Healthy Weight and Good Nutrition JSNA Profile Pack 2026

Glossary of Terms

About Language

Compassionate and non-stigmatising language

A compassionate approach to weight focuses on treating individuals with dignity and respect, avoiding stigma, and recognising that weight is influenced by complex factors beyond personal choice. This approach prioritises overall wellbeing rather than solely focusing on numbers on a scale. It includes supporting positive relationships with food, addressing emotional wellbeing, improving sleep, and setting personalised, achievable goals. Weight stigma and judgment can lead to disengagement, poor mental health, and reduced effectiveness of interventions. A compassionate approach helps build trust, encourages sustained behaviour change, and promotes holistic health outcomes. It acknowledges that there is no "one size fits all" solution and empowers individuals to make informed choices in a supportive environment. This is particularly important for vulnerable groups, where sensitivity and inclusivity can significantly improve engagement and long-term success.

The Nottingham City Director of Public Health's 2024/25 report 'Addressing Stigma: the need for empathy, understanding and action' is a helpful resource when considering language, and can be found here: nottingham-city-dph-annual-report-2024-25.pdf

Different terms used by professionals and the public
Different organisations, professional groups and the public use different terms to talk about weight, nutrition and physical activity. In this JSNA we aim to use clear and consistent language wherever possible. We aim to use clear and compassionate language in our public facing information while recognising other terms and language can be useful in defining healthy weight categories (for example overweight and obesity).

Ways that healthy weight are measured

Definitions related to weight are generally linked with Body Mass Index (BMI), which can be a useful measure for most of the population to estimate whether a person is a healthy weight. Having a high BMI can put people at higher risk of certain weight related illnesses, but this does not mean that all people with a high BMI have ill health. The limitations of BMI are increasingly recognised, with other measures of healthy weight (such as waist-to-height ratio) being put forward as better indicators of health. Despite this, BMI is commonly used to determine eligibility for different healthy weight support interventions and other healthcare interventions. It is important to think about overall health and wellbeing rather than focusing on a specific weight or weight related measurement.

Body Mass Index (BMI) – Adults: A measurement to estimate whether someone is a healthy weight for their height. BMI takes ethnicity into consideration, because people from an Asian, Black African, African-Caribbean or Middle Eastern ethnic background have a higher chance of developing health problems at a lower BMI. While BMI is a useful indication of healthy weight for most people, it has limitations for some people (i.e. people who are very muscular) because it does not differentiate between muscle and fat (1). BMI does not consider where fat is stored on the body.

Waist circumference / waist-to-height ratio: A way to measure excess fat that is calculated by dividing waist circumference by height. A waist-to-height ratio over 0.5 can indicate a higher

health risk (0.5-0.59 is defined by NICE as increased central adiposity and 0.6 as high central adiposity for adults and children and young people aged 5 and over). For children and young people a waist-to-height ratio over 0.5 can indicate a higher health risk (1, 2). Waist-to-height ratio may be a better indicator of overall health than BMI as it estimates visceral fat (the fat around the middle, in and around the organs) which is more harmful than fat elsewhere on the body (subcutaneous fat – for example on arms, bottoms and thighs) (3).

Body Mass Index (BMI) – children and young people: A measurement to estimate whether a child or young person is a healthy weight for their height. For children and young people aged 2-17-years, BMI is compared with growth charts for age and sex and this is calculated as a 'centile'. This shows how far a child or young person's BMI is from the average BMI for their age and sex based on population growth charts. For example, if a child is on the 75th centile, this means 75 out of 100 children of the same age and sex will have a lower BMI and 25 out of 100 will have a higher BMI. As with BMI measurements for adults, BMI for children and young people does not differentiate between muscle and fat.

BMI z-Score / BMI Standard Deviation Score (SDS): A measure showing how far a child or young person's BMI is from the average BMI for their age and sex. This is expressed by how many standard deviations a child or young person's BMI is above or below the average BMI for their age and sex. A BMI z-Score of 0 equals a BMI of exactly average for their age and sex. A BMI z-Score of +1 equals one standard deviation (SD) above average and a BMI z-Score of -1 equals one standard deviation (SD) below average. BMI z-Scores typically fall within a maximum range of -5 SD and +5 SD.

