

A Healthy Island?

Isle of Man Director of Public Health
Annual Report 2017



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Introduction



The Annual Report of the Director of Public Health is intended to provide an independent overview of the health and wellbeing of the population of the Isle of Man.

This is my first report since I have been in post and, indeed, the first such report published since 2004.

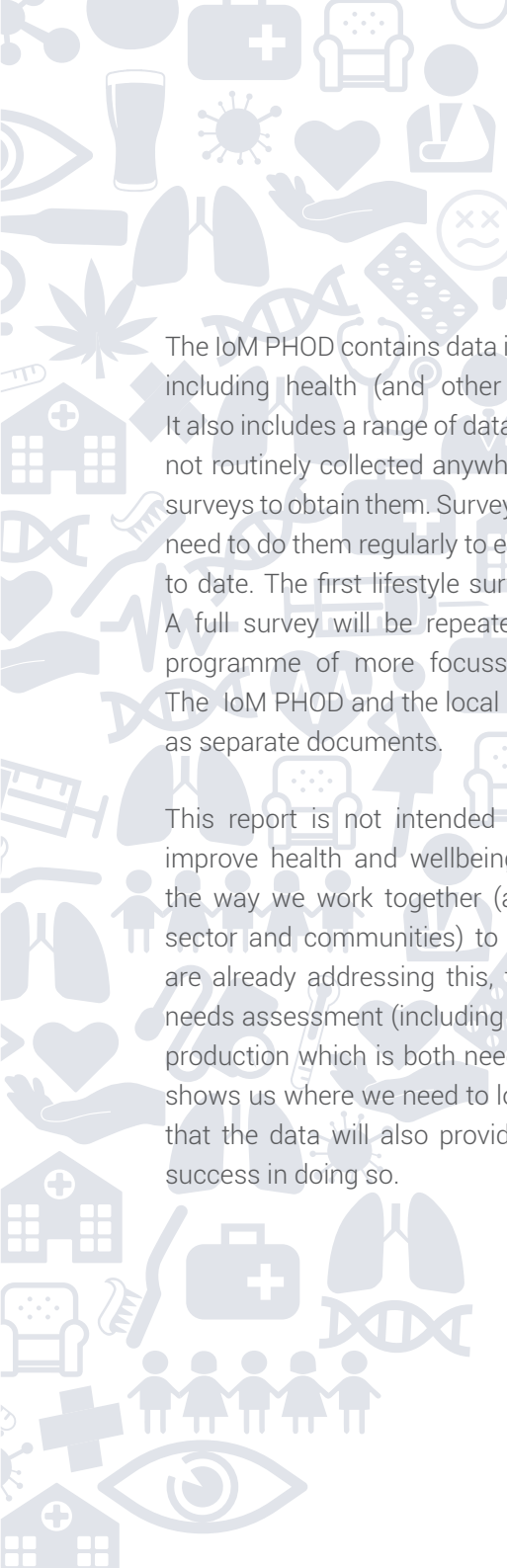
To produce this report we needed access to statistics demonstrating patterns of health, illness (morbidity) and death (mortality) here on island.

When I first arrived here as interim Director of Public Health in April 2015 there was no routine public health data collection, analysis or publication function. For the past two years we have been working hard to establish one and this report draws on the datasets that we now have available. The intention behind this report is to provide a clear overview of health and wellbeing that is easily accessible to a general audience. We hope that it will be of wide interest.

The main source for the data presented here is the Isle of Man Public Health Outcomes Dataset (IoM PHOD). We have been developing this since 2015 and it is closely modelled on the equivalent dataset produced by Public Health England: the Public Health Outcomes Framework (known as PHE PHOF). When we were designing our dataset, we looked at what was being done in other jurisdictions across the British Isles and also considered the merits of devising our own system. We decided to follow the PHE PHOF because it is currently the best developed such dataset, is fully available online and enables us to compare our data not only with that for England but with that for each local authority area within England.¹

Benchmarking against other areas is particularly useful in indicating those outcomes where we are doing worse (or better) than comparable populations. This helps us identify those areas that should be a priority for us to work on and where we are likely to be able to achieve greatest improvements from local review. We should not use benchmarking to support complacency as there is opportunity for improvement across most areas. Prioritisation is, however, important if we are going to target scarce resources to achieve maximum impact.

“ I hope this report shows us where we need to look to drive improvement in health outcomes and that the data will also provide a baseline against which we can monitor our success in doing so. ”



The IoM PHOD contains data including health (and other). It also includes a range of data not routinely collected anywhere. Surveys need to do them regularly to be up to date. The first lifestyle survey. A full survey will be repeated. programme of more focussed. The IoM PHOD and the local as separate documents.

This report is not intended to improve health and wellbeing the way we work together (a sector and communities) to are already addressing this, for needs assessment (including production which is both need shows us where we need to look that the data will also provide success in doing so.

Throughout the report certain data items have been colour coded to indicate a benchmark comparison against the England average:¹



no benchmark available

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Life expectancy

Life expectancy

Life expectancy at birth is the average number of years a newborn baby would live **IF** he or she experienced the age-specific mortality rates for this time period throughout his or her life. Isle of Man Life expectancy is 79.6 years for men and 83.6 years for women, both similar to rates in England.

Life expectancy at age 65 is an estimate of the average numbers of years at age 65 a person would survive **IF** he/she experienced the age-specific mortality rates for that area and time period throughout his/her life after that age. Isle of Man 65+ life expectancy is 19.3 years for men and 21.4 years for women. For men it is better than the England average, for women it is similar.



North West	Isle of Man	England
78.1	79.6	79.5

Figure 1 Male life expectancy at birth.



North West	Isle of Man	England
17.9	19.3	18.7

Figure 3 Male life expectancy at 65.



North West	Isle of Man	England
81.8	83.6	83.1

Figure 2 Female life expectancy at birth.



North West	Isle of Man	England
20.2	21.4	21.1

Figure 4 Female life expectancy at age 65.

Source: Based on data for 2013-2015

Life course

Children aged 0-5 years

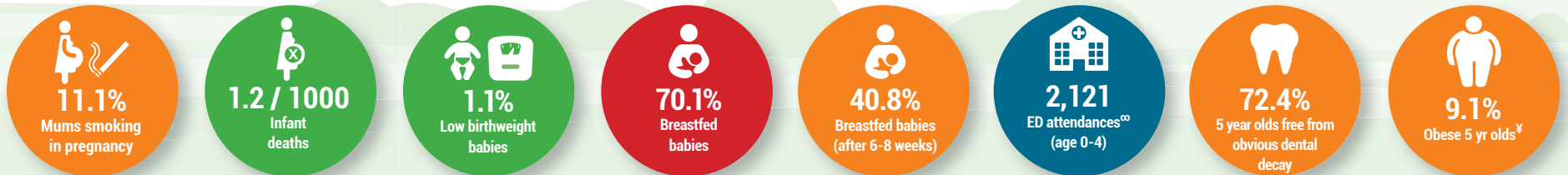


Figure 5 Life course (Children aged 0-5 years)

Young people



Figure 6 Life course (Young people)

[∞] ED = Emergency Department . [¥] Obese is a BMI>95th centile on the UK90 Growth Charts

