

# Obesity, Diet and Physical Activity 2023

Public Health Intelligence

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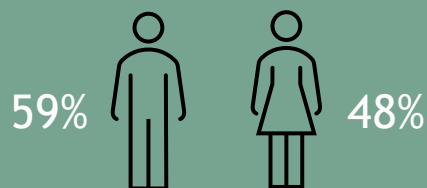
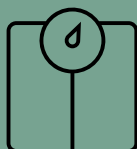
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# Obesity, diet and physical activity (2023)

**54%** - over one in two adults in Jersey were Overweight or Obese



Males consistently have higher rates of overweight or obesity compared to females



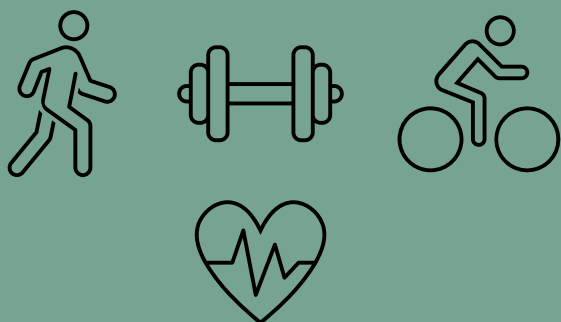
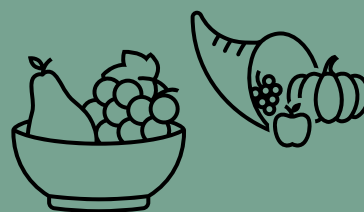
Substantial rates of children were classified as **overweight and obese**

**24%** of children aged 4-5 Years (Reception)

**32%** of children aged 10-11 Years (Year 6)

**Less than one-in-three (32%)**

of adults in Jersey consumed the recommended **5 portions** of fruit and vegetables per day



Approximately **55%** of adults in Jersey met the recommended guidelines for physical activity

## Summary of findings

In 2023:

### **Obesity in adults:**

- less than half of Jersey's population is classified as "normal weight" (44%), while over half (54%) are overweight or obese, statistically similar to 2022
- males consistently have higher rates of overweight or obesity compared to females
- the likelihood of being overweight or obese varies with age, self-reported health status, and housing tenure
- the Jersey Quality Improvement Framework (JQIF) tracked obesity prevalence, with a rebound in Obesity Register numbers following a drop during the COVID-19 pandemic
- prescription data for anti-obesity medications has seen an increase, although global shortages have affected the overall prescription trends

### **Obesity in children:**

- the Jersey Child Measurement Programme (JCMP) indicates substantial rates of overweight and obesity among children aged 4-5 years in Reception (24%) and those aged 10-11 years in Year 6 (32%)
- there are significant differences in the rates of overweight and obesity among children in Jersey based on whether they reside in urban or rural parishes or the type of schooling system they attend

### **Diet:**

- less than one-third (32%) of adults in Jersey consumed the recommended 5 portions of fruit and vegetables per day, statistically similar to previous years (2021, 2019, 2017)
- around one-in-twenty (6%) of adults reported consuming no fruits or vegetables over the previous day
- women were more likely to meet the recommended fruit and vegetable intake compared to men
- younger adults were less likely to consume the recommended number of fruits and vegetables when compared to older adults
- those reporting very good health were more likely to meet the recommendations compared to those with very bad health
- those who found it difficult to cope financially were less likely to meet fruit and vegetable recommendations, as were those who live in urban parish compared to those living in rural parishes
- out of the average weekly expenditure of £101 per household on food and non-alcoholic drinks, approximately £16 was allocated to fresh fruits and vegetables

### **Physical Activity:**

- approximately 55% of adults in Jersey met the recommended guidelines for physical activity, consistent with previous years
- males were slightly more likely to meet the guidelines compared to females
- the proportion of adults meeting guidelines decreased with age, particularly for those aged 75 and over
- self-rated health was strongly correlated with physical activity levels, with higher rates observed among those reporting better health
- physical activity levels were correlated with financial well-being, with higher rates observed among individuals who found it easier to cope financially

## Introduction

Maintaining a healthy weight, consuming a nutritionally balanced diet, and engaging in regular physical activity are pivotal for individual well-being and overall health.

### **Health risks associated with obesity**

Obesity, defined by the World Health Organisation as abnormal or excessive fat accumulation posing health risks, has reached epidemic proportions globally, with over 4 million deaths attributed to it in 2017 alone<sup>1</sup>. The prevalence of overweight or obese children and adolescents has surged, quadrupling between 1975 and 2016.

Being overweight or obese significantly heightens the risk of chronic diseases, including cardiovascular diseases, diabetes, musculoskeletal disorders, and certain cancers<sup>2</sup>. Childhood obesity particularly presents serious health complications and increases the likelihood of early onset of related illnesses.

The primary cause of obesity is an imbalance between calorie intake and energy expenditure, yet many factors contribute to its onset and persistence.

### **Diet and physical activity**

Keeping to a balanced diet and maintaining regular physical activity are crucial for optimal health, shielding against various chronic noncommunicable diseases and promoting overall well-being.

Despite evidence-based guidelines such as the PHE Eatwell Guide<sup>3</sup>, many individuals struggle to adopt healthy eating habits. Shifts in global dietary patterns have led to increased consumption of energy-dense, high-fat, and high-sugar foods.

Conversely, physical activity offers numerous health benefits, reducing the risk of chronic conditions<sup>4</sup> and enhancing mental health and quality of life. However, modern lifestyles characterised by sedentary behaviour pose challenges to incorporating regular physical activity into daily routines.

### **Contents of this report**

This report compiles the latest available data to reveal and monitor obesity patterns and trends in Jersey. Information on overweight and obesity prevalence among both children and adults is sourced from various surveys and health care systems, including household surveys, the Jersey Children and Young People's Survey (JCYPS), the annual Jersey Child Measurement Programme (JCMP), and data from Jersey's Primary Health Care system (EMIS).

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<sup>1</sup> [Obesity overview\(who.int\)](https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight)

<sup>2</sup> [World Health Organisation - Healthy Diet.](https://www.who.int/healthy-diet)

<sup>3</sup> [PHE Eatwell guide](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/641212/phe_eatwell_guide.pdf)

<sup>4</sup> [Part 5: Physical activity - NHS Digital](https://www.nhs.uk/digital-health-and-care/part-5-physical-activity)

## 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<sup>5</sup>. 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) asks respondents to report their height and weight. It should be noted that there is academic evidence<sup>6</sup> 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)<sup>7</sup> health conditions. General Practitioners (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

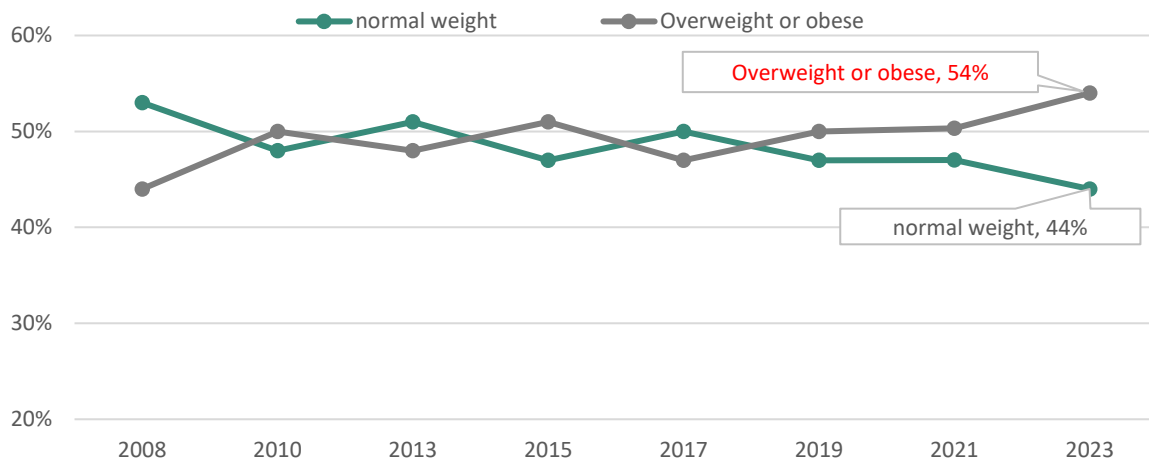
Self-reported height and weight measurements from the JOLS survey data in 2023 show that overall, less than half of people were classified as "normal weight" (44%), whilst (54%) were overweight, obese, very obese or morbidly obese. The proportion of people overweight or obese was slightly higher than in 2022 (50%), and although the difference wasn't statistically significant, it is a trend to keep monitoring (Figure 1).

<sup>5</sup> BMI can determine if someone has excess weight but doesn't consider age, gender or muscle mass. Muscular individuals might therefore be labelled overweight or obese despite low body fat. Pregnancy also influences BMI calculations.

<sup>6</sup> [Maukonen et al., 2018. A comparison of measured versus self-reported anthropometrics for assessing obesity in adults: a literature review](#)

<sup>7</sup> 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.

