



Engagement and partnership in the conception, design, implementation and evaluation of the 5As Team Program

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BACKGROUND

The 5As Team Program focuses on the participatory action research process of integrating the tacit knowledge of people living with obesity and frontline healthcare providers with the research knowledge of an interdisciplinary research team. The purpose of this process is to both develop contextually appropriate, sustainable, and meaningful interventions that result in multifaceted impact; and, engagement to support trial execution, evaluation, dissemination and sustainability.

AIMS

Obesity is a pressing health concern, however healthcare providers struggle to help people living with obesity. The 5As Team Program (5AsT) has worked with interdisciplinary primary care teams to change the quality and quantity of obesity management in primary care, as well as people living with obesity to understand what they want from their healthcare team, and co-creating resources and tools to support collaborative deliberation with people and frontline healthcare providers.

METHODS

The grounding frameworks for the 5AsT Program include the Collaborative Deliberation Model, Theoretical Domains Framework, Complex Intervention Implementation, and the Knowledge to Action Cycle.

Multi-disciplinary Collaborations with Primary Care Team:

- Primary Care Networks (PCN): association of family practices to enhance services and staffing with interdisciplinary clinicians for chronic disease management and practice improvement
- Patient champions to drive research questions and vet materials
- Multi-disciplinary research teams: clinicians, human-centred designers, educators, anthropologists

Participants:

- Registered nurse/nurse practitioners (34), mental health workers (7), registered dietitians (8) from 24 family practice teams serving 157 470 patients in a PCN.
- Purposeful sampling of patients from a cohort of 255 people living with obesity based on diverse age, socioeconomic status, ethnicity, self-reported health and chronic disease burden.
- First year family medicine residents enrolled at the University of Alberta.

5As of Obesity Management™

(Ask, Assess, Advise, Agree, Assist)

A set of evidenced-based resources, tools, and core messages to improve obesity assessment and management in primary care.

5As Team Study (5AsT)

Randomized Control Trial (RCT)
Mixed Methods Evaluation

Co-created, peer supported educational intervention on increasing the quality and quantity of obesity management in primary care.

5AsT Personalized Intervention

Qualitative Study of Encounters
& Patient Impact

Understanding key elements of personalized consultations, their impact and outcomes in people's everyday self-management to inform intervention design and outcome measures of a planned future RCT.



5AsT Patient Study

Qualitative Study on Patient Perspectives of Obesity Care

Exploring the needs and perspectives of people living with obesity.

5AsT-MD

Experiential Pedagogy
Multi-Method Evaluation

A comprehensive training program with didactic lectures and experiential learning to improve training in obesity care for family medicine residents

5AsT-@Home

Human-Centred Design

Working with our community partners and healthcare professionals to co-create a toolkit that patients can use to support their everyday efforts at home.

RESULTS

5As Team Study: Co-creation of a contextually appropriate intervention resulted in multifaceted change in provider practice, team practice, clinic and organization operations, with sustained changes in training and programming. Lessons learned were that release of control by the researchers was necessary for this to occur, and that true engagement resulted in a different way of implementing the trial, which proved crucial. Internal practice facilitation by a partner was critical to the success of the intervention.

5AsT Patient Study: Assessment of patients' perceptions revealed individuals want discussions with their family physicians, and personalized assessments and plans.

5AsT-MD: Results underscore the need for training programs for family medicine. Findings reflect the utility of the 5A's of Obesity Management™ to improve residents' confidence and competency in obesity management counselling across the age continuum.

5AsT Personalized Intervention: Preliminary findings suggest that interpersonal processes occurring during collaborative, personalized obesity assessment and care planning are key in supporting patient activation and self-care as well as for coordinating optimal interdisciplinary clinical care to improve health outcomes.

5AsT-@Home: Still in data collection stage, resulting tools and resources from this study will be used to support a planned future randomized control trial of a patient level intervention.

CONCLUSIONS

- **Limitations:** As with any complex intervention work in real-world settings, context is a major determinant of what is possible to do in research. This means that in pragmatic randomized trials it is necessary to negotiate what can be done in the research; while trying to optimize internal validity is important, there are trade-offs in achieving increased external validity. While qualitative work is not generalizable, studies like this one can result in new insights and principles which may inform similar work in other jurisdictions.
- **Conclusions & Next Steps:** Working together the 5As Team partners, patients and researchers have created meaningful shifts in the confidence and quality of obesity prevention and management in a large primary care network. Ongoing work to co-create a tailored, whole person intervention responsive to contextual factors and peoples' health goals is shedding light on ways providers can learn to help people living with obesity.



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