

# Primary Prevention of Obesity

## Guideline Development Process

### Overview

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Ontario  
2008-11-18

# Presentation Outline

1. Background and Rationale
2. Overview of the PEBC guideline development process:
  - Environmental Scan
  - Adaptation
  - Stakeholder Consultation
    - Draft Recommendation Example
  - Internal and External Review
3. Questions

# Guideline Development - Rationale

## Risk:

- 30-40 percent of cases of cancer could be prevented by appropriate food and nutrition, regular physical activity, and avoidance of obesity.
- also related to the risk of diabetes, heart disease, stroke and other chronic conditions.

## CCO Priorities:

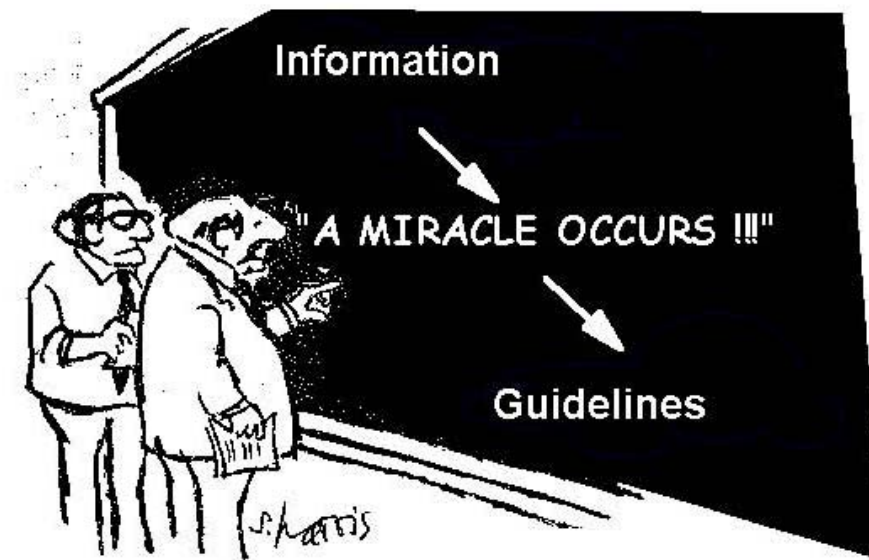
- Ontario Cancer Plan 2008-2011
- Commitment to creating evidence-based tools and resources for cancer prevention

# Guideline Development and OPHS

Collaboration initiated in order to:

- improve uptake of guidelines
- address a need identified by public health units
- eliminate duplication of effort
- promote consistency of obesity prevention agenda in Ontario

# The Guideline Development Process



I think you should be more explicit here in step two."



cancer care  
ontario  
program in  
evidence-based care

action cancer  
ontario  
programme de soins  
fondé sur des preuves

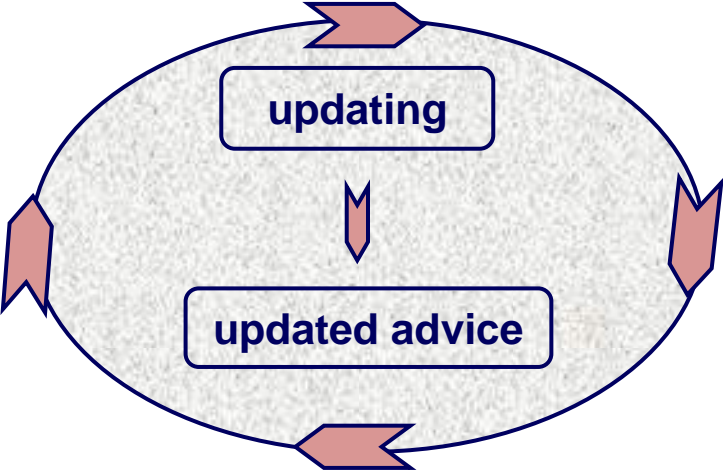
# Program in Evidence-based Care Evidence-based Advice Cycle

## Evidence-Based Advice Panel

topic selection: explicit question  
method selection: systematic review, environmental scan, adaptation, consensus

dissemination  
publication

end-users:  
Clinical Council  
JODR  
MOHLTC  
Quality Indicator  
Cycle  
Clinical Program  
Heads

