PROJECT INFORMATION

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Comparing Three Ways to Offer a Weight Management Program to Patients Living in Rural Areas -- The RE-POWER Study

Principal investigator

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Organization

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What was the research about?

Primary care clinics can help patients with obesity manage their weight. To do so, clinicians, such as doctors and nurses, usually have in-person office visits with patients that last 15 minutes. But in rural areas, fewer clinic staff are available to offer these visits.

In this study, the research team compared three ways clinics in rural areas could offer a weight management program:

- In-person group visits at the clinic with 8 to 18 people per group
- Remote group visits by phone with 10 to 17 people per group
- In-person one-on-one visits at the clinic

For all three ways, the program included visits with trained staff to set goals for diet and physical activity. The first six months focused on weight loss. The next 18 months focused on maintaining weight loss. Topics included physical activity, healthy eating, and social support.

What were the results?

After two years, in all three ways, patients lost weight and had improved physical activity, diet, weight-related quality of life, and sleep quality.

Compared with in-person visits that were one-on-one, patients who had in-person group visits

- Lost 1.9 more kilograms (4.2 pounds) and a greater percentage of weight
- Had greater decreases in triglycerides, or fat levels, in the blood
- Had greater increases in physical activity

Patients who had in-person visits that were one-on-one and in-person group visits didn't differ in

- Whether patients lost at least 5 or 10 percent of their weight
- Blood pressure or cholesterol
- Quality of life, sleep, or stress
- Symptoms of anxiety and depression

Patients who had remote group visits didn't differ in weight loss or other health outcomes from patients who had in-person group or one-on-one visits.

Who was in the study?

The study included 1,407 patients with obesity. Of these, 96 percent were White, and 4 percent were another race. The average age was 55, and 77 percent were women. Patients received care at one of 36 clinics in the rural Midwest.

What did the research team do?

The research team assigned clinics by chance to offer the program in one of the three ways. Patients used the method assigned to their clinic. For in-person one-on-one visits, clinics offered 32 visits lasting 15 minutes each. Visits happened weekly for one month, every other week for five months, and monthly for the rest of the study. For in-person and remote group visits, clinics offered 36 visits lasting 60 minutes each. Visits or phone calls took place weekly for the first three months, every other week for three months, and monthly for the rest of the study.

Patients completed surveys or in-person visits every 6 to 12 months for two years.

Patients with obesity and clinicians gave input on the study.

What were the limits of the study?

Most patients were White women living in the Midwest. Results may differ for patients from other backgrounds or locations.

Future studies could include more men or patients from other backgrounds or locations.

How can people use the results?

Clinics and patients can use these results when considering approaches to managing weight loss.

To learn more about this project, visit www.pcori.org/Befort025.