



STEVE LANTZ
Steve's BMI is 39

Barriers to Effective Obesity Care: Highlights From the ACTION Study

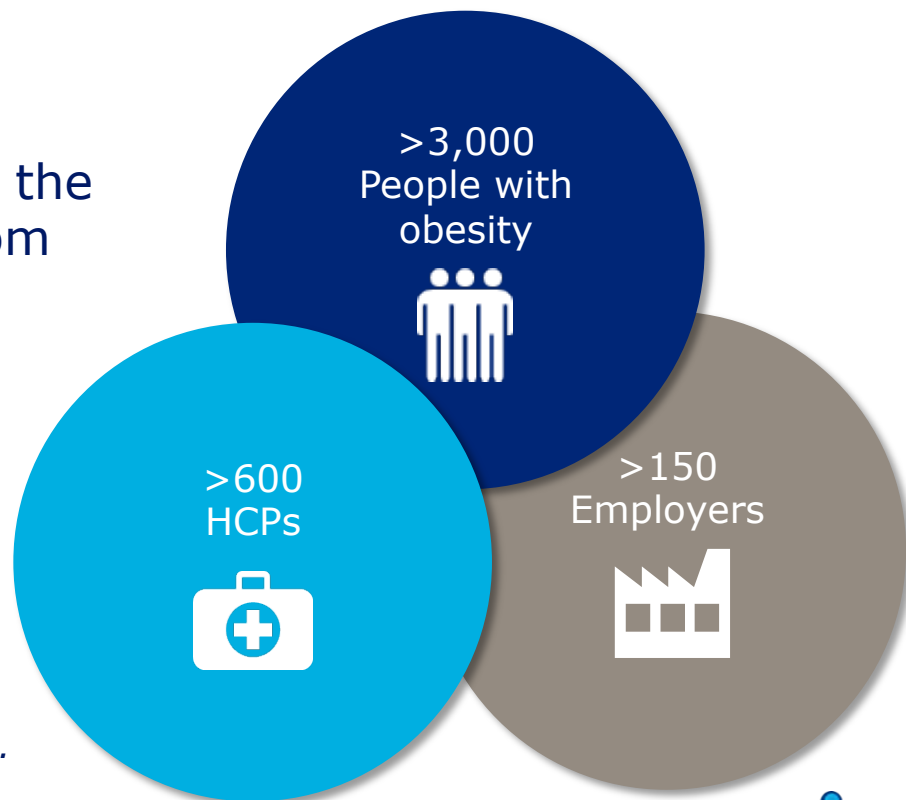


ACTION study

Introduction

ACTION is the first study to explore the barriers to effective obesity care from the perspective of:

- People with obesity
- HCPs
- Employers



The ACTION study was funded by Novo Nordisk, Inc.

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AWARENESS, CARE & TREATMENT
IN OBESITY MANAGEMENT

HCP, health care provider.

Kaplan LM, et al. *Obesity (Silver Spring)*. 2018;26(1):61-69.



ACTION study

Study objectives

Create a better **understanding of the barriers** that prevent people with obesity from receiving the medical care and support they need to improve their health

Generate insights to **guide collaborative action** to improve care, education, and support for people with obesity

Create a **platform for communication** to help change how people with obesity, HCPs, and employers manage, treat, and support obesity

Methodology and recruitment

- Respondents were recruited through an online panel
- Online surveys were completed in the United States by
 - **People with obesity** (45 min)
 - **HCPs** (PCPs and weight loss specialists; 40 min)
 - **Employers** (45 min)



People with obesity sample was stratified and monitored by income, age, region, and race/ethnicity according to US Census data to achieve a nationally representative sample



HCP sample was monitored for representation across role, region, and practice type



