



The Royal College of
Chiropractors

PUBLIC HEALTH SOCIETY

Focus on Public Health:

Obesity



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Background

This information pack looks to provide a practising Chiropractor with guidance on the current situation with regards to the nation's obesity. It outlines our current involvement with tackling obesity issues in our daily clinical environment and using tools such as Making Every Contact Count (MECC).

There are links to free and paid resources for patient and public health information with signposting support. Links are also given for further clinical skills training including Making Every Contact Count. In your area there may also be opportunity to refer to a local Social Prescribing service for weight loss meetings or additional clinical support funded through the NHS.

Nationally, adult obesity has seen a sharp rise with 29% of adults now being classed as obese

Maintaining a healthy weight has been a well-known and promoted public health issue for several years now. Nationally, adult obesity has seen a sharp rise with 29% of adults now being classed as obese ([NHS England, 2019](#)) and nearly two-thirds of adults being overweight or obese.

Unfortunately, the UK ranks among the worst in the EU for obesity and this isn't just affecting adults. Amongst children now, 20% of 10 year old children are now classed as obese, leading to many questions over their exposure to excessive sugar in their diets and less healthy choices that their parents are making, including only 18% of children now reported to be consuming more than 5+ portions of fruit and vegetables a day.

With adults and children combined overall, we will expect to see a continuing sharp rise in increasing chances of co-morbidity and increased cancer risks. There is also the cumulative effect this will have on the NHS in the future with increased care costs and a larger burden on clinical time.

[Key statistics \(NHS data on obesity\)](#)

Addressing obesity

A recent RCC survey found that approximately 52% of chiropractors already collect information from patients regarding their weight.

Raising the issue of obesity

Chiropractors should use their clinical judgement when deciding whether to address a patient's weight with them. Opportunities may arise during initial consultations or reviews. When discussing results of weight assessment ask the person's permission before talking about the degree of overweight, obesity and central adiposity.

When raising the issue of obesity with patients, chiropractors should be careful not to appear to criticise or blame patients for their weight but use a supportive approach. There are significant risks of real harm for people made to feel guilty or 'fat shamed'. Techniques of motivational interviewing can be a supportive way to introduce a conversation.

Public Health England provides [helpful guidance](#) on this matter.

Assessing weight and central adiposity

The [NICE guidance CG189](#) provides recommendations for identifying and

assessing weight, obesity and central adiposity.

Patients can be directed to resources that give advice on how to measure their Body mass index (BMI), such as the [NHS BMI healthy weight calculator](#), although BMI should be interpreted with caution as it is not a direct measure of central adiposity.

In adults with BMI below 35 kg/m², measure and use their waist-to-height ratio, as well as their BMI, as a practical estimate of central adiposity and use these measurements to help to assess and predict health risks (for example,

Obesity increases the risk of MSK disorders including osteoarthritis.

type 2 diabetes, hypertension or cardiovascular disease). Patients can be encouraged to measure this themselves.

Bioimpedance should not be used as a substitute for BMI as a measure of general adiposity.

There can be logical and subtle links to MSK conditions to breach barriers to discussion. For example, the risk of lower back pain is directly related to increases in body mass index (BMI) ([Shiri et al. 2010](#)). Increased BMI was also associated with other musculoskeletal symptoms, in particular symptoms of the lower extremity. Compared to people working with normal weight, obese

employees had a higher risk for developing symptoms as well as less recovery from symptoms ([Viestar et al, 2013](#)). Obesity (BMI of >30) increases the risk of MSK disorders including osteoarthritis. The NICE guidance states weight loss and exercise are core treatments for osteoarthritis that will improve joint pain and function.

Making Every Contact Count

Making Every Contact Count ([MECC](#)) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health affecting their overall wellbeing. The more often a patient has the importance of maintaining a healthy weight and options for help in losing weight reinforced by health professionals, the more chance there is for significant change in their behaviour and overall health.

For a chiropractor, MECC means having the competence and confidence to deliver healthy lifestyle messages to encourage people to change their behaviour and to direct them to local services that can support them.

Talking and engaging with patients and reinforcing the importance for movement and exercise daily for wider health benefits.

How chiropractors can help

Chiropractors are well placed to offer support and advice on losing weight and getting into regular exercise.

Some of our easiest signposting options for out patients are to local community based services such as: [Parkrun](#), walking football, walking netball and group-led walking clubs such as the Woodland Trust.

Use clinic-based infographics or posters to reinforce public health topics with signposting options

Chiropractors could think about writing to the patient's GP or signposting to weight-loss services such as [Weight Watchers](#) / [Slimming World](#) (for which NHS subsidies may be available).

The use of clinic-based infographics or posters to reinforce public health topics with signposting options for the more introvert/reserved patients.



