

Closing the Gaps in Obesity: The Need for a Strategic, System-wide Approach to Obesity Care

The Obesity Policy Engagement Network (OPEN) is a partnership program between the Obesity Society, the European Association for the Study of Obesity, the World Obesity Federation, the European Coalition for People Living with Obesity, the Global Obesity Patient Alliance and Novo Nordisk, to improve obesity care internationally. OPEN was initiated and is funded by Novo Nordisk.

The Obesity Policy Engagement Network (OPEN) has undertaken a survey of healthcare professionals and healthcare decision makers in 8 countries globally to better understand what current obesity care looks like and perceptions that influence delivery of care.

The Models of Care Survey was developed by OPEN with input from healthcare professionals and obesity experts from partner organizations and national networks represented in OPEN.

Stakeholders surveyed:

Healthcare professionals (HCPs)

Sample: 1200 globally – 150 per country

- Endocrinologists
- Cardiologists
- General Practitioners
- Practice nurses

Healthcare decision makers (HC DMs)

Sample: 414 globally - ~50 per country

- Commissioners
- Heads of department, hospital, clinic, or practice
- Individuals who sit on national/regional health committees

Countries:



Canada



Brazil



Germany



Malaysia



Turkey



Australia



Spain



Italy

Results:

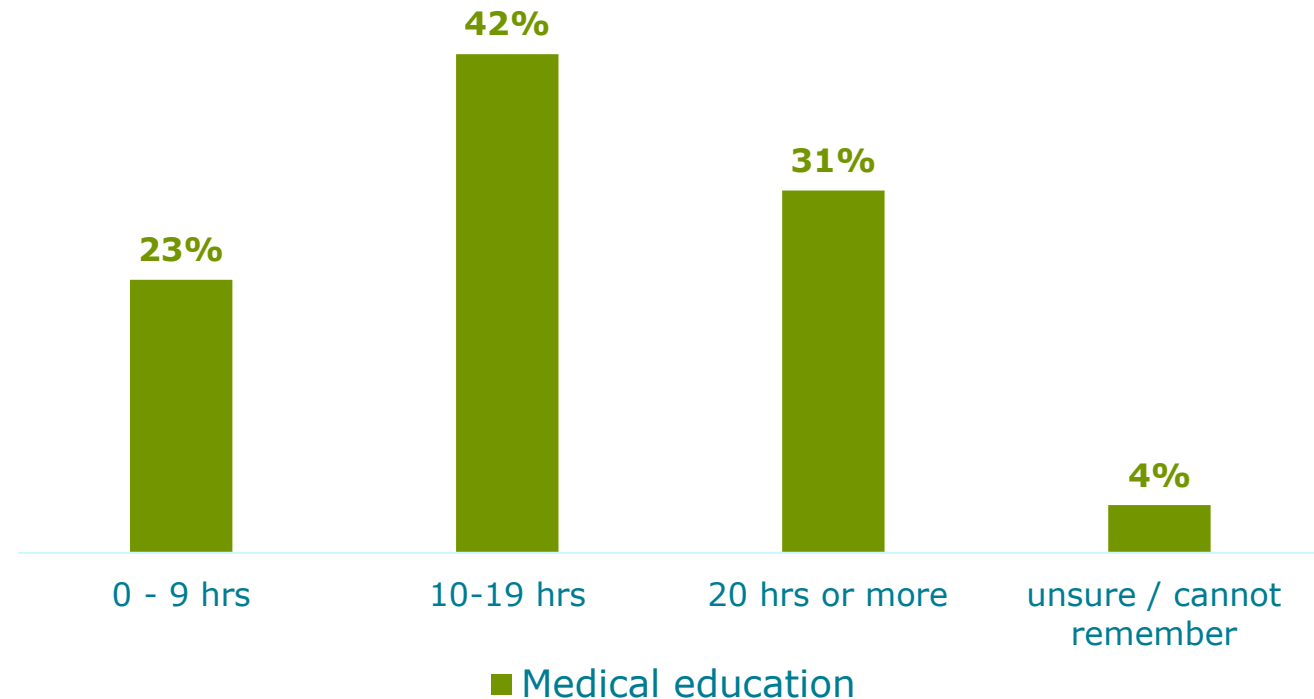
The figures included in this presentation have been rounded up or down meaning you may identify a discrepancy of 1% in some cases i.e., total adds up to 99% or 101%

Education on obesity

Healthcare professional education on obesity is increasing

Majority of HCPs say they receive between **10 and 19 hours of training** on obesity as part of their medical education.

In **comparison** with a **2018** survey of General Practitioners* conducted by the European Association for the Study of Obesity, **43% received none or less than 4 hours of training on obesity.**

