Obesity-Friendly Health Care Services – A pragmatic approach

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Abstract

With the rising obesity pandemic, a large number of patients seek healthcare facilities. However, many healthcare centers are inept in catering to provide a friendly infrastructure to cater patients with obesity. In this paper we provide a simple, easily adaptable framework that could enhance health care facilities making them for friendly to patients with obesity. We propose an eight A framework namely, Awareness, Availability, Accessibility, Affordability, Attractiveness, All-inclusiveness, Attitudes of assistance and Auditability. The first four attributes relate to encourage the patient to seek health care by making it attractive and the next 4 attributes enhance adherence to the given advice. In addition, we also describe the components of obesity friendly.

Keywords: Obesity, Health care delivery, obesity friendly practice, Person centered approach

Introduction

Obesity is a rapidly growing pandemic, which affects people of all age group, both genders and different socioeconomic backgrounds.[1] People with obesity require health care assistance more often than their peers who are of normal weight. This trend is seen with regards to screening, diagnostic, medical, surgical, out-patient and in-impatient services.[2] As this trend continues, it is necessary to ensure that our services are friendly to people living with obesity.

While guidelines and recommendations have been prepared for the management of obesity, there has been a limited focus on the creation of obesity-friendly health care services.[3] This is in contrast to certain other populations, such as children with diabetes, and transgender persons, for whom people-friendly health care system blueprints are widely available.

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The 8 A Framework to make an obesity friendly practice

It must be clarified here that people living with obesity do not need separate health care facilities for all their requirements. Existing facilities can follow the 8A rule to make themselves obesity friendly. Table-1. The eight A's that we list include attributes that are relevant for all populations being served, are especially important for persons living with obesity. Of these, Awareness is perhaps the rate-limiting step in facilitating obesity care. Availability, Accessibility and Affordability of services will not serve the purpose if the community is not aware of the need for obesity management, and the presence of appropriate interventions. These four characteristics are listed as "attributes of attraction" by us. They ensure that people with obesity reach the health care system. The next four A's reflect attributes of adherence. Attractiveness, All-inclusive services, Attitude of assistance, and Auditability, can be described as qualities which ensures adherence to the suggested management plan (attributes of adherence).[4]

Obesity friendly infrastructure

The components of obesity-friendliness management from a hospital administration or management perspective are described in Table-2. Equal attention should be paid to physical infrastructure, human resources and public health. The microarchitecture (door width), meso-architecture (furniture, educational displays) and micro-architecture (medical equipment, e.g, weighing machines, blood

Table-1: 8 as of obesity-friendly clinical practice

For attraction
• Awareness: ensuring that the community being served is aware of the facility
• Availability: good quality, comprehensive obesity management services should be available
• Accessibility: the health care facility should be accessible to persons with obesity, e.g, door size, ramp width, wheelchair size should be appropriate
• Affordability: obesity-related investigations and treatments should be affordable
For adherence
• Attractiveness: pleasant décor with motivational education posters, interior décor
• All-inclusiveness: nonpharmacological, behavioural, medical, and preferably surgical interventions should be available under one roof
• Attitude of assistance: friendly and helpful attitude of staff; person centered care
• Auditability: being open to professional audits, designed to improve quality of care

Table-2: Components of Obesity-Friendliness.

Physical infrastructure
▪ Macro-architecture
▪ Meso-architecture
▪ Medical equipment
Human infrastructure
▪ Soft skills
▪ Hard skills
▪ Working environment
Public health infrastructure
▪ Social marking
▪ Health outreach
▪ Interdepartmental collaboration

pressure cuffs) must be appropriate for persons of all weights. These are important factors that determine the health related quality of life among individuals with obesity.[5]

Any health care facility can be only as good as the persons who work in it. The health care staff should be qualified, experienced and sensitized to the needs of people with obesity. The team should exhibit competency in terms of both hard and soft skills, and should be offered a working environment that is conductive to efficacy and efficiency.

A health care facility, and its professionals, cannot work in isolation. Their impact is influenced by the public health environment that surrounds them. Active outreach to the target audience, social marketing of obesity care to the community at large, and inter-department collaboration with other stakeholders such as the food industry, fitness industry and policy makers are also part of an obesity-friendly health care facilities' responsibilities.

Summary

In order to improve obesity care practices, it is essential to understand the perspectives from a patient point of view. In this brief communication we address the key factors that would make health care more attractive, accessible, use friendly and effective for people living with obesity. The 8A model as proposed by the authors can be implemented in cost restrained settings and improve the quality of care of this ever increasing pandemic.

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