Employer sample selected according to regional demographic targets

Baseline characteristics

Characteristics		People with obesity n=3008	HCPs n=606	Employers n=153
Sex	Male, n (%)	1378 (46)	305 (50)	73 (48)
	Female, n (%)	1630 (54)	301 (50)	80 (52)
Age	Mean age, years (SD)	54.5 (14.3)	a	49.6 (9.1)
BMI Classification	Underweight, n (%)	—	16 (3)	2 (1)
	Normal range, n (%)	—	298 (49)	62 (41)
	Overweight, n (%)	—	201 (33)	61 (40)
	Obesity class I, n (%)	1304 (43)	59 (10)	25 (16)
	Obesity class II, n (%)	896 (30)	16 (3)	2 (1)
	Obesity class III, n (%)	808 (27)	16 (3)	1 (1)

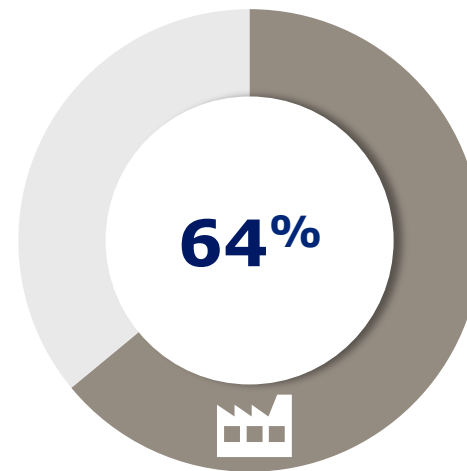
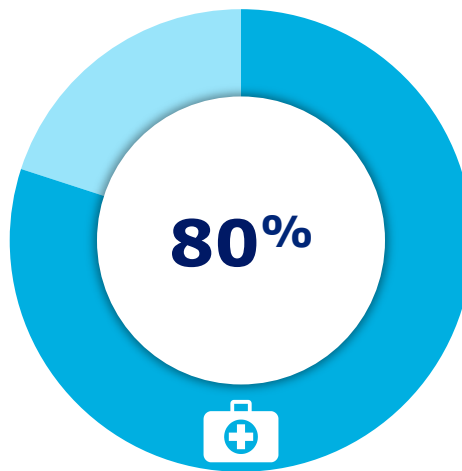
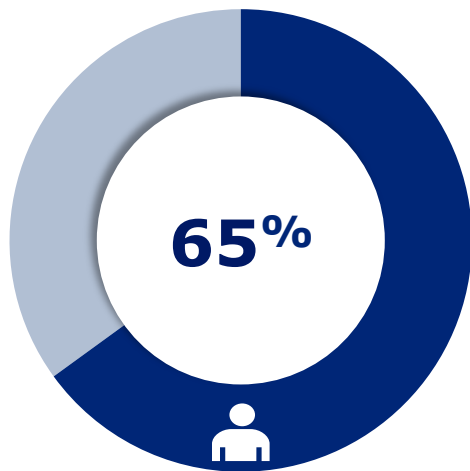
Baseline characteristics (cont'd)

Characteristics		HCPs n=606	Employers n=153
Provider specialty	Family practice, n (%)	298 (49)	—
	General practice, n (%)	49 (8)	—
	Internal medicine, n (%)	241 (40)	—
	Bariatric surgery, n (%)	1 (0)	—
	Endocrinology, n (%)	8 (1)	—
	Bariatrics/obesity medicine, n (%)	9 (2)	—
Employer size	High-end medium: 500–999 employees, n (%)	—	51 (33)
	Large: 1,000–4,999 employees, n (%)	—	49 (32)
	Jumbo: ≥5,000 employees, n (%)	—	53 (35)



