

RECRUITING LOW INCOME POST-PARTUM WOMEN INTO A WEIGHT LOSS TRIAL: IN-PERSON VERSUS FACEBOOK DELIVERY

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Several studies, such as the Diabetes Prevention Program (DPP), have provided foundational evidence for the effect of lifestyle modification interventions on diabetes prevention and weight loss. However, translating these programs to the real-world has proven difficult. There remains a need to increase the feasibility and reach of translational weight loss interventions.

PURPOSE: To compare the recruitment rates of overweight low income postpartum women into a DPP-adapted behavioral weight loss program delivered in-person versus delivered via Facebook.

METHODS: We compared two 8-week pilot behavioral weight loss trials; one delivered via weekly in-person group sessions and the other delivered entirely via Facebook. Both trials used the same recruitment methods: participants were overweight low income postpartum women within five Women Infants and Children (WIC) clinics in the Worcester, Massachusetts area recruited by nutritionists during routine WIC visits. Inclusion criteria included, childbirth in the previous 6 weeks to 6 months, age 18 or older, a body mass index (BMI) of ≥ 27 kg/m², and obstetric provider approval for participation in the diet and physical activity components of the intervention. Additional eligibility criteria for the Facebook intervention included: 1) ability to use the Internet daily; 2) having a Facebook account; 3) currently using Facebook at least once per week.

RESULTS: 27 and 54 women participated in the in-person and Facebook pilot trials, respectively. Among eligible women in the in-person trial, 62.1% gave permission to be contacted for the in-person trial, and 23.3% enrolled. Among eligible women in the Facebook trial, 59.7% of women agreed to be contacted, and 39.1% enrolled.

CONCLUSIONS: Recruitment rates for a Facebook-based weight loss intervention were higher than rates for an in-person intervention. Future efforts are needed to increase reach of weight loss interventions among overweight and obese low income diverse women.

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