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 – 2023)



Source: JOLS (2008 – 2023)

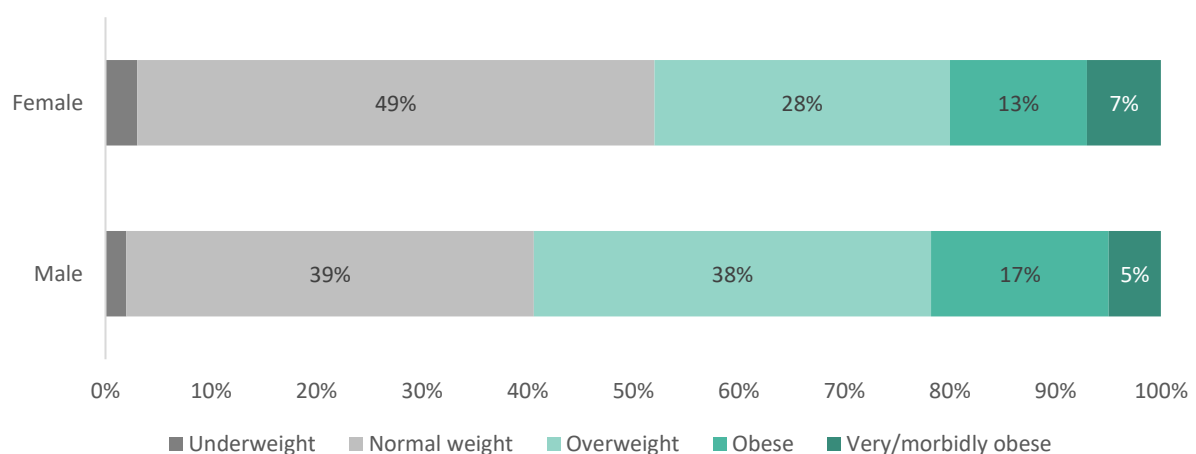
For comparison, data from Jersey pertains to individuals aged 16 and above, while data from England<sup>8</sup> for the 2021-2022 period indicated that almost 64% of adults aged 18 and above were classified as overweight or obese.

### Obesity amongst different population groups

This section explores prevalence of obesity amongst different demographic groups, using the most recent survey data from the Jersey Opinion and Lifestyle Survey (JOLS). It shows whether obesity is more or less common in different groups.

In the 2023 survey, a higher proportion of males were overweight or obese (59%) than females (48%) (Figure 2), this was similar to previous years, in 2021 males overweight or obese (57%) and females (43%).

Figure 2. Proportion of males and females falling into each BMI weight category, 2023

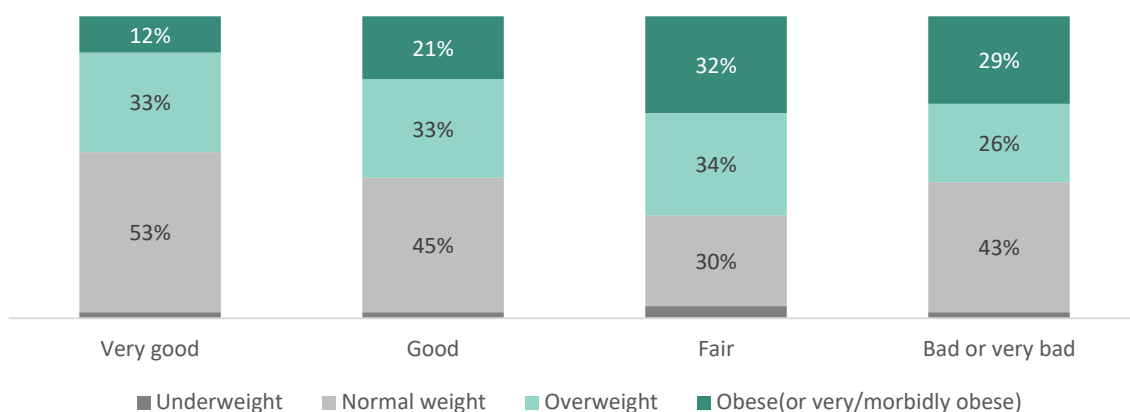


Source: JOLS, 2023

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).

<sup>8</sup> [Active Lives | Sport England](#)

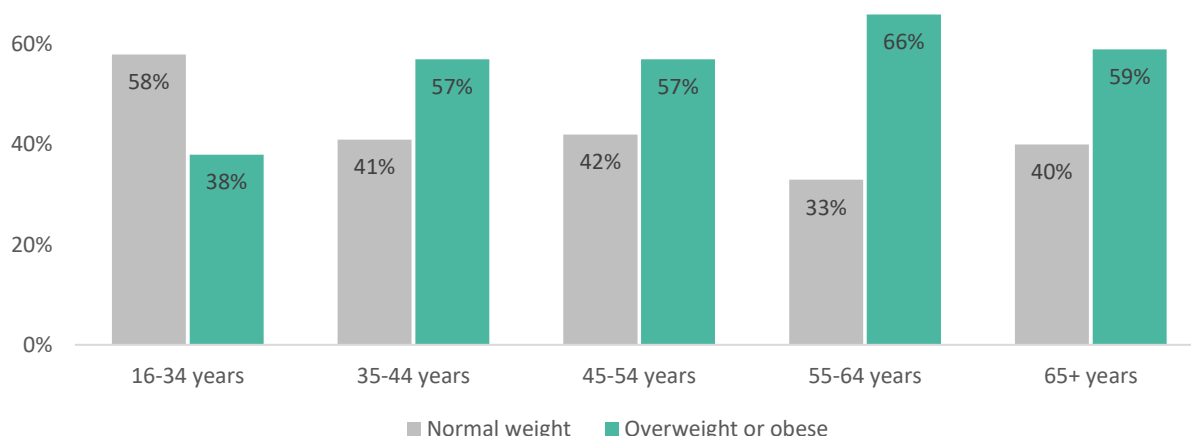
Figure 3. Proportion of people in BMI weight categories, by self-reported general health status, 2023



Source: JOLS, 2023

In 2023, the 16–34-year-old age group contained the highest proportion (58%) of normal weight adults, compared to 33% of those aged 55-64 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, 2023



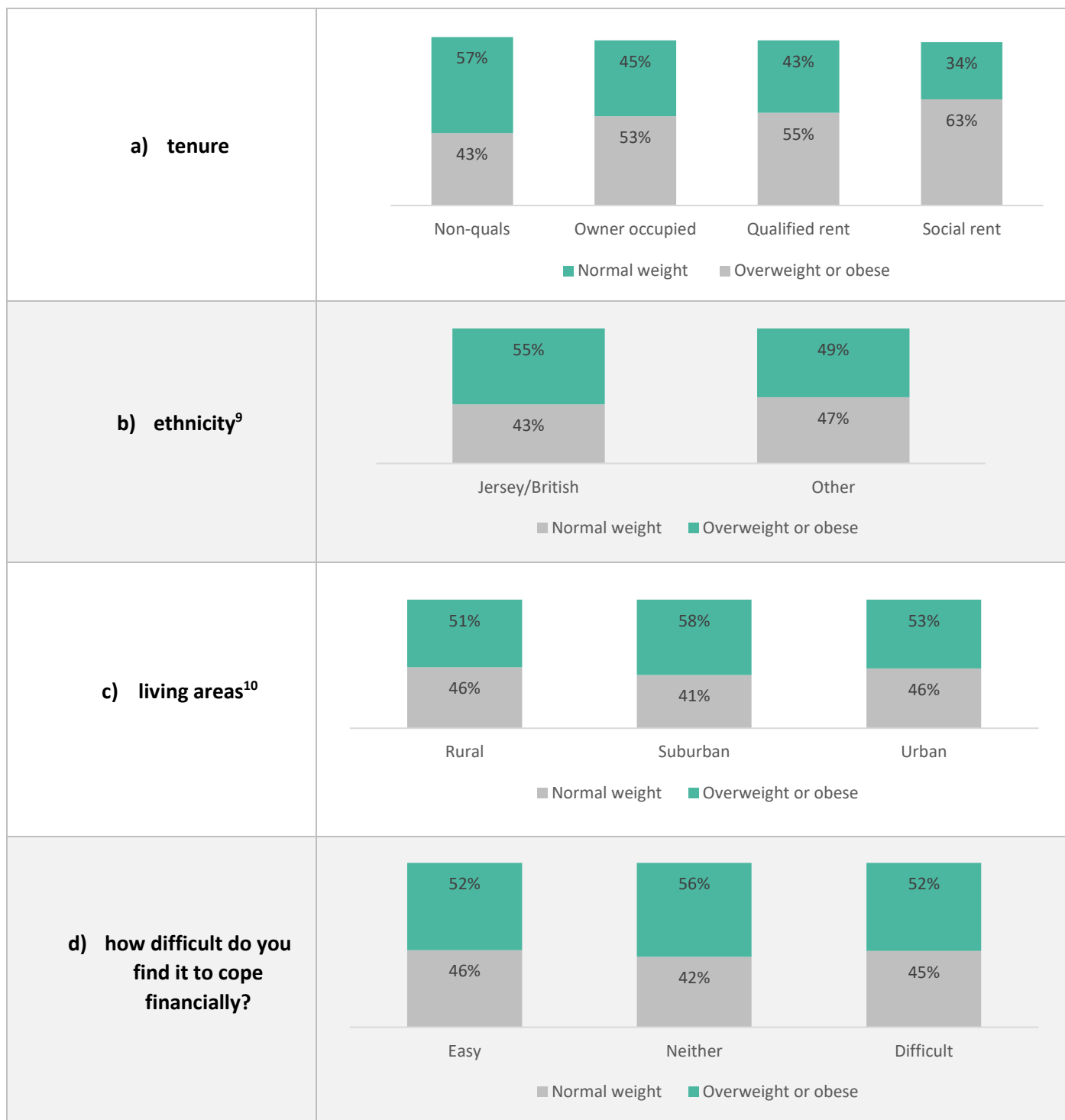
Source: JOLS, 2023

The 2023 survey data suggests likelihood of being overweight or obese differed depending on tenure (Table 2, a). For example, obesity was less likely to affect those living in non-qualified housing (43% overweight or obese), and was most likely to affect those living in social rented accommodation (63% overweight or obese). Note that this association is not necessarily causal.

Obesity was not found to be statistically different between different ethnic groups, between living areas or by whether people found it difficult to cope financially (Table 2, b,c,d).



