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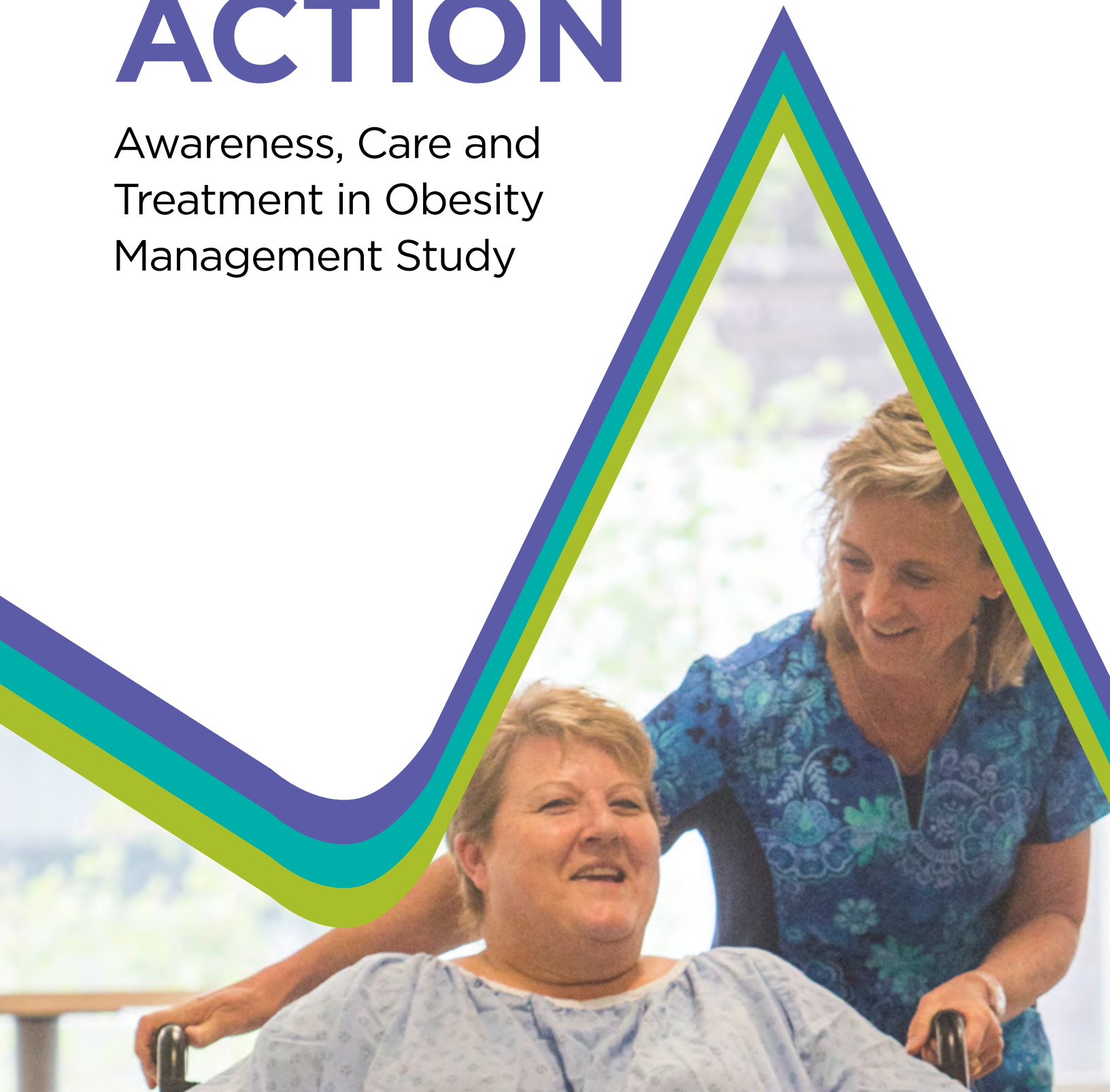
ACTION

Awareness, Care and Treatment in Obesity Management Study



Introduction

The Awareness, Care and Treatment In Obesity MaNagement (ACTION) study captures attitudes toward and perceived barriers to obesity treatment from three key demographics: people living with obesity (PwO), healthcare providers who treat it (HCPs) and employers who provide benefits plans. Similar research was conducted in 12 other countries.

