

Obesity: working with local communities overview

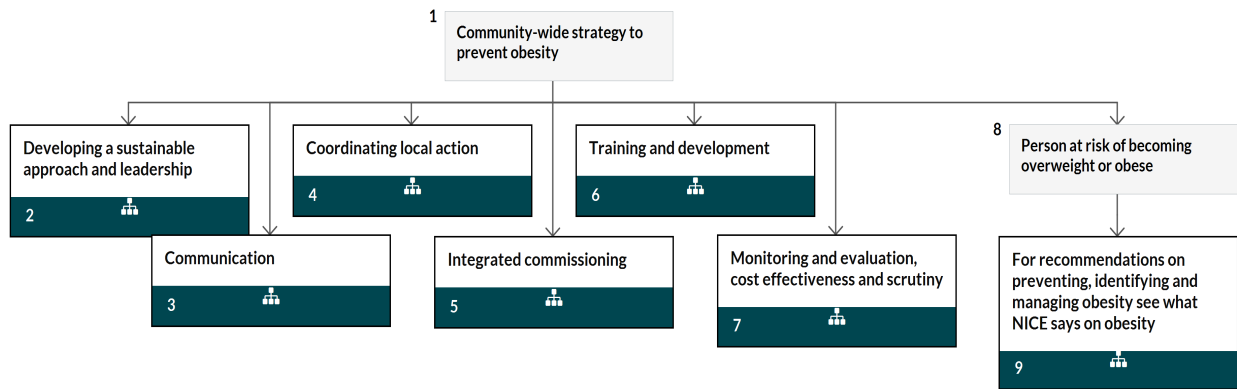
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/obesity-working-with-local-communities>

NICE Pathway last updated: 20 August 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Community-wide strategy to prevent obesity

No additional information

2 Developing a sustainable approach and leadership

[See Obesity: working with local communities / Obesity: developing a sustainable approach and leadership](#)

3 Communication

[See Obesity: working with local communities / Obesity: communication](#)

4 Coordinating local action

[See Obesity: working with local communities / Obesity: coordinating local action](#)

5 Integrated commissioning

[See Obesity: working with local communities / Obesity: integrated commissioning](#)

6 Training and development

[See Obesity: working with local communities / Obesity: training and development](#)

7 Monitoring and evaluation, cost effectiveness and scrutiny

[See Obesity: working with local communities / Obesity: monitoring and evaluation, cost effectiveness and scrutiny](#)

8 Person at risk of becoming overweight or obese

No additional information

9 For recommendations on preventing, identifying and managing obesity see what NICE says on obesity

[See Obesity / obesity overview](#)

Body mass index is used to assess if adults are overweight or obese. The following table shows the cut-off points for healthy weight, overweight and obesity.

Classification	BMI (kg/m ²)
Healthy weight	18.5–24.9
Overweight	25–29.9
Obesity I	30–34.9
Obesity II	35–39.9
Obesity III	40 or more

BMI is a less accurate indicator of adiposity in adults who are highly muscular, so BMI should be interpreted with caution in this group. Some other population groups, such as Asians and older people, have comorbidity risk factors that would be of concern at different BMIs (lower for Asian adults and higher for older people). Healthcare professionals should use clinical judgement when considering risk factors in these groups, even in people not classified as overweight or obese using the classification in the table.

Assessment of the health risks of being overweight or obese can also be based on waist circumference. For men, waist circumference of less than 94 cm is low, 94–102 cm is high and more than 102 cm is very high. For women, waist circumference of less than 80 cm is low risk, 80–88 cm is high and more than 88 cm is very high.

More than one classification system is used in the UK to define children as 'overweight' or 'obese'. The National Child Measurement Programme (NCMP) for primary care states that body mass index (BMI) should be plotted onto a gender-specific BMI chart for children (UK 1990 chart for children aged over 4 years). Children over the 85th centile, and on or below the 95th centile, are categorised as 'overweight'. Children over the 95th centile are classified as 'obese'. Other surveys, such as the Health Survey for England also use this system. In clinical practice, however, the 91st and 98th centiles may be used to define 'overweight' and 'obesity'

respectively. Children on or above the 98th centile may also be described as very overweight.

Action learning

(a process by which someone performs an activity and then analyses their actions and gains feedback to improve future performance)

Body mass index

(commonly used to indicate whether adults are a healthy weight or underweight, overweight or obese; it is defined as the weight in kilograms divided by the square of the height in metres (kg/m²))

Bottom-up

(bottom-up activities or approaches are initiated by the community, or people working directly with the community, rather than being introduced by senior management)

Capacity-building

(actions or interventions that improve the ability of an individual, an organisation or a community to identify and address health or other issues on a sustainable basis, for example through skills development, improved networking and communication or shared decision making)

Community health champions

(local people who are recruited and trained as volunteers to 'champion' the health priorities and need of their communities)

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(local people who are recruited and trained as volunteers to 'champion' the health priorities and need of their communities)

Community development

(community development is about building active and sustainable communities based on social justice, mutual respect, participation, equality, learning and cooperation – it involves changing power structures to remove the barriers that prevent people from participating in the issues that

affect their lives)

Community engagement

(the process of getting communities involved in decisions that affect them, including the planning, development and management of services, as well as activities that aim to improve health or reduce health inequalities; see [Community engagement for health improvement: questions of definition, outcomes and evaluation – a background paper prepared for NICE by Professor Jenny Popay](#))

Co-produce

(in this guidance, co-production means developing and delivering action on obesity in an equal and reciprocal relationship between professionals, the local community, people using local services and their families)

JSNAs

(joint strategic needs assessments identify the current and future health needs of a local population; they are used as the basis for the priorities and targets set by local areas, expressed in local health and wellbeing strategies and for commissioning to improve health outcomes and reduce health inequalities)

Local system

(comprises a broad set of interrelated organisations, community services and networks operating at a range of levels and involving a number of delivery processes)

Partners

(in this guidance, a partner is a local department, service, organisation, network, community group or individual that could help prevent obesity)

Top-down

(where an activity is initiated from a senior level in an organisation and cascaded down to those working directly with the local community)

Two-tier

(two-tier counties in England consist of an 'upper-tier' county council and various 'lower-tier' city, borough and district councils)

Wider determinants of health

(the social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness – these circumstances are in turn shaped by a wider set of forces: economics, social and political forces)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.