

# Individual, Facility, and Program Factors Affecting Retention

by Spring Bonnie



## Introduction

In their article "Individual, Facility, and Program Factors Affecting Retention in a National Weight Management Program," the authors Spring Bonnie, Min-Woong Sohn, Sara Locatelli, Sattar Hadi, Leila Kahwati, and Frances Weaver (2014) discuss a set of factors believed to foster retention among the persons using national weight management programs in the US. The authors further suggest mechanisms for overcoming patients' attrition among the national weight management facilities, programs and campaigns as a route to achieving increased national success against the obesity and overweight challenges. They use statistical and empirical data derived from the research on obesity patients to promote the idea of retention as a potential tool for overcoming the problem. Ultimately, the article seeks for providing evidence through corresponding studies that support the authors' argument. The latter states that increased retention could be realized through improved accessibility to weight management programs, individualized modes of consultation, and better facility programs such as



increased staffing and provision of resources for personal activities. The articles' arguments, observations, content, structure, essence, etc. are the unique factors that form the major subject of this paper.

**Article Critique:** Individual, Facility, and Program Factors Affecting Retention in a National Weight Management Program by Spring Bonnie

## The rationale for the Study

The articles' study section uses a rationale that identifies increased patient retention in national weight management programs as a major contributor towards overcoming the growing challenges associated with obesity and increased weight. The authors seek intellectual support for projects and programs that they have deemed successful in providing mass weight management programs. With their study, recommendations, and propositions, these five authors seem to hold, by default, that weight management programs are yet to achieve successful levels in the US and should, as a result, be strengthened using the ideas proposed in the article. Despite the authors' particular interest in the US health sector, the article represents a looming campaign against obesity and overweight cases that have characterized the global struggle in the attainment of improved human health standards.

## Purpose of the Study



The purpose of the study conducted by the authors in the process of writing their article is to inform the US weight management policymakers about some of the factors that can potentially improve mechanisms and enhance grounds for overcoming obesity as one of the national health challenges of the time. Specifically, the study seeks for proving the authors' opinion that policymakers ought to pay increased attention to individualized consultation services, enhanced accessibility of the weight management programs by the patients, and improved facilities such as adequate staff and sufficient resources as the keys to overcoming obesity and overweight cases in the US. The study uses statistical and empirical data to make claims leading the readers to the conclusions that consist of the authors' observations and recommendations for intellectual analysis by the US healthcare professionals and institutions. The article may be resourceful to policymakers in the US healthcare fraternity primarily because its recommendations may be implemented as policies within the national healthcare center.

## General Procedures

The study relies on statistics collected from a variety of obesity and weight management patients apparently treated under MOVE!, a US national weight management program facilitated by the country's Veteran Health Administration (VHA) wing. The "treatment" mechanism of this program primarily focuses on group discussions in which patients would interact with nutritionists, nurses, and other health specialists in sessions aimed at promoting awareness and empowerment on the

patients' side. Next, the program offers medication packages, residential treatment facilities, and simple surgery services to patients in seemingly extreme conditions (Bray, Loos, McCaffery, Ling, Franks, Weinstock, Snyder, Vassy, Agurs-Collins, and The Conference Working Group, 2016). The aim of the study is to test the retention rates of the patients while considering and developing the statistics based on each patient's consistency in adhering to a recommended once-per-month health consultation program. The authors further study the demographic, personal, and program factors surrounding a typical patients' capacity to adhere to the recommended regular consultation program. The authors interpret the outcomes of these statistics into factors that they qualify as strengths and/or weaknesses in the provision and management of the MOVE! program. The overall recommendations derived from an intellectual focus on these factors fulfill the authors' hypothesis that high attrition in terms of the weight management programs is contributing to the pool of challenges surrounding the US' desire to overcome obesity and unhealthy weight issues among its populace.

## General Characteristics of the Participants

The participants selected for this study were obese patients who had either received treatment or participated in group discussions organized under the MOVE! program during the fiscal year ended on the 30th of September, 2008. Among these patients, however, the data regarding

those who died before the culmination of the study, those whose information was unclear or incomplete, and those who were healthy or almost recovered were ignored and, as a result, excluded. This categorically reduced the number of participants to only include those who were new to the program within that fiscal year. The total number of the participants whose data was primary to the study was 18,865 persons, who represented almost two-thirds of all the new patients visiting the program within the fiscal year ending in September 2008. 14% of these participants were female. The patients were involved in various forms of treatment, which depended on the facility, while the number of treatment packages offered in a typical facility ranged between 7 and 10. The ages, ethnicities, sexes, and marital statuses of the participants were recorded and represented in the article as they appeared in the patients' records utilized in the study. The participants were categorized based on their consistency in visiting the recommended consultations within the period of six months into dropouts, those recorded less than three visits, late dropouts who completed four or five visits, and the completers who met the recommended count of at least 6 visits.

## **Valid and Reliable Instruments Used in the Study**

The study derived the information about patients from VHA's outpatient records and identified the samples by studying the record in order to verify the suitability of each patient as a candidate for participation in this



study. Specifically, the study sourced all patient-level information from files, databases, datasets, archives, systems affiliated to VHA, and the annual reports of the MOVE! program. These are official health files and records developed by government's health specialists providing all the information regarding various patients who have received treatment under the MOVE! program. Generally, such information would include the patients' Body Mass Indexes (BMIs), ages, weights, heights, health conditions, residence, place of treatment, number of visits, and sex among other factors of commonly recorded data by health specialists and institutions (Bray, et al, 2016). The study does not apply questionnaires or other similar statistical tools but rather delves into health records of the patients if there is a need to include them in its sample. The data collected has a national reach because the weight management program, MOVE!, provides its services nationally. Being a governmental institution, VHA bears credibility in its consideration as the study's major source of information.