The first such study of its kind in Canada, ACTION results were published in the peer-reviewed journal *Clinical Obesity* in October 2019.* Many Obesity Canada experts participated in the development and execution of the study and co-authored the journal article.

In this report, Obesity Canada highlights five key ACTION study findings and makes recommendations on how each of the three surveyed groups can increase access to meaningful, evidence-based obesity care.

Obesity Canada graciously acknowledges sponsorship support from Novo Nordisk Canada for the preparation of this report.

Obesity Canada is the country's only charity for health professionals, researchers, policy makers and people living with obesity. We work to address the social stigma associated with obesity, change the way policy makers and health professionals approach it and improve access to evidence-based prevention and treatment resources.

www.obesitycanada.ca

*Sharma AM, Bélanger A, Carson V *et al.* Perceptions of barriers to effective obesity management in Canada: Results from the ACTION study. *Clin Obes.* 2019 Oct;9(5):e12329

About Obesity

Obesity is a complex, multifactorial, progressive chronic disease, similar to diabetes or high blood pressure, characterized by abnormal or excessive fat accumulation that impairs health. Obesity may affect more than seven million Canadians[1] and is strongly associated with substantial morbidity[2] and premature mortality.[3] Beyond its effects on overall health and well-being, obesity also affects people's overall social and economic well-being due to the pervasive social stigma associated with it.[4]

Despite recognition of obesity as a chronic disease by the Canadian and American Medical Associations and the World Health Organization, in Canada obesity has yet to receive official recognition as a chronic disease by the federal government or any of the provincial/territorial governments.[5] This has a trickle-down effect on access to treatment.

Theoretically, community services and employers/private payers could allow for most people with obesity to receive healthcare in a structured and systematic way, as they do for many other conditions. However, compelling evidence indicates that obesity is not effectively managed within Canada's health systems.[5] The lack of training for HCPs in treating obesity as a chronic disease is also a major barrier to supporting patients with obesity in the community.[6]

The net result for Canadians is that people with obesity are often left to fend for themselves with little to no support.

Report Card on Access to Obesity Treatments for Adults in Canada 2019: Key Findings

In April 2019, Obesity Canada released its second assessment of access to obesity care in Canada. The report has important implications for employers, healthcare professionals and people living with obesity, as well as policy makers.

- No province or territory officially recognize obesity as a chronic disease, despite such recognition from the Canadian and American Medical Associations, the World Health Organization and other healthcare authorities.
- There is a profound lack of interdisciplinary teams for obesity management in Canada, despite their recognized benefits in obesity-treatment guidelines.
- While the number of certified obesity medicine physicians in Canada has been rising steadily, it accounts for a very small percentage of all doctors.
- Less than 20% of the Canadian population with private drug benefit plans have access to the three medications indicated and approved by Health Canada for obesity treatment.
- Every province and territory receive a grade of 'F' for public coverage of obesity medications; the federal government receives a 'C.'
- Wait times between physician referral and consultation for bariatric surgery range from 18 to 106 months and continue to hinder its utility as an obesity treatment.
- All provinces that offer bariatric surgery except Quebec receive an 'F' for overall access to surgery, as does Canada as a whole. Quebec receives a 'D.'
- The only significant improvements noted in the 2019 report are for wait times between surgical consultation and actual surgery.
- Contrasting with other chronic diseases, Canadians who may benefit from medically supervised weight-management programs with meal replacements are expected to pay out-of-pocket for meal-replacement products.

www.obesitycanada.ca/report-card

Methodology

Online surveys conducted from August 3, 2017, to October 11, 2017.

Total respondents: 2,545, recruited from OMR Globus healthcare panel, including:

Adult PwO
(self-reported BMI >30 kg/m2)
= 2,000

HCPs
(physicians and allied healthcare professionals who manage PwO)
= 395

Employers
(offering health insurance to ≥20 employees)
= 150

Key Findings

Obesity Canada has identified several key barriers to progress in obesity prevention and treatment that confound efforts to improve the health of Canadians living with the disease.

Below, we have highlighted ACTION Study findings to illuminate insights and implications for policy makers, people with obesity (PwO), healthcare professionals (HCPs) and employers alike to improve access to effective obesity treatment and support.

ACTION STUDY FINDING #1

Confusion about obesity among all three surveyed groups is preventing PwO from accessing evidence-based support for it.

