



MOVE OUT:

A Peer Support Intervention to Improve Weight Management in VHA



OUTLINE OF TALK

- ⦿ Background
 - ⦿ Obesity and weight management in VHA
 - ⦿ Overview of our proposed enhancement
 - ⦿ Overview of our study design
- ⦿ Role of the Advisory Board
- ⦿ Questions

OBESITY: IMPORTANT, TREATABLE

- ◎ Obesity is common: 1/3, 1/3, 1/3
 - ◎ BMI 25-30 = overweight; e.g., 5' 4" & 145.5 lbs.
 - ◎ BMI 30+ = obese; e.g., 5' 10" & 209 lbs.
- ◎ Causes lots of bad things
 - ◎ Cancer, heart disease, diabetes, etc.
 - ◎ Shorter life, more disability, lower quality of life
- ◎ The GOOD news: NIH says that moderately intensive weight loss programs are effective

THE MOVE! PROGRAM

- ◎ VA's National MOVE! Program: <http://www.move.va.gov/>
- ◎ Mandatory screening and offer of treatment:
 - ◎ BMI \geq 30 kg/m²
 - ◎ BMI \geq 25 AND hypertension or diabetes
 - ◎ MOVE personnel contacts patient, or patient can self-refer
- ◎ MOVE! activities are free to all VHA users



MOVE! PHASE I

- ⊙ Four classes each month:
 - ⊙ Medical aspects of weight loss
 - ⊙ Nutrition and weight loss
 - ⊙ Psychology of weight loss
 - ⊙ Exercise and weight loss
- ⊙ About 40 patients are registered
 - ⊙ About 20 patients attend all 4 classes
 - ⊙ 10 in sequence, 10 eventually

MOVE! PHASE II

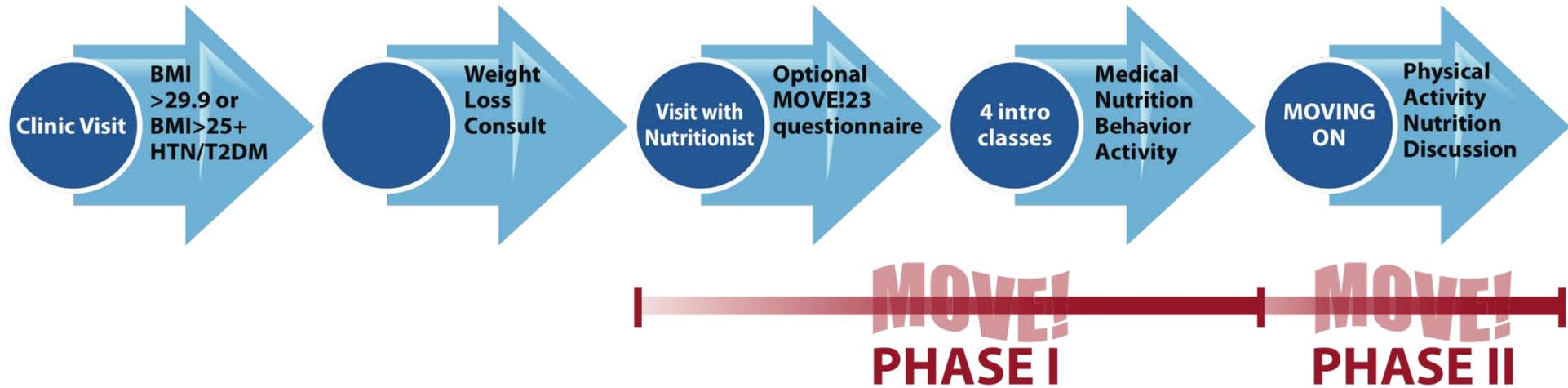
- ⊙ Individual meetings with a dietitian
 - ⊙ Usually once every 3 months
 - ⊙ Review progress towards goals, update treatment
- ⊙ MOVING FORWARD
 - ⊙ Weekly group meetings with a dietitian
 - ⊙ Weigh-in, didactic, individual food diaries
- ⊙ OR ...

NANCY WILKE

⊙ LIFESTYLE MANAGEMENT

- ⊙ Individualized coaching
- ⊙ WAMM = “Walk a Mile or More”
 - Arrange a group walking time
 - 60-minute walk at a comfortable pace
 - Indoor exercise options: video
 - Weekly weigh-ins; wallet card
 - Support of the group
 - *This is very similar to what we’d like to do at the posts!*

MOVE! Process and Participation



Why so few participants?

