



Oxfordshire JSNA 2023

Behavioural determinants of health

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This data pack...

- This data pack provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and drinking alcohol, and sexual and reproductive health.
- For some topics it may be useful to refer to other JSNA data packs. For example, for healthy weight and physical activity, it may be useful to look at the Wider Determinants of Health data pack, which includes active travel, healthy place-shaping, and availability of healthy food.
- For other topics in this data pack it may be useful to look at the Service Use data pack which includes information on Public Health commissioned services including smoking cessation, and specialist sexual health services.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).

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Summary (1)

- Behavioural risk factors account for a large proportion of the local burden of disease.
- Just over 1 in 10 of Oxfordshire's adult population (10.2%) were estimated to be current smokers in 2021. The rate of smoking in working age people in manual occupations was significantly higher.
- National estimates show that 3% of school pupils aged 11 to 15 were current smokers, equivalent to around 1,200 pupils in Oxfordshire.
- England data (2021) for school pupils aged 11-15 shows that 5% of girls and 4% of boys were regular e-cigarette users. 61% of pupils say their usual source of e-cigarette is being given them by someone; 57% say they usually buy them from a shop.
- The proportion of men and women who drink alcohol (nationally) is highest amongst males aged 55 to 74. Adults in the highest income households are more likely to drink over 14 units per week than those in lower income households.
- Hospital admission episodes for alcohol-specific and alcohol-related conditions in Oxfordshire remain below national and regional rates.
- The rate of hospital admissions due to alcohol-specific conditions in under 18s for females in Oxfordshire was significantly higher (worse than) the regional and national averages. Rates for males under 18 were similar to average.
- Over half of Oxfordshire adults are classified as overweight or obese (60%).
- Over two thirds (69%) of adults on Oxfordshire GP practice Learning Disabilities registers were measured as overweight or obese, 9 percentage points above the total adult population.
- As of 2021/22 in Oxfordshire around one in five children in Reception (aged 4-5 years), and just over one in three children in Year 6 (aged 10-11 years) were overweight or obese.
- Obesity prevalence was higher in boys than in girls in Oxfordshire, and the difference between boys and girls increases between Reception and Year 6.
- Children living in more deprived areas in Oxfordshire (and nationally) were more likely to be obese.

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Summary (2)

- A slightly higher percentage of Oxfordshire adults meet the recommended physical activity guideline (150 minutes per week) than national and regional figures. Almost 1 in 4 adults do not meet the guidelines.
- Under half (47%) of Oxfordshire's children and young people were meeting the guidelines for physical activity (as of 2021/22), similar to the national average. An estimated 49,300 children in Oxfordshire's schools were not doing enough physical activity.
- National data shows that boys were more likely than girls to be physically active and that activity rates were higher for the White and Mixed ethnic groups.
- The rate of new Sexually Transmitted Infection (STI) diagnoses (excluding chlamydia in under 25s) in Oxfordshire remains significantly lower than national and regional rates.
- There was an increase in the rate of teenage conceptions in Oxfordshire between 2020 and 2021. The rate remains lower than the national average.
- Rates of breastfeeding in Oxfordshire remain well above the national average.
- Just under 1 in 5 of children aged 5 in Oxfordshire had tooth decay, below (better than) the national average.
- Nationally, the proportion of people participating in informal volunteering dropped significantly, rates of formal volunteering also declined.
- Between 2018 and 2022, gambling overall has declined (national data) with a slight increase in the past 3 years. There has been a shift from in-person to online gambling.

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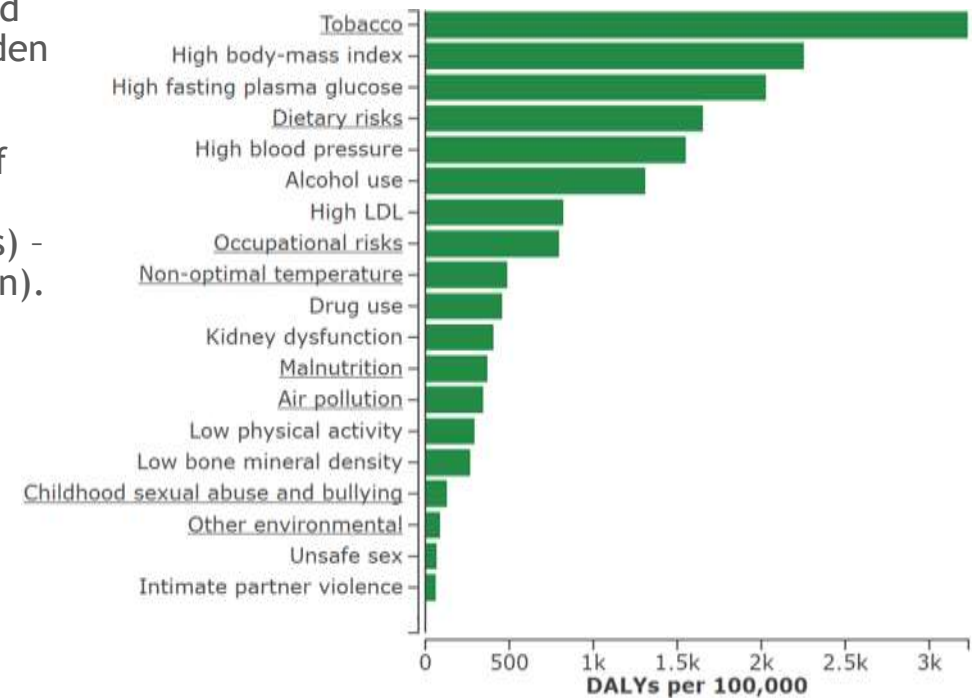
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Behavioural risk factors of disease

- In Oxfordshire, it was estimated that health-related behaviours accounted for a quarter (26%) of the total burden of disease in 2019.
- This is equivalent to 47,600 years of healthy life lost (measured using Disability Adjusted Life Years (DALYs) - see note below for more information).
- The leading behavioural risk factors were:
 - **Tobacco**
 - **Dietary risks** and **High BMI**
 - **Alcohol use**
 - **Drug use**

Oxfordshire DALYs by risk factor, all causes, 2019



One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

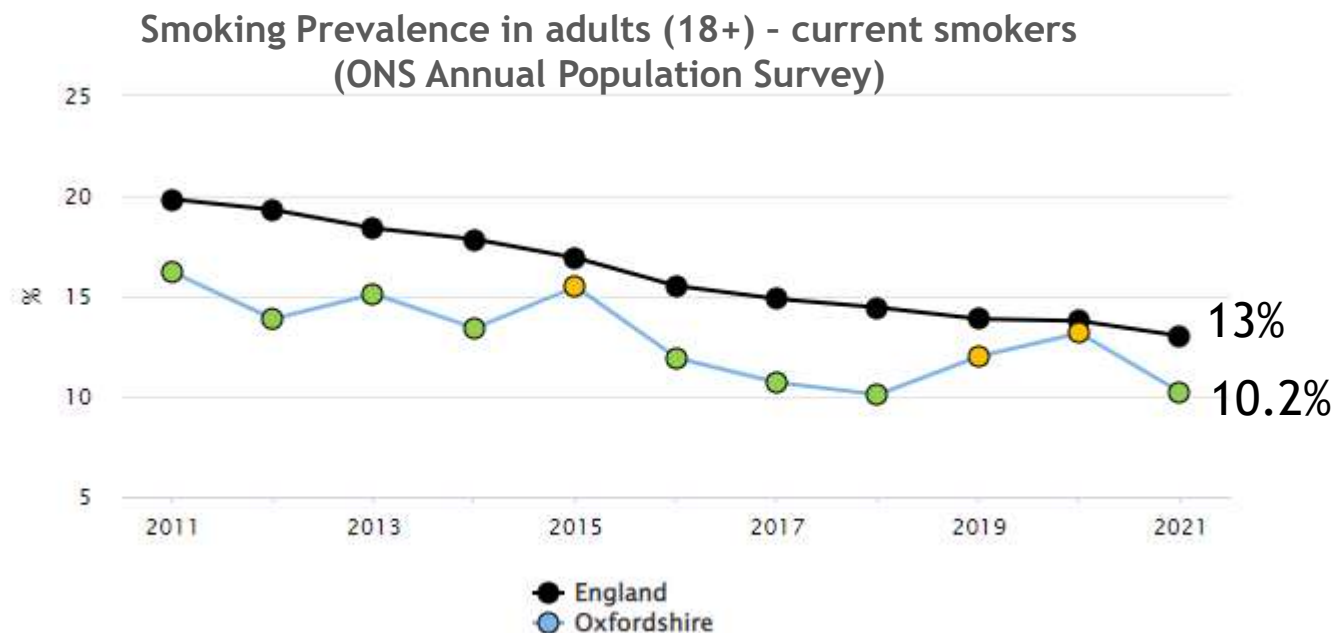
Institute for Health Metrics and Evaluation (IHME), [GBD Compare](#). (Accessed 19Apr23)
World Health Organisation, [Metrics: Disability Adjusted Life Year \(DALY\)](#)

Smoking, alcohol and drugs

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Trend in smoking prevalence

- As of 2021, 10.2% of the adult population of Oxfordshire were estimated to be current smokers. This was significantly better than the England average (13%) and an apparent improvement since 2020 although the difference is not statistically significant.



[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#), note that this data is from the Annual Population Survey, alternative estimates are available from the GP patient survey

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Smoking prevalence by district

- Smoking prevalence in Oxfordshire districts were similar to the national average in 2021 with the exception of West Oxfordshire which was below (better than) the county and England averages.

Smoking Prevalence in adults 2021 (aged 18+) Current smokers (ONS Annual Population Survey)

	value		95% Lower CI	95% Upper CI
England	13.0		12.7	13.3
Oxfordshire Districts2			-	-
Vale of White Horse	12.8		7.4	18.1
Cherwell	12.5		6.7	18.4
Oxford	12.1		5.8	18.4
South Oxfordshire	9.2		4.4	14.0
West Oxfordshire	3.7		0.8	6.6

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#), note that this data is from the Annual Population Survey, alternative estimates are available from the GP patient survey

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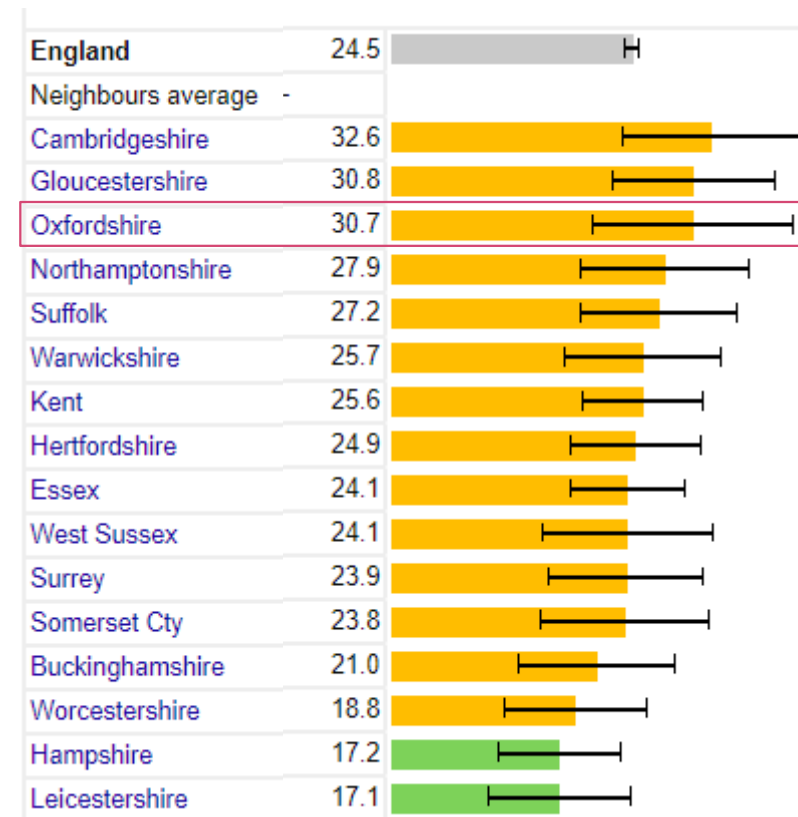
Smoking and occupation

- The Smoking Toolkit Study for England¹ (latest data Feb 2023) shows that people from manual occupations were significantly more likely to be smokers than those from professional/clerical occupations (17.7% vs 11.6%).
- According to the ONS Annual Population Survey (latest data for this indicator is 2020) the prevalence of smoking in working age adults in routine and manual occupations in Oxfordshire was 30.7%. This was well above the smoking prevalence for all adults in Oxfordshire in 2020 of 13%.