Although there is general agreement among all three surveyed groups that obesity is a serious chronic disease, PwO are less likely to think so. Responses also suggest that PwO, HCPs and employers don't understand the complexity of obesity, and believe that, contrary to current understanding, diet and exercise are sufficient approaches to managing it.

People with Obesity = **PwO**
Healthcare Professionals = **HCP**
Employers

FINDINGS

Believe obesity is a serious chronic disease (as serious as other chronic diseases, such as stroke, diabetes, depression, heart disease, hypertension and cancer). See table below.

PwO	HCP	Employers
60%	94%	71%

Believe the primary factors contributing to obesity are rooted in unhealthy diet and lack of exercise.

PwO	HCP	Employers
41%	**75%** believe nutrition is the primary factor. **36%** believe exercise is the primary factor.	n/a

Believe that a general improvement in diet is an effective obesity treatment.

PwO	HCP	Employers
38%	63%	32%

Believe that exercise is an effective obesity treatment.

PwO	HCP	Employers
37%	50%	40%

Believe the healthcare system is a good resource for weight management.

PwO	HCP	Employers
47%	52%	66%

Key Opinion Leader (KOL) and Patient Comments

"No one is more aware of my weight than me, and my medical professional doesn't need to ask me if I'm aware I've gained weight or if I am aware of the health consequences of my obesity. I know I have a role in helping manage my chronic disease in partnership with my doctor, who sees me not just as someone who experiences obesity but simply as a human being, which is empowering. Yet, I am one of the lucky ones who has found physicians who listen and respect and understand both me and my condition, which has not always been the case. As someone who lives with obesity, I have been told many times that obesity was in some way 'my fault' and that, somehow, I hadn't 'tried hard enough.' I have dieted and exercised my body for 40 years and if it was as simple as, 'eat less, move more,' I'd have saved myself a lot of tears, injury and heartache a long time ago."

– Candace Villhan, Obesity Canada Public Engagement Committee

"Obesity is a very complex condition, involving biological, genetic, psycho-social and environmental factors. People living with obesity know that the simplistic message that this epidemic can be treated by simply telling individuals to eat less and move more is misguided, to say the least. The science — and there is a lot of evidence — says otherwise, and now our policies need to reflect that. It is a huge barrier to Canadians with obesity accessing evidence-based care."

– Dr. Sean Wharton, Medical Director, The Wharton Medical Clinic
Internist, Toronto East General Hospital / Hamilton Health Sciences

ACTION ITEMS

- Learn evidence about obesity causes and treatments and understand that obesity management is a lifelong process that requires medical intervention.
- Find health professionals who have been trained in obesity management.
- Self-advocate for support and access to treatments and supports with Obesity Canada's online resources.

- Understand recent research supporting obesity's complex etiology and heterogeneity.
- Learn more about current evidence-based approaches to treating obesity (see Obesity Canada website).
- Treat obesity as a chronic disease using available treatments (new Clinical Practice Guidelines available in 2020).
- Include obesity in the training program curricula for health professionals.

- Treat obesity as a chronic disease and move obesity out of the lifestyle category in benefits plans.
- Offer meaningful obesity services/coverage that move beyond healthy eating and exercise programs.

Impact of obesity on a person's overall health, as reported by PwO, HCPs and employers

Percentage of respondents indicating an extreme or high impact

Condition	PwO (n=2,000)	HCPs (n=395)	Employers (n=150)
Stroke	**77**	**94**	**91**
Diabetes	**75**	**85**	**80**
Obesity	**74**	**78**	**81**
Depression	**73**	**86**	**86**
CHF	**72**	**92**	**83**
High BP	**68**	**55**	**73**
Cancer	**67**	**87**	**82**
Arthritis	**66**	**75**	**69**
COPD	**63**	**84**	**80**
Sleep apnea	**63**	**67**	**59**
GI complications	**61**	**47**	**65**
Asthma	**54**	**46**	**58**
Seasonal allergies	**26**	**10**	**35**

"I have lived with obesity for the majority of my life and I have been battling my weight under the commonly held belief that it is simply a matter of eat less and move more, with little success. As a result, I live with the overwhelming shame that, even though I am a smart person, I am still too dumb to figure out weight management.

Recognizing that I live with a complex disease that deserves respect, rigour and improved treatment options is a whole new perspective after years of believing I am solely responsible for fixing myself."

