

## CONFERENCE ABSTRACT

### Supporting Weight Management in Primary Care - ABO Programme – Brief Opportunistic Intervention & Ongoing Management

4<sup>th</sup> World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

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**Introduction:** The enormity of obesity-related disease risk for long-term conditions is well known. In primary health, General Practice is a person's "health care home" and therefore is in an ideal position to support patients with weight management. However GP's often do not raise the topic of weight in fear of offending patients or are constrained by scales that only weigh up to 120kg.

**Practice Change:** The ABO weight management tools were developed as a consequence of a NZ Ministry of Health contract obtained by the WBoP PHO. The tools were modelled on the smoking cessation 'ABC' approach which is familiar to health professionals. The tools were developed in conjunction with expert advisors from national institutions, a cultural advisory group, and practicing clinicians.

- A 'Ask' validated non-judgmental questions
- B 'Brief intervention' - positive messages of more micronutrients (vegetables & fruit), water and movement
- O Provide 'Ongoing management' via the Comprehensive Assessment Tool

**Aim:** The aim of the project was to develop tools for general practice to engage patients on a weight management pathway

**Targeted Population:** The target population for the tools was General Practice, although the pathway has been extended to other health care environs by way of the Bay Navigator (clinical care pathways).

**Timeline:** The project was piloted in twelve GP practices including one rural and two very low cost access practices.

**Highlights:** included the development of the Comprehensive Assessment Tool based on Te Whare Tapa Wha framework to identify key areas of concern (sleep, emotional eating, whanau support etc.) An online learning tool was also created to teach anyone working in health care how to use the tools. Other developments included multiple recipes, posters, healthy eating handouts and a food based low energy diet as requested by the practices. Additionally dietitian led healthy beginner cooking classes were developed for people lacking basic cooking skills as well as a four 4 week mindful eating course for people with emotional/overeating tendencies.

**Sustainability:** The project has plans to roll out the ABO tools nationwide via Best Practice. To overcome financial barriers it is hoped GP's will access suitable funding streams for high need patients. A Bay Navigator weight management pathway has also been developed which allows free access for people working outside General Practice.

**Transferability:** The tool can easily be used by GP's across the country but also allied health (LMC's, Whanau Ora workers etc.).

**Key Findings:** An independent evaluation found that 27.4% of patients who had attended three or more sessions had significant weight loss of  $\geq 5\%$  of their body weight. Statistical analysis would help to reveal if there has been a change in inflammatory markers which were also collected regardless of weight loss.

**Learnings:** Despite efforts to ensure the cultural acceptability of the programme for Maori only 14% of enrollees were Maori. The likely reason for this is that the trial took place in general practice. If the tools can be rolled out to marae/hauora it is likely there would be a greater uptake.

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**Keywords:** weight management; primary care; general practice

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