

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality and health inequalities assessment (EHIA) template

#### Obesity and overweight management

##### **STAGE 4. Development of guideline or topic area for update**

*(to be completed by the developer before consultation on the draft guideline or update)*

Obesity and overweight management

Date of completion: 16/08/2023

Focus of guideline or update:

Partial updates of the following guidelines:

- Obesity prevention (CG43)
- Weight management: lifestyle services for overweight or obese children and young people (PH47)
- BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups (PH46)
- Obesity: identification, assessment and management (CG189)

With amalgamation of the following guidelines:

- Obesity: working with local communities (PH42)
- Preventing excess weight gain (NG7)
- Weight management: lifestyle services for overweight or obese adults (PH53)
- Weight management before, during and after pregnancy (PH27)

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

1) Protected characteristics

**a. Age**

No further potential issues were identified.

**b. Disability**

No further potential issues were identified.

**c. Gender reassignment**

No further potential issues were identified.

**d. Pregnancy and maternity**

No further potential issues were identified.

**e. Race**

No further potential issues were identified.

**f. Religion or belief**

No further potential issues were identified.

**g. Sex**

No further potential issues were identified.

**h. Sexual orientation**

No further potential issues were identified.

**i. Marriage/civil partnership**

No further potential issues were identified.

**2) Socioeconomic status and deprivation**

The committee highlighted that there may be cost implications for people who are eligible for total meal replacement diets (for low and very low energy diets) if they have to pay for the products themselves.

**3) Geographical area variation**

**4) Inclusion health and vulnerable groups**

Looked after children and young people

Every child in care is a unique child with individual strengths and needs. However, the physical, emotional and mental health of some looked-after children and young people will have been compromised by neglect or abuse. Given the known gap in health and educational outcomes between looked-after children and young people and the general population the committee identified this group for further consideration in the guideline update.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

The committee made the following considerations of equality and health inequalities issues:

**Identifying overweight and obesity in children, young people and adults, particularly those in black, Asian and minority ethnic groups**

The committee drafted an overarching recommendation on the principles of care to think about the wider determinants and the context of overweight and obesity. This recommendation included a non-exhaustive list of examples to encourage consideration of overweight and obesity as a complex health issue which requires a holistic approach.

They also highlighted that the new recommendations were applicable for children, young people and adults from minority ethnic family backgrounds as the core principles of these recommendations were demonstrating sensitivity and using a person-centred approach which takes ethnicity into consideration. The committee also noted that there is a need to spread awareness amongst health and care professionals as well as the public of the increased risk people from minority ethnic family backgrounds face at a lower BMI.

**Increasing the uptake of weight management services in children, young people and adults**

- Ethnicity and family background: There was qualitative evidence on 'culturally and linguistically diverse communities', which highlighted the specific experiences of people from minority family backgrounds. The committee used this information to ensure that the recommendations emphasised the importance of well informed cultural tailoring in weight management interventions to make these accessible to children and young people and their parents and carers from a range of family backgrounds. In adults the committee also

used qualitative evidence to highlight the need for interventions that are culturally appropriate or have been adapted for different cultural communities and dietary practices and to emphasise the need to take this into account when choosing appropriate interventions for people from minority family backgrounds.

- Children, young people and adults with disabilities, learning disabilities and neurodevelopmental disabilities. These factors were included in the list of the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual person.
- Younger and older groups: The evidence covered children and young people from age 2 to 18 and sufficient evidence was found for all age groups to be represented. Therefore it is unlikely that any group will be disadvantaged by the recommendations.
- Older adults: this group was addressed in the recommendation to take into account the complexity of their needs when identifying the most appropriate intervention.
- Looked after children and young people: Family circumstances were listed among the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.

### **Different diets in achieving and maintaining weight loss**

There was a lack evidence for subgroups such as people from minority ethnic family backgrounds and socioeconomic groups and a lack of evidence on adherence to different diets. However, based on their expertise, the committee updated the existing recommendations to highlight that it was important to take into consideration food preferences, including cultural food preferences and personal circumstances such as home environment and financial circumstances when tailoring dietary interventions as these factors can have an impact on the effectiveness and adherence to dietary interventions.

