

Insights and Perceptions of Obesity Management in People with Obesity: Results of the National ACTION Study

Background

- Obesity is widely recognized as a chronic disease. The increasing prevalence of obesity and its impact on health warrants immediate action.
- Despite improved disease understanding and development of new treatment options, obesity still remains underdiagnosed and few receive effective care.
- Due to the complexity of obesity, a multidisciplinary and structured approach involving multiple stakeholders is required to improve care and address barriers that prevent people with obesity from seeking and receiving care.
- The ACTION (Awareness, Care, and Treatment In Obesity maNagement) study examined Wagner's Chronic Care Model's Self-Management Support element by uncovering and identifying attitudes and behaviors related to obesity management among people with obesity (PwO) setting out to improve the understanding of barriers to effective care.

Objectives

- Gain a better understanding of the barriers that may prevent people with obesity from receiving high quality care and the support they need to reduce their obesity and improve their health.
- Generate insights that could help guide collaborative action to promote effective care for people with obesity.
- Create a platform for communication to help change how critical stakeholders approach the care of people with obesity.

Study design

- A cross-sectional, US-based, stratified sampling of people with obesity (PwO) was used with the following inclusion criterion: body mass index ≥ 30 kg/m² based on self-reported height and weight. Adult PwO (n=3,008; 54% unweighted female) completed online surveys.
- The instrument assessed attitudes, experiences and behaviors associated with medical and employer-based obesity management.
- Recruitment – respondents were recruited through an online panel.

Multidisciplinary team

- The ACTION study was developed by a multidisciplinary team of obesity experts from clinical practice, basic science, patient advocacy, employer and public policy fields organized as a steering committee.
- Study objectives and instruments were developed under direction of the steering committee with contracted collaborators through all phases.

Survey Development

- Surveys were developed following a comprehensive qualitative research phase and with insights from the ACTION steering committee, which also shaped the evaluation of qualitative data, design considerations in survey development, survey implementation, data collection, analysis and interpretation.
- Populations surveyed – PwO (n=3008), Health Care Professionals (n=606), and Employer Representatives (n=153). Only data and results from PwO are shown here.
- Pre-tests were conducted to confirm language and understanding (n=23, 75 minutes). The People with Obesity (PwO) survey was offered in both English and Spanish.
- Study and survey instruments used were IRB approved.

Statistical analysis

- Respondent-level weights were applied to the PwO sample to demographic targets for age, household income, ethnicity, race and Hispanic descent, gender, and U.S. Region based on the 2010 U.S. Census. Sample sizes presented are unweighted. Descriptive statistics (% , other) are weighted figures, unless otherwise noted.

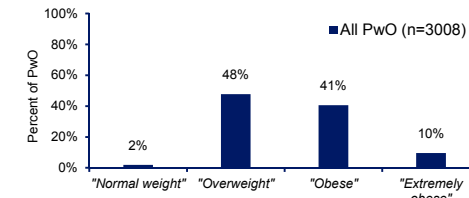
Results

Table 1 Characteristics of People with Obesity Sample (Unweighted %)

	People with Obesity (n=3,008)
Sex, No. (%)	
Male	1378 (46)
Female	1630 (54)
Age	
Mean, Median (range), y	54, 57 (18-96)
65 years and over, No. (%)	946 (31)
Ethnicity, No. (%)	
Hispanic	239 (8)
Non-Hispanic	2,769 (92)
Race, No. (%)	
White	2465 (82)
Black or African American	285 (9)
Other	258 (9)
Body mass index, mean (+/- std. dev.), kg/m ²	37 (6)
Obesity Class, No. (%)	
Class I	1304 (43)
Class II	896 (30)
Class III	808 (27)

Perceptions of current weight

Figure 1 Perception of current weight



Subgroup definitions and findings

Table 2 Subgroup Characteristics of People with Obesity Sample

	People with Obesity (n=3,008)
Weight Loss Success, n (%)	
Successful Weight Loss	331 (10%)
No Successful Weight Loss	2,667 (90%)
Treatment Seeking, n (%)	
Actively Seeking Treatment	1,655 (54)
Non-Treatment Seeking	1,353 (46)