## Potential Weaknesses of the Questionnaires

The major weakness of the sources of information utilized for this study as well as the final data used in making claims and developing recommendations is that it relies heavily on a single entity and circumstance in health care to make weighty conclusions. The information surrounding patients treated under MOVE! is, in the





intellectual levels, too skewed and specific to be used in making claims regarding policymaking in the health sector. Such information may effectively reflect some aspects of the program as a specific subject and entity including ways of improving it and enhancing its operations. The program's experience with obesity patients within a single fiscal year, which equals a regular calendar year, is too shallow and inadequate in developing claims regarding major health policies. This represents the potential weakness for the records and statistical tools used in this study.

## Statistical Tests Appropriate for the Variables

One of the most explicit assumptions that the authors have made in this study is that attending at least six sessions of consultation about health issues for all obesity patients represents a balanced state of affairs. The patients who recorded six visits to MOVE! clinics were deemed to have received the most recommendable forms and extents of treatment. The article fails to explain the authors' opinion about cases where different patients would require different quantities and forms of treatment services based on the varying conditions and levels of patients. The study's claims would also have been strengthened by statistical analysis of the number of patients preferring MOVE!'s programs to other anti-obesity campaigns in the US and possible deficiencies in the running and practical implementation of the MOVE! program. However, the study is successful in proving the prevalence of attrition among overweight and



obese patients likely to use the programs like the MOVE! The article effectively selects a set of data that represents the patients' attendance to the weight management programs and utilizes the demographic, personal, health, and identification characteristics of the patients, which forms the patients' records analyzed in order to prove that attrition actually exists, and it can be blamed for the identified factors.

## Major Results

The study found that, among other things, the majority of the people seeking weight management programs in the US are aged below 65. Moreover, the study established that morbidly obese patients had a higher likelihood of completing the recommended programs. Only a fifth of the patients with no morbidities completed the recommended sessions. Retention was also found to be higher in programs and facilities that had a high practitioner-to-patient ratio, with low staffed facilities recording only 18% of completers in comparison to 31% of highly staffed facilities and programs. Consequently, the article established that some strategies used by different facilities operated under MOVE! control had the potential to alter the visitation processes of the patients. In particular, the study established that among all the completers, 29% received treatment under facilities that offered rewards and other incentives, 30% – under those using low-calorie intake strategies, and 32% – from programs that offered physical activity packages. Personal factors such as age, sex, and BMI were also directly responsible for the patients' completion or dropping the program. Patients living at least 10 miles from





facilities were found to be 25% likely to complete programs. Sites with high staffing were twice as likely to experience higher levels of patient retention than those with lower staffing, while sufficient facilities and immediate attention induce 72% likelihood of completing programs by the patients.

## Conclusions Related to Research Questions/Hypotheses

From these statistics, the authors concluded that with improved individualized consultation packages, enhanced facilities, adequate staffing, and increased accessibility to the weight management programs obese and overweight patients would increasingly embrace medical attention to harness their health challenges. The factors, according to the authors, should be addressed not only in the MOVE! campaign but also in the broader health struggle against obesity. These factors have significant effects on any program seeking success in providing weight management programs in the US, and their statement and establishment constitute the major conclusions to the study.

## Strengths of the Study

This study bears some strength in its utilization of credible data source from public institutions and systems and its employment of the data in weighing the factors that contribute either positively or negatively to the



provision of weight management programs in the US. The data evaluated in this article was collected by practitioners in different facilities operating under MOVE! control. The credibility of the data and statistics is, therefore, unquestionable. Moreover, the authors employ intellectual skills in interpreting the data being studied and effectively transform the statistical analysis' outcomes into debatable factors. This provides the study, as well as the article in general, with some intellectual value that is worth for consideration of different programs offering weight management packages within the national policy in the US.

## Weaknesses of the Study

This study can be improved with increased use and analysis of data for the obese and overweight patients treated under various programs, health facilities, and institutions in the US that provide weight management services. The study may also consider including recommendations for preventative weight management programs and their impact on the human struggle against obesity and other overweight problems. This will broaden its scope and strengthen its arguments. In its current nature, the study seems to discuss various factors surrounding MOVE! program as a single entity among hundreds of thousands of other similar programs within the US. Its narrowed focus may be perceived as a weakness by an observer with a broad view of the same problem of obesity and weight management and, as a result, high likelihood of demanding a broader and more inclusive statistical analysis and comprehensive empirical presentations to prove probable solutions to the obesity "situation" in the



US. This is particularly so because the authors, in their introductory statement, admitted that only a small proportion of the US population has benefitted from the MOVE! Weight Management Program. However, from the perspective of someone seeking to gather ideas in different ways of transforming MOVE! or any other similarly packaged and structured program, the same narrowness of the study's scope may be viewed as a strength based on its precision and detailed focus on an undiversified subject. The articles' publication is relatively recent and can, therefore, apply to contemporary public health weight management programs.

