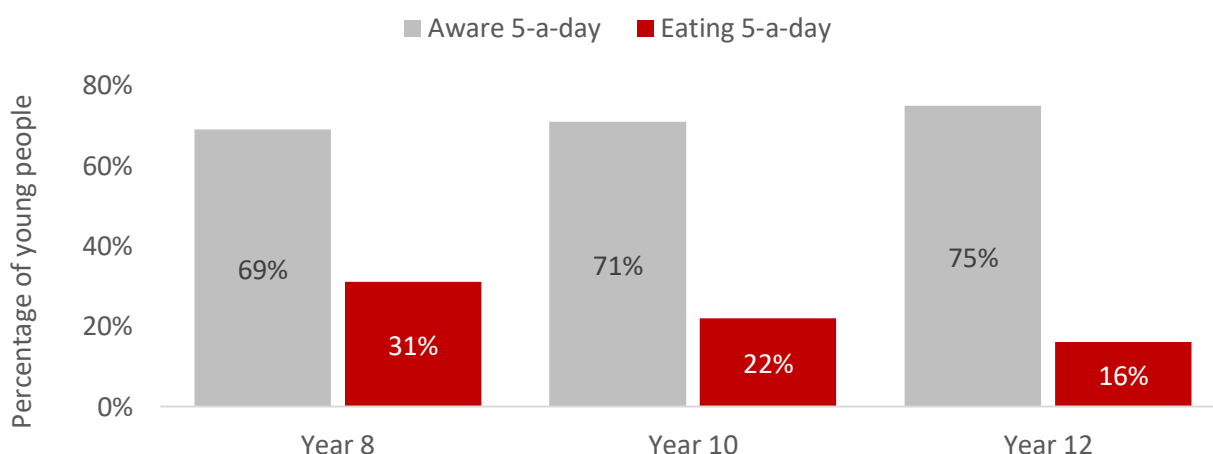
Source: JCYP, 2019

It's recommended that children are discouraged from having sugary or high-fat foods like sweets, cakes, biscuits, some sugary cereals, and sugar-sweetened soft and fizzy drinks. These foods and drinks tend to be high in calories and low in nutrients[37].

Children in Jersey were asked about how often they ate or drank unhealthy food or drink in the last 7 days, as part of the JCYP survey in 2021 (Figure 21).

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[37] Reducing sugar - Food facts - Healthier Families - NHS (www.nhs.uk)
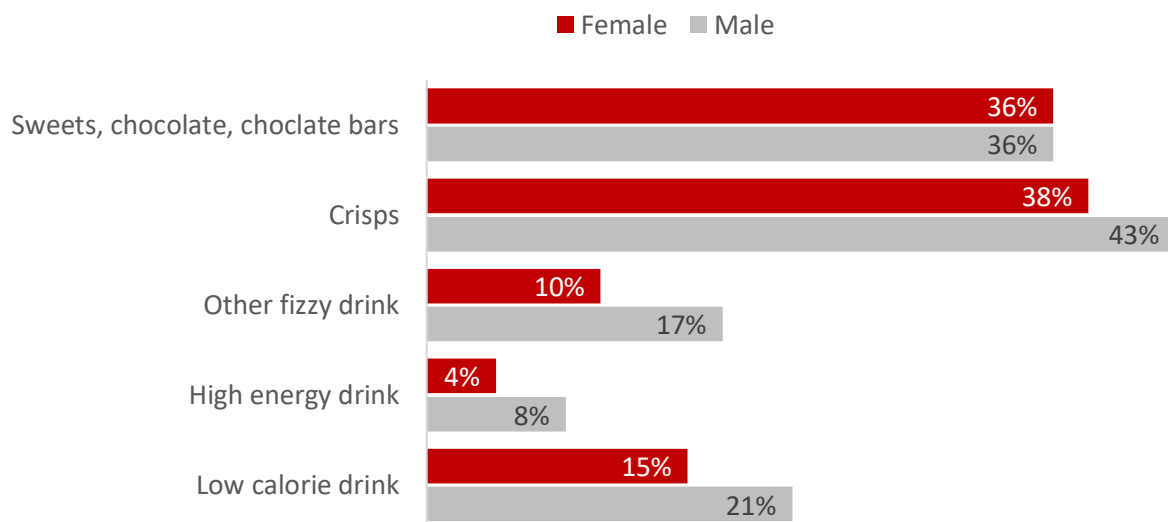
Source: JCYP, 2019

In 2021:

- over a fifth of children and young people surveyed ate crisps, sweets, chocolate and chocolate bars on most days: the proportions of males and females were similar
- a higher proportion of males drank fizzy drinks than females
- the proportions split by Year group showed broadly similar results, the exception being a higher percentage of Year 10 and 12 ate sweets, chocolate and chocolate bars on most days (approximately 45%) compared to other Year groups (approximately 30%)

Jersey's Food and Nutrition Strategy

The Government of Jersey developed Jersey's Food and Nutrition Strategy 2017 to 2022[38], which aims to support healthy nutrition and reduce diet-related preventable disease. One of the strategy's key guiding principles is to focus on prevention through early intervention. The work prioritises initiatives in early years settings and primary schools as the Government of Jersey is committed to putting children first and reducing the projected rises in preventable disease for future generations. A number of programmes have been provided to support individuals and their families with healthy nutrition[39].

