

Racial differences in perceptions, beliefs and opinions among men on obesity and weight loss treatments in Western New York

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Background: Despite availability of effective weight-loss treatments including metabolic and bariatric surgery (MBS), several disparities in access to treatments persist, especially by race and gender. African American (AA) men are the least likely group to undergo MBS, among eligible patients, compared to AA women, Non-Hispanic White (NHW) men and NHW women. We explored the beliefs and attitudes towards personal health, obesity and management of obesity among AA and NHW men in Western New York (WNY) to understand the role of these factors in patient utilization of surgical weight-management interventions.

Methods: We conducted a mobile/in-person survey among men with severe obesity (body mass index, BMI ≥ 40) or with moderate obesity (BMI 35-39) and having at least one obesity-related comorbidity. The questions were developed based on participant responses to semi-structured interviews conducted previously in a similar population. We recruited participants with prominently displayed flyers at community locations and in-person at community events. We conducted bivariate and multivariable analyses on the aggregate data from an initial sample of AA and NHW participants matched on BMI.

Results: Our preliminary results are based on the sample of 70 men (35 AA and 35 NHW), with average age of 47 and mean BMI of 43.5. Compared to NHW men, a higher proportion of AA men had great support from family and friends (83% vs 69% among NHW men, $p < 0.01$) and described their physicians as respectful (92% vs 71% among NHW men, $p < 0.01$) and understanding (88% vs 71% among NHW men, $p = 0.03$) who helped in setting and working towards their weight loss goals. However, AA men were less likely to consider MBS to be safe and effective (21% vs 35% among NHW men, $p < 0.01$) and less likely to perceive that a person's quality of life improved after MBS (42% vs 53% among NHW men, $p = 0.04$). Among those who were willing to consider MBS, AA men were less likely to travel > 25 miles for weight-loss treatment (33% vs 40% among NHW men). Compared to NHW men, a higher proportion of AA men did not consider themselves obese (20% vs 6%).

Conclusions: Moderate to severely obese AA men are less likely to perceive MBS as a safe and effective way to lose weight compared to their NHW peers and are more satisfied with their weight. Enhanced health education and having community role models who achieved weight-loss through available treatments may improve their utilization among AA men.