

## **Healthy Lives**

### **Lifestyle risk factors in adults and children**

October 2024

## Contents

Introduction .....	3
Global Burden of Disease .....	3
Alcohol .....	4
Drug misuse.....	7
Smoking and vaping .....	8
Physical activity.....	12
Healthy diet.....	14
Overweight and obesity .....	15
Sexual health and reproductive health.....	17

## Introduction

Our behaviours, personal circumstances and illnesses hugely affect our life expectancy and health. Influences on our health are particularly important before birth and during early childhood. These influences and risk factors continue to accumulate, and their effects build as we move into adulthood. Preventing exposure to these risk factors and reducing inequalities in how these risk factors are distributed among our population, can have a positive impact on our health.

Local public health teams work to both prevent and reduce people's exposures to risk factors across all stages of life. We commission services which help people reduce their risk factors (for example, smoking), as well as work alongside other organisations to provide people with the support they need to make healthy decisions and prevent exposure to negative risk factors in the first place.

This chapter focuses on the risk factors, causes and protective factors which influence our health, the health inequalities which are evident and the potential impact COVID-19 has had.

Data in this written summary are correct as of August 2024. The data in this report can be explored further by smaller geographies in the [JSNA Healthy Lives data report](#). The data report will be updated continuously, as new data are available.

Further information on the impact of COVID on our local population has been discussed in the [Hampshire COVID-19 Health Impact Assessment](#).

The health outcomes of our population and how these impact different population groups are discussed in more detail in the accompanying [JSNA reports](#).

## Global Burden of Disease

The Global Burden of Disease (2021)<sup>1</sup> provides a tool to help understand what is causing and driving the most death and disability globally and the differences across countries. This study suggests that in Hampshire the most notable all age causes of disease burden were neoplasms, cardiovascular diseases and respiratory infections and tuberculosis (2021). The top three risk factors driving this are tobacco, high blood sugars and high body mass index. On the Isle of Wight, the causes of disease burden are the same as in Hampshire, but the top three risk factors driving this are tobacco, high body mass index and dietary risks (2021).<sup>2</sup>

Hampshire's population is progressively ageing, the latest Census data reports that over one in five residents are aged 65 years and over<sup>3</sup>. An ageing population is linked to increased burden and duration of non-communicable diseases.<sup>4</sup> The major causes of disability for adults aged 70 years and over are cancers, cardiovascular

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<sup>1</sup> [GBD Compare | IHME Viz Hub \(healthdata.org\)](#)

<sup>2</sup> [Microsoft Power BI](#)

<sup>3</sup> [PowerPoint Presentation \(hants.gov.uk\)](#)

<sup>4</sup> [Global, regional, and national burden of diseases and injuries for adults 70 years and older: systematic analysis for the Global Burden of Disease 2019 Study | The BMJ](#)

diseases and chronic respiratory diseases. Tobacco, high blood sugars and high blood pressure are the three top risk factors for this older population group.

This burden of ill health has remained the same over time, stressing the importance of understanding the behaviours and lifestyles choices of our local population to be able to address them effectively.

## **Alcohol**

Excess alcohol consumption can contribute to a broad range of illnesses, including liver disease, heart disease, stroke, high blood pressure, and mental health conditions. It is the sixth largest risk factor for ill health in Hampshire and on the Isle of Wight.<sup>5</sup> It can also be associated with a range of social and economic issues including loss of employment and crime.

In a recent survey, 25% of young people in Year 8 and Year 10 in Hampshire, Isle of Wight, Southampton and Portsmouth reported currently or previously using alcohol. Those who drink alcohol are significantly more likely to be trans and gender diverse and older pupils. Young people from all ethnic minority groups are less likely to drink alcohol compared to White young people.<sup>6</sup>

Hospital admissions specifically caused by alcohol in under 18s have remained statistically significantly worse than the England average, with an average of approximately 100 children admitted a year. In this age group, females are significantly more likely to be admitted to hospital for alcohol than males in Hampshire after an increase in admissions in females and a decline in admissions in males. The New Forest, Eastleigh and Winchester had the highest rates of admissions across Hampshire's districts, and Basingstoke and Deane had significantly higher rates than the England average.<sup>7</sup> On the Isle of Wight, the number of admissions has been declining in recent years, although is still higher than both England and Hampshire.

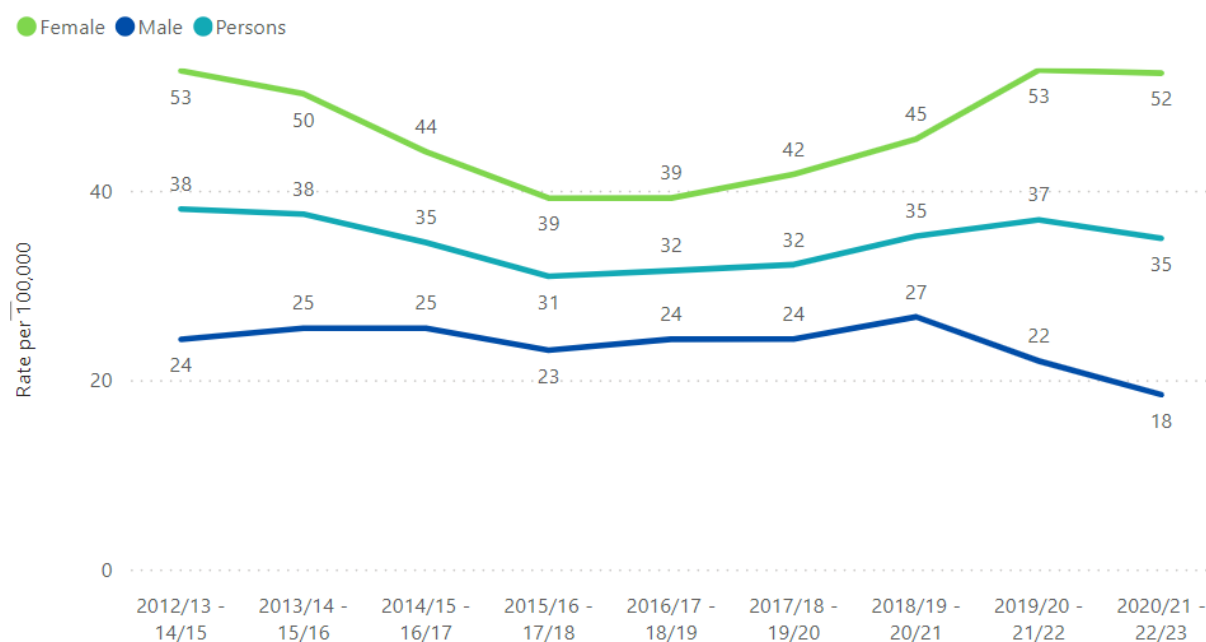
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<sup>5</sup> [Microsoft Power BI](#)

<sup>6</sup> [HIPS Headline Findings 2024 \(beewellprogramme.org\)](#)

<sup>7</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

**Figure 1: Under 18's admission episodes for alcohol-specific conditions in Hampshire, 2012 to 2023**



Source: Fingertips, Office for Health Improvement and Disparities

In adults, admissions for alcohol-related conditions (using the narrow definition<sup>8</sup>) have remained stable between 2016 and 2021, with a slight decrease in 2022/23.<sup>9</sup> The areas with higher rates of admissions across Hampshire are the New Forest, Eastleigh and Gosport. The Isle of Wight has higher admissions than England, at 673 per 10,000. Using the broad definition<sup>10</sup> for admissions for alcohol related conditions, the trend in Hampshire has remained stable between 2020/21 and 2022/23. Nationally, the trend has been decreasing and getting better and Hampshire is currently below the England rate. For both definitions of hospital admissions, areas of greater deprivation and males had higher rates of admissions nationally.