Other measures related to children and young people:

- **Growth chart / centile chart:** Standardised charts used to assess a child's growth compared to UK reference populations.
- **Weight-for-age centile:** A measure comparing a child's weight to children of the same age and sex.
- **Height-for-age centile:** A measure of a child's height compared to age- and sex-matched peers.
- **Weight-for-height centile:** Useful for younger children where BMI is less reliable.

Definitions related to weight

Healthy weight: A weight range that is associated with fewer risks of weight related health problems. Being a healthy weight supports overall health and wellbeing. For adults, this usually means a BMI range of 18.5-24.9 or a waist-to-height ratio below 0.5. For children and young people, a healthy weight is defined as a BMI centile of between 2 and 90. However, having a higher weight does not necessarily mean someone is unhealthy (2). Healthy weight and unhealthy weight ranges vary by age, gender, and ethnicity.

Unhealthy weight: A weight range that increases the risk of health problems. This can include being underweight, overweight or living with obesity.

Underweight: A weight below what is typically considered the healthy weight range for a person's height and that may lead to increased risk of health problems or is considered too low for good health. For adults, this is usually categorised as a BMI below 18.5 and a BMI centile below 2 for children and young people (aged 2-17 years).

Overweight: A term used when someone's body weight is higher than what is considered healthy for their height. Overweight is usually defined by BMI, with overweight falling within

the BMI range of 25–29.9 for adults and a BMI centile of over 91 for children and young people (aged 2-17 years).

Obesity: A complex health condition where extra body fat increases the risk of health conditions. Obesity is often defined as a BMI of 30 or above for adults and a BMI centile of 98 for children and young people or above for children and young people.

Severe Obesity: Defined as BMI of 40 or above for adults and a BMI centile of 99.6 or above for children and young people (or a BMI SDS of 3.0 or above).

Central adiposity: The accumulation of excess fat around the abdomen (stomach), often described as abdominal fat, visceral fat, or central obesity.

Definitions related to nutrition

Having good nutrition is beneficial to everyone's health regardless of weight and independently of weight loss.

Good nutrition: Eating a balanced range of foods in the right amounts that provide the levels of vitamins, minerals, fibre, protein, fats and carbohydrates that are needed to support good health. Good nutrition includes avoiding or limiting foods that are more harmful to health, such as Ultra Processed Foods, and Foods High in Fat, Salt and Sugar (HFSS).

Poor nutrition: Eating a diet that is low in the nutrients that are needed to support good health and reduce risk of illness or health problems. This may mean eating an unbalanced range of foods so that some nutrients are lacking from diet. Poor nutrition might also refer to diets that are high in processed foods, ultra-processed foods or foods High in Fat, Salt and Sugar.

Malnutrition: A serious condition that is caused by not getting the right amount and balance of nutrients. This can be undernutrition (not getting enough nutrients) and overnutrition (getting more nutrients than needed) (4). It is more common among children and older adults and people with a BMI under 18.5 are more at risk. The best way to prevent malnutrition is through eating a healthy, balanced and varied diet.

Nutritious: Food that contains important nutrients such as fibre, vitamins, minerals, lean protein and healthy fats.

Nutrient-dense foods: Foods that provide a high amount of beneficial nutrients (such as fibre, vitamins, minerals, lean protein and healthy fats) relative to the number of calories they contain. Examples of nutrient-dense foods include fruits, vegetables, whole grains, nuts, seeds, lean meat, eggs, fish and low-fat dairy products.

Whole foods: Foods that remain as close as possible to their natural state and are unprocessed or minimally processed. They are free from additives, artificial substances, added sugars, salts or preservatives. Whole foods are typically more nutritious than highly processed foods.

Foods High in Fat, Salt and Sugar (HFSS): Foods and drinks that contain high levels of fat, salt, and/or sugar and are associated with poorer health outcomes when consumed frequently.

Processed foods: Foods that are changed from their natural form. Some processed foods are only lightly processed and remain close to their natural form (for example frozen vegetables or canned beans). Some processed foods have been altered from their natural form and often include added salt, sugar, fats or preservatives (for example yoghurts with added sugar or flavourings, white bread and packaged cereals with added sugars).

