

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

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

Claire Pearce

PhD Candidate, Menzies Centre for Health Policy, University of Sydney
and The Australian Prevention Partnership Centre

Senior Project Officer, Chronic Disease Management Unit, ACT Health



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

'approaches 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?

Claire.pearce@act.gov.au

