

Weight Management Demonstration Project: HEALTH (Healthy Eating and Active Living in TRICARE Households)

The number of overweight and obese Americans has dramatically increased over the past 20 years. Being overweight or obese is directly associated with risk for chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, stroke, and certain cancers. These chronic diseases lead to higher medical care costs and can shorten and greatly diminish the quality of life. While there are many commercially available weight loss programs, these programs are not, for the most part, research-based and are quite expensive for the participant. The literature on successful, scientifically based behavioral weight loss intervention programs is slim but shows that regularly scheduled supportive interaction between trained support persons (coaches) and participants yields the best weight loss success.

The percentage of overweight individuals in the military has also steadily increased since 1995, with the largest percentage increase occurring among those age 20 years or older.* RTI International's studies conducted in the mid-1990s found approximately half of military personnel could be classified as overweight. The DoD 2002 Survey of Health Related Behaviors found the prevalence of overweight military personnel to be approaching 60%. Being overweight or underweight as measured by body mass index (BMI) is associated with higher injury rates in military men and women. Total costs attributable to excess body weight in the Air Force have been estimated at \$22.8 million per year with over 28,000 attributable lost workdays. In the Navy, the annual avoidable inpatient cost was estimated to be almost

\$6 million for the top 10 obesity-related diagnoses.

Much less is known about the prevalence of overweight and obese family members of active duty personnel and its impact on families. What is known, however, according to COL Karl Freidl, an Army expert in weight loss issues, is that "the military needs to provide some kind of obesity counseling or adopt new programs to combat the trend." Moreover, findings from a study of cardiovascular risks in a military health care population suggest that behavioral weight management interventions for all beneficiaries of the military health care system are warranted.

The TRICARE Management Activity (TMA) provided health care for active duty military and their beneficiaries through a number of health care programs, one of which was TRICARE Prime. The overall aim of this research was to meet TMA's need to evaluate the efficacy of a scientifically based behavioral weight loss intervention program that included multiple levels of participant interaction/support for the beneficiary through several modalities. The TMA was interested in an overall program that investigated different levels of interaction/support so they could evaluate which approach might be the most cost-effective for potential future implementation as a benefit for their beneficiaries.



* Especially fit military personnel who are classified as overweight may still have percentage body fat measurements that are within acceptable ranges for their Services.



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Based on TMA's RFP and our program design, the HEALTH program was

- Offered in four states: Illinois, Ohio, Indiana, and Michigan
- Offered to persons with a BMI ≥ 25 and < 51
- Offered to persons 18 to 64 years old
- Stratified among dependents of active duty personnel, retirees and their dependents, survivors of active duty personnel, and survivors of retired personnel.

RTI supported TMA in a complex program of research: a scientific weight loss behavioral intervention study incorporated within a real-world demonstration program that was offered to all eligible beneficiaries, without fees and charges to the participants other than their own individual time and commitment.

In response to TMA's request, the RTI-Cooper Institute Team—composed of staff from RTI as the prime and Cooper Institute as the sub—conducted HEALTH (Healthy Eating and Active Living in TRICARE Households), a scientifically based behavioral intervention weight loss program for eligible TRICARE Prime non-active duty beneficiaries. More than 2,400 TRICARE Prime beneficiaries participated in this program. The overall program included four levels of participant interaction/support through two studies:

- Three-Arm Randomized Controlled Trial (RCT): Tested the hypothesis that increasing levels of support would produce greater weight loss and evaluated the feasibility and effectiveness of a behavioral intervention that incorporated regularly scheduled in-person assessments, personally tailored feedback from an interactive eHEALTH Web site, and HEALTH Lifestyle Coaching support for RCT group 3 over the 18 months of demonstration

- Participation Study: An entirely self-initiated behavioral intervention study that evaluated whether providing participants with a well-structured program of regularly scheduled interactions was necessary for successful weight loss.

Together these studies evaluated the efficacy of behavioral lifestyle interventions to help individuals in the four-state region develop and maintain healthful dietary and physical activity habits to manage their body weight. The HEALTH behavioral intervention was offered to participants in both studies and delivered by three modalities: hard copy (bookHEALTH), Internet (eHEALTH), and telephone (teleHEALTH). Our overall goals were for participants to lose body weight; reduce waist circumference; and improve physical activity, diet, and lifestyle outcomes over the course of the study. The primary goal of the HEALTH intervention project was that each participant achieve a 10% weight loss from baseline to 6 months. Since many individuals continue to gain weight over time, our secondary goal was to stop weight gain, a common failing of more traditional weight loss programs, and to maintain these improvements over a period of 18 months or longer.

More Information

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