

CLOSING THE GAP:
Tailoring
support for
patients
with obesity



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HEALTH



Phreesia

Life
Sciences

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Executive summary

Obesity is a complex and chronic condition that affects more than 40% of adults in the U.S.¹ It can contribute to a multitude of challenges, particularly for individuals who live at the intersection of marginalized identities. For example, disproportionately more Black adults in the U.S. have obesity, compared to white adults, according to the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey.¹ As the proportion of Americans living with obesity continues to rise, it is critical for stakeholders across the healthcare ecosystem to understand the diverse experiences, needs and priorities of people with obesity regarding their weight and their health.

Phreesia and Klick Health co-authored this study to better understand the healthcare experiences of people with obesity, including how they feel they are perceived by care teams and what the life sciences industry can do better to serve their healthcare needs. We hope these insights can contribute to enhancing patient-physician communication, as well as educating both medical professionals and brand teams on how to create better, more tailored outreach to these patients to support them on their healthcare journey while remaining sensitive to their unique needs.

Demographic profiles of survey participants

	BMI 27-29.9	BMI 30-39.9	BMI 40+
Sex			
Male	37%	30%	27%
Female	63%	70%	73%
Race			
Asian	1%	2%	1%
Black	13%	18%	19%
White	75%	67%	68%
Other	11%	13%	12%
Ethnicity			
Hispanic	11%	12%	11%
Non-Hispanic	77%	77%	80%
Other/Unknown	12%	11%	10%
Urban-Rural			
Urban	86%	88%	87%
Suburban	10%	9%	11%
Rural	3%	2%	3%

¹ Stierman B, Afful J, Carroll MD, Chen TC, Davy O et al. [National Health and Nutrition Examination Survey 2017—March 2020 Prepandemic Data Files—Development of Files and Prevalence Estimates for Selected Health Outcomes](#). National Health Statistics Reports. 2021;158.

A NOTE ON METHODOLOGY

Obesity is generally defined as having excess body fat, traditionally measured by the Body Mass Index (BMI). As of 1998, the National Institutes of Health classified people with a BMI of 25 or greater as “overweight” and people with a BMI of 30 or greater as “having obesity.”² According to the Centers for Disease Control and Prevention, children and adults with high BMIs are at higher risk for various health conditions, including Type 2 diabetes, joint problems, gallbladder disease, high blood pressure and high cholesterol,^{3,4} as well as several types of cancer.⁵

Initially developed in the 1800s for population-level analysis, the BMI is used today as a measure of weight adjusted for height. However, it is increasingly controversial and in many ways not “a reliable measurement of body composition in individuals, particularly in older and younger people.”⁶ In particular, the BMI does not differentiate between excess fat, muscle or bone mass, nor does it account for the distribution of fat in different individuals.

Despite its limitations, the BMI remains widely used in research and healthcare because it is an inexpensive and noninvasive surrogate measure of body fat.⁷ Klick Health and Phreesia acknowledge the many limitations of and misconceptions about BMI as a metric, and although BMI was used as part of this study design, other elements were included to account for participant perceptions of their own weight as another primary organizing factor. Survey respondents were stratified by whether they were concerned about their weight as it related to their health, as well as whether they were actively seeking to manage their weight.

To identify common experiences across groups, Phreesia and Klick Health stratified survey respondents by BMI, resulting in three segments: individuals whose BMI was of potential clinical concern (BMI of 27 to 29.9) and individuals whose BMI was of definite clinical concern (BMI of 30 to 39.9 and BMI of 40 or greater). The limitations of the survey included a sample population that was made up of majority white respondents and excluded people who may avoid seeking healthcare.

² [“Increasing Clinical Awareness of Obesity as a Serious, Chronic, Relapsing, and Treatable Disease,”](#) AJMC

³ [“Managing Overweight and Obesity in Adults: Systematic Evidence Review From the Obesity Expert Panel 2013,”](#) National Institutes of Health National Heart, Lung, and Blood Institute.

⁴ [“Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report,”](#) National Institutes of Health, National Heart, Lung, and Blood Institute, September 1998.

⁵ Bhaskaran K, Douglas I, Forbes H, dos-Santos-Silva I, Leon DA, et al. [Body-mass index and risk of 22 specific cancers: a population-based cohort study of 5.24 million UK adults.](#) Lancet. 2014;384(9945):755-765.

⁶ Kok P, Seidell JC, Meinders AE. The value and limitations of the body mass index (BMI) in the assessment of the health risks of overweight and obesity. Ned Tijdschr Geneesk. 2004; 148(48):2379-82.

⁷ [“Body Mass Index: Considerations for Practitioners,”](#) Centers for Disease Control and Prevention.



Introduction

In 2013, the American Medical Association recognized obesity as a disease, in part to kick-start research into its causes, and ultimately, to refine how the healthcare community can support people with obesity.² Despite this change, the dominant biomedical approach still roots a person's size "in terms of individual-level factors, such as lifestyle choices and biology,"⁸ rather than in the web of interrelated elements that are correlated, but not necessarily correlative.