Working age population

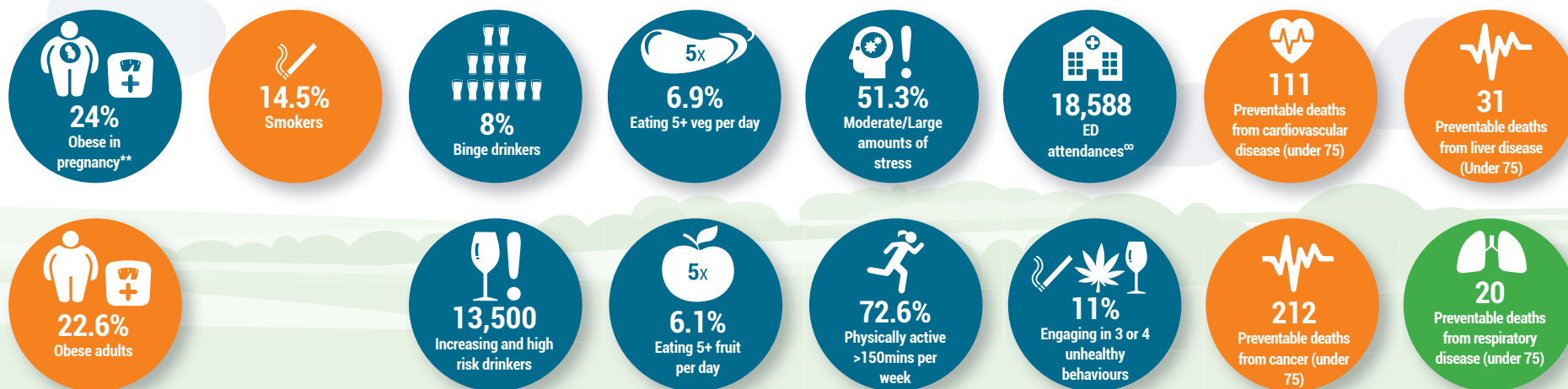


Figure 7 Life course (Working age population)

Elderly people

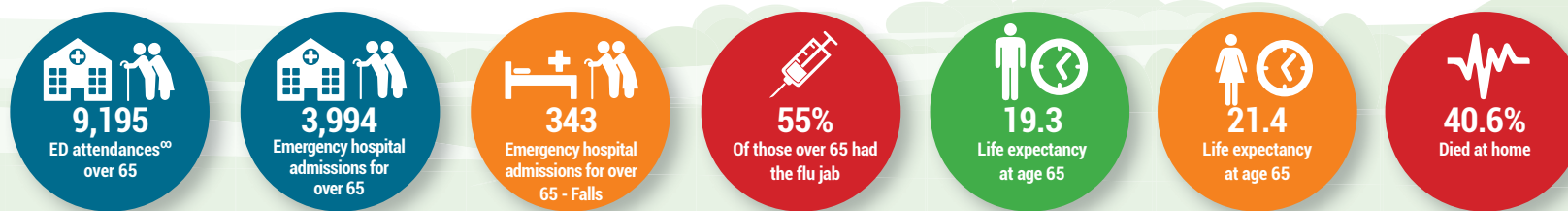


Figure 8 Life course (Elderly people)

** A person is considered Obese if they have a BMI greater than 30

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Lifestyle risk factors

Healthy weight (including Oral health)

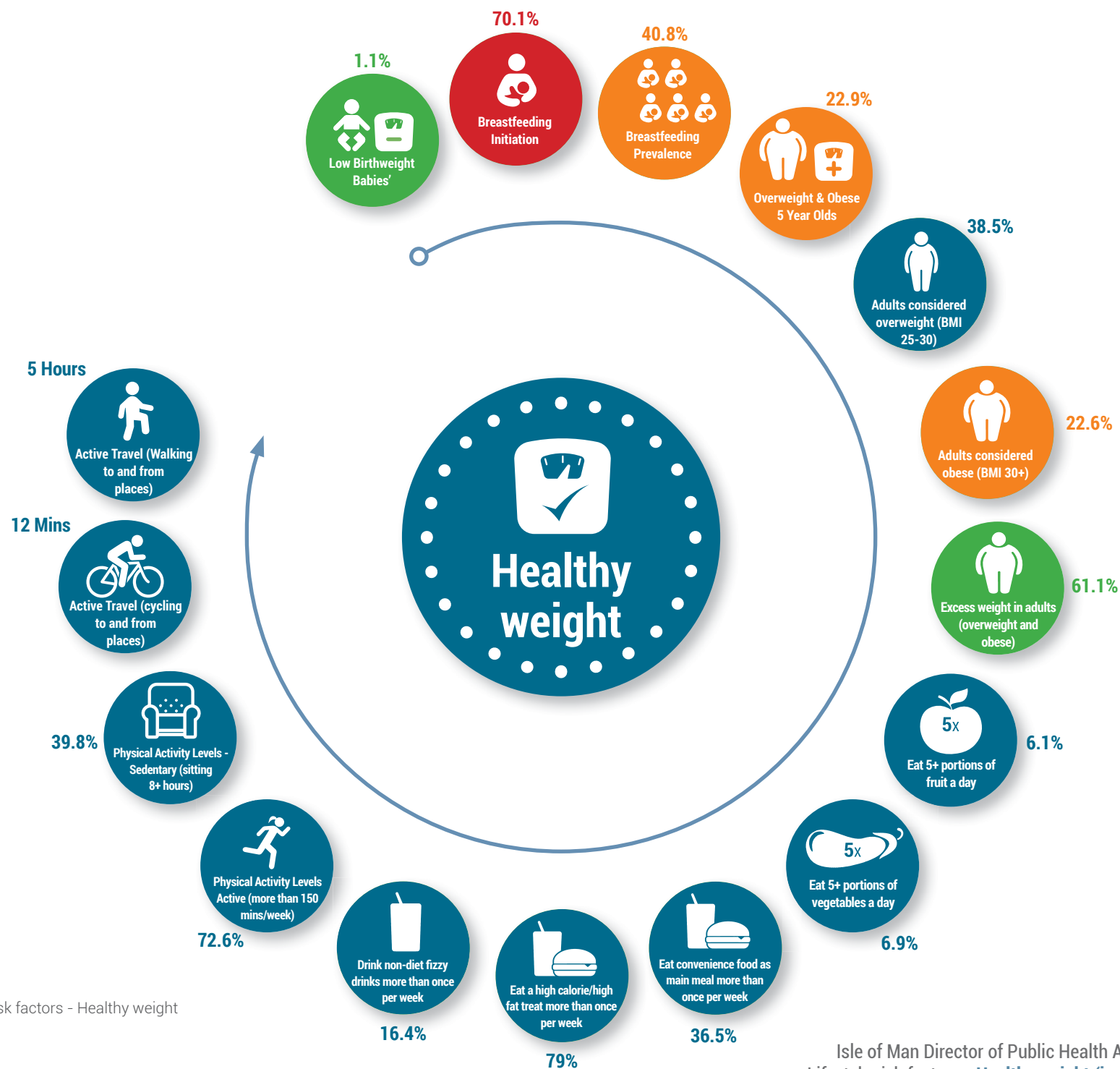


Figure 9: Lifestyle risk factors - Healthy weight

Healthy weight (including Oral Health)