PHONE POLL: ISSUES

Issues Identified – MOVE!	Group 1	Group 2
Do not have time	36%	22%
Does not fit schedule	30%	21%
Unaware of the program	18%	37%
Too far from home or work	12%	33%
Already doing well with weight	9%	16%
Skeptical about program benefit	9%	14%
Believes not overweight	-	5%
Too sick to participate	-	16%

Group 1 = Attended at least 1 of 4 MOVE classes, but nothing further
Group 2 = Eligible, but did not attend any classes

PHONE POLL: SUGGESTIONS

Suggested Improvements – MOVE!	
Access to an exercise facility	58%
More convenient location	52%
More convenient time	45%
Able to bring non-veteran friends	44%
More useful content	21%
Better communication about options	6%
More motivational activities	4%

MOVE OUT

- ⊙ Access to local exercise facilities (YMCA)
- ⊙ More convenient locations
 - ⊙ 16 “host posts” in SE WI (Legion, VFW, VVA, etc.)
 - ⊙ Vets have 15 min. or less travel time
- ⊙ Flexible activity schedule (eves, weekends)
- ⊙ Peer support from other local vets, family & friends welcome
- ⊙ Professional guidance
 - ⊙ Two members of each host post are trained
 - ⊙ Monthly visits by study team members
- ⊙ Regular MOVE OUT mailings (quarterly newsletter)

INTERVENTION: THE 16 SITES

- © [MAP of MOVE OUT sites](#)
[right click, open hyperlink]

INTERVENTION: SITE ACTIVITIES

Sample Schedule of Activities:

Day	Time	Activity
Monday AM	6:30 a.m.	Walking Group
Monday PM	7:00 p.m.	Legion Meeting (open)
Tuesday PM	5:00 p.m.	Indoor Exercise (DVD)
Wednesday PM	6:30 a.m.	Walking Group
Thursday PM	5:00 p.m.	Indoor Exercise (DVD)
Thursday PM	6:00 p.m.	Guest Speaker (Nutritionist)
Friday AM	6:30 a.m.	Walking Group
Saturday PM	5:00 p.m.	Indoor Exercise (DVD)
Saturday PM	6:00 p.m.	Presentation (Keeping a Food Diary)
Sunday PM	1:00 p.m.	Walking Group
Varies	Varies	Weigh-ins and BP checks

INTERVENTION: PEER SUPPORT

- ⦿ Veteran volunteers to lead activities
 - ⦿ Two or more per site
- ⦿ Training schedule