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[38] [A Food and Nutrition Strategy for Jersey 2017 to 2022](#)
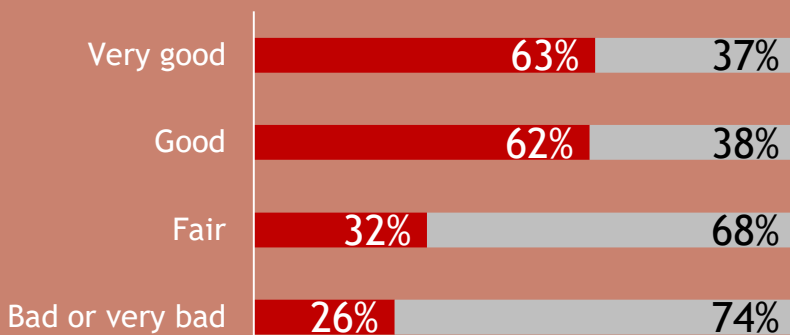[39] [Food and Nutrition Strategy (gov.je)](#)

Physical Activity, 2021

52%
Half of Jersey adults are meeting recommended guidelines of **150 minutes or more** of moderate physical activity in a typical week

Legend: ■ Active ■ Not meeting activity guidelines

	Active	Not meeting activity guidelines
Very good	63%	37%
Good	62%	38%
Fair	32%	68%
Bad or very bad	26%	74%

Over **three-fifths** of Islanders who rate their health as **good (62%)** or **very good (63%)** meet the WHO guidelines for physical activity (150 + mins per week)

Year 4	Year 6	Year 8	Year 10	Year 12
25%	21%	18%	14%	6%
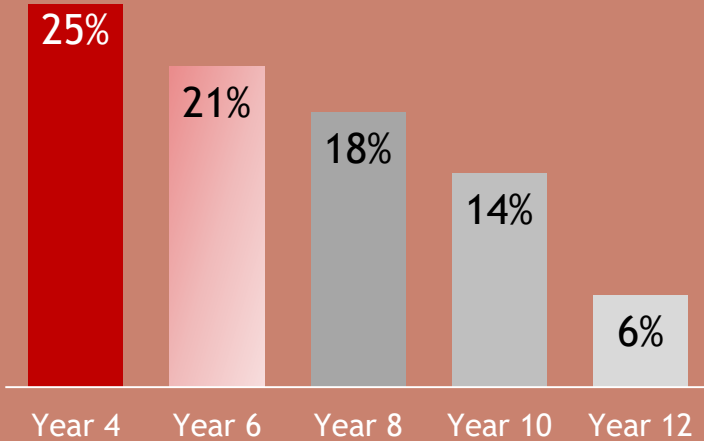
A **quarter** of Year 4 children met the NHS recommended guidelines of being physically active for **at least an hour per day** on every day of the previous week.

5 Hrs

- **two-in-five (42%)** of **Year 12** and **Year 10 (40%)**
- **and one-in-four Year 6 (23%)** and **Year 4 students (24%)**

…spent **5 hours** or more on 'screens' the previous day.

Chapter 3 - Physical Activity

Physical activity contributes to a wide range of health benefits and regular physical activity can improve health outcomes, irrespective of whether individuals achieve weight loss[40]. Staying active is proven to help prevent and treat diseases, it also helps improve mental health, quality of life, wellbeing, and sleep.

In 2019 new guidelines[41] on the amount of activity recommended for health were published by the Chief Medical Officers of the four UK countries. This states that:

- adults (aged 19 and over) should aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity per week, or a combination of both
- adults should also aim to build strength on at least two days a week
- children and young people (aged 5 to 18) should aim to be physically active for at least 60 minutes per day across the week

Being active for health doesn't require you to run marathons or play a competitive sport. Moving more as part of your daily routine (including commuting, housework, gardening etc) is key to developing an active lifestyle. Move More Jersey[42] is an initiative by Jersey Sport to help more islanders find ways to get more active, more often, in a way that fits in with their lives.

The main data sources for this section are the Health and Wellbeing survey (2021), previous JOLS surveys, and Children and Young People's Survey (2021).

Adult Sports and Physical Activity

In 2021, around half (52%) of adults in Jersey reported doing at least the equivalent of 150 minutes of moderate intensity exercise each week and so were meeting the recommended guidelines for physical activity. This was similar to 2019, when 51% of adults were found to do 150 minutes or more per week. In 2021, a quarter (24%) of adults reported doing less than 30 minutes of physical activity in a week and a similar proportion (24%) reported doing between 30 and 150 minutes.