Table 2. 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 different population groups a) tenure, b) ethnicity, c) living areas, d) finding it difficult to cope financially, 2023



Source: JOLS, 2023

<sup>9</sup> Due to the sample nature of the JOLS survey, it was not statistically appropriate to break down non-Jersey/British ethnic groups into more granular ethnicities, due to the small number of responses from individual ethnic groups

<sup>10</sup> The parish of residence was classified into:

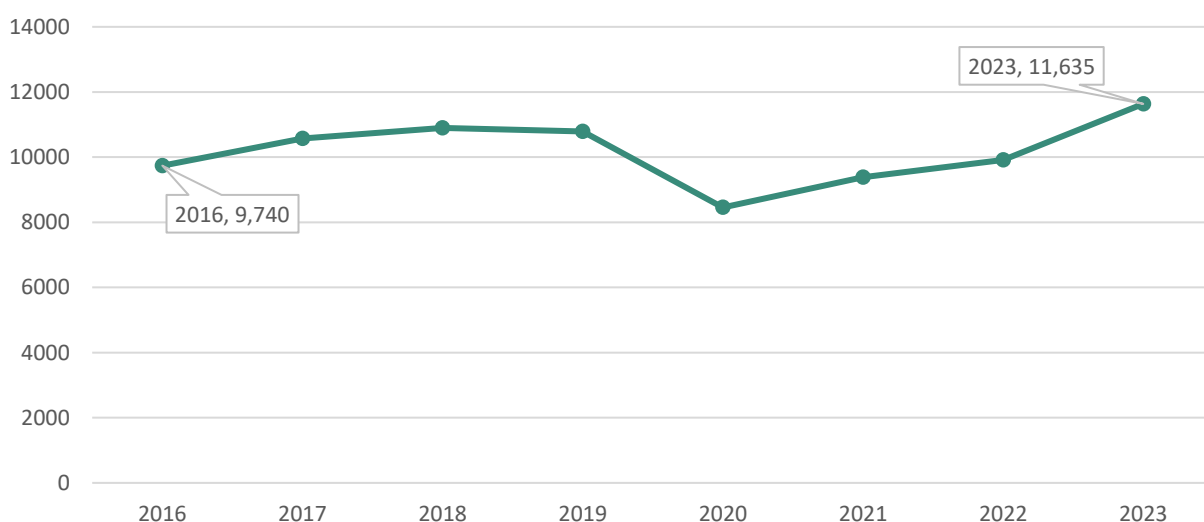
- Urban – St Helier
- Semi-urban – St Brelade, St Clement, St Saviour
- Rural – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity

## 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, broadly following indicators from UK Quality Outcomes Framework (QOF)<sup>11</sup>. These conditions registers are used to track the prevalence of those long-term conditions in the Island.

Figure 5 shows the number of adult patients identified by their GP as being obese. In 2023, people on the JQIF obesity register accounted for 13% of those aged 16 or over<sup>12</sup>. 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 in 2021 and reached its highest value in 2023.

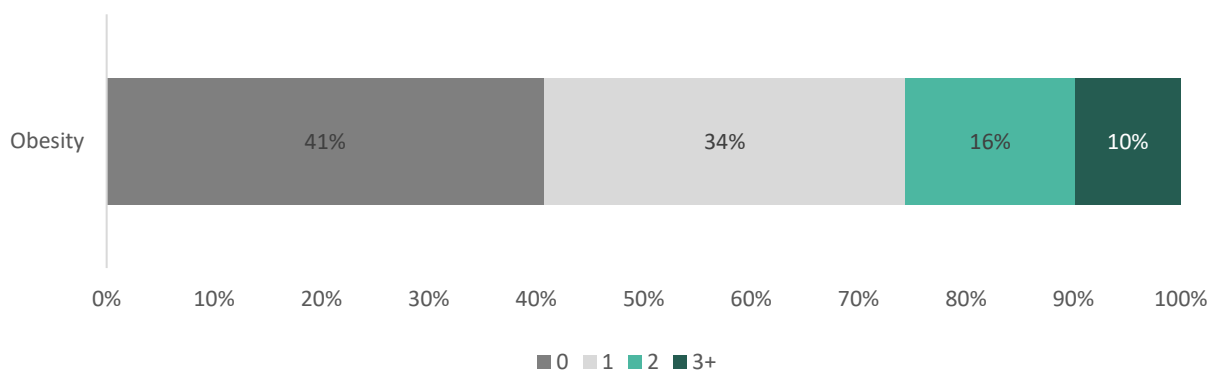
Figure 5. Number of Jersey GP practice patients on the JQIF obesity register (2016 – 2023)



Source: JQIF register

After hypertension, obesity was the most commonly recorded long-term condition, with 11,635 patients registered. Almost three in five people (59%) with obesity have at least one additional morbidity<sup>13</sup> (Figure 6).

Figure 6. Percentage of patients with obesity having 0,1,2 or 3+ additional conditions, 2023



Source: JQIF register

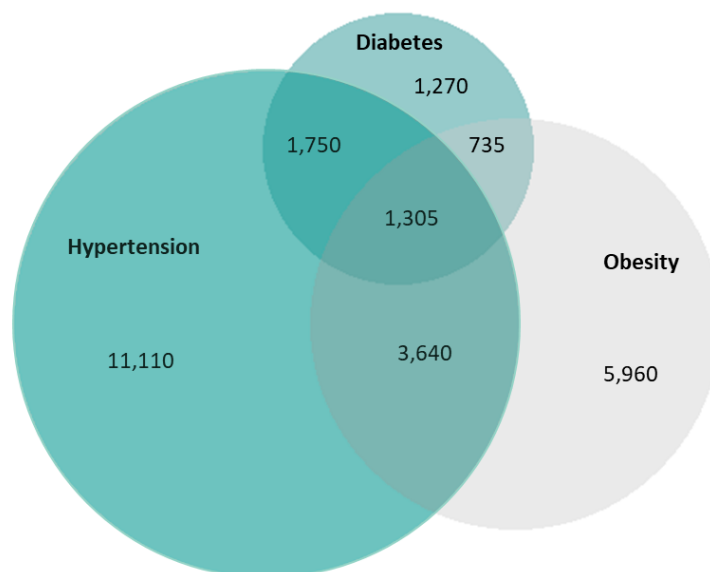
<sup>11</sup> [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

<sup>12</sup> Based on [latest population estimates](#)

<sup>13</sup> [Multi-Morbidity Report 2023](#)

When looking at diseases which co-occurred amongst people with obesity, hypertension and diabetes were the most common. Over 1,300 people had this triad (set of three) diseases at year end 2023 in Jersey (Figure 7).

Figure 7. Venn diagram showing the most common occurring triad of disease (Hypertension, Obesity and Diabetes), Jersey, 2023



Source: JQIF register

### Comparison of obesity prevalence estimations

In 2023 the estimated obesity prevalence of patients identified by GP collected on the obesity register (estimated 13% of population aged 16 or over) was lower than the estimate of obesity from the social survey (estimated 21% of the population aged 16 or over). Survey response data is from 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.

### 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<sup>14</sup>.

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 70 individuals had been prescribed Orlistat during 2023
- 82% of these individuals were females, 18% males

<sup>14</sup> [Recommendations | Obesity: identification, assessment and management | Guidance | NICE](#)

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 450 individuals were prescribed Liraglutide in 2023<sup>15</sup>
- In 2023 68% of these individuals were females, 32% males

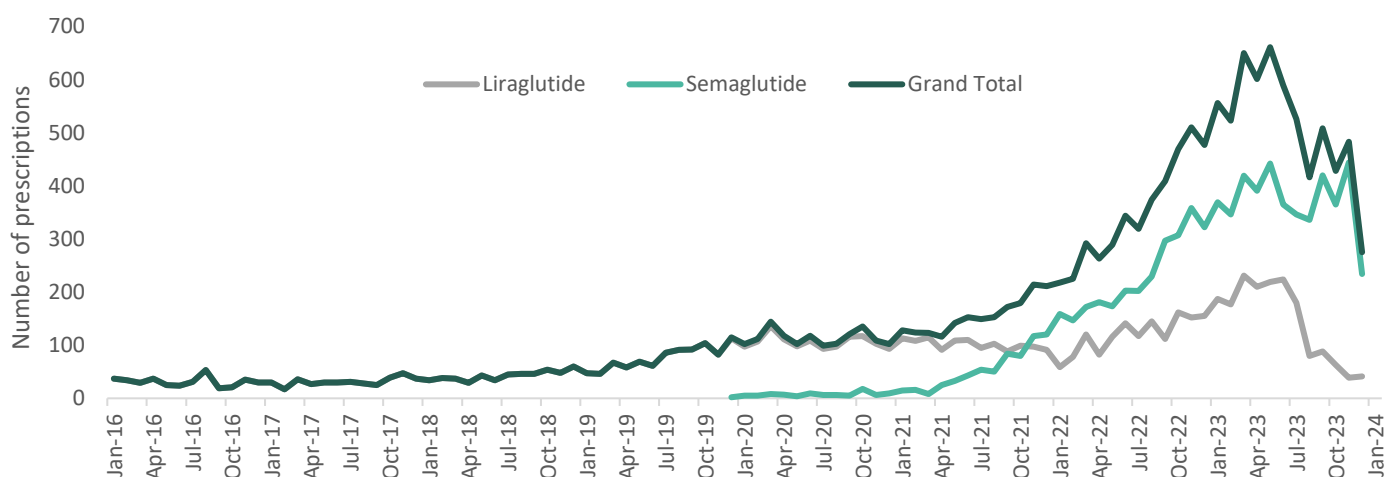
Semaglutide helps patients lose weight and get healthier. The injectable weight loss medication gathered significant attention following clinical trials when participants reduced their weight by more than 10 per cent<sup>15</sup>.