Given this interplay, it may come as no surprise that many people with obesity choose to delay or avoid seeking healthcare. Of those who do seek care, at least 45% do not consider their weight a health concern, according to a point-of-care survey co-developed by Phreesia and Klick Health and completed between December 2022 and January 2023 by 2,924 patients with a BMI of 27 or greater. The survey findings revealed opportunities for healthcare providers and other stakeholders across the healthcare ecosystem to provide more personalized support to people who are considered overweight or obese, according to how they perceive and interact with their weight.

The survey also highlighted opportunities for education and outreach, particularly for pharmaceutical manufacturers, whose ads many people with high BMIs do not feel represent them or their experiences. Communications could offer social or emotional support—or, in the case of people who would like to manage their weight, inform them of solutions beyond lifestyle changes or help them understand the role their doctor can play in their weight-management journey.

What drives concern about weight?

According to Phreesia and Klick's survey, patients' concern about their weight as it relates to their health increases with BMI. About one in three (33%) patients with a BMI from 27 to 29.9 said they were concerned about their weight, compared with more than half (55%) of patients with a BMI of 30 or greater. Of course, this data also means that many respondents were not concerned about

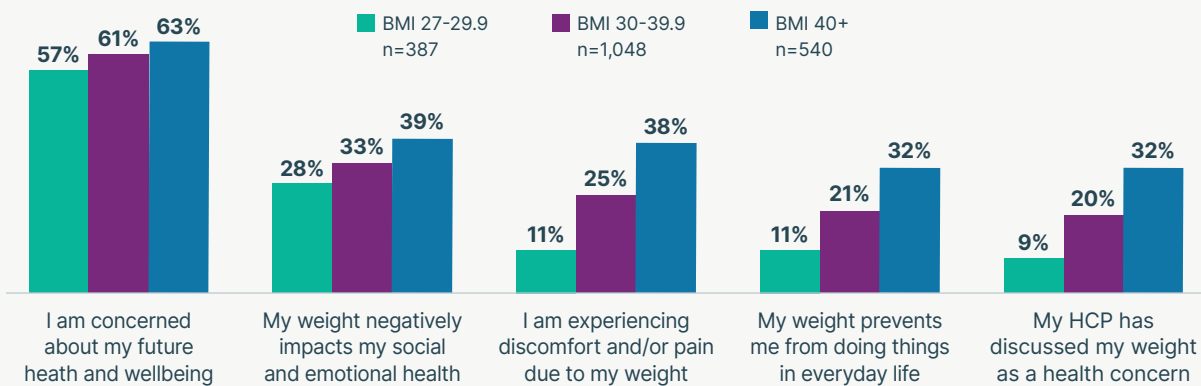
⁸ Saguy AC. What's Wrong with Fat? Oxford University Press; 2013.

their weight. Of these unconcerned patients, roughly half (52%) of the individuals with a BMI of 40 or greater chose not to actively manage their weight. It is also important to note that because the survey was conducted at the point of care, its results were limited to people who are comfortable going to the doctor. It excluded the experiences of patients who may avoid seeking healthcare.

Across all respondents, regardless of their BMI, the most common reason for concern about their weight was their future health and well-being, followed by concerns about how they would manage their weight as they aged. Certain issues were more likely to affect respondents with a BMI of 40 or greater, including negative effects on their social and emotional health, discomfort and/or pain caused by their weight and their weight becoming a barrier to everyday activities.

Why is your weight of concern to you as it relates to your health? Please select all that apply.

Among concerned patients

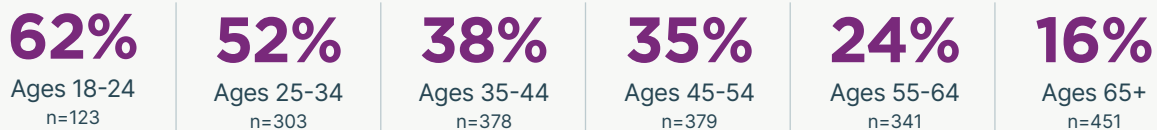


Age and gender also play a role in survey participants' experience with their weight. Younger patients were more likely than older patients to say their weight affected their mental health: Among the youngest patients, a majority of those age 34 or younger cited mental-health impacts, compared to less than one-third of adults age 55 and older.

Women were significantly more likely than men to say their weight affects their emotional and mental health. They were also more likely to have tried methods such as over-the-counter or prescription weight-loss medicines. Even women who said they were not concerned about their weight were more inclined than men to bring up weight management in conversations with their healthcare provider overall.

Respondents who indicated they are concerned about their weight because it impacts their mental health