Figure 22. Proportion of adults meeting the recommended physical activity guidelines, Jersey, 2021
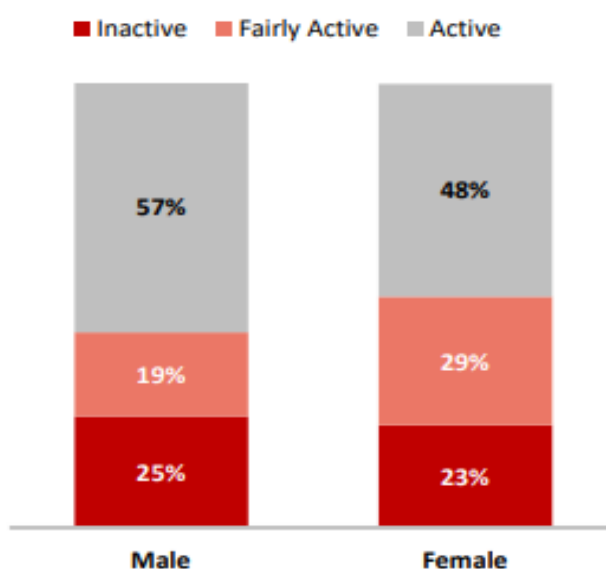
Source: HAWS, 2021

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[40] Part 5: Physical activity - NHS Digital
[41] Physical activity guidelines - GOV.UK (www.gov.uk)
[42] Movemore.je

A higher proportion of males (57%) reported meeting the physical activity guidelines than females (48%). This is a relatively large gender difference compared to that seen in England on this measure (the Active Lives Survey[43] reported a gender difference of 2 percentage points in 2021).

The proportion of adults who are active (meeting the physical activity guidelines) generally decreases with age, with a large drop off observed for adults aged 75 and over in Jersey[44].

The likelihood of being 'active' (doing the equivalent of 150 minutes + of moderate intensity physical activity per week) is strongly associated to self-rated health. Over three-fifths of Islanders who rate their health as good (62%) or very good (63%) meet the WHO guidelines for physical activity (150 + mins per week). This compares to a quarter (26%) of adults who rate their health as bad or very bad (Figure 23).

Figure 23. Active to the recommended guidelines (150 + mins plus per week) by self-assessment of health
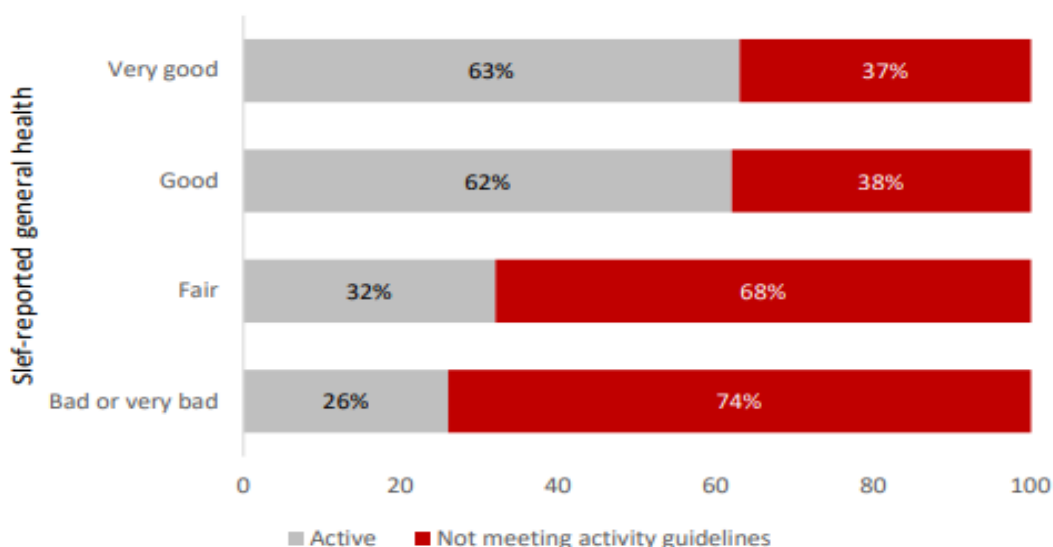
Source: HAWS, 2021

In 2021, two-thirds (67%) of Islanders reported that they would like to do more physical activity than they currently do. People with a high BMI said they would be encouraged to do more exercise if they had more free time (42%), better health (29%) and more disposable income (26%) (Figure 24).

