hscic Health & Social Care Information Centre

Statistics on Obesity, Physical Activity and Diet

England, 2016

Published 28 April 2016

Key facts

- In 2014, 58% of women and 65% of men were overweight or obese. Obesity prevalence has increased from 15% in 1993 to 26% in 2014.
- In 2014/15, more than 1 in 5 children in Reception, and 1 in 3 children in Year 6 were measured as obese or overweight. Children in most deprived areas are twice as likely to be obese than children in least deprived areas.
- In 2014/15, there were 6,032 Finished Consultant Episodes (FCE's) in NHS hospitals with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.
- 60% of bariatric surgery patients were aged between 35 and 54. 76% of bariatric surgery patients were female.
- In 2014, 519,000 items were prescribed for the treatment of obesity in primary care in England. That is 8% less than in 2013 when 563,000 items were prescribed.
- The net ingredient cost (NIC) of these prescription items was £15m in 2014, half the 2011 figure.
- In 2014/15, 36% of adults (16+) played sport at least once a week. 57% did not play any sport in the 28 days prior to being surveyed.

This is a National Statistics publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Find out more about the Code of Practice for Official Statistics at www.statisticsauthority.gov.uk/assessment/code-of-practice

Contents

Introduction

This statistical report presents a range of information on obesity, physical activity and diet drawn together from a variety of sources for England. More information can be found in the source publications which contain a wider range of data and analysis. The sources used include:

- New information from the Health and Social Care Information Centre (HSCIC) *Hospital Episode Statistics (HES)* as well as data from the Prescribing team at the HSCIC.
- The latest information from other sources including the Health Survey for England (HSE) and the National Child Measurement Programme (NCMP).

Topics covered in this report include:

- Trends in obesity and being overweight among different groups of the population.
- Physical fitness levels and sedentary behaviour.
- Trends in purchases and expenditure on food and drink, including fruit and vegetable consumption.
- Health outcomes related to obesity including hospital admissions and drugs used for the treatment of obesity.

Most figures quoted in this report have been rounded to the nearest whole number. Unrounded data may be found in the associated data sources.

Part 1: Obesity

- Obesity is a major public health problem due to its association with serious chronic diseases such as type 2 diabetes, hypertension (high blood pressure) and hyperlipidaemia (high levels of fats in the blood that can lead to narrowing of blockages of blood vessels). These are major risk factors for cardiovascular disease and cardiovascular related mortality.
- Obesity is also associated with cancer, disability, reduced quality of life and can lead to premature death.
- Obesity is estimated to be the fourth largest risk factor contributing to deaths in England (after hypertension, smoking, and high cholesterol) according to the NHS Atlas of Risk[1].
- For individuals classified as obese, the risk of poor health increases sharply with increasing BMI.

1) Follow link to the NHS Atlas of Risk

Adult obesity

- Main source of the data on overweight and obesity prevalence is the Health Survey for England (HSE), the latest published being HSE 2014.
- Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI)[1].
- In adults, a BMI of 25kg/m^2 to 29.9kg/m^2 means that person is considered to be overweight, a BMI of 30kg/m^2 or higher means that person is considered to be obese.
- The National Institute for Health and Clinical Excellence (NICE) recommends the use of BMI in conjunction with waist circumference as the method of measuring overweight and obesity and determining health risks.
- Waist circumference is used to help distinguish between mass due to body fat and mass due to muscular physique, or for distribution of fat.

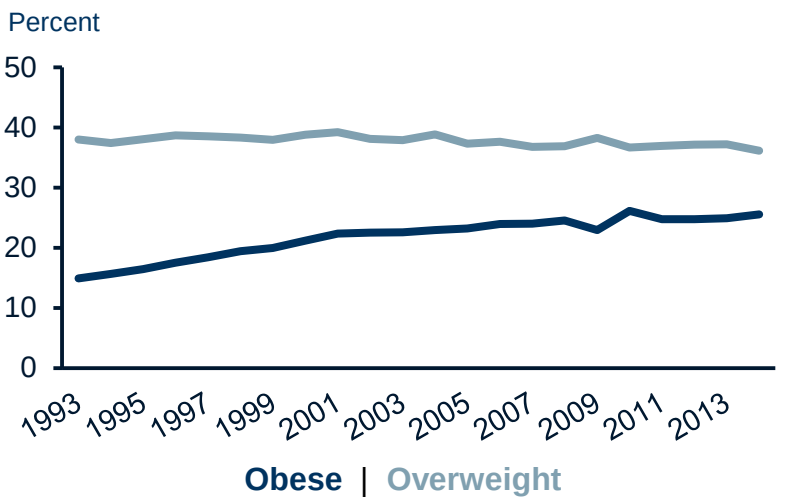
1) BMI = Person's weight (kg) / Person's height (in metres)^2

Adult obesity, Health Survey for England (HSE) 2014

Overall, 58% of women and 65% of men were overweight or obese

Obesity prevalence over time

Obesity prevalence increased from **15%** in 1993 to **26%** in 2014.

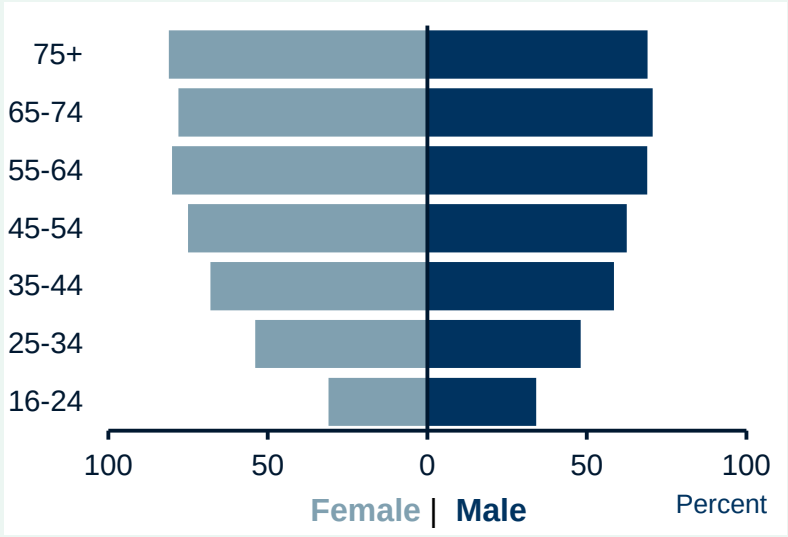


The prevalence of morbid obesity (the most severe category of obesity)[1] has more than tripled since 1993, and reached **2%** of **men** and **4%** of **women** in 2014.

Overweight and obesity prevalence by age and sex

Prevalence increases with age for both males and females.

Over three quarters of females aged 45 and over were **overweight or obese**.



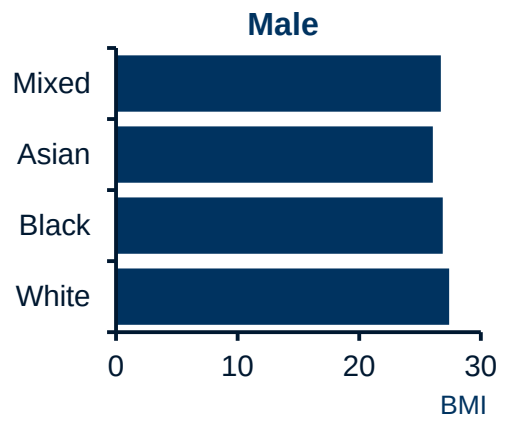
1) BMI 40kg/m^2 or higher

For more information: Table 9.2 & 9.12, Health Survey for England, 2014

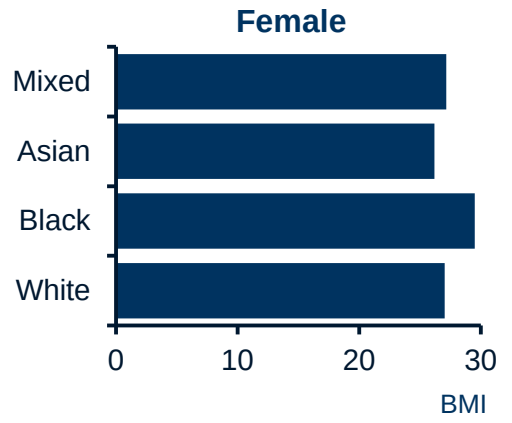
Adult obesity, Health Survey for England (HSE) 2014

Mean BMI for both men and women was 27.2 kg/m², which was in the overweight range (25 – 29.9 kg/m²)

BMI by ethnicity[1] and sex



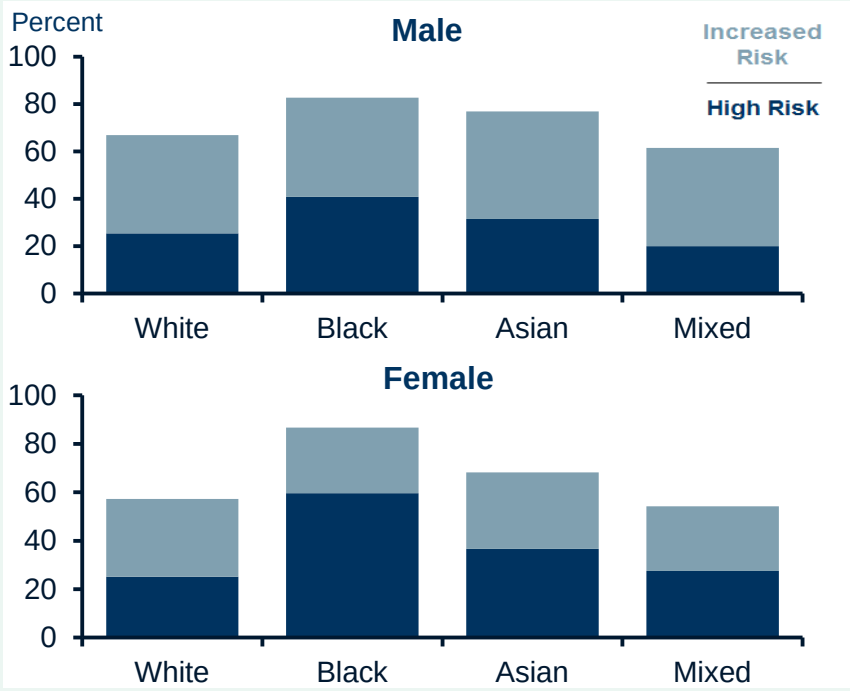
Amongst men, **White** groups had the highest mean BMI (**27.4**) and **Asian** groups the lowest (**26.0**).



Amongst women, **Black** groups had the highest mean BMI (**29.5**) and **Asian** groups the lowest (**26.2**).

Risk[2] of diabetes by ethnicity[1] and sex

Black women were considered most at risk of diabetes, with **60%** having **high risk**, and a further **27%** having **increased risk**.