The prevalence is calculated by dividing the weighted number of self-reported smokers aged 18-64 years by total number of respondents (with a valid smoking status) aged 18-64 years in a subset of the routine and manual group, expressed as a percentage.

[\[1\] Top Line Findings - Graphs - Smoking in England Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#) ONS Annual Population Survey

Smoking Prevalence in adults (18-64) in routine and manual occupations 2020, Oxfordshire vs nearest statistical neighbours



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Smoking prevalence by demographic groups - national

- Health Survey for England data from 2021 for those aged 16 years and over, shows that the likelihood of being a current smoker is higher for men (13%) than women (10%) and in younger age groups.
- Adults aged 25 to 34 were most likely to smoke (18%), with those aged 75 and over the least likely (4%).
- There is a significant difference in smoking prevalence by deprivation with the proportion of current smokers in the least deprived areas at 6%, compared with 19% in the most deprived areas.

Mental health and smoking - Oxfordshire

- GP Patient Survey data for 2021/22 shows that smoking prevalence in adults with a long term mental health condition in Oxfordshire was 19.8%, well above the rate of current smokers of 10.3% in Oxfordshire (GPPS).

[Part 1: Smoking - NDRS \(digital.nhs.uk\)](#)

[Adult smoking habits in England - Office for National Statistics \(ons.gov.uk\)](#)

[Public health profiles - OHID \(phe.org.uk\)](#) note that GP Patient Survey estimates of smokers differs from Annual Population Survey estimates.

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Children smoking - national

- In 2021, 3% of school pupils aged 11-15 in England were classified as current smokers. This value is lower than in 2018 (5%) and 2016 (6%). The proportion has generally declined over time since 1996, when 22% of pupils were current smokers.
- In Oxfordshire, this was equivalent to around 1,200 pupils aged 11-15 currently smoking (based on ONS 2020 population estimate).
- Current smoking prevalence was highest among white pupils (4%), and lowest among Asian (1%) pupils.
- The likelihood of being a current smoker increased with: age; drinking alcohol; drug use; e-cigarette use; truancy; number of current smokers at home; having friends who smoke.
- Low wellbeing was more likely amongst pupils who had recently smoked, drunk alcohol and/or had taken drugs. Pupils who had recently* smoked, drunk alcohol and taken drugs were more likely to report low levels of life satisfaction (57%) compared with pupils who have only done one of these (35%), and those who have done none of these (18%).

[Smoking, Drinking and Drug Use among Young People in England - NHS Digital](#) (latest data is 2021, updated every 2 years) *_recently refers to smoking in the last week, drinking alcohol in the last week, and taking drugs in the last month

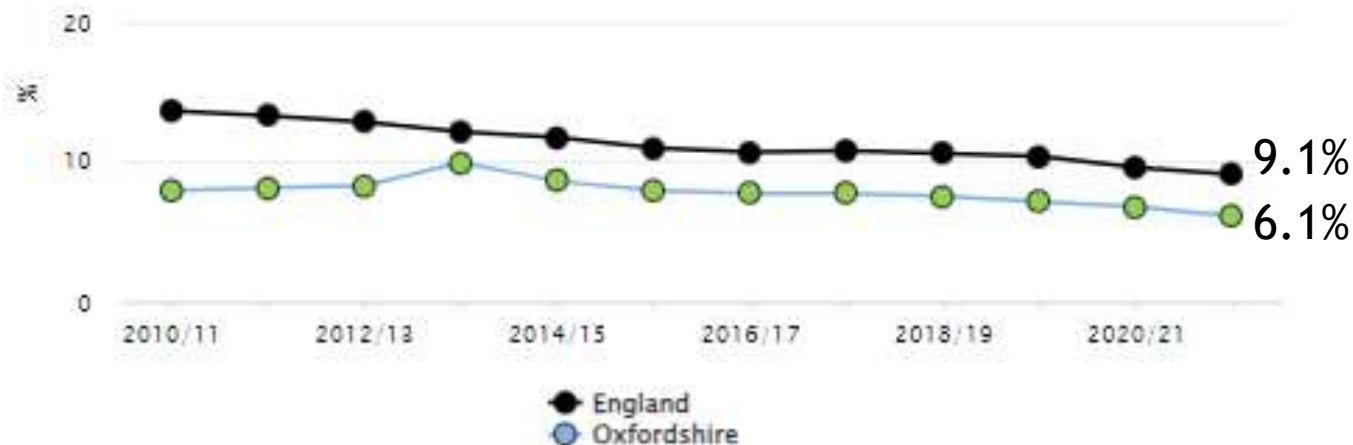
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Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

- The latest data for 2021-22, shows that smoking prevalence at time of delivery in Oxfordshire was 6.1%. This remains significantly lower than England (9.1%).

Smoking prevalence at time of delivery to 2021-22



[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#); number of women smoking at time of delivery as a percentage of maternities where smoking status is know.

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Smoking attributable hospital admissions

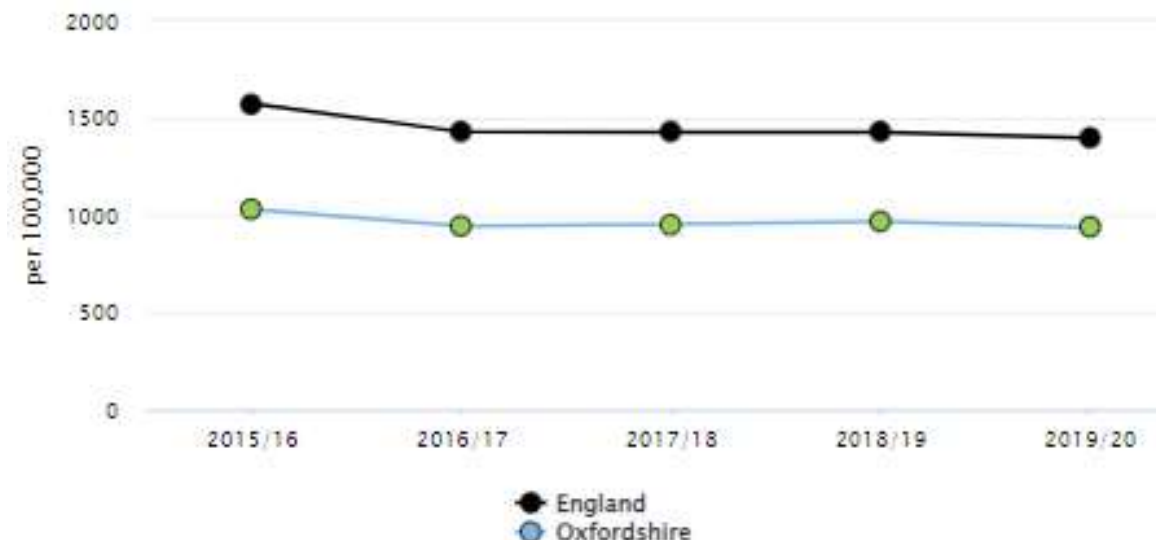
Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources, but can also be used as a proxy for variations in smoking related ill health in the general population across England.

- In 2019-20, there was an estimated total of **3,720 hospital admissions** attributable to smoking in Oxfordshire.
- The rate of smoking attributable hospital admissions was significantly lower in Oxfordshire than in the South East and England.

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

The estimated number of smoking-attributable hospital admissions is calculated by multiplying number of hospital admissions by the SAFs (Smoking Attributable Fraction)

Smoking attributable hospital admissions
Directly standardised rate per 100,000



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E-cigarette use and vaping - national

Although not risk-free, e-cigarettes are less harmful than smoking. Using a nicotine-containing e-cigarette makes it much more likely someone will quit successfully than relying on willpower alone, but it's important to use regulated e-liquids and never risk vaping home-made or illicit e-liquids or adding substances. Public Health England's advice is that:

- *For smokers: You should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully.*
- *For people who vape nicotine: if you are still smoking, you should stop and switch completely to vaping, then come off nicotine when you are confident you won't relapse to smoking.*
- *If you have never smoked: Don't vape.*
- According to the 2021 Health Survey for England, 5% of all adults (aged 16+) in 2021 were current e-cigarette users, 6% of men and 5% of women.
- In 2021, the proportion of adults who currently used e-cigarettes varied with age. It was highest among those aged between 25 and 34 (7%) and lowest among those aged 75 and over (2%).
- A low percentage of people who had never smoked are users of e-cigarettes (1%).
- England data (2021) for school pupils aged 11-15 shows that 5% of girls and 4% of boys were regular e-cigarette users. 61% of pupils say their usual source of e-cigarette is being given them by someone; 57% say they usually buy them from a shop.

[Part 2: E-cigarette use - NDRS \(digital.nhs.uk\)](#)

[Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](#)

[Vaping and lung disease in the US: PHE's advice](#)

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

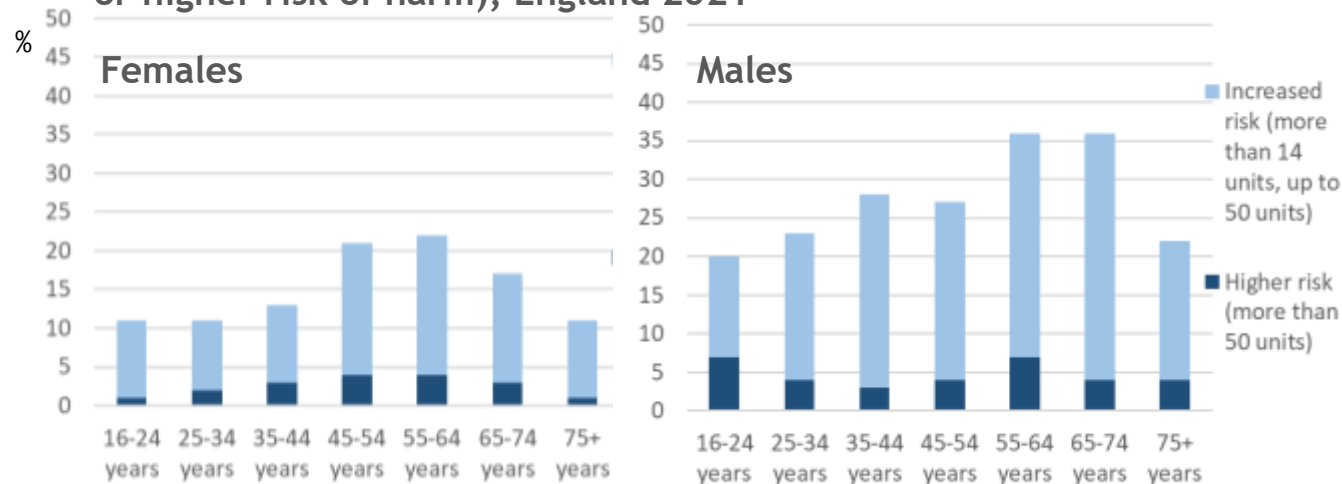
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Alcohol consumption - national

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. The Chief Medical Officers' guideline for adults who drink regularly or frequently (i.e. most weeks) is that it is safest not to drink more than 14 units per week on a regular basis.

- National survey data (2021) shows that 57% of men and 43% of women had drunk alcohol in the last week.
- A higher proportion of men (28%) than women (15%) drank at increasing or higher risk levels (over 14 units in the last week). The proportions of men and women who usually drank more than 14 units in a week varied across age groups, increasing up to the age of 55 to 64 (28% of all adults, 36% of men and 21% of women).

