Obesity management in people of color: exploring the impact of race/ethnicity on patient and provider perspectives

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Aim

• This study explored the experiences of people of color with obesity (PoCwO) and healthcare providers (HCPs) in obesity management

Introduction

- Approximately 42% of adults in the United States are living with obesity, but this value masks discrepancies in the
 prevalence of obesity across racial and ethnic groups¹
- Non-Hispanic Black adults (50%) had the highest prevalence of obesity (by self-reported height and weight), followed by Hispanic adults (46%)
- Race and ethnicity can affect the identification and treatment of obesity by HCPs²
- Patients with obesity (PwO) have reported a desire for their HCPs to initiate a conversation about obesity; however, barriers to clinically relevant weight management (eg, a lack of understanding of obesity and how to discuss with patients) persist³⁻⁵
- Therefore, there is a need to explore the experiences of PoCwO and HCPs in obesity management

Methods

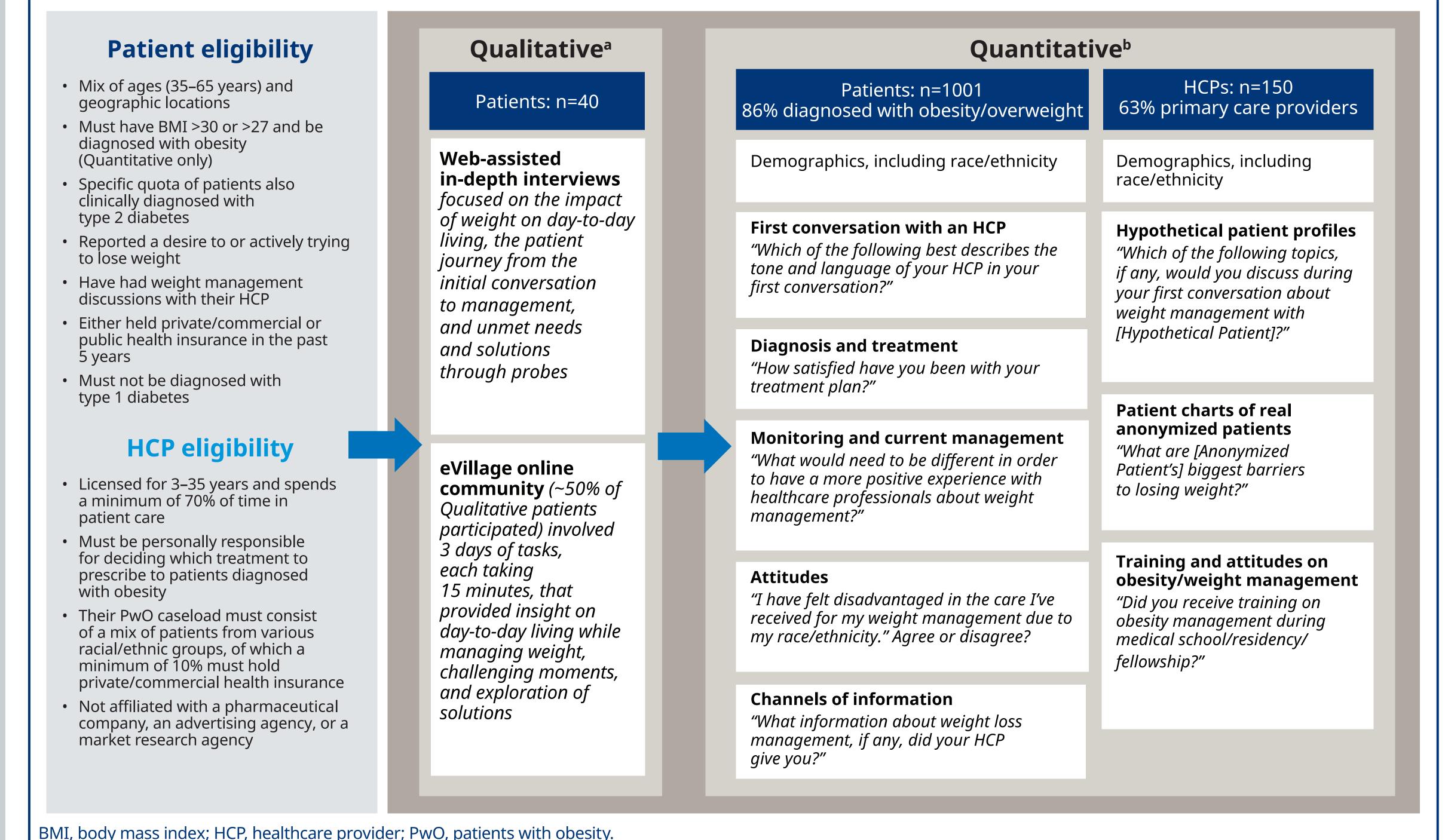
• Study eligibility and the Qualitative and Quantitative segments are outlined in Figure 1

The questions included above are provided as examples; this is not the complete list of questions asked in the survey.

