

HEALTH AND SOCIAL CARE

Obesity Indicators

Monitoring Progress for the Prevention of Obesity Route Map

November 2015 report

Key points

- In 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese. Levels of overweight and obesity increased between 1995 and 2008, but have remained relatively stable since then.
- Since 1998, the proportion of children at risk of overweight (including obesity) has fluctuated between 29% and 33%. In 2014, 31% of children were at risk of overweight, including 17% at risk of obesity.
- At the end of 2014, there were 276,430 people diagnosed with diabetes in Scotland recorded on local diabetes registers. Of all cases, 88.3% (244,050) were type 2 diabetes. Prevalence of type 2 diabetes continues to increase steadily.
- Sixty three percent of adults aged 16 and over met the current moderate/vigorous physical activity (MVPA) guideline. There has been no significant change to this proportion since 2012.
- Seventy six percent of children met physical activity recommendations (including school-based activity). This is a statistically significant increase compared to 71% of children in 2008 and 2009.
- The percentage of food energy contributed by added sugars (14.5%) remains higher than the Scottish Dietary Goal of less than 11% of food energy.
- In recent years, the volume of sales of regular soft drinks has reduced, while sales of confectionery, biscuits, cakes and pastries have remained relatively unchanged.

About this publication

This publication reports the latest results for the indicators selected to monitor progress of the Scottish Government's [Prevention of Obesity Route Map](#). The data for most indicators have been updated to include 2014, although some are more or less recent than this. The indicator framework was informed by NHS Health Scotland's healthy weight outcomes logic model, and by the Scottish Public Health Network's Route Map engagement process.

Contents

Prevention of Obesity Route Map Indicator Framework	3
Adult overweight and obesity	4
Children at risk of overweight and obesity	6
Prevalence of type 2 diabetes	9
Total and saturated fat	11
Added sugars	13
Adult physical activity.....	15
Adult sedentary activity	17
Child physical activity.....	19
Child sedentary activity	22
HealthyLiving Awards	24
Volume of sales of soft drinks with added sugar.....	26
Volume of sales of confectionery, biscuits, cakes and pastries	28
Adult active travel to work.....	30
Child active travel to school.....	32
Healthy Working Lives Awards	34

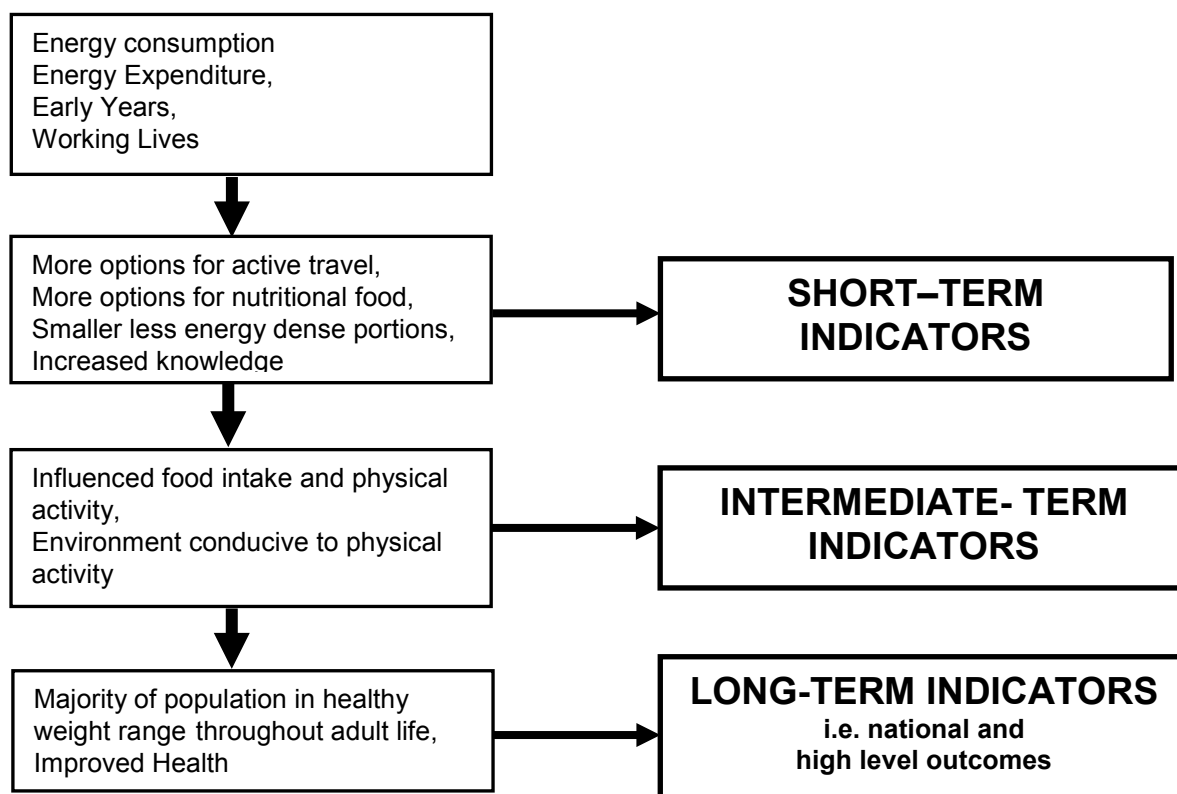
Prevention of Obesity Route Map Indicator Framework

The indicator framework has been informed by NHS Health Scotland's healthy weight outcomes logic model and by the Scottish Public Health Network's Route Map engagement process¹.

Indicators to monitor implementation and outcomes of the Route Map are wide-ranging, including top-line measures as well as interim indicators of progress. Short-term indicators are presented for uptake of healthy food choices and options for active travel. Intermediate and long-term indicators are used to measure the ultimate outcomes of the Route Map e.g. from behaviour changes in diet and physical activity to securing goals of healthy weight population and health improvements.

The focus of the indicator set is on national measures of progress, but the process of selecting indicators included consideration of measures which could indicate progress at local level.

Obesity Indicator Model



¹ * Obesity- A Route Map towards a Healthy Weight Scotland Report of an Engagement Process, Hannah M, Connacher A, Tyrell L, Scottish Public Health Network, July 2010