1) The 'other' ethnic category has been omitted due to small size and that it is likely to include a number of diverse groups.
2) Risk derived from BMI and ethnicity as detailed in section 9.2.2 of HSE 2014

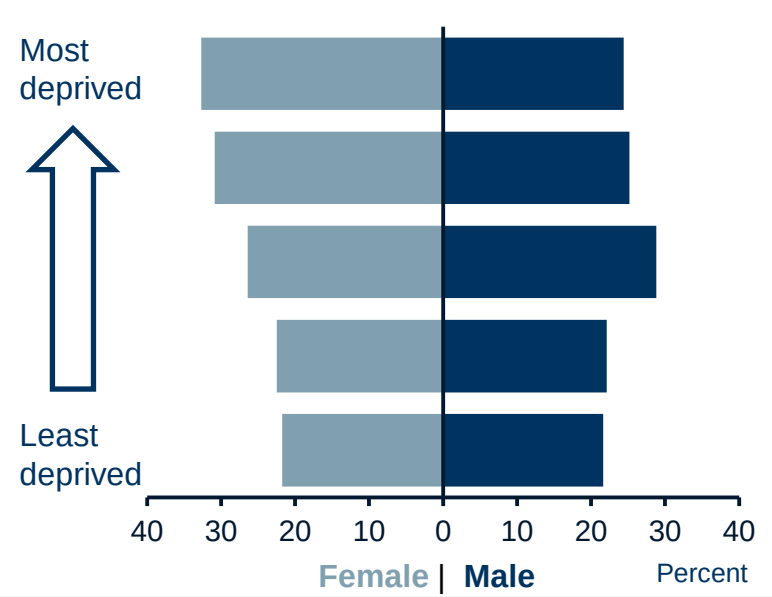
For more information: Table 9.11, HSE 2014

Adult obesity, Health Survey for England (HSE) 2014

Obesity prevalence by sex and level of deprivation[1]

For women, obesity prevalence increased with level of deprivation, from **22%** in the **least deprived** areas, to **33%** in the **most deprived** areas.

This relationship was not evident for men.



Obesity prevalence by region

Obesity prevalence varied by region, from **21%** of adults in **London,** to **31%** in the **North East.**

1) Based on the Department of Communities and Local Government Index of Multiple Deprivation quintiles: Link for more details

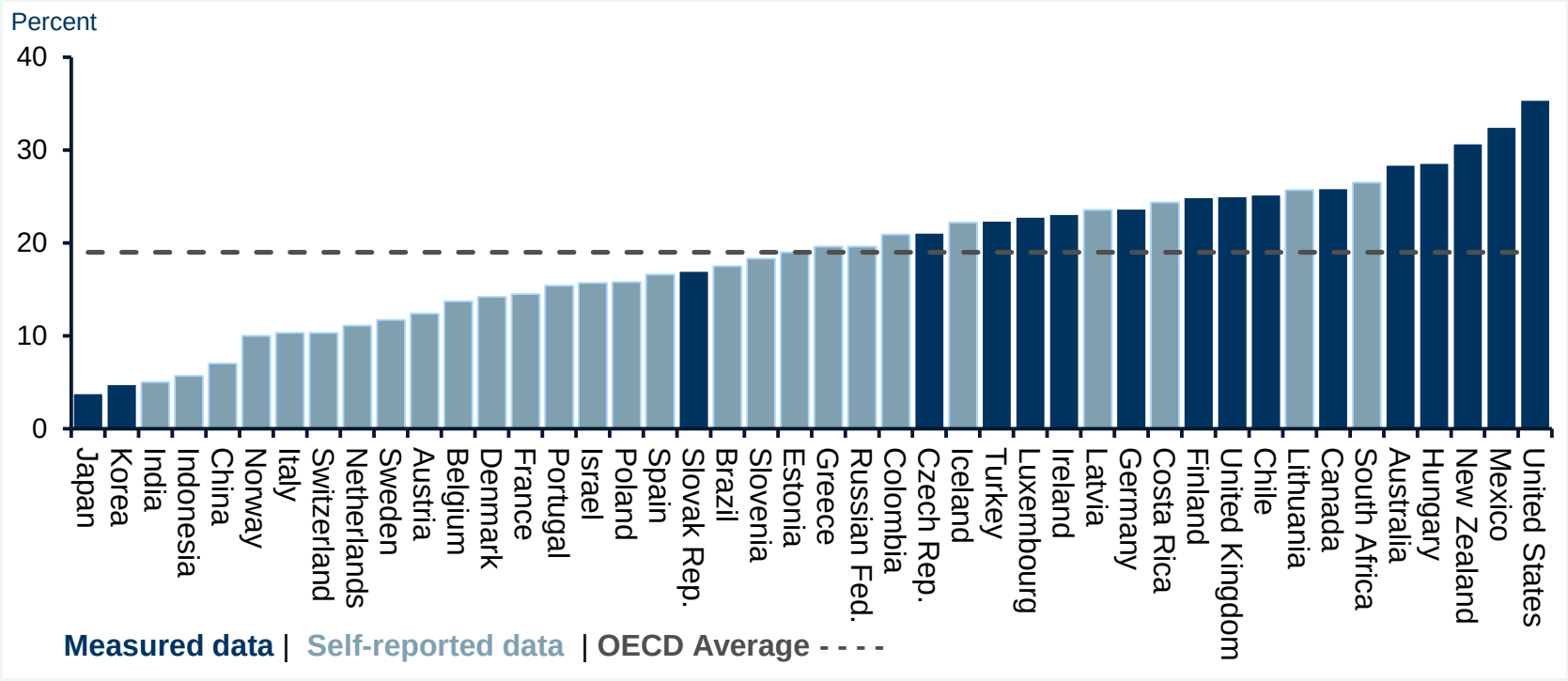
For more information: Table 9.5 & 9.3, HSE 2014

Adult obesity, Health at a Glance 2015 – Organisation for Economic Co-operation and Development (OECD)

UK comparison with other OECD countries

The UK reports an adult[1] obesity level of **25%**, 6 percentage points higher than the OECD average, but 10 percentage points lower than the USA which reports the highest adult obesity level.

Japan and Korea both report an adult obesity level of **less than 5%**.



1) Persons aged 15 and over.

For more information: Chapter 4: Health at a glance 2015

Health risk associated with Body Mass Index (BMI) and waist circumference, Health Survey for England (HSE) 2014

NICE guidance[1] suggests that the measurement of waist circumference should be used for people with a BMI less than 35kg/m^2 to assess overall health risk.

For adults with a BMI of 35kg/m^2 or more, risks are assumed to be very high with any waist circumference .

Health risk for men

22% were in the very high risk group.

13% were in the high risk group.

47% were at no increased risk.

BMI classification[2]	Waist circumference: Low (<94cm)	High (94-102cm)	Very high (>102cm)
Normal	31%	3%	0%
Overweight	13%	16%	11%
Obese I	0%	2%	15%
Obese II	5%		
Obese III	2%		

Health risk for women

25% were in the very high risk group.

18% were in the high risk group.

43% were at no increased risk.

BMI classification[2]	Waist circumference: Low (<80cm)	High (80-88cm)	Very high (>88cm)
Normal	29%	10%	2%
Overweight	4%	11%	17%
Obese I	0%	1%	16%
Obese II	6%		
Obese III	3%		

No increased risk | Increased risk | **High risk** | Very high risk

1) Link to NICE guidance

2) Obese I: 30 to less than 35kg/m^2; Obesity II: 35 to less than 40kg/m^2; Obesity III: 40kg/m^2 or more

For more information: Chapter 9: HSE 2014

Childhood obesity

- The main source for this section is the National Child Measurement Programme for England (NCMP) which includes nearly all children in reception year (aged 4-5) and year 6 (aged 10-11). HSE also collects data on childhood obesity; it covers all children aged 2-15 although as a sample it has much lower coverage than NCMP.
- The NCMP collects height and weight measurements to calculate BMI for each child. BMI (adjusted for age and gender) is recommended as a practical estimate of overweight and obesity in children, though different growth patterns in boys and girls at different ages should be taken into account. Each age and gender group needs its own level of classification and this section uses the British 1990 growth reference (UK90) to describe childhood overweight and obesity.

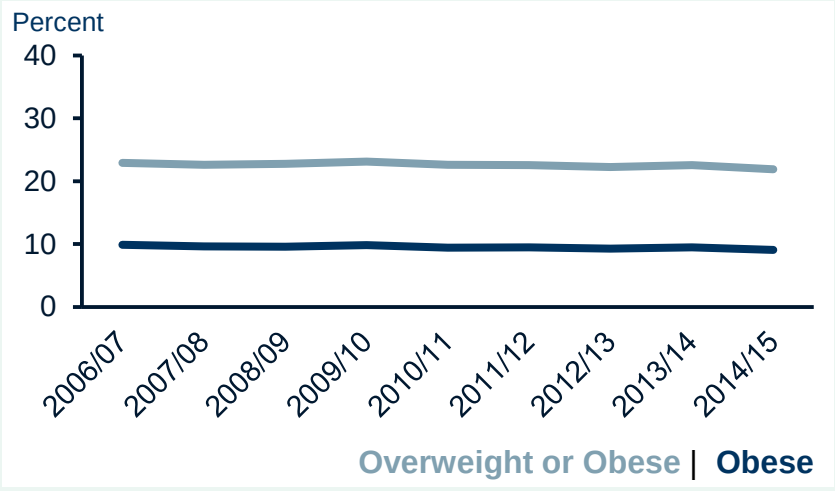
Childhood obesity – Results from the National Child Measurement Programme (NCMP) 2014/15

More than 1 in 5 children in Reception, and 1 in 3 children in Year 6 were measured as obese or overweight

Reception year

9%
of children were **obese,** compared to 10% in 2006/07.

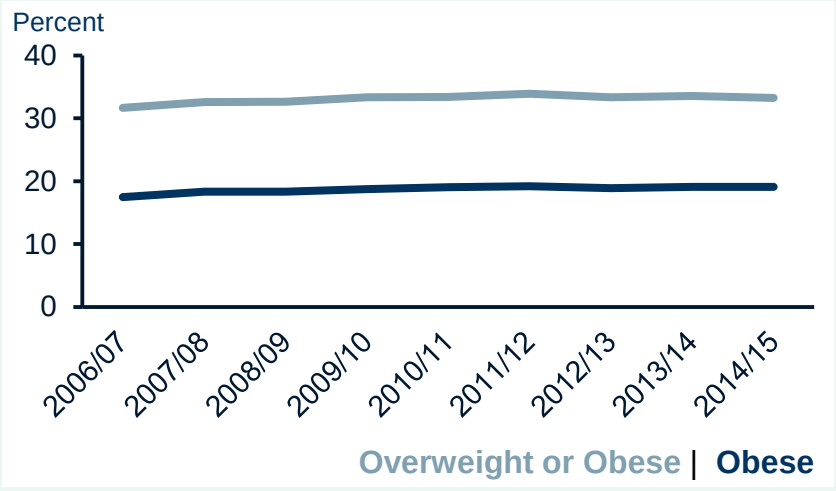
22%
of children were **obese or overweight,** compared to 23% in 2006/07.



Year 6

19%
of children were **obese,** compared to 18% in 2006/07[1].