- Successful Weight Loss is defined as PwO reporting at least 10% weight loss from greatest weight in the past 3 years and reporting "success in weight loss" for at least one year.
 - No Successful Weight Loss is defined as not meeting the above criteria.
- Actively Seeking Treatment is defined as PwO reporting they have committed to a weight loss plan, successfully lost weight and kept it off, or have spoken to an HCP about weight loss in past 6 months.
 - Non-Treatment Seeking is defined as not meeting the above criteria.

Gaps in weight loss goals

- PwO believe that 10% weight loss (WL) is a valuable goal. Nonetheless, the average WL goal set between themselves and their HCP is reported as 20%.
- While PwO who are actively seeking treatment indicate setting goals for losing weight and improving their overall health, those not actively seeking treatment are more focused on weight loss alone.

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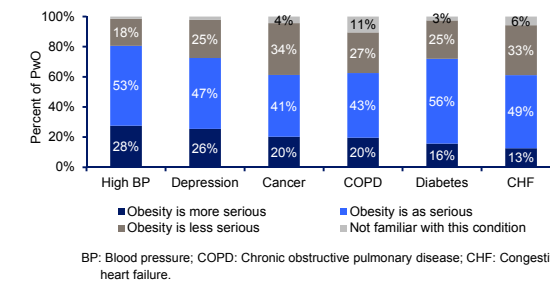
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Recognizing obesity as a disease

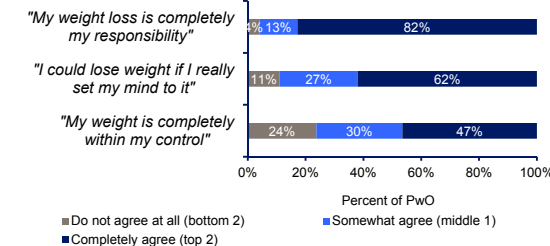
Figure 2 Obesity severity relative to other health conditions.



- 65% of PwO in this study agree that "obesity is a disease."
- As a disease, more than 50% of PwO consider the impact of obesity on a person's overall health is as serious as or more serious than COPD, CHF, diabetes, cancer, depression, and high blood pressure.
- 31% of PwO report that they consider life expectancy in relation to their weight "rarely" or "not at all."

Perceived responsibility and attitudes toward weight loss

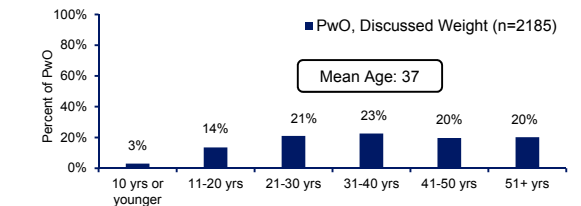
Figure 3 Perceived responsibility and attitudes toward weight loss.



- Despite disease recognition, 82% of PwO perceive that they have "complete responsibility" for their weight loss (WL).

Seeking support

Figure 4 If ever discussed weight, age when first discussed being overweight/losing weight with HCP.



- PwO report multiple serious attempts to treat the disease by the time they are 45. The mean age at the time of first weight conversation with their HCP is 37 years, while few conversations take place at a younger age (Figure 4).
- Two thirds of PwO report they want their HCP to bring up their weight.
- Of 71% of PwO that have discussed "losing weight" or "being overweight" with HCPs, 36% report that they do not "seek support" from HCPs.

Conclusions

- Obesity treatment outcomes may be hindered by suboptimal self-management strategies among PwO or their perceived inability to manage obesity.
- This study highlights the potential need for PwO to gain increased understanding of obesity as a chronic, biologic, and most often progressive disease that requires a combination of self-management and multidisciplinary support.
- Initiatives to give HCPs a better understanding of the perceptions and beliefs of PwOs may foster more productive interactions and improve treatment outcomes.



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