

## NICE guidelines

### Equality impact assessment

# NG7 Maintaining a healthy weight and preventing excess weight gain among children and adults

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### 1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

An equality impact assessment was carried out during the scoping process for this guideline. The assessment concluded that equality issues are likely to be minimal due to the population approach being taken. The guideline focuses on all children and adults. No population groups have been unlawfully excluded from the guidance (the only scope exclusions are: individuals undergoing clinical management for obesity or underweight, pregnant women and infants who are weaning). However, the EIA during the scoping noted the following:

- **Sex/ gender** – difference might be brought out if the reviews show gender differences in individual modifiable behaviours that maintain weight or avoid weight gain
- **Race** – variations in obesity rates by ethnic groups are recognised in the scope as a potential equality issue
- **Disability** – the scope does not cover the relationship between maintaining a healthy weight and disabilities
- **Age** – The scope does not propose that age presents a potential equality issue for this guideline. Due consideration will be given to age subgroups when exploring the

evidence base

- **Sexual orientation/ gender identity** – the scope does not identify sexual orientation / gender identity as posing any equality issues for the guideline•  
**Religion** – the scope does not identify religion as posing potential equality issues for the guideline, however some religions involve specific dietary restrictions and controls and so there is the potential that religion could impact on recommendations in the final guideline, if they are relevant to these restrictions
- **Socio-economic status** – the scope recognises that obesity rates increase with social disadvantage
- **Other** - no other equality issues or vulnerable groups are identified in the scope

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The draft guideline will make recommendations on changes that individual adults and children can make to their behaviour that may help them maintain a healthy weight or prevent further weight gain if they are already overweight. The guideline will need to give due consideration to sub-populations for all protected characteristics.

## **2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)**

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

**Sexual orientation and disability**– During consultation stakeholders noted that wider aspects related to maintaining a healthy weight should be considered and the impact of sexual orientation and disability should be considered on weight issues.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No specific changes. But consideration to sub populations will be explored by the Committee.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

No, this is not the primary focus of the guideline.

### **3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)**

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The draft guideline took an inclusive approach, making recommendations on changes that individual adults and children can make to their behaviour that may help them maintain a healthy weight or prevent further weight gain if they are already overweight.

### 3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The potential equality issues identified during scoping were reflected in the recommendations and the considerations sections and given consideration when looking at the evidence base:

#### **Recommendations**

Draft Recommendation 1 of the draft guideline stated that any communications or activities to promote the maintenance of a healthy weight or prevent excess weight gain should 'target and tailor messages, using local knowledge (such as the Joint Strategic Needs Assessment or local surveys), to meet the needs of the population, recognising that some groups may need more support than others. Messages should be clear, specific and non-judgemental.'

#### **Context**

Although overweight and obesity are common among all social groups, the rate increases with social disadvantage ([Fair society, healthy lives: a strategic review of health inequalities in England post-2010 The Marmot Review 2010](#)). For example, among children, data from the National Child Measurement programme suggests that obesity prevalence of the most deprived 10% of children is approximately twice that of the least deprived 10% ([Public Health England](#)). Obesity is also linked to ethnicity: it is most prevalent among black African women (38%) and least prevalent among Chinese and Bangladeshi men (6%) ([Health Survey for England 2004: the health of minority ethnic groups – headline tables The NHS Information Centre 2006](#)).

#### **Considerations**

Very little systematic review level evidence was identified on particular population groups, such as those from different social or ethnic groups, and it was unclear whether any inequalities had been investigated or identified. Therefore, while the recommendations in this guideline apply to all population groups, the Committee considered this an important gap in the evidence.

The Committee recognised that the habits recommended may be very different from many people's usual choices. The Committee therefore emphasised the importance of communicating the benefits of even gradual changes, and the fact that any improvements in dietary habits and physical activity level are likely to be helpful.

The evidence considered by the Committee suggested that the acceptability of messages about weight differs across the population. The Committee noted the way in which messages are framed or worded may make them less acceptable to some

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people, for example, people with disabilities, from different age or ethnic groups, or with different body sizes.

The recommendations therefore emphasised the importance of tailoring messages according to local knowledge and the information needs of different groups.

### **Research recommendations and gaps in evidence**

The draft guideline noted the following gap in the evidence: There is a lack of systematic reviews of cohort or trial data considering the impact of inequalities (such as socioeconomic status or ethnicity) on any associations between modifiable behaviours and weight outcomes for different population groups.