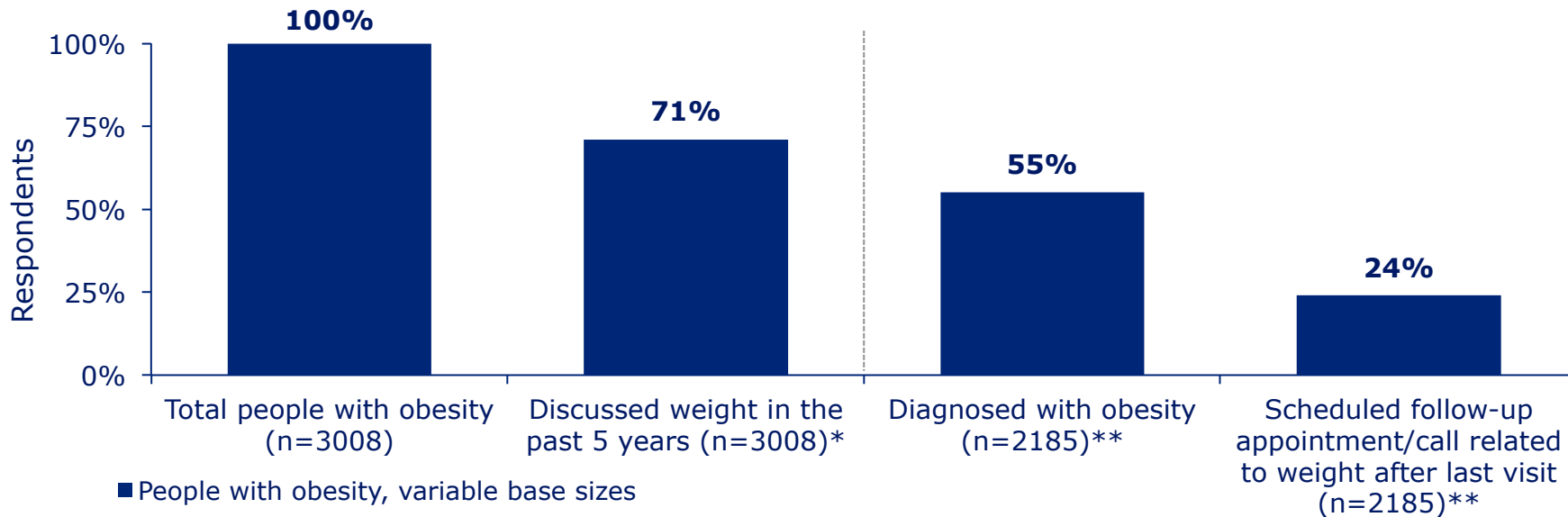
Most people with obesity, HCPs, and employers recognize obesity as a disease...

Obesity is a disease (% Agreement)





...However, obesity is not commonly treated as a chronic disease



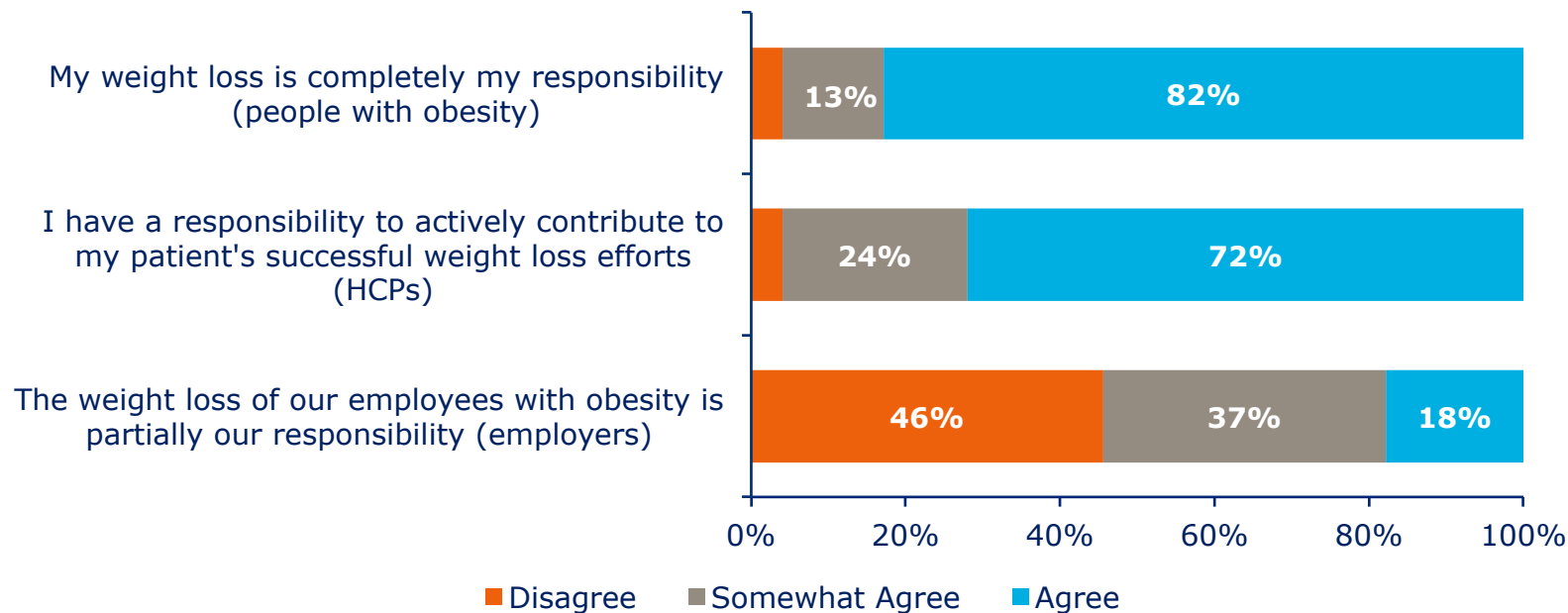
People with obesity had many serious weight loss attempts, but few experienced and maintained weight loss