Source: [Public Health England](#)

Education resources & CPD guidance for chiropractors

Free resources

Measuring Public Health Impact: Adult Obesity

[Access here](#)

A helpful pathway and flowchart for tackling obesity in clinical practice with the NHS 2019 impact pathway to adult obesity. 'Do, Record, Collate and Impact'. This can be kept handy in clinic for day to day management of weight loss and data added to clinical notes or part of an audit.

Making Every Contact Count

[Access here](#)

This website is set up to support the development, evaluation and implementation of MECC programmes in local communities by providing a library of national and local resources.

All Our Health

[Access here](#)

Health Education England 'All our health' e-learning sessions, written and supported by Public Health England. Online modules in conducting consultations in obesity and weight loss.

MECC Community

[Access here](#)

A free online Facebook community for local and national courses and MECC discussion.

Raising the topic of weight in general practice

[Access here](#)

A really interesting article on why there are barriers to raising the topics about weight loss in primary care.

A helpful pathway and flowchart for tackling obesity in clinical practice with the NHS 2019 impact pathway to adult obesity. 'Do, Record, Collate and Impact'.

Paid resources

RSPH Level 2 Award in Encouraging a Healthy Weight and Healthy Eating

[Access here](#)

This qualification is for individuals with an interest in health who are also interested in helping others develop a healthier lifestyle by encouraging people to eat healthily and attain and maintain a healthy weight.

Learners will increase their knowledge and understanding of why individuals may not be at a healthy weight, the effect on health of this, the principles of healthy eating and how individuals can be helped and supported to achieve a healthy weight and eat healthily.

RSPH Level 2 Award in Improving the Public's Health

[Access here](#)

This new qualification is designed to meet the need for a 'radical upgrade in prevention and public health' and is for people working in the wider public health workforce who wish to engage in prevention and improve health in their communities or sector.

Successful candidates will be able to support individuals in behaviour change that leads to healthier lifestyles and address local health issues.

This award is mapped to national occupational standards, functions of the Public Health Skills and Knowledge Framework (PHSK) and Making Every Contact Count (MECC) guidelines.

To meet the need for a 'radical upgrade in prevention and public health'... for people working in the wider public health workforce who wish to engage in prevention and improve health in their communities or sector.

RSPH Level 2 Award in Supporting Behaviour Change (Health and Wellbeing)

[Access here](#)

The objective of this qualification is to provide learners with the knowledge, confidence and skills to support individuals who are thinking of making a health behaviour change. It will enable learners to understand the importance of effective communication in building rapport with individuals. It will also help learners to understand how to work with individuals to increase their motivation to make a behaviour change and explore the factors that hinder and facilitate that change.

CPD resources and suggestions

Broaden and enhance your skills through discussing and engaging with patients about making changes to patient's lives. This could include, MECC, motivational interviewing and influencing behaviour change in our patients.

This could be done in the form of a broad and enriched communications CPD session, covering a wide range of public health issues, but implementing the same tools and techniques when discussing any matter relating to public health.

E-Learning for Healthcare

[Access here](#)

The E-LfH Hub provides free MECC Training which is suitable for your CPD programme.

MECC is an interactive learning resource to support people develop the knowledge and understanding to make every contact count by asking others about their health and wellbeing.

How much physical activity should you do?



This can also be achieved by 75 minutes of vigorous activity across the week or a mixture of moderate and vigorous.

All adults should undertake muscle strengthening activity, such as



exercising with weights



yoga



or carrying heavy shopping

at least 2 days a week

Minimise the amount of time spent sedentary (sitting) for extended periods



Source: [Public Health England](#)

Key resources for patients

Type 2 Diabetes: Know Your Risk

[Access here](#)

“Finding out your risk of Type 2 diabetes only takes a few minutes.” With your patient completing this tool they may be eligible for the Healthier You NHS Diabetes Prevention Programme.

First Steps Nutrition

[Access here](#)

This recipe book provides simple, cost-effective nutritious meals that the whole family can enjoy with portion size information for all ages.

When it comes to food and nutrition, dieticians are the absolute gold standard.

NHS Weight Loss Plan

[Access here](#)

This NHS 12 week diet and exercise plan is designed to help you lose weight at a safe rate of 0.5kg to 1kg (1lb to 2lb) each week by sticking to a daily calorie allowance.

RSPH: Obesity

[Access here](#)

Useful links to the Royal Society of Public Health’s obesity campaigns and activities hub which includes activity equivalent labelling and ‘Health on the Shelf’ (supermarket and grocers) guide to food shopping.

Easy Ways to Eat Better

[Access here](#)

Easy to follow recipes and food preparation in a website and App based format for patients to be signposted to for guidance in making healthier choices.

BDA: Food and Health

[Access here](#)

When it comes to food and nutrition, dieticians are the absolute gold standard. Here is information written by dieticians to help cut through the noise and conflicting information out there on food and nutrition.



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