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- Ideal Primary Care Experience Scenario for People with Obesity, co-designed by people with obesity
- Study abstract
- Obesity Week poster

If you have questions, please contact gcready@thoughtform.com.

Co-Designing an Ideal Primary Care Experience: The Scenario

This is the scenario the people with obesity designed together to create a more ideal primary care experience for themselves. The images were created by Thoughtform Strategy and Experience Design Studio, who facilitated the co-creation sessions, after reading the scenario. The images were reviewed and approved by the people with obesity who designed the scenario.

Ideal Primary Care Scenario for People with Obesity, co-designed by people with obesity:

When I go to my primary care doctor, I know they care about me. This makes me far less anxious than I used to be, and because I'm less anxious, I'm willing to go more, even though it's hard for me, because I feel like we're all on the same team.



It was pretty easy to choose a doctor because when I looked, their office had posted a pledge that they'd taken, saying that they believe in respect, care, and accessibility for all patients. They're not always perfect -- no one is, certainly not me -- but the fact that they felt that posting this pledge was important shows me that they try to do a good job for everybody.



The doctor has an office that is easy for me to get to and move around in -- that's part of supporting the pledge. They also offer lots of opportunities for telehealth, because sometimes it's just easier for me to get help from home.



Their waiting room is filled with comfortable, matching seating options, and all of the seating options accommodate people of all sizes. I see some people around me who look like me, both patients and staff. And I don't see magazines laying around or videos playing with super thin and fit people. That helps me feel like I belong, too.

The first staff person I see greets me warmly, anticipates my need to walk more slowly and use a stool to get onto the exam table -- and they don't even take my weight! The staff knows my preferences because they have reviewed the form I filled out.



When I get to the exam room, I am given time to get my bearings and relax before my vitals are taken. This might involve some friendly conversation or going over the questions one has to answer prior to seeing a doctor. The exam room has all the equipment necessary to take my vitals, and the chairs in here are suitable for anyone. Then I'm shown a wide range of gown sizes and allowed to choose my own size once the staff person leaves. A lot of times, I'm told I don't have to undress at all.



The doctor greets me like they would greet a friend, and treats me that way, too. They have also read my preferences and the reason for my visit. They ask me "What would you like to talk about today?" and listen with care. I feel like I'm allowed to set the boundaries of the conversation.



For most of the visit, the doctor listens more than they talk. If the doctor wants to bring up something else, they say, "Can I ask you about your sleep habits?" or "Can I ask you about your activity level?", etc. They explain why they want to ask, but if I say "no," they respect my answer. I also like that their body language -- how they look at me, the way they sit -- communicates interest and caring.

The doctor recognizes that I know my body better than anyone else, and they listen as I describe my symptoms. They also recognize that I care about my health. If I didn't, I wouldn't be at the doctor's office. The don't say that my problem is my weight, even if they think that, though I hope they don't always think that. They ask me about my personal goals and recognize the progress I have made towards reaching them. If I need help reaching a goal, I ask for it. And I am more likely to ask for help because my weight isn't used to shame me or as a basis for withholding care.



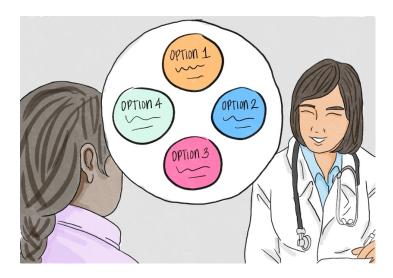
At the end of my appointment, my doctor asks me if there's anything else they can do to help me with being well. I really appreciate the way that is phrased. Sometimes I take them up on their offer and ask for help with something. It sometimes feels scary to ask for help,

since I'm used to just getting a lecture in return. But my doctor and I work together to create a plan. They don't push or criticize. And if I push back, they stop. That makes me feel empowered.



They also ask for my feedback after my visit, and I think they really pay attention to it. I also like that I can schedule extra time if there's something important I want to talk about. I also like that if my doctor refers me to another doctor, they know if that doctor is caring and respectful.

I trust my doctor enough to explore other health goals I have. It's a growing process for both of us, but I'm very glad it's a journey I feel like we're doing together.



Co-Designing an Ideal Primary Care Experience: The Abstract

Background

Research has documented that people with obesity (PwO) may delay or avoid seeking primary care, and how to improve their primary care experience is unclear. Our aim was to enable PwO to take a primary role in designing a positive primary care experience.

Methods

This project was led by a strategy and experience-design studio in partnership with the Obesity Action Coalition (OAC). Ten PwO were recruited from OAC to participate in a codesign session where participants identified difficulties experienced during primary care visits and potential improvements (June 2023). Using this information, the design team created a story-like scenario for an ideal primary care visit. This scenario was reviewed by four additional PwO, who provided feedback, which was used to further refine the scenario.

Results

PwO identified challenges during primary care visits, like accessibility and lack of listening, and features to improve care, like caring and respect. Based on these findings, an ideal primary care experience was described over nine story-panels: 1) Feeling decreased anxiety because primary care provider (PCP) cares; 2) Office posting respectful care pledge; 3) Office offering accessible physical space and telehealth; 4) Staff being welcoming; 5) Exam room offering accessible equipment; 6) PCP treating me warmly and listening; 7) Conversation focusing on health goals not only weight; 8) PCP communicating their desire to help; 9) PCP collaborating with patient. Additional refinements after PwO review were minimal. (Though not covered in this abstract, we validated these findings in an online cross-sectional survey. See Obesity Week 2024 abstract #1109375.)

Conclusions

The idealized experience for PwO includes elements that may readily be implemented in primary care, particularly if PCPs adopt a patient-centered approach.

Co-Designing an Ideal Primary Care Experience: The Poster



If you'd like to review the abstract and poster for the follow-up validation survey for this ideal primary care visit, which was also presented at Obesity Week 2024, use the QR code below.