Alcohol related mortality has remained stable in Hampshire since 2016 and the rate in Hampshire is lower than England (31.8 per 100,000 compared with 39.7 per 100,000). The national trend is increasing and getting worse. In Hampshire, the areas with the highest rates are Havant, Test Valley and Gosport, although these areas are not significantly different to the England average. On the Isle of Wight alcohol-related mortality is high at 41.2 per 100,000, statistically similar to the national figure of 39.7 per 100,000.

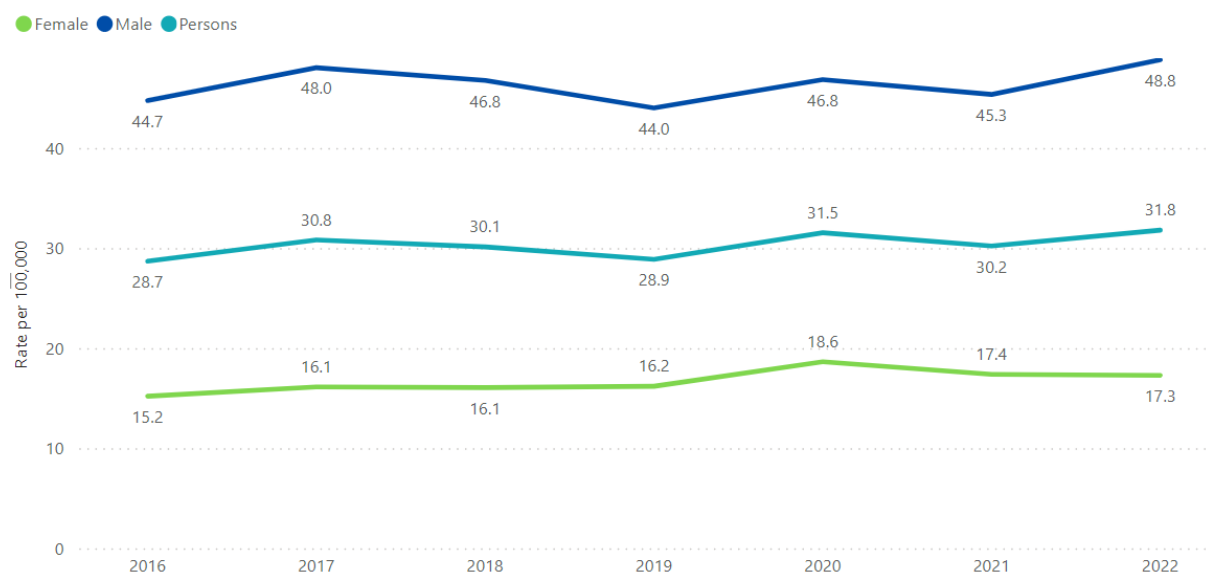
<sup>8</sup> Narrow definition: includes admissions where only the primary diagnosis (main reason for admission) is an alcohol-related condition. As every hospital admission must have a primary diagnosis, it is less sensitive to coding practices, and therefore can provide the best indication of trends, but may also understate the part alcohol plays in the admission.

<sup>9</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

<sup>10</sup> Broad definition: includes admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This measure gives an indication of the full impact of alcohol on hospital admissions and the burden places on the NHS but is sensitive to changes in coding practice over time.

Nationally and across Hampshire and the Isle of Wight men have significantly higher rates of alcohol related mortality than women.<sup>11</sup>

**Figure 2: Hampshire alcohol-related mortality, 2016 to 2022**



Source: Fingertips, Office for Health Improvement and Disparities

In 2022, alcohol specific mortality was higher on the Isle of Wight than both Hampshire and England, at 17.3 per 100,000 compared to 11.2 per 100,000 and 14.5 per 100,000. National data shows that people from the most deprived areas are over twice as likely to die from alcohol-specific conditions as those from the least deprived areas.<sup>12</sup> During lockdown there was a change in consumption behaviours, with increased retail purchasing of alcohol and drinking at home.<sup>13</sup> In England, surveys have shown an increase in drinking at higher risk levels during the pandemic.<sup>14</sup> The longer term trends are as yet unclear. Locally, this has been reflected by a steady increase in referrals for alcohol treatment. The substance misuse service explored different options for service delivery when face to face appointments were restricted. This included using digital technology to provide virtual appointments and group meetings.

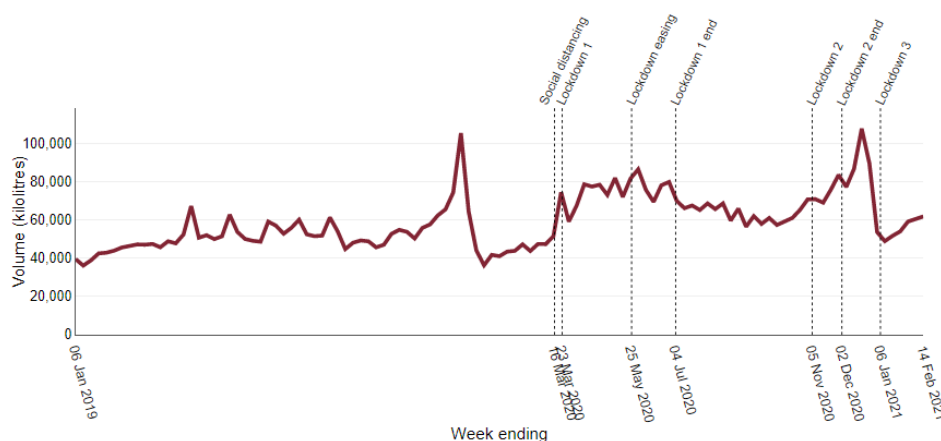
<sup>11</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>12</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>13</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://publichealthprofiles.org.uk/)

<sup>14</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://publichealthprofiles.org.uk/)

Figure 3: Great Britain trend in alcohol volume sales 2019 to 2021



Source: WICH, Office for Health Improvement and Disparities

## Drug misuse

Drug misuse is a significant cause of disability, and is the third ranked cause of death in 15-49 year olds in Hampshire and on the Isle of Wight.<sup>15</sup> The health effects of drug misuse vary depending on the type of substances and the pattern and context of their use.<sup>16</sup> In a recent survey of Year 8 and Year 10 schoolchildren in Hampshire, Isle of Wight, Southampton and Portsmouth, 3% reported currently or previously using cannabis, and 1% for other illegal drugs.<sup>17</sup>

In Hampshire, hospital admissions for those aged 15 to 24 years due to substance misuse increased to become statistically worse than England for the years 2017/18 – 2019/20 and 2018/19 – 2020/21. However, it has since declined to be statistically similar to England, at 61.7 per 100,000 in 2020/21 – 2022/23.