33%
of children were **obese or overweight,** compared to 32% in 2006/07[1].



1) It is likely that year 6 obesity prevalence in the first years of the NCMP (2006/07 to 2008/09) were underestimates due to low participation. For more information see Annex B of the 2014-15 NCMP report at the link below.

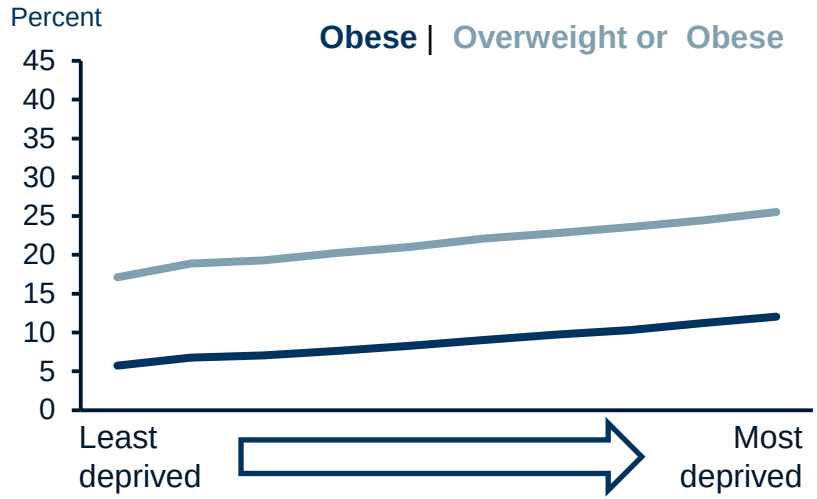
For more information: Table 1b of NCMP 2014-15

Childhood obesity by level of deprivation[1] – Results from the National Child Measurement Programme (NCMP) 2014/15

Children in most deprived areas twice as likely to be obese than children in least deprived areas

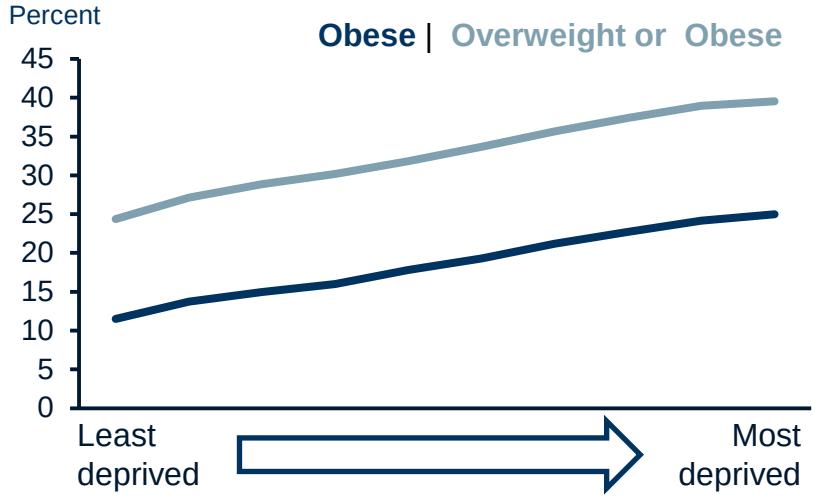
Reception year

12% of children were obese in the **most deprived areas** compared to **6%** of those living in the **least deprived areas**.



Year 6

25% of children were obese in the **most deprived areas** compared to **12%** of those living in the **least deprived areas**.



1) Based on the Department of Communities and Local Government Index of Multiple Deprivation deciles: Link for more details

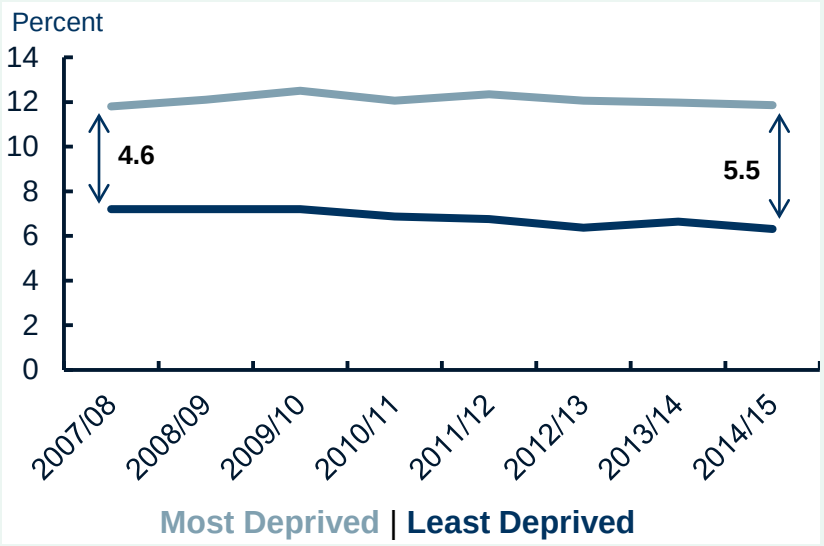
For more information: Table 6a of NCMP 2014-15

Childhood obesity by level of deprivation[1] – Results from the National Child Measurement Programme (NCMP) 2014/15

The difference in obesity prevalence between children attending schools in the most and least deprived areas has increased over time

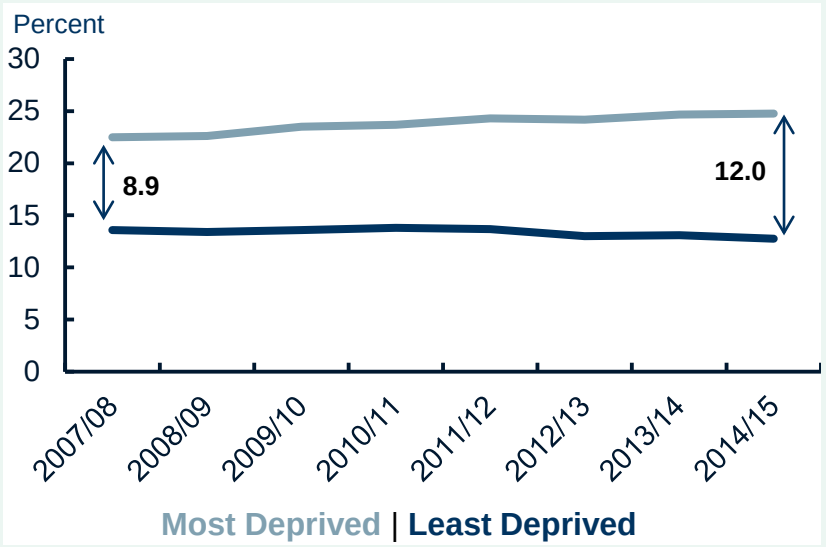
Reception year

Between 2007/08 and 2014/15, the difference between obesity prevalence in the most and least deprived areas has **increased** from **4.6** to **5.5** percentage points.



Year 6

Between 2007/08 and 2014/15, the difference between the most and least deprived areas has **increased** from **8.9** to **12.0** percentage points.



1) Based on the Department of Communities and Local Government Index of Multiple Deprivation deciles: Link for more details

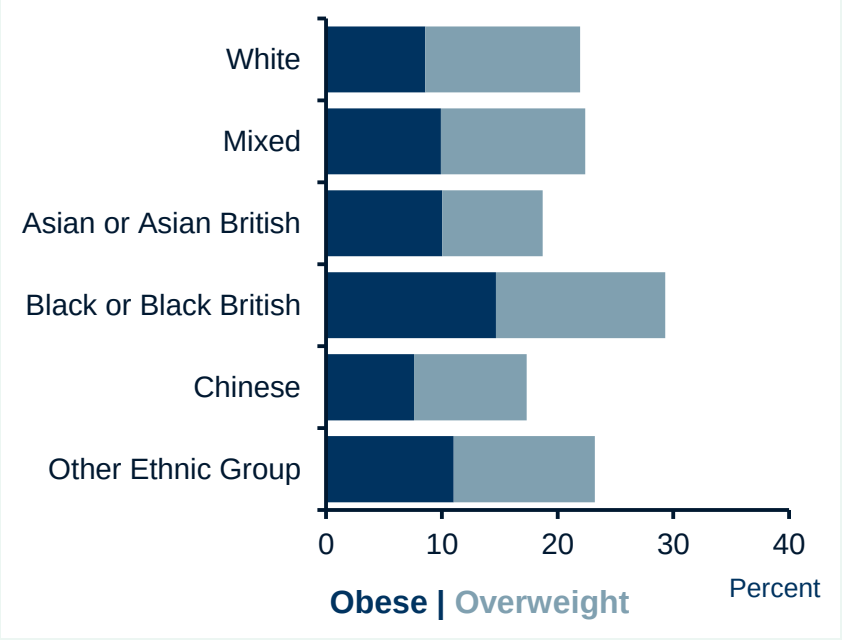
For more information: Table 6a of NCMP 2014-15

Childhood obesity by ethnicity – Results from the National Child Measurement Programme (NCMP) 2014/15

Reception year

Obesity prevalence rates ranged from **8%** for **Chinese** children to **15%** for **Black/Black British** children.

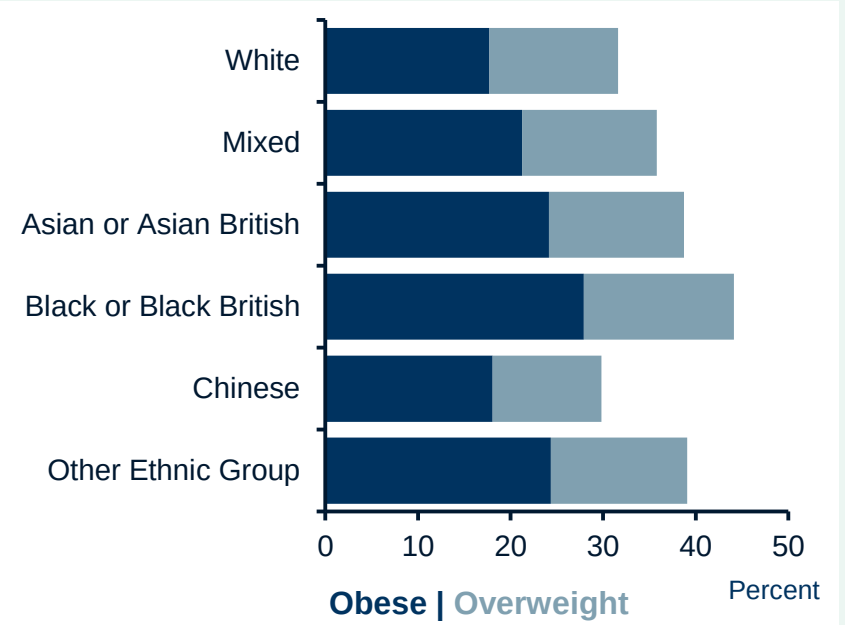
29% of Black/Black British children were either overweight or obese.



Year 6

Obesity prevalence rates ranged from **18%** for **White** and **Chinese** children to **28%** for **Black/Black British** children.

