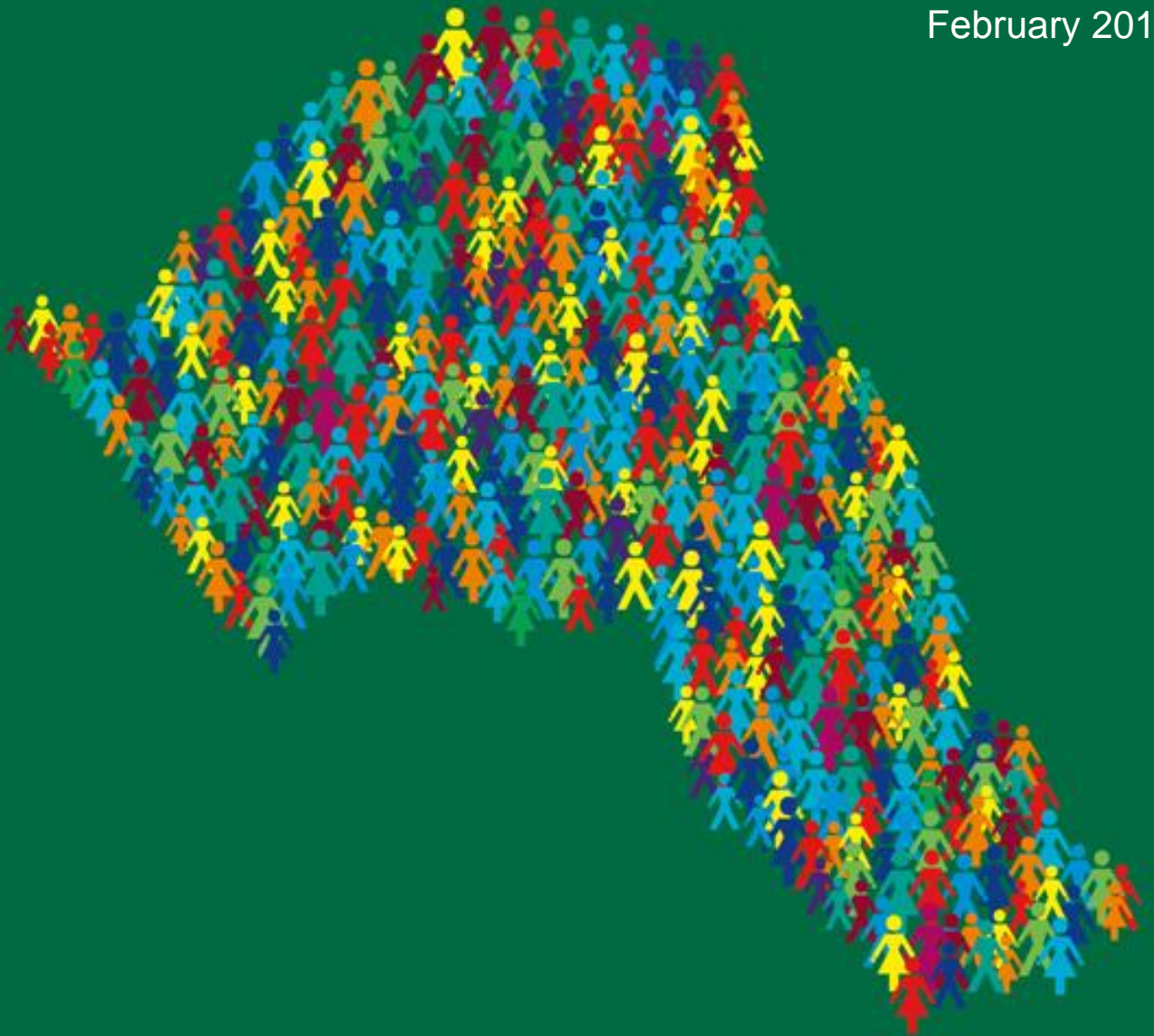


CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

Childhood Overweight and Obesity

First edition
February 2014



About this profile

Purpose

This public health intelligence profile describes the trends and patterns in child obesity and overweight (age 0-18 years) in Camden.

This work will support and inform:

- London Borough of Camden Councillors and public health teams
- Camden's clinical commissioning group
- Individual general practices in Camden

This profile can be found on the website Camden Data:

<http://www.camdendata.info/Pages/Home.aspx>

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Further information and feedback

The main authors of this profile are Colin Sumpter (Public Health Strategist), Tanya Khera-Butler (Public Health Information Analyst) and David Clifford (Public Health Information Officer) with review by Alexandra Cronberg (Senior Public Health Information Analyst) and Dalina Vekinis (Senior Public Health Information Analyst). We would like to thank Aideen Dunne for her input and assistance with the profile.

For further information, please contact Tanya Khera-Butler.

Email: publichealth.intelligence@islington.gov.uk

Tel: 020 7527 2832

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Key messages and recommendations

Recording of BMI

- A third of children aged 0-18 years (based on 31 of Camden's 39 GP practices) have had their BMI recorded at some point in time (11,200 children). However, only 16% have had their BMI recorded within the past 24 months (5,920 children).
- This means that about 26,500 children registered with Camden GPs have never had their BMI recorded at the practice and a further 5,280 children have not had their BMI recently recorded (within the past 24 months).
- Levels of BMI recording in the past 24 months vary between different population groups:
 - The percentage of the population that have a valid BMI recording is significantly lower in children aged 0-2 years (14%) and 3-18 years (16%) compared to adults (39%).
 - For children aged 0-18 years, recording is highest in age groups <1 year (19%) and 15-18 years (33%) and lowest for children aged 3-5 years (7%).
 - There is little difference in recording between boys and girls, however girls aged 15-18 are more likely than boys aged 15-18 to have a recent recording for BMI (38% vs. 27%).
 - BMI recording varies by ethnic group: children aged 3-18 years from Asian ethnic groups or classified as 'Other' are significantly more likely than the Camden average to have a BMI recording (19% and 21% respectively) and children aged 3-18 years from Black ethnic groups are less likely to have a recording (15%).
 - There is no clear relationship between levels of recording and deprivation, as both children aged 3-18 residing in the most deprived areas (15%) and those residing in the least deprived areas (13%) in Camden are significantly less likely than the Camden average to have a BMI recording.
- There is also significant variation in recording of BMI across Camden GP practices: ranging from 0% to 46% for BMI recording for children aged 0-2 years and 4% to 90% for children aged 3-18 years.
- The localities Camden West and Camden North have significantly lower levels of BMI recording compared to the Camden average, particularly in children aged 0-2 years (7% and 10% respectively).

Recommendations

1. There is scope to improve BMI recording in children and young people, particularly in children aged 3-5 years and Black ethnic groups. There is a need for a more consistent approach to BMI recording across Camden, with a particular need for improvement of measuring in the Camden West and Camden North localities.
2. Building BMI recording into existing child health schedules, such as immunisations, child health and development checks and pre-school boosters will improve the BMI recording particularly in the 3-5 year age group.

Key messages (cont)

Overweight and obesity prevalence

- Based on approximately 1,030 children aged 0-2 years registered with a Camden GP with a valid BMI recording, about 120 (11%) are recorded as overweight and 80 (8%) are recorded as obese. There are 530 (11%) children aged 3-18 years who are overweight and 910 (19%) who are obese from among the 4,900 children registered with a Camden GP that have a valid BMI recording.
- Obesity and overweight varies by demographic and socioeconomic factors in Camden:
 - Overall, overweight and obesity prevalence increases with age: the highest prevalence is observed in boys and girls aged 12-14 years (38% and 43% respectively). However, girls aged 15-18 years have a lower prevalence of overweight/obese (20%), this group also has the highest level of recording (38%).
 - There is a high prevalence of overweight/obesity in Black and Asian children aged 3-18 years (37% and 35% respectively) compared to the Camden average (29%).
 - There is a clear social gradient to obesity in children aged 3-18 years, where 24% of children in the most deprived areas are obese compared to only 11% in the least deprived areas. There is a similar trend for overweight prevalence in children aged 3-18 years from 12% in the most deprived areas to 10% in the least deprived areas.
- Among 3-18 year olds, there are significant variation in the levels of overweight and obesity by GP practice, ranging from 15% to 57%. Eight practices have significantly higher prevalence than the Camden average and four practices are significantly lower than the Camden average. Due to the small numbers of children aged 0-2 with a valid recording of overweight or obesity, we have not been able to publish analysis by practice.
- The prevalence of overweight/obesity is significantly higher than the Camden average for children aged 0-2 years in the South locality (24%) and significantly higher than the average for children aged 3-18 in the West locality (36%).

