

# WEIGHT MANAGEMENT IN RURAL PRIMARY CARE

QUALITATIVE EXPLORATION OF NEW ZEALAND  
RURAL CLINICIANS AND COMMUNITY

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## UNIVERSITY OF WAIKATO

Te Huataki Waiora School of Health

**MONASH UNIVERSITY** recognises that its Australian campuses are located on the unceded lands of the people of the Kulin nations, and pays its respects to their Elders, past and present.



## BACKGROUND

- 34% New Zealand adults meet clinical criteria for obesity. Pacific Island (71%) and Indigenous Māori (51%) have higher obesity rates and experience significant inequity.
- The most at risk of developing obesity are those aged 25-70, individuals residing in rural geographical areas or high deprivation communities
- If left unchecked, obesity can lead to further physiological and psychosocial health comorbidities
- Primary care is considered best suited to deliver effective weight management healthcare

## BACKGROUND

- Effective weight management strategies utilise the combination of diet, exercise, and behaviour change actioned in culturally appropriate ways
- Compounding barriers situated outside primary care context impact effective weight management strategies
- Rural primary care experience access barriers and higher risk of developing obesity.

Aim: To explore perceived barriers to effective weight management in rural general practice from rural clinician and patient/ client perspectives.

## METHOD



- Emailed 10 rural Waikato GP practices (COVID restricted)

- **Eligibility criteria:**

1. High deprivation area
2. Registered and practicing GP or nurse
3. Deliver weight management in their role

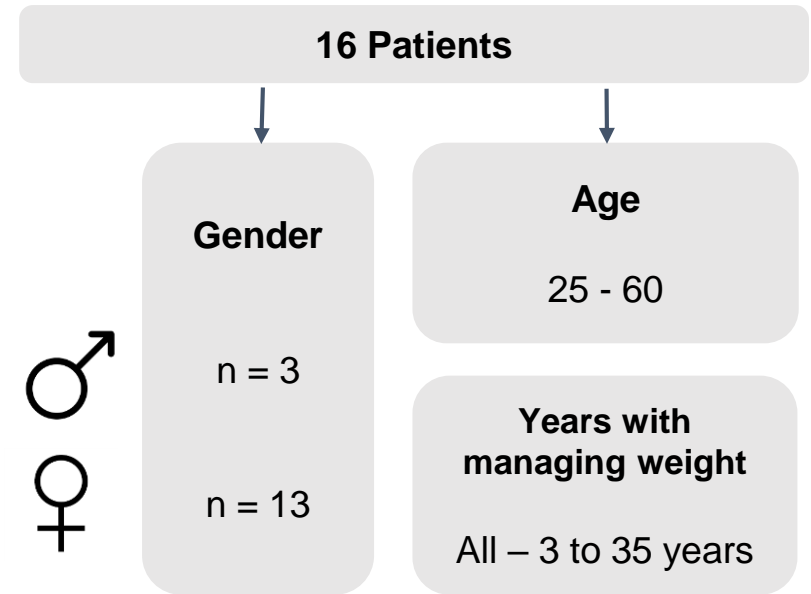
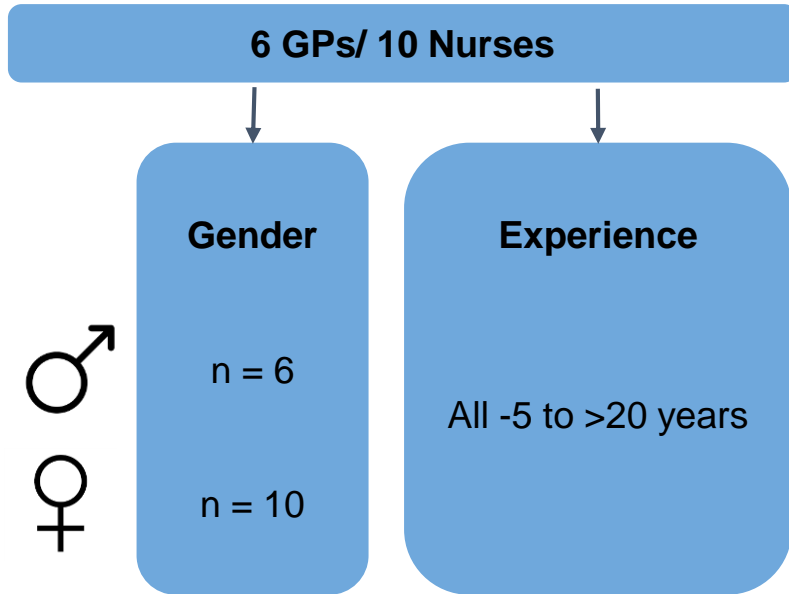
- **Eligibility criteria:**

