BACKGROUND/PROBLEM STATEMENT

- Obesity is a serious chronic condition which has proven to be a gateway to ill health and one of the leading preventable causes of death and disability.
- Worldwide obesity has more than doubled since 1980.
- Nearly two thirds of the adult population in the United States (U.S.) is overweight or obese.
- If current trends continue for the first time in history, life expectancy will decrease, disability rates will increase, and healthcare expenditures attributable to overweight obesity in the U.S. could reach over $957 billion by 2030 (American Heart Association, 2013).
- Research demonstrates that excess weight is the single greatest predictor of health and one of the leading preventable causes of death and disability.
Worldwide obesity has more than doubled since 1980. Nearly two thirds of the adult population in the U.S. is overweight or obese.

Primary care providers (PCPs) are well positioned and educated to advocate for changes in organizational, local and national policies and protocols by getting involved with clinical and community disciplines in order to educate and encourage a necessary shift from episodic disease management to health protection, disease prevention and managing chronic illness.

METHODS

A qualitative descriptive design was chosen using semi-structured face-to-face interviews along with thematic content analysis to analyze data for development of themes.

A purposive sample of 12 PCPs from suburban practices with at least one year of primary care experience were chosen for this study, including six nurse practitioners (NPs) and six physicians ages 30-65 who care for patients with obesity.

The theory of planned behavior was chosen for use in this study. Within this framework positive attitudes, greater perceived control, and positive beliefs about organizational pressure will lead to behavioral change.

Participants revealed many different provider approaches to managing obesity. They noted that while they were not open to it, I back right off, I don’t want to offend my patients, if I see them they are not open to it, he back right off, I don’t want to embarrass them.

Common barriers to obesity management were identified and three major themes emerged:
- Provider centered obstacles
- Organizational obstacles
- Provider perception of patient obstacles

A Typical Sentiment: “If I don’t want to offend my patients, if I see they are not open to it I back right off; I don’t want to embarrass them.”

All participants commented on the need for education and the development of multidisciplinary teams to manage obesity.

RESULTS

POSSIBLE COURSES OF ACTION

- Organizational obstacles
- Provider centered obstacles
- Provider perception of patient obstacles

Several recommendations were made for the following scenarios:

- Preventative guidelines
- Community and public education
- Structural changes and policy
- Provider behavior changes

Participant revealed many different provider approaches to managing obesity and noted that they were not open to it, I back right off, I don’t want to offend my patients, if I see them they are not open to it, he back right off, I don’t want to embarrass them.

CONCLUSION

Future clinically and community focused initiatives by APRNs:
- Must be innovative
- Are needed to support creation of multidisciplinary teams
- Will improve outcomes and reduce healthcare costs related to this now common condition.

The function of the nursing call for reexamining the education for nurses. The doctoral prepared nurse has the ability to assess the call by strengthening practice and improving healthcare delivery.

The end result should be a healthcare system focused on patients and one that uses an accountability-oriented, fee-for-value model to optimally provide patient-centered, evidence-based primary care.

REFERENCES


http://www.who.int/mediacentre/factsheets/fs311/en/

http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee


http://www.sph.umd.edu/obesity/033113.pdf

March 2013.