Low birthweight babies

A baby's low weight at birth is the result either of preterm birth (before 37 weeks of gestation) or of restricted foetal (intrauterine) growth. Low birth weight is an important indicator and predictor of both short-term and long-term health of the individual and of the mother. In the short-term a low birth weight can be an indirect cause of stillbirth and new-born deaths, and longer term being born at a low birth weight is associated with poorer health from childhood through to adulthood. At a population level, the prevalence of low birth weight can indicate areas where intervention may be needed, for example to reduce lifestyle risk factors (including smoking, obesity and alcohol use) in women who are pregnant or trying to conceive, or to improve antenatal services. Monitoring low birthweight is important to ensure that we are giving children a healthy start in life and that mothers have a healthy pregnancy. **On the Isle of Man 1.1% of babies born in 2015 had a low birthweight.**

Breastfeeding

70.1% of mothers started breastfeeding within 48 hours of delivery, significantly lower than the England average. Current guidelines recommend that children are breastfed for the first six months, as it provides the ideal nutrition for infants in the first stages of life. Evidence shows that babies who receive breast milk have fewer health issues as it protects against many childhood illnesses. Longer-term there is evidence to show that being breast-fed is associated with lower risk of obesity later in life.

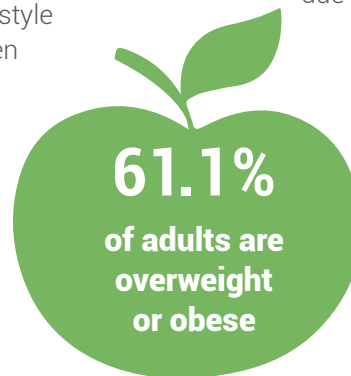
The longer breastfeeding is continued, the greater the benefits for both child and mother. Benefits for the mother include a faster return to pre-pregnancy weight, and possibly lower risks of breast and ovarian cancer. **Only 40.8% of babies are wholly or partially breastfed at six to eight weeks old on the Isle of Man.**

Overweight in 5 year olds

22.9% of reception year children are overweight or obese. Studies have shown that excess weight in childhood more often than not persists into adulthood. The probability of overweight and obese children becoming overweight and obese adults increases with age. There are specific health consequences that may be experienced in childhood because of obesity. These include type 2 diabetes, hypertension, and increased effects of asthma. Self-esteem is often also affected due to teasing and bullying associated with being overweight as a child.

Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.^Σ

UK statistics for 2015/16 show that in reception, 22.1% of children were overweight and obese and in year six this number had risen to 34.2%. Currently on the Isle of Man the BMI of year 6 children are not recorded or monitored.



Diet – general

A poor diet can increase the risk of some cancers and cardiovascular diseases, both of which can cause an early death. A poor diet can also lead to overweight and obesity which is also associated with other diseases such as type 2 diabetes, in addition to cancers and heart disease.

A healthy diet is important even if you are a “healthy” weight (BMI). Excess abdominal fat is linked with a higher risk of cardiovascular disease, cancer and diabetes. To reduce the levels of abdominal fat a healthy diet should be followed.

Σ Visit www.rcpch.ac.uk

Overweight & obese adults

MOST adults, over 41,000, on the Isle of Man are overweight or obese (61.1% of the adult population). With 1 in 5 of the adult population being obese (a BMI of 30+).

Excess weight is recognised as a determinant of avoidable ill health, and is primarily caused by a combination of poor diet and nutrition, and an inactive lifestyle. On average obesity shortens life expectancy by up to nine years.

Diet – 5-a-day fruit & vegetables

6.1% of island residents eat 5+ portions of fruit a day, 6.9% eat 5+ portions of vegetables a day. A good diet should include higher amounts of fruit and vegetable consumption, alongside lower amounts of added sugars and fat. A healthy diet should provide the calories your body requires to fuel it for the work it is undertaking in a day. Often people consume more calories than they need for their level of activity, and these excess calories lead to overweight and obesity in the long-term.

Diet – convenience food consumption

Over a third of residents (36.5%) consume convenience food as their main meal more than once per week.

8 out of 10 adults eat a high calorie treat more than once per week.

Processed, convenience and “fast foods” are often laden with salt, sugar and fat making them more unhealthy and often more calorific. Making food from scratch at home can be more time consuming, however, the quality and nutrients in those meals are more likely to be adding up to a healthier diet.

Diet – fizzy drinks consumption

1 in 6 people on the island consume non-diet fizzy drinks more than once per week. Sugar-sweetened fizzy drinks and cordials, and alcohol are two sources of “empty calories” where they provide energy, but no other source of nutrient. The consumption of these drinks can also lead to tipping over the energy balance.

The Soft Drinks Industry Levy will be introduced in the Isle of Man, mirroring the policy in the UK in 2018. The aim for this policy is to promote reformulation of sugar-sweetened beverages by producers, passing on the health benefits of a lower calorie/lower sugar product to the consumer. The funds provided by this taxation measure will go toward childhood weight management and oral health improvement programmes.

Physical activity Levels – Active adults

People who have a physically active lifestyle are less likely to suffer from cardiovascular disease, heart disease and stroke by around 20%-35%. Regular physical activity is also associated with a reduction in risk for other conditions such as diabetes, obesity, osteoporosis and some cancers. An active lifestyle can also improve mental health function.

In the UK, **1 in 10** deaths from coronary disease under age 75 years and **1 in 6** deaths overall is linked to physical inactivity.²

The recommendation for health benefits is 150 minutes per week of moderate physical activity in bouts of 10 minutes or more, with overall amount of activity being more important than the type, intensity or frequency. On the Isle of Man **72.6% of adults are active for more than 150 minutes per week.**

Healthy weight (including Oral Health)

Physical activity levels – Inactive/sedentary adults

39.8% of people are sitting for 8 or more hours per day.

The World Health Organisation site physical inactivity as a leading risk factor for global mortality.³

Active travel

Physical activity includes sports, exercise, walking, household chores, gardening and dancing. It is important that people find a type of activity that they can incorporate into their daily routine and keep going over many years. Making it easier for people to walk and cycle for more everyday journeys is one of the best ways to get them healthier and reduce NHS spending on conditions linked with physical inactivity. The Isle of Man Government is consulting on an Active Travel Strategy to make it easier for people to use active forms of travel as an easy and safe option, highlighting the health benefits from increasing levels of physical activity; and reducing congestion and emissions. At present, **on the island people spend an average of 5 hours per week walking to and from places and 12 minutes cycling.** (It is important to note this does not include walking or cycling for recreational/social activities).



