

## The Scottish Health Survey Content Review 2022

Response from Obesity Action Scotland

Closing date: 26/09/2022

- 1. Please indicate whether you are responding as an individual or on behalf of your organisation.**
  - Organisation
- 2. If you are responding on behalf of your organisation, please select the organisation you work for.**
  - Other
- 3. If you are responding on behalf of your organisation, please specify your team or department.**
  - Obesity Action Scotland
- 4. Please select the health topics you wish to provide feedback for. (Responses selected from a list provided)**
  - Biological Measurements, Diet, Food Insecurity, Alcohol and drinking experiences
- 5. Would you like to... (Responses selected from a list provided)**
  - Retain the questions in this topic without any changes
  - Add new questions to this topic
- 6. If you would like to retain the questions without any changes, please select why you want the questions to be retained without any changes...**
  - No/limited population level data available elsewhere
  - Inform/evaluate public policy
  - Inform local interventions
  - Monitor targets
  - Monitor trends
  - Validate other data sources
  - Other (*in response to biological measurements*) – The use of waist circumference data alongside BMI of individuals provides a more accurate and robust indicator of health risks. It is important that both of these measures continue to be used in conjunction as part of the Diet/Obesity chapters of the SHeS. Waist circumference data has also shown to be important in NICE’s recent guidelines stating people should aim to keep their waist measurement to under half of their height. NICE proposed this measurement as an additional indicator of potential health risks alongside BMI.<sup>1</sup>

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<sup>1</sup> <https://www.nice.org.uk/news/article/keep-the-size-of-your-waist-to-less-than-half-of-your-height-updated-nice-draft-guideline-recommends#:~:text=News-Keep%20the%20size%20of%20your%20waist%20to%20less%20than%20half,updated%20NICE%20draft%20guideline%20recommends&text=People%20are%20being%20encouraged%20to,an%20updated%20NICE%20draft%20guideline>

**7. If you would like to add new questions or replace the existing questions, please describe the changes you propose and explain whether the questions have been tested or used in another survey.**

- As opposed to an entirely new question, we believe it would be valuable to have a more detailed breakdown of the diet/overweight and obesity data. We welcome that a breakdown of various elements of the data, including BMI and fruit and vegetable consumption, is provided by SIMD categories. This data is valuable and helpful for tracking change over time, including tracking changes in outcomes between different socioeconomic groups. This breakdown of the data should continue to be provided annually. In line with this, the supplementary tables and raw data continue to be invaluable and a clear timetable for when the raw data would be made available would also be welcomed. Another useful summary would be that for ethnic minorities. Although we understand there is insufficient samples to present this particular data as part of any trend analysis, we believe it would be valuable to have access to the raw data for this category. There is now extensive evidence on associations between ethnicity and obesity however this area is relatively unexplored in the Scottish context. An annual summary of prevalence by specific age groups of the entire population (not just child and adult) would also be useful as it would allow for identification of the most vulnerable groups and development of age-appropriate interventions.
- It would be valuable to have more consistency in the diet monitoring data. We see Intake24 as a valuable tool for measuring people's food options and would prefer to see this method of data collection used on an annual basis to ensure trends are spotted more easily alongside the impacts of external events (e.g. COVID-19, the cost of living crisis). If this was not able to be employed every year, other diet monitoring questions which are less intensive, such as questions covering fruit and vegetable consumption, would need to be maintained as a minimum to cover this area. In the 2020 SHeS, fruit and vegetable consumption questions were dropped in favour of questions around discretionary food intake. We would like to see the reintroduction of the fruit and vegetable questions on an annual basis.
- Another change we would like to see in the current questions on weight is for the term 'morbid obesity' to be replaced. The term is now recognised as stigmatising and is no longer seen as appropriate in public health discourse. We recommend replacing with the term 'severe obesity' when referring to individuals with a BMI of 40 or above, which is the term widely used in the literature by patient advocacy groups and other organisations including the World Obesity Federation.<sup>2</sup>
- The World Health Organisation (WHO) use a 3-tiered obesity classification system, categorising BMI ranges into Class I, Class II, or Class III obesity<sup>3</sup>, with the latter used for individuals with a BMI of 40 or above, and is commensurate with the 'severe obesity' category outlined above. This is another alternative to morbid obesity that could be used.
- Across all relevant questions, the survey should avoid using the word 'obese' where possible. The term is highly stigmatising and should be avoided. Instead, when used in a data categorisation context, obesity should be used. When used in relation to individuals, person-first language should be used, such as people living with obesity. This

