The Experiences of Obese African American Women and Their Utilization of Preventive Healthcare Services

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Funded by a grant from Mercer University
Background

- Obesity a worldwide epidemic \(\text{(WHO 2011)}\)

- By year 2030 obesity rate projection is 42% \(\text{(Finkelstein, Khavjou, Thompson, Trogden, Pan, Sherry, & Dietz, 2012)}\)

- African American women affect disproportionately \(\text{(U.S. Department of Health and Human Services: The Office of Minority Health, 2007)}\)

- Medical cost associated with obesity is $147 billion compared to $78 billion ten years ago
Obese women vulnerable to breast and gynecological cancers (Cohen et al., 2008; Ludman et al., 2010)

Obesity associated with higher death rates from these cancers (Maruthur et al., 2009; Modesitt & van Nagell, 2005)

African American women diagnosed at later stages (Cui et al., 2002)

African American women have lower survival rates (Stolley, Sharpe, & Schieffer, 2009)
Healthcare Experience and Healthcare Utilization

- Studies suggest:
  - Stigmatization a deterrent to healthcare utilization (Howe, 2006; Vallis et al., 2007; Zuzelo & Seminara, 2006)
  - Fear seeking healthcare when perceive negative treatment
  - Delay returning for preventive screens (Amy, Aalbørg, Lyons & Keranen, 2006; Fair et al., 2009)
  - Change providers frequently

Dearth of studies addressing issue in AAW
The purpose of this study was to explore the healthcare experiences of obese AAW as they utilize healthcare services and understand the decisions they make to utilize preventive healthcare for mammograms and Pap screens.
Methodology

- **Design**
  - Hermeneutic Interpretive phenomenology

- **Sample:**
  - Purposive, Inclusion/exclusion

- **Recruitment strategies**
  - Flyers
Methodology

- Data Collection
  - Demographic data collected
  - Interview questions: open-ended
  - Initial Individual, in-person, audio-taped interviews
  - Follow-up interviews with a subset of sample
  - Concurrent data collection and analysis
Methodology

- Data Analysis
  - Interviews transcribed verbatim
  - Qualitative analysis package to organize data
  - Analyzed as a whole then line by line
  - Data coded, labels attached
  - Themes identified
Rigor

- Peer review
- Member checking
- Prolonged engagement
- Audit trail
- Data immersion
Results: Patterns and Themes

Demographics of sample

- Age: range 23–62 years
- Marital status: 33% married, 33% single, remainder widowed or divorced
- BMI: range 36–55 with greater than 50% having BMI of 40 or higher
- Employment: 40% employed, 40% either unemployed or full time students, remainder retired or disabled
- Health insurance: 93% had insurance
- Education: 87% either completed college or had some college
Pattern#1: They’re not Listening

“They really don’t listen when you try to tell them what is going on with you… then you have to go find somebody else that will listen and it is still very few out there that will listen to you.” (P 6)

“I left in tears because I just felt that he wasn’t listening to what I was trying to say to him. I knew it was more than just weight and he just blew me off and ignored me.” (P 14)
“I know that my weight may cause other issues but what I am coming to you for, if you would treat that issue first and then maybe we can get on some type of diet. I want you to really look at what’s wrong with me and what I’m complaining about now.” (P 12)
Pattern#1: They’re not Listening

Theme #2: They Say lose Weight But Give Us no Tools

“I would go to my primary care doctor he would say Ms. (participant’s name) you need to lose weight…I guess my struggle is the doctor never says, let’s see could we come up with a weight loss program and what kinds of things would you like to do to help yourself lose weight…it’s always, you need to lose weight.” (P2)
Pattern#1: They’re not Listening

Theme# 3: Stigmatization

“I’ve had more than my share of medical personnel and the stigma...just terrible, devastating...and coming from people that you highly respect...you give nursing and medical personnel the highest respect...but there are just some who do not have people skills.” (P 13)
Theme#3: Stigmatization

“They tend to give you a lot of nastiness for no apparent reason...and it’s horrible...I couldn’t get to cleaning myself...and if I buzzed you and ask you to please come and help me, that’s your job...She(nurse) went right outside talking loud... I guess because she thought she pulled the door up that I can’t hear her...talking about me with others as if I am not a human being sick and in the hospital.” (P 6)
Pattern#2: Good or Bad it’s My Decision

“I change primary care physicians a lot because going in and explaining to them that I am not feeling well...for someone to find a diagnosis that you just need to lose weight, I simply just did not go back... literally, just gave up...whatever happen to this body was just going to happen.” (P13)
Theme#1: Cancel my Appointment Please, I Won’t be Back

“I haven’t gone back to that gynecologist but I haven’t seen anyone else since that one. I missed my annual exam this year because I don’t know who to go to yet. I don’t want to have the same bad experiences I had before.” (P12).
Pattern#2: Good or Bad it’s My Decision

Theme#2: Empowerment

“I just work them to death …exercise and finding other things to do other than to eat…Let’s stop looking at TV so much…Let’s walk some…Let’s go to the park…teaching them to observe some other health stuff that they need to… eating the right things…salads” (P11)
Discussion

- **Participants in this study:**
  - Reported a plethora of negative attitudes from healthcare providers

- **Recommendations for HCPs:**
  - Set aside obesity biases
  - Realize that when obesity stigmatization is perceived by obese women, healthcare avoidance is a result
  - Recognize that delay in preventive care predisposes obese women to cancers

- **Implications for:**
  - Education
  - Clinical practice
  - Research
Questions