In 2023:

- in Jersey there are around 640 current patients being treated with Semaglutide for blood glucose management who attend the diabetes centre but receive prescriptions from their GP<sup>16</sup>

The decline in prescriptions for some obesity drugs during 2023 (Figure 8) can be attributed to rising supply issues concerning medications like Ozempic and others. This global problem reflects the increased demand surpassing the current manufacturing capacity worldwide<sup>17</sup>.

Figure 8. Number of prescriptions of Liraglutide and Semaglutide (2016 - 2023)



Source: (Pharmaceutical Adviser Services)

\*Global shortages have impacted the numbers of prescriptions dispensed during the last three months of 2023

- 6,215 items were prescribed for Liraglutide and Semaglutide in primary care in 2023; that is 33% more than in 2022 when there were 4,190 items

<sup>15</sup> [NICE recommends new drug for people living with obesity | News | News | NICE](#)

<sup>16</sup> We are not able to confirm that this that these patients are receiving Semaglutide for weight management alone

<sup>17</sup> [Ozempic.pdf \(publishing.service.gov.uk\)](#)

## 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 (95%) of all eligible children were measured in 2022/2023, and the full report on the programme can be viewed on gov.je<sup>18</sup>.

### 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<sup>19</sup> of similar sex and age and then classified depending on the centile of the reference population to which it corresponds<sup>20</sup> (see Table 3). The epidemiological classification system is used for this report.

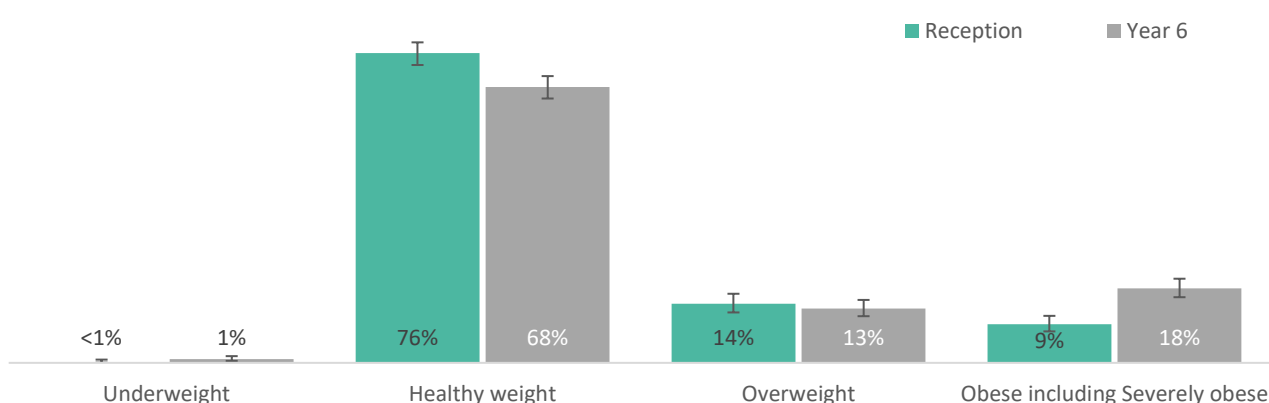
Table 3. Centile boundaries for classification of BMI into weight category – epidemiological

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 2022/23 (JCMP)<sup>21</sup> found that around 24% of reception age children in Jersey (age 4-5) were overweight or obese (9% were obese, with a further 14% overweight). These proportions were higher among year 6 children (age 10-11), with 32% recorded as overweight or obese (18% being obese and 13% overweight).

Figure 9. Proportion of children in Year Reception and year 6 grouped by BMI category, Jersey (2022-2023)



Source: JCMP, 2023

<sup>18</sup> [Jersey Child Measurement Programme 2022/2023](#)

<sup>19</sup> 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.

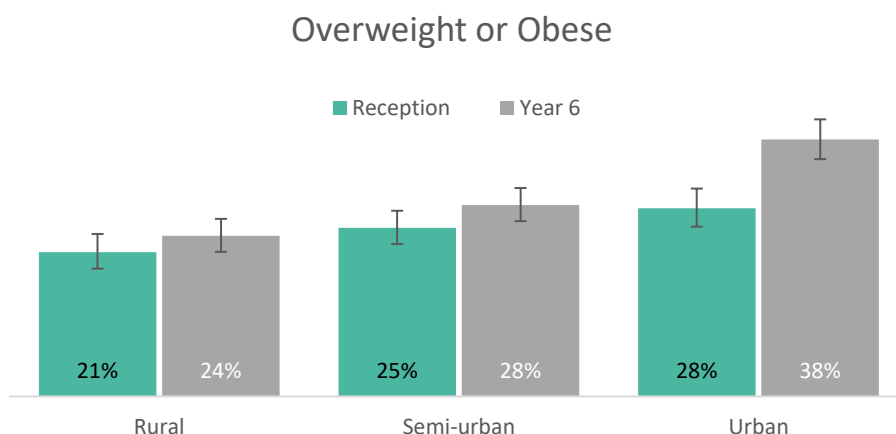
<sup>20</sup> These are the epidemiological boundaries commonly used for comparison purposes at a population level. The child measurement programme also uses the clinical boundaries for some purposes – see Appendix for an explanation.

<sup>21</sup> [Jersey Child Measurement Programme 2022/2023](#)

The JCMP figures for the 2022/23 year show:

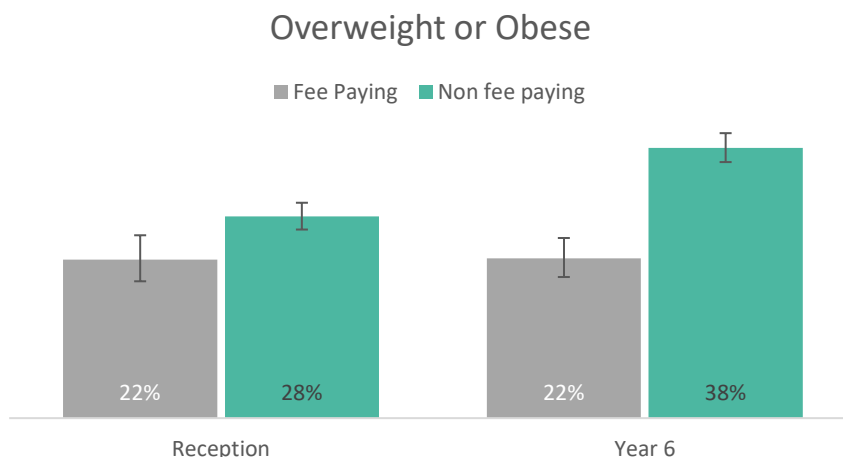
- the proportion of children categorised as overweight or obese in both Reception year and Year 6 was similar for females and males and to the previous year 2021/2022
- over a three-year period, children living in rural areas in Year 6 were less likely to be overweight or obese than those living in urban areas (Figure 10)
- over a three-year period, a higher proportion of children who attended non-fee-paying schools in Reception were overweight or obese (28% of children), than those who attended fee-paying schools (22%); similarly, a higher proportion of children who attended non-fee-paying schools in Year 6 were obese (38%) compared to those attending fee-paying schools (22%) (Figure 11)

Figure 10. BMI classifications by parish type, Jersey, 2020-2022 (three-year average), based on parish of child<sup>22</sup>



Source: JCMP, 2023

Figure 11. BMI classifications by school type<sup>23</sup>, Jersey, 2020-2022 (three-year average)



Source: JCMP, 2023

<sup>22</sup> The parish of residence of each child was classified into:

- Urban – St Helier
- Semi-urban – St Brelade, St Clement, St Saviour
- Rural – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity

<sup>23</sup> School attended by each child were classified into: Fee-paying – Beaulieu, De La Salle, FCJ, Helvetia House, JCG Preparatory, St. Christopher’s, St. George’s, St. Michael’s, Victoria College Preparatory.

Non-fee-paying – Bel Royal, D’Auvergne, First Tower, Grands Vaux, Grouville, Janvrin, La Moye, Les Landes, Mont Nicolle, Plat Douet, Rouge Bouillon, Samares, Springfield, St. Clement, St. John, St. Lawrence, St. Luke, St. Martin, St. Mary, St. Peter, St. Saviour, Trinity.

## 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<sup>24</sup> 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.

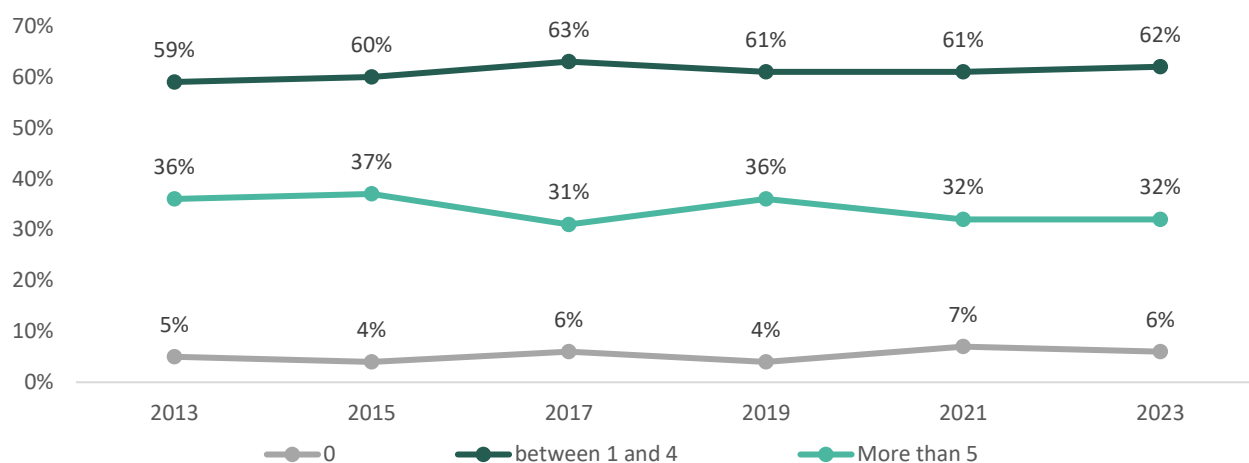
### Diet trends

Sources of data for this section are the Jersey Opinion and Lifestyle survey (JOLS) and the Household Spending survey 2021/2022.

