



Patient-centred medicine
Protocol



Identifying characteristics of intersectoral health interventions between the primary care and community settings for people living with obesity: an environmental scan protocol



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CONFLITS D'INTÉRÊTS

- Aucun pour ma participation personnelle
- Projet financé par les Fonds de recherche du Québec (60K), le Centre intégré de santé et services sociaux de Chaudière-Appalaches (30K) et le réseau de recherche en santé des populations du Québec (5K).



Centre intégré
de santé et de services
sociaux de Chaudière-
Appalaches
Québec



Réseau de recherche
en santé des populations
du Québec

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L'Espérance



Anne
Schweitzer



Nadia
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Maxime
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Brigitte
Vachon

Professionnels de recherche



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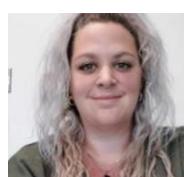
Alexandre
Tremblay



Laurence
Berthelet



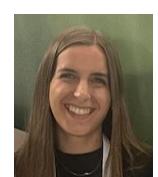
Micheline
Thériaut



Vickie
Lapierre



Thameya
Balasingam



Blandine
Lentiolhac



Mégane
Pierre

Patientes partenaires

Étudiantes

Introduction (1): Les enjeux reliés à l'obésité



Consensus statement (as agreed by commissioners)	Grade of agreement
1 The prevalence of clinical obesity and the rate of progression from pre-clinical to clinical obesity are currently unknown. Investigations aimed at determining the prevalence and incidence of clinical obesity should be considered an important research priority	U, 100%
2 Research is needed to investigate the distinct prognostic value of dysfunctions of various organs/tissues caused by excess adiposity	U, 100%
3 The development of appropriate staging systems to predict complications and mortality associated with clinical obesity can inform clinical management and prioritization of access to care. Staging clinical obesity should therefore be considered an important research priority	U, 100%
4 Anthropometric criteria and biomarkers of excess adiposity have been studied as predictors of type 2 diabetes, hypertension or excess mortality associated with obesity. As such, these parameters alone do not provide reliable information about the presence/severity of ongoing organ/tissue damage, the risk of progression from pre-clinical to clinical obesity, or the risk of future complications and mortality in patients who already have clinical obesity. Research is necessary to identify biomarkers and/or anthropometric criteria that can improve the diagnosis of clinical obesity and the assessment of its prognosis	A, 98%
5 Research is needed to identify accurate predicting factors of progression from overweight or pre-clinical to clinical obesity to facilitate early intervention and reduce risk of morbidity and mortality	A, 98%
6 The etiology of obesity and its pathophysiology remain incompletely understood. Research is needed to elucidate the causes of the obesity epidemic, as well as the mechanisms by which excess adiposity progresses into clinical obesity and/or increases the risk of other non-communicable diseases (NCDs)	U, 100%
7 The efficacy of current anti-obesity interventions has been tested mostly in terms of weight loss outcomes or reduction of risk of future diabetes, cardiovascular disease or mortality. Improvement and/or remission of clinical obesity should be an important outcome measure in future clinical trials and other studies of both existing and novel therapeutics	A, 95%
8 Future clinical studies should further define criteria for remission of clinical obesity and cure of obesity	A, 95%
9 Research is needed to understand the amount of weight loss that is necessary to induce clinically meaningful improvement and/or remission of clinical obesity	A, 95%
10 Research is needed to develop ways to reduce the ongoing pandemic of pre-clinical and clinical obesity	U, 100%
11 Studies to investigate genetic/environmental mechanisms related to the development of excess adiposity, particularly in different ethnicities and across different ethnicities are needed	U, 100%
12 Research is needed to approach the prevention and treatment of pre-clinical and clinical obesity using precision/personalized science	U, 100%
13 While there is a strong association between the high prevalence of obesity in families, yet the relative weak association to genetic predictors of obesity needs scientific pursuit and clarification	U, 95%
14 It is plausible that alterations of fat tissue function could significantly impact health and/or be associated with specific sub-forms of obesity. Research is needed to further elucidate the health impact of dysfunctional fat tissue vs excess adiposity or abnormal fat distribution	U, 100%

Degree of consensus as agreed by commissioners via a delphi-like method and exact percentage shown for grade of agreement. Grade U=100% agreement (unanimous), grade A=90-99% agreement, grade B=78-89% agreement, grade C=67-77% agreement.

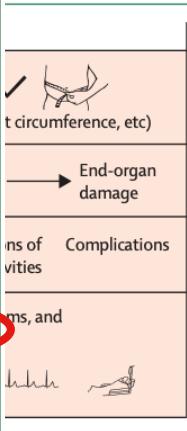
Figure 4
Measuring the burden of obesity