Among concerned patients



How patients perceive and interact with their weight

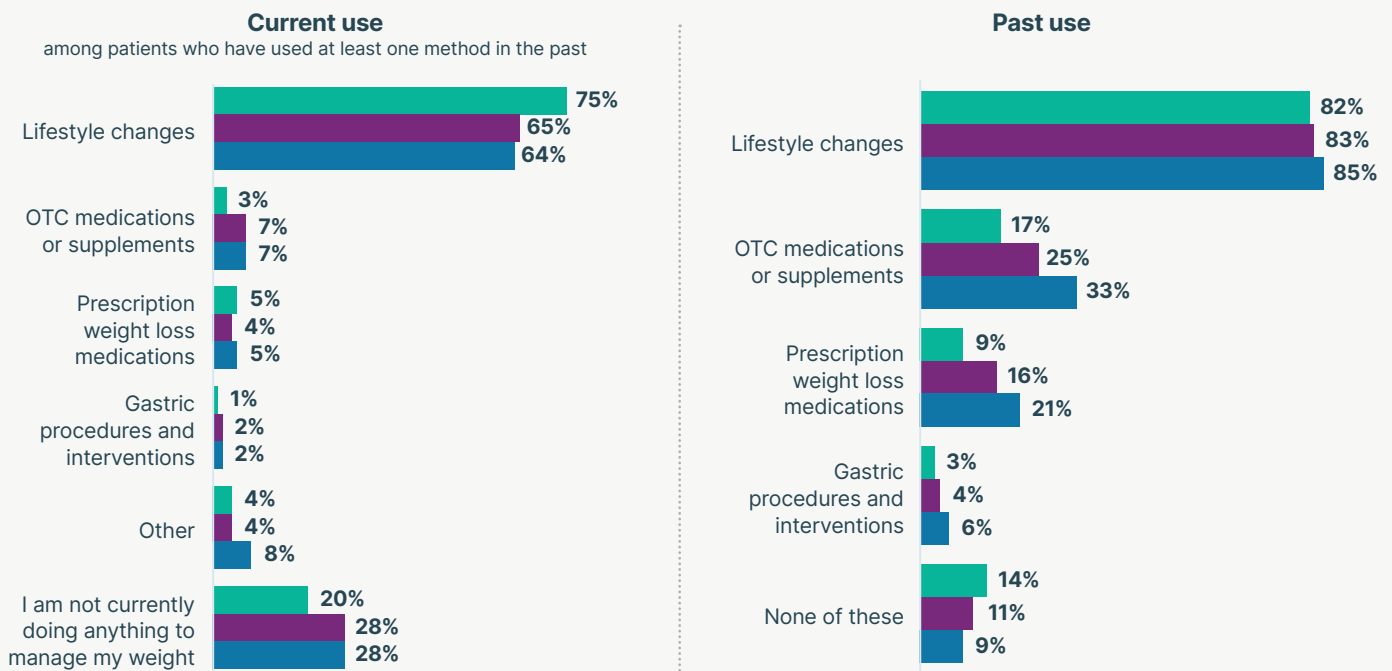
As healthcare stakeholders tailor communications, it is important to consider how different people with high BMIs interact with their weight, including those who view weight as an indicator of underlying health issues, those who are uncertain about the relationship between weight and health,⁸ and those who are ambivalent about their weight, but still feel driven to weight-management methods by “pervasive socio-cultural norms.”⁸ People who are satisfied with their size and are uninterested in the idea of weight management as weight loss will need a different type of support than those who express concern about their weight in relation to their health and wish to create change in this part of their life.

Obesity medications like Novo Nordisk’s Wegovy™ and Eli Lilly’s Zepbound™ have gained popularity, but lifestyle changes remain the dominant choice for many patients. More than 80% of patients who expressed concern about their weight as it relates to their health had made lifestyle changes in the past. Of these patients, three-quarters (75%) of those with a BMI from 27 to 29.9, and about 65% of those with a BMI of 30 or greater, still relied on this method to manage their weight.

Which of the following weight management methods are you currently using/ have you tried in the past to manage your weight? Please select all that apply.