Ultra processed foods (UPFs): Foods that are highly processed using industrial techniques and contain ingredients such as additives, flavourings, preservatives, and emulsifiers that are not normally found at home. Even foods that are marketed as 'healthy' can be ultra processed. Many UPFs are also foods that are high in fat, salt and sugar (HFFS). Examples of UPFs include sweetened soft drinks, crisps, packaged cakes and biscuits, ready meals, packaged meats and sweetened breakfast cereals.

Eatwell Guide: The UK Government's official healthy-eating model used to show how much of different food types people should eat to maintain a healthy and balanced diet (5). The Eatwell Guide divides food into five groups:

- Fruit and vegetables
- Starchy foods such as potatoes, rice, pasta and bread
- Protein foods such as beans, pulses, fish eggs, meat and other proteins
- Dairy and dairy alternatives
- Oils and spreads

Hydration: Providing the body with enough water (fluids) so it can maintain normal physiological functions such as temperature regulation, digestion, absorption of nutrients, circulation and the removal of waste products. The body continuously loses water, and so fluids need to be regularly replenished. Good hydration can also support healthy weight by supporting metabolism and helping the body burn energy (calories efficiently) and helping to regulate appetite. It also helps to prevent fatigue and support overall wellbeing. The Eatwell Guide recommends 6-8 glasses of fluids a day (6).

Infant feeding and breast/chest feeding: Individuals may use different terminology when referring to providing human milk to their infants. Transgender and non-binary people may provide human milk to their infants, and this is sometimes referred to as chestfeeding.

Definitions related to the food environment

Building Blocks of Health: When we talk about the building blocks of health, we're talking about the wider determinants of health. Access to good-quality homes, education, safe and accessible transport, healthy food, good work, supportive families, friends and communities, balanced money and resources and safe spaces in which to play, exercise and socialise all determine how long we're likely to live – they are the building blocks of a healthy society. But they are often missing from the discussion about health. One building block = one wider determinant. Each block is one of the things needed for good health, such as good jobs, decent and affordable homes, access to a good education and public transport.

Food environment: The physical, economic and social surroundings that influence how we access and choose food (e.g., shops, advertising, pricing).

Out Of Home (OOH) Food Environment: The food and drinks available to people outside the home, such as in restaurants, cafés, takeaways, schools, workplaces, and shops.

Built Environment: The human-made surroundings in which people live, work, and travel, including buildings, streets, parks, transport systems, and neighbourhoods .

Socio-ecological model: A framework that recognises that health and behaviour are influenced by multiple levels, including individual, social, community, environmental, and policy factors.

Obesogenic environment: An environment that promotes weight gain and makes healthy choices harder to make. It includes factors that influence people's diets, physical activity and other behaviours and refers to environments where unhealthy food is cheap, easily accessible and widely promoted and where there are limited opportunities for physical activity. It includes the food environment, built environment, social and cultural norms, economic context and policy contexts.

Food insecurity / food poverty: Food insecurity is generally split into two categories: 'low food security' means that households reduce the quality, variety and desirability of their food/diet. 'Very low food security' means that households sometimes reduce their food intake or disrupt their eating patterns due to a lack of money or other resources for food (7). Food insecurity is mostly due to households not being able to afford food.

Food banks: Provide emergency food and practical support to people who have been left without enough money to live on. Food banks can normally be accessed by people who have been referred to access a food voucher.

Food desert: A place where it is difficult to access good-quality fresh food at a reasonable price.

Fast food: Food that is cheap, quick to prepare, and usually high in calories, fat, salt or sugar.

Dietary acculturation: The process through which individuals or communities adapt their eating habits and food choices when exposed to a new cultural or food environment. It involves incorporating or substituting host-country foods and practices with those from their home culture, which can lead to changes in meal patterns, food preferences and nutritional intake as people adjust to their new surroundings.

Structural barriers: Systems, policies, or conditions that limit people's ability to make healthy choices or access support, often affecting some groups more than others.