ocrinology Commission

besity



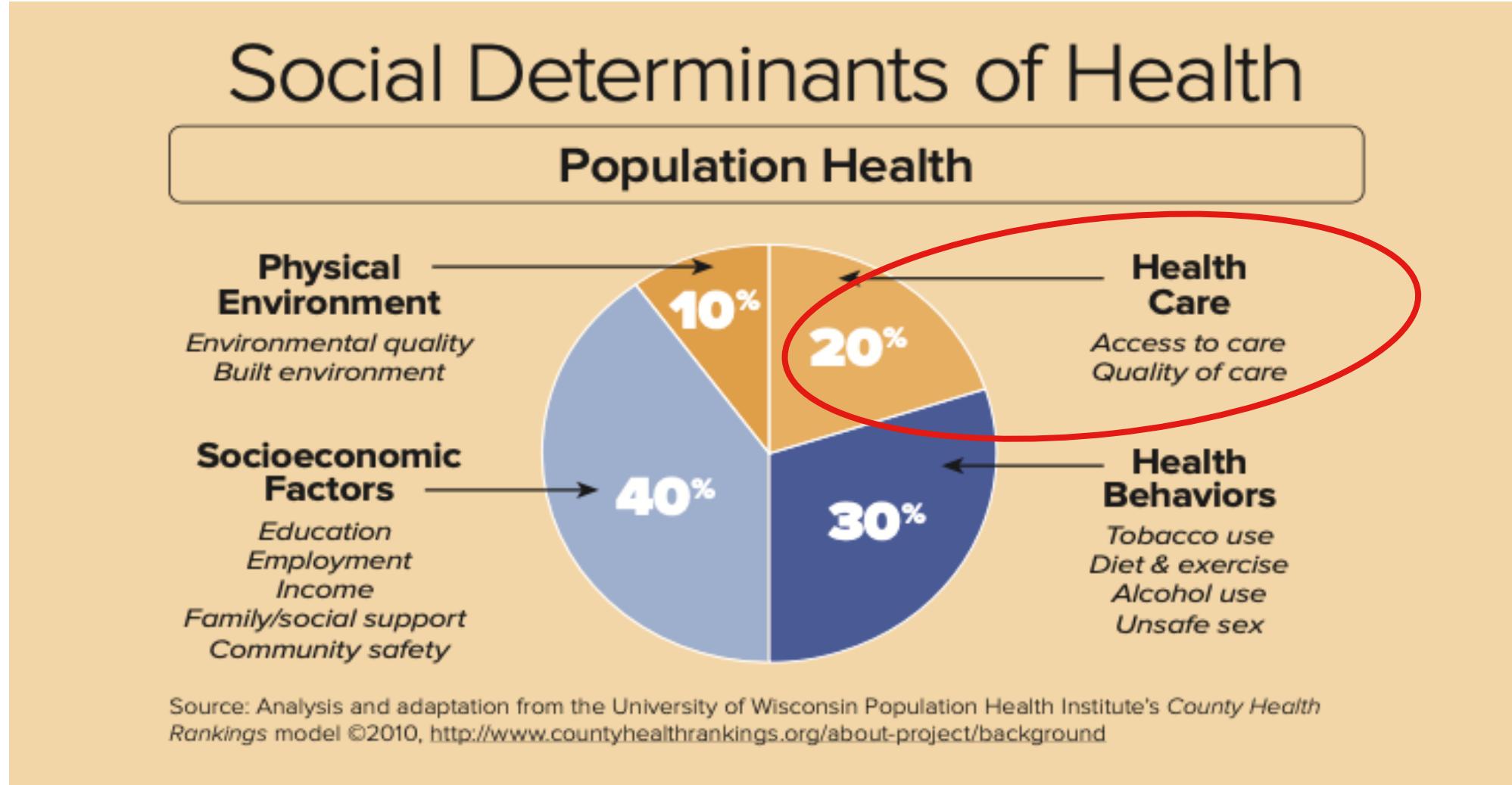
atima Cody Stanford,
Jaur, Katherine M Morrison,
S-Manuel Fernández-Real,
bhji, Matthias Blüher,
Ozairi, Lena M S Carlsson,
Laville, Soo Lim,
ianowicz, An Pan,
grone



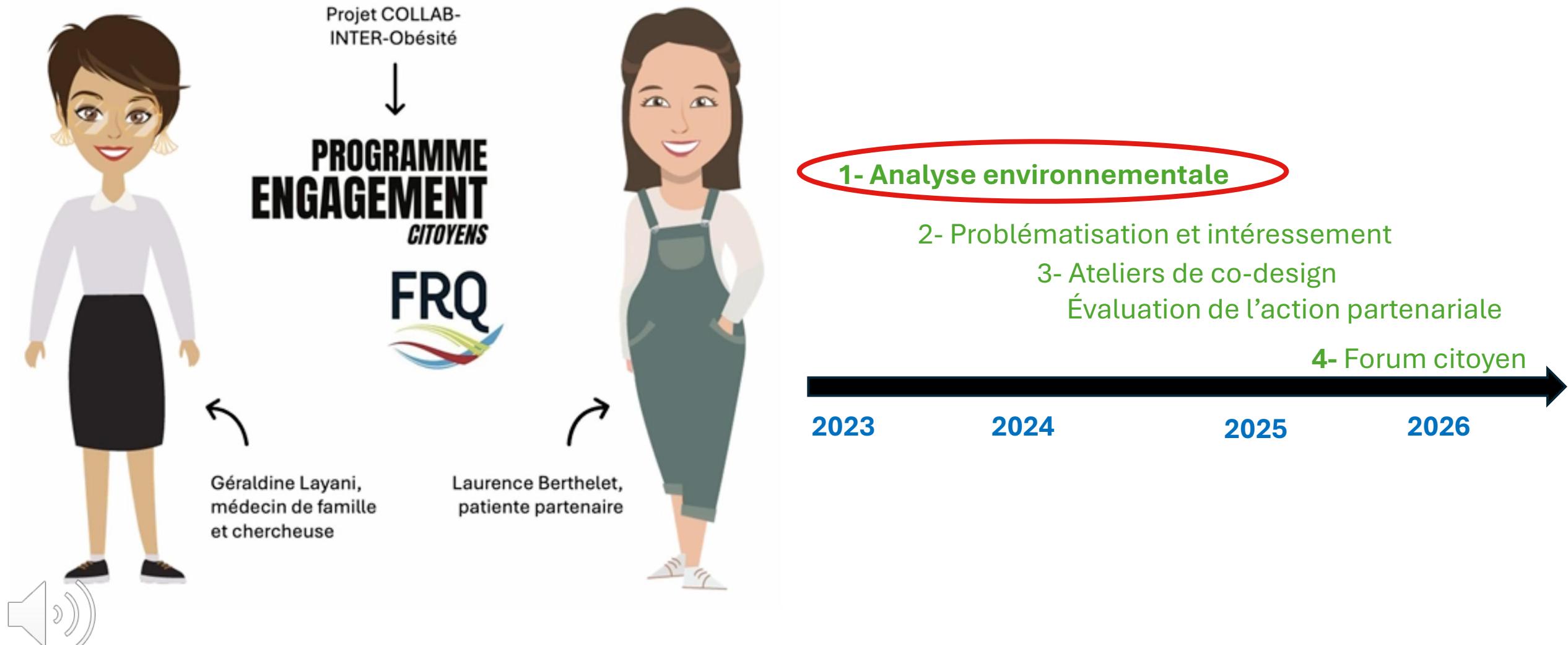
agnosis.