Among concerned patients

■ BMI 27-29.9 n=264; n=315
 ■ BMI 30-39.9 n=736; n=843
 ■ BMI 40+ n=403; n=453

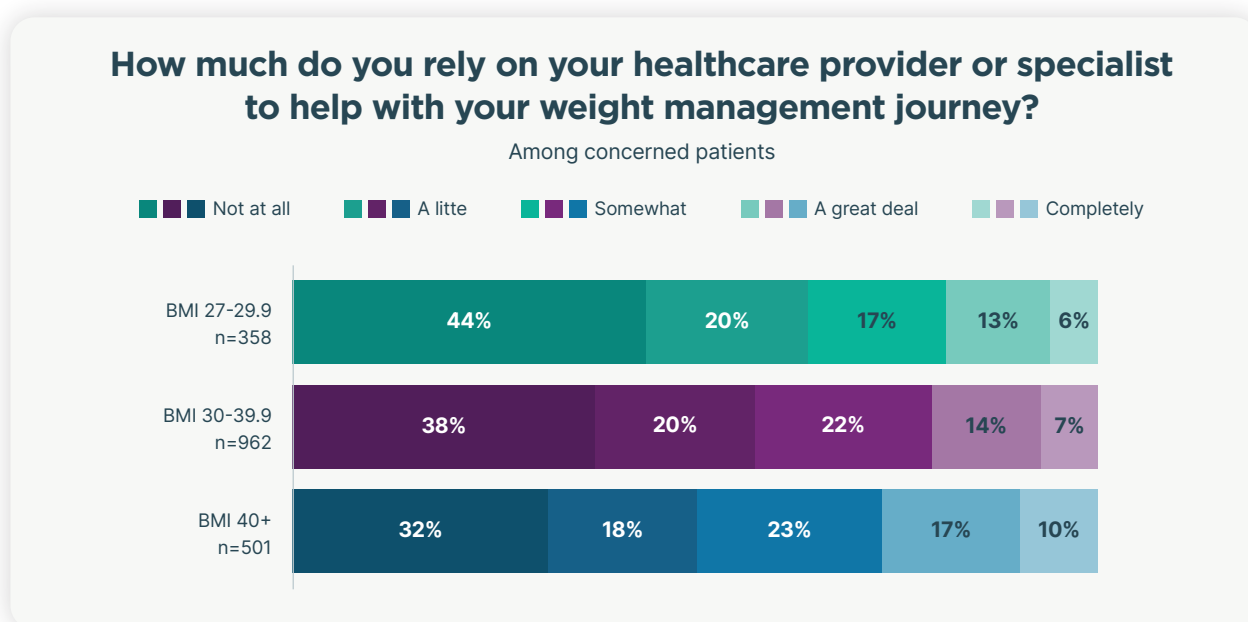


⁸ Kanagasigam D, “Addressing the complexity of equitable care for larger patients: A critical realist framework.” SSM Qualitative Research in Health. 2022 December. 2:100137

Although lifestyle changes continue to dominate weight-management methods for overweight and obese patients, the survey revealed that as a person’s BMI increases, so does the likelihood that they have tried lifestyle changes in the past that they no longer pursue. Patients reported a variety of challenges that make weight management difficult, including cost, unconcerned or unsupportive family and their daily environment, such as a sedentary job.

A small proportion of concerned patients said they had tried over-the-counter medications or prescription weight-loss medications in the past, with use of these methods increasing with BMI. However, a much smaller proportion of concerned patients said that they were using these methods today.

This emphasis on lifestyle is echoed in how patients perceive the role of their healthcare provider in their weight-loss journey: About 1 in 3 concerned patients in each BMI group said they do not rely on their provider at all for help with weight loss.



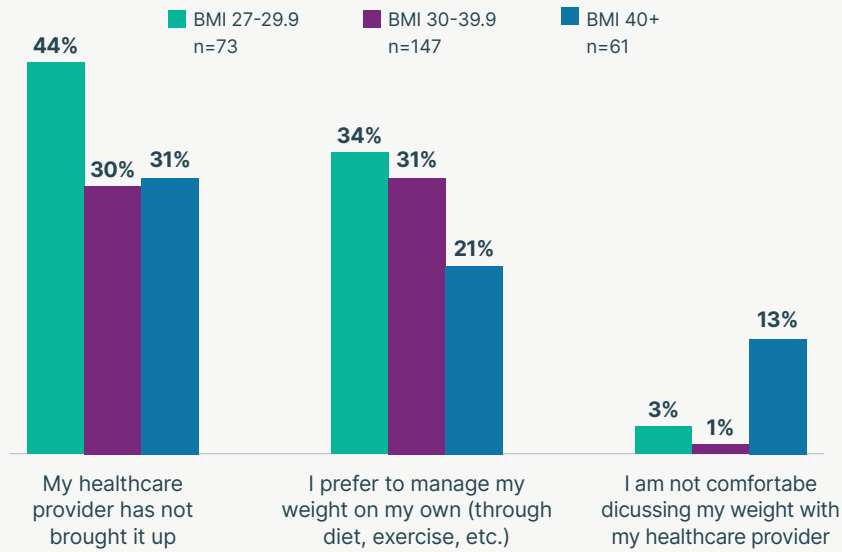
Who brings up weight in the doctor’s office?

Many patients with high BMIs, including those who have expressed concern about their weight and health, report largely excluding healthcare providers from their weight-management journey.

For survey participants who had not discussed weight management with their doctor at all in the past two years despite expressing concern about their weight, the most common reasons, were that their healthcare provider did not raise the topic, cited by about one-third of those patients, and a preference for managing their weight on their own, cited by about one in three or more of patients with a BMI of 27 to 39.9 and one-fifth of patients with a BMI of 40 or greater. Significantly more patients with a BMI of 40 or greater (13%) said they were uncomfortable discussing their weight with their healthcare provider, compared to their peers with lower BMIs.

Why haven't you discussed weight management with a healthcare provider in the past 2 years? Please select all that apply.

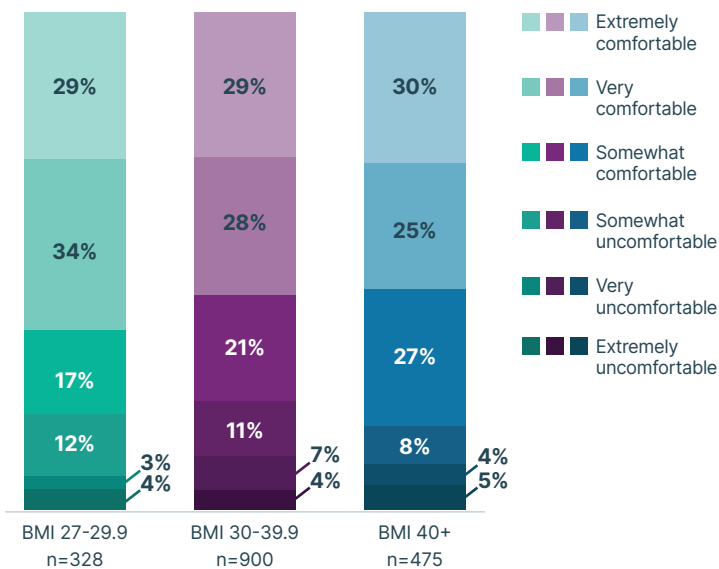
Among concerned patients who have not discussed weight management with any provider in the past 2 years



However, discomfort was not the main impediment to weight-management discussions. Just over half of patients surveyed said they were “very comfortable” or “extremely comfortable” discussing their weight with their healthcare provider, with more than half of respondents initiating those discussions. Of concerned patients who had discussed weight management with providers in the past two years, about 7 in 10 with a BMI of 27 to 39.9 primarily initiated weight-management conversations with their providers, while nearly 6 in 10 (59%) patients with a BMI of 40 or more did so.