^aQualitative surveys consisted of 75-minute Zoom interviews for PoCwO only.

^bQuantitative surveys consisted of 30-minute written surveys for PoCwO and HCPs.

Figure 1: Study design and question examples

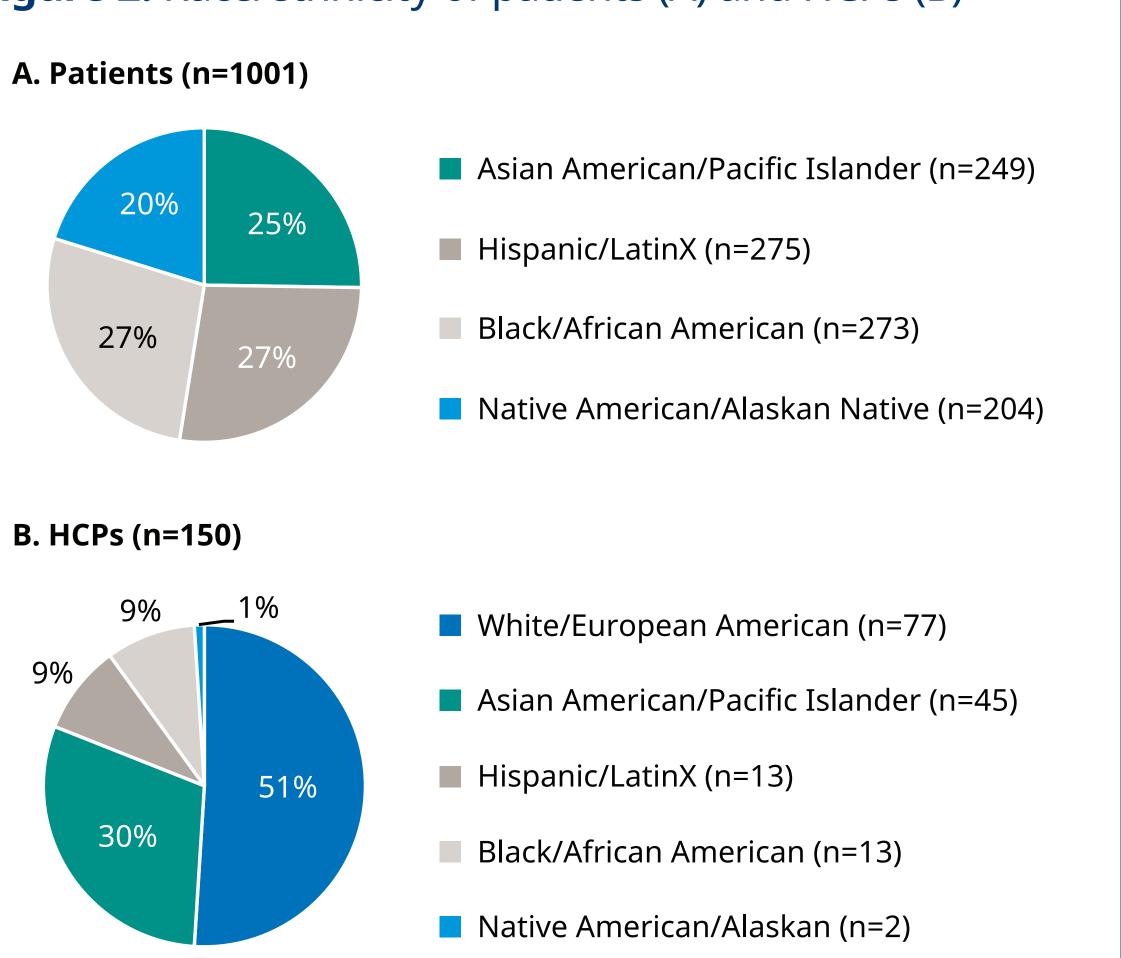


Results

Study Population

- A total of 1001 self-identified PoCwO (55% with class I obesity, 24% with class II obesity, and 20% with class III obesity) completed the Quantitative survey between November 27, 2021, and March 2, 2022 (**Figure 2A**)
- For the provider perspective, 150 self-identified HCPs were included (Figure 2B)