Only **10%** were able to **maintain**
a weight loss of at least 10% for more than 1 year



Most people with obesity believe that weight loss is completely their responsibility





Top reasons why people with obesity do *not* seek help with their weight loss from HCPs

Characteristic Reasons	People with obesity not seeking treatment
People with obesity (n=823)	%
I believe it is my responsibility to manage my weight	44
I already know what I need to do to manage my weight	37
I do not have the financial means to support a weight loss effort	23
I do not feel motivated to lose weight	21
I am embarrassed to bring it up	15
HCPs (n=606)	%
They are embarrassed to bring it up	65
They do not feel motivated to lose weight	56
They do not believe that they can lose weight	55
They do not see their weight as a medical issue	55
They are not interested in losing weight	47

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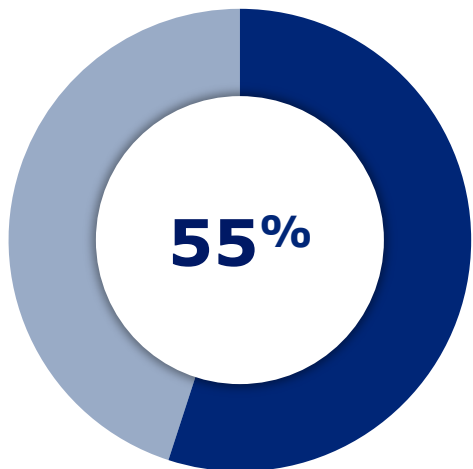
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Many people with obesity have not received a formal diagnosis of obesity

Only **55%** of people with obesity reported that they have received a formal diagnosis of obesity¹



People with obesity who reported not receiving a formal diagnosis had a lower chance of reporting weight loss success²