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<sup>2</sup> [Obesity Classification | World Obesity Federation](#)

<sup>3</sup> World Health Organisation (2005) Surveillance of chronic disease: risk factors: country-level data and comparable estimates. (SuRF) 2 report [https://apps.who.int/iris/bitstream/handle/10665/43190/9241593024\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/43190/9241593024_eng.pdf)

is line with recommendations from patient advocacy groups, stigma advocates and emerging framing evidence and methodologies.<sup>4</sup>

- In regards to Food Insecurity and Alcohol and drinking experiences, we would like to see the current questions maintained as they allow for analysis of food inequality in the population and estimations of calorie intakes through alcohol which are often missed. We would like maintenance of these questions based on the advice of people and groups knowledgeable in these areas.
- 8. If you would like to remove some of the existing questions, please specify which questions to remove.**
- N/A
- 9. If you would like to remove some of the existing questions, please select why these questions are not needed.**
- N/A
- 10. Do you require data at Health Board and/or Local Authority level?**
- Yes
- 11. How frequently do you require information gathered by the survey on this topic?**
- Annually
- 12. If you require information gathered by the survey annually, please select why you require data at this frequency. (Responses selected from a list provided)**
- Monitor fast-changing indicators
  - Health board and/or Local Authority level data required
  - Need for annual reporting
  - Other: Monitoring and evaluation of public health interventions to improve national diet. To inform public health discourse on diet and healthy weight. Allow independent, transparent monitoring of government progress on commitments and targets. To inform evidence-based policy.
- 13. What would be the impact on your area of work if this data was not collected in the Scottish Health Survey? (Responses selected from a list provided)**
- Major Impact
- 14. If some or major impact, please describe the expected impact.**
- Currently there is limited data on population weight in Scotland and the Scottish Health Survey is the primary resource in this area. Other data sources we use do not provide samples for the entire population and would not be as valuable in isolation.
- 15. Is it important to link information on this topic to other health topics in SHeS?**
- Yes
- 16. If it is important to link information on this topic to other health topics in SHeS, which topics? (Responses selected from a list provided)**
- Adverse Childhood Experiences (ACEs)
  - Cardiovascular disease and use of services
  - COVID-19
  - Diet
  - General health and long-term conditions
  - Mental wellbeing
- 17. Please explain why you need to be able to link these topics.**

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<sup>4</sup> <https://urbanhealth.org.uk/our-work/childhood-obesity/framing-toolkit-talking-about-childhood-obesity>

- Obesity is an extremely complex public health issue that has a large number of contributing factors while also being linked to a variety of adverse health outcomes. Each of the topics listed above are associated with obesity, while some topics are also shown to work in a bi-directional relationship with the condition (e.g. Mental wellbeing). Conditions such as COVID-19 have brought obesity into public focus due to the worsening outcomes that were evidenced for people living with obesity. Data on topics such as these allow for better understanding of risk factors and health outcomes linked to obesity.

**18. Is any of the information from this module available from any other source?**

- No

**19. If the information is available from any other source, please state the alternative data sources.**

- N/A

**20. If the information is available from any other source, please select why it is important to gather this information as part of the Scottish Health Survey. (Responses selected from a list provided)**

- Link to other topics
- To ensure data availability due to bigger sample
- Health board and/or Local Authority level data available
- Validate other data sources