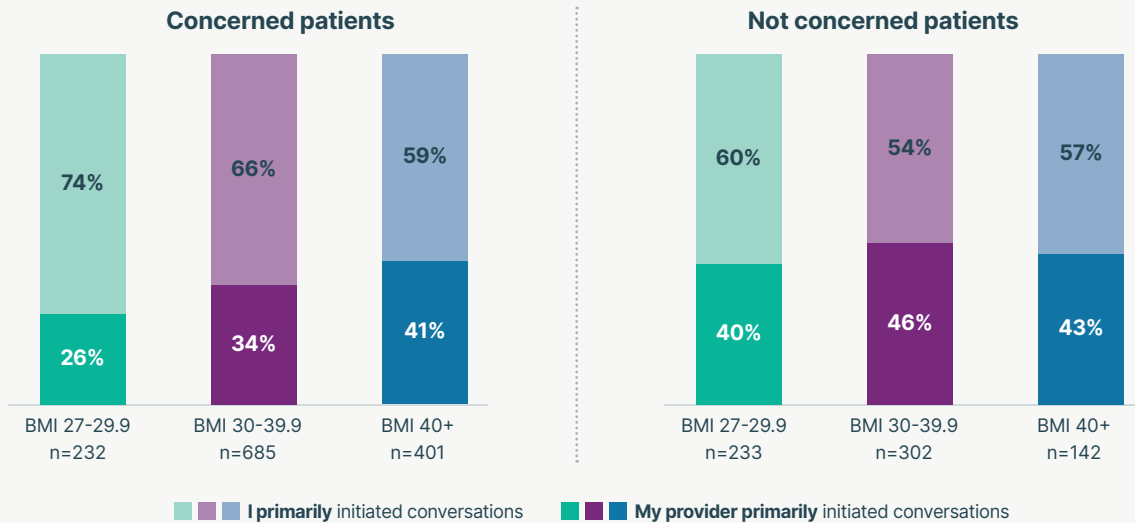
Overall, how comfortable are you with weight management conversations with your healthcare provider?

Among concerned patients



In the past two years, who primarily initiated conversations about weight management during your healthcare visits?

Among patients who have discussed weight management with any provider in the past 2 years



Building a supportive environment

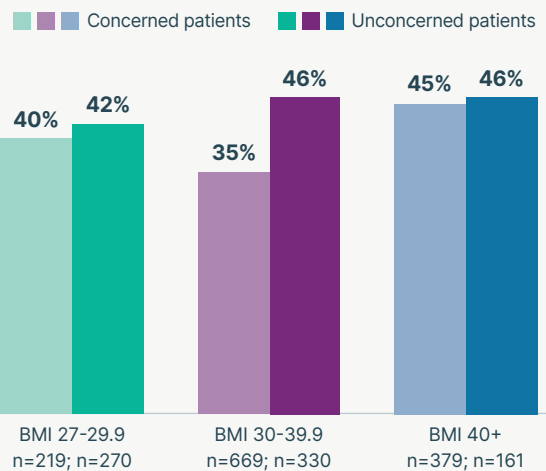
The comfort with which patients say they are having—and initiating—weight-management conversations doesn't necessarily translate into continued discussions and meaningful collaboration with their doctors. In fact, survey respondents across BMI levels were much more likely to have frequent weight-management discussions only if their provider mentioned the topic first.

And although about 60% of study participants expressed comfort with their most recent conversation about weight management with their doctor, less than half of them found their most recent conversation to be “very helpful.” Of those concerned about their weight, more than one-third said that their weight-management discussions focused on lifestyle changes and that their doctor did not bring up other weight-management methods. Here, brands have an opportunity to help patients push their providers to expand the scope of their weight-management conversations through the creation of materials that inform patients about other methods and provide them with the vocabulary to effectively communicate their needs.

Using a scale of 1 to 5, please rate how helpful your most recent weight management conversation with your healthcare provider was.

Among patients who have discussed weight management with any provider in the past 2 years

% saying the conversation was very helpful*

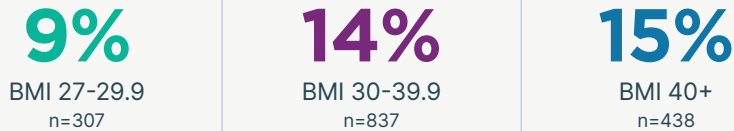


*Respondents selected 4 or 5 on a 5-point scale

Only a minority of concerned patients reported that their doctors collaborated with them to develop a comprehensive weight-management plan, indicating room for improvement when it comes to tailoring personalized weight-management strategies. This opportunity is just one of many for healthcare providers to engage more effectively with their patients by customizing support for overweight and obese patients who view and relate to their weight in a variety of different ways.

