CAPSULE COMMENTARIES

Capsule Commentary on Ritzwoller et al., Economic Analyses of the Be Fit Be Well Program: A Weight Loss Program for Community Health Centers

Xiaohui Zhuo, PhD, M.Phil, MA

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA, USA.

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How to treat obesity cost-effectively remains a challenge to primary care clinicians. In this timely study, Ritzwoller et al. assessed the cost-effectiveness of an innovative web/phone-based weight loss program in community health centers.¹ The program was estimated to cost \$2,204 per kg loss per person, which is somewhat higher than that of similar studies.²⁻⁴

For primary care clinics, this study provided a good example of the economic resources needed for delivering a weight-loss program to “a low literacy, inner city” population. A detailed description of their program costs will inform primary care providers of the expected budget impact, as well as potential areas for improving program efficiency.

When interpreting the results of Ritzwoller et al., three salient factors should be considered. First, the less favorable cost effectiveness ratio is driven not only by the higher cost, but also the lower effectiveness of the program. The program demonstrated an average weight loss of 1.07 kg per person over 2 years, which is considerably lower than the 3–5 % of body weight loss reported in previous studies.⁵ Second, no medical costs incurred or averted by the intervention were assessed in this study. Previous studies have suggested weight-loss programs reduce medical care costs outside interventions.^{2,4} If this was also true in this study and the reduction in the medical care costs had been accounted, the program might be more cost-effective. Third, a significant proportion of participants did not complete study assessments. Also, attrition was higher in the intervention group. It is unknown how attrition affected their program cost-effectiveness. If intervention group

participants who experienced weight loss were less likely to be assessed than placebo group participants, cost-effectiveness of the program might be underestimated.

Despite some limitations, this study provides valuable cost information needed for primary care clinics considering adoption of a behavioral weight-loss program. Future studies should consider collecting data on all the costs associated with interventions prospectively.

Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Conflict of Interest: The author declares no conflict of interest.

Corresponding Author: Xiaohui Zhuo, PhD, M.Phil, MA; National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Hwy, MS K10, Atlanta, GA 30341, USA (e-mail: xzhuo@cdc.gov).

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