Prevalence of drinking over 14 units per week (increased or higher risk of harm), England 2021



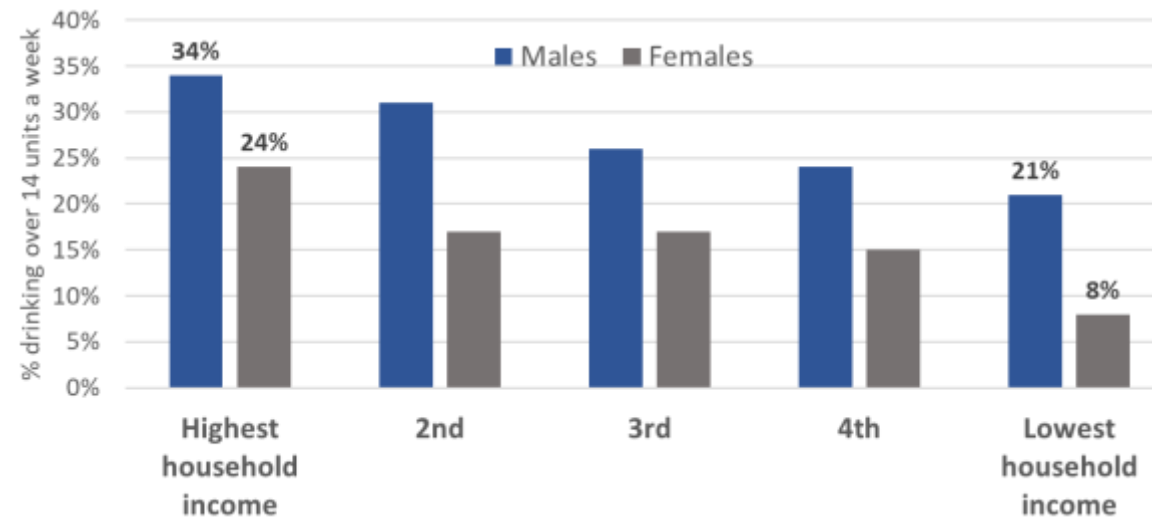
NHS Digital Health Survey for England 2021 [Part 3: Drinking alcohol - NDRS](#) (digital.nhs.uk)

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Alcohol consumption by household income - national

- Health Survey for England (2021) data shows that the proportions of men and women who reported drinking over 14 units of alcohol weekly increased with household income.
- Among men, the highest proportion of those who drank 14 or more units was in highest income households: 34%, compared with 22% in the lowest income households.
- Similarly, among women, the highest proportion of those who drank alcohol at increased or higher levels was in the highest income households: 24%, compared with 9% in the lowest income households.

Prevalence of drinking over 14 units a week (at increased or higher risk of harm) by income and sex - England 2021



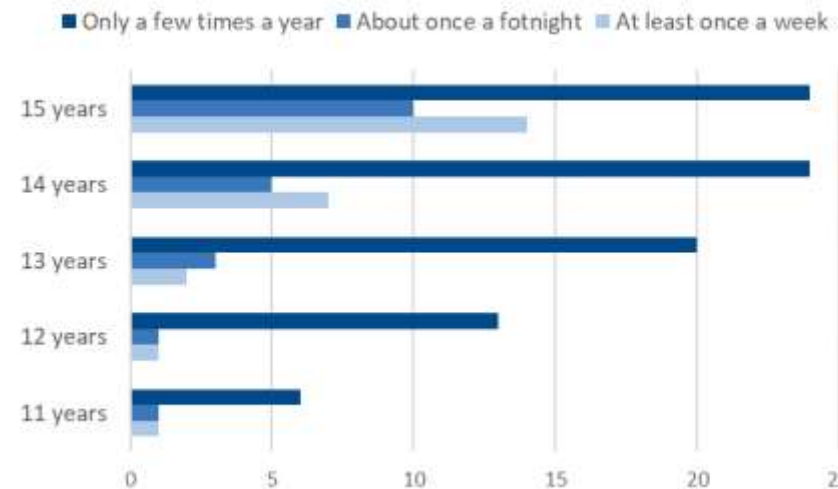
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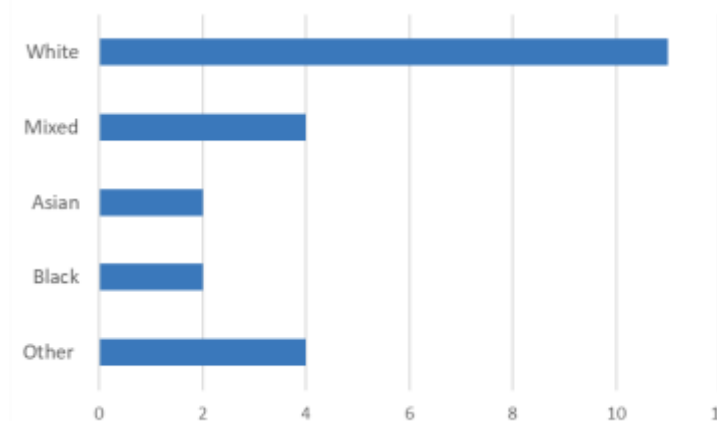
Alcohol drinking in young people - national

- According to the Smoking, Drinking and Drug Use among Young People 2021 survey, 6% of all pupils aged 11-15 years said they usually drank alcohol at least once per week.
- A further 11% of pupils said they usually drank between once a fortnight and once a month, meaning a total of 17% who said they usually drank alcohol at least once a month.
- The proportion usually drinking once a week increased with age, from 1% of 11 year olds to 14% of 15 year olds.
- White pupils were most likely to have had an alcoholic drink in the last week, with 11% having done so.
 - This compares with 4% of Mixed ethnicity pupils, 4% of Other ethnic background, 2% Black pupils and 2% of Asian pupils.

Usual frequency of drinking by school pupils, by age



Had an alcoholic drink in the last week, by ethnicity



[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#) released Sept22

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Alcohol-related hospital admissions FEMALES

- Alcohol-related hospital admissions for females in Oxfordshire in 2021/22 were significantly lower (better) than England with the exception of admission episodes for alcohol-related conditions (narrow definition) for females aged under 40, where Oxfordshire was similar to the national average.

Alcohol-related hospital admissions - Females

Indicator	Period	Recent Trend	Oxon		Region England		England		
			Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related cardiovascular disease (Broad) (Female, All ages)	2021/22	-	690	186	202	223	325		
Admission episodes for alcohol-related conditions (Broad) (Female, All ages)	2021/22	-	2,366	654	815	906	2,098		501
Admission episodes for alcohol-related conditions (Narrow) (Female, All ages)	2021/22	-	823	228	279	341	636		147
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Female, <40 yrs)	2021/22	-	205	112.6	130.2	128.5	347.1		46.5
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Female, 40-64 yrs)	2021/22	-	421	357	453	597	1,188		172
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Female, 65+ yrs)	2021/22	-	197	284	340	415	728		196
Admission episodes for alcohol-specific conditions (Female, All ages)	2021/22	-	1,015	283	384	390	1,360		148
Admission episodes for alcoholic liver disease (Broad) (Female, All ages)	2021/22	-	248	70.2	76.6	99.6	239.3		32.1
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Female, All ages)	2021/22	-	541	152	247	233	1,097		86

[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#); chart downloaded 25Apr23 (no past trend data is available for these indicators as the ONS population denominator back series of population estimates from 2012 to 2020 is not yet published)

Broad definition: A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

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Alcohol-related hospital admissions MALES

- Alcohol-related hospital admissions for males in Oxfordshire in 2021/22 were significantly lower (better) than England with the exception of admission episodes for alcoholic liver disease, where Oxfordshire was similar to the national average.

Alcohol-related hospital admissions - Males

Indicator	Period	Oxon		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related cardiovascular disease (Broad) (Male, All ages)	2021/22	–	3,551	1,123	1,265	1,388	1,932		
Admission episodes for alcohol-related conditions (Broad) (Male, All ages)	2021/22	–	6,710	2,065	2,421	2,683	5,842		1,584
Admission episodes for alcohol-related conditions (Narrow) (Male, All ages)	2021/22	–	1,711	512	558	664	1,104		359
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Male, <40 yrs)	2021/22	–	273	150.8	189.9	202.9	530.6		107.9
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Male, 40-64 yrs)	2021/22	–	811	708	754	954	1,670		383
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Male, 65+ yrs)	2021/22	–	627	1,047	1,109	1,275	2,313		856
Admission episodes for alcohol-specific conditions (Male, All ages)	2021/22	–	2,080	616	810	879	3,758		300
Admission episodes for alcoholic liver disease (Broad) (Male, All ages)	2021/22	–	702	210.8	169.2	213.1	532.5		66.5
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Male, All ages)	2021/22	–	1,147	341	570	587	3,210		202

[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#); chart downloaded 25Apr23 (no past trend data is available for these indicators as the ONS population denominator back series of population estimates from 2012 to 2020 is not yet published)

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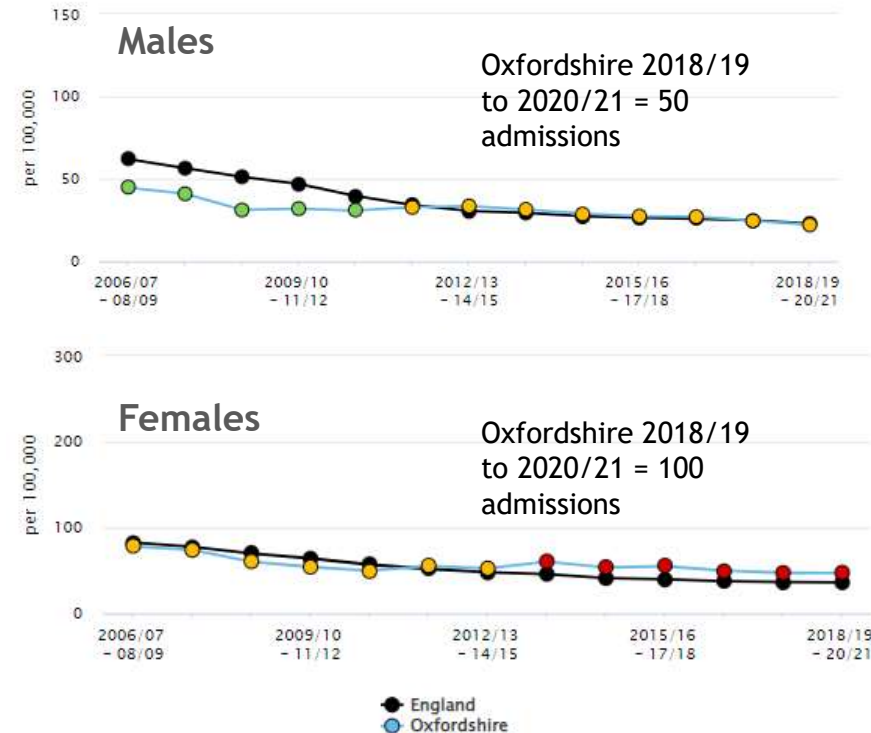
Alcohol specific hospital admissions in under 18s

- There were 145 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2018-19 to 2020-21.
- This is equivalent to a rate of 33 admissions per 100,000 population, similar to England and South East averages.
- Under 18s admissions were higher in females than males. In the most recent data (2018/19 to 2020/21), the rate per 100,000 in Oxfordshire was 22.2 in males (similar to England and South East) and 46.9 in females (significantly worse than England and South East).

[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

Number of persons under 18 admitted to hospital due to alcohol-specific conditions divided by the under 18 population of the area and multiplied by 100,000. Males+Females total differs to total Persons due to rounding

Under 18s admitted to hospital due to alcohol-specific conditions - under 18 year olds, crude rate per 100,000 population



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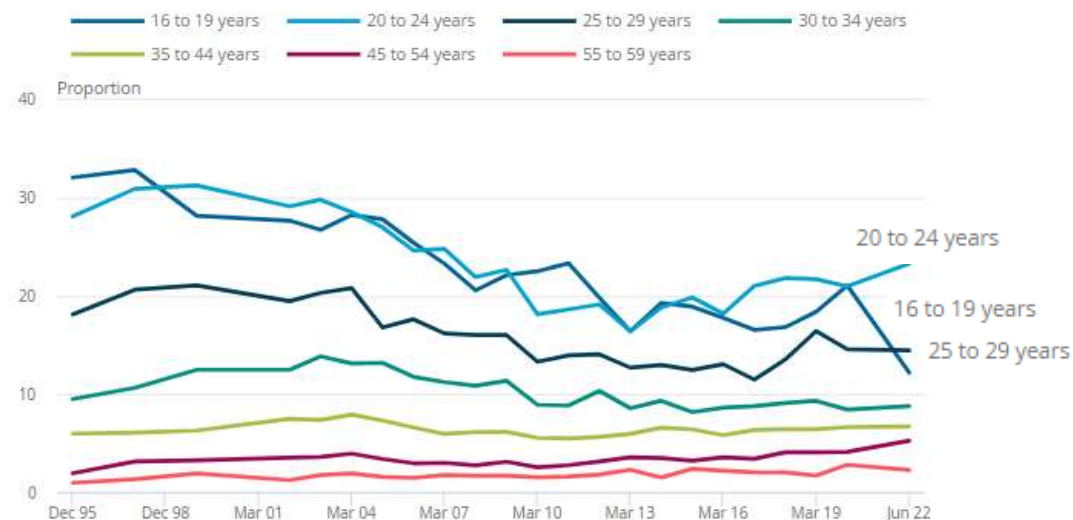
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Illicit drug use - national

- National data for year ending June 2022 shows approximately 1 in 11 adults aged 16 to 59 years (9.2%) and approximately 1 in 5 adults aged 16 to 24 years (18.6%) reported drug use in the year ending June 2022.
- For the year ending June 2022, the proportion of adults reporting any drug use in the last year was highest among those aged 20 to 24 years (23.3%).
- However, notably, the prevalence of last year use decreased among those aged 16 to 19 years compared with the year ending March 2020.
 - Any drug use decreased from 21.1% to 12.2%.
 - Any Class A drug use decreased from 5.8% to 2.0%.
 - Cannabis use decreased from 19.2% to 11.3%.

[Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Proportion of adults who reported using a drug in the last year by age, England and Wales year ending December 1995 to year ending June 2022

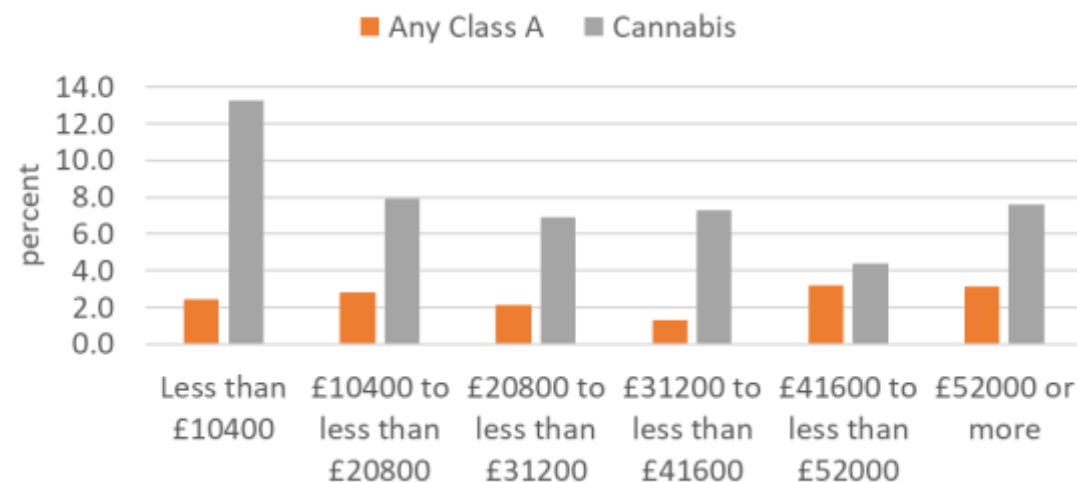


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Drug use by household income - national

- The prevalence of drug use varied by household income
 - Those earning less than £10,400 per year were more likely to use a drug in the last year (15.2%) than those with higher incomes. These differences may not be independently related as they may be affected by factors such as age, as younger people are likely to have a lower income.
 - Broken down by drug type, those earning less than £10,400 per year were most likely to have used cannabis (13.2%). However, those in the highest income groups were most likely to have used a Class A drug, with 3.2% of households earning £52,000 or more per year having used a Class A drug in the last year, compared with 2.4% of households earning less than £10,400 per year.

Proportion of adults aged 16 to 59 years who reported using a drug in the last year by total household income England and Wales, year ending June 2022



[Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

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Drug use in school pupils aged 11-15 years - national

- In 2021, 18% of pupils reported they had ever taken drugs, this was lower than the 2018 and 2016 value of 24%.
- The proportion of pupils who said that they had taken drugs in the last year also fell and was 12% in 2021 compared with 17% in 2018.
- A lower proportion of boys (11%) than girls (13%) had taken drugs in the last year. The difference was statistically significant.
- The likelihood of having taken drugs in the last year increased with age, from 3% of 11 year olds to 24% of 15 year olds.
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year: 8%, compared with 15% of mixed ethnicity pupils, 13% of Black pupils, and 12% of White pupils.

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#) released Sept22

Diet, overweight and physical activity

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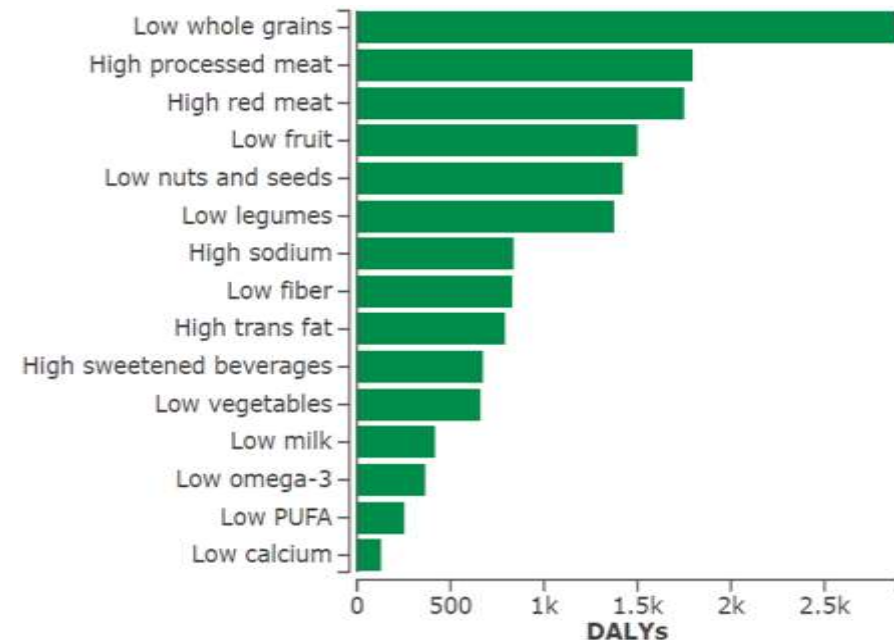
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Dietary risk factors

- There is a lack of reliable data on people's food choices in Oxfordshire; the following data show the effect of dietary risk factors on the total burden of disease (DALYs) in Oxfordshire.
- In 2019, dietary risk factors accounted for over 11,500 lost years of healthy life (DALYs) due to cardiovascular diseases, diabetes and kidney disease, and neoplasms.
- There is some uncertainty over the effects of specific foods, but current evidence suggests the leading dietary risk factors are:
 - Having a diet low in whole grains, fruit, nuts, seeds and legumes
 - Having a diet high in processed meat, red meat and sodium

Oxfordshire DALYs by dietary risk factor, all causes, 2019



One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

Institute for Health Metrics and Evaluation (IHME), [GBD Compare](#). (Accessed 12.01.21)

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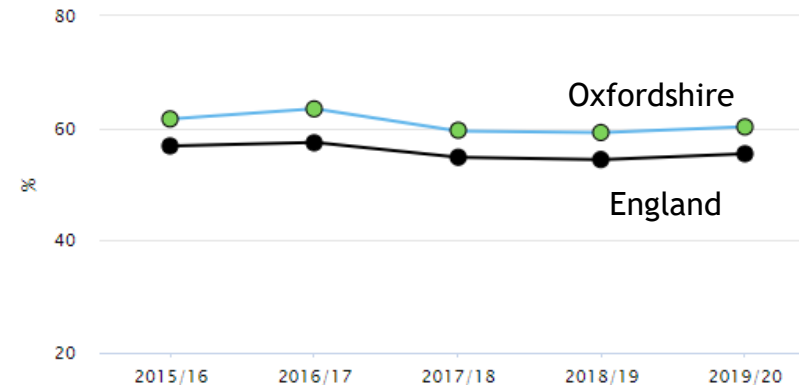
Diet: 5-a-day

- According to the Sport England Active Lives survey, in 2019-20 Oxfordshire was above average on the proportion of the population meeting (self-reported) the recommended 5 or more portions of fruit or vegetables per day (60.2% compared with 55.4%).
- Cherwell district was significantly below average (50.9%).

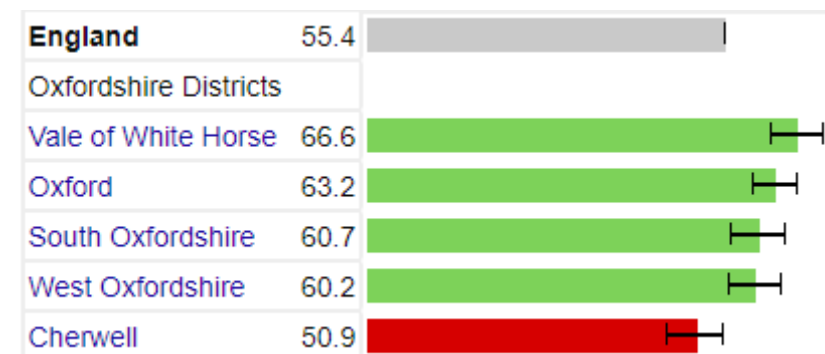
From Active Lives Adult Survey, Sport England [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk) (last updated May 2022)

Respondents were asked:
 - How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink.
 - How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)



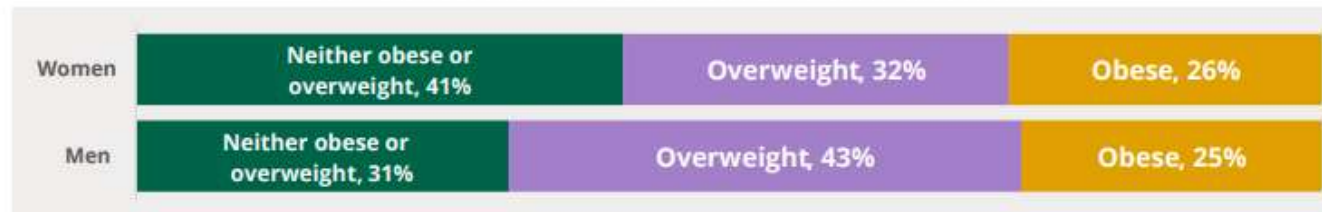
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) 2019-20



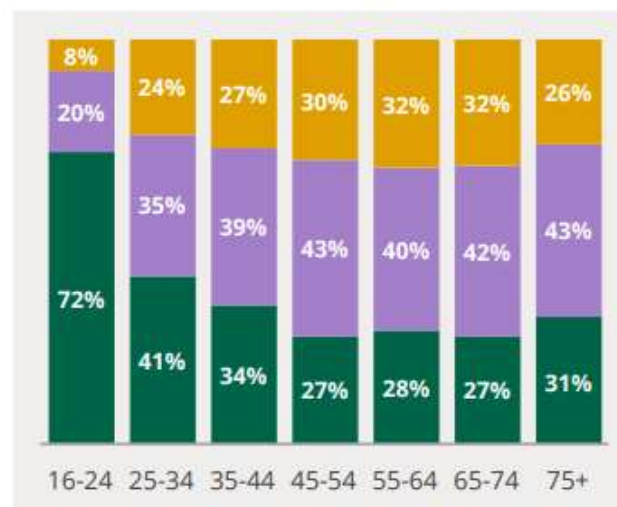
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Adult overweight and obesity - national

In England, men are more likely to have a body mass index measurement above normal than women.



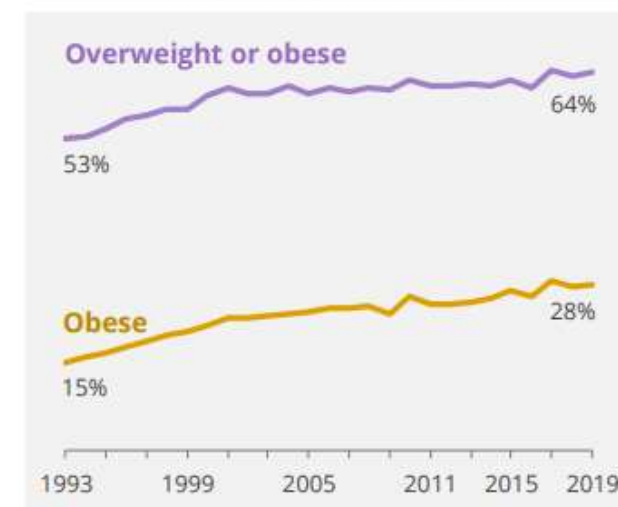
Around three quarters of those aged 45-74 are overweight or obese



From Health survey for England 2021

[House of Commons Library Obesity Statistics \(Jan23\)](#)

Obesity levels increased from 15% in 1993 to 28% in 2019.