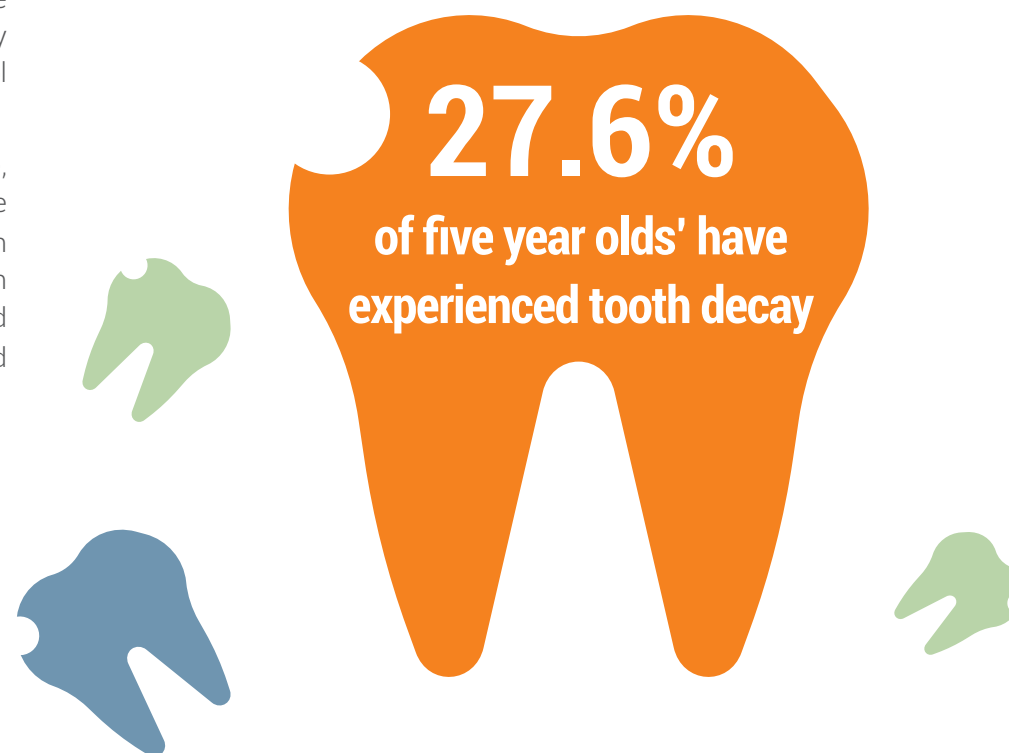
Oral Health

Oral health has been included within Healthy Weight due to the overlap of topics relating to sugar and fizzy drink consumption as well as there being similar lifestyle risk factors.

Dental decay – under 5s

Poor oral health can affect people both physically and psychologically. Children with severe dental decay commonly experience pain, discomfort, disfigurement, acute and chronic infections, and eating and sleep disruptions.⁴ Alongside the physical effects, children with poor oral health are almost three times more likely to miss days from school as a result of the dental pain, and have poorer school performance, with the consequently diminished ability to learn.⁵

The most recent survey of five year olds' dental health on the island (2015), shows **27.6% had experienced tooth decay**; a significant proportion of the population, and therefore a problem that must be addressed.⁶ Research has shown the completion of necessary dental treatment results in children who smile more, are happier and more sociable, and demonstrate improved educational performance. However, dental decay is a preventable condition and we must do more to reduce the levels.



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Lifestyle risk factors

Drugs and alcohol

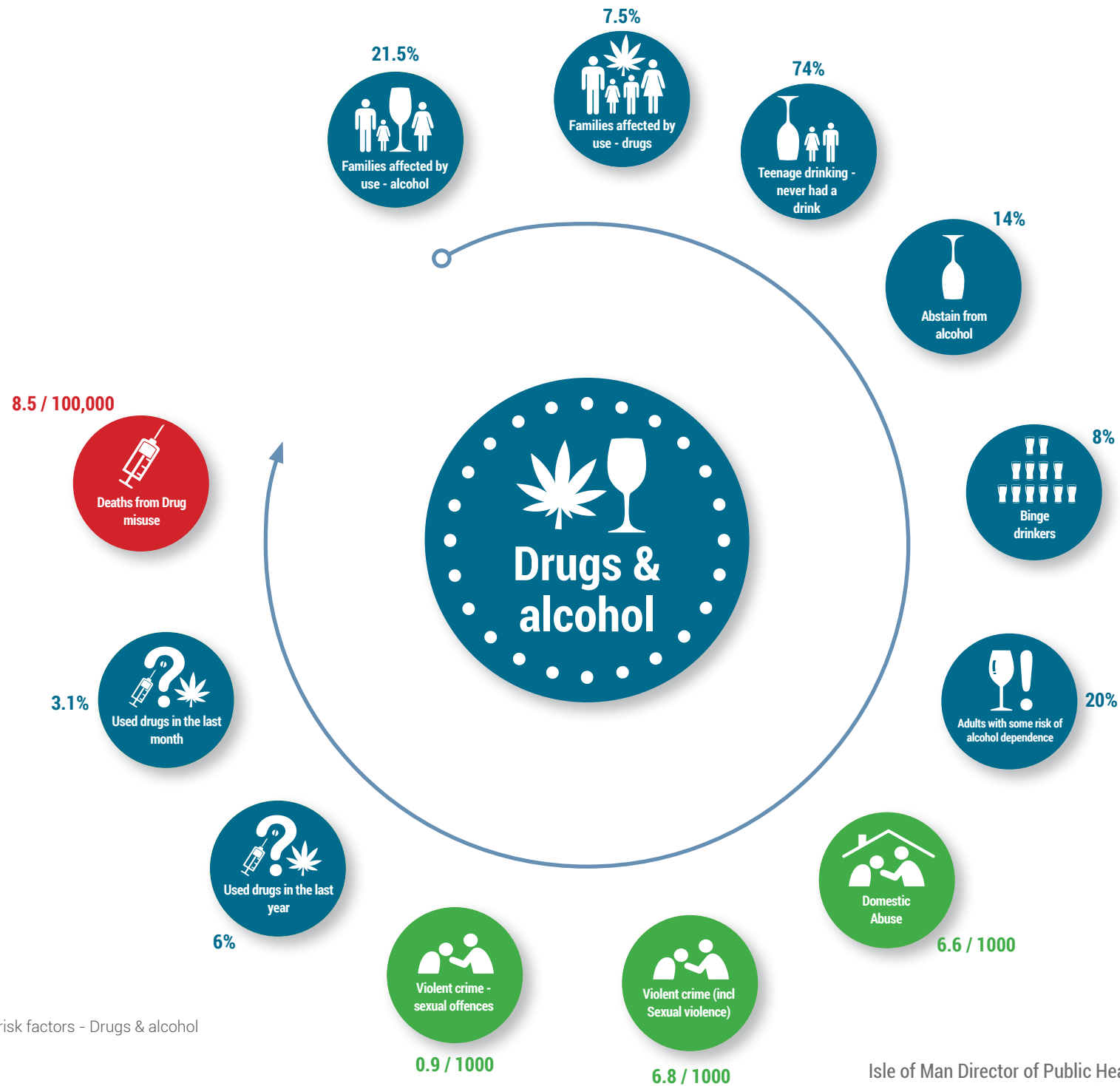


Figure 10: Lifestyle risk factors - Drugs & alcohol

Drugs and alcohol

Alcohol is associated with a wide range of health and social harms and is one of the three major lifestyle risk factors after smoking and obesity. Many people use alcohol or drugs at some stage in their lives and for some this leads to social, physical or mental health problems.

Families affected by use of drugs and alcohol

Alcohol and drug misuse impacts not just on the individual but also those around them. Nearly a third of people on the island said that their family had been affected by someone's use of alcohol or drugs.