Definitions related to support and interventions

There are different types of support available that can help people to maintain or achieve a healthy weight or to lose weight. The table below helps to understand the similarity between different ways of categorising or describing healthy weight support.

Target population	Prevention pyramid categories	Tiers of weight management support	Types of intervention at each level of support
Whole population	Primary Prevention	Tier 1	Universal services (such as Primary Care) Health promotion Communication and awareness raising campaigns Community engagement
People at risk of a health problem (e.g. people with overweight/obesity)	Secondary Prevention	Tier 2	Behavioural overweight and obesity support In Nottingham and Nottinghamshire these are delivered by Integrated Wellbeing Services (that also provide behavioural support for smoking and other behaviours)

			Can also be described as healthy lifestyle support, health behaviour change support, health coaching.
People with a health problem (e.g. people with obesity and weight related health conditions)	Tertiary Prevention	Tier 3 & 4	Specialist weight management support with or without medicines Surgery

Prevention pyramid: A framework that describes three levels of action/intervention to support health and wellbeing:

- **Primary prevention:** Aims to prevent the development of unhealthy behaviours by creating environments and systems that support healthy choices and reduce exposure to risk factors for unhealthy weight.
- **Secondary prevention**: Focuses on the early identification of people and groups at increased risk (people who are already have an unhealthy weight), providing timely and targeted interventions to prevent progression to weight-related harms.
- **Tertiary prevention:** Supports people already living with unhealthy weight/obesity-related conditions to manage their health, prevent complications and improve quality of life.

Tiers of weight management support:

- **Tier 1 weight management support**: interventions or activities that promote healthy behaviours among the whole population to prevent unhealthy weight, overweight and obesity. This includes public health communication campaigns and community activities.
- **Tier 2 weight management support**: healthy lifestyle and behavioural support for people who are overweight or living with obesity. This typically includes supporting people to make positive changes to their diet and physical activity. This can be delivered in group settings, on a one-to-one basis, in person, over the phone, virtually or digitally.
- **Tier 3 weight management support:** specialist weight management services providing specialist support for people living with obesity and/or weight related physical health problems. Support is provided by multidisciplinary teams including clinical support and can include prescribed weight loss medications.
- **Tier 4 weight management support:** includes surgical interventions (bariatric surgery) and specialist medical and wraparound support for people living with severe obesity.

Health promotion: Activities including education, community engagement, advice and information, and communication campaigns that are generally focused on prevention of a health problem occurring.

Behavioural support (including health behaviour change support, healthy lifestyle support): Support to help people make changes to their behaviours/lifestyles to improve their health and wellbeing. Behaviour change techniques can include motivational interviewing, goal setting and advice, encouraging self-monitoring, teaching people behaviour change strategies, and reducing barriers and improving life skills.

Health coaching: Health coaching is a type of behavioural support. Health coaching is often considered to be holistic and focused on the goals of the person receiving the support and their individual needs, rather than following a predefined programme.

Specialist weight management services: Specialist primary, community or secondary care-based services led by a multidisciplinary team, offering a combination of nutritional, behavioural, psychological and surgical interventions (see bariatric surgery below), and medicines (see weight management medicines and GLP-1s below) (2).

Weight loss medicines & GLP-1s: Prescription medicines that are proven to support weight loss. GLP-1s and GIP's are a type of medicine that can help some people to manage appetite and blood sugar levels helping them to lose weight, they are also used to treat diabetes. Orlistat is a different type of medication that can help people to lose weight by blocking absorption of some dietary fats.

Bariatric surgery: Surgery that helps weight loss by changing the stomach or digestive system (for example gastric bypass or gastric band/sleeve). Surgery is not recommended for children or young people apart from in exceptional circumstances.

Wrap around support/care: An essential part of support for people accessing weight loss medications. Includes nutritional and dietary advice, behavioural support and advice on physical activity.

National Child Weight Management Programme (NCMP): A national programme for measuring and recording the height and weight of children in Reception (age 4-5 years) and Year 6 (age 10-11 years). NCMP is primarily a national surveillance tool. In many local areas it is used to identify children who may benefit from weight management support and to make referrals into Family Weight Management services.