1. Aged over 25
2. BMI over 30
3. Weight management experience

- **Analysis:**

1. Deductive Thematic Analysis (Braun and Clarke, 2006).
2. Codes were grouped into broad themes associated with 'barriers', 'experiences' and 'rural'.
3. Rigorous discussion of patterns with wider multi-disciplinary team to finalised themes.

# RESULTS



## RESULTS

### Main theme: 'Infeasibility' of Weight Management Options in Rural General Practice

1) Clinician Perspective	2) Patient Perspective
<p><i>'You know, knee problems, hip problems, problems with obesity are huge. So if you want to say, look, we need to look at low impact exercise, like swimming or cycling. One, they don't have access to a pool. And if they do, they have to travel and you know, it's not always optional' – Clinician 9</i></p> <p><i>'The referral has not yet been successful. If people can pay (most can't) private is an option' - Clinician 6</i></p>	<p><i>'When you're on a benefit, you can't afford to do things you can't afford. For myself, it would have to come out of my food budget. There's no leeway in it.' – Patient 8</i></p> <p><i>'I guess for me also, being Māori and in a rural community is a huge issue. You would be completely disrespectful if you went to somebody's house and they gave you food and you didn't eat it' - Patient 4</i></p>

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## RESULTS

### Sub-themes: Barriers to weight management

3) Clinician Perspective	4) Patient perspective
<p><i>'You won't even touch on weight until you've got a therapeutic relationship that we can even talk about it!' –Clinician 2</i></p> <p><i>'I'll talk weight with people I know. Been stung too many times raising this sensitive issues with strangers' –Clinician1</i></p> <p><i>'But [bariatric] through the hospital, referring seems hopeless.'</i> Clinician 6</p>	<p><i>"I don't think I've ever gone to a GP- but I don't think I would, because I don't think it would benefit me. My perspective of it is I feel like all they would say is 'eat better and go to the gym' And that's what I've been currently trying to do" -Patient 3</i></p> <p><i>"When you're confined to a box, you can only choose what's within it" - Patient 8</i></p> <p><i>"I was just so heartbroken. I was like -what's the point? I'm trying so hard and it's just not working. So then I could that kind of sent me back on a downward spiral" - Patient 3</i></p>

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## DISCUSSION and PRACTICE IMPLICATIONS

01

Rural and high deprivation areas experience barriers to weight management

02

Weight management discussions were complicated and difficult to positively achieve

03

Rural and high deprivation community focused obesity health initiatives for primary care are needed

- Reinforces the need for primary care policies that can meet the unique needs of rural areas to promote healthy living in high deprivation areas
- More research is needed to understand appropriate communication techniques and non-stigmatizing language for clinicians to use in consultations.
- Future best practice and policy initiatives may be better devised from within communities themselves and will need to be cognisant of the barriers specific to rural clinicians and patients.

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- <https://www.monash.edu/medicine/spahc/research/equity-primary-care-implementation-and-community-epic-research-unit>
- Like @EPICResearchUnit on LinkedIn

Follow the above social media accounts to receive news of and access to the publication link for this research project.

*Thank you to the entire research team and participants for all their hard work and support.*