44% of Black/Black British children were either overweight or obese.

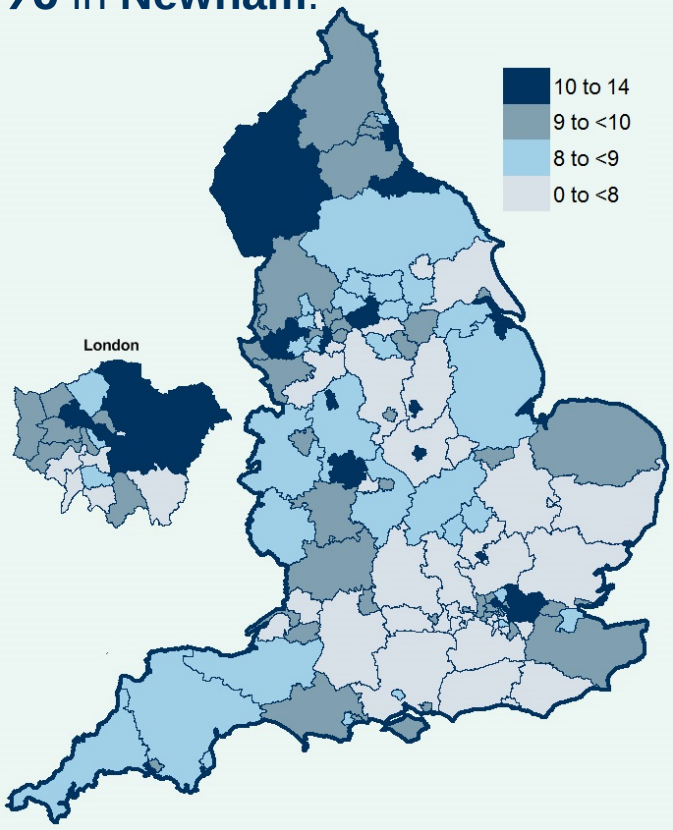


For more information: Table 4 of NCMP 2014-15

Childhood obesity by Local Authority – Results from the National Child Measurement Programme (NCMP) 2014/15

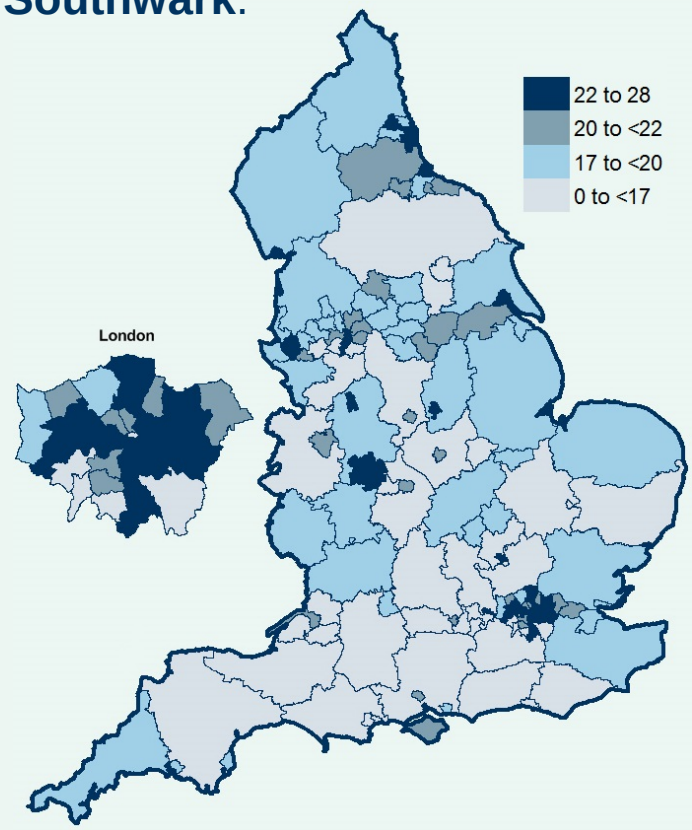
Reception year

Obesity prevalence ranged from **4%** in **Richmond upon Thames,** to **14%** in **Newham**.



Year 6

Obesity prevalence ranged from **11%** in **Richmond upon Thames**, to **28%** in **Southwark**.

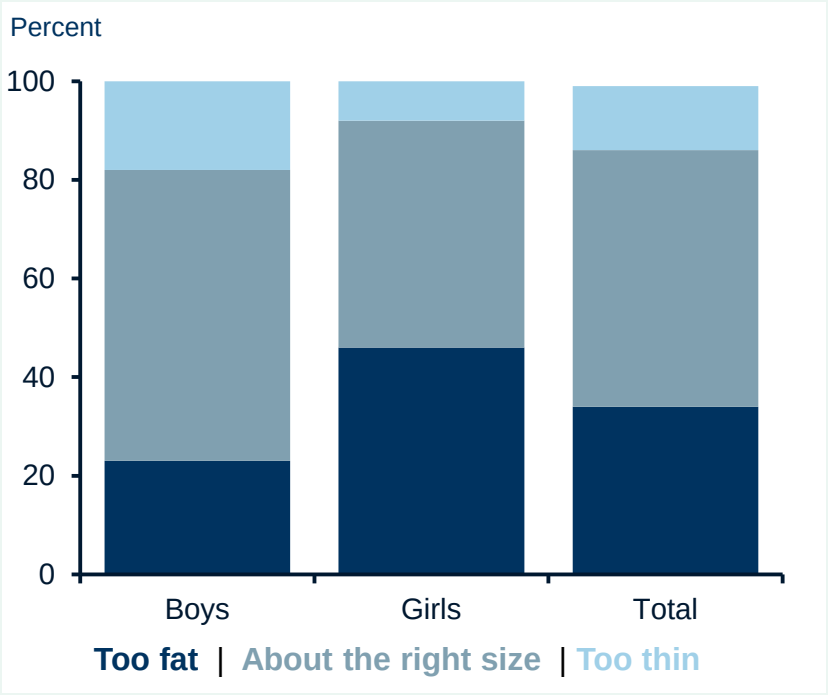


For more information: Table 3b of NCMP 2014-15

Body Image amongst 15 year olds: Results from the What About YOUth (WAY) Survey 2014

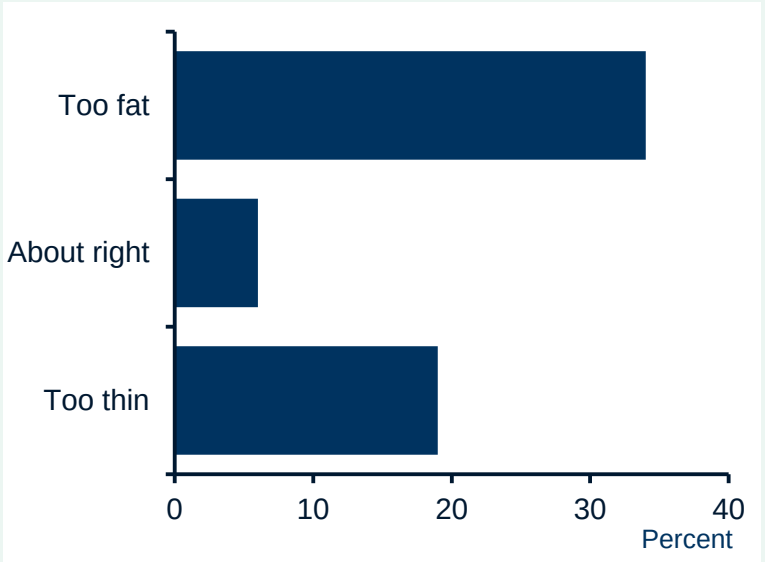
Body image

46% of 15 year old girls reported they were **"too fat"** compared to **23%** of boys.



Bullied because of their weight

34% of 15 year olds who thought they were **"too fat"** reported that **"other people made fun of me because of my body weight"** compared to **6%** who thought they were the **"right size"**.



For more information: Tables 3.25 & 9.10, Chapters 3 & 9, WAY Survey 2014.

Part 2: Obesity health outcomes

- 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[1].

- This chapter focuses on the health outcomes relating to being overweight and obese. The data sources used are:
  - Obesity related hospital admissions which are taken from the Hospital Episode Statistics (HES) databank produced by the Health and Social Care Information Centre (HSCIC).
  - Prescription drugs used for the treatment of obesity from the Prescribing Unit at the HSCIC.

1) Link to NICE guidelines

Obesity related hospital admissions

- This section presents recorded Finished Admission Episodes (FAEs)[1] in England where there was a primary diagnosis of obesity and recorded Finished Consultant Episodes (FCEs) in England where there was a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.
- An FAE is the first period of inpatient care under one consultant within one healthcare provider. It should be noted that admissions do not represent the number of inpatients, as a person may have more than one admission within the year. In this section an FAE is referred to as a 'hospital admission'. The same applies to FCEs where one person may have more than one episode within the year.

Bariatric Surgery

- Bariatric surgery encompasses a group of procedures that can be performed to facilitate weight loss, although these procedures can also be performed for other conditions. It includes stomach stapling, gastric bypasses, sleeve gastrectomy and gastric band maintenance.
- Such surgery is used in the treatment of obesity for people with a BMI above 40, or for those with a BMI between 35 and 40 who have health problems such as type 2 diabetes or heart disease.

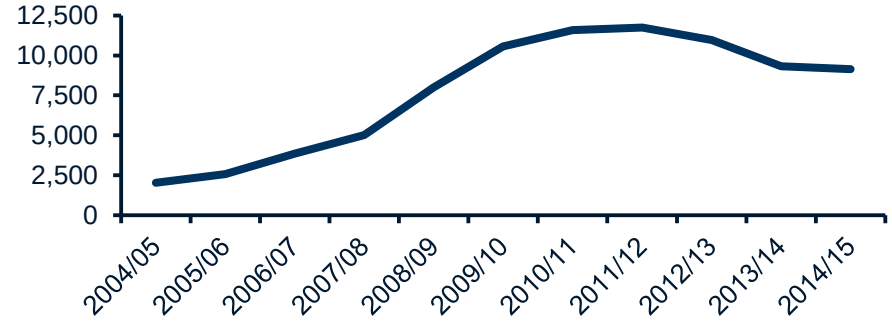
Caveats

- The analysis presented here uses HES inpatient activity only although it is known that there has been a recent move to carry out some minor procedures in an outpatient setting such as gastric band maintenance. However, the quality of diagnosis codes collected in an outpatient setting is not sufficient to be sure the procedure was carried out for obesity reasons so they are excluded. This switch in commissioning practices may explain the recent fall in some of the time series.
- By contrast, the data quality of secondary procedures has increased over time so some of the large increases compared to 10 years ago may partly reflect an improvement in data quality as well as an increase in activity.