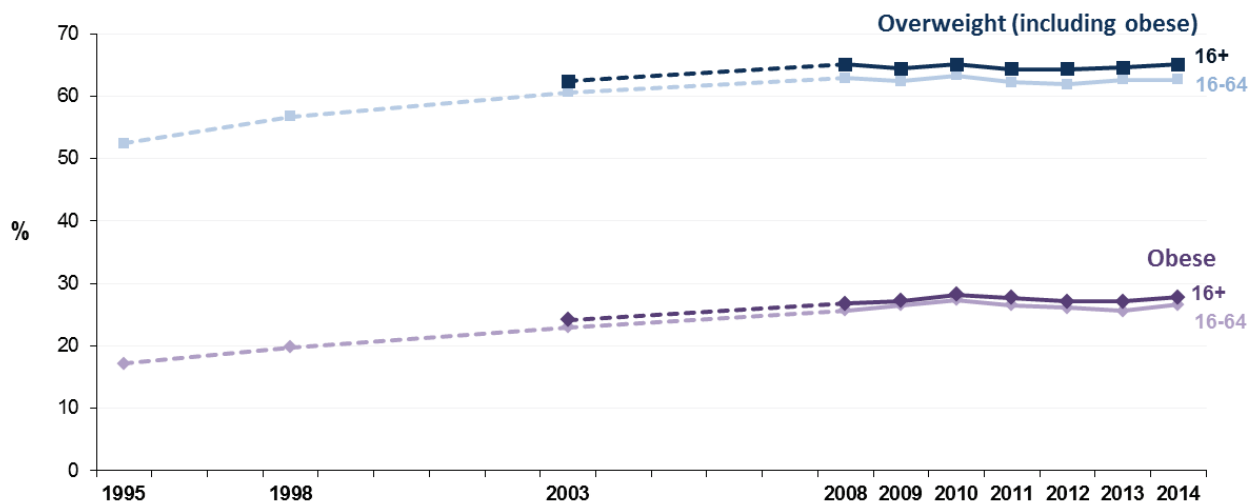
Adult overweight and obesity

Indicator Source: Scottish Health Survey

LATEST RESULTS

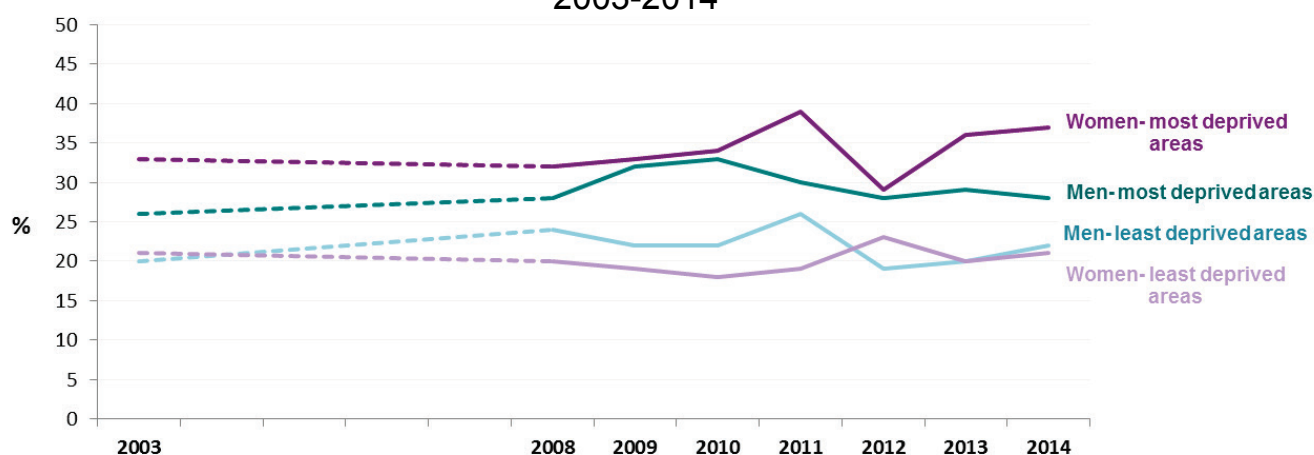
- In 2014, 65% of adults aged 16 and over were overweight, including 28% who were obese.
- There has been an increase in the proportion who are overweight or obese among both sexes (aged 16-64) since 1995, from 52% to 63%. Most of this increase was seen between 1995 and 2008, with figures remaining broadly stable since then.
- Men were more likely than women to be overweight including obese (69% compared to 61%), whereas obesity prevalence was higher among women than men (29% compared to 26%).
- Overweight (including obesity) prevalence was lowest among young people aged 16-24 (35%). A significantly higher proportion of those aged 25-34 were overweight (57%), with further increases with age up to age 65-74. Over three quarters of those aged 55-74 were overweight including obese (77-78%), as were 72% of those in the oldest age group (75+).

Figure 1. Proportion of adults overweight and obese, 1995-2014 (ages 16-64) and 2003 to 2014 (ages 16+)



- Although inequalities in overweight prevalence vary by sex and over time, obesity rates are consistently higher in Scotland's most deprived areas compared to the least deprived (Figure 2). The gap has been particularly pronounced for women in recent years, with 16 percentage points difference in 2014 (rates were 37% in the most deprived areas compared to 21% in the least deprived).

Figure 2. Proportion of adults (16+) obese by gender and area deprivation², 2003-2014



ABOUT THIS INDICATOR

Desired Outcome:

Majority of Scotland's adult population in normal weight range throughout adult life.

Definitions:

Overweight – BMI 25+

Obese – BMI 30+

Geography available:

National, Health Board.

Equalities data:

Breakdowns by all six equalities groups are possible. Breakdowns for 2008-2011 are available in the Scottish Health Survey topic report on equality groups published in October 2012. <http://www.scotland.gov.uk/Publications/2012/10/8988>

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland's adult population who are overweight and obese. It is used to identify any different patterns (and hence need for specific policy focus) amongst men and women of different ages. It is a long term measure of success of the Route Map.

Factors influencing this indicator:

- Diet, physical activity and sedentary behaviour are strongly associated with BMI.
- For women, obesity is significantly associated with area-level deprivation (SIMD) but not for men.³

² Scottish Index of Multiple Deprivation. Chart presents most and least deprived SIMD quintiles.

³ The Scottish Health Survey Topic Report: Obesity, October 2011 (updated March 2012) <http://www.scotland.gov.uk/Publications/2011/10/1138/0>

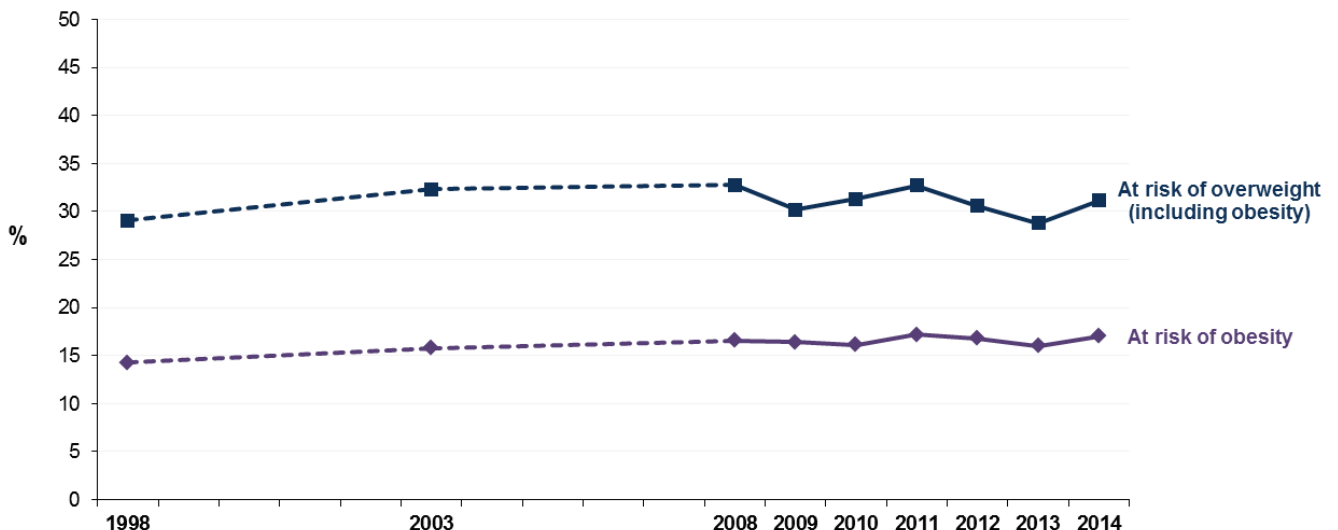
Children at risk of overweight and obesity

Indicator Source: Scottish Health Survey

LATEST RESULTS

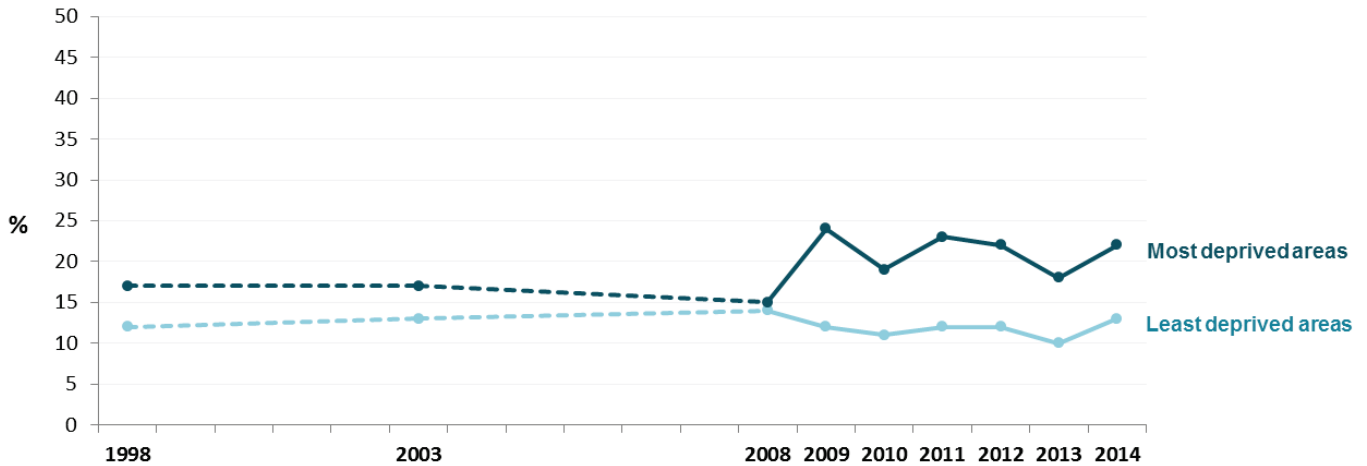
- In 2014, around one in six (17%) children aged 2 to 15 were at risk of obesity, with a further 14% at risk of overweight.
- Since 1998, the proportion of children aged 2-15 at risk of overweight (including obesity) has fluctuated between 29% and 33%, and was 31% in 2014.
- In 2014, the figure for overweight (including obesity) in girls was higher than for boys (34% compared to 28%), though the reverse was true in previous years. A higher proportion of girls were also at risk of obesity (18%, compared to 16% of boys).
- Prevalence was highest among those children aged 12 to 15 (37%). Of girls aged 12-15, 43% were at risk of overweight including obesity. The equivalent figure for boys of the same age was 32%.

