

Obesity: working with local communities overview

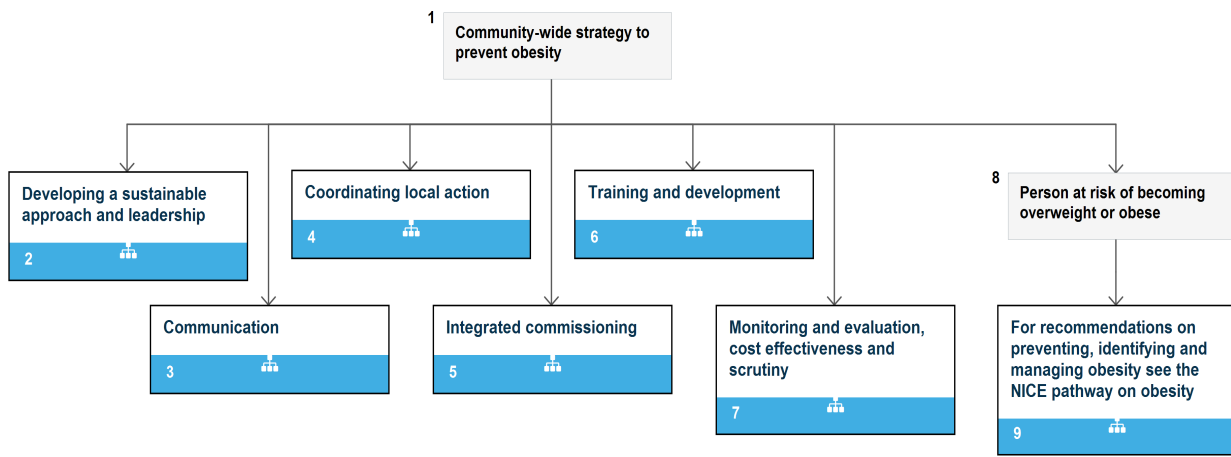
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<http://pathways.nice.org.uk/pathways/obesity-working-with-local-communities>

Pathway last updated: 11 November 2016

This document contains a single pathway diagram 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 the NICE pathway 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

body mass index (BMI) is 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/m^2)

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

Community champion

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 \[2006\]](#))

Co-produce

In this pathway, 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

Joint strategic needs assessments

joint strategic needs assessments (JSNAs) 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

for the purpose of this pathway, a partner is a local department, service, organisation, network, community group or individual that could help prevent obesity

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

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781