1) Data on FAEs and FCEs are available from the *Hospital Episode Statistics (HES) databank* from the Health and Social Care Information Centre: http://www.hscic.gov.uk/hes

Obesity related hospital admissions, 2014-15

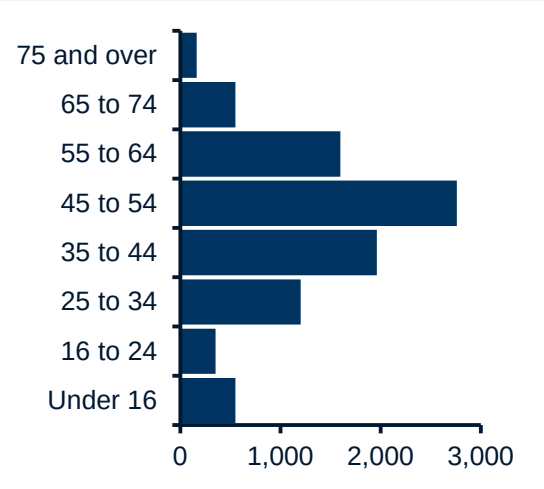
There were **9,130** Finished Admission Episodes (FAEs) in NHS hospitals with a primary diagnosis of obesity in an inpatient setting[1].



This is **22% less** than the peak in 2011/12, but over **4 times more** than ten years ago in 2004/05

(some of the recent fall is attributed to a rise in gastric band maintenance being carried out in an outpatient setting).

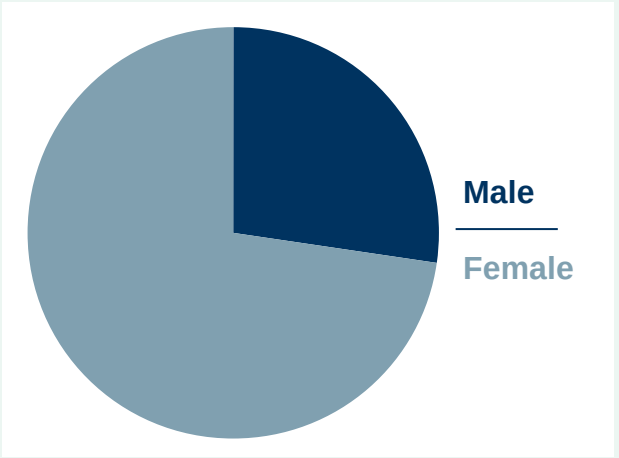
Obesity admissions by age



69% of patients were aged between **35 and 64**.

Obesity admissions by sex

73% of patients were **female**.

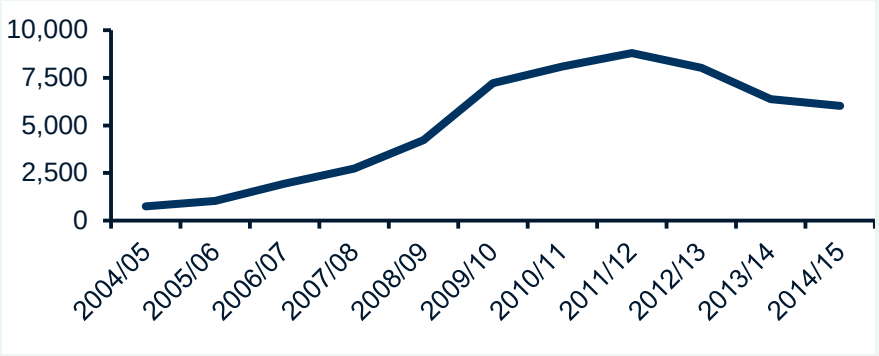


1) Data is also available for FAEs with a primary or secondary diagnosis of obesity in tables 5-8 at the link below

For more information: Tables 1 & 2 of Statistics on Obesity, Physical Activity and Diet - England 2016

Bariatric surgery, 2014-15

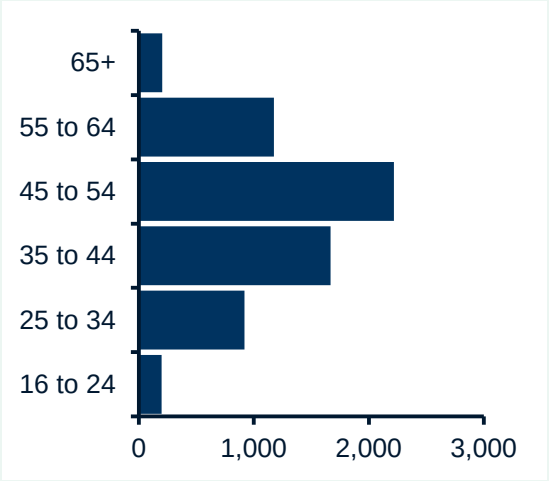
There were **6,032** Finished Consultant Episodes (FCEs) in NHS hospitals with a primary diagnosis of obesity and a main or secondary procedure of bariatric surgery.



This is **31% less** than the peak in 2011/12, but over **8 times more** than ten years ago in 2004/05

(some of the recent fall is attributed to a rise in gastric band maintenance being carried out in an outpatient setting).

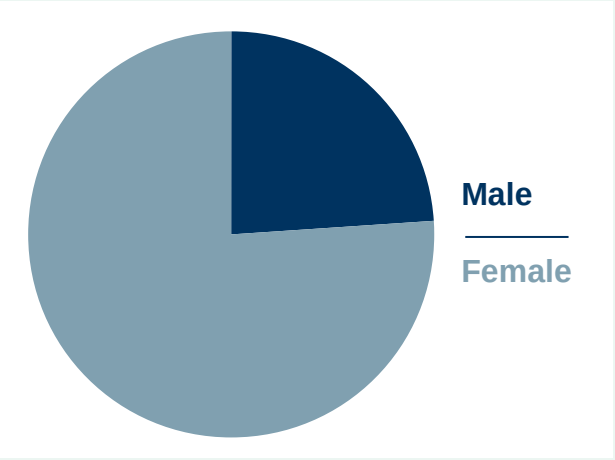
Bariatric Surgery by age



60% of patients were aged between **35 and 54**.

Bariatric Surgery by sex

76% of patients were **female**.



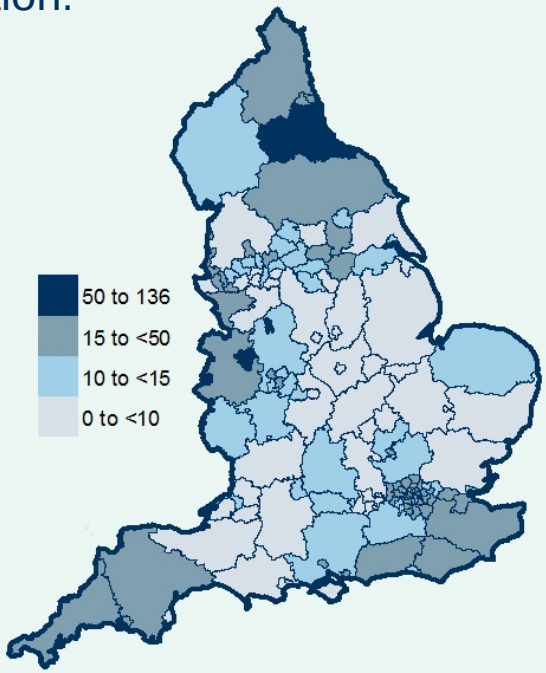
For more information: Tables 9 & 10 of Statistics on Obesity, Physical Activity and Diet - England 2016

Obesity related hospital admissions, 2014-15

Local Authority admissions per 100,000 population

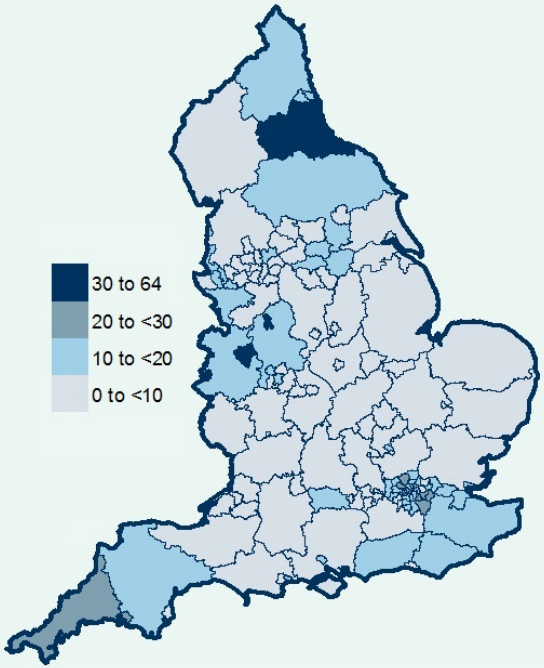
Obesity related admissions

Sunderland had the highest rate of admissions, with **135** per 100,000 population.



Bariatric surgery procedures

Sunderland had the highest rate of bariatric surgery, with **64** per 100,000 population.



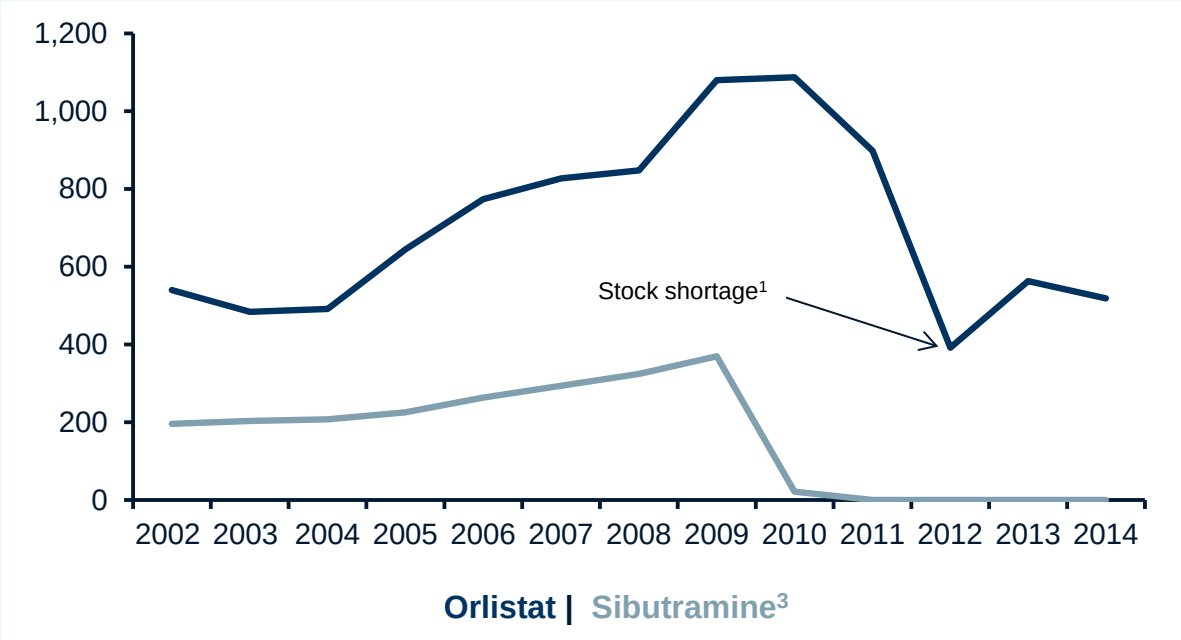
For more information: Tables 3 & 11 of Statistics on Obesity, Physical Activity and Diet - England 2016

Prescription items for the treatment of obesity, 2014

Orlistat (Xenical®) is the main prescription item for treatment of obesity by General Practices in England. Orlistat is a capsule that prevents the absorption of fat in the intestine.