Teenage drinking

Just as with adults, drinking alcohol can reduce a child's mental and physical capacities, affecting judgment and co-ordination – which can lead to risk taking (including sexual behaviour) and may lead to accidents and injuries.

Due to a young person's lower body weight and limited ability to metabolise alcohol, acute intoxication can occur rapidly in children and young people.

Research shows adolescents who tested positive for alcohol were more likely to get injured or have accidents than non-drinkers.⁷

Whilst nearly three quarters of 11-18 years olds never drink alcohol, **8.8% have an alcoholic drink at least once a month.**⁸

Guideline alcohol amounts & Binge drinking

Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. The risk of harm is directly related to levels and patterns of consumption. Since alcohol consumption at any level is potentially harmful, only abstainers are at zero risk.

14% of adults in the Isle of Man say they never drink alcohol.

It is recommended that both men and women limit their intake of alcohol to 14 units per week in order to reduce the risk of alcohol related conditions including cancer and liver disease.⁹

Binge drinking is when people drink a large amount of alcohol over a short space of time – for men this is defined as more than 8 units within one day, and for women more than 6 units within one day. On the island **8% of adults meet the definition of binge drinkers.**

However around **13,500 adults (1 in 5 of the adult population), are drinking at increasing and high risk levels as defined by the Alcohol Use Disorders Identifications Test (AUDIT).** 1 in 4 (25%) of adults drink two to three times per week with 1 in 6 adults drinking four or more times per week.



1 in 5
adults are drinking
at levels that may
harm their health

Alcohol related admissions

Alcohol consumption is a contributing factor to hospital admissions for all sorts of conditions and costs the health service and society as a whole a significant amount of money. Alcohol-related admissions can be reduced by preventative measures within the community to reduce alcohol misuse and harm. In England there were 647 alcohol related admissions per 100,000 population last year.

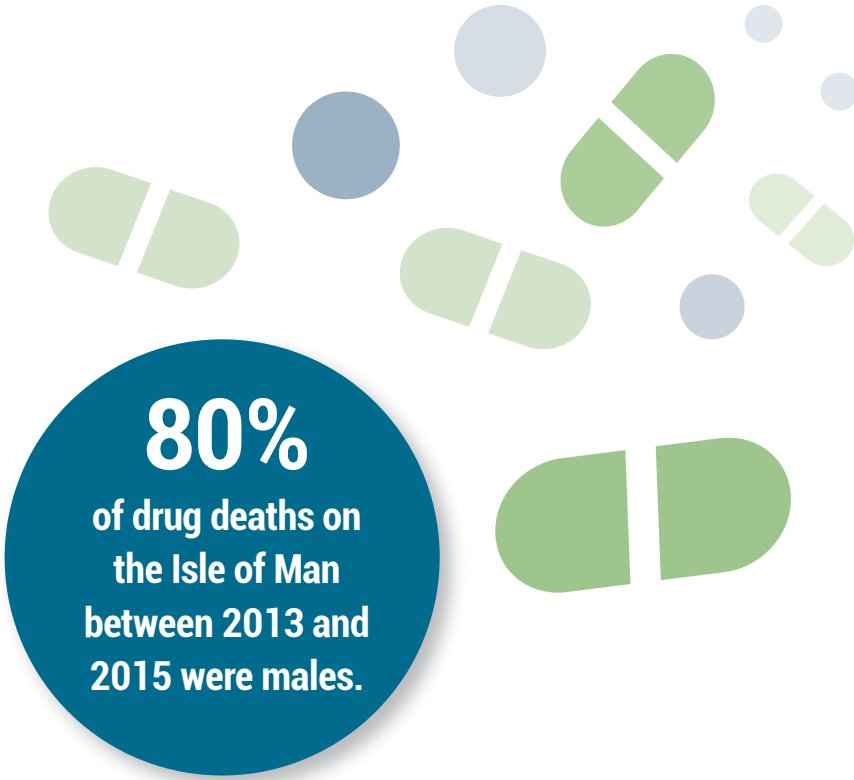
Data for the Isle of Man is not yet available but is in the process of being calculated.

Domestic abuse and violent crime

One third of victims of intimate partner violence* believed their partner to have been drinking prior to the assault.¹⁰

There were over **450 domestic abuse incidents** reported to the police on the island during 2015/16 and over **560 violence offences recorded with 14% of those being for sexual violence.***

* Any behaviour with an intimate relationship that causes physical, psychological or sexual harm to those in that relationship.



80%
of drug deaths on
the Isle of Man
between 2013 and
2015 were males.

Levels of drug use and drug of choice

4,000 people on the island are estimated to have used 'any drug' (excluding drugs prescribed for medical use) in the last year, with cannabis being the most widely used.

Deaths from drug misuse

There were **20 deaths from drug misuse** on the island between 2013 and 2015, significantly higher than the England average. Over half of these involved opioids and almost one third also mentioned alcohol. The majority of drug deaths (80%) occurred in males.

The background of the slide is a solid green color. It features a repeating pattern of stylized cigarettes. Each cigarette is represented by a light green diagonal line with a wavy line to its left, suggesting smoke or a filter. These elements are arranged in a grid-like fashion across the entire background.