– Lisa Schaffer, Chair, Obesity Canada Public Engagement Committee

ACTION STUDY FINDING #2

Significant barriers to obesity care result from important differences in how each of the three surveyed groups view obesity and their role in addressing it.

PwO are either not diagnosed with obesity or are only diagnosed when the disease has progressed significantly — only 35% of PwO with Class I obesity had a medical diagnosis, which grew to 51% for Class II and 73% for Class III. It can take a decade before patients are diagnosed by a qualified health professional.

Many PwO believe obesity is their own responsibility and do not approach their HCPs about accessing evidence-based obesity management. HCPs (69%) are more likely to think that the cost of obesity therapy is a barrier to weight management, compared to 38% of PwO and 60% of employers. Despite 82% of PwO acknowledging that they are trying to manage their obesity, HCPs (58%) and employers (49%) believe that PwO are not motivated to manage their disease.

FINDINGS

People with Obesity = **PwO**
Healthcare Professionals = **HCP**
Employers

Believe obesity management is completely the individual's responsibility.

PwO	HCP	Employers
74%	23%	40%

Believe that HCPs have a responsibility to support individuals with obesity.

PwO	HCP	Employers
21%	78%	n/a

Believe that employers are an important partner in managing weight.

PwO	HCP	Employers
19%	43%	50%

Believe cost of obesity therapy/treatment is a barrier to weight management.

PwO	HCP	Employers
38%	69%	60%

"The full recognition of obesity as a chronic disease by all sectors of society is necessary before we talk about responsibilities for treating and supporting individuals living with it. That shift must be top-down — most people with obesity, because of internalized weight bias, are disinclined to ask for support in the current environment.

There's a clear opportunity for employers and other institutions to get ahead of the issue by reorienting their thinking on obesity to provide the right accommodations, health benefits, tools and information employees require, today. As grassroots demands for better obesity treatment gain steam, sooner than later the insufficient solutions employers are currently offering will not be tolerated."

– Dr. Jacob Shelley, Assistant Professor, Faculty of Law, School of Health Studies & Schulich Interfaculty Program in Public Health, Western University

- Find health professionals who have been trained in obesity management via Obesity Canada's online Clinic Locator.
- Talk to your HCP about obesity treatments, and refer them to the 2020 Clinical Practice Guidelines on the Obesity Canada website.
- Learn about obesity treatments on the Obesity Canada website.
- Self-advocate for coverage of obesity therapy/treatments using Obesity Canada's advocacy tools available online.

- Use Obesity Canada's 5As of Obesity Management framework to talk to PwO about obesity in a respectful and non-judgemental way.
- Learn about obesity treatments through the Canadian Clinical Practice Guidelines and Obesity Canada's education programs for HCPs.

- Create meaningful policies to support employees living with chronic diseases, including obesity.
- Cover the cost of obesity therapy/treatments.

ACTION STUDY FINDING #3

PwO and HCPs are not on the same page when it comes to each other's role in managing obesity, and how to go about it.

Neither PwO or HCPs feel satisfied with how current obesity-care systems are organized. Both groups reported that obesity discussions are not helpful. Whereas many HCPs (72%) reported discussing weight management with their patients who needed it, fewer PwO (50%) reported that they had any such discussions in the previous five years.

People with Obesity = **PwO**
Healthcare Professionals = **HCP**

FINDINGS

Responsibility to actively contribute to successful obesity management efforts.

PwO	HCP
21%	**78%**

Feel satisfied with how obesity care was organized.

PwO	HCP
Always/most of the time: 29% Some of/a little of the time: 45% None of the time: 26%	Always/most of the time: 32% Some of/a little of the time: 66% None of the time: 3%

Discussed weight management in their interactions.

PwO	HCP
50%	**72%**

Feel conversations about weight management are very/extremely helpful.

PwO	HCP
29%	**27%**

Have been diagnosed with obesity by a qualified HCP.

PwO	HCP
48%	**n/a**

Record obesity in patients' electronic medical records.

PwO	HCP
n/a	Always/most of the time: 57% Sometimes/rarely/never: 43%

"For the better part of my life, I bought into the commonly held belief that my weight problem was of my own making. I also believed that managing my weight was solely my responsibility.

Interactions with my healthcare providers only supported this way of thinking, with doctors going as far as suggesting unproven or even dangerous commercial products.