Recommendations

1. The numbers of children and young people who are overweight or obese requires a whole system approach to include tackling the wider universal factors which reaches far beyond the health service. This approach needs to include tackling the wider universal factors that impact upon poor health including education, employment, housing and particularly poverty.
2. The existing obesity services should take into consideration the findings of the GP data set, in particular the higher prevalence rates observed in; Black and Asian ethnic groups, children aged 12-14 years and people from areas of higher deprivation. Services should be accessible to these groups and tailored appropriately.
3. The geographical placement of obesity services should be informed by the findings that there is a higher prevalence of overweight and obesity in the South locality (0-2 years) and in the West locality (3-18 years).

Key messages (cont)

Comparative NCMP & HSE data

- Comparing Camden GP dataset with National Child Measurement Programme (NCMP) suggests that there may be a bias in the GP dataset towards recording the BMI of children who appear obese:
 - Among five year olds, the prevalence of overweight for is 7% in the GP dataset and 14% in the NCMP, but this difference is not statistically different. However, the prevalence of obesity among five year olds is statistically higher in the GP dataset than the NCMP (20% and 10% respectively).
 - Similar to children aged five, only the prevalence of obesity is significantly different between the two data sources for children aged 11, where NCMP data shows that 21% are obese and the GP dataset finds that 30% are obese.
- The national data collected in the Health Survey for England (HSE) shows a similar level of overweight and obesity among 2-15 year olds to Camden's registered population.

Recommendations

1. The GP dataset indicates a potential recording bias, with a higher prevalence of obese and a lower prevalence of overweight children compared to Camden's NCMP dataset. It is likely that visual assessment prompts the GPs to measure the child's BMI. Improving the overall recording of BMI will reduce this bias, but there is also scope to work with GPs to improve their perception of what overweight and obesity in children look like and increase the reporting of overweight children.

The future

- If children's BMI was more widely recorded at GP practices we could:
 - Have more certainty around conclusions.
 - Give a breakdown of BMI groups by smaller age bands, ethnicity and deprivation.
 - Provide more detailed information by locality and practice, to support targeted interventions.
 - Look at comorbidities experienced by each BMI group.
 - Conduct longitudinal analysis which may explain factors influencing overweight and obesity over time (and interaction with long term conditions).

Understanding the data: How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (ie. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Camden position, but these data are not currently available.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of March/beginning of April 2011, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Problems with coding and/or data extraction

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk

Understanding the data: data sources and terms

Camden GP PH dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group.
- The dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.
- However, recording of information for children tends to be more limited than for adults. This profile explores obesity and overweight prevalence among children and young people (0-18 years) using available data in the GP dataset.
- Two Camden practices (St Phillips Medical Centre and Camden Health Improvement Practice) are not included in the analysis as these practices did not consent to data extraction. Six practices (Amphill Practice, Kings Cross Road Practice, Brunswick Medical Centre UHPC, West End Lane Surgery, Fortune Green Practice and the Regents Park Practice) are not included in the analysis due to missing data on children's age in months, meaning that BMI could not be calculated accurately.

National Child Measurement Programme

- The National Child Measurement Programme (NCMP) measures weight and height of children at school (in Reception and Year 6). This BMI classification data was compared directly with the Camden GP dataset. For more information please refer to <http://www.hscic.gov.uk/ncmp>

Health Survey for England

- Survey data collected for children aged 2-15 for England provides a national estimate for child overweight and obesity prevalence. For more information please refer to <https://catalogue.ic.nhs.uk/publications/public-health/surveys/heal-surv-eng-2011/HSE2011-Ch11-Child-obesity.pdf>

95% Confidence Intervals (95% CIs)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

Understanding the data: Definition of BMI classes

The Body Mass Index (BMI) of Children

- The BMI of children is derived from height and weight in a similar way to adults, but it is interpreted differently. For children, age is taken into account as the BMI changes as children grow. Children and young people aged less than 19 years old are included in the profile. BMI also varies between boys and girls. A child's BMI must be compared to a growth reference curve in order to determine whether it is too high or too low, whereas this is not necessary for adults. In this profile, the guidance published by the National Obesity Observatory (www.noo.org.uk) was adhered to.

Classification method

- Determining BMI category for children in Camden's registered population involved the following steps:
 1. BMI was calculated for each individual aged 18 or under in the GP dataset using the standard method, unless only BMI value rather than height and weight was available:

$$\text{BMI} = \text{mass (kg)} / \text{height (m)}^2$$

Invalid recordings

There are a number of data quality issues relating to children's BMI in the GP dataset. Children were excluded from the analysis if any of the criteria below applied:

- A child had neither height and weight nor BMI value
 - Height and weight measurements were taken on different days.
 - Age in months was missing.
 - Very out of date height/weight or BMI recording. This was defined as height/weight or BMI value recorded longer ago than 24 months before the data extraction (September 2012). This excluded 2,280 of children with a recording of both height/weight or BMI and age in months.
 - Extreme BMI values. Children were excluded if they were classed as being in the 1st (lowest, underweight) or the 100th (highest, extremely obese) centile. The decision to exclude these children was taken as it was felt that the large number of such extreme results was likely to be due to erroneous height and weight measurements. The exclusion was undertaken at 3 decimal places at the upper end and 1 decimal place at the lower (i.e. all those below the 99.995th or above the 0.5th centile were included in the analysis). This resulted in the exclusion of 397 at the lower and 211 children at the upper end.
2. BMIs were grouped into categories based on a growth reference curve. For this profile, the LMS Growth add-in for Microsoft Excel was used for growth reference (see page 6 for details). This tool converts height, weight, gender and age measurements to standard deviation scores (SDS) and centiles based on the British 1990 (UK90) growth reference charts. The SDS describe whether the child has a higher or lower value for that measure than would be expected of children of the same age and sex.

Definition of BMI classes (cont)

3. Individuals with a valid BMI and age in months were put into weight categories using the cut-offs for population monitoring of weight status set out in the table below. For comparison, clinical monitoring is based on the 2nd, 91st and 98th centiles.

Table 1: Population monitoring definitions of weight status in children (<=18 years)

Classification	Cut-off
Underweight	≤ 2nd centile
Healthy weight	> 2 to < 85th centile
Overweight	≥ 85th centile to < 95 th centile
Obese	≥ 95th centile

Further Information

- More information about using the growth reference curve can be found in the guidance for the National Child Obesity Programme, published by the NOO (http://www.noo.org.uk/uploads/doc/vid_14601_2010-11_NCMP_Guidance%20for%20Analysis.pdf)
- More technical information on the LMS method can be obtained from The LMS method for constructing normalized growth standards, Cole TJ, European Journal of Clinical Nutrition. 1990 Jan; 44(1):45-60. The LMS Growth add-in can be downloaded for free from <http://www.healthforallchildren.com/?product=lmsgrowth>.

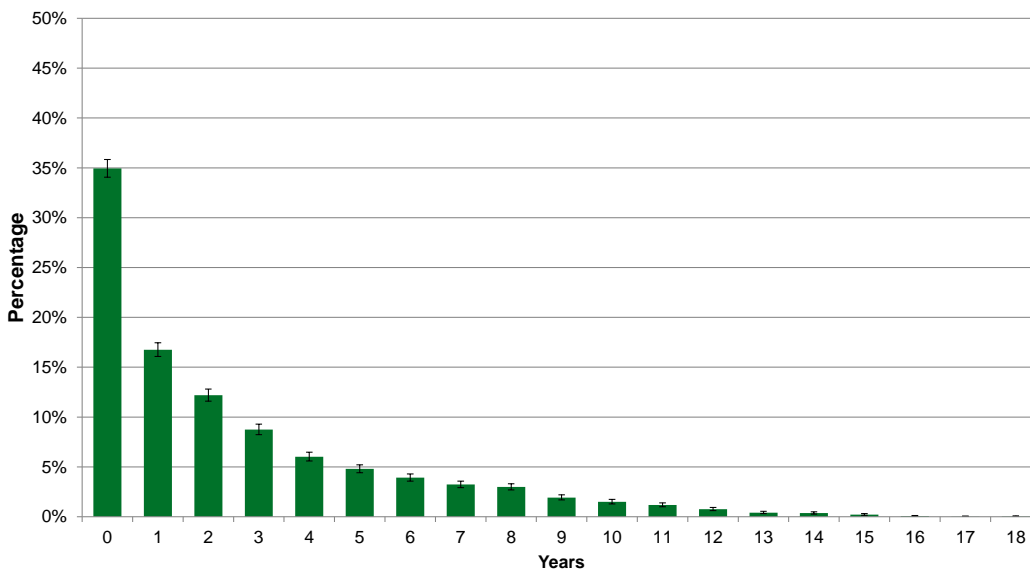
SECTION 1: BMI RECORDING

This section looks at recording of BMI by different demographic factors including ethnicity, sex and age.