The draft research recommendations stated that 'All the research should aim to identify differences in effectiveness among groups, based on characteristics such as socioeconomic status, age, gender and ethnicity.' Each of the 5 research recommendations stated that 'Consideration should be given to any impact on health inequalities.'

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The Committee's considerations of equality issues are within the recommendations and considerations sections of the draft guideline.

The draft guideline also outlined that the recommendations should be implemented in light of duties set out in the [Equality Act 2010](#).

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The Committee's considerations of equality issues are within the recommendations and considerations sections of the draft guideline.

The draft guideline also outlined that the recommendations should be implemented in light of duties set out in the [Equality Act 2010](#).

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No. The draft guideline made recommendations on changes that individual adults and children, including those with disabilities can make to their behaviour that may help them maintain a healthy weight or prevent further weight gain if they are already overweight. The Committee recognised the need for tailoring messages for the audience and articulated this in Recommendation 1.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The Committee made a recommendation (draft guideline recommendation 1 ) which

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stated that any communications or activities to promote the maintenance of a healthy weight or prevent excess weight gain should 'target and tailor messages, using local knowledge (such as the Joint Strategic Needs Assessment or local surveys), to meet the needs of the population, recognising that some groups may need more support than others. Messages should be clear, specific and non-judgemental.'

#### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

Stakeholders raised a number of potential equity issues during the guideline consultation, as follows:

Introductory section: Stakeholders commented that people who are obese may also experience mental health problems, stigmatisation and discrimination. The committee agreed with this point and noted ‘ People who are overweight or obese may also experience mental health problems, stigmatisation and discrimination because of their weight’

Recommendation 1: It was suggested that everyone, regardless of age, socio-economic class should receive consistent advice (draft guideline recommendation 1). The Committee amended the recommendation (Tailor messages for specific groups) to ‘ Ensure all messages are clear, *consistent*, specific and non-judgemental’.

Recommendations 1, 2, 4, 5: It was suggested that these recommendations need to be tailored to those from disadvantaged groups or areas (draft guideline recommendations 1, 2, 4 , and 5). Practical examples were added in the final guideline as to potential ways to implement the recommendations, when considering practical examples the Committee gave due consideration to sub-populations e.g. age, gender, culture, family circumstances

Recommendation 3: Stakeholders suggested that the needs of vulnerable children or children at increased risk of obesity (for example, looked after children; children with special needs or disability) should be taken into consideration. The Committee recognised in the recommendation that in addition to parents and , carers that everyone in regular contact with children and young people should take a role in helping them maintain a healthy weight, for example by encouraging physical activity or eating meals together.

Recommendation 7: Stakeholders commented that the accessibility of apps and pedometers for disadvantaged groups in terms of economic cost was important.). The Committee was mindful in their discussions that some of the practical examples, such as using apps to monitor physical activity level may be harder to implement for some groups than others. Therefore the first bullet point in the recommendation (final guideline recommendation 6 on Encourage self-monitoring ) was amended to ‘Checking their physical activity level (for example, *by noting down activities*, or using



4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

a pedometer or an app to track physical activity)'

Stakeholders commented that the advice and services are tailored for children and adults with special needs and disabilities, different ages, gender, cultural background, economic and family circumstances. The final guideline emphasised the need to tailor messages in the Who should take action section that precedes the recommendations.

The Committee agreed with these comments and were also aware that the evidence suggests that the acceptability of messages about weight differs across the population. A point was added to recommendation 9 in the final guideline: 'Tailor messages (for example, for different age, socioeconomic or ethnic groups or for people with disabilities). Ensure all messages are clear, consistent, specific and non-judgemental'. The Committee also noted in their recommendation (final guideline recommendation 10 on Ensure activities are integrated with the local strategic approach to obesity) that 'some groups may need more support than others'.

A further issue raised by stakeholders was related management of conditions that increase the risk of weight gain or obesity. This area was outside of the remit of this guideline.

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

No.

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

The final guideline notes that the recommendations should be read in conjunction with existing NICE guidance unless explicitly stated otherwise. They should be implemented in light of duties set out in the [Equality Act 2010](#).

Approved by NICE quality assurance leads Kay Nolan & Catherine Swann

Date 10/03/15

**5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)**

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Not Applicable

Approved by NICE quality assurance leads Kay Nolan & Catherine Swann

Date \_\_\_\_\_ 10/03/2015 \_\_\_\_\_