Figure 3. Proportion of children (2-15) at risk of overweight and obesity, 1998-2014



- A higher proportion of children are at risk of obesity in Scotland’s most deprived areas (22% in 2014) compared to the least deprived (13%). The gap between rates in the most and least deprived areas has fluctuated over time, and was as low as 1% in 2008.

Figure 4. Proportion of children (2-15) at risk of obesity by area deprivation⁴, 1998-2014



ABOUT THIS INDICATOR

Desired Outcome:

Fewer children in Scotland overweight and obese.

Definitions:

At risk of overweight (including obesity) – BMI at or above 85th percentile

At risk of obesity – BMI at or above 95th percentile.

(Based on UK 1990 reference chart cut-offs).

Geography available:

National, Health Board.

Equalities data:

Breakdowns by four equalities groups may be possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland’s children who are overweight and obese. It is used to identify any different patterns (and hence need for specific policy focus) amongst children of different ages. It is a long term measure of success of the Route Map.

⁴ Scottish Index of Multiple Deprivation. Chart presents most and least deprived SIMD quintiles.

Factors influencing this indicator⁵:

- Diet, physical activity and sedentary behaviour are strongly associated with BMI.
- Parental BMI; children of parents who are of a healthy weight or underweight are less likely to be overweight or obese than children of obese parents.
- Household income; boys in the lowest income households are more likely than those in other households to be obese. There is no clear association for girls.

⁵ Based on information from the 2011 Scottish Health Survey: Volume 2- children (chapter 5): <http://www.gov.scot/Publications/2012/09/3327>

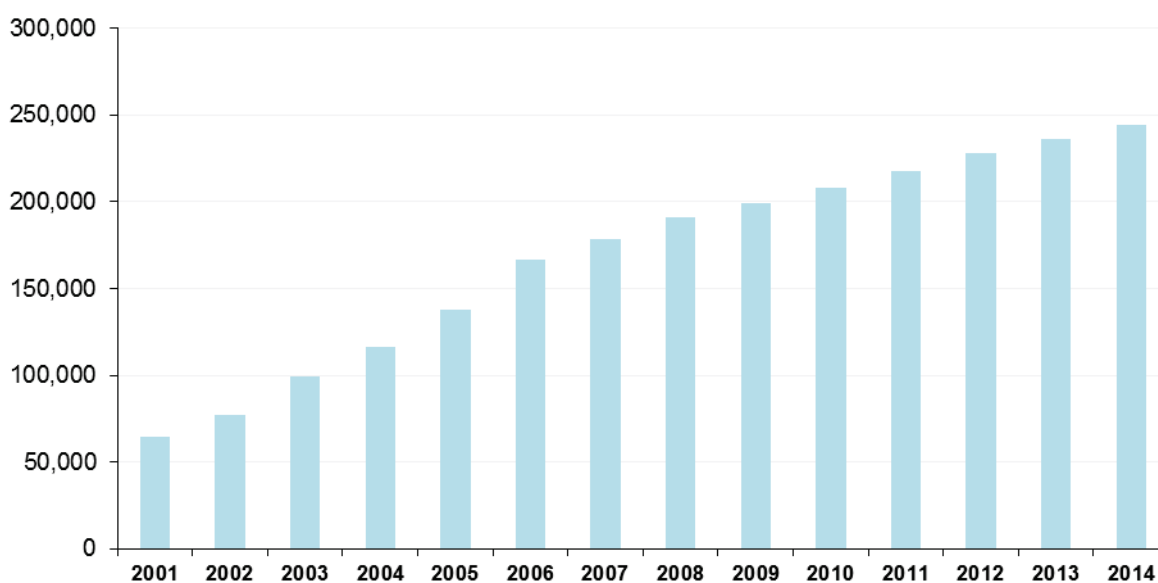
Prevalence of type 2 diabetes

Indicator Source: Scottish Diabetes Survey

LATEST RESULTS

- At the end of 2014, there were 276,430 people diagnosed with diabetes in Scotland recorded on local diabetes registers. This represented 5.2% of the population.
- Of all cases, 88.3% (244,050) were type 2 diabetes.
- Prevalence of type 2 diabetes continues to increase steadily⁶. There were 16,187 type 2 diabetes diagnoses in the last year and 83,811 in the last four years.
- In 2014, 31.5% of patients with a recorded BMI and type 2 diabetes were overweight (BMI 25-30) and a further 55.5% were obese (BMI 30+).

Figure 5. Number of people with a type 2 diabetes diagnosis, 2001-2014



⁶ Between 2001 and 2006, the increase in numbers was partly due to improved recording. The increase observed since 2007 is more likely to reflect a real increase in numbers.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced mortality in obesity related disease.

Equalities:

Breakdowns by gender and age are included in the survey. Ethnic group is collected by the survey but subject to variable response rates and may require several years of data to be combined. Breakdowns by religion, disability and sexual orientation are not available.

Geography available:

National, Health Board from 2009.

Rationale for including this indicator:

The aim of this indicator is to monitor changes in the proportion of Scotland's population who have type 2 diabetes. The Scottish Public Health Observatory estimates that almost half of type 2 diabetes can be attributed to obesity. Diabetes is an important cause of disability and increases the risk of coronary heart disease and other health problems. Complications associated with diabetes include peripheral vascular disease (foot ulcers), which can in turn lead to amputation and diabetic retinopathy- the commonest cause of blindness in working age people. Those with poor glucose control are at increased risk of developing complications.

Type 2 diabetes is more common in deprived areas, and becomes much more common with increasing age. Overweight and obesity are also important risk factors: the risk of type 2 diabetes is around ten times higher among those with a BMI over 30 compared to those with a BMI under 30.

Factors influencing this indicator:

- Poor diet (specifically excess energy intake), low levels of physical activity, and the resulting increase in levels of obesity.

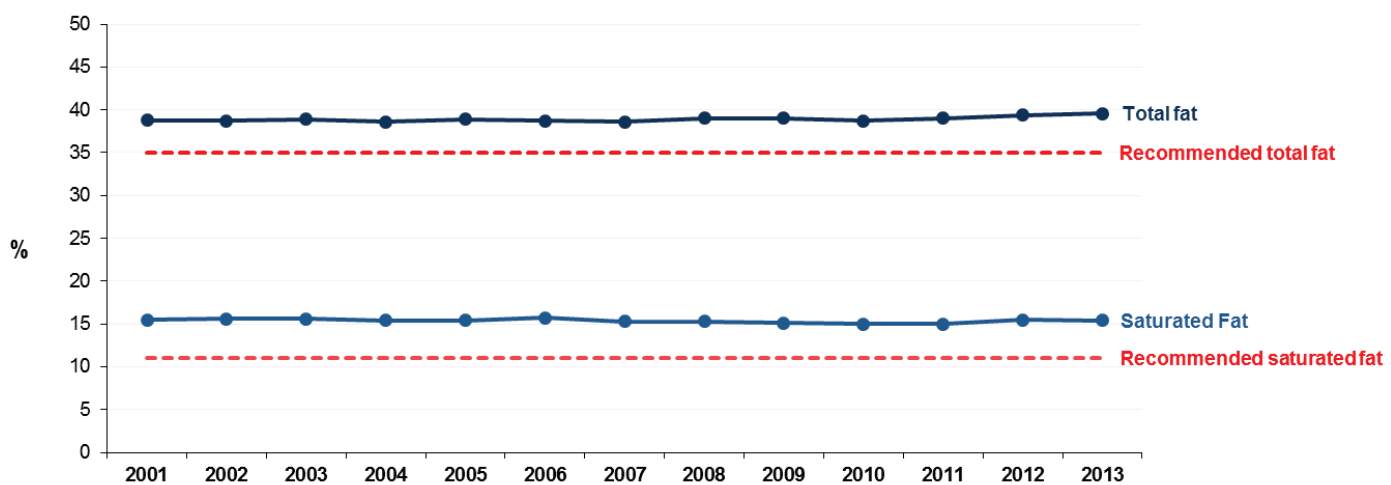
Total and saturated fat

Indicator Source: Food Standards Scotland

LATEST RESULTS

- In 2013, the percentage of household food energy from all fats was 39.6%, above the recommendation of no more than 35% and relatively stable over time.
- The percentage of food energy from saturated fat was 15.4%, compared with the recommendation of no more than 11%.

Figure 6. Proportion of household food energy from fat, 2001-2013



ABOUT THIS INDICATOR

Desired Outcome:

Reduced energy intake.

Relevant Route Map action:

All energy consumption actions.

