

## Weight ~ The Reality Series: An Extension Weight Management Program for Adults

### Abstract

Rural U.S. residents bear a greater burden of obesity than urban residents and may have limited access to healthy foods and physical activity. Extension agents for Family and Consumer Sciences requested an adult weight management curriculum. Specialists developed Weight ~ The Reality Series (WTRS) as two curricula: Becoming Weight Wise and Becoming Body Wise. More than 7,000 Kentucky residents have participated in WTRS, with about 30% losing 5% or more of their initial body weight. Development, implementation, and evaluation of this program demonstrate the feasibility of reaching a rural audience through County Extension Offices on the topic of weight management.

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### Introduction

The issue of overweight and obesity remains a central challenge to health and wellbeing in rural communities (Patterson, Moore, Probst, & Shinogle, 2004). Rural residents may have limited access to healthy foods and opportunities for routine physical activity. Extension programs are one of the most readily accessible adult education services in rural areas and are positioned to deliver quality programs to aid consumers with food and health issues.

County educators (agents) for Family and Consumer Sciences requested an adult weight management program modeled after the successful Dining with Diabetes program from West Virginia University Extension (2013). The Weight ~ The Reality Series curriculum was developed in response to this request. The objective of the project was to create an evidence-based curriculum for adult weight management that could be delivered by trained agents in rural Kentucky.

### Program Description

Weight ~ The Reality Series (WTRS) was developed by a team of specialists, faculty, and agents. The program consists of two curricula: Becoming Weight Wise and Becoming Body Wise, each with 11 lessons (Table 1) including a:

- Learning component,

- Recipe demonstration and tasting.
- Physical activity, and
- Time to build group support

**Table 1.**  
Lesson Titles in the 11-week WTRS Curricula

<b>Becoming Weight Wise</b>	<b>Becoming Body Wise</b>
Are you ready?	How do you see your body?
What really matters	Body image and the media
Design your plan	Body types
Why we eat what we eat	Extending your wardrobe investment
Feeling good about food	Shed 5 pounds with wardrobe basics
Bodies in motion	Color is key
Calories, carbohydrate, protein, and fat	The skin you are in
Back to the kitchen	Face shape and hair style
Weighing in on sleep	Selecting active wear
Weight loss that lasts	Weight loss that lasts

The program is grounded in Social Cognitive Theory, with goal setting, self-monitoring, and environmental changes as key behavioral components (Bandura, 2004; Hongu, Kataura, & Block, 2011). Participants in WTRS learn that a 5 to 7% reduction in body weight can significantly improve health and is a realistic initial goal (Liebman, 2005). At each lesson, in a private area, participants record their weight and waist circumference in folders. If informed consent is granted, this data is aggregately reported to the state as part of the county program evaluation and reporting process.

Data from the National Weight Control Registry indicates those most successful at weight management try many approaches to diet and physical activity before identifying approaches that work best for them (Hill, Wyatt, Phelan, & Wing, 2005). Three times during each 11-lesson series, participants select behavioral goals in the areas of eating, activity, and support building. The number of participants selecting each behavioral approach is shared with the group at the following lesson so everyone learns about choices made by the group.

## **Program Delivery**

Agents for Family and Consumer Sciences attend a 1-day training that includes a review of the evidence base for the program and a demonstration of one lesson. Training also includes an

overview of self-monitoring, record keeping, program evaluation, and reporting. Agents collaborate with public and private partners, particularly Registered Dietitians and certified physical activity instructors, to deliver the program in weekly group meetings. Working with a partner is recommended to allow the agent to focus on program organization and preparation for the recipe demonstration and tasting. Community partners typically lead learning or activity sessions.

The first lesson of each 11-lesson series begins with a recruitment session to encourage participants to reflect on their readiness to change behaviors associated with weight management. Recipes emphasize vegetables, fruits, reduced fat dairy, and lean protein sources. Activity sessions provide an opportunity for participants to try things like dancing, strength training, walking, and other popular ways to be moderately active. Each lesson closes with a group activity designed to build social support and self-confidence. The final lesson includes a group potluck where participants share favorite recipes. The second series (Becoming Body Wise) continues with the same session format: learning, activity, recipe, and group support. Lessons focus on understanding and improving body image (Tondl & Henneman, 1994). Community partners from the private sector provide activities related to clothing selection, hair styling, and skin care. The majority of participants are adult women, though program participants have included men as part of mixed groups.

## Program Evaluation and Reporting

Over a 4-year period, the program was offered annually in 45 to 60 of Kentucky's 120 counties, reaching 7,132 total participants. The University of Kentucky Institutional Review Board approved data collection for program evaluation. County office staff aggregated anonymous data on attendance, self-reported body weight, and waist circumference, then entered the data into an online reporting system.

The delivery of WTRS to over 7,000 participants demonstrates the feasibility of delivering this program to reach a rural audience. Use of participant self-monitoring data on weight and waist circumference is helpful for participants and provides meaningful evaluation outcome data. Four years of self-reported outcome data suggest the program helps about 30% of participants lose weight by facilitating improved weight management behaviors. Groups of 25 or fewer participants reported a higher percentage of successful losers (participants losing 5% or more of initial body weight) than groups with more than 25 participants. Behaviors chosen most frequently by successful losers were the following.

Eating Behaviors:

- Measure and control portions
- Eat breakfast daily
- Limit size of dinner portions
- Drink more water
- Control fat intake (40-50 grams per day)

### Activity Behaviors:

- Become more purposefully active during the day
- Walk at least 30 minutes a minimum of 5 days per week
- Walk or run on treadmill at home
- Use exercise, walking, or yoga videos at home
- Join a group for activity (aerobics, yoga, etc.)

### Support-Building Behaviors:

- Keep a journal of food, activity, and thoughts
- Develop a support team of family, friends, and co-workers
- Find another participant to be your partner for support
- Read credible books or on-line information to learn more about weight management
- Journal regularly about your relationship with food and weight

For successful losers, the average weight loss over 11 weeks was 6.8 pounds. Average waist circumference was reduced by 1.9 inches. Limited data has been collected on weight maintenance after the program. A subset of 626 participants returned a 3-month follow-up survey via mail. It is likely that successful losers were more inclined to return the follow-up survey. Eighty percent of this subset reported maintaining weight loss achieved during an 11-week program (BWW or BBW).

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