Respondents who indicated they worked with their healthcare provider to develop a comprehensive weight-management plan:

Among concerned patients



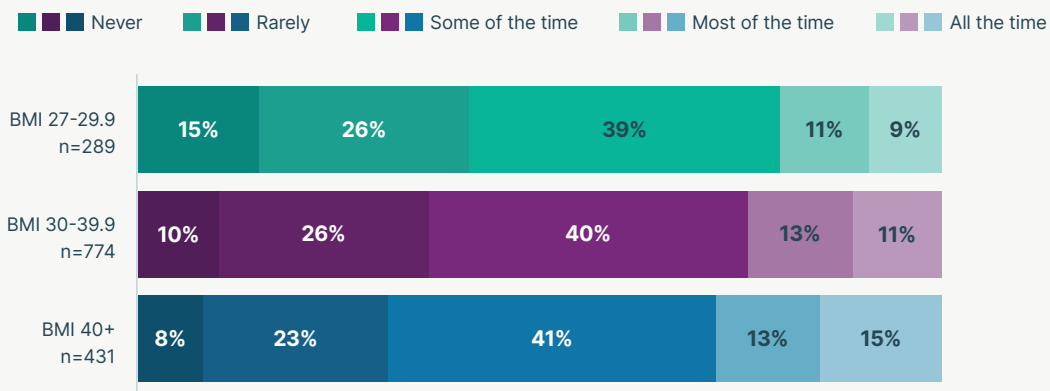
Tailoring patient outreach

Since many patients aren't leaning on their doctors to manage their weight, there is an opportunity for others in the healthcare sector to forge deeper connections with patients and offer support through outreach and messaging, particularly to those who struggle the most.

While most patients said they did not frequently seek information about weight management, patients with a higher BMI were more likely to do so. Among patients concerned about their weight, those who said they struggled to manage their weight were more than twice as likely to seek out weight-management information. About 4 in 10 (44%) of those who were concerned about their weight and found weight management "very difficult" or "extremely difficult" said they sought out information often, compared to about 1 in 6 patients who found weight management "not at all difficult," "not that difficult," or just "somewhat difficult."

How often do you seek out information about weight management?

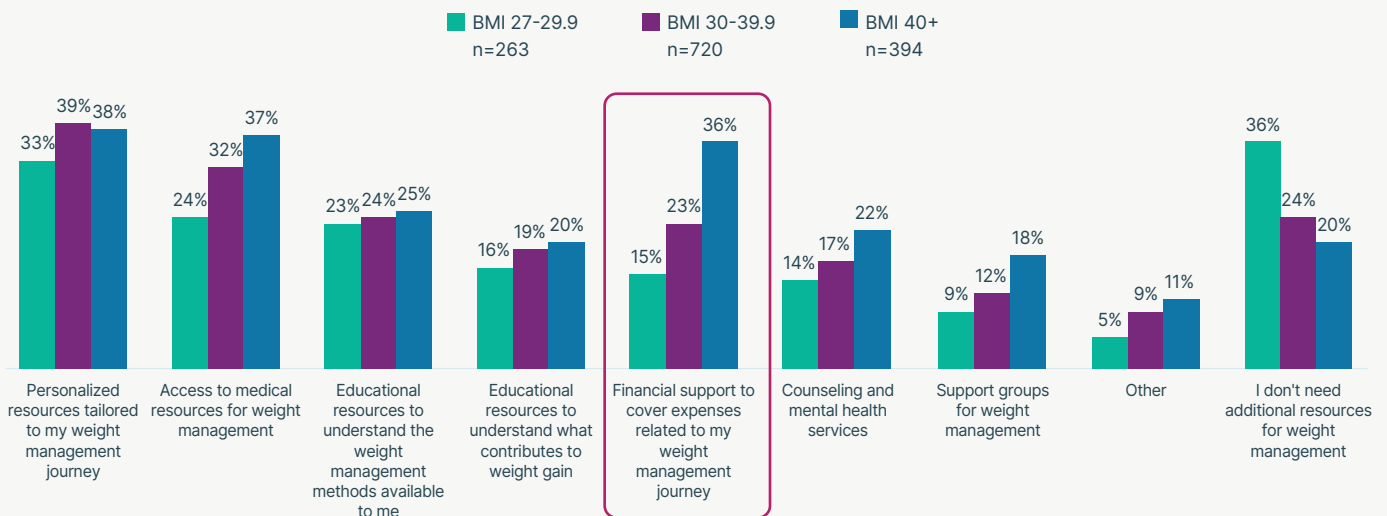
Among concerned patients



Despite respondents' reliance on lifestyle changes to manage their weight, concerned patients expressed a desire for personalized resources, financial support, access to medical resources for weight management and educational resources to help them understand available weight-management methods and the factors that contribute to weight gain.

