

Veterans Health Administration Weight Management Programs

What We Know

- › The prevalence of obesity in veterans is well documented.^(3,6) As a result of the increased prevalence of obesity in veterans, the Veterans Health Administration (VHA) established the MOVE! (Managing Overweight/Obesity for Veterans Everywhere) Weight Management Program for Veterans in 2006. MOVE! is an evidenced based program that provides nutrition, physical, and behavior modification counseling. The program is based on the National Institutes of Health (NIH) Identification of Overweight and Obesity in Adults Evidence Report suggestions from the U.S. Preventative services Task Force, the Department of Veterans Affairs/Department of Defense Clinical Practice Guideline for Screening and Management of Overweight and Obesity, and the Diabetes Prevention Program tools^(7,10)
- › The VHA MOVE! program is the largest lifestyle change program in the U.S.⁽⁶⁾
 - Patients are eligible to participate in MOVE! if they are overweight as classified by a BMI of ≥ 25 kg/m² with a co-morbidity or if they are obese based on a BMI of ≥ 30 kg/m²
 - Upon entering the program, veterans complete an 11-item baseline assessment known as the MOVE!11, which collects information about medical history, weight and weight management history, motivation, barriers to changing physical activity, diet, and readiness to alter behaviors⁽¹⁰⁾
 - The MOVE! program is a multidisciplinary program that consists of nutrition, physical activity, and behavioral counseling and is designed to be a part of a veteran's ongoing care from a primary care physician⁽¹⁰⁾
 - The program was implemented without designated funding and staff and the extent of implementation of the program varies across VHA institutions. For example, some institutions provided individual sessions, group sessions, or a combination of both. Institutions also may offer TeleMOVE! which consists of telephone/telehealth services and MOVE!Coach, a mobile application⁽¹⁰⁾
 - According to the results of a comparative observational study including 699 veterans, participants with high program adherence ($\geq 90\%$) achieved significantly greater weight loss on the TeleMOVE program than participants with high adherence achieved on the MOVE! program, indicating that the TeleMOVE program is at least as effective for weight loss as the MOVE! program⁽⁹⁾
- › Research has been conducted on MOVE! programs to determine what program characteristics are associated with successful implementation and weight loss^(4,11)
 - Program characteristics associated with a 5% weight reduction for veterans participating in a VA program included program type (group or self-managed), and the number and type of provider contacts⁽⁴⁾
 - In a study of ten VHA institutions to explore organizational factors that supported or inhibited the implementation of MOVE!, researchers found that organizational readiness and the presence of a champion were the two factors that aligned with successful

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implementation. Factors that seemed to inhibit success included management support and resource availability⁽¹¹⁾

› Studies examining the program's effectiveness for participants have been conducted^(1,5,6,7,8)

- Results of a systematic review of 26 studies between January 1, 2005 and December 21, 2016, reveal that, at most, 25% of participants consistently adhered to the program (≥ 8 MOVE! contacts in six months) but that higher sustained participation is associated with greater weight loss⁽²⁾
- Analysis of administrative data from a national sample of 62,882 veterans in the MOVE! program revealed that women lost less weight when compared with men. However, most participants achieved less than 5% weight loss regardless of gender. Further research is needed to identify barriers to weight loss⁽¹⁾
- In a study of 377 veterans to investigate the effectiveness of the MOVE! program in achieving weight loss for veterans in the VA Greater Los Angeles Healthcare System, results showed that before engaging in the program a weight gain of 1.4 kg per year occurred but one year after participation in the MOVE! program participants lost an average of 2.2 kg⁽⁸⁾
- In a randomized controlled trial of 53 veterans with serious mental health illness from the VA Maryland and District of Columbia, researchers found that only seven participants achieved a weight loss of 5% of their baseline and there was no effect on group assignment on weight loss⁽⁵⁾
- In a study of 19,367 veterans to explore whether participation in MOVE! correlated with a reduction in diabetes, investigators found that, compared with those that did not participate, the incidence of diabetes was reduced as a result of intense and sustained participation⁽⁶⁾

› Studies have been conducted to explore how program factors related to participation retention and utilization rates of the MOVE! program^(2,3)

- In a qualitative study using semi-structured interviews with 12 MOVE! program coordinators, researchers sought to examine how program characteristics related to veteran participant retention in the program. Characteristics related to retention included: provider knowledge and referral to the program, reputation of the program within the facility, the MOVE! meeting schedule, the inclusion of physical activity in group sessions, and the involvement of a physician champion
- Researchers report greater adherence and weight loss success for veterans who had six or more MOVE! contacts in the year following the start of treatment than veterans who only had one contact⁽²⁾

What We Can Do

- › Learn about the MOVE! program so you can accurately discuss aspects and benefits of the program with patients and colleagues
- › Understand program factors and patient behaviors that associate with successful outcomes for veterans and patients involved in the MOVE! program
 - Program factors: use of a standard curricula, multi-disciplinary group delivery format, physician champion, management support, and a quality improvement plan
 - Participant factors: group participation and increased attendance and engagement in sessions

Coding Matrix

References are rated using the following codes, listed in order of strength:

M Published meta-analysis	RV Published review of the literature	PP Policies, procedures, protocols
SR Published systematic or integrative literature review	RU Published research utilization report	X Practice exemplars, stories, opinions
RCT Published research (randomized controlled trial)	QI Published quality improvement report	GI General or background information/texts/reports
R Published research (not randomized controlled trial)	L Legislation	U Unpublished research, reviews, poster presentations or other such materials
C Case histories, case studies	PGR Published government report	CP Conference proceedings, abstracts, presentation
G Published guidelines	PFR Published funded report	

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