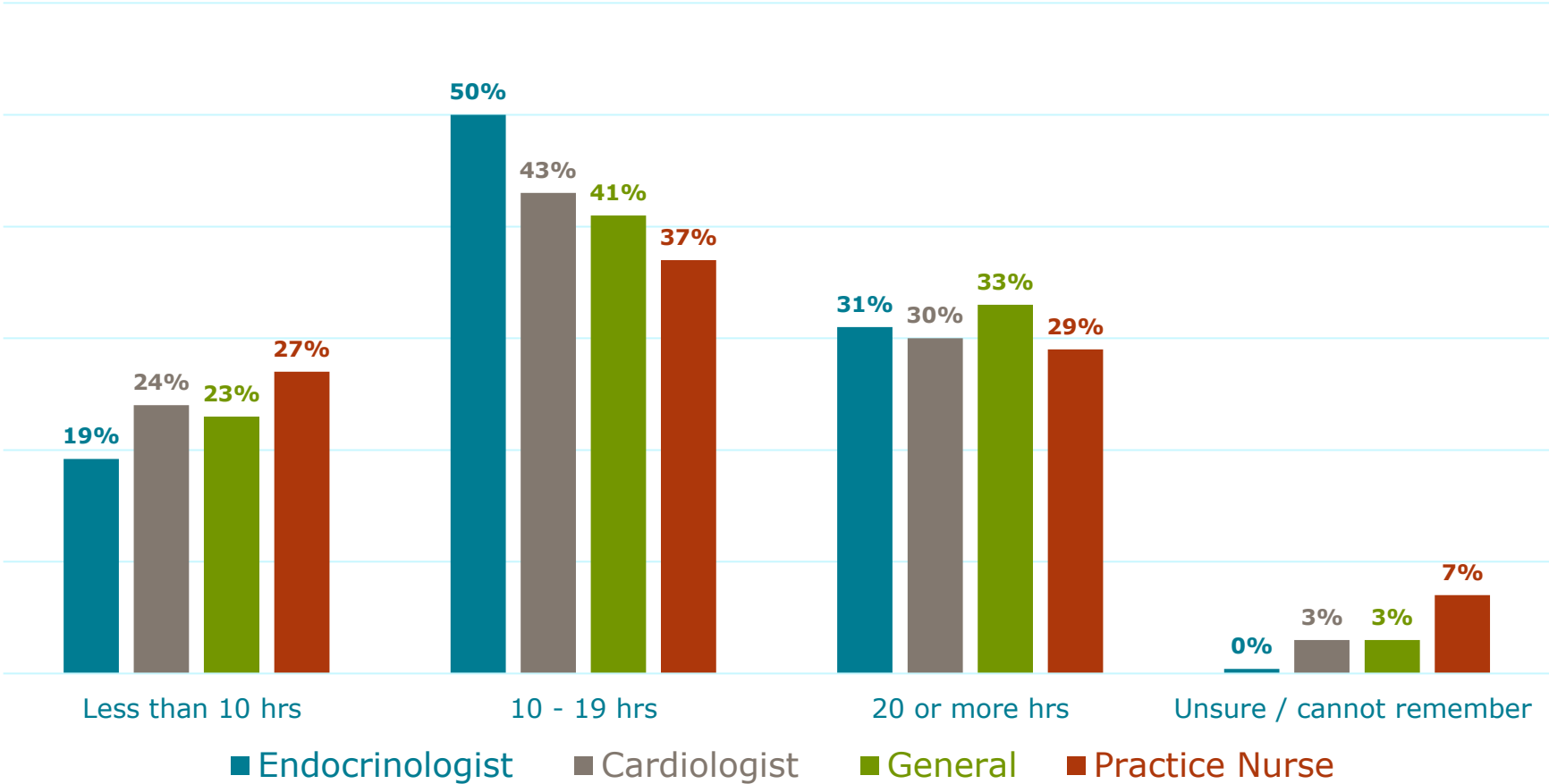


*Survey of European GPs: GPs' Perceptions, Knowledge and Treatment of Obesity. European Association for the Study of Obesity. 2018. On file
HCP: Approximately how many hours of education have you received on obesity as part of your medical education? (Matrix)

The amount of education and training received on obesity is similar among healthcare professionals, regardless of their specialism

- **General Practitioners, Endocrinologists** and **Cardiologists** say they receive a similar amount of training on obesity
- **Practice nurses** receive the least amount of training on obesity

Medical Education



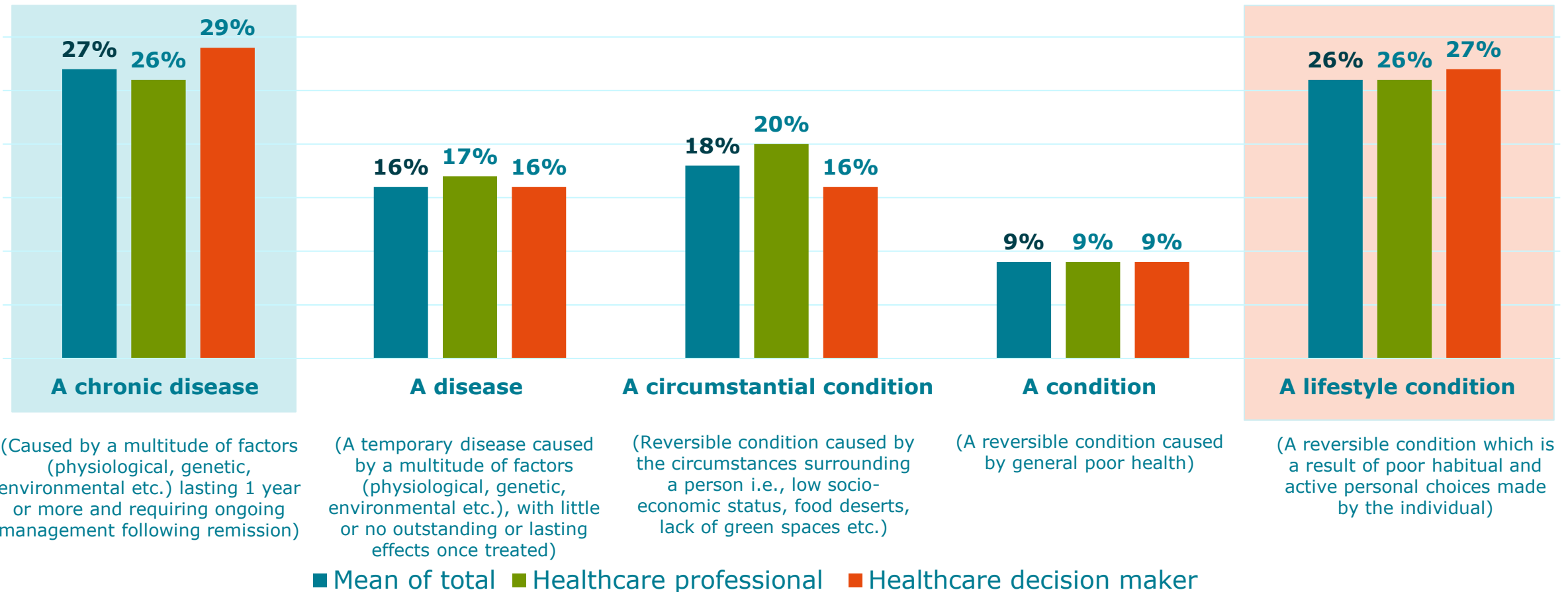
HCP: Approximately how many hours of education have you received on obesity as part of your medical education? (Matrix)