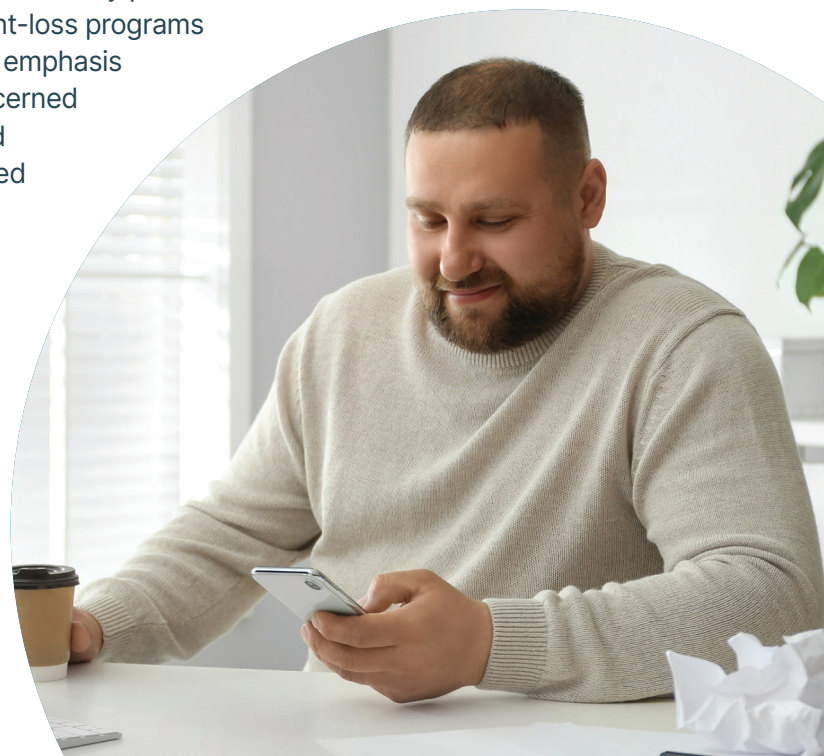
What additional resources, if any, would you prefer to have to help with your weight management journey? Please select all that apply.

Among concerned patients



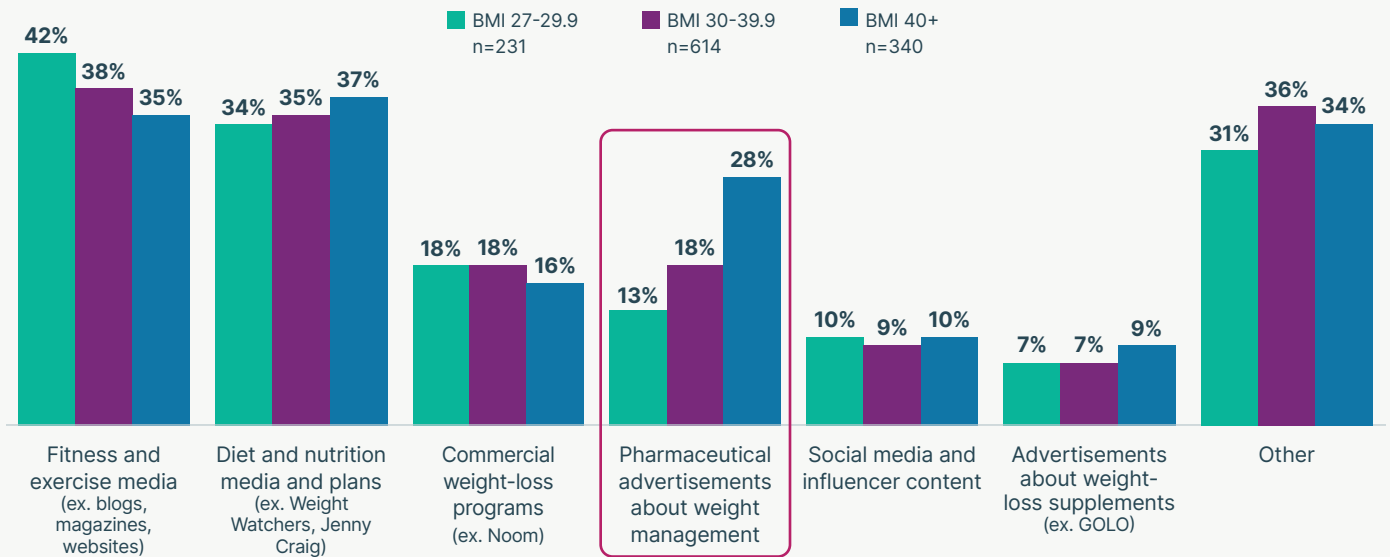
Participants noted a range of information sources in which they place varying levels of trust, ranging from commercial weight-loss programs to social media content. In keeping with respondents' emphasis on lifestyle, the most trusted sources among the concerned patients were fitness and exercise media and diet and nutrition media, while patients who were not concerned about their weight primarily trusted fitness and exercise media.

Trust in pharmaceutical ads ticked up significantly among people with a BMI of 40 or greater who were concerned about their weight. About half or more concerned patients reported seeing advertisements related to weight-management products or medications "all the time" or "most of the time" compared to about 1 in 3 of patients who were not concerned about their weight. Of the concerned patients, nearly 6 in 10 felt that these sources broadly represent the experiences of people who are overweight or obese.



