



Childhood obesity is a public health issue that has long-term physical and mental health consequences and a substantial economic cost. Obesity is a complex problem with many drivers, but the root cause is an energy imbalance: intake of more energy through food and drink than energy used through activity. Younger generations are becoming obese at earlier ages and staying obese for longer. Obesity rates are highest for children from the most deprived areas, suggesting a socioeconomic inequality exists.<sup>1</sup>

The London Borough of Hammersmith & Fulham has 37,111 residents aged under 18 years, representing 20.2% of the borough's population.<sup>2</sup> This factsheet highlights key indicators of childhood obesity including obesity prevalence and trends, physical activity & related health indicators.

## KEY INDICATORS

Obesity prevalence in Reception children (age 4-5)<sup>3</sup>

**7.5%** ●

Obesity prevalence in Year 6 children (age 10-11)<sup>3</sup>

**19.7%** ●

Proportion of children (age 15) physically active for ≥1 hour per day<sup>4</sup>

**9.2%**

## BACKGROUND



According to the World Health Organisation, childhood obesity is one of the most serious global public challenges in this century.<sup>5</sup> For children, **body mass index (BMI)** is used to classify overweight and obesity, accounting for age and gender:

Classification	BMI centile range (for population monitoring)
Healthy weight	Between 2 <sup>nd</sup> and 84 <sup>th</sup> centile
Overweight	Between 85 <sup>th</sup> and 94 <sup>th</sup> centile
Obese	At or above 95 <sup>th</sup> centile

## CHILDHOOD OBESITY IN LONDON

- London has the highest prevalence of obese children (**22%**) compared to other urban cities, such as Paris (5%), Sydney (10%) and New York (21%).<sup>6</sup>
- An obese child in London is likely to cost £31 per year in direct costs.<sup>7</sup>
- Research shows that habits for life, including eating, are formed in childhood.<sup>8</sup>

## PREVALENCE



**~1 in 5 children** (20.7%) aged 4-5 are overweight or obese in H&F. \*Compared to 21.6% in London & 23.0% in England.<sup>3</sup>



**~1 in 3 children** (34.6%) aged 10-11 are overweight or obese in H&F. \*Compared to 38.3% in London & 35.2% in England.<sup>3</sup>

- The percentage of children (age 15) with a **mean daily sedentary time more than 7 hours** in the last week:
  - **64.6% in H&F.**<sup>4</sup>
  - Compared to 70.1% in England.
- The percentage of children (age 15) that were **physically active for 1 or more hours** per day:
  - **9.2% in H&F.**<sup>4</sup>
  - Compared to 13.9% in England.

# WIDER DETERMINANTS

Many wider determinants of health act as risk factors for developing childhood obesity. These are likely to have increased due to COVID-19.

## Deprivation

- Children in the most deprived areas of England are more than twice as likely to be obese.
- H&F ranks 15<sup>th</sup> most deprived out of 33 London Boroughs, with a deprivation score of **24.4**, based on the **Index of Multiple Deprivation (IMD 2015)**.<sup>10</sup>
- In H&F, **11.4%** of children (under 16) live in **absolute low-income families**.<sup>10</sup>
- Uptake of **free school meals is 20.7%** among all primary and secondary school pupils.<sup>10</sup>

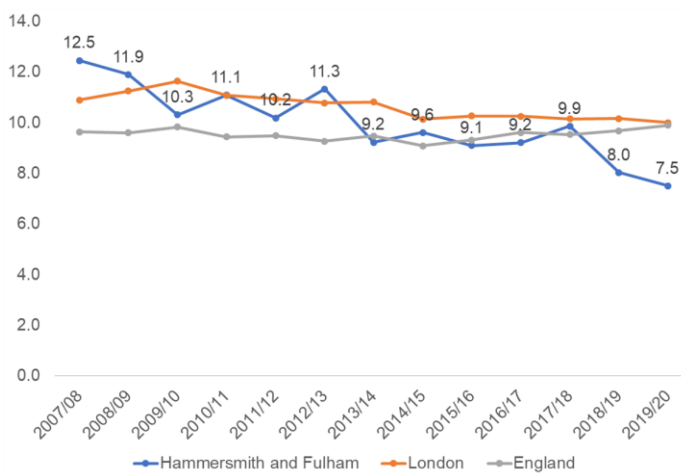
## Oral health

- Oral health is associated with childhood obesity and can result in more cavities.
- H&F ranks 12<sup>th</sup> out of 33 London Boroughs for percentage of 5-year olds with experience of dental decay (**28.3%**).<sup>10</sup>