Perceptions of Obesity

Majority of healthcare professionals and healthcare decision makers do not categorize obesity as a chronic disease

- Under 30% accurately categorize obesity as a **chronic disease**

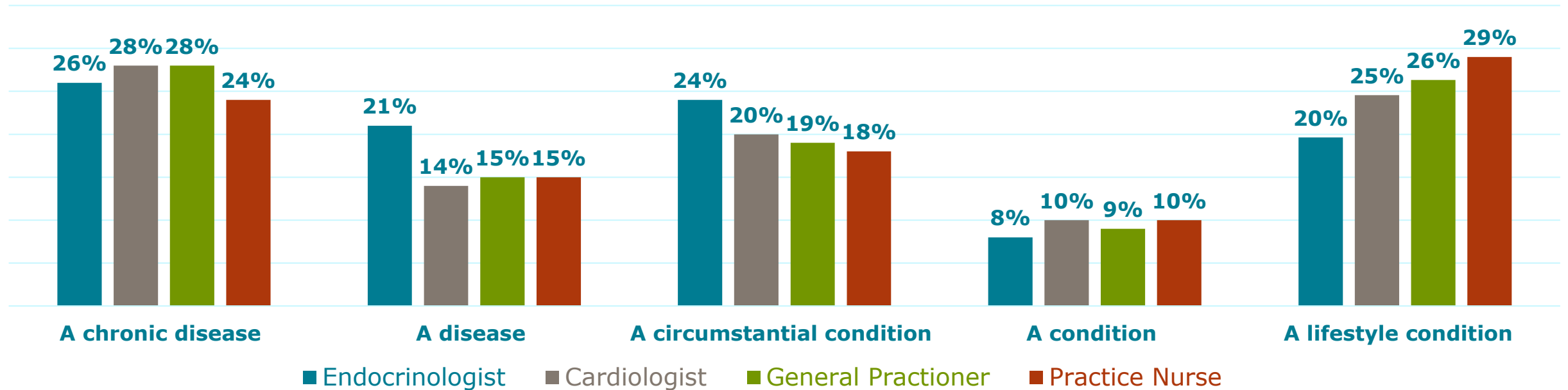


HCP/HC DM: Which of the following, if any, best describes how you would categorize obesity? [Select 1 option]

HCP & HC DM combined: Which of the following, if any, best describes how you would categorize obesity? [Select 1 option]

The number of healthcare professionals categorizing obesity as a chronic disease is similar across specialisms

Practice Nurses are the most likely to view it as a lifestyle condition followed by **General Practitioners**. **Practice Nurses** are also the least likely to view it as a chronic disease followed by **Endocrinologists**.



HCP: Which of the following, if any, best describes how you would categorize obesity? [Select 1 option]

Many healthcare professionals and healthcare decision makers hold biases toward people living with obesity

While:



64% of HCPs and 65% of HC DMs agreed that people with obesity deserve the same respect, care, and treatment as all others with chronic diseases



27% / 25% neither agreed or disagreed

9% / 9% disagree

Almost half of HCPs and HC DMs say they or their colleagues hold bias:



40% of HCPs and 29% of HC DMs said they hold biases towards people with obesity

29% / 32% neither agreed or disagreed



45% of HCPs and 39% of HC DMs agreed that their colleagues hold biases towards people living with obesity

33% / 35% neither agreed or disagreed

Misconceptions are prevalent amongst healthcare professionals and healthcare decision makers

42% of HCPs and **41% of HC DMs** agree:



'Obesity is a result of personal and conscious decisions to perform a behavior that increase risk of obesity'

35% / 38% neither agreed or disagreed

37% of HCPs and **36% of HC DMs** agree:

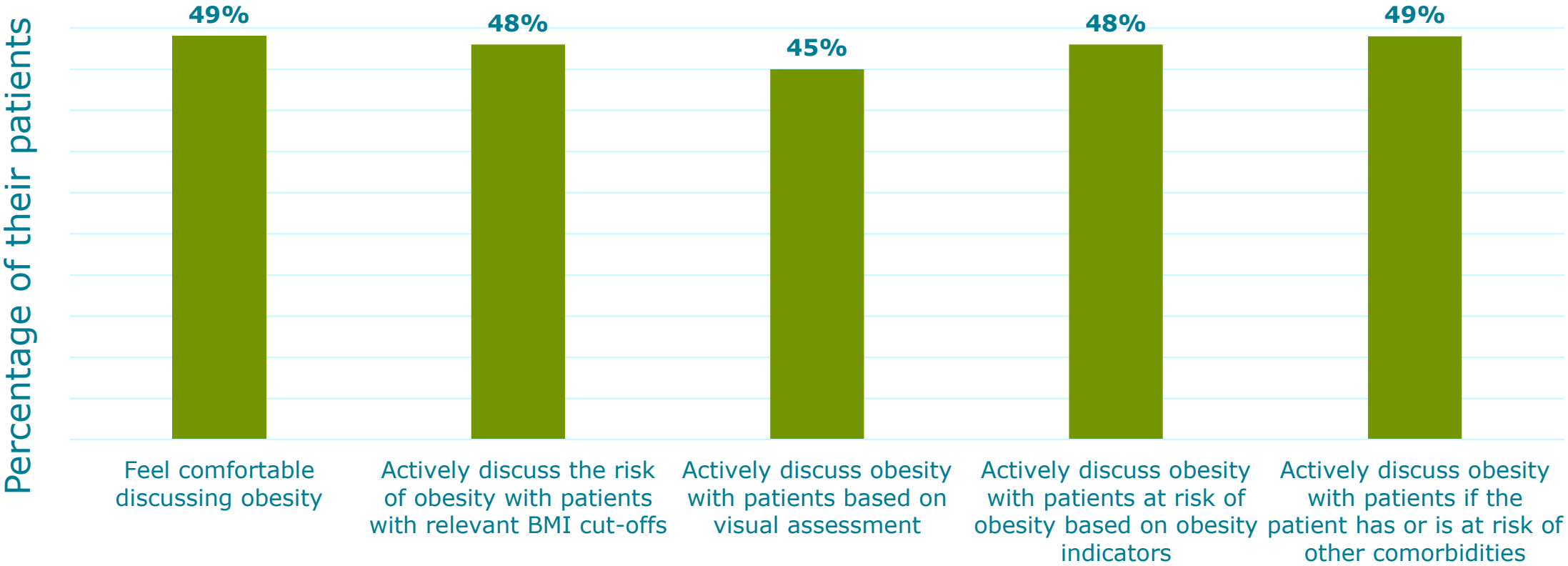


'People are responsible for managing obesity on their own'

39% / 42% neither agreed or disagreed

Healthcare professionals proactively discuss obesity with less than half of their patients who show signs or are at risk of obesity

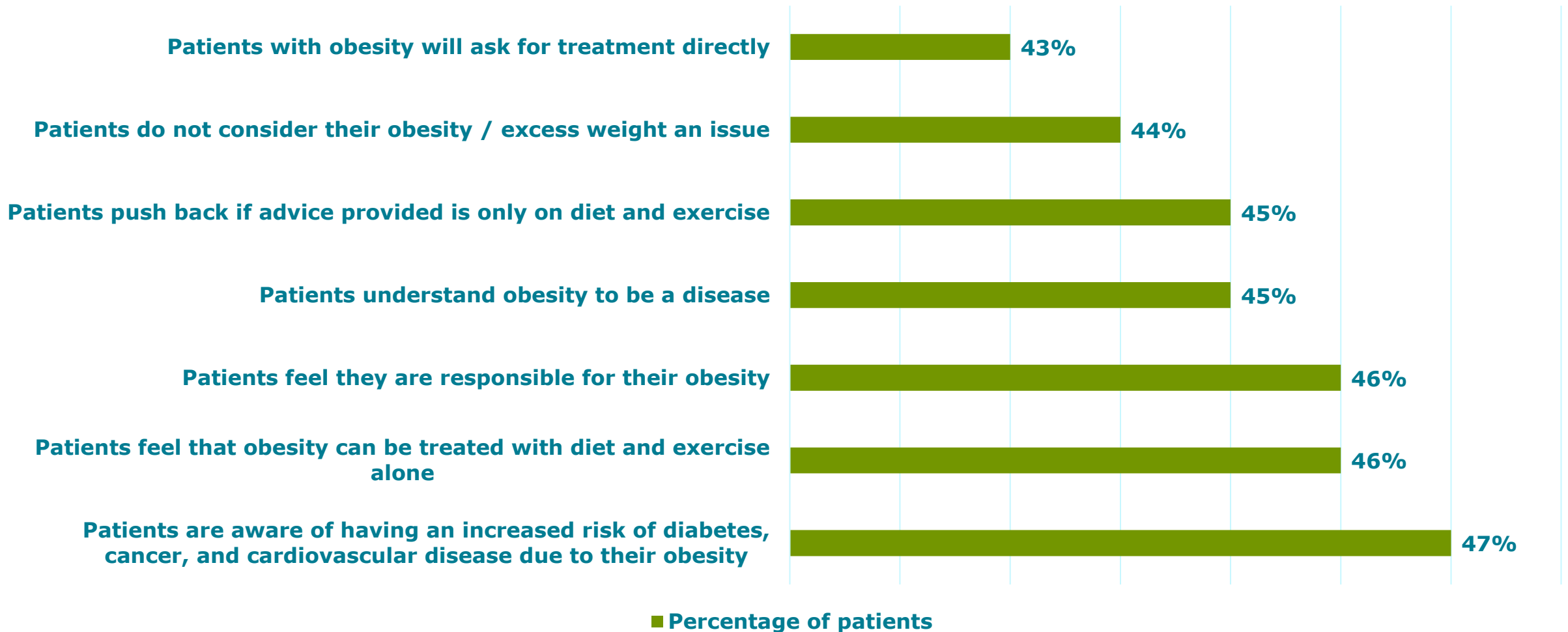
On average, HCPs:



HCP: What percentage of patients do you feel comfortable and actively discuss obesity with? (Matrix - average)

Healthcare professionals assess that less than half of their patients with obesity consider it an issue, understand it to be a disease and will ask for treatment directly

On average, **HCPs** say the following statements apply to:



HCP: What percentage of patients would you estimate the below statements apply to? (Matrix - average)