Figure 24. Comparison of responses for people with normal BMI and high BMI
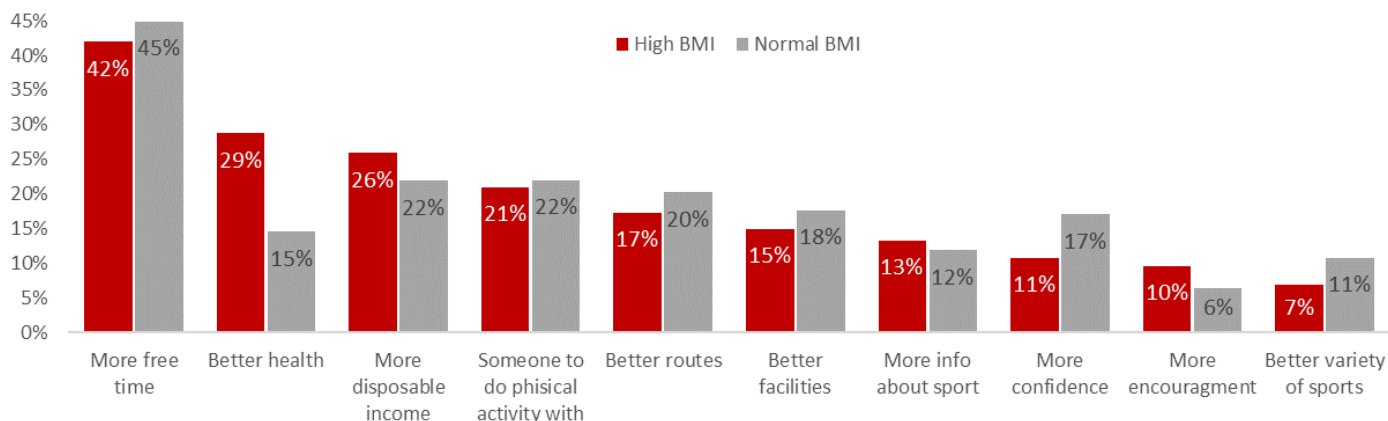
Active travel

In 2021, amongst people that participated in active travel in the previous 4 weeks, normal weight and overweight or obese people made a similar number of walking trips and cycling trips per month.

Figure 25. Average of number of trips in a month by weight*

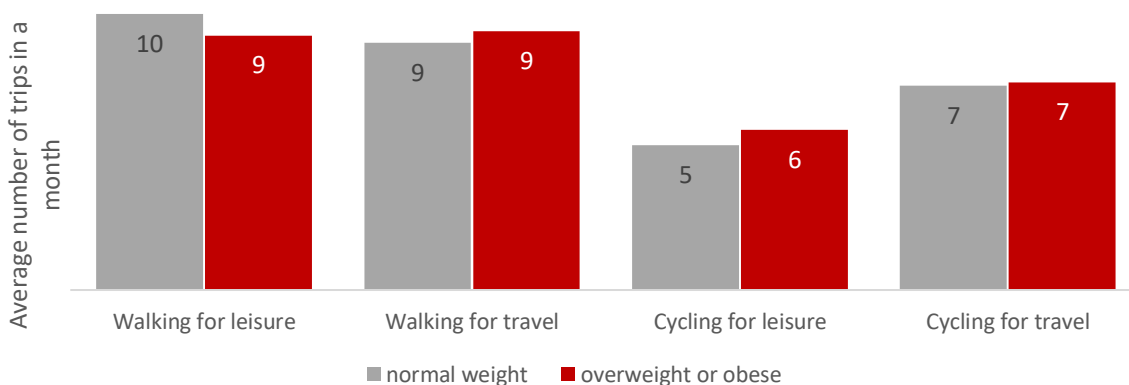**Numbers are rounded to the nearest whole number*

Children and physical activity

Physical activity is important for children's health. Being active also improves academic outcomes, and young people who start being active are more likely to sustain active lives as adults[46]. There are also many social benefits from being active too, from meeting new friends, getting out and about, to improvements in self-esteem and confidence.
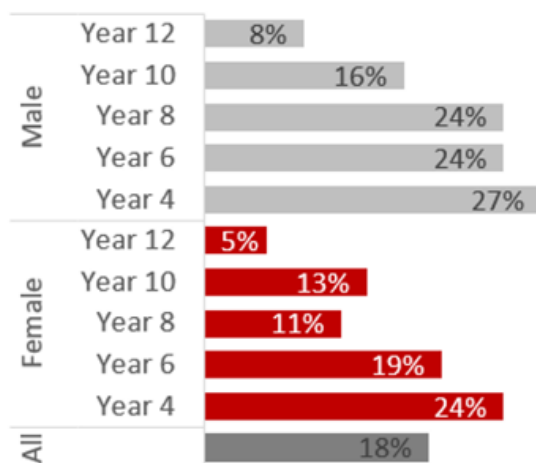
Children need about 60 minutes of physical activity a day for good health, but it doesn't need to be all at once. Several short 10-minute or even 5-minute bursts of activity throughout the day can be just as good as an hour-long stretch[45]. For younger children, it can take the form of active play, such as ball games, chasing games like "it" and "tag", riding a scooter, and using playground swings, climbing frames and see-saws. For older children it could include riding a bike, skateboarding, walking to school, skipping, swimming, dancing and martial arts.
Walking or cycling short distances instead of using the car or bus is a great way to be active together as a family.