Introduction (2): La collaboration intersectorielle

« Actions entreprises par des secteurs **extérieurs au secteur de la santé**, menées **en collaboration avec le secteur de la santé**, sur les résultats en matière de santé ou d'équité en santé ou sur les déterminants de la santé » (OMS, 2008)



Introduction (3): COLLAB-INTER-360-Obésité



Objectif

Identifier et caractériser les interventions intersectorielles impliquant les secteurs des soins primaires et communautaires, afin de soutenir les personnes vivant avec l'obésité, à l'aide d'une analyse environnementale combinant des publications évaluées par des pairs et de la littérature grise.

Méthodologie

Cadre d'Arksey et O'Malley

1. Stratégie de recherche et sources des données

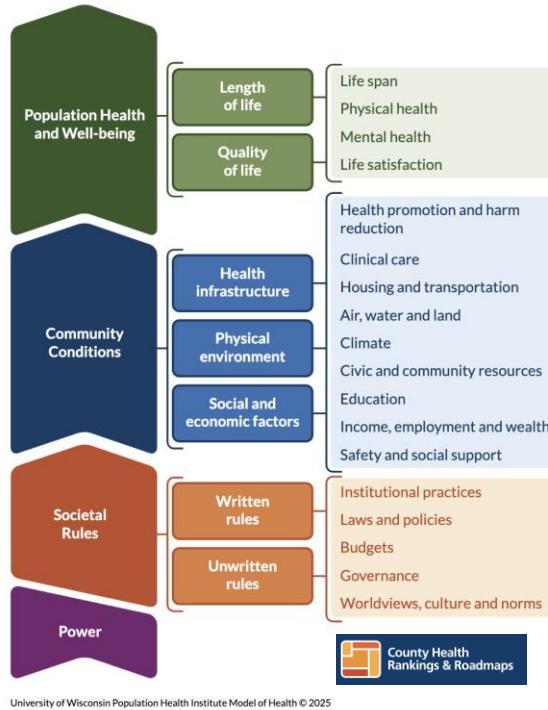
- 05/24 à 02/25
- MEDLINE, Web of Science, CINAHL, eTools.ch, Google régionalisés, catalogues et organisations pré-identifiées

2. Processus de sélection

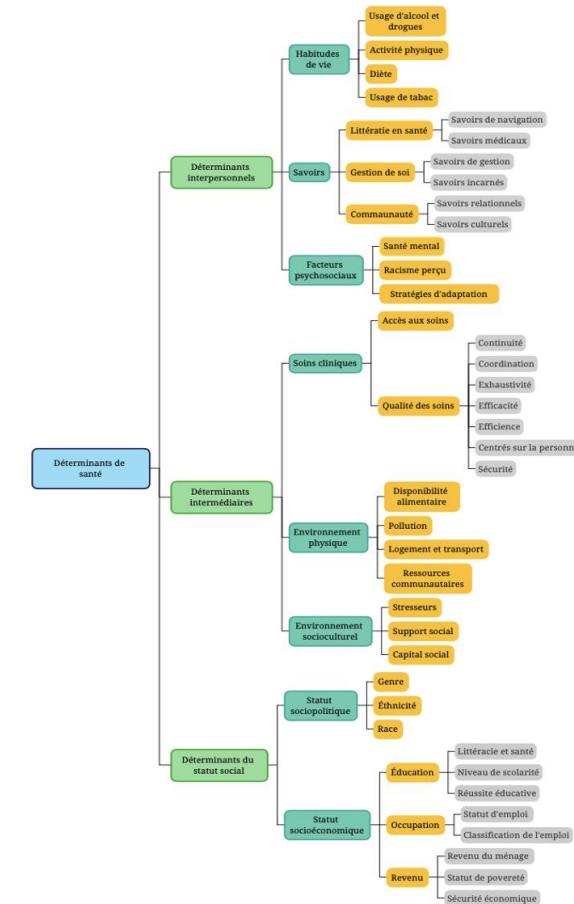
- COVIDENCE
- 3 réviseurs
- Critères d'éligibilité: intersectoriel, > 18 ans, 2006-2024, 11 pays de l'OCDE, FR-EN.

3. Extraction des données

- Grille d'extraction
- Cadre des déterminants adapté par l'équipe (revue narrative, atelier délibératif)



- Revue narrative
 - Atelier délibératif



4. Synthèse des données

- Diagramme de PRISMA
- Analyse bibliométrique (VOSviewer®): 20 textes > 7929 termes -> 55 sélectionnés (15) -> thèmes: obésité, déterminants de la santé, niveau de collaboration, secteurs, rôles.