Patient-provider dialogue about weight management is inconsistent

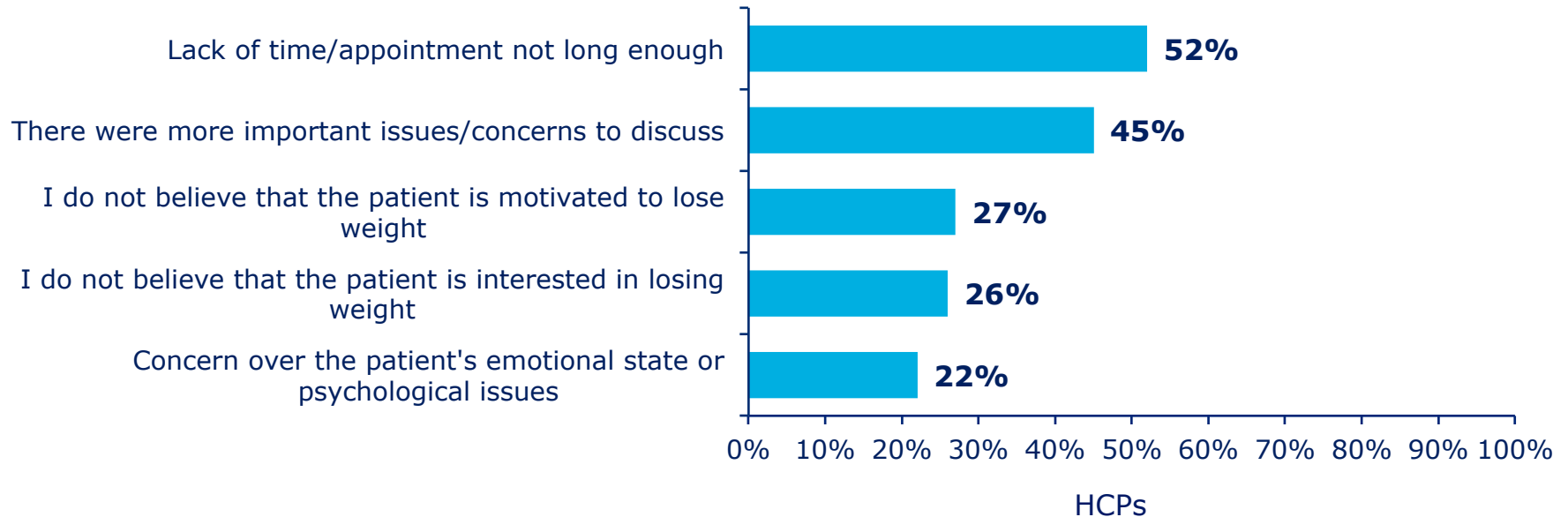


Two-thirds

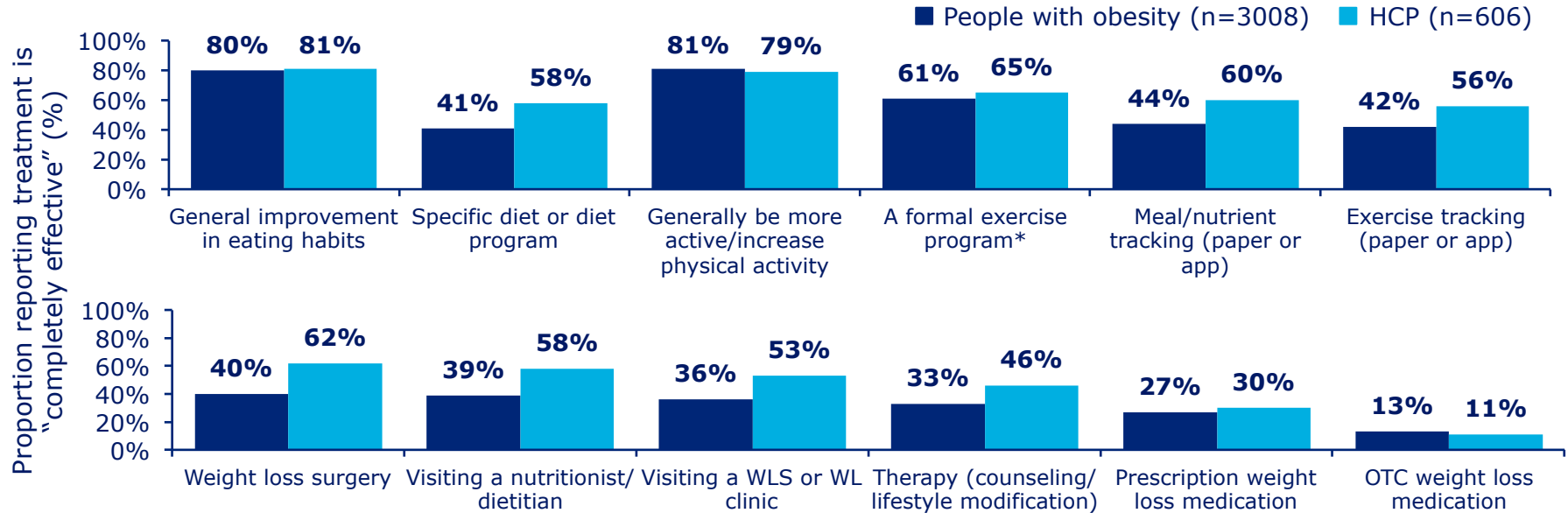
of people with obesity report that they want their HCP to bring up their weight