In Jersey:

- almost one in five (18%) young people reported being physically active at or above the UK NHS recommended level (at least one hour, on each of the 7 days preceding the survey)
- pupils who attended fee paying schools, lived in rural parishes or had high self-esteem were more likely to have met the recommended level of activity

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[45] [Physical activity guidelines for children and young people - NHS (www.nhs.uk)](www.nhs.uk)

Source: JCYP, 2021

The proportion of Year 6 and Year 12 meeting the recommended level of activity has decreased since 2018 (Figure 27)

Figure 27. Young people meeting the recommended level of physical activity: 2010 – 2021
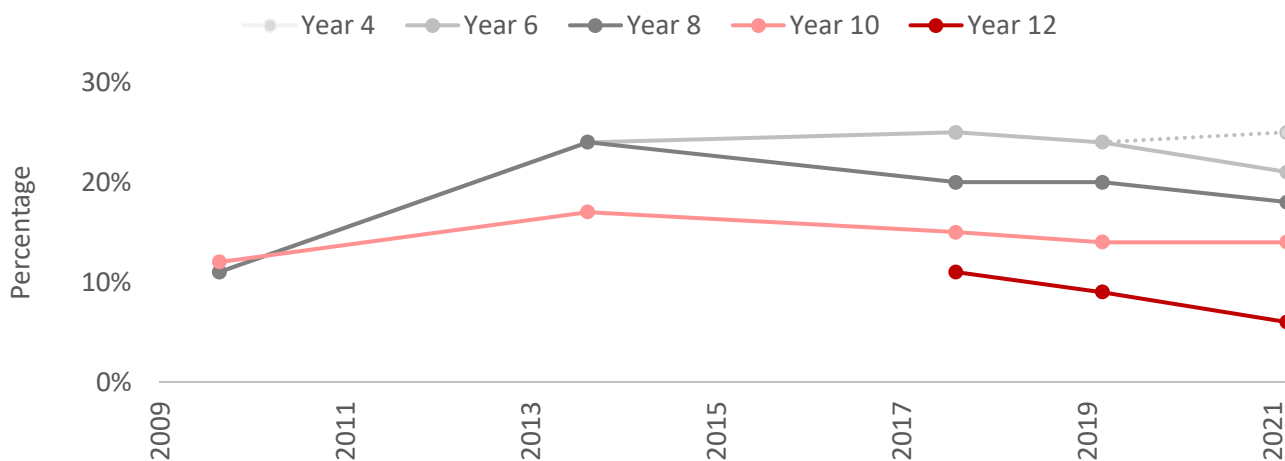
Source: JCYP, 2021

Barriers to exercise

Given the health benefits of regular physical activity, we might wonder why children in Jersey are not active at recommended levels. Understanding common barriers to physical activity and creating strategies to overcome them may help children and their families make physical activity part of their daily lives.

- two-thirds (67%) of young people would like to do more exercise in the future

Figure 28. In the future, would you like to do more, the same amount or less exercise? Percentage who answered 'more'.

Proportion of young people who answered "more"

65%	63%	73%
Year 8	Year 10	Year 12

Figure 29. Which of the following (if any) would encourage you to do more exercise? (Years 8, 10, 12)

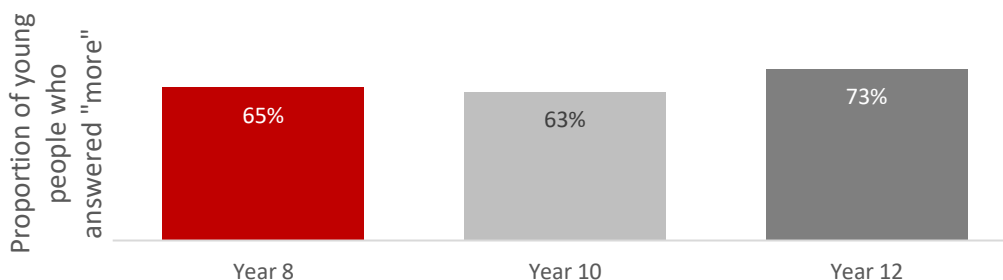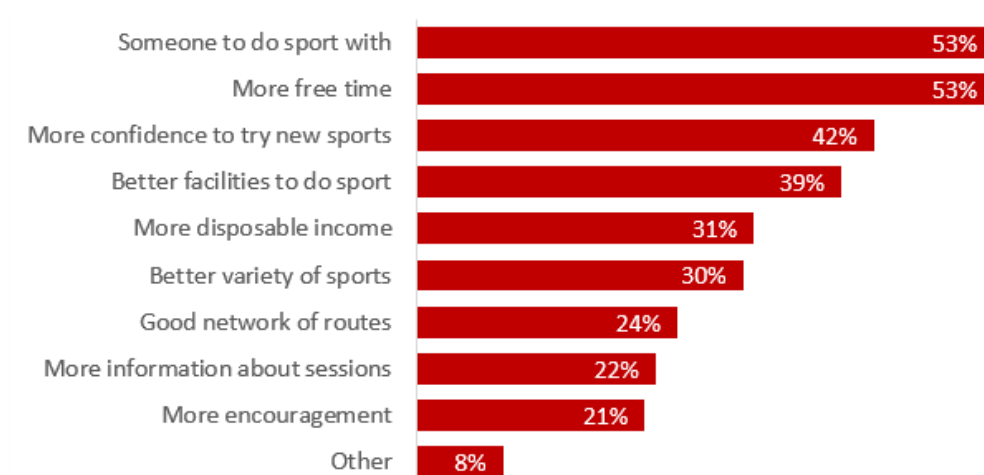|	
Someone to do sport with	53%
More free time	53%
More confidence to try new sports	42%
Better facilities to do sport	39%
More disposable income	31%
Better variety of sports	30%
Good network of routes	24%
More information about sessions	22%
More encouragement	21%
Other	8%