Figure 1: Concept map of social determinants of health

Résultats

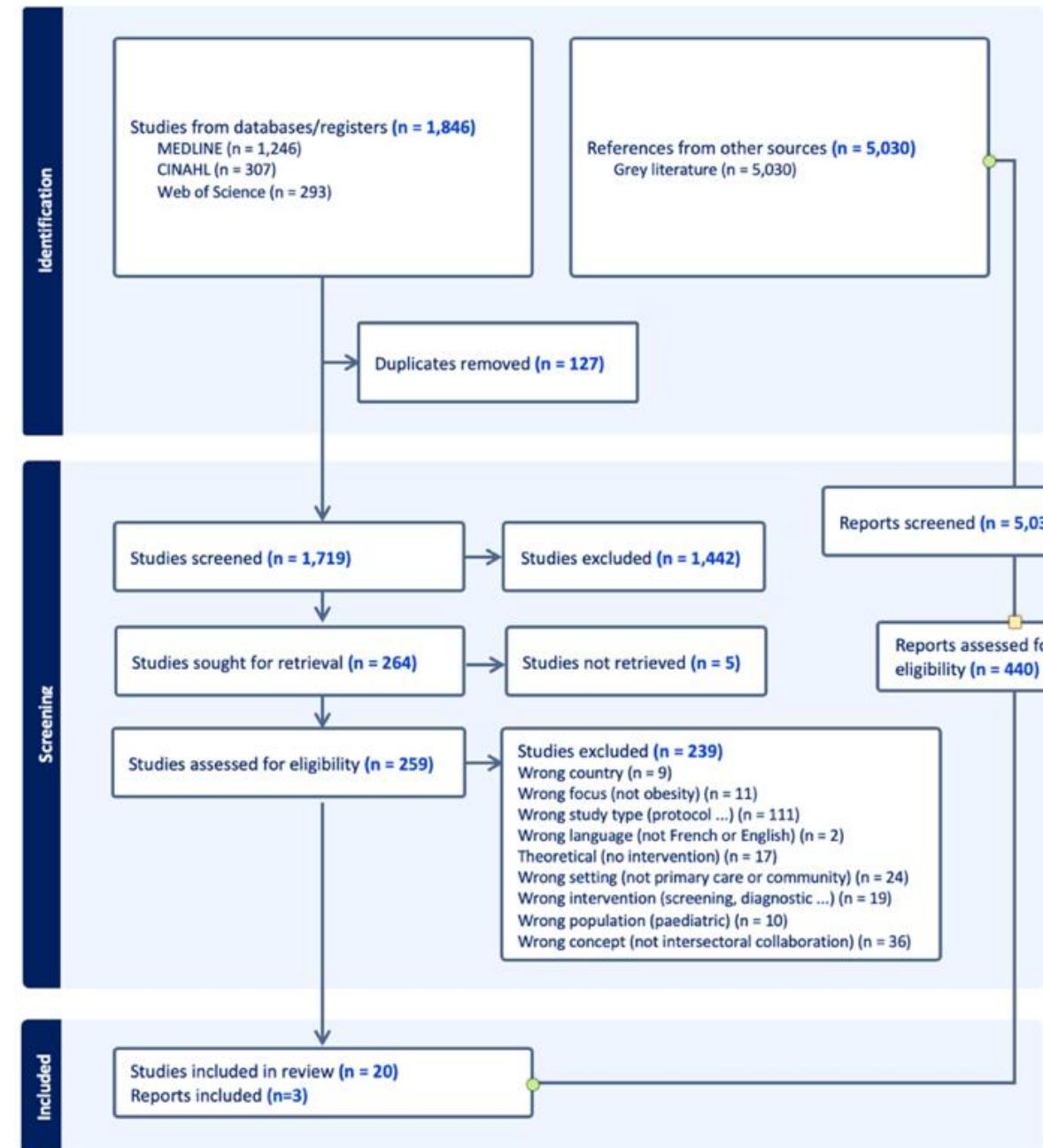


Figure 2: PRISMA-ScR chart

Littérature blanche:

- 1846 études
- 20 études ont été retenues
- Majoritairement: États-Unis

Littérature grise:

- 5030 sites internet
- 3 sites ont été retenus

1- Approches biomédicales et centrées sur le poids

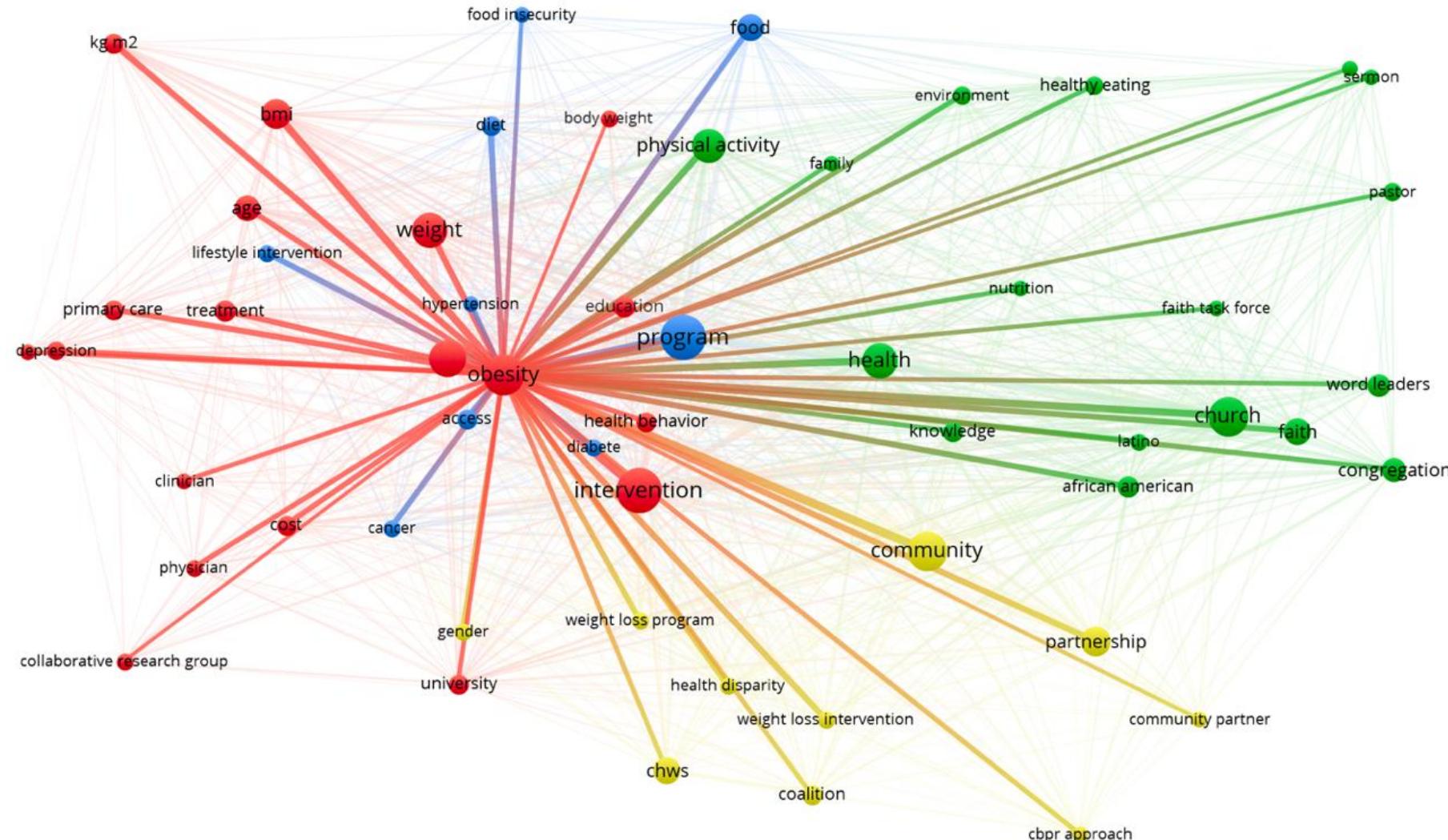


Figure 3: Obesity bibliometric links

2- Nombreux déterminants de santé mis en évidence impactant la santé des personnes obèses