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Date of BMI recording

The percentage of people by the difference in years between age at BMI reading and current age, Camden's registered population (0-18 year olds), September 2012



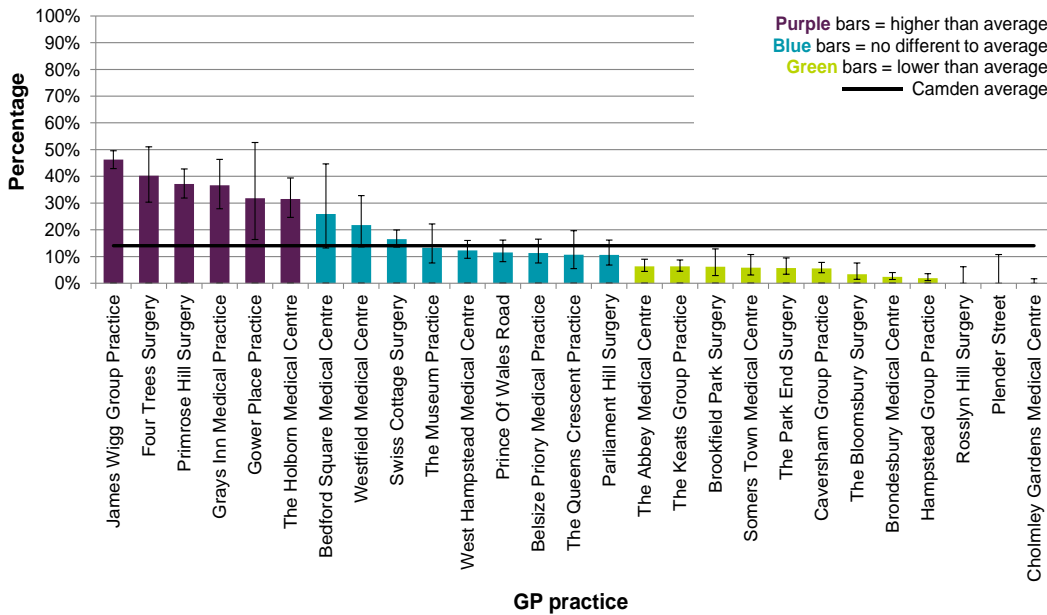
Source: Camden's GP PH dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details

- About a third of children aged between 0 and 18 in Camden GP practices have had their BMI recorded at some point (11,200 children) (data not shown).
- Fifty-three percent of children (5,920) with a BMI recording have had a recording in the past 24 months. This equates to 16% of all children registered with 31 of 39 Camden GP practices.
- Children with a BMI taken more than 24 months ago are not included in the following analysis.

BMI recording for children (0-2 year olds) by practice

Percentage of children (0-2 year olds) with recorded BMI by practice, Camden's registered population, September 2012



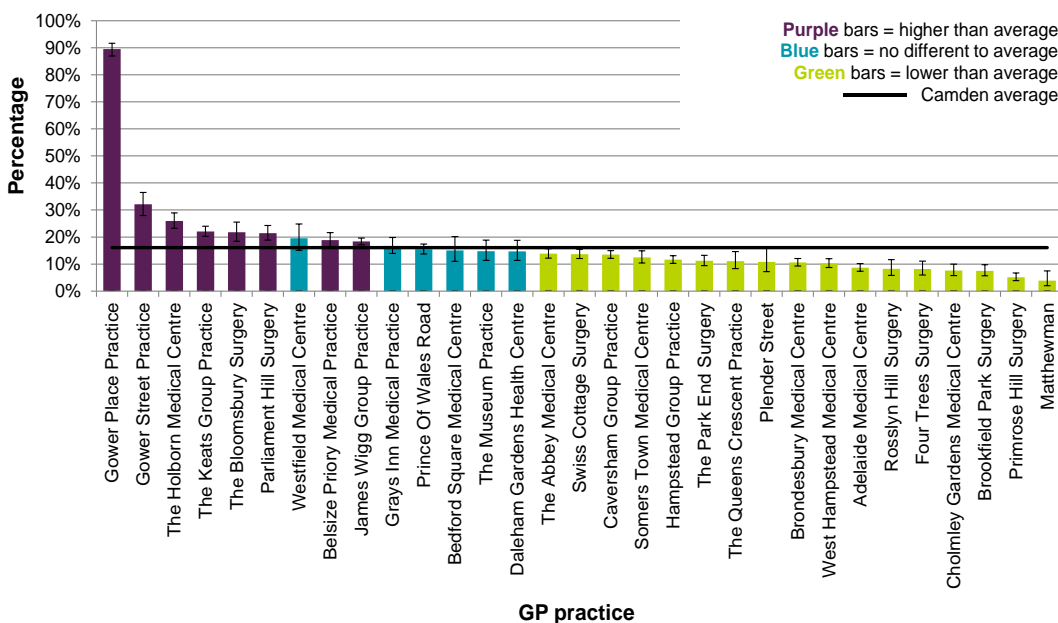
- The percentage of children aged 0-2 years with a valid BMI recording varies significantly by practice from 0% to 46%.
- Six practices are significantly higher than the Camden average for levels of valid BMI recording and 12 practices are significantly lower.

Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details, and four practices are excluded due to small numbers.

BMI recording for children and young people (3-18 year olds) by practice

Percentage of children and young people (3-18 year olds) with recorded BMI by practice, Camden's registered population, September 2012

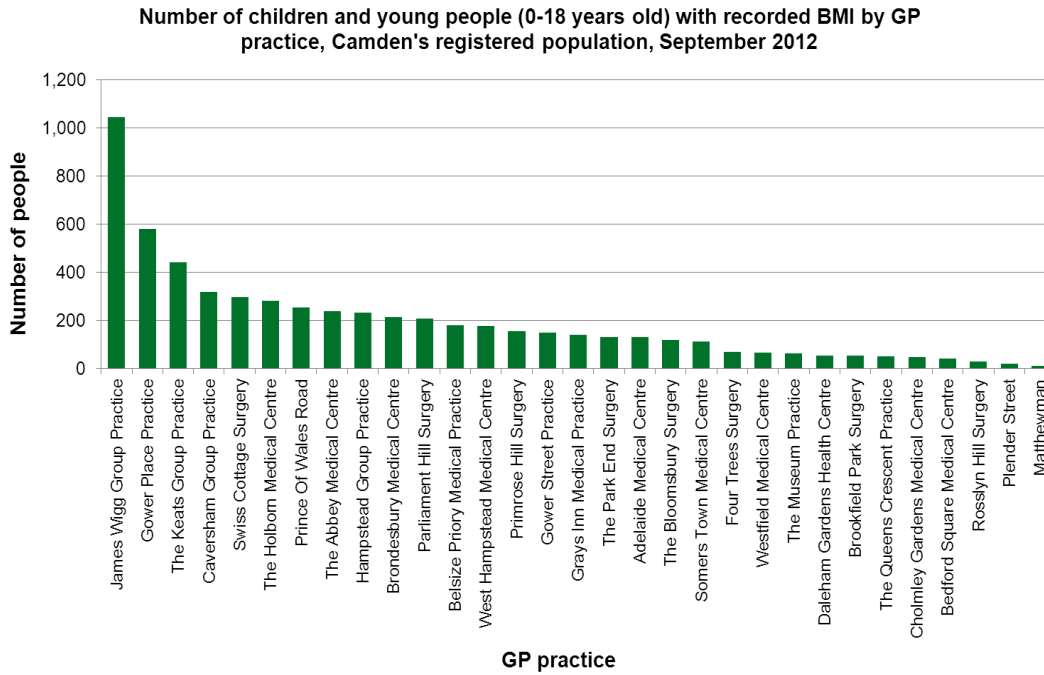


- The percentage of children and young people aged 3-18 years with a valid BMI recording varies significantly by practice from 4% to 90%.
- Eight practices are significantly higher than the Camden average for levels of valid BMI recording and 16 practices are significantly lower.

Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details

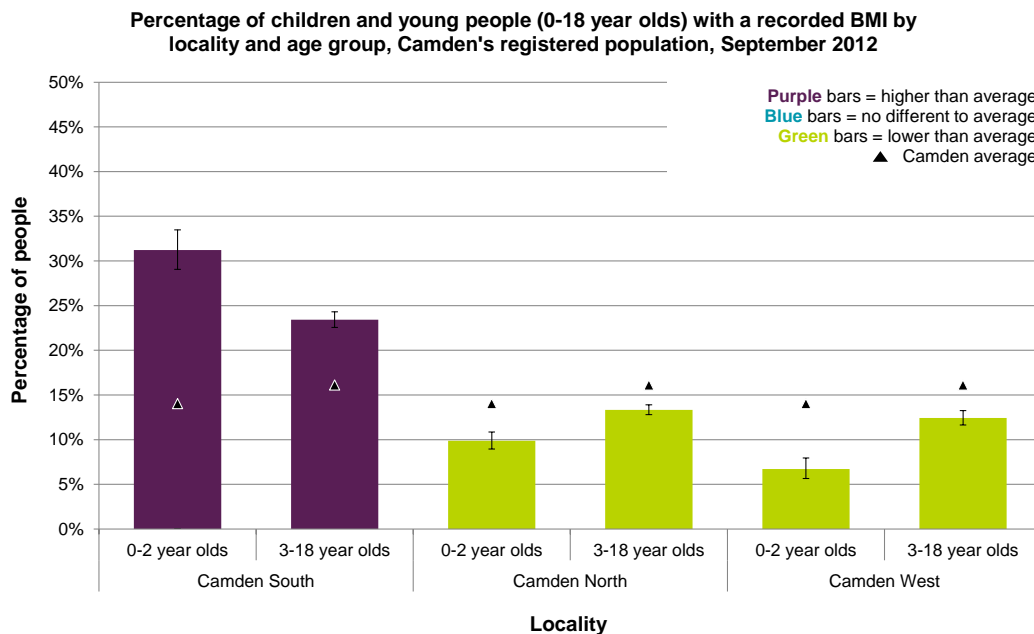
Numbers of BMI recorded by practice



- The number of children and young people aged 0-18 years with a valid BMI recording ranges from about 1,050 at James Wigg Group Practice to about 10 at Matthewman.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details

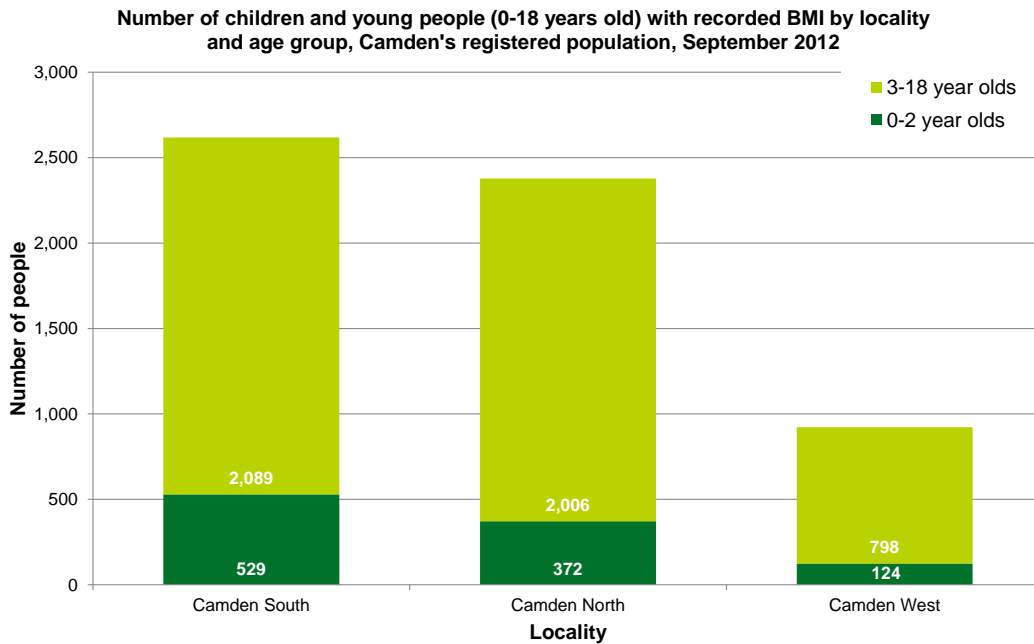
BMI recording by locality



- The levels of valid BMI recordings are significantly lower in the West and North localities than the Camden average, for both age groups.
- Less than 10% of children aged 0-2 years have a valid BMI recording in the West locality, whereas in the South locality 31% of children aged 0-2 years had a recording.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details

Numbers of BMI recorded by locality



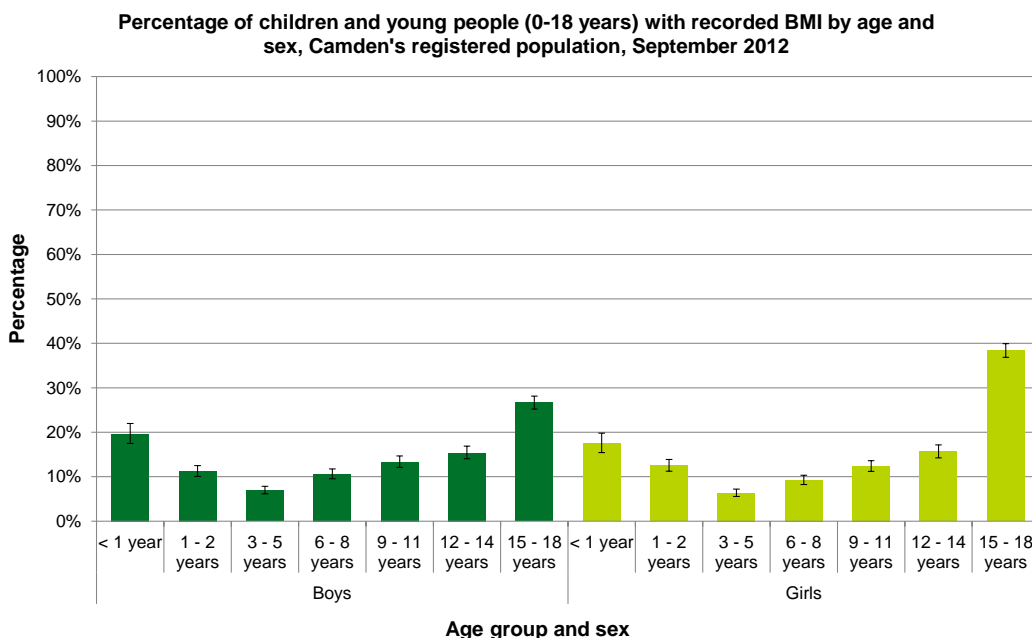
Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details

- The South locality has the highest number of children and young people aged 0-18 years old with a valid BMI recording (2,620).
- The West locality has the lowest number of children and young people aged 0-18 years old with a valid BMI recording (920).

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BMI recording by age and sex



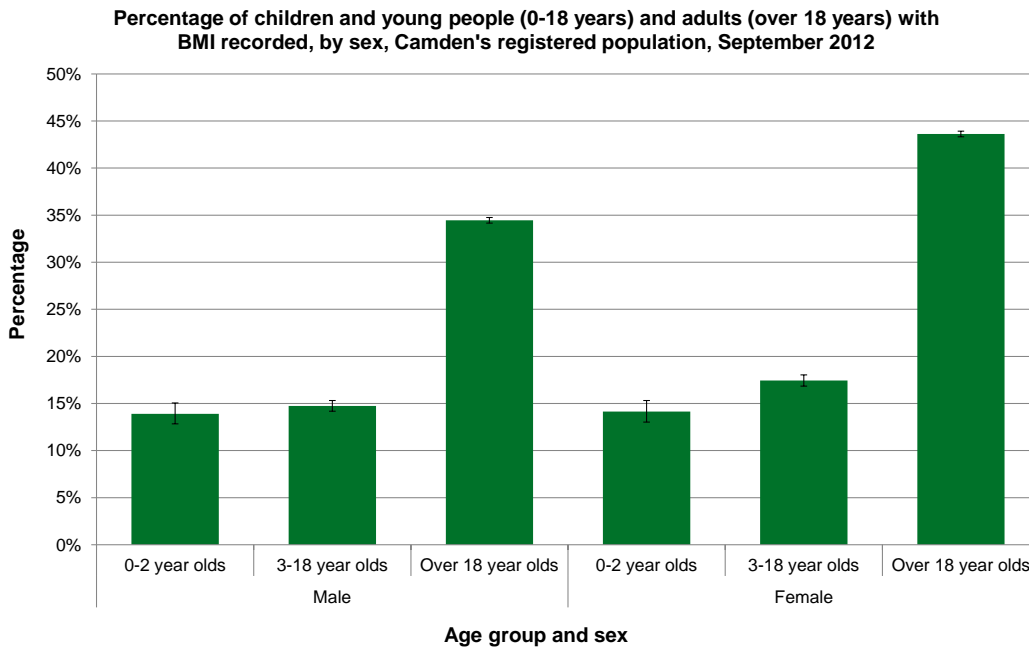
Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details

- The percentage of boys and girls with a valid BMI recording show a similar pattern by age, with a higher level of recording in children aged <1 year and 15-18 years. Children aged 3-5 years have the lowest level.
- Girls aged 15-18 have a significantly higher level of valid BMI recording (38%) compared to boys aged 15-18 (27%).

