Published in final edited form as:

J Am Geriatr Soc. 2014 October ; 62(10): 1996–1998. doi:10.1111/jgs.13040.

Perspectives of Older African American Women on a Community Based Weight Loss Program: Qualitative Findings From SWITCH

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To the Editor

African American women (AAW) are disproportionately affected by the obesity epidemic.¹ They are also less likely to participate in weight loss programs; and when they participate, they lose less weight than other groups.² The African American Collaborative Obesity Network and National Institutes of Health recommended increasing “qualitative and community-based research with AA communities...to derive insights for ...program design and to promote sustainability.”^{3,4} This qualitative study evaluated the perspectives of older AAW who participated in the Senior Wellness Initiative and TOPS [Take Off Pounds Sensibly] Collaboration for Health (SWITCH). Quantitative results from SWITCH were reported previously.⁵

METHODS

SWITCH enrolled 48 overweight and obese older AAW into 3 new TOPS chapters at a church, senior center, and senior residence for 52 weeks. The Senior Wellness Initiative is a community-based program that helps older AAs maintain their independence and improve their quality of life. TOPS is an effective, nationally available, peer-led, low-cost (\$88 per year) weight loss program.⁶

Qualitative data were collected through 5 focus groups (FGs) with 25 chapter members and 3 chapter leaders. Each FG had a moderator and observer. Groups were 90 minutes long, audiotaped, and transcribed. A moderator’s guide was used to broadly elicit participants’ perspectives. Transcript data were coded using Atlas.ti (ATLAS.ti Scientific Software

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Conflict of Interest: The authors declare no conflicts of interest.

Author Contributions: Cifuentes: data acquisition, analysis, and interpretation, preparation of manuscript. Polsky: data analysis and interpretation, preparation of manuscript. Mitchell: study concept and design, acquisition of subjects and data, analysis and interpretation of data, preparation of manuscript.

Sponsor’s Role: None.

Development GmbH, Berlin, Germany) and later analyzed using a grounded theory approach⁷ through a series of immersion/crystallization cycles involving concentrated review of the data, combined with reflection and intuitive insights until reportable interpretation became apparent.⁸ Participants received no financial compensation. The study was approved by the Colorado Multiple Institutional Review Board.

RESULTS

FG participants were AAW aged 55 to 86 years. Educational background and annual income were collected on 27 of 28 participants. All had a HS diploma or GED, 1 completed vocational school, and 9 were college graduates. Nine had an annual income of \$10,000 to \$19,999, 13 of \$20,000 to \$49,999, and 3 of \$50,000 to \$74,999; respectively. Health data were available for 20 of 28 participants. All had at least one of the following predefined chronic weight-related conditions - diabetes, hypertension, obstructive sleep apnea, osteoarthritis of the knee.

Table 1 shows that participants endorsed several aspects of TOPS, but also recommended areas for improvement. Participants valued its affordability; peer support and accountability; and flexibility in choosing educational content of meetings. Participants suggested three areas for improvement: (1) attention to psychological and cultural factors of weight loss; (2) better training for chapter leaders; and (3) condensed materials.

DISCUSSION

The study showed that TOPS was an acceptable weight loss program among these older AAW. First, participants noted the program's affordability. While all associated costs were covered during the 52-week study period, one chapter still continues more than two years after the study's end. Second, participants identified the importance of peer relationships and support in TOPS; social support has been identified as an important factor for successful weight loss.⁹ Third, participants enjoyed having flexibility in choosing the educational content of meetings—directly from the TOPS lesson plan, external presenters, or personal experiences—because they were able to tailor the lessons to their needs and make the most of teachable moments.

Participants also recommended areas for improvement. They were most challenged by their intrinsic motivation to make lifestyle changes, and felt that the psychology of weight loss was not sufficiently addressed in TOPS. Chapter leaders felt ill-equipped to help their groups in these areas. Participants recommended including African American-specific content concerning family habits, social eating, cultural perceptions about food and weight, and healthy preparation of traditional recipes. Participants also suggested a structured orientation to the program and ongoing training opportunities for chapter leaders. These training elements exist within TOPS, but have variable implementation across the country. It's important to note that while cultural adaptations may result in more favorable weight change outcomes,¹⁰ one-third of the study's participants lost a clinically significant amount of weight without these changes.⁵

The study's strength is its use of qualitative methods to evaluate a widely available and affordable weight loss program from the perspectives of older AAW. The study's limitations

are its small sample size and limited generalizability. Given the paucity of qualitative research to guide the design and implementation of weight loss programs for AA communities, this study may provide useful insights about the perceptions and priorities of older AAW to help inform future research aimed at identifying factors that influence acceptability, sustainability, and success of weight loss in programs for AA communities.

Acknowledgments

The authors would like to acknowledge David L. Washington for assistance in coordinating the project.

Funding sources: The authors of this study were funded, in part, through the following sources: P30DK048520-16S1 (Mitchell) and K01HL115599 (Mitchell). This study was supported in part by NIH/NCATS Colorado CCTSI Grant Number UL1 TR000154. Contents are the authors' sole responsibility and do not necessarily represent official NIH views. Contents are the authors' sole responsibility and do not necessarily represent official NIH views.

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Table 1**Perspectives of Older AAW on TOPSWeight Loss Program**

Programmatic components endorsed by participants	
Program affordability and suitability for long-term participation	"If I had to pay money, I would do 6 months, lose the weight and be on my own for maintenance. TOPS really tries to change you in the long term...the sensible part means the slow and steady part. I can keep going here forever. My health is becoming a huge priority."
Peer support and accountability	"When they do the roll call...if you've gained weight everyone applauds you and they say we're glad you're here. When you lose weight, that's your personal victory, (but) when you don't have a victory, the group is holding you up."
Flexibility in choosing educational content of meetings	"One woman told us she ate a whole pint of ice cream and it was only 295 calories. I said, 'I want you to bring the carton and that becomes our discussion for the day.' She brought it to the next meeting and we opened our book to the area where it shows you how to read food labels, and her face just dropped when she realized that it was 295 (calories) per serving. She had eaten the entire 4 servings."
Programmatic improvements suggested by participants	
Attention to psychological and cultural factors of weight loss	"I didn't get this size overnight. We haven't talked about the motivational part, that mental part to remind us that this is a process not an easy quick fix."
Better training for group leaders	"I would have been better prepared if there had been an orientation (to) the program, material, support... and the leaders (could) get together to share concepts that did/did not work for them, ideas to make the program better."
Condensed materials	"All(materials) could be combined into one (book), in (one) section your journal; in another your tracker. The two main books in the beginning and then those smaller things in the back; it would be much easier."

TOPS = Take Off Pounds Sensibly