Top reasons HCPs might not initiate weight-related discussion



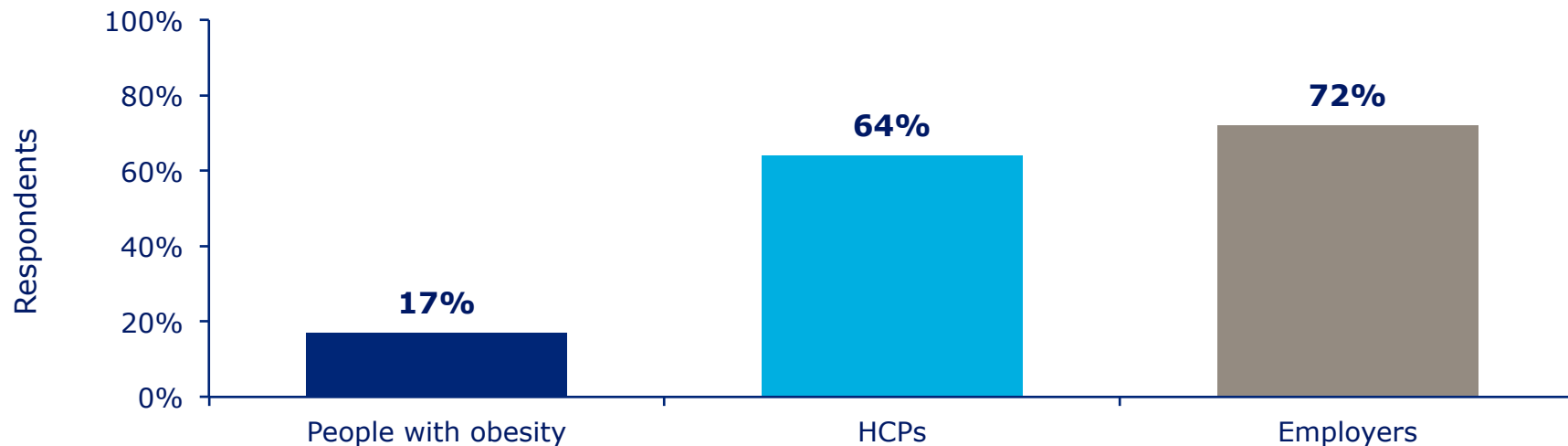
Perceived efficacy of weight loss treatments