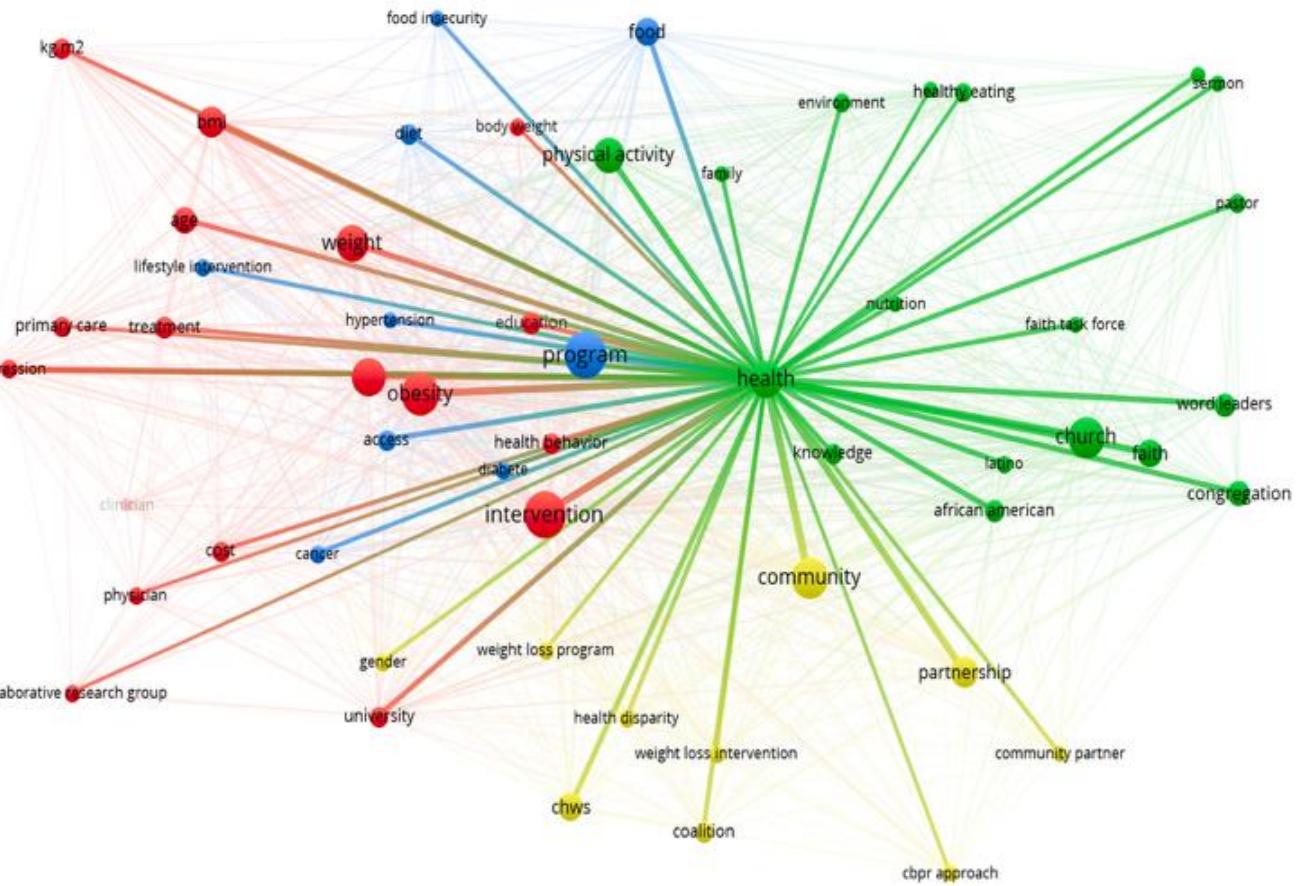
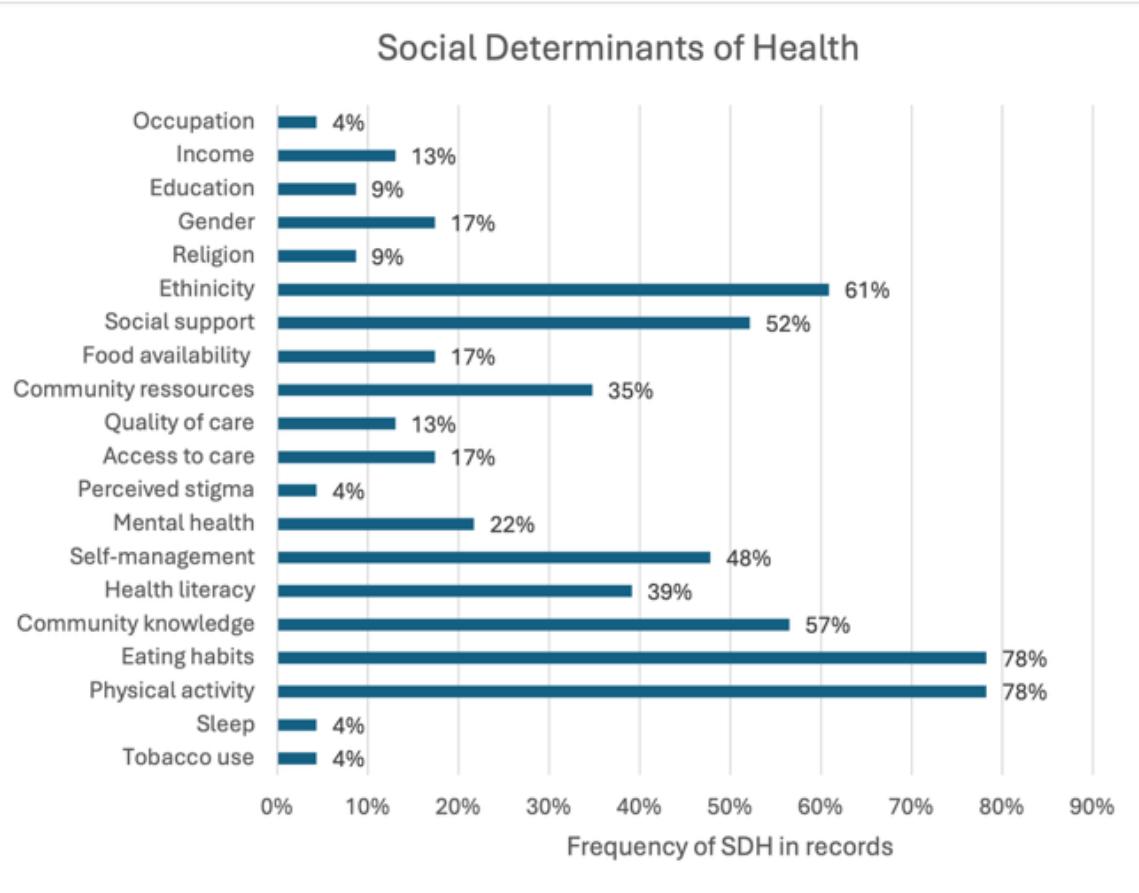


Figure 4: Distribution of SDH and Health bibliometric links

3- Plusieurs secteurs impliqués avec un niveau d'engagement avancé (mais pas de définition de l'intersectorialité)

