

MOVE: Weight Management Programs Across the Veterans Health Administration: Patient- and Facility-level Predictors of Utilization¹

Overview:

- Obese veterans exempted from copayments due to being low income were less likely to utilize MOVE!
- Veterans with housing instability were less likely to use MOVE!

Study:

Researchers in this study aimed to identify factors impacting utilization of the Veterans Health Administration (VHA)'s MOVE! Weight Management Program by those most in need of the intervention. The MOVE! Program was designed as a weight loss intervention based on evidence-based practices to manage and treat obesity. Due to low rates of utilization of MOVE! services by eligible veterans, the researchers aimed to identify facility-level variability on utilization.

To develop a data set, the researchers utilized the VHA Decision Support System (DSS) database. They identified a sample of veterans from 140 VA Medical Centers that offered the MOVE! Program in 2010. Identified veterans needed to have at least one height and weight for BMI calculation available in the DSS in order to be included in the sample. To be eligible for the program itself, veterans needed to be obese or overweight with weight-related health issues and with no contraindication to weight loss at the time of intervention. MOVE! utilization was defined as having at least one MOVE! outpatient visit over the course of the year. The researchers broke down results further, by socioeconomic status and by geographic location.

Findings:

In 2010, MOVE! served 4.4 percent of the sample population and six percent of the sample under age 70. However, facility-level utilization varied widely, from .05 percent at some facilities to 16 percent at other facilities. For obese patients, MOVE! utilization was more likely for veterans who were female, not married, a minority, had housing instability, or lived in an urban area. Obese veterans with copayment exemptions due to being low income and veterans with housing stability were less likely to utilize MOVE!.

¹ Del Re, A., Maciejewski, M, & Harris, A. (2013). MOVE: weight management program across the veterans' health administration: patient- and facility-level predictors of utilization. BMC Health Services Research, 13(511), 1-8.

NVTAC Insights:

Not all of the veterans you serve through your HVRP are eligible for VA services, but for those who are, there may be some additional useful resources and programs beyond what is offered through the VA homeless program system. Of course, addressing unemployment and the other factors contributing to the veteran's homelessness are your first priority. We see in this study that veterans with housing instability have low utilization of the MOVE! Program. This probably makes logical sense to those of us working with veterans experiencing homelessness: when you are dealing with the crisis of homelessness, health management often takes a backseat to more pressing issues like food and shelter for the night and a job to support longer-term housing stability. But, as veterans advance through their case plan with your HVRP, you can begin to have constructive conversations about what other resources might be helpful to promote improved health. For veterans struggling with obesity and health issues related to their weight, a referral to a program like MOVE! may be beneficial at some point during case management.