Deaths from drug misuse remain statistically significantly better and lower than England.<sup>18</sup> On the Isle of Wight, the rate of deaths from drug misuse is significantly higher than Hampshire and England, at 8.3 per 100,000 compared to 5.2 per 100,000 in England. Nationally, there is an ageing cohort of drug dependent and ex-dependent people who experience illness and death as a result of their drug misuse. Deaths related to illnesses from former drug misuse will also be included in the rate of deaths from drug misuse and therefore the figures should be considered in this context. Deaths from drug misuse are significantly higher in men than women in Hampshire, and national data shows people from the most deprived areas are significantly more likely to die from drug misuse than those from the least deprived areas.<sup>19</sup> Drug misuse deaths have been consistently higher in Gosport and Havant than the national average, although this difference is no longer statistically

<sup>15</sup> [GBD Compare | IHME Viz Hub \(healthdata.org\)](https://vizhub.healthdata.org/gbd-compare/)

<sup>16</sup> [A summary of the health harms of drugs - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/a-summary-of-the-health-harms-of-drugs)

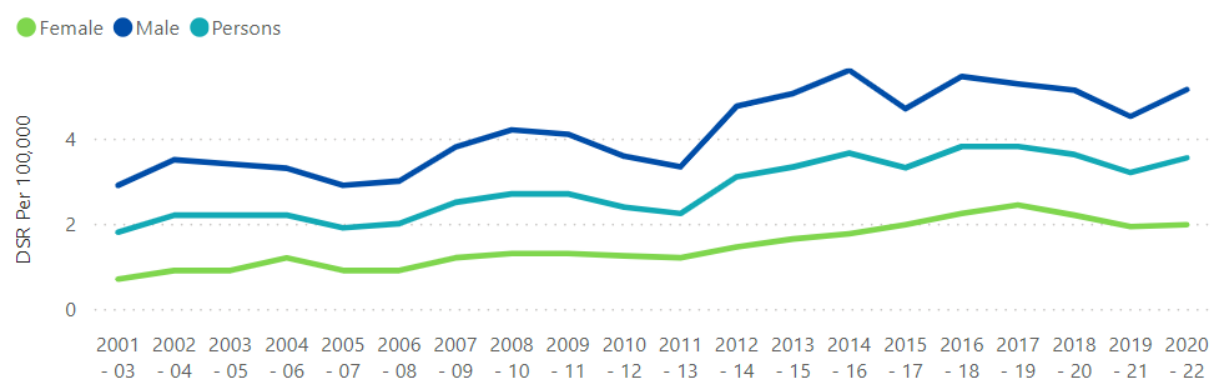
<sup>17</sup> [HIPS Headline Findings 2024 \(beewellprogramme.org\)](https://www.beewellprogramme.org/)

<sup>18</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org/)

<sup>19</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org/)

significant.<sup>20</sup> It is currently not clear how the pandemic affected drug use, however recorded drug crime increased both locally and nationally.<sup>21</sup>

**Figure 4: Hampshire deaths from drug misuse, 2001-03 to 2020-22**



Source: Fingertips, Office for Health Improvement and Disparities

Hampshire Public Health Team commissions a Substance Misuse Treatment Service to holistically support people affected by alcohol or drugs through overcoming their addiction whilst addressing any social issues which may be present. Detailed data on the demographics of Inclusion service users are available in the JSNA Inclusion Health Groups [report](#).

The proportion of opiate users successfully completing drug treatment has declined in recent years, from 8.2% in Hampshire in 2018, to 4.8% in 2022. On the Isle of Wight the percentage of opiate users successfully completing drug treatment is more stable over time, although it has larger variation year-to-year due to small numbers.<sup>22</sup> The England trend is inline with Hampshire's, with a gradual decline. The proportion of non-opiate drug users successfully completing drug treatment has remained stable over time, from 34.4 in 2010 to 31.4% in 2022. In Hampshire there has been a slight increase in recent years, from 30.3% in 2018 to 32.5% in 2022. On the Isle of Wight, the percentage of non-opiate users who have successfully completed drug treatment has remained stable, from 25.4% in 2018 to 26.2% in 2022.<sup>23</sup> Funding for substance misuse as a result of the National [Drug Plan](#) may help to reverse these trends.<sup>24</sup>

## Smoking and vaping

Smoking is the leading cause of preventable ill health and early death in England and was responsible for almost 75,000 deaths and more than 500,000 hospital admissions in 2019.<sup>25</sup> In Hampshire between 2017 and 2019, smoking was

<sup>20</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>21</sup> <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/2021-covid-19-health-impact-assessment>

<sup>22</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>23</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>24</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

<sup>25</sup> [Addressing the leading risk factors for ill health | Health Foundation](https://www.healthfoundation.org.uk/press-releases/addressing-the-leading-risk-factors-for-ill-health)