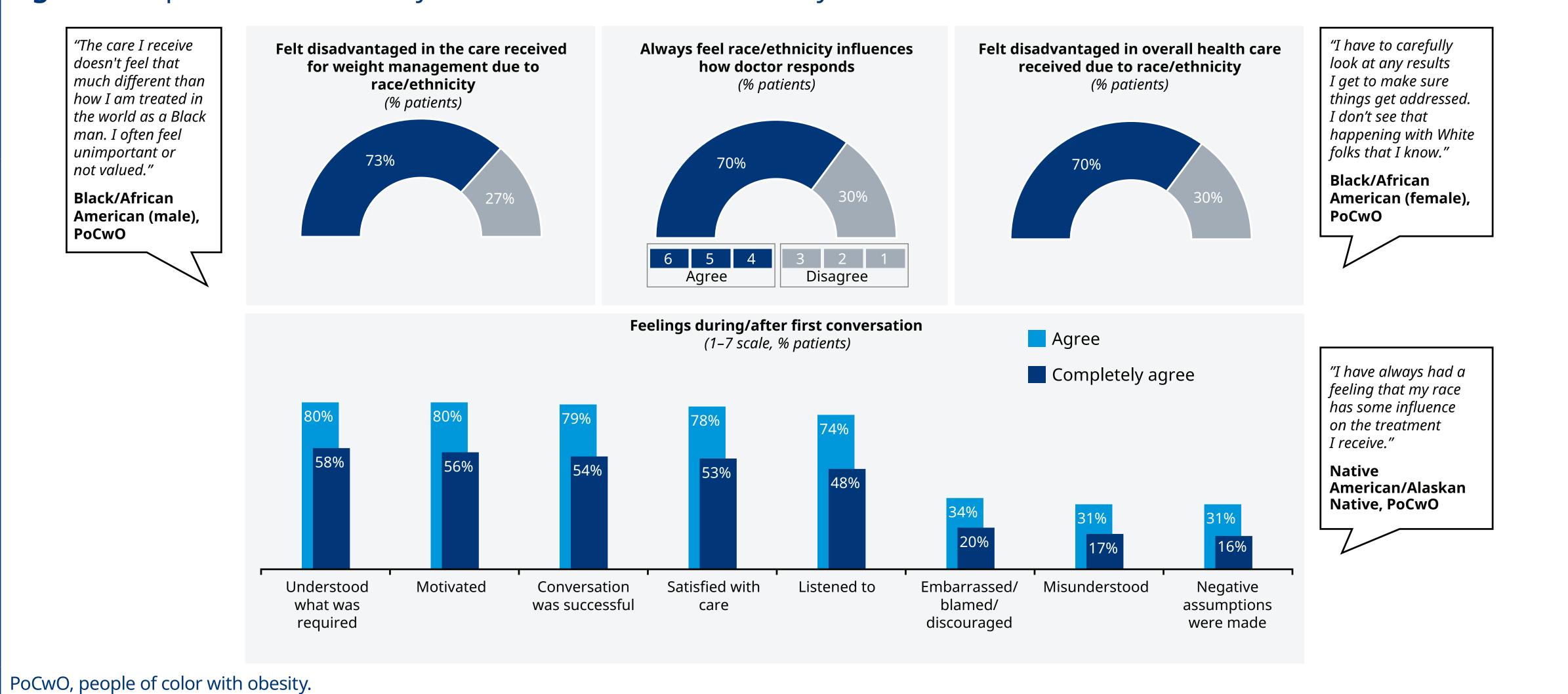
Figure 2: Race/ethnicity of patients (A) and HCPs (B)



Stigma and Biases in Obesity Treatment

- PoCwO characterized their relationship with their HCP as one of mistrust and frustration (Figure 3)
- The perceived effect of race/ethnicity on weight management was highest for Black/African Americans, with 77% reporting that their race played a role in their experience
- The distrust is further compounded as PoCwO felt negatively impacted by their race/ethnicity during conversations with their HCPs about their medical condition of obesity (**Figure 3**)
- These biases included the perceived belief that PoCwO lack motivation to lose weight or require direct or detailed instruction, or that obesity was a direct result of lifestyle based on culture or race
- 49% of PoCwO experienced negative feelings during or after their first conversation about obesity with their HCP