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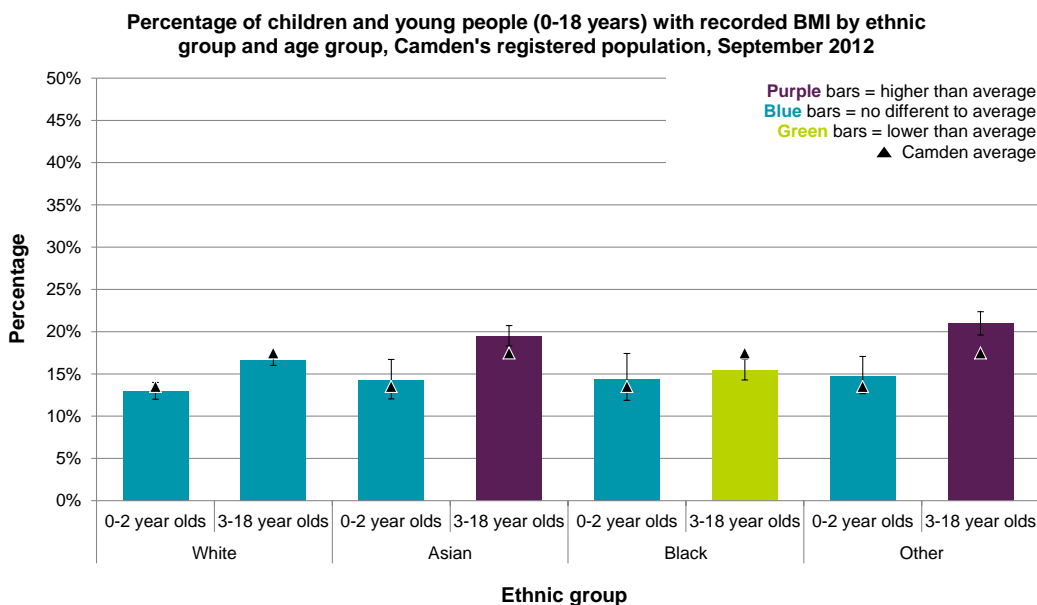
BMI recording in children and adults



Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details

- There is a significantly higher level of a valid BMI recording in adults compared to children.
- The level of a valid recording in men and women (a recording in the past 15 months) is 34% and 44% respectively.
- In comparison, valid BMI recording in boys and girls aged 0-2 years and aged 3-18 years ranges from 14%-17%.

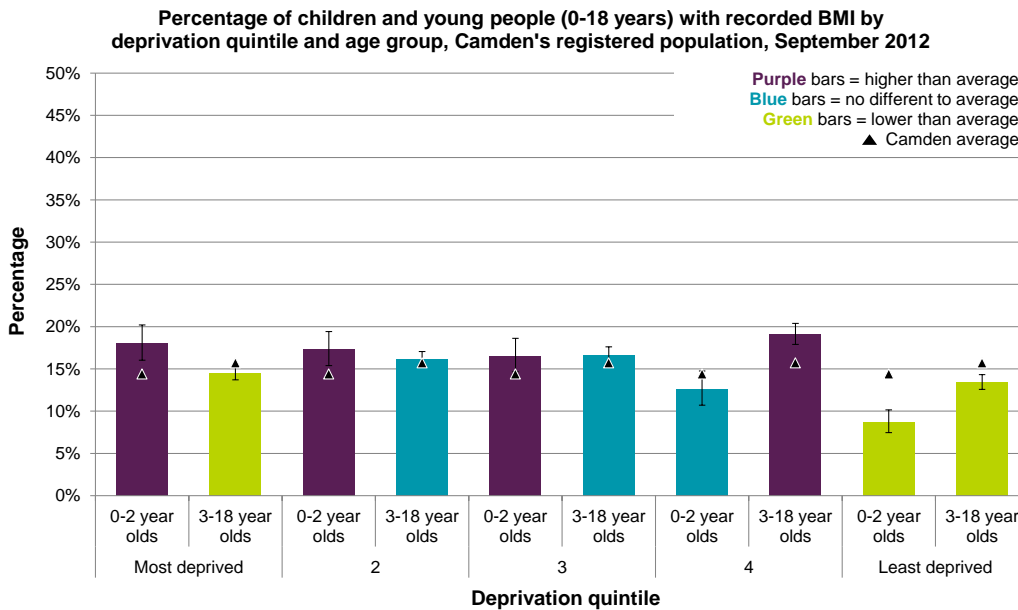
BMI recording by ethnic group



Source: Camden's GP PH Dataset, 2012
Notes: Eight practices are excluded due to a lack of data, see the Methods section for details; 5,207 people had no recorded ethnicity, so are excluded from the analysis. 508 of these had a recorded BMI (10%).

- There was no significant variation in valid BMI recording by ethnicity among children aged 0-2 years.
- However, there is some variation among 3-18 year olds: Black children have a significantly lower level of valid BMI recording (15%) and Asian or Other children have a significantly higher level of recording (19% and 21% respectively).

BMI recording by deprivation



Source: Camden's GP PH Dataset, 2012

Notes: Eight practices are excluded due to a lack of data, see the Methods section for details; 3,001 people are resident outside the borough, so are excluded from the analysis, 557 of these had a BMI recorded (19%).

- There is significant variation between deprivation and valid BMI recording in children aged 0-2 years and aged 3-18 years.
- Children aged 3-18 years residing in the most deprived area (15%) have a significantly lower level of recording than the Camden average for this age group (16%).
- Similarly lower levels of recording are observed in children aged 0-2 and 3-18 residing in the least deprived areas (9% and 13% respectively).
- However, children aged 0-2 years residing in the most deprived areas (1-3) have significantly higher than average levels of recording.

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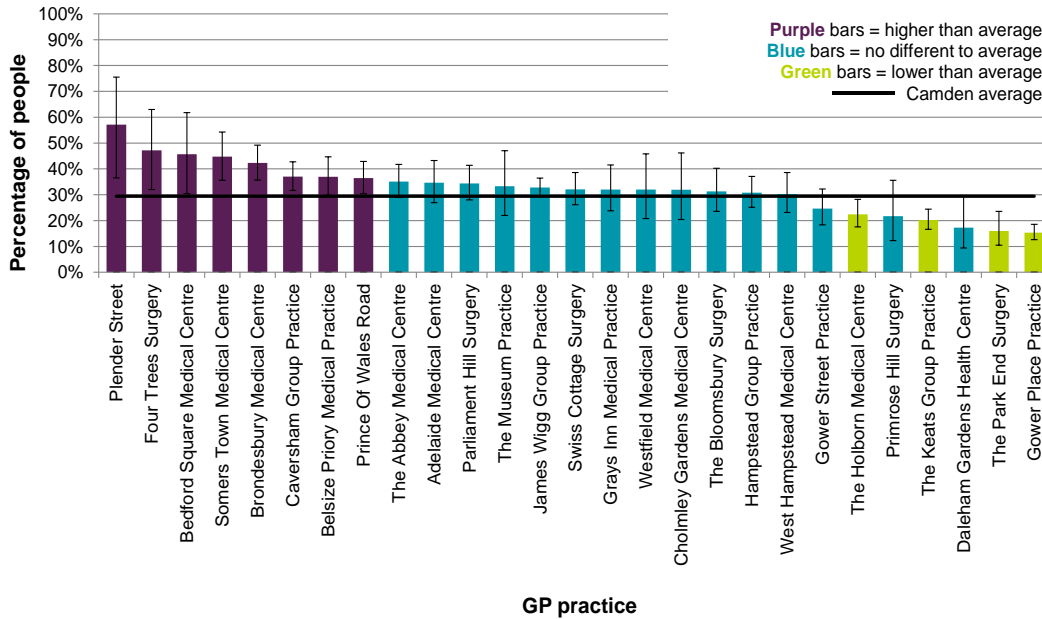
SECTION 2: OBESITY AND OVERWEIGHT PREVALENCE

This section looks at the prevalence of obesity and overweight by demographic factors such as age, deprivation and ethnicity.