Indicator Sources:

- Food Standards Scotland commissioned analysis of data from the ONS Living Cost and Food Survey. Estimated nutrient intakes are calculated from household food purchases following secondary analysis to convert purchase data to mean per capita consumption and nutrient intakes and to allow meaningful comparisons to be made between years.

Equalities:

Information is collected on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)).

Geography available: Population level information is collected on differences in food and nutrient intake by urban/rural classification.

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of the population consuming energy dense foods. Currently people are eating more saturated fat on average than is recommended (FSAS Barton et al, 2010). Prevalence of obesity indicates that energy intakes currently exceed energy requirements. Both these issues raise serious health concerns, particularly in relation to coronary heart disease, high blood pressure, stroke, type 2 diabetes and certain types of cancers (SHeS).

Recommendations for food and nutrient intake are based on advice from the Committee on Medical Aspects of Food and Nutrition Policy (COMA) and the Scientific Advisory Committee on Nutrition (SACN). Published Dietary Reference Values cover a range of intakes for most nutrients and for fat and saturated fat are set as a percentage of daily energy intake for adults.

Factors influencing this indicator:

- Availability, cost, and access to different food types.

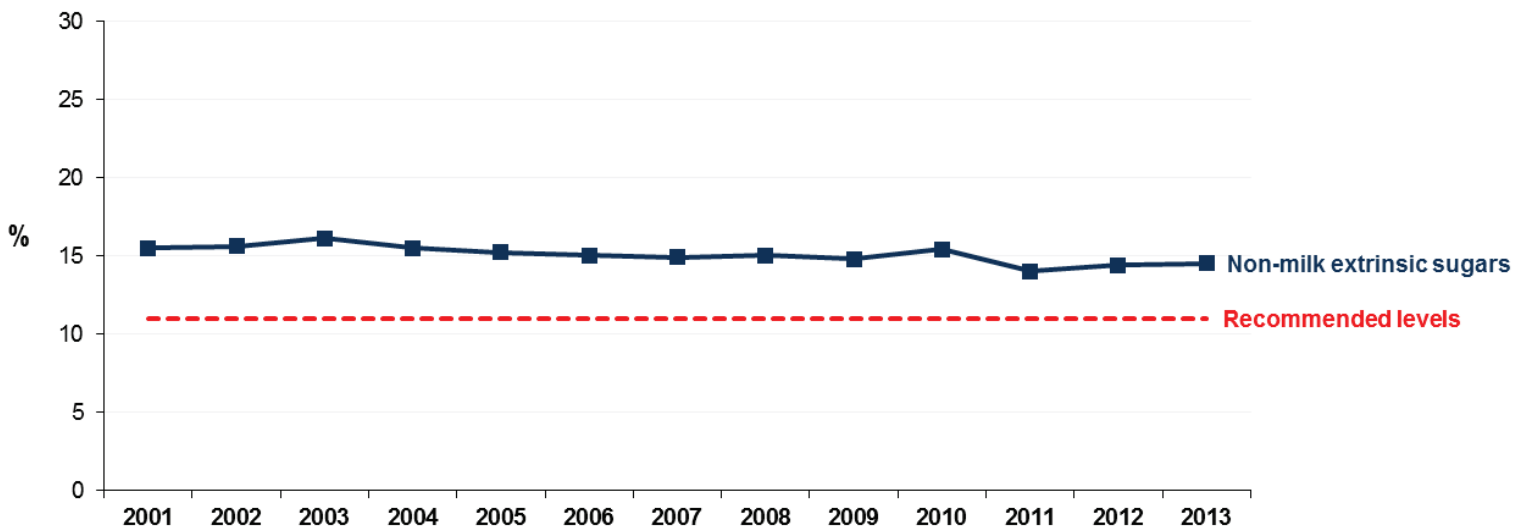
Added sugars

Indicator Source: Food Standards Scotland

LATEST RESULTS

- The percentage of food energy contributed by added sugars has remained relatively stable since 2001 at around 14% to 16%. In 2013 the figure was 14.5%.
- Intakes remain higher than the Scottish Dietary Goal of less than 11% of food energy.⁷

Figure 7. Proportion of household food energy from added sugars, 2001-2013



⁷ This goal is currently under review following a recommendation from the UK Scientific Advisory Committee on Nutrition that free sugars account for no more than 5% of daily energy intake.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced energy intake.

Relevant Route Map action:

All energy consumption actions.

Indicator Source:

- Food Standards Scotland commissioned Scottish specific analysis of population level data from the ONS Living Cost and Food Survey.

Equalities:

Information is collected on differences in food and nutrient intake by deprivation (using the Scottish Index of Multiple Deprivation (SIMD)).

Geography available: Population level information is collected on differences in food and nutrient intake by urban/rural classification.

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of adults and children consuming energy dense foods. As noted above, prevalence of obesity indicates that energy intakes currently exceed energy requirements with associated health problems.

Factors influencing this indicator:

- Availability, cost, and access to different food types.

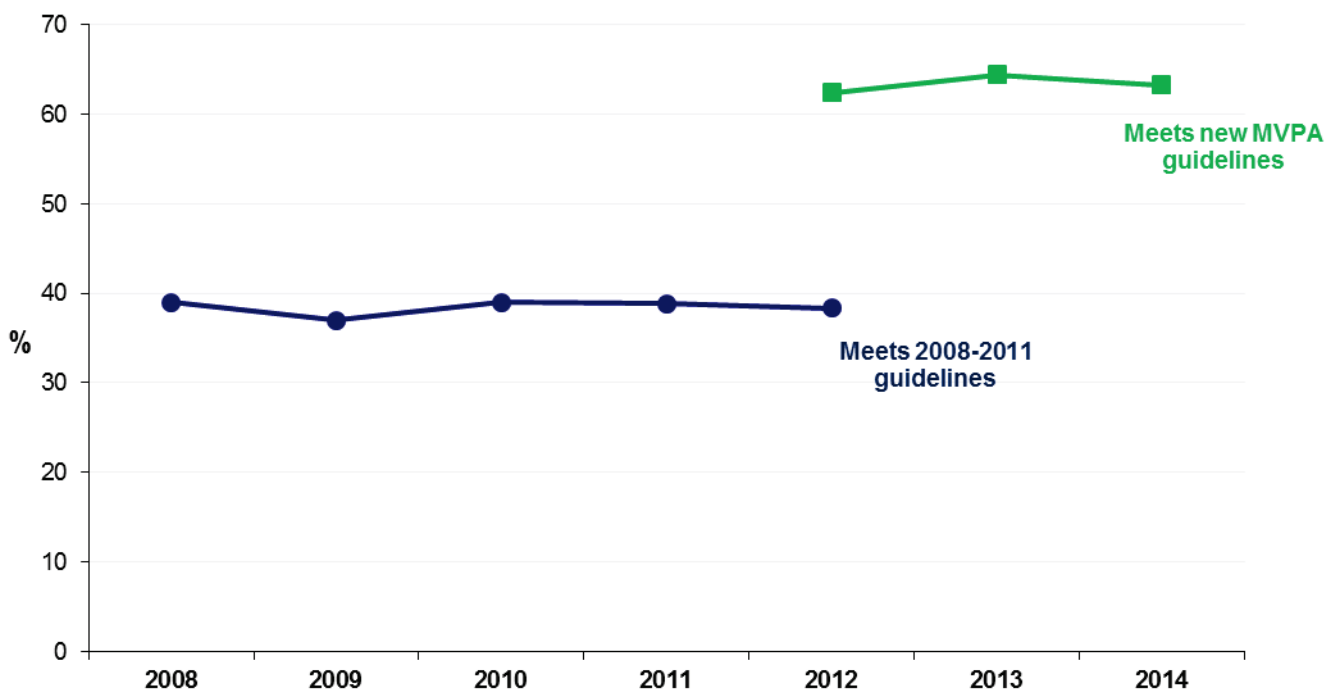
Adult physical activity⁸

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2014, 63% of adults aged 16 and over met the current moderate/vigorous physical activity (MVPA) guideline. There has been no significant change to this proportion since 2012.
- Men were more likely than women to meet the guideline (68% compared to 59%). The gap was widest within the youngest age group: 79% of men aged 16-24 met the guideline, compared with 64% of women of the same age.
- The proportion of adults meeting the guidelines was highest for those aged 25-34 (79%) and steadily declined with increasing age, with 26% of adults aged 75 and above meeting the requirement.
- Between 2012 and 2014, the proportion of men meeting the guideline has varied between 67% and 71%. Over the same period adherence to the guideline has changed very little for women (between 58% and 59%).

Figure 8. Proportion of adults (16+) meeting physical activity guidelines, 2008-2014



⁸ Note that physical activity guidelines changed in 2011. See chapter 6 (physical activity) in the 2012 Scottish Health Survey for more information: <http://www.scotland.gov.uk/Publications/2013/09/3684/10>

ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Accumulation of 150 minutes moderate/ 75 minutes vigorous intensity physical activity (or a combination of both) per week, using 2012 definitions of walking pace, sports and time spent very active at work.