See [2022-23 Director of Public Health annual report](#) | [Oxfordshire County Council](#)

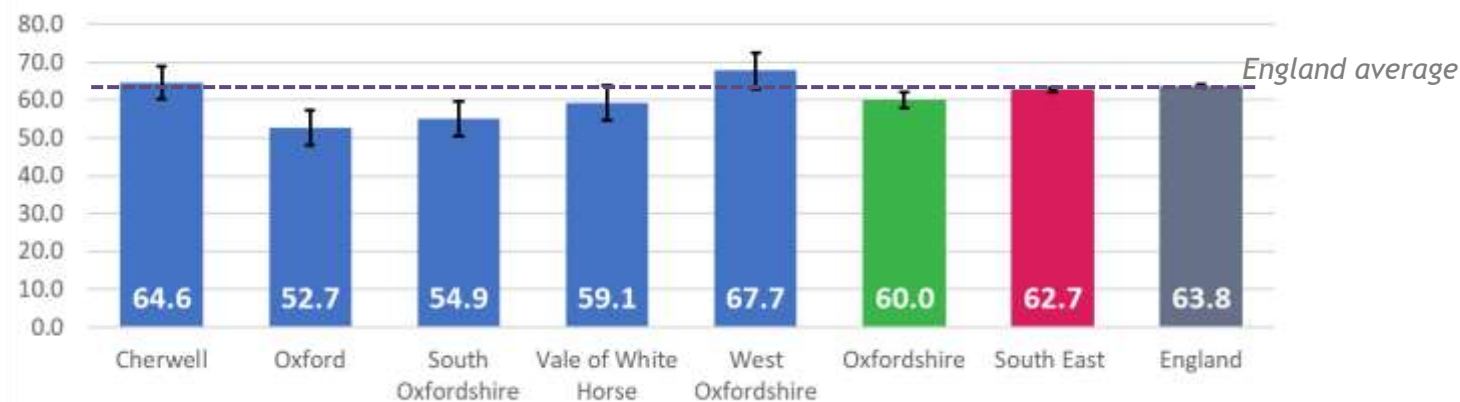
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Adult overweight and obesity

Excess weight in adults is a complex problem with multiple causes and significant implications for health and wellbeing. It is recognised as a major determinant of premature mortality and avoidable ill health. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m². Obesity is defined as a BMI greater than or equal to 30.

- An estimated 60% of people aged 18 or over in Oxfordshire were classified as overweight or obese in 2021-22, lower than the average for England (63.8%) and the South East (62.7%).
- Oxford district had the lowest percentage of adults classified as overweight or obese (52.7%), while West Oxfordshire had the highest (67.7%). Oxford's low percentage of adults overweight/obese is likely to be linked to the younger age profile of the population in the city.

Percentage of adults (18+) classified as overweight or obese, 2021-21



[Physical Activity - OHID \(phe.org.uk\)](https://phe.org.uk)
 Explore [Healthy Weight Story Maps \(arcgis.com\)](https://arcgis.com)

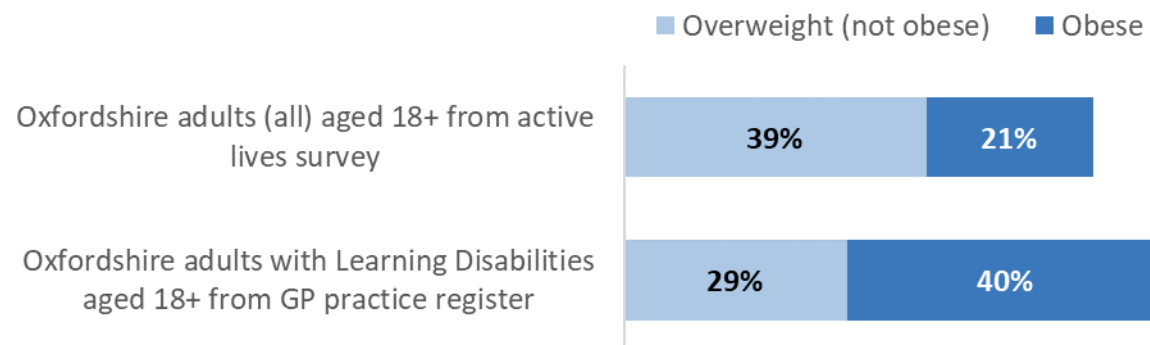
See [2022-23 Director of Public Health annual report | Oxfordshire County Council](#)

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Overweight and obesity of adults with Learning Disabilities

- Of adults (aged 18+) on Oxfordshire GP Learning Disabilities registers with a BMI test, 40% were measured as obese and a further 29% were overweight. 69% in total either overweight or obese.
- This was well above the 21% of adults in Oxfordshire who were classified as obese from the Active Lives Survey and the further 39% who were overweight. 60% in total either overweight or obese.

Rates of overweight and obesity in Oxfordshire (aged 18+) total vs adults with Learning Disabilities (2021-22)



[NHS Digital Health and Care of People with Learning Disabilities 2021-22](#)

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Hospital admissions related to obesity - Oxfordshire

- NHS Digital data shows:
 - Admissions directly attributable to obesity in Oxfordshire was 70 in 2019/20 (75 in the previous year). The rate per 100,000 was 10 compared with 20 for England.
 - Admissions where obesity was a factor in Oxfordshire was 5,060 in 2019/20 (4,790 in the previous year). The rate per 100,000 was 760 compared with 1,869 for England.
 - Obesity admissions for bariatric surgery in Oxfordshire was 40 in 2019/20 (40 in the previous year). The rate per 100,000 was 6 compared with 12 for England.

[Microsoft Power BI](#)

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Excess weight in children

Obesity is associated with poor psychological and emotional health. Obese children are more likely to become obese adults with a higher risk of morbidity, disability and premature mortality in adulthood.

- The majority of measured children in Oxfordshire are a healthy weight (79% Reception children; 65% Year 6 children).
- In 2021/22, around 20% of Reception year children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.3% of all children who were obese, and 2.2% who were severely obese.
- By the time children reach age 10 or 11 (year 6), the proportion who are overweight has increased.
- In Year 6, aged 10 or 11, 33.6% of children were overweight or obese. This included 15% of all children who were obese, and 4.5% of children who were severely obese.
- Prevalence of underweight is also higher by Year 6: 0.9% in Reception compared to 1.5% in Year 6.

Reception, aged 4 or 5
(2021/22)



Year 6, aged 10 or 11
(2021/22)



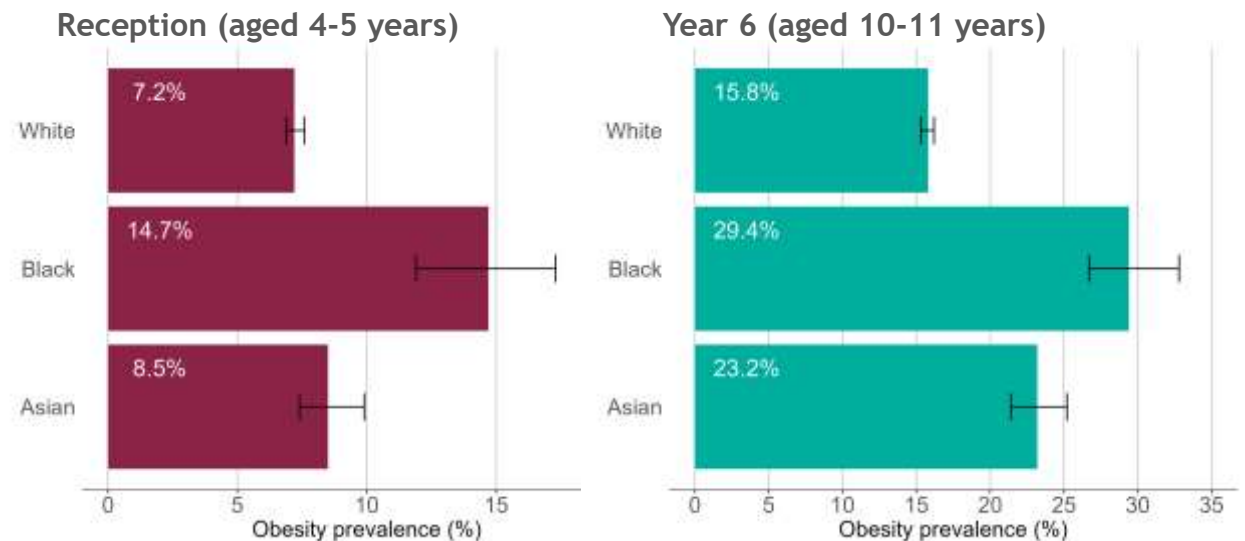
[Obesity Profile - Data - OHID \(phe.org.uk\)](#)
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Inequalities in childhood obesity in Oxfordshire - by sex and ethnic group

- Combined 5 year data for 2016/17 to 2021/22 shows that Obesity prevalence was (statistically) significantly higher in boys than in girls in Oxfordshire, and the difference increases between Reception and Year 6.
 - In Reception, 8% of boys were obese compared to 7.1% of girls.
 - By Year 6, 19% of boys were obese, compared to 14.9% of girls.
- For each of Reception and Year 6 the prevalence of obesity was highest for the Black ethnic group. In Year 6 each of the Black and Asian groups in Oxfordshire were statistically above the White group.

Obesity prevalence by ethnic group in Oxfordshire
(5 years combined 2016/17 to 2021/22)

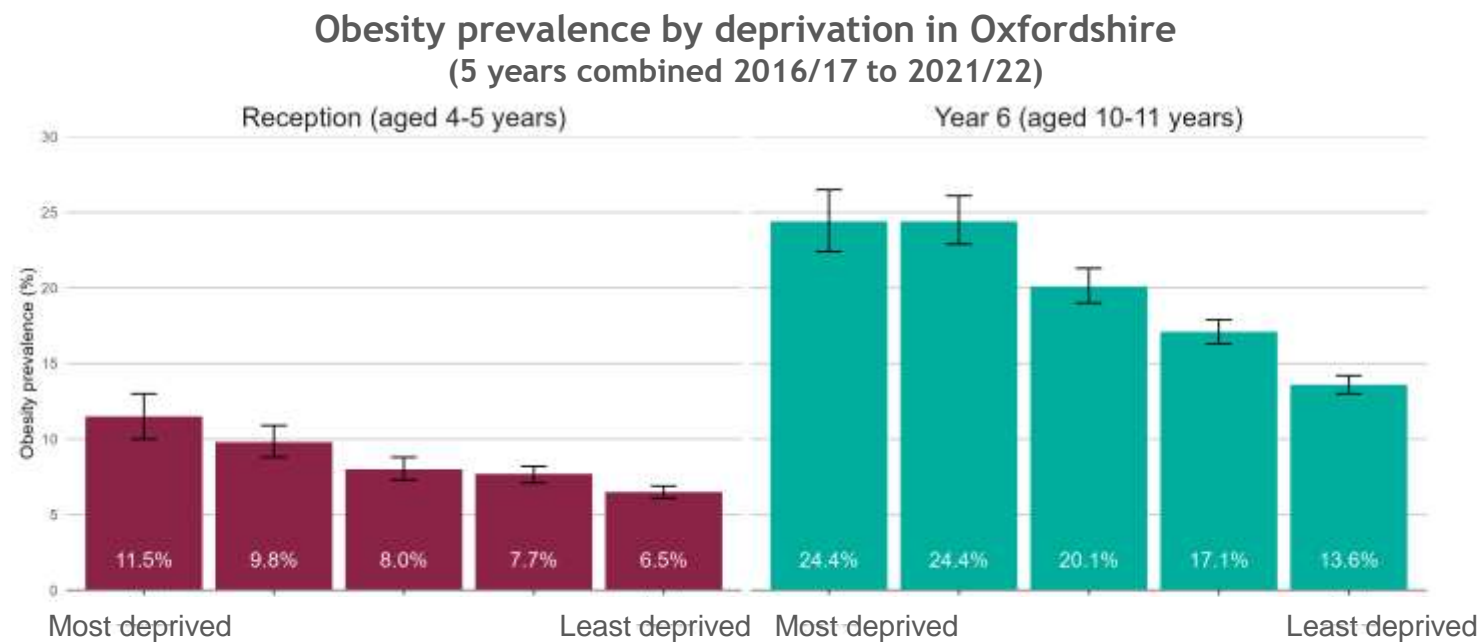


[Obesity Profile - Data - OHID \(phe.org.uk\)](#)
National Child Measurement Programme, combined 5 year data for 2016/17 to 2021/22

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Inequalities in childhood obesity in Oxfordshire - by deprivation

- Combined 5 year data for 2016/17 to 2021/22 shows that children were more likely to be obese in the more deprived areas of Oxfordshire (also applies nationally).
 - In Reception, 11.5% of children in the most deprived areas were obese, compared with 6.5% of children in the least deprived areas.
 - In Year 6, 24.4% of children in the most deprived areas were obese, compared with 13.6% of children in the least deprived areas.