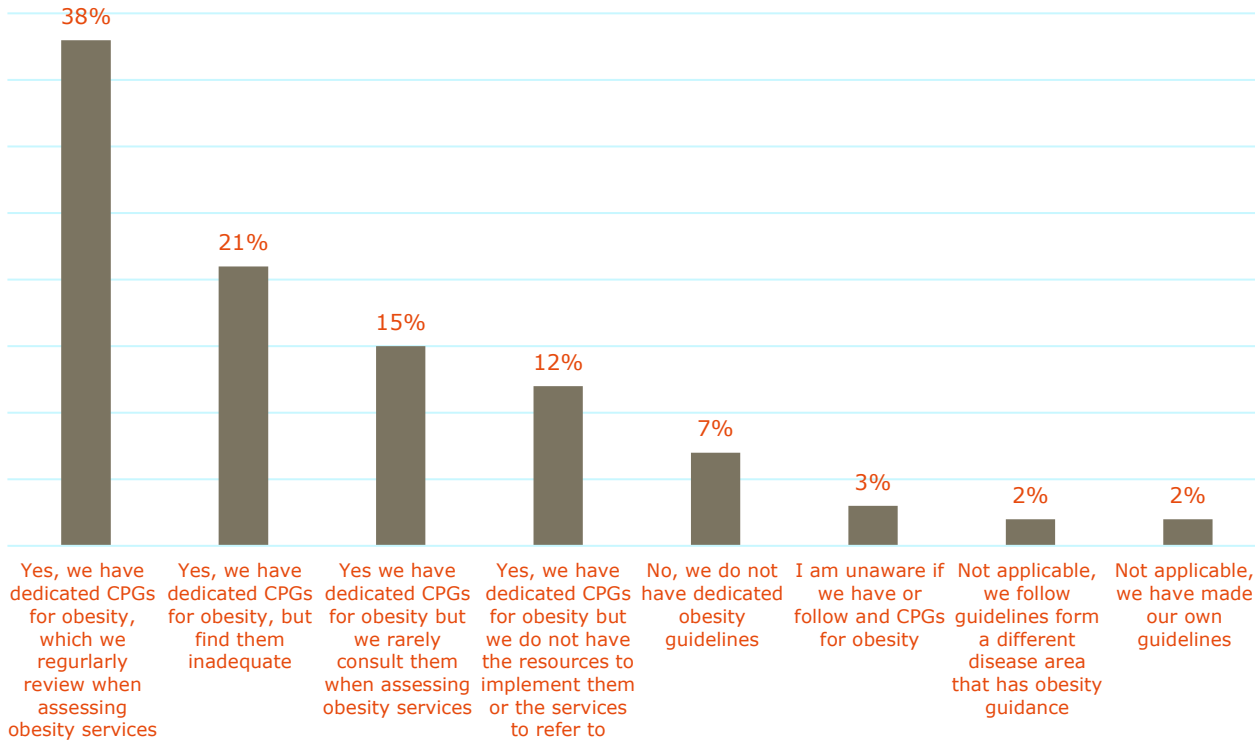
Standards of care

46% of healthcare professionals
and **34%** of healthcare decision
makers agree that obesity care is well
organized

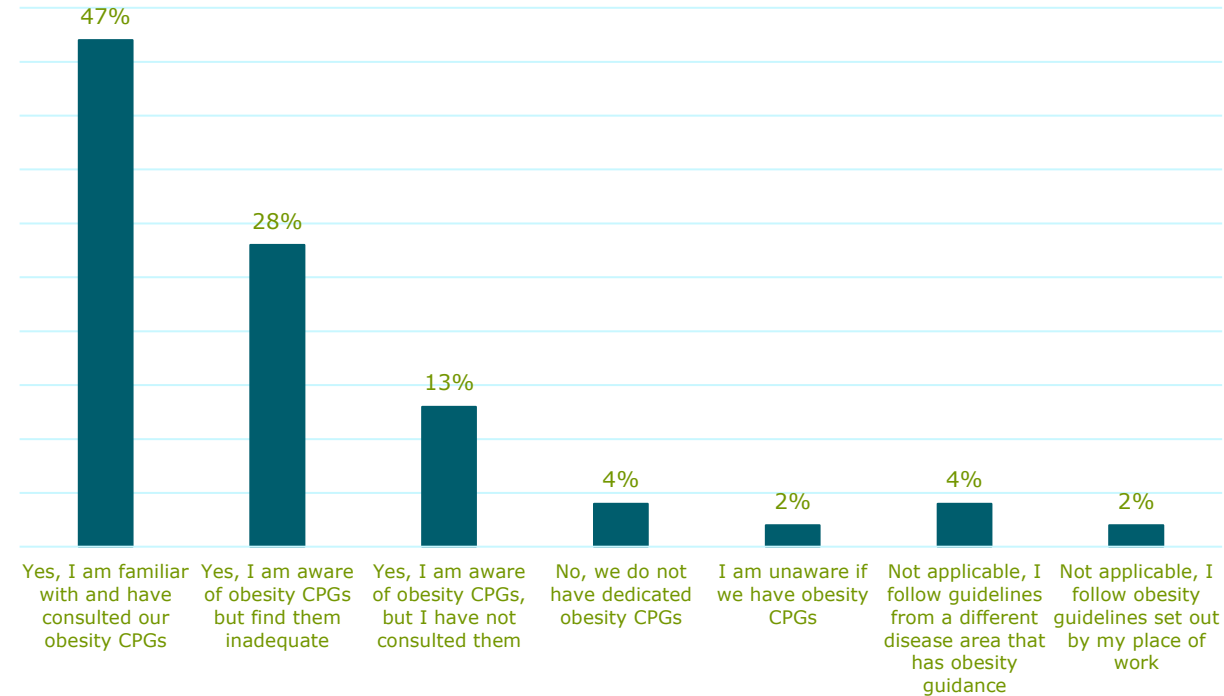
Clinical practice guidelines are widely available but over a third of healthcare decision makers and healthcare professionals find them inadequate or rarely consult them