Relevant Route Map action:

All energy expenditure actions.

Geography available:

National, Health Board.

Equalities data:

Breakdowns by all six equalities groups are possible. Breakdowns for 2008-2011 are available in the Scottish Health Survey topic report on equality groups published in October 2012 (<http://www.scotland.gov.uk/Publications/2012/10/8988>).

Rationale for including this indicator:

The aim of this indicator is to monitor change in the proportion of adults who meet physical activity guidelines. The current recommendation, detailed above, is designed to promote general health outcomes and weight maintenance. The recommended level of activity for weight loss is higher.

Factors influencing this indicator:

- Age and gender: Although men were more likely than women to meet the current guideline, adherence to this differs markedly by age.
- Deprivation: Adult activity levels are significantly associated with area deprivation. In 2014, the age standardised prevalence of adherence to the MVPA guideline was highest among adults in the least deprived areas (70%) and steadily declined with increasing deprivation to 54% among adults in the most deprived areas. This pattern was true for both men and women.

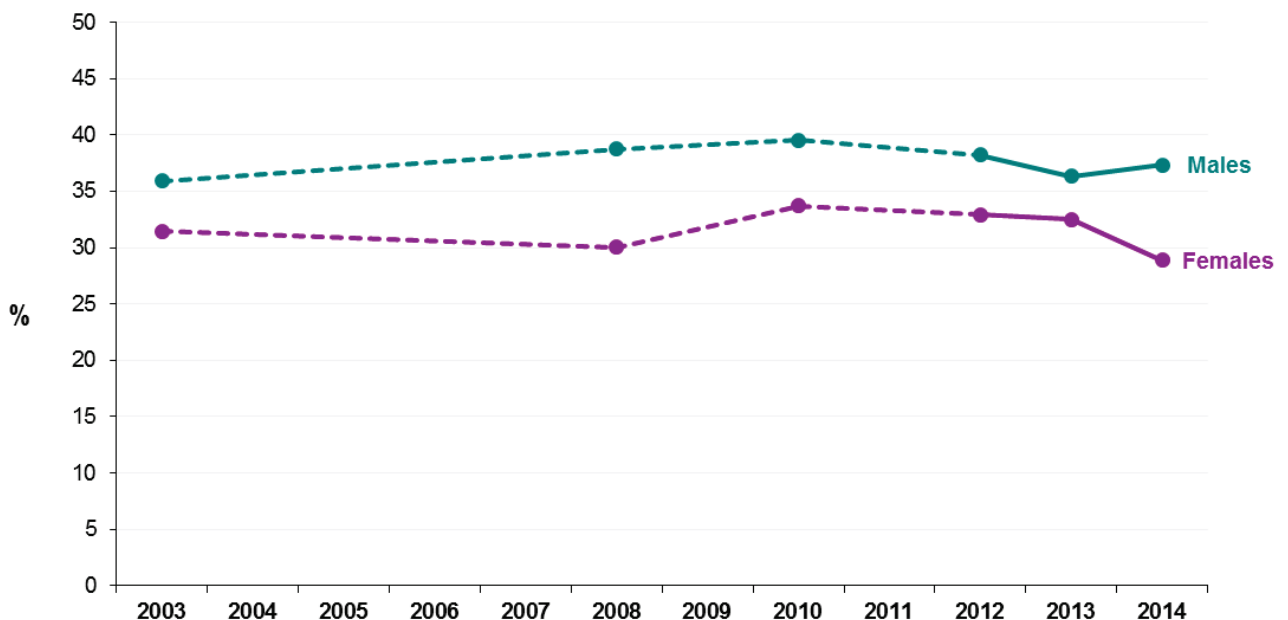
Adult sedentary activity

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2014, adults reported sitting in their leisure time for a mean of 5.2 hours on weekdays and 5.9 hours on weekend days. Reported sedentary leisure time was slightly higher for men than for women (5.3 and 5.1 weekday mean hours, respectively, and 6.1 and 5.7 weekend day mean hours).
- Sedentary activity levels varied by age, with those aged 25 to 54 tending to spend the least time sitting both on weekdays and weekend days (mean hours ranging from 4.1 to 4.7 on weekdays and 5.2 to 5.6 hours on weekend days). Older people (aged 65 and over) were the most sedentary on both weekdays (6.6 to 7.3 hours) and weekend days (6.7 to 7.2 hours).
- The proportion of adults spending four or more hours sitting at a screen or similar display on an average day (excluding time at work) in 2014 was 33% (37% for men, 29% for women).

Figure 9. Proportion of adults (16+) spending four or more hours sitting watching TV/other screen, by gender, 2003-2014



ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Time spent sitting during leisure time (including weekdays and weekends).

Relevant Route Map action:

Does not map onto specific obesity action but indirectly relates to energy expenditure actions.

Geography available:

National.

Equalities data:

Breakdowns by all six equalities groups are possible as all are included in the survey. However, some may require several years of data to be combined.

Rationale for including this indicator:

The aim of this indicator is to monitor the proportion of adults engaging in sedentary behaviour, such as hours spent sitting at a screen or reading during leisure time. Sedentary time at work is not included in the summary estimates.

Factors influencing this indicator:

- Choice and availability of leisure activities.

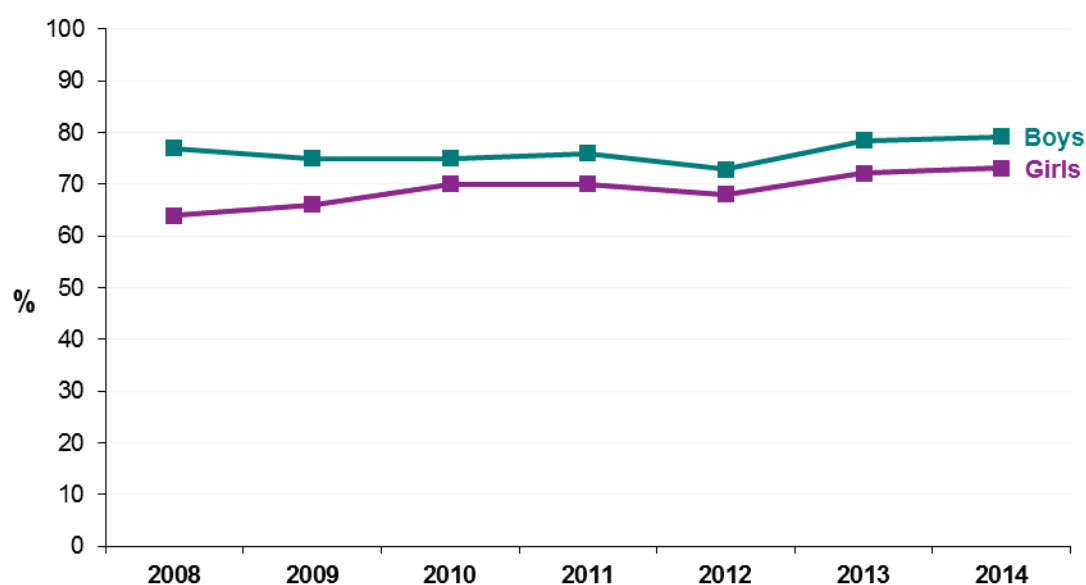
Child physical activity

Indicator Source: Scottish Health Survey

LATEST RESULTS

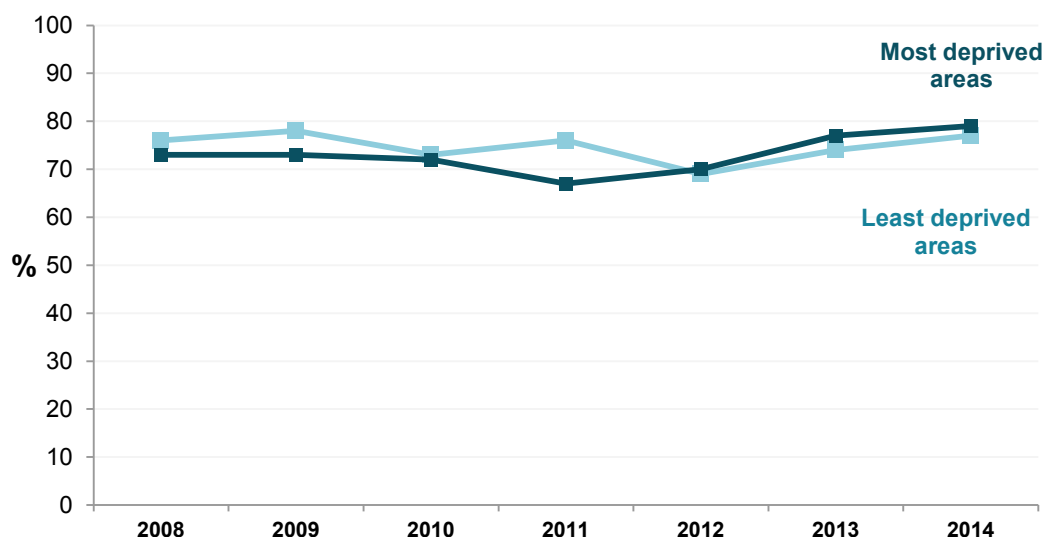
- In 2014, 76% of children met the physical activity recommendations (including school-based activity). This is a significant increase on the figures for 2008 and 2009 (71%). Boys (79%) remain more likely than girls (73%) to meet the guideline.
- Prior to 2008, data were only collected excluding school-based activity. Using this measure, the proportion of children meeting the recommendations was broadly similar in the 2008-2013 period (62-67%) to the results for 1998 (65%), however this figure increased in 2014 (to 70%).
- Boys are generally more physically active at all ages, but the difference is particularly pronounced in the early teenage years. Only 53% of girls aged 13-15 meet the recommendations (including school based activity), compared to 72% of boys. A similar gap was observed when school-based activity was excluded.