Which of the following types of content do you trust most for information about weight management? Please select your top 3.

Among concerned patients



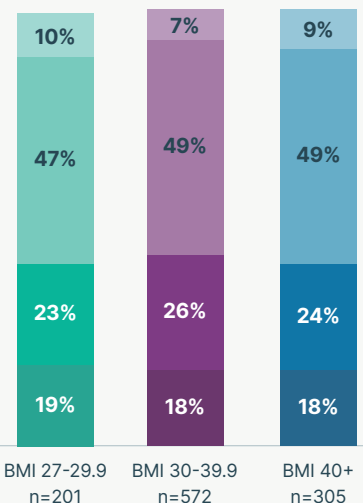
But there's still much room for improvement in this area: Roughly one-fifth (18% to 25%) of patients said they "strongly disagreed" that ads depict the experiences of individuals who are overweight. And less than half of concerned patients (41% to 46%) said they found those ads relatable. To create messaging that feels relevant with specific audiences, patient outreach must go beyond visual representation to offer deeper storytelling that can resonate with diverse groups of people and reflect their distinct attitudes about weight.

How strongly do you agree or disagree with the following statements?

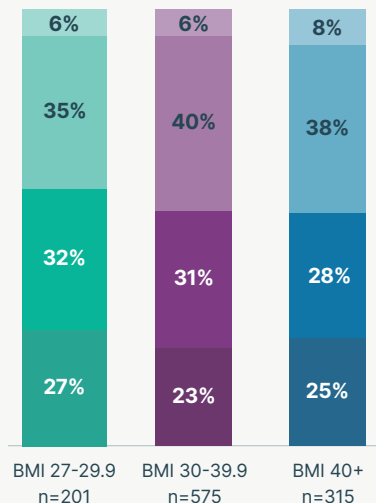
Among concerned patients

Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree

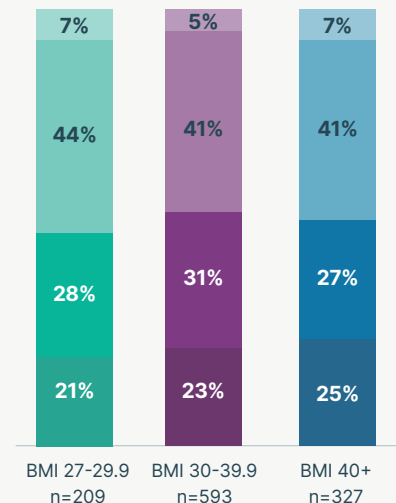
Advertisements by pharmaceutical companies reflect the experiences of individuals who are overweight



The images I see in advertisements by pharmaceutical companies show real people who look like me and whom I can relate to



Pharmaceutical companies understand the unique needs of individuals who are overweight





In addition to telling more representative and resonant stories, communications could be tailored to help bridge a critical gap, particularly in ads. Less than half of study participants with a BMI of 30 or greater said that life sciences companies understand the unique needs of patients who are overweight. The pharmaceutical industry has an opportunity to deepen its understanding of this patient group's needs and enhance communications to convey this understanding in a relatable way.

Key takeaways

Given the diversity of the patient experience, stakeholders across the healthcare ecosystem must understand the perceptions, concerns and priorities of different patients regarding their weight in relation to their health to tailor communications and conversations appropriately.

Brands can reach patients directly with support materials, such as educational resources to help them understand the factors that contribute to weight gain, as well as information on financial assistance options. Materials could also explain the broad range of weight-management methods that are available in addition to lifestyle changes, and how these options may be employed or combined to suit each individual patient.

For many patients, the foundation for these communications already exists, evidenced by patients' reported comfort in discussing weight management with their healthcare providers. Doctors should take advantage of these opportunities to be able to provide more personalized support to patients, tailoring weight-related plans and conversations to each individual's needs and concerns. This could include helping patients understand the less obvious factors that play a role in their weight, such as social determinants of health.

Patient outreach can also help close some critical gaps, both through partnerships with trusted voices as well as through nuanced messaging that recognizes the diverse and intersectional experiences, behaviors and unmet needs of the community. Seeing and hearing themselves and their unique challenges represented in storytelling could play a key role in helping patients understand that weight management methods beyond lifestyle change not only exist but are available for them.

About Phreesia



Phreesia is the trusted leader in patient activation, giving providers, life sciences companies, payers and other organizations tools to help patients take a more active role in their care. Founded in 2005, Phreesia enabled approximately 150 million patient visits in 2023—more than 1 in 10 visits across the U.S.—scale that we believe allows us to make meaningful impact. Offering patient-driven digital solutions for intake, outreach, education and more, Phreesia enhances the patient experience, drives efficiency and improves healthcare outcomes. To learn more, visit lifesciences.phreesia.com

About Klick Health



Klick Health is the world's largest independent commercialization partner for life sciences. For more than 25 years, Klick Health has been laser-focused on developing, launching and supporting life-sciences brands to maximize their full market potential as a core commercialization partner. Klick Health has been recognized by the world's most distinguished advertising awards shows, including Cannes Lions, D&AD, The One Show, Art Directors Club, Clios, Clio Health, New York Festivals Health and the Webbys. For more information on Klick Health, go to klick.com.