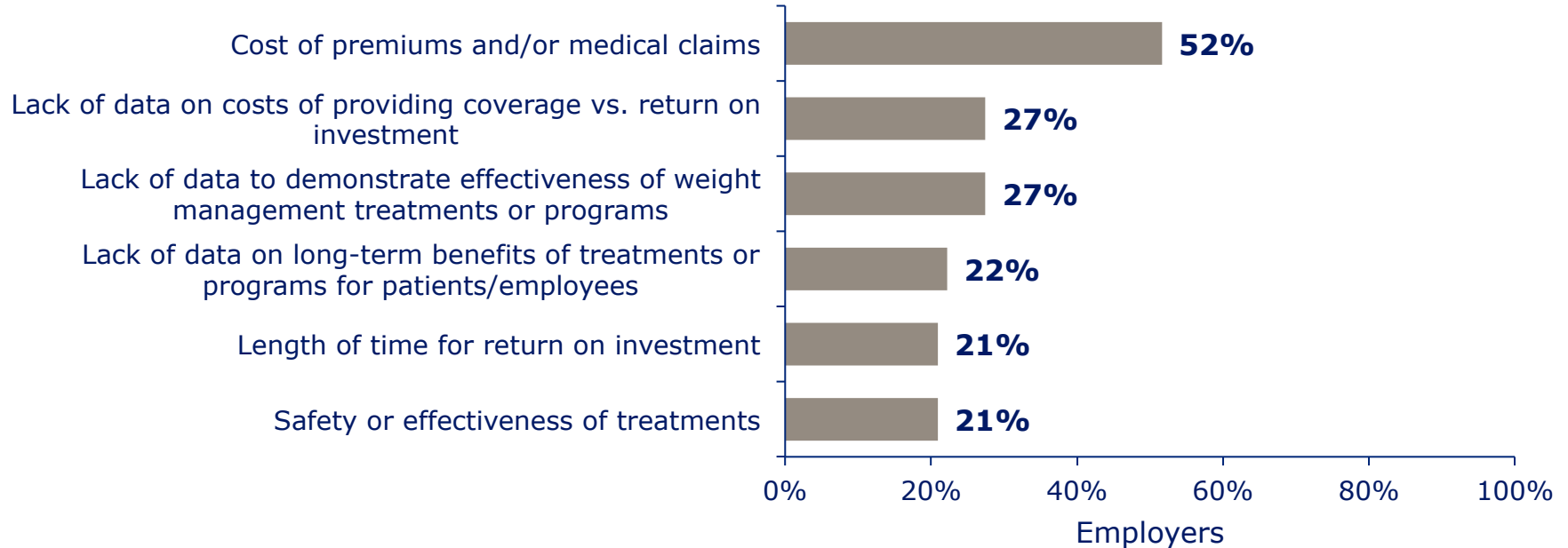
Wellness offerings by employers are less valued by people with obesity

Support helpful for weight management





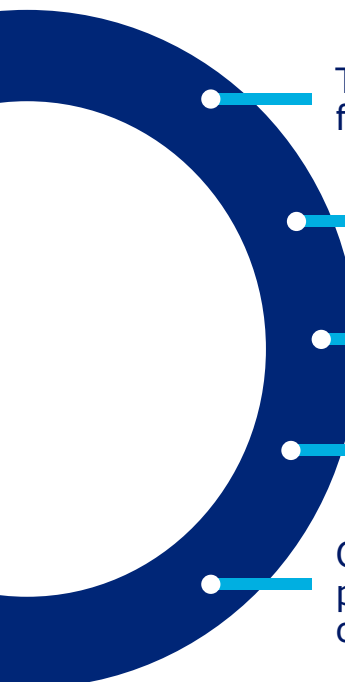
Employers have insurance coverage concerns



Barriers identified by the ACTION study

- Although people with obesity engage in several serious weight loss attempts, **few are able to maintain** the achieved weight loss for more than 1 year
- Despite recognition of obesity as a disease, most people with obesity consider weight loss to be **completely their own responsibility**
- Many people with obesity have **not received a formal diagnosis** of obesity
- The patient–provider **dialogue** about weight management is **insufficient**, and there are few follow-up visits
- Employer **wellness programs are not meeting the needs** of people with obesity

Conclusions of the ACTION study

- 
- There are substantial barriers to patients both seeking and receiving care for obesity
 - Attitudes of all 3 stakeholder groups studied contribute to these barriers
 - Among each of the groups surveyed, inconsistencies between attitudes and behaviors raise questions about their true beliefs
 - The widespread recognition of obesity as a disease provides leverage to improve HCP understanding of obesity's true causes and available therapies
 - Overcoming major barriers to patients' seeking and receiving care is a necessary prerequisite to effectively addressing downstream barriers of inadequate quality of care or effectiveness of available therapies

Thank you

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