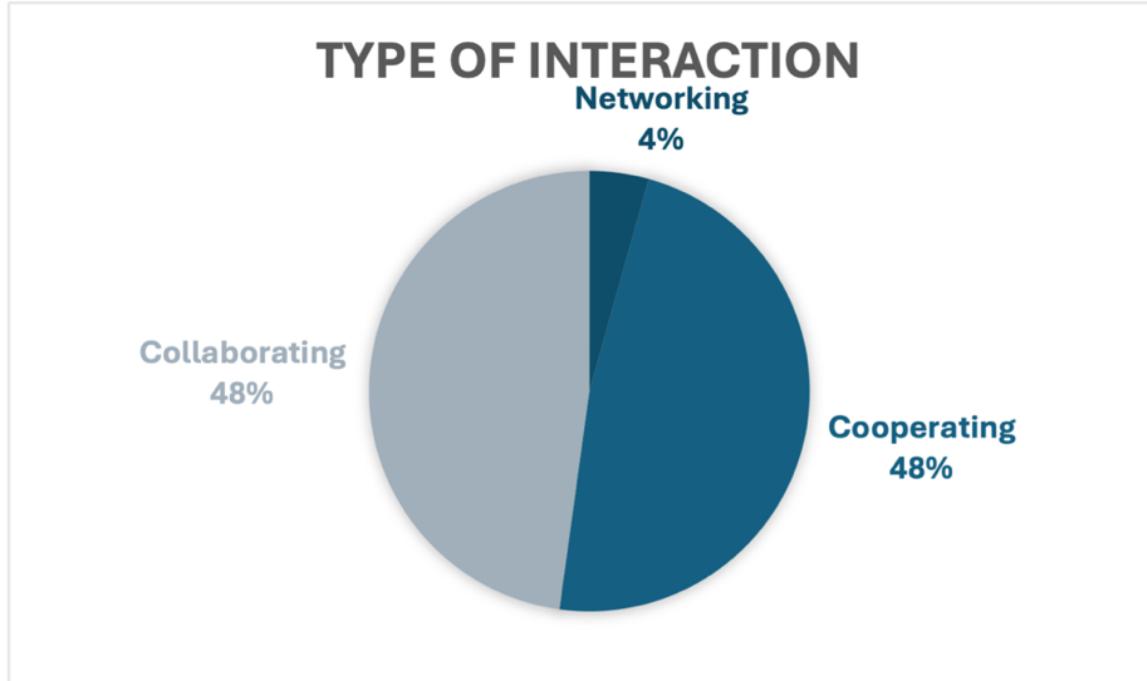


Figure 5: Distribution of types of interaction

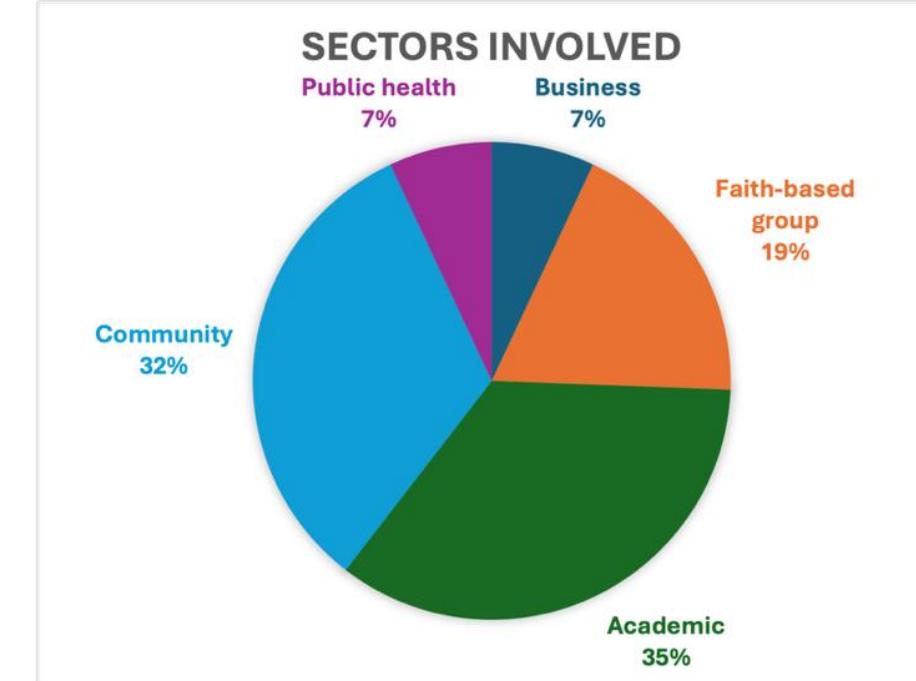


Figure 6: Distribution of sectors involved

4- Rôle pivot des « community health worker »

