

Managing Obesity via Telehealth: Expanding Services to Rural and American Indian Montanans

Background: Rural U.S. counties have higher rates of obesity, sedentary lifestyle, and associated chronic disease than urban centers. Patients, families, and health care providers must access and negotiate health care services with limited resources and across significant geographical distance. Health services, such as intensive lifestyle intervention programs, are often urban-centric and do not meet the needs of rural and AI populations.

Hypothesis: Increasing access to services, such as the Lifestyle Balance Telehealth Program (LBTP), to Montanans living in rural, frontier and AI communities will prove to be an effective method for narrowing the health disparities in obesity, diabetes, and associated chronic disease.

Specific Aims:

- Increase access for residents living in rural Montana to the 10-month LBTP (16 weekly intensive lifestyle intervention and 6 monthly maintenance sessions) through the use of telehealth.
- Evaluate whether, as compared to a face-to-face urban control group and nationally reported outcomes, LBTP improves the primary outcomes - percent change in body weight and proportion of participants meeting goal of 7% body weight loss - and secondary outcomes - lifestyle (dietary intake of fat, minutes of physical activity) and quality of life (psychosocial measure).
- Increase access to metabolic surgery evaluations, education, and post-acute care management through the use of telehealth for patients living in rural and frontier Montana.
- Evaluate whether nationally recommended metabolic surgery supportive services can be effectively delivered via telehealth.
- Increase telehealth-enabled distance learning for providers and their staff in obesity management.

Accomplishments:

- Successfully enrolled 91 individuals from rural communities into a 12-week modified LBTP, based on the nationally established Diabetes Prevention program (DPP)
- Preliminary analysis shows no difference $n=$ between the rural and urban groups in the primary outcome of meeting the DPP goal of 7% body weight loss ($p=0.19$).

P20GM103474 MONTANA INBRE HARMSSEN, ALLEN