Figure 3: Impact of race/ethnicity on conversations about obesity



Impact of Race/Ethnicity on Conversations About Obesity

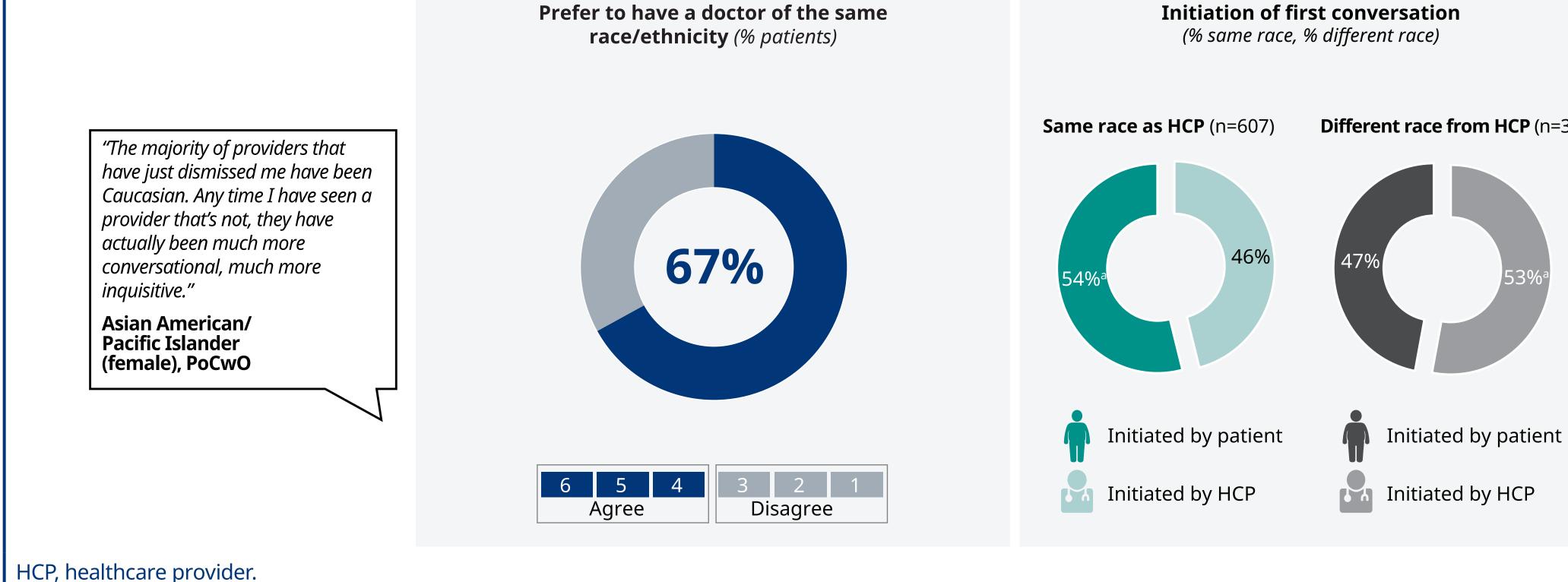
Percentages may not sum to 100% due to rounding.

^aSignificantly higher than other patient groups.

HCP, healthcare provider.

The interpersonal relationship between PoCwO and HCPs plays an important role in conversations about obesity, as HCPs of the same race/ethnicity were perceived as more understanding of their PoCwO (**Figure 4**)

Figure 4: Initiation and negative tones of conversations about obesity between patients and HCPs



Negative tone/language by HCP in first conversation

(% patients)