519 thousand items were prescribed in primary care in England in 2014.

That is **8% less** than in 2013 when 563 thousand items were prescribed.



The net ingredient cost (NIC)[2] in 2014 was **£15m**, half the 2011 figure.

The NIC per item in 2014 was **£30**, which is **£5** lower than 2013.

1) Link to stock shortage details 2) NIC is the basic cost of a drug, not taking into account discounts, dispensing costs, fees or prescription charge income. 3) Sibutramine was no longer prescribed for treatment of obesity after 2010.

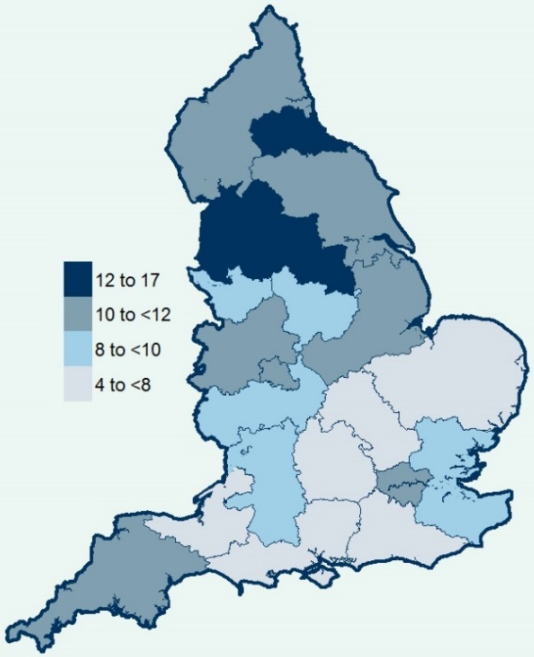
For more information: Table 13 of Statistics on Obesity, Physical Activity and Diet - England 2016

Prescriptions of Orlistat prescribed in Primary Care and dispensed in the community, 2014

Prescriptions of Orlistat per 1,000 population

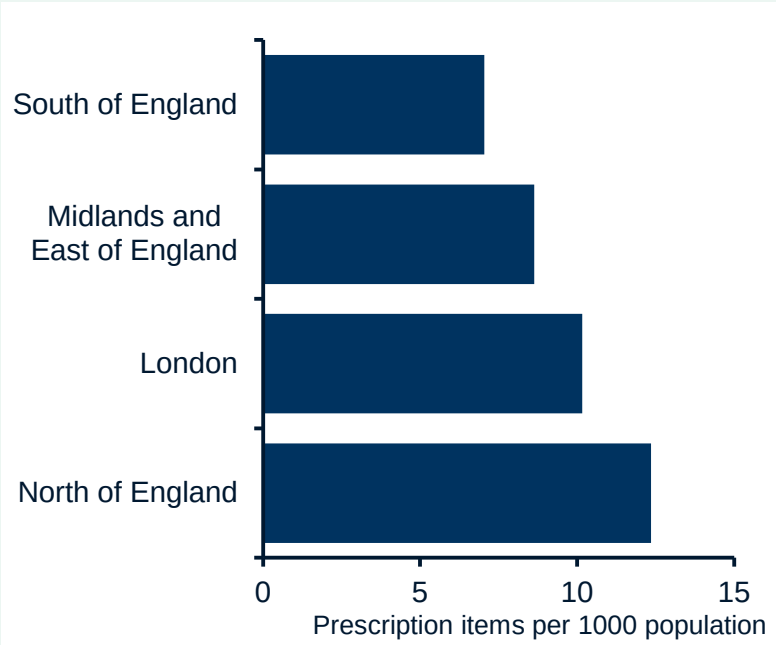
By NHS Area Team

Merseyside had the highest prescription rate at **17** items per 1,000 population, and **Thames Valley** the lowest rate at **5**.



By NHS Commissioning Region

North of England had the highest prescription rate at **12** items per 1,000 population, and **South of England** the lowest rate at **7**.



For more information: Table 14 of Statistics on Obesity, Physical Activity and Diet - England 2016

Part 3: Physical activity

- 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 conditions. 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.
- In 2011 new guidelines on the amount of activity recommended for health were published by the Chief Medical Officers of the four UK countries[1].
- The main data sources used in this section are:
  - The Active People Survey (APS) published by Sport England provides information on participation in sport and recreation. It provides the measurements for the Public Health and Outcomes Framework for England - Domain 2 health Improvement. This is an annual survey that measures sport participation amongst adults (aged 16+). The main measure is based on the percentage of adults playing at least 30 minutes of sport[2] at a moderate intensity on at least four days in the last 28 days (equivalent to 30 minutes on one or more day a week).
  - The Health Survey for England (HSE) 2012 gathered information on self-reported participation in physical activities by children excluding the time spent at school. HSE 2012 is the most up to date source of information on self reported physical activity by children and has therefore been included in this publication. More recent data will be available in HSE 2016 which will also include updated information on adults.

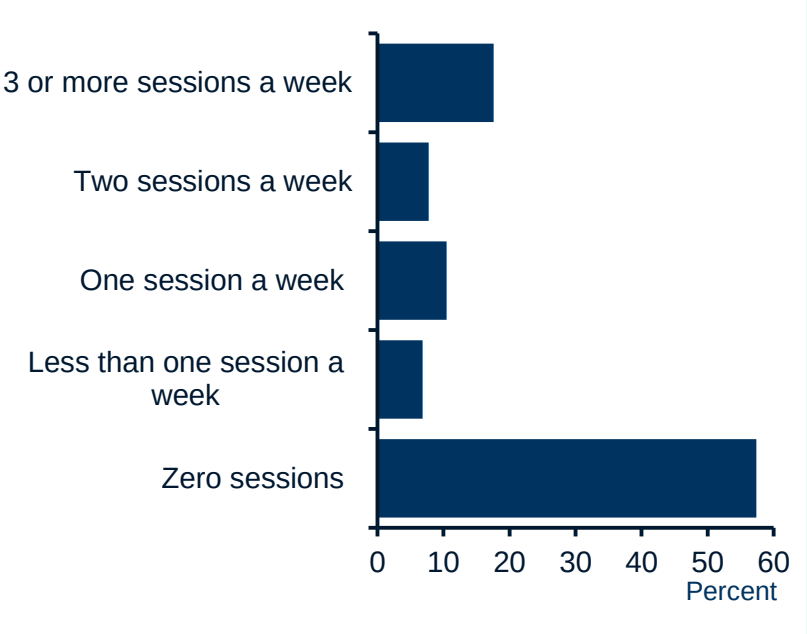
1) Link to physical activity guidelines
2) Includes activities such as running, golf, swimming, team sports, racket sports, gymnastics, boxing, climbing and mountaineering, winter sports, archery, gym, and fitness activities or classes.

Adult physical activity – Results from the Active People Survey 2014/15

Weekly sports participation

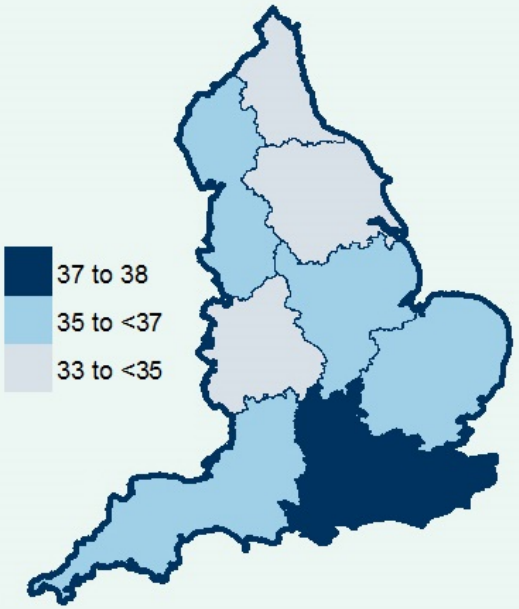
36% of adults (16+) played sport[1] at least once a week, with **18%** taking part on 3 or more occasions.

57% did not play any sport in the 28 days prior to being surveyed.



Weekly sports participation by region

Weekly participation varied from **38%** in **London** to **33%** in the **North East**.



There have been statistically significant increases in weekly sports participation in five out of the nine English regions from 2005/6 to 2014/15.

1) Defined as those participating in sport, of at least moderate intensity, for at least 30 minutes.

For more information: Active People Survey 2014/15

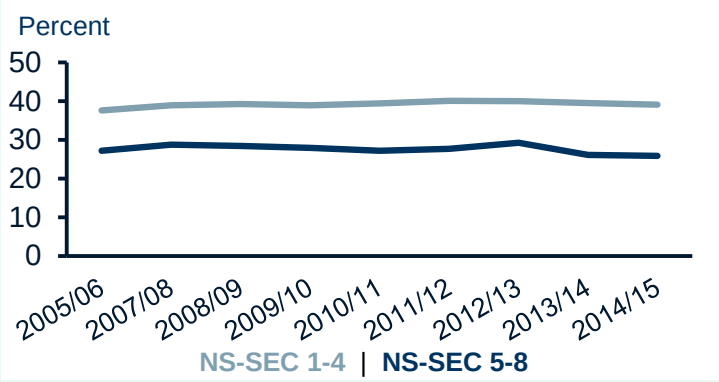
Adult physical activity – Results from the Active People Survey 2014/15

Weekly sports participation varied by demographic group

Socio-economic group (NS-SEC)[1]

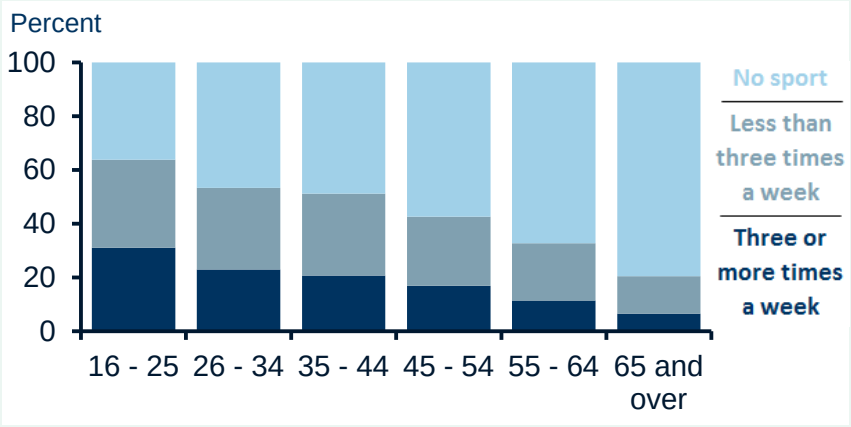
39% of adults in higher socio-economic groups (1-4) played sport once a week, compared with **26%** of those in lower socio-economic groups (5-8).

The participation gap between higher and lower socio-economic groups has increased in recent years.