[Obesity Profile - Data - OHID \(phe.org.uk\)](#) National Child Measurement Programme; deprivation data is IMD 2019 for quintiles (20% bands)

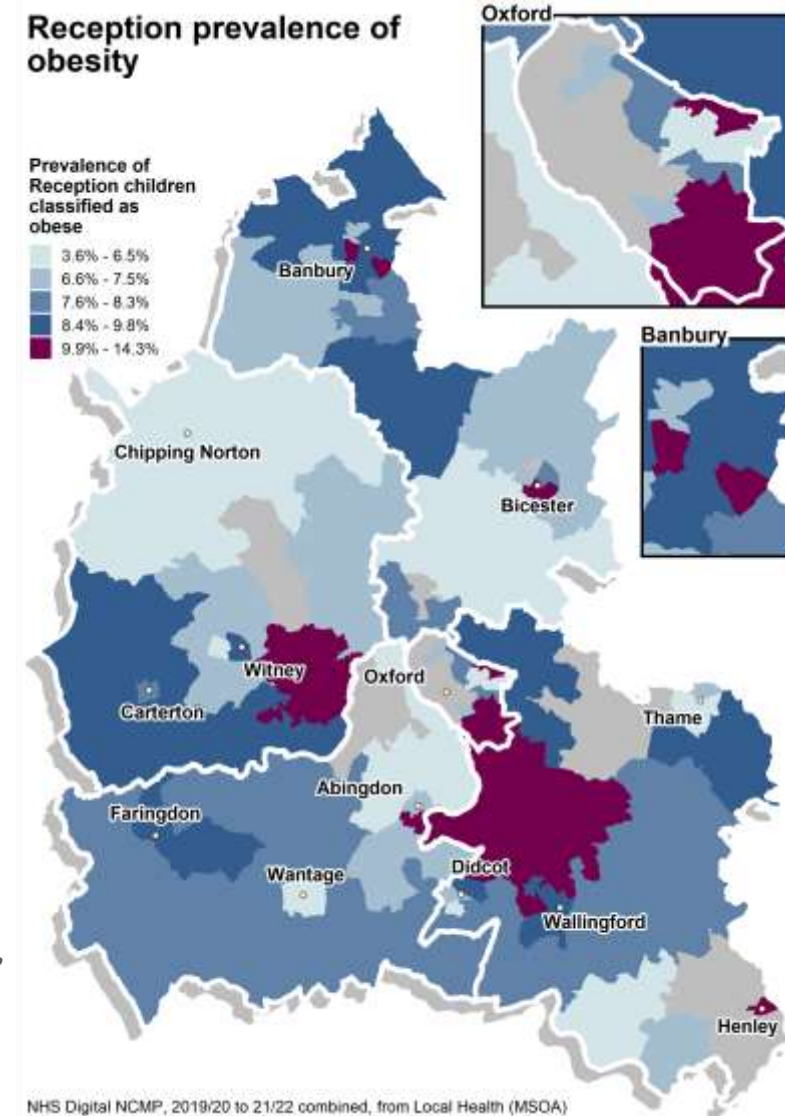
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Childhood obesity map - Reception

- Combined 3 year data for 2019/20 to 2021/22 for Reception (aged 4 or 5) shows obesity prevalence ranged from 3.6% in Botley and Kennington to 14.3% in Chalgrove, Stadhampton & Dorchester.
- Areas (MSOAs) with the highest prevalence of obesity for Reception children were:
 - Chalgrove, Stadhampton & Dorchester, South Oxfordshire (14.3%)
 - Blackbird Leys, Oxford (12.5%)
 - Cowley North, Oxford (12.1%)
 - Henley South, South Oxfordshire (12%)
 - Eynsham and Stanton Harcourt, West Oxfordshire (12%)

The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the coronavirus COVID-19 pandemic. Data from the 2020/21 NCMP collection year has not been included in the 3-year combined indicators. To ensure that large enough numbers are available for analysis, an additional year of NCMP data is included instead of 2020/21; data for 2019/20-21/22 uses 2018/19 data instead of 2020/21.

[Childhood obesity and excess weight: small area level data](#)
Explore [Healthy Weight Story Maps \(arcgis.com\)](https://arcgis.com)



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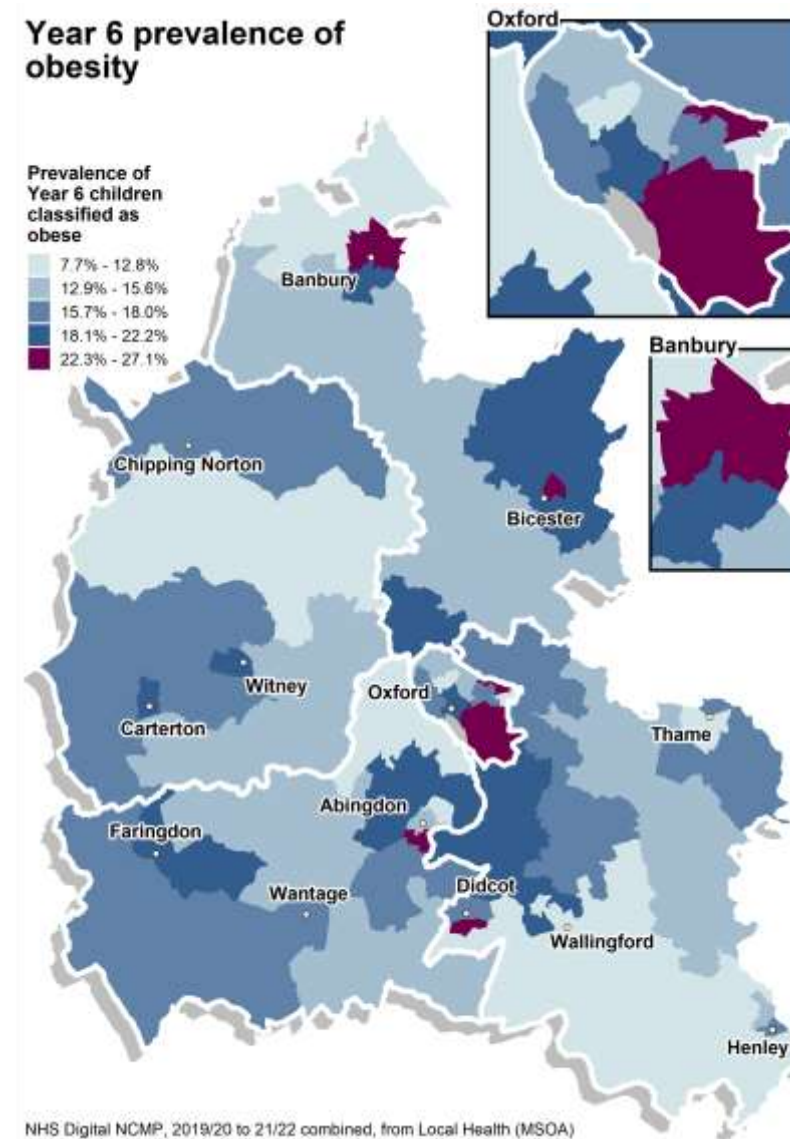
Childhood obesity map - Year 6

- Combined 3 year data for 2019/20 to 2021/22 for Year 6 (aged 10 or 11), shows obesity prevalence ranged from 7.7% in Shiplake & Binfield Heath (South Oxfordshire) to 27.1% in Banbury Neithrop (Cherwell).
- Areas (MSOAs) with the highest prevalence of obesity for Year 6 children were:
 - Banbury Neithrop, Cherwell (27.1%)
 - Churchill, Oxford (26.8%)
 - Banbury Ruscote, Cherwell (26.4%)
 - Blackbird Leys, Oxford (25%)
 - Barton, Oxford (24.6%)

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Year 6 prevalence of obesity



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Chief Medical Officer (CMO) guidelines for adults' physical activity



- Physical activity guidance for adults are to achieve at least 150 minutes of moderate intensity activity per week.
- Guidelines can also be met by doing 75 minutes of vigorous activity per week, or a combination of moderate and vigorous.
- There are also specific guidelines for disabled adults, pregnant women, and women after childbirth - though these all aim for 150 minutes moderate intensity activity every week.

Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#)

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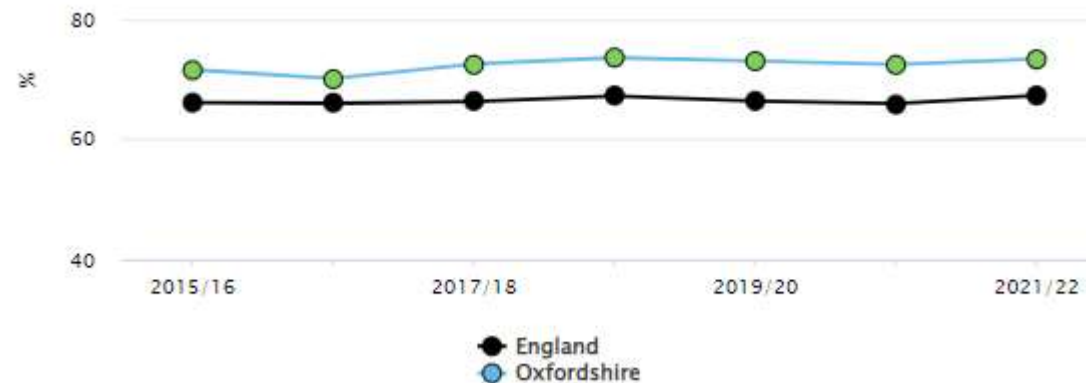
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Physical activity in adults - Oxfordshire trend

- As of Nov21-Nov22, 73.4% of adults aged 19+ years were meeting physical activity recommendations in Oxfordshire. This was above the England (67.3%) and South East (70.5%) averages.
- The proportion has remained similar since 2015-16.
- Despite being better than average overall, around a quarter of adults in Oxfordshire were not meet physical activity recommendations.

Percentage of adults (aged 19+) meeting physical activity recommendations to 2021/22



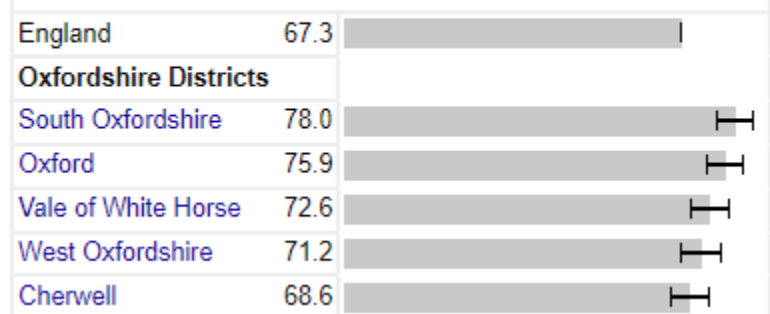
[Physical Activity - Data - OHID \(phe.org.uk\)](#) from Active Lives Survey, Sport England. The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

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Physical activity in adults - districts

- The proportion of adults meeting physical activity recommendations in South Oxfordshire, Oxford and Vale of White Horse was above (better than) the national average in Nov21-Nov22
- Rates in West Oxfordshire and Cherwell were similar to average.

% of Oxfordshire adults (19+) meeting physical activity recommendations, Nov21-Nov22



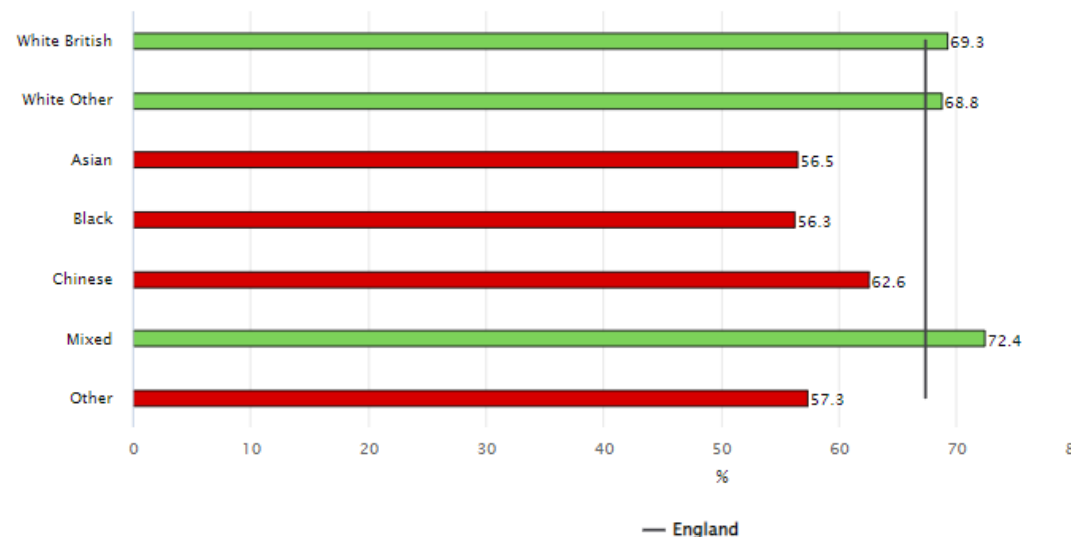
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Physical activity in adults by population group - national

- Nationally, the data show that participation in physical activity is lower in more deprived groups, unemployed or economically inactive groups, routine and manual workers, those who had never worked or were unemployed, and people with a disability. See [inequalities profiles](#).
- A higher percentage of males were physically active than females in England (69.9% vs 64.9%).
- The percentage of physically active adults was lower in Asian, Black, and Chinese ethnic groups than the average.