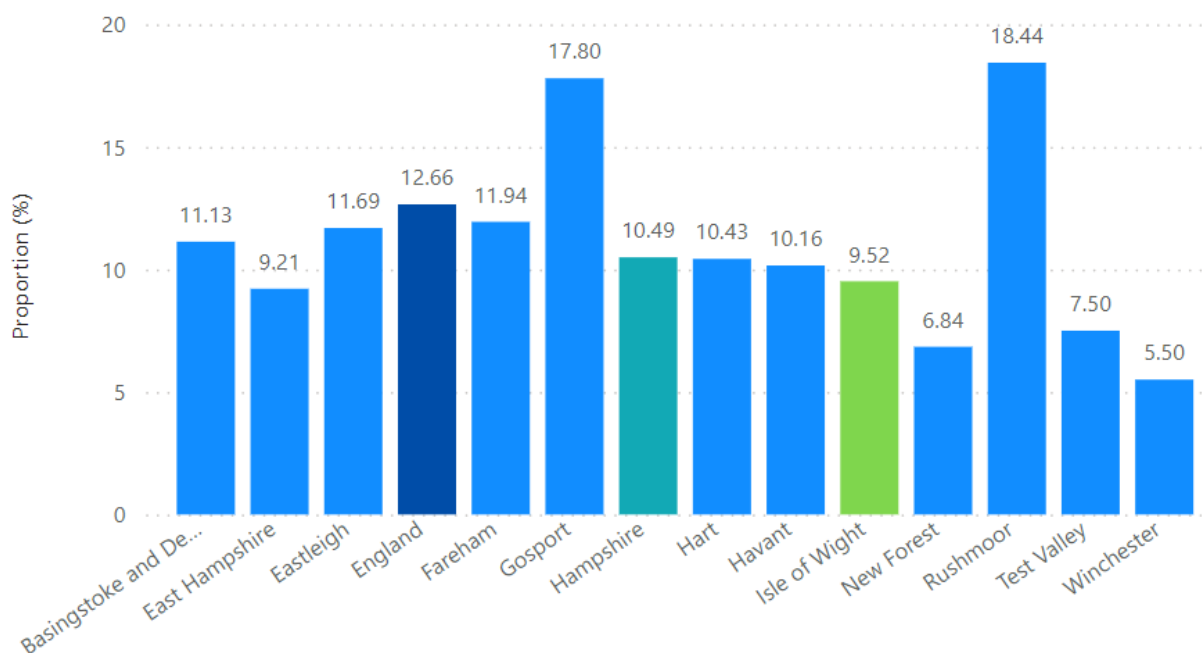


responsible for around 4,300 deaths in people aged 35 years and older.<sup>26</sup> It is linked to many cancers, cardiovascular disease and respiratory diseases.<sup>27</sup>

The rates of hospital admissions in 2019/20 and mortality attributable to smoking in 2017-19 were lower in Hampshire than England and both are showing a gradual downwards trend as the prevalence of smoking declines.<sup>28,29</sup>

In Hampshire, an estimated 9.3% of adults smoke compared to 11.6% in England.<sup>30,31</sup> Whilst lower than the national prevalence and continuing to decrease, there is marked variation within Hampshire. Basingstoke and Deane, Eastleigh, Fareham, Gosport and Rushmoor all have higher smoking prevalence rates than the Hampshire average, and Gosport and Rushmoor also have higher smoking prevalence than the England average. The smoking prevalence on the Isle of Wight is 9.5%. In addition, men are significantly more likely to smoke than women, those in routine or manual occupations and those who are unemployed are significantly more likely to smoke than those in managerial or professional occupations, and those living in the most deprived areas are significantly more likely to smoke than those in the least deprived.<sup>32</sup>

**Figure 5: Smoking prevalence in adults, 18+, 2022**



Source: Fingertips, Office for Health Improvement and Disparities

<sup>26</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>27</sup> [Addressing the leading risk factors for ill health | Health Foundation](https://www.healthfoundation.org.uk/addressing-the-leading-risk-factors-for-ill-health)

<sup>28</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>29</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>30</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>31</sup> During the pandemic the data collection methods for the Annual Population Survey changed from face-to-face to phone only, and ONS have concluded that the change has impacted the final prevalence figures which are likely to be underestimates. Please see more details [here](#).

<sup>32</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Two thirds of smokers will start smoking before the age of 18 years and experimental smoking in childhood is highly predictive of regular smoking in adolescence.<sup>33</sup> Risk factors for young people to start smoking include truancy or school exclusion, drinking alcohol, taking drugs and having parents or siblings who smoke. Children who grow up in a smoking household are four times more likely to start smoking.<sup>34</sup>

An evidence update in 2022 on Nicotine Vaping by the Office for Health Improvement and Disparities (OHID) states that although not risk-free, vapes are far less harmful than smoking in the short and medium term and the estimated risk reduction is at least 95%.<sup>35,36</sup> Therefore, it is important to make vapes accessible as a quitting aid, especially for Hampshire's high prevalence groups.<sup>37</sup> However, it is not risk free and NICE recommends that vaping should be discouraged in those who have never smoked<sup>38</sup>.

A recent survey of children in Hampshire, the Isle of Wight, Portsmouth and Southampton found that 10% of Year 8 and Year 10 pupils reported currently or previously using e-cigarettes.<sup>39</sup> However, national data from 2023 shows that 1 in 5 children aged 11-17 have ever used an e-cigarette, up from 1 in 10 in 2021.<sup>40</sup> Children who have never smoked are more likely to vape than adults who never smoked, at 2.3% compared to 1.1%. Additionally, one third of those children who currently vape reported having an extremely strong, very strong or strong urge to vape. The most popular flavours for children aged 11-17 years were fruit (60%), followed by sweet or soft drink (25%).

To help reduce smoking prevalence, Hampshire Public Health Team commissions a Community Stop Smoking Service which, although universal, is targeted to groups with the highest risk of tobacco-related harm, including routine and manual workers, people with serious mental health issues or smoking-related long-term conditions, and pregnant smokers.<sup>41</sup> More detail is available in Hampshire's Tobacco Control Strategy.<sup>42</sup>

Smoking prevalence is thought to have reduced over the pandemic, with an estimated one million people in the UK having stopped during the first lockdown.<sup>43</sup> Evidence based stop smoking services are the most effective way to quit. The local Community Stop Smoking Service saw a reduction in referrals from healthcare services but a large increase in self-referrals after amplifying media messages around smoking as a risk factor for serious COVID-19 infection. Vaping prevalence is lower than smoking prevalence across all groups in England. About 9.1% of adults in

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<sup>33</sup> [HampshireTobaccoControlStrategy18-21.pdf \(hants.gov.uk\)](#)

<sup>34</sup> [Achieving a smokefree generation for Hampshire by 2030 \(hants.gov.uk\)](#)

<sup>35</sup> [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](#)

<sup>36</sup> [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](#)

<sup>37</sup> [Making smoking obsolete- Khan review \(publishing.service.gov.uk\)](#)

<sup>38</sup> [Recommendations on preventing uptake | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)

<sup>39</sup> [HIPS Headline Findings 2024 \(beewellprogramme.org\)](#)

<sup>40</sup> [Use-of-vapes-among-young-people-GB-2023-v2.pdf \(ash.org.uk\)](#)

<sup>41</sup> [HampshireTobaccoControlStrategy18-21.pdf \(hants.gov.uk\)](#)

<sup>42</sup> [Achieving a smokefree generation for Hampshire by 2030 \(hants.gov.uk\)](#)

<sup>43</sup> [Hampshire COVID-19 Health Impact Assessment Report, October 2021.docx \(sharepoint.com\)](#)

England use a vape, 56% of whom are ex-smokers. The reason adults give for vaping depends on their smoking status. Never-smokers take up vaping because they enjoy the experience and want to give it a try, whereas current smokers vape to cut down on smoking and to try to quit, and ex-smokers take up vaping to quit smoking and prevent relapse. Those who smoke and haven't tried using e-cigarettes most commonly give the reasons that they do not want to develop a new addiction and are worried about the safety of vaping.<sup>44</sup>

Smokefree Hampshire 2030 is the new tobacco control strategy which aims to reduce Hampshire adult smoking prevalence to 5% or less by 2030.<sup>45</sup> The vision is to create a Smokefree Hampshire, where all residents are free from the health, economic and environmental harms caused by tobacco.