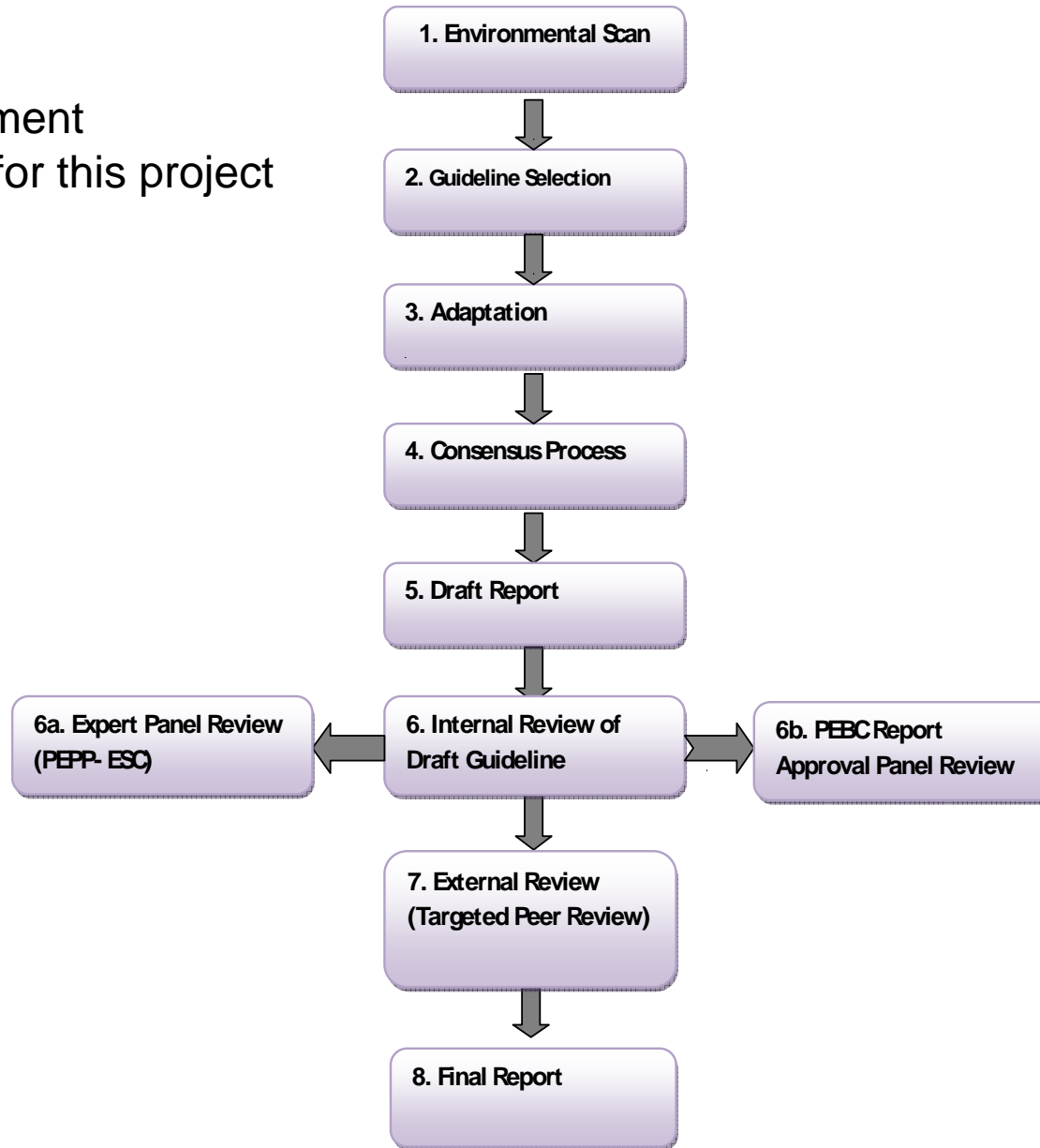


draft report:  
➤ evidence review & scan  
➤ expert interpretation and consensus  
➤ draft advice

review:  
internal/external  
➤ Report Approval Panel  
➤ CCO leadership  
➤ Ontario stakeholders

final report:  
➤ evidence review & scan  
➤ expert interpretation and consensus  
➤ description of external review  
➤ final advice