% of adults (19+) meeting physical activity recommendations, Nov21-Nov22, England by ethnic group



[Physical Activity - Data - OHID \(phe.org.uk\)](#) from Active Lives Survey, Sport England. The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

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CMO guidelines for children’s physical activity

- Guidelines for children aged between 5 and 18 are to achieve 60 minutes physical activity per day. This can be an average of 60 minutes per day across the week.
- For children under 5 years the guidelines are for 180 minutes activity per day.
- Keeping active can help to build confidence and social skills; develop coordination; improve concentration and learning; strengthen muscles and bones; improve health and fitness; maintain healthy weight and improve sleep.

Be physically active

Spread activity throughout the day

Aim for an average of at least **60** minutes per day across week

All activities should make you breathe faster & feel warmer

 PLAY	 RUN/WALK	 BIKE	 ACTIVE TRAVEL
 SWIM	 SKATE	Activities to develop movement skills, and muscle and bone strength ACROSS WEEK	 SPORT
 SKIP	 CLIMB		 WORKOUT
		 INACTIVITY	 DANCE

Get strong

Move more

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#)

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Physical activity in children

- In the academic year 2021-22, 46.6% of children and young people in Oxfordshire were achieving an average of 60 minutes of physical activity per day, similar to the national average of 47.2%.
- Applying this percentage to the population of school children aged 5-15 (ONS Census 2021) gives an estimated 49,300 children in Oxfordshire schools not doing enough physical activity.

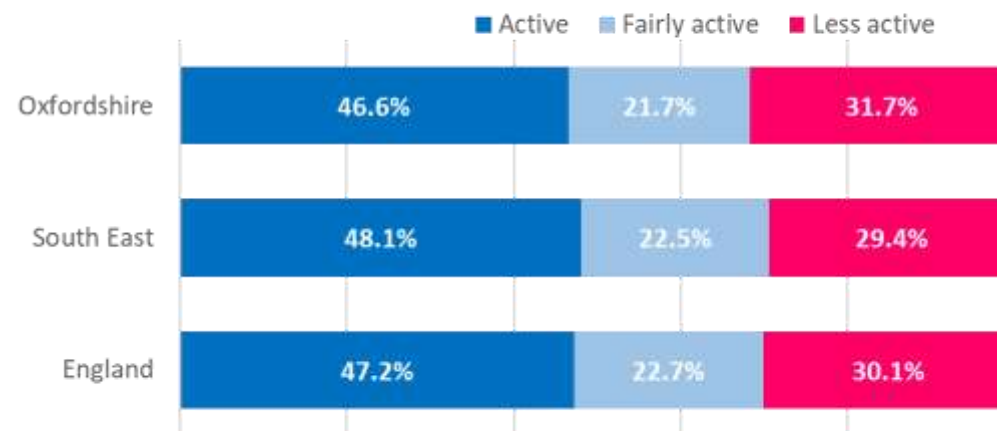
These estimates include the activities of walking, cycling, dance, fitness activities, sporting activities, riding a scooter, and active play and informal activities.

Active - Doing an average of 60 minutes or more a day across the week (420+ minutes pw).

Fairly active - Doing an average of 30-59 minutes a day across the week (210-419 minutes a week).

Less active - Doing less than an average of 30 minutes a day across the week (less than 210 minutes a week).

Sport and Physical Activity levels of Children and Young People in school years 1-11 (2021-22)



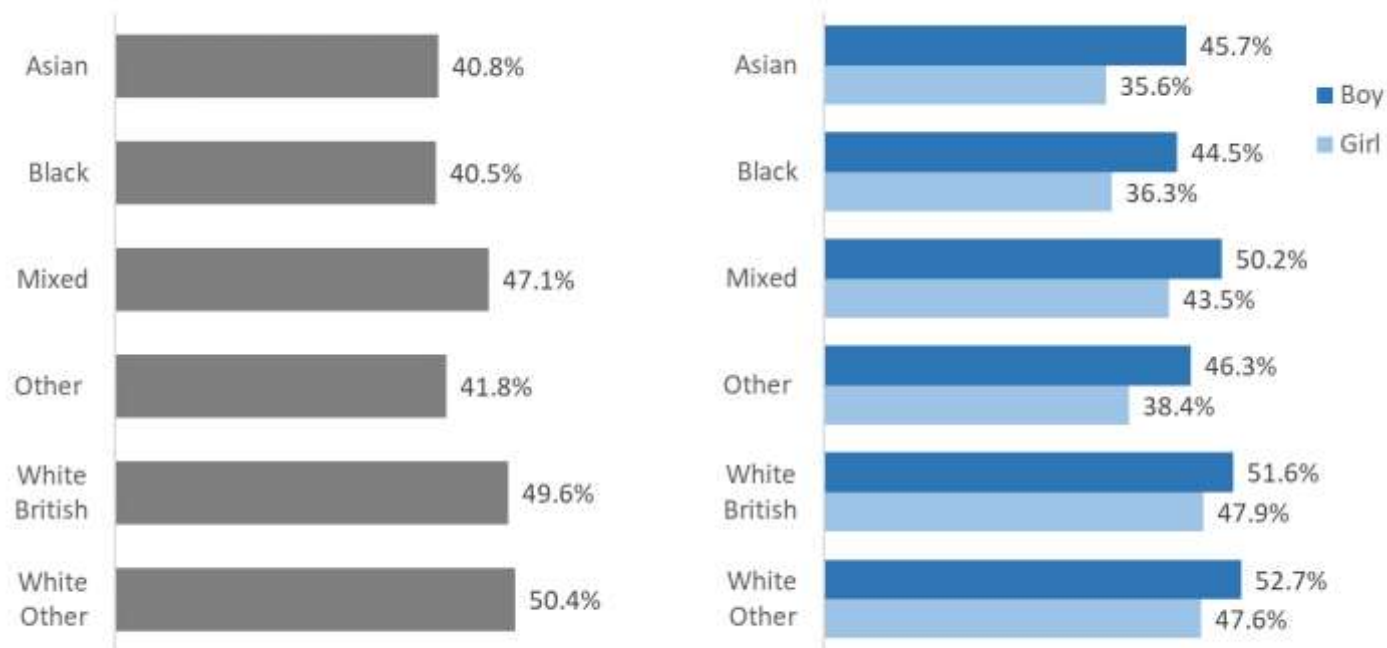
Sport England, [Active Lives | Results \(sportengland.org\)](https://www.sportengland.org/active-lives/results)

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Inequalities in children’s physical activity - national

- National data shows that a higher proportion of boys (49.8%) than girls (44.9%) were physically active (60 minutes or more per day) in the academic year 2021-22.
- Physical activity was highest in White and Mixed ethnic groups.

**Proportion of children physically active - England
(60 minutes or more per day), school years 1-11, 2021-22**



[Active Lives | Results \(sportengland.org\)](https://www.sportengland.org/active-lives/results)

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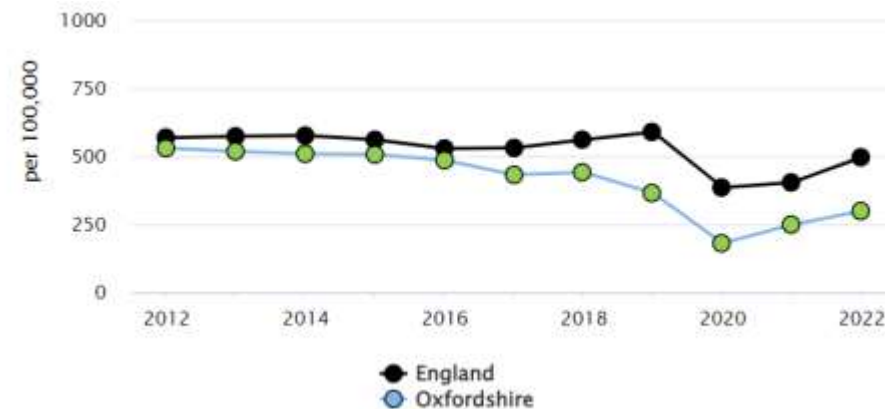
Sexually Transmitted Infections

STIs are a major public health concern, which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage.

- In 2022, the rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire was 298 diagnoses per 100,000 people aged 15-64 years - significantly lower than the average for England (496 per 100,000), and the average for the South East (349 per 100,000).
- Oxfordshire's rate is equivalent to 2,164 new diagnoses in 2022. The number of diagnoses is related to the number of tests taken - in the same year, 14,852 tests were taken by people in Oxfordshire.

[Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](#) and [Health Matters: Preventing STIs](#)
See also: [Oxfordshire Sexual Health Needs Assessment 2018](#) and [Spotlight on Sexually transmitted infections in the South East](#)

New STI diagnoses (excluding chlamydia in under 25s) per 100,000 population



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Sexually Transmitted Infections - Chlamydia

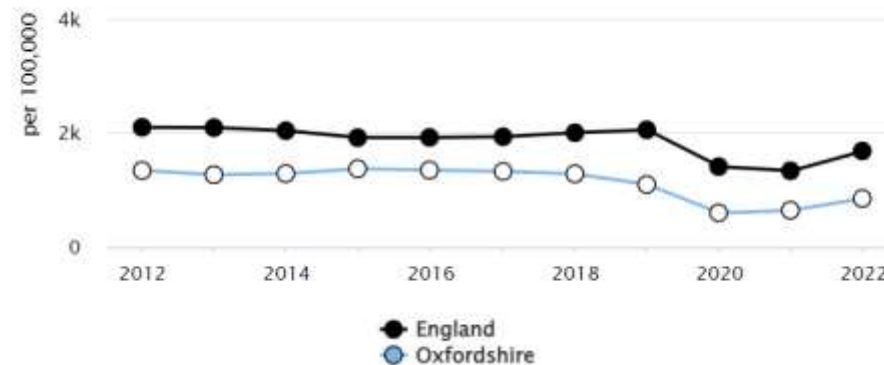
Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

- In 2022, the rate of Chlamydia diagnoses was 849 per 100,000 people in Oxfordshire, significantly lower than the South East (1,388) and England (1,680) rates.
- Oxford district had the highest rate of diagnoses compared to the other Oxfordshire districts

[Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](#)

All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings, who are residents in England, expressed as a rate per 100,000 population.

Chlamydia detection, crude rate per 100,000 aged 15 to 24 - Oxfordshire vs England trend



Chlamydia detection, crude rate per 100,000 aged 15 to 24, Oxfordshire districts 2022

Oxfordshire Districts	Count	Rate
Cherwell	152	920
Oxford	379	1,048
South Oxfordshire	87	600
Vale of White Horse	80	578
West Oxfordshire	87	761

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Teenage conceptions

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.

- According to ONS, there was a total of 106 conceptions to females aged under 18 years in Oxfordshire in 2021, a rate of 8.9%. This was an increase compared with 2020 but similar to 2019 and remaining below the regional and national averages.

Number and rate (per 1,000) of conceptions to females aged under 18 years (Jan-Dec)

Area	2019		2020		2021		Recent trend
	Count	Rate	Count	Rate	Count	Rate	
Cherwell	25	9.9	26	9.9	24	8.8	↓
Oxford	22	9.8	14	5.8	23	9.1	↑
South Oxon	23	9.7	5	2.1	22	8.6	↑
VoWH	19	9.1	15	6.6	20	8.8	↑
West Oxon	21	11.8	15	8.3	17	9.4	↑
Oxfordshire	110	10.0	75	6.5	106	8.9	↑
South East		12.7		10.6		10.7	↑
England		10.6		13.0		13.1	↑

This indicator measures all conceptions in females under 18 whether the pregnancy ends in birth or termination [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](#); denominator is ONS pop estimate of women aged 15-17 living in the area. 2021 data from [Conceptions in England and Wales - Office for National Statistics](#)

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Breastfeeding and low birth weight

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of infection and child obesity, as well as encouraging a strong bond between mother and baby. Breastfeeding initiation within 48 hours of delivery is recorded in hospital, and is recorded again at the Health Visitor check at 6-8 weeks after delivery.