In 2023:

- over two thirds (67%) of adults in Jersey had eaten less than the recommended five portions of fruit and vegetables per day
- 6% of adults had not eaten any fruit or vegetables over the previous day
- 62% of adults in Jersey had eaten between one and four portions of fruit and vegetables per day
- slightly less than a third (32%) of adults had eaten 5 or more portions of fruit or vegetables in the previous 24 hours. This was fairly similar to previous years.

Figure 12. Portions of fruit and vegetables eaten in the last 24 hours, 2013 to 2023



Source: JOLS, 2023

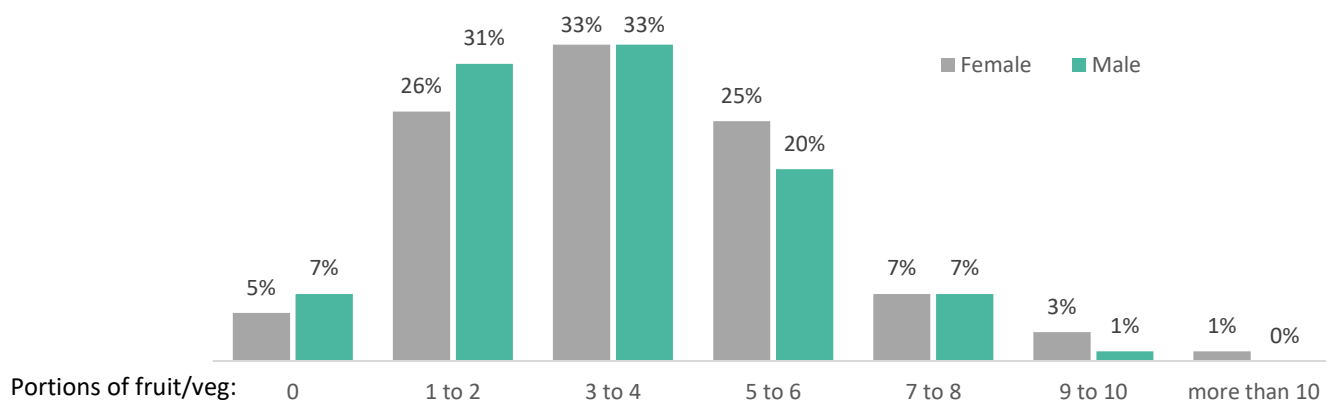
### Diet amongst different population groups

In 2023:

- around a third (36%) of women reported eating at least the recommended daily portion of fruit and vegetables, compared to just over a quarter (28%) of men (Figure 13)
- Only a quarter (26%) of people aged 16-34 years has eaten the recommended fruit or vegetables over the previous day (Figure 14)

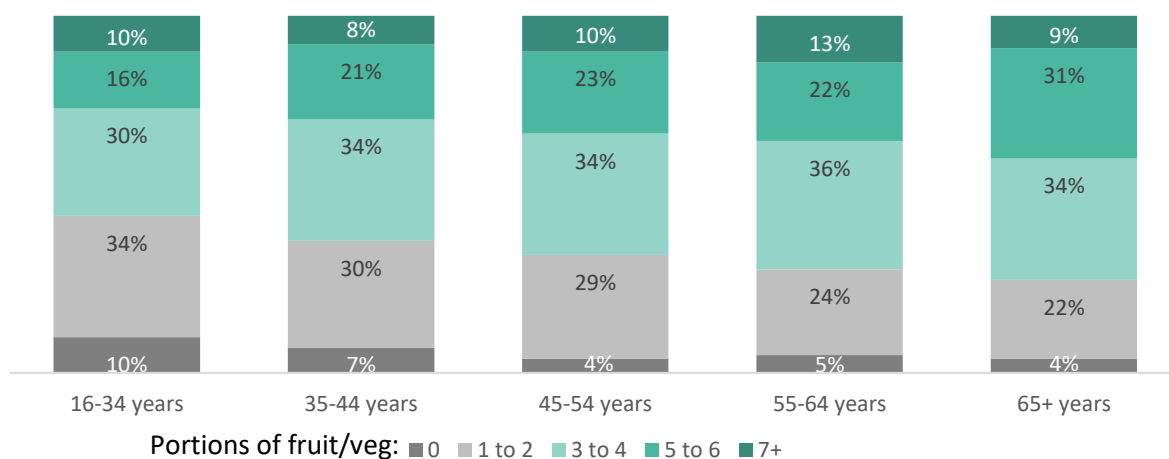
<sup>24</sup> [Eat Well Guide at gov.uk](https://www.gov.uk/government/guidance/eat-well-guide)

Figure 13. Proportion of adults eating portions of fruit or vegetables in the last 24 hours by gender, 2023



Source: JOLS, 2023

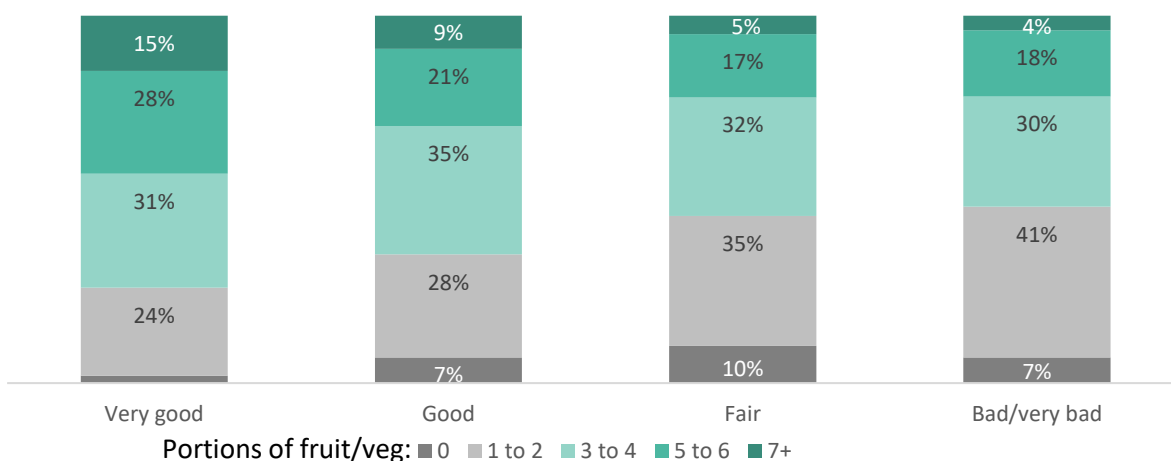
Figure 14. Proportion of adults eating portions of fruit or vegetables in the last 24 hours by age group, 2023



Source: JOLS, 2023

- 43% of people who reported very good health reported eating at least the recommended daily portion of fruit and vegetables, compared to 22% who reported very bad health (Figure 15)

Figure 15. Proportion of adults eating portions of fruit or vegetables in the last 24 hours by self-reported general health status, 2023