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Prevalence of overweight and obesity by practice

Percentage of children and young people (3-18 year olds) who are overweight or obese by practice, Camden's registered population, September 2012



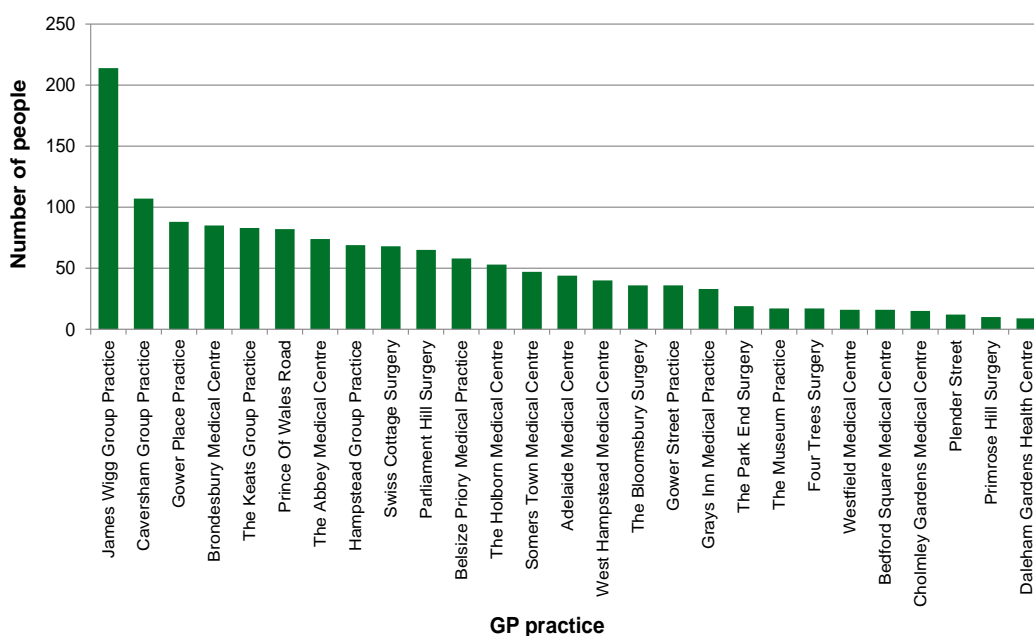
- About 29% of 3-18 year olds with a valid BMI recording are overweight or obese.
- Eight Camden practices have a higher than average prevalence of overweight or obesity, four have a lower than average rate.

Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details, and two practices are excluded due to small numbers.

Number of overweight and obese by practice

Number of children and young people (3-18 year olds) who are overweight or obese by practice, Camden's registered population, September 2012

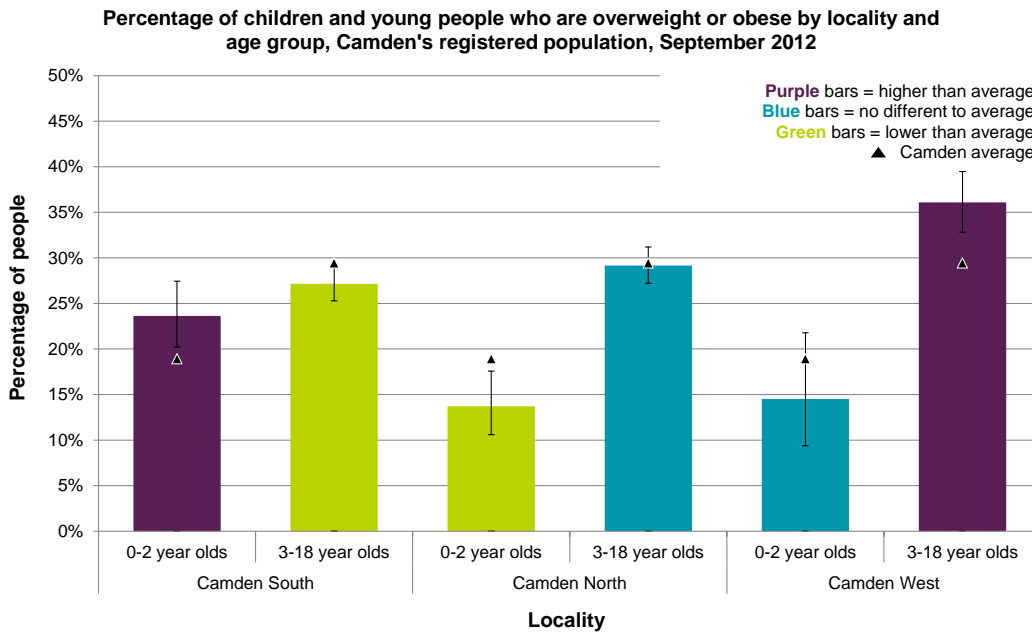


- There are 1,440 3-18 year olds recorded as overweight or obese registered with Camden GPs.
- 15% of those recorded as overweight or obese are at James Wigg Group Practice, though the practice also has 13% of the borough's population with a valid BMI recording.

Source: Camden's GP PH Dataset, 2012

Note: Eight practices are excluded due to a lack of data, see the Methods section for details, and four practices are excluded due to small numbers

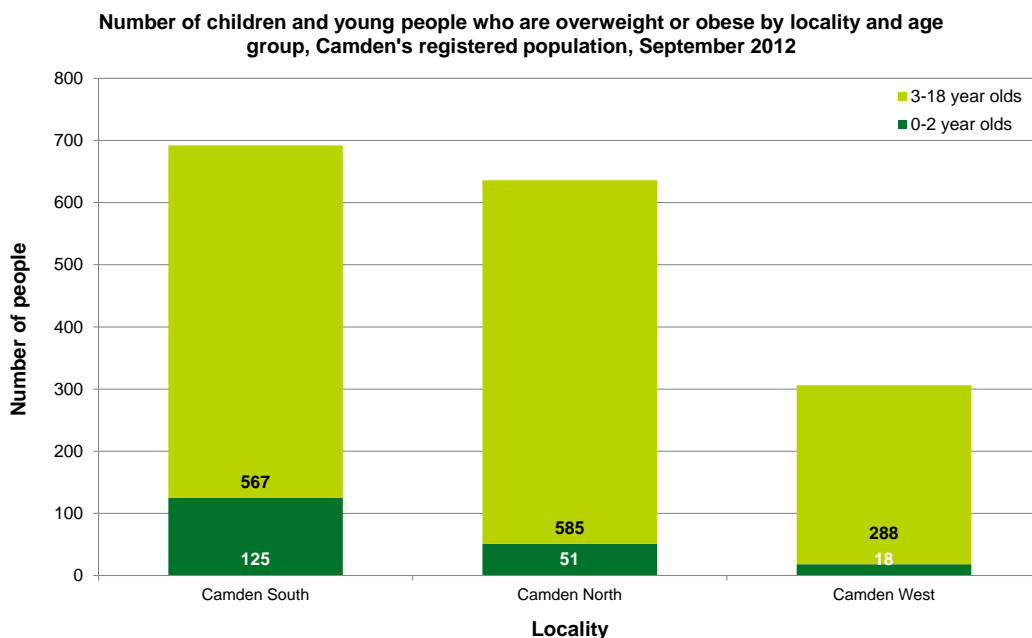
Prevalence of overweight and obesity by locality



- Among 0-2 year olds, 19% of children with a valid BMI recording are overweight or obese.
- This is significantly lower in the North locality (14%), and higher in the South (24%).
- For 3-18 year olds with a valid BMI recording, overweight and obesity is highest in the West locality (36%), compared to a borough average of 29%.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details