- In 2020-21, 85.7% of babies born to Oxfordshire mothers had a first feed of breastmilk, significantly higher than the average in England (71.7%), and the highest percentage in the South East region (74.5% regional average).
- In 2019-20 (latest data as of April 23), prevalence of breastfeeding at 6-8 weeks in Oxfordshire was 61.2%, significantly higher than the prevalence in England overall (48%).

Low birth weight increases the risk of childhood mortality and has an influence on future adult health status. Risk factors for low birth weight include the health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight. Ethnicity, genetics, socioeconomic status, age and multiple pregnancy are also factors.

- In 2021, 2.2% of live births at full term (at least 37 weeks gestational age) in Oxfordshire had a recorded birth weight under 2500g - statistically lower (better) than the regional average (2.4%) and the national average (2.8%).
- National data show that the proportion of births with low birth weight is highest in more deprived areas.

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

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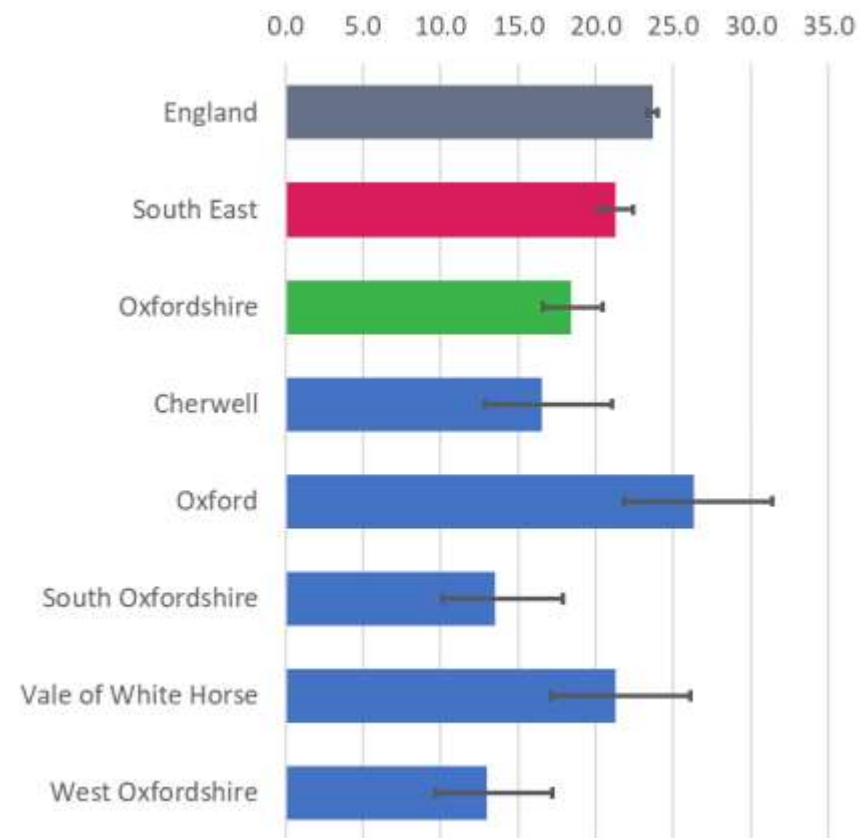
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Oral health: children

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and in some cases, treatment under general anaesthetic. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children - for example, childhood obesity.

- Data collected during the 2021 to 2022 school year shows that 18.5% of 5 year olds in Oxfordshire had decay experience, significantly lower (better) than the national average of 23.7%.
- Cherwell, South Oxfordshire and West Oxfordshire were each significantly better than the national average.
- Oxford was significantly worse than the Oxfordshire average.
- Nationally, children living in the most deprived areas were almost 3 times as likely to have experience of dentin decay (35.1%) as those living in least deprived areas (13.5%).

% of 5 year olds with decayed, missing or filled teeth (2022)



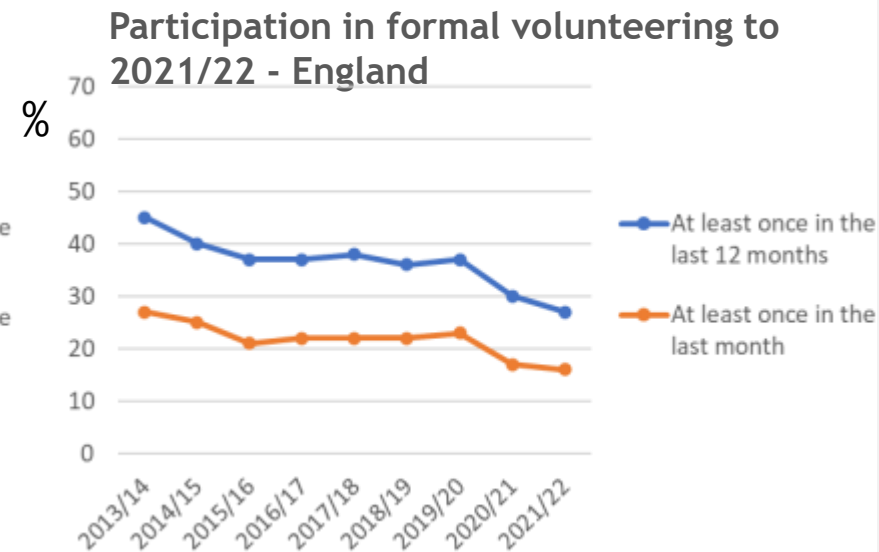
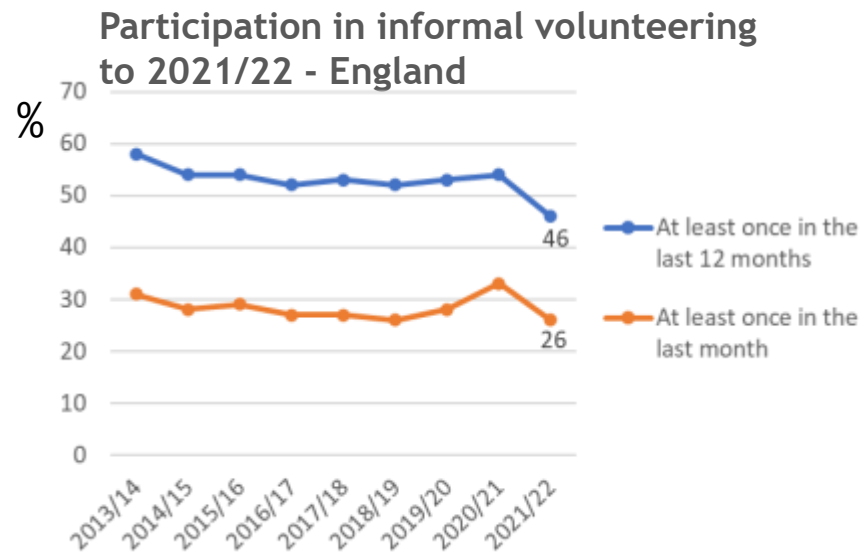
[National Dental Epidemiology Programme for England Oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](#) Percentage d₃mft>0; South East average exclude Hampshire, East Sussex, Isle of Wight; Kent, Portsmouth; Southampton; Surrey; West Sussex.

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Volunteering - national trend

- The 2021/22 Community Life survey found that the most common barriers to volunteering were work commitments and other activities taking up spare time.
- Between 2020/21 and 2021/22, the proportion of people participating in informal volunteering dropped significantly, rates of formal volunteering also declined. These changes are likely to be a result of the COVID-19 pandemic and lockdowns.
 - In 2021/22, 26% of respondents had taken part in informal volunteering at least once a month. This proportion is lower than in 2020/21, when rates were the highest recorded by the CLS (33%), but in line with levels seen in 2019/20 (28%).
 - Formal volunteering (at least once a year) reduced from 30% to 27% (-3ppt).



Community Life Survey 2021/22: Volunteering and charitable giving - GOV.UK (www.gov.uk) DCMS published 28Feb23

Gambling

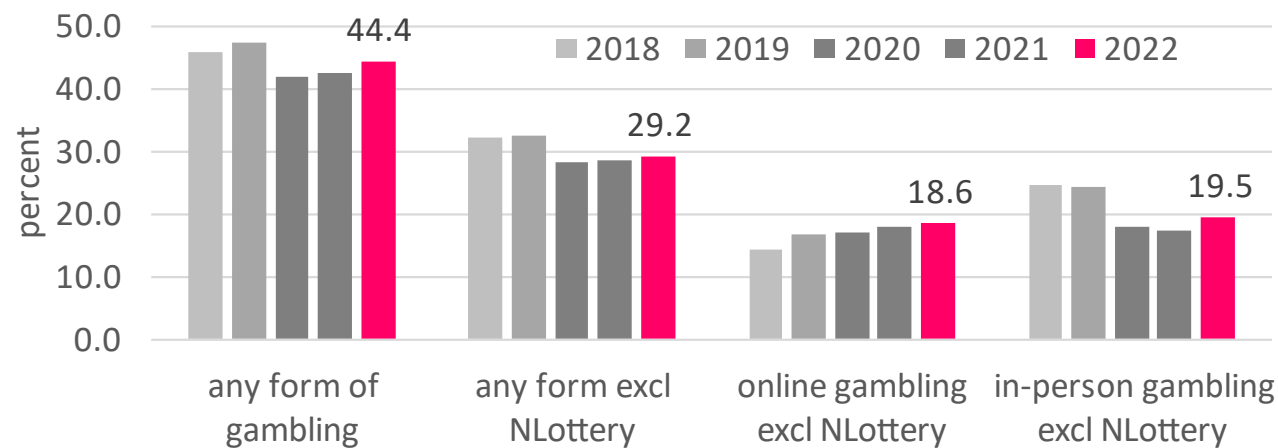
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Gambling behaviour - national

Gambling is a leisure activity enjoyed by many, and the majority of those who gamble appear to do so without signs of problematic behaviour. There are however some individuals who experience significant harm as a result of their gambling. Great Britain has one of the most accessible gambling markets in the world; opportunities to gamble exist on most high streets and, with the spread of the internet, in virtually every home.

- The latest statistics on gambling behaviour by the Gambling Commission (Jan-Dec22) shows that 44.4% of respondents aged 16+ had participated in at least one form of gambling in the past four weeks with statistically significant increases for males (43.6% to 47%) and people aged 25-34 years (37.2% to 44.2%).
- Excluding those who participated in National Lottery only, online gambling has increased and in-person gambling has declined (2022 vs 2018).

Participation in gambling in past 4 weeks aged 16+ (Jan-Dec) 2018 to 2022



[Gambling behaviour in 2022: Findings from the quarterly telephone survey \(gamblingcommission.gov.uk\)](#)

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Problem gambling - national

For problem gamblers, harm can include higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. It can also be associated with substance misuse. Younger males, and people from certain social and ethnic groups, are potentially more vulnerable than others.

The Problem Gambling Severity Index (PGSI) consists of nine items ranging from ‘chasing losses’ to ‘gambling causing health problems’ to ‘feeling guilty about gambling’. Each item is scored and summed to create a total ranging from 0 to 27. A PGSI score of 8 or more represents a problem gambler.

- In the year Jan to Dec 2022:
 - the overall problem gambling rate was statistically stable at 0.2%, compared with 2021.
 - There was a significant increase in the moderate risk rate (1.3% in 2022 vs 0.8% in 2021).
 - The low risk rate was statistically stable at 1.7%.
- The proportion of men identified as problem or at-risk gamblers was substantially higher than women, with 0.4% of men and 0.1% of women identified
- The proportion of problem or at-risk gamblers was highest for people aged 16-24 (1.4%)

Gambling Commission, [Gambling behaviour in 2022: Findings from the quarterly telephone survey \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk)

NHS Digital, [Health Survey for England 2018: Supplementary analysis on gambling - NHS Digital](#)

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Finding out more

- More information on many of these topics is available from:
 - [Public health profiles - OHID \(phe.org.uk\)](#)
 - [Health Survey for England - NHS Digital](#)
 - [Office for National Statistics](#)
- Other JSNA resources are available from [Oxfordshire Insight](#)
- The [2023 Director of Public Health Annual report](#) has a focus on healthy weight, healthy communities and healthy lives
- Explore obesity and related data with our [Health Weight Story maps](#)