86% of HC DMs say that there are dedicated clinical practice guidelines in place



88% of HCPs say they are aware of clinical practice guidelines

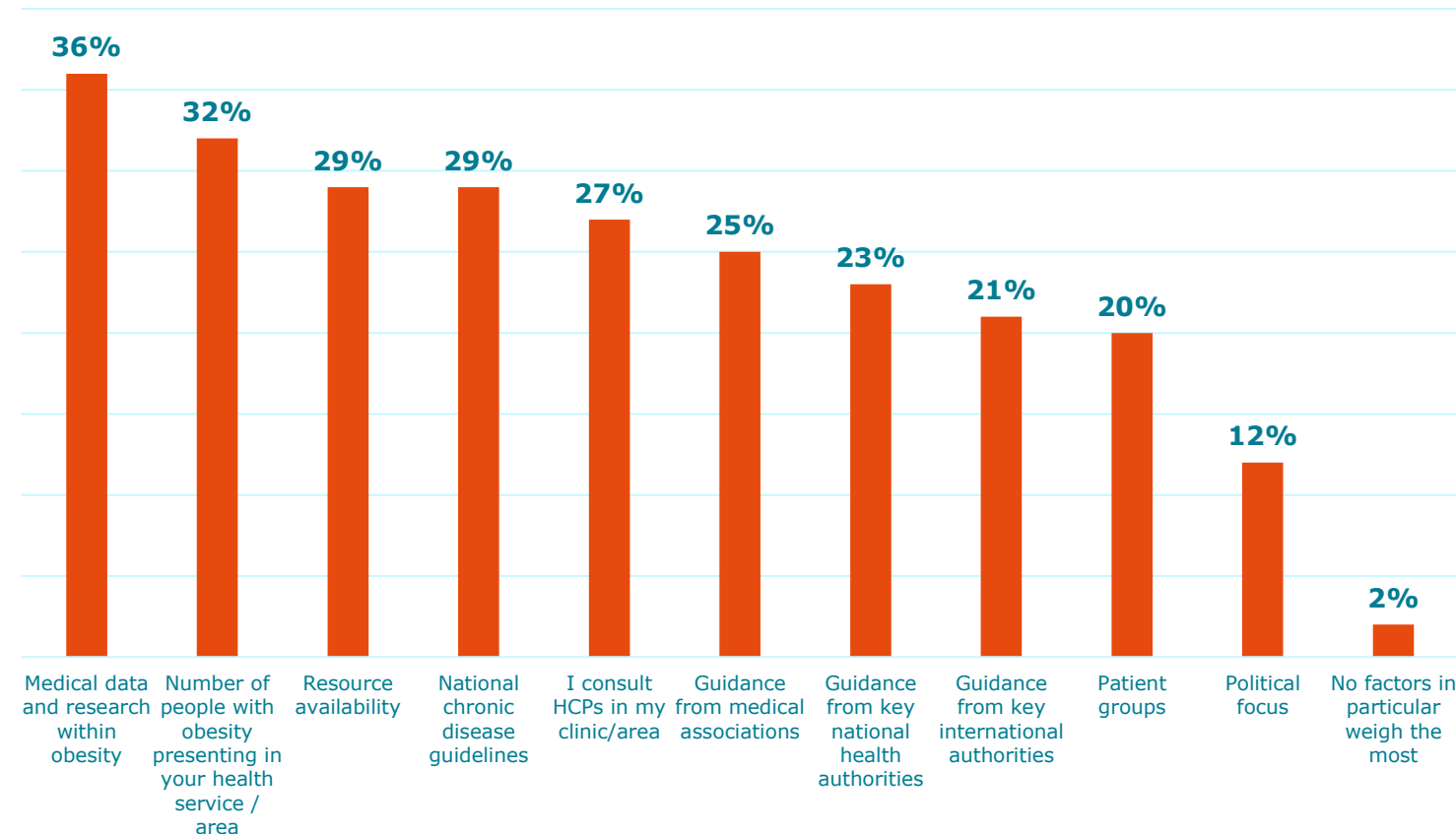


HC DM: Are there dedicated/specific obesity clinical practice guidelines (CPGs) (as opposed to guidelines on obesity included within guidelines for other conditions, i.e., diabetes) sanctioned for use in your health system or country? (Select 1 option)

HCP: Are you aware of dedicated/specific obesity clinical practice guidelines (CPGs) (as opposed to guidelines on obesity included within another condition, i.e., diabetes) published within your health system and/or country? (Select 1 option)

The factors that most inform healthcare decision makers when forming obesity plans and guidance come with limitations

According to HC DMs, the factors that influence their decision making are:



51% of HC DMs agree that they receive regular updates on new research within the obesity field and **24%** say funding has been allocated to obesity research by government or health authorities

According to **HCPs**, on average **43%** of patients who have been diagnosed with obesity have it documented in their patient records as a chronic disease

Minority of HC DMs agree that there are enough GPs (31%), specialists (29.5%) and allied health professionals (31%) available to provide care for people living with obesity

HC DM: What factors weigh the most in your decisions when forming obesity plans/guidance in your area/practice/department? Tick up to 3.

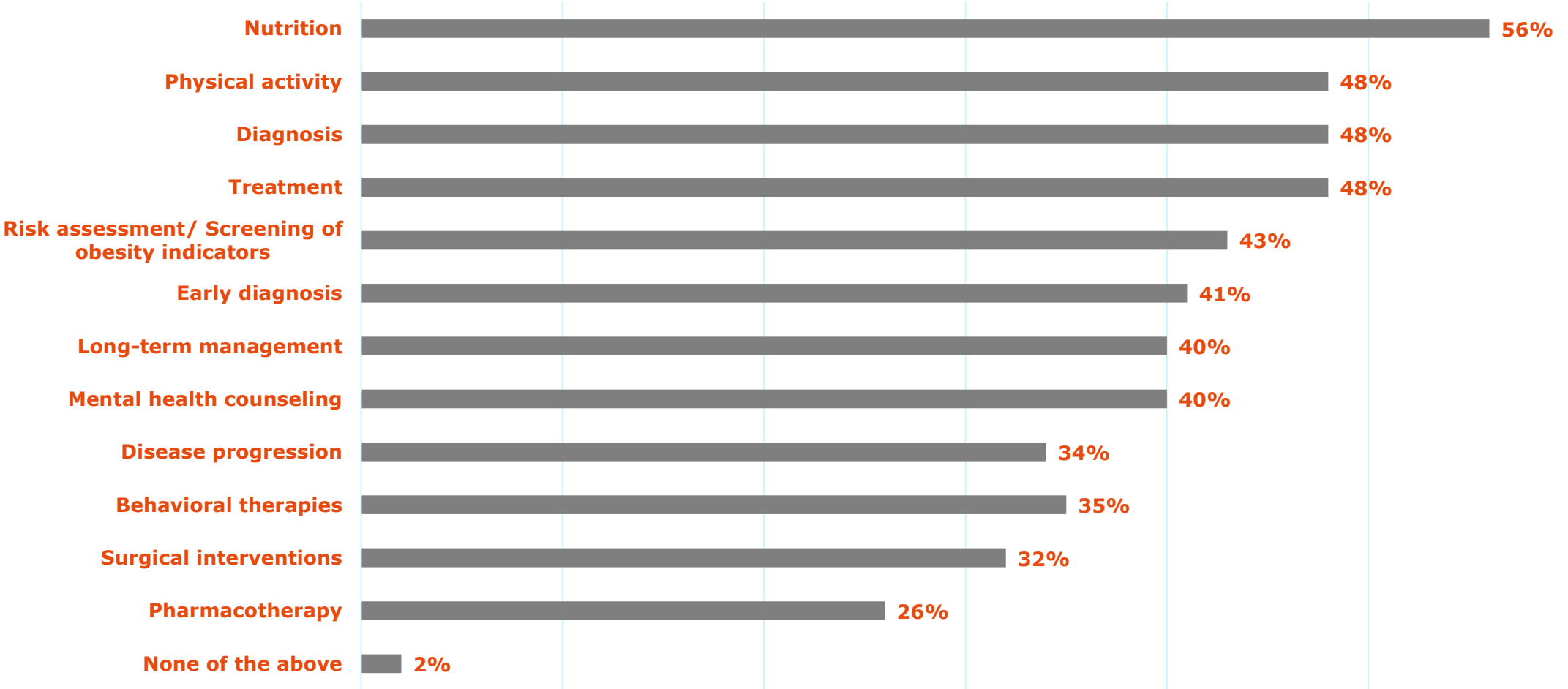
HCP/HC DM: To what extent do you agree with the following statements? (Matrix)