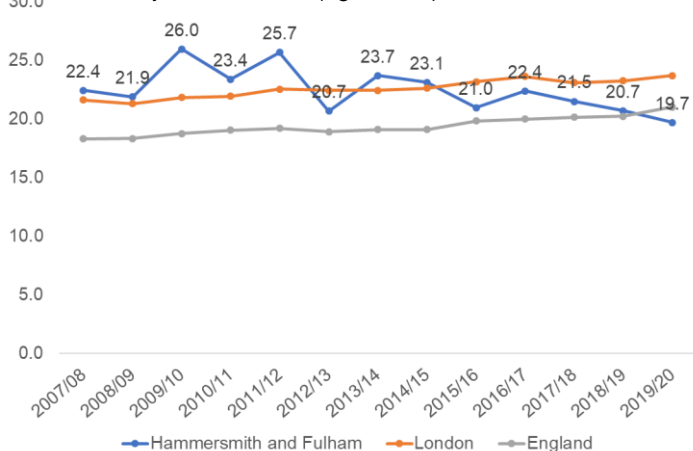
## TRENDS

Over time, the percentage of obese children, in Reception and Year 6, has been slightly **decreasing** in H&F.<sup>3</sup>

Trend for Reception children (age 4-5):<sup>3</sup>

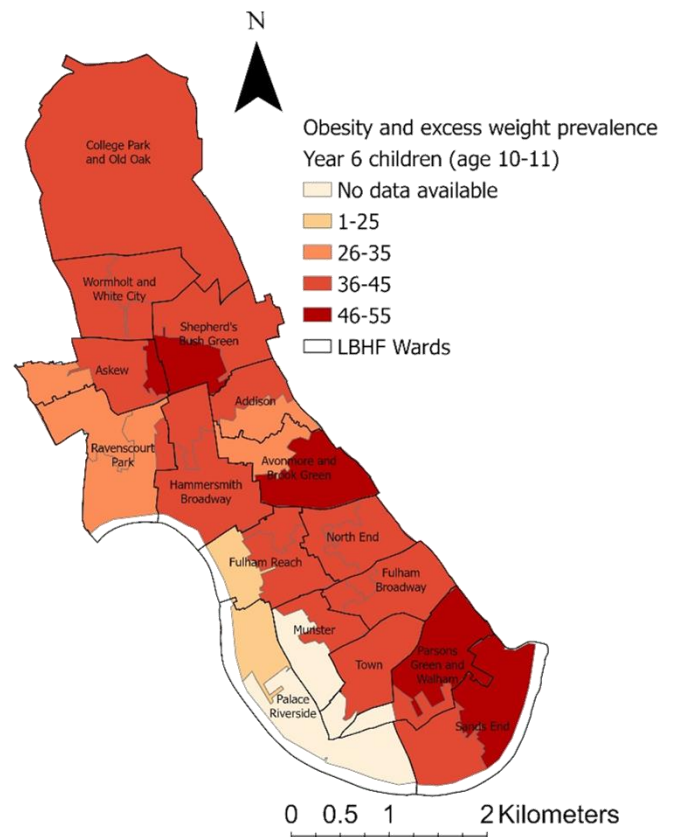


Trend for year 6 children (age 10-11):<sup>3</sup>



## CHILDHOOD OBESITY PREVALENCE IN H&F<sup>9</sup>

Childhood obesity and overweight prevalence varies across the Wards in the LBHF. Avonmore and Brook Green, Sands End and Parsons Green and Walham have areas with >30% obesity prevalence among Reception children. Palace Riverside has the lowest prevalence.



Data sources: **1.** <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>; **2.** Population estimates - Office for National Statistics (ons.gov.uk); **3.** Obesity Profile - Data - PHE; **4.** Physical Activity - Data - PHE; **5.** Noncommunicable diseases: Childhood overweight and obesity (who.int); **6.** The-Great-Weight-Debate-report.pdf (healthylondon.org); **7.** ITEM 6.0 LBHF HWB Childhood Obesity JSNA.pdf; **8.** Influences on the Development of Children's Eating Behaviours: From Infancy to Adolescence (nih.gov); **9.** London Datastore – Greater London Authority; **10.** Public Health Outcomes Framework - Data - PHE.

Data trends shown by: Increase/ negative:  Decrease, positive:  No significant change: 