



Patient–Provider Communication About the Health Effects of Obesity

February 5, 2009

Authors: Nefertiti H. Durant, Ph.D., Barbara Bartman, M.D., Sharina D. Person, Ph.D., Felicia Collins, M.D., Ph.D., and S. Bryn Austin, Sc.D.

Journal: *Patient Education and Counseling*, published online Nov. 26, 2008

Contact: Nefertiti H. Durant, Division of General Pediatrics and Adolescent Medicine, University of Alabama, ndurant@peds.uab.edu, or Mary Mahon, Senior Public Information Officer, The Commonwealth Fund, mm@cmwf.org

An abstract is available at: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TBC-4V11JP6-1&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=52e9ace643cd9cb5876b5867799f54b1

Synopsis

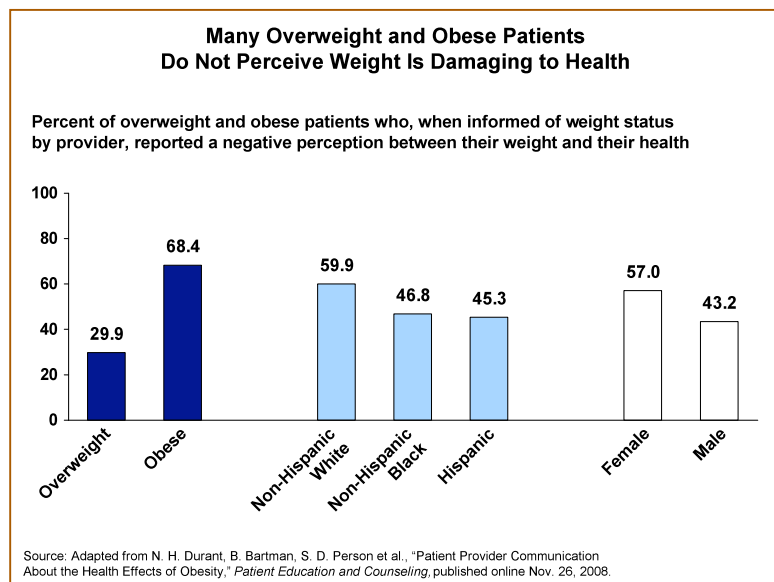
A study of overweight and obese patients in community health centers found significant disparities in how patients of different racial and ethnic backgrounds perceive the health effects of their weight. Health care providers can play an important role in helping patients understand the often serious implications.

The Issue

In the United States, obesity is more prevalent among members of racial and ethnic minority groups. Receiving advice from a health care provider to lose weight has been linked to patients' readiness to lose weight, improve their diet, and increase exercise. However, the effect of patient–provider communication on patients' perception of the harmful effects of obesity—which include type 2 diabetes, sleep apnea, and cardiovascular, musculoskeletal, and gallbladder disease—requires further study.

Key Findings

- Forty-one percent of community health center patients who responded to the survey were overweight (body mass index ≥ 25 to < 30), while 59 percent were obese (body mass index ≥ 30).



- Fewer than one of five overweight patients and slightly over half of obese patients reported being told they were overweight by their provider. Thirty percent of overweight and 68 percent of obese patients said they had a negative perception between their weight and their health.
- Black patients were 38 percent less likely than white patients to believe their weight was damaging to their health.
- After adjusting for provider advice regarding weight status, both black and Hispanic patients were half as likely as white patients to believe their weight was damaging to their health.
- Patients who reported being told they were overweight by a health provider were almost nine times as likely to believe their weight was damaging to their health as those who were not told this.

Addressing the Problem

Patient-provider communication is a crucial component of disease management for overweight and obese patients, regardless of race or ethnicity. Among the many benefits, it can help empower patients to be more active participants in their care. Additional studies are needed, the authors say, to examine the intersection of race, ethnicity, and culture in patient-provider communication to optimize models of care and training programs for health professionals.

“Patient-provider communication was shown to be a very important aspect of disease management among overweight and obese community health center patients, regardless of race/ethnicity.”

About the Study

The study included 1,071 overweight and obese patients at 70 community health centers. The sample included black, white, and Hispanic adults having a body mass index greater than or equal to 25. Respondents were surveyed about their perceptions of the health effects of weight, and about whether their provider at the health center had talked to them about their weight. Race, ethnicity, and weight status were self-reported.

The Bottom Line

With obesity and its associated health risks becoming a public health crisis, the role of patient-provider communication is essential. Improving patient and provider communication skills may help to resolve disparities in care.

Citation

N. H. Durant, B. Bartman, S. D. Person et al., “Patient Provider Communication About the Health Effects of Obesity,” *Patient Education and Counseling*, Nov. 26, 2008.

This summary was prepared by Elizabeth Dossett and Deborah Lorber.