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

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

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BACKGROUND

Context: Low-income African American women are disproportionately impacted by obesity.1 However, some members of this high risk population are still able to successfully lose a significant amount of weight. Prior studies evaluated weight-related interactions of African-Americans with their PCPs and identified patient preferences regarding physician counseling.1 However, it is not known if these preferences result in improvements in weight loss success. The National Weight Control Registry studied Americans who had lost a significant amount of weight, but included very few African Americans or low income participants.2

Objective: To qualitatively and quantitatively evaluate the interactions between low-income, African American women who successfully lost weight and the healthcare system.

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 one time obese. - Low-income African American women are disproportionately impacted by obesity. - Few African Americans or low income participants. - Participants who successfully lost weight and maintained this loss for at least 6 months. - Some members of this high risk population are still able to successfully lose a significant amount of weight.

Instrument: Qualitative interviews were conducted with participants who successfully lost weight and maintained this loss for at least 6 months. - Controls had not lost more than 5% of their maximum body weight and maintained this loss for at least 6 months. - Controls had not lost more than 5% of their maximum body weight.

Quantitative Results

Table 1. EMR Data

<table>
<thead>
<tr>
<th>Predictor</th>
<th>N (%)/Mean (SD)</th>
<th>OR (95% CI)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>217.1 (77.7)</td>
<td>1.01</td>
<td>0.002</td>
</tr>
<tr>
<td>Female</td>
<td>63.5%</td>
<td>0.01</td>
<td>0.006</td>
</tr>
<tr>
<td>Controls of BMI</td>
<td>12.4%</td>
<td>0.01</td>
<td>0.023</td>
</tr>
<tr>
<td>Matched BMI</td>
<td>105 (54.6%)</td>
<td>1.01</td>
<td>0.001</td>
</tr>
<tr>
<td>Positive Deviant Cases</td>
<td>35 (54.6%)</td>
<td>1.01</td>
<td>0.001</td>
</tr>
<tr>
<td>Marital Status</td>
<td>12.4%</td>
<td>0.01</td>
<td>0.023</td>
</tr>
<tr>
<td>Ever Obese, African American Women</td>
<td>217.1 (77.7)</td>
<td>1.01</td>
<td>0.002</td>
</tr>
<tr>
<td>Lost &gt;10% Body Weight</td>
<td>12.4%</td>
<td>0.01</td>
<td>0.023</td>
</tr>
<tr>
<td>Positive Deviant Cases</td>
<td>35 (54.6%)</td>
<td>1.01</td>
<td>0.001</td>
</tr>
<tr>
<td>BMI</td>
<td>63.5%</td>
<td>0.01</td>
<td>0.006</td>
</tr>
<tr>
<td>Controls in EMR Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matched BMI</td>
<td>105 (54.6%)</td>
<td>1.01</td>
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<td>0.001</td>
</tr>
</tbody>
</table>

Exclusion criteria: comorbidities, including obesity surgery, taking anti-metabolism medication, cancer diagnosis, traumatic brain injury, disability, inability to consent in English, or access issues, pregnancy or within 3 months postpartum during weight loss.

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 weight-related medical problem.

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CONCLUSIONS

Our results are similar to prior studies of African American patient perceptions. These 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.

At low-income, African American women are at such high risk for obesity, population specific findings are still valuable.

DISCUSSION

Physician counseling for obesity should include more specific referrals.

Physicians should help patients draw connections between obesity and the resulting weight-related medical conditions.

References:


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