Encouraging children to participate regularly in activities, such as sports, helps them explore and develop skills which are considered beneficial throughout their lives. By participating in sports, children are exposed to various mental, social, emotional, physical and educational benefits.

- 59% of young people in Years 8, 10 and 12 attended a sports club at least once in the past 4 weeks
- the proportion of young people who attended a sports club decreased with age
- males were more likely (65%) than females (55%) to have attended a sports club at least once

Figure 30. In the last 4 weeks, how often have you attended a sports club or participated in an organised sports session outside of school? (Proportion who attended at least once)

Male	Year 12	42%
	Year 10	67%
	Year 8	75%
Female	Year 12	38%
	Year 10	57%
	Year 8	68%
All		59%
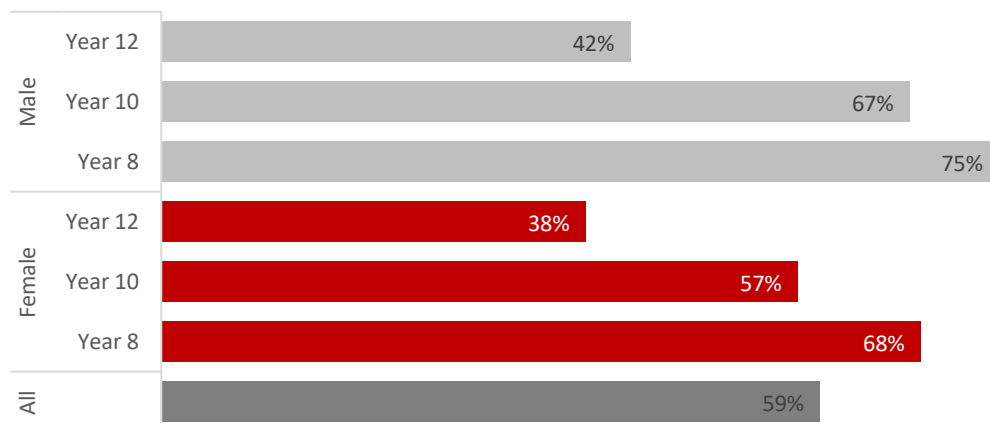
Young people's attitudes towards sports and physical activity are shown in Figure 31

- 96% of young people agreed they knew why it was important to exercise while 88% agreed they had the opportunity to be active and that they understood not doing any exercise is harmful
- the proportion of young people who enjoy taking part in sports and exercise decreased with age
- the proportion of young people who agreed that they encourage their friends to exercise (45%) was higher than the proportion who agreed their friends encourage them to exercise (34%)
- males were significantly more likely to agree that they enjoyed sport and that their friends encourage them to be active

Figure 31. Young people's attitudes towards sport and exercise in Jersey, 2021
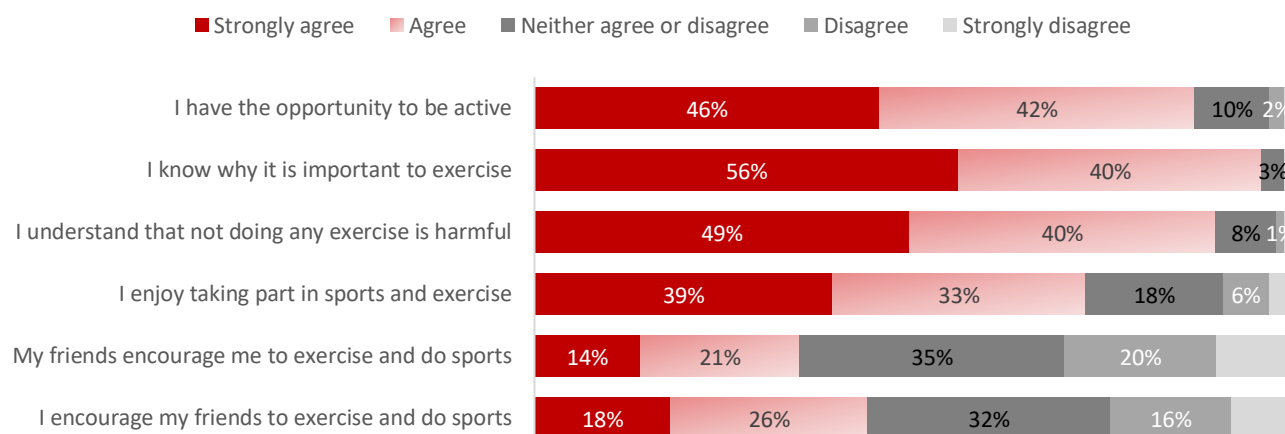
Source: JCYP, 2021

