

## **Translating the Australian National Health and Medical Research Council Obesity Guidelines into Practice into a Rural/Regional Setting in Tasmania, Australia**

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**Abstract :** Chronic disease is Australia's biggest health concern and obesity the leading risk factor for many. Obesity and chronic disease have a higher representation in rural Tasmania, where levels of socio-disadvantage are also higher. People living outside major cities have less access to health services and poorer health outcomes. To help primary healthcare professionals manage obesity, the Australian NHMRC evidence-based clinical practice guidelines for management of overweight and obesity in adults were developed. They include recommendations for practice and models for obesity management. To our knowledge there has been no research conducted that investigates translation of these guidelines into practice in rural-regional areas; where implementation can be complicated by limited financial and staffing resources. Also, the systematic review that informed the guidelines revealed a lack of evidence for chronic disease models of obesity care. The aim was to establish and evaluate a multidisciplinary model for obesity management in a group of adult people with type 2 diabetes in a dispersed rural population in Australia. Extensive stakeholder engagement was undertaken to both garner support for an obesity clinic and develop a sustainable model of care. A comprehensive nurse practitioner-led outpatient model for obesity care was designed. Multidisciplinary obesity clinics for adults with type 2 diabetes including a dietitian, psychologist, physiotherapist and nurse practitioner were set up in the north-west of Tasmania at two geographically-rural towns. Implementation was underpinned by the NHMRC guidelines and recommendations focused on: assessment approaches; promotion of health benefits of weight loss; identification of relevant programs for individualising care; medication and bariatric surgery options for obesity management; and, the importance of long-term weight management. A clinical pathway for adult weight management is delivered by the multidisciplinary team with recognition of the impact of and adjustments needed for other comorbidities. The model allowed for intensification of intervention such as bariatric surgery according to recommendations, patient desires and suitability. A randomised controlled trial is ongoing, with the aim to evaluate standard care (diabetes-focused management) compared with an obesity-related approach with additional dietetic, physiotherapy, psychology and lifestyle advice. Key barriers and enablers to guideline implementation were identified that fall under the following themes: 1) health care delivery changes and the project framework development; 2) capacity and team-building; 3) stakeholder engagement; and, 4) the research project and partnerships. Engagement of not only local hospital but also state-wide health executives and surgical services committee were paramount to the success of the project. Staff training and collective development of the framework allowed for shared understanding. Staff capacity was increased with most taking on other activities (e.g., surgery coordination). Barriers were often related to differences of opinions in focus of the project; a desire to remain evidenced based (e.g., exercise prescription) without adjusting the model to allow for consideration of comorbidities. While barriers did exist and challenges overcome; the development of critical partnerships did enable the capacity for a potential model of obesity care for rural regional areas. Importantly, the findings contribute to the evidence base for models of diabetes and obesity care that coordinate limited resources.

**Keywords :** diabetes, interdisciplinary, model of care, obesity, rural regional

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