This will be achieved with three key priorities

### **Priority 1: Helping smokers to stop**

- Working with our NHS and community partners, we will focus on our most disadvantaged communities, making it easier for them to quit. We will focus on tackling persistent inequalities in smoking rates, with greater emphasis on reducing tobacco dependence in key groups most affected by smoking.
- Working with the Hampshire and Isle of Wight Integrated Care System and Partnerships, (HIOW ICS and ICP) and NHS Long Term Plan Programmes, we will maximise opportunities for smokers to quit.
- We will work with Maternity Services and the NHS Long Term Plan Tobacco Maternity Tobacco Dependency Programmes to support all pregnant women and their partners to quit smoking during pregnancy and beyond.

### **Priority 2: Promoting Smokefree Communities**

- We will work to facilitate communities where being Smokefree is the norm and people are protected from the damaging impact of second-hand smoke and illegal tobacco, for example via Smokefree Campaign, Smokefree Environments and via advocacy programme with Districts and Young People.

### **Priority 3. Prevention in young people**

- We will continue to support organisations already working with young people to prevent the uptake of smoking by providing them with the skills and resources for this.
- We will work with Children and Young People's settings to promote the "totally Smokefree" agenda.
- We will run Smokefree Campaigns designed by and targeting young people.

Vaping among adults who are 'never smokers' is uncommon, with the ASH survey finding 1.1% of never smokers to be vaping in 2023. In England, in 2020, vaping

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<sup>44</sup> [Use of e-cigarettes among adults in Great Britain - ASH](#)

<sup>45</sup> [Achieving a smokefree generation for Hampshire by 2030 \(hants.gov.uk\)](#)

products became the most popular aid used to stop smoking. There is no Hampshire data on adult vaping prevalence currently available, however, the commissioned stop smoking support provider offers a Vaping Voucher Scheme<sup>46</sup> to residents who wish to quit using a vape.

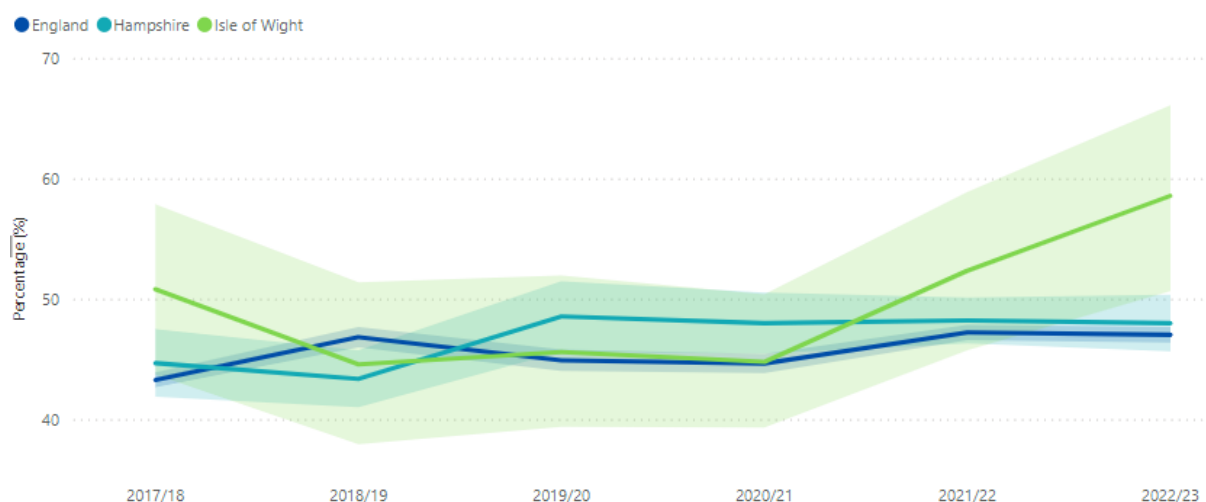
It is important to note that while vaping can help smokers quit, it is not harmless and is not for young people under 18. Whilst vapes have a strong association with smoking, at present there is no strong evidence to suggest that vaping is a gateway to smoking. More research is required into the associations between smoking, vaping and the common risk factors for both behaviours in young people.<sup>47</sup>

## Physical activity

Being physically active reduces mortality risk, helps prevent and address overweight and obesity, improves mental health, and reduces the risk of developing a wide range of illnesses, including heart disease, stroke, type 2 diabetes, obesity, some cancers, mental health problems and musculoskeletal conditions.

The proportion of children in Hampshire meeting the recommended 60 minutes of exercise per day has improved from 44.7% to 48.0% over the last five years and is now better than the England average, as seen in Figure 6.<sup>48</sup> The Isle of Wight has seen a large increase in the percentage of children who are physically active, from 44.8% in 2020/21 to 58.6% in 2022/23. National data shows that female children, children in Years 3 - 6 and children from minority ethnic groups are less likely to achieve the recommended amount of exercise.

**Figure 6: Physically active children and young people aged 5 to 16, 2017/18 to 2020/21**



Source: Fingertips, Office for Health Improvement and Disparities

<sup>46</sup> [Vaping and e-cigarettes | Smokefree Hampshire](#)

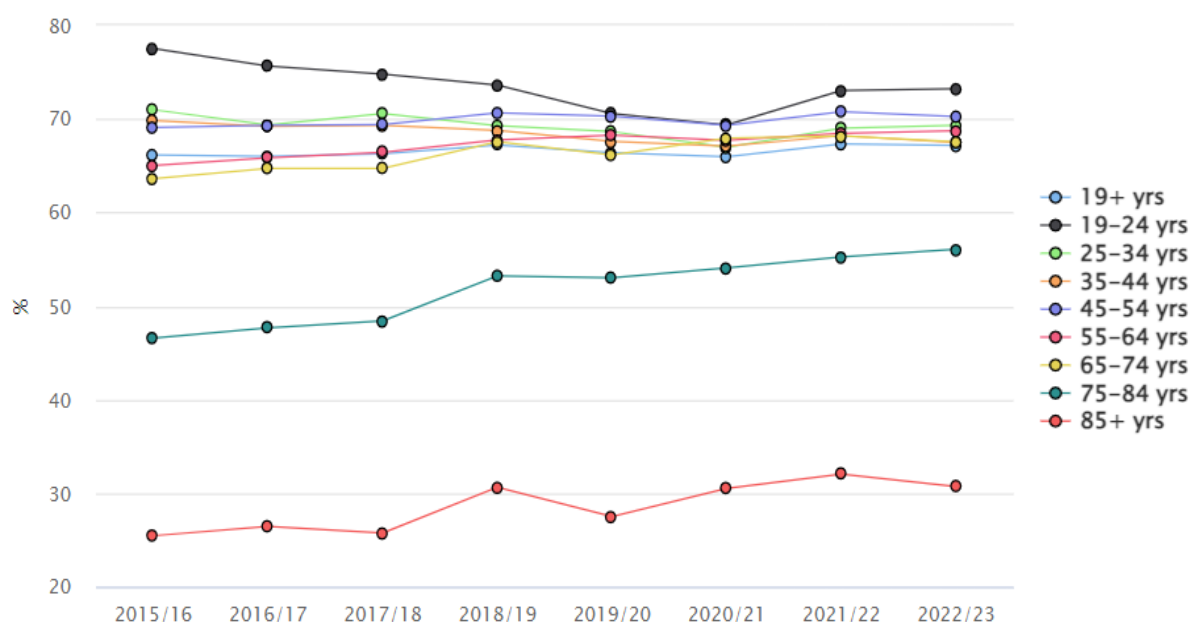
<sup>47</sup> [Achieving a smokefree generation for Hampshire by 2030 \(hants.gov.uk\)](#)