Sedentary activity

A sedentary lifestyle has an array of adverse health effects, including elevated all-cause mortality, cardiovascular disease mortality, cancer risk, risks for metabolic diseases, and musculoskeletal diseases such as knee pain and osteoporosis[46].

The negative health impacts intensify with increases in the total daily sedentary times. For this reason, it is important to reduce the sedentary time as much as possible.

Sedentary behaviour during childhood and adolescence may form the foundation for such behaviours in adulthood. There appears to be a stronger relationship between child and adult TV viewing than there is between child and adult physical activity behaviour[47].

In 2021:
- four in ten (39%) Year 4s spent less than 2 hours in screen-based activity on the previous day compared to one in ten Year 12s (10%)
- a greater proportion of males (35%) spent more than 5 hours in screen-based activity than females (26%); this was largely due to differences in computer gaming habits
- a greater proportion of non-fee paying pupils (36%) spent more than 5 hours in screen-based activity than fee paying pupils (21%)
- nearly half (46%) of pupils with low self-esteem had spent more than 5 hours in screen-based activity

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[46] [Sedentary Lifestyle: Overview of Updated Evidence of Potential Health Risks - PMC (nih.gov)](#)
[47] [Sedentary Behaviour and Obesity: Review of the Current Scientific Evidence (publishing.service.gov.uk)](#)

Using the responses from several questions, a combined amount of screen time was calculated for each young person; the proportions by year group are shown below.

Figure 32. Combined screen time amongst young people in Jersey, 2021
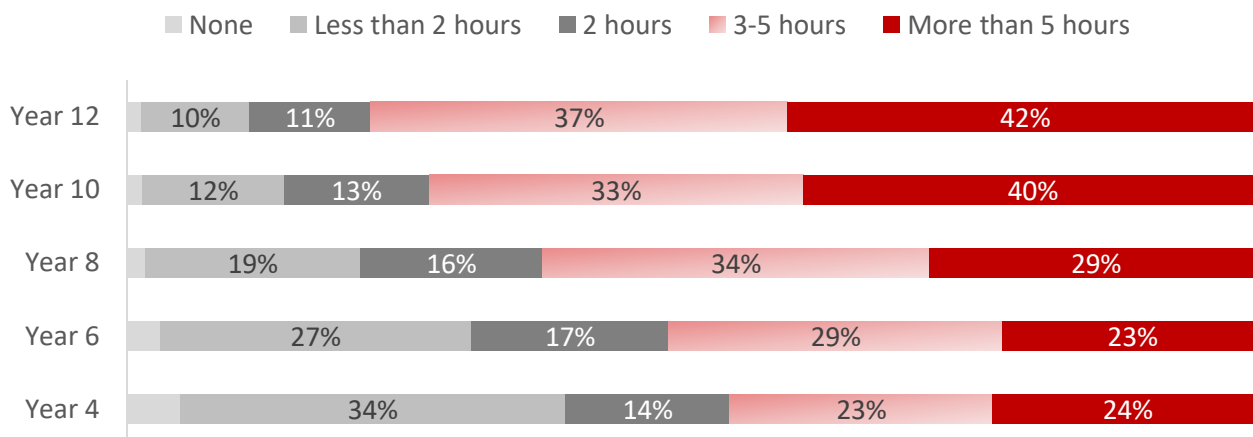
Source: JCYP, 2021

Data Sources

Health, Activity and Wellbeing Survey 2021:
The survey is run by the Government of Jersey Public Health Directorate in partnership with Jersey Sport and collects information on a range of health and well-being topics affecting Islanders. The responses help to give an in-depth picture of the health, activity levels, and general well-being of Islanders today.
[Health, Activity and Wellbeing Survey 2021 (gov.je)](gov.je)