Different race from HCP (n=394)
39% sensed a negative tone

Different race from HCP (n=394)
39% sensed a negative tone

Judgmental Insensitive
19% 3%

Overly critical
Cold 8%

Cold 7%

Overly critical
8%

Condescending Blaming

Condescending Blaming

Condescending Blaming

Condescending Blaming

Condescending Blaming

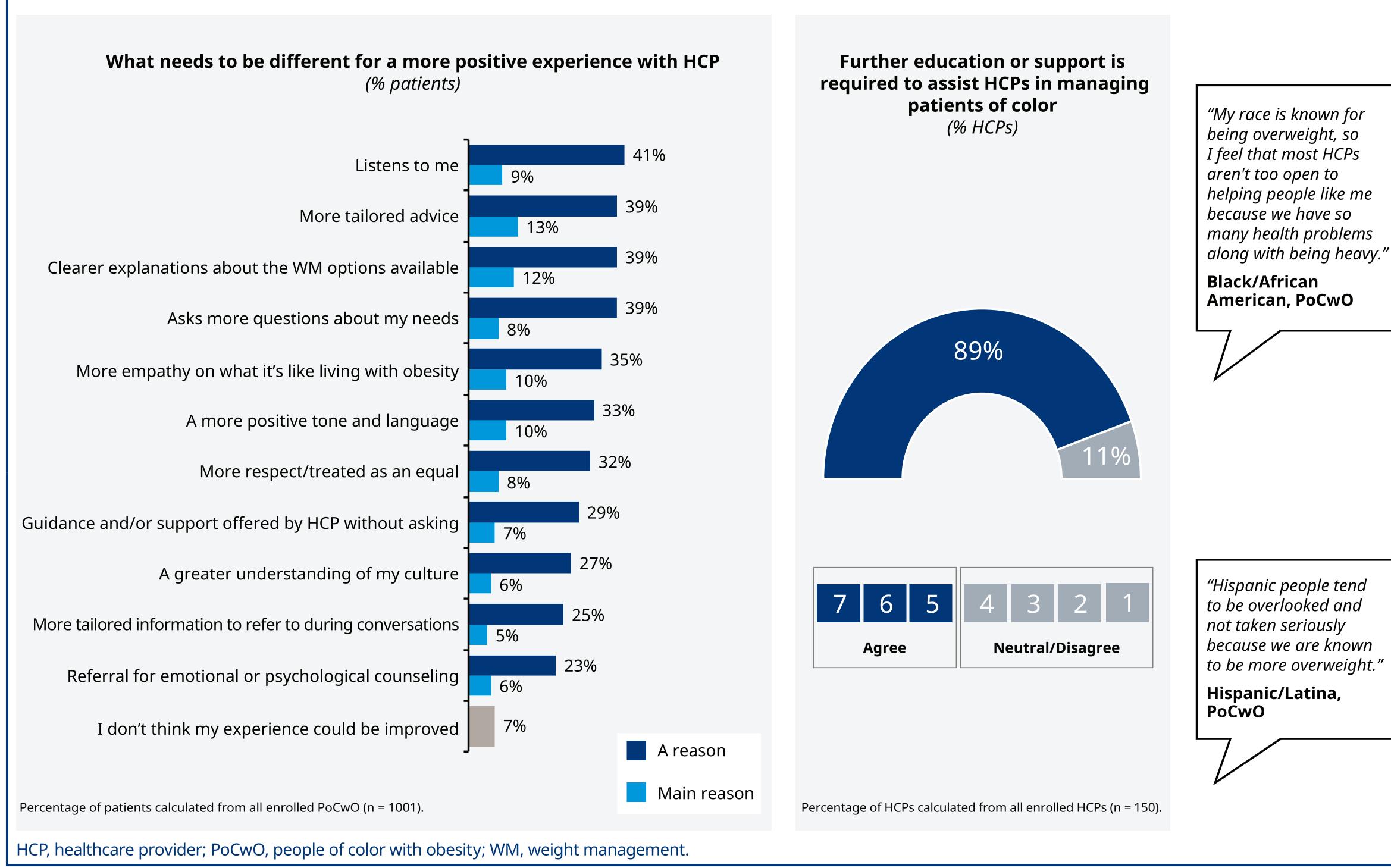
a drug addict trying to get drugs."

Hispanic/Latino (male), PoCwO

Tailored Weight Management and Continuing Education

- When biases about race/ethnicity are experienced, PoCwO may feel constrained by the HCP's authority as a medical
 professional and, therefore, may be unwilling to challenge those assumptions
- Among PoCwO who felt that HCPs made assumptions about race/ethnicity in relation to their weight (eg, cultural dietary preferences), fewer than half challenged those assumptions
- 71% of PoCwO reported that they still see the same HCP with whom they had their first conversation about obesity
- Personalized and culturally considerate advice for PoCwO and a more supportive environment fostered by HCPs may lead to improved obesity management outcomes for patients (Figure 5)
- ~1 in 3 HCPs has not received training in obesity management or counseling during formal medical training

Figure 5: Recommended areas of improvement among HCPs caring for PoCwO



Conclusions

- When treating obesity, the combination of obesity-based discrimination and racial/ethnic discrimination may be a barrier to treatment for PoCwO
- In this study, PoCwO indicated that perceived HCP biases about their race/ethnicity negatively impacted the care received for obesity management
- PoCwO felt more comfortable initiating conversations about weight with HCPs of similar race/ethnicity
- Mitigating racial/ethnic assumptions about PoCwO among HCPs through further obesity management education and increasing the number of HCPs of color are potential steps toward improving the care of PoCwO

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Acknowledgments: This study was funded by Novo Nordisk. Medical writing and editorial support were provided by Lumanity Communications Inc. and OPEN Health Communications LLP and funded by Novo Nordisk. **Disclosures:** M Knight: consultant: Novo Nordisk; A Velazquez: advisory board member: Weight Watchers and Intellihealth, consultant: Novo Nordisk; Z Li: none; G Rao: none; A Fabricatore: employee and shareholder in Novo Nordisk. Presented at the 18th Cardiometabolic Health Congress' Scientific Sessions, October 18–21, 2023; Boston, MA.