HC DM: Which of the following measures, if any, has the government/health authorities, to your knowledge, set out (strategies, plans, frameworks, guidance) or incentivized (funded) in efforts to prevent and manage obesity? (Choose all that apply)

HCP: What percentage of your patients would you estimate have received an official diagnosis of obesity and have it documented in their patient records? (Matrix - average)

A large proportion of HC DMs say key elements of holistic obesity care in line with WHO recommendations are not included in current obesity guidelines

HC DMs say the following areas are included in obesity guidelines:



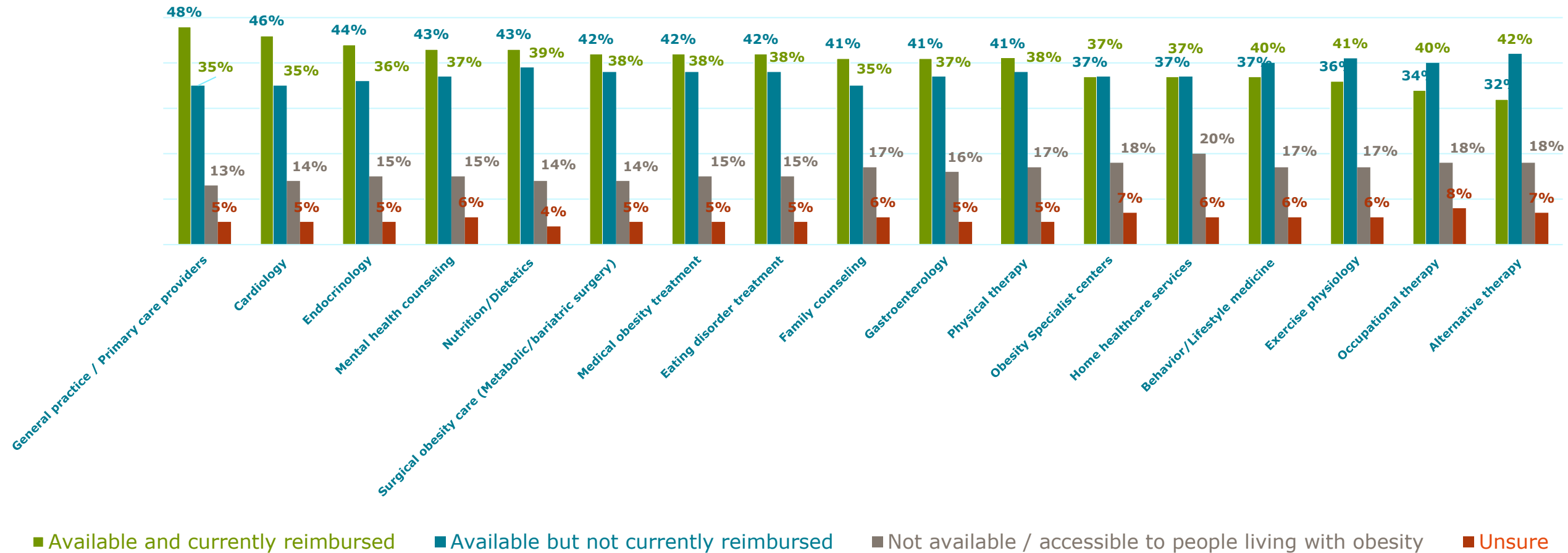
HC DM: Do any guidelines on obesity (dedicated or as part of guidelines for other diseases) cover the following? (Tick all that apply)

Care delivered

52% of healthcare professionals
and **32% of decision makers** agree
obesity services are available to all
people with obesity

People living with obesity lack access to key services

HC DMs and HCPs on average say that the following services are available to people living with obesity



HCP & HC DM combined: What services, if any, are available locally that people living with obesity can be referred to? (Matrix – mean of responses from both groups)

Around half of healthcare professionals say they have access to key support measures to help them care for people living with obesity

HCPs say the following support measures are available to them to help deliver treatment and long-term management of care



HCP: Which of the following support methods are available in your department/country to help you deliver treatment and long-term management of people living with obesity? (Matrix)

Around half of healthcare professionals say they have access to key support measures to help them care for people living with obesity - continued

HCPs say the following support measures are available to them to help deliver treatment and long-term management of care