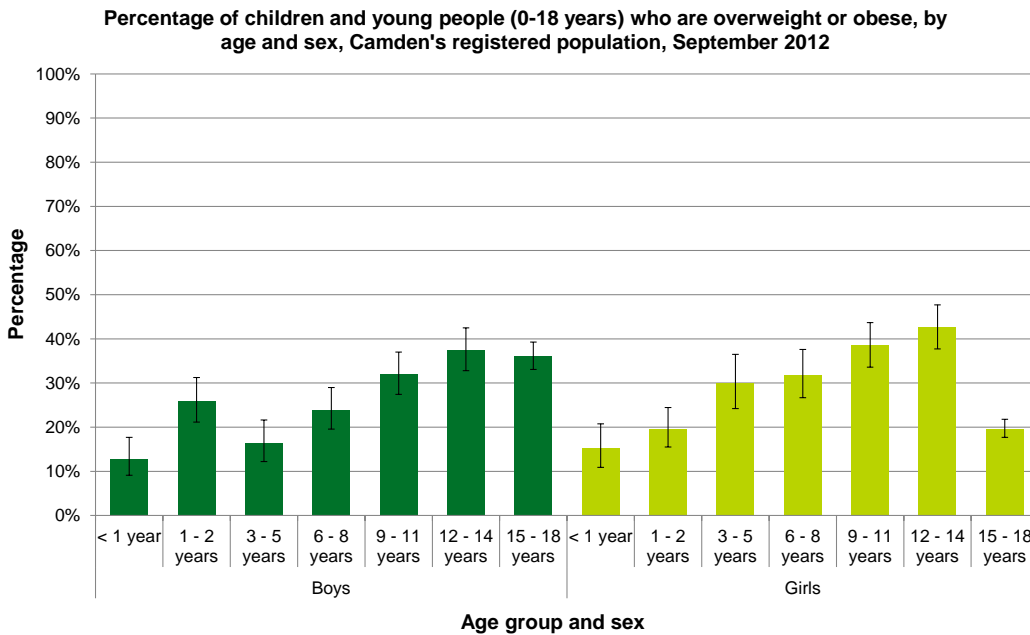
Number of overweight and obese by locality



- The number of children and young people who are overweight or obese is highest in the South locality.
- Overweight and obesity is lowest in the West locality, but the West also has the lowest number of children with a valid BMI recording.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details

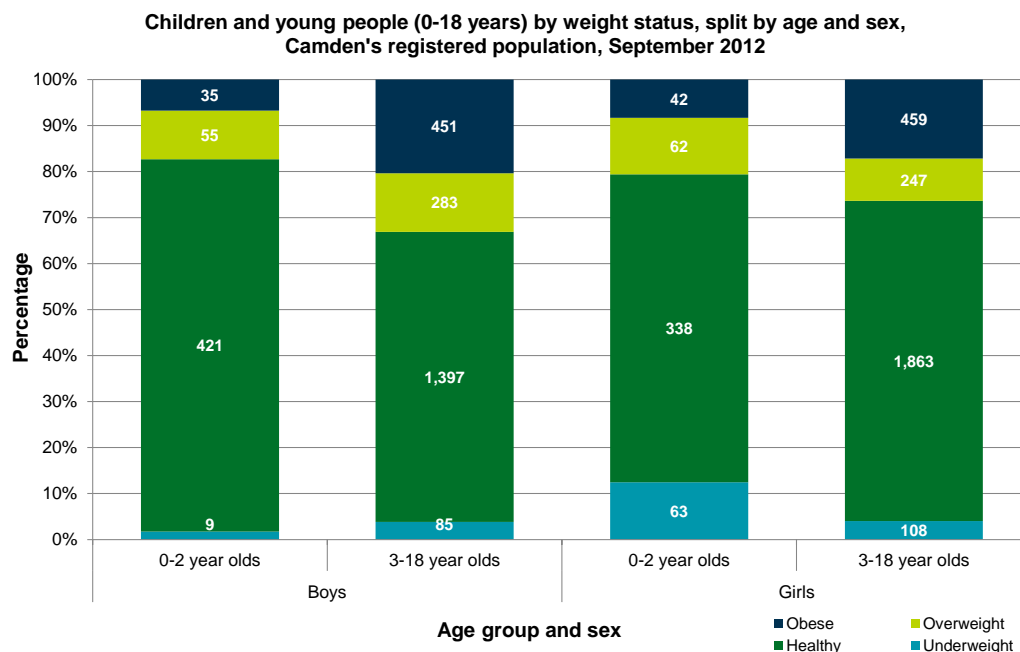
Prevalence of overweight and obesity by age



- Among children with a valid BMI recording, levels of overweight and obesity tend to be higher among older children.
- However the notable difference from the trend is that 15-18 year old girls, the category with the highest level of BMI recording, has one of the lower levels of overweight and obesity.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details.

BMI groupings by age and sex

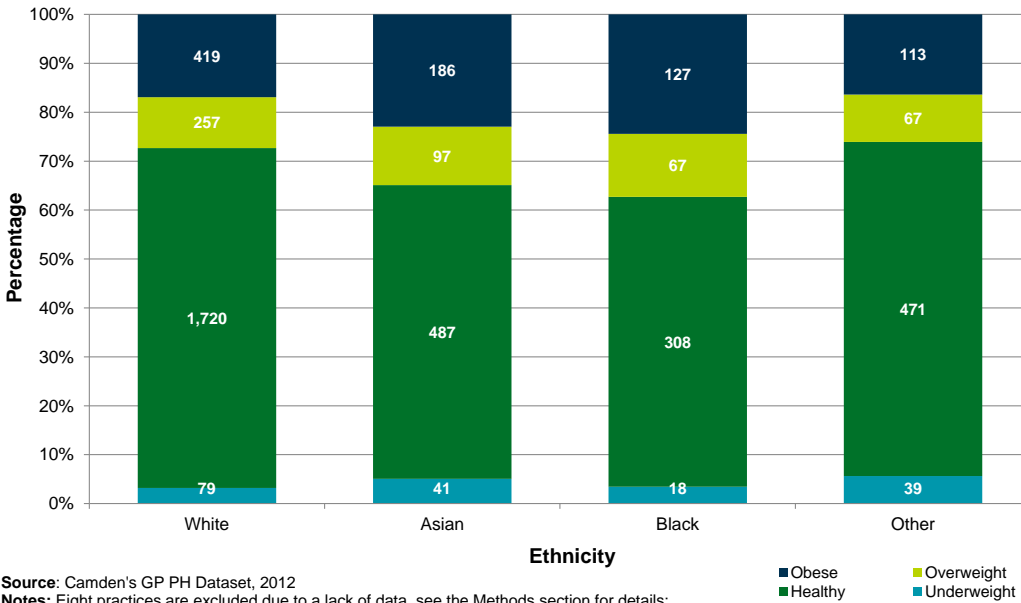


- For 0-2 year olds, levels of overweight and obesity are fairly similar by sex. Eleven percent of boys and 12% of girls are overweight, and 7% of boys and 8% of girls are obese.
- However, among 3-18 year olds overweight and obesity is much higher among boys than girls: 13% of boys are overweight and 20% are obese, compared to 9% and 17% of girls.
- Underweight is considerably higher among 0-2 year old girls than in any other age/sex group.

Source: Camden's GP PH Dataset, 2012
Note: Eight practices are excluded due to a lack of data, see the Methods section for details.

BMI groupings by ethnicity

Children and young people (3-18 year olds) by weight status, split by ethnic group, Camden's registered population, September 2012



Source: Camden's GP PH Dataset, 2012

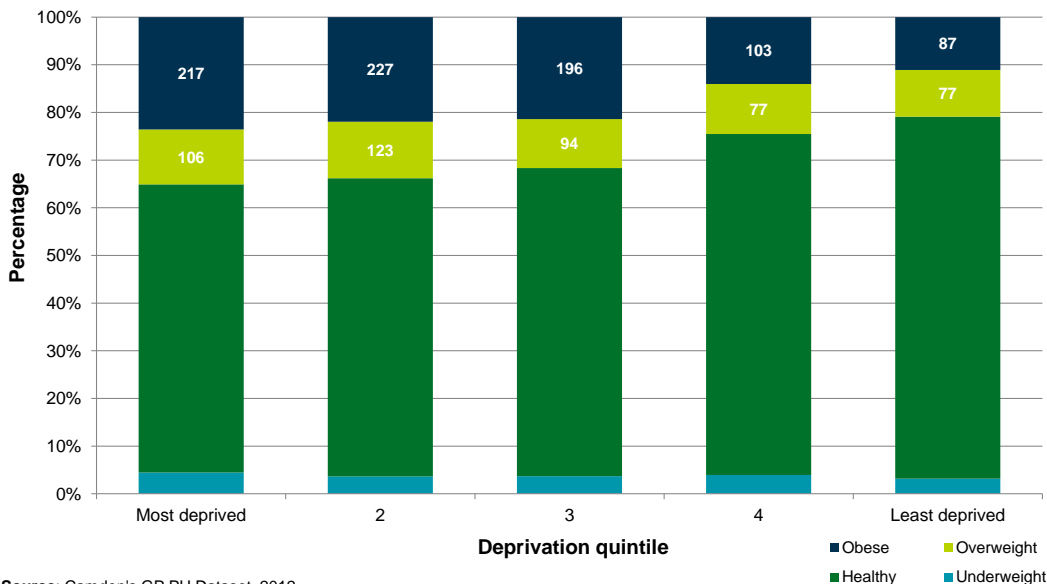
Notes: Eight practices are excluded due to a lack of data, see the Methods section for details; 397 people had no recorded ethnicity, so have been excluded from the analysis

- Levels of overweight and obesity are significantly higher among 3-18 year olds from Asian (35%) and Black ethnic groups (37%) than White or Other ethnicities, and the borough average of 29%.