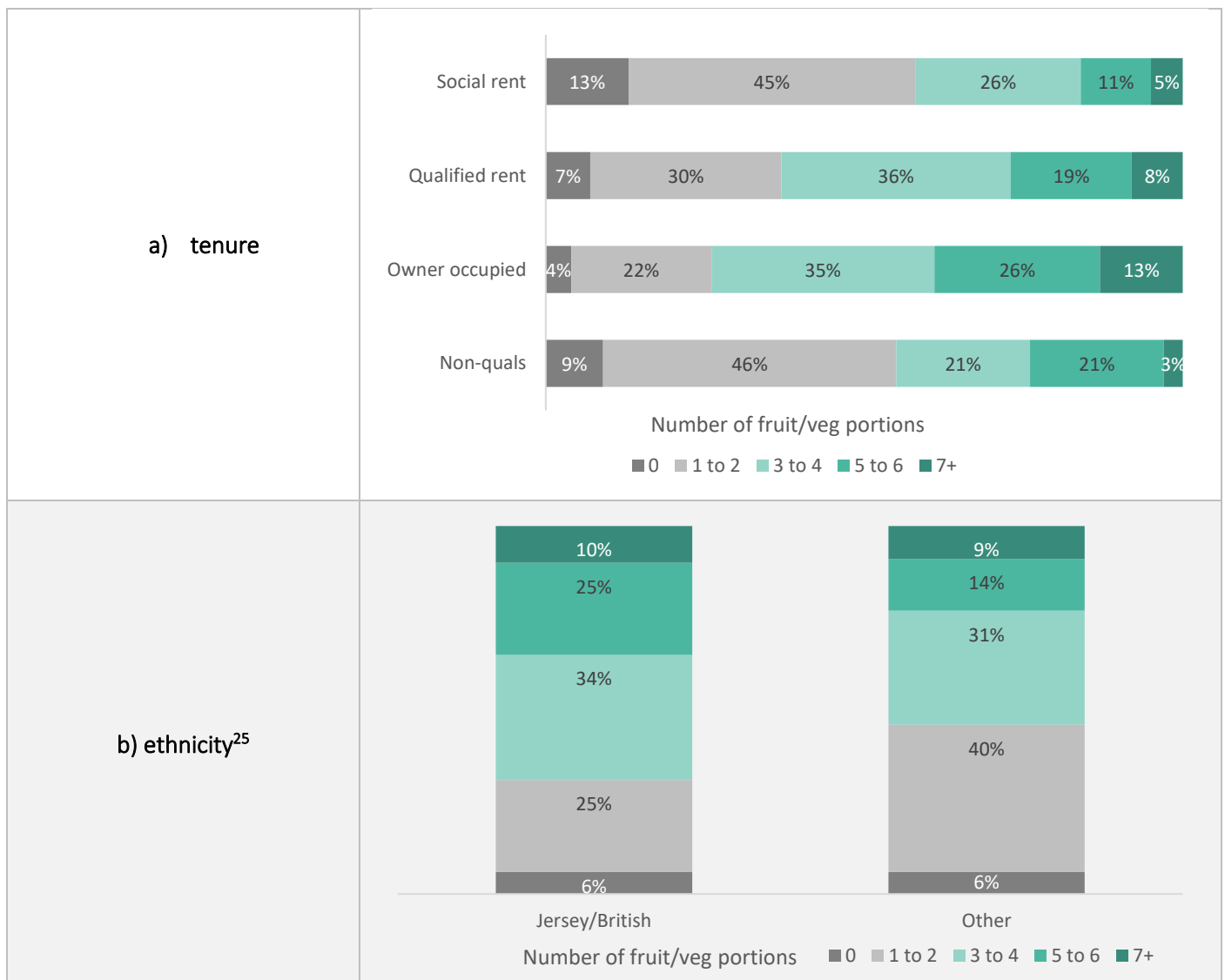


Source: JOLS, 2023

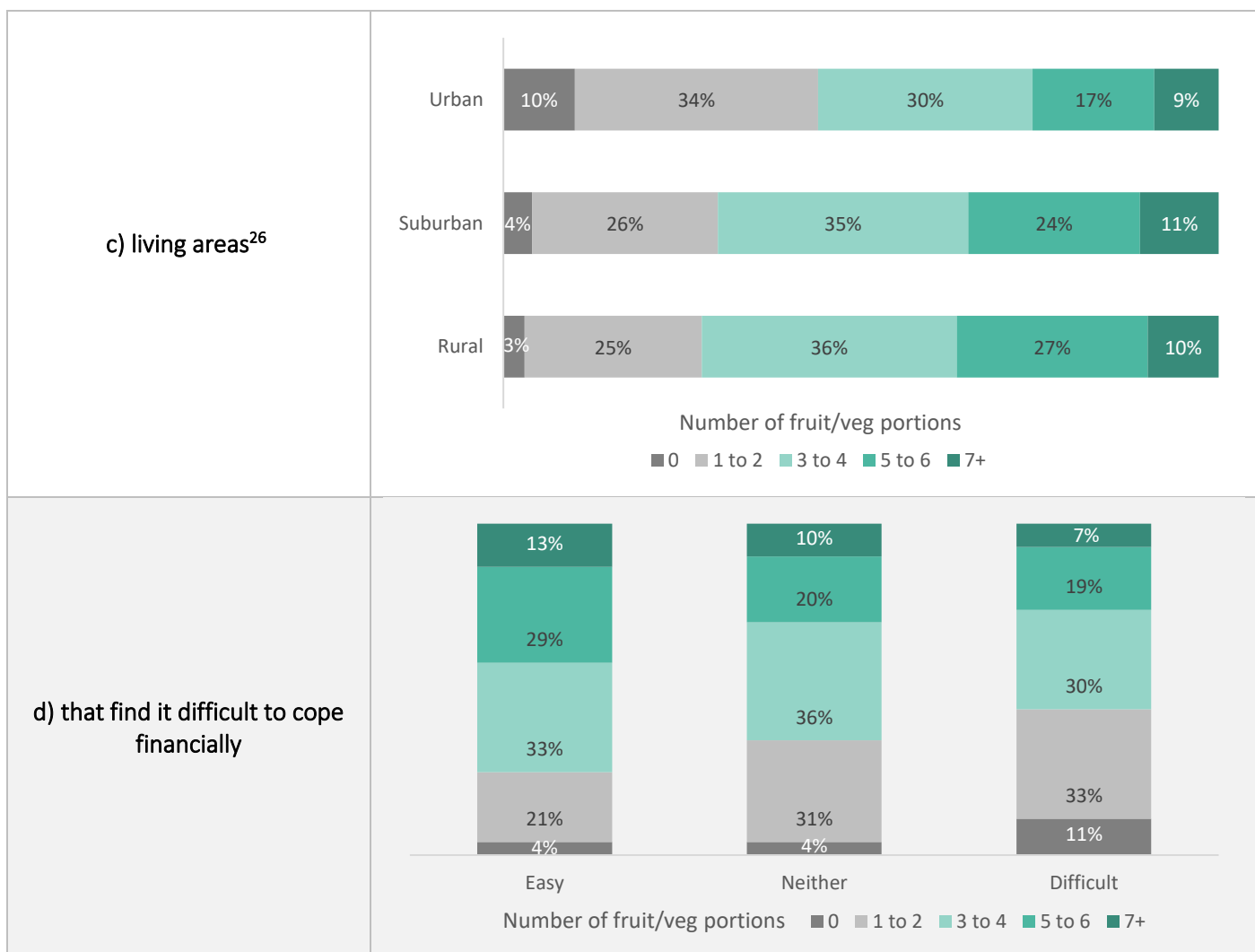


- 84% of individuals residing in social rental accommodation did not consume the recommended daily servings of fruits or vegetables; this figure stood at 76% for non-qualified accommodation, 73% for those in qualified rental housing and 61% for owner-occupied dwellings (Table 4)
- 35% of people who are Jersey/British had eaten the recommended portion of fruit or vegetables compared to 23% of other ethnicity (Table 4)
- around a third (37%) of people living in rural parishes had eaten the recommended portion of fruit or vegetables compared to a quarter (26%) of people living in urban parishes (Table 4)
- around 2 in 5 (42%) of people who find it easy to cope financially has eaten the recommended portion of fruit or vegetables compared to a quarter (26%) of people who find it difficult to cope financially (Table 4)

Table 4. Portions of fruit and vegetables eaten in the last 24 hours amongst different population groups a) tenure, b) ethnicity, c) living areas, d) people finding it difficult to cope financially), 2023



<sup>25</sup> Due to the sample nature of the JOLS survey, it was not statistically appropriate to break down non-Jersey/British ethnic groups into more granular ethnicities, due to the small number of responses from individual ethnic groups



Source: JOLS, 2023

### Household purchases of food and drink

Data for this report is collected with the Living Costs and Household Income Survey<sup>27</sup>, which is carried out once every five years. The survey was last completed in November 2022.

The average expenditure for all households on food and non-alcoholic drinks was £101 per week of which:

- around £16 per week was spent on fresh fruit and vegetables (around £8 per week each)
- around £9 per week was spent on processed meat products (e.g. meat pies, burgers, and ready meals), and a further £3 on bacon, ham, and sausages
- similar amounts were spent on poultry and beef (around £3 per week each)
- similar amounts were spent on bread and milk (£4 per week each)
- around £4 per week was spent on chocolate and confectionary
- households allocate a significant portion of their weekly food budget to various other food items including rice, fish, cheese etc.

<sup>26</sup> The parish of residence was classified into:

- Urban – St Helier
- Semi-urban – St Brelade, St Clement, St Saviour
- Rural – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity

<sup>27</sup> [Living Costs and Household Income Survey](#)

Equivalised income adjusts household income by considering household size and composition to account for differing resource needs. It allows for consistent comparisons between households of different sizes and compositions, ensuring those with the same equivalised income have a comparable standard of living.

When looking at expenditure by income, household incomes have been ranked in ascending order of gross cash income<sup>28</sup> and divided into five equal-sized groups (quintiles) to examine expenditure patterns across the income distribution. Households with the smallest income lie in the first quintile group (the lowest twenty percent) and those with the largest income lie in the fifth quintile group (the highest twenty percent).

- households in the lowest income quintile spent higher proportions on food and non-alcoholic drinks than those in the highest income quintile (16% and 8% respectively)
- households in the lowest income quintile spent less than half of households in the highest quintile for sugar, chocolate, and confectionary products (£4 and £10)
- households in the lowest income quintile spent on average less than half of households in the fourth and highest quintile on fresh fruit and vegetables (Figure 16)

Figure 16. Average household spending on fruit and vegetables by gross income quintile, 2021/2022

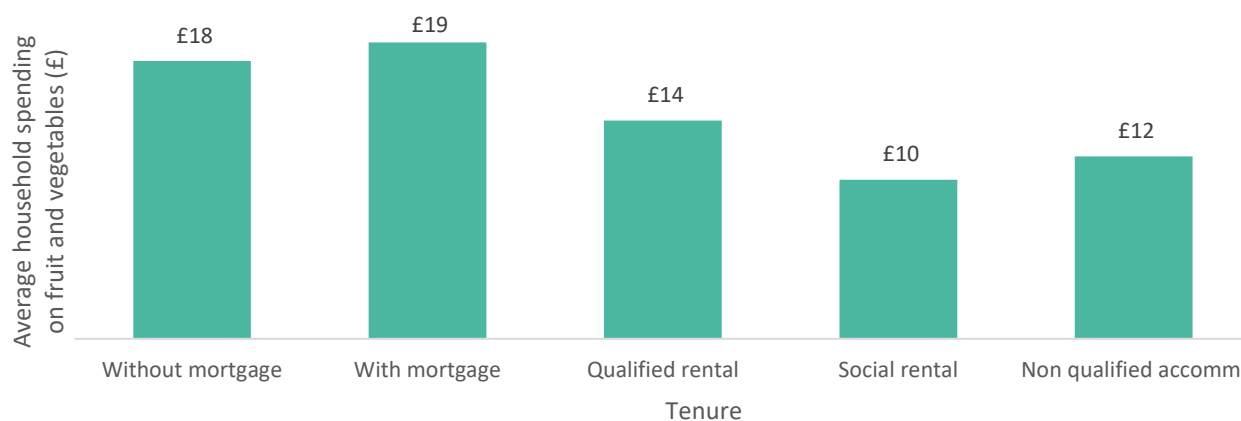


Source: Household Spending, 2021/2022

When looking at expenditure by tenure:

- social rental households spent a greater proportion of their total expenditure on food and non-alcoholic drinks (18%) than the other tenure groups
- households in social rental and non-qualified accommodations spent less on fruit and vegetables than households with or without mortgage and in qualified rental (Figure 17)

Figure 17. Average household spending on fruit and vegetables by tenure, 2021/2022



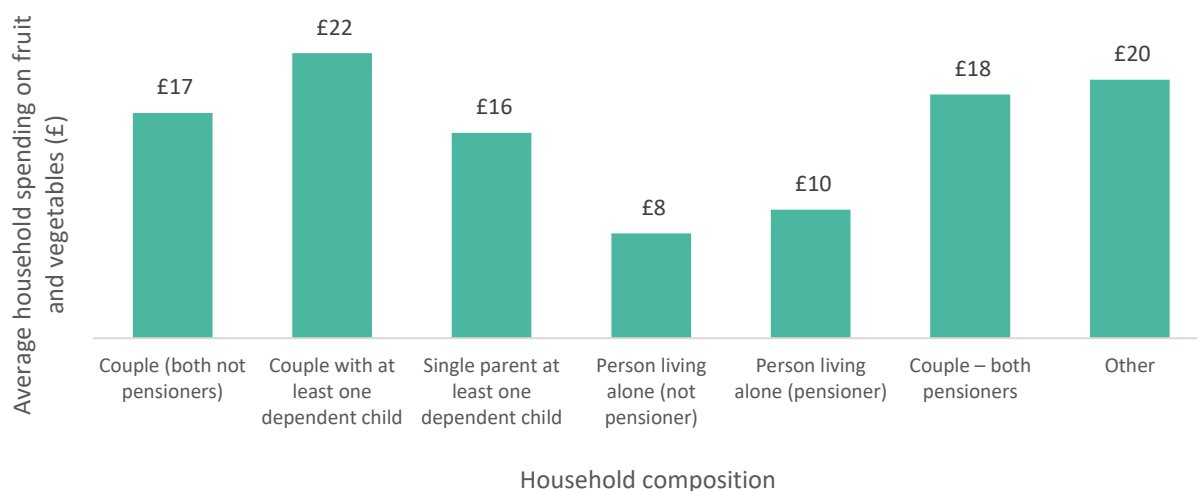
<sup>28</sup> Gross cash income includes: all gross earned and unearned income, pensions and gifts (such as inheritances) and all benefits (household and individual).

Source: Household Spending, 2021/2022

When looking at the average total weekly expenditure by household composition, expenditure was greater for larger households.

- couples with dependent children spent the most on the majority of spending categories, for example food and non-alcoholic drink (£146 per week)
- couples with dependent children spent the most on sugar, chocolate, and confectionary products (£10 per week)
- people living alone (non-pensioners) spent the least amount on fruit and vegetable £8 per week (Figure 18)

Figure 17. Average household spending on fruit and vegetables by household composition, 2021/2022



Source: Household Spending, 2021/2022

### 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<sup>29</sup>.

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.

The data for this section is from the Jersey Children and Young People's survey<sup>30</sup> (JCYPs), the survey was due to be run in October 2023, however, due to the industrial action, the survey was put on hold. The most recent survey run in 2021, the results were included in the previous Obesity, Diet and Physical activity profile published in 2022.

[Obesity, Diet and Physical Activity \(2021\)](#)

### School-based programmes

The Government of Jersey developed Jersey's Food and Nutrition Strategy 2017 to 2022<sup>31</sup>, 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.

<sup>29</sup> [Healthy eating for children | healthdirect](#)

<sup>30</sup> [Jersey Children and Young People's Survey \(gov.je\)](#)

<sup>31</sup> [Food and Nutrition Strategy for Jersey 2017 to 2022](#)

- **Primary school meals partnership:** currently operating in 10 schools, it provides a daily lunch service as an alternative to lunch boxes, it enables every child to access a meal that adheres to the Jersey School Food Standards. The aspiration is for all schools to be receiving the service by the end of 2024.
- **Free fruit pilot scheme:** a pilot scheme that provides a daily piece of free fruit to every child in school. The pilot launched in October 2023, currently operates in 3 primary schools and is due to finish and the end of March 2024.
- **Whole School Food Policy work:** an approach facilitated by Public Health that supports schools to review their current food and nutrition activities (e.g. breakfast clubs, policies around snacks and packed lunches etc) and to cultivate a healthy school food culture. Various activities are actively happening in around five schools at the moment.
- **Food Dudes:** a behavioural modification programme that encourages children to try new fruits and vegetables and to develop healthy taste preferences. Nearly all 24 public primary schools have received the programme.
- **Family Food and Fitness:** is a 12-week programme targeted to children above a healthy weight, and which helps families to develop and sustain a healthy lifestyle.
- **Healthy Start:** is a local programme providing vouchers for fresh fruit and vegetables to low-income parents of young children. It aims to increase access to good nutrition for parents and their child during the crucial early stages of growth and development.

## 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<sup>32</sup>. 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<sup>33</sup> 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<sup>34</sup> 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 data for this section is sourced from the Jersey Opinion and Lifestyle Survey (JOLS).

### Adult Sports and Physical Activity

In 2023, around half (55%) 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 2021, when 52% of adults were found to do 150 minutes or more per week. In 2023, 17% of adults reported doing less than 30 minutes of physical activity in a week and around a quarter (28%) reported doing between 30 and 150 minutes.

<sup>32</sup> [Part 5: Physical activity - NHS Digital](#)

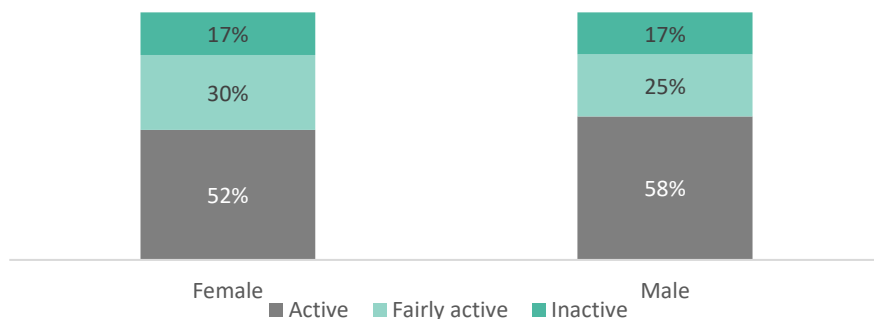
<sup>33</sup> [Physical activity guidelines - GOV.UK \(www.gov.uk\)](#)

<sup>34</sup> [Movemore.je](#)

## Physical activity amongst different population groups

A slightly higher proportion of males (58%) reported meeting the physical activity guidelines than females (52%). This difference was similar to that seen in England on this measure, the Active Lives Survey<sup>35</sup> reported a gender difference of 5 percentage points in 2021-2022 report.

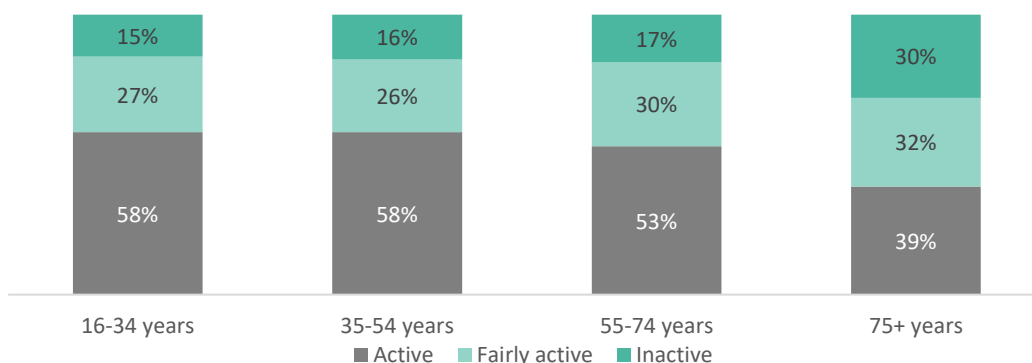
Figure 18. Proportion of people meeting the recommended physical activity guidelines by gender, 2023



Source: JOLS, 2023

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.

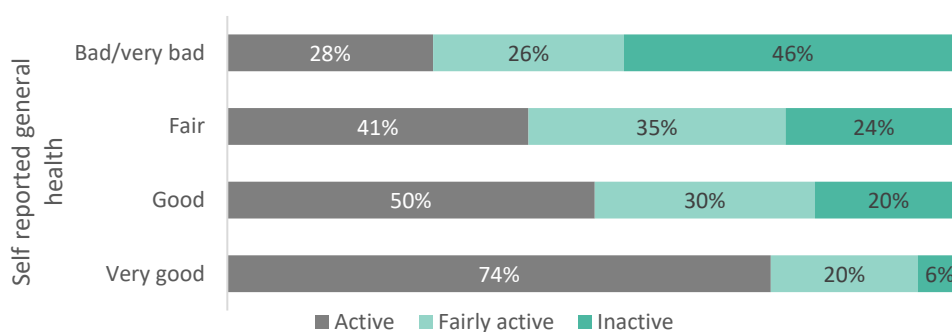
Figure 19. Proportion of adults meeting the recommended physical activity guidelines by age group, 2023



Source: JOLS, 2023

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. Around three quarters of Islanders (74%) who rate their health as very good and Islanders who rate their health as good (50%) met the physical activity guidelines (150 + minutes per week). This compares to almost three in ten (28%) of adults who rate their health as bad or very bad (Figure 20).

