Why aren’t health professionals telling us we’re fat?

The role of health services in the prevention of overweight and obesity.

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Presentation Overview

1. Key concepts and Issues
   - Obesity, Prevention, Health Services
2. Obesity Prevention in Health Services: summary of the evidence
3. Weight as a clinical indicator
4. Research Questions
5. Methodology
6. Policy Implications
Key Concepts and Issues

1. Obesity
- 25% adults obese, 63% adults overweight or obese
- Contributing factor to development of chronic disease plus impedes management

2. Prevention
'verapproaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability' WHO

Obesity prevention - changes to infrastructure, regulating food industry and marketing, education, food supply, individual interventions
Key Concept and Issues

3. Health Services

- health system = ‘all organisations, people and actions whose primary intent is to promote or restore health’ WHO

- Primary Healthcare/ Admitted Services/ Non-admitted Services

- 2011-12 $140.2 billion (1.7 times as high as in 2001-02)

- 1.7% health budget is prevention e.g. immunisation, cancer screening, health promotion. 3rd lowest rate in OECD

Complex causes = complex solutions
Obesity Prevention in Health Services

- Advocacy role
- Interventions focus on variation of 5As

  ASK- assess- ADVISE- assist- arrange REFER

- Barriers

  1. Traditionally designed to treat acute disease= hyperspecialisation; focus on episodic care; limited interprofessional collaboration
  2. System Issues: time, cost, staff skills, lack of services to refer to
  3. Attitudinal Issues: nihilism, role perception, having the conversation
Weight as a Clinical Indicator

- should we weigh all patients? Or ask about nutrition and physical activity?
  - identifies risk factors for a range of chronic disease
  - provides a source of data that could be fed into population data sets to allow services to tailor programmes to specific groups
  - normalises weight as a clinical indicator rather than it being a social judgement
- Are health professionals comfortable talking about weight?
Research Questions

- What are the key organisational, professional, cultural and attitudinal factors influencing the incorporation of obesity prevention interventions in a health care setting?

- What are the barriers and enablers to health professionals talking about weight with their patients?

- How do these factors interact with each other to limit or enable the uptake of obesity prevention?
Methodology

– Qualitative: Want to examine *meaning*

– Case Study: Interviews and observations

– Developed initial themes for questions from interviews with academic experts
Policy Implications

— identify key leverage points to support the translation of prevention policy into practice by drawing out the key embedded cultural, attitudinal, professional and organisational factors which may have a positive or negative influence on how successfully obesity prevention may be incorporated into health care delivery.
Questions or Comments?

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