

CLINICAL PRACTICE GUIDELINES FOR  
OBESITY MANAGEMENT IN EUROPE

DISSEMINATION APPROACH  
& KEY MESSAGES/TACTICS

## Promoting Awareness & Implementation of New Clinical Practice Guidelines for Treating Obesity

*[Background to send to potential funders]*

New clinical practice guidelines (CPG) for treating obesity will be published on *[timeframe]*. The guidelines are being spearheaded by *[leading organisations]*, and will provide patient-centred, evidence-based recommendations for the diagnosis, treatment and management of obesity.

**This CPG is a methodologically rigorous clinical practice guideline generated through a systematic assessment of published evidence**, under the guidance of an independent methods expert team, using *[describe frameworks/process]*. Input from patients living with obesity was an integral part of the CPG development process; they highlighted key values and preferences of patients, reviewed and formulated recommendations, and participated in shared decision-making throughout the process in collaboration with interdisciplinary subject matter expert authors.

**While CPGs are widely seen as foundational to optimal clinical care and quality improvement for chronic diseases like obesity, they require intensive and sustained promotion, education and implementation programs to scale evidence into everyday practice.**

Our goal is to co-create a dissemination and implementation strategy to promote **awareness, acceptance, adoption, and adherence** to the guidelines among healthcare professionals, people living with obesity, and relevant policy makers. Specifically, we aim to develop a guideline dissemination and implementation strategy that will help:

- Embed the guidelines as the standard of obesity care in *[country/jurisdiction]*, in collaboration with patients living with obesity, healthcare providers and policy makers; and
- Empower patients living with obesity to apply the guidelines in their own self-care as well as in advocacy efforts to improve access and quality of obesity care regionally, nationally, and internationally.
- Normalise obesity care on par with other chronic diseases, with equitable access to care across demographics and geographic locations

## Dissemination Approach & Key Messages/Tactics

Goal	Key message(s)	Strategy/Tactics
Awareness/CPG launch	Obesity as a chronic disease and not a personal failing; need for evidenced-based, patient centred, multidisciplinary care; lack of access to quality care in <b>[jurisdiction]</b> ; BMI/weight are not measures of health; obesity is highly stigmatised in media, workplaces, at home, and in healthcare settings; patients deserve evidence-based care.	<p><b>Earned media:</b> i) Issue press releases to major health and medical news outlets highlighting the key findings and importance of the CPGs. Include quotes from leading experts and patient advocates; ii) Pitch feature stories and interviews with guideline developers, healthcare providers, and patients to humanise obesity and destigmatize it; iii) Media partnerships – collaborate with health-focused media organisations for in-depth coverage and regular updates. <i>Requires media training and preparation for all spokespeople.</i></p> <p><b>Social media:</b> <b>[Prioritise platforms with 50% or greater penetration among key demographics].</b></p> <p>Content:</p> <ul style="list-style-type: none"> <li>• Infographics and short explainer videos (what is obesity, what is obesity stigma, how does weight affect health, set point, obesity treatments, CPG highlights)</li> <li>• Consider live (e.g., Facebook Live and Instagram Live) discussions with experts and patients</li> <li>• Boosted content (video, Q&amp;As, ads) capturing personal experiences (patients and HCPs) and discussions of obesity care</li> <li>• Promoted ads pushing people to dedicated CPG web page (see “Web page” below)</li> </ul> <p><b>Website:</b> Dedicated website (standalone, or on existing website) targeting i) <b>people living with obesity</b>, featuring: lay explanations of CPG content, patient tools (e.g. HCP discussion guide, treatment guidance, goal setting, bias reduction, personal rights to care and right not to be discriminated against because of body size or health status, etc.); ii) <b>HCPs</b>, including CPG summaries, Quick Care Guides (2-4 page explainers on facets of obesity care, including treatment paradigms, working collaboratively with patients to set care goals, advocating for better obesity care to government, health systems etc.) iii) <b>policy makers</b>, including summaries of the CPGs in relevant language, action items for health systems and government decision makers, etc.; <b>all audiences</b>, including explainers on how CPGs were made, their objectivity and reliability</p>

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<p><b>Acceptance/</b> HCP and policy maker outreach and education</p>	<p>The CPGs are objective, science-based and rigorously compiled by leading experts; they are in line with several prominent international guidelines created by forward-thinking governments, NGOs and professional associations; obesity is a complex, heterogenous, relapsing chronic disease, but like all chronic disease it can be managed using standard chronic disease care models; it is unethical and unscientific to fail to treat obesity objectively, scientifically, and to the best standard of care available</p>	<p><b>HCPs:</b> Summary article of guidelines in major high-optics peer-reviewed international journal; toolkits for CPG authors/committee members' peer-to-peer outreach (e.g., slide deck summaries of recommendations, CPG process, models of care etc.); embed CPG presentations/workshops at key HCP conferences; endorsements from professional associations; see: materials on CPG website</p> <p><b>Policy makers:</b> CPGs summary in form of policy briefs highlighting recommendations, science of obesity, rigorous CPG process, need for evidence-based care and prevention (not reliance on the latter), and potential pathways to creating models of care that serve patients</p> <p><b>Patients:</b> Advocacy tools (letters to governments, employers, HCPs etc.); advocacy and media training for patient spokespeople; patient-organised events and social media campaigns; see materials on CPG website</p>
<p><b>Adoption/HCP</b> training, policy workshop and framework</p>	<p>Obesity is a complex, heterogeneous disease rooted in environment, genetics, socio-economic status, health and mental health status, behaviours and other factors; personalised, multidisciplinary care is required; it is possible to successfully manage obesity in primary care for many patients</p>	<p><b>HCPs:</b> Education (e.g. live regional hands-on workshop at relevant HCP meetings; online education modules to reach wider audiences; partner with professional associations to offer obesity care education and certification) featuring clinical lessons, intervention-specific knowledge and skills, patient interviewing and care plan development, realistic goal setting, practice design, etc.;</p> <p><b>Policy makers:</b> Workshop bringing together federal, regional and local health policy makers, politicians, healthcare NGOs and associations, health systems managers, academics, industry and obesity patients to discuss current state of care in applicable jurisdictions, and what is required to make the CPGs the standard of care; output can be the foundation to a roadmap for obesity care; publicise results via media and social media</p>

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<b>Adherence/</b> Quality improvement, benchmarking, data collection	Data-driven approaches to health services provide the most transparent, reliable way forward when making sweeping changes in how obesity is treated in applicable jurisdictions	<ul style="list-style-type: none"><li>• Fund cohort study of patients treated per the CPGs to assess quality of delivered care, impact of treatment, cost-effectiveness, etc.</li><li>• Create patient database to track breadth and depth of care, as well as outcomes</li><li>• Begin work to encourage more formal obesity education in HCP education and ongoing professional development; advocacy to medical schools to include CPG-based education and skills</li><li>• Create obesity care designations for healthcare professions based on in-depth education (e.g. physicians, dietitians, mental health)</li></ul>