Lifestyle risk factors

Tobacco

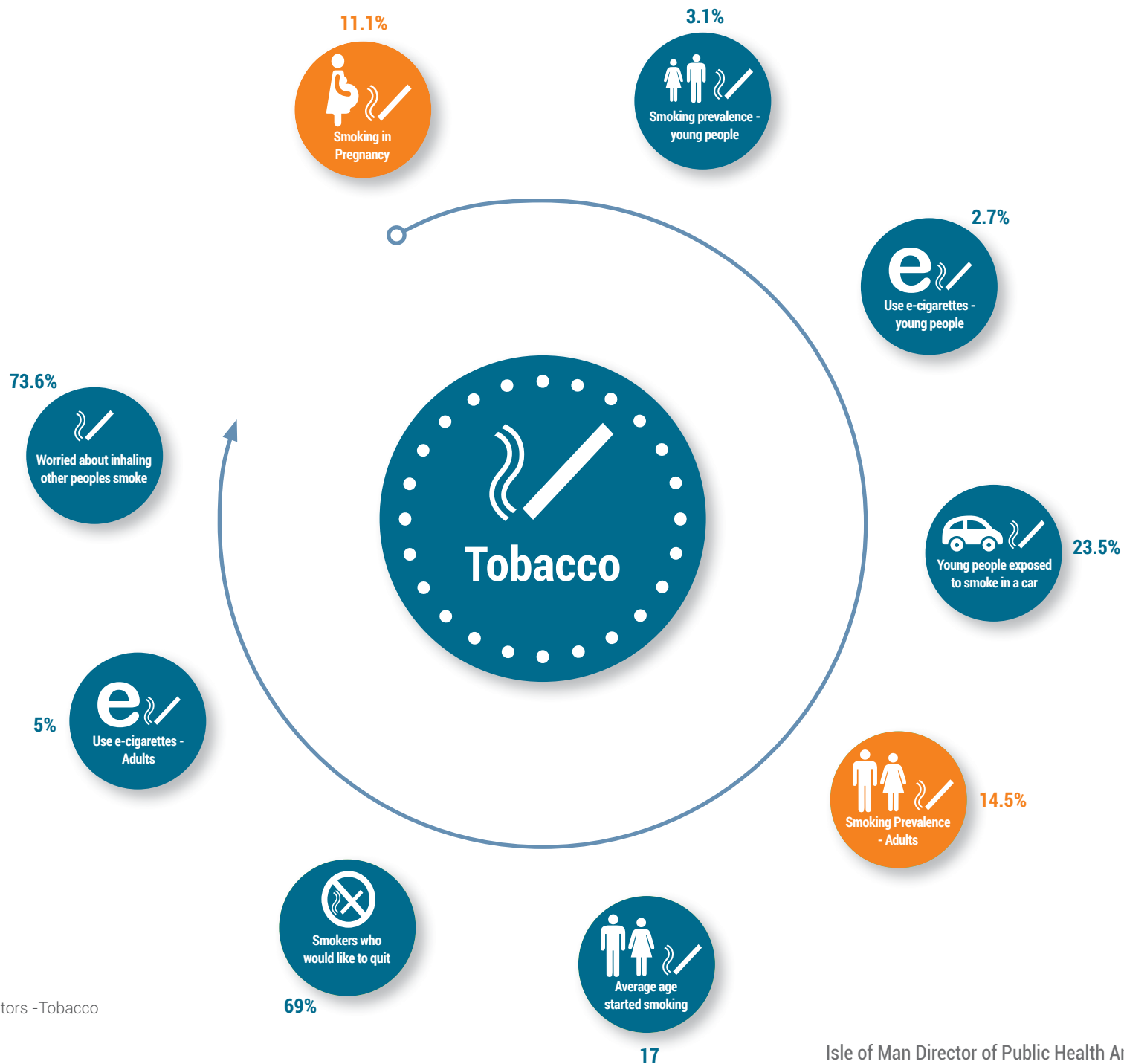


Figure 11: Lifestyle risk factors -Tobacco

Tobacco

Although numbers of people who smoke are declining, tobacco use remains one of the largest reasons for premature death. Smoking kills half of all long term users, causing almost 96,000 premature deaths during 2014-15 alone in the UK. Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.¹¹ By supporting smokers to become smokefree we will be protecting and improving health and preventing early mortality rates.

Smoking in pregnancy

1 in 10 women are smoking at the time of delivery. Quitting smoking is one of the most important things pregnant women can do to improve their health and protect the health of their unborn baby. When pregnant women smoke, less oxygen reaches their blood supply and the baby's blood supply too. There are 4,000 chemicals in tobacco smoke and the high level of toxins caused by smoking tobacco have a direct effect on the health of mother and baby. Smoking when pregnant affects the baby's development and increases the risk of miscarriage, stillbirth and cot death.

Infants born to smokers are much more likely to become smokers themselves, which further perpetuates health inequalities.

Smoking prevalence – Youth

When smoking is seen by young people as an acceptable part of everyday life, they are much more likely to become smokers themselves. Therefore we need to demonstrate why smoking should not be seen as normal.

3.1% of 11-18 year olds are smokers

The average age of current adult smokers when they started smoking regularly was 17 years old.

Smoking prevalence – Adult

On the Isle of Man nearly **10,000 adults are current smokers** (14.5%). **Over two thirds of them said that they would like to quit.** Stopping smoking can make a big improvement to lifestyle and health in ways the smoker might not expect.

73.6%
of Isle of Man
residents are worried
about inhaling other
people's smoke

The benefits of living smokefree have a direct impact on health, wealth and family. Every cigarette causes real harm and because of this quitting is one of the most important things a person who currently smokes can do.

e-cigarette use

2.7% of young people (11-18 year olds) and 5% of adults regularly use e-cigarettes. E-cigarettes are a comparatively recent development and we do not yet have full evidence on their impact on health or overall smoking behaviour. However, we already know that they are far less harmful to health than smoking tobacco. For adults, e-cigarettes can provide a less harmful source of nicotine which can help them cut down on cigarette consumption. There has been concern that children and young people may start by using e-cigarettes and then move onto tobacco. However, current evidence indicates that this is not a significant issue in practice.¹²

Secondhand smoke

Passive smoking can damage the body because secondhand smoke contains more than 4,000 chemicals, many of which are irritants and toxins, and some of which are known to cause cancer. Passive smoking from all forms of tobacco is harmful.



Frequent exposure to other people's smoke can increase the risk of lung cancer in non-smokers by 24% and the risk of heart disease by 25%.

73.6% of Isle of Man residents are worried about inhaling other people's smoke with 88.8% agreeing that smoking in the home can affect the health of a smoker's family

- Secondhand smoke contains over 4,000 chemicals, more than 50 of which cause cancer.
- There is no safe level of exposure to secondhand smoke.
- Secondhand smoke is particularly harmful to children as they breathe more rapidly and have less developed airways, lungs and immune systems.
- In addition to coughs and colds, breathing in secondhand smoke puts children at risk of bronchitis, asthma, ear infections and cancer.
- Children who grow up with a parent or family member who smokes are three times more likely to start smoking themselves.
- Smoking in cars is particularly dangerous due to the small confined space and high concentration levels
- Although parents try to protect their children by opening windows or using the car fan or air- conditioning, these measures are not effective.
- When people smoke in the car, poisons settle on all the surfaces and linger long after the smoke has disappeared.¹³

Since March 2016 it has been illegal to smoke on the Isle of Man in a vehicle with someone under 16 present. **23.5% of young people aged 11-18 years old are exposed to smoke in their own or someone else's car in the Isle of Man.**⁸ 88.3% of people agreed that smoking in the car can affect the health of a smoker's family, so we need to keep raising awareness of this risk.