<sup>48</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

The CMO currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two. Children are recommended to undertake 60 minutes of exercise per day.

In 2022/23 70.4% of adults in Hampshire undertake the recommended 30 minutes of moderate intensity activity on at least 5 days per week, and 19% are classified as physically inactive as they undertake less than 30 minutes of moderate intensity activity across the week.<sup>49,50</sup> Both of these statistics have remained at similar levels over the last seven years. Gosport and Havant are the least active districts in Hampshire, whilst Winchester and Hart are the most active.<sup>51</sup> 66.7% of adults are physically active on the Isle of Wight, and almost one in four adults are classed as physically inactive (23.3%). Nationally, data for adults shows that physical activity levels are lower in females, older people, those with lower levels of education, those living in deprived areas, people with a disability, minority ethnic groups and those who are not employed.<sup>52</sup>

**Figure 7: Percentage of adults in England (aged 19+) who do 150 minutes of physical activity per week (physically active), by age, 2015 to 2023.**



Source: Fingertips, Office for Health Improvement and Disparities

Activity levels fell in both adults and children during the pandemic, which could be partially explained by fewer people commuting to school or work using active forms of transport such as cycling and walking.<sup>53</sup> For those with long term conditions who were shielding, the impact on activity levels would have been even greater. An Age UK national survey found that 23% of older people had seen their ability to do

<sup>49</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>50</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>51</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>52</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>53</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](https://www.phe.gov.uk/about-us/wider-impacts-of-covid-19/)

everyday activities reduce, which is likely to increase their dependency and reduce life expectancy.<sup>54</sup> The impact of reduced mobility on the older population is discussed in more detail in the [Hampshire COVID-19 Health Impact Assessment](#).

## Healthy diet

A healthy diet reduces the risk of obesity, heart disease, some cancers, and bone and joint disorders.<sup>55</sup> Limited data is available on the quality of people's diets in Hampshire, but in a recent survey of school students in Hampshire, 52% ate fruit every day and 52% ate vegetables every day.<sup>56</sup> The proportion of adults meeting the recommended '5-a-day' on a usual day is 35.5 in Hampshire and 35.5 on the Isle of Wight, compared to 31% in England. The Isle of Wight saw a large decrease between 2020/21 and 2021/22. Rushmoor and Gosport have the lowest levels of fruit and vegetable consumption locally and these rates are significantly lower than the England average.<sup>57</sup> The New Forest and Winchester have the highest levels of fruit and veg consumption locally. National data shows that males, people from ethnic minority groups, those with a disability, those living in a deprived area and those from a lower socioeconomic group, those who are younger and males are also less likely to have a healthy diet.<sup>58</sup>

The impact of the pandemic on diet in the UK is complex.<sup>59</sup> With hospitality closed during long periods of restrictions, more people were cooking from home, however the quality of food varied across different groups. 32% reported eating more healthy main meals but 33% eating more unhealthy snacks.<sup>60</sup> There was also an increase in families eating together and food waste decreased. Children from disadvantaged backgrounds were most likely to eat more highly processed food and least likely to be eating fruit and vegetables.<sup>61,62</sup>

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<sup>54</sup> [New analysis finds the pandemic has significantly increased older people's need for social care | media | Age UK](#)

<sup>55</sup> [Addressing the leading risk factors for ill health | Health Foundation](#)

<sup>56</sup> [Hampshire School Survey 2022](#)

<sup>57</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

<sup>58</sup> [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

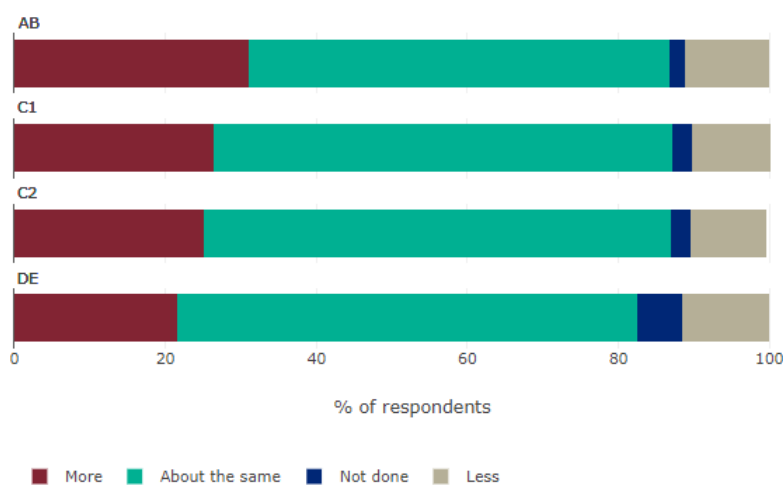
<sup>59</sup> [Renew Normal: Food in a Pandemic](#)

<sup>60</sup> [Renew Normal: Food in a Pandemic](#)

<sup>61</sup> [Hampshire COVID-19 Health Impact Assessment Report, October 2021.docx \(sharepoint.com\)](#)

<sup>62</sup> [Renew Normal: Food in a Pandemic](#)

**Figure 8: People eating healthy meals more or less often in the past month by social class in England, Wales and NI: survey data up to 14/07/2020**



Source: OHID WICH Tool

The Food Insecurity Index developed by University of Southampton identifies people who are at risk of food insecurity. Food insecurity can occur through a number of ways - through economic factors and through factors impacting on access to buying groceries. This is explored further in the [JSNA Healthy Places chapter which covers University of Southampton’s Food Security Index as well as fast food outlets, food banks and community pantries.](#)