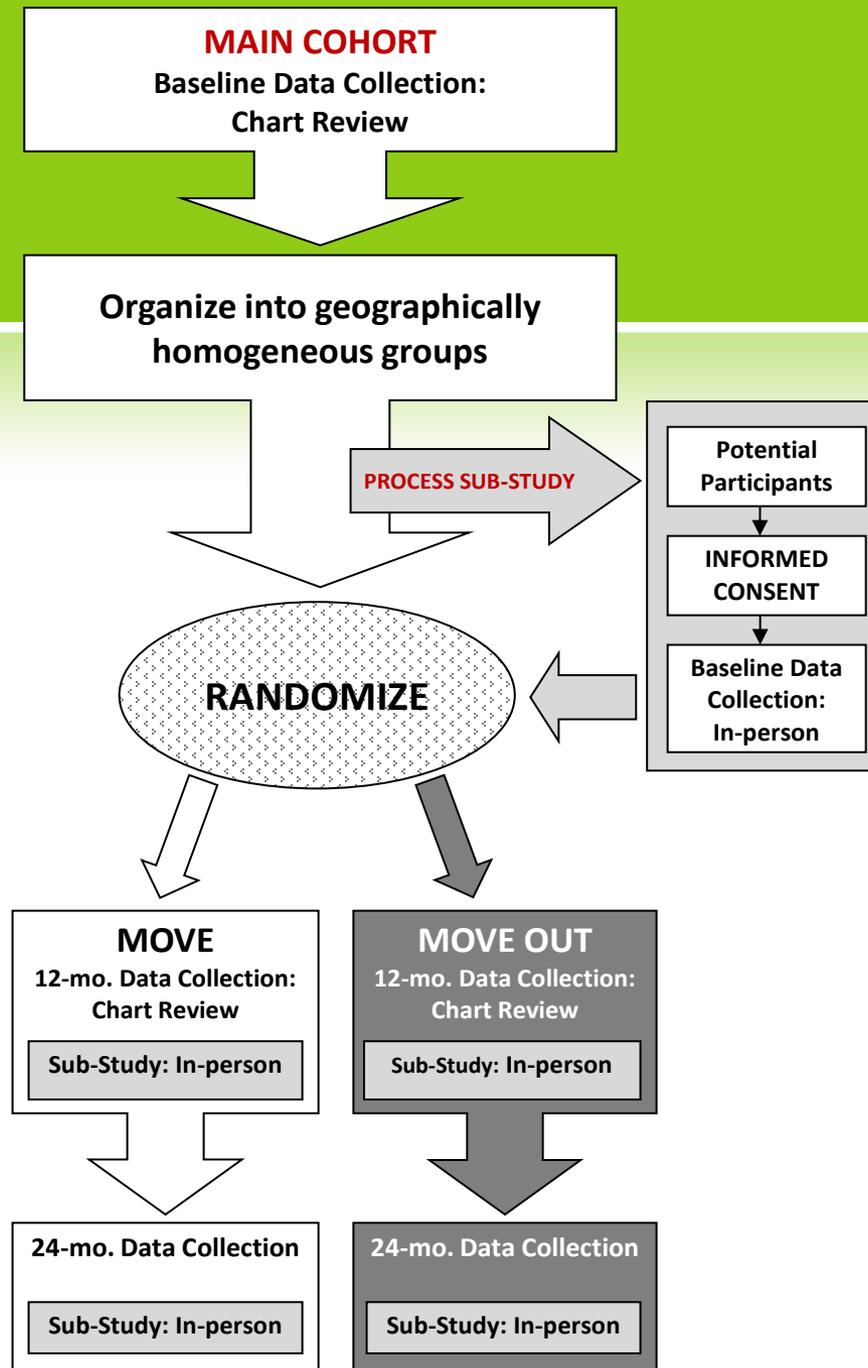
INTERVENTION: GUIDANCE AND EVALUATION

- ③ Monthly site visits by study staff
- ③ Quarterly newsletters

STUDY: OVERVIEW

- ◎ Key Outcomes
 - ◎ *Population*-level improvements in weight and its consequences
 - ◎ *Individual*-level changes in lifestyle
- ◎ Study Design
 - ◎ Cluster randomized controlled trial of all eligible patients using ZVAMC and a CBOC ... the “MAIN COHORT”
 - ◎ Detailed assessment of a formally consented subset of the main cohort ... the “PROCESS SUB-STUDY”

STUDY: DESIGN



STUDY: POPULATION

- ◎ MAIN COHORT: Found by automated search of VA patient records and organized by geographical region
 - ◎ Most recent BMI ≥ 30 , or BMI ≥ 25 AND diagnosis of hypertension or diabetes mellitus
 - ◎ Recent visit to primary care MD
 - ◎ Not currently enrolled in MOVE!
 - ◎ Age ≤ 75 years
- ◎ PROCESS SUB-STUDY: 1-3 people from each geographic group of the main cohort



STUDY: DATA COLLECTION

- ⊙ MAIN COHORT: Outcomes from VA electronic health record
 - ⊙ Weight, blood pressure, and cholesterol
 - ⊙ HgbA1c if diabetic
- ⊙ PROCESS SUB-STUDY: Outcomes from in-person survey
 - ⊙ Health habits (diet, exercise, smoking, drinking)
 - ⊙ Attitudes toward weight and weight management
 - ⊙ Participation in a weight management program



ADVISORY BOARD ROLE

- ◎ Be an advocate for the project within your respective organizations
- ◎ Share the “word on the street” with study personnel
- ◎ Review and comment on project materials and techniques, changes to the protocol, and progress reports
- ◎ Provide feedback on specific project issues:
 - ◎ Not everyone gets to participate in MOVE OUT. How should we respond when people start hearing about it?
- ◎ Assist with long term planning and dissemination of study results

QUESTIONS?

Larson, G. (1985).
The Far Side
Gallery. Kansas
City, KS: Andrews,
McNeel, and
Parker.