Guideline development  
process summary for this project



# Environmental Scan

Scan of international guideline developers:

- The National Guidelines Clearinghouse
  - The Scottish Intercollegiate Guidelines Network (SIGN)
  - The American Society of Clinical Oncology (ASCO)
  - The National Institute for Health and Clinical Excellence (NICE)
- and
- Google

# Guideline Selection

Criteria for guideline selection:

- Recommendations for public health
- Inclusive of children and adults
- Internationally known institution
- Evidence-based systematic review
- Most recent search strategy

The UK's National Institute for Health and Clinical Excellence (NICE) released their guidance document *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children* in December 2006, based on systematic reviews of the literature ending in December 2005.



**Our guidance**

- NICE guidance by type
  - Cancer service guidance
  - Clinical guidelines
    - Published clinical guidelines**
      - Clinical guidelines in development
      - Stakeholder registration
      - Proposed optimal practice review topics
    - Interventional procedures
    - Public health intervention guidance
    - Public health programme guidance
    - Technology appraisals
  - NICE guidance by topic
  - NICE guidance by date
  - Other publications
  - Order NICE guidance
  - NICE guidance research recommendations
  - Patient safety solutions pilot

Home » Our guidance » NICE guidance by type » Clinical guidelines » Obesity

## Obesity

**Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children**

Guidance type: **Clinical guideline**

Date issued: **December 2006**

Expected review date: **TBC**

Reference: **CG43**

[Summary](#) | [Documents](#) | [Implementation](#) | [Development history](#)

### Summary

The NICE clinical guideline on the prevention, identification, assessment and management of overweight and obesity in adults and children covers:

- how staff in GP surgeries and hospitals should assess whether people are overweight or obese
- what staff in GP surgeries and hospitals should do to help people lose weight
- care for people whose weight puts their health at risk.
- how people can make sure they and their children stay at a healthy weight
- how health professionals, local authorities and communities, childcare providers, schools and employers should make it easier for people to improve their diet and become more active.**

CG43 Obesity replaces the following pieces of guidance:

- TA22 Obesity - orlistat
- TA31 Obesity - sibutramine
- TA46 Obesity (morbid) - surgery

### Amendment to Understanding NICE Guidance documents

The Understanding NICE Guidance (UNG) versions 'Preventing obesity and staying a healthy weight' and 'Treatment for people who are overweight or obese' previously referred to The Obesity Awareness and Solutions Trust (TOAST) as a source of additional information and support for people wanting to stay a healthy weight or to lose weight. Please note that this organisation closed in December 2007 and is no longer able to provide such information and support, and so reference to the organisation has been removed. The remaining organisations listed in the UNG documents are still able offer information about preventing or treating obesity.

**Search NICE guidance**

Want to know what NICE recommends?



**Advanced guidance search**

**Related information**

See NICE guidance in practice

**Research recommendations**

**Shared learning**

**Related guidance**

Click the links below to see guidance on similar topics

**Endocrine, nutritional and metabolic**

**Public health**

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Our guidance

NICE guidance by type

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Home » Our guidance » NICE guidance by type » Clinical guidelines » Published clinical guidelines » Obesity » CG43 Obesity: Full guideline

### CG43 Obesity: Full guideline

- ▶ **CG43 Obesity: Full guideline, section 1 - Introduction, methods and recommendations (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 2 - Identification and classification: evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 3 - Prevention: evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 4 - Management of obesity in non clinical settings: evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 5a - Management of obesity in clinical settings (children): evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 5b - Management of obesity in clinical settings (adults): evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 6 - Health economics: evidence statements and reviews (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 7 - Research recommendations: details and rationale (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 1-3 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 4-5 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 6-8 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendix 9 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 10-11 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendix 12 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 13-14 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendix 13 abbreviations (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendix 15 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, appendices 16-18 (MS Word format)**
- ▶ **CG43 Obesity: Full guideline, section 1 - Introduction, methods and recommendations**
- ▶ **CG43 Obesity: Full guideline, section 2 - Identification and classification: evidence statements and reviews**
- ▶ **CG43 Obesity: Full guideline, section 3 - Prevention: evidence statements and reviews**
- ▶ ~~CG43 Obesity: Full guideline, section 4 - Management of obesity in non clinical settings: evidence statements and reviews~~
- ▶ **CG43 Obesity: Full guideline, section 5a - Management of obesity in clinical settings (children): evidence statements and reviews**
- ▶ **CG43 Obesity: Full guideline, section 5b - Management of obesity in clinical settings (adults): evidence statements and reviews**
- ▶ **CG43 Obesity: Full guideline, section 6 - Health economics: evidence statements and reviews**

#### Search NICE guidance

Want to know what NICE recommends?