Figure 10. Proportion of children (2-15) meeting physical activity recommendations (including school based activity), by gender, 2008-2014



- Inequalities in the proportion of children meeting recommendations (including and excluding school based activity) have fluctuated over time.

Figure 11. Proportion of children (2-15) meeting physical activity recommendations (including school based activity), by area deprivation⁹, 2008-2014



- However, sports participation among 2-15 year olds is considerably higher in the least deprived areas (79% in 2014, compared to 58% in the most deprived areas).

ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Accumulating 1 hour or more of moderate intensity physical activity every day of the week. The questions in the Scottish Health Survey were changed in 2008 to include school-based physical activity. It is possible to look at trends since 1998 excluding school-based activity.

Relevant Route Map action:

Early years actions, specifically less sedentary activities for young children.

Geography available:

National, Health Board.

⁹ Scottish Index of Multiple Deprivation. Chart presents most and least deprived SIMD quintiles.

Equalities data:

Breakdowns by four equalities groups are possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale:

The aim of this indicator is to monitor the proportion of children (aged 2-15 years) meeting the current physical activity recommendation which is to accumulate 60 minutes or more of moderate intensity physical activity every day of the week. Although surveys indicate no significant association between children's activity and their BMI, research suggests that focusing on physical activity is important as part of a wider weight management strategy for children. The current recommendations are designed to promote general health outcomes and weight maintenance. The recommended level of activity for weight loss is higher.

Factors influencing this indicator:

- Availability of safe outdoor places.
- Access to leisure facilities.

Child sedentary activity

Indicator Source: Scottish Health Survey

LATEST RESULTS

- In 2014, children (aged 2 to 15 years) spent a mean time of 2.1 hours sitting watching a television or other screen on weekdays and 2.8 hours on weekend days (excluding time at school).
- The rates for all children have been relatively stable since 2003, at around 2.0 to 2.3 mean hours on weekdays and 2.7 to 2.9 hours on weekend days.
- Boys spent more time sitting watching a television or other screen than girls, particularly at weekends when the mean times recorded were 3.0 hours for boys and 2.7 hours for girls.
- The proportion of children spending four or more hours sitting watching a television or other screen on an average day (excluding time in school) in 2014 was 9% (10% for boys, 8% for girls). The decrease from 2003 was statistically significant.

Figure 12. Proportion of children (2-15) spending four or more hours sitting watching TV/other screen, by gender, 2003-2014



ABOUT THIS INDICATOR

Desired Outcome:

Increased energy expenditure.

Definition:

Time spent at a screen on an average day (including weekdays and weekends) excluding time at school.

Relevant Route Map action:

Early years actions, specifically less sedentary activities for young children.

Geography available:

National.

Equalities data:

Breakdowns by four equalities groups are possible (sexual orientation and religion are not asked of children), but not all are available annually.

Rationale for including this indicator:

The aim of this indicator is to monitor the proportion of children engaging in sedentary behaviour such as hours spent sitting at screen on an average day.

Factors influencing this indicator:

- Choice of leisure activities.
- Availability of alternatives to screen-based activity.
- Safe outdoor spaces to play.

HealthyLiving Awards

Indicator Source: NHS Health Scotland

LATEST RESULTS

- In October 2015, a total of 757 catering establishments, serving 229,829 customers, held the HealthyLiving Award (HLA) or HLA Plus award.
- Of these, 260 are first term HLA awards and 294 are renewed awards. A further 203 establishments hold the HealthyLiving Plus Award.

Table 1. Number of businesses with HealthyLiving Awards

DATE	CURRENT AWARDS	FIRST TERM	RENEWALS	PLUS
2006	6	6		
2007	140	140		
2008	374	374		
2009	602	496	106	
2010	656	353	283	20
2011	675	295	291	89
2012	680	241	315	124
2013	625	185	315	125
2014	686	231	273	182
2015	757	260	294	203

ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink in workplaces.

Relevant Route Map action:

Two actions to encourage participation in HealthyLiving award scheme.

Geography available:

National

Equalities data: Not applicable

Rationale for including this indicator

The aim of this indicator is to assess the take-up of HealthyLiving awards by companies. The HealthyLiving Award, introduced in 2006, recognises catering establishments for serving healthier food and finding ways of helping their customers make better food choices. The award is open to all kinds of catering places from sandwich shops to staff restaurants, and increasing the number of establishments with this award will play a part in improving diet across Scotland. For all organisations already participating, the HealthyLiving Award plus offers an opportunity to achieve step increases in the required ratio of healthy options to other options on the menus from participating caterers.

Evidence from existing literature¹⁰ suggests a low level of evidence for the effectiveness of consumer targeted incentives but with potentially high levels of population effectiveness. The ScotPHN engagement process for the Route Map¹¹ assessed the action as having high impact with medium to high effort.

Factors influencing this indicator:

- Exposure to high energy foods.

¹⁰ Environmental Scan of Potential Policy Interventions to Tackle Obesogenic Aspects of the Built Environment, Mooney et al 2010

¹¹ Hannah, Connacher and Tyrell, Obesity – A Route Map towards a Healthy Weight Scotland Report of Engagement Process

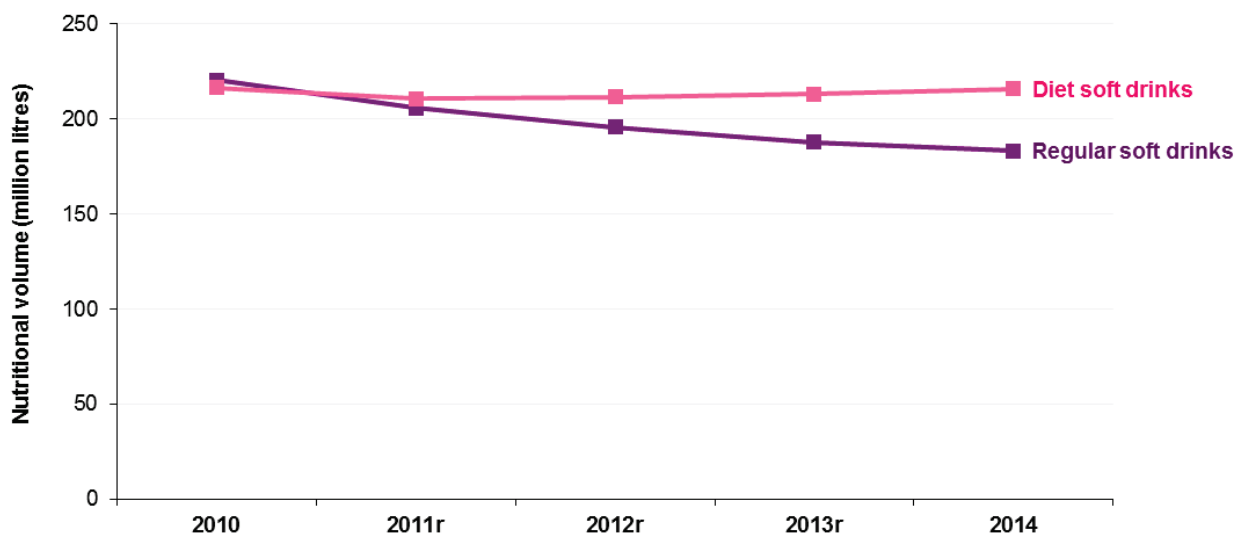
Volume of sales of soft drinks with added sugar¹²

Indicator Source: Food Standards Scotland (Kantar Worldpanel)

LATEST RESULTS

- Between 2010 and 2014, the volume of regular take home soft drinks¹³ purchased by Scottish households dropped by 16.8% to 183 million litres.
- The volume of carbonated drinks purchased by Scottish households declined from 314 to 290 million litres.
- The calorie contribution of carbonated drinks reduced from 32 kilocalories per person per day in 2010 to 28 kilocalories in 2014.