There may be an impact on specific socio-economic groups in relation to the cost implications for people who are eligible for total meal replacement diets (for low and very low energy diets) if they have to pay for the products themselves. As the diets are cost effective when financed and provided by the NHS, these recommendations may encourage NHS commissioners to provide them free for eligible groups.

The committee also highlighted in the discussion of the evidence that the NHS Type 2 Diabetes Path to Remission Programme already provides a low calorie, total diet replacement treatment in selected areas for people with type 2 diabetes who are living with obesity or overweight. Results from this will help to build knowledge and

understanding about the use of these interventions and the impact they might have on the treatment of people with type 2 diabetes.

### **Effectiveness and acceptability of weight management interventions in children and young people living with overweight and obesity**

- Ethnicity and family background: No evidence was identified that specifically addressed these populations. The committee emphasised the importance of well-informed cultural tailoring in weight management interventions to make these accessible to children and young people and their parents and carers from a range of family backgrounds.
- Children and young people with disabilities, learning disabilities and neurodevelopmental disabilities. These factors were included in the list of the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.
- Younger and older groups: The evidence covered children and young people from age 2 to 18 and sufficient evidence was found for all age groups to be represented. Therefore it is unlikely that any group will be disadvantaged by the recommendations.
- Looked after children and young people: Family circumstances were listed among the wider determinants and the context of overweight and obesity and central adiposity that was referred to throughout as an important consideration when addressing an individual child or young person.

### **Effectiveness of healthy living programmes in preventing overweight and obesity in children and young people**

While the committee did not have direct evidence on the effectiveness of interventions by sex, culture or beliefs they noted that these were important factors to be considered. Based on this belief, the committee recommended that staff planning school-based interventions should take into account the views of children and young people and any difference in preferences because of sex, culture or belief. They also noted that sensory needs of children can also vary and therefore is an important factor that needs to be considered when planning interventions. The committee also stated that in early-years settings, catering should also be adapted to accommodate to different cultural preferences and beliefs while maintaining nutritional standards.

### **Psychological approaches to address weight stigma in children, young people and adults**

No evidence was identified in children, young people and adults with mental illness, including physical and special educational needs and disabilities (SEND), and older people but the committee stated that these are important groups because there is further

internalised stigma. For example, a person living with mental illness may face or feel stigmatised due to their degree of overweight and obesity but also their mental illness. This may further stop people from seeking help for healthcare professionals. The committee also noted that it is not appropriate to assume that one approach will work for all groups. It is necessary to identify and personalise the right intervention to the right person. Due to the lack of evidence, these populations were listed as important subgroups in the research recommendation.

The committee noted that no evidence was found on psychological interventions to reduce weight stigma in adults, young people, or children from lower socioeconomic groups. Moreover, the committee agreed that this is an extremely relevant subgroup because in this population adults are more likely to be living with overweight and obesity and children and young people are at increased risk of obesity in adulthood. Similar to other subgroups, people in this subgroup may face stigma not only due to the degree of overweight and obesity but also due to their economic status. Based on this, the committee highlighted the need for more research in this group.

#### 4.3 Could any draft recommendations potentially increase inequalities?

This was discussed by the committee who agreed that the draft recommendations would not increase inequalities. They aim to address the known inequality disparity in the prevalence of overweight and obesity and improve the subsequent uptake of services to reduce health inequalities.

#### 4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

Yes a number of research recommendations have been made to address identified equality and health inequalities gaps in the evidence base. These are outlined in section 4.2.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The committee have checked the list of registered stakeholders for this guideline update and agreed that relevant stakeholder groups are included who represent groups affected by these issues.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

No specific questions will be asked, but we will ensure that any comments from relevant stakeholders are considered and discussed with the committee, and changes will be made where necessary.

Completed by developer: Caroline Mulvihill \_\_\_\_\_

Date: 15/08/2023 \_\_\_\_\_

Approved by committee chair: Marie Burnham \_\_\_\_\_

Date: 03/10/2023 \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_ Victoria Axe

\_\_\_\_\_

Date \_\_\_\_ 17/10/23 \_\_\_\_\_