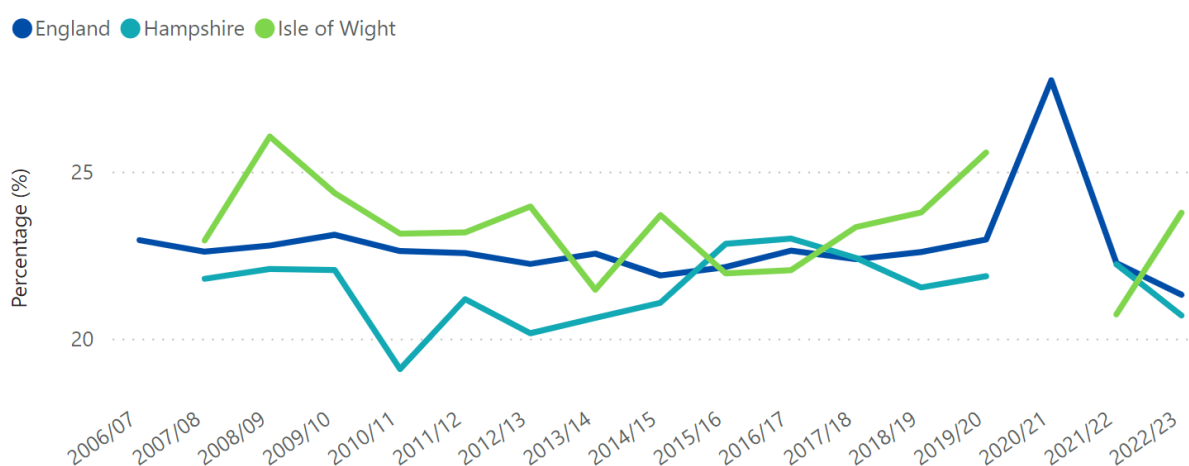
### Overweight and obesity

Poor diet and physical inactivity are leading risk factors for overweight and obesity, which in turn are risk factors for heart disease, stroke, type 2 diabetes, liver disease, some cancers, dementia, and mental health conditions.<sup>63</sup> These health risks increase with increasing weight. The proportion of children in Hampshire who are overweight or obese increases from 20.7% in Reception to 32.2% by Year 6, and 64.8% of Hampshire adults are either overweight or obese.<sup>64</sup> On the Isle of Wight, 23.8% of Reception age children are overweight or obese, increasing to 35.7% in Year 6. This puts the Isle of Wight above the England average for Reception age (21.3%), although both Hampshire and the Isle of Wight are lower than the England average for Year 6 children (36.6%).

<sup>63</sup> [Addressing the leading risk factors for ill health | Health Foundation](#)

<sup>64</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

Figure 9: Reception children classified as overweight or obese, 2006 to 2020



Source: Fingertips, Office for Health Improvement and Disparities

Inequalities in overweight and obesity exist in adults. Nationally, the prevalence of overweight and obesity is higher in Black and White British ethnic groups, those who are disabled, those in older ages and in men. Overweight and obesity also increase with deprivation. Across Hampshire, the districts of Gosport, Rushmoor, Basingstoke and Deane, and Havant have the highest prevalence of children who are classed as overweight and obese (in Year 6).<sup>65</sup> Gosport (74.6%) and Rushmoor (72%) have the highest prevalence in adults, statistically significantly higher than the national average of 64%.<sup>66</sup> Nationally, rates of childhood obesity and overweight increased sharply over the pandemic, from 35.2% of Year 6 children being overweight or obese in 2019/20, to 40.9% in 2020/21.<sup>67</sup>

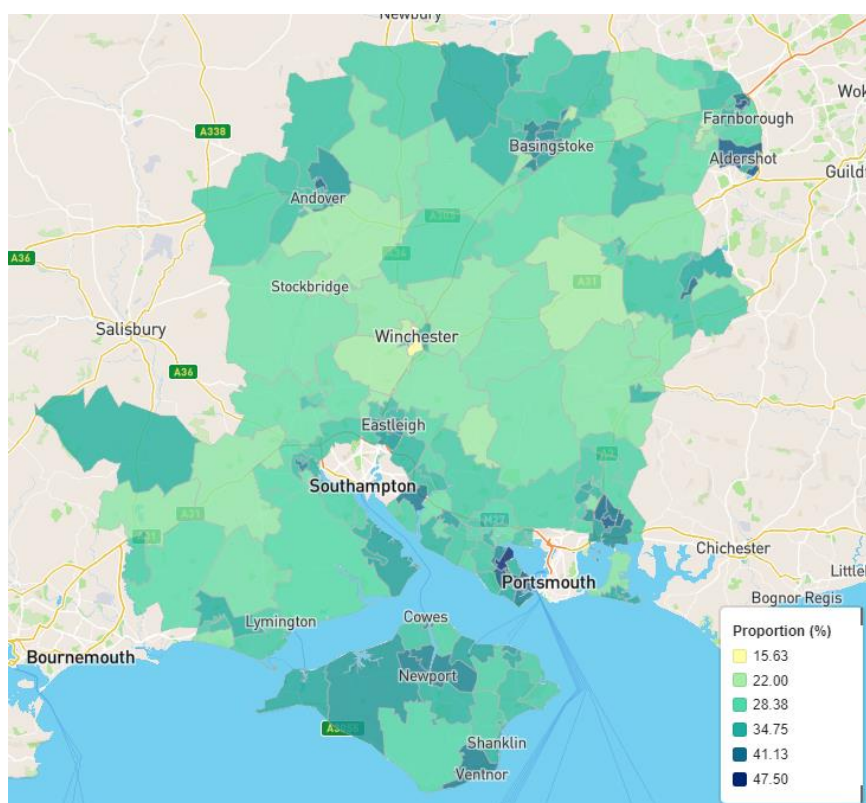
<sup>65</sup> [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://www.fingertips.org/)

<sup>66</sup> [Public health profiles - OHID \(phe.org.uk\)](https://www.phe.org.uk/public-health-profiles/)

<sup>67</sup> [Addressing the leading risk factors for ill health | Health Foundation](https://www.healthfoundation.org.uk/addressing-the-leading-risk-factors-for-ill-health/)



Figure 10: Year 6 children classified as overweight or obese, 2020/21 – 2022/23



Data source: OHID: Patterns and trends in child obesity

To help reduce the prevalence of overweight and obesity, Hampshire public health team commissions a Tier 2 weight management service for adults which, although universally accessible, places additional emphasis on targeting men, ethnic minority groups, and those residing in the three deciles of greatest deprivation.