Figure 13. Sales of soft drinks, 2010-2014



¹² Kantar Worldpanel have implemented a methodology change affecting data from 2010 onwards. For this reason results from previous years have not been shown.

¹³ 'Regular soft drinks' includes juices/fruit drinks, carbonates, squash, and others (such as flavoured milk), but excludes chilled drinks, mineral water and all diet soft drinks.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink.

Relevant Route Map action:

Action to work with the Food Implementation Group to reduce sugar levels and portion sizes.

Geography available:

Scotland level only.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to monitor the volume of sales of soft drinks with added sugar in supermarkets in Scotland. There is evidence of an association between sugar-sweetened soft drinks and prevalence of obesity and interventions in this area have been shown to be effective.

Factors influencing this indicator:

- Availability and affordability of healthy choices.

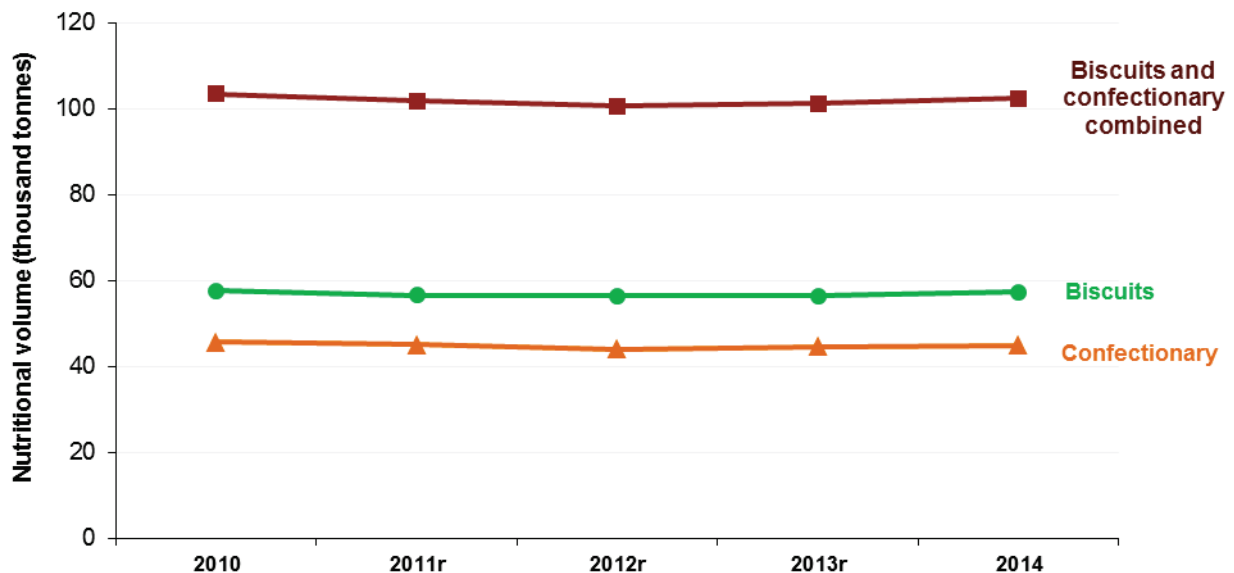
Volume of sales of confectionery, biscuits, cakes and pastries¹⁴

Indicator Source: Food Standards Scotland (Kantar Worldpanel)

LATEST RESULTS

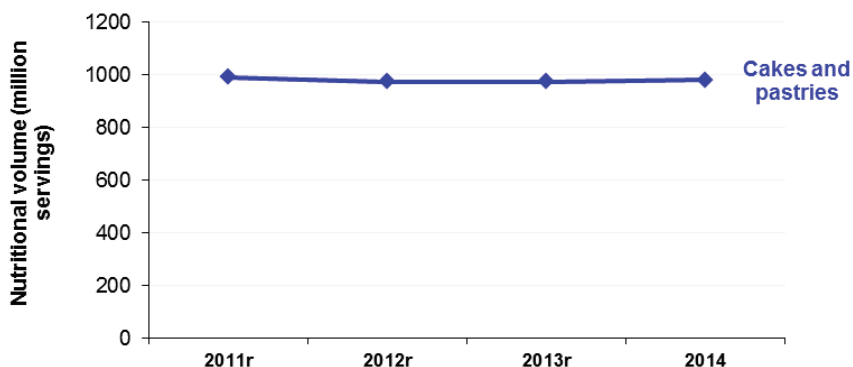
- In 2014, the total volume of take home biscuits and confectionery purchased by Scottish households was just over one hundred thousand tonnes (103,000). Sales volumes have remained stable since 2010.

Figure 14. Sales of biscuits and confectionery, 2010-2014



- In 2014, just under one billion (981 million) servings of cake and pastry were purchased by Scottish households. Purchases have remained stable since 2011.

Figure 15. Sales of cake and pastry servings, 2011-2014



¹⁴ Kantar Worldpanel have implemented a methodology change affecting data from 2010 onwards. For this reason results from previous years have not been shown.

ABOUT THIS INDICATOR

Desired Outcome:

Reduced consumption of high energy food and drink.

Relevant Route Map action:

Action to work with retailers to encourage stocking of smaller and less energy-dense portions, with the Food Implementation Group to reduce saturated fat and sugar levels.

Geography available:

Scotland level only.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to monitor the sales by volume of confectionery, biscuits, cakes and pastries in supermarkets in Scotland.

There is evidence that obesity is associated with over consumption of energy dense snack foods such as confectionery, biscuits, cakes and pastries. Moderate evidence exists in the literature for interventions aimed at reducing availability and affordability of energy dense foods and with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having high impact with medium to high effort.

Factors influencing this indicator:

- Availability and affordability of healthy choices

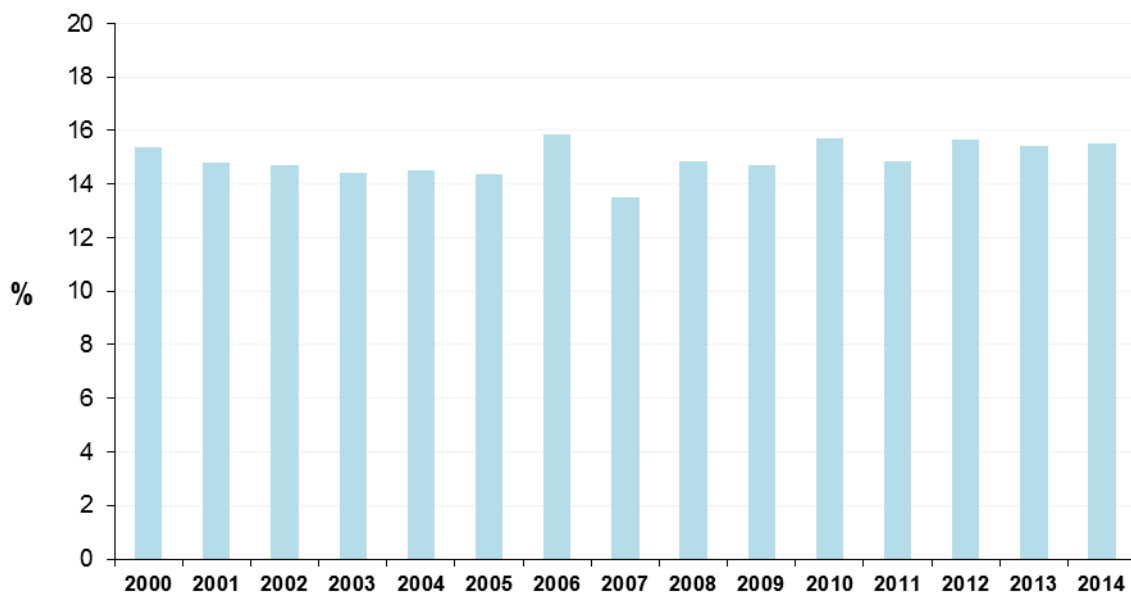
Adult active travel to work

Indicator Source: Transport Scotland (Transport & Travel in Scotland)

LATEST RESULTS

- In 2014, 15.5% of working adults travelled to work by walking or cycling.
- There has been little change in this proportion since 2000, with the figures fluctuating at around 13% to 16%.

Figure 16. Proportion of adults (16+) walking or cycling to work, 2010-2014



ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active travel.

Relevant Route Map action:

Deliver cycle action plan.

Indicator Source:

Transport Scotland: Transport & Travel in Scotland bulletin.

