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Barriers and incentives towards bariatric-metabolic surgery in rural Australia: A qualitative analysis

Category: Integrated Health

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The rate of population obesity increases with distance from metropolitan area, from 61% within the overweight or obese category increasing to 73% in remote areas (1). Obesity is a key risk factor for type 2 diabetes, renal and cardiovascular disease but despite this there is a grave inequity in accessing bariatric surgery of rural and remote patients. Relatively little is known about the physical and psychological barriers that may be informing weight management in these areas.

Utilising a semi-structured survey of rural and remote General Practitioners we performed a qualitative analysis of the perceptions surrounding bariatric surgery in Australia. We assess the availability of information and access to surgical services, patterns in referral to public or private services and existing bariatric support services. Knowledge of access to services, the bariatric process and levels of recommended care will be reviewed on a state-by-state basis. Patient and provider factors including psychological motivators and physical barriers are interrogated, in addition to seeking answers towards redressing the increasing inequality in access to bariatric surgical services in appropriate candidates. Data will be stratified by the Remoteness Area classification scheme and by state.

An analysis of the determinants of access to bariatric surgery in rural areas has not been performed to date. The results of this survey have the capacity to inform a paradigm shift in assessing factors that prevent appropriate referral and possible methods of positive change in rural areas. Defining the determinants of obesity surgery uptake in rural areas can lead to improved service delivery to areas with the most significant potential benefit.