■ Do not know
■ Unsure
■ No
■ Yes

There is a discrepancy between those healthcare professionals that say they feel well-equipped and those that agree that key measures are in place to deliver the best care

61%

of **HCPs** say they feel well-equipped to provide the best care for people living with obesity

54% agree referral pathways are clearly established

55% agree diagnostic criteria for obesity are clear and sufficient

56% agree facilities at the clinic/hospital are well equipped to welcome and manage people with obesity across all weights, shapes, and sizes

47% agree they receive regular updates on new research within the obesity field

45% agree Primary Care Providers (PCPs) and specialists work well together to help people with obesity

Around a third of healthcare professionals and healthcare decision makers agree that there is sufficient time and human resource available to care for people with obesity



40% of HCPs / 29% of HC DMs agree that there is **sufficient capacity (time)** available to those supporting patients to care for number of patients with obesity



37% of HCPs / 31% of HC DMs agree there are **enough primary care providers** available to deliver appropriate long-term care for people with obesity



38% of HCPs / 29% of HC DMs agree there are **enough specialists** available to provide care to people with obesity



39% of HCPs / 31% of HC DMs agree that there are **enough allied health** providers available to provide care for people with obesity

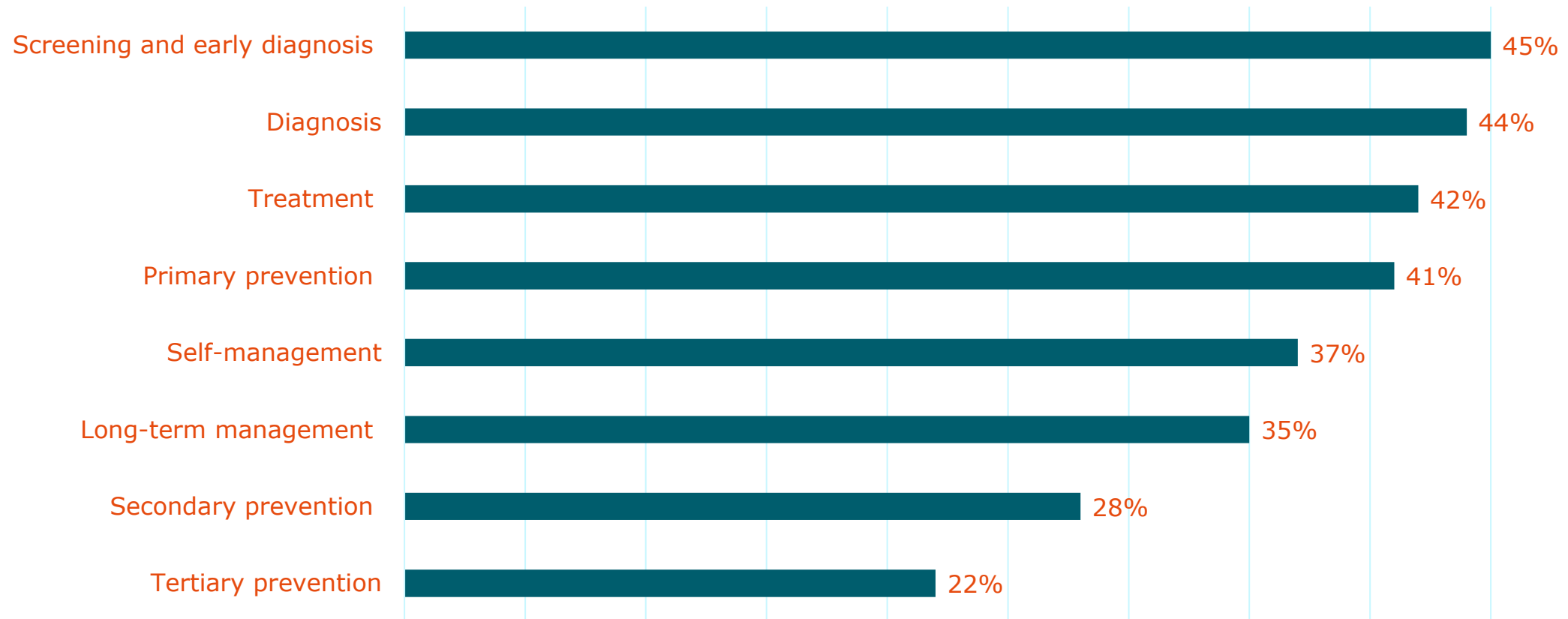
Health system prioritization

54% of healthcare professionals and **37% of decision makers** say obesity care is high on the healthcare agenda

61% of healthcare professionals and **54% of decision makers** agree obesity care needs more focus/funding/attention

Healthcare decision makers prioritize diagnosis and treatment and are less likely to view long-term management of obesity as a top priority when it comes to funding allocation

HC DMs that say they consider the following a **top priority** for funding allocation:

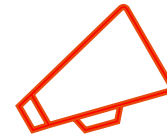


Government funding is most likely to be allocated to the delivery of dietary policies and general health awareness

According to **HC DMs**, the **top 5** measures that government/health authorities have set out or incentivized (funded) to prevent and manage obesity are:



School food and nutrition policies
(40%)



Health promotion campaigns
(37%)



Awareness campaigns to educate the public on the science of obesity
(39%)



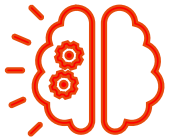
Public institutions food and nutrition policies (36%)



Legislation for front of package labelling (38%)

Government funding is less likely to be allocated to support clinical provision of care for people living with obesity

According to **HC DMs**, **some of the measures that are less likely** to receive funding from government/health authorities in efforts to prevent and manage obesity are:



Measures to improve the diagnosis of people living with obesity (23%)



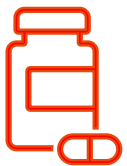
Clinical frameworks for obesity (26%)



Long-term management of obesity (24%)



Screening of obesity (28%)



Treatment of obesity (25%)



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