Employed adults' (not working at home) usual method of travel to work.

Geography available:

National, Local Authority.

Equalities data:

Breakdowns by gender, age and disability possible.

Rationale for including this indicator:

The indicator provides a measure of the extent to which adults are choosing physically active means of travel to work (cycling or walking). The indicator supports actions in the Route Map encouraging employers to support employees to use more active means of travelling to and from work.

A low level of evidence exists in literature for the effectiveness of active travel incentives and facilities with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having medium impact with medium to high effort.

Factors influencing this indicator:

- Availability of alternative transport options
- Employer incentives

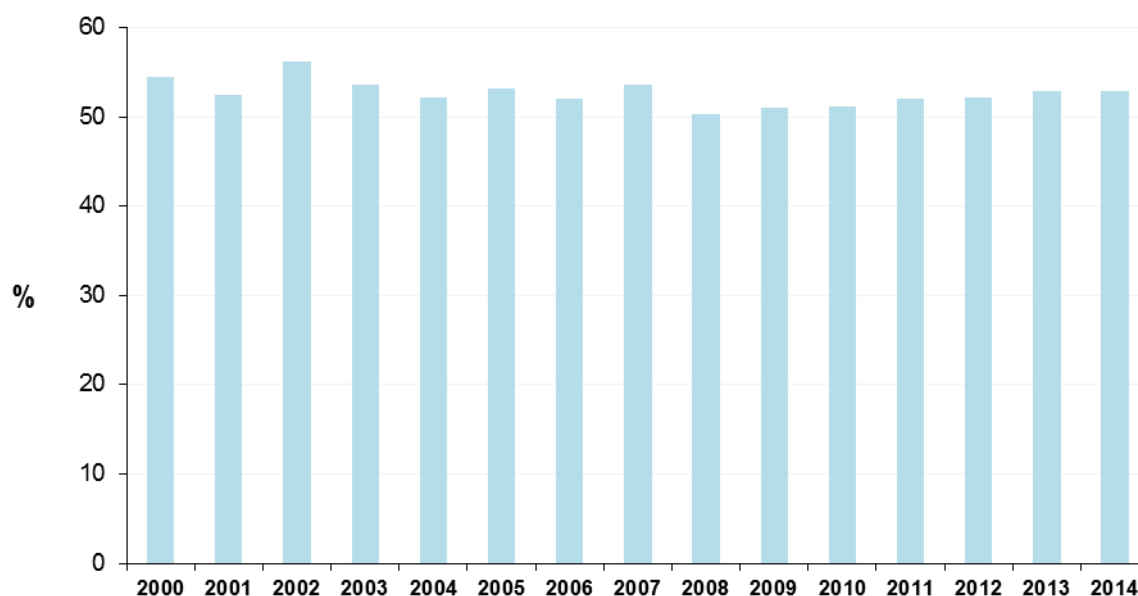
Child active travel to school

Indicator Source: Transport Scotland (Transport & Travel in Scotland)

LATEST RESULTS

- In 2014, 53% of school aged children travelled to school by walking or cycling.
- This proportion has fluctuated between 50% and 56% since 2000, with no clear trend.

Figure 17. Proportion of school aged children walking or cycling to school, 2000-2014



ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active travel.

Relevant Route Map action:

Deliver cycle action plan.

Indicator Source:

Transport Scotland: Transport & Travel in Scotland bulletin.

Pupils in full-time education at school usual method to travel to school.

Geography available:

National, Local Authority.

Equalities data:

Breakdowns by gender, age and disability possible.

Rationale for including this indicator:

This indicator relates to Route Map actions relating to encouraging opportunities for physical activity and sport including safer routes to schools.

Low level of evidence exists in literature for the effectiveness of active travel incentives and facilities with a moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having medium impact with medium to high effort.

Factors influencing this indicator:

- Availability of safe routes to schools.

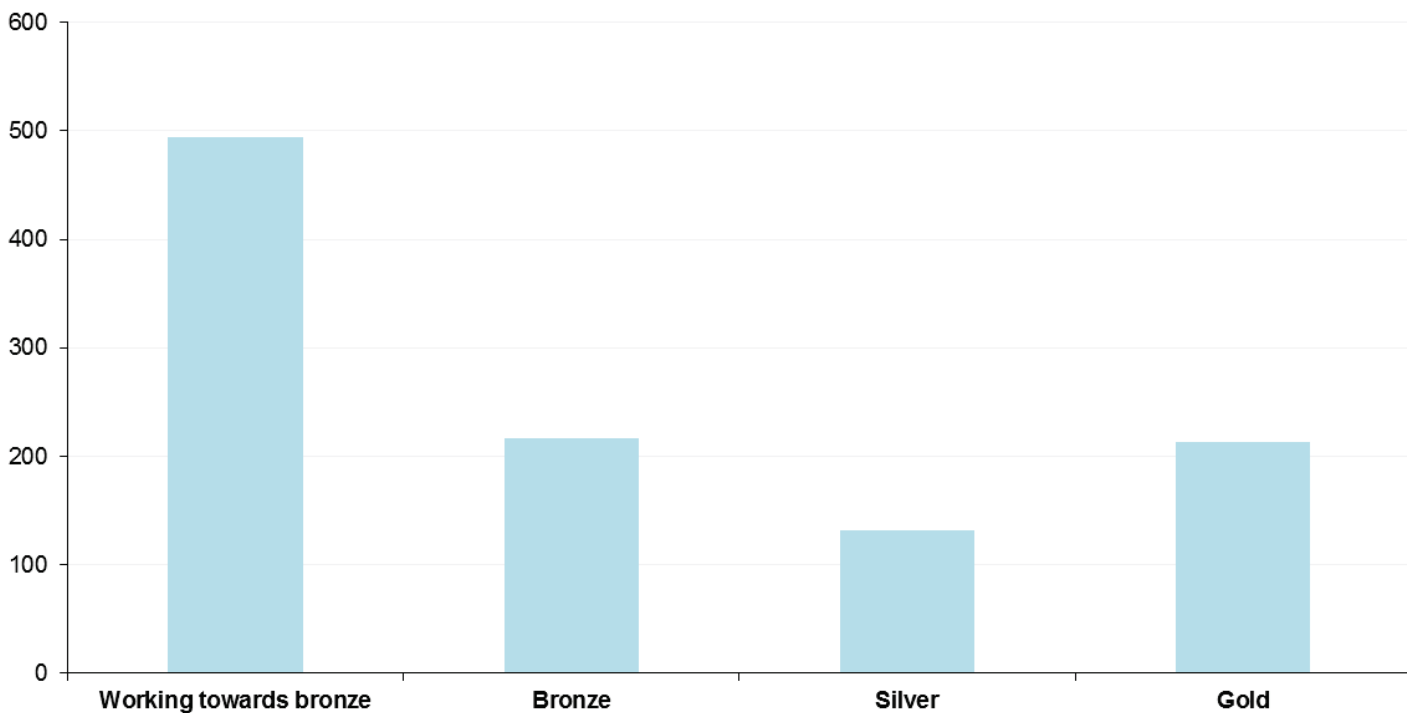
Healthy Working Lives Awards¹⁵

Indicator Source: Scottish Centre for Healthy Working Lives.

LATEST RESULTS

- In October 2015 there are currently 1,055 organisations registered for the Healthy Working Lives Award Programme, representing a total of more than 763,000 employees.
- Of these, 561 organisations have attained at least a Bronze award. A further 494 organisations are actively working towards their first award.

Figure 18. Organisations registered for Healthy Working Lives Awards (including awards attained), October 2015



¹⁵ Please note that the Mental Health Commendation award, for which the number of recipients has been presented in previous reports, no longer exists.

ABOUT THIS INDICATOR

Desired Outcome:

Promotion of active workplaces.

Relevant Route Map action:

Maximise promotion of healthy lives approach in public sector through clear, consistent vision.

Geography available:

National, Health Board.

Equalities data:

Not applicable.

Rationale for including this indicator:

The aim of this indicator is to assess the take-up of Healthy Working Lives Awards by companies. The indicator will show the level of award (Gold, Silver, Bronze) as well as the number of companies working towards their Bronze award – hence providing both an indication of the general awareness and take-up of the scheme, and the proportion of companies providing the highest level of support.

A high level of evidence exists in literature for the effectiveness of multi-component workplace interventions with a low to moderate rating for potential population effectiveness. The ScotPHN engagement process for the Route Map assessed the action as having high impact with low to medium effort.

Factors influencing this indicator:

- Availability and affordability of healthy choices.

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The data collected for this statistical bulletin :

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact scottishhealthsurvey@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

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ISBN 978-1-78544-846-1 (web only)

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Produced for the Scottish Government by
APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
DPPAS59491 (11/15)