Jersey Opinions and Lifestyle Survey (JOLS) :
Every year Statistics Jersey collects the experiences and opinions of Islanders to help influence Government policy through the Jersey Opinion and Lifestyle Survey (JOLS). Only households specifically chosen can complete the survey. This is to ensure that we have a random, unbiased group of people that truly represents Jersey. The survey collects detailed information on a wide range of social issues and provides official social statistics about Jersey. The survey is run, analysed and published by Statistics Jersey. The survey has a set of core questions covering demographics, economic activity and household structure to ensure that key census variables can be monitored annually. The 2011 and 2021 rounds of the JOLS survey did not take place due to the Jersey census being held in the same year.
[Jersey Opinions and Lifestyle Survey (JOLS) (gov.je)](gov.je)

Jersey Children and Young People's Survey:
Formerly known as the Health Related Behaviour Questionnaire (HRBQ) and the Jersey School Survey, this survey and subsequent report was first run in 1996 to record the attitude and behaviour of children and young people in Jersey, in terms of their lifestyle, health and wellbeing. The HRBQ was first run by the UK Schools Health Education Unit (SHEU) in 1996 (secondary schools) and 1998 (primary schools). The survey has been run every four years since 1998 and has been run in-house by Statistics Jersey since 2018. In 2019 the decision was made to run the survey every two years.
All pupils in Year 4, 6, 8, 10 and 12, including home-schooled pupils, will be given the opportunity to take part in the survey during school time in the Autumn Term. The survey is voluntary to complete and is anonymous. Statistics Jersey do not ask for or publish any identifying information (such as name or address). The survey is run independently by Statistics Jersey and includes topics suggested from a range of stakeholders across government.
[Jersey Children and Young People's Survey (gov.je).](gov.je)

Jersey child measurement Programme:
The programme is a routine health check and one of many checks which take place at different stages of a child's development. The measurements take place when children start primary school and when they are in their final year of primary school. This is so the school nurse team can check that a child is developing and thriving as they should be for their age. The Body Mass Index (BMI) is calculated for each pupil from their height and weight measurements, and results are categorised into 'underweight', 'healthy weight', 'overweight', 'obese' and 'severely obese'.
[Child Measurement Report 2021 to 2022 (gov.je).](gov.je)

EMIS IT System:
In Primary Care (EMIS Web) is the patient information system used across all Jersey GPs including Jersey Doctors 'On Call' (JDOC) who provide the Out of Hours Service. EMIS is also used by the Health Intelligence Unit and the Primary Care Governance Team to support Jersey Quality Improvement Framework (JQIF).

Jersey Quality Improvement Framework (JQIF):
Jersey has adopted a Quality Improvement Framework (JQIF), and this has been embraced as an effective mechanism for incentivising GPs, alongside the reshaped rebate. This has resulted in coordinated collection of data which should lead to improvements in the care offered to our patients and is a foundation for developing the quality agenda in years to come. Currently JQIF provides payment based on list size, recording clinical indicators and for demonstrating that the practice is working towards standards in practice organisation. The clinical indicators are agreed with local GP's and based on indicators from UK Quality Outcomes Framework (QOF) whilst the organisational indicators are bespoke to Jersey. Obesity is included as one of the health conditions.

Patient Information System (Trakcare):
Records patient engagement across the Health Department, including inpatient, outpatient, and emergency cases.

Notes

Hospital admission definition

Admissions to hospital where the primary diagnosis, or any of the secondary diagnoses are an obesity-specific (wholly attributable) condition (ICD-10 Codes: E66 – Obesity)[48].

Confidence intervals, significance, and disclosure control

Comparisons between groups and over time have been statistically tested to determine whether differences are likely to be genuine (i.e., statistically significant) or the result of random natural variation. Only statistically significant differences have been described with terms such as "higher", "lower", "increase" or "decrease". When a comparison does not show a statistically significant difference, this will be described using terms such as "similar to" or "the same as".

Confidence intervals in sample surveys

The principle behind a sample survey is that by asking questions of a representative subset of a population, inferences can be drawn about the overall population without having to approach every individual. Provided the sample is representative, the results will be unbiased and accurate. However, the sample results will always have an element of statistical uncertainty because they are based on a sample and not the entire population. For example, the statistical uncertainty on results in JOLS which refer to the whole adult population is ± 3.0 percentage points. This means that for a question which gives a result of 50%, the 95 percent confidence interval is 47.0% to 53.0%. Rounding to zero decimal places, the result can be more simply expressed as 50 ± 3%. Put another way, it is 95% likely that the true population figure lies within ± 3% of the estimate. For sub-samples of the population, e.g. by age band, the sampling fractions within each sub-category will vary; therefore different confidence intervals will also apply.

Data Validation

The accuracy and reliability of the dataset underpinning the analyses in the report is ensured by a validation procedure. Submitted records are checks that all mandatory data items have been provided and data validation rules have been met.

Ethnicity

Ethnicity is not used as a variable of analysis in this report, as the ethnicity data held is not currently of suitable quality. The lack of standardized, self-identified race and ethnicity is a critical limitation of the available data.

Contact details

Please forward any comments or feedback to the Public Health Intelligence Team: healthintelligence@gov.je

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[48] Digital.nhs.uk | Hospital admission related to obesity