This misinformed narrative created a sense of shame that prevented me from seeking better treatment for years."

– Brenndon Goodman, Obesity Canada Public Engagement Committee

"The disconnect between HCPs and people with obesity here illustrate that we have a long way to go before asking for and receiving obesity care is as common-place as it is for any other chronic disease. People living with it need to know that care is available, and that their disease is not a personal failing, but rather something quite complex. And HCPs must see obesity through an unbiased, evidence-based lens, and be prepared and willing to fully support their patients. There is no one-way street to take in this — it must be a collaboration, and employers must support employees as well."

– Dr. Arya M. Sharma, Scientific Director, Obesity Canada

ACTION ITEMS

- Talk to your HCP about obesity management.
- Use Obesity Canada's tools to bring up obesity with your HCP.
- If your HCP does not offer obesity management supports, find trained healthcare professionals who can provide evidence-based obesity management services.
- Advocate for your health by talking to your HCP about the barriers to obesity management.

- Treat obesity like any other chronic disease by applying existing chronic disease management principles.
- Use the 5As of Obesity Management Framework to have a respectful conversation with, and to set up a collaborative care plan for, patients with obesity.
- Access obesity education modules on the Obesity Canada website.
- Access evidence-based clinical practice guidelines for obesity management on the Obesity Canada website (2020).

ACTION STUDY FINDING #4

Employers don't fully understand the health benefits they have, and those benefits likely don't help PwO manage obesity.

Employers agreed that obesity is a concern for their organization; 86% said they place an extremely high, high or moderately high priority on including coverage for obesity treatments. This contradicts the findings of Obesity Canada's 2019 *Report Card on Access to Obesity Treatments for Adults in Canada*,[5] which estimated that only 8.8% of Canadians had access to anti-obesity medications through their drug insurance plans.

There was also a stark contrast between the health supports employers said they offered and the supports to which employees said they have access. Employers also reported greater perceived efficacy of their company's wellness programs than did PwO; however, the wellness programs were not necessarily specific to obesity management. Most weight-management-related supports mentioned by employers and employees seem to be rooted in the common, yet ineffective, eat-less-and-move-more approach, including access to commercial weight-loss programs.

FINDINGS

People with Obesity = **PwO**
Employers

Believe they are supporting/empowering patients with obesity to make healthy changes.

People with Obesity = PwO	Employers
n/a	75%

Feel employer is an important partner in weight-management efforts.

People with Obesity = PwO	Employers
19%	50%

Reported that employer offers wellness programs.

People with Obesity = PwO	Employers
61%	99%

Reported that employer wellness programs contributed to successful weight management.

People with Obesity = PwO	Employers
Significantly: 4% A lot: 8% Somewhat: 20%	Significantly: 11% A lot: 38% Somewhat: 28%

Selected reported benefits offered to employees.

People with Obesity = PwO	Employers
Health and wellness info: 10%	Health and wellness info: 65%
Gym and/or exercise classes on-site at work: 8%	Gym and/or exercise classes on-site at work: 42%
Gym/fitness discount or reimbursement: 7%	Gym/fitness discount or reimbursement: 57%
Healthy food options at work: 7%	Healthy food options at work: 55%
Online wellness portal/site: 7%	Online wellness portal/site: 31%
Health risk assessment: 5%	Health risk assessment: 36%
Health/lifestyle or nutrition coaching: 5%	Health/lifestyle or nutrition coaching: 46%
On-site commercial diet programs: 5%	On-site commercial diet programs: 19%
Reimbursement for commercial diet programs: 2%	Reimbursement for commercial diet programs: 21%

"Obesity care has to take a whole-person, holistic approach, and judgement and bias has to be taken out of the equation.

It's not all about weight loss. Diets are not the answer. A physician recently recommended that I try the 'keto' diet under medical supervision. Would a reasonable healthcare professional prescribe a 'treatment' with a 95% failure rate (dieting) to someone with diabetes or cancer?

The best advice I can give is that people with obesity should demand to be treated as a thin patient."

– Pascale Jenkins, Obesity Canada Public Engagement Committee

"Many private and public benefits plans place obesity treatments within the lifestyle category, suggesting either that people choose to develop obesity or that they have it because of poor lifestyle choices. That perspective is discriminatory, and just not backed up by what science says obesity is — a progressive chronic disease.