Search

Advanced guidance search

#### Order NICE guidance

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# Limitations of the Public Health Evidence-Base

- NICE selected the highest possible level of evidence (e.g. high quality meta-analyses).
- Evidence-base to support public health interventions is generally not highly developed.
- A combination of evidence and expert opinion has been recognized as the optimal way to formulate recommendation for public health practice.

# Adaptation Process

- relevant OPHS guidelines divided into three groups.
- three working groups created:
  - Schools and Workplaces
  - Healthy Policy and Capacity Building
  - Public Awareness and Population Skill-building

# Adaptation Process

- mapping of NICE recommendations to OPHS requirements.
- assessment of acceptability/applicability.
- identification of gaps.

# Original Mapping (June 2008) – NICE to OPHS

<p><b>OPHS Chronic Disease Prevention Requirement #8:</b> <b>The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations. (This may include pregnant and postpartum women, individuals of low socio-economic status and youth.)</b></p>
<p>Health professionals should discuss weight, diet and activity with people at times when weight gain is more likely, such as during and after pregnancy, the menopause and while stopping smoking. 1.6.4.4.9 (For all health professionals)</p>
<p>All actions aimed at preventing excess weight gain and improving diet (including reducing energy intake) and activity levels in children and young people should actively involve parents and carers. 1.6.4.4.10 (For all health professionals)</p>
<p>All interventions to support smoking cessation should:</p> <ul style="list-style-type: none"><li>• ensure people are given information on services that provide advice on prevention and management of obesity if appropriate</li><li>• give people who are concerned about their weight general advice on long-term weight management, in particular encouraging increased physical activity.</li></ul> <p>1.6.4.5.11 (For health professionals)</p>
<p>Families of children and young people identified as being at high risk of obesity – such as children with at least one obese parent – should be offered ongoing support from an appropriately trained health professional. Individual as well as family-based interventions should be considered, depending on the age and maturity of the child. 1.6.4.6.16 (For health professionals)</p>

# Original Mapping with Evidence (June 2008) – NICE to OPHS

OPHS Chronic Disease Prevention Requirement #5 The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating.	
<p>1. Health professionals should work with shops, supermarkets, restaurants, cafes and voluntary community services to promote healthy eating choices that are consistent with existing good practice guidance and to provide supporting information. 1.6.4.6.13 (For health professionals)</p>	<p><a href="#">Evidence statements, Community 2: 5</a></p> <p>1.Point of purchase schemes in shops, supermarkets, restaurants and cafes can be effective in improving dietary intakes at least in the short term, particularly if accompanied by supporting education, information and promotion. There is some evidence that longer-term, multi-component interventions may show greater effects. Grade: 2++</p> <ul style="list-style-type: none"> <li>•Body of evidence variable but generally supportive from four systematic reviews of non-randomised studies and three RCTs</li> <li>•Systematic reviews support: Roe et al. 1997<sup>291</sup> (1++), Seymour et al. 2004<sup>206</sup> (2++), Matson-Koffman et al. 2005<sup>292</sup> (2+), Holdsworth and Haslam 1998<sup>293</sup> (2+)</li> <li>•One RCT suggests trend: Kristal 1997<sup>294</sup> (1+)</li> <li>•One RCT suggests low-fat alternative acceptable: Stubenitsky et al. 2000<sup>295</sup> (1+)</li> <li>•One RCT does not support: Steenhuis et al. 2004<sup>296</sup> (1+)</li> </ul>
<p>2. Local authorities, through local strategic partnerships, should encourage all local shops, supermarkets and caterers to promote healthy food and drink, for example by signs, posters, pricing and positioning of products, in line with existing guidance and (in England) with the local obesity strategy. 1.6.5.4.7 (Focusing on specific interventions)</p>	<p><a href="#">Evidence statements, Community 2: 5</a></p> <p>1.Point of purchase schemes in shops, supermarkets, restaurants and cafes can be effective in improving dietary intakes at least in the short term, particularly if accompanied by supporting education, information and promotion. There is some evidence that longer-term, multi-component interventions may show greater effects. Grade: 2++</p> <ul style="list-style-type: none"> <li>•Body of evidence variable but generally supportive from four systematic reviews of non-randomised studies and three RCTs</li> <li>•Systematic reviews support: Roe et al. 1997<sup>291</sup> (1++), Seymour et al. 2004<sup>206</sup> (2++), Matson-Koffman et al. 2005<sup>292</sup> (2+), Holdsworth and Haslam 1998<sup>293</sup> (2+)</li> <li>•One RCT suggests trend: Kristal 1997<sup>294</sup> (1+)</li> <li>•One RCT suggests low-fat alternative acceptable: Stubenitsky et al. 2000<sup>295</sup> (1+)</li> <li>•One RCT does not support: Steenhuis et al. 2004<sup>296</sup> (1+)</li> </ul>