Lifestyle risk factors

Mental health

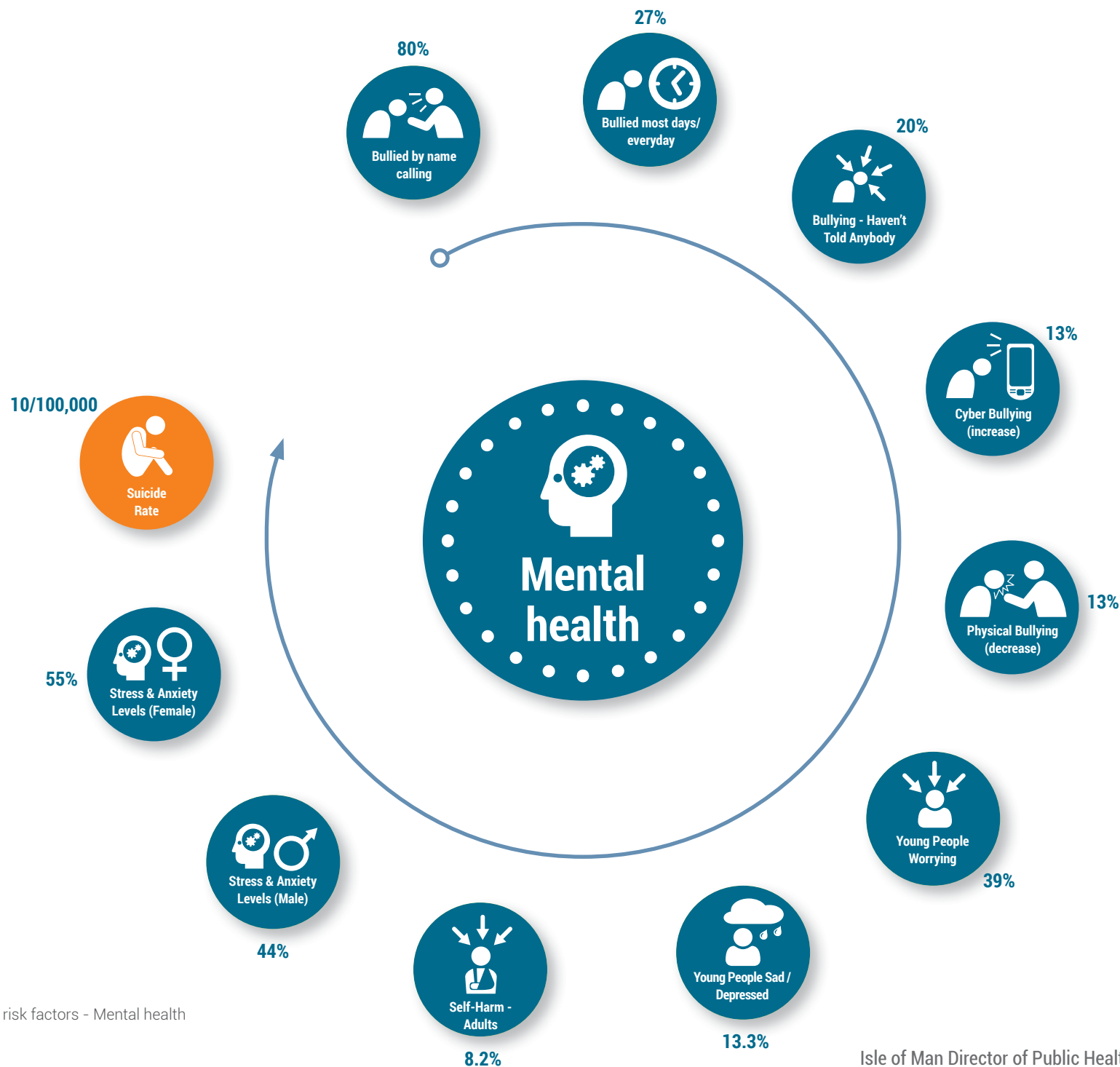



Figure 12: Lifestyle risk factors - Mental health

Mental health



1 in 6 people has a mental health issue at any one time¹⁴ which equates to over 11,000 adults on the Isle of Man.

People with mental health problems are more likely to suffer from coronary heart disease, respiratory disease and gastro intestinal disease. Serious mental illnesses reduce life expectancy by 10 to 20 years.¹⁵

Young people

One in ten children aged 5-16 have a mental health disorder¹⁹ that is around 3 in every class at school on the Isle of Man. According to UK prevalence rates about half of these have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) and attention deficit hyperactivity disorder (ADHD).

39% of 11-18 year olds on the island said they worried always or most of the time and 13.3% said they were unhappy/sad/depressed always or most of the time.


Most serious and enduring mental health problems emerge during this time, and if detected and treated early, outcomes are improved. There is evidence that responding to anxiety and depression effectively the first time it occurs in young people, helps to prevent recurrence and the likelihood of them suffering mental health problems in later life.

28% said they had been bullied in the last 12 months

27% said it happened most days or every day

Half of the bullying was due to how they looked and 80% involved name calling

Though cyber bullying has increased by 13%, physical bullying has decreased by 13.3% showing that the overall bullying rate is the same but the form has shifted, reflecting increased access to social media



In England, 5% of the population have a severe mental illness yet they account for 18% of total annual deaths in the population.¹⁶

Lesbian, gay and bisexual people are more likely to suffer from mental health problems and suicidal thoughts.¹⁷

Up to half of people diagnosed with a mental health condition also misuse substances.¹⁸

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

WEMWBS was developed to enable the measurement of mental wellbeing in adults in the UK.

WEMWBS is made up of 14 questions about the individual's mental wellbeing, responses to which are on a 5-point scale ranging from 'none of the time' to 'all of the time'. Responses are then scored and summed to give an overall WEMWBS score.^Σ

On the island the proportion of **males with a low well-being score is 16.3%.** The proportion of females is slightly higher at 21.1%.

Self-harm

Just over **8% of adults on the island have deliberately harmed themselves without the intention of killing themselves**

Stress and anxiety levels

55.4% of women and 43.9% of men reported moderate or large amounts of stress or pressure in their life.

Suicide

Suicide is a significant cause of death in young adults and is seen as an indicator of underlying rates of mental ill-health. The **suicide rate for the Isle of Man is 10 (per 100,000 population),** similar to the England average.

^Σ WEMWBS as used in the Isle of Man 2016 Health and Lifestyle Survey..



Mortality

“The concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could potentially be avoided by public health interventions in the broadest sense”

Public Health England

Mortality and preventable mortality

Mortality refers to the incidence of death or the number of deaths in a population.

Preventable causes cover lifestyle risk factors such as smoking, obesity, alcohol consumption. It also includes diseases that could be identified and treated early through screening programmes such as cervical, breast and bowel cancer.

All the following mortality calculations are based on deaths registered in the 3 year period 2013-2015 for persons aged under 75 only.

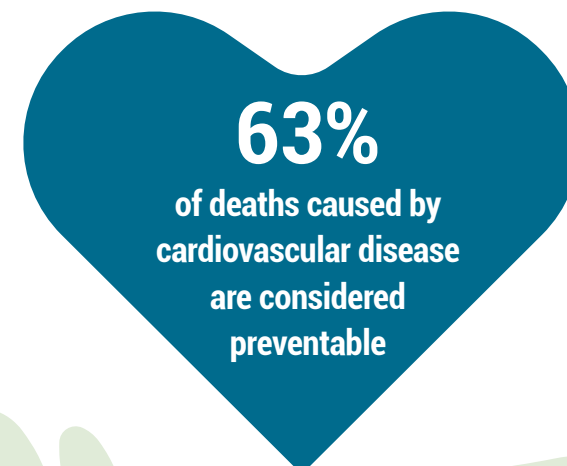
Cardiovascular disease

Cardiovascular disease (CVD) is an umbrella term that describes all diseases of the heart and circulation. It includes everything from conditions that are diagnosed at birth, or inherited, to developed conditions such as coronary heart disease, atrial fibrillation, heart failure, and stroke.

Modifiable risk factors (e.g. cigarette smoking, physical inactivity and poor diet) contribute significantly to the risk of CVD.

CVD is one of the major causes of death in the under 75s. Risk factors for CVD include smoking, obesity and lack of physical activity. **176 deaths on the island were caused by CVD, with 72% being in males.** Of those, **3 out of 5 (63%)** were considered preventable.

Our death rate from **cardiovascular disease considered preventable is 44.8 per 100,000** similar to the England average.



^u All rates are age standardised per 100,000 population.

Cancer

A person's risk of developing cancer depends on many factors, including age, genetics, and exposure to risk factors (including some potentially avoidable lifestyle factors).

4 in 10 (42%) of cancer cases in the UK each year are linked to lifestyle factors.

Cervical, mesothelioma, oral, larynx, oesophageal and lung cancers have the highest proportions of cases linked to lifestyle factors.

