

Online Supplementary Material

Sussman AL, Williams R, Leverence R, Gloyd Jr. P, Crabtree BF. The art and complexity of primary care clinicians? preventive counseling decisions: obesity as a case study. *Ann Fam Med.* 2006;4:327-333.

<http://www.annfammed.org/cgi/content/full/4/4/327/DC1>

Supplemental Appendix 2. Survey Responses on Obesity Prevention Counseling (n = 146)

1. Obesity can be viewed in a number of ways. Please rank the following statements according to how you view the problem of obesity.			
	Rank (%)		
	1 st	2 nd	3 rd
Obesity is best viewed as a disease, disorder, or illness amenable to medical intervention	6	14	80
Obesity is best viewed as a more general syndrome, the result of complex interactions between heredity and the physical environment	68	26	6
Obesity is best viewed as a matter of personal health and wellness, for which choices are strongly influenced by the emotional and relational domains of health	28	58	14
2. The approach to obesity can also be viewed in a number of ways. Please rank the following statements according to how you view solutions to the problem of obesity.			
	Rank (%)		
	1 st	2 nd	3 rd
Biomedical or technical advances (such as a pill) will ultimately offer the greatest benefit for prevention and treatment of obesity	4	11	85
Although genetic and molecular research may hold promise, efforts addressing environmental and socioeconomic factors will have the greatest benefit for prevention and treatment of obesity	58	37	5
Approaches favoring personal health and wellness will have the greatest benefit for prevention and treatment of obesity	41	50	9
3. Under what conditions or for which patients do you discuss obesity? Check all that apply.			
	%		
All visits	21		
All well-child checks or annual examinations	60		
Patients at risk for obesity or diabetes	90		
Teachable moments—when presented with a condition affected by their obesity	94		
When a patient or family member wishes to discuss it	88		
I rarely discuss it	0		
Other	5		

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4. Compared with other issues in the clinical encounter, I may choose not to spend time on counseling about obesity because (mark on visual analog scale where strongly disagree = 0 and strongly agree = 100):	
	Mean (SD)
Patients are not receptive to discussing this topic	41.2 (24.2)
I don't feel it is time well spent	23.0 (23.4)
I don't have much success with this	50.0 (24.4)
It is a societal problem that my efforts have little impact on	30.0 (24.8)
Few patients are motivated to make the lifestyle changes needed	48.0 (23.4)
There isn't enough time	52.6 (24.4)
I don't feel like I have the skills or knowledge needed to be effective in this area	28.9 (22.5)
My patients generally do not have the personal or community resources to be able to deal with this	48.1 (26.9)
5. I spend time on counseling about obesity because (mark on visual analog scale where strongly disagree = 0 and strongly agree = 100):	
	Mean (SD)
I have had some success with this in the past	54.4 (21.3)
It is recommended by clinical guidelines	59.0 (22.7)
My patients are unlikely to hear a similar message elsewhere	52.5 (26.9)
Interactions with my colleagues have influenced me to do so	36.8 (22.7)
Because of my personal belief that the nonobese have a better quality of life	69.6 (25.2)
6. Which of the following is most important in your decision to spend time counseling about obesity?	
	%
I have had some success with this in the past	12
It is recommended by clinical guidelines	12
My patients are unlikely to hear a similar message elsewhere	10
Interactions with my colleagues have influenced me to do so	2
Because of my personal belief that the nonobese have a better quality of life	64
7. In treating obese patients, I consider a successful outcome to be (please choose 1):	
	%
The patient must lose sufficient weight to have a BMI < 30	1
The patient should progressively decrease weight, if only in small amounts	38
A total weight loss of 5 to 10 lb	4
No additional weight gain	10
Any positive change in health habits, even if there continues to be a slight increase in weigh	43
Other	4
8. Please rank the following statements according to your belief about counseling patients about obesity in your practice (mark on visual analog scale where strongly disagree = 0 and strongly agree = 100).	
	Mean (SD)
More time in my schedule would allow me to have a meaningful impact on obesity in my practice	51.4 (23.1)
More clinic resources (eg, dietitians or <i>promotoras</i>) would allow me to have a meaningful impact on obesity in my practice	74.2 (22.1)
Counseling regarding obesity is important in my practice	74.4 (18.6)
Compared with other issues I must take care of in the brief clinical encounter, I give counseling regarding obesity a high priority	65.0 (20.1)

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9. Please rank the following statements according to which is likely to have the most influence on the prevention of obesity.			
	Rank (%)		
	1 st	2 nd	3 rd
Improvement of my counseling skills	10	24	66
Enhancement of clinic support services (eg, dietitians or <i>promotoras</i>)	39	52	8
Join advocacy efforts aimed at legislation, communities, and schools	56	20	24

10. Do you currently participate in community outreach, advocacy, or legislative efforts regarding obesity?	
	%
Yes	21

10a. How likely would you be to devote time to these types of activities if a coordinated program were available in your local or regional health care community?	
	%
Not likely at all	17
Somewhat likely	64
Very likely	18

11. The following would be useful to me in trying to increase my effectiveness in counseling for obesity prevention and treatment (mark on visual analog scale where strongly disagree = 0 and strongly agree = 100):	
	Mean (SD)
Education for counseling on specific diets	57.3 (27.1)
Training on brief motivational counseling to increase my ability to help patients become ready to make lifestyle changes	69.7 (21.8)

12. Based on our interviews with clinicians around the state, we have identified several considerations that are important to clinicians in making the decision about whether to spend time on counseling for obesity prevention in the brief clinical encounter. Please review this list and indicate in order of priority which of these is generally most important for you in determining whether to spend time with a patient on this topic (1 = most important, 7 = least important).								
	Mean (SE)	Rank (%)						
		1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Acute vs well-care visit	3.8 (0.16)	17	12	14	18	17	14	9
Patient agenda	2.7 (0.13)	26	23	25	12	7	3	4
Presence/absence of teachable moment	2.9 (0.12)	19	24	24	10	10	2	2
Perceived receptivity of patient to discussion	3.0 (0.12)	18	22	21	21	12	4	0
Whether the patient is pediatric or adult	5.8 (0.12)	2	1	2	8	13	36	37
Recent experiences I have had dealing with this topic	5.7 (0.12)	2	3	4	6	18	34	34
My views about what would be best for this patient's overall health and well-being	3.6 (0.16)	18	17	11	16	23	7	8