Age

Participation in sport decreases with age.



Gender

Men (**41%**) were more likely than women (**31%**) to play sport at least once per week.

Disability

Amongst adults (16+) with a long term limiting illness or disability, **17%** played sport once a week. This is an increase from **15%** in **2005/06.**

1) Based on the National Statistics Socio-economic classification (NS-SEC)

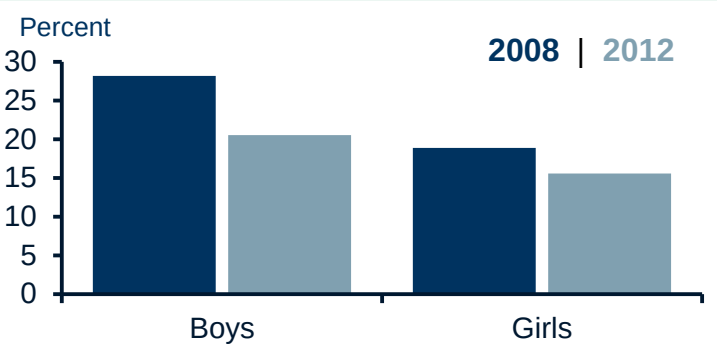
For more information: Active People Survey 2014/15

Childhood physical activity – Results from the Health Survey for England (HSE) 2012 & 2008

Physical activity levels amongst 5-15 year olds are falling

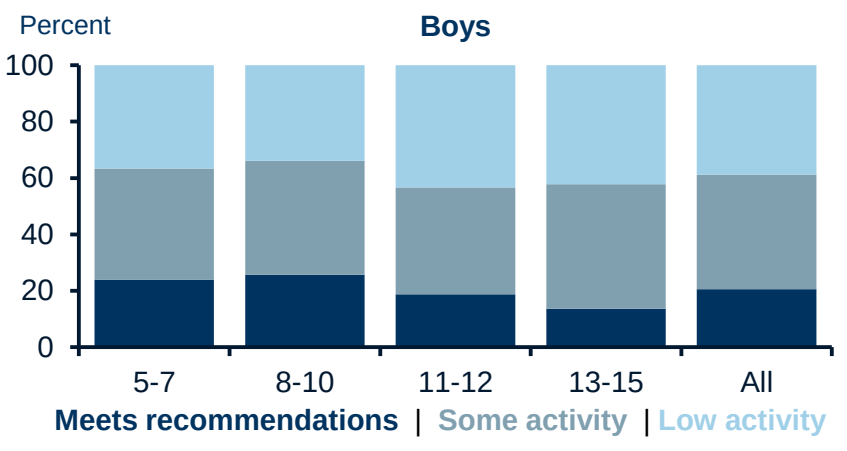
The proportion of **boys** who met the weekly physical activity guidelines[1] fell from **28%** in 2008, to **21%** in 2012.

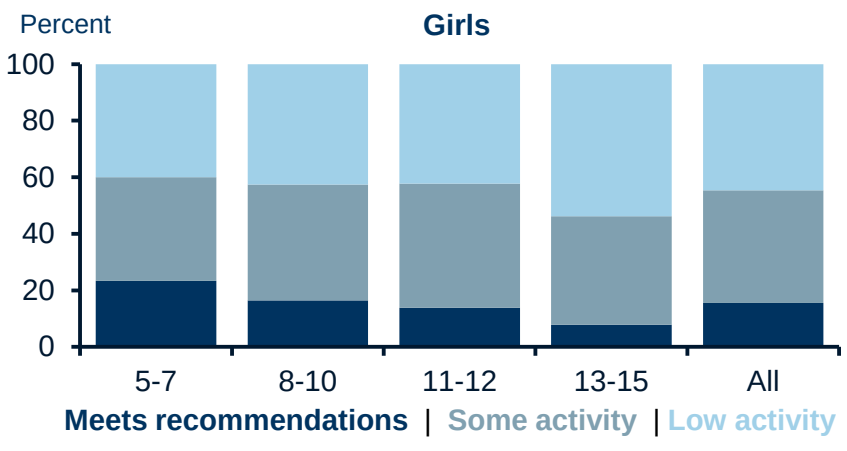
The proportion of **girls** who met the weekly physical activity guidelines fell from **19%** in 2008 to **16%** in 2012.



Physical activity by age

The proportion of children meeting the physical activity guidelines decreases with age.





1) Meets recommendations = 60 minutes or more on all 7 days ; Some activity = 30-59 minutes on all 7 days

For more information: HSE, 2012: Trend tables - Children tables

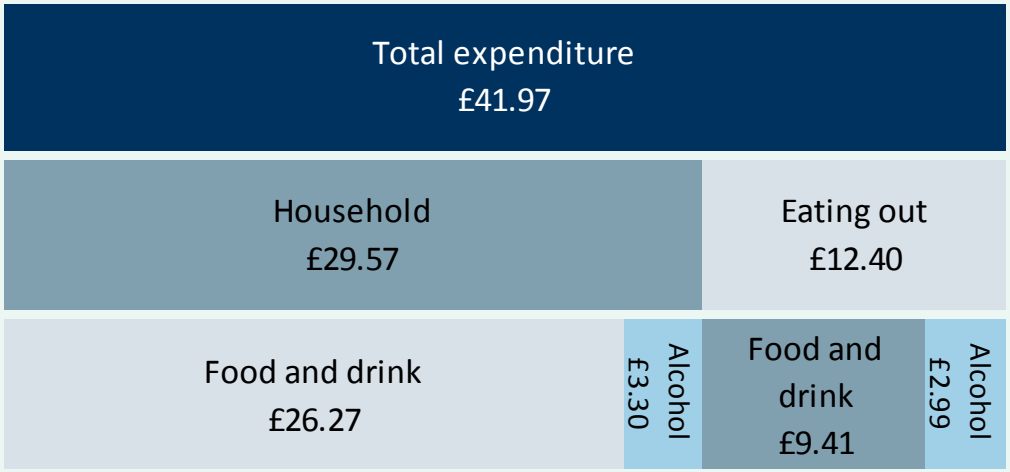
Part 4: Diet

- Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death.
- The information for this section comes from three major national surveys:
  - Living Costs and Food Survey (LCF) (as reported in Family Food 2014)
  - Health Survey for England (HSE)
  - What About YOUth (WAY) Survey
- The LCF collections information on the type and quantity of food and drink purchased in households and was previously known as the Expenditure and Food Survey (EFS), which was renamed in 2008 when it became a module within the Integrated Household Survey (IHS).
- Data on fruit and vegetable consumption are taken from the HSE, and the WAY Survey, which is a self administered survey among 15 year olds.
- The National Diet and Nutrition Survey published the combined results from the first four years of a rolling programme (2008/09 – 2011/12) of a continuous cross-sectional survey of food consumption, nutrient intakes and nutritional status of people aged 18 months and older living in private households in the UK. This has not been updated since 2011/12.

Adult diet – Results from Family Food 2014 – Department of Environment, Food and Rural Affairs (DEFRA)

Purchases and expenditure on food and drink

11% of all household spend went on food in 2014. The same as 2013. For the lowest 20% of households by equivalised income it was **16%**.



£42 per person was spent on food and drink per week in 2014. With inflation taken into account, this was **2.8% less** than 2013, and **3.5% less** than 2011.

Purchases of various household foods are on clear short term downward trends since 2011, including carcase meat and meat products, potatoes, fruit and bread.

Purchases of eggs are on a short term upwards trend since 2011.

The amount of food eaten out has been declining since 2001.

For more information: DEFRA: Family Food 2014

Adult diet – Results from Family Food 2014 – Department of Environment, Food and Rural Affairs (DEFRA)

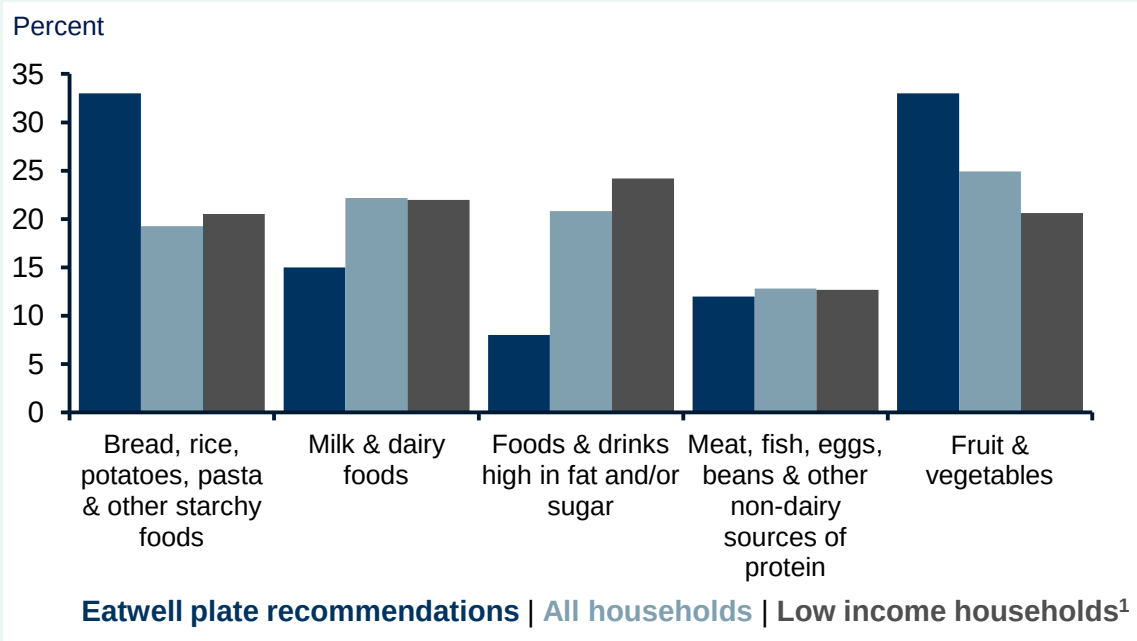
The eatwell plate

The eatwell plate[2] forms the basis of the Government's healthy eating advice to the general population. It makes healthy eating easier to understand by giving a visual representation of the types and proportions of foods that should be eaten to make a well-balanced, healthy diet. This includes snacks as well as meals. The eatwell plate is intended as a guide to the overall balance of the diet over a day or a week rather than for any specific meal.

Neither low income households nor all households are close to the eatwell plate as a whole.

They are above recommendations for milk/dairy products and foods and drinks high in fat or sugar.

Both low income households and all households have a relatively similar diet when compared to the eatwell plate.



