

In this PDF, you'll find the following:

- Abstract for Validating an Ideal Primary Care Experience Scenario for People with Obesity
- Ideal Primary Care Experience Scenario for People with Obesity, co-designed by people with obesity
- Obesity Week poster for this study

If you have questions, please contact klb457@drexel.edu.

Validating an Ideal Primary Care Experience for People with Obesity: The Abstract

Background

People with obesity (PwO) may delay or avoid primary care (PC) due to negative experiences. We co-designed a positive PC scenario with PwO, communicated in nine story-panels (see ObesityWeek 2024 abstract #1108473). We aimed to validate this ideal PC visit.

Methods

We conducted an online cross-sectional survey (May 2024), recruiting U.S. adults with obesity who had an outpatient PC visit within the last 5 years from Obesity Action Coalition members. Participants viewed the ideal PC scenario and rated its overall quality on a 10-point scale [poor (1) to excellent (10)], which we compared to overall quality reported for their last PC visit using an unpaired t-test. Participants rated the importance of 13 elements of the scenario (e.g., waiting/exam room designed to accommodate everyone; doctor really listens) on a 4-point scale ('not at all important' to 'very important').

Results

Among the 250 participants, age distribution was 20% ≤45 years, 60% 46-65 years, and 20% >65 years; 90% were women; 78% identified as white. Mean BMI was 36.3 kg/m² (SD 10.3). Ideal PC visit quality was rated significantly higher than the most recent PC visit [mean 9.4 (SD 1.4) vs 8.0 (SD 2.1), respectively; $p < 0.01$]. The features most often rated 'very important' were doctor treats me with care and respect (96%), doctor really listens (95%), and doctor refers to specialists who treat me with care and respect (92%).

Conclusions

This ideal PC scenario may guide clinicians on how to improve quality for PwO, particularly through delivering respectful care personally and by their specialist network.

Co-Designing an Ideal Primary Care Experience: The Scenario

This is the scenario the people with obesity designed together to create a more ideal primary care experience for themselves. The images were created by Thoughtform Strategy and Experience Design Studio, who facilitated the co-creation sessions, after reading the scenario. The images were reviewed and approved by the people with obesity who designed the scenario. This was the scenario included in the validation survey.

Ideal Primary Care Scenario for People with Obesity, co-designed by people with obesity:

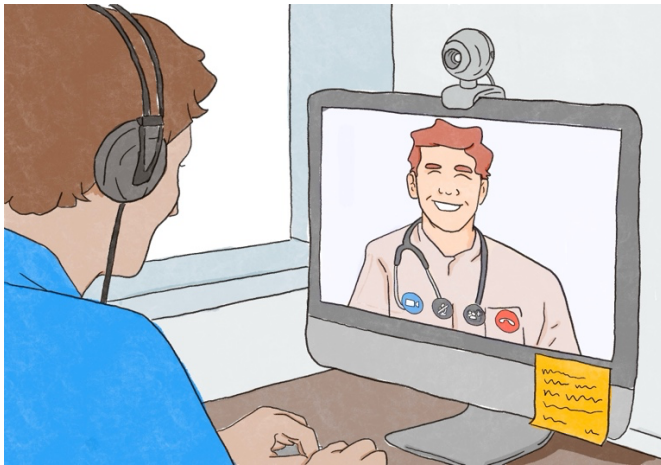
When I go to my primary care doctor, I know they care about me. This makes me far less anxious than I used to be, and because I'm less anxious, I'm willing to go more, even though it's hard for me, because I feel like we're all on the same team.



It was pretty easy to choose a doctor because when I looked, their office had posted a pledge that they'd taken, saying that they believe in respect, care, and accessibility for all patients. They're not always perfect -- no one is, certainly not me -- but the fact that they felt that posting this pledge was important shows me that they try to do a good job for everybody.



The doctor has an office that is easy for me to get to and move around in -- that's part of supporting the pledge. They also offer lots of opportunities for telehealth, because sometimes it's just easier for me to get help from home.



