Low-Income African American Women’s Perceptions of Primary Care Physician Weight Loss Counseling: A Positive Deviance Study

Elaine Banerjee MD, MPH
Lehigh Valley Health Network, Elaine_S.Banerjee@lvhn.org

Sharon Herring MD, MPH
Temple University, Center for Obesity Research and Education, Philadelphia, Pennsylvania

Katherine Puskarz MPH
Thomas Jefferson University, Department of Family and Community Medicine

Neil Shah MPH
University of Virginia, School of Medicine, Charlottesville, Virginia

Kyle Yebernetsky
Thomas Jefferson University, Department of Family and Community Medicine

See next page for additional authors

Follow this and additional works at: http://scholarlyworks.lvhn.org/family-medicine

Part of the Medical Specialties Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Low-income African American Women’s Perceptions of Primary Care Physician Weight Loss Counseling: A Positive Deviance Study

Elaine Seaton Banerjee, MD, MPH1; Sharon Herring, MD, MPH2; Katherine Puskarz, MPH3; Neil Shah, MPH4; Kyle Yebetynsksy5; Kateliny Hurley, MPH6 Marianna LaNoe, PhD7

1Lehigh Valley Health Network, Department of Family Medicine, Allentown, Pennsylvania; 2Temple University, Center for Obesity Research and Education, Philadelphia, Pennsylvania; 3Thomas Jefferson University, Department of Family and Community Medicine, Philadelphia, Pennsylvania; 4University of Virginia, School of Medicine, Charlottesville, Virginia; 5ACT.md, Boston, Massachusetts

METHODS

Design: Mixed methods study following a positive deviance approach.

Setting: Urban, academic, family-practice office

Participants: Low-income, African American, 18-64 y.o. women who were at least one time obese. Positive deviants lost at least 10% of their maximum weight and maintained this for at least 6 months. Controls had not lost more than 5% of their maximum body weight.

Instrument: EMR records and surveys with positive deviants and controls. Interviews with positive deviants.

Outcomes: EMR documentation of physician counseling; EMR documentation of a weight-related medical problem; EMR documentation of obesity on the problem list; participant-report of physician counseling; participant report of a weight-related medical problem.

Qualitative Results

Theme 1: Framing the problem of obesity in the context of other health problems provided motivation. “When I walked out of his office, I said, ‘you know what? I’m just gonna do this because he says my blood pressure was really out of control, and the medication that they had me on was really too much.’”

Theme 2: Having a full discussion around weight management was important. “Well they broke it down to the problem where they broke it down to the grams, to the you know, to the portion sizes, to what could clog your arteries all this stuff.”

Theme 3: An ongoing conversation and relationship was helpful. “Well they broke it down to the problem where they broke it down to the grams, to the you know, to the portion sizes, to what could clog your arteries all this stuff.”

Subtheme 3A: Celebrating small successes was helpful in ongoing motivation. “It’s more encouraging when you have a doctor tellin’ you you’re doing good, keep up the good work.”

Theme 4: Advice is helpful but self-motivation was required in order to take a change. “You know I had to really want to do it for myself... And, and, in order to stick to it as well.

CONCLUSIONS

Our results are similar to prior studies of African American patient preferences for weight loss intervention. Our findings suggest this guidance is not only what this patient population wants but may also be a part of successful weight loss.

The positive deviance methodology seeks to identify a homogenous population. This approach leads to solutions that are accessible and culturally acceptable to this population. However, this methodology also resulted in a small sample size for the survey.

The results are likely generalizable to low-income, African American women in other urban areas, but may not be generalizable to other populations. As low-income, African American women are at such high risk for obesity, population specific findings are still valuable.

REFERENCES:


ACKNOWLEDGEMENTS:

This project was supported by the Division of AIDS, Centers for Disease Control and Prevention. The authors are solely responsible for the design and conduct of this study, all study analyses, the drafting and editing of the paper and its final contents. The authors would like to thank the study participants for their time and participation. The authors would also like to thank Dr. Multani for assistance with manuscript preparation. The authors also thank the Mid-Atlantic Obesity Research Network (M-AORN) for their support. This research was supported by The Lehigh Valley Health Network, Allentown, PA. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.}

Contact: Elaine_S.Banerjee@LVHN.org

© 2015 Lehigh Valley Health Network