# Adaptation Process - Results

- Convergence towards similar themes:
  - From “obesity prevention” to a healthy eating and active living perspective on weight maintenance and weight loss
  - Less clinical and more population/public health
  - A comprehensive, multicomponent approach
  - A glossary is needed
- Filling gaps, e.g. OPHA recommendations on breastfeeding

# Consensus Process

## Objectives:

- Engage stakeholders in the development process.
- Obtain buy-in from end users and raise awareness about the guideline.
- Consultation does not need to result in agreement.

# Consensus Process

## Methods:

- Web-based survey.
- Two-round modified Delphi process.
- PHUs and other stakeholders.
- Asking participants whether they agree with each recommendation and if not, how they would change it.
- Will begin before the end of November 2008.

# Example recommendation

**Chronic Disease Prevention Requirement #7:** The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: healthy eating, healthy weights, physical activity.

All community programs to prevent obesity, increase activity levels and improve diet (and reduce energy intake) should address the concerns of local people (i.e. the targeted community) from the outset. A situational assessment should be used to determine relevant programming, and interventions should be context specific. Concerns identified by the situational assessment could include the availability of services, the cost of changing behaviour, or confusion over mixed messages in the media about weight, diet and activity.

*Source: adapted from NICE by the working group.*

## Draft Recommendations - Elementary and Secondary Schools

### How to rate the recommendations:

We are asking for your level of agreement with each of the guidance statements listed below. Specifically, we want to know whether you agree or disagree that these are appropriate strategies for public health professionals in Ontario to use to improve the population's ability to consume a healthy diet, participate in physical activity and maintain a healthy weight. We also welcome your comments on each of the recommendations.

Please note that you are not being asked to rate the OPHS requirements, or whether these recommendations are implementable given current levels of funding and support.

The draft recommendations that you will be rating below provide further guidance for Ontario Public Health Chronic Disease Prevention Standard #3. The board of health shall work with school boards and/or staff of elementary and secondary and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address healthy eating, healthy weights and physical activity. These efforts shall include: assessing the needs of the educational settings and assisting with the development and/or review of curriculum support.

1. School administrators, in collaboration with parents and students, should assess the whole school environment, including after-school activities, and ensure that the ethos of all school policies helps children and youth to maintain a healthy weight, eat a healthy diet and be physically active. This includes policies, guidelines, and practices related to the Foundations for a Healthy School: high-quality instruction and programs, a healthy physical environment, a supportive social environment and community partnerships.

Sources: [NICE](#) and [Ontario's Foundations for a Healthy School](#).

Please choose one of the following:

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- No answer

Please enter your comment here:

2. Short-term interventions and one-off events are insufficient on their own and should be embedded in a whole school approach that is consistent with the Foundations for a Healthy School. Sources: [NICE](#) and [Ontario's Foundations for a Healthy School](#).

Please choose one of the following:

Please enter your comment here:

# Review and Final Report

## Internal review:

- Project in Evidence-based Primary Prevention Expert Steering Committee
- PEBC Report Approval Panel

## External review:

- Targeted Peer Review

Final report expected in early 2009.