Family Weight Management: Behavioural support for children and young people who are experiencing overweight or obesity and their families.

Complications of Excess Weight (CEW): Service for children and young people with severe obesity and comorbidities relating to weight (including hypertension, fatty liver disease, obstructive sleep apnoea, PCOS (Polycystic Overy Syndrome), insulin resistance.

Digital health interventions: Any health intervention that is provided digitally. This can include web, app, text, mobile based interventions. It also includes wearable devices that monitor a persons health metrics (such as heart rate and activity or movement).

Commercial weight management: Weight management support or activities that are provided by businesses and are paid for by clients.

Strength-based: An approach that focuses on people's abilities, assets, and resources rather than their problems or deficits.

Proportionate universalism: An approach that provides support to everyone, with the level of support adjusted according to the level of need.

Definitions related to movement

Within this JSNA, movement and physical activity are included from the perspective of supporting healthy weight. Movement and physical activity can play a part in weight loss and in helping people to maintain a healthy weight. Movement and physical activity have physical and mental health benefits independently of weight. A separate 'Moving More' JSNA will

consider movement and physical activity more broadly and will include the importance and benefits of movement and physical activity independently to healthy weight.

Physically active: Being physically active means meeting the recommended levels of physical activity for health as defined by the UK Chief Medical Officer's (CMO) Physical Activity Guidelines (link).

Physically inactive: Not meeting the recommended levels of physical activity for health as set out by the UK Chief Medical Officer's Physical Activity Guidelines (8). For adults this is less than an average of 30 minutes of moderate intensity activity a week. For children and young people this is less than an average of 30 minutes of moderate intensity activity a day. For children and young people this is referred to a 'less active' rather than 'inactive.

Sedentary: Any waking activity characterised by low energy use while sitting or lying down, such as watching television or prolonged desk work (8).

Frailty: Refers to a person's mental and physical resilience, or their ability to recover from illness and injury (9). It is often characterised by issues like reduced muscle strength and fatigue. Frailty can increase with age.

Strength and balance: Physical activities that improve muscle strength and balance, helping to maintain mobility and reduce the risk of falls. Examples of balance activities include standing on one leg, backwards walking, activities that involve 3-dimensional movement (8).

Strength / resistance training: Muscle mass declines with age from age 30 years. Strength training helps build muscle mass and reduces the risk of muscle weakness, frailty and injury and supports people to live independently and have a higher bone density (stronger bones). It can include lifting weights, using resistance bands or other equipment that provides resistance. Some body weight exercises can also increase strength.

Active travel: Forms of travel that involve physical activity, such as walking, cycling, or using a wheelchair or mobility aid.

Definitions related to health and wellbeing

Life expectancy: The average number of years a person is expected to live in a specific area.

Healthy life expectancy: Measures the years of life someone can expect to live in good health, without illness or disability.

Health inequalities: Unfair and avoidable differences in health outcomes across the population and between different groups (10).

Comorbidities: Having two or more diseases, illness or medical conditions.

Weight related comorbidities / health complications: Having a health or medical condition that occurs alongside obesity or excess weight and significantly impacts overall health and wellbeing. Common weight related comorbidities include type 2 diabetes, non-alcoholic-fatty liver disease, cardiovascular disease, some cancers and respiratory, musculoskeletal and other metabolic conditions, Obstructive Sleep Apnoea.

Sleep hygiene: Habits, behaviours and environment conditions that support good quality sleep. This includes things like having consistent times for sleep, bedtime routines, reducing caffeine, alcohol and screen time before bed. Poor sleep can have a wide range of negative

physical and mental health impacts and can be a risk factor for overweight and obesity in children, young people and adults.

Emotional and wellbeing impacts / psychological comorbidities: There is a two-way relationship between mental/emotional health and wellbeing and weight. Mental and emotional wellbeing can influence weight for example through emotional eating, increased or decreased appetite, cravings, reduced motivation for things like physical activity or cooking. Mental and emotional wellbeing can also impact on sleep which is a risk factor for unhealthy weight. Unhealthy weight can lead to stigma and discrimination, social isolation, poor body image, low self-esteem, bullying and can impact emotional and mental wellbeing.

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