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BMI groupings by deprivation

Children and young people (3-18 year olds) by weight status, split by deprivation quintile, Camden's registered population, September 2012



Source: Camden's GP PH Dataset, 2012

Notes: Eight practices are excluded due to a lack of data, see the Methods section for details; 2,348 people are resident outside the borough, so have been excluded from the analysis. 503 of these had a BMI recorded (21%).

- There is a clear gradient in childhood obesity in Camden; 24% of children with a valid BMI who live in the most deprived areas of Camden are obese, compared to 11% of those in the least deprived areas.

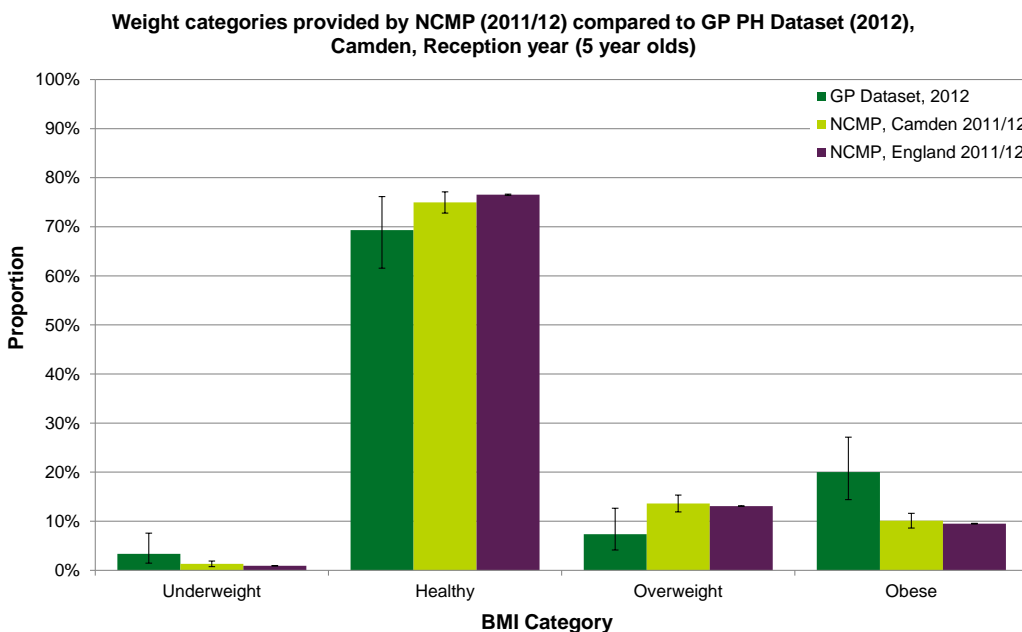
28

SECTION 3: COMPARATIVE SECONDARY DATA

This section compares data from the National Childhood Measurement Programme (NCMP) and Health Survey for England (HSE) with the Camden GP dataset for BMI.

29

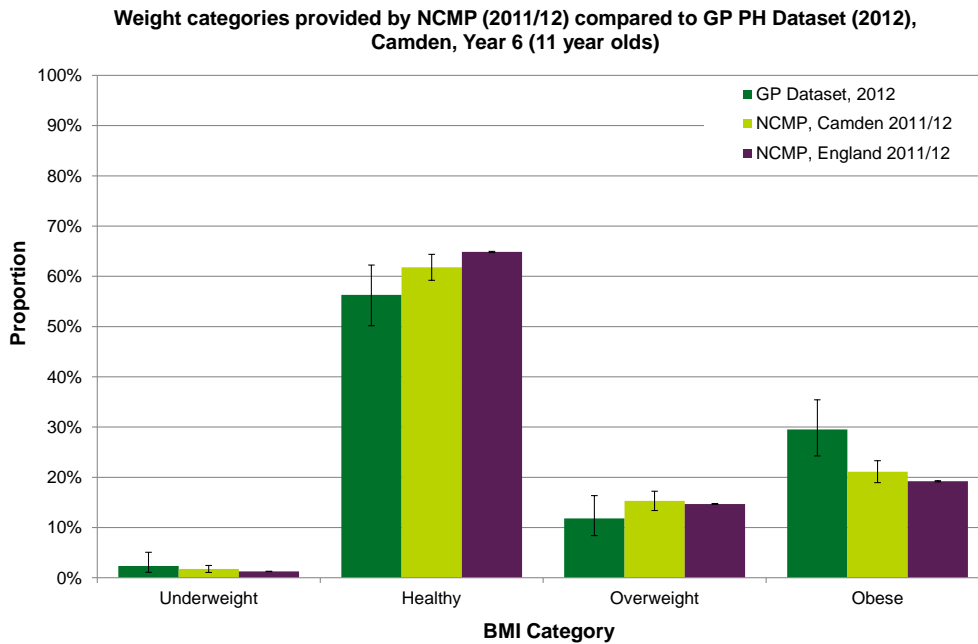
Comparison between NCMP and GP Data (Reception)



- The level of obesity among five year olds is significantly higher in the Camden GP dataset than the National Child Measurement Programme findings for Camden and England.
- Conversely, the level of healthy and overweight are lower in the GP dataset than the NCMP results for England.
- When comparing the NCMP findings for Camden and England, there is no significant difference between the levels of overweight and obesity.

Source: Camden's GP PH Dataset, 2012; National Childhood Measurement Programme, 2012
Note: Eight practices have been excluded from the GP PH dataset figures, see the Methods section for details.

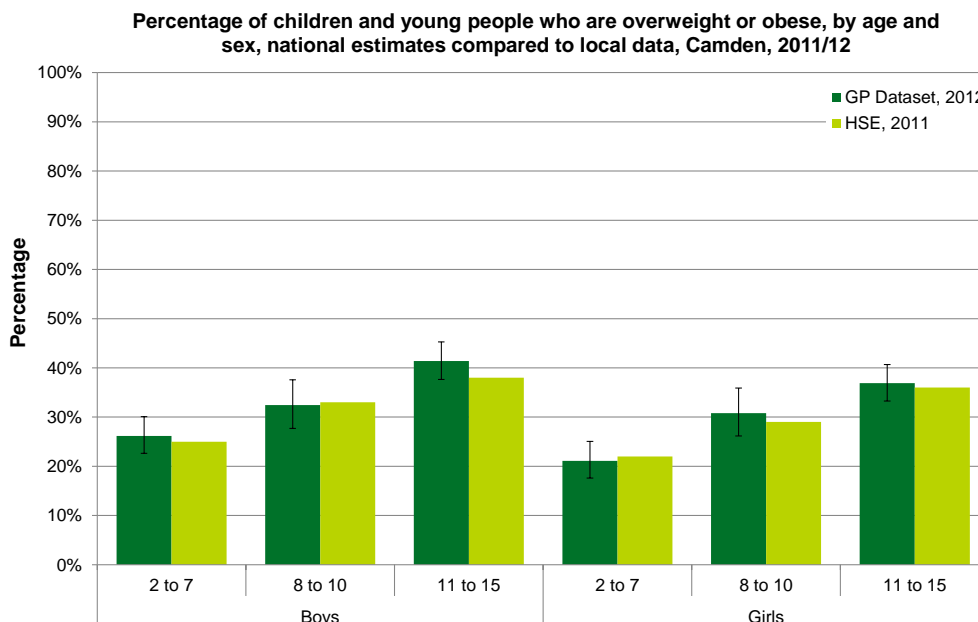
Comparison between NCMP and GP data (Year 6)



Source: Camden's GP PH Dataset, 2012; National Childhood Measurement Programme, 2012
 Note: Eight practices have been excluded from the GP PH dataset figures, see the Methods section for details.

- Similar to the previous graph, there is a significantly higher percentage of 11 year olds who are obese according to the GP dataset than in the NCMP findings for Camden and England.
- According to the NCMP findings, there is a significantly lower percentage of healthy weight children in Camden (62%) than the national average (65%)

Comparison between HSE and GP Data



Source: Camden's GP PH Dataset, 2012; Health Survey for England, 2011
 Note: Eight practices have been excluded from the GP PH dataset figures, see the Methods section for details.

- This graph shows that, at each age group, the Camden GP dataset has a similar percentage of children who are overweight or obese as the national estimate published by the Health Survey for England.

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Tanya Khera-Butler.

Email: publichealth.intelligence@islington.gov.uk, **Tel:** 020 7527 2832

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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