1) Based on the Department of Communities and Local Government Index of Multiple Deprivation decile 1: Link for more details
2) The Eatwell Plate referred to in Family Food 2014 was superseded by the Eatwell Guide in March 2016: Link for more details

For more information: DEFRA: Family Food 2014

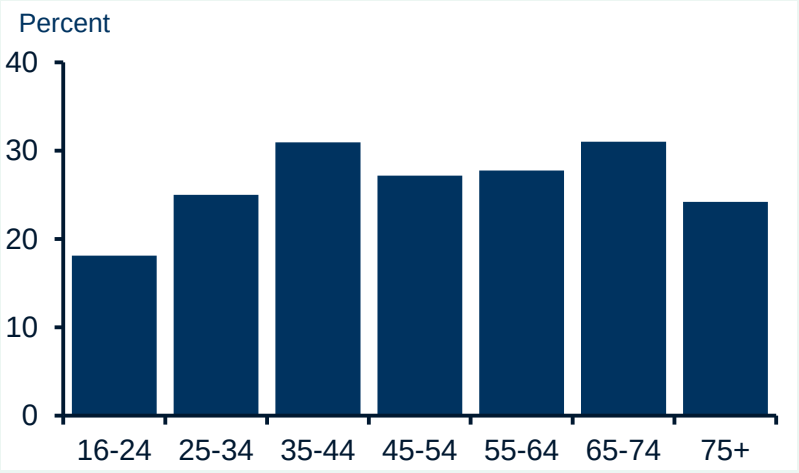
Adult diet – Fruit and vegetable consumption, Health Survey for England (HSE), 2013

Percentage eating 5 or more portions a day

Women were more likely than men to eat the recommended 5 portions a day.

25%  **28%** 

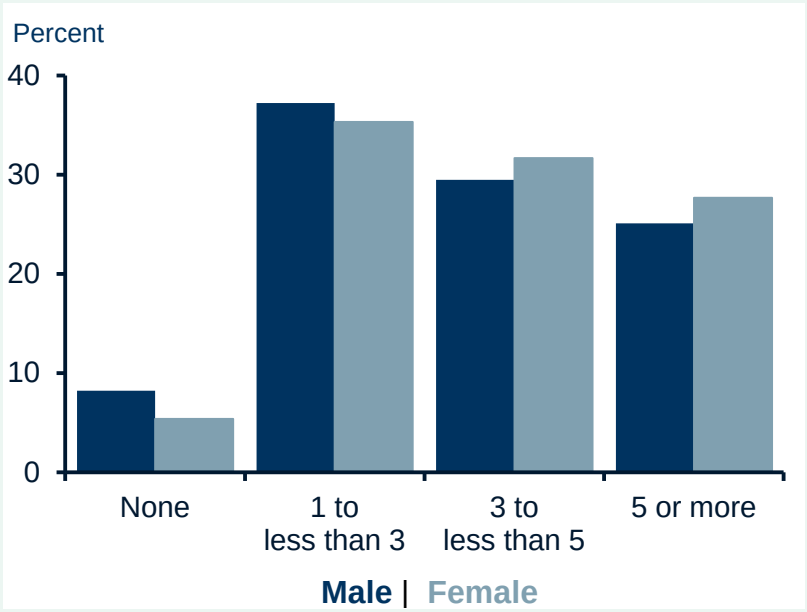
Adults aged **16-24** were least likely to eat the recommended 5 portions a day.



Mean number of portions of fruit and vegetables a day

More adults ate fewer than 3 portions a day than met the recommended 5 portions.

45% of men, and **41%** of women ate fewer than 3 portions a day.



For more information: Chapter 7 - Health Survey for England 2013

Adult diet – Fruit and vegetable consumption, Health at a Glance 2015 – Organisation for Economic Co-operation and Development (OECD)

UK comparison with other OECD countries

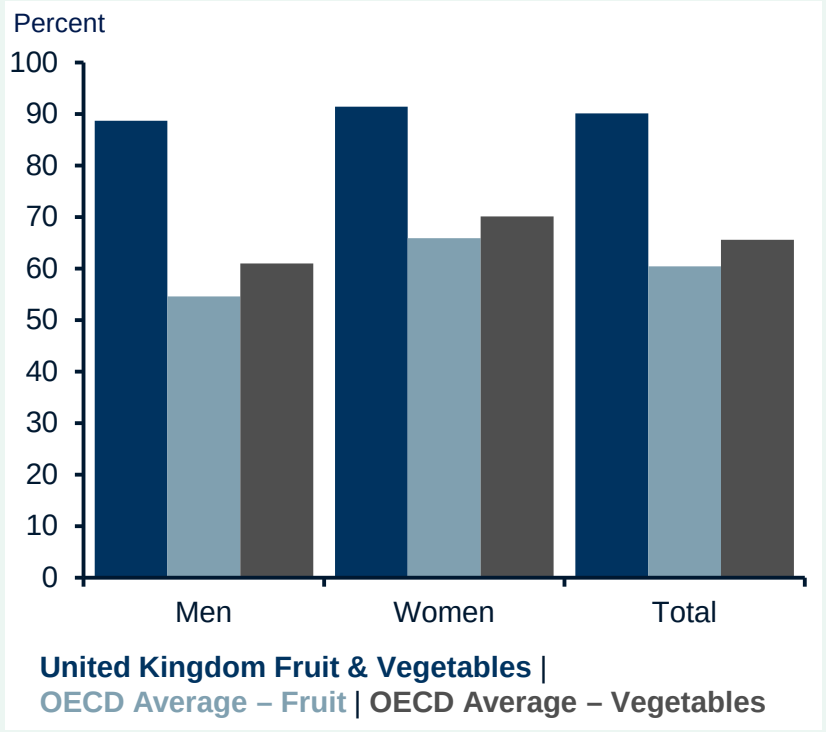
Health at a Glance 2015 includes data on fruit and vegetable consumption on a daily basis among adults by various countries. Results are from 2013 or the latest available year.

The UK average for persons eating fruit and vegetables on a daily basis was **90%**. This was **25 percentage points higher** than the OECD average for vegetables and **30 percentage points higher** than for fruit[1].

Australia is the only country to report more people eating fruit daily than the UK (**94%**).

Korea (**99%**), Australia (**99%**) and New Zealand (**96%**) report more people eating vegetables daily than the UK.

Women are eating fruit more often than men in all countries except Switzerland.



Within the UK, the percentage eating 5 or more portions a day was **26%** for England, **20%** for Scotland and **32%** for Wales[2].

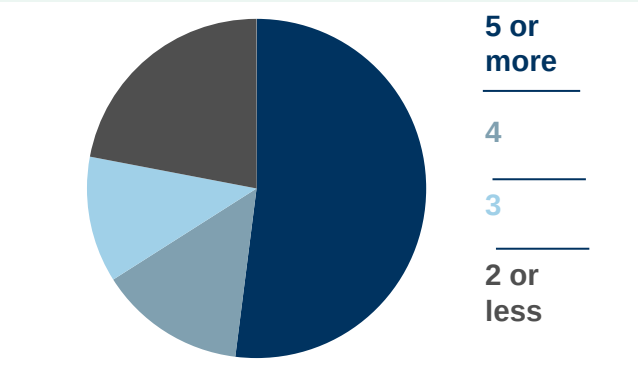
1) The United Kingdom fruit and vegetables are a collective figure. OECD for other countries are collected separately.
2) Data based on: Health Survey for England 2014, Scottish Health Survey 2014 and Welsh Health Survey 2014.

For more information: Health at a Glance 2015

Childhood diet – Fruit and vegetable consumption amongst 15 year olds - Results from the What About YOUth (WAY) Survey 2014

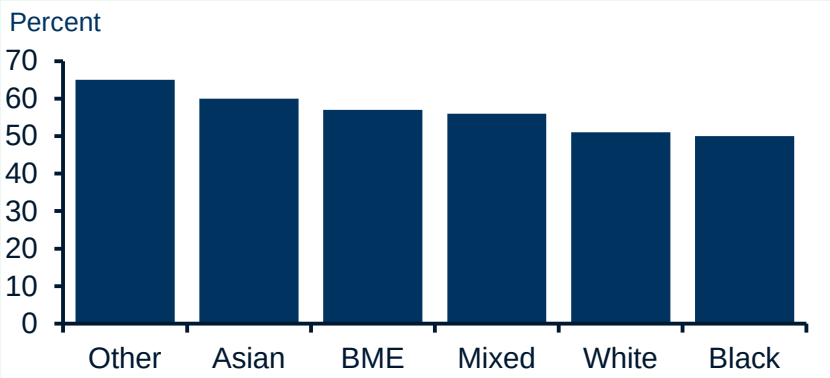
Portions consumed per day

52% of 15 year olds reported they consumed **5 or more** portions of fruit and vegetables a day.



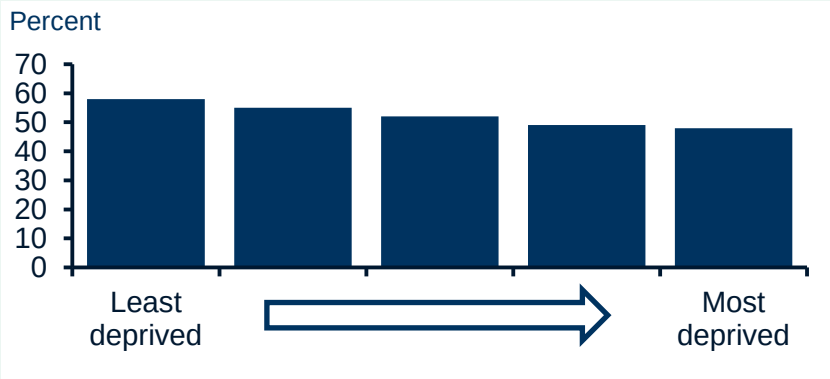
Consumption by ethnic group

60% of **Asian** children reported they ate 5 or more portions a day, compared to **50%** of **black** children.



Consumption by level of deprivation[1]

The proportion of children reporting they consumed **5 or more** portions a day varied from **48%** in the most deprived areas to **58%** in the least deprived areas.



1) Based on the Department of Communities and Local Government Index of Multiple Deprivation deciles: Link for more details

For more information: Tables 5.1, 5.2 and 5.4, Chapter 5, WAY Survey 2014

Additional resources relating to obesity, physical activity and diet

Child Measurement Programme Report (Wales) - Last updated 19 May 2015

Healthcare Resource Groups

National Diet Nutrition Survey - Rolling programme 2008/09 - 2011/12

National Travel Survey - Last updated 2 September 2015

PE and Sport Survey - Last updated 5 June 2013

Quality and Outcomes Framework (QOF) - Last published 29 October 2015

The Scottish Health Survey - Last published 22 September 2015

Tackling Obesities: Future Choices 2nd Edition – Modelling Future Trends in Obesity and Their Impact on Health - Published 17 October 2007

Tackling Obesity in England - Published 15 February 2001

The Taking Part Survey - Last updated 27 January 2016

The Welsh Health Survey - Last updated 7 October 2015

* Dates correct at 28 April 2016

Provide feedback

This publication has been reformatted following feedback gathered from a user consultation[1]. We would welcome further feedback from users on the new format.

We would also welcome feedback on the content but please consider that one of the drivers for the consultation was to produce these reports in the most cost-effective way so any suggestions for including a new data source would have to be considered against this criteria.

Please send your feedback to enquiries@hscic.gov.uk and quote “Feedback on Statistics on Obesity, Physical Activity and Diet Report” in the subject heading.

1) Link to consultation

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