Prostate and testicular cancers have no established lifestyle factor links.

Smoking is the largest single preventable cause of cancer in the UK, linked to an estimated **19% of cancer cases** in the UK each year.

42% of cancer cases in the UK each year are linked to lifestyle factors.

Diet (too little fruit, vegetables and fibre; too much red and processed meat and salt) is linked to an estimated 9% of cancer cases in the UK each year.

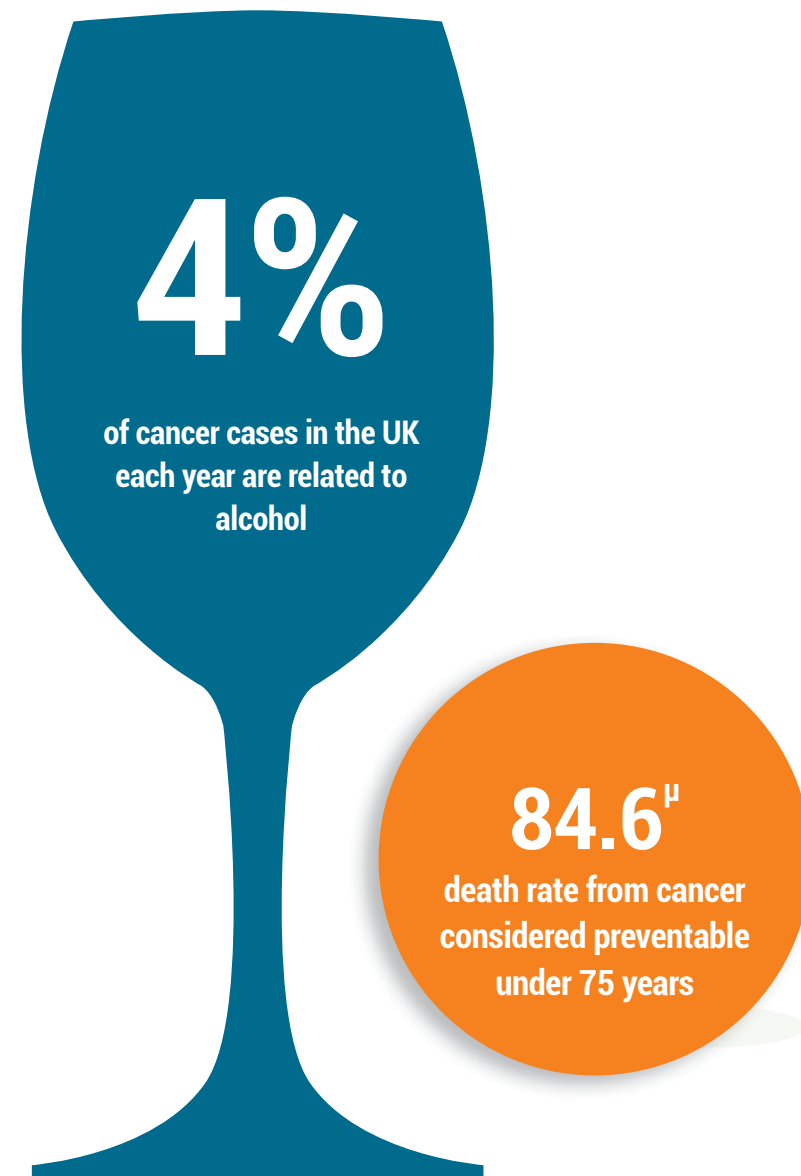
Overweight and obesity is linked to an estimated 5% of cancer cases in the UK each year.

Alcohol is linked to an estimated 4% of cancer cases in the UK each year.²⁰

Cancer is the commonest cause of death in the under 75s. 340 deaths were recorded, an almost 50-50 split between males and females. Of those, 3 out of 5 (62%) were considered preventable.

Our death rate is 84.6 per 100,000, similar to the England average.

²⁰ All rates are age standardised per 100,000 population.



Liver disease

Liver disease is largely preventable. Whilst approximately 5% is attributable to autoimmune disorders (diseases characterised by abnormal functioning of the immune system), most liver disease is due to three main risk factors: alcohol, obesity and viral hepatitis.²¹

Our mortality rate for liver disease considered preventable is 12.6 per 100,000 in the under 75's. This is similar to the England average.

Respiratory disease

The inclusion of respiratory disease links to prevalence of smoking which is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. **The mortality rate on island from respiratory disease considered preventable in the under 75's is 8.3 per 100,000.** This is better than the England average.

End of life

Most people, when asked, say they would prefer to die at home. This may not always be possible for a variety of reasons. We need to make sure our end of life care services can support as many people as possible to be cared for and die in their preferred place.

Over the period 2013-2015, **40.6% of deaths on the Isle of Man occurred at home.** This is worse than the England average.



12.6^u
**Death rate in under
75's from preventable
liver disease**



8.3^u
**Death rate in under
75's from preventable
respiratory
disease**



40.6%
**of deaths occurred at
home**

^u All rates are age standardised per 100,000 population.

The background of the slide is a solid blue color with a repeating pattern of light blue magnifying glasses. The magnifying glasses are arranged in a grid, with each handle pointing towards the bottom right corner.

Conclusions

“To achieve lasting change we need to ensure that we take a consistent and systematic approach to the topics presented in this report – involving relevant stakeholders in scoping and ensuring that the actions and interventions we plan are evidence based, fit together and complement each other.”

This report demonstrates some of the challenges we face in improving health and wellbeing.

Smoking remains the key modifiable risk factor and we need to do further work to understand which groups in our population need more targeted support to help with smoking cessation.

Overweight and obesity are now rivalling tobacco as the major modifiable risk factors and, as this report shows, this plays out across the life course from pregnancy, through infant feeding, childhood experience and into adult life.

Oral health links to obesity through the common factor of sugar in the diet. We need to prioritise action across government and beyond to address this, with a particular emphasis on prevention in children.

In parallel with work at organizational level, we need to engage with and involve our local communities and community groups. Communities are the building blocks for health – within them they hold vital qualitative information about health needs and they also have within them assets that can be harnessed to improve health – skills, knowledge and local networks, for example.

As well as ensuring ongoing production of routine health and wellbeing statistics, we need to develop datasets that enable us to identify differences in health across different communities or geographical areas in our population. This will enable better targeting of interventions to reduce inequalities in health.

To achieve lasting change we need to ensure that we take a consistent and systematic approach to the topics presented in this report – involving relevant stakeholders in scoping and ensuring that the actions and interventions we plan are evidence based, fit together and complement each other.

We need to get better at clearly identifying what we expect interventions to achieve and agreeing ways to measure this. Regular monitoring and evaluation should be part of our approach and we need to be ready to stop or change what we are doing if it is not working or once it has delivered its aim.

“

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”

Dr Henrietta Ewart, Director of Public Health

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Sources used

The data presented in this report is taken from:

- Isle of Man 'Health and Lifestyle Survey' 2016
- Isle of Man 'The Big Youth Survey' 2015
- Isle of Man Mortality Data from Isle of Man Public Health Outcomes Dataset (PHOD)

The full report on the 2016 Health and Lifestyle Survey and the Core Dataset for the Isle of Man Public Health Outcomes can be accessed individually online.



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