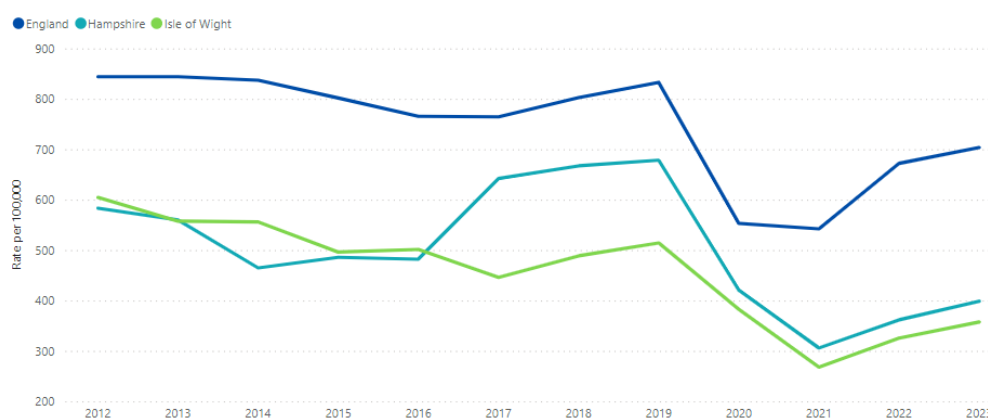
### Sexual health and reproductive health

Good sexual health encompasses a positive, respectful approach to sexuality and sexual relationships which ensures sexual experiences that are safe, free of coercion, discrimination and violence. In England, the definition of sexual health also includes the provision of advice and services for contraception, termination of pregnancies, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV).

To ensure all women, trans-gender men and non-binary people with female reproductive organs have choice over if and when they decide to get pregnant, good access to long-acting reversible contraception (LARC) is important. Levels of prescribed LARC within Hampshire fell within the pandemic because of difficulties in organising face-to-face appointments. It will be important to monitor these trends as health services resume more normal functioning. Although it is recognised that LARC is important it is equally important for all people to have access to the full range of contraceptive choices.

Early identification and treatment of STIs is important, as untreated infections can lead to serious complications including infertility, ectopic pregnancy, cancer and premature death. Up until 2019, the STI diagnosis rate had been increasing in Hampshire and nationally, at which point it dropped in 2020 – likely a result of both reduced sexual activity and less access to diagnostic services. The STI diagnosis rate has since increased from a low point in 2021, to a rate of 399 per 100,000 in Hampshire in 2023 and 357 per 100,000 on the Isle of Wight. These are both lower than England, 704 per 100,000 in 2023. In 2023, rates were highest in Rushmoor, Winchester and Eastleigh.<sup>68</sup> Reasons for this variation could include differences in population age structure and local access to sexual health services. Additionally, poor sexual health is associated with deprivation and social exclusion, and has a greater impact on young people, men who have sex with men (MSM), and certain ethnic groups.

**Figure 11: All new STI diagnosis rate / 100,000 population, 2012 to 2023**



Source: Fingertips, Office for Health Improvement and Disparities

Chlamydia is the most commonly diagnosed bacterial STI in England, and rates are far higher in young adults than any other age group. The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. The recommendation was set at a level that would encourage a high volume of screening and diagnoses, be ambitious but achievable and high enough to encourage community screening rather than specialist sexual health clinic only diagnoses, as well as be likely to result in a continued chlamydia prevalence reduction, according to mathematical modelling.<sup>69</sup> In 2022 there were changes to the National Chlamydia Screening Programme (NCSP) to focus on reducing reproductive harm of untreated infection in young women and other people with wombs and ovaries<sup>70</sup>. The detection rate target is still in place however this change means young women without symptoms will be proactively offered a chlamydia test.

Hampshire's detection rate had been improving, hitting the target for the first time in 2019 (2,358 per 100,000). The pandemic impeded this progress and the detection

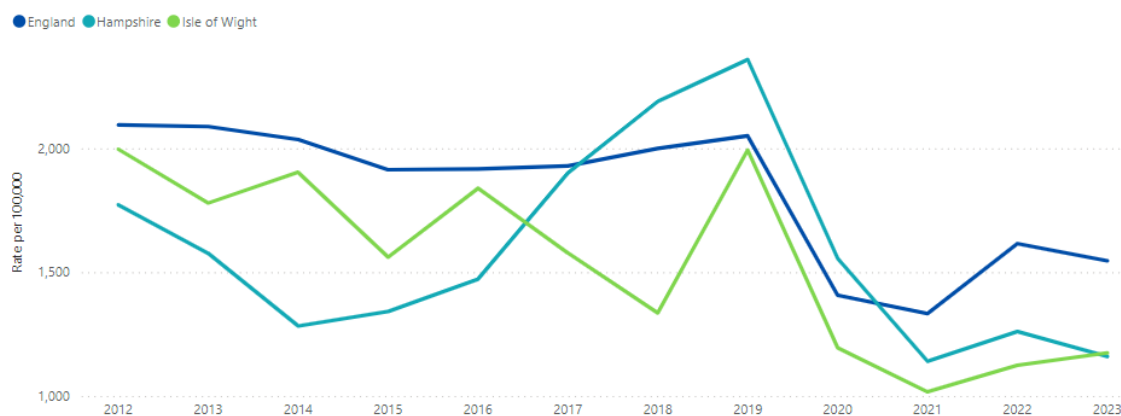
<sup>68</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>69</sup> [Fingertips | Department of Health and Social Care \(phe.org.uk\)](https://phe.org.uk/fingertips)

<sup>70</sup> This includes transgender men, non-binary people assigned female at birth and intersex people with a womb or ovaries.

rate has since dropped, as seen in Figure 12. In 2023 Hampshire’s detection rate was 1,159 per 100,000, similar to the Isle of Wight (1,174 per 100,000). Both Hampshire and the Isle of Wight are lower and worse than England (1,1546 per 100,000).<sup>71</sup>

**Figure 12: Chlamydia detection rate / 100,000 population aged 15 to 24, 2012 to 2023**



Source: Fingertips, Office for Health Improvement and Disparities

The new HIV diagnosis rate in Hampshire was 8.8 per 100,000 in 2023, which was lower than the England average of 10.4 per 100,000. The Isle of Wight’s rate was 4.3 per 100,000.<sup>72</sup> Early HIV diagnosis and treatment will typically lead to a near-normal lifespan; in contrast, late diagnosis is an important predictor of morbidity and mortality. In Hampshire, the proportion of people who are diagnosed late with HIV was 45.7% in 2020-22, which is similar to the England average of 48.9%.<sup>73</sup> The Isle of Wight was at 28.6% in 2023. National data shows that people from Black-African ethnic groups, heterosexuals (particularly men), and people using injection drugs are more likely to be diagnosed late. However, local data for Hampshire reveals that heterosexual men have the highest rate of late diagnosis with 59.9% first diagnosed in the UK (2021-23).<sup>74</sup> This is followed by heterosexual and bisexual women at 50.2% (2021-23), then gay, bisexual and other men who have sex with men at 38.6% (2021-23). Hampshire is working towards zero transmission of HIV by 2030.

The Hampshire public health team commissions sexual and reproductive health services which help to prevent unplanned pregnancies, STIs and HIV as well as to treat infection. The services prioritise addressing inequalities, including through dedicated clinics for young people, MSM, people with learning disabilities and sex workers.

<sup>71</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>72</sup> [Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles-data)

<sup>73</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>74</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)