Fewer than 20% of Canadians with private plans have access to obesity medications, and most public plans don't cover them, either. Yet, public plans cover between 11 and 31 medications for diabetes, for example.[5]

This inequity is putting people's health and productivity at risk, and it's costing them money out of pocket. Essentially, plan sponsors are saying 'you did this to yourself, why should we pay for it?' I can't think of another chronic disease area where that attitude is remotely acceptable."

– Dr. Ian Patton, Director of Advocacy and Public Engagement, Obesity Canada

- Talk to a healthcare professional trained in obesity management before acting on any suggestions in your employee wellness plan.
- Be wary of commercial weight-loss programs or fad "diets" that claim fast, easy weight-loss results.
- Learn more about obesity and how it is managed from credible sources, such as Obesity Canada and its partners.

- Adopt the position of the medical and public health communities that obesity is a chronic disease requiring long-term and comprehensive supports.
- Treat obesity as a chronic disease and remove it from the lifestyle bucket of benefit plans, and de-emphasize unhelpful "eat-less-and-move-more" messaging and programming tied to weight management.
- Include evidence-based, supportive and reasonable information and resources about obesity in health and wellness program content.
- Aggressively promote awareness of insurance benefits and health resources to employees.

ACTION STUDY FINDING #5

Weight bias and discrimination are common among HCPs and employers, and prevents PwO from accessing meaningful treatment and support for living with obesity.

Research confirms that individuals with obesity experience weight bias and stigma in healthcare and employment settings, as well as in education, media and at home.[7,8,9] ACTION study results confirm that healthcare professionals and employers demonstrate high levels of weight bias, which leaves persons living with obesity experiencing a lack of support from HCPs and their employers.

People with Obesity = **PwO**
Healthcare Professionals = **HCP**
Employers

FINDINGS

- Are highly motivated to manage their obesity and are actively engaged in weight management on their own (82%).
- Do not believe that Canadian society or health care systems support their needs (83%).

- Demonstrate high levels of weight bias consistent with other studies (Fat Phobia score = 3.7).[7-9]
- Believe that PwO are not motivated to manage their own weight (72%).

- Believe that weight of employees is completely within employee's control (47%).
- Believe PwO could manage their weight if they set their mind to it (63%).

ACTION ITEMS

- Recognize that obesity is a heterogenous disease that does not present in the same way in all patients, requiring individualized treatments and support like any other complex chronic disease.
- Offer support and evidence-based treatments that address the root causes of obesity. While nutrition and exercise programs are part of any chronic disease management programs, they are not sufficient to address obesity (e.g., set aside more clinic time for certain patients, refer to appropriate care, such as psychiatry, dietitians, etc. as needed).
- Support employees living with obesity and accommodate their needs like any other employees affected by chronic diseases such as diabetes, hypertension, cancer, etc. This includes providing access to evidence-based prevention, treatment and rehabilitation strategies.
- Implement the new Canadian Clinical Practice Guidelines for the Prevention and Management of Obesity in Adults (2020).
- Take stock of employee wellness-program content and supports to ensure (1) messaging is not biased and (2) that proposed supports are rooted in evidence for use.

KOL and Patient Comments

"The perception that obesity is solely under a person's control is a key driver of weight bias and stigma in our society. The idea is that if people were motivated enough or worked hard enough, they would not have obesity. This perception casts blame on individuals who are seen as lazy, unmotivated and deserving of their health problems.

This belief that obesity can be prevented mainly through individual behaviour is at odds with current obesity science that stipulates that there are over 300 factors that interact with each other to influence weight control.

This belief is also rooted in a lack of understanding of obesity, due in part to a lack of training on obesity management in health professional programs.

The consequence of this erroneous belief is that persons with obesity do not receive evidence-based care and support through the healthcare system."

–Dr. Ximena Ramos Salas, Director, Research & Policy, Obesity Canada

" Weight bias plays a significant role in preventing people from asking for help. It takes a lot of courage to say, 'I need help with this.' Bias and misinformation are also the root of why health systems and providers, and public and private benefits plans, are failing so many Canadians.

What are people with obesity asking for?

No more than any other patient or employee with any other chronic disease who pays their taxes and/or pays into a benefits plan. It's time to do better."

– Kelly Moen, Vice Chair, Obesity Canada Public Engagement Committee

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