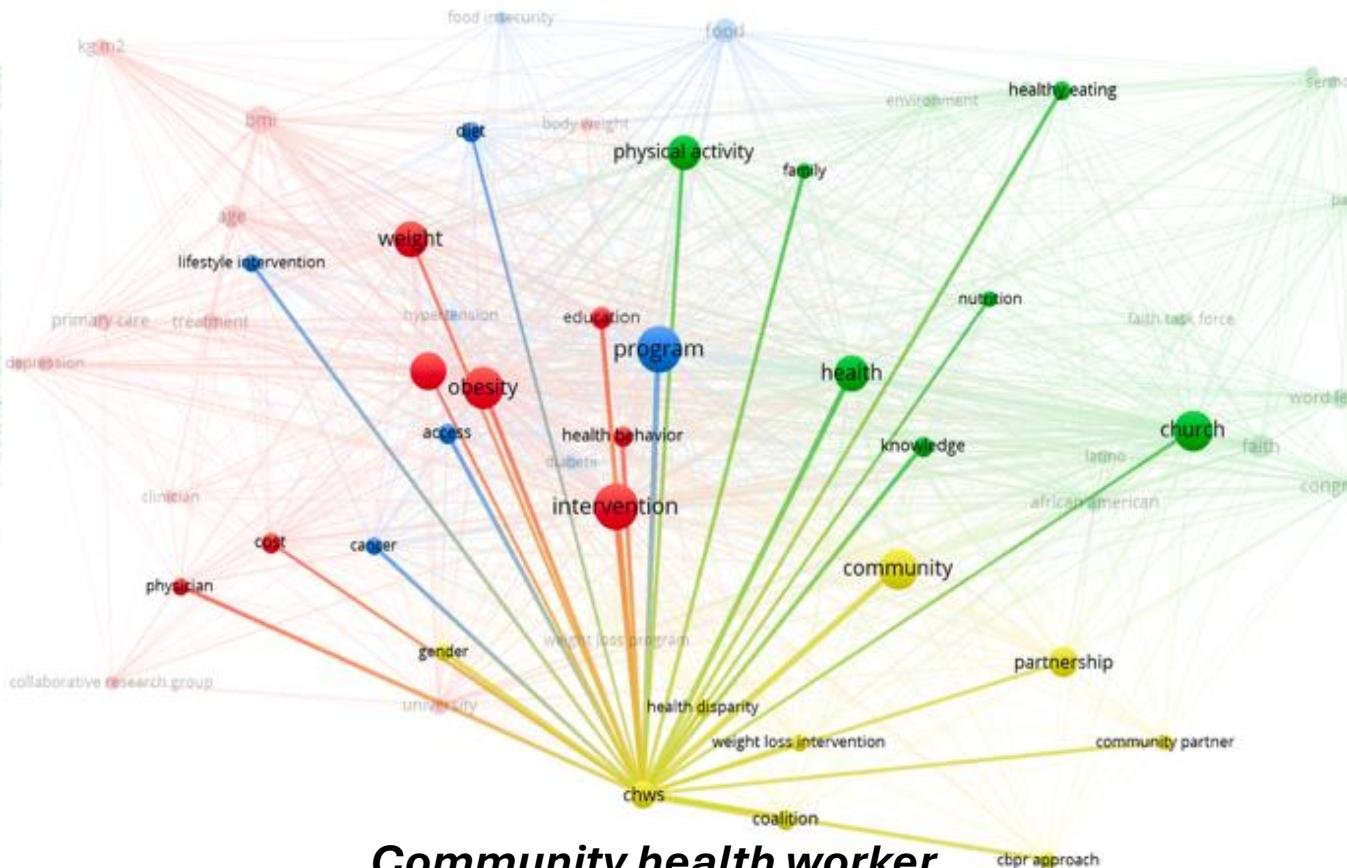
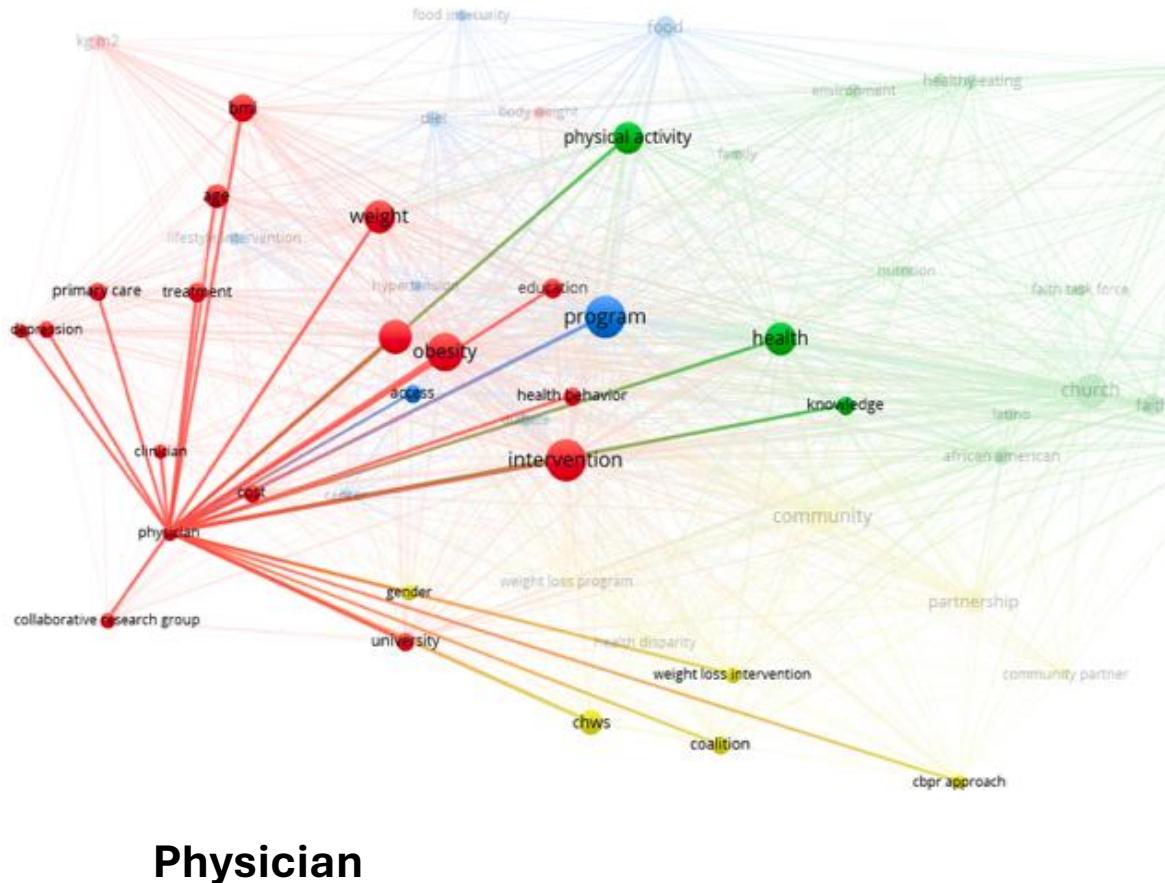
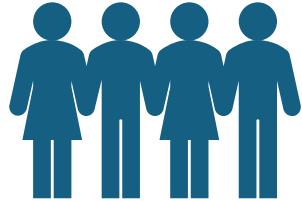
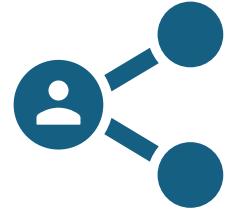


Figure 7: Physician VS Community health worker bibliometric links

Discussion



Repenser les modèles d'évaluation clinique des personnes vivant avec l'obésité en intégrant les déterminants de santé
[\(Solar 2010\)](#)



Opérationnaliser des partenariats avec la communauté avec l'aide des « *community health worker* »
[\(Kim 2016\)](#)

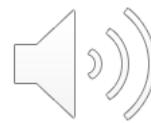


L'évaluation des interventions (et les outcomes) restent mal définis pour le long terme
[\(Shahzad 2019\)](#)

Conclusion

- **Première analyse environnementale** des interventions intersectorielles en obésité.
- **Changement de paradigme** pour adresser les enjeux des approches simplistes et stigmatisantes.
- **Les résultats guident la co-création** de la première communauté d'apprentissage intersectorielle implantée au Québec pour, avec et par les personnes vivant avec l'obésité

Mot de la fin



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CHAIRE DE RECHERCHE
GLAXOSMITHKLINE(GSK)
GESTION OPTIMALE
DES MALADIES
CHRONIQUES


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