Figure 20. Proportion of adults meeting the recommended physical activity guidelines by general health, 2023



Source: JOLS, 2023

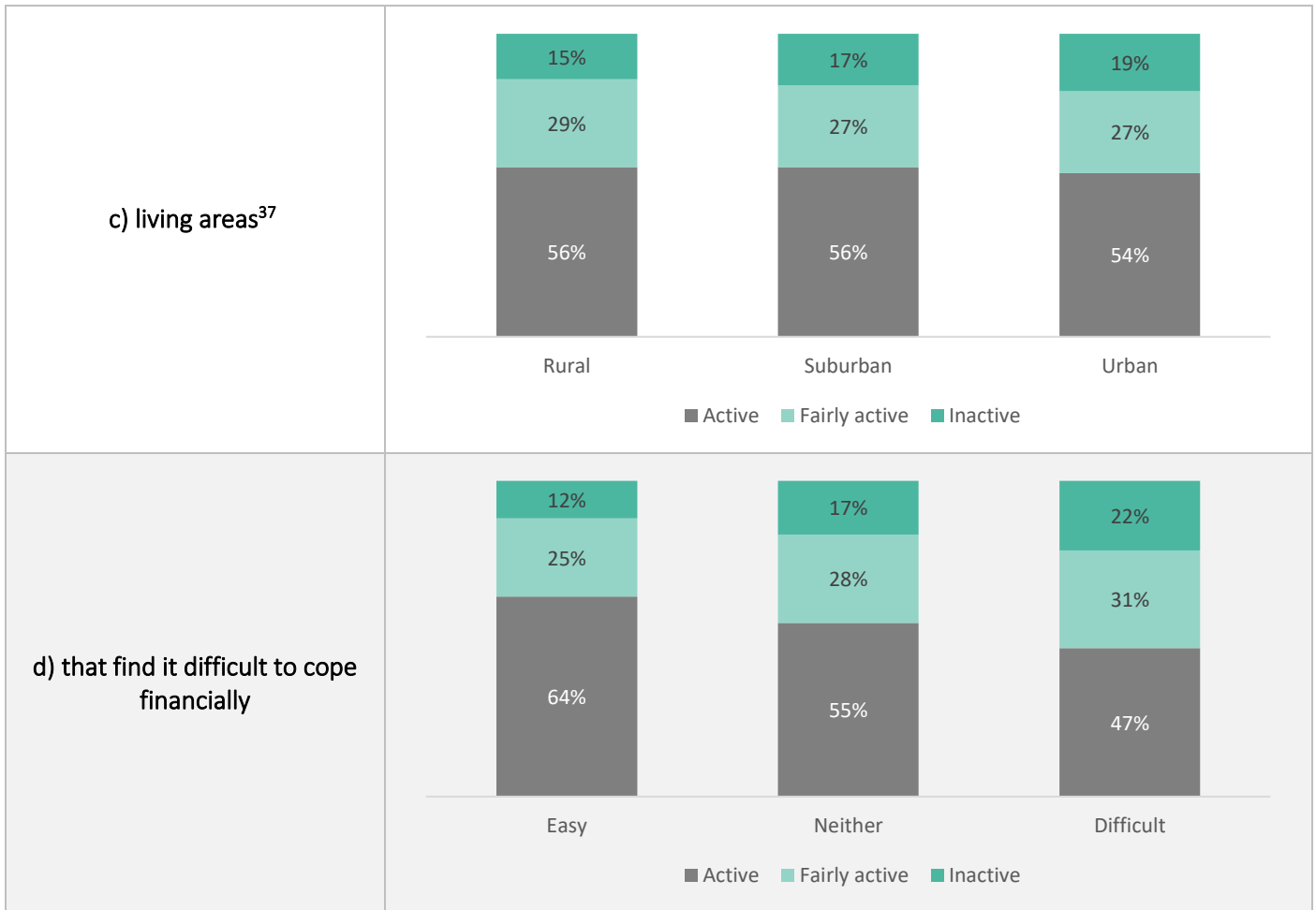
<sup>35</sup> [Active Lives Adult Survey 2021-2022](#)

- 33% of individuals residing in social rental accommodation have met the recommended physical activity guidelines; this figure stands at 41% for those in non-qualified accommodation, 57% for qualified rentals, and 61% for owner-occupiers (Table 5)
- 58% of people who are Jersey/British has met the recommended physical activity guidelines compared to 45% of other ethnicity (Table 5)
- physical activity was not found to be statistically different between living areas (Table 5)
- 64% of people who find it easy to cope financially met the recommended physical activity guidelines compared to 47% of people who find it difficult to cope financially (Table 5)

Table 5. Proportion of people meeting the recommended physical activity guidelines amongst different population groups a) tenure, b) ethnicity, c) living areas, d) people finding it difficult to cope financially), 2023



<sup>36</sup> Due to the sample nature of the JOLS survey, it was not statistically appropriate to break down non-Jersey/British ethnic groups into more granular ethnicities, due to the small number of responses from individual ethnic groups



Source: JOLS, 2023

### Active travel

Be it walking to school, cycling to work, or other everyday journeys you make to get from place to place – rather than solely for leisure or fitness – active travel can offer a convenient, accessible, and affordable way to move more.

In 2023:

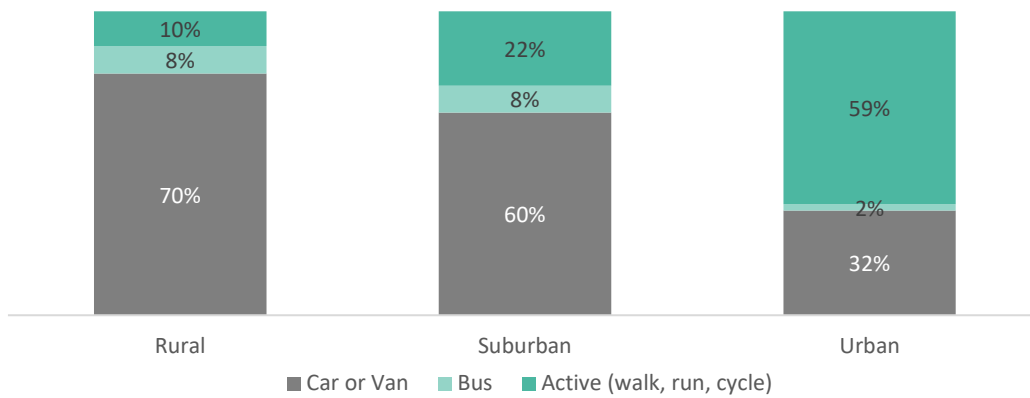
- a similar proportion of males (53%) and females (58%) took part in active travel
- overall, 34% of people who work usually travels by walking, running, or cycling
- 59% of individuals who actively commute to work were living in urban areas (Figure 21), this proportion remained consistent with the 61% reported in the 2022 survey

<sup>37</sup> The parish of residence was classified into:

- Urban – St Helier
- Semi-urban – St Brelade, St Clement, St Saviour
- Rural – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity



Figure 21. Proportion of adults who usually travel to work (by car or van, bus and actively) by living areas<sup>38</sup>, 2023



Source: JOLS, 2023

## Conclusion

The findings of this report underscore the multifaceted nature of the challenges posed by obesity, diet, and physical activity in our community. While efforts are being made to address these issues, there remains a significant gap between recommended behaviours and actual practices.

By working collaboratively across sectors, we can strive towards a healthier future for all Jersey residents, where obesity rates decline, dietary habits improve, and physical activity levels increase, ultimately leading to enhanced well-being and reduced burden on healthcare systems.

<sup>38</sup> The parish of residence was classified into:

- Urban – St Helier
- Semi-urban – St Brelade, St Clement, St Saviour
- Rural – Grouville, St John, St Lawrence, St Martin, St Mary, St Ouen, St Peter, Trinity

## 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 \(gov.je\)](#)

### **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 \(JOLS\) \(gov.je\)](#)

### **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 \(gov.je\)](#)

### **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'.

[Jersey Child Measurement Report 2022 to 2023 \(gov.je\)](#)

### **EMIS IT System:**

In Primary Care (EMIS) 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.

### **Living Costs and Household Income Survey:**

Statistics Jersey use the results of the survey to measure household spending, incomes and income inequality and show how these are changing over time. The survey usually takes place every 5 years and runs for a year to ensure it can capture different spending patterns throughout the year. For example, spending is typically higher in the build up to Christmas. Households are selected at random to take part in the survey. Each participating household is asked to complete a face-to face survey with a trained interviewer relating to infrequent purchases and regular spending on household bills. Each adult also keeps a two-week spending diary to capture their day-to-day purchases.

### **InPAx (Pharmaceutical Advisory Service)**

The provision of Pharmaceutical Advisory Services in Jersey is contracted to third party to encourage more efficient and effective management of medicines in the primary care sector.

## Notes

### **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  $\pm 3.0$  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  $50 \pm 3\%$ . Put another way, it is 95% likely that the true population figure lies within  $\pm 3\%$  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 checked that all mandatory data items have been provided and data validation rules have been met.

### **Contact details**

Please forward any comments or feedback to the Public Health Intelligence Team: [healthintelligence@gov.je](mailto:healthintelligence@gov.je)