Their waiting room is filled with comfortable, matching seating options, and all of the seating options accommodate people of all sizes. I see some people around me who look like me, both patients and staff. And I don't see magazines laying around or videos playing with super thin and fit people. That helps me feel like I belong, too.

The first staff person I see greets me warmly, anticipates my need to walk more slowly and use a stool to get onto the exam table -- and they don't even take my weight! The staff knows my preferences because they have reviewed the form I filled out.



When I get to the exam room, I am given time to get my bearings and relax before my vitals are taken. This might involve some friendly conversation or going over the questions one has to answer prior to seeing a doctor. The exam room has all the equipment necessary to take my vitals, and the chairs in here are suitable for anyone. Then I'm shown a wide range of gown sizes and allowed to choose my own size once the staff person leaves. A lot of times, I'm told I don't have to undress at all.



The doctor greets me like they would greet a friend, and treats me that way, too. They have also read my preferences and the reason for my visit. They ask me "What would you like to talk about today?" and listen with care. I feel like I'm allowed to set the boundaries of the conversation.



For most of the visit, the doctor listens more than they talk. If the doctor wants to bring up something else, they say, "Can I ask you about your sleep habits?" or "Can I ask you about your activity level?", etc. They explain why they want to ask, but if I say "no," they respect my answer. I also like that their body language -- how they look at me, the way they sit -- communicates interest and caring.

The doctor recognizes that I know my body better than anyone else, and they listen as I describe my symptoms. They also recognize that I care about my health. If I didn't, I wouldn't be at the doctor's office. They don't say that my problem is my weight, even if they think that, though I hope they don't always think that. They ask me about my personal goals and recognize the progress I have made towards reaching them. If I need help reaching a goal, I ask for it. And I am more likely to ask for help because my weight isn't used to shame me or as a basis for withholding care.



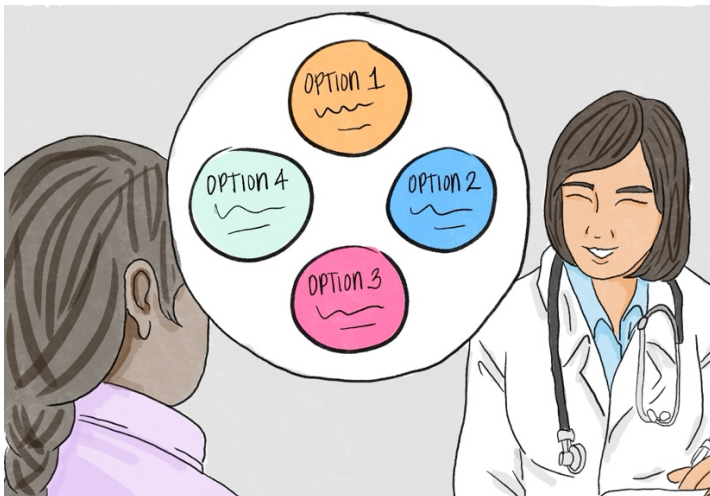
At the end of my appointment, my doctor asks me if there's anything else they can do to help me with being well. I really appreciate the way that is phrased. Sometimes I take them up on their offer and ask for help with something. It sometimes feels scary to ask for help,

since I'm used to just getting a lecture in return. But my doctor and I work together to create a plan. They don't push or criticize. And if I push back, they stop. That makes me feel empowered.



They also ask for my feedback after my visit, and I think they really pay attention to it. I also like that I can schedule extra time if there's something important I want to talk about. I also like that if my doctor refers me to another doctor, they know if that doctor is caring and respectful.

I trust my doctor enough to explore other health goals I have. It's a growing process for both of us, but I'm very glad it's a journey I feel like we're doing together.



Co-Designing an Ideal Primary Care Experience: The Poster



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See the abstract and scenarios they designed

Method: Online survey

Survey validates marked **preference** among people with obesity for a primary care experience **redesigned by people with obesity**.

Table 1
PARTICIPANT CHARACTERISTICS
survey participants (n=250)

Demographics	
Age Group, n (%)	
Age 18 or younger	11 (4.4%)
19-44 years	38 (15.2%)
45-64 years	70 (28.0%)
65-74 years	80 (32.0%)
Over age 75	51 (20.4%)
Women, n (%)	225 (90.0%)
White Race, n (%)	203 (81.2%)
Educational Attainment, n (%)	
Graduate School	89 (35.6%)
College Graduate	101 (40.4%)
High School Graduate or Lower	60 (24.0%)
Employment Status, n (%)	
Employed/Student	149 (59.6%)
Retired	51 (20.4%)
Disabled/Unemployed	49 (19.6%)
US Region, n (%)	
Northwest	58 (23.2%)
South	71 (28.4%)
Midwest	58 (23.2%)
West	61 (24.4%)
Overweight/Obesity (Diagnosis), n (%)	
Overweight/Obesity	209 (83.6%)
Mean BMI is kg/m ² (SD)***	36.3 (7.3)
Mean # Chronic Conditions (SD)****	3.3 (2.3)
QAC Member, n (%)	107 (42.8%)
Primary Care Experience	
Year of Last PCP Visit, n (%)	
2015-2021	63 (25.2%)
2012-2014	185 (74.8%)
2010	
# PCP Visits in the Last 12 Months, n (%)	
0-1 visits	10 (4.0%)
2-3 visits	125 (50.0%)
4-6 visits	86 (34.0%)
7 or more visits	29 (11.6%)

Mean Rating of PCP Frequency (SD)*****
4.6 (SD=0.8) - 1-5 scale, 1=Not at all, 5=Very often. *Always in last 12 months. **PCP = primary care physician. ***SD = standard deviation. ****SD = standard deviation. *****SD = standard deviation. **This question was asked only of those who reported a PCP visit in the last 12 months. ***This question was asked only of those who reported a PCP visit in the last 12 months. ****This question was asked only of those who reported a PCP visit in the last 12 months. *****This question was asked only of those who reported a PCP visit in the last 12 months.

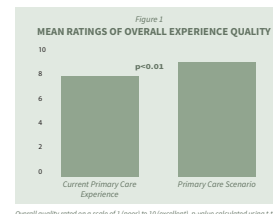


Table 2
PERCEPTIONS OF PRIMARY CARE SCENARIO
survey participants (n=250)

Very Important Features of Primary Care Scenario, n (%)	
Doctor treats me with care and respect	239 (95.6%)
Doctor really listens to me when I talk	237 (94.8%)
Specialist / I am referred to also treat me with care and respect	230 (92.0%)
Doctor manages my care about my health and recognizes the progress I made in reaching goals	222 (88.8%)
Doctor does not blame everything on my weight or stature or refuse me about my weight	220 (88.0%)
Doctor treats me like I am equal in my body and works with me as a partner in my health	212 (84.8%)
Waiting and exam room are designed to accommodate my weight and make everyone feel welcome and respected	187 (74.8%)
Doctors work in a respectful way and I can choose my own	182 (72.8%)
Doctor's office makes input from me - before our visit on preferences and after our visit for feedback	141 (56.4%)
Doctor pointed a pledge to treat all patients with care and respect	139 (55.6%)
Doctor's office makes visits easy with a good location, not too much waiting, and by offering telehealth appointments	136 (54.4%)
Doctor and staff let me decide if I want to be weighed	107 (42.8%)

Percentages may not add to 100% due to rounding. **This question was asked only of those who reported a PCP visit in the last 12 months. ***This question was asked only of those who reported a PCP visit in the last 12 months. ****This question was asked only of those who reported a PCP visit in the last 12 months. *****This question was asked only of those who reported a PCP visit in the last 12 months.

If you'd like to review the abstract and poster for the co-design of the